COVID UNWIND

End of the Continuous Coverage and Public Health Emergency (PHE)

EDUCATIONAL SESSION

FEBRUARY 2023

COLORADO
Department of Health Care
Policy & Financing

AGENDA

- Overview
- Renewals
- Verifications
- Change in Circumstances
- End of PHE - What's Changing
- End of PHE - What's continuing
- Operations and Follow-up Activities

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Overview

Federal Updates regarding Continuous Coverage Requirement and the Public Health Emergency (PHE)

- Consolidated Appropriations Act, 2023 (CAA) from December 2022
  - Decoupled the Medicaid Continuous Coverage requirement from the end of the Public Health Emergency (PHE)
  - Provided a new statutory end date of March 31, 2023, to end the Continuous Coverage (i.e., locked-in) requirement

- On January 30, 2023, the Biden Administration issued a statement and sent letters to state Governors that they plan to extend the PHE one additional time to May 11, 2023, and end the PHE on that date

  - This wind-down aligns with the Administration's previous commitments to give state's at least 60 days' notice prior to the end of the PHE

End of Continuous Coverage Requirement

- With the end of the Continuous Coverage requirement, states must resume standard renewal processes for Medicaid/CHP+ according to federal guidance timelines. This is referenced as the COVID-19 PHE Unwind of the Continuous Coverage requirement

  - Renewals must be completed for all 1.75 million Colorado members enrolled

  - This includes approximately 810,000 members on Continuous Coverage (locked-in)

- In Colorado, renewals will not happen all at once, and will be based on when the member's regular annual renewal is due, beginning with those whose annual renewal is due in May 2023

- For new applications States have 4 months to process all backlog applications to resume timely processing of new applications
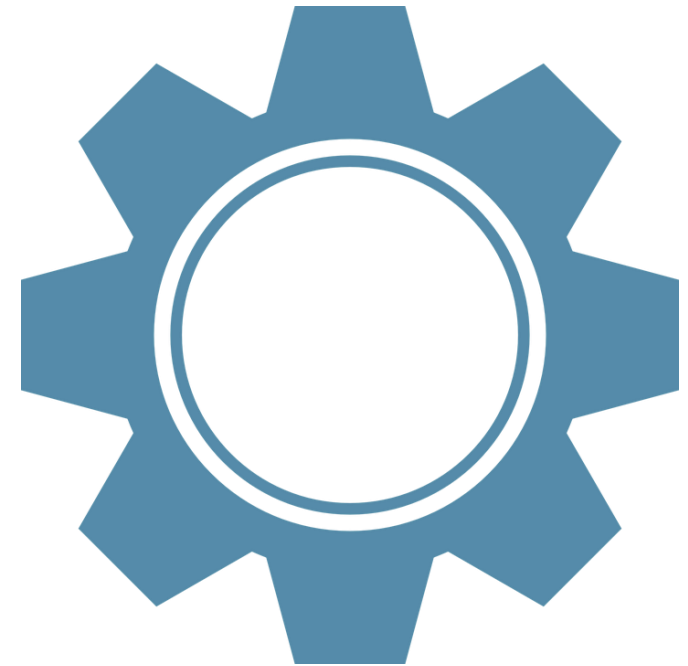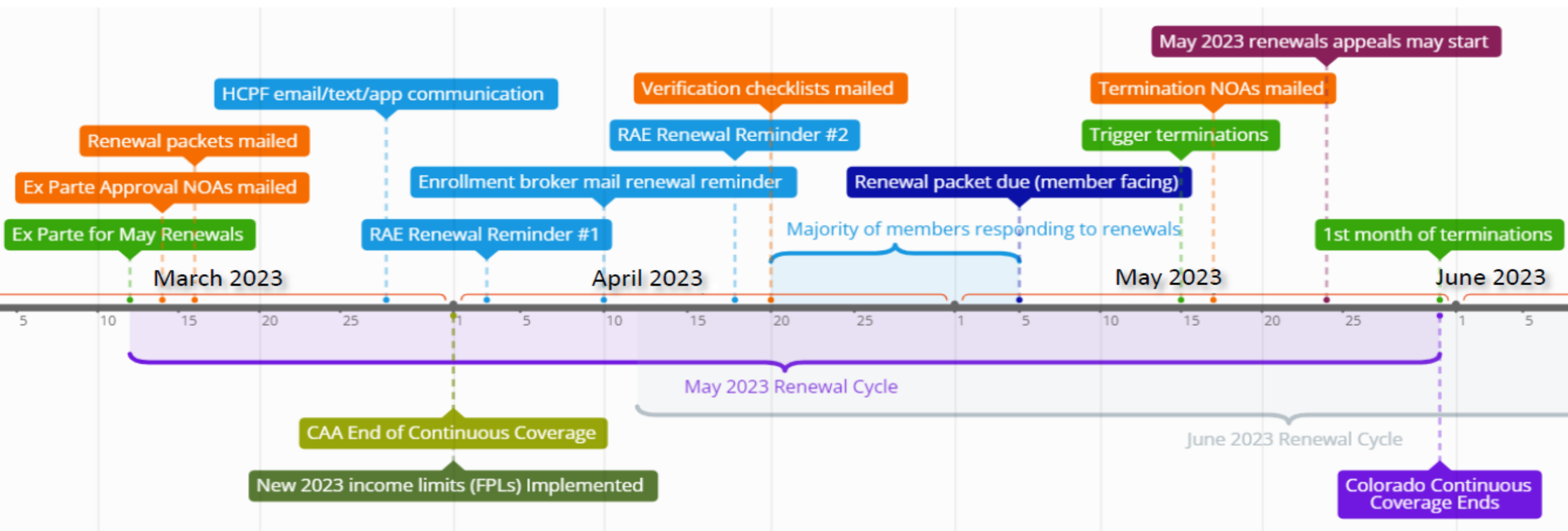
End of Continuous Coverage (COVID Unwind) Timeline

Renewals
(and the end of Continuous Coverage)

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Continuous Coverage and Active Verified Members

Continuous Coverage members are members locked into the Medical Assistance benefit due to the continuous coverage requirement mandated during the public health emergency

Active Verified members are members who have met all eligibility criteria and are not locked into Medical Assistance

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Renewals

- All individuals enrolled in Medicaid or CHP+ will go through the renewal process at the end of Continuous Coverage based on their original renewal month*

  - For Colorado this will be begin with May 2023 renewals that are initiated in March 2023

- For case processing, there hasn't been a change in data entry

There are a few exceptions which will be discussed once we cover change in circumstances

Termination Noticing

- What is sent to the member

- Timeframes

- 10 day noticing
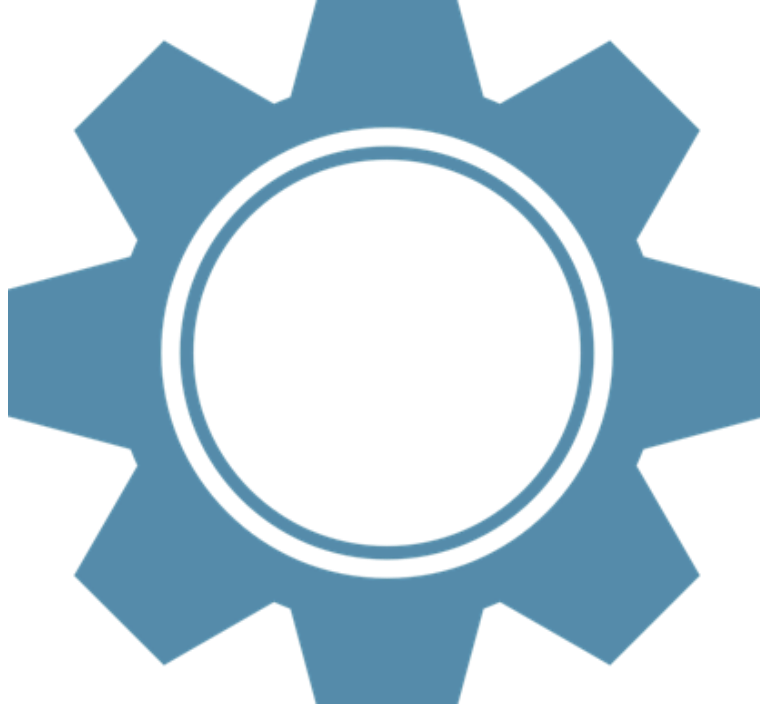
# Reasonable Opportunity Period for Citizenship and Identity

- Members were given a Reasonable Opportunity Period (ROP) at application to provide verification of citizenship and identity

- Members who failed to provide verifications maintained eligibility throughout the PHE due to the Continuous Coverage provision

- These Members must provide their citizenship and/or identity verification and will be provided another opportunity at renewal
  - Members will have the traditional verification timeframe to respond. Another 90-day ROP will not be provided
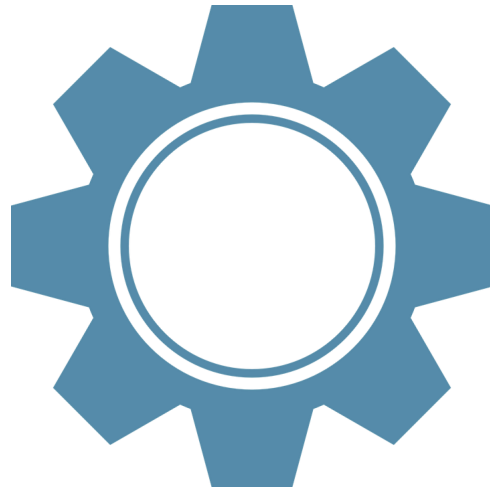
Renewals and MSP Overrides

- CBMS will be updated to automatically end-date any Medicare Savings Program (MSP) overrides completed during the PHE

- Cases should continue to pass without an override if they meet the criteria

- Override end-date will match and align with the MA case renewal month

- Eligibility workers should continue to submit HDTs for those Continuous Coverage members that need MSP added to their case
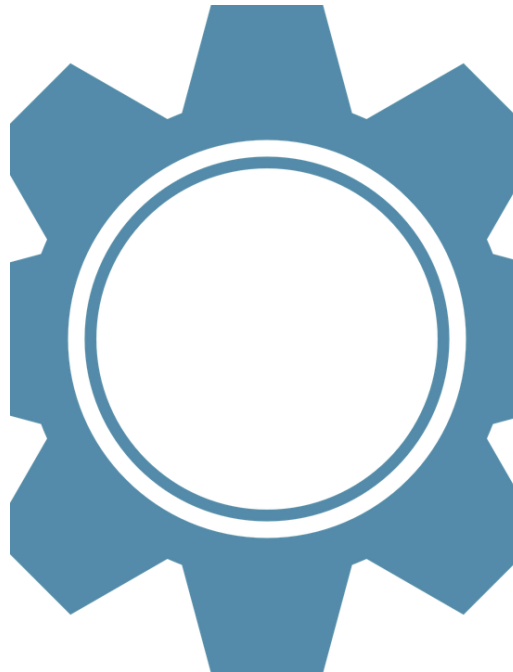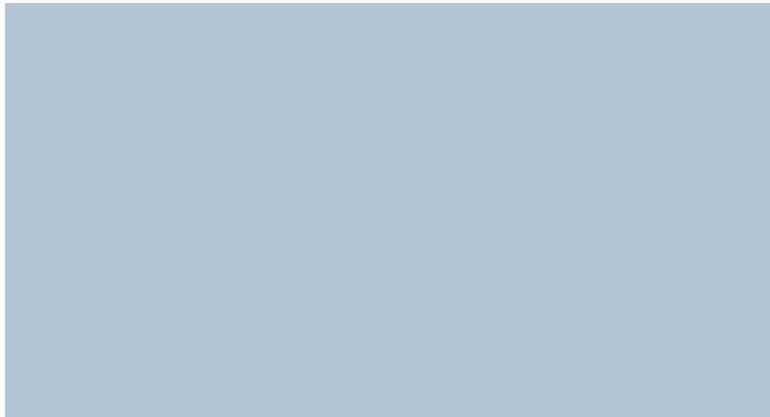
Renewals and MSP Overrides

Example

If the MA renewal is 08/2023, the MA override end date will be set as 08/31/2023

Transitional Medicaid and Continuous Coverage

- If a member is currently receiving Continuous Coverage through Transitional Medicaid the member should receive 12 months of coverage

  - at renewal, if the member has less than 12 months, the member will continue to pass on Transitional Medicaid until they have completed 12 months of coverage

- Members on Continuous Coverage who go through the renewal process will be re-evaluated to determine if the member is eligible for Transitional Medicaid
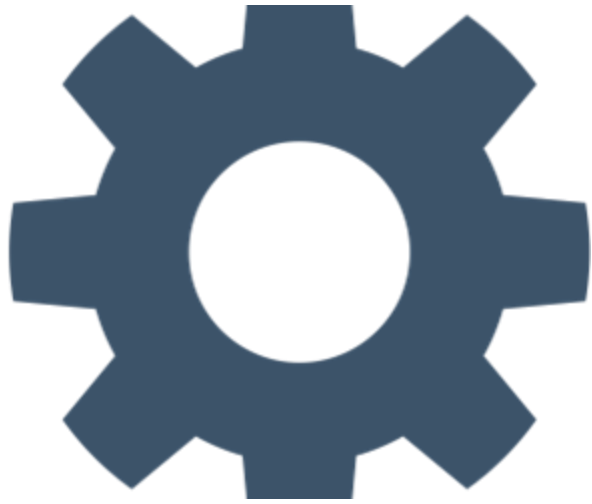
Transitional Medicaid Example

Example:

- The continuous coverage member is enrolled in the Parent/Caretaker category and has a May 2023 renewal

- The continuous coverage member has been enrolled in Parent/Caretaker category since May of 2020

- At renewal, the continuous coverage member is found to be over income for the Parent/Caretaker category

- The continuous coverage member meets all Transitional Medicaid criteria and is eligible for Transitional Medicaid from June 2023 to May 2024

Emergency Medicaid

- **A project was implemented in March of 2020 to provide Emergency Medicaid Services (EMS=Y) Continuous Coverage to the Emergency Medicaid population**

- **In July 2022, a project was implemented providing birth control, and a 12-month Med Span for the Emergency Medicaid population**

- **Member(s) approved for Emergency Medicaid Services will go through the renewal process based on their application date**

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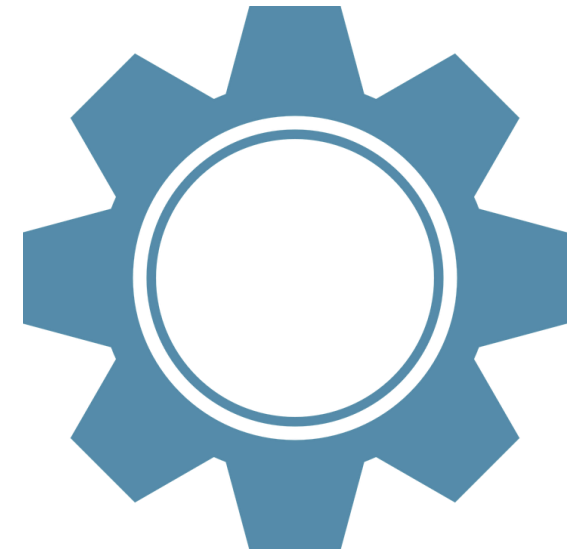
Renewals and Long-Term Care (Continuous Coverage Group*)

- LTC cases will follow the same renewal process based on the case renewal date

- MA Ex-Parte will continue to run
  - If approved, approval NOA sent to member and eligibility site needs to send information sharing form to CMA
  - If cannot approve, renewal packet sent to member. Once a determination is made, eligibility site needs to send information sharing form to CMA

- No change to eligibility criteria needed for LTC cases

- New Cognos report for terminations

- Change in circumstance for LTC must be entered

For Active Verified cases, changes reported after the end of the Continuous Coverage can be acted upon in the month the change is worked

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# Combo Cases at Renewal for Continuous Coverage Members

- If a member is on Continuous Coverage, the MA renewal **cannot** be pulled into the CDHS Combo Ex-Parte process

- For combo cases with a member on Continuous Coverage, the MA Ex-Parte process will be initiated

- Eligibility workers will need to process these renewals separately to allow the MA Ex-Parte process to be performed by CBMS

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Combo Cases at Renewal for Active Verified Members

Active Verified Members:

- For Active Verified members receiving MA benefits, the member(s) renewal **can** be pulled through the CDHS Combo Ex-Parte process

- When processing a combo Ex-Parte, if the case is not started before the 12th of the 3rd month prior to the MA renewal due date, the MA renewal can be worked with the CDHS renewal
  - For example, March 12th for May 2023 renewals

- If MA Ex-Parte has already started, the eligibility worker must allow CBMS to perform all required MA-Ex-Parte steps by CBMS. This allows CBMS to request any required verification(s) if needed
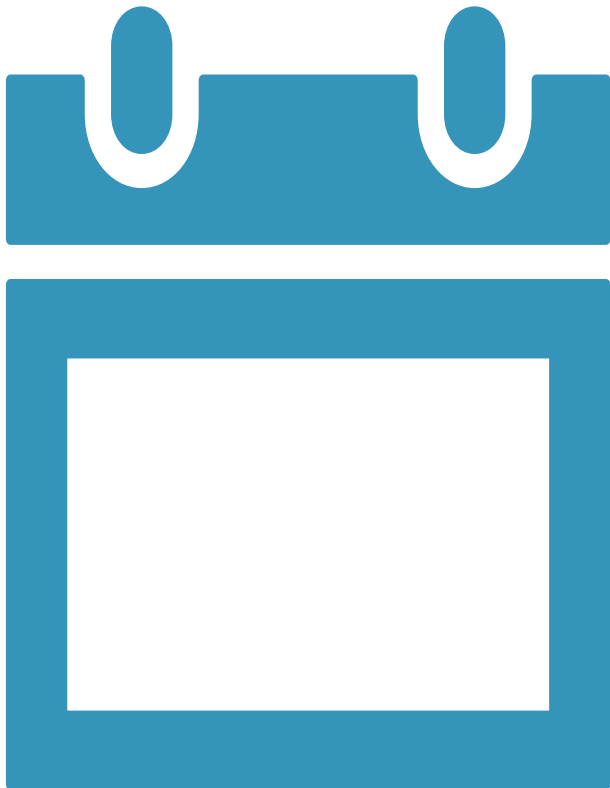
Combo Cases at Renewal for Active Verified Members

Scenario:

A Colorado Works (CW) renewal is due 04/30/2023 and an MA renewal is due 05/31/2023. MA Ex-Parte is scheduled to run on 03/12/2023. The CW renewal packet is returned on 03/04/2023. The CW renewal is started by the eligibility worker on 03/10/2023

Result:

Since the CW renewal is being started before MA Ex-Parte runs, the MA renewal will start alongside the CW renewal per the existing CDHS Combo Ex-Parte process. If the MA renewal is processed and the member(s) on the case continue to be eligible, the new MA renewal date will be 04/30/2024 and MA Ex-Parte would not begin to run on 03/12/2023

Questions

Verifications

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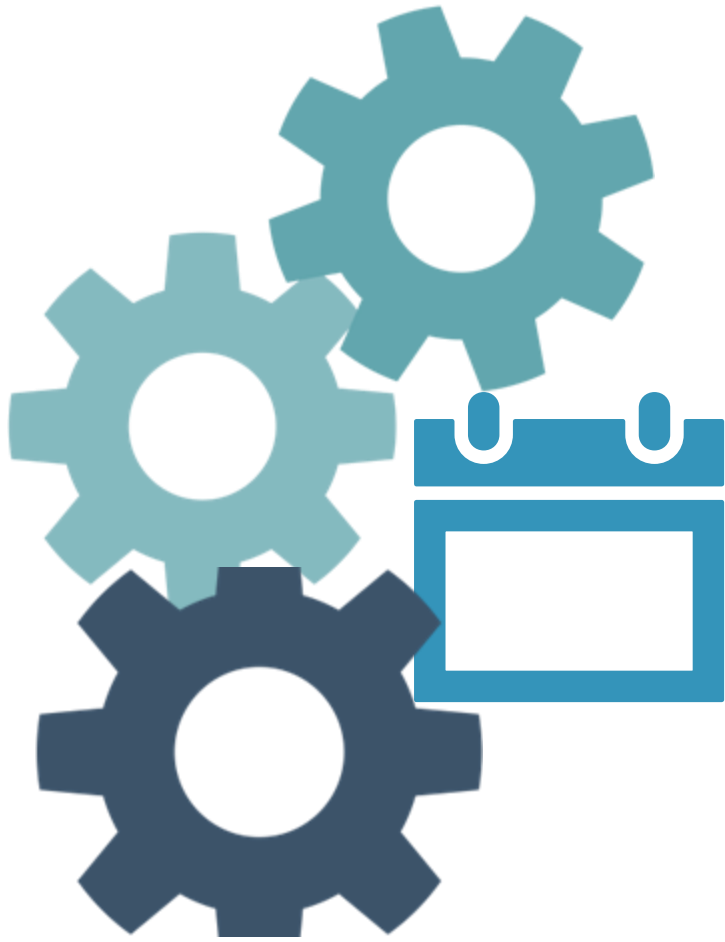Policy & Financing

Verifications

- CBMS continued to generate and send VCLs during the PHE

- Verifications received **must** be entered into CBMS

- Look back period for verifications changed from 4 months to 6 months at renewal (*Implemented Dec 2022)

- "Old" verifications **must** be cleared in CBMS when working the current renewal

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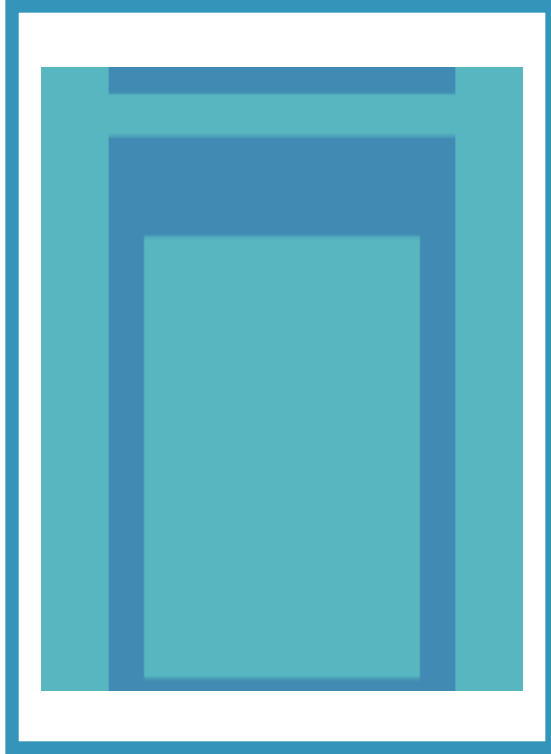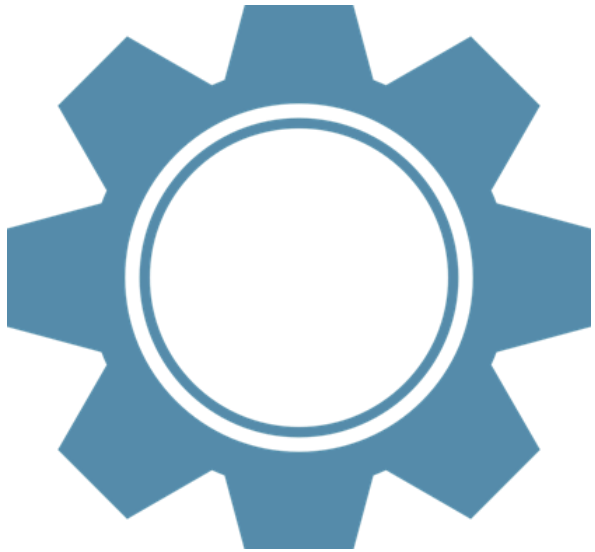
Intake-Self Attested

- Self Attestation for income, social security number and/or resources provided by an applicant for new applications processed on or after April 20, 2023, and including June as the EDBC run month will be verified electronically

  - If the verification(s) cannot be electronically verified, paper documentation will be required to make an eligibility determination

  - If required, CBMS will automatically generate a verification checklist for the month of June for these members

Intake-Self Attested

- **Example:** New App received on April 21, 2023. Client self-attested Social Security
  - April: Pass
  - May-: Pass
  - June- Pass -SSN Could not be verified electronically. VCL sent out to applicant

CBMS Ex-Parte Verification Checks

As part of the Ex-Parte review, CBMS will identify if there are required verifications

If required verification items cannot be verified through an interface, or if recent documentation has not been updated within the last 6 months from the renewal due month, verifications will be requested

CBMS Ex Parte Verification Checks for Earned Income Records

If reasonable compatibility is "Yes"

For both MAGI and Non-MAGI members, records are considered verified no matter the verification source (Client Statement included) for **earned** income only, as long as, they have been updated within the 6-month lookback period

CBMS Ex-Parte Verification Checks

For all other income types and resources, records are considered verified if they have been verified within the 6-month lookback period, **unless** the verification source is Client Statement

CBMS Ex-Parte Verification Checks

System

Once a verification is triggered at MA Ex-Parte, the verification item, regardless of whether it is for income or resources, cannot be cleared through Client Statement

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Clearing Old Verifications

- If a verification is requested for the current MA renewal period, CBMS will require the "oldest" month for each verification type to be cleared if a verification is requested and has not been cleared previously

- If a verification is requested for the current MA renewal period, eligibility workers will use the current verification(s) received to clear the "oldest" month for each verification type that needs to be cleared

- Example: MA Renewal 12/2023, verification checklist sent to member for earned income. Member provides check-stub. In CBMS earned income was not cleared for 2021. End-user needs to clear 2021 earned income using the check stub provided for the 12/2023 renewal. Enter Case Comments

Clearing Verification Resources

- Clearing Verifications Desk Aid (*In development)

- Project: CPPM-6625 CBMS User IPT February Improvements - VCL Updates (Implemented Feb 11, 2023)

  - This project made Improvements to Verification Checklist, Wrap-up Verification Checklist Summary, and PEAK Inbox Search

    - Please refer to the Tip Sheet created titled: CBMS User IPT Feb Improvements 2023

- Cognos Verification Due Report

  - This report contains all outstanding verification item(s) due by county, mode, HLPG, and within a time range

  - This report is accessible to all users

Questions

Change in Circumstances
(Active Verified vs. Continuous Coverage)

Change in Circumstances
(Active Verified Member Only)

- Any change of circumstance entered, processed or authorized within CBMS **on or prior to May 31, 2023**, resulting in a negative action, will result in the member being enrolled in Continuous Coverage until the member's MA renewal

- Any change of circumstance entered on or after June 1, 2023, resulting in a negative action will result in a termination of the member
  - This applies regardless of the effective date of the change

Active Verified Member Only (Examples)

Example 1:
- MA renewal date: 10/2023
- 4/5/2023 : Case data change entered resulting in member no longer being eligible for MA
- Result: Member will be locked in until renewal date 10/2023

Example 2:
- MA renewal date: 12/2023
- 5/31/2023: Case data change entered, resulting in member no longer eligible for MA
- Result: Member will be locked in until renewal date 12/2023

Active Verified Member Only (Examples)

Example 3:
- MA renewal date: 11/2023
- 6/2/2023: Case data change entered, resulting in member no longer eligible for MA
- Result: Member will be terminated on 6/30/2023

Example 4:
- MA renewal date: 9/2023
- 6/1/2023: Caste data change entered, resulting in member no longer eligible for MA
- Result: Member will be terminated on 6/30/2023

Change in Circumstances
(Active Verified Members/Continuous Coverage Members)

Any change of circumstance entered on or after June 1, 2023, that results in a negative action and that member has other household members on Continuous Coverage, the member will be enrolled in Continuous Coverage with the rest of his/her household members until the household MA renewal occurs
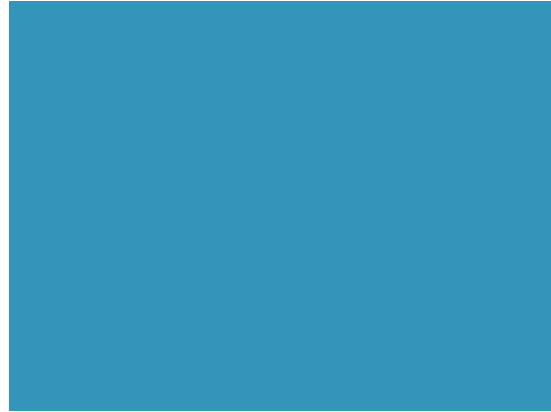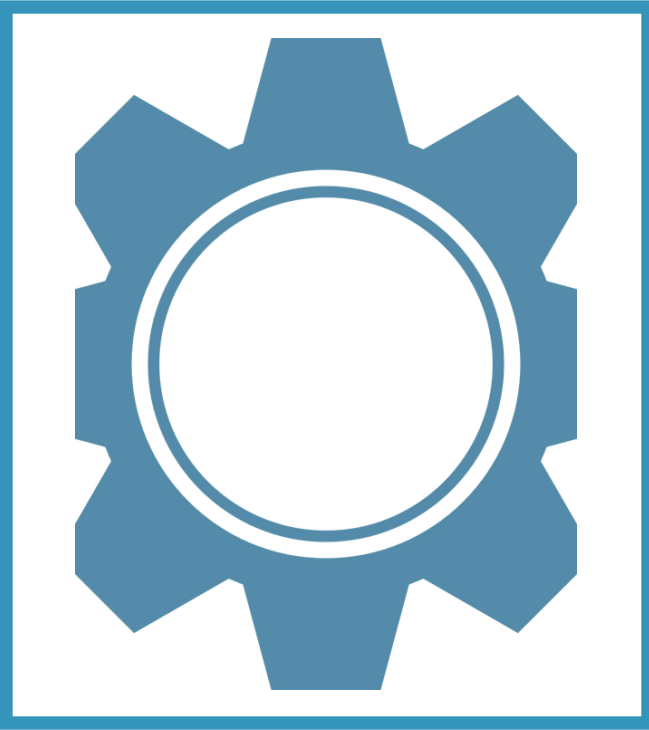
# Active Verified/Continuous Coverage (Example)

Example:

- MA renewal date: 12/2023
- 6/2/2023: Case data change is entered for active member(s), resulting in member no longer being eligible for MA
- Result: Continuous coverage member(s) will remain on continuous coverage and active member(s) will now be on continuous coverage until MA renewal 12/2023
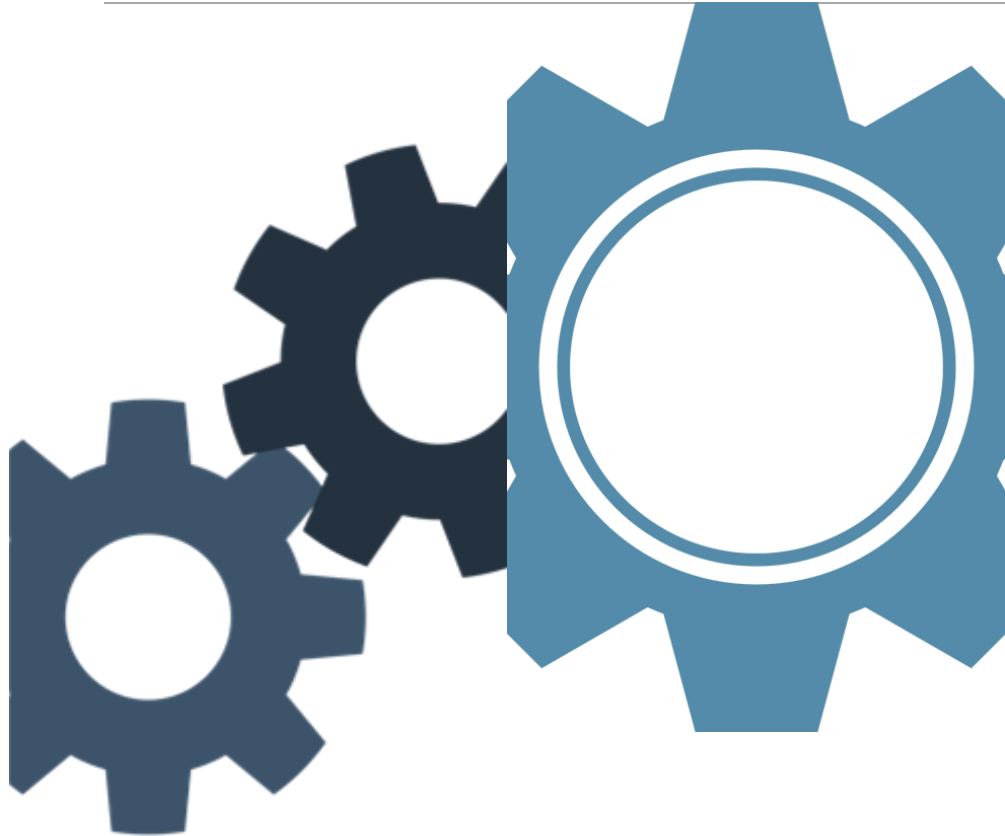
Questions

End of PHE - What's Changing

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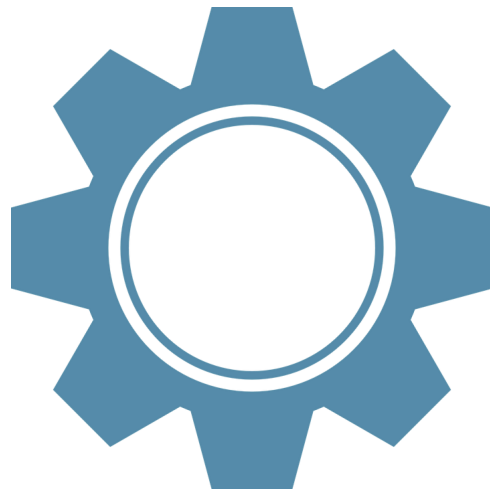
Optional Uninsured COVID-19 Group

- This program will end on the last day of the PHE
  - No longer available for new members after 5/11/2023

- Speed letter will be sent to existing members approx. 60 days prior to the end of the PHE

- Cases for existing members will run eligibility in CBMS using existing case file information to see if the member is eligible for another program prior to terminating
  - If determined eligible, an approval notice will be sent, and they will follow the normal renewal process
  - If not found eligible for another program, members will receive a termination notice effective as of May 31, 2023

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Optional Uninsured COVID-19 Group

- CBMS screen will be disabled for this group

- This group will not go through the annual renewal process

- PHE banner will be removed from PEAK at the end of the PHE

- COVID Limited Testing questions will be removed from the paper application, PEAK Apply for Benefits (AFB), and the Health First CO App (Add a Newborn)

Self-attestation

- During the PHE, for MA programs self-attestation was acceptable at intake for all income, resources for programs that have an asset test, and SSN verifications

- Following the end of the PHE, members who self-attested income and resources at intake which cannot be verified via an interface or AVP **will be required to provide the verifications**

Remote Assistance

- Remote application assistance flexibilities in place during the PHE will no longer be allowable after the PHE

- Sites should continue to encourage individuals to apply for Medical Assistance

- Individuals can apply over the phone, online via PEAK, by mail or in person

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End of the PHE - What's Continuing
(during unwind of the Continuous Coverage requirement)

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These changes were put in place during the PHE and will continue throughout the COVID-19 PHE unwind of the Continuous Coverage requirement:

- Discontinued CHP+ enrollment fees (*permanently discontinued)
- 20% Income discrepancy threshold (*permanent)
- Waived Buy-in premiums (*temporary through unwind)
  - Suppressed premium letters
 - Refunds processed if a premium was submitted
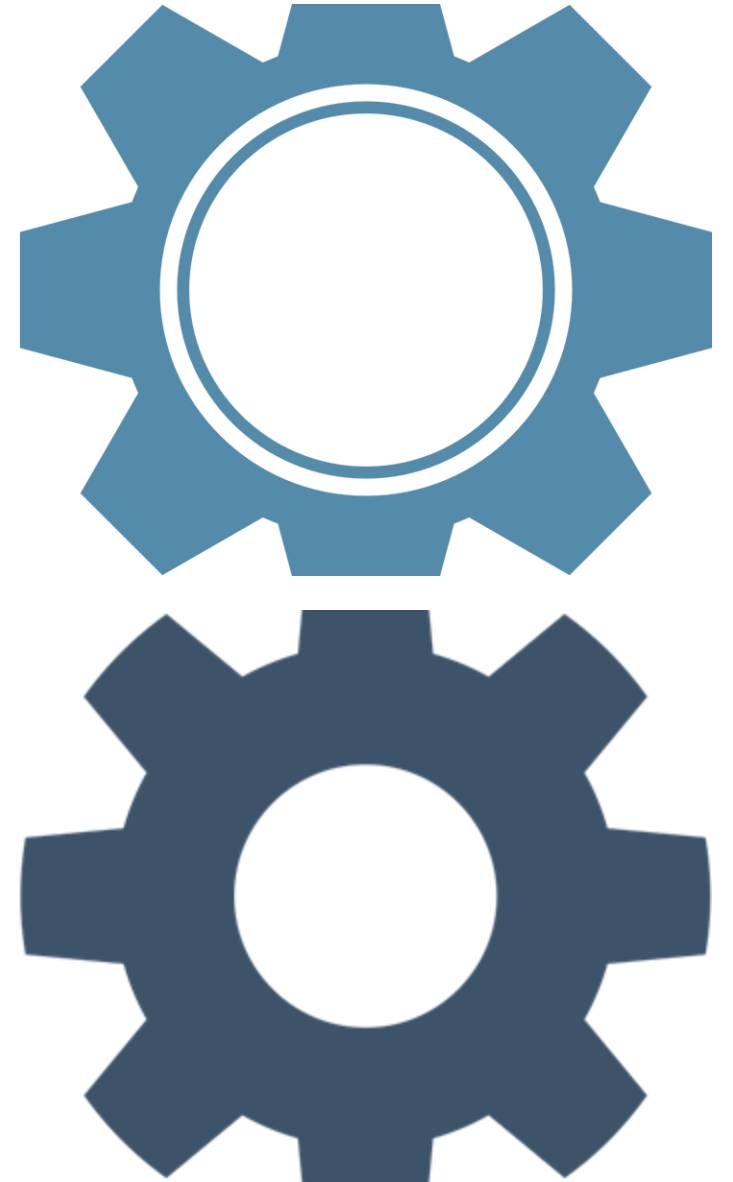
Questions

Operations and Follow-up Activities
(Supervisors and Leads)

Appeals

- Continue to follow the current fair hearings process
  - Members can request an informal resolution conference (ICR), request a State hearing, or both

- Members can appeal termination decisions now that the continuous coverage requirement has ended
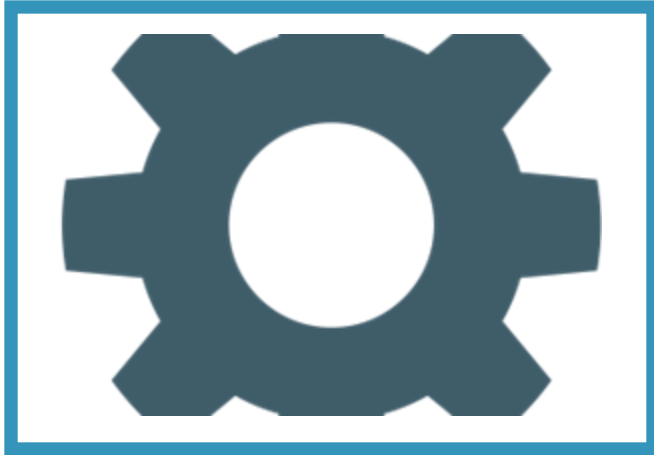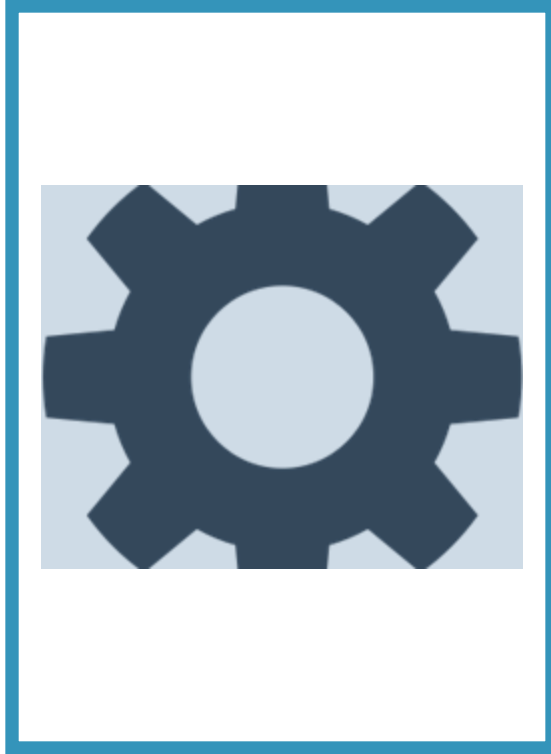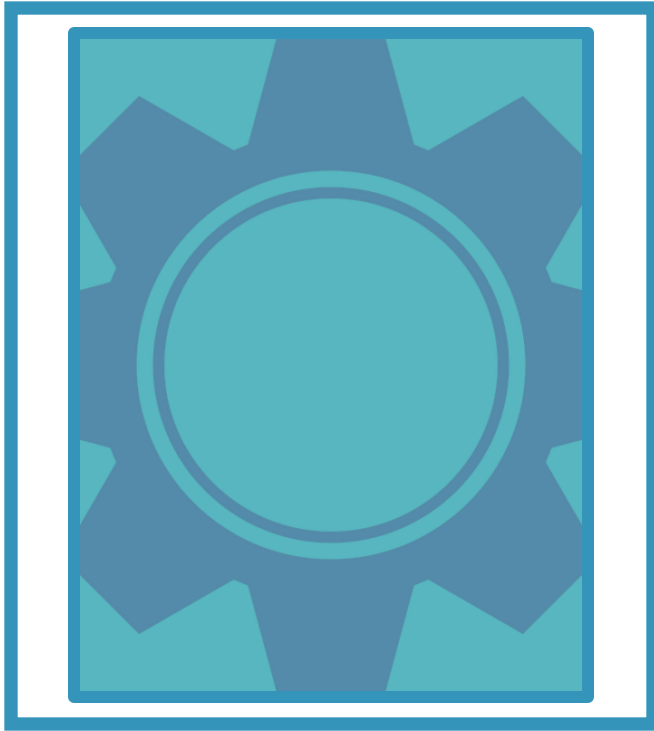
Fraud and Recoveries

When Continuous Coverage ends, will eligibility sites be able to terminate cases in which members are not eligible due to fraud?

- As a result of the Continuous Coverage requirement ending, Medicaid/CHP+ cases must undergo a renewal before closing. This also applies to cases where fraud was suspected

At any point are eligibility workers authorized to recoup benefits that were obtained by fraud?

- Previously established overpayment claims for time periods outside of the PHE period may continue to be collected during the PHE period. While new overpayment claims may also be established during the pendency of the PHE, claims must not include any period during which the PHE was in place. Members will not be responsible for medical assistance payments made on their behalf from the beginning of the COVID-19 health crisis through the end, as measured by the PHE period

*Refer to Policy Memo 20-002

Mass Exceptions
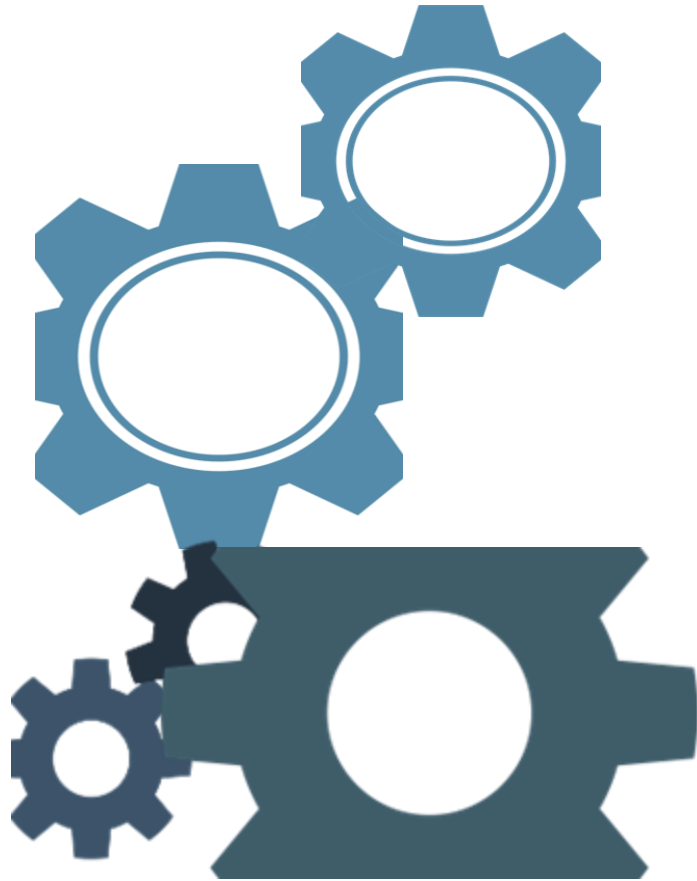
- Continue to **work** the Mass Exceptions

- Mass exceptions can be found and worked from Cognos reports and the County Dashboard
  - Refer to the County Dashboard Tips guide that OIT created
  - Another available resource is the Department's Continuous Improvement Team

- A Mass Exceptions snapshot confirmed the top three reasons are:
  - Pending Supervisory Authorization
  - Data entry errors
  - Authorization was unsuccessful because the data was changed after the last EDBC run

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Active Verified Members on Multiple Cases

- When completing renewals, you may find cases where an active verified member is on two cases. This issue will impact the member's ability to receive an automated determination during the COVID unwind period. When this happens:
  - Determine whether the member should be on the case or should have been moved to the new case. At Ex-Parte the case with the earliest RRR date will run first and fail for receiving assistance on another case
  - Determine which case the member should be on and mark as ancillary, not in the home or not requesting assistance on the case they should not be on

Active Verified Members on Multiple Cases

Scenario 1:

Individual is receiving benefits as a member of a case (case is not in his/her name). The individual moves out of the home. The individual submits a new application for assistance in his/her own name. Action needs to be taken to remove the individual from the existing household by indicating the individual is no longer in the home. If the existing case is in another county, contact the other county to remove the individual from the household. Refer to Online Help (F1) to make sure you have the correct use months

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Active Verified Members on Multiple Cases

Scenario 2:

Member has two open active cases, one for MA and one for FA. Action should be taken to have the member's MA and FA on the same case

Active Verified Members on Multiple Cases

Scenario 3:

Child was added to a case with a SNAP application because the child is now living with grandma. Child has own SSI Mandatory case, (companion case) and began force passing on this companion case due to being added to grandma's case for SNAP. In this scenario, it would be best practice to leave the child's SSI Mandatory case open for MA given the SSI benefit is interfacing and the detailed history on the case, then allow the child to fail on the combo case with grandma for MA

Reports and Data

- Existing County Dashboards, MAP and the SharePoint site will remain available for eligibility sites

- COVID Locked-in Report will continue to be generated and available to counties for reference as a guide (Action **NOT** required)

- Public dashboard will be posted to the HCPF website

- The Department will continue to monitor performance and timeliness with existing processes throughout the unwind period
  - The federal Centers for Medicare and Medicaid Services (CMS) will monitor Colorado's unwinding through new reporting requirements

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Overflow Processing Center

- Overflow Processing Center (OPC) will assist with processing cases at the end of the PHE to aid Eligibility Sites with the increased case volume

- OPC is currently trained in MAGI, Non-MAGI and LTC programs for applications, renewals and changes

- Assistance may be requested by an Eligibility Site, or the Department may direct a site to utilize the OPC in their action plan

- The process for accepting work and the type of work will be determined during an intake meeting
  - Initial and check-in meetings will be scheduled and required when work is accepted from a site
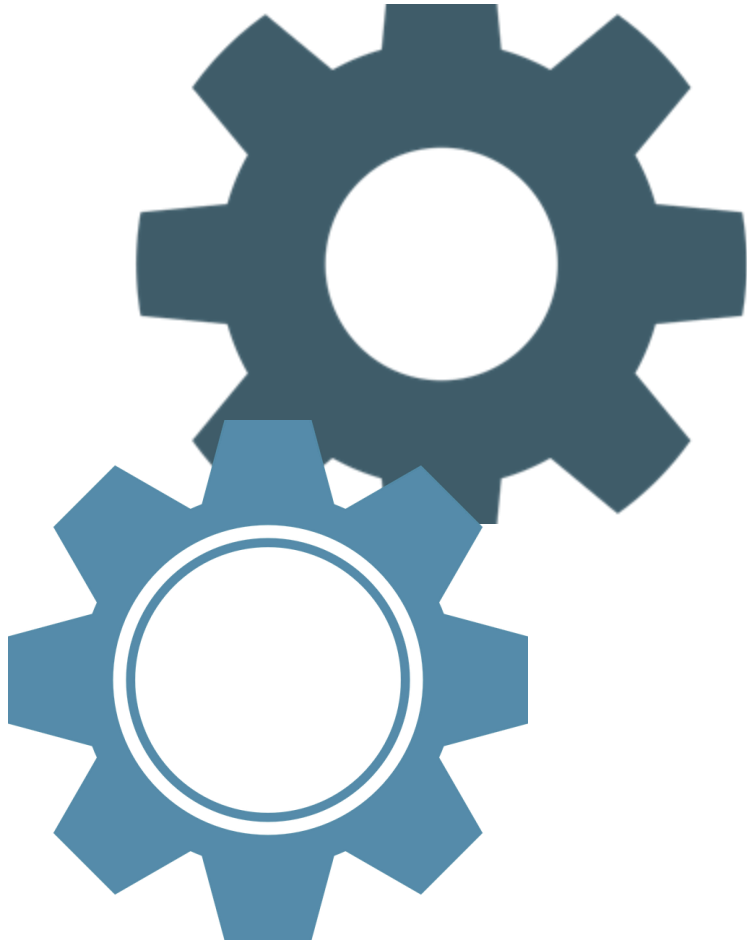
Consolidated Return Mail Center

- All Eligibility Sites and high-level program groups participate in the Consolidated Return Mail Center (CRMC)

- The Department contracted with a vendor that has expanded data sources to verify addresses for a subset of the Continuous Coverage members during the PHE unwind

- Following the address verification step, CRMC will perform member outreach and update the record in CBMS
  - Attempts will be made to update the member(s) address prior to their renewal date
  - Addresses will NOT be updated in CBMS without confirmation from the member

- Cases identified as "Whereabouts Unknown" will be subject to termination after the PHE

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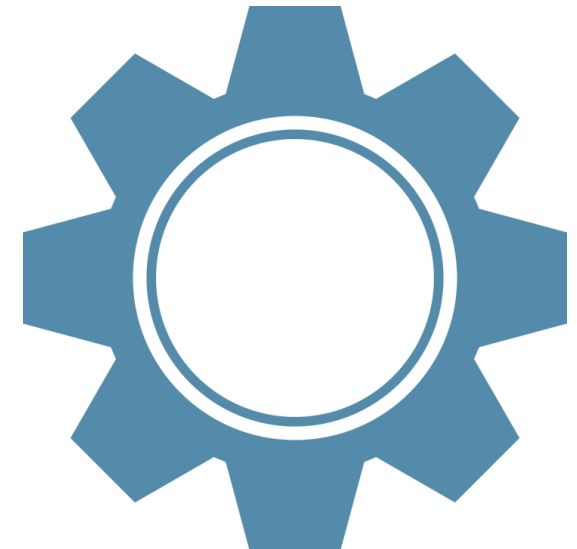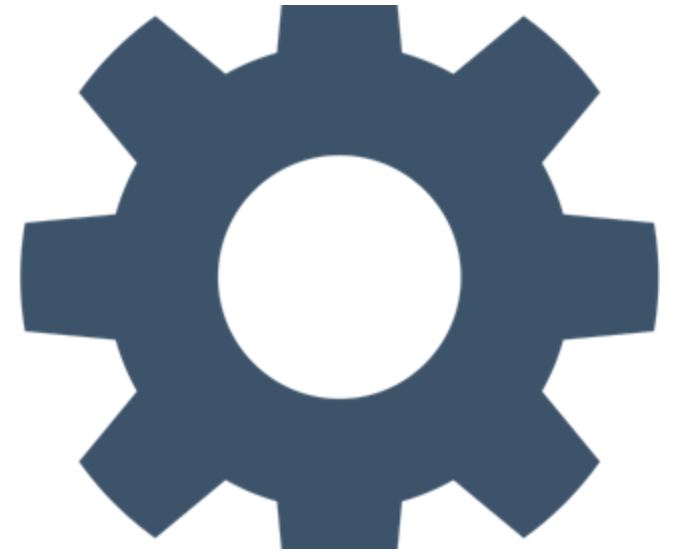Department of Health Care
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Telephonic Signature (County Requirement)

- Federal regulations (42 C.F.R 435.907(a) and (f)) require that states provide individuals various means through which an applicant or member can apply or manage their Medical Assistance coverage. This includes over the telephone

- To mitigate statewide disparities of treatment, each county must be able to record an individual's signature telephonically for Medical Assistance (MA) renewals and/or applications

- Counties can use their own platform or leverage the state's Google Meet Option (CBMS feature) to record the attestation (verbal signature)

- Counties must be in full compliance with this requirement by March 31, 2023

Connect for Health Colorado (Marketplace)

- The Department will send case information of members that are no longer eligible for Medicaid to Connect for Health Colorado, the Marketplace

- During a 60-day Special Enrollment Period, members will be able to complete an application, apply for financial help, and enroll in a health insurance plan

- Connect for Health Colorado will outreach to members via email and via outbound phone calls to notify them of their Special Enrollment Period

- Available resource materials:

  - COVID-19/PHE Updates Newsletter

  - https://hcpf.colorado.gov/phe-planning

  - https://C4HCOStore.com

  - https://connectforhealthco.com/

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Resources

- FAQ

- Operations Memo

- Project Build Knowledge Transfer

- SDD Learning Center

- County Dashboard Tips Sheet

- Member Toolkits

- https://hcpf.colorado.gov/covid-19-phe-planning

- https://hcpf.colorado.gov/covid-resources-county-and-eligibility-partners

Support for Eligibility Sites

- Eligibility Medicaid Inbox – be sure to include:
  - Background
  - Research
  - Conclusion

- Help Desk
  - Follow normal HDT Process

- Monthly Meetings

- Quarterly Meetings

- COVID Unwind Command Center

NOTE: The COVID Inbox will close permanently on February 17th. Questions should be directed to the Eligibility Medicaid Inbox
hcpf_medicaid.eligibility@state.co.us

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THANK YOU
Questions and Answers

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