



**Medicaid/CHIP Renewal:  
Opportunities, Strategies and Considerations**

**Expanding Coverage Learning Collaborative**

**July 31, 2014 SOTA All State Call**

**1:30-2:30pm ET**

Dial:	(877) 267-1577
PIN:	395 337 809

# Agenda

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- Medicaid/CHIP Renewal Processes
- State Experience with Implementing Renewal Requirements
- Opportunities, Strategies and Considerations

# Medicaid/CHIP Renewal Processes

# Renewal Lessons Learned and Where We Stand Today

**ACA renewal vision:** Ensure retention of those eligible, reduce administrative burden and create greater efficiencies for consumers and states by relying on available data sources

**MARCH 2012:**  
Final Eligibility and Enrollment Rule

**JULY 2013:**  
Model Pre-Populated Renewal Form

**October 2013:**  
States begin reporting performance indicators including renewal

**JULY 2014:**  
State Challenges and Strategies



# MAGI Medicaid/CHIP Regulatory Requirements: Renewal Based on Available Information



- As of January 1, 2014, Medicaid/CHIP beneficiaries whose eligibility is determined using MAGI methodologies must have their eligibility renewed 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 renews without further action**
  - ✗ If available information is insufficient to determine continued eligibility, **agency sends pre-populated renewal form**

# Operational Processes for Renewal

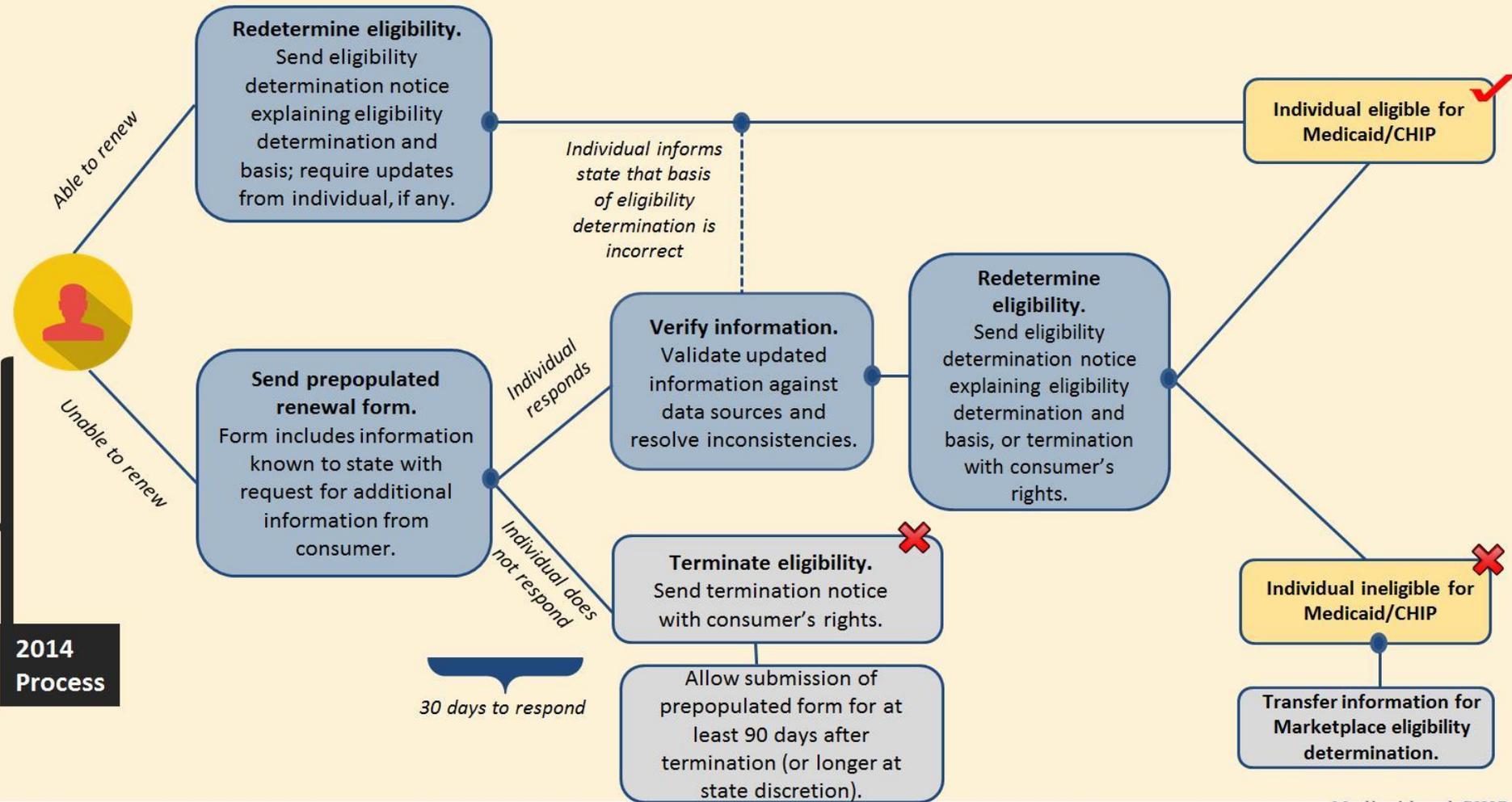
## Able to Renew Based on Available Information

- The agency must attempt to renew eligibility based on available information. (in account 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 action.**
- Consumer must be **notified of determination and basis. No action required by beneficiary.**

## Unable to Renew Based on Available Information

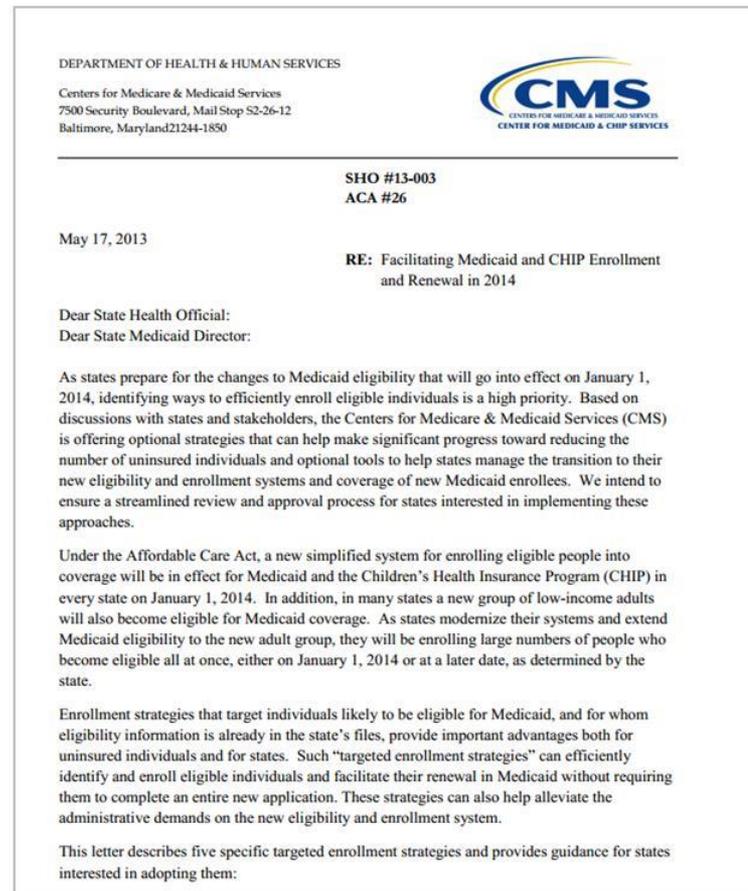
- If information indicates potential ineligibility or is insufficient to determine Medicaid/CHIP continued eligibility, a pre-populated renewal form must be sent to the beneficiary.
- The **beneficiary has a minimum of 30 days** from the date of the renewal form **to provide information, sign and return. 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 the deadline, the agency must reconsider the eligibility of the beneficiary without requiring a new application.

# Medicaid/CHIP Annual Renewal Process Flow



# State Flexibility to Extend Renewal Periods

- On May 17, 2013, CMS released the State Health Official (SHO) Letter #13-003, “Facilitating Medicaid and CHIP Enrollment and Renewal in 2014”
- Guidance gave states authority to:
  - Seek 1902(e)(14)(A) waiver to extend Medicaid/CHIP renewal periods
  - This protects beneficiaries while states address systems challenges
- Approximately, two-thirds of states leveraged this flexibility. In most cases, states continued to process changes in circumstances.



# State Challenges for Renewals

# Challenges to Renewing Medicaid/CHIP Coverage

10



## Systems

- Developing automated renewal module functionality in eligibility systems
- Transferring stored data on current beneficiaries from legacy to new integrated eligibility systems
- Coordinating with Marketplace redeterminations (account transfers with FFM or within integrated eligibility environment)
- Developing pre-populated forms/screens



## Notices

- Developing new notices
- Explaining complex concepts for consumer to take action:
  - basis of determination
  - needed info/consumer action
  - consequences of action/inaction

# Challenges to Renewing Medicaid/CHIP Coverage

11



## Volume

- Processing high volume of renewals coupled with processing of high volume of applications
- Coordinating and staging of volume with:
  - Delayed Medicaid/CHIP renewals (if state opted for this flexibility)
  - Marketplace renewals during open enrollment period may result in more consumers eligible for Medicaid/CHIP



## Resource and Capacity

- Changing state renewal culture
- Educating and supporting consumers on new renewal processes
- Planning/re-engineering workflow and operations
- Re-deployment and re-education of staff and resources
- Training call center staff, agency workers, and application assisters/ Navigators

# Opportunities, Strategies & Considerations

# New and Existing Strategies: Options for States



Engaging Stakeholders



Using Non-Filer Household Rules



Leveraging SNAP Data



Facilitating Renewal for Individuals with No Eligibility Changes



Other?

## Mitigation Plans: Renewal

- States that are unable to meet the regulatory renewal requirements will work with CMCS to incorporate renewals into their approved Mitigation Plans
- CMCS available to provide technical assistance

Mitigation Plans for renewal may include a number of strategies:

- Some of these strategies may require a 1902(e)(14)(A) waiver such as:
  - Leveraging SNAP data to renew
  - Facilitating renewal for individuals with no eligibility changes
- Not all strategies will require a waiver

# Engaging Stakeholders in Renewal



- Renewals have historically been challenging – resulting in loss of coverage for some eligible consumers and unnecessary churning.
- Medicaid/CHIP consumers are now faced with learning a new renewal process (when there is concurrent, and potentially confusing, messaging on the QHP open enrollment period).
- Consumer outreach and assistance effort is needed.

## Strategies .....

- Train application assisters/Navigators/call center to assist in new renewal process
- Leverage Medicaid/CHIP Managed Care plans (in managed care states) to assist in consumer engagement
  - Conduct targeted outreach to plan members during renewal cycle
  - Offer community-based assistance
  - Send supplemental reminders

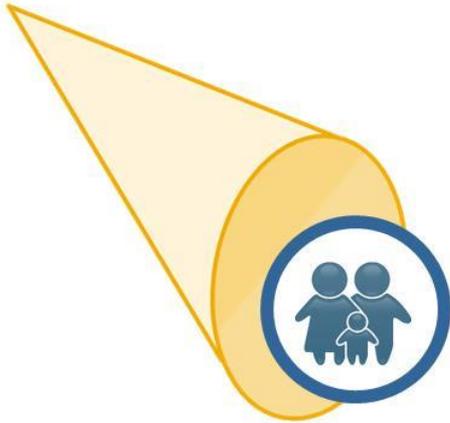
# Using Non-Filer Household Composition Rules

## Challenge

- States renewing pre-MAGI beneficiaries will not have **tax filing household** composition information (filing taxes, filing jointly, claiming dependents or being claimed as a dependent) that is required for determining household size under MAGI rules in the existing account

## Strategy

- To support implementation of ex-parte renewal requirements, states may use **non-filer household composition rules** based on family relationships coupled with data sources to complete renewal
- If the beneficiary continues to be eligible for Medicaid/CHIP based on use of non-filer rules, state must send plain language notice outlining the basis of the determination
- If there is information that would affect the beneficiary's eligibility, s/he must report that information to the state (for example, a beneficiary claims dependents other their own children on their taxes)



# Using Non-Filer Household Composition Rules

## OPERATIONAL PROCESS



State uses

- Family relationship information used to apply non-filer rules for household composition
- Information available in electronic data sources for other eligibility factors to re-determine eligibility

If state can determine continued eligibility, state sends notice with...



- basis of determination
- explanation that no evidence in data sources that pregnancy, citizenship/immigration status or residency have changed
- request for beneficiary to report any changes including relevant tax filing status and tax relationship information if it would make a difference

If state cannot determine continued eligibility, state sends pre-populated renewal form with...



- request for beneficiary to complete the pre-populated renewal form within 30 days

# Using Non-Filer Household Composition Rules

## Guidelines for Adopting Strategy

- Allowable under existing CMS regulations (not time limited)
- No waiver needed
- State must issue clear and direct consumer notice to explain basis of determination



## Considerations

- Permits state to move forward with renewal using existing household information
- Reduces number of beneficiaries from whom state needs to collect new information to process renewal

# Leveraging SNAP Data to Renew

## Challenge

Some state systems are not ready to conduct renewals in accordance with regulations



- States may rely on SNAP eligibility to renew Medicaid eligibility for beneficiaries who:
  - are enrolled in SNAP; and,
  - have SNAP incomes below applicable Medicaid eligibility levels
- Eligibility can be renewed for 12 months from the date of the last SNAP determination:
  - If SNAP determination was more than 6 months prior to the date of Medicaid renewal, the state can provide 6 months of Medicaid coverage from date of Medicaid renewal
  - The beneficiary's next redetermination following renewal based on SNAP data may be no more than 18 months from the original date of the beneficiary's regularly-scheduled 2014 renewal.
  - This strategy cannot be used to renew individuals whose initial Medicaid/CHIP eligibility was approved under a section 1902(e)(14) waiver authorizing use of the SNAP targeted enrollment strategy

## Strategy

# Leveraging SNAP Data to Renew

## OPERATIONAL PROCESS



- State reviews individual's SNAP income and if individual is below applicable Medicaid income standard, then individual continues to be eligible for Medicaid.

If state can determine continued eligibility, state sends notice with...



- basis of determination
- request for beneficiary to report any changes
- instruction that beneficiary should contact the state agency if s/he no longer wishes to continue Medicaid coverage

If state cannot determine continued eligibility, state sends pre-populated renewal form with...



- request for beneficiary to complete the pre-populated renewal form
- or state implements another approved strategy

# Leveraging SNAP Data to Renew

## Guidelines for Adopting Strategy

- Must be part of an approved mitigation plan; 1902(e)(14)(A) waiver needed
- State may not use this strategy to renew coverage for beneficiaries whose initial Medicaid eligibility was determined using the SNAP targeted enrollment strategy
- State may only use this renewal strategy once



## Considerations

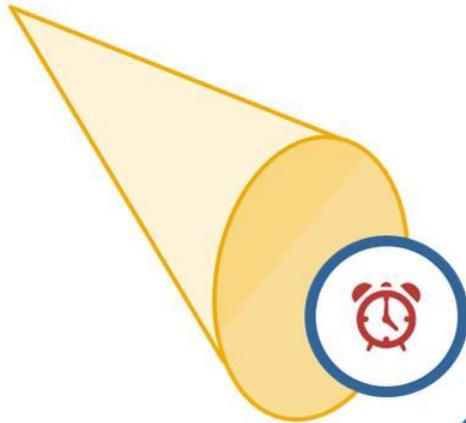
- States that uses this option will need to sort its population and only use it for beneficiaries who were not enrolled through SNAP
- Not a viable option for states unable to cross-walk SNAP and Medicaid eligibility information
- State would still need to conduct MAGI eligibility determination in required timeframe

# Facilitating Renewal for Individuals with No Eligibility Changes

22

## Challenge

Some state systems are not ready to conduct renewals in accordance with regulations



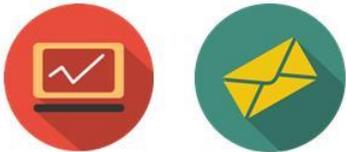
## Strategy

- State may renew coverage for individuals based on their attestation of **no change in income or household size**, if state has not reduced Medicaid/CHIP eligibility levels
- Beneficiaries are required to act to effectuate renewal: must attest to no change
- Eligibility may be renewed for 12 months from the actual renewal date or 18 months from the beneficiary's original renewal date, whichever is *earlier*
- State may have flexibility on how to renew beneficiaries who indicate a change, e.g., complete a renewal or employ SNAP strategy

# Facilitating Renewal for Individuals with No Eligibility Changes

## OPERATIONAL PROCESS

State sends notice to beneficiary (mail or electronic) with:



- State sends pre-populated form with household and income information and the income limit for household size
- Beneficiary requested to respond:
  - whether household composition is the same
  - whether income remains below eligibility levels
  - If they want to continue their coverage

- Beneficiary responds and either attests to a change or no change and that s/he wants to continue Medicaid/CHIP coverage
- If no change – renew eligibility
- Eligibility may be renewed for 12 months from the actual renewal date or 18 months from the beneficiary’s original renewal date, whichever is *earlier*.

If beneficiary indicates change

State applies SNAP strategy...



or other renewal strategies

or

State sends pre-populated renewal form



# Facilitating Renewal for Individuals with No Eligibility Changes

24

## Guidelines for Adopting Strategy

- Must be part of an approved mitigation plan; 1902(e)(14)(A) waiver needed
- State may not use this strategy if they reduced their current eligibility levels from 2013
- Strategy is time limited



## Considerations

- Expedites renewal for individuals who have not had any change in circumstances
- State still required to conduct renewal for individuals who reported a change in circumstances
- State would still need to conduct MAGI eligibility determination in required timeframe

# Q&A

# Discussion: State Renewal Challenges and Strategies



- Are there other state renewal challenges?
- If your state is unable to retrieve legacy eligibility system information to support renewal of pre-MAGI enrolled individuals, what mitigation strategies are you employing?
- What workflows have been developed (stagger, batch or other) to address renewal volume?
- What have been states' solutions in addressing renewal notice challenges?
- What progress have states made in generating pre-populated renewal forms?
- What approaches have states used to train existing and new consumer assistance workforce for the new Medicaid/CHIP renewal environment?
- How have states engaged with consumers?