Dental Health Care Program for Low-Income Seniors

Training for the Senior Dental Program Awarded Grantees
FY 2025-26

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Acronyms

- HCPF - Department of Health Care Policy and Financing

- MAP - Medicare Advantage Plan

- FY - Fiscal year (July - June)

- DOS - Date of service

- FPG - Federal poverty guidelines

- CICP - Colorado Indigent Care Program

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Training Topics

- Important Dates
- Eligibility
- Medicare Savings Programs
- Fee Schedule
- Billing
- Annual Report
- Audits
- Hospital Discounted Care

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Important Dates

- The FY 2025-26 grant start date is July 1, 2025

- The FY 2024-25 grantee annual report is due to HCPF by September 1, 2025

- HCPF's annual report is due to the General Assembly by November 1, 2025

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Important Dates – Billing

- Invoices are due by the 15th of the following month
  - If the 15th falls on a weekend or if HCPF is closed, it is then due the first prior workday
- Due dates for each month are listed in your agreements

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Quiz Question

When are invoices due every month?

A. The 1st Friday of each month

B. The 12th business day of each month

C. The 15th of every month, unless the 15th falls on a weekend or holiday, it is due the first prior workday.
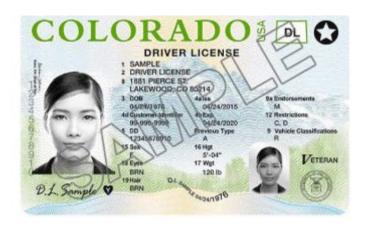
D. The last working day of the month

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Questions?

Age

- The patient must be 60 years of age or over

- The grantee must have a picture ID on file showing proof of the patient's age
  - Please use the name and date of birth listed on the picture ID on the invoices as this will be checked when the file is audited

Colorado Residency

- Seniors must be a resident of Colorado to be eligible for the Senior Dental Program

- Residency and lawful presence are different

  ○ Grantees should not be collecting lawful presence documentation due to Senate Bill 21-199 that removed lawful presence as a requirement for state programs as of July 1, 2022

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Medicaid

- A patient can't be on or qualify for any Medicaid program that has dental benefits
  - e.g., Health First Colorado or Old Age Pension (Health and Medical)
- Emergency Medicaid or Family Planning Benefit are okay

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Medicaid Continued

- If the patient is 60 through 64, with income at 138% FPG or less, they **MUST** have a denial letter from Health First Colorado showing they don't qualify
  - The following denial reasons are not valid for denials for Senior Dental Program:
    - Did not apply for medical assistance;
    - Does not want medical assistance any longer; or
    - Did not submit requested documents

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Checking the Web Portal

- Grantees **MUST** check web portal for all patients during application
  - Suggest to check for every visit
  - Print Screen of verification kept in patient's file
- DentaQuest portal is **NOT** the Web Portal

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Other Health Programs That Qualify for the Senior Dental Program

Medicare Savings Programs (MSP)	Description	FPG/ Income	Eligible for 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 Individuals (QDWI)	State pays for Medicare part A premium	$2,629 Individual, $3,545 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

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Income

- Income must be at or below 250% of the current FPG
  - Link to current FPG on [Senior Dental Program website](#).
- Grantees can use their current income screening forms
- Ensure copies of the documents you use for proof of income are in the patient's file for auditing purposes

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Self Declaring Income

- Patients may self-declare their income
  - CAUTION – some patients can use this to get on the program when they don't qualify
  - Have the patient 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

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Insurance and Medicare Advantage Plans (MAPs)

- Patients with private dental insurance are not eligible

- MAPs are acceptable if the dental insurance is included in the plan automatically
  - Copy of patient's MAP card should be included in their file

- If the patient has *extra* dental insurance purchased through a supplemental, they do not qualify for the Senior Dental Program

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Colorado Indigent Care Program

- The Colorado Indigent Care Program (CICP) will be sunset effective June 30, 2025
  - Patients will no longer receive CICP cards after that date
  - Cards issued before June 30, 2025 that are still valid after that date can be used to qualify patients until the card expires

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Hospital Discounted Care

- Patients who qualify for CICP automatically qualify for Hospital Discounted Care
- [Hospital Discounted Care](#) 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
  - Patients qualify if they have income at or below 250% FPG
  - 60 and over

CICP/Hospital Discounted Care Cards

- If a patient has an **UNEXPIRED** CICP/Hospital Discounted Care card, the patient qualifies for the Senior Dental Program as long as they are 60 years of age
  - If card lists only Hospital Discounted Care, will need to check for Medicaid eligibility if under 65

- Ensure a copy of the unexpired CICP/Hospital Discounted Care card is in the patient's file for auditing purposes

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CICP/Hospital Discounted Care Card

Hospital Discounted Care/CICP
(NOT Insurance)

Name: _____
Rate: _____ 0 _____ CICP Copay Cap: _____ N/A
HDC Facility: _____ $0 _____ HDC Phys.: _____ $0
County Code: _____
Begin Date: _____ End Date: _____
No deductions were used in this rating

Technician's Signature _____ Phone

Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
*CICP will no longer be available after June 30, 2025.
Show this card any time you visit a hospital

Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
Name: _____ _____
*CICP will no longer be available after June 30, 2025.
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: _____ $0
Each Physician Monthly
2% Max: _____ $0

*CICP will no longer be available after June 30, 2025.

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Federally Qualified Health Center (FQHC) Cards

- FQHCs provide discounted services to 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

    ○ Will need to check for Medicaid eligibility if under 65

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Quiz Question

Are patients required to sign a lawful presence form?

    A. Yes
    B. No

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Questions?

Fee Schedule

- Current Fee Schedule always available on [Senior Dental Program Grantee website](#)

- Updates can occur throughout the fiscal year if they are recommended by the Dental Advisory Committee (DAC) and are approved by the Medical Services Board

  - Stakeholders can suggest updates to the fee schedule throughout the year for DAC to consider

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New for FY 2025-26

- Retreatment of Root Canals
  - D3346, D3347, D3348

- First 15 minutes of sedation
  - D9222

- Interim Direct Restoration
  - D2940

- Application of Hydroxyapatite Medicament
  - D2991

- Adjustments for Dentures
  - D5410, D5411, D5421, D5422

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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 Senior Dental Program 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 Continued

- Covered procedures must be completed before billing the SDP

- It is up to the Grantee if they will bill the 7% administrative fee

Billing and MAPs

- Grantees must bill patient's MAP insurance if they are contracted with them
  - The insurance company must be billed first and the grantee should wait until notified by the insurance of the payment amount prior to billing the Senior Dental Program
- If the Grantee does not have a current agreement with that specific insurance company, they do not have to bill the insurance and can bill the SDP

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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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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
  - The MAP must have been billed in the previous fiscal year

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MAP Billing Crossing Fiscal Years

- If a Grantee bills an insurance in FY 2024-25 and finds out in FY 2025-26 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

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Quiz Question

Are you able to put a previous fiscal year procedure in a current fiscal year invoice for a patient who does not have a MAP?
   A.   Yes
   B.   No

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Questions?

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

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Grant Timeline Reminder

- Grant funding runs from July 1 to June 30 annually
  - Procedures completed on or before June 30 go against the FY 2024-25 grant amount
  - Procedures completed on or after July 1 go against the FY 2025-26 grant amount
- Grantees should not bill services completed in July 2025 on the June 2025 invoice or vice versa
  - Payment for these will be denied unless the grantee is waiting on a MAP payment

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Important Dates Reminder for Medicare

- Procedures billed to MAP where payment not received prior to June 30 can be billed next FY
- DOS can be billed in the month the MAP payment is received
- All proper documents should be uploaded into SharePoint with the invoice
- This includes the documentation showing when Medicare was billed and what Medicare paid

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Monthly Invoices – Date of Birth

- The grantee should obtain the patient's DOB from their ID used for proof of age

- If a patient'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

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Adjustments

- Grantees may submit adjustments for current and previous processed invoices
  - Current FY adjustments will be deducted on the following month's invoice total
  - Previous FY adjustments will require grantees to send a check refund to HCPF

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Excel Workbook

- The Senior Dental Program will only accept the billing on the Excel worksheet, and it must be uploaded through SharePoint

- If a new employee starts and needs access to SharePoint, they must contact Alondra at alondra.yanezsanchez@state.co.us to get access set up

- If there is an employee that has left, the Grantee needs to let Alondra know of the access that needs to be removed within 5 calendar days

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Grant Updates in Invoice File

- Allocated grant amounts are updated on the recent Excel invoice file that is uploaded by the grantee to SharePoint

- Grantees need to assure to look at the recent updated file on SharePoint to verify the updated grant total if their amount changed

Grant Updates in Invoice File continued

Allocated Amounts

- It is very important for grantees to keep track of their allocated amounts every month and ensure they do not go over their grant allocated amount

- If a grantee goes over their allocated funds, services will not be paid by HCPF and the grantee will be responsible to cover for the removed services

- The patient can't be billed more than the max copayment if this happens

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Quiz Question

Where on the invoice file should Grantees look at to view your allocated grant amount total?

A. Invoice Instructions tab

B. Summary tab

C. Monthly tab

D. SharePoint tab

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Questions?

Senior Dental Program Annual Report

- The Senior Dental Program 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

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Senior Dental Program Annual Report Continued

- A large amount of information needed for the report will be retrieved from the monthly invoices submitted by the Grantees

- HCPF will contact Grantees to let them know what other information will be required for the annual report

Audits

- Audits and spot-audits will be performed throughout the year, HCPF will randomly select patient files for Grantees being audited
  - All files selected will be reviewed to ensure the patient:
    - was not part of Health First Colorado during the time of service
    - is at least 60 years old
    - had income at or below 250% of the FPG
    - is a Colorado resident

Audits – Immediate Dentures

- Patients that receive immediate dentures are automatically added to the audit list
- All patients that receive immediate dentures must be given the Informed Consent for Immediate Denture Form
  - It must be signed by both the patient and the dentist and be kept in the patient's file

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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
  - Patient co-payments
  - Accurate patient information *(name/DOB)*
  - 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

  ○ How the internal controls will be changed to avoid these errors

  ○ The date of implementation of the new internal controls

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Required Repayments to HCPF

- Grantees will be required to submit repayment to HCPF for the following audit findings but not limited to:
  - Double billed procedures
  - Procedures billed on invoice but not showing on patient's internal ledger
  - No proof of age or not 60 or above
  - Income above the 250% FPG

Required Repayments to Patients

- Grantees will be required to submit repayment to patients for the following audit findings:
  - Patient billing statements to ensure procedures were not completed prior to July 1st
  - Patient was charged a co-payment that was over the max copayment amount
    - Proof of this repayment will need to be submitted to HCPF

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Questions?

Patient Documents Review

- Unexpired CICP/Hospital Discounted Care card
- Proof of age (ID, Passport, etc.)
- HCPF web portal verification document
- MAP cards
- Proof of Income
- Grantee ledger with billed procedures

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Web Portal

- The Department web portal verification form. All other web portal eligibility forms will not be accepted for FY 24-25

CICP/Hospital Discounted Care Card

- *Unexpired* CICP/Hospital Discounted Care card. The patient automatically qualifies for the Senior Dental Program if they are 60 and over
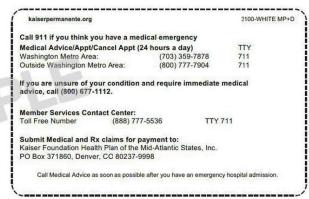
Insurance Cards

- Medicare Card (*if applicable*)
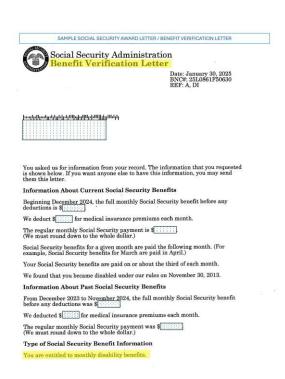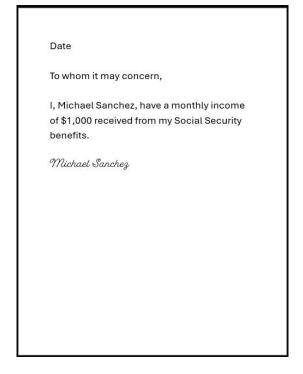- Medical Advantage Plan (MAP) cards
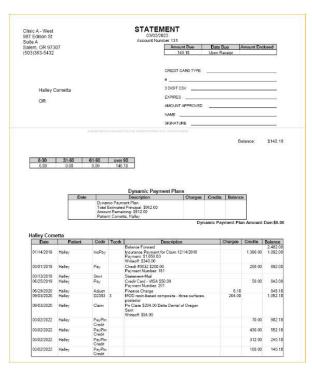
Income Documentation

- Social Security award letter
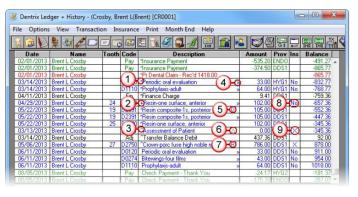- Signed patient self-declared income form

Ledgers

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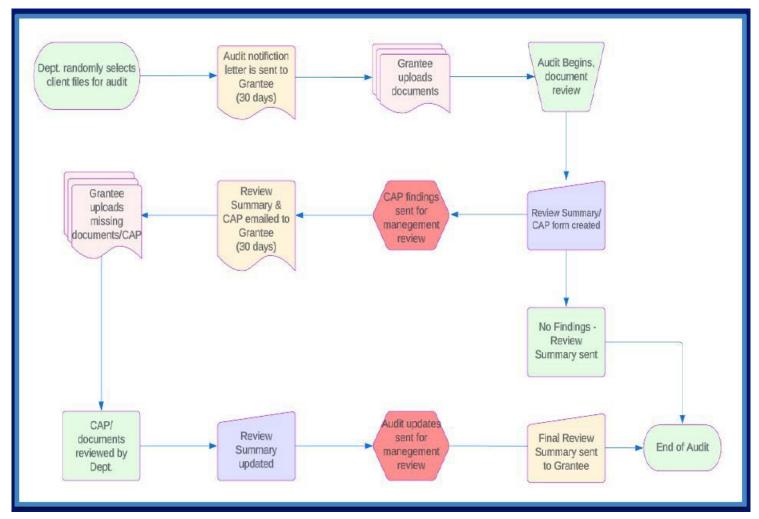- Records should match what has been billed to HCPF

Quiz Question

Grantees are required to submit repayment to HCPF for an audit finding, except for:

A. Double billed procedures

B. Procedures billed on invoice but not showing on patient's internal ledger

C. Web portal verification form

D. No proof of age or not 60 or above

E. Income above the 250% FPG

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Audits Process Flowchart

Questions?

Hospital Discount Care Questions?

- Hospital Discounted Care contact information

  - hcpf_hospdiscountcare@state.co.us

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Contact Information

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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

- Patient website that contains services, fee schedule, etc.

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

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Thank you!