Coverage Expansion
Learning Collaborative

First Time “MAGI Renewal”:
Model Renewal Form & Considerations in 2013-2014

All-State Webinar
July 8th, 2013
3:00-5:00pm ET

Registration Link:
https://chcs.webex.com/chcs/onstage/g.php?t=a&d=717534162
# Agenda

- Introduction and Roll Call
- Project Approach and Overview
- Regulatory Requirements for Renewal
- Unique Considerations for Renewal Form in 2014
- Model 2014 Renewal Form
- Process & Timeline for Regularly Scheduled Renewals in 4th Quarter 2013 & 1st Quarter 2014
- Questions & Answers
- Appendix: Renewal Process Flows
Project Approach

Of the 62.7 million* current Medicaid beneficiaries, the majority will need to be renewed for coverage using the Modified Adjusted Gross Income (MAGI) methodology for the first time.

States must gather household and income information they do not currently have to calculate eligibility based on the MAGI methodology. Today we will present both a tool (the Renewal Form) to collect this information for the first time and discuss unique considerations for some current beneficiaries’ renewal process and timing.

Goals of this Project:

- To support states’ conversion to MAGI
- Draft a Model 2014 Renewal Form as a tool for states
- Identify best practices in implementing first-time “MAGI renewal” and targeted enrollment

*Source: Kaiser Family Foundation, State Health Facts. Data from FY 2009.
Model Renewal Form:

- Modeled on the Single Streamlined Application for both content and formatting
- Drafted a *paper* Model Renewal Form
  - A dynamic online version would only show beneficiaries questions they need to answer or validate
- Length of the form will decrease after the first year
- Developed as a collaboration between CMS, Manatt Health Solutions, Maximus, SIS and the Expanding Coverage Learning Collaborative states
Process & Timing for Renewal of Current Beneficiaries in 4th Quarter 2013 & 1st Quarter 2014

**Challenges:**
- States must **maintain rules using 2013 methodologies and standards** for new enrollments prior to January 1, 2014 and for regularly scheduled renewals prior to April 1, 2014.
- States must have **new household composition and MAGI income information** to redetermine eligibility using 2014 MAGI methodologies and standards.
- Special **challenges to implementation during Open Enrollment Period:**
  - From October 1 – December 31, 2013 states will be renewing current beneficiaries using 2013 methodologies and standards while also determining new applicants’ eligibility using both 2014 MAGI methodologies and standards and 2013 methodologies and standards.
  - From January 1 – March 31, 2014, states must ensure no current beneficiaries being renewed lose their eligibility due to the change to MAGI.

**CMS is offering States optional tools to help manage the transition to new eligibility and enrollment systems while states must both renew current beneficiaries and accept new applicants.**

**Goal of this Presentation:**
- To discuss states’ policy and operational considerations for renewing current beneficiaries whose regularly scheduled coverage termination date falls between October 1, 2013 and March 31, 2014.
- To discuss issues related to change reporting during 2014.
Regulatory Requirements for Renewal
Regulatory Requirements for Renewal of MAGI Medicaid/CHIP Beneficiaries

As of January 1, 2014, Medicaid beneficiaries whose eligibility is determined using MAGI methodologies must have their eligibility renewed once every 12 months.

Renewal must be made with information available to the agency, either contained in the account or more current information in accessible databases.

**ABLE TO RENEW**

If the agency is **able to renew** based on available information, the consumer must be notified of the determination and its basis.

If all of the **information** used to make the determination is **accurate**, the beneficiary does nothing and renewal takes place.

If any of the **information** used to make the determination is **inaccurate**, the beneficiary must inform the agency.

**UNABLE TO RENEW**

If the agency is **unable to renew** with current information, a pre-populated renewal form must be sent to the beneficiary.

The beneficiary has 30 days from the date of the renewal form to submit any necessary information, sign and return the form. The agency must then verify the information provided and notify the beneficiary of their decision.

If the beneficiary fails to submit the renewal form or necessary information by the deadline, the agency will reconsider the eligibility of the beneficiary in a timely manner without requiring a new application if they submit the form within 90 days (or a later date set by the state) after the date of termination.
Unique Considerations for Renewal Form in 2014
Key Issues for Renewal Form in 2014

- First time need to collect MAGI and household information
- Pre-population of information known to the state
- Opportunity to add newly applying household members
New Information States Must Collect

Starting in 2014, states need additional household composition and MAGI income information to determine current enrollees’ eligibility using 2014 MAGI methodology

Tax information:
- Whether each beneficiary is filing taxes next year for income earned this year
  - Whether that beneficiary is claiming dependents
- Whether each beneficiary is being claimed as a dependent

Number of babies expected if pregnant

Former foster care child status (if beneficiary is 18-26 years old)

Income information:
- Align current questions and calculations with MAGI
- Add income deduction questions

Employer sponsored insurance coverage offer

Permission to review tax information

Other APTC-specific Questions in Year 1:
- If a person appears APTC-eligible, the state is required to transfer them to the Marketplace, where they will be asked other APTC-related questions for eligibility determination for Qualified Health Plan (QHP) coverage with Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR)
Renewal Form in 2014 to Bridge Conversion to MAGI, Transition Waiver Populations, and Add Newly Applying Household Members

2014 Renewal Form

A “2014 Renewal Form” would be sent to non-ABD beneficiaries

- Pre-populated with eligibility information the state already has, to the extent possible
- Requesting missing eligibility information necessary to effectuate a MAGI evaluation
- Requesting eligibility information for newly applying household members (e.g. parents of Medicaid children)
Model 2014 Renewal Form
Consumer-Tested Model Renewal Form

Testing Methodology:

- A pre-populated version of the Renewal Form was tested for consumers’ use
  - Four states, 31 people
  - Participants:
    - Individuals over age 18 who have not completed high school
    - 23 of 31 testers were present or past Medicaid recipients
- Feedback from the LC and consumer testing was incorporated into the final version

Pre-Populated Form Scenario:
Father/Husband – Ernie Roberts
Mother/Wife – Samantha Roberts
Newborn Son – Benjamin Roberts
Model Renewal Form: Instructions

It is time to renew your Medicaid coverage.

You can renew your Medicaid in any one of these ways:
- Renewing online is faster! Go to [web address] and click on Renew My Medicaid.
- By phone: Just call 1-800-555-4567 (TTY: 1-888-555-5678). The call is free.
- By mail: Complete this form and mail it to: [Medicaid Agency] [100 State Street] [Any City, State].
- In person: Visit our office at [Medicaid Agency] [100 State Street] [Any City, State]. Office hours are 8:30 a.m. to 5:00 p.m. Monday through Friday, and 9:00 a.m. to 12:00 p.m. on Saturdays.

How to complete this renewal form:
1. Answer all of the questions on the form.
2. Read the information about you and each member of your household. Add any missing information. If any information has changed, write it in the right information.
4. Return this form by December 12, 2013. If you do not return the form by this deadline, you will lose your Medicaid coverage.

What we need:
We need information about each person living in your household listed on your tax return, including:
- those who get Medicaid now;
- those who do not get Medicaid now but would like to apply, and
- others who live in the household and do not get Medicaid but do want to apply.
We will check your answers using information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration, the Department of Homeland Security and others. If the information does not match, we may ask you to send more information.

If you do not qualify for Medicaid:
If you do not qualify for Medicaid, [state agency] will check to see if you qualify for other kinds of health coverage. [State agency] may send your information to another program so they can see if you qualify.

You can call (days and hours of operation). Or visit [web address].

Beneficiaries must be able to submit the renewal form online, by phone, mail, or in-person.

In an online renewal form, states can use pre-population, drop-down menus and question-level help text to assist beneficiaries. States may also filter questions so only those that are applicable to the applicant’s specific situation appear.

Starting in 2014, a person’s “household” includes those who live with them AND those who are on a tax return, if they intend to file taxes.
Model Renewal Form: Contact Information

Your contact information

- Review your contact information here.
- Correct any wrong or missing information here.

Name (first, middle, last & suffix)

Home address

City (home)  State  ZIP code

Mailing address

City (mailing)  State  ZIP code

Best phone number to reach you:  [ ] Home  [ ] Cell  [ ] Work
Number:

Other phone number, if you have one:  [ ] Home  [ ] Cell  [ ] Work
Number:

Email address, if you have one:

Information state already has is pre-populated

This may be new information for many states. States that have email addresses may want to also email the beneficiary with a link to the online renewal form.
Model Renewal Form: Tax Filing Information

Tax filing information is needed for MAGI eligibility determinations, if anyone in the household intends to file taxes next year for income earned this year.

We need information about who files tax returns.
You can still renew if you do not file tax returns.

Will anyone in the household file a federal tax return next year to report income earned this year?
- Yes, if yes, answer all of the questions below.
- No, if no, answer the question marked with an asterisk below.

Person 1: Name (first, middle, last & suffix)
If this person is filing a joint return, write the name of the spouse:
If this person will claim dependents, write the names of the dependents:

Person 2: Name (first, middle, last & suffix)
This is for a second tax filer in the household
If this person is filing a joint return, write the name of the spouse:
If this person will claim dependents, write the names of the dependents:

* If anyone will be claimed as a dependent on someone else’s tax return, write the name of the tax filer and the dependents. Answer only if different than what you reported above or if you did not fill in any information above.

Name of tax filer: __________________________________________
Name of dependents: __________________________________________

In an online form, these could be drop-down menus with household members known to the state, along the option to enter a new name.
Model Renewal Form: Current Medicaid Beneficiaries

<table>
<thead>
<tr>
<th>Person 1</th>
<th>Samantha Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The [state agency name] has this person’s Social Security number.</td>
<td></td>
</tr>
<tr>
<td>The [state agency name] does not have this person’s Social Security number. Write it in the spaces below.</td>
<td></td>
</tr>
<tr>
<td>You need to fill in the information below. You do not need to fill in the information below because [state Medicaid agency] has it.</td>
<td></td>
</tr>
<tr>
<td>Check here if this person has eligible immigration status and fill in the document type: and ID number:</td>
<td>See Attachment D on page 13 for more information about eligible immigration status and document types.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benjamin Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>If this person is an immigrant, for their immigration status:</td>
</tr>
<tr>
<td>You need to fill in the information below. You do not need to fill in the information below because [state Medicaid agency] has it.</td>
</tr>
<tr>
<td>Check here if this person has eligible immigration status and fill in the document type: and ID number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If this person is an immigrant, for their immigration status:</td>
</tr>
<tr>
<td>You need to fill in the information below. You do not need to fill in the information below because [state Medicaid agency] has it.</td>
</tr>
<tr>
<td>Check here if this person has eligible immigration status and fill in the document type: and ID number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If this person is an immigrant, for their immigration status:</td>
</tr>
<tr>
<td>You need to fill in the information below. You do not need to fill in the information below because [state Medicaid agency] has it.</td>
</tr>
<tr>
<td>Check here if this person has eligible immigration status and fill in the document type: and ID number:</td>
</tr>
</tbody>
</table>

- Benjamin is a deemed newborn, so the state does not have his Social Security number on file.
- Brackets indicate potential pre-population.
- State agencies pre-populate this page with information they have on current beneficiaries needing to renew coverage.
- State agencies pre-populate these check boxes depending on what information they already have.
- For a temporary or expiring immigration status, states will need an update on immigration status information.
- In an online form, “Document type” could be a drop-down menu, and “eligible immigration status” could link to question-level help.
Model Renewal Form:
Other People in the “Household”

<table>
<thead>
<tr>
<th>Other person: Ernie Roberts</th>
</tr>
</thead>
<tbody>
<tr>
<td>The [state agency name] has this person’s Social Security number.</td>
</tr>
<tr>
<td>The [state agency name] does not have this person’s Social Security number.</td>
</tr>
<tr>
<td>Write it here if this person is applying for health insurance coverage:</td>
</tr>
<tr>
<td>This person may choose not to give the Social Security number if he or she is not applying, but it helps us to have it.</td>
</tr>
<tr>
<td>Date of birth (month/day/year): 9/15/1973</td>
</tr>
<tr>
<td>This person is: [ ] Male [ ] Female</td>
</tr>
<tr>
<td>How is this person related to you?</td>
</tr>
</tbody>
</table>

If online, a state could present the questions in Attachment A as soon as this box is checked.

Renewal forms provide the opportunity for other household members to apply for coverage, especially important in 2014 when many people will be newly eligible.

The State may know about some other people in the household already, but will want to allow space for additional people.
Model Renewal Form: Other Insurance

Tell us about your health insurance coverage people have:

Include anyone in Sections 3 and 4 with Medicaid and anyone who is applying for health insurance coverage.

Name of insurance company:

Policy number:

Type of insurance:
- Medicare
- Tricare
- Veteran's health coverage
- Other insurance

List everyone who is on this policy:

Name of insurance company:

Policy number:

Type of insurance:
- Medicare
- Tricare
- Veteran's health coverage
- Other insurance

List everyone who is on this policy:

☐ Check here if anyone on this form is offered health insurance through a job, even if they are not enrolled in it.

☐ Check here if any of the insurance plans you listed is a state employee benefit plan.

This question will allow the Marketplace to use this form to determine eligibility for APTC/CSR without needing to request further information (if the beneficiary appears ineligible for Medicaid/CHIP AND does not have an offer of ESI).
Model Renewal Form: Other Information Needed

6 Tell us more about the people listed on this form

- If anyone who is renewing or applying for health insurance coverage has a medical, mental health, or substance use condition that limits his or her ability to work, go to school, or take care of daily activities (like bathing or dressing), write his or her name here.

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

- If anyone who is renewing or applying for health insurance coverage lives in a long term care facility, group home, or nursing home, or regularly gets medical care, personal care, or health services at home or in another community setting (like adult day care), write his or her name here.

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

- If anyone who is renewing or applying for health insurance coverage is blind or terminally ill, write his or her name here.

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

- If anyone who is renewing or applying for health insurance coverage is between the ages of 18 and 26 and is also a full-time student, write his or her name here.

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

- If anyone who is renewing or applying for health insurance coverage is between the ages of 18 and 26 and was in foster care at age 18, write his or her name here.

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

- If anyone listed on this form (whether renewing or applying for health insurance coverage or not) is pregnant, write her information below.

Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?
Name (first, middle, last & suffix): How many babies are expected?

- Check here if anyone who is renewing or applying for health insurance coverage is an American Indian or Alaska Native, and fill out Attachment B on page 11.

In an online form, some of these questions would only show up for people of certain ages or only for women

Non-MAGI screening questions

The upper age limit will vary depending on state policy

Included to meet new regulations under the ACA

Necessary for determining the size of the household

A great way to direct a few applicants to some more detailed questions
Model Renewal Form: Employment Information

Wage information is needed to make a MAGI eligibility determination.

States should pre-populate the information they have and leave space for additional employed people.

### Tell us about work

Fill in the information below for everyone in your household or on your tax return who has income from a job (not self-employed) whether or not they are renewing or applying for coverage. If someone has more than one job, tell us about all jobs. You can tell us about self-employment on the next page. Make a copy of this page if you need space for more jobs or people. Cross out any information that is not correct about members of your household. Write in any new information.

#### Job 1

- **Name of the person who is working (first, middle, last & suffix):** Ernie Roberts
- **Employer name:** Joe’s Body Shop
- **Employer address:** 123 Main St, Anywhere, ST 01234
- **Employer phone number:** 123-456-7890
- **City:**
- **State:**
- **ZIP code:**
- **How often are wages or tips paid?**
  - [ ] Hourly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Weekly
  - [ ] Twice a month
  - [ ] Yearly
- **How much does this person get paid (before taxes)?** $417
- **Average hours worked each week:**

#### Job 2

- **Name of the person who is working (first, middle, last & suffix):**
- **Employer name:**
- **Employer address:**
- **Employer phone number:**
- **City:**
- **State:**
- **ZIP code:**
- **How often are wages or tips paid?**
  - [ ] Hourly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Weekly
  - [ ] Twice a month
  - [ ] Yearly
- **How much does this person get paid (before taxes)?**
- **Average hours worked each week:**

#### Job 3

- **Name of the person who is working (first, middle, last & suffix):**
- **Employer name:**
- **Employer address:**
- **Employer phone number:**
- **City:**
- **State:**
- **ZIP code:**
- **How often are wages or tips paid?**
  - [ ] Hourly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Weekly
  - [ ] Twice a month
  - [ ] Yearly
- **How much does this person get paid (before taxes)?**
- **Average hours worked each week:**

#### Job 4

- **Name of the person who is working (first, middle, last & suffix):**
- **Employer name:**
- **Employer address:**
- **Employer phone number:**
- **City:**
- **State:**
- **ZIP code:**
- **How often are wages or tips paid?**
  - [ ] Hourly
  - [ ] Every two weeks
  - [ ] Monthly
  - [ ] Weekly
  - [ ] Twice a month
  - [ ] Yearly
- **How much does this person get paid (before taxes)?**
Model Renewal Form: Employment Information (cont.)

Tell us about work (continued)

1. Name (first, middle, last & suffix):
   - This person stopped working
   - This person is now working fewer hours
   - This person changed jobs

2. Name (first, middle, last & suffix):
   - This person stopped working
   - This person is now working fewer hours
   - This person changed jobs

If anyone in your household is self-employed, we need to know about their work.
See the instructions for more information about deductions.

1. Name (first, middle, last & suffix):

   Type of work:

   How much net income will this person get from self-employment this month? Amount: $______________

2. Name (first, middle, last & suffix):

   Type of work:

   How much net income will this person get from self-employment this month? Amount: $______________

Subtract the expenses below from your gross income to get an amount for your net self-employment 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
Model Renewal Form: Other Income Information

**Section 8**

**Tell us about other income**

- **Unemployment**
  - Name (first, middle, last & suffix): Samantha Roberts
  - How much?: $70
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

- **Social Security**
  - How much?: $30
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

- **Pensions**
  - How much?: $20
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

- **Retirement accounts**
  - How much?: $50
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

---

**Tell us about other income (continued)**

- **Alimony received**
  - Name (first, middle, last & suffix):
  - How much?: $10
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

- **Farming or fishing (profit after business expenses)**
  - Name (first, middle, last & suffix):
  - How much?: $20
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

- **Rental income or royalties (profit after business expenses)**
  - Name (first, middle, last & suffix):
  - How much?: $30
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

- **Other income Type:**
  - Name (first, middle, last & suffix):
  - How much?: $40
  - How often?:
    - [ ] Weekly
    - [ ] Monthly
    - [ ] Every two weeks
    - [ ] Twice a month
    - [ ] Yearly
    - [ ] Other

---

*Depending on state database and computer matching agreements, states should pre-populate to the extent possible.*

*Allow extra space for common types of income.*
### Model Renewal Form: Other Income Information (cont.)

**Adjustments to MAGI on the tax form**

<table>
<thead>
<tr>
<th>Deduction Type</th>
<th>How Much?</th>
<th>How Often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony paid to someone else</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Name (first, middle, last &amp; suffix):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student loan interest paid</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Name (first, middle, last &amp; suffix):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other deductions</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Name (first, middle, last &amp; suffix):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If anyone in your household has deductions, tell us what kind.**

**List the names of anyone whose income changes from month to month. Also tell us how much you think their income will be for the year. Make a copy of this page if you need space for more people.**

1. Name (first, middle, last & suffix):
   - What do you expect his or her income to be this year? Amount: $  □ Check here if you do not know what the income will be this year.

2. Name (first, middle, last & suffix):
   - What do you expect his or her income to be this year? Amount: $  □ Check here if you do not know what the income will be this year.

3. Name (first, middle, last & suffix):
   - What do you expect his or her income to be this year? Amount: $  □ Check here if you do not know what the income will be this year.

**Allows reporting of reasonably predictable changes in income and helps with annual income for the Marketplace**
Model Renewal Form: Signature Page

| 9 Read and sign this application |

| Renewal of coverage in future years |

- To make it easier to check my income at renewal time, I give permission to the [state agency] to use income information from my tax returns for the number of years I checked below.
- I understand that the [state agency] will send me a letter with the income information they have. I can make changes to it. I can also change my mind and not allow the [state agency] to check this information.
- Yes, I give permission to check my income on tax returns for [check one box]:
  - 5 years (the longest time)
  - 4 years
  - 3 years
  - 2 years
  - 1 year
- No, I give permission not to use my tax returns.

| Your rights and responsibilities |

- I am signing this renewal form under penalty of perjury. That means that I have provided true answers to all the questions on this form to the best of my knowledge, and I know that I may be subject to penalties under federal law if I provide false or untrue information.
- I know that I must tell [state agency] if anything changes and is different from what I wrote on this form. I can call 1-800-555-4444 or visit [website address] to report any changes. I understand that a change in my information might affect whether someone in my household qualifies for coverage.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [website address].
- If I think [state agency] has made a mistake, I can appeal its decision. To appeal means to tell someone at [state agency] that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting [state agency]. Someone from [state agency] will explain anything about this application to me if I need that.
- I understand that if I do not qualify for Medicaid, [state agency] will check to see if I qualify for other kinds of health coverage. [State agency] may send my information to another program so they can see if I qualify. [State agency] will check my answers against information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration, the Department of Homeland Security and others. If the information does not match, [state agency] may ask me to send more information.
- I understand that, after my death, [state agency] can file a claim against my estate to recover money that the state paid for coverage provided to me. This process must happen if I am in a medical institution and not expected to return home, or if I am 55 years of age or older and the state pays for my nursing facility services, home and community based services, or related hospital and prescription drug services. The amount recovered by the [state agency] will not be more than the amount Medicaid paid for my care.
- I understand that when I send in this form, it means I have permission from everyone whose information is on the form to submit their information to [state agency] and receive any communications about their eligibility and enrollment.
- I understand that [state agency] is authorized to collect information on this form, and other supporting information including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care Education Reconciliation Act of 2010 (Public Law 111-152) and the Social Security Act.

| Sign and date below. If you want an authorized representative or want to change the authorized representative you have now, fill out Attachment C on page 12. |

- [ ] Check here if you are an authorized representative. Sign below and fill out Attachment C on page 12.

| Signature of household contact or authorized representative: | Date: |

It’s important to ensure the beneficiary and others know that their information may be transferred to CHIP or the Marketplace.
Model Renewal Form: Attachment A for Newly Applying Individuals

It is helpful for people to know which part of the form this attachment links back to.

Answers to these questions are needed in addition to answers already provided so this renewal form can be used as an application.
## Model Renewal Form:
### Attachment B for American Indians/Alaska Natives

### Attachment B

**American Indian or Alaska Native family member (AI/AN)**

*To help you fill out Section 6, page 5*

Tell us about your American Indian or Alaska Native family member(s)

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.

*If more than two people are American Indian or Alaska Native, make a copy of this page.*

1. Name (first, middle, last & suffix):

   - Has this person ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program?
     - Yes [ ]
     - No [ ]

   - If no, does this person qualify to get these services?
     - Yes [ ]
     - No [ ]

   List any income that includes money from these sources:
   - Payments from a tribe for natural resources, usage rights, leases, or royalties
   - Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
   - Money from selling things that have cultural significance

   How much income? $ [ ]

   How often?
   - Weekly [ ]
   - Every two weeks [ ]
   - Monthly [ ]

2. Name (first, middle, last & suffix):

   - Has this person ever received a service from the Indian Health Service, a tribal health program, or urban Indian health program?
     - Yes [ ]
     - No [ ]

   - If no, does this person qualify to get these services?
     - Yes [ ]
     - No [ ]

   List any income that includes money from these sources:
   - Payments from a tribe for natural resources, usage rights, leases, or royalties
   - Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
   - Money from selling things that have cultural significance

   How much income? $ [ ]

   How often?
   - Weekly [ ]
   - Every two weeks [ ]
   - Monthly [ ]
Model Renewal Form: Attachment C for Authorized Representatives

Beneficiaries are given the opportunity to change their authorized representative, update their information, or request one for the first time.
Model Renewal Form:
Attachment D for Instructions

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<table>
<thead>
<tr>
<th>Eligible immigration status list</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you see the person's status below, go back to Section 3, page 3 and check the Yes box.</td>
</tr>
<tr>
<td>Lawful Permanent Resident (LPR) or Green card holder</td>
</tr>
<tr>
<td>Asylee</td>
</tr>
<tr>
<td>Refugee</td>
</tr>
<tr>
<td>Cuban or Haitian entrant</td>
</tr>
<tr>
<td>Paroled into the U.S.</td>
</tr>
<tr>
<td>Conditional entry granted before 1980</td>
</tr>
<tr>
<td>Veteran, spouse, and parent</td>
</tr>
<tr>
<td>Victims of trafficking and former spouse, child, sibling or parent</td>
</tr>
<tr>
<td>Granted Under Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)</td>
</tr>
<tr>
<td>Applicant for Special immigrant juvenile status</td>
</tr>
<tr>
<td>Applicant for adjustment to LPR status</td>
</tr>
<tr>
<td>Applicant for Asylum</td>
</tr>
<tr>
<td>Applicant for Cancellation of Removal or Suspension of Deportation with T&amp;A (cancellation of removal)</td>
</tr>
<tr>
<td>Applicant for Lawful Permanent Residence</td>
</tr>
<tr>
<td>Applicant for Naturalization (naturalization)</td>
</tr>
<tr>
<td>Resident of American Samoa</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Immigration document types</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who are not citizens, but who are eligible to apply for health insurance coverage, must put their immigration documents and ID numbers on Section 3, page 3. A list of documents and ID numbers is below. If your document type is not listed, you can write its name. If you have questions, or are eligible but have no document, call 1-800-555-4567.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Permanent Resident Card (I-551), also known as Green Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alien registration number</td>
</tr>
<tr>
<td>Card number</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Temporary I-551 Stamp (on passport or I-94, I-94A)</td>
</tr>
<tr>
<td>Alien registration number</td>
</tr>
<tr>
<td>Alien registration number</td>
</tr>
<tr>
<td>Country of issue</td>
</tr>
<tr>
<td>Expiration date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refugee Travel document (I-761)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alien registration number</td>
</tr>
<tr>
<td>Card number</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Certificate of Eligibility for Nonimmigrant (I-539)</td>
</tr>
<tr>
<td>Certificate of Eligibility for Exchange Visitor (I-94)</td>
</tr>
<tr>
<td>Certificate of Eligibility for Resident of American Samoa</td>
</tr>
</tbody>
</table>

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Throughout the Renewal form, beneficiaries are instructed to turn to Attachment D for help with more difficult concepts.
Model Renewal Form

Comments?

Tell us about your state’s approach to renewal
Process & Timing of Regularly Scheduled Renewals in 4th Q 2013 & 1st Q 2014
Current Beneficiaries with Unique Renewal Considerations

Oct. 1, 2013

Those whose regularly scheduled coverage termination date falls during OEP of 2013 (October 1 to December 31, 2013)

We are calling them...

“2013 OEP”

Jan. 1, 2014

Those whose regularly scheduled coverage termination date falls during 1st quarter of 2014 (January 1 to March 31, 2014)

We are calling them...

“1st Q 2014”

Apr. 1, 2014
Renewal of 2013 OEPs

Scheduled termination date is Nov. 1, 2013

State agency redetermines eligibility using 2013 methodologies and standards

If found eligible...
State renews Medicaid coverage for 12 months – until Nov. 1, 2014

If found ineligible...
State terminates Medicaid coverage on Nov. 1, 2013;
What Happens Next?

What happens next?
- Could the State offer the opportunity for a determination using 2014 MAGI methodologies and standards, which new applicants are receiving?
- If this person will become eligible on January 1, 2014 for coverage under Medicaid:
  - Terminating coverage leads to a temporary gap in coverage
  - Could the state offer a new effective coverage date of January 1, 2014 at the time of termination?
  - Could the state apply for a waiver to extend the renewal date or coverage to December 31, 2013 to avoid the gap in coverage?
  - Are there other strategies to avoid the gap in coverage that might occur?
- How does the State notify the beneficiary of the next steps?

Process flow assumes state has no waiver
Renewal of 1st Q 2014

Currently enrolled beneficiaries are protected from loss of eligibility due to the application of MAGI methodologies through March 31, 2014 or an individual's regularly-scheduled renewal, whichever is later.

SSA 1902(a)(14)(D)(v) as added by Section 2002 of the ACA; 42 CFR 435.603

Scheduled termination date is Feb. 1, 2014

State agency redetermines eligibility using 2014 MAGI methodologies and standards

If found eligible...
State renews Medicaid coverage for 12 months – until Feb. 1, 2015

If found ineligible...
State re determines eligibility using 2013 methodologies and standards

If found eligible...
State renews Medicaid coverage until April 1, 2014; State assesses for other IAPs and transfers account as appropriate

If found ineligible...
State terminates Medicaid coverage, assesses for other IAPs and transfers account as appropriate

For current beneficiaries, states are using:
• 2014 MAGI methodologies and standards
• 2013 methodologies and standards

For new applicants, states are using:
• 2014 MAGI methodologies and standards

Process flow assumes state has no waiver
Timeline for Regularly Scheduled Renewal in 4th Q 2013 & 1st Q 2014

No Waivers


For 2013 OEP:
Applying 2013 methodologies and standards

For 1st Q 2014:
Applying 2014 MAGI methodologies and standards and, if found ineligible, 2013 methodologies and standards

For other 2014 renewals:
Applying 2014 MAGI methodologies and standards

State Considerations:
- Applying 2014 MAGI methodologies and standards and 2013 methodologies and standards through April 1, 2014 requires maintaining two sets of eligibility rules
- Disruptions of coverage for beneficiaries in 2013 OEP if found ineligible
Process & Timing of Regularly Scheduled Renewals in 4th Q 2013 & 1st Q 2014

For States Applying For Waivers
Renewal Strategies for States’ Consideration


The SHO Letter identifies two waiver options to simplify renewal for state agencies:

TODAY’S FOCUS: Waiver Strategies for Renewal of Current Beneficiaries

1. Implementing the early adoption of Modified Adjusted Gross Income (MAGI)-based rules (could also apply to new applicants)

2. Extending the Medicaid renewal period* so that renewals otherwise occurring during the first quarter of calendar year 2014 (January 1-March 31) occur later**

*42 CFR 435.916(a)(1) states that individuals whose eligibility is based on MAGI must be renewed once every 12 months.

**Extension of renewals that would otherwise occur on or after April 1, 2014 to ease administrative burden also possible.
Early Adoption of MAGI-Based Rules

From October 1 to December 31, 2013:

**Without a waiver**
- For current beneficiaries, states are using:
  - 2013 methodologies and standards
- For new applicants, states are using:
  - 2014 MAGI methodologies and standards
  - 2013 methodologies and standards
- States run two sets of eligibility rules

**With a waiver***
- For current beneficiaries and new applicants, states are using:
  - MAGI methodologies and standards
- States only run one set of eligibility rules - MAGI methodologies and standards

*States waive Section 1902(a)(17) through a Section 1115 waiver
Extending the Renewal Period

From January 1 to March 31, 2014:

Protection Provision
Currently enrolled beneficiaries are protected from loss of eligibility due to the application of MAGI methodologies through March 31, 2014 or an individual's regularly-scheduled renewal, whichever is later.

Social Security Act 1902(a)(14)(D)(v) as added by Section 2002 of the ACA; 42 CFR 435.603

Without a waiver

- For current beneficiaries, states are using:
  - 2014 MAGI methodologies and rules
  - If determined ineligible, 2013 methodologies and rules to determine if the individual remains eligible through March 31, 2014 (due to the protection provision in the ACA)

- For new applicants, states are using:
  - 2014 MAGI methodologies and rules

- States run two sets of methodologies and standards
- States must process cases for current beneficiaries and new applicants during this time

With a waiver*

- For current beneficiaries:
  - States would not be performing renewals, because states extend beneficiaries’ renewal dates (within a reasonable timeframe) so they occur on or after April 1, 2014**

- For new applicants, states are using:
  - 2014 MAGI methodologies and rules

- States only run MAGI methodologies and standards
- States only process new applicants, reducing total number of cases and administrative burden during this time

*States waive Section 1902(e)(14)(A)
**Extension of renewals that would otherwise occur on or after April 1, 2014 to ease administrative burden also possible
Renewal of 2013 OEPs with Early Application of MAGI Waiver

Scheduled termination date is Nov. 1, 2013

State agency redetermines eligibility using 2014 MAGI methodologies and 2013 standards converted

- If found eligible...
  State renews Medicaid coverage for 12 months – until Nov. 1, 2014

- If found ineligible...
  State terminates Medicaid coverage on Nov. 1, 2013;
  What Happens Next?

State Options:
- State terminates Medicaid coverage with appropriate notice
- State terminates Medicaid coverage and determines eligibility for January 1, 2014
  - If the person is eligible for Medicaid or subsidized QHP coverage on January 1, 2014:
    - Could they be enrolled in their new coverage option with an effective coverage date of January 1, 2014 with the termination notice?
    - Could the state apply for a waiver to extend the renewal date or coverage through December 31, 2013 to avoid the gap in coverage?

Example of Beneficiary: A childless adult previously covered at 50% FPL (just under the state’s threshold) whose income raises to 75% FPL is now ineligible for current Medicaid but newly eligible for the new adult group
Renewal of 1st Q 2014 with Renewal Period Extension Waiver

Scheduled termination date is Feb. 1, 2014

State extends eligibility period for a reasonable period of time (90 days, for example)

On “May 1” 2014
State agency redetermines eligibility using 2014 MAGI methodologies and standards

If found eligible...
State renews coverage (state flexibility on 2015 renewal date)

If found ineligible...
State terminates Medicaid coverage, assesses for other IAPs and transfers account as appropriate
**Timeline for Regularly Scheduled Renewal in 4th Q 2013 & 1st Q 2014**

|-------------|-------------|-------------|-------------|-------------|

**For 2013 OEP:**
Applying 2014 MAGI methodologies and 2013 standards converted

**For 1st Q 2014:**
Applying 2014 MAGI methodologies and standards

**For other 2014 renewals:**
Applying 2014 MAGI methodologies and standards
Change Reporting

For change reporting prior to a regularly scheduled renewal date in 2014, states must use 2013 methodologies and standards if individual is not eligible based on MAGI rules.

CMS is developing a strategy to allow the disregard of income changes during the renewal extension period to ensure states are not required to maintain two sets of eligibility rules for change reporting since same grandfathering protection applies.
Questions & Answers
Thank You!
Appendix: Renewal Process Flows
Medicaid Process Flow for Renewal

State Medicaid Agency sends renewal notice to enrollee

- Able to renew based on available information
  - Eligibility determination and basis
  - Requirement that individual must inform agency if any information is inaccurate

- NOT able to renew based on available information
  - State Medicaid Agency sends pre-populated renewal form

State Medicaid Agency sends renewal notice to enrollee

- No action needed
  - Coverage renewed
- All information is accurate

Beneficiary informs agency of any inaccurate information

- State verifies new information and redetermines eligibility
- If a beneficiary is deemed ineligible for Medicaid, the agency should assess their potential eligibility for other insurance affordability programs and perform an electronic account transfer as necessary

Beneficiary responds to form, signs and returns within 30 days

- State verifies new information and redetermines eligibility

Beneficiary does not sign and return within 30 days

- After terminating for failure to submit, the state may still accept a filled out renewal form for 90 days (or more at state discretion) without requiring a new application

Notice includes:

- All information is accurate
- Any information is inaccurate

Medicaid and CHIP Learning Collaborative
APTC/CSR Process Flow for Renewal

Marketplace sends renewal notice to enrollee

Enrollee signs and returns renewal notice
(opportunity to update information)

Eligibility redetermined

Enrollee does not sign and return renewal notice

Redetermine eligibility based on information in the notice (supplemented by any additional information the enrollee provided)

Notify enrollee

Eligibility redetermined

Notify employer, if necessary

Marketplace has authority to obtain tax data from enrollee (up to five years)

Notice includes:

- Updated income and family size information
- The data used in most recent eligibility determination
- Enrollee’s projected eligibility determination (APTC/CSR, MA, CHIP or BHP) for the following year using any available updated information provided by enrollee

Yes

No

Marketplace may not proceed with issuing a notice and conducting redetermination until authorization is obtained