Colorado Indigent Care Program
Today and Tomorrow

Building Better Health: Resources for the Uninsured

The Colorado Health Foundation

Cindy Arcuri
Manager, Finance Section
Special Financing Division

October 13, 2016
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
Presentation Outline

The Current Colorado Indigent Care Program

- What is the CICP? What is it not?
- Who qualifies for the CICP?
- What services are available through the CICP? What are not?
- What is the patient’s cost under the CICP?
- How to apply for the CICP
- Where to find more information on the CICP
Proposal for the Future Colorado Indigent Care Program

- Why update the CICP?
- Objectives of the proposed transformed CICP
- Steps toward the proposed transformed CICP
What is the CICP?

The Colorado Indigent Care Program provides supplemental funding to partially reimbursement participating hospital and clinic providers for providing discounted health care services to qualifying uninsured or underinsured individuals up to 250% of the FPL who are not eligible for Medicaid or CHP+.

The Program is administered by the Colorado Department of Health Care Policy and Financing. However, eligibility determinations for qualified individuals are made at the provider level in accordance with rules and policies prescribed by the Department.
What the CICP is Not

The CICP is not health insurance

• CICP does not meet the “individual mandate”
• CICP does not reimburse for claims
• CICP does not guarantee patient access to guaranteed benefits through a network of providers

Because the CICP is not health insurance, CICP providers refer CICP applicants to

• Medicaid
• CHP+
• The Colorado Marketplace– Connect for Health Colorado
Who Qualifies for CICP?

- Coloradans who can document lawful presence in the country
- Individuals with incomes up to 250% of FPL
  - CICP deducts certain expenses from income and counts certain liquid resources available to individuals to assist them in contributing to the cost of their medical care
- Uninsured individuals/families may qualify
- Insured individuals/families except for those who are eligible for Medicaid or CHP+
Services Available through CICP

• Emergency services are covered by all hospitals that participate in the CICP
• Other care available to CICP clients varies from provider to provider
• Most clinics offer a wide range of primary care services
• Some CICP providers offer prescription drugs
• CICP providers may refer patients to other CICP providers for specialty care that is not available at their specific facility
**Services Not Available**

- Non-medically necessary care
- Nursing home care
- Non-urgent dental services
- Mental health services as a primary diagnosis
- Court-ordered procedures (such as drug testing)
- Physician services (unless the CICP provider has an agreement with physicians)

* This list is not exhaustive
Patient Cost under CICP

• The CICP uses a standardized sliding fee scale
• CICP providers may charge a CICP patient less than this scale, but may not charge a CICP patient more
• Scale has several tiers from 0% to 250% of FPL
• Copayments vary by the type of medical service (inpatient stay, clinic visit, digital imaging, etc.)
Patient Cost under CICP (cont.)

• For most CICP patients, an annual copayment cap of 10% of their income applies.

• For those with health insurance, the CICP discount applies to any charges remaining after the insurance plan reimburses. In such cases, the CICP patient is responsible for the lesser of the remaining amount or the required CICP copayment.
How to Apply for CICP

• Applications are taken only at participating CICP providers.

• A list of providers is found on the Department’s website

• Call ahead to schedule an appointment to complete an application

• Applicants should bring requested documentation to the appointment (i.e. personal identification, documentation of income)
Where to Find More Information

• The Department’s Website has more information
  - go to Colorado.gov/hcpf/
  - Scroll down to “Alpha Index”
  - Click on the letter “C”
  - Scroll down and click on “Colorado Indigent Care Program (CICP) or “Colorado Indigent Care Program (CICP) for Providers
Future of the CICP

The Department is proposing to modernize the CICP and has been working with stakeholders for the past two years to do so. Representation from:

- Clinics
- Hospitals
- Consumer advocates
Why Update the Program?

• CICP began in 1983, which was before:
  ➢ creation of CHP+
  ➢ the Medicaid “MAGI” expansion
  ➢ Advent of the Marketplace and the individual mandate for private health insurance
  ➢ Colorado’s statutory requirements for Hospitals’ Financial Assistance Programs
  ➢ Recent Federal requirements for FQHC sliding fee discount programs (“PIN”)
Why Update the Program? (cont.)

• Administration of the Program has grown increasingly complex over the years
  ➢ Inefficient for providers
  ➢ Inefficient for the Department
  ➢ Burdensome/Confusing for CICP applicants
Objectives of Proposed Transformed Program

1. Preserve the safety net for low-income uninsured and underinsured persons

- CICP patients will not experience more limited services than presently nor higher copayments than presently, but may benefit from expanded services and even lower copayments from some providers.
Objectives of Proposed Transformed Program (cont.)

2. Minimum standards must be met to qualify as a provider
   - Standards may be exceeded if they benefit the CICP patient.

3. Structure payments to clinics to encourage better patient health outcomes
   - Quality metrics proposed to be incorporated into the reimbursement formula
Objectives of Proposed Transformed Program (cont.)

4. Ease administrative burdens to promote effectiveness and efficiency
   - Sliding fee scales
   - Patient application process (determination of income, etc.)
   - Department no longer involved in individual cases

5. Remove outdated restrictions on provider participation in Denver County
Objectives of Proposed Transformed Program (cont.)

6. Create a formal stakeholder advisory council
7. Conduct state-funded audits of participating providers
Steps Toward the Proposed Future CICP

• Continued engagement with stakeholders
  ➢ Workgroups currently hammering out details
• Seek Governor’s approval to carry legislation to update the current CICP statute
• Rename the CICP
• Seek Medical Services approval for new policy via a rule change
• If successful in all of the above, launch the new program July 1, 2017
  ➢ Clinic transformation may precede that of hospitals
Questions?
Contact Information

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Manager, Finance Section, Special Financing Division
Cynthia.Arcuri@state.co.us
Thank You!
Kaiser Permanente Colorado Bridge Program
Low cost health coverage
Kaiser Permanente - Colorado Bridge Program

- The Colorado Bridge Program is designed to help those who are uninsured with no access to other coverage and income eligible pay for a standard Kaiser Permanente Individuals and Families (KPIF) plan (KP CO Gold 0/20 or KPCO SELECT Gold 0/20).
  - KPCO SELECT Gold 0/20 (Colorado Springs ONLY)

- Plan coverage is compliant with the Affordable Care Act (ACA) and is regulated by the Division of Insurance, which requires the following:
  - Enrollment during open enrollment periods
  - Member correspondence (Evidence of Coverage (EOC), Renewal notices, open enrollment notices, etc.)
  - Minimum Essential Coverage requirements including Pediatric Dental
  - Monthly premiums
Who is Eligible?

Applicants who meet the following criteria:

- Under the age of 35 years at the time of the plan effective date
- Income eligible – up to 300% FPL
- Must live within Kaiser Permanente service area based on county zip code:
- Cannot have access to any other public or private coverage including, but not limited to:
  - Job based coverage
  - Medicaid/CHP+
  - Coverage under Connect for Health Colorado
  - Medicare
How much does it cost?

- Colorado Bridge is a subsidized plan with fixed monthly premiums based on family size and income (premiums are subject to change).

- KPCO will subsidize between 90 and 95 percent of the fixed premium for up to 24 months, but not beyond December 31 of calendar year; members will be invited to renew or re-apply during open enrollment.

- Colorado Bridge members will also receive the Kaiser Permanente sponsored financial assistance program, Medical Financial Assistance (MFA).

- MFA award lowers cost sharing for most services provided at Kaiser Permanente medical offices to $0.
  - For services not provided at Kaiser Permanente medical offices, members are responsible for the full cost sharing under the KP CO 0/20 or KP CO Select plan.
  - Colorado Bridge members do not need to apply for MFA separately.
# Income Guidelines and Monthly Premiums

## Gross Monthly and Annual Income*

**April 1, 2016 – Present**

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<th>ANNUAL INCOME*</th>
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<td>0 – 1,733</td>
<td>1,734 – 2,970</td>
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<td>2</td>
<td>0 – 2,336</td>
<td>2,337 – 4,005</td>
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<td>3</td>
<td>0 – 2,940</td>
<td>2,941 – 5,040</td>
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<td>4</td>
<td>0 – 3,544</td>
<td>3,545 – 6,075</td>
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<td>5</td>
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<td>4,149 – 7,110</td>
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<tr>
<td>6</td>
<td>0 – 4,751</td>
<td>4,752 – 8,145</td>
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<table>
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<tr>
<th>FEDERAL POVERTY LEVEL (FPL)</th>
<th>0% - 175%</th>
<th>176% - 300%</th>
<th>0% - 175%</th>
<th>176% - 300%</th>
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<tr>
<td>INDIVIDUAL MONTHLY PREMIUM</td>
<td>$20</td>
<td>$40</td>
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<td>—</td>
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<td>COUPLE MONTHLY PREMIUM</td>
<td>$40</td>
<td>$80</td>
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<tr>
<td>SINGLE PARENT + CHILDREN MONTHLY PREMIUM</td>
<td>$40</td>
<td>$80</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>FAMILY MONTHLY PREMIUM</td>
<td>$60</td>
<td>$120</td>
<td>—</td>
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</tr>
</tbody>
</table>
How does someone apply?

Applications must be completed at a designated enrollment assister site or the application will be denied.

- Visit [www.FindYourPlan.org](http://www.FindYourPlan.org) to locate an assister site
Application

Requirements

Applicants must submit current monthly income or annual tax filing
   – Pay stubs, W-2 forms or wage and/or tax statements

Applicants must complete the following:

1. Kaiser Permanente Individual & Families (DORA) Off Exchange Gold HMO Plan application – This is the application for health plan benefits

2. Kaiser Permanente Colorado Bridge Subsidy application – This application determines eligibility to receive reduced premiums and a Medical Financial Assistance award allowing for $0 co-pays for services provided at a Kaiser Permanente facility.
   – Both applications must be submitted together with proof of income to our Charitable Health Coverage Operations (CHCO) office in Oakland.

Applications MUST be received during an open enrollment period or during a Special Enrollment Period (SEP).
   – 2017 Open Enrollment begins in November 1, 2016 – January 31, 2017
If there are only children applying for the Colorado Bridge Program, a separate DORA application must be completed for each child – the child will be the primary applicant.
The subsidy application requires that all household members and applicants be included. Household members included in the subsidy application will determine household income.
Processing Timelines

- Applications approved on the 15th of the month or before will be processed with an effective date the first of the following month.

- Applications approved at CHCO after the 15th will be processed with an effective date the month following.

- Complete applications can take up to 30 business days to process.

- Applicant should receive an operational letter (approval, denial, missing information letter) within two weeks of the application being processed.
Approved Colorado Bridge Members

- New members will receive an approval letter with the following information:
  - Accepted applicant(s) and their health record number(s)
  - Effective date of coverage and Medical Financial Assistance
  - Their fixed monthly premium amounts
  - Information about additional information they will receive (membership card, EOC, etc)
  - Recertification information
Colorado Bridge Benefits

- Minimum Essential Coverage
  - Pediatric Dental
  - Vision
  - Behavioral Health
- A Summary of Benefits document can be found on FindYourPlan.org

IMPORTANT NOTICE

Kaiser Permanente Colorado Bridge Program
Schedule of Benefits for the Denver/Boulder, Northern Colorado and Pueblo Service Areas

The Kaiser Permanente Colorado Bridge Program is designed to help those who are uninsured with no access to other health coverage pay for standard Kaiser Permanente Individuals and Families (KPIF) plan (KP CO Gold 0/20). The Colorado Bridge Program also includes the Kaiser Permanente sponsored medical financial assistance program, Medical Financial Assistance (MFA) that eliminates out-of-pocket costs for most services provided at Kaiser Permanente medical offices. Under the Colorado Bridge Program, monthly premiums for the KP CO Gold 0/20 plan start at $20 for one person and $60 for a family, based on family size and income (premiums are subject to change). MFA lowers the cost sharing for services provided at Kaiser Permanente medical offices to $0. For services not provided at Kaiser Permanente medical offices, members are responsible for the full cost sharing under the KP CO 0/20 plan. The coverage period lasts up to 24 months but not beyond December 31 of the calendar year, with an opportunity to renew. If you do not send in your monthly payments, your KP CO Gold 0/20 coverage, including MFA, will end and you will not be eligible to re-apply until the next open enrollment period.

Schedule of Benefits (Who Pays What)

Benefits for KP CO Gold 0/20
This Schedule of Benefits discusses:

I. Deductibles (if applicable)
II. Annual Out-Of-Pocket Maximums
III. Copayments and Coinsurance

Important Information Please Read
This Schedule of Benefits does not fully describe the Services covered under this Membership Agreement. For a complete understanding of the benefits, limitations and exclusions that apply to your coverage under this plan, it is important to read this Membership Agreement in conjunction with this Schedule of Benefits. Please refer to the identical heading in the "Benefits/Coverage (What Is Covered)" section and to the "Limitations/Exclusions (What Is Not Covered)" section of this Membership Agreement. Here is some important information to keep in mind as you read this Schedule of Benefits:

1. For a Service to be a covered Service:
Loss of eligibility

- Members must continue to meet the eligibility requirements for the Colorado Bridge Program to remain in the program. If a member no longer meets the eligibility requirements, their subsidy and medical financial assistance will end on the last day of the month following discovery of loss of eligibility.

- Enrollment in the Kaiser Permanente CO Gold 0/20 plan will continue and they will be required to pay the full monthly premium, unless they ask KPCO to terminate membership.

- Failure to pay monthly premiums will result in loss of coverage, members cannot re-apply until the next open enrollment period.

Note: Members that age off the plan will not be terminated until annual recertification.
Additional Information

FindYourPlan.org

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Sr. Outreach & Retention Specialist

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Salud Overview

- FQHC
- Served 68,573 patients through 278,972 visits in 2015
- 54-58% of patient population is covered by Medicaid
- Company employs ~ 640 employees
- All clinics have medical, dental, and behavioral health services, five clinics have full service pharmacies
Service Area

Currently operate 12 clinics and a mobile unit in 10 Colorado Counties
Enrollment Program

- 24 Enrollment Specialists (ES) spread out across 11 clinics
- 2.5 ES Leads help train, audit and float to sites as needed
- All new patients encouraged to have enrollment visit before provider visit
- Established patients have an ES visit as needed to renew discount programs and/or enroll in insurance
At a Salud enrollment visit a client:

- Learns about the services and programs Salud offers
- Is provided important information about policies
- Gets screened for eligibility in various insurances and discount programs
- Is enrolled in discount programs/health coverage if eligible
- Receives education on health insurance lingo and benefits
Programs

- Health First Colorado Medicaid/CHP+
- Connect for Health Colorado Marketplace insurance
- Colorado Indigent Care Program (CICP)
- Clinic Rate- Salud’s sliding fee scale program
- Pharmacy Assistance Program (PAP)
- Other programs
Clinic Sliding Fee Scale

- FQHCs required to have sliding fee discount program
- Program is funded by federal government (HRSA)
- Per requirements, eligibility is only for 200% FPL and below
- Eligibility based on family size and income (assets cannot be counted)
- FQHC determines type of documentation required to demonstrate income and family size
Clinic Sliding Fee Scale

- Referred to as “Clinic Rate Discount Program”
- Use CICP manual as baseline for guidelines for program but some major differences apply
- Use same ratings as CICP; Z, N and A-H
- I rating not used as it is considered over income for Clinic Rate slide
# Clinic Rate Slide vs. CICP

<table>
<thead>
<tr>
<th>DIFFERENCES</th>
<th>CICP</th>
<th>CLINIC RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LAWFUL PRESENCE</strong></td>
<td>Must be US Citizen/Lawfully Present</td>
<td>Undocumented can apply</td>
</tr>
<tr>
<td><strong>PROOF OF IDENTITY</strong></td>
<td>Proof of identity/lawful presence/affidavit required</td>
<td>No proof of identity/affidavit necessary</td>
</tr>
<tr>
<td><strong>PROOF OF DIVORCE/SEPARATION</strong></td>
<td>Must show proof if divorced/separated</td>
<td>No proof necessary</td>
</tr>
<tr>
<td><strong>DENTAL BENEFITS</strong></td>
<td>Only covers emergency dental services</td>
<td>Covers dental services; see Clinic Rate Sliding Fee Scale for details</td>
</tr>
<tr>
<td><strong>MEDICAID/CHP+ ELIGIBLE</strong></td>
<td>Not eligible for CICP</td>
<td>Eligible for Clinic Rate (can help pay for dental services for procedures Medicaid doesn’t cover or when Adult dental benefits run out)</td>
</tr>
<tr>
<td><strong>CO RESIDENT</strong></td>
<td>Must be CO Resident</td>
<td>No CO Residency requirement</td>
</tr>
<tr>
<td><strong>INCARCERATED</strong></td>
<td>Not eligible for CICP</td>
<td>Eligible for Clinic Rate</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td>Counted in income</td>
<td>Not counted in income</td>
</tr>
<tr>
<td><strong>SLIDING FEE SCALE</strong></td>
<td>Refer to CICP Sliding Fee Scale</td>
<td>Refer to Clinic Rate Sliding Fee Scale</td>
</tr>
<tr>
<td><strong>FEDERAL POVERTY LEVEL (FPL)</strong></td>
<td>250% Cutoff</td>
<td>200% Cutoff</td>
</tr>
</tbody>
</table>
Who Can Apply?

- Must be Salud patient
- Must fall at 200% FPL or below
- All patients encouraged to apply
- Includes Health First Colorado/CHP+ and CICP clients (for dental benefits)
Uninsured clients and Clinic Rate

- Undocumented clients- Clinic Rate is often the only way clients can receive discounted health care

- Documented clients-
  - Encouraged to enroll in health insurance first
  - Screened for eligibility for CICP
  - If eligible for CICP, enrolled in both CICP and Clinic Rate
  - If ineligible for CICP, enrolled in Clinic Rate only
What Are Benefits?

Slide covers the following (fixed copay):

- Medical, dental and behavioral health visits
- Vaccinations
- Medical supplies
- Prescriptions (generic)
- Procedures
- Separate slide for Medical/behavioral health and dental
- Clinic Rate is always payer of last resort
### Salud Sliding Fee Scale
(Effective 04/11/2016)

#### Visits (Medical & Behavioral Health)

<table>
<thead>
<tr>
<th>Rc</th>
<th>Descriptions of Services</th>
<th>Homeless &lt;=40%</th>
<th>&lt;=62%</th>
<th>&lt;=81%</th>
<th>&lt;=100%</th>
<th>&lt;=117%</th>
<th>&lt;=133%</th>
<th>&lt;=159%</th>
<th>&lt;=185%</th>
<th>&lt;=200%</th>
<th>&lt;= 250 %</th>
<th>Over 250%</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Visits (labs included)</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>35</td>
<td>40</td>
<td>107 * (prepay)</td>
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<tr>
<td>2</td>
<td>Vaccination Administration Only Visit (e.g., VFC or Depo)</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>12</td>
<td>15</td>
<td>17</td>
<td>20</td>
<td>Full Pay</td>
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<tr>
<td>3</td>
<td>P-Program (OB related visits only) Clinic Patients</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>Not Eligible</td>
</tr>
<tr>
<td>4</td>
<td>Teen Confidential Visit</td>
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<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
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<td>10</td>
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<td>10</td>
</tr>
</tbody>
</table>

* For all Self-Pay patients (including those with income ratings of I and OI) are responsible for the full-amount of services they receive. Please remind these patient that while we will pre-collect the specified amount, they will be billed the remaining balance.
## Clinic Rate Scale - Dental

<table>
<thead>
<tr>
<th>CDT</th>
<th>CDT CODE DESCRIPTION</th>
<th>Full Fee</th>
<th>Homeless</th>
<th>&lt;=40%</th>
<th>&lt;=62%</th>
<th>&lt;=81%</th>
<th>&lt;=100%</th>
<th>&lt;=117%</th>
<th>&lt;=133%</th>
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<th>&lt;=185%</th>
<th>&lt;=200%</th>
<th>&lt;=250%</th>
<th>Over 250%</th>
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<tr>
<td>D0120</td>
<td>PERIODIC ORAL EXAMINATION</td>
<td>N</td>
<td>50</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>16</td>
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<td>25</td>
<td>31</td>
<td>36</td>
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<td>D0140</td>
<td>LIMITED ORAL EVALUATION - PROBLEM FOCUSED</td>
<td>N</td>
<td>65</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>21</td>
<td>27</td>
<td>34</td>
<td>40</td>
<td>47</td>
<td>65</td>
</tr>
<tr>
<td>D0145</td>
<td>ORAL EVALUATION, PT &lt; 3YRS</td>
<td>N</td>
<td>69</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>22</td>
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<td>43</td>
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<td>D0150</td>
<td>COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT</td>
<td>N</td>
<td>80</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
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<td>58</td>
<td>80</td>
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<tr>
<td>D0160</td>
<td>DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED</td>
<td>N</td>
<td>155</td>
<td>30</td>
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<td>30</td>
<td>30</td>
<td>50</td>
<td>65</td>
<td>81</td>
<td>96</td>
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<td>155</td>
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<tr>
<td>D0170</td>
<td>RE-EVALUATION - LIMITED PROBLEM FOCUSED ESTABLISHED PA</td>
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<td>50</td>
<td>11</td>
<td>11</td>
<td>11</td>
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<td>D0190</td>
<td>SCREENING OF A PATIENT</td>
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<tr>
<td>D0191</td>
<td>ASSESSMENT OF A PATIENT</td>
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<td>19</td>
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## CICP scale vs. Clinic Rate scale

### CICP

**Salud Sliding Fee Scale**

(Effective 04/11/2016)

<table>
<thead>
<tr>
<th>Description of Services</th>
<th>Homeless</th>
<th>&lt;=40%</th>
<th>&lt;=62%</th>
<th>&lt;=81%</th>
<th>&lt;=100%</th>
<th>&lt;=117%</th>
<th>&lt;=133%</th>
<th>&lt;=159%</th>
<th>&lt;=185%</th>
<th>&lt;=200%</th>
<th>&lt;=250%</th>
<th>Over 250%</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 CICP - Visits (includes Labs up to rate H)</td>
<td>-</td>
<td>7</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>25</td>
<td>25</td>
<td>35</td>
<td>35</td>
<td>40</td>
<td>Full Pay</td>
</tr>
<tr>
<td>42 CICP - Lab Copay</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>35</td>
</tr>
</tbody>
</table>

### Clinic Rate

**Salud Sliding Fee Scale**

(Effective 04/11/2016)

<table>
<thead>
<tr>
<th>Description of Services</th>
<th>Homeless</th>
<th>&lt;=40%</th>
<th>&lt;=62%</th>
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<th>&lt;=185%</th>
<th>&lt;=200%</th>
<th>&lt;=250%</th>
<th>Over 250%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits (Medical &amp; Behavioral Health)</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>25</td>
<td>30</td>
<td>35</td>
<td>40</td>
<td>107*</td>
<td>(prepay)</td>
</tr>
<tr>
<td>1 Visits (labs included)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>107* (prepay)</td>
</tr>
</tbody>
</table>

*107* indicates a prepay amount.
Contact Info

Sarah Brantley
Program Enrollment Manager
sbrantley@saludclinic.org
(303) 289-5157
Updated Blue Guide Tool! Resources for the Uninsured

Cohealth.co/blue-guide
Find A Provider

Search Nearby - or - Select an Option from the menu to get started.

Search for address...  Get my location

The purpose of this guide is to help uninsured individuals and families, health care providers, and community organizations locate the healthcare options and resources that are available for uninsured and underinsured Coloradans. This online guide provides information about your local health care providers and health care access assistance sites that can help Coloradans apply for and enroll in Medicaid, CHP+, and private insurance through the new online insurance marketplace, Connect for Health Colorado.

This guide was prepared by the Colorado Consumer Health Initiative with support from the Caring for Colorado Foundation, the Piton Foundation, and Connect for Health Colorado.
Mental Health Center of Denver - El Centro de Las Familias (1.5 miles)

75 Meade St., Denver, CO
English: 303-504-7900 Spanish: 303-512-8812 | View website

Hours: M, W 8am-6pm; T, Th 8am-7pm; F 8am-12pm
Services: Mental/Behavioral Health Care, Substance Abuse Treatment

The Bridge Project - Columbine (1.7 miles)

2390 W. Cedar Ave., Denver, CO
303-765-4408 | View website

Hours: M-Th 10am-8pm; Summer Hours M-F 9am-3pm
Services: Medicaid Enrollment Assistance, Other
Servicios De La Raza (3 miles)

3131 W. 14th Ave, Denver, CO
303-458-5851 | View website

Hours: M-F 8am - 5pm

Services: Mental/Behavioral Health Care, Adolescent Care, Substance Abuse Treatment, Case Management, HIV/AIDS Treatment & Care, STI Testing, Treatment, & Prevention, LGBT Health Services, Medicaid Enrollment Assistance, Connect for Health Colorado Enrollment Assistance
Updated App for Android and iOS devices coming November
Questions?