



POLICY MEMO

TITLE:	FRAUD INVESTIGATIONS, OVERPAYMENTS, AND ELIGIBILITY TERMINATIONS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	MARCH 18, 2020
DIVISION AND OFFICE:	COMPLIANCE, MEDICAID OPERATIONS OFFICE
PROGRAM AREA:	MEMBER/CLIENT FRAUD
KEY WORDS:	CORONAVIRUS, COVID-19, PUBLIC HEALTH EMERGENCY, CLIENT FRAUD, MEMBER FRAUD, OVERPAYMENT, ELIGIBILITY TERMINATION
POLICY MEMO NUMBER: HCPF PM-002	
ISSUE DATE: FEBRUARY 2, 2021	
APPROVED BY: RALPH CHOATE	

HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Policy Memo is to communicate to county member fraud investigators the requirement for Continuous Enrollment during the Coronavirus (COVID-19) public health emergency (PHE), and the related implications on member fraud investigations, eligibility terminations, and overpayments. This Memo will be available to all county staff working on member fraud investigations.

Information:

The Families First Coronavirus Response Act mandates the Colorado Department of Health Care Policy and Financing (Department) to maintain coverage for existing Medical Assistance members through the end of the PHE. Members enrolled in Health First Colorado programs on or after March 18, 2020, must receive continuous coverage through the end of the month in which the PHE ends. A member who is enrolled in Health First Colorado programs during the PHE may not have his or her Medical Assistance program eligibility terminated during the PHE, unless the member requests

voluntary termination, the member is no longer a Colorado resident, or the member has died.

Members who are enrolled in Child Health Plan Plus (CHP+) during the PHE, will need to meet age requirements to maintain their coverage. For pregnant CHP+ members, coverage will end on the last day of the month of the member's 60-day postpartum. The Department will communicate all changes regarding the end of the PHE to eligibility sites and members, once available.

County Fraud Investigations

During the PHE, county investigations may continue investigations into member eligibility. However, investigators must abide by all county, state, and federal safety guidelines, including social distancing and mask wearing requirements. It is strongly encouraged that investigations be conducted virtually.

Eligibility Terminations

During the PHE, counties are unable to terminate member medical assistance eligibility for any reason except for the following: voluntary eligibility termination requests, moves out of state, and death. If an investigation determines that an individual is no longer eligible for medical assistance, that case must remain open, unless the client specifically requests that it be closed.

Overpayments

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 of time 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.

Ending the PHE/Additional Guidelines

The PHE period is determined at the national level, by the Secretary of the Department of Health and Human Services. The counties will be notified when the PHE is set to end. The guidance issued in this Policy Memo is in effect unless and until the Memo is superseded by new guidance. .

After the PHE has officially ended, counties still may not establish overpayment claims which occurred during the PHE period, no matter the reason they occurred.

Overpayment claims will only be able to be made for time periods before and after the official PHE period.

Attachment(s):

None

Department Contact:

hcpf_report.clientfraud@state.co.us