



**COLORADO**

**Department of Health Care  
Policy & Financing**

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

## AGENCY LETTER

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**AGENCY LETTER NUMBER: HCPF 16-007**

**SUPRECEDES NUMBER:**

**DATE: 08/29/2016**

**DIVISION OR OFFICE: HEALTH INFORMATION OFFICE**

**SUBJECT AREA: MEDICAID APPEALS**

**SUBJECT: APPEALS HOUSE BILL 16-1277**

**TYPE: I – INFORMATION**

**APPROVED BY: CHRIS UNDERWOOD**

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*HCPF Agency Letters can be accessed online: [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)  
>> For our Stakeholders>>Eligibility Partners >> Agency and Director Letters*

### **Purpose:**

The purpose of this agency letter is to advise counties and other eligibility sites of changes to the appeals process required by House Bill 16-1277. The bill requires that all applicants/members have 60 days to file an appeal and have the right to a dispute resolution process.

These changes will be effective on September 1, 2016.

Please share this letter with all Medicaid appeals staff.

### **Information/Procedure:**

Beginning on September 1, 2016, the following changes will be in effect for Medicaid appeals:

- As of September 1, 2016, the applicant or member has 60 days, as opposed to the current 30 days, after the eligibility date on the Notice of Action to file an appeal. The notices will be updated in the Colorado Benefits Management System (CBMS) to reflect the 60 day timeline for appeals in early 2017. In the meantime, the Office of Administrative Courts is aware of the change and will allow 60 days for appeals as of September 1, 2016.

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- As per current process, if the member files the appeal before the date of the termination, suspension, or other change to Medicaid benefits goes into effect, existing medical assistance benefits must continue unchanged until the appeals process is completed. Continuation of benefits during an appeal is completed by Health Care Policy and Financing and can be viewed on the Medical Assistance Appeals page within CBMS.
- The member can choose to discontinue benefits by submitting the request in writing to:

Health Care Policy & Financing  
 1570 Grant Street  
 Denver, CO 80203  
 Attn: Eligibility Appeals

- If they are not already in place, every county department is required to have procedures for the resolution of disputes arising between the county department and any applicant or member.
  - At this time, the Department has not promulgated any rules requiring a specific process. The Department will use counties' existing processes to inform any future changes. County partners will also have the opportunity to weigh-in on any potential changes.
- If the member/applicant's dispute is resolved through the county's dispute resolution process, and the individual has already filed an appeal, the county shall inform the individual of the process for dismissing the appeal with the Office of Administrative Courts. Please advise the applicant/member to send a signed letter requesting to withdraw their appeal. Please fax or mail to:

Office of Administrative Courts  
 1525 Sherman St 4<sup>th</sup> Floor  
 Denver, CO 890203  
 Fax: 303-866-5909

- The staff person or persons at the eligibility site involved in the decision being appealed shall be available for cross-examination if requested by the member/applicant. If the staff person or persons are not reasonably available, a person familiar with the facts underlying the basis for the decision, shall be available.



**Effective Date:**

September 1, 2016

**Contact:**

[Medicaid.Eligibility@hcpf.state.co.us](mailto:Medicaid.Eligibility@hcpf.state.co.us)