

Question and Answer Session

2018-19

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Jul-18



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Department of Health Care
Policy & Financing

Our Mission

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



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Objectives

- SAVE Form
- FAQs from survey and training
- Open forum



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SAVE Access Form

- The SAVE access form is available on the CICP section of the Department's website:
<https://www.colorado.gov/hcpf/cicp>
- Under "Forms" and then "SAVE"
- Must be completed before a new employee can be granted SAVE access



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CICP Website



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- Home
- For Our Members
- For Our Providers
- For Our Stakeholders
- About Us

[For Our Providers](#) > [Provider Services](#) > [Provider Information](#) > Colorado Indigent Care Program (CICP) Information For Providers

Colorado Indigent Care Program (CICP) Information For Providers

- [Attorney Subrogation Policy](#)
- [CICP Ability to Pay Scale](#) effective April 1, 2018
- [CICP Stakeholder Advisory Council](#)
- [CICP Fact Page](#)
- [Health First Colorado vs CICP](#)
- [Health Insurance vs CICP](#)
- [Liquid Resource Spend Down](#)
- [Open Enrollment Information](#)
- [Program Change Information for Clients](#)
- [Provider Directory](#)
- [Provider Frequently Asked Questions](#)

+ [2017-18 Reference Manual](#)

+ [Forms](#)

+ [Program Updates and Communications](#)



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Forms Section

The screenshot shows a navigation menu with the following items:

- [+ 2017-18 Reference Manual](#)
- [- Forms](#)** (highlighted with a red box)
- [+ 2017-18 Annual Provider Application](#)
- [+ Client Application](#)
- [+ Data](#)
- [+ Lawful Presence](#)
- [- SAVE](#)** (highlighted with a red box)

Below the menu, there is a text block:

All SAVE access requests, modifications, revocations must be submitted to cicpcorrespondence@state.co.us

- [SAVE Access Request](#)** (highlighted with a red box)

The examples show the highlighted fields that are required, incomplete or incorrect applications will be returned

At the bottom of the menu, there is a final item:

- [+ Program Updates and Communications](#)

System User Access Request



3rd PARTY – SYSTEM USER ACCESS REQUEST

This New, Modification, and Revocation Request will be used to create, modify, or terminate 3rd party user access to the systems the Department administers or maintains. "Modification" means current system access privileges are to be modified – access to certain systems can be revoked, and/or access to additional systems can be requested. "Revocation" means ALL system access privileges will be revoked. The Request must be completed in full, or it cannot be processed. Incomplete applications will be returned for additional information which may delay access. PLEASE PRINT CLEARLY. No User IDs will be provided until the User has signed the System User Agreement. **Managers must immediately notify the HCPF Information Security Unit to terminate account access for any user no longer authorized to perform required obligations and responsibilities within the system.** Any questions should be directed to the [HCPF Information Security Unit](mailto:hcpfsecurity@state.co.us) at hcpfsecurity@state.co.us.

Please return completed form to: Your HCPF Contract/Program Manager. HCPF Contract/Program Manager will open an OIT Service Desk ticket for processing.

* Type of Request: New Modification Reactivation Revocation Transfer
 Name Change - Previous Name: _____

Effective Date (If left blank, it is assumed to be immediate): _____

Reason for Modification/Revocation/Reactivation/Transfer/Name Change (if applicable):



Section 1 - Individual's Information

Section 1 – Individual's Information

All information provided is used solely for the purpose of providing system access or to verify User's identity for resetting passwords.

* First Name: * Middle Initial: * Last Name:

* List any 4-digit numeric identifier: * Work Phone:

* Individual's Physical Work Address/City/Zip:

* Work Email Address:

- Every field in this section must be filled out



Section 2 - Entity Information

Section 2 – Entity Information

*Entity Name: *Entity Phone Number:

*Entity Physical Address/City/Zip:

*Entity Type: Fiscal Agent MA Site PE Site State Agency -

Case Management Agency Select Auditor Select

Other - If other, please describe:

- Entity type is "Other" and enter "CICP Provider" or "CICP Site" on the line provided



Section 3 - Manager/Entity Security Administrator Information

Section 3 - Manager / Entity Security Administrator Information

*Manager Name: *Phone:

*Manager Email address:

*Entity Security Administrator Name: *Phone:

*Entity Security Administrator Email address:

- Manager and Security Administrator information must be filled out
- Can be the same person, still must fill out both



Section 4 - System Access

Section 4 - System Access Request, Modification, or Revocation

Please indicate which systems require access modification or revocation and current User IDs. If modification is being requested, please be specific as to what modification is necessary.

BIDM Existing BIDM User ID, if applicable: _____

Business Intelligence and Data Management System (BIDM) - The BIDM contains data from the MMIS (Colorado interChange), PBMS, and other data sources. HIPAA requires that persons are limited to the minimum level of protected health information (PHI) necessary to do their jobs (role-based access). ***Complete separate BIDM form**

BUS Existing BUS User ID, if applicable: _____

Long-Term Care Benefit Utilization System (BUS) - The Long Term Care Benefit Utilization System is used by Single Entry Point and Community Centered Board staff to perform case management for long term care clients.

County Code: Class:

Local User Access Administrator Access Other Access (Specify):

CBMS Existing CBMS User ID, if applicable: _____

HCPF CBMS Web Portal (MA Sites, PE Sites and other CBMS HCPF Contractors) - The Colorado Department of Health Care Policy and Financing CBMS Web Portal provides access to the Colorado Benefits Management system community for Medical Assistance Sites, Presumptive Eligibility Sites and other HCPF contractors determining eligibility for the State medical assistance programs. The Colorado Benefits Management System is used by the counties and Medical Assistance Sites to determine Program eligibility. Default access includes inquiry access to alerts, scanning, traffic log, case comments, client referral, application intake, interactive interview, case assignment, eligibility, authorization, redetermination, eligibility spans, and medical ID card requests. Proof of completion of online and interactive training is required prior to access being granted. ***Separate CBMS Access Form Required.**

Production TRN UPA SIT INT PROD PEAK

CBMS-DSS (COGNOS) - The CBMS Decision Support System contains report data taken from the CBMS. Default access is limited to retrieval of designated pre-defined reports. Proof of interactive training is required prior to access being granted. Query and Report access is limited to license availability. ***CBMS Access Form required.**

View Query Report

Program Eligibility and Application Kit (CBMS PEAK Interface) - The PEAK application is a self-service online tool used by individuals to screen for potential eligibility for assistance programs and check current eligibility status. Access is granted to designated users only. ***CBMS Access Form required.**

CO interChange Existing CO interChange User ID, if applicable: _____

CO interChange (Production Access) - The Colorado interChange is the Medicaid Management Information System (MMIS) claims processing system.

K2 Worklist Access (K2 Worklist access is for Provider Enrollment Application)

Non-HCBS State Reviewer HCBS State Reviewer HCBS & Non-HCBS State Reviewer

Additional DXC System Development Tools: _____

PBMS Existing PBMS User ID, if applicable: _____

Magellan's Pharmacy Benefits Management System (PBMS) - **Requires Pharmacy Clinical Supervisor Approval*

FirstCI - view only access to the claims system and the pharmacy prior authorizations.

MRx Explore - MRx Explore is Magellan's COGNOS/reporting tool and is for those users who need access to pharmacy reports related to claims and prior authorizations.

Additional Magellan System Access - **Requires Pharmacy Clinical Supervisor approval*

Magellan SharePoint Site Magellan Transmittals

***** This section to be complete by Pharmacy Clinical Supervisor ONLY for PBMS access*****

Pharmacy Clinical Supervisor Approval: _____ Date: _____
(Currently Cathy Traugott and Tom Leahey)

SAVE Existing SAVE User ID, if applicable: _____

Systematic Alien Verification for Entitlements (SAVE) - The application provides access to the SAVE system for determining immigration status, which is required for determining a non-citizen applicant's eligibility for many public benefits.

Other Systems (Please Specify): _____

Special Exemptions Requested: _____



Section 4 - SAVE

SAVE

Existing SAVE User ID, if applicable: _____

Systematic Alien Verification for Entitlements (SAVE) - The application provides access to the SAVE system for determining immigration status, which is required for determining a non-citizen applicant's eligibility for many public benefits.

Other Systems (Please Specify): _____

Special Exemptions Requested: _____

- Enter in the SAVE User ID if the requesting person has one
- Check the box indicating the requesting person wants access to SAVE

Section 5 - Justification

Section 5 -Justification

REQUIRED - Provide a detailed explanation (in box below) as to why the user needs the access requested.

Access requests **MUST** be tied to a job duty, and only the minimum access necessary to perform job duty, is allowed.

Good Example: "Access to Colorado interChange required to research provider information, for program integrity job function." **Bad Example:** "Trackwise access required just in case." Or "Access needed to do my job."

- Example explanation: SAVE is used to verify lawful presence for participation in the Colorado Indigent Care Program

Section 6 - Authorization

Section 6 - Authorization

ATTENTION – 3rd Party User - These signatures must be collected PRIOR to submitting the form to the HCPF Contract / Program Manager. Requests for access without all required signatures will not be completed.

By signing, the signees attest that information provided is accurate, all access requested is the minimum access necessary to perform employee's authorized responsibilities, and a request to remove all prior access no longer needed has been submitted.

* **Manager Signature:** _____ * **Date:** _____

* **Entity Security Administrator or Contract / Program Manager Signature:** _____ * **Date:** _____

- Signatures from the people listed in Section 3 are required (may be same person, must sign both lines)



Section 6 - System User Agreement

*Individual Name (First, MI, Last):

*Individual Signature: _____

*Date:

Please return completed form to: Your HCPF Contract/Program Manager. HCPF Contract/Program Manager will open an OIT Service Desk ticket for processing.

- Type in user's first, middle initial, and last name
- User requesting access must sign and date
- Submit completed forms to
CICPCorrespondence@state.co.us
- CICP can only process SAVE applications



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User Request

- Now, only one form for new, modification, and revocation
- Any field with a star MUST be filled out
- Don't forget a middle initial (use NMI if requestor does not have a middle initial)
- Separate requests must be submitted for SAVE and CBMS
 - Only SAVE comes to CIGP, CBMS should go to HCPFSecurity@state.co.us



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Questions?



Application



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There are concerns about barriers for clients who have to apply at more than one provider.

- The Department understands that due to providers being allowed to create their own definitions of income, clients may be applying with multiple providers who do not or will not take other provider's cards. The Department encourages providers in the same area to collaborate to determine ways to reduce these barriers as much as possible for their shared clients.



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Will the application be expanded to include more than seven household members?

- The Department does not have any plans to expand the current Excel Client Application. Seven household members were the most that fit well on the card template. If a household of more than seven wishes to apply for CICP, the paper version of the application will need to be used. The Excel version and the FPL Calculator can be used to help calculate household income and FPL rate.



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I had several applicants come in with their last paycheck of the year in December, but the application only allowed me to enter a number less than the total pay periods (i.e. could only enter 25 of 26 biweekly pay periods).

- This has been corrected on the new applications that have been uploaded to the CICP website.



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What changes were made to the 2018-19 client application?

- As stated before, the application has been corrected to allow for the last pay stub of the year to be used in income calculations. There has also been language added to the bottom of each worksheet stating whether or not the worksheet needs to be signed with each application or not. The worksheets that need to be signed are outlined on the next slide.



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Signatures on Worksheets

- Worksheet 1 - must be completed and signed with every application.
- Worksheet 2 - only needs to be completed for an applicant who is self-employed who does not pay themselves as they pay their other employees.
- Worksheet 3 - if the provider counts deductions, must be signed with every application.
- Worksheet 4 - if the provider counts liquid resources, must be signed with every application.



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If the worksheet is not used, does the applicant still have to sign it?

- Worksheet 1 must always be signed, even if the applicant has no income. Worksheet 2 only needs to be signed if the applicant is self-employed. Worksheets 3 and 4 must be signed if the provider counts deductions (3) or liquid resources (4) regardless of whether the applicant has any applicable deductions and/or liquid resources. Their signature certifies that they agree that they have no deductions and/or liquid resources to count.



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Is it required to get a signature on the Client Rights and Responsibilities page?

- No, it is not required to get this page signed, however providers can set a policy to have this page signed if they would like to.



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If we do have the applicant sign the Client Rights and Responsibilities page, should we keep it in their application or give it to them?

- Since CICP does not mandate that this page be signed, it is up to the provider whether or not they want to keep a copy in the application and/or give the signed page to the applicant.



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Can we accept a signed application that has been faxed to us?

- Yes, signed applications can be accepted by fax, email, picture, mail, or in person. Applicants do not need to be at the facility when they sign the application.



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Would an application signed outside of the facility need to be notarized?

- No, the CICP has never required applications that are signed somewhere other than in the provider's facility to be notarized.



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Can ER personnel complete the CICP application with an applicant if it is after hours or overnight?

- Yes, these personnel are able to complete the application with the applicant. They should be trained in what information is needed and how to screen the applicant for Health First Colorado and/or CHP+ eligibility.



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If a homeless applicant comes into the ER a total of 8 times in one year, are they eligible to use the emergency application each time?

- Yes, homeless applicants are eligible to use the emergency application each time they present at the emergency room. These applicants should be screened for Health First Colorado eligibility prior to completing the CACP application. Non-homeless applicants are restricted to one emergency application per year.



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If the homeless applicant does not appear to be Health First Colorado eligible, is that sufficient or do we still need a denial?

- If any applicant, homeless or otherwise, appears to not be eligible for Health First Colorado due to being over income, being lawfully present for less than five years, or any other reason, then they would not need to obtain a denial.



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For audit purposes, do we need to keep the calculator tape with the application when using the Excel version of the application?

- The Department has always advocated for providers to include as much information as possible with the application, so while it is not mandated that calculator tape or scratch paper used during the completion of the application be included with the calculation, it would be a good idea to keep these things.

Are we allowed to do applications for time periods in the previous year in the situation where the applicant may not currently be eligible for CICP but they were at a previous time?

- Providers are allowed to do applications to cover previous time periods where applicants were eligible for the program even if they are not now (i.e. they are currently eligible for/enrolled in Health First Colorado but have visits during a period in which they were not covered) AS LONG AS THE PROVIDER HAS NOT ALREADY REPORTED ON THAT TIME PERIOD.



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What about the 90 day backdating period? How can an application be done for visits outside of that 90 day period?

- CICP mandates that the backdating period be AT LEAST 90 days. Providers have always had the ability to extend the backdate if the applicant's situation warranted the extension. Providers are allowed to decide what warrants the extension.



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Would applications covering a past period be dated with a past date?

- The date of the application should be the date that the application is completed, but the effective dates on the card should only cover the past dates that the applicant is applying to cover.

Would applications covering a past period use the current month or the month they are applying to cover?

- These applications should use the income during the month the past visits occurred.



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Is the \$300 copay cap for OAP clients built into the application?

- No, that copay is not currently built into the application. If a CACP applicant is on OAP, their copay cap will have to be set manually using the CACP card template in the manual instead of the one in the Excel application.



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Services



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When can mental health and/or dental services be provided under the CICP?

- Mental health services can only be provided in emergency departments when the mental health diagnosis is the secondary diagnosis. For instance, if a self-harm victim seeks emergency medical attention, the treatment of their injuries is the primary diagnosis and the mental health is the secondary diagnosis.
- Dental services can only be provided in emergent situations.



With more health centers becoming integrated with behavioral health, could you please explain why mental health as a primary diagnosis is not covered?

- There are other programs that are specifically designed to help low-income individuals with mental health services, so they cannot be covered under the CICP.



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Could we get examples of the other mental health programs?

- The Department of Human Services (CDHS) contracts with community mental health centers to provide services to individuals and families who are low income or not covered by health insurance. A list of community mental health centers that CDHS contracts with can be found on this website under Community Mental Health Centers:
<https://www.colorado.gov/pacific/cdhs/find-behavioral-health-help>



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Health First Colorado/CHP+



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If an applicant's deductions are what is making them appear eligible for Health First Colorado, do they need to apply?

- No, Health First Colorado only looks at income and does not take deductions into account. Providers should be looking at the applicant's income prior to any deductions or liquid resources to determine if the applicant needs to apply for Health First Colorado.



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Does CHP+ cover pregnant women who are under the five year bar?

- Yes, the five year bar was removed for children and pregnant women a few years ago.



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How do we handle an applicant who qualifies for CHP+ but did not pay the enrollment fee?

- Applicants who are eligible for Health First Colorado or CHP+ are not eligible for CACP. Just as a Health First Colorado or CHP+ denial resulting from the applicant refusing to provide necessary information does not count as a denial for CACP, a denial due to not paying the enrollment fee also does not count as a denial.



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Can a homeless applicant complete an emergency application without being screened for Health First Colorado?

- No, homeless applicants are not exempt from having to apply for Health First Colorado if they appear eligible, even if they are completing an emergency application.



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If an applicant has Medicare and is showing Health First Colorado eligibility but Health First Colorado is only paying for their Part B, do they qualify for CICP?

- Yes, these applicants are eligible for CICP. Applicants who are Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Qualifying Individual (QI-1) recipients are eligible for CICP. Applicants who are Dual-Eligible are not eligible for CICP.



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Does a senior applicant have to apply for Medicare before the CIGP application is completed?

- If an applicant who is a senior and eligible to apply for Medicare has not applied for Medicare, they should be encouraged to do so. If it is not open enrollment, this can be waived until the next open enrollment. It is possible that if the applicant appears to be eligible for Health First Colorado, their Health First Colorado determination may be held up until they apply for Medicare which could lead to the senior not being able to be covered at all until open enrollment. Applying for Medicare is not a requirement for CIGP eligibility.



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If someone is eligible for QMB Dual Eligible and Medicare but is not currently enrolled in either and it is not open enrollment, can they have CICP in the meantime?

- No, these clients are eligible for Health First Colorado if they are QMB Dual Eligible, so they would not be eligible for CICP.



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To clarify, are QMB clients eligible for CICP?

- If the applicant has QMB Dual Eligibility, they would not be eligible for CICP. If the applicant has QMB Only, they would be eligible for CICP. The difference is that QMB Dual Eligible clients have both Medicare and Health First Colorado paying portions of their actual medical services, whereas QMB Only clients' medical services are not being directly paid by Health First Colorado, they are only receiving help paying for Part B.



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Where would you see QMB Dual Eligible in the web portal?

Benefit Details			
Coverage	Description	Effective Date	End Date
QMB		03/09/2017	03/09/2017
TXIX	Medicaid State Plan - M8	03/09/2017	03/09/2017
BHO+B	Behavioral Health Benefits - M8	03/09/2017	03/09/2017
EBD	HCBS Elderly, Blind, & Disabled Waiver - M8	03/09/2017	03/09/2017

Benefit Plan

Aid Codes

- Clients who have QMB are notated in the portal by a QMB indicator in the Coverage column. You can tell if the client is a Dual Eligible client if they also have a Medicaid State Plan indicator (TXIX) in the Coverage column, as shown above.

Benefit Plans and Aid Codes

- Information on different Health First Colorado benefit plans can be found on the Department's website:

<https://www.colorado.gov/pacific/hcpf/interchange-resources>

- Click on Aid Code and Benefit Plan Acronyms



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Lawful Presence



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Can undocumented people be approved for CACP?

- No, all adults applying to receive services under the CACP must present some sort of lawful presence documentation to qualify for CACP.
 - Undocumented household members can be counted in household size only.



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Do Deferred Action for Childhood Arrivals (DACA) recipients qualify for CICP?

- As long as the DACA recipient has a star on their license OR can present lawful presence documentation that can be verified in SAVE, they may qualify for CICP as long as all other stipulations are met.



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Since Colorado is compliant with the REAL ID Act, why is it necessary to get the Lawful Presence Affidavit along with the ID?

- Per section 24-76.5-103(4) C.R.S., an applicant seeking state benefits is required to produce a lawful presence document and execute an affidavit stating their lawful presence status.



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Do we need to check SAVE if the applicant presents a Colorado ID with the star on it?

- No, there does not need to be a SAVE verification if the Colorado ID has the star. The star indicates that the applicant's lawful presence was checked at the DMV before the ID was issued, and therefore it does not need to be checked again.

What about driver's licenses with the gold star?

- The current IDs that the DMV is issuing are a green color, and the lawful presence indicator is a black circle with a star cutout in the upper righthand corner. The older IDs that the DMV issued a few years ago are blue, and the lawful presence indicator is a gold star. These IDs should be treated equally, and as long as there is a star they should be accepted as proving lawful presence for the applicant without needing a SAVE verification.

What if the ID card presented does not have a star on it?

- If the applicant presents an ID that does not have the star in the upper righthand corner, then they will need to provide another document to prove their lawful presence.



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What if the applicant presents a license from another state with a star?

- As long as the license has a lawful presence indicator and is issued through a REAL ID compliant state, it can be used as proof of lawful presence. The Department of Homeland Security's REAL ID website should be checked each time an applicant presents an out of state ID, and the provider should keep a record of the website as of the day it is checked (i.e. a screenshot of the website with a date stamp).

If the applicant presents a driver's license with the star and also presents a permanent resident card, do we need to run the card through SAVE?

- No, the driver's license with the star is enough to prove lawful presence. Providers should always be keeping a copy of the applicant's ID in their application, so there should not be any audit finding if there are copies of the ID with the star and the permanent resident card without a SAVE verification.



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I have an applicant that states he is not a US citizen and not a permanent resident, but he has provided a driver's license with the star. Do we assume he is a US citizen?

- No, it is possible that he is not a US citizen nor a permanent resident, but is otherwise lawfully present. The star indicates lawful presence status, not citizenship or permanent residency.



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How long does it take to get a response on the G-845 form?

- According to the SAVE website, as a result of moving to an electronic only submission process, the average time to get a response on the G-845 form should shorten to about 5 days. Previously, the process took about 20 days.



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We have had a few applicants who bring in their driver's license with the star but they state that they have no legal status.

- Colorado IDs that have the star on them indicate that the DMV has verified the lawful presence status of the person prior to issuing the ID. In these situations, we trust that the DMV has done their job correctly and that the applicant's lawful presence status was checked and verified.



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What if an applicant presents a lawful presence document that is expired?

- If an applicant presents an expired document and states that they have applied for replacement documents, the provider should run their expired documents through SAVE. If the document comes back as valid, the provider can accept the expired document as long as the applicant can also provide a receipt for their submitted application for new documentation.

If a couple is applying and only one of them is a US citizen, would the other one have to sign the affidavit to be counted in the household size?

- No, only applicants who are 18 years of age or older and are applying to receive services under the CACP need to sign the lawful presence affidavit.



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Would an emancipated minor have to sign a Lawful Presence Affidavit?

- An emancipated minor is considered to be an adult, so they would need to sign the Lawful Presence Affidavit.

Would a pregnant minor have to sign a Lawful Presence Affidavit?

- Unless the pregnant minor is also emancipated, they would not need to sign the Lawful Presence Affidavit. Pregnant women, minors or otherwise, should always be screened for eligibility for Health First Colorado and CHP+. As a reminder, there is no longer a five year bar for children or pregnant women.



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Would a minor who is head of household have to provide an ID?

- Technically, no CICP applicant has to provide an ID. CICP providers are responsible for establishing lawful presence, not identity. As long as the minor is emancipated and can provide documents proving their lawful presence, they would be eligible for CICP.



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Colorado Residency



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Can a client do an attestation that they will remain in Colorado?

- Yes, it has always been acceptable under CICP for applicants to attest that they intend to remain in Colorado if they cannot otherwise prove their residency. This does NOT apply to out of state college students who are in Colorado for the purpose of higher education.



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If a college student who is in Colorado for school gets a Colorado driver's license, can they apply for CICP?

- No, out of state college students who are in Colorado for school cannot be placed on CICP until after they have graduated, at which point they may attest that they intend to remain in Colorado and will then be eligible for the program.



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Would someone staying in a hotel be considered homeless?

- Yes, an applicant who is living in a hotel should be considered homeless. Living in a hotel is not a “normal” living situation, and the applicant would not be able to provide a lease or other utility bill to show their address. If this type of applicant has an income over 40% FPL, they would not qualify for the \$0 copay.

How can someone living in a hotel be counted as homeless if they are paying for the hotel room?

- The applicant may only be paying for and staying at the hotel on a day to day or week to week basis. Since that situation is not stable and the person may not be able to stay there at any given point, it is comparable to someone who is “couch surfing”.

If someone is choosing to live in a hotel as their permanent living situation and is not stating they are homeless, would that be a case by case basis to decide if they should be considered homeless?

- If the person is not claiming they are homeless, they would not need to be counted as homeless.



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Can we ask for a letter from the hotel stating they are staying there?

- If the person states they are homeless and living in a hotel, then they should be considered homeless. If they are living in a hotel and not claiming they are homeless, they would be able to use a letter from the hotel to prove their address. Providers may not demand a letter from the hotel to prove the person's address.

Income Determination



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Is it okay to use previous pay stubs for the Average Pay Method if the applicant cannot provide the most recent pay stubs?

- Yes, providers are allowed to use recent pay stubs for the Average Pay Method even if the applicant does not have the most recent ones. The Department advocates for getting the most recent ones if possible, but understands that this is not always an option. Providers should be aware of any recent changes to the applicant's pay or schedule that could impact the income calculation.



If the applicant is paid monthly and are not on salary, would we use the year-to-date method?

- Yes, if the applicant's pay stub shows the year-to-date amount on the pay stub, then the year-to-date methodology can be used. The Department advocates for using the year-to-date method as much as possible, as it takes the entire year into account when calculating the income. Using one month's pay stub and annualizing the income for these types of applicants may not be the best picture of their annual income and should be avoided if possible.

If someone does not have their pay stubs but has their taxes, can we use the taxes? How would we calculate it?

- Providers have the option to use the applicant's taxes to determine annual income. How the taxes are used is going to be situation specific, so the Department cannot give one answer to this question. The Department also advises that providers have a limit on how far into the year taxes are accepted for income documentation.

Can overtime be counted as a one-time event instead of annualizing it?

- Yes, if the applicant states that the overtime does not happen often, then it can be removed from the regular employment income calculation and added back in as a one-time payment.

If an applicant receives a bonus every quarter, would we put it in Worksheet 1 under unearned?

- If the bonus occurs every quarter, it can be kept in the regular employment income calculation. It can also be extracted from the income, annualized, and added back in at the end. Mathematically, these two methods should yield the same result.

Why doesn't the application automatically calculate the number of paychecks the patient has received?

- The Year-to-Date method can be used for applicants who have not been with their employer for the entire year, so automatically calculating the number of paychecks the applicant has received could be misleading for certain applicants.

How would the YTD method be used for an applicant who has not been at their job since January 1st?

- If the applicant knows or can calculate how many paychecks they have received from their job since they started, then the YTD method can be used.

Is there a website that helps determine the number of pay periods since the beginning of the year?

- The Department is not aware of any such website, but if any providers know of one, the Department would be interested in knowing about it!



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Can we use the previous year's SSI/SSDI award letter if the applicant does not have the current one?

- This is up to the provider, but there are other ways to check the SSI/SSDI amounts including checking the applicant's bank statements. Historically, the CICP has allowed these applicants to self-declare their SSI/SSDI payment amount.

How do we use bank statements to check SSI/SSDI if the applicant has a Medicare payment taken out of their award amount?

- This is not a problem if the provider counts health insurance payments as a deduction, as this just shows the payment less the health insurance, which works out the same mathematically. If the provider does not count health insurance premiums as a deduction, then the provider can ask for the applicant to provide their award letter or other documentation showing the health insurance payment amount. Historically, applicants have been allowed to self declare their SSI/SSDI income.



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How would we handle a single parent who receives inconsistent child support?

- Historically, CICP has not counted child support as income. Providers are allowed to decide if they want to count child support as income, and are also able to modify how that income is counted in special situations such as this one.

I know that foster care for a child is exempt. Would it be the same for foster care for an adult?

- If the foster care money for the adult is being used to care for and support the adult as it would be for a child, then it should also be exempt.



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Self-Employment



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What is the best documentation to use for self-employed applicants?

- The Department does not feel there is a “best” source of documentation for providers to use for self-employed applicants. Providers have the option to use whatever documentation they deem acceptable for these applicants, and can modify the acceptable documentation to be situation specific. Some form of documentation is required to substantiate amounts.

Does filling out Worksheet 2 suffice as sufficient proof for self-employed income?

- No, the applicant should also be providing documentation to substantiate the amounts they are claiming for their business. The type of documentation that is acceptable is up to the provider and can be different from situation to situation.

If a self-employed applicant cannot provide a profit and loss statement or other documentation of their expenses, can they just complete Worksheet 2?

- No, applicants must provide some sort of documentation of their income and expenses for their business. Providers are allowed to decide what types of documentation they deem acceptable.

If the applicant cannot provide documentation for their self-employment business and they do not file taxes, what should we do?

Do we deny them CICP?

- Self-employed applicants must provide documentation for their business. If they cannot do this, they cannot effectively complete the application.



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If the applicant brings a notarized profit and loss statement, will that suffice with prior year's taxes?

- If the applicant provides the prior year's taxes, they would not need a profit and loss statement at all.

Copayment Caps



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If an applicant has zero income, is their cap \$0? Does this mean they would not have to pay for their visits?

- Yes, if an applicant is not homeless and has no income, then their copayment cap is set at \$0 and therefore they would not be responsible for any copayments. Homeless clients whose income is between 0 and 40% FPL automatically have a \$0 cap and are also not responsible for any copayments.



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For clients with a \$0 cap, do we need any documentation that they hit their cap or is their card proof enough?

- In this situation, the card is enough proof that the client has “hit” their cap.



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Miscellaneous



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Can funeral expenses be counted as a deduction? Which funeral expenses can be counted?

- Providers are allowed to decide what expenses to count. If a deduction is not something normally counted, providers should use a management exception to count the deduction. For this example, providers may choose to count some of the funeral expenses and not others. Which ones are counted are fully up to the provider.

Does the CICP administration have to approve Management Exceptions?

- No, Management Exceptions are allowed to be made at the provider level and do not need to be approved by the Department.



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Can the Management Exception be used for an applicant who is over income to make them eligible at 250%?

- The Management Exception cannot be used to lower the applicant's FPL without some sort of qualifying deduction.

If the applicant or their spouse is a senior, should we be setting their dependency code to Senior instead of Spouse?

- Spouses and civil union partners should always be indicated as spouses and civil union partners. The Senior code should be used for any other household member who is 65 years of age or older.

If an applicant has Colorado Choice/Friday Health Plan, do they still qualify for CICP?

- Yes, applicants are allowed to have any other primary insurance as long as it is not Health First Colorado or CHP+.



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When should we expect the State audit and what can we expect from it?

- The State administered audit will begin this year. Approximately one-sixth of our providers will be audited in 2018-19, and approximately one-third of our providers will be audited in 2019-20 and subsequent years.



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Will we only be audited once every three years after 2017-18?

- The Department's intention is to audit approximately one-third of our providers each year beginning in 2019-20, so providers will be audited at least once every three years, but it is possible that if more than one-third of our providers are audited in a given year, a provider may be audited more often than once every three years.



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Waiting on:

- Clarification on the Request for Waiver process



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Open forum for questions



Contact Information

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Thank You!



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