

STATE OF COLORADO



Your request for Medical Assistance to cover your past medical bills has been denied. We cannot approve coverage prior to your application date because you do not meet the eligibility criteria for the program or you did not provide requested verification.

The relevant Medicaid rules can be found at 10 CCR 2505-10, 8.100.3.E; 8.100.5; 8.100.5.M.1

If you have any questions, please contact your local county department of human/social services.

Thank you.

Your Right to Appeal

If you think this action is wrong, you can ask for (1) a County or Medical Assistance (MA) site conference or (2) a State Hearing. You may speak for yourself at the Conference or Hearing. You may also bring a person, such as a friend, relative or lawyer, to speak for you. Tell your worker if you need help with your appeal.

Continuation of Benefits - If this notice says that your benefits will stop and you want your benefits to continue, you must ask for a county conference or a state hearing before the effective date of the action shown on the first page of this notice, OR with ten (10) days of the date the county conference decision is made, your benefits will automatically continue until you receive a final decision. If you lose your appeal, you may have to pay back any continued benefits you have received. You may request in writing that your benefits stop. If you choose to stop getting your benefits, and you win your hearing, your lost benefits will be given back to you.

State Hearing regarding Medicaid Benefits

You can skip the conference and ask for a state hearing. The request for a hearing shall be filed with the Office of Administrative Courts within 30 calendar days of the date of the notice of action.

At a fair hearing you have the right to represent yourself or to be represented by an attorney or any other person you choose. If you want free legal help you can call Colorado Legal Services at 303-837-1313 or your local Rural Legal Services office.

To ask for a state level hearing, sign and send this notice OR write a letter to this address telling the judge the reason for your appeal:

Office of Administrative Courts
633 Seventeenth St., Suite 1300
Denver, Colorado 80202
Phone # 303-866-2000
Fax # 303-866-5909

County Conference

This is an informal meeting with county staff other than the worker taking the action to go over your case with you. If you want to have this meeting, you must contact your worker as shown on page 1 of this notice. You must do this before the day your benefits are due to be cut, terminated, or denied. 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. But, you may skip this meeting altogether and ask for a state level hearing.

If you write a letter asking for a conference and/or a state hearing, make sure you give: your name, social security number if you have one, daytime telephone number, mailing address, and why you want the conference and/or hearing. Be sure to keep a copy of your request for your records.

You may contact your local legal services office about getting free legal help. If your benefits end, you may reapply at any time.