Coverage Expansion
Learning Collaborative

Draft Model Renewal Form & Considerations for MAGI Medicaid/CHIP Renewals

Tuesday, September 1, 2015
12:00 – 1:30pm ET

Conference Line: 1-866-922-3257
Passcode: 507879#
Web address: https://manatt.webex.com/manatt/onstage/g.php?d=572314407&t=a
Web password: Model1
Agenda

- Setting the Stage
- States’ Experience with Pre-Populated Renewal Forms
- 2015 Draft Model Renewal Form Features
- Discussion
- LC Next Steps
Setting the Stage
Coverage LC Series on Medicaid/CHIP Renewals

Part I: State Practices, Lessons Learned & Opportunities
August 13, 2015

- Reviewed federal regulations and guidance related to renewal and redeterminations of eligibility
- Walked through process flows for renewals based on available information ("ex parte renewals") and renewals by pre-populated form
- Discussed state strategies for using reliable information from accessible databases and beneficiaries’ accounts to complete ex parte renewals
- Reviewed state strategies for increasing consumer responsiveness to pre-populated renewal forms and completing the renewal process

Refer to the materials from the August 13th Expanding Coverage Learning Collaborative on Renewals for an overview of renewal regulations and a policy deep dive on common renewal issues.

Select slides are included in the appendix of this presentation, and full slide decks will be posted to the Coverage Learning Collaborative Toolbox on Medicaid.gov
Today’s Focus: 2015 Draft Model Renewal Form

Today’s Focus

- Today’s presentation focuses on states’ renewal processes when they cannot complete an ex parte renewal and must send a pre-populated form.

2013 “Model Renewal Form”

- The Coverage LC developed a “Model Renewal Form” in 2013, intended to: (1) bridge the conversion to MAGI by helping states collect new information needed to determine MAGI eligibility, and (2) implement the requirement to use pre-populated forms.

The Model Renewal Form is being updated for renewals in 2015 and beyond

- States have now fully converted, or are in the process of converting, beneficiaries from pre-MAGI to MAGI Medicaid and have begun performing renewals based on available information (“ex parte renewals”).
- The updated draft renewal form assumes that most states have collected information needed to determine MAGI eligibility and are able to pre-populate more information.
Project Approach

- Reviewed federal regulations and guidance related to renewal
- Through interviews, learned from states about their use of pre-populated renewal forms
- Conducted a comparative analysis of states’ pre-populated renewal forms
- Consulted with health literacy experts to review the draft Model Renewal Form for consumer usability and readability, and performed limited consumer testing
- Updated the draft Model Renewal Form based on findings from the comparative analysis, health literacy review and consumer testing
Renewal Processes: Pre-Populated Form

**Insufficient information to renew based on reliable information in the account and electronic data sources**

- Generate pre-populated renewal “form” (for online, phone and paper modalities) using information from the account and electronic data and other sources available to the state. Either...
  - Send pre-populated renewal form, requiring additional and/or updated information from consumer. Include information on timeline and process to respond.
  - Send notice alerting beneficiaries that it is time to renew. Include information on timeline and process to respond. (Appropriate for individuals who have elected electronic notification)

**OR**

- Individual responds
  - Validate updated information against data sources, resolve inconsistencies and redetermine eligibility
  - Terminate eligibility, send termination notice with advance notice and fair hearing
  - Allow submission of pre-populated form for 90 days after termination (or longer at state discretion)
  - Beneficiaries have at least 30 days to respond

- Individual does not respond
  - Eligible for same Medicaid/CHIP category
    - Renew eligibility and send notice explaining eligibility determination and information relied on; require updates from individual, if any.
  - Potentially eligible for different Medicaid/CHIP category
    - Evaluate eligibility for different category. Pend termination while determining eligibility for other categories.

- Ineligible for Medicaid/CHIP
  - Determine potential Marketplace eligibility and send termination notice with advance notice and fair hearing and transfer information for Marketplace eligibility determination.
States’ Experience with Pre-Populated Renewal Forms
State Interviews & Comparative Analysis

State Interviews:
- Interviewed a diverse set of states about their experiences renewing beneficiaries with pre-populated forms, including their processes, pre-population capabilities, and remaining challenges.

Comparative Analysis:
- Conducted a comparative analysis of 5 pre-populated renewal forms submitted by some Coverage LC members and interviewed states. Reviewed various criteria, including length, organization, layout, and content.
State Experience with Pre-Populated Renewal Forms

“The renewal process [with pre-population] is customer friendly. Data is pre-populated for review and can be easily updated by consumers.”

—Florida

“The renewal rate with pre-populated form is fairly strong, which suggests that the current form is working well. As part of our wish list, we would like to conduct a survey to understand the reasons why some enrollees do not respond to the forms.”

—Washington
**Pre-Population**

States face a variety of challenges with pre-population, including:

- Rolling out eligibility and enrollment systems to enable pre-population, including across renewal modalities (e.g., online, phone, paper)
- Updating eligibility and enrollment systems to enhance pre-population capabilities, including across renewal modalities
- Accessing reliable information from data sources to pre-populate forms
- Computer matching agreements that limit which data elements states can pre-populate

States are learning from their first year of renewals post-ACA to update their pre-population capabilities.

**Length of Form**

States noted that current forms are often lengthy, especially for larger families. States expressed concern that this may be burdensome on beneficiaries.

There may be opportunities to reduce length by revising the organization, design and/or layout of forms.

**Consumer Responsiveness**

States still struggle with how to increase beneficiaries’ responsiveness to renewal forms.

One best practice is to work with managed care companies to conduct outreach to and educate beneficiaries to assist with renewal.
Discussion Questions

• What has been your state’s overall experience with pre-population? Has it helped to improve consumer response rates?

• What strategies have been successful to increase consumer response rates?
  • Are there certain sub-populations that have been more challenging to reach? If so, does your state have outreach strategies?

• What barriers has your state experienced in pre-populating renewal forms? What strategies have proven effective for overcoming those barriers?
  • What are the challenges in pre-populating across various modalities (e.g., paper, online, phone, in-person)? Are certain modalities, particularly online, more challenging to pre-populate and if so, why?
  • What modalities are beneficiaries using to respond to renewal requests and in what proportions? (i.e., are 50% of beneficiaries renewing online?)
# Findings from Comparative Analysis of Select State Forms

<table>
<thead>
<tr>
<th>Topic</th>
<th>Findings from Select State Forms</th>
<th>Implications for Draft Model Renewal Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>• The majority of state forms reviewed followed a “topic by topic” organization.</td>
<td>• The draft Model Renewal Form is organized by topic.</td>
</tr>
<tr>
<td>Organization</td>
<td>• The states’ renewal forms organized by topic were shorter than those organized by person.</td>
<td>• Health literacy experts reviewed and tested the form to confirm that the “topic by topic” format is easy for consumers to use and follow.</td>
</tr>
<tr>
<td>Level of Detail</td>
<td>• States included varying levels of detail in their renewal forms.</td>
<td>• States may be able to delete some questions from the draft Model Renewal Form depending on program design.</td>
</tr>
<tr>
<td></td>
<td>• State-specific circumstances (e.g., whether CHIP is a separate program or Marketplace type)</td>
<td>• We added two data elements to the draft Model Renewal Form based on their inclusion in states’ forms: incarceration status and pregnancy due date.</td>
</tr>
</tbody>
</table>
# Findings from Comparative Analysis of Select State Forms

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</table>
| Reporting Changes      | States differ in their approaches to how beneficiaries report changes in the renewal form.  
                          | Several state forms had a separate box, grid or space next to or below the pre-populated information for the consumer to indicate changes or updates. | The draft Model Renewal Form employs an alternative approach, providing space next to each data element for crossing out incorrect information and writing in updates (the “cross-out method”).  
                          |                                                | The cross-out method has potential advantages and risks:  
                          |                                                |  
                          |                                                |   - It may help to shorten the length of the form.  
                          |                                                |   - If sufficient white space is provided to write-in changes, it should be clear for caseworkers to process updates.  
                          |                                                |   - If sufficient white space is not provided, it could risk legibility issues. |
| Newly Applying Members | In the majority of state forms reviewed, consumers are asked to identify which household members want coverage. However, the forms do not include the ability for household members to apply. | The draft Model Renewal Form includes a separate page that collects additional information needed to apply.  
                          |                                                | Renewal forms provide an important opportunity for household members to apply for coverage. |
2015 Draft Model Renewal Form Features
Process to Update Draft Model Renewal Form:

- Conducted a comparative analysis of 5 states’ pre-populated renewal forms to identify common practices and strategies.
- Consulted with experts from the MAXIMUS Center for Health Literacy to make consumer readability and usability improvements, including updating the design of the form and revising instructions for plain language writing.
- Reviewed the updated Single Streamlined Application to standardize language across forms to the extent possible.
- Performed limited consumer testing of a pre-populated version of the draft Model Renewal Form:
  - Total of 9 participants
  - Testing sites: Virginia & West Virginia
  - All participants, except for one, were past or present Medicaid recipients or had filled out a Medicaid application before

How States Can Use the Draft Model Renewal Form:

- States can use the draft Model Renewal Form to inform and update their own pre-populated renewal forms.
- For instance, states may use the draft Model Renewal Form to:
  - Revise instructions to ensure use of plain language and to improve readability
  - Identify data elements and questions to add
  - Update the formatting, organization and layout
Based on the results of the comparative analysis of states’ forms, a health literacy review and consumer testing, revisions to the form were made, focused on the following areas:

**Availability of MAGI Information to Pre-Populate:**
- MAGI information that was “new” in 2013 is now on file in beneficiaries’ accounts and states are able to pre-populate more data elements.

**Consumer Readability:**
- The form is written in plain language and incorporates feedback from consumer testing (particularly in the instructions) to make the form easier to understand.

**Consumer Usability:**
- The form is structured to have an intuitive flow and uses formatting (e.g., white space, bold, italics, shades of color) to make the form user-friendly.
Pre-Populated Form Scenario

Roberts Household:

Ernie Roberts -- Father/Husband
- 41 years old
- Tax filer
- Not a Medicaid beneficiary
- Employment-based income information accessed through state electronic data source (e.g., state quarterly wage data)

Samantha Roberts -- Mother/Wife
- 40 years old
- Spouse of tax filer
- Medicaid beneficiary
- Employment-based income information accessed through state electronic data source
- Alimony recipient; income from alimony accessed through existing information in beneficiary’s account

Benjamin Roberts -- Son
- 14 years old
- Dependent of tax filer
- Medicaid beneficiary
- No income

States should pre-populate renewal forms based on what is available and allowable in their data matching agreements.
The draft Model Renewal Form can be used for both Medicaid and CHIP renewals.

The cover letter provides information on:
- How to renew
- Deadline for renewal
- Who to include in the form

States must make renewal forms available by all modalities upon request, but can encourage beneficiaries to respond by whichever modality is most effective and efficient.

Consumer testing indicated that it is important to remind consumers how to submit the completed form. The footer, visible on every page, includes a reminder.
### Contact Information (Draft)

#### Your contact information

- **Review your contact information here.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Home address</th>
<th>Apartment #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernie Roberts</td>
<td>Home address</td>
<td>Apartment #</td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Mailing address</td>
<td>Apartment #</td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone number:</td>
<td>Best phone number to reach you:</td>
<td>Home</td>
</tr>
<tr>
<td>111-222-3333</td>
<td>Number:</td>
<td>Other phone number, if you have one:</td>
</tr>
<tr>
<td>Other phone number:</td>
<td>Email address, if you have one:</td>
<td></td>
</tr>
</tbody>
</table>

- **Pre-populated by the state**

- **This is the one of the only sections of the form that does not use the “cross-out method” to indicate updates or changes to the pre-populated information.**

- **Many states have started collecting beneficiaries’ email addresses. Agencies can email beneficiaries when a renewal form is available in their account, if requested by the beneficiary.**
Because many states began collecting tax filing information in 2014, state agencies may now have this information on file. If so, this information can be pre-populated.

**Information about tax returns**

You can still renew if you do not file tax returns.

- Review the information below for people in your household who will file a tax return next year to report income earned this year. Cross out anything that is wrong. Write correct information in the space right next to it. Fill in any missing information.

  **Name**
  - Ernie Roberts
  - Spouse on tax return
  - Samantha Roberts
  - Benjamin Roberts

- Fill out the information below if there is a second tax filer in the household.
  - **Name (first, middle, last & suffix)**
  - If this person is filling a joint return, write the name of the spouse.
  - If this person will claim dependents, write the names of the dependents.

- Will anyone in your household be claimed as a dependent on someone else’s tax return? Include only names that do not appear above.
  - Yes
  - No
  - If yes, write the name of the dependents and the tax filer.
  - **Name of dependents (first, middle, last & suffix)**
  - **Name of tax filer (first, middle, last & suffix)**

This check-box allows an individual who was a tax filer to easily indicate a change when he/she does not plan to file.

This additional space allows beneficiaries to add information about a new tax filer, if there is one.
People in the Household (Draft)

3 People in your household

This part shows the information that we have on file for people in your household and on your tax return.

Review the information below. Cross out anything that is wrong. Write correct information in the space right next to it. Fill in any missing information.

Who should be listed in Part 3? Use the list below to be sure everyone in your household and on your tax return is included, even if they aren’t renewing or applying for health coverage themselves. If there are new people in your household who aren’t listed here, fill in their information in Part 4.

Adults:
- Any spouse
- Any son or daughter under age 21 they live with, including stepchildren
- Any other person on the same federal income tax return (including claimed children over age 21). You don’t need to file taxes to get health coverage.

Children under age 21:
- Any parent (or stepparent) they live with
- Any sibling they live with
- Any son or daughter they live with, including stepchildren
- Any other person on the same federal income tax return. You don’t need to file taxes to get health coverage.

Detailed information, modeled on the Single Streamlined Application, to help beneficiaries understand who needs to be included on this form.

States should instruct beneficiaries how to update/correct pre-populated information. Based on consumer testing feedback, it is important to clearly explain how to make changes (e.g., “Cross out anything that is wrong. Write correct information in the space right next to it.”)

These instructions are repeated in each section throughout the form, which is a health literacy best practice.

Part 3 continued on next slide
People in the Household, *continued* (Draft)

<table>
<thead>
<tr>
<th>Name: Ernie Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This person:</strong> ☒ Male  ☐ Female</td>
</tr>
<tr>
<td>☒ [State Agency] has this person’s Social Security number.</td>
</tr>
<tr>
<td>☐ [State Agency] does not have this person’s Social Security number. Write it in the spaces below.</td>
</tr>
<tr>
<td><strong>Date of birth (month/day/year):</strong> 9/15/1973</td>
</tr>
<tr>
<td>☐ Is this person enrolled in Medicaid?  ☐ Yes  ☒ No.</td>
</tr>
<tr>
<td>☒ If no, and this person wants to apply, fill out Attachment A.</td>
</tr>
<tr>
<td>☒ This person is a U.S. citizen or U.S. national and does not need to fill in the information below.</td>
</tr>
<tr>
<td>☐ This person is an immigrant and does not need to fill in the information below because [State Agency] has it.</td>
</tr>
<tr>
<td>☒ This person is an immigrant and needs to fill in the information below.</td>
</tr>
<tr>
<td><strong>Document type</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

See Attachment D for more information about eligible immigration status and document types.

<table>
<thead>
<tr>
<th>Name: Samantha Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This person:</strong> ☐ Male  ☒ Female</td>
</tr>
<tr>
<td>☒ [State Agency] has this person’s Social Security number.</td>
</tr>
<tr>
<td>☐ [State Agency] does not have this person’s Social Security number. Write it in the spaces below.</td>
</tr>
<tr>
<td><strong>Date of birth (month/day/year):</strong> 6/8/1975</td>
</tr>
<tr>
<td>☒ Is this person enrolled in Medicaid?  ☐ Yes  ☐ No.</td>
</tr>
<tr>
<td>☒ If no, and this person wants to apply, fill out Attachment A.</td>
</tr>
<tr>
<td>☒ This person is a U.S. citizen or U.S. national and does not need to fill in the information below.</td>
</tr>
<tr>
<td>☐ This person is an immigrant and does not need to fill in the information below because [State Agency] has it.</td>
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<tr>
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<td><strong>Document type</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

See Attachment D for more information about eligible immigration status and document types.

This check-box allows the consumer to easily indicate if someone on file is no longer part of the household.

Existing household members not enrolled in Medicaid have the opportunity to apply by going to Attachment A.

States can repeat these questions if there are additional existing household members and pre-populate with information in the account.

*(The pre-populated info for Benjamin Roberts is in the Model Renewal Form, but is not shown here.)*
Chapter 4: New people in your household or on your tax return

- Include anyone **new** in your household and on your tax return that you did **not** list in Part 3, even if they aren’t renewing or applying for health coverage themselves. Make a copy first if you need space for more people.

Are there any **new** people in your household?  
- Yes  
- No  
**if yes**, fill in the information below.  
**if no**, go to Part 5.

<table>
<thead>
<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>Does this person want to <strong>apply</strong> for Medicaid?</th>
</tr>
</thead>
</table>
|                                    | □ Yes  
|                                    | □ No  
| **if yes**, fill out Attachment A. |

This person is:  
- □ Male  
- □ Female

Date of birth (month/day/year):

How is this person related to you?

<table>
<thead>
<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>Does this person want to <strong>apply</strong> for Medicaid?</th>
</tr>
</thead>
</table>
|                                    | □ Yes  
|                                    | □ No  
| **if yes**, fill out Attachment A. |

This person is:  
- □ Male  
- □ Female

Date of birth (month/day/year):

How is this person related to you?

Even if this person doesn’t want coverage, providing the Social Security number speeds up application and renewal for other household members.

**Legend:**
- Information/Explanation
- Best Practice
- Update to Model Renewal Form

This section collects the minimum amount of information needed from new household members to re-determine eligibility of current beneficiaries. New household members who wish to apply for coverage are directed to Attachment A, which collects additional information needed to determine Medicaid eligibility.
Other Health Insurance Coverage (Draft)

5 Other health insurance coverage

- Does anyone renewing or applying for health coverage have *other* health insurance?
  - Yes  □ No  □ If yes, fill in the information below.

<table>
<thead>
<tr>
<th>Name of insurance company</th>
<th>Policy number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance type: □ Medicare □ Tricare □ Veteran’s health coverage □ Other insurance: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of insurance company</th>
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<tr>
<td>Insurance type: □ Medicare □ Tricare □ Veteran’s health coverage □ Other insurance: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

- Is this a state employee benefit plan? □ Yes □ No

List everyone renewing or applying who is on this policy:

**Medicaid agencies that have integrated systems and close working relationships with their Marketplace may consider including a question on whether anyone has an offer of employer-sponsored insurance (ESI).**

This question would allow the Marketplace to use the information, as appropriate, to determine eligibility for premium tax credits and cost-sharing reductions without having to request further information (if the beneficiary is ineligible for Medicaid/CHIP AND does not have an offer of ESI).
### More information about household members

**6.**

**1.** Is anyone listed on this form **pregnant**?  
- Yes  
- No  
- If yes, fill in the information below.  

<table>
<thead>
<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>How many babies are expected?</th>
<th>When is the due date?</th>
</tr>
</thead>
</table>

**2.** Is anyone listed on this form an **American Indian or Alaska Native**?  
- Yes  
- No  
- If yes, fill out Attachment B.  

**3.** Answer these four questions for anyone who is **renewing or applying** for health coverage.  

- Does anyone live in a **long term care facility**, **group home**, or **nursing home**, or regularly get medical care, **personal care**, or **health services** at home or in another community setting (like adult day care)?  
- Is anyone **blind or terminally ill**?  
- Is anyone **between the ages of 18 and 22 and also a full-time student**?  
- Was anyone in **foster care at age 18 or older**?  

**States may already have foster care history on file for existing household members and may be able to pre-populate this information.**

**Legend:**
- Information/Explanation  
- Best Practice  
- Update to Model Renewal Form

**Known the pregnancy due date** can assist states with transitions in coverage.  

This data element was added based on review of states’ renewal forms.

**The upper age limit will vary depending on state policy.**

**The light blue boxes clarify which information is needed for which people on the form.**
Discussion Questions

• Do you have any questions on the sections that we have reviewed so far?

• Has your state experienced any particular challenges or barriers when collecting the data elements discussed?

• Does your state have best practices or learnings to share?
Employment Info on file for income verification is pre-populated at the top (states can include space for more jobs if there are more known to the agency). Beneficiaries fill out info for new jobs at the bottom.

It is important to ask for income in a way that is intuitive for beneficiaries to follow, and that takes into account the different timeframes in which beneficiaries may be paid.

The form permits beneficiaries to write in any changes to their employment status, wages paid or hours worked directly in this section.

This check-box allows the beneficiary to indicate if he/she no longer works at the job that the agency has on file.

Collect employer contact info (phone number, address) for new jobs.
### Income from jobs (continued)

**Self-employment income**

See the instructions below for information on how to get your net income. Make a copy first if you need space for more people.

<table>
<thead>
<tr>
<th>Is anyone in your household or on your tax return self-employed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes  [ ] No  <strong>If yes</strong>, complete this section.</td>
</tr>
</tbody>
</table>

**Name of the person who is self-employed** *(first, middle, last & suffix)*

- **Type of work:**
- **How much net income will this person get from self-employment this month?**  
  $  

**Name of the person who is self-employed** *(first, middle, last & suffix)*

- **Type of work:**
- **How much net income will this person get from self-employment this month?**  
  $  

**To get your net income, subtract the expenses below from your self-employment gross (total) income.**

- Car and truck expenses (for travel during the workday, not commuting)
- Depreciation
- Employee wages and fringe benefits
- Property, liability, or business interruption insurance
- Interest (including mortgage interest paid to banks, etc.)
- Legal and professional services
- Rent or lease of business property and utilities
- Commissions, taxes, licenses and fees
- Advertising
- Contract labor
- Repairs and maintenance
- Certain business travel and meals
- Deductible self-employment taxes
- Cost of self-employed health insurance
- Contributions to a self-employed SEP, SIMPLE, or qualified retirement plan

Based on consumer testing, plain language was included to help beneficiaries understand the terms “net income” and “gross income.”

States may pre-populate this section with information in the account from the prior year.
The instructions include more information on what type of income does not need to be reported.

States can pre-populate with information in the account.
Other Income Information, continued
(Draft)

▲ Income changes from month to month
Make a copy first if you need space for more people.

Is there anyone in your household or on your tax return whose income changes from month to month? □ Yes □ No
If yes, complete this section for each person.

Name (first, middle, last & suffix)

How much do you expect his or her income to be this year? □ Check here if you do not know what the income will be this year.

S

Name (first, middle, last & suffix)

How much do you expect his or her income to be this year? □ Check here if you do not know what the income will be this year.

S

This question allows states to calculate projected annual income (instead of current monthly income) or use the “reasonably predictable change in income” option. This question is only relevant for states that have taken up these options.

42 CFR 435.603(h)(2) and (3)

▲ Deductions
Deductions are amounts, listed on your tax return, that are subtracted from your income for certain expenses. You shouldn’t include child support that you pay, or an expense you subtracted from your self-employment gross income in Part 7.

Does anyone in your household or on your tax return expect to have any deductions? □ Yes □ No
If yes, complete this section for each type of deduction.

Allimony paid to someone else

<table>
<thead>
<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student loan interest paid

<table>
<thead>
<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
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</tbody>
</table>

Other deduction Type: __________________________

<table>
<thead>
<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
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Other deduction Type: __________________________

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<tr>
<th>Name (first, middle, last &amp; suffix)</th>
<th>How much?</th>
<th>How often?</th>
</tr>
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</table>

The instructions include plain language to describe the term “deductions” and what types of deductions should be included.
Discussion Questions

• Do you have any questions on pre-populating income information?

• Has your state experienced any particular challenges or barriers when collecting income information?

• Does your state have best practices or learnings to share?
A question about incarceration status was added based on review of states’ renewal forms.

This question may be helpful to states when determining whether to suspend or terminate coverage for someone who has left the household.

This question is only applicable to states accessing federal tax information for Medicaid and Marketplace eligibility.

This question matches the language used in the Single Streamlined Application, which reflects recent improvements and updates. The question helps beneficiaries understand the value of allowing the agency to use updated income information from tax returns for five years.
If a household member is not enrolled in Medicaid but wishes to apply, he/she must provide answers to these questions, in addition to the information already provided in the form.

**Attachment A: People Applying for Medicaid (Draft)**

**Legend:**
- Information/Explanation
- Best Practice
- Update to Model Renewal Form

**Attachment A**

People applying for Medicaid

Use with Part 3 and Part 4.

- Fill out Attachment A for people who are listed in Part 3 and Part 4 who are **applying for Medicaid for the first time**. Do not include people who already have Medicaid. Make a copy first if you need space for more people.

### Person 1

**Name (first, middle, last & suffix)**

1. **Tell us about this person's citizenship.**
   - Is this person a U.S. citizen or U.S. national? **Yes** ☐ **No** ☐  **If yes**, go to number 2. **If no**, answer all of the questions below.
   - Does this person have eligible immigration status? **Yes** ☐ **No** ☐  **If yes**, please provide information about his or her document.
   - **Document type**
     - **Alien or I-94 number**
     - **Card number or foreign passport number**

See Attachment D for more information about eligible immigration status and document types.

- Check here if this person has lived in the U.S. since 1996.
- Check here if this person, his or her spouse, or a parent is a veteran or an active duty member in the U.S. military.

2. **Tell us more about this person.**
   - Check here if this person lives with at least one child under the age of 19 and is the main person taking care of this child.
   - Check here if this person is 18 years or younger and has a parent living outside of the household.
   - Check here if this person wants help paying for medical bills from the last three months.

If this person is Hispanic/Latino, check all that apply. You may choose not to answer this question:

- White
- Black or African American
- Chicano/a
- Cuban
- Mexican
- Mexican American
- Puerto Rican
- Other ________________

What is this person's race? Check all that apply. You may choose not to answer this question:

- Asian Indian
- Asian
- African American
- American Indian or Alaska Native
- Asian
- Asian American
- Black or African American
- Other Asian
- Other Pacific Islander
- Filipino
- Guamanian or Chamorro
- Guamanian or Chamorro
- Hawaiian
- Hawaiian
- Native Hawaiian
- Other ________________

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*Medicaid and CHIP Learning Collaboratives*
Attachment B: American Indians or Alaska Natives (Draft)

Tell us about people in your household or on your tax return who are American Indians or Alaska Natives. Make a copy first if you need space for more people.

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They may not have to pay co-pays and may get special monthly enrollment periods.

Income information is needed to determine MAGI income and if anyone is exempt from cost-sharing.
Beneficiaries are given the opportunity to change their authorized representative, update the representative’s information, or request one for the first time.

This information could be expanded to describe all the functions of an authorized representative and allow beneficiaries to specify what they are authorizing the representative to do.
Attachment D: Immigration Status (Draft)

In Part 3 and Attachment A, the beneficiary is referred to Attachment D for more information on eligible immigration status and immigration documents.

Three data elements are needed when reporting immigration status: document type, ID number, and card number. Attachment D is under review to ensure beneficiaries understand this.

States may wish to provide additional guidance and instructions to beneficiaries who are reporting immigration status.
Discussion Questions & Wrap Up

- Do you have any questions on the material we reviewed today?

- What has been your state’s experience when asking beneficiaries to allow the agency to use income information from tax returns for 5 years?

- What changes could be made to the draft Model Renewal Form to improve it or make it more accessible for use in your state?
Appendix: Renewal Regulatory Overview
Renewal Vocabulary Level-Setting

Ex parte renewal:

A redetermination of eligibility based on reliable information contained in the beneficiary’s account or other more current information available to the agency, including information accessed through electronic data sources. Happens without beneficiary involvement.

Synonyms:
Auto renewal, passive renewal, administrative renewal

Pre-populated form:

A form provided to renewing beneficiaries that:

1. Is used only when the state is unable to conduct an ex parte renewal;

2. Includes the most current or most reliable information relevant to renewing eligibility that is available to the state, including from the account, electronic data sources, and other state agency records;

3. Requests the beneficiary to report any changes to the information included in the form and provide any additional information needed for renewal; and,

4. Is not necessarily a “form.” It may be accessed online or over the phone.
As of January 1, 2014, Medicaid/CHIP beneficiaries whose eligibility is determined using MAGI methodologies must have their eligibility renewed once (and only once) every 12 months unless the agency receives information about a change that may affect eligibility.

- Renewal starts with information available to the agency, either contained in the account or accessible in databases.
  - If available information is sufficient to determine continued eligibility, agency proceeds with renewal.
  - If available information is insufficient to determine continued eligibility, agency sends pre-populated renewal form.

42 CFR 435.916
42 CFR 457.343
Operational Processes for Renewal

Sufficient to Determine Continued Eligibility

- The agency must attempt to renew eligibility based on available information (in account, if reliable, and data sources)
- If available information indicates no change or a change that still results in Medicaid/CHIP eligibility, the agency must renew without requiring further beneficiary action
- Consumer must be notified of determination and basis. No action required by beneficiary unless information relied upon by the agency is wrong.

Insufficient to Determine Continued Eligibility

- If agency cannot renew based on available information, a pre-populated renewal form must be sent to the beneficiary.
- The beneficiary must be given a minimum of 30 days from the date of the renewal form to provide information, sign and return.
- Information can be provided online, by phone, mail and in-person.
- If the beneficiary responds, the agency verifies the information and provides notice of decision. If the beneficiary does not respond, the agency appropriately terminates coverage with all available consumer protections.
- If the beneficiary submits the renewal form within 90 days (or a later date set by the state) after coverage is terminated, the agency must determine the eligibility of the beneficiary without requiring a new application. (Retroactive eligibility would likely fill any gap in coverage for those determined eligible.)

42 CFR 435.916; 42 CFR 457.343
Medicaid/CHIP Annual Renewal Process Flow

Eligible for Medicaid/CHIP

Renew & send notice. Send notice that eligibility is renewed for 12 months, explaining information relied upon for determination and that no action required if information is correct; require corrections or updates from individual, if any.

Act on updated information. Treat corrected information like a mid-year change in circumstance and act accordingly.

Eligible for same Medicaid/CHIP category

Renew & send notice. Send eligibility determination notice explaining eligibility determination and information relied on; require updates from individual, if any.

Potentially eligible for different Medicaid/CHIP category

Evaluate eligibility for different category. Pend termination while determining eligibility for other categories.

Ineligible for Medicaid/CHIP

Send notice & determine potential Marketplace eligibility. Send advance notice of termination in accordance with 42 CFR 431 Subpart E and transfer information for Marketplace eligibility determination.

Access information. Use information available to the agency either in beneficiary's account or accessible databases to determine whether state can renew eligibility.

Send pre-populated renewal form. Form includes information known to state with request for additional information from consumer.

Verify information. Validate updated information against data sources and resolve inconsistencies.

Redetermine eligibility.

Individual informs state that information relied upon is incorrect

Individual responds

Individual does not respond

Terminate eligibility. Send advance notice of termination in accordance with 42 CFR 431 Subpart E

Allow submission of pre-populated form (in place of new application) for at least 90 days after termination (or longer at state discretion).

30 days to respond

On the next slide, see additional steps between “access information” and “send pre-populated renewal form”
Renewal Processes: Pre-Populated Form

- Insufficient information to renew based on reliable information in the account and electronic data sources
  - Generate pre-populated renewal “form” (for online, phone and paper modalities) using information from the account and electronic data and other sources available to the state. Either...
    - Send pre-populated renewal form, requiring additional and/or updated information from consumer. Include information on timeline and process to respond.
    - Send notice alerting beneficiaries that it is time to renew. Include information on timeline and process to respond. (Appropriate for individuals who have elected electronic notification)

- Individual responds
  - Validate updated information against data sources, resolve inconsistencies and redetermine eligibility
  - Terminated eligibility, send termination notice with advance notice and fair hearing

- Individual does not respond
  - Eligible for same Medicaid/CHIP category
    - Renew eligibility and send notice explaining eligibility determination and information relied on; require updates from individual, if any.
  - Potentially eligible for different Medicaid/CHIP category
    - Evaluate eligibility for different category. Pend termination while determining eligibility for other categories.
  - Ineligible for Medicaid/CHIP
    - Determine potential Marketplace eligibility and send termination notice with advance notice and fair hearing and transfer information for Marketplace eligibility determination.

Beneficiaries have at least 30 days to respond.