



November 22, 2017

Case Number: 1B11111

John Doe

Application Authorization Number: 0111111111

100 STREET BLVD

CITY CO 00000-0000

Dear John Doe,

**This letter is about your medical benefits.** This letter tells you what you qualify for and next steps. It also has information about your right to appeal these decisions.

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## What you qualify for

### **Medical Assistance Benefits**

You applied for Medical Assistance benefits on November 22, 2017 and we made a decision on November 22, 2017 at 11:04 AM. The people in your household may have qualified for different benefits. The boxes below tell you about these benefits.

For questions about the Medical Assistance you qualify for, contact County Worker at (111) 111-1111 or COUNTY BLDG 100 MAIN ST CITY CO 80000-0000.

#### **John Doe**

Health First Colorado ID: Q111111

#### **John qualifies for:**

- ✓ Health First Colorado (Colorado Medicaid). Your benefits start on November 1, 2017. You can go to [Colorado.gov/PEAK](http://Colorado.gov/PEAK) or use the *PEAKHealth*<sup>®</sup> app on your phone to print or view your card. Or, you can wait to receive a card in the mail.

#### **John does not qualify for:**

- ✗ Advance Premium Tax Credits or Cost-Sharing Reductions for 2018. You don't qualify because you qualify for Health First Colorado.

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## Buying a Qualified Health Plan through Connect for Health Colorado

A Qualified Health Plan is private insurance you buy through Connect for Health Colorado. It is not

public insurance. If you qualify for public insurance such as Health First Colorado (Medicaid), you don't have to buy a Qualified Health Plan.

You can buy a plan within 60 days of a life change event, such as a marriage, divorce, birth of a child, or loss of health insurance. Otherwise, you can buy a plan only during open enrollment (from November 1, 2017 to January 12, 2018).

For questions or to buy a plan, call 1-855-PLANS-4-YOU (1-855-752-6749 or TTY: 1-855-346-3432) or go to [ConnectforHealthCO.com](http://ConnectforHealthCO.com).

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## Reporting your changes and managing your benefits online

### Report changes to your information

For most programs, you must report changes for your household that could affect your benefits. Examples of changes to report:

- Household address
- Income
- If your household changes because someone in your household marries, divorces, becomes pregnant, has or adopts a child, or joins or leaves the household for any reason
- If someone gets health coverage through an employer, COBRA, Medicare, VA Health or another source
- If someone is incarcerated

### To report changes

- **Health First Colorado:** Report changes within 10 days of the change by calling (111) 111-1111 or going to [Colorado.gov/PEAK](http://Colorado.gov/PEAK). If you do not report changes correctly and on time, you may have to pay back some or all of the extra assistance you got. Also, if you knowingly provide misleading information you may be disqualified from the program and prosecuted for fraud.

### Use PEAK<sup>®</sup> to manage Health First Colorado (Medicaid) online

Go to [Colorado.gov/PEAK](http://Colorado.gov/PEAK) and create a username and password. You can:

- Sign up to get email or text notifications
- See what benefits you have and when they need to be renewed
- Report changes
- Apply for other benefits
- From your tablet or smartphone, download the free PEAKHealth<sup>®</sup> app to manage your Health First Colorado.

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## If you disagree with our decision

We made our decisions by reviewing the information you gave us, including household size and income. We also get information from other state and federal sources.

You have the right to appeal decisions about your benefits, including whether you qualify and how much assistance you get. Appeal means you tell a county or state office that you disagree with a decision and you want a hearing. You may be able to continue to get benefits while you appeal. See the box below for more information.

You have the right to represent yourself at your appeal hearing. You may also choose a lawyer, relative, friend or any other person to act as your authorized representative. You may be able to get free legal help, call Colorado Legal Services at 1-303-837-1313 or visit [coloradolegalservices.org](http://coloradolegalservices.org) for more information.

**To disagree with a decision for Health First Colorado (Medicaid)**

You can request an informal meeting, appeal (ask for a formal hearing) or both. You may be able to address issues more quickly through an informal meeting (also called a county conference). If you also want to appeal, you must do it by the deadline below, even if you also want to try an informal meeting.

<b>To ask for an informal meeting for Health First Colorado (Medicaid)</b>	
<p>Deadline to request an <b>informal meeting</b> for Health First Colorado (Medicaid): <b>January 21, 2018</b></p>	<p>To ask for an informal meeting (county conference), you can call your county human services office and request one. Or, send a letter to your county with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to:</p> <p style="text-align: center;">County BLDG 100 MAIN ST CITY CO 80000-0000 Phone: (111) 111-1111</p>
<b>To appeal (ask for a formal hearing) for Health First Colorado (Medicaid)</b>	
<p>Deadline to appeal for Health First Colorado (Medicaid): <b>January 21, 2018</b></p>	<p>You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways:</p> <ul style="list-style-type: none"> <li>• Mail, fax, or bring a letter to the Office of Administrative Courts with: <ul style="list-style-type: none"> <li>◦ Your name</li> <li>◦ Your signature (if mailing or faxing)</li> <li>◦ Your mailing address</li> <li>◦ Your daytime telephone number</li> <li>◦ The reason for your appeal</li> <li>◦ A copy of this notice. Be sure to keep a copy of the letter and this notice for your records.</li> </ul> </li> </ul> <p style="text-align: center;">Office for Administrative Courts</p>

1525 Sherman Street, 4th Floor  
Denver, CO 80203  
Phone: 1-303-866-2000  
Fax: 1-303-866-5909

- You can also request an appeal online at: [Colorado.gov/oac/oac-form-links](http://Colorado.gov/oac/oac-form-links)

The Office of Administrative Courts will mail you the date, time and place for your hearing.

**To ask for an expedited hearing for Health First Colorado (Medicaid) decisions**

If you think waiting for a hearing might jeopardize your life or health, you have the right to ask for an expedited (faster) hearing. To request an expedited hearing, use the same process for requesting a regular appeal and hearing, but say that you want an expedited hearing and why it should be expedited.

**Continuing your benefits during an appeal**

**Health First Colorado (Medicaid):** If you are receiving benefits and you appeal and ask for a formal hearing before your benefits end, you may continue to receive the Health First Colorado benefits you are already receiving until a final decision on your appeal is made. If you miss the deadline, you may be able to continue to receive benefits if your appeal is received within 10 days after your benefits end, you provide proof of a health or personal emergency with your request, and you explain why you missed the deadline.

**To appeal decisions about Qualified Health Plan, Advance Premium Tax Credits or cost-sharing reductions through Connect for Health Colorado**

You can have an informal resolution process, a formal hearing or both. If you think the decision from the informal resolution was wrong, you can tell us you want a formal hearing.

**Complete an Appeal Request** You can ask for an appeal in one of these ways:

**Deadline:**  
**January 21, 2018**

1. Call 1-855-PLANS-4-YOU (1-855-752-6749) or TTY: 1-855-346-3432.
2. Visit [ConnectforHealthCO.com](http://ConnectforHealthCO.com) and go to "Resources" to download an Appeal Request form. You can upload your completed Appeal Request form to your Connect for Health Colorado account in "My Documents."
3. Mail or bring your Appeal Request form to:  

Office of Conflict Resolution and Appeals  
3773 Cherry Creek N. Drive, Suite 1005  
Denver, CO 80209
4. Fax your Appeal Request form to 1-303-322-4217.

**Do the informal resolution process**

Once you tell us you want an appeal, the Office of Conflict Resolution and Appeals will first see if they can fix the problem over the phone or in a meeting with you in an informal resolution process. You can give new information to help them understand the problem.

<p><b>Ask for a formal hearing</b></p> <p><b>Deadline:</b> <b>January 21, 2018</b></p>	<p>If you don't want to do an informal resolution process, or if you disagree with the results of the informal resolution process, you can tell us you want a formal hearing. The Office of Conflict Resolution and Appeals will schedule a hearing with the Office of Administrative Courts. You can bring someone with you to a formal hearing. That person can be a lawyer, friend or family member.</p> <p>If you disagree with either the informal final decision made by the Office of Conflict Resolution and Appeals or the final decision made by the Office Administrative Courts, you can fill out an appeal form and send it to the U.S. Department of Health and Human Services within 30 days of the date of the Office of Conflict Resolution and Appeals' decision. For more information and to get the form, go to <a href="http://HealthCare.gov/marketplace-appeals">HealthCare.gov/marketplace-appeals</a> or call the Marketplace Appeals Center at 1-855-231-1751.</p>
<p><b>To ask for an expedited hearing</b></p>	<p>If you think waiting for a hearing might jeopardize your life or health, you have the right to ask for an expedited (faster) hearing. To request an expedited hearing, use the same process for requesting a regular appeal and hearing, but say that you want an expedited hearing and why it should be expedited.</p>

## Supporting Laws

- Advance Premium Tax Credit and Cost-Sharing Reductions: 45 CFR § 155.305(f), (g)
- Health First Colorado (Medicaid): 10 CCR 2505-10, Volume 8 at § 8.100.4.G

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## Other programs you might qualify for

- **Additional services through Health First Colorado:** If you or someone in your household has a disability or other special health care needs, you may qualify for more services through Health First Colorado. Contact your county department of human services to learn more, or visit [HealthFirstColorado.com](http://HealthFirstColorado.com).
- **Other programs you can apply for through PEAK®:**
  - Help with paying utility bills.
  - Early childhood programs with benefits like healthy food, breastfeeding support, help paying for childcare, parenting support, school readiness and child developmental support.
  - WIC is a nutrition program for infants and children under the age of 5 and pregnant and postpartum women. WIC provides healthy foods, personalized nutrition education, breastfeeding support, and referrals to other services. Families receiving Colorado Works/ Temporary Assistance for Needy Families (TANF), Health First Colorado (Colorado's Medicaid Program) or Food Assistance/SNAP automatically qualify and others qualify based on income. WIC benefits are free and do not need to be repaid. Call 1-800-688-7777 (se habla español), email [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us) or visit [www.coloradowic.com](http://www.coloradowic.com) to learn more or find the WIC clinic closest to you.

- SNAP, also known as Food Assistance, which provides benefits on an electronic benefit card to help you purchase groceries.

Contact your county's human services agency or go to [Colorado.gov/PEAK](http://Colorado.gov/PEAK) for program information and application. If you applied for programs other than Food, Cash or Medical Assistance, you will receive a separate letter.

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## If you think you have been treated unfairly or need communication aids and services

The Colorado Department of Health Care Policy & Financing and Connect for Health Colorado do not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, gender identity and expression, sexual orientation, marital status, religion, creed, political beliefs, or disability in any of its programs, services and activities.

Each organization provides auxiliary aids and services, to individuals with disabilities, and language services, to individuals whose first language is not English, when needed to ensure equal opportunity and meaningful access to programs, services and activities. Examples of aids and services include, but are not limited to, qualified sign language interpreters, information in other formats, foreign language interpreters, and information translated into other languages. Each organization will provide aids and services in a timely manner and free of charge.

To file a discrimination complaint, request free disability or language aids and services, or learn more about this policy, please contact:

**For Health First Colorado:** Contact the Colorado Department of Health Care Policy & Financing, 504/ADA Coordinator, 1570 Grant St, Denver, CO 80203. Phone: 303-866-6010 or state relay 711. Fax: 303-866-2828. Email: [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us).

**For Connect for Health Colorado:** Contact the General Counsel, 3773 Cherry Creek N. Dr., Suite 1005, Denver, CO 80209. Phone: 303-590-9640. Fax: 303-322-4217.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf) or by mail, phone, or fax at: 1961 Stout Street Room 08-148 Denver, CO 80294, Telephone: 800-368-1019, Fax: 202-619-3818, TDD: 800-537-7697. Complaint forms are available at <http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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# Help in your Language

**Connect for Health Colorado:** 1-855-PLANS-4-YOU (1-855-752-6749) or 1-855-346-3432

**Health First Colorado:** 1-800-221-3943 (State Relay: 711)

<b>Español</b>	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
<b>Tiếng Việt</b>	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
<b>繁體中文</b>	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
<b>한국어</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
<b>Русский</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
<b>አማርኛ</b>	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል።
<b>العربية</b>	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
<b>Deutsch</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
<b>Français</b>	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
<b>नेपाली</b>	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ ।
<b>Tagalog</b>	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
<b>日本語</b>	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
<b>Oroomiffa</b>	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
<b>فارسی</b>	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
<b>Polski</b>	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

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Department of Health Care Policy & Financing  
1570 Grant Street, Denver CO 80203-1818  
www.colorado.gov/hcpf  
HCPF Privacy Officer: 303-866-4366

**When it comes to your health information, you have certain rights.**  
This section explains your rights and some of our responsibilities.

**Your Rights**

**NOTICE OF PRIVACY PRACTICES**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

**Your Rights**

**You have the right to:**

- Get a copy of your health and claims records
  - Correct your health and claims records
  - Request confidential communication
  - Ask us to limit the information we share
  - Get a list of those with whom we've shared your information
  - Get a copy of this privacy notice
  - Choose someone to act for you
  - File a complaint if you believe your privacy rights have been violated
- **See column on right**  
*for more information on these rights and how to exercise them*

**Your Choices**

**You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends
  - Provide disaster relief
  - Market our services and sell your information
- **See page 2**  
*for more information on these choices and how to exercise them*

**Our Uses & Disclosures**

**We may use and share your information as we:**

- Help manage the health care treatment you receive
  - Run our organization
  - Pay for your health services
  - Administer your health plan
  - Help with public health and safety issues
  - Do research
  - Comply with the law
  - Address workers' compensation, law enforcement, and other government requests
  - Respond to lawsuits and legal actions
- **See page 2**  
*for more information on these uses and disclosures*

**Get a copy of your health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We reserve the right to charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

**Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you make the request, who we shared it with, and why.
- It's our responsibility to include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1 or contacting the Privacy Officer at 303-866-4366.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- We will not retaliate against you for filing a complaint.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### Your Choices

- In these cases, you have both the right and choice to tell us to:**
- Share information with your family, close friends, or others involved in payment for your care
  - Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:**
- Marketing purposes
  - Sale of your information

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Our Uses & Disclosures

- Help manage the health care treatment you receive**
- We can use your health information and share it with professionals who are treating you.  
*Example: A specialist sends us a request for your diagnosis and treatment plan so he can further treat you.*

- Run our organization**
- We can use and disclose your information to run our organization and contact you when necessary.  
*Example: We use health information about you to develop better services for you.*

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

- Pay for your health services**
- We can use and disclose your health information as we pay for your health services.  
*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

- Administer your plan**
- We may disclose your health information to your health plan sponsor for plan administration.  
*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers)

<b>Help with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
<b>Do research</b>	We can use or share your information for health research.
<b>Comply with the law</b>	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
<b>Respond to organ &amp; tissue donation requests &amp; work with a medical examiner or funeral director</b>	We can share health information about you with organ procurement organizations.  We can share health information with a coroner, medical examiner or funeral director when an individual dies.
<b>Address workers' compensation, law enforcement, and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.  There are federal and state laws that may protect or restrict certain types of health information from use or disclosure, such as information regarding HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproductive health, and child or adult abuse or neglect.
<b>Our Responsibilities</b>	<ul style="list-style-type: none"> <li>• We are required by law to maintain the privacy and security of your protected health information.</li> <li>• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.</li> <li>• We must follow the duties and privacy practices described in this notice and give you a copy of it.</li> <li>• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.</li> </ul> <p>For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers">www.hhs.gov/ocr/privacy/hipaa/understanding/consumers</a></p>
<b>Changes to the Terms of this Notice</b>	We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website.

This notice applies to the Colorado Department of Health Care Policy and Financing. Please see top of Page 1 for contact information.