

COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2014-15

MANUAL

SECTION I:

ELIGIBILITY

EFFECTIVE: January 1, 2014

ARTICLE III MEDICAID PROGRAMS & Child Health Plan Plus (CHP+)

Section 3.01 Medicaid Programs

Medicaid is a state and federally funded program that pays for medical services for low-income families and individuals. Medicaid is a program for the categorically needy, meaning that an individual or family must fall below a certain income/resource limit and qualify for one of the following categories:

Providers must screen CICP applicants for Medicaid eligibility and CHP+ prior to assigning a CICP rating. This is beneficial for both providers and applicants because, under Medicaid and CHP+, providers receive higher reimbursement and applicants receive more benefits and pay lower copayments. The Provider Compliance Audit requires verification that the applicant was determined “not categorically eligible” for Medicaid or CHP+.

Program Name	Description of Program	Federal Poverty Limit	Eligible for CIGP
Working Adults with Disabilities	1. Effective April 1, 2012 2. Adults at least 16, but less than 65 years of age 3. Employed 4. Must have valid disability determination	450% No resource limit	Not Eligible for CIGP
1931 MEDICAID (AFDC)	1. Effective May 1, 2010, parents of Medicaid children Children and families qualify for Medicaid-only benefits under certain AFDC guidelines that were in effect on July 16, 1996.	100% FPL	Not Eligible for CIGP
Medicaid and CHP+ PE	1. Immediate temporary medical coverage for children 18 and under, and pregnant women that have applied for Medicaid or CHP+ 2. Medicaid/CHP+ PE	134%-200% FPL	Not eligible for CIGP

	<p>period begins on the date client applies for no less than 45 days</p> <p>3. Certified site can determine presumptive eligibility for Medicaid/CHP+ PE</p> <p>4. Completed can be used to apply for Medicaid-only benefits for members of household</p>		
Baby Care Kids Care	<p>1. Applies to pregnant women and children upto 6 in families</p> <p>2. Children up to age 19</p>	133% FPL	Not Eligible for CICP
Foster Care Children	<p>1. Covers persons less than 21 years of age for whom a county is assuming full or partial financial responsibility</p> <p>2. Who are in foster care, in homes or private institutions, or in subsidized adoptive homes prior to the final decree of adoption.</p>	250% FPL	Not Eligible for CICP
Old Age Pension (OAP) - Medicaid	<p>1. Recipients who are between 60-64 years of age</p> <p>2. Disabled or over 65 years of age (disabled not a factor over age 65)</p>	76.9% FPL	Not Eligible for CICP

Old Age Pension – State Only (Health and Medical Care Program)	1. Recipients who are between 60-64 years of age 2. Over asset for Medicaid	76.9% FPL	Eligible for CICP
SLMB (Special Low Income Medicare Beneficiaries)- Dual Eligibles	1. Eligible for Medicare (whether just turning 65 or are Medicare eligible because of a disability) 2. Have limited financial resources and income 3. Medicare Part B premium payments and Medicare Part D cost-sharing payments 4. State pays toward the premium of Part B	120% FPL	Medicare only and recipients are eligible for CICP
QMB-ONLY (Qualified Medicare Beneficiaries)	1. State pays Medicare Part B premiums (and in some cases Part A premiums) 2. Recipients are not entitled to the full range of Medicaid benefits 3. State is liable for Medicare deductibles and coinsurance charges only for services covered and approved by Medicare 4. Income eligibility determined on a monthly basis	100% FPL	Clients are eligible for CICP
Medicare-Medicaid-QMB (Dual Eligibles)	1. Assistance paying for Medicare premiums 2. Assistance with out of pocket medical	100% FPL	Not eligible for CICP

	expenses from Medicaid 3. Has insured status under Social Security or Railroad Retirement Age 65 years or older (and certain disabled individuals)		
Medicare-Medicaid	1. Long-term care in nursing facility or alternative 2. Medicaid not liable for Medicare deductibles and coinsurance, unless service is provided is a regular Medicaid benefit	100% FPL	Not eligible for CICP
HCBS & Nursing Home Patients	1. Disabled individuals needing long term care	300% FPL of Supplemental Security Income (S.S.I.) Level	Not eligible for CICP

Section 1.01 Temporary CICP for CHP+ Eligible Individuals

Individuals eligible for CHP+ are enrolled on a prospective basis, effective on the CHP+ Application date. Therefore, individuals who are waiting enrollment in CHP+ and/or have incurred charges at a CICP provider in the 90 days prior to the CHP+ application date, may be approved for CICP for no longer than 90 days.

Section 1.02 Denial of Medicaid or CHP+ Eligibility

If the applicant appears to meet the eligibility criteria for CHP+ or any of the Medicaid eligibility categories, a denial letter from CHP+ or the local county Department of Human or Social Services must be received.

A letter from CHP+ or the local county Department of Human or Social Services indicating voluntary withdrawal or denial due to refusal to submit complete documentation is not sufficient proof that the applicant has applied for CHP+ or Medicaid and been denied.

Section 1.03 *If a CICIP applicant does not fit in any of the Medicaid eligible categories or meet the requirements for CHP+, do not ask for a denial letter.*

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