

# *Provider Manual Training* *2018-19*

Clinics & Hospitals

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Jun-18



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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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# *Objectives*

- Manual Sections
- Clinics vs. Hospitals



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# *Services*

- Emergent/Urgent services must be provided
- Excluded Services
  - Non-urgent dental
  - Nursing home care
  - Chiropractic
  - Sex change surgery
  - Cosmetic surgery
  - Experimental/non-USFDA approved treatments
  - Elective non-medically necessary surgeries
  - Court ordered procedures (i.e. drug testing)
  - Abortions except where required by law
  - Mental health services as a primary diagnosis



# *Applicant Eligibility*

- In general, ALL applicants 18 and older must:
  - Sign the Lawful Presence Affidavit indicating lawful presence status
  - Provide one approved document demonstrating their lawful presence status
  - Be a Colorado resident
  - Furnish a Social Security number
  - Meet all other CACP eligibility requirements (i.e. related to income, etc.)



# *Ineligible Applicants*

- Applicants whose lawful presence status cannot be verified
- Applicants in custody of a law enforcement agency
- College students from outside Colorado or the US who are in Colorado for the purpose of higher education
- Visitors from other states or countries
- Persons who qualify for Health First Colorado or CHP+



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# *Colorado Residency*

- An applicant is a Colorado resident if they currently live in Colorado and intend to remain in Colorado
- Applicants are allowed to self-declare their intent to remain in Colorado if they are unable to provide proof of their residency
  - This does NOT apply to college students



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# *Residency Code*

- Residency Code options:
  - 1 - Colorado Resident & US Citizen
  - 2 - Colorado Resident & lawfully present
  - 3 - Migrant farm worker & US Citizen
  - 4 - Migrant farm worker & lawfully present
  - 5 - Counted in household size only



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# *Household Size*

- CLINICS: Board of Directors approved definition
- HOSPITALS: All non-spouse or civil union partner, non-student, working age adults (18-64) must have supported documented or attested to in order to be included in household size
- Manual no longer includes a table of which household members can be included without documented support



# *Residency Code 5*

- Counted in household size only
  - Household members who are non-residents
  - Household members who are eligible for Health First Colorado or CHP+
  - Household members who choose not to receive any services under CACP
- Any household member with a Residency Code of 5 should NOT have an ineligibility code assigned to them



# *Lawful Presence*

- All applicants 18 and older must sign the affidavit and provide a lawful presence document
- Providers establish lawful presence - not identity
- Any document recognized by the federal government as proving lawful presence is acceptable



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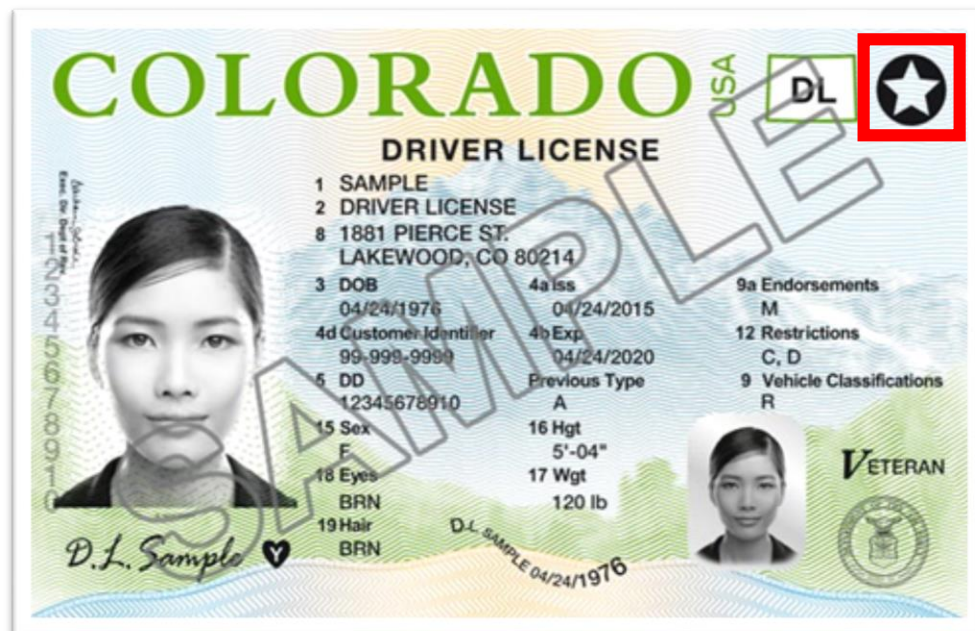
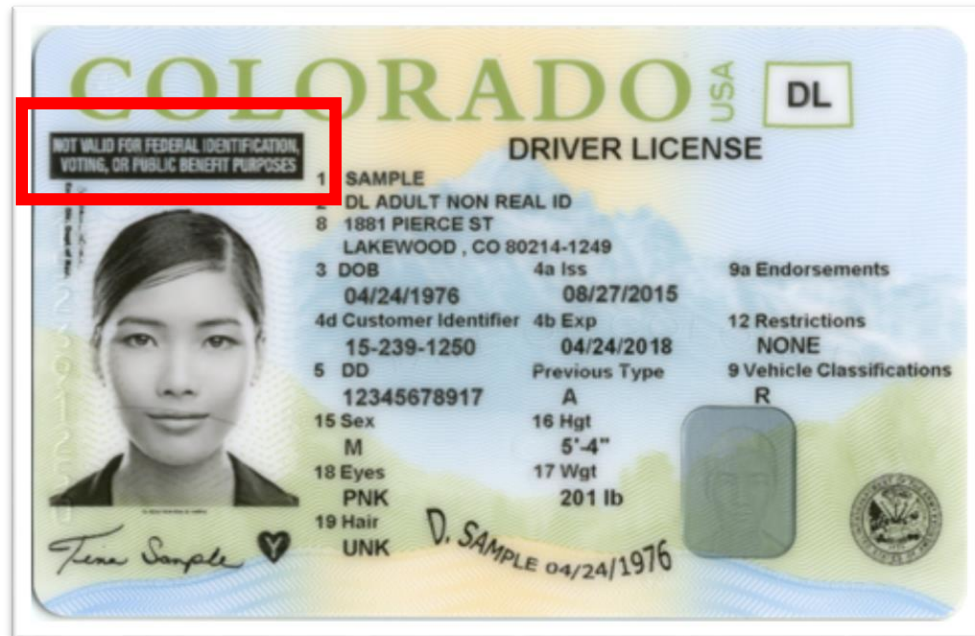
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# *Colorado Licenses/IDs*

- An applicant with a Colorado driver's license or ID card that has a star in the upper right hand corner has already proven their lawful presence to DOR and does NOT need to prove it again
  - Similar for applicants with IDs issued through other REAL ID Act compliant states
- SAVE verifications are not necessary for these applicants



# License Examples



- Top image is an ID that WOULD NOT be acceptable for proving lawful presence
- Black box above picture indicates that the ID is not valid for federal identification, voting, or public benefits.
- Bottom image is an ID that WOULD be acceptable for proving lawful presence

# *Waiver from DOR*

- Applicants who do not have an acceptable document to prove lawful presence can apply for a waiver from Department of Revenue
- Completed waiver and any supporting documents must be hand delivered to DOR
- Providers should require an approved waiver before discounted services are provided to these applicants



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# SAVE

- Only used for non-US citizens
- NOT required for applicants with Colorado IDs that have the star on them
- Any document that an applicant provides that can be verified in SAVE is acceptable
- “Further verification needed” implies that the document provided is not enough to establish lawful presence
  - May need to fill out a G-845 form to initiate a manual verification



# *G-845 Form*

- The Department has heard from providers that SAVE is changing their submission process for the G-845 form.
  - Currently, this form is mailed to the regional office.
  - SAVE is reportedly moving to an electronic only submission process
- It is unclear if this change has already taken place, or when it will take place. Ensure you are using the most up to date method when submitting this form to SAVE.





# Affidavit

**FOR INTERNAL USE ONLY**

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

A current, 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 state issued identification if that state requires that the Applicant prove lawful presence prior to issuance of the license or identification card, 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

Other documentation pulled from SAVE or found on a Federal list of acceptable documentation for establishing lawful presence (see 1 CCR 204-30 sections 2.1.4 and 2.1.6)  
Name of document accepted (include document number):  
\_\_\_\_\_

Date verified in SAVE (if applicable): \_\_\_\_\_

- If an applicant provides a document other than what is listed in this box, check the last box and include the type of document provided on the line outlined in red

# Questions?



# *Health First Colorado/CHP+*

- Providers **MUST** screen applicants for eligibility for Health First Colorado and/or CHP+
  - Any applicant whose household income is more than 138% FPL (133% + 5% disregard) does not need to apply for Health First Colorado
- Children and pregnant women should **ALWAYS** be screened for Health First Colorado and/or CHP+
  - Any children or pregnant women who have private health insurance do not need to apply for CHP+



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# Denials

- Denial letter from state/county/PEAK etc.
- Letter from Connect for Health Colorado stating the applicant qualifies for subsidies
  - Do not qualify for subsidies if you qualify for Health First Colorado
- Denials due to refusal of the applicant to provide documentation are NOT sufficient proof that the applicant has been denied coverage



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# *Application*

- Applicant name
- Household address
- Name(s) of household member(s)
- Date of birth for all household members
- Health First Colorado/CHP+ ID numbers (if applicable and available)
- Social security numbers for all household members receiving services under the program



# *Dependent Codes*

- Code options:
  - 1 - Self/Applicant
  - 2 - Spouse/Civil Union Partner
  - 3 - Minor
  - 4 - Senior
  - 5 - Adult Student
  - 6 - Other
- Support needs to be demonstrated/attested to for any household member categorized as “6 - Other”

## *2 - Spouses/Civil Union Partners*

- Married couples wishing to separate must provide legal documentation of the separation to be rated separately
  - Documentation could be any legal document showing the separation, or a letter from the applicant's attorney stating the applicant has applied or is in the process of applying for separation or divorce.
  - This also applies to common law marriages and civil unions



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# 3 - *Minors*

- Minors are anyone 0 - 17 years of age
- All minors should be screened for Health First Colorado and/or CHP+
- Minors do NOT need to prove their lawful presence
- Income from working minors should not be counted
  - Unless the minor is emancipated or being screened alone for another reason and claims an income source



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# 4 - Seniors

- Seniors are anyone 65 years of age or older
- Seniors should have or apply for Medicare coverage
  - If it is not open enrollment, this can be waived but the senior will need to apply for Medicare during the next open enrollment session
  - Health First Colorado may require the applicant to apply for Medicare before they can apply for Health First Colorado
- Seniors' income should be included



# 5 - *Adult Students*

- Adult students are anyone 18 or older who is currently enrolled in school (high school or college)
- Income from adult students being included on their parent(s) application should not be counted
  - Parent(s) must prove or attest that they financially support the adult student
- Adult students applying on their own must not be in Colorado solely for the purpose of going to school
  - Income from adult students applying on their own must be counted



# 6 - *Other Household Members*

- Anyone who does not fall into the previous categories goes into this category
  - Any adult who is being counted in household size only
    - Minors will always be listed as minors
- Anyone who is assigned this category must have financial support demonstrated or attested to



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# *Signature of Applicant*

- The application is not considered complete until it is signed by the applicant and the eligibility tech
- In the situation where an applicant is upset that they were found to be ineligible for CACP and refuses to sign the application, the eligibility tech should still sign and make a note of the applicant's refusal to sign



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# *Emergency Application*

- Emergency applications should only be completed by providers administering emergency services
  - Providers who have emergency departments
- Applicants can only utilize the emergency application once a year unless they are homeless
- Emergency application should only be used for applicants who appear not to be eligible for Health First Colorado



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# *Health Insurance*

- Applicants with private health insurance are eligible for CICIP
- Providers must bill third party insurance before claims are written off to CICIP
  - Medi-Share programs should be treated as settlement funds



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# Questions?



# *Applicant Financial Eligibility*

- Three categories of income:
  - Employment income
  - Unearned income
  - Self-Employment income
- When calculating income, providers should obtain reasonable documentation to substantiate amounts



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# *Employment Income*

- Employment income includes overtime, bonuses, tips, and commissions.
- Employment income from a working minor (under the age of 18) or an adult student living with their parent(s) is exempt.
- Documentation can be pay stubs, a letter from the applicant's employer, or another source as determined appropriate by the provider.

# *Year-To-Date (YTD) Method*

- Using the most recent pay stub, divide the total gross pay amount by the total number of paychecks the applicant has received for the year.
- Multiply the outcome by the appropriate pay period conversion to calculate monthly income:
  - Weekly: Multiply by 4.333
  - Bi-Weekly (every two weeks): Multiply by 2.166
  - Semi-Monthly (twice a month): Multiply by 2

# *Conversion Factor Math*

- Weekly:  $52 \text{ pay periods} / 12 \text{ months} = 4.333$
- Bi-Weekly:  $26 \text{ pay periods} / 12 \text{ months} = 2.166$
- Semi-Monthly:  $24 \text{ pay periods} / 12 \text{ months} = 2$



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# *YTD Method*

- If the applicant has not been at their job for the entire year, but knows how many paychecks they have received, the YTD method can still be used.



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# *Average Pay Method (APM)*

- Use as many pay stubs as the applicant can provide
  - Best to have at least a month's worth
- Add up the gross pay amounts for each pay stub and then divide by the number of pay stubs provided.
- Use same conversion factors as discussed in the YTD method to calculate average monthly income.



# *APM - Semi-monthly*

- Unless the applicant is paid semi-monthly (twice a month) DO NOT add up all the pay stubs for one month and use as the monthly income.
- Depending on the pay period type and the month of the pay stubs, this will either understate or overstate the applicant's annual income.

# Overstate/Understate Example

July 2018						
SU	MO	TU	WE	TH	FR	SA
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
August 2018						
SU	MO	TU	WE	TH	FR	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

- Applicant is paid \$1,200 every two weeks.
- If the applicant came in August and used July's income, using the two pay stubs from August would show annual income of \$28,800.
- If the applicant came in September and used August's income, using the three pay stubs from September would show an annual income of \$43,200.
- **THAT IS A \$14,400 DIFFERENCE.**
- The correct annual income for this applicant is \$31,200. (\$1,200 x 26 pay periods)

# *Specific Situations*

- Taxes may be the easiest way to calculate income for:
  - Self-Employed applicants with variable monthly income
  - Seasonal Workers
  - Farmers
- Use your best judgement and keep really detailed notes about what you did and why



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# Questions?



# *Employment Income*

- All employment income that the applicant or their household members earn should be included in the income determination
  - Exception: do not count income for working minors and adult students living with their parent(s)
- Employment income **MUST** be supported by documentation
  - Applicants are **NOT** allowed to self-declare or attest to their income unless they are completing an emergency application



# *Unearned Income*

- Providers are allowed to decide which types of unearned income to count, but providers should not be counting any of the unearned income types listed in the Exempt Unearned Income section of the manual.

# *Self-Employment*

- Providers can use bank statements, profit and loss statements, ledgers, previous year's tax returns, or any other documentation they deem acceptable
- Businesses run out of the applicant's home are permitted to use a portion of their mortgage/rent, utilities, etc. as deductions
  - Percentage based on the portion of the house used for the business multiplied by the percentage of the hours per week the business is conducted

# *Liquid Resources*

- CLINICS: No liquid resources included in income determinations
- HOSPITALS: Liquid resources included as indicated in most recent provider application



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# *Illiquid Resources*

- NEITHER clinics NOR hospitals are permitted to count illiquid resources
- Vehicles will no longer be permitted to be included on the CACP application



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# *Household Size Protected Amount*

- CLINICS: Does not apply.
- HOSPITALS: If your facility includes liquid resources in income determination, you **MUST** protect at least \$2,500 per household member.



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# *Deductions*

- Providers have the ability to choose which deductions they will be allowing for applicants at their facility (or facilities).
- These deductions were declared on the most recent annual provider application.
- If you are unsure of the deductions allowed for your facility, please speak with your eligibility manager, CFO, or other CICP leader at your facility.





# *Liquid Resource Spend Down*

- CLINICS: Does not apply.
- HOSPITALS: If your facility includes liquid resources in income determination, you **MUST** allow applicants to use the liquid asset spend down if they choose to and have the available resources to do so.



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# *Liquid Resource Spend Down Example*

- An applicant has an annual income of \$29,400, no allowable deductions, and a checking account of \$4,400. The applicant is found to be over income with a CICP Net Household Financial Status of \$31,300. ( $\$29,400 + \$4,400 - \$2,500 = \$31,300$ )
- The applicant has a current hospital bill totaling \$12,500 that they are unable to pay.



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# *Example Continued*

- The applicant is \$950 over income.
  - 250% FPL for household of 1 = \$30,350
  - \$31,400 - \$30,350 = \$950
- The applicant can pay \$950 towards their \$12,500 hospital bill to reduce their Net Household Financial Status to qualify for CICP.
  - The \$950 the applicant pays should be reported as a third party payment in the provider's data.



# *Example Continued 2*

- The applicant is now eligible for CACP with a Net Household Financial Status of \$30,350.
  - $\$29,400 + \$3,450 - \$2,500 = \$30,350$
- The applicant is still responsible for the CACP copays associated with their hospital bill.



# Questions?



# *Calculating FPL Rate*

- On the CICP Ability to Pay scale, locate the applicant's household size.
- Slide across the scale to the 100% FPL dollar amount.
- Divide the household "Grand Total Net CICP Income" from the application by the 100% dollar amount.
- Multiply by 100 to calculate the rate
  - Do not include decimal points



# FPL Rate Example

Household Size	100% FPL
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

- A family of six has an annual income of \$75,284
- 100% FPL for a family of six is \$33,740
- $\$75,284 / \$33,740 = 2.231 \approx 2.23$
- $2.23 \times 100 = 223$
- Family's FPL rate is 223

# *Client Re-rate*

- Reasons for re-ratings may include one or more of the following:
  - Household income has changed significantly
  - Number of dependents has changed
  - An error was made in the original calculation
  - The rate year has expired
- Re-ratings reset the clients' copayment cap
- Re-rates are only applicable to any future services and do not change the copays due on past services.



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# *Other Providers' Ratings*

- Providers are NOT required to accept each other's rates if the provider believes:
  - The client's rate was determined inaccurately
  - The client was rated incorrectly
  - The other provider's rating process is materially different than yours.
- Providers should work out discrepancies in client ratings between themselves.



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# *Collaboration*

- The Department strongly suggests that providers in similar areas exchange contacts that can be called if a client wants to use their card from one provider at the second provider and the second provider has questions about their rating.



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# Questions?



# *Client Copayment Caps*

- All providers are still required to have copayment caps for their CICP clients.
- Highest allowable cap is 10% of the client's income, can be less (should be uniform across all clients at your facility/facilities)
- Clients who are not homeless who are between 0 and 40% FPL have a copayment cap of 10% of their income OR \$120, whichever is lower.
- OAP clients have a \$300 annual cap for each calendar year



# *Copayment Cap*

- Only payments made for services provided under the CACP count towards a client's copayment cap.
- Clients are responsible for tracking their own copayments and notifying a provider when they have reached their cap.



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# *Provider Management Appeal*

- Every provider **MUST** have a designated employee who handles the Provider Management Appeals.
- All providers **MUST** inform applicants of their right to appeal their rating in the case they believe their rating is incorrect.



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# *Provider Management Exception*

- There is no longer a 5% cap on the number of exceptions a provider can approve.
- There is no longer a 90 day time limit on how long a provider management exception can be used.
  - This exception can be approved for the entire rate year if warranted.



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# *Examples of Exceptions*

- Applicant is paying for a family member to be in hospice.
- The provider does not normally deduct payments for child care, but the applicant shows excessive child care payments.
- Applicant is helping another family with expenses due to the second family losing an income.
- Providers have the ability to decide on a case by case basis what situations qualify for a management exception





# *Questions?*



# Contact Reminders

- It is the providers' responsibility to notify the Department of changes in staff listed on the annual provider application as the changes occur.
  - Information on the person leaving, when they will be leaving, and the contact information of the person taking their place should be emailed to [CICPCorrespondence@state.co.us](mailto:CICPCorrespondence@state.co.us).



# *General Reminders*

- The PDF version of the manual is SEARCHABLE!
  - Open the manual, hit Ctrl + F to open search bar
  - Type in key word(s) to find everywhere the word(s) appear in the document
  - Helps find answers to your questions much faster than waiting on a response from the email inbox
- Taryn Graf and Cynthia Miley are the only two people monitoring the CICP email box. Emails will be answered as soon as possible, but please be patient. Please do not copy Taryn or Cynthia on the emails sent to the CICP inbox.



# *Contact Information*

**Taryn Graf**  
CICP Administrator  
CICPCorrespondence@state.co.us



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*Thank You!*



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