



The Arc[™]

Arapahoe & Douglas Counties

Building Blocks: Session 2

Navigating health care
options to include Medicaid
and private insurance

FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Achieve with us.

What You Will Learn

- A brief overview of Medicaid.
- The Medicaid Buy-in program
- Basic understanding of Private Insurance
- How Medicaid and Private Insurance work together.
- Health Insurance Buy-In (HIBI)
- The Child Mental Health Treatment Act

Crash Course in Medicaid

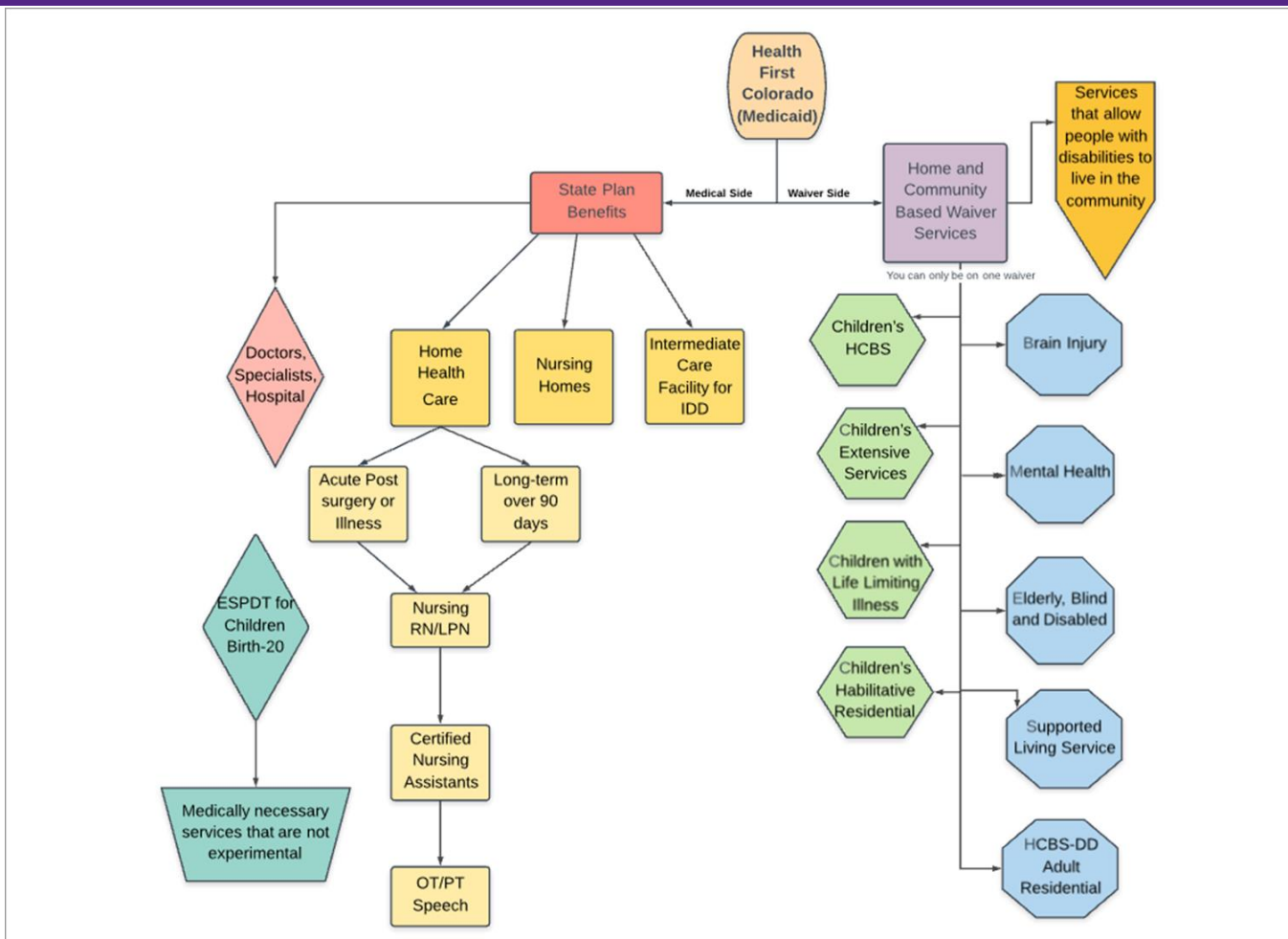
- Think of Medicaid like a house.
 - There are many ways to get in and each point of entry entitles the individual to different services.
- Medicaid is NOT Medicare.
 - These are two distinct programs. This program will focus on Medicaid.
- Think of the HCBS Child/Adult Waivers as different rooms in the Medicaid house.



Health First Colorado?

- Health First Colorado = Colorado Medicaid
- Colorado Medicaid is now called Health First Colorado.
 - The new name reflects the significant changes that have been made to modernize Colorado's Medicaid program to engage members and improve the quality and coordination of care.
- While the name and look of Colorado Medicaid have changed, member eligibility, benefits, and providers will remain the same.

Crash Course in Medicaid



What is the difference between Health First Colorado and Home and Community Based Services

Health First Colorado provides its members with base medical benefits.

- These benefits (sometimes referred to as State Plan Benefits) include:
 - Primary Care,
 - Pharmacy,
 - Home Health, and
 - Dental Services
 - Among many more
 - Some of these benefits have restrictions.

Home and Community Based Services (HCBS) are additional benefits within Health First Colorado:

- Designed to allow individuals at risk for institutional placement to remain in the community.
- A person is said to be at risk for institutional care/placement if his/her needs require care that would typically be provided through a hospital, nursing facility, or intermediate care facility.

Single Entry Points:

- Rocky Mountain Human Services - Single Entry Point
- 9900 E. Iliff Avenue
- Denver, CO 80231

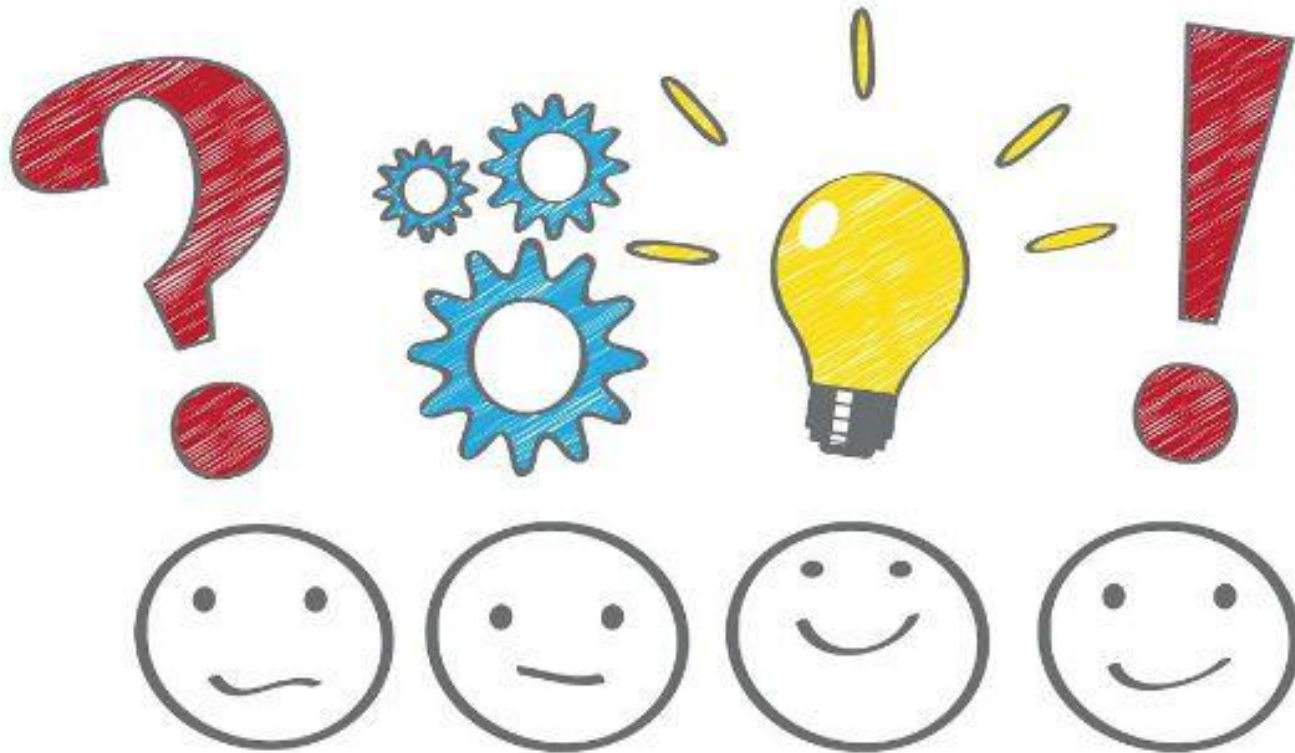
- Main Phone: 1-844-790-RMHS (7647)

- Website: www.rmhumanservices.org

- County Contact number:
 - Douglas Phone: (303) 688-4825
 - Arapahoe Phone: (303) 636-1130

- Community Centered Boards Intake phone number:
 - Developmental Pathways: (303) 858-2260
 - Arapahoe and Douglas Counties (and the city of Aurora)
 - Rocky Mountain Human Services: (303) 636-5862
 - Denver County
 - Developmental Disabilities Resource Center (303) 233-3363
 - Jefferson, Summit, Gilpin and Clear Creek counties
 - North Metro Community Center (303) 457-1001
 - Adams County (Excluding the City of Aurora)

Questions?



Every system has:

- Eligibility
- Terms
- Laws/rules
- Procedures
- Benefits
- An Appeal process

Learn them!!!!

Private Insurance

Two types of Private Insurance

	Commercially Insured	Self-Insured
Who pays healthcare costs?	Employer pays premium to health insurance company; insurance company pays healthcare costs	Employer pays all healthcare costs
Who does administrative work?	Insurance company	Employer, or the employer hires a third party administrator
Who regulates the healthcare plans?	State and federal governments	Federal government; plans are exempt from many state insurance regulations

- **Self-insured (self-funded)** health plan, employers (usually larger) operate their own health plan as opposed to purchasing a fully-insured plan from an insurance carrier.
- Colorado State Law applies to the Division of Insurance (DOI) which has oversight
- Look for CO DOI on your card

• Private

- Co Payment
- Deductible
- Max Lifetime Benefit Cap
- Medically Necessary
- Open Enrollment
- Pre-existing Condition
- Prior Authorization (PAR)
- Benefit
- Case Manager - RN

• Public

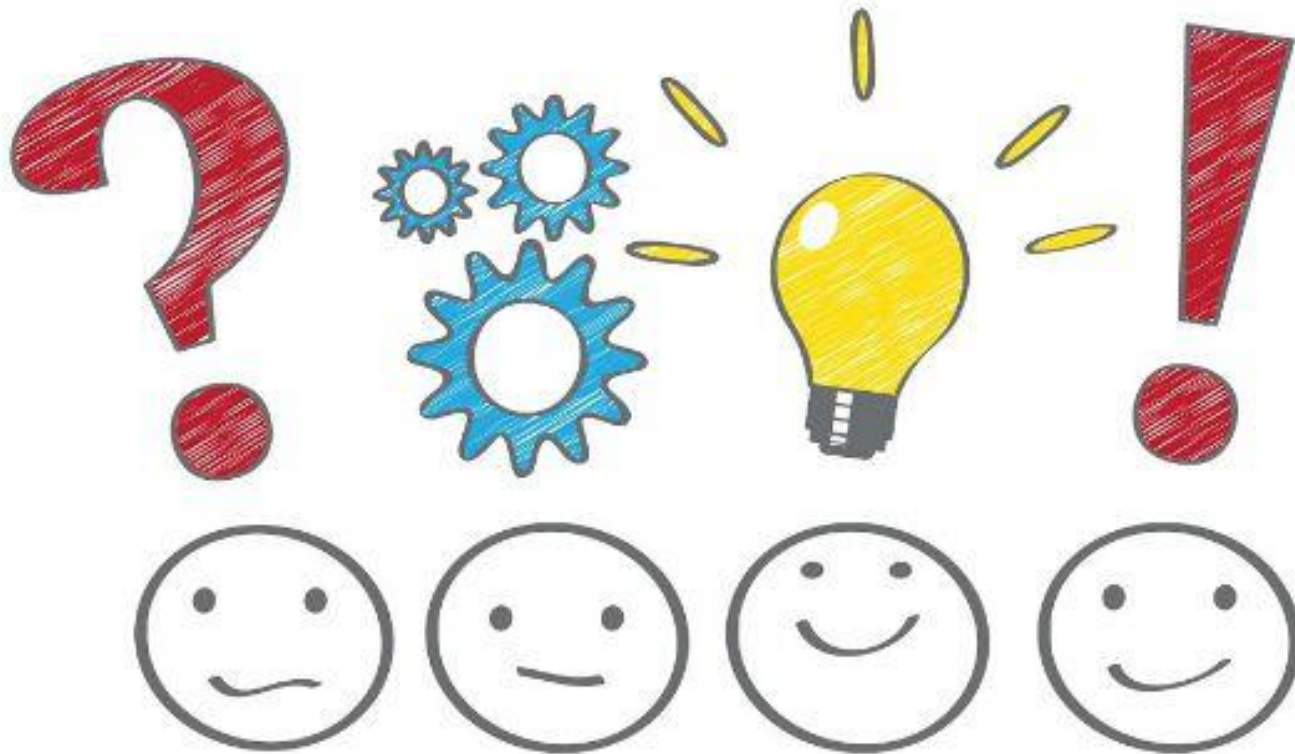
(Medicaid/CHP+)

- Co Payment Exempt
- Medically Necessary
- Open Enrollment
- Eligibility
- Prior Authorization (PAR)
- Durable Medical Equipment
- Benefit
- Rehabilitative
- Amount, Duration
Scope
- Lifetime

Communicate it clearly:

- What is it?
- Who Decides?
- How is it Proven?
- Why it is important?
- Understand there are many definition!
- Document why it is Medically Necessary
- And always ask for things in writing!

Questions?



Health Insurance Buy-In (HIBI) Program

Health Insurance Buy-In (HIBI) is a premium assistance program for Health First Colorado (Colorado's Medicaid Program) members. It sends monthly payments to you for all or a portion of the cost of your commercial health insurance premiums, and in some cases also reimburses you for deductibles, co-insurance, and co-payments.

For more information about HIBI visit www.mycohibi.com, or contact HIBI via email at customerservice@mycohibi.com or phone 1-855-692-6442.

Health Insurance Buy-In (HIBI) Program

- Who Qualifies?
 - You must qualify for Health First Colorado and have access to commercial health insurance.
 - Qualifying for HIBI does not affect your Health First Colorado eligibility.
 - Federal law requires employers to allow you to enroll in their group insurance within 60 days of when you are found eligible for HIBI, even if this occurs outside of your employer's usual open enrollment period.
 - The annual cost of your commercial health insurance must be less than the estimated total cost of your annual medical expenses, out-of-pocket costs and administrative costs.
 - You can have a high-cost medical condition and still be considered for this program.
 - You do not need to have a catastrophic illness to be considered for this program.

Health Insurance Buy-In (HIBI) Program

- You Benefits and Services
 - Monthly payments for a portion of the cost of your commercial health insurance premiums
 - Benefits from both the HIBI program and Health First Colorado at the same time
 - May also receive reimbursements for payments made toward deductibles, co-insurance, and co-payments if you are visiting a provider within your health insurance network.
 - In some cases, COBRA continuation health insurance is offered for 18-36 months if you are a recently terminated employee. For more information, contact your benefits coordinator.

Health Insurance Buy-In (HIBI) Program

- How To Apply
 - You can submit your HIBI application and documents the following ways:
 - By fax: (855)226-4424;
 - By mail: 1550 Larimer St. Box #1000, Denver, CO 80202; or
 - Online at <http://www.mycohibi.com/apply/>, by clicking on the "Apply online" link
- You must send in the following documents and information when you apply:
 - Completed HIBI application
 - A copy of the front and back of your insurance card
 - Summary of benefits for your policy plan or desired policy plan
 - Your health insurance rate sheet showing employee and employer costs for all tiers of coverage
 - A recent paystub or other verification to show proof of your premium payment
- Once you have applied:
 - A determination letter will be mailed within 45 business days of submitting your application and other required documentation.
 - If you qualify, you will receive monthly payments for a portion of your premium cost for as long as you are eligible for HIBI and are in good standing with the program.
 - If at any point you no longer qualify for participation in HIBI, a letter will be mailed to you explaining why you no longer qualify.

What public programs offer help in paying for health care services?

- Medicaid is a program that pays for health benefits for some Coloradans who cannot afford it.
- When financial eligibility criteria is met, Medicaid covers families with children, pregnant women, the elderly, and people with disabilities.
- People who are not US citizens can only get Medicaid to pay a life threatening medical emergency.
- Apply at your county Dept. of Human Services or any Certified Application Assistance Site or online at www.colorado.gov/PEAK.

What public programs offer help in paying for health care services?

- **Child Health Plan Plus (CHP+):**
 - Is the next step in Colorado's public health insurance programs for uninsured pregnant women and children from birth to age 18 whose families make too much to qualify for Medicaid, but cannot afford private insurance for their children. Apply at your county Dept. of Human Services or any Certified Application Assistance Site or online at www.colorado.gov/PEAK.
- **Supplemental Security Income (SSI):**
 - Is a Federal income supplement program for children and adults with disabilities.
 - A child under age 18 can qualify if he or she meets Social Security's definition of disability for children, and if his or her family's income and resources fall within the financial eligibility limits. Apply at your local Social Security Administration Office (SSA) or online at www.ssa.gov.

What public programs offer help in paying for health care services?

- Medicaid Buy-In Program for Children with Disabilities:
 - Is for families who make too much to qualify for Medicaid, CHP+, and SSI.
 - This program allows families to **'buy into'** Medicaid coverage for their child with a disability (an SSI qualifying disability) by paying monthly premiums based on their family's income.
 - Apply at your county Dept. of Human Services or any Certified Application Assistance Site. Visit www.colorado.gov/hcpf to read the full details of this program.
 - *** A qualifying disability for the Children's Buy-In is determined using the Social Security Administration (SSA) clinical standards. The childhood listings can be reviewed on the SSA website:
www.socialsecurity.gov/disability/professionals/bluebook/ChildhoodListings.htm
- A PCP/Doctor cannot bill you for fees Medicaid does not cover (as long as the provider is a Medicaid provider)

What public programs offer help in paying for health care services?

- Home and Community Based Services (HCBS) Medicaid Waivers:
 - These programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria.
 - Individuals must meet medical and program criteria to access services under a waiver.
 - Financially, they can earn up to 3 times more than they can with SSI.
 - An individual who receives services through a waiver is eligible for all basic Medicaid covered services except nursing facility and long-term hospital care.
 - There is generally a waiting list for many waivers.
 - Families can apply at either their County Dept. of Human Services, Community Centered Board, or their Single Entry Point Agency.

Child Mental Health Treatment Act

- The Child Mental Health Treatment Act
 - is a law that allows families to access community and residential treatment services for their child without having to go through the dependency and neglect process, when there is no abuse or neglect of the child.
- How is the child's eligibility determined?
 - For children with Medicaid, the child must have a mental illness, and require residential level of care determined by the behavioral health organization.
- Where do you go to apply?
 - Only a parent, legal guardian, or child over the age of 15 may apply for services under the Act. If the child has Medicaid, contact the Behavioral Health Organization (BHO) listed on their Medicaid card.
- What is the parent/guardian role once the child is admitted to a residential facility?
 - Family involvement is essential to successful treatment outcomes. This includes participation in developing the treatment plan, review of the child's progress, family therapy, and discharge planning.

Child Mental Health Treatment Act

- What if the child is denied services by the mental health agency?
 - If services are denied, the mental health agency will provide written recommendations of appropriate services for the child and family. The family will need to make decisions and explore resources to pay for these services.
- The mental health agency will also inform the parent/guardian about the appeal process.
 - If the local appeal supports the denial, the parent/guardian may appeal to the Office of Behavioral Health if the child does not have Medicaid. If the child is Medicaid-eligible, the parent/guardian or the BHO may appeal to the Department of Health Care Policy and Financing (Colorado Medicaid).
- What happens if the local mental health agency and county department of human/social services are uncertain about which agency is responsible for providing services under the Act?
 - The agencies should first use their local interagency dispute resolution process. If the matter is not resolved at that level, it should be referred to the Office of Behavioral Health, which will convene a committee to review and recommend a resolution.

Medicaid, CHP+ & Children's Buy-In Income Chart

Income Chart and Premium Guide

Family Size	Monthly Income After Income Adjustments			
	1	0 – \$1,346	\$1,347– \$1,872	\$1,873– \$2,530
2	0 – \$1,825	\$1,826– \$2,538	\$2,539– \$3,430	\$3,431– \$4,115
3	0 – \$2,304	\$2,305– \$3,204	\$3,205– \$ 4,330	\$4,331– \$5,195
4	0 – \$2,782	\$2,783– \$3,870	\$3,871– \$5,230	\$5,231– \$6,275
5	0 – \$3,261	\$3,262– \$4,536	\$4,537– \$6,130	\$6,131– \$7,355
6	0 – \$3,740	\$3,741– \$5,202	\$5,203– \$7,030	\$7,031– \$8,435
7	0 – \$4,219	\$4,220– \$5,868	\$5,869– \$7,930	\$7,931– \$9,515
8	0 – \$4,698	\$4,699– \$6,534	\$6,535– \$8,830	\$8,831– \$10,595
Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Premium	\$0	\$70	\$90	\$120

NOTE: This chart is based on 2018 Federal Poverty Level (FPL) guidelines.

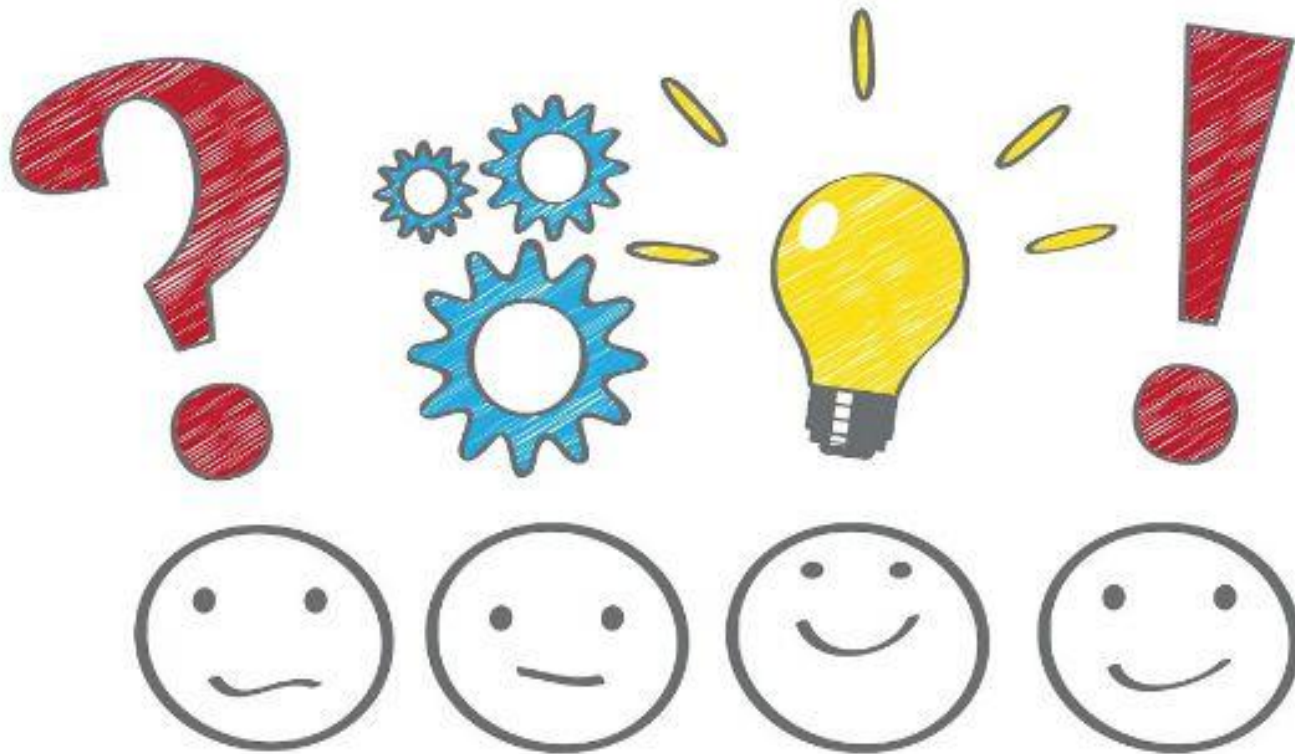
Certain Funding Buckets for Services and Treatment for Children with ASD and DD

A family may have many buckets to pull from:
For Treatment for Children with ASD and DD

- Early Intervention (Might have had)
- Private Insurance (Consider what is covered by your policy)
- Public Insurance—
 - Straight Medicaid, Medicaid Waivers:
[e.g., CES, Children’s HCBS],
 - CHP+ Must consider the cost to a family (deductible, co-pays and coinsurance)
- Private Pay



Questions?





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