



COVID-19 Policy and Program Updates for Health Coverage Programs

Health First Colorado and Child Health Plan <i>Plus</i>	2
Timeline.....	2
Applications and Enrollment	3
Eligibility	3
Reopened Cases.....	4
Program Payments and Requirements	4
Costs and Services.....	5
Appeals	5
Connect for Health Colorado	5
Eligibility and Enrollment	5
Services and Costs.....	6
Colorado Indigent Care Program	6
Application.....	6
Eligibility	7
Services and Costs.....	7
Uninsured Coloradans	7
Limited COVID-19 Testing.....	7
Emergency Medicaid	8
Division of Insurance	9
CKF COVID-19 Income Reference Guide	11
References and Additional Information	12

The following information was collected by CKF staff and will be updated regularly. This is not intended to provide legal advice.

New or updated information is indicated in teal.

Health First Colorado and Child Health Plan *Plus*

Timeline

On January 27, 2020, the Secretary of Health and Human Services first declared a public health emergency (PHE). The PHE has since been renewed and is currently scheduled to expire on July 24, 2020. HHS has indicated that the PHE will be renewed again for the usual 90-day period, extending the PHE until October 21, 2020.

The Families First Coronavirus Response Act (FFCRA) created an enhanced 6.2% federal funding match (called FMAP) for states and outlined certain requirements that states must abide by to receive this funding. The enhanced federal funding is available through the end of the quarter in which the PHE ends. This means that if the PHE were to end on October 21, the FMAP would be available through December 31, 2020.

To receive the enhanced FMAP, states must abide by several requirements established by FFCRA:

- Through the end of the month when the PHE ends states must:
 - Not terminate Medicaid members who were enrolled at the start of the PHE or enroll during the PHE, unless the member voluntarily terminates eligibility or moves out of state (Called 'Continuous Eligibility' requirement)
 - For example, if an individual was enrolled in Medicaid on March 18, 2020 and then gets a new job with a higher income that would typically make them ineligible for Medicaid – that person's coverage must not be terminated during this time.
- Through the end of the calendar quarter when the PHE ends states must:
 - Maintain eligibility standards that are "no more restrictive than what the state had in place as of January 1, 2020" (Called 'Maintenance of Effort' requirement)
 - For example, a state could put in a less restrictive policy, such as easing the verification requirements or streamlining the application process.
 - Not charge higher premiums than what was in place on January 1, 2020
 - Cover COVID-19 testing, services, and treatments without cost-sharing

Therefore, if the PHE were to end on October 21, the enhanced federal match would be available to states until December 31, while Continuous Eligibility requirement would end on October 31.

The federal government has indicated that it will soon give states guidance about expectations regarding how they should process changes in circumstances, renewals, and other actions at the end of the PHE, recognizing the large backlog of cases that many states are experiencing and the time it will take to work through them.

Applications and Enrollment

- Many counties have closed or limited in-person contact or have switched to entirely remote operations. Updated information is available [here](#). The Colorado Department of Health Care Policy and Financing (HCPF) encourages applicants to use PEAK because of county closures.
- Temporarily, through the public health emergency, applicants can self-attest to income, resources, and unearned income for non-MAGI population. Documents are still required for citizenship, immigration status, and social security number.
- HCPF is working with the Centers for Medicare and Medicaid Services (CMS) on guidance for waiving signature requirements for applicants. For now, original signatures are still required on applications.

Eligibility

- As of March 18, 2020, members are locked-into coverage for the duration of the COVID-19 public health emergency. This lock-in, or continuous eligibility (CE), applies to all members enrolled in Medical Assistance on March 1, 2020.
 - Members affected by the mismatch between the Colorado Benefits Management System (CBMS) and interChange, the provider billing portal, whose coverage was scheduled to end on March 30, 2020, were also locked into coverage for the duration of the public health emergency.
 - The following groups will not receive CE:
 - i. Pregnant people enrolled in Child Health Plan *Plus* (CHP+) will be disenrolled from benefits after 60 days post-partum.
 - 1. Note: Pregnant people enrolled in Health First Colorado (Colorado's Medicaid Program) will not be disenrolled after 60-days postpartum. Members will remain in the pregnancy category unless they are eligible for a higher benefit category.
 - ii. Children enrolled in CHP+ who turn 19 during the public health emergency. Those individuals will be disenrolled upon turning 19.
 - For members who turn 65 during the CE period and become eligible for Medicare:
 - i. States can transition members to a Medicare eligibility group if the benefits provided are equivalent or better. However, if the benefit from Medicare would be less exhaustive than what the member is currently receiving from Medicaid, the state must continue to provide the more robust benefit for the period of the public health emergency.
 - ii. [Members can sign up for Medicare Beneficiary Program \(QMB\) through the following process:](#)
 - 1. [Assisters should call the member's county of residence and request that they submit a help desk ticket to add the Qualified QMB as a secondary payer for the members. When speaking with county staff, assisters must reference \[Desk Aid: CBMS Project 14101\]\(#\).](#)

2. The member's Medicare premiums will be paid going forward and members can receive refunds for their previous Medicare premium payments.
 3. Questions should be directed to Sharon Brydon, Sharon.brydon@state.co.us.
- Even though members cannot be disenrolled during this period, eligible members can still move to a higher eligibility category.
 - Income:
 - Stimulus checks (up to \$1,200 per adult and \$500 per child) are not counted as income.
 - State unemployment insurance payments are counted as income.
 - Federal Pandemic Unemployment Compensation (\$600/week) is not counted as income.

For more information, see [CKF's COVID-19 Income Reference Guide](#).

- Renewals and Income Checks:
 - HCPF will continue to conduct renewals and quarterly income checks electronically connected to the Colorado Department of Labor and Employment (i.e. Income Eligibility Verification System [IEVS] income reasonable compatibility checks) during this time, and members will continue to receive discrepancy notices, but will not disenroll members due to findings.
 - Conducting these checks ensures that Colorado Department of Human Services, which shares CBMS with HCPF, receives necessary income information and allows HCPF to check for members who may be eligible for a higher-level eligibility program.

Reopened Cases

- Members who received termination letters after March 18, 2020, received a speed letter stating that their benefits are reinstated. On April 5, 2020, HCPF implemented system changes to lock-in members to coverage.
 - Cases were reopened on April 12 for members whose cases were authorized between February 19 through March 17 and scheduled to close on March 31, 2020. Members received a [Coverage Reopen](#) letter by mail and in the member's PEAK mail center.
 - Cases were reopened on April 4 for members whose cases were authorized on or after March 22 and scheduled to close on April 30. Members received a [Coverage Reopen](#) letter by mail and in the member's PEAK mail center.
- Members were reinstated into their previous benefit category unless they are determined eligible for a higher benefit category.

Program Payments and Requirements

- CHP+ Fees:
 - Annual enrollment fees are waived for current CHP+ members who are renewing coverage. Members who mailed in a check will receive a check in the mail as reimbursement.

- Enrollment fees are still required for new CHP+ members.
- Members will be required to pay all retroactive one-time CHP+ fees at the end of the public health emergency.
- Medicaid Buy-In Programs:
 - Monthly premium payments are set to \$0 and outstanding payments will be waived for Medicaid Buy-in Working Adult with Disabilities (WAwD) and Children with Disabilities program members. Members who are enrolled in auto-payments for premiums received a speed letter from HCPF informing them that they can end that auto-payment. If members do make premiums payments, that payment will be credited towards premium payments once the state of emergency ends or the member can ask for a refund.
 - Work requirements are waived for current WAwD members. New WAwD members need to satisfy the work requirements at the time of application. However, once they are enrolled, the CE applies and they will not be disenrolled for not meeting the work requirements.
 - Cases will not be closed for non-payment of premiums or outstanding balances.
- Members will not be asked to pay payments for the months during the public health emergency later on.

Costs and Services

- No co-pays are required for COVID-19 testing, including antibody tests for Health First Colorado and CHP+ members.
- No co-pays are required for COVID-19 treatment for Health First Colorado members.
- Expanded telemedicine policy to allow for telephone only and live chat modalities.

Appeals

- Extended time for members to file an appeal (more information forthcoming).

Connect for Health Colorado

Eligibility and Enrollment

- Opened a Special Enrollment period from March 19, 2020 through April 30, 2020. Individuals who enrolled by April 3 had coverage begin on April 1 and those who enroll after will have coverage begin on May 1.
- Income:
 - Stimulus checks (up to \$1,200 per adult and \$500 per child) are not counted as income.
 - State unemployment insurance payments are counted as income,
 - Federal Pandemic Unemployment Compensation (\$600/week) insurance is counted as income.

- For more information, see [CKF's COVID-19 Income Reference Guide](#).
- Due to how the Federal Pandemic Unemployment Compensation is counted differently for Connect for Health Colorado and Health First Colorado, there are some people who will be eligible for both programs. These are generally individuals whose income was at 230 percent Federal Poverty Line before unemployment. The Connect for Health Colorado application questions help identify this population and refer them to the PEAK application.
- Additional information from Connect for Health Colorado is available [here](#).
- On April 6, Connect for Health Colorado suspended requests for income and other verification documents, with the exception of documents proving identity, citizenship, and lawful presence. Consumers who receive requests for documents after this date should still submit documents, as verification may be requested in the future.

Services and Costs

- Emergency Regulations from the Division of Insurance require the following for all Connect for Health Colorado plans. Directives are in effect for 120 days following date of publication.
 - No cost-sharing for telehealth for COVID-19 treatment ([20-E-01](#) and [20-E-05](#)).
 - No cost-sharing for COVID-19 testing and treatment for consumers who meet the Colorado Department of Public Health and Environment criteria for testing ([20-E-01](#)).
 - Out-of-network testing for COVID-19 is covered when in-network is unavailable ([20-E-05](#) and [20-E-07](#)).

Colorado Indigent Care Program

Application

- Until **midnight July 31, 2020**, for signatures, applicants can,
 - Sign and return an application via mail, email or fax. Pictures of signed documents that are emailed can be accepted as long as the information is legible.
 - Agree to an income rating via email if the applicant can receive and send email but cannot print the application to sign.
 - Verbally verify the application, determination, and rating over the phone. This is only to be used for clients who cannot access an email or printer or cannot sign an application in-person.
- Until **midnight July 31, 2020**, applicants can verify lawful presence through the methods above but must still provide documentation proving lawful presence. Applicants can email copies or pictures of the documents.
 - Applicants cannot use expired IDs. Applicants who are U.S. citizens can attest to lawful presence or provide another form of proof. Applicants who are not U.S. citizens must provide another form of proof.

- Applicants must still provide income documentation via email, mail, or fax.
- Providers can complete emergency applications for applicants who were seen in the emergency room up to two business days after the patient was seen or discharged.
- Providers can extend the 15-day deadline for applicants to send in additional documentation for clients submitting documents or returning signatures through the mail.

Eligibility

- Income:
 - Stimulus checks (up to \$1,200 per adult and \$500 per child) are not counted as income.
 - State unemployed insurance payments are counted as income
 - Federal Pandemic Unemployment Compensation (\$600/week) is not counted as income.
For more information, see [CKF's COVID-19 Income Reference Guide](#).
 - HCPF recommends waiting to screen an applicant for CICIP until after they receive an unemployment determination. Visits during this period can be covered by the typical 90-day backdate.
 - Income from a previous month should not be counted if the applicant is currently receiving unemployment insurance. However, if the applicant will receive a final paycheck from a previous job in the month they are applying, that income should be counted.
- End Dates: Providers can extend clients' CICIP rating by 60 days if the client's rating expires on or before May 31, 2020.

Services and Costs

- Providers can discount telehealth visits and create a lower co-pay or waive co-pays for telehealth visits. Providers must inform HCPF of these changes.
- HCPF is not changing co-pay amounts, but providers can lower co-pays for all CICIP services. Providers must inform HCPF of these changes.

Uninsured Coloradans

Limited COVID-19 Testing

- Timeline:
 - On April 5, HCPF began providing coverage for COVID-19 testing to uninsured Coloradans who are not eligible for Health First Colorado or CHP+ and indicate that they have been affected by COVID-19. This included all individuals regardless of income, age, or immigration status.

- HCPF later received guidance CMS that people without proper documentation for lawful presence are not eligible for this benefit.
- On April 26, HCPF implemented a new project to update the benefit in accordance with CMS's guidance. HCPF re-ran eligibility for all applicants who were originally determined eligible and retroactively closed the cases of people who should not have been determined eligible (people without proper documentation).
- Eligibility:
 - Uninsured Coloradans who are lawfully present and are not eligible for Health First Colorado or CHP+ and who indicate that they have been impacted by COVID-19.
 - Eligible Coloradans who were already tested and billed for the COVID-19 test can apply to have the bill covered under Medicaid's 90-day retroactive coverage period. However, individuals who have already paid for the test out-of-pocket cannot be reimbursed as Medicaid prohibits direct reimbursement to individuals.
- Application:
 - Applicants will indicate the need for limited testing benefits through the following questions that were added to the paper application, PEAK, PEAK mobile, and PEAKHealth (for newborn children only):
 - Have you been impacted through exposure to or potential infection of COVID-19?
 - Do you have health insurance or coverage for healthcare?
 - Do you or did you need health care for COVID-19 testing, treatment, or complications related to COVID-19?
 - Applicants must apply and receive a denial for Health First Colorado. All Medical Assistance denials and terminations should prompt evaluation of the benefit except for when the individual is denied or terminated for one of the following reasons: ancillary member, not in home, deceased, not a Colorado resident, incarceration, dual participation, or failure to pay CHP+ enrollment fee.
 - Applicants can apply through PEAK with the regular application or through an additional downloadable worksheet that is added to the paper application. This worksheet is currently available in English and will be translated into Spanish soon. In the meantime, clients can submit a Spanish application and English supplemental worksheet, if that is their preference.
 - HCPF is branding and attaching those questions to the application itself so the worksheet will automatically be opened with the application.
- Services: Clients can receive free COVID-19 testing with no co-pays, including antibody testing. The benefit does not cover COVID-19-related treatment.

Emergency Medicaid

Emergency Medicaid remains available to cover services for uninsured Coloradans, regardless of immigration status, who are in a "life or limb threatening emergency." People receiving

Emergency Medicaid do not receive CE and so are not locked-in the benefits following treatment for that “life or limb” emergency.

- Eligibility:
 - Individuals who meet all the criteria for Health First Colorado (e.g. income, age, residency) except for citizenship are eligible for Emergency Medicaid. This includes people without documentation, adult legal permanent residents (‘Green Card’ holders) who have not reached the 5-year bar, DACA recipients and adults in other statuses that are not eligible for Health First Colorado.
- Application:
 - Individuals without documentation should apply on PEAK. When completing the *Citizenship* section, applicants should select *Undocumented Alien* under *Non-Citizenship Status*. That will prompt the applicant to answer the following question:
“Did [applicant name] experience a life or limb-threatening emergency in the past four months? If so, please tell us which month(s).”
 - Individuals with other non-citizenship statuses should apply via the paper application by completing the *Non-Citizen Details*.
 - For COVID-19 treatment, the application will be available during or after the emergency services are provided. The application must be supplemented by a written statement or claim form in which the physician describes the treatment and how it fulfills the criteria of an emergency medical condition.
- Services: Emergency Medicaid covers services from the previous three months of the date of application.
 - Specifically, for COVID-19, Emergency Medicaid will cover the following,
 - Inpatient hospital admissions
 - Outpatient care following a hospital admission such as,
 - COVID-19 testing,
 - Two primary care visits, in person or via telemedicine,
 - Oxygen and other respiratory therapy or non-invasive ventilation or supplemental oxygen provided by positive or negative pressure, without intubation.

Division of Insurance

It is important to note that the following regulations only apply to plans regulated by the Division of Insurance (DOI). The DOI regulates health plans, including in the individual, small employer group, and large employer group market, and excluding self-funded funded (ERISA) plans, which encompasses many employer-sponsored plans.

- DOI directed insurance carriers to provide reasonable accommodations for consumers who cannot pay premium payments in full or on-time during the COVID-19 public health emergency. Reasonable accommodations include not disenrolling due to lack of

payment and working with the consumer to pay previously owed premiums after the end of the COVID-19 public health emergency.

- COVID-19 is considered an emergency medical condition for consumers with documented or presumed positive cases of COVID-19. Carriers cannot require cost sharing for testing that is done in an out-of-network lab. Cost sharing can also not be required for testing from any in-network provider. COVID out-of-network treatment will be reimbursed by carrier and prior authorization requirements are suspended.
- Expanded reimbursement for telehealth services. Cost-sharing requirements are still required, except for COVID-19 treatment for in-network telehealth services.

CKF COVID-19 Income Reference Guide

The following provides an overview of the COVID-19 CARES Act relief policies and income calculations for eligibility determinations.

Applicants and members should report payments as income in the “Other Income Detail” page on PEAK. When reporting income for a redetermination, members should select the payments received under the Unemployment Insurance Benefit Category.

	Included in income for Health First Colorado, CHP+, and CICP eligibility?	Included in income for Connect for Health Colorado APTC eligibility?
Stimulus Checks (up to \$1,200 per adult and \$500 per child)	No	No
Unemployment insurance (UI)		
- State UI	Yes	Yes
- Pandemic Unemployment Assistance Payments (PUA) <ul style="list-style-type: none"> o Provides unemployment benefits, up to 39 weeks to individuals not usually eligibility for UI, such as for self-employed workers, gig workers, and independent contractors and individuals who are not eligible for other UI o 55% of average weekly salary per week, up to \$618/week 	Yes	Yes
- Federal Pandemic Unemployment Compensation (FPUC) <ul style="list-style-type: none"> o Provides additional payment for individuals eligible for any UI programs (i.e. regular UI and PUA) o \$600 per week available from 3/29/2020 – 7/31/2020 	No	Yes
- Pandemic Emergency Unemployment Compensation (PEUC) <ul style="list-style-type: none"> o Provides an additional 13 weeks of UI beyond the regular 26 weeks o 55% of average weekly salary per week, up to \$618/weeks. Extends UI benefits for an extra 13 weeks after regular UI benefits are exhausted 	Yes	Yes

Additional Resources:

- HCPF’s Staff Development Center [Economic Stimulus Infographic](#)
- PEAK [Economic Impact Payments & Benefits FAQ](#) and [Pandemic Unemployment & Benefits FAQ](#)

References and Additional Information:

- Health First Colorado and CHP+:
 - [HCPF, PM 20-004 COVID-19 Continuous Enrollment for Existing Medical Assistance Members](#)
 - [HCPF, Telemedicine – Provider Information](#)
 - [HCPF, COVID-19 Information for Health First Colorado and CHP+ Providers and Case Managers](#)
 - [Colorado State Plan Amendment 20-0012](#)
 - [Colorado State Plan Amendment, CO-20-0031](#)
- Connect for Health Colorado:
 - [DOI, Emergency Regulation 20-E-02, Concerning Establishing a COVID-19 Related Special Enrollment Period for Enrollment in an Individual Health Benefit Plan](#)
 - [DOI, Emergency Regulation 20-E-06, Concerning Establishing a COVID-19 Related Special Enrollment Period for Enrollment in an Individual Health Benefit Plan](#)
- CICIP: [HCPF, COVID-19 Information for Health First Colorado and CHP+ Providers and Case Managers](#)
- Uninsured Coloradans:
 - [Kaiser Family Foundation, Key Questions About the New Medicaid Eligibility Pathways for Uninsured Coronavirus Testing](#)
 - [PEAK COVID-19 Updates](#)
 - [Last Week in Review - 2019 Novel Coronavirus \(COVID-19\) Updates 5-22-2020](#)
- Division of Insurance:
 - [DOI, Bulletin No. B-4. 108, Policy Directives for COVID-19 Testing During the COVID-19 Public Health Emergency](#)
 - [DOI, Bulletin No. B-4. 107, Policy Directives for Continuation of Individual Health Insurance Coverage during the COVID-19 Public Health Emergency](#)
 - [DOI, Emergency Regulation 20-E-01, Concerning Coverage and Cost Sharing Requirements for Commercial Insurance Market Coverage of COVID-19 Claims](#)
 - [DOI, Emergency Regulation 20-E-05, Concerning Coverage and Reimbursement for Telehealth Services During the COVID-19 Disaster Emergency](#)
 - [DOI, FAQs on COVID-19 Telehealth Services](#)
 - [DOI, Emergency Regulation 20-E-07, Concerning Coverage and Reimbursement for COVID-19 Treatment During the COVID-19 Disaster Emergency](#)