

# Colorado Department of Health Care Policy and Financing



## Family Medical Assistance Frequently Asked Questions

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## Introduction

The following Frequently Asked Questions (FAQ) document outlines Family Medical (FM) Assistance questions received via the [Medicaid.Eligibility@hcpf.state.co.us](mailto:Medicaid.Eligibility@hcpf.state.co.us) email address. For additional information not covered in this document, please refer to the [Training and Reference Documents](#) page found on the Department of Health Care Policy and Financing's (HCPF) website <http://www.colorado.gov/hcpf>.

All regulations listed throughout this document are from [10 CCR 2505-10, Volume 8.100](#) and have the specific citation listed.

## CBMS

### Data Entry

- 1. When entering a FM case and I get the message “Applicant between the age of 16 and 19 is employed. Enter applicant on their own case” what do I do to resolve this?**

Follow the directions on page 42 of the [Medical Assistance Buy-in Program for Children with Disabilities \(CBwD\) Manual](#) on HCPF's website. If this doesn't work submit a Help Desk Ticket. The Department of Health Care Policy and Financing (HCPF) can manually enroll the child into Child Health Plan *Plus* (CHP+) and issue a proof of eligibility letter.

- 2. I have a Medical Assistance applicant who is under 21 and is on Foster Care Medical Assistance. She recently gave birth, but because she does not show up in CBMS on FM, her baby is not a Needy Newborn (NNB) and is being placed on CHP+. What should I do in this situation?**

If the mom was on Foster Care at the time of her baby's birth, the child will need to be put on a case within the Colorado Benefits Management System (CBMS) with the baby's mom in order to be picked up as a Needy Newborn (NNB). If a new case has to be created, the mom should be added first, EDBC ran and authorized, and then the baby's information should be added and EDBC ran. The system should pass the baby as NNB and should eventually deny the mom who is on Foster Care as “On another Medical Assistance program.”

- 3. How should I process an application for a newborn? Can the baby be processed/approved as a NNB?**

If the mom was not approved for Medicaid for the period of time when the baby was born, then the baby cannot be processed as a NNB. If the mom is not requesting retroactive coverage to cover the date of delivery, then the application should be processed as any other application. If the mom is requesting retroactive coverage, the user should approve the mom for the retro coverage before adding the baby to the case. Please refer to regulation 8.100.4.G.5.

**4. An applicant reported an increase of income that puts the family over income for FM, but below income for CHP+. How should I enter this into CBMS?**

Update the income window with the income reported. Be sure to use the correct effective begin and end dates as noted in the Effective Begin and End Date document on the CBMS portal. CBMS will read the income and roll the applicants to CHP+ appropriately.

**5. I have an applicant who is recently married and changed her name. How should I enter her name in CBMS?**

The applicant's name in CBMS should not be updated or changed until the applicant has changed her name with the Social Security Administration (SSA). Changing it in CBMS prior to SSA causes issues with the Social Security interfaces and affects the applicant's eligibility. Verification of the name change is not required unless questionable. Please refer to regulation 8.100.3.H.6 for additional information regarding name changes.

**6. What is the correct way to enter households on a FM case when the application includes other people who are not applying?**

In CBMS, include everyone listed on the application for FM or CHP+. Be sure to code everyone correctly as either requesting assistance or not requesting assistance and ensure the relationships are entered correctly. CBMS will determine who to include in the household and who to exclude.

**7. I have a Medical Assistance case with divorced parents who have a child eligible for Supplemental Security Income (SSI) who moves between homes. Each parent is applying for assistance. How should I enter this case?**

Ensure the child is approved under SSI Medical Assistance on his or her own separate Adult Medical (AM) Assistance case. Do not attach FM to the child's case. Initiate separate FM cases for each of the parents with separate CBMS case numbers. Do not include each parent on both cases (Mom should be listed on one case and Dad on the other). Include the child in the home on both cases and requesting FM on each. CBMS will appropriately deny the child FM as the child is already approved for AM. The parents, if they meet all program eligibility criteria, will be approved for FM. See [Agency Letter 12-009](#) Revised FM Household Policy.

## Interfaces

**1. If an applicant provides income verification showing that he/she is over-income and thus ineligible for Medical Assistance, but the most recent Income and Eligibility Verification System (IEVS) record shows the applicant as having no income or a smaller amount of income that would**

**pass the applicant as eligible for Medical Assistance, what should be done?**

The most current information needs to be used to determine eligibility. End date the Income and Eligibility Verification System (IEVS) record and then enter the applicant's current income as shown on the verification. Then run EDBC. Refer to the Medical Programs Income and [Eligibility Verification System \(IEVS\) Wage Process](#) training on the website for additional information regarding IEVS.

**2. If an applicant who has an employer record from IEVS interface for a Food Assistance case submits a new FM application and declares income from the same employer that is shown in the interface, does that income need to be entered?**

Yes, applicants must provide current or previous month's income so that eligibility can be determined based on current circumstances.

**3. How should I enter income for applicants who are self employed to allow income verification be requested in CBMS?**

Verification of earned income is required when such verification cannot be received via the IEVS interface. In CBMS the income should be entered as "not received" in order to trigger the verification checklist to be sent requesting verification of earned income. Per rule the ledger in the Application for Medical Assistance is sufficient verification for Self-Employment. Please refer to regulation 8.100.4.B.2.c. and the [IEVS reference material](#) on HCPF's website.

**4. I have a FM applicant who does not have a Social Security number (SSN). Can I enter income verification as "Client Statement?"**

In CBMS enter the income verification as "client statement" or as "not received" to trigger the case to pend and send the verification checklist. The applicant needs to provide income verification such as a letter from the employer or pay stubs from the current or previous month because income verification cannot be verified through an interface without an SSN. Please refer to regulation 8.100.4.B.2.c. and the [IEVS reference material](#) on HCPF's website.

**5. I have a case where the SSA income did not interface with CBMS. What should I do?**

Not all of the interfaces run on a daily basis. For new applications, check the SDX/BENDEX interface windows or use an SSA award letter to confirm the income. Enter the amount shown in the interface or award letter into the unearned income window. For ongoing cases, if the income does not show in the unearned income windows after a month, please ensure data entry of the applicant's name, date of birth and social security number matches what the SSA has. If the information matches, please submit a help desk ticket. If it does not, please enter the information into CBMS as the SSA has it. The interface should then run correctly.

## **Policy Clarification**

### **Confidentiality**

**1. Can I provide information to a parent of a child who is on FM under the other parent's case?**

There are numerous HIPAA concerns in these situations. As a best practice, direct the parent to contact the Customer Service Contact Center at 1 (800) 221-3943 or via email at [Customer.Service@hcpf.state.co.us](mailto:Customer.Service@hcpf.state.co.us).

### **Household (HH) Composition**

**1. I have a FM applicant who is a minor. The FM applicant and her child live with her mom. Should I only count the applicant's income in the calculation for the household, or should I also include the applicant's mom's income?**

For FM, the mom's income will count toward her own minor child (the applicant) until the minor is the age of 18. The mom's income will not count against her grandchild. The income of the minor (the applicant) will count toward her own child. Please refer to regulation 8.100.3.K.2. For CHP+ we count the income of all household members over the age of 18, so the mom's income will count against her child and her grandchild. Please reference the [FM and CHP+ 200](#) training on HCPF's website.

**2. I have an applicant who has joint custody of her child. Does the applicant have to provide verification of the amount of time the child is with her?**

According to Minimal Verification rules, no verification is necessary showing that the parents share custody; client statement is acceptable. If the statement is questionable or inconsistent, you may request verification. See [Agency Letter 12-009](#) Revised FM Household Policy. Also refer to regulation 8.100.4.B.

**3. Can a foster parent be eligible for Medical Assistance if the only child in his or her household is the foster child on Foster Care Medicaid?**

A foster parent may only be eligible if he or she is the caretaker relative (within the 5<sup>th</sup> degree of kinship) to the foster child **or** if he or she has his or her own natural or adoptive Medicaid eligible dependent children in the home. The foster parent would also have to meet all other eligibility criteria (income, residency, etc). Please refer to regulation 8.100.4.C.1.b.

**4. If a person who is a U.S. citizen adopts a child from another country, is that child eligible for Medical Assistance?**

If the child meets the citizenship or non-citizenship rules, the child could be eligible as long as the child met all other eligibility criteria. A child is not eligible until their citizenship or qualified non-citizen status is granted. Please refer to regulation 8.100.3.G.

**5. An 18 year old pregnant student who lives with her parents has submitted an application. She attends high school full time and is going to graduate before she turns 19. Should she be put on her own case in CBMS, or should her parents be included?**

Please include the parents in CBMS when processing these cases. Please refer to regulation 8.100.4.C.

**6. Can an applicant apply for FM if there are no qualified dependents in the home because their children are temporarily in foster care?**

The applicant can apply for Medical Assistance for his or her children. Dependents can be considered in the household of the parent/caretaker relative even if the children are temporarily in foster care (not to exceed 3 months). Please refer to regulation 8.100.4.C.6.f.

**7. If a parent is placed outside of the home temporarily due to a protection order can they remain on a FM case if the children are in the home?**

The parent can still be on Medical Assistance if temporarily out of the home. Please refer to regulation 8.100.4.C.6.e.

**8. I have an applicant who is a married pregnant woman with income below 100% of the Federal Poverty Level (FPL). The married couple does not have any other children. When will the father (husband) become eligible to receive Medical Assistance?**

The father will not be eligible for FM until the baby is born. He may be eligible for Adult Medical Assistance and should be screened for eligibility under that category as well. Please refer to regulations 8.100.4.C.4 and 8.100.3.A.9.

**9. I have a FM applicant who has children that do not live in the home and are not in the applicant's custody. Would the adult be eligible for FM?**

To be eligible for FM, an adult must have at least one FM eligible dependent child in the home at least part time (or be pregnant). Since this applicant does not have children in her home then she would not be eligible for FM. She may be eligible for another category and should be screened for all categories of Medical Assistance at the time of eligibility determination. Please refer to regulations 8.100.4.C and 8.100.3.A.9.

**10. Is a client who recently became incarcerated eligible for Medical Assistance?**

Medical Assistance does not cover applicants who are inmates of a public institution, as the applicants are under the care of the Department of Corrections. Eligibility should end at the end of the month the client became incarcerated. Please refer to regulation 8.100.3.G.1.b.

**11. What is the household composition of an applicant's case if the applicant is a child under 18 years of age and is living with people who are unrelated to her/him and do not support her/him financially?**

As best practice, an adult with whom the child is living should apply on the child's behalf. For the eligibility determination the child would be considered a household of one but the adult's name would appear on the case/application. Please refer to regulation 8.100.4.C.

## Income

**1. Should gambling winnings and losses count as income?**

Gambling winnings count as income per regulation 8.100.3.K.6. Losses are not considered a disregard under regulation 8.100.4.E

**2. If a FM applicant receives a loan which they have to pay back over time, is that loan amount counted as income for the eligibility determination?**

No. The loan does not count as income and the loan payments made to repay the loan do not count as deductions/disregards. Please refer to regulation 8.100.3.L.1.a and 8.100.3.4.E.

**3. Does everyone's income count when determining eligibility for FM?**

When initially determining eligibility we start with 1931. In this initial determination count the income of everyone in the household. If the household is over-income use the 113 rule to include only the income of financially responsible household members. If anyone in the household remains ineligible, determine if they are eligible for the Baby Care Kids Care categories using Proportionate Share, which includes only the income of financially responsible household

members. If any household member is still determined to be over income the Boatwright Rule is then used which will include the income of everyone in the household. For full details of how the income determination process works please refer to the [FM and CHP+ 200](#) training located on HCPF's website.

**4. If an applicant is self-employed and pays him/herself a monthly salary, how should that income be accounted for in CBMS?**

The amount the applicant pays him/herself as a "self-draw" is not an allowable expense, so is not included when entering expenses. Enter the total gross income of the business under Employment History. Expenses should be listed under the Self-Employment Income, Income Expenses window. Each expense should be listed separately.

**5. What information does a self-employed applicant need to provide when he/she is applying for Medical Assistance?**

Self-employed applicants must provide either a profit and loss statement or gross income and expense information on the Self-Employment ledger in the application. If a ledger is unavailable, receipts can be provided instead. At redetermination, current ledgers or receipts must also be provided.

**6. Does the income of adoptive parents count when determining Medical Assistance eligibility for an adopted child?**

Yes, the income of natural or adoptive parents will count against their children. Please refer to regulations 8.100.3.K and 8.100.4.C.2.

**7. A grandparent is applying for himself and his grandchild, of whom he has custody. The child's biological parent lives in the home as well. Does the parent's income count towards the child?**

Yes, as long as the parent is living in the home his or her income will count towards the child. Please refer to regulation 8.100.3.K.2.

**8. Does FM consider Non-Representative or Estimated income when determining eligibility?**

No, neither types of income are considered. Pay stubs that are "Not Representative" or "Estimated" are not included when determining eligibility for Medical Assistance programs and do not need to be entered into CBMS unless the case has a financial program attached.

**9. I have an applicant who receives SSI. Should the applicant's income count towards the child on the case?**

The income for a household member receiving SSI will not be counted when determining eligibility. The individual will also be removed from the household composition. Please refer to regulation 8.100.3.J.2.

**10. Is child support income paid to someone outside of the household an acceptable deduction for FM?**

No, child support paid out is not an allowable expense for FM, but disregards are applied if the household receives it as income. Please refer to regulation 8.100.4.E.

**11. How is rental income counted for Medical Assistance?**

Deductions for rental income are only allowed if the applicant manages the property for at least 20 hours per week. If the applicant manages the rental property for less than 20 hours per week, the income will be considered unearned income and deductions will not be allowed. Please refer to regulation 8.100.3.J.2 for allowable self-employment deductions.

**Non-citizen**

**1. Does every Emergency Medical Assistance application require a doctor's statement to indicate the applicant has a life or limb threatening emergency?**

Yes, a written doctor's statement stating the applicant is suffering from an emergency medical condition is required for all Emergency Medical Assistance applications. Please refer to regulation 8.100.3.G.7.iv.

**2. Do Legal Permanent Residents under age 18 still have a 5 year bar before they are eligible?**

Yes, non-citizens must meet the non-citizen requirements to be eligible for full Medical Assistance, with the exception of the Legal Immigrant Prenatal category. Please refer to regulation 8.100.3.G.1.g.

**3. Are undocumented immigrants under age 18 treated differently from adult undocumented immigrants in terms of Medical Assistance eligibility?**

No, eligibility requirements are the same as all other applicants. Please refer to regulation 8.100.3.G.1.g.iii.

**4. For undocumented immigrants, what counts as a life or limb threatening emergency?**

For the purposes of eligibility, a life or limb threatening emergency is anything a doctor declares to be life or limb threatening in a written statement. This includes labor and delivery. If you receive an application for Emergency Medical Assistance with what is not believed to be a life or limb threatening emergency, but the applicant does provide a doctor's statement, do not prevent the applicant from applying. Enter all of the information including the doctor's statement into CBMS, and HCPF will determine the validity of the emergency at a later stage of the process.

- 5. I have an undocumented immigrant applying for Medical Assistance who has a life-threatening condition that requires prescription medication/treatment each month. Can the applicant receive Emergency Medical Assistance on a continuous basis?**

No, undocumented immigrants can only receive Emergency Medical Services. Coverage is limited to care and services that are necessary to treat immediate emergency medical conditions. Preventative or follow up services are not covered. Please refer to regulation 8.100.3.G.1.g.iv.

- 6. Is the child of an undocumented immigrant eligible for Medical Assistance if the child is a U.S. citizen?**

The child may be eligible depending on whether or not he/she meets the other eligibility criteria. Being the child of an undocumented immigrant does not prevent the child from being eligible.

### Recoveries

- 1. I have an applicant who received a lump sum from SSA. The income makes the applicant over income for Medical Assistance. Can we initiate a recovery on the case?**

No, SSA lump sums are exempt under regulation 8.100.3.L.1.c.

### Retroactive Medical Assistance

- 1. If a pregnant applicant qualifies for CHP+, but is applying for retroactive coverage for the past three months, and was eligible for FM during that period, how will eligibility be determined?**

The retroactive FM coverage will lock her into the guaranteed program due to her pregnancy, and she will remain on FM until the end of her pregnancy.

- 2. I have a FM applicant who applied for coverage for his children last year, but only applied for himself this year (several months later). He is requesting retroactive Medical Assistance coverage from when he applied for the children. Is that possible?**

In order to get retroactive Medical Assistance coverage the applicant must have been requesting assistance on the previous application. If he was not requesting assistance he cannot receive retroactive coverage.

- 3. Can an applicant in the Legal Immigrant Prenatal program receive retroactive Medical Assistance coverage?**

Yes, the applicant could receive retroactive coverage if she was pregnant in the retro months. All other eligibility requirements must also be met for each of the months requested. Please refer to 8.100.3.E in Volume 8.

## Verifications

For all verification questions, please refer to Minimal Verification regulations under 8.100.4.B. for full details of what is necessary for FM. Other regulation citations may apply and are listed by each response.

**1. Is client statement an acceptable method of verification for medical expenses?**

Yes, for FM client statement is an acceptable method of verification for expenses. Please refer to regulation 8.100.4.B.2.

**2. I have a Medical Assistance applicant who cannot provide citizenship documents although she is a U.S. citizen. Can she still receive Medical Assistance?**

Citizenship and identity for applicants declaring U.S. citizenship must be verified whether via an interface or via documentation the applicant provides. CBMS will run interfaces to obtain the documentation necessary to meet this requirement. If the interfaces are not successful in obtaining the documentation, it is then the applicant's responsibility to provide this documentation. The applicant can be approved for Medical Assistance while she is trying to obtain the documentation. This timeframe is called the Reasonable Opportunity Period. Please refer to regulation 8.100.3.H.

If the applicant needs additional assistance obtaining documentation, the applicant can contact Joanne Dowdall at Colorado Legal Services for assistance at (303) 866-9316 or on the website at [www.coloradolegalservices.org](http://www.coloradolegalservices.org).

**3. Is there a way to correct Citizenship and Identity information on the DRA Met window if it is incorrect?**

Only "Authorized Users" of CBMS will be able to update or override the DRA Met window. A security administrator can grant access to a Medical Supervisor so that he/she can edit the record.

**4. Are medical records acceptable verification of a pregnancy or the termination of a pregnancy?**

Yes, medical records are considered acceptable medical verification of a pregnancy or the termination of a pregnancy. Please refer to regulation 8.100.4.G.8.a.

## Procedure

### Application Processing

- 1. If an applicant is only applying for medical programs can I use the Application for Public Assistance or do I need to use the Application for Medical Assistance?**

An applicant can apply for Medical Assistance using either application, or can apply online via PEAK: <https://peak.state.co.us/selfservice/>. Please refer to regulation 8.100.3.A.

- 2. I completed an application over the phone with an applicant, and she was determined eligible. However, she did not sign the application because it was completed over the phone. What should I do, and when is the eligibility start date for this applicant?**

After speaking with the applicant over the phone, you should date stamp the application. Then send the applicant the signature page of the application and have her send it back to you signed. The application date and the eligibility start date will be the date stamped on the application.

- 3. I have a 21 year old applicant. She has a child, and lives at home with her parents. Her parents also applied for FM on her application. Can the applicant's parents be included on this case?**

No, the applicant and her child should have their own case. The relevant information for the parent's case can be used from the application but you will need to get a signature from one of the parents as well as any necessary verification. The parents will most likely not qualify for FM, and should be screened for eligibility for all other Medical Assistance categories.

- 4. Does HCPF have Express Lane Eligibility with Free and Reduced Lunch programs?**

Yes, there is a manual process for Express Lane Eligibility through the Free and Reduced Lunch program; however, only a few school districts are currently participating. For more information go to: <http://www.colorado.gov/hcpf> and type in "Express Lane Eligibility," in the search bar at the top of the home screen.

### Billing

- 1. I have an FM client who went to several providers in another state while approved in Colorado. Will these services be covered?**

Colorado's Medical Assistance will only cover services provided by contracted providers. Unless those providers become Colorado Medical Assistance contracted providers, the services will not be covered. Providers can contact Provider Services at 1-800-237-0757.

## Fraud

### **1. What should I do if I suspect an applicant is committing fraud?**

To report suspected Medical Assistance fraud, contact the County Department of Human Services that serves the individual in question. Please refer to the link listed below for a list of all counties.

For additional information on reporting fraud [click here](#).

### **2. What should I do if I suspect a provider is committing fraud?**

Send an email to [ReportProviderFraud@hcpf.state.co.us](mailto:ReportProviderFraud@hcpf.state.co.us).

For additional information on reporting fraud [click here](#).

## Redetermination Processing

### **1. How should auto re-enrollment work for an incarcerated person?**

RRR should not be relevant since such an individual would not be eligible for Medical Assistance and coverage must terminate following incarceration. Please refer to regulation 8.100.3.G.1.b.

### **2. I have a client who is receiving bills for services received from her doctor. She shows as approved in CBMS. What should I do?**

Direct the client to contact the Customer Service Contact Center at 1-800-221-3943 or [Customer.Service@hcpf.state.co.us](mailto:Customer.Service@hcpf.state.co.us).