COVID Unwind: Planning for the End of Public Health Emergency (PHE)

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Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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Today’s Topics

- Current federal guidance on returning to normal operations at the end of PHE (i.e. COVID Unwind)
- HCPFs eligibility initiatives to prepare for COVID Unwind

NOTE: Timelines and activities noted today subject to change as additional clarification/requirements are received from the Centers for Medicare & Medicaid Services

Federal Guidance

Public Health Emergency (PHE)

- Biden Administration has indicated that the PHE will continue to be extended through 2021.
- The Federal government has extended PHE several times, formal extensions can be up to 90 days at a time.
- Updates are posted to Colorado.gov/hcpf/phe-planning

Last day of the PHE	Then State Plan Amendments (SPAs), 1135 Waivers, and Optional Uninsured Testing Group Ends	Then Continuous Coverage Requirement Ends	Then Maintenance of Effort (MOE) Requirement keep Eligibility Levels & Benefits the Same, Enhanced 6.2% FMAP Ends
October 18, 2021	October 19, 2021	October 31, 2021	December 31, 2021

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Centers for Medicare & Medicaid Services (CMS)

Unwind Guidance

- End of continuous coverage (COVID Locked-In)
  - Eligibility reviews required for all members locked-in
  - Department estimating 500K-530K members locked in by the end of the PHE
- Self-Attestation
  - Obtain verifications for eligibility data that was accepted as client verification at intake during PHE
  - Approximately 17,000 members
    - These members are also included in the count with members who are locked in

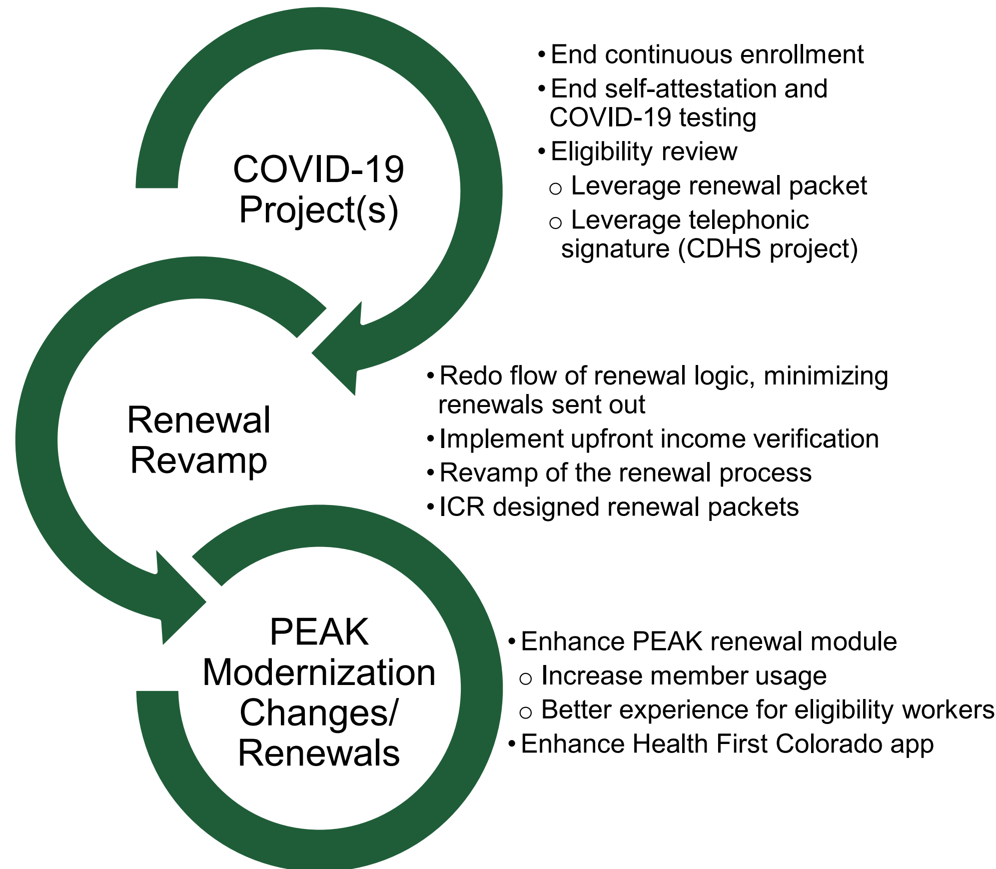
CMS (cont.)

- COVID-19 Uninsured Limited Testing Group
  - Coverage for COVID-19 testing services to uninsured individuals not otherwise eligible for medical assistance
  - Ends on the last day of the PHE
- Complete unwind work to return to normal operations within **12 Months** following the end of PHE
  - Updated guidance was provided on August 13th
  - Expanded timeframe from 6 months to 12 months

*HCPF is analyzing this new guidance to determine what it means for members and eligibility partners

COVID Unwind Planning

Eligibility Initiatives 2021-22



Eligibility Initiatives

- The Eligibility Division has been working on policy, system, and business initiatives in preparation for the end of PHE.
  - Outreach and partnership with stakeholders
  - Policy rewrite
  - System requirements
  - Operational activities

- Eligibility Projects include:
  - COVID Unwind
  - Renewal Revamp
  - PEAK Modernization (Changes/Renewal)
  - Intelligent Character Recognition (ICR)
  - Overflow Processing Center (OPC)
  - Telephonic Signature

Renewals Strategy

Minimize impact on members and eligibility workers through:

- Enhanced ex-parte (use of interfaces and information on file for approval without member engagement)
- Consideration of a risk-based approach
- Reformatted renewal packet for clarity
- Enhanced online member tools (PEAK, telephonic signature)
- Intelligent Character Recognition (ICR) to minimize data entry and improve quality
- Training and business process enhancements

Renewals Strategy

Other Activities:

- Eligibility driven communication and stakeholder engagement plan that integrates with the broader Department communication plan
- Efforts to update member addresses and locate those whose whereabouts are unknown
- Budget forecasting and scenarios based on state and federal funding assumptions (i.e loss of enhanced FMAP)

Schedule and Timelines

Systems Build Schedule

Target Deployment Date	Project	Description
Dec 2021	PEAK Modernization (Changes/Renewals)	• Enhance PEAK renewal module & Health First CO app • Increase member usage • Improve experience for eligibility workers
Dec 2021 or Feb 2022	Telephonic Signature	• Joint project with CDHS • Add the ability to record, store, and link telephonic signature to a case for eligibility determinations & redeterminations
Jan/Feb 2022	Overflow Processing Center	• New processing center to process the ongoing backlog of Medicaid and (CHP+) applications, eligibility determinations, and redeterminations • Contracted out to a county partner

Eligibility Key Initiatives (cont.)

Target Deployment Date	Project	Description
Feb 2022 **Moved from Oct to Feb*	COVID Unwind	• End continuous eligibility • End self-attestation & COVID testing • Initiate eligibility review (leverage renewal packet)
Feb 2022 **Moved from Dec to Feb*	Renewal Revamp	• End of PHE and federal compliance initiative • Redo flow of renewal logic, minimizing RRRs sent out • Leverage upfront income verification • Redesigned renewal packet formatted for ICR technology (scanning)
Feb 2022 (pilot) Apr 2022 **new project being onboarded*	Intelligent Character Recognition (ICR)	• Intelligent document scanning & robotic process automation of renewal forms • Automates data entry and processing for paper-based renewals scanned through ICR • Automates downstream data entry tasks typically performed by eligibility workers

End of PHE Plan

KEY
COVID Unwind
Renewal Revamp
PEAK Mod
Telephonic Sig.
ICR

End of PHE

Deadline for Locked-In Elig.Reviews

2021 -22 Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept

Deployment

PEAK RMC/RRR

Telephonic Signature

Overflow Processing Center

ICR Automation

County Staffing Plan

COVID Build

Renewal Revamp

ICR Expansion

Eligibility Reviews

Rules (MSB)

Continuous Coverage Req. Ends

Training

*PHE reviews for locked-in begin Feb 22

ICR Pilot

Premium/ enrollment fee notice

Self-attestation ends

Individuals who self-attested at intake will receive MA VCL for required information

C4 enrollments (life qualifying event) begin Mar 22

Appeals begin in April

Ongoing outreach efforts (externally/internally)

Renewal Packet Enhancements

Renewal Packet Enhancements

Updated Renewal Packet (pg 1)

Renewal for Health First Colorado (Colorado's Medicaid Program)

Dear [Case Name],

It is time to renew your health benefits. We need to see if you and your household members still qualify for Health First Colorado.

What you need to do

1. Review the current information we have. This information is printed in Part B of the "Renewal Form" included with this letter.
2. Make any changes or corrections to your information in Part B Step 2 of the "Renewal Form". Use the information on the "Renewal Form" to see if there is updated information you need to report.
3. Sign and date the "Renewal Form Signature Page" in Part A.
4. Return the "Renewal Form Signature Page" by **[RRR Due date]**. Include the pages from Part B if you have any changes or correction to report, and provide proof needed, such as a current bank statement.

> **Important - You must sign and return the Renewal Form Signature Page,** even if you do not have changes to your information. If you do not return the signature form by the deadline, you will lose your health care coverage.

Where can you report your changes or corrections and sign the renewal form

Sign the "Renewal Form Signature Page" and include the pages from Part B if you have changes or corrections to your information you need to report by **[RRR Due date]**. You can complete this in one of these ways by.

- **Online.** Go to CO.gov/PEAK. Log in to your account. Click "Manage my benefits." Then chose "Renew Benefits." If you do not have an account, you can create one at any time. Follow the instructions on CO.gov/PEAK to create an account.
- **On the mobile app.** Make an account at CO.gov/PEAK. Then download the free Health First Colorado app to complete and electronically sign the renewal form.
- **On paper.** Mail, fax, or bring the completed signature page and updated renewal form pages to your local county office:
  [County Name]
  [Primary Worker Name]
  [Worker Office Address1]
  [Worker Office Address2]
  [Worker Office Address3]
  Fax: [Primary Worker Fax Number]
- Call [County Name] at [Primary Worker Phone]/ State Relay: 711 and tell them you are calling about renewal of your health benefits.

QUESTIONS } Visit CO.gov/HCPF/Letters-FAQs or call [Primary Worker Phone] Page of

[User Name] [Case Id]/[Correspondence Id] HCPF-3 Med Redetermination Notice0_EN

Redesigned/Reformatted Renewal Packet (pg 1)

STATE OF COLORADO

Renewal for Health First Colorado (Colorado's Medicaid Program)

[Current Date]

Case Number: [Case Number]

[Individual Mailing Address1]
[Individual Mailing Address2]
[Individual Mailing Address3]

It is time to renew your health benefits. We need to see if you and your household members still qualify for Health First Colorado.

How can I submit my renewal?

- **Online:** Go to CO.gov/PEAK. Log in to your account. Click "Manage my benefits." Then chose "Renew Benefits." If you do not have an account, you can create one at any time. Follow the instructions on CO.gov/PEAK to create an account.
- **On the mobile app:** Make an account at CO.gov/PEAK. Then download the free Health First Colorado app to complete and electronically sign the renewal form.
- **On paper:** Mail, fax, or bring the completed signature page and updated renewal form pages to your local county office:
  [County Name]
  [Primary Worker Name]
  [Worker Office Address1]
  [Worker Office Address2]
  [Worker Office Address3]
- **Fax:** [Primary Worker Fax Number]
- **Call:** [County Name] at [Primary Worker Phone]/State Relay: 711 and tell them you are calling about renewal of your health benefits.

How do I complete this form?

- Review the current information we have for all members of your household.
- *If you do have changes to your information*: Provide updates, sign the Renewal Form Signature Page, and return the entire form by [RRR Due date].
  - **To maintain your benefits, you are required to report changes.** If you have changes and do not report them, you may have to pay back medical payments paid by Health First Colorado.
- *If you do not have changes to your information*: Sign and return the Renewal Form Signature Page by [RRR Due date]. If you do not return the signature form by the deadline, you will lose your health care coverage.

What happens next?

- We will check to see if you and your household still qualify for Health First Colorado.
- We will contact you if we need anything else from you to help us make our decision, including letters requesting information or verifications about your reported changes. Please make sure to complete all requests for information we send.
- After [RRR Due date], we will send you another letter to tell you if you still qualify for Health First Colorado.

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Renewal Packet Enhancements

Updated Renewal Packet

Part A. Renewal Form Signature Page

[Case Name]

[Case Individual Mailing Address_Full 3 Lines] Case Number: [Case Number]

➢ **Read and sign this attachment (This page MUST be returned)**

Check the box that applies -option 1 or option 2:

☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. **I do not need to make any changes or corrections** to the information.

☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. **I need to make changes or corrections** to the information. I will return the Renewal Form with the changes and corrections.

▶ **Sign and date below.**

☐ Check here if you are an authorized representative.

Signature of household contact or Authorized Representative	Date (mm/dd/yyyy)

If you want to add, change or update an authorized representative, fill out the form that came with this letter.

☐ Check here if you want an authorized representative.

Redesigned/Reformatted Renewal Packet

Renewal Form Signature Page

[Case Name] Case Number: [Case Number]

Read and sign this attachment (This page MUST be returned).

Please refer to What I Should Know - Rights & Responsibilities before signing.

Check the box that applies:

☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. **I do not need to make any changes or corrections** to the information.

☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. **I need to make changes or corrections** to the information. I will return the Renewal Form with the changes and corrections.

Signature of household contact or Authorized Representative **DATE** (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

☐ Check here if an authorized representative signed.

If you need to **update your household's primary phone number**, please update below:

Primary Phone Number (Currently On File)	
Primary Phone Number (New)	( ) -

Renewal Packet Enhancements

Updated Renewal Packet

☐ Someone has been added to my household

Name:

Date of birth: Date added to my household:

How is this person related to you? This person is my:

Does this new person in your household want to apply for health coverage? ☐ Yes ☐ No

- If no, do they have other health coverage? ☐ Yes ☐ No

Will they need help paying for medical care they received in the last 90 days? ☐ Yes ☐ No

What is their Social Security number or Taxpayer ID? (if this person is not applying for benefits they do not have to provide a Social Security number) ☐ ☐ ☐ ☐

If they do not have a Social Security number, have they applied for one? ☐ Yes ☐ No

If yes, fill in their application date: ☐ ☐

Is this person a newborn child (less than 1 year old)? ☐ Yes ☐ No

Does this person file federal taxes? Yes No

Is this person living with both parents, but the parents do not expect to file a joint tax return? Yes No

QUESTIONS } Visit CO.gov/HCPF/Letters-FAQs or call [Primary Worker Phone] Page of

Redesigned/Reformatted Renewal Packet

Adding an Individual to the Household

[Case Name] Case Number: [Case Number]

If you have a new member in your household, please complete this page and send back with the rest of your renewal.

First Name | Middle Name | Last Name

Date of Birth (MM/DD/YYYY): / / | Date added to household (MM/DD/YYYY): / / | How is this person related to you? This person is my:

1. Does this new person in your household want to apply for health coverage? ☐YES ☐NO
   a. If "NO," do they have other health coverage? ☐YES ☐NO
2. Will they need help paying for medical care they received in the last 90 days? ☐YES ☐NO
   a. If this person lost their Health First Colorado or CHP+ coverage -AND- needs help paying for medical care they received while not covered, please provide the information below:
   Date medical care was received (MM/YYYY): /
3. If this person is applying for benefits, please provide their **Social Security Number –OR– Taxpayer ID**. If this person is not applying for benefits, leave blank.
   ☐SSN ☐Taxpayer ID - -
4. If they do not have a Social Security number, have they applied for one? ☐YES ☐NO
   a. If "YES," fill in their application date (MM/DD/YYYY): / /
5. Does this person file federal taxes? ☐YES ☐NO
6. Is this person living with both parents, but the parents do not expect to file a joint tax return? ☐YES ☐NO
7. Does this person expect to be claimed as a dependent on someone else's tax return? ☐YES ☐NO
8. Does this person have a medical, physical, mental, or developmental condition that has lasted, or is expected to last, more than 12 months, including blindness? ☐YES ☐NO
9. Does this person expect to be claimed by a non-custodial parent? (the parent the child **does not** live with most nights) ☐YES ☐NO
10. Does this person have a medical, physical, mental, or developmental condition that causes them to regularly need help with some or all of their self care activities (such as bathing, dressing, eating, using the bathroom)? ☐YES ☐NO
11. Does this person need to move to a nursing home, acute care, hospital, group home, mental health institution or long-term care facility within the next 30 days, or do they need in-home health care to stay in their home? ☐YES ☐NO

Renewal Packet Enhancements

Updated Renewal Packet

Part B. Renewal Form

▶ **Step 1: Review the current information we have for [Individual Name]**

Member's name: [Individual Name]
Member's date of birth: [Date of Birth]

Marital Information 'Status': [v_Indv_Martial_Status]

Marital Information 'Status Date': [v_Indv_Marital_Status_Dt]

Asking for Health First Colorado: [Yes/No]

Address:
[Individual Mailing Address1]
[Individual Mailing Address2]
[Individual Mailing Address3]
[v_Individual_Home/Physical Address_Full_3_Lines]

Files federal taxes: [Yes/No]

Living with both parents, but parents do not expect to file a joint tax return: [Yes/No]

Expects to be claimed by a non-custodial parent (the parent the child **does not** live with most n
[Yes/No]

▶ **Step 2: Report any changes in your information**

Please check all boxes that apply to your changes. For each box you check, write the information we need. If there is no change, leave it blank.

☐ Name change

Old Name: New Name:

☐ New phone number:

☐ New address (Mailing)

Street address Apartment #

City State ZIP

☐ New address (Physical)

Street address Apartment #

City State ZIP

Redesigned/Reformatted Renewal Packet

Information for <Individual Name>

1. **Is <Individual Name> still in this household?:** ☐YES ☐NO

   If "NO," please provide the date they left the household (MM/DD/YYYY): __ / __ / ____

   If you marked "NO" above, please skip the remaining questions for this individual

2. If this person has a **new name**, please provide updates below:

Name (Currently On File)	**Date of Birth**	**If changed, what is your new name?**

3. If this person has a **new home address**, please provide updates below:

Home Address (Currently On File)	

Street Address | Apartment #

City | State | Zip

4. If this person has a **new mailing address that is different from the home address**, please provide updates below:

Mailing Address (Currently On File)	

Street Address | Apartment #

City | State | Zip

5. If this person **lost their Health First Colorado or CHP+ coverage -AND- needs help paying for medical care they received while not covered**, please provide the information below:

   When was this medical care received? (MM/YYYY): __ / ____

6. If this person is currently **pregnant**, please provide the information below:

   Due date (MM/DD/YYYY): __ / __ / ____ Number of babies expected:

Questions?

Contact Info

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Thank you!