



Colorado Indigent Care Program (CICP) Health Care Reform Frequently Asked Questions (FAQ) for Providers

Signed into law on March 23, 2010, the Affordable Care Act (health reform law) has broad impact on those with and without insurance.

The CICP provides discounted health care services to low income individuals at participating providers. CICP is not insurance, rather the program seeks to partially compensate participating providers who care for the uninsured and underinsured at or below 250% of the Federal Poverty Level (FPL). Individuals enrolled in CICP cannot be eligible for Medicaid or Child Health Plan *Plus* (CHP+). Through 2014, participating health care providers will continue to be compensated for care given to those enrolled in CICP.

Individuals currently enrolled in CICP may be newly eligible for Medicaid or discounted health insurance coverage purchased through the Connect for Health Colorado marketplace beginning January 2014.

Does CICP satisfy the requirement for individuals to have health insurance under health care reform?

No. Since CICP is not a health insurance program it does not satisfy the new individual responsibility (individual mandate) requirement for individuals to have health insurance.

Where can individuals find out if they may be eligible for Medicaid or CHP+?

Providers who are application or medical assistance sites or who will have marketplace navigators will be able to assist individuals on site to determine if they or their family members are eligible for Medicaid or CHP+.

Individuals can also find out if they or members of their family are eligible for Medicaid, CHP+ or other public assistance programs, such as food assistance, by visiting or calling:

Colorado.gov/PEAK

Toll free: 1-800-221-3943

TDD: 1-800-659-2656

Where can individuals find out if they may be eligible for discounted health insurance?

Individuals can find out if they or members of their family are eligible for discounted health insurance through the Connect for Health Colorado marketplace by visiting or calling:

ConnectforHealthCO.com

Toll free: 1-855-PLANS4YOU

(855-752-6749)

Who will be eligible for Medicaid?

For Medicaid, beginning January 1, 2014, individuals earning up to 133% of the FPL may be eligible for Medicaid coverage. This equates to about \$15,000 per year for an individual or \$30,000 per year for a family of four.

Individuals can apply beginning October 1, 2013 though coverage will not begin until January 1, 2014.

Who will be eligible for discounted health insurance through the Connect for Health Colorado marketplace?

Connect for Health Colorado is a new health insurance marketplace for small employers with 2-50 employees and for Coloradans who buy their own health insurance, are uninsured, or do not have access to affordable coverage through an employer. It is not for Coloradans who are eligible for Medicare. Individuals earning between \$15,856 and \$45,960 per year or a family of four earning between \$32,499 and \$94,200 per year can get a break on premiums.

Open enrollment is October 1, 2013 to March 31, 2014. Coverage begins January 1, 2014 for Coloradans who sign up by December 15, 2013.

What happens to CICIP after January 2014?

After January 2014, approximately 75% of current CICIP clients will be eligible for Medicaid, with the remaining CICIP clients eligible for discounted health insurance through the Connect for Health Colorado marketplace.

Consistent with existing CICIP policy, applicants who appear to be eligible for Medicaid must apply for Medicaid before they can be approved for CICIP. This includes applicants who are homeless and applicants completing the emergency CICIP application.

CICIP will remain a safety net for individuals and families currently enrolled in CICIP who may be newly eligible for Medicaid or discounted health insurance coverage through Connect for Health Colorado. CICIP policy is to encourage and inform clients to meet the new individual responsibility (individual mandate) requirement for individuals to have health insurance.

CICIP clients currently on the Adults without Dependent Children waitlist may continue to receive discounted services through CICIP until January 1, 2014. These clients will automatically move into a Medicaid slot on January 1, 2014.

New and Reapplying CICIP Applicants Below 133% of the FPL

After October 1, 2013, CICIP enrollment for new and reapplying CICIP applicants with income at or below 133% of the FPL (CICIP rating E or lower) and who meet other Medicaid eligibility criteria must be ended December 31, 2013. These applicants must apply for Medicaid and receive a denial before they can be approved for CICIP after January 1, 2014. If applicants receive a Medicaid denial because they are over-income for Medicaid, a new CICIP application must be completed with correct income information. CICIP enrollment would then be effective for one (1) year as usual.

Only applicants who meet all Medicaid eligibility requirements must have a Medicaid denial before being approved for CICIP. For example, a lawful immigrant who has been in the U.S. less than five (5) years is not eligible for Medicaid and does not need to have a Medicaid denial before being approved for CICIP even if the applicant's income is below 133% of the FPL.

Applicants can apply as early as October 1, 2013 for Medicaid enrollment effective January 1, 2014.



New CICIP Applicants Above 133% of the FPL

New CICIP applicants with income above 133% FPL should have a CICIP rating for one (1) year and not be end dated early. They should also be provided information about the Connect for Health Colorado insurance marketplace and encouraged to apply. At this time, CICIP will not require that individuals obtain insurance before being eligible for CICIP.

Existing CICIP Clients

Existing CICIP clients should be screened for Medicaid and CHP+ or provided information about Connect for Health Colorado at the time when their current CICIP enrollment expires. Providers do not have to end-date enrollment for current CICIP clients early.

Clients re-applying for CICIP below 133% of the FPL and who meet other Medicaid eligibility criteria must apply for Medicaid and receive a denial before becoming eligible for CICIP. Refer applicants below 133% of the FPL and likely to be categorically eligible for Medicaid to PEAK. Applicants above 133% of the FPL should have a CICIP rating for one (1) year and not be end dated early. They should also be provided information about the Connect for Health Colorado insurance marketplace and encouraged to apply. At this time, CICIP will not require that individuals obtain insurance before being eligible for CICIP.

CICIP as Secondary Coverage

CICIP clients may have insurance or Medicare as the primary payer with CICIP as secondary coverage. Medicaid and CHP+ eligible clients cannot be enrolled in CICIP. (Refer to Article IV, Health Insurance Information under Section I: Eligibility of the CICIP Provider Manual.)

What will happen to CICIP in the future?

The Department of Health Care Policy and Financing is not proposing funding or policy changes to CICIP at this time. As the expansion of Medicaid coverage and the Connect for Health Colorado insurance marketplace are implemented, we will work with our stakeholders to understand patient needs and gaps in coverage for lower income Coloradans such as oral health, behavioral health, specialty care and underinsurance before changes to CICIP are proposed, if any.

Where can CICIP providers go for more information?

More information about implementation of the Affordable Care Act is available at Colorado.gov/hcpf. Stakeholder FAQ sheets reviewing the benefits of Medicaid and health insurance for CICIP clients are also available at this website.

Providers may also contact CICIP staff:

Cynthia.Arcuri@state.co.us or 303-866-3996

Karen.Talley@state.co.us or 303-866-3170

Cynthia.Miley@state.co.us or 303-866-4136

