2) **Is there a plan to make tax filer status mandatory in CBMS? Can it be denied if they don't complete or don't provide?**
   A. The Tax Filer page is not mandatory in CBMS however if this page is bypassed or not completed the case will display a Data Conflict. Individuals cannot be denied due to not providing this information. HCPF strongly recommends this information be entered in CBMS if available. Eligibility sites can follow up with customers to obtain this information. If tax filer information is not entered or provided the household may be placed in an incorrect Medicaid Budget Unit (MBU) but should not be denied or discontinued from benefits.

3) **Tax Filing Status? How do workers use this? Ask Questions?**
   A. The tax questions are in the current Medical Assistance application, but are not yet in the joint Medical/financial application. Until the State finalizes the addendum to the joint application, counties should continue with the previous guidance provided to obtain that information; calling client, mailing pages of the Medicaid application, etc. to obtain the information.

Citizenship / Identity

1) **Citizenship and Identity already verified if they provide another exact doc. Do they enter? What if Different?**
   A. If the Citizenship and Identity (C & I) were already verified via Interfaces, the worker should enter a case comment identifying which documentation they received from the client to prove C & I.

2) **SSA payment received but C&I not populated? What values are used?**
   A. Contact medicaid.eligibility@state.co.us

3) **How do Site or County workers identify if verifications of Citizenship and Identity were uploaded by Brokers/Agents?**
   A. If documentation is uploaded by an agent/broker on behalf of the customer into EDMS in PEAK, the appropriate worker will be notified that these documents are in the EDMS system to be worked. There is tracking behind the scenes to tell when a broker has worked on behalf of a customer.

4) **Does the Verify Lawful Presence Interface work correctly?**
   A. Yes, the Interface is working correctly. If you are having trouble with the interface, please submit a help desk ticket.

5) **What is the purpose or reason for the questions: "*Were you a US citizen in the last three months? What was your status?*"**
   A. This is for the 3 month retro-Medicaid period. We need to verify if you were a citizen during that time period.

6) **Worker receives an expired non-citizen document, SAVE is checked and SAVE says the card is valid/indefinite?**
   A. If SAVE verified the information, then it is acceptable.

Questions and Answers

7) **Are class codes updated frequently? Is there a plan to update these class codes?**
   A. Class codes will be updated in a future project.

PEAK

1) **If a user has the same user name and password for PEAK and C4 how does that work?**
   A. Even if the customer choses to use the same user name and password for both their C4 and PEAK account last year, they still have two separate accounts. The customer should choose whichever account they prefer to use this year and then only use that account for their application needs. I would recommend using their C4 account if the household has tax credits or is a mixed eligibility household (i.e. parents have tax credits and children have CHP+). Then, if the customer ever has the need to log onto the other site, they should indicate they are using the credentials (user name and password) of the account they have chosen to stick with. The reason for this is to ensure the customer data carries through as the customer moves between eligibility determination and shopping.

2) **When will county staff have access to the PEAK train environment?**
   A. PEAK TRN access was provided to Open Enrollment SES participants in the evaluation information. The TRN environment can be accessed at: http://trn-coloradopeak.cs24.force.com/

3) **Is there a plan for PEAK to display system issues? For an example a scrolling banner or notification to let clients know.**
   A. PEAK is available 24 hours a day and is not taken down for maintenance.

4) **Is there a way to track who makes changes in PEAK when it comes over to CBMS? Do they have to go back to PEAK?**
   A. PEAK changes are not visible to CBMS workers. CBMS will show history of changes made by a worker.

5) **How is PEAK security tied to the report my changes on closed cases? Example: Ex-spouse reporting changes.**
   A. Access to the PEAK account is not tied to the status of the case. If the primary account holder has authorized a secondary account holder or authorized representative to have access to the PEAK account then they will be able to log in and report changes even on a closed account. PEAK primary account holders must ensure to update access they have given to individuals if a circumstance arises where they do not want them to access the information.

6) **An existing PEAK user must run through SES before they can log-in through the C4 sign on but the C4 user is not required to do that. Why is it set up to only sync one way?**

A. It is setup to sync both ways, but it is a question of when the necessary data can be passed to the other website so the customer can access the site. When a customer creates a C4 account and goes into the shared system, at that point, PEAK has access to the information that is needed for a customer to log into PEAK using their C4 user name and password. If a customer creates an account in PEAK, because the shared application resides in the PEAK area, the information that is needed for a customer to log into the Marketplace for shopping is not passed to the Marketplace until the determination of eligibility is made and the necessary information is passed to the Marketplace.

7) **If a client applies/submits application can they go in after and submit a change to add a broker/agent/authorized rep/secondary account holder?**
   A. Agents/Brokers and Health Coverage Guides must be entered into the Marketplace as the Marketplace is the one who tracks these individuals. www.connectforhealthco.com. Customers can make these updates in the Marketplace at any time.
   Authorized reps and secondary account holders can be updated through PEAK. www.colorado.gov/PEAK. Again, the customer will want to use the credentials for the account they have chosen to stick with this year in applying for coverage.

8) **Is there a plan to make more fields required when the client applies and is only hoping to get a denial so they can go the marketplace and shop?**
   A. All fields that are required for a full Medicaid/CHP/tax credit determination must be answered. If a child is eligible for Medicaid or CHP+ that is the program they need to be enrolled in.
      I. **Since CBMS may not deny a customer if they are eligible based on the information that was entered and the children are placed on the 12 month continuous eligibility but the family doesn't want the children on Medicaid what does a County do in this situation?**
         A. If a child is eligible for Medicaid or CHP+ that is the program they need to be enrolled in. As long as the information was entered correctly into the system, this is how things should stay. If information was entered incorrectly and they were placed on continuous eligibility, the client can request to be withdrawn from the program.
      II. **Why can a client enter $0 in PEAK and be eligible for Medicaid? Is the information required?**
         A. If the customer correctly entered $0, they should be Medicaid eligible. Income information is required if someone has a job. Some individuals have been confused when entering income because they will mark there is income for the household but then do not understand that you then have to select the individual to who the income applies in order to be asked detailed questions about the income. Keep in mind that income will be verified via Interface.

9) **Do you know if the PEAK will enter the current income they reported and also the reduced amount based on their annualized projection?**
   A. PEAK will populate the CBMS Income Received Details window with what the current income that was reported and the reduced annualized amount (Actual Annual Amount) if applicable on the APTC Income Summary page.

10) **Next Steps overview, where is the authorization #? C4 needs the authorization number.**
   A. If the client is approved for APTC, the Next Steps Overview page in PEAK will display the eligibility results and the APTC/CSR authorization # and ask the customer to shop for a plan. C4 will receive a payload report with this information. (Reference question #11 in the section Medical Assistance).

APTC Eligibility

1) **How will eligibility workers be notified when a client switches from APTC to gaining MA or meeting a MEC? Alert? Report?**
   A. C4 will be sent a report if someone switches from APTC to MA. There will not be alerts to notify the eligibility workers in CBMS. The case will close when APTC has been determined.

2) **Overall to what extent will county staff be expected to complete the APTC windows?**
   A. County workers would be expected to process initial paper applications they receive which would contain questions related to APTC. They will also be expected to address the Life Change Event window at RRR. Counties should not have to do troubleshooting on APTC/CSR cases, or mixed cases with APTC/CSR and Medicaid/CHP+. Those cases are assigned to C4HCO and will be worked by their staff.

3) **If a customer has a plan in the cart? Will they be auto enrolled? Will they get a notice saying they have a plan in the cart?**
   A. If someone who was previously on the auto reenrollment track puts a plan in their cart, they will be removed from that track and need to come back into the Marketplace to complete their enrollment into the new plan they have put in their cart or their existing plan. They will not get a notice saying they have a plan in the cart.

4) **Why does APTC run for the last EDBC run month? Is it because health insurance is prospective and not retrospective?**
   A. Correct. APTC runs for the last month because health insurance is prospective vs. retrospective. Once a customer has an eligibility determination, if shopping is done during the 1st-15th of the month the plan coverage begins first of the next month. If shopping occurs after the 15th of the month coverage will begin the first of the following month.

5) **If a client is eligible for auto re-enrollment in October but chooses to go on and shop and purchase new plan on November 15th and then receive the Income Fail notification in November. How will their tax credits be affected?**
   A. They will need to submit a new application to receive an updated eligibility determination. We do not expect this process to begin until January. CMS has not allowed C4HCO to hit the verification system.

6) **What does the Change Events page in CBMS do? When do workers enter it? How does it talk with C4?**
   A. The Change Events page captures life change events (LCE) the client may report such as loss of employer sponsored coverage or divorce/annulment. If a client reports these changes the worker must enter the change on this page so that CBMS will run eligibility for APTC outside of the open enrollment period. The worker can enter multiple LCEs in the page for the case, if applicable. In addition the worker must enter changes into this window at RRR, if applicable.

7) **What do County staff do if a customer reports a different annual amount than what CBMS is showing? How do we correct this?**
   A. If the client declares a different amount from what CBMS is showing the worker needs to update the *Actual Annual Income Amount* in the **APTC Income Summary** page. This field is enabled and can be edited by the worker to ensure CBMS has the correct income amount information.

Application

1) **Is determination of Medical eligibility 90 days from the Date of Application?**
   A. 90 days from application date.

2) **Is the State creating an addendum to attach to older apps for APTC/CSR questions? When?**
   A. No. Counties should start using the new application as soon as it is released.

3) **If an individual applies for MA on 11/1/2014 and receives a denial. Do they have to re-apply after 11/10/2014 during open enrollment?**
   A. Yes they will have to re-apply after 11/10. In order for CBMS to determine MA eligibility for APTC eligibility must be run after 11/10.

4) **At what point is the authorized representative required to provide the verification/documentation that they are the authorized rep?**
   A. If at any time the Customer designates an individual as an authorized representative legal documentation is required. They system has been programmed to generate a Verification Checklist (VCL) to request this information.

Interfaces

1) **Resolving IEVS discrepancies? Do counties have to close them? HCPF policy told us counties not to work them because of shared eligibility?**
   A. On cases with IEVS discrepancies that are APTC only or mixed eligibility (example. parents on tax credits and kids with CHP+), C4 will be using CBMS trained contractors to address this type of ongoing case maintenance.

Security/Access

1) **Why don't MA Sites have access to Colorado Department of Labor and Employment?**
   A. MA sites do not need access to CDLE since *Client Statement* is an acceptable income verification source, and the interface does additional verifications.

2) **How does a county worker who does not have access to C4 get the info?**
   A. CBMS workers do not have access to connect for health marketplace. CBMS worker are able to view and update the APTC sub menu pages as applicable. APTC/C4 authorization numbers are viewable to these workers via the Client Correspondence for the specific case.

MEQC

1) **Who gets the QA Error when an MA Site determines eligibility and passes the case along to C4 for ongoing maintenance on MA/APTC combo cases? The MA Site? The ongoing maintenance worker?**
   A. The MEQC process does not change for this circumstance. The site who initiates the application process and eligibility determination is responsible for eligibility accuracy. Therefore the site that conducted the error will be sited the error.

2) **Will the APTC calculation or eligibility result be pulled by MEQC and auditable?**
   A. Yes, all actions taken on eligibility determination are auditable. For additional MEQC information contact medicaid.eligibility@state.co.us

Food Assistance

1) **If an authorized representative is added in to PEAK it is set up to populate in to CBMS but this will affect FA by automatically changing the Auth. Rep to case payee.**
   A. The ability to add an Authorized Representative in PEAK-SES is only available for MA only applications. The information will be mapped to Authorized Representative page in CBMS and will not affect the Case Payee.

2) **Does Food Assistance read out of the state temporarily**?
    A.   No this field doesn't not affect Food Assistance.