CMS Medical Assistance Renewal Requirements

Understanding the Changes and New Functionality Project 10595

Presented by: HCPF



Welcome

- Presentation speakers and Subject Matter Experts (SMEs)
- Question and Answer breaks
- Questions and Answers will be posted after the presentation
- Session recorded and posted on HCPF training topics website
- Contacts
- Office hours during the upcoming Touch Base Meeting
- Revamp of the Medical Assistance (MA) Renewal Workbook



Introduction

Overview of Colorado Benefits Management System (CBMS) and Project 10595

- Project Objective:
 - Ensuring continued medical assistance coverage upon timely Renewal information submission.
 - Aligning system processes with federal requirements.
 - Enhancing client notification and correspondence.



Covered Topics

- MA Renewal Ex-Parte Process Previous functionality
- MA Renewal Ex-Parte Process New functionality
- PEAK Inbox update
- Client correspondence and notifications
- Processing Guidelines
- Reporting and monitoring enhancements



MA Renewal Ex-Parte Process Previous Functionality



Ex-Parte Process:

- Income verified:
 - 6-month lookback period (verified by an electronic interface such as The Federal Data Service Hub (FDSH), Equifax, or The Colorado Department of Labor and Employment (CDLE) or,
 - Pay stub, employer statement, etc.
- Reasonable Compatibility (RC) Check with a 20% income buffer.
- Approvals were granted when there was an income discrepancy letter sent and no other income and/or resource VCLs were required.
- Cases/members with verified income auto-renewed
- Cases that required income or resource verification were sent a Renewal Packet and a VCL.
 - Signature Page required to complete the Renewal Process





MA Renewal Process New Functionality

Ex-Parte and System Renewal Changes Quick Glance:

- Removal of Reasonable Compatibility Check at Ex Parte
- New 6-month lookback period income calculation
- PEAK Inbox Update
- MA Reinstatement Process
- CBMS screen updates

Client Correspondence Quick Glance:

- New MA Reinstatement Speed Letter
- Updated MA Renewal Verification Checklist Cover Letter

Reporting and Monitoring Enhancements Quick Glance:

• Dashboard updates

*New logic will begin at Ex Parte in July 2025, which will affect September Renewals.



- The reasonable compatibility (RC) check, including the 20% buffer, was removed during the Renewal Ex-Parte process due to guidance received from the Centers for Medicare & Medicaid Services (CMS).
- * Reasonable compatibility still applies during both Intake and Ongoing.



As a reminder, before the removal of RC at Ex-Parte:

- An electronic data source in CBMS verified earned income.
- The system conducted an RC check and determined that the household exceeded the 20% buffer at Ex Parte.
 - The household received an approval NOA and an Income Discrepancy Notice.
 - The household had to respond to the Income Discrepancy Notice.



After Removal of RC at Ex-Parte:

- The Reasonable Compatibility Check no longer applies at Ex Parte.
 - Instead, eligibility will review a given member's earned Income record(s) during the MA Ex Parte Renewal process.
- The household will be sent a Renewal packet and a VCL if the earned income is not verified within the 6-month look-back period.
- If the Earned Income record does not meet eligibility income requirements, a Renewal packet will be generated.
 - No longer sending an Income Discrepancy Notice along with an approval notice.



After Removal of RC at Ex-Parte:

In the MA Ex Parte screen, the "Reasonable Compatibility" field was renamed to "Unverified Earned Income".

Name		Eligibility Stat	us Ch	ange in Eligibility	VCL Requi	red Unv	verified Earned In	c RRR	Packet to be sen	it Pri
IA Ex Parte R	esults									
					Select RF	RR Month			~	
Case#					RRR Mont	h				_
SearchCriter	ia									
Inquire on Inc	lividual	Application	Medicare Bu	y-In Summary Indi [,]	PEAK Inbox	ICR Documents	Work Progra	m Hours	Case Informat	tion 1
CBMS	5 Home	WD/EF Ho	ome Search	HCA Applicatio	on 🗸 Telep	honic Application	Incomplete App	lications 🥆	✓ Case ✓	Benefit
Seath Care Pole Summ Services Office of Information	agernen 1 System In Roacing on Federalogy						Search: 🔻	Q Sea	rch	



CBMS will first check the Self-Attested Earned Income screen to see if there is verified earned income and/or interfaced income found within the last 6 months

- If there are multiple open Self-Attested Earned Income records, CBMS will use the records with the latest dates verified in the Paycheck Summary screen and/or the dates verified for the interfaced income.
- If both Self-Attested Earned Income and interfaced earned income records have the same posting date (Date Verified), then only the interface income record(s) will be used (along with any other type of countable unearned income or self-employment income on the case).
- If there are any existing interfaced records within the 6-month lookback but no Self-Attested Earned Income records, CBMS will use the most recent interfaced income records for Ex Parte.



- If there are 'No' earned income records found on the Self-Attested Earned Income screen, and 'No' existing interfaced income within the 6-month lookback period, CBMS will call the interfaces in this specified order. If a response is received on the first call, no further calls will be made, and the newly interfaced income will be used for Ex Parte.
 - FDSH (1st call)
 - Equifax

*Note: Any record(s) with an open-end date that does not fall within the 6month lookback period will not be used for Ex Parte.



- If CBMS does not identify a Self-Attested Earned Income or an interface record on file during the six-month lookback period, and after making the interface calls, there is still no response, then the member(s) will pass Ex-Parte based on the member having zero income on file.
 - Approval NOA will be triggered
- If the member's verified countable income is at or below 100% FPL or at or below the member's aid code evaluated income threshold, and the member is otherwise eligible based on all other eligibility criteria:
 - Approval NOA will be sent to the member



Questions?



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PEAK Inbox Update at Renewal



PEAK Inbox Update at Renewal

Electronic Documentation Through PEAK:

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

nbers	Actions Create Application Copy HOH	Program Name	Case Worker	Program Status	Expedited	EX Override	Stat
		Medical Assist	Gonzalez, Este	Approved			
	Add Member	V PEAK/ICR	Inbox Search				
		Арр Туре	Tracking #	App Submit	Applicant/Cli	Program(s) R	Pr
		Change Reports	9204722991	06/13/2025 6:	Aylin TorresCruz	MA	
		Change Reports	8204723387	06/13/2025 6:	Aylin TorresCruz	MA	
		∧ Work Prog	gram Summary				





New MA Reinstatement Process

The MA Renewal Reinstatement process applies to members who provided a Renewal Packet and/or any requested documentation before the end of their Renewal (after the 15th of the Renewal Due Month). Medical Assistance coverage must be maintained or restored for those who may have been terminated until a final determination is made.



The new MA reinstatement process requires action from eligibility sites to keep the member active or restore a member's coverage until the documentation can be reviewed. This will enable CBMS to extend/reinstate the member(s).

- The Program Action Page now includes three newly added fields
 - Renewal Paperwork Received Date
 - Renewal Paperwork Data Entry Date
 - Program Group (Medical Assistance)

*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



To initiate the new MA Reinstatement Process, the Eligibility Site must manually enter the newly added field <u>Renewal Paperwork Received Date</u> on the Program Action screen when the Renewal paperwork is received, including those received in the PEAK Inbox.

- CBMS will then automatically pre-populate the <u>Renewal Paperwork Data</u> <u>Entry Date</u> and the <u>Program Group</u> after the Eligibility Site completes the Renewal Paperwork Received Date.
- **IMPORTANT:** Eligibility Sites <u>must</u> still complete the Edit RRR Detail Screen in addition to the new Renewal Paperwork Received Date in the Program Action Screen.



Program Action Screen:

Members Case Int	formation Case Que	stions Case Wrap Up	CDHS Scheduling Interviews	CDHS Interview Attendance	Child Support Ra
Program Group A	Request Date	Status	Reason Effective Be	gin Date Effective End Date	
Medical Assistance	01/27/2003	Approved	09/08/2023	3	∞ /
Long Term Care	01/27/2003	Approved	03/15/2011	09/30/2013	• /
SNAP	07/13/2023	Denied	07/14/202	3	o /
Medicare Savings P	08/01/2004	Discontinued	09/24/2008	3	0 /
Childrens Health Pl	06/01/2013	Denied	07/02/2013	3	0 /

Effective Begin Date Effective End Date O9/08/2023 Reason Sclopt Status	
09/08/2023 Status Reason Colort Other	
Status Reason	
Colord Onton	
Select Neason	
Renewal Paperwork Received Renewal Paperwork Data Entry	
Date	



A hyperlink from the Members Page will be added to the MA program's case header. Clicking on this hyperlink will take the Eligibility Worker directly to the Program Action Screen.





When an Eligibility Site enters information into the new fields on the Program Action page, it initiates the MA Reinstatement Process. A message with an "OK / Cancel" button will appear in a pop-up.

- When the Eligibility Site clicks "Cancel", no action is performed.
- When the Eligibility Site selects "OK", the save action and the Rescind process will be automatically performed by CBMS.

A message will appear in a pop-up window.

• "Warning: By updating this entry, you will be reinstating MA benefits for applicable Member(s) and updating the Case Complete Indicator to No. This action cannot be undone."





The Eligibility Site must complete the Program Action data entry <u>on or</u> <u>before</u> the last day of the month following the MA Renewal month for CBMS to <u>automatically</u> rescind or use the reapply function to reinstate a member's coverage.

- An "MA reapply" record will be created with a "reapply Date" set as the first day of the month following the MA Renewal Due Month.
- The Case Wrap-Up screen will automatically change to case complete "No"
- A member will be reinstated into their most recent aid code
- The member will receive a MA Reinstatement Speed Letter
- System-Generated Comment language: "Coverage will be extended until a final determination of benefits can be made for the new Renewal period".

*As a reminder, Eligibility Workers must change case wrap-up complete to "Yes" after completing all data entry and before running EDBC.



Updates to Case Wrap-Up Screen:

- A message will be displayed when the Eligibility Worker updates Data Entry Complete from "No" to "Yes" and the "Renewal Paperwork Data Entry Date" has a date populated on the Program Action Screen.
- This message will warn Eligibility Workers that upon saving the record on "Case Wrap-up", the "Program Action" page for Medical Assistance will be cleared and moved to history.
 - Warning: Changing Data Entry Complete to Yes clears Program Action fields. Data entry in the fields is only possible in or up to a month after the MA Renewal Due Date.

Warning Changing Data Entry Complete to Yes clears Program Action fields. Data entry in the fields is only possible in or up to a month after the MA Renewal Due Date.



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If the Eligibility Site completes the Program Action data entry <u>after</u> the last day of the month <u>following</u> the MA Renewal month, the Eligibility Worker will need to <u>manually</u> rescind or use the reapply function to reinstate the member.

- A member will be reinstated into their most recent aid code
- The member will not receive a MA Reinstatement Speed Letter
- The Eligibility Worker needs to enter a case comment explaining why the case was rescinded as part of the reinstatement process, including a timeframe of 30 days.
- The Eligibility Worker must complete the Edit RRR Detail Screen.
- If the data entry date on the Program Action screen exceeds the last day of the month <u>following</u> the MA Renewal Month, a warning will be displayed: "You are past the window to edit this field. Edits can only be made one month after the MA Renewal Due Date".

*As a reminder, Eligibility Workers must change case wrap-up complete to "Yes" after completing all data entry and before running EDBC.



Example for <u>Automatic Rescind/Reapply</u> Process:

- MA Renewal is due September 30th
- The member provides the Renewal paperwork on September 17th
- The Eligibility Site completes the Renewal Paperwork Received Date in the Program Action screen on October 18th
 - The data entry must be completed on or before the last day of the month following the MA Renewal month.
- CBMS will now automatically rescind/reapply the case if it is closed, and reinstate the member's coverage as of October 1st

*As a reminder, the Rescind process is used when a case is completely closed and there are no active members on a case.

*As a reminder, the reapply process is used when the case is still open, but one or more members have failed and have re-applied for MA.



Example for <u>Automatic Rescind/Reapply</u> Process Timeline:





Example for Manual <u>Rescind and/or Reapply</u> Process:

- MA Renewal is due September 30th
- The member provides the Renewal paperwork on September 29th
- The Eligibility Worker completes the Renewal Paperwork Received Date in the Program Action screen on November 17th
 - The data entry was not completed after the last day of the month following the MA Renewal month.
 - A warning will be displayed: "You are past the window to edit this field. Edits can only be made one month after the MA Renewal Due Date".
- The Eligibility Worker will need to manually rescind or use the reapply function for the case to reinstate the member's coverage as of October 1st



Example for Manual <u>Rescind and/or Reapply</u> Process Timeline:





Questions?



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Client Correspondence and Notifications



Client Correspondence and Notifications

New MA Reinstatement Speed Letter:

- Automatically generated when reinstatement is triggered
 - Applies to the automatic reinstatement process.
 - Sent when the Program Action Screen is completed.
 - Includes all affected household members.

Updates to Renewal Verification Checklist Cover Letter:

- New correspondence with updated language notifying households of missing documentation.
- Includes all Household members with a missing verification.



Client Correspondence and Notifications

Example of the new MA Reinstatement Speed Letter



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



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Client Correspondence and Notifications

Example of the New MA Renewal Verification Checklist Cover Letter



[v_Current_Date_Dt]

[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] Case ID: [v_Case_Number] Respond by: [v Due Date Dt]

Renew your health coverage: Action required

Dear[v_Head of Households 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:

- 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 [due date]

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?



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Processing Guidelines



Processing Guidelines

Effective July 1st, 2025

Updates to Volume 8 Section 8.100.3.P.:

- Eligibility sites have 30 calendar days to determine a member's final eligibility. This update is consistent with federal regulation 435.912(c)(4)(i).
- This policy applies to Renewals and the 90-day Reconsideration Period.
- The Eligibility Worker has 15 days to work any additional verifications that were requested at Renewal.



Questions?



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Reporting and Monitoring Enhancements



Reporting and Monitoring Enhancements

County Dashboards with an Update:

- HCPF Renewal Timeliness
- HCPF RRR EPG
- HCPF Pending RRR

- Each dashboard has a new filter titled "Renewal Extended" added to the available filters
- Each dashboard has a new "Renewal Extended" column added to the existing raw data

*MAP Dashboard Webinar July 15th for more details on timeliness



Conclusion



Conclusion

Summary of Key Changes:

- Removal of Reasonable Compatibility Checks during Ex Parte.
- Requirement for household/member to submit income verification if not verified within the 6-month lookback period.
- PEAK Inbox update
- MA reinstatement period introduced for those who submit Renewal paperwork within the timeframe.



Questions?



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Contact Info

Medicaid Inbox hcpf_medicaid.eligibility@state.co.us

MAP Team <u>HCPF_MAPDashboards@state.co.us</u>



Resources

- Medical Assistance Renewal Workbook (updated version)
- MAP Dashboard Timeliness Webinar 7/15/2025
- SDD COLearn WBTs Updates
- Office Hours
 - July (7/31) and August (8/28) Eligibility Site Touchbase meetings will have a standing agenda item for any questions on the Renewal project.



Thank you!

