



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

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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.



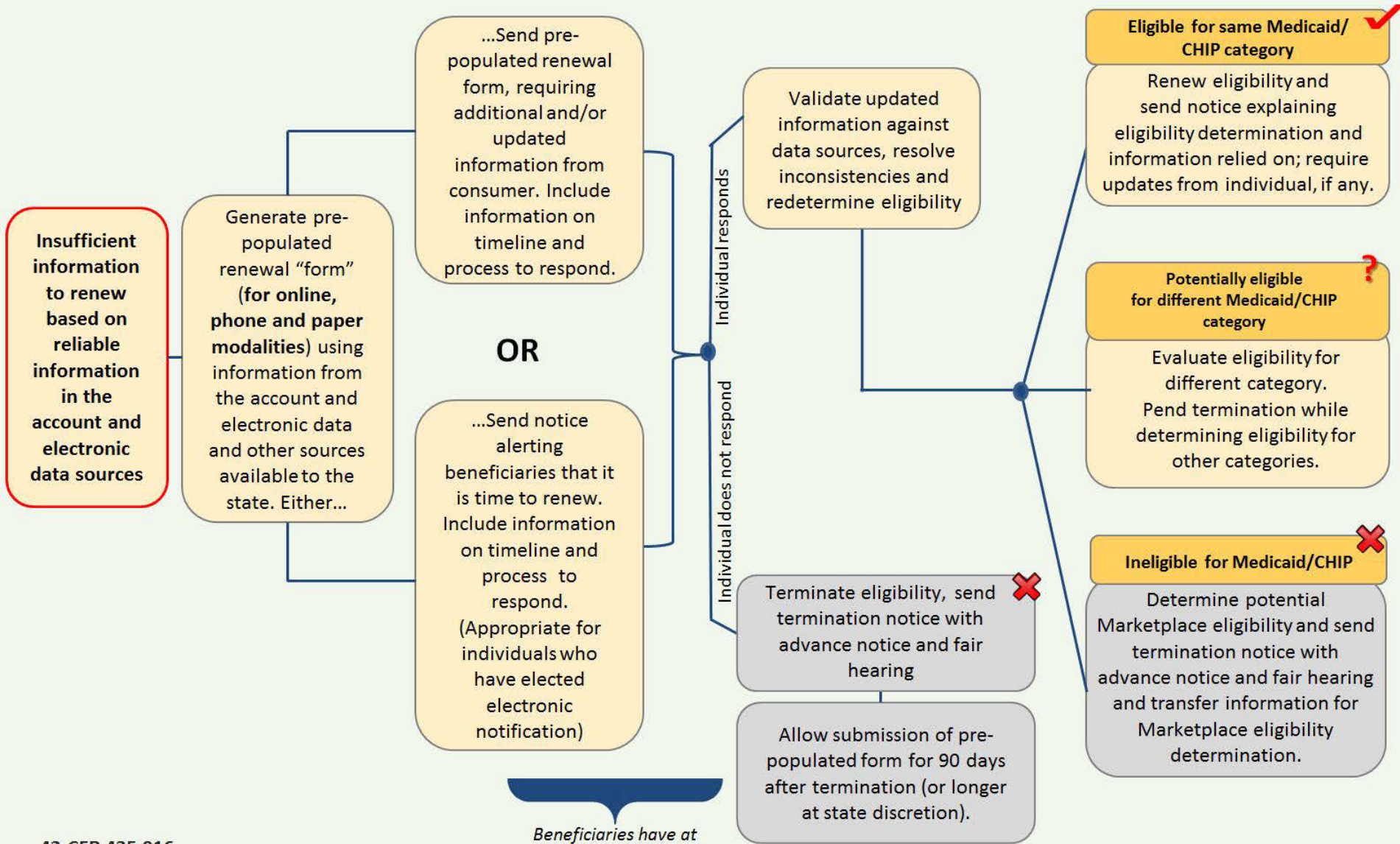
The Model Renewal Form is being updated for renewals in 2015 and beyond

- 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



Beneficiaries have at least 30 days to respond

States' Experience with Pre-Populated Renewal Forms

State Interviews & Comparative Analysis



Arizona



Colorado



Florida



Louisiana



South Carolina



Washington

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

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



“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.”



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

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Topic

Findings from Select State Forms

Implications for Draft Model Renewal Form

Form Organization

- The majority of state forms reviewed followed a “topic by topic” organization.
 - The states’ renewal forms organized by topic were shorter than those organized by person.
- The draft Model Renewal Form is organized by topic.
 - Health literacy experts reviewed and tested the form to confirm that the “topic by topic” format is easy for consumers to use and follow.

Level of Detail

- States included varying levels of detail in their renewal forms.
 - State-specific circumstances (e.g., whether CHIP is a separate program or Marketplace type) may determine which data elements/questions states include in their renewal forms.
- States may be able to delete some questions from the draft Model Renewal Form depending on program design.
 - We added two data elements to the draft Model Renewal Form based on their inclusion in states’ forms: incarceration status and pregnancy due date.

Findings from Comparative Analysis of Select State Forms

Topic

Findings from Select State Forms

Implications for Draft Model Renewal Form

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

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



Draft Model Renewal Form Features

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.

Cover Letter (Draft)

Legend:



Information/Explanation




Best Practice



Update to Model Renewal Form

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The draft Model Renewal Form can be used for both **Medicaid and CHIP renewals**.



Medicaid Renewal Form

You can get this form in another language or in large print or another way that's best for you. Call [XXX-XXX-XXXX (TTY: XXX-XXX-XXXX)].

Ernie Roberts
5678 Broad St.
P.O. Box 6789
Anywhere, ST 12345

November 5, 2015
Respond by: December 12, 2015
Letter number: 34567

It is time to renew your Medicaid coverage.

You can renew your Medicaid in any one of these four ways

- **Online:** Go to [web address]. Click on [web page].
- **By phone:** Call [XXX-XXX-XXXX (TTY: XXX-XXX-XXXX)]. The call is free.
- **By mail:** Complete this form and mail it to:
[State Agency]
[100 State Street]
[Anycity, State ZIP]
- **In person:** Visit our office at [State Agency], [100 State Street], [Anycity, State ZIP]. Office hours are 8:30 a.m. to 5:00 p.m. Monday to Friday, and 9:00 a.m. to 12:00 p.m. on Saturday.

How to complete this renewal form

1. Answer all of the questions on the form.
2. Read the information about you and each person in your household or on your tax return. Add any missing information. If any information has changed, write in the right information.
3. **Sign the form in Part 9.**
4. **Return this form by December 12, 2015.** 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 or listed on your tax return, including:

- those who get Medicaid now.
- those who do not get Medicaid now but would like to apply, **and**
- those who do not get Medicaid but do not 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.

Renewing online is faster!
Go to [web address].
Click on [web page].

Questions? Call [State Agency] at [XXX-XXX-XXXX (TTY: XXX-XXX-XXXX)]. The call is free. Or visit [web address]. See the top of this page to learn how to **submit** your completed form.

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.

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Contact Information (Draft)

Legend:

- Information/Explanation
- Best Practice
- Update to Model Renewal Form

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1 Your contact information	
▼ Review your contact information here.	▼ Correct any wrong or missing information here.
Ernie Roberts	Name
Home address 1234 America Ave. Apt. 1A Anywhere, ST 12345	Home address Apartment # City State ZIP code
Mailing address 5678 Broad St. P.O. Box 6789 Anywhere, ST 12345	Mailing address Apartment # City State ZIP code
Phone number: 111-222-3333	Best phone number to reach you: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number:
Other phone number:	Other phone number, if you have one: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Number:
name@emailaddress.com	Email address, if you have one:

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.

Tax Filing Information (Draft)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

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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.**



2 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 <i>this year</i> . Cross out anything that is wrong. Write correct information in the space right next to it. Fill in any missing information.	
Name Ernie Roberts	<input type="checkbox"/> Check here if this person does not plan to file a tax return.
Spouse on tax return Samantha Roberts	Dependents on tax return 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 filing 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.	
<input type="checkbox"/> Yes <input type="checkbox"/> 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)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

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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.

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.

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

Part 3 continued
on next slide

People in the Household, *continued* (Draft)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

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Name: Ernie Roberts			<input type="checkbox"/> Check here if this person is no longer living in the household.
This person is: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> [State Agency] has this person's Social Security number.		
Date of birth (month/day/year): 9/15/1973	<input type="checkbox"/> [State Agency] does not have this person's Social Security number. Write it in the spaces below.		
Is this person enrolled in Medicaid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no and this person wants to apply , fill out Attachment A .			
<input checked="" type="checkbox"/> This person is a U.S. citizen or U.S. national and does not need to fill in the information below.			
<input type="checkbox"/> This person is an immigrant and does not need to fill in the information below because [State Agency] has it.			
<input type="checkbox"/> This person is an immigrant and needs to fill in the information below.			
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.			
Name: Samantha Roberts			<input type="checkbox"/> Check here if this person is no longer living in the household.
This person is: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> [State Agency] has this person's Social Security number.		
Date of birth (month/day/year): 6/8/1975	<input type="checkbox"/> [State Agency] does not have this person's Social Security number. Write it in the spaces below.		
Is this person enrolled in Medicaid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no and this person wants to apply , fill out Attachment A .			
<input checked="" type="checkbox"/> This person is a U.S. citizen or U.S. national and does not need to fill in the information below.			
<input type="checkbox"/> This person is an immigrant and does not need to fill in the information below because [State Agency] has it.			
<input type="checkbox"/> This person is an immigrant and needs to fill in the information below.			
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.			

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.)

New People in the Household (Draft)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

<h2 style="margin: 0;">4 New people in your household or on your tax return</h2>	
<p>► 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.</p>	
<p>Are there any new people in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fill in the information below. If no, go to Part 5.</i></p>	
<p>Name (first, middle, last & suffix)</p> <hr/> <p>This person is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/> <p>Date of birth (month/day/year):</p> <hr/> <p>How is this person related to you?</p>	<p>Does this person want to apply for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fill out Attachment A.</i></p> <hr/> <p>If this person is applying for Medicaid, we need his or her Social Security number. Write it in the spaces below.</p> <p>____ - ____ - ____ - ____ - ____</p> <hr/> <p>Even if this person doesn't want coverage, providing the Social Security number speeds up application and renewal for other household members.</p>
<p>Name (first, middle, last & suffix)</p> <hr/> <p>This person is: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <hr/> <p>Date of birth (month/day/year):</p> <hr/> <p>How is this person related to you?</p>	<p>Does this person want to apply for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fill out Attachment A.</i></p> <hr/> <p>If this person is applying for Medicaid, we need his or her Social Security number. Write it in the spaces below.</p> <p>____ - ____ - ____ - ____ - ____</p> <hr/> <p>Even if this person doesn't want coverage, providing the Social Security number speeds up application and renewal for other household members.</p>

This section collects the minimum amount of information needed from new household members to redetermine 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)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

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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.*

Name of insurance company	Policy number	Name of insurance company	Policy number
Insurance type: <input type="checkbox"/> Medicare <input type="checkbox"/> Tricare <input type="checkbox"/> Veteran's health coverage <input type="checkbox"/> Other insurance: _____		Insurance type: <input type="checkbox"/> Medicare <input type="checkbox"/> Tricare <input type="checkbox"/> Veteran's health coverage <input type="checkbox"/> Other insurance: _____	
Is this a state employee benefit plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a state employee benefit plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List everyone renewing or applying who is on this policy:		List everyone renewing or applying who is on this policy:	

This question is only applicable to states with separate CHIP programs.

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).

Other Information Needed (Draft)

Legend:

- Information/Explanation
- Best Practice
- ★ Update to Model Renewal Form

6
More information about household members

▶ Answer these two questions for **everyone** in your household or on your tax return, whether or not they are renewing or applying for health coverage.

1. Is anyone listed on this form **pregnant**?

Yes No *If yes, fill in the information below.*

Name (first, middle, last & suffix)	How many babies are expected?	When is the due date?
Name (first, middle, last & suffix)	How many babies are expected?	When is the due date?

2. Is anyone listed on this form an **American Indian or Alaska Native**?

Yes No *If yes, fill out Attachment B.*

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

1. 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)?

Yes No *If yes, write his or her name below.*

Name (first, middle, last & suffix)

Name (first, middle, last & suffix)

2. Is anyone **blind or terminally ill**?

Yes No *If yes, write his or her name below.*

Name (first, middle, last & suffix)

Name (first, middle, last & suffix)

3. Is anyone **between the ages of 18 and 22** and also a full-time student?

Yes No *If yes, write his or her name below.*

Name (first, middle, last & suffix)

Name (first, middle, last & suffix)

4. Was anyone in **foster care at age 18 or older**?

Yes No *If yes, write his or her name below.*

Name (first, middle, last & suffix)

Name (first, middle, last & suffix)

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

Knowing 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.

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

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 Information for Income Verification (Draft)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

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.

Collect employer contact info (phone number, address) for new jobs.

7 Income from jobs			
<p>▶ Review 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.</p> <ul style="list-style-type: none"> This is the most recent information that we have on file. Cross out anything that is wrong. Write correct information in the space right next to it. Be sure to include any changes in wages paid or number of hours worked. Add any new jobs to the <i>Income from new jobs</i> section. If someone has more than one job, tell us about all jobs. Tell us about self-employment in the <i>Self-employment income</i> section. 			
Job 1	Name of the person who is working Ernie Roberts		<input type="checkbox"/> Check here if this person stopped working here.
Employer name Joe's Body Shop			
Amount this person makes in wages and tips (before taxes): \$ 417	How often: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input checked="" type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	Number of hours this person works each week on average if paid hourly:	
Job 2	Name of the person who is working Samantha Roberts		<input type="checkbox"/> Check here if this person stopped working here.
Employer name Main Street Deli			
Amount this person makes in wages and tips (before taxes): \$ 10	How often: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	Number of hours this person works each week on average if paid hourly: 10	
<p>▶ Income from new jobs Make a copy first if you need space for more jobs or people.</p> <p>Has anyone in your household or on your tax return changed jobs or started a new job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete this section for new jobs.</p>			
New Job	Name of the person who is working (first, middle, last & suffix)		
Employer name		Employer phone number	
Employer address		City	State ZIP code
Amount this person makes in wages and tips (before taxes): \$	How often: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	Number of hours this person works each week on average if paid hourly:	
New Job	Name of the person who is working (first, middle, last & suffix)		
Employer name		Employer phone number	
Employer address		City	State ZIP code
Amount this person makes in wages and tips (before taxes): \$	How often: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____	Number of hours this person works each week on average if paid hourly:	

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.

Employment Information, *continued*

(Draft)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

7 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.

Is anyone in your household or on your tax return **self-employed**? Yes No **If yes**, complete this section.

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.**

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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.

Other Income Information (Draft)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

8 Other income information

- ▶ Review the information below for everyone in your household or on your tax return.
 - Cross out anything that is wrong. Write correct information in the space right next to it. Fill in any missing information.
 - You don't need to tell us about child support, veteran's payments or Supplemental Security Income (SSI). Make a copy first if you need space for more people.

Does anyone in your household or on your tax return get any **other** income?
 Yes No **If yes**, complete this section for each type of other income. **If no**, go to the *Income changes from month to month* section.

Unemployment	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Social Security	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Pensions	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Retirement accounts	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Alimony received	How much?	How often?
Name Samantha Roberts	\$ 70	<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Farming or fishing (profit after business expenses)	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Rental income or royalties (profit after business expenses)	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Other income Type: _____	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
Other income Type: _____	How much?	How often?
Name (first, middle, last & suffix)	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____

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)

Legend:

- Information/Explanation
- Best Practice
- ★ Update to Model Renewal Form

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► 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**.

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**.

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.

Alimony paid to someone else

Name (first, middle, last & suffix)

How much?

\$

How often?

Weekly Every two weeks Yearly
 Monthly Twice a month Other _____

Student loan interest paid

Name (first, middle, last & suffix)

How much?

\$

How often?

Weekly Every two weeks Yearly
 Monthly Twice a month Other _____

Other deduction Type: _____

Name (first, middle, last & suffix)

How much?

\$

How often?

Weekly Every two weeks Yearly
 Monthly Twice a month Other _____

Other deduction Type: _____

Name (first, middle, last & suffix)

How much?

\$

How often?

Weekly Every two weeks Yearly
 Monthly Twice a month Other _____

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?**

Signature Page (Draft)

Legend:

- Information/Explanation
- Best Practice
- Update to Model Renewal Form

9 Read and sign this application

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 [XXX-XXX-XXXX (TTY: XXX-XXX-XXXX)] or visit [web 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 hhs.gov/ocr/office/file.
- 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] at [XXX-XXX-XXXX (TTY: XXX-XXX-XXXX)]. Someone from [State Agency] will explain anything about this application to me if I need that.
- 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 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 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, [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 for certain long term care services provided to me. [State Agency] must do this 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 [State Agency] from my estate after my death will not be more than the amount Medicaid paid for my care.
- 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.

Is anyone renewing or applying for health coverage incarcerated (detained or jailed)?

Yes No *If yes, what is the person's name?* _____

Renewal of coverage in future years: Read the statements below and choose.

To make it easier to renew, I give permission to [State Agency] to use updated income information from my tax returns for the next 5 years.

Yes No *If no, check one box below.*

I give permission to [State Agency] to use income information from my tax returns for the next:

4 years 3 years 2 years 1 year Do not use my tax information.
I understand that this may delay my Medicaid renewal.

You can change this choice at any time by contacting [State Agency].

► Sign and date below

If you want an authorized representative or want to change the authorized representative you have now, fill out **Attachment C**.

Check here if you are an authorized representative. Sign below and fill out **Attachment C**.

Signature of household contact or authorized representative

Date

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.

Attachment A: People Applying for Medicaid (Draft)

Legend:

- Information/Explanation
- Best Practice
- Update to Model Renewal Form

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 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 <i>(first, middle, last & suffix)</i>
1. Tell us about this person's citizenship.	
Is this person a U.S. citizen or U.S. national? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , go to number 2. If no , answer all of the questions below.	
Does this person have eligible immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<input type="checkbox"/> Check here if this person has lived in the U.S. since 1996.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Check here if this person is 18 years or younger and has a parent living outside of the household.	
<input type="checkbox"/> 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. <i>You may choose not to answer this question:</i>	What is this person's race? Check all that apply. <i>You may choose not to answer this question:</i>
<input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American	<input type="checkbox"/> White <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan
<input type="checkbox"/> Cuban <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other _____

Attachment B: American Indians or Alaska Natives (Draft)

Legend:

- Information/Explanation
- Best Practice
- ★ Update to Model Renewal Form

Attachment B

American Indian or Alaska Native household members (AI/AN) Use with Part 6.

► 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.

Person 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

Certain money received may not be counted for Medicaid. List any income (amount and how often) reported in Part 8 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

Income source	How much?	How often?
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a month <input type="checkbox"/> Other _____

Income information is needed to determine MAGI income and if anyone is exempt from cost-sharing



Attachment C: Authorized Representatives (Draft)

Legend:

-  Information/Explanation
-  Best Practice
-  Update to Model Renewal Form

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Beneficiaries are given the opportunity to change their **authorized representative**, update the representative's information, or request one for the first time.

Attachment C Authorized representative	
<p>► If you have an authorized representative now, please answer these questions. An authorized representative is someone you choose to sign this renewal form and act for you with this agency. The authorized representative may receive notices about you from the [State Agency].</p>	
We show that you chose this person as your authorized representative:	
No authorized representative chosen	Do you still want this person to be your authorized representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes , has any of his or her information changed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your authorized representative's information has changed , or if you would like a different authorized representative, please write the new information below.	
Name of authorized representative	
Address	Apartment # City State ZIP code
Phone number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Number:	
Sign and date	
By signing, you allow this person to sign your renewal form, to get information about this renewal form, and to act for you with this agency.	
Your signature 	Date
<p>► If you do not have an authorized representative and want one, please answer these questions.</p>	
Do you want an authorized representative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , answer the questions below.	
Name of authorized representative	
Address	Apartment # City State ZIP code
Phone number: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other Number:	
Sign and date	
By signing, you allow this person to sign your renewal form, to get information about this renewal form, and to act for you with this agency.	
Your signature 	Date

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)

Legend:



Information/Explanation



Best Practice



Update to Model Renewal Form

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.

Attachment D		Immigration status and documents Use with Part 3 and Attachment A.	
► Eligible immigration status list			
If you see the person's status below, go back to Part 3 or Attachment A and check the Yes box.			
<ul style="list-style-type: none"> • Lawful Permanent Resident (LPR or Greencard holder) • Asylee • Refugee • Cuban or Haitian entrant • Paroled into the U.S. • Conditional entrant granted before 1980 • Battered spouse, child and parent • Victim of Trafficking and his or her spouse, child, sibling or parent • Granted Withholding of Deportation or Withholding of Removal, under the immigration laws and under the Convention against Torture (CAT) • Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau) • Temporary Protected Status (TPS) and Applicant for Temporary Protected Status (TPS) • Deferred Enforced Departure (DED) • Family Unity beneficiary • Deferred Action Status (Deferred Action for Childhood) • Arrivals (DACA) is not an eligible immigration status for applying for health insurance 		<ul style="list-style-type: none"> • Applicant for Special Immigrant Juvenile Status • Applicant for Adjustment to LPR Status • Applicant for Asylum • Applicant for Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) • Registry Applicants (with Employment Authorization) • Order of Supervision (with Employment Authorization) • Applicant for Cancellation of Removal or Suspension of Deportation (with EAD Employment Authorization) • Applicant for Legalization under IRCA (with Employment Authorization) • Legalization under the LIFE Act (with Employment Authorization) • Lawful Temporary Resident • Member of a federally-recognized Indian tribe or American Indian Born in Canada • Resident of American Samoa • Administrative order staying removal issued by the Department of Homeland Security 	
► Immigration documents			
People who are not citizens, but who are eligible to apply for health insurance coverage, must put their immigration documents, ID numbers, and card numbers in Part 3 and Attachment A. A list of documents, ID numbers, and card numbers is below. If your document is not listed, you can write its name. If you have questions, or are eligible but have no document, call [XXX-XXX-XXXX (TTY: XXX-XXX-XXXX)].			
Permanent Resident Card (I-551, also known as Green Card) <ul style="list-style-type: none"> • Alien registration number • Card number Temporary I-551 Stamp (on passport or I-94, I-94A) <ul style="list-style-type: none"> • Alien registration number Immigrant Visa (with temporary I-551 language) <ul style="list-style-type: none"> • Alien registration number • Passport number Employment Authorization Card (EAD or I-766) <ul style="list-style-type: none"> • Alien registration number • Card number • Expiration date • Category code Arrival/Departure Record (I-94 or I-94A) <ul style="list-style-type: none"> • I-94 number Arrival/Departure Record in foreign passport (I-94) <ul style="list-style-type: none"> • I-94 number • Passport number • Expiration date • Country of issuance Foreign passport <ul style="list-style-type: none"> • Passport number • Expiration date Country of Issuance Reentry Permit (I-327) <ul style="list-style-type: none"> • Alien registration number 		Refugee travel document (I-571) <ul style="list-style-type: none"> • Alien registration number Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) <ul style="list-style-type: none"> • Alien registration number or an I-94 number • Description of the type or name of the document Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019) <ul style="list-style-type: none"> • SEVIS ID Notice of Action (I-797) <ul style="list-style-type: none"> • Alien registration number or an I-94 number Other <ul style="list-style-type: none"> • Alien registration number or an I-94 number • Description of the type or name of the document You can also list these documents or statuses: <ul style="list-style-type: none"> • Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada This is considered an eligible immigration status for Medicaid, but not for a Qualified Health Plan (QHP) • Office of Refugee Resettlement (ORR) eligibility letter (if under 18) • Document indicating withholding of removal • Administrative order staying removal issued by the Department of Homeland Security (DHS) • Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) • Cuban or Haitian entrant • Resident of American Samoa 	

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

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 (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**

Operational Processes for Renewal

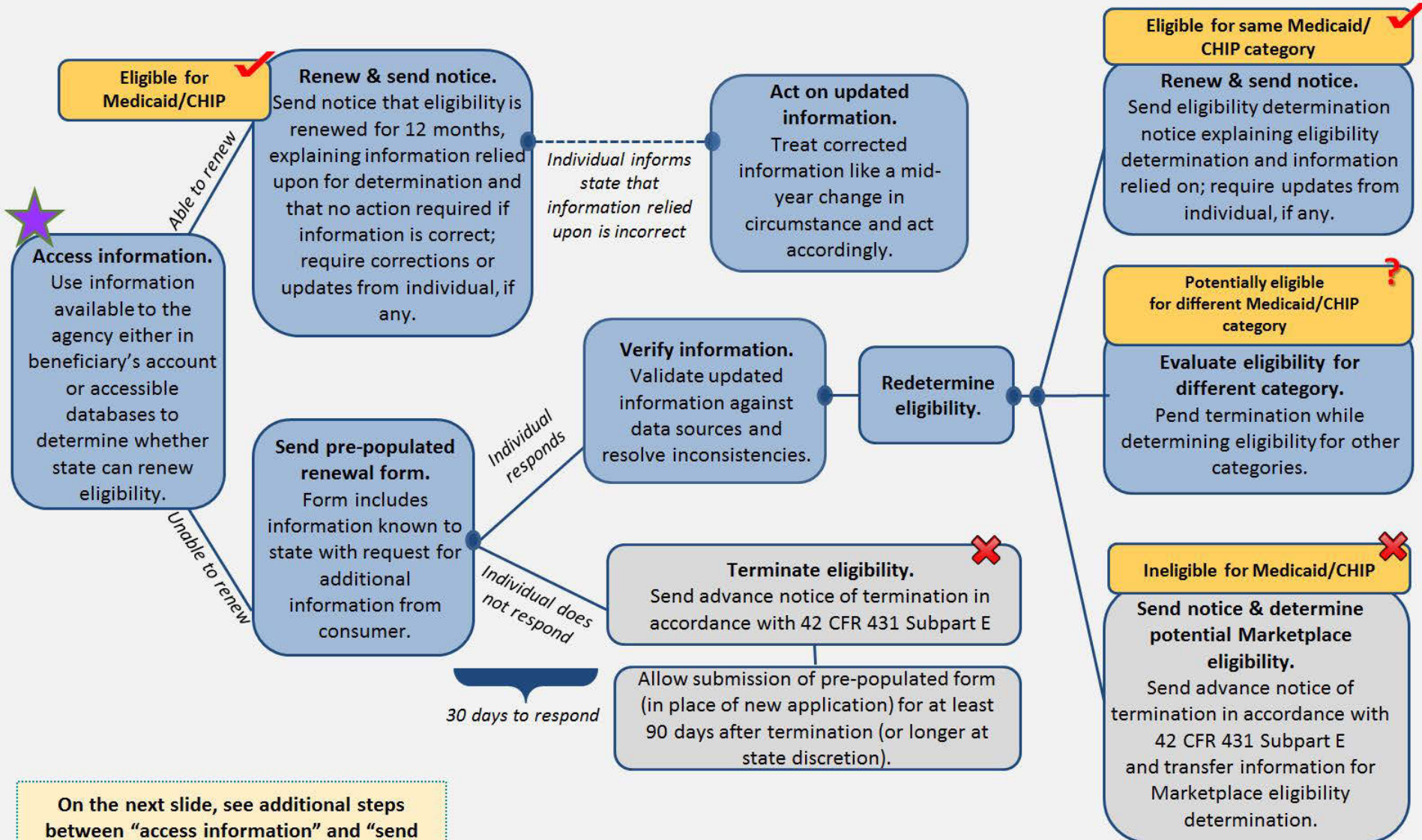
Sufficient to Determine Continued Eligibility

- 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.)

Medicaid/CHIP Annual Renewal Process Flow



On the next slide, see additional steps between "access information" and "send pre-populated renewal form"

Renewal Processes: Pre-Populated Form

