



COLORADO

Department of Health Care
Policy & Financing

Health First Colorado caseload changes

December 2017

General Questions

Why does Health First Colorado (Colorado's Medicaid Program) caseload change from month to month?

Caseload can change month to month based on whether an individual remains eligible for the program. Changes in household size, income and other factors can impact whether an individual qualifies for Health First Colorado.

When a member is determined to no longer be eligible for Health First Colorado, they will be disenrolled at the end of the month. The results of the disenrollment will be reported at the beginning of the following month.

Members are required to recertify their eligibility on an annual basis. Failure to properly recertify eligibility will result in the loss of coverage. Member income is verified on a quarterly basis using data from the Colorado Department of Labor and Employment (CDLE). If there is an income discrepancy, a letter is sent to the member giving the member 90 days to provide a response (such as providing proof of income). If no response is provided, a member may be disenrolled in Health First Colorado at the end of the 90 days.

Is Health First Colorado monthly coverage or annual coverage?

Health First Colorado is different than private health insurance. There is no open enrollment period for Health First Colorado and it is not an "annual plan." Anyone can apply for Health First Colorado benefits at any time. The Department of Health Care Policy & Financing (the Department) continually reviews income to ensure income requirements are met.

Children who qualify may have up to 12-months of continuous eligibility for medical assistance programs like Health First Colorado and Child Health Plan *Plus* (CHP+). Adult coverage is month to month, as long as income and other requirements are met.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf



Can children continue to receive 12-months of continuous eligibility if income verification is not provided for the household?

To remain eligible and receive continuous eligibility, the reported household income must be verified at least once during the children's 12-months of coverage to determine if the child should continue on continuous eligibility.

Income Eligibility Verification System (IEVS) Questions

How does the state verify that income requirements are being met for its programs?

The Department's Colorado Benefits Management System (CBMS) houses our eligibility data, including income. CBMS uses IEVS data provided through the Department of Labor and Employment (CDLE) database to verify earned income. If a member's reported earned income is different from what is reported through IEVS, CBMS will generate an income discrepancy letter that is sent to the member requesting income verification. The member has 90 days to respond to the letter. If the member does not respond after 90 days, the system will begin using the income reported through IEVS to determine whether the member is eligible for Health First Colorado benefits.

I've heard there were recent changes to the eligibility system regarding verification of income. What were these changes?

In March 2017, system updates were implemented to align the system with eligibility policy and ensure that members were still financially eligible for Health First Colorado benefits. These system updates included the following:

- Sending a request for income verification to members who had not provided current proof of income at their annual redetermination date.
 - If current proof of income is not provided at their annual redetermination, the system was updated to deny member's eligibility and disenroll from Health First Colorado benefits.
- Sending a request for income verification to members whose income had not been verified by the IEVS interface.
 - If members do not respond, the system was updated to deny member's eligibility and disenroll from Health First Colorado benefits.
- Sending a request for income verification to members whose reported income varied from the reported income from the IEVS interface.
 - If members do not respond, the system was enhanced to accurately determine eligibility by using the IEVS reported income to make an eligibility determination.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf



October/November 2017 Caseload Questions

Why was there a caseload drop in October and November 2017?

Approximately 36,730 individuals dropped from the Department's Health First Colorado caseload over these two months. For the most part, the drop in caseload is related to the March 2017 system updates that required the member to take an action to verify their income. Below are some contributing factors:

- Member did not respond to the income verification request at the time of their redetermination.
- Member's reported income did not match the IEVS reported income and member did not respond to request for verification.

If a member is disenrolled but believes they are still eligible for Health First Colorado, what should they do?

Benefits can be reinstated with no gap in coverage if they provide the necessary information to complete the redetermination within thirty days of termination, and are found to be eligible for benefits. Members can contact their county to get additional information if there are questions about what is needed to complete the redetermination. After the 30 days, members will need to reapply for benefits and request retroactive coverage.

