

# *Colorado Indigent Care Program Today and Tomorrow*

Building Better Health: Resources for the Uninsured

The Colorado Health Foundation

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Policy & Financing

# *Our Mission*

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# *Presentation Outline*

## The Current Colorado Indigent Care Program

- What is the CICP? What is it not?
- Who qualifies for the CICP?
- What services are available through the CICP?  
What are not?
- What is the patient's cost under the CICP?
- How to apply for the CICP
- Where to find more information on the CICP



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# *Presentation Outline (cont.)*

## Proposal for the Future Colorado Indigent Care Program

- Why update the CICP?
- Objectives of the proposed transformed CICP
- Steps toward the proposed transformed CICP



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# *What is the CICP?*

The Colorado Indigent Care Program provides supplemental funding to partially reimbursement participating hospital and clinic providers for providing discounted health care services to qualifying uninsured or underinsured individuals up to 250% of the FPL who are not eligible for Medicaid or CHP+.

The Program is administered by the Colorado Department of Health Care Policy and Financing. However, eligibility determinations for qualified individuals are made at the provider level in accordance with rules and policies prescribed by the Department.



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# *What the CICIP is Not*

The CICIP is not health insurance

- CICIP does not meet the “individual mandate”
- CICIP does not reimburse for claims
- CICIP does not guarantee patient access to guaranteed benefits through a network of providers

Because the CICIP is not health insurance, CICIP providers refer CICIP applicants to

- Medicaid
- CHP+
- The Colorado Marketplace- Connect for Health Colorado



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# *Who Qualifies for CICP?*

- Coloradans who can document lawful presence in the country
- Individuals with incomes up to 250% of FPL
  - CICP deducts certain expenses from income and counts certain liquid resources available to individuals to assist them in contributing to the cost of their medical care
- Uninsured individuals/families may qualify
- Insured individuals/families except for those who are eligible for Medicaid or CHP+



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# *Services Available through CICIP*

- Emergency services are covered by all hospitals that participate in the CICIP
- Other care available to CICIP clients varies from provider to provider
- Most clinics offer a wide range of primary care services
- Some CICIP providers offer prescription drugs
- CICIP providers may refer patients to other CICIP providers for specialty care that is not available at their specific facility



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# *Services Not Available\**

- Non-medically necessary care
- Nursing home care
- Non-urgent dental services
- Mental health services as a primary diagnosis
- Court-ordered procedures (such as drug testing)
- Physician services (unless the CICP provider has an agreement with physicians)

\* This list is not exhaustive



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# *Patient Cost under CICP*

- The CICP uses a standardized sliding fee scale
- CICP providers may charge a CICP patient less than this scale, but may not charge a CICP patient more
- Scale has several tiers from 0% to 250% of FPL
- Copayments vary by the type of medical service (inpatient stay, clinic visit, digital imaging, etc.)



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# *Patient Cost under CACP (cont.)*

- For most CACP patients, an annual copayment cap of 10% of their income applies.
- For those with health insurance, the CACP discount applies to any charges remaining after the insurance plan reimburses. In such cases, the CACP patient is responsible for the lesser of the remaining amount or the required CACP copayment.



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# *How to Apply for CICP*

- Applications are taken only at participating CICP providers.
- A list of providers is found on the Department's website
- Call ahead to schedule an appointment to complete an application
- Applicants should bring requested documentation to the appointment (i.e. personal identification, documentation of income)



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# *Where to Find More Information*

- The Department's Website has more information
  - go to [Colorado.gov/hcpf/](https://colorado.gov/hcpf/)
  - Scroll down to “Alpha Index”
  - Click on the letter “C”
  - Scroll down and click on “Colorado Indigent Care Program (CICP) or “Colorado Indigent Care Program (CICP) for Providers



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# *Future of the CICP*

The Department is proposing to modernize the CICP and has been working with stakeholders for the past two years to do so. Representation from:

- Clinics
- Hospitals
- Consumer advocates



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# *Why Update the Program?*

- CICIP began in 1983, which was before:
  - creation of CHP+
  - the Medicaid “MAGI” expansion
  - Advent of the Marketplace and the individual mandate for private health insurance
  - Colorado’s statutory requirements for Hospitals’ Financial Assistance Programs
  - Recent Federal requirements for FQHC sliding fee discount programs (“PIN”)



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# *Why Update the Program? (cont.)*

- Administration of the Program has grown increasingly complex over the years
  - Inefficient for providers
  - Inefficient for the Department
  - Burdensome/Confusing for CICP applicants



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# *Objectives of Proposed Transformed Program*

1. Preserve the safety net for low-income uninsured and underinsured persons

- CICP patients will not experience more limited services than presently nor higher copayments than presently, but may benefit from expanded services and even lower copayments from some providers.



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# *Objectives of Proposed Transformed Program (cont.)*

2. Minimum standards must be met to qualify as a provider

- Standards may be exceeded if they benefit the CICP patient.

3. Structure payments to clinics to encourage better patient health outcomes

- Quality metrics proposed to be incorporated into the reimbursement formula



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# *Objectives of Proposed Transformed Program (cont.)*

4. Ease administrative burdens to promote effectiveness and efficiency
  - Sliding fee scales
  - Patient application process (determination of income, etc.)
  - Department no longer involved in individual cases
5. Remove outdated restrictions on provider participation in Denver County



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# *Objectives of Proposed Transformed Program (cont.)*

6. Create a formal stakeholder advisory council
7. Conduct state-funded audits of participating providers



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# *Steps Toward the Proposed Future CICP*

- Continued engagement with stakeholders
  - Workgroups currently hammering out details
- Seek Governor's approval to carry legislation to update the current CICP statute
- Rename the CICP
- Seek Medical Services approval for new policy via a rule change
- If successful in all of the above, launch the new program July 1, 2017
  - Clinic transformation may precede that of hospitals



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# Questions?



# *Contact Information*

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*Thank You!*



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# Kaiser Permanente Colorado Bridge Program

## Low cost health coverage



# Kaiser Permanente - Colorado Bridge Program

- The Colorado Bridge Program is designed to help those who are uninsured with no access to other coverage and income eligible pay for a standard Kaiser Permanente Individuals and Families (KPIF) plan (KP CO Gold 0/20 or KPCO SELECT Gold 0/20).
  - KPCO SELECT Gold 0/20 (Colorado Springs ONLY)
- Plan coverage is compliant with the Affordable Care Act (ACA) and is regulated by the Division of Insurance, which requires the following:
  - Enrollment during open enrollment periods
  - Member correspondence (Evidence of Coverage (EOC), Renewal notices, open enrollment notices, etc.)
  - **Minimum Essential Coverage requirements including Pediatric Dental**
  - Monthly premiums

# Who is Eligible?

## Applicants who meet the following criteria:

- Under the age of 35 years at the time of the plan effective date
- Income eligible – up to 300% FPL
- Must live within Kaiser Permanente service area based on county zip code:
  - Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Crowley, Custer, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Huerfano, Jefferson, Larimer, Las Animas, Lincoln, Morgan, Otero, Park, Pueblo, Teller, Weld, Summit, Eagle and Garfield
- Cannot have access to any other public or private coverage including, but not limited to:
  - Job based coverage
  - Medicaid/CHP+
  - Coverage under Connect for Health Colorado

# How much does it cost?

- Colorado Bridge is a subsidized plan with fixed monthly premiums based on family size and income (premiums are subject to change).
- KPCO will subsidize between 90 and 95 percent of the fixed premium for up to 24 months, but not beyond December 31 of calendar year; members will be invited to renew or re-apply during open enrollment.
- Colorado Bridge members will also receive the Kaiser Permanente sponsored financial assistance program, Medical Financial Assistance (MFA).
- MFA award lowers cost sharing for most services provided at Kaiser Permanente medical offices to \$0.
  - For services not provided at Kaiser Permanente medical offices, members are responsible for the full cost sharing under the KP CO 0/20 or KP CO Select plan.
  - Colorado Bridge members do not need to apply for MFA separately.

# Income Guidelines and Monthly Premiums

Gross Monthly and Annual Income\*  
April 1, 2016 – Present

FAMILY SIZE	MONTHLY INCOME*		ANNUAL INCOME*	
1	0 – 1,733	1,734 – 2,970	0 – 20,790	20,791 – 35,640
2	0 – 2,336	2,337 – 4,005	0 – 28,035	28,036 – 48,060
3	0 – 2,940	2,941 – 5,040	0 – 35,280	35,281 – 60,480
4	0 – 3,544	3,545 – 6,075	0 – 42,525	42,526 – 72,900
5	0 – 4,148	4,149 – 7,110	0 – 49,770	49,771 – 85,320
6	0 – 4,751	4,752 – 8,145	0 – 57,015	57,016 – 97,740
FEDERAL POVERTY LEVEL (FPL)	0% - 175%	176% - 300%	0% - 175%	176% - 300%
INDIVIDUAL MONTHLY PREMIUM	\$20	\$40	—	—
COUPLE MONTHLY PREMIUM	\$40	\$80	—	—
SINGLE PARENT + CHILDREN MONTHLY PREMIUM	\$40	\$80	—	—
FAMILY MONTHLY PREMIUM	\$60	\$120	—	—

# How does someone apply?

Applications must be completed at a designated enrollment assister site or the application will be denied.

- Visit [www.FindYourPlan.org](http://www.FindYourPlan.org) to locate an assister site

The screenshot shows the Kaiser Permanente website. At the top left is the logo and name "KAISER PERMANENTE". At the top right are language options for "English" and "Español". A navigation bar contains links for "Home", "Steps to Coverage", "Eligibility", "Medicaid", "Child Health Plan Plus", "CO Bridge", "Medical Financial Assistance", and "Contact Us". A red arrow points to the "CO Bridge" link. Below the navigation bar is a large banner image of a woman and a child in a grocery store. The text on the banner reads "Nothing is more important than your health". To the right of the banner is a green box with the text: "If you need health care for yourself or your family, there are options you can afford. For most families – who are working hard to make ends meet – there are free and low-cost solutions from the State of Colorado’s Medicaid or Child Health Plan Plus (CHP+) program. For those who do not qualify for Medicaid or CHP+, Colorado Bridge may be an option." Below this text is an orange button that says "Find Your Plan ▶". Below the banner are three columns of text: "LEARN ABOUT YOUR OPTIONS" with links to Medicaid, Child Health Plan Plus, and Colorado Bridge; "APPLY FOR COVERAGE TODAY" with links to View the Steps to Coverage, Apply for Medicaid or CHP+, and Apply for Colorado Bridge; and "SELECT A MEDICAL OFFICE" with a list of steps: Receive an Eligibility Letter, Call HealthColorado at 303-839-2120, and Choose a medical office.

# Application

- **Requirements**
  - Applicants must submit current monthly income or annual tax filing
    - Pay stubs, W-2 forms or wage and/or tax statements
- Applicants must complete the following:
  1. Kaiser Permanente Individual & Families (DORA) Off Exchange Gold HMO Plan application – This is the application for health plan benefits
  2. Kaiser Permanente Colorado Bridge Subsidy application – This application determines eligibility to receive reduced premiums and a Medical Financial Assistance award allowing for \$0 co-pays for services provided at a Kaiser Permanente facility.
    - Both applications must be submitted together with proof of income to our Charitable Health Coverage Operations (CHCO) office in Oakland.
- Applications **MUST** be received during an open enrollment period or during a Special Enrollment Period (SEP).
  - 2017 Open Enrollment begins in November 1, 2016 – January 31, 2017

# DOI Application

If there are only children applying for the Colorado Bridge Program, a separate DORA application must be completed for each child – the child will be the primary applicant.



Division of Insurance

## COLORADO UNIFORM INDIVIDUAL APPLICATION FOR MAJOR MEDICAL HEALTH BENEFIT PLANS

This form is designed for an individual's initial application for coverage. Please contact your carrier with questions regarding this form.

Federal financial assistance may be available for coverage purchased through Connect for Health Colorado. If purchasing coverage through Connect for Health Colorado, you will need to provide additional information for determination of eligibility for federal financial assistance. Further information may be found at [www.connectforhealthco.com](http://www.connectforhealthco.com).

COVERAGE INFORMATION	
Application Type:	<input type="checkbox"/> New Coverage <input type="checkbox"/> Change/Modification to Existing Coverage <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Special Enrollment*
Requested Effective Date:	____/____/____ (MM/DD/YYYY)

\* Proof of eligibility for special enrollment will be required – information on eligibility for special enrollment periods is available at: [www.dora.colorado.gov/DOI/HealthApp](http://www.dora.colorado.gov/DOI/HealthApp)

PRIMARY APPLICANT/INSURED INFORMATION	
Instructions: Please type or print using black or blue ink. Please fill out the entire application for each person for whom coverage is being sought. If a person is currently enrolled in Medicare, this application should not be completed for that enrolled individual. If additional pages are needed to fully complete this application please attach, sign, and date each page.	
First Name:	Middle Initial: Last Name:
Social Security #:	Date of Birth: / / Current Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address:	City:
County:	State: Zip:
Mailing Address (if different):	City:
County:	State: Zip:
Home Phone:	Alternate Phone: Email:
Are you (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law* <input type="checkbox"/> Civil Union* <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Under 21	
Are you or is anyone in your family American Indian or Alaskan Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* A common law, civil union, or designated beneficiary certification may be required by the carrier	
Employer Name and Address:	Work Phone:

ADDITIONAL APPLICANTS						
Complete ONLY if your spouse/partner, and/or child(ren) under the age of 26 (older if medically disabled) are applying for coverage. If a dependent child is applying as an individual rather than as part of a family list the child as the primary applicant. If there is not enough space provided, please attach additional family information. Please sign and date the additional sheet.						
*Social Security Numbers (or document numbers for any legal immigrants) are needed for anyone applying for health insurance, missing numbers will be requested after enrollment						
Name (First, MI, Last)	Sex	Social Security #	Relationship	Disabled	Birth Date (MM/DD/YY)	Employer Name and Position
	<input type="checkbox"/> M <input type="checkbox"/> F		SPOUSE/PARTNER			
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do(es) the child(ren) named within the application live with you at the same physical address shown above? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, complete below)						
Child(ren)'s Name:		Mailing Address (if different):				
City:	County:	State:	Zip:			
Home Phone:	Alternate Phone:	Email:				



# Subsidy Application



The subsidy application requires that all household members *and* applicants be included. Household members included in the subsidy application will determine household income.

## Kaiser Permanente Subsidy Eligibility Form – 2017

The Kaiser Permanente subsidy is offered as part of Kaiser Permanente's Colorado Bridge Program to help pay your monthly premiums and most out-of-pocket medical costs under the Kaiser Permanente CO Gold 0/20 plan or Select CO Gold 0/20 plan.

**Eligibility for the Kaiser Permanente Colorado Bridge Program will be considered for individuals who are uninsured and:**

- Live in the Kaiser Foundation Health Plan of Colorado service area
- Are under 35 years of age at the time of the effective date of the Kaiser Permanente plan
- Live in a household with incomes up to 300% of the federal poverty level (for example, \$35,640 for an individual and \$72,900 for a family of 4 per 2016 guidelines)
- Are not eligible for financial assistance through Connect for Health Colorado and do not have access to any other public or private health coverage, including, but not limited to, Health First Colorado (Colorado's Medicaid program), Medicare, Child Health Plan Plus (CHP+) or job-based coverage

Even if you have an affordability exemption from the federal government you must still meet all the eligibility criteria listed above to be approved for Kaiser Permanente's Colorado Bridge Program. U.S. citizenship is not an eligibility requirement.

Enrollment in Kaiser Permanente's Colorado Bridge Program is available during the Individuals and Families annual open enrollment and special enrollment periods. In general, the special enrollment period lasts for 60 days after a triggering event such as marriage, birth or adoption of a child, divorce, or loss of job and job-based health coverage. Enrollment into this charitable, subsidized program is limited and subject to availability.

**How to apply for Kaiser Permanente's Colorado Bridge Program**

# Processing Timelines

- Applications approved on the 15<sup>th</sup> of the month or before will be processed with an effective date the first of the following month.
- Applications approved at CHCO after the 15<sup>th</sup> will be processed with an effective date the month following.
- Complete applications can take up to 30 business days to process.
- Applicant should receive an operational letter (approval, denial, missing information letter) within two weeks of the application being processed.

# Approved Colorado Bridge Members

- New members will receive an approval letter with the following information:
  - Accepted applicant(s) and their health record number(s)
  - Effective date of coverage and Medical Financial Assistance
  - Their fixed monthly premium amounts
  - Information about additional information they will receive (membership card, EOC, etc)
  - Recertification information

# Colorado Bridge Benefits



IMPORTANT NOTICE

- Minimum Essential Coverage
  - Pediatric Dental
  - Vision
  - Behavioral Health
  - A Summary of Benefits document can be found on [FindYourPlan.org](http://FindYourPlan.org)

## KAISER PERMANENTE COLORADO BRIDGE PROGRAM Schedule of Benefits for the Denver/Boulder, Northern Colorado and Pueblo Service Areas

The Kaiser Permanente Colorado Bridge Program is designed to help those who are uninsured with no access to other health coverage pay for standard Kaiser Permanente Individuals and Families (KPIF) plan (KP CO Gold 0/20). The Colorado Bridge Program also includes the Kaiser Permanente sponsored medical financial assistance program, Medical Financial Assistance (MFA) that eliminates out-of-pocket costs for most services provided at Kaiser Permanente medical offices. Under the Colorado Bridge Program, monthly premiums for the KP CO Gold 0/20 plan start at \$20 for one person and \$60 for a family, based on family size and income (premiums are subject to change). MFA lowers the cost sharing for services provided at Kaiser Permanente medical offices to \$0. For services not provided at Kaiser Permanente medical offices, members are responsible for the full cost sharing under the KP CO 0/20 plan. The coverage period lasts up to 24 months but not beyond December 31 of the calendar year, with an opportunity to renew. If you do not send in your monthly payments, your KP CO Gold 0/20 coverage, including MFA, will end and you will not be eligible to re-apply until the next open enrollment period.

### SCHEDULE OF BENEFITS (WHO PAYS WHAT)

#### Benefits for KP CO Gold 0/20

This Schedule of Benefits discusses:

- I. DEDUCTIBLES (if applicable)
- II. ANNUAL OUT-OF-POCKET MAXIMUMS
- III. COPAYMENTS AND COINSURANCE

#### IMPORTANT INFORMATION PLEASE READ

This Schedule of Benefits does not fully describe the Services covered under this Membership Agreement. For a complete understanding of the benefits, limitations and exclusions that apply to your coverage under this plan, it is important to read this Membership Agreement in conjunction with this Schedule of Benefits. Please refer to the identical heading in the "Benefits/Coverage (What Is Covered)" section and to the "Limitations/Exclusions (What Is Not Covered)" section of this Membership Agreement. Here is some important information to keep in mind as you read this Schedule of Benefits:

1. For a Service to be a covered Service:



# Loss of eligibility

- Members must continue to meet the eligibility requirements for the Colorado Bridge Program to remain in the program. If a member no longer meets the eligibility requirements, their subsidy and medical financial assistance will end on the last day of the month following discovery of loss of eligibility.
- Enrollment in the Kaiser Permanente CO Gold 0/20 plan will continue and they will be required to pay the full monthly premium, unless they ask KPCO to terminate membership.
- Failure to pay monthly premiums will result in loss of coverage, members cannot re-apply until the next open enrollment period.

Note: Members that age off the plan will not be terminated until annual recertification.

# Additional Information

**FindYourPlan.org**

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303-344-7642

 **Salud**  
*Family Health Centers*



# CLINIC SLIDING FEE SCALE

Sarah Brantley  
Program Enrollment Manager

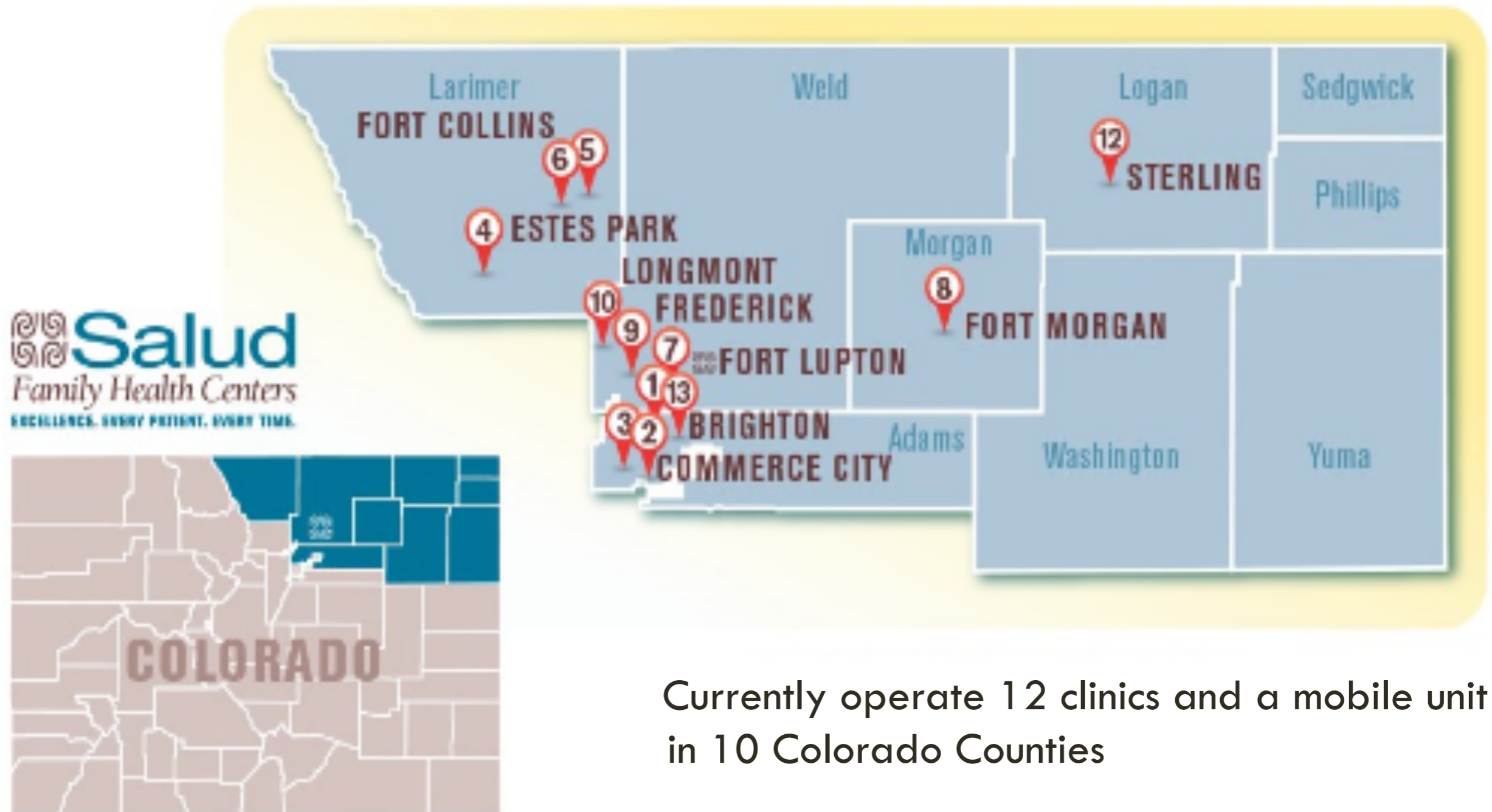
Resources for the Uninsured

# Salud Overview

- FQHC
- Served 68,573 patients through 278,972 visits in 2015
- 54-58% of patient population is covered by Medicaid
- Company employs ~ 640 employees
- All clinics have medical, dental, and behavioral health services, five clinics have full service pharmacies



# Service Area



Currently operate 12 clinics and a mobile unit in 10 Colorado Counties

# Enrollment Program

- 24 Enrollment Specialists (ES) spread out across 11 clinics
- 2.5 ES Leads help train, audit and float to sites as needed
- All new patients encouraged to have enrollment visit before provider visit
- Established patients have an ES visit as needed to renew discount programs and/or enroll in insurance

# At a Salud enrollment visit a client....

- Learns about the services and programs Salud offers
- Is provided important information about policies
- Gets screened for eligibility in various insurances and discount programs
- Is enrolled in discount programs/health coverage if eligible
- Receives education on health insurance lingo and benefits

# Programs

- Health First Colorado Medicaid/CHP+
- Connect for Health Colorado Marketplace insurance
- Colorado Indigent Care Program (CICP)
- Clinic Rate- Salud's sliding fee scale program
- Pharmacy Assistance Program (PAP)
- Other programs

# Clinic Sliding Fee Scale

- FQHCs required to have sliding fee discount program
- Program is funded by federal government (HRSA)
- Per requirements, eligibility is only for 200% FPL and below
- Eligibility based on family size and income (assets cannot be counted)
- FQHC determines type of documentation required to demonstrate income and family size

# Clinic Sliding Fee Scale

- Referred to as “Clinic Rate Discount Program”
- Use CICP manual as baseline for guidelines for program but some major differences apply
- Use same ratings as CICP; Z, N and A-H
- I rating not used as is considered over income for Clinic Rate slide

# Clinic Rate Slide vs. CICP

DIFFERENCES	CICP	CLINIC RATE
LAWFUL PRESENCE	Must be US Citizen/Lawfully Present	Undocumented can apply
PROOF OF IDENTITY	Proof of identity/lawful presence/affidavit required	No proof of identity/affidavit necessary
PROOF OF DIVORCE/SEPARATION	Must show proof if divorced/separated	No proof necessary
DENTAL BENEFITS	Only covers emergency dental services	Covers dental services; see Clinic Rate Sliding Fee Scale for details
MEDICAID/CHP+ ELIGIBLE	Not eligible for CICP	Eligible for Clinic Rate (can help pay for dental services for procedures Medicaid doesn't cover or when Adult dental benefits run out)
CO RESIDENT	Must be CO Resident	No CO Residency requirement
INCARCERATED	Not eligible for CICP	Eligible for Clinic Rate
ASSETS	Counted in income	Not counted in income
SLIDING FEE SCALE	Refer to CICP Sliding Fee Scale	Refer to Clinic Rate Sliding Fee Scale
FEDERAL POVERTY LEVEL (FPL)	250% Cutoff	200% Cutoff

# Who Can Apply?

- Must be Salud patient
- Must fall at 200% FPL or below
- All patients encouraged to apply
- Includes Health First Colorado/CHP+ and CACP clients (for dental benefits)



# Uninsured clients and Clinic Rate

- Undocumented clients- Clinic Rate is often the only way clients can receive discounted health care
- Documented clients-
  - ✓ encouraged to enroll in health insurance first
  - ✓ Screened for eligibility for CACP
  - ✓ If eligible for CACP, enrolled in both CACP and Clinic Rate
  - ✓ If ineligible for CACP, enrolled in Clinic Rate only

# What Are Benefits?

Slide covers the following (fixed copay):

- Medical, dental and behavioral health visits
- Vaccinations
- Medical supplies
- Prescriptions (generic)
- Procedures
- Separate slide for Medical/behavioral health and dental
- Clinic Rate is always payer of last resort

# Clinic Rate Scale- Med/BH

Salud Sliding Fee Scale													
(Effective 04/11/2016)		Homeless	<=40%	<=62%	<=81%	=<100%	<=117%	<=133%	<=159%	<=185%	<=200%	<= 250 %	Over 250%
Rc	Descriptions of Services	Z	N	A	B	C	D	E	F	G	H	I	OI
<b>Visits (Medical &amp; Behavioral Health)</b>													
1	Visits (labs included)	10	10	10	10	10	20	25	30	35	40	107 *	107 *
												(prepay)	(prepay)
2	Vaccination Administration Only Visit (e.g., VFC or Depo)	5	5	5	5	5	10	12	15	17	20	Full Pay	Full Pay
3	P-Program (OB related visits only) Clinic Patients	5	5	5	5	5	6	7	8	9	10	Not Eligible	Not Eligible
4	Teen Confidential Visit	10	10	10	10	10	10	10	10	10	10	10	10
5	INS Physical and Paperwork	350	350	350	350	350	350	350	350	350	350	350	350
* For all Self-Pay patients (including those with income ratings of I and OI ) are responsible for the full-amount of services they receive. Please remind these patient that while we will pre-collect the specified amount, they will be billed the remaining balance.													

# Clinic Rate Scale- Dental

Salud Full Dental Fee and Sliding Fee Scale (Effective 6/1/2015)															
CDT	CDT CODE DESCRIPTION	La	Full Fee	Homeless	<=40%	<=62%	<=81%	=<100%	<=117%	<=133%	<=159%	<=185%	<=200%	<= 250 %	Over 250%
				Z	N	A	B	C	D	E	F	G	H	I	OI
D0120	PERIODIC ORAL EXAMINATION	N	50	11	11	11	11	11	16	21	26	31	36	50	50
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	N	65	14	14	14	14	14	21	27	34	40	47	65	65
D0145	ORAL EVALUATION, PT < 3YRS	N	69	15	15	15	15	15	22	29	36	43	50	69	69
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIE	N	80	20	20	20	20	20	26	34	42	50	58	80	80
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED	N	155	30	30	30	30	30	50	65	81	96	112	155	155
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED ESTABLISHED PA	N	50	11	11	11	11	11	16	21	26	31	36	50	50
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHE	N	84	20	20	20	20	20	27	35	44	52	60	84	84
D0190	SCREENING OF A PATIENT	N	44	9	9	9	9	9	14	18	23	27	32	44	44
D0191	ASSESSMENT OF A PATIENT	N	31	6	6	6	6	6	10	13	16	19	22	31	31

# CICP scale vs. Clinic Rate scale

## CICP

Salud Sliding Fee Scale													
(Effective 04/11/2016)		Homeless	<=40%	<=62%	<=81%	=<100%	<=117%	<=133%	<=159%	<=185%	<=200%	<= 250 %	Over 250%
Rc	Descriptions of Services	Z	N	A	B	C	D	E	F	G	H	I	OI
41	CICP - Visits (Includes Labs up to rate H)	-	7	10	10	10	20	25	25	35	35	40	Full Pay
42	CICP - Lab Copay	-	-	-	-	-	-	-	-	-	-	35	Full Pay

## Clinic Rate

Salud Sliding Fee Scale													
(Effective 04/11/2016)		Homeless	<=40%	<=62%	<=81%	=<100%	<=117%	<=133%	<=159%	<=185%	<=200%	<= 250 %	Over 250%
Rc	Descriptions of Services	Z	N	A	B	C	D	E	F	G	H	I	OI
Visits (Medical & Behavioral Health)													
1	Visits (labs included)	10	10	10	10	10	20	25	30	35	40	107 * (prepay)	107 * (prepay)

# Contact Info

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(303) 289-5157



**Colorado Consumer  
Health Initiative**

**Updated Blue Guide Tool!  
Resources for the Uninsured**

**[Cohealth.co/blue-guide](https://cohealth.co/blue-guide)**

# Find A Provider

Search Nearby - or - Select an Option from the menu to get started.





 **Get my location**

The purpose of this guide is to help uninsured individuals and families, health care providers, and community organizations locate the healthcare options and resources that are available for uninsured and underinsured Coloradans. This online guide provides information about your local health care providers and health care access assistance sites that can help Coloradans apply for and enroll in Medicaid, CHP+, and private insurance through the new online insurance marketplace, Connect for Health Colorado.

This guide was prepared by the [Colorado Consumer Health Initiative](#) with support from the [Caring for Colorado Foundation](#), the [Piton Foundation](#), and [Connect for Health Colorado](#).



Type of Care 

-  All Types
-  General Health
-  Mental / Behavioral
-  Access Assistance
-  Oral / Dental
-  Disability & Elder Care
-  Other

Advanced Filters 



**A Mental Health Center of Denver - El Centro de Las Familias (1.5 miles)**

75 Meade St., Denver, CO  
English: 303-504-7900 Spanish: 303-512-8812 | [View website](#)

**Hours:** M, W 8am- 6pm; T, Th 8am- 7pm; F 8am- 12pm

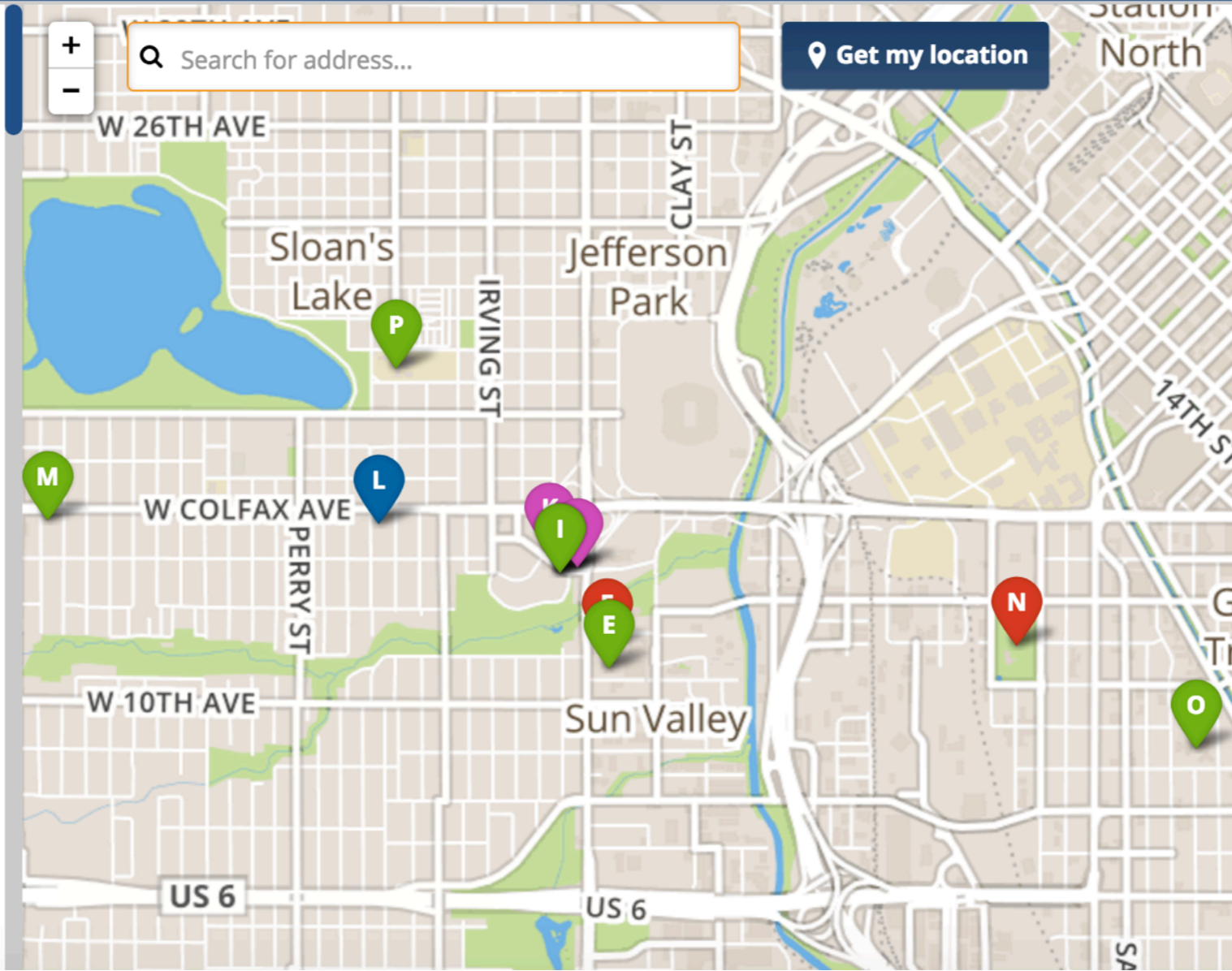
**Services:** Mental/Behavioral Health Care, Substance Abuse Treatment

**B The Bridge Project - Columbine (1.7 miles)**

2390 W. Cedar Ave., Denver, CO  
303-765-4408 | [View website](#)

**Hours:** M-Th 10am- 8pm; Summer Hours M-F 9am-3pm

**Services:** Medicaid Enrollment Assistance, Other



Type of Care

All Types

General Health

Mental / Behavioral

Access Assistance

Oral / Dental

Disability & Elder Care

Other

Advanced Filters



## **Servicios De La Raza** (3 miles)

3131 W. 14th Ave, Denver, CO  
303-458-5851 | [View website](#)

**Hours:** M-F 8am - 5pm

**Services:** Mental/Behavioral Health Care, Adolescent Care, Substance Abuse Treatment, Case Management, HIV/AIDS Treatment & Care, STI Testing, Treatment, & Prevention, LGBT Health Services, Medicaid Enrollment Assistance, Connect for Health Colorado Enrollment Assistance

[Download the Guide](#)

[En Español](#)

 [Show Filters](#)



**Type of Care** ▼

**Advanced Filters** ▼

Keyword Search  

**Safety-Net Type**  
Select type of care ▼

**Services Provided**  
Select services ▼

**Age Groups Served**  
Select age groups ▼

**Populations Served**  
Select a specialization ▼

**Languages Spoken**  
Select specific populations ▼

**Payment Assistance & Special Accommodations**

Updated App for  
Android and iOS  
devices coming  
November

# Questions?

