

Proposed Rule Changes Update

Stakeholders, the following are proposed rule changes. Please review the proposed alternative to each rule and provide the Department with your comments/feedback by December 8, 2011. Please email comments to the following address: cicpcorrespondence@state.co.us

Issue:

- Sleep Studies are very expensive to the providers that offer the service at a discount. Setting a higher copayment and keeping the study accessible to the CICIP client resolves affordability issues.

Proposed Alternative:

- **Copayment of Inpatient only**
- **Copayment of inpatient and outpatient specialty, when provided outside the hospital**

Issue:

- Copayment Cap is very complex and difficult for the CICIP provider and client to track. If a client is seeing multiple CICIP Providers, determining the point in time as to when the cap is reached is often cumbersome to both the provider and client. Most CICIP clients will not be affected by the limitation of the cap.

Proposed Alternative:

- **Do nothing with CICIP copayment cap and leave as is**
- **Eliminate the CICIP Copayment Cap**
- **Change copayment cap year to date of eligibility**

Issue:

- Radiology and Imaging (besides MRI/CT/Nuclear Medicine/Sleep Study) is very expensive service, but clinics do not receive additional copayment when visit is other than routine.

Proposed Alternative:

- **Same copayment as Lab and Prescription copayment**