

Frequently Asked Questions

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Cover All Coloradans Expansion

Who qualifies for the new public health coverage expansion because of Cover All Coloradans?

Colorado children ages 18 and younger, pregnant people, and people who gave birth in the past 12 months who do not have legal status may qualify for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+).

Will member ID cards look different from current Health First Colorado and CHP+ member ID cards?

No, all members will get the Health First Colorado and CHP+ member cards. This is to help ensure members who qualify under Cover All Coloradans are treated the same as Health First Colorado and CHP+ members.

How is Cover All Coloradans funded?

Prenatal care, labor and delivery will be jointly funded with state and federal dollars under federal CHIP authority. The 12-month postpartum period will be covered by the CHIP Health Services Initiative (CHIP HSI). Since both programs are part of CHIP, the federal government will pay 65% of the costs. Funding for children's care will come entirely from state funds, except in the case of emergency services for Medicaid eligible children, which will be funded 50% by the federal government.

Accessing Benefits

When will children and pregnant and postpartum people be able to receive Health First Colorado and CHP+ health care coverage?

Coverage expansion begins January 1, 2025.

What is Managed Care?

Managed care is a group of doctors, clinics, hospitals, pharmacies and other providers who work together to take care of your health care needs. We refer to these groups as Managed Care Organizations or MCOs. For more information about Health First Colorado MCOs please see the [Regional Organizations Frequently Asked Questions](#) page.

Enrollment and Eligibility

What do you need to apply?

- Applicants name
- Your family size for applicants
- Household income
- If Pregnant, due date, and number of babies expected
- Immigration document numbers for non-citizens (if available)
- The name, address, contact info, and birth date for applicants
 - Employer and income information for everyone in your household.
 - Examples include employer statement letter, pay stubs or W2 forms
- Other income information including Social Security Administration (SSA) or Supplemental Security Income (SSI) payments and mentions
- Policy numbers for health insurance plans covering members of your household, including Medicare

Is there a specific time of year when people have to apply to get the new coverage?

No. People can apply anytime.

Can people apply at the same places they apply for Health First Colorado and CHP+ today?

Yes, people applying for Cover All Coloradans can use all the same places people go today to apply and enroll in Health First Colorado and CHP+.

Are there extra or special steps that people who qualify through Cover All Coloradans need to take when applying?

No. There are no extra or special steps for people who want to apply.

When should I apply to get health coverage on January 1, 2025?

You can apply for health coverage any time. People without legal immigration status may qualify for Emergency Medicaid Services now. The Emergency Medicaid Services (EMS) benefit covers family planning, and services necessary to treat an emergency medical condition.

If you qualify for EMS now, you might qualify for full Health First Colorado or CHP+ coverage beginning January 1, 2025.

Apply now to begin receiving EMS and if you qualify for full benefits on January 1, 2025, you will automatically receive them, without having to apply again.

How long will it take to find out if I qualify for Health First Colorado?

If you apply online through [PEAK you](#) may find out if you qualify immediately. If you apply by mail, it may take up to 45 days to find out if you qualify. Or up to 90 days if you need a disability determination - from the date your application was received for a case number to be assigned to you. Once you are assigned a case number, you can check your status and health coverage online through [Colorado PEAK. Get more information about your case number](#) and where to find it.

How do I get help using the PEAK website?

If you need [help](#) with a technical issue on the [Colorado.gov/PEAK](#) website, such as password resets, error messages, or problems with navigation, call the PEAK Technical Support Call Center at **1-800-250-7741**.

Hours of Operation: Monday through Friday, 7:30 a.m. to 5:15 p.m. *Note: The PEAK Technical*

Support Call Center is closed on state holidays.

How can I check the status of my Health First Colorado application?

If you applied for Health First Colorado or Child Health Plan *Plus* (CHP+), you can check your application status online through [Colorado PEAK](#).

Even if you applied by mail, in-person, or over the phone, you can still create a [Colorado PEAK](#) account and find out the status of your application online.

Where can I get help applying for Health First Colorado or CHP+?

Find your [local county office](#).

Find an [application assistance site](#) near you.

Call or email the [Member Contact Center](#).

Explore options: If you applied and didn't qualify, you can [learn more about your options](#).

Do I need to submit paperwork verifying citizenship?

No. This is a program for noncitizens.

How many people will qualify for health coverage under CoverAll Coloradans?

There is no limit on how many people can qualify and enroll into Health First Colorado and CHP+.

Are there income requirements?

Yes. People who qualify must meet the Health First Colorado or CHP+ income requirements. Income limits vary based on household size. More information is available at Health First Colorado, CHP+ or Connect for Health Colorado.

Do I qualify?

The best way to find out if you qualify is to apply online.

[Apply Now](#)

You may qualify for Health First Colorado if you meet the income guidelines.

Approximate Monthly Income To Qualify for Health First Colorado

Family Size	Children 0-18	Pregnant People
Family of 1	up to \$1,783	up to \$2,448
Family of 2	up to \$2,419	up to \$3,322

Family of 3	up to \$3,056	up to \$4,196
Family of 4	up to \$3,692	up to \$5,070
You may still qualify if you make more. Apply for more details.		

Approximate monthly income to qualify for CHP+

Family Size	Monthly Income
Family of 1	up to \$3,263
Family of 2	up to \$4,429
Family of 3	up to \$5,595
Family of 4	up to \$6,760

If I am enrolled in Health First Colorado or CHP+ when my child is born, are they automatically on Health First Colorado or CHP+?

Yes, any baby born to a pregnant person who is enrolled in Health First Colorado or CHP+ will automatically be eligible for coverage for their first year of life.

How does income affect whether or not I qualify for health coverage?

Health First Colorado (Colorado’s Medicaid program) and the Child Health Plan *Plus* (CHP+) use annual income and other information to decide if you qualify for health coverage. After you apply, we may ask you to send proof of income. This happens when your income cannot be checked through electronic data sources, or it does not match. When you apply for health coverage, include information for each person listed in your household. To decide if you qualify for health coverage, Health First Colorado and CHP+ uses your family size and any household income you tell us your household makes.

What kind of income do I have to report?

- **Earned income** (income from a job or from self-employment)
- **Unearned income** (unemployment, Social Security, alimony, spousal support,

survivorship benefits)

Depending on the type of health coverage you qualify for, you may also be asked to send proof for things like assets, life insurance and property.

How does Health First Colorado confirm my annual household income?

When you fill out an application, Health First Colorado matches the income information you provide with information we get from trusted data sources, like the Internal Revenue Service (IRS), Social Security, and income databases.

We may ask you to send proof of income when the information you provide can't be confirmed by the trusted data sources, or if there is a big difference between the amount you report and the amount, we find in our data sources.

How do I know if I need to send proof of my income?

You will get a letter asking to send proof of your income. You can also use CO.gov/PEAK, or the Health First Colorado app to view letters and check if you need to do anything.

Send copies of all the documents we ask for in the letter (like a paystub). If you don't send us copies of the documents we asked for by the due date, we may deny your request for health coverage.

Do I need to give you my Social Security Number or other proof of identity? What if I don't have a Social Security Number?

If you have a Social Security Number (SSN), providing it for you and everyone in your household will help us process your application faster. We use SSNs to check income and other information to see what type of health coverage you may qualify for.

You don't have to provide proof of identity, such as a driver's license or a SSN, if you don't have identification.

What proof of identity do I need to apply for health coverage?

	Citizen	Undocumented	Other immigration statuses
Identification needed?	Provide identification (driver license or Social Security Card) when asked for it.	No proof of identification needed.	Immigration documents are not required to apply. Answer questions related to immigration status.

How can a member disenroll in Health First Colorado or CHP+?

A member who wishes to disenroll from a Medicaid program should contact their [county human/social services office](#) or the Member Contact Center at 1-800-221-3943 State Relay: 711.

Coverage Options

How is Child Health Plan *Plus* (CHP+) different from Health First Colorado?

[Child Health Plan *Plus* \(CHP+\)](#) is public low-cost health insurance for certain children and pregnant people who earn too much to qualify for Health First Colorado, but not enough to pay for private health insurance. See the [Child Health Plan *Plus*](#) page for more information. Members of CHP+ cannot have other health insurance.

What benefits are included in Health First Colorado?

See the [Benefits & Services Overview](#).

What benefits are included in Child Health Plan *Plus* (CHP+)?

See the [CHP+ Managed Care Organizations \(MCOs\)](#) for an overview of benefits and services.

How is Health First Colorado different from OmniSalud?

Health First Colorado is a comprehensive public health insurance for Coloradans who qualify. There is no monthly payment or co-pay. [Learn more about Health First Colorado](#). Starting January 1, 2025, pregnant or postpartum people and children aged 18 and under, may qualify for Health First Colorado, regardless of their immigration status.

For those who don't qualify for Health First Colorado or CHP+, [OmniSalud](#) is a program that provides Coloradans, regardless of their immigration status, including adults 19 and older, with a safe way to compare affordable, private health insurance plans and enroll on a secure online platform. Financial help is available but limited, so health insurance plans through OmniSalud may have a monthly payment. [Learn more about OmniSalud](#).

- The [Colorado Health Coverage Comparison Tool](#) (ENG/SPN) for more information on different options available to this population.

What health coverage can adults who are not pregnant qualify for?

Adults who are not pregnant, live in Colorado, and do not have legal status may qualify for Emergency Medicaid, limited reproductive health benefits, or OmniSalud. Apply for Emergency Medicaid and Reproductive Health Services at co.gov/PEAK and OmniSalud at connectforhealthco.com/get-started/omnisalud/

Is the new public health coverage different from Health First Colorado and CHP+ today?

No. There are no differences in Health First Colorado or CHP+ coverage. All enrollees receive the same lookalike coverage regardless of immigration status.

What are the coverage options for pregnant people due before January 1, 2025?

For any pregnant person due before January 1, 2025, they should complete an application at colorado.gov/peak for Emergency Medicaid to cover labor and delivery, and apply for OmniSalud on November 25 during open enrollment at connectforhealthco.com.

What are the coverage options for pregnant people due after January 1, 2025?

For any pregnant person due on January 1, 2025 or after, they should complete an application at colorado.gov/peak. If an application is received prior to January 1, 2025, the pregnant person will be enrolled in Emergency Medicaid and automatically transitioned to benefits under Cover

All Coloradans beginning January 1, 2025. Spots for OmniSalud are limited and it is recommended to apply as soon as possible on November 25.

Can someone who is within their 12 month postpartum period apply for Cover All Coloradans?

Yes, if someone is within their 12 month postpartum period when they apply for Cover All Coloradans, and they qualify, they may get benefits until the end of their 12th month.

What happens to a pregnant person receiving Cover All Coloradans benefits, after 12 months postpartum?

Postpartum individuals are automatically sent a re-enrollment packet to determine eligibility.

Postpartum individuals who are beyond the 12 months of coverage and not eligible for Health First Colorado benefits can apply for health coverage through

[OmniSalud](#).

Do women who miscarry get the 12 months of postpartum coverage? How do they report the miscarriage but still ensure that they are able to get the coverage?

Yes, a member who has a miscarriage qualifies for 12 months of postpartum coverage from the date of miscarriage. To get the postpartum coverage, the pregnant person must report the miscarriage and dates.

If I am on OmniSalud, can my child be on Health First Colorado or CHP+?

A child may be eligible for Health First Colorado or CHP+ even if their parent is enrolled in OmniSalud. The benefits that adults receive on OmniSalud may be different from the benefits the child receives on Health First Colorado or CHP+.

Privacy and Security

Will receiving these benefits impact the ability to fix a person's immigration status in the future?

No. Receiving these benefits will not impact your immigration status. For more information, see the Public Charge flyers on the Cover All Coloradans website in both [English](#) and [Spanish](#).

Lactation and Doula Benefits

Are electric breast pumps covered by Health First Colorado?

Starting January 1, 2025, Health First Colorado will cover lactation support services. This coverage includes lactation equipment, supplies, and comprehensive lactation support services.

Manual or electric breast pumps will be available beginning the 28th week of pregnancy. To receive a breast pump, the member will need a prescription from a physician, physician assistant, nurse practitioner, or certified nurse midwife.

Members can pick a breast pump from any enrolled breast pump supplier. More information about suppliers will be shared soon.

Are Doula services covered?

Doula Labor and Delivery care may be covered under EMS if considered necessary to treat the emergency medical condition as defined in the EMS Billing Manual [here](#).

Prenatal and postpartum doula services would be excluded from EMS coverage.

Emergency Medicaid Services (EMS)

Will pregnant people enrolled on EMS (Emergency Medicaid Services) automatically be rolled over into Cover All Coloradans effective January 1, 2025? Will they be made aware of those changes?

Pregnant people who are approved for EMS now may qualify for full Health First Colorado or CHP+ coverage beginning January 1, 2025. Those individuals will automatically have their eligibility considered, without having to apply again. They will receive notification of the change in coverage if they are found eligible.

If a pregnant person is enrolled in EMS they should report their pregnancy in PEAK.

What happens if I have EMS and am not automatically eligible for Health First Colorado or CHP+ and I think it is a mistake?

Update your information in PEAK. For example, make sure you have reported your pregnancy. Or call your county department of human services.

How long is Emergency Medical Services good for?

Eligibility for Emergency Medical Services (EMS) is reviewed every 12 months.

When applying for Emergency Medical Services, what should an individual indicate the reason is?

The applicant should mark “yes” to Reproductive Health Benefits.

Will people who receive Emergency Medicaid Services qualify for retroactive coverage?

People who qualify for Cover All Coloradans may get retroactive coverage for health services they received up to 90 days before their start date. Cover All Coloradans retroactive coverage is not available for health services received before Jan. 1, 2025. For services received prior to Jan. 1, 2025, retroactive coverage is limited to Emergency Medicaid.

Does Emergency Medicaid cover prenatal and postpartum care?

Emergency Medicaid Services only covers labor and delivery. Emergency Medicaid Services does **not** cover prenatal or postpartum care.

Long-Term Services and Supports Programs

Can people who qualify for coverage under Cover All Coloradans qualify for home and community-based services (HCBS) waivers?

Yes. If they qualify for waiver services, they will go through the same process as any other person to get these services.

Can people who qualify for coverage under Cover All Coloradans qualify for Health First Colorado Buy-In programs?

Yes. The Cover All Colorado's population expansion may be eligible for Buy-In programs, if all other eligibility criteria are met. Learn more for [children](#) and for [adults](#).

Health Services Initiatives (HSI)

What is Health Services Initiatives (HSI)?

Through the Children's Health Insurance Program (CHIP), states can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth. HSIs are funded using up to 10% of a state's existing CHIP administrative dollars.

After covering regular CHIP program administrative costs, states can use any remaining funds (within the 10 percent cap) for an HSI project.

Billing

Does HCPF have guides for billing requirements?

Billing manuals can be found here: hcpf.colorado.gov/billing-manuals. HCPF will use the same billing manuals for the Cover All Coloradans population.

If someone's pregnancy begins before Jan. 1, 2025, but is NOT expected to have the 4 prenatal visits before delivering in 2025, do we unbundle charges?

Obstetrical (OB) billing always depends on the type and number of services provided by an identified provider or group of affiliated providers (as identified by the billing provider's National Provider Identifier).

A global OB billing code cannot be used when prenatal visits (minimum of 4) are not provided. However, the partial/bundled OB code (which includes labor and delivery and postpartum care (minimum of 1 PP visit) can be billed, following the provision of the postpartum visit.

If ONLY the labor and delivery service is provided or If ONLY the postpartum visit is provided, then the identified single maternity-related service can be billed separately.

ACOG provides information on partial global billing depending on the delivery and postpartum visits.

If someone's pregnancy begins before Jan. 1, 2025 and we provide more than 4 prenatal visits in 2025, do we use the Global OB billing code?

You may use a Global OB billing code, as long as the same provider(s) or affiliated group of providers have provided the following 3 OB services:

- 1) Prenatal services (minimum of 4 visits)
- 2) Labor and delivery , and
- 3) Postpartum services (minimum of 1 postpartum visit) . Please refer to the Billing Manual for Global Obstetrical (OB) Care: <https://hcpf.colorado.gov/OB-manual#bOG>. Please refer to the March 2023 Special Provider Bulletin for detailed billing instructions: https://hcpf.colorado.gov/sites/hcpf/files/Bulletin%200323_B2300492.pdf

A member signs up for Emergency Medicaid during 2024. She gives birth in January 2025. She has at least 4 prenatal visits. Should the clinic use a Global billing code or something else?

In the past Emergency Medicaid only covered labor and delivery services, so the labor and delivery only CPT codes could be billed.

With the expansion of maternity service coverage, with postpartum and follow-up care through 365 days after infant delivery, the postpartum care visit(s) should also be provided.

Partial/Bundled OB billing may be appropriate. ACOG provides information on partial global billing depending on the delivery and postpartum visits: <https://www.acog.org/practice-management/coding/coding-library/coding-for-postpartum-services-the-4th-trimester>

How is Global Billing different from Bundled Payments?

Global OB billing is a method of medical billing that combines all the costs of a medical service into one bill when care is provided by one provider or affiliated provider groups. Maternity Global codes (which include prenatal, labor and delivery and postpartum services) or Partial/Bundled

codes (which include labor and delivery and postpartum services) are CPT codes that are used to bill and identify the specific maternity related services provided during the maternity time period. The HCPF OB Billing Manual can be found here: <https://hcpf.colorado.gov/OB-manual>

Alternatively, the Maternity Bundle payment is a Maternity related Program (identified as an Alternative Payment Model (APM) or a Value Based Payment (VBP) Program that was developed and identified as a method to support maternity providers in working to more broadly support and identify related service needs and to promote positive experiences and pregnancy outcomes. The value-based payment is a reimbursement methodology that rewards providers for achieving shared goals, like providing cost-effective treatment and making a variety of care services more accessible to our pregnant clientele. Maternity Bundled Payment is used by Health First Colorado OB/GYN provider and provider groups to improve quality of care outcomes and center health equity via the incentivized Maternity Alternative Payment Mode.