Project 14101 COVID-19 PHE- Changes-CHP+/Misc.

Several clarifications have been received from CMS regarding **COVID-19 PHE-Families First Coronavirus Response Act (FFCRA)**. As a result, updates have been made to current COVID-19 logic that is currently in place as a outcome of projects 14000, 14017 and 14052.

Exception Updates and Reason Updates associated to project #14101

Individuals who are no longer eligible in CHP+ due to age exceeding 19 years of age and/or CHP+ pregnant individuals exceeding their post-partum period will be added to the list of exceptions outlined in project #14017. The list of exceptions outlined in project #14017 are listed below for your reference and now include the CHP+ exceptions.

New! CHP+ exceeding 19 years of age

New! CHP+ Prenatal exceeding their Post-partum period

- These members will be looked at first in other programs (i.e. Medicaid) prior to terminating.
- If found eligible in another program, this member will be locked in for the duration of the PHE.
- These members will receive the current termination NOA in place.
- These members will not be retro closed.
- If the cases exception out for some reason, the county may be expected to work the case to resolve the issue.
- Working with the HCPF county liaison a report outlining these cases will be distributed as applicable if this occurs for your county.

Project 14017 List of exceptions

Incarceration (when applicable) - Death - Requesting Medical Assistance = N
Colorado Resident = N (while retaining exceptional circumstances such as Intent to Return which will retain them as eligibleas per current functionality)

Project 14052 List of exceptions

Undocumented Non-Citizens with no life/limb condition

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Override Logic Updates for Secondary Aid Codes with Project #14101

With this project, CBMS has been modified to allow **HCPF users with update access to the MA Override page to add secondary aid codes (QMB or SLMB) to MAGI Adult, QDW, and BCCP primary aid codes.** If the member meets all eligibility criteria for QMB or SLMB, a HDT would need to be submitted to request this action. Submitting this request will help the department in monitoring the cause of why secondary aid codes are required to be added retroactively for these primary aid codes (outside of COVID-19 benefit lock-in) and determine if additional data entry/training guidance or system enhancements are necessary.

Background Information

MA members that are approved for MAGI Adult, QDW or BCCP and then become Medicare eligible are currently unable to transition to a Medicare Savings Program due to the current COVID-19 benefit lock-in.

MAGI Adult, QDW and BCCP do not allow for the member to be Medicare eligible and be approved for or remain on these primary aid codes or for secondary aid codes to be added.

Prior to the current COVID-19 benefit lock in, when the member becomes eligible for Medicare, CBMS should have transitioned the member from these primary aid codes to another primary aid code (ex: QMB) if all eligibility criteria are met.

MAGI Adult, QDW and BCCP primary aid codes do not cover payment of Medicare premiums. If Medicare eligibility was not reported/entered timely by an interface, user or the member and the member was approved for MAGI Adult, QDW or BCCP primary aid code, a secondary aid code of QMB or SLMB would need to be added in order for payment of Medicare premiums to be covered.

Eligibility Updates with Project #14101

A logic update has been added to CBMS to place individuals back into their higher benefit category effective March 2020 if they were removed from that higher category as a result of action taken on or/ after February 19, 2020.

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A logic update has been added to allow retro coverage for the COVID-19 limited testing Benefit (EMS=C) implemented with project #14000 for those members that request it for the month of March 2020. The retro date can not be prior to 3/18/2020 (per CMS). A valid medical expense for the retro month still applies.

Prior to this logic update the earliest begin date was 4/1/2020. Due to the existing CBMS limitation in which users cannot run eligibility on a case past the earliest application month, it is not possible at this time to add retro coverage for individuals already approved for this population to the same case. **For applicants already passing in the COVID-19 population who request Retro Med for the month of March,** users need follow the existing Retro Coverage request of creating a new case ID via the MA Retro page.

PEAK Updates with Project #14101

Applicants who have a non-citizenship status of undocumented will now have the opportunity to report whether or not they are applying due to a Life or Limb threatening condition.

The question will be asked by individual and be included on the citizenship screen for each individual in AFB. The applicant will be permitted the ability to report the Life or Limb Threatening condition for the current application month as well as the prior three calendar months. These details will be added to the PEAK PDF.

On the PEAK Inbox Page a new Real Time Eligibility (RTE) Status type has been added; **Non RTE- Pending due to EMS indicated.** If a potential member indicates that they have a Life or Limb Threatening condition the incoming PEAK application will go to the Inbox and the new value will be displayed.

Users will need to request verification of the Life or Limb Threatening Condition by manually adding a record to the Medical Conditions, Diagnosis related list.

Important Note

Currently, if you add a diagnosis record for the current month and are requesting verification of the Diagnosis eligibility may close the case when future months are being run. This is a known Help Desk ticket so in the interim the Help Desk Ticket Pending functionality can be used to test pending of the verification. Users can complete this action in Case Information by accessing the Program Requested Summary related list and selecting the Override Reason of **Pending Help Desk Ticket.**

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Speed Letter Updates with Project #14101

Not all members received a speed letter outlined within project 14017, only those who were rescinded within that project received the letter. With this project **all existing members** who have been locked in (project #14017) will receive a speed letter indicating that their current benefit aid code has been extended due to the COVID-19 health care crisis.

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{v_Current_Date_Dt}

{v_Head_of_Households_Name}
{v_Case_Mailing_Address_Full_3_Lines}

Health First Colorado is extending your coverage through the end of the COVID-19 public health emergency

Health First Colorado (Colorado's Medicaid program) is keeping your benefits active until the end of the coronavirus disease (COVID-19) public health emergency.

Your coverage was set to end. We are keeping your case active so that you can receive health care benefits throughout the COVID-19 crisis.

We will send a letter in the mail and online through the PEAK® Mail Center letting you know when your benefits will end. Log in at CO.gov/PEAK to view letters in the PEAK® Mail Center.

Learn more

- Check that your coverage is active at CO.gov/PEAK or in the PEAK*Health*® app. Your new digital member ID card will show if your benefits are active or inactive.

- Your benefits will stay the same. Learn more about your benefits by logging in to CO.gov/PEAK and view the Member Handbook.

- If you need to find a provider, use the Find a Doctor tool at healthfirstcolorado.com/find-doctors.

Get Help
If you have questions about your benefits, call the Health First Colorado Member Contact Center between 8 a.m. and 4:30 p.m. Monday through Friday at 800-221-3943 (State Relay: 711).