

Improving SNAP and Medicaid Access: Medicaid Renewals

Medicaid beneficiaries must renew their eligibility, usually every 12 months, to continue receiving health insurance. When renewals are not completed on time, beneficiaries experience a period of uninsurance and may delay getting needed care. Interruptions in eligibility also cause more work for agencies, as people usually reapply after losing coverage. Increasing the rate of successful and timely renewals ensures continuity of care for beneficiaries and decreases the burden of reapplications.

Federal regulations require a streamlined Medicaid renewal process. Agencies *must*:

- Review data sources before requesting forms or information from the beneficiaries. If an agency can determine that the beneficiary remains eligible, it must conduct an **ex parte renewal**, which means renewing coverage without requiring the beneficiary to submit any forms or documents.
- Conduct *ex parte* renewals for cases using modified adjusted gross income (MAGI) budgeting and for non-MAGI cases.
- Apply correct **reasonable compatibility policy**: the beneficiary's attestation (at renewal, the attestation is the current income information the agency has about the household) and income data available to the agency such as quarterly wages are reasonably compatible if both are under the applicable income threshold (regardless of how far apart they are).
- If a case can't be renewed through *ex parte* review, agencies **must send a renewal form** to the beneficiary. Agencies must:
 - › Use a renewal form **pre-populated** with information such as the beneficiary's name, household members, and most recently reported income. Beneficiaries should be asked to report any changes.
 - › Provide the beneficiary **30 days** to return the form and any required verification.
 - › Permit beneficiaries to submit their renewal **online, by telephone, by mail, or in person**.
 - › If the beneficiary's case is closed for failing to return the renewal form, but the beneficiary contacts the agency within 90 days after the case is closed, **reopen** the case without requiring a new application.

State Spotlight

Washington State's Automated *Ex Parte* Renewal System

Washington's Medicaid eligibility system automatically compares active MAGI cases to data sources, including the Federal Data Services Hub and state quarterly wage data, about 60 days before the end of the certification period. If the system can automatically verify that the beneficiary is still eligible for Medicaid, it notifies the beneficiary that the case will be renewed, provides the information the state used, and advises the beneficiary to contact the agency to report any inaccurate information. If the system is unable to automatically verify continued eligibility, it sends a pre-populated notice to the beneficiary and instructs them to provide any required documentation. Beneficiaries can upload the information through their online account, mail it in, or phone a call center for assistance. Washington renews over 70 percent of Medicaid beneficiaries through this automated process.

Jane Wishner *et al.*, "Medicaid Real-Time Eligibility Determinations and Automated Renewals," Urban Institute, August 2018.

Additional strategies to increase the success rate of Medicaid renewals:

- Use **all available databases** to verify income, for example, state unemployment insurance information, quarterly wage data, Equifax Work Number, IRS data, and income that has been verified for other programs like SNAP.
- **Automate** the *ex parte* process through the eligibility system so caseworkers don't have to manually review cases at renewal.
- If sending a pre-populated renewal form to a beneficiary, ensure the form is written **in plain language and in the beneficiary's preferred language**, and contains clear instructions on the steps the beneficiary must take.
- Require the beneficiary to **only address eligibility factors likely to change**. For example, don't ask beneficiaries to re-attest to or re-verify citizenship status or immigration status.
- If a beneficiary is also receiving **SNAP or cash benefits**, conduct an *ex parte* Medicaid renewal whenever completing an application, change report, or renewal for those programs. Those programs often require more frequent agency contact than Medicaid, and by renewing and extending Medicaid eligibility each time the case is touched, a Medicaid renewal may never come due.
- Use **targeted enrollment strategies** (including Express Lane Eligibility and the state plan option) that allow states to automatically renew Medicaid eligibility based on beneficiaries' enrollment in other programs such as SNAP.
- Use the **National Change of Address database** to keep case addresses current so renewal forms go to the correct address.
- Notify beneficiaries through **e-notices, texts, or robocalls** that their Medicaid cases are due for renewal.
- Program the eligibility system to **leave a case open** if the renewal form has been recorded as received but not yet processed. This prevents inaccurate auto-closures when beneficiaries return renewal forms on time, but eligibility workers are behind in processing.

**Look Out!**

- The *ex parte* renewal process is usually programmed into the eligibility system. Therefore, in addition to reviewing renewal policy, evaluate design documents, which include the rules and logic on how the eligibility system processes *ex parte* renewals.

Key Data Points to Consider

- Number (and percent) of Medicaid renewals completed *ex parte* each month.
- Reasons renewals can't be completed through the automated *ex parte* process (e.g., unable to verify income).
- Number (and percent) of cases closed each month because the renewal form was not submitted.
 - › Of these, number of beneficiaries who reapply for Medicaid within a short period of time (e.g., within three months).
- Number (and percent) of cases closed each month where renewal forms were submitted but verification documents were not returned.
 - › Of these, number of beneficiaries who reapply for Medicaid within a short period of time (e.g., within three months).

For More Information:

- Code of Federal Regulations, [42 CFR §435.916](#)
- [Opportunities for States to Coordinate Medicaid and SNAP Renewals](#), CBPP, February 5, 2016.
- [Reasonable Compatibility Policy Presents an Opportunity to Streamline Medicaid Determinations](#), CBPP, August 16, 2016.
- [Dear State Medicaid Director Letter](#), CMS, August 31, 2015 (expanding Targeted Enrollment strategies to include a new state plan option).
- [Medicaid and CHIP Eligibility, Enrollment, Renewal and Cost Sharing Policies as of January 2018: Findings from a 50-State Survey \(Table 13\)](#), Kaiser Family Foundation, March 21, 2018.

Advancing Strategies to Align Programs (ASAP)

Advancing Strategies to Align Programs (ASAP) is a joint CLASP-CBPP project designed to assist states with improvements to the administration of SNAP and Medicaid through policy and operational changes at the state and local level. As part of a toolkit highlighting lessons from the project, we're examining key points in the eligibility and enrollment processes and promising practices to improve program access and efficiency.

To view other briefs in this toolkit, visit www.cbpp.org/asap or www.clasp.org/asap.