



- Starting June 22, 2014 PEAK will collect all necessary information to determine retro MA Real Time Eligibility.

## **Retroactive Medical Assistance – Key Points**

**Retroactive MAGI Medical Assistance Applications are now able to be submitted online and a Real Time Eligibility Determination received.**

**Questions regarding Citizenship/Residency, Household Relationships, Assets, Income and Expenses are included and must be verified for requested retroactive months.**

**Retroactive coverage may be requested for any of the three months prior to application.**

**Client must be eligible to receive benefits in the month(s) requested.**

**If approved, expenses incurred during month/s are covered.**



# Retroactive Medical Assistance

Exit Print ?

Apply For Benefits

## Which Benefits Would Your Household Like to Apply For?

The first step is to tell us which benefits your household would like to get by checking the box for each benefit your household would like to apply for. Later you will have the opportunity to select specific programs for each person in your home as you complete the application. Click the "Next" button at the bottom of the page to continue.

- Medical Assistance** [Show Details](#)
- Food Assistance** [Show Details](#)
- Colorado Works/TANF - Cash Assistance for Families with Children** [Show Details](#)
- Adult Financial - Cash Aid for disabled or individuals over 60** [Show Details](#)

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Applicants must select Medical Assistance. They may also select additional programs.

## Retroactive Medical Assistance

Apply For Benefits

✓ Start

**2 People**

3 Liquid Assets

4 Other Assets

5 Job Income

### Program Selection

\*Please check the box for each program this person would like to apply for. If you don't check a box, this person will not be applying for that program.

**Medical Assistance** [Show Details](#)

If you want help paying medical bills from the last three months please check each month in which you have medical expenses and were a Colorado resident.

February     March     April

None



Retroactive assistance needs to be selected for each individual member of the household interested in receiving it. The box for **Medical Assistance** must be checked along with retro month requested. If an individual applying for Medical Assistance does not wish to apply for retroactive coverage, they do not check any months for which to be considered for retroactive coverage.

**Note:** The **None** option applies only to those who are NOT applying for any programs listed on the application. The None option does not pertain to retroactive medical assistance.

# Retroactive Medical Assistance

The screenshot shows a web application interface for 'Retroactive Medical Assistance'. The main form is titled 'People in the Home' and contains several sections: Personal Information, Program Selection, Ethnicity, Residence Information, Tax Filer Information, and Add Another Household Member. A red box highlights the 'Residence Information' section in the main form, which contains the following questions:

- Is this person a resident of Colorado?
- Is this person a migrant worker?
- Where does this person live?
- Has this person moved out of the household in April or March?

Three callout boxes on the right side of the image show a zoomed-in view of the 'Residence Information' section for a specific person. The first callout shows the question 'Has this person moved out of the household in April or February?' with radio buttons for 'Yes' (selected) and 'No', and a date input field with a red arrow pointing to it. The second callout shows the question 'Did this person move in to the household in April or February?' with radio buttons for 'Yes' (selected) and 'No'. The third callout shows the question 'When did this person move in?' with a date input field and a red arrow pointing to it.

After an individual requests retroactive coverage, further questions needed to determine eligibility display. "Yes" answers prompt additional information needed. In this example we see the question about whether someone moved out of the household in any of the selected months. When the "yes" answer is selected they are asked when that person moved out.

# Retroactive Medical Assistance

Apply For Benefits

- Start
- 2 People**
- 3 Liquid Assets
- 4 Other Assets
- 5 Job Income
- 6 Other Income

## Citizenship

\*Does Eric have a Social Security Number?  
 Yes  No

\*Social Security Number  
998-XXXX-XXXX

\*Is this person a U.S. citizen?  
 Yes  No

\*Citizenship Status:  
US Born

\*Was Eric a U.S. citizen in April and February?  
 Yes  No

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Information regarding **Citizenship/Residency** is needed. If the applicant's status was the same in the retroactive months, the "yes" option at the bottom of the page is selected.

## Retroactive Medical Assistance

Apply For Benefits

---

✔ Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income



### Citizenship

\*Does Eric have a Social Security Number?  
 Yes  No

\*Social Security Number  
 998: [REDACTED]

\*Is this person a U.S. citizen?  
 Yes  No

\*Non-Citizenship Status:

Check if Eric has eligible immigration status.

\*Was Eric's non-citizenship status different in April or February?  
 Yes  No

\*Please indicate Eric's non-citizenship status and the month in which the change occurred.  
 April  February

\*Non-Citizenship Status:

Check if Eric had eligible immigration status.

If the applicant's Citizenship/Residency information was different during a previous month(s); then the month(s) in which it was different and in what way it was different display.

# Retroactive Medical Assistance

Apply For Benefits

✓ Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

## How You Are Related

Please tell us how the people in your home are related to each other.

\* Eric is the Husband of Jenny

Is Jenny a tax dependent of Eric ?  
 Yes  No

Does Jenny plan to file taxes jointly with Eric?  
 Yes  No

Check the box for the months that this relationship was different:

April  
 February

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How members of the household were related during retroactive months is needed to determine retroactive eligibility.

**Note:** The Tax Relationship questions has been updated to capture more information on tax dependency and joint filers.

# Retroactive Medical Assistance

Apply For Benefits

Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

## How You Are Related

Please tell us how the people in your home are related to each other.

\* Eric is the Husband of Jenny

Is Jenny a tax dependent of Eric?  
 Yes  No

Does Jenny plan to file taxes jointly with Eric?  
 Yes  No

Check the box for the months that this relationship was different:

April  
 February

\* Eric is Unrelated to Jenny

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If a household relationship was different in a retroactive month, the month(s) in which it was different and the correct relationship status is provided.

## Retroactive Medical Assistance

Apply For Benefits

- ✓ Start
- ✓ People
- 3 Liquid Assets
- 4 Other Assets
- 5 Job Income
- 6 Other Income

### Job Income

\*Is anyone in your home currently employed or were they employed in May or March?  
 Yes  No

\*Is anyone in your home currently self-employed or was self-employed in May or March?  
 Yes  No

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✓ Start

✓ People ➔

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

### Job Income

\*Is anyone in your home currently employed or were they employed in May or March?  
 Yes  No

Current or Recent Job

Who	Employer	Hours	How Much	Action
To add a current or recent job, choose the person and click the "Add" button.				
Name	< click here to choose > <input type="button" value="Add"/>			
	<div style="border: 1px solid #0070C0; padding: 2px;"> <span style="font-size: small;">click here to choose &gt;</span>  <span style="font-size: small;">Eric</span>  <span style="font-size: small;">Jenny</span> </div>			

\*Is anyone in your home currently self-employed or was self-employed in May or March?  
 Yes  No

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**Note:** The question format for **Income** is the same for **Assets** and **Expenses**.

If an applicant has income (wages, self-employment, disability, retirement etc.) they must answer **Yes**.

The individual's name is selected from a drop-down menu and the **Add** button clicked.

This procedure is repeated if the same individual or other individuals in the home receive other income.

## Retroactive Medical Assistance

✓ Start	<b>Gross Pay</b>
✓ People	* Please tell us the total gross pay that Jenny gets each pay period. By gross pay, we mean the amount Jenny earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.
3 Liquid Assets	\$ 800
4 Other Assets	If the gross pay amount was different for May or March, check the box for that month below.
5 Job Income	<input type="checkbox"/> May
6 Other Income	<input type="checkbox"/> March



The client must enter in Gross Pay, which is their total income before deductions for taxes, expenses etc.

# Retroactive Medical Assistance

✓ Start	<b>Gross Pay</b>
✓ People	* Please tell us the total gross pay that Jenny gets each pay period. By gross pay, we mean the amount Jenny earns before taxes or anything else is taken out of the pay check. By pay period, we mean the time between each pay check.
3 Liquid Assets	\$ 800 <input type="text"/>
4 Other Assets	If the gross pay amount was different for May or March, check the box for that month below.
<b>5 Job Income</b>	<input type="checkbox"/> May
6 Other Income	<input checked="" type="checkbox"/> March
	* What was your gross pay for a paycheck in March?
	\$ 200 <input type="text"/>
	* When was the most recent paycheck in March?
	03/01/2014 <input type="text"/>



If the income received was different in any of the retroactive months, the month in which it was different is selected and amount entered.

# Retroactive Medical Assistance

**Apply For Benefits**

- Start
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- 10. Submit**

## Signing Your Application

You're just a few minutes away from submitting your application. To do so, you'll need to:

- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your application.

### What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

By completing and signing the State of Colorado Application for Public Assistance and other documents required to determine whether I'm eligible for public assistance benefits AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements:

- I must tell the truth; it is a crime to lie on this application.
- I may have to give papers that show what I've told you is true.
- I must tell you of any changes in money I get.
- I must tell you of any changes to the information I gave you on my application.
- If I think you made a mistake, I can ask for an appeal or fair hearing.
- The department will verify citizenship and immigration status for everyone applying for benefits.
- The department will call you if more benefits changes.

### Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this application for myself and/or my family. By signing this application electronically, I certify that I have reviewed the application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the application site to help me with getting benefits.

- I understand the questions and statements on this application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
- I understand that in order to receive Food Assistance, certain members of the household need to register for work.

By checking this box and typing my name below, I am electronically signing my application.

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ \*LAST NAME \_\_\_\_\_

Back Submit



Once all the questions have been answered an electronic signature is needed to complete the application for retroactive medical assistance.

# Retroactive Medical Assistance

## Medical Assistance Results

Case Number: 1B [REDACTED]

Medical Assistance Results			
Program	Status	Member	Begin Date
Medicaid- No Premium Required	Approved	[REDACTED]	03/01/2014
Medicaid- No Premium Required	Denied	[REDACTED]	04/10/2014
Medicaid- No Premium Required	Approved	[REDACTED]	03/01/2014
Medicaid- No Premium Required	Denied	[REDACTED]	04/10/2014

You will get more information about your application in the mail. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to county.



After the application is submitted, the client may receive a Real Time Determination for retroactive MAGI Medical Assistance. PEAK will specify which individual was approved or denied Medical Assistance, and for which month or months.

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# Support & Assistance



[colorado.gov/PEAK](https://colorado.gov/PEAK)

That's it for today's content. We hope that you are excited to assist clients in using the PEAK enhancements made this month.

# Training & Information



## Instructional Guides & Recordings

- <http://tinyurl.com/PEAKcalendar>
- [Colorado.gov/PEAK](http://Colorado.gov/PEAK)> Resources>Community Partners or Counties> Training



## Monthly

- Support Calls
- Live Webinars



## In-person Trainings

- Schedule a custom training

[peakoutreach@bouldercounty.org](mailto:peakoutreach@bouldercounty.org)



## PEAK View

- Distributed monthly to all training attendees
- Provides PEAK updates and webinar information



# Support & Assistance

PEAK website training or questions

• [peakoutreach@bouldercounty.org](mailto:peakoutreach@bouldercounty.org)

Application and General Benefit Information

• [Colorado.gov/health](http://Colorado.gov/health) (>select FAQs)  
• [Colorado.gov/HCPF](http://Colorado.gov/HCPF)

Submitted Medical Assistance application status

• 1-800-359-1991

General Medical Assistance benefits information

• 1-800-221-3943/ TDD 1-800-659-2656

Food or Cash application assistance

• 1-800-536-5298

Connect for Health Colorado

• [ConnectforHealthCO.com](http://ConnectforHealthCO.com)  
• 1-855-752-6749/ TDD 1-855-346-3432

PEAK technical issues such as an error message

• [CBMS.Help@state.co.us](mailto:CBMS.Help@state.co.us)



**THANK  
YOU!**

