

# Dental Health Care Program for Low-Income Seniors

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

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Department of Health Care  
Policy & Financing

# 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

# Training Topics

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

# 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



# 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



# 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

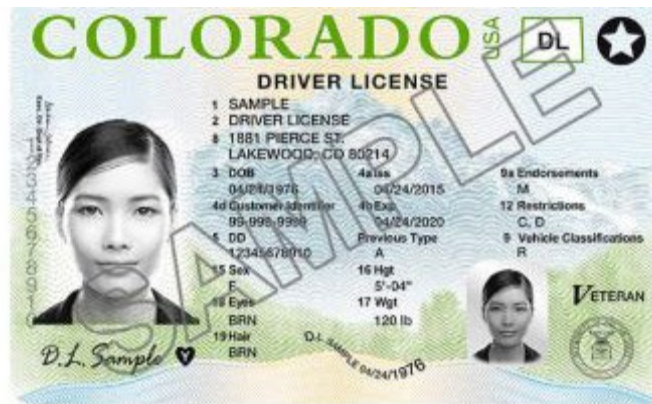


# Questions?



# 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



# 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



# 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



# 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

# 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

# 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



# 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





# 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

# 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



# 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: \_\_\_\_\_

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.



# 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

# Quiz Question

Are patients required to sign a lawful presence form?

- A. Yes
- B. No



# 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



# 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

# 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

# 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



# 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





# 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

# 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

# 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

# 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



# 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



# 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](mailto: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

# 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

Formula Bar: =15000-5000-5000-2845.92-1500

A		B	
<b>Grantee Information</b>			
Grantee Name:	[REDACTED]		
Address:	[REDACTED]		
Contact Name:	[REDACTED]		
Phone Number:	See file		
Email:	See file		
<b>Expenditures</b>		<b>Total Amount Requested from HCPF</b>	
Total Treatment Costs To Date:	\$	402.00	
Total Administration Costs (7% of total treatment costs) To Date:	\$	28.14	
Total Owed by HCPF:	\$	430.14	
<b>Grant Awarded</b>		<b>Amount Remaining</b>	
Original Amount Awarded	\$	654.08	
Total Treatment Cost Paid to Date	\$	402.00	
Total Admin Costs Paid to Date	\$	28.14	
Grant Amount Remaining	\$	223.94	

Worksheet Tab: Summary-FY24-25 (highlighted in yellow)

Documents

1 selected All Documents

Name	Modified	Modified By
FY22-23 Audit	August 18, 2023	[REDACTED]
FY22-23 Grantee Docs	August 18, 2023	[REDACTED]
[REDACTED].xlsx	May 23, 2024	[REDACTED]
[REDACTED].xlsx	April 24	Yanez Sanchez, Alond

# 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



# 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



# 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



# 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



# 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

# 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





# 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

# Web Portal

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

The screenshot shows the Health First Colorado web portal. At the top, there are logos for the State of Colorado, HCPF, and Health First Colorado. The navigation bar includes links for Home, Eligibility, Claims, Care Management, and Resources. The current page is 'Eligibility Verification', with a breadcrumb trail 'Eligibility > Eligibility Verification'. The date and time are displayed as 'Friday 06/28/2024 02:04 PM MST'. Below the navigation bar, there is a section for provider information: 'Provider Name' (MFCU PROVIDER), 'Provider ID', 'Location', and 'Taxonomy' (261QR1100X). The main section is titled 'Eligibility Verification Request'. It includes a note: '\* Indicates a required field. Enter the member information. If Member ID is not known, enter two of the following: SSN, Birth Date, Member Name.' The form fields are: 'Member ID' (text box), 'Last Name' (text box), 'First Name' (text box), 'SSN' (text box with a required field indicator), 'Birth Date' (text box with a required field indicator), 'Effective From' (text box with a required field indicator, showing '06/28/2024'), 'Effective To' (text box with a required field indicator), and 'Verification for Newborn?' (checkbox). Below these fields is a section for 'Service Type Code'. It includes a note: 'If the Service Type Code is selected from the 'Search By' dropdown list, the Service Type Code is required.' There is a 'Search By' dropdown menu and a 'Service Type Code' text box. At the bottom of the form, there is a reCAPTCHA challenge with the text 'I'm not a robot' and a 'Submit' button. There is also a 'Reset' button.

# 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

<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>\$0</u>      HDC Phys.: <u>\$0</u></p> <p>County Code: <u>      </u></p> <p>Begin Date: <u>      </u>      End Date: <u>      </u></p> <p style="text-align: center;">No deductions were used in this rating</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>Name: _____</p> <p>Name: _____</p> <p>*CICP will no longer be available after June 30, 2025. Show this card any time you visit a hospital</p>	<p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>Name: _____</p> <p>*CICP will no longer be available after June 30, 2025. Show this card any time you visit a hospital</p>
<p style="text-align: center;"><b>CICP Copays Due</b></p> <p>Ambulatory Surgery <u>      </u></p> <p>Inpatient <u>      </u></p> <p>Hospital Physician <u>      </u></p> <p>Emergency Room <u>      </u></p> <p>Emergency Transportation <u>      </u></p> <p>Outpatient Hospital <u>      </u></p> <p>Specialty Outpatient Hospital <u>      </u></p>	<p style="text-align: center;"><b>CICP Copays Due</b></p> <p>Prescriptions <u>      </u></p> <p>Laboratory <u>      </u></p> <p>Basic Radiology &amp; Imaging <u>      </u></p> <p>High-Level Radiology &amp; Imaging <u>      </u></p> <p style="text-align: center;"><b>Hospital Discounted Care</b></p> <p>Facility Monthly 4% Max: <u>\$0</u></p> <p>Each Physician Monthly 2% Max: <u>\$0</u></p>	<p>*CICP will no longer be available after June 30, 2025.</p>



# Insurance Cards

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

**MEDICARE HEALTH INSURANCE**

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Entitled to/Con derecho a  
**HOSPITAL (PART A) 03-01-2016**  
**MEDICAL (PART B) 03-01-2016**

Coverage starts/Cobertura empieza

**AARP Medicare Advantage**  
by **UnitedHealthcare**

Health Plan (99999): **999-99999-99**  
Member ID: **999999999-00** Group Number: **XXXXX**

Member:  
**MEMBER SAMPLE**

PCP Name:  
**SAMPLE, M.D., PROVIDER**  
PCP Phone: **(999) 999-9999**

Copay: PCP \$XX  
Spec \$XX

Payer ID:  
xxxxx

[UHC Dental Benefits]

**MedicareRx**  
Prescription Drug Coverage

RxBIN: **610097**  
RxPCN: **9999**  
RxGrp: **COS**

**H9999-999-999**

[AARP Medicare Advantage(PPO)]  
Medicare limiting charges apply.

**KAISER PERMANENTE®**  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

MEDICAL RECORD NUMBER  
**<XXXXXXXX>**

MEDICARE ADVANTAGE (HMO)  
**<MEMBER NAME>**

RxBIN: 011859  
RxPCN: MACMSA

RxGrp: MA  
ISSUER: 80840

**MedicareRx**  
Prescription Drug Coverage

**CMS-H2172 803**

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

kaiserpermanente.org 3100-WHITE MP+D

**Call 911 if you think you have a medical emergency**

**Medical Advice/Appt/Cancel Appt (24 hours a day)**

Washington Metro Area: (703) 359-7878 TTY 711  
Outside Washington Metro Area: (800) 777-7904 TTY 711

If you are unsure of your condition and require immediate medical advice, call (800) 677-1112.

**Member Services Contact Center:**

Toll Free Number (888) 777-5536 TTY 711

**Submit Medical and Rx claims for payment to:**  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
PO Box 371860, Denver, CO 80237-9998

Call Medical Advice as soon as possible after you have an emergency hospital admission.

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

Date

To whom it may concern,

I, Michael Sanchez, have a monthly income of \$1,000 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 HCPF

Clinic A - West  
987 Edison St  
Suite A  
Salem, OR 97307  
(503)963-5432

**STATEMENT**  
03/03/2022  
Account Number 131

Amount Due	Date Due	Amount Enclosed
145.18	Upon Receipt	

CREDIT CARD TYPE \_\_\_\_\_  
# \_\_\_\_\_  
3 DIGIT CVV \_\_\_\_\_  
EXPIRES \_\_\_\_\_  
OR  
AMOUNT APPROVED \_\_\_\_\_  
NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

Halley Cometta

Balance: \$140.18

0-30	31-60	61-90	over 90
0.00	0.00	0.00	145.18

**Dynamic Payment Plans**

Date	Description	Charges	Credits	Balance
01/14/2019	Dynamic Payment Plan. Total Estimated Principal: \$912.00 Amount Remaining: \$912.00 Patient: Cometta, Halley			

Dynamic Payment Plan Amount Due: \$0.00

Halley Cometta

Date	Patient	Code	Tooth	Description	Charges	Credits	Balance
01/14/2019	Halley	InsPay		Balance Forward			2,402.00
03/13/2019	Halley	Pay		Insurance Payment for Claim 12/14/2018 Payment: \$1,050.00 Writeoff: \$340.00		1,390.00	1,050.00
06/25/2019	Halley	Pay		Check #0032 \$200.00 Statement Mail		200.00	892.00
06/25/2019	Halley	Pay		Credit Card - VISA \$50.00 Payment Number: 201		50.00	842.00
06/29/2020	Halley	Adjust		Finance Charge	6.18		848.18
09/03/2020	Halley	D2393	3	MGO resin-based composite - three surfaces, posterior	204.00		1,052.18
09/03/2020	Halley	Claim		Pri Claim \$204.00 Delta Dental of Oregon Sent Writeoff: \$54.00			
03/02/2022	Halley	Pay/Pm		Credit		70.00	982.18
03/02/2022	Halley	Pay/Pm		Credit		430.00	552.18
03/02/2022	Halley	Pay/Pm		Credit		312.00	240.18
03/02/2022	Halley	Pay/Pm		Credit		100.00	140.18

Dentrix Ledger + History - (Crosby, Brent L[BRENT] [CR0001])

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
02/01/2013	Brent L Crosby		Pay	*Insurance Payment	-535.20	END0		491.27
02/01/2013	Brent L Crosby		Pay	*Insurance Payment	-374.50	DD51		-865.77
02/01/2013	Brent L Crosby		Pay	*Dental Claim - Rec'd 1418.00				-865.77
03/14/2013	Brent L Crosby		D1110	*Prophylaxis-adult	64.00	HYG1	No	-832.77
04/11/2013	Brent L Crosby		Fin	*Finance Charge	9.41	D061		-759.36
04/29/2013	Brent L Crosby	24	2	*Resin-one surface, anterior	102.00	DD51	No	-657.36
05/22/2013	Brent L Crosby	19	2	*Resin composite-1s, posterior	105.00	DD51	No	-552.36
05/22/2013	Brent L Crosby	19	D2391	*Resin composite-1s, posterior	105.00	DD51	No	-447.36
06/22/2013	Brent L Crosby	25	3	*Resinone surface, anterior	102.00	DD51	No	-345.36
03/13/2013	Brent L Crosby		Ass	*Assessment of Patient	0.00			-345.36
03/14/2013	Brent L Crosby		Ad	*Transfer Balance Debit	437.36	DD51	No	92.00
05/06/2013	Brent L Crosby	27	D2750	*Crown-porc fuse high noble	786.00	DD51	X	878.00
06/11/2013	Brent L Crosby		D0120	Periodic oral evaluation	33.00	DD51	No	911.00
06/11/2013	Brent L Crosby		D0274	Bite-wing-four films	33.00	DD51	No	954.00
06/11/2013	Brent L Crosby		D1110	Prophylaxis-adult	64.00	DD51	No	1018.00
08/05/2013	Brent L Crosby		Pay	Check Payment - Thank You	-24.17	HYG2		-1018.37
08/05/2013	Brent L Crosby		Pay	Check Payment - Thank You	-175.70	END0		-367.07

Sample American Dental Association 2006 Claim Form for Dental Services

**ADA Dental Claim Form**

1. Type of Transaction (Mark all applicable boxes)  
☐ Treatment of Actual Services ☐ Request for Preauthorization/Preauthorization  
☐ EPDST: No Not

2. Preauthorization/Preauthorization Number

3. Company/Plan Name, Address, City, State, Zip Code

4. Other Dental or Medical Subscriber in #4 Last, First, Middle Initial, Suffix

5. Name of Policyholder/Subscriber in #4 Last, First, Middle Initial, Suffix

6. Date of Birth (MM/DD/YYYY) 1. Gender 2. Policyholder/Subscriber ID (EDN or EIN)  
☐ Self ☐ Spouse ☐ Dependent Child ☐ Other ☐ FTS ☐ FTS

7. Plan/Group Number 8. Patient's Relationship to Person Named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

9. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

10. Name Last, First, Middle Initial, Suffix, Address, City, State, Zip Code

11. Date of Birth (MM/DD/YYYY) 12. Gender 13. Patient ID Number if Assigned by Dentist

14. Insurance Type (MM/DD/YYYY) 15. Code 16. Tooth Surface 17. Provision Code 18. Description 19. Fee  
 00120 Exam - oral evaluation XXX XX  
 01120 Prophylaxis XXX XX

20. Missing Teeth Information

21. Ancillary Claim/Treatment Information

22. Billing Dentist or Dental Entity (Leave blank if dentist or dental entity is not submitting claim on behalf of the dentist or dental entity)

23. Treating Dentist and Treatment Location Information

24. Name, Address, City, State, Zip Code

25. License Number

26. Name, Address, City, State, Zip Code

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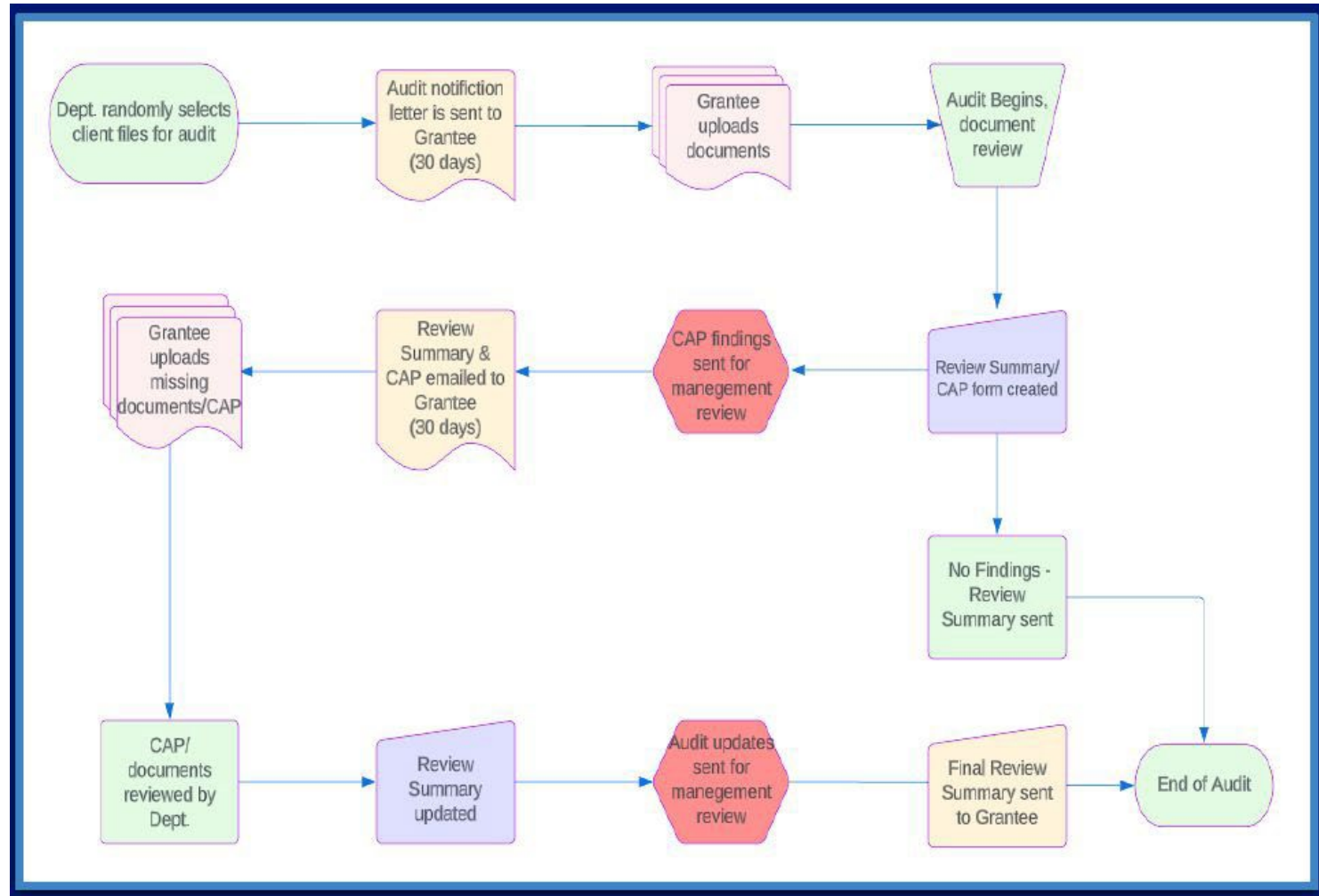
542. Name, Address, City, State, Zip Code

# 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

# Audits Process Flowchart





# Questions?



# Hospital Discount Care Questions?

- Hospital Discounted Care contact information
  - [hcpf\\_hospdiscountcare@state.co.us](mailto:hcpf_hospdiscountcare@state.co.us)





# Contact Information

Taryn Graf  
State Programs Work Lead  
[Taryn.graf@state.co.us](mailto:Taryn.graf@state.co.us)

Alondra Yanez Sanchez  
Senior Dental Program Assistant  
[Alondra.yanezsanchez@state.co.us](mailto:Alondra.yanezsanchez@state.co.us)

Rick Love  
Administrative Assistant  
[Rick.love@state.co.us](mailto:Rick.love@state.co.us)



# 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>

# Thank you!

