



COVID Unwinding FAQ

Frequently Asked Questions for End of Public Health Emergency

March 2023

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Background



In January 2020, the U.S. Department of Health and Human Services (HHS) declared a public health emergency (PHE) in response to the outbreak of COVID-19. Congress passed legislation, and the Department of Health Care Policy and Financing (HCPF) adopted many flexibilities offered by the Centers for Medicare and Medicaid Services (CMS).

The legislation required HCPF to ensure anyone enrolled in Health First Colorado (Colorado's Medicaid and Child Health Plan *Plus* (CHP+) programs) was guaranteed to keep their health coverage during the PHE. This is known as the "continuous coverage provision."

The [Consolidated Appropriations Act](#), passed in December 2022, decoupled the Medicaid continuous coverage requirement for the end of the COVID-19 public health emergency (PHE) and provided a new statutory end date of March 31, 2023, to end the Continuous Coverage (i.e., locked-in) requirement. As a result, the Department of Health Care Policy and Financing (HCPF) will return to normal Medical Assistance (MA) and CHP+ eligibility renewal processes. Notifications to members will be distributed beginning in March 2023, with renewals due in May 2023.

On January 30, 2023, the Biden Administration issued a statement and sent letters to state Governors that they plan to extend the PHE one additional time to May 11, 2023, and end the PHE on that date.

This FAQ will address continuous coverage and the PHE guidance.

Information

What is the public health emergency (PHE)?

In January 2020, the U.S. Department of Health and Human Services (HHS) declared a public health emergency (PHE) in response to the outbreak of COVID-19.

What is the Consolidated Appropriations Act, 2023, and how is it related to the end of continuous coverage?

The [Consolidated Appropriations Act](#), passed in December 2022, decoupled the Medicaid continuous coverage requirement for the end of the COVID-19 PHE. This legislation ends the continuous coverage requirement on **March 31, 2023**, and lets states return to normal renewal processes. Colorado will take 12 months (14 months, including noticing) to renew members based on their annual renewal date.

What does "COVID Unwind" mean?

COVID Unwind refers to a 12 month period (14 months including noticing) following the end of the continuous coverage requirement that provides states a timeframe to return to normal eligibility renewal processes for Health First Colorado and CHP+. Colorado's COVID Unwind begins with renewals due in May 2023 and noticing beginning in March 2023.

Will HCPF be removing all old memos related to COVID?



All memos related to COVID that have been posted will remain on the HCPF website, but HCPF will post a new memo giving updated guidance.

Continuous Coverage (COVID Unwind)

Continuous Coverage

What is the continuous coverage requirement?

The continuous coverage requirement applies to people enrolled in Health First Colorado and CHP+ as of March 18, 2020, or those who were determined eligible on or after that date. State Medicaid agencies have maintained coverage for people who may have become ineligible since their last eligibility determination. Additional information regarding this requirement can be found in this memo: [COVID-19 CONTINUOUS ENROLLMENT FOR EXISTING MEDICAL ASSISTANCE MEMBERS MEMO](#)

What happens when continuous coverage ends?

Health First Colorado and CHP+ will return to normal renewal processes. When the continuous coverage period ends, renewals must be initiated for the state's entire Medicaid and CHP+ population, including people covered through continuous coverage (also known as the locked-in population). The Colorado Department of Health Care Policy & Financing (HCPF) will take 12 months (14 months, including noticing) to complete renewals for all Health First Colorado and CHP+ members.

Not all members will be renewed at the same time.

Each member's renewal month will align with their already established annual renewal. Some members will be automatically renewed based on the most recent information already on file with the state (known as ex parte).

For details on the renewal process, go to [Renewal Revamp FAQ](#)

If someone purchased private health insurance during the continuous coverage period, will they continue to be locked into the Health First Colorado and CHP+ program?

Individuals eligible for Health First Colorado can have private health insurance, but Health First Colorado is always the last payer of benefits and services. People enrolled in private health insurance during and after the continuous coverage period can still qualify for Health First Colorado as long as they continue to meet eligibility criteria.



People in the CHP+ program **cannot** be enrolled in other health insurance. However, during the continuous coverage requirement period, members will not be disenrolled for enrolling in private health insurance. When the continuous coverage requirement period ends, these people will go through the renewal process. If they choose to keep other insurance, their CHP+ coverage will be terminated.

Will members be required to pay back Health First Colorado for the benefits they received when ineligible?

Members who received continuous coverage (also referred to as the locked-in population) and would otherwise have been ineligible will **not** be responsible for paying back continuous coverage benefits received.

How long will eligibility sites have to review the Health First Colorado and CHP+ caseload after continuous coverage ends?

Eligibility sites will have 12 months (14 months including noticing) to complete renewals for members who were not approved through the ex parte process.

Will a member receiving MAGI and Medicare Savings Program (MSP) lose their MSP program when the continuous coverage ends?

No, the member will not lose their MSP program as long as the member continues to meet the eligibility criteria for the MSP program.

What is the Medicare Savings Program (MSP) override functionality system change?

The system change will remove the MSP override functionality, and the member will pass for the program if they meet the eligibility criteria for the MSP program.

What will happen with cases with a Medicare Savings Program (MSP) Override?

At the end of the PHE, the Colorado Benefits Management System (CBMS) will be updated automatically (no user action required) to end-date any MSP overrides completed during the continuous coverage period. The Medical Assistance (MA) override end date will be set to match and align with the case's MA renewal month to ensure members will remain in their applicable MSP override aid code through the end of their case renewal month.

For example, if the case MA renewal is 05/2023 the Medical Assistance override end date should be set as 05/31/2023. Once run through the Medical Assistance ex parte process, the individual/cases will be subjected to all rules associated with the Medical Assistance programs and the Medical Assistance renewal process. This process pertains to MSP overrides only.

If the data entry is entered on a case before 05/31/2023, will it be placed on continuous coverage if they are determined ineligible?



Yes, if the data entry is entered *on or before* 05/31/2023, the case will be put on continuous coverage if they are determined ineligible. Data entry entered *on or after* 06/01/2023 will **not** be placed on continuous coverage.

Are there any impacts to members with Emergency Medical Services (EMS) at the end of PHE?

Active verified members receiving regular Emergency Medicaid Services (EMS=Y) **will go through the renewal process** to determine if they still meet EMS criteria. HCPF has systematically added renewal dates to the EMS cases that did not have a renewal date. The renewal date is based on the application date.

Applications & Renewals

When will the renewals for the continuous coverage population begin?

The formal noticing will begin in March 2023 for members whose renewal is due in May 2023. HCPF is planning on moving forward with May renewals, which will best align with the timing when new Federal Poverty Levels (FPL) will be active in the system, ensuring members are renewed with the new FPL levels in place.

What if the case has two different cases with two different renewal months for the same member?

Start the renewal process with the case that has the earliest renewal month.

What is the timeline for processing applications and renewals when the continuous coverage period ends?

For new applications, states have four months to process all Exceeding Processing Guidelines (EPG) applications and resume the timely processing of new applications (45 days for all non-disability applications and 90 days for disability applications). For renewals, states will have 12 months to initiate renewals, with completion of the renewals in 14 months to return to normal eligibility and enrollment operations.

Why are states given 14 months to complete a renewal and not 12 months?

States will have up to 12 months after the end of the continuous cover requirement to complete post-enrollment verifications, redeterminations based on changes in circumstances, and renewals. Eligibility sites will need to initiate the renewals and are allowed up to 14 months to complete.



What is the renewal plan for “locked-in” cases when continuous coverage ends?

Following the end of the continuous coverage period, members will remain on continuous coverage until their renewal due date. Renewal due dates are based on the household's application date, and once a renewal has been completed, action can be taken on the case.

Can people be directed to Certified Application Assistance Sites (CAAS) for application processing?

No, CAAS sites cannot process applications. The CAAS's role is to help people fill out the application and collect documentation. The sites do not have access to CBMS and do not meet the merit-based, governmental employee requirement.

Will a member identified as ‘homeless’ in CBMS with a general delivery address be mailed a renewal packet if one is triggered during the renewal process?

Yes, a renewal packet will be mailed out. The state must send a renewal packet to all people who haven't been approved through the ex parte process, even those with a general delivery address or identified as having unknown whereabouts.

Will authorized sites such as counties, Medical Assistance (MA) Sites, Eligibility Application Partner Sites (EAPs), Presumptive Eligibility (PE) Sites and Certified Application Assistance Sites (CAAS) continue to be authorized to assist applicants in completing applications remotely after the continuous coverage period ends for Medical Assistance programs?

No, authorized entities such as Counties, Medical Assistance (MA) Sites, Eligibility Application Partner Sites (EAPs), Presumptive Eligibility (PE) Sites, and Certified Application Assistance Sites (CAAS) cannot continue to assist applicants in completing applications remotely after the continuous coverage period ends. The allowance to assist remotely with applications was only offered during the PHE. Sites should continue to encourage people to apply for Medical Assistance programs over the phone, online via PEAK, by mail, or in person.

Will a Medical Assistance (MA) and CDHS Combo Ex Parte Process desk aid be created to assist eligibility workers during COVID Unwind?

Yes, go to the [Training Topics, Reference Documents, and Guides](#) page and look under the “COVID Unwind” section for the Flowchart Desk aid.



Premiums

Will Buy-In premiums for the Working Adults with Disabilities (WAWD) and Children's Buy-In with Disabilities (CBWD) programs resume after the continuous coverage period ends?

No, premiums will continue to be waived at intake and renewal throughout the 14-month unwinding period. HCPF will send out a formal communication before the premiums resume.

When will Buy-In premiums for the WAWD, and CBWD programs start after the 14-month unwinding period ends?

HCPF is currently exploring and working with our Federal partners to determine when these premiums will begin after our 14-month unwinding period ends. More information will be provided before the 14-month unwinding period ends.

Change in Circumstances

What is an active verified case?

An active verified case is a case that meets eligibility criteria and runs appropriately.

What happens if an active verified member reports a change after continuous coverage ends?

Any changes reported for an active verified member made after the continuous coverage period ends can be acted upon.

What happens if someone receiving continuous coverage reports a change after continuous coverage ends?

Any changes reported for someone receiving continuous coverage after the continuous coverage ends will continue to stay locked in until the end of their renewal period.

Verifications

Will missing verifications be requested at renewal at the end of the continuous coverage period?

The eligibility system will only ask for verification for the current renewal being processed.

The Colorado Benefits Management System (CBMS) will generate a verification checklist (VCL) for members. If they provide the missing verification, the eligibility sites must update the case with the provided verification.



Will a desk aid be created to assist eligibility workers in clearing verifications during COVID Unwind?

Yes, HCPF is developing a desk aid that will help guide eligibility workers in clearing verifications during COVID Unwind.

What happens if a member does not provide the requested information from the verification checklist (VCL)?

An individual will be given an opportunity to provide the required documentation during their renewal. If an individual does not provide the requested verifications, they may be terminated.

Will the 12/31/3999 date continue to be seen after continuous coverage ends?

Yes, this date will continue to be displayed on some cases until the case runs through ex parte and new verification checklists (VCLs) are generated. A new due date will be displayed in Colorado Benefits Management System (CBMS) and on the notice.

Reasonable Opportunity Period (ROP)

Will members receive an additional 90 day ROP for Citizenship and/or Identity?

During unwinding, HCPF does not plan to extend another ROP period for members who were already provided a 90 day ROP. Instead, a standard verification checklist (VCL) request for verification of citizenship and/or identity will be sent giving one more opportunity to provide this information with their renewal.

If the applicant did not provide the required documentation for citizenship and was given a reasonable opportunity period (ROP), will the applicant be terminated after the PHE ends?

If the required documentation is not returned during ROP, members will be allowed to provide the required documentation after the PHE ends during their renewal process. If the member does not provide the required documentation at renewal, the member will be terminated.

Appeals

How have the Eligibility Appeal rules been affected by the end of continuous coverage?

The Eligibility Appeal rules have remained the same (10 CCR 2505-10 8.057).

Will people be able to appeal eligibility decisions once the continuous coverage period ends?



People are always allowed to appeal any action taken on an eligibility decision. They can ask for a State Level Hearing (Formal), Dispute Resolution Conference (Informal), or both simultaneously.

If a member receives continued benefits during an appeal and loses the appeal during the continuous coverage period, will those benefits be terminated after the Final Agency Decision?

No, during the continuous coverage period, the member will remain open within the same category code they were in before the appeal. At the end of the continuous coverage requirement period, these members will go through the renewal process with the rest of the Health First Colorado caseloads.

Where can I find more information on eligibility appeals?

Information on the eligibility appeals can be found here:

- ❖ [8.057 Eligibility Appeals Rules](#)
- ❖ [2016 Guidance on Appeals Changes](#)
- ❖ [County and Medical Assistance Sites Dispute Resolution FAQ](#)

Data and Reports

Does HCPF have the data on how many members will lose their benefits when continuous coverage ends for each eligibility site?

HCPF estimates more than 325,000 members may no longer qualify for benefits when continuous coverage ends. This estimate is statewide and is not broken out by the eligibility site.

What data or reports will be available to eligibility sites when continuous coverage ends?

Eligibility sites can access existing data and reports to monitor workload and eligibility activities. These primarily include Medical Assistance Performance (MAP) Dashboards and the CBMS County and Caseload Dashboards.

Where will the reports be posted?

Reports are posted in Cognos and the County Dashboard.

What if the Cognos report doesn't show any information for verifications?

Work with your county administrator to determine access if your Cognos report has no



information.

Connect for Health Colorado

What is Connect for Health Colorado?

Connect for Health Colorado is the state's official health insurance marketplace. It's the only site that provides financial help to make health insurance plans more affordable. For more information, go to ConnectforHealthCO.com.

How is information from people terminated from Health First Colorado shared with Connect for Health Colorado to determine eligibility for other health insurance programs?

HCPF has worked closely with Connect for Health Colorado to establish a secure transmission that will send the individual's information to Connect for Health Colorado. People will still need to complete an application with Connect for Health Colorado to find out what financial help programs they are eligible for.

If a member loses coverage at the end of the continuous coverage period, will that be considered a Qualifying Life Change Event to enroll in health insurance?

Yes, when continuous coverage ends, the loss of Health First Colorado or CHP+ coverage will be considered a Qualifying Life Change event. This will open a Special Enrollment Period for the member to purchase and enroll in health insurance.

What is a Special Enrollment Period?

A Special Enrollment Period is a time outside the annual Open Enrollment Period during which an individual or household can enroll in a health insurance plan, but only if they have a Qualifying Life Change Event. Some examples of Qualifying Life Change Events include losing health coverage (such as Medicaid or CHP+), moving, getting married or divorced, or having a baby.

When is the Open Enrollment Period?

The annual Open Enrollment Period is from November 1 through January 15. Open Enrollment is when people can sign up for a health insurance plan or renew a current one.

How do people apply for health coverage and financial help through Connect for Health Colorado?

People can apply for coverage and financial help through Connect for Health Colorado in the following ways:

1. Online: Complete an application online at ConnectforHealthCO.com.



2. Withlocal, certified experts: Complete an application with a Certified Broker or at a local Assistance Site with a Health Coverage Guide or Certified Application Counselor. Find more information at connectforhealthco.com/we-can-help/.
3. Telephone: Call 855-752-6749, TTY at 855-346-3432, Monday to Friday, 8 a.m. to 6 p.m.
4. Fax: Fax paper application to 855-346-5175.
5. Mail: Mail a paper application to Connect for Health Colorado Individual Applications P.O. Box 35033 Colorado Springs, CO 80935.

Consolidated Return Mail Center (CRMC)

What's the role of the CRMC in preparing for the continuous coverage period ending?

Before the continuous coverage period ends and throughout the unwinding period, the CRMC is taking a proactive approach to update as many addresses as possible. The CRMC will utilize data sources from an Address Verification vendor to obtain updated information on people currently on the COVID Locked-In (continuous coverage) Report.

Using the information received from the Address Verification vendor, the CRMC will attempt to contact each member and update as many addresses as possible prior to the member's annual renewal date. Following multiple outreach attempts, cases identified as "Whereabouts Unknown" will be subject to termination after the continuous coverage period ends unless the member responds to their renewal packet.

Member addresses will NOT be updated without confirmation from that member. This applies to normal CRMC business operations and proactive efforts when the continuous coverage period ends.

The additional address validation efforts initiated before the end of the continuous coverage period will continue throughout the unwind. The CRMC will also maintain its regular operations throughout this period, as the CRMC exists to support counties and people and is not a continuous coverage specific endeavor.

Overflow Processing Center (OPC)

What is the OPC?

HCPF created the Overflow Processing Center (OPC) to support Eligibility Sites in completing eligibility determinations when there is a backlog, overflow, or emergency situation.

Where do I find more information about the OPC?

Information on the OPC, including the OPC FAQ, can be found here: hcpf.colorado.gov/overflow-processing-center.



End of the Public Health Emergency (PHE)

PHE

When will the PHE End?

The Biden Administration issued a statement and sent letters to state Governors on January 30, 2023, extending the PHE one additional time and ending it on **May 11, 2023**.

Emergency Medicaid Services

Will the postpartum period extension apply to women limited to Emergency Medicaid Services (EMS)?

No, people with EMS coverage do not qualify for the postpartum period extension.

End of the Optional Uninsured COVID-19 Group

What is the coverage period for the optional uninsured COVID-19 group?

Coverage for people with the optional uninsured COVID-19 will end on the last day of the public health emergency (PHE), May 11, 2023. A Speed letter will be sent to existing members approximately 60 days prior to the end of the PHE.

Cases for existing members will run eligibility in CBMS to run eligibility for people with the optional uninsured COVID-19 coverage and use existing case file information to see if they qualify for another Medical Assistance program prior to terminating.

If they qualify for another program, an approval notice will be sent out, and they will follow the normal renewal process. If they do not qualify for another Medical Assistance program, they will receive a termination notice effective as of **May 31, 2023**.

How will people in the optional uninsured COVID-19 group know their benefits are ending?

People with the optional uninsured COVID-19 coverage will receive a letter approximately 60 days before the public health emergency (PHE) ends. The letter will notify these people the program is ending, and HCPF will use the information on file to determine if they are eligible for another Medical Assistance program.



Is this population going through the renewal process at the end of the public health emergency (PHE)?

No, this population will not go through the renewal process. These cases are based on a change in circumstance, and this program will end on May 11, 2023, the last day of the public health emergency (PHE). HCPF will run the case based on information in the file, and if they do not meet eligibility for another Medical Assistance program, they will receive a termination Notice of Action.

Will people receiving the optional uninsured COVID-19 group benefits be allowed to appeal the closure of benefits?

No, the optional uninsured COVID-19 group is only available through the last day of the PHE ending. After the PHE ends, the Federal Medical Assistance Percentage (FMAP) funding will not cover COVID-19 testing or testing-related services (Section 1902(a)(10)(A)(ii)(XXIII) of the Social Security Act). The state is **not** required to provide fair hearing rights to contest the termination of coverage under the optional uninsured COVID-19 group, consistent with 42 CFR 431.220(b).

Will there be any changes to the application and PEAK when applying for Medical Assistance when the PHE ends?

Yes, Worksheet J, “Household Member(s) Exposed To Coronavirus (COVID-19),” will be removed from the paper application. The questions about COVID-19 will be removed from PEAK Apply for Benefits (AFB) and the Health First Colorado app (Add a Newborn).

Self-Attestation

Will self-attestation that is not verified continue after the public health emergency (PHE) ends?

During the PHE, the Colorado Benefits Management System (CBMS) was updated to accept self-attestation without additional verification for all income, resources for programs with an asset test, and SSN verifications for Medical Assistance programs.

After the PHE ends, CBMS will require verification of income that does not have an interface record, resources except for liquid assets that can be verified via the Asset Verification Program (AVP), and SSN with certain exemptions during application and renewal processing.

Will documentation of income and assets be requested from members who self-attested their information for Non-MAGI programs when the PHE ends?

Yes, self-attested information that cannot be verified through an interface or the Asset Verification Program (AVP) will require documentation that will be requested at renewal through a VCL.



What happens if a member did not respond to an income discrepancy notice during the PHE?

If the income discrepancy notice was not cleared during the PHE, the system will use the interfaced income for that set period of time. If an income discrepancy occurs at ex parte for the 5/2023 - 4/2024 renewals, the member will be given the opportunity to provide the required documentation. If this discrepancy is not cleared, the system will use the interfaced income and the member may be terminated.

During Renewal, is “client statement” still an acceptable source of income?

“Client statement” is **not acceptable** during renewal for an existing job already reported on the case.

For new applications or newly reported income, “client statement” is **acceptable** because the self-attested income still needs to be verified via an interface. If income cannot be verified, a Verification Checklist (VCL) is sent to the member requesting documentation.

Operations

What changes were made to Supervisor Authorization for Medical Assistance?

The supervisor authorization applies to all Medical Assistance eligibility determinations (all modes - intake, ongoing, and renewals). CBMS will automatically bypass supervisory authorization exceptions after they have been set for 90 calendar days. This will allow the affected cases to be included in the overnight batch authorization process. The project implementing this change in December 2022 included a clean-up of cases that have already exceeded the 90-day threshold. CBMS users are encouraged to monitor cases with these exceptions closely. The cases can be monitored via the mass exception reports in Cognos and the County dashboard.

When continuous coverage ends, will eligibility sites be able to terminate cases for members that are not eligible due to committing fraud?

The Health First Colorado and CHP+ cases have to go through the renewal process if they are on medical assistance due to the continuous coverage provision. Eligibility sites cannot terminate cases due to fraud until after the renewal is completed.

Are eligibility sites authorized to recoup overpayments identified by fraud during the public health emergency (PHE)?



Overpayment claims established **prior** to the PHE: Previously established overpayment claims for time periods outside of the PHE period may continue to be collected during the PHE period.

Overpayment claims established **during** the PHE: While new overpayment claims may also be established during the pendency of the PHE, claims must not include any period of time during which the PHE was in place. Members will not be responsible for medical assistance payments made on their behalf from the beginning of the COVID-19 health crisis through the end, as measured by the PHE period. Please see [Policy Memo 21-002](#).

Overpayment claims established **after** the PHE ends: After the PHE ends, eligibility sites may not establish overpayment claims that occurred during the PHE period, no matter the reason they occurred. Please see [Policy Memo 21-002](#), Page 3, Overpayment claims will only be able to be made for time periods before and after the official PHE period.

Transitional Medical Assistance

Can a member be enrolled in Transitional Medical Assistance (TMA) after the PHE ends?

Yes, members enrolled in TMA will continue until they have completed 12 months of coverage. At the end of the 12 months, members will go through the renewal process to determine if they are eligible for another Medical Assistance category.

If a child is enrolled in MAGI Child, are they eligible for TMA at the end of the PHE?

The only way for a child enrolled in MAGI Child to become eligible for TMA is if the child is no longer eligible for any other Medical Assistance category during renewal and someone in their household is already enrolled in TMA. The child would become eligible to receive TMA for the family's remaining months of TMA.

Can a continuous coverage member that is enrolled in the Parent/Caretaker Relative category enroll in Transitional Medicaid?

Yes, if the member meets all eligibility criteria for the Transitional Medicaid category at renewal, the member is eligible to receive Transitional Medicaid.

If a member on Transitional Medicaid no longer meets eligibility requirements, will they be terminated from Medicaid?

Yes, the member will be terminated if the member has been on Transitional Medicaid for 12 months and no longer meets the eligibility criteria for other Medical Assistance programs.



Optional Uninsured COVID-19

Are there any impacts to members with Emergency Medical Services at the end of PHE?

People receiving the optional uninsured COVID-19 group-related Emergency Medicaid Services (EMS=C) will be run through the eligibility hierarchy in the Colorado Benefits Management System (CBMS) at the end of the continuous coverage requirement PHE to determine if they are eligible for a Medical Assistance category. This group will not go through the renewal process.

Resources

Where are resources and training for renewals and planning for the end of continuous coverage?

Resources for renewals can be found on HCPF website at:
hcpf.colorado.gov/training-topics-reference-documents-and-guides.

The Renewal Revamp web-based training can be found in CoLearn:
colearn.csod.com/login/render.aspx?id=defaultclp

End of continuous coverage planning information can be found on HCPF website at:
hcpf.colorado.gov/phe-planning

If you have questions about this FAQ, please email the Medicaid Inbox at:

hcpf_medicaid.eligibility@state.co.us.

