

Electronic CICP Application Webinar

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July 23, 2015



COLORADO

Department of Health Care
Policy & Financing

Our Mission

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



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Objectives

- Introduce CICP Providers to the new electronic application in Microsoft Excel
- Verbally highlight new functionality and usability
- Emphasize major functions through a step-by-step demonstration



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Overview

- General Layout/Technical stuff
- How can this help me?
- Where do technicians input data?
- Liquid asset spend-down
- Step-by-step tutorial



General Layout

- 6 Principle Worksheets (best if completed in this order)
 - Client Information
 - Lawful Presence
 - Worksheet 1 - Earned/Unearned Income
 - Worksheet 2 - Net Self-Employment Income (if necessary)
 - Worksheet 3 - Equity In Resources
 - Worksheet 4 - Allowable Deductions



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General Layout cont.

- Secondary Worksheets (use if needed)
 - Worksheet 5 - Health Insurance
 - Vehicle Use Verification Form
- General description of each worksheet



Technical Stuff

- The user will be able to modify yellow-filled cells **ONLY**
- Some questions on the “Client Information” tab require a selection from a drop-down menu.
 - There is one in Worksheet 4 - Allowable Deductions



How can this help me?

- The primary purpose of this tool is to assist in the processing of CACP clients
 - Improve accuracy of calculating CACP income and establishing the CACP Rate.

- Designed as a tool
 - **MUST** use in conjunction with the manual to ensure accurate results
 - **NOT** a substitute for reading the manual



Client Information Tab

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COLORADO CICP APPLICATION

What is the Eligibility Technician's Full Name? _____
CICP Facility Name? _____
What is today's Date? _____
Is the client homeless? _____
Is this an Emergency Application? _____

Client Demographic Information

What is the client's last name? _____
What is the client's first name? _____
What is the client's Middle Initial? _____
What is the client's Social Security Number? _____
What is the client's Date of Birth? _____
What is the client's Street Address? _____
What is the client's City of Residence? _____
What is the client's Zip Code? _____
What is the client's Home Phone Number? _____
What is the client's Medicaid Number? (If Applicable) _____
What is the client's Residency Status? _____

Screening for Medicaid/CHP+ Ineligibility

Has the Client Received a Medicaid Denial Letter? _____
Has the Client Received a CHP+ Denial Letter? _____
Is the Client a US citizen? _____
Has the Client been in the US legally for less than 5 years? _____
Does the applicant have refugee status? _____
Have Transitional Medical Benefits been discontinued? _____
Does the Client's household income exceed the Medicaid limit? _____
Is the Client a child? _____
Is the Client pregnant? _____
Is the Client disabled? _____
Does the Client have Primary Insurance? _____
Is the Client eligible for CHP+? _____
Other (Provide Brief Explanation): _____

Today's Date
(IMPORTANT!)

Drop-down menus are indicated by small, downward-facing arrows. Click on the arrow to make a selection.

Use drop-down menus to determine Medicaid/CHP+ ineligibility and Residency Codes

Lawful Presence Form

- Required forms in the CICP Application process
- Date and applicant name will be automatically filled out for you.
- Print off along with the application

Click to add header

**Affidavit for Lawful Presence
olorado Indigent Care Progra**

I, _____, swear or affirm under penalty of perjury under the laws of the

State of Colorado that (check one):

I am a United States citizen, OR

I am a Legal Permanent Resident of the United States, OR
I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or misrepresentation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Applicant Signature

Date

For Eligibility Technician Use: Please mark the box that indicates which



Worksheet 1 - Earned/Unearned Income



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COLORADO INDIGENT CARE PROGRAM
Worksheet 1 - Earned and Unearned Income

Payment Sources	Monthly Income	Annualized Income
Earned Income:		
Employment Income	\$0.00	\$0.00
Unearned Income:		
Unemployment/Workers Compensation		\$0.00
Old Age Pension (OAP)		\$0.00
Supplemental Security Income (SSI/SSDI)		\$0.00
Retirement Plans/Pensions:		
		\$0.00
		\$0.00
		\$0.00
Commissions, Bonuses, Gifts, Tips		\$0.00
Alimony Received		\$0.00
Rental Property Income		\$0.00
Interest Income from interest bearing accounts		\$0.00
Monetary/Capital Gains		\$0.00
Monetary Settlements (do not annualize, show total amount received)		\$0.00
Income from other Sources:		
		\$0.00
		\$0.00
		\$0.00
Earned Income Total	\$0.00	\$0.00
Unearned Income Total	\$0.00	\$0.00
Total Income:		\$0.00

Enter data into yellow cells

Use lines provided for any additional income sources

Transferred to Line 1 of the "CICP Application" tab.

Transferred to Line 2 of the "CICP Application" tab.

Worksheet 1 - Earned/Unearned Income cont.

Year-to-Date Methodology	
Cumulative Year-to-Date Earnings	
Pay Period Type	
Number of Paychecks Received Year-to-Date	
Number of Annual Pay Periods	#N/A
Gross Monthly Income	#DIV/0!

Combined Monthly Income	
APPLICANT	
Family Member 1	
Family Member 2	
Family Member 3	
Family Member 4	
Family Member 5	
Family Member 6	
Total Household Income	\$0.00

Average Pay Methodology	
Pay Period Type	Bi-weekly
Pay Stubs	Gross Earnings
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	
Paystub TOTAL	\$0.00
Number of Paystubs	0
Monthly Income	\$0.00



Total household income is automatically transferred to the Employment Income line in Worksheet 1.



Worksheet 2 - Net Self-Employment Income

		Monthly	Annualized
Revenue:	Gross Business Income	\$0.00	\$0.00
Expenses:	Mortgage/Rent of Business Property	\$0.00	\$0.00
	Phone/Utilities	\$0.00	\$0.00
	Business Taxes (non-personal)	\$0.00	\$0.00
	Insurance	\$0.00	\$0.00
	Gross Wages	\$0.00	\$0.00
	Tools/Equipment	\$0.00	\$0.00
	Office Supplies	\$0.00	\$0.00
	Merchandise/Cost of goods	\$0.00	\$0.00
	Repairs/Upkeep of Equipment	\$0.00	\$0.00
	License/Certification Fees Paid	\$0.00	\$0.00
	Fuel for Business-related Travel	\$0.00	\$0.00
	Legal Fees	\$0.00	\$0.00
	Advertising	\$0.00	\$0.00
	Day Care Provider Reductions (if applicable)	\$0.00	\$0.00
Other Expenses:		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Expenses:		\$0.00	\$0.00
Total Expenses Attributed to Business:		\$0.00	\$0.00
Net Profit		\$0.00	\$0.00

(use this figure on line 3, Section II of the CICP)

Financial information for a self-employed individual should be entered here. ALL revenues and expenses are entered on a monthly basis.

This amount is Transferred to Line 3 of the "CICP Application" tab.

Monthly Day Care Deductions	
1st Child	\$55
Each Additional Child	\$22
How many children in day	
IRS Assumption for	33%

If daycare services are provided from the applicant's residence, enter the monthly number of children that services are provided for here.



Worksheet 3 - Equity in Resources

Follow the instructions provided in the manual to determine a vehicle's value. Enter make/model, value, and the amount owed (IF ANY) in the yellow cells. These are Transferred to the "CICP Application" tab. Vehicle equity is calculated as Line 5 on the "CICP Application."

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COLORADO INDIGENT CARE PROGRAM
Worksheet 3 - Equity In Resources

Applicant's Vehicle Value

	Vehicle Make/Model	Value	Amount Owed
Vehicle 1			
Vehicle 2			
Vehicle 3			

Liquid Resources

	Value
Checking Accounts	
Savings Accounts	
Trust Accounts	
Certificate of Deposit	
TOTAL VALUE	\$0.00

Rev. 06/15

CICP FY 2015-16 Manual - Client
Valid July 1st, 2015 - March 31st

Enter the value of all liquid asset accounts in the yellow-filled cells. The total value of all liquid resources is Transferred to Line 5 of the "CICP Application" tab.

Worksheet 4 - Allowable Deductions

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Worksheet 4 - Allowable Deductions

	Monthly Expenses	Annualized Expenses
Elderly Care	\$0.00	\$0.00
Day Care	\$0.00	\$0.00
Paid alimony	\$0.00	\$0.00
Child Support	\$0.00	\$0.00
Health Insurance Premium(s)	\$0.00	\$0.00
Pharmaceuticals	\$0.00	\$0.00
Use of Personal Vehicle for Business Purposes? <input type="text" value="no"/>	\$0.00	\$0.00
Subtotal:	\$0.00	\$0.00

*Paid or Outstanding Medical Bills from CICP Provider incurred more than 90 days after the application date. (attach receipts & **MUST BE DOCUMENTED**)*

CICP Provider	Date Incurred	Outstanding \$ Amount	Total Monthly \$ Amount Paid	Annualized \$ Amount

Enter the amount of the bill that is outstanding here. (The total annualized amount that can be deducted from income cannot exceed this)

If the bill exceeds the 90 day timeframe, the amount that is being applied to income appears here.

The date the bill was incurred is important. This will determine if it can be deducted from income. Note: Today's Date on the "Client Information" tab must be filled out for this to work properly.

Enter the total monthly payment here.



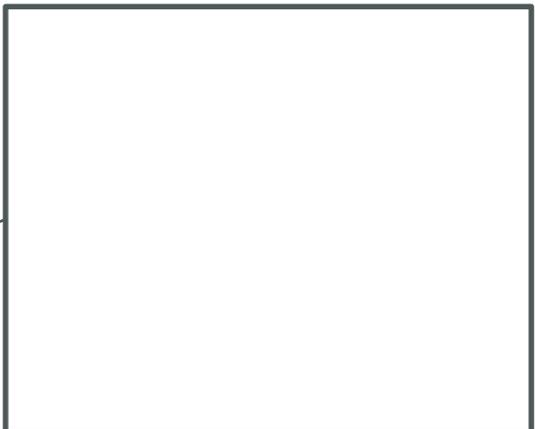
Worksheet 4 - Allowable Deductions cont.

Non-CICP Provider	Date Incurred	Outstanding \$ Amount	Total Monthly \$ Amount Paid	Annualized \$ Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
Subtotal:				\$0.00

Single Payment Medical Expenses incurred during the past 12 months, applied as a single, flat deduction to income. (**MUST BE DOCUMENTED**)

Medical Expense Description	Date Incurred	Total \$ Amount Paid	Annualized \$ Amount
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Subtotal:			\$0.00
Grand Total:			\$5,400.00

(use this figure on Line 11 of Section II of the application)



Single payment medical expenses should be entered here. This amount is applied as a single, flat deduction to income if it was incurred within the last 12 months.

IMPORTANT

Grand total allowable deduction is Transferred to Line 10 of the "CICP Application."



Questions or Concerns?



Worksheet 5 - Health Insurance

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COLORADO INDIGENT CARE PROGRAM
Worksheet 5 - Health Insurance

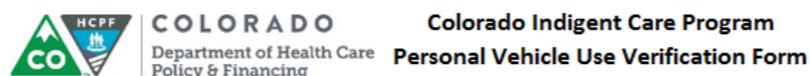
Name of Insurance	
Policy Number	
Group Number	
Coverage Start Date	
Coverage End Date	
Policyholder's Name	
Policyholder's Address	

Name of Insurance	
Policy Number	
Group Number	
Coverage Start Date	
Coverage End Date	
Policyholder's Name	
Policyholder's Address	

If the applicant has health insurance, that information can be entered here.

Vehicle Use Verification Form

- Required forms in the CICIP Application process
- Date and applicant name will be automatically filled out for you.
- Print off along with the application



Date:

Name of Employer (Please Print)

Employer's Street Address

City, State, Zip Code

To Whom It May Concern:

Printed Name of Employee (CICP APPLICANT) currently uses his/her personal vehicle in the course of performing

his/her job responsibilities.

The vehicle is used to: _____



COMPLETED APPLICATION

Today's Date: 7/12/2015

Emergency Application

Last Name	McNair	First Name	Glen	Middle Initial		City	Denver	
Address	1234 Denver Blvd		City	Denver	Zip Code	80203	Phone Number	(303) 866-6562

List Household	Relationship Code	Date of Birth	Medicaid Number	SSN	Residency Code	Medicaid/CHP- Ineligibility Codes
1. APPLICANT	APPLICANT	12/16/1980		123-45-6987	1	ABCDEF
2. Maria Sanchez	2	5/15/1985	1656568	851-65-1654	1	A
3.						
4.						
5.						
6.						
7.						

Section II: Calculating Income

Income Source	Monthly Income	Annualized Total
1. Gross Employment Income	\$2,250.00	\$27,000.00
2. Unearned Income	\$0.00	\$0.00
3. Self-Employment Income	\$0.00	\$0.00
4. Total Income (Lines 1 + 2 + 3)	\$2,250.00	\$27,000.00

Equity In Resources	Vehicle Equity	Liquid Resources
Value	\$15,000.00	\$1,500.00
Amount Owed	\$2,500.00	-
Minus Protected Portion	\$7,500	-
5. Total Equity	\$5,000.00	\$1,500.00
6. Total Resources (See Worksheet 3)	\$6,500.00	
7. Family Size Deduction	Family Size: 2	\$5,000.00
8. Equity In Resources (cannot be negative)		\$1,500.00
9. Total Family Financial Status (Lines 4 + 8)	\$28,500.00	
10. Allowable Deductions (See Worksheet 4)		\$5,400.00
11. Net Family Financial Status (Lines 9 - 10)	\$23,100.00	
12. Liquid Asset Spend Down		\$0.00
13. Grand Total Net CICIP Income (Lines 11 - 12)	\$23,100.00	

CICP Rate: F

CICP RATING



CICP Sliding Fee Scale

Family Size	NRate		ARate		BRate		CRate		DRate		ERate		FRate		GRate		HRate		IRate	
1	\$0	\$4,708	\$4,708	\$7,297	\$7,297	\$9,534	\$9,534	\$11,770	\$11,770	\$13,771	\$13,771	\$15,654	\$15,654	\$18,714	\$18,714	\$21,775	\$21,775	\$23,540	\$23,540	\$29,425
2	\$0	\$6,372	\$6,372	\$9,877	\$9,877	\$12,903	\$12,903	\$15,930	\$15,930	\$18,638	\$18,638	\$21,187	\$21,187	\$25,329	\$25,329	\$29,471	\$29,471	\$31,860	\$31,860	\$39,825
3	\$0	\$8,036	\$8,036	\$12,456	\$12,456	\$16,273	\$16,273	\$20,090	\$20,090	\$23,505	\$23,505	\$26,720	\$26,720	\$31,943	\$31,943	\$37,167	\$37,167	\$40,180	\$40,180	\$50,225
4	\$0	\$9,700	\$9,700	\$15,035	\$15,035	\$19,643	\$19,643	\$24,250	\$24,250	\$28,373	\$28,373	\$32,253	\$32,253	\$38,558	\$38,558	\$44,863	\$44,863	\$48,500	\$48,500	\$60,625
5	\$0	\$11,364	\$11,364	\$17,614	\$17,614	\$23,012	\$23,012	\$28,410	\$28,410	\$33,240	\$33,240	\$37,785	\$37,785	\$45,172	\$45,172	\$52,559	\$52,559	\$56,820	\$56,820	\$71,025
6	\$0	\$13,028	\$13,028	\$20,193	\$20,193	\$26,382	\$26,382	\$32,570	\$32,570	\$38,107	\$38,107	\$43,318	\$43,318	\$51,786	\$51,786	\$60,255	\$60,255	\$65,140	\$65,140	\$81,425
7	\$0	\$14,692	\$14,692	\$22,773	\$22,773	\$29,751	\$29,751	\$36,730	\$36,730	\$42,974	\$42,974	\$48,851	\$48,851	\$58,401	\$58,401	\$67,951	\$67,951	\$73,460	\$73,460	\$91,825
8	\$0	\$16,356	\$16,356	\$25,352	\$25,352	\$33,121	\$33,121	\$40,890	\$40,890	\$47,841	\$47,841	\$54,384	\$54,384	\$65,015	\$65,015	\$75,647	\$75,647	\$81,780	\$81,780	\$102,225
9	\$0	\$18,020	\$18,020	\$27,931	\$27,931	\$36,491	\$36,491	\$45,050	\$45,050	\$52,709	\$52,709	\$59,917	\$59,917	\$71,630	\$71,630	\$83,343	\$83,343	\$90,100	\$90,100	\$112,625
10	\$0	\$19,684	\$19,684	\$30,510	\$30,510	\$39,860	\$39,860	\$49,210	\$49,210	\$57,576	\$57,576	\$65,449	\$65,449	\$78,244	\$78,244	\$91,039	\$91,039	\$98,420	\$98,420	\$123,025
11	\$0	\$21,348	\$21,348	\$33,089	\$33,089	\$43,230	\$43,230	\$53,370	\$53,370	\$62,443	\$62,443	\$70,982	\$70,982	\$84,858	\$84,858	\$98,735	\$98,735	\$106,740	\$106,740	\$133,425
12	\$0	\$23,012	\$23,012	\$35,669	\$35,669	\$46,599	\$46,599	\$57,530	\$57,530	\$67,310	\$67,310	\$76,515	\$76,515	\$91,473	\$91,473	\$106,431	\$106,431	\$115,060	\$115,060	\$143,825
13	\$0	\$24,676	\$24,676	\$38,248	\$38,248	\$49,969	\$49,969	\$61,690	\$61,690	\$72,177	\$72,177	\$82,048	\$82,048	\$98,087	\$98,087	\$114,127	\$114,127	\$123,380	\$123,380	\$154,225
14	\$0	\$26,340	\$26,340	\$40,827	\$40,827	\$53,339	\$53,339	\$65,850	\$65,850	\$77,045	\$77,045	\$87,581	\$87,581	\$104,702	\$104,702	\$121,823	\$121,823	\$131,700	\$131,700	\$164,625
15	\$0	\$28,004	\$28,004	\$43,406	\$43,406	\$56,708	\$56,708	\$70,010	\$70,010	\$81,912	\$81,912	\$93,113	\$93,113	\$111,316	\$111,316	\$129,519	\$129,519	\$140,020	\$140,020	\$175,025
16	\$0	\$29,668	\$29,668	\$45,985	\$45,985	\$60,078	\$60,078	\$74,170	\$74,170	\$86,779	\$86,779	\$98,646	\$98,646	\$117,930	\$117,930	\$137,215	\$137,215	\$148,340	\$148,340	\$185,425

CICP Income:
\$23,100
Rating: F



Liquid Asset Spend Down

Section II: Calculating Income		
Income Source	Monthly Income	Annualized Total
1. Gross Employment Income	\$2,450.00	\$29,400.00
2. Unearned Income	\$0.00	\$0.00
3. Self-Employment Income	\$0.00	\$0.00
4. Total Income (Lines 1 + 2 + 3)	\$2,450.00	\$29,400.00
Equity In Resources	Vehicle Equity	Liquid Resources
Value	\$5,000.00	\$3,500.00
Amount Owed	\$0.00	-
Minus Protected Portion	\$7,500	-
5. Total Equity	\$0.00	\$3,500.00
6. Total Resources (See Worksheet 3)	\$3,500.00	
7. Family Size Deduction	Family Size <u>1</u>	\$2,500.00
8. Equity In Resources (cannot be negative)		\$1,000.00
9. Total Family Financial Status (Lines 4 + 8)	\$30,400.00	
10. Allowable Deductions (See Worksheet 4)		\$0.00
11. Net Family Financial Status (Lines 9 - 10)		\$30,400.00
12. Liquid Asset Spend Down		\$975.00
13. Grand Total Net CICP Income (Lines 11 - 12)	\$29,425.00	
CICP Rate: <u>1</u>		
Client Copayment Annual Cap (Line 13 times 0.10): <u>\$2,942.50</u>		

If the applicant is over-income, but has sufficient liquid resources to “spend-down” to qualify them for the CICP, the application will automatically calculate the “spend-down.”

If the “spend-down” can be used, Line 12 will be positive. Total liquid resources after the “spend-down” equals:

Line 5 (Liquid Resources) - Line 12 (Liquid Asset Spend Down)



Print-outs

Print pages 4 through 14. It is unnecessary to print the "Client Information" tab.

Choose print entire workbook.

CICP Application - dry-run - Excel

- ←
- Info
- New
- Open
- Save
- Save As
- Print**
- Share
- Export
- Close
- Account
- Options

Print

Copies: 1

Print

Printer

P-4-North on HCPFPS01
Ready

[Printer Properties](#)

Settings

Print Entire Workbook
Print the entire workbook

Pages: 4 to

Print One Sided
Only print on one side of the p...

Collated
1,2,3 1,2,3 1,2,3

Landscape Orientation

Letter
8.5" x 11"

Narrow Margins

 COLORADO Department of Health Care Policy & Financing			
COLORADO INDIGENT CARE PROGRAM Worksheet 1 - Earned and Unearned Income			
	Payment Sources	Monthly Income	Annualized Income
Earned Income:			
	Employment Income	\$4,750.00	\$57,000.00
Unearned Income:			
	Unemployment/Workers Compensation		\$0.00
	Old Age Pension (OAP)		\$0.00
	Supplemental Security Income (SSI/SSDI)		\$0.00
Retirement Plans/Pensions:			
			\$0.00
			\$0.00
	Commissions, Bonuses, Gifts, Tips		\$0.00
	Alimony Received		\$0.00
	Rental Property Income		\$0.00
	Interest Income from interest bearing accounts		\$0.00
	Monetary/Capital Gains		\$0.00
	Monetary Settlements (do not annualize, show total amount received)		\$0.00
Income from other Sources:			
			\$0.00
			\$0.00
			\$0.00
	Earned Income Total	\$4,750.00	\$57,000.00
	Unearned Income Total	\$0.00	\$0.00
Total Income:			\$57,000.00



Print-outs cont.

The screenshot shows the Microsoft Excel interface with the 'Page Layout' tab selected. The 'Print Area' dropdown menu is open, showing options for 'Set Print Area' and 'Clear Print Area'. Below the menu, a worksheet titled 'COLORADO INDIGENT CARE PROGRAM Worksheet 1 - Earned and Unearned Income' is visible. The worksheet contains a table with columns for 'Payment Sources', 'Monthly Income', and 'Annualized Income'. The table lists various income sources such as Employment Income, Unemployment/Workers Compensation, Old Age Pension (OAP), Supplemental Security Income (SSI/SSDI), Retirement Plans/Pensions, Commissions, Bonuses, Gifts, Tips, Alimony Received, Rental Property Income, Interest Income from interest bearing accounts, Monetary/Capital Gains, and Monetary Settlements. The total earned income is \$4,750.00 and the total unearned income is \$0.00, resulting in a total income of \$4,750.00. The worksheet also includes signature lines for the Applicant and Eligibility Technician, and a footer with the text 'Rev. 06/15' and 'CICP FY 2015-16 Manual - Client Application Valid July 1st, 2015 - March 31st, 2016'.

Navigate to the "Print Area" drop-down menu under the "Page Layout" tab. Select "Set Print Area" to change what will be printed on the worksheet. Repeat the process on the previous slide to print the entire workbook.

To adjust the print area, drag and highlight desired print area.



Questions or Concerns?



Contact Information

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COLORADO

Department of Health Care
Policy & Financing

Thank You!



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