



## MARCH MEETING NOTES

March 17, 2023

### Legislative Update

Shoshi Preuss, Colorado Community Health Network, provided an update on relevant bills from the Colorado legislative session.

#### [SB23-117](#), Department of Health Care Policy & Financing Supplemental

- Includes supplemental funding to the Colorado Department of Health Care Policy and Financing (HCPF), including funding to assist counties with unwinding the continuous coverage requirement that was in place during the COVID-19 Public Health Emergency (PHE).

#### [SB23-182](#), Temporary Suspension of Medicaid Requirements

- Requires HCPF to follow certain requirements to receive funding from the federal government to support the unwind.

#### [HB23-1224](#), Standardized Health Benefits Plan

- Makes changes to the Colorado Standardized Health Benefit Plan Act, allowing the Division of Insurance (DOI) more oversight, including more time to review rate filings.

#### [SB23-093](#), Increase Consumer Protections Medical Transactions

- This bill would add consumer protections for medical debt collections. This bill would also require health care providers to give an estimate of health-care costs for self-pay patients.

#### [HB23-1126](#), Consumer Reports Not Include Medical Debt Information

- This bill would define medical debt and prohibit consumer reporting agencies from including information on medical debt in a credit report.

### Connect for Health Colorado

Jessalyn Hampton, Connect for Health Colorado, shared updates on open enrollment numbers, OmniSalud, tax time enrollment, and the continuous coverage unwind.

There were 202,000 enrollments during open enrollment, which is about a 3,000 person increase from last year. Approximately 20% of enrollments were individuals that were new to the marketplace. About 940 people purchased full-priced plans through Colorado Connect.

OmniSalud is a program through Colorado Connect that allows Deferred Action for Childhood Arrivals (DACA) recipients and people without documentation to enroll in a private health insurance plan. Coloradans under 150% of the Federal Poverty Level (FPL), could qualify for SilverEnhanced savings and have \$0 premiums.

There were 10,000 slots available for OmniSalud, which were filled by December 6, 2022. The Health Insurance Affordability Enterprise Board will determine the plan for next year. They are currently budgeting for 2,800 additional slots with SilverEnhanced savings. This will depend on how much funding Colorado receives from the federal government.

Tax-time enrollment is available for uninsured Coloradans. There is a question on the Colorado Income tax form asking if they or a member of a household is uninsured. If they check the box and submit their taxes by April 15, they will receive an eligibility determination for either Health First Colorado (Colorado's Medicaid program), or Advanced Premium Tax Credits (APTC). If they are eligible, they will receive a special enrollment period.

In response to the Medicaid unwind, the DOI released a draft regulation for a Special Enrollment Period (SEP). If adopted, individuals could enroll in a plan through Connect for Health Colorado 60 days before their termination date. That SEP would run through July 31, 2024.

### **HCPF**

Lisa Pera and Mitchell Scott, HCPF, discussed the end of the PHE and continuous coverage unwind, and enrollments for former foster care youth.

The PHE and the continuous coverage provision are ending. HCPF will renew all Health First Colorado and Child Health Plan *Plus* (CHP+) members on their regular, annual renewal date. The process has started for May renewal dates. The renewal process will continue through April 2024.

Members who receive a renewal packet are required to return the signature page, even if they do not have updated information to provide. Without the signature, HCPF cannot process the renewal and their health coverage will be terminated. The signature can be done electronically on PEAK or the PEAKHealth app, over the phone with the member's county of residence, or written and mailed, faxed, or brought to the member's county of residence.

If a member does not return their signature page and receives a termination, they are eligible for a 90 day reconsideration period. During this time, the member can return their signed signature page through any of the methods listed above, including any requested verifications, and their eligibility will be re-run without having to complete the full application. During this reconsideration period, the member does not have coverage. If members return required paperwork within the first 30 days of the reconsideration period, they will not have to apply for retroactive coverage for any care during that time. If they complete the paperwork in the 30-90 days after their termination date, they would have to submit paperwork for retroactive coverage.

Benefits for the special COVID-19 testing-and-treatment-only population ends on May 11. Remote enrollment assistance, which allowed members to verbally authorize an assister to complete an application on their behalf, will also end on May 11.

HCPF will not request Buy-In premiums until the end of the continuous coverage unwind process. Members will not receive letters until their premiums are due, which will be after May 2024.

HCPF created [communications toolkits](#) for informing members about the unwind.

HCPF's three main goals for the unwind are continuity of coverage, member experience, and minimizing the impact on the eligibility workforce. Individuals who believe they are no longer eligible for coverage should still complete their renewal so that they may get an SEP for enrollment in Connect for Health Colorado.

As of January 1, HCPF is offering coverage for individuals who were previously in the foster care system in a state other than Colorado. Individuals can self-attest to being former foster care youth as of January 1, 2023. They will have a [special enrollment form](#), and will not have to complete a full application. Individuals may be eligible for retroactive coverage. Read the [Out of State Former Foster Care Youth memo](#).

### Continuous Coverage Unwind

Meeting attendees discussed their experiences with the continuous coverage unwind.

#### Medicaid Departments at Public Schools

- Hand-delivered printed flyers to over 35 schools.
- Emailed principals, secretaries, school psychologists, health paras (paraprofessionals), and nurses in the district to inform them about the unwind. This email included a phone number to call with questions.
- Gave resources to folks who are not eligible for Health First Colorado or CHP+.
- Hiring extra two additional outreach and enrollment specialists.
- Sending weekly newsletters.

#### Community Health Centers:

- Patient communication:
  - Recorded an on-hold message about renewal packets for the patient communication line.
  - Displaying posters and TV screen messages in clinics.
  - Emailing and texting patients.
  - Posting to social media.
- Talking about changes during staff meetings.
- Adjusted scheduling to be able to intake walk-ins.
- Set up video conferencing to assist patients.
- Ordered kiosks for the large CHCs to complete renewals on-site, with the help of assisters.
- Gathering list of attributed patients renewing from RAEs
- Hired additional staff to accommodate increased demand.

### CKF Update

Liz Tansey, CKF, provided an update on CKF meeting schedule and content. CKF will transition from monthly to quarterly network meetings. CKF and the Colorado Center for Law and Policy will host a workgroup to discuss the end of the PHE and continuous coverage unwind. This will include office hours once a month, and a working meeting once a month to discuss challenges and opportunities of the unwind.

**Next meeting: May 19, 2023**