



OCTOBER MEETING NOTES

October 23, 2020

Public Health Emergency Overview

Shoshi Preuss, Covering Kids and Families shared an update on the Public Health Emergency (PHE). The PHE was supposed to end on October 23 but was extended until January 21, 2021. These are the key points of interest:

- Continuous eligibility provision – the lock in and coverage. This will end the month that the PHE ends (currently January 31).
- Maintenance of effort clause: Maintain eligibility standards that are “no more restrictive than what the state had in place as of January 1, 2020.” This will end the quarter that the PHE ends (Currently March 31).
- Not charging higher premiums than were in place on January 1, 2020. This will end the quarter that the PHE ends (Currently March 31).
- Cover COVID-19 testing, services, and treatments without cost-sharing. This will end the quarter that the PHE ends (Currently March 31).

More information is available in CKF’s COVID-19 [Public Health Emergency Overview](#).

Q. What is the recommendation for people who are interested in voluntarily disenrolling from Health First Colorado (Colorado’s Medicaid Program)?

A. The best way to reliably disenroll from Health First Colorado is to contact an eligibility technician at the county of residence. Voluntarily disenrolling from Health First Colorado does *not* count as special enrollment period.

HCPF Updates

Marivel Klueckman, the Colorado Department of Health Care Policy and Financing (HCPF) discussed the plan for supporting Health First Colorado and Child Health Plan *Plus* (CHP+) members when the PHE ends on January 21, 2021. HCPF has put together the foundations of a plan but will adjust when they receive more instructions from Center for Medicare and Medicaid Services (CMS).

At the end of the PHE, HCPF will send an eligibility review letter to all members who were locked into coverage due to the continuous coverage provision of the PHE, to assess the member’s current eligibility. HCPF will ask members to verify and update their income and household information. If members fail to respond to the eligibility review letter, HCPF will use available information to make an eligibility determination and send the member an appropriate Notice of Action (NOA). The eligibility review does not replace a member’s annual redetermination or renewal and will not reset their renewal date. HCPF plans to stagger sending these letters to members in notices to alleviate county workload. Additionally, HCPF will proactively engage with interfaces available to try to gain updated information before the eligibility review packet goes out, including verifying addresses with USPS.

HCPF requested 60 days notice from CMS before the PHE ends and 90 days to complete eligibility reviews for members. Remaining questions include the amount of time members

have to respond to the eligibility review letter, and how much time eligibility workers will be allotted to update cases.

Q. How will redeterminations happen for members with renewal dates close or overlapping with the eligibility review so they don't have to do both within a few months?

A. HCPF is still determining the timelines and plans for members whose renewal is around the same time as the end of the PHE. At this time, HCPF plans to send a letter to members who recently received a renewal packet, addressing that the PHE has ended, and that they need to respond with appropriate eligibility determination, rather than sending another review packet.

HCPF covers the cost of COVID-19 testing for individuals who are not eligible for Health First Colorado. To be enrolled in the COVID-19 limited testing benefit, someone must apply for Health First Colorado and be denied. Previously, the notice HCPF sent only informed applicants that they were approved for limited benefits only, but did not specify that those individuals did not qualify for Health First Colorado. Starting mid-October, individuals will receive a NOA with a full benefit denial, along with their limited benefit approval. Appeal rights will begin on the date the new letter was received. As of early-October, around 1,000 Coloradans were enrolled in the limited testing benefit.

HCPF identified that some individuals who applied for coverage during the PHE were missed during the continuous eligibility lock-in process. These individuals were requesting retroactive coverage and were eligible for retroactive coverage, but not for the month they applied. HCPF fixed this retroactively for past applications and put in a system fix to resolve this issue so that it does not happen again in the future.

Q. What happens to individuals who are enrolled in the Health First Colorado Buy-In program, turn 65, and stay enrolled in the Buy-In program?

A. During the PHE, Health First Colorado Buy-In members will remain enrolled in Buy-In with Medicare as a secondary payer.

The state discovered that from July through September 2020, around 8,100 pieces of scheduled client correspondence were not sent out. The correspondence includes NOAs, Verification Check Lists, and Annual Renewals across all HCPF and Colorado Department of Human Services programs.

Connect for Health Colorado Updates

Bailey Dvorak, Connect for Health Colorado shared that there is a new paper Division of Insurance (DOI) application for individual health insurance coverage. This form includes an optional section for social security number, taxpayer identification number, and alternate identification for anyone applying for coverage directly from a carrier on off-market plans. The carriers usually do not ask about immigration status, but if they do, applicants should go to DOI.

Customers who are dually enrolled in Advanced Premium Tax Credits (APTCs) and Health First Colorado and are now locked-into Medicaid due to the PHE, should take action to resolve the error. If the client is deemed ineligible for Health First Colorado, enrolls in APTC, then later received information they are Medicaid eligible with a retrospective start date, there is no penalty. The Internal Revenue Service released guidance on this topic, which can be found [here](#) in question 30.

CoverCO recordings are available [here](#). If you need assistance accessing the recordings, please email Connect for Health Colorado at coverco@c4hco.com.

Q. How should assisters get customer approval on the customer authorization form? For assisters who are working 100 percent remotely, are they able to have the customer verbally give consent?

A. Connect for Health Colorado is working on finalizing guidance and the Assistance Network will be in touch with more information soon.

CKF Updates

CKF's updated [Roles in Outreach and Enrollment document](#) includes information on the new Eligibility Application Partner (EAP) sites, among other certification types. Current EAP sites were previously Medical Assistance sites and currently process Health First Colorado and CHP+ applications and determine eligibility in Colorado Benefits Management System (CBMS). In the future, EAP sites will use CBMS for initial applications and PEAKPro for ongoing case management.

HCPF released enrollment in the third quarter of 2020 which including a large decrease in CHP+ child enrollment and a steady increase in Health First Colorado enrollment. CKF will share additional information at the next meeting.

Next meeting: November 20, 2020