



MEDICAL ASSISTANCE RENEWAL WORKBOOK

Effective July 2025 for September 2025 Renewals forward

Abstract

This document is intended to serve as a guide for workers to process Medical Assistance Renewals.



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Change Highlights

Change Highlights are linked to the sections in which the information is explained.

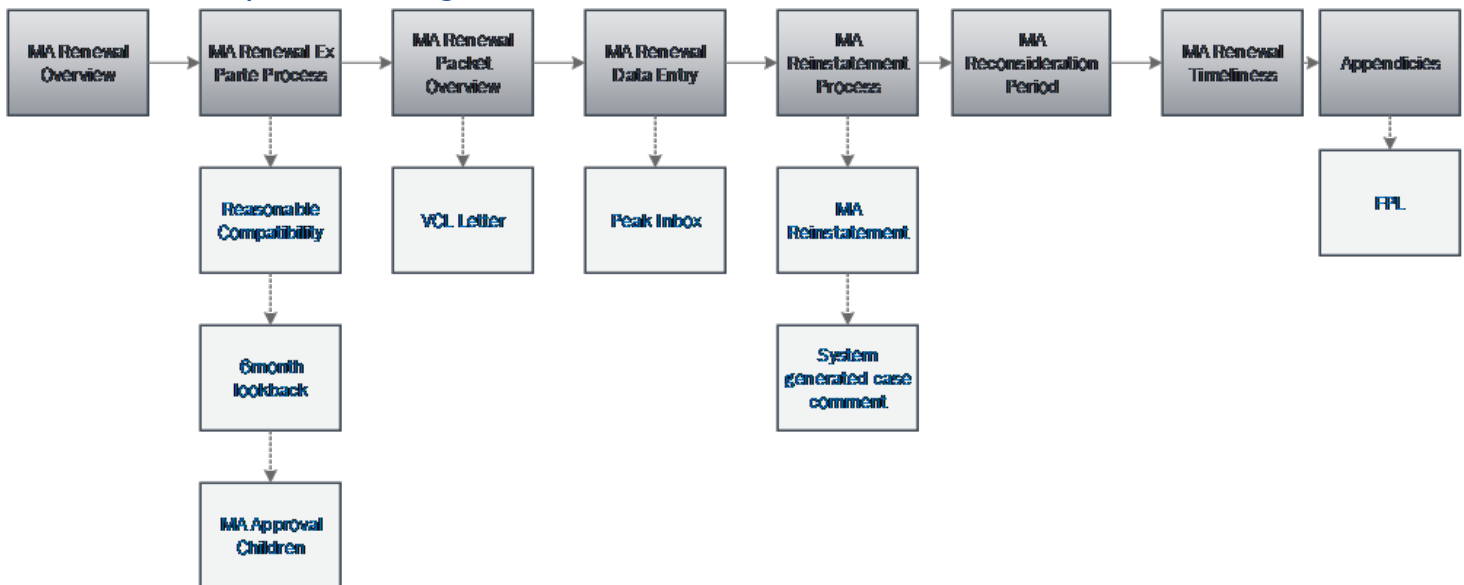
As of July 2025:

- [Removal of the Reasonable Compatibility \(RC\) Check at Ex Parte](#)
- [MA Ex Parte Screen update Unverified Earned Income](#)
- [New 6-month lookback period for Ex Parte income calculation](#)
- [MA approval for Children under 19 during the Ex Parte Process](#)
- [Updated MA Renewal Verification Checklist Cover Letter](#)
- [‘PEAK/ICR Inbox Search’ indicates if documents were received](#)
- [New MA Reinstatement Process/New MA Reinstatement Speed Letter](#)
- [New system generated case comment](#)

As of September 2025:

- [Verification of income for members under 100% FPL changes from every 120 months to every 36 months](#)

Where to find updated changes in the workbook:



Renewal Workbook Introduction

Purpose

The Renewal Workbook will guide Eligibility Workers to process Medical Assistance (MA) Renewals when new federal/state guidance is implemented into the MA Renewal Process. The information provided is limited to the changes that have impacted the MA Renewal Process.

Audience

The Renewal Workbook is intended for Eligibility Workers to have the information they need to process MA Renewals, understand MA Renewal-related policy, and utilize MA Renewal system functionality regarding changes to the MA Renewal Process. For further information regarding the MA Renewal Process, Eligibility



Workers can go to the Staff Development Division (SDD) [CO Learn](#) for Web-Based Training (WBT), [Training Colorado Document Library](#) for Process Manuals and Desk Aids, and <https://hcpf.colorado.gov/eligibility-renewals> for further information.

Renewal Workbook Layout

The organization of this workbook follows the Renewal Processes as a whole:

- MA Renewal Overview
- MA Renewal Ex Parte Process
- MA Renewal Packet Overview
- MA Renewal Data Entry
- MA Reinstatement Process
- MA Renewal Reconsideration Period
- MA Renewal Timeliness
- Appendices

Throughout the workbook, you will see the following:



Where you are will be highlighted by having no background color:



For example, if you were in the MA Reinstatement Process:



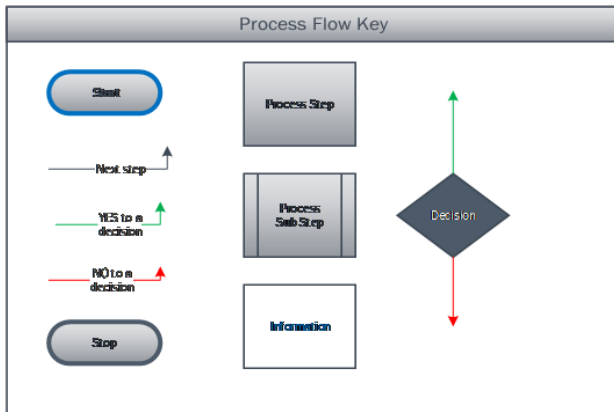
It is also helpful to open the navigation headings (ctrl +F, click headings) for quicker reference.

Following the call-out boxes above, you will have a small paragraph overview of what is included in the workbook section.

Workbook Rundown: The Workbook Rundown will explain what is included in the workbook section



Key for Process Flows



MA Renewal Overview



Workbook Rundown: The MA Renewal Overview section includes

- *MA Renewal Regulations*
- *How Combo Cases are handled for MA Renewals*
- *High-level Renewal process flow*

**The MA Renewal Overview is a brief synopsis of the Renewal process, regulations, and handling of combo cases.*

MA Renewal Process

The MA Renewal Process begins 90 days before the Renewal Due Month ends and ends once a final decision is made. If a member fails to complete the Renewal process, the member has a 90-day reconsideration period. The member's eligibility will be reassessed if they submit the necessary information within 90 days after their eligibility has been terminated.

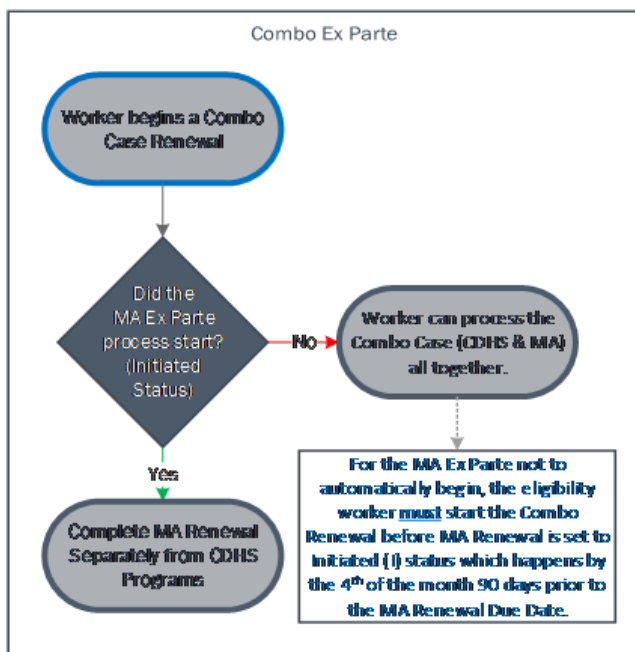
MA Renewal Regulations

Federal regulation requires state Medical Assistance programs to renew eligibility once every 12 months (42 C.F.R. §435.916(a)(1)) (CCR 8.100.3.P). A redetermination or Renewal period is no less than one year of coverage and starts from the initial application approval month.

Combo Case for MA Renewals

Combo Cases refer to cases with multiple High-Level Program groups (HLPG) on the same case, such as an MA portion and a Colorado Department of Human Services (CDHS) Program portion. To determine if the MA and CDHS portions of the case can be worked in unison, the worker must determine if the MA Ex Parte Process has started. The worker can tell if the MA Ex Parte Process has started by checking that the RRR Status has been set to Initiated (I).





If the case has not been set to *Initiated (I)*, the worker can work the Combo case in unison by following the CDHS Combo Renewal Ex Parte Process.

If the MA Ex Parte Process has started (MA RRR Status set to Initiated), the worker must complete the MA Renewal portion separately by following the MA Renewal Process.

CMS has clarified that MA may use information available (such as SNAP and Cash Assistance data) to verify income after the MA Renewal Packet is sent and is within the member's scheduled MA Renewal Due Month. The signature on the CDHS renewal packet may be accepted as a signature for the MA Renewal. If the Eligibility Site receives a CDHS renewal form before the MA Renewal Packet, the Eligibility Worker may use the CDHS Renewal to determine MA Eligibility through Manual Ex Parte, contingent upon the receipt of all required information and verification necessary to determine MA Eligibility.

**For further information regarding Manual Ex Parte, please refer to Operational Memo Number: HCPF OM 25-018*

MA Renewal Ex Parte Process



Workbook Rundown: The MA Ex Parte Process section includes

- *MA Ex Parte*
- *'Unverified Earned Income' field*
- *High-Level MA Ex Parte Process Flow*
- *What role the Eligibility Worker plays during Ex Parte*
- *Eligibility for Children (under age 19)*

The MA Renewal Ex Parte Process begins when the RRR Status is updated to Initiated (I). The MA Renewal Ex Parte Process ends when either an Approval Notice of Action (NOA) or an MA Renewal Packet is sent to the Members and the RRR Status is updated to (G).

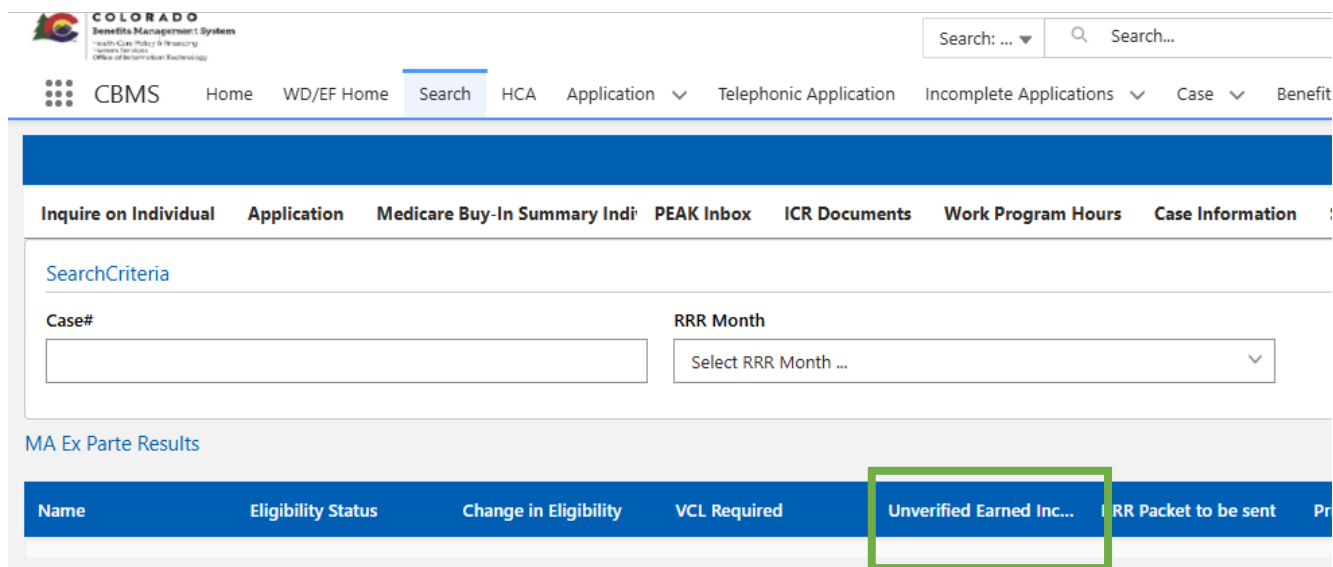
MA Ex Parte

MA Ex Parte is the process of renewing a member's eligibility for MA and is based on the available verified information within CBMS, utilizing data from the member's case file. CBMS looks back 6 months for the latest verified income during the MA Ex Parte. If CBMS cannot find any verified income during the lookback period, a member may be unable to Ex Parte, and an MA Renewal Packet will be generated.

**Previously, during Ex Parte, a Reasonable Compatibility (RC) check was performed. As of July 2025, an RC check will no longer be performed during Ex Parte.*

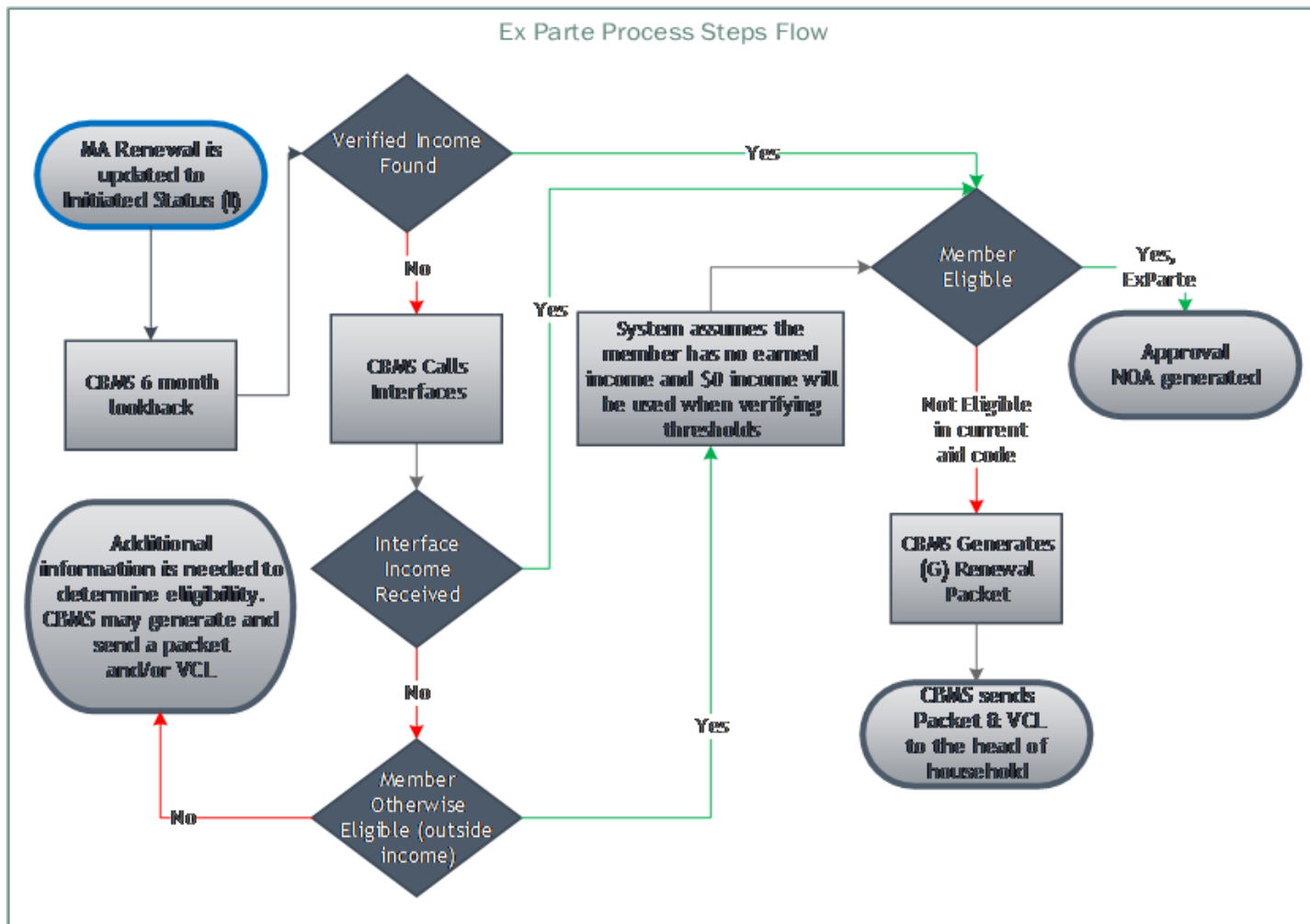
Unverified Earned Income

The MA Ex Parte page will replace the existing 'Reasonable Compatibility' field to 'Unverified Earned Income'. This field will assist Eligibility Workers in reviewing the results from the case's Ex Parte run.



The screenshot displays the Colorado Benefits Management System (CBMS) interface. At the top, there is a navigation bar with the Colorado logo and the text "COLORADO Benefits Management System". Below this, a search bar is visible. The main navigation menu includes links for Home, WD/EF Home, Search, HCA, Application, Telephonic Application, Incomplete Applications, Case, and Benefit. A secondary menu bar contains links for Inquire on Individual, Application, Medicare Buy-In Summary Indi, PEAK Inbox, ICR Documents, Work Program Hours, and Case Information. The "SearchCriteria" section includes a "Case#" input field and an "RRR Month" dropdown menu. Below this, the "MA Ex Parte Results" section features a table with the following columns: Name, Eligibility Status, Change in Eligibility, VCL Required, Unverified Earned Inc..., RR Packet to be sent, and Pr. The "Unverified Earned Inc..." column is highlighted with a green box.

MA Renewal Ex Parte Process Flow



Process Flow Steps

1. MA Renewal (RRR Status) is updated to Initiated (I) status
2. CBMS completes a 6-month lookback for verified income
3. CBMS will determine if verified income is available within a 6-month lookback
 - a. If verified income is found, CBMS will utilize the verified income to determine if the members meet income thresholds for their aid codes
 - i. If a member meets the income thresholds for their aid codes or can be approved in a higher aid code, the member will be able to Ex Parte, and an Approval Notice of Action (NOA) will be generated and sent
 - ii. If a member does not meet the income threshold for their aid code or is now eligible for a lower benefit category, CBMS will generate an MA Renewal Packet, and/or Verification Checklist, and the RRR Status will be set to Generated (G)
 - b. If verified income is not found, CBMS will initiate interface calls to verify income
 - i. If interface income is received, CBMS will utilize the verified income to determine if the members meet income thresholds for their aid code
 1. If a member meets the income thresholds for their aid codes or can be approved in a higher aid code, the member will be able to Ex Parte, and a NOA will be generated and sent

2. If a member does not meet the income threshold for their aid code, but can be approved in a lower category, CBMS will generate an MA Renewal Packet, and the RRR Status will be set to Generated (G)
3. If a member does not meet the income threshold for their aid code and cannot be approved in a lower category, CBMS will generate an MA Renewal Packet, and the RRR Status will be set to Generated (G)
- ii. If interface income is not received, CBMS will generate an MA Renewal Packet, and the RRR Status will be set to Generated (G)

*** Multiple Records of Income**

If multiple verified income records are found and have the same date verified, CBMS will utilize all verified records found for an income calculation.

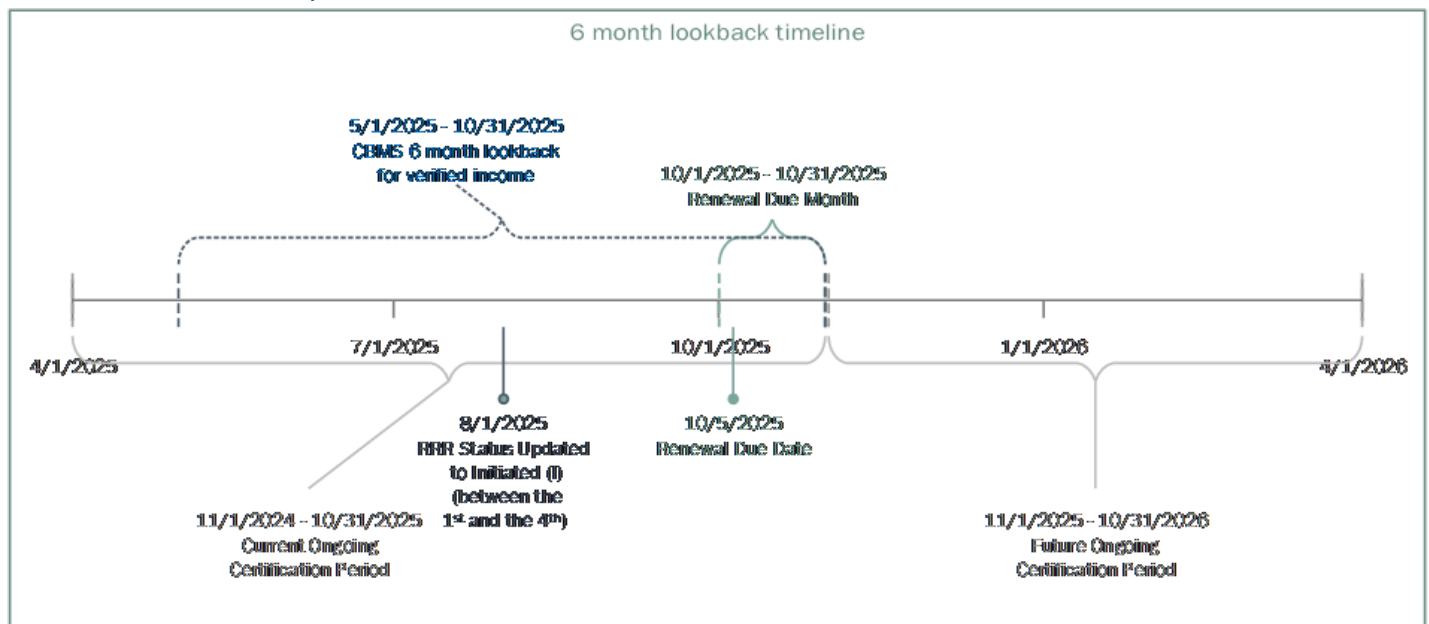
Interfaces that return multiple records will have the same date verified in CBMS.

If multiple verified income records are found and they do not have the same date verified, even if they are verified in the same month, CBMS will only use the latest date verified record.

Important things to note regarding the Ex Parte Process Flow:

- The RRR Status is updated to Initiated (I) 3 months before the Renewal Due month, which includes the Renewal Due Month + 2 months before the Renewal Due Month
- The 6-month lookback period includes Renewal Due Month + 5 months before the Renewal Due Month
- Self-attested income must be verified within the 6-month lookback period to be considered Verified Income and to be used for the Ex Parte Process.

6-month lookback Example



*For further information regarding income and interfaces, please refer to [Appendix E: Income and Interfaces](#).

*For further information regarding Ex Parte Special Circumstances, please refer to [Appendix F: MA Ex Parte Special Circumstances](#)



Eligibility Worker Process: Ex Parte

The Eligibility Worker does not need to take any steps during the MA Ex Parte, as it is systematic. For more information about the Renewal status, refer to the View RRR Detail Listing screen in CBMS. An Eligibility Worker may check the outcome of the MA Ex Parte by checking the MA Ex Parte Results Page.

Eligibility for Children (under age 19)

If a Renewal Packet is sent to a household and a **child (under age 19) on the case is eligible in their current benefit category or in a lower benefit category** and the household fails to return the Renewal information (signature page/packet/Renewal verifications), **the child cannot be terminated from Medical Assistance for failing to return the Renewal information.** Instead, the child will be placed in the current or lower benefit category for a new Renewal period (12 months). Any other household member (who is not a child that is eligible for the lower benefit category) will be terminated from Medical Assistance for failure to return the renewal information.

**For further information on Special Circumstances for Ex Parte, please see [Ex Parte Special Circumstances](#)*

MA Renewal Packet Overview



Workbook Rundown: The MA Renewal Packet Overview section includes

- *MA Renewal Packets*
- *MA Renewal Verification Checklist (VCL) Cover Letter*
- *MA Renewal Signature Page Information*
- *MA Renewal Packet Documentation*
- *PEAK/ICR Inbox Search Update*
- *MA Authorized Representative Information*

MA Renewal Packet

An MA Renewal Packet is a prepopulated form sent to households to give members an opportunity to review the contents of their case records and report any changes. It may also include requests for verifications to determine whether members continue to be eligible to receive Medical Assistance.

MA Renewal VCL Cover Letter

If an MA Renewal Verification Checklist (VCL) Cover Letter is generated ([MAGI](#)/[Non-MAGI](#)), it will be addressed to the head of household (HH) and list all members' names that need verification. This could be a single name or multiple names separated by a comma and the word 'and' before the last member's name. You may view the MA Renewal Verification Checklist Cover Letters for [MAGI](#)/[Non-MAGI](#) for an example.



MA Renewal VCL Cover Letter Example: MAGI

Renew your health coverage: Action required

Dear [HH member Name],

It's time to renew your health coverage. We need more information for [HH member Name], [HH member Name], and [HH member Name], to see if they still qualify for health coverage. **Please review the "How to complete this paperwork" section below and provide the information by [due date].**

How to complete this paperwork:

- 1. Renewal Form Signature Page:** Read, sign and send us the Renewal Signature Page, even if you do not have any new information or changes to report. This form must be signed and returned.
- 2. Request for More Information:** This letter will provide more information about what is needed for these member(s) of your household listed above. The "Request for More Information " letter is included in this packet.
- 3. Review your Health coverage:** Review the information we have on file for your household and do the following:
 - a. Correct any information that is wrong.
 - b. Add any information that is missing.
 - c. Return any pages you update.

When we need it:

Return the requested information, any pages you updated and the signed renewal form signature page by **November 05, 2024.**

Questions?

If you need help or can't return the information by the due date, contact us. We may be able to give you extra time if you are having trouble getting the information or documents. Our contact information is on the next page under: **How Can I Submit My Renewal?**

Thank you,
Health First Colorado



MA Renewal VCL Cover Letter Example: Non-MAGI

Renew your health coverage: Action required

Dear [HH member Name],

It's time to renew your health coverage. We need more information for [HH member Name], [HH member Name], and [HH member Name], to see if they still qualify for health coverage. **Please review the "How to complete this paperwork" section below and provide the information by [due date].**

How to complete this paperwork:

1. Renewal Form Signature Page: Read, sign and send us the Renewal Signature Page, even if you do not have any new information or changes to report. This form must be signed and returned.

2. Request for More Information: This letter will provide more information about what is needed for these member(s) of your household listed above. The "Request for More Information " letter is included in this packet.

3. Review your Health coverage: Review the information we have on file for your household and do the following:

- a. Correct any information that is wrong.
- b. Add any information that is missing.
- c. Return any pages you update.

When we need it:

Return the requested information, any pages you updated and the signed renewal form signature page by **November 05, 2024**.

Questions?

If you need help or can't return the information by the due date, contact us. We may be able to give you extra time if you are having trouble getting the information or documents. Our contact information is on the next page under: **How Can I Submit My Renewal?**

Thank you,
Health First Colorado

MA Renewal Signature Page

The Members must review, update, sign, and return the MA Renewal Signature Page along with any other requested verifications by the deadline specified in the packet.



The MA Renewal Signature Page is required for the Renewal Process per our federal partners, Centers for Medicare and Medicaid (CMS), regarding regulations at 42 CFR 435.916.

The MA Renewal Signature Page must be signed by the members or an Authorized Representative for the members.

Acceptable Signature Pages

Other forms accepted in lieu of the MA Renewal Signature Page are as follows:

- A signed application
- Another High-Level Program Renewal Signature Page
- An Additional Information Packet that has a signature section and states ‘Under penalty of perjury, I certify all information I have given is true and correct.’

Renewal Form Signature Page Example

Renewal Form Signature Page			
Read and sign this attachment (This page MUST be returned)			
Health First Colorado	Case Number:		
Please refer to What I Should Know - Rights & Responsibilities before signing. Read and sign this attachment (This page MUST be returned).			
<div><div style="background-color: #f2f2f2; border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"><div style="display: flex; align-items: center;"><div style="background-color: #000; color: #fff; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">1</div><div>Check the box that applies:</div></div><div style="margin-top: 5px;"><div><input type="checkbox"/> I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. I do not need to make any changes or corrections to the information.</div><div><input type="checkbox"/> I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. I need to make changes or corrections to the information. I will return the Renewal Form with the changes and corrections.</div></div></div><div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;">Signature of household contact or Authorized Representative<div style="border: 1px solid #ccc; height: 40px; margin-top: 5px; display: flex; align-items: center; justify-content: center;"></div></div><div style="width: 35%; text-align: right;">Date (MM/DD/YYYY):<div style="display: flex; justify-content: space-around; margin-top: 5px;"><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div><div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div></div></div></div><div style="margin-top: 10px;"><input type="checkbox"/> Check here if an authorized representative signed.</div></div> <tr><td colspan="2" style="padding: 10px; border-top: 1px solid #ccc;"><div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">What We Need From You<p>Our records show that we need more information about the amount of income from self-employment you or someone else in your household receives and how often you receive it. With this packet, please provide proof of self-employment income.</p><p>You do not need to complete the resource section for your Medical Assistance redetermination. However, if you receive Medicare Savings Program benefits or want to apply for any Medical Assistance program that counts resources, you must complete the resource section every year.</p></div><div style="border: 1px solid #ccc; padding: 5px;"><div style="display: flex; justify-content: space-between; align-items: center;"><div>Return of Signature Page</div><div>A member may return the MA Renewal Signature Page through the following methods:</div></div><div style="margin-top: 10px;"><div>- 15 -</div><div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: center;"><p>Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.</p><p>hcpf.colorado.gov</p></div><div></div></div></div></div></td></tr>		<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">What We Need From You<p>Our records show that we need more information about the amount of income from self-employment you or someone else in your household receives and how often you receive it. With this packet, please provide proof of self-employment income.</p><p>You do not need to complete the resource section for your Medical Assistance redetermination. However, if you receive Medicare Savings Program benefits or want to apply for any Medical Assistance program that counts resources, you must complete the resource section every year.</p></div> <div style="border: 1px solid #ccc; padding: 5px;"><div style="display: flex; justify-content: space-between; align-items: center;"><div>Return of Signature Page</div><div>A member may return the MA Renewal Signature Page through the following methods:</div></div><div style="margin-top: 10px;"><div>- 15 -</div><div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: center;"><p>Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.</p><p>hcpf.colorado.gov</p></div><div></div></div></div></div>	
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1. Physical mail or fax
2. In-person
3. Online through PEAK
 - a. This is an automatic process when a member accepts, they are complete in PEAK
4. Telephonic
 - a. The Eligibility Site or Call Center must retain a recorded signature, including the rights and responsibilities read to the members. Eligibility Workers can refer to the SDD 'CDHS & HCPF Telephonic Application' web-based training or the SDD 'CDHS & HCPF Telephonic Signature' web-based training.

**If the member has indicated on the MA Renewal Signature Page that they have updates or changes to their Authorized Representative (AR), the member will also need to complete and sign a new [Authorized Representative Form](#). Additionally, the Authorized Representative will need to sign the form as well. Both Forms are found in the MA Renewal Packet.*

MA Renewal Packet Documentation

The MA Renewal Packet and/or separate documentation may be returned to report changes. However, the MA Renewal Packet is not required to be returned when there are no changes. Regardless of whether a member has changes or not, an MA Renewal Signature Page is still required to make a final eligibility determination.

When MA Renewal documentation is received from the member, it must be date and time stamped, and the eligibility site has 30 calendar days to process the Renewal form and/or verification information once it is received. If the submitted information is incomplete or if a member reports any new changes, the eligibility site must contact the member, either by phone or in writing, to request the necessary documents or verifications. If additional verifications are needed, the eligibility site must send a form along with a letter explaining which items need to be completed. The member must return the completed request form to the eligibility site within 10 business days. Once the eligibility site receives the necessary documents, it has 15 working days to make a final determination, starting from the Verification Received Date, to review, process, and finalize the verification.

If a case has both MAGI and non-MAGI members requiring additional information, the MAGI and non-MAGI renewal packets will be generated. Only one packet must be returned and signed for the renewal process to be considered complete.

MA Renewal Packet Documentation Returned through PEAK

Members may complete their Renewal updates online via PEAK. When completing their MA Renewal through PEAK, the MA Renewal Signature Page is automatically captured. If the Renewal is in generated (G) status, PEAK will try to process the Renewal submitted per RTE rules. If the Renewal is in started (S) status (PEAK and HFC mobile), will send any submitted information to the PEAK Inbox. Eligibility Workers can check the 'PEAK/ICR Inbox Search' to determine if information was submitted through the PEAK inbox.

PEAK/ICR Inbox Search

"PEAK/ICR Inbox Search" is an existing related list on the Members page that will be moved above "Work Program Summary" related list and will automatically expand when an Eligibility Worker navigates to the Member page. This allows the user to see the type of work submitted.



Members

Actions Create Application Copy HOH

Head of household

DOB Gender

SSN State ID

DOD

Add Member

Programs

Program Name	Case Worker	Program Status	Expedited	EX Override	Sta
Medical Assist...	Gonzalez, Este...	Approved			

PEAK/ICR Inbox Search

App Type	Tracking #	App Submit ...	Applicant/Cli...	Program(s) R...	Pro
Change Reports	920	06/13/2025 6...		MA	
Change Reports	82	06/13/2025 6...		MA	

Work Program Summary

Authorized Representative

Members are permitted to designate an individual or organization to act responsibly on their behalf in assisting with the individual's application, Renewal of eligibility, and other ongoing communications with the agency.

An Authorized Representative can

1. Sign an application on the applicant's behalf
2. Complete and submit an MA Renewal Packet and MA Renewal Signature Form
3. Receive copies of the applicant or beneficiary's notices and other communications from the agency
4. Act on behalf of the applicant or members in all other matters with the agency



AR Form for Member to Complete

Authorized Representative or Organization Form: Applicant Section

Health First Colorado

Case Number:

Complete this attachment if you need assistance with completing the Renewal Form.

An Authorized Representative is a trusted individual or organization you choose to help you with your Renewal Form. We need your permission so that your authorized representative can talk with us about the Renewal Form, to see your information, and act for you on all issues related to your health coverage. If you no longer want an authorized representative, you may go online at CO.gov/PEAK, or contact your county office, or organization or complete the form below.

If you have an authorized representative now, please answer these questions.

We show that you chose this individual as your authorized representative:

- Do you still want this individual to be your authorized representative? ☐ YES ☐ NO
- If "YES," has any of their information changed? ☐ YES ☐ NO

If you want to add, change or update an authorized representative's information please write the new information below:

Authorized Representative First Name	Authorized Representative Middle Name	Authorized Representative Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization/Company Name (if applicable)	Organization/Company ID (if applicable)	
<input type="text"/>	<input type="text"/>	
Authorized Representative Street Address (leave blank if you don't have one)	Apartment/Suite #	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone Number	Phone Extension
<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>

Do you want your new authorized representative to receive copies of notices/communications? ☐ YES ☐ NO

By signing, you allow the authorized representative to sign your Renewal Form, get information about this Renewal Form, and act for you on all future matters with this agency.

Applicant's Signature

Date (MM/DD/YYYY):

Med_MAGI_Redetermination_Notice12_EN
Case Number/Correspondence ID: 10XXXX052771008

Page 5 of 16
Process Date:



AR Form for Authorized Representative to Complete

Authorized Representative or Organization Form: Authorized Representative or Organization Section

Health First Colorado

Case Number:

Ask the authorized representative to complete this section if you added or changed your authorized representative.

By signing, I agree to fulfill all responsibilities within the scope of the authorized representation that the individual who I represent is required to fulfill, which is different than having legal authority to act on behalf of the applicant or client. I agree to maintain the confidentiality of any information regarding the applicant or client provided by the agency in compliance with state, federal, and all other applicable laws. If an authorized representative is an organization, the signature of an organizational contact who is either a provider, staff member or volunteer of the organization is required. As a provider, staff member or volunteer of an organization which is an authorized representative, I affirm that I will adhere to the regulations in 42 CFR §431, Subpart F and to 45 CFR §155.260(f), and 42 CFR §447.10, as well as all other relevant state and federal laws concerning conflicts of interests and confidentiality of information.

Signature of Authorized Representative/Organizational Contact

Date (MM/DD/YYYY):

 / /

If you have been given the legal authority to act on behalf of the applicant or client through some means other than the assignment as an authorized representative through this form, such as the ability to make medical or financial decisions, you will need to affirm that you have that authority and provide the appropriate documents verifying that you have that authority.

- ☐ By checking this box, I affirm that I have legal authority to act on behalf of the applicant or client. (Please provide a copy of the following documents with this form when it is submitted: a power of attorney, court order establishing legal guardianship, or other legal document explicitly stating that you may legally act on behalf of the applicant or client.)

MA Renewal Data Entry

MA Renewal
Overview

MA Renewal
Ex Parte
Process

MA Renewal
Packet
Overview

MA Renewal
Data Entry

MA
Reinstatement
Process

MA
Reconsideration
Period

MA Renewal
Timeliness

Appendices

Workbook Rundown: The MA Renewal Data Entry section includes

- **Eligibility Site Receives Documentation**
 - Paper Documentation
 - Electronic Documentation through PEAK
 - Eligibility Site Receives Documentation Flow
- **Eligibility Worker Begins Data Entry:**
 - Process for Renewal Documentation Received
 - Process for MA Renewal Signature Page
- **Eligibility Worker Updates Case**
 - Income Reported
- **Renewal Determination**

The MA Renewal Data Entry begins when an MA Renewal Packet is sent to the Members. The MA Renewal Packet includes the MA Renewal Signature Page and may include other requested information. The MA Renewal Process ends when the Worker completes Data Entry and determines Eligibility.



**The MA Renewal Data Entry Process does not apply to documentation that was received after the Renewal Due Month or if the data entry does not occur by the month after the Renewal Due Month. In either case, Eligibility Sites must follow the [MA Reinstatement Process](#).*

Eligibility Site Receives Documentation

**As a reminder, any Renewal documentation received after the Renewal due month must follow the 90-day reconsideration Period.*

Paper Documentation

When an Eligibility Site receives any Renewal paper documentation during the MA Renewal Process, it must complete the data entry in the 'Renewal Paperwork Received date' field on the 'Program Action Screen' prior to completing the Renewal to prevent the members from being terminated.

**Depending on the Eligibility Sites' workflow, this may be completed by someone other than the Eligibility Worker.*

The Program Action page has new fields to be used when a member has a Renewal due soon, and some paperwork relative to the Renewal has been received. Select the Medical Assistance hyperlink to see the updated Program Action page.

**Any user who needs access to use the new functionality created with this project who does not already have one of these Security Profiles (110-RRR Update or 111-RRR Inquiry) will need to have them added by their county security team.*

Electronic Documentation through PEAK

During the Renewal Period, if the RRR is in Started (S) status and the information is received through PEAK/HFC mobile, the information will not allow RTE and will go into the PEAK Inbox.

**Eligibility Workers must check the PEAK/ICR Inbox search before taking action on a case, and on the last day of any VCL due dates, to ensure that the member does not close.*

Before the 15th of the Renewal Month

- If the Renewal is in Generated (G) status - PEAK will try to process the Renewal submitted per RTE rules.
- If RTE is unable to determine eligibility, the Renewal will be sent to the PEAK Inbox. The Eligibility Worker will need to process the Renewal documentation by retrieving it from the PEAK inbox.

After the 15th of the Renewal Month

- The worker will need to look for the Renewal documents in the PEAK Inbox if it is received after the 15th but on or before the last day of the Renewal month.
- If the Renewal is in Generated (G) status - the Renewal will be sent to the PEAK Inbox. The Eligibility Worker will need to process the documentation by retrieving it from the PEAK inbox and following the Reinstatement Process.

Required Screens

The Program Action Screen and the Edit RRR Details Screen require action during the Renewal Process.

Program Action Screen

The Program Action Screen has been updated to include 'Renewal Paperwork Received Date'. When the Eligibility Site enters the 'Renewal Paperwork Received Date', the 'Renewal Paperwork Data Entry Date' will be automatically populated with the date of entry.



Renewal Paperwork Received Date Screen Shot

Program Group A...	Request Date	Status	Reason	Effective Begin Date	Effective End Date
Medical Assistance	01/27/2003	Approved		09/08/2023	
Long Term Care	01/27/2003	Approved		03/15/2011	09/30/2013
SNAP	07/13/2023	Denied		07/14/2023	
Medicare Savings P...	08/01/2004	Discontinued		09/24/2008	
Childrens Health Pl...	06/01/2013	Denied		07/02/2013	

Detail

*Effective Begin Date: 09/08/2023

Effective End Date:

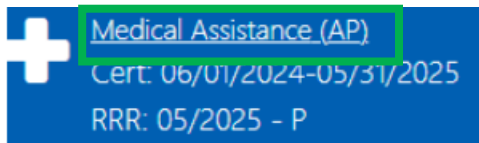
Status: Select Status ...

Reason: Select Reason ...

Renewal Paperwork Received Date:

Renewal Paperwork Data Entry Date:

Hyperlink to the above 'Program Action Screen' found here:



Late Data Entry

When entering the 'Renewal Paperwork Received Date', if the data entry date exceeds the last day of the month following the MA Renewal Month, a warning will be displayed stating:

"You are past the window to edit this field. Edits can only be made one month after the MA Renewal Due Date."

This is to remind Eligibility Workers to follow the [MA Reinstatement Process](#).

Renewal Received Date Screen Shot

Eligibility Workers must complete the 'Renewal Received Date' for the case to be set to Started (S) in the nightly batch.



Edit RRR Details

?
↺
🖨
✕

Detail

Original RRR Month
04/2025

New RRR Month
04/2025

Reassessment Month

Current RRR Type
Regular

Appointment Required
☐ Yes ☐ No

*Mail-In Due Date
04/05/2025

LTC
☐ Yes ☒ No

Renewal Received Date

Resend Packet
☐ Yes ☒ No

Late RRR - Good Cause Reason
Select Late RRR - Good Cau

RRR Signature Provided
☐ Yes ☐ No

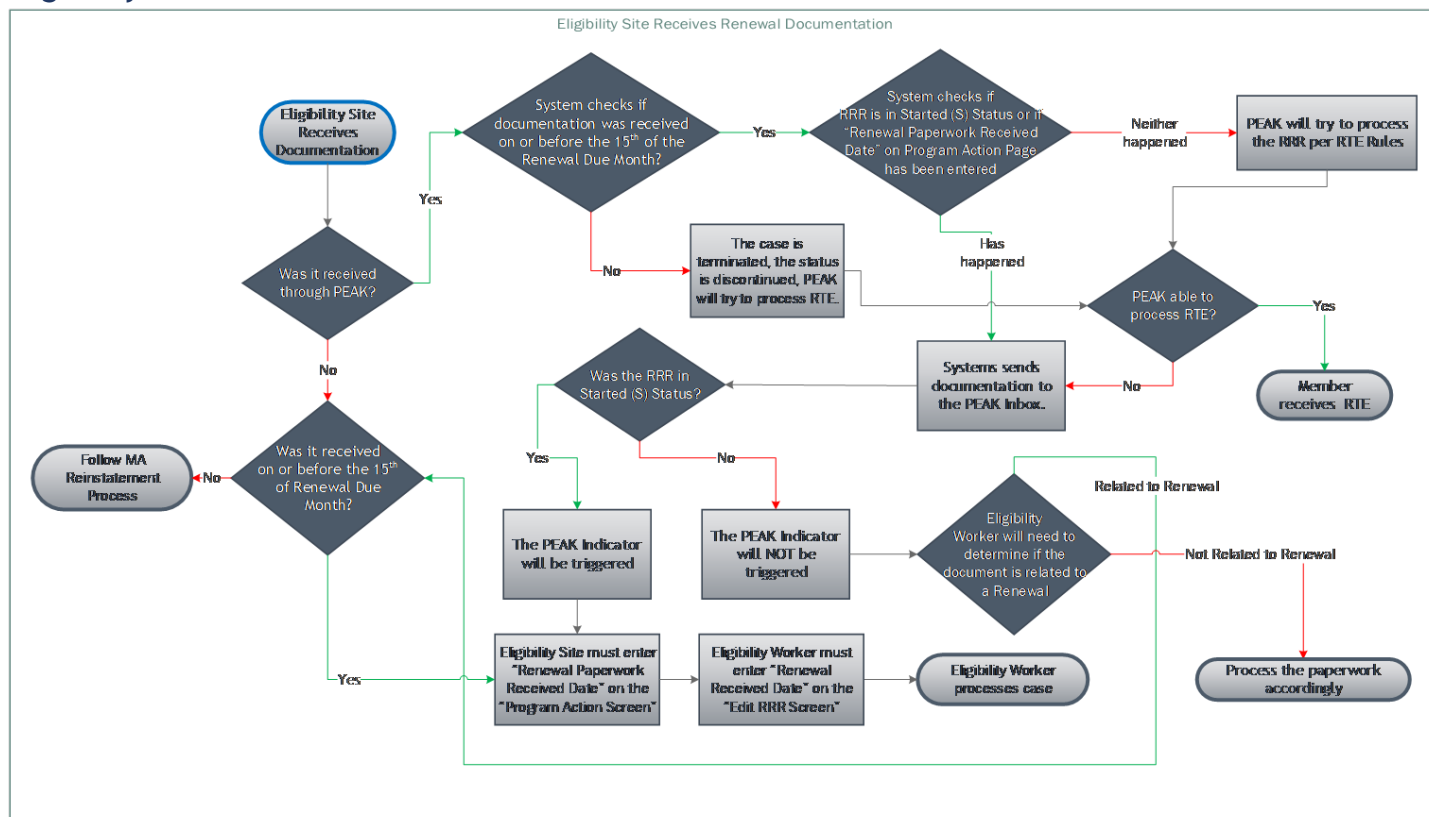
Signature Received Date

Signature Form Due Date

*RRR Source
Select RRR Source ...

Telephone Meeting/Signature

Eligibility Site Receives Documentation Flow



**Eligibility Site must check PEAK Inbox Daily. Eligibility Workers must check the PEAK/ICR Inbox search before taking action on a case, and on the last day of any VCL due dates, to ensure that the member does not close.*

Process Flow Steps for Documentation Received

1. The Renewal Packet is received by the Eligibility Site.
2. If the paperwork was received electronically through PEAK
 - a. The system will check if the paperwork was received by the 15th of the Renewal Due Month
 - i. If received by the 15th of the Renewal Due Month the system checks to see if RRR is in Started (S) Status or if “Renewal Paperwork Received Date” on Program Action Page
 1. If neither happened (RRR is in Started (S) Status or “Renewal Paperwork Received Date” on Program Action Page), PEAK will try to process the RRR per RTE Rules
 - a. If PEAK is unable to process RTE, the system will send documentation to the PEAK Inbox

****In this case, the PEAK Indicator will not be triggered.***
 2. If one has happened (RRR is in Started (S) Status or “Renewal Paperwork Received Date” on Program Action Page) the system will send the **documentation to the PEAK Inbox**
 - ii. If received after the 15th of the Renewal Due Month, the case was terminated, the status was discontinued, and PEAK will try to process it through RTE.
 1. If PEAK is unable to process RTE, the system will send documentation to the PEAK Inbox
3. If the paperwork was NOT received through PEAK
 - a. The Eligibility Site will need to determine if the paperwork was received by the 15th of the Renewal Due Month
 - i. If received by the 15th of the Renewal Due Month, the Eligibility Site must enter the ‘Renewal Paperwork Received Date’ on the ‘Program Action Screen’ and the Eligibility Worker must enter the ‘Renewal Received Date’ on the ‘Edit RRR Screen’
 - ii. If received after the 15th of the Renewal Due Month, the Eligibility Site will need to follow the [MA Reinstatement Process](#)

** Please note that some Eligibility Sites may have had other workers enter the ‘Renewal Paperwork Received Date’ on the ‘[Program Action Screen](#)’ depending on their workflow management process. However, the Eligibility Worker will need to enter ‘Renewal Received Date’ on the ‘[Edit RRR Screen](#)’ to trigger the RRR to be in Started Status.*

MA Renewal Status (RRR Status)

If the Medical Assistance Renewal Status is in Generated (G), Started (S), Discontinued (D), or Pending (P), these two new fields will be enabled. Pending ‘P’ status applies when one member of the household fails during the last MA Renewal Due Date. During this status, an MA Renewal will be extended if the Renewal paperwork is received, putting the case in pending status until a worker takes action on the case. More information can be found by utilizing Online Help in CBMS.

Eligibility Worker Begins Data Entry

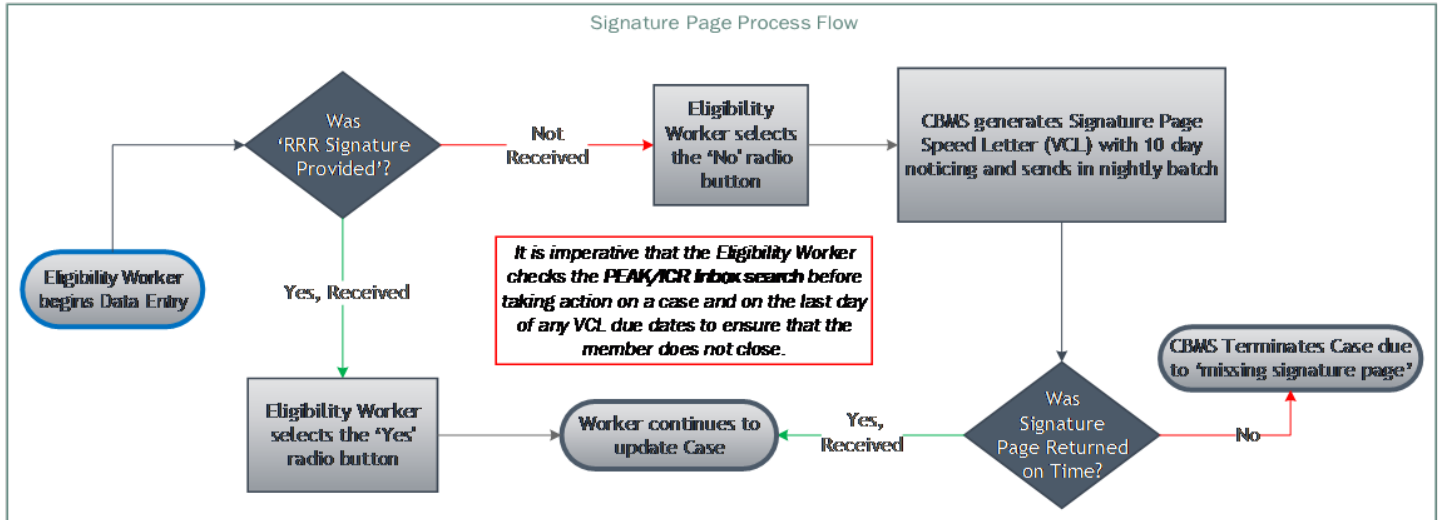
Once the Eligibility Site enters the ‘Renewal Paperwork Received Date’ in the ‘[Program Action Screen](#)’, the Eligibility Worker begins data entry on the case.

The Eligibility Worker must enter the ‘Renewal Received Date’ on the ‘[Edit RRR Detail Screen](#)’ first to set the case to Started (S) Status.

The ‘RRR Signature Provided’ field is also required for an MA Renewal to be considered complete. The ‘RRR Signature Provided’ field is found on the ‘[Edit RRR Detail Screen](#)’ as well.



Signature Page



Process Flow Steps

1. Eligibility Worker responds to 'RRR Signature Provided' on the 'Edit RRR Screen'
 - a. If the Signature Page was provided, the Eligibility Worker answers 'yes' and continues to update the case.
 - b. If the Signature Page was not provided, the Eligibility Worker answers 'no', CBMS will generate a Signature Page Speed Letter with 10-day proper noticing and will send the VCL out in the nightly batch.
 - i. If a Signature Page VCL was sent to the members and was returned on time, the Eligibility Worker will need to update the case
 - ii. If a Signature Page VCL was sent to the members and was not returned on time, CBMS will terminate the case due to 'missing signature page'
2. Once the Eligibility Worker responds to the 'RRR Signature Provided' field, please refer to the SDD training located in CO Learn and Training Colorado regarding MA Renewals to update the case appropriately.

* Depending on the Eligibility Sites' workflow, the Eligibility Worker may be responsible for entering "Renewal Paperwork Received Date" on the "Program Action Screen"

RRR Signature Provided Screen Shot

Edit RRR Details

Detail

Original RRR Month: 04/2025

New RRR Month: 04/2025

Reassessment Month:

Current RRR Type: Regular

Appointment Required: ☐ Yes ☐ No

*Mail-In Due Date: 04/05/2025

LTC: ☐ Yes ☒ No

Renewal Received Date:

Resend Packet: ☐ Yes ☒ No

Late RRR - Good Cause Reason: Select Late RRR - Good Cau

RRR Signature Provided

☐ Yes ☐ No

Signature Received Date:

Signature Form Due Date:

*RRR Source: Select RRR Source ...

Telephone Meeting/Signature

Income Reported

Old Income

When a member states that an income record is no longer applicable in the Renewal Packet, Eligibility Workers must take the following steps:

1. In the 'Employment Termination Section, the Eligibility Worker must enter the 'Employment End Date', 'Termination Reason', 'Verification', 'Source', and 'Date Verified'.
 - a. If employed, this is found under the 'Earned Income Employment Details' page,
 - b. If self-employed, this is found under the 'Self-Employment Income Employment Details'
2. The Eligibility Worker needs to click 'Save & Continue'
3. Then, in the 'Detail' section, the Eligibility Worker must enter the 'Effective End Date'
4. The Eligibility Worker needs to click 'Save'.

This terminates employment correctly, ensuring the system calculates income accurately.

** Please note that the 'Earned Income Employment Details' and the 'Self-Reported Income Employment Details' both contain the 'Employment Termination Section'*

Newly Reported Income

If an MA Renewal packet has been mailed to the household, and the member returns the packet providing newly reported income that was not prepopulated in the Renewal Packet, the self-attested income will be accepted for the Renewal eligibility determination, even if it has not been verified.

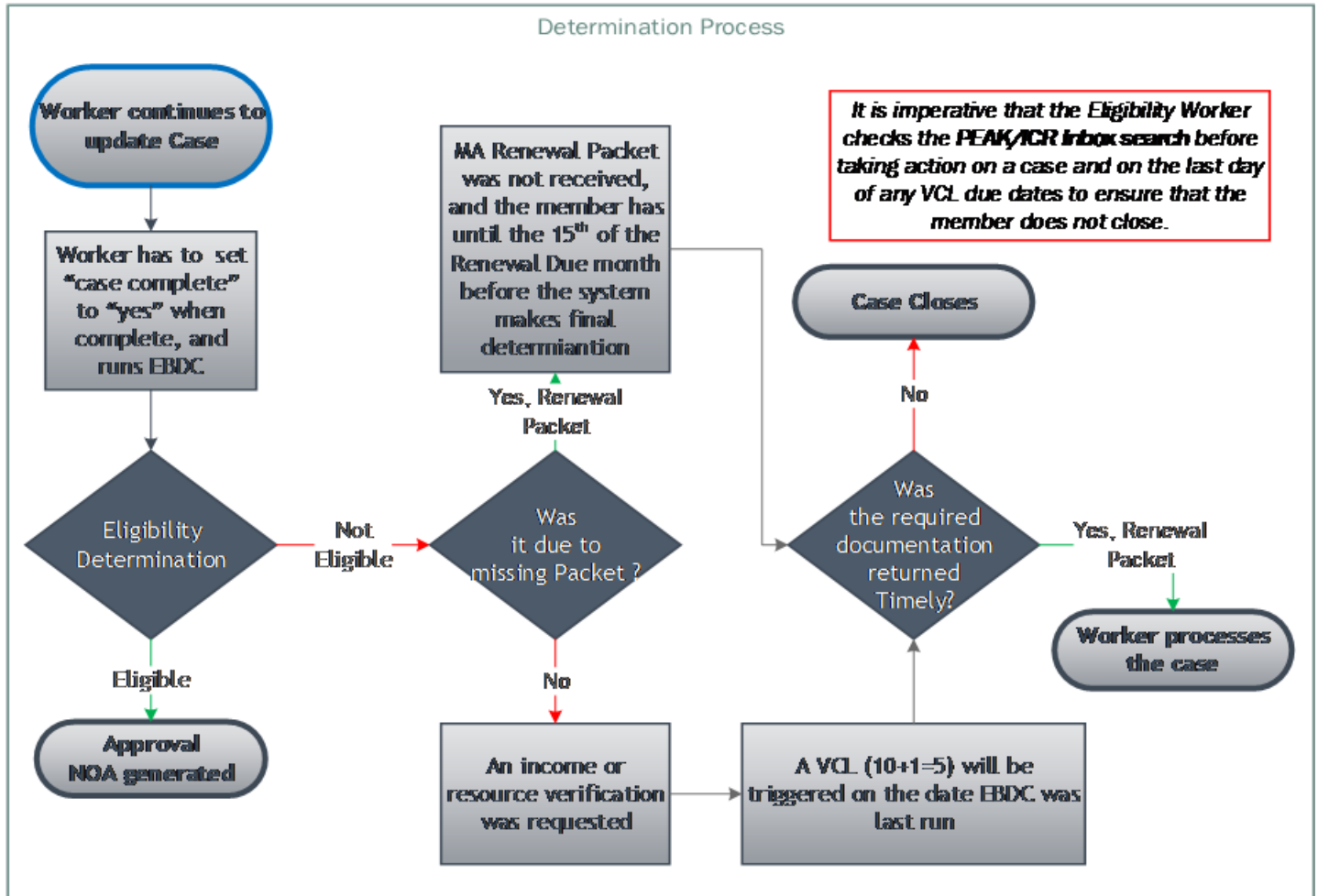
**After an Eligibility Determination has been made, CBMS may require verification of that income in Ongoing.*

Renewal Determination

A Renewal Determination is when the Eligibility Worker continues to update the case by setting 'Case Wrap Up Screen', 'Data Entry Complete' field to "Yes" until the case is either approved or terminated.



Renewal Determination Process Flow



Process Flow Steps

1. Eligibility Worker sets [Data Entry Case Complete from 'No' to 'Yes'](#) when complete
 - a. Please refer to 'Finalizing Data Entry and Wrap Up Basics' for more information on 'Case Wrap Up' in CO Learn.
2. CBMS checks the final eligibility determination
 - a. If the case is found eligible, an approval NOA will be generated and sent to the members
 - b. If the case is found ineligible, due to a missing packet or a packet received untimely after the 15th of the Renewal due month, the system will terminate the member, CBMS will generate a termination NOA with 10-day noticing.
 - i. If the packet was received timely, before the 15th of the Renewal due month, the worker will process the case.
 - c. If the case is found Ineligible, the system will terminate the member, CBMS will generate a termination NOA with 10-day noticing.

*Helpful Reminders:

- If a child is eligible in a lower benefit category, they will still pass if a packet is not returned. For further information, please review: [Eligibility for Children \(under age 19\)](#)



- If the case is found ineligible, due to a missing signature page, a VCL will be triggered when the Eligibility Worker selects the 'No' radio button for the signature provided on the Edit RRR Detail Screen, and then sent to the member providing 10-day noticing.
- PEAK/ICR Inbox search should be utilized to ensure documentation received through PEAK has been reviewed
- CBMS after final Eligibility Determination, during ongoing, may require a member to verify income that was not able to be verified by the interfaces during the MA Renewal Process.

Case Wrap Up- Data Entry Complete

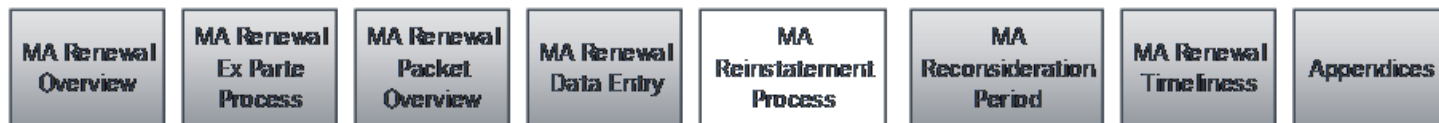
The screenshot displays the 'Case Wrap Up - Data Entry Complete' interface. At the top, a navigation bar includes tabs for 'Interfaces Summary', 'Case Wrap Up Signatures' (active), 'Case Wrap-up', 'Life Change Events', and 'APTC Individual Informati...'. Below this, a table lists 'Medical Assistance' with a dropdown for 'Data Entry Complete' set to 'No' and an 'Effective Begin Date' of '04/22/2025'. A 'Save' button is located to the right of the table. Underneath, a 'Detail' section contains several form fields: 'Effective Begin Date' (04/22/2025), 'Program Group' (Medical Assistance), 'Data Entry Complete' (radio buttons for Yes and No, with No selected), 'CW 67 % Earned Income Disregard' (checkbox), 'Child Support RRR Mode' (checkbox), 'Has county received all SNAP verifications?' (radio buttons for Yes and No), and 'Reason for SNAP VCL delay?' (dropdown menu).

When completing 'Case Wrap Up,' saving may produce different pop-ups from CBMS depending on when the members return information and when the Eligibility Worker processes the [MA Reinstatement](#).

1. If the system date exceeds the last day of the month following the MA Renewal Due Month, the following message will appear:
"You are past the window to edit this field. Edits can only be made one month after the MA Renewal Due Date."
2. If the Eligibility Worker enters a future date on the Program Action Page in the 'Renewal Paperwork Received Date' field and it is outside the Renewal Month, the following message will appear:
"The Renewal paperwork received date is outside the Renewal month, and the record cannot be saved."

In both cases, the Eligibility Worker must follow the [Manual Reinstatement Process](#).

MA Reinstatement Process



Workbook Rundown: The [MA Reinstatement Process](#) section includes

- [Reinstatement Process Scenarios](#)
- [Automatic Reinstatement](#)
- [Manual Reinstatement](#)



- *Reinstatement Period Timeline Examples*
- *Reinstated Cased Discontinued Prior to Ex Parte*

The MA Reinstatement Process applies when a member who terminated on the 15th of the Renewal Due Month for failing to complete the Renewal Process but has provided the Renewal Packet and/or any Renewal documentation before the end of the Renewal Due Month. MA Coverage must be restored until a final eligibility determination can be made. Any Renewal documentation received after the Renewal due month must follow the 90-day Reconsideration period.

When a member needs to be reinstated, the Eligibility Worker must ensure the Eligibility Site entered the 'Renewal Paperwork Received Date' in the '[Program Action Screen](#)', so that the Eligibility Worker can process the case correctly. Next, the Eligibility Worker must enter the 'Renewal Received Date' on the '[Edit RRR Detail Screen](#)' to set the case to Started (S) Status.

** Depending on the Eligibility Sites' workflow, the Eligibility Worker may be responsible for entering "[Renewal Paperwork Received Date](#)" on the "[Program Action Screen](#)"*

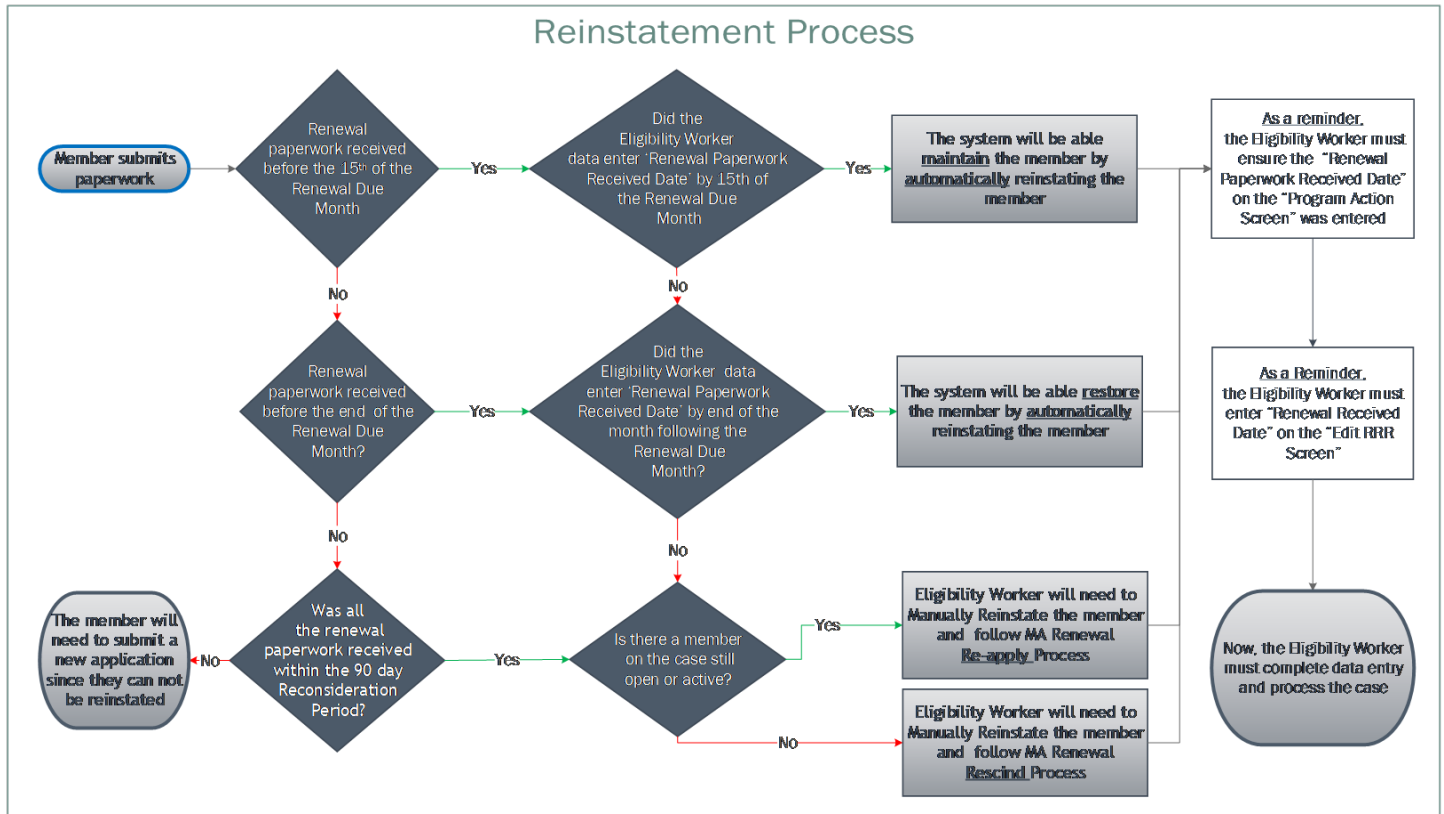
Reinstatement Process Scenarios

1. **Automatic Reinstatement-** When requested documentation and signature pages are received by the end of the Renewal Due Month, and the Program Action screen (Renewal Paperwork Received field) is updated, by the end of the month following the Renewal Due Month, CBMS will Automatically Reinstatement the member's eligibility.
2. **Manual Reinstatement-** When requested documentation and signature page are received before the Renewal Due Month, and the Program Action screen (Renewal Paperwork Received Date filed) is not updated by the end of the month following the Renewal Due Month, the Eligibility Worker will need to Manually Reinstatement.

Automatic Reinstatement	Manual Reinstatement
<ul style="list-style-type: none"> • Received from <u>member</u> between the 15th of the Renewal Due Month and end of the Renewal Due Month • Program Action completed by <u>Eligibility Worker</u> by the end of the month following the Renewal Due Month 	<ul style="list-style-type: none"> • Program Action set by <u>Eligibility Worker</u> after the end of the month following the Renewal Due Month

**Eligibility Workers must check the PEAK/ICR Inbox Search after the 15th of the month to ensure they have processed all information given by the members.*

Reinstatement Process Flow



Automatic Reinstatement

When Renewal documentation is received between the 15th and the end of the Renewal Due Month, or Program Action is completed by the Eligibility Worker by the end of the month following the Renewal Due Month, the member will be automatically reinstated by being maintained or restored.

A member is maintained when documentation is received before the 15th of the Renewal Due Month and the Eligibility Worker completes Program Action 'Renewal Paperwork Received Date' before the 15th.

A member can be restored in two ways:

- Received documentation from members before the 15th of the Renewal Due Month, but the Eligibility didn't complete the Program Action 'Renewal Paperwork Received Date' until after the 15th

- Documentation received after the 15th of the Renewal Due Month, but before or on the end of the Renewal due month, and the Program Action 'Renewal Paperwork Received Date' is completed by the end of the month following the Renewal Due Month.

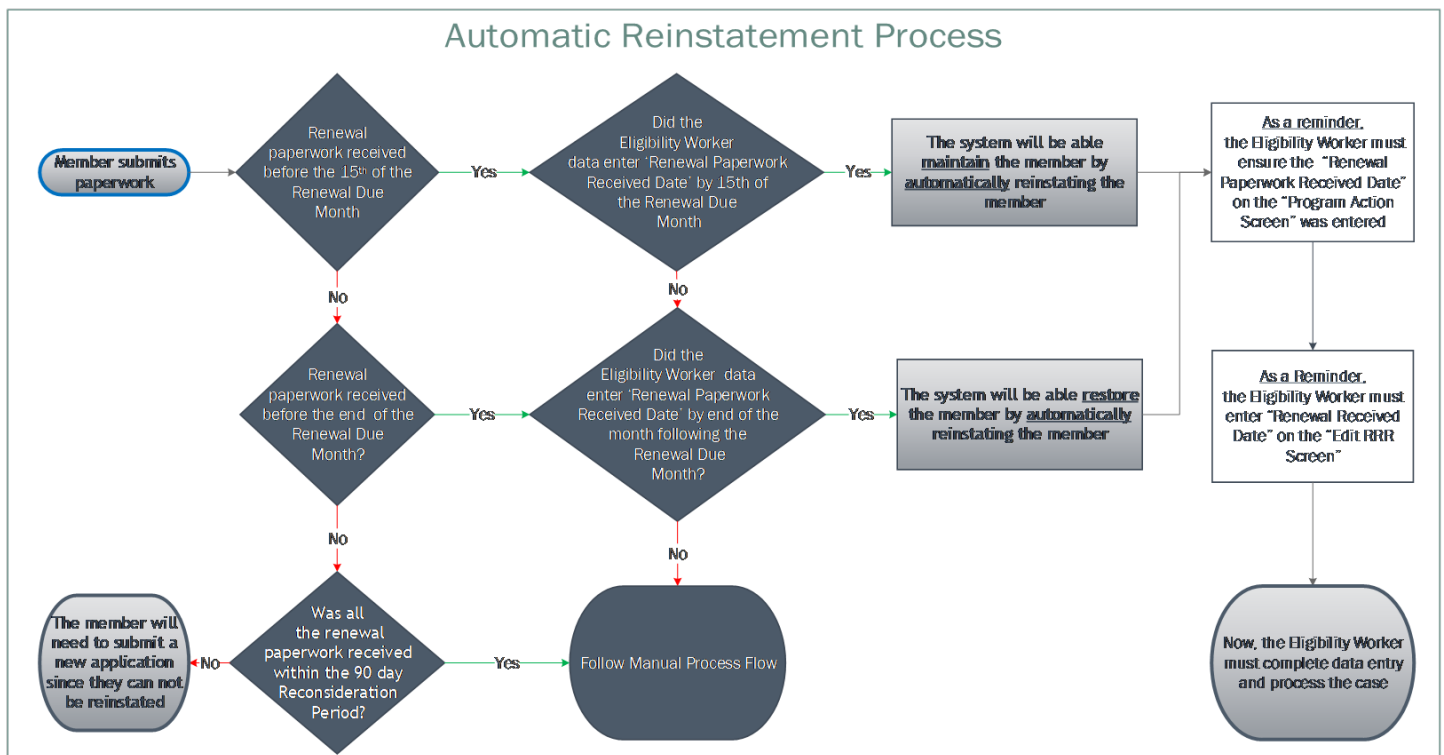
Automatic Reinstatement: Maintained	Automatic Reinstatement: Restored
<ul style="list-style-type: none"> Received documentation before the 15th of the Renewal Due Month, and the <u>Eligibility Worker</u> enters the 'Renewal Paperwork Received Date' before the 15th of the Renewal Due Month 	<ul style="list-style-type: none"> Received documentation before the 15th of the Renewal Due Month, but the <u>Eligibility Worker</u> didn't enter the 'Renewal Paperwork Received Date' until after the 15th of the Renewal Due Month Received documentation after the 15th of the Renewal Due Month but before the end of the Renewal Due Month and the <u>Eligibility Worker</u> entered the 'Renewal Paperwork Received Date' by the end of the month following the Renewal due month.

**CBMS will automatically reinstate the members in the nightly batch. This means that if the worker wants to complete data entry on the case, on the same day they updated the Program Action Page (Renewal Paperwork Received Date field), they will have to wait until the following day, or they will need to manually Reinstate (Rescind or Reapply).*

CBMS will generate the following Case Comment when members are automatically reinstated:

“Coverage will be extended until a final determination of benefits can be made for the new renewal period.”

Automatic Reinstatement Process Flow

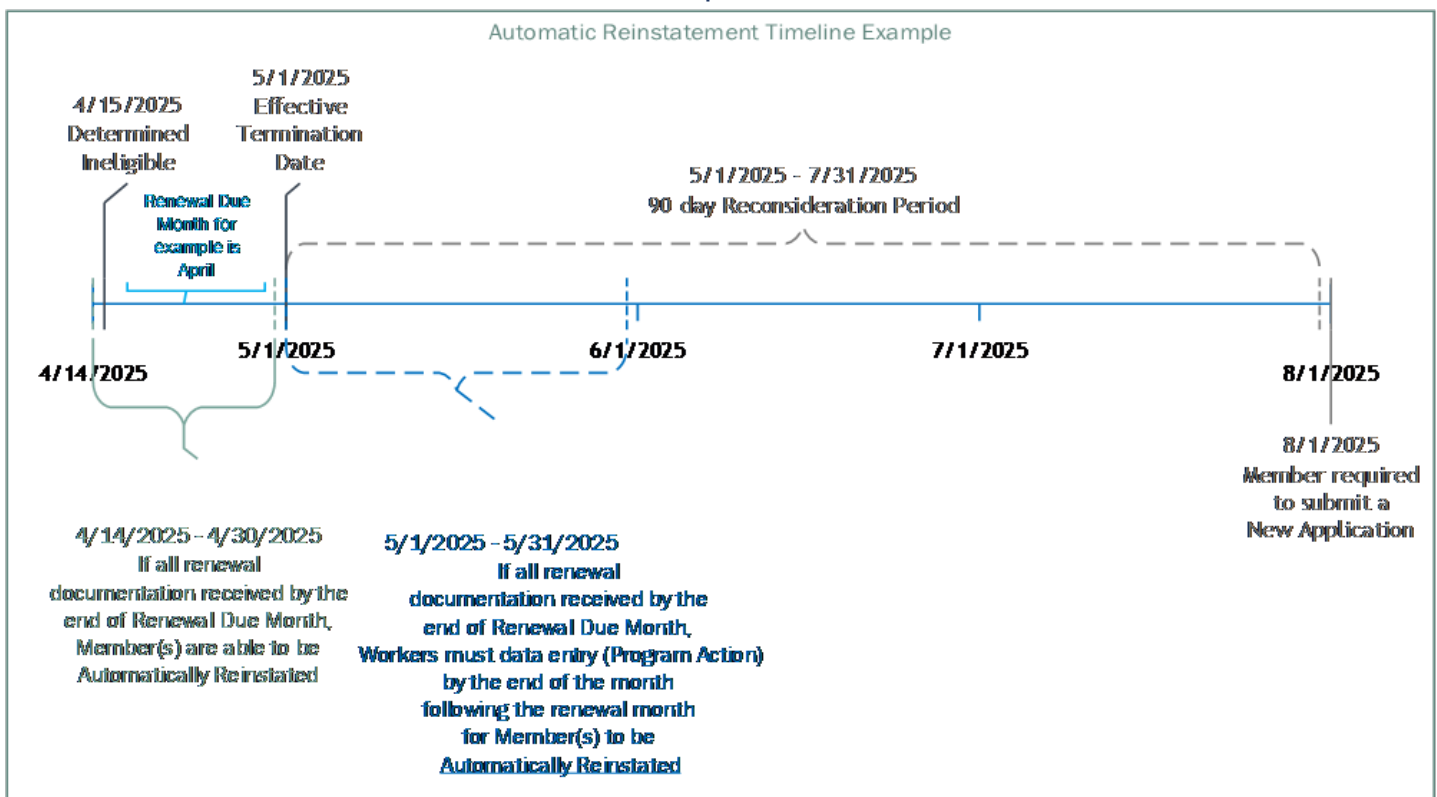


Automatic Reinstatement Process Steps

After a case has terminated, when an Eligibility Worker enters the 'Renewal Paperwork Received Date' on the Program Action Screen, they will initiate the MA Reinstatement Process. A message will be displayed in a pop-up with an 'OK' or 'Cancel' button.

- When the Eligibility Worker clicks 'Cancel', no action is performed.
- When the Eligibility Worker selects 'OK', the save action and the Rescind or Reapply process are performed.
 - A message will be displayed in a pop-up with
 - *'Warning: By updating this entry, you will be reinstating MA benefits for applicable Members and updating the Case Complete Indicator to No. This action cannot be undone.'*

Automatic Reinstatement Process Timeline Example



Manual Reinstatement

When documentation is received on or before the end of the Renewal Due Month by the members and the worker cannot update the Program Action page (Renewal Paperwork Received Date field) by the end of the month following the Renewal Due Month, workers must Manually Reinstatement the members.



Manual Reinstatement Process scenarios:

Manual Reinstatement: MA Renewal Rescind	Manual Reinstatement: MA Renewal Re-apply
•when no members on the case are still open or active	•when at least one member on the case is still open or active

MA Renewal Rescind

- When all members on a case are found ineligible, the Eligibility Worker will use the Rescind Process since the case is closed.

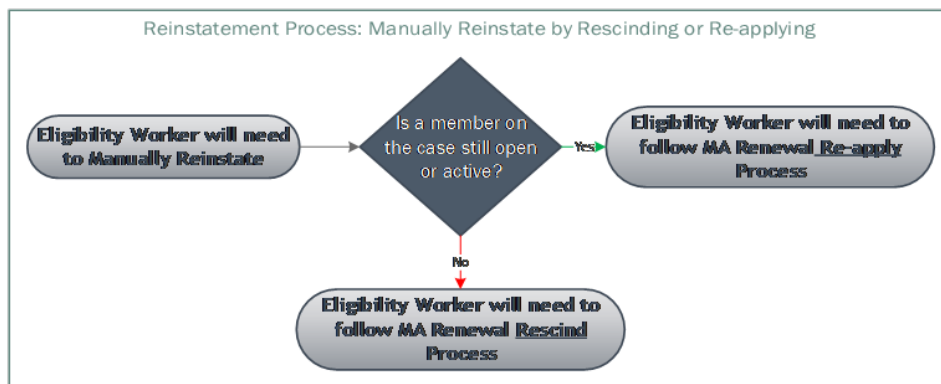
MA Renewal Reapply

- When one or more members are failing and other members remain approved, Eligibility Workers use the Manual Reapply Process when a case is still open.

**For more information regarding the Rescind and Reapply process, please refer to the SDD COLearn training for Renewals.*

** For more information regarding the 90-day reconsideration period, please refer to [MA Reconsideration Period](#)*

Manual Reinstatement Process Flow



MA Reinstatement Speed Letter

All members who are **automatically reinstated** during the MA Renewal Reinstatement Process will receive a MA Reinstatement Speed Letter addressed to the Head of Household (HOH). There is an exception regarding the sending of the reinstatement speed letter to a member. If the Eligibility Worker completes the Program Action screen and finalizes the Renewal process on the same day, the household will not receive the Medical Assistance (MA) reinstatement speed letter. Instead, the members will receive either an Approval Notice or a Termination Notice of Action (NOA) that informs them of their final determination. This letter will include

the members' names who have been reinstated. All other NOAs will be suppressed until a final determination is made. The final determination is complete when an Eligibility Worker sets "Data Entry Complete" from 'No' to 'Yes' when complete.

MA Reinstatement Speed Letter Example



[v_Current_Date_Dt]

Case ID: [v_Case_Number]

[v_Head_of_Households_Name]
[v_Case_Mailing_Address_Address_Line_1]
[v_Case_Mailing_Address_Address_Line_2]
[v_Case_Mailing_Address_Address_Line_3]

We received your renewal paperwork

Dear [v_Head_of_Households_Name],

We recently sent a letter informing you that you or someone in your household no longer qualifies for Health First Colorado (Colorado Medicaid) benefits. After we sent that letter, we received your renewal paperwork. We have restored benefits for [Appl_Individuals_Name], [Appl_Individuals_Name], and [Appl_Individuals_Name] while we process your paperwork. If some members of your household are not listed above, please contact your county or sign into your PEAK account. We will send you another letter if we need more information.

Questions?

- Add the standard county info here

Thank you,
Health First Colorado

Manage your Health First Colorado coverage at **CO.gov/PEAK** and on the Health First Colorado mobile app. Sign in or create an account to get started Take control of your health coverage by using the Health First Colorado mobile app! Sign in to the app using your PEAK account or create an account in the app.

With the free mobile app you can:

- Get your Member ID Card and see if your coverage is active
- Find providers
- Complete your yearly renewal
- Find out what's covered

Reinstated Cases Discontinued Prior to Ex Parte Process

When a case is rescinded, after an MA Program has been discontinued for a case, and before the MA Ex Parte Process runs, CBMS will automatically extend the MA RRR due date to the next month in which the Ex Parte will run. This will allow the case to have an opportunity to Ex Parte for the MA Renewal.



MA Renewal Reconsideration Period



Workbook Rundown: The MA Renewal Reconsideration section includes

- *High-Level Reconsideration Steps*
- *90 Calendar Days Reconsideration Period*

The Reconsideration Period occurs when the member fails to return the signed Renewal packet or signature form and/or requested information before the renewal due date. Information received from Members after the Renewal Due Month must follow the 90-day Reconsideration Period Policy to reinstate a member.

High-Level Reconsideration Steps:

- Members will have 90 calendar days from the date of termination to return
 - Signed Renewal Packet, or
 - Signed Signature Form, and/or
 - Missing Requested Information/Verification
- Eligibility Sites must reconsider eligibility if the above is returned within the 90-day period without the Member having to complete a new application
- The case must be rescinded or a New Reapply entered in the month Renewal Packet/Signature Page, and/or requested verifications are returned if within the 90-day reconsideration period.

90 Calendar Days Reconsideration Period

The 90-day count begins on the first day a member is no longer eligible to receive benefits. Example:
The members' benefits were terminated effective 7/01/2025, day 1 would be 7/01/2025, not the day the determination was made.

**Members who have been terminated more than 90 calendar days in the past will be required to submit a new application.*

MA Renewal Timeliness



Workbook Rundown: The MA Renewal Timeliness explains where to find information for the monitoring of renewal timeliness.

MA Renewal Timeliness is monitored monthly for compliance exclusively through the Medical Assistance Performance (MAP) Dashboard. The MAP Dashboards provide visual representations of monthly data related to Renewal timeliness performance targets and include access to the underlying raw data for each measure.

MAP Owners are Directors and identified Eligibility Site staff members who have been elected to support performance improvement efforts at their Eligibility Site.

The MAP Owners at the Eligibility Site can submit for exemptions through the links available on the MAP Dashboard when a Renewal was untimely due to circumstances outside the Eligibility Site's control.



Compliance's expectations for Eligibility Sites are communicated through Operational Memos, which are released yearly and contained in contracts between HCPF and Eligibility Sites.

**For more information regarding MAP Dashboards, speak with your Eligibility Site MAP Owner. They can provide further details about your Eligibility Site's process to support the timely completion of MA Renewals.*

Version History

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	Eligibility Operations	06/23/2025	HCPF Eligibility	6/23/2025	CMS Guideline Updates

Appendices

MA Renewal Overview	MA Renewal Ex Parte Process	MA Renewal Packet Overview	MA Renewal Data Entry	MA Reinstatement Process	MA Reconsideration Period	MA Renewal Timeliness	Appendices
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Workbook Rundown: The Appendices section includes

- **Key Terms**
- **Federal & State Policy Guidance**
- **Eligibility Worker Expectations**
- **Web Links**
- **Income and Interfaces Information**
- **MA Ex Parte Special Circumstances**
- **Examples**

Appendix A: Key Terms

The following provides definitions for terms relevant to this document

Term	Definition
90-Day Reconsideration Period	The Reconsideration period is the 90-day period following the termination of eligibility during which a member can submit their Renewal form or any required documentation without needing a new application.
CDHS Program Renewal	The Eligibility Site received a Renewal packet for a CDHS program, such as SNAP or CW.
Client Statement	A client statement refers to a declaration of information provided by a member or members. It is a form of self-attestation in which the members declare the information on their own, which is then verified.
Eligibility Sites	Referring to a location, typically a county office or medical assistance site, where individuals can apply for and manage their Health First Colorado (Colorado's Medicaid) coverage. These sites handle the application process, determine eligibility, and assist with Renewals.



Ex Parte	The process of renewing a member's eligibility is based on the verified information available within CBMS, utilizing data from the member's case file.
Combo Ex Parte	This includes cases that have both the Medical Assistance and CDHS Programs. This process allows the worker to work on both the CDHS Program and Medical Assistance Renewals at the same time.
Completed	The Renewal process was fully processed and finalized. The case is no longer in the Renewal process.
MA Ex Parte	The process used to Ex Parte members for Medical Assistance who either do not have CDHS Programs or did not have their Renewal processed through the Combo Ex Parte process.
Approval NOA	A notice indicating what a member will receive if found eligible for benefits, including eligibility information and how to appeal.
Denial NOA	A notice indicating what a member will receive if found ineligible for benefits, including eligibility information and how to appeal.
Social Security Administration (SSA)	A U.S. government agency that administers social security programs, including retirement, disability, survivor benefits, Supplemental Security Income (SSI), and Medicare, and issues Social Security numbers (SSNs).
Social Security Income (SSI)	A federal monthly income benefit for individuals with limited income and resources who are blind, 65 or older, or have a qualifying disability, including children with disabilities.
Final Determination	Currently known as Auto Re-enrollment and occurs on the 15th of the Renewal due month. CBMS will conduct one final check for updated verification if an Eligibility Worker has not manually authorized the case.
Discontinued Status (D)	The Renewal was not completed. This usually means the required paperwork or verifications were not returned on time, so the system closes the case.
During the Pending Status (P)	During this status, an MA Renewal will be extended if the Renewal paperwork is received, putting the case in pending status until a worker takes action on the case. More information can be found by utilizing Online Help in CBMS.
Generated Status (G)	The Renewal packet has been mailed to the member. The Renewal will stay in this status until the "Start RRR" button is clicked on the View RRR Detail Listing Page or when the RRR Due date is reached.
Income Discrepancy Letter	A letter is generated during the reasonable compatibility process when there is a discrepancy between a member's self-attested income and income provided by an electronic source.
Initiated Status (I)	CBMS begins preparing for the Renewal. The Ex Parte process happens during this status.
Interface	Data sharing agreements with a federal or state agency, commercial entity, or other data sources to verify data used in determining eligibility. Examples include, but are not limited to EQUIFAX, FDSH, IEVS, AVP, etc.
Negative Action	Any negative eligibility determination, such as a termination or denial.



Packet Received Date	This indicates whether the RRR Packet was received. If an RRR comes in through PEAK or MyCOBenefits, the Packet Received will be marked as Yes, and the RRR Status will be set to Started.
Pending Status (P)	This status shows up after the case is approved, either from an application or Renewal. CBMS is waiting for the next Renewal to begin.
Reasonable Compatibility (RC)	It is a method of verification used for Medical Assistance programs that compares a member's self-attested income against income provided by an electronic source.
Renewal	A case review and necessary verification to determine whether a Medical Assistance Program member continues to be eligible to receive Medical Assistance. Also referred to as a redetermination or RRR.
Required Verification	Verification that has not been updated within 6 months of the Renewal due date, and/or an item with the verification source of 'Client Statement' is entered into CBMS at Renewal.
Self-Attested Income	Self-Attested Income can either be verified or unverified. CBMS allows for a member's self-attested income to be data entered in the Self-Attested Earned Income Screen. The source selected can be a verified source, or it may be a member's client statement until verified by an interface or the member provides proof of their income.
Started Status (S)	The "Start RRR" button has been clicked. The case should now be reviewed, and any needed action taken.
Program Action Page	<p>One field will be a date field labeled 'Renewal Paperwork Received Date' for the Eligibility Worker to indicate when the paperwork was received.</p> <p>The second field, 'Renewal Paperwork Data Entry Date, ' will auto-populate to the date the Eligibility Worker completes the data entry on the 'Renewal Paperwork Received Date'. This field will permanently be disabled for the Eligibility Worker.</p>



Appendix B: Federal and State Policy Guidance

	Federal Policy	State Policy	Memo	What it is
1	42 C.F.R. §435.916(a)(1)	CCR 8.100.3.P.1		Federal regulation requires state Medical Assistance programs to renew eligibility once every 12 months. A redetermination or Renewal period is up to one year of coverage, starting from the initial application approval month.
2	42C.F.R. §435.930(b)	CCR 8.100.3.P.3.f and g		Federal regulation requires states to maintain coverage for members who submit Renewal documentation before the end of their renewal period until a final determination is made
3	42 C.F.R. §435.916(b)(2)9iii)	CCR 8.100.3. P.5		Federal regulation allows a member 90 calendar days after their eligibility has been terminated to return their Renewal form and/or requested documentation. This is known as the “90-day reconsideration period.” A Renewal form returned within the reconsideration period serves as an application, and members will not be required to submit a new application.
4			April 2025: HCPF OM 25-018	MA renewal can be satisfied with the CDHS renewal as a manual ex parte. If member submits CDHS renewal to county but not the MA renewal packet, we can use the CDHS renewal as the MA renewal and just need to make sure all applicable MA eligibility has been met.

Appendix C: Eligibility Worker Expectations

The What	Timeline	Policy/memo
Data Entry after the Received date	Determine eligibility 30 calendar days from the date of receiving the redetermination form and/or verification information	8.100.3.P.4. d.
Reinstatement Process	Reinstate a member's Medical Assistance Coverage when Renewal documents were provided before the end of their renewal due month until a final determination is made must be completed within 30 days.	TBD- Please monitor HCPF memo series 2025 for new or updated memos
Rescind	From the first day after the Renewal due month up to 90 days from the end of the Renewal due month.	Current Operational Memo Number as of June 2025: HCPF OM 24-007
Reapply	45 days - Standard processing timeline for MA applications	Current Operational Memo Number as of June 2025: HCPF OM 24-007



Appendix D: Web Links

The following table provides useful weblinks for processing MA Renewals

Website	How it relates to MA Renewals
HCPF Counties and Eligibility Partners	Eligibility Workers, other staff, and county partners can review eligibility resources and communications related to Medical Assistance.
Memo series	Eligibility Workers can review memos on Renewal specific policy, operational, and informational guidance
Training Colorado	Eligibility Workers/ other staff can review process manuals, and desk aids specific to each MA HLPG and the Renewal Process
SDD Co Learn	Eligibility Workers/other staff can review Web Based Trainings (WBTs) specific to each MA HLPG Renewal Process



Appendix E: Income and Interfaces

Income Considerations

Important Considerations include definitions to types of income referred to during the MA Renewals Process.

Earned Income

Earned Income refers to the gross amount received as an employee, e.g. money from a job.

Unearned Income

Unearned Income refers to the gross amount of money received that is not from employment or self-employment.

Self-Attested Income

Self-Attested Income can either be verified or unverified (see definitions of verified and unverified below). CBMS allows for a member's self-attested income to be data entered in the Self-Attested Income Screen. The source selected can be a verified source, or it may be a member's Client Statement. Once an interface has verified the Client's Statement or when the members provide proof of their income, the Self-Attested Income is considered Verified.

Verified Income

Income that an interface or an Eligibility Worker has verified. The following sources are considered verified.

- Check Stub
- Collateral Contact
- Contract
- County Form
 - Verification of Employment Form
 - Employment Verification Proof of Termination Forms
- Employer's statement
- Income Tax Records
- Self-Employed
 - Self-Employed Ledger (unless questionable)
 - Business Receipts in lieu of self-employment Ledger
 - Income, purchases, expenses, travel, assets, taxes

Unverified Income

Unverified Income is a member's Self-Attested Income (Client Statement) that the system or a worker has not verified.

Interface Income

Interface Income refers to income received through federally approved entities. These entities include:

- **Federal Data Service Hub (FDSH)** Interface sends CBMS employer information from Equifax that has known Federal Employer Identification Numbers (FEIN). CBMS calls this interface before the 12th of the month for a specific set of individuals based on their Renewal Due Date.
- **Equifax Work Number, aka The Work Number (TWN) Interface**, sends CBMS employer information that was unable to be retrieved from the Federal Data Service Hub (FDSH) due to not having a FEIN. CBMS calls this interface before the 12th of the month for a specific set of individuals based on their Renewal Due Date. CDHS TWN will not be utilized in the MA Renewal Process.



- The **Income Eligibility Verification System (IEVS)** Interface sends employment information from the Colorado Department of Labor and Employment (CDLE) to CBMS quarterly. This information contains wages from the previous quarter. IVEs includes information with and without FEINs.

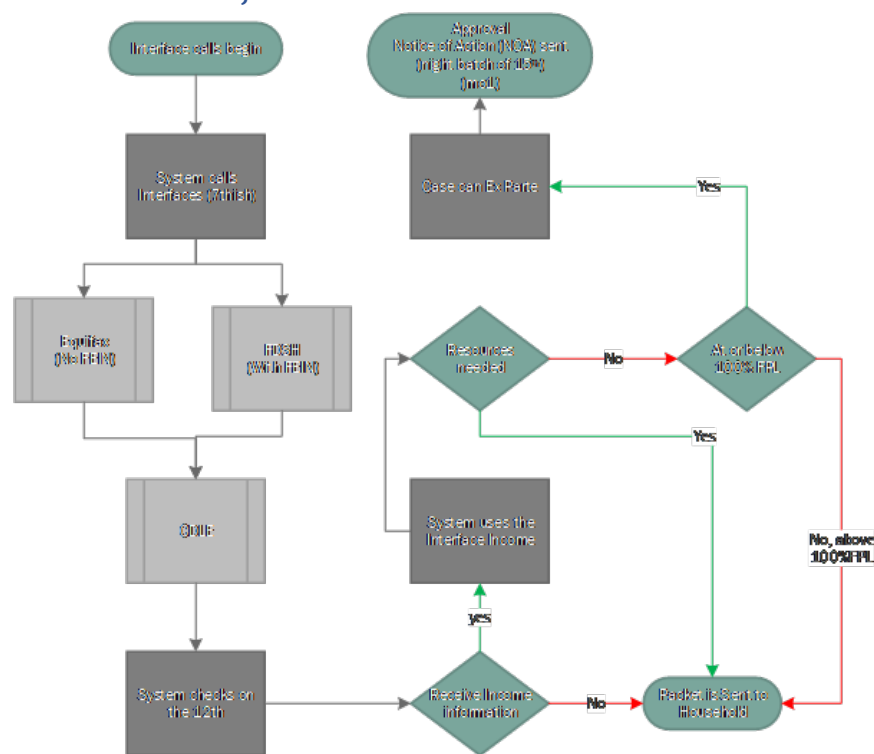
CDHS Program Income

Utilizing information previously obtained from another High-Level Program Group (HLPG) with the Colorado Benefit Management System (CBMS) for MA Ex Parte. Other HLPGs include Adult Financial (AF), Colorado Works (CW), and the Supplemental Nutrition Assistance Program (SNAP).

MA Renewal Interface Calls

During the MA Ex Parte Process, if no verified income has been found in the 6-month lookback, CBMS will make calls through interfaces in an attempt to receive verified income and complete the Ex Parte process for the members.

MA Ex Parte Interface Call Process Flow



MA Ex Parte Interface Call Process Flow Written Steps

1. Interface calls begin
2. CBMS calls the interfaces (Equifax, FDSH, CDLE) around the 7th of the month
3. CBMS checks for interface results on the 12th of the month, received a 'Yes' or 'No'
 - a. Interface receives income 'Yes' income will be used for Ex Parte
 - b. Interface does not receive income, 'No', a packet is sent to the members
4. Resource check determined if needed, 'Yes' or 'No'
 - a. If 'Yes', a packet is sent to the household
 - b. If 'No', and income is at or below 100% FPL is 'Yes', case can Ex Parte if no resource verifications are required and income received in the 6-month lookback
 - c. If 'No', and income is at or below 100% FPL is 'No', a packet is sent to the household



Appendix F: MA Ex Parte Special Circumstances

The following programs or situations are likely to be renewed during the MA Renewal Ex Parte Process

Children Under the Age of 19

During the MA Ex Parte process, if a Renewal Packet is sent to a household and a child (under age 19) on the case is eligible in their current benefit category or in a lower benefit category and the household fails to return the Renewal information (signature page/packet/Renewal verifications), the child cannot be terminated from Medical Assistance for failing to return the Renewal information. Instead, the child will be placed in the current or lower benefit category for a new Renewal period (12 months). Any other household member (who is not a child that is eligible for the lower benefit category) will be terminated from Medical Assistance for failure to return the Renewal information.

Federal Poverty Level (FPL)

During the MA Renewal Process, if a Case has verified income during the 6-month lookback period and the Monthly Budget Unit (MBU) is at or below 100% of the Federal Poverty Level (FPL), and all members meet all applicable MA eligibility criteria, the members will automatically be approved during the MA Ex-Parte process.

- Currently, members at or below 100% of the FPL are required to re-verify every 120 months.
 - Effective September 2025, members at or below 100% of the FPL are required to re-verify every 3 years. Re-verification of members being at or below 100% FPL are expected to begin in 2028.
- * For more information regarding the MBU, please refer to the MAGI MBU Flow Chart in the Training CO Document Library.*

Continuous Eligibility

Children enrolled in HCBS and SSI Mandatory who no longer meet the eligibility criteria for these programs will transition to MAGI Child for the remainder of their CE period and will not initiate a new 12-month period. [OM 25-014](#)

Former Foster Care (FFC)

Members who are Former Foster Care youth MA eligible in Colorado, are likely to pass Ex Parte during the MA Renewal Process because there is no income test. They may continue receiving coverage until the age of 26, no longer meet FFC eligibility criteria, or are no longer a Colorado resident. [OM 23-010](#)

Supplemental Security Income (SSI) Mandatory

When SSA determines a member is eligible for SSI, the member is automatically deemed eligible for Medicaid. Medicaid eligibility under the SSI category is directly related to the date a member first receives an SSI payment. Once approved, SSI remains verified regardless of the lookback period. If a member is already receiving SSI, they will likely be automatically renewed during the Ex Parte process.

Transitional Medicaid (TMA)

In some cases, individuals may be eligible for Transitional Medical Assistance (TMA), which provides a limited period of continued Medicaid coverage for families who become ineligible due to income changes. Members receiving TMA are entitled to 12 full months of coverage, even if other members in the household have different Renewal due dates. A member on TMA will still undergo the MA Renewal Ex Parte process. Regardless of the eligibility determination during the Renewal, members on TMA will continue to receive the full 12 months of coverage from their program begin date for TMA.



Appendix G: Examples

The following are example scenarios

Example 1: Manual Rescind

A family of four is receiving Medical Assistance with an MA Renewal due date of 11/2025. Members receive the following aid codes: <ul style="list-style-type: none"> • Mom = HCBS • Dad = WAwD • Two children = CHP+ 	
08/05/2025	The case is closed for 'Whereabouts Unknown' due to the returned mail process.
09/01/2025	On this day, the case was scheduled to begin the MA Ex Parte process but was skipped due to the RRR Case Status being set to 'Discontinued'.
10/03/2025	The household contacted their county office and informed them that the family had a change in address, which is why their mail was returned. The Eligibility Worker manually rescinded the case and updated the whereabouts unknown to 'No'. During this process, the MA RRR Status is updated to 'Pending', and the MA RRR Date is set to 01/2026. Adjusting the date ensures the case is picked up for the next MA Ex Parte cycle, which will begin on 11/01/2025.

Example 2: MA Reinstatement Process

A family of 4 receives Medical Assistance with an MA Renewal Due Date of 11/2025. Members receive the following aid codes: <ul style="list-style-type: none"> • Mom = HCBS • Dad = WAwD • Two children = CHP+ 	
09/01/2025	The MA Ex Parte process begins. During this process, it is determined that an MA Renewal packet must be sent to this household along with a VCL for Renewal Verification of resource item(s) for Mom (the packet being sent is not due to a child being found eligible in a higher or lower benefit category).
10/02/2025	The household returned the MA Signature page but did not return the VCL item(s).
10/25/2025	In the Program Action page, the Eligibility Worker indicates that the paperwork associated with the MA Renewal packet was received on 10/02/2025.
Result	
<p>Upon saving the page: 'Data Entry Complete' is set to 'No' for MA. The MA RRR status remains as 'Generated'.</p> <p>That evening, the new MA Reinstatement process runs: No action is taken on the aid codes because none of the Members have been terminated. Their eligibility end dates remain open. The MA Reinstatement speed letter was not sent, as no members were reinstated. The letter only generates when at least one member is reinstated.</p>	
12/05/2025	<p>The Eligibility Worker starts the MA RRR, completes their data entry in CBMS, and runs eligibility.</p> <p>The mom is terminated upon running eligibility for not returning the required resource Renewal verification item(s).</p> <p>A termination NOA is triggered for the mom, including the reason for the termination and indicating that as of 01/01/2026, she lost coverage.</p> <p>The dad and children receive an approval NOA, including their coverage begin date of 12/01/2025, the first of the new certification period.</p>

Example 3: MA Reinstatement Process

A family of four has Medical Assistance with an MA Renewal due 11/2025. All Members are receiving a MAGI aid code: <ul style="list-style-type: none"> • Mom and Dad = MAGI Parent/Caretaker • Two children = MAGI Children 	
09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent for this household due to unverified self-employment income for Dad (the packet is sent and is not related to a child being eligible in a higher or lower benefit category).
11/16/2025	<p>The household did not return any paperwork associated with their 11/2025 MA Renewal.</p> <p>The MA program is discontinued/terminated for all four Members with an effective end date of 11/30/2025. The MA case is closed.</p>



	A termination NOA, including the reason for the termination, states that, as of 12/01/2025, they lost coverage.
11/22/2025	The household returned part of the Renewal packet, including the signature page, and reported and provided verification of a doctor's note that the mom was pregnant.
11/25/2025	In the Program Action page, the Eligibility Worker indicates that the paperwork associated with the MA Renewal packet was received on 11/22/2025.
Result	
<p>Upon saving the page:</p> <ul style="list-style-type: none"> • 'Data Entry Complete' is set to 'No' for MA. • The MA is rescinded, and the RRR status is set to 'Generated'. <p>That evening, the new MA Reinstatement process runs:</p> <ul style="list-style-type: none"> • It removes their aid code eligibility end dates; all four Members will be automatically reinstated in their respective aid codes (MAGI Parent/Caretaker and MAGI Children). • Creates a trigger for the Med Span process to update the case file. • The MA Reinstatement speed letter is sent to the household, listing all four Members. 	
12/05/2025	<p>The Eligibility Worker starts the MA RRR, completes their data entry in CBMS, including the verified income, and runs eligibility. Upon running eligibility, the mom is moved into MAGI Pregnant effective the month of her pregnancy record, 12/01/2025. The dad and two kids remain eligible in their respective aid codes (MAGI Parent/Caretaker and MAGI Children).</p> <p>The household's new Renewal Due Date is set to 11/2026.</p> <p>All four Members receive an approval NOA, including their coverage begin date of 12/01/2025, the first day of the new certification period.</p>

Example 4A: Verification of Resources Required and MA Reinstatement Process

A family of 4 receives Medical Assistance with an MA Renewal Due Date of 11/2025. Members receive the following aid codes:	
<ul style="list-style-type: none"> • Mom = HCBS • Dad = WAWD • Two children = CHP+ 	
09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent to this household along with a VCL for Renewal Verification of resource items for Mom (the packet is not sent due to a child being eligible in a higher or lower benefit category).
11/16/2025	<p>The household did not return any paperwork associated with their 11/2025 MA Renewal.</p> <p>During the final review process, when eligibility is run, the children remain eligible for CHP+. They receive an approval NOA, including their coverage begin date of 12/01/2025, the first of the new certification period.</p> <p>The parents both receive a termination NOA that includes the reason for the termination, indicating that, as of 12/01/2025, they lost coverage.</p>
11/22/2025	The household returned the MA Signature page but did not return the VCL item(s).
11/25/2025	In the Program Action page, the Eligibility Worker indicates that the paperwork associated with the MA Renewal packet was received on 11/22/2025.
Result	
<p>Upon saving the page:</p> <ul style="list-style-type: none"> • Data Entry Complete is set to 'No' for MA. • The MA is rescinded, and the RRR status is set to 'Generated.' 	



That evening, the new MA Reinstatement process runs: <ul style="list-style-type: none"> • It eliminates the end dates for their aid code eligibility, and the parents will be automatically reinstated in their respective aid codes (HCBS, WAwD). • Creates a trigger for the Med Span process to update the case file. • The MA Reinstatement speed letter is sent to the household, listing the two Members (parents). 	
12/05/2025	<p>The Eligibility Worker starts the MA RRR, completes their data entry in CBMS, and runs eligibility. The mom is terminated upon running eligibility for not returning the required resource Renewal verification item(s).</p> <p>A termination NOA is sent to the mom, stating the reason for the termination and indicating that she will lose coverage as of 01/01/2026.</p> <p>The dad will receive an approval NOA stating that his coverage begins on 12/01/2025, the first day of the new certification period.</p>

Example 4B: Verification of Resources Required and MA Reinstatement Process

<p>A family of 4 receives Medical Assistance with an MA Renewal Due Date of 11/2025. Members receive the following aid codes:</p> <ul style="list-style-type: none"> • Mom = HCBS • Dad = WAwD • Two children = CHP+ 	
09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent to this household along with a resource VCL for Mom (the packet sent is not due to a child being eligible in a higher or lower benefit category).
11/16/2025	<p>The household did not return any paperwork associated with their 11/2025 MA Renewal.</p> <p>During the final review process, when eligibility is assessed, the children remain eligible for MAGI Children. They receive an approval NOA, which includes their coverage start date of 12/1/2025, the first day of the new certification period.</p> <p>The parents both receive a termination NOA, which includes the reason for the termination and states that, as of 12/1/2025, they lost coverage.</p>
11/22/2025	The household returned the MA Signature page but did not return the resource VCL item(s).
11/25/2025	In the Program Action page, the Eligibility Worker indicates that the paperwork associated with the MA Renewal packet was received on 11/22/2025.
Result	
<p>Upon saving the page:</p> <ul style="list-style-type: none"> • Data Entry Complete is set to 'No' for MA. • The MA is rescinded, and the RRR status is set to 'Generated.' <p>That evening, the new MA Reinstatement process runs:</p> <ul style="list-style-type: none"> • It removes the end dates for their aid code eligibility, and the parents will be automatically reinstated in their respective aid codes (HCBS, MAGI Adult). • A trigger is created for the Med Span process to update the case file. • The MA Reinstatement speed letter is sent to the household, listing the two Members (parents). 	
12/05/2025	<p>The Eligibility Worker starts the MA RRR, completes their data entry in CBMS, and runs eligibility. The mom is terminated upon running eligibility for not returning the required resource VCL.</p> <p>A termination NOA is sent for the mom, including the reason for the termination and the fact that, as of 1/1/2026, she lost coverage.</p> <p>The dad will receive an approval NOA, including his coverage begin date of 12/1/2025, the first of the new certification period.</p>



Example 5: Renewal Packet Required and the MA Reinstatement Process

<p>A family of four receives Medical Assistance with an MA Renewal Due Date of 11/2025. All Members have a MAGI aid code:</p> <ul style="list-style-type: none"> • Mom and Dad = MAGI Parent/Caretaker • Two children = MAGI Children 	
09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent to this household due to a change in eligibility (the packet being sent is not due to a child being eligible in a higher or lower benefit category).
11/16/2025	<p>The household did not return any paperwork associated with their 11/2025 MA Renewal.</p> <p>During the final review process, when eligibility is assessed, the children continue to qualify for MAGI Children. They receive an approval NOA, which includes their coverage start date of 12/1/2025, the first day of the new certification period.</p> <p>The parents received a termination NOA stating the reason for the termination and stating that, as of 12/1/2025, they lost coverage.</p>
11/22/2025	The household returned the MA Renewal packet, reporting a new income and including the signature page.
11/25/2025	In the Program Action page, the Eligibility Worker indicates that the paperwork associated with the MA Renewal packet was received on 11/22/2025.
Result	
<p>Upon saving the page:</p> <ul style="list-style-type: none"> • Data Entry Complete is set to 'No' for MA. • The HLPG of MA is rescinded, and the RRR status is set to 'Generated.' <p>That evening the new MA Reinstatement process runs:</p> <ul style="list-style-type: none"> • It removes their aid code eligibility end dates, and the parents will be automatically reinstated in their respective aid codes (MAGI Parent/Caretaker). • Creates a trigger for the Med Span process to update the file. • The MA Reinstatement speed letter is sent to the household, listing all four Members . 	
12/05/2025	<p>The Eligibility Worker starts the MA RRR, completes their data entry in CBMS, and runs eligibility. Upon running eligibility, a request for verification is triggered for the newly reported earned income, which is required for the MAGI MBU.</p> <p>The VCL has a standard due date of 10+1 (12/20/2025).</p>
12/30/2025	<p>The household did not return the requested verification (5 business days after the VCL due date, the system automatically runs eligibility). The Members are terminated from their aid codes effective 1/31/2026 (providing 10-day noticing).</p> <p>All four Members are mailed a termination NOA, which includes the reason for the termination and the fact that, as of 2/1/2026, they lost coverage.</p> <p>The children are not eligible for Continuous Eligibility (CE) coverage because the verification item requested was for income, and without it, the MAGI MBU cannot be determined.</p>

Example 6: Renewal Packet and VCL Required and the MA Reinstatement Process

<p>A family of three receives Medical Assistance with an MA Renewal Due Date of 11/2025. The Members receive the following aid codes:</p> <ul style="list-style-type: none"> • Grandmother = HCBS • Two grandchildren = MAGI Children 	
09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent to this household along with a VCL for Renewal Verification items regarding the grandmother (the packet sent is not due to a child being eligible for a higher or lower benefit category).
11/16/2025	The household did not return any paperwork associated with their 11/2025 MA Renewal.



	<p>During the final review process, when eligibility is assessed, the children remain qualified for MAGI Children. They receive an approval NOA, which includes their coverage start date of 12/1/2025, the first day of the new certification period.</p> <p>The grandmother receives a termination NOA, which states the reason for the termination and indicates that, as of 12/1/2025, she will no longer have coverage.</p> <p>The MA program RRR status has been moved to Pending (because the children were approved), with a new MA Renewal Date of 11/2026.</p>
11/22/2025	The household returned the MA Renewal packet with updates indicating that the grandmother no longer has the resources listed on the packet. The paperwork submitted included the signature page.
11/25/2025	In the Program Action page, the Eligibility Worker indicates that the paperwork associated with the MA Renewal packet was received on 11/22/2025.
Result	
<p>Upon saving the page:</p> <ul style="list-style-type: none"> • Data Entry Complete is set to 'No' for MA. • An MA Reapply record is created for the grandmother with a 12/1/2025 date. • The case MA RRR status remains untouched as 'Pending.' <p>That evening, the new MA Reinstatement process runs:</p> <ul style="list-style-type: none"> • It removes the grandmother's aid code eligibility end date, automatically reinstating her in the HCBS aid code. • It creates a trigger for the Med Span process to update the case file. • The MA Reinstatement speed letter is sent to the household, listing only the grandmother. 	
12/05/2025	<p>The CBMS Eligibility Worker starts the MA RRR, completes their data entry in CBMS, updates the 'Data Entry Complete' to yes, and runs eligibility.</p> <p>Upon running eligibility, a request for verification is sent to verify the disposition of the case file resources. The VCL has a standard due date of 10+1 (12/20/2025).</p>
12/30/2025	<p>The household did not return the requested verification (5 business days after the VCL due date, the system automatically runs eligibility). The grandmother is terminated from her HCBS aid code effective 1/31/2026 (providing 10-day noticing).</p> <p>She receives a termination NOA, which includes the reason for the termination and indicates that, as of 2/1/2026, she lost coverage. Both children received a no-change NOA confirming that no action was taken regarding their coverage.</p>
01/05/2026	After seeking help from a community advocate, the grandmother went to the county office with proof that the resources listed in her case were no longer owned.
01/05/2026	<p>The front desk worker attempted to add that the paperwork was received on the Program Action page but could not save the data. Instead, she received an error message, 'The Renewal Paperwork Received Date is outside the Renewal month, and the record cannot be saved.' on the screen because it is past the one-month grace period of the grandmother's MA Renewal month (11/2025).</p> <p>Instead, the received verification items are routed through the regular process so that a case manager can process the returned data.</p>
01/19/2026	<p>An Eligibility Worker reviews the documents provided for the disposed resources. The worker updates the applicable resource records with a valid verification source and re-runs eligibility. The grandmother is determined to be eligible for HCBS.</p> <p>She received an approval NOA, which includes her coverage begin date of 12/1/2025, and the date of her new certification (Renewal approval notices print with the first day of the new certification period). The children once again received a no-change NOA confirming no action was taken regarding their coverage.</p>

Example 7: Renewal Packet Required Due to Change in Benefit Category

<p>A family of four receives Medical Assistance with an MA Renewal Due Date of 11/2025. All Members are receiving a MAGI aid code:</p> <ul style="list-style-type: none"> • Mom and Dad = MAGI Parent/Caretaker • Two children = MAGI Children 	
09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent for this household because the verified income changed the household's eligibility. Both children are eligible for an aid code in a lower benefit category, CHP+.
11/16/2025	The household did not return any paperwork associated with their 11/2025 MA renewal and the final step of Ex Parte runs.
Result	
<p>The children are approved and placed in the lower benefit category aid code of CHP+. They receive an approval NOA, including their coverage begin date of 12/1/2025, the first of the new certification period. The new MA Renewal Date of 11/2026 is set on the case.</p>	



A termination NOA is triggered for the parents, including the reason for the termination indicating that as of 12/1/2025, they lost coverage.

Example 8: Renewal Packet Required Due to Change in Benefit Category

A family of three receives Medical Assistance with an MA Renewal Due Date of 11/2025. The Members receive the following aid codes:

- Mom = MAGI Adult
- Child 1 = MAGI Children
- Child 2 = HCBS

09/01/2025	The MA Ex Parte process has begun. During this process, it is determined that an MA Renewal packet must be sent for this household. The verified income determines that Mom is over income for MAGI Adult. Child 1 is now determined eligible for CHP+, and Child 2's coverage has also changed; their Level of Care waiver has expired, and they are now eligible in a lower aid code, CHP+.
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11/16/2025	The household did not return any paperwork associated with their 11/2025 MA Renewal and the final step of Ex Parte runs.
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Result

The children are approved and placed in the lower benefit category aid code of CHP+. They receive an approval NOA, including their coverage begin date of 12/1/2025, the first of the new certification period. Child 2 also received a termination from HCBS, including the reason for losing coverage, effective 12/1/2025. The new MA Renewal Date of 11/2026 is set on the case.

A termination NOA is triggered for the mom, including the reason for the termination, indicating that as of 12/1/2025, she lost coverage.

