



POLICY MEMO

TITLE:	COVID-19 CONTINUOUS ENROLLMENT FOR EXISTING MEDICAL ASSISTANCE MEMBERS
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	MARCH 18, 2020
DIVISION AND OFFICE:	MEDICAID OPERATIONS OFFICE
PROGRAM AREA:	ELIGIBILITY POLICY
KEY WORDS:	COVID-19, CONTINUOUS ENROLLMENT, PUBLIC HEALTH EMERGENCY, MEDICAID, CHP+, ELIGIBILITY
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APPROVED BY: KIM BIMESTEFER	

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Purpose and Audience:

The purpose for this policy memo is to communicate to Eligibility sites about Continuous Enrollment due to the Coronavirus (COVID-19) public health emergency.

Information:

The Families First Coronavirus Response Act mandates the Department to maintain coverage for existing Medical Assistance members, with the exceptions of: voluntary termination, not a Colorado resident, or death.

Effective March 18, 2020, members who are enrolled in Health First Colorado programs will continue to receive coverage until the COVID-19 public health emergency ends. Members who are enrolled in Child Health Plan *Plus* (CHP+), will need to meet age requirements and coverage will end on the last day of the month of their 60-day postpartum. The Department will communicate all changes regarding the end of the public health emergency to eligibility sites and members once available.

Procedure:

Continuous Coverage

The Colorado Benefits Management System (CBMS) re-ran and reopened cases that were scheduled to terminate in March and April 2020. Members who received a termination

notice for the months of March and April 2020 have been sent a speed letter informing them that their cases have been reopened, and coverage will continue until the public health emergency ends.

Newly enrolled and existing members receiving Medical Assistance will automatically be "locked-in" and will receive continuous enrollment until the public health emergency ends.

CHP+ and Buy-In Programs

New applicants who are eligible for the CHP+ program, must pay their initial annual enrollment fee on time. If payment is not made, eligible applicant(s) will not get approved. Annual enrollment fees will be suspended for existing CHP+ members until the emergency period ends.

The monthly premium for the Health First Colorado Buy-in Programs Working Adults with Disabilities (WAWD) and the Children's Buy-In with Disabilities (CBwD) has been temporarily waived. Members enrolled have the option to continue to pay the monthly premium amount. If the monthly premium is not paid, member's coverage will not be terminated. Members who do not meet the working requirements for WAWD will not be disenrolled if they become unemployed.

Frequently Asked Questions:

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Question	Answer
Continuous Enrollment ("Lock-in")	
If a member is enrolled within the CHP+ pregnancy category, will their coverage continue after 60-day postpartum period?	No, coverage will end on the last day of the month of their 60-day postpartum.
After 60-day postpartum, will a member enrolled in the Medicaid pregnancy category remain enrolled, or will they be redetermined for a different category?	Member will remain on pregnancy category unless eligible for a higher benefit category.
Will ongoing members who are "locked-in" be informed that their benefits are continuing during the public health emergency?	The Department has implemented a notice for all members who are "locked-in" so they know they are covered until the end of the public health emergency.
How will providers know that members are still eligible for benefits?	Members' eligibility will continue to show as active and open within the provider portal.
Does this apply to individuals who were part of the CBMS/iC mismatch issue and were set to be disenrolled as of 3/31/2020?	Yes, this will apply to these individuals as well. The action to comply with the CMS corrective action has been postponed by CMS until the end of the public health emergency.
Is there a date on which members will no longer be "locked-in"?	The "locked-in" date will end at some point in the future. At present, we understand the earliest end date will be September 30,

	2020. We will keep you informed as we know more.
Will case changes, redeterminations, and verifications continue to be worked?	Yes, all case changes, redeterminations, and verifications should continue to be worked. Members who are approved should continue their appropriate eligibility category. Members are also eligible to move into a better benefit category if the changes indicate they are eligible.
Reopened Cases	
If a case terminated on March 31, will those cases be reopened?	<p>Yes, cases authorized on or after March 18th or prior to March 22nd, were reopened on 3/27/2020. Please see the "Benefit Continuation Letter" sent to these members.</p> <p>Cases authorized between 2/19 through 3/17 with a 3/31/2020 termination date were reopened on 4/12/2020. Please see the "Coverage Reopen" letter sent to these members.</p> <p>The notices sent to members are also available in CBMS and member's PEAK mail center.</p>
What happens if there are member(s) who were terminated, but the case was not closed because other household members remained active on medical assistance?	All members who were terminated during the month of March will have their eligibility reopened regardless if other members were already active on medical assistance
Will cases with an eligibility end date of April 30, 2020, get reopened?	Yes, cases that were authorized on or after 3/22/2020, with an end date of 4/30/2020, were reopened and had their eligibility reinstated on 4/5/2020. Please see the "Coverage Reopen" letter sent to these members.
Will cases that were closed due to fraud be reopened?	We are currently consulting with CMS about this. To date, we have not terminated these individuals. CMS only provided the following exceptions: voluntary termination; not a Colorado resident; incarceration, when applicable; or death. Please proceed with your fraud investigations as you would otherwise.
Will the member be reinstated into the same Medical Assistance program they were terminated from?	<p>Yes, members will be reinstated into the same medical assistance program they were terminated from. If new information is provided that makes them eligible for a higher benefit category, they will be placed on the highest benefit category.</p> <p>For example, if an individual is eligible for a higher benefit category from MAGI Adult to</p>

	Long Term Care, then they will be placed in Long Term Care as per existing functionality.
As an eligibility worker, how will I know if a case was reopened during the public health emergency period?	A case comment will be generated and will read: COVID-19 force pass due to public health emergency.
Will all Medical Assistance categories be re-run if the member was terminated?	All Medical Assistance members were reopened if terminated during the months of March and April.
Will members who were terminated in March and April be informed that their case was reopened?	Yes, members will receive a speed letter letting them know their case was reopened due to the public health emergency. Members who receive emails and text message notifications will get a notification that their coverage has been reopened due to COVID-19.
Income Eligibility	
Will eligibility be impacted if a member is over income due to increased hours?	For members receiving coverage, their eligibility will not be impacted if they are over income during the public emergency health. They will be "locked-in" and benefits will continue.
Will the stimulus payment be countable income when determining eligibility?	For both MAGI and Non-MAGI programs, it is not countable as income.
Will Unemployment Insurance Benefits (UIB) impact a member's eligibility?	If a member is approved for Medical Assistance and then starts to receive UIB, eligibility will not be impacted if they are over income during the public emergency health. UIB Payments will count for all new applicants as countable income.
Will the IEVS interface continue to run and verify income?	Yes, the IEVS income will continue to run and the IEVS income discrepancy notice will be sent. However, if the member does not respond back to the notice or indicates the income is accurate, they will not be terminated. They will be "locked-in" until the end of the public health emergency.
Emergency Medicaid Services (EMS)	
Does a member still need to provide a written statement from a physician to be approved for EMS?	Yes, a written statement is still required.
If an applicant is approved under the EMS Pregnant category, will their coverage be extended?	No, applicant will only receive coverage for labor and delivery.
Premiums and Enrollment Fees	
What happens if a Buy-in member continues to pay their monthly premium?	Payments made will be saved and applied to future premiums after the public health emergency ends.

	The member will continue to receive monthly statements reflecting a zero-amount due.
What happens if a CHP+ member paid their enrollment fee due for the month of April because of an annual redetermination? Can the money be refunded, or will it be applied to their annual enrollment fee?	If the member mailed in a check, the member will receive a refund. All retroactive one-time CHP+ fees will be due after the public health emergency ends.
What happens if a member signed up for recurring payments for the Buy-In program? Will these payments still be deducted?	Members have been notified through PEAK or a speed letter informing them they do not have a monthly premium due during the public health emergency.
Appeals	
Will members who have continued benefits also have continued enrollment during the public health emergency?	Yes, members who have submitted a timely appeal and were on continued benefits in March will continue to receive benefits until the end of the public health emergency.
Will members on continued benefits be notified of continuing benefits?	Yes, a notice will be sent to these members to let them know they will continue to receive benefits.

Attachment(s):

Benefit Continuation Letter

Coverage Reopen Letter

Department Contact:

hcpf_medicaid.eligibility@state.co.us