

Continuous coverage has been a bright light in the pandemic.



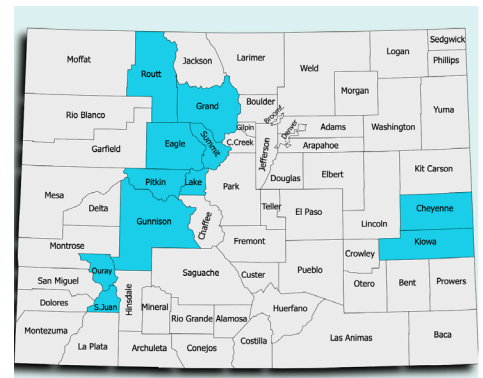
- Anyone who enrolled in Medicaid & Child Health Plus (CHP+) was able to stay enrolled for the duration of the public health emergency. People with fluctuating income are more likely to cycle on and off, a process known as “churn.” Continuous coverage means:
 - Less paperwork burden for enrollees, less stress about possible loss of coverage.
 - Reduced burden on counties to process that paperwork.
 - Continuous access to care & medications during waves of COVID, RSV & flu.

The end of the Public Health Emergency will mean that all 1.7M Coloradans on Medicaid & CHP+ will again be at risk of loss of coverage.

- Over 12 months, all 1.7 million Coloradans will go through the renewal process.
- Over 40% of those enrolled – 700,000 Coloradans – have already been flagged as potentially ineligible. This group is sometimes called the “locked-in” population.
- Based on state data, income-eligible children & adults (known as MAGI populations) are at the highest risk of losing coverage.

The burden will not fall equally on everyone

- Paperwork is hardest to navigate for people with limited English proficiency, disability, low literacy, & high-stress lives.
 - Colorado’s revised renewal application is still long, at [20 pages](#).
 - Postage is not covered in Colorado, though it is in other states.¹
 - Roughly half of those who return paperwork send the renewal paperwork back by mail.
- Paperwork can be missed when people lose housing or move.
- May 2022 data shared by HCPF showed racial & geographic disparities:
 - Asian enrollees and those who indicated “other” or did not share their race & ethnicity were more likely to be “locked in.”
 - Some rural and resort counties had much higher proportions of “locked-in” enrollees, with 11 counties concentrated in the Western Slope and Eastern Plains having over 40% of enrollees in that category.²



The renewal process in Colorado is more burdensome than in many other states.

- In some states, most enrollees won’t need to fill out renewal paperwork because eligibility can be determined behind the scenes through an “ex parte” process. By checking databases that report income & assets, states can renew on the back end.

¹ [Virginia](#), [Illinois](#), [NH](#), [California](#), and [Ohio](#) processes include postage-paid envelopes.

² Percentages calculated based on May 2022 “locked-in” data and total county enrollment.

- Some states have ex parte renewal rates of over 75%.³
- Colorado's is just 34%, as of December 2022.⁴
- **Most** people who lose coverage do so because they didn't provide needed verifications or paperwork. Some of those denials could be avoided through better ex parte renewal processes.

Colorado's harsh returned-mail policy can result in a termination even if a person meets income requirements, resides in Colorado, & is actively using services.⁵

- After the PHE ends, Colorado will resume terminations of Medicaid after just one piece of mail has been returned without a forwarding address, & after processing by the state's Consolidated Returned Mail Center in Prowers County.
- The Consolidated Returned Mail Center makes attempts to reach out to the enrollee & uses databases to search for updated addresses.
 - The CRMC does not check the billing system to see whether a person is currently using services & does not leverage updated contact information that state managed care entities (RAEs) have gathered.
 - In 2021, 39% of people whose mail was returned and processed by the CRMC were considered "whereabouts unknown" and would have lost coverage if not for the PHE.
 - In the last quarter of 2021, over 52,000 pieces of returned mail were received by the CRMC. That translates to an incredible number of terminations.

Churn has always been a problem in Colorado. Let's not return to it.

- People who experience disruptions are more likely to delay care, receive less preventive care, refill prescriptions less often, & have more emergency room visits.⁶
- The Department of Health Care Policy and Financing found in 2021 that a quarter of gaps were less than a month, & almost half were for 2-6 months. Disenrolling & re-enrolling people is costly for the individual and the state. About 10% of people who lose coverage in usual circumstances re-enroll in under a year.

Recommendations

- Identify & address technology deficits that depress ex parte renewal rates.
- Ensure the state has corrected Medicaid communications errors identified in the [2020 audit](#).
- Use RAE & billing databases to assess whether enrollees with returned mail are in-state and using services, & prevent inappropriate disenrollment.
- Provide more in-person application & renewal assistance.
- Ensure that staffing is sufficient for administrative hearings or informal resolution processes post-PHE.

³ <https://www.medicaid.gov/resources-for-states/downloads/ex-parte-renewal-102022.pdf>

⁴ https://leg.colorado.gov/sites/default/files/fy2023-24_hcphrg.pdf

⁵ HCPF Operational Memo 19-045

⁶ Gordon, Sarah. CIVHC Access to Care Webinar, Sept. 16, 2021.

For more information, contact:

Bethany Pray, Esq., bpray@cclponline.org

Jennifer Miles, Frontline Public Affairs, jennifer@frontlinepublicaffairs.com