COVID-19 Policy and Program Updates for Health Coverage Programs

Health First Colorado and Child Health Plan Plus .................................................. 2
  Timeline .................................................................................................................. 2
  Applications and Enrollment .................................................................................. 3
  Eligibility .................................................................................................................. 3
  Reopened Cases ...................................................................................................... 5
  Program Payments and Requirements .................................................................. 5
  Costs and Services ................................................................................................. 5
Connect for Health Colorado ................................................................................. 8
  Eligibility and Enrollment ..................................................................................... 8
Colorado Indigent Care Program ........................................................................ 9
  Application ............................................................................................................. 9
  Eligibility ............................................................................................................... 9
  Services and Costs ............................................................................................... 9
Uninsured Coloradans ......................................................................................... 11
  Emergency Medicaid .......................................................................................... 11
COVID-19 Income Reference Guide ................................................................... 12
References and Additional Information ............................................................... 13

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.

Updated November 2022
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). HHS most recently renewed the PHE until January 11, 2023. The Administration told states that they would give 60 days notice before the PHE ends. Since the 60 day deadline passed for the January end-date, it is likely that the PHE will be extended until at least April 11, 2023.

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 in April, the FMAP would be available through June 30, 2023.

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 31, 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 in January, the enhanced federal match would be available to states until April 30, while Continuous Eligibility requirement would end on January 31.

In March 2022, the Centers for Medicare and Medicaid Services (CMS) released updated guidance for states about expectations regarding how they restore routine operations when the PHE ends, including distributing renewals across a 14 month period. In addition, CMS provided recommendations for mitigating churn and temporary flexibilities states may use to ease the burden on members during the unwind.
Applications and Enrollment

- Many counties have limited in-person contact or have switched to entirely remote operations. The Colorado Department of Health Care Policy and Financing (HCPF) encourages applicants to use PEAK because of county closures.
- As of January 6, 2021, assisters at Eligibility Application Partner Sites, Presumptive Eligibility Sites, and Certified Application Assistance Sites can help clients complete applications for Medical Assistance remotely. Assisters can sign Medical Assistance applications on behalf of applicants as a Limited Authorized Representative. Applicants are required to complete the Acknowledgement of Receipt of Verbal Consent form (available in English and Spanish) and attach it to their application. This policy is only in place during the COVID-19 PHE. See HCPF PM 21-001, Remote Application Assistance for more information. This flexibility is only available during the PHE and will end when the PHE ends.
- Temporarily, through the PHE, 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. This requirement was suspended through Executive Order D 2021 122, Colorado COVID-19 Disaster Recovery Order and extended through Executive Order D 2022-003.

Eligibility

- As of March 18, 2020, members are locked-into coverage for the duration of the COVID-19 PHE. 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 PHE.
  - The following groups will not receive CE:
    i. Pregnant people enrolled in Child Health Plan Plus (CHP+) will be disenrolled from benefits after 12 months postpartum.
      1. Note: Pregnant people enrolled in Health First Colorado (Colorado’s Medicaid program) will not be disenrolled after 12 months 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 PHE. Those individuals will be disenrolled upon turning 19.
  - For members who turn 65 during the CE period and become eligible for Medicare:
    i. Beginning January 1, 2023, members who missed their Medicare enrollment period are eligible for a special enrollment period (SEP) to enroll after their Medicaid benefits end. Through the SEP, individuals can choose between retroactive coverage back to the date of Medicaid disenrollment, but no earlier than January 1, 2023, or coverage beginning...
the month after enrollment. Individuals who enroll in Medicare using this SEP will not be subject to penalties for late enrollment in Medicare. This change was codified in CMS-4199.

ii. 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 PHE.

iii. Members can stay enrolled in Medicaid and enroll in Medicare during the PHE if they are not eligible for another full-benefit Medicaid program or a Medicare Savings Program. This was clarified in the CMS-9912 Interim Final Rule and the CMS COVID-19 Medicaid & CHIP All State Call on November 17, 2020.

iv. 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: For more information, see COVID-19 Income Reference Guide on page 14.
  o Stimulus checks are not counted as income. Stimulus checks are not counted as resources for programs with resource checks for the first 12 months. After 12 months, the payment will be considered a countable resource.
  o State unemployment insurance payments are counted as income.
  o Federal Pandemic Unemployment Compensation is not counted as income.

• Renewals and Income Checks:
  o HCPF will continue to conduct renewals and income checks electronically and members will continue to receive discrepancy notices but HCPF will not disenroll members due to findings.
  o As of June 2021, HCPF began utilizing the Federal Data Services Hub and Equifax The Work Number to verify income during application and renewal using real-time data.
  o HCPF will use the Colorado Department of Labor and Employment Income Eligibility Verification System (IEVS) data when information is not available from the two other data sources.
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, 2020, for members whose cases were authorized between February 19 through March 17, 2020, 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, 2020, for members whose cases were authorized on or after March 22, 2020, and scheduled to close on April 30, 2020. 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:
  - As of July 1, 2022, there is no longer an enrollment fee to enroll in or renew CHP+ coverage. Before this change, during the PHE, annual enrollment fees were waived for existing CHP+ members but required for new CHP+ members.
- 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.
- In the future, members will not be asked to pay payments for the months during the PHE. Premiums will continue to be suspended throughout the unwinding period.

Costs and Services

- COVID-19 testing, treatment, and COVID-19 vaccines are free for Health First Colorado and CHP+ members without cost-sharing. This is required by the American Rescue Plan
Act (ARPA) through the end of the first calendar year quarter, one year after the end of the PHE. This means that if the PHE ends in January 2023, this requirement will continue through the end of the second quarter of 2024.

- Expanded telemedicine policy to allow for telephone only and live chat modalities.

**Unwinding the PHE: Renewals and Verification of Self Attested Information**

*Note: The following is the plan as presented by HCPF on November 16, 2022, and is subject to change based on further guidance from CMS.*

**Renewals:**

- During the PHE, HCPF is keeping a list of members who are determined to no longer be eligible, often called the 'lock-in list.' These are members who are locked-into coverage during the PHE due to the CE requirement, despite being determined ineligible for benefits. Reasons for ineligibility could include being over-income, not returning verification requests, or having returned mail. As of November 2022, there are over 775,000 members in the continuous coverage group. This is in contrast to ‘active’ members who have completed their most recent renewal process and were determined eligible for ongoing benefits. HCPF estimates that of the 775,000 locked-in members, approximately 315,000 will no longer be eligible once the PHE ends.
- At the end of the PHE, HCPF will renew all members according to their original renewal month. For example, a member who enrolled in March 2021, would have a renewal month of March, and would be renewed in March following the end of the PHE. If the PHE ends in April 2023, this member would be renewed in March 2024.
- HCPF will first assess eligibility using information that is electronically available through FDSH, Equifax The Work Number, and data on file from other programs, also called ex-parte. Members determined eligible will receive a Notice of Action (NOA) with information of their continued benefits. Members renewed ex-parte do not have to take any action to maintain benefits.
- Members who cannot be renewed ex-parte or whose information indicates that at least one member of the household may be ineligible will be sent a renewal packet to complete, sign, and return. The renewal packet will be pre-populated with information from the member’s case or other electronic databases. In February 2022, HCPF implemented federal requirements that members sign renewal packets. Signatures can be submitted via paper on the renewal packet, electronically via PEAK, or virtually to the county beginning in March 2023. Members can mail back the paper packet, or complete their renewal on PEAK or the Health First Colorado app.
- Members will receive a NOA of approval or denial after their renewal is processed, and do not need to return the notices. It is recommended for members to update incorrect information on their account, including addresses and phone numbers.

**Acting on Reported Changes in Circumstances:**

CMS requires states to conduct a renewal for all members when the PHE ends. In Colorado, this process is different for active members and those in the continuous coverage group. Active members who report a change in circumstances after the PHE ends, may be
terminated from coverage or moved to another benefit category based on their current eligibility status. Continuous coverage members who report a change in circumstances after the PHE ends must be kept onto coverage until their next renewal period, even if the change in circumstances indicates that the member is not eligible for benefits.

Verifications of Self-Attested Information:

All members who self-attested to information (SSN, income, and resources) will be required to verify this information at the end of the PHE. Members who are locked-in will do so on their renewal.
Connect for Health Colorado

Eligibility and Enrollment

- **Special 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.
  - Opened a Special Enrollment period from February 8, 2021, through August 15, 2021.
  - Opened a Special Enrollment period from January 16, 2021, through March 16, 2022.

- **Income:** For more information, see [COVID-19 Income Reference Guide on page 12](#).
  - Stimulus checks are **not** counted as income.
  - State unemployment insurance payments are counted as income.
  - Federal Pandemic Unemployment Compensation insurance is counted as income.
  - 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% 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, 2020, Connect for Health Colorado suspended requests for income and other verification documents, with the exception of documents proving identity, citizenship, and lawful presence. Customers who receive requests for documents after this date should still submit documents, as verification may be requested in the future.
Colorado Indigent Care Program

Application

- Until midnight July 31, 2023, 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, 2023, 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: For more information, see COVID-19 Income Reference Guide on page 12.
  - Stimulus checks are not counted as income.
  - State unemployed insurance payments are counted as income
  - Federal Pandemic Unemployment Compensation is not counted as income.
  - 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’ CICP rating to July 31, 2023 if the client’s rating expires between March 24, 2020, and June 30, 2023. For clients whose rates expire in the month of July 2023, their end dates can be extended to August 31, 2023.

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 CICP services. Providers must inform HCPF of these changes.
Uninsured Coloradans

Emergency Medicaid
Emergency Medicaid remains available to cover services for Coloradans, regardless of immigration status, who are in a “life or limb threatening 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 can apply on PEAK, the paper application, or telephone by completing the full application and answering the following question: “Applicants who are not a U.S. citizen, or legal resident for at least 5 years, cannot receive full Medicaid benefits, but they may qualify for Emergency Medicaid and Reproductive Benefits. Emergency Medicaid and Reproductive Benefits can cover life-threatening emergencies, labor and delivery for pregnant people, and birth control. Does this person want to apply for Emergency Medicaid and Reproductive Benefits?”

- 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.

More information about Emergency Medicaid is available in CKF’s Emergency Medicaid Overview: Emergency Services for Certain Non-Citizens resource.
COVID-19 Income Reference Guide

The following provides an overview of the COVID-19 CARES Act, Continuing Assistance Act, and ARPA 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.

<table>
<thead>
<tr>
<th>Stimulus Checks</th>
<th>Included in income for Health First Colorado, CHP+, and CICP eligibility?</th>
<th>Included in income for Connect for Health Colorado APTC eligibility?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unemployment insurance (UI)</strong></td>
<td></td>
<td></td>
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<tr>
<td>- State UI</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>- Pandemic Unemployment Assistance Payments (PUA)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>o Provided unemployment benefits 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</td>
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</tr>
<tr>
<td>o Available for a total of 79 weeks</td>
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<tr>
<td>- Federal Pandemic Unemployment Compensation (FPUC)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>o Provided additional payment for individuals eligible for any UI programs (i.e., regular UI and PUA)</td>
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<tr>
<td>o Additional $600/week from March 29, 2020 – July 31, 2020, and $300/week from December 26, 2020 - September 6, 2021</td>
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<tr>
<td>- Pandemic Emergency Unemployment Compensation (PEUC)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>o Provided an additional 24 weeks of UI beyond the regular 26 weeks</td>
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<tr>
<td><strong>Child Tax Credit</strong></td>
<td>No</td>
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<tr>
<td>- Advance Child Tax Credit</td>
<td>No</td>
<td></td>
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<tr>
<td>o Provided up to $300/month for each child under 6 and up to $250/month for each child 6 to 17</td>
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<tr>
<td>o Available July 1, 2021 to December 31, 2021</td>
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<tr>
<td>- Colorado Cash Back TABOR Refund</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Additional Resources:

- Colorado Department of Labor and Employment Extended Benefits Programs
- 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
  - Georgetown University Health Policy Institute – Center for Children and Families, American Rescue Plan Act: Health Coverage Provisions Explained
  - PEAK Modernization, RMC/RRR, and 2021 COVID-19 Projects Presentation

- Connect for Health Colorado
  - DOI, Emergency Regulation 20-E-06, Concerning Establishing a COVID-19 Related Special Enrollment Period for Enrollment in an Individual Health Benefit Plan
  - DOI, Emergency Regulation 21-E-07, Concerning Establishing a Special Enrollment Period for Enrollment in an Individual Health Benefit Plan
  - DOI, Emergency Regulation 22-E-03, Concerning Establishing a Special Enrollment Period for Enrollment in an Individual Health Plan

- CICP: 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, Emergency Regulation 21-E-06, Concerning Coverage and Reimbursement for COVID-19 Treatment and Vaccines During the COVID-19 Disaster Emergency
  - DOI, FAQs on COVID-19 Telehealth Services
  - DOI, Emergency Regulation 22-E-12, Concerning Coverage and Reimbursement for COVID-19 Vaccines During the COVID-19 Recovery