



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>END OF PUBLIC HEALTH EMERGENCY FOR COVID-19 AND RETURNING TO NORMAL OPERATIONS</b>
<b>SUPERSEDES NUMBER:</b>	<b>PM 20-004, PM 21-001, PM 22-007</b>
<b>EFFECTIVE DATE:</b>	<b>MAY 11, 2023</b>
<b>DIVISION AND OFFICE:</b>	<b>MEDICAID OPERATIONS OFFICE</b>
<b>PROGRAM AREA:</b>	<b>ELIGIBILITY POLICY</b>
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<b>APPROVED BY: LISA PERA</b>	

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### **Purpose and Audience:**

The purpose of this memo is for the Department of Health Care Policy & Financing (the Department) to provide guidance to Eligibility Sites (County Departments of Human/Social Services, Medical Assistance and Eligibility Application Partner sites) due to the COVID-19 Public Health Emergency (PHE) and the COVID-19 Continuous Coverage requirement for Medical Assistance (MA) Programs, both ending May 2023 in Colorado.

### **Information:**

Over the course of the COVID-19 PHE period, the Department adopted many flexibilities offered by the Centers for Medicare & Medicaid Services (CMS) to respond to the pandemic. The Department also made program changes to qualify for the Federal Medical Assistance Percentage (FMAP) funding increase available under section 6008 of the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127) as amended by

the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Pub. L. 116-136), by satisfying a continuous coverage requirement for most Medicaid beneficiaries who were enrolled in the program as of or after March 18, 2020.

The ending of the continuous coverage requirement (COVID Unwind) requires the Department to return to normal medical assistance eligibility renewal processes with renewals due in May 2023 and noticing beginning in March 2023. This [COVID Continuous Coverage Unwind](#) is based on the recent federal Consolidated Appropriations Act, 2023, which included language that ends the Medicaid continuous coverage requirement, and the [federal guidance issued on Jan. 5, 2023](#). In addition, President Biden announced the end of the COVID-19 public health emergency will be May 11, 2023. The end of the PHE will mean rolling back certain flexibilities that were in place for our programs that will be addressed in this memo.

### **Continuous Coverage Requirement**

The Families First Coronavirus Response Act mandated the Department to maintain coverage for existing Medical Assistance Program members, with the exceptions of: voluntary termination, not a Colorado resident, or death. Effective March 18, 2020, all members who were enrolled or became enrolled during the pandemic in Health First Colorado programs received coverage through the COVID-19 public health emergency continuous coverage requirement. Continuous coverage are cases in which the member was determined ineligible but locked into a Medical Assistance benefit due to the continuous coverage requirement mandated during the public health emergency.

With the end of the continuous coverage requirement, the Department will resume normal operations and all members enrolled in Medicaid and CHP+ will need to have a renewal completed. This includes those who are enrolled due to the continuous coverage requirement. Renewals must be initiated within 12 months of the end of the continuous coverage requirement with the reviews completed within 14 months. Renewals will be conducted as outlined in 10 CCR 2505 8.100.3.P and the [HCPF Operational Memo 22-003](#).

### **Verifications**

In December 2022, the look back period for verifications at renewal changed from 4 months to 6 months. Eligibility workers must enter all received verifications into CBMS.

Throughout the PHE, CBMS continued to generate and send out a verification checklist (VCL) to members when a verification was necessary to make an eligibility determination. Eligibility workers should have been entering those verifications into CBMS when they were received.

When a verification is requested for the current renewal period (May 2023-April 2024), the current verification(s) received will be used to clear the "oldest" month for each verification type that needs to be cleared. CBMS will require the "oldest" month for each verification type to be cleared if that was not done previously. Eligibility\_workers must clear the "old" verification(s) in CBMS when working the current renewal.

Due to county concerns regarding clearing "old" verifications, the Department is pursuing a system solution and will provide further guidance once a system solution is identified.

### **Change in Circumstances**

Consistent with regulations at 42 C.F.R. §§ 435.916(d) and 457.343 and outlined at 10 CCR 2505 8.100.3.P, eligibility must be redetermined between regular renewals of eligibility whenever information is received about a change in a member's circumstances that may affect eligibility. Any change of circumstance entered, processed or authorized within the CBMS on or prior to May 31, 2023, that results in a negative action, will result in the member being enrolled in continuous coverage until the member's renewal.

Any change of circumstance entered on or after June 1, 2023, that results in a negative action will result in a termination of the member prior to their renewal month, unless that member is on continuous coverage or has other household members who are on continuous coverage. In this instance, the member(s) will be enrolled in continuous coverage with the rest of his/her household members until their upcoming household renewal.

Best practice will continue to allow members 30 days from the termination date to provide updated information and/or documentation and have their case reopened without requiring a new application or renewal packet.

### **Self-Attestation**

As outlined within the memo [HCPF OM 20-071 Self-Attestation of Information During COVID](#), during the PHE individuals submitting a new application could self-attest without additional verification to the following: income, Social Security Number and/or resources. Any other criteria needed to make an eligibility determination, other than those mentioned, needed to be verified and requested from the applicant. This flexibility ends with the end of the PHE.

New applications processed on or after April 20, 2023, that include the eligibility month of June 2023, will no longer accept self-attested information provided by an applicant for income, Social Security Number, and/or resources. If this information cannot be

electronically verified, paper documentation will be required to make an eligibility determination. CBMS will automatically generate a verification checklist for the month of June for these members if verification is needed.

### **COVID-19 Testing Optional Medicaid Eligibility Group**

Effective March 18, 2020, the Department provided limited coverage for COVID-19 testing, treatment, and other services related to complications of COVID-19 to individuals who are uninsured and are not otherwise eligible for medical assistance.

This optional group will end effective May 11, 2023, when the PHE ends. All members that were in the uninsured limited testing group will be run through CBMS to determine if they meet eligibility criteria for another medical assistance program. If a member in this group is not found to be eligible for any other category of medical assistance, a termination notice will be sent out with appeal rights. These members will be referred to Connect for Health Colorado and information regarding how to contact Connect for Health Colorado will be in the Notice of Action letter.

Effective May 11th the three COVID-19 questions currently displayed within CBMS, the PEAK online application and the paper application (Worksheet J) will no longer be displayed.

These are the questions currently displayed for this limited coverage group:

1. Have you been impacted through exposure to or potential infection of COVID19? [Yes or No]
2. Do you have health insurance or health care coverage? [Yes or No]
3. Do you or did you need health care for COVID-19 testing, treatment or care for complications related to COVID-19? [Yes or No]

### **Premiums**

During the PHE, annual enrollment fees were suspended for existing CHP+ members. When HB22-1289 passed, initial and annual enrollment fees for CHP+ members were permanently eliminated as of July 1, 2022.

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) were temporarily waived during the PHE. These premiums will continue to be waived throughout the 14 months it will take Colorado to end the PHE and continuous coverage requirement process and return to normal operations.

The Department does not intend to recoup annual enrollment fees and premiums that were not charged during the PHE between March 2020 through April 2024.

**Remote Application Assistance**

Throughout the COVID-19 PHE, Counties, Medical Assistance (MA) Sites, Eligibility Application Partner (EAP) sites, Presumptive Eligibility (PE) Sites, and Certified Application Assistance Sites (CAAS) were provided an interim process to assist individuals remotely with applying for Medical Assistance upon receipt of verbal consent. This guidance was outlined in the memo [HCPF PM 21-001 Remote Application Assistance](#).

When the PHE ends, May 11, 2023, the remote application assistance interim process is no longer allowable. Sites should continue to encourage individuals to apply for Medical Assistance by mail, in person, online via PEAK, or over the phone.

**Attachment(s):**

[COVID Unwind Education Session Feb 2023](#)

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