COVID UNWIND

The end of the Public Health Emergency (PHE)

EDUCATIONAL SESSION

NOVEMBER 2022

COLORADO
Department of Health Care
Policy & Financing

AGENDA

- Introduction
- Presenters
- Recording
- Questions and Answers

Overview

- **60-day notice** from Health and Human Services (HHS)

- Renewals must be completed for all 1.7 million members enrolled
  - This includes approximately 780,000 members on continuous coverage (locked-in)

- For renewals, States will have 12 months to initiate and 14 months to complete

- For new applications States have 4 months to process all backlog applications to resume timely processing of new applications

- Members on Continuous Coverage during the PHE will remain on Continuous Coverage until their renewal is completed

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COVID Renewal Unwind Timeline

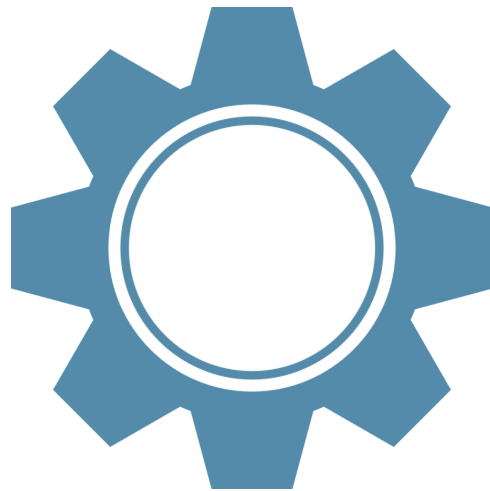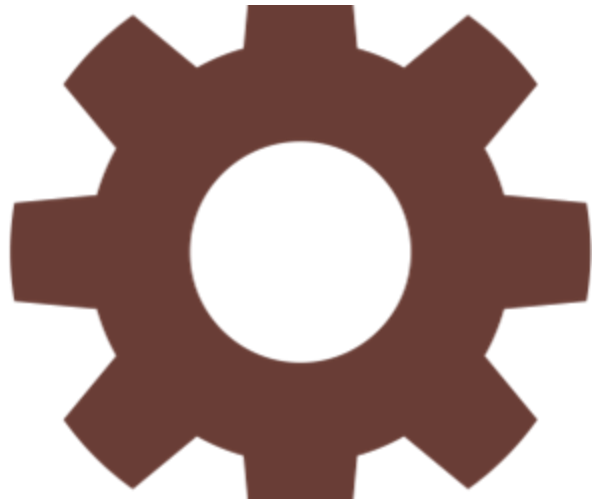|	2023											2024					
Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CMS 60 Day Notification 02/12/2023	Ex-Parte runs 03/15/2023 for Feb renewal	PHE Ends (Continuous Coverage Protections End)	CMS Option B - Feb Renewals with term 5/31/2023													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14		
								November-23								
April-23									December-23							
	May-23									January-24						
		June-23									February-24					
		July-23										March-24				
			August-23										April-24			
			September-23											May-24		
				October-23											June-24	
								Appeals								

Renewals during COVID PHE - Continuous Coverage (renewed) regardless if approved or denied

Renewals COVID Unwind - If approved, renewal month reset; If no longer eligible, will not continue to be enrolled

Renewals post COVID Unwind - Return to normal

# End of the PHE Timeline – COVID Unwind

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What's Changing
(When the PHE Ends)

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Optional Uninsured COVID-19 Group

- Coverage for this group will terminate on the last day of the PHE

- Speed letter will be sent apx. 60 days prior to the end of the PHE

- The Department will run cases through CBMS using existing case file information to see if the member is eligible for another program prior to terminating

- Members will receive a termination notice if not found eligible for another program

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Optional Uninsured COVID-19 Group
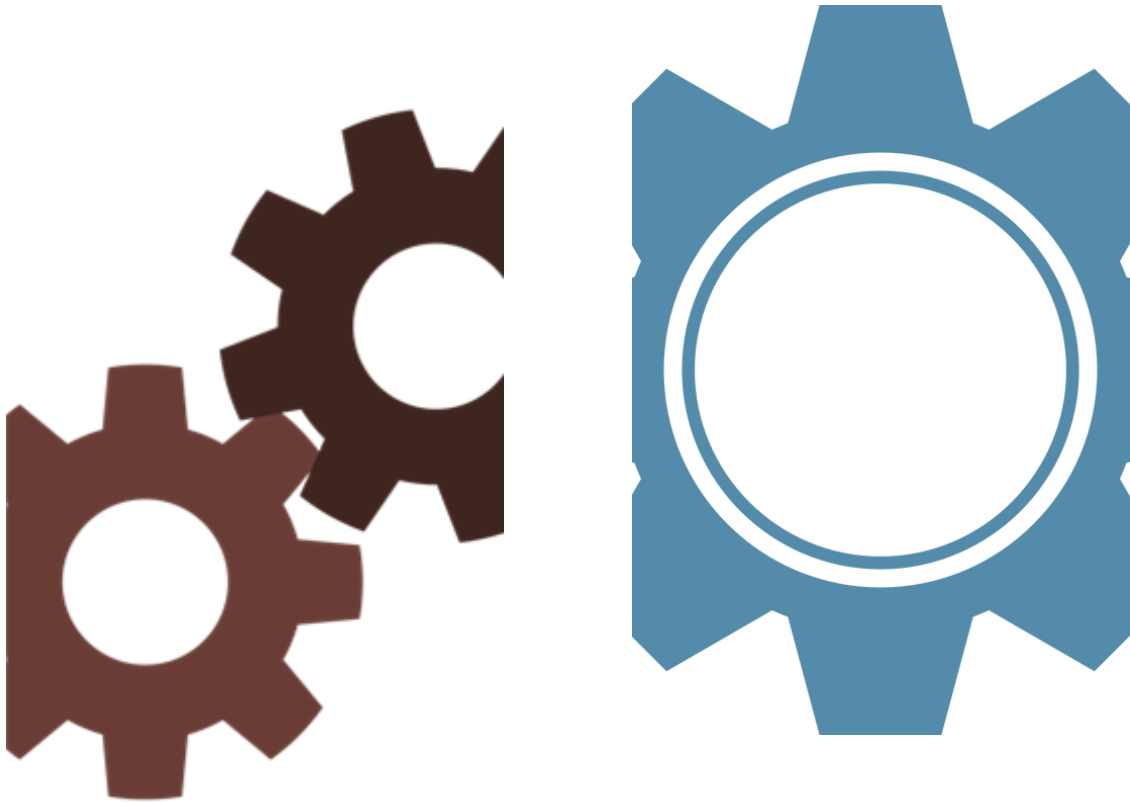
- CBMS screen will be disabled for this group

- 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)

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
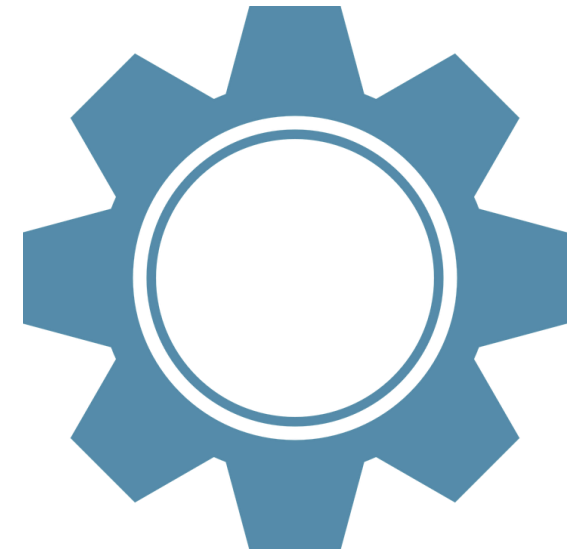
Self-attestation

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

- 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**

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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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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

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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 were maintained through the continuous coverage provision during the PHE

- Members will be given an opportunity at renewal to provide their citizenship and/or identity verification

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What's Continuing
(After the PHE)

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Some changes put in place during the PHE will remain in place

- Income discrepancy threshold will remain at 20 percent
- CHP+ enrollment fees permanently discontinued

Buy-in premiums will continue to be waived throughout the unwinding period

- Premium letters will be suppressed
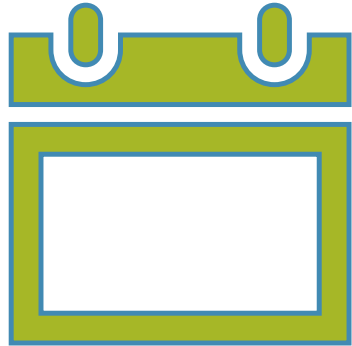- Refunds will be processed if a premium is submitted

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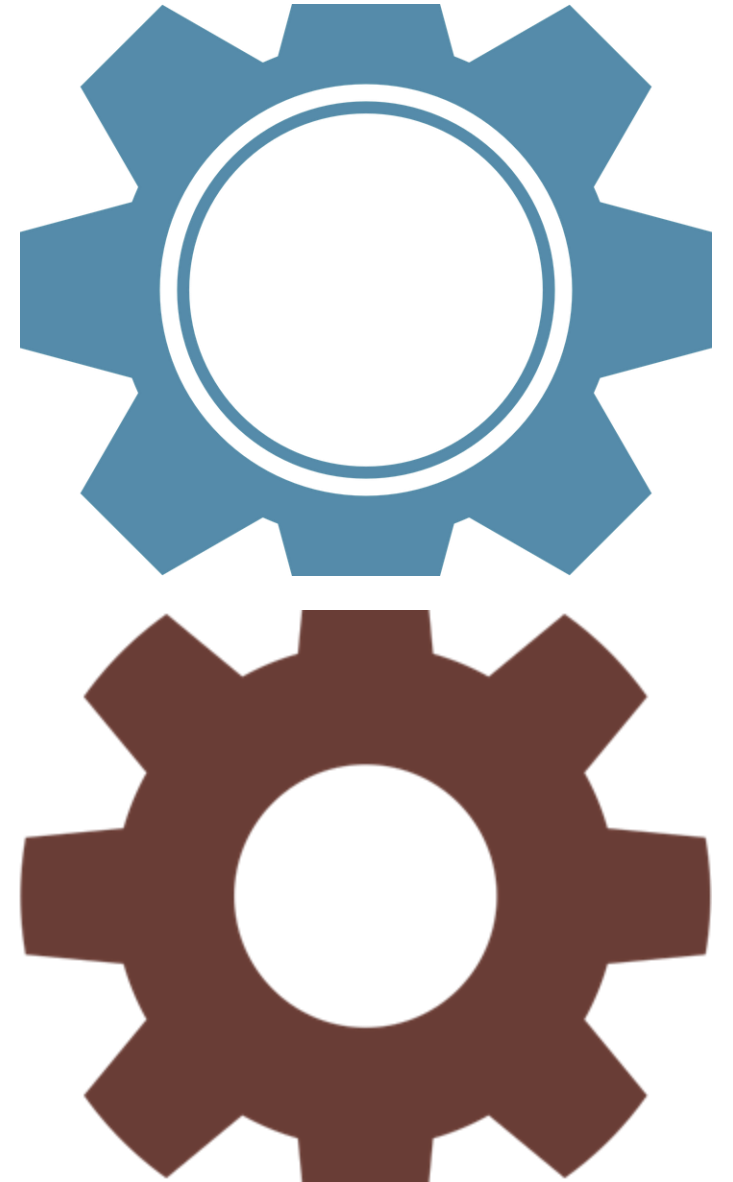
Termination Noticing

- What is sent to the member

- Timeframes

- 10 day noticing
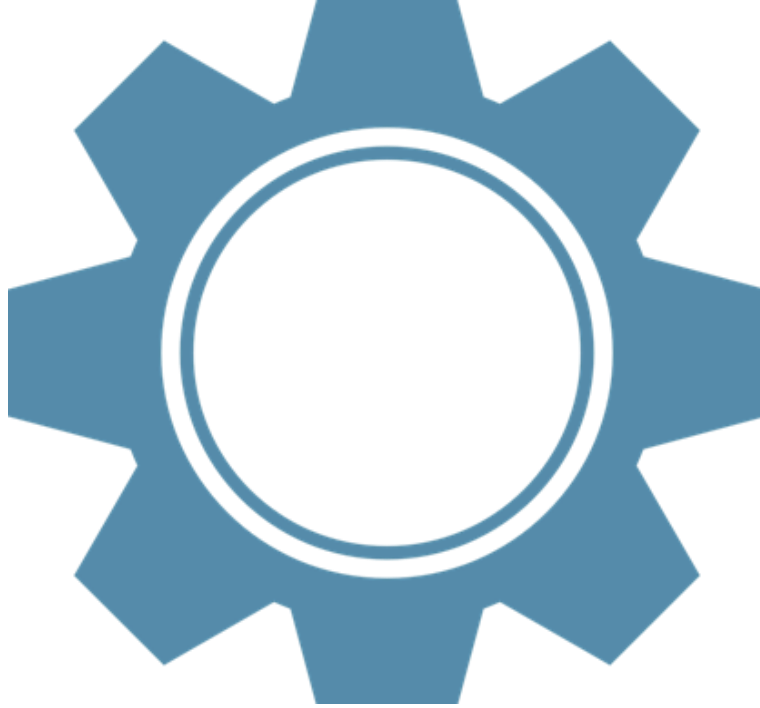
Questions

Renewals
(and the end of the PHE)

Renewals

- 14 months to complete renewals for approximately 1.7 million members enrolled

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

- Processed on a monthly basis

- 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*

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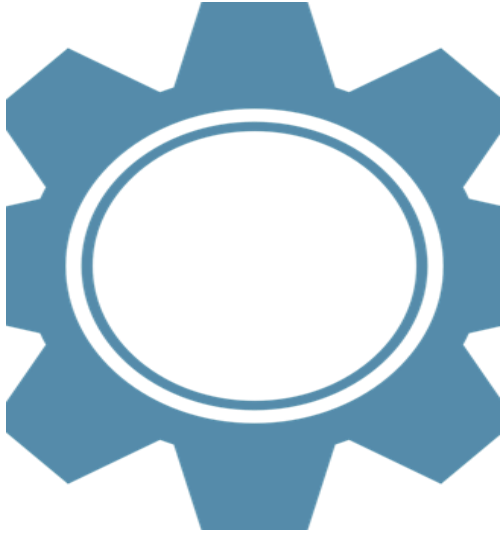
Verifications

- CBMS continued to generate and send VCLs during the PHE

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

- After the PHE ends new VCLs will be generated, and verifications will be requested for the current renewal. A new due date will be displayed both in CBMS and on the VCL

- Looking back for verifications is changing from 4 months to 6 months

- Verification will be required if self-attested income or resources provided during the PHE cannot be verified via an interface or AVP after the PHE ends

- Members will be provided a ROP if they received an income discrepancy notice during the PHE
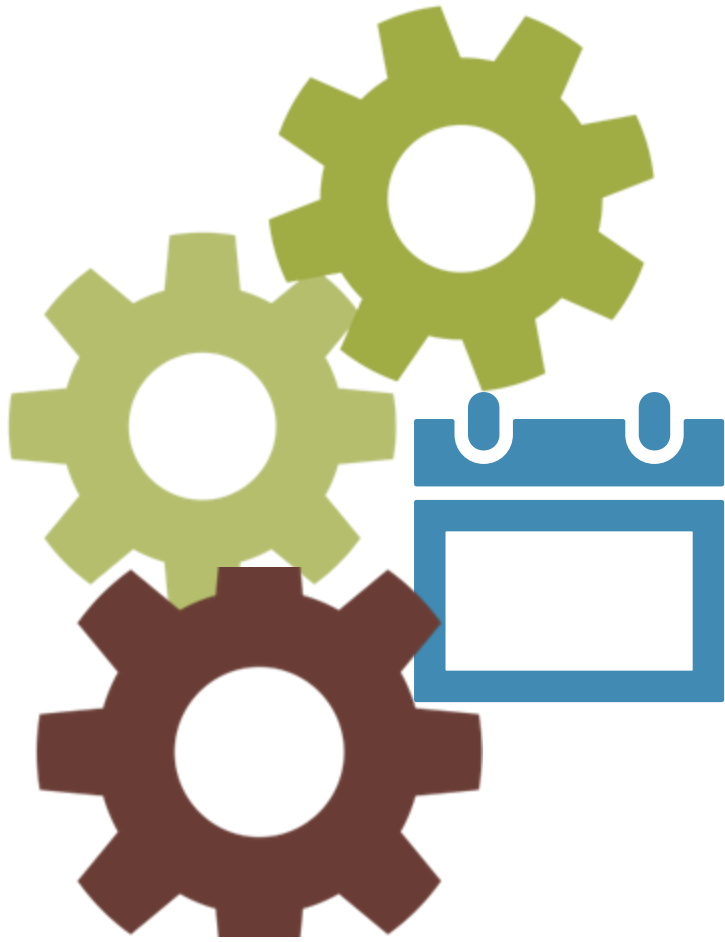
# Renewals and Long-Term Care (Continuous Coverage Group*)

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

- Ex-Parte will continue to run

- 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 PHE can be acted upon in the month the change is worked
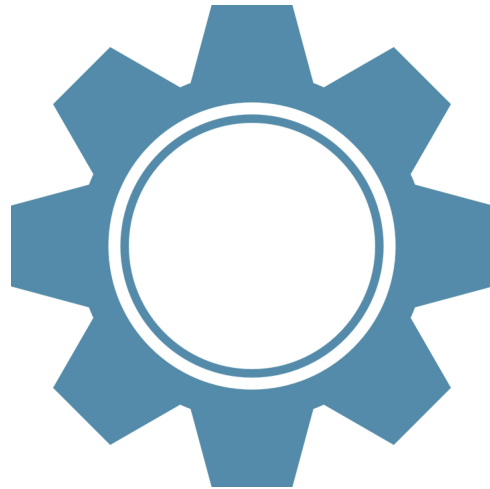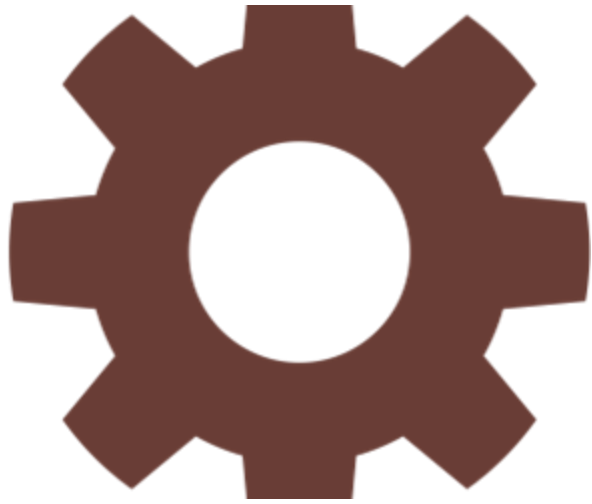
Renewals and MSP Overrides

- CBMS will automatically be updated to 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 who are a Continuous Coverage member and need MSP added to their case
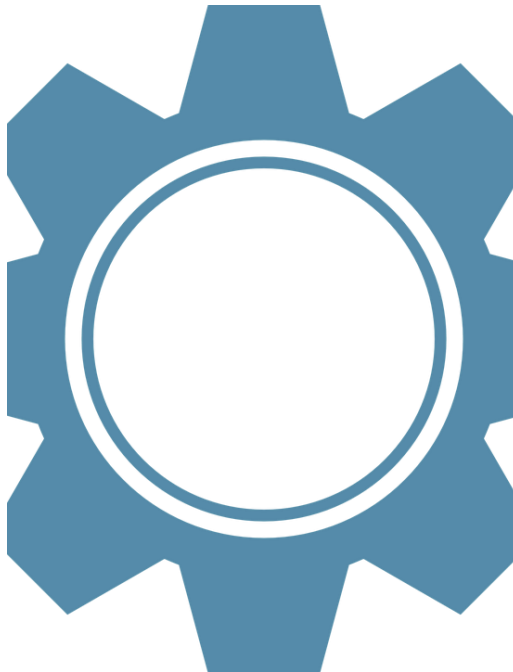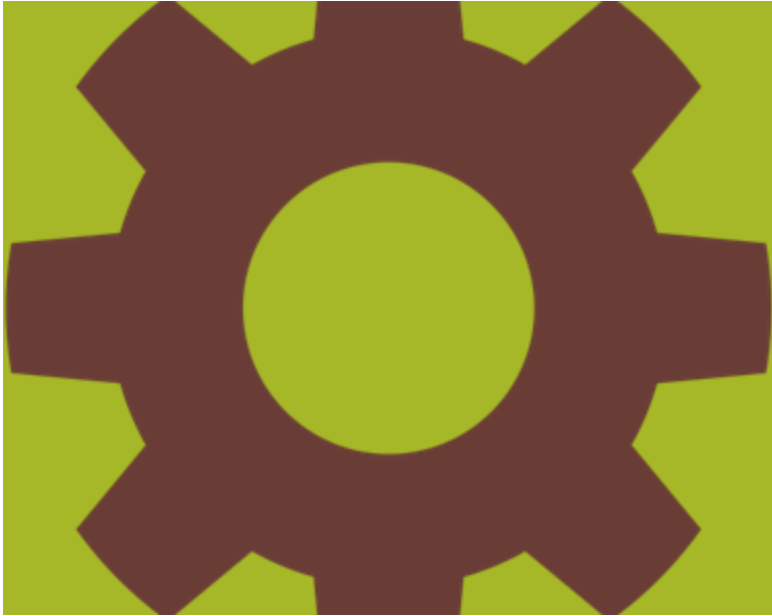
Renewals and MSP Overrides

Example

If the MA renewal is 02/2023, the MA override end date will be set as 02/28/2023

Questions

Change in Circumstances
Active Verified vs. Continuous Coverage

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Change in Circumstances

Continuous Coverage members who report a change after the PHE ends will **NOT** be terminated until they have gone through the renewal process and determined no longer eligible

Change in Circumstances

Any changes reported for an **Active Verified** member made after the PHE can be acted upon and will no longer have the continuous coverage applied. This means a case could move to a different category or be terminated
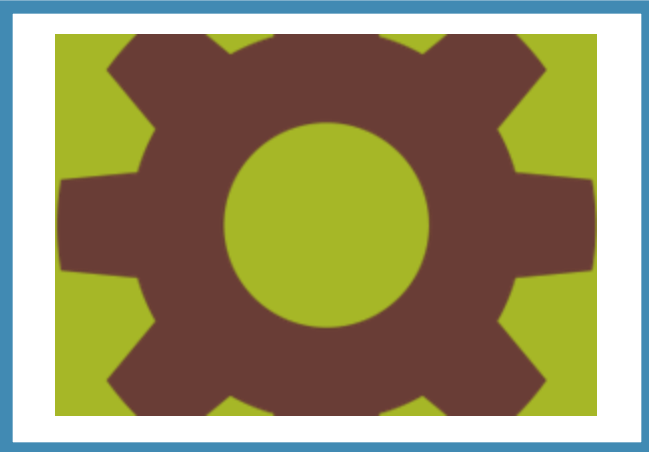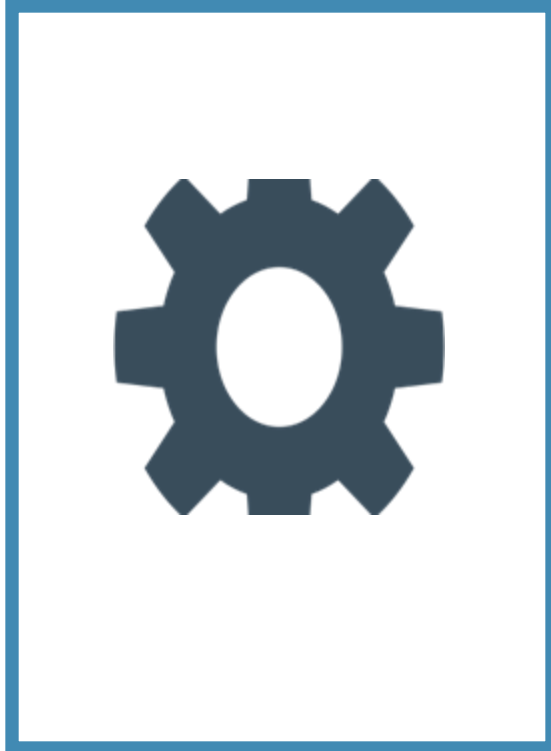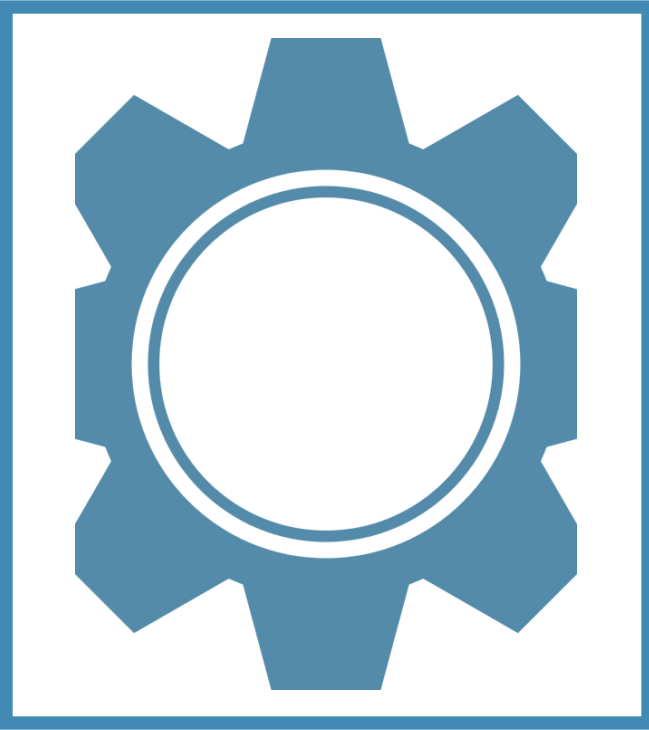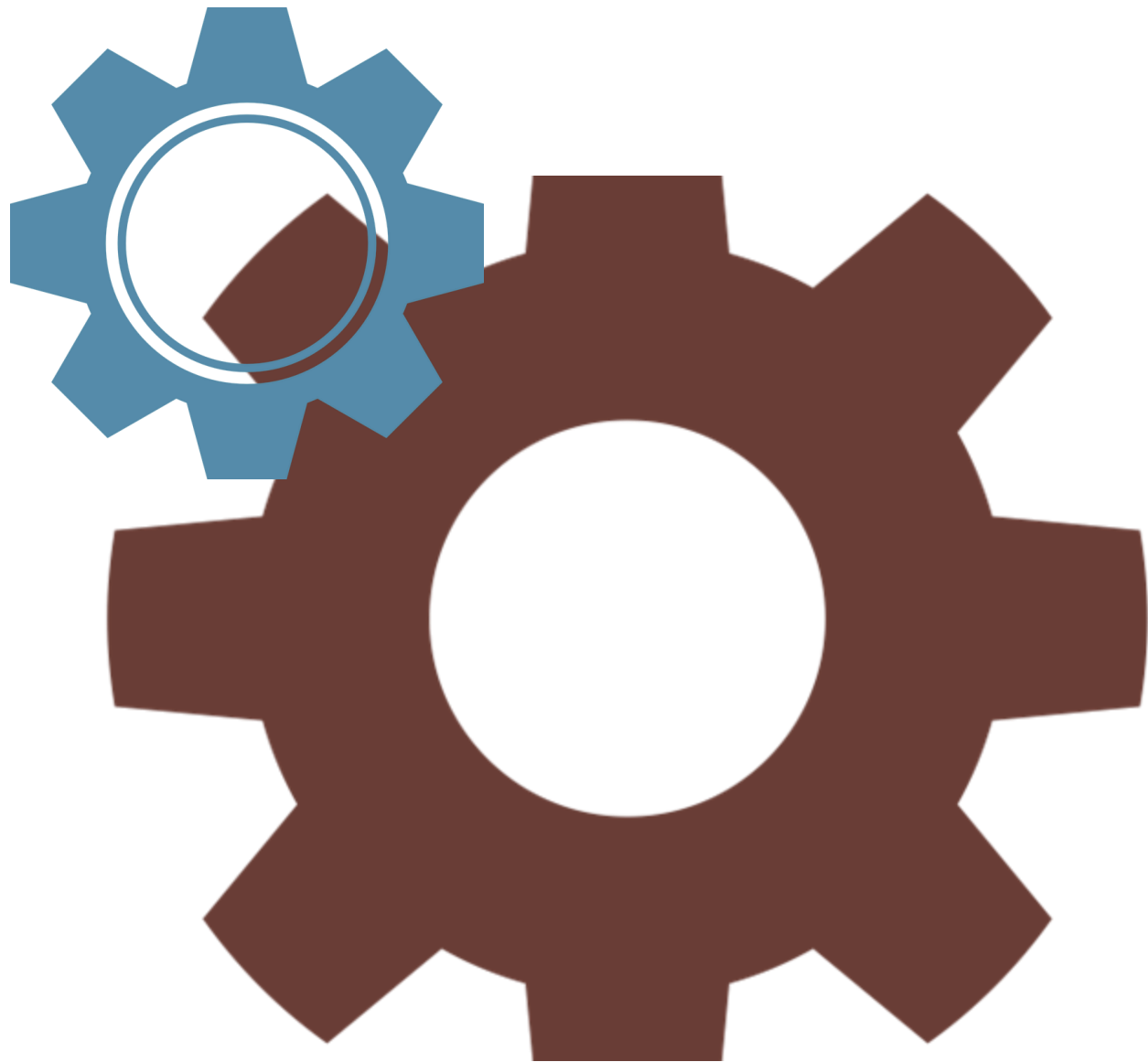
Change in Circumstances

Example (Continuous Coverage Member) If the PHE end is January 2023

A **Continuous Coverage** member reports a change in April 2023 and their renewal isn't due until Nov 2023

Result

If the change is processed and the individual is found ineligible, they will remain on continuous coverage until their renewal in November

Change in Circumstances

Example (Active Verified Member) If the PHE ends in January 2023

An **Active Verified** member reports a change in April 2023 and their renewal isn't due until November 2023

Result

If the change is processed and the individual is found ineligible, they will be terminated and will not be locked into the continuous coverage population

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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 once the PHE ends

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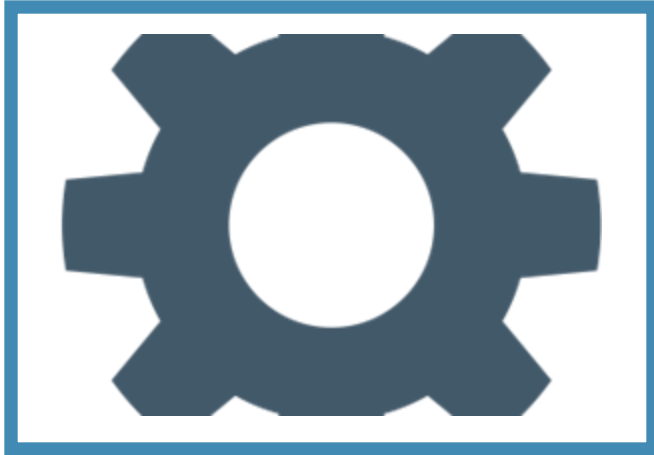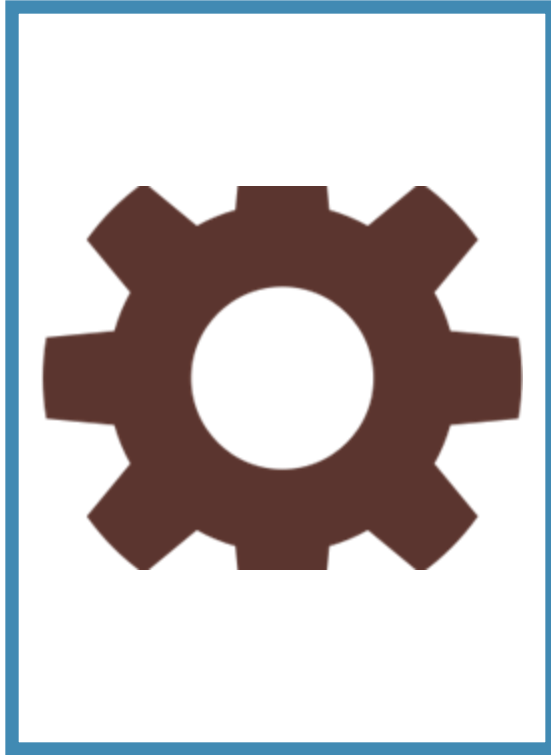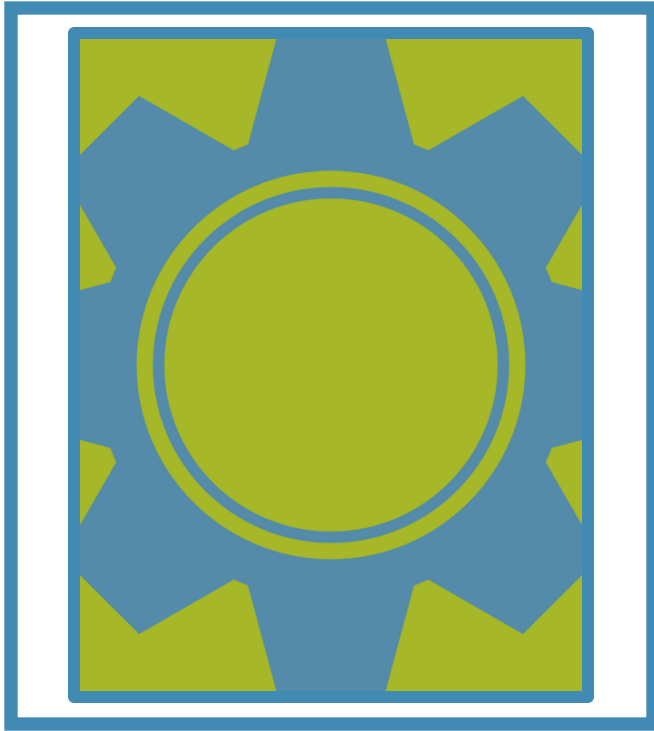
Mass Exceptions

- Please continue to **work** the Mass Exceptions

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

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

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

- Department will continue to monitor performance and timeliness with existing processes throughout the unwind period

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

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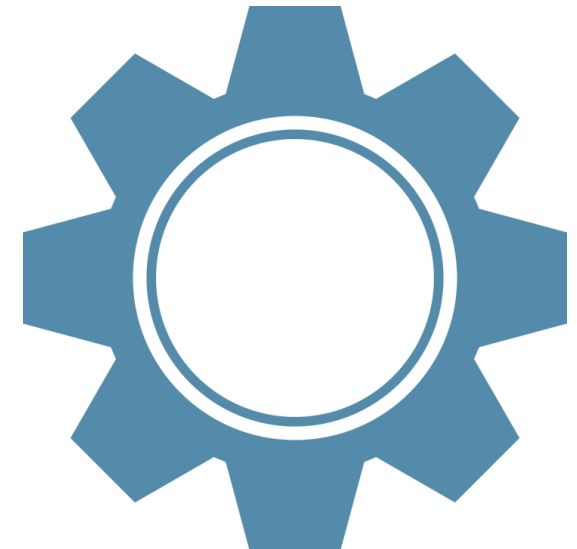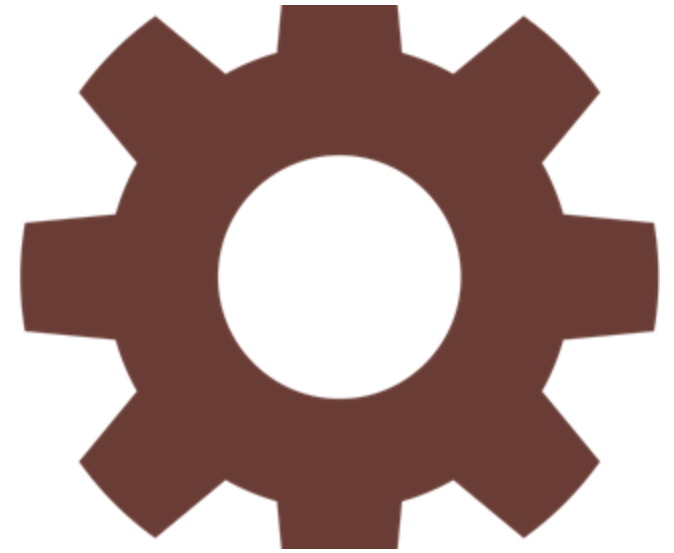Department of Health Care
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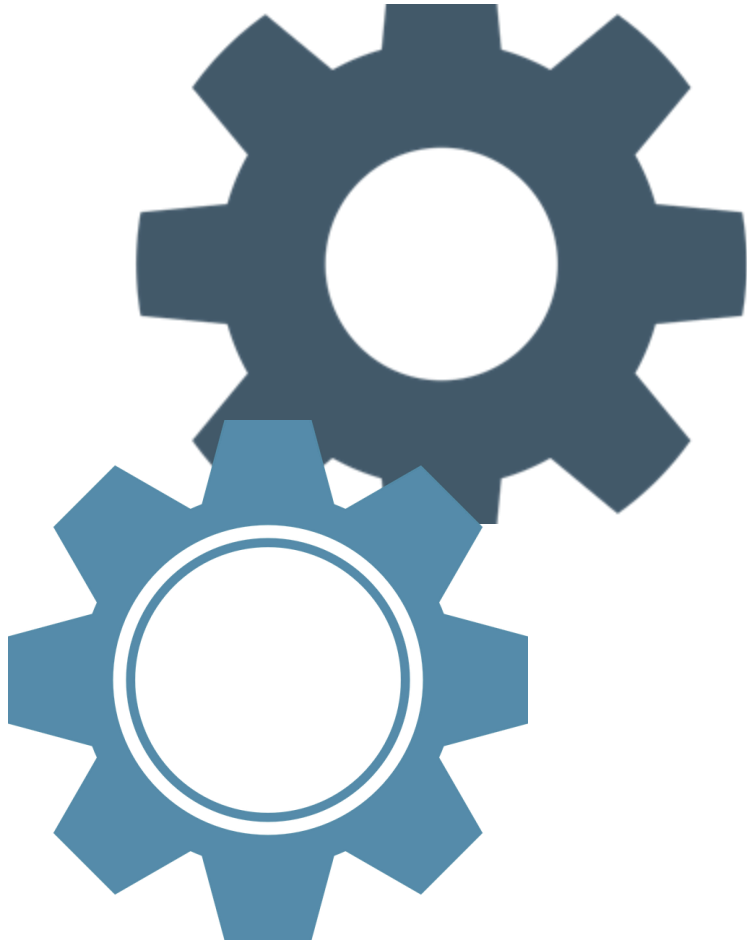
Consolidated Return Mail Center

- 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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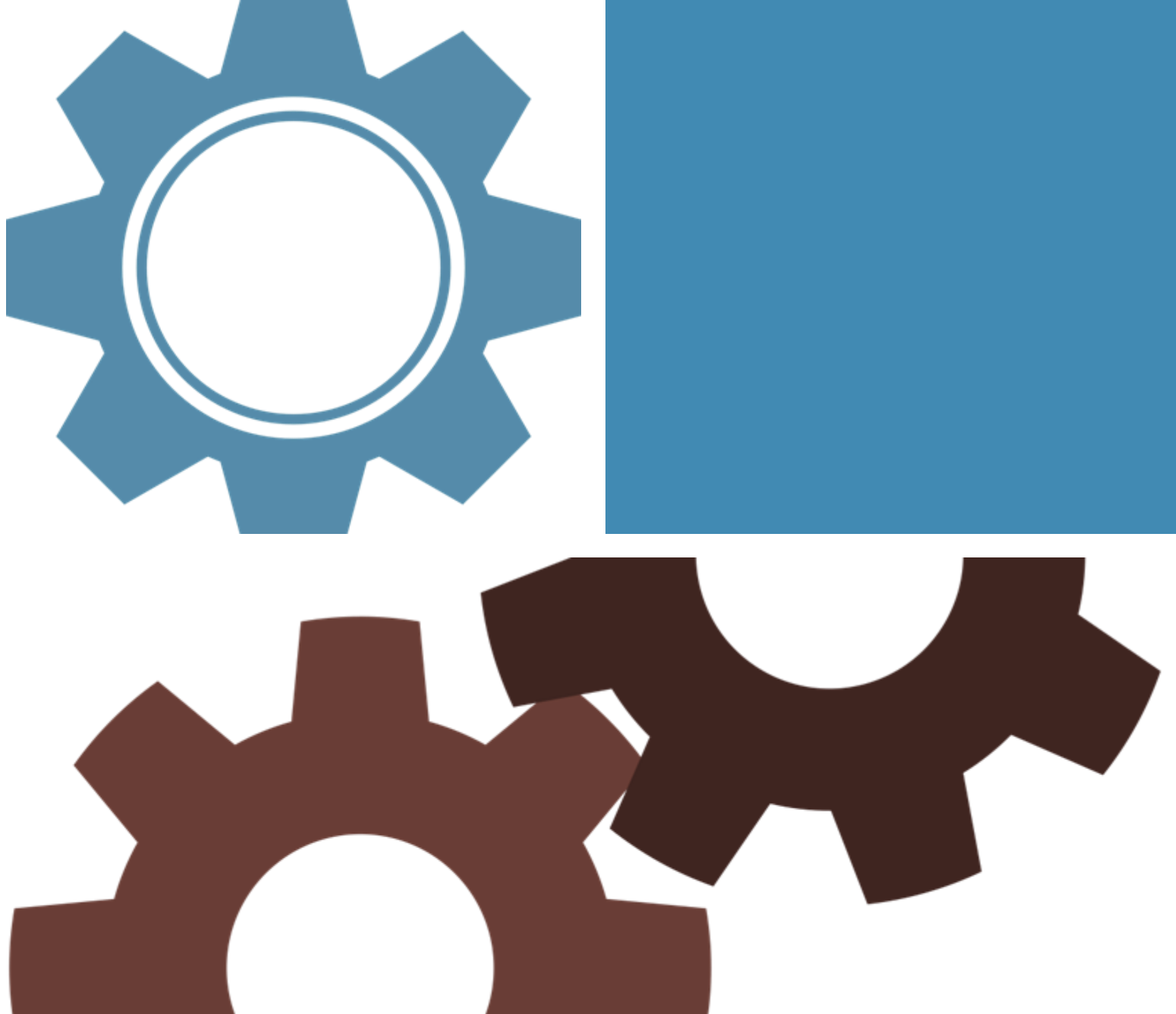Department of Health Care
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Connect for Health Colorado (Marketplace)

- 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://c4h.co/OE10toolkit
  - https://connectforhealthco.com/

Resources

- FAQ
- Operations memo
- Project build knowledge transfer
- SDD Learning Center
- County Dashboard Tips Sheet
- HDTs
- Member Outreach
- https://hcpf.colorado.gov/covid-19-phe-planning

THANK YOU
Questions and Answers

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