



# Temporary Strategies and Ongoing Practices to Support Timely Medicaid and CHIP Renewal Initiation and Processing

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# Objectives



This slide deck presents approaches that states can implement temporarily and on an ongoing basis to come into compliance with federal regulations on timely processing of Medicaid and Children's Health Insurance Program (CHIP) eligibility renewals, including:

- Options for processing renewals pending more than 6 months;
- Time-limited strategies for renewal processing; and
- Ongoing practices to support timely renewal processing.

CMS urges states to identify and implement appropriate strategies and best practices relevant to their renewal process.

These slides accompany the CMCS Informational Bulletin: [\*Guidelines for Achieving Compliance with Medicaid and CHIP Eligibility Renewal Timeliness Requirements Following the Medicaid and CHIP Unwinding Period\*](#) released on August 29, 2024

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# Context Setting

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# Timeline to Complete Unwinding-Related Renewals and Resume Timely Renewal Processing

States are in various stages of completing unwinding-related renewals and may have uneven renewal volumes due to challenges experienced during unwinding (e.g., workforce shortages, renewal compliance issues, system limitations, etc.).

To ensure sufficient time for states to complete unwinding-related renewals,<sup>1</sup> address renewal backlogs, and expedite a return to compliance with renewal timeliness requirements, CMS is providing authority for states 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.<sup>2</sup>

- **Unwinding-related renewals:** States must complete a first renewal for all beneficiaries enrolled in Medicaid as of the end of the continuous enrollment condition by no later than December 31, 2025.
- **Non-unwinding-related renewals:** States may delay or redistribute renewals through December 2025 to ensure a more even monthly distribution of redeterminations.
- **Beginning with renewals initiated in January 2026:** States must initiate and complete renewals timely, consistent with federal regulations and routine state processing timelines.

1. An “unwinding-related” renewal is a first renewal for individuals enrolled in Medicaid or CHIP as of the beginning of the state’s unwinding period.  
2. CMCS Informational Bulletin: [Guidelines for Achieving Compliance with Medicaid and CHIP Eligibility Renewal Timeliness Requirements Following the Medicaid and CHIP Unwinding Period.](#)

# Conditions for Additional Time to Complete Unwinding-Related Renewals and/or Redistribute Caseloads

## Required conditions:

1. States may not shorten a beneficiary's eligibility period.
2. If an individual has not had their first renewal since the end of the continuous enrollment condition, states cannot disenroll them based on a change in circumstance without first completing a full renewal.
3. States should continue to attempt to ensure that they have up-to-date contact information for beneficiaries.

*States are also strongly encouraged to notify beneficiaries that their renewal date has been changed.*

## State action:

- States are expected to document in their internal unwinding plans how they will restore eligibility and enrollment operations and strategies they will take to redistribute renewals. States must make their plans available to CMS upon request or, as needed, for audit purposes.
- States should inform CMS by emailing [CMSUnwindingSupport@cms.hhs.gov](mailto:CMSUnwindingSupport@cms.hhs.gov) if unwinding timelines change and of plans to temporarily pause renewal initiation to address pending renewals.

*States are strongly encouraged to post their plan on their website.*

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# Renewals Pending More than Six Months

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# Requirements for Processing Renewals Pending More than Six Months

States faced challenges keeping pace with the volume of renewals throughout their unwinding periods. As a result, some states may have unprocessed renewals that were initiated many months ago.

- **In general, states should not rely on information subject to change, such as income, that is more than six months old to make an accurate determination of eligibility for a new 12-month eligibility period.<sup>1</sup>**
- States 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 to ensure that coverage continues until the information received is evaluated and a final redetermination is made.<sup>2</sup>

1. 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>

2. 42 CFR § 435.930(b)

# Options for Processing Renewals Pending More than Six Months

States have two options to process renewals where the individual has returned requested documentation but are pending review and a redetermination of eligibility for more than six months.

Time-limited strategies <sup>1</sup>	Considerations
<p><u>Option 1: Renew for remainder of eligibility period:</u> If sufficient information to complete a determination of eligibility has been provided on the renewal form, states may use the information to renew eligibility until the end of the original 12-month eligibility period.</p>	<p>This option may not be used to disenroll an individual from Medicaid or CHIP. If the state processes the renewal and finds that the beneficiary is no longer eligible, the state should pursue option 2 and re-initiate the renewal.</p>
<p><u>Option 2: Re-initiate pending renewal:</u> States may re-initiate the renewal (beginning with the <i>ex parte</i> process) in an upcoming month and provide a new 12-month eligibility period for individuals determined eligible based on new information obtained through the renewal process.</p>	<p>States should re-distribute renewals to help ensure a more even volume across months and create a sustainable workload.</p> <p>For unwinding-related renewals, states must complete an eligibility determination by December 31, 2025.</p>

Regulations require states to complete the renewal process before the end of a beneficiary's eligibility period.<sup>2</sup> States may use these options through December 31, 2025, as outlined in CMCS Informational Bulletin: *Guidelines for Achieving Compliance with Medicaid and CHIP Eligibility Renewal Timeliness Requirements Following the Medicaid and CHIP Unwinding Period.*

1. States should contact CMS if they are seeking to implement an alternative approach, that balances program integrity and beneficiary protections.
2. 42 CFR §§ 435.916 and 457.343



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# Time-Limited Strategies for Renewal Processing

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# Time-Limited Renewal Distribution Strategies

States may use several redistribution approaches temporarily to complete unwinding-related renewals, achieve timely renewal processing, and create a more sustainable workload of renewals across months on an ongoing basis.

#	Time-limited strategies
1	<u>Pause renewal initiation</u> : To process pending overdue renewals, states may temporarily pause initiation of all or a subset of renewals for one to two months.
2	<u>Smooth monthly renewal distribution</u> : Certain months may have an especially high volume of renewals compared to others, resulting in more pending renewals during certain times of the year. States may redistribute renewals from the highest volume months across the rest of the year to create a more sustainable workload provided they do not shorten a beneficiary's eligibility period.
3	<u>Align household renewals</u> : States may align the renewal dates for all members of a household to take place in the same month, even if they are in different coverage groups to create administrative efficiencies and help smooth renewal distribution across months. However, states may not shorten any beneficiary's eligibility period.
4	<u>Use next scheduled renewal</u> : For individuals with a scheduled renewal approaching, states may wait to re-initiate the renewal until that time to gain administrative efficiencies. For example, states may use this approach for renewals pending more than six months (see slide 8).

Regulations require states to complete the renewal process before the end of a beneficiary's eligibility period.<sup>1</sup> States may use these time-limited strategies through December 31, 2025, to meet the requirements in CMCS Informational Bulletin: *Guidelines for Achieving Compliance with Medicaid and CHIP Eligibility Renewal Timeliness Requirements Following the Medicaid and CHIP Unwinding Period*.

1. 42 CFR §§ 435.916 and 457.343

# Examples of Targeted Time-limited Renewal Distribution Strategies for State Scenarios

States likely face unique challenges and circumstances that require targeted approaches in order to finish processing pending unwinding-related renewals and resume timely renewal processing.

Temporary strategies	State scenarios			
	Persistent backlogs <i>Large volume of pending renewals (less than 6 months old)</i>	Initiation delays <i>Challenges keeping pace with planned renewal initiations</i>	Uneven distribution <i>Higher renewal volume in some months compared to others</i>	Isolated backlogs <i>Pending renewals for certain populations or geographic areas</i>
1. Pause renewal initiation	✓	✓		✓
2. Smooth monthly renewal distribution	✓	✓	✓	✓
3. Align household renewals			✓	
4. Use next scheduled renewal	✓	✓		

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# Ongoing Practices to Support Timely Renewal Processing

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# Ongoing Practice 1: Improve *Ex Parte* Rates

States can implement approaches to help increase *ex parte* renewal rates to reduce administrative burden and improve renewal completion times.

## Approaches to improving *ex parte* rates

Adopt temporarily one or more section 1902(e)(14) waiver strategies:<sup>1</sup>

- 100% income to renew eligibility on an *ex parte* basis for MAGI and non-MAGI individuals with income at or below 100% FPL when no data are returned.
- \$0 income to renew eligibility on an *ex parte* basis for MAGI and non-MAGI individuals with \$0 income when no data are returned.
- Targeted SNAP/TANF to renew Medicaid eligibility based on financial findings from SNAP, TANF, or other means-tested programs.

Implement Express Lane Eligibility:<sup>2</sup> Rely on findings for income, household size, and other factors of eligibility from “Express Lane” agencies to efficiently enroll and renew eligible children in Medicaid and CHIP.

Adopt Facilitated Enrollment strategy:<sup>3</sup> Determine financial eligibility for a MAGI-based Medicaid eligibility group using gross household income determined by SNAP or other means-tested benefit programs. States must ensure that individuals enrolled through this strategy are certain to be income-eligible using MAGI-based methods.

Increase data sources: Review available data sources and expand the number of data sources used, automating where possible. Consider leveraging already verified data, including from human service program determinations (e.g., SNAP).

1. States may use unwinding-related waiver authority granted under section 1902(e)(14)(A) of the Social Security Act through June 30, 2025. For more information, see [CMCS Informational Bulletin: Extension of Temporary Unwinding-Related Flexibilities \(May 2024\)](#).
2. [Express Lane Eligibility for Medicaid and CHIP Coverage](#)
3. [Targeted Enrollment Strategies](#)

# Ongoing Practice 2: Improve Renewal Form Completeness

To reduce requests for information, states can provide additional support to individuals to help improve the accuracy and timeliness of renewal form submissions.

## Approaches to improving renewal form completeness

Expand partnerships to improve renewal submission timeliness and quality: Expand partnerships with Navigators, application assisters, providers, and other community-based organizations to support enrollees with the renewal process.

Expand in-person assistance: Ensure adequate in-person renewal assistance is available by expanding use of out-stationed workers/community-based application assisters, increasing the number and availability of locations for individuals to receive renewal assistance, and expanding capacity in local offices, etc.

Provide online renewal form support: Provide and enhance consumer assistance tools for the online renewal form such as FAQs, help pages, hover functions with explanatory text, online chat functionality, etc.

Provide call center assistance: Provide consumer assistance over the telephone and ensure adequate capacity to allow individuals to complete their renewals while speaking with a call center representative.

Ensure effective beneficiary communications: Provide effective communication to individuals with disabilities and ensure meaningful access to individuals with limited English proficiency. This may include providing program information in plain language, offering language services, providing renewal forms in an accessible format, etc.

# Ongoing Practice 3: Streamline Operations

States can help manage the workload by implementing approaches to reduce manual work for staff and streamline internal processes.

## Approaches to streamlining operations

Reduce paperwork: Encourage individuals to complete renewals online, while continuing to ensure that all modalities are available and accessible. States should also ensure sufficient call center capacity to allow individuals to quickly complete renewals over the telephone.

Invest in workforce improvements: Enhance casework and clerical staff training to improve paper processing (e.g., refresher training).

Accept Federally-Facilitated Marketplace (FFM) determinations: Consider accepting FFM assessments as determinations temporarily through concurrence request, or permanently through a state plan amendment, to create additional staff capacity for renewal processing.<sup>1</sup>

Simplify application processing: Adopt strategies to simplify or automate application processing so that staff resources can be redirected to focus on renewals. States should carefully assess staffing to manage both application and renewal timeliness.

<sup>1</sup> States interested in accepting FFM determinations can find more information at <https://www.medicaid.gov/federal-policy-guidance/downloads/ffm-d-trg-overview.pdf>.

# Ongoing Practice 4: Bolster Staff Capacity

States can increase capacity using targeted staffing approaches to address large numbers of pending renewals and/or delays that are specific to geographic regions, populations, etc.

## Approaches to bolstering staff capacity

Temporarily Expand Staff Capacity: Leverage any available staff, contractors<sup>1</sup>, vendors, or other temporary workers to support renewal initiation and processing, as appropriate. Consider temporarily shifting eligibility staff from other programs or other tasks to focus on renewals as needed. States should carefully assess staffing to manage both application and renewal timeliness.

Redistribute Work: Redistribute work across the state, county, or region to reduce the workload on the most backlogged offices.

Create Specialized Units: Create a specialized unit with workers tasked with completing renewals for specific populations or types of renewals that are more difficult to process, such as non-MAGI or long-term services and supports (LTSS).

<sup>1</sup> For more information about use of private contractors, see COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies (October 17, 2022) <https://www.medicaid.gov/federal-policy-guidance/downloads/covid-19-unwinding-faqs-oct-2022.pdf>