



Coordinating Human Services Programs with Health Reform Implementation

A Toolkit for
State Agencies

The Center on Budget and Policy Priorities, located in Washington, D.C., is a non-profit research and policy institute that conducts research and analysis of government policies and the programs and public policy issues that affect low and middle-income households. The Center is supported by foundations and individual contributors.

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Renewals

Background

All individuals and families must periodically renew their eligibility for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and other benefit programs. This step ensures that households remain eligible and that they are receiving the correct amount of benefits. While the renewal process is important, it can result in eligible families losing their benefits because they are unable to successfully complete it. Oftentimes, administrative rules and procedures that families must meet to retain benefits prove overly complex and burdensome. As a result, some families lose eligibility only to apply again within a few weeks. Not only is this type of “churning” disruptive for families, it is also an enormous waste of caseworker and agency time.

Fortunately, new rules adopted to implement the health reform law will streamline the Medicaid renewal process, making it much easier for families to keep their benefits starting in 2014. States will renew eligibility by first evaluating electronically available information. If that information is sufficient to determine Medicaid eligibility, the agency will renew eligibility and send the appropriate notice informing the family of the renewal and explaining the basis for that renewal. The individual will not need to take any action unless there are inaccuracies in the information provided on the renewal form. If the agency is unable to determine ongoing eligibility based on the data available, it must give families the opportunity to renew eligibility using multiple modes — in person, online, by telephone, or by mail. The agency must first send forms that are pre-populated with available information and provide the individual with reasonable time to correct any inaccuracies and provide any additional required information. The agency must then verify the information the individual provides, unless it has opted to use self-attestation to establish the relevant eligibility factor.

For many poor families, simplifying Medicaid renewals will not be enough, because they must also renew their eligibility for other programs. Much can be done to coordinate the process of renewing benefits across programs, which can vary widely. For example, in SNAP, states must use fixed certification periods (no longer than 12 months for most participants) and must obtain a new, signed form from the family at the end of the certification period. In addition, households need to report on changes on income, household composition, and a few other matters at 6 months. Most states’ Temporary Assistance for Needy Families (TANF) and child care subsidy programs also use fixed eligibility periods, though they are not required to do so, and the time periods and paper requirements may be different. In health coverage programs (except for Medicaid beneficiaries who qualify based on disability or who are 65 years and older), federal rules require redetermination of eligibility no more than once every 12 months, and families are considered eligible until they are shown to be ineligible because of changes to their income or circumstances or because they do not complete the renewal process. (See Appendix 4.1 for a comparison of federal Medicaid and SNAP renewal requirements). Consequently, coordinating eligibility requires that states find a way to incorporate these varying requirements into a coherent process that reduces the burden on both families and caseworkers.

Reporting Changes

People enrolled in Medicaid will still be required to report changes that affect their eligibility. States will need to establish processes to facilitate the reporting of such changes. To the extent that states have integrated these processes across multiple benefit programs (i.e., a change reported for SNAP can also trigger a change in Medicaid or vice versa) they will need to address that in the new system.

Fortunately, states have significant flexibility — particularly in renewal of health care coverage — to coordinate and streamline renewals. For example, when updated information is collected for SNAP, states can extend

eligibility for Medicaid and the Children’s Health Insurance Program (CHIP) without requiring a separate renewal process – a strategy that is sometimes called “rolling renewal.” Under this approach, when a family recertifies its eligibility for SNAP (or submits the required reports within the certification period) the state can use the information gathered as part of the SNAP renewal to re-determine eligibility for Medicaid and bump forward the family’s Medicaid or CHIP eligibility period for another 12 months without requiring the family to submit additional paperwork. This strategy also can be used if eligibility periods fall out of alignment: they can be quickly realigned by pushing the Medicaid eligibility forward.

States can pursue additional strategies to streamline renewals. This module provides a framework for a guided process that agencies can use to review their current process for conducting renewals, and design a new process that both meets the Affordable Care Act (ACA) requirements and makes it easier for families to renew their eligibility for multiple programs.

Goals

This module will help states:

- Become familiar with the new renewal requirements under the ACA.
- Conduct a review of the state’s current practices for renewing Medicaid eligibility and identify opportunities for synchronizing renewals.
- Convene a group of experts to design a renewal process that will comply with the new ACA requirements.

Tools and Resources Included in this Module

1. **Presentation:** Review new ACA requirements for renewing eligibility in Medicaid.
2. **Exercise 4.1:** Review current state policies and processes for renewing eligibility in programs.
3. **Exercise 4.2:** Identify changes that need to be made to Medicaid renewals in preparation for 2014.
4. **Wrap-Up and Next Steps:** Identify guiding principles for the renewals process that need to be taken into account during implementation planning.

How to Complete This Module

As a first step, establish a renewal workgroup. Involving a diverse group of experts and stakeholders will ensure that your group discussions are considering all aspects of the work. You may also want to involve an outside facilitator if resources allow. Consider involving the following representatives:

- Medicaid, CHIP, and SNAP policy experts (you will want to include experts from other program areas if your state plans to coordinate renewals across more programs)
- Representatives from your state’s exchange organization
- Operational managers and caseworkers who oversee renewals now
- Data analysts who can help assemble data on renewals



- Quality assurance representatives
- Staff or labor union representatives
- Individuals with IT expertise if you are considering the use of automation tools to streamline renewals

At the end of this section, we suggest additional background materials you may want to distribute to the group.

Each of the exercises involves holding one or more workgroup meetings. We estimate you will need to schedule approximately eight hours of workgroup meetings to complete this section. You may choose to schedule them in a series of shorter meetings or as one all-day session, depending on your convenience.

Questions have been provided in each exercise to guide your conversations. As you work through discussion questions, make sure to take note of key decisions, unresolved issues that need further attention, and action steps that need to be taken to move forward with planning and implementation.

In addition, in the instructions for some of the exercises, we include tables you can use to gather background information that will help inform your workgroup discussions. Allow yourself and your team an appropriate amount of lead time to gather this data.

As always, you should feel free to modify and add to the materials and exercises provided in this module to suit your state's specific needs and circumstances.



Presentation

Review new ACA requirements for renewing Medicaid eligibility

We recommend starting with a presentation designed to familiarize your workgroup members on the basic requirements that states will have to meet. This can serve as a jumping off point for a more detailed discussion on how to design a renewal process for Medicaid in 2014. Template PowerPoint slides (with notes) for this presentation are provided in Appendix 4.2.

You may choose to modify the presentation to suit the level of familiarity that your workgroup members have about the ACA's renewal requirements, but at a minimum, we recommend covering the following points:

- Starting in 2014 Medicaid renewals cannot be required more often than once every 12 months for individuals who qualify for Medicaid based on Modified Adjusted Gross Income (MAGI) methodologies.
- Beneficiaries must report changes that may affect eligibility and states are required to act on changes that may affect eligibility.
- If the state determines that the individual is no longer eligible for Medicaid, the agency must assess if he/she is eligible for other insurance affordability programs (CHIP, premium credits, etc.) and electronically transmit all relevant information to the other program as applicable.
- Every 12 months, states must conduct back-end verification using data available to the agency. The state will then notify beneficiaries if they have been found eligible or ineligible for Medicaid, along with the basis of their determination.
- The beneficiary only needs to notify the agency if any information is inaccurate. Otherwise, the client is not required to take action (no signature or return of the notice is required if the information is accurate) to have his/her eligibility renewed.
- If the state does not have sufficient information to determine ongoing eligibility using electronic data sources, the state must send beneficiaries pre-populated forms to complete.
- States must allow clients to renew using multiple modes – in person, online, by telephone, and by mail.



Exercise 4.1

Review current state policies and processes for renewing eligibility in programs

The goal of this exercise is to assist your workgroup in reviewing your state’s current policies and processes for conducting renewals in Medicaid. It is intended to provide a starting point for identifying changes your state will need to make to meet the new ACA requirements and decide about ACA options governing renewals, and to identify opportunities for coordinating the renewal process across multiple programs. Completing Exercise 4.1 should provide you with a good sense of what happens at renewal, how well the process works, and areas that need improvement.

Gather Background Information

The first step is to gather administrative data you may already have on Medicaid renewals. Some of the more common workload retention and churn measures related to renewals are included in the table below. Additionally, in order to determine the efficiencies that could be gained by aligning renewals between Medicaid, CHIP, SNAP, and other programs you will need data on program overlap, which this table also helps you address by suggesting that you compare these elements across programs. You may have additional data you would like to include, but Table 1 provides you with a starting point. We recommend assigning this as background research to one or two workgroup members representing each program area. Even if you are able to complete only a portion of the table, the findings will be beneficial to the process.

Table 1. Data on Renewals

	Medicaid for Children and Families	All Other Medicaid	CHIP	SNAP	Other
Number of renewals processed per month					
Average length of time it takes to process a renewal					
Proportion of renewals approved per month					
Number/percent denied per month					
Proportion of denials that were based on a finding of ineligibility					
Proportion of denials that were based on procedural reasons (e.g., failure to submit documentation)					
Proportion of cases denied that reapply within 30/60/90 days					

After gathering the information in Table 1, the next step is for key workgroup members to review and document the state’s current processes for conducting renewals. Below are some questions that may be helpful in understanding your processes. Workgroup members should be given adequate time to consider these questions and should come prepared to share their findings during the first workgroup session.

4.1 Questions on Current Process for Renewing Medicaid

Key Questions 1: *How are Medicaid renewals conducted now? Are renewals centralized? Or are they done by local offices?*

Notes:

Key Questions 2: *What modes (e.g., in-person, by mail, by phone, etc.) are available for clients to complete the renewal process? What percentage of beneficiaries renews eligibility using each available mode?*

Notes:

Key Questions 3: *What eligibility factors must be re-verified at renewal? Are all of these factors likely to change over time?*

Notes:

Key Questions 4: *What existing data sources does the state use to verify information at renewal? When (if at all) does the state renew eligibility without asking the consumer to provide additional information or return forms?*

Notes:

Key Questions 5: *What is the process for sending out renewal packets and notices? When are these packets and notices sent to beneficiaries? How much time do beneficiaries have to respond?*

Notes:

Key Questions 6: *What steps does the agency take to encourage consumers to respond to renewal notices? Does the agency call households and encourage individuals to provide information by phone?*

Notes:

Key Questions 7: *What happens when clients do not complete the renewal process by the deadline? Does the agency follow up with people who do not complete the renewal process?*

Notes:

Key Questions 8: *Is there a grace period for reinstating eligibility without requiring a new application? Can a caseworker reopen a case that was closed because of failure to complete the renewal, or must the caseworker start a new application?*

Notes:

Key Questions 9: *What renewal-related information does the state monitor? Is there information about the proportion of cases that reopen within several months of closure? What does the information say about how well the renewal process is working?*

Notes:

Key Questions 10: *Considering the data collected in Table 1, are there programs obtaining significantly better results in maintaining eligible persons enrolled at renewal? If so, what could be contributing to the difference in results?*

Notes:

Key Questions 11: *What are the major contributing factors for procedural closures — that is, cases that are closed because of failure to complete the renewal process rather than a finding of ineligibility? Have any programs had success in addressing these issues?*

Notes:

Key Questions 12: *How coordinated is the Medicaid renewal process with renewals for other benefit programs for clients receiving multiple benefits?*

Notes:

Key Questions 13: *Does the state synchronize Medicaid renewals with renewals for other human services programs? Does the state use information from SNAP to push forward a Medicaid renewal?*

Notes:

Key Questions 14: *Does the state use Express Lane Eligibility for CHIP or other procedures to use data from one program to make determinations for another at renewal?*

Notes:

Exercise 4.2

Identify changes that need to be made to Medicaid renewals in preparation for 2014

After completing the tasks in Exercise 4.1, the next step is to devote about two hours of the workgroup’s time to consider the information that has been gathered and have a discussion about your state’s current verification processes – how well do current processes work and how can they be improved? Make sure that all your workgroup members have copies of the tables that were completed in Exercise 4.1, along with all the other supporting materials, such as copies of renewal policies and procedures, renewal forms, and notices.

To help guide your discussions, we have provided a series of questions below. These questions are intended to help you assess your renewal processes and identify gaps that you might want to consider addressing. Some of these questions are also designed to help you think through how well your current process fits the new Medicaid rules for how renewals should be conducted in 2014.

4.2 Discussion Questions on Improving Renewals

Key Questions 15: *What aspects of current renewal processes are working well? Where is there room for improvement?*

Key Discussion Points:

Key Questions 16: *What ACA requirements for renewal are already being met? How well does the state perform these requirements?*

Key Discussion Points:

Key Questions 17: *What ACA requirements will be new for the state?*

Key Discussion Points:

Key Questions 18: *What does the state need to do to implement data-driven renewals as required by the ACA?*

Key Discussion Points:

Key Questions 19: *What opportunities exist for coordinating the Medicaid renewal process with renewals for other benefit programs for clients receiving multiple benefits?*
Can human services programs use Medicaid findings to renew eligibility for their programs and services?
Can human services programs implement ACA renewal procedures (e.g., reliance on data-driven renewals, use of pre-populated forms, etc.)?

Key Discussion Points:

Wrap-Up and Next Steps

Identify guiding principles for the renewals process that need to be taken into account during implementation planning

The goal of this exercise is to consider the information and discussion from the previous exercises, and begin thinking about an overall approach to conducting renewals in 2014. For this exercise, you will want to engage policy, operations, and IT experts who are familiar your current Medicaid system. It would also be wise to invite policy experts from human service programs — especially SNAP — if you intend to create a process that is aligned across programs. Below are some questions to help guide your discussion.

4.3 Discussion Questions on Developing an Overall Approach to Renewals

Key Questions 20: *What aspects of the current renewal process work best and should be retained? What can be improved?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 21: *What changes will the state need to make to its renewal process to comply with ACA requirements? What changes would be needed to implement the ACA renewal options that the state is seriously considering?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 22: *What other new processes can be put in place to make renewals easier for consumers?*

Key Decisions:

Decisions Pending:

Next Steps:

Key Questions 23: *Will the state try to synchronize renewals across Medicaid and other programs? What strategies can be used to do that? How will the state modify its renewal rules and processes for human services programs in view of the ACA?*

Key Decisions:

Decisions Pending:

Next Steps:

Resources

Regulations and Guidance

Medicaid Eligibility Final Rule 42 CFR Parts 431, 433, 435, and 457 “Medicaid Program: Eligibility Changes Under the Affordable Care Act of 2010,” U.S. Department of Health and Human Services, March 16, 2012, <http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/html/2012-6560.htm>.

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