Question & Answer

Colorado Indigent Care Program

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COLORADO
Department of Health Care Policy & Financing

Application

If we have a household of 8, how do we add the extra person?

- In this case, a paper application will have to be completed with the eighth person being added on a second application page (not a separate application). The FPL calculator can be used in this situation since it goes up to 16 household members.

Is there a way to sign the application electronically so no paper applications are necessary?

- Currently there is not a uniform way for the applications to be signed electronically. Some providers may have certain software programs that allow them to connect a signature pad or have the applicant sign using the mouse pad or an iPad, which would all be acceptable since it is still a "physical" signature on the application. Typed signatures are not allowed at this time.

Can an applicant with an ITIN apply for CICP?

- Individual Taxpayer Identification Numbers (ITIN) are different from Social Security numbers (SSN) and should not be treated as such. ITINs all start with a 9. If the applicant has a SSN, that should be included in the application. If they do not have a SSN, they may fill out the No SSN tab of the application if they fit one of the descriptions. If not, they are not eligible for CICP.

Do any SSNs start with 9 or are they all ITINs?

- SSNs will never start with a 9. If an applicant presents a number that starts with 9, it is an ITIN.
- SSNs will also not start with “666” nor “000”. Additionally, SSNs will not have “00” in the 4-5 spots nor “0000” in the 6-9 spots.

If an applicant has a “well established religious objection” to obtaining a SSN, is there documentation for that or can they just sign the No SSN form?

- The Department is not aware of a document for people claiming a well established religious objection. These applicants can just sign the No SSN form.
- The term well established religious objections means that the applicant
  - Is a member of a recognized religious sect or division of the sect; and
  - Adheres to the tenets or teachings of the sect or division of the sect and for that reason is conscientiously opposed to applying for or using a national identification number.

Can we use Code F for applicants with employment authorization cards since they are not permanent residents?

- Code F would be fine to use for these applicants if none of the other categories fit.

Should we be using “F” for all employment authorization cards or just DACA?

- Code F is the last resort code, for anyone who you know will not be eligible for Health First Colorado but doesn’t meet the criteria for any of the other ineligibility codes. For example, if the applicant had applied for and been denied coverage under Health First Colorado in the last 45 days and supplies their denial letter, you could use code A.

Should we no longer be using "B" for employment authorization cards?

- Code B is really for applicants who are subject to the Five Year bar. If the applicant is not subject to the Five Year bar, another code would be more appropriate.

Is proof of eligibility okay for documenting the client’s insurance? A lot of insurance companies are sending digital instead of physical cards.

- Benefit letters are acceptable for insurance documentation. If the client only has a digital card, the could also screenshot it (both sides, if applicable) and email it to the financial counselor to include in their application.

Do we have to use the new CICP card?

- The new card will be what prints with the application. If you don’t want to have the new part, you can always cut that section off before giving it to the clients. The Department has been asked by multiple providers to add the copays to the card, so they were added.

Is there another format for the CICP card? Some patients have cards that are different.

- Most of our CICP providers use the CICP card, but we do have a few who have been approved to use their own card which may look a little different.

Can we manually change the dates on the card due to changes in income (ex unemployment ending)?

- The Effective and End date cells on the card in the Excel application are unlocked and can be changed as needed.
- DO NOT make the card effective for more than 365 days.
- DO NOT include the backdating period in the card dates.

Can we have just the rating letter on the CICP card?

- The CICP moved away from the letter rating a few years ago, and the current rates are expressed as numbers between 0 and 250.
- Providers are allowed to include a letter in addition to the rate.
- Homeless clients should have an H added to their rating to distinguish them from other non-homeless clients with a $0 copay cap.

If we get a card that only has a letter, should we consider that invalid?

- Cards that only show a letter are invalid. Some of our providers (mostly clinics) have created their own sliding fee scale with letters assigned to categories that differ from the traditional CICP letter categories. For example, a number of the clinics use C to cover their 0-100% FPL category whereas the old CICP C level covered 82-100%. If you receive a card that only has a letter, you will need to contact the issuing provider to get the FPL rate, and the Department should be notified as well so the error can be followed up on and corrected.

If we don’t accept CICP for one of the copay categories on the card, do we just type N/A in that field?

- Entering N/A in a copay for a category you don’t cover under CICP is acceptable and most likely the best practice.

If we receive a patient with an exception card stating they've met their copay cap, are we required to request their original card?

- If your facility is honoring the exception card, you do not need to request the original card since there will not be a copay charged to the client.

Do we need to make an exception/cap card for patients that have a 0 rating?

- It is not required to make an exception/cap card for these clients since it should be clear they are exempt from copays by their $0 cap.

Where can we find an example of an exception card?

- The Department does not have an exemption card template, as they are not mandatory. Providers are only mandated to help clients access their records in order for the client to prove they have met their cap, and it is the client's responsibility to inform the provider when they believe they have met their cap.

Can a spouse be added to the card later if they didn't want to be covered when the application was first completed?

- Any household member can be added to the card later as long as they were included in the household size when the application was done. They would need to sign the lawful presence affidavit and provide a document, and also be checked for Health First Colorado/CHP+ eligibility before being added to the card.

Would we have to update the application if a household member counted in size only wants to be covered after the application has been completed?

- You wouldn't have to do a completely new application, but you would need to go back and ensure all of the needed elements are added for that household member, including lawful presence documentation and affidavit, ineligibility code, health insurance information, etc. They would also need to be issued a card showing them as a covered household member.

Can we use the paper version of the application in the ER if we don’t have a laptop to take there to complete an application?

- Providers are allowed to use the paper version of the application for ER applications even if they normally use the Excel version.
- Providers have the option to take the paper version as the final application or transfer the information to the Excel version and have the applicant sign the printed Excel application.

Do we need to check SAVE if we are completing an Emergency Application?

- Lawful presence must still be verified when completing an emergency application.

Can an emergency application be done once an applicant is an inpatient, been denied Health First Colorado, and not expected to live?

- Applicants in these situations would be allowed to complete an emergency application as long as they were admitted through the ER.

Can a client come in and request to be rerated before their rate year ends?

- Clients are allowed to request to be rerated prior to their rate year ending if there has been a change in their household or household income. Their new rating would start a brand new 365 day rate year, and their copay cap would reset. The new rating does not apply to any past visits/admissions.

What is the time limit that backdates can be granted?

- Backdates can be granted longer than the standard 90 days, and the Department only cautions that the backdate doesn’t extend into periods that have already been reported.
- At this point in the year (June), backdates could go all the way back to January 1, 2021. If it were February, the backdate could potentially go back to January 1, 2020 since the 2020 data hadn’t been reported yet.

Is the extended backdating something that providers can decide or is that per CICP?

- CICP mandates that a 90 day backdating period be applied (with exceptions for applicants who are applying only to cover a previous DOS or applicants who have applied in the last 90 days and found to be over income). Providers are allowed to backdate farther if they believe the applicant's situation warrants a longer backdate. This is a case by case decision.

If the DOS is past 90 days, can you use 90 days from the date the insurance pays the claim?

- Yes, applicants are allowed to apply for CICP either within 90 days of the date of service or 90 days of the date the insurance pays the claim.

What if the original DOS is more than a year ago?

- CICP can still be applied in this case. If the claim was included in the original data for the year it occurred, the provider should file a claim adjustment report as outlined in the Data section of the provider manual.

Would you do a DOS only application at that point?

- If the DOS is from a different year, it would be best to do an application that covers only that DOS. If at all possible, the information used to determine the applicant’s rating should match the period of the DOS.

What if the applicant does not have the information for the month the original DOS was in? Do we notate that on the application?

- It is CICP policy that the income for the time period being covered should be what is used. However, if the applicant is not able to provide their income information from that time period due to it being so long ago, providers are allowed to use the best information they have (i.e. the current income). If the current income is used, providers should notate the applicant was unable to access information from the original time period for the application.

Would we make the Effective Date the date of the insurance payment, the DOS, or the date of application?

- If you are only completing one application to cover the DOS, then the Effective and End Dates should match the DOS covered by the insurance payment.
- Otherwise, the Effective Date would be the date of the application, which must be completed within 90 days of the insurance payment.

Is there a reason the backdating period is 90 days if we can technically submit CICP back to the beginning of the year as a provider exception?

- The data used to be submitted on a quarterly basis, with the last report due in October after the year end in October. The 90 days ensured that any backdating period through the end of September would ensure the visits/admissions were reported in the correct year. This is still somewhat consistent now since the data is requested starting in April.

If an applicant is over income in May using April's income but is eligible in July, can we backdate into May if we determine they would have been eligible using May's income?

- If they can show that May's income was under the limit, you are allowed to backdate into May but no further.

If we do a longer backdate, does that require two different applications?

- It may make sense to do two different applications in this case, especially if the visit past the 90 days is far past the 90 days. In that situation, you would complete an application for the DOS using the income information for the month the DOS occurred, and a second application going forward using the current application.

If an applicant is on a payment plan for an old account but now their income has changed and they can no longer afford that payment, can we use CICP for the old dates but with the current income?

- As long as the older DOS hasn't been reported yet (usually as long as it is within the same calendar year), CICP can be used with the extended backdate to cover it. If this is done, any payments they have made towards the bill for the older DOS would count against their copayment cap and their copay amount for the DOS. For example, if the applicant has made three $50 payments towards a $12,000 bill and the CICP copay for that bill is $600, the $150 they have paid would count towards the $600 copay and they would have an open balance of $450.

If a patient was signed up as self-pay and brings in documents to complete the CICP application, will that cover past service dates or will it be from the day they complete the application?

- The CICP application would cover the standard 90 day backdating period from the date of the application. Any CICP eligible services within that 90 day period would need to have the CICP discount applied to them.

If an application was completed in June and denied for over income and they reapply in July and are approved, can we backdate to cover the June DOS?

- You screened the applicant in June for a June DOS and they were denied, so an approval in July cannot be used to cover the June DOS. In that case, the July application would be able to backdate only to July 1. Notes should be included in the application as to why the backdate is being cut short.

If a patient had services in April and May, became unemployed in May, but was over income for Health First Colorado in April, what would we use to calculate his income for the April services?

- For this applicant, you would screen them based on what their income was in April, and their CICP eligibility would have to be end dated no later than April 30. Using the YTD through April would be the best way to calculate it, but using only the pay stubs from the month of April would also be acceptable (however, the correct calculation must be done, DO NOT add the pay stubs for April and multiply by 12 to annualize!).

How do we handle patients who apply and are denied at our facility and then come back with a card from another facility?

- In these situations, you know that under your rating procedure the applicant does not qualify. Therefore, even if you normally accept cards from the other provider, you do not need to accept this patient’s card.

Do we have to accept another hospital's rating if we are a hospital?

- No, you do not have to accept another facility's rating simply because you are the same type of facility. We have a lot of variability between hospitals, with some counting liquid resources while others don't, and deductions varying from provider to provider.

Would we select the homeless option on the welcome letter to show $0 copays for non-homeless applicants with a 0 FPL?

- It would be acceptable to do this, since it will make more sense for the applicant.

If we are only saving digital copies of the applications, will that impact the audit?

- The Department’s current CICP auditor is located out of state, so all applications are sent to them electronically anyway. Having them already be digital may actually make it easier to submit the required audit materials.

If we have a digital copy of the applications, do we need to keep the original paper copies?

- A digital copy of the application is sufficient, you do not need to keep the original paper copies. However, providers should take extra caution that all parts of the application are scanned and that all scans are legible.

How long do we keep digital copies of the applications?

- Providers are required to keep applications, whether digital or paper, for six state fiscal years. For example, applications completed during 2021-22 would need to be kept until the end of 2027-28.

If we get through an entire application and then realize that the applicant is eligible for Health First Colorado, do we print and deny the application with notes?

- The application should be marked as denied, signed by all parties, and kept with the other completed applications.

How long will the flexible signature policy remain in place?

- The policy currently runs through the end of July. The Department continues to monitor the situation and will extend the policy if necessary. Providers will be notified by a Constant Contact email if the policy is extended, and the COVID FAQs website will be updated.

Is the flexible signature policy for people who have COVID or just concerns about entering the facility?

- A little bit of both. Applicants who have COVID and are hospitalized would be able to “sign” the application through a phone call with the financial counselor.
- Applicants who have COVID and are isolating at home, or who do not wish to enter the facility and don’t have access to email or a printer may also “sign” through a phone call.
- Applicants who do have access to email but not a printer should “sign” by return email.
- Applicants who have access to email and a printer should print the application and sign. They can return the application through email or snail mail.

Will there be a new application July 1?

- There is always a new application on July 1, and there is always a new application on April 1. The one in July is for the brand new program year, and the one in April updates the FPLs to match the new federal numbers. There are also sometimes updates in between. Providers should be signed up to receive the Program Updates Constant Contact emails, and should be reading those in their entirety.

Household Members

What if a married couple is estranged and not talking?

- Per Colorado law, spouses must be included on each other's applications. The spouse will still need to be included on the application, listed as "Household Size Only". The applicant needs to make their best effort to contact the spouse to get their income information.
- EXCEPTION: If there is fear for the applicant's safety in contacting the spouse, the spouse must still be included in the application but the applicant can guess at their income without contacting them. INCLUDE NOTES!

What if an applicant and their spouse have been separated for years and have had no contact?

- If the couple is legally separated, the spouse does not need to be included in the application. If they are still legally married, the applicant's best effort must be made to get the spouse's information.

Do we continue to claim the spouse until the divorce date and have legal paper stating no support?

- Applicants are allowed to be rated without their spouse as soon as they file the separation or divorce paperwork. A receipt from the court showing the submitted paperwork or a letter from their attorney stating the separation or divorce is in process would work for documentation.

If an applicant and their spouse don’t live together, why would we count the spouse’s income?

- It is Colorado law that spouses are responsible for each other’s medical bills. Therefore, the income for both parties must be taken into account when it comes to determining eligibility for CICP.

What if the applicant is unable to find their spouse?

- The applicant needs to make their best effort to find the spouse. If the spouse cannot be found, they will need to guess at the spouse's income using the best information they have, which may be what they were making when they last saw or had contact with the spouse.

What if they don’t know if the spouse is even working?

- They have to make their best effort at finding out. There are many options the spouse has in finding out this information, and providers can decide which options are appropriate for the applicant and their unique situation.

If the spouse is in another state and there is a restraining order so there is no way to get income information, what do we do?

- In this case, the applicant would be able to guess their spouse’s income without attempting to contact them. CICP does not want any applicant putting themselves in danger by contacting a spouse under a restraining order, nor do we want an applicant breaking a restraining order against them to get their spouse’s income information.

Why is it okay for the applicant to guess the spouse’s income but they have to prove their own?

- The applicant is the one seeking services, and therefore they must make their best effort to provide all necessary information, including their spouse’s income.

What if an applicant comes in one year claiming to be married, but then comes in the next stating they were never legally married?

- The applicant will need to prove they were never married before they can be rated without the "spouse". Providers have stated they have the applicant go to the courts and request a document showing they have never applied for or filed a marriage certificate. A marriage certificate showing they are married to someone else would also suffice.

Can a non-married significant other count as a household member without counting their income?

- Income for any adult included in the household must be counted, with the only exception being income from an adult student living with their parents. If the significant other wishes to be included in the household, their income will need to be included.

Would a significant other have to be included in the household if they're only engaged? What about common law?

- Engaged couples are not considered married, and therefore they would not need to be included on the application.
- Couples that are common law married are considered married by the state of Colorado and therefore must be included on the application.

The 6 –Other category would be used if two adults are not married but living together?

- The 6 – Other category would be the correct dependent code for the applicant’s non-spouse partner who lives with them. The partner would not have to be included in the application if they don’t want to be.

If a parent is applying and they do not work, do they need to submit their income?

- If they aren’t working, they wouldn’t have any income. Their signature on the application would affirm they are reporting they have no income. If they are married, their spouse’s income would need to be included.

Can an unborn child be counted in household size?

- Unborn children are allowed to be counted in household size. Providers should plan on screening the baby for Health First Colorado or CHP+ coverage once they are born prior to adding them to the household's card.

Would we need proof of pregnancy before counting an unborn child?

- Providers are allowed to request a letter from the applicant's OB provider if they wish. If the applicant comes into the facility to be rated and is visibly pregnant, the provider would be allowed to use the visual as proof as well. Providers are also allowed to require the estimated due date – this also helps know when the provider should expect to follow up to screen the baby for Health First Colorado or CHP+ eligibility.

Would an unborn child count in the household in a surrogacy situation?

- If the surrogate is applying, the unborn child would be allowed to be counted in the household size. If the intended parents are contributing money for the surrogacy, that money will need to be counted as income.
  - The surrogate will need to be rerated once the baby is born since their household size will change.
- If the intended parents are applying, the unborn child would be allowed to be counted in the household size.

Should we end-date the card according to the due date for the surrogate?

- It would be a good practice to end date the card within a month of the due date to ensure that all hospital care is completed in relation to the pregnancy. If it was end dated for the due date, the card may expire prior to the baby being born or the surrogate being discharged from the hospital. An extra month should be sufficient in ensuring that the birth and immediate follow up care is covered.

Can we count the money the family is paying towards the surrogacy as a deduction?

- This is a policy that providers would be allowed to set for their facilities.

A household was denied and later came back wanting to add two nieces to the household. What document would need to be provided proving they are actually living with them?

- Providers are allowed to determine what documentation would be appropriate in this situation. Things like a letter from the parents explaining the living situation, school documents showing the household address as the nieces' address, etc. would be acceptable. The applicant should be reminded that false information provided could lead to a fraud charge.

If a household has temporary custody of another family member, can we take a verbal statement of that?

- Providers would be able to accept a verbal statement if they'd like. Additional details should be requested as well, including when they believe their temporary custody will end. If it is within the next year, their CICP coverage should be end dated when they believe the family member will no longer be living with them.

Does it matter which parent is claiming a minor on their taxes?

- It doesn’t matter which parent is claiming the minor, the minor is allowed to be counted in both households.

If a parent has 50/50 custody and is paying child support, can the child be counted in their household?

- The child would be allowed to be counted in both parents' households. The parent paying the child support would be able to count those payments as a deduction if the provider allows for that type of deduction. The child support does not count as income for the parent receiving the child support.

Could a roommate count as a household member? Would we need their income?

- Roommates are allowed to be counted in one household if and only if both roommates want to be included on the same application. If they both want to be included, income for both of them would need to be included.

Would the roommate be listed as 6 – Other?

- Yes, the Other category is the correct option for roommates being included in one application (applicant would be counted as 1 – Applicant).

Would the roommate be able to be counted as household size only?

- The roommate could be included in household size only, however their income would still need to be included and they would be partially responsible for their roommate's medical bills. This should be made clear to both roommates prior to the application being completed.

Can the roommates be considered separate households?

- The roommates absolutely can be considered separate households, and in most cases they probably should be considered separate households. Under the CICP definition of household, they are allowed to be rated together if they both want to be rated together, but it is not mandatory that they be rated together.

How do we account for household members living in other states/countries? Do we need picture IDs, taxes, etc.?

- Per CICP's definition of household, applicants are allowed to include household members living in other states or countries in their household if they are providing at least 50% of their support. Documents proving who the household members are may be requested but are not mandatory. The applicant is allowed to attest to the support, but should be reminded that false information can lead to a fraud charge.

How can they prove they are supporting them?

- Applicants are allowed to attest that they are supporting household members that live in other states or countries. However, if they wanted to show documentation, things like bank transfers or receipts of money orders, bills paid in the household member's name, etc. would all be acceptable to show the payments.

Lawful Presence

It is confusing as to when we have to have other documentation if they have a DL with a star. How can we determine clearly when other ID is needed? What situations?

- If the ID is unexpired, has a star, and doesn't expire for at least a year, nothing else is needed.
- If the ID is unexpired, has a star, and expires in less than year, additional documentation is needed if the applicant wants to be covered for the full year. Otherwise, their end date should match the expiration date of the ID.
- If the ID is unexpired but does not have a star, additional documentation is needed to complete their application.
- If the ID is expired, additional documentation is needed to complete their application.

If a driver's license ends early do we have to end date CICP to match?

- For any US citizen, no.
- For any other lawfully present immigrant, yes.
- The reason the CICP must be end dated early for lawfully present immigrants is because DOR has only validated their documents through the ID expiration date. For a US citizen, their citizenship never expires, and therefore they don't need to be end dated early.

If the applicant's Colorado ID is expiring next month but their LPR card doesn't expire for a few years, can we grant the entire year of CICP?

- If any other lawful presence documentation is presented with a later date that goes past the year mark of the CICP application, the rating can be granted for the full year.

If a patient just moved to Colorado, has an out of state ID with the star, would we just need something showing proof of Colorado residency?

- Applicants are allowed to use an out of state ID as long as the state that issued it is compliant with the REAL ID Act and the ID has the lawful presence indicator. The applicant would need to provide some other documentation showing their Colorado address, or attest that they plan on remaining in Colorado. Documentation can include but is not limited to a rental/mortgage agreement, a utility bill showing their name and address, or a pay stub showing their name and address.

If their ID with the star is valid but their LPR card is expired, would a I-797 form be acceptable or is the ID enough?

- If their ID has the star and is still valid even though their LPR card is expired, you can accept the ID and no other documentation is needed. For the ID to have been issued with the star past the LPR card date, they would have had to prove to the Department of Revenue that their LPR status was valid past that card date.

What if a US citizen applies and only has an expired ID?

- CICP does not allow for anyone to use expired documentation regardless of their lawful presence status. The applicant will need to use other documentation to prove their Colorado residency and their lawful presence.

Can a birth certificate be used by a citizen?

- US issued birth certificates are always acceptable documentation to prove US citizenship.

If an applicant uses the self-declaration, there's no other paperwork to prove citizenship?

- US citizens are allowed to self-declare their citizenship per DOR's rules. There is no other documentation needed if the applicant uses the self-declaration. However, providers should be asking citizens for lawful presence documents and using the self-declaration as a last resort.

Can DACA individuals have CICP?

- Any applicant who can provide a document that can be verified through SAVE can be on CICP, including DACA individuals.

If an applicant is DACA, nothing is needed to show they are not eligible for Health First Colorado?

- DACA individuals are not eligible for Health First Colorado and therefore no documentation is needed showing denial for Health First. These applicants should have an ineligibility code of F with DACA as the explanation.

Can pregnant DACA individuals have emergency Medicaid to cover labor and delivery?

- DACA individuals are eligible for emergency Medicaid to cover labor and delivery ONLY. Any other services they need can be covered under CICP both before and after the baby is born. The baby should be screened for Health First Colorado and/or CHP+ once they are born. If the baby is not eligible for Health First or CHP+, they can remain on CICP with their mother.

Can you explain the difference between pregnant emergency only and other pregnant status?

- There are 3 different pregnancy categories:
  - MAGI Pregnant - US Citizen who meets all Medicaid requirements, full benefits
  - MAGI Pregnant Legal Immigrant Prenatal - lawfully present and meets all Medicaid Criteria, full prenatal and postnatal coverage
  - MAGI pregnant emergency services only- undocumented and meets all Medicaid criteria, covers only labor and delivery

Do children who have a work permit qualify for Health First Colorado? Do we need to get a denial?

- Since there is no five year bar for minors, if the minor and/or their household appears eligible for Health First Colorado, they would need a denial prior to being put on CICP.

What do we do if our location only has one person assigned to check SAVE?

- Providers are not limited to one person per facility to have SAVE access. If you have multiple financial counselors completing CICP applications, they would all be able to have access to SAVE to verify lawful presence documents. If you have someone who needs access, they can fill out the SAVE Access Request Form available on the CICP Provider Information website under SAVE.

Does an adult student who is away at college have to sign an affidavit?

- If the adult student wishes to receive services under CICP, they would need to sign an affidavit. The affidavit could be sent to them through email or regular mail, and they can return it in a similar fashion. They would need to provide their ID with the star or another form of lawful presence documentation as well. The adult student could also be counted in household size only until they are home on a break, at which point they could come fill out the affidavit and be added to the card.

Do we have to make US citizens fill out an affidavit every time?

- The affidavit must be signed with every application. However, for a US citizen, copies of their lawful presence documentation do not need to be taken every time if the financial counselor can determine that the document originally presented is still valid and hasn't changed. For example, if the applicant used their Colorado ID one year and when they return the next year they have not gotten a new ID and their ID hasn't expired, a copy of the ID would not need to be kept in their application.

On resident cards, if they have a date stamped on the back of the card, is that acceptable?

- As long as the card can be verified through SAVE, it is acceptable.

Who qualifies for the five year bar?

- Individuals who become eligible after the five-year bar is met include:
  - Lawful permanent residents (LPR/Green Card holders)
  - Conditional Entrants
  - Individuals Paroled into the United States for one year or more
  - Battered spouse, child, or parent who has a pending or approved petition with the Department of Homeland Security (DHS)

Who is immediately eligible?

- Individuals who are immediately eligible for HFC include:
  - Trafficking survivors and their spouses, children, siblings, or parents
  - Lawful Permanent residents who adjusted from a status exempt from the five-year bar
  - Veterans or active duty military, and their spouses or unmarried dependents, who also have a “qualified non-citizen” status
  - Refugees
  - Asylees
  - Cuban/Haitian Entrants
  - Individuals Granted Withholding of Deportation or Withholding of Removal
  - Members of a Federally-recognized Indian tribe or American Indian Born in Canada
  - Certain Amerasian Immigrants

What if the applicant is under 138% FPL and under the five year bar and only presented an ID with the star?

- If you know that the applicant is five year bar eligible, you should ask them for their entry date to ensure that their five year mark does not fall within the next year. If it does, their CICP will need to be end dated on their five year mark day, and they will need to apply with Health First Colorado prior to being let back on CICP.

Health First Colorado/CHP+

Can we put a child on CICP for the period before they became eligible for CHP+ since it only backdates to the beginning of the month?

- CICP can be used for any time period that CHP+ and/or Health First Colorado doesn’t cover. This does NOT include services that Health First Colorado doesn’t cover – for example, CICP would not be able to be used to cover additional PT sessions once they have been exhausted through Health First Colorado.

Is a child considered someone under 18 or 19?

- For CICP, 18 year olds are adults and must complete the lawful presence affidavit and have their income counted as long as they are not in school.
- For Health First Colorado/CHP+, 18 year olds are still considered children.

Would a churning patient have to reapply each time?

- Churning patients have to reapply for Health First Colorado often due to their fluctuating income. These patients can be given CICP cards for a full year, but they should have their Health First Colorado eligibility checked every time they receive services to ensure they are on the correct program.

Can you explain "churning patient"?

- Since Health First Colorado eligibility is assessed on a monthly basis, some people who hover around the 138% FPL line become eligible and ineligible frequently depending on their income for the month which is described as "churning" on and off of Health First Colorado. CICP can be used for this applicants to cover periods where they are found to be ineligible for Health First.

Does the 138% apply to applicants that have Medicare primary insurance?

- Most applicants that have Medicare are no longer eligible for Health First Colorado solely due to their age, in which case their age may be used as a justification as to why they are not sent to apply. It would be good to check these applicants for eligibility for the Medicare Savings Programs, which patients are allowed to have in addition to CICP and therefore a decision does not have to be made on these programs before CICP is granted.

You said every household member needs to be checked. Does that mean we need to do a PEAK application to get a denial?

- What is meant by “every household member needs to be checked” is that while the total household income may be over Health First Colorado levels, the definition of household differs between CICP and Health First Colorado. A married couple and the wife’s brother could be one household under CICP, but are separate households for Health First. Therefore, their eligibility for Health First would need to be checked separately. If one of them appears to be eligible, they would need a denial prior to the application being completed.

Can clients have a current CICP card while being eligible for emergency Medicaid?

- Emergency Medicaid is usually only granted during an emergency room visit, sometimes with a subsequent inpatient admission, and only covers those services. If a client has a CICP card but qualifies for emergency Medicaid, they wouldn’t have to give up their CICP card or be rerated afterwards, but the services covered by the emergency Medicaid would not be able to be included under CICP.

We had a patient who was over income for Health First Colorado but was put under emergency COVID related services only. Are we able to use CICP for non-COVID related services?

- If the applicant is only eligible for COVID related services under Health First Colorado, they would be able to be on CICP for any non-COVID related services. Any services that are even slightly related to COVID should be sent to Health First Colorado first before being written off to CICP.

What if a patient only had COVID Emergency but is now being seen for post-COVID at the hospital and not in an emergency setting? Would we be able to use CICP for those services?

- For patients who have been granted COVID Emergency Medicaid, you will need to send all of their claims to Health First Colorado prior to writing off to CICP. This includes all post-COVID and non-COVID related claims.

The counties are no longer sending denial letters, how should we handle this?

- I have contacted the Department's County Liaison in regards to this comment from providers. Counties are required to provide written determination letters to applicants.

What if we call the county and are told over the phone that the applicant has been denied? Would that count as documentation?

- As of now, this would not count as documentation. The Department will keep providers in the loop should a change occur to this policy.

Income

Would we need to document why we only have one pay stub if we do YTD?

- You would not need to document that, it should be clear to the auditor why there is only one pay stub included.

Is there an easy way to know how many paychecks the applicant has received?

- Some pay stubs will have a designation on them as to which pay run it is (i.e. 13/2021 would indicate it's the 13th pay run of the year). This may be misleading if the applicant has not worked there the full year, so be sure to check. Other than that, counting back is really the only good way figure it out.

Do we need to list the number of pay stubs we divided the YTD amount by on the application?

- This isn't something that you would need to do, as it should be pretty easy for the auditor to figure out what the YTD was divided by, but if it will help your facility in your internal checks you absolutely can notate this in the application.

Do the pay stubs provided by the applicant need to be consecutive?

- This situation would only apply if you're using the Average Pay method. It is best if the pay stubs are consecutive, but it isn't mandatory that they are. If for some reason the applicant can get you three of their four last pay stubs, that should be fine for calculating their annual income.

Can you use the YTD method if the applicant hasn’t been at their job for the entire year?

- You can use the YTD method in this case, as long as the applicant knows how many paychecks they have gotten since they began working there. In this situation, you would want to document that number so that the auditor could follow the payment calculation process.

If the applicant hasn’t been at their job the whole year, is it okay to just use the last month’s pay stubs?

- You can use the last month’s pay stubs for someone who hasn’t been working at their job since January 1. Just be sure you’re using the correct number of pay periods to calculate the annual and not adding the stubs from that month up and multiplying by 12!

Are we allowed to use less than a month's worth of pay stubs if the applicant cannot provide a full month?

- If you're using YTD you only need one pay stub.
- If you're using the Average Pay method, you should try to get a month's worth but sometimes the applicant cannot provide a whole month. Use what they can provide as best as you can and document why there isn't a full month.
  - If they've only been at their job for a few weeks, you have the option to call their employer to get pay information from them instead of using pay stubs.

When an applicant provides a pay stub showing a higher income than normal due to a bonus, how would we calculate the gross?

- Bonuses should be removed from the gross and entered into the One Time section of Worksheet 1, unless they are recurring in which case they should be left in the annual calculation.

Can gross income be taken from bank statements if they are paid gross (i.e. no taxes taken out)?

- Usually you cannot use bank statements as income documentation because it is post-tax. However, if the applicant is paid without taxes being removed due to having their own business, or being employed by a business but being responsible for their own taxes, the bank statement may be used as long as the applicant files a 1099 with their taxes.

Should we also be using the YTD gross for bonuses, vacation pay, etc.?

- Yes, those lines should be using the YTD as well. For bonuses, unless the bonus is recurring, the YTD amount would be entered into the One Time payment section. For things like vacation pay, those we can assume will continue in a similar fashion for the next year and should be left in the annual calculation.

Are we only looking at bonuses for the pay stubs they provide or should we be looking at YTD?

- If you’re using the YTD method, you should be using all YTD lines for the applicable categories.
- If you’re using the Average Pay method and there are YTD lines, the YTD number should be used.
- If you’re using the Average Pay method and there are not YTD lines, you would use only what is on the provided pay stubs.

Where do bonuses go in the Excel application?

- Bonuses that are one time go in the One Time income section of Worksheet 1.
- Bonuses that the applicant gets on a consistent basis would be included in the annual income calculation.

Would a bonus count as a liquid resource?

- A bonus would never be entered into Worksheet 4 as a resource since it is included in the paycheck and therefore in the annual income determination. Any past bonuses would have already been deposited into the applicant's bank account and would technically be included as a liquid resource within their bank account balance.

If tips and commissions are not included on every paycheck, how would we calculate income?

- If they are random and the applicant doesn’t ever know if they will get them, they should be included in the one time section of Worksheet 1. If they are included on a consistent basis (every other paycheck, once a month, once a quarter, etc.) they should be included in the annual income calculation.

If the applicant gets tips on every paycheck, do we have to carve them out?

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

If the applicant doesn’t have pay stubs or an income verification letter, can we call their employer to verify their income information?

- You would be able to call the employer to verify the applicant’s income if they have no other documentation showing what they make. If this option is used, notes should be included stating who called the company, who they spoke to (HR, manager, etc.), what date the call was placed, and what information was given. If these things aren’t notated in the application, the auditor has no proof of how the provider obtained the information.

If an applicant gets overtime on every check, would the overtime be included in the annual income calculation?

- If overtime pay is the norm for the applicant, it should be used in the annual calculation.

Is overtime treated the same way as bonuses?

- The way overtime and bonuses are counted for CICP is very similar. Both types of income are counted as one time if they are infrequent and the applicant doesn’t know if they will ever occur again. Similarly, both types are included in the annualization calculation if the applicant receives them often and/or on a regular basis.

Are we counting COVID incentive/hazard pay as income?

- Incentive or hazard pay that an applicant is receiving should be included as income, both for COVID and for other types of situations. This includes shift pay differential as well.

How should we handle COVID incentive/hazard pay if the applicant knows when it will end?

- The additional pay should be calculated for the remainder of the time the applicant knows it will be paid and included in the One Time section of Worksheet 1. Notes should be included explaining why it was done that way.

How would we calculate seasonal income?

- If the applicant has consistently worked at their seasonal job(s) for the last few years, tax returns would probably be the best documentation for them. If this is a new seasonal job and the applicant does not have another one lined up after it ends, the applicant should be rated only through the season and brought back to reapply once the job has finished.

Temporary Income Example

- Applicant is paid $450 per week, expects to be paid this amount for the next 10 weeks.
- Applicant's FPL is 182 (household of 1)
  - $450*4.333 = $1,949.85/month = $23,398.20/year
- Why is the annual $23,398.20 and not $4,500?
  - Need to go by what the applicant is getting for the month to determine their true FPL
  - $23,398.20/year = 182 FPL ≈ $1950/month
  - $4,500/year = 35 FPL ≈ $375/month
- This goes for seasonal, unemployment, other temporary income.

How do we do income calculations for an applicant who works for a temp agency and their pay depends on their assignment?

- In these situations, it may be best to talk with the applicant about all their assignments for the year and the differences between them. If the pay and hours are similar between all their assignments, their income can be calculated as normal. If not, it may be better to use their current pay and communicate that they can return to be rerated if their next assignment's pay is significantly different.
- For these applicants, using the YTD method will ensure that all fluctuations are included in the calculation.

Do we count unearned income for adults?

- This is a policy that each provider is able to set as long as it does not include any unearned income specifically excluded by CICP.

Would disability for an adult dependent be included?

- This is a policy that each provider is able to set for their facility in their process for which unearned income types are included in income determination.

Does income for an adult disabled household member count in the application?

- CICP mandates that employment income for all adult household members (excluding adult students) must be included in the household income determination. If the disabled household member is receiving some other type of unearned income, it would be up to the provider if that income is counted as long as it is not specifically excluded by CICP.

If a grandmother is receiving $1,200 per month and living with family, would we count that income?

- This is going to depend on what the income is and what your facility's polies are for that income type. If it is employment income, it must be included per CICP rules (if the grandmother is included in the application). If it is Social Security income, that will depend on if your facility includes Social Security in the income determination process.

How are investments counted?

- If your facility counts investments, you should have a process for determining how they are counted. This is an unearned income type, and therefore there are no specific rules about how to count them.

What if the applicant doesn’t know how long they’ll be on short term disability?

- Short term disability always has a specified time period that it covers depending on the reason for it. If the applicant doesn’t know how long that time period is, the applicant can contact their HR/accounting/benefits department to find out. The provider may do this on the applicant’s behalf with the applicant’s permission. If the provider contacts the employer, all necessary notes about the contact should be included in the application.

Do we count the stimulus payments as income?

- CICP excludes the stimulus payments from being counted in income for applicants.

In July, if a patient is receiving the early child tax credit payments, do we include those amounts in their income or exclude them like the pandemic payments?

- These payments should be excluded. They are treated in the same way that tax returns are treated since if the applicant chose to defer them, they would receive the payment in one lump sum with their tax returns. Per CICP rules, tax returns are excluded unearned income.

Can unemployment be self-declared?

- Documentation of the weekly pay amount as well as the current maximum payable amount are required for applicants currently receiving unemployment benefits. Unemployment is not and has not been able to be self-declared.

A lot of applicants have stated they didn’t receive an award letter showing the maximum payable amount. If these people have no access to the internet or a printer, how do we get this information?

- Unemployment cannot be calculated correctly if you don’t know the maximum payable amount. Providers should be assisting these applicants in accessing the unemployment website. If applicants have access to it but no printer, screen shots taken from their phone and emailed to the provider are acceptable documentation of their maximum payable bank.

Can COVID unemployment be self-declared and granted for six months?

- COVID unemployment is also not allowable to be self-declared. COVID unemployment is different than normal unemployment in that the length of time it was payable was extended multiple times. At this point there should be very few new COVID unemployment cases, and anyone currently on COVID unemployment should know when their benefit will be ending.

Why do you not use the maximum payable amount as the applicant's annual income amount?

- The applicant will be receiving their maximum payable amount within the next few months, so it is not appropriate to use that number for a full year. CICP eligibility is end dated to match the end of the unemployment benefit in order to ensure the applicant is given the correct FPL rating for the time unemployment covers, and then reassessed to determine what their new FPL should be once unemployment ends.

Is unemployment income the only exception to unearned income being self-declared?

- There only other type of unearned income that the CICP manual states must be documented is short term disability.

Can applicants self-declare Social Security income?

- This is a policy that each provider is able to set for their facility.

If a patient gets social security and only has bank statements can this be used with their verbal amount of what is deducted from their social security?

- CICP has historically allowed for social security to be self-declared. Providers are allowed to set policies related to what documentation if any is allowed for applicants who receive social security income.

If an applicant's spouse has received payment for a painting job, would we include that in the unearned income section?

- If the applicant's spouse has already deposited this money into their bank account and it is not expected to be a recurring income source, it does not need to be included in Worksheet 1. If they haven't deposited it yet but mention it, it can be counted as a One Time payment.

How do we count babysitting or house cleaning if that's their only income?

- If the applicant files taxes, those can be used to verify their annual income.
- If the applicant can create a P&L listing their monthly income and expenses (mileage, cleaning supplies, craft supplies, etc.) that can be used as documentation.
- The applicant would also be able to get a letter from the family/families they work for stating their average or normal monthly income.

Do you have to count income from an “Other” adult if they don’t want to be covered by CICP?

- If a household member is listed as “Other” and they do not want to be covered by CICP, it is likely that they don’t need to be on the application at all. The only adult that must be included in the applicant’s household is their spouse.
- If the household member wants to be included in the application but does not want to be covered by CICP, their income must be included.

How should we calculate a currency conversion?

- Google has a built in currency converter. If you type in “(Other currency) to US Dollars” the calculator will be the first thing that pops up. Once you’ve entered in the information, take a screen shot and include it in the application.
- You do not have to use the Google converter, but it is an easy option.

Do rent payments count as monthly income?

- If the applicant owns rental property, the income from that property would count as self-employment income and should be entered into Worksheet 2 with any applicable expenses.

If an applicant gets free rent and utilities for helping out with household things, would we be able to count that as income if we have a letter stating how much it is?

- “In-kind” income like this should not be counted, as it is not actual money that the applicant has available to use to pay for medical services.

Self-Employment

Does an applicant have to sign Worksheet 2 if they are not self-employed?

- Worksheet 2 only needs to be completed for applicants who are self-employed. Any applicant who is not self-employed is attesting to that when they sign the application without including Worksheet 2.

Would you still use Worksheet 2 for someone who normally pays themselves as an employee but hasn't been able to pay themselves lately?

- In this situation, the applicant should first be screened for Health First Colorado, especially if their business is their only income. If they don't qualify, how their income is included would be highly dependent on their situation. If they're seasonal, for example, a few months of low or negative income may be normal, and using taxes would be the best way to go. If they're struggling due to an illness, injury, or other malady, it may be a little harder to determine what their income should be. It may be best to rate them using Worksheet 2 and a $0 business income and check in with them the next time they receive services to see if their situation has improved.

Do we need documentation supporting bills for a self-employed applicant?

- This depends on what documentation the applicant is providing to account for their business. A P&L would not need any additional documentation, nor would taxes. If the applicant is using their business banking statements to show income, bills could be requested to show expenses if they are not easily discernible in the bank statements.

What if the self-employed applicant does not have a P&L, doesn’t file taxes, and cannot provide proof?

- The applicant is going to have to figure out something to use to show their income and expenses for their business. Invoices and receipts and bank statements showing credits and debits would work for these applicants as well.

If a self-employed household member reports that they do not complete a P&L and we do not allow taxes, what would we be able to accept as documentation for them?

- The applicant would be able to use invoices and bills, their business bank statement, letters from their clients stating the average they pay the applicant monthly, really anything that the Provider deems as acceptable (except self-declaration).

What if the applicant doesn’t have a business account?

- Trying to divide a single bank account into personal and business related is nearly impossible. If the applicant can provide any other documentation previously mentioned, that would be easier than attempting to split the account.

If the applicant is behind over three years in filing taxes, what can we do?

- Taxes aren't the only acceptable documentation for a self-employed applicant. They would need to provide other documentation showing their income and expenses.

Are tax returns with schedule C that shows what they are claiming in bill an acceptable form of documentation?

- The most recent taxes are always acceptable for a self-employed applicant. Providers should be making sure that deductions that are not allowed for CICP are being added back in to the amount shown on the taxes, including the line for depreciation. CICP does not allow depreciation to be counted for self-employed applicants.

Do we need proof of documentation if they are using taxes?

- The taxes themselves are documentation enough, nothing else is needed.

If an applicant brings their taxes and their P&L, which would we use?

- Either set of documents may be used, but the P&L would likely give a more recent account of the business' current income.

What is the difference between gross income and gross profit? Which one do we use?

- You should be using gross profit when rating CICP applicants.
- Gross income is the difference between what the business is paid for their service or product and the cost of the business to provide that service or product. Gross profit is the difference between gross income and all other overhead for the business that doesn't directly go into providing the service or product. For example, if a self-employed applicant makes clothes for children, their gross income is whatever they sell the clothes for minus the fabric and any wages of an employee that makes the clothes. Their gross profit then takes into account the cost of the space in which the clothes are made, the upkeep of the sewing equipment, etc.

How old can the taxes be for self-employment?

- Taxes used should always be the ones most recently filed. It is up to the provider how long into the year they will allow taxes to be used as income documentation since taxes cover the previous year and therefore can be nearly two years old when getting to the end of the calendar year.

Are there other calculations that can be used to determine the Home Business percentage?

- No, providers must use the calculation specified in the provider manual in order to determine how much of the rent/mortgage and utilities should be included as expenses for the business. Other expenses should be included at 100% unless they are not solely for the business, in which case they should be included at the percentage the client estimates they use them for the business. If this is done, notes should be kept as to where the numbers used came from since they won't match the documentation.

Is the portion to count on the self-employment worksheet still 50%?

- Providers should be using the Home Business percentage when determining expenses related to the house for the business.

How should we account for applicants completing odd jobs for cash?

- Applicants will need to provide some sort of documentation for odd jobs, even if it's a simple P&L stating what they were paid for the jobs in the last month and what their expenses were, if any. If they deposit the cash into their bank accounts, that can be used as well.
- Clients working for cash should ALWAYS be screened for Health First Colorado BEFORE accounting for their cash jobs, as those are most likely not captured by the state and therefore the applicant may be eligible.

What if you find out a client owns a business out of their home but it was not reported in their application?

- Applicants should be made aware that any false information provided in the application, including not claiming a business they run, can be used against them and they could be charged with fraud. If a provider identifies a client they believe has committed fraud, the provider is responsible for notifying their district attorney in writing, and copying the Department on the notification.

If an applicant presents both a personal and business bank account, do we use both as liquid resources?

- Only the personal would be counted as a liquid resource. Generally business funds are not available to pay for personal bills, and therefore should not be counted as a resource.

For businesses operating at a loss at the time of application, wouldn’t it be better to not give a full 12 months of coverage? An example being agricultural operations.

- Whether or not a business is truly operating at a loss at any given point of the year is going to be highly dependent on what the business actually does. Any sort of agricultural business is going to be highly variable depending on the season. In these situations, using their taxes is going to give you a better idea of their normal annual income. For other non-seasonal businesses operating at a loss, it would be a good idea for the provider to check in with those clients periodically to see if their situation has changed or if they’re possibly eligible for Health First Colorado.

Most self-employed people have a profit even after paying themselves. Is that not counted?

- Only the amount that the applicant pays themselves should be counted. If the applicant does not pay themselves, then Worksheet 2 is used and the monthly profit is used as their income.

If part of a self-employed applicant’s loss is due to their own paycheck, would we count the paycheck and not the business?

- If the applicant is paying themselves from the business, that income should be counted instead of the business income, which in this case would be $0.

If an applicant owns their own business and they draw a salary from it each month without paying themselves as an employee, how do we count that?

- In this case, the applicant should be filing a 1099 with their taxes to make up the taxes they would have been paying had they been paying themselves as an employee. If this is the case, the monthly amount they draw would be used as their income.

If the applicant is self-employed but doesn't get paid until the end of the year, are they able to provide their tax returns, P&L for the year? Would they also have to provide the last year's business bank statements?

- Tax returns are most likely going to be the best way to determine this type of applicant's income. If they have a P&L that covers the last year, that could also be used, as could the bank statements. Any one of those three would be sufficient, and they wouldn't have to produce all three for the rating.

Liquid Resources

Would money from selling a house that the household is planning on using as a down payment on their new house be counted as a liquid resource?

- A lot of the time the money gained from selling one house goes directly into the down payment for the household's next residence, and is therefore not available to use for medical bills. In these cases, this money would not be counted as a liquid resource.

Would we count money from an insurance claim, such as for a new roof?

- Money from an insurance company to cover damages or replacements should not be included as a liquid resource nor any sort of income.

Do we take the applicant's word on what the refinance money is for or do we need documentation?

- In the case of an applicant refinancing their home for a specific purpose, providers should take their word as to what the money is for. Refinancing is technically a loan, and therefore not allowable under CICP's rules.

What if an applicant refinanced their home and are stating the extra money they took out is to fund their retirement?

- CICP specifically excludes funds in a retirement account, from a reverse mortgage, and proceeds of a loan. Since refinancing is a loan, this money would not be counted.

How do reverse mortgages work and do providers have to count that as income?

- Reverse mortgages are for homeowners who have paid off their houses and are now tapping back into their equity and borrowing money against the house for their monthly needs. When the homeowners pass on, the reverse mortgage company is repaid the sum the homeowners were paid through the sale of the homeowner's house. This is technically a loan, and should not be counted towards the applicant's income.

Does the Spend Down amount have to be paid before we approve the application?

- The Spend Down amount does need to be applied to a medical bill prior to the application being approved. There has been an update to the application this year that requires an extra step before the application is approved if there is a Spend Down amount.

Applicants often state they cannot get a document that shows the current amount on their prepaid/bank card. How do we account for that card?

- Cards like that always have a phone number that can be called to check the balance. Applicants can call the number while in the presence of the financial counselor so that the counselor can hear the balance of the card at the time of the application. If they have access to the account online, a screenshot of the current balance would also work.

How would we account for GoFundMe accounts?

- GoFundMe accounts are becoming more and more common to help cover medical bills and other necessities during an illness or injury. If the applicant or client has a GoFundMe account created for them, providers should consider at least a portion of that money when adjusting the account. If a GoFundMe is set up solely to cover the medical bills, the provider should work with the client to get as much of their bill covered as possible using the fundraised money. If the GoFundMe is also to help the patient cover other bills during the illness or injury and recovery, the provider should take those into account when working with the patient to determine how much of the account should be used to pay the medical bill.

If we see deposited amounts from Venmo on bank statements, should this be looked into as additional income?

- If an applicant is showing payments from a payment app (Venmo, PayPal, CashApp, etc.) the applicant should be questioned as to what the money is for. Some people use it to repay friends or family for money spent on them (i.e. for presents for a third party, for restaurants instead of splitting the bill, etc.) and in those cases it shouldn't be counted. Other people use them for selling things online or other services. Depending on what the applicant says the payments are for, they should potentially be counted as additional income, especially if they are occurring often.

Services

Does CICP cover prescription drugs?

- CICP does allow for providers to write off their costs associated with providing prescription drugs to CICP clients. This includes if the provider has an agreement with another pharmacy to provide the prescriptions at the CICP discount, and for providers who provide prescriptions under 340B. Only the actual cost to the provider after third party and client copays would be able to be written off.

If the client has Medicare and CICP, does CICP still cover prescriptions?

- This would work the same as any other service, the client would be responsible for the Medicare copay, the CICP copay, or the remaining balance, whichever one is lowest.

Is there a list of pharmacies that accept CICP?

- Pharmacies that accept CICP are mostly CICP Provider pharmacies. If providers are interested in entering an agreement with another CICP Provider in their area to fill prescriptions, that is allowable (and encouraged!).

If the hospital has a pharmacy, does it have to be included in the provider application?

- If the hospital's pharmacy is not providing pharmaceuticals at the CICP discount to clients, it should not be included in the application. If your facility has a pharmacy and wants to provide prescriptions to clients at the discount, please send an email to the inbox and we can work on getting it added.

Contact Info

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Thank you!