

Dental Health Care Program for Low-Income Seniors

Awarded Grantees FY2024-25

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COLORADO

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



Important Dates - Grant Year

- Fiscal Year (FY) 2024-25 grant start date is July 1, 2024
- No procedures for FY2024-25 should be completed prior to July 1st
 - If this does occur, the grantee will not receive payment for those procedures.



Important Dates Reminder

Medicare

- No procedures from FY 2023-24 may be billed past the June 2024 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 HCPF
 - If this should happen, the DOS should be used on the FY 2024-25 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 - Invoices

Invoices

- are due by the 15th of the following month, unless the 15th falls on a weekend or if HCPF is closed, and it is then due the first prior workday
- The actual due dates for each month is listed in your contract for your convenience



Important Dates - Annual Report

Grantee's Annual Report

- FY 2023-24 annual report is due to HCPF BY September 1, 2024
- HCPF's annual report is due to the General Assembly by November 1, 2024

Eligibility - Age

- Must be 60 years of age or over
 - Must have a picture ID in the Client's file showing proof of their age
 - Please use the name and date of birth listed on the picture ID on your invoices as this will be checked when the file is audited

Eligibility - Medicaid

- A client can't be on or qualify for any Medicaid program that has dental benefits
- If the Client is 60 through 64, and they fall within the 138% 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 - Income

- 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 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.
 - Note: the CICP will be sunset effective June 30, 2025, and will no longer be available to use for eligibility purposes after this date



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>Show this card any time you visit a CICP Provider</p>
<p>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>CICP Copays Due</p> <p>Prescriptions _____</p> <p>Laboratory _____</p> <p>Basic Radiology & Imaging _____</p> <p>High-Level Radiology & Imaging _____</p>
<p>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>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>CICP Copays Due</p> <p>Prescriptions _____</p> <p>Laboratory _____</p> <p>Basic Radiology & Imaging _____</p> <p>High-Level Radiology & Imaging _____</p> <p>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.
 - Do NOT collect any information for purpose of lawful presence
- 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 and 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
 - The grantee should wait until notified by insurance company what has been paid prior to billing the SDP



Billing and MAPs

- If the Grantee does not have a current contract with that specific insurance company, they do not have to bill the insurance 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.



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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 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 listed on the fee schedule
- It is up to the Grantee if a co-payment will be charged, but can't be more than what is listed on the fee schedule



Billing

- Covered procedures must be completed 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 can do so PRIOR to billing the SDP
 - Payment must be received by the grantee before billing the SDP so there is not overbilling
- If the Grantee sends the Clients to other providers, and those providers can 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

MAP Billing Crossing Fiscal Years

- If a Grantee bills an insurance in FY 2023-24 and finds out in FY 2024-25 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 before payment will be made



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



Monthly Invoices - Names

- The grantee should obtain the client's name from their ID used for proof of age
- If a client's name does not match what has been previously submitted by the grantee, all procedures will be removed from the invoice
 - If the name we have in the system is incorrect, send an email with the correct name and our records will be corrected and you may then rebill on the next month's invoice



Monthly Invoices - Date of Birth

- The grantee should obtain the client's DOB from their ID used for proof of age
- If a client's DOB does not match what has been previously submitted by the grantee, all procedures will be removed from the invoice
 - If the DOB we have in the system is incorrect, send an email with the correct DOB and our records will be corrected and you may then rebill on the next month's invoice



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





Questions?



SDP Annual Report

- An SDP Annual Report must be submitted every fiscal year by September 1st
- The report must be in the format specified by HCPF and will include information for the July 1st through June 30th grant period



SDP Annual Report

- 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, HCPF will randomly select Client files for each Grantee
- All files selected will be reviewed to ensure they were not part of Health First Colorado during the time of service



Audits - Immediate Dentures

- Clients that receive immediate dentures are automatically added to the audit list
- 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



Audit Elements

Items HCPF looks for include, but are not limited to:

- Billing ledger matches the invoice submitted
- 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



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, how the internal controls will be changed to avoid these errors, and the date of implementation of the new internal controls



Required Repayments to HCPF

Grantees will be required to submit repayment to HCPF for the following audit findings:

- Double billed procedures
- Procedures billed on invoice but not showing on patient's internal ledger
- No proof of age or not 60 or above
- No proof of income or above the 250% FPG



Required Repayments to Clients

Grantees will be required to submit repayment to clients for the following audit findings:

- Client was charged a co-payment that was over the max copayment amount
 - Proof of this repayment will need to be submitted to HCPF



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



Web Portal

- The Department web portal verification form. All other web portal eligibility forms will not be accepted for FY 23-24.

The screenshot shows the 'Eligibility Verification' form on the Colorado Department of Health Care Policy & Financing web portal. The form includes the following sections:

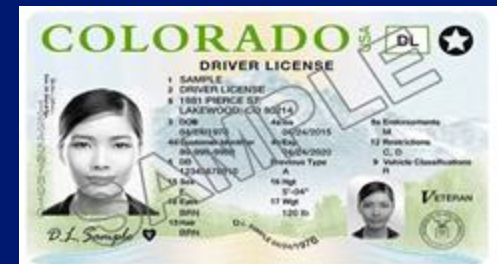
- Header:** Colorado Department of Health Care Policy & Financing logo, Health First Colorado logo, and navigation links for 'Contact Us' and 'Logout'.
- Navigation:** 'Home', 'Eligibility', 'Resources', and 'Switch Provider' links.
- Form Title:** 'Eligibility Verification' with a timestamp 'Friday 06/06/2021 06:22 AM MST'.
- Delegation:** Fields for 'Delegate to' (Provider ID, Location) and 'Taxonomy'.
- Eligibility Verification Request:** A dropdown menu with a '12' indicator.
- Member Information:** Fields for Member ID, Last Name, First Name, SSN, Birth Date, Effective Date (06/06/2021), Effective Tax (06/06/2021), and Verification for Newborn?.
- Service Type Code:** A dropdown menu with a 'Search By' field and a note: 'If the Service Type Code is selected from the "Search By" dropdown list, the Service Type Code is required.' Below this is a 'Service Type Code' field and a 'Do not submit' checkbox.
- Buttons:** 'Submit' and 'Reset' buttons.
- Table:** A table with columns for Member ID, Birth Date, Gender, Coverage, Effective Date, and End Date. Below the table are links for 'Download Last Name, Member's Beneficiary' and 'Other Insurance Detail Information'.
- Footer:** 'TODAY'S DATE' and '06/06/2021'.

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: _____	Name: _____
Rate: 0 CICP Copay Cap: N/A	Name: _____
HDC Facility: N/A HDC Phys.: N/A	Name: _____
County Code: _____	Name: _____
Begin Date: _____ End Date: _____	Name: _____
Technician's Signature _____	Name: _____
Phone _____	_____
Show this card any time you visit a hospital	
CICP Copays Due	CICP Copays Due
Ambulatory Surgery _____	Prescriptions _____
Inpatient _____	Laboratory _____
Hospital Physician _____	Basic Radiology & Imaging _____
Emergency Room _____	High-Level Radiology & Imaging _____
Emergency Transportation _____	Hospital Discounted Care
Outpatient Hospital _____	Facility Monthly 4% Max: N/A
Specialty Outpatient Hospital _____	Each Physician Monthly _____
	2% Max: N/A

Colorado Indigent Care Program (NOT Insurance)	
Name: _____	Name: _____
Rate: 0 Copay Cap: 90	Name: _____
County Code: _____	Name: _____
Begin Date: _____ End Date: _____	Name: _____
Technician's Signature _____	Name: _____
Phone _____	_____
Show this card any time you visit a CICP Provider	
CICP Copays Due	CICP Copays Due
Ambulatory Surgery _____	Prescriptions _____
Inpatient _____	Laboratory _____
Hospital Physician _____	Basic Radiology & Imaging _____
Emergency Room _____	High-Level Radiology & Imaging _____
Emergency Transportation _____	
Outpatient Hospital _____	
Specialty Outpatient Hospital _____	



Insurance Cards

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



Emergency: **811**
 Appointment, Medical Advice and After Hours Care: **303-539-4545 711 TTY**
 Member Services: **1-800-476-2145 711 TTY**
 Claims Information: **303-539-4545 711 TTY**
 Mail Order Pharmacy: **303-539-4545 711 TTY**
 Subject Claims: **303-539-4545**
 Kaiser Permanente Claims Department, 2000 17th St, Denver, CO 80202-3198
 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.
 kp.org Card Issued: 08-12-2014

DEN121
 Humanoid 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%
D0140	Comprehensive periodontal evaluation - new or established patient		100%	0%
Examine & x-ray (single full 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%
D0230	Panoramic radiographic image		100%	0%
Shining x-rays				
D0270	Shinings - single radiographic image		100%	0%
D0272	Shinings - two radiographic images	One procedure code from this group per calendar year	100%	0%
D0273	Shinings - three radiographic images		100%	0%
D0276	Shinings - four radiographic images		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis Adult (Removal of plaque, calculus and stains from the tooth structure and imparts in the permanent and transitional dentition. It is intended to control local etiological factors.)	Two procedure codes per calendar year	100%	0%
Anesthesia				
D1230	Injection of nitrous oxide/oxygen, analgesia	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 1.3% 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 back loans or for other business. Keep this letter with your important financial records.

How Much You Will Get
 Your monthly benefit before deductions **\$1,200.00**

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)	\$148.50
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 19, 2021. **\$1,073.00**

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 Get Direct website at www.getdirect.org or call their Electronic Payment Solution Center at 1-888-828-7242. If outside the United States, please call 1-811.

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/health/hsd/appeal.html online.

If You Have Questions

- Visit us at www.ssa.gov online.
- Call us toll-free at 1-800-772-6776 (TTY 1-800-325-0776).
- Contact your nearest Social Security office.

Singapore, Ltd

HSBC

Your Statement
 Statement for the period 01/01/2021 to 31/12/2021

Account Name: **HSBC BANK PLC**
 Account Number: **09300000000000000000**
 Statement Period: **01/01/2021 to 31/12/2021**

4777 Parkway, #14-01, Singapore 138603
 Singapore, Ltd
 Singapore, Ltd
 Singapore, Ltd
 Singapore, Ltd

4777 Parkway, #14-01, Singapore 138603
 Singapore, Ltd
 Singapore, Ltd
 Singapore, Ltd
 Singapore, Ltd

Transactions

Date	Description	Debit	Credit	Balance
01/01/21	Balance B/F			0.00
01/01/21	Transfer from HSBC Bank PLC		1,000,000.00	1,000,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		900,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		800,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		700,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		600,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		500,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		400,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		300,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		200,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		100,000.00
01/01/21	Transfer to HSBC Bank PLC	100,000.00		0.00

Statement Period: 01/01/2021 to 31/12/2021
 Statement Balance: 0.00

HSBC Bank PLC
 HSBC Bank PLC
 HSBC Bank PLC

Date _____

To whom it may concern,

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

Michael Sanchez

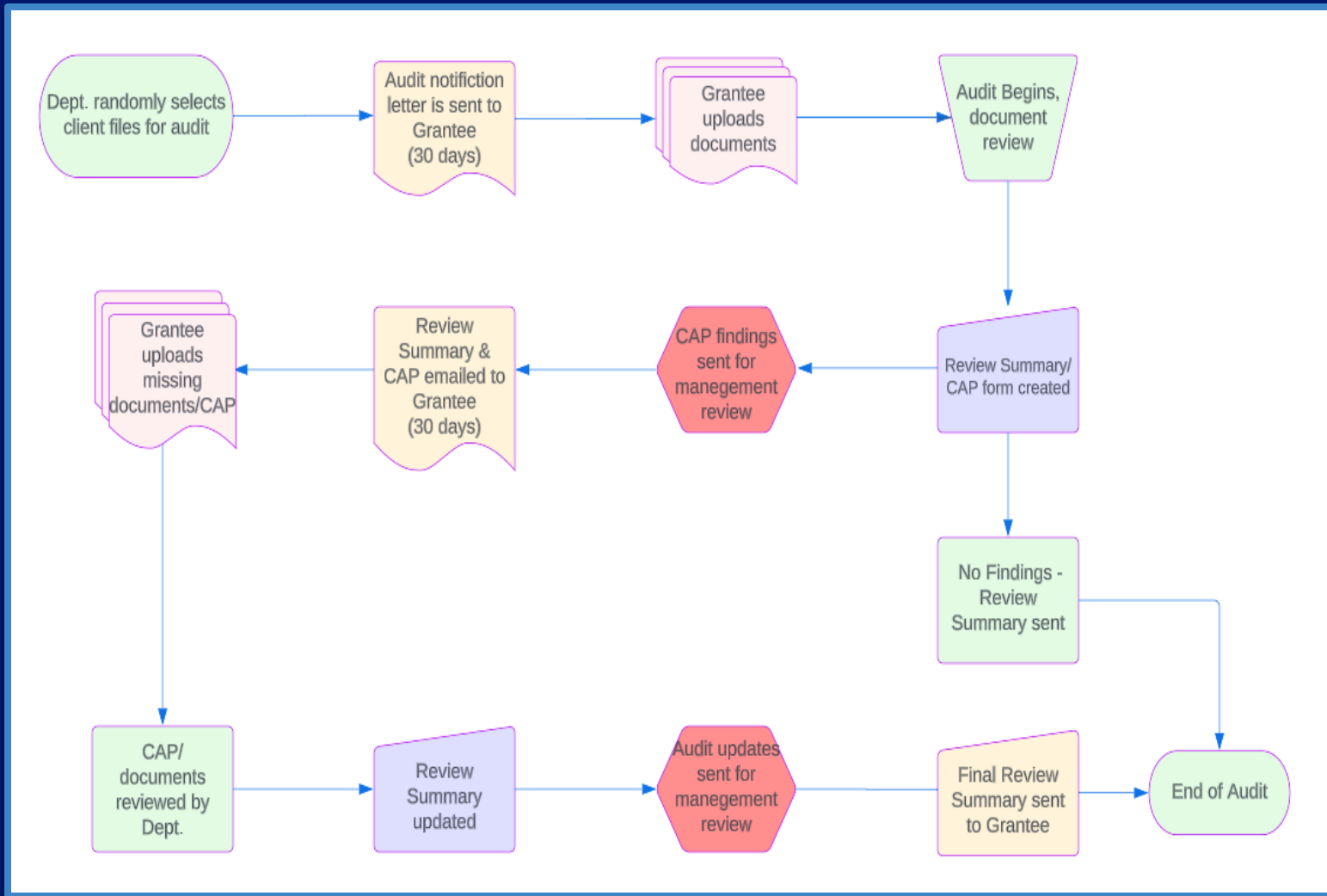


Undocumented Clients

- 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 CICIP/HDC and cannot provide proof of age due to their documentation having been confiscated, approval by HCPF is needed. This is done on a case-by-case basis.
- Send an email to Alondra 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 Information

Alondra Yanez Sanchez

Senior Dental Program Assistant

Alondra.yanezsanchez@state.co.us

Taryn Graf

State Programs Work Lead

Taryn.graf@state.co.us



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Website Links

Grantee Website that contains all forms, application, rules, etc.

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

Client website that contains services, fee schedule, etc.

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

Thank you!

