***Administrative Overpayment Recovery : Member Correspondence Template***

*Based on* [*OM 23-046,*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-034%20Temporary%20Prohibition%20on%20Administrative%20Overpayment%20Recoveries%20form%20Medicaid%20Members.pdf) *no overpayment recovery from a current or past Health First Colorado/Medicaid member is allowed unless it is established through the criminal court system.*

*This example template is to be used for communication with a member who has had an administrative claim established for medical assistance payments; its purpose is to inform members the claim has been suspended and no further payments will be collected at this time.*

*This template is to be used on the county or eligibility site letterhead. These top paragraphs (italicized section) must be removed and any section below with* ***[bold bracket]*** *must be updated with county or eligibility site specific information. Be certain the people at your office are aware of this letter so they are prepared to answer questions if contacted by the member.*

*If you make any changes to this template (adding additional information or removing information), you must submit your changes to the* [*County Relations Team*](https://hcpfccc.my.salesforce-sites.com/HCPFCountyRelations) *for approval prior to sending to members.*

—--

**[Date]**

**[Member Name]**

**[Address]**

**[Claim Number]**

**[Member Name],**

You have been making payments to us because you received medical assistance you weren’t qualified to receive. We are writing to let you know we will not collect any more payments from you because of new federal guidelines we must follow. If these federal guidelines change in the future, we will let you know.

If you have any questions, please contact our office at **[xxx-xxx-xxxx]** and reference you claim number **[XXXXXX]**

Sincerely,

**[add signature]**

**[Name and title]**