

Organization Information

Who is completing this questionnaire? *

- Community member only
- Community member with support from organization
- Organization Only - Community Member Not Present

Organization completing this Questionnaire: (Enter "N/A" if being completed by "Community member only") *

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Consent

The intent of this questionnaire is to get an understanding of what Colorado Medicaid/Health First members are experiencing during the 2023-2024 Medicaid renewal process. Following the end of the continuous coverage period, all Medicaid members will have the opportunity to renew coverage but many will lose Medicaid due to higher income or other factors. The results of this questionnaire will be used to identify necessary improvements to the renewal process for Medicaid benefits. By completing this form, you agree to share information with Covering Kids and Families (CKF), a project that works to improve how Coloradans access and retain affordable health coverage, and the Colorado Center on Law and Policy (CCLP), a legal advocacy organization that focuses on securing access to food, housing, health and income to build a more equitable state.

I consent to share information with Covering Kids and Families and the Colorado Center on Law and Policy: *

- Yes
- No

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General Experience

Did you have a negative or positive experience completing the renewal process for Medicaid, taking into account renewal packets, receiving and understanding notices, and interacting with state or county staff *

- Positive
- Negative
- Somewhere in the middle

Personal Information

Name/Initials/Identifier (optional):

County *

Type of Medicaid (to the best of your knowledge) - check all that apply to your household *

- Eligibility based only on income
- Eligibility based on disability
- Eligibility based on something else (please explain)

Language Status *

- Only English
- Only Spanish
- Primarily Spanish, Some English
- Primary language other than Spanish or English
- Other communication issues (please explain)

Race/Ethnicity *

- White
- African American/Black
- Hispanic/Latine
- Asian, Asian American or Pacific Islander
- Native American
- Unknown
- Prefer not to answer

Age of Colorado Medicaid members (Check all that apply) *

- Adult or adults: Age 19 to 65
- Child or children: Age 18 or younger
- Older adult or adults: Age 65 and over

If you are comfortable sharing, are you a citizen, green card holder, or other? *

- US Citizen
- Green Card Holder
- Prefer not to answer
- Other (please explain)

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Renewal Packets for Colorado Medicaid

Did you receive a renewal packet by mail for yourself or a household member? *

- Yes
- No
- I don't know

Did you request applications or communications in a language other than English?

- Yes
- No
- I don't know

Did you receive applications or communications in a language other than English?

- Yes
- No
- Sometimes

If you did receive a renewal packet, did you fill out and return the packet to the county?

- No, I didn't return the packet
- Yes, I returned it by mail
- Yes, I filled it out through my PEAK account
- Yes, I delivered it to the county in person
- N/A (because said no above)

Have you been contacted by the state's Consolidated Returned Mail Center about problems with reaching you?

- No
- Yes (please share any information about that experience):

Notices or Letters About Your Coverage

At any time after April 5, 2023, did you receive a notice or letter that informed you about your or a household member's eligibility for Colorado Medicaid? *

- Yes
- No
- I don't know/not sure

If you did receive a notice or letter, did you understand the state's decision about the Medicaid coverage? *

- Yes, but I did not agree with it
- Yes, and I agreed with it
- No
- I don't know/not sure
- I didn't receive a letter

If you did not understand the state's decision about the Medicaid coverage, what made it hard to understand? (check all that apply) *

- The language was confusing
- I got more than one letter and the letters said different things.
- The letter said the person had coverage but I learned that they were no longer enrolled
- The letter said the person did not have coverage but I learned that they were still enrolled
- The letter was not in my preferred language
- I didn't receive a letter
- Something else made it hard to understand . (Please explain)

If you did receive information about your coverage, are you willing to share the document or a screenshot with us? *

- Yes
- No

Please indicate whether you are attaching documents today, or if you will be providing them at a later date: *

- Attaching documents today
- Will provide documents at a later date
- Will not be providing any documentation

Please attach copies of any notice or decision letter you received (with identifying information removed/redacted)

No file chosen

If you did not get a notice or letter, but you or a household member lost coverage after May 1, 2023, how did you find out the person's coverage had changed? *

- I looked at the PEAK account
- I spoke to a county worker on the phone or in person
- I spoke to someone at a local community organization
- The person was denied care at the pharmacy
- The person was denied care at a doctor's office or hospital
- Other: (Please fill in box)

If you or others in your household lost coverage, do you think that decision was correct? *

- No, I think the person or people should still be eligible
- Yes, I think the person or household has too much income to qualify for Colorado Medicaid.
- Yes, I think there is another reason the person doesn't qualify for Colorado Medicaid (please provide more information in blank box)

If you or others in your household were denied coverage, did you take any of the following steps? Check all that apply. *

- I called my county
- I called my case management agency or home health agency.
- I called my RAE
- I requested an appeal
- I requested a county conference
- I tried to find coverage through the state marketplace, Connect for Health Colorado.
- I did not take any of these steps.
- Other (please indicate what you did)

Have you tried to contact the county or state customer service by phone to get help with the renewal packet or to ask questions about your eligibility for Colorado Medicaid?

- Yes
- No

If called, were you successful in getting help by phone?

- N/A (did not call county or state)
- Yes, my questions were answered
- No, my questions were not answered.
- No, I could not get help in my preferred language
- No, I was put on hold and could not get through. (Please indicate how long wait time was.)

If you visited the county office in person, were you successful in getting help?

- N/A (did not visit office)
- Yes, my questions were answered.
- No, I spoke to someone but no one could answer my questions.
- No, I spoke to someone but could not get help in my preferred language.
- No, no one was able to see me. (Please indicate about how long you waited to see someone)

If you spoke with someone at the county or state, how did you feel you were treated?

- N/A (did not speak with someone at the county or state)
- I was treated respectfully
- I did not feel I was treated respectfully or well. (Please explain)

Additional Information

Any other comments you'd like to share? *

Are you willing to be contacted by Covering Kids or Families (CKF) or the Colorado Center on Law and Policy (CCLP) to talk more about your experience? *

Yes

No

If yes, please provide the following information:

Email:

Phone Number

Are you interested in sharing your experience directly with staff at our state Medicaid agency, the Department of Health Care Policy and Financing, with the support of CKF and CCLP? *

Yes

No

