

Dental Health Care Program for Low-Income Seniors

Awarded Grantees FY2023-24

Chandra Vital - State Programs Section Manager

Veronica Irizarry - SDP Program Coordinator

Alondra Yanez - State Programs Administrative Assistant

Taryn Graf - State Programs Work Lead

Grantee Website -

<https://hcpf.colorado.gov/colorado-dental-health-care-program-low-income-seniors-0>



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Department of Health Care
Policy & Financing

Senior Dental Program

- Important Dates
- Eligibility
- Medicare Savings Programs
- Billing
- Annual Report
- Audits
- Colorado Indigent Care Program (CICP) and Hospital Discounted Care (HDC)



Important Dates

- Fiscal Year (FY) 2023-24 grant start date is July 1, 2023
 - No procedures from FY 2022-23 may be billed past the June 2023 invoice with one exception
 - If a Client's procedure was billed to Medicare and the Grantee did not receive the statement back in time for the June invoice to bill the remaining amount to the Department
 - If this should happen, the date of service (DOS) should be used on the FY 2023-24 invoices and all paperwork should be uploaded into SharePoint with the invoice. This includes the paperwork showing when Medicare was billed and what Medicare paid



Important Dates Continued

- Invoices are due by the 15th of the following month, unless the 15th falls on a weekend or if the Department is closed, and it is then due the first prior workday.
- FY 2022-23 annual report is due to the Department BY September 1, 2023
 - The Department's annual report is due to the General Assembly by November 1, 2023

Eligibility

- Must be 60 years of age or over
 - Can maintain a picture ID in the Client's file showing proof of their age
 - If the Client is 60 through 64 and they fall within the 138% Federal Poverty Guidelines (FPG), they must have a denial letter from Health First Colorado showing they don't qualify.
 - The following reasons cannot be used for the denial:
 - Did not apply for medical assistance;
 - Does not want medical assistance any longer; or
 - Did not submit requested documents

Eligibility Continued

- Income must be at or below 250% of the current FPG
- Client must not qualify or currently have Health First Colorado or Old Age Pension Medical
 - The web portal **MUST** be checked on all Clients
 - There must be a print screen of what the web portal shows in the Client's file
 - It is suggested that the web portal is checked for each visit

CICP or HDC Cards

- If a Client has an UNEXPIRED Colorado Indigent Care Program (CICP) and/or Hospital Discounted care (HDC) card, the Client automatically qualifies for the Senior Dental Program as long as they are 60 or over
- Ensure a copy of the *unexpired* CICP card is in the Client's file for auditing purposes.

CICP/HDC Cards

<p>Colorado Indigent Care Program (NOT Insurance)</p> <p>Name: _____</p> <p>Rate: <u>0</u> Copay Cap: <u>\$0</u></p> <p>County Code: _____ SSN: _____</p> <p>Begin Date: _____ End Date: _____</p> <p>Technician's Signature _____ Phone _____</p>	<p>The following household members are covered under the FPL on the front of this card. (Those eligible for Health First CO are not listed)</p> <p>Name: _____ SSN: _____</p> <p>Name: _____ SSN: _____</p> <p>Name: _____ SSN: _____</p> <p>Name: _____ SSN: _____</p> <p>Name: _____ SSN: _____</p> <p>Name: _____ SSN: _____</p> <p>Show this card any time you visit a CICP Provider</p>
<p style="text-align: center;">CICP Copays Due</p> <p>Ambulatory Surgery _____</p> <p>Inpatient _____</p> <p>Hospital Physician _____</p> <p>Emergency Room _____</p> <p>Emergency Transportation _____</p> <p>Outpatient Hospital _____</p> <p>Specialty Outpatient Hospital _____</p>	<p style="text-align: center;">CICP Copays Due</p> <p>Prescriptions _____</p> <p>Laboratory _____</p> <p>Basic Radiology & Imaging _____</p> <p>High-Level Radiology & Imaging _____</p>

<p style="text-align: center;">Hospital Discounted Care/CICP (NOT Insurance)</p> <p>Name: _____</p> <p>Rate: <u>0</u> CICP Copay Cap: <u>N/A</u></p> <p>HDC Facility: <u>N/A</u> HDC Phys.: <u>N/A</u></p> <p>County Code: _____</p> <p>Begin Date: _____ End Date: _____</p> <p>Technician's Signature _____ Phone _____</p>	<p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Show this card any time you visit a hospital</p>
<p style="text-align: center;">CICP Copays Due</p> <p>Ambulatory Surgery _____</p> <p>Inpatient _____</p> <p>Hospital Physician _____</p> <p>Emergency Room _____</p> <p>Emergency Transportation _____</p> <p>Outpatient Hospital _____</p> <p>Specialty Outpatient Hospital _____</p>	<p style="text-align: center;">CICP Copays Due</p> <p>Prescriptions _____</p> <p>Laboratory _____</p> <p>Basic Radiology & Imaging _____</p> <p>High-Level Radiology & Imaging _____</p> <p style="text-align: center;">Hospital Discounted Care</p> <p>Facility Monthly 4% Max: <u>N/A</u></p> <p>Each Physician Monthly 2% Max: <u>N/A</u></p>

Federally Qualified Health Center (FQHC) Cards

- FQHCs screen patients that are at or below 200% FPG
- These patients would also qualify for the SDP as long as they have an ID showing they are 60 or over



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Lawful Presence

- Senate Bill (SB) 21-199 removed the requirement for individuals to prove lawful presence in the US to be eligible for state programs effective July 1, 2022.
- Seniors must still be a resident of Colorado to be eligible for the Senior Dental Program

Other Health Programs That Qualify for the SDP

Medicare Savings Programs (MSP)	Description of Programs	FPG	Eligible for the SDP
Specified Low-Income Medicare Beneficiary Program (SLMB)	State pays percentage of premium of Part B.	120%	Yes
Qualified Individual Program (QI1)	Does not qualify for any Medicaid program: state pays Part B premium.	120%-135%	Yes
Qualified Medicare Beneficiary Program (QMB)	State pays for Part A and B premiums and Medicare deductibles, coinsurance, and copays	100%	Yes
Qualified Disabled and Working Individual (QDWI)	State pays for Medicare Part A premium.	\$2,450 Individual income & \$3,306 Married	No
*Medicare/Medicaid – QMB (Dual Eligible)	65 years or older, or disabled, status under Social Security or Railroad Retirement assistance with Medicare premiums and out of pocket Medicaid expenses.	100%	No



Medicare Advantage Plans Programs (MAPs)

- If the Client has a MAP, a copy of their MAP card should be put into the Client's file.
- If the dental insurance is through the Client's MAP they still qualify for the SDP.
- If the Client has *extra* dental insurance purchased through a supplemental they do not qualify for the SDP.

Billing MAPs

- If the Grantee can bill the current MAP insurance they must do so
 - The insurance company must be billed prior to billing the SDP
- If the Grantee does not have a current contract with that specific insurance company they do not have to bill and can bill the SDP.

Billing MAPs Continued

- If the Grantee “farms” out the dental work and the Qualified Provider can bill the current MAP insurance company they must do so before the SDP is billed
- If the Qualified Provider is not able to bill the current MAP insurance company they do not need to bill and can bill the SDP.



Reasonable Screening for Income

- The Client's income must be at or below 250% of the most current FPG
- Grantees can use their current income screening forms
- Ensure copies of the documents you use for proof of income are in the Client's file for auditing purposes

Self Declaring Income

- Clients may self-declare their income
 - CAUTION - some Clients use this as a way to get on the program when they don't qualify
 - Have the Client sign a statement indicating what they make and are aware that any false information is considered fraud and is subject to full repayment of services if found they don't qualify for the program



Questions?

Billing

- Invoices are due by the 15th of the following month, unless it falls on a weekend or holiday and it is then due the previous workday
- The SDP will pay no more than Max Program Payment
- It is up to the Grantee if a co-payment will be charged
- Covered procedures must be provided before billing the SDP
- It is up to the Grantee if they will bill the 7% administrative fee



Billing Continued

- All Grantees must bill the insurance of the MAP if they have the ability to do so PRIOR to billing the SDP
- If the Grantee sends the Clients to other providers, and those providers have the ability to bill the insurance of the MAP, they must do so PRIOR to the Grantee billing the SDP

Billing Across Fiscal Years

- If you forgot to put a procedure on a June invoice and realize it in the next fiscal year, you CANNOT bill for that procedure unless it is part of a MAP
- It is important that every Grantee gets all procedures on the June invoice to receive payment in that fiscal year



MAP Billing Crossing Fiscal Years

- If a Grantee bills an insurance in FY 2022-23 and finds out in FY 2023-24 that it didn't pay the full procedure amount, the Grantee may bill the SDP
 - When the procedure is billed on the invoice for a previous FY procedure, the Grantee must also upload into SharePoint the billing to the insurance showing when it was billed and showing the response from the insurance company

Excel Workbook

- The SDP will only accept the billing on the Excel worksheet and it must be uploaded through SharePoint
- If a new employee starts the Grantee must contact Alondra at Alondra.YanezSanchez@state.co.us to obtain access
- If there is an employee that has left, the Grantee can also let Alondra know of the access that needs to be removed

Monthly Invoices

- If the monthly invoices are not fully filled out they will be rejected and you will be asked to fill in the missing information and resubmit
- If there is incorrect information or duplicate information on procedures entered, the procedures will be removed from the invoice and the Grantee will be notified and the new invoice amount will be given

Immediate Dentures

- All Clients that receive immediate dentures must be given the Informed Consent for Immediate Denture Form
- It must be signed by both the Client and the dentist and be kept in the Client's file
- Clients that receive immediate dentures are automatically selected for an audit



Questions?



SDP Annual Report

- A SDP Annual Report must be submitted every fiscal year by September 1st
- The report must be in the format specified by the Department and will include information for the July 1st through June 30th grant period
- A large amount of information needed for the report will be retrieved from the monthly invoices submitted by the Grantees
- The Department will contact Grantees to let them know what other information will be required for the annual report





Questions?



Audits

- Audits and spot-audits will be performed at random times throughout the year, the Department will randomly select Client files for each Grantee
- Clients that receive immediate dentures are automatically added to the audit list
- All files selected will be reviewed to ensure they were not part of Health First Colorado during the time of service

Audit Elements

Items the Department looks for include, but are not limited to:

- Billing
- Proof of age
- Submitting invoices prior to the procedures being completed
- Client Co-payments
- Accurate Client information (*DOB/middle initials*)
- Signed Immediate Dentures form, if applicable



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Corrective Action Plans

Grantees with findings will be issued a Corrective Action Plan (CAP) and required to submit the following:

- Signed CAP form addressing the findings and how the internal controls will be changed to avoid these errors
- A check to the Department repaying all incorrect billed procedures, if applicable

Client Documents Review

- Unexpired CACP/HDC card
- Proof of age (ID, Passport, SNAP card, etc)
- HCPF web portal verification document
- MAP cards
- Proof of Income
- Grantee ledger with billed procedures
- *The Department approval email/form (for undocumented Clients)

Web Portal

- The Department web portal verification form. All other web portal eligibility forms will not be accepted for FY 22-23.

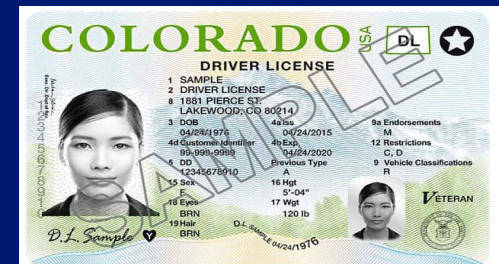
The screenshot shows the 'Eligibility Verification' form on the Colorado Department of Health Care Policy & Financing website. The page header includes the state of Colorado logo, the department name, and the Health First Colorado logo. The form is titled 'Eligibility Verification' and includes a timestamp 'Friday 08/06/2021 08:22 AM MST'. It contains several sections for data entry: 'Delegate to' with fields for 'Provider ID', 'Location', and 'Taxonomy'; 'Eligibility Verification Request' with a note about required fields and a form for 'Member ID', 'Last Name', 'First Name', 'SSN', 'Birth Date', 'Effective From', 'Effective To', and 'Verification for Newborn?'; 'Service Type Code' with a 'Search By' dropdown and a 'Service Type Code' field; a 'Captcha' section with the text 'I'm not a robot'; and a 'Submit' button. At the bottom, there is a table with columns for 'Member ID', 'Birth Date', 'Gender', 'Coverage', 'Effective Date', and 'End Date'. The page also includes a 'Privacy Notice' link and a version number 'ROS.00.299'.

HDC/CICP Cards and IDs

- *Unexpired* CICP or HCD (Hospital Discounted Care) card. The Client automatically qualifies for the Senior Dental Program if they are 60 and over.
- Photo ID to verify age

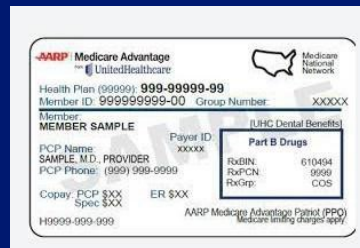
Hospital Discounted Care/CICP (NOT Insurance) Name: _____ Rate: 0 CICP Copay Cap: N/A HDC Facility: N/A HDC Phys.: N/A County Code: _____ Begin Date: _____ End Date: _____ Technician's Signature _____ Phone _____		Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Show this card any time you visit a hospital	
CICP Copays Due Ambulatory Surgery _____ Inpatient _____ Hospital Physician _____ Emergency Room _____ Emergency Transportation _____ Outpatient Hospital _____ Specialty Outpatient Hospital _____		CICP Copays Due Prescriptions _____ Laboratory _____ Basic Radiology & Imaging _____ High-Level Radiology & Imaging _____ Hospital Discounted Care Facility Monthly 4% Max: N/A Each Physician Monthly 2% Max: N/A	

Colorado Indigent Care Program (NOT Insurance) Name: _____ Rate: 0 Copay Cap: \$0 County Code: _____ Begin Date: _____ End Date: _____ Technician's Signature _____ Phone _____		The following household members are covered under the FPL on the front of this card. (Those eligible for Health First CO are not listed) Name: _____ SSN: _____ Name: _____ SSN: _____ Name: _____ SSN: _____ Name: _____ SSN: _____ Name: _____ SSN: _____ Name: _____ SSN: _____ Show this card any time you visit a CICP Provider	
CICP Copays Due Ambulatory Surgery _____ Inpatient _____ Hospital Physician _____ Emergency Room _____ Emergency Transportation _____ Outpatient Hospital _____ Specialty Outpatient Hospital _____		CICP Copays Due Prescriptions _____ Laboratory _____ Basic Radiology & Imaging _____ High-Level Radiology & Imaging _____	



Insurance Cards

- Medicare Card (if applicable)
- Medical Advantage Plan (MAP) cards
- MAP Fee schedule (if available)



DEN121				
HumanaDental Medicare Network				
Deductible		\$0		
Annual Maximum		\$1,000		
Waiting Periods		None		
ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Exam				
D0120	Periodic oral evaluation - established patient	Two procedure codes per calendar year	100%	0%
Additional exams				
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three calendar years	100%	0%
D0180	Comprehensive periodontal evaluation - new or established patient		100%	0%
Intraoral x-rays (inside the mouth)				
D0220	Intraoral - periapical first radiographic image	One procedure code from this group per calendar year	100%	0%
D0230	Intraoral - periapical each additional radiographic image		100%	0%
D0240	Intraoral - occlusal radiographic image		100%	0%
Full mouth and panoramic x-rays				
D0210	Intraoral - complete series of radiographic images	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic radiographic image		100%	0%
Blewing x-rays				
D0270	Blewing - single radiographic image		100%	0%
D0272	Blewing - two radiographic images	One procedure code from this group per calendar year	100%	0%
D0273	Blewing - three radiographic images		100%	0%
D0276	Blewing - four radiographic images		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis Adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%
Anesthesia				
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	As needed with covered codes	100%	0%

Income Documentation

- Social Security award letter or Bank Statement
- Signed Client self-declared income form

Your New Benefit Amount

BENEFICIARY'S NAME:
Your Social Security benefit will increase by 1.5% in 2021 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,220.60
Deductions	
Medicare Medical Insurance (If you did not have Medicare as of November 19, 2020 or if someone else pays your premium, we show \$0.00)	\$148.60
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2021. If you did not elect withholding as of November 1, 2020, we show \$0.00)	\$0.00
U.S. Federal tax withholding	\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 19, 2020, we show \$0.00)	\$0.00
After we take any other deductions, you will receive the payment you are due for December 2020 on or about January 13, 2021.	\$1,072.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at www.godirect.org or call their Electronic Payment Solution Center at 1-866-833-6244. If outside the United States, please call 1-214-781-8779.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. The fastest and easiest way to file an appeal is to visit www.ssa.gov/benefits/disability/appeal.html online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-866-960-7070 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.

HSBC

Your Statement

Statement for the month of December 2020

Account Name: MICHAEL SANCHEZ
Account Number: 12345678901234567890
Branch: HSBC Bank USA, N.A.
Address: 100 Wall Street, New York, NY 10038

Statement Period: 12/01/2020 to 12/31/2020

Transaction	DATE	AMOUNT	BALANCE
12/01/2020	12/01/2020	1,000.00	1,000.00
12/05/2020	12/05/2020	1,000.00	2,000.00
12/10/2020	12/10/2020	1,000.00	3,000.00
12/15/2020	12/15/2020	1,000.00	4,000.00
12/20/2020	12/20/2020	1,000.00	5,000.00
12/25/2020	12/25/2020	1,000.00	6,000.00
12/31/2020	12/31/2020	1,000.00	7,000.00

Statement prepared by HSBC Bank USA, N.A. on 12/31/2020.

Date

To whom it may concern,

I Michael Sanchez have a monthly income of \$1000.00 received from my social security benefits.

Michael Sanchez

Ledgers

- Procedure ledger (*must include service date, procedure codes, tooth #'s, surfaces, quadrants, amounts and co-payments*)
- Records should match what has been billed to the Department

Date	Name	Surface	Tooth	Check #	Code *	Description	P	R	D	M	S
03/08/02					D0120	Periodic oral evaluation					
03/08/02					D0274	Bleeding/gum disease assessment					
03/08/02					D6063	Caries risk assessment - High					
03/14/02		MO	17		D1392	Resin composite-2, posterior					
03/15/02		ID	21		D1392	Cash Payment - Thank You					
03/15/02		ID	21		D1392	Resin composite-3, posterior					
03/15/02		DF	23		D1392	Cash Payment - Thank You					
03/15/02		DF	23		D1392	Resin composite-3, posterior					
04/06/02		OD	5		D1392	Cash Payment - Thank You					
04/06/02		MO	4		D1392	Resin composite-3, posterior					
04/06/02		MO	4		D1392	Cash Payment - Thank You					
04/07/02		IMD	4		D1392	Resin composite-3, posterior					
04/07/02					D1392	Resin composite-3, posterior					
04/07/02					D1392	Cash Payment - Thank You					
04/11/02					D1392	Resin composite-3, posterior					
04/16/02					D4810	Periodontal maintenance					
04/16/02					D1130	Oral hygiene instruction and					
04/18/02		OGB	28		D1392	Resin composite-3, posterior					
04/18/02					D1392	Cash Payment - Thank You					
04/18/02		MF	6		D1331	Resin-two surfaces, anterior					
04/25/02					D1392	Resin composite-3, posterior					
04/25/02		SDP MA	Dent ins.			Prvn Dent Ins., Payment					
04/25/02					Adjust.	Senior Dental					
04/25/02		SDP MA	Dent ins.			Prvn Dent Ins., Payment					
04/25/02					Adjust.	Senior Dental					
04/25/02		SDP MA	Dent ins.			Prvn Dent Ins., Payment					
04/25/02					Adjust.	Senior Dental					
05/01/02					Inc	Prvn Dental Chair - Rcc'd \$129.00					
05/01/02					Inc	Prvn Dental Chair - Rcc'd \$129.00					
05/01/02		SOA9APZ	Dent ins.			Prvn Dent Ins., Payment					
05/01/02					Adjust.	Senior Dental					
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05/01/02					Adjust.	Senior Dental					
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05/01/02					Adjust.	Senior Dental					
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05/01/02					Adjust.	Senior Dental					
05/01/02		SOA9APZ	Dent ins.			Prvn Dent Ins., Payment					
05/01/02					Adjust.	Senior Dental					

SINGLE PATIENT LEDGER

Date: 06/2023

Page: 1

Patient Name:

Chart Num:

Billing Type: 1

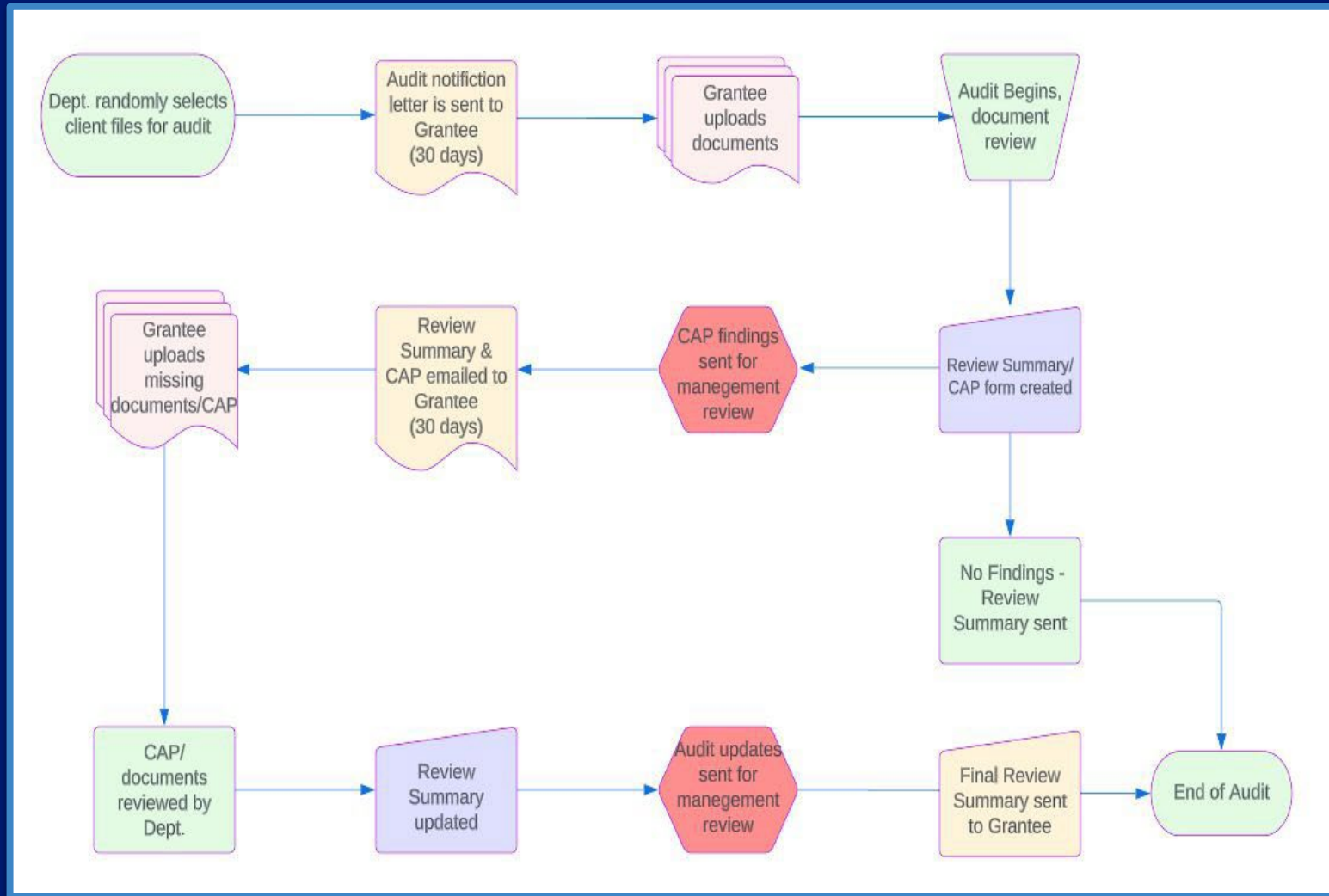
DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
11/18/2021	15	Scale and Polish		0.00		
11/18/2021		Prosthetic Restoration		0.00		
11/18/2021		Prosthetic Removal		0.00		
11/18/2021		Diagnosis High Risk		0.00		
11/18/2021		INACTIVE - Senior Dental Adjustment		0.00	-30.00	
11/18/2021		INACTIVE - Senior Dental Adjustment		0.00	-0.00	
11/18/2021		Oral Hygiene instruction		0.00	-20.00	
11/18/2021		No Tobacco Use		0.00		
11/18/2021		Plan treatment series		0.00		
11/18/2021		Control oral evaluation/pt		0.00		
11/18/2021		INACTIVE - Senior Dental Adjustment		0.00	-70.00	
11/18/2021		Senior Dental Adjustment		0.00	-13.00	
11/18/2021		Oral Hygiene instruction - High		0.00		
12/08/2021		Oral hygiene instruction		0.00		
12/08/2021		Unrestored		0.00		
12/08/2021		Prophylaxis adult		0.00		
12/08/2021		No Tobacco Use		0.00		
12/08/2021		INACTIVE - Senior Dental Adjustment		0.00	-12.00	
12/08/2021	28	Prosthodontics - Implant - High		0.00		
12/23/2021		VIS/MAX Payment - Thank You		0.00	-20.00	
12/23/2021		Amalgam - 2 unit		0.00	-150.00	
12/23/2021		INACTIVE - Senior Dental Adjustment		0.00	-125.00	
12/23/2021		INACTIVE - Senior Dental Adjustment		0.00	-125.00	
12/23/2021		EQD PAYMENT - Chart - 2201567008		0.00	-283.00	
12/23/2021		No Tobacco Use		0.00		
12/23/2021		Recess crown/impl - posterior		0.00		
12/23/2021		Recess crown/impl - anterior		0.00		
12/23/2021		Reassess crown/impl, anterior		0.00		
12/23/2021		INACTIVE - Senior Dental Adjustment		0.00	-152.00	
12/23/2021		INACTIVE - Senior Dental Adjustment		0.00	-138.00	
12/23/2021		Adult Crown Cast Placement		0.00	-30.00	
12/23/2021		EQD PAYMENT - Chart - 1261800008		0.00	-904.20	
12/23/2021		Phap Crown		0.00		
12/23/2021		Senior Dental Adj		0.00	-204.00	
12/23/2021		Crown/impler casted - 3400		0.00		
12/23/2021		Senior Dental Adjustment		0.00		
12/23/2021		EQD PAYMENT - Chart - 3222016811		0.00	-730.00	
12/23/2021		Outside Crown Payment Chart 2021		0.00	-45.00	
01/16/2022		No Tobacco Use		0.00		
01/16/2022		Oral hygiene instruction		0.00		
01/16/2022		Parodontal exam evaluation		0.00		
01/16/2022		Phap Crown		0.00		
01/16/2022		Crown/impl - Assessment - Moderate		0.00		
01/16/2022		Senior Dental Adjustment		0.00	-10.00	
01/16/2022		Senior Dental Adjustment		0.00	-13.00	
01/22/2022		Impl Payment - Senior Dental Program IDP		0.00		
01/16/2022		Oral hygiene		0.00		
01/16/2022		Unrestored		0.00		
01/16/2022		Prophylaxis adult		0.00		
11/30/2021		No Tobacco Use		0.00		
11/30/2021		Crown/impl Adj Assessment - High		0.00		
11/30/2021		Senior Dental Adjustment		0.00	-15.00	

[illegible]

Undocumented Clients

- Only qualify for Emergency Medicaid - no denial letter is needed. Please note reason why they won't qualify on file.
- If a Client is not on CICP/HDC and cannot provide proof of age due to their documentation having been confiscated, approval by the Department is needed. Send an email/form to Veronica with Client details for approval.

Audits Process Flowchart





Questions?



Colorado Indigent Care Program (CICP) and Hospital Discount Care (HDC)

- CICP is a discount program, not insurance
 - <https://hcpf.colorado.gov/colorado-indigent-care-program>
- HDC is a new law that started in September 2022 that provides protections for low-income individuals related to how much they can be charged for hospital services
 - <https://hcpf.colorado.gov/colorado-hospital-discounted-care>

Contact Info

Veronica Irizarry
Senior Dental Program Coordinator
Veronica.Irizarry@state.co.us

Alondra Yanez Sanchez
Program Assistant
Alondra.yanezsanchez@state.co.us



Thank you!

