



**COLORADO**

**Department of Health Care  
Policy & Financing**

Department of Health Care Policy and Financing  
Health Information Office  
1570 Grant Street  
Denver, CO 80203

January 25, 2015

**RE: Point of Contact for Appeals**

**ATTENTION REQUIRED**

Attention County Director and Medical Assistance Site Director:

The Department of Health Care Policy and Financing is requesting assistance with establishing a county/MA site specific appeals contact list. In having a point of contact for your specific location we can better address your eligibility appeal related issues. Please designate a primary contact person and alternate for your eligibility site. This individual will receive all appeal related communications from the Department of Health Care Policy and Finance. If you have a change regarding this contact please email an update with the new information.

Please include your eligibility site's name, primary and alternates contact's name, address, phone number, fax number, email address, and submit this information to Joelle Morrison at [joelle.morrison@state.co.us](mailto:joelle.morrison@state.co.us) by February 13, 2015. If no designated point of contact is supplied by this date, the Department will list the eligibility site director as the contact. Your prompt attention to this matter is greatly appreciated.

If you need additional information, please feel free to contact Joelle Morrison at 303-866-5394 or by email: [joelle.morrison@state.co.us](mailto:joelle.morrison@state.co.us).

Sincerely,  
Chris Underwood

Health Information Office Director

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



# ELIGIBILITY SITE CONTACT FOR APPEALS

## PRIMARY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Eligibility site: \_\_\_\_\_

## ALTERNATE CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Eligibility site: \_\_\_\_\_

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