

COLORADO MEDICAL EXEMPTION PROGRAM

INFORMATION SHEET
COLORADO



What is CMEP?

The Colorado Medical Exemption Program (CMEP) provides lower electric rates to Xcel Energy customers who use life-support equipment in their households, or have medical conditions that require high power use to keep cool during the summer.

Who can take part?

Xcel Energy customers in Colorado may enroll if they meet these guidelines:

1. Have medical conditions that require high electric use for cooling during the summer, and/or use life-support equipment in their homes. Some examples include: home dialysis, oxygen and CPAP machines, or an electric wheelchair.
2. Use more than 606 kilowatt-hours (kWh) of power per month in the summer (June through September)
3. Have a household income of less than 400 percent of federal poverty guidelines
4. Complete and return the program application by May 1 for the discount to be applied for June through September.

Note: Customers must meet all four requirements to be approved for the program.

How the program works:

Many customers pay higher electric rates in the summer. They are charged a standard rate (\$0.055 per kWh) for the first 500 kWh of electricity, and a higher rate (\$0.099 per kWh) for anything over 500 kWh in one billing period. This tiered rate can make summer bills much higher.

The Colorado Medical Exemption Program offers those who qualify a reduced rate (\$0.062) for all electricity used from June through September. The program not only lowers billing rates, but also removes the Tier 2 rate for using more electricity. Standard rates return October 1.



Maximum qualifying income 400% of federal poverty guidelines	
Household size	Income limit
1	\$51,200
2	\$69,680
3	\$87,840
4	\$106,000
5	\$124,160
6	\$141,520
7	\$160,480
8	\$178,400

How to apply

Please complete, sign and submit your completed application no later than **May 1**.

You may mail, fax or scan and email.

Important: applications must be received (not postmarked) by May 1.

Please mail early!

Mail your application to:

Colorado Medical Exemption Program

P.O. Box 461657

Aurora CO 80015-9998

Fax your application to: 303-955-7538

If you have any questions, contact:

Sabrina Padilla at Chronic Care Collaborative – Energy Program

Phone: 303-993-5056

Fax: 303-955-7538

Email: sabrina.padilla@ccc-co.org

Web: chroniccarecollaborative.org

Additional assistance is available from these organizations

Epilepsy Foundation of Colorado

epilepsycolorado.org

303-377-9774

888-378-9779 (toll-free)

Lupus Foundation of Colorado

lupuscolorado.org

303-597-4050

Colorado Cross Disability Coalition (CCDC)

ccdonline.org

303-839-1775

National MS Society, Colorado-Wyoming Chapter

nationalmssociety.org

303-698-7400

800-344-4867 (toll-free)

Aging and Disability Resource Center, Denver Regional Council of Governments

303-480-6700

866-959-3017 toll-free outside the Denver area





Colorado Medical Exemption Program

A special program offered by Xcel Energy and overseen by the Chronic Care Collaborative

Instructions: Please sign and complete the patient form (front page) and have your health care provider sign and complete the Health Care Provider Certification Form (back page). Mail, email or fax the application to us. This application is good for three years. A new application must be completed every three years.
Completed applications must be received (not postmarked) by May 1.

If you are a new enrollee, please complete all the sections on the front and back of this form.

Section I. General information

Name on Xcel Energy account _____

Patient name (if not account holder) _____

Daytime phone _____ Other phone _____

Address _____ Apartment/unit number _____

City _____ State _____ ZIP _____

Please check the box to show the type of service you get from Xcel Energy: Electricity Natural gas Both

Xcel Energy account number _____

If you don't know your account number, please call Xcel Energy's Energy Assistance Program at **866-975-7327**. We must have your account number to process your application.

Section II. Income information

Please include income from ALL sources and for ALL household members.

What is your current household income? \$ _____ per year

How many people live in your household? _____ people

Section III. Signatures

By signing this form:

- I agree to allow Xcel Energy to review my energy usage.
- I agree to allow Xcel Energy to give the Chronic Care Collaborative permission to review data about my account and energy use, including LIHEAP status, to process the application for the Medical Exemption program.
- I agree to allow the Chronic Care Collaborative to share any of the above information with other organizations that provide energy assistance, conservation and other services.

All adults living in your household must sign below.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Licensed Health Care Provider Information

The Colorado Medical Exemption Program is offered by Xcel Energy to reduce electricity rates for selected low-income customers who use essential life support equipment or who have medical condition(s) that make it difficult for them to reduce electric usage in the summer (examples include: home dialysis, oxygen and CPAP machines, electric wheelchair, MS, lupus, epilepsy, etc.). You have been asked by your patient to certify that they use essential life support equipment or have a medical diagnosis that would qualify them for this program.

Patient information

Patient name _____

Daytime phone _____ Other phone _____

Address _____ Apartment/unit number _____

City _____ State _____ ZIP _____

Medical condition/reason for increased energy use by patient _____

Certification and signatures

I certify:

- I have obtained consent from the patient to disclose the medical information necessary to complete this form.
- The patient listed above uses the essential life support indicated and/or has a medical condition(s) that makes it difficult to reduce electricity usage during the summer.
- The patient listed above may have high energy use due to a medical condition.

Provider's full name _____

Office address _____ Suite number _____

City _____ State _____ ZIP _____

Phone _____ State medical license number _____

Provider's signature _____ Date _____

Please complete, sign and submit your completed application by U.S. mail, attached to email, or by fax.

Applications must be received no later than May 1.

Mail your application to:

Chronic Care Collaborative
Attn: Colorado Medical Exemption Program Office
P.O. Box 461657
Aurora CO 80015-9998

Fax your application to: **303-955-7538**.

Email your application to: **sabrina.padilla@ccc-co.org**

Questions? Please call the Chronic Care Collaborative at **303-993-5056**.

On the Web: **chroniccarecollaborative.org**