

Basic Requirements for Conducting *Ex Parte* Renewals of Medicaid and CHIP Eligibility

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Objectives



This deck summarizes the CMCS Information Bulletin (CIB), *Basic Requirements for Conducting Ex Parte Renewals of Medicaid and CHIP Eligibility*, and is part of a series of resources for states as they work to comply with federal renewal requirements.

This slide deck is intended to remind states about current requirements and expectations for renewing eligibility for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries based on reliable information available to the state without contacting the beneficiary, also referred to as an *ex parte* renewal.¹

Source: CMS CIB, [Basic Requirements for Conducting Ex Parte Renewals of Medicaid and CHIP Eligibility](#).

Notes:

1. An *ex parte* renewal is sometimes referred to as auto renewal or administrative renewal.

Background

Federal regulations at 42 C.F.R. §§ 435.916 and 457.343 outline the requirements and processes for states to periodically renew eligibility for all Medicaid and CHIP beneficiaries.

The *ex parte* renewal processes described here apply equally to a state's Medicaid¹ and separate CHIP programs.

For an overview of the entire renewal process, including actions required when a state is unable to renew someone on an *ex parte* basis, see the September 2024 slide deck, Overview: Medicaid and CHIP Eligibility Renewals, and the December 2020 CMCS Informational Bulletin Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements.

Additional information on renewal forms is forthcoming.

Notes:

1. The *ex parte* renewal requirement applies to individuals determined eligible using modified adjusted gross income (MAGI) methods and those exempted from MAGI-based financial methodologies under 42 C.F.R. § 435.603(j).

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Overview

Overview of Requirements for Conducting *Ex Parte* Renewals

An *ex parte* renewal is a redetermination of eligibility completed with reliable information available to the agency without contacting the beneficiary.

- States must attempt to renew eligibility for all Medicaid and CHIP beneficiaries on an *ex parte* basis (42 C.F.R. § 435.916(b)(1)).
- In conducting an *ex parte* renewal, states must use reliable information contained in the beneficiary's account and other more current information available from electronic data sources determined useful by the state (42 C.F.R. § 435.916(b)(1)).
- States may not require beneficiaries to provide new attestations, submit additional information, fill out a renewal form, or provide a signature when conducting an *ex parte* renewal (42 C.F.R. §§ 435.916(b)(1), 435.952(c), and 457.380(f)).
- States may only renew eligibility through the *ex parte* process. A state may not terminate eligibility, reduce benefits, or increase premiums or cost sharing on the basis of information obtained through the *ex parte* renewal process without sending the beneficiary a renewal form and providing a reasonable period of time to respond (42 C.F.R. §§ 435.952(d), 435.916(b)(2), and 457.380(f)).
- If the state can determine eligibility through the *ex parte* process, the state must send a notice of approved eligibility. If eligibility cannot be renewed on an *ex parte* basis, the state must send a renewal form and provide a reasonable period of time to respond (42 C.F.R. § 435.916(b)(2)).

Steps in the *Ex Parte* Renewal Process

Every Medicaid and CHIP renewal begins with the *ex parte* process, which is comprised of four basic steps.

1 Identify the cohort of beneficiaries who are due for renewal.

2 Gather available information for each individual beneficiary in the cohort without requiring additional information from the beneficiary.

3 Run logic in the eligibility system, including automated and manual steps, to determine whether each beneficiary continues to meet eligibility requirements.

4 Communicate the outcome to each beneficiary:

- When eligibility can be renewed, send notice of approved eligibility.
- When additional information is needed to renew eligibility, send renewal form.

Step 1: Identify the Cohort of Beneficiaries Due for Renewal

Identify the Beneficiaries Due for Renewal

Each month, states identify the cohort of individuals enrolled in Medicaid and CHIP for whom a renewal must be initiated.

States must initiate the *ex parte* process well in advance of the end of an individual's eligibility period to ensure timely completion of the renewal process, including for those individuals the state is unable to successfully renew via *ex parte*.

- Many states initiate renewals 60 to 90 days before the end of an individual's eligibility period to ensure timely completion of the renewal process for beneficiaries whose eligibility cannot be renewed *ex parte*.

States may not exclude specific populations in a cohort from the *ex parte* renewal process for any reason. For example, states may not exclude populations because one or more factors of eligibility cannot be verified electronically.

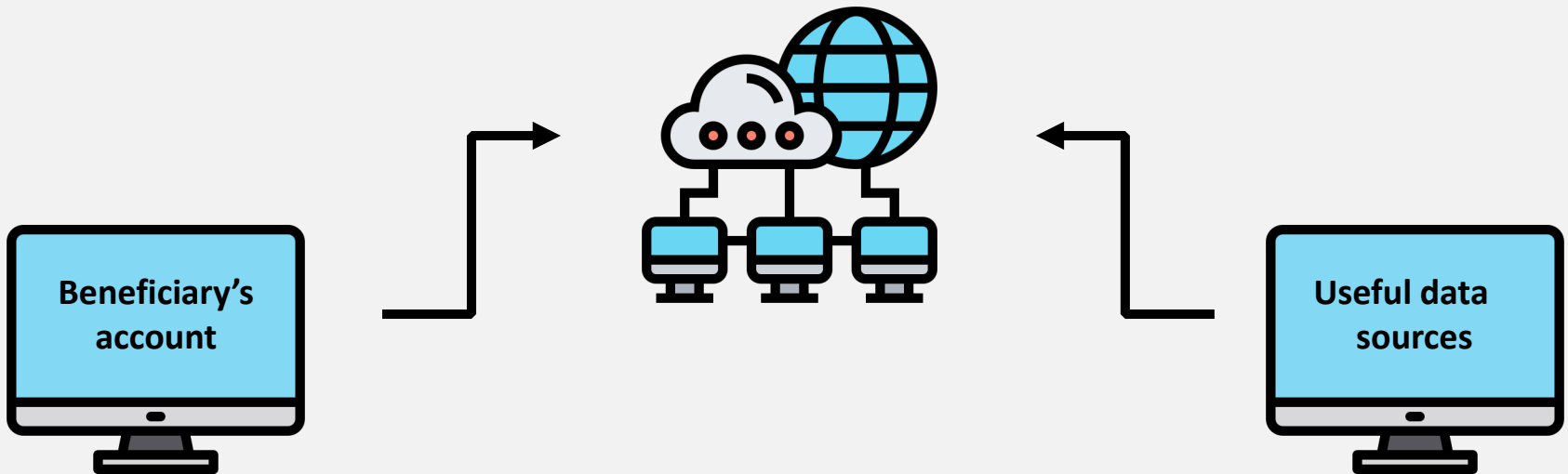
States must attempt an *ex parte* renewal for all beneficiaries, including every individual member of a household with multiple beneficiaries.

Step 2: Gather Reliable Information Available to the State

Reliable Information Available to States

Once the cohort of beneficiaries has been identified for renewal, the state must collect the information needed to redetermine eligibility.

States gather reliable information
from two general sources:



Reliable Information in a Beneficiary's Account

States must rely on previously-verified, reliable information in a beneficiary's account to conduct an *ex parte* renewal.

Information in a beneficiary's account may be considered reliable for use in an *ex parte* renewal if the information is:

1. Constant and not subject to change, e.g., citizenship status,¹ date of birth, and Social Security Number (SSN);
2. Highly unlikely to change (hereafter described as stable), or
3. Subject to change but was recently verified.

States have flexibility in determining what previously-verified information in a beneficiary's account is stable and may be considered reliable for purposes of an *ex parte* renewal. For example, immigration statuses, such as Lawful Permanent Resident, asylee, and refugee, generally do not change.

States have flexibility in determining when they will consider a previous verification to be recent for purposes of an *ex parte* renewal.

- Based on state experience with data, verification conducted within the previous six months may reasonably be considered recent.

Notes:

1. States are prohibited from reverifying U.S. citizenship, even after a break in coverage, unless the state has received information indicating a potential change in the individual's citizenship (42 C.F.R. § 435.956(a)(4)(ii)).

Stable Income and Assets in a Beneficiary's Account

States may make a reasonable determination of income and asset types they consider stable and then rely on previously-verified amounts of such income and assets in conducting an *ex parte* renewal.

- When a state designates a specific income or asset type as stable, the state is not required to check an electronic data source provided that the previously-verified amount has been adjusted for any predictable increase (e.g., cost-of-living adjustment).¹
- States may rely on an income or asset amount in a beneficiary's account that is unlikely to change regardless of how the information was previously verified (i.e., data source, documentation, attestation).
- States may determine that certain types of income or assets are likely to remain stable only for certain populations (e.g., all income and asset types only for Katie Beckett children).²
- States are not required to obtain approval from CMS about which types of income or assets they consider stable but must document these policies for staff training and audit purposes, along with the state's rationale for determining that the income and asset types identified by the state are stable.³

Notes:

- While specific types of assets may also be identified as stable, states are still required to check AVS, with limited exception.
- The Katie Beckett eligibility group (described in section 1902(e)(3) of the Act) provides coverage for children under age 19 with a disability who require an institutional level of care and who would be eligible if living in an institution. Only the child's income is used to determine eligibility. As such, a state may reasonably determine that the income and assets of the children enrolled in this group are unlikely to change.
- States must document their determinations about which types of income and assets they consider stable and the rationale for the determination in their verification plans. CMS is not requiring states to submit updated verification plans for review at this time.

Information from Useful Data Sources

States must obtain information from the data sources, which may include other public benefit programs, they deem useful for verifying eligibility at renewal.

- Typically, the data sources states identify as useful in verifying financial eligibility at application will also be useful in verifying financial eligibility at renewal, although a state may determine that a data source useful at application is not useful at renewal or vice versa.
- When using multiple data sources, states have the option to establish a strategic data hierarchy that lays out the order in which electronic data sources will be accessed or when data returned from a given source will be used for verifying the relevant eligibility criterion (e.g., income).
- In conducting an *ex parte* renewal, states must access information from their AVS for all beneficiaries subject to an asset test, unless the beneficiary attested at application to not having any assets.



Section 1940 of the Act requires states to implement and use an Asset Verification System (AVS) to verify assets held in a financial institution.

Ex Parte Renewal Example: Non-MAGI Individual with Stable Resource



Household Composition and Income

- Henry is age 62, has a disability and lives alone. The state is renewing his eligibility in the Age and Disability-Related Poverty Level group.
- Henry has a family size of 1.
- Henry was enrolled based on wage income of \$860, having \$300 in a savings account at ABC Bank, and owning a second vehicle with a previously-verified value of \$1,600.



State's Verification Business Rules

- State accesses:
 - Earned income data using quarterly wage data.
 - Unearned income data through SSA and Unemployment Insurance data.
 - Financial assets using AVS.
- State treats certain assets as stable, including the value of a second vehicle.

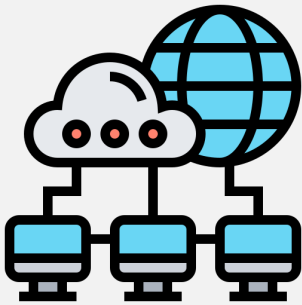


Reminder of State Income and Resource Standards

- The income standard for the Age and Disability-Related Poverty Level group for a family size of 1 is \$1,255 per month.
- The resource standard is \$2,000 for an individual.

Ex Parte Renewal Example: Non-MAGI Individual with Stable Resource, continued

Gather Available Data



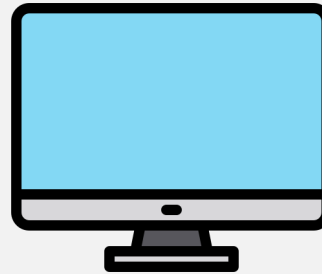
Data sources return the following:

- Quarterly Wage: \$925 a month
- SSA: No return
- Unemployment Insurance: No return
- AVS Data: \$350

Henry's account includes:

- 2nd vehicle with previously-verified value of \$1,600

Run Logic



- AVS data (\$350) added to previously-verified value of 2nd vehicle (\$1,600).
- Combined assets (\$1,950) are below resource standard (\$2,000).
- No data returned from Social Security or Unemployment Insurance, indicating \$0 unearned income.
- Earned income (\$925 from quarterly wage) added to unearned income (\$0).
- Total countable income (\$925) is below income standard (\$1,255).

Outcome



Henry's financial eligibility has been verified *ex parte*. Provided that Henry meets all non-financial eligibility criteria, the state must renew his eligibility.

Ex Parte Renewal Example: Child Enrolled in Katie Beckett Group



Household Composition and Income

- Emma is a 10-year-old child enrolled in Medicaid through the “Katie Beckett” eligibility group (which provides coverage for children under age 19 with a disability who require an institutional level of care and who would be eligible if living in an institution).
- Emma was enrolled with \$0 income and financial assets of \$1,500. She did not have any non-financial assets.
- Emma has a family size of 1 and the state is renewing her Medicaid eligibility in the Katie Beckett group.



State's Verification Business Rules

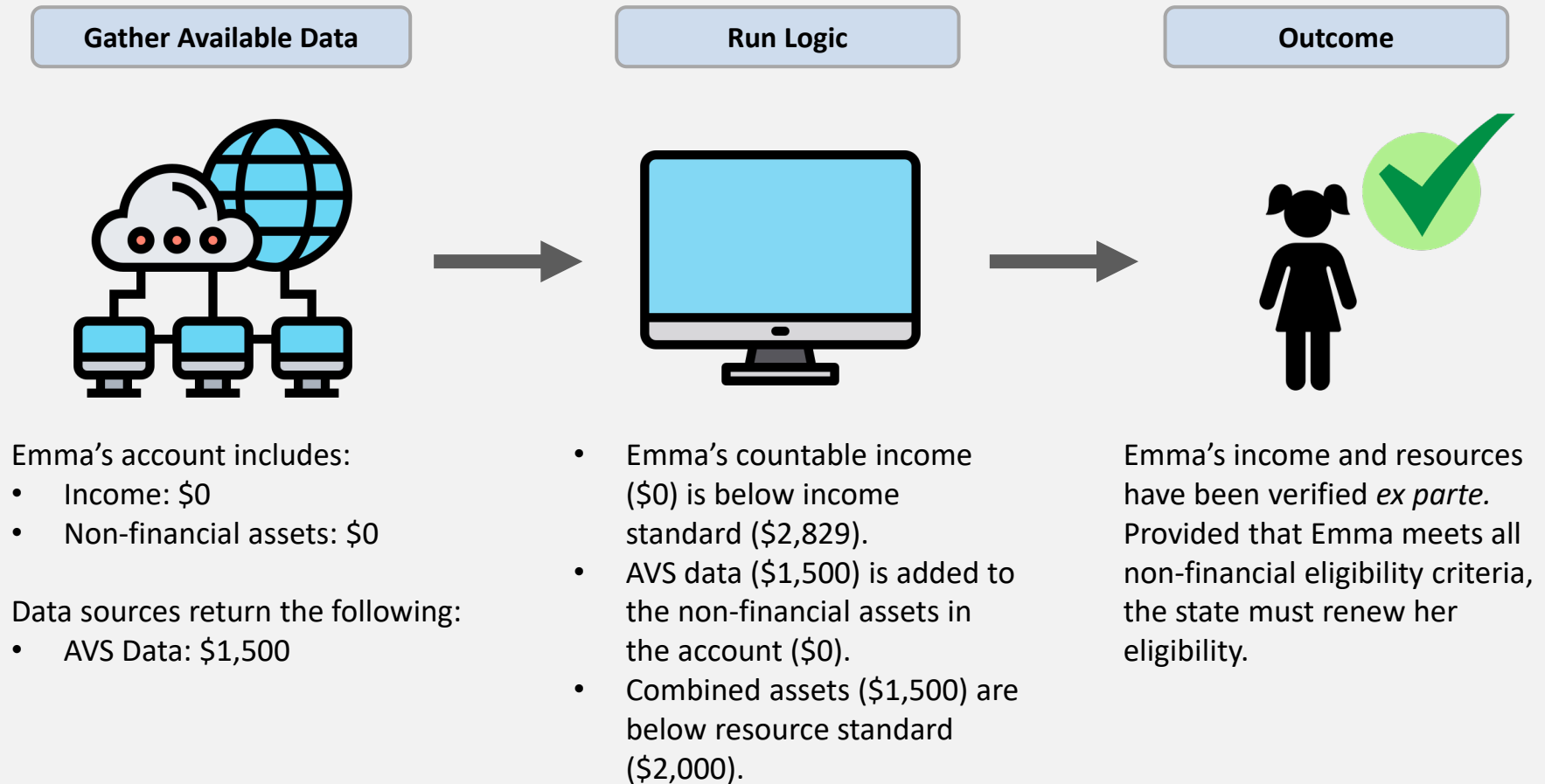
- State accesses:
 - Earned income using quarterly wage data.
 - Unearned income through SSA and Unemployment Insurance data.
 - Financial assets using AVS.
 - Disability status.
- State treats the income of children who need institutional level of care as stable.



Reminder of State Income and Resource Standards

- State covers the Katie Beckett group, which allows qualified children to be found eligible without regard to the income or assets of their parents.
- The income standard for the Katie Beckett group in the state is \$2,829 per month (300% of SSI federal benefit rate).
- The resource standard is \$2,000.

Ex Parte Renewal Example: Child Enrolled in Katie Beckett Group, continued



Step 3: Run Logic to Determine Continued Eligibility

Determining Whether Applicable Income and Resource Requirements are Satisfied



The state uses information obtained from data sources and the beneficiary's account to calculate total household income for MAGI eligibility or total countable income and assets for MAGI-excepted eligibility.



Total income and assets are compared against the applicable income and resource standards for the eligibility group in which the beneficiary is enrolled.¹



If total income is at or below the applicable income standard, and, if applicable, the total assets are at or below the applicable resource standard, the beneficiary continues to satisfy the income and resource requirements.



Reasonable compatibility does not apply during the *ex parte* process because the state does not have a recent attestation.²



If available information is not sufficient to complete the eligibility renewal on an *ex parte* basis or if the information available indicates that the individual may not meet all eligibility requirements, the state must send a renewal form.

Notes:

1. The process used to determine income and resource eligibility for an *ex parte* renewal differs slightly from the process used at application. At application states determine whether attested income and asset information provided on the application is reasonably compatible with information from electronic data sources and both are compared to the applicable income or resource standard.
2. Reasonable compatibility, as defined at 42 C.F.R. § 435.952(c)(1), is a policy used by states to evaluate an inconsistency between attested information provided by or on behalf of an individual and information obtained from data sources. Additional information is discussed in the November 2024 CIB, [Financial Eligibility Verification Requirements and Flexibilities](#).

Ex Parte Renewal Example: Determining MAGI Financial Eligibility



Household Composition and Income

- Jacob is under age 65 and lives alone.
- Jacob has a household size of 1 and is enrolled in the Medicaid adult group.
- Jacob was enrolled with monthly wages of \$450.



State's Verification Business Rules

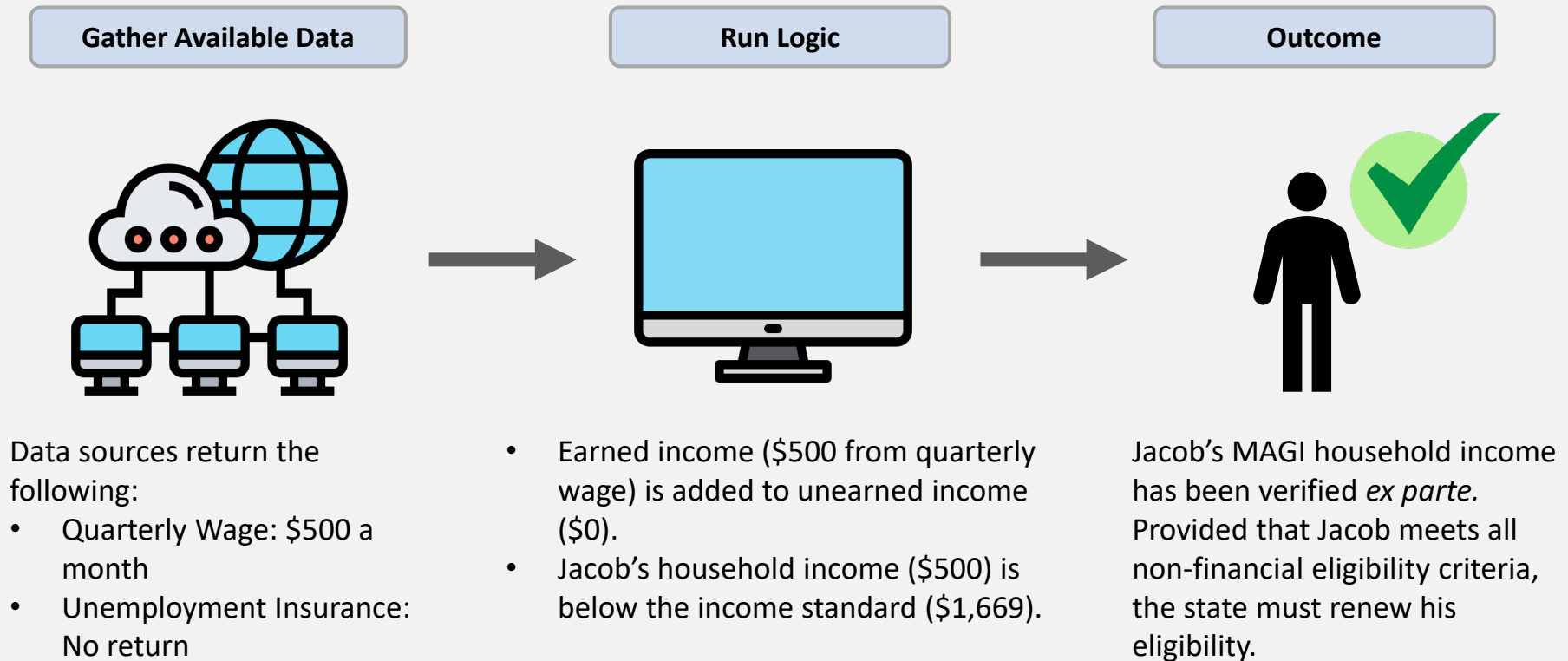
- State accesses:
 - Earned income using quarterly wage data.
 - Unearned income through Unemployment Insurance data.



Reminder of State Income Standard

- The income standard for the Medicaid adult group is \$1,669 per month (133% of the FPL for a household of one).

Ex Parte Renewal Example: Determining MAGI Financial Eligibility, continued



Ex Parte Renewal Example: Determining Non-MAGI Financial Eligibility



Household Composition and Income

- Joan is 55 and lives alone. She is enrolled in Medicaid on a non-MAGI basis in an eligibility group for individuals receiving home and community-based services (HCBS) with a nursing home level of care.
- Joan was enrolled with income from a fixed pension of \$750 a month and financial assets of \$950.
- Joan has a family size of 1.



State's Verification Business Rules

- State accesses:
 - Unearned income using SSA and Unemployment Insurance data.
 - Financial assets using AVS.
- State considers previously verified pension income to be stable.

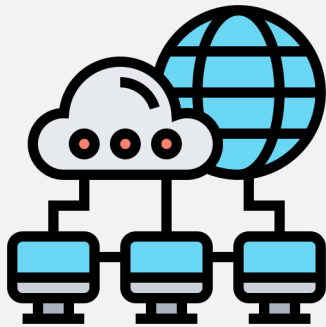


Reminder of State Income and Resource Standards

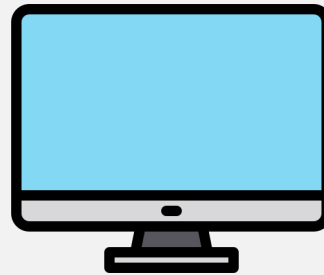
- The income standard for an individual receiving HCBS with a nursing home level of care is \$2,829 per month (300% of the FPL for an individual).
- The resource standard is \$2,000 for an individual.

Ex Parte Renewal Example: Determining Non-MAGI Financial Eligibility, continued

Gather Available Data



Run Logic



Outcome



Data sources return the following:

- SSA: No return
- Unemployment Insurance: No return
- AVS Bank Account: \$1,000 from XYZ Bank

Joan's account includes:

- Stable pension income: \$750
- Stable assets: \$0

- No data returned from SSA and no data from Unemployment Insurance indicates \$0.
- Joan's pension income (\$750) is added to other income (\$0).
- Total countable income (\$750) is below income standard (\$2,829).
- AVS data (\$1,000) is added to stable assets (\$0).
- Combined assets (\$1,000) are below resource standard (\$2,000).

Joan's non-MAGI income and assets have been verified *ex parte*. Provided that Joan meets all non-financial eligibility criteria, the state must renew her eligibility.

Prioritizing Data Sources to Determine Financial Eligibility

Most states use multiple data sources when verifying financial information and can elect to use a strategic data hierarchy to lay out the order in which data sources will be used.

- A strategic data hierarchy is a set of optional business logic rules in which one data source is considered more useful than other sources.
 - Two common types of strategic hierarchies involve a consecutive or concurrent review of information returned from data sources.
- States that do not employ a strategic data hierarchy and use more than one data source for a specific type of income or asset must check all useful data sources during the *ex parte* renewal process. If any of those data sources returns information that exceeds the applicable income or resource standard, the state must request additional information.
- States must document the use of a strategic data hierarchy in their verification plans.¹

For additional information on strategic data hierarchies, see the November 2024 CIB, [Financial Eligibility Verification Requirements and Flexibilities](#).

Notes:

1. At this time, CMS is not requesting states to submit updated verification plans with any new policies based on the flexibilities described in this guidance; however, states must document all verification policies and procedures for staff training and audit purposes.

Examples of Strategic Data Hierarchies

Consecutive Review of Data Sources

- States begin the process of verifying income at *ex parte* renewal by pinging or reviewing the earned and unearned income data sources that the state has identified as most useful.
- If no data are returned, or, at state option, if the data returned from the highest priority source results in total income over the applicable income standard, the state checks secondary sources in the state's hierarchy until it has:
 - determined the individual eligible,
 - determined it needs additional information, or
 - exhausted the available data sources.

Concurrent Review of Data Sources

- States begin the process of verifying income during an *ex parte* renewal by pinging all the earned and unearned income data sources used by the state.
- The state evaluates the information returned in accordance with the hierarchy it has established (starting with data source determined generally most reliable) to determine if the individual is eligible or if additional information or documentation is needed from the individual.
- If income is verified by information from a data source, the state does not need to consider information from other data sources that the state has determined are less reliable.

Ex Parte Renewal Example: Consecutive Data Hierarchy



Household Composition and Income

- Juan is 45 and lives alone. He is enrolled in the Medicaid adult group.
- Juan has a household size of 1.
- Juan was enrolled with verified monthly wage income of \$1,000.



State's Verification Business Rules

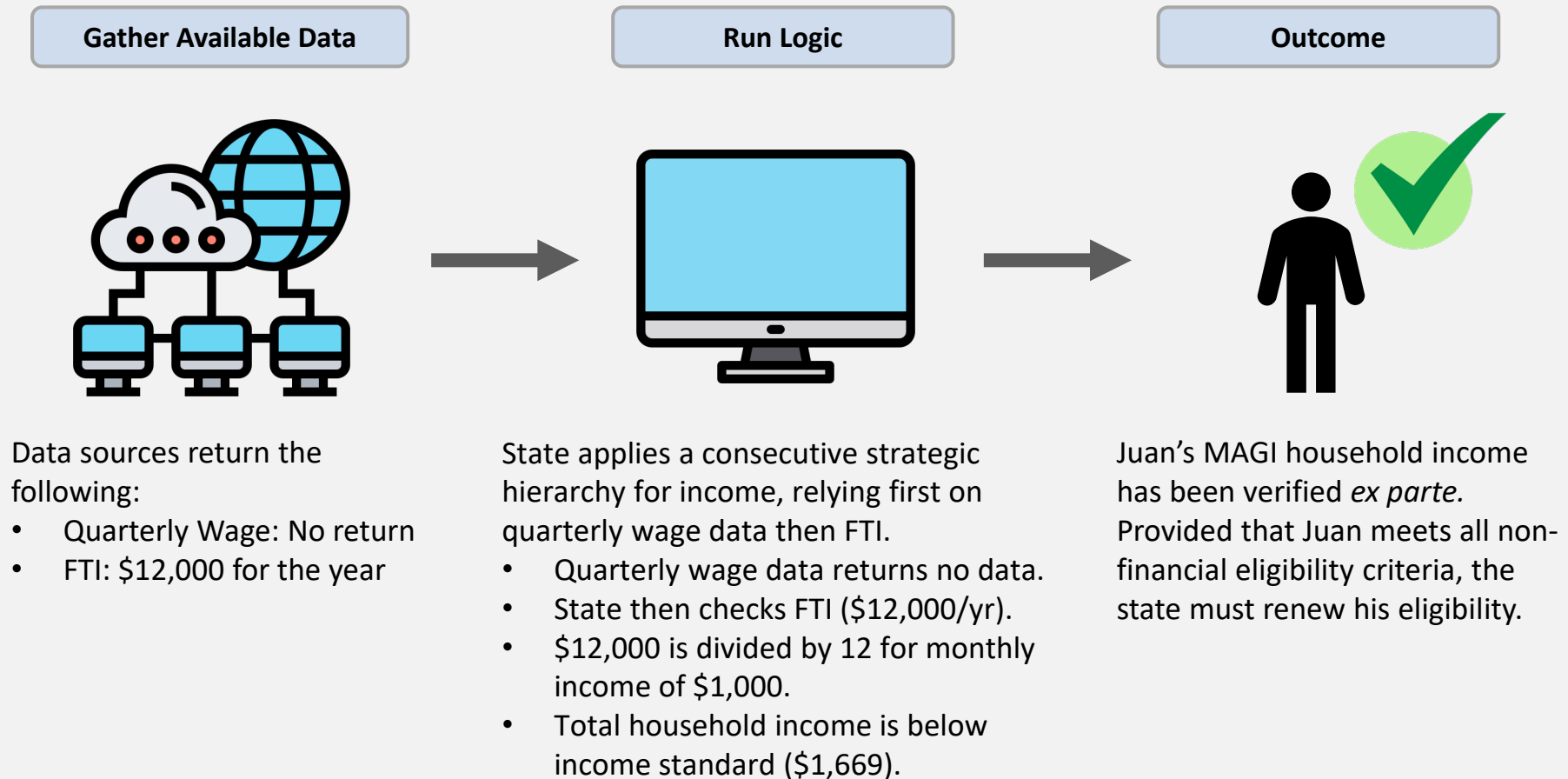
- State accesses:
 - Earned income using quarterly wage data and Federal Tax Information (FTI).
 - Priority is given to quarterly wage data as it is more-timely than FTI.



Reminder of State Income Standard

- The income standard for the Medicaid adult group is \$1,669 per month (133% of the FPL for a household of one).

Ex Parte Renewal Example: Consecutive Data Hierarchy, continued



Ex Parte Renewal Example: Concurrent Data Hierarchy



Household Composition and Income

- Isabella is 15 and lives with her parents, Jason and Alice. She is enrolled in the state's separate CHIP program.
- Isabella has a household size of 3.
- Isabella was enrolled with verified monthly income of \$5,000, comprised of \$2,750 in wages from her mother and \$2,250 in wages from her father, which fluctuate predictably with the seasons.



State's Verification Business Rules

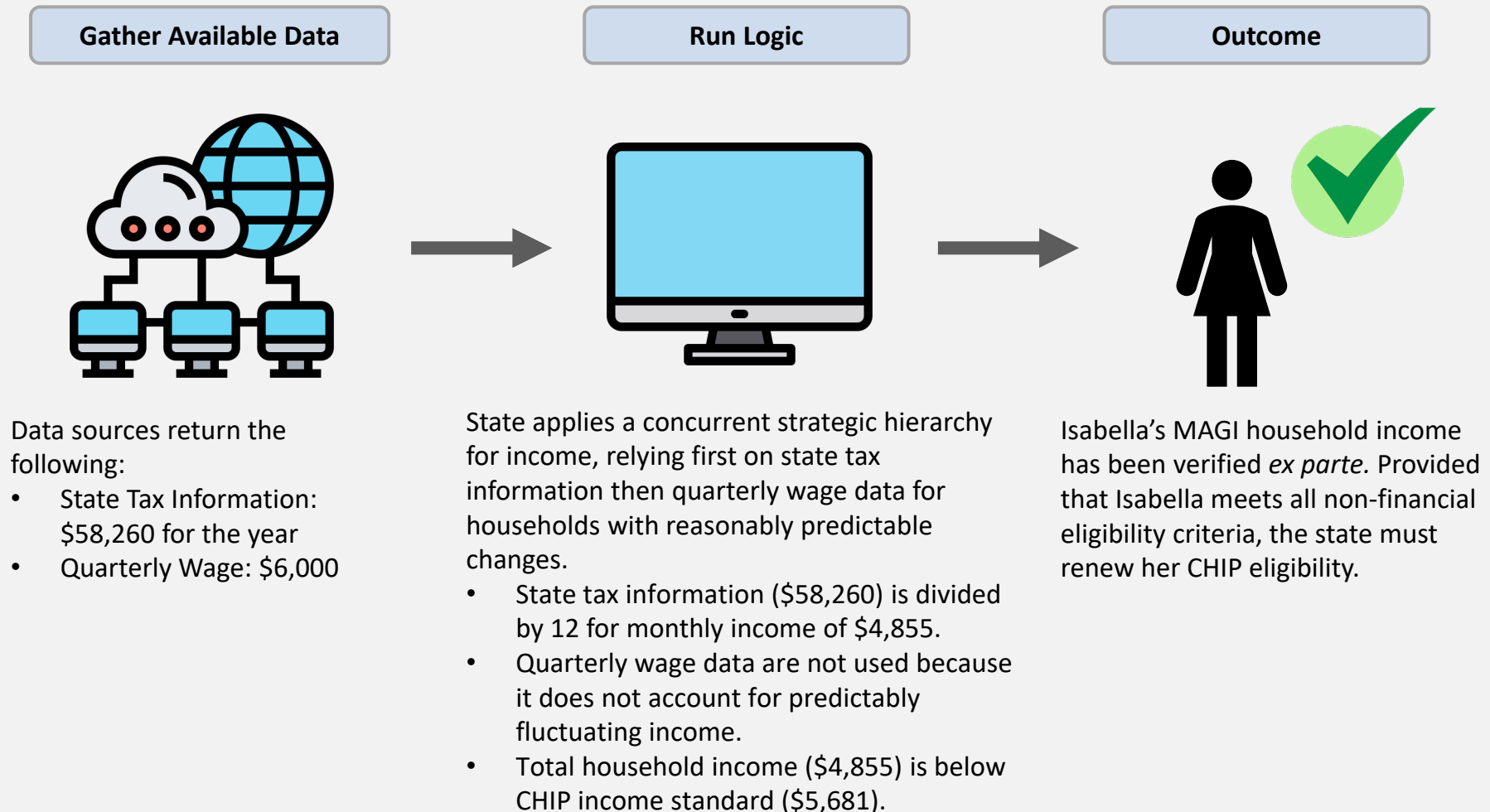
- State accesses:
 - Earned income using quarterly wage data and state tax information.
 - Priority is given to state tax information for individuals with reasonably predictable changes in income per the option at 42 C.F.R. §§ 435.603(h)(3) and 457.315(a).



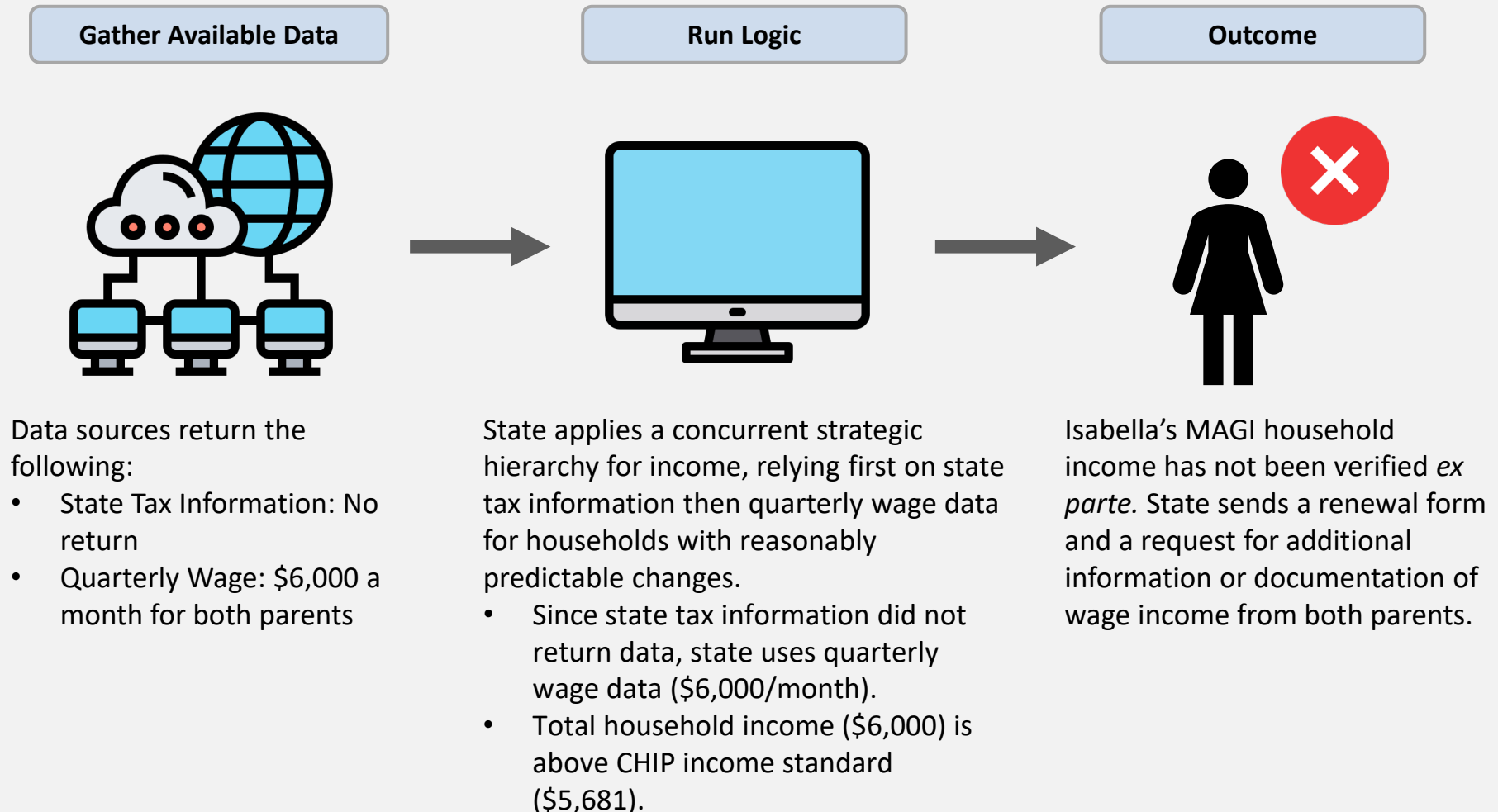
Reminder of State Income Standard

- The income standard for the separate CHIP program is \$5,681 per month for a household of three (264% of the FPL).

Ex Parte Renewal Example: Concurrent Data Hierarchy, continued (Data Sources Return Conflicting Results)



Ex Parte Renewal Example: Concurrent Data Hierarchy, continued (No Return from Highest Priority Data Source)



Discrepancies Between Employer Names at *Ex Parte*

The employer returned from wage data sources and the employer from the individual's last determination do not need to match in order for a beneficiary's eligibility to be renewed through the *ex parte* process.

- The identity of an individual's employer is not a factor of eligibility and states may not end the *ex parte* process and request additional information from a beneficiary to confirm their current employer(s) or provide information on prior employer(s).
- If the household or total countable income amount for the beneficiary calculated by the state based on data sources and reliable information from the beneficiary's account is at or below the applicable income standard, the state must determine the beneficiary income eligible regardless of whether the wage income obtained from the data source is from the same employer that the beneficiary worked for at the point of their last determination.¹

Notes:

1. At application, in determining whether attested wage information is reasonably compatible with wage information from a data source, states have the option (1) to ignore a discrepancy when the employer in the attestation does not match the data source information or (2) to request additional information to resolve the discrepancy. Additional information is discussed in the November 2024 CIB, [Financial Eligibility Verification Requirements and Flexibilities](#). During an *ex parte* renewal, there is no recent attestation of income or an employer's name, only the wage information from data sources. Whether an individual changed employers is not relevant for determining income eligibility during an *ex parte* renewal.

Ex Parte Renewal Example: Individual with Different Employer



Household Composition and Income

- Ethan is single and lives with his 10-year-old child, Asher. Ethan is enrolled in Medicaid as a parent/caretaker relative.
- Ethan has a household size of 2.
- Ethan was enrolled with monthly wage income of \$1,100 from ABC Café.



State's Verification Business Rules

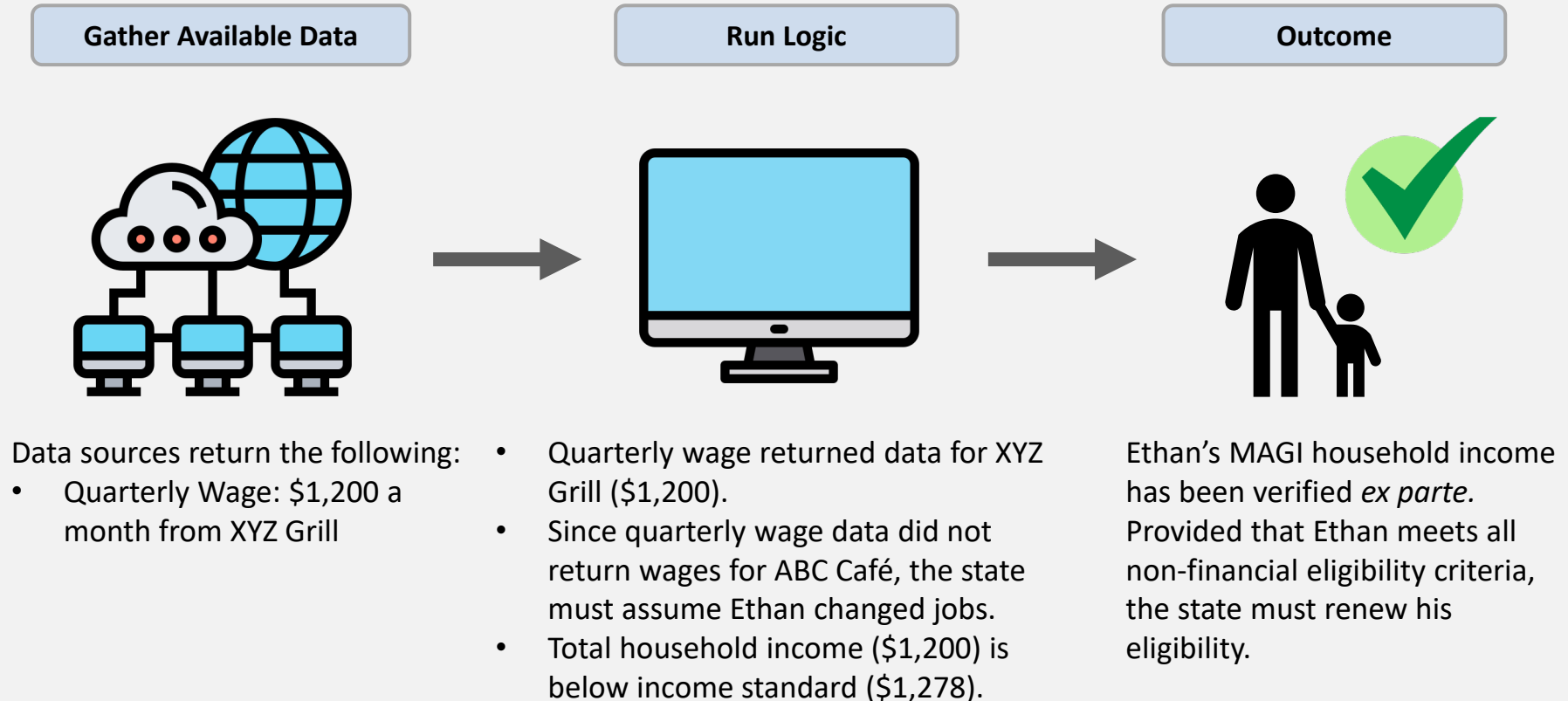
- State accesses:
 - Earned income through quarterly wage data.



Reminder of State Income Standard

- The income standard for the parent/caretaker relative eligibility group is \$1,278 per month (75% of the FPL for a household of two).


Ex Parte Renewal Example: Individual with Different Employer, continued




Strategies to Determine Financial Eligibility for Income and Resource Types with No Data Source

While multiple data sources exist for verifying some types of income, other income types may not have specific data sources for electronic verification.

Several options are available to optimize *ex parte* renewal for a beneficiary who has income or resources for which electronic data are not available.




Identify income and asset types that are stable and use the information contained in a beneficiary's account (see slide 13).



Assume that a beneficiary's income or resource has transitioned from one type of employment or resource to another if available information indicates such a change has occurred.

- For example, a beneficiary may transition from being self-employed to earning wages from an employer.






Utilize strategies set forth in the November 2024 Unwinding-Related Strategies CIB, such as using the gross income determination from the Supplemental Nutrition Assistance Program (SNAP) to verify continued income eligibility.¹

Notes:

1. Under this strategy, a state compares a beneficiary's gross income, as determined by SNAP, to the applicable MAGI-based Medicaid income standard. If the beneficiary's SNAP gross income is at or below the applicable income standard, the state would conclude that the beneficiary is income eligible for Medicaid. For additional guidance on the SNAP option, see the November 2024 CIB, [Use of Unwinding-Related Strategies to Support Long-Term Improvements to State Medicaid Eligibility and Enrollment Processes](#).

Determining Whether Applicable Non-Financial Eligibility Requirements are Satisfied

-  States **must** rely on previously-verified information in a beneficiary's account for non-financial eligibility criteria that are not subject to change, such as date of birth or citizenship status.
-  States **may**, but are not required to, rely on information in a beneficiary's account for factors that are stable and highly unlikely to change, such as household composition or noncitizen status, unless the state has information indicating a change.
-  If a state determines that information in a beneficiary's account is not reliable or otherwise sufficient to renew a factor of non-financial eligibility, the state **must** check available data sources before sending a renewal form or asking for documentation.



Reminder: Whenever the state receives information regarding a change in circumstance or can anticipate a change that impacts non-financial eligibility (e.g., an individual aging out of an eligibility group), the state **must** act timely on that change.

Considerations for Verifying Non-Financial Eligibility Criteria

Citizenship Status

- States may not reverify U.S. citizenship during a renewal (or at reapplication following a break in coverage) unless the beneficiary reports a change or the state receives information indicating a change in citizenship.

Immigration Status

- Many qualified immigration statuses, for example Lawful Permanent Resident, asylee, and refugee, generally do not change or, if they do change, it is to another qualifying status or U.S. citizenship. An individual's immigration status does not need to be reverified if it is not likely to change, unless the state receives information that such a change has occurred.
- However, there are some exceptions, such as individuals with Temporary Protected Status. The immigration status of such beneficiaries must be reverified at renewal.

Considerations for Verifying Non-Financial Eligibility Criteria, continued 1

State Residency

- States are not required to reverify state residency unless available information indicates the individual's state of residency may have changed.
- If a state elects to reverify state residency, it must first access available data sources before requesting additional information from the individual. In checking data sources for other criteria, such as wage data, returned information will generally provide confirmation of continued state residency.
- An in-state address change does not affect eligibility, and states may not require beneficiaries to verify an in-state address change to renew coverage.¹

Blindness and Disability

- States must consider blindness and disability as continuing until determined otherwise by the Social Security Administration (SSA) or, where the state is responsible for the blindness/disability determination, a physician or the state's disability review team (as the case may be).
- When conducting an *ex parte* renewal, if the favorable determination of blindness or disability has not changed, whether it has been made by SSA or the state, no further action is required.

Notes:

1. The final rule, Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes, requires states to update in-state address changes without verifying with the individual if updated information comes from certain trusted data sources (e.g., returned mail from the U.S. Postal Service). All states must comply with this requirement by December 3, 2025, and may do so sooner.

Considerations for Verifying Non-Financial Eligibility Criteria, continued 2

Categorical Eligibility Requirements

- States may, but are not required to, reverify other categorical requirements that are subject to change (e.g., parent/caretaker status).
- States may consider information in the account as reliable unless information known to the state indicates a change. When states anticipate a change in status (e.g., the individual's only dependent is aging out of dependency status), the state must act on the change.

Access to Other Health Insurance

- As a condition of eligibility for separate CHIP and for the Medicaid eligibility group for optional targeted low-income children, individuals must be otherwise uninsured.
- States conduct data matching with public and private insurance databases to identify other sources of coverage in accordance with longstanding third party liability (TPL) requirements.
- States must use that available information at renewal and may only request additional information when TPL information is not accessible electronically or available in the beneficiary's account.

Step 4: Communicate Outcome for Each Beneficiary

Notice of Approved Eligibility

If available information is sufficient to determine that the individual continues to meet all applicable financial and non-financial eligibility criteria, the state must renew the beneficiary's eligibility and send a notice of approved eligibility.

When eligibility is renewed *ex parte*, the state sends a notice of approved eligibility to the beneficiary that must be written in plain language, meet accessibility standards, and include:

- the eligibility determination and basis for the determination,
- the effective date of eligibility,
- the requirement and process to report changes in circumstance that may impact eligibility,
- information on benefits and any premiums and/or cost sharing, and
- an explanation of any right to a fair hearing or review.

The notice must clearly explain the beneficiary's obligation to inform the agency if any of the information relied upon is inaccurate but that the beneficiary does not need to sign or return the notice if the information is accurate.

If in response to a notice of approved eligibility, the beneficiary provides updated information that may impact their eligibility, the state must process the new information as a change in circumstances, except for children in a continuous eligibility period.¹

42 C.F.R. §§ 435.919(b) and 457.344(b))

Notes:

1. A new continuous eligibility (CE) period for children begins on the effective date of the child's renewal. Once a child's eligibility has been renewed, states may not terminate the child's eligibility based on changes in circumstances during a CE period, except under specific circumstances.

Renewal Form

**When eligibility cannot be renewed *ex parte*,
the state must provide the beneficiary a renewal form.¹**




- States will not be able to complete an *ex parte* renewal if household income or total countable income or assets, as applicable, are not verified based on the reliable information available to the state, or if the state is not able to confirm all non-financial eligibility criteria.
- When a state is unable to complete an *ex parte* renewal or when the data indicate an individual is eligible for a group with fewer benefits or higher cost sharing or premiums, the state must provide a renewal form together with a request for any additional information or documentation needed to renew eligibility.
- States may not terminate coverage, move an individual to a group with reduced benefits or increased beneficiary liability, or send advanced notice of adverse action based on the information gathered during the *ex parte* process.

Notes:

- MAGI beneficiaries must be provided a prepopulated renewal form and a minimum of 30 days to respond. Non-MAGI beneficiaries must be provided a reasonable period of time to respond. To align with the requirements for MAGI beneficiaries, states must begin providing non-MAGI beneficiaries with a prepopulated renewal form and at least 30 days to return the renewal form and any supporting documentation by June 3, 2027. See the final rule, [Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes](#). Guidance on prepopulated renewal forms and requirements of Medicaid and CHIP agencies to determine eligibility for the other program and ensure a smooth transition of coverage between these programs when appropriate are forthcoming.

Special Considerations

Reminders for Completing the *Ex Parte* Process for Multiple Beneficiaries in the Same Household

-  States **must** determine eligibility for each beneficiary individually as different household members may be subject to different eligibility criteria.
-  If a state has sufficient information to renew Medicaid or CHIP eligibility for some beneficiaries in a household, the state **may not** require a renewal form or documentation for those household members even if other household members must return a renewal form.
-  If the renewal form or other requested information from other household members is not returned, the state **may not** disenroll individuals whose eligibility the state was able to determine through the *ex parte* process.

State Options When Completing *Ex Parte* Renewals for Multiple Household Members

In circumstances where eligibility for some, but not all, beneficiaries can be renewed *ex parte*, states have two options for when they consider the *ex parte* determination final and send the notice of approved eligibility.

Option 1: Wait to finalize the *ex parte* renewal(s) until after completing the renewal process for everyone in the household, provided that the state is able to send a timely notice.

- If the renewal form is returned timely, the state would assess any impact of the information on the eligibility of household member(s) initially found eligible via *ex parte* and redetermine their eligibility accordingly.
- If the renewal form is not returned timely, the state must provide timely notice of approved eligibility for member(s) whom the state determined eligible via *ex parte*. If information for other household members is subsequently returned, the state must act on the information as a change in circumstance.¹

Option 2: Finalize the determination and send the notice of approved eligibility to household members whose eligibility can be renewed *ex parte* at the same time as the state sends a renewal form to the other household members.

The state would treat any information received after the approval notice is provided, including information returned on another household member's renewal form, as a change in circumstance.¹

Notes:

1. Once the state finalizes a determination of eligibility for a child (under either option) and sends them an eligibility notice, a new eligibility period and CE period will begin on the day after the current eligibility period ends. Any information received by the state after the child's eligibility has been renewed will not impact the child's eligibility during the new CE period unless it relates to one of the few exceptions to CE permitted under the statute. See CMS SHO, [Section 5112](#) Requirement for all States to Provide Continuous Eligibility to Children in Medicaid and CHIP under the Consolidated Appropriations Act, 2023.

Ensuring States Attempt an *Ex Parte* Renewal for All Beneficiaries

States may not exclude specific populations from the *ex parte* process because a factor of eligibility cannot be verified electronically or for any other reason.

Self-employed individuals. Even if the state does not utilize an electronic data source to verify self-employment income, the state must still check wage and other data sources to obtain updated information and determine which information and documentation is needed from the beneficiary prior to sending a renewal form.¹ (For more information, see slide 35.)

Non-MAGI beneficiaries. If a beneficiary subject to a resource test has assets that cannot be verified electronically, the state must attempt an *ex parte* renewal to obtain reliable information about income, assets, and other relevant eligibility criteria to determine which information and documentation is needed from the beneficiary prior to sending a renewal form.¹

Beneficiaries enrolled in both health coverage and other human services programs. If the *ex parte* review is successful in a state with an integrated system, the state must renew Medicaid or CHIP eligibility and may not prevent or delay the timely completion of the renewal pending provision of documentation or completion of other requirements (e.g., interviews) for another human services program.

Notes:

1. Guidance on prepopulating renewal forms is forthcoming.

Strategies to Increase *Ex Parte* Rates and Overall Efficiency

Increasing Efficiency and Effectiveness of *Ex Parte*

There are many actionable strategies that states can adopt to promote continuous coverage of beneficiaries who remain eligible for Medicaid and CHIP.

Continued use of certain unwinding-related strategies¹ that have been found to increase *ex parte* rates and the overall efficiency of *ex parte* processes, including:

- use of SNAP gross income in renewing MAGI-based beneficiaries,
- renewal of certain beneficiaries when no income data are returned, and
- assuming no change in resources when no information is returned through the AVS or when information is not returned within a reasonable timeframe.

Express Lane Eligibility permits states to rely on findings from express lane agencies, such as SNAP, Temporary Assistance for Needy Families (TANF), School Lunch, Head Start, National School Lunch Program (NSLP), and Women, Infants, and Children (WIC), when determining Medicaid or CHIP eligibility at initial application and/or renewal without regard to differences in rules between the programs for counting income and household composition.

Obtaining SSNs for non-applicant household members applying for coverage for their children only makes it easier to verify household income. Including a clear explanation about the value of providing an SSN on application and renewal materials can increase willingness of non-applicants to provide their SSN.

Notes:

1. For additional guidance on the SNAP option, as well as the ongoing availability of other unwinding-related strategies, see the November 2024 CIB on [Use of Unwinding-Related Strategies to Support Long-Term Improvements to State Medicaid Eligibility and Enrollment Processes](#).

State Resources

CMS Resources to Support States

- CMCS Informational Bulletin, Basic Requirements for Conducting *Ex Parte* Renewals of Medicaid and CHIP Eligibility, November 2024, available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib11262024.pdf>.
- CMCS Informational Bulletin, Conducting Medicaid and CHIP Renewals During the Unwinding Period and Beyond: Essential Reminders, March 2024, available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib03152024.pdf>.
- State Letter: Ensuring Compliance with Requirements to Conduct Medicaid and CHIP Renewal Requirements at the Individual Level, August 2023, available at: <https://www.medicaid.gov/resources-for-states/downloads/state-ltr-ensuring-renewal-compliance.pdf>.
- Slide Deck, Notice Considerations for Conducting Medicaid and Children's Health Insurance Program (CHIP) Renewals at the Individual Level, November 2023, available at: <https://www.medicaid.gov/sites/default/files/2023-11/individual-lvl-renewal-notices.pdf>.
- State Health Official (SHO) Letter # 23-002, Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act, 2023, January 2023, available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23002.pdf>.
- Slide Deck, Ex Part Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts, October 2022, available at: <https://www.medicaid.gov/resources-for-states/downloads/ex-parte-renewal-102022.pdf>.
- CMCS Informational Bulletin, Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements, December 2020, available at: https://www.medicaid.gov/sites/default/files/2020-12/cib120420_0.pdf.