# Resources to Support State Implementation of Renewal Mitigation Strategies

This document provides a list of available guidance, tools, and resources that may be helpful to states as implement the CMS approved processes and procedures (mitigation strategies) needed to be considered compliant for the renewal provision of section 5131 of the Consolidated Appropriations Act, 2023. Resources are organized by renewal requirement. For additional information, please visit [Medicaid.gov/unwinding](Medicaid.gov/unwinding). In addition, states can contact their state lead or [CMSUnwindingSupport@cms.hhs.gov](mailto:CMSUnwindingSupport@cms.hhs.gov) for technical assistance.

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**Overview of renewal requirements.** For more information about federal redetermination requirements in 42 CFR § 435.916 and conditions for the temporary increased FMAP after April 1, 2023, under section 6008(f)(2)(A) of the FFCRA, see:

- [Medicaid and Children's Health Insurance Program Renewal Requirements (December 2020)](#)
- [SHO #23-002: Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act (January 2023](#))

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**A. Ex Parte Renewals.** An *ex parte* renewal—sometimes referred to as auto-renewal, passive renewal, or administrative renewal—is a redetermination of eligibility that states can make based on reliable information available to the agency without requiring information from the individual. States must first attempt to conduct an *ex parte* renewal for all beneficiaries (42 C.F.R. §435.916(a)(2) and (b) and §457.343).

**Resources related to maximizing the number of MAGI-based individuals renewed on an *ex parte* basis**

- *[Ex Parte Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts (October 2022)](#)*: Reviews renewal and *ex parte* requirements, including:
    - Select strategies to increase *ex parte* rates (slides 20-28)
    - Unwinding *ex parte* strategies under 1902(e)(14)(A) authority: SNAP, zero dollar, AVS (slide 32)
    - Key takeaways about how *ex parte* renewals help states manage volume (slide 34)
- [Opportunities to Support Unwinding Efforts for States with Integrated Eligibility Systems and/or Workforces (September 2022)](#): Reviews opportunities to leverage information from other human services benefit programs to support Medicaid and CHIP unwinding efforts, including:
    - Using SNAP data to maximize *ex parte* renewal rates (slides 17-18)
    - Operationalizing *ex parte* renewal requirements (slide 24)
- [SHO #15-001 Policy Options for Using SNAP to Determine Medicaid Eligibility and an Update on Targeted Enrollment Strategies (August 2015)](#): Clarifies the requirements for the targeted enrollment state plan option for individuals receiving SNAP or other means-tested benefits, including:
    - Detailed review of how to operationalize a targeted enrollment state plan option for Medicaid-eligible SNAP participants, including the criteria participants must meet (pages 2-5)
    - Information about how to request a targeted enrollment waiver (pages 6-7)
- [SHO #10-003 Express Lane Eligibility Option (February 2010)](#): Provides guidance on the Express Lane Eligibility (ELE) option, which permits states to rely on findings from Express Lane agencies to conduct simplified eligibility determinations, including:
    - How to implement an automatic enrollment option (pages 4-5)
    - How to fulfill Screen and Enroll requirements (pages 5-6)
    - Summary of state policy choices to implement ELE, with detailed examples (pages 9-13)

**Resources related to maximizing the number of non-MAGI-based individuals renewed without requesting additional information**

- [Streamlined Eligibility and Enrollment for Non-MAGI Populations (June 2015)](#): Reviews the importance of simplifying the eligibility and enrollment process for the non-MAGI populations, including:
    - Verification requirements for non-MAGI and potential state approaches (slides 16-19)
    - Renewal requirements for non-MAGI, potential state approaches, and a state example (slides 24-27)
- [SHO #22-001 Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency (March 2022)](#): Time-limited authority is available under section 1902(e)(14)(A) to permit states to implement strategies during the unwinding period to facilitate the renewal process, including:
    - Review of *ex parte* renewals for individuals with no income and no data returned (page 24)
    - Facilitating renewals for individuals with no Asset Verification System (AVS) data returned within a reasonable timeframe (page 25)

**Resources related to simplifying requirements to complete the renewal form and provide documentation, when required**

- Simplified renewal form: States can request 1902(e)(14)(A) authority to create a new one-page renewal form that asks only if the individual's income and, if applicable, assets remain below the eligibility standard (which is specified on the form)
- [Draft Model Renewal Form & Considerations for MAGI Medicaid/CHIP Renewals (September 2015)](#): Provides insight into the process to update the draft model renewal form, including:
    - Reviews state experiences with pre-populated forms (slides 9-11)
    - Reviews model renewal form features (slides 17-26)
- [Revised Model Renewal Form (September 2015)](#): Plain-language renewal template states can adopt
- Informational insert with additional information and directions: A separate "stuffer" (such as a one-page FAQ or instructional document) can be included with the renewal form instructing individuals to only respond to specific, needed information. The stuffer must be provided regardless of modality. For example, for online renewals, states should inform individuals via an instructions page, alert, etc.
- [Verification and Reasonable Compatibility (March 2012)](#): Provides an overview of verification standards and processes, including:
    - Key verification standards (i.e., self-attestation, reasonable compatibility, and electronic data sources) (slides 3-11)
- [Medicaid/CHIP Eligibility Verification Plans](#): Provides links to state Medicaid/CHIP eligibility verification plans that are posted on Medicaid.gov
- [Verification Plan Addendum Template](#): Template states can use to complete a Medicaid and CHIP disaster relief MAGI-based verification plan addendum

**Resources related to enhancing outreach/support for beneficiaries completing and submitting renewal forms/documentation**

- [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023)](#): Describes strategies states can use to engage managed care plans to help ensure eligible enrollees retain their Medicaid and CHIP coverage, including:
    - Sharing renewal files with plans to conduct outreach and provide support to individuals

enrolled in Medicaid during their renewal period (slide 10)
- o Helping plan members complete the renewal process (slides 21-22)
- o Reminders for plans providing assistance with applications and renewals (slide 28)
- o Reminders for plans conducting outreach and communications (slide 29)
- o Reminders for plans participating in data sharing (slide 30)
- Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021): Describes the strategy to conduct outreach via text messaging and options to extend deadlines to return requests for information (slide 26)
- Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 2 (August 2021): Describes how states can partner with managed care plans and enrollment assistors to facilitate beneficiary outreach and provides state examples (slides 10-12)

**Resources related to facilitating reenrollment for eligible individuals terminated from Medicaid for procedural reasons**
- Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023): Describes strategies states can use to engage managed care plans to help eligible enrollees who lose coverage to reenroll, including:
  - o Conducting outreach to individuals who have lost coverage for procedural reasons (slides 13-14)
  - o Supporting reenrollment when the termination reason is unclear (slides 24-25)
  - o Reminders for plans conducting outreach and communications (slide 29)

**B. Renewal form.** States must send a renewal form and request only necessary information needed to determine eligibility when eligibility cannot be renewed on an *ex parte* basis. For MAGI beneficiaries, the renewal form must be prepopulated (42 C.F.R. §435.916(a)(3)(i)(A)).

**Resources related to minimizing the information beneficiaries must complete**
- Simplified renewal form: States can request 1902(e)(14)(A) authority to create a new one-page renewal form that asks only if the individual's income and, if applicable, assets remain below the eligibility standard (which is specified on the form)
- Draft Model Renewal Form & Considerations for MAGI Medicaid/CHIP Renewals (September 2015): Provides insight into the process to update the draft model renewal form, including:
  - o Reviews state experiences with pre-populated forms (slides 9-11)
  - o Reviews model renewal form features (slides 17-26)
- Revised Model Renewal Form (September 2015): Plain-language renewal template states can adopt
- Informational insert with additional information and directions: A separate "stuffer" (such as a one-page FAQ or instructional document) can be included with the renewal form instructing individuals to only respond to specific, needed information. The stuffer must be provided regardless of modality. For example, for online renewals, states should inform individuals via an instructions page, alert, etc.

**Resources related to adjusting for the additional beneficiary burden associated with providing unnecessary information**
- Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021): Describes operational strategies that states can employ to mitigate inappropriate coverage loss, including:
  - o Conduct diagnostics and ongoing monitoring by modality (i.e., telephone, online, mail, and in-person) (slide 17)
  - o Extending deadlines to return requests for information (slide 26)

**Resources related to facilitating reenrollment for eligible individuals terminated from Medicaid for procedural reasons**

- [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023)](): Describes strategies states can use to engage managed care plans to help eligible enrollees who lose coverage to reenroll, including:
  - Conducting outreach to individuals who have lost coverage for procedural reasons (slides 13-14)
  - Supporting reenrollment when the termination reason is unclear (slides 24-25)
  - Reminders for plans conducting outreach and communications (slide 29)

**Resources related to other potential mitigation strategies (e.g., workforce training, increasing *ex parte* rates, and enhancing outreach/support)**

- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021)](): Describes strategies for updating workforce training and policies, enhancing oversight of operations, and provides a state example (slides 13-16)
- [*Ex Parte* Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts (October 2022)](): Reviews renewal and *ex parte* requirements, including:
  - Select strategies to increase *ex parte* rates (slides 20-28)
  - Unwinding *ex parte* strategies under 1902(e)(14)(A) authority: SNAP, zero dollar, AVS (slide 32)
  - Key takeaways about how *ex parte* renewals help states manage volume (slide 34)
- [SHO #22-001 Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency (March 2022)](): Time-limited authority is available under section 1902(e)(14)(A) to permit states to implement strategies during the unwinding period to facilitate the renewal process, including:
  - Review of *ex parte* renewal for individuals with no income and no data returned (page 24)
  - Facilitating renewal for individuals with no AVS data returned within a reasonable timeframe (page 25)
- [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023)](): Describes strategies states can use to engage managed care plans to help ensure eligible enrollees retain their Medicaid and CHIP coverage, including:
  - Sharing renewal files with plans to conduct outreach and provide support to individuals enrolled in Medicaid during their renewal period (slide 10)
  - Helping plan members complete the renewal process (slides 21-22)
  - Reminders for plans providing assistance with applications and renewals (slide 28)
  - Reminders for plans conducting outreach and communications (slide 29)
  - Reminders for plans participating in data sharing (slide 30)
- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021)](): Describes the strategy to conduct outreach via text messaging and options to extend deadlines to return requests for information (slide 26)
- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 2 (August 2021)](): Describes how states can partner with managed care plans and enrollment assistors to facilitate beneficiary outreach and provides state examples (slides 10-12)

**C. Timeline to Return Renewal Forms:** States must provide MAGI beneficiaries with at least 30 days from the date of the pre-populated renewal form to return the form and provide any additional information requested by the agency (42 C.F.R. §435.916(a)(3)(i)(B)). Non-MAGI beneficiaries must be given a reasonable amount of time to return forms and documentation (42 C.F.R. §435.952).

**Resources related to extending beneficiaries' renewal period until a minimum of 30 days has elapsed**
- [Medicaid and CHIP Renewals and Redeterminations (January 2021)](): Reviews the renewal requirements and reminds states of the required timeframes for submissions (slide 12)
- Informational insert with additional information and directions: A separate "stuffer" (such as a one-page FAQ or instructional document) can be included with the renewal form to let individuals know that they have a minimum of 30 days to return the form, until the last day of the renewal cycle, and remind them of the 90-day reconsideration period. The stuffer must be provided regardless of modality. For example, for online renewals, states should inform individuals via an instructions page, alert, etc.

**Resources related to expanding outreach efforts to promote timely return of forms**
- [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023)](): Describes strategies states can use to engage managed care plans to help ensure eligible enrollees retain their Medicaid and CHIP coverage, including:
    - Sharing renewal files with plans to conduct outreach and provide support to individuals enrolled in Medicaid during their renewal period (slide 10)
    - Helping plan members complete the renewal process (slides 21-22)
    - Reminders for plans providing assistance with application and renewal (slide 28)
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**Resources related to facilitating reenrollment for eligible individuals terminated from Medicaid for procedural reasons**
- [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023)](): Describes strategies states can use to engage managed care plans to help eligible enrollees who lose coverage to reenroll, including:
    - Conducting outreach to individuals who have lost coverage for procedural reasons (slides 13-14)
    - Supporting reenrollment when the termination reason is unclear (slides 24-25)
    - Reminders for plans conducting outreach and communications (slide 29)

**D. Submit Renewal Form Through All Modalities:** All beneficiaries must be able to submit their renewal form through any of the modes of submission available for submitting an application (i.e., online, by phone, by mail, or in person) (42 C.F.R. §435.916(a)(3)(i)(B)).

**Resources related to increasing the availability and accessibility of other modalities**

- [Telephonic Applications (August 2013)](): Reviews the options for accepting telephonic signatures as well as implementation considerations for states (slides 20-22)
- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021)](): Describes operational strategies that states can employ to mitigate inappropriate coverage loss, including:
  - o Conduct diagnostics and ongoing monitoring by modality (i.e., telephone, online, mail, and in-person) (slide 17)

**Resources related to expanding and highlighting options for assistance**

- [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (January 2023)](): Describes strategies states can use to engage managed care plans to help ensure eligible enrollees retain their Medicaid and CHIP coverage, including:
  - o Sharing renewal files with plans to conduct outreach and provide support to individuals enrolled in Medicaid during their renewal period (slide 10)
  - o Helping plan members complete the renewal process (slides 21-22)
  - o Reminders for plans providing assistance with application and renewal (slide 28)
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  - o Reminders for plans participating in data sharing (slide 30)

**Resources related to other potential mitigation strategies (i.e., providing additional time to submit the form)**

- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021)](): Describes operational strategies that states can employ to mitigate inappropriate coverage loss, including:
  - o Extend deadlines to return requests for information (slide 26)

**E. Reconsideration Period:** For MAGI beneficiaries whose eligibility has been terminated for failure to return their renewal form or requested information, if the renewal form and/or necessary information is returned within 90 days after the date of termination, or a longer period elected by the state, the agency must reconsider the individual's eligibility without requiring the individual to fill out a full new application (42 C.F.R. §435.916(a)(3)(iii)).

**Resources related to minimizing requests for information for applicants who were recently disenrolled from Medicaid**

- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021)](): Describes requirements related to reenrollment when the renewal form and/or requested information is returned within 90 days of termination (slide 9)

**Resources related to maximizing *ex parte* rates**

- [*Ex Parte* Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts (October 2022)](): Reviews renewal and *ex parte* requirements, including:
  - o Select strategies to increase *ex parte* rates (slides 20 -28)
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- o Key takeaways about how *ex parte* renewals help states manage volume (slide 34)
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**Resources related to facilitating reenrollment for eligible individuals terminated from Medicaid for procedural reasons**
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  - o Conducting outreach to individuals who have lost coverage for procedural reasons (slides 13-14)
  - o Supporting reenrollment when the termination reason is unclear (slides 24-25)
  - o Reminders for plans conducting outreach and communications (slide 29)

**F. Determine Eligibility on All Bases**: States are required to determine eligibility on all bases prior to determining an individual is ineligible for Medicaid (42 C.F.R. § 435.916(f)(1)).

**Resources related to minimizing potential gaps in coverage**
- [Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries, Part 1 (July 2021)](#): Describes strategies for achieving continuity of coverage for eligible beneficiaries and preventing inappropriate terminations, including:
  - o Redetermining on all bases before termination in accordance with requirements (slide 8)

**Resources related to helping beneficiaries identify themselves as potentially eligible on another basis**
- Informational insert with additional information and directions: A separate "stuffer" (such as a one-page FAQ or instructional document) can be included with the renewal form instructing individuals to contact the agency if certain conditions are met (e.g., are pregnant, or have a disability). The stuffer must be provided regardless of modality. For example, for online renewals, states should inform individuals via an instructions page, alert, etc.

**G. Determine Potential Eligibility for Other Programs & Transfer Account:** For beneficiaries who are determined ineligible for Medicaid, the agency must determine potential eligibility for other insurance affordability   programs and timely transfer the beneficiary's electronic account to such program (42 C.F.R. §457.343).

**Resources related to determining potential eligibility for other programs and transferring accounts**
- [Medicaid & CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations (March-April 2019)](#): Highlights the benefits of automating electronic verifications and using a comprehensive set of electronic data sources, including:
  - o Review of how states can establish verification hierarchies (slide 34)
  - o Gives examples demonstrating how states are using automation and conducting outreach (slides 29-39)