Medicaid and CHIP Renewals: What to Know and How to Prepare

A Partner Education Monthly Series

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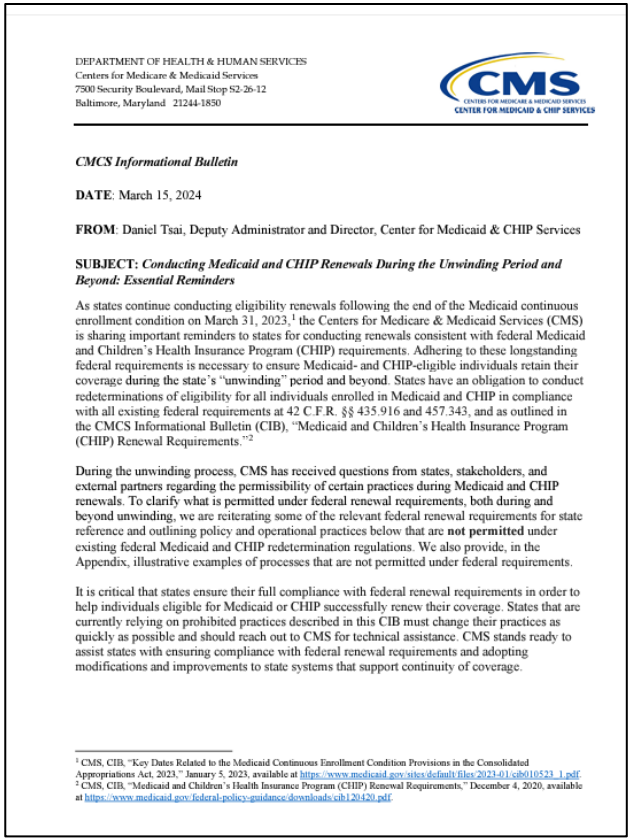
Medicaid and CHIP Renewals: Essential Reminders



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CMCS Informational Bulletin

DATE: March 15, 2024

FROM: Daniel Tsai, Deputy Administrator and Director, Center for Medicaid & CHIP Services

SUBJECT: ***Conducting Medicaid and CHIP Renewals During the Unwinding Period and Beyond: Essential Reminders***

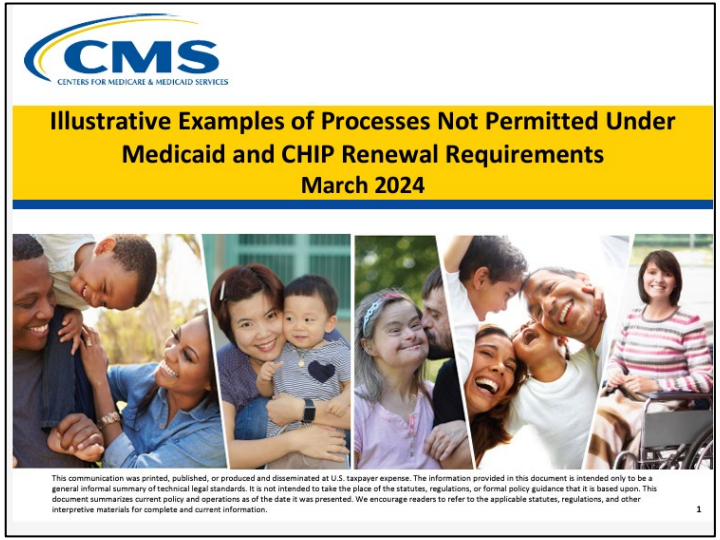
As states continue conducting eligibility renewals following the end of the Medicaid continuous enrollment condition on March 31, 2023,[1] the Centers for Medicare & Medicaid Services (CMS) is sharing important reminders to states for conducting renewals consistent with federal Medicaid and Children's Health Insurance Program (CHIP) requirements. Adhering to these longstanding federal requirements is necessary to ensure Medicaid- and CHIP-eligible individuals retain their coverage during the state's "unwinding" period and beyond. States have an obligation to conduct redeterminations of eligibility for all individuals enrolled in Medicaid and CHIP in compliance with all existing federal requirements at 42 C.F.R. §§ 435.916 and 457.343, and as outlined in the CMCS Informational Bulletin (CIB), "Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements."[2]

During the unwinding process, CMS has received questions from states, stakeholders, and external partners regarding the permissibility of certain practices during Medicaid and CHIP renewals. To clarify what is permitted under federal renewal requirements, both during and beyond unwinding, we are reiterating some of the relevant federal renewal requirements for state reference and outlining policy and operational practices below that are **not permitted** under existing federal Medicaid and CHIP redetermination regulations. We also provide, in the Appendix, illustrative examples of processes that are not permitted under federal requirements.

It is critical that states ensure their full compliance with federal renewal requirements in order to help individuals eligible for Medicaid or CHIP successfully renew their coverage. States that are currently relying on prohibited practices described in this CIB must change their practices as quickly as possible and should reach out to CMS for technical assistance. CMS stands ready to assist states with ensuring compliance with federal renewal requirements and adopting modifications and improvements to state systems that support continuity of coverage.

[1] CMS, CIB, "Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023," January 5, 2023, available at https://www.medicaid.gov/sites/default/files/2023-01/cib010523_1.pdf.
[2] CMS, CIB, "Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements," December 4, 2020, available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib120420.pdf.

Conducting Medicaid and CHIP Renewals During the Unwinding Period and Beyond: Essential Reminders – March 15, 2024



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Illustrative Examples of Processes Not Permitted Under Medicaid and CHIP Renewal Requirements
March 2024

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Medicaid and CHIP Renewal Requirement Reminders

#1	Do not terminate Medicaid or CHIP coverage for an individual who has returned their renewal form or documentation requested by the state within the eligibility period, even if processing the renewal form and documents will need to occur after the eligibility period has ended.
#2	Do not terminate Medicaid coverage without first determining eligibility on all other bases.
#3	Do not require a new application from individuals who are eligible on the basis of Modified Adjusted Gross Income (MAGI) and who respond to a renewal request within 90 days after a procedural termination.
#4	Do not exclude an individual from *ex parte* renewal because wage data show that a household earner is working for an employer that is different from that reflected in the case record, if income remains below the applicable standard.
#5	Do not exclude individuals from an *ex parte* renewal in Medicaid solely because the state has aligned renewal dates with those for the Supplemental Nutrition Assistance Program (SNAP) or other human services benefit programs.
#6	Do not transition an individual to the Marketplace, or to an eligibility category with lesser benefits or increased premiums or cost sharing, based on an *ex parte* review, without first sending a renewal form and request for information.
#7	Do not terminate coverage, or take other adverse action, until after advance notice, including an explanation of fair hearing rights, is provided.
#8	Do not conduct *ex parte* renewals at the household level.
#9	Do not provide fewer than 30 days for the response to a renewal form for individuals whose eligibility is based on MAGI.
#10	Do not send renewal forms and other notices only in English, without providing language services, to households that have requested information in other languages or fail to ensure effective communication with individuals with disabilities.

Example: Do not terminate Medicaid or CHIP coverage for an individual who has returned their renewal form or documentation requested by the state within the eligibility period, even if processing the renewal form and documents will need to occur after the eligibility period has ended.

States must continue to furnish Medicaid to individuals who have returned their renewal form or requested documentation unless and until they are determined to be ineligible on all bases.

Illustrative Scenario

- Elizabeth is enrolled in Medicaid with an eligibility period end date of June 30th. The state is unable to complete her renewal on an *ex parte* basis and sends her a renewal form and request for documentation on May 15th.
- Elizabeth returns her renewal form on June 29th, but the state is unable to review her information before the scheduled end of her eligibility period the following day.
- ✗ As a result, the state disenrolls Elizabeth from coverage on June 30th.
- ✓ The state must keep Elizabeth enrolled in Medicaid, past June 30th, until it has reviewed her renewal form and any additional documentation she submitted. If she is found to be ineligible on all bases, the state can then disenroll her from Medicaid after providing advance notice that includes fair hearing rights.

Source: 42 C.F.R. §§ 435.916(f); 435.930(b).

Updated Strategies for Managed Care Plans

Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage a s States Resume Normal Eligibility and Enrollment Operations – Updated March 15, 2024

Key Strategies for Working with Managed Care Plans

1. Partnering with Plans to Obtain and Update Beneficiary Contact Information
2. Sharing Renewal Files with Plans to Conduct Outreach and Provide Support to Individuals Enrolled in Medicaid during their Renewal Period
3. Permitting Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms
4. Enabling Plans to Conduct Outreach to Individuals Who Have Recently Lost Coverage for Procedural Reasons
5. Permitting Plans to Assist Individuals to Transition to and Enroll in Marketplace Coverage if Ineligible for Medicaid and CHIP

Additional Guidance on Renewal Assistance

Additional Considerations: Assistance with Enrollee Signatures

- As a complement to the 1902(e)(14) strategies and already permissible under existing federal statute and regulations, states can partner with managed care plans to assist in the administrative activity of collecting enrollee signatures on renewal forms and forwarding to the state for processing. For example:
  - The managed care plan can assist the state with recording a telephonic signature, as long as the enrollee, or an authorized representative, provides the telephonic signature to the managed care plan. The plan would record the telephonic signature and forward to the state for processing.
  - The managed care plan can coordinate a three-way call to the Medicaid agency call center with the enrollee on the phone, and the enrollee can provide a telephonic signature directly to the state.
  - The managed care plan can accept an electronic signature, as long as the enrollee, or an authorized representative, provides the electronic signature to the managed care plan. The plan would collect the electronic signature and forward to the state for processing.
- Managed care plans are never permitted to sign renewal forms on behalf of an enrollee; rather, the managed care plan is accepting and collecting the signature as an administrative activity for the state and forwarding to the state for processing and action.
- States can utilize this signature strategy to help Medicaid beneficiaries obtain an eligibility determination, including the completion of renewal forms and reconsideration forms when Medicaid beneficiaries have been terminated because of missing paperwork.

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Medicaid Fair Hearings Partner Resource

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UPCOMING MONTHLY WEBINAR DATES

Other webinar dates for 2024 will be announced in the future.

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