# CICP Clinic Client Application SFY 2022-23

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#### Objectives

- Worksheets
- Changes

#### Application

- Version that Clinics should use beginning July 1, 2022 is Version 9
- Applications should not be filled out by applicants as they do not know the proper way to fill in some of the information
- Application has been updated to include a total of 10 household members

#### Client Information Tab

- Every line should be filled in for each of the household members included in the application
- Data entered into this tab will pull through to every other Worksheet in the application
- Make sure to enter the date as the date the application is started
  - Applicants have 45 days from the beginning of the application to complete it to ensure the documentation they have provided is still relevant to their situation
  - Option to change signature dates on following Worksheets

## Application date and DOS - NEW

- Client Information tab has new date entry cell for date of service the application is being completed to cover
  - Eligibility dates will default to the earlier of the application date or the date of service
- Household eligibility is still 365 days in general

#### Household Address

- This should be the address of all household members included in the application that applying to receive services under CICP
  - Applicants are allowed to include household members they are supporting that live in other states or countries, including their spouse, children, etc.
    - These household members would be counted in household size only
  - Applicants should not include household members who live at different addresses and wish to receive services under CICP

### Dependency Status - CHANGED

- Updated to match Uniform Application:
  - >1 Applicant/Patient
    - Auto assigned to first person listed on application
  - >2 Spouse/Civil Union Partner
  - >3 Parent/Guardian
  - >4 Minor Child
  - >5 Minor Sibling
  - >6 Student Adult Child
  - >7 Medical Power of Attorney
  - >8 Other

#### Residency Code - CHANGED

- The residency code no longer exists in the application since lawful presence is no longer required beginning July 1
- Replaced with options for:
  - >Applying for Coverage
  - >Household Size Only

#### Ineligibility Codes

- No changes to the coding for these
- Only household members who are applying to be covered by CICP need to have an Ineligibility code

| Code | Questions Answered |
|------|--------------------|
| А    | 1 or 2             |
| В    | 3, 4, 5, 8, & 9    |
| С    | 6                  |
| D    | 7, 8, 9, & 10      |
| E    | 7, 8 or 9, & 11    |
| F    | 12                 |

### Health First Colorado/CHP+ Denials

- Every member of the household needs to be checked for Health First Colorado/CHP+ eligibility
  - >Just because the total household income is over the limit doesn't necessarily mean that an individual household member shouldn't be on Health First
- For example, a household made up of a married couple and the husband's brother would have two different denial situations - one for the married couple and one for the brother
  - >This is due to Health First's household definition being different than CICP's

#### Question 1

- How many different denials would a household consisting of a married couple, their minor child, and non-senior grandparent need if the FPL for the parents and child is 144, the FPL for the grandparent is 175, and the total household FPL is 205?
  - >A. One
  - >B. Two
  - >C. Three

#### Question 2

- At what point in the application should a financial counselor check the household FPL against Health First Colorado guidelines?
  - >A. After the Client Information tab
  - >B. After Worksheet 1
  - >C. After Worksheet 2
  - >D. After Worksheet 3



### Questions?



#### Client Responsibilities

- This tab serves only as information for the client
  - Providers may ask the applicant and other household members to sign a copy of the client responsibilities if they choose, but this is not mandatory
  - A copy of the responsibilities does NOT need to be included with the application, it is purely educational for the applicant and other household members

## Worksheet 1 - Employment and Unearned Income

- Providers should use the boxes on the side of this tab to calculate monthly gross income for all working household members
  - Note that income from a working minor or a student adult child living with their parents or guardians is exempt and should not be included

#### Combined Income

- In the top box to the right, all the household members' names will be pulled over from the Client Information tab
- Providers should enter in the calculated monthly income for each household member next to their name to keep track of which income is coming from which household member

#### Unearned or Other Income

- All monthly unearned income that the Clinic counts should be entered under Monthly Unearned Income Sources
  - The unearned income counted is unique to each Clinic, so please make sure to check your internal policies to ensure you are counting the correct ones
- Annual or One Time Unearned Income Sources can include but are not limited to bonuses and gifts
  - >If any household member has a bonus on their pay stub, this is where that should be entered

#### Worksheet 2 - Self-Employment Income

- Worksheet 2 must be included for any household member who owns their own business, with a few exceptions:
  - > Household members who pay themselves as any other employee (income can be entered in Worksheet 1)
  - > Household members using taxes as their documentation (total annual income/12 can be entered in Worksheet 1)
- Businesses that are losing money should still have all information included, they will be counted at \$0 not at the negative amount
  - > The Excel application automatically resorts to \$0 if the expenses outweigh the income

#### **Home Businesses**

- Household members who run their business out of the house can include a portion of the mortgage/rent, utilities, etc. as an expense
  - >There are four boxes at the top of the worksheet that must be filled out for the percentages to be calculated correctly
  - These are the same things that are used in business taxes to calculate countable expenses, so the household member should be able to answer all of them
- If your facility completes paper applications, it might be easier to use the Excel version of this worksheet so you don't have to calculate the percentage by hand

### Businesses Outside the Home

- Household members who run their business at another location can count the entirety of their mortgage/rent and utilities for that location as an expense
  - >The first box at the top of the worksheet should be set to "No" to ensure that the mortgage/rent and utilities are counted at the full expense

#### Multiple Businesses

- Some households have more than one business run by one or more household members
  - >Providers can fill out Worksheet 2 for each business to find the net income for each business
  - The preliminary worksheets that were used to calculate the combined income/expenses should be kept with the application as well and clearly marked as to which one goes with which business

#### **Business #1**

| Does the applicant operate their business from their home?  Square footage of applicant's home:  Square footage used for applicant's home business:  Hours per week applicant works out of their home: | Yes<br>2500<br>250<br>60.00 |                                     |
|--|-----------------------------|-------------------------------------|
|  | Monthly                     | Annualized                          |
| Gross Business Income  | \$4,000.00                  | \$48,000.00                         |
| Mortgage/Rent of Business Property<br>Utilities  | \$1,800.00<br>\$400.00      | \$21,600.00<br>\$4,800.00<br>\$0.00 |
| Insurance<br>Merchandise/Cost of goods   | \$500.00<br>\$1,200.00      | \$6,000.00<br>\$14,400.00           |
|  | \$1,778.57                  | \$21,342.86                         |
|  | \$2,221.43                  | \$26,657.14                         |

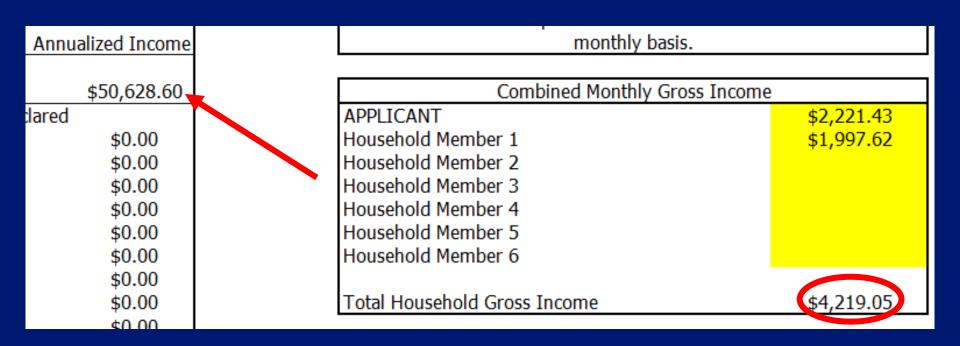
#### Business #2

| Does the applicant operate their business from their home? Square footage of applicant's home: Square footage used for applicant's home business: Hours per week applicant works out of their home: | Yes<br>2500<br>200<br>50.00 |                                     |
|---|-----------------------------|-------------------------------------|
|   | Monthly                     | Annualized                          |
| Gross Business Income   | \$3,500.00                  | \$42,000.00                         |
| Mortgage/Rent of Business Property<br>Utilities   | \$1,800.00<br>\$400.00      | \$21,600.00<br>\$4,800.00<br>\$0.00 |
| Insurance<br>Merchandise/Cost of goods  | \$450.00<br>\$1,000.00      | \$5,400.00<br>\$12,000.00           |
|   | \$1,502.38                  | \$18,028.57                         |
|   | \$1,997.62                  | \$23,971.43                         |

#### Combo Business Example

- If you add the two previous slides together, you get that the household has a profit of \$4,219.05 monthly, \$50,628.60 annually
- There are two ways that this information can be easily entered into the application:
  - Enter in the monthly for each business next to the appropriate household member on Worksheet 1, or
  - Enter in the total monthly profit into the Gross Business Income line of Worksheet 2 and remove all other information
- In either case, be sure to keep the "scratch" Worksheet 2s for documentation of how you calculated the profit for each

#### Option #1



#### Option #2

Does the applicant operate their business from their home? Yes Square footage of applicant's home: Square footage used for applicant's home business: Hours per week applicant works out of their home: Monthly Annualized \$4,219.05 Gross Business Income \$50,628.60 Mortgage/Rent of Business Property \$0.00 Utilities \$0.00 \$0.00 Insurance \$0.00 Merchandise/Cost of goods \$0.00 \$0.00 \$4,219.05 \$50,628.60

#### Worksheet 3 - Deductions

- Worksheet 3 must be included with every application if your facility counts deductions, even if the household has no deductions to count
  - There is a box to check if the household claims no deductions
- Be very careful to choose the correct frequency option in the drop down for each line, an incorrect choice can impact the total by a lot
- Also make sure you are only counting the deductions that were specified in your most recent annual provider application - if you don't know what they were, ask your manager



#### **CICP Application**

- The Application tab is the culmination of all the previous worksheets
  - Information entered in the Client Information tab
     is in Section 1, information entered in Worksheets
     1 3 is in Section 2

#### Client Copayment Cap

- The application is automatically set to use a 10% copayment cap, as that is the standard for CICP
  - >Providers have the option to lower the copayment cap percentage for clients rated at their facility
  - >Options for 10% down to 1%
- Percentage must be the same for all clients rated at the facility, it cannot be adjusted from application to application

## Signature and Date - CHANGED

- There is now only a signature line on the Application tab of the workbook
- The Application may also be "signed" by email, phone call, etc.
- Clinics may also use an electronic signature program as long as the program has the ability to capture a time and date stamp for both the applicant and the eligibility technician

#### **Denied Applications**

- If an applicant is found to be over income or otherwise ineligible for CICP, they must still sign the application
  - >Again, can be "signed" via email, phone, etc.
- If an applicant refuses to sign due to being denied, the financial counselor should still sign and make a note of why the applicant didn't sign
- Households who have been denied must be informed of their right to file an appeal and provided the information on how to do so

### Applications for Prior Months

- Applications that are completed for prior months should still be dated with the date the application was started but the Effective and End Dates should be set to only cover the past period the applicant is applying to cover
  - Example: Applicant was hospitalized April 18-21 and became eligible for Health First Colorado in May. CICP can cover the hospitalization since it was prior to the Health First Colorado eligibility. The card should be dated to cover only the dates of service the applicant is covering, in this case April 18-21.

#### Backdate - ELIMINATED

- The previous backdating policy has been replaced by setting the effective date of the card back to the date of service the household is applying to cover
- Date of service can be up to 181 days in the past, or longer depending on the Clinic's policies

#### Question 3

- A household applies on July 6 for a service provided on June 16. The household also has an open bill from January 30. What effective date should be listed on their card?
  - >A. January 1
  - ▶B. January 30
  - **C. June 16** ▶ C. June 16
  - >D. July 6

#### Question 4

- What is the full eligibility period for the previous question?
  - >A. January 30, 2022 January 30, 2023
  - ▶B. January 30, 2022 July 6, 2023
  - >C. July 6, 2022 July 6, 2023

#### **Notes Section**

- Anything that is out of the ordinary that occurs during the application process should be included in the notes section to aid in an audit if the application is pulled
  - Better to have too much information than not enough
  - Helpful for auditors as well as for re-rates for the household if there was a special situation that is still in effect for them

#### CICP Card

- Household members are added to the card by having an ineligibility code assigned to them on the Client Information tab
  - If someone is on the card that shouldn't be, remove their ineligibility code
- The Begin and End date cells are unlocked so that they can be changed if needed
  - >In general, the card should be valid for 365 days

#### Clinic Card Template

| Colorado Indigent Care Program (NOT Insurance)  Name: Rate: 0 Copay Cap: \$0 County Code: SSN: Begin Date: End Date:  Technician's Signature Phone  | Name:         SSN:           Show this card any time you visit a CICP Provider |
|---|--|
| CICP Copays Due  Clinic Services Specialty Outpatient Clinic Prescription Drugs Laboratory Basic Radiology & Imaging High-Level Radiology & Imaging | Other Information  |

#### Welcome Letter

- Welcome Letter helps easily create letters for clients
  - Select the range the applicant falls into to input the associated copays in the letter
  - The entire copay table is editable for providers who use other sliding fee scales or if they do not discount certain categories of services (except the homeless column, that one cannot be changed)
- It is not mandatory for Clinics to use this welcome letter, they may use their own if they prefer

#### No SSN Form

- SSNs are required for CICP applicants
- Household members without an SSN that fall into the following categories are still eligible for CICP if they fill out the No SSN Form:
  - > Experiencing homelessness
  - >Ineligible to receive an SSN
  - Can only be issued an SSN for a valid non-work reason
  - >Holds a well-established religious objection to obtaining an SSN





#### Contact Info

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### Thank you!