Colorado State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions

Instructions

All states must complete and submit to Centers for Medicare & Medicaid Services (CMS) this reporting form summarizing state's plans for initiating renewals for its total caseload within the state's 12-month unwinding period. States must submit this form to CMS by the 45th day before the end of the month in which the COVID-19 public health emergency (PHE) ends. States submit completed forms to CMS via the COVID unwinding email box at CMSUnwindingSupport@cms.hhs.gov.

Background

The end of the continuous enrollment requirement for states[1] receiving the temporary increase in their Federal Medical Assistance Percentage (FMAP) ("temporary FMAP increase") under section 6008 of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) presents the single largest health coverage transition event since the first Marketplace Open Enrollment following enactment of the Affordable Care Act ("continuous enrollment condition"). To ensure states maintain coverage for eligible individuals, all states must provide the CMS with a summary of their plans to prioritize, distribute and process renewals during the 12-month unwinding period described in State Health Official Letter #21- 002, "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency,"[2] and #22-001 "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency."[3]

Over the course of their 12-month unwinding period, states will need to conduct a renewal of every beneficiary enrolled in their Medicaid and CHIP programs as of the end of the month prior to their unwinding period ("referred to herein as the state's "total caseload"). States that have a more even distribution of renewals over the course of a year are better able to maintain a workload that is sustainable in future years, thereby enabling the state to avoid renewal backlogs and reduce the risk of inappropriate terminations. The volume of renewals and other eligibility actions that states will need to initiate during the 12-month unwinding period creates risk that eligible beneficiaries will be inappropriately terminated. This risk is heightened in states that intend to initiate a large volume of their total caseload in a given month during the unwinding period, particularly if a state initiates more than 1/9 of its total caseload in a given month.

Therefore, in order to better understand states' plans to process renewals during the unwinding period, CMS is requiring states to describe how they intend to distribute renewals as well as the processes and strategies the state is considering or has adopted to mitigate against inappropriate coverage loss during the unwinding

[1] Throughout this document, the term "states" means states, the District of Columbia, and the U.S. territories.

[2] CMS State Health Official Letter #21-002, "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency" (August 13, 2021). Available at https://www.medicaid.gov/federal-policy- guidance/downloads/sho-21-002.pdf

[3] CMS State Health Official Letter #22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency" (March 3, 2022). Available at https://www.medicaid.gov/federal-policy- guidance/downloads/sho22001.pdf

period. CMS will use this information to identify states at greatest risk of inappropriate coverage losses and will follow up with states as needed to ensure that proper mitigations are in place to reduce risk of inappropriate terminations and that states' plans will establish a sustainable workload in future years.

Section A. Renewal distribution plan

1. Please complete questions 1a. and 1b. to describe how the state intends to initiate Medicaid and CHIP renewals during the state's 12-month unwinding period.

   a. Please indicate the approximate number of Medicaid and CHIP renewals that the state intends to initiate each month during the state's 12-month unwinding period using the following chart:

   Note that the percentage of renewals scheduled to be initiated in a given month is based on the state's total caseload as of the end of the month before the state begins to initiate renewals that may result in termination of beneficiaries who do not meet eligibility requirements or who fail to timely return information needed to complete a renewal. States may not initiate renewals that may result in terminations more than two months before the continuous enrollment condition ends in the state. A state's total caseload may be the state's total enrollment of individuals or the total number of households with one or more household members enrolled in Medicaid.

	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	
Unwinding Period Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**Total**
Number of renewals scheduled to be initiated	69,164	72,370	80,817	78,161	90,951	95,191	97,834	99,898	83,522	88,071	88,742	89,405	1,034,126
Percent of renewals scheduled to be initiated	6.69%	7.00%	7.82%	7.56%	8.79%	9.20%	9.46%	9.66%	8.08%	8.52%	8.58%	8.65%	100.00%

   b. Is the state measuring the volume of renewals that it intends to initiate each month by households (which may include more than 1 beneficiary) or individuals?

   ☑ Households

   ☐ Individuals

2. **Please briefly summarize the state's plan to prioritize and distribute work during the 12-month unwinding period.** This summary should identify any populations the state is prioritizing for completion sooner or the order in which the state intends to initiate renewals; any unwinding-specific strategies the state intends to adopt in order to align work for all beneficiaries in a household, to align renewals with SNAP recertifications, or to align work on changes in circumstances with a full renewal; and any other information related to how the state plans to prioritize and distribute work associated with processing renewals and redeterminations during the unwinding period.

Please note: This document includes highlights and is not a comprehensive checklist of everything Colorado is doing to prioritize and be ready for the end of the Medicaid continuous enrollment provisions. The comprehensive checklist will be included within the operational plan as required by

CMS.

Colorado intends to pursue a state-developed approach by following a time-based approach to process cases over the 12 month unwinding period by maintaining the original month of renewal, as well as, prioritize a few populations for renewals immediately following the end of the continuous enrollment condition. Below are examples of populations that are being staged to balance the distribution of work.

COVID 19 testing optional Medicaid eligibility group: This group will be staged to run through the eligibility system hierarchy within the month of the PHE ending (May 2023). If an individual meets eligibility criteria for a Medicaid or CHP+ program, they will receive an approval notice and then follow the normal renewal. If they are not eligible for a Medicaid program they will terminate coverage as of May 31st and will be sent to the Marketplace.

iC/CBMS mismatch population: Prior to the public health emergency, Colorado had scheduled to complete terminations by March 31, 2020, for ineligible individuals who, due to systems issues, had not been previously terminated from the state's MMIS system. Given these individuals were enrolled as of March 18, 2020, they remained enrolled as part of the Families First Coronavirus Response Act (FFCRA) as Colorado sought increased FMAP. There were no exceptions in the FFCRA for individuals that the state had already determined to be ineligible. With the ending of the continuous enrollment condition, this group will be staged for the end of the month of the end of the continuous enrollment condition (April 2023). This population will receive a letter sent out on April 1, 2023 (prior to the med spans being closed) and benefits will be terminated effective April 30, 2023.

Changes in circumstances: Throughout the pandemic Colorado has continued to redetermine eligibility on a yearly basis for members. As such, during the unwind there will be members who had a renewal completed within the prior 12 months and their redetermination resulted in the member continuing to meet eligibility requirements. In accordance with CMS SHO22-001, section III. E., Colorado will be acting on changes for members determined eligible within the prior 12 months and report changes prior to their upcoming renewal and terminate coverage if determined ineligible due to the change. This will occur for members whose changes are processed on or after June 1, 2023.

Section B. Strategies to promote coverage retention and prevent inappropriate terminations of coverage

1. Briefly describe any circumstances that may result in the state initiating more than 1/9 of its total caseload of renewals in a particular month (e.g., routine schedule of renewals results in month(s) with more than 1/9 of renewals due; annual workforce and staffing trends affects work volume in particular months; pending work due during the PHE is scheduled to be completed in less than 12 months).

There is not a circumstance that would result in the state initiating more than 1/9 of our total caseload of renewals in a particular month. The initiation of the renewals is completely system driven without a manual intervention to trigger renewals. The analysis of our caseload has resulted in our distribution for each month of renewals to be well below the 1/9 of our total caseload for every month within the 12 month time span.

2. Describe how the state will ensure that eligible individuals retain coverage and limit coverage losses for procedural reasons (i.e., for a reason other than a determination that the individual no longer meets eligibility requirements for coverage) as the state initiates and processes renewals and other eligibility actions during the 12-month unwinding period.

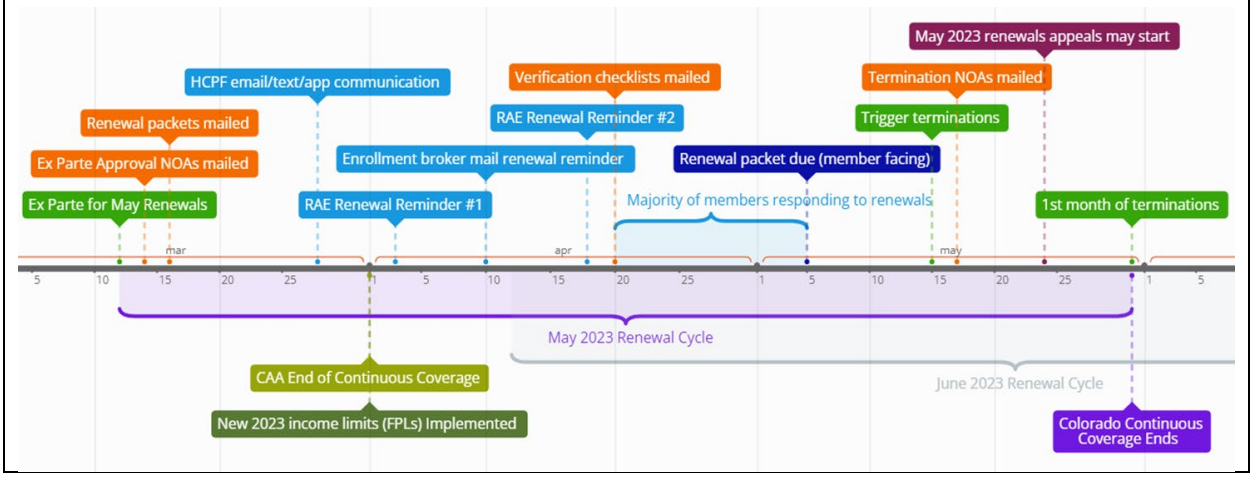
The state has implemented numerous strategies to ensure that eligible individuals retain coverage and limit coverage losses for procedural reasons. Following are those strategies:

Communications Strategies: The Department has collaborated with community partners to share and spread consistent messaging to Coloradans to prepare for the end of the continuous coverage and mitigate coverage losses for procedural reasons. In May 2022, in collaboration with community partners Colorado Community Health Network (CCHN) and Colorado Covering Kids and Families (CKF) there was a statewide Update Your Address campaign to encourage members to update their contact information and maintain updated information. A toolkit with content available in 11 different languages for partners to share included newsletter, email, website text, call center scripts and flyers. In October 2022, the Department launched an education campaign which included short videos for members to better understand the renewal process and how to update their contact information. In February 2023, the Department launched a Take Action on Your Renewal toolkit and materials to assist partners in member outreach. The Department and partners will reiterate this messaging to Coloradans throughout the unwinding process.

Consolidated Returned Mail Center (CRMC): In December 2020, the state implemented a centralized site for returned eligibility mail. The returned mail for all Eligibility Sites and high-level program groups is routed to the Consolidated Return Mail Center (CRMC). This allows for focused and expeditious processing of returned mail, thereby increasing outreach efforts and decreasing likelihood of incorrect mail addresses for the renewal packets (and other mailings). The Department also contracted with a vendor that has expanded data sources to verify addresses for a subset of the Continuous Coverage members during the COVID unwind. Following the address verification step, CRMC performs member outreach and updates the record in CBMS (eligibility system). Attempts are made to update the member(s) address prior to their renewal date. Addresses are not updated in CBMS without confirmation from the member.

Overflow Processing Center (OPC): Implemented a State administered eligibility site to assist with processing cases at the end of the continuous coverage. This site will aid eligibility sites that are struggling to keep up with an pending workload such as renewals and case change (safety net for support). The OPC is currently trained in MAGI, Non-MAGI, and LTC programs for applications, renewals, and changes. Assistance may be requested by an Eligibility Site, or the Department may direct a site to utilize the OPC if it is identified a site is not meeting performance expectations.

Renewal Revamp Project: The Department revamped the renewal process in February 2022 to initiate ex-parte upfront before sending out a renewal packet. With this project the Department implemented income interfaces to validate information and reduce manual renewals. The Department also implemented Equifax and FDSH interfaces. It also allows beneficiaries approximately 45-50 days to complete the renewal packet. If verification is needed, additional time is provided. The new renewal revamp process allows for a 90 day reconsideration period. Below is the timeline of all milestones associated with each renewal cycle going forward. This includes noticing as well as outreach efforts.



Federal Flexibilities: Colorado requested temporary waiver authorities under section 1902(e)(14)(A) authority to support members retain coverage and mitigate coverage losses due to procedural reasons. Approvals were received to:

- Complete ex parte renewals when no income data is returned from data sources for individuals who were previously enrolled or whose coverage was renewed based on a verified attestation of zero-dollar income is $0 income to prevent beneficiaries without an income, like the homeless population, from being dropped.

- Enroll and renew Medicaid eligibility for individuals who are receiving benefits under TANF, despite the differences in household composition and income-counting rules.

- Update in-state beneficiary contact information based on the USPS NCOA database and returned mail following CMS' prescribed conditions

- Allow Medicaid eligibility for SNAP participants whose gross income as determined by SNAP is under the applicable MAGI threshold for Medicaid eligibility without conducting a separate MAGI-based income redetermination.

In addition, Colorado has requested to waive premiums through unwind and received approval through a State of Colorado's COVID PHE disaster relief SPA.

Enhancement of electronic support: Colorado offers members multiple entry ways to submit requested renewal information (by phone, via mail, online and in person). Significant enhancements were made to the forms in the online member portal (PEAK) for members to report their changes for their renewal. The PEAKHealth mobile app has also been enhanced to allow for renewals to be captured through that mode. Additional system enhancements are in-progress to capture and store telephonic signatures for renewals in the state's eligibility system and will be implemented by April 1, 2023. This enhancement will allow members to expeditiously provide their signature for a renewal by connecting with eligibility workers through either a virtual platform (such as Zoom, GoogleMeet, etc) or phone system and having their attestation audio filed in the eligibility system.

Renewal Packet Revisions: Colorado revised the renewal packets and instructions to streamline the format and content. The packets were tested with members, eligibility workers, and advocates to get their perspective and feedback. These packets are pre-populated and consistent with federal requirements. As of January 2023, a message has been added in capital letters and red font indicating "URGENT - PLEASE REPLY" to the renewal packet envelopes to catch member's attention.

Proactive Monitoring: The team developed a Member Lifecycle Dashboard to monitor the transition of members maintaining coverage due to FFCRA to identify their status post renewal during unwind. There are also other dashboards and reports that have been identified to monitor pending renewals in process through unwinding. Various teams have been identified and tagged to proactively monitor specific areas such as pending verifications, procedural terminations, timely processing, and overall performance of eligibility sites. This monitoring will allow for the Department to identify trends and take action where needed such as developing training materials, making system tweaks, or having one on one conversations with sites that may need additional support.

3. Select which strategies the state currently utilizes or is planning to adopt to ensure eligible individuals remain enrolled or are transferred to the appropriate program during the unwinding period.

For a comprehensive list of strategies that promote continuity of coverage, states may refer to the

"Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations" available on Medicaid.gov at https://www.medicaid.gov/sites/default/files/2021-11/strategies-for-covrg-of-indiv.pdf.

a. Strengthen Renewal Processes

☑ Expand the number and types of data sources used for renewal (e.g., use both Internal Revenue Service (IRS) and quarterly wage data; leverage unemployment income data sources)

☑ Already adopted

☐ Planning or considering to adopt

☑ Create a data source hierarchy to guide verification, prioritizing the most recent and reliable data sources (e.g., leverage SNAP data that is updated every six months; first ping IRS data and if not reasonably compatible, then ping quarterly wage data) and verify income when data source in the hierarchy confirms reasonably compatibility

☑ Already adopted

☐ Planning or considering to adopt

☑ Use a reasonable compatibility threshold (e.g., 10%) for income for MAGI and non-MAGI populations and a reasonable compatibility threshold for assets for non-MAGI populations, if not already used (See note below)

☑ Already adopted

☐ Planning or considering to adopt

Note: The Department is using a reasonable compatibility threshold of 20% for income for MAGI and non-MAGI. The Department is still researching reasonable compatibility thresholds for assets for non-MAGI populations.

☑ Ensure that individuals can submit requested information to the agency over the phone, via mail, online, and in-person, consistent with federal regulations

☑ Already adopted

☐ Planning or considering to adopt

☑ Ensure renewal forms are pre-populated for individuals enrolled in Medicaid, CHIP, and BHP on a MAGI basis, consistent with federal requirements

☑ Already adopted

☐ Planning or considering to adopt

☐ Other adopted strategies *(please specify)*: _____

☐ Other strategies under consideration or planned *(please specify)*: _____

b. Update Mailing Addresses to Minimize Returned Mail and Maintain Continuous Coverage

☑ Engage community-based organizations, application assisters (including Navigators and certified application counselors), and providers to conduct outreach to remind individuals enrolled in Medicaid, CHIP, and BHP to provide updated contact information

☑ Already adopted

☐Planning or considering to adopt

☑ Require managed care plans to seek updated mailing addresses and either share updated information with the state Medicaid or CHIP agency and/or remind individuals to update their contact information with the state (See note below)

☑ Already adopted

☐Planning or considering to adopt

Note: MCOs are not required to perform these activities in their base contracts. However, incentives have been added to their contracts to perform outreach and remind beneficiaries to update their contact information and respond to the renewal packet. The Department has developed a special weekly data feed to our MCOs so they have the most recent information on members currently going through the renewal process, which includes information on which members are at a higher risk of losing Medicaid/CHP+ eligibility and terminations reasons.

☑ Send periodic mailed notices, texts, and email/online account alerts reminding individuals to update their contact information (e.g., on a quarterly basis)

☑ Already adopted

☐ Planning or considering to adopt

Note: The Health First Colorado app has a pop up set up to remind members to update their contact information (email, mobile # and mailing address). Text and email alerts are sent out to those members who have opted into receive them that will remind them to update their contact information.

☑ Other adopted strategies *(please specify)*: The Department has contracted with a vendor to proactively verify member addresses on file for a sampling of populations, prior to the renewal packets being sent out during the unwinding period. If an address pulled is different than the address assigned to the case then the state Consolidated Return Mail Center (CRMC) staff will contact the member to confirm the address and update the record accordingly.

☑ Other strategies under consideration or planned *(please specify)*: The Department implemented the Consolidated Return Mail Center (CRMC) in December 2020 initially staggering counties and programs until were fully implemented in July 2022. During this time the mail sent to the CRMC has been worked timely with multiple outreach attempts. Successful contacts have led to updating the contact information on file. This is also a proactive strategy to obtain updated contact information for members in preparation for COVID Unwind.

c. Improve Consumer Outreach, Communication, and Assistance

☑ Revise consumer notice language to ensure that information is communicated in plain language, including that it clearly explains the appeals process (also known as the Medicaid fair hearing and CHIP review process, as applicable)

☑ Already adopted

☐ Planning or considering to adopt

Note: Some new notices were created. Those followed the Department's standard protocol

which includes a plain language review. The appeals language clearly articulates the process so that language was not revised.

☑ Conduct more intensive outreach via multiple modalities to remind individuals enrolled in Medicaid, CHIP, or BHP of anticipated changes to their coverage and obtain needed information (e.g., require eligibility workers to make follow-up telephone calls and to send an email if an individual has not responded to a request for information)

☑ Already adopted

☐Planning or considering to adopt

☑ Implement a text messaging program to quickly communicate eligibility reminders and requests for additional information, as permitted

☑ Already adopted

☐ Planning or considering to adopt

☑ Review language access plan to provide written translation of key documents (e.g., notices, applications, and renewal forms) into multiple languages, oral interpretation, and information about how individuals with limited English proficiency (LEP) can access language services free of charge, provided in a culturally competent manner

☑ Already adopted

☐ Planning or considering to adopt

☑ Ensure that information is communicated to individuals living with disabilities accessibly by providing auxiliary services at no cost to the individual, including but not limited to written materials in large print or Braille, and access to sign language interpretation and/or a teletypewriter (TTY) system, consistent with the Americans with Disabilities Act (ADA) and section 1557 of the Affordable Care Act

☑ Already adopted

☐ Planning or considering to adopt

☐ Other adopted strategies *(please specify)*: ____

☐ Other strategies under consideration or planned *(please specify)*: _____

d. Improve Coverage Retention

☑Adopt 12 months continuous eligibility for children (via SPA)

☑ Already adopted

☐ Planning or considering to adopt

☐ Adopt 12 months continuous eligibility for adults (via 1115 Authority)

☐ Already adopted

☐ Planning or considering to adopt

☑ Provide 12 months of postpartum coverage (via SPA, beginning April 2022)

☑ Already adopted

☐ Planning or considering to adopt

☐ Consider reducing or eliminating periodic data matching to support efficient operations (e.g., reduce or eliminate periodic data checks for income changes mid-coverage year to mitigate additional requests for information and manual work by state agencies)

☐ Already adopted

☐ Planning or considering to adopt

☑ Direct managed care plans via contract requirements to conduct outreach and provide support to individuals enrolled in Medicaid and CHIP to complete the renewal process

☑ Already adopted

☐ Planning or considering to adopt

☐ Other adopted strategies *(please specify)*: ____

☐ Other strategies under consideration or planned *(please specify)*: _____

e. Promote Seamless Coverage Transitions

☑ Ensure accounts are seamlessly transferred to the Marketplace when individuals are found ineligible for Medicaid, CHIP, or BHP

☑ Already adopted

☐ Planning or considering to adopt

☑ Obtain and include robust contact information (e.g., mailing address, email address, and telephone numbers) in the Account Transfer to the Marketplace so that individuals may be easily reached post-transition

☑ Already adopted

☐ Planning or considering to adopt

☑ Revise notices to ensure they clearly explain the Account Transfer process and next steps and applicable deadline(s) for applying for and enrolling in a QHP with financial assistance, and where to seek answers to questions at the Marketplace

☑ Already adopted

☐ Planning or considering to adopt

☐ Other adopted strategies *(please specify)*: ____

☐ Other strategies under consideration or planned *(please specify)*: _____

f. Enhance Oversight of Eligibility and Enrollment Operations

☑ Identify a centralized team responsible for tracking emerging issues and needed solutions

☑ Already adopted

☐ Planning or considering to adopt

Note: This is specific to county issues/solutions.

☑ Create tracking and management tools, data reports, and/or dashboards to monitor case volume, renewal rates, and workforce needs

☑ Already adopted

☐ Planning or considering to adopt

☑ Implement "early warning/trigger" mechanisms that flag when a large number of individuals lose, or are slated to lose, coverage due to no response or missing paperwork

☑ Already adopted

☐ Planning or considering to adopt

☐ Automate a "circuit breaker" flag based on a data review for the agency to pause and consider a change in its practices to mitigate inappropriate coverage loss

☐ Already adopted

☐ Planning or considering to adopt

☐ Other adopted strategies *(please specify)*: _____

☐ Other strategies under consideration or planned *(please specify)*: _____

4. Please describe any other type of strategy the state intends to implement to ensure that the state will not inappropriately terminate coverage for beneficiaries who continue to be eligible for Medicaid and/or CHIP and will appropriately transition the appropriate ineligible individuals to other health insurance affordability programs.

The state has developed an additional report to provide to Connect for Health Colorado (Colorado's state-based marketplace) regarding individuals who have been determined ineligible due to being over income for expeditious, direct outreach.

Please refer to Section B.2. for details on other strategies by the state.

5. Select which strategies the state currently utilizes or is planning to adopt to ensure the fair hearing process is timely and accessible for any beneficiaries who lose coverage due to redeterminations triggered by the end of the continuous enrollment period.

☑ Expand informal resolution processes (e.g., informal troubleshooting, administrative review, or alternative resolution processes prior to a fair hearing)

☑ Already adopted

☐ Planning or considering to adopt

Note: This is currently in the Department's regulations. Counties and application assistance sites are required to offer and resolve informal dispute resolution upon request from applicants and beneficiaries.

☑ Redeploy state resources (e.g., adjusting state or local agency staffing and use of contractors to support the fair hearing process, as permissible)

☑ Already adopted

☐ Planning or considering to adopt

Note: The Department and the State's Office of Administrative Courts have secured additional funding and staff to maintain and improve overall appeal timeliness metrics and to address the likely increase of eligibility appeals post-PHE.

☑ Streamline current fair hearing processes and operations (e.g., intake of fair hearing requests, scheduling)

☑ Already adopted

☐ Planning or considering to adopt

Note: Colorado has a process in place to prioritize expedited hearing requests. For all other appeals, Colorado will be closely monitoring pending appeals to determine whether changes to the normal process - i.e., scheduling and hearing appeals on a first-come, first-served basis - are necessary. The Department and the State's Office of Administrative Courts are working to secure additional funding and staff to maintain and improve overall appeal timeliness metrics and to address the likely increase of eligibility appeals post-PHE.

☐ Engage internal and external stakeholders to increase beneficiary understanding, resolve cases before they need an appeal, and reduce inappropriate denials that generate appeals

☐ Already adopted

☐ Planning or considering to adopt

☐ Other adopted strategies *(please specify)*: ____

☐ Other strategies under consideration or planned *(please specify)*: _____