

Written Questions Received for the Colorado Dental Health Care Program for Low-Income Seniors Applicants' Oral Conference

Q1: Why do providers who have participated in the OAP Dental Program through the Department of Public Health and Environment have to reapply? Shouldn't their existing contracts be transferred, or shouldn't they be given first priority in the new program?

A1: The Department of Health Care Policy and Financing (the Department or HCPF) must implement the Colorado Dental Health Care Program for Low-Income Seniors as directed by the enabling legislation, Senate Bill (SB) 14-180.

The Colorado Dental Health Care Program for Low-Income Seniors will be serving a different client population, and the onus for administering the program will fall largely on qualified grantees. SB 14-180 directs the Department to create a grant application form and criteria and to accept applications from any qualified grantee, with rules to be adopted by the Medical Services Board under the guidance of a new Senior Dental Advisory Committee. The Department assumes that providers who have received funds and provided care under the previous OAP Dental Program will be well-positioned to apply for and administer funds under the Colorado Dental Health Care Program for Low-Income Seniors.

Q2: Can the grant be modified to offer either travel, caregiver reimbursement for mileage voucher, or exception to the rural for each Medicaid client that cannot receive Dental services due to the constraints of travel, or non-Medicaid Dental providers in their immediate area to be an exception to the HCPF Dental program?

A2: No, as directed by the legislation, grant funds awarded under the Colorado Dental Health Care Program for Low-Income Seniors may only be used to provide dental health services for seniors who are not eligible for Medicaid or do not have other dental coverage. Grant funds may only be used for covered dental services based on the published fee schedule. The program allows up to 7% for administrative purposes, however, and there are no restrictions on the uses of the administrative funding.

Q3: As we develop a budget, may we include the salaries for our dental providers?

A3: Yes, but keep in mind that grant funds may only be used for covered dental services based on the published fee schedule with a 7% limit on the amount that may be used for administrative purposes.

Q4: How is patient eligibility determined?

A4: Under the Colorado Dental Health Care Program for Low-Income Seniors, qualified grantees are responsible for determining client eligibility for services. This means that the grantees are responsible for screening for Medicaid eligibility and other dental coverage, determining a senior's income, and determining if a senior is lawfully present in the state.

Q5: The previous regulations and billing methods were an administrative burden, have the processes been streamlined?

A5: Yes. The Department has developed billing invoices in an Excel spreadsheet that pre-populates some of the information. Also, there is no pre-approval or prior authorization needed from the Department.

Q6: Will this program replace the old OAP Dental Program? If a senior is on the OAP Medical program will they automatically qualify for this new program?

A6: The OAP Dental Program is ending. The OAP Dental Program provided services for seniors who receive Old Age Pension financial assistance. Old Age Pensioners now have dental benefits through either Medicaid or the Old Age Pension Health and Medical Care Program. Only seniors who do not have dental coverage under Medicaid, the Old Age Pension Health and Medical Care Program, or private dental insurance may receive services under the new Colorado Dental Health Care Program for Low-Income Seniors.

Q7: Why is it stated in the "Rules" that "eligible senior" who is lawfully present, who is NOT eligible for the dental services under Medicaid or the Old Age Pension Health and Medical Care program, and who does not have private dental insurance, mean?

A7: Seniors who do not have dental coverage under Medicaid, the Old Age Pension Health and Medical Care Program, or private dental insurance may receive services under the Colorado Dental Health Care Program for Low-Income Seniors if they are lawfully present in the state and if they meet income guidelines.

Q8: Will we have to determine lawful presence? Will this information have to be sent to HCPF?

A8: Yes, the grantee will have to determine lawful presence. No, this information does not need to be sent to the Department. Remember that grantees must maintain records under this program for a minimum six (6) years.

Q9: Is there a template for the grant application?

A9: No, there is no template or form to complete. Follow the instructions and include all information as requested in the Request for Grant Proposals.

Q10: Is there a budget template?

A10: No, there is no template or budget form. Follow the instructions and include all information as requested in the Request for Grant Proposals.

Q11: Will we still have access to MMIS portal to help determine if they are on Medicaid?

A11: If you currently have access or are an enrolled as a Medicaid provider, you will be able to check Medicaid eligibility through the Department's web portal.

Q12: Will the existing MOU's I have with providers still work or will we have to get new ones?

A12: Not necessarily. The MOUs are agreements between the grantee and providers. You should review existing MOUs and you determine if the MOUs will continue to meet your needs under the new Colorado Dental Health Care Program for Low-Income Seniors or they should be modified.

Q13: Will HCPF supply an eligibility form that a senior can self-declare on or do we have to create it?

A13: No, the Department will not create or mandate a specific form for seniors to self-declare income. Grantees may use existing eligibility forms or can create their own. Be sure that sufficient information is captured to reasonably determine a senior's income.

Q14: How will we be able to check if a senior is on the Medicare Savings Program (MSP) or who are current Colorado Indigent Care Program (CICP) clients?

A14: Grantees can check the Department's web portal to determine if a senior is eligible for MSP, which will state that the client has Medicare benefits only. For CICP clients, grantees can a copy of the senior's CICP card. The Department will post examples of the eligibility response for an MSP client and a CICP card on our website.

Q15: The RFP references \$1000/person; in our experience with the OAP Dental Program, \$2,000 was more typical. How binding is the number of clients to the dollars requested?

A15: The request for grant proposals included the \$1000 per senior as an example. If your experience has been \$2000 per senior, please use that information to estimate the number of seniors you may serve and note so in your application. The Department is interested in getting the best reasonable estimate of the number of seniors who may be served.

Q16: If we project client numbers high in order to get the funds we typically expend, will a lower actual client count trigger any compliance issues?

A16: No, the Department requests that you make the best reasonable estimate of the number of seniors who may be served and there will be no compliance issues if your estimate does not turn out to be exact.

Q17: If funds are not expended by other grant recipients will additional funds be available later in the grant cycle if our funds are expended or are on track to be expended before the end of the grant term?

A17: Yes.

Q18: Is there a maximum expenditure limit per client?

A18: No, there is no maximum expenditure limit per client. Please keep in mind that the Department will not pay more than what is listed on the fee schedule.

Q19: Are there any limits on how long a client can participate?

A19: Not at this time. The Department will monitor and may adjust program rules in the future if needed. Remember, as this program has limited funding, grantees may prioritize services to seniors most in need.

Q20: Does the new program make any provisions for the continuation of preventative care for former OAP recipients (excluding those with Adult Medicaid Dental or private dental insurance)?

A20: Yes, under SB 14-180, for services after June 30, 2014, the grantee should encourage the eligible senior of the OAP program to apply for dental and oral health coverage through Medicaid or the Old Age Pension Health and Medical Care Program.

After June 30, 2015, if the senior does not qualify for Medicaid or the Old Age Pension Health and Medical Care Program and does not have private dental coverage, services may be provided only if they were part of a treatment plan established prior to June 30, 2015. If you have seniors who meet this provision, please contact the Department prior to June 30, 2015 to discuss continuity of care.

Q21: Will grantees (only designated staff) have access to the Medicaid portal to help identify and exclude Medicaid recipients?

A21: If the grantee already has access to the web portal this access will continue. Also, the Department will post information on how to reasonably screen for Medicaid eligibility on its website.

Q22: Can third-party funds be used to supplement provider payments (copays and procedures not covered by the program)?

A22: Yes. In fact, the leverage of other funds can be included in your grant response.

Q23: Any specific HIPAA requirements above and beyond protecting PHI of clients?

A23: Grantees must follow HIPAA requirements regarding protecting PHI of clients. The Department is a HIPAA-covered entity.

Q24: Is this grant specifically to pay for services rendered?

A24: Yes.

Q25: Is the expectation that we are going to bill monthly for procedures delivered?

A25: Yes.

Q26: Will there be any additional training about billing for those of us who have not previously billed Medicaid?

A26: The Department will hold a workshop later this spring with qualified grantees to demonstrate the invoice created for the Colorado Dental Health Care Program for Low-Income Seniors. This is not a Medicaid program and grantees will not be billing Medicaid.

Q27: Can we include administrative support costs for business personnel for the billing component? Can we pay to hire someone with experience in billing and coding? Can a portion or all of the 7% administrative fee be shared with qualified providers? May the funds be used for dentist's salaries?

A27: Yes, however, the only funds that can be used is the 7% administrative funds which have no restrictions.
