



Health First Colorado and CHP+ Manual

An Assister's Guide to Understanding
Health First Colorado and CHP+

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For a complete list of websites included in the manual, please visit ckf.cchn.org/medicaid-manual/

Introduction

This manual explains how to help Coloradans apply for, enroll in, and stay enrolled in Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). [Health First Colorado](#) and [CHP+](#) provide free or low-cost health coverage for Coloradans who qualify. These programs cover health care expenses like doctor visits, prescriptions, dental visits, tests, and mental health services.

Most sections of the manual are about the [Modified Adjusted Gross Income](#) (MAGI) program. Coloradans with complex or special medical needs may be eligible for non-MAGI programs, which use different formulas for determining eligibility and have different, often specialized, health care benefits. Section 8 includes more information about Health First Colorado programs and benefits that use a different, non-MAGI calculation.

 *Note: MAGI is the way of determining eligibility for Health First Colorado and CHP+ and is based in federal tax rules. MAGI is different than the adjusted gross income or other numbers seen on taxes.*

Health First Colorado

Health First Colorado is Colorado's Medicaid program. Health First Colorado is free or low-cost health coverage for Coloradans who qualify. It is jointly funded by the federal government and the Colorado state government, and is administered by the Colorado Department of Health Care Policy and Financing (HCPF).

Who is eligible?	What's covered?
<ul style="list-style-type: none">• Age: Birth to age 65; however, age limit may be higher by program.• Residency: Colorado residents.• Immigration status: Citizens and lawfully residing children and pregnant people. Eligibility for Coloradans with other immigration statuses varies. See Appendix 1.• Income: Applicants with household income below a certain percentage of the federal poverty level (FPL) based on program.	<ul style="list-style-type: none">• Doctor visits, emergency care, preventive care such as screening and immunizations, and other procedures and treatments for:<ul style="list-style-type: none">• Medical• Dental• Behavioral health (mental health and substance use)• All Health First Colorado MAGI members get the same services covered.

CHP+

Child Health Plan *Plus* (CHP+) is low-cost health coverage for Colorado children and pregnant people who qualify. It is jointly funded through the federal Children's Health Insurance Program (CHIP) and the Colorado state government, and is administered by HCPF.

Who is eligible?	What's covered?
<ul style="list-style-type: none">• Age: Children aged 18 and under and pregnant people aged 19 and over.• Residency: Colorado residents.• Immigration status: Lawfully residing children and pregnant people. Eligibility for Coloradans with other immigration statuses varies. See Appendix 1.• Income: Applicants with household income above the Health First Colorado income range and under 260% of the FPL. Applicants not eligible for Health First Colorado.• Other: Applicants may not have access to other health insurance.	<ul style="list-style-type: none">• Doctor visits, emergency care, preventive care such as screening and immunizations, and other procedures and treatments for:<ul style="list-style-type: none">• Medical• Dental• Behavioral health (mental health and substance use)• Vision care (for children only)

This manual will help you understand:

- The stages of Health First Colorado or CHP+ from eligibility determinations to enrollment, staying enrolled, and renewing coverage.
- General eligibility requirements for Health First Colorado and CHP+.
- How to successfully complete an application for Health First Colorado and CHP+.
- What to expect after submitting an application and when enrolling in Health First Colorado and CHP+.
- How to renew Health First Colorado and CHP+.
- What to do when you encounter a problem, including the process of filing appeals.


This section includes information about the eligibility requirements for Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). To qualify for either program, applicants must meet income limits and citizenship or immigration status.

MAGI groups: Children (Ages 0 - 18), Adults (Ages 19 - 64), and Pregnant people (no age limit)

MAGI Rules

The rules used to determine eligibility for both Health First Colorado and CHP+ from birth through age 64, are MAGI rules. There are some instances where someone in this age range may qualify for a non-MAGI Health First Colorado program. In most cases, an eligibility determination includes tax filers and their tax dependents. However, there will be exceptions for some households. MAGI households are determined using [tax filer rules](#), non-tax filer rules, and tax dependent rules. See flowchart on page 8 for additional information.

While it is helpful for assisters to have a high-level understanding of MAGI, applicants and assisters do not need to understand the rules. The Colorado Benefits Management System (CBMS) determines eligibility based on the information provided in the application.

 *Note: In addition to MAGI programs, covered in-depth in this manual, non-MAGI programs exist to extend Medicaid coverage to Coloradans who are aged 65+, blind, and/or disabled. Learn more about non-MAGI programs in Section 8.*

Household Composition

The term 'household' can be confusing to applicants. Household composition is determined based on federal tax regulations, not necessarily the people who live in the same home. In most cases, the household consists of tax filers and their tax dependents. MAGI households are determined in three different ways: Tax Filer Rules, Tax Dependent Rules, and Non-Tax Filer Rules.

Tax Filer Household

- The following people would be included in the tax filer's household:
 - Everyone the tax filer expects to claim as a tax dependent, even if they do not live in the home.
 - The tax filer's spouse if living in the home, regardless of whether the couple expects to file jointly or separately.

Tax Dependent Household

- A tax dependent's household is usually the same as the person who is claiming them as a dependent. (See exceptions below). The following people would be included in the tax dependent's household:
 - All other people the tax filer expects to claim as a tax dependent during that tax year, including people who do not live with the tax filer.
 - The tax filer's spouse if living in the home, regardless of whether the couple expects to file jointly or separately.
 - The tax dependent's spouse if living in the home.
- If a child is both a tax dependent and a tax filer, tax dependent rules would be applied.

Non-Filer Household

- For people who are subject to the non-filer household composition rules, the household includes the applicant and the following people if they are living in the same home as the applicant:
 - The applicant's spouse.
 - The applicant's children, including adopted and stepchildren under age 19.
 - For applicants under age 19, the applicant's parent(s), including adopted or stepparents.
 - For applicants under age 19, the applicant's siblings, including adoptive and stepsiblings who are also under age 19.

How are people connected in a household?

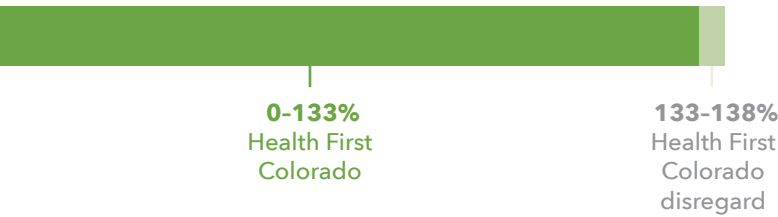
- **Child:** In general, the term child means a birth child, stepchild, adopted child, or an eligible foster child of the taxpayer.
- **Adopted child:** An adopted child is a child who has been legally adopted by the tax payer.
- **Eligible foster child:** An eligible foster child is a child placed in the household by an authorized placement agency or by a judgment, decree, or other order of a court of competent jurisdiction.

Income

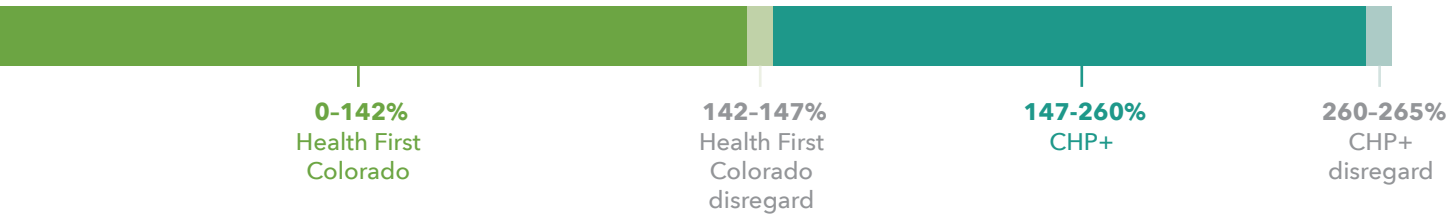
The income used in MAGI calculations is based on federal poverty level (FPL) guidelines. The FPL income amount changes annually in April. Eligibility calculations are made using a percentage of the FPL, however, the percentage varies by program.

The FPL levels are:

Adults (Ages 19 - 65)




Children (Ages 0 - 18)



Pregnant people

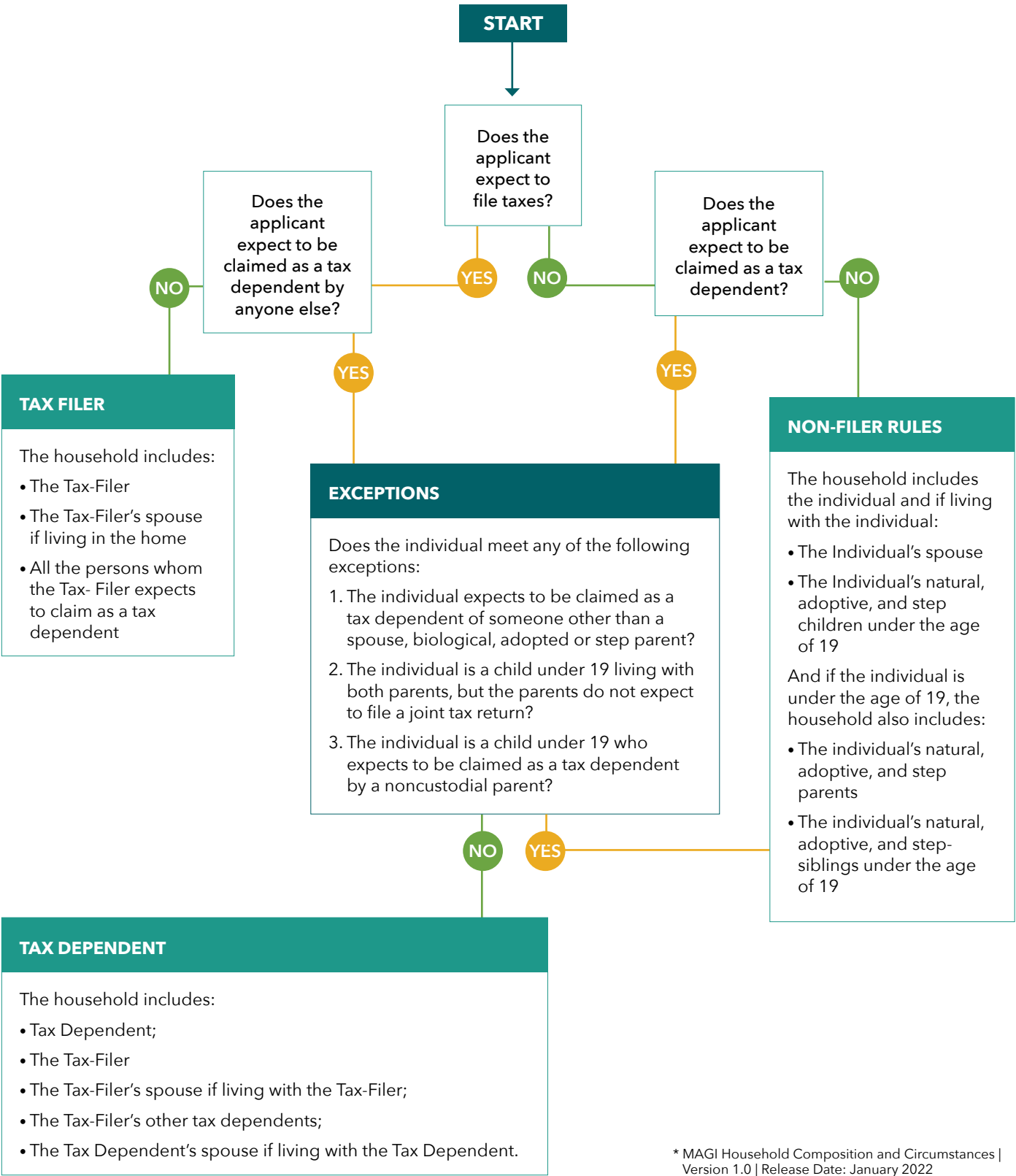


The Adult category can be further broken down as parent/caretaker relatives (a relative who has primary responsibility for the care of a dependent child, lives with the child, and is related to the child by blood, adoption, or marriage) and adults without children. All Health First Colorado members receive the same benefits and covered services regardless of being a parent/caretaker relative or adult without dependent children. The parents/caretaker relative category exists because there are different federal reimbursement rates to the state.

 *Note: In the case of adults, federal rules allow someone with an income between 0 - 133% FPL to qualify for Medicaid. The federal rules also add an extra 5% cushion called a disregard to each income level. This means an adult making up to 138% FPL could qualify for Health First Colorado. You may hear the income level referred to as 133% or 138%, and both are technically right. From your client's perspective, they can make up to 133%.*

Monthly Budget Unit (MBU)*

Each individual's MBU will be determined separately.



* MAGI Household Composition and Circumstances | Version 1.0 | Release Date: January 2022

Annualized Income

Health First Colorado and CHP+ eligibility is determined on a month-by-month basis. Annualized income is a process that uses an applicant's annual income, rather than monthly income, to determine eligibility. This happens when the applicant's current monthly income is too high to qualify but they would be eligible when looking at their full year's income. People who may need an annualized income determination include people with self-employment income, seasonal employment, and commission-based income.

When annualizing income, the state uses an applicant's annual income, and averages it over 12 months to calculate an average monthly amount. That average monthly amount is then used in the person's eligibility determination. The purpose of this policy is to limit the impact that regular fluctuations in income may have on eligibility. Learn more about [annualized income](#) (including FAQs).

Countable Income

Unless it's specifically exempted by law, all income is countable.

- Income can be money from working, called earned income.
- Income can be money from rentals, investments, or a business where individuals are not actively working, called unearned income.
- Income can be food, gifts, and shelter, called in-kind income.

If applicants get a paycheck from an employer, most of the time, their earned income can be verified electronically without providing proof, like a paystub. If applicants are self-employed or have passive income, they need to provide proof. HCPF will send applicants a letter, called a Verification Checklist (VCL) requesting more information, if needed, to determine eligibility.

EXAMPLES OF TAXABLE INCOME	
Wages, salaries, bonuses, commissions	IRA distributions
Annuities	Jury duty fees
Awards	Military pay
Back pay	Military pensions
Breach of contract	Notary fees
Business income/Self-employment income	Partnership, estate, and S-corporation income
Compensation for personal services	Pensions
Debts forgiven	Prizes
Director's fees	Punitive damages
Disability benefits (employer-funded)	Unemployment compensation
Discounts	Railroad retirement–Tier I (portion may be taxable) or Tier II
Dividends	Refund of state taxes
Employee awards	Rents (gross rent)
Employee bonuses	Rewards
Estate and trust income	Royalties
Farm income	Severance pay
Fees	Self-employment
Gains from sale of property or securities	Non-employee compensation
Gambling winnings	Social Security benefits (portion may be taxable)
Hobby income	Supplemental unemployment benefits
Interest	Taxable scholarships and grants
Interest on life insurance dividends	Tips and gratuities

EXAMPLES OF NONTAXABLE INCOME	
Aid to Families with Dependent Children (AFDC)	Meals and lodging for the employer's convenience
Child support received	Payments to the beneficiary of a deceased employee
Damages for physical injury (other than punitive)	Payments in lieu of worker's compensation
Death payments	Relocation payments
Dividends on life insurance	Rental allowance of clergyman
Federal Employees' Compensation Act payments	Sickness and injury payments
Federal income tax refunds	Social Security benefits (portion may be taxable)
Gifts	Supplemental Security Income (SSI)
Inheritance or bequest	Temporary Assistance for Needy Families (TANF)
Insurance proceeds (accident, casualty, health, life)	Veterans' benefits
Interest on tax-free securities	Welfare payments (including TANF) and food stamps
Interest on EE/I bonds redeemed for qualified higher education expenses	Workers' compensation and similar payments

(see [IRS Publication 525](#) for details and exceptions) Learn more about [countable income and exemptions](#).

Which family members income is counted?

The MAGI rules (including countable income rules) are applied to the household and dependents who file tax returns. Household members incomes are combined to look at eligibility.

What about children's income and tax dependent's income?

A dependent's income is only counted if they are required to file taxes. If they file taxes but have no legal filing requirement, their income is not counted. If the dependent does have a tax filing requirement, the dependent's Social Security benefits will be counted toward the household's income.

Will the annualized income rules be applied to expenses from self-employment?

No, the annualized income rules will only be applied to the monthly gross income, not expenses, from self-employment. The monthly gross income will be annualized and converted into an average monthly amount. Monthly self-employment expenses will be deducted from the average monthly amount.

How can someone verify their annualized income from seasonal employment?

HCPF's system will try to electronically verify this income. If it cannot verify the income electronically, the applicant will receive a request to provide a reasonable explanation or documentation that verifies the income [within 30 days](#). Documentation provided by the applicant needs to verify the applicant's gross annual income. If the documentation addresses the current monthly income but fails to address the annual amount, then it is not acceptable as verification of the annual amount.

What about disregards?

There is a standard disregard equal to 5% of the FPL for the household size. Each MAGI category has a 5% disregard that essentially increases each income limit by 5%.

When it comes to income, the most important points to know as an assister are:

- Health First Colorado and CHP+ eligibility is based on current income.
- Income guidelines are updated in April of every year based on the Federal Poverty Level.
- Each member of the household's household composition and income is reviewed individually. Different household members may have different eligibility.

For more information on household composition, visit this [FAQ](#) and the chart on page 7.

Immigration status

Non-U.S. citizens or members of their family may have questions about whether they are eligible for health coverage, and what documentation is needed for the application. In order to enroll in Health First Colorado and CHP+ coverage, many qualified non-citizens, such as Lawful Permanent Residents (LPRs) or Green Card

Lawful Permanent Residents are immigrants who have permission to live and work permanently in the U.S. and are issued a Green Card.

holders, have to complete a five-year waiting period (often called the five-year bar). This begins when applicants receive their qualifying immigration status, not when they first enter the United States. This means they must wait five years after receiving qualified immigration status before they are eligible for Health First Colorado and CHP+ coverage.

There is no five-year bar for lawfully residing pregnant people and children in Colorado who qualify for Health First Colorado or CHP+. This means children and pregnant people who meet all other eligibility criteria for Health First Colorado and CHP+ do not have to meet the five-year waiting period.

All other lawfully present adults who do not meet the five-year waiting period requirement, or five year bar, may qualify for other health coverage options. Options include Emergency Medicaid for labor and delivery and life- or limb-threatening services, or for Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs) to purchase private health insurance through [Connect for Health Colorado, Colorado's health insurance marketplace](#).

Immigration Status Documents

Applicants may need to provide immigration documentation to apply and enroll in Health First Colorado or CHP+. The documents needed depend on their immigration status. The table on the following page lists some of the documents immigrants may need. Appendix 1 includes a more comprehensive list of the immigration documents applications may need to provide, and a link to [images of common documents](#) which can be used to verify lawful presence in the U.S are available. (This is not an exhaustive list of all immigration documents that may be used by applicants to verify immigration status.)

A person lawfully residing must be both lawfully present in the U.S., and meet the state residency requirement. The state residency requirement means a person lives in Colorado with the intent to remain in Colorado.



Note: Any household members who are not applying do not need to provide documentation. For example, a parent without documentation applying for citizen children is not required to show their own documentation.

Immigration Document Examples	
Certificate of Naturalization or Citizenship	<ul style="list-style-type: none"> • Certificate of Naturalization (N-550 or N-570) • Certificate of Citizenship (N-560 or N-561)
Residence Cards	<ul style="list-style-type: none"> • Permanent Residence Card, "Green Card" (I-1551) • Machine Readable Immigrant Visa (with temporary I-1551 language)
Travel Documents	<ul style="list-style-type: none"> • Reentry Permit (I-327) • Refugee Travel Document (I-571)
Employment Authorization Cards	<ul style="list-style-type: none"> • Employment Authorization Card (I-766)
Form I-94	<ul style="list-style-type: none"> • Arrival/Departure Record (I-94/1-94A) • Arrival/Departure Record in foreign passport (I-94) • Notice of Action (I-797)
Student and Exchange Visitor Information System (SEVIS) Documents	<ul style="list-style-type: none"> • Certificate of Eligibility for Nonimmigrant Student Status (I-20) • Certificate of Eligibility for Exchange Visitor Status (DS2019)
Foreign Passports	<ul style="list-style-type: none"> • Foreign Passport

*These documents are subject to change, and this list should not be considered a legal advice or guidance.

Common Eligibility Questions from Applicants

Eligibility questions	Information to provide
<i>My 19-year-old child is in college in Wyoming. Would I include them on my application?</i>	If you claim them on your taxes, you should include them on your application.
<i>I am self-employed, can I still apply using PEAK?</i>	Yes! You can still apply using PEAK, but you will probably not find out if you are covered right away. The state may not be able to check certain things, like income automatically and you may need to provide more documentation, like your profit and loss statement.
<i>I am trying to become a U.S. citizen, will using Health First Colorado or CHP+ impact my citizenship application?</i>	No. A few years ago some of the immigration rules were changed to make using Health First Colorado or CHP+ count against people who were applying for their Green Cards or lawful permanent residence status, but those rules were reversed and are no longer being used. If you are working towards citizenship, having Health First Colorado or CHP+ will not count against you.

This section includes information on the application process and how to help Coloradans apply for Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). There is not an enrollment period for Health First Colorado or CHP+, meaning Coloradans can apply at any time of the year.

Coloradans can apply using any of the application options listed below. The Colorado Benefits Management System (CBMS) is Colorado's statewide database system used to determine eligibility for all applications, regardless of how they are submitted. CBMS makes eligibility determinations, not a person.

Different Ways to Apply for Health First Colorado or CHP+

MAIL: If an applicant prefers to apply for Health First Colorado or CHP+ by mail, assisters can help them find and print the most recent application on the [HCPF website](#). Instructions for where to mail the application are also listed on the HCPF website.

IN PERSON: Applicants can apply in person at their County Human or Social Services Department, or local [application assistance site](#). If an applicant decides to apply for Health First Colorado or CHP+ in person, and assister may help them use the paper application or apply online through PEAK.

PHONE: Assisters cannot help with phone applications. If someone is interested in applying by phone, they can call 1-800-221-3943 / State Relay: 711. Phone applications are available Monday-Friday from 8:00 a.m. - 4:00 p.m.

ONLINE: [PEAK](#) is Colorado's online application. Coloradans can apply for Health First Colorado and CHP+, as well as other programs such as SNAP, Colorado Works, [and more](#). Many assisters use PEAK when helping clients apply for Health First Colorado or CHP+ because many applicants get a real time eligibility determination (RTE).

Nuances of applying for Health First Colorado and CHP+ through PEAK at the same time as other programs:

- When applicants apply for Health First Colorado or CHP+ on PEAK at the same time as SNAP, they may not get real time eligibility.
- If the applicant's main priority is medical coverage, recommend that they apply for Health First Colorado and CHP+ *only* and have the applicant check the box at the end that indicates they are interested in other programs, or have them go to the Report My Changes section in their PEAK account to add the other programs they need.

As long as an applicant has internet access on a smartphone, tablet, or computer, they can apply through PEAK 24 hours a day, 7 days a week.

Real-time eligibility (RTE) happens when an applicant uses the PEAK application and, immediately after submitting their application, learn if they were approved for Health First Colorado or CHP+. About 70% of applicants get RTE. The reason someone would not get RTE is that their information (typically income or citizenship/immigration status) cannot be verified through electronic data sources. This happens most often for people who are self-employed

Information and Documentation Requirements

To make the application process quicker and easier, it's helpful for applicants to gather relevant information about themselves and the members of their household before they start their application. This includes:

- Proof of citizenship or immigration status (if applicable) such as birth certificate, passport, permanent resident card, work permit, Visa, or I-94 for each applicant.
- Photo ID for each applicant (required if age 16 or older).
- Social Security Number for each applicant.
- Paycheck stubs or employer letter showing gross wages for all working members in the household. If anyone in the household was working, but is no longer working, they may be asked to provide an employment termination letter.
- If requesting retroactive coverage for medical bills up to three months prior to the application date, include income for those months.
- Documentation for any other income received for the application month such as unemployment, child support, alimony, or social security payment.
- Proof of address including utility bills, bank statement, or lease or mortgage statement.
- Proof of pregnancy (if applicable) from provider that includes a due date and a signature. Applicants who do not have proof of pregnancy from their provider should provide an estimated due date.

Verification of Application Information

When people apply for coverage, CBMS verifies their information using a connection to online state and federal databases, referred to as interfaces. These interfaces allow CBMS to accurately determine their eligibility. Interfaces commonly used to confirm application information include:

- The Work Number (for income)
- Internal Revenue Service (IRS) Income Verification Express Service IEVS (for income)
- Colorado Department of Labor (CDLE) (for employment)
- Systematic Alien Verification for Entitlements (SAVE) (for citizenship/immigration status)
- Public Assistance Reporting Information System (PARIS) (for verifying if receiving public benefits from another state)
- State Verification Exchange System (SVES) (for verifying SSN, citizenship/identity, SSA and SSI benefits)
- Automated Child Support Enforcement System (ACSES) (for child support)

After completing a PEAK application, a connection to CBMS will check their application information against the interfaces. If their application information cannot be electronically verified, the applicant will need to verify their information. In some cases, an applicant will be conditionally approved. In other cases, they will not be approved until they verify information. If this is necessary, the applicant will get a Verification Checklist or Reasonable Opportunity letter from the state with information about the information the state needs verified, how to verify, and when verification must be completed.

Protecting applicant privacy is very important. Assure clients that information provided on applications is **confidential** and **cannot be shared** with any Federal agency including U.S. Citizenship and Immigration Services.

Application Tips for Assisters

- **Become familiar with application processing timeframes:**
 - Online: Possible real time eligibility
 - Online without real time eligibility, in-person, phone, and mail: up to 45-90 days
- **Application Status:** if an applicant applied using PEAK, assisters can help them check the status of their application in their PEAK account.
- **Retroactive coverage:** if an applicant was eligible for Health First Colorado or CHP+ before applying, they may get coverage for up to three months before applying. This will help applicants who have health care bills from the past three months. Assisters can help clients apply for retroactive coverage through PEAK or in-person at the County Human or Social Services office.
- **Helping applicants with issues after application is submitted:** it is possible to request an appeal if an applicant or member feels they were erroneously denied coverage or if benefits are not starting when they should. Learn more about appeals in the Trouble Shooting section.
- **Many factors of eligibility are verified electronically.** However, to ensure a smooth application appointment, the applicant should bring:
 - Form of identification (example: driver's license)
 - Proof of address
 - Income verification (example: pay stub)
 - Proof of citizenship (if necessary)
- **Self-attestation:** allows applicants to apply without providing documentation for residency, Social Security Number (SSN), and income, when income can be verified electronically. Self-attestation is not available for self-employed applicants.

Common Application Questions from Members:

Application Questions	Information to Provide
<i>Is the information that I share on my application, including my immigration or citizenship status information, shared with other Federal agencies, including U.S. Citizenship and Immigration Services?</i>	No. Information provided on the application is confidential and cannot be shared with any Federal agency including U.S. Citizenship and Immigration Services. Additionally, being enrolled in Health First Colorado or CHP+ are not counted in a public charge determination.
<i>If I'm denied for being over income, what are my other options?</i>	Buy-in programs are an option. Health First Colorado Buy-In Program for Working Adults with Disabilities may be an option for adults with disabilities or complex health conditions, who work and earn too much to qualify for Health First Colorado. There are also buy-in options for children with disabilities . Applicants may also be eligible for lower cost health insurance through Connect for Health Colorado . Learn more in the Other Programs section.
<i>How far back does retroactive coverage go?</i>	Health First Colorado may be provided up to three months prior to the month of application, if the applicant was eligible during that time period. The applicant does not have to be eligible in the month of application to be eligible for retroactive coverage.
<i>What can I expect after being approved for benefits?</i>	Members will get a welcome letter (either through mail or PEAK) that includes information about the health plan and primary care provider. CBMS will send the letter no later than five days after determining eligibility.


This section includes information about what to expect after applying for and enrolling in Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). During the application process, the person applying is known as an applicant. After the person is approved, they are known as a member.

Letters a Member May Get After Applying for Health First Colorado or CHP+


Notice of Action

Health First Colorado and CHP+ applicants and members get a Notice of Action (NOA) after applying, as well as annually when they renew their coverage, and at any point in the year when they appear no longer eligible.

The NOA tells the applicant or member their eligibility status, meaning if they are eligible and enrolled, or if they are not eligible and, for members their coverage is being terminated. The letter also explains how the state made the decision or eligibility determination, and how to appeal if the applicant disagrees. Refer to Section 7 of the manual for detailed information on appeals.



November 22, 2017
John Doe
100 STREET BLVD
CITY CO 00000-0000




Case Number: 1B11111
Application Authorization Number: 0111111111

Dear John Doe,

This letter is about your medical benefits. This letter tells you what you qualify for and next steps. It also has information about your right to appeal these decisions.

What you qualify for

 **Medical Assistance Benefits**

You applied for Medical Assistance benefits on November 22, 2017 and we made a decision on November 22, 2017 at 11:04 AM. The people in your household may have qualified for different benefits. The boxes below tell you about these benefits.

For questions about the Medical Assistance you qualify for, contact County Worker at (111) 111-1111 or COUNTY BLDG 100 MAIN ST CITY CO 80000-0000.

John Doe
Health First Colorado ID: Q111111

John qualifies for:

- ✓ Health First Colorado (Colorado Medicaid). Your benefits start on November 1, 2017. You can go to Colorado.gov/PEAK or use the [PEAKHealth](#) app on your phone to print or view your card. Or, you can wait to receive a card in the mail.

John does not qualify for:

- ✗ Advance Premium Tax Credits or Cost-Sharing Reductions for 2018. You don't qualify because you qualify for Health First Colorado.

Buying a Qualified Health Plan through Connect for Health Colorado

A Qualified Health Plan is private insurance you buy through Connect for Health Colorado. It is not

QUESTIONS } Visit Colorado.gov/PEAK

Case Number/Correspondence ID: 1B11111/TEST

Page 1 of 7
Process Date: November 22, 2017


[Download correspondence example](#)

Verification Checklist

If information needed for decision or eligibility determination, such as income or Social Security Number cannot be verified electronically, the applicant may be enrolled for up to 90-days. This enrollment period is called the reasonable opportunity period and gives applicants benefits while they gather documentation. When this happens, they will get a Verification Checklist (VCL).

Only a small number of applicants receive a VCL because most information can be verified using electronic databases. Most applicants who cannot be electronically verified are people who are self-employed or non-citizens.

The VCL includes a due date for the requested information. When a member or applicant receives a VCL, they are required to provide the requested information through their PEAK account or directly to the listed eligibility site by the due date on the letter. Members have 10 days to provide most verifications. For citizenship and identity, the member has 90 days to provide verification. An individual may lose or be denied eligibility for Health First Colorado or CHP+ if they do not provide the documentation requested by the due date.



STATE OF COLORADO

07/30/2018

Hsobm Ucfqofu
PO BOX 4416
PARKER CO 80134-1450

Case Number: 1B8QSM0

Assistance Programs
PO BOX 924
KIOWA CO 80117-0924
(303) 621-3206

Request for More Information

Dear Hsobm Ucfqofu:

We need more information to make a decision about your household's benefits. **Please send the information below by the due date listed** or your benefits may be denied or may end. If this happens, you will get a separate letter to tell you which benefits were denied, when your current benefits will end, and what you can do to appeal.

Information We Need

Please send the information requested for each person below. For instructions about how to send this information, see the section, "**Where to Send the Information.**"

To choose the right type of proof to send for each item, first check if there is a note in the "Notes" section below the item. If there is no note and you are not sure what we need, please call us for more information.

Information needed for **Hsobm Y Ucfqofu**

Information to send	Due date for each program: send one copy by the earliest date listed
Tax documents, profit and loss statement, or other proof of your self-employment business income.	06/10/2019 for Food Assistance 08/14/2018 for Medical Assistance
Notes for Food Assistance:	
Notes for Medical Assistance:	
Proof of cash or an asset that can easily be changed to cash. (examples: bank account statements, investment accounts, income tax refund, statement declaring how much cash savings you have). If it is jointly owned, the proof must show all owners.	08/14/2018 for Medical Assistance

Continued on the next page.

Questions? Call Assistance Programs at (303) 621-3206 or visit Colorado.gov/PEAK

Assistance Programs
1B8QSM0/0402153149

IVV-02
Verification Checklist7_EN

Page 1 of 2

[Download correspondence example](#)

Income Discrepancy Letter

As part of the application, applicant or members must provide income information. Throughout the year, the state may electronically check a member's income to confirm their eligibility. An applicant or member's self-attested income must be within 10% of their income information reported in electronic databases. Incomes with this threshold are considered reasonably compatible. However, if there is more than 10% difference between the self-reported and electronic information, the income is considered not reasonably compatible. In this case, the applicant will get an Income Eligibility and Verification System (IEVS) discrepancy notice. This notice is referred to as the Income Discrepancy Letter or IEVS letter. The letter includes instructions on how to update the income information, and a due date.

An applicant or member may lose or be denied eligibility for Health First Colorado or CHP+ if they do not provide the documents requested in the IEVS letter. If a person is denied or terminated for Health First Colorado or CHP+, they will receive a separate NOA with that denial.

One Income Discrepancy letter per person, per envelope, per quarter.

June 01, 2021

Oeffnalca H Ykkudt
1000 1ST ST
Denver, CO 80216

Letter will be mailed to the Head of Household (HOH)

Dear Oeffnalca H Ykkudt:

This is the household's case #.

Case Number: 1B12345

Update your household income information by June 30, 2021

You're getting this letter because we got new information about your income. We need you to check our information to make sure it is correct. If you do not update incorrect information, your household may lose Health First Colorado (Colorado's Medicaid Program) Plan Plus (CHP+) coverage.

This date will be 30 days from the date letter is sent

- If any of the information below is wrong, please update it by June 30, 2021.
- If all the information below is correct, you do not need to update anything or respond to this letter.

If no action is taken the income from our records (employer reported income) will be used in place of your self-attested income

Income information

This is the information we got about your gross income. Gross income is your income before taxes and other deductions are taken out of your pay.

The name listed here will be the name of the person whose income is not "Reasonably Compatible" with our records.

		Pay Frequency	Pay Date(s)	Gross Income Amount
Oeffnalca H Ykkudt	Gather Here Inc	Monthly	5/1/2021	875.56

If the member has more than one employer reported income there will an Income Verification box for each employer.

Employer Verified Income:

Name	Employer	Pay Frequency	Pay Date(s)	Gross Income Amount
[Individual's name]	[employer business name]	[Frequency of pay]	[Most recent paycheck received date]	[\$Amount]

[Download correspondence example](#)

Numbers a New Member is Assigned

Case Number

A Case Number is how the state identifies Health First Colorado and CHP+ cases in CBMS. A Case Number will always start with “1B” followed by five numbers, for example, 1B11111. The case number is used by eligibility technicians to look at the member’s file in the CBMS. This number is used to identify members in programs such as Health First Colorado, SNAP, Cash Assistance, and Colorado Works.

Client ID Number

Each person in CBMS is assigned one unique number referred to as a Client ID. A Client ID is made up of numbers only, for example, 123456. A member will be asked to provide their Client ID number when they make an appointment or in the process of receiving medical services. Since Client IDs are unique to the member, the Client ID ensures that a service and or benefit is provided to the correct person.

State ID Number

Members are assigned a State ID. The State ID may also be referred to as a Health First Colorado ID or a CHP+ ID. The State ID consists of a series of numbers beginning with a letter, for example, C111111. Members should only have one State ID. The only exception is adopted children. State IDs are used to bill the state for services provided to members.

How the different numbers are used

	Members	Providers	Eligibility Sites	Where to Find
Case Number (case number is assigned to a household)	To request information about eligibility and/or enrollment in Health First Colorado or CHP+	N/A	To find member information in CBMS	Upper right-hand side of NOA
Client ID Number	To make an appointment and receive medical services	To ensure that a service is provided to the correct person	N/A	Health First Colorado or CHP+ card County Human or Social Services Department Member Contact Center Health First Colorado mobile app PEAK account
State IDs	N/A	To identify Health First Colorado or CHP+ eligible patients and to bill for services provided	To determine eligibility in CBMS and to review member eligibility	Health First Colorado or CHP+ card

Health First Colorado Enrollment

Health First Colorado Enrollment sends members their enrollment information, including their Health First Colorado card and member handbook. Additionally, Health First Colorado Enrollment helps Health First Colorado members change the health plan they were assigned to, if needed. Health plans are managed by and referred to as Regional Accountable Entities (RAE). Health First Colorado Enrollment sends letters to all newly enrolled Health First Colorado members letting them know about their health plan options. A Health First Colorado member will first receive a letter from Health Care Colorado Enrollment *before* they receive anything from their RAE. Health First Colorado Enrollment only provides assistance to Health First Colorado members, and not to CHP+ members.

Primary Care Providers and RAEs

When enrolled in Health First Colorado, every member is assigned a primary care provider, which belongs to a RAE. The RAE serves as their health plan and helps members connect with the health care they need. Members are assigned to providers and RAEs based on where they live or which provider they or their household members have seen in the past. Though every member has an assigned primary care provider, they can see any provider within the RAE network.

A member can change their Primary Care Provider at any time by visiting enroll.healthfirstcolorado.com or calling 303-839-2120 or 888-367-6557. For TDD/TTY, call 888-876-8864. Call Monday-Friday, 8:00 a.m. - 5:00 p.m. If a member's provider is not a Health First Colorado participating provider, the member can ask them to join the network.

A member can change their RAE for the following reasons:

- They moved out of their RAE's area, their provider moved out of their area, or their provider left their RAE.
- They need a service that their health plan does not cover for moral or religious reasons.
- They need health services their health plan does not provide.

Care Coordination

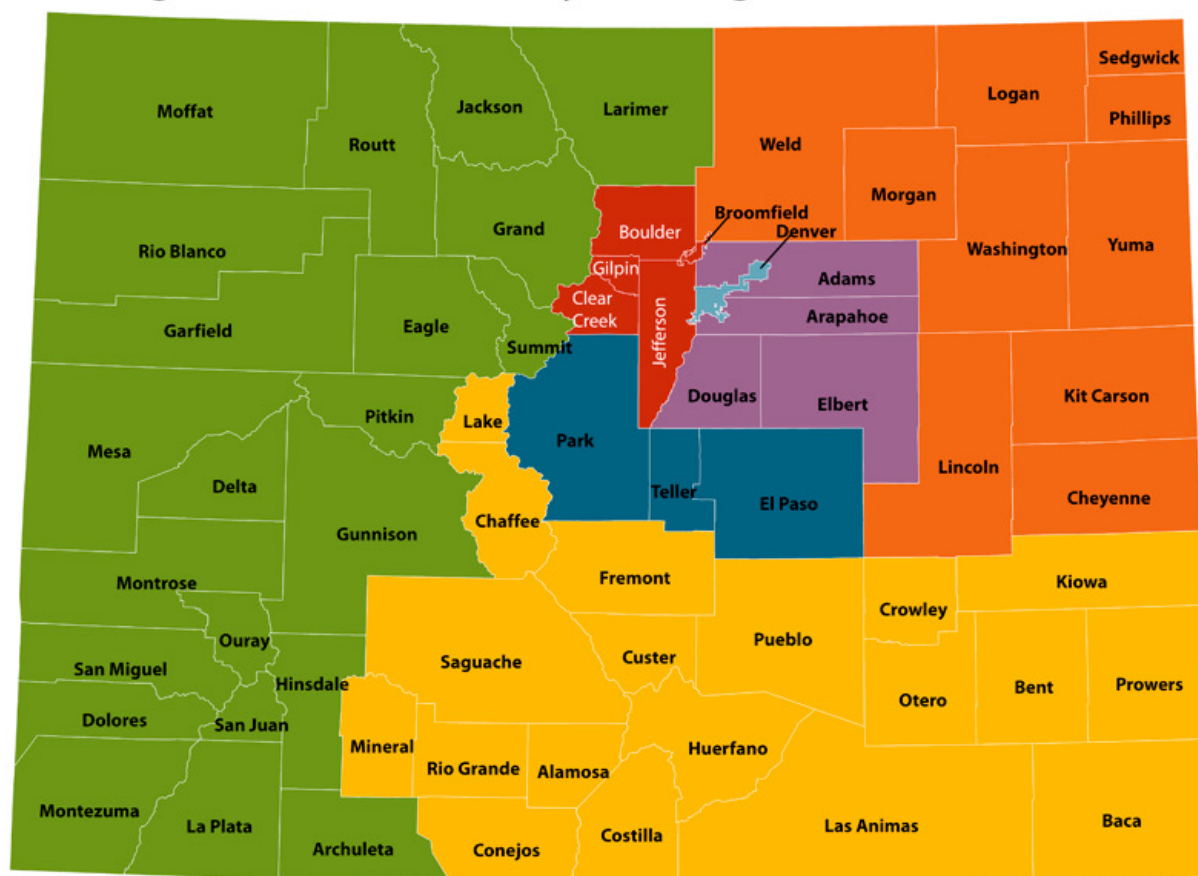
RAEs help members understand and manage their physical and behavioral health benefits, help connect them to providers, and connect them with resources for needs such as transportation, food assistance, or other social services. If a member is having trouble getting the health care they need, their primary care provider and RAE can help them get care coordination. Care coordination offers different supports to make sure members have the resources they need to take care of their health. Depending on their needs, care coordination may include help get transportation to medical appointments, finding a specialist, or finding programs for things like food assistance.








The RAEs for Health First Colorado are listed below in alphabetical order

	Colorado Access	Colorado Community Health Alliance	Denver Health Medicaid Choice	Health Colorado, Inc.	Northeast Health Partners	Rocky Mountain Health Plans
Counties Served	Adams, Arapahoe, Denver, Douglas, and Elbert	Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Jefferson, Park, and Teller	Denver, Jefferson, Arapahoe, and Adams	Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache	Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit.
Customer Service	(303) 368-0037 or (855) 267-2095 Denver County: (303) 368-0038 or (855) 384-7926 M-F, 8:00 a.m.-5:00 p.m.	(303) 256-1717, (719) 598-1540, or (855) 627-4685 M-F, 8:00 a.m.-5:00 p.m.	(303) 602-2116 or (855) 281-2418	(888) 502-4185 Care Coordination Line: (888) 502-4186 M-F, 8:00 a.m.-5:00 p.m.	(888) 502-4189 Care Coordination Line: 1-888-502-4190 M-F, 8:00 a.m.-5:00 p.m.	(888) 282-8801 24 hours per day
State Relay	711 for callers with hearing or speech disabilities					
Member Information	Member Information for Adams, Arapahoe, Douglas, and Elbert counties Member Information for Denver county	Member Information for Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson counties Member Information for El Paso, Park and Teller counties	Member Information	Member Information	Member Information	Member Information Email: customer_service@rmhp.org
Website	coaccess.com/	cchacares.com/		healthcoloradorae.com/	northeasthealthpartners.org/	Live chat at: rmhp.org/

*Health First Colorado members in Denver, Adams, and Arapahoe counties have a choice of two RAEs: Denver Health and Colorado Access.

Regional Accountable Entity (RAE) Regions in ACC Phase Two



Region 1		Rocky Mountain Health Plans	Region 4		Health Colorado Inc	Region 7		Colorado Community Health Alliance
Region 2		Northeast Health Partners	Region 5		Colorado Access			
Region 3		Colorado Access	Region 6		Colorado Community Health Alliance			


CHP+ Enrollment Process

All CHP+ members are enrolled in a Managed Care Organization (MCO). The CHP+ MCO functions in the same way as the Health First Colorado RAE. An MCO is a group of doctors, clinics, hospitals, pharmacies, and other providers that work together to help meet health care needs. Each CHP+ MCO uses its own group of hospitals, pharmacies, and doctors for the counties it serves.

There are four CHP+ MCOs in Colorado: Colorado Access, Denver Health Medical Plan, Kaiser Permanente, and Rocky Mountain Health Plans. The county a member lives in will determine which MCO they or their children are enrolled in. If more than one MCO is available in their county, an MCO will be selected for them, but members can change MCOs for up to 90 days after they enroll in CHP+.

The MCOs for CHP+ are listed below in alphabetical order

	Colorado Access	Denver Health Medical Plan	Kaiser Permanente	Rocky Mountain Health Plans
Counties Served	Adams, Alamosa, Arapahoe, Bace, Bent, Boulder, Broomfield, Chaffee, Cheyenne, Clear Creek, Conejos, Costilla, Crowley, Custer, Delta, Denver, Douglas, Eagle, El Paso, Elbert, Fremont, Gilpin, Huerfano, Jefferson, Kiowa, Larimer, Las Animas, Lincoln, Logan, Mineral, Morgan, Otero, Park, Philips, Prowers, Pueblo, Rio Grande, Sedgwick, Saguache, Summit, Teller, Washington, Weld, Yuma	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, Lake, La Plata, Mesa, Moffat, Montrose, Montezuma, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit
Customer Service	(888) 214-1101	(800) 700-8140	(303) 338-3800	(800) 346-4643
Website	coaccess.com	denverhealthmedicalplan.org	kaiserpermanente.org	rmhp.org

 CHP+ members in the Denver Metro counties have a choice of three health plans: Colorado Access, Denver Health, or Kaiser Permanente.

Where to Go with Questions

Questions:	Regional Accountable Entity (RAE)	Enrollment Broker	Member Contact Center	Managed Care Organization (MCO)
I am a CHP+ member and have questions about my providers and/or benefits				X
I am a Health First Colorado member and have questions about my providers and/or benefits	X			
I am a Health First Colorado Member and have questions about my eligibility			X	
I just found out I am enrolled in Health First Colorado, who do I talk to about which RAE I have?		X		

Members will receive letters from all of the entities listed in the table above.

- 1. Eligibility Determination:** The first letter (the NOA) will come from HCPF, with their County Human or Social Services Department return address, and will inform members which program they are eligible for, Health First Colorado or CHP+, if they are eligible. If they are not eligible, their NOA will explain why they are not eligible and give information about how to appeal.
- 2. Health Plan Enrollment:** The next letter for Health First Colorado members will be from the Enrollment Broker. For CHP+ members, letters will come from their assigned MCO.
- 3. Health Plan Welcome Letter:** Once Health First Colorado and CHP+ members are paired with either a RAE or MCO, they will receive a welcome letter from that RAE or MCO with information about their benefits, how to find a provider, and who to call with questions.

Dental Benefits for Health First Colorado and CHP+ Members

Dental services are covered for Health First Colorado and CHP+ members through DentaQuest. DentaQuest helps members find a dentist, manage the dental benefits, and is the dental provider for all counties in Colorado.

	Member Services	TTY	Website
Health First Colorado	1-855-225-1729	711	DentaQuest.com
CHP+	1-888-307-6561	711	DentaQuest.com

Continuous Eligibility for Children

Members who are under the age of 19 and enrolled in Health First Colorado or CHP+ qualify for continuous eligibility. Continuous eligibility gives children 12 months of Health First Colorado or CHP+ coverage, regardless of changes in the family's circumstances, such as changes to household income or household size, with some exceptions.

- The child becomes an inmate of a public institution.
- The child is no longer a member of the Medical Assistance household.
- The child is no longer a Colorado resident.
- Mail sent to the child was returned and the child cannot be located.
- The child is deceased.
- The child turns 19.
- The family requests that the child be withdrawn from continuous eligibility.

If a child moves to a program with more benefits (e.g., from CHP+ to Health First Colorado), their 12 months of continuous eligibility will not start over. For example, if a child enrolls in CHP+ in May, then moves to Health First Colorado in August, their 12 months of continuous eligibility is until May of the next year.

Continuous Eligibility for Postpartum Members

Health First Colorado and CHP+ members are eligible for continuous eligibility for 12 months after a pregnancy ends. Pregnancies can end through live birth, stillbirth, miscarriage, and termination. Continuous eligibility gives postpartum members 12 months of Health First Colorado or CHP+ coverage, regardless of changes in the family's circumstances, such as changes to household income or household size, with some exceptions.

Exceptions to continuous postpartum eligibility include:

- The member becomes an inmate of a public institution.
- The member is no longer a member of the Medical Assistance household.
- The member is no longer a Colorado resident.
- Mail sent to the member was returned and the member cannot be located.
- The member is deceased.
- The member requests to be withdrawn from continuous eligibility.

Next Steps for People Not Eligible for Health First Colorado and CHP+

There are other health coverage programs available for Coloradans who are not eligible for Health First Colorado or CHP+.

Health First Colorado Buy-In Program

The Health First Colorado Buy-In Program is for eligible adults and children with a disability to buy Health First Colorado coverage. There is a separate buy-in program for adults and children, as described below. An individual may have insurance and still buy-in to this program.

Buy-in Program for Working Adults with Disabilities

Working Adults with Disabilities (WAWD), pronounced wad, is for adults with disabilities or certain qualifying complex medical conditions (examples: diabetes, asthma, or cancer) who work and are over-income for Health First Colorado. WAWD allows adults to buy Health First Colorado coverage by paying a monthly premium. The monthly premium amount is decided using a sliding scale based on income. Adults enrolled in WAWD receive regular Health First Colorado benefits in addition to benefits.

WAWD members must:

- Be age 18 or older.
- Have a disability determination through the Social Security Administration (SSA) or state contractor, Arbor (ARG), or a minimum Limited Disability determination through ARG. The [SSA listings](#) describe what disabilities qualify.
- Be employed, self-employed, or job attached.
- Have income below 450% of the FPL.

Applicants should complete the [Health First Colorado Application](#) including Worksheet B to find out if their income qualifies. Applicants for WAWD are considered individuals so other household member's income is not used to determine eligibility.

Colorado Buy-in Program for Children with Disabilities

Children Buy-in with Disabilities (CBwD) is for children with disabilities or certain qualifying complex medical conditions (examples: diabetes, asthma, or cancer) whose families are over-income for Health First Colorado. CBwD allows families to buy Health First Colorado coverage for their qualifying children by paying a monthly premium. The monthly premium amount is decided using a sliding scale based on income. Children in CBwD receive regular Health First Colorado benefits.

CBwD members must:

- Be under age 19.
- Have a disability determination through the SSA or state contractor, ARG, or a minimum Limited Disability determination through ARG. The SSA listings describe what disabilities qualify.
- Have a household income below 300% of the FPL.

A youth who is working and between the ages of 16-19 will be put into WAwD and considered as a household of one.


Applicants should complete the [Health First Colorado Application](#) including Worksheet B to find out if their income qualifies. Applications for CBwD consider all household member's income to determine eligibility.

Connect for Health Colorado

Individual and family health insurance plans are available to purchase through Connect for Health Colorado. If a person qualifies, they may receive financial assistance to help reduce the monthly premium cost. To be eligible to enroll in health coverage, an applicant must:

- Live in the Colorado.
- Be a U.S. citizen or national or be lawfully present in the U.S.
- Not be incarcerated.

There are two types of financial assistance available through Connect for Health Colorado. Premium Tax Credits are paid directly to the insurance company and lower the monthly premium amount. Cost Sharing Reductions are discounts on out-of-pocket expenses like co-pays and deductibles. Cost Sharing Reductions are available to Coloradans below 250% FPL who enroll in a silver level plan. Applicants can apply on the [Connect for Health Colorado website](#).

 *In 2023, Colorado extended state-based subsidies for health insurance to certain Coloradans who are not eligible for federal subsidies based on their immigration status. Those individuals will be able to purchase health plans through the OmniSalud Program through Colorado Connect.*

Colorado Indigent Care Program

Colorado Indigent Care Program (CICP) is a discount program, not health insurance, and has no defined benefits. CICP is available at select providers throughout the state. Only emergency services are mandated to be discounted, other available service discounts vary by provider.

To qualify, applicants must:

- Have income below 250% of the FPL.
- Not be eligible for Health First Colorado or CHP+.

Applicants can apply for CICP at any of the participating CICP provider sites. Find CICP providers on the [CICP website](#).

Local Public Health Departments

Public health clinical services, including immunizations, family planning, and more, are available through local public health departments, regardless of insurance status. Some public health sites ask for payment on a sliding fee scale based on income, and many services are available at no charge. Find your [local health department](#).

Community Health Centers

Federally Qualified Community Health Centers (CHCs) provide primary, behavioral, dental, and vision care regardless of the patient's ability to pay. Many CHCs have sliding fee scales for services. Find a Community Health Center using the [Colorado CHC Map](#).

Colorado Safety Net Collaborative

The Colorado Safety Net Collaborative (CSNC) is a collection of clinics that serve people who are uninsured, under-insured, and enrolled in Health First Colorado or CHP+ by providing health care and other services that help people get and stay healthy. Find clinic locations using the [Colorado Safety Net Map](#).

Hospital Discounted Care

Coloradans who are at or below 250% FPL are eligible for Hospital Discounted Care. Hospital Discounted Care limits the amount that eligible Coloradans can be billed for health care services at hospitals and emergency rooms, as well as the amounts providers working in hospitals and emergency rooms can bill. Hospitals must give patients the chance to apply for discounted care when they receive services at the hospital. Payment plans for patients who qualify cannot be more than 4% of the individual's gross monthly income for bills from the hospital. Payment plans for each provider that bills separately from the hospital cannot be more than 2% of the patient's gross monthly household income. Payment plans cannot last longer than 36 months of payments. Once 36 payments have been made, the bill is considered paid in full.

More information is available on the [Hospital Discounted Care](#) webpage.

Common Enrollment Questions from Members:

Enrollment questions	Information to provide
<i>How long after being approved can I go to the doctors?</i>	Your coverage begins the day you applied, or sooner if you qualify for retroactive coverage. You can begin seeing the doctor right away, but your benefits will not show up in the provider portal for 3 days after you are approved. The doctor may require you to self-pay, until they see your coverage in the provider portal.
<i>What information do I need to give my doctor to let them know I am now enrolled?</i>	Your doctor can look you up in the provider portal using your client ID that is on your Health First Colorado or CHP+ card. It is also in your PEAK account and on the Health First Colorado app. Your doctor can also look you up in the provider portal using your name, social security number, and date of birth.
<i>I haven't seen the doctor in a long time. How can I find a doctor that takes Health First Colorado or CHP+?</i>	You will get a letter in the mail from your Regional Accountable Entity (RAE) that includes a information for doctor or provider who is able to see you. You can make an appointment with that doctor, or if you know someone you would like to see, you can call them and ask if they take Health First Colorado. If they do, you can call your RAE and ask to move to that provider.

This section includes information about Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) benefits and requirements while enrolled.

Health First Colorado Benefits

In July 2023, there are no longer co-pays for most Health First Colorado services. Co-pays are a set amount of money patients pay when they visit a doctor. Members can contact their RAE (Contact information for all RAEs is on page 23) or the Member Contact Center (800) 221-3943 to learn more about their co-pays.

- Dental services
- Emergency services and transportation
- Hospitalization
- Behavioral health services
- Pharmacy and durable medical equipment
- Physical, Occupation, and Speech Therapy
- Maternity care (prenatal, delivery, postpartum)
- Immunizations
- Primary care
- Laboratory services
- Family planning

This list is not comprehensive.

Some Health First Colorado services and benefits require a health care provider to complete a form or make a phone call that gives special permission for extra services. This is called prior authorization. Additional services may be covered through prior authorization if considered medically necessary.

CHP+ Benefits

The following services are covered benefits for CHP+ members, meaning they do not have to pay for these services.

- Dental services (Up to \$1,000 in dental services per year.)
- Emergency services and transportation
- Hospitalization
- Behavioral health services
- Pharmacy and durable medical equipment
- Physical, Occupation, and Speech Therapy
- Maternity care (prenatal, delivery, postpartum)
- Immunizations
- Primary care
- Laboratory services
- Family planning

This list is not comprehensive.

CHP+ Co-pays

CHP+ members may also have to pay small co-pays when they receive CHP+ services. The amount depends on the member's income. There are no co-pays for preventive care, such as prenatal care and check-ups. American Indians and Alaska Natives never have to pay co-pays.

The chart below is a summary of co-pays and is not an all-inclusive list.

Family Income (% FPL)	ER Visit	Urgent/ After Hour	Ambulance/ ER Transport	Inpatient Hospital	Physician Services at Hospital	Outpatient Hospital	Prescriptions	Lab/ Imaging
< 101%	\$3	\$1	N/A	N/A	N/A	N/A	N/A	N/A
101-156%	\$3	\$1	\$2	\$2	\$2	\$2	\$1	N/A
157-200%	\$30	\$20	\$15	\$20	\$5	\$5	\$3-10	\$5
201-260%	\$50	\$30	\$25	\$50	\$10	\$10	\$5-15	\$10

CHP+ has an out-of-pocket limit. This means that each year, the maximum amount of money (referred to as out-of-pocket limit) that a member is required to spend on health care payments for all members of their household that are enrolled in CHP+ is 5% of their household's annual income.

Dental Benefits

Health First Colorado Dental Benefits

DentaQuest provides dental benefits to all enrolled Health First Colorado members. These benefits include:

- Cleanings
- Fillings
- Root canals
- Crowns
- Partial dentures

As of July 1, 2023, there is no dental cap or maximum amount of dental benefits for Health First Colorado members.

Members can learn more about their dental benefits by calling DentaQuest directly at (855) 225-1729 or visiting dentaquest.com.

CHP+ Dental Benefits

DentaQuest provides dental benefits to all CHP+ members. These benefits include:

- Cleanings
- Fillings
- Restorative Services
- Endodontic
- Periodontic
- Prosthodontic
- Oral surgery
- Limited orthodontic services

CHP+ covers up to \$1,000 in dental services each calendar year (January 1 - December 31). As with all CHP+ benefits, families may be required to pay a small fee or co-payment when they receive services. This amount depends on the family's income.

Members can learn more about their dental benefits by calling DentaQuest directly at 1-888-307-6561 or visiting dentaquest.com.

Receiving Service Out-of-State

Both Health First Colorado and CHP+ members may receive some benefits out of state under the following conditions:

1. They experience a medical emergency while not in Colorado.
2. Their health would be endangered if they were required to return to Colorado for the medical care or treatment.

Updating Information

It is important that both Health First Colorado and CHP+ members update their information if it has changed. Information that should be updated includes contact information, mailing address, income, and immigration status.

Members can update their information in one of these ways:

1. Visit [Colorado.gov/PEAK](https://colorado.gov/PEAK). In PEAK, go to their 'Mailbox' and select 'Update communication preferences' for contact information and mailing address. In PEAK, go to "Report My Changes" for income and immigration status. This is the fastest and easiest way to make changes.
2. Use the [Health First Colorado app](#) on their phone. This free app is for Health First Colorado and CHP+ members.
3. CHP+ members can call 800-359-1991 (State Relay: [711](#)).
4. Contact their [County Human or Social Services Department](#) or [Certified Application Assistance Sites](#) to get in-person help.

After members report new income, the Colorado Benefits Management System (CBMS) will determine if they still qualify for Health First Colorado or CHP+. If they do still qualify then they do not have to do anything else and will get a NOA that says they are still eligible and enrolled. If they no longer qualify for Health First Colorado or CHP+, they will get a NOA that says they are no longer eligible, the reason they are no longer eligible, and information for appealing the decision.

Common Enrollment Questions from Members

Post-enrollment questions	Information to provide
I am moving and my new home is not close to my doctor's office. How can I change the doctor I see?	When you move, you always have to update your address with the state. You can update it in PEAK, or by calling or visiting your County Human or Social Services Department. You can also come visit me for help. If you move far enough that you need to change doctors, you can call you RAE for their help finding a doctor closer to your new home and setting you up with the new doctor in their system.
I am pregnant but really want to travel to visit my family in Ohio. What happens if I need to see a doctor while I am there?	If your doctor approved you for travel, you should not feel stuck in Colorado because you have Health First Colorado. If you have a health related emergency, you can go to the hospital where you are. Health First Colorado will not pay for you to get routine medical care out of state.
I have CHP+ and my child has Health First Colorado. Can we go to the same dentist?	DentaQuest contracts with dentists on behalf of Health First Colorado and CHP+. You can call them to see which dentists provide services for both Health First Colorado and CHP+.

This section includes information on the renewal process including how to help members renew their application for Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). Renewals take place every 12 months to determine whether Health First Colorado and CHP+ members continue to qualify for benefits. It is important to remind members that they must review, sign, and return information to the state if they get a renewal packet, or they may lose their benefits.

Quick Tips

- Everyone who gets a renewal packet needs to review the information included in the packet, update any information that is incorrect, and sign and return the packet.
- Renewals can be reviewed, updated, and signed online in a member's PEAK account, or the signature page and any updated pages can be mailed or dropped off at a member's County Human or Social Services Department.
- If a member gets an updated NOA stating they are eligible instead of a renewal packet, the state was able to renew their eligibility using electronic data sources and interfaces. The member does not need to do anything else.

Steps in the Renewal Process

1. Ex Parte

The first step in the renewal process happens behind the scenes in CBMS and is called ex parte. Ex parte is an automatic renewal process where the state is able to renew a member's eligibility for Health First Colorado and CHP+ without any interaction with the member.

In the ex parte process, CBMS runs a report on each member, looking at all available information on the member, including information reported in CBMS in the member's case file, other electronic data sources, and information previously received from a SNAP or Colorado Works case, as applicable. If the available information is enough to determine that the member is eligible, the state will renew their benefits and send a NOA indicating they are still enrolled. CBMS runs ex parte for all members; however, members whose information cannot be verified electronically, such as members who are self-employed and some immigrants, or who are in programs with resource checks, are not likely to be renewed ex parte. Any members who do not have sufficient information to prove eligibility, or the available information makes the member appear ineligible, will receive a renewal packet (process described below).

Members should keep their information up to date throughout the year. If there are any changes, members should report those changes in PEAK or with their County Human or Social Services Department. Accurate and current information helps members go through the renewal process more smoothly. Members should regularly update: family member information, address, phone number, income information, and differences for monthly or annualized income.

CBMS may be able to renew one member of a household ex parte, but not other members in the household. Remind clients that even if one member receives a NOA of approval, other household members may still receive a renewal packet that they must complete to stay enrolled.

2: Renewal Packets

Members who cannot be renewed ex parte or whose eligibility determination would result in a negative action, like a termination or an approval in a lower benefit category, are sent a renewal packet to review, update, and sign. The renewal packet will request information and/or verifications from the member and must be signed and returned within by the due date listed of the date on the renewal packet. The goal of the renewal packet is to collect current information to determine if members are still eligible for benefits.

3. Member's Role in Renewals

If a member gets a renewal packet, they must review the information in the packet for accuracy, update any out-of-date information, and sign and return the signature page. Members must still sign and return the signature page of the renewal packet, even if they do not have any new information to provide.

In addition to the renewal packet, a member may receive an income discrepancy letter and/or VCL. Income discrepancy letters are due within 30 days of the date on the form. Members will receive VCLs if they do not return the signed signature page one month before their renewal month (on the 20th of the month).

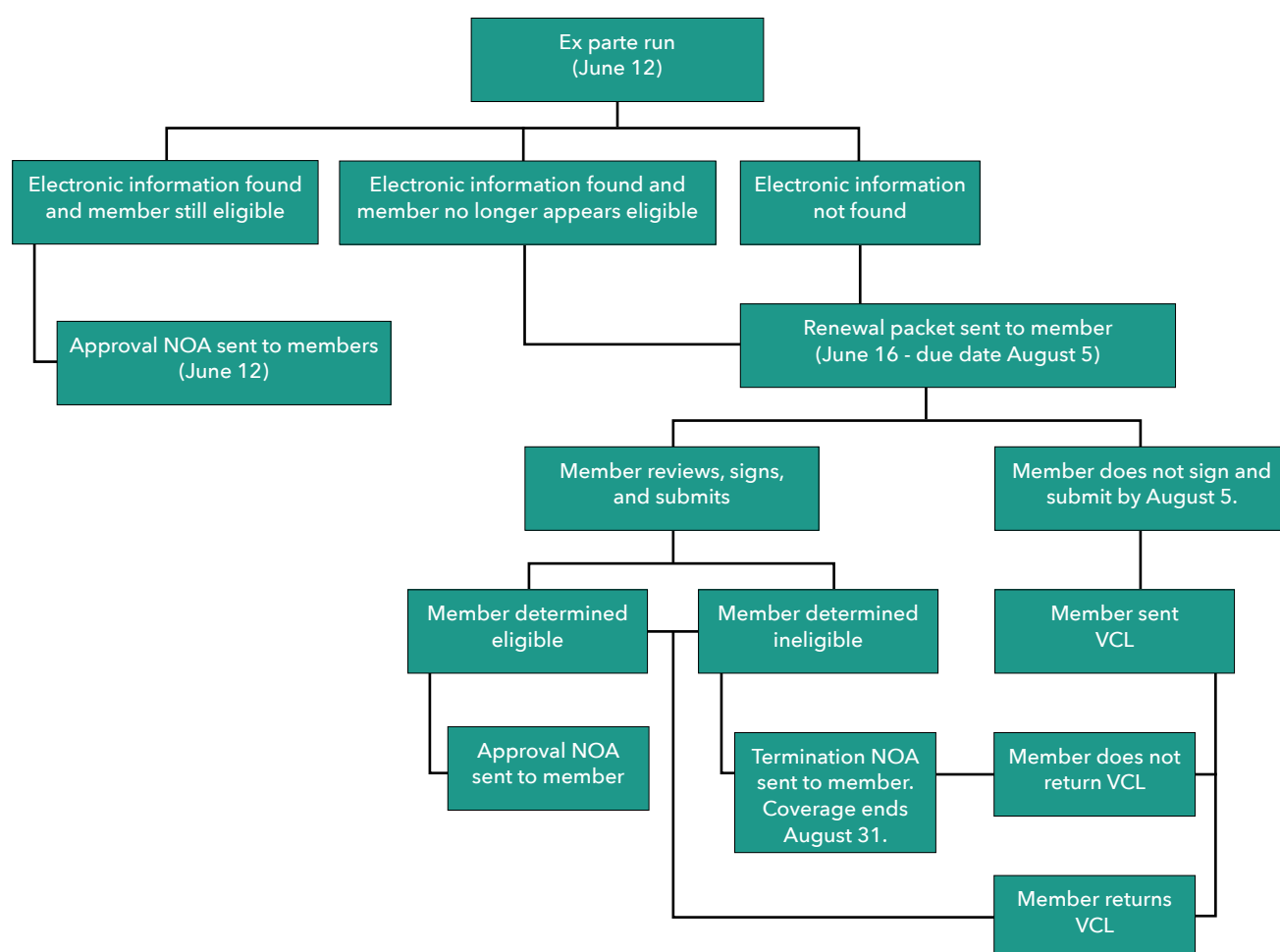



Note: Only one renewal needs to be completed and returned per household.

Members can submit their renewal through a variety of ways, including:

- Going through the Renewal section in PEAK. In PEAK, members can see and update everything in their renewal packet, and can electronically sign the signature page. PEAK is the quickest and easiest way to renew their Health First Colorado or CHP+ benefits.
- Update information in the packet, as necessary, and sign the signature page. Updated information and the signed signature page can be dropped off at or mailed to a member's County Human or Social Services Department. If information in the renewal packet is correct, the member does not need to return the complete packet and can return the signed signature page only.

Example Renewal Process Timeline for August Renewals



 Note: A more detailed flowchart of the renewal process is available in Appendix 2 on page 75.

Ways to Return the Signature Page and Renewal Packet

- Complete the renewal section in PEAK.
- Update the renewal and signature page in the Health First Colorado app.
- Bring the updated packet and signed signature page to the County Human or Social Services Department.
- Mail the updated packet and signed signature page to the County Human or Social Services Department.
- Fax the updated packet and signed signature page to the County Human or Social Services Department.

Reconsideration Period After Termination

Reconsideration can happen when a member does not return the renewal packet or signature form before their renewal due date. Members have 90 calendar days from the date eligibility was terminated to return their signature form or other requested information.

If a member is terminated, their NOA will include information about the reconsideration period. Their NOA will say: Health First Colorado (Colorado's Medicaid program). Your coverage ended [ELIGIBILITY END DATE] because we did not receive your renewal information. If you want to see if you still qualify, you have 90 days from the date your coverage ended to provide the renewal information without having to reapply.

The 90-day count begins the first day the member is no longer eligible to receive benefits i.e., the member's benefits were terminated effective July 1, 2023, day one would be July 1, 2023, not the day the determination was made. If a member tries to reapply in PEAK during the 90-day reconsideration period, they will be redirected to their renewal.

{firstName} {lastName}

Health First Colorado ID: {MA_stateId}

{fName} does not qualify for:

✕ {benefitCategory}. As of {benefitEndDate}, you don't qualify because we couldn't process your renewal information. We need you to sign and return the renewal form signature page that came with your renewal paperwork so we can process your renewal. You can do this online at CO.gov/PEAK or you can sign the signature page that came in the mail with your renewal paperwork.

You have 90 days from the date your coverage ended to provide the missing signature page without having to reapply. If you don't have your renewal form signature page anymore, contact your local county office or sign it online at CO.gov/PEAK. If you don't have an account, follow the instructions on CO.gov/PEAK to create one.

Health First Colorado may offer help with unpaid medical expenses during the month(s) you did not have coverage. Please contact your county office for more information.

[Download correspondence example](#)

Common Renewal Questions from Members

Renewal questions	Information to provide
<i>I got a renewal packet in the mail, but I haven't seen one like this before. What should I do?</i>	<p>The renewal process was recently changed, making it easier for members to know the information the state uses to see if they are still eligible. If you are enrolled in a MAGI program, your packet should be:</p> <ul style="list-style-type: none"> • Pre-populated with available information about you and other members of your household. If any information is incorrect, you can write in the correct information on the packet. • Includes a signature form that you must sign and return, regardless of if there are changes or not. <p>Your packet must be returned by the due date, with updated information, as necessary, and your signature. If you do not have information updates, you do not need to return the entire packet. You can return just the signature page.</p> <p>The easiest way to submit your signature is on PEAK, but you can also use the Health First Colorado app, or sign the paper signature page and either mail it or drop it off at your County Human or Social Services Department.</p>
<i>I got a renewal packet in the mail. It was already filled out and everything on it is correct. What should I do?</i>	<p>If the information on the renewal packet is correct, you do not need to return the full packet. You must still sign and return the signature page though.</p> <p>The easiest way to submit your signature is on PEAK, but you can also use the Health First Colorado app, or sign the paper signature page and either mail it or drop it off at your County Human or Social Services Department.</p>
<i>I got a renewal packet in the mail, but some of the information included is wrong. What should I do?</i>	<p>If the information on the renewal packet is incorrect, you can either update the information in your PEAK account, or write the correct information on your paper packet.</p> <p>The easiest way to update your information and submit your signature is on PEAK, but you can also use the Health First Colorado app, or write in the correct information in your packet and sign the paper signature page, and either mail it or drop it off at your County Human or Social Services Department.</p>
<i>I forgot to return my renewal packet and got a letter saying my coverage is ending. What can I do?</i>	<p>There is now a 90-day reconsideration period for members who do not return their renewal packet or signature page. You can complete your renewal on PEAK, or go to your County Human or Social Services Department and ask to complete your renewal as part of the 90-day reconsideration period.</p> <p>If it has been more than 90-days, you will have to reapply.</p>

This section includes miscellaneous information about Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+), including recoveries, special populations, and site certification types.

Recoveries

Estate and Trust Recovery

Estate recovery is a federally required program where HCPF may recover the money spent on a Health First Colorado member's Long Term Care Benefits by selling the property (items or real property) the person owned after they pass away. In addition to recovering health care costs from a deceased member's estate, HCPF can recover any money that is in a trust. Upon the death of a Health First Colorado member, amounts left in a trust are paid back to HCPF up to the amount of health care that HCPF paid on behalf of the member. For more information about trusts, contact medicaid.trusts@state.co.us.

Estate and Trust Recoveries apply to all Health First Colorado members, regardless of their program type or category of eligibility. With Estate Recovery, HCPF may:

- Recover payments paid on behalf of a member who was institutionalized at the time they received medical assistance.
- Recover the costs of medical assistance provided for nursing facility care, home and community-based services, and related hospital and prescription drug services (for members aged 55 and older at the time they received medical assistance).

With Estate Recovery, if the members' heirs want to keep the property that is in the estate, they may do so as long as they agree to pay the amount HCPF would have otherwise recovered. A Health First Colorado member will never be required to sell a home while they are still alive; however, HCPF may place a lien on the property while the member is alive. A lien is a debt that must be paid when the property is sold. If property is owned in joint tenancy and the surviving spouse resides in the home, HCPF will not recover money from the estate.

Real estate vs. real property

Real estate includes land owned by the member, and any buildings or structures on the land, including the home. Real property includes the real estate and any ownership or rights associated with the land, such as water or mineral rights.

When a member meets criteria for Estate Recovery, the following steps take place:

1. HCPF's vendor, Health Management System (HMS) receives notification of the Health First Colorado Member's death.
2. HMS does asset research to determine real property and other assets subject to probate that were owned by the deceased member.
3. HMS monitors the case for probate to be opened.
4. If no probate is opened, HMS sends a letter to the address of the real property, telling the member's family about HCPF's claim, and stating that probate must be opened.
5. Once probate is opened, either by the family or by HMS, HMS files a creditor claim against the estate for the recovery amount HCPF is seeking.
6. If a family requests a hardship or exclusion, HMS will review the request and work directly with the family regarding its approval or denial. When necessary, HCPF makes the final decision whether a hardship is warranted.
7. If there are more assets than the amount the deceased member owed to HCPF, HCPF will leave them to be subject to the rule of the deceased member's will.

Medicare beneficiaries who qualify for help paying their premiums through one of the four Medicare Savings Programs (MSPs), listed below, are not subject to Estate Recovery for these benefits:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Beneficiary (SLMB)
- Qualifying Individual (QI)
- Working Adults with Disabilities (WAWD)

Estate Recovery vendor contact information: Health Management Systems (HMS)
 333 W. Hampden Ave., #425
 Englewood, CO 80110
 www.comedicaidrecovery.com
 comedicaidrecovery@hms.com
 Phone: (303) 837-8293
 Fax: (303) 861-1028

Common Estate and Trust Recovery Questions from Members

Estate and Trust Recovery questions	Information to provide
I am 60 years old. How do I know my family will not lose our home if something happens to me?	<p>For members age 55 and older at the time they received medical assistance, recovered costs are limited to nursing facility services, home and community-based services, and related hospital and prescription drug services.</p> <p>If you die while enrolled in Health First Colorado, your family can submit a request to waive or compromise recovery from the estate on the basis of hardship. HCPF makes the determination of hardship. Examples of when they may determine a hardship include:</p> <ul style="list-style-type: none"> • The heirs would become eligible for assistance payments and/or medical assistance programs without receipt of the proceeds of the estate. • Allowing the heirs to receive the inheritance from the estate will enable them to discontinue eligibility for assistance payments and/or medical assistance programs. • The home is part of a business, including a working farm or ranch, and recovery will result in the heirs to the estate losing their means of livelihood.
<i>If I use nursing facility services, home and community-based services, or hospital and prescription drug services while enrolled in Health First Colorado, would I have to sell my house while I am still alive?</i>	No. The estate and trust recovery program does not require a member to sell a home. However, HCPF may place a lien on the property while the Health First Colorado member is alive. A lien represents a debt that must be paid when the property is sold. A lien secures HCPF's interest by ensuring that HCPF can recover medical costs when the property is sold.
<i>Will my husband be kicked out of our home if I die after having Health First Colorado pay for my nursing home expenses?</i>	No. Your husband is not required to sell your home or other joint property.
<i>If I die, can my family members pay the amount owed, instead of having it come from my estate?</i>	Yes. If your family members want to keep property that is in the estate they can, as long as they agree to pay the amount that HCPF would have otherwise recovered.

Member Audits and Members Repaying Benefits


In certain cases, someone may have received Health First Colorado or CHP+ benefits when they were not eligible. In these cases, members may be required to pay for the benefits or health care they received. The only time the member is not required to pay for the benefits or health care they received is when they received benefits at no fault of themselves. For example, the member would not be at fault if the eligibility site that processed their application made a mistake.

The County Human or Social Services Department where the member lives is responsible for conducting member audits and collecting repayment for benefits received. When this happens, the County Human or Social Services Department documents the facts and circumstances and sends a notice to the member requesting repayment. The member can object by filing a request for a county evidentiary conference or state hearing within 30 days from the date that the County Human or Social Services Department mails the notice. If the member has not paid back the benefits or health care costs by the time they file their state taxes, HCPF and the county may recover the amount due by collecting the individual's tax refund until they have reached the amount of health care paid on behalf of the member.

The county is required to report member fraud investigations to HCPF, which reports it to the General Assembly. If a person is found guilty of fraud, they may be prosecuted for theft and sentenced to time in prison. Each county has their own process for member audit and recovery. For more information, contact the [County Human or Social Service office](#) in the county where the member lives.

Special Populations

The information below includes specific guidance on when Health First Colorado can pay for medical services for incarcerated people and how and when they can be enrolled in Health First Colorado. Another special population included in this section are people who were in foster care when they turned 18 years old.

 *Note: Someone is considered an incarcerated when they are in lawful custody of and held involuntarily in a city, county, state, or federal jail, prison, or correctional facility.*

Inmates of a Public Institution

Inmates are not eligible for Health First Colorado while they are incarcerated. If someone is enrolled in Health First Colorado before becoming incarcerated, their case will be updated in CBMS and interChange, the provider portal, to indicate they are now incarcerated.

Jails vs. Prisons

Jails are facilities that house inmates awaiting trial, or people who are convicted of misdemeanors who are serving sentences of less than one year. In most states, jails are run by counties or cities.

Prisons are facilities the house convicted inmates serving sentences of more than one year. Prisons are state or federal facilities.

While incarcerated, a jail or prison facility is responsible for paying for all health care services provided in-house. The only exception is for care delivered outside the institution, such as at a hospital or nursing home when the person has been admitted for 24 hours or more. In this situation, Health First Colorado may provide health coverage.

People Residing in Community Corrections Facilities

Health First Colorado is available to residents of Community Corrections facilities (halfway houses) who meet other eligibility requirements, including people who reside at the facility involuntarily. Community Corrections residents applying through PEAK should not indicate that they are incarcerated in the application. Community Corrections facilities may use PEAKPro to help residents apply, or may work with Medical Assistance Sites, Eligibility Application Partner Sites, Certified Application Assistance Sites, and other eligibility partners to assist their residents with enrolling in Health First Colorado.

People Released from a Public Institution

If someone was a Health First Colorado member before being incarcerated, when released or paroled, their case should be updated in CBMS and interChange to indicate they are no longer incarcerated. Then, their Health First Colorado eligibility is redetermined and, if they are still eligible, their coverage begins immediately. They may also be eligible for retroactive coverage to the date of their release, if they apply on their own.

Eligibility during Pretrial Phase	
Pretrial Status	Eligible for Health First Colorado
On bond or diversion pending disposition	Yes
In jail pending disposition	No
Eligibility while Serving a Sentence	
Serving Sentence	Eligible for Health First Colorado
In jail	No
In prison	No
Probation	Yes
Parole	Yes
Eligibility in Community Corrections	
Community Corrections	Eligible for Health First Colorado
Residential (transition or diversion)	Yes
Non-Residential	Yes

Common Incarceration Questions from Members

Incarceration questions	Information to provide
<i>My family has Health First Colorado or CHP+, and a member of the family just went to jail. Do I need to report this?</i>	Typically this is reported by the jail or prison, but you can also report it in PEAK through Report My Changes, or with your County Human or Social Services Department.
<i>I am currently on parole, am I still able to apply for Health First Colorado or CHP+?</i>	Yes, people on probation, parole, or pretrial services may qualify for Health First Colorado if they meet all other eligibility criteria. People who are formerly incarcerated may also qualify for Health First Colorado or CHP+ if they meet all other eligibility criteria.

Foster Care

Health First Colorado covers the medical costs for nearly all children in foster care and often continues to cover them if they are adopted, regardless of their parents' income. Children in foster care who have Health First Colorado at 18, or Medicaid coverage in another state at 18, can keep the coverage until they turn 26.

Former foster care youth from any state who meet the criteria listed below can get Health First Colorado coverage up until the age of 26 regardless of their current income.

Individuals are considered a former foster care youth if they were under the following types of care:

- Certified kinship care
- Non-Certified kinship care (when the county has custody)
- Foster home care
- Group home care
- Group center care
- Children's Habilitation Residential Program (CHRP)
- Residential Child Care Facilities (RCCF) programs
- Psychiatric Residential Treatment Facilities (PRTF) programs
- Independent living programs or
- Youth committed to the Division of Youth Corrections living in one of the above, non-secure locations

Site Certification Types

Designated community-based organizations may help Coloradans understand, apply for, and retain to Health First Colorado and CHP+. These organizations offer varying degrees of assistance based on certification level, authorized by HCPF. A site can have multiple certifications from HCPF. Certification begins with Certified Application Assistance Site (CAAS), after which a site may apply to become a Presumptive Eligibility (PE) site, and then an Eligibility Application Partner (EAP) site. Medical Assistance (MA) sites are governmental organizations that have a merit-based pay structure.

	Certified Application Assistance Sites (CAAS)	Presumptive Eligibility (PE) Sites	Eligibility Application Partners (EAP) Sites	Medical Assistance (MA) Sites
Certifying Agency	Colorado Department of Health Care Policy and Financing (HCPF)			
Services	Assist with applications and verify original identification and citizenship documents for Health First Colorado and CHP+			
	Provide member assistance services such as finding providers, explaining benefits, and helping clients stay enrolled	Determine immediate and temporary Health First Colorado and CHP+ eligibility for pregnant adults and children while they await full eligibility determinations	Process new Health First Colorado and CHP+ applications and determine eligibility in CBMS	Process new Health First Colorado and CHP+ applications and determine eligibility in CBMS. Provide ongoing case management for existing cases.
Agency Support	Training upon certification and support upon request			
Agency Funding	No		Occasionally	Yes
Additional Resources	Find a site			
	Contact More Info	Contact More Info	Contact More Info	

This section includes information to help assisters to troubleshoot with and advocate for their clients. The information in this section is intended to support common issues clients experience including appeals and grievances.

Health First Colorado Appeals Process

Steps for a Health First Colorado Member to Take Before an Appeal

Assisters should advise clients to read their NOA thoroughly, and consider the following:

- If the state requests any verifications, make sure your client sends them to the correct location and by the deadline.
- Make sure your client has reported all changes (examples: contact information, address, income, family size).
- If your client believes their eligibility determination was wrong or they were incorrectly terminated from benefits, you can help them contact the eligibility site, MA site, or EAP site listed on their NOA.

If your client completed the steps above and has remaining questions or thinks any part of their Health First Colorado eligibility decision is wrong, they may ask for the following:

- Eligibility Site Dispute Resolution Conference (informal)
- State Level Hearing (formal)
- Both an informal and formal hearing

Dispute Resolution Conference

Your client may request an informal meeting with County Human or Social Services staff or the eligibility site to review their case. Clients must request informal conferences within 60 days of the eligibility determination date listed on the NOA. To request an informal conference, the member or applicant must mail or take a letter to the eligibility site that includes their name, mailing address, phone number, reason for request, and a copy of their NOA. The address to the County Human or Social Services office or the MA/EAP site will be included on the NOA.

At the eligibility site conference your client has the right to represent themselves, or they may choose a lawyer, a relative, a friend, or any other person to act as their authorized representative. If your client wants to apply for free legal help, call Colorado Legal Services' Denver Office at (303) 837-1313, or their local Colorado Legal Services Office.

State Level Hearing

Members and applicants who want a formal hearing must submit the request to the Office of Administrative Courts (OAC) within 60 days of the eligibility determination date on their NOA. To request a formal hearing, they can:

- Complete the Request for [State Level Hearing Form](#)
- Submit a written request for hearing to the OAC.

The address and fax number for the OAC is also listed on their NOA: Office of Administrative Courts
1525 Sherman Street 4th Floor
Denver, CO 80203.
Phone: (303) 866-2000
Fax: (303) 866-5909

The request must include the following information:

- Name
- Address
- Phone number
- Name of the agency or department that handled the application
- Name, address, and phone number of anyone who will be representing the individual at the hearing
- Copies of any denial/suspension/termination notices received

Continuation or Termination of Health First Colorado Benefits

If a member's NOA says that Health First Colorado benefits will stop and the member wants their benefits to continue while on appeal, the State Level Hearing request must be received by the OAC no later than the effective end date of benefits. The member may also request to continue receiving benefits by writing to: Colorado Department of Health Care Policy & Financing 1570 Grant St Denver, CO 80203 Attn: Eligibility Appeals.

Expedited Appeals

If a member or applicant thinks that waiting for a State Level Hearing might jeopardize their life or health, they have the right to request an expedited, or quicker hearing. To request an expedited hearing the member will use the same process for requesting a formal appeal but indicate that they want an expedited hearing, and why it is needed.

Withdrawing an Appeal

If the issues of the appeal are resolved before the appeals process is complete, the member or applicant should write a request to withdraw, and include the following information:

- Name
- Mailing address
- Phone number
- Email address
- Health First Colorado ID and Case ID
- Reason for appeal
- Copy of the notice with the decision they are appealing
- Include member's signature in the request
- Mail or fax withdrawal request to the OAC: Office of Administrative Courts
1525 Sherman Street 4th Floor
Denver, CO 80203
Fax (303) 866-5909

Appeals for Denial of Benefits

A Health First Colorado member can appeal a service decision or denial of benefits to their health plan or RAE within 60 days if:

- A service they get is set to be reduced, suspended, or stopped
- A type or level of service they requested is denied or limited
- They are not given notice of a service decision timely
- They are not given a reply to their complaint or appeal within required times
- Their request to get behavioral health care outside their regional organization network is denied, and they live in a rural area where there are no providers
- Payment for all or part of their health services is denied

CHP+ Appeals Process

Assisters should advise clients to read their NOA thoroughly, and consider the following:

- If the state requests any verifications, make sure your client sends them to the correct location and by the deadline.
- Make sure your client has reported all changes (examples: contact information, address, income, family size).
- If your client believes their eligibility determination was wrong or they were incorrectly terminated from benefits, you can help them contact the eligibility site, MA site, or EAP site listed on their NOA.

If your client completed the steps above and has remaining questions or thinks any part of their Health First Colorado eligibility decision is wrong, they may ask for the following:

- Eligibility Site Dispute Resolution Conference (informal)
- State Level Hearing (formal)
- Both an informal and formal hearing

Dispute Resolution Conference

Your client may request an informal meeting with County Human or Social Services staff or the eligibility site to review their case. Clients must request informal conferences within 60 days of the eligibility determination date listed on the NOA. To request an informal conference, the member or applicant must mail or take a letter to the eligibility site that includes their name, mailing address, phone number, reason for request, and a copy of their NOA. The address to the County Human or Social Services office or the MA/EAP site will be included on the NOA.

At the eligibility site conference your client has the right to represent themselves, or they may choose a lawyer, a relative, a friend, or any other person to act as their authorized representative. If your client wants to apply for free legal help, call Colorado Legal Services' Denver Office at (303) 837-1313, or their local Colorado Legal Services Office

Grievance Committee Review

If your client disagrees with the results of the appeal, they may have their appeal reviewed by the Grievance Committee. The Grievance Committee is conducted by an independent panel appointed by the Executive Director of HCPF. Your client may attend the Grievance Committee in person and has the right to represent themselves, or they may choose a lawyer, a relative, a friend, or any other person to act as their authorized representative during the Grievance Committee. The applicant may access any documents, including those initially provided by the member or documents that were used by HCPF or its designee in making the decision under appeal. The Grievance Committee's decision is final.

Appeals for Denial of Benefits

A member who disagrees with a denial of benefits should submit an appeal to their Managed Care Organization (MCO) they are enrolled in and follow the MCO's appeal process. A member can appeal any of the following actions:

- When the MCO denies or limits a type or level of service that was requested
- When the MCO reduces, suspends, or stops a service that was previously approved
- When the MCO denies payment for any part of a service
- When the MCO does not provide or approve services in a timely manner
- When the MCO does not act within timelines required by the state to provide notifications
- If a person lives in a rural area and their request to seek care outside of the network is denied

Examples of decisions that a member could appeal include:

- A member is told they are being discharged from the hospital and don't feel ready to go
- A member is denied continued services, such as physical therapy, that the member feels are still needed

Health First Colorado and CHP+ Grievance Processes

Grievances

A grievance happens when a member is dissatisfied with the operation, activities, or behavior of a health plan, known as a Regional Accountable Entity (RAE) for Health First Colorado or MCO for CHP+, or their dental plan, DentaQuest. This could include problems related to quality of care, wait times, or the plan's benefits. A grievance is not the same as a complaint about a coverage decision. A grievance is a formal process that may lead to a change to a specific decision whereas a complaint is informal and may not have a direct impact on services.

Examples of grievances might include:

- The receptionist was rude
- A provider would not share a health record
- The plan of services does not have the treatments a member needs
- A member could not get an appointment when they needed one

Members can file a grievance at any time. They can do so in person, by phone, by mail, or by email. To file a grievance, they should have the following information:

- Name
- Health First Colorado or CHP+ ID
- Address and phone number

Members can get help filing a grievance by calling their RAE, MCO, DentaQuest for dental grievances, or by calling the Ombudsman for Health First Colorado Managed Care at 303-830-3560 or 877-435-7123 (State Relay 711). Or email help123@maximus.com.

After a member files a grievance with their RAE or MCO, the RAE or MCO will send a letter within 2 business days to confirm they received it. They will work with the member to solve the problem. Within 15 business days, the RAE or MCO will send another letter explaining the decision. If the member does not agree with the answer they received, they may ask for a second review of their grievance. They can ask for a second review by contacting:

Colorado Department of Health Care Policy and Financing
Medicaid Managed Care Contract Manager
1570 Grant Street, Denver, CO 80203
Phone: (303) 866-4623
Email: hcpf_mcos@state.co.us.

If they ask for a second review, HCPF will work with the member and send a letter with information about their decision. This second decision is final.

If a member has a grievance about access to behavioral health care, they may file it with the Behavioral Health Ombudsman Office of Colorado:

- Phone: (303) 866-2789
- Email: ombuds@bhoco.org
- Website: bhoco.org

The table below includes contact information on appeals and grievances for each of the Health First Colorado RAES and DentaQuest.

	Colorado Access	Colorado Community Health Alliance	Denver Health Medicaid Choice	Health Colorado, Inc.	Northeast Health Partners	Rocky Mountain Health Plans	DentaQuest
Appeals and Grievance Contact Information	(855) 384-7926 or (303) 751-9021	(855) 627-4685	(855) 281-2418 or (303) 602-2116	(888) 502-4185	(888) 502-4189	(888) 282-8801	DentaQuest Complaints and Grievances PO Box 2906 Milwaukee, WI 53201 Phone: (888) 307-6561 TTY: 711

The table below includes contact information on appeals and grievances for each of the CHP+ MCOs and DentaQuest.

	Colorado Access	Denver Health Medical Plan	Kaiser Permanente	Rocky Mountain Health Plans	DentaQuest
Appeals and Grievance Contact Information	Colorado Access Grievance and Appeals Department PO Box 17950 Denver, CO 80217-0950 Phone: (303) 751-9021 or (888) 214-1101	Denver Health Medical Plan, Inc. Attn: Grievance and Appeals Department 938 Bannock St. Denver, CO 80204 Phone: (303) 602-2261 Fax: (303) 602-2078	Member Appeals Program, Kaiser Foundation Health Plan of Colorado, P.O. Box 378066 Denver Colorado 80237-8066 Phone: (303) 338-3800 TTY: 711 Customer Experience Department, Kaiser Foundation Health Plan of Colorado, 2500 South Havana Street, Aurora, CO 80014	Rocky Mountain Health Plans Member Appeals P.O. Box 10600, Grand Junction, CO 81502-5600 Phone: 1-800-346-4643 TTY: 711 Fax: (970) 244-7819 Rocky Mountain Health Plans Utilization Management 2775 Crossroads Blvd., Grand Junction, CO 81506 Phone: 1-800-346-4643 TTY: 711 Fax: (970) 244-7769	DentaQuest Complaints and Grievances PO Box 2906 Milwaukee, WI 53201 Phone: (888) 307-6561 TTY: 711

Other Troubleshooting Topics

Health First Colorado Illegal Billing

Illegal billing is charging the state or members for services or supplies that were not provided to members or ordering medically unnecessary items or services for members. Members will receive an Explanation of Benefits (EOB) in the mail after receiving services. In this EOB notice, a member may review what services were provided and follow up with the Member Contact Center if they see a service in there that they did not receive, or that they feel was not medically necessary.

Health First Colorado Members seeking additional information about provider billing practices may contact HCPF's Member Contact Center (800) 221-3943, TTY: 711, or fax (303) 866- 4411

Withdrawing Health First Colorado or CHP+ Coverage

If a member no longer wants their Health First Colorado or CHP+ coverage, they can contact their local [County Human or Social Services Office](#) or a [Medical Assistance Site](#) in their community and ask them to close their case. They can also withdraw coverage through PEAK.

Other Programs

SECTION 8

In addition to Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) , there are other programs administered by the state to help people get medical and financial assistance. Select programs are outlined in this section, including many non-MAGI programs. Non-MAGI programs offer comprehensive health coverage for low-income Coloradans as an extension of Medicaid coverage. Most people who qualify for non-MAGI programs are people who are over 65, disabled, and/or blind.

When applying, the state checks eligibility for many programs at once, including MAGI and non-MAGI programs. In addition to the information verified on a MAGI application, non-MAGI programs will check for assets and resources and disability status.

Transitional Medicaid: when a parent or caretaker relative has a large income change that puts them over the threshold for both their current category and for the adult category, they will get an additional 12-months of coverage. Eligible members are automatically enrolled in Transitional Medicaid.

OTHER MAGI MEDICAID PROGRAMS			
Family Planning Services	HIBI		Reproductive Health Benefits
OTHER NON-MAGI MEDICAID PROGRAMS			
Medicare Savings Program Qualified Disabled Widow Low Income Subsidy	Supplemental Security Income	Buy-In Programs: Health First Colorado Buy-In Program for Children with Disabilities Health First Colorado Buy-In Program for Working Adults with Disabilities	Waivers
Breast and Cervical Cancer Program	Emergency Medicaid	Old Age Pension	Foster Care
Refugee Medical Assistance	Women’s Wellness Connection and Wisewoman	Long Term Services and Supports	Pickle
OTHER HEALTH COVERAGE PROGRAMS			
CICP		Senior Dental Program	

Family Planning Services

Family planning benefits for non-Health First Colorado or CHP+ members.

[Website for more information](#) and contact: hcpf_MaternalChildHealth@state.co.us

Eligibility	<ul style="list-style-type: none"> • Coloradans with incomes over the Health First Colorado threshold but under 260% FPL. • Would be eligible for Health First Colorado if they had an income below the 133% FPL. • Cannot be pregnant at the time of service.
Benefits	<ul style="list-style-type: none"> • All FDA-approved contraceptive methods, including sterilization. • A 12-month supply of birth control with no co-pay. • Health care and counseling services focused on preventing, delaying, or planning a pregnancy. • Follow-up visits to evaluate or manage outcomes associated with contraceptive methods. • Basic fertility services.
Application	Complete the Health First Colorado application (available online, by phone, by mail or in person at the County Human or Social Services Department).
Enrollment	A notice of action (NOA) with eligibility and enrollment information will be sent to the member after their application is processed.

Colorado Health Insurance Buy-In Program

The Colorado Health Insurance Buy-In Program (HIBI) is a program that pays commercial health insurance premiums for Health First Colorado members who qualify. If members qualify, the state will send monthly payments to members for all or a portion of the cost of the commercial health insurance premiums, and in some cases will reimburse members for deductibles, coinsurance, and co-pays.

[Website for more information](#)

Eligibility	<ul style="list-style-type: none"> • Current Health First Colorado eligibility. • Have access to commercial health insurance, including employer sponsored insurance, with an annual cost less than the estimated total cost of annual medical expenses, out-of-pocket costs, and administrative costs or Health First Colorado coverage alone.
Benefits	<ul style="list-style-type: none"> • Member can be enrolled in and use private health insurance and Health First Colorado at the same time. • Monthly payments for a portion or total cost of commercial health insurance premiums. • May also receive reimbursements for payments made toward deductibles, co-insurance, and co-payments if visiting a provider within health insurance network. • In some cases, COBRA continuation health insurance is offered for 18-36 months if members are a recently terminated employee.
Application	<p>Submit HIBI application and documents the following ways:</p> <ul style="list-style-type: none"> • By fax: (855) 226-4424 • By mail: 1550 Larimer St. Box #1000, Denver, CO 80202 • Online at mycohibi.com <p>Send in the following documents and information when applying:</p> <ul style="list-style-type: none"> • Completed HIBI application. • A copy of the front and back of insurance card. • Summary of benefits for policy plan or desired policy plan. • Health insurance rate sheet showing employee and employer costs for all tiers of coverage. • A recent paystub or other verification to show proof of premium payment.

Enrollment	<p>A determination letter will be mailed within 45 business days of submitting the application and other required documentation.</p> <p>Federal law requires employers to allow members to enroll in their group insurance within 60 days of when found eligible for HIBI, even if this occurs outside of employer's usual open enrollment period.</p> <p>Qualifying members will receive monthly payments for a portion of their premium cost for as long as they are eligible for HIBI.</p> <p>If at any point someone no longer qualifies for participation in HIBI, a letter will be mailed explaining why they no longer qualify.</p> <p>Qualifying for HIBI does not affect Health First Colorado eligibility.</p>
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Reproductive Health Care Services

The reproductive health care services program provides contraception for people who would be eligible for Health First Colorado, other than their immigration status.

[Website for more information](#) and contact: hcpf_MaternalChildHealth@state.co.us

Eligibility	<ul style="list-style-type: none"> • Coloradans who do not meet citizenship requirements but meet all other eligibility criteria for Health First Colorado.
Benefits	<ul style="list-style-type: none"> • All FDA-approved contraceptive methods, including sterilization. • A 12-month supply of birth control with no co-pay.
Application	Complete the Health First Colorado application (available online, by phone, by mail or in person at the County Human or Social Services Department).
Enrollment	A notice of determination with eligibility and enrollment information will be sent to the member after their application is processed.

Old Age Pension Health and Medical Care Program

The Old Age Pension (OAP) Health and and Medical Care program provides limited medical care offered to OAP recipients in Colorado.

[Website for more information](#)

Eligibility	<ul style="list-style-type: none"> • Coloradans who get Old Age Pension. • Cannot be a patient of an institution for tuberculosis or mental disease
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Benefits	Limited medical care for Coloradans getting Old Age Pension. Services may include: <ul style="list-style-type: none"> • Emergency transportation • Home health • Hospice • Outpatient care • Inpatient hospitalization • Lab work • Pharmacy • Medical supplies • Durable equipment and more
Application	Complete the Health First Colorado application (available online, by phone, by mail or in person at the County Human or Social Services Department).
Enrollment	A notice of determination with eligibility and enrollment information will be sent to the member after their application is processed.

Emergency Medicaid

Emergency Health First Colorado provides short-term Health First Colorado coverage for eligible people who do not meet immigration or citizenship requirements for Medicaid and need treatment for life-threatening medical emergencies or labor and delivery. It is sometimes also called “Emergency Medical Services” or “EMS.”

[Appendix 3: Emergency Medicaid Overview: Emergency Services for Certain Non-Citizens for more information](#) and contact: medicaid.eligibility@state.co.us

Eligibility	<ul style="list-style-type: none"> • Deferred Action for Childhood Arrivals (DACA) recipients • People without immigration documentation • Non-immigrant visa holders such as tourists and students • Individuals granted Temporary Protected Status • Adult lawful permanent residents (‘Green Card’ holders) who have not been in the U.S. lawfully for at least five years <ul style="list-style-type: none"> • This does not apply to children and pregnant people who qualify for Health First Colorado with full benefits
Benefits	Life- or limb- threatening medical emergencies such as: <ul style="list-style-type: none"> • Severe symptoms from COVID-19 • Labor and delivery (not including prenatal or postnatal care) • Dialysis for End-Stage Renal Disease at an inpatient or freestanding dialysis center • Other life-threatening health emergencies (such as chest pain, heart attack, etc.)
Application	In the case of a medical emergency, people should call 911, or go to the nearest emergency room. Under federal law, all hospitals are required to provide emergency medical care to anyone having a medical emergency, even if they can’t pay for it, and even if they are not a U.S. citizen.
Enrollment	A notice of determination with eligibility and enrollment information will be sent to the member after their application is processed.

Pickle

Pickle may restore Health First Colorado benefits to former SSI or OAP Medical Assistance recipients who lost their SSI or OAP under certain circumstances

[Website for more information](#)

Eligibility	People who no longer qualify for SSI or OAP due to a cost of living adjustment.
Benefits	Continued Health First Colorado eligibility. Benefits begin on the 1st of the month of application.
Application	HCPF is required to notify people annually of eligibility under the Pickle category.

Breast and Cervical Cancer Program

The Breast and Cervical Cancer Program (BCCP) is for people who have been diagnosed with breast or cervical cancer, and also covers breast and cervical conditions that may lead to cancer if not treated.

[Website for more information](#) and contact: courtney.sedon@state.co.us

Eligibility	<p>People who:</p> <ul style="list-style-type: none"> • Are diagnosed with breast or cervical cancer (or a precancerous condition), • Are between 40 and 65 (for breast cancer) and between 21 and 65 (for cervical cancer), and • Do not have health insurance, or their insurance does not cover treatment. <p>Must be diagnosed at a Women's Wellness Connection (WWC) screening clinic. Note that some non-WWC providers are eligible to refer patients.</p> <p>The income level for BCCP is up to 250% FPL.</p>
Benefits	<ul style="list-style-type: none"> • All Health First Colorado services are available, including breast reconstruction after breast cancer surgery • Prescription drugs, office visits, lab testing, and inpatient care • Certain services will need prior authorization
Application	<p>If not diagnosed through a Women's Wellness Connection site, follow the steps outlined in the step list below to apply.</p> <p>Application Forms</p> <ul style="list-style-type: none"> • Non-Women Wellness Provider Attestation • BCCP Contact and Consent • BCCP Presumptive Eligibility (English) • BCCP Presumptive Eligibility (Spanish) • BCCP Eligibility Expansion Steplist <p>Women's Wellness Connection sites will help people apply.</p>

Refugee Medical Assistance

The Refugee Medical Assistance program is designed to ensure the effective resettlement of refugees and to promote refugee advancement past self-sufficiency and to long-term integration.

[Website for more information](#)

Eligibility	<p>A “refugee” is a person who is outside his/her country of nationality (or habitual residence) who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. A refugee is granted refugee status outside of the United States.</p> <p>Other Eligible Populations includes:</p> <ul style="list-style-type: none"> • Asylees • Cuban and Haitian Entrants • Special Immigrant Visa Holders • Victims of Trafficking • Survivors of Torture
Benefits	Refugee Medical Assistance provides full Health First Colorado benefits to qualified members for 8 months.
Application	Contact the Colorado Refugee Services Program at (303) 863.8211 or crsp@state.co.us.
Enrollment	A notice of determination with eligibility and enrollment information will be sent to the member after their application is processed.

Medical Savings Programs

The Medical Savings Program (MSP) helps Coloradans with limited income and resources pay for some or all of their Medicare premiums and may also pay their Medicare deductibles and coinsurance. In some cases, MSP may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles and co-insurance. MSPs are a group of programs Coloradans can apply for if they have Medicare. Medicare Buy-In is one of the benefits of the MSP.

[Website for more information](#)

Eligibility	<p>Must be eligible for or receiving Medicare.</p> <p>There are four different types of Medicare Savings Programs - QMB, SLMB, QI-1, and QDWI. The different income limits for each program are listed below. This site outlines resource limits, countable resources to include, and not countable resources.</p> <p><u>Qualified Medicare Beneficiary (QMB) Program</u></p> <ul style="list-style-type: none"> Individual monthly income limit: \$1,153 Married couple monthly income limit: \$1,546 <p><u>Specified Low-Income Medicare Beneficiary (SLMB)</u></p> <ul style="list-style-type: none"> Individual monthly income limit: \$1,379 Married couple monthly income limit: \$1,851 <p><u>Qualifying Individual (QI-1)</u></p> <ul style="list-style-type: none"> Individual monthly income limit: \$1,549 Married couple monthly income limit: \$2,080 <p><u>Qualified Disabled and Working Individuals (QDWI)</u></p> <ul style="list-style-type: none"> Individual monthly income limit: \$2,285 Married couple monthly income limit: \$3,072 In addition to the income requirements, one or more of the following must apply: <ul style="list-style-type: none"> The applicant is a working disabled person under 65 Your client lost their premium-free Part A when they went back to work Your client isn't getting medical assistance Your client meets income and resources requirements Low Income Subsidy (LIS) <ul style="list-style-type: none"> Individual monthly income limit: \$1,699 Married couple monthly income limit: \$2,289
Benefits	<p>Qualified Medicare Beneficiary (QMB) Program provides Medicare benefits plus pays for:</p> <ul style="list-style-type: none"> Part A premiums Part B premiums Deductibles and co-insurance Specified Low-Income Medicare Beneficiary (SLMB) Program pays for: <ul style="list-style-type: none"> Part B premiums only Qualifying Individual-1 (QI-1) Program pays for: <ul style="list-style-type: none"> Part B premiums only Qualified Disabled and Working Individuals (QDWI) Program pays for: <ul style="list-style-type: none"> Part A premiums only <p>With SLMB, QI-1 and QDWI, members are still responsible for their Medicare deductibles and co-insurance.</p>
Application	<ul style="list-style-type: none"> Applicants must be eligible for or receiving Medicare. Contact the County Human or Social Services Department to apply

Waivers

A waiver is an extra set of Health First Colorado (Colorado's Medicaid program) benefits that individuals may qualify for in certain cases. Waivers have extra program rules and some programs may have waitlists. There are many waiver-based programs in Colorado that can be found below.

[Website for more information](#) and contact: HCPF_HCBSWaivers@state.co.us

Waiver programs

Home and Community Based Services (HCBS) Waivers

[Adult Home and Community Based-Services](#) (HCBS) Waivers

- [Brain Injury Waiver \(BI\)](#)
- [Community Mental Health Supports Waiver \(CMHS\)](#)
- [Complementary and Integrative Health Waiver \(CIH\)](#)
- [Developmental Disabilities Waiver \(DD\)](#)
- [Elderly, Blind and Disabled Waiver \(EBD\)](#)
- [Supported Living Services Waiver \(SLS\)](#)
- [Children with Life Limiting Illness Waiver \(CLLI\)](#)

[Children's HCBS](#) Waivers

- [Children's Extensive Support Waiver \(CES\)](#)
- [Children's Habilitation Residential Program Waiver \(CHRP\)](#)
- [Children's Home and Community Based Services Waiver \(CHCBS\)](#)

Buy-In Programs

Buy-In programs are Medical Assistance program that provides Health First Colorado benefits for working individuals with disabilities, ages 16 and older, with incomes at or below 450% of the FPL.

Working Adults with Disabilities: The Health First Colorado Buy-In Program for Working Adults with Disabilities (WAwD) lets adults with a disability who qualify to “buy-into” Health First Colorado. If an individual works and earns too much to qualify for Health First Colorado they may qualify. Individuals who qualify pay a monthly premium. The monthly premium is based on income.

Colorado Buy-In Program for Children with Disabilities: The Health First Colorado Buy-In Program for Children with Disabilities (CBwD) is a category of Medical Assistance for children under age 19 with disabilities whose families are over-income or over resources for other Medical Assistance programs

[Website for more information](#)

Eligibility	<p>Individual income is at or below 450% of the FPL.</p> <p>WAwD:</p> <ul style="list-style-type: none"> • must be between 16 or older, • must be employed, does not need to be a traditional job. Must earn an income of at least \$1/month. • must have a qualifying disability either through Social Security or the State Disability Determination vendor ARG, even if they are 65 or older. The Social Security Administration (SSA) listings describes what disabilities qualify, and • family income must be below 450% of the FPL <p>CBwD:</p> <ul style="list-style-type: none"> • Under age 19: A youth who is working & between the ages of 16-18 will be put into WAwD and considered as a household of one • A full disability determination through SSA or ARG • Household income: All household members' income will be used to determine eligibility
Benefits	<p>Regular Health First Colorado benefits. May also qualify for extra long-term services and supports. These additional services are accessed through the following Home and Community Based Services (HCBS) waivers:</p> <ul style="list-style-type: none"> • Brain Injury Waiver • Community Mental Health Supports Waiver • Complementary and Integrative Health Waiver • Elderly, Blind and Disabled Waiver • Supported Living Services Waiver <p>CBwD: One premium per family, regardless of number of children on program.</p>
Application	<ul style="list-style-type: none"> • Complete the Health First Colorado application (available online, by phone, by mail or in person at the County Human or Social Services Department) and the Health First Colorado disability application.
Enrollment	<p>A notice of determination with eligibility and enrollment information will be sent to the member after their application is processed.</p>

Former Foster Youth

The Former Foster Youth program gives Health First Colorado coverage to people who were in foster care in any state, when they turned 18.

[Website for more information](#)

Eligibility	<p>Children in foster care or were in foster care at age 18, up until the age of 26.</p> <p>Individuals are considered a former foster care youth if they were under the following types of care in Colorado:</p> <ul style="list-style-type: none"> • Certified kinship care • Non-Certified kinship care (when the county has custody) • Foster home care • Group home care • Group center care • Children's Habilitation Residential Program (CHRP) • Residential Child Care Facilities (RCCF) programs • Psychiatric Residential Treatment Facilities (PRTF) programs • Independent living programs or • Youth committed to the Division of Youth Corrections living in one of the above, non-secure locations
Benefits	Full Health First Colorado benefits
Application	<p>Eligible individuals are automatically enrolled in Medicaid until 26 and should not need to apply. However, if for some reason someone was not enrolled, they can apply online, by mail, by phone, or in person.</p> <p>Apply online here or apply in person at the local Medicaid office, by mail, or by phone. For application assistance, call 1-800-221-3943. Make sure to tell them that the individual applying is a former foster youth applying for coverage under Medicaid until age 26.</p>
Enrollment	A notice of determination with eligibility and enrollment information will be sent to the member after their application is processed.

Supplemental Security Income (SSI) Mandatory

Monthly payment from Social Security Administration (SSA) for those individuals who are low income/resources and are aged 65+; or blind or disabled.

[Website for more information](#)

Eligibility	<p>Federal income supplemental program designed to help the disabled, blind, or those age 65 and older with limited income.</p> <p>United States citizen or non-U.S. citizen lawfully residing in the U.S.</p>
Benefits	<p>Monthly stipend (up to \$841/person or \$1,261/couple).</p> <p>Amount paid depends on income and living arrangements.</p>
Application	<p>Apply through the local SSA office (in-person) or online.</p> <p>Applicants are screened and must meet SSA medical/disability requirements.</p> <p>Income (earned) is verified at a federal level.</p>

Long Term Services and Supports

Long Term Services and Supports (LTSS) includes a variety of services designed to meet a person's health or personal care needs during a short or long period of time.

[Website for more information](#)

Eligibility	<ul style="list-style-type: none"> Over age 65 Blind or disabled and must also require a nursing home level of care The applicant must be assessed functionally by the Colorado DHCPF Single Entry Point assessment contractor The applicant must be found by the contractor to be unable to perform two Activities of Daily Living (ADL) or have a very significant need for supervision. <p>An individual receiving Health First Colorado LTSS in a long-term care facility is required to make a monthly payment towards the cost of care to the facility. The payment is based on gross monthly income with deductions.</p>
Benefits	<p>Nursing facility care, home and community-based services in which medical providers come into the home to render the necessary services for daily living* to keep a disabled individual from being institutionalized in a nursing facility or hospital.</p> <p>*The activities of daily living are dressing, transferring, mobility, bathing, eating, and toileting.</p> <p>Resource Limits</p> <ul style="list-style-type: none"> The individual resource limit is \$2,000. The couple resource limit is \$3,000 if both members of a marital couple are applying for long-term care benefits and they are sharing the same room in a nursing facility or if both are going to receive Home and Community Based Services. The couple resource limit is \$137,400 if one member of the couple is applying for long-term care services and the other spouse is not applying for Health First Colorado and is not institutionalized.
Application	Visit this central page to see all of the benefits, programs, and projects to learn more about long-term care in Colorado

Women's Wellness Connection and WISEWOMAN

The Women's Wellness Connection (WWC) program serves women ages 21-64 with no health insurance or limited insurance who are also on a limited income. The WWC program welcomes all people in Colorado, including those who are transgender or gender nonconforming (TGNC) and need breast and cervical cancer screenings are part of their routine health care. WISEWOMAN heart health screenings are available for free to eligible Coloradans through more than 20 Women's Wellness Connection clinics across Colorado.

[Website for more information](#)

Eligibility	Generally, income levels must be under \$34,000 per year for a single person and about \$70,000 for a household of 4.
Benefits	Offers free breast and cervical cancer screenings at more than 100 clinics across Colorado to those who qualify. Through WISEWOMAN, heart health screenings are available for free to eligible Coloradans through more than 20 Women's Wellness Connection clinics.
Application	To find a participating clinic, click WWC interactive map or search by county . Applicants can also call for information. Partners at the American Cancer Society can help find the right participating clinic: (866) 951-9355.

Colorado Indigent Care Program

The Colorado Indigent Care Program (CICP) provides discounted health care services to low-income people and families who are over the income limits for Health First Colorado and CHP+. CICP is not a health insurance program and eligibility and services vary by providers.

[Website for more information](#)

Eligibility	<ul style="list-style-type: none"> • Coloradans who are over the income limits for Health First Colorado and CHP+. They may have Medicare or commercial health insurance. • Eligibility and applications for CICP may be different at each participating hospital or clinic.
Benefits	<ul style="list-style-type: none"> • Discounts on health care services and emergency care at participating health care providers and hospitals. • Medical services discounted under CICP may be different at each participating hospital or clinic.
Application	<ul style="list-style-type: none"> • Call a participating CICP provider to schedule an appointment to complete the application process. • To find hospitals and clinics that participate in the CICP, see the CICP Provider Directory or call (toll free) 1-800-221-3943 / State Relay: 711.
Enrollment	<ul style="list-style-type: none"> • CICP providers will process applications and give discount cards at the time of application.

Senior Dental Program

The Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program) provides discounted dental health care services to low-income Coloradans over 60 years of age.

[Website for more information](#)

Eligibility	<ul style="list-style-type: none"> • Coloradans aged 60 or older with incomes less than 250% of the FPL. • Cannot be eligible for dental services under Health First Colorado or the Old Age Pension Health and Medical Care Program, or have private dental insurance
Benefits	<ul style="list-style-type: none"> • Oral examinations • Diagnosis • Treatment planning • Emergency treatment • Prophylaxis • X-Rays • Partial and full dentures • Removal of permanent teeth • Fillings • Periodontal treatments • Soft tissue treatments • Sedation
Enrollment	<ul style="list-style-type: none"> • After enrolling, use the Grantee Appointment Information by County page for all approved dentists by county.

Appendix 1: Immigration Status and Eligibility for Health Coverage Programs

This job aid explains eligibility guidelines according to immigration status/category and class codes for Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+), and qualified health plans through Connect for Health Colorado. This aid does not provide eligibility guidelines for Premium Tax Credits.

This job aid lists the most common immigration categories along with the codes that are [currently available in the Colorado Benefits Management System \(CBMS\)](#). If an applicant's class code is not available from the drop-down menu, "other" should be selected. Because multiple immigration documents can be used to show lawful presence for multiple immigration categories, names and images of the most commonly used documents can be found in a separate CKF job aid, [Images of Documents Typically Used by Lawfully Present Immigrants](#). Public charge information is available in the CKF job aid, [Key Points for Assistants to Help Clients Understand Public Charge](#).



Note: This document should not be used for legal advice.

Please consult an immigration attorney for case-specific advice.

Updated November 2022.

Immigration Status/Category Name and Codes	Health First Colorado for Adults	Health First Colorado and CHP+ for Children (under 19) and Pregnant People	Connect for Health Colorado Qualified Health Plans
Afghan and Iraqi Special Immigrants - Iraqi and Afghan nationals who have worked for the U.S. government in their home country and are permitted to come to the U.S. with a Special Immigrant Visa. Codes: SI1-SI3, SI6, SI7, SI9, SQ1-SQ7, SQ9, CQ1-3	Eligible; no five-year lawful presence waiting period required		Eligible
Afghan Humanitarian Parolee - Afghan nationals who are admitted to the U.S. due to urgent humanitarian reasons or significant public benefit and were paroled in the U.S. between July 31, 2021, and September 30, 2022. This includes a spouse or child or an Afghan humanitarian parolee. Benefits are available until March 31, 2023, or the end of the individual's parole term, whichever is later. Codes: SQ1, SQ2, SQ3, SQ6, SQ7, SQ8, SQ4, SQ5, CQ1, CQ2, CQ3, OAR, PAR, DT			
Ukrainian Humanitarian Parolee - Ukrainian nationals or individuals other than Ukrainian nationals who last habitually resided in Ukraine who are admitted to the U.S. as parolees on or between February 24, 2022 and September 30, 2023. Or, Ukrainian nationals who are paroled into the U.S. after September 30, 2023, and are the spouse or child of the parolee described previously, or parent, legal guardian, or primary caregiver of the parolee who is determined to be an unaccompanied child.			
Amerasians - Vietnamese children born to U.S. citizen fathers between 1962 and 1976, who are admitted to the U.S. as Legally Permanent Residents (LPRs).			

<p>Applicants and recipients of Victim of Trafficking (T) Visa – trafficking survivor/victim and his/her spouse, child, and parent – individuals certified by the Office of Refugee Resettlement and/or who have a T visa or have applied for one. Codes: Not necessary</p>	<p>Eligible; no five-year lawful presence waiting period required</p>	<p>Eligible</p>	
<p>Asylees – individuals already in the U.S. and who were granted asylum by meeting the definition of a refugee (different eligibility rules apply to asylum applicants, see below). Codes: AS1-3, AS6-8, A5, SM0-9, 207, 208, 212, 274(a)(5)</p>			
<p>Canadian born individuals with 50 percent American Indian blood (Cross Border Native American). Codes: S13, 289 Border Crossing Card</p>			
<p>COFA migrants – Compact of Free Association Migrants (COFA) from the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau living in the U.S.</p>			
<p>Cuban or Haitian entrants – nationals of Cuba or Haiti who were paroled into the U.S., or have a pending exclusion or deportation case, or applied for asylum, provided that they are not subject to a final order of deportation or exclusion. Codes: CB1-2, CB6-7, CH6, CU6-7, HA6-9, HB6-9, HC6-9, HD6-9, HE6-9, LB1-2, LB6-7, 212(d)(5), 501e</p>			
<p>Deportation Withheld – individuals who have had deportation withheld under section 243(h) and 241(b)(3) of the INA. Codes: A10, Z13, Z56, 106, 243(h), 241(b)(3), 274a12(a)(10)</p>			
<p>Hmong/Highland Lao Veteran – members of Hmong or Highland Laotian tribes who helped the U.S. during the Vietnam War. Codes: IC6, IC7, RE1-3, RE6-8, R36, R86</p>			
<p>Refugees – individuals who, while outside the U.S. and their home country, were granted permission to enter and reside in the U.S. because they have a well-founded fear of persecution in their home country. Codes: A3, M83, RE1-9, REFUG, SM0-9, Y64, (a)(3), (a)(5), 207, 212, 274a12(a)(3)</p>			
<p>Lawfully residing immigrant who is an honorably discharged veteran, on active duty in the armed forces, or the spouse or unmarried dependent child of an honorable discharged veteran or individual on active duty Codes: Not necessary</p>			
<p>American Samoans lawfully present under the immigration laws of American Samoa.</p>	<p>Eligible after five-years of lawful presence; until then, eligible for Emergency Medicaid only</p>	<p>Eligible; no five-year lawful presence waiting period required</p>	<p>Eligible</p>
<p>Battered spouse, child, and parent – domestic violence victims/ survivors under the Violence Against Women Act. Codes: 204(a)(1)(a), 204(a)(1)(b), 244(a)(3)</p>			
<p>Conditional entrants granted before 1980 – category of immigrants before the status of “refugee” was established in 1980. Codes: A3, 203(a)(7), 274a12(a)(3)</p>			
<p>Lawful Permanent Residents (LPRs) or “green card” holders – individuals who have permission to live and work permanently in the U.S.</p>			
<p>Paroled by the U.S. Department of Homeland Security (DHS) for at least one year – individuals permitted to enter the U.S. for humanitarian or public interest reasons. Codes: A4, SM0, SM1, SM2, SM3, SM4, SM5, SM6, SM7, SM8, SM9, (a)(4), 212(d)(5), 212</p>			

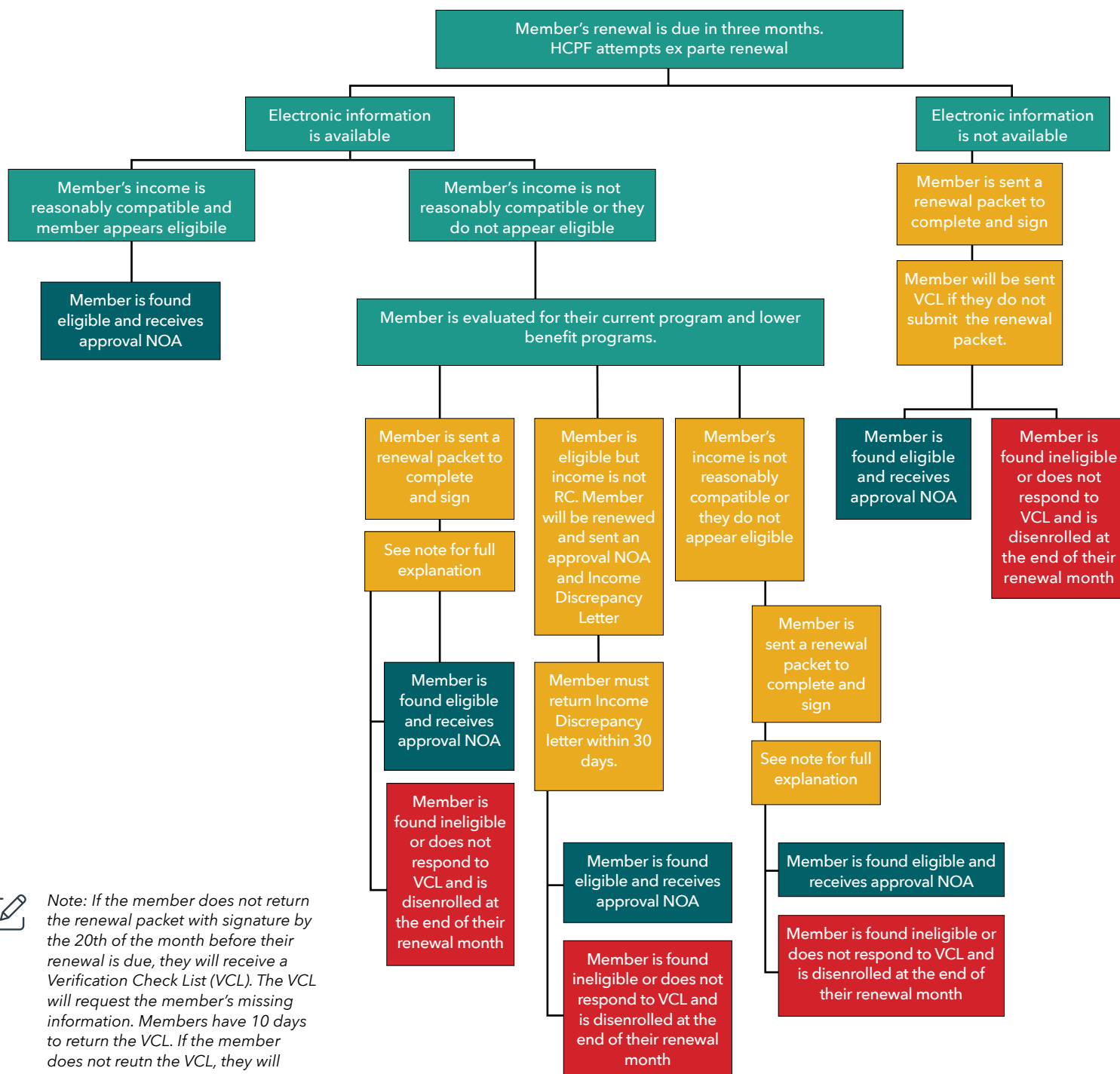
Applicants of Special Immigrant Juvenile (SIJ) status – noncitizens under the age of 21 who have been abandoned and/or abused and have a pending SIJ application.	N/A	Eligible; no five-year lawful presence waiting period required	Eligible
Applicants for the adjustment to LPR status with approved visa petitions – individuals whose relatives or employers have requested their immigration to the U.S.	Eligible for Emergency Medicaid and Reproductive Health Program only	Eligible; no five year lawful presence waiting period required	Eligible
Deferred Enforced Departure – individuals allowed to remain lawfully in the U.S. for a limited time by a presidential proclamation or other executive action.			
Family Unity – individuals and their spouses and minor children, protected from deportation. The individual must have been the spouse or child of an amnesty immigrant as of 1988, and have been residing in the U.S. since then.			
Granted Administrative stay of removal – issued by DHS.			
Granted Deferred Action Status (excluding DACA) – individuals granted deferred action based on their need to remain in the U.S. Deferred Action for Childhood Arrivals (DACA) grantees are not considered “lawfully present” for Medicaid, CHP+, or marketplace eligibility purposes.			
Granted Temporary Resident Status – individuals granted a general amnesty and “special agricultural workers.”			
Granted Temporary Protected Status (TPS) – individuals physically present in the U.S. but are from countries that DHS has designated as unsafe and are permitted stay in the U.S. for a specified period.			
Granted Withholding of Removal Under the Convention Against Torture (CAT)			
Lawfully Present in American Samoa under the laws of American Samoa			
Paroled by DHS for less than a year – individuals permitted to enter the U.S. for humanitarian or public interest reasons			
Nonimmigrant visa holders – tourists, students, visitors on business, and others permitted to live and work in the U.S. indefinitely.			
U Visa Holders – victims of crimes with information about that crime and who are helpful to law enforcement. U Visa Holders are considered “Non-immigrant visa holders”.			
Applicant for the LIFE act – individuals who filed written claims for class membership in one of the class action lawsuits that challenged the former IRCA under the Legal Immigration and Family Equity (LIFE) Act.	Eligible for Emergency Medicaid and Reproductive Health Program only	Eligible with employment authorization	
Applicants for cancellation of removal – individuals in removal proceedings who have applied for cancellation of removal based on certain criteria.			
Applicants for legalization under the IRCA of 1986			
Applicants for suspension of deportation – individuals in removal proceedings who have applied for cancellation of removal based on certain criteria.			
Applicants for TPS status			

APPENDIX 1: Immigration Status and Eligibility for Health Coverage Programs

Order of Supervision – individuals with a final order of deportation, but are unable to be removed by authorities.	Eligible for Emergency Medicaid and Reproductive Health Program only	Eligible with employment authorization	
Registry applicants – individuals who have resided continuously in the U.S. since Jan. 1, 1972 and meet LPR requirements.			
Applicants for asylum (including under the CAT)			
Applicants for withholding of deportation or removal (including under the CAT)			
Undocumented immigrants and DACA (Deferred Act Child Arrival) grantees – (DACA status does not include other deferred action granted individuals, see above for more information). Class code: C33	Eligible for Emergency Medicaid and Reproductive Health Program (non-pregnant people) only		Eligible for OmniSalud SilverEnhanced Colorado Option Plans with state-based subsidies, depending on income, through Colorado Connect. Also eligible to purchase full priced Colorado Option plans through Colorado Connect or plans directly from the insurer without subsidies.

The information contained in this chart is for informational purposes only. It is not legal advice.

Appendix 2: Detailed Renewal Process



Note: If the member does not return the renewal packet with signature by the 20th of the month before their renewal is due, they will receive a Verification Check List (VCL). The VCL will request the member's missing information. Members have 10 days to return the VCL. If the member does not return the VCL, they will be disenrolled at the end of their renewal month.

- System action
- Member must respond
- Member benefits approved
- Member benefits terminated

Appendix 3: Emergency Medicaid Overview: Emergency Services for Certain Non-Citizens

This handout is for assisters working directly with clients to help explain and support applications for Emergency Medicaid. Updated November 2022.

Talking points to share with clients

- Emergency Medicaid pays for emergency health care services received in the past three months. Emergency Medicaid does not pay for not routine health care services.
- People who meet all eligibility criteria for Health First Colorado except immigration status are generally eligible for Emergency Medicaid.
- Under Federal law all hospitals are required to provide emergency services regardless of a person's immigration status, nationality, or ability to pay.
- Applications for Emergency Medicaid can be completed at the hospital while receiving treatment, or via typical methods (paper application, online via PEAK, over the phone, and in person).
- The use of Emergency Medicaid is not considered in a public charge test.
- For more information about speaking to clients about public charge, see CKF's [Key Points for Assisters to Help Clients Understand the Final Public Charge Rule](#).
- Information clients share on an application is confidential and cannot be shared with any Federal agency, including U.S. Citizenship and Immigration Services
- HCPF encourages all uninsured people to apply for Health First Colorado to see if they qualify, even if they are unsure of their immigration status
- *New* General information about Emergency Medicaid is available on HCPF's [Emergency Medicaid webpage \(Spanish version\)](#)

Program Overview

What is Emergency Medicaid?

Emergency Medicaid, also known as Emergency Health First Colorado or Emergency Medical Services, is a program run by the Colorado Department of Health Care Policy and Financing (HCPF). Emergency Medicaid provides short-term health coverage, through Medicaid, for emergency care for eligible uninsured non-citizens.

Who is eligible for Emergency Medicaid?

Uninsured non-citizens who meet all the criteria (e.g., income, age, residency) for any Health First Colorado (Colorado's Medicaid Program) program (e.g., MAGI or non-MAGI programs), except for citizenship and immigration status, are eligible for Emergency Medicaid.

This includes but is not limited to:

- People without documentation
- Adult legal permanent residents ('Green Card' holders) who have not reached the 5-year bar of lawful presence (children and pregnant people in this category are eligible for Medicaid with full benefits)
- Deferred Action for Childhood Arrivals (DACA) recipients
- Nonimmigrant visa holders such as tourists and students
- Individuals granted Temporary Protected Status

For a complete list of eligibility by immigration status, see CKF's [Immigration Status and Eligibility for Health Coverage Programs](#).

What services does Emergency Medicaid cover?

Covered services

Emergency Medicaid only covers emergency care received in the past three months that is described as treatment for "life or limb-threatening emergencies" in which "the absence of immediate medical attention could reasonably be expected to result in:

1. placing the patient's health in serious jeopardy;
2. serious impairment of bodily function; or
3. serious dysfunction of any bodily organ or part.¹

¹10 CCR 2505-10 8.100 <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6868&fileName=10>

Examples of covered services include but are not limited to:

- Severe symptoms from COVID-19
- Labor and delivery (not including prenatal or post-natal care)
- Dialysis for End-Stage Renal Disease at home, an inpatient or freestanding dialysis center
- Life-threatening symptoms, like chest pains
- Life-threatening illnesses, like heart attacks
- Life-threatening accidents

Services must be determined as emergency treatment by the residing physician to be covered.



Emergency Medicaid will not cover physician appointments, prenatal or other routine care, or care that is not certified by the physician as emergency care.

Applying for Emergency Medicaid

People can apply for Emergency Medicaid at the hospital at the time of the emergency care or after for care received in the past three months. Pregnant people seeking coverage for an upcoming labor and delivery can apply at any time throughout the pregnancy or after the labor and delivery. Applications must include a full Medical Assistance application, either on paper, by phone, or via PEAK.

Applicants are enrolled in Emergency Medicaid for a year following their initial application and approval. This means that do not need to reapply for each 'instance of care,' as was the previous practice. For example, an individual who has Emergency Medicaid in December for a heart attack and then requires emergency treatment for COVID-19 in the same month or for a car accident 6 months later, does not need to reapply for coverage.

Income eligibility for Emergency Medicaid is generally calculated retroactively based on the applicant's income during the month the emergency occurred. For pregnancy, income from the month of application or the prior month will be considered.

Recent Changes of Note:

- As of August 2021, applicants are not required to submit a physician's statement or county form attesting that their treatment was for a medical emergency.
- As of August 2022, applicants were enrolled in Emergency Medicaid for a year after their enrollment date. This means that members do not need to reapply for each 'instance of care,' as was the previous practice.

Applying for Emergency Medicaid at the hospital

While at the hospital receiving emergency treatment, clients can:

- Ask the patient advocate or benefits navigator for a Medical Assistance application to apply for Emergency Medicaid and submit the application.
- Remind the physician of the need to code the treatment as a medical emergency when submitting the claims for billing. This ensures that services will be covered under Emergency Medicaid.

Applying for retroactive coverage (or prospective coverage for pregnancy)

Individuals can apply for Emergency Medicaid through all the methods available for other Medical Assistance programs and must complete a full application.

While Medical Assistance applicants are asked to provide a social security number, individuals do not need a social security number to receive emergency services under Emergency Medicaid.



The Reproductive Benefits program and Emergency Medicaid are both eligible to non-citizens who are not eligible for full Medicaid benefits, and are grouped together in one application question. Answering yes to this question does not mean that the person must also want to access reproductive benefits.

Applicants should complete the full application and answer yes to the following question:

"Applicants who are not a U.S. citizen, or legal resident for at least 5 years, cannot receive full Medicaid benefits, but they may qualify for Emergency Medicaid and Reproductive Benefits. Emergency Medicaid and Reproductive Benefits can cover life -threatening emergencies, labor and delivery for pregnant people, and birth control. Does this person want to apply for Emergency Medicaid and Reproductive Benefits?"

Tips for applying for Emergency Medicaid on PEAK

- **People in the Household** page: Applicants should indicate that they are seeking retroactive coverage and for which months. If the applicant does not indicate they have retroactive medical bills, they will not see the questions about *Other Bills* and *Medical Costs*.
- **Citizenship** page: Applicants should enter all the applicable information about their immigration status.
- Applicants should choose the relevant non-citizenship status and answer the following question: "Does [applicant name] want to apply for Emergency Medicaid and/or Reproductive Benefits?"

Application Next Steps

Following the application, individuals will receive:

- A Verification Check List with a request to submit verification for income, if not submitted with the application. Clients have 10 days to respond to this verification request and 90 days to respond to a request about citizenship and identity if this is requested.
- A Notice of Action (NOA) letting them know of their eligibility determination. Appeal rights apply if the applicant disagrees with the eligibility determination. No additional action is required for applicants with a NOA of approval.

Frequently Asked Questions

Application questions:

Do clients need to complete a new application if they applied for Emergency Medicaid before?

Clients only need to complete the application every 12 months. Clients will receive a renewal packet to complete in their regular renewal month.

My client is being billed for emergency care they recently received. Can I help them apply for Emergency Medicaid retroactively?

Yes, Emergency Medicaid is available for emergency care received in the past three months. Your client will need to submit a full Health First Colorado application, indicating their non-citizenship status and that they have medical bills from the past three months.

My client applied for Emergency Medicaid but has not received a request for additional information or NOA of approval or denial. How can I help?

The best practice is to call your client's County Human/Social Services Department and ask for an eligibility technician. You will need your client's case number and your client present or a signed consent form from your client to speak on their behalf.

Benefits questions:

What information should I know for clients with End-Stage Renal Disease?

Dialysis is covered for an individual diagnosed with End-Stage Renal Disease (ESRD) at either an inpatient facility or free-standing dialysis center. However, dialysis is not covered in the hospital-based outpatient setting or at the individual's home. To apply for Emergency Medicaid coverage for ESRD, individuals must submit a full Health First Colorado application (see process described above). Since Emergency Medicaid only provides coverage for one-month at a time, clients must apply re-apply for Emergency Medicaid each month in which they need coverage for dialysis. More information is available in HCPF's [Frequency Asked Questions: Emergency Medicaid & End-Stage Renal Disease Policy](#) resource.

Is chemotherapy for cancer covered by Emergency Medicaid?

No, chemotherapy treatment is not covered by Emergency Medicaid because chemotherapy is generally not considered emergency medical treatment. If an individual's cancer progresses to the point that their symptoms require emergency treatment, care will be covered at that point. Routine care and care prior to the emergency, such as chemotherapy, is not be covered.

Does Emergency Medicaid cover any follow-up treatment after emergency care?

No, Emergency Medicaid does not cover follow-up treatment after care for the emergency medical condition is completed. In addition, Emergency Medicaid will only cover treatment that is designated by a physician as necessary to treat the emergency. Therefore, if a physician decides that a CT scan, for example, is necessary to treat the emergency medical condition, then the scan will be covered. However, if a client receives a CT scan separately from the emergency treatment, then it will not be covered.

Questions about pregnancy related services:

Can pregnant people apply for Emergency Medicaid in advance?

Yes, pregnant people may apply for Emergency Medicaid as early as when they find out they are pregnant. They may also apply retroactively after giving birth.

Will Emergency Medicaid cover miscarriage?

Yes, if a miscarriage is considered an emergency by the physician, then it will be covered under the labor and delivery provision of Emergency Medicaid.

My client has Emergency Medicaid for their pregnancy but was hospitalized for a separate emergency condition. Do they need to reapply for Emergency Medicaid to have that treatment covered?

No, individuals do not need to reapply if they were approved for Emergency Medicaid in the past 12 months.

I still have questions about Emergency Medicaid and/or need help in supporting my clients in applying for EM. Who can I contact with specific questions about Emergency Medicaid?

General information and frequently asked questions are available on HCPF's [Emergency Medicaid webpage \(Spanish version\)](#). Additional information is available in HCPF's [Operational Memo 21-056, Emergency Medicaid](#). Send questions to the HCPF's Medicaid Eligibility inbox at hcpf_medicaid.eligibility@state.co.us.

Appendix 4: Common Terms and Descriptions

State and Local Agencies

Acronym	Referenced as	Term	Explanation
CDPHE	CDPHE	Colorado Department of Public Health and Environment	State agency responsible for public health and environmental regulation.
DHS	DHS	County Human or Social Services Department	County agency that oversees health and food programs. Includes offices where residents may apply for Health First Colorado (Colorado's Medicaid program) and Children's Health Plan <i>Plus</i> (CHP+).
HCPF	(hĭc·pŭf)	The Colorado Department of Health Care Policy and Financing	State agency that regulates, administers, and provides oversight for Medical Assistance programs including Health First Colorado (Colorado's Medicaid Program) and Child Health Plan <i>Plus</i> (CHP+).

Public Benefits Programs

Acronym	Referenced as	Term	Explanation
CAAS	(kăś)	Certified Application Assistance Site	A certification granted to a community-based organizations by the Colorado Department of Health Care Policy and Financing (HCPF) to provide Health First Colorado (Colorado's Medicaid program) and Child Health Plan <i>Plus</i> (CHP+) application assistance.
CBwD	CBwD	Children with Disabilities Buy-In	Children with Disabilities Buy-In (CBwD) is a program for children with disabilities. To be eligible, children must be under age 19, whose families are over income or over resources for other Medical Assistance programs. It allows families to buy-in to Health First Colorado (Colorado's Medicaid Program) by paying a monthly premium.
CHP+	(chĭp·plŭs), CHP+	Child Health Plan <i>Plus</i>	Child Health Plan <i>Plus</i> (CHP+) provides health coverage to qualified children and pregnant adults who are over the income limit to qualify for Health First Colorado (Colorado's Medicaid program).
CICP	CICP	Colorado Indigent Care Program	Colorado's state funded discount program. CHCs and some hospitals are CICP providers. CICP is not health insurance and provides a discounted rate for qualified services for households at or below 250% of the federal poverty level (FPL).
FPL	FPL	Federal Poverty Level	A measure of income used by the U.S. government to determine who is eligible for certain programs and benefits.
LTC	LTC	Long Term Care	Range of services to support the personal care needs of recipients either at home or in a skilled nursing facility.
MAGI	(măj·ī)	Modified Adjusted Gross Income	The methodology used to determine eligibility for Health First Colorado (Colorado's Medicaid program) and Child Health Plan <i>Plus</i> (CHP+).
MSP	MSP	Medicare Savings Program	Assists low-income Medicare recipients by paying the Part B premiums, deductibles, and co-insurance costs.

Acronym	Referenced as	Term	Explanation
Non-MAGI	(nǒn mǎj-ī)	Non-Modified Adjusted Gross Income	Refers to programs that do not use the MAGI method when counting income and household size. Programs may include Long Term Care (LTC), Old Age Pension (OAP) and Medicare Savings Program (MSP).
PE	PE	Presumptive Eligibility	A certification granted to a community-based organizations by the Colorado Department of Health Care Policy and Financing (HCPF) to provide Health First Colorado (Colorado's Medicaid program) and Child Health Plan <i>Plus</i> (CHP+) benefits pregnant adults and children who are presumed eligible, before a full eligibility determination is made.
PEAK	(pēk)	Program Eligibility and Application Kit	PEAK is an online application used to apply for public assistance benefits such as Health First Colorado (Colorado's Medicaid program), Supplemental Nutrition Assistance Program (SNAP), and other programs.
SAVE	(sāv)	Systematic Alien Verification for Entitlements	Service that allows federal, state, and local agencies to verify an applicant's immigration status or naturalized/derived citizenship.
SSDI	SSDI	Social Security Disability Insurance	Monthly federal disability benefits based on previous work experience.
SSI	SSI	Supplemental Security Income	Monthly federal benefits for the blind, aged, and disabled who have little or no income.
TANF	(tǎn-īf)	Temporary Aid for Needy Families	Time-limited public assistance program that assists families with children when the parents or other responsible relatives cannot provide for the family's basic needs.
WAwD	WAWD, (wɔd)	Working Adults with Disabilities	Working Adults with Disabilities (WAwD) is a program for adults with disabilities. To be eligible, adults must be over income or over resources for other Medical Assistance programs, and maintain a monthly income of at least \$1. Adults can buy-in to Health First Colorado (Colorado's Medicaid Program) by paying a monthly premium.

Appendix 5: Websites included in the Health First Colorado and CHP+ Manual

Page 2:

- Health First Colorado: <https://www.healthfirstcolorado.com/>
- Child Health Plan Plus (CHP+): <https://hcpf.colorado.gov/child-health-plan-plus>
- Modified Adjusted Gross Income: https://hcpf.colorado.gov/sites/hcpf/files/Household%20Composition%20FAQ_Final.pdf

Page 4:

- Tax Filer Rules: https://traincolorado.com/wp-content/uploads/2022/02/HouseholdComposition_MAGI_DeskAid.pdf

Page 8:

- Annualized income: <https://hcpf.colorado.gov/sites/hcpf/files/Annualized%20Income%20Frequently%20Asked%20Questions.pdf>

Page 9:

- IRS Publication 525: <https://www.irs.gov/pub/irs-pdf/p525.pdf>
- Countable income and exemptions: https://traincolorado.com/wp-content/uploads/2022/04/Countable_vs_Exempt_Income_Matrix.pdf

Page 10:

- Income verification 30 day period: <https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2021-019%20Reduction%20to%20the%20Reasonable%20Opportunity%20Period%20%28ROP%29%20From%2090%20Days%20to%2030%20Days%20for%20Income%20Verification.pdf>
- Household composition FAQ: https://hcpf.colorado.gov/sites/hcpf/files/Household%20Composition%20FAQ_Final.pdf

Page 11:

- Connect for Health Colorado, Colorado's health insurance marketplace: <https://connectforhealthco.com/>
- Images of common immigration documents: <https://ckf.cchn.org/wp-content/uploads/Images-of-Documents-Typically-Used-by-Lawfully-Present-Immigrants.pdf>

Page 13:

- HCPF website: <https://hcpf.colorado.gov/>
- Application assistance site: <https://apps.colorado.gov/apps/maps/hcpf.map>
- PEAK – Colorado’s online application: https://peak--coloradopeak.force.com/peak/s/peak-landing-page?language=en_US
- Applications via PEAK: https://peak--coloradopeak.force.com/peak/s/benefit-information?language=en_US

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- Health First Colorado Buy-in Program: [https://hcpf.colorado.gov/sites/hcpf/files/Health First Colorado Buy-In Comparison Chart-April 2022.pdf](https://hcpf.colorado.gov/sites/hcpf/files/Health%20First%20Colorado%20Buy-In%20Comparison%20Chart-April%202022.pdf)
- Buy-in for children with disabilities: <https://hcpf.colorado.gov/medicaid-buy-program-children-disabilities>
- Connect for Health Colorado: <https://connectforhealthco.com/>

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- County of residence human services office: <https://www.colorado.gov/hcpf/counties>
- Member Contact Center: <https://www.colorado.gov/hcpf/contact-hcpf>
- Health First Colorado mobile app: <https://www.healthfirstcolorado.com/mobileapp>

Page 22:

- Change Primary Care Provider: <https://enroll.healthfirstcolorado.com/>

Page 23:

- Colorado Access member information for Adams, Arapahoe, Douglas, and Elbert counties: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-3-Member-Handbook-Content.pdf>
- Colorado Access member information for Denver county: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-5-Member-Handbook-Content.pdf>
- Colorado Community Health Alliance member information for Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson counties: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-6-Member-Handbook-Content.pdf>
- Colorado Community Health Alliance member information for El Paso, Park and Teller counties: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-7-Member-Handbook-Content.pdf>
- Health Colorado, Inc. member information: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-4-Member-Handbook-Content.pdf>

- Northeast Health Partners member information: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-2-Member-Handbook-Content.pdf>
- Rocky Mountain Health Plans member information: <https://www.healthfirstcolorado.com/wp-content/uploads/2018/10/RAE-1-Member-Handbook-Content.pdf>
- Denver Health Medicaid Choice member information: <https://www.denverhealthmedicalplan.org/medicaid-choice>

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- Social Security Administration listing of qualifying disabilities: <https://www.ssa.gov/disability/professionals/bluebook/>
- Health First Colorado Application: <https://hcpf.colorado.gov/how-to-apply>

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- Health First Colorado Application: <https://hcpf.colorado.gov/how-to-apply>
- Connect for Health Colorado: <https://connectforhealthco.com/get-started/new-customers/>

Page 30:

- Colorado Indigent Care Program (CICP) website: <http://www.colorado.gov/hcpf/coloradoindigent-care-program>
- Local Public Health Departments: <https://cdphe.colorado.gov/public-information/find-your-local-public-health-agency>
- Colorado Community Health Center Map: <https://cchn.org/map/>
- Colorado Safety Net Map: <https://www.cosafetynet.org/>

Page 31:

- Hospital Discounted Care: <https://hcpf.colorado.gov/hospital-discounted-care>

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- Regional Accountable Entities (RAE): <https://www.healthfirstcolorado.com/health-first-colorado-regional-organizations>
- Member Contact Center: <https://www.healthfirstcolorado.com/get-help/>

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- Colorado PEAK: https://peak--coloradopeak.force.com/peak/s/peak-landing-page?language=en_US
- Health First Colorado app: <https://www.healthfirstcolorado.com/mobileapp/>
- 711: <https://www.fcc.gov/consumers/guides/711-telecommunications-relay-service>
- County Human Services Department: <https://cdhs.colorado.gov/our-partners/counties/contact-your-county-human-services-department>
- Certified Application Assistance Sites: <http://www.colorado.gov/apps/maps/hcpf.map>
- Tax credit: <http://www.cohealthinfo.com/glossary/advance-premium-tax-credit/>
- Connect for Health Colorado: <http://www.connectforhealthco.com/>

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- Estate Recovery vendor contact information: <http://www.comedicaidrecovery.com/>

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- County Human or Social Service office: <https://hcpf.colorado.gov/counties>

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- Find a certification site: <https://apps.colorado.gov/apps/maps/hcpf.map>
- Certified Application Assistance Site (CAAS) contact: hcpf_assistancesites@state.co.us
- Certified Application Assistance Site (CAAS) more info: https://www.colorado.gov/pacific/sites/default/files/Certified%20Application%20Assistance%20Site%20Frequently%20Asked%20Questions_9.10.19_0.pdf
- Presumptive Eligibility (PE) site contact: PE.Eligibility@state.co.us
- Presumptive Eligibility (PE) site more info: <https://www.colorado.gov/pacific/hcpf/presumptive-eligibility>
- Eligibility Application Partners (EAP) and Medical Assistance (MA) Sites contact: Monica.Owens@state.co.us
- Eligibility Application Partners (EAP) and Medical Assistance (MA) Sites more info: <https://www.colorado.gov/pacific/hcpf/medical-assistance-ma-site-frequently-asked-questions>

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- State Level Hearing Form: <https://oac.colorado.gov/resources/oac-forms>

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- County Human or Social Services Office: <https://www.colorado.gov/hcpf/counties>
- Medical Assistance Site: <http://www.colorado.gov/apps/maps/hcpf.map>

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- Colorado Health Insurance Buy-in Program (HIBI): <https://hcpf.colorado.gov/health-insurance-buy-program>

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- Reproductive Health Care Services: <https://hcpf.colorado.gov/family-planning-manual>
- Health First Colorado Application: <https://www.healthfirstcolorado.com/apply-now/>
- OAP Health and Medical Care Program: <https://hcpf.colorado.gov/old-age-pension-health-and-medical-care-program-oap>

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- Health First Colorado Application: <https://www.healthfirstcolorado.com/apply-now/>
- Emergency Medicaid: <https://www.healthfirstcolorado.com/emergency-medicaid/>

Page 61:

- Pickle: <https://hcpf.colorado.gov/sites/hcpf/files/2010%20Agency%20Letters%20Number%2010-011.pdf>
- Breast and Cervical Cancer Program: <https://hcpf.colorado.gov/breast-and-cervical-cancer-program-bccp>
- Health First Colorado Services: <https://www.healthfirstcolorado.com/benefits-services/>
- Non-Women Wellness Provider Attestation: <https://hcpf.colorado.gov/sites/hcpf/files/Non-WWC%20Provider%20Attestation%20Form%20February%202020.pdf>
- BCCP Contact and Consent: <https://hcpf.colorado.gov/sites/hcpf/files/BCCP%20Contact%20and%20Consent%20Form%20February%202020.pdf>
- BCCP Presumptive Eligibility (English): <https://hcpf.colorado.gov/sites/hcpf/files/BCCP%20Presumptive%20Eligibility%20%28PE%29%20Form%20%28English%29%20Feb%202020.pdf>
- BCCP Presumptive Eligibility (Spanish): <https://hcpf.colorado.gov/sites/hcpf/files/BCCP%20Presumptive%20Eligibility%20%28PE%29%20Form%20%28Spanish%29%20Feb%202020.pdf>
- BCCP Eligibility Expansion Steplists: <https://hcpf.colorado.gov/sites/hcpf/files/BCCP%20Eligibility%20Expansion%20Steplist%20Feb%202020.pdf>
- Women's Wellness Connection sites will help people apply: <https://cdphe.colorado.gov/wwc>

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- Refugee Medical Assistance: <https://cdhs.colorado.gov/crsp>
- Other Eligible Populations: <https://www.acf.hhs.gov/orr/resources>
- Medical Savings Programs: <https://hcpf.colorado.gov/medicare-savings-programs-msp>

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- Qualified Medicare Beneficiary (QMB) Program: <https://hcpf.colorado.gov/medicare-savings-program---qualified-medicare-beneficiary-qmb-program>
- Specified Low-Income Medicare Beneficiary (SLMB): <https://hcpf.colorado.gov/medicare-savings-program-specified-low-income-medicare-beneficiary-slmb-program>
- Qualifying Individual (QI-1): <https://hcpf.colorado.gov/medicare-savings-program-qualifying-individual-qi-1-program>
- Qualified Disabled and Working Individuals (QDWI): <https://hcpf.colorado.gov/medicare-savings-program---qualified-disabled-and-working-individuals-qdwi-program>
- Benefits and Services Overview page: <https://hcpf.colorado.gov/colorado-medicaid-benefits-services-overview>

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- Adult Home and Community-Based Services (HCBS) Waivers: <https://hcpf.colorado.gov/long-term-services-and-supports-programs>
- Brain Injury Waiver (BI): <https://hcpf.colorado.gov/brain-injury-waiver-bi>
- Community Mental Health Supports Waiver (CMHS): <https://hcpf.colorado.gov/community-mental-health-supports-waiver-cmhs>
- Complementary and Integrative Health Waiver (CIH): <https://hcpf.colorado.gov/complementary-integrative-health-waiver-cih>
- Developmental Disabilities Waiver (DD): <https://hcpf.colorado.gov/developmental-disabilities-waiver-dd>
- Elderly, Blind and Disabled Waiver (EBD): <https://hcpf.colorado.gov/elderly-blind-disabled-waiver-ebd>
- Supported Living Services Waiver (SLS): <https://hcpf.colorado.gov/supported-living-services-waiver-sls>
- Children with Life Limiting Illness Waiver (CLLI): <https://hcpf.colorado.gov/children-life-limiting-illness-waiver-clli>
- Children's HCBS: <https://hcpf.colorado.gov/sites/hcpf/files/CO%20HCBS%20Children%20Waiver%20Chart-September%202019.pdf>
- Children's Extensive Support Waiver (CES): <https://hcpf.colorado.gov/childrens-extensive-support-waiver-ces>

- Children’s Habilitation Residential Program Waiver (CHRP): <https://hcpf.colorado.gov/childrens-habilitation-residential-program-waiver-chrp>
- Children’s Home and Community Based Services Waiver (CHCBS): <https://hcpf.colorado.gov/childrens-home-and-community-based-services-waiver-chcbs>

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- Buy-in Programs: <https://hcpf.colorado.gov/sites/hcpf/files/Medicaid%20Buy-In%20for%20Working%20Adults-FAQ-July%202022.pdf>
- Social Security Administration (SSA) listings: <https://www.ssa.gov/disability/professionals/bluebook/>
- Health First Colorado benefits: <https://www.healthfirstcolorado.com/benefits-services/>
- Brain Injury Waiver: <https://hcpf.colorado.gov/brain-injury-waiver-bi>
- Community Mental Health Supports Waiver: <https://hcpf.colorado.gov/community-mental-health-supports-waiver-cmhs>
- Complementary and Integrative Health Waiver: <https://hcpf.colorado.gov/complementary-integrative-health-waiver-cih>
- Elderly, Blind and Disabled Waiver: <https://hcpf.colorado.gov/elderly-blind-disabled-waiver-ebd>
- Supported Living Services Waiver: <https://hcpf.colorado.gov/supported-living-services-waiver-sls>
- Health First Colorado Disability Application: <https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20English.pdf>

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- Former Foster Youth: <https://www.fosterclub.com/colorado>
- Former Foster Youth application: https://peak--coloradopeak.force.com/peak/s/peak-landing-page?language=en_US
- Supplemental Security income (SSI) Mandatory: <https://www.ssa.gov/pubs/EN-05-11015.pdf>

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- Long Term Care: <https://hcpf.colorado.gov/long-term-services-and-supports-programs>
- Resource limits: <https://www.jeffco.us/2626/Long-Term-Care>
- Long-term care application: <https://hcpf.colorado.gov/long-term-services-and-supports-programs>
- Women’s Wellness Connection (WWC) and WISEWOMAN: <https://cdphe.colorado.gov/wwc>

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- Interactive WWC map: <https://cdphe.colorado.gov/wwc-wisewoman/cliniclocation/map>
- Search by county: <https://cdphe.colorado.gov/wwc-wisewoman/cliniclocation/county>
- Colorado Indigent Care Program (CICP): <https://hcpf.colorado.gov/colorado-indigent-care-program>
- CICP Provider Directory: https://hcpf.colorado.gov/sites/hcpf/files/2021-22_ProviderDirectory_06292021.pdf
- Senior Dental Program: <https://hcpf.colorado.gov/colorado-dental-health-care-program-low-income-seniors>

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- Grantee Appointment Information by County page: <https://hcpf.colorado.gov/grantee-appointment-information-county>

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About Covering Kids and Families: Covering Kids and Families (CKF) works to improve how Coloradans access and retain affordable health coverage. We support a state-wide network of over 500 community-based enrollment professionals and advocate for improved policies and systems so that all Coloradans can be covered. Since 2002, CKF has been an effective voice in influencing improvements to the state's eligibility and enrollment systems and health coverage programs.

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