

Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203

AGENCY LETTER

AGENCY LETTER NUMBER: HCPF 17-003

SUPRECEDES NUMBER: 16-002

DATE: MARCH 10, 2017

DIVISION OR OFFICE: HEALTH INFORMATION OFFICE

SUBJECT AREA: HEALTH FIRST COLORADO (COLORADO'S MEDICAID

PROGRAM) AND CHILD HEALTH PLAN PLUS (CHP+)

SUBJECT: HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM)

AND CHP+ PROGRAM 2017 FEDERAL POVERTY LEVEL GUIDELINES

TYPE: I-INFORMATION

APPROVED BY: CHRIS UNDERWOOD

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Purpose:

The purpose of this agency letter is to notify County Departments of Social/Human Services and Medical Assistance (MA) Site staff of the income guidelines for the Modified Adjusted Gross Income (MAGI) Medicaid program and the Child Health Plan *Plus* (CHP+) program effective April 1, 2017.

Background:

The income limits for the MAGI Medicaid and CHP+ programs are based on Federal Poverty Level (FPL) guidelines that are updated annually. The income guidelines are used to determine eligibility for the MAGI Medicaid program and the CHP+ program and are subject to change annually as the FPL is adjusted.

Information:

Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for Health First Colorado (Colorado's Medicaid Program) and CHP+ according to the attached charts.

Effective Date:

April 1, 2017



Contact:

Ana Bordallo, MAGI Medicaid and CHP+ Eligibility Policy Specialist 303-866-3558
Ana.Bordallo@state.co.us

Medicaid.Eligibility@hcpf.state.co.us

Attachment: 2017 CHP+ FPL Income Guidelines

Attachment: 2017 MAGI Medicaid FPL Income Guidelines

