



CICP

Colorado Indigent Care Program

MINUTES

Colorado Indigent Care Program Stakeholder Advisory Council Department of Health Care Policy & Financing

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October 28, 2024
1:00 to 3:00 P.M.

1. Welcome and Introductions

- Chair (Bethany Pray), and Taryn Graf-HCPF 1:02 to 1:04 P.M.
- Members Present: Stephanie Arenales, Stephanie Brooks (joined at 1:06 P.M.), Sarah Irons, Tennie Masterson, Andrew Pederson, Bethany Pray, Mitchell Scott, Megan Axelrod (for Stephanie Fillman)
- Members Excused: Stephanie Fillman, Kelly Erb
- HCPF Employees Present: Taryn Graf, Mercedes Vieira-Gomes, Chandra Vital, Shannon Huska, Rick Love, Nancy Dolson (left at 2:30 P.M.)

2. Meeting Minutes

- Council discussion, 1:04 P.M.
- Andrew Pederson made a motion to approve the July 29th meeting minutes; Tennie Masterson seconded; Bethany Pray abstained because she was absent from the last meeting; the motion passed.

3. Upcoming Rule Updates

- Taryn Graf, HCPF, 1:05 to 1:09 P.M.
- Taryn Graf reviewed updates for SB24-116.
 - Adds definitions of Inpatient and Outpatient Hospital Services.
 - Allows payment plans of 6% for facilities who bill for their employed or contracted professionals.
 - Excludes primary care provided at clinics located in rural or frontier counties who have a sliding fee scale approved by HCPF.



- Disqualifies patients from being eligible for Hospital Discounted Care (HDC) at a hospital that has chosen to become a PE site if the patient is determined to be presumptively eligible for Health First Colorado/CHP+.
 - Requires Licensed Health Care Professionals to submit their own HDC data to HCPF.
- Taryn Graf reviewed updates for HB24-1399.
- The Colorado Indigent Care Program (CICP) sunsets July 1, 2025.
 - Creates the Hospital Discounted Care Advisory Committee
 - Updates the Primary Care Fund to include patients at 200% of the FPG and creates the Primary Care Fund Annual Report beginning February 2026.
 - Directs HCPF and the CHASE Board to make updates to the Disproportionate Share Hospital (DSH) rules to remove CICP as a qualifier.
 - HCPF will be seeking additional stakeholder input as well, including from the CICP Advisory Council prior to finalizing the rule.
- Taryn Graf stated that rules including most of the changes contained in SB24-116 are being drafted and are scheduled to go to the Medical Services Board (MSB) in December, with an effective date of March 15, 2025.
- The Public Rule Review Meeting is scheduled for November 18, 2024.
 - The only part not included in these rules is the presumptive eligibility piece, as there are multiple internal processes that need to be updated and/or established to be able to fully implement the changes.
- Taryn Graf said the rules for updates contained in HB24-1399 are in the early stages of drafting and are planned to go to the MSB in April for an effective date of July 1, 2025.
- The Public Rule Review Meeting is scheduled for March 24, 2025.
 - Updates related to CICP, Hospital Discounted Care, and Primary Care Fund will likely be done in one rule change.
 - Disproportionate Share Hospital (DSH) rules will be separate. Recommendations to MSB will be made by the CHASE board.



- Taryn Graf stated that HCPF is putting together stakeholder workgroups that will have input on rule language, policy development, CACP sunset communications for providers and patients. The workgroups will meet roughly once a month for the next year or so.
 - Activities and progress of the workgroups will be reported to the CACP Advisory Council at normally scheduled meetings.
 - Workgroups will include representatives of consumer advocacy groups, CHA, hospitals, and clinics.
 - Due to Sunshine Law HCPF is trying to exclude members of the Advisory Council. HCPF strives to have a wide net of stakeholder opportunities and input.
- Council Discussion 1:09 to 1:37 P.M.
- Stephanie Arenales asked about PE implementation and when it will occur.
 - Shannon Huska said there are many systems that need to be updated in addition to just HDC and the earliest implementation would be January 1, 2026. That timeline was communicated when the bill was going through the legislative process.
- Taryn Graf stated that the updates to the statute exclude rural and frontier counties from HDC as long as they have a sliding fee scale that has been approved by HCPF. There will be processes presented before the MSB in December for these items.
- Nancy Dolson stated that there would be nothing excluding a hospital becoming a PE site under the current circumstances.
- Shannon Huska will have to follow up with colleagues that are responsible for PE sites to ensure there will not be any additional requirements when the new plan is implemented. She recommends an eligibility colleague come and present on the specifics of the process and upcoming changes.
- Nancy Dolson related there would be similar processes developed to those that are currently in place for PE for pregnant women and children.
- Shannon Huska received confirmation that the LTSS Presumptive Eligibility expansion is also anticipating a January 2026 implementation date. More information can be found here <https://hcpf.colorado.gov/ltss-pe>



- Mitchell Scott stated that the PE environment in CBMS is very basic and doesn't have all the data needed to determine full eligibility.
- Nancy Dolson said that there is a policy change to Hospital Discounted Care which will also affect this council going forward. Once PE is implemented for low-income adults, the approved PE site will be able to deny HDC unless somebody is PE for Medicaid and gets a Medicaid denial.

4. Updates to CICIP Copay Card & Uniform Application

- Taryn Graf, HCPF, 1:38 to 1:40 P.M.
- Taryn Graf has received a few questions from providers on whether they should be end-dating patients' CICIP cards early and how it should be communicated that CICIP will no longer be available after June 30, 2025.
- Taryn Graf said there are a couple of options for addressing this.
 - Providers can issue two cards, one that shows HDC and CICIP ending 6/30/2025 regardless of when the application is completed, and one that shows only HDC with "normal" end date.
- Taryn Graf stated that providers will still need to send out information to all CICIP patients prior to the end of the program explaining what the program ending means for them.
- Council Discussion 1:40 to 1:43 P.M.
- Council members discussed having one card only stating a 6/30 end date.
- 1:43 P.M. - Megan Axelrod motioned to have a note added to the current card. Andrew Pederson seconded the motion. Motion Passed.
- Taryn Graf asked if the council would like to add a line for 6% to the card for facilities that charge for the physician and facility on the same bill. This would be in addition to the 4% and 2% currently on the card.
- Council Discussion 1:43 to 1:49 P.M.
- Council members discussed that having 4% and 2% is sufficient since most offices bill both and another line of information would be complicated and confusing.
- Taryn Graf suggested having the 6% explained in the determination notice and not on the card.



- 1:49 P.M. - Stephanie Arenales motioned to leave the card as is and add the 6% information to the determination letter. Megan Axelrod seconded the motion. Motion passed unanimously.
- Taryn Graf asked if a line should be added to show if deductions were used to determine the rating. The line would show what the rating would be with or without deductions since some facilities apply certain deductions and some do not.
- Council Discussion 1:50 to 1:55 P.M.
- The Council wanted to ensure the card would state that no deductions were taken for facilities that do not allow deductions.
- 1:55 P.M. - Stephanie Arenales motioned to add verbiage to state if deductions were taken or not, and what the rate is with or without deductions. Andrew seconded the motion. The motion passed unanimously.
- Taryn Graf asked to remove “CICP” only as an option to the Uniform Application since they will automatically qualify for HDC if they qualify for CICP. The only two options would be “HDC” and “CICP and HDC” in the drop-down menu.
- Council Discussion 1:56 to 2:00 P.M.
- 2:00 P.M. - Stephanie Arenales motioned to remove “CICP” only as an option from the Uniform Application. Megan Axelrod seconded. Motion passed unanimously.

5. Updates to the Operations Manual

- Taryn Graf, HCPF, 2:00 to 2:02 P.M.
 - The current rule and Operations Manual (Section 11.03) states that the patient has 60 calendar days from the date they submit their documents to appeal if they have not received their determination. There have been issues where hospitals are telling patients everything is “in process” for longer than 60 days, pushing them outside this timeline.
- Council Discussion 2:02 to 2:16 P.M.
- Stephanie Arenales asked if the patient hasn’t received determination within the 60-day period and hasn’t filed an appeal, is the patient out of luck? If the hospitals haven’t acted, should the patient have a deadline?
- Taryn Graf said some hospitals said some documents weren’t submitted fully while patients were being told the hospital had everything and the determination was



“in process.” Issues have been resolved in certain cases, but this potentially could cause problems if there was a patient outside the 60-days and they weren’t able to resolve the issue with the hospital. This issue has come up a handful of times in the last few months. Some patients are getting sent to collections from the professionals with the hospital still having a pending status for determination.

- Council discussion on requiring patients to appeal in a timely manner. Many facilities have escalation processes in place for appeals.
- The Council stated most of their facilities have a direct connection to providers that shows them which patients are pending.
- Council members agreed to come back to this issue in January and email HCPF with any ideas.
- Taryn Graf, HCPF, 2:00 to 2:02 P.M.
 - Is the 14-day timeline for completing patient applications sufficient? Would 21 days ease the hospital burden while still ensuring patients are being taken care of in a timely manner?
- Discussion 2:16 to 2:25 P.M. on extending from a 14-day to a 21-day timeline.
- Taryn Graf stated the 21 days would not impact the collections process. If an application starts late, the hospital still must hold everything until after the application process is completed. The only delay would be for those special cases for an extra week.
- 2:26 P.M. Tennie Masterson motioned to change the manual from 14 to 21 days; Andrew Pederson seconded. The motion passed.
- Taryn Graf, HCPF, 2:27 to 2:28 P.M.
 - Household Income section 3.04. There have been many emails about income sources. Are there any other income sources that should be added?
- Council Discussion 2:28 to 2:38 P.M.
- Council members stated that this issue needs some more consideration since it is a very complicated topic with many nuances.
- Taryn Graf said that she can look at the differences of what Medicaid counts and what we count and what makes sense to align or not align. A full decision doesn’t have to be made today.



- The Council wanted to ensure there was no gap that patients would fall in and not qualify for care.
- The Council decided to revisit this issue in a future meeting.
- Taryn Graf stated that HCPF can look at doing like a crosswalk of what is in MAGI versus what is currently in Hospital Discounted Care to show similarities and differences so that we can have that longer conversation at either the January or April meeting.
- The council decided to have another conversation about the exact wording of the document.
- The Council suggested creating a web page cross walking CACP sunseting and HDC regulations. Shannon Huska and Chandra Vital didn't see an issue and could discuss further.

6. Open Forum for Public Comment*

- Public comment, 2:41 to 2:49 P.M.
- Alicia Silva with BCH said they spend a lot of time notifying providers about HDC requirements and asked if the State can let them know if the providers are complying with HDC to ensure they are doing their part.
- Shannon Huska stated that the State will start collecting data for provider professionals that bill under HDC, but the process won't start until next September.
- Bethany Pray asked if HCPF could compile grievance data or complaint data related to providers and hospitals for future review.
- Enisa Cumurovic from BCH gets complaints from patients that providers are billing them prematurely. BCH sends out communications that are unopened and unread by providers.
- Taryn Graf stated that HCPF would like to know if a provider is not following the Hospital Discounted Care law. HCPF is trying to get a good contact list together for all professionals and what organization they are part of ensuring they know what their responsibilities are under the law as we move forward with getting data directly from them.

*All comments will be limited to a maximum of two minutes unless scheduled in advance.



7. Next Meeting

- Monday, January 27, 2025 from 1:00 - 3:00 P.M.

8. Adjournment

- 2:50 P.M. - Andrew Pederson motioned to adjourn the meeting; Tennie Masterson seconded the motion.
- Meeting adjourned at 2:50 P.M.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-5634 or Taryn.Graf@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

