This application serves as the Provider Agreement between the Department of Health Care Policy and Financing and the CICP Provider. All requested information needs to be completed in its entirety and returned to the Department no later than April 14, 2017.

◊ Please type or complete the updates on a computer.

◊ Please complete all required contact information and provide the Administrator’s signature in the designated section on page 8 of the application.

◊ Persons designated by you will be contacted by the Department, as needed, to respond to questions and requests.

◊ The designated contacts MUST be updated as changes occur.

◊ Please update incorrect information or changes in staff.

◊ All attachments should be included in the order listed on page 8. Please check the boxes of all attachments provided (all attachments required unless otherwise specified).
Provider Qualifications

Providers must meet the following criteria to become or remain a Colorado Indigent Care Program (CICP) Provider:

1. Licensed or Certified by the Department of Public Health and Environment as a General Hospital or a Community Health Clinic or a Federally Qualified Health Center (FQHC).

2. Acknowledge and agree to the following: Payments made to providers in error for any reason, including, but not limited to, overpayments or improper payments, may be recovered from the provider by deduction from subsequent payments, grants or agreements between the Department of Health Care Policy and Financing (the Department) and provider, or by other appropriate methods, and collected as a debt due to the Department.

3. Agree to follow all applicable federal and state laws and rules, including the provisions of §25.5-3-101, C.R.S. et seq., and the rules of the CICP as detailed in Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.900, et seq., as they now exist or may hereafter be amended. This information can be found on the Department’s website at: www.colorado.gov/hcpf under For Our Stakeholders select Regulatory Resource Center, and then Code of Colorado Regulation for Medicaid.

4. Agree to provide discounted health care services to individuals at or below 250% of the Federal Poverty Level. Hospitals may increase this threshold if they choose.

5. Determine applicant financial status using income only. No provider will allow deductions from income. Clinic providers will not count assets, and hospital providers will only count liquid assets if they also protect at least $2,500 per family member and provide a spend down opportunity for applicants found over the income threshold.

6. Provide an acceptable Sliding Fee Scale, as defined within the application.
**APPEALS PROCESS**

After the Department receives an application from a provider, the application will be reviewed to ensure all pertinent information was provided. If the Department determines that there is information missing from the application, the provider will be contacted and given ten (10) business days to provide the requested information to the Department. Applicant providers who do not return the requested information within ten (10) business days may have their application denied.

If a provider’s application is denied and the provider disagrees with the denial, the provider can file a dispute in writing to:

Cindy Arcuri  
Financing Section Manager  
1570 Grant Street  
Denver, CO 80203

within five (5) business days upon receiving their denial letter. A copy of the dispute should also be emailed to CICPCorrespondence@state.co.us. No new information or documentation may be submitted as part of the dispute process. A determination of the dispute will be made by Cindy Arcuri within ten (10) business days of receipt of the dispute.

If the provider disagrees with the dispute determination made by Cindy Arcuri, they may then file an appeal of that determination in writing to:

Sue Birch  
Executive Director  
Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

within five (5) business days upon receiving the final dispute determination from Cindy Arcuri. A copy of the appeal shall be sent to:

Nancy Dolson  
Special Financing Division Director  
1570 Grant Street  
Denver, CO 80203

A copy of the appeal shall also be emailed to CICPCorrespondence@state.co.us.

Following receipt of the appeal, the Special Financing Division Director will perform a review. No new information or documentation may be submitted by the provider during the appeals process. A final determination will be made by the Executive Director, Sue Birch, within ten (10) business days of receipt of the appeal. **The decision of the Executive Director is final.**
Provider Information for Fiscal Year 2017-18

Please remember that the provider names and addresses listed on pages 4 through 7 should reflect your business situation effective July 1, 2017. Information on satellite facilities should be listed only on the Satellite Facility Information Worksheet starting on page 8. The information already provided reflects our most recent data and must be reviewed/updated for accuracy. **Any missing or updated information should be completed directly on these pages.**

**Legal and Administrative Information:**
Legal Name of Business and Legal Address *(the business name and address that appears in contracts)*:

Note: If you have a change in your legal name or address, there must be a new W-9 completed

Provider Legal Name:
Legal Address:
City, State, Zip Code:

**Updated Information**

Provider Legal Name: [Update info here]
Legal Address: [Update info here]
City, State, Zip Code: [Update info here]

**Facility Specific Information:**
Any information on satellite facilities should be listed on the Satellite Facility Information Worksheet.

Facility DBA (“Doing Business As”) name of facility and physical location address:
The name and physical location address that clients will recognize to access services. **This information will be published in the CICP Directory.**

Provider DBA:
Physical Location Address:
City, State, Zip Code:
County:
Phone Number:

**Updated Information**

Provider DBA: [Update info here]
Physical Location Address: [Update info here]
City, State, Zip Code: [Update info here]
County: [Update info here]
Phone Number: [Update info here]

**CICP Client Access:**
Required. Phone number clients should call for more information or make appointments to complete the CICP Application.

Phone Number:
*(This number will be published in the CICP Phone Directory, available to clients.)*

**Updated Phone Number:** [Update info here]
### Service Information for Fiscal Year 2017-18

**Health Care Services:**
Health care services available to CICP clients at

<table>
<thead>
<tr>
<th>Clinics</th>
<th>Hospitals</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Hours Care</td>
<td>Emergency Transportation</td>
<td>Emergency</td>
</tr>
<tr>
<td>Laboratory</td>
<td>General Outpatient</td>
<td>Children Services</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Inpatient</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Radiology</td>
<td>Physician</td>
<td>Specialty Care</td>
</tr>
</tbody>
</table>

Other (Explain) [Click here to enter text.](#)

**Please list service limitations.** *(Example: facility only provides emergency care, non-emergency care; facility provides children services, laboratory service, after hours care, or any specialty care of which CICP clients should be aware.)* Please note if your facility has a limited service area for non-emergency care.

[Click here to enter text.](#)

Does your facility offer an Outpatient Pharmacy Service at a discount to CICP?  □ Yes  □ No

Please provide any relevant details on your Outpatient Pharmacy Service. Please specify if your facility offers a discounted Outpatient Pharmacy Service, but not under the CICP guidelines. *If your facility responds in the affirmative that an Outpatient Pharmacy Service is offered at a discount under the CICP, then your facility is required to submit the appropriate summary spreadsheet associated with those charges.*

[Click here to enter text.](#)

Does your facility offer discounted physician charges for services rendered by Physicians to CICP clients?  □ Yes  □ No

Please provide any relevant details or limitations on your Discounted Physician Service. Please specify if your facility offers discounted Physician Services but not under the CICP guidelines. *If your facility responds in the affirmative that Physician Services are offered at a discount under the CICP, then your facility is required to submit the appropriate summary spreadsheet associated with those charges.*

[Click here to enter text.](#)
Income Determination

Please confirm by checking the boxes that:

☐ Your facility/facilities do NOT include illiquid assets in income determination

Illiquid assets can include vehicles, properties, collectibles like art and antiques, retirement accounts that cannot be accessed without a penalty, etc.

☐ Your facility/facilities do NOT allow deductions from income.

☐ Clinics: Liquid assets are NOT included in income determination.

Hospitals: Liquid assets ☐ ARE / ☐ ARE NOT included in income determination.

☐ If liquid assets are counted, a spend down opportunity is available for applicants, and there is a protected amount of _________ per family member. (Protected amount must be at least $2,500 per family member)

Liquid assets included: ___________________________________________________________________

Liquid assets can include checking and savings accounts, Health Savings Accounts, prepaid bank cards, CDs, etc.

☐ Hospitals: Your facility/facilities use the following definition of family size:

Non-spouse, non-student adults ages 18-64 must have support demonstrated to be included in family size. All minors and those over 65 do not need documentation of support to be counted in family size.

Non-Federally Qualified Health Centers Information

To Be Completed by NON-FQHC: Clinic Cost Information

CICP reimburses clinics based on write-off costs. All non-FQHC providers must submit a brief narrative and auditable documentation with this application to demonstrate either how to (Select One)

☐ Convert CY 2016 write-off charges submitted to the CICP to write-off costs, OR

☐ Convert CY 2016 charges per visit submitted to the CICP to CICP cost per visit

Click here to enter text.

Supporting documentation must clearly indicate:

1. Name of the facility
2. Cost period covered
3. Anticipated date of audit (if data submitted is unaudited)

Methodology for converting either CICP write-off charges to write-off costs, OR methodology for converting average CICP charges per visit to average CICP cost per visit
Contact Information for Fiscal Year 2017-18

This is the most current information from the CICP database. If the information below is NOT correct, please update it in the space provided. Please TYPE the information.

Administrator:
Name: Update info here
Mailing Address: Update info here
City, State, Zip Code: Update info here
E-Mail Address: Update info here
Direct Phone Number: Update info here

Chief Financial Officer:
Name: Update info here
Mailing Address: Update info here
City, State, Zip Code: Update info here
E-Mail Address: Update info here
Direct Phone Number: Update info here

Data Contact: Individual responsible for submitting data to the Department
Name: Update info here
Mailing Address: Update info here
City, State, Zip Code: Update info here
E-Mail Address: Update info here
Direct Phone Number: Update info here

Satellite Facilities:
Our records show that your facility has ___ satellite facility/facilities. Any information on satellite facilities should be listed on the Satellite Facility Information Worksheet starting on page 10. A Satellite Facility cannot have a separate Employer Identification Number (EIN) from your main facility. The Satellite Facility is considered part of the main facility or a separate contract is required. Do not list nursing homes or mental health facilities. The facility must be licensed as a Community Health Clinic or Hospital by the Colorado Department of Public Health and Environment.
Participation Verification for Fiscal Year 2017-18

requests to participate in the Colorado Indigent Care Program for FY 2017-18.

I certify that meets the following conditions for FY 2017-18:

1. is licensed by the Colorado Department of Public Health and Environment (DPHE) as a:
   - General Hospital ☐
   - Community Health Clinic ☐  OR  Federal Qualified Health Center (FQHC) ☐

2. will assure that medically necessary care as offered under the CICP regulations at 10 CCR 2505-10, Section 8.900, et seq., will be available to all CICP clients throughout FY 2017-18.

3. By signing below you acknowledge and agree to the following: Payments made in error for any reason, including, but not limited to, overpayments or improper payments, may be recovered from the provider by deduction from subsequent payments, grants or agreements between the Department of Health Care Policy and Financing (the Department) and provider or by other appropriate methods and collected as a debt due to the Department.

Click here to enter date

Signature  Title  Date

Attachments (all required unless otherwise stated):

☐ Sliding Fee Scale
☐ FPL Schedule with income range tiers
☐ Description of available payment plans
☐ Description of grievance/appeals process(es)
☐ Description of collection policies
☐ Prior Year Calendar Data
☐ Quality metrics (Non-FQHC clinics only)
☐ List of Collaborative Partners
Attachment Instructions

- Sliding Fee Scales (SFS) should be expressed in dollar amounts and show breakdown for the following categories, as applicable: Ambulatory Surgery, Inpatient Facility, Inpatient Physician, Emergency Room Physician, Emergency Room, Emergency Transportation, Outpatient Hospital/Clinic Services, Hospital Specialty Outpatient, Pharmacy, Laboratory, Basic Radiology & Imaging, and High Level Radiology & Imaging.
  - Hospital SFS must not be more than the current CICP scale and contain at least three tiers.
  - FQHC SFS should follow federal guidelines.
  - Clinic SFS must contain at least three tiers between 101-250% FPL and the fee for the tier(s) covering 0-100% must be nominal or $0. The fees for each tier must not exceed the current CICP scale.
- FPL Schedule with income range tiers should include each tier of the sliding fee scale and include the income ranges in dollars as well as percentages.
- Prior Calendar Year data should be submitted in the Excel template provided by the Department.
- Quality metrics (for Non-FQHC clinics) should be submitted in the template provided by the Department.
- Attach a list of your facility’s collaborative partners. This list should include descriptions of how the facility collaborates with other CICP providers or other community organizations to promote access to health care and other services for low income Coloradans. You are encouraged to include copies of the formal agreements, such as letters of support or memoranda of understanding, or informal descriptions of the agreements.

Definitions

- Deductions – Any paid bill (medical, dental, childcare, child support, etc.) used to lower income.
- FPL Schedule – The breakdown of tiers within the 0-250% FPL range that must be covered by the program; breakdown should include percentages and dollar ranges in each tier.
- Illiquid Assets – Any asset that may be hard to sell quickly or without a substantial loss in value. Examples can include but are not limited to vehicles, properties, collectibles, etc.
- Liquid Assets – Any asset that can be converted to cash quickly with minimal impact to value. Examples can include but are not limited to bank accounts, HSAs, prepaid bank cards, etc.
- Sliding Fee Scale – The copayment schedule used to determine copays for services for each tier of the FPL schedule.
- Specialty Care – Any medical care not normally provided in a primary care setting.