

Option Title	Details	Criteria	Option Evaluation							
			Access			Administrative Burden & Cost				Regulatory Change
			Maximizes Hospital Access	Maximizes Clinic Access	Largest Number of People Qualify	Simple for Patients to Understand	Provider / Facility Ease of Use	Limited Auditing and Reporting Requirements	Lowest Amount of Documentation Required	Time & Effort Required to Make Changes 12-18 months for statute change; concurrent approval from Centers for Medicare & Medicaid; followed by 6 - 12 months for Rule change
1: Preserve CICIP w/ Minimal Changes	<p>Access</p> <ul style="list-style-type: none"> _Covers 250% FPL _Patient payments for clinics can be the same for PCF and CICIP _Behavioral Health services excluded from CICIP _CICP co-pays are capped based upon income (maximum of 10% of gross annual household income) _Transferrable ratings between hospitals & clinics <p>Administrative</p> <ul style="list-style-type: none"> _Same CICIP application for clinics and hospitals _Potentially separate application for financial assistance _CICP has specific requirements on how households are defined _Collection processes may be different _Different audit processes (e.g., CICIP, PCF, 1198) _CICP hospitals have to manage CICIP co-pays and HB 21-1198 patient payments _Reporting requirements for CICIP and HB 21-1198 									No additional statutes or Rule changes other harmonization that is underway
1a:										
1b:										
1c:										
2: Preserve Safety Net through PCF & DSH	<p>Access</p> <ul style="list-style-type: none"> _250% FPL for DSH and 200% for PCF (mostly applies to clinics unless clinic owned by hospital) _HB 21-1198 has patient payment caps of 4% for hospital and 2% for each licensed provider _Behavioral Health services included <p>Administrative</p> <ul style="list-style-type: none"> _Applications: 1 for patients, 1 for PCF, and compliance for hospitals (DSH) _Clinics and hospitals would independently agree on rating transferrability _Removes duplication of CICIP audit for hospitals and clinics _Appeals apply only to HB 21-1198 _Require hospitals and clinics to independently establish relationships 									Statute, CMS approval and Rule changes