

# CICP COMMUNICATES

May 2014

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## IMPROVING HEALTH CARE ACCESS AND OUTCOMES FOR THE PEOPLE WE SERVE WHILE DEMONSTRATING SOUND STEWARDSHIP OF FINANCIAL RESOURCES

## COLORADO INDIGENT CARE PROGRAM

Despite ongoing rumors, the CICP will continue as a safety net program for eligible Coloradans. The Department does not anticipate making any changes to CICP this fiscal year. CICP providers should continue to transition potentially Medicaid-eligible CICP clients into Medicaid.

CICP applicants that are above the 133% Federal Poverty Limit (Level F rating), should receive a rating for a full year. Applicants appearing to be categorically eligible for Medicaid, should be referred to Medicaid prior to the CICP screening.

Additionally, CICP providers cannot deny services to CICP clients who refuse to purchase health insurance in 2014. Providers, however, may create their own form for clients to sign indicating that they have chosen not to purchase health insurance.

## EXECUTIVE DIRECTOR, SUE BIRCH RECEIVES NATIONAL HEALTH CARE AMERICAN MEDICAL ASSOCIATION (AMA) AWARD

The Department's Executive Director, Sue Birch was given the American Medical Association's Nathan Davis Award for Outstanding Government Service for her work as the Executive Director for the Colorado Department of Health Care Policy and Financing. The AMA award is a top government service award based on Ms. Birch's achievements in reforming the state's Medicaid system and transforming its health care delivery and payment system.

## CICP EXECUTIVE FORUM

Last year, the Department held a CICP Executive Forum in early spring to discuss goals for the future of the CICP and to share policy, budget, and legislative updates. With the recent expansion of Medicaid coverage and the rollout of the Connect for Health Colorado insurance marketplace, the Department decided to delay the annual meeting.

The Department plans to hold a CICP Executive Forum in fall 2014 to hear how the Medicaid expansion has impacted the number of CICP clients served and to discuss possible policy changes for the future. The Department will be sending a survey soon to ask for your input about potential topics for discussion.



## CICP TRAINING

Annual training is just around the corner and the Department thanks all providers who have graciously hosted trainings in previous years. Providers who have a minimum capacity to accommodate 25 individuals and are interested in hosting CICP provider training are encouraged to contact the Department by June 1, 2014. Please submit available dates for hosting training between the dates of July 7th and September 30th. If providers have any specific training needs, please contact [Karen.Talley@state.co.us](mailto:Karen.Talley@state.co.us).

## CICP TRAINING TIPS FROM A CICP PROVIDER

Denver Health has shared the following information about their in-house CICP training process, and the Department welcomes similar submissions from other providers on topics that will be helpful to all CICP providers. Please contact Karen Talley regarding article content.

Denver Health has about 80 employees who either enroll clients in health programs including CICP, or support this function by answering client inquiries and scheduling appointments. With such a large staff, even a “normal” turnover rate leads to frequent training needs over the period of a year. To accommodate for this turn over, Denver Health has 3 trainers, who are experts in all of the programs that we screen for, and then train new staff on these programs. We attempt to manage our hiring in “classes” of 3-5 employees at a time to realize training efficiencies. This isn’t always possible if we have particularly low turnover for a period of time, and we might have to hire and train a smaller group of 1-2 new employees. This has worked well for us, because we are able to train new employees based on the specific processes we use at Denver Health.

Our three Quality Assurance (QA) analysts, perform QA of CICP and other applications on a monthly basis, provide an in-house “help-desk” for staff with questions, conduct quarterly training updates, and create “Weekly Tips” for staff, that cover new programs rules, system changes, answer frequently asked questions, or clarify rules or processes that are causing particular problems for staff.

## UPCOMING CICP DATA TRAINING

On April 2, 2014, the Department launched a new CICP Provider Data Submission worksheet. While reviewing previously and newly submitted data for Q3 FY 2013-14, the Department has decided to host several webinar sessions for the benefit of both CICP Providers and the Department alike. These sessions will be used to discuss changes in the new worksheet, the importance of submitting consistent CICP data to the Department, and to answer any questions our Providers may have. The webinars will be held in early to mid-July. Specifics about the timing of the webinar sessions will be sent directly to our CICP Data Submission contacts in June. If you are not sure if you are included in our list of data submission contacts and would like to attend the webinar, please send an email to [CICPCorrespondence@state.co.us](mailto:CICPCorrespondence@state.co.us).

## CICP STAKEHOLDER FORUM

Stakeholders review the CICP policies and make recommendations to the Department related to improving the CICP eligibility process. The forum is comprised of CICP providers, client advocates and Department staff.

The next CICP Stakeholder Forum is Thursday, July 31, 2014 from 9:00 a.m. until 11:00 a.m. at 225 East 16th Ave, Denver, CO 80203, Conference Room 6 A/B. Please note the CICP Stakeholder Forum now occurs quarterly (4 times a year), and has been shortened to two hours. Please contact Karen Talley at [Karen.Talley@state.co.us](mailto:Karen.Talley@state.co.us) with any agenda items or suggestions.

## PRIMARY CARE FUND (PCF)

The Department is pleased to announce the 2014-15 Primary Care Fund application is now available to providers. All eligible providers meeting the minimum criteria are encouraged to apply. Providers should note the Department is now requiring all applicant agencies submit a copy of their facility’s sliding fee scale. For further information, please visit the Department’s Web site at [colorado.gov/hcpf](http://colorado.gov/hcpf), click on provider link and select Primary Care Fund.

# PRIMARY CARE FUND PROVIDER IN THE NEWS

## Mission Medical Clinic

Mission Medical Clinic is now able to offer its low-income patients a new service: help signing up for Medicaid. The nonprofit is expanding its reach to the undocumented and underinsured Pikes Peak area residents, who live at or below 200% of the federal poverty level. Mission Medical Clinic free services include: doctor visits, management of diabetes and blood clots, eyeglasses and eye exams, dental work, behavioral health care, physical therapy, and access to free prescriptions and medical hardware.

## AFFORDABLE CARE ACT & ACCESS TO HEALTH CARE FOR REFUGEES

Refugee status is a form of protection that may be granted to people who meet the definition of refugee, are of special humanitarian concern to the U.S., and are typically outside of their country and unable or unwilling to return home because they fear serious harm. Refugees come to the U.S. to start a new life.

Refugees, as lawfully present immigrants, are eligible for the same protections and benefits under the Affordable Care Act as U.S. citizens. Refugees will remain exempt from the five-year waiting period to receive Medicaid and Children's Health Insurance (CHIP), and will receive new benefits thanks to health reform. CICP will continue to be the safety net program for Coloradans who are over income for Medicaid.

## FREQUENTLY ASKED QUESTIONS

- **Question:** Does CICP allow clients to use prescriptions for Marijuana as a deduction?  
**Answer:** No. Allowable deductions must be prescribed by a physician and filled at a pharmacy.
- **Question:** Are providers allowed to backdate applications past 90 days?  
**Answer:** Yes. As noted under Article II, Section 2.01 of the FY 2013-14 CICP Manual, Eligibility, ratings are retroactive for services received up to 90 days prior to application. However, providers

may extend the deadline for special circumstances under a policy determined and set by the provider.

- **Question:** When is it allowable for a CICP Provider to complete and sign an application on the behalf of a deceased patient?  
**Answer:** If a patient is deceased, and there is absolutely no other remedy, the application may be completed and signed by the provider. However, CICP administration should be notified before this is done to discuss the circumstances. Providers should always document anything outside the CICP manual guidelines and include any approval or correspondence with the CICP administration for auditing purposes.
- **Question:** If a patient presents at the ER and is later admitted to inpatient is the patient responsible for two copayments?  
**Answer:** No. The hospital inpatient copayment charge is for a continuous stay of 24 hours or longer, while the hospital emergency room copayment charge is for a continuous stay of less than 24 hours. If a patient presents in the ER and is then admitted as an inpatient, the hospital stay is greater than 24 hours and the inpatient copayment applies.
- **Question:** Can CICP Providers request documentation for expenses and other deductions from an applicant that is self-employed?  
**Answer:** Yes. However, because documentation is not required under CICP policy, providers must have an approved waiver from the Department; then they can implement a policy requiring the self-employed applicants to verify expenses and deductions.
- **Question:** What does "cost of payment on principal of loans for capital assets," or "durable goods" mean?  
**Answer:** The reference is for a self-employed applicant and refers to the cost of payment on principal of loans for capital assets if a loan repayment on any asset is used to make money. Durable goods are goods that yield services or utility over time rather than being completely used up when used once. Most goods are therefore durable goods to a certain degree. As noted in the FY 2013-14 CICP Provider Manual, Article VI, Section 6.05, these are excluded expenses and are not included on Worksheet 2.

# GENERAL REMINDERS

- CICP Correspondence email is currently working; however, providers can continue to send specific inquiries directly to the following staff:

[Karen.Talley@state.co.us](mailto:Karen.Talley@state.co.us)

Primary Care Fund questions and CICP questions

[Matthew.Littlejohn@state.co.us](mailto:Matthew.Littlejohn@state.co.us)

Provider billing reports and information

[Eugene.Advincula@state.co.us](mailto:Eugene.Advincula@state.co.us)

Provider audits and information

- If you would like assistance concerning CICP payment information, please contact our Special Financing Accountant, [Gina.Decrescentis@state.co.us](mailto:Gina.Decrescentis@state.co.us). She can answer questions about current and prior payments, EFT Direct Authorization, W-9 forms, or other payment related information. Gina can be reached at 303-866-5718.
- Providers can access CICP information at [colorado.gov/hcpf](http://colorado.gov/hcpf). Click on Providers, then CICP on the left menu and select from the listed topics.
- For general information clients can reach the Department's Customer Contact Center at 1-800-221-3943.

## COLORADO INDIGENT CARE PROGRAM

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