

Medicaid Estate Recovery Notification

STATE OF COLORADO

Health First Colorado ID: [State ID]

[Member Name]
[Member Address]
[City, State, Zip]

Health First Colorado Estate Recovery Program

Dear [Member Name],

You are receiving this letter because the Health First Colorado (Colorado's Medicaid Program) **Estate Recovery Program** may apply to you.

Estate recovery may impact Health First Colorado members who:

- Are currently residing in an institution
- Are age 55 or older and receive nursing facility services and related hospital and prescription drug services
- Are age 55 or older and receive home and community-based services and related hospital and prescription drug services

Estate recovery is required by federal law. The program helps pay the costs of providing care to Health First Colorado members. The law says the State of Colorado is required to take money from a member's estate after they die to help repay costs for certain health care services the member received.

Members may be enrolled in managed care organizations. Capitation payments and premium payments made to the managed care organization(s) may be included in the Medicaid estate recovery claim against an estate.

Action needed

1. Please provide information about your resources if they have changed. Provide information about the type of resources you have and their value. Resources include houses, land, vehicles, bank accounts and other investments. Please

STATE OF COLORADO

provide **copies** or documents to your county or online. Do not send originals.

- **By Mail or in person**

[County Name]
[County Address Line1]
[County Address Line2]
[County Address Line3]

- **Fax:** [County Fax number]
- **Online:** Go to CO.gov/PEAK and sign in. To upload copies of documents, go to the top navigation and choose 'More' then 'Upload document.' If you do not have a PEAK account, you can create one.

2. **Sign below before you return this letter** to verify you have received this information about the Estate Recovery Program. **Return your signed letter to Health Management Systems at the address below.**

I certify that I have received information regarding the Colorado Medicaid Estate Recovery Program.

Signature of member or authorized representative _____ Date _____

Printed name of person signing this letter, if not member: _____

Relationship to member: _____

Return signed letter to:

[Health Management Systems]
[333 W. Hampden Avenue, Suite 425]
[Englewood, CO 80110]
Fax: [303-861-1028]
Email: [CoMedicaidRecovery@hms.com]

Notification:

- EBDC will trigger the new Medicaid Estate Recovery Notification form at both Intake approval and MA Renewals. This letter will be generated if the member is active MA and is 50 years of age or older.
- The letter will also be generated when a member of any age has applied for, or is receiving, the NF Hospital 300% / Institutionalized category.

CBMS User Responsibilities:

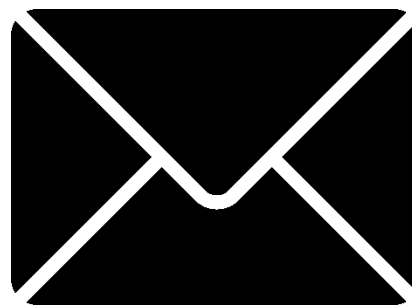
- The county does not need to track the estate letters sent. Instead, CBMS will track letters sent to individuals and add a comment to the case that the letters were generated.
 - *Although members are encouraged to sign and return the letter to the estate recovery vendor, failure to return the letter will not impact benefits.*
- Counties may create manual versions of the letter if an additional copy needs to be sent to the client. To create a manual version, follow the steps in CBMS:



1. Click on “Follow Up Activities” then “Client Correspondence”, “Printed Client Correspondence”, and enter the case number under the “Primary Parm Field”
2. Enter the “Print From Date ”-Print to Date”. Select “Estate Recovery Form” from the list of correspondence.

Health Management Services (HMS):

- HMS serves as the Department’s estate recovery vendor and handles all estate recovery matters.
- The new estate letter should be mailed or emailed by members to HMS. If the county receives the letter erroneously, it can be forwarded to:
 - Health Management System
(HMS) 333 W. Hamden Avenue,
Suite 425 Englewood, CO 80110
 - coestaterecovery@gainwelltechnologies.com



Accessibility

This document is designed to comply with the Web Content Accessibility Guidelines (WCAG) 2.1 AA standard. If you experience any difficulty accessing the content or have questions regarding the process, please contact SOC_StaffDevelopment@state.co.us for assistance.

