



Key Medicaid Eligibility Correspondence

Letter	Who gets it	Who sends it	What information is included	Legal Requirements
Notice of Action (NOA)	All applicants and members	<ul style="list-style-type: none"> • Medicaid • CHP+ • Food Assistance • Cash Assistance • Connect for Health Colorado 	<ul style="list-style-type: none"> • Approval or denial for new applicant • Approval, denial, or termination for existing member • Appeals rights • Nondiscrimination clause • Privacy rights 	<ul style="list-style-type: none"> • Timely, written notice documenting any change to eligibility • Explanation of action, including citations • Accessible to persons with limited English proficiency • ADA Compliant • Appeals rights • Plain language
Annual Redetermination or Renewal (RRR)	All Medicaid & CHP+ members, once every 12 months to check if they are still eligible	<ul style="list-style-type: none"> • Medicaid • CHP+ 	<ul style="list-style-type: none"> • Current information and request for member to review and confirm accuracy • Report any changes • Provide updated documents, where needed • Due date 	<ul style="list-style-type: none"> • Provide member current household information to review • Communicate individual requirement to report inaccuracies/changes • Process for member to provide corrected information • No requirement for member to respond if no updates or changes
Verification Checklist Need More Information (VCL)	Applicants or members who need to provide additional information and/or documents to find out if they qualify or continue to qualify for benefits	<ul style="list-style-type: none"> • Medicaid • CHP+ • Food Assistance • Cash Assistance • Connect for Health Colorado 	<ul style="list-style-type: none"> • List of information needed for each person • Examples of proof for information requested • Applicant/Member needs to respond with requested documents • Due date 	<ul style="list-style-type: none"> • Request additional information or documents needed from the member • A "reasonable period" to provide the requested information
Income Eligibility and Verification System (IEVS or Income Letter)	Members whose self-reported income is significantly different from the amount reported by their employer	<ul style="list-style-type: none"> • Medicaid • CHP+ • Connect for Health Colorado 	<ul style="list-style-type: none"> • The amount of employer-reported income • Request to provide an explanation of why the numbers are different, and/or to provide proof of their income • Due date 	<ul style="list-style-type: none"> • Request additional information or documents needed from the member • A "reasonable period" to provide the requested information

