



COLORADO

Department of Health Care
Policy & Financing

An Overview of the Income Eligibility and Verification System (IEVS) Letter

October 2016

Background

Once every three months, the Income Eligibility and Verification System (IEVS) compares the income that a Modified Adjusted Gross Income (MAGI) Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+) member most recently reported with the income employers report to the Colorado Department of Labor and Employment (CDOLE) for all of their employees. When the self-reported amount and the employer-reported amount are significantly different or, more precisely, not [reasonably compatible](#), the person will receive what is called an IEVS letter asking them to provide an explanation of why the numbers are different, and/or to provide proof that the income received through IEVS is inaccurate.

Under federal requirements, if a person does not provide either a [reasonable explanation](#) for the employer-reported income or proof that the IEVS amount is inaccurate within 90 days after the IEVS letter is mailed, they are likely no longer eligible for Health First Colorado and their coverage will be terminated.

Frequently Asked Questions

What does it mean that the self-reported income and the employer-reported income are not reasonably compatible?

If the employer-reported income through IEVS is more than 10 percent higher than the self-reported income from the individual, AND the person qualifies for Health First Colorado using the self-reported income, but does not qualify for Health First Colorado using the employer-reported income individual, then the two income amounts are not reasonably compatible.

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What does a member need to do when they receive an IEVS letter?

A member has three options when they receive an IEVS letter.

1. **Take no action.** In this situation, the individual is most likely no longer eligible for Health First Colorado. Ninety days after the IEVS letter is mailed, their eligibility will be re-determined using the IEVS income and they will be sent a Notice of Action terminating their coverage because they are over-income.
2. **Provide proof that the income reported in the IEVS letter is incorrect** within 90 days after the notice is mailed. This date is indicated on the IEVS letter. If they provide proof that the income from IEVS is inaccurate, their eligibility will be re-determined based on the new proof of income.
3. **Provide a reasonable explanation** of why their self-reported and the employer-reported income were different within 90 days after the notice is mailed. This date is printed on the IEVS letter. If they provide a reasonable explanation, their coverage will continue uninterrupted.

What is a reasonable explanation?

The “reasonable explanations” under federal law for a difference between self-reported income and employer-reported income are:

- Stopped working at the job
- Number of hours worked at the job changed
- Pay at the job changed
- A new person has joined the individual's household
- A person left the individual's household

If an individual receives an IEVS letter and provides one of these reasonable explanations within 90 days for why their self-reported income and the employer-reported income are different, their coverage will not be impacted by the IEVS letter.



STATE OF COLORADO



Case Number: 1BXXXXX
Beyonce Butterfly
1234 MAIN ST
DENVER CO 80000-0000

10/01/2016

We are required to check work income through the Colorado Department of Labor and Employment (CDOLE) for all individuals who receive Medical Assistance.

You are receiving this letter because the income reported by CDOLE for an individual in your household is different from the income you had previously reported.

The income reported by CDOLE was \$5612.50 for the time period of 04/01/2016 to 06/30/2016. This amount is over the income limit for medical assistance and will disqualify some or all members of your household for the program.

CDOLE reported this income information for Beyonce Butterfly from COLORADO COMPANY INC. If Beyonce Butterfly does not work for this employer, please contact me and also contact the employer.

If this income amount is correct, you do not need to respond. The information received from CDOLE will be considered correct and some or all members of your household may no longer get medical assistance. If this is the case, you will receive a letter after 12/31/2016 stating you are no longer eligible.

If the income reported from CDOLE is not correct, you must respond by 12/31/2016.

You may respond by explaining the reason (below) why the income is not correct:

- Stopped working
- Hours changed
- Wage or salary changed
- Change in employment
- Marriage, legal separation, or divorce
- Death in family
- Other (Provide reason): _____

If the reason is "Other," please provide current income verification via employer letter or by pay stubs returned with this letter.

You may return this letter to me by no later than 12/31/2016, at the address below or call me at the number below for further assistance.

Thank you,

County Office

1234 STREET ST
DENVER CO 80000-0000
(720) 111-1111



COLORADO

Department of Health Care
Policy & Financing

An Overview of the MAGI Health First Colorado Redetermination (RRR) Packet

October 2016

Background

Once every 12 months the Department of Health Care Policy and Financing is required by federal law to verify the eligibility of individuals enrolled in Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+). This annual check before someone's coverage is continued is called redetermination or RRR.

Sixty days before their renewal date, the household is sent an RRR packet. Members have until the 15th of the renewal month to report any changes to the information in the packet. The RRR packet along with any changes the member reports are used to determine whether the individuals in a household still qualify for Medical Assistance.

Frequently Asked Questions

Who receives an RRR packet?

Most Health First Colorado and CHP+ members will receive an RRR packet once every 12 months when it is time to renew their coverage. Individuals whose eligibility was verified using information from another assistance program, such as Food Assistance, from within the three months leading up to the redetermination date, will not be sent an RRR packet.

When will they receive the RRR packet?

Members are sent an RRR packet 60 days before their renewal date.

What do members need to do with the RRR packet?

Members should review the RRR packet and the pre-populated information about their household. If any of the information is no longer accurate, or if the individual or

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household circumstances have changed (e.g. they have moved, had a child, started or stopped working), they need to report those changes by the 15th of the renewal month.

If all of the information in the RRR packet is still accurate and correct, nearly all information can be verified through electronic interfaces. Self-employed individuals will still need to turn in a new profit or loss statement. For all other MAGI Health First Colorado and CHP+ members with no changes, no further action is required by the member and their eligibility will automatically be re-determined for the next 12 months.

How can members respond to the RRR packet?

Clients are encouraged to use [Colorado.gov/PEAK](https://colorado.gov/PEAK) to report changes for their redetermination, but they can use the prepopulated form that arrives in the mail, use a separate piece of paper, or provide the information verbally to the eligibility site listed on their RRR packet.



STATE OF COLORADO



Bono Beanie
1BXXXXX

1111 STREET ST
PLACE CO 80000-0000

09/03/2016

Redetermination Notice for Medical Assistance

Dear Bono Beanie,

It is time to see if you are, or your family, is still eligible for your medical benefits. Please review the current information we have in **Section I below**. If there are changes to current information or missing information, please complete **Section II** and return the information to us or you can enter your changes on PEAK Redetermination at www.Colorado.gov/PEAK by 10/05/2016.

You may receive two separate Medical Assistance Redetermination Notices due to your household circumstances. If you have changes to each notice, please report changes for both notices.

Please review **Section II** for new information needed as of October 1, 2013. You may call to provide this information or return this form. We will check to see if you are still eligible for benefits with the information we have. You may need to give us documents to see if you are, or your family, is still eligible. If we need documents from you, we will let you know.

If you are a member of Child Health Plan Plus (CHP+) you have 90 days from the date of this letter to change the CHP+ Health Plan you are enrolled with. If you would like to change, please call HealthColorado (303) 839-2120 / Outside of Denver: 1-888-367-6557), and they will assist you.

You must report your changes. If you have changes and don't report them, you may have to pay back medical payments paid by Health First Colorado (Colorado's Medicaid Program) or CHP+.

Want fast and convenient access to your Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+) benefit information on the go? Download the PEAKHealth app on your smartphone for free at the iTunes and Android stores to manage your Health First Colorado (Colorado's Medicaid Program) and CHP+ benefits.

Section I: Your information on file

Client's Name: Bono Beanie			
Client's Date of Birth: 01-01-1980	Requesting Medical Assistance Y/N: Y		Employed Y/N: Y
Employer Name	Inc Type	Amount	Frequency
GREEN BEAN BUSINESS PLACE	WAGE - CDLE	5397.51	Quarterly
CUSTOM BUSINESS LLC	WAGE - CDLE	10062.27	Quarterly
Green Bean	Wages, Salaries, Bonus and Commissions	1120	Every 2 weeks
WORK HARD SOLUTIONS INC	WAGE - CDLE	8393.88	Quarterly

Self-Employed Y/N: N	Amount	Frequency	
Unearned Income Y/N: N	Type	Amount	Frequency
Roomers/Boarders Y/N: N	Amount	Frequency	
Tax Payer Y/N: N			
Livings with both parents, but parents do not expect to file a joint return Y/N: N			
Expects to be claimed by a non-custodial parent Y/N: N			
Expects to be claimed as a tax dependent on someone else's tax return Y/N: N			

Client's Name: Gigi Grape			
Client's Date of Birth: 01-01-2001	Requesting Medical Assistance Y/N: Y	Employed Y/N: N	
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount	Frequency	
Unearned Income Y/N: N	Type	Amount	Frequency
Roomers/Boarders Y/N: N	Amount	Frequency	
Tax Payer Y/N: N			
Livings with both parents, but parents do not expect to file a joint return Y/N: N			
Expects to be claimed by a non-custodial parent Y/N: N			
Expects to be claimed as a tax dependent on someone else's tax return Y/N: N			

Client's Name: Tammy Tomato			
Client's Date of Birth: 03-03-2003	Requesting Medical Assistance Y/N: Y	Employed Y/N: N	
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount	Frequency	
Unearned Income Y/N: N	Type	Amount	Frequency
Roomers/Boarders Y/N: N	Amount	Frequency	

Tax Payer Y/N: N
Living with both parents, but parents do not expect to file a joint return Y/N: N
Expects to be claimed by a non-custodial parent Y/N: N
Expects to be claimed as a tax dependent on someone else's tax return Y/N: N

Client's Name: Clara Clementine			
Client's Date of Birth: 07-07-2007	Requesting Medical Assistance Y/N: Y	Employed Y/N: N	
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount		Frequency
Unearned Income Y/N: N	Type	Amount	Frequency
Roomers/Boarders Y/N: N	Amount		Frequency
Tax Payer Y/N: N			
Living with both parents, but parents do not expect to file a joint return Y/N: N			
Expects to be claimed by a non-custodial parent Y/N: N			
Expects to be claimed as a tax dependent on someone else's tax return Y/N: N			

Section II: Report Your Changes-

Starting October 1, 2013, changes in Federal law require Colorado to ask additional questions about you and your family. We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it.

Instructions: Please complete for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family members who live with you. (Use More Paper if Necessary)

Do You Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Health First Colorado (Colorado's Medicaid Program), CHP+, or health insurance even if you do not file a federal income tax return.</i>
1. Will you file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will you claim any dependents on your tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will you be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are you related to the tax filer?	

Does Anyone Else in the Home Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Health First Colorado (Colorado's Medicaid Program), CHP+, or health insurance even if you do not file a federal income tax return.</i>
Name		
1. Will they file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will they claim any dependents on their tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will they be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are they related to the tax filer?	

I am reporting the following change(s) (Check the boxes next to each change):

Change of address or phone number: _____

Pregnancy:
 Pregnant Woman's Name: _____ Due date: _____

Person leaving my home:
 Name: _____ Date of birth: _____
 Date left home: _____
 Relationship of this person to you: _____

Person added to my home:
 Name: _____ Date of birth: _____
 Does this person plan to file a federal income tax return NEXT YEAR? Yes No
 Does this person have any dependents? Yes No
 If yes, list name(s) of dependents: _____
 Is this person claimed as a dependent on someone else's tax return? Yes No
 If yes, please list the name of the tax filer: _____
 How is this person related to the tax filer? _____

*If this person is requesting Medical Assistance, please include the information below.

Social Security Number or Date Applied: _____
 Date entered my home: _____
 Relationship of this person to you: _____

For more information, call me or visit www.Colorado.gov/HCPF

Changes to Work (For Example: new job, change in hours, lost job, new self-employment):

Name of person working: _____

Name of Employer: _____

Gross amount received: \$ _____

Date received: _____

Type of income: _____

Check if:

This Work is Commission based (Examples: Car Sales, Real Estate, Tip based employees): _____

This Work is Seasonal (Examples: Certain Ski Resort Employees, Certain Farm Workers): _____

*If anyone is currently self employed, please send a copy of a profit and loss statement or business ledger from this or last month

Changes to Non-Work Income (For Example: child support, social security, unemployment, gifts or cash) :

Name of person receiving: _____

Gross monthly amount received: \$ _____

Date received: _____

Type of income: _____

Other Changes: (For Example: Social Security Number for a newborn children, name change, marriage, divorce, change in immigration status, school attendance, etc.)

Please explain:

Signature

Date

If you have any questions, please call me right away.

Thank you,

County Contact Info

(800) 111-1111



Colorado Medical Assistance Program

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE READ IT CAREFULLY.

As a Colorado Medical Assistance Program client, some of your health information is collected and maintained by the State of Colorado, Department of Health Care Policy and Financing. The Department is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The Department is required to follow the terms of this Notice. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may effect all health information maintained by the Department. If our privacy practices change, you will be mailed a new Notice. The updated version will also be available on the Department's web site (<http://www.chcpf.state.co.us>).

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

Treatment: We will use and share your health information to ensure you are provided medical treatment and services. For example, the Department may share your health information with a doctor or hospital that is giving you health care.

Payment: We will use and share your health information to pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing the Department for your health care services.

Health Care Operations: We will use and share your health information for Department operations necessary to make sure our clients receive quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess the care you received.

Future Communications: We may use your health information to mail you information on health care programs and health care choices.

Legal Requirements: We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.

Research: Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

Health Oversight Activities: We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation.

Workers Compensation: We may share your health information with programs that give benefits for work-related injuries or illness.

National Security and Intelligence Activities: We may share your health information to authorized federal officials for activities related to national security and special investigations.



Colorado Medical Assistance Program

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION (cont.):

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information to the correctional institution or law enforcement official for the purposes of health care or safety.

Other uses or sharing of your health information will be made only with your written authorization.

YOUR HEALTH INFORMATION RIGHTS:

Right to See and Get a Copy of Your Health Information: You may see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only provide those records that were created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action.

Right to Request that We Correct Your Health Information: If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to amend your information.

Right to a List of Disclosures Made of Your Health Information: You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. No disclosures made prior to April 14, 2003 will be provided.

Right to Request that Your Health Information be Communicated in a Confidential Manner: You may request, in writing to the Department's Privacy Officer, that your health information be provided in a confidential manner, such as sending mail to an address other than your home. The Department will honor reasonable requests.

Right to Request that We Not Use or Share Your Health Information: You have the right to request that we not use or share your health information for treatment, payment, or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request must be in writing to the Department's Privacy Officer, and we will consider your request but we are not legally required to accept it.

Right to a Copy of the Notice: You may ask for a copy of this Notice anytime.

FOR MORE PRIVACY INFORMATION OR TO REPORT A PRIVACY PROBLEM :

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer
Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Telephone: 303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

THE DEPARTMENT CANNOT TAKE AWAY YOUR BENEFITS OR RETALIATE AGAINST YOU IN ANY WAY IF YOU FILE A PRIVACY COMPLAINT.

This notice is effective as of April 14, 2003.



COLORADO

Department of Health Care
Policy & Financing

An Overview of the Verification Checklist (VCL)

October 2016

Background

The Verification Checklist (VCL) is a letter that is sent to individuals or households when additional information is needed to determine or continue eligibility for assistance, including Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus* (CHP+). This letter is sent out by both the Colorado Department of Health Care Policy and Financing (HCPF) and the Colorado Department of Human Services (CDHS). At this time, Connect for Health Colorado sends out a similar but separate VCL.

This overview speaks only to the VCL sent out by HCPF for Medical Assistance.

Frequently Asked Questions

Who will receive a VCL?

A VCL will be sent to an individual or household who reported information that cannot be verified by the Colorado Benefits Management System (CBMS) through an electronic data source otherwise known as an interface. This includes applicants who submit an application that is missing information needed for an eligibility determination.

When will they receive a VCL?

When information about an individual or household cannot be verified through one of the various interfaces used for eligibility determinations, a VCL will be sent requesting that the member provide the necessary information. The VCL will also include a due date for the requested information.

Examples of what may be requested on a VCL, include bank statements, Social Security Number cards, and proof of identification.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



What do members need to do when they receive a VCL?

When a member or applicant receives a VCL, the member is required to provide the requested information online through their [Colorado.gov/PEAK](https://colorado.gov/PEAK) account, or directly to the eligibility site listed on the letter by the due date on the letter. Members have ten days to provide most verifications. For citizenship and identity, the member is given 90 days to provide verification.

An individual may lose or be denied eligibility for Medical Assistance if they do not provide the documentation requested in the VCL. If a person is denied or terminated for Medical Assistance, they will receive a separate Notice of Action with that eligibility determination.



STATE OF COLORADO



April Apricot
 APT 1
 123 MAIN STREET
 DENVER CO 80000-0000

Eligibility Technician
 CNTY
 1200 FEDERAL BLVD
 DENVER CO 80204-3221

Case #
 02/23/2016

Fax: (720) 111-1111

Subject: Verification Checklist

Dear April Apricot

This letter is to tell you that we need proof of some information. The following page(s) lists the following information:

- **Name** - the person that the proof is needed for
 If there is no name listed, the information needed is household information. For example, if your date of birth needs to be verified, your name would be listed. If your housing cost needs to be verified, no individual's name would be listed.
- **Need Proof of** - lists the information that we need proof of
- **Program Group** - the name of the program that needs the proof
- **Due Date** - the date the proof must be returned
- **Notes** - more about what is needed

The proof must be returned to the address shown above by the Due Date. If it is not received by the Due Date, a decision will be made based on the information that we have.

You may continue to receive this notice for Medical Assistance until the proof is returned. This is a reminder to your household that you still need to return proof of this information. The Due Date listed is the original date that the proof needed to be returned. Returning the proof of the expense may change your patient payment to the nursing facility.

Each Program Group listed may need the same proof. The Due Dates could be different for each Program Group. To make sure that the proof is returned in time for each Program Group, please return the proof by the earliest Due Date. Your household must provide the proof for each program listed on the following pages.

- If your household has applied for assistance for the program(s) listed; all of the information must be returned on or before the Due Date for each program. If the proof is not received by the Due Date, your application for that program may be denied.
- If your household is currently receiving assistance from the program(s) listed; the proof must be returned on or before the Due Date for each program. If the proof is not received by the Due Date your household may be discontinued for that programs benefit.
- You may continue to receive this notice for proof of Expenses for the Program Groups of Food Stamps, Colorado Works or Long Term Care until the proof is returned. This is a reminder to your household that you still need to return proof of this information. The Due Date listed is the original date that the proof needed to be returned. If you return the proof of these expenses, your household benefits may increase for Colorado Works or Food Stamps. For the Long Term Care Program, returning the proof of the expense may change your patient payment to the nursing home.

Please feel free to contact the worker listed at the top of this letter if:

- You need help getting the proof we are asking for;
- You have any questions regarding this letter; or
- You cannot return the proof by the Due Date listed (we may be able to give you extra time to return the proof).

NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
Mark Melon	Identification	Medical Assistance	05/13/2016

Notes : We need proof of your identification. Documents include, but are not limited to, U.S. Driver's License, Identification card, or a U.S. military card.

Mark Melon	U.S. Citizenship	Medical Assistance	05/13/2016
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Notes :

April Apricot	Identification	Medical Assistance	05/13/2016
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Notes : We need proof of your identification. Documents include, but are not limited to, U.S. Driver's License, Identification card, or a U.S. military card.

April Apricot	U.S. Citizenship	Medical Assistance	05/13/2016
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Notes :



STATE OF COLORADO



Case Number: 1BXXXXX
Rubber Duckie

100 COUNTY ROAD
PLACE CO 80000-0000

Client ID: 0000000000

ConnectforHealthCO
ConnectforHealthCO
PO BOX 35681
COLORADO SPRINGS CO 80935-3681
(855) 752-6749

Connect for Health Colorado
Customer Service Center
P.O. Box 35681
Colorado Springs, CO 80935
855-752-6749

Medical Assistance Contact: ConnectforHealthCO

Date and time of eligibility determination: 07/18/2016 06:58 PM

Authorization Number: 123456789

Please review the entire notice to see what your household qualifies for.

	Approval: Your application has been approved for the following individual(s).		
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date
CHP+ Assistance	Little Girl - O111111 Little Boy - O222222	07/15/2016	07/15/2016
Additional Information:			
Your CHP+ medical and dental cards will be in a separate letter. If you need to see a doctor before you get your card in the mail, call (800) 414-6198 or visit www.chpplusproviders.com . You will still need to pick an HMO. If you know which HMO you want, call (800)359-1991 and select option #5. THE DENTAL BENEFIT IS NOT EFFECTIVE UNTIL YOU RECEIVE THE CARD. If you do not receive a dental packet within 6 weeks contact Delta Dental of Colorado at 303-741-9305 or 800-610-0201.			
Supporting Rule:			
10 CCR 2505-3, Section 140.1 & 410.2. B.			

	Approval: Your application has been approved for the following individual(s).			
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Eligibility Start Date	Tax Credits/ Cost Sharing Reductions

 Approval: Your application has been approved for the following individual(s).				
Tax Credits	Rubber Duckie - O333333	08/25/2015	09/01/2016	Up to 275.86 a month per household.
Cost Sharing Reductions	Rubber Duckie - O333333	08/25/2015	09/01/2016	73.00 % AV All Level Plans
Qualified Health Plan	Rubber Duckie - O333333	08/25/2015		Not Applicable
Colorado Young Adult Plan	Rubber Duckie - O333333	08/25/2015		Not Applicable

Additional Information:

The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado is required to keep your information private and confidential.

Tax Credits	Papa Duck - O444444	08/25/2015	09/01/2016	Up to 275.86 a month per household.
Cost Sharing Reductions	Papa Duck - O444444	08/25/2015	09/01/2016	73.00 % AV All Level Plans
Qualified Health Plan	Papa Duck - O444444	08/25/2015		Not Applicable

Additional Information:

The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.



Approval: Your application has been approved for the following individual(s).

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado is required to keep your information private and confidential.

Qualified Health Plan	Little Girl - O111111	08/25/2015		Not Applicable
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Additional Information:

The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado is required to keep your information private and confidential.

Qualified Health Plan	Little Boy - O222222	08/25/2015		Not Applicable
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Additional Information:

The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado is required to keep your information private and confidential.

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Additional Language Assistance

English	If you need help understanding this document, please call 1-800-221-3943 / 1-855-752-6749. We can provide an interpreter for free.
Español	Si necesita ayuda para entender mejor este document comuníquese al 1-800-221-3943 / 1-855-752-6749. Le podemos asistir gratuitamente con un intérprete.
普通话	如果您在理解本文方面需要帮助，请致电 1-800-221-3943/1-855-752-6749。我们将免费提供口译服务。
Tiếng Việt	Nếu bạn cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-800-221-3943/1-855-752-6749. Chúng tôi có thể cung cấp phiên dịch miễn phí.
한국어	이문서를 이해하는데있어도움이필요할경우 1-800-221-3943/1-855-752-6749번으로전화하십시오. 무료 통역서비스를제공해드립니다.
Русский	Если вам нужна помощь, чтобы понять этот документ, пожалуйста, позвоните по номеру 1 800 221 3943/1 855 752 6749. Мы можем предоставить бесплатные услуги переводчика.
العربية	مترجم توفير بمتكنا 1-800-221-3943/1-855-752-6749 على الاتصال فالرجاء، المستند هذا فهم في مساعدة إلى بحاجة كنت إذا بجاء.
Ntawv Hmoob	Yogkojxav tau kev pab qhia kom nkagsiab cov ntaub ntawv no, thov hurau 1-800-221-3943/1-855-752-6749. Peb tuaj yeempabib tug kwstxhais lus pub dawbraukoj.
አማርኛ	ይህን ሰነድ ለመረዳት እገዛ ከፈለጉ እባክዎ በስ.ቁ. 1-800-221-3943/1-855-752-6749 ይደውሉ። አስተርጓሚ በነፃ ልናቀርብልዎት እንችላለን።
नेपाली	यादि तपाइलाइ यो कागजात बुझ्न सहयोगको चाहिन्छ भने, कृपया 1-800-221-3943/1-855-752-6749 मा टेलिफोन सम्पर्क गर्नुहोस् । हामी तपाइलाइ नि:शुल्क दोभाषे उपलब्ध गराउन सक्छौ ।
Soomaali	Haddii aad u baahantahay kaalmo si aad u fahanto xogtan, fadlan la soo hadal 1-800-221- 3943/1-855-752-6749. Waxa aannu kuu heli karaynaa afceliyeen (turjubaan) bilaa
Français	Veillez téléphoner au 1-800-221-3943/1-855-752-6749 si vous avez besoin d'aide concernant l'explication de ce document. Nous pouvons vous proposer un interprète gratuitement.
Deutsch	Wenn Sie zum besseren Verständnis dieses Dokuments Hilfe benötigen, rufen Sie uns unter 1-800-221-3943/1-855-752-6749 an. Wir können Ihnen kostenlos einen Dolmetscher zur Verfügung stellen.

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You have the right to a fair hearing if you disagree with the decision

Your right to appeal	<p>Medicaid Determination – If you think any part of this decision is wrong, you may ask for (1) a State Hearing (2) a County or Medical Assistance (MA) site conference; or (3) both. Tell your worker if you need help with your appeal.</p> <p>If you are appealing a Qualified Health Plan, a Colorado Young Adult Plan, Tax Credits and/or Cost Sharing Reductions eligibility determination, please see the Connect for Health Colorado Appeals Rights section below.</p> <p>If you think the conference decision is wrong, you may ask for a state level hearing within ten (10) days from the date of the conference decision. You may also skip this meeting altogether and ask for a state level hearing. Also, you may contact your local legal services office about getting free legal help. If your benefits end, you may reapply at any time.</p>
Legal help	<p>If you want to apply for free legal help, call Colorado Legal Services' Denver office at 303-837-1313 or contact your local Colorado Legal Services office.</p>
County or Medical Assistance Conference	<p>You may request an informal meeting (conference) with county staff, other than the worker taking the action, to go over your case with you. If you want a county conference you need to: (1) send or take a letter to your county worker as shown on page 1 of this notice; (2) include the following information in the letter: your name, your mailing address, your daytime telephone number and either a copy of this notice or the “Case Number” number at the bottom of each page of this letter; (3) for medical or cash assistance, your request must be received before the effective date on page 1 of this notice; for food assistance, you have until <u>10/18/2016</u>. Be sure to keep a copy of your request for your records.</p> <p>At a county conference you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.</p> <p>Please contact your Eligibility Worker at the number listed on the first page of this notice with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away.</p>
State Hearing	<p>You may ask for a formal hearing with an Administrative Law Judge. Your request must be received on or before 08/19/2016, even if you have asked for a county conference. For Food Assistance: Your request must be received on or before 08/19/2016 to ask for a state level hearing or within ten (10) days the date of the county conference decision.</p> <p>To ask for this State Hearing you need to either (1) sign this notice and send or fax it to the Office of Administrative Courts or (2) send or fax a</p>

	<p>letter that includes your name, your mailing address, your daytime telephone number, the reason you are appealing, and (for medical assistance) a copy of this notice to the Office of Administrative Courts. Be sure to keep a copy of the request for your records. The letter must be received by the Office of Administrative Courts no later than 08/19/2016, for Medical Assistance and Cash Assistance or 10/18/2016, for Food Assistance. The address and fax number of the Office of Administrative Courts is:</p> <p>Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone # 303 866-2000 Fax# 303-866-5909</p> <p>If your request for a State Hearing is not received within on or before 08/19/2016, for Medical Assistance and Cash Assistance or 08/19/2016, for Food Assistance, you may lose your right to a State Hearing. The Office of Administrative Courts will contact you by mail with the date, time and place for your State Hearing.</p> <p>At a State Hearing you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.</p>
<p>CHP+ Appeals</p>	<p>If you do not agree with your Child Health Plan Plus (CHP+) decision you may file an appeal. You can mail or fax your request for appeal. Your appeal request must be received on or before 08/19/2016.</p> <p>To appeal your CHP+ decision the following information must be submitted: (1) send a letter to CHP+ explaining the reason for your appeal; (2) include the following information in your letter: your name, mailing address, daytime telephone number and either a copy of this notice or the Case ID number found at the bottom of each page of this letter. Your request must be received no later than 08/19/2016. Be sure to keep a copy of your appeal request for your records.</p> <p>The address and fax number for Child Health Plan Plus is: Attn: Customer Service Manager Child Health Plan Plus – Appeals 723 Delaware Street Mail Code 0298 Denver, CO 80204 Phone # 800-359-1991 Fax # 303-602-7639</p>
<p>Continuation of Medical Assistance Benefits</p>	<p>If this notice says that your benefits will stop and you want your benefits to continue while you appeal, you must ask for a county conference or a State Hearing before the effective date of the action. This date is shown on the first page of this notice. Your benefits will then continue until a final agency decision is made. If you lose your appeal, you may have to</p>

	<p>pay back any continued benefits you have received. You may request in writing that your benefits stop while you appeal. If you choose to stop getting your benefits, and you win your appeal, your lost benefits will be given back to you. Contact the worker shown on page 1 of this notice for further information.</p> <p>If your benefits end, you may reapply at any time.</p>
Medical Assistance Estate Recovery Program	<p>The Medicaid Program may recover the cost of Medicaid services from the estates of deceased Medicaid clients who were institutionalized or were over the age of 55 when Medicaid benefits were provided, with certain exceptions. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure or see Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State Law C.R.S. Section 25.5-4-302.</p>
Non Discrimination Policy - Medical Assistance	<p>Federal law prohibits discrimination. If you believe that you have been treated unfairly because of race, color, sex, age, religion, political belief, national origin, mental or physical disability, you have a right to complain to your County Department of Human Services, the Colorado Department of Human Services (Adult Financial Services, Colorado Works, Food Assistance) or the Colorado Department of Health Care Policy and Financing (Medicaid programs or CHP+). You can also write a letter of complaint to the Federal government at the following addresses:</p> <p>Office for Civil Rights Region VIII U.S. Dept of Health & Human Services 999 18th St., Suite 417 Denver, CO 80202 1-800-368-1019 TDD 1-800-537-7697</p> <p>U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F, HHH Building Washington, DC 20201 (800) 368-1019</p> <p>If you have a disability, as defined by the Americans with Disabilities Act, you may have rights under the Americans With Disabilities Act (ADA). Contact your county or Medicaid Application site for more information.</p> <p>If you are deaf, hard of hearing or have a disability that affects your speech and use a TTY, you can call Relay Colorado at 1-800-659-3656.</p>
Connect for Health Colorado Appeals Rights	<p>To appeal a decision that you think is wrong regarding a Qualified Health Plan (QHP), a Colorado Young Adult Plan, Tax Credits and/or Cost Sharing Reductions (CSR), you can call Connect for Health Colorado at 855-PLANS-4-YOU (855-752-6749) or (TTY: 855-346-3432) or fill out a form online at ConnectforHealthCO.com to</p>

discuss your concerns, and we will help you.

Important: You have 30 days from the date of this notice to submit an appeal request for yourself or anyone in your household who applied for health insurance. **You must appeal by 08/19/2016.** To appeal means you tell someone at Connect for Health Colorado (the Marketplace) that you think the determination is wrong and ask for a fair review of the determination. You may appeal either being denied Tax Credits or CSR; and the amount of Tax Credits or CSR you received; or your eligibility determination for a QHP or CYA. You may still enroll in a QHP and receive your Tax Credit and/or your CSR benefits while you appeal if you are already qualified. Connect for Health Colorado is not able to resolve Medicaid or CHP+ appeals. If you are appealing Medicaid or CHP+, please contact your eligibility site listed on the front of this notice.

If someone in your household qualifies for a QHP, they may still enroll in a QHP even if they have been denied Tax Credits and/or CSR. They do not need Tax Credits and/or CSR in order to enroll in a QHP and be covered. If someone in your household appeals their eligibility for Tax Credits and/or CSR and is not enrolled in a plan, they might not be able to enroll in a plan after the open enrollment period. Someone who has submitted an appeal but has not enrolled in a plan will only be able to enroll in a plan outside of the open enrollment period if they are newly eligible for financial assistance after a successful appeal.

Once you request an appeal, the Office of Conflict Resolutions and Appeals, a department within the Marketplace, will first attempt to resolve your concerns through an informal resolution process, but this process is not required. During this informal resolution process, we can help you try to resolve your concerns, and you can also provide new information or documents that will help us understand those concerns. If you disagree with the results of the informal resolution process and would like to have your case heard at a formal hearing, the Office of Conflict Resolution and Appeals will schedule a formal hearing with the Office of Administrative Courts. Or, if you do not wish to participate in the informal resolution process, the Office of Conflict Resolution and Appeals will schedule a formal hearing with the Office of Administrative Courts.

You can bring someone with you to a hearing. That person can be a lawyer, a friend, or a family member.

Depending on the appeal decision, you may have to repay some or all of the financial assistance you received during the appeal process for yourself and/or your family. If you are unhappy with the decision made by the Office of Conflict Resolution and Appeals, you can appeal that decision to the U. S. Department of Health and Human Services within 30 days of the date the Office of Conflict Resolution and Appeals made their decision.

We cannot accept appeals about effective dates, termination dates of

	<p>coverage, or health care services such as the types of health care benefits your plan offers, access to doctors or specialists, or a denial of prior authorization for services. Please remember, the Office of Conflict Resolution and Appeals does not decide Medicaid or CHP+ appeals.</p> <p>Appeal Process</p> <p>Choose one of the following:</p> <ol style="list-style-type: none"> 1. Log into your online Connect for Health Colorado account and upload the Appeal Request form under the "My Documents" tab; 2. Call 855-PLANS-4-YOU (855-752-6749) (TTY: 855-346-3432); 3. Mail your appeal request to: Office of Conflict Resolution and Appeals 3773 Cherry Creek N. Drive, Suite 1005 Denver, CO 80209; or 4. Fax your appeal to 303-322-4217
<p>Connect for Health Colorado General Information</p>	<p>Connect for Health Colorado is a Marketplace for Colorado individuals, families and small employers to shop for health insurance plans, to access Federal Tax Credits that can reduce monthly premiums, and Cost Sharing Reductions to help with out of pocket costs. Visit the Connect for Health Colorado website, ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.</p> <p>If you or any member of your household has been approved for a Qualified Health Plan (QHP) and Tax Credits or Cost Sharing Reductions (CSR), you may qualify to purchase private health insurance through Connect for Health Colorado (the Marketplace) at a reduced cost, based on the information we have received from State and Federal data sources. If you do not qualify for Tax Credits, you may be able to purchase full price health insurance if you qualify for a QHP.</p> <p><u>How We Determine if You Qualify</u></p> <p>We counted your household size, the amount of money you reported earning, and other information you provided. We also made sure that you (and members of your household) are a Colorado resident, a United States citizen or lawfully present in the United States, and that you are not incarcerated (in jail or prison). You can appeal our decision if you think we made a mistake or that you qualify for more services. For more information on how to appeal, see the <i>Connect for Health Colorado Appeals Rights</i> section.</p> <p><u>Time to Enroll in Your Health Plan!</u></p> <p>If you qualify to purchase a health insurance plan at full price or with Tax Credits and/or Cost Sharing Reductions, go to ConnectforHealthCO.com. If it is during our Open Enrollment Period or you have experienced certain life changes, you can choose your Qualified Health Plan today!</p> <p>If you have already signed up for a health plan, you will receive</p>

enrollment, benefit, and provider network information from your health plan issuer. Your coverage depends on successful payment of your first month's premium. Call your health plan directly if you have questions about your plan's covered services and providers.

Do You Need Assistance?

Choosing a health plan is an important decision. If you qualify for private health insurance, we are here to help. If you have questions, go to ConnectforHealthCO.com, contact your Agent or Broker or Health Coverage Guide, or call our Customer Service Center at 855-PLANS-4-YOU (855-752-6749). If you are outside of the United States, call 303-590-9675. If you are hearing impaired, call our TTY line: 855-346-3432.

You can update your account and contact preferences at: ConnectforHealthCO.com or Colorado.gov/PEAK. You will need your login ID and password.

Reporting Changes

You must report any changes that impact your eligibility for medical assistance. If you qualify for Tax Credits and/or Cost Sharing Reductions benefits, some changes may allow you to shop again if reported within 30 days of a change. In general, you need to report the following changes:

- You no longer live in Colorado,
- Your income changes,
- Your household changes, for example, you marry/divorce, become pregnant, or have children,
- You become qualified for Medicare or Medicaid,
- You are offered coverage through your employer, or
- You become incarcerated (jail or prison).

	<p>To report changes you may go to ConnectforHealthCO.com or call 855-752-6749 or TTY: 855-346-3432. <u>You could be responsible to pay back some or your entire Tax Credit to the Internal Revenue Service (IRS) if you do not report changes to us that affect your eligibility for Tax Credits.</u></p> <p><u>Will you qualify for Medicare this calendar year?</u></p> <p>Most people 65 years and older qualify for Medicare. Some people may qualify for Medicare if they are disabled. People who qualify for Medicare may no longer get help paying their health care coverage costs through the Marketplace.</p> <p>For questions about how qualifying for Medicare might impact your health coverage, contact your health plan issuer. If you have questions about Medicare benefits or Medicare rights in your State, you should contact Medicare at 800-MEDICARE (800-633-4227) or the State Health Insurance Program, Colorado SHIP at 888-696-7213. You can also go online to medicare.gov or askdora.colorado.gov.</p> <p><u>Other benefits</u></p> <p>If you wish to apply for other public assistance programs, such as Food or Cash assistance, go to Colorado.gov/PEAK or contact your local county human services office.</p>
<p>Colorado PEAK Website</p>	<p>You can now go online at any time to manage your benefits account at Colorado.gov/PEAK. You will need to have your case number available. It is the "Case Number" at the bottom of each page of this letter. On Colorado.gov/PEAK, you can:</p> <ul style="list-style-type: none"> • See what benefits you have and when they need to be renewed for many benefit programs; • Report changes like a new address, change in income, or a change in the number of people in your house. <p>If you started the process at Connect for Health Colorado, please see the Connect for Health Colorado General Information section.</p>