Attachment G

COLORADO
Department of Health Care Policy & Financing

TO: Colorado Health Insurance Exchange Oversight Committee
FROM: Department of Health Care Policy and Financing
DATE: July 8, 2015
RE: Questions from June 5, 2015 Committee Meeting

This document contains the Department of Health Care Policy and Financing's responses to questions asked by the Colorado Health Insurance Exchange Oversight Committee during its June 5, 2015 meeting. Please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882, if you have questions or would like additional information.

1. Provide an approval and denial letter. (Primavera)

Please find the requested letters in the attachments. The notices for providing eligibility decisions to clients have transformed over the last couple of years. In 2013 the Department established a correspondence stakeholder group to obtain feedback on the redesign and language provided on the notice. This group included community partners such as legal advocates, client advocates, and eligibility workers. This workgroup provided valuable input that was incorporated where possible into the redesign of the notice. Once the workgroup had come to an agreement on language, a legal review was completed to ensure compliance with due process for clients and alignment with legal requirements.

The workgroup in 2013 was a catalyst to continuously obtain feedback and make improvements in the notice. In early 2014 our partners at the Department of Human Services leveraged the redesign of the notice by combining DHS' financial assistance notices. Later in 2014 the Department and Connect for Health Colorado collaborated in combining the notice for client's eligibility for Medicaid, CHP+ as well as tax credits through Connect for Health. Throughout these updates there was significant legal review to ensure compliance for all programs. In addition client and community partner feedback was incorporated into the continuous improvements. The system updates coming for open enrollment year 3 will also make additional modifications to the notice.

We have provided samples of the current notice. One notice identifies a denial for Medicaid and an approval for tax credits (APTC). The other notice identifies the approval for Medicaid with an APTC denial. It is our goal to simplify and streamline the notices while balancing legally required language. These improvements include vetting an option to include a cover letter with the notice. The Department will continue to receive guidance and feedback from the Person-and-Family-Centeredness Advisory Council, and other stakeholders and clients to identify future enhancements and improvements.

2. What is the current cost allocation plan with Connect for Health Colorado? (Sias)

The Department and Connect for Health Colorado have been paying their proportionate share of costs for the eligibility determination system modifications to enhance the consumer and user experience. In year 1, system implementation infrastructure costs were allocated to Connect for Health Colorado in the amount of $762,994. In SFY 2015 the new shared eligibility system (SES) costs were approximately $5.3M which was split between the Department and Connect for Health Colorado. In SFY 2016 system modifications to enhance the consumer/user experience or to meet federal requirements have been cost allocated to each agency based on the requesting agency's requirements.

- Year 1 was $762,994
  - ✓ *implementation infrastructure (interfaces, operational support, application)*
- Year 2 was $5.3M (50/50 split)
  - ✓ *C4 paid $2.65M*
  - ✓ *HCPF paid $2.65M*
- Year 3 is $2.3M (projects beyond September 2015 haven't been finalized)
  - ✓ *C4 paid $1.9M*
  - ✓ *HCPF paid $475,000*

The Department is working with Connect for Health Colorado on a cost allocation plan related to operating the SES for calendar year 2016, as well as operating costs incurred by Connect for Health Colorado for serving Medicaid clients during the previous and future open enrollment periods. This would require an appropriation by the General Assembly as the Department has not been appropriated funding for this purpose. In addition, CMS would need to approve any revisions to the Department's Cost Allocation plan that includes the cost allocation methodology. At this point, the expected costs and proposed cost allocation plan have not been finalized.

3. How can a child be eligible for Medicaid when the parent isn't? (McCann)

A child can be eligible for Medicaid or for CHP+ while a parent is not eligible due to the household composition policies created by the Affordable Care Act. The policies for Medicaid and CHP+ are based on first establishing a tax household. This means that the household size is established according to a client declaring if they expect to file taxes. In this instance, the household is based on all of the tax dependents included in the household. This tax dependency establishes the family size for each individual. If the parent is not claiming the child as a tax dependent, the child is excluded from the parent's family size. This causes the child's family size to be different than the parent's family size, making the child eligible for Medicaid or CHP+ but the parent ineligible.

Another circumstance for a difference in eligibility determination occurs for parents and children with income above the Medicaid income limit and within the CHP+ income limit. Since CHP+ only covers children and pregnant women, children will be covered under CHP+ but parents will be denied and determined eligible for tax credits.

4. Can a woman that is determined eligible for Medicaid during a pregnancy choose to remain on Medicaid after the pregnancy? (Kefalas)

In late 2014 the Internal Revenue Service (IRS) provided guidance regarding pregnant women and their choice to remain covered through their current plan. This policy is directed towards women that received a tax credit and enrolled in a plan through the marketplace, and became pregnant during this enrollment period. The policy provides women the option to remain enrolled through the marketplace instead of disrupting coverage by moving to Medicaid or CHP+. The Department and Connect for Health Colorado are working together to establish and implement this policy for Colorado.

Pregnant women enrolled in Medicaid or CHP+ are covered through the end of the calendar month in which the 60th day after the end of the pregnancy falls, regardless of any change in family income. This provides an opportunity to receive prenatal care through pregnancy, labor, and delivery as well as perinatal care, regardless of changes in income. After the post-partum period, the woman's eligibility is redetermined to see if she is eligible for any other category of Medicaid. Pregnant women are eligible for Medicaid at a higher income level than other adults, so it is possible that women will no longer be eligible for any Medicaid category after the end of the month that marks the 60th day after the end of pregnancy, and could instead be determined eligible for tax credits through the marketplace.

5. What is the Department's definition of RTE? (Kefalas)

When clients submit online applications for Medical Assistance (e.g., Medicaid, CHP+, or financial assistance through Connect for Health Colorado) the application can often be processed automatically through system verifications. When this occurs the Department considers that application to receive a Real-Time Eligibility (or RTE). RTE determinations are based on the application authorization date. The number reported is for applications that originated online through PEAK or Connect for Health Colorado's website. Note that applications for Medical Assistance and one or more Colorado Department of Human Services (DHS) programs (such as Food Assistance, TANF, Adult Financial, etc.) are not eligible for RTE. When a client selects a DHS program, manual processing is typically required by an eligibility technician and RTE may not be available, thus the RTE number may be lower for total applications than the RTE number for Medical Assistance-only applications.

6. A list of all the percentages used during testimony? (Kefalas)

An average of 75 percent of all applications received an RTE during the most recent open enrollment cycle, an improvement from the previous open enrollment cycle.

Multiple applicants can apply for benefits on a single application if they are all part of the same household. When examining each individual on single application, rather than the entire application as a whole, data from the first two weeks of June 2015 reveals that 90 percent of individual applicants received an RTE determination.,

The Department has agreed to define "timely processing" as processing 95 percent of all applications within 45 days. This has been a difficult milestone to achieve over the years and could not have occurred without investment by the General Assembly into the Colorado Benefit Management System (CBMS) improvements and in our county partners who process application and perform the daily work to help our clients and the citizens of Colorado. To maintain our application processing standards, the Department will continue reporting the timely processing statistics to hold ourselves and our county partners accountable for timely processing.

For first-time applicants 50 out of 64 counties met or exceeded 95 percent timely processing in May 2015. As of May 2015, Colorado has achieved 11 consecutive months in meeting or exceeding 95 percent timely processing of first-time applicants. In May 2015, Colorado reached 96.4 percent.

For applicant redeterminations, 46 out of 64 counties met or exceeded 95 percent timely processing in May 2015. In May 2015, Colorado timely processed 96.9 percent of applicant redeterminations and has exceeded 95 percent timely processing metric for three consecutive months.

7. Can there be a "presumptive ineligibility" used during the application process? (Kefalas)

The Affordable Care Act allows individuals to skip the financial application process if they do not want to apply for financial assistance (Medicaid, CHP+, or advanced premium tax credits). An individual who has income of six figures may choose to go through the non-financial path of the application process, and thus eliminate the need for a Medicaid eligibility determination. It also provides the individual the opportunity to immediately shop and enroll for a plan with the marketplace but without an APTC or cost sharing reductions.

8. How many states have an SES w/ a state exchange? (Roberts)

The SES is a Colorado-specific term for an integration of systems to make a determination for both Medicaid/CHP+ and Marketplace coverage. As of January 2015, 12 of 14 state-based marketplaces have integrated eligibility systems.

9. Can you provide a matrix of how each of the state exchanges does eligibility determinations? (Roberts)

The Kaiser Foundation developed a matrix, with updated information as of January 2015, which outlines each state and its current integration between eligibility systems for Medicaid, Marketplace, and other programs.[1] This matrix has been provided at the end of the attachments.

10. What is the plan for persons who received a subsidy but now the IRS says they owe money back? (Roberts)

Connect for Health Colorado will be providing a response to this question.

11. How could a person receive a subsidy then owe the IRS money? (Roberts)

Connect for Health Colorado will be providing a response to this question.

12. Why are we putting people on Medicaid when there are not enough providers? (Roberts)

Regulations require the Department to enroll all eligible clients into Medicaid. The Department believes that reasonable access to providers and effective care is available for many Medicaid members, especially those in the Front Range and larger metro areas. Access to primary and specialty care is more difficult in other parts of the state, for both Medicaid and commercially insured clients.

Access to Medicaid providers can be impacted by various factors including provider location, acceptance of new Medicaid patients, hours of operation, and proximity to public transportation. It may also be impacted by access to affordable child care, time off from work, or ability to afford co-pays and medications. The Department is working with the legislature, the provider community, other state agencies, and local partners to expand provider capacity in a variety of ways. Some of these initiatives include:

- The Accountable Care Collaborative (ACC) Program – ACC providers and care coordinators offer our clients a medical home, coordinating their care, helping them access specialty care and health education. ACC participation also enhances reimbursement and support to participating providers.

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[1] Kaiser Family Foundation, "Modern Era Medicaid: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP as of January 2015."

- Provider rate increases – 2 percent increases for the past two fiscal years, targeted increases for certain high value services, reimbursement for "extended hours" and advance directives counseling, extended primary care supplemental funding through 2016, and technology incentives.
- Recruitment incentives – to encourage dental providers to accept new or additional Medicaid clients.
- Telemedicine programs -- the Department has received funding to implement telemedicine technology as a means to expand access to care in rural and under-served areas.
- NGA Healthcare Workforce Technical Assistance Grant – a statewide initiative bringing multiple state agencies together to develop and implement a plan for expanding Colorado's health care workforce.
- Colorado Health Services Corp (CHSC) – a student loan repayment program administered by CDPHE that supports providers who serve rural and under-served communities across Colorado.
- Development of Lay Health Workers – provide member education, promote use of preventive services, support health behavior changes, and better connect ACC members with their care teams.
- New provider training – the Department has developed close ties to the CU Medical School and School of Nursing to ensure that training includes a focus on publicly funded health care.
- Establishment of a new Provider Relations Unit – the Department now has two FTEs dedicated to provider outreach and communications, recruitment, and retention.

Medicaid provider recruitment and retention is an ongoing activity. The Department's provider network continues to grow, and as more claims data becomes available from the first round of Medicaid expansion, the Department will track its progress over time and initiate further interventions informed by this data.

A more detailed response to the question of Medicaid network adequacy was included in the Department's response to Legislative Request for Information (LRFI) #2, submitted to the Joint Budget Committee on November 3, 2014.

13. What can a family do if they want to buy health insurance but can't because they are on Medicaid? (Roberts)

Under the Affordable Care Act, individuals seeking financial assistance for health insurance can either receive Medicaid/CHP+ or an APTC and Cost Share Reductions through the IRS. Individuals who qualify for APTC do not necessarily need to accept those tax credits in advance and may instead pay the full insurance premium and then seek to receive a federal tax credit when they file their yearly taxes. To receive any tax credit

(advanced or when they file taxes), individuals must purchase health insurance through Connect for Health Colorado.

If an individual desires to purchase health insurance without any financial assistance, they can do so directly from a health insurance company. Generally, individuals cannot receive both Medicaid and APTC under federal regulations. There is no prohibition that prevents individuals from purchasing private health insurance while on Medicaid, but they will be required to pay the full premium.

When a client has private health insurance in addition to Medicaid, the private insurance is responsible for paying the claim prior to the provider receiving any Medicaid payment and since the client is on Medicaid they are only required to pay the Medicaid copayment amounts rather than the copayments and other cost sharing amounts required through their private health insurance.

STATE OF COLORADO

1B99H64
7346a Test

565 E Pearl AVE
Denver CO 80208

Pearl Street Plaza
STE 200
639 E 18TH AVE
DENVER CO 80203-1494

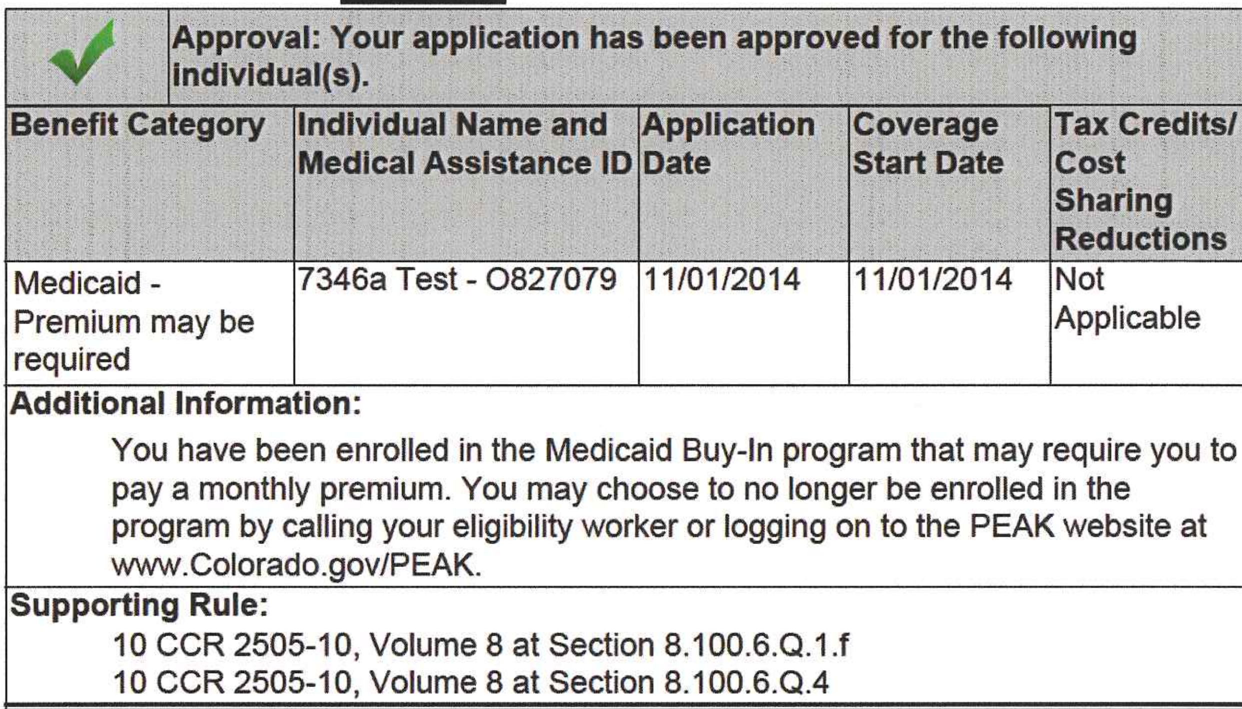
Client ID:

Connect for Health Colorado
Customer Support
P.O. Box 35681
Colorado Springs, CO 80935

Medical Assistance Contact:

Date and time of eligibility determination: 02/26/2015 02:07 PM

Authorization Number:



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

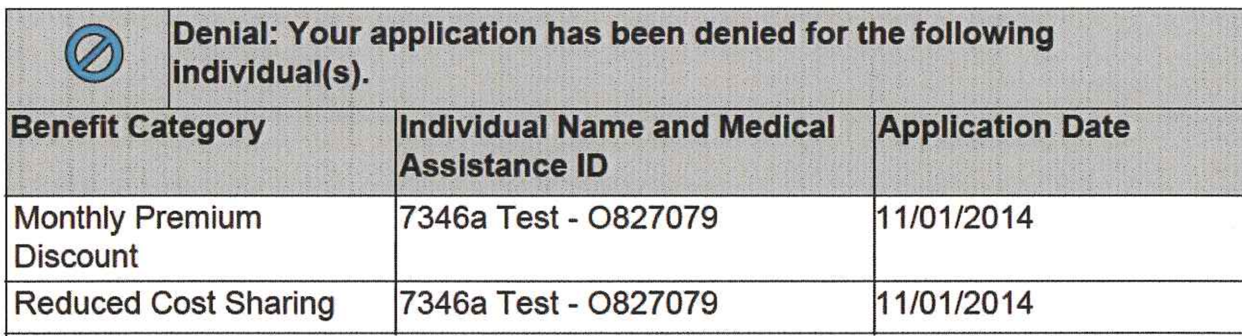
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Medicaid - Premium may be required	7346a Test - O827079	11/01/2014	11/01/2014	Not Applicable

Additional Information:

You have been enrolled in the Medicaid Buy-In program that may require you to pay a monthly premium. You may choose to no longer be enrolled in the program by calling your eligibility worker or logging on to the PEAK website at www.Colorado.gov/PEAK.

Supporting Rule:

10 CCR 2505-10, Volume 8 at Section 8.100.6.Q.1.f
10 CCR 2505-10, Volume 8 at Section 8.100.6.Q.4



Denial: Your application has been denied for the following individual(s).

Benefit Category	Individual Name and Medical Assistance ID	Application Date
Monthly Premium Discount	7346a Test - O827079	11/01/2014
Reduced Cost Sharing	7346a Test - O827079	11/01/2014

	Denial: Your application has been denied for the following individual(s).

Reason:

Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.

Supporting Rule:

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

Your right to appeal	If you think any part of this decision is wrong, you may ask for (1) a State Hearing (2) a County or Medical Assistance (MA) site conference or (3) both. For Tax Credits and Cost Sharing Reductions: If you think this decision is wrong, you can call us at 1-855-PLANS-4-YOU (1-855-752-6749) (TTY: 1-855-346-3432) to discuss your concerns and we will do our best to help you. See Connect For Health Appeals Rights below for additional appeals rights
Connect For Health Appeals Rights	**Important:** You have 30 days from the date of this notice to submit an appeal request for yourself or anyone in your household who applied for health insurance. **You must appeal by:03/28/2015.** To appeal means to tell someone at Connect for Health Colorado (the Marketplace) that you think the determination is wrong and ask for a fair review of the determination. You may appeal either being denied tax credits and cost sharing reductions or the amount you received. You may still enroll in a qualified health plan and receive your Advance Premium Tax Credit and/or reduced copays & deductible benefits while you appeal if you have already been determined eligible. Once you request an appeal, the Marketplace will first attempt to resolve your concerns through an informal resolution process but this process is not required. During this process, we can help you try to resolve your concerns, and you can also provide new information or documents that will help us understand those concerns. If you do not agree with the results of the informal resolution process, if you prefer a hearing, or if 15 business days have passed without notice from you, the Marketplace will schedule a hearing. A hearing is a formal meeting where you will have the opportunity to explain why you disagree with the eligibility determination we have made. You can bring someone with you to a hearing. That person can be a lawyer or a friend or a family member. Depending on the appeal decision, you may have to repay some or all of the financial assistance you received during the appeal process for yourself and/or your family. If you are unhappy with the Marketplace's decision, you can appeal that decision to the U.S. Department of Health and Human Services within 30 days of the Marketplace's decision. We cannot accept appeals about health care services such as the types of health care benefits your plan offers, access to doctors or specialists, or a denial of prior authorization for services. **Appeal Process** Choose one of the following: 1. **Log into** your online Connect for Health Colorado account and upload the Appeal Request form under the "My Documents" tab;

	2. **Call** 1-855-PLANS-4-YOU (1-855-752-6749) (TTY: 1-855-346-3432); 3. **Mail** your appeal request to: Office of Conflict Resolution and Appeals 3773 Cherry Creek N. Drive, Suite 1005 Denver, CO 80209; or 4. **Fax** your appeal to 1-303-322-4217
Continuation of Benefits	If this notice says that your benefits will stop and you want your benefits to continue while you appeal, you must ask for a county conference or a State Hearing before the effective date of the action. This date is shown on the first page of this notice. Your benefits will then continue until a final agency decision is made. If you lose your appeal, you may have to pay back any continued benefits you have received. You may request in writing that your benefits stop while you appeal. If you choose to stop getting your benefits, and you win your appeal, your lost benefits will be given back to you. Contact the worker shown on page 1 of this notice for further information. If your benefits end, you may reapply at any time.
County or Medical Assistance Conference	You may request an informal meeting (conference) with county staff, other than the worker taking the action, to go over your case with you. If you want a county conference you need to: (1) send or take a letter to your county worker as shown on page 1 of this notice; (2) include the following information in the letter: your name, your mailing address, your daytime telephone number and either a copy of this notice or the "Case ID" number at the bottom of each page of this letter; (3) your request must be received before the effective date on page 1 of this notice. Be sure to keep a copy of your request for your records. At a county conference you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
State Hearing	You may ask for a formal hearing with an Administrative Law Judge. . Your request must be received on or before 03/28/2015, even if you have asked for a county conference. To ask for this State Hearing you need to either (1) sign this notice and send or fax it to the Office of Administrative Courts or (2) send or fax a letter that includes your name, your mailing address, your daytime telephone number, the reason you are appealing, and a copy of this notice to the Office of Administrative Courts. Be sure to keep a copy of the request for your records. The letter must be received by the Office of Administrative Courts no later than 03/28/2015. The address and fax number of the Office of Administrative Courts is: Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone # 303-866-2000

	Fax # 303-866-5909 If your request for a State Hearing is not received by 03/28/2015, you may lose your right to a State Hearing. The Office of Administrative Courts will contact you by mail with the date, time and place for your State Hearing. At a State Hearing you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
Legal help	If you want to apply for free legal help, call Colorado Legal Services' Denver office at 303-837-1313 or contact your local Colorado Legal Services office.
Non Discrimination Policy - Medical Assistance	Federal law prohibits discrimination. If you believe that you have been treated unfairly because of race, color, sex, age, religion, political belief, national origin, mental or physical disability, you have a right to complain to the Colorado Department of Health Care Policy and Financing.You can also write a letter of complaint to the Federal government at the following addresses: Office for Civil Rights Region VIII U.S. Dept of Health & Human Services 999 18th St., Suite 417 Denver, CO 80202 1-800-368-1019 TDD 1-800-537-7697 U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F Washington, DC 20201 (800) 368-1019 If you have a disability, as defined by the Americans with Disabilities Act, you may have rights under the Americans With Disabilities Act (ADA). Contact your county or Medicaid Application site for more information. If you are deaf, hard of hearing or have a disability that affects your speech and use a TTY, you can call Relay Colorado at 1-800-659-3656.
Medical Assistance Estate Recovery Program	The Medicaid Program may recover the cost of Medicaid services from the estates of deceased Medicaid clients who were institutionalized or were over the age of 55 when Medicaid benefits were provided, with certain exceptions. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure or see Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State Law C.R.S. Section 25.5-4-302.

Connect for Health Colorado	Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. If you or any member of your household has been approved for tax credits or cost sharing reductions, they may be eligible to purchase commercial health insurance through Connect for Health Colorado (the Marketplace) at a reduced cost, based on the information we've received from State and Federal data sources. If you are not eligible for tax credits, you may be able to purchase full price health insurance. Connect for Health Colorado is a marketplace for individuals, families and small employers in Colorado to shop for health plans and to access new federal tax credits that can reduce monthly premiums and out of pocket costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. **How We Determine You Qualify** We counted your household size, the amount of money you reported earning, and other information you provided. We also made sure that you [and members of your household] are a Colorado resident, a United States citizen or lawfully present in the United States, and that you are not incarcerated (in jail or prison). If you think we made a mistake or that you qualify for more services, then you can appeal our decision. For more information on how to appeal, see the Appeals section. **Time to Enroll in Your Health Plan!** If you qualify to purchase a health insurance plan at full price or with tax credits, go to www.ConnectforHealthCO.com If it is during our Open Enrollment Period or you have experienced certain life changes, you can choose your qualified health plan today! If you have already signed up for a health plan, you will receive enrollment, benefit, and provider network information from your health plan issuer. Your coverage depends on successful payment of your first month's premium. Call your health plan directly if you have questions about your plan's covered services and providers. **Do You Need Assistance?** Choosing a health plan is an important decision. If you qualify for a private health plan, we are here to help. If you have questions, go to www.ConnectforHealthCO.com, contact your agent/broker or Health Coverage Guide, or call our Customer Service Center at 855-PLANS-4-YOU (855-752-6749). If you are outside of the United States, call 303-590-9675. If you are hearing impaired, call our TTY line: 855-346-3432. You can update your account and contact preferences at: www.ConnectforHealthCO.com or Colorado.gov/PEAK. You will need your login ID and password. **Important Connect for Health Colorado Policies**

	Reporting Changes You must report any changes that would impact if you qualify for medical assistance. If you qualify for Advance Premium Tax Credits and/or Reduced Copays & Deductible (CSR) benefits, some changes may allow you to shop again if reported within 60 days of a change. In general, you need to report the following changes: • You no longer live in Colorado • Your income changes • Your household changes, for example you marry/divorce, become pregnant, or have children • You become qualified for Medicare or Medicaid • You are offered coverage through your employer • You become incarcerated (jail or prison) To report changes you may go to www.ConnectforHealthCO.com or call 855-752-6749 (TTY: 855-346-3432). If you do not report changes, and the changes affect if you qualify for the Advance Premium Tax Credit, **you may be responsible to pay back some or your entire tax credit to the Internal Revenue Service (IRS).** **Will you qualify for Medicare this calendar year?** Most people 65 years and older qualify for Medicare. Some people may qualify for Medicare if they are disabled. People who qualify for Medicare may no longer get help paying their health care coverage costs through the Marketplace. For questions about how qualifying for Medicare might impact your health coverage, contact your health plan issuer. If you have questions about Medicare benefits or Medicare rights in your State, you should contact Medicare at 1-800-MEDICARE (1-800-633-4227) or the State Health Insurance Program, Colorado SHIP at 1-888-696-7213. You can also go online to www.medicare.gov or www.askdora.colorado.gov. **Other benefits** If you wish to apply for other public assistance programs, such as food or cash assistance, go to Colorado.gov/PEAK or contact your local county human services office.
Colorado PEAK Website	You can now go online at any time to manage your benefits account at www.colorado.gov/PEAK. You will need to have your case number available. It is the "Case ID" at the bottom of each page of this letter. On Colorado PEAK, you can: • See what benefits you have and when they will need to be renewed • Report changes like a new address, change in income, or a change in the number of people in your house

STATE OF COLORADO

Jeffco Main

900 JEFFERSON COUNTY PKWY
GOLDEN CO 80401-6001

Connect for Health Colorado
Customer Support
P.O. Box 35681
Colorado Springs, CO 80935

Medical Assistance Contact:

Date and time of eligibility determination: 12/01/2014 02:06 PM

Authorization Number:

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

Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date	Tax Credits/ Cost Sharing Reductions
Monthly Premium Discount		12/01/2014	01/01/2015	Up to 359.97 a month per household.
Reduced Cost Sharing		12/01/2014	01/01/2015	87.00 % AV Silver Level Plan.
Qualified Health Plan		12/01/2014		Not Applicable

Additional Information:

Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.

Supporting Rule:

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

	Denial: Your application has been denied for the following individual(s).	
Benefit Category	**Individual Name and Medical Assistance ID**	**Application Date**
Medicaid - No Premium required	[redacted]	12/01/2014

Reason:

Your income is more than the limit for the program.

Supporting Rule:

10 CCR 2505-10, Volume 8 at Section 8.100.4.C

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

Your right to appeal	If you think any part of this decision is wrong, you may ask for (1) a State Hearing (2) a County or Medical Assistance (MA) site conference or (3) both. For Tax Credits and Cost Sharing Reductions: If you think this decision is wrong, you can call us at 1-855-PLANS-4-YOU (1-855-752-6749) (TTY: 1-855-346-3432) to discuss your concerns and we will do our best to help you. See Connect For Health Appeals Rights below for additional appeals rights
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	2. **Call** 1-855-PLANS-4-YOU (1-855-752-6749) (TTY: 1-855-346-3432); 3. **Mail** your appeal request to: Office of Conflict Resolution and Appeals 3773 Cherry Creek N. Drive, Suite 1005 Denver, CO 80209; or 4. **Fax** your appeal to 1-303-322-4217
Continuation of Benefits	If this notice says that your benefits will stop and you want your benefits to continue while you appeal, you must ask for a county conference or a State Hearing before the effective date of the action. This date is shown on the first page of this notice. Your benefits will then continue until a final agency decision is made. If you lose your appeal, you may have to pay back any continued benefits you have received. You may request in writing that your benefits stop while you appeal. If you choose to stop getting your benefits, and you win your appeal, your lost benefits will be given back to you. Contact the worker shown on page 1 of this notice for further information. If your benefits end, you may reapply at any time.
County or Medical Assistance Conference	You may request an informal meeting (conference) with county staff, other than the worker taking the action, to go over your case with you. If you want a county conference you need to: (1) send or take a letter to your county worker as shown on page 1 of this notice; (2) include the following information in the letter: your name, your mailing address, your daytime telephone number and either a copy of this notice or the "Case ID" number at the bottom of each page of this letter; (3) your request must be received before the effective date on page 1 of this notice. Be sure to keep a copy of your request for your records. At a county conference you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
State Hearing	You may ask for a formal hearing with an Administrative Law Judge. . Your request must be received on or before 12/31/2014, even if you have asked for a county conference. To ask for this State Hearing you need to either (1) sign this notice and send or fax it to the Office of Administrative Courts or (2) send or fax a letter that includes your name, your mailing address, your daytime telephone number, the reason you are appealing, and a copy of this notice to the Office of Administrative Courts. Be sure to keep a copy of the request for your records. The letter must be received by the Office of Administrative Courts no later than 12/31/2014. The address and fax number of the Office of Administrative Courts is: Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone # 303-866-2000

	Fax # 303-866-5909 If your request for a State Hearing is not received by 12/31/2014, you may lose your right to a State Hearing. The Office of Administrative Courts will contact you by mail with the date, time and place for your State Hearing. At a State Hearing you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
Legal help	If you want to apply for free legal help, call Colorado Legal Services' Denver office at 303-837-1313 or contact your local Colorado Legal Services office.
Non Discrimination Policy - Medical Assistance	Federal law prohibits discrimination. If you believe that you have been treated unfairly because of race, color, sex, age, religion, political belief, national origin, mental or physical disability, you have a right to complain to the Colorado Department of Health Care Policy and Financing.You can also write a letter of complaint to the Federal government at the following addresses: Office for Civil Rights Region VIII U.S. Dept of Health & Human Services 999 18th St., Suite 417 Denver, CO 80202 1-800-368-1019 TDD 1-800-537-7697 U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F Washington, DC 20201 (800) 368-1019 If you have a disability, as defined by the Americans with Disabilities Act, you may have rights under the Americans With Disabilities Act (ADA). Contact your county or Medicaid Application site for more information. If you are deaf, hard of hearing or have a disability that affects your speech and use a TTY, you can call Relay Colorado at 1-800-659-3656.
Medical Assistance Estate Recovery Program	The Medicaid Program may recover the cost of Medicaid services from the estates of deceased Medicaid clients who were institutionalized or were over the age of 55 when Medicaid benefits were provided, with certain exceptions. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure or see Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State Law C.R.S. Section 25.5-4-302.

Connect for Health Colorado	Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access new federal tax credits that can lower your costs. If you or any member of your household has been approved for tax credits or cost sharing reductions, they may be eligible to purchase commercial health insurance through Connect for Health Colorado (the Marketplace) at a reduced cost, based on the information we've received from State and Federal data sources. If you are not eligible for tax credits, you may be able to purchase full price health insurance. Connect for Health Colorado is a marketplace for individuals, families and small employers in Colorado to shop for health plans and to access new federal tax credits that can reduce monthly premiums and out of pocket costs. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. **How We Determine You Qualify** We counted your household size, the amount of money you reported earning, and other information you provided. We also made sure that you [and members of your household] are a Colorado resident, a United States citizen or lawfully present in the United States, and that you are not incarcerated (in jail or prison). If you think we made a mistake or that you qualify for more services, then you can appeal our decision. For more information on how to appeal, see the Appeals section. **Time to Enroll in Your Health Plan!** If you qualify to purchase a health insurance plan at full price or with tax credits, go to www.ConnectforHealthCO.com If it is during our Open Enrollment Period or you have experienced certain life changes, you can choose your qualified health plan today! If you have already signed up for a health plan, you will receive enrollment, benefit, and provider network information from your health plan issuer. Your coverage depends on successful payment of your first month's premium. Call your health plan directly if you have questions about your plan's covered services and providers. **Do You Need Assistance?** Choosing a health plan is an important decision. If you qualify for a private health plan, we are here to help. If you have questions, go to www.ConnectforHealthCO.com, contact your agent/broker or Health Coverage Guide, or call our Customer Service Center at 855-PLANS-4-YOU (855-752-6749). If you are outside of the United States, call 303-590-9675. If you are hearing impaired, call our TTY line: 855-346-3432. You can update your account and contact preferences at: www.ConnectforHealthCO.com or Colorado.gov/PEAK. You will need your login ID and password. **Important Connect for Health Colorado Policies**

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Reporting Changes

You must report any changes that would impact if you qualify for medical assistance. If you qualify for Advance Premium Tax Credits and/or Reduced Copays & Deductible (CSR) benefits, some changes may allow you to shop again if reported within 60 days of a change. In general, you need to report the following changes:

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

To report changes you may go to www.ConnectforHealthCO.com or call 855-752-6749 (TTY: 855-346-3432). If you do not report changes, and the changes affect if you qualify for the Advance Premium Tax Credit, you may be responsible to pay back some or your entire tax credit to the Internal Revenue Service (IRS).

<u>Will you qualify for Medicare this calendar year?</u>
Most people 65 years and older qualify for Medicare. Some people may qualify for Medicare if they are disabled. People who qualify for Medicare may no longer get help paying their health care coverage costs through the Marketplace.

For questions about how qualifying for Medicare might impact your health coverage, contact your health plan issuer. If you have questions about Medicare benefits or Medicare rights in your State, you should contact Medicare at 1-800-MEDICARE (1-800-633-4227) or the State Health Insurance Program, Colorado SHIP at 1-888-696-7213. You can also go online to www.medicare.gov or www.askdora.colorado.gov.

<u>Other benefits</u>
If you wish to apply for other public assistance programs, such as food or cash assistance, go to Colorado.gov/PEAK or contact your local county human services office.
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<td>Colorado PEAK Website</td>
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You can now go online at any time to manage your benefits account at www.colorado.gov/PEAK. You will need to have your case number available. It is the “Case ID” at the bottom of each page of this letter. On Colorado PEAK, you can:

See what benefits you have and when they will need to be renewed
Report changes like a new address, change in income, or a change in the number of people in your house

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Table 12
Integration between Eligibility Systems for Medicaid and Other Programs
January 2015

State	Marketplace Type[1]	FFM Makes Assessment or Final Determination for Medicaid Eligibility[2]	MAGI-Based Medicaid Eligibility System Integrated with SBM[3]	CHIP Integrated into MAGI-Based Medicaid Eligibility System	MAGI-Based Medicaid System Integrated with Other Non-Health Programs[4]
Total	**FFM: 28; Partnership: 6 SBM: 17**	**Assessment: 27 Determination: 10**	**12**	**34**	**19**
Alabama	FFM	Determination	N/A (FFM)	Y	
Alaska	FFM	Assessment	N/A (FFM)	N/A (M-CHIP)	
Arizona	FFM	Assessment	N/A (FFM)	Y	
Arkansas	Partnership	Determination	N/A (Partnership)	N/A (M-CHIP)	
California[5]	SBM	N/A (SBM)		N/A (M-CHIP)	Y
Colorado	SBM	N/A (SBM)	Y	Y	Y
Connecticut	SBM	N/A (SBM)	Y	Y	
Delaware	Partnership	Assessment	N/A (Partnership)	Y	Y
District of Columbia	SBM	N/A(SBM)	Y	N/A (M-CHIP)	
Florida	FFM	Assessment	N/A (FFM)	Y	
Georgia	FFM	Assessment	N/A (FFM)		
Hawaii	SBM	N/A(SBM)		N/A (M-CHIP)	
Idaho	SBM	N/A (SBM)	Y	Y	Y
Illinois	Partnership	Assessment	N/A (Partnership)	Y	Y
Indiana	FFM	Assessment	N/A (FFM)	Y	Y
Iowa	FFM	Assessment	N/A (FFM)	Y	
Kansas	FFM	Assessment	N/A (FFM)		
Kentucky	SBM	N/A (SBM)	Y	Y	
Louisiana	FFM	Determination	N/A (FFM)	Y	
Maine	FFM	Assessment	N/A (FFM)	Y	Y
Maryland	SBM	N/A(SBM)	Y	N/A (M-CHIP)	
Massachusetts	SBM	N/A (SBM)	Y	Y	
Michigan	Partnership	Assessment	N/A (Partnership)	Y	
Minnesota	SBM	N/A (SBM)	Y	Y	
Mississippi	FFM	Assessment	N/A (FFM)	Y	
Missouri	FFM	Assessment	N/A (FFM)	Y	
Montana	FFM	Determination	N/A (FFM)	Y	Y
Nebraska	FFM	Assessment	N/A (FFM)	N/A (M-CHIP)	Y
Nevada	Federally-supported SBM	Assessment	N/A (Federally-supported SBM)	Y	Y
New Hampshire	Partnership	Assessment	N/A (Partnership)	N/A (M-CHIP)	Y
New Jersey	FFM	Determination	N/A (FFM)	Y	
New Mexico	Federally-supported SBM	Assessment	N/A (Federally-supported SBM)	N/A (M-CHIP)	Y
New York	SBM	N/A (SBM)	Y	Y	
North Carolina	FFM	Assessment	N/A (FFM)	Y	Y
North Dakota	FFM	Determination	N/A (FFM)	Y	
Ohio	FFM	Assessment	N/A (FFM)	N/A (M-CHIP)	
Oklahoma	FFM	Assessment	N/A (FFM)	N/A (M-CHIP)	
Oregon	Federally-supported SBM	Determination	N/A (Federally-supported SBM)	Y	
Pennsylvania	FFM	Assessment	N/A (FFM)	Y	Y
Rhode Island	SBM	N/A (SBM)	Y	N/A (M-CHIP)	
South Carolina	FFM	Assessment	N/A (FFM)	N/A (M-CHIP)	
South Dakota	FFM	Assessment	N/A (FFM)	Y	
Tennessee	FFM	Determination	N/A (FFM)		
Texas	FFM	Assessment	N/A (FFM)	Y	Y
Utah	FFM	Assessment	N/A (FFM)	Y	Y
Vermont	SBM	N/A (SBM)	Y	N/A (M-CHIP)	
Virginia	FFM	Assessment	N/A (FFM)	Y	Y
Washington	SBM	N/A (SBM)	Y	Y	
West Virginia	Partnership	Determination	N/A (Partnership)	Y	Y
Wisconsin	FFM	Assessment	N/A (FFM)	Y	Y
Wyoming	FFM	Determination	N/A (FFM)	Y	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children
Table presents rules in effect as of January 1, 2015.

Table 12 Notes

1. This column indicates whether a state has elected to establish and operate its own State-based Marketplace (SBM), establish a State-based Marketplace with federal support, use the Federally-facilitated Marketplace (FFM), or establish a Marketplace in partnership with the federal government (Partnership). States running an SBM are responsible for performing all Marketplace functions, except for three SBM states (NV, NM, OR) that rely on the FFM information technology (IT) platform for eligibility determinations. In a Federally-facilitated Marketplace (FFM), the US Department of Health and Human Services (HHS) conducts all Marketplace functions. States with a Partnership Marketplace may administer plan management functions, in-person consumer assistance functions, or both, and HHS is responsible for the remaining Marketplace functions.
2. This column indicates whether states using the FFM IT platform for eligibility determinations (including FFM, Partnership, and Federally-supported SBM states) have elected to allow the FFM to make assessments or determinations of Medicaid/CHIP eligibility for MAGI-based groups. In assessment states, applicants' accounts must be transferred to the state Medicaid/CHIP agency for a final determination. In determination states, the FFM makes a final Medicaid/CHIP eligibility determination and transfers the account to the state Medicaid/CHIP agency for enrollment. States marked as N/A operate a full SBM.
3. This column indicates whether the state operates a single integrated eligibility determination system for MAGI-based Medicaid and Marketplace coverage. Such integration is possible in the 14 states with a full SBM. States marked as N/A use the FFM for Marketplace eligibility and enrollment functions.
4. This column indicates whether the MAGI-based Medicaid eligibility determination system is used to determine eligibility for at least one other non-health benefit program such as the Supplemental Nutrition Assistance Program (SNAP), cash assistance, or child care subsidies.
5. In California, county-based eligibility systems are integrated with other non-health programs.