



COLORADO HEALTH POLICY COALITION

The Honorable Governor Jared Polis
The Honorable Lieutenant Governor Dianne Primavera
The Honorable Members of the Colorado General Assembly

The Colorado Health Policy Coalition commends the Polis Administration for your quick and decisive action in response to the COVID-19 outbreak in Colorado. We know you and your entire Administration are working around the clock and we are thankful for your leadership and the tireless efforts of executive agency staff. **We are reaching out to you today to request urgent action in some key areas to protect the health and well-being of the communities in our state with lower incomes and with the greatest needs.** Our group stands ready to help you respond to this crisis, and we ask that you leverage our collective expertise to help guide the administration's response and decision making.

Through the Colorado Health Policy Coalition, our state's health care stakeholders stand united to advance health equity in Colorado, which exists when everyone can achieve optimal health. As you know, and have acknowledged in your recent press conferences, many individuals across all geographic regions of our state are one paycheck away from hunger and homelessness, or are already experiencing poverty. Many of them are uninsured or enrolled in Medicaid or CHP+. For these Coloradans, COVID-19—whether they are infected or not—could be a catastrophic event in their life.

We know your Administration recognizes that our state's response to the COVID-19 outbreak over the coming days and weeks must include key actions to preserve the health, well-being and economic security for these individuals. Our coalition is made up of foundations, providers, advocates, and non-profit and community organizations, all of which are dedicated to, and have tremendous expertise in addressing the structural issues that cause economic hardship and poor health outcomes in our Communities.

We have come together to urge your Administration to take the following actions immediately to ensure that COVID-19 does not plunge individuals already facing health inequities and social and economic barriers further into the depths of poverty and hopelessness. Our Coalition, and each of our individual organizations stand ready to offer you expertise and community connections to take action on these recommendations now. Please let us know how we can assist in executing the actions below. And thank you again for all the great work you are already doing.

Uninsured Coloradans

More than half of Coloradans who do not have health insurance qualify for public health insurance programs or advance premium tax credits. Across the state, 410,000 residents under the age of 65 did not have health insurance in 2016. Of those, 236,000, or about 58 percent, were eligible for one of the public programs—115,000 for Medicaid or CHP+ and 121,000 for tax credits.¹ We urge the administration to take the following actions to expand access to necessary care for the uninsured:

- Promote enrollment of Medicaid eligible individuals in communications about COVID-19 and through a combination of a broad mass media outreach campaign to raise awareness of coverage options and COVID-related resources, as well as targeted local efforts, in collaboration with our Coalition members, which include community based organizations and/or safety-net providers that can provide direct enrollment assistance.

¹ [Colorado's Eligible but Not Enrolled Population Holding Steady](#), CHI, June 2018

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- Explore the possibility of providing presumptive Medicaid eligibility to people with a COVID-related illness.
- Expand the Colorado Indigent Care Program to the fullest extent possible under applicable federal guidelines to ensure access for uninsured Coloradans to emergency COVID-19 testing, treatment and care.
- Provide support for Medical Assistance Sites. During this public health crisis, we need to have all individuals who are eligible for Medicaid enrolled in the program. Adequately-funded MA sites are an effective tool for getting people enrolled.
- Provide bridge funding for School-Based Health Centers. SBHCs are critical sources of care in many Colorado communities, including for the uninsured. SBHCs cannot stay open or bill for services during school closures. This will result in revenue hits that may cause some SBHCs to close.
- Open a special enrollment period allowing uninsured individuals to enroll in coverage through Connect for Health Colorado.

Medicaid and CHP+ Enrollees

As the nation's public health insurance program for people with low income, Medicaid is a primary vehicle through which states can connect individuals to testing and treatment for COVID-19, particularly those with significant health needs who are at high risk for experiencing complications from the virus. While most adults on [Medicaid are working](#), the vast majority of enrollees lack access to other affordable health insurance. Medicaid plays a particularly significant role for populations with complex health needs, covering [47% of children with special health care needs](#), 45% of nonelderly adults with disabilities, and more than six in ten nursing home residents. Unlike other types of insurance, there are no set open enrollment periods for Medicaid, meaning that people can enroll at any time they become eligible, for example, if they experience a decrease in income due to a decline in the economy. Moreover, under law, the program provides retroactive coverage for covered services incurred up to three months prior to an enrollee's application date if the individual would have been eligible at the time they received the service.²

The Medicaid and CHIP [Disaster Preparedness Toolkit](#) for state agencies also specifies strategies states can implement to respond to emergencies and disasters. Moreover, on March 12, 2020, the Centers for Medicare and Medicaid Services (CMS) posted [Frequently Asked Questions](#) (FAQs) to aid state Medicaid and Children's Health Insurance Program agencies in their response to the COVID-19 outbreak.

The Coalition urges the administration to pursue the following:

- Halt pending disenrollments in Medicaid and CHP+ as much as possible and advocate with federal partners to expedite access to coverage and health care services for affected individuals. **Currently 30,000 Medicaid enrollees are slated to lose eligibility at the end of March, some of whom are in high-risk categories or nursing home settings.**
- Delay non-essential health care regulatory activity. Consistent with the legislature's Rule 44 focus on "mission critical" activities and CMS's consideration of 1135 waiver authority, we request that non-essential state health care regulatory activity also be put on pause and/or implementation be delayed where possible. Health care clinical and administrative staff working on these programs are being diverted into COVID-essential activities and/or due to COVID response, do not have the support structures in place around them to provide timely input into rulemaking programs.

² [How Can Medicaid Enhance State Capacity to Respond to COVID-19?](#), Kaiser, March 12, 2020

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- Require the Department of Health Care Policy and Financing to provide consistent and specific guidance and education to their members and providers on COVID-19 prevention, treatment and coverage.
- Allow for self-attestation for all eligibility criteria, excluding citizenship and immigration status (which is not allowed under federal rules) , including on a case-by-case basis for individuals that may be infected with COVID-19 when documentation is not available.
- Cover COVID-related diagnosis and treatment as emergency services under emergency Medicaid.
- Extend redetermination timelines for current enrollees to maintain continuity of coverage until COVID-19 is completely contained and infected individuals have returned to good health.
- Suspend periodic data checks (i.e. income verifications) between renewals. We already know these data checks are leading to coverage losses among eligible individuals because they do not receive or are not able to respond to information requests within required timeframes, which are limited to 10 days.³
- Eliminate co-payments for Medicaid and Children’s Health Plan *Plus* (CHP+) enrollees seeking COVID-19 testing or care at a physician’s office, urgent care or emergency room.
- Temporarily suspend or increase (e.g. to a 90-day supply) limits on prescription refills in order to ensure that enrollees have an adequate supply of their medications in the event of widespread social distancing measures.
- Explore the possibility of covering the expense of shipping medications from local pharmacies.
- Suspend prior authorization requirements in fee-for-service and Medicaid and CHP+ managed care for treatment related to testing and treatment of COVID-19.
- Support statewide surveillance and monitoring activities by requiring all major lab diagnostic companies, including LabCorp and Quest Diagnostics, to provide comprehensive and unfiltered data feeds to Colorado’s health information exchanges for routing to the healthcare community and CDPHE.
- If a vaccine becomes available, cover the cost for enrollees with no cost-sharing.
- Require coverage of off-formulary prescription drugs, if no on-formulary drug is available, due to supply chain problems, to treat the enrollee.

We also urge the administration to work with federal partners to:

- Pass federal legislation to enhance federal financing for Medicaid, increase access to Medicaid and CHP+ for lawfully present immigrants, including parents and other adults, and pass the **Families First Coronavirus Response Act**.
- Suspend immigration policies that may be deterring immigrant families from enrolling in coverage and seeking care such as recent changes to federal [public charge](#) policies.
- Suspend pending CMS regulations that would limit Medicaid financing to states, such as the [Medicaid Fiscal Accountability Rule](#).

Workforce

- Improve communication and coordination with community providers. All types of health care professionals are experiencing extreme shortages of personal protective equipment (PPE), including providers that are

³ [Analysis of Recent Declines in Medicaid and CHIP Enrollment](#), Kaiser, Nov 25, 2019

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visiting homes of the elderly. Providers need to know where they can go to access additional PPE, and other scarce resources.

- If health care providers become sick and/or quarantined and are unable to treat patients, seek federal waiver authority to:
 - Allow health care providers to work from quarantine by relaxing originating site and place of service restrictions in Medicaid's telehealth/telemedicine regulations.
 - Temporarily streamline Medicaid and CHP+ provider screening requirements, such as application fees and site visits.
 - Allow out-of-state providers to work in neighboring states if they are licensed by Medicare or another state Medicaid agency.
 - Enable hospitals and health systems and safety net clinics to provide services in alternative settings, such as a temporary shelter.
- In the event that Medicaid and CHP+ eligibility workers at HCPF or in the counties themselves are sick and/or unable to travel to work, and considering that some county human services offices have already announced closures, streamline Medicaid enrollment processes.
- Suspend or temporarily delay renewal processing to minimize churn and ensure continuity of health coverage. This will be necessary to maintain continuity of coverage in the face of a potential surge in new application volume as consumers increasingly seek health coverage, and with diminished agency and county capacity to process applications and renewals.
- Take advantage of new CMS flexibility allowing state Medicaid agencies to provide family members with reimbursement for caregiver services provided to family members that have been quarantined at home.
- Ensure private labs and/or CDPHE are reporting results to local public health agencies to ensure support for patients at the local level.
- Ensure members of the health care workforce can provide their vital functions without interruptions created by the loss of child care as schools and community-based care providers close. Specific strategies include:
 - Ensure that child care providers do not lose revenue and close their doors (temporarily or permanently) during this crisis as payment policies reduce revenue to providers operating on already thin margins. CDHS can use or modify their absence policy to pay providers if programs are closed or children are absent due to COVID-19. At their option, Lead Agencies may pay providers based on a child's enrollment rather than attendance (45 CFR 98.45(l)(2)(i)). CDHS may also use CCDF quality dollars to provide temporary grants or assistance to impacted providers to retain the child care supply during periods of closures.
 - Use CCDF quality dollars to provide immediate assistance to impacted families/providers, even if they are not on Colorado Child Care Assistance (Colorado Child Care Assistance Program). Such an expenditure could be viewed as a necessary to retain the child care supply during the State's shutdown. This does not require a waiver, but could require a Plan amendment.
 - Temporarily suspend redetermination of family eligibility for child care services.

Telemedicine/Telehealth

To support remote diagnosis and treatment of Medicaid and CHP+ enrollees and reduce the risk of exposure to providers, review current Medicaid and CHP+ telehealth policies and permit coverage for telehealth services,

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expand eligible technologies to include services delivered via video, telephone, and email messages, establish a patient's home as the originating site, and ensure provider payment parity so that telehealth services are reimbursed at the same rate as in-person services. Per Centers for Medicare and Medicaid Services (CMS) guidance, states are not required to submit a separate State Plan Amendment for coverage or reimbursement of telemedicine services if they elect provider payment parity.

In its [FAQs](#), CMS notes that states could expand coverage for telehealth and other services to provide care for individuals who are quarantined or self-isolated. The following changes that must be made to allow providers to keep patients in their homes for remote diagnosis and treatment:

- Allow health care providers to work from quarantine by relaxing originating site and place of service restrictions in Medicaid's telehealth/telemedicine regulations.
- Federally Qualified Health Centers and Rural Health Centers are not currently reimbursed for telemedicine services and clinical pharmacy services provided to Medicaid enrollees. This must be rectified immediately as many of these centers have telehealth infrastructure they can use right now to respond to COVID-19. Expand the use of Place of Service 02 for telehealth to include more provider and practice types.
- Phone, email, text and online consultations between a clinician and a patient must be reimbursed. To maintain the privacy preferences of patients, providers must be able to obtain consent from patients to use a non-secure form of communication, such as telephone, email or text, to share consent forms and obtain verbal consent to communicate with the patient about their health needs.
- Remote patient monitoring must be expanded to allow treatment and monitoring of COVID-19. It must include all types of primary and specialty care provider clinics and health care professionals working in those clinics. Relax restrictions related to patient criteria to expand beyond home health care and suspend electronic verification during the crisis.
- To support remote patient monitoring, allow CPT code 99457 so that an intervention triggered by a vital signs monitoring device can be reimbursed whether by practice clinical staff or qualified healthcare professional.
- Originating sites must be expanded to include Emergency Medical Service providers, Assisted Living Facilities, and Visiting Nurses/Home Health Agencies to utilize telehealth equipment to examine the patient in place rather than transporting to a clinic or hospital.
- Virtual check-in codes allow for potential COVID-19 patients to "check in" with their regular provider group to see if their symptoms warrant further intervention. Enable codes G2012, G2010, and G0071 and similar codes for FQHCs, Rural Health Centers and other safety net clinics.
- Streamline credentialing telehealth providers, currently there are two separate credentialing processes for managed care and behavioral health.
- Launch a statewide provider training program ASAP around telemedicine and telehealth services that are reimbursable and how to code and bill for those services so that providers and HCPF can assure everyone is well-versed in requirements and procedures.
- Providers will need to be able to consult with infectious disease specialists to diagnose and treat patients with COVID-19, we must allow the use of Medicare eConsult codes for Medicaid, for example CPT 99446, and suspend the requirements on record sharing.

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Social and Economic Well-Being

- Ensure economic supports for Coloradans who are unable to attend work due to COVID-19 illness or mandatory precautions, including through paid sick leave policies, expanding unemployment insurance coverage, and other temporary assistance programs.
- Ensure the administration's COVID-19 plan includes transportation assistance and accessible care for patients with disabilities.
- Enact a moratorium on evictions for tenants who are unable to pay rent due to COVID-19 or following government-recommended COVID-19 precautions.
- Prohibit water and electricity companies from turning off services due to non-payment.
- Excuse or minimize SNAP and TANF application requirements that have to be done in person and suspend SNAP renewal application processes.
- Ensure children that don't have access to school lunch programs due to school closures have access to meals.
- Issue emergency vouchers and rental subsidies to immediately help individuals who are close to experiencing homelessness into locations where they can isolate.
- Establish emergency housing and sheltering for individuals experiencing homelessness. Explore the purchase of hotel rooms or other vacant facilities like dormitories and/or schools to place individuals who are experiencing homelessness.
- Increase the number of hand-washing stations available

The Colorado Health Policy Coalition is extremely grateful for the hard work of you and your Administration during this challenging time for our state. We know that we are blessed to live in a state with steadfast and determined leadership. We appreciate your consideration of our requests and are on stand-by ready to answer your questions and provide our technical expertise as you and your team work to implement these requests. We look forward to your continued partnership and collaboration as we work together to ensure *all* Coloradans weather this storm.

Sincerely,

Your Colorado Health Policy Coalition:

Boulder County
Center for Health Progress
Clinica Colorado
Colorado Center for Law and Policy
Colorado Children's Campaign
Colorado Cross-Disability Coalition
Colorado Association for School-Based Health Care
Caring for Colorado Foundation
Colorado Coalition for the Homeless
Colorado Nonprofit Association
Colorado Safety Net Collaborative

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Colorado Organization for Latina Opportunity and Reproductive Rights
One Colorado
Colorado Behavioral Healthcare Council
Colorado Regional Health Information Organization (CORHIO)
Colorado Hospital Association
Colorado Chapter of the American Academy of Pediatrics
Hunger Free Colorado
Planned Parenthood of the Rocky Mountains
Northeast Health Partners, RAE Region 2
STRIDE Community Health Center

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