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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

CMCS Informational Bulletin

DATE: August 29, 2024

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

SUBJECT: **Guidelines for Achieving Compliance with Medicaid and CHIP Eligibility Renewal Timeliness Requirements Following the Medicaid and CHIP Unwinding Period**

The purpose of this Center for Medicaid & CHIP Services (CMCS) Informational Bulletin (CIB) is to provide additional guidance to states on their obligation to come into compliance with federal regulations on timely processing of Medicaid and Children's Health Insurance Program (CHIP) eligibility renewals, as well as provide an update to the timeline in which states must complete unwinding-related renewals. To ensure that individuals who are eligible for Medicaid or CHIP retain coverage, and to assist states in their continued transition to regular renewal processing, CMS is providing states additional time to complete eligibility renewals, address persistent backlogs in processing redeterminations, and ensure that states achieve compliance with federal renewal timeliness requirements by December 2025. This CIB outlines the duration and conditions under which states may rely on an exception to those requirements.

Background

The COVID-19 Public Health Emergency (PHE) and the Families First Coronavirus Response Act (FFCRA) continuous enrollment condition, which provided states with extra federal Medicaid funding on the condition that they maintain enrollment for most individuals (among other conditions),[1] interrupted regular, timely eligibility renewal processes and resulted in a large volume of overdue renewals for states to complete. In State Health Official (SHO) Letter # 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," CMS provided guidance regarding eligibility renewals following the end of the Medicaid continuous enrollment condition. The guidance provided that states were to initiate all pending eligibility actions (including renewals, post-enrollment verifications, and redeterminations based on changes in circumstances) for their total caseload within their 12-month unwinding period and that states were expected to complete all work initiated during their unwinding period by the end of the 14th month after the first month of the unwinding period.[2] An "unwinding-related" renewal is defined

[1] Pub. L. No. 116-127
[2] CMS. (March 3, 2022). *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* [State Health Official Letter #22-001]. Available at https://www.medicaid.gov/sites/default/files/2022-03/sho22001.pdf .

as a first renewal for all individuals who were enrolled in Medicaid or CHIP as of the beginning of the state's unwinding period.

As states progressed through their unwinding periods, it became clear that some of the challenges states have faced (e.g., workforce shortages, renewal compliance issues, systems limitations, etc.) impacted their ability to complete unwinding-related renewals and restore routine operations within the original timelines outlined in SHO # 22-001. For example, as a result of a compliance issue identified in 29 states in August 2023 that required states to reinstate Medicaid or CHIP coverage for over 400,000 beneficiaries, many states needed to pause, delay, or otherwise modify renewal timelines for multiple months in order to prevent further CMS action .[3] While most states are now close to completing or have completed initiating all unwinding renewals since the Medicaid continuous enrollment condition expired, many states have not completed processing those renewals, and some now have significant backlogs. Some states are facing backlogs in processing both unwinding renewals and certain second-round (non-unwinding) renewals that have come due since the end of a state's unwinding period.

Further, in the early months of unwinding, CMS made available and encouraged states to adopt new flexibilities and mitigation strategies designed to support retention of eligible individuals, minimize churn, and protect eligible beneficiaries from unnecessary coverage loss.[4] State adoption of these strategies helped to minimize procedural disenrollments but also affected states' unwinding timelines. Fifteen states obtained CMS concurrence to delay procedural disenrollments for one or more months to conduct additional beneficiary outreach at renewal.[5] Multiple other states were required to pause some or all terminations as part of a mitigation strategy to prevent inappropriate disenrollments and/or to address areas of non-compliance with federal renewal requirements. As states worked with limited staff capacity to process an unprecedented volume of renewals, many states also saw increased application volume. In shifting attention to application processing to ensure timely access to Medicaid and CHIP coverage for new and returning applicants, the volume of pending renewals (renewals that were initiated but had no eligibility determination made) grew.

To ensure sufficient time for states to complete unwinding-related renewals, address renewal backlogs, and expedite a return to compliance with renewal timeliness requirements, CMS is providing authority for states, subject to the terms and conditions outlined in this letter, to continue to use the exception under 42 CFR § 435.912(e) that allows states to delay timely processing of renewals in "unusual circumstances" through December 31, 2025.

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[3] CMS, State Letter: Ensuring Compliance with Requirements to Conduct Medicaid and CHIP Renewal Requirements and the Individual Level, August 30, 2023. Available at: https://www.medicaid.gov/resources-for-states/downloads/state-ltr-ensuring-renewal-compliance.pdf

[4] State Strategies to Prevent Procedural Disenrollments. June 2023. Available at https://www.medicaid.gov/resources-for-states/downloads/state-strategies-to-prevent-procedural-terminations.pdf

[5] State Option to Delay Procedural Disenrollments. Available at: https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/state-option-to-delay-procedural-disenrollments/index.html

Key Takeaways:

- States must complete all unwinding-related renewals for all beneficiaries enrolled in Medicaid and CHIP as of the end of the continuous enrollment condition by no later than December 31, 2025.
- Beginning with renewals initiated in January 2026, all states must initiate and complete renewals timely, consistent with federal regulations as described below, and routine state processing timelines.

Requirements for Timely Renewals of Medicaid and CHIP

As required at 42 CFR §§ 435.916 and 457.343, states must renew eligibility for almost all Medicaid and CHIP beneficiaries once every 12 months and no more frequently than once every 12 months. To comply with these requirements for periodic renewals, states must establish renewal procedures and internal milestones that allow for adequate time to complete the renewal process before the end of a beneficiary's eligibility period. Such renewal procedures, to be considered timely, need to account for the time given to conduct an *ex parte* review of eligibility and if needed, for beneficiaries to provide documentation, as well as sufficient time for the agency to process and verify any information received from the beneficiary and provide proper notice of the agency's determination.

We note that the "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" final rule makes changes to 42 CFR §§ 435.912, 435.916 and 457.340. Specifically, § 435.916 requires states to use the renewal frequency formerly required only for beneficiaries whose eligibility is based on modified adjusted gross income (MAGI) for all Medicaid beneficiaries, including conducting renewals only once every 12 months except as specifically allowed under statute. [6,7] Under § 435.912 and § 457.340, states have additional time to redetermine eligibility while also ensuring timely completion of renewals when beneficiaries submit all needed information with fewer than 30 calendar days remaining in the eligibility period. This guidance does not affect when states must implement these changes made by the final rule. While the final rule is effective as of June 3, 2024, **states continue to have 36 months to comply** with the changes to process renewals and complete a timely renewal.[8]

[6] Except as provided in § 435.919; that was created with CMS-2421-F2. CMS. "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" final rule (89 FR 22836) available at: https://www.federalregister.gov/documents/2024/04/02/2024-06566/medicaid-program-streamlining-the-medicaid-childrens-health-insurance-program-and-basic-health

[7] Section 1902(e)(8) of the Social Security Act allows States to renew eligibility for QMBs no more frequently than once every 6 months.

[8] CMS. "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" final rule (89 FR 22836) available at: https://www.federalregister.gov/documents/2024/04/02/2024-06566/medicaid-program-streamlining-the-medicaid-childrens-health-insurance-program-and-basic-health

Timeline to Complete and/or Distribute Renewals

Federal regulations also require that states determine or redetermine eligibility within federal timeliness standards except in unusual circumstances, which include, but are not limited to, an administrative or other emergency beyond the agency's control.[9] Under this regulatory exception, CMS granted concurrence to states to process unwinding-related renewals over 12-14 months, given increased program enrollment, the impact of the COVID-19 pandemic and Medicaid continuous enrollment condition, and to ensure states could reestablish a renewal schedule that is sustainable in future years.[10] CMS has determined that the unwinding process, exacerbated by workforce challenges and resulting in an uneven and unsustainable renewal volume in many states, constitutes an administrative emergency for which states' application of the exception for timely completion of Medicaid and CHIP renewals is justified.

Accordingly, subject to the conditions outlined below, states may continue to rely on the timeliness exception codified at 42 CFR §§ 435.912(e)(2) and 457.340(d), to continue the delay of timely processing of certain renewals, as outlined in greater detail below, until December 31, 2025. This provides time for states to complete processing of all pending renewals for individuals enrolled as of the end of the Medicaid continuous enrollment condition and to redistribute beneficiaries' renewal due dates to create a more even distribution and more sustainable workload of renewals across months on an ongoing basis. Specifically:

- **For unwinding-related renewals**: States must complete all unwinding-related renewals by December 31, 2025. This means that all states must have made an eligibility redetermination for all beneficiaries' first renewal following the end of the Medicaid continuous enrollment condition. This includes renewals for all individuals, including populations whose renewals may have been delayed as a result of flexibilities or mitigations that were implemented during the unwinding period.
- **For non-unwinding-related renewals** (e.g., a second or subsequent renewal following the end of the Medicaid continuous enrollment condition or a first renewal for an individual who enrolled after March 31, 2023): States may continue to delay or redistribute renewals through December 31, 2025 only if the state's purpose in delaying such renewals is to ensure a more even distribution of redeterminations across months.
- **Beginning with renewals that are initiated January 1, 2026**, states must process periodic renewals of eligibility timely, in accordance with federal regulations, and consistent with state timelines for initiating, processing, and making final determinations at renewal.

As has been the case when processing renewals during unwinding, CMS will not require that states document the use of the exception to meet these timelines in each case record as usually required under 42 CFR §§ 435.912(f) and 457.340(d), provided that the state documents in its internal plan to restore eligibility and enrollment operations the strategies the state will take to redistribute renewals. States do not need to request concurrence or authority from CMS but

[9] 42 CFR § 435.912(e)(2), § 457.340(d)

[10] CMS. (August 13, 2021). *Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency.* [State Health Official Letter #21-002]. Available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf

should keep copies with the internal plan of any CMS communications announcing exceptions or authorities on which the plan relies.

Conditions for Redistributing Renewals

States seeking additional time to complete unwinding-related renewals and/or to redistribute their caseload, as described above, may do so only under the following conditions:

1. **A state may not shorten a beneficiary's eligibility period**.[11] States must continue to ensure renewals of eligibility occur no more frequently than once every 12 months when considering any redistribution of its renewal caseload. For example, if a state renews Medicaid eligibility for a beneficiary enrolled on a MAGI basis in May 2024 but anticipates a disproportionately high volume of renewals due in the month of the individuals' next renewal (May 2025), the state may only delay the individual's renewal to a later month (June-December 2025). The state may not reschedule the renewal for an earlier date that would provide fewer than 12 months of eligibility. As a reminder, states must establish renewal procedures and internal milestones that allow for adequate time to complete the renewal process before the end of a beneficiary's eligibility period. [12]

2. **If an individual has not had their first renewal since the end of the Medicaid continuous enrollment condition, a state cannot disenroll the individual based on a change in circumstance without first completing a full renewal.** Given how long it has been since some beneficiaries have been renewed, there is an increased risk that beneficiaries who may be eligible for CHIP or Medicaid on another basis may be disenrolled based on a change in circumstances related to a single criterion for eligibility. Prior to taking adverse action based on an identified or beneficiary-reported change in circumstances, states must complete a full renewal for any beneficiary unless a renewal was completed in the 12 months prior to the change.

3. **A state should continue to attempt to ensure that they have up-to-date contact information for beneficiaries**. Under section 6008(f)(2)(B) of the Families First Coronavirus Response Act, as amended by section 5131(a) of the Consolidated Appropriations Act, 2023 (CAA, 2023), to receive the temporary Federal Medical Assistance Percentage (FMAP) increase, a state was required to attempt to ensure that it had up-to-date contact information for each individual for whom it conducted a renewal. CMS expects states relying on the exception discussed in this guidance to continue this practice, despite expiration of the temporary FMAP increase. The "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" final rule streamlined the protections established by the CAA, 2023, and requires that states take proactive steps to obtain

[11] 42 CFR §§ 435.916(a) and (b) and 457.343
[12] 42 CFR §§ 435.916 and 457.343

change-in-address information from the United States Postal Service (USPS) and managed care plans and to update in-state contact information.[13]

Along with the conditions described above, states are *strongly encouraged to notify beneficiaries that their renewal date has been changed*. To assist beneficiaries in completing the renewal process, beneficiaries should know if their renewal date has been changed. A state could do this through multiple modalities, such as issuing individual notices to beneficiaries or mass market advertisement stating renewal dates for some individuals may have changed, or working with community partners and plans to communicate directly to beneficiaries. States can also include information about renewal due dates in beneficiary online accounts and send alerts when the date is changed or when the renewal is in progress.

Special Consideration for Renewals Pending More than Six Months

With the end of the continuous enrollment condition, many states faced challenges keeping pace with the volume of renewals needing to be adjudicated, causing states to develop backlogs of unprocessed renewals that had been initiated. Some states have indicated that their backlogs include renewal forms that have been pending for more than six months. While coverage must continue for Medicaid beneficiaries until the agency determines an individual is no longer eligible,[14] in general states should not rely on information subject to change that is more than six months old to make an accurate determination of eligibility for a new 12-month eligibility period.[15] CMS is providing the following two options for states processing renewals for beneficiaries who have returned a renewal form and all requested documentation but where the information the beneficiary provided has been pending review and redetermination of eligibility for more than six months. See Appendix for examples of both options. In addition, if states are seeking to implement an alternative approach, that balances program integrity and beneficiary protections, should contact CMS.

Option 1: Renew for Remainder of Eligibility Period:

For Medicaid and CHIP renewals for which the state has received a completed renewal form with sufficient information to complete a determination of eligibility, a state may use the information submitted on the form to renew eligibility, but only until the end of the original 12-month eligibility period. This option is only permissible when the state has sufficient information on a submitted renewal form to redetermine eligibility and may not be used to disenroll an individual from Medicaid or CHIP. Under this option, the beneficiary will keep the same renewal cycle and will continue to receive coverage for the remainder of their 12-month eligibility period. Specifically, the effective date of coverage would be the originally scheduled renewal date, and the state would need to conduct a new full renewal of eligibility within a few months. As such, this option may not be practicable when processing a pending renewal for beneficiaries

[13] CMS-2421-F2 requires states to take proactive steps in ensuring updated address information for beneficiaries, and while the final rule is effective June 3, 2024, states have 18 months after the effective date of the rule to comply with these requirements. CMS. "Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, and Renewal Processes" final rule (89 FR 22836) available at: https://www.federalregister.gov/documents/2024/04/02/2024-06566/medicaid-program-streamlining-the-medicaid-childrens-health-insurance-program-and-basic-health

[14] 42 CFR § 435.930(b)

[15] Ex Parte Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts. October 20, 2022. Available at: https://www.medicaid.gov/resources-for-states/downloads/ex-parte-renewal-102022.pdf

scheduled for another renewal within a couple of months. In those circumstances, until December 2025, states are encouraged to adopt option 2, below, or wait until the beneficiary's next scheduled renewal. If the state processes the renewal and finds that the beneficiary is no longer eligible, based on the information the beneficiary provided, the state should pursue option 2 and re-initiate the renewal.

Option 2: Re-initiate Pending Renewal:

A state may re-initiate a renewal if the renewal form has been pending state review for more than six months. The state must provide a new 12-month eligibility period following the month the determination is made for those found eligible based on the new information obtained during the renewal process.

Under this option, the state must conduct a new *ex parte* renewal for the individual consistent with 42 CFR § 435.916(b)(1). If, during the *ex parte renewal,* the state has sufficient information to renew the beneficiary's eligibility, the state will finish processing the renewal and provide the individual with an eligibility determination notice containing their new renewal date. If the state does not have sufficient information to reestablish eligibility, then a renewal form (prepopulated if the individual is in a MAGI-based eligibility group) must be sent to the beneficiary. States must provide beneficiaries a minimum of 30 days from the date of the renewal form to return the form and provide any requested information.[16] CMS also strongly encourages states to conduct more intensive outreach through multiple modalities to remind individuals to respond to the renewal form and requests for additional information. Once the renewal form is submitted to the state by the beneficiary, if there is sufficient information to make a redetermination of eligibility, the state will complete the renewal process and establish a new renewal date that is 12 months from the date the current renewal has been completed.

As a reminder, if any of the renewals that have been pending for longer than six months are considered to be an unwinding-related renewal, they must be completed (final eligibility determination made) by December 31, 2025.

In addition, consistent with regulations at 42 CFR § 435.930(b), the agency must continue to furnish Medicaid to beneficiaries who have returned their renewal form and all requested documentation unless and until they are determined to be ineligible. If a renewal form or additional information is returned prior to the end of the eligibility period (or prior to when the termination is effective for the individual), the state must have a mechanism in place, pursuant to 42 CFR § 435.930(b), to ensure that coverage continues until the information received is evaluated and a final redetermination is made.[17]

[16] § 435.916(b)(2)

[17] For additional information on conducting renewals, CMS. (March 15, 2024) Conducting Medicaid and CHIP Renewals During the Unwinding Period and Beyond: Essential Reminders [CMCS Information Bulletin]. Available at: https://www.medicaid.gov/media/173651

State Action

States should inform CMS if unwinding timelines have changed. States are also expected to document how they will complete any remaining unwinding-related renewals along with how they will redistribute additional renewals, if applicable, in their own internal documentation. States are not required to submit their documentation to CMS for approval but must make their plans available to CMS upon request or, as needed, for audit purposes. We strongly encourage states to post their plan on their website.

Monitoring State Progress and Corrective Action

CMS will monitor states' progress in conducting compliant renewals and ensuring states restore timely renewal processing. States that are not on track to achieve compliance with the timelines outlined in this CIB should reach out to CMS as soon as possible. In SHO #24-002, CMS announced states will be expected to continue submitting renewal and other data past June 30, 2024 in the Eligibility Processing Data Report.[18,19] Where reported data or other available information indicate that a state may not meet relevant timelines in this CIB, or where data or other information suggest other potential compliance issues, CMS will engage with the state, and states may be expected to report additional metrics or information. States that do not resolve their pending eligibility and enrollment actions within the timelines specified may be subject to a formal compliance action in accordance with 1904 and 2106 of the Social Security Act and 42 CFR § 430.35 and 42 CFR § 457.204, in which event CMS would request that the state submit a corrective action plan (CAP) outlining strategies and a timeline to come into compliance with federal renewal requirements.

Other Eligibility and Enrollment Actions

The information outlined in this CIB only pertains to eligibility renewals. States must continue to comply with all federal regulations that pertain to timely processing of new enrollment applications. CMS reminds states that an application is considered to be processed timely when the agency enrolls an eligible applicant or denies coverage for an individual whom the agency determined as ineligible within the application time standards described at 42 CFR §§ 435.912(c) and 457.340(d). The maximum time permitted under these regulations is 90 days for individuals applying on the basis of disability and 45 days for all other applicants. Consistent with requirements at 42 CFR §§ 435.912(g), 457.340(d), and 600.320(b), agencies may not use the application timeliness standards as a waiting period to delay determining eligibility or as a reason for denying eligibility because the state has not determined eligibility within the timeliness standards. For additional information on strategies to improve application timeliness, please see

[18] Section 1902(tt)(1) of the Social Security Act, as added by section 5131(b) of the Consolidated Appropriations Act, 2023, required that during the period that began on April 1,2023, and ends on June 30, 2024, states submit to CMS, and CMS makes public, certain monthly data about activities related to eligibility determinations and redeterminations conducted during that same period. https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf

[19] CMS (May 30,2024). *Continuation of Certain Medicaid and CHIP Eligibility Processing Data Reporting* [State Health Official Letter #24-002]. Available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho24002.pdf

CIB "Ensuring Timely and Accurate Medicaid and CHIP eligibility Determination at Application."[20]

Closing

CMS is committed to supporting state efforts to reduce coverage loss for eligible individuals as states continue to make necessary changes to ensure compliance with federal renewal requirements and return to timely processing of eligibility and enrollment actions. For additional information and resources, states are encouraged to review guidance and other information available at Medicaid.gov/Unwinding. For additional questions or to request technical assistance, please email the CMS Unwinding Mailbox at CMSUnwindingSupport@cms.hhs.gov or contact your state lead.

[20] CMS (May 9, 2024). Ensuring Timely and Accurate Medicaid and CHIP Eligibility Determinations at Application [CMCS Informational Bulletin]. Available at: https://www.medicaid.gov/media/176451 .

Appendix: State Options for States to Address Renewals Pending Six Months or More

1. Renewals Pending More than Six Months

Scenario Facts:

- Beneficiary eligibility period is March 1, 2023 through February 29, 2024.
- State initiates *ex parte* renewal in December 2023. Renewal is unable to be completed *ex parte* and state sends a renewal form.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until August 2024.

Option 1: Renew for the Remainder of Eligibility Period

- State uses information submitted by the beneficiary to determine eligibility. If eligible, the beneficiary is renewed through February 28, 2025.
- The beneficiary maintains the original eligibility period and receives 12 months of renewed coverage from March 1, 2024 through February 28, 2025.

Option 2: Re-Initiate Pending Renewal

- State re-initiates the renewal to determine the beneficiary's eligibility for a new 12-month eligibility period.
- *Ex parte* renewal is initiated in August 2024. If the beneficiary cannot be renewed *ex parte*, a renewal form is sent, and the beneficiary is provided a minimum of 30 days from the date of the renewal form to return the form and any requested information.
- Renewal form is returned and, if eligible, the beneficiary is renewed with a new eligibility period of October 1, 2024 through September 30, 2025.

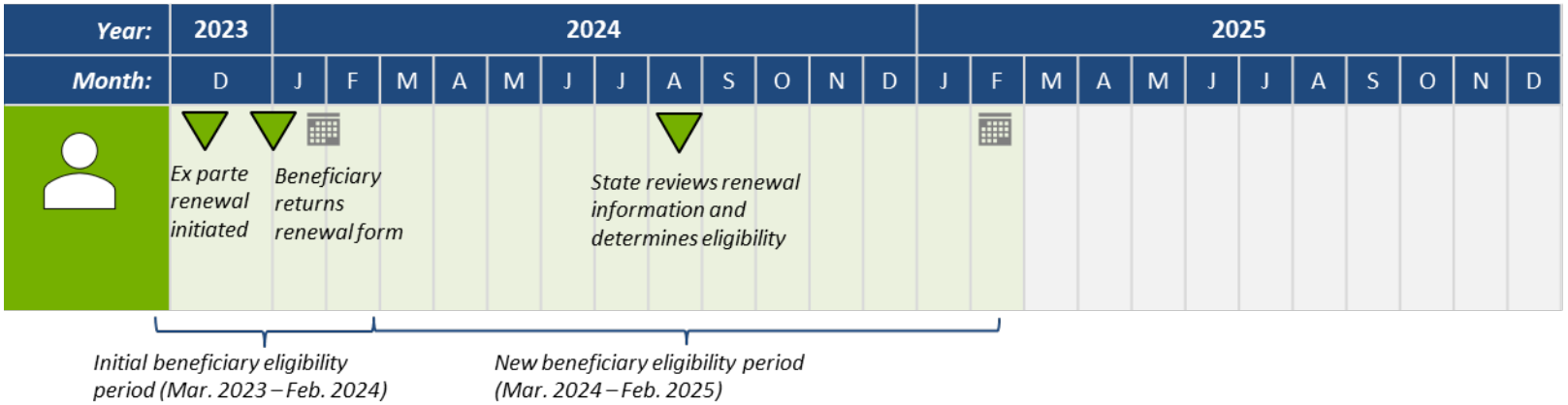
1. Renewals Pending More than Six Months (Cont'd)

Reminder of Scenario Facts:

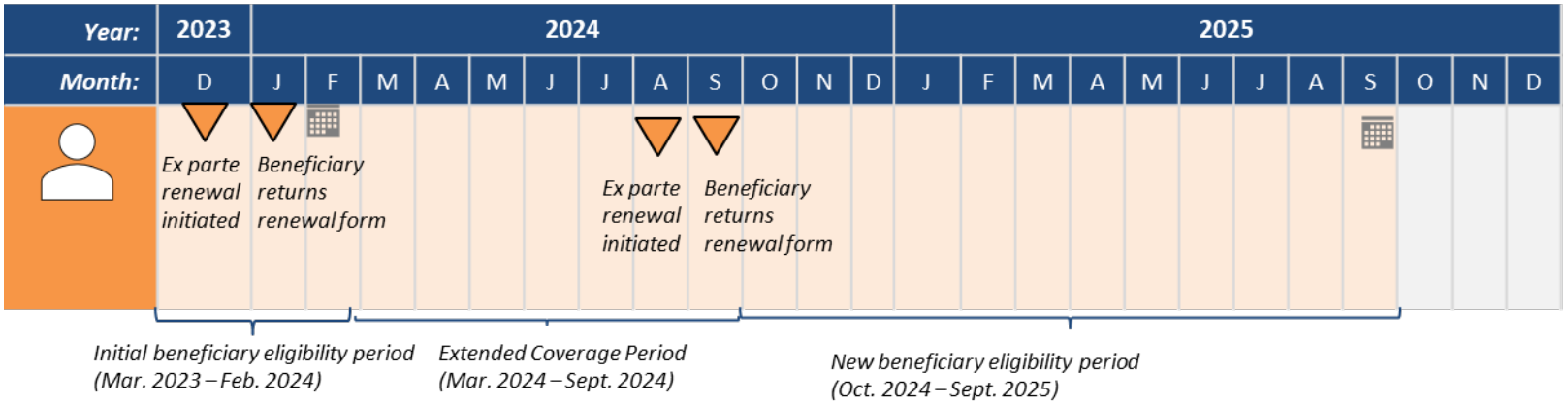
- Beneficiary eligibility period is March 1, 2023 through February 29, 2024.
- State initiates *ex parte* renewal in December 2023. Renewal is unable to be completed *ex parte* and state sends a renewal form to be returned by January 31, 2024.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until August 2024.

= *Beneficiary due for renewal*

Option 1: *Renew for the Remainder of Eligibility Period*



Option 2: *Re-Initiate Pending Renewal*



2. Unwinding-Related Renewal Pending for More than Six Months

Scenario Facts:

- Beneficiary eligibility period is August 1, 2023 through July 31, 2024.
- State initiates *ex parte* renewal in May 2024. Renewal is unable to be completed *ex parte* and the state sends a renewal form to be returned by June 30, 2024.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until January 2025.
- Note: This is a first time "unwinding-related renewal" and must be completed by December 2025.

Option 1: Renew for the Remainder of Eligibility Period

- State uses information submitted by the beneficiary to determine eligibility. If eligible, the beneficiary is renewed through July 31, 2025.
- The beneficiary maintains the original eligibility period and receives 12 months of renewed coverage from August 1, 2024 through July 31, 2025.

Option 2: Re-Initiate Pending Renewal

- State redistributes the renewal and gives the beneficiary a new renewal due date of March 2025 (prior to the December 2025 deadline and when volume of renewals is lower).
- *Ex parte* renewal is initiated in January 2025. If the beneficiary cannot be renewed *ex parte*, a renewal form is sent, and the beneficiary is provided a minimum of 30 days from the date of the renewal form to return the form and any requested information.
- Renewal form is returned and, if eligible, the beneficiary is renewed with a new eligibility period of April 1, 2025 through March 31, 2026.

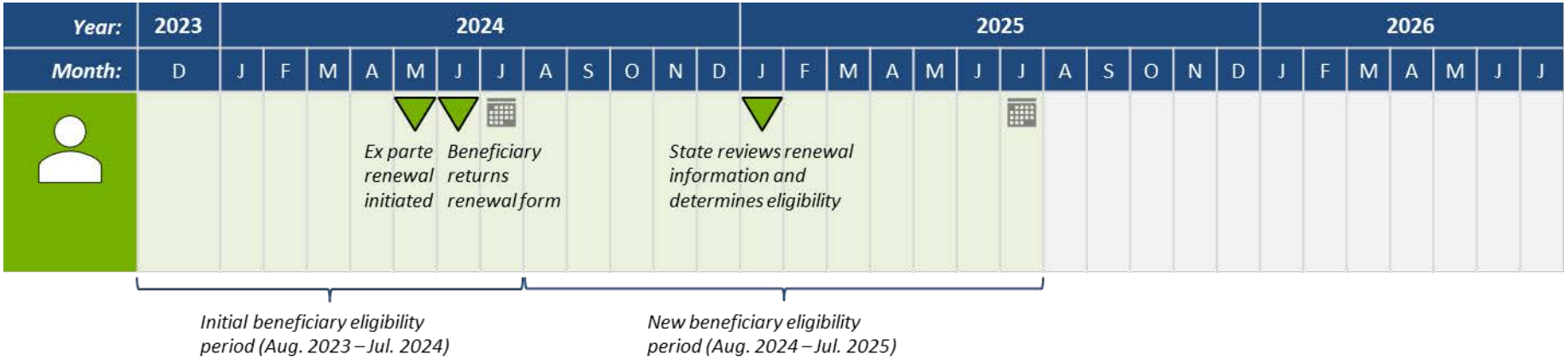
2. Unwinding-Related Renewal Pending for More than Six Months (Cont'd)

Reminder of Scenario Facts:

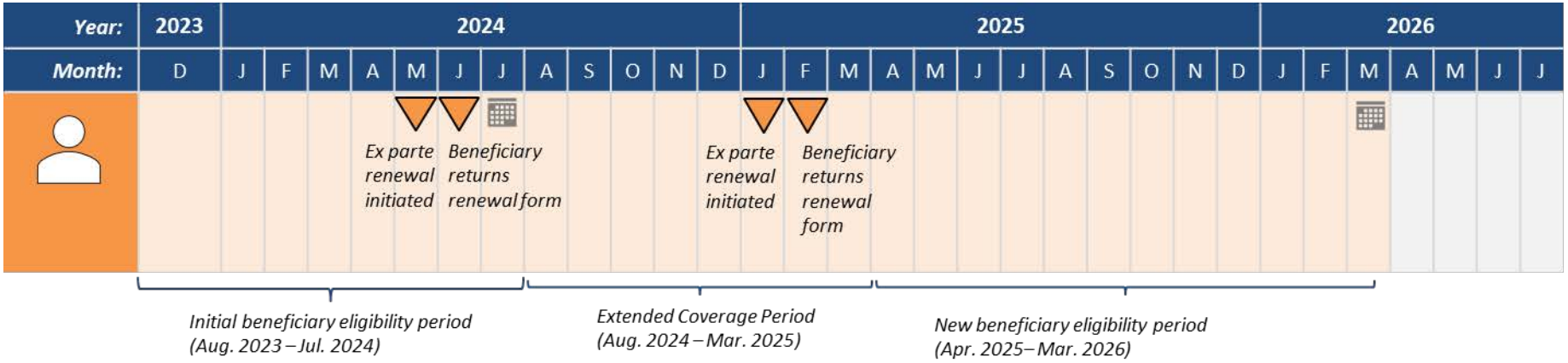
- Beneficiary eligibility period is August 1, 2023 through July 31, 2024.
- State initiates *ex parte* renewal in May 2024. Renewal is unable to be completed *ex parte* and the state sends a renewal form to be returned by June 30, 2024.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until January 2025.

= *Beneficiary due for renewal*

Option 1: *Renew for the Remainder of Eligibility Period*



Option 2: *Re-Initiate Pending Renewal*



3. Short Remainder of the Renewal Period

Scenario Facts:

- Beneficiary eligibility period is March 1, 2023 through February 29, 2024.
- State initiates *ex parte* renewal in December 2023. Renewal is unable to be completed *ex parte* and state sends a renewal form.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary **until December 2024.**

Option 1: Renew for the Remainder of Eligibility Period

- This option is not practicable when processing a pending renewal for beneficiaries scheduled for another renewal within a couple of months (renewal due date of February 2025).
- State pursues Option 2.

Option 2: Re-Initiate Pending Renewal

- State re-initiates the renewal in December 2024, beginning with an *ex parte* renewal.
- If the beneficiary cannot be renewed *ex parte*, a renewal form is sent, and the beneficiary is provided a minimum of 30 days from the date of the renewal form to return the form and any requested information.
- Renewal form is returned and, if eligible, the beneficiary is renewed with a new eligibility period of March 1, 2025 through February 29, 2026.
- The beneficiary retains an annual eligibility period from March to February of the following year.

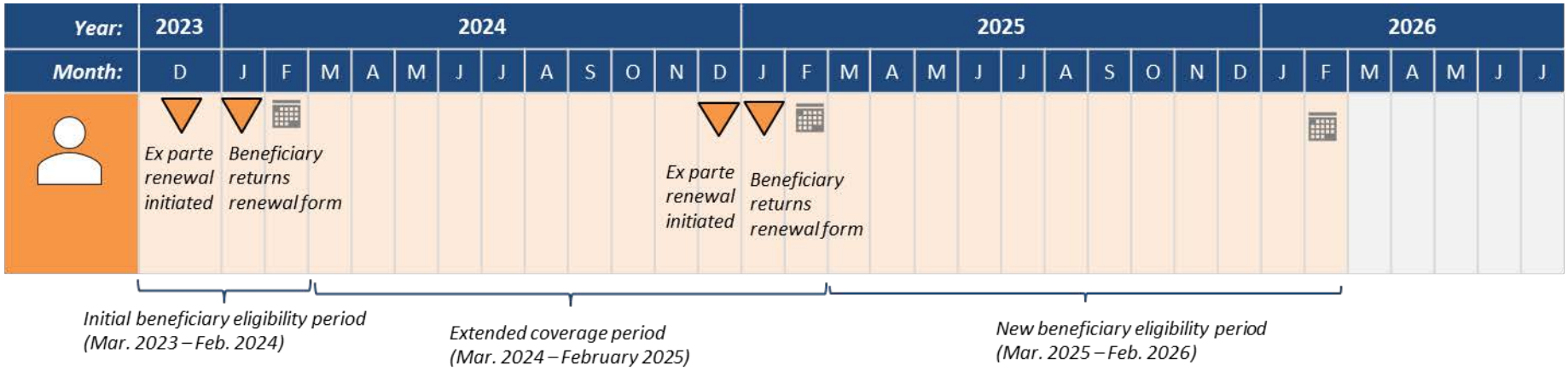
3. Short Remainder of Renewal Period (Cont'd)

Reminder of Scenario Facts:

- Beneficiary eligibility period is March 1, 2023 through February 29, 2024.
- State initiates *ex parte* renewal in December 2023. Renewal is unable to be completed *ex parte* and state sends a renewal form to be returned by January 31, 2024.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until at least September 2024.
- Option 1 is not practicable given how close it is to the next scheduled renewal, so State pursues Option 2.

Option 2: *Re-Initiate Pending Renewal*

= Beneficiary due for renewal



4. Individual Found Ineligible

Scenario Facts:

- Beneficiary eligibility period is March 1, 2023 through February 29, 2024.
- State initiates *ex parte* renewal in December 2023. Renewal is unable to be completed *ex parte* and state sends a renewal form.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until August 2024.
- State initially chooses Option 1 and reviews renewal form and individual is not eligible for coverage based on information provided.
- State may not disenroll the beneficiary from coverage based on information on the renewal form that was submitted more than six months ago.
- State must pursue Option 2 and reinitiate the pending renewal.

Option 2: Re-Initiate Pending Renewal

- State redistributes the renewal and gives the beneficiary a new renewal due date of November 1, 2024.
- Coverage is extended from March 2024 through November 2024.
- *Ex parte* renewal is initiated in September 2024. If the beneficiary cannot be renewed *ex parte*, a renewal form is sent, and the beneficiary is provided a minimum of 30 days from the date of the renewal form to return the form and any requested information.
- Renewal form is returned and, if eligible, the beneficiary is renewed with a new eligibility period of November 1, 2024 through October 31, 2025.

4. Individual Found Ineligible (Cont'd)

Reminder of Scenario Facts:

- Beneficiary eligibility period is March 1, 2023 through February 29, 2024.
- State initiates *ex parte* renewal in December 2023. Renewal is unable to be completed *ex parte* and state sends a renewal form.
- Beneficiary returns the renewal form on time.
- State is unable to review the renewal information submitted by the beneficiary until August 2024.
- State reviews renewal form and individual is not eligible for coverage based on information provided.
- State may not disenroll the beneficiary from coverage based on information on the renewal form that was submitted more than six months ago.
- State must pursue Option 2 and reinitiate the pending renewal.

= Beneficiary due for renewal

Option 2: *Re-Initiate Pending Renewal*