

Questions & Answers

2020-21 CICP Training

Presented by: Taryn Graf



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Department of Health Care
Policy & Financing

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Application



Can the application have two different dates?

- Yes, the application can have an “application date” that is the date the application is started, and a “signature date” which is the date the application is completed and signed by the applicant. These two dates can be different.

How do you change the dates on the application? Don't they pull through from the first tab?

- The dates on all the tabs following the Client Information tab will automatically have the date that was entered on the Client Information tab. However, all of the date fields are unlocked and can be changed, and they should be changed to the date the applicant signs the completed application if the application cannot be completed the same day it is started.

Can you clarify why the two dates could be different?

- The application date should always be the date that the application is started, but sometimes applicants don't have all of the documentation they need to complete the application on that date. The applicant should not be signing the application until it is completed and they know what their rating is going to be. So it's very possible that the date they sign the application is going to be a different date than when it is started.

Is the application effective on the application date or the signature date?

- The application is considered complete on the day the application is signed by the applicant. The application/card effective date should be the date the application was started. This ensures that the 90 day backdate will cover the services the applicant needs covered.

What exactly is meant by “the application must be completed before the responsible party can sign”?

- The application is not considered complete until all necessary documentation is submitted to the provider and has been entered into the corresponding parts of the application, finalizing the CACP income, rating, and copay for the applicant. The applicant is considered the “responsible party”, the person responsible for ensuring the information is correct. The applicant cannot verify everything is correct until the application is complete, and therefore should not sign the application before then.

Our applications go through a second review after they are completed. If there is something that needs to be corrected after that second review, should the application be resigned? Or should it not be signed until after the review?

- In the best scenario, the application wouldn't be signed until after the review. However, if that would require the applicant to return to sign it, that may not be the best course of action for some applicants. If your facility feels the need to continue with a second review, if the review finds an error that makes the rate higher, the applicant should resign. If the review finds an error that makes the rate lower, they would not necessarily need to resign since the error is in their favor. In either case, an explanation and a new card will need to be issued to the household.



If I have all the documents, every worksheet is filled out, and the FPL has been calculated, can I have them sign the same day?

- It is possible that the applicant will be able to provide all the necessary documentation/information the same day that the application is started, so it is also possible and appropriate for the applicant to sign the application the same day if it is completed the same day.

If I have all the documents except the ID can I still have them sign the application or do we need to wait?

- If you need the applicant's ID to prove Colorado residency or lawful presence (if the ID has a star and the applicant did not bring other documentation) then the application cannot be signed until you get the ID for the file. If the applicant has proven both residency and lawful presence using other documentation, the ID is not needed and the application can be signed and completed.

If a hospital provider doesn't count liquid resources, can we use the clinic application instead?

- The Department would prefer that providers use the application created for their provider type. To be clear, clinics that are underneath a hospital provider should be using the hospital application to ensure the same application is being used at all facilities that rate applicants for the provider.

How do we screen a household that is larger than seven?

- The Excel version of the application is only set up to screen households of seven at most. If you have a household that is larger, you would need to use the paper version and include multiple sheets to fit all the household members. It is possible to use the Excel worksheets to rate these households, but the actual application sheet would need to be done by hand, and the FPL Calculator used to calculate the household's FPL.

Is it appropriate to send the applicant the application to fill out if we aren't doing ratings in person right now?

- Applications should be filled out by provider enrollment staff. There are so many things that you have to know about your facility's policies to make sure everything is done correctly, the applicant would not know all of those rules in order to do it correctly. Providers are allowed to collect documentation by mail, email, drop off, or fax to complete the application, and are also allowed to send the completed application to the applicant by mail or email for their signature. Applicants would then return the signed application to the provider by mail or email. Scans or photos are acceptable as long as they are legible.

In a normal setting would email signatures be accepted?

- Per CACP's normal rules, applications are allowed to be sent to applicants by email once the enrollment staff has filled in all of the required information. The applicant is allowed to return the signed application by email as well, but the application must be physically signed by the applicant. During COVID, we have amended the rules to allow for an agreement on the rating by the applicant by return email to suffice as a signature, but this is not allowable in a normal setting. The COVID flexibility should only be used for applicants who have no way to print/scan the application and who are not comfortable being screened in person.

Should temporary workers in Colorado from other states who are not migrant workers still use residency codes 3 or 4?

- Migrant workers are a very specialized group, so using these codes for non-migrant workers would not be appropriate. If the applicant is temporarily staying in Colorado, they most likely would not meet the residency requirement to be eligible for CICP. If they can show they have a Colorado address and they attest that they plan to remain in Colorado, they would be able to apply.

If we use the “Other” ineligibility code, do we need to print that tab or add to the Notes section?

- Previously the reason would need to be moved to the Notes section to ensure it was included with the application. Beginning with Version 7 of the application which will be available for July 1, 2020, if a reason is entered into Code F it will automatically be translated to the Notes section of the Application tab.

If the applicant has QMB, SLMB, and Medicare, what would be the appropriate letter code to get assigned?

- If the applicant has been approved for one of the Medicare Savings Programs that is usable with CICP (QMB, SLMB, QI1, or QDWI) they have technically be denied Health First Colorado coverage. If they have a recent (within 45 days) letter showing they have been placed on one of those programs, you can use Code A. You can also use Code A if you pull their eligibility codes off the portal (see picture) to show they are not enrolled in Health First Colorado. Otherwise, the best option would probably be to use Code F and enter the program into the line.

Example Benefit Detail

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

Benefit Plan

Aid Codes

- In the picture above, you can see the coverage lists TXIX, which is the Benefit Plan code for Health First Colorado. This person would NOT be eligible for CICIP because they have that code. If this detail only showed the top line of QMB, the applicant would be eligible for CICIP. You can see the [Benefit Plan & Program Aid Code Acronyms Provider Web Portal Quick Guide](#) on the Department's website.

Would ineligibility code A be appropriate if we check the Health First Colorado portal and it shows they are not a member?

- The Health First Colorado portal shows whether or not someone is currently enrolled in a Health First Colorado program. It does NOT tell you whether or not they are currently eligible for a Health First Colorado program. The portal CANNOT be used to “prove” ineligibility for Health First Colorado and it does NOT count as a denial letter, which is what code A covers.

Should Worksheet 1 be filled out before answering the ineligibility questions to figure out if the household is over income for Health First?

- Providers are absolutely allowed to fill out Worksheet 1 prior to completing the ineligibility codes for each household member to ensure that the question about being over income is answered correctly. As a reminder, the Health First Colorado limits should be looked at using income only, so you would want to check after completing Worksheet 1 (and 2 if the household is self-employed) and before completing Worksheets 3 and/or 4. General rule is 138%, kids are 147%, and pregnant women are 200%.

Do applicants need to sign the deductions or liquid resources worksheets whether they have any or not?

- If your facility counts deductions, all applicants would need to sign Worksheet 3 regardless of whether or not they have deductions to count. Similarly, if your facility counts liquid resources, all applicants would need to sign Worksheet 4. Both of these worksheets have a checkbox if the applicant has nothing to count.

Do all applicants need to sign the self-employment worksheet?

- The only time Worksheet 2 needs to be included is if the household has a business they own and they do not pay themselves as they would any other employee. If they do pay themselves this way (i.e. they cut themselves a payroll check) their pay stubs can be used to calculate their income on Worksheet 1 and Worksheet 2 would not need to be used.

I have heard previous years of audit findings due to not including Worksheet 2 even if there wasn't self-employment income. Is that not the case anymore?

- Since the CICP rules were changed in 2017, Worksheet 2 only needs to be included if a household member owns their own business and their income cannot be calculated in a way to use Worksheet 1 (i.e. they do not pay themselves with a paycheck like they would any other employee). If the household does not fall into a situation where Worksheet 2 needs to be included, there will be no audit finding for that worksheet being omitted.

Do we need to include the top of Worksheet 2?

- If you use Worksheet 2, the top portion should be included. The very first question on the worksheet indicates whether the business is run out of the house or another location, which impacts the calculation of the expenses that can be used for the business.

If the applicant doesn't give us the information for the top of Worksheet 2, can we leave it blank?

- If the household members works out of the house, they will need to provide the numbers to answer the questions at the top of the worksheet. If the household members works out of another location, the first question should be set to No and the following three can be left blank.

For households that have two different self-employed businesses, can we work up each one separately and then put them together in one worksheet?

- Yes, you can figure them out separately and then include them in the application either as the net income calculated for each business entered next to the appropriate household member on Worksheet 1, or by entering the combined net income in Worksheet 2. The “scratch” Worksheet 2s that were used to find the net income for each business should be included in the applicant’s file.

When the screening is complete, do we provide the client with only the CACP card or a copy of the entire application?

- Clients only need to be provided the CACP card when the application has been completed, but if the client requests a copy of the completed application either when they sign it or any time after, providers should give the client a copy of their application.

Household Members



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Do engaged couples need to be included on each other's applications?

- Since they are not married yet, engaged couples would be allowed to complete their own applications or one would be able to complete an application without the other. Engaged couples are allowed to be included in each other's applications, but it would be a good idea to include one of them as "Other" instead of "Spouse" just in case they end up not getting married because they would have to provide proof of their separation or divorce to be rated separately afterwards.

If the applicants declare engaged and living together, would they have to be listed on the same application and would they have to be listed as spouses?

- Since they are not married yet, they can choose to be listed on one application or separate applications. In the case where only one of them wants to apply for CICP, the other does not need to be included in the application and they do not need to complete their own if they don't want to. They should not be listed as spouses until they are legally or common law married. If they request to be listed as spouses, they would need to provide proof of separation or divorce if they want to be rated separately later, which may be difficult if they do not actually end up getting married.

Does the documentation for a separating/divorcing couple need to be from the court or is a written affidavit acceptable?

- The documentation needs to be either from the court or from the applicant's attorney stating the couple is in the process of separating or divorcing. The applicant may also use a receipt from the court showing they have filed the paperwork for the separation or divorce.

If the applicants provide two different household addresses, is that enough proof they are separated or divorced?

- Living apart does not prove that they are legally separated or divorced, so only providing two different addresses is not enough proof.

If a client shows proof they are now legally married to someone else, can we use that as documentation of separation/divorce from their previous spouse?

- Yes, a new marriage certificate showing the new spouse would be sufficient proof that the client is no longer married to the previous spouse.

If they don't have the separation/divorce documentation and the spouse won't cooperate, would we complete the application with the stated information from the applicant?

- If the applicant's spouse does not want to cooperate with the application process and refuses to provide their income documentation, the applicant should make their best guess as to what the spouse's income is and that should be what is used for the application. Notes should be kept about the spouse's refusal to cooperate so that it is clear why there is not income documentation for the spouse.

Clarification on this policy:

- The applicant can only guess at the spouse's income if the spouse is the one that is unwilling to cooperate. The applicant is not allowed to refuse to provide or attempt to get their spouse's income information. If the applicant will not try to get their spouse's income documentation, the application cannot be completed and the applicant should be denied.

How would we provide income verification if the spouse won't cooperate?

- In short, you can't. If you find an applicant in this situation, detailed notes should be kept in the application about the situation, and the applicant will be attesting by signing the application that what is included as their spouse's income is their best guess. Applicants should be reminded of the fraud statement included in the application tab.

Can the non-compliant/non-legally separated spouse's medical, dental, and vision deductions be used?

- Yes, those deductions can be used since the applicant is still legally married to their spouse.

Who would sign the application and how would we get the spouse's ID/SSN?

- The application only needs to be signed by the person who is listed as the applicant, not both the applicant and the spouse. Since the spouse is refusing to cooperate, they are not eligible for CICP and therefore the only information that would need to be included for them is their name, birthdate, dependency code (spouse), and residency status (counted in household size only).

How do we handle clients who claim to be married and then come back the next year and state they were never legally married?

- Applicants who present themselves as spouses even if they are not legally married are then considered common law married. If the applicants are not legally married, they should be asked if the second applicant wants to be listed as “Spouse” or “Other” on the application and the implications of both should be explained to them. If they claim they are married, they would need to provide documentation showing their separation/divorce or that they were never married. The latter is harder to prove once they claim it.

What constitutes “presenting yourself as married”? Applicants will say they are not married but share bank accounts, real estate, vehicles, etc.

- Colorado law defines common law married couples as two people whose intentions are to be spouses, are 18 or older, are free to marry, live together, and claim to be married. The couple must meet all five requirements to be common law married. Couples can share assets and still not be common law married if they do not meet all five requirements. Providers are allowed to request an affidavit of Common Law Marriage signed by both applicants if they are not legally married.

I had a couple I assumed was married, applicant called her his wife, they have two kids, but they were over income with the money in her account. He said to remove her since they were not legally married. Can they do that?

- Providers should never assume that two applicants are married. In this situation, if they are not legally or common law married they have no legal obligation to be rated together. If the applicant's name appears on the other person's bank account, that account should be included. If it does not, then it should not be included if the other person is not being included in the application. Applicants should be reminded that per Colorado law, spouses must be included in each other's applications and that any false information provided in the application is fraud.

Has the Department ever had to follow-up on a fraud case?

- Per the CICIP rules, it is the responsibility of the providers to report any fraudulent information they find related to CICIP applications. The Department does not get involved with fraud cases concerning CICIP clients or applicants.

Can divorced couples each use their dependent children on each of their applications?

- Yes, minors should be included in both parents' applications if the parents are not together (either were never married or are legally separated or divorced).

If parents claim an adult student who is attending college in another state are they eligible?

- If the parents state they are supporting the adult student and the adult student's permanent residence is still their parent's house, the adult student can be included in the household and they would be eligible to receive services under CACP while they are home during breaks. The adult student's permanent residence can be their parents' house even if they are currently living at college as long as the adult student plans on returning to live at their parents' house for breaks or after graduation.

What if the adult student is working and going to school?

- The adult student would still be able to be included on their parents' application and their income would not be included in the income determination process. If the adult student is applying on their own, their income would be counted.

Does it matter if the adult student is working full or part time?

- No, it does not matter. If the adult student is being supported by the parents and being included in their household, the income from the adult student is not counted.

Would we need to see the parents' taxes to include the adult student in their household?

- As long as the parents state they are supporting the adult student, they can be included in the application. The provider may ask to see proof the adult student is currently enrolled in college, which could include the student's current class schedule, their college ID, or some other form of verification.

Does an attestation form need to be filled out to count the adult student?

- There does not need to be an attestation form filled out for adult students. The only attestation form that an applicant would need to fill out would be to include a household member who is listed as “Other”.

If an adult student is being supported by their parents but is living with a friend, can they be included on the application?

- As long as the parents and the adult student still consider the parents' home the adult student's permanent address, the adult student can be included in the application. This also applies to adult students who are living at college – as long as it is the intention of the adult student to continue to use their parents' address as their permanent address, they can be included in the application.

If an applicant has an adult child and did not claim them on their taxes, can we count them in household size only? Do they need to provide a picture ID?

- The adult child can be included in the household size even if they were not included in the applicant's taxes as long as the applicant and the adult child both want the adult child included on the application. Any household member being counted in household size only would only need to have their name, birth date, residency code (5 – Household Size only), and dependency code filled out. None of those things require a picture ID to be submitted.

Would an adult with a disability be able to be included in their parents' application?

- If the adult child with a disability is living with their parents, they would be able to be included in the application but the parents would have to attest that they are supporting them. If the disabled adult child has employment income, that income should be included in the application. If they have any unearned income, like SSDI for example, the provider would be able to set a policy to decide if that income is included.

Does the applicant have to list all the household members on their taxes to include them in the CACP household?

- The CACP definition of household allows for anyone the applicant wants to include in the household who wants to be included in the household to be counted. The only person that must be included in an application is the applicant's spouse. The applicant does not have to prove or attest to the fact they are supporting any minors, seniors, or adult students included in their household. Any non-spouse or civil union partner, non-student working age (18-64) adult would have to have support demonstrated or attested to in order to be included in the household.

If an applicant has grandparents or children in a foreign country and claim them on taxes, can they be counted in household size only?

- Applicants are allowed to include anyone on the application that they count in their household. This includes family members that live in other countries, including spouses, minors, parents, and grandparents. The same rules apply for these household members, any applicable income must be included.

Are foreign exchange students allowed to be listed as household size only for an application?

- Assuming the foreign exchange student is a minor, they would be able to be counted in the application as household size only without the applicant having to show or attest to supporting them. If a foreign exchange student is included in the household, the application would need to be end dated to match when the foreign exchange student is scheduled to return to their home country because that will change the household size and necessitate a rerating for the household. The foreign exchange student would not qualify for CACP since they do not meet the residency requirement.

Would an au pair be able to be counted in household size only?

- This situation is tricky because there is a lot to consider. If an au pair is counted in household size only, special care will need to be taken when calculating income for the household since the applicant will be paying the au pair, and therefore counting both incomes will actually double count the au pair's income. The situation gets more complicated if the provider allows child care expenses as a deduction. The au pair could potentially qualify for CICP if they plan on remaining in Colorado once their au pair contract has ended.

Health First Colorado/CHP+, Medicare, and Insurance



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If applicants are over 133 FPL do we still need a Health First Colorado denial?

- Health First Colorado uses a 133 FPL plus a 5% disregard, which means that anyone who has an FPL of up to 138 needs to be sent to apply for Health First Colorado prior to their CACP application being completed. If the applicant's household FPL is 139 or higher (using income only – needs to be assessed prior to any deductions or liquid resources being factored in) they do not need to be sent to apply because their FPL is above the cut off.

How do we calculate the 5% disregard?

- This isn't a special calculation you need to do, it just means that if the household FPL is within 5% of the set Health First Colorado limits, the household would be considered eligible for Health First Colorado. In general the limit with the 5% disregard is 138, for kids it's 147, and for pregnant women it's 200. If you calculate the FPL using only income and it is below these marks for the appropriate household member, they would need to apply for Health First Colorado prior to the application being completed.



If the household FPL is less than 138% would they have to apply for Health First Colorado?

- Unless there is another reason the household members would not be eligible for Health First Colorado, they would need to have a denial before the CACP application could be completed. Note that a CACP household is different than a Health First Colorado household, so it is possible that there would need to be multiple denial letters submitted to cover the entire household.

The Department of Social Services gets upset if we send applicants back to them if they've had a recent denial. How should we handle this?

- If the household member's denial is within the last 45 days and there hasn't been a change in their situation, they don't need a new denial letter. Since Health First Colorado eligibility is determined on a monthly basis, Social Services should not be upset if the applicant's previous denial was more than 45 days prior to them coming to apply again.

Our local Department of Social Services tells the applicant verbally if they would qualify for Health First, what do we do in that situation?

- Social Services would need to send either the applicant or the provider proof in writing that the applicant was denied coverage under Health First Colorado prior to the CACP application being completed. You must have written documentation that the household is ineligible for Health First prior to completing the application.

Does the household need to reapply for Health First if their FPL is 138 or less and their income recently changed after they received their denial letter?

- If you know that the income for the household is lower than it was when they were originally denied for Health First Colorado, they would need to get a new denial letter prior to continuing with the CICP application.

Is a denial letter still required if they are clearly over income?

- If the household is clearly over income, they do not need a denial. In their case, they would most likely fall under Ineligibility Code D. Code D is assigned to household members who are over income for Health First, not a child, not pregnant, and not disabled. If the household is clearly over income, there would not be an audit finding for a missing denial letter since a denial letter is not required.

Do we need to document that they are over income and we did not send them for a denial?

- By completing the application with their income calculation and assigning them the correct ineligibility code, you are documenting that. There is nothing additional that needs to be documented in this case.

Are denials needed for both hospital and clinic providers?

- All CICP providers are required to screen applicants for Health First Colorado, regardless if the provider is a clinic or a hospital. If the household looks like they would be eligible for Health First due to their income and other factors, they need a denial before their CICP application can be completed.

For households that have private insurance and were also put on CHP+, should we inform them that CHP+ will eventually deny their claims?

- It would be good to notify these households so they aren't caught off guard. Once they receive their letter stating they cannot be on CHP+ due to having private insurance and that their visits/admissions have been denied, they would be able to apply for CICIP to help discount those charges. They cannot be screened for CICIP prior to getting the denial letter.

What do we need if a senior denies their Medicare Part B and are ineligible or do not want to apply for the Medicare Savings Programs (MSPs)?

- CICP does not require seniors to apply for or pay for Medicare coverage or the MSPs. We encourage seniors to apply as soon as they can because there are penalties for not applying as soon as they are eligible, and some of those penalties never go away.

Which Medicare Savings Programs can Seniors be on and still be eligible for CICP?

- Seniors can be on the following Medicare Savings Programs and still be eligible for CICP:
 - Specified Low-Income Medicare Beneficiary (SLMB)
 - Qualified Individual (QI1)
 - Qualified Disabled and Working Individual (QDWI)
 - Qualified Medicare Beneficiary (QMB)

If the applicant has QMB, doesn't that pay for deductibles and copays, so wouldn't CACP be unnecessary?

- QMB helps pay for some deductibles and copays, and CACP can be used to help fill any payment gaps that exist for QMB clients.

If they have Medicare part A/B and could qualify for an MSP, do they need to apply first in order to get CICP?

- CICP does not require that applicants apply for or use Medicare benefits, including MSPs that could help them with their Medicare benefit premiums, deductibles, and/or copays. Applicants should be encouraged to apply since it will help them with their Medicare payments, but it is not required they apply for the MSP.

If an applicant could potentially be eligible for OAP Medicaid do we need to send them to apply and get a denial letter? Would they need to apply every year?

- Yes, if an applicant is potentially eligible for any Health First Colorado program, they must apply and be denied before they can proceed with their CACP application. If they appear to be eligible when they are rerated, they will need to apply again.



Can veterans apply for CICP and is their card enough or do we need to get an explanation of benefits?

- Veterans who have medical benefits through the VA can be covered by CICP under certain circumstances. They must be unable to receive a specific medical service or treatment from the VA due to the service or treatment not being covered or not being available in a timely manner. The CICP provider would need to call and verify the veteran has Veteran Benefits, and if the veteran has primary insurance, they must use their primary insurance first.

Lawful Presence



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Is there a list of acceptable VISAs accepted for CICP?

- There is not a full list of acceptable lawful presence documents for CICP. As long as the VISA comes back as valid when you run it through SAVE, it is acceptable for CICP.

If someone is here with a tourist VISA, can they potentially qualify?

- Since you must be a Colorado resident to qualify for CACP, someone with a tourist VISA would most likely not meet that criteria.

Are farm workers eligible for CICP if they have a working permit?

- As long as the work permit can be verified as valid in SAVE, they would be eligible for CICP.

If someone provides a SSN card that shows only for work authorization, can they qualify for CICP?

- As long as the applicant can show they are Colorado residents and lawfully present, they can qualify for CICP. The SSN card will not prove lawful presence, but any other documentation they can provide to prove lawful presence is acceptable.

What do we do with applicants without a SSN but their SAVE verification comes back as lawfully present?

- Certain applicants are not required to have SSNs, including:
 - Unborn children,
 - Homeless individuals who cannot provide a SSN,
 - Individuals who are not eligible to receive a SSN,
 - Individuals who may only be issued a SSN for a valid non-work reason, or
 - Individuals who refuse to obtain a SSN because of well-established religious objections.
- Anyone in this situation would need to indicate the reason they don't have a SSN on the application.

Are children who are eligible for Health First Colorado but whose parents do not want to apply because they are undocumented eligible for CICIP?

- These children would not be eligible for CICIP since they are eligible for Health First Colorado.

Does using CACP go against individuals who are lawfully present when they apply for citizenship?

- The Department cannot give immigration advice, and these individuals would need to consult an immigration lawyer to weigh their options.

What is the current standing for individuals with employment authorization cards (DACA individuals)?

- As has been the policy, as long as these individuals can provide a lawful presence document that can be verified in SAVE, they are eligible for CICP.

Do we continue to process CICP if their lawful presence documentation expires soon?

- You would be able to complete the application, but their CICP would have to be end dated with the same date their documentation expires. If they have applied for extended documents, they can provide that paperwork, and if SAVE shows a later date the later date could be used.

Previously we were told we could use a year for applicants regardless of their documentation expiration date. When did that change?

- That policy was updated with the July 1, 2019 manual that covers the 2019-20 program year.

Are the shorter approvals not only for the lawful presence documents but the IDs too?

- For applicants who are US Citizens, the approvals do not need to be shortened even if the ID expires in less than a year.
- For applicants who are otherwise lawfully present, the approvals must be end dated with the expiration date of the lawful presence documentation or the ID if it is being used as their lawful presence documentation.

Can we still accept out of state drivers licenses, and which ones?

- You can accept out of state drivers licenses to prove lawful presence as long as they are REAL ID compliant. The states that are compliant with the REAL ID Act can be found on the Department of Homeland Security's website at www.dhs.gov/real-id. As of June 24, 2020, all states and territories were compliant except Oregon and Oklahoma, which were under extension, and American Samoa and the Northern Mariana Islands, which were under review.

The older Arizona IDs don't expire for like 60 years, so if it does not have the star, do we accept it?

- If the ID doesn't have the star, it is not REAL ID compliant and it should not be accepted as proof of lawful presence.
- There are a few states that use a different mark, including California which uses a bear and star combination.

What would be the appropriate box to check for an out of state REAL ID compliant ID?

- The second checkbox is the correct one to use for an out of state REAL ID compliant ID.

On the affidavit, do we need to list the name of the document as well as the document number?

- If the document provided has both a name and a number, both can be included. Not all documents have numbers, for instance a Colorado birth certificate does not have a document number that I am aware of.

What is an example of when the third party declaration would be used?

- A situation where the third party declaration could be used is if a family member is applying on behalf of a disabled or incapacitated family member and they cannot locate any of the family member's lawful presence documents. The third party declaration should be the least used option on the lawful presence affidavit, and should be used only when no other option exists.

If an applicant applied in February and their ID expires in July, we end date their CICP in July. If they return in July with a new ID, can we extend the end date or should we re-rate them?

- In this situation, the client should be re-rated. If they were able to provide a new ID within 45 days of the application, the end dates could be extended to cover the full 365 days, but returning months later is too late and new income information would need to be collected.

Income



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Department of Health Care
Policy & Financing

Would the Year to Date (YTD) method still work if the applicant does not remember when during the year they started their job?

- For the YTD method to be used, you would need to know how many paychecks the applicant has received. If they are able to figure out how many they have received, the YTD method can be used, but if they cannot figure it out, the Average Pay method would be a better option.

If the YTD method takes into account fluctuations why is it sometimes the average pay is hundreds either too high or too low?

- If the applicant's pay changed during the year, that could account for the difference. If this is the case, the Average Pay method may be the better method to use. It's also possible that the incorrect pay period is being used (bi-weekly vs semi-monthly) which would cause the income to be wrong.

Would you use the YTD or Average Pay method if they just started working and only received one paycheck?

- In this situation, either method is going to give the same answer. The YTD would show the total paid for the year (the total of the one paycheck) divided by the number of paychecks (one, in this case) which is just the total of the paycheck. The Average Pay method would take the sum of all the paychecks (again, just the one) and divide by the number of paychecks (still one).

Will the difference between the YTD and Average pay methods be counted as an audit finding?

- There will not be an audit finding on the potential slight difference between the two methods as long as the auditor can follow the calculations and the calculations were done correctly (i.e. gross pay used, correct pay period type used).

For an applicant who is paid in cash, is an employer statement acceptable?

- In this case, an employer statement would be about the only documentation that the applicant would be able to provide.

What if an applicant states they don't have a bank account and their paycheck is put on a prepaid card?

- In this situation, the prepaid card should be counted like a bank account.

I had someone tell me that they could not get the statement for their prepaid debit card because they did not have access to it. What do we do then?

- The applicant must have some way to find out how much money is currently on the prepaid card. Most cards have either a website the person can log in to and get the information, or a phone number they can call that will tell them the balance. If they will not cooperate to get the amount available on the card, the application cannot be completed.

Why would a prepaid card be used as a resource if it is income, wouldn't that be counting it twice?

- Counting a prepaid card and a bank account are essentially the same – both contain income that has been deposited from previous paychecks. CICP looks at what the applicant is expected to make for the 12 months following their application date as well as the liquid resources they have in their accounts (if the provider chooses to count liquid resources). Since CICP looks at income going forward, previous income is not double counted when the bank accounts or prepaid cards are included.

If an applicant is on Short Term Disability (STD) and not receiving a paycheck from their employer, do we only count STD?

- Most times if the applicant is currently on STD, they are not receiving any pay from their employer. In the case where the applicant is current on STD or will be soon, their income should be calculated using their STD amount for the weeks they will receive it and their normal income to make up the rest of the year. If the applicant was previously on STD during the year but is no longer on it, their STD would NOT be calculated into their annual income.

What happens if they don't know when they will be returning to work?

- The applicant should know when their STD is going to end because it is a temporary program. If they aren't sure if they'll be able to return to work when their STD is over, it may be a good idea to only rate them during their STD period and then re-rate them when it ends to ensure you are taking into account their correct income (or lack of income) when their STD ends.

Why does CICP average the lower income when someone is on STD but does not take into account the lower unemployment income if the applicant goes back to work later in the year?

- To clarify, STD should only be included in the calculation if the applicant is currently on or planning on being on STD in the near future (i.e. they have a surgery planned). If the STD happened earlier in the year and has ended, it should not be included in the applicant's income determination. For applicants who are unemployed, their rating only covers their unemployment period. When they start working again they should be re-rated, and then the CICP income looks at what they expect to be paid in the next 12 months, so the previous unemployment income is not considered.

How are bonuses included in income determination?

- Bonuses should be removed from the YTD line in the paycheck and entered into the One Time or Annual payment lines on Worksheet 1.

When people cash in PTO, is that the same as a bonus?

- Since cashing in the PTO is most likely a once a year at most thing, treating it as a bonus makes the most sense. The payment for the cashed in PTO would be added into the One Time or Annual line on Worksheet 1.

Do you include sporadic overtime in the monthly income determination?

- If the overtime is not a common occurrence, it would make the most sense to include it as a One Time or Annual payment.

If they receive tips on each paycheck, would we have to separate it out?

- If tips are included in every paycheck, they should be included in the monthly income calculation and therefore not separated out.

How do we rate an applicant who is applying during the busy time of their work year and their current income is much higher than it is in other months?

- For applicants whose income changes from season to season (landscapers, migrant farm workers, crafters, tax preparers, etc.) the best way to calculate their income might be to use their taxes from the previous year so that you take into account the fluctuations from an entire year.

Applicant is on unemployment that will end in September, will not receive any other income until 2021. How would this one be rated?

- You would need to use the applicant's unemployment documentation to calculate their weekly/bi-weekly payment and when their benefit will end. Their application and card should only be good through that date. Once their card expires, they should come back to be rerated since their rating will change at that point (either no income or income from a new job).

If the applicant is on unemployment, do we have to list the maximum benefit amount?

- You would need to have the maximum benefit amount to figure out how long the applicant would be able to draw unemployment.

If an applicant is on unemployment do we calculate income based on weekly amount or maximum payout?

- You would need both to figure out different parts of the application. The weekly amount would be entered into the monthly income calculator section of the application to figure out what the applicant's monthly unemployment income is. Both the weekly and maximum payout would need to be used to figure out when to end date the CICP eligibility since it should be ended when the unemployment benefit ends.

Can we use the unemployment amount in the bank account or do we have to get the letter?

- The amount deposited in the bank account may have taxes and other deductions, so the letter or other documentation of the full amount should be used.

When using a tax return, what lines would we use?

- This is going to depend on what forms the applicant used when they filed their taxes along with a whole bunch of other factors, including what the provider counts for income determination. In general, you would want to at the very least use the line showing what was on the applicant's W2.

Is there a certain time of year we should not use an applicant's taxes?

- There is not a set policy on when taxes should or should not be used for applications. It is a good idea for providers to set a policy for their facilities as to when during the year

If we have an applicant that provides pay stubs and the name on the pay stub does not match the applicant, how do we look at income?

- The applicant would need to explain why their documentation and their pay stubs show different names. Providers cannot exclude income that they know is income for the household, so the explanation must be provided prior to the application being completed.

Should we be using SSI before any deductions?

- This is a policy the provider can set. If the provider counts health care premiums as a deduction, the SSI after the deduction can be used but the health care premium should not be entered into the application so as not to double count it.

Is tribal income exempt for Native Americans/Alaskan natives?

- CACP excludes up to \$2,000 per calendar year of income received by applicants of American Indian birth origin. Providers would be allowed to set policies if they would like to exclude a higher amount than CACP's policy.

How does it work with workers comp monthly payments that put the applicant under Health First eligibility?

- These applicants would need to apply with Health First prior to being placed on CICP.

If a father no longer lives in the household and provides monthly support to the mother, but they are not legally separated, does his monthly payment count as double income for the mother?

- CICIP does not allow for child support to be counted as income, so that income would not be counted for the mother anyway. In this situation the provider could just ignore the monthly support agreement since the parents are both being included in the application.

Do we count reverse mortgages?

- Reverse mortgages should be treated like a loan, and therefore should not be counted.

If someone is living off a savings account and take a monthly amount out, does that count as income?

- This is going to depend on whether the provider already counts liquid resources. You would not want to include the amount of the savings account as well as the monthly amount taken out because that will double count all of the money being moved between the accounts. If you do not count liquid resources, the amount should be counted as a monthly “income”.

Would we only count the monthly payment amount from a retirement account even if the applicant is old enough to access the money without penalty?

- CICIP only allows for the monthly amount to be counted, even if the applicant is able to access the full account without penalty. We do not want a retirement account being counted as a liquid resource and having the applicant use everything they've put away for retirement to cover a medical bill.

If the applicant sends their bank statements a couple weeks after their application has been started and they have received a newer paycheck, do we need to get a copy of the most recent pay stub?

- As long as the pay stub used to calculate the applicant's income is recent and the additional documentation is all provided within the 45 day window, the newest pay stub does not need to be collected/used.

Do we have to get the pay stub closest to the application date?

- The Department encourages providers to obtain the most recent pay stub, but we know that the most recent one isn't always immediately available to the applicant. As long as the pay stub is from within the previous month, it would be acceptable.

Self Employment



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Department of Health Care
Policy & Financing

If applicants that own their own business are over resources for Health First, do they still need to apply and be denied?

- Per CICP rules, if their income makes their FPL lower than 138% FPL, they need to apply for Health First Colorado prior to being placed on CICP.

What if their business is losing money?

- The applicant should definitely be sent to apply for Health First Colorado if their business is losing money.

For self-employed applicants that are in the negative, do we still need documentation?

- Yes, you always need documentation for self-employed applicants regardless of whether their business is making or losing money.

Is Worksheet 2 no longer acceptable as documentation? We need some verification?

- Worksheet 2 on its own has never been acceptable as documentation. Providers must collect documentation showing the business' income and expenses to verify what is placed in Worksheet 2.

Do we need proof of everything in a ledger, Quickbooks, or bank statement? Or are those acceptable by themselves?

- These forms of documentation are acceptable by themselves.

Is there a specific P&L we should have applicants use?

- As long as the P&L is acceptable to the provider, it can be used. Providers need to be making sure that things that are unallowable to be counted for self-employed applicants are not being included.

What should we have them use if they aren't aware they should be using a P&L?

- Applicants who are self-employed are allowed to use a P&L, ledger, a business bank account that shows their income and expenses, their taxes from the previous year, or other documentation of their income and expenses to fill out Worksheet 2. They don't necessarily have to have a P&L, any of these other forms of documentation will work.

For applicants who do odd jobs and get paid cash, what income verification could they provide if they don't deposit anything?

- These types of situations are really hard to document. If the money is for odd jobs and there is no guarantee that they would continue being paid for odd jobs, it might make sense to not include anything at all since we are looking at the upcoming 12 months when we do income determination for CICP.

For applicants who are self-employed and use their personal bank accounts, are those statements acceptable?

- It would be very difficult to distinguish personal versus business activity in a shared bank account. For these applicants, it would be best to use a different method to calculate their business income.

If they have to use the shared bank statement, should we have them highlight the income in the bank account?

- If there is no other documentation available, specifying which income and expenses in their bank account are business related would be an acceptable way to figure out their business income. This should be used with caution and only if there is no other options.

Would we still use the ending balance as a resource if they have the shared personal/business bank account?

- Unless they can make a case as to how much of the account is personal versus business, it would be most appropriate to count the full bank account as a liquid resource if your facility counts liquid resources.

What if they state they are self-employed but do not file taxes?

- All business owners should be filing taxes for their business. If their taxes aren't available due to not filing or if their company is new and they have not had to file taxes yet, there are other documentation options available to calculate their monthly business income.

If we use the P&L sheet from their taxes, do we use it no matter what's on there?

- If the P&L includes things that CICIP does not allow to be counted (like depreciation) those lines would need to be excluded from the calculation.

If they don't have a P&L we can take their income and just divide by 12?

- If you are using the applicant's taxes or another form of documentation that shows an entire year's worth of income and expenses, you would be able to divide the total (less any non-allowable expenses/deductions) by 12 and enter that information into Worksheet 1 by the corresponding household member's name. The amount would need to be their net income, not just their gross income, to ensure their income is not being overstated.

If an applicant states they are a self-employed contractor but the company pays them by check, do we look at them as employed or self-employed?

- If the applicant is only contracted with one company, their pay stub can be used if they have no other expenses they need to be included in the calculation. If they have multiple contracts and income sources, it would make more sense to use Worksheet 2.

If they run the business out of their home we count the full mortgage or rent?

- If the business is run from the home, only a portion of the mortgage or rent can be used. If the business is run from another location outside of the home, the full mortgage or rent would be able to be used.

Where would we find the square footage on their taxes?

28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28
29	Tentative profit or (loss). Subtract line 28 from line 7	29
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30

- The square footage is located on Schedule C, Part II line 30.

Some people work out of a garage on the same property as their home, and they say the utilities are the same as the house. Would we still use the top of Worksheet 2?

- If the applicant is working out of their garage, they are allowed to count the utilities just like if they were working in a space inside the house. The top section of Worksheet 2 always needs to be filled out for self-employed applicants.

How would the square footage work in the scenario where the applicant is working in the garage?

- If the applicant is working in the garage, the square footage of the garage would be added to the total square footage of the house, and then the square footage of the area in the garage that the applicant is using for the business would be used as the business square footage.

Would an estimate be accurate? Should we notate if it is an estimate?

- An estimate would be acceptable. If the applicant is using their taxes as documentation, you would want to make sure that the two match. You would not necessarily need to notate that the numbers are estimates.

Can we have them list the square footage on their P&L so they essentially attest to it that way?

- You could do this, but it isn't required. By signing the worksheet and application they are attesting to the fact that everything contained within it is true.

How would the rent work for a shared space like a salon?

- If the applicant is the person renting the salon space, they are normally charged a booth rent for their space, and they would be able to use that as their rent. If the applicant is who owns the salon, they would need to take their mortgage or rent they pay for the whole salon and subtract any booth rent they collect from the salon workers.

Deductions and Liquid Resources



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Department of Health Care
Policy & Financing

Is there a maximum amount that can be used for child or elderly care?

- There is not a maximum, the applicant would be allowed to deduct the full amount they are paying for this type of care.

Can unpaid medical bills be used as a deduction?

- Unpaid medical bills should only be used as a deduction if the applicant has a current valid payment plan set up for those bills. In addition, only the amount that the client will pay toward those bills as set up by the payment plan can be counted as a deduction. For example, if the client has a \$12,000 outstanding bill and they have a payment plan set up to pay \$200 per month, only \$2,400 should be counted as a deduction for the year ($\$200 \times 12 \text{ months} = \$2,400$).

Is it okay for applicants to provide bank statements that show only their balance and not the detail?

- CICIP has previously required that the detail also be included so that providers may identify any other income sources that the applicant may not have disclosed. It would be acceptable for the applicant to redact the detail about where debits went, but they would not be able to redact any amounts or detail associated with any credits.

Some applicants say they have their bank account information on their phone and I have them email a summary to me. Is this acceptable?

- This would be an acceptable way for providers to obtain bank account information. Some providers want to have a full statement provided so they can ensure that there is no other income being deposited into the account that they are not already counting in the income determination, but facilities are allowed to accept a statement that just shows the current balance of the account if they choose.

For applicants trying to use the Spend Down, what if their bill is less than the Spend Down amount?

- For these applicants, CICIP may not make the most sense for them at that point in time since they would pay their full bill before getting down to a point where they could be on CICIP.

Is there a time limit on how long we can hold an application for the applicant to complete the Spend Down?

- The application must be completed within 45 days of the start date, so they would have that time to make the payment for the Spend Down.

If the applicant is wanting to pay the Spend Down using a loan from a family member not in the household would we count that as unearned income?

- CICIP does not count loans as income, so that money would not be able to be counted in the applicant's income calculation. Additionally, if you were to count the loan the applicant would still not be able to use the Spend Down because their income would be inflated by the same amount as the loan and they would be in the same place they were before.

For the Spend Down, can they provide recent payment receipts to show payment?

- If your facility already counts medical payments, these should have already been taken into account in the application. If they have not already been included, they can be used as all or part of the Spend Down documentation.

How are CDs counted?

- The amount that should be counted as a resource for a CD is the amount left after the penalty for withdrawal has been subtracted. If the applicant has recently cashed a CD, the entire amount would be counted (original deposit plus all the interest earned).

If an applicant's bank statement shows a recent large withdrawal, will we require they provide proof of what the withdrawal was for?

- CICIP only counts the balance that the applicant currently has available. Money that was previously withdrawn cannot be counted because the applicant no longer has access to that money. There wouldn't need to be any documentation of what the money was for. Providers are not responsible for asking about previous withdrawals.

What if they have a large amount in their account that they transferred from a retirement account for a specific purpose? Do we count it?

- Money withdrawn from a retirement account for a specific purpose (i.e. making updates to the applicant's house) would not be counted. Instances like that should be treated more or less as a loan since the applicant has a specific purpose for the money they transferred. It would be appropriate for the provider to request proof that the money came from a retirement account if it is not clear from the bank statement. This could be as simple as requesting the statement from the retirement account that shows a transfer in the same amount.

Documentation



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Department of Health Care
Policy & Financing

Are we required to have a copy of the applicant's social security card on file?

- CACP applicants are required to provide a social security number or an acceptable reason they do not have one. They are not required to provide a card, so a copy of the card is also not required.

If the client brings a renewed Colorado ID or other lawful presence documentation within a few weeks after their application, are we allowed to extend their end date?

- If the new documentation is provided within the 45 days of the application start date, the end date can be extended (even if the application has been completed prior to the new documentation being submitted). If it is past the 45 day window, they will need to complete a new application when their current rating expires, or when they present the new documentation.

How do we document if we make a phone call to an employer to verify an applicant's income?

- A phone call should be the last resort to gather verification of the applicant's income. If there is no other option, the provider should record the name of the enrollment staff that spoke to the employer, who they talked to and what that person's position is (manager, HR, etc.), and the date and time the phone call took place.

If we have an applicant that presents a payroll check but the employer information is not listed, can we still accept it?

- As long as it is a valid payroll check that shows all of the hours worked and deductions taken out of the pay, it can be accepted. If your facility would like to have the applicant provide the information for their employer, that is something that you can choose to do.

Copays and Services



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Department of Health Care
Policy & Financing

Can we get a clear and simple way to explain the cap to a client?

- The CICIP copayment cap can only be met using copayments made on CICIP discounted services. There may be services that are provided to a client at a CICIP provider that are not discounted under CICIP, like behavioral health or dental visits. Copayments for services like these do not count against the CICIP cap since they were not discounted under CICIP. Payments for private health insurance also do not count in the CICIP copayment cap. If a client has any questions about which copayments count and which don't, providers should do their best to answer those questions.

Do we count copayments for services in the 90 day backdating period?

- Yes, these copayments should be counted. The payments are being made during the rate year and therefore should be included in the client's cap.

Would any radiology be included in the ER copay?

- Any basic radiology and imaging service would be included in the ER copay and therefore the client should not be charged an additional copay. If there is a high-level radiology and imaging service provided in the ER, the client should be charged the high-level copay instead of the ER copay.

Would the Specialty Outpatient copay be charged for things like infusions and physical therapy?

- Services like infusions and physical therapy are outside of what is considered primary and preventative care, so they would fall under the Specialty Outpatient copay.

Does the High-Level copay include home sleep studies?

- Home sleep studies should be charged under the High-Level copay since that category specifically lists sleep studies. Providers have the ability to charge a lower copay, especially if their costs are lower for home sleep studies. Providers would need to inform the Department of what the copays would be for sleep studies performed in the client's home.

Are ultrasounds and mammograms covered under the Basic Radiology and Imaging copay?

- Any radiology and imaging service that is not listed in the High-Level category is covered in the Basic category, including ultrasounds.

Why is an ultrasound not listed under the Basic Radiology and Imaging copay?

- The only copay category that lists specific services is the High-Level Radiology and Imaging category. The reason for this is that the identified services in that category were specifically chosen to have a higher copay due to the high cost to provide them. It would be impossible to list all of the services covered in each copay category. Any radiology and imaging service that is not listed in the High-Level category should be charged the Basic copay.

Why is a client who comes in through the ER and then admitted not charged the ER copay?

- CICIP has six different “setting” copays: Ambulatory Surgery, Inpatient, ER, Outpatient Hospital, Specialty Outpatient, and Clinic, with High-Level acting as a special circumstance setting. Only one of these copays can be charged to a client for any one visit/admission. If a client comes in through the ER and is admitted for at least 24 hours, they should be charged the Inpatient copay. If they are discharged prior to the 24 hour mark, they would be charged the ER copay.

If a client gets services that qualify for two different copays do we charge the highest copay or is this up to the hospital?

- It is quite possible and probable that a client would have multiple copays associated with one visit or admission. If the setting copay they are charged (Ambulatory Surgery, Inpatient, Outpatient Hospital, Clinic, ER, Specialty Outpatient, or High-Level) allows for other copays to be charged, they would need to pay all copays unless the hospital has requested the ability to only charge them one copay.

If the client comes in through the ER and has a CT scan, we can only charge the High-Level copay and not the ER copay?

- Only the High-Level copay should be charged in this situation since the High-Level copay already includes the ER copay. If your facility also has physicians that participate in CICP, the physician copay can also be charged.

Client comes in through the ER, has a CT, surgery, and is admitted. What are the copays I can charge?

- In this situation, the client would be charged the Inpatient copay and the Hospital Physician copay if your hospital physicians accept CICP. The amount of time the client is admitted does not play a role in this situation because the client received a surgery and the copay for an inpatient stay and an ambulatory surgery are the same.

If a client gets an x-ray and a lab the same day and these are both outpatient would you charge both copays?

- Technically in this situation you would charge three copays – the Outpatient Hospital/Clinic copay, the Basic Radiology and Imaging copay, and the Laboratory copay. If the client did not see a physician before or after the x-ray and lab, then only those two copays should be charged.

What is an example of an Outpatient Hospital service?

- If a physician working at the hospital serves as a primary care physician and has scheduled visits with clients, this would be an Outpatient Hospital service. Generally an Outpatient Hospital service is a primary or preventative service provided in a non-emergent, non-urgent hospital setting. In other words, the visit was planned and scheduled, the client did not show up at the ER.

Would an outpatient specimen sample fall under Outpatient Hospital Service or Laboratory?

- If the client is just dropping off the sample, only the Laboratory copay should be charged. If they are providing the sample as part of a primary or preventative care visit, both the Outpatient Hospital Service and the Laboratory copays can be charged.

How would you charge a mammogram with a biopsy?

- For this situation, it would be most appropriate to charge the Basic Radiology and Imaging copay as well as the Laboratory copay. If the client sees a physician either before or after (or both) the mammogram, then the Specialty Outpatient copay would also be charged.

If a client has more than one High-Level service done in one day, is that one or multiple copays?

- The High-Level copay covers multiple high-level services provided on the same day, so only one copay would be charged.

Would the pharmacy copay be charged for drugs received during an Ambulatory Surgery visit?

- Any drugs administered during a visit/admission are included in the copay for that visit/admission. The Outpatient Pharmacy copay is only for drugs that are prescribed to the client that they fill at the pharmacy and take home.

Why doesn't CICP cover labs for clients who have other insurance?

- CICP does cover labs for clients who have insurance. Any allowable service that the provider agrees to discount under the program can be “covered” by CICP regardless of whether the client has other insurance or not.

What about labs that are sent out? Should the lab charge us so we can charge the client, or should the lab charge the client directly?

- This is going to depend on the contract you have in place with the lab. In most cases the lab will charge the client directly, in which case the client may be charged more than what CICIP would charge and the client should be made aware of that. Providers may also have a contract with the lab in which the lab charges the provider and then the provider collects the CICIP copay, which may or may not cover the cost of the lab (which would result in a write off to CICIP).

How do we know when OAP clients have hit their cap?

- This would work the same as for regular CICIP clients, except that OAP clients can use any medical bill against their cap even if it is not a CICIP service. The OAP client would need to show the provider they have paid \$300 worth of copays to any medical provider, and then their cap would be considered “met”.

Miscellaneous



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Department of Health Care
Policy & Financing

Can enrollment staff email CICIP or should that go through the provider's director? Can we add another contact?

- The policy is that only the Main contact should be sending questions to the CICIP inbox. The reason for this is that we have previously had multiple enrollment specialists from the same facility sending in the same question hours or days apart. Questions run through the Main contact ensure that all staff are receiving the same answer. Additional contacts cannot be added, there are nearly 70 providers as it is, with hundreds more satellites. Enrollment staff can send an email as long as the Main contact has been asked and does not know the answer, and the Main contact is copied on the email.

If we screen an applicant and find them over income, and then they are rated and accepted at another facility, do we have to accept their card?

- Facilities use different things to determine income, especially between clinics and hospitals. If your facility has rated them using your income determination process and found them ineligible, you do not need to accept their card from another provider.

Are we going to be audited this year due to COVID?

- The Department is still contracted with PCG to conduct audits on CICP providers. If your facility is chosen to be audited this year, they will contact you in either August or January to begin the audit process.

COVID



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Policy & Financing

If applicant has been laid off due to COVID but is job attached and is only receiving unemployment, do we take the last paycheck and the unemployment, or just the unemployment?

- For anyone who is currently on unemployment due to COVID, only their unemployment income should be used, and they should be granted CICIP for six months. If they are called back to work, they would need to be rerated using their employment income.

If the applicant started unemployment in March and ends in September do we only count the six months and no income after that or do we count the unemployment until the end of the year?

- For COVID unemployment, the unemployment should only be counted for six months. If their unemployment payments end before the six month mark, the client can be rerated.
- For non-COVID unemployment, the unemployment should only be counted until it ends, and the client should be rerated at that point.

With COVID, applicants are receiving hazard pay. Is this treated like a bonus/gift?

- This is going to vary from applicant to applicant. If it is a one time hazard pay, it should be counted like a bonus or gift. If the hazard pay is an additional hourly wage, it should be included in their monthly income calculation. In this situation, these applications should only be rated for six months. If the extra hazard pay ends before the six months are up, they can be re-rated without that extra pay.

If we do a six month application for applicants with hazard pay or unemployment, do we do another six month application when that one expires or a full year?

- At this point we are hoping that you will be able to do a full year application when the six month one expires, but we don't know what COVID will look like in six months. The Department will continue to update guidance around this as time goes on and the COVID situation evolves.

How is the pandemic unemployment counted?

- The State portion of the unemployment is the only part that should be counted. Applicants should be rated for six months instead of a full year if they are collecting unemployment due to COVID. Rating the clients for six months does NOT change the annual calculation, everything should be entered as if the application will be valid for a full year, the end date will just need to be changed on the client's card.



What if the unemployment income makes the applicant under the Health First limit?

- If the household FPL is under 138 using the unemployment income, they would need to apply for Health First Colorado prior to being put on CICIP.

Do we count the extra \$600 unemployment money?

- The extra \$600 should not be counted as income for CICIP. The regular unemployment income from the State should be counted, but the Federal money should not. Similarly, the Federal stimulus payment should also not be counted as income.

Does the unemployment letter show the \$600 or how would we know?

- From what I've been able to gather, different documentation shows different lines. The State unemployment system only shows the State money and not the Federal money. Some providers have reported seeing letters that show both. In any case, it should be clearly marked if the money is State or Federal. It would be safe to say that a line that shows an even \$600 is probably the Federal money.



Is CICP still allowing “virtual” signatures?

- The flexible signature policy will be extended through the end of July. It may be extended again depending on what happens over the next month. The FAQs will be updated with extended dates as those decisions are made, please make sure you are checking those regularly.

If the flexible signature policy ends, can we mail applications to applicants for signatures?

- CACP policy has always allowed for providers to mail, email, or fax completed applications to applicants for signature. Applicants are allowed to return the applications by mail, email, or dropping it off at the provider's location. Emailed applications can be either scans or pictures taken with the applicant's phone as long as the pictures are legible.

For people who were working at the beginning of the year, then were laid off, and now are back working, how should we calculate their income?

- In this situation, you would use the income they have now from their employer to rate them for the year since CICP looks at the next 12 months for income determination. For these applicants, it would make the most sense to use the average pay method to calculate their income since they have the gap in employment even though it's the same employer.

How would you calculate the income if a person wasn't working for 8 weeks due to COVID and received unemployment?

- If they are currently unemployed, use the method described in the previous slides for unemployment during COVID. If they are back working full time, use their current income.

What if a couple is applying and one is on unemployment but the other is still working full time?

- Any household with a household member on unemployment should be rated on the unemployment timeline (six months for COVID, might be different for normal unemployment).

Would COVID tests be charged under Laboratory?

- I believe there is a program that is covering the costs of COVID tests for uninsured patients. If that is the case, the client would not be charged a CICIP copay for a COVID test, and the reimbursement received from the program covering the test would be included as a third party payment in the data. If there is not a program covering the costs, then Laboratory would be the correct copay.

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Contact Info

Taryn Graf
CICP Administrator
hcpf_CICPCorrespondence@state.co.us



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Thank you!

