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Dear Provider,

Colorado has resumed regular eligibility reviews for people with Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) after a two-plus (2+) year pause during the COVID-19 Public Health Emergency (PHE).

New Federal Guidance on Ex Parte Process

All states received [guidance from the Centers for Medicare & Medicaid Services \(CMS\) on August 30, 2023](#), that requires a change to the ex parte (automation) process for renewals. Instead of renewing members with ex parte at the household level (all members of a household receiving Health First Colorado or CHP+ benefits reviewed for eligibility at the same time), as has been done in the past, CMS is requiring states to perform ex parte automation reviews on an individual basis, meaning each person in the household is reviewed and approved separately.

A short-term system change was implemented in mid-October to have the system identify individuals who were determined eligible during ex parte and approve them regardless of whether the household returns a renewal packet or renewal signature. This change will continue until a longer-term change is implemented in the future.

Reinstatement

To fully comply with CMS guidance, coverage is retroactively being reinstated for members who were identified as eligible at ex parte in the renewal months prior to September 2023, but who lost coverage because a packet was requested and not received from the household. Around 10,000 individual members were initially identified as affected by this change. Letters are being sent to affected members starting the week of October 30, 2023, and early November is the target for most members to be reinstated.

1. Some members will remain eligible prospectively for a program for which they were approved at ex parte.
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2. Some members may be reinstated to a program for which they passed during ex parte but then transitioned to another program. This may occur due to members reapplying and the highest applicable coverage being provided.
3. Some members may no longer be eligible prospectively (November 2023, and forward) if they re-apply or report a change in circumstances.

Impact to Providers

Claims that were denied in the period when members were having coverage reinstated will need to be resubmitted directly to the Department of Health Care Policy & Financing (the Department) as fee-for-service claims for Health First Colorado or CHP+. This includes both physical and behavioral health claims.

If medical bills are incurred by a member during the time that household members showed as not covered, members can call customer service and let them know about these bills so that claims can be paid:

- **Health First Colorado members:** 800-221-3943 (State Relay: 711)
- **CHP+ members:** 800-359-1991 (State Relay: 711)

Additional FAQs about [ex parte reinstatement](#) and the return to regular renewal processes can be found in the [PHE Resource Center](#). Providers may contact the [Provider Services Call Center](#) with any questions.

Thank you,

Department of Health Care Policy & Financing
