

Improving Client Communications

Applying Best Practices and Client Feedback to
Colorado Benefit Management System Notices



Prepared for

Colorado Department of Health Care
Policy and Financing

Spring 2016

MAXIMUS | Center for Health Literacy

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1. EXECUTIVE SUMMARY

In Spring 2016, the Colorado Department of Health Care Policy and Financing (the Department) partnered with the MAXIMUS Center for Health Literacy (CHL) to improve eligibility communications for clients seeking or receiving medical, food, and cash assistance benefits. By improving these communications, the Department hopes clients can better access eligibility information, take required actions to maintain eligibility, and manage their benefits.

Our project focused on three major steps—notice development, client testing, and best practices. We recommend further improvements to communications based on all three.

Notice development: Three sample notices—one Notice of Action (NOA) and two Redetermination, Recertification and Renewal (RRR) notices— were developed based on:

- Existing notices
- Industry best practices for readability and usability
- Experience gathered from revising similar notices for other states
- A comprehensive legal review

Client testing: The revised notices were tested in eight locations across Colorado through a series of interviews. Participants included a mix of clients receiving medical, food, or cash assistance and a mix of demographics including both Spanish speakers and people with disabilities. Testing results showed:

- Most participants thought the notices looked easy to read. They liked the section divisions, headings, bold, shading, and simple icons to highlight key messages.
- Most participants understood the purpose of the notices and could find key information.
- Participants did have difficulty comprehending some key messages within the notices, especially in the NOA. Participants were confused by Marketplace concepts and terms, multiple program contact information, and exact next steps.
- Many participants reacted negatively to the length of the notices.

After testing, we revised the notices further based on testing results. Stakeholder feedback—gathered as part of the overall effort—was also incorporated into the revision.

Best practices: Best practices were developed for use in revising future eligibility communications. Best practices highlight key recommendations for content organization, formatting, and language, as well as provide recommendations related specifically to eligibility communications.

Next steps: Further improving client communications is a crucial to the Department’s mission of improving health care access and outcomes for all Coloradans. To support this, we recommend the Department:

1. Implement content organization, formatting, and language recommendations from the sample notices (See Section 3)
2. Reduce notice length by separating out educational, privacy, and legal information (See Section 4.7: Detailed Results)

3. Continue to provide alternative and accessible communication formats and look for new ways to further reach people with disabilities (See Section 4.7: People with Disabilities)
4. Raise awareness of new online communication tools while continuing to offer other offline channels (See Section 4.7: Communication Preferences)
5. Implement system changes to simplify processes and allow for individually-tailored communications (See Section 4.7: Systems)
6. Use best practices and lessons learned during this revision and testing effort to improve other eligibility communications (See Section 6)
7. Test the notices again after any significant changes

2. INTRODUCTION

Improving client communications will help clients better access eligibility information, take required actions to maintain eligibility, and manage their benefits. Below we present the project background, purpose, and approach.

2.1 Background

The Colorado Benefits Management System (CBMS) is the statewide database system that processes all food, cash, and medical assistance applications and eligibility determinations. CBMS generates print and electronic eligibility communications, including determinations and redeterminations, for clients. While this centralized system has many benefits, it also creates some challenges for communicating information to clients.

The Colorado Department of Health Care Policy and Financing (the Department) and stakeholder feedback have revealed that the current CBMS-generated notices are confusing and unclear. According to the Colorado Covering Kids and Families, *2015 Annual Survey Analysis*, complex communications is one of the top barriers to helping Coloradans enroll in health coverage. Because many clients do not understand the notices they receive, they may:

- Fail to use their benefits
- Fail to take required actions to maintain their eligibility, including recertification
- Not use online tools to apply for and manage their benefits
- Make increased requests for assistance from Medicaid Customer Contact Centers, Connect for Health Colorado, community organizations, Assistance Sites, and county offices

Although the official U.S. literacy rate is greater than 85%, the Department of Education estimates that of those who can read, more than 20% read below the 5th grade level and many more cannot read anything above the 8th grade level. The 2003 National Assessment of Adult Literacy (NAAL) found that close to half the literate population has low or very low literacy skills.

Complex language is particularly challenging for this audience. The target audience for the notices will likely include the elderly, the newly insured, new English speakers, and people with cognitive impairments. It will also include people with vision problems, limited general vocabulary, limited familiarity with the specific terms contained in the notices, and limited abstract thinking ability (which impedes comprehension). Many clients are still not familiar with changes made to medical assistance programs as a result of the Affordable Care Act. Many are unfamiliar with the concepts and terms related to the Marketplace and financial assistance for purchasing Qualified Health Plans (QHPs).

2.2 Purpose

Due to the significant barriers created by complex and confusing communications, the Department is engaging stakeholders, clients, and communications experts in an effort to improve client communications and respond to client needs. By improving client communications, the Department aims to:

- Reduce client confusion
- Increase the number of clients utilizing their benefits
- Increase the number of clients who are able to maintain their eligibility
- Increase the number of clients who manage their benefits online
- Allow county workers, assistance sites, and customer services representatives more time to assist higher need clients
- Improve information accessibility

2.3 Approach

The approach to improving client communications was to:

- Develop sample notices using content organization, formatting, and language best practices for readability (See Section 3)
- Test the revised notices with a representative sample of the target population (See Section 4)
- Finalize the notices using expert recommendations, stakeholder feedback, and client testing results (See Section 5)
- Identify best practices for developing client communications, with a focus on eligibility communications (See Section 6)
- Recommend next steps based on development, testing, and best practices (See Section 7)

To lead this effort, the Department contracted with the MAXIMUS Center for Health Literacy (CHL). CHL has significant experience developing similar communications.

CHL has developed eligibility determination notices, enrollment packets, handbooks, websites, explanations of benefits, renewal notices, termination notices, and other communications for over half of state Medicaid programs as well as other government assistance programs. We have also developed model notices and forms for the Centers for Medicare and Medicaid Services (CMS) that are used nationwide. CHL researchers have tested materials with thousands of program beneficiaries in a variety of languages, and translated program materials into 44 different languages. Throughout all work, CHL focuses on developing communications that clients can obtain, understand, and act on—regardless of literacy, language, cultural or physical barriers.

3. INITIAL NOTICE DEVELOPMENT

In response to the communication challenges, CHL developed three new sample notices: one Notice of Action (NOA) and two Redetermination, Recertification, and Renewal (RRR) notices.

For the NOA, we chose a multi-person, multi-program scenario. In this scenario:

- The adult did not qualify for Medicaid but did qualify for a QHP with Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR)
- The children qualified for CHP+
- The family qualified for food assistance

By starting with a complicated notice, we were able to work through programmatic and communication issues that may have not been apparent with simpler notices. This is particularly important given that Colorado has a centralized system for public benefit communications. Testing a complicated notice also maximized the number of messages for testing and ensured that feedback could be applied across a variety of other notices.

For the RRR, we developed two versions—one for beneficiaries who qualified for Medicaid based on their income (MAGI) and one for beneficiaries who qualified for long term care Medicaid or supplemental programs and who get Medicaid benefits plus additional services (non-MAGI). The two versions were identical, except that the non-MAGI version included:

- The requirement to return the form even if there were no changes
- The addition of the “no changes” option
- Additional questions on resources
- Additional instructions for submitting documentation

3.1 Initial Development

CHL developed the sample notices using existing notice content (See Appendix A for a selection of existing notices) from the Department and in line with state regulations. We made our revisions using evidence-based best practices for readability and usability and our experience in revising and testing notices and forms for other states and for the federal government. We also drew upon multiple years of work revising and testing model notices and renewal forms for CMS.

During initial development, we organized notice content, developed clear and simple language, and created a new format for the sample notices. Table 1 lists the changes, using existing notice content as a reference.

TABLE 1. INITIAL CONTENT ORGANIZATION, FORMATTING, AND LANGUAGE CHANGES DURING NOTICE DEVELOPMENT

Content organization
NOA
Simplified the header information so the letter is more appealing to clients at first glance.
<p>Reorganized messages in order of importance, keeping main messages on first page as much as possible. While all the information in a notice is important, we need to prioritize, placing key points first. This ensures that, at a minimum, clients get the main messages.</p> <ul style="list-style-type: none"> ▪ Put the purpose first (Why you are getting this letter). This addresses the Department’s comment that clients are confused about why they are getting the letter. It also follows best practices. ▪ Put the main message next (Here is what you qualify for). ▪ Put the action steps for the client next (What to do next). ▪ Created a prominent section (If you have questions) for contacting their assistance worker.
Chunked information into one-topic paragraphs with short, descriptive headings to facilitate understanding of the content.
Regrouped content by purpose rather than by program so clients can see how the information works together. For example, all the next steps are together in one section so the client does not have to look in many places for what they need to do. By grouping like information together, we were also able to minimize internal cross-references that are often difficult for clients to follow. The process of doing this also clearly shows what information is redundant, missing, or inconsistent.
Presented information by person, not by program, for multi-person households,
De-cluttered the content in the beginning of the letter—using simple language and only the most important content—so the client gets the main messages and then can read more details later.
<p>Used logic and variable text:</p> <ul style="list-style-type: none"> ▪ To streamline content, reducing information overload. By using variable text, we eliminated sections of content that were not relevant based on the client’s specific situation. ▪ To make all the information relevant to the client and improve clarity. For example, we tell them that they qualify for QHPs, but later, in the general information section, it says “If you qualify for a QHP…” This creates confusion. By using variable text, we were able to reframe general information from the client’s perspective.
Used variable text fields to include actual dates where possible rather than referring the client to other parts of the notice or making them count the days. This eases the burden on the client.
Provided examples where needed to clarify concepts.

Content organization

RRR

Restructured the content into multiple sections: a cover letter, a form, and the privacy notice to help the client understand the content.

Restructured the cover letter to outline the action steps clearly and in order, helping the client see exactly what they need to do and how.

Moved the change reporting section closer to the current information section to help clients understand the link between the two sections (i.e., the change reporting section is where the client reports changes to the current information).

Created a new section for the tax filing information. Because we are asking for new information, it did not fit in the report changes section.

Split the reporting “Changes to Work” check box into multiple check boxes. By creating other check boxes (I switched jobs, I got another job, My income changed, I lost my job, I am now self-employed), we enabled the client to be specific about the reported change and enabled us to collect more specific data. In addition, the existing fields in the original check box section seemed to only apply to the first example “new job.” If someone with any of the other scenarios filled it out, it would be difficult to discern if the information was replacing or adding to the current job on file.

Expanded the “Other changes” section using the examples. Again, this enabled the client to provide more specific responses based on their changes. It also avoided having a “write in” response which can complicate data collection. We did not include married or divorced because we assume that is redundant with the leaving/adding to household. Please let us know if there is another reason that we would need to know that information and if we need to put it back in.

Format

Both

Used a font size equivalent to 12pt Times New Roman for the paragraph text with leading (space between lines) of 150% to make it easier for the eye to track from the end of a line back to the beginning of the next line.

Used size variation between the paragraph text and the different levels of headers. Visible contrast between paragraph and subheads aids in readability and organization of information.

Used wide margins which helped shortened the line length to between 10 and 16 words.

Emphasized key words. Bold text is used only in appropriate places.

Used left alignment on all of the text which makes the organization of content easy to follow.

Format
Both
Used footer with contact information on every page so the client can easily find this information and call with questions.
NOA
Used a letter format with a salutation and closing so it is more personal and friendly.
Replaced the multiple tables with a simpler overview table to improve the appeal of the letter and comprehension of the main message.
Chunked the table into horizontal rows guiding the client's eye and organizing the content for each client.
RRR
Used bullets and numbers to create white space and make the notice more appealing.
Improved the format of the form in line with design best practices to help clients fill out the form correctly and easily, including: <ul style="list-style-type: none"> ▪ Grouped information logically with dark horizontal lines between each group. ▪ Used gray boxes to distinguish the instructions from the questions. ▪ Bolded each of the main questions. ▪ Used strong left alignment to aid organization with the check boxes hanging outside of the text alignment.
Language
Both
Simplified sentence construction and phrasing.
Shortened or divided long sentences in two.
Changed sentences to active voice.
Removed extra words.
Used simple, familiar words.
Eliminated or defined jargon and technical terms.
Used clear, simple wording for headings, telling the client exactly what is in the section.

Language
Both
Used consistent terms (e.g., qualified health plan vs. private health insurance; county worker vs. assistance worker) to improve clarity and comprehension and to teach the terms.
Used abbreviations consistently, using the term with the abbreviation in parentheses the first time it appears.
RRR
Made the questions and response fields as consistent as possible across sections to improve the usability of the form.

In addition, we recommended specific content changes to:

- Clarify program details, processes, and terminology
- Present consistent content across programs
- Eliminate unnecessary or redundant information

3.2 Department Review

During their review of the initial draft NOA, the Department raised several questions. Table 2 documents those key questions and CHL’s responses.

TABLE 2. THE DEPARTMENT’S KEY QUESTIONS ON NOTICES AND CHL’S RESPONSES

Department key question	CHL response
Salutation: Should we use a client’s full name or just their first name?	From our testing experience, some participants prefer just the first name because it is friendlier. Others prefer the whole name because it lets them know the letter went to the correct person. And some feel it is disrespectful and patronizing to use just the first name. We recommend using the full name. Overall, we recommend using friendly and casual language, but not at the risk of offending anyone. Also, as this is a formal correspondence from the state, a certain amount of formality is expected. Finally, using the full name does assure the recipient that the notice was meant for him or her.
Time stamp: Should we include the date and time that the application was processed?	We recommend keeping the time stamp. If the system is generating multiple letters for a specific person, these time stamps become crucial to sorting out eligibility. Those who don’t need it will probably skim over it, so there is no disadvantage to keeping it.

Department key question	CHL response
<p>Multi-person eligibility results: Should we organize by program or by person?</p>	<p>We recommend structuring the results by person for multi-person households. While structuring the information by program may make more sense from the state perspective, as that is the way the results are organized in the system, the client will likely not understand the nuanced program distinctions. They will approach the information from their own perspective and be better able to understand it if it is organized by person.</p>
<p>Table structure: Can we use a more traditional table structure with dividing lines, columns, and labels?</p>	<p>We recommend a non-traditional table format. Traditional tables with row and column labels are difficult for poor readers because the tables require the client to read three pieces of information (the row label, the column label, and the information in the cell) and figure out how those three pieces of information work together. We aimed for a simpler strategy where the client only has to read the rows across. The grey shading is designed to draw the client's eyes across the page and group like information together. To make this clearer, we increased the white space between the rows, combined two of the columns, and made more space between columns.</p>
<p>Eligibility decisions: How can we clarify what applicants are denied for and what they are approved for?</p>	<p>We recommend emphasizing the "do qualify" vs. "do not qualify" distinction by creating separate sections for each, enlarging and bolding the headings for those sections, and using the recommended icons (see below).</p>
<p>Icons: Should we use icons for approval, denial, and termination messages?</p>	<p>We recommend using icons that are simple and easily identifiable, and work well in black and white. Icons can be very helpful in visually supporting messages, but they do require abstract thinking. In order to work, they need to be easy to identify.</p>
<p>Content organization: Should we organize the content by program or by purpose?</p>	<p>We recommend grouping all of the sections by purpose, then subdividing by program. We combined program sections as appropriate to minimize redundancy within each purpose section. We do realize that there will be some redundancy across sections. However, organizing by purpose—even if some redundancy exists—still maximizes the client's ability to find the information they need.</p>
<p>Program icons: Should we use icons or logos for programs throughout the notice?</p>	<p>We would not recommend using icons for each of the programs. In order to work, they need to be simple and clear. In this document, we face a few barriers to doing the logos well:</p> <ol style="list-style-type: none"> 1. Color. It is difficult to create meaningful icons for such a

Department key question	CHL response
	<p>wide variety of programs in black and white.</p> <ol style="list-style-type: none"> 2. Similar programs. If we were only creating icons for medical, cash, and food assistance, we could easily create three easily identifiable icons. However, there are multiple programs within those categories that are very similar. It would be difficult to make unique meaningful icons. 3. Multiple programs per sections. To reduce redundancy, we have combined multiple programs in each "purpose" section. If we used icons, we would have to list multiple icons for each sub section. This would create a very cluttered look. We are striving for simple and clean. How the notice looks at first glance often dictates whether the recipient even tries to read it. <p>We did make an exception for the PEAK website, given the need to familiarize clients with this program. To make it work, we recommended doing something slightly different with this section graphically so the logo has a clear home, rather than floating on the page as an image.</p>
<p>Contact information: Should we direct the client to a specific person or an organization?</p>	<p>We recommend using an organization rather than an individual. This will help teach clients about the resources in their community and will allow them to become familiar with the organization name. It will also reduce potential frustration about not being able to reach a specific individual.</p>
<p>Date verification: Should we include information on how submitted information was verified through state and federal databases?</p>	<p>We recommend including this information. We modeled this language after CMS models that have been tested with clients. This information will most likely be important to some clients and not to others, but it does not detract from readability to include it.</p>

During their initial review of the RRR, which is significantly less complicated than the NOA, the Department suggested changes related to:

- Clarifying the letter originator and contact information
- Using consistent terminology and defining terminology
- Restructuring tax reporting sections of the form
- Making the form more user friendly

3.3 Legal Review

Colorado Legal Services, Colorado Center on Law and Policy, The Disability Law Center, and the Connect for Health Colorado Legal Team did a preliminary review of the NOA, in parallel to the Department review. Their review focused on confirming client communications met state and federal regulations.

Key recommendations included:

- Add a summary statement about appeals to the “Why you are getting this notice” section on the first page of the notice
- Include the reason for Medicaid denial in the “Here is what you qualify for” section on the first page of the notice
- Separate APTC and CSR benefits (i.e., monetary amount only applies to APTC)
- Add the appeals deadlines to the beginning of the notice
- Change “health plan” to “qualified health plan” when referring to the Marketplace health plans
- Clarify the eligibility date and actual start date for QHP, APTC, and CSR benefits (i.e., you are eligible for coverage as of a certain date but you won’t get coverage until you select a plan and pay the first month’s premium)
- Clarify that the amount of APTC listed is an estimate and that the IRS ultimately decides what the amount is
- Link each supporting rule to a specific eligibility decision
- Clarify the consequences for not reporting changes across the programs
- Clarify or remove the section about what they cannot appeal
- Clarify the term “medical assistance”

3.4 Revised Notices

We addressed the Department’s key questions in revising the notices. We also incorporated their more detailed edits to content, formatting, and language.

In the revisions, we also addressed the key legal feedback listed above. Additional recommendations from the legal review will be considered for implementation in future revisions of the notices. There will also be a subsequent in-depth legal review of the final notices.

In addition, we also made further refinements to the organization, formatting, and language of the notices in response to the client and legal feedback.

Revised notices used in testing are in Appendix B. For testing purposes, all the variable text fields in the notices were populated with fake client information. CHL also translated the notices into Spanish and remediated a PDF version to be accessible to individuals with visual and auditory disabilities.

4. CLIENT TESTING

To further support the Department's mission of client-centered communications, the revised notices were tested directly with clients. Testing allowed us to confirm or correct the revisions while giving clients a voice in the development process.

4.1 Aims

The aims of our client testing included:

- Can clients **read** and **understand** the messages and instructions in the notices?
- Do clients understand the **purpose** and **key messages** of the notices?
- Are the notices **accessible** to all clients?
- Do clients know, and know how, to **manage their benefits online**?
- What **communication channels** do clients prefer?

4.2 Design and Methods

Client testing consisted of a series of one-on-one, in-person cognitive interviews during which CHL researchers observed and listened to participants as they read the notices and answered questions. The interviews aimed at seeing whether the target population could read and understand the notices, allowing researchers to spot areas in need of improvement or terms and concepts needing clarification. Interviewers focused on noting areas of confusion or difficulty. Additionally, interviews explored participants preferred communication channels and needs to further understand their benefits.

The research design included a 34-question interview guide (See Appendix C) with a scripted introduction and questions directing participants to read through the notices, explain information, and identify needed actions. The researchers used a coding instrument to record participant responses and observations, noting answers, comments, and non-verbal cues. Additionally, participants took a post-interview survey (See Appendix D) to gather demographic information.

We conducted the testing at eight different locations across the state:

- Center for People with Disabilities, Thornton
- Colorado Center for the Blind, Littleton
- Family & Intercultural Center, Silverthorne
- El Paso Citizen Service Center, Colorado Springs
- San Luis Valley Health, Alamosa
- Prowers County Public Health and Environment, Lamar
- Prairie Family Health Center, Burlington
- Hilltop's Health Access, Grand Junction

4.3 Recruitment and Screening

Interview participants were recruited to reflect the demographics of clients who receive medical, food, or cash assistance. Participants were recruited across the state to include a mix of English and Spanish speakers and persons with physical and/or intellectual disabilities who may use assistive technology.

The screening questionnaire determined whether potential participants met these criteria:

- Current beneficiaries of Colorado Medicaid, CHP+, Connect for Health Colorado APTC, food assistance, and/or cash assistance
- Age 18 or above
- A mix of English and Spanish speakers
 - Spanish speakers had to be native speakers, speak and read Spanish at home, and have been born outside the U.S. in a Spanish-speaking country and have lived in that country for at least seven years
- A mix of people with physical and/or intellectual disabilities and people without them
- A mix of ages, gender, and education levels

The team worked with local community based organizations (CBOs) to screen and recruit interview participants. Interviews were held onsite at the CBOs. Participants were paid \$50 for their participation.

4.4 Participant Demographics

A total of 62 participants participated in the interviews. Participants included males and females with a range of education from third grade through college and an age range from 20 to 84. Participants lived in El Paso, Summit, Mesa, Arapahoe, Kit Carson, Prowers, Costilla, Rio Grande, Saguache, Alamosa, Adams, and Denver counties.

Participants included a mix of English and Spanish speakers. Participants included people with physical and/or intellectual disabilities, some of whom used assistive technology. Participants were enrolled in a variety of programs. Participants also came from a variety of household types.

Table 3 further details participant demographics. A few participants chose not to share some demographics.

TABLE 3. PARTICIPANT DEMOGRAPHICS

Demographic	# of participants	% of participants
Language		
English	50	81%
Spanish	12	19%
Disability		
No disability	48	78%
Disability	14	22%

Demographic	# of participants	% of participants
Program type		
Medicaid <i>Participants chose a subtype when applicable:</i>	50	91%
▪ Long Term Care and Waiver programs	4	5%
▪ Buy-in for Adults	7	9%
▪ Buy-in for Kids	4	7%
▪ Other (responses of “Medicare”, “SSI,” etc.)	2	4%
Child Health Plan <i>Plus</i> (CHP+)	7	13%
Connect for Health Colorado	0	0%
Food assistance	31	56%
Cash assistance	5	9%
Household type		
Adult without dependent children	15	27%
Adult with dependent children	23	42%
Pregnant woman	4	7%
Receiving Medicare and Medicaid	13	24%
Physical, intellectual, or developmental disability	14	25%

4.5 Analysis

Two CHL analysts independent of the research team analyzed the data, looking at results overall to identify trends. Researchers also contributed their anecdotal observations of trends. The analysts used the researchers’ field notes, including participant answers and quotations, to understand answer choices, draw conclusions, and make recommendations.

4.6 Limitations

No participants self-identified as receiving benefits through Connect for Health Colorado. However, we were testing the usability of the materials, not prior program knowledge, so there is no impact on the results.

4.7 Findings and Recommendations

The analysis of client testing revealed many findings. CHL looked at the results of all interviews together, and then looked at interviews with Spanish speakers and people with disabilities separately. Below, we present a summary of all major findings and recommendations, followed by the detailed results. We also identify findings and recommendations specific to Spanish speakers and people with disabilities, as well as explore communication preferences and systems challenges.

Summary

The CHL research team provides a summary of major findings and recommendations in Table 4.

TABLE 4. SUMMARY OF INTERVIEW FINDINGS AND RECOMMENDATIONS

Finding	Recommendation
<p>Many participants' first impressions were that the NOA and RRR looked easy to read. However, many later had difficulty understanding parts of the NOA. The RRR was easier than the NOA for participants to read and understand.</p>	<p>Implement content organization and language from initial notice development. Clarify specific parts of the NOA that were confusing. See Table 5 below for specific recommendations.</p>
<p>Many participants reacted negatively to the length of the NOA.</p>	<p>Reduce the length of the NOA. Implement content revisions and deletions from initial notice development. Consider eliminating or streamlining content further. Consider separating content (e.g., appeals information) into distinct communication pieces.</p>
<p>Participants used the section headings and bold to find key messages in the notices. Participants reacted positively to these features.</p>	<p>Segment parts of the notices into clearly visible sections, "chunk" information under descriptive headings, and use bold to highlight specific information. Implement formatting from initial notice development.</p>
<p>Participants did not understand the NOA eligibility information concerning the Marketplace. Even participants familiar with Medicaid were unfamiliar with being ineligible for Medicaid but eligible to purchase private health insurance and receive financial assistance. Many participants had low health insurance literacy regarding the Marketplace.</p>	<p>Educate clients and raise health insurance literacy concerning the Marketplace concepts. See Table 5 below for specific recommendations.</p>

Finding	Recommendation
<p>Participants were unfamiliar with terms such as QHP, Open Enrollment, APTC, and CSR in the NOA. Participants had difficulty remembering the explanations they had read the top of the NOA when they encountered the words or abbreviations further down in the notice. This also led to some confusion about what recipients qualified for in the sample NOA, since the concepts and terms were unfamiliar and the information was complex.</p>	<p>Define all Marketplace terms (e.g., QHP, Open Enrollment, APTC, CSR) used in the notices. See Table 5 below for specific recommendations.</p>
<p>Participants did not object to the presence of eligibility information for more than one program contained in the NOA. It did not seem to confuse them or cause difficulty understanding the eligibility decisions.</p>	<p>Keep eligibility decisions for various programs combined in one NOA.</p>
<p>Spanish speakers generally followed the trends of the total sample but found some concepts and terms more confusing.</p>	<p>Use universal or neutral Spanish for translations. See Table 6 below for specific recommendations.</p>
<p>People with disabilities followed the trends of the overall sample, but placed more importance on the headlines and questioned ways to return redetermination information.</p>	<p>Always use strong headlines to make communications easier for clients who use screen readers. Consider adding fillable fields to the redetermination PDF for online completion and return. See Table 7 below for specific recommendations.</p>
<p>Most participants were polarized about their preferred communication channel—strongly liking or disliking either print or electronic communications.</p>	<p>While offering and clearly stating that many forms of communication (including print and in person) are available, promote new online communication options. See Table 8 below for specific recommendations.</p>
<p>Many participants had difficulties with specific content in the NOA that were related to underlying complexities in CBMS system.</p>	<p>Make changes to the CBMS system to tailor and streamline communications. See Table 10 below for specific recommendations.</p>

Detailed Results

The CHL research team provides detailed results of the participant testing interviews in the Table 5. The table includes descriptions of tasks that participants were asked to complete, participant task completion rates, participant quotations, and recommendations for improvement.

TABLE 5. DETAILED INTERVIEW FINDINGS AND RECOMMENDATIONS

Question	Finding	Recommendation	Participant comments
NOA			
1. What are participants' first impressions of the notice?	Most said the notice looked easy to read; but some thought it looked difficult. 45 Easy 17 Hard	<ul style="list-style-type: none"> Because the two most frequently mentioned barriers for those who thought the notice looked difficult were the notice length and unfamiliar terms, consider ways to reduce notice length and define terms used in the notice. Consider creating a separate "Appeals and Discrimination" brochure to accompany all notices. 	<p>"It looks really easier for me to read. Easier than what I've gotten before. It's got it broken down into people and it's not all scrunched up. I like the sections. Bolder letters."</p> <p>"Some of the terms are confusing. Like QHP and tax credits. It looks hard..."</p>
2. What would participants do with the notice?	All but 7 said they would read the entire letter. 55 Read 3 Not read 4 Other	<ul style="list-style-type: none"> Because length was the most often stated objection to reading the notice, consider ways to reduce notice length, as recommended for Question 1. 	<p>"I would read the first page."</p> <p>"I read them then save them in case I ever have any questions about anything."</p> <p>"If I know what it is, I'd open it, glance at it then throw it away."</p>
3. Can participants identify the sender?	Due to the two logos at the top and a different closing name, some participants were unsure. 50 Correct 12 Incorrect	<ul style="list-style-type: none"> Consider deciding on a single sender. See Table 10 below. 	<p>"State of Colorado."</p> <p>"Connect for Health Colorado."</p> <p>"Denver Human Services."</p> <p>"Seeing this and this [two logos], I wouldn't think Medicaid. I would see it's from the state of Colorado and Connect so I'm thinking it might be Medicaid, but I wouldn't be sure. I'd think it was some kind of medical provider. And it's clear it's from the state because of the seal."</p>

Question	Finding	Recommendation	Participant comments
<p>4. Can participants identify the purpose of the notice?</p>	<p>All but 4 correctly identified the notice purpose.</p> <p>58 Correct 4 Incorrect</p>	<ul style="list-style-type: none"> ▪ None 	<p>“It’s a notice telling me what I qualify for and what I need to do next.”</p>
<p>5. Do participants recognize the purpose of the checks and x’s?</p>	<p>All but 6 knew what the checks and x’s were and found them helpful.</p> <p>56 Correct 6 Incorrect</p>	<ul style="list-style-type: none"> ▪ Keep the check and x icons. 	<p>“It’s telling me what I qualified for. Check means you’re good and ‘x’ means you’re not.”</p>
<p>6. Can participants identify what Elizabeth qualifies for?</p>	<p>Most participants correctly identified what Elizabeth qualified for, but 9 expressed some confusion. As noted above, this is partly due to lack of familiarity with private health insurance, the Marketplace and financial assistance.</p> <p>53 Correct 8 Partial 1 Incorrect</p>	<ul style="list-style-type: none"> ▪ See recommendations for Question 7 and 11. 	<p>“Qualified Health Plan, \$150 in tax credits—I don’t understand the tax stuff so I’d have questions on that. \$300 in food stamps. But not Medicaid; her income is probably too high.”</p> <p>“I’m not entirely sure what Advanced Premium Credits means. Or Cost Sharing Reductions. I don’t mean to sound ignorant but I don’t know what those mean. The terminology could be confusing, especially if you have a disability or if you’re not versed in medical terms.”</p> <p>“Health Plan from Health Colorado, tax credits, and food assistance. But no Medicaid.”</p>
<p>7. Do participants know what a QHP is?</p>	<p>Only 16 correctly defined QHP.</p> <p>16 Correct 21 Partial 25 Incorrect</p>	<ul style="list-style-type: none"> ▪ Define QHP and Connect for Health Colorado where they first appears in the notice. ✓ A Qualified Health Plan (QHP) you buy through Connect for Health Colorado as early as May 1, 2016 <ul style="list-style-type: none"> ▪ A QHP is a private health plan that meets government rules for health 	<p>“I would assume it’s something that Connect for Health has that you can get tax credits for. I would assume it is insurance. It doesn’t say it’s insurance, but that’s what I would guess. “</p> <p>“I would start flipping through to see if there was an index. When I was in the hospital [these type of letters would] have an asterisk so I knew what everything means. It was less</p>

Question	Finding	Recommendation	Participant comments
		<p>coverage.</p> <ul style="list-style-type: none"> ▪ Connect for Health Colorado is Colorado’s Health Insurance Marketplace where you can buy a QHP. It is not Medicaid. ▪ Expand APTC and CSR line as follows: <ul style="list-style-type: none"> ✓ Help paying for a QHP through Connect for Health Colorado as early as May 1, 2016 <ul style="list-style-type: none"> ▪ Up to \$150 in Advanced Premium Tax Credits (APTC) to lower your monthly cost. ▪ Cost Sharing Reductions (CSR), such as lower co-pays. ▪ Consider creating a separate fact sheet about the system itself that will help participants understand how all the programs work together. 	<p>confusing. I wouldn't really know how to describe it [Qualified Health Plan]. If I didn't know prior to signing up, I would have no idea. Just deducing from the first page, I would have no idea what I qualified for. I would think it was connected to Medicaid.”</p>
<p>8. Do participants understand what the other household members qualify for?</p>	<p>All but 6 correctly identified eligibility information.</p> <p>56 Correct 6 Incorrect</p>	<ul style="list-style-type: none"> ▪ None 	<p>“They qualify for CHP+. It's different because it's for a child. It doesn't say what he doesn't qualify for.”</p> <p>“It looks like they get the plan plus additional [benefits]. I don't know from this letter if it's the same or different [than Elizabeth]. What is CHP+? It doesn't tell me. I'm not going to go through all the other pages to find it unless it tells me where it is.”</p> <p>“They qualify for the child health plan.”</p>
<p>9. Do participants understand that they can appeal</p>	<p>Most understood that they could appeal.</p> <p>51 Correct</p>	<ul style="list-style-type: none"> ▪ Add a heading above the appeals sentences. Adjust the first sentence to provide an alternate word (disagree) that reinforces “do 	<p>“I would automatically go back to the lady who gets me this stuff and ask her to recheck and see why I got it wrong. [Researcher points</p>

Question	Finding	Recommendation	Participant comments
an eligibility decision?	11 Incorrect	<p>not” in the heading. Clients who do not notice “not” in the heading, as some readers do, will see “disagree” in the first line:</p> <p>If you do not agree with our decisions</p> <p>If you disagree with our decisions, you ...</p>	<p>participant to appeal section.] You can't always appeal. That's happened to us, you can't do that unless you have all your information.”</p> <p>"You can appeal."</p>
10. Do participants understand the appeal deadlines?	<p>All but 5 saw and identified the appeal deadlines.</p> <p>57 Correct 5 Incorrect</p>	<ul style="list-style-type: none"> None 	<p>“It's good that they give you certain dates for certain things. That makes it easier to understand.”</p> <p>“July 1st. They like to trick you. It is more or less the same thing but makes you read further down.”</p>
11. Can participants identify next steps?	<p>Almost a third did not understand the next steps, in part because they were unfamiliar with the Marketplace, Open Enrollment, and financial assistance (APTC, CSR).</p> <p>39 Correct 23 Incorrect</p>	<ul style="list-style-type: none"> Revise the explanation and spell out the terms in eligibility information for financial assistance with Marketplace coverage: <p>Elizabeth: You may be able to buy a Qualified Health Plan (QHP) through Connect for Health Colorado.</p> <p>You can buy a QHP during the time of year called Open Enrollment. You can buy a QHP if you have reported certain changes to your circumstances. If it is Open Enrollment or you have reported such changes, you can buy a QHP now. If not, you will need to wait until the next Open Enrollment to buy a QHP.</p> Move the sentence explaining financial assistance to “More about your benefits.” Revise the wording in “More about your benefits” to incorporate definitions and bold the eligibility date: <p>QHP, APTC and CSR through Connect for</p> 	<p>“It seems like there is a lot of programs she can contact, she can shop for several programs. Before I start shopping for anything I need more information, so I'm going to have to go back or take it to a place I ask them about forms. For instance, ask them if QHP is better than CSR? “</p> <p>“I don't know what Open Enrollment is.”</p> <p>"Connect for Health Colorado is very hard to use."</p> <p>“A marketplace for individuals and families to shop Open Enrollment. I'm not exactly sure what it's trying to say there. It doesn't explain how to do that. It doesn't explain what she needs to do next. She shouldn't have to call. I don't know what [the Marketplace] is.”</p> <p>“She needs to pick a plan.”</p>

Question	Finding	Recommendation	Participant comments
		<p>Health Colorado</p> <ul style="list-style-type: none"> ▪ You qualify as of May 1, 2016. But your health coverage—and help paying for your coverage—will not start until you choose a Qualified Health Plan (QHP) and pay your first premium (monthly cost). ▪ Remember, you may be able to buy a QHP now or you may need to wait. If you have questions about covered services and providers, call the QHP before you choose. After you choose a QHP, they will send you enrollment, benefit and provider network information. ▪ You also qualify for help paying for a QHP, including: <ul style="list-style-type: none"> ▫ Tax credits, called Advanced Premium Tax Credits (APTC), to lower your premium. Your APTC amount may change based on the final decision of the Internal Revenue Service (IRS). ▫ Cost Sharing Reductions (CSR), which may include lower co-pays, co-insurance and deductibles. ▪ Note that because of the confusion around QHP noted in Question 7, we recommend spelling out the abbreviation at the beginning of each section as done above. ▪ As also noted in Question 7, consider creating a separate fact sheet about the system itself that will help participants understand how all the programs work together. 	

Question	Finding	Recommendation	Participant comments
		<ul style="list-style-type: none"> Consider using variable text to further tailor notices. See Table 10 below. 	
<p>12. Do participants understand the abbreviations APTC and CSR?</p>	<p>Most did not know and understand both abbreviations.</p> <p>24 Correct 14 Partial 24 Incorrect</p>	<ul style="list-style-type: none"> Explain and write out the terms as noted in recommendations for Questions 7 and 11 above. 	<p>"I believe these were mentioned in the first page as well but I don't know what these abbreviations are."</p> <p>"The last two I have no idea. But the first one is Qualified Health Plan. I saw QHP, but they haven't explained what the other two are."</p> <p>"You have to go back to the first page. Qualified Health Plan, Advanced Premium Tax Credits, Cost Sharing Reductions. They should have at least highlighted the acronyms on the front. Or you could just write it out."</p> <p>"Qualified Health Plan. I don't remember the other ones."</p>
<p>13. Do participants understand the contact information?</p>	<p>Most understood the contact information, but 10 were at least partly confused.</p> <p>52 Correct 4 Partial 6 Incorrect</p>	<ul style="list-style-type: none"> Because some participants were slightly confused with all the different numbers and places to call, clarify further by revising the introduction: <ul style="list-style-type: none"> Why you are getting this notice This letter tells you what you qualify for, what you need to do next, and where to get answers to questions.... Also, revise the section heading and subheads: <ul style="list-style-type: none"> Questions? For questions about QHP, APTC or CSR through Connect for Health Colorado For questions about Medicaid, CHP+ or food assistance <ul style="list-style-type: none"> Consider implementing a single point of 	<p>"These numbers will answer questions for you."</p> <p>"If they need help."</p> <p>"So they can call."</p> <p>"I don't know."</p>

Question	Finding	Recommendation	Participant comments
<p>14. Do participants know whom to contact for particular programs?</p>	<p>Most correctly identified the contact number for a particular program (CHP+).</p> <p>55 Correct 7 Incorrect</p>	<p>contact. See Table 10 below.</p> <ul style="list-style-type: none"> See recommendation for Question 13. 	<p>“I would contact the Human Services. Or I would call a social worker so they can explain this to me in regular English.”</p> <p>“Don't have a clue, probably have to go back to the front page. Or pick one of these numbers and hope I got the right one.”</p> <p>“If I have questions, but it doesn't say if I have questions about what. If you have questions, I don't want to call these QHP people if they don't know anything about food stamps.”</p>
<p>15. Do participants understand the message about how to get food assistance benefits?</p>	<p>Most understood the message about food benefits at least partially. Ten participants understood only partially or not at all.</p> <p>52 Correct 5 Partial 5 Incorrect</p>	<ul style="list-style-type: none"> Revise the wording further for clarification and readability: If you start getting other public assistance such as Medicaid or cash assistance, your food assistance benefits may go down without further notice. If you owe food assistance, some of your food assistance benefits will go toward the amount you owe. You will get your food benefits using a debit card called a Quest Card. It will come in the mail. You will choose a Personal Identification Number (PIN). You will be able to withdraw one month's benefits each month. 	<p>“It says here if you get public assistance your assistance may go down. It doesn't specify what type of public assistance. Is Medicaid a type of public assistance?”</p> <p>“The card will come in the mail and you'll have instructions for choosing your pin number. The card is a debit, and it will come on the card each month. It doesn't explain when the benefits will show up.”</p> <p>“She's going to get a Quest card, it's going to give her instructions for a PIN; it's pre-loaded.”</p>
<p>16. Do participants understand eligibility determination?</p>	<p>Most understood how the eligibility determination was made, at least partially. Only 4 were incorrect or did not know.</p> <p>44 Correct 14 Partial</p>	<ul style="list-style-type: none"> Because participants with partial answers understood household size and income, divide the sentences further so clients see the other data sources: To decide what benefits you get, we counted the household size and income you put on your application. We also got information from 	<p>“Household size and income based on what she said, and also other data sources, which they didn't explain. It doesn't say what data sources...”</p> <p>“Household size and income. They sourced out to other data sources to make sure they're not committing fraud.”</p>

Question	Finding	Recommendation	Participant comments
	4 Incorrect	other state and federal data sources. We reviewed other information you gave us.	<p>“How many people in your house, and income based on your house.”</p> <p>“Colorado rules. The rules and then it tells you which rules.”</p>
17. Do participants understand they must report changes?	All participants understood they must report changes. 62 Correct 0 Incorrect	<ul style="list-style-type: none"> None 	<p>“You need to report changes. It gives you specific examples.”</p>
18. Do participants understand how to report changes?	More than half understood, but 16 were incorrect or did not know. 46 Correct 16 Incorrect	<ul style="list-style-type: none"> Revise headings and body text as follows and bold the number of days for reporting changes (30, 10): To report changes for QHP, APTC and CSR through Connect for Health Colorado Call... To report changes for CHP+ Call ... To report changes for food assistance Call ... Implement changes to headings in other sections for consistency (To manage..., To appeal..., etc.) Consider consolidating processes across programs. See Table 10 below. 	<p>“You need to report changes. There is a confusing part here—there's a list of telephone numbers. But it's saying to report here for one thing and here for another. And there's different times—30 days or 10 days. The different numbers are confusing. And the different days.”</p> <p>“Calling the same number, so you're never going to get through. It seems to be the same number as the other programs. Although here on the food assistance. But it's not an 800 number, it should be toll free.”</p>
19. Do participants understand the message about managing benefits online?	Most understood the message about managing benefits, but some did not know what “manage” might include. 53 Correct	<ul style="list-style-type: none"> Although most participants understood that this was about managing benefits online, some said they would not do that because they did not own or use a computer. Some did not understand what “manage” meant. Add examples of what a participant can do 	<p>“I have to go Health Colorado to manage my outsourced insurance. Go online to manage my benefits for Medicaid and food assistance.”</p> <p>“I'm completely confused down here. It's saying you have to use these companies—QHP, APTC, etc. They are going to manage</p>

Question	Finding	Recommendation	Participant comments
	9 Incorrect	<p>online:</p> <p>You can go to ConnectforHealthCO.com to:</p> <ul style="list-style-type: none"> ▪ See what benefits you have ▪ See QHP information ▪ Change the amount of APTC you get ▪ Report changes ▪ Choose to get notices by mail, email or text <p>And:</p> <p>You can go to Colorado.gov/PEAK to:</p> <ul style="list-style-type: none"> ▪ Create a username and password using the case number on the first page of this notice ▪ See what benefits you have and when they need to renewed ▪ Report changes ▪ Apply for other benefits ▪ Choose to get notices by mail, email or text ▪ Consider providing a separate flyer about the online systems for promotion and educational purposes. 	<p>your benefits. And your Medicaid and food assistance are going to be managed by another company. You have to use your username and set it up so you can use the card.”</p> <p>“Pretty much you have to go online, so if you don't have a computer you're screwed. It seems like they make it easier to report a change, because you can call them.”</p> <p>“I don't use a computer. How would a person do it, if he cannot use a computer?”</p>
<p>20. Do participants understand how to manage benefits online?</p>	<p>Most understood how to manage benefits online, although 9 did not.</p> <p>53 Correct 9 Incorrect</p>	<ul style="list-style-type: none"> ▪ None 	<p>“Go online. Create a username and password. That's when I shut down. And then I can't remember it [the password]. So I don't do it.”</p> <p>"Most people don't understand what 'manage your benefits' means. This is Greek to most people."</p>

Question	Finding	Recommendation	Participant comments
<p>21. What is participant preference for receiving benefit information?</p>	<p>Participants gave a variety of responses, with some participants expressing more than one preference.</p> <p>43 Letter/mail 21 Online 10 Other</p>	<ul style="list-style-type: none"> Because there was a wide variety of preferences, and many factors influence preference, consider using motivational language to encourage clients to communicate through different channels. Also, see Table 8 below. 	<p>“I like the letters. I had an issue with my email.”</p> <p>“I can’t stand letters, with junk mail and stuff. I would much rather get a text message or an email. But I’m sure older people like letters.”</p> <p>“Digitally. I hate opening the mail. Computer or phone, as long as I don’t have to wonder when it’s coming. Like an email. It’s not going to get lost, my baby’s not going to chew on it. [Probe: What about an app?] That would be really great.”</p>
<p>22. Do participants understand the purpose of the appeals section?</p>	<p>All but 5 understood the reason this section appears in the notice. Some participants commented on the length of the notice, to which this section added considerably.</p> <p>57 Correct 5 Incorrect</p>	<ul style="list-style-type: none"> None 	<p>“If you think they’re wrong, you can go and ask for it to be fixed.”</p> <p>“If I don’t agree with the amount of benefits I am getting then I have to get an appeal.”</p>
RRR			
<p>23. What are participants’ first impressions?</p>	<p>Although most said the RRR looked easier, and some pointed out that it looked easier than the NOA, 11 said the form looked hard due to all the questions to answer.</p> <p>51 Easy 11 Hard</p>	<ul style="list-style-type: none"> Add information to strengthen the first paragraph and include the term “recertify” because some beneficiaries who are familiar with the process know the term, and others need to learn it because they will encounter it again: <p>It is time to renew (recertify) your benefits. We need to see if you and your household members still qualify for Medicaid or Child Health Plan <i>Plus</i> (CHP+).</p>	<p>“Right off the bat, it’s super easy to read. It tells you, this is from the state of Colorado. It’s time to see if you still qualify. It says, now that we’ve told you what this letter is about here’s what you need to do. If there’s changes, you need to report them.”</p> <p>“It looks scary because it’s about determining your benefits. If I’m scared about it I’m going to throw it in a pile.”</p>

Question	Finding	Recommendation	Participant comments
<p>24. Do participants understand the purpose of the notice?</p>	<p>Most understood the purpose of the notice, although 9 did not.</p> <p>53 Correct 9 Incorrect</p>	<ul style="list-style-type: none"> ▪ See recommendation for Question 23. 	<p>“Let you know it's coming to the end of your Medicaid, and if you still want to do Medicaid it's time for you to recertify.”</p> <p>“Maybe there's an annual review of if you qualify. If you still qualify.”</p>
<p>25. Do participants understand what action they have to take?</p>	<p>All but 1 participant reading the non-MAGI notice understood what action they needed to take.</p> <p>Regular/non-MAGI:</p> <p>48/9 correct 2/1 Partial 0/2 Incorrect</p>	<ul style="list-style-type: none"> ▪ None 	<p>“It's pretty clear.”</p> <p>“No matter what, you have to take action.”</p>
<p>26. Do participants understand how to update information?</p>	<p>All but 1 understood at least partially how to update information; however, 14 did not completely understand the instructions.</p> <p>47 Correct 14 Partial 1 Incorrect</p>	<ul style="list-style-type: none"> ▪ Because those who gave partial answers missed “fax,” remove “three” from the heading, revise the wording to separate “fax” from “mail,” and change the numbering to bullets: <p>Report changes in one of these ways:...</p> <ul style="list-style-type: none"> ▪ Complete and sign the “Renewal Form” at the end of this letter. Mail it to: <p>Denver Human Services 1200 Federal Boulevard Denver, CO 80204</p> <p>Or fax to: 1-720-944-3665</p>	<p>“Does it come with the letter? Then I would have to print and fax it, and I obviously can't do that. So I can do it online, which is good because I wouldn't have to sign it. Or I could call.”</p>
<p>27. Do participants understand there is a deadline?</p>	<p>All but 1 understood that there is a deadline.</p> <p>61 Correct</p>	<ul style="list-style-type: none"> ▪ None 	<p>“It's good that they did that date in bold. It should jump out at you.”</p>

Question	Finding	Recommendation	Participant comments
	1 Incorrect		
<p>28. Do participants understand the message about the recertification process?</p>	<p>Although most understood the recertification message in the notice, 16 understood only partially or not at all.</p> <p>46 Correct 8 Partial 8 Incorrect</p>	<ul style="list-style-type: none"> ▪ Clarify this section by adding a heading and bullets and revising wording further for readability: <p>What happens next</p> <ul style="list-style-type: none"> ▪ We will check to see if you and your household still qualify. ▪ We will tell you if we need documents from you to help us make our decision. <p>This change necessitated moving the “If you get two of these notices ...” section up.</p>	<p>“I’ll have to pay for all the expenses.”</p> <p>“They will check to see if household still qualifies. I am glad they put this at the bottom because this has happened to me so many times about needing to make changes. But at least they say you may need to give more information. But if there are household changes, why would I get additional notices?”</p>
<p>29. Can participants identify the renewal form?</p>	<p>All but 3 correctly identified the renewal form.</p> <p>59 Correct 3 Incorrect</p>	<ul style="list-style-type: none"> ▪ None 	<p>“It’s the form.”</p>
<p>30. What were participants’ impressions of the form?</p>	<p>Most thought the form looked easy, but 9 thought it looked hard.</p> <p>53 Easy 9 Hard</p>	<ul style="list-style-type: none"> ▪ None 	<p>“I like this. It says here, ‘Yes, I changed my name’ so you kind of know when you look at it you can say or no. It pops out to you.”</p> <p>“It looks complicated. The wording on some of the questions is strange, confusing, or information that people would not have or be able to get.”</p>
<p>30b. Do participants reading the non-MAGI RRR understand the message about providing proof?</p>	<p>All but 1 understood the proof message at least partially. Of those who did not fully understand, 1 did not note sending the proof.</p> <p>5 Correct</p>	<ul style="list-style-type: none"> ▪ None 	<p>“What am I looking for again? You need to send proof.”</p> <p>“Mark the change and send his most recent bank statement.”</p> <p>“Send proof of changes.”</p>

Question	Finding	Recommendation	Participant comments
	4 Partial 1 Incorrect		
31. Do participants understand the signature message?	All but 1 understood the signature message. 60 Correct 1 Incorrect (1 interview ran out of time)	<ul style="list-style-type: none"> Because some participants needed probing to mention that they needed to date the form, revise heading to: Sign and date below 	“It’s good that it’s highlighted and bold.”
32. Do participants understand the purpose of the privacy notice?	Most understood the purpose of the privacy notice. 55 Correct 6 Incorrect (1 interview ran out of time)	<ul style="list-style-type: none"> None 	<p>“What does practices mean? I think I would have to read a lot more to understand what is going on. Some of these words are unfamiliar, so I’d have to ask someone to help me.”</p> <p>“A bunch of legal stuff. It’s about how they can disclose information and share it with others.”</p> <p>“It’s about your privacy. It’s private and secure and they must do it by law. And it tells you how they are going to share the information.”</p>
33. What were participants’ final comments?	Final comments ranged from positive to critical, with some specific suggestions.	<ul style="list-style-type: none"> None 	<p>“There are some \$2 word in here. They may not all comprehend the words. I only have a 3rd grade education, but there a lot of words I don’t understand.”</p> <p>“They are friendlier.”</p>
33b. What other comprehension issues did screen reader participants mention?	Participants thought the remediated PDFs were usable, but wanted more headers in the RRR and further instructions on how they could submit information electronically.	<ul style="list-style-type: none"> See Table 7 below. 	<p>“Only thing I can think of is fixing the form fields.”</p> <p>“The check marks were confusing, am I supposed to check them? But I don’t know if it’s for me. I’m not going to print this out or anything. It’s not a format table page.”</p> <p>“I would appreciate filling out my own forms and sometimes I don’t want to be or trust a</p>

Question	Finding	Recommendation	Participant comments
			‘reader’ and sometimes I don’t want to share this health information around someone else.”
<p>34. What would help participants better understand their benefits?</p>	<p>Participants wanted shorter, better, clearer communications. Some wanted more information and some wanted less. Some participants expressed positive views about online and email communications and others did not like electronic means. Several participants specifically mentioned mobile applications. Others wanted direct, in-person or telephone communications to inform them about their benefits.</p>	<ul style="list-style-type: none"> ▪ In order to reach a wide, diverse audience of applicants and beneficiaries, continue to: <ul style="list-style-type: none"> ▫ Improve the readability and ease of use of notices and other communications. ▫ Explain and define new concepts and terms to improve client health insurance literacy. ▫ Offer new and more efficient communication channels, such as online and through a mobile application. ▫ Maintain traditional forms of communication such as in-person and by telephone. 	<p>“I think the mobile would be really good. I like the online. Paper just needs to stop. No one uses it any more. I like personal letters, but not the business one. If you guys were sending me updates and made it more personal I guess I'd like the letters, but because it's so legal I don't like it. I understand them, but it's like, why am I reading this?”</p> <p>“Less information is better, although I understand why they have to send all this information. [Probe: Would you be more likely to read a shorter letter?] Yes. That grid really tells me right there.”</p> <p>“If it was mailed to me it didn't say ‘here's what you have.’ Maybe there's a file online but I wouldn't [go online to] do it. I like having a hard file. But I'm not entirely sure what benefits I have.”</p> <p>“Letters help me understand my benefits.”</p> <p>“An app. It would be laid out very simply. I'd love to receive my information that way. I could open my phone and know what I had, and if I forgot my Medicaid card.”</p> <p>“Definitions.”</p> <p>“It would be helpful if a social worker/case manager [would] call me periodically to explain my benefits.”</p> <p>“I cannot think of anything else because the letter gave me enough information and I'm aware that if I have more questions there is a</p>

Question	Finding	Recommendation	Participant comments
			<p>number that I can call for assistance.”</p> <p>“Why they didn't call me or even send me a letter to tell me that my food benefits were cut in half? I would like to see better communication from the state.”</p>

Spanish Speakers

Our sample included 12 native Spanish speakers. We screened these participants to represent clients who would not be able to read English materials. These participants identified Spanish as their primary language, spoke and read Spanish at home, and were born outside the U.S. in a Spanish-speaking country where they had lived for at least seven years.

Spanish speakers generally followed the trends of the total sample, but some parts of the letters were harder for them to read and understand. These difficulties may be due to unfamiliarity with the U.S. health care system and lower health literacy levels. There were no translation issues identified. Therefore, most recommendations for Spanish speakers are consistent with recommendations for English speakers. Table 6 documents our findings for Spanish speakers, as compared to the total sample, as well as our recommendations.

TABLE 6. INTERVIEW FINDINGS AND RECOMMENDATIONS FOR SPANISH SPEAKERS

Finding (as compared to the total sample)	Recommendation
<p>The translation was easy to read and understand by Spanish-speaking participants from various Hispanic subgroups. Participants commented that in the past they had received similar notices in Spanish that used language they were not familiar with. As a result, these were hard to understand. Since the Hispanic community in Colorado is not homogeneous (Hispanic immigrants in the state come from different Spanish-speaking countries), the notices tested were translated using a universal or “neutral” Spanish in order to reach the many Hispanic subgroups.</p>	<p>Use universal or “neutral” Spanish for translations. Based on the positive feedback, we do not have any wording suggestions.</p>
<p>The NOA looked harder to read. The concepts explained in this letter were unfamiliar and complicated for most Spanish-speaking participants. Thus, they struggled more reviewing this letter. In addition, nationally, Spanish speakers have lower health literacy levels than English speakers.</p>	<p>Implement recommendations from Table 5 above.</p>
<p>Some terms (e.g., Qualified Health Plan, appeal) and abbreviations were more confusing. The higher level of difficulty with terms is typical for this population. Many came from countries with different health care systems. Many of these terms are unknown or new for this population.</p>	<p>Implement recommendations from Table 5 above, including defining terms. When using abbreviations, keep the name in English with the Spanish translation in parentheses after it the first time the name appears in the body of the notice. For subsequent instances, use the English abbreviation only.</p>
<p>Some instructions (e.g., what to do next, whom to contact, how to manage benefits online, how to update their information) were less clear.</p>	<p>Implement recommendations from Table 5 above.</p>

Finding (as compared to the total sample)	Recommendation
<p>Some concepts (e.g., food assistance, what they did after they got their information) were less clear. The higher level of difficulty with concepts is typical for this population. Many came from countries with different health care systems, so these concepts are new.</p>	<p>Implement recommendations from Table 5 above, including defining terms.</p> <p>To further build program literacy, continue support of outreach and education by native Spanish speakers.</p>
<p>A higher preference for receiving letters. A preference for letters is common with this population. Culturally, this population prefers face-to-face communication, and thus many clients want to bring their letter to a person for help. Others are afraid of reporting the wrong information online, although some younger Spanish speakers may be more open to online communication.</p>	<p>Continue to offer print letters to this population.</p>

People with Disabilities

Our sample included 13 participants with physical or intellectual disabilities. Some participants used assistive technology including screen readers (JAWS) and other assistive devices (optical character recognition readers).

People with disabilities followed the trends of the overall sample but identified a few additional challenges with the letters. Table 7 documents our findings for people with disabilities, as compared to the total sample, as well as our recommendations.

TABLE 7. INTERVIEW FINDINGS AND RECOMMENDATIONS FOR PEOPLE WITH DISABILITIES

Finding (as compared to the total sample)	Recommendation
<p>A need to independently receive and send information. Many participants mentioned a need to independently receive and send program communication. Participants with vision disabilities did not want to rely on someone to read the letters or print and fill out the renewal form. Participants wanted to know how they would send back the redetermination letter as the PDF is not setup to fill out and send back online.</p> <ul style="list-style-type: none"> One participant wondered if the redetermination deadline would be extended if a different format was requested or if it was necessary to schedule an appointment with a “reader.” 	<p>Clarify that the redetermination information can be filled out at the PEAK website, and that completing the PDF form is not necessary if this step is taken.</p> <p>If possible, create a fillable PDF form with the remediated RRR notice and provide an option to submit the file online.</p> <p>Test the redetermination section of the PEAK website to confirm people with disabilities can understand and use it.</p>

Finding (as compared to the total sample)	Recommendation
<ul style="list-style-type: none"> One participant mentioned he liked the TTY information provided once he had the information, but wondered how he would receive the initial information. 	
<p>A higher preference for online communication. More participants in this population preferred online communication, noting that it allowed them to increase font size or use a screen reader.</p> <ul style="list-style-type: none"> One participant thought an option to request Braille would be helpful, particularly for older clients. 	<p>Continue to offer accessible online communication options. Continue to provide Braille upon request.</p>
<p>The PDF letters were setup and remediated well for screen readers. Participants noted that the remediated PDFs were set up and remediated well for screen readers.</p>	<p>Continue to remediate all electronic communication.</p>
<p>The NOA looked harder to read, but was setup well for screen readers. Participants were slightly more likely to think the NOA was harder to read. One participant said he would “would need to have a good brain day” to read the entire letter.</p> <p>Participants who used screen readers liked the setup of the headlines in the NOA, because they can use them to skip through the letter without going through all the text to proceed.</p> <p>A few participants commented on the contrast in the grey box. Most liked it; one person thought it was hard to read. The current contrast passes 508 and WCAG guidelines.</p>	<p>Implement recommendations from Table 5 above.</p> <p>Continue to use headers in the NOA to help screen readers.</p> <p>Always check that contrast passes 508 and WCAG guidelines.</p>
<p>The redetermination form looked harder to fill out, and could use more headers for screen readers. Participants using screen readers requested more headings to help them through the information.</p> <p>Participants using screen readers were confused about how to return the redetermination form because it didn’t have fillable fields (see above).</p>	<p>Simplify the headings in the RRR as shown in the final notices. When preparing remediated files in the future, confirm that headings are tagged appropriately for screen readers. If the Department creates a fillable PDF version, consider adding subheadings to the RRR form, such as “contact information,” “household information,” “income information,” etc., to break up the change reporting part of the form for the screen readers.</p> <p>Clarify that the redetermination information can be filled out at the PEAK website, and that completing the PDF form is not necessary if this step is taken.</p>

Finding (as compared to the total sample)	Recommendation
Abbreviations were more confusing.	Implement recommendations from Table 5 above.
Privacy practices were more difficult to understand.	Implement recommendations from Table 5 above. Add a subheading (Why you are getting this notice) to the privacy notice as shown in the final RRR notice to cue the client and improve understanding.

Communication Preferences

Clients are able to receive eligibility information from many different sources in many different ways. Participants cited a wide range of information sources and diverse preferences for communication channels. Table 8 documents our findings and recommendations.

TABLE 8. INTERVIEW FINDINGS AND RECOMMENDATIONS FOR COMMUNICATION PREFERENCES

Finding	Recommendation
Participants’ current and preferred communication channels varied. Most participants were polarized about their preferred communication channel—strongly liking or disliking either print or electronic communication.	Continue to offer multiple communication channels to meet all clients’ informational needs.
Over half of participants preferred to receive letters. Some liked being able to create a “paper trail” of their communication while others didn’t like any online communication, felt they weren’t computer savvy, or didn’t have internet access.	Continue to offer print communication.
Many participants preferred electronic communication, particularly younger participants and participants with disabilities. Participants that preferred electronic communication were interested in trying a mobile application. However, none had tried it yet. Some participants noted negative experiences with program websites.	Promote electronic communication options, including the mobile application. To help overcome any negative perceptions, note when improvements have been made.
Participants sought help about their benefits from many places. Their local county was the most popular source, followed by the PEAK website, Medicaid contact center, and Connect for Health Customer Service Center (see Table 9 below).	Continue to provide program information and support through many different entities. To help take the burden off county and contact center staff, promote additional channels.

Participants identified where they would go for help about their benefits. Participants were able to choose multiple options. Table 9 details their information sources.

TABLE 9. PARTICIPANTS' SOURCES OF INFORMATION

Where you go for information	# of participants	% of participants
Local County Department of Human/Social Services	40	73%
Colorado.gov/PEAK	16	29%
Medicaid Customer Contact Center	11	20%
Connect for Health Colorado Customer Service Center	10	18%
Other Information Sources (e.g., Social Security, Medicare, community-based organizations)	10	18%
Application Assistance Site	7	13%
Health Clinic or Hospital	6	11%
PEAK <i>Health</i> Mobile Application	4	7%
Insurance Broker	1	2%

Systems

While the centralized CMBS has many benefits, it also creates challenges for communicating information to clients. Table 10 documents findings and systems-related recommendations to improve additional CBMS eligibility communications.

TABLE 10. INTERVIEW FINDINGS AND RECOMMENDATIONS FOR SYSTEMS

Finding	Recommendation
<p>Some participants were confused as to who was sending the letter. Currently, the state is generating notices on behalf of the county level organization. The state is identified in the header, but the county is in the closing. To complicate matters, notices with QHP/APTC/CSR eligibility determinations are co-branded with Connect for Health Colorado.</p>	<p>Decide on a single sender. We recommend that the state decide on a single sender for the notices to eliminate confusion.</p>
<p>Many participants identified next steps and choosing a health plan as an area of confusion. Because logic is not in place to determine whether it is Open Enrollment or the participant qualifies for a Special Enrollment Period, we were not able to use variable text in this section. Although we recommended some text edits to help clarify, we are still making a major assumption that the client will know whether that applies to them or not.</p>	<p>Use variable text to further tailor notices. We recommend using logic-based variable text throughout the notices. By using variable text, we eliminate sections of content that were not relevant to the client’s specific situation. This streamlines content and reduces information overload. By eliminating “if” statements, we also reduce client’s confusion. With variable text, the notice tells the client what information is relevant to them, rather than having them guess.</p> <p>Where not already in place, we recommend implementing data-based logic to support the use of variable text, such as in the case of the next steps.</p>
<p>Some participants were confused about whom they needed to contact for different programs and needs. Currently, clients have to contact different organizations for different types of questions and processes for different programs.</p>	<p>Implement a single point of contact. We recommend establishing a single point of contact to streamline communications. This could be in the form of a single number or website. The Department may also want to consider assigning—and clearly communicating—a case owner for each recipient.</p>
<p>Some participants found the reporting changes processes confusing. Currently, participants have to report changes in different ways across programs.</p>	<p>Consolidate processes across programs. Because the processes are fairly similar, we recommend the Department look across the programs to see if the processes can be combined in any way. For example, could participants use a single website or a single paper form to report changes? Then once they are submitted, can the information be distributed to the correct agency? Even if this is not possible, any way to consolidate the process would reduce the burden on the client. While the testing did not specifically ask about the details of the appeals process, we recommend that similar steps be taken to consolidate the appeals process across programs.</p>

5. FINAL NOTICE REVISIONS

After testing the notices, CHL made final revisions. Revisions were based on the client testing results documented above, independently-gathered stakeholder feedback, and a final Department review.

5.1 Client Testing Results

We incorporated the revisions as noted in Section 4.7 into the notices.

5.2 Stakeholder Feedback

We reviewed stakeholder feedback collected by Joining Vision and Action (JVA) (see separate report of findings). The stakeholders provided feedback on existing NOA and RRR notices (Appendix A). We found that their suggestions for readability, navigation and layout, and tone and usability aligned with best practices and our recommendations for notice revisions. As we had already undertaken pre-testing notice development and revisions, the majority of their feedback was already incorporated into the pre-testing versions of the notices.

However, there are a few stakeholder suggestions that merit further discussion and consideration. Table 11 documents these suggestions and CHL's response. In this table, we only included specific suggestions that we considered in final revisions of the notices or thought that the Department should consider in future revisions, rather than document all stakeholder suggestions. See separate report of findings for a comprehensive list of stakeholder feedback.

TABLE 11. SELECT STAKEHOLDER SUGGESTIONS ON EXISTING NOTICES AND CHL'S RESPONSES

Stakeholder suggestion	CHL response
Reduce the amount of information in notices	In initial revisions, we made recommendations for deletions where we deemed information unnecessary. We also reduced the volume of information through plain language revisions. However, we recommend that the Department work with internal partners to further streamline the information necessary for these notices.
Apply consistent formatting across notices	While the NOA and the RRR are very different in purpose and some variation is necessary, we used consistent formatting where possible. For example, the font and line spacing are consistent across both letters. In the final versions, we made adjustments to the heading formatting to make them consistent as well. Some parts, such as the form and table formatting, vary because of the specific requirements and purpose of those elements within each notice. The Department will need to determine the extent of consistent formatting that can be applied across all notices.

Stakeholder suggestion	CHL response
Avoid acronyms	<p>We do not have a hard and fast rule about abbreviations, including acronyms, initialisms, or other abbreviations. In some cases, we prefer to use a “term of reference” instead (e.g., tax credits instead of APTC). In these notices, we decided to use abbreviations for QHP, APTC, and CSR and to clearly define both the abbreviation and the concept. These are terms that clients need to learn because they will see them in other communications. We found that these terms occurred so frequently throughout the notices that spelling them out every time would increase the number of words and add to the overwhelming nature of these communications. For example the header “QHP, APTC or CSR through Connect for Health Colorado” would become “Qualified Health Plan, Advanced Premium Tax Credits or Cost Sharing Reductions through Connect for Health Colorado.”</p>
Clarify the dates (NOA)	<p>We clarified the different types of dates and what they mean by using the dates in text rather than in a table format. For example, we say “You qualify for \$300 in food assistance starting May 5, 2016” rather than saying “Eligibility date: May 5, 2016” in a table. This became complicated with the QHP, APTC, and CSR dates because the eligibility dates and start dates are different and difficult to explain. Our solution was to remove the dates from the summary table entirely and move them to the “More about your benefits” section where we could explain them more clearly in text. The Department needed us to include the dates in the summary table as well, so the current versions of the notices have dates in the table and a more detailed explanation in the “More about your benefits” section. Internal program staff may need to consider and clarify the placement of dates in the summary table.</p>
Improve the consistency of the question formatting of the form (RRR)	<p>Stakeholders noted that some questions were formatted as questions and others as statements, and that some questions had check boxes outside the boxes and others within the boxes. We improved the formatting in the pre-testing revisions. We still have some variation based on the level of question.</p>
Move signature line to the first page (RRR)	<p>Rather than move the signature to the first page, we clarified the instructions so they included signing the form. We also reformatted the instructions overall so they are more readable. Finally, we improved the placement, formatting, and language of the signature box itself.</p>

5.3 Department Review

In their final review of the notices, the Department suggested changes to content, language, and formatting.

In some cases, the final changes affected the specific text in our recommendations in Table 5. In those cases, we updated the recommended text in that table to ensure alignment with text in the final notices. In our documentation of changes below, we note where changes were made to recommended text.

In response to Department feedback, we made the following changes to the NOA:

- Updated the application processing date and CHP+ benefits start date to improve accuracy of the sample notice
- Updated the format of the medical assistance ID numbers in the “What you qualify for” section to make the sample notice more realistic
- Added “as early as” date for QHP benefits in the “What you qualify for” section to improve accuracy and consistency with the APTC and CSR benefits (Updated recommended text in Table 5, Question 7)
- Added “Up to” language for tax credits in the “What you qualify for” section to clarify that a client does not have to take all their tax credit at once (Updated recommended text in Table 5, Question 7)
- Changed “income” to “household income” in the denial reasons in the “What you qualify for” section so that it would be clearer for children (who may not have income)
- Added what the children do not qualify for in the “What you qualify for” section in line with legal requirements
- Changed “ask for an appeal” language to “tell us you want an appeal” language in the “If you do not agree with our decisions” and “If you think we made a mistake” sections to enforce the point that the client has the right to appeal. Also changed “may” to “can” in appeals language to emphasize that same point.
- Deleted “any time” in the discussion of Special Enrollment Periods in the “What to do next” section to remove the implication that there is no deadline.
- Repeated the next steps for each person in the “What to do next” section instead of combining them for the children to improve clarity and align with the “What you qualify for” section
- Moved the information about calling the QHP with questions to before the client chooses the QHP in the “More about your benefits” section to align with the actual process (Updated recommended text in Table 5, Question 11)
- Updated the structure of the APTC and CSR information in the “More about your benefits” section to mirror the structure in the “What you qualify for” section (Updated recommended text in Table 5, Question 11)
- Deleted the information about calling Connect for Health Colorado if information is wrong in the “How we made our decisions” section to ensure that clients follow the appropriate process for appeals.
- Added examples to the “Managing your benefits” section to clarify the concept of “manage.” Also updated headings for consistency with the other sections. (Updated recommended text in Table 5, Question 19)

- Added information about opting to get notices via email/text to the “Managing your benefits” section (Updated recommended text Table 5, Question 19)
- Added information about the mobile application to the “Managing your benefits” section
- Bolded appeal dates and deadlines in the “If you think we made a mistake” section in line with best practices
- Added Denver Human Services contact information to the “If you think we made a mistake” section for consistency with other program appeals sections. The contact information now appears in all the main sections that a client might need it.
- Added information about the CHP+ appeals process to the “If you think we made a mistake” section
- Replaced references to the “county department” and the “County Department of Human/Social Services” with “Denver Human Services” throughout the notice to improve clarity. This change is also responsive to our recommendations for a single point of content and use of variable text

In response to Department feedback, we made the following changes to the RRR:

- Updated the information in the “Report change in one of these ways” sections. Changed “us” to Denver Human Services” to clarify who to call. Reordered the change reporting options so that options related to Denver Human Services are together and the online option is first for emphasis. Added “log in” instructions to the online option for clarity.
- Added information about what will happen if clients do not qualify to help reassure them
- Added a question about applying for a Social Security number for a newborn
- Updated check box options for types of unearned income for accuracy

In addition to the changes noted about, we made minor text edits for clarity, accuracy, consistency, and readability throughout the notices. The changes also necessitated some formatting adjustments as well.

To maintain the validity of the testing results, CHL only made changes that would:

- Improve the accuracy of the notices, in line with CBMS systems and processes
- Further clarify the notices and improve their readability, in line with best practices and our experience.

Major content reorganizations and additions were tabled for future revisions, where they could be adequately developed with Department partners, refined using best practices, and tested with clients, to ensure accuracy, readability and usability.

5.4 Final Notices

Final notices—which include client testing, stakeholder, and department feedback—are in Appendix E.

6. COMMUNICATION BEST PRACTICES

We understand that Colorado is committed to improving client correspondence throughout all of their communications. To support this ongoing effort, we provide both general best practices for readability and usability and specific best practices related to eligibility communications and accessibility.

6.1 General Communications Best Practices

Table 12 lists general best practices for readability and usability which the Department should consider when developing any client communications. While some are specific to printed materials, most of these recommendations apply across all communication types.

TABLE 12. CONTENT ORGANIZATION, FORMATTING, AND LANGUAGE BEST PRACTICES FOR READABILITY AND USABILITY

Content organization	
Recommendation	Example
Group content from the client’s perspective to aid in navigation.	In the NOA, we grouped content by “purpose” or what clients will be looking for—their next steps, what to do if they have questions, what to do if they think we made a mistake.
Limit the number of messages to reduce information overload. If detailed information needs to be presented, consider summarizing first and giving details later, or breaking up the document into multiple independent pieces.	<p>In the NOA and RRR, we recommended eliminating non-essential messages.</p> <p>In the NOA, determination decisions and appeals deadlines are mentioned early in the notice, but full details are referenced and placed later in the notice.</p> <p>In the RRR, we restructured the content into a cover letter, a form, and the privacy notices, created document titles where needed, and cross-referenced for navigation.</p>
Place main messages first and most prominently to improve comprehension of key information.	In the NOA, the “What you qualify for” holds the main messages for the notice. We used grey shading to help it stand out to the client.
Word headings to describe section content exactly to aid skimming and scanning.	In the RRR, we used the heading “Report changes in one of these ways” and then listed options for reporting changes.

Content organization	
Recommendation	Example
Organize content in brief, one-topic paragraphs or text blocks.	In the NOA, we created the following paragraph: Why you are getting this notice This notice tells you what you qualify for, what you need to do next, and where to get answers to questions. It tells you how we made our decisions and how to appeal if you disagree. It also gives you more information about your benefits and other programs.
Put information in logical order.	In the NOA, we listed the appeals process information in chronological order to help guide clients through the process. In the RRR, we list the client's action steps in a numbered list in the order in which they need to complete the tasks.

Formatting	
Recommendation	Example
Include ample white space to increase appeal and readability, including using wide margins, bulleted and numbered lists, and spacing around headings and between lines.	In the RRR, the cover page utilizes all of these strategies.
Use consistent and clear header hierarchy to improve navigation.	In the NOA, there are three levels of headings that are used consistently throughout notice.
Use left alignment to reduce the need for clients' eyes to jump and scan for content.	In the RRR, we aligned all the check boxes for the form and indented all the subsequent text. This allows the client to quickly scan down, see the boxes, and figure out which ones they need to check.
Keep line length to 14-18 words to help clients skim and scan.	In the NOA and RRR, we used larger margins to keep the column width narrow.
Use a readable font and a font size equivalent or greater than 12 point Times New Roman to increase readability.	In the NOA and RRR we used 10 point Verdana that is one of the most readable sans serifs. 10 point Verdana is equivalent to 12 point Times New Roman.

Formatting	
Recommendation	Example
Use sentence case headings—rather than title case—to increase readability.	In the RRR, we changed “Right to Request that Your Health Information be Communicated in a Confidential Manner” → (You have the right to) Ask that your health information be communicated in a confidential way
Use bold to emphasize key information. However, avoid overuse—too much bold on a page or long strings of bold—as this defeats the purpose. Avoid all caps and italics for emphasis as they are less readable.	In the NOA, we bolded the number of days a participant has to report changes in each of the program-specific sections. In the RRR, we eliminated the use of all caps in the privacy notice.
Place page breaks at logical places for the flow of content to increase readability.	In the NOA, we tried to break pages at the main headings or subheadings where possible. When doing this, keep in mind that you must also consider the potential for too much white space at the end of the page or potentially increasing the number of pages for printing.

Language	
Recommendation	Example
Use a friendly tone, directly addressing the client (“you”) to increase comfort and confidence with new information.	In the NOA, we changed “Date and time of eligibility determination: 04/18/16 8:00 PM” to “We finished processing your application on April 18, 2016 at 8:00 pm.” In the RRR, we changed “to make sure our clients receive quality care” to “make sure you get quality care.”
Use active voice (noun followed by verb).	In the RRR, we changed “you will be mailed a new Notice” to “we will send you a new Notice.” In the RRR, we changed “some of your health information is collected and maintained by the State of Colorado, Department of Health Care Policy and Financing” to “... the State of Colorado, Department of Health Care Policy and Financing (the Department) collects and keeps some of your health information.” In the NOA, we changed “Your request must be received ...” to “We must get your letter.”

Language	
Recommendation	Example
Use parallel construction for headings, lists, and sentences.	<p>In the NOA, each of the subsections in the Reporting Changes section, starts “To report changes for ...” and then lists the specific program.</p> <p>In the RRR, we restructured the rights section to start with a clear action.</p> <p>You have a right to:</p> <ul style="list-style-type: none"> ▪ See and get a copy of your health information... ▪ Ask us to correct your health information... ▪ Get a list of disclosures made of your health information...
Use short, simple—rather than complex or compound—sentences of fewer than 20 words.	<p>In the NOA, we separated the following sentence:</p> <p>If you fail to report information correctly and timely, your household may owe us the value of the extra food assistance you received, and it may result in your disqualification from the Food Assistance program and/or referral for prosecution under state fraud statutes.</p> <p>Into:</p> <p>If you do not report changes correctly and on time, you may have to pay back some or all of the extra assistance you got. You may also be disqualified from the program. You may also be referred for prosecution for fraud.</p>
Use common, familiar vocabulary.	<p>In the RRR, we changed “Permitted uses and sharing of your health information” to “How we may use and share your health information.” We also changed “confidential manner” to “confidential way”, and “frequency” to “how often.”</p> <p>In the NOA, we changed “Non Discrimination Policy” header to “If you think you have been treated unfairly.” We also changed “request” to “ask for”, “access” to “get”, “receive” to “get”, “error” to “mistake”, and “reduce” to “lower.”</p>
Reduce the number of multi-syllable words.	<p>In the RRR, we changed “necessary” to “needed.”</p> <p>In the NOA, we changed “If you do not wish to participate in the informal resolution process” to “If you do not want to do an informal resolution process.”</p>
Avoid legal, technical, or bureaucratic terms.	<p>In both notices, we eliminated the use of the word “medical assistance” as the term was inconsistently defined among</p>

Language	
Recommendation	Example
	<p>internal partners.</p> <p>In the RRR, we changed “judicial or administrative order” to “court or administrative order.”</p> <p>In the NOA, we changed “Federal law prohibits discrimination” to “Discrimination is against federal law.”</p>
Define necessary technical or unfamiliar terms in context, right next to the word, to teach terms.	In the NOA, we defined premium (monthly cost) and conference (an informal meeting) in parentheses in the text.
Use examples that are familiar to the audience to help clarify terms and concepts.	In the RRR, we defined “unearned income” by putting the following after it: “(non-work income, such as child support or Social Security).”
Spell out abbreviations and acronyms at first use, with the abbreviation or acronym in parentheses right after the words.	In the NOA, we use abbreviations for Quality Health Plan (QHP), Advanced Premium Tax Credits (APTC), Cost Sharing Reductions (CSR), and Child Health Plan <i>Plus</i> (CHP+).
Use client-centered language.	In the NOA, we changed “Some people may qualify for Medicare if they are disabled” to “Some people may qualify for Medicare if they have a disability.”
Avoid culturally-specific idioms that might not translate well or that new speakers of English might not know.	In the RRR, we changed “we will let you know” to “we will tell you.”
Use key words consistently throughout to refer to the same thing, improving clarity and comprehension.	<p>In the non-MAGI RRR, we used “proof” consistently throughout, rather than documents.</p> <p>In the NOA, we replaced instances of “private health insurance” with “qualified health plan.”</p>

6.2 Eligibility Communications Best Practices

The following is a list of best practices specifically related to improving eligibility communications, including those with legal and appeals language. We developed these based on our experience working with multiple states and the federal government on eligibility communications for public assistance programs.

- **Explain the purpose of the communication first.** We recommend explaining why the person is getting the piece of communication.
- **Include a clear call to action.** We recommend placing this on the first page and clearly labeling it (what you need to do, your next steps, etc.). Make the language action-oriented. Include deadlines if any.
- **Place key dates and phone numbers at the end of a line in bold.** This placement and emphasis draws the client's attention. Use words for dates instead of numbers (e.g., April 18, 2016 rather than 4/18/16). Do not split dates or phone numbers across lines.
- **Display help and contact information prominently.** We recommend including a section at the top giving the contact information. We also recommend having a footer on every page with contact information so the client can access it from any place in the notice.
- **Display program information in a consistent order.** If information for multiple programs is included in a communication, always list the programs in the same order. For example, if you list information for Medicaid, then CHP+ in one section, then it should be listed in that order in all sections when possible.
- **Provide consistent information across programs.** When providing information about multiple programs, we recommend that information be as parallel and consistent as possible to enable clients to compare and absorb information across programs. For example, if a letter explains how to report changes across multiple programs, the content for each program section should be consistent—what to report, the reporting process, the deadline, the consequences, etc.—in the same order each time. If a piece of information does not apply to a specific program, it is better to say that it does not apply rather than exclude it.
- **Use a letter format with a salutation and closing for notices.** These elements make notices more personal and friendly. Also, they help the client know that the notice is specifically for them and they clearly state who the notice is from.
- **Balance narrative text with tables and other graphic elements.** Chunked narrative text with ample white space is easier to read and understand, while long stretches of narrative are more difficult. Similarly, simple tables can be extremely helpful in summarizing information, while complicated tables can be overwhelming and difficult to read. It is best to use a combination of narrative and tables to gain the benefits of both formats, without overwhelming the client with either one.
- **Use variable text fields for due dates.** We recommend using the actual date, rather than “X business days from the date of this letter.” The latter would require the client to refer to another part of the letter and count the days.
- **Replace program jargon with easier to read terms unless the intent is to teach the term.** We recommend replacing “determination” with “decision”, “eligibility” with “qualify”, and “notice” with “letter”.

6.3 Accessibility Best Practices

People with disabilities should be able to easily obtain and use all client communications. They should be able to send and receive information to and from the state of Colorado in an equally effective manner as people without disabilities.

For all communications, we recommend following print and electronic accessibility guidelines, providing a clear way to request alternative communication formats, and conducting functional and automated testing with people with disabilities.

- **Print communications:** We recommend using ADA guidelines for developing print communication. Printed materials can pose a significant challenge for people who have vision, learning, and cognitive disabilities. Alternative formats such as large print or Braille should be made available. This communication should be made available through other accessible formats and technology such as websites, email, TTY, etc. The availability of alternative options should be clearly referenced in all original communication.
- **Electronic communications:** We recommend using HHS Section 508 guidelines for developing electronic communications. Poorly designed websites or electronic communications can create unnecessary barriers for people with disabilities. Print communications should be offered in electronic format, such as PDF, so people with vision disabilities can use assistive technology to read them. All electronic communication should be remediated for compliance with Section 508 requirements (See Appendix F for PDF requirements, also available at www.hhs.gov/web/section-508/making-files-accessible/checklist/index.html).

7. NEXT STEPS

By revising and testing the NOA and RRR, the Department has taken a significant step to improve eligibility communications for clients seeking or receiving medical, food, and cash assistance benefits. By seeking best practices for improving additional communications, the Department has even more of an opportunity to impact Coloradoans access and utilization of these benefits

While the Department has made significant improvements, there are additional opportunities to further improve client communications. Based on the notice development, client testing, and best practices, we recommend the following steps:

1. Implement content organization, formatting, and language recommendations from the sample notices
2. Reduce notice length by separating out educational, privacy, and legal information
3. Continue to provide alternative and accessible communication formats and look for new ways to further reach people with disabilities
4. Raise awareness of new online communication tools while continuing to offer other offline channels
5. Implement system changes to simplify processes and allow for individually-tailored communications
6. Use best practices and lessons learned during this revision and testing effort to improve other eligibility communications
7. Test the notices again after any significant changes

8. APPENDICES

Appendix A. Existing Notices

Existing NOA



STATE OF COLORADO



Case Number: [REDACTED]

[REDACTED]

[REDACTED]

Client ID: [REDACTED]

County Contact Information

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

Medical Assistance Contact: [REDACTED]

Food Assistance Contact: [REDACTED]

Date and time of eligibility determination: 03/22/2016 07:06 PM

Authorization Number: [REDACTED]

Please review the entire notice to see what your household qualifies for.

<input checked="" type="checkbox"/>	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
Qualified Health Plan	[REDACTED]	11/27/2015		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.

Case Number/Correspondence ID: [REDACTED]
Process Date: 03/23/2016
Page 1 of 13

 Approval: Your application has been approved for the following individual(s).			
Qualified Health Plan	[REDACTED]	11/27/2015	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	[REDACTED]	11/27/2015	Not Applicable
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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.

 Approval: Your application has been approved for the following program(s).					
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Program	Application Date	Benefit Start Date/Month	Benefit End Date/Month	Benefit Amount	Date and Time determined
Food Assistance	03/22/2016	04/2016	08/2016	\$511.00	2016-03-22 19:06

Individuals:
 [REDACTED]

	Approval: Your application has been approved for the following program(s).
Additional Information: If you begin to receive public assistance or if your household owes the department food assistance benefits, your food assistance benefits may go down without further notice. If you applied after the 15th of the month, you will get 2 months' worth of benefits on your card at the same time. The first month is a partial month based on the date you applied, and the second month is the full amount of benefits you are eligible to receive.	
Supporting Rule: 10 CCR 2506-1, 4220.12 (4.401.1), 4223.2 (4.407.2), 4223.5-4223.52 (4.407.3; 4.407.31; 4.507(B))	

	Denial: Your application has been denied for the following individual(s).	
Benefit Category	Individual Name and Medical Assistance ID	Application Date
Tax Credits	[REDACTED]	11/27/2015
Cost Sharing Reductions	[REDACTED]	11/27/2015
Reason: You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.		
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.		
Tax Credits	[REDACTED]	11/27/2015
Cost Sharing Reductions	[REDACTED]	11/27/2015
Reason: You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.		
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.		
Tax Credits	[REDACTED]	11/27/2015
Cost Sharing Reductions	[REDACTED]	11/27/2015
Reason: You do not qualify for a tax credit based on your income. If you have questions, call the Marketplace at 855-PLANS-4-YOU.		

 Denial: Your application has been denied for the following individual(s).	
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.	
Tax Credits	[REDACTED] 11/27/2015
Cost Sharing Reductions	[REDACTED] 11/27/2015
Reason: Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.	
Supporting Rule:	
Tax Credits	[REDACTED] 11/27/2015
Cost Sharing Reductions	[REDACTED] 11/27/2015
Reason: Since you qualify for Medicaid coverage, you do not qualify for tax credits or cost sharing reductions.	
Supporting Rule:	

 Your application has been denied for all members in your household for the following program				
Program	Application Date	Denial Month From:	Denial Month To:	Date and Time determined
Food Assistance	03/22/2016	03/2016	03/2016	2016-03-22 19:06
Reason: Your household's income before taxes and deductions is more than what the Food Assistance program allows. You may be eligible for services to support your job search, such as training or skill assessments. Visit www.colorado.gov/cdle/wfc to find your nearest Workforce Center for more information. Also register at www.connectingcolorado.com to search job openings.				
Supporting Rule: 10 CCR 2506-1, 4214.1 (4.602, 4.601(D), (E)), 4321.3 (4.305.2(D) and (E)), 4220.12 (4.401.1)				

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Note: You may be eligible for free nutrition education classes. Please contact our SNAP-Education office at 1-844-393 -SNAP(7627) for additional information.

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

Your right to appeal	<p>For Food Assistance: If you think any part of this decision is wrong, you may ask for (1) a State Hearing (2) a County conference; or (3) both.</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>06/21/2016</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 04/22/2016, even if you have asked for a county conference. For Food Assistance: Your request must be received on or before 04/22/2016 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</p>

	<p>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 (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 04/22/2016, for Medical Assistance and Cash Assistance or 06/21/2016, 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 04/22/2016, for Medical Assistance and Cash Assistance or 04/22/2016, 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>
Continuation of Food Assistance Benefits	<p>If you filed an appeal, you may receive food assistance at your current amount until your hearing is decided or until your certification period ends, whichever comes first. To receive a continuation of food assistance benefits, you must have requested the appeal in writing on or before the proposed effective date of this notice or within ten days from the date this notice was mailed. Also, to ensure continuation of benefits, it is best to request a hearing as soon as possible through your local food assistance office. If you receive a continuation of benefits and lose your appeal, your household will owe us the value of any continued benefits you received. If you do not want to receive continued benefits, you must request not to receive them.</p>
Employment First Information for Regaining Eligibility	<p>Employment First Information for Regaining Eligibility: The Food Stamp Act requires that all members of eligible households, who have attained the age of 16 and have not yet reached their 60th birthday, must register for work, participate in an employment and training program as required, accept suitable employment and provide sufficient information to allow the agency to determine the employment status or the job availability of the individual, unless they are exempt from Employment First. An individual, who is denied eligibility under this provision can regain eligibility if in a 30-calendar-day period the individual is employed 80 or more hours, participates in and complies with the requirements of a work program as determined by Employment First or participates in an acceptable training program for 80 hours. A sanction can be stopped if the household or individual provides: (1) written proof that the individual</p>

	<p>is federally exempt from work requirements or (2) written proof of good cause is provided within 10 days of the date on this notice to the Food Assistance worker or Employment First worker. Good cause must be provided before the sanction start date on this notice. Once the sanction starts, the sanction can only be stopped if the individual becomes federally exempt at any time prior to or during the sanction period." (4.4215.45)</p>
<p>Non Discrimination Policy - Food Assistance</p>	<p>This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.</p> <p>The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.</p> <p>Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: program.intake@usda.gov.</p> <p>For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.</p> <p>To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and</p>

	<p>Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).</p> <p>This institution is an equal opportunity provider.</p>
Notice to Food Assistance Clients	<p>If you do not access the benefits on your Quest Card for 365 days, they will no longer be in your account. To see if you are eligible to have these benefits restored, contact your county worker.</p> <p>When you receive food assistance benefits, you are required to report changes in your household's circumstances by the tenth of the next month. If you have been certified as a Simplified Reporting household, you should have received a written notice explaining your reporting requirements. If you have not received a notice, please contact your worker.</p> <p>You may report changes in your household's circumstances to your local food assistance office by phone, in person, in writing, by fax, and/or other electronic device. If you fail to report information correctly and timely, your household may owe us the value of the extra food assistance you received, and it may result in your disqualification from the Food Assistance program and/or a referral for prosecution under state fraud statutes.</p> <p>If you owe food assistance benefits that were over issued, some of your food assistance benefits will be applied towards the amount you owe.</p>
Connect for Health Colorado Appeals Rights	<p>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 discuss your concerns, and we will help you.</p> <p>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 04/22/2016. 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.</p> <p>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</p>

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 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 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 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.

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 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

Connect for
Health

Connect for Health Colorado is a Marketplace for Colorado individuals, families and small employers to shop for health insurance plans, to

<p>Colorado General Information</p>	<p>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><u>How We Determine if You Qualify</u> 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><u>Time to Enroll in Your Health Plan!</u> 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 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.</p> <p><u>Do You Need Assistance?</u> 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.</p> <p>You can update your account and contact preferences at: ConnectforHealthCO.com or Colorado.gov/PEAK. You will need your login ID and password.</p> <p><u>Reporting Changes</u> You must report any changes that impact your eligibility for medical</p>
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	<p>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:</p> <ul style="list-style-type: none"> • 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). <p>To report changes you may go to ConnectforHealthCO.com or call 855-752-6749 or TTY: 855-346-3432. <u>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.</u></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>
<p>Colorado PEAK Website</p>	<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>

STATE OF COLORADO



Client Contact Information

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

01/09/2016

Redetermination Notice for Medical Assistance

Dear MAGI Packet,

It is time to see if you are, or your family, is still eligible for your medical benefits. Please review the current information we have in **Section I below**. If there are changes to current information or missing information, please complete **Section II** and return the information to us or you can enter your changes on PEAK Redetermination at www.Colorado.gov/PEAK by 01/05/2016.

You may receive two separate Medical Assistance Redetermination Notices due to your household circumstances. If you have changes to each notice, please report changes for both notices.

Please review **Section II** for new information needed as of October 1, 2013. You may call to provide this information or return this form. We will check to see if you are still eligible for benefits with the information we have. You may need to give us documents to see if you are, or your family, is still eligible. If we need documents from you, we will let you know.

If you are a member of Child Health Plan Plus (CHP+) you have 90 days from the date of this letter to change the CHP+ Health Plan you are enrolled with. If you would like to change, please call HealthColorado (303) 839-2120 / Outside of Denver: 1-888-367-6557), and they will assist you.

You must report your changes. If you have changes and don't report them, you may have to pay back medical payments paid by Medicaid or CHP+.

Want fast and convenient access to your Medicaid and Child Health Plan Plus (CHP+) benefit information on the go? Download the PEAKHealth app on your smartphone for free at the iTunes and Android stores to manage your Medicaid and CHP+ benefits.

Section I: Your information on file

Client's Name: MAGI Packet			
Client's Date of Birth:	Requesting Medical Assistance Y/N: Y		Employed Y/N: N
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount		Frequency
Unearned Income Y/N: N	Type	Amount	Frequency

[REDACTED]
[REDACTED]

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Roomers/Boarders Y/N: N	Amount	Frequency
Tax Payer Y/N: N		
Lives with both parents, but parents do not expect to file a joint return Y/N: N		
Expects to be claimed by a non-custodial parent Y/N: N		
Expects to be claimed as a tax dependent on someone else's tax return Y/N: N		

Section II: Report Your Changes-

Starting October 1, 2013, changes in Federal law require Colorado to ask additional questions about you and your family. We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it.

Instructions: Please complete for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family members who live with you. (Use More Paper if Necessary)

Do You Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Medicaid, CHP+, or health insurance even if you do not file a federal income tax return.</i>
1. Will you file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will you claim any dependents on your tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will you be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are you related to the tax filer?	

Does Anyone Else in the Home Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Medicaid, CHP+, or health insurance even if you do not file a federal income tax return.</i>
Name		
1. Will they file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will they claim any dependents on their tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will they be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are they related to the tax filer?	

I am reporting the following change(s) (Check the boxes next to each change):

██████████
 TE ██████████

HOPF-6
 Med MAGI Redetermination Notice 1_EN

Change of address or phone number: _____

Pregnancy:

Pregnant Woman's Name: _____ Due date: _____

Person leaving my home:

Name: _____ Date of birth: _____

Date left my home: _____

Relationship of this person to you: _____

Person added to my home:

Name: _____ Date of birth: _____

Does this person plan to file a federal income tax return NEXT YEAR? Yes No

Does this person have any dependents? Yes No

If yes, list name(s) of dependents: _____

Is this person claimed as a dependent on someone else's tax return? Yes No

If yes, please list the name of the tax filer: _____

How is this person related to the tax filer? _____

*If this person is requesting Medical Assistance, please include the information below.

Social Security Number or Date Applied: _____

Date entered my home: _____

Relationship of this person to you: _____

For more information, call me or visit www.Colorado.gov/HCPF

Changes to Work (For Example: new job, change in hours, lost job, new self-employment):

Name of person working: _____

Name of Employer: _____

Gross amount received: \$ _____

Date received: _____

Type of income: _____

*If anyone is currently self employed, please send a copy of a profit and loss statement or business ledger from this or last month

Changes to Non-Work Income (For Example: child support, social security, unemployment, gifts or cash) :

Name of person receiving: _____

Gross monthly amount received: \$ _____

Date received: _____

Type of income: _____

██████████
██████████

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Roomers/Boarders Y/N: N	Amount	Frequency
Tax Payer Y/N: N		
Livings with both parents, but parents do not expect to file a joint return Y/N: N		
Expects to be claimed by a non-custodial parent Y/N: N		
Expects to be claimed as a tax dependent on someone else's tax return Y/N: N		

Section II: Report Your Changes-

Starting October 1, 2013, changes in Federal law require Colorado to ask additional questions about you and your family. We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it.

Instructions: Please complete for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family members who live with you. (Use More Paper if Necessary)

Do You Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Medicaid, CHP+, or health insurance even if you do not file a federal income tax return.</i>
1. Will you file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will you claim any dependents on your tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will you be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are you related to the tax filer?	

Does Anyone Else in the Home Plan to File a Federal Income Tax Return NEXT YEAR?	<input type="checkbox"/> Yes If yes, answer questions 1-3 <input type="checkbox"/> No If no, answer question 3	<i>You can still apply for Medicaid, CHP+, or health insurance even if you do not file a federal income tax return.</i>
Name		
1. Will they file jointly with a spouse?	<input type="checkbox"/> Yes If yes, please list full legal name of spouse <input type="checkbox"/> No	
2. Will they claim any dependents on their tax return?	<input type="checkbox"/> Yes If yes, list full legal name of dependents <input type="checkbox"/> No	
3. Will they be claimed as a dependent on someone's tax return?	<input type="checkbox"/> Yes If yes, list full legal name of the tax filer <input type="checkbox"/> No How are they related to the tax filer?	

I am reporting the following change(s) (Check the boxes next to each change):

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 1: ██████████

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 Med MAGI Redetermination Notice 1_EN

Other Changes: (For Example: Social Security Number for a newborn children, name change, marriage, divorce, change in immigration status, school attendance, etc.)

Please explain:

Signature

Date

If you have any questions, please call me right away.

Thank you,

██████████
██████████
██████████████████
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HCPF-6
Med MAGI RedeterminationNotice1_EN



Colorado Medical Assistance Program

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

As a Colorado Medical Assistance Program client, some of your health information is collected and maintained by the State of Colorado, Department of Health Care Policy and Financing. The Department is required by law to maintain your privacy and the security of your health information and to provide you with this Notice of Privacy Practices. This Notice describes how your health information may be used and shared, and explains your privacy rights. The Department is required to follow the terms of this Notice. We may, however, change our privacy practices and the terms of this Notice in the future, and those changes may affect all health information maintained by the Department. If our privacy practices change, you will be mailed a new Notice. The updated version will also be available on the Department's web site (<http://www.chcpf.state.co.us>).

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

Treatment: We will use and share your health information to ensure you are provided medical treatment and services. For example, the Department may share your health information with a doctor or hospital that is giving you health care.

Payment: We will use and share your health information to pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing the Department for your health care services.

Health Care Operations: We will use and share your health information for Department operations necessary to make sure our clients receive quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess the care you received.

Future Communications: We may use your health information to mail you information on health care programs and health care choices.

Legal Requirements: We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.

Research: Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

Health Oversight Activities: We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation.

Workers Compensation: We may share your health information with programs that give benefits for work-related injuries or illness.

National Security and Intelligence Activities: We may share your health information to authorized federal officials for activities related to national security and special investigations.

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HCPF-6
Med MAGI Redetermination Notice_L_EN



Colorado Medical Assistance Program

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION (cont.):

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information to the correctional institution or law enforcement official for the purposes of health care or safety.

Other uses or sharing of your health information will be made only with your written authorization.

YOUR HEALTH INFORMATION RIGHTS:

Right to See and Get a Copy of Your Health Information: You may see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only provide those records that were created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action.

Right to Request that We Correct Your Health Information: If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to amend your information.

Right to a List of Disclosures Made of Your Health Information: You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. No disclosures made prior to April 14, 2003 will be provided.

Right to Request that Your Health Information be Communicated in a Confidential Manner: You may request, in writing to the Department's Privacy Officer, that your health information be provided in a confidential manner, such as sending mail to an address other than your home. The Department will honor reasonable requests.

Right to Request that We Not Use or Share Your Health Information: You have the right to request that we not use or share your health information for treatment, payment, or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request must be in writing to the Department's Privacy Officer, and we will consider your request but we are not legally required to accept it.

Right to a Copy of the Notice: You may ask for a copy of this Notice anytime.

FOR MORE PRIVACY INFORMATION OR TO REPORT A PRIVACY PROBLEM:

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer
Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Telephone: 303-866-4368

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

THE DEPARTMENT CANNOT TAKE AWAY YOUR BENEFITS OR RETALIATE AGAINST YOU IN ANY WAY IF YOU FILE A PRIVACY COMPLAINT.

This notice is effective as of April 14, 2003.

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Med MAGI Redetermination Notice 1_EN

STATE OF COLORADO



NonMAGI Packet

Client Contact Information

01/09/2016

Redetermination Notice

Dear NonMAGI Packet,

It is time to see if you are, or your family, is still eligible for your medical benefits. Please review the current information we have in **Section I** below. If there are changes to current information or missing information, please complete **Section II** or you can enter your changes on PEAK My Account (Redetermination) at www.Colorado.gov/PEAK. You will need to provide current documentation (such as bank statement or award letter) with this form by 01/05/2016.

You may receive two separate Medical Assistance Redetermination Notices due to your household circumstances. If you have changes to each notice, please report changes for both notices.

If you do not have changes, we may still need documents from you. We will check to see if you are still eligible for benefits with the information we have, but you may need to give us documents to see if you are, or your family, is still eligible. If we need documents from you, we will let you know.

If you would like to request email and/or text message notifications that you have correspondence available in your PEAK Mail Center, please go to www.Colorado.gov/PEAK and complete a request to receive notification via email.

If you would like to have your notifications in 14 point font, please go to www.Colorado.gov/PEAK and complete a request to have your notifications in 14 point font.

Want fast and convenient access to your Medicaid and Child Health Plan Plus (CHP+) benefit information on the go? Download the PEAKHealth app on your smartphone for free at the iTunes and Android stores to manage your Medicaid and CHP+ benefits.

HCPF-3
Med RedeterminationNotice2_EN

Section I: Your information on file

Client's Name: NonMAGI Packet			
Client's Date of Birth: [REDACTED]	Requesting Medical Assistance Y/N: Y	Employed Y/N: N	
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount	Frequency	
Unearned Income Y/N: Y	Type	Amount	Frequency
	Social Security Disability	826.30	Monthly
	Social Security Retirement	826.00	Monthly
Expenses Y/N: Y	Type	Amount	
	Utility	50.00	
	Medicare-B	0.00	
Resources Y/N: N	Type	Fair Market Value	Amount Owned
Roomers/Boarders Y/N: N	Amount	Frequency	

Section II: Report Your Changes-

I have No changes.

I am reporting the following change(s) (Check the boxes next to each change):

Change of address or phone number: _____

Pregnancy:
 Pregnant Woman's Name: _____ Due date: _____

Person leaving my home:
 Name: _____ Date of birth: _____
 Date left my home: _____
 Relationship of this person to you: _____

[REDACTED]

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 Med RedeterminationNotice2_EN

Person added to my home:

Name: _____ Date of birth: _____

*If this person is requesting Medical Assistance, please include the information below.

Social Security Number or Date Applied: _____

Date entered my home: _____

Relationship of this person to you: _____

For more information, call me or visit www.Colorado.gov/HCPF

Changes to Work (For Example: new job, change in hours, lost job, new self-employment):

Name of person working: _____

Name of Employer: _____

Gross amount received: \$ _____

Date received: _____

Type of income: _____

*If anyone is currently self employed, please send a copy of a profit and loss statement or business ledger from this or last month

Changes to Non-Work Income (For Example: child support, social security, unemployment, gifts or cash) Please provide documents of all Non-Work income you or your spouse receive with this notice:

Name of person receiving: _____

Gross monthly amount received: \$ _____

Date received: _____

Type of income: _____

Changes to Expenses (For Example: Child Care, Dependent Elder Care, Child Support, Medical, Health Insurance Premiums, Prescriptions, Shelter, Trust Fees):

Type of Expense: _____

Who is the Expense for: _____

Who pays for the Expense: _____

Month and Amount: _____ \$ _____

Changes to Vehicles: Please provide documents of Vehicles you or your spouse own with this notice

Owners Name: _____

Vehicle Year/Make/Model: _____ Value: _____

Owners Name: _____

Vehicle Year/Make/Model: _____ Value: _____

Changes to Resources: (For Example: bank or trust accounts, life insurance/burial policies, property, annuities, promissory notes, stocks) Please provide documents of these resources you or your spouse own with this notice

Owners Name: _____

Resource Type: _____ Value: _____

Owners Name: _____

Resource Type: _____ Value: _____



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Med Redetermination Notice2_EN

Sold or Gave Away any Resources:

Owners Name: _____
Resource Type: _____ Value: _____
Date Sold/Given Away: _____

Owners Name: _____
Resource Type: _____ Value: _____
Date Sold/Given Away: _____

Other Changes: (For Example,; Social Security Number for a newborn children, name change, marriage, divorce, change in immigration status, school attendance, etc.)

Please explain:

Signature Date

If you have any questions, please call me right away.

Thank you,

HCPF-3
Med RedeterminationNotice2_EN



Colorado Medical Assistance Program

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

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PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION:

Treatment: We will use and share your health information to ensure you are provided medical treatment and services. For example, the Department may share your health information with a doctor or hospital that is giving you health care.

Payment: We will use and share your health information to pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing the Department for your health care services.

Health Care Operations: We will use and share your health information for Department operations necessary to make sure our clients receive quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess the care you received.

Future Communications: We may use your health information to mail you information on health care programs and health care choices.

Legal Requirements: We will share health information about you when required to do so by federal or state law.

To Avoid Harm: We may use or share your health information to prevent serious threat to your health and safety or the health and safety of others.

Research: Under certain circumstances, we may share your health information for research purposes. All research projects must be approved, and the project must keep your information confidential.

Public Health: We may share your health information with public health agencies to prevent or control the spread of diseases.

Health Oversight Activities: We may share your health information to a health oversight agency for activities authorized by law. These activities may include, for example, audits, investigations, and inspections.

Lawsuits and Disputes: We may share your health information in response to a valid judicial or administrative order.

Coroners, Medical Examiners and Funeral Directors: Consistent with applicable law, we may share your health information to a coroner, medical examiner, or funeral director, so that they may carry out their duties. Your health information may also be shared to ensure organ and tissue donation.

Workers Compensation: We may share your health information with programs that give benefits for work-related injuries or illness.

National Security and Intelligence Activities: We may share your health information to authorized federal officials for activities related to national security and special investigations.

HC PF-3
Med Redetermination Notice2_EN



Colorado Medical Assistance Program

PERMITTED USES AND SHARING OF YOUR HEALTH INFORMATION (cont.):

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information to the correctional institution or law enforcement official for the purposes of health care or safety.

Other uses or sharing of your health information will be made only with your written authorization.

YOUR HEALTH INFORMATION RIGHTS:

Right to See and Get a Copy of Your Health Information: You may see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only provide those records that were created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared solely for use in a civil, criminal, or administrative legal action.

Right to Request that We Correct Your Health Information: If you feel that the health information we have provided to you is incorrect or incomplete, you may ask us to amend the information by making a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to amend your information.

Right to a List of Disclosures Made of Your Health Information: You have the right to a list of those instances in which we have shared your health information, other than for treatment, payment, and health care operations, or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. No disclosures made prior to April 14, 2003 will be provided.

Right to Request that Your Health Information be Communicated in a Confidential Manner: You may request, in writing to the Department's Privacy Officer, that your health information be provided in a confidential manner, such as sending mail to an address other than your home. The Department will honor reasonable requests.

Right to Request that We Not Use or Share Your Health Information: You have the right to request that we not use or share your health information for treatment, payment, or health care operations, or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. Your request must be in writing to the Department's Privacy Officer, and we will consider your request but we are not legally required to accept it.

Right to a Copy of the Notice: You may ask for a copy of this Notice anytime.

FOR MORE PRIVACY INFORMATION OR TO REPORT A PRIVACY PROBLEM:

If you have questions about your privacy rights, would like additional information about something in this Notice, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer
Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Telephone: 303-866-4368

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

THE DEPARTMENT CANNOT TAKE AWAY YOUR BENEFITS OR RETALIATE AGAINST YOU IN ANY WAY IF YOU FILE A PRIVACY COMPLAINT.

This notice is effective as of April 14, 2003.

HCFF-3
Med RedeterminationNotice2_EN

Appendix B. Revised Notices

Revised NOA



April 27, 2016

Elizabeth Smith
123 Main Street
Denver, CO 80123

Client ID: 123123123
Case number: 456456456
Application authorization number: 789789789

Dear Elizabeth Smith,

Our records show you applied for medical and food assistance on April 15, 2016. We finished processing your application on April 18, 2016 at 8:00 p.m.

Why you are getting this notice

This notice tells you what you qualify for, what you need to do next, and what to do if you have questions. It also tells you how we made our decisions and how to appeal if you disagree. It also gives you more information about your benefits and other programs.

Here is what you qualify for

To learn more, read the "How we made our decisions" section of this notice.

Elizabeth Smith

Medical assistance ID:
321321321

You qualify for:

- ✓ A Qualified Health Plan (QHP) you buy through Connect for Health Colorado
- ✓ \$150 in advanced premium tax credits (APTC) and some cost sharing reductions (CSR) through Connect for Health Colorado as early as May 1, 2016
- ✓ \$300 in food assistance starting May 5, 2016

You do not qualify for:

- ✗ Any Medicaid programs based on your income

Ryan Smith

Medical assistance ID:
654654654

You qualify for:

- ✓ Child Health Plan *Plus* (CHP+) starting April 27, 2016

Ethan Smith

Medical assistance ID:
987987987

You qualify for:

- ✓ Child Health Plan *Plus* (CHP+) starting April 27, 2016

QUESTIONS } Visit Colorado.gov/PEAK

Page 1 of 10



If you do not agree with our decisions, you can appeal. If you want to appeal, you need to ask for an appeal by these dates:

- **QHP, APTC or CSR:** July 1, 2016
- **Medicaid:** May 27, 2016
- **Food Assistance:** July 31, 2016

To learn more, read the "If you think we make a mistake" section of this notice.

What to do next

Elizabeth: If it is Open Enrollment or you have reported specific changes to your circumstances, you can shop for a QHP through Connect for Health Colorado. Connect for Health Colorado is a Marketplace for individuals and families to shop for QHP and get APTC and CSR that help lower costs.

To learn more about your choices or to choose a QHP, call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectForHealthCO.com

Ryan and Ethan: You do not need to do anything now. You will get more information soon.

If you have questions

QHP, APTC or CSR through Connect for Health Colorado

Call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectForHealthCO.com.

Medicaid, CHP+ or Food Assistance

Contact your County Department of Human/Social Services:

Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Phone: 1-720-944-3666

QUESTIONS } Visit Colorado.gov/PEAK

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More about your benefits

QHP, APTC and CSR through Connect for Health Colorado

- You qualify as of May 1, 2016. But your health care coverage—and help paying for your coverage—will not start until you choose a QHP and pay your first premium (monthly cost).
- Your QHP will send you enrollment, benefit and provider network information.
- Call your QHP if you have questions about your covered services and providers.
- Your APTC amount may change based on the final decision of the Internal Revenue Service (IRS).

CHP+

- Your coverage starts April 27, 2016.
- You will get a letter and your CHP+ card in the next two weeks. The letter will tell you about CHP+ benefits, how to find a provider near you and about your health plan options.

Food Assistance

- Your food assistance starts May 1, 2016 and ends April 30, 2017.
- If you start getting other public assistance, your food assistance benefits may go down without further notice. If you owe food assistance, some of your food assistance benefits will be applied to the amount you owe.
- Your Quest Card will come in the mail, with instructions for choosing your Personal Identification Number (PIN). Your Quest Card is a debit card. Your benefits are put on the card each month. You will use your Quest Card to withdraw your benefits.
- If you applied after the 15th of the month, you will get the first 2 months of food assistance on your Quest Card at the same time. Your card will have part of the first month's food assistance benefit you qualify for, based on your application date. It will also have the second month's full benefit amount.
- If you do not use your Quest Card for one year, your food assistance benefit will no longer be in your account. To see if you qualify to get the money back, contact your county department.

QUESTIONS } Visit Colorado.gov/PEAK

Page 3 of 10



How we made our decisions

To decide what benefits you get, we counted your household size and income based on what you told us on your application and information we got from other state and federal data sources. We also reviewed other information you gave us. If your information in this notice is wrong, please call 1-855-PLANS-4-YOU (1-855-752-6749) right away. For TTY, call 1-855-346-3432.

We made our decisions based on these rules:

Decisions	Rules
QHP	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
APTC	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
CSR	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
Medicaid	10 CCR 2505-10, Volume 8 at Section 8.100.4.C
CHP+	10 CCR 2505-3, Section 310.3
Food Assistance	10 CCR 2506-1, 4220.12 (4.401.1), 4223.2 (4.407.2), 4223.5-4223.52 (4.407.3; 4.407.31; 4.507(B))

Reporting changes

You need to report any changes that might affect your benefits. You must report changes for you and for other people in your household. Some examples of changes you need to report are:

- If someone moves
- If someone's income changes
- If your household changes because someone in your household marries, divorces, becomes pregnant, has or adopts a child, or joins or leaves the household for any reason
- If someone qualifies for Medicare
- If someone is offered health coverage through an employer, COBRA, VA Health or another source
- If someone goes to jail or prison

QUESTIONS } Visit Colorado.gov/PEAK

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QHP, APTC and CSR through Connect for Health Colorado

To report changes, call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectforHealthCO.com.

You must report changes within 30 days of the change. If you do not report changes correctly and on time, you may have to pay back some or all of your advanced premium tax credits to the Internal Revenue Service (IRS).

Some changes, such as marriage or the birth of a baby, may allow you to shop for a QHP again. To learn more, call 1-855-PLANS-4-YOU (1-855-752-6749).

CHP+

To report changes, call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectforHealthCO.com.

You must report changes within 10 days of the change. If you do not report changes correctly and on time, you may have to pay back some or all of the extra assistance you got.

Food Assistance

To report changes, go to Colorado.gov/PEAK or download the free *PEAKHealth* mobile app.

You can also contact your County Department of Human/Social Services:

Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Phone: 1-720-944-3666

You must report changes within 10 days of the change. If you do not report changes correctly and on time, you may have to pay back some or all of the extra assistance you got. You may also be disqualified from the program. You may also be referred for prosecution for fraud.

Managing your benefits

QHP, APTC or CSR through Connect for Health Colorado

To manage your benefits, go to ConnectforHealthCO.com.

Medicaid, CHP+ or Food Assistance

Go online at any time to manage your benefits at Colorado.gov/PEAK. To create a username and password, use the case number on the first page of this notice.

QUESTIONS } Visit Colorado.gov/PEAK

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On Colorado.gov/PEAK, you can:

- See what benefits you have and when they need to be renewed
- Report changes
- Apply for other benefits

Other programs you might qualify for

- **Medicare:** Most people 65 years of age and older qualify for Medicare. Some people may also qualify for Medicare if they have a disability. People who qualify for Medicare cannot qualify for a QHP or get help paying for their health care costs through Connect for Health Colorado. For questions about how qualifying for Medicare might affect your health coverage, contact your QHP. If you have questions about Medicare benefits or Medicare rights, call Medicare at 1-800-MEDICARE (1-800-633-4227). Or go to medicare.gov or askdora.colorado.gov.
- **Cash Assistance:** If you want to apply for cash assistance or other public assistance programs, go to Colorado.gov/PEAK. Or contact your county department.
- **Nutrition Education:** You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-339-7627).

If you think we made a mistake

You can appeal our decisions about your benefits, including whether you qualify for benefits and how much assistance you get. To appeal means you tell someone that you think a decision is wrong and ask for a State Fair Hearing of the decision.

If you want to apply for free legal help, call Colorado Legal Services' Denver office at 1-303-837-1313. Or contact your local Colorado Legal Services office.

QHP, APTC and CSR

You may appeal being denied for a QHP, being denied for APTC or CSR, or the amount of APTC or CSR you got.

You can ask for an appeal in one of these ways:

1. Call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432.
2. Log into your online Connect for Health Colorado account. Go to "My Documents." Upload the Appeal Request form.
3. Mail your appeal request to:
Office of Conflict Resolution and Appeals
3773 Cherry Creek N. Drive, Suite 1005
Denver, CO 80209
4. Fax your appeal to 1-303-322-4217.

QUESTIONS } Visit Colorado.gov/PEAK

Page 6 of 10



You need to ask for an appeal before July 1, 2016. If you need help with your appeal, call 1-855-PLANS-4-YOU (1-855-752-6749).

You may still enroll in a QHP and receive your APTC or CSR while you appeal.

There are two steps to the appeal process:

Step 1: Informal Resolution Process

Once you ask for an appeal, the Office of Conflict Resolutions and Appeals will first see if they can fix the problem over the phone or in a meeting with you. This is called an informal resolution process. You can give new information or documents that will help them understand the problem.

Step 2: Formal Hearing

If you do not want to do an informal resolution process, or if you disagree with the results of the process, you can ask for a formal hearing. The Office of Conflict Resolution and Appeals will schedule a hearing with the Office of Administrative Courts. You can bring someone with you to a formal hearing. That person can be a lawyer, friend or family member.

If you disagree with the final decision made by the Office of Conflict Resolution and Appeals, you can appeal to the U.S. Department of Health and Human Services. You need to ask for an appeal within 30 days of the date of the Office of Conflict Resolution and Appeals' decision.

Depending on the final appeal decision, you may have to pay back some or all of the financial assistance you received during the appeal.

Medicaid and Food Assistance

To ask for an appeal for Medicaid or food assistance, you need to ask for a **county conference** or a **State Fair Hearing**. You may also ask to have both. If you think the decisions made during or after the conference are wrong, you may ask for a state level hearing.

You have the right to represent yourself at a county conference and a state hearing. You may also choose a lawyer, relative, friend or any other person to act as your authorized representative. If you need help with your appeal, contact your county department.

County Conference

You may ask for a conference (an informal meeting) with a person from your county department to go over your case with you. The person you meet with will not be the person who made the original decisions about whether you qualify.

QUESTIONS } Visit Colorado.gov/PEAK

Page 7 of 10



To ask for a conference, give a letter to your county department. In your letter, include:

- Your name
- Your mailing address
- Your daytime telephone number
- A copy of this notice or the case number on the first page of this notice

Be sure to keep a copy of the letter for your records.

State Fair Hearing

You may ask for a State Fair Hearing with an Administrative Law Judge. You can ask for a state hearing in one of these ways:

- Sign this notice and mail or fax it to the Office of Administrative Courts, or
- Write a letter with:
 - Your name
 - Your mailing address
 - Your daytime telephone number
 - The reason for your appeal

Mail or fax it to the Office of Administrative Courts. For Medicaid appeals, include a copy of this notice with your letter. Be sure to keep a copy of the letter for your records.

For Medicaid appeals, the Office of Administrative Courts must get your letter before May 27, 2016. For food assistance appeals, they must get your letter before July 31, 2016. You may lose your right to a State Fair Hearing if you do not send your request in time.

The Office of Administrative Courts will mail you the date, time and place for your hearing. The letter will tell you what to expect at the hearing.

The address, phone number and fax number for the Office of Administrative Courts are:

Office for Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Phone: 1-303-866-2000
Fax: 1-303-866-5909

If you think you have been treated unfairly

Discrimination is unfair treatment based on race, color, national origin, sex, gender identity, age, religion, political beliefs, marital status, familial or parental status, or mental or physical disability. Discrimination is against federal law. It is also against the law for anyone to retaliate against you for your past civil rights activity or complaints.

QUESTIONS } Visit Colorado.gov/PEAK

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If you think you have been treated unfairly, you have a right to complain. In Colorado, you can complain to:

- Your County Department of Human/Social Services
- The Colorado Department of Health Care Policy and Financing (for complaints about Medicaid or CHP+)
- The Colorado Department of Human Services (for complaints about food assistance)
- Colorado Supplemental Nutrition Assistance Program (SNAP) at 1-800-536-5298 (for complaints about SNAP)

You can also write a letter of complaint to the federal government at these addresses:

Office of Civil Rights
Region VIII
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Phone: 1-800-368-1019
TDD: 1-800-537-7697

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
Phone: 1-800-368-1019

U.S. Department of Agriculture (for complaints about food assistance)
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250
Fax: 1-202-690-7442
Email: program.intake@usda.gov

USDA SNAP (for complaints about SNAP)
Phone: 1-800-221-5689 (English/Spanish)

You can also complete the USDA Program Discrimination Complaint form (AD-3027). Go to ascr.usda.gov/complaint_filing_cust.html, or visit any USDA office or call 1-866-632-9992 to request the form.

If you have a disability, as defined by the Americans with Disabilities Act (ADA), you may have rights under the ADA. To learn more, contact your county department.

QUESTIONS } Visit Colorado.gov/PEAK

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Other ways to get notices and program information

Persons with disabilities who need other ways to get program information (such as Braille, large print, audiotape or American Sign language) should contact their county department.

If you are deaf, hard of hearing or have speech disabilities and use a TTY, you can call Relay Colorado at 1-800-659-3656 or the Federal Relay Service at 1-800-877-8339 or 1-800-845-6136 (Spanish).

Thank you,

Denver Human Services

QUESTIONS } Visit Colorado.gov/PEAK

Page 10 of 10

Revised RRR



April 27, 2016

Scott Copeland
321 Main Street
Denver, CO 80123

Dear Scott Copeland,

It is time to see if you and your household members still qualify for Medicaid or Child Health Plan *Plus* (CHP+).

Here's what you need to do

1. Review the current information we have
2. Report any changes to your information

If you do not have any changes, you do not need to report anything.

You can report changes in one of these three ways

1. Complete and sign the included "Renewal Form." Mail or fax it to:
Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Fax: 1-720-944-3665
2. Go to Colorado.gov/PEAK. Click on "Report My Changes."
3. Call us at 1-720-944-3666.

You need to report any changes by **June 1, 2016**

If you have changes and **do not** report them, you may have to pay back medical payments paid by Medicaid or CHP+.

Once you report your changes, we will check to see if you and your household still qualify. You may need to give us documents to help us make our decision. If we need documents from you, we will tell you.

You may get two of these notices due to your household circumstances. If you have changes, please report changes for both notices. You may report some changes twice.

Thank you,

Denver Human Services

QUESTIONS } Visit Colorado.gov/PEAK

Page 1 of 8



Renewal Form

▶ Review the current information we have

Client's name:	Scott Copeland
Client's date of birth:	06/29/75
Asking for Medicaid or CHP+:	Yes
Living with both parents, but parents do not expect to file a joint return:	No
Expects to be claimed by a non-custodial parent:	No
Expects to be claimed as a dependent on someone else's tax return:	No
Employed:	Yes
Employer:	Alden Electronics
Income type:	Wages
Amount:	\$332.40
How often:	Every week
Self-employed:	No
Amount:	
How often:	
Unearned Income (non-work income, such as child support or Social Security):	No
Income type:	
Amount:	
How often:	
Roomers/Boarders:	No
Amount:	
How often:	

QUESTIONS } Visit Colorado.gov/PEAK

Page 2 of 8



▶ Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

I changed my name:

I have a new phone number:

I have a new address

Street address

Apartment #

City

State

ZIP

Someone in my household is pregnant

Pregnant woman's name:

Due date:

Someone has been added to my household

Name:

Date of birth:

Date added to my household:

How is this person related to you? This person is my:

Is this person asking for health coverage? Yes No

▶ If yes, fill in their Social Security number:

Have they already applied? Yes No

▶ If yes, fill in their application date:

Is this person a newborn child? Yes No

▶ If yes, fill in their Social Security number:

Is this person living with both parents, but the parents do not expect to file a joint return?

Yes No

Does this person expect to be claimed by a non-custodial parent?

Yes No

Does this person expect to be claimed as a dependent on someone else's tax return?

Yes No

QUESTIONS } Visit Colorado.gov/PEAK

Page 3 of 8



► Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

Someone has left my household

Name:

Date of birth:

Date left my household:

How is this person related to you? This person is my:

I changed jobs

Employer:

Income type:

Amount:

How often:

I got another job, in addition to my first job

Employer:

Income type:

Amount:

How often:

My income at my current job changed

New amount:

How often:

I lost or quit my job

I am now self-employed

Amount:

How often:

Please send a copy of a profit and loss statement or business ledger from this or last month with this form.

QUESTIONS } Visit Colorado.gov/PEAK

Page 4 of 8



► Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

My unearned income has changed

Income type:

- Child support
- Social Security
- Unemployment
- Gifts
- Cash
- Other:

New amount:

How often:

My income from roomers/boarders has changed

New amount:

How often:

My immigration status changed

Please explain:

I am going to school now

Please explain:

► Please sign

Your Signature

Date



Want fast and convenient access to your Medicaid and CHP+ benefits information on the go? Download the free PEAKHealth app to manage your Medicaid and CHP+ benefits.



Notice of Privacy Practices

This Notice of Privacy Practices (this Notice) explains how we may **use and disclose** information we have about you. It also tells how you can **get access** to this information.

Because you are enrolled in the Colorado Medical Assistance Program, the State of Colorado, Department of Health Care Policy and Financing (the Department) collects and keeps some of your health information. By law, we must keep your health information private and secure. We also must give you this Notice.

This Notice describes how the Department uses and shares your health information. It explains your privacy rights. We must follow the terms of this Notice. We are allowed to change our privacy practices and the terms of this Notice in the future. Those changes may affect all health information the Department keeps. If our privacy practices change, we will send you a new Notice. You can also find the updated Notice at Colorado.gov/HCPF.

How we may use and share your health information

Treatment: To make sure you get medical treatment and services. For example, the Department may share health information with a doctor or hospital giving you health care.

Payment: To pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing us for your health care services.

Health care operations: For Department operations needed to make sure you get quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess care you got.

Future communications: To mail you information on health care programs and health care choices.

Legal requirements: When required to do so by federal or state law.

To avoid harm: To prevent serious threat to your health and safety or the health and safety of others.

Research: For research purposes, under certain circumstances. All research projects must be approved, and the project must keep your information confidential.

Public health: With public health agencies to prevent or control the spread of diseases.

QUESTIONS } Visit Colorado.gov/PEAK

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Health oversight activities: With a health oversight agency for activities authorized by law. These may include, for example, audits, investigations and inspections.

Lawsuits and disputes: In response to a court or administrative order.

Coroners, medical examiners and funeral directors: With a coroner, medical examiner or funeral director so they may carry out their duties according to law. The Department may also share health information to ensure organ and tissue donation.

Workers compensation: With programs that give benefits for work-related injuries or illness.

National security and intelligence activities: With authorized federal officials for activities related to national security and special investigations.

Inmates: With a correctional institution or law enforcement official for the purposes of health care or safety if you are an inmate in a correctional institution or are in custody of law enforcement.

Other uses: Only with your written authorization.

Your health information rights

You have a right to:

- **See and get a copy of your health information:** You have the right to see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only give you records created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared only for use in a civil, criminal or administrative legal action.
- **Ask us to correct your health information:** If you think the health information we gave you is incorrect or incomplete, you may ask us to change the information. Make a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to change your information.
- **Get a list of disclosures made of your health information:** You have the right to a list of instances in which we have shared your health information other than for treatment, payment, health care operations or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. We cannot give you information we shared before April 14, 2003.

QUESTIONS } Visit Colorado.gov/PEAK

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- **Ask that your health information be communicated in a confidential way:** You may ask that your health information be given confidentially. You must ask in writing to the Department's Privacy Officer. For example, you may ask us to send mail to an address other than your home. The Department will honor reasonable requests.
- **Ask that we not use or share your health information:** You have the right to ask us not to use or share your health information for treatment, payment or health care operations, or to persons involved in your care except when you specifically authorize it, when required by law, or in an emergency. You must ask in writing to the Department's Privacy Officer. We will consider your request, but we are not legally required to accept it.
- **Get a copy of this Notice:** You may ask for a copy of this Notice anytime.

For more privacy information or to report a privacy problem

If you have questions about your privacy rights, want more information about something in this Notice, or want to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer
Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
Telephone: 1-303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

The Department cannot take away your benefits or retaliate against you in any way for filing a privacy complaint.

This Notice is effective as of July 1, 2016.

QUESTIONS } Visit Colorado.gov/PEAK

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Revised non-MAGI RRR



April 27, 2016

Scott Copeland
321 Main Street
Denver, CO 80123

Dear Scott Copeland,

It is time to see if you and your household members still qualify for Medicaid or Child Health Plan *Plus* (CHP+).

Here's what you need to do

1. Review the current information we have
2. Report any changes to your information
3. Send us any proof of changes that we ask for

If you do not have any changes, you still need to report that you have no changes.

You can report changes in one of these three ways

1. Complete and sign the included "Renewal Form." Mail or fax it to:
Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Fax: 1-720-944-3665
2. Go to Colorado.gov/PEAK. Click on "Report My Changes."
3. Call us at 1-720-944-3666.

You need to report any changes by **June 1, 2016**

If you have changes and **do not** report them, you may have to pay back medical payments paid by Medicaid or CHP+.

Once you report your changes, we will check to see if you and your household still qualify. You may need to give us more proof to help us make our decision. If we need more proof from you, we will tell you.

You may get two of these notices due to your household circumstances. If you have changes, please report changes for both notices. You may report some changes twice.

Thank you,

Denver Human Services

QUESTIONS } Visit Colorado.gov/PEAK

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Renewal Form

▶ Review the current information we have

Client's name:	Scott Copeland
Client's date of birth:	06/29/75
Asking for Medicaid or CHP+:	Yes
Living with both parents, but parents do not expect to file a joint return:	No
Expects to be claimed by a non-custodial parent:	No
Expects to be claimed as a dependent on someone else's tax return:	No
Employed:	Yes
Employer:	Alden Electronics
Income type:	Wages
Amount:	\$332.40
How often:	Every week
Self-employed:	No
Amount:	
How often:	
Unearned Income (non-work income, such as child support or Social Security):	No
Income type:	
Amount:	
How often:	
Roomers/Boarders:	No
Amount:	
How often:	

QUESTIONS } Visit [Colorado.gov/PEAK](https://www.colorado.gov/PEAK)

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▶ Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

I have no changes

I changed my name:

I have a new phone number:

I have a new address

Street address

Apartment #

City

State

ZIP

Someone has been added to my household

Name:

Date of birth:

Date added to my household:

How is this person related to you? This person is my:

Is this person asking for health coverage? Yes No

▶ If yes, fill in their Social Security number:

Have they already applied? Yes No

▶ If yes, fill in their application date:

Is this person a newborn child? Yes No

▶ If yes, fill in their Social Security number:

Is this person living with both parents, but the parents do not expect to file a joint return?

Yes No

Does this person expect to be claimed by a non-custodial parent?

Yes No

Does this person expect to be claimed as a dependent on someone else's tax return?

Yes No

QUESTIONS } Visit Colorado.gov/PEAK

Page 3 of 9



▶ Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

Someone in my household is pregnant

Pregnant woman's name:

Due date:

Someone has left my household

Name:

Date of birth:

Date left my household:

How is this person related to you? This person is my:

I changed jobs

Employer:

Income type:

Amount:

How often:

I got another job, in addition to my first job

Employer:

Income type:

Amount:

How often:

My income at my current job changed

New amount:

How often:

I lost or quit my job

I am now self-employed

Amount:

How often:

Please send a copy of a profit and loss statement or business ledger from this or last month with this form.

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

My unearned income has changed

Income type:

- Child support Social Security Unemployment Gifts Cash
 Other:

New amount:

How often:

Please send proof of changes to unearned income.

My income from roomers/boarders has changed

New amount:

How often:

My expenses have changed

Expense type:

- Child care Dependent elder care Child support Medical Prescriptions
 Health insurance premiums Shelter Trust fees Other:

The expense is for:

The expense is paid by:

Amount:

How often:

My vehicles have changed

Owner's name:

Year/Make/Model:

Value:

Please send proof of changes to vehicles.

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your circumstances

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

My resources have changed

Owner's name:

Value:

Resource type:

- Bank accounts Trust accounts Life Insurance/Burial policies Properties
 Annuities Promissory notes Stocks Other:

Please send proof of changes to resources.

I gave away or sold resources

Owner's name:

Resource type:

Date given away or sold:

Value:

My immigration status changed

Please explain:

I am going to school now

Please explain:

► Please sign

Your Signature

Date



Want fast and convenient access to your Medicaid and CHP+ benefits information on the go? Download the free PEAKHealth app to manage your Medicaid and CHP+ benefits.

QUESTIONS } Visit Colorado.gov/PEAK

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Notice of Privacy Practices

This Notice of Privacy Practices (this Notice) explains how we may **use and disclose** information we have about you. It also tells how you can **get access** to this information.

Because you are enrolled in the Colorado Medical Assistance Program, the State of Colorado, Department of Health Care Policy and Financing (the Department) collects and keeps some of your health information. By law, we must keep your health information private and secure. We also must give you this Notice.

This Notice describes how the Department uses and shares your health information. It explains your privacy rights. We must follow the terms of this Notice. We are allowed to change our privacy practices and the terms of this Notice in the future. Those changes may affect all health information the Department keeps. If our privacy practices change, we will send you a new Notice. You can also find the updated Notice at Colorado.gov/HCPF.

How we may use and share your health information

Treatment: To make sure you get medical treatment and services. For example, the Department may share health information with a doctor or hospital giving you health care.

Payment: To pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing us for your health care services.

Health care operations: For Department operations needed to make sure you get quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess care you got.

Future communications: To mail you information on health care programs and health care choices.

Legal requirements: When required to do so by federal or state law.

To avoid harm: To prevent serious threat to your health and safety or the health and safety of others.

Research: For research purposes, under certain circumstances. All research projects must be approved, and the project must keep your information confidential.

Public health: With public health agencies to prevent or control the spread of diseases.

QUESTIONS } Visit Colorado.gov/PEAK

Page 7 of 9



Health oversight activities: With a health oversight agency for activities authorized by law. These may include, for example, audits, investigations and inspections.

Lawsuits and disputes: In response to a court or administrative order.

Coroners, medical examiners and funeral directors: With a coroner, medical examiner or funeral director so they may carry out their duties according to law. The Department may also share health information to ensure organ and tissue donation.

Workers compensation: With programs that give benefits for work-related injuries or illness.

National security and intelligence activities: With authorized federal officials for activities related to national security and special investigations.

Inmates: With a correctional institution or law enforcement official for the purposes of health care or safety if you are an inmate in a correctional institution or are in custody of law enforcement.

Other uses: Only with your written authorization.

Your health information rights

You have a right to:

- **See and get a copy of your health information:** You have the right to see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only give you records created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared only for use in a civil, criminal or administrative legal action.
- **Ask us to correct your health information:** If you think the health information we gave you is incorrect or incomplete, you may ask us to change the information. Make a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to change your information.
- **Get a list of disclosures made of your health information:** You have the right to a list of instances in which we have shared your health information other than for treatment, payment, health care operations or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. We cannot give you information we shared before April 14, 2003.

QUESTIONS } Visit Colorado.gov/PEAK

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- **Ask that your health information be communicated in a confidential way:** You may ask that your health information be given confidentially. You must ask in writing to the Department's Privacy Officer. For example, you may ask us to send mail to an address other than your home. The Department will honor reasonable requests.
- **Ask that we not use or share your health information:** You have the right to ask us not to use or share your health information for treatment, payment or health care operations, or to persons involved in your care except when you specifically authorize it, when required by law, or in an emergency. You must ask in writing to the Department's Privacy Officer. We will consider your request, but we are not legally required to accept it.
- **Get a copy of this Notice:** You may ask for a copy of this Notice anytime.

For more privacy information or to report a privacy problem

If you have questions about your privacy rights, want more information about something in this Notice, or want to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer
Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
Telephone: 1-303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

The Department cannot take away your benefits or retaliate against you in any way for filing a privacy complaint.

This Notice is effective as of July 1, 2016.

QUESTIONS } Visit Colorado.gov/PEAK

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Appendix C. Interview Guide

**Health First Colorado
Client Correspondence Interview Guide
May 16-20, 2016**

Participant #:
Site:
Date:
County:
Last grade completed:
Sex:

Goals

To determine:

- Can participants **read** and **understand** the Case Action and Redetermination notices?
 - What are participants' first **impressions** of the notices?
 - Do participants understand **who** sent the notices?
 - Do participants understand the **purposes** of the notices?
 - Do participants understand **key messages** in the notices?
 - Do participants understand what **actions** are needed?
- What are the areas of **confusion** (if any)?
- Are the notices **accessible**?
- Do clients know they can manage their benefits **online**?
- Do clients feel **informed** about their eligibility?

Materials

- Notice of Case Action (NOA)
- Redetermination Notice (RRR)

Introduction

Thank you for participating in today's testing. My name is _____.
Today we're going to look at two letters together. People will get these letters in the mail, and I want to find out if the letters are easy to read and use. We want to make them the best they can be for people who will get them.

I'll show you the letters, one at a time. I'll ask you to read parts of each letter and answer questions. As we go, I'd like you to think out loud as much as possible. Anything you say will help us. And don't worry about getting something wrong. Your answers will help us learn how to make the letters better. We need your honest reactions. The more you tell me, the more it will help us to make the letters the best they can be.

We'll be here for about an hour, and I'll be taking notes as we go. If you need to take a break at any time, just tell me. If you have any questions, just ask. I may not be able to answer right away, because we are interested in what happens when people don't have someone sitting next to them to help, but if you still have questions when we're finished, I'll try to answer them. Remember, we're testing the letters, not you. So whatever happens as we look at them will help us.

At the end of our time together today, we'll give you \$50 for your time and participation. We'll ask you to sign a receipt, but we won't use your name in our notes or when we report what we learn today. At the end, we'll also ask you to write some information on a form. You won't give your name on the form.

Do you have any questions before we start? *[Pause for questions.]* Great! Let's begin.

Questions

Notice of Action

1. **Let's start with this letter. We're going to pretend you got this in the mail.** *[Hand participant NOA.]* **Take a minute to look it over. When you're ready, I'd like you to tell me: What is your first impression? Probes: Does it look easy or hard to read?**

Easy

Hard

Comments

2. **If you received this in the mail, what would you do with the letter?**

Read

Not read

Other

Comments:

3. **Who is it from?**

Correct *[The State of Colorado]*

Participant does not know/is incorrect

Comments:

4. Thank you. And why did they send the letter to you?

- Correct *[To tell me the result of my application; what I qualify for]*
- Participant does not know/is incorrect

Comments:

5. What do these mean? [Point to check marks and x's]

- Correct *[Check mark means qualified, x means denied]*
- Participant does not know/is incorrect

Comments:

6. Let's look at the decisions for Elizabeth. What does Elizabeth qualify for? Probe: Does she qualify for Medicaid?

- Correct *[Elizabeth qualifies for a Qualified Health Plan and medical assistance in the form of tax credits and CSR, and \$300 in food assistance. She does not qualify for Medicaid.]*
- Partial *[Note in comments parts participant omits]*
- Participant does not know/is incorrect

Comments [Note parts participant omits]:

7. What is a Qualified Health Plan? Probe: Is that the same thing as Medicaid? Probe if needed: Do you get any help?

- Correct *[It is a private health insurance plan that you buy. You get medical assistance to help pay for it through tax credits and CSR. It is not the same as Medicaid.]*
- Partial *[Note in comments part participant omits]*
- Participant does not know/is incorrect

Comments [Note part participant omits]:

8. And do Ethan and Ryan qualify for the same thing as Elizabeth?

- Correct [*No. They qualify for CHIP+.*]
- Participant does not know/is incorrect

Comments:

9. If you thought that the amount of food assistance you got was wrong, what can you do?

[Point to the top of page 2]

- Correct [*You can appeal*]
- Participant does not know/is incorrect

Comments [Note part participant omits:

10. When would you need to appeal by?

- Correct [*July 31st*]
- Participant does not know/is incorrect

Comments [Note part participant omits:

11. What does Elizabeth need to do next? *[Point to "What to do next"]. Probe if necessary:*

What is Connect for Health Colorado?

- Correct [*If it's Open Enrollment or you have reported a change, you can go to Connect for Health Colorado, the online Marketplace, to get a plan*]
- Participant does not know/is incorrect

Comments:

12. And what do these abbreviations mean? [Point to the *APTC* and *CSR* in header].

- Correct [*APTC is Advanced Premium Tax Credit. CSR is Cost Sharing Reduction.*]
- Partial [Note in comments which one participant does not understand]
- Participant does not know/is incorrect

Comments:

13. Why is this information here? [Point to Connect for Health Colorado contact information.]

- Correct [*It's contact information for if you have questions about Health Colorado*]
- Partial [Note in comments part participant omits]
- Participant does not know/is incorrect

Comments [Note part participant omits]:

14. Who would Elizabeth contact if she had a question about CHP+?

- Correct [County Department of Human/Social Services]
- Participant does not know/is incorrect

Comments:

15. Thank you. The next section explains your benefits, such as when they start and how you get them. How do you get your food assistance benefits?

- Correct [*You get a Quest Card in the mail and choose a PIN and use it to get your food assistance money*]
- Partial [Note in comments what participant omits]
- Participant does not know/is incorrect

Comments [Note what participant omits]:

16. What information did they use to decide if you qualify? *[Point to “How we made our decision.”] Probe: Where did they get that information?*

- Correct *[Income, household size. They got that information from what I put on the application and from checking other data sources.]*
- Partial *[Note in comments part participant omits]*
- Participant does not know/is incorrect

Comments [Note part participant omits]:

17. And do you have to tell them if any of that changes, like your income or your household size?

- Correct *[Yes]*
- Incorrect *[No]*

Comments:

18. How do you report those changes? *Probe: Do you report your changes to the same place for all the different programs?*

- Correct *[Contact your benefits program. There is different contact information for different programs.]*
- Participant does not know/is incorrect

Comments:

19. What are they telling you here? *[Point to “Managing benefits.”]*

- Correct *[You can manage your benefits online, electronically at the website]*
- Participant does not know/is incorrect

Comments:

20. Let's say if you want to manage Ryan and Ethan's CHP+ benefits online. How do you manage their benefits online?

- Correct *[Go online to Colorado.gov/PEAK. To create a username and password, use the case number on the first page of this notice.]*
- Participant does not know/is incorrect

21. How would you prefer to receive information about your benefits—through letters in the mail, online on your computer or smart phone, or something else?

- Letter/mail
- Online (website or mobile app)
- Other

Comments:

22. I'd like you to look over this section and, when you are ready, tell me in your own words: What is it telling you? *[Point to "If you think we made a mistake."]* Probe if necessary: What is an appeal?

- Correct *[It explains that an appeal is a way to try to get a decision changed and how to appeal eligibility decisions]*
- Participant does not know/is incorrect

Comments:

Redetermination Notice

23. Thank you very much. Your answers are really helpful. Now I'm going to ask you some questions about this second letter. *[Hand participant RRR Notice.]* Does this one look easy or hard? Why?

- Easy
- Hard

Comments [Why]:

24. Why did they send this letter to you?

- Correct *[To tell you it's time to see if you and your household still qualify for Medicaid – renewal or redetermination]*
- Participant does not know/thinks something else

Comments:

25. Do you have to do anything? Probe if necessary: What do you have to do?

Regular RRR

- Correct *[Yes. You have to review your information and report changes to their information]*
- Partial *[Note in comments part participant omits]*
- Participant does not know/is incorrect

Comments [Note part participant omits]:

Non-MAGI RRR

- Correct *[Yes. You have to review your information, report changes, and send proof of changes they ask for. If you do not have any changes, you still need to report that you have no changes.]*
- Partial *[Note in comments part participant omits]*
- Participant does not know/is incorrect

Comments [Note part participant omits]:

26. And how do you update your information?

- Correct *[You can fill out the form that came with the letter and mail or fax it, or you can do it online or by phone]*
- Partial *[Note in comments part participant omits]*
- Participant does not know/is incorrect

Comments [Note part participant omits]:

27. Is there a deadline for doing this?

- Correct [*Yes. You must do this by the due date, June 1, 2016*]
- Participant does not know/is incorrect

Comments:

28. What happens after they get your updates?

- Correct [*They check the information, tell you if they need more and tell you their decision about renewing*]
- Partial [*Note in comments part participant omits*]
- Participant does not know/is incorrect

Comments [Note part participant omits]:

29. And what is this? [*Point to "Review the current information we have"*]

- Correct [*This is the form that came with the letter for you to use to update your information*]
- Participant does not know/is incorrect

Comments:

30. Does this look easy or hard to fill out? [*Continue pointing to the renewal form*]

- Easy
- Hard

Comments [Why]:

30b [If participant is not testing the non-MAGI notice, skip to Q31]. **If your resources changes, like the balance on your bank account, what would you need to do?** [Point to “My resources have changed].

- Correct [Fill out that section and send proof.]
- Partial [Fill out that section]
- Participant does not know/is incorrect

Comments [Note part participant omits]:

31. Once you have finished filling out the information on this form, what should you do before you send it in?

- Correct [Sign and date the form]
- Participant does not know/is incorrect

Comments:

32. Take a look at this last section. When you are ready, tell me: what is it for? [Point to “Notice of Privacy Practices.”]

- Correct [It explains how and why they will share your information and gives your privacy rights]
- Participant does not know/is incorrect

Comments:

33. And finally, is there anything else you would like to say about these letters?

Comments:

33b. [If client is not using a screen reader, skip to 34] **Are there any issues to reading this notice with an assistive devices besides what we’ve already talked about?**

Comments:

34. What would help you better understand your benefits?

Comments:

Interview Script: Closing

Thank you very much for your time. You have been very helpful! *[Explain payment arrangements and receipt signing.]*

Appendix D. Demographics Survey

Post-Survey

Please tell us about yourself. Your answers are anonymous and confidential.

1. What benefit programs are you enrolled in? Please check all that apply.

- Medicaid
 - Long Term Care & Waiver Programs
 - Medicaid Buy-In for Adults
 - Medicaid Buy-In for Kids
 - Other _____
- Child Health Plan *Plus* (CHP+)
- Connect for Health Colorado (health insurance marketplace)
- Food assistance
- Cash assistance

2. Are you or anyone in your household any of the following? Please check all that apply.

- Adult without dependent children
- Parent of dependent children
- Pregnant woman
- Currently receiving both Medicaid and Medicare
- Individual with physical, intellectual or developmental disability

3. Where do you go for help about your benefits? Please check all that apply.

- Local County Department of Human/Social Services
- Application Assistance Site
- Insurance Broker
- Health Clinic or Hospital
- Connect for Health Colorado Customer Service Center
- Medicaid Customer Contact Center
- Colorado.gov/PEAK
- PEAK*Health* Mobile App
- Other _____

Appendix E. Final Notices

Final NOA



April 18, 2016

Elizabeth Smith
123 Main Street
Denver, CO 80123

Client ID: 123123123
Case number: 456456456
Application authorization number: 789789789

Dear Elizabeth Smith,

Our records show you applied for medical and food assistance on April 15, 2016. We finished processing your application on April 18, 2016 at 8:00 p.m.

Why you are getting this notice

This notice tells you what you qualify for, what you need to do next, and where to get answers to questions. It tells you how we made our decisions and how to appeal if you disagree. It also gives you more information about your benefits and other programs.

What you qualify for

To learn more, read the "How we made our decisions" section of this notice.

Elizabeth Smith

Medical assistance ID:
A123456

You qualify for:

- ✓ A Qualified Health Plan (QHP) you buy through Connect for Health Colorado as early as May 1, 2016
 - A QHP is a private health plan that meets government rules for health coverage.
 - Connect for Health Colorado is Colorado's Health Insurance Marketplace where you can buy a QHP. It is not Medicaid.
- ✓ Help paying for a QHP through Connect for Health Colorado as early as May 1, 2016
 - Up to \$150 in Advanced Premium Tax Credits (APTC) to lower your monthly cost.
 - Cost Sharing Reductions (CSR), such as lower co-pays.
- ✓ \$300 in food assistance starting May 1, 2016

You do not qualify for:

- ✗ Any Medicaid programs, based on your household income

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Ryan Smith

Medical assistance ID:
B123456

You qualify for:

- ✓ Child Health Plan *Plus* (CHP+) starting April 1, 2016

You do not qualify for:

- ✗ Any Medicaid programs, based on your household income
- ✗ Any QHP, APTC or CSR through Connect for Health Colorado, based on your household income

Ethan Smith

Medical assistance ID:
C123456

You qualify for:

- ✓ Child Health Plan *Plus* (CHP+) starting April 1, 2016

You do not qualify for:

- ✗ Any Medicaid programs, based on your household income
- ✗ Any QHP, APTC or CSR through Connect for Health Colorado, based on your household income

If you do not agree with our decisions

If you disagree with our decisions, you can appeal. If you want to appeal, you need to tell us you want an appeal by these dates:

- **QHP, APTC or CSR through Connect for Health Colorado:** July 1, 2016
- **Medicaid:** May 18, 2016
- **Food assistance:** July 31, 2016

To learn more on how to appeal, read the "If you think we made a mistake" section of this notice.

What to do next

Elizabeth: You may be able to buy a Qualified Health Plan (QHP) through Connect for Health Colorado.

You can buy a QHP during the time of year called Open Enrollment. You can buy a QHP if you have reported certain changes to your circumstances. If it is Open Enrollment or you have reported such changes, you can buy a QHP now. If not, you will need to wait until the next Open Enrollment to buy a QHP.

To learn more about your choices or to buy a QHP, call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectForHealthCO.com

Ryan: You do not need to do anything now. You will get more information soon.

Ethan: You do not need to do anything now. You will get more information soon.

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Questions?

For questions about QHP, APTC or CSR through Connect for Health Colorado

Call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectForHealthCO.com.

For questions about Medicaid, CHP+ or food assistance

Contact:

Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Phone: 1-720-944-3666

More about your benefits

QHP, APTC and CSR through Connect for Health Colorado

- You qualify as of **May 1, 2016**. But your health care coverage—and help paying for your coverage—will not start until you choose a Qualified Health Plan (QHP) and pay your first premium (monthly cost).
- Remember, you may be able to buy a QHP now or you may need to wait. If you have questions about covered services and providers, call the QHP before you choose. After you choose a QHP, they will send you enrollment, benefit and provider network information.
- You also qualify for help paying for a QHP, including:
 - Tax credits, called Advanced Premium Tax Credits (APTC), to lower your premium. Your APTC amount may change based on the final decision of the Internal Revenue Service (IRS).
 - Cost Sharing Reductions (CSR), which may include lower co-pays, co-insurance and deductibles.

CHP+

- Your coverage starts April 1, 2016.
- You will get a letter and your CHP+ card in the next two weeks. The letter will tell you about CHP+ benefits, your health plan choices and how to find a provider near you.

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Food assistance

- Your food assistance starts May 1, 2016 and ends April 30, 2017.
- If you start getting other public assistance such as Medicaid or cash assistance, your food assistance benefits may go down without further notice. If you owe food assistance, some of your food assistance benefits will go toward the amount you owe.
- You will get your food benefits using a debit card called a Quest Card. It will come in the mail. You will choose a Personal Identification Number (PIN). You will be able to withdraw one month's benefits each month.
- If you applied after the 15th of the month, you will get the first 2 months of food assistance on your Quest Card at the same time. Your card will have part of the first month's food assistance benefit you qualify for, based on your application date. It will also have the second month's full benefit amount.
- If you do not use your Quest Card for one year, your food assistance benefit will no longer be in your account. To see if you qualify to get the money back, contact Denver Human Services.

How we made our decisions

To decide what benefits you get, we counted the household size and income you put on your application. We also got information from other state and federal data sources. We reviewed other information you gave us.

We made our decisions based on these rules:

Decisions	Rules
QHP	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
APTC	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
CSR	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
Medicaid	10 CCR 2505-10, Volume 8 at Section 8.100.4.C
CHP+	10 CCR 2505-3, Section 310.3
Food assistance	10 CCR 2506-1, 4220.12 (4.401.1), 4223.2 (4.407.2), 4223.5-4223.52 (4.407.3; 4.407.31; 4.507(B))

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Reporting changes

You need to report any changes that might affect your benefits. You must report changes for you and for other people in your household. Some examples of changes you need to report are:

- If someone moves
- If someone's income changes
- If your household changes because someone in your household marries, divorces, becomes pregnant, has or adopts a child, or joins or leaves the household for any reason
- If someone qualifies for Medicare
- If someone gets health coverage through an employer, COBRA, VA Health or another source
- If someone goes to jail or prison

To report changes for QHP, APTC and CSR through Connect for Health Colorado

Call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to ConnectforHealthCO.com.

You must report changes within **30** days of the change. If you do not report changes correctly and on time, you may have to pay back some or all of your Advanced Premium Tax Credits (APTC) to the Internal Revenue Service (IRS).

Some changes, such as marriage or the birth of a baby, may allow you to shop for a QHP. To learn more, call 1-855-PLANS-4-YOU (1-855-752-6749).

To report changes for CHP+

Call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432. Or go to Colorado.gov/PEAK or ConnectforHealthCO.com.

You must report changes within **10** days of the change. If you do not report changes correctly and on time, you may have to pay back some or all of the extra assistance you got.

To report changes for food assistance

Go to Colorado.gov/PEAK.

You can also contact:

Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Phone: 1-720-944-3666

You must report changes within **10** days of the change. If you do not report changes correctly and on time, you may have to pay back some or all of the extra assistance you got. You may also be disqualified from the program. You may also be referred for prosecution for fraud.

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Managing your benefits

To manage QHP, APTC or CSR through Connect for Health Colorado

You can go to ConnectforHealthCO.com to:

- See what benefits you have
- See QHP information
- Change the amount of APTC you get
- Report changes
- Choose to get notices by mail, email or text

To manage Medicaid, CHP+ or food assistance

You can go to Colorado.gov/PEAK to:

- Create a username and password using the case number on the first page of this notice
- See what benefits you have and when they need to be renewed
- Report changes
- Apply for other benefits
- Choose to get notices by mail, email or text

You can download the free PEAKHealth app to manage your Medicaid or CHP+ benefits.

Other programs you might qualify for

- **Medicare:** Most people 65 years of age and older qualify for Medicare. Some people may also qualify for Medicare if they have a disability. People who qualify for Medicare cannot qualify for a QHP or get help paying for their health care costs through Connect for Health Colorado. For questions about how qualifying for Medicare might affect your health coverage, contact your QHP. If you have questions about Medicare benefits or Medicare rights, call Medicare at 1-800-MEDICARE (1-800-633-4227). Or go to Medicare.gov or AskDORA.colorado.gov.
- **Cash assistance:** If you want to apply for cash assistance or other public assistance programs, go to Colorado.gov/PEAK. Or contact Denver Human Services.
- **Nutrition education:** You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).

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If you think we made a mistake

You can appeal our decisions about your benefits, including whether you qualify for benefits and how much assistance you get. To appeal means you tell someone that you think a decision is wrong and that you want a State Fair Hearing of the decision.

If you want to apply for free legal help, call Colorado Legal Services' Denver office at 1-303-837-1313. Or contact your local Colorado Legal Services office.

To appeal decisions for QHP, APTC and CSR through Connect for Health Colorado

You may appeal being denied for a QHP, being denied for APTC or CSR, or the amount of APTC or CSR you got.

You can tell us you want an appeal in one of these ways:

1. Call 1-855-PLANS-4-YOU (1-855-752-6749). For TTY, call 1-855-346-3432.
2. Log into your online Connect for Health Colorado account. Go to "My Documents." Upload the Appeal Request form.
3. Mail or bring your appeal to:

Office of Conflict Resolution and Appeals
3773 Cherry Creek N. Drive, Suite 1005
Denver, CO 80209

4. Fax your appeal to 1-303-322-4217.

You need to tell us you want an appeal before **July 1, 2016**. If you need help with your appeal, call 1-855-PLANS-4-YOU (1-855-752-6749).

You may still enroll in a QHP and receive your APTC or CSR while you appeal.

There are two steps to the appeal process:

Step 1: Informal resolution process

Once you tell us you want an appeal, the Office of Conflict Resolutions and Appeals will first see if they can fix the problem over the phone or in a meeting with you. This is called an informal resolution process. You can give new information or documents that will help them understand the problem.

Step 2: Formal hearing

If you do not want to do an informal resolution process, or if you disagree with the results of the informal resolution process, you can tell us you want a formal hearing. The Office of Conflict Resolution and Appeals will schedule a hearing with the Office of Administrative Courts. You can bring someone with you to a formal hearing. That person can be a lawyer, friend or family member.

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If you disagree with the final decision made by the Office of Conflict Resolution and Appeals, you can appeal to the U.S. Department of Health and Human Services. You need to tell us you want an appeal within **30** days of the date of the Office of Conflict Resolution and Appeals' decision.

Depending on the final appeal decision, you may have to pay back some or all of the financial assistance you received during the appeal.

To appeal decisions for Medicaid and food assistance

To appeal decisions for Medicaid or food assistance, you need to tell us you want a **county conference** or a **State Fair Hearing**. You can also tell us you want both. If you think the decisions made during or after the conference are wrong, you can tell us you want a state level hearing.

You have the right to represent yourself at a county conference and a state hearing. You may also choose a lawyer, relative, friend or any other person to act as your authorized representative. If you need help with your appeal, contact Denver Human Services.

County conference

You can tell us you want a conference (an informal meeting) with a person from Denver Human Services to go over your case with you. The person you meet with will not be the person who made the original decisions about whether you qualify.

To tell us you want a conference, give a letter to Denver Human Services. In your letter, include:

- Your name
- Your mailing address
- Your daytime telephone number
- The reason for your appeal
- A copy of this notice or the case number on the first page of this notice

Be sure to keep a copy of the letter for your records.

The address and phone number for Denver Human Services are:

Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Phone: 1-720-944-3666

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State Fair Hearing

You can tell us you want a State Fair Hearing with an Administrative Law Judge. You can tell us in one of these ways:

- Sign this notice and mail or fax it to the Office of Administrative Courts, or
- Write a letter with:
 - Your name
 - Your mailing address
 - Your daytime telephone number
 - The reason for your appeal

Mail or fax it to the Office of Administrative Courts. For Medicaid appeals, include a copy of this notice with your letter. Be sure to keep a copy of the letter for your records.

For Medicaid appeals, the Office of Administrative Courts must get your letter before **May 18, 2016**. For food assistance appeals, they must get your letter before **July 31, 2016**. You may lose your right to a State Fair Hearing if you do not send your request in time.

The Office of Administrative Courts will mail you the date, time and place for your hearing. The letter will tell you what to expect at the hearing.

The address, phone number and fax number for the Office of Administrative Courts are:

Office for Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Phone: 1-303-866-2000
Fax: 1-303-866-5909

To appeal decisions for CHP+

To tell us you want an appeal, give a letter to CHP+. In your letter, include:

- Your name
- Your mailing address
- Your daytime telephone number
- The reason for your appeal
- A copy of this notice or the case number on the first page of this notice

Be sure to keep a copy of the letter for your records.

CHP+ must get your letter before **May 18, 2016**.

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The address, phone number and fax number for CHP+ appeals are:

Attn: Customer Service Manager
Child Health Plan Plus - Appeals
723 Delaware Street
Denver, CO 80204
Phone: 1-800-359-1911
Fax: 1-303-602-7639

If you think you have been treated unfairly

Discrimination is unfair treatment based on race, color, national origin, sex, gender identity, age, religion, political beliefs, marital status, familial or parental status, or mental or physical disability. Discrimination is against federal law. It is also against the law for anyone to retaliate against you for your past civil rights activity or complaints.

If you think you have been treated unfairly, you have a right to complain. In Colorado, you can complain to:

- Denver Human Services
- The Colorado Department of Health Care Policy and Financing (for complaints about Medicaid or CHP+)
- Connect for Health Colorado (for complaints about QHP, APTC or CSR)
- The Colorado Department of Human Services (for complaints about food assistance)
- Colorado Supplemental Nutrition Assistance Program (SNAP) at 1-800-536-5298 (for complaints about SNAP)

You can also write a letter of complaint to the federal government at these addresses:

Office of Civil Rights
Region VIII
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Phone: 1-800-368-1019
TDD: 1-800-537-7697

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
Phone: 1-800-368-1019

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U.S. Department of Agriculture (for complaints about food assistance)
Director, Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250
Fax: 1-202-690-7442
Email: program.intake@usda.gov

USDA SNAP (for complaints about SNAP)
Phone: 1-800-221-5689 (English/Spanish)

You can also complete the USDA Program Discrimination Complaint form (AD-3027). Go to www.ascr.usda.gov/complaint_filing_cust.html, or visit any USDA office or call 1-866-632-9992 to request the form.

If you have a disability, as defined by the Americans with Disabilities Act (ADA), you may have rights under the ADA. To learn more, contact Denver Human Services.

Other ways to get notices and program information

Persons with disabilities who need other ways to get program information (such as Braille, large print, audiotape or American Sign Language) should contact Denver Human Services.

If you are deaf, hard of hearing or have speech disabilities and use a TTY, you can call Relay Colorado at 1-800-659-3656 or the Federal Relay Service at 1-800-877-8339 or 1-800-845-6136 (Spanish).

Thank you,
Denver Human Services

QUESTIONS } Visit Colorado.gov/PEAK

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April 27, 2016

Scott Copeland
321 Main Street
Denver, CO 80123

Dear Scott Copeland,

It is time to renew (recertify) your benefits. We need to see if you and your household members still qualify for Medicaid or Child Health Plan *Plus* (CHP+).

What you need to do

1. Review the current information we have
2. Report any changes to your information

If you do not have any changes, you do not need to report anything.

Report changes in one of these ways

- Go to Colorado.gov/PEAK. Log in to your account. Click on "Report My Changes."
- Complete and sign the included "Renewal Form." Mail it to:
Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Or fax to: 1-720-944-3665
- Call Denver Human Services at 1-720-944-3666.

Report changes by **June 1, 2016**

If you have changes and **do not** report them, you may have to pay back medical payments paid by Medicaid or CHP+.

If you get two of these notices, report changes for both notices. You may need to report some changes twice.

What happens next

- We will check to see if you and your household still qualify.
- We will tell you if we need documents from you to help us make our decision.

If you do not qualify, we will tell you about your health coverage choices.

Thank you,
Denver Human Services

QUESTIONS } Visit Colorado.gov/PEAK

Page 1 of 8



Renewal Form

▶ Review the current information we have

Client's name:	Scott Copeland
Client's date of birth:	06/29/75
Asking for Medicaid or CHP+:	Yes
Living with both parents, but parents do not expect to file a joint tax return:	No
Expects to be claimed by a non-custodial parent:	No
Expects to be claimed as a dependent on someone else's tax return:	No
Employed:	Yes
Employer:	Alden Electronics
Income type:	Wages
Amount:	\$332.40
How often:	Every week
Self-employed:	No
Amount:	
How often:	
Unearned income (non-work income, such as child support or Social Security):	No
Income type:	
Amount:	
How often:	
Roomers/Boarders:	No
Amount:	
How often:	

QUESTIONS } Visit Colorado.gov/PEAK

Page 2 of 8



► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

I changed my name:

I have a new phone number:

I have a new address

Street address

Apartment #

City

State

ZIP

Someone has been added to my household

Name:

Date of birth:

Date added to my household:

How is this person related to you? This person is my:

Is this person asking for health coverage? Yes No

▪ If yes, fill in their Social Security number:

Have they already applied? Yes No

▪ If yes, fill in their application date:

Is this person a newborn child? Yes No

▪ If yes, fill in their Social Security number:

▪ If they do not have a Social Security number, have you applied for one? Yes No

Is this person living with both parents, but the parents do not expect to file a joint tax return?

Yes No

Does this person expect to be claimed by a non-custodial parent?

Yes No

Does this person expect to be claimed as a dependent on someone else's tax return?

Yes No

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

Someone has left my household

Name:

Date of birth:

Date left my household:

How is this person related to you? This person is my:

Someone in my household is pregnant

Pregnant woman's name:

Due date:

I changed jobs

Employer:

Income type:

Amount:

How often:

I got another job, in addition to my first job

Employer:

Income type:

Amount:

How often:

My income at my current job changed

New amount:

How often:

I lost or quit my job

I am now self-employed

Amount:

How often:

Please send a copy of a profit and loss statement or business ledger from this or last month with this form.

QUESTIONS } Visit Colorado.gov/PEAK

Page 4 of 8



► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

My unearned income has changed

Income type:

Social Security Unemployment Alimony or spousal support

Other:

New amount:

How often:

My income from roomers/boarders has changed

New amount:

How often:

My immigration status changed

Please explain:

I am going to school now

Please explain:

► Sign and date below

Your signature

Date



Want fast and convenient access to your Medicaid and CHP+ benefits information on the go? Download the free PEAKHealth app to manage your Medicaid and CHP+ benefits.

QUESTIONS } Visit Colorado.gov/PEAK

Page 5 of 8



Notice of Privacy Practices

This Notice of Privacy Practices (this Notice) explains how we may **use and disclose** information we have about you. It also tells how you can **get access** to this information.

Why you are getting this Notice

Because you are enrolled in the Colorado Medical Assistance Program, the State of Colorado, Department of Health Care Policy and Financing (the Department) collects and keeps some of your health information. By law, we must keep your health information private and secure. We also must give you this Notice.

This Notice describes how the Department uses and shares your health information. It explains your privacy rights. We must follow the terms of this Notice. We are allowed to change our privacy practices and the terms of this Notice in the future. Those changes may affect all health information the Department keeps. If our privacy practices change, we will send you a new Notice. You can also find the updated Notice at Colorado.gov/HCPF.

How we may use and share your health information

Treatment: To make sure you get medical treatment and services. For example, the Department may share health information with a doctor or hospital giving you health care.

Payment: To pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing us for your health care services.

Health care operations: For Department operations needed to make sure you get quality care. For example, the Department may share your health information with an outside contractor to review hospital and doctors' records to assess care you got.

Future communications: To mail you information on health care programs and health care choices.

Legal requirements: When required to do so by federal or state law.

To avoid harm: To prevent serious threat to your health and safety or the health and safety of others.

Research: For research purposes, under certain circumstances. All research projects must be approved, and the project must keep your information confidential.

Public health: With public health agencies to prevent or control the spread of diseases.

Health oversight activities: With a health oversight agency for activities authorized by law. These may include, for example, audits, investigations and inspections.

Lawsuits and disputes: In response to a court or administrative order.

QUESTIONS } Visit Colorado.gov/PEAK

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Coroners, medical examiners and funeral directors: With a coroner, medical examiner or funeral director so they may carry out their duties according to law. The Department may also share health information to ensure organ and tissue donation.

Workers compensation: With programs that give benefits for work-related injuries or illness.

National security and intelligence activities: With authorized federal officials for activities related to national security and special investigations.

Inmates: With a correctional institution or law enforcement official for the purposes of health care or safety if you are an inmate in a correctional institution or are in custody of law enforcement.

Other uses: Only with your written authorization.

Your health information rights

You have a right to:

- **See and get a copy of your health information:** You have the right to see and get a copy of your health information and billing records by making a written request to the Department's Privacy Officer. We can only give you records created for or on behalf of the Department. You may not see or get a copy of any psychotherapy notes or information prepared only for use in a civil, criminal or administrative legal action.
- **Ask us to correct your health information:** If you think the health information we gave you is incorrect or incomplete, you may ask us to change the information. Make a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to change your information.
- **Get a list of disclosures made of your health information:** You have the right to a list of instances in which we have shared your health information other than for treatment, payment, health care operations or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. We cannot give you information we shared before April 14, 2003.
- **Ask that your health information be communicated in a confidential way:** You may ask that your health information be given confidentially. You must ask in writing to the Department's Privacy Officer. For example, you may ask us to send mail to an address other than your home. The Department will honor reasonable requests.
- **Ask that we not use or share your health information:** You have the right to ask us not to use or share your health information for treatment, payment or health care operations, or to persons involved in your care except when you specifically authorize it, when required by law, or in an emergency. You must ask in writing to the Department's Privacy Officer. We will consider your request, but we are not legally required to accept it.
- **Get a copy of this Notice:** You may ask for a copy of this Notice anytime.

QUESTIONS } Visit Colorado.gov/PEAK

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For more privacy information or to report a privacy problem

If you have questions about your privacy rights, want more information about something in this Notice, or want to file a complaint because you believe your privacy rights have been violated, you may contact the Department's Privacy Officer at:

Privacy Officer
Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
Telephone: 1-303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, SW
Washington, DC 20201

The Department cannot take away your benefits or retaliate against you in any way for filing a privacy complaint.

This Notice is effective as of July 1, 2016.

QUESTIONS } Visit Colorado.gov/PEAK

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Final non-MAGI RRR



April 27, 2016

Scott Copeland
321 Main Street
Denver, CO 80123

Dear Scott Copeland,

It is time to renew (recertify) you benefits. We need to see if you and your household members still qualify for Medicaid or Child Health Plan *Plus* (CHP+).

What you need to do

1. Review the current information we have
2. Report any changes to your information
3. Send us any proof of changes that we ask for

If you do not have any changes, you still need to report that you have no changes.

Report changes in one of these ways

- Go to Colorado.gov/PEAK. Log in to your account. Click on "Report My Changes."
- Complete and sign the included "Renewal Form." Mail it to:
Denver Human Services
1200 Federal Boulevard
Denver, CO 80204
Or fax to: 1-720-944-3665
- Call Denver Human Services at 1-720-944-3666.

Report changes by **June 1, 2016**

If you have changes and **do not** report them, you may have to pay back medical payments paid by Medicaid or CHP+.

If you get two of these notices, report changes for both notices. You may need to report some changes twice.

What happens next

- We will check to see if you and your household still qualify.
- We will tell you if we need more proof to help us make our decision.

If you do not qualify, we will tell you about your health coverage choices.

Thank you,
Denver Human Services

QUESTIONS } Visit Colorado.gov/PEAK

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Renewal Form

▶ Review the current information we have

Client's name:	Scott Copeland
Client's date of birth:	06/29/75
Asking for Medicaid or CHP+:	Yes
Living with both parents, but parents do not expect to file a joint tax return:	No
Expects to be claimed by a non-custodial parent:	No
Expects to be claimed as a dependent on someone else's tax return:	No
Employed:	Yes
Employer:	Alden Electronics
Income type:	Wages
Amount:	\$332.40
How often:	Every week
Self-employed:	No
Amount:	
How often:	
Unearned Income (non-work income, such as child support or Social Security):	No
Income type:	
Amount:	
How often:	
Roomers/Boarders:	No
Amount:	
How often:	

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

I have no changes

I changed my name:

I have a new phone number:

I have a new address

Street address

Apartment #

City

State

ZIP

Someone has been added to my household

Name:

Date of birth:

Date added to my household:

How is this person related to you? This person is my:

Is this person asking for health coverage? Yes No

▪ If yes, fill in their Social Security number:

Have they already applied? Yes No

▪ If yes, fill in their application date:

Is this person a newborn child? Yes No

▪ If yes, fill in their Social Security number:

▪ If they do not have a Social Security number, have you applied for one? Yes No

Is this person living with both parents, but the parents do not expect to file a joint tax return?

Yes No

Does this person expect to be claimed by a non-custodial parent?

Yes No

Does this person expect to be claimed as a dependent on someone else's tax return?

Yes No

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

Someone has left my household

Name:

Date of birth:

Date left my household:

How is this person related to you? This person is my:

Someone in my household is pregnant

Pregnant woman's name:

Due date:

I changed jobs

Employer:

Income type:

Amount:

How often:

I got another job, in addition to my first job

Employer:

Income type:

Amount:

How often:

My income at my current job changed

New amount:

How often:

I lost or quit my job

I am now self-employed

Amount:

How often:

Please send a copy of a profit and loss statement or business ledger from this or last month with this form.

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

My unearned income has changed

Income type:

Social Security Unemployment Alimony or spousal support

Other:

New amount:

How often:

Please send proof of changes to unearned income.

My income from roomers/boarders has changed

New amount:

How often:

My expenses have changed

Expense type:

Child care Dependent elder care Child support Medical Prescriptions

Health insurance premiums Shelter Trust fees Other:

The expense is for:

The expense is paid by:

Amount:

How often:

My vehicles have changed

Owner's name:

Year/Make/Model:

Value:

Please send proof of changes to vehicles.

QUESTIONS } Visit Colorado.gov/PEAK

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► Report any changes in your information

Please check the boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

My resources have changed

Owner's name:

Value:

Resource type:

- Bank accounts Trust accounts Life insurance/Burial policies Properties
 Annuities Promissory notes Stocks Other:

Please send proof of changes to resources.

I gave away or sold resources

Owner's name:

Resource type:

Date given away or sold:

Value:

My immigration status changed

Please explain:

I am going to school now

Please explain:

► Sign and date below

Your signature

Date



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QUESTIONS } Visit Colorado.gov/PEAK

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Payment: To pay for your medical treatment and services. For example, your doctor may send health information about you to the Department when billing us for your health care services.

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Research: For research purposes, under certain circumstances. All research projects must be approved, and the project must keep your information confidential.

Public health: With public health agencies to prevent or control the spread of diseases.

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- **Ask us to correct your health information:** If you think the health information we gave you is incorrect or incomplete, you may ask us to change the information. Make a written request to the Department's Privacy Officer. In certain cases, the Department may deny your request to change your information.
- **Get a list of disclosures made of your health information:** You have the right to a list of instances in which we have shared your health information other than for treatment, payment, health care operations or when you specifically authorized the Department to share your information. Your request must be in writing to the Department's Privacy Officer. We cannot give you information we shared before April 14, 2003.
- **Ask that your health information be communicated in a confidential way:** You may ask that your health information be given confidentially. You must ask in writing to the Department's Privacy Officer. For example, you may ask us to send mail to an address other than your home. The Department will honor reasonable requests.
- **Ask that we not use or share your health information:** You have the right to ask us not to use or share your health information for treatment, payment or health care operations, or to persons involved in your care except when you specifically authorize it, when required by law, or in an emergency. You must ask in writing to the Department's Privacy Officer. We will consider your request, but we are not legally required to accept it.
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QUESTIONS } Visit Colorado.gov/PEAK

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For more privacy information or to report a privacy problem

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Dept. of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
Telephone: 1-303-866-4366

You may also file a complaint with the Secretary of the United States Department of Health and Human Services at:

Secretary
U.S. Department of Health and Human Services
Office of Civil Rights
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Washington, DC 20201

The Department cannot take away your benefits or retaliate against you in any way for filing a privacy complaint.

This Notice is effective as of July 1, 2016.

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Appendix F. Remediation Requirements

PDF File 508 Checklist

ID	1.0.Master Requirements for all Documents	Yes (Pass)	No (Fail)	N/A
1.1	Does the document file name not contain spaces and/or special characters?			
1.2	Is the document file name concise, generally limited to 20–30 characters, and does it make the contents of the file clear?			
1.3	Have the Document Properties for Title, Author (an HHS OpDiv, StaffDiv, or Program Office—not an individual’s names), Subject (AKA Description), Keywords, and Language been filled out?			
1.4	Does the document utilize recommended fonts (i.e., Times New Roman, Verdana, Arial, Tahoma, Helvetica, or Callibri)?			
1.5	Have track changes been accepted or rejected and turned off?			
1.6	Have comments been removed and formatting marks been turned off?			
1.7	Does the document refrain from using flashing/flickering text and/or animated text?			
1.8	Do all URLs contain descriptive hyperlinks (i.e., avoid generic phrases like “Click here” and, instead, use phrases that let users know about the content of the linked page prior to selecting it)?			
1.9	Are all URLs linked to correct Web destinations?			
1.10	Are all internal links/TOC entries functioning correctly (if linked)?			
1.11	Are links (including e-mail addresses) keyboard accessible?			
1.12	Has a separate accessible version of the document been provided when there is no other way to make the content accessible?			

1.13	Is the color contrast ratio between foreground text and background color at least 4.5:1?			
1.14	Has the document been reviewed in Print Preview for a final visual check?			

ID	2.0. General Layout and Formatting Requirements	Yes (Pass)	No (Fail)	N/A
2.1	Is the document free of scanned images of text?			
2.2	Have bookmarks been included in all PDFs that are more than 9 pages long? And, if bookmarks are present, are they logical?			
2.3	Are decorative images marked as background/artifact?			
2.4	Have all scanned signatures been removed from the PDF? (see http://webstandards.hhs.gov/standards/41)			
2.5	If there is an automated accessibility checker in the program used to create the PDF, has that been run and does it pass?			
2.6	Is the document free of layout tables?			
2.7	Do images/graphics appear crisp and legible?			
2.8	If a table of contents (TOC) is present, are the page numbers correct, and, if linked, does the TOC function correctly?			

ID	3.0. Accessibility Tagging and Reading Order	Yes (Pass)	No (Fail)	N/A
3.1	Have PDF tags been added to the document?			
3.2	Does the order of the PDF Tags match that of the order that the content			

	should be read in?			
3.3	Has the PDF been formatted using Style elements (i.e., the title of the document as Heading 1, the first-order heading as Heading 2, etc.?)			
3.4	Are heading styles organized in a hierarchal and logical fashion, with consecutive headings (i.e., no missing heading levels).			
3.5	If nonstandard/custom tags are used, have they been mapped correctly in the Document Roles dialogue box and verified as working via assistive technology testing: (e.g., JAWS, Window Eyes, NVDA, and Dragon)?			
3.6	Have documents with multicolumn text, tables, or call-out boxes been checked for correct reading order?			
3.7	Are any footnotes or references tagged with standard Note and Reference tags and placed in the proper logical reading order?			

ID	4.0. Document Images Requirement	Yes (Pass)	No (Fail)	N/A
4.1	Is the document free of background images or watermarks?			
4.2	Are multiple associated images on the same page (e.g., boxes in an organizational chart) grouped as one object?			
4.3	Have all multilayered objects been flattened into one image and does that image use one alternative text description for the image?			
4.4	Do all images, grouped images, and nontext elements that convey information have meaningful alternative-text descriptions?			
4.5	Do complex images (i.e., charts and graphs) have descriptive text near the image (perhaps as a caption)?			

ID	5.0. Lists and PDF Tables	Yes (Pass)	No (Fail)	N/A
5.1	Have lists been tagged completely, making use of all four of the following tags: L, LI, Lbl, and LBody tags?			
5.2	If the document has a tabular appearance, was that tabular structure made using the table option (as opposed to manual tabs and/or spaces)?			
5.3	Are blank cells avoided?			
5.4	Do all tables have a logical reading order from left to right, top to bottom?			
5.5	Do all data tables in the document have Row and/or Column headers?			
5.6	Do header rows repeat across pages if the table is multiple pages?			
5.7	Are all table cells, with the exception of those in the Header Rows or columns, designated as data cells?			
5.8	Are data cells set so they do not split across pages?			
5.9	If the table is a simple table, does it have scoping applied to the appropriate Row/Column Headers?			
5.10	If the table is a complex table, does it have id and header attributes to associate the data cells with the column/row headers?			
5.11	Are all tables described and labeled (where appropriate)? Note: In some cases naming/numbering of tables may not be appropriate. For example, a small data table in a presentation may not need a reference.			

ID	6.0. Form Fields	Yes (Pass)	No (Fail)	N/A
6.1	Do all form fields have correct labels and markups:			

	<ol style="list-style-type: none"> 1. Form fields must have a visual text label next to the form tag and there must be a tool tip. 2. Is the value attribute used on buttons? 3. Is the label element not being used on hidden input fields (e.g., input type="hidden")? 			
6.2	Are all form fields keyboard accessible?			
6.3	<p>Are all multiple-choice answers keyboard accessible and grouped together as form-field sets?</p> <ol style="list-style-type: none"> 1. The value attribute needs to match the text next to the answer. 2. Make sure the name attribute is the same. 			