

Renewal Revamp

Colorado Department of Health Care
Policy and Finance

February
2022





Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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Purpose and Objectives

Purpose

Explain and Clarify the New Renewal Process

Objectives

At the end of this presentation, you will be able to:

- Understand the New Renewal Process
- Have clarity on why the changes were made
- Explain the changes to members

Current Process

- The member will receive a Renewal packet 60 days prior to their Renewal due date
 - The system will automatically check if updated verifications are needed, and send out a Verification Checklist with their Renewal packet
- Many cases will Auto Re-Enroll annually
- If the member has no changes to report or no verification to provide no action is necessary



What is Changing

- The new renewal process consists of several steps and includes a newly designed form in which the member must sign and return for the renewal process to be considered complete
- The new process also involves Medical Assistance Ex Parte



Who is affected by this change

- Health First Colorado (Colorado's Medicaid Program) & CHP+ (Child Health Plan *Plus*) Members
- Assistors & Community Based Organizations
- County offices & eligibility sites



Why did this change happen?

- Keep in compliance with Federal Regulations
- Streamline the renewal process/packet
- Prepare for the end of the Public Health Emergency



PHE Update

The Public Health Emergency (PHE) was recently extended until April

Members who are locked in due to the PHE will remain eligible on their current aid code

Members will NOT be moved into a lower benefit category or terminated as a result of the renewal revamp project



When will this change happen?

- Medical Assistance Renewals from May 2022 onward undergo the MA Ex Parte process
- MA renewals due in February 2022, March 2022 and April 2022 continue to follow the current renewal process



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What changes will members see?

- A newly designed form in which the member must sign and return for the renewal process to be considered complete
- Not all members will receive the form



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Medical Assistance Ex Parte



What is MA Ex-Parte

- Excluded from requiring a renewal, and from the MA Ex Parte process entirely

Former Foster Care (FFC)
Supplemental Security Income (SSI)

- If the case has other members not on the above programs, they will continue to go through the MA Ex Parte process



Med Ex Parte Step A

One the 12th of the 3rd month prior to the renewal date CBMS will identify Renewals coming due

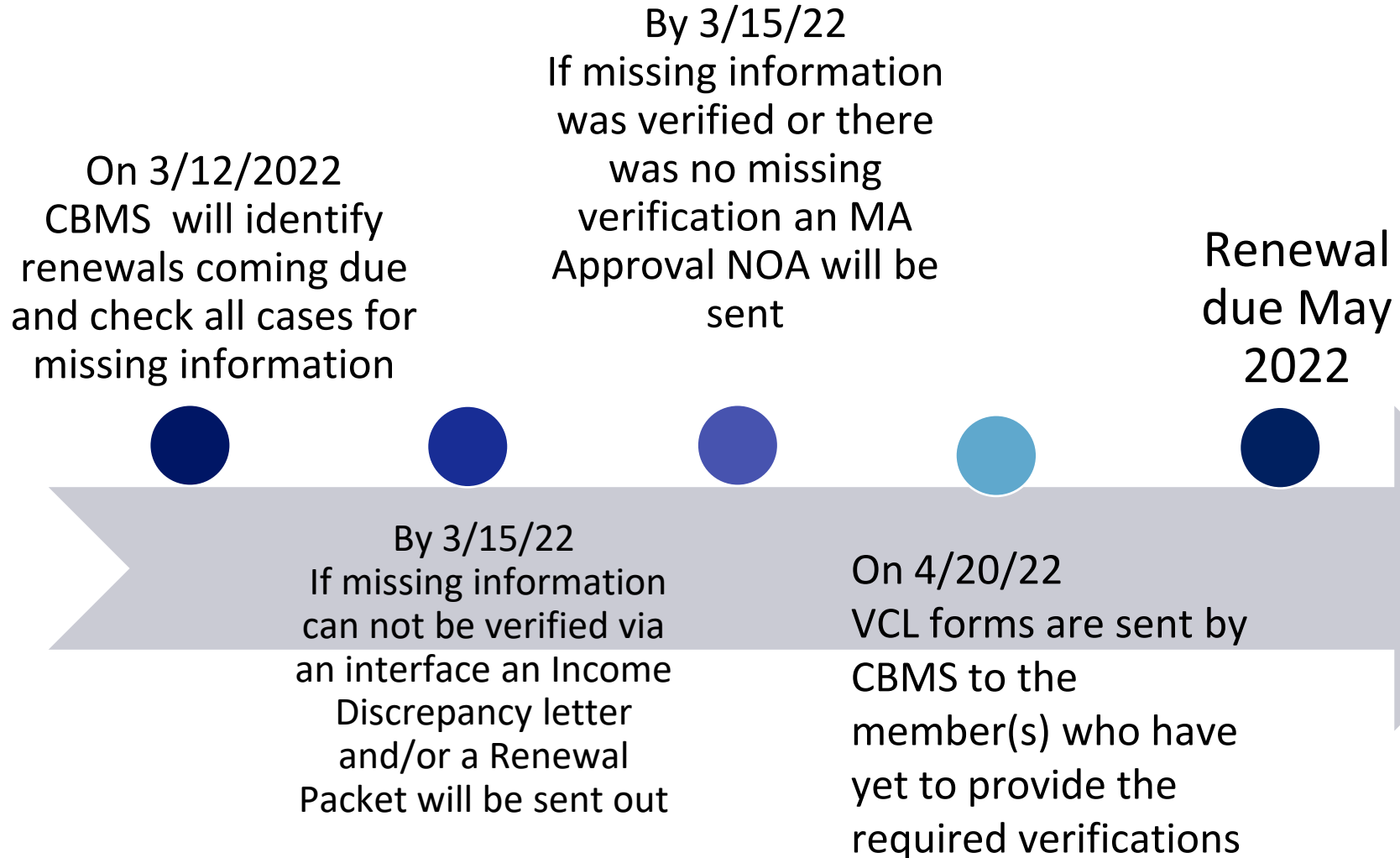
If information is missing on any of the cases that have a renewal coming due interfaces will be run to attempt to verify that information

It will then be determined if an MA renewal is approved, and the household will receive an approval NOA or if a MA renewal packet will be sent

Med Ex Parte Step B

Verification Checklist (VCL) forms are sent by CBMS to the member(s) who have yet to provide the required verifications by the 20th of the month prior to the RENEWAL due date

Ex Parte Example



Ex Parte Example

Example

MA renewal due for 5/31/2022. The Step A process is completed and there are no outstanding verifications identified, and all members are remaining on the same Medical Assistance program. Reasonable Compatibility (RC) criteria was met, there is no discrepancy.

Results

There will be no Income Discrepancy Letter triggered. A VCL will not be triggered in Step B. An MA Approval NOA will be triggered

Ex Parte Example

Example

MA renewal due for 5/31/2022. The Step A process is completed and there are no outstanding verifications identified, and all members are remaining on the same MA program. RC was checked and that criteria was not met so there is an income discrepancy

Results

An MA Approval NOA and the new Income Discrepancy Letter will be triggered. The member will have a 30 day Reasonable Opportunity Period (ROP)



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What is Reasonable Compatibility

Reasonable compatibility (RC) is a method of verification used for Medical Assistance programs that compares a member's self-attested income against income provided by an electronic data source

[*42 C.F.R §435.956.c](#)



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Correspondence



When a Renewal Packet will NOT be Generated

- If all members are found eligible, they will be approved and will receive up to 12 months of coverage
 - Renewal Packet will not be sent
 - Approval Notice of Action (NOA) will be sent
 - Members will not be required to sign or return notice
 - Members will have the opportunity to review the information used to make their eligibility determination

Approval NOA

Approval NOA Language

We used the information we had on record to approve you. If you would like to view the information we used, visit CO.gov/PEAK or contact your County's Human Services agency and request a copy of your Renewal Report

Important: If you have changes or corrections to your information you need to report them within 10 days of the change. Follow the instructions below under "Reporting Your Changes and Managing Your Benefits Online," or contact your County's Human Services agency



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When a renewal packet WILL be Generated

- A renewal packet will be pre-populated and sent with any available and relevant data on file
- The renewal packet will include a signature form and is required to be signed and returned, regardless if there are changes or not
- The member is allowed at least 30 days from the date of the renewal form to respond and provide any necessary information
- Entire packet does not need to be returned for acceptable, signature page can be a standalone if no changes reported

New Renewal Form

Renewal Form Signature Page

[Case Name]

Health First Colorado

Case Number: [Case Number]

Read and sign this attachment (This page **MUST** be returned).

Please refer to What I Should Know - Rights & Responsibilities before signing.

Check the box that applies:

- ☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. I do not need to make any changes or corrections to the information.
- ☐ I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. I need to make changes or corrections to the information. I will return the Renewal Form with the changes and corrections.

Signature of household contact or Authorized Representative

Date (MM/DD/YYYY):

☐ Check here if an authorized representative signed.

If you want to add, change or update an authorized representative, fill out the form that came with this letter.

☐ Check here if you want an authorized representative.

What We Need From You

Our records show that we need more information about the value of resource(s), such as bank accounts, you or someone else in your household own. With this packet, please provide proof of the value of resources(s).

You do not need to complete the resource section for your Medical Assistance redetermination. However, if you receive Medicare Savings Program benefits or want to apply for any Medical Assistance program that counts resources, you must complete the resource section every year.

If your household needs to change its primary phone number, please update here

Primary Phone Number
(Currently On File)

Primary Phone Number (New)

() -

☐ Cell ☐ Work ☐ Home

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Information for <Individual Name>

Health First Colorado

Case Number: [Case Number]

1. Is <Individual Name> still in this household?

☐ YES ☐ NO If "NO," please provide the date they left the household (MM/DD/YYYY): / /

If you marked "NO" above, please skip the remaining questions for this person.

2. If this person has changes to their name, please update below:

Full Name (Currently On File)	Date of Birth	What is their new first name?	What is their new middle name?	What is their new last name?

What date did this name change? (MM/DD/YYYY) / /

3. If this person's relationship to <HoH Full Name> has changed, please update below:

Relationship to <HoH First Name> (Currently On File)	What is the new relationship to <HoH First Name>?	What date did this relationship change? (MM/DD/YYYY)

4. If this person has changes to their home address, please update below:

If your household has moved to a new home address, please also update shelter expenses for <HoH First + Last Name>.

Home Address (Currently On File)	
-------------------------------------	--

Street Address Apartment #
City State Zip What date did this address change? (MM/DD/YYYY)
/ /

5. If this person has changes to their mailing address, please update below:

Mailing Address (Currently On File)	
----------------------------------------	--

SAME AS NEW HOME ADDRESS? ☐ YES ☐ NO

Street Address Apartment #
City State Zip What date did this address change? (MM/DD/YYYY)
/ /

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Signatures methods for accepting



Physical mail or fax



In-person



Online through PEAK or Health First Colorado Mobile App



Telephonic - Must retain recorded signature including the rights and responsibilities read to the member

As of February 2022 counties have the option to accept the signature form via telephone through teleconference. (The County must be opted in to participate in Telephonic signature capabilities)

Income Discrepancy Letter

STATE OF COLORADO



[Current Date]

[Case Name]

[Case Mailing Address]

Case Number: [Case Number]

Dear [Case Name]:

Update your household income information by [ROP due date]

You're getting this letter because we got new information about your income. Please read this letter and let us know if the new information is wrong, even if you or others in your household received a letter saying medical assistance benefits were approved.

Important: If our new information is incorrect, you must let us know, or you and others in your household may lose medical assistance benefits. We need you to check our information to make sure it is correct. If you do not update incorrect information, you or members of your household may lose Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+) coverage.

- **If any of the information below is wrong, please update it by [ROP due date]. Instructions about updating your information are on the next page of this letter.**
- **If all the information below is correct, you do not need to update anything or respond to this letter.**



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Verification Checklist

Regular Font:

English:

STATE OF COLORADO

Signature Needed for Renewal for Health First Colorado/CHP+



[Current Date]

Case Number: [Case Number]

[Case Individual Mailing Address Full 3 Lines]

We received your renewal form for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan Plus (CHP+), but we **need your signature**.

If you sign this document, you are letting us know that the renewal information you gave us is true to the best of your knowledge and belief. The renewal information includes who lives in your house, income, and other information we need to see if you qualify. By signing this, you are also letting us know you understand and agree to the information provided in the renewal process titled "What I Should Know" (on the next page).

Sign and date below:

Signature of household contact or Authorized Representative

Date (MM/DD/YYYY):

 / /

☐ Check here if an authorized representative signed.

Where to Send the Information:

Choose **one** of these ways to complete the signature.

- **Online:** Go to CO.gov/PEAK. Sign in to your account. Click "Upload Documents" to upload a copy of the completed signature page. If you do not have an account, you can create one at any time. Follow the instructions on CO.gov/PEAK to create an account.
- **Paper:** Mail, fax, or bring the completed signature page to your local county office:
 - [County Name]
 - [Primary Worker Name]
 - [Worker Office Address1]
 - [Worker Office Address2]
 - [Worker Office Address3]
 - Fax:** [Primary Worker Fax Number]
- **Mobile app:** Make an account at CO.gov/PEAK and then download the free Health First Colorado app, or make an account on the mobile app, to complete and electronically sign the renewal form. Go to the Account screen and click the "Upload a document." Take a photo or upload a pdf of the completed signature page. Please include the entire page in your photo.

For Questions and Help

Contact us at [Case Assigned Phone] if you need help or can't return the document by the due date. We may be able to give you extra time if you are having trouble returning the form.

Sincerely,

[Case Assigned Name]

[Case Assigned Phone]

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NOA'S

(termination of an incomplete renewal)

Health First Colorado (Colorado Medicaid). Your coverage ended [ELIGIBILITY END DATE} because we did not receive your renewal information. If you want to see if you still qualify, you have 90 days from the date your coverage ended to provide the renewal information without having to reapply



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Reconsideration



Reconsideration Period

Occurs when the member fails to return Renewal packet/or signature form before the Renewal due date. Members will have 90 calendar days from the date eligibility was terminated

When rescinding or using the new Reapply Feature, eligibility will begin in the month of rescind/reapply. Therefore, there may be a gap between when eligibility ended and when it is now restarting

Reconsideration Period

- Members will have 90 calendar days from the date of termination to return their renewal packet
- Eligibility sites must reconsider eligibility if returned within the 90-day period without having to complete a new application
- Case must be reopened in the month the renewal packet, and or requested verifications are returned if within the 90-day reconsideration period

Reconsideration Period

Example

Renewal terminated 4/1/2022 and the member provided the Renewal Packet on 6/01/2022. The eligibility worker would reopen the case, the eligibility effective begin date will be 06/01/2022

Renewal Revamp

Key Takeaways

The Renewal Revamp project replaced previous RRR functionality, and consists of Step A, Step B, and a Final Review as part of the MA Ex Parte process

The Renewal Revamp project updated the previous RRR packet and replaced it with a new, easier to navigate version including a signature page which **MUST** be signed and returned

The Renewal Revamp project entails a 90 calendar day reconsideration period in which a case can be rescinded, or a member can be added back to an open case via re - apply

Resources

COMING SOON!
Memo and FAQ's



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