

Notice of Action (NOA) Desk Aid



This is a desk aid to help assistors understand and be able to explain to clients one of the most important pieces of correspondence - the **Notice of Action**, or **NOA**. Clients will receive the **NOA** in the mail when they have applied for or are receiving Public Assistance, and any decision or change is made to their case. This desk aid explains the various components of the NOA. For questions about specific cases or about this document please contact Medicaid.Eligibility@state.co.us.

Glossary

Bolded words and phrases can be found in the Glossary.

- **Application Date** - This is the date the application was received by the eligibility site (County Human/Social Services or Medical Assistance [MA] Site) or other contracted site like a Certified Application Assistance Site (CAAS) or Presumptive Eligibility (PE) Site. If the application was completed online through PEAK, the application date is the date the application was submitted.
- **Authorization Number/I.D.** - This number is required to shop for a Qualified Health Plan (QHP) on the **Marketplace**, and is related to **Connect for Health Colorado** determinations. Even if a client is not eligible to shop on the **Marketplace**, an authorization number will still appear on the **NOA**.
- **Authorized Representative** - This is an individual designated by the client to provide and receive information about the client. An Authorized Representative takes legal responsibility for the information provided; this trusted person would be given permission to talk about the client's case with the case manager, see the client's information, and act for the client on matters related to the case.
- **Case Manager (Worker, Technician)** - This is the individual or team responsible for the client's case. They should be available to assist the client with issue resolution, ongoing case management, etc. This person or team may be assigned by the client's last name, the programs they applied for, or the status of the case (initial application/intake, ongoing, redetermination). This individual or team is part of the organization that is responsible for the client's case; that organization may be a County Human/Social Services office or Medical Assistance Site, or **Connect for Health Colorado**.
- **CBMS Case Number (1BXXXXX)** - This number is a unique identifier in CBMS used to find a particular case. Each case/household has its own. It is a single number attached to all Public Assistance programs.
- **Client ID** - This number is associated with the individual as opposed to the case or household in CBMS. Each individual on the case will have their own Client ID, and can be found in CBMS using this ID.
- **Colorado Benefits Management System (CBMS)** - This is the online information system used by the State of Colorado to determine eligibility for Public Assistance programs including Medical Assistance and **financial assistance** available through **Connect for Health Colorado** as well as Food and Cash Assistance.



- **Colorado Department of Health Care Policy and Financing (HCPF)** - The state's Medicaid/CHP+ Agency.
- **Connect for Health Colorado (The Marketplace)** - Connect for Health Colorado is a marketplace that opened in October 2013 to help individuals, families and small employers across Colorado purchase health insurance and apply for new federal **financial assistance** to reduce costs. In addition to the shopping website, Connect for Health Colorado offers a statewide customer support network of Customer Service Center Representatives, Health Coverage Guides and licensed agents/brokers to help Coloradans find the best health plan for their needs.
- **Coverage Start Date** - This is the actual date the client begins receiving health coverage for Medicaid/CHP+. It may or may not be the same as the **Application Date** depending on the program(s) which the client is approved for. **Connect for Health Colorado** clients must enroll in a Qualified Health Plan (QHP) to start receiving coverage, even if they are approved for **financial assistance**; this start date may vary.
- **Financial Assistance** - Advance Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs) are both types of financial assistance available when purchasing a plan through Connect for Health Colorado. This is not the same as Cash Assistance, which is another type of public assistance that includes Colorado Works (TANF) and Adult Financial.
- **Head of Household (HOH)** - This is the individual who is considered the primary contact for the household. They are typically the first adult on the application.
- **Notice of Action (NOA)** - This is one of the primary forms of correspondence provided to clients by **HCPF**. It is sent whenever anyone in the household's benefits are approved, denied, changed, or terminated.
- **Process Date** - This is the date that the NOA correspondence was mailed out.
- **Qualifying Life Event** - A change in a client's life may mean they can qualify for a Special Enrollment Period to enroll in private health coverage through the **Marketplace, Connect for Health Colorado**. Examples of qualifying life events are moving to a new state, changes in income, and changes in family size (for example, marriage, divorce, or having a baby).
- **State I.D.** - This is a number assigned to an individual. It is used for all programs the individual applies and may be eligible for through the state. This includes Medicaid, CHP+, Food Assistance, Cash Assistance, etc. It is utilized in several statewide systems including CBMS, TRAILS, CHATS, IEVS, and ACSES.



CASE MANAGER/ WORKER
CNTY
STREET ADDRESS
CITY STATE ZIP CODE

Client Name
Street Address
CITY STATE ZIP CODE

Correspondence is addressed to the **Head of Household**. Typically, the **Head of Household** will receive correspondence for the entire household instead of each individual member receiving their own correspondence.

If the client needs to mail any documentation to their **case manager**, they can tear this section off and put this in the envelope window so that their **case manager's** contact information shows.

Tear Here

CASE MANAGER/ WORKER
CNTY
STREET ADDRESS
CITY STATE ZIP CODE



CBMS Case Number

Client ID

Authorization Number



STATE OF COLORADO



Case Number: 1BXXXXX
White Bronco
STREET ADDRESS
CITY STATE ZIP

Client ID: 0101010101

Medical Assistance Contact: Worker First MI Last
Date and time of eligibility determination: 10/13/2015 03:19 PM
Authorization Number: 012345678
Please review the entire notice to see what your household qualifies for.

Worker First MI Last
MA Site
CITY STATE ZIP
123-456-7890

855-752-6749
Connect for Health Colorado
Customer Service Center
P.O. Box 35681
Colorado Springs, CO 80935
855-752-6749

The **worker's** contact information

This is when eligibility was determined

This is the rule or policy that supports the eligibility decision

Approval: Your application has been approved for the following individual(s).			
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date
CHP+ Assistance	Tan Mare - Q0XXXXX	10/13/2015	10/01/2015
Additional Information: Your CHP+ medical and dental cards will be in a separate letter. If you need to see a doctor before you get your card in the mail, call (800) 414-6198 or visit www.chpplusproviders.com . You will still need to pick an HMO. If you know which HMO you want, call (800)359-1991 and select option #5. THE DENTAL BENEFIT IS NOT EFFECTIVE UNTIL YOU RECEIVE THE CARD. If you do not receive a dental packet within 6 weeks contact Delta Dental of Colorado at 303-741-9305 or 800-610-0201.			
Supporting Rule: 10 CCR 2505-3 Section 430.2.			
Medicaid - No Premium required	Yittle Pony - Q0XXXXX	10/13/2015	10/01/2015
Additional Information: Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.4.G.			



White Bronco's tax household is eligible for a Qualified Health Plan (QHP). He can receive Advance Premium Tax Credits and Cost Sharing Reductions.

If an individual is approved for **financial assistance** through **Connect for Health Colorado**, they will also see a Medicaid/CHP+ denial on their **NOA**. This is because they have to be ineligible for Medicaid/CHP+ before they can receive **financial assistance** through **Connect for Health Colorado**.

Approval: Your application has been approved for the following individual(s).				
Benefit Category	Individual Name and Medical Assistance ID	Application Date	Eligibility Start Date	Tax Credits/ Cost Sharing Reductions
Tax Credits	White Bronco - Q0XXXXX	10/13/2015	11/01/2015	Up to 117.02 a month per household.
Cost Sharing Reductions	White Bronco - Q0XXXXX	10/13/2015	11/01/2015	87.00 % AV All Level Plans
Qualified Health Plan	White Bronco - Q0XXXXX	10/13/2015		Not Applicable
Additional Information: The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.				
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 is required to keep your information private and confidential.				
Qualified Health Plan	Tan Mare - Q0XXXXX	10/13/2015		Not Applicable
Additional Information: The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.				
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 is required to keep your information private and confidential.				
Qualified Health Plan	Yittle Pony - Q0XXXXX	10/13/2015		Not Applicable

Tan Mare and Yittle Pony are a part of White Bronco's tax household for Connect for Health Colorado. While they are ineligible for **financial assistance** because they qualify for Medicaid/CHP+, they are eligible for a Qualified Health Plan (QHP) at full price. They may chose to purchase a QHP instead of or in addition to their Medicaid/CHP+, although it may impact CHP+ eligibility.



	Approval: Your application has been approved for the following individual(s).
Additional Information: The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.	
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 is required 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	White Bronco - Q0XXXXX	10/13/2015
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		

White Bronco received tax credits and cost sharing reductions for Qualified Health Plans through **Connect for Health Colorado**. He or she was determined ineligible for Medicaid/CHP+ before being determined eligible for **financial assistance** through **Connect for Health Colorado**.





If the client disagrees with the decision, whether it be an approval or denial, they have the right to appeal. The appeal may be a State, County, **Connect for Health Colorado** (see pg 10-11), or MA Site level hearing.

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

Your right to appeal	<p>Medicaid Determination – 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. Tell your worker if you need help with your appeal.</p> <p>If you are appealing a Qualified Health Plan, a Colorado Young Adult Plan, Tax Credits and/or Cost Sharing Reductions eligibility determination, please see the Connect for Health Colorado Appeals Rights section below.</p> <p>If you think the conference decision is wrong, you may ask for a state level hearing within ten (10) days from the date of the conference decision. You may also skip this meeting altogether and ask for a state level hearing. Also, you may contact your local legal services office about getting free legal help. If your benefits end, you may reapply at any time.</p>
Legal help	<p>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.</p>
County or Medical Assistance Conference	<p>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 Number" number at the bottom of each page of this letter; (3) for medical or cash assistance, your request must be received before the effective date on page 1 of this notice; for food assistance, you have until <u>01/11/2016</u>. Be sure to keep a copy of your request for your records.</p> <p>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.</p> <p>Please contact your Eligibility Worker at the number listed on the first page of this notice with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away.</p>
State Hearing	<p>You may ask for a formal hearing with an Administrative Law Judge. Your request must be received on or before 11/12/2015, even if you have asked for a county conference. For Food Assistance: Your request must be received on or before 11/12/2015 to ask for a state level hearing or within ten (10) days the date of the county conference decision.</p> <p>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</p>

This is an informal meeting with county or MA Site staff other than the worker who processed the case. During this conference the staff review the case and the decisions made. The client can represent themselves or they may choose to have a friend, family member, assistor, attorney, or other individual represent them. The conference must be requested in writing to the worker listed on the notice.

This is a formal hearing (versus a Conference, which is informal) with an Administrative Law Judge. If the client disagrees with the decision made on their case, or the outcome of the Conference, they can request a State Hearing in writing to the Office of Administrative Courts. The client may represent themselves or they may choose to have a friend, family member, assistor, attorney, or other individual represent them (if they sign a release).

The request deadline is 30 days from the **Process Date**.

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Find out about the Connect for Health Colorado appeals process below.



	<p>letter that includes your name, your mailing address, your daytime telephone number, the reason you are appealing, and (for medical assistance) 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 11/12/2015, for Medical Assistance and Cash Assistance or 01/11/2016, for Food Assistance. The address and fax number of the Office of Administrative Courts is:</p> <p>Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone # 303 866-2000 Fax# 303-866-5909</p> <p>If your request for a State Hearing is not received within on or before 11/12/2015, for Medical Assistance and Cash Assistance or 11/12/2015, for Food Assistance, 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.</p> <p>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.</p>
<p>CHP+ Appeals</p>	<p>If you do not agree with your Child Health Plan Plus (CHP+) decision you may file an appeal. You can mail or fax your request for appeal. Your appeal request must be received on or before 11/12/2015.</p> <p>To appeal your CHP+ decision the following information must be submitted: (1) send a letter to CHP+ explaining the reason for your appeal; (2) include the following information in your letter: your name, mailing address, daytime telephone number and either a copy of this notice or the Case ID number found at the bottom of each page of this letter. Your request must be received no later than 11/12/2015. Be sure to keep a copy of your appeal request for your records.</p> <p>The address and fax number for Child Health Plan Plus is: Attn: Customer Service Manager Child Health Plan Plus – Appeals 723 Delaware Street Mail Code 0298 Denver, CO 80204 Phone # 800-359-1991 Fax # 303-602-7639</p>
<p>Continuation of Medical Assistance Benefits</p>	<p>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</p>

If the client receives a notice that their benefits will stop and they disagree with the decision, they have the option to appeal and continue receiving benefits during the appeals process. In order for the client to continue receiving benefits, they must request a Conference or State Hearing before their benefits stop. If they lose the appeal, (meaning the decision to discontinue their benefits was correct) they may be responsible to pay back any benefits received during the appeal process.



Under estate recovery, the Medicaid program may recover medical costs paid from the estate of deceased individuals. The Medicaid program may recover payments made on behalf of a) an individual who was institutionalized at the time he/she received Medical Assistance, OR b) a client for nursing facility services, home and community-based services (HCBS), and related hospital and prescription drug services paid on behalf of an individual 55 years of age or older at the time he/she received medical assistance. Every client who owns assets (property or otherwise), is age 55 or older, or receives some form of LTC/ HCBS services should sign the Medicaid Estate Recovery form. [Brochure](#)



	<p>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.</p> <p>If your benefits end, you may reapply at any time.</p>
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.
Non Discrimination Policy - Medical Assistance	<p>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 your County Department of Human Services, the Colorado Department of Human Services (Adult Financial Services, Colorado Works, Food Assistance) or the Colorado Department of Health Care Policy and Financing (Medicaid programs or CHP+). You can also write a letter of complaint to the Federal government at the following addresses:</p> <p>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</p> <p>U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F, HHH Building Washington, DC 20201 (800) 368-1019</p> <p>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.</p> <p>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.</p>
Connect for Health Colorado Appeals Rights	To appeal a decision that you think is wrong regarding a Qualified Health Plan (QHP), a Colorado Young Adult Plan, Tax Credits and/or Cost Sharing Reductions (CSR), you can call Connect for Health Colorado at 855-PLANS-4-YOU (855-752-6749) or (TTY: 855-346-3432) or fill out a form online at ConnectforHealthCO.com to

If a client feels that they have been treated unfairly due to their race, age, religion, etc., they can contact the **Department of Health Care Policy and Financing, Office of Civil Rights**, or the US Department of Human Services. If the client is disabled they may have certain rights under the Americans with Disabilities Act. If a client is deaf they can call the State Relay at 711.



If the client was denied tax credits or cost sharing reductions, or if they disagree with the amount received, they may appeal the determination.

If they were determined eligible and wish to appeal, the client has the option to receive benefits during the appeal process.

If they lose the appeal (meaning the original determination was correct) the client may have to pay back some or all benefits received during the appeal process.

In order to appeal, the client must contact **Connect for Health Colorado** within 30 days of the date of the notice.

discuss your concerns, and we will help you.

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 11/12/2015.** To appeal means you 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 or CSR; and the amount of Tax Credits or CSR you received; or your eligibility determination for a QHP or CYA. You may still enroll in a QHP and receive your Tax Credit and/or your CSR benefits while you appeal if you are already qualified. Connect for Health Colorado is not able to resolve Medicaid or CHP+ appeals. If you are appealing Medicaid or CHP+, please contact your eligibility site listed on the front of this notice.

If someone in your household qualifies for a QHP, they may still enroll in a QHP even if they have been denied Tax Credits and/or CSR. They do not need Tax Credits and/or CSR in order to enroll in a QHP and be covered. If someone in your household appeals their eligibility for Tax Credits and/or CSR and is not enrolled in a plan, they might not be able to enroll in a plan after the open enrollment period. Someone who has submitted an appeal but has not enrolled in a plan will only be able to enroll in a plan outside of the open enrollment period if they are newly eligible for financial assistance after a successful appeal.

Once you request an appeal, the Office of Conflict Resolutions and Appeals, a department within the Marketplace, will first attempt to resolve your concerns through an informal resolution process, but this process is not required. During this informal resolution 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 disagree with the results of the informal resolution process and would like to have your case heard at a formal hearing, the Office of Conflict Resolution and Appeals will schedule a formal hearing with the Office of Administrative Courts. Or, if you do not wish to participate in the informal resolution process, the Office of Conflict Resolution and Appeals will schedule a formal hearing with the Office of Administrative Courts.

You can bring someone with you to a hearing. That person can be a lawyer, 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 decision made by the Office of Conflict Resolution and Appeals, you can appeal that decision to the U. S. Department of Health and Human Services within 30 days of the date the Office of Conflict Resolution and Appeals made their decision.

We cannot accept appeals about effective dates, termination dates of



Tax credits or cost sharing reductions are available to qualified individuals through **Connect for Health Colorado**. Those who qualify for Medicaid/CHP+, but choose not to use Medicaid/CHP+, have the option to purchase private full-price health insurance plans through **Connect for Health Colorado** also. However, they will not qualify to receive tax credits or cost sharing reductions.

Eligibility for tax credits or cost sharing reductions is determined on an individual basis by considering income and household size among other things. This is why individuals in one household may qualify for varying programs and tax credit amounts.

	<p>coverage, or 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. Please remember, the Office of Conflict Resolution and Appeals does not decide Medicaid or CHP+ appeals.</p> <p>Appeal Process</p> <p>Choose one of the following:</p> <ol style="list-style-type: none"> 1. Log into your online Connect for Health Colorado account and upload the Appeal Request form under the "My Documents" tab; 2. Call 855-PLANS-4-YOU (855-752-6749) (TTY: 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 303-322-4217
<p>Connect for Health Colorado General Information</p>	<p>Connect for Health Colorado is a Marketplace for Colorado individuals, families and small employers to shop for health insurance plans, to access Federal Tax Credits that can reduce monthly premiums, and Cost Sharing Reductions to help with out of pocket costs. Visit the Connect for Health Colorado website, ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432.</p> <p>If you or any member of your household has been approved for a Qualified Health Plan (QHP) and Tax Credits or Cost Sharing Reductions (CSR), you may qualify to purchase private health insurance through Connect for Health Colorado (the Marketplace) at a reduced cost, based on the information we have received from State and Federal data sources. If you do not qualify for Tax Credits, you may be able to purchase full price health insurance if you qualify for a QHP.</p> <p>How We Determine if You Qualify</p> <p>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). You can appeal our decision if you think we made a mistake or that you qualify for more services. For more information on how to appeal, see the <i>Connect for Health Colorado Appeals Rights</i> section.</p> <p>Time to Enroll in Your Health Plan!</p> <p>If you qualify to purchase a health insurance plan at full price or with Tax Credits and/or Cost Sharing Reductions, go to 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!</p> <p>If you have already signed up for a health plan, you will receive</p>

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If the client qualifies for tax credits or cost sharing reductions during open enrollment, they can go to the **Connect for Health Colorado** website to shop for, purchase and enroll in a Qualified Health Plan (QHP); the plan effective begin date may vary. If a client has a **qualifying life event** (including, but not limited to, becoming ineligible for Medicaid or CHP+), they may apply for **Connect for Health Colorado** coverage during a special enrollment period. All others wishing to shop through **Connect for Health Colorado** must do so during the open enrollment period. **Connect for Health Colorado** offers enrollment assistance via their website, ConnectforHealthCO.com.



All **Connect for Health Colorado** clients must report changes to **Connect for Health Colorado** either by calling or reporting them on PEAK. Some examples of changes to report are:

- Client no longer lives in Colorado
- Client's income changes
- Client becomes qualified for other health insurance

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 private health insurance, we are here to help. If you have questions, go to ConnectforHealthCO.com, contact your Agent or 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: ConnectforHealthCO.com or Colorado.gov/PEAK. You will need your login ID and password.

Reporting Changes
You must report any changes that impact your eligibility for medical assistance. If you qualify for Tax Credits and/or Cost Sharing Reductions benefits, some changes may allow you to shop again if reported within 30 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, or
- You become incarcerated (jail or prison).





Clients can apply for and manage their benefits by creating an account online at colorado.gov/PEAK

Through their PEAK account, clients can see what benefits they have and when they need to be renewed, and report household changes, among other things.

If clients go through the **Connect for Health Colorado** website to access their information instead of PEAK, they will be directed to the information available through PEAK.

	<p>To report changes you may go to ConnectforHealthCO.com or call 855-752-6749 or TTY: 855-346-3432. You could be responsible to pay back some or your entire Tax Credit to the Internal Revenue Service (IRS) if you do not report changes to us that affect your eligibility for Tax Credits.</p> <p><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.</p> <p>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 800-MEDICARE (800-633-4227) or the State Health Insurance Program, Colorado SHIP at 888-696-7213. You can also go online to medicare.gov or askdora.colorado.gov.</p> <p><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.</p>
Colorado PEAK Website	<p>You can now go online at any time to manage your benefits account at Colorado.gov/PEAK. You will need to have your case number available. It is the "Case Number" at the bottom of each page of this letter. On Colorado.gov/PEAK, you can:</p> <ul style="list-style-type: none"> • See what benefits you have and when they need to be renewed for many benefit programs; • Report changes like a new address, change in income, or a change in the number of people in your house. <p>If you started the process at Connect for Health Colorado, please see the Connect for Health Colorado General Information section.</p>

