



***Medical Assistance
Redeterminations
2014***

PEAK Training

Medical Assistance Redeterminations – Key Points

Clients receiving Medical Assistance (MAGI & Non-MAGI) can view a PDF of their Redetermination in their PEAK Account.

PDFs are purely informational, and any changes or updates will have to be done using the Redetermination/Recertification function in PEAK.

Redeterminations are dynamic, and clients will have the ability to view two different PDFs if their case has both MAGI and Non-MAGI programs active.

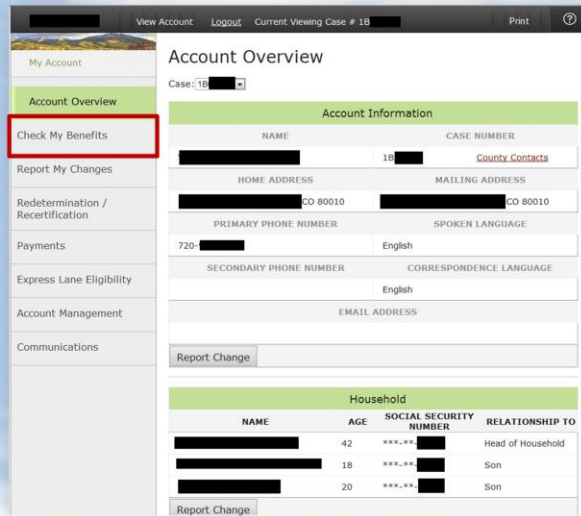
PDFs are pre-populated with existing information regarding household composition, income, resources, and expenses; depending upon program type.

Copies of Redetermination notices can also be found in the Communications tab under Mail Center.

Redeterminations for all programs can still be submitted via PEAK, however only Medical Assistance programs have pre-populated PDFs available.



Medical Assistance Redeterminations



View Account Logout Current Viewing Case # 1B Print

My Account

Account Overview

Check My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Communications

Account Overview

Case: 1B

Account Information

NAME	CASE NUMBER
[REDACTED]	1B [REDACTED] County Contacts
HOME ADDRESS	MAILING ADDRESS
[REDACTED] CO 80010	[REDACTED] CO 80010
PRIMARY PHONE NUMBER	SPOKEN LANGUAGE
720- [REDACTED]	English
SECONDARY PHONE NUMBER	CORRESPONDENCE LANGUAGE
	English
EMAIL ADDRESS	
<input type="text"/>	
<input type="button" value="Report Change"/>	

Household

NAME	AGE	SOCIAL SECURITY NUMBER	RELATIONSHIP TO
[REDACTED]	42	***-**- [REDACTED]	Head of Household
[REDACTED]	18	***-**- [REDACTED]	Son
[REDACTED]	20	***-**- [REDACTED]	Son



Once a client logs in to their PEAK account, they click on the My Benefits tab to view program details.

Note: Clients can click directly on the Redetermination/Recertification tab to start.

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View Account Logout Current Viewing Case # 18

Print ?

My Benefits

Benefit Summary			
Who	Medical Assistance	Food Assistance	Cash Assistance
	Approved for Benefits	Approved for Benefits	Denied
	Approved for Benefits	Approved for Benefits	Approved for Benefits
	Approved for Benefits	Approved for Benefits	Closed

[Click here](#) for information on finding providers and accessing care.

If you have an open, active medical, food, or cash assistance case, click the "Report My Changes" tab on the left if you want to request Medical Assistance for additional people on your existing case.

Click the "Start New Application" button below to start a new application

Start New Application



Each individual on the case has their own benefit summary. Clicking the blue hyperlink for any program will populate the details page.

Medical Assistance Redeterminations

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View Account

Logout

Current Viewing Case # 18

Print

?

Medical Assistance Details

Benefits	Current Month	Next Month	HMO	Redetermination	Members
Medical Assistance	Receiving June 2014	Receiving July 2014		June 2014	

If you need to print a Medical Assistance card or have a new card mailed to you for someone in your home, click the "Request Medical Card" button below.

Request Medical Card

This page tells you more about your Medical Assistance benefits. If you would like to look at information about other benefits, click the "Back to My Benefits" button at the bottom of the page.

If you would like to view your Medical Assistance Benefit History over the past 12 months, click on the Benefit History button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

Back to My Benefits

Benefit History



A client's Redetermination date is listed on the Medical Assistance Details page (This date is also listed for other programs). A Redetermination must be received by the last day of the certification month. (Ex: 6/30/2014 for June 2014)

Medical Assistance Redeterminations

View Account Logout Current Viewing Case # 18 Print

My Account

Account Overview

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Communications

Complete Your Redetermination/Recertification

Redetermination/Recertification Due

Program	Due Date
Medical Assistance	06/30/2014

To complete the Redetermination/Recertification for Food, Medical, and/or Cash Assistance benefits, click on the button below.

Complete my Redetermination/Recertification

Keep in mind if you make a change to information in one case, it may affect eligibility in other cases.

Redetermination/Recertification Reports

Here is a summary of the redetermination/recertification reports you have submitted. You can click on the 'click here' links to view more details about the redetermination/recertification report.

Submitted Redetermination/Recertification Reports

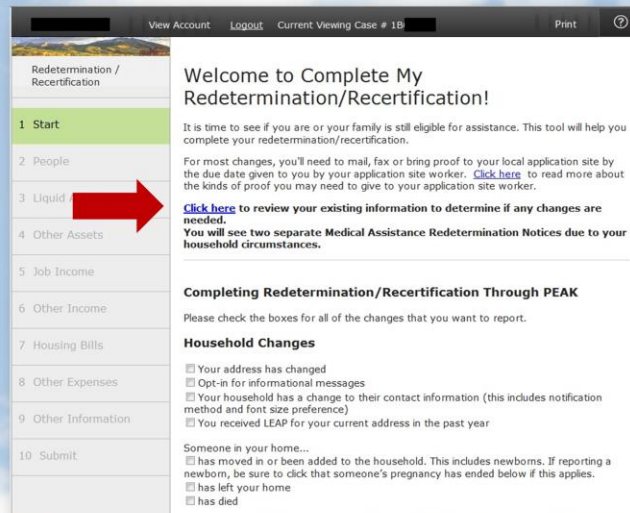
You have not submitted Redetermination/Recertification Reports

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:

Once the client has viewed their benefit details, they must select the Redetermination/Recertification tab on the left hand navigation panel to begin the process. The Due Date will be listed along with an Icon to indicated the current certification period is almost over. The client should then click the Complete my Redetermination/Recertification button.

Note: Redeterminations will only appear in PEAK within 60 days of the due date.

Medical Assistance Redeterminations



View Account Logout Current Viewing Case # 1B Print ?

Redetermination / Recertification

1 Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

8 Other Expenses

9 Other Information

10 Submit

Welcome to Complete My Redetermination/Recertification!

It is time to see if you or your family is still eligible for assistance. This tool will help you complete your redetermination/recertification.

For most changes, you'll need to mail, fax or bring proof to your local application site by the due date given to you by your application site worker. [Click here](#) to read more about the kinds of proof you may need to give to your application site worker.

[Click here](#) to review your existing information to determine if any changes are needed.

You will see two separate Medical Assistance Redetermination Notices due to your household circumstances.

Completing Redetermination/Recertification Through PEAK

Please check the boxes for all of the changes that you want to report.

Household Changes

- ☐ Your address has changed
- ☐ Opt-in for informational messages
- ☐ Your household has a change to their contact information (this includes notification method and font size preference)
- ☐ You received LEAP for your current address in the past year

Someone in your home...

- ☐ has moved in or been added to the household. This includes newborns. If reporting a newborn, be sure to click that someone's pregnancy has ended below if this applies.
- ☐ has left your home
- ☐ has died

COLORADO PEAK
Colorado.gov/PEAK

The welcome page explains the redetermination process. The new [Click Here](#) link in the third paragraph opens the client's PDF with pre-populated information previously reported and used to determine current eligibility.

Medical Assistance Redeterminations

STATE OF COLORADO



1B [REDACTED]

[REDACTED] CO 80010 [REDACTED]

04/11/2014

Redetermination Notice for Aged, Blind, Disabled Medical Assistance

Dear [REDACTED],

It is time to see if you are, or your family, is still eligible for your medical benefits. Please review the current information we have in **Section I below**. If there are changes to current information or missing information, please complete **Section II** and return the information to us or you can enter your changes on PEAK Redetermination at www.Colorado.gov/PEAK by 06/05/2014.

You may receive two separate Medical Assistance Redetermination Notices due to your household circumstances. If you have changes to each notice, please report changes for both notices.

If you do not have changes, do not do anything. We will check to see if you are still eligible for benefits with the information we have. You may need to give us documents to see if you are, or your family, is still eligible. If we need documents from you, we will let you know.

You must report your changes. If you have changes and don't report them, you may have to pay back medical payments paid by Medicaid or CHP+.



The top part of the PDF lists the head of household's information, including name, CBMS 1B case number and mailing address. The specific Medical Assistance program is also be listed.

Medical Assistance Redeterminations

Client 1

Section I: Your information on file

Client's Name: [REDACTED]			
Client's Date of Birth: [REDACTED]	Requesting Medical Assistance Y/N: Y		Employed Y/N: N
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount		Frequency
Unearned Income Y/N: Y	Type	Amount	Frequency
	SSI	[REDACTED]	Monthly
	Social Security Disability	[REDACTED]	Monthly



Information on file will be listed for each client on the case who is in the home.

The client in this example has no employment income but does receive Unearned Income. The type of income, amount, and frequency are listed out. The client can easily see if this information has changed since it was first reported, and update accordingly on the **Redetermination/Recertification** page, NOT the PDF.

Medical Assistance Redeterminations

Client 1

Expenses Y/N: Y	Type	Amount	
	SSA/SSI Adjustment	████	
	SSA/SSI Adjustment	██████	
	Utility	██████	
	Utility	██████	
	Rent	██████	
	Utility	██████	
Resources Y/N: N	Type	Fair Market Value	Amount Owned
Roomers/Boarders Y/N: N	Amount	Frequency	



If a client indicates they have expenses or resources, that information also appears on the PDF. If any of these have changed, the client needs to report the change on the **Redetermination/Recertification** page, NOT the PDF.

Medical Assistance Redeterminations

Client 2

Client's Name: [REDACTED]			
Client's Date of Birth: [REDACTED]	Requesting Medical Assistance Y/N: Y		Employed Y/N: N
Employer Name	Inc Type	Amount	Frequency
Self-Employed Y/N: N	Amount		Frequency
Unearned Income Y/N: N	Type	Amount	Frequency
Expenses Y/N: Y	Type	Amount	
	Child Support-ACES Retained	[REDACTED]	
	Child Support-ACES Retained		
	Child Support-ACES Retained		
	Child Support-ACES Retained		
	Child Support-ACES Retained		
	Child Support-ACES Retained		
	Child Support-ACES Retained		
Resources Y/N: N	Type	Fair Market Value	Amount Owned
Roomers/Boarders Y/N: N	Amount		Frequency



This example shows the second client pays child support.

Medical Assistance Redeterminations

Section II: Report Your Changes-

☐ I have No changes. (If you do not have changes, do not do anything)

I am reporting the following change(s) (Check the boxes next to each change):

☐ Change of address or phone number: _____

☐ Pregnancy:

Pregnant Woman's Name: _____ Due date: _____

☐ Person leaving my home:

Name: _____ Date of birth: _____

Date left my home: _____

Relationship of this person to you: _____

☐ Person added to my home:

Name: _____ Date of birth: _____

*If this person is requesting Medical Assistance, please include the information below:

Social Security Number or Date Applied: _____

Date entered my home: _____

Relationship of this person to you: _____

For more information, call me or visit www.Colorado.gov/HCPF

☐ Changes to Work (For Example: new job, change in hours, lost job, new self-employment):

Name of person working: _____

Name of Employer: _____

Gross amount received: \$ _____

Date received: _____

Type of income: _____



The PDF can be printed so that changes can be reported manually. However, when possible, the client should submit their Redetermination via PEAK because they may be able to receive a Real Time Eligibility determination.

Support & Assistance



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> Resources>Community Partners or Counties> Training



Monthly

- Support Calls
- Live Webinars



In-person Trainings

- Schedule a custom training
- 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

Application and General Benefit Information

- Colorado.gov/health (>select FAQs)
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
• 1-855-752-6749/ TDD 1-855-346-3432

PEAK technical issues such as an error message

- CBMS.Help@state.co.us



**THANK
YOU!**

