

Colorado Dental Health Care Program for Low-Income Seniors

Workshop for Awarded Grantees

May 11, 2015

Presented by: Nancy Dolson & Chandra Vital

May-15



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Our Mission

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



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Senior Dental Program Presentation

- ✓ Timeline
- ✓ Verifying Eligibility
- ✓ Lawful Presence
- ✓ Billing
- ✓ Annual Report
- ✓ Questions



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Timeline

- ✓ Grant start date is July 1, 2015
- ✓ First Billing due to HCPF is August 14, 2015
(the 15th is on Saturday)
- ✓ Qualified Grantees first annual report due by
September 1, 2016
- ✓ HCPF's first annual report to General
Assembly due by November 1, 2016



Identifying Eligible Seniors

- ✓ Reasonable screening to determine income and eligibility for Medicaid or the Old Age Pension Health and Medical Care Program
 - ✓ Medicaid Denial Letters
 - ✓ Medicare Savings Programs



Reasonable Screening for Income

- ✓ Qualified Grantees can use current income screening forms
- ✓ If the potential client has a current CICP card their income and lawful presence qualifies



Reasonable Screening

Is eligible
for Dental
Program

- Enrolled in CICIP
- Enrolled in Low-Income Medicare Beneficiary Program (SLMB)
- Enrolled in Qualified Individual Program (QI1)
- Enrolled in Medicare Beneficiary Program (QMB)

Is NOT
eligible for
Dental
Program

- Enrolled in Medicaid for Adults
- Enrolled in Old Age Pension (OAP)-Medicaid
- Enrolled in OAP Health and Medical Care Program
- Enrolled in Medicare/Medicaid QMB (dual eligibles)
- Long-Term Care
- HCBS and Nursing Home Patients

Medicaid Denial Letter

Reasons that seniors don't qualify for the Senior Dental Grant Program:

- ✓ Senior does not meet lawful presence
- ✓ Senior did not apply for medical assistance
- ✓ Senior no longer wants medical assistance
- ✓ Senior did not submit documentation



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LAWFUL PRESENCE

- ✓ Department of Revenue established rules
- ✓ All clients must sign the Affidavit for Lawful Presence
- ✓ Provide an approved document that demonstrates lawful presence in the United States



Determining Verifications

U.S. citizens, legal permanent residents of the U.S., and individuals lawfully present in the U.S. pursuant to Federal law that can produce a valid document fill out the top portion of the affidavit

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

I am a U.S citizen. I am a legal permanent resident of the U.S. I am lawfully present in the U.S. pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a "state public benefit," as that term is defined under section 24-76.5-102(3), C.R.S. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this state public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under section 18-8-503, C.R.S. and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date



Colorado Driver License



NOT VALID FOR FEDERAL IDENTIFICATION,
VOTING, OR PUBLIC BENEFIT PURPOSES

94-333-0101 Expires: 02-28-2018

Class: RXXXXXX Issued: 02-21-2013

End: HNP1X DOB: 02-23-1967

Rest: AELMVXXXX Previous Type: A

Ht: 6'1" Wt: 195 Eyes: GRN Sex: M

Roland Sample

DRIVER SAMPLEXXMXXXXMXXXXMXXXXMXXXXMXXXX
126 DENVER AVE #10XXMXXXXMXXXXMXXXX
LAKEWOOD, CO 80214XXMXXXXMXXXXMXXXX



Acceptable Documents

Grantee/Provider indicates which document was accepted and copied for the client's file

FOR INTERNAL USE ONLY

Please mark the box that indicates which document was verified for lawful presence and keep a photocopy of the document present in the applicant's file.

- A valid Colorado driver's license or a Colorado identification card, issued pursuant to article 2 of title 42, C.R.S., unless the applicant holds a license or card that states, "Not Valid for Federal Identification, Voting, or Public Benefit Purposes", or
- Any out of State Driver's license or ID card expired less than 10 years except from Alaska, Illinois, New Mexico, Utah, or Washington. (Note: Any driver's license or ID card labeled "Enhanced" is acceptable), or
- A United States military card or a military dependent's identification card, or
- A United States Coast Guard Merchant Mariner card, or
- A Native American tribal document, or
- A document listed in "LIST A" (for U.S. citizens and non-citizen nationals only), or
Name of document accepted: _____
- A document listed in "LIST B" (for non-U.S. citizens only).
Name of document accepted: _____ Date verified in SAVE: _____



Self and Third-Party Declaration of Lawful Presence

- ✓ U.S. citizens and non-citizen nationals may self declare
- ✓ Grantee/Provider must first request acceptable Lawful Presence documents
- ✓ These options should be used with caution
- ✓ The client must sign the declaration on the

Affidavit

SELF DECLARATION

I, _____, self-declare and swear or affirm under penalty of perjury, and possibly subject to later verification of status, that I am a United States citizen or non-citizen national.

Signature

Date

THIRD-PARTY DECLARATION

I, _____, swear or affirm under penalty of perjury, and possibly subject to later verification of status, that the attached written declaration(s) from one or more third-parties do have personal knowledge that I am a United States citizen or non-citizen national.

Signature

Date



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Systematic Alien Verification for Entitlements (SAVE)

- ✓ SAVE is not for U.S. citizens
- ✓ No match in SAVE - Begin manual SAVE process and conditionally accept client until status is confirmed or denied
- ✓ Length of provisional acceptance is at the discretion of Grantee/Provider
 - Not less than one month, but no more than three months
 - Grantee/Provider shall take into consideration of any known special circumstances of client when setting length of conditional eligibility



Requesting SAVE User Access

- ✓ Download “Third Party User Access Request” form from the Department’s website
- ✓ Complete entire form and supply appropriate signatures
- ✓ Send form to Chandra Vital at:
 - Chandra.vital@state.co.us or
 - Fax: 303-866-4411



Common SAVE Mistakes For Password Issues

- ✓ Sending User request directly to Security Analyst
- ✓ Not all information included
- ✓ Omitting middle initial or not writing “No Middle Initial” (NMI) on security request form
- ✓ Not logging on after receiving password
- ✓ Not using password for 30 days



Requesting User Modification Form

- ✓ Terminated Employees
- ✓ Employees that change employment to another Grantee/Provider
- ✓ Employees whose positions change
- ✓ Supply appropriate signatures
- ✓ Send form to Chandra Vital at:
 - Chandra.vital@state.co.us or
 - Fax: 303-866-4411



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User Logon Re-Sets

To reset passwords contact the HCPF Information Security Helpline at:

- ✓ hcpfsecurity@state.co.us or
- ✓ 303-866-4473



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Billing

- ✓ Monthly billing is due by the 15th of the following month
- ✓ HCPF will pay no more than Program Payment for Covered Dental Care Services
- ✓ It is up to the Qualified Provider whether to charge a co-payment
- ✓ Eligible Seniors can be asked to pay no more than the Max Patient Co-Pay per procedure rendered
- ✓ Covered Dental Care Services must be provided before submitting billing information
- ✓ No more than seven percent (7%) may be billed for administrative costs



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Excel Worksheet

- ✓ HCPF will only accept the billing on the Excel worksheet that is sent to you
- ✓ HCPF will pay billing within 30 days IF the worksheet is sent by the 15th of the following month AND all required information has been submitted

Grantee Name:										
Expenditures						Total Amount Requested from HCPF				
A. Total Treatment Costs:						\$ -				
B. Total Administration Costs 7% of										
C. Total Due for this invoice										
Summary for Month July 1 - July 31, 2015										
CLIENT'S NAME (Last, First, MI)	GENDER - M/F	DATE OF BIRTH mm/dd/yyyy	DATE OF SERVICE mm/dd/yyyy	TREATING PROVIDER	PROCEDURE CODE	PROCEDURE DESCRIPTION	PATIENT CO-PAY AMT	MAX PROGRAM FEE	AMT LESS THAN MAX FEE	TOTAL (MAX ALLOWABLE FEE)
							\$ -			
							\$ -			



Submitting Monthly Invoices

- All invoices will be sent to the Department. We are currently working with our IT to establish a secure transfer due to PHI.
- The information where your invoices may be sent will be forthcoming.



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Delay of Payment

The Department will pay invoices within 30 days of receiving them, unless the following occur and then it will be 30 days from the date of the most recent revised invoice sent to the Department.

- ✓ Requested patient information is not filled in
- ✓ Services performed and any monetary amount is not filled in
- ✓ Review of invoice shows duplicate services that were already billed to the OAP
- ✓ Review of invoice shows the Senior is currently on Medicaid



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Performance Review

Performance reviews will be done at random times. Items the Department will look at include but not are not limited to:

- ✓ Duplicate Billing
- ✓ Submitting invoices before the work is completed
- ✓ Charging Qualified Seniors more than what their co-pay should be
- ✓ Billing the Department for a Senior that is currently on Medicaid or the OAP



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Annual Report

- ✓ An annual report must be submitted by September 1, 2016 and annually thereafter
- ✓ Report must be in format specified by HCPF and will include information for the July 1 through June 30 grant period



Questions or Concerns?



Contact Information

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Thank You!



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