



## **PEAK Updates from OE5 to OE6**

Presentation by Rory Thomes, PEAK Outreach Initiative

[www.peakoutreach.com](http://www.peakoutreach.com)

## PEAK System Updates

March  
2018

- Medicare Updates
- Adding Age to Individual Name

June  
2018

- PEAK Technical Support Integration into Online Chat
- Updates to Capturing Household Composition for MAGI Medical Assistance
- Eligibility Information Added to PEAK Mail Center

October  
2018

- Creating and Linking Account
- Updating Demographic Information in Manage My Account
- Removal of APTC/CSR Eligibility Information
- CHP+ Other Health Insurance Interface



## MARCH 2018 PEAK UPDATES

- Medicare Updates (MA ONLY APPLICATIONS)
- Adding Age to Individual Name



Christopher ... Español Help Exit

## Household Member Questions

**Start**

**> 2 People**

3 Assets

4 Income

5 Bills

6 Submit

### Blindness or Disability

\*Check the box for anyone in the home who is blind or disabled.

☐ Christopher Medicare (66)

☒ No one

### Help with Self-Care

\*Check the box for anyone who regularly needs help with some or all of their self-care activities (such as bathing, dressing, eating, using the bathroom).

☐ Christopher Medicare (66)

☒ No one

### Medical / Nursing Facility Information

\*Check the box for anyone who is living in a nursing home, acute care, hospital, group home, mental health institution or long-term care facility for at least 30 days within the last 90 days.

☐ Christopher Medicare (66)

☒ No one

### Future Medical / Nursing Facility Information

\*Check the box for anyone who needs to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or who needs in-home health care to stay in their home.

☐ Christopher Medicare (66)

☒ No one

### Medicare Part A, Part B, Part C, or Part D

\*Check the box for anyone who is getting Medicare Part A, Part B, Part C, or Part D or who is entitled to Part A, B, C or D. By entitled, we mean that you are able to get the benefit, even if you aren't actually getting it. To find out more about Medicare Part A, Part B, Part C, and Part D, click the Help button.

☒ Christopher Medicare (66)


☐ No one

### Supplemental Security Income (SSI)

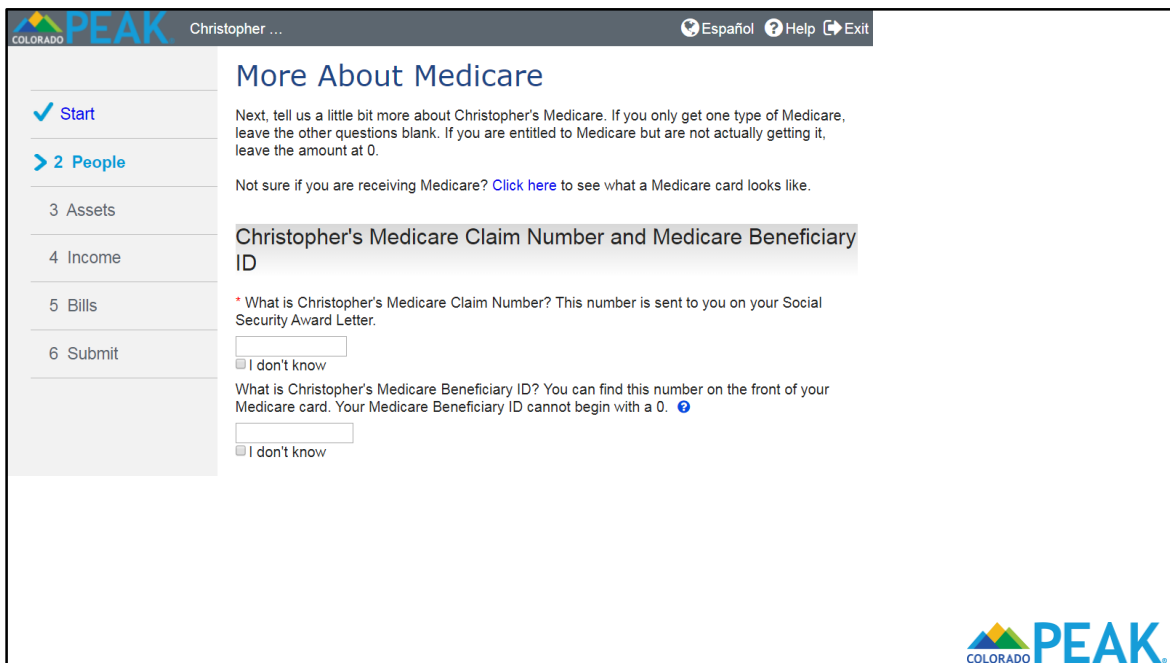
\*Have you or anyone in your home who is applying for Medical Assistance applied for Supplemental Security Income (SSI) or other Social Security Benefits?

☐ Yes ☒ No

Back Save Save & Exit Next



On the Household Member Questions page, when a user indicates they are enrolled in or entitled to Medicare Part A, B, C or D, the More About Medicare page queues.



PEAK COLORADO Christopher ... Español ? Help Exit

## More About Medicare

Next, tell us a little bit more about Christopher's Medicare. If you only get one type of Medicare, leave the other questions blank. If you are entitled to Medicare but are not actually getting it, leave the amount at 0.

Not sure if you are receiving Medicare? [Click here](#) to see what a Medicare card looks like.

### Christopher's Medicare Claim Number and Medicare Beneficiary ID

\* What is Christopher's Medicare Claim Number? This number is sent to you on your Social Security Award Letter.

☐ I don't know

What is Christopher's Medicare Beneficiary ID? You can find this number on the front of your Medicare card. Your Medicare Beneficiary ID cannot begin with a 0. [?](#)

☐ I don't know

PEAK COLORADO

The existing Medicare Claim Number question has been reworded for clarity, and provides users with details on where that information can be found—on their Social Security Award Letter.

Below, a new question has been added to capture the new Medicare Beneficiary ID.

**PEAK** COLORADO Christopher ... Español ? Help Exit

**More About Medicare**

Next, tell us a little bit more about Christopher's Medicare. If you only get one type of Medicare, leave the other questions blank. If you are entitled to Medicare but are not actually getting it, leave the amount at 0.

Not sure if you are receiving Medicare? [Click here](#) to see what a Medicare card looks like.

**Christopher's Medicare Claim Number and Medicare Beneficiary ID**

\* What is Christopher's Medicare Claim Number? This number is sent to you on your Social Security Award Letter.

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Beneficiary ID that's unique to you, instead of your Social Security Number. This will help to protect your identity. See an example of the new Medicare card. You can continue to use your current Medicare Card until you receive your new card.

What is Christopher's Medicare Beneficiary ID? You can find this number on the front of your Medicare card. Your Medicare Beneficiary ID cannot begin with a 0. ?

☐ I don't know

**Christopher's Medicare Part A**

\* Is Christopher entitled to receive Medicare Part A?

☐ Yes ☐ No

**Christopher's Medicare Part B**

\* Is Christopher entitled to or receiving Medicare Part B?

☐ Yes ☐ No

**PEAK** COLORADO

Help text has been added to support the new question and reads, "Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Beneficiary ID that's unique to you, instead of your Social Security Number. This will help to protect your identity. See an example of the new Medicare Card. You can continue to use your current Medicare Card until you receive your new card."

Christopher ... Español Help Exit

### More About Medicare

Next, tell us a little bit more about Christopher's Medicare. If you only get one type of Medicare, leave the other questions blank. If you are entitled to Medicare but are not actually getting it, leave the amount at 0.

Not sure if you are receiving Medicare? [Click here](#) to see what a Medicare card looks like.

#### Christopher's Medicare Claim Number and Medicare Beneficiary ID

\* What is Christopher's Medicare Claim Number? This number is sent to you on your Social Security Award Letter.

☐ I don't know

What is Christopher's Medicare Beneficiary ID? You can find this number on the front of your Medicare card. Your Medicare Beneficiary ID cannot begin with a 0.

☐ I don't know

#### Christopher's Medicare Part A

\* Is Christopher entitled to receive Medicare Part A?

☐ Yes ☐ No

#### Christopher's Medicare Part B

\* Is Christopher entitled to or receiving Medicare Part B?

☐ Yes ☐ No

#### Christopher's Medicare Part C

\* Is Christopher entitled to or receiving Medicare Part C (Medicare Advantage) or will they be entitled or enrolled in the month in which they would like to purchase private health insurance?

☐ Yes ☐ No

#### Christopher's Medicare Part D

\* Is Christopher entitled to or receiving Medicare Part D?

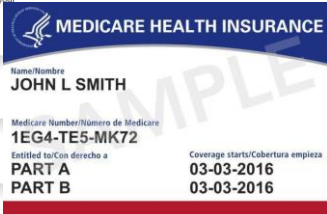
☐ Yes ☐ No

#### Railroad Retirement

Does Christopher have health coverage through Railroad Retirement?

☐ Yes ☐ No

[Back](#) [Save](#) [Save & Exit](#) [Next](#)



**MEDICARE HEALTH INSURANCE**


Nombre/Nombre  
**JOHN L SMITH**

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

Entitled to/Con derecho a  
**PART A**

Coverage starts/Cobertura empieza  
**03-03-2016**

**PART B**  
**03-03-2016**



There is a hyperlink available at the top of the page that will now display the new version of the Medicare Card.

### Notes:

For more information about changes to Medicare Cards, visit the Center for Medicare and Medicaid Services website: <https://www.cms.gov/Medicare/New-Medicare-Card/>

Transition to New Cards and Numbers (CMS, 2018): <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TransitiontoNewMedicareNumbersandCards-909365.pdf>

10/24/2018

Colorado PEAK Christopher ... Español ? Help Exit

(MA Only)

Start

2 People

3 Assets

4 Income

5 Bills

6 Submit

### More About Medicare

Next, tell us a little bit more about Christopher's Medicare. If you only get one type of Medicare, leave the other questions blank. If you are entitled to Medicare but are not actually getting it, leave the amount at 0.

Not sure if you are receiving Medicare? [Click here](#) to see what a Medicare card looks like.

#### Christopher's Medicare Claim Number and Medicare Beneficiary ID

\* What is Christopher's Medicare Claim Number? This number is sent to you on your Social Security Award Letter.

☐ I don't know

What is Christopher's Medicare Beneficiary ID? You can find this number on the front of your Medicare card. Your Medicare Beneficiary ID cannot begin with a 0. [?](#)

☐ I don't know

#### Christopher's Medicare Part A

\* Is Christopher entitled to receive Medicare Part A?

☒ Yes ☐ No

\* Is Christopher enrolled in Medicare Part A?

☒ Yes ☐ No

\* Is Christopher's Medicare Part A free? [?](#)

☐ Yes ☒ No

\* When did Christopher's Medicare Part A begin?

How much is Christopher's Medicare Part A premium?

\$

☐ I don't know

Who pays Christopher's Medicare Part A premium?

[< click here to choose >](#)

Colorado PEAK

In addition to the changes to the Claim Number and Beneficiary ID numbers, the Medicare Part A field(s) are now more dynamic. When a user indicates they are entitled to receive Medicare, additional questions queue to capture the necessary information.



## Adding Age to Individual Name


Cindy Green
🌐 Español
🔍 Help
🚪 Exit

✓ Start

> 2 People

3 Assets

4 Income

5 Bills

6 Submit

### How You Are Related

Tell us how the people in your home are related to each other. ⓘ

\* Cindy (30)

is the Wife of

🔍 Lucas (33)

\* Cindy (30)

is the Mother of

🔍 Lucas (1)

Back

Save

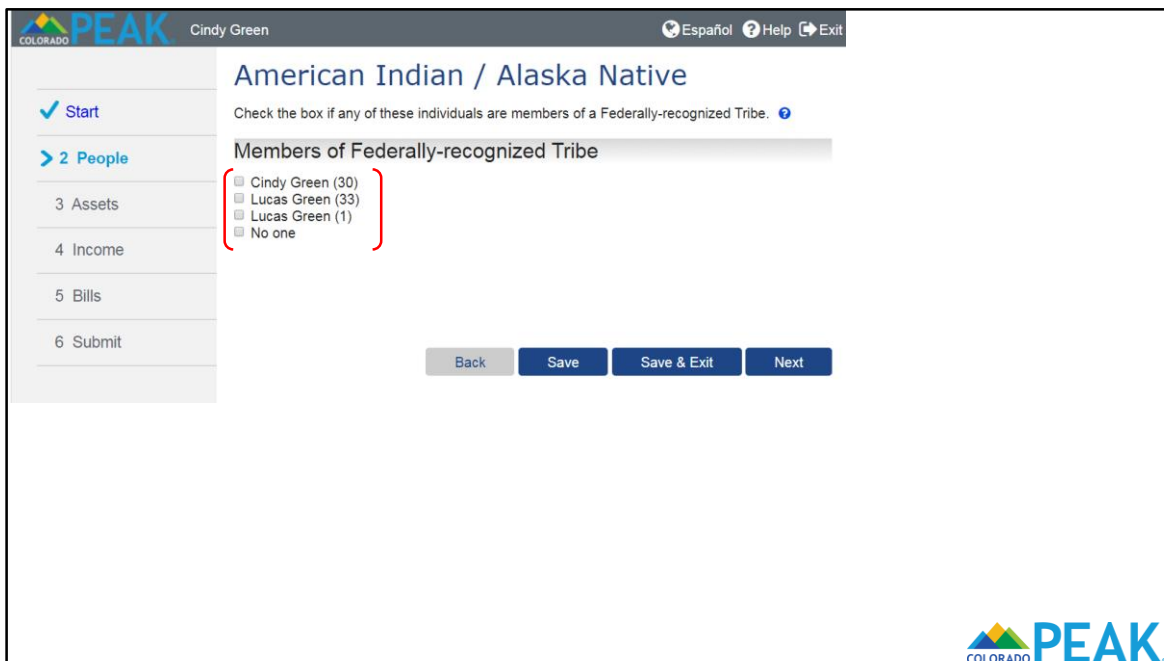
Save & Exit

Next



In the past, age notations appeared only on the How You Are Related page in both Apply for Benefits and Report My Changes. This was originally added in March 2016.

Based on feedback heard from assisters across the state, the age notations have been expanded and will now display throughout the application.



Colorado PEAK Cindy Green Español ? Help Exit

### American Indian / Alaska Native

Check the box if any of these individuals are members of a Federally-recognized Tribe. ⓘ

#### Members of Federally-recognized Tribe

- ☐ Cindy Green (30)
- ☐ Lucas Green (33)
- ☐ Lucas Green (1)
- ☐ No one

Back Save Save & Exit Next

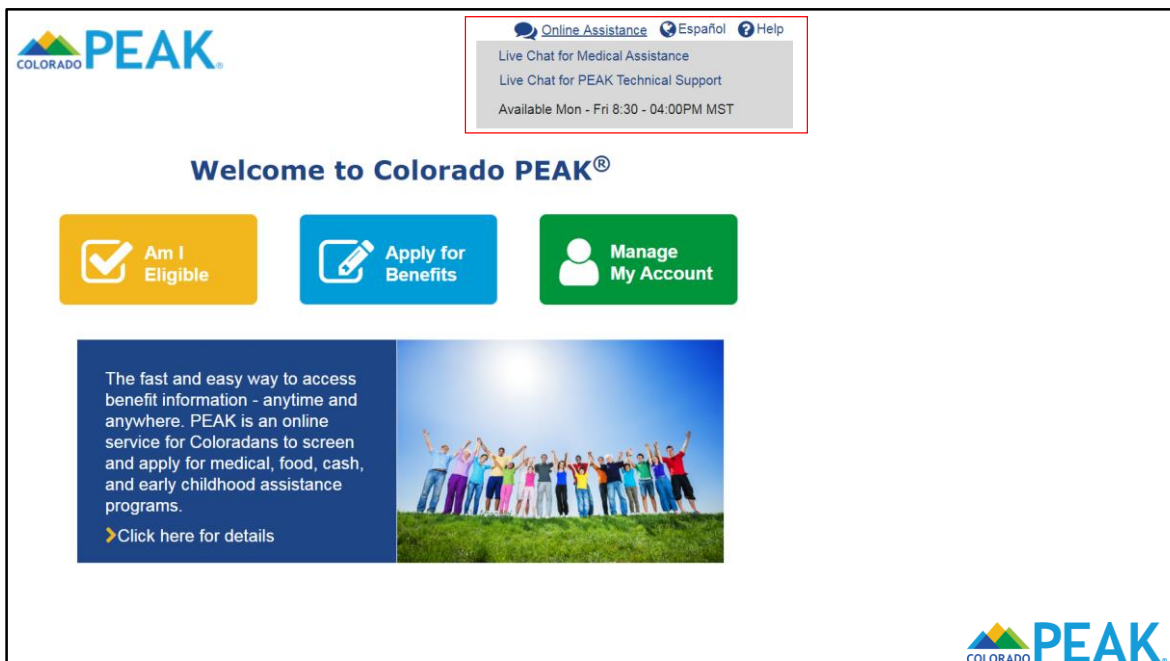
Colorado PEAK

And another example on the American Indian / Alaska Native page.

## JUNE 2018 PEAK UPDATES

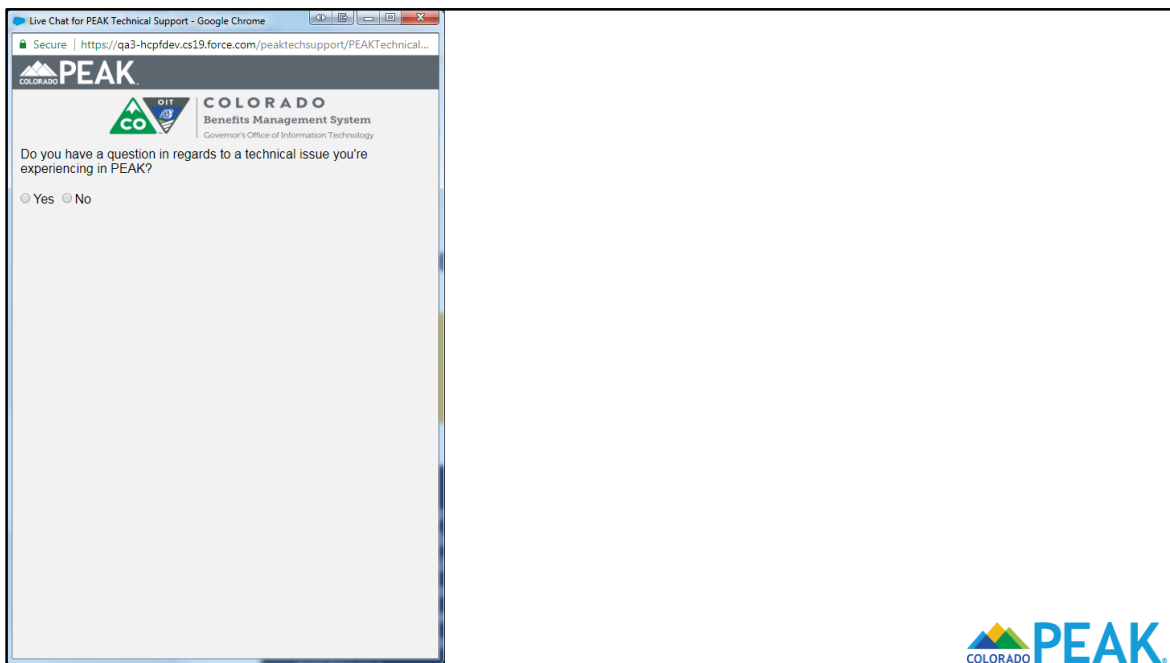
- PEAK Technical Support Added to Online Chat
- Updates to Capturing Household Composition for MAGI Medical Assistance



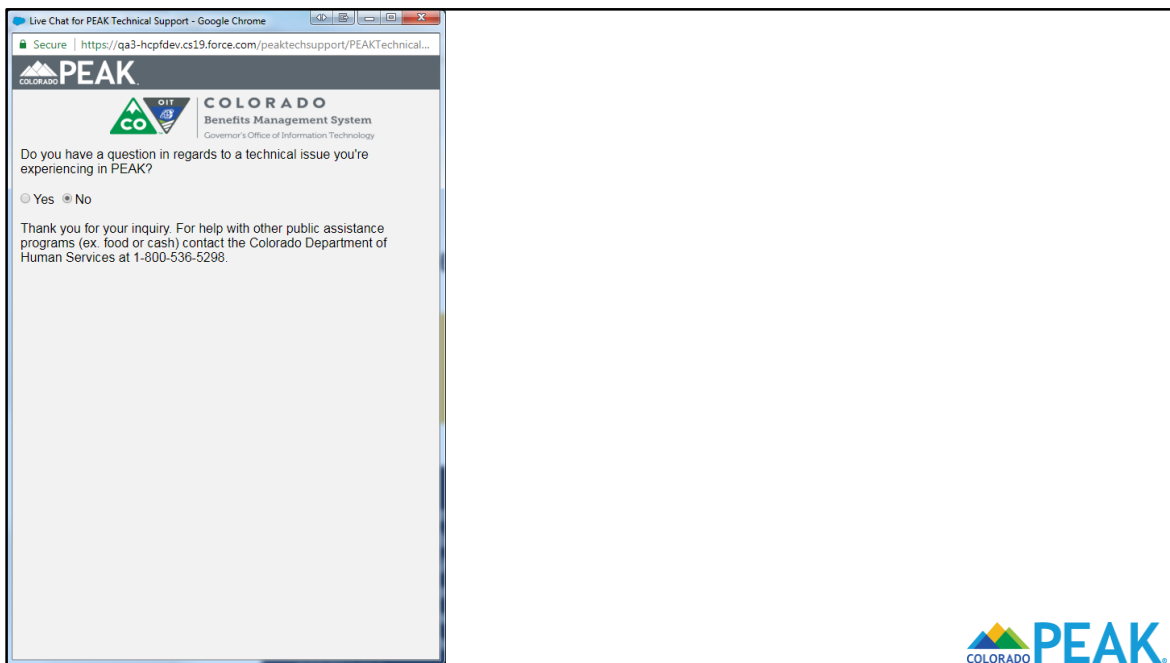


Online Assistance can be found in the header of the PEAK website when it is available (Monday through Friday, 8:30 am to 4:00 pm). When users select the Online Assistance hyperlink, they are now able to select between Live Chat for Medical Assistance and Live Chat for PEAK Technical Support.

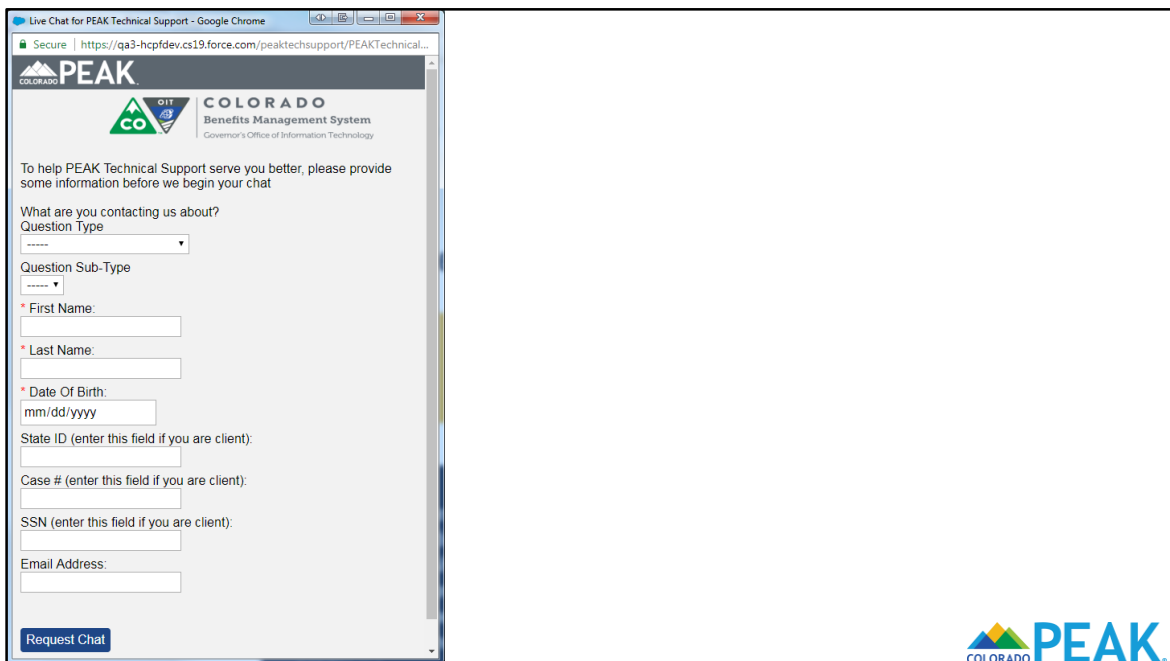
When a user selects they would like to proceed with a Live Chat for PEAK Technical Support, a new window will appear.....



The first question that is prompted is, "Do you have a question in regards to a technical issue you're experiencing in PEAK?"



If no is indicated, information about help with other public assistance programs is displayed.



Live Chat for PEAK Technical Support - Google Chrome

Secure | <https://qa3-hcpfdev.cs19.force.com/peaktechsupport/PEAKTechnical...>

**PEAK**  
COLORADO

**COLORADO**  
Benefits Management System  
Governor's Office of Information Technology

To help PEAK Technical Support serve you better, please provide some information before we begin your chat.

What are you contacting us about?

Question Type  
-----

Question Sub-Type  
-----

\* First Name:

\* Last Name:

\* Date Of Birth:  
mm/dd/yyyy

State ID (enter this field if you are client):

Case # (enter this field if you are client):

SSN (enter this field if you are client):

Email Address:



[Request Chat](#)

**PEAK**  
COLORADO

If Yes is indicated, additional questions are prompted to allow for PEAK Technical Support staff to better understand the issue a user is experiencing.

Live Chat for PEAK Technical Support - Google Chrome

Secure | <https://qa3-hcpfdev.cs19.force.com/peaktechsupport/PEAKTechnical...>

  **COLORADO**  
Benefits Management System  
Governor's Office of Information Technology

To help PEAK Technical Support serve you better, please provide some information before we begin your chat

What are you contacting us about?

Question Type

-----

PEAK Technical Question

\* First Name:

-----

\* Last Name:

-----

\* Date Of Birth:

mm/dd/yyyy

State ID (enter this field if you are client):

-----

Case # (enter this field if you are client):

-----

SSN (enter this field if you are client):

-----

Email Address:

-----

[Request Chat](#)



Here is the view of the question type drop-down menu.



Live Chat for PEAK Technical Support - Google Chrome

Secure | <https://qa3-hcpfdev.cs19.force.com/peaktechsupport/PEAKTechnical...>

**PEAK**  
COLORADO

**COLORADO**  
Benefits Management System  
Governor's Office of Information Technology

To help PEAK Technical Support serve you better, please provide some information before we begin your chat.

What are you contacting us about?

Question Type  
PEAK Technical Question ▼

Question Sub-Type  
-----  
-----  
If you have any issues to view benefits in PEAK  
Account Locked  
Create/Access Account  
Link Cases  
Password Reset  
Report My Changes  
Using PEAK website  
Other

Case # (enter this field if you are client):  
-----

SSN (enter this field if you are client):  
-----

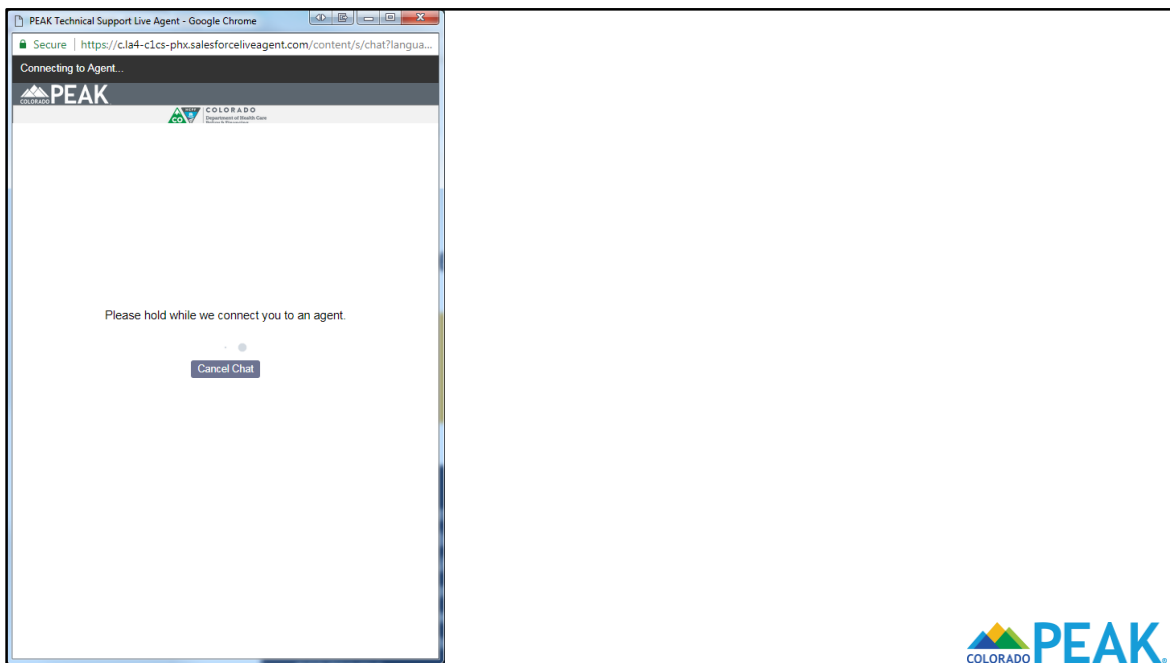
Email Address:  
-----

**Request Chat**

**PEAK**  
COLORADO

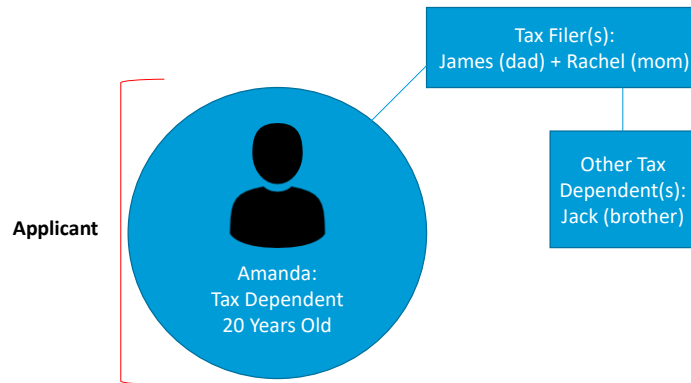
...and the options available for Question Sub-type.

Once a user completes all the applicable fields, and selects Request Chat



They are connected to a PEAK Technical Support representative.

## Updates to Household Composition for MAGI Medical Assistance



Effective June 10th, PEAK users ages 19 or older who indicate they are Tax Dependents and they are being claimed by a tax filer who is not on the application will now be prompted to complete a new Tax Filer Information page.

As an example, we are going to use the following scenario to demonstrate the changes. Amanda, a 20 year old college student lives in Colorado and is applying for Medical Assistance via PEAK. She is a tax dependent of her parents, James and Rachel, who live in New Mexico and she has not included them on the application. They also claim Amanda's brother, Jack. Therefore, her tax household size is 4.

Exemption to the Requirement to Purchase Health Insurance ?

\*Does this person have an individual shared responsibility exemption? ?

☐ Yes ☒ No

Tax Filer Information

\*Does this person plan to file a Federal Income Tax Return?

☐ Yes ☒ No

\*Is this person living with both parents, but the parents do not expect to file a joint return? ?

☐ Yes ☒ No

\*Does this person expect to be claimed by a non-custodial parent? ?

☐ Yes ☒ No

Add Another Household Member

Do you want to add another person to your household? ?


☐ Yes ☒ No

Back


Save

Save & Exit




Next



To demonstrate this change in an application, when a Medical Assistance applicant age 19 or older identifies themselves as a Tax Dependent by indicating they do not plan to file a Federal Income Tax Return, highlighted here....

COLORADO PEAK

Amanda Taxfil...

 Español  Help  Exit

✓ Start

> 2 People

3 Assets

4 Income

5 Bills

6 Submit

Household Tax Information

Tell us more about the household's tax filing information.

Who is claiming Amanda as a tax dependent? ⓘ

Someone not on this application ▼

None

Someone not on this application

As part of the eligibility process, we are required to verify information you have provided us for this application. By checking the box below, you indicate that Connect for Health Colorado **does not** have permission to verify income information from tax returns. By not allowing the use of this data, you understand that Connect for Health Colorado will send you a letter requesting that you provide proof of information for your household, including your annual income. **IF YOU DO NOT PROVIDE THE REQUESTED PROOF OF YOUR HOUSEHOLD'S INCOME TAX RETURN INFORMATION WITHIN 90 DAYS OF THE REQUEST, YOU WILL BE DETERMINED INELIGIBLE FOR Advance Premium Tax Credits/Cost Sharing Reductions (APTC/CSRs).**

☐ I do not give Connect for Health Colorado permission to validate my income data against federal sources.

List of Household Members

Who	Gender	Date of Birth
Amanda Taxfilr (20)	Female	05/21/1998

Add

Back

Save

Save & Exit

Next

And they indicate that they expect to be claimed as a tax dependent by someone who is not on their application.

**Tax Filers Information**

**Amanda's Tax Filers Information**

\*First Name  Middle Initial

\*Last Name

\*Date of Birth Ex: mm/dd/yyyy  \*Sex ☐ Male ☐ Female

Social Security Number  Phone Number

\*What is this person's tax filing status?

**Amanda's Tax filers Mailing Address**

In Care Of:

\*Street #  ☐ PO Box

\* PO Box # or Street Name

Unit Type  Unit #

\* City  \* State  \* Zip

**Amanda's Tax Filers Spouse's Information**

**Amanda's Tax filers Tax Dependents**

Click the button below to add information about the Tax Filers Tax Dependents:

**Help Text:**

"You told us you're a dependent on someone else's tax return. We need information about the person who claims you as a dependent on their taxes. If you don't give us the information it could affect your eligibility."

Back Save Save & Exit Next

A new, Tax Filers Information page will now display to capture Tax Filer information for the person or persons who will be claiming the applicant as a tax dependent.

Begin by entering information about the Tax Filer including name, date of birth, sex, tax filing status and mailing address. To add additional tax household members, you would select add under the applicable spouse or dependent sections.

A couple of notes about this new page:

- The help text for this page reads, "You told us you're a dependent on someone else's tax return. We need information about the person who claims you as a dependent on their taxes. If you don't give us the information it could affect your eligibility."
- The new Tax Filers Information page will not queue for individuals who indicate they are victims of domestic violence or are homeless.
- For combo applications, the information captured on new Tax Filers Information page becomes optional (i.e., the questions are not required in order to proceed with submitting the application.) If the information is not captured at time of application, users will be mailed a new Tax Information packet to provide this information, as it is necessary to determine eligibility. If the packet is not returned,

the applicant may be denied Medical Assistance benefits for not completing the application process. Returning the information will be subject to the regular verification timeframe of 10+5.

The screenshot shows the 'Tax Filers Information' section of the PEAK Colorado tax software. The interface includes a sidebar with navigation options: Start, 2 People, 3 Assets, 4 Income, 5 Bills, and 6 Submit. The main content area is titled 'Tax Filers Information' and contains three sections: 'Amanda's Tax Filers Information', 'Amanda's Tax filers Mailing Address', and 'Amanda's Tax Filers Spouse's Information'.

**Amanda's Tax Filers Information**

\*First Name: James Middle Initial:   
 \*Last Name:   
 Taxfilier:   
 \*Date of Birth Ex: mm/dd/yyyy: 06/25/1969   
 Social Security Number:   
 \*Sex: ☒ Male ☐ Female  
 Phone Number: 999-999-9999  
 \*What is this person's tax filing status?: Married Filing Jointly

**Amanda's Tax filers Mailing Address**

In Care Of:   
 \*Street #: 12345 ☐ PO Box  
 \*PO Box # or Street Name:   
 First Street:   
 Unit Type:  Unit #:   
 City: Albuquerque State: New Mexico Zip: 87107

**Amanda's Tax Filers Spouse's Information**

First Name: Rachel Middle Initial:   
 Last Name:   
 Taxfilier:   
 \*Date of Birth (MM/DD/YYYY): 02/21/1972   
 Social Security Number:   
 \*Sex: ☐ Male ☒ Female  
 \*What is this person's tax filing status?: Married Filing Jointly

In this scenario, Amanda's parents (James and Rachel) claim both her and her brother Jack as Tax Dependents.

Here is what that page looks like completed. We have added both of Amanda's parents....



### Amanda's Tax filers Spouse's Mailing Address

In Care Of: [?](#)

\*Street #  ☐ PO Box

\*PO Box # or Street Name

Unit Type

< click here to choose >

\*City  \*State  \*Zip

### Amanda's Tax filers Tax Dependents

Click the button below to add information about the Tax Filer's Tax Dependents:

\*First Name  Middle Initial

\*Last Name


\*Date of Birth Ex: mm/dd/yyyy

Social Security Number [?](#)

\*Sex [?](#) ☒ Male ☐ Female

\*How is this person related to the tax filer?  [?](#)

\*How is this person related to you?  [?](#)



And her brother, who is also claimed as a dependent by her parents.

**PEAK** COLORADO Amanda Taxfi... Online Assistance Español Help Exit

## Job Income

\*Is anyone in your home currently employed or were they employed in the last 60 days? [?](#)

☒ Yes ☐ No

### Current or Recent Job

Who	Employer	Hours	How Much	Action
To add a current job or a job someone in your home left or lost in the last 60 days, choose the person and click the "Add" button.				
Name	< click here to choose >	<a href="#">Add</a>		
	<input checked="" type="radio"/> Amanda Taxfiler (20) <input type="radio"/> James Taxfiler (48) <input type="radio"/> Rachel Taxfiler (46) <input type="radio"/> Jack Taxfiler (13)	self-employed? <a href="#">?</a>		
Is anyone in your home currently receiving goods in exchange for work? <a href="#">?</a>				
<input type="radio"/> Yes <input type="radio"/> No				
Is anyone in your home paying for things that can be deducted on an income tax return? This will include legal conservator fees, alimony, penalty on early withdrawal of savings, or capital losses.				
<input type="radio"/> Yes <input type="radio"/> No				

[Back](#) [Save](#) [Save & Exit](#) [Next](#)

**PEAK** COLORADO

Once the Tax Filer Information page is complete, the application will continue as normal, and information will only be gathered about the applicant (Amanda in this scenario) until the Income section of the application. Here, information about the Tax Filer, the Tax Filer's Spouse and Other Dependents is collected to accurately capture the Tax Households income information.

## Summary of Process:

When a user age 19 or older applies for Medical Assistance on PEAK

**And:** Indicates they do not plan to file taxes

**And:** Does not include the person(s) claiming them on their taxes (and other applicable dependents of the tax household) on their application

**Then:** A new Tax Filer Information page will display to capture applicable tax filer and tax dependent information

**And:** Applicable income can be captured for all tax household members



To reiterate when users will see these changes:

When a Medical Assistance applicant, age 19 or older indicates they do not plan to file taxes and does not include the person or persons who will be claiming them as a tax dependent as well as other applicable dependents of the tax household, then a new Tax Filer Information page will display to capture applicable tax filer and tax dependent information. Additionally, the income section of the application will allow users to include income for all tax household members.

## PEAK Mail Center Updates

Overview

Benefits

Member Handbook

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

**> Communications**

Request Health First Colorado Card/CHP+ Card

Mail Center **Your Questions** Contact Information Document Uploads

**Correspondence**  
Please disable your pop-up blockers so you can view your correspondence.


Notice Type	Notice Name	Notice Date	Date Viewed	
Notice Of Action	AP0210-A HCPF CDHS NOA4	05/23/2018		
Notice Of Action	MA0127-T HCPF CDHS NOA	05/23/2018		<a href="#">Details</a>
Forms	RRR Cover Form12_EN	04/02/2018	05/23/2018	
Notice Of Action	MA0100-A HCPF CDHS NOA	02/09/2018	05/23/2018	
Notice Of Action	AP0210-A HCPF CDHS NOA4	02/01/2018		
Notice Of Action	AP0210-A HCPF CDHS NOA4	01/27/2018		
Forms	Simplified Reporting Change Form_EN	01/25/2018		
Notice Of Action	MA0209-T HCPF CDHS NOA	01/25/2018		
Forms	Verification Checklist APTCL_EN	01/25/2018		
Forms	Verification Checklist APTCL_EN	01/24/2018		


1-10 of 14 records  << < > >> Page 1 of 2

Choose a date range for which to view your correspondence

From 11/25/2017 To 05/25/2018

You will need to have a program called Adobe Acrobat Reader to see and print this information. If you do not have this program on your computer, you may install it for free by clicking the button below:





To provide greater detail about how an Medical Assistance eligibility determination has been made, a new page has been created in the PEAK Mail Center to provide details about a determination contained within a Notice of Action.

A new details button, highlighted here in red, will display the requested financial information for each individual and their household based on the Notice of Action selected.

Please note, if a user goes down the expedited income pathway or there is no financial eligibility determination made for an individual because of a non-financial denial/failure, relevant financial information will not display and that language will be provided on the new page.

Note: This information will begin displaying with NOA's triggered after the implementation of this project. This information will display when there is Medical Assistance included in a NOA, regardless if the case is an MA Only or Combo case.

Mail Center > May 4, 2018 [Print](#)

### Household and Financial Information for Health First Colorado and Child Health Plan *Plus* (CHP+)

We used this information to determine if you qualify for Health First Colorado or CHP+ on May 4, 2018 at 4:05 AM for Case Number 1B [REDACTED]

**Step 1: Select household member's name**

Hector  
61 Yrs

**Step 2: Select month**

Jun 2018

**Step 3: Select program name, if applicable**

Health First Colorado (Colorado Medicaid)

**Health First Colorado (Colorado Medicaid)**

We used information about these household members to determine if you qualify.

**Hector**

<p><b>\$1473.00</b></p> <p>Income counted to see if you qualify</p>	<p><b>\$0.00</b></p> <p>Assets counted to see if you qualify</p>
<p><b>\$1523.81</b></p> <p>Earned Income</p> <p><a href="#">Learn more</a></p>	<p><b>\$0.00</b></p> <p>Net Self Employment Income</p> <p><a href="#">Learn more</a></p>
	<p><b>\$0.00</b></p> <p>Other Income</p> <p><a href="#">Learn more</a></p>

**Old Age Pension Limited Medical Benefits**

Questions? Please email us at [hcsa@statecolorado.gov](#) or call 1-800-455-4545. © COLORADO SPRINGS CO 2018


When the details button is selected, users are brought to the new Household and Financial Information for Health First Colorado and Child Health Plans *Plus* (CHP+) page.

Here, details about an individuals Medical Assistance eligibility determination (both MAGI and Non-MAGI) are contained in the associated Notice of Action.



COLORADO PEAK

Note the values that will display as “Source” include You reported and Electronic Database.



Case Number: 1B-  
Eligibility Determination Date: May 4, 2018

**Hector**  
61 Yrs

**Household and Financial Information for Health First Colorado and Child Health Plan Plus (CHP+)**

We used this information to determine if you qualify for Health First Colorado or CHP+ on May 4, 2018 at 4:05 AM for Case Number 1B-.

**Health First Colorado (Colorado Medicaid)**

We used information about these household members to determine if you qualify.

Household Member	Income Counted to See if You Qualify	Assets Counted to See if You Qualify
Hector	\$1473.00	\$0.00

**Income Details**

**Earned Income** \$1523.81

Whose Income	Employer Name	Monthly Income	Source
Hector		\$1523.81	You Reported

**Other Income** \$0.00

Whose Income	Income Type	Monthly Income	Source
Hector	Unemployment Insurance Benefit	\$0.00	You Reported

\*This document was printed from Colorado.gov/PEAK May 25, 2018

**Benefits**

Determine if you	Jun 2018
qualify. For more information, letter.	

**Medicaid)**

**Jun 2018**

Assets counted to see if you qualify: \$0.00

**Earned Income** \$1523.81

Whose Income	Employer Name	Monthly Income	Source
		\$1523.81	You Reported


**Other Income** \$0.00

Whose Income	Income Type	Monthly Income	Source
		\$0.00	You Reported

**Benefits**

Determine if you	Jun 2018
qualify. For more information, letter.	

We did not count your income or resources to determine if you qualify. For more information, please see the letter connected with these details in the Mail Center.



Additionally, users are able to print out the information used to determine eligibility. Here is an example of what that print out looks like.

## OCTOBER 2018 PEAK UPDATES

- Creating and Linking Account
- Updating Demographic Information in Manage My Account
- New Eligibility System Year 1
- CHP+ Other Health Insurance Interface





## Old Sign In Page



The screenshot shows the 'Old Sign In Page' for the Colorado PEAK website. The page header includes the PEAK logo, navigation links for 'Online Assistance', 'Español', and 'Help', and a secondary navigation bar with 'Get Started', 'Learn More', and 'Sign In'. The main heading is 'Welcome to Colorado PEAK®'. A 'Sign In' pop-up window is displayed, featuring a 'Sign In' button, a 'Connect' button, and a 'Forgot your username or password? / Create an account' link. The pop-up also includes a 'Sign In' button and a 'Connect' button. The background of the page includes a 'Welcome to Colorado PEAK®' heading and a 'Sign In' button.

**Sign In**

Username  Password

Forgot your [username](#) or [password](#)? / [Create an account](#)

**Sign In**

Click below to sign in with your Connect for Health Colorado account.

**Connect**

CONNECT for HEALTH COLORADO

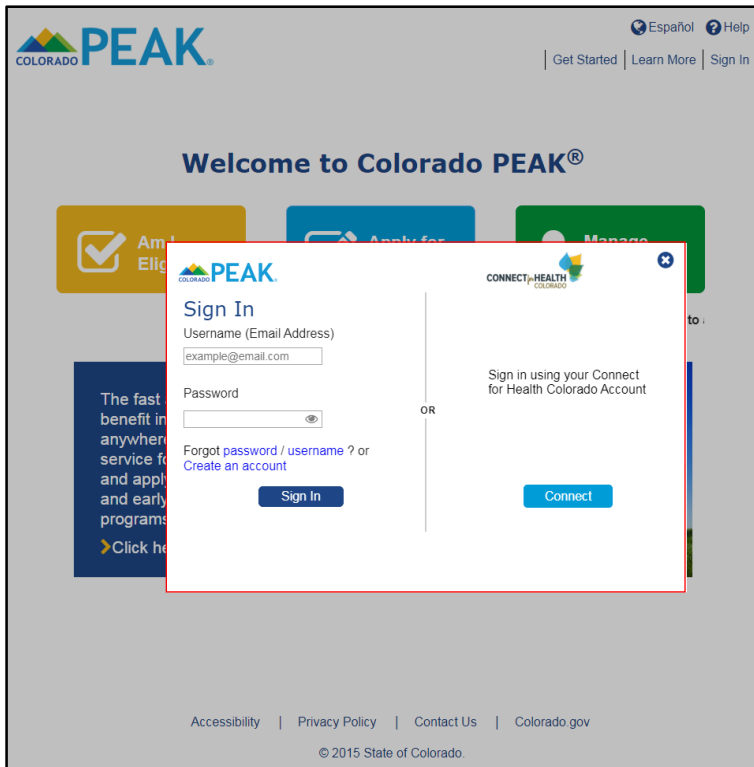
Am I Eligible

The fast and easy way to get benefit information anywhere. PEAK is a service for Colorado residents and apply for medical and early childhood programs.

> Click here for more information


When a user indicates they would like to sign in from the PEAK homepage, a sign in pop-up window appears.

Displayed is what the old Sign In window looked like.



Here is what the new Sign In window will look like.

The updates include, distinctly separating PEAK login credentials from the Connect for Health Colorado login function and allowing users to display their password using the eye icon.



[Español](#)
[Help](#)
[Exit](#)

## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)



\*Password ⓘ

\*Retype Password

### Your Information

Fill in your name below as it appears on your **Social Security card** if you have one.

\*First Name (Legal)

Middle Name


\*Last Name (Legal)

Social Security Number ⓘ


\*Date of Birth




☐ Would you like to link your PEAK account to an existing case?

Questions? Please contact us. ☎ 1-800-250-7741 (7:30 a.m. to 5:15 p.m. - M-F)



When a user indicates they would like to create a new account, they are brought to the Create New Account page, which has several updates that we are going to walk through in the next couple of slides.



 Español
  Help
  Exit


## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)

**Send Verification Code**

 An account already exists with this email address. Click here to [Sign In](#)

\*Password ?

\*Retype Password

### Your Information

Fill in your name below as it appears on your **Social Security Card** if you have one.

\*First Name (Legal)

Middle Name

\*Last Name (Legal)


Social Security Number ?

\*Date of Birth

☐ Would you like to link your **PEAK** account to an existing case?

**Create Account**

Questions? please contact us at : ☎ 1-800-250-7741 (7:30am to 5:15pm - M-F)




The first update is to the flow of the page. Users will now be prompted to enter the email address that will serve as their user name prior to their personal information. If the email address is already associated with a PEAK Account, information letting the user know an account already exists will display, as well as an opportunity to Sign In.

The screenshot shows the PEAK Colorado website's 'Create New Account' page. The page has a dark header with the PEAK logo and navigation links for 'Español', 'Help', and 'Exit'. The main content area is titled 'Create New Account' and includes a 'Sign In Information' section. This section contains a message about email verification, a 'Username (Email Address)' field with the value 'test@peak.com', a 'Password' field, and a 'Forgot password?' link. A 'Sign In' button is visible. A 'Your Information' section follows, with fields for 'First Name (Legal)', 'Last Name (Legal)', and 'Social Security Number'. A checkbox asks if the user wants to link their PEAK account to an existing case. A 'Create Account' button is at the bottom right. A contact number '1-800-250-7741' is at the bottom left. A white 'Sign In' pop-up window is centered over the page, containing the PEAK logo, the title 'Sign In', and fields for 'Username (Email Address)' (with 'test@peak.com') and 'Password'. It also has a 'Forgot password?' link and a 'Sign In' button.



From here, if the user selects the Sign In hyperlink, they will now be able to login via a pop-up window and not have to navigate back to the PEAK homepage.




[Español](#)
[Help](#)
[Exit](#)

## Create New Account

### Sign In Information


After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)

 [Change](#) [Re-verify](#)

Enter the verification code here. Check both your email and spam for the code.

[Verify](#)


\*Password 

\*Retype Password

### Your Information

Fill in your name below as it appears on your **Social Security Card** if you have one.


\*First Name (Legal)  Middle Name  \*Last Name (Legal)

Social Security Number   \*Date of Birth


☐ Would you like to link your **PEAK** account to an existing case?

[Create Account](#)

Questions? please contact us at : ☎ 1-800-250-7741 (7:30am to 5:15pm - M-F)



Alternatively, if the user name does not already exist, the account verification process will remain the same. Users will get an email verification code that they must enter in order to proceed with account creation.



[Español](#)
[Help](#)
[Exit](#)


## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)

Username is verified

\*Password 

\*Retype Password


### Your Information

Fill in your name below as it appears on your **Social Security Card** if you have one.

\*First Name (Legal)

Middle Name


\*Last Name (Legal)

Social Security Number 

\*Date of Birth

☐ Would you like to link your **PEAK** account to an existing case?

Questions? please contact us at : ☎ 1-800-250-7741 (7:30am to 5:15pm - M-F)



Once a user has successfully verified their email address, a “Username is verified” message displays.

**PEAK**  
COLORADO



Español Help Exit

## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)  
   
 Username is verified

\*Password  


\*Retype Password

- ✓ 8 to 24 characters
- ✗ All of the 4 items below
- ✓ One upper case letter
- ✓ One lower case letter
- ✗ Only special character- special characters include items such as - #-( )@and\_
- ✗ One number

### Your Information

Fill in your name below as it appears on your **Social Security Card** if you have one.

\*First Name (Legal)  Middle Name  \*Last Name (Legal)

Social Security Number  \*Date of Birth

☐ Would you like to link your **PEAK** account to an existing case?

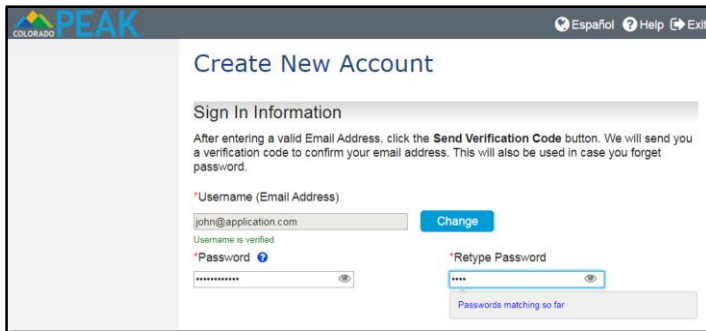
**PEAK**  
COLORADO

Next are a few updates to the password fields.

As a user enters their email address, information about whether or not that password meets the password requirements will display.

Additionally, by selecting the eye icon on the right side of the password field, users can display their password as they type it.





The screenshot shows the 'Create New Account' page of the PEAK application. The header includes the 'COLORADO PEAK' logo and navigation links for 'Español', 'Help', and 'Exit'. The main heading is 'Create New Account'. Below it, a section titled 'Sign In Information' provides instructions: 'After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.'

The form contains the following fields and elements:

- \*Username (Email Address):** A text input field containing 'john@application.com'. Below the field, it says 'Username is verified'. To the right of the field is a blue 'Change' button.
- \*Password:** A password input field with masked characters (dots).
- \*Retype Password:** A second password input field with masked characters. Below this field, a blue message states 'Passwords matching so far'.



When retyping the password, new functionality has been added to let users know that their password is matching so far....

**PEAK**  
COLORADO

Español Help Exit

## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)

john@application.com **Change**

Username is verified

\*Password ⓘ

\*Retype Password

✗ Passwords do not match

...do not match, or

**PEAK**  
COLORADO

Español Help Exit

## Create New Account

**Sign In Information**

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)

john@application.com **Change**

Username is verified

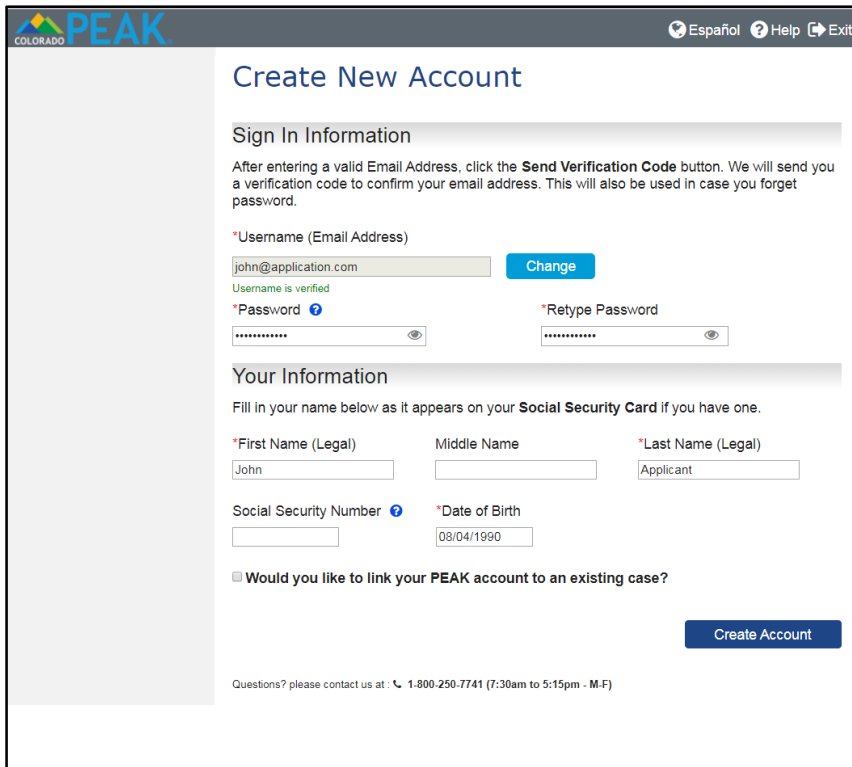
\*Password

\*Retype Password

✓ Passwords successfully match



Successfully match



**PEAK**  
COLORADO

[Español](#)
[Help](#)
[Exit](#)

## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)

john@application.com [Change](#)

Username is verified

\*Password [?](#)

\*Retype Password

### Your Information

Fill in your name below as it appears on your **Social Security Card** if you have one.

\*First Name (Legal)  Middle Name  \*Last Name (Legal)

Social Security Number [?](#)  \*Date of Birth

☐ Would you like to link your **PEAK** account to an existing case?

[Create Account](#)

Questions? please contact us at : 1-800-250-7741 (7:30am to 5:15pm - M-F)

**PEAK**  
COLORADO

Next, users enter the Head of Households personal information including First Name, Last Name and Date of Birth.

Reminder, users need to provide their legal name, such as what appears on their social security card.

Users with active Food, Medical or Cash Assistance can now link their case at time of account creation by selecting the checkmark next to “Would you like to link your PEAK Account to an existing case.”

**PEAK** COLORADO Español Help Exit

## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)  
 [Change](#)  
Username is verified

\*Password  \*Retype Password

### Your Information

Fill in your name below as it appears on your Social Security Card if you have one.

\*First Name (Legal)  Middle Name  \*Last Name (Legal)

Social Security Number  \*Date of Birth

☒ Would you like to link your PEAK account to an existing case?

#### Link your case

Provide Head of Household's information here.

Social Security Number  OR State ID  OR Client ID

AND

\*Date of Birth  \*Case ID

[Create Account](#)

Questions? please contact us at ☎ 1.800.250.7741 (7:30am to 5:15pm - M-F)



When the checkbox is selected, additional fields display to capture the necessary information to link the case.

Please note, if a user who has active benefits chooses not to link their case during account creation, they will continue to be able to link their case in Manage My Account.

**PEAK**  
COLORADO

Español Help Exit

## Create New Account

### Sign In Information

After entering a valid Email Address, click the **Send Verification Code** button. We will send you a verification code to confirm your email address. This will also be used in case you forget password.

\*Username (Email Address)  
 [Change](#)  
Username is verified

\*Password  [Show/Hide](#)

**Sign In**

### Your Information

Fill in your name below as it appears on your **Social Security Card** if you have one.

\*First Name (Legal)  Middle Name  \*Last Name (Legal)

Social Security Number  \*Date of Birth

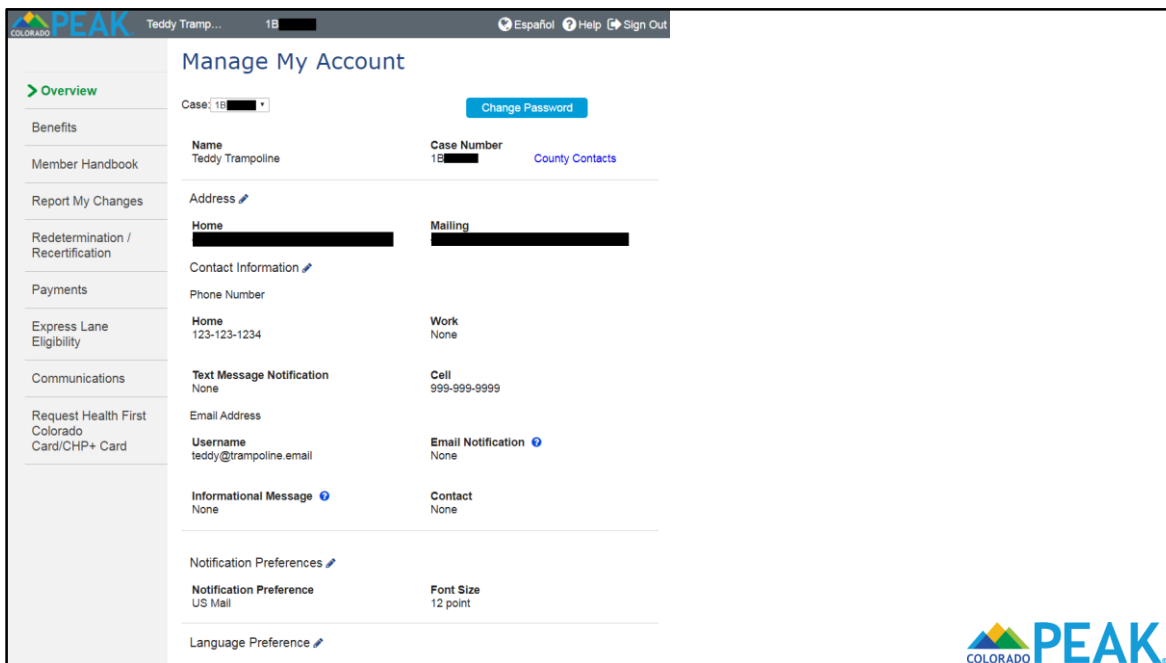
☐ Would you like to link your **PEAK** account to an existing case?

**Create Account**

Questions? please contact us at : 1-800-250-7741 (7:30am to 5:15pm - M-F)




Once a user selects Create Account button, they will now see an alert message letting them know their account was successfully created. From here, select the Sign In button to go directly to manage my account. Meaning, users will no longer have to navigate to another page, and sign in to proceed.




**Manage My Account**

Case: 18 [Change Password](#)

<b>Name</b> Teddy Trampoline	<b>Case Number</b> 18 <a href="#">County Contacts</a>
<b>Address</b> <a href="#">✎</a>	
<b>Home</b> [Redacted]	<b>Mailing</b> [Redacted]
<b>Contact Information</b> <a href="#">✎</a>	
<b>Phone Number</b>	
<b>Home</b> 123-123-1234	<b>Work</b> None
<b>Text Message Notification</b> None	<b>Cell</b> 999-999-9999
<b>Email Address</b>	<b>Email Notification</b> <a href="#">?</a>
<b>Username</b> teddy@trampoline.email	None
<b>Informational Message</b> <a href="#">?</a>	<b>Contact</b> None
<b>Notification Preferences</b> <a href="#">✎</a>	
<b>Notification Preference</b> US Mail	<b>Font Size</b> 12 point
<b>Language Preference</b> <a href="#">✎</a>	



Formerly titled Account Overview, the new Manage My Account page now contains several new functions that we will walk through.

Language Preference 

Spoken  
English

Correspondence  
English

Household


Name	Age	Social Security	Relationship To Head of Household
Teddy Trampoline	25	***-**-****	Head of Household

Report Change

Do you have a security issue and need to close your PEAK account?  
To end your online access via PEAK, click on the  
Close Account button.

Close Account

Questions? please contact us at: ☎ 1-800-250-7741 (7:30am to 5:15pm - M-F)



Formerly titled Account Overview, the new Manage My Account page now contains several new functions that we will walk through.



**Manage My Account**

Case: 10 [Redacted]

[Change Password](#)

**Name**  
Teddy Trampoline

**Case Number**  
18 [Redacted] [County Contacts](#)

**Address**

**Home** [Redacted] **Mailing** [Redacted]

**Contact Information**

**Phone Number**

**Home** 123-123-1234 **Work** None

**Text Message Notification** None **Cell** 999-999-9999

**Email Address**

**Username** teddy@trampoline.email **Email Notification** None

**Informational Message** None **Contact** None

**Notification Preferences**

**Notification Preference** US Mail **Font Size** 12 point

We will begin with the newly added Change Password button located at the top of the page.

When a user selects the new button....

PEAK COLORADO Teddy Tramp... 1B [Profile Picture]

[Español](#) [Help](#) [Sign Out](#)

## Change Password

[Password Help?](#)  
Call 1-800-250-7741 (7:30am to 5:15pm - M-F)

\*Current Password

\*New Password

\*Retype New Password

[Update New Password](#)

PEAK COLORADO

They will see the Change Password page. Here, they can change their account password by entering their current password and their new password.

The updated functionality we saw on the account creation page at the beginning of this presentation apply here as well. Users can choose to display their password by selecting the eye icon.

PEAK users will no longer be required to update their password every 60 days. Instead, they will be prompted to change their password after 90 days, but only required to update their password once every 13 months.

**Manage My Account**

Case: 18 [Change Password](#)

**Name**  
Teddy Trampoline **Case Number**  
18 [County Contacts](#)

**Address** [✎](#)

**Home** **Mailing**

**Contact Information** [✎](#)

**Phone Number**

**Home** 123-123-1234 **Work** None

**Text Message Notification** None **Cell** 999-999-9999

**Email Address**

**Username** teddy@trampoline.email **Email Notification** [?](#) None

**Informational Message** [?](#) None **Contact** None

**Notification Preferences** [✎](#)

**Notification Preference** US Mail **Font Size** 12 point

**Language Preference** [✎](#)

**Spoken** English **Correspondence** English

**PEAK COLORADO**


A significant update that we will be covering over the next several slides is the new ability to update Address, Contact Information, Notification and Language Preferences from the Manage My Account page.

**PEAK** Teddy Tramp... 1B [Español](#) [Help](#) [Sign Out](#)


## Manage My Account

Case: 1B [Change Password](#)

**Name**  
Teddy Trampoline **Case Number**  
1B [County Contacts](#)

**Address** 

**Home** **Mailing**


**Contact Information** 


**Phone Number**


**Home** 123-123-1234 **Work** None

**Text Message Notification** None **Cell** 999-999-9999


**Email Address**

**Username** teddy@trampoline.email **Email Notification**  None

**Informational Message**  None **Contact** None

**Notification Preferences** 

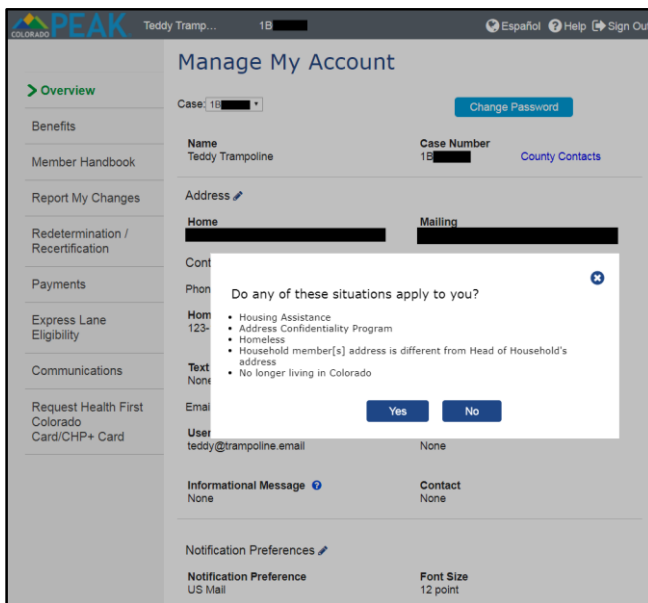
**Notification Preference** US Mail **Font Size** 12 point

**Language Preference** 

**Spoken** English **Correspondence** English

**PEAK**

Each place you see a pencil icon, as you can see circled here, you can now edit information from this page, without having to go to Report My Changes.



**Manage My Account**

Case: 1B [REDACTED] [Change Password](#)

**Name:** Teddy Trampoline **Case Number:** 1B [REDACTED] [County Contacts](#)

**Address:** [Edit](#)

**Home:** [REDACTED] **Mailing:** [REDACTED]

**Contact:** [REDACTED]

**Phone:** [REDACTED]

**Home:** 123- [REDACTED]

**Text:** None

**Email:** teddy@trampoline.email

**User:** teddy@trampoline.email

**Informational Message:** None [Info](#)

**Contact:** None

**Notification Preferences:** [Edit](#)

**Notification Preference:** US Mail

**Font Size:** 12 point

Do any of these situations apply to you?

- Housing Assistance
- Address Confidentiality Program
- Homeless
- Household member(s) address is different from Head of Household's address
- No longer living in Colorado

[Yes](#) [No](#)



When a user indicates they want to edit their address, they will first see a pop-up that asks if any of these situations apply to them. They include changes in housing assistance, address confidentiality program, homelessness, household member address different from the Head of Household's address and no longer living in Colorado.

If a user indicates yes to any of these situations, they will be brought to Report My Changes to report their updated information.

If a user indicates no...

Colorado PEAK Teddy Tramp... 1B [redacted] Español ? Help Sign Out

## Manage My Account

Case# 1B [redacted] [Change Password](#)

Name: Teddy Trampoline Case Number: 1B [redacted] [County Contacts](#)

**Address** [Save](#) [Cancel](#)

\*Is your mailing address the same as your home address?  
☒ Yes ☐ No

**Home**

\*Street # [redacted]

\*Street Name [redacted]

Unit Type [redacted] Unit # [redacted]

< click here > [redacted]

\*City [redacted] \*State Colorado

\*Zip [redacted]

\*In what county do you live in Colorado?  
Boulder

**Mailing**

☐ This address is a PO Box  
☐ I have no mailing address. ?

In Care Of. ? [redacted]

Street # [redacted]

Street Name [redacted]

Unit Type [redacted] Unit # [redacted]

< click here > [redacted]

City [redacted] State Colorado

Zip 805015441

County < click here to choose >

[Verify](#)

Colorado PEAK

They are able to update their physical and mailing address information

The screenshot shows the 'Manage My Account' page on the PEAK Colorado website. The page has a sidebar with navigation links: Overview, Benefits, Report My Changes, Redetermination / Recertification, Payments, Express Lane Eligibility, and Communications. The main content area displays account information for Case 1B. A red box highlights a 'Thank you' message that appears after a change is saved. The message states: 'Thank you for updating your information. You will be able to see these changes in your PEAK account once they've been processed.'

**Manage My Account**

Case: 1B [Change Password](#)

**Name** [Redacted] **Case Number** 1B [Redacted] [County Contacts](#)

**Address** [Edit](#)

**Home** [Redacted] **Mailing** [Redacted]

**Thank you**

Thank you for updating your information. You will be able to see these changes in your PEAK account once they've been processed.

**Email Address**

**Username** lucas@peak.com **Email Notification** None

**Informational Message** None **Contact** None

**Notification Preferences** [Edit](#)

**Notification Preference** U.S. Mail **Font Size** 18 point

**PEAK COLORADO**

When a change is saved, a message displays that states, “Thank you for updating your information. You will be able to see these changes in your PEAK account once they have been processed.”

**Manage My Account**

Case: 1B [redacted] [Change Password](#)

**Name:** Teddy Trampoline **Case Number:** 1B [redacted] [County Contacts](#)

**Address:**

**Home:** [redacted] **Mailing:** [redacted]

**Contact Information** [Save](#) [Cancel](#)

**Phone Number**

**Home:** 123-123-1234 **Cell:** 999-999-9999

**Message/Work:** [redacted] **Ext:** [redacted] **Type:** < click here to choose > ▼

**\*Email Address:** example@email.com [Send Verification Code](#)

☐ Click here to receive informational messages

**Notification Preferences**


**Notification Preference:** US Mail **Font Size:** 12 point

**PEAK COLORADO**

Next is contact information. Here users are able to update their contact information including phone number and email. They can also sign up to receive informational messages.



Report My Changes	Address	
Redetermination / Recertification	Home	Mailing
Payments	Contact Information	
Express Lane Eligibility	Phone Number	Work
Communications	Home 123-123-1234	None
Request Health First Colorado Card/CHP+ Card	Text Message Notification None	Cell 999-999-9999
	Email Address	Email Notification
	Username teddy@trampoline.email	None
	Informational Message	Contact
	None	None
	<div> <div>Notification Preferences</div> <div> <div>Save</div> <div>Cancel</div> </div> </div> <div> <div>Notification Preference</div> <p>You can choose to receive correspondence about your case by U.S. Mail, electronically through PEAK, or both. If you would like to sign up for alerts when you have mail in your PEAK account, select email or text message below.</p> <div> <input checked="" type="checkbox"/> U.S. Mail           <input type="checkbox"/> Email <small>Recommended</small> <input type="checkbox"/> Text Message         </div> </div> <div> <div>Font Size</div> <p>Medical Assistance letters are available in large print. Please select the size you need.</p> <div> <input checked="" type="radio"/> Standard Print (12-point font size)           <input type="radio"/> Large Print (18-point font size)         </div> </div>	
	Language Preference	
	Spoken English	Correspondence English



In the notification preferences section, users can select if they would like to receive communications by mail or if they would like to sign-up for e-notification via email or text message.

They can also update their font size preference for Medical Assistance correspondence.

**Manage My Account**

Case: 18 [redacted] [Change Password](#)

Name: Teddy Trampoline Case Number: 18 [redacted] [County Contacts](#)

Address [✎](#)

Home [redacted] Mailing [redacted]

Contact Information [✎](#)

Phone Number

Home: 123-123-1234 Work: None

Text Message Notification: None Cell: 999-999-9999

Email Address

Username: teddy@trampoline.email Email Notification: [i](#) None

Informational Message: [i](#) None Contact: None

Notification Preferences [✎](#)

Notification Preference: U.S. Mail Font Size: 12 point

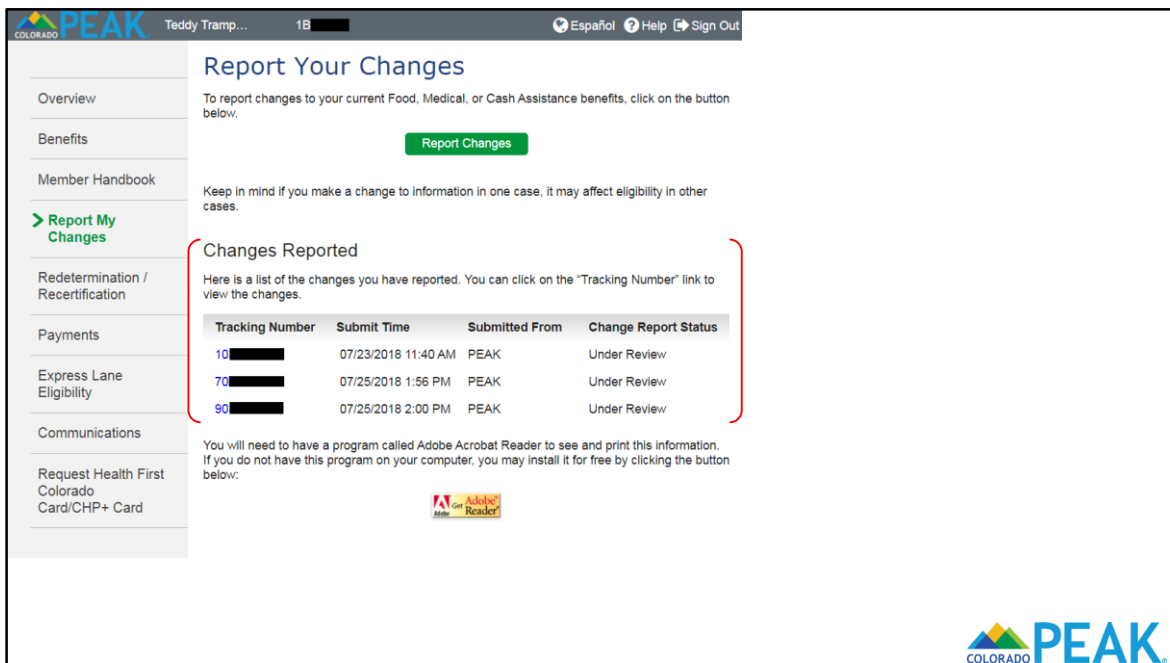
**Language Preference** [Save](#) [Cancel](#)

Please note: Written communications are only available in English and Spanish.

Spoken: English Written: English

In the Language preferences section, users can update spoken and written language preference.

Please note, written communications are only available in English and Spanish



**Report Your Changes**

To report changes to your current Food, Medical, or Cash Assistance benefits, click on the button below.

[Report Changes](#)

Keep in mind if you make a change to information in one case, it may affect eligibility in other cases.

**Changes Reported**

Here is a list of the changes you have reported. You can click on the "Tracking Number" link to view the changes.

Tracking Number	Submit Time	Submitted From	Change Report Status
<a href="#">10</a>	07/23/2018 11:40 AM	PEAK	Under Review
<a href="#">70</a>	07/25/2018 1:56 PM	PEAK	Under Review
<a href="#">90</a>	07/25/2018 2:00 PM	PEAK	Under Review

You will need to have a program called Adobe Acrobat Reader to see and print this information. If you do not have this program on your computer, you may install it for free by clicking the button below:

[Get Adobe Reader](#)

**PEAK** COLORADO

The changes made from the Manage My Account do go into CBMS as change reports. If a user ever needs to reference a change submitted, tracking numbers, dates, and the status of a submitted change can be reviewed on the Report My Changes page.

Notification Preferences

Notification Preference

US Mail

Font Size

12 point

Language Preference

Spoken

English

Correspondence

English

Household

Name	Age	Social Security	Relationship To Head of Household
Teddy Trampoline	25	***-**-****	Head of Household


Report Change

Do you have a security issue and need to close your PEAK account?

To end your online access via PEAK, click on the Close Account button.


Close Account

Questions? please contact us at 1-800-250-7741 (7:30am to 5:15pm - M-F)



At the very bottom of the page, users are able to close their PEAK Account.

This function serves to permanently disable an individual/family from connecting to their current or any future PEAK Accounts with their case.

Notification Preferences 


Notification Preference  
US Mail

Font Size  
12 point

Language

Please note

Spoken  
English

Unlink Case 1B [REDACTED] 

**Important**  
Closing your PEAK account will not end your benefits. It will end your ability to view or update your benefit information via the PEAK website, the PEAKHealth mobile app, and the MyCOBenefits app. This step is intended only for those with serious concerns about the security of their PEAK account that couldn't be resolved by changing the password. To restore PEAK account access after it has been closed will require you to contact your county.

Unlink

Cancel

Household


Name	Age	Social Security	Relationship To Head of Household
Teddy Trampoline	25	***-**-****	Head of Household

Report Change

Do you have a security issue and need to close your PEAK account?  
To end your online access via PEAK, click on the **Close Account** button.

Close Account

Questions? please contact us at: ☎ 1-800-250-7741 (7:30am to 5:15pm - M-F)



## Overview


- **Connect for Health Colorado has created a “New Eligibility System”**
- **Changes to PEAK:**
  - Users will no longer be able to view their eligibility results for Marketplace Programs in PEAK
    - Marketplace eligibility results will be available in Connect for Health Colorado’s new system
- **All other existing PEAK functionality will remain the same:**
  - Initiate an application from PEAK during Open Enrollment
  - Expedited Income Pathway will continue to be available
- **Connect for Health Colorado Responsible for Mixed Eligibility Household Cases**



As many of you may know, Connect for Health Colorado has created a new eligibility system that will now be used to assess if an individual or household is eligible for Advanced Premium Tax Credits and/or Cost Sharing Reductions.

With this change, comes a few changes to PEAK. Specifically to eligibility results for Marketplace programs. Effective October 15, 2018 eligibility results for Marketplace programs will not be visible in PEAK. Clients will be able to view their Marketplace eligibility results in Connect for Health Colorado’s new system.


All other existing PEAK functionality will remain the same. I.e., users will still be able to initiate application for APTC and CSR through PEAK. The expedited income pathway will continue to be available, and Connect for Health Colorado will still be responsible for managing and maintaining Mixed Eligibility Households.



Justine Rabbit

18

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[Help](#)
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Medical Assistance Results

Case Number: 18

Authorization Number: 5

Health First Colorado (Colorado Medicaid) / CHP+

Marketplace Programs

	Month	Program	Status
Justine	11/2018		Denied
State ID	10/2018		Denied
Jude	11/2018	Child Health Plan Plus (CHP+)	Pending
State ID	10/2018	Child Health Plan Plus (CHP+)	Pending
Jessica	11/2018	Child Health Plan Plus (CHP+)	Pending
State ID	10/2018	Child Health Plan Plus (CHP+)	Pending

Application Review

2. Results

3. Account

You will get a letter with more information about your application. You will not be able to shop for a private health plan through Connect for Health Colorado outside of Open Enrollment unless you have a Qualified Life Change Event even if the results show you qualify for Tax Credits. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to Boulder county.

Verification Needed

Keep in mind that your application office worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the Verification Needed button to view this list if you have scanned copies of acceptable verification documents, you may upload these from the Verification Needed page. If you want to do this later, you may return to your account and do so after you receive your verification checklist.

Verification Needed

You may be asked to talk with an application worker by phone or in person in order to get benefits.

If you were approved for Tax Credits, this means you have been denied for Health First Colorado (Colorado Medicaid).

Shop for a Health Insurance Plan


You may qualify for financial assistance through Connect for Health Colorado that can be used to lower the price of a private health insurance plan. To continue and enroll, you must visit Connect for Health Colorado by clicking the Continue to Connect for Health Colorado button below.

CONNECT-HEALTH COLORADO


Continue to Connect for Health Colorado

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APTC Only Household Eligibility Determination, view from the Health First Colorado (Colorado Medicaid)/CHP+ Tab.



Justine Rabbit

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Medical Assistance Results

Case Number : 18

Authorization Number : 51

Health First Colorado (Colorado Medicaid) / CHIP+

Marketplace Programs

For members of your household who DO NOT qualify for Health First Colorado or Child Health Plan Plus (CHIP+).

- You may qualify for financial assistance through Connect for Health Colorado that can be used to lower the price of a private health insurance plan. To see if you qualify, go to [ConnectforHealthCO.com](#) or call 1-855-PLANS-4-YOU (855-752-6749).
- Information from your application may have already been sent to Connect for Health Colorado but you must act to enroll in your health insurance plan.

Application Review

2. Results

3. Account

Verification Needed

Keep in mind that your application office worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the Verification Needed button to view this list if you have scanned copies of acceptable verification documents, you may upload these from the Verification Needed page. If you want to do this later, you may return to your account and do so after you receive your verification checklist.


Verification Needed

You may be asked to talk with an application worker by phone or in person in order to get benefits.

If you were approved for Tax Credits, this means you have been denied for Health First Colorado (Colorado Medicaid).

Shop for a Health Insurance Plan


You may qualify for financial assistance through Connect for Health Colorado that can be used to lower the price of a private health insurance plan. To continue and enroll, you must visit Connect for Health Colorado by clicking the 'Continue to Connect for Health Colorado' button below.



Continue to Connect for Health Colorado

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On the Marketplace programs tab

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Cookie Roberts1BEspañol Help Sign Out

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## My Benefits

Benefit information may not reflect the most current information if your circumstances have changed. Whenever your benefits change, you should get a letter in the mail telling you about the change.

**Important!**

It looks like you are eligible for financial assistance through Connect for Health Colorado. Please consider managing your account at [ConnectforHealthCO.com](https://connectforhealthco.com).

### Benefit Summary

Who	Medical Assistance	Food Assistance	Cash Assistance
Cookie Roberts (32)	Denied , APTC		

Upload Document

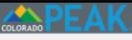
If you have an open, active medical, food, or cash assistance case, click the Report My Changes tab on the left if you want to request Medical Assistance for additional people on your existing case.

[Click here](#) for information on finding providers and accessing care.

Click the Start New Application button below to start a new application.

Start New Application





Cookie Roberts

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## My Benefits

Benefit information may not reflect the most current information if your circumstances have changed. Whenever your benefits change, you should get a letter in the mail telling you about the change. The letter will also let you know your rights if you feel the change has been made in error.

The Benefit Summary below will tell you if you are eligible for the programs you requested.

You will see Pending while your application is being processed. If you see **Verification Needed**, we need more information to finish processing your application.

Click on **Verification Needed** in your benefit summary to see what documents are needed.

### Benefit Summary

Who	Medical Assistance	Food Assistance	Cash Assistance
Cookie Roberts (32)	Denied , APTC		


Upload Document


If you have an open, active medical, food, or cash assistance case, click the Report My Changes tab on the left if you want to request Medical Assistance for additional people on your existing case.

[Click here](#) for information on finding providers and accessing care.

Click the Start New Application button below to start a new application.

Start New Application



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## Medical Assistance Details ⓘ

### Health First Colorado (Colorado Medicaid) / CHP+ Details

Name	Premium Required?	Program	Current Month	Next Month
Cookiele	No		<a href="#">Not Receiving</a>	Not Receiving


### Marketplace Programs Details


For members of your household who DO NOT qualify for Health First Colorado or Child Health Plan Plus (CHP+):

- You may qualify for financial assistance through Connect for Health Colorado that can be used to lower the price of a private health insurance plan. To see if you qualify, go to [ConnectforHealthCO.com](http://ConnectforHealthCO.com) or call 1-855-PLANS-4-YOU (855-752-6749).
- Information from your application may have already been sent to Connect for Health Colorado but you must act to enroll in your health insurance plan.

**Redetermination Date:** August 2019

[Back to My Benefits](#)[Benefit History](#)



Cookie Roberts18 [redacted]EspañolHelpSign Out

## Summary of Your Information

Before we begin, let's look at the information Connect for Health Colorado used to determine that you or someone in your household qualified for Advance Premium Tax Credits (APTC) and/or...

To review below, us about

**Important!**  
It looks like you are eligible for financial assistance through Connect for Health Colorado. Please consider reporting your changes at [ConnectforHealthCO.com](https://connectforhealthco.com).

tell

Hous

Name	Requesting Assistance	Date of Birth
Cookie Roberts (32)	Yes	[redacted]

**Contact Information** +

**Personal Information** +


**Citizenship or Lawful Presence** +

**Household Income** +

**Deductions and Expenses (including Self-Employment)** +

**Other Health Insurance** +

Next



**Review Your Other Information**

You have told us that someone has a change in household information or you have newly added someone to your household. Here is how to report a change to household information or add information for a new household member.

- If someone has new health insurance/school enrollment information, select that person's name from the drop-down menu, select the type, and click the Add button.
- If health insurance/school enrollment has ended, click the End button for that record.
- If someone's health insurance/school enrollment information has changed, click the Edit button for that record.
- If you want to delete a change you made or information you added, click the X button to delete the record.

**Eligible or Enrolled in TRICARE, Peace Corps or Other**

Who	Who is covered?	Type	Name of Program	What Changed?	Action
To tell us if anyone in your home is eligible for health coverage from TRICARE or enrolled in health coverage from the Peace Corps or any other state or federal full-benefit health coverage, choose the name of the person who is eligible or enrolled. Then click the Add button.					
Name: < click here to choose > <a href="#">Add</a>					

**Current Employer Sponsored Health Coverage**

Employer	Who is covered?	What Changed?	Action
Department of Corrections	Thero (3)	This Health Insurance has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name: < click here to choose > [Add](#)

**Enrolled in COBRA, Retiree, Railroad Retirement, or Veteran's Health Plan**

Who	Type	Former Employer	Who is covered?	What Changed?	Action
To add enrollment in COBRA, Retiree, Railroad Retirement, or Veteran's Health Plan, choose the name of the person who holds the policy. Then click the "Add" button.					
Name: < click here to choose > <a href="#">Add</a>					

**Other Health Insurance Coverage**

Who	Policyholder's Name	Insurance Company	What Changed?	Action
Traci (35)	Male	UNITED HEALTH CARE	This Health Insurance has not changed	<a href="#">Edit</a> <a href="#">End</a>
Thero (3)	Hugh	NYLCARE	This Health Insurance has not changed	<a href="#">Edit</a> <a href="#">End</a>
Iara (0)	Hugh	ANTHEM LIFE INS	This Health Insurance has not changed	<a href="#">Edit</a> <a href="#">End</a>

Name: < click here to choose > [Add](#)

New functionality has been added to Report My Changes/Redeterminations on the Other Information page, under Other Health Insurance Coverage, to display a CHP+ Interfaced Health insurance record, if one exists in CBMS. A new field has also been added to display the policyholder's name, from the review page.

When an interface health insurance record exists for a user, the only action they will be able to take on it is to provide an end date, if the insurance is no longer active. There will be no functionality available to edit information in the record.

The help/hover text will read, "If you no longer have the health insurance coverage listed, let us know when it ended."

**Health Insurance**

You have told us that Jane has health insurance coverage or changes to their health insurance. If Jane's Insurance Company Name, Policy Number, or Type of Coverage has changed, then enter a coverage end date for this health insurance plan and add a new health insurance plan with the new information.

**Health Insurance Policy Information**

Tell us a little bit more about the health insurance policy.

Insurance Company Name  
 ANTHEM LIFE INC Fast

What is the Policy Member Number? Fast

When did this Policy begin?  
 01/01/2018

What is the Group Number?  
 0000000000

What is the member ID?  
 0000000000

What is the name of the health plan?  
 0000000000

Is your health care provided by an HMO?  
☐ Yes ☒ No

Is this health insurance a Medicare Supplement Plan?  
☐ Yes ☒ No

Is this health insurance a Medicare HMO or Medicare Replacement Plan?  
☐ Yes ☒ No

What is the type of coverage?  
 Click here to choose >

**Employer and Payment Information**

Is this policy provided through an employer?  
☐ Yes ☒ No

How much is Jane's premium?  
 \$  Click here to choose >

How often is the insurance premium amount due for payment?  
 Click here to choose >

Tell us how the premium is paid.  
 Click here to choose >

**Health Insurance Coverage**

Next, tell us who is covered by this person's health insurance policy.

Who is covered?	When did this person's coverage start?	If this coverage ends in the next 30 days, when will it end?	When did this change occur?
Ten <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>
(D) <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>
(S) <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>
(T) <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>
(F) <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>
(M) <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>
(F) <input type="text" value="0000000000"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2018"/>

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If a user selects that they would like to edit the insurance record, they are brought to the Health Insurance page.

Because this an interfaced insurance record, no edits can be made. Therefore, all the fields are greyed out/uneditable.

**PEAK** COLORADO

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Español Help Sign Out

## Health Insurance

If you or others in your household have health insurance, you must answer the questions on this page.

If you are enrolled in Health First Colorado (Colorado Medicaid), CHP+ or have a private health insurance plan through Connect for Health Colorado, you do not need to report that insurance here.

**If you came to this page by mistake**, click the button below to clear this page and go back to the previous question on Additional Information.

[Return to Summary](#)

You have told us that Ilana has health insurance coverage or changes to their health insurance. If Ilana's Insurance Company Name, Policy Number, or Type of Coverage has changed, then enter a coverage end date for this health insurance plan and add a new health insurance plan with the new information.

### Health Insurance Coverage End

\*When did this health insurance coverage end?

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**PEAK** COLORADO

If a user selects they would like to end the interfaced insurance record, they are brought to the Health Insurance page and prompted to provide details about when the health insurance coverage ended.

Please note, the end date must be within the last 60 days.

PEAK COLORADO Tran 18 Español ? Help Sign Out

**You can only enter a date up to 60 calendar days in the past for "Coverage End Date"**

## Health Insurance

If you or others in your household have health insurance, you must answer the questions on this page.

If you are enrolled in Health First Colorado (Colorado Medicaid), CHP+ or have a private health insurance plan through Connect for Health Colorado, you do not need to report that insurance here.

**If you came to this page by mistake**, click the button below to clear this page and go back to the previous question on Additional Information.

[Return to Summary](#)

You have told us that Ilana has health insurance coverage or changes to their health insurance. If Ilana's Insurance Company Name, Policy Number, or Type of Coverage has changed, then enter a coverage end date for this health insurance plan and add a new health insurance plan with the new information.

### Health Insurance Coverage End

\*When did this health insurance coverage end?

03/01/2018

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PEAK COLORADO

If a user attempts to enter a record that is outside the past 60 days, then you will get the red alert message displayed.



## HELP DESK TICKETS



# PEAK Technical Support Center



## CONTACT

Phone: 1-800-250-7741\*

E-mail: [CBMS.help@state.co.us](mailto:CBMS.help@state.co.us)

Hours: 7:30am-5:15pm M-F

Live Chat: 8:30am-4:00pm M-F

\*If your call center has an IVR, add a choice for calls to go to this number



**COLORADO**  
Governor's Office of  
Information Technology  
Serving people serving Colorado

- ✓ Technical support offered in both English and Spanish
- ✓ Supports PEAK, PEAKPro, and the PEAKHealth and MyCOBenefits mobile apps

The PEAK Technical Support Center provides real-time phone support for those in need of technical assistance, such as password reset, technical computer issues, and PEAK Navigation and Error Messages.

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Contact Information

Document Uploads

Below is a list of documents that you have uploaded previously with this account. To upload a new document, click the Upload Document button.

Upload Document

Tell us more about the document you want to submit.

Whose Document

click here to choose

Type of Proof

click here to choose

Document Type

click here to choose

Choose File

No file chosen

Only the following file types are accepted \*.jpg, \*.jpeg, \*.png, \*.tif, \*.tiff, \*.pdf

Only upload one page at a time and file size must be less than or equal to 3MB.

Next

PEAK

COLORADO

[www.peakoutreach.com](http://www.peakoutreach.com)

 **PEAK** PEAK Outreach Initiative

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Colorado PEAK is an online application and benefit management tool for Coloradans who need health coverage, help buying groceries, financial assistance, job-readiness education/training, help with childcare, and more.

The PEAK Outreach Initiative is charged with improving access to public assistance programs so every eligible individual, child, and family is enrolled in the benefits that help them thrive. We provide outreach and training resources to organizations that play a role in helping Coloradans access benefits online through Colorado PEAK.



[PEAK Training Resources](#) [PEAK Outreach Materials](#)

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**NEW! Intro to PEAK Video**  
Watch an intro video to learn the ropes.



**What is PEAK?**

[Upcoming PEAK Training & Events](#)

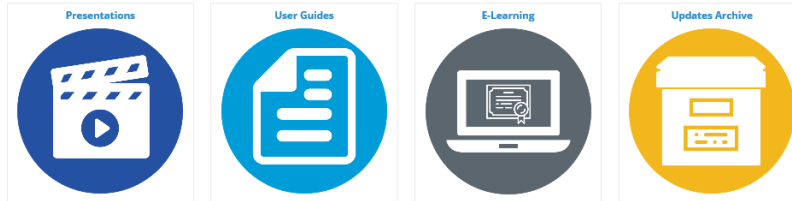
**Open Enrollment: Toolkit**  
This toolkit includes information about eligibility and enrollment, customer service, reporting technical issues, helpful tips, and support. It is intended for assisters, not customers and will be updated with additional information over time.  
[Click here to access the Toolkit.](#)

**PEAK Open Enrollment Support Call for Community Partners**  
These calls will be held Thursdays during OIE from 1:00-3:00PM for Community-Based Organizations (CBOs) to discuss PEAK system performance and any known issues.  
Call Number: 1-877-626-7851 (toll-free) or 303-861-5434 (toll).



PSA for our website where you can find information and resources designed to support your use of PEAK:  
[www.peakoutreach.com](http://www.peakoutreach.com)

The PEAK Outreach Team offers various options to help community partners stay informed on current and upcoming PEAK functionality.



[PEAK Training Request](#)

- For customized in-person or web-based training, please complete the following PEAK Training Request form by clicking [here](#).

## CONTACT US

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[www.peakoutreach.com](http://www.peakoutreach.com)



[peakoutreach@bouldercounty.org](mailto:peakoutreach@bouldercounty.org)



Thanks for attending - please contact us with questions or suggestions!