



ACA Implementation: Stakeholder Frequently Asked Questions

Updated February 10, 2014

This document will be updated as new questions and answers become available. Also, consumer friendly FAQs can be found at Colorado.gov/Health.

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ACA Implementation Stakeholder FAQs

Application Process

- Where can applicants find the new application for Medicaid and Child Health Plan *Plus* (CHP+)?
 - Beginning October 1, 2013, all applicants for Medicaid, CHP+ and those seeking financial assistance through Connect for Health Colorado, will complete a common application. Individuals interested in applying can do so online via [PEAK](#) or [Connect for Health Colorado](#), in person, through the mail or over the phone. To submit an application via fax, please contact your [local county office](#).
 - The Department encourages all individuals to apply online via [PEAK](#) or [Connect for Health Colorado](#). If needed, paper applications in English and Spanish can be downloaded from the Department's site [here](#) or can be requested by contacting Customer Service at 1-800-221-3943/ TDD 1-800-659-2656 or by emailing HCPFOutreach@state.co.us. The Department will not be able to send bulk orders of the application as we anticipate the application will change. As a part of on-going efforts to engage stakeholders in Colorado's implementation of the ACA, the Departments of Health Care Policy and Financing and Human Services, along with Connect for Health Colorado, will engage stakeholders in a future revision of the applications. We will post more information as it becomes available.

- What happens to Medicaid applications submitted between October 1, 2013 and December 31, 2013?
 - For additional information regarding what applicants can expect click [here](#).
 - You can also find more information outlined in the Department's Adults without Dependents Children (AwDC) transition plan [here](#).
 - As a reminder, benefits for the newly eligible Medicaid population can begin as early as January 2014.

- How does an applicant or client know who is managing their case or file?
 - The correspondence or letter a client receives regarding their application or case will list who is responsible for their case along with their contact information.
 - Additionally, this information can be found through PEAK. After submitting their application, the client will see a final screen in PEAK that tells them who has their application/case—this may be a county or the Medical Assistance Vendor. A client can also access a copy of their application through PEAK's Manage My Account function to see who has their application/case.

- Will clients have to provide documentation to support a “reasonable explanation,” or does the applicant just report the explanation in their own words?
 - If the client provides a reasonable explanation for a discrepancy in self-reported information and the information that is verified by Income Eligibility and Verification System (IEVS), no additional documentation is required.
 - If a discrepancy exists, an applicant will be contacted for a reasonable explanation which may include:
 - Stopped working
 - Hours changed
 - Wage or salary changed
 - Change in employment



- Marriage, legal separation or divorce
 - Death in family
 - If additional income information is needed, the required documentation for income includes check stub, employer letter, etc. will be requested of the applicant.
- What is the effective date of Medicaid coverage?
 - Click [here](#) and [here](#) for more information.
- Will the new rules for determining Medicaid eligibility go into effect starting October 1, 2013?
 - Yes, the new rules for determining Medicaid eligibility went into effect on October 1, 2013.
 - As a reminder, benefits for the newly eligible Medicaid population can begin as early as January 2014.
- Will income verification be verified by the Income Eligibility and Verification System (IEVS)?
 - Income verification will occur using IEVS.
 - If additional information is needed to process an application, the applicant will be contacted.
- Will income be verified quarterly or monthly?
 - Income will be verified quarterly. Please see the response above regarding reasonable explanation, if discrepancy exists.
- Will parents of children enrolled in Medicaid between 100% and 133% Federal Poverty Level automatically get enrolled in Medicaid, or will they have to apply?
 - Parents of children currently enrolled in Medicaid may apply at any time. Benefits for parents found to be newly eligible for Medicaid can begin as early as January 1, 2014.
- If an applicant is potentially eligible for Medicaid, how should they apply for coverage?
 - Those that believe they may be newly eligible for Medicaid have numerous options to apply for coverage. Visit our [How to Apply](#) page for more information.
- Can old Medical Only Applications be used?
 - The Department recommends using the new Medical Only Application as a best practice for all eligibility sites and community organizations. Eligibility sites and community organizations can exhaust their current supply of the Medical Only Application in conjunction with the Additional Information Needed for Colorado Medical Programs (Supplemental Page).
 - If an applicant completes an old Medical Only paper application, the [Supplemental Page](#) must also be completed.
- What constitutes a complete application? If someone is filling out the new paper application and they are not required to fill out any of the worksheets (e.g., A, B, C, D,



etc.) and they submit the application without those blank worksheets, will the application be considered “complete” or will the application be held-up to verify that the applicant intended to not fill those worksheets out?

- An application is considered complete if the 12 pages before the worksheets are filled out. The worksheets are not necessary. Best practice is to include all pages of the application and write N/A on unnecessary worksheets. However, the application will not be delayed if those worksheets are not included.
- How should the household relationship table be completed for households with more than 5 people? If this is left blank, will it be considered an incomplete application?
 - If you have more than five (5) people in your household to include on the Household Relationship Table, make additional copies as needed, complete and include with your application.
 - Applicants are encouraged to complete the application as fully as possible and to the best of their ability.
- Who must sign the application for medical assistance (i.e., application for Medicaid or Child Health Plan *Plus* (CHP+))?
 - Only the person filling out the application (or their authorized representative) is required to sign the application to be considered complete for Medicaid and CHP+ purposes.
- When applying for financial assistance to help buy health insurance through the Connect for Health Colorado marketplace, who is required to sign the application?
 - For purposes of determining if an applicant qualifies for Medicaid or Child Health Plan *Plus* (CHP+), only the applicant’s signature (or their authorized representative) is required to sign the application.
 - Additional information and signatures may be needed in order to determine if the applicant qualifies for financial assistance to help buy insurance through the Connect for Health Colorado marketplace. For more information please contact Connect for Health Colorado online at ConnectforHealthCO.com or call 1-855-PLANS-4-YOU (855-752-6749).
- On Step 4 (page 9 and 10 of 12), applicants are asked to answer the following question: “Is anyone enrolled in or eligible for health coverage from the following?”
 - If an applicant or a member of their family currently has and will continue to have any of the options listed below, they should select YES and fill in the appropriate information.
 - If an applicant or a family member does not currently have or will not continue to have health insurance coverage through any of the options listed below, they should select NO.
- Why are there numerous options for the Preferred Spoken Language section but only English and Spanish options under the Preferred Written Language section?
 - Written materials are only available in English and Spanish at this time.



- How will same-sex couples who are joined by Civil Union in Colorado be treated for tax purposes in Colorado and for household composition? Is there tax filing and tax dependent guidance for these couples?
 - For guidance from the Department click [here](#).
 - For information regarding tax fillings and tax dependents please contact Connect for Health Colorado online at ConnectforHealthCO.com or call 1-855-PLANS-4-YOU (855-752-6749).

- How will same sex-couples who are married in a state that recognizes same sex marriage be considered for household composition in Colorado? Is there tax filing and tax dependent guidance for these couples?
 - For guidance from the Department click [here](#).
 - For information regarding tax fillings and tax dependents please contact Connect for Health Colorado online at ConnectforHealthCO.com or call 1-855-PLANS-4-YOU (855-752-6749).

- If a client uses the Single Purpose Application (with the Supplemental Page) to apply for Medical assistance, and they are denied for Medicaid, will they need to fill out additional information at the Marketplace? If so, how will this additional information be solicited?
 - Yes, although the Single Purpose Application (with the Supplemental Page) asks for all of the necessary information for a MAGI eligibility determination, it does not ask for all of the information required by Connect for Health Colorado. The individual will likely be asked to provide additional information once he/she is directed to Connect for Health Colorado, if they do not qualify for Medicaid. CBMS will send the individual's information to Connect for Health Colorado, and Connect for Health Colorado will contact the individual to help him/he. Additionally, information about Connect for Health Colorado is also featured in the Medicaid denial correspondence sent to the individual.

- How can community organizations help applicants understand the exempted groups for the individual responsibility clause, specifically the exempted religious sects?
 - Visit Colorado.gov/Health or Healthcare.gov/Exemptions for more information.

- What is the process flow for paper applications that are mailed in? (e.g., if a paper application is sent to MAXIMUS, and the person is denied for Medicaid, how does the information get to Connect for Health Colorado?)
 - The data from paper applications is entered into CBMS. If an applicant does not qualify for Medicaid, a denial is sent to the applicant. The client's information is sent electronically to Connect for Health Colorado and Connect for Health Colorado will contact the individual to help him/her. Additionally, information about Connect for Health Colorado is also featured in the Medicaid denial correspondence sent to the individual.

- If someone without a Social Security Number is applying on behalf of his/her child, is it in the parent's best interest to include paper income verification with the application, knowing that the parent's income will not be able to be verified electronically?



- If the parent is in the child’s household then income verification/documentation will be required and requested. Documentation should not be sent proactively.
- If an organization believes that there is a very high likelihood the applicant will qualify for Medicaid, are there any parts of the application that can be skipped?
 - Applicants are encouraged to complete the application as fully as possible and to the best of their ability.
 - For more information about assets, please click [here](#).
- Can you please clarify if there is a federal law that prohibits sites from pre-screening individuals to know if they might be Medicaid or Child Health Plan *Plus* (CHP+) eligible?
 - Federal requirements mandate a full eligibility determination must be achieved. For more information click [here](#).
- Are individuals who apply for food and/or cash assistance only, but who may also qualify for Medical Assistance, prompted during the online application to also apply for Medical Assistance?
 - Applicants are asked upfront at two different opportunities during the online application process which programs they would like to apply for. At both instances, applicants are able to note if they would like to apply for Medical Assistance. All applicants are encouraged to apply for all programs that they think may help meet their needs.
- Where can individuals apply for Emergency Medicaid?
 - Emergency Medicaid is for immigrants without legal permanent residency or Naturalization status. Emergency Medicaid only covers life and limb threatening situations, and does not cover doctor appointments or routine care. If you have questions about what Emergency Medicaid does and does not cover contact Customer Service at 1-800-221-3943/ TDD 1-800-659-2656. You can apply for coverage online, over the phone, in person or by mail. For more information on how to apply visit [Get Coverage](#).

PEAK Application

For a consumer geared guidance on how to complete the [PEAK](#) application, click [here](#).

Adults without Dependent Children (AwDC) Transition Plan

- What is the Department’s plans for AwDC transition?
 - For more information on the AwDC transition plan, please click [here](#).

Consumer Support

- Who should consumers contact to get assistance filling out the PEAK application?
 - Click [here](#) for more information.



- Where can consumers find information on Medicaid, Child Health Plan *Plus* (CHP+) and Connect for Health Colorado?
 - Consumers are encouraged to visit Colorado.gov/Health for information on insurance coverage and health and wellness.
 - Additionally, they can also visit [Connect for Health Colorado](#).
- How can current Medicaid or Child Health Plan *Plus* (CHP+) clients print their medical cards online through [PEAK](#)?
 - For instructions click [here](#).
 - Hard copy medical cards will continue to be sent to clients.

Connect for Health Colorado

- When applicants apply for the Advanced Premium Tax Credit, what is the application date for financial assistance?
 - When applying for an Advanced Premium Tax Credit (or financial assistance) through Connect for Health Colorado, an applicant must first be deemed ineligible for Medicaid. After receiving a denial from Medicaid, an applicant is then processed for financial assistance through Connect for Health Colorado. The date of the applicant’s initial Medicaid application will serve as the date of their application for financial assistance through Connect for Health Colorado.
- Why are individuals required to complete an application for Medical Assistance (Medicaid or Child Health Plan *Plus* (CHP+)) in order to apply for financial assistance to help purchase health insurance through the Connect for Health Colorado marketplace?
 - Federal law requires all applicants seeking financial assistance for purchasing insurance through the Connect for Health Colorado marketplace to be screened for Medicaid and Child Health Plan *Plus* (CHP+) first. Once it is determined a person does not qualify for Medicaid or CHP+, they can apply for financial assistance to help buy insurance through the marketplace.
- Can individuals apply online for the advanced premium tax credit through the Connect for Health Colorado marketplace?
 - Coloradans can buy health insurance through the Connect for Health Colorado marketplace and then claim a tax credit, if eligible, when you file your taxes in 2015.
 - If an applicant wishes to apply for an advance tax credit to use up-front to lower their monthly premium, then they can fill out the financial assistance application, which includes a determination of eligibility for Medicaid and Child Health Plan *Plus* (CHP+) and then continue the process online to find out if they are eligible for tax credits and cost-sharing reductions. For more information click [here](#).

Affordable Care Act

For more information about the Affordable Care Act, click [here](#).



Medicaid Benefits

- What benefits and services does Medicaid cover?
 - Currently, Medicaid offers the following benefits and services: primary care, behavioral health, hospitalization, rehabilitative services, laboratory services, outpatient care, prescription drugs, emergency care, dental care, maternity care and newborn care.
 - The benefit package for newly eligible Medicaid clients will be largely the same as the current Medicaid benefits, including the enhanced mental health and substance use disorder benefit and new dental benefit, which begins in April 2014.
 - In accordance with federal law, the newly eligible Medicaid clients will receive preventive and wellness services as defined by the [U.S. Preventive Services Task Force \(USPSTF\)](#) with a rating of A or B and the [Advisory Committee on Immunization Practices \(ACIP\)](#).
 - Preventive and wellness services include aspirin use, blood pressure screening, breast cancer screening, cholesterol screening, depression screening, healthy diet counseling, sexually transmitted disease prevention counseling, tobacco use screening and counseling and others. In an effort to align Medicaid benefits, the current Medicaid benefit package will be expanded to include these preventive and wellness services. Additionally, the newly eligible Medicaid clients will receive habilitative services, which are considered to help individuals maintain skills necessary for daily living.
 - Most USPSTF and ACIP recommended preventive and wellness services are currently covered by Medicaid, but on January 1, 2014, new preventive and wellness procedure codes were made available. For more information regarding the covered preventive and wellness services see the [February 2014 Provider Bulletin](#).
 - For more information the covered Medicaid benefits and services visit Colorado.gov/HCPF/Benefits.

- Are preventive and wellness services free for Medicaid clients?
 - In accordance with federal law, the newly eligible Medicaid clients will receive preventive and wellness services as defined by the [U.S. Preventive Services Task Force \(USPSTF\)](#) with a rating of A or B and the [Advisory Committee on Immunization Practices \(ACIP\)](#).
 - Preventive and wellness services include aspirin use, blood pressure screening, breast cancer screening, cholesterol screening, depression screening, healthy diet counseling, sexually transmitted disease prevention counseling, tobacco use screening and counseling and others. In an effort to align Medicaid benefits, the current Medicaid benefit package will be expanded to include these preventive and wellness services. Additionally, the newly eligible Medicaid clients will receive habilitative services, which are considered to help individuals maintain skills necessary for daily living.
 - Most USPSTF and ACIP recommended preventive and wellness services are currently covered by Medicaid, but on January 1, 2014, new preventive and wellness procedure codes were made available. For more information regarding



the covered preventive and wellness services see the [February 2014 Provider Bulletin](#).

- Does Colorado Medicaid cover breast pumps?
 - Colorado Medicaid provides breast pumps to Medicaid clients in limited circumstances.
 - Manual breast pumps are available for purchase to clients for use with premature infants and infants in critical care.
 - Electric breast pumps are available for purchase only for premature infants and infants in critical care, and only during a period of anticipated infant hospitalization of 54 days or more. Rental is available for periods of hospitalization anticipated to be less than 54 days. (Prior authorization is required.)
- How can Medicaid clients obtain breast pumps?
 - Breast pumps must be prescribed by a physician, physician assistant, or nurse practitioner. That prescription must be filled by an approved durable medical equipment supplier (suppliers are often pharmacies).
 - Electric breast pumps require an additional step of prior approval (prior authorization).
- If a Medicaid client is not eligible for a breast pump under Colorado Medicaid, what other options exist?
 - Colorado's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a health nutrition program that provides nutrition education, food, breastfeeding support and other helpful services to pregnant women, infants, and young children. Breast pumps are often available through this program. If interested, call the WIC program at 1-800-688-7777 for further information and to set up an appointment. This toll-free number can accommodate English and Spanish speakers.

Questions:

ACAImplementation@hcpf.state.co.us

