

**Continuous coverage** has been a bright light in the pandemic.



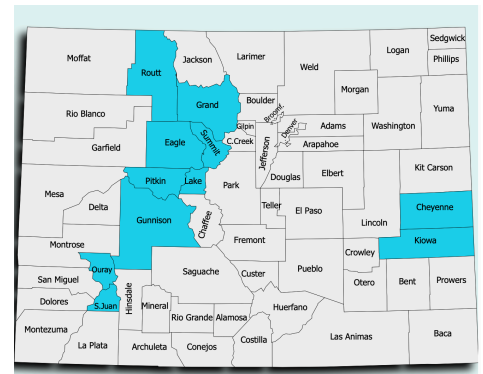
- Anyone who enrolled in Medicaid & Child Health Plus (CHP+) was able to stay enrolled for the duration of the public health emergency. People with fluctuating income are more likely to cycle on and off, a process known as “churn.” Continuous coverage means:
  - Less paperwork burden for enrollees, less 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.

- Beginning April 1, 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 referred to as the “locked-in” or “continuous coverage” 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.<sup>1</sup>
  - 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.<sup>2</sup>



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

- Because Colorado is a county-administered state, enrollee experience will vary by county. Many counties are already experiencing delays in processing paperwork for other public benefit programs, with the initiation of food benefits (SNAP) sometimes delayed for months.<sup>3</sup>

<sup>1</sup> [Virginia](#), [Illinois](#), [New Hampshire](#), [California](#), and [Ohio](#) processes include postage-paid envelopes.

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

<sup>3</sup> [Delayed food benefits in Mesa County part of a spike in demand across Colorado | Colorado Public Radio \(cpr.org\)](#)

- 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.
  - Some states have ex parte renewal rates of over 75%.<sup>4</sup>
  - Colorado's is just 34%, as of December 2022.<sup>5</sup>
- When HCPF has identified a potential basis for disenrollment, the **largest group** consists of people who have not provided needed verifications or paperwork. Some of those likely 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.<sup>6</sup>

- 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 enormous 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.<sup>7</sup>
- 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**

- Staff a state-level unit that can work directly with members to resolve coverage issues and update cases.
- Cover the cost of postage for renewal forms.
- Identify & address technology deficits that depress ex parte renewal rates.
- Use RAE & billing databases to assess whether enrollees with returned mail are in-state and using services, & prevent inappropriate disenrollment.
- Provide significantly more in-person application & renewal assistance statewide.
- Ensure that staffing is sufficient for hearings or dispute resolution post-PHE.

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<sup>4</sup> <https://www.medicaid.gov/resources-for-states/downloads/ex-parte-renewal-102022.pdf>

<sup>5</sup> [https://leg.colorado.gov/sites/default/files/fy2023-24\\_hcphrg.pdf](https://leg.colorado.gov/sites/default/files/fy2023-24_hcphrg.pdf)

<sup>6</sup> HCPF Operational Memo 19-045

<sup>7</sup> Gordon, Sarah. CIVHC Access to Care Webinar, Sept. 16, 2021.

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