

CICP Ending Communication

For Providers:

Per HB24-1399, the Colorado Indigent Care Program (CICP) will sunset effective July 1, 2025. Providers are encouraged to communicate this transition with their patients.

- ❖ Providers should begin informing patients as soon as possible of the program's end, including what they owe for services as this may change.
- ❖ Co-pay cards, created when using the Uniform Application, are not mandated under Hospital Discounted Care. HCPF encourages providers to continue issuing cards to patients who qualify.
 - The determination letter is still required and must be provided to patients.
- ❖ HCPF is currently working with the CHASE board on how DSH eligibility will change after the sunset. HCPF will report their progress to the CICP Advisory Council.
- ❖ Resources to assist in your communications are listed below

Resources:

[Hospital Discounted Care](#) for Providers

[CHASE Board](#) Colorado Healthcare Affordability and Sustainability Enterprise (CHASE)

[HB24-1399](#) Discounted Care for Indigent Patients

[SB24-116](#) Discounted Care for Indigent Patients

[HB21-1198](#) Health-care Billing Requirements For Indigent Patients

For Patients:

Webposting:

The Colorado Indigent Care Program (CICP) will be ending on July 1, 2025. A list of resources is included below to help guide you through this transition. Patients are encouraged to reach out to their place of care to inquire what discounted care options they may have moving forward.

- ❖ Facilities may stop providing co-pay cards for financial assistance options after the CICP ends.
- ❖ For CICP clinic patients - check with your clinic for their internal financial assistance options. Clinics may continue to give co-pay cards for their own internal programs, but these cards may not be transferrable between clinics.
- ❖ For Hospital patients - if you qualified for CICP through a hospital you automatically qualify for Hospital Discounted Care. Hospitals are required to provide a determination letter to their patients for Hospital Discounted Care. These determination letters can be used at other hospitals.

Resources:

[Hospital Discounted Care](#) website for patients

[Health First Colorado](#) Medicaid website

[CHP Plus](#) Child Health Plan Plus for children

[List of Medicaid Programs](#) for patients of all ages

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[Emergency Medicaid Services](#) for health benefits for children and pregnant persons
[Connect for Health Colorado](#) reduced-cost health insurance options
[OmniSalud](#) low cost health insurance options for undocumented people
[Colorado Community Health Network \(CCHN\)](#) information on community health centers

Letter Template:

Dear [Patient/Household]:

We know your health care is important to you, as it is to us. We are writing to make you aware that the Colorado Indigent Care Program (CICP) is ending on July 1, 2025. A list of resources is included below to help guide you through this transition. Patients are encouraged to reach out to our financial assistance team to discuss what discounted care options will be available moving forward. Our team is available to answer any questions you have about [(hospitals)Hospital Discounted Care or other financial assistance options / (clinics) other financial assistance options] available at our facility. You can reach us at [phone number and/or email address].

- ❖ Hospitals will continue to provide discounts on inpatient, outpatient, and emergency services under the Hospital Discounted Care law.
- ❖ If you qualified for CICP through a hospital, you are automatically qualified for Hospital Discounted Care as well.
- ❖ If your determination letter did not list Hospital Discounted Care, you may request a new determination letter that lists your eligibility and the dates of eligibility. These determination letters can be used at other hospitals to receive services under Hospital Discounted Care.
- ❖ If you qualified for CICP through a clinic or use clinic services, you can ask your clinic about their financial assistance options.
- ❖ CICP copay cards will no longer be provided. [Hospital name] [will/will not] be providing cards for patients determined eligible for Hospital Discounted Care at our facility in addition to the determination letter that must be provided. / [Clinic name] [will/will not] be providing cards for our financial assistance program.

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