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COLORADO
Department of Health Care Policy & Financing

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Helping LTSS Members through the Continuous Coverage Unwind

This resource is designed to help Case Management Agencies (CMAs) and other partners who support members receiving Long-Term Services and Supports (LTSS) understand the Health First Colorado renewal process and the end of continuous coverage.

Key questions addressed include:

- What's different about the renewal process now for LTSS (non-MAGI) members?
- How does the automatic (ex parte) renewal process work for non-MAGI populations?
- How can caregivers help their loved one with LTSS care through the process?
- How can I help someone complete the renewal process?
- Where do I direct someone for in-person help?

Continuous Coverage and Ex Parte (Auto-Renewal)

What is the continuous coverage requirement?

The continuous coverage requirement applies to people enrolled in Health First Colorado and CHP+ as of March 18, 2020, or those who were determined eligible on or after that date. State Medicaid agencies have maintained coverage for people who may have become ineligible since their last eligibility determination.

What happens when continuous coverage ends?

Health First Colorado and CHP+ will return to normal renewal processes. When the continuous coverage period ends, renewals must be initiated for the state's entire Medicaid and CHP+ population, including people covered through continuous coverage. The Colorado Department of Health Care Policy & Financing (HCPF) will take 12 months (14 months, including noticing) to complete renewals for all Health First Colorado and CHP+ members. **Not all members will be renewed at the same time.** Each member's renewal month will align with their already established annual renewal. Some members will be automatically

renewed based on the most recent information already on file with the state (this process is known as ex parte). For details on the renewal process, go to Renewal Revamp Frequently Asked Questions (FAQ).

What is the renewal process?

The renewal process (sometimes called redetermination or RRR) for Health First Colorado and CHP+ members occurs annually. Some members will be automatically renewed based on information we have for them from other data sources (this is called Ex Parte).

If we are not able to verify a member's eligibility based on most recent information already on file (reported information from members and/or information from other data sources) they will have to go through the renewal process to see if they still qualify for coverage. These members will receive a renewal packet several weeks in advance of their renewal month. The packet will ask them if anything about their situation has changed, a signature to acknowledge review of the information, and may request verification to determine whether they still qualify to receive Medical Assistance. This is a new ask! During the PHE, members have received renewals but haven't needed to return them to keep their coverage. This packet can be completed electronically through CO.gov/PEAK, the Health First Colorado App or by mail.

For more information about renewals visit hfcgo.com/renewals (members) or hcpf.colorado.gov/understanding-renewal-process (partners).

How will members know when their renewal is due?

The Department will send a renewal packet either in the mail or to their email directing them to their PEAK inbox several weeks before their renewal due date. Members who use the Health First Colorado app will receive a push notification letting them know when it's time to take action.

Members can find out their renewal date on CO.gov/PEAK at any time using the following steps:

1. Log in to PEAK. You will be on the Dashboard.
2. On the main navigation, choose "Manage my benefits" then "Overview of health coverage benefits."
3. Find renewal due dates for each household member under "Summary of health coverage benefits."

Ex Parte and LTSS (Non-MAGI) Members

How does the state automatically renew LTSS (or Non-MAGI) members?
Ex Parte is the process by which the state reviews recent information already on file to determine eligibility- this information must be within the last six months. That information

may come from a member's renewal in another program, such as SNAP. If the information on file shows a member may not be eligible or if there is not enough information to determine if a member is eligible, a renewal packet will be sent out. Members are requested to review the information on file and make updates or provide new information. If a member needs additional documentation that cannot be automatically verified with existing data, a notice will be sent out identifying the items that require the documentation and types of acceptable documentation.
*Depending on the program, a level of care assessment may be needed or other information to complete the renewal process.

What do the renewal packets look like and why are the packets different from what members see when they log into PEAK (online portal)?
Examples of the renewal packets sent in the mail are available on our website for partners. Members will receive individualized forms. The renewal forms are pre populated with information we have on file for that member or household. The packets may include blank fields for any information that is required that we are currently missing or needs to be updated.

The renewal forms sent in the mail ONLY include the minimal information needed to verify eligibility for the members in that household, not everything we have on file. The information a person's PEAK account includes ALL information we have on file for that member or household. If we printed all the information in the renewal packets, it would add a significant amount of pages to the mailing and unnecessary burden to the member. In addition, PEAK is a real time system that may dynamically ask for more information as questions are answered (something not achievable on paper renewal packets).

What percentage of members are renewed through the ex parte (automatic renewal) process?
HCPF estimates approximately one third of all members (includes both MAGI and non-MAGI enrollees) could be automatically renewed and not have to complete the renewal process. When looking at "active" members- defined as those who have been determined eligible and continue to be eligible (not part of the continuous coverage)- in the last year, the automatic renewal number is expected to be higher. For example, the average active non-MAGI ex parte rate over the last six months was approximately 50%, compared to 32% for the entire population. For those members that need to take action on renewals, the non-MAGI population is more likely than other populations to return their renewal packets.

How will this impact any LTSS programs a member is participating in?

During the continuous coverage requirement, members who have stopped meeting programmatic requirements for their selected LTSS program have continued to be held active in their selected LTSS program. CMAs will begin outreaching these members in April 2023 to inform them of the end of the continuous coverage requirement.

Case managers will work with the member to identify if the member meets programmatic requirements, requires an assessment, a change of program, or service coordination. For those members who continue to no longer meet programmatic requirements, no adverse action will be taken by the CMA until after the members financial renewal date has passed.

Case managers find a person's financial renewal date using PEAK Pro, under the Eligibility Check section.

After the financial renewal date has passed, the CMA will outreach the member again to identify the programmatic requirements for their selected LTSS program. For members who continue to no longer meet requirements, a Notice of Adverse Action will be sent to the member which includes the members appeal rights.

CMAs are important partners to help ensure members know when their renewal is due, what to do to complete the renewal process and where to go for help. HCPF encourages CMAs and Regional Accountable Entities to work closely together to ensure our LTSS (non-MAGI) members stay connected to the coverage for which they qualify.

For more information, please see OM 23-024: "Case Management Eligibility and Notice of Action Requirements for the Ending of the COVID-19 Public Health Emergency".

Renewal Process Education

Understanding the Renewal Process Toolkit

The Department of Health Care Policy & Financing (HCPF) created a toolkit for partners such as case managers and community advocates to help Health First Colorado and CHP+ members through the renewal process. This toolkit includes sample non-MAGI packets in English and Spanish as well as a step-by-step guide to important actions in PEAK.

VIDEO: How the Medicaid and CHP+ Renewal Process Works - available in English and Spanish

WEBPAGE: Member-Facing Renewals Information and FAQs (English) | Spanish

New: Signature Requirement

Members or an authorized representative must sign their renewal packet due to a new federal requirement. There are several ways to do this.

The methods for accepting the member's signature are:

1. **Paper:** Mail, fax, or bring the completed signature page and updated renewal form pages to the member's local county office.

2. **Online:** Complete and sign the renewal through PEAK. If renewal was submitted to an eligibility site without the signature page, the member could upload the signed signature form via PEAK.
3. **Telephone:** Record the member's renewal attestation and have their telephonic signature recorded through the member's local county office. This will include the rights and responsibilities being read to the member.

Can an adult that lives in the home, but is not listed as the head of household sign the renewal?
Yes, an adult who is listed as part of the household on the case can sign the signature renewal form.

If the member does not know how to write, is an "X" acceptable as the signature?
Yes, a member is allowed to sign with the letter "X" if the signature is witnessed by someone and they print their name after the phrase "witnessed by".

What is an Authorized Representative?
An authorized representative is an individual or organization who acts responsibly on the member or applicant's behalf during the application and renewal process and other ongoing communications. An authorized representative needs to be added to the case when it is reported to the county within the Authorized Representative screen.

How many days does the member have to provide the signed renewal packet?
The member will have approximately 45 calendar days to review, make updates and return the signed signature page. If the member returns the renewal packet and the signature page is missing or unsigned, an additional 10 business days will be provided, and CBMS will trigger the signature form requesting the member's signature based on the user's data entry.

Completing the Renewal Online

Using PEAK to complete the Renewal Process

The CO.gov/PEAK portal is a quick and easy way to receive messages about public assistance benefits, including MA benefits from Health First Colorado. Members can sign up for a PEAK account at the link above and opt-in to receive emails and notifications there. The entire renewal process can be completed in the PEAK portal, including a digital signature- a new federal requirement.

- Training resources for PEAK
- Members can also download the Health First Colorado app and opt-in to receive push notifications when they need to take action on their renewal.

In-Person Resources

1. **Certified Application Assistance Sites (CAAS)**- they can help with new Health First Colorado applications and renewals
    a. Directory of sites

2. **Local County Human Services Department** - for questions and help regarding a member's specific renewal situation or status.
    a. Map of County Human Services Departments