

Renewal Revamp Workbook

CBMS MA Redetermination Revamp Project CPPM-4184

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COLORADO
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How to Use This Workbook

This workbook will introduce you to the Medical Assistance (MA) Renewal Revamp changes coming in February 2022. This workbook is intended for Eligibility Workers to make notes on, check their knowledge, and to expand upon information in the Renewal Revamp training. For more information and practice, view our recorded virtual training and attend our instructor-led training and webinar for more information on data entry and the changes in CBMS.

Definitions

Common MA Definitions

CDHS Renewal - A renewal packet received by the Eligibility Site that is for a CDHS program, such as SNAP or CW.

Eligibility Sites - A location outside of the Department that has been deemed by the Department as eligible to accept applications and determine eligibility for MA applicants. This includes Counties, MA Sites, and EAP Sites.

Ex Parte - The attempt to renew a member's eligibility for Medical Assistance based on available information in CBMS, using information in the member case file, as well as electronic data sources, and information previously received from a Supplemental Nutrition Assistance Program (SNAP) or Colorado Works (CW) case.

- **Combo Ex Parte** - The attempt to renew a member's eligibility for Medical Assistance using information previously received from a SNAP or CW case.
- **MA Ex Parte** - The attempt to renew a member's eligibility for Medical Assistance based on available information in CBMS, using information in the member case file, as well as electronic data sources. This occurs in the CBMS in two steps: Step A and Step B.

Final Decision - 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.

Generated Status (G) - Renewal status in CBMS will be updated to "Generated" once a renewal packet is generated to be sent to the household. This will occur on the 15th of the month, 3 months prior to the renewal due date. Example: Renewal due 10/31/2021, Renewal will be generated no later than 8/15/2021 if certain criteria are not met.

Income Discrepancy Letter - A letter generated during the reasonable compatibility process when there is a discrepancy between the electronic source income and attested income. This will be sent when the discrepancy is not within the threshold. The member must respond to the letter and explain the discrepancy prior to having eligibility determined.

Initiated Status (I) - Renewal status in CBMS will be updated to “Initiated” 90 days prior to the Renewal being due. This will trigger the interfaces to be called during the MA Ex Parte process. Example: Renewal due 10/31/2021, case will be moved to Initiated status on 8/1/2021.

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.

Reasonable Compatibility (RC) - 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 in more than 4 months of Renewal due date and/or a verification source of “Client Statement” is entered into CBMS at renewal.

I. Introduction: THE BIG CONCEPT

What You Will Learn

- The new renewal process consists of several steps and includes a newly designed form the Member will receive and must sign and return in order for the renewal process to be considered complete. Additionally, the new process involves MA Ex Parte. This workbook will explore the new renewal packet and how it is different, the new renewal process, MA Ex Parte, and all of the steps taken with the new renewal process.
- The MA Ex Parte logic will be applied to Medical Assistance renewals that are due 3 months after the month of the MA Renewal Revamp project’s implementation.
 - **Example:** Medical Assistance Renewals from May 2022 onward undergo the MA Ex Parte process. MA renewals due in February 2022, March 2022, and April 2022 continue to follow the renewal process established before CPPM-4148 was implemented.

II. New Renewal Packet and Signature Page

New Renewal Packet

Why a new packet?

- Easier to navigate and complete

- Signature is now required

What's changed?

- Sections are in block format for future Intelligent Character Recognition (ICR)
- Signature page added

Signature Page

Why? Clarification from federal partners Centers for Medicare and Medicaid (CMS) regarding regulations at 42 CFR 435.916.

Policy: Signature page must be signed and returned in order for the renewal process to be considered complete.

Take Notes Here

III. Ex Parte

Policy - The attempt to renew a member's eligibility for Medical Assistance based on available information in CBMS, using information in the member's case file, as well as electronic data sources, and information previously received from a SNAP or CW case.

CBMS Functionality

Old - When a non-MA renewal was started in CBMS and MA was present on the case, CBMS would move the MA renewal due date to match the non-MA renewal due date in order to start the MA. This was previously known as Ex Parte.

New - There are two types of Ex Parte: Combo Ex Parte and MA Ex Parte.

Previous functionality is now known as Combo Ex Parte and will only occur if MA Ex Parte Step A has not started yet. MA Ex Parte will be in two steps (Step A and B) to attempt to verify eligibility via interfaces before sending a renewal packet (Step A) and conducting one final check of missing and necessary verification before sending a verification checklist (VCL) (step B). These steps will begin 3 months (90 calendar days), on the 12th of the month, before the renewal due date.

IV. MA Ex Parte

Represents the new, multi-step process where an individual's Medical Assistance coverage is attempted to be automatically renewed by using info in their case and/or via other electronic data sources. It consists of Step A and Step B. States must first attempt to redetermine eligibility based on reliable information through the MA Ex Parte process.

Step A

- Step A represents the initial step that triggers the MA Ex Parte process in CBMS.
- Step A aims to identify which cases receive an MA renewal packet, an Income Discrepancy letter, and/or which cases receive approval NOA(s) for eligible member(s) and sends the identified correspondence out to members. Members do not receive a VCL alongside the packet if a packet is going out.
 - On the 12th of the 3rd month prior to the MA renewal date, CBMS will identify MA renewals coming due, and call select interfaces.
 - If an approval cannot be determined via MA Ex Parte, a renewal packet will be sent.
 - Step A has to conclude and send out the household's correspondence by the 15th of the 3rd month prior to the renewal due date.
- CBMS will check to determine if verifications are required and perform a reasonable compatibility check and run eligibility on the case.

It will then be determined whether an MA renewal is approved and will be sent an approval NOA with or without an Income Discrepancy Letter, or if an MA renewal packet will be sent.

The case will not be authorized when eligibility is run, unless it is approved through Step A of the MA Ex Parte process.

If CBMS is able to approve a member's eligibility via the MA Ex Parte process then CBMS will trigger an approval NOA, and the member's renewal period will be reset to 12 months in the future from the current renewal date.

If CBMS is unable to approve a member's eligibility or the eligibility determination would result in a negative action i.e., a termination or an approval in a lower benefit category, CBMS will trigger a renewal packet requesting information and/or verifications from the member. Step A aims to identify which cases receive an MA renewal packet, an Income Discrepancy letter, and/or which cases receive approval NOA(s) for eligible member(s), and sends the identified correspondence out to members. Members will not receive a VCL at the same time as the packet if a packet is going out.

Example - For MA renewals due in May 2022, these renewals will be put into initiated status on March 1st, 2022. The MA Ex Parte process (Step A) will then initiate on March 12th, 2022. Step B will then trigger on April 20th, 2022.

Take Notes Here

V. Step A: Verification Check

During MA Ex Parte Step A, CBMS will check for required verification and/or if the Verification Source in CBMS has been entered as “Client Statement”, specifically income records as well as resources for Non-MAGI members. If it is determined that an eligibility determination cannot be made due to missing information or verification, CBMS will generate a Renewal Packet.

Business Process Considerations

MA Ex Parte Step A process is completed entirely in CBMS. There are no specific considerations for an Eligibility Site’s business process.

Knowledge Check

1. Select the correct answer:

An MA Renewal is due 12/31/2022. When will the interfaces be called during MA Ex Parte Step A?

- A. 9/1/2022
- B. 8/1/2022
- C. 10/12/2022

2. True or False:

During the MA Ex Parte renewal process, CBMS determines more information is needed and cannot be verified by an interface. A renewal packet is generated and a termination NOA will be sent with the case set to close at the end of the renewal due month.

Step B (Verification Check)

During MA Ex Parte Step B CBMS will check the Date Verified fields on the 20th of the month prior to the Renewal due month to determine if a VCL needs to be sent for required verification that is still needed in order to make an eligibility determination.

System Functionality

Old - On the 20th of the month prior to the renewal due date, CBMS will review the “Date Verified” field for necessary income and/or resource information. If the “Date Verified” field is

more than 3 months prior to the renewal due date, CBMS will send a VCL for necessary income and/or resource information.

New - CBMS functionality is the same with the exception of any required fields with “Client Statement” will now trigger a VCL to be sent to the member as well. “Client Statement” will no longer be an acceptable verification field at renewal for income and/or resources that cannot be verified by an electronic interface. Exception to this is a new attested earned income source.

Reasonable Compatibility and Client Statement:

For both MAGI and Non-MAGI, if Reasonable Compatibility is “Yes”, records are considered verified no matter the verification source for earned income only as long as they have been updated within the 4-month lookback period. For items verified with “Client Statement” and Reasonable Compatibility is “Yes”, records are considered verified for up to 6 months as long as it was electronically verified within 4 months of the Renewal Due Date.

Example:

There is a Renewal due in June 2022 with income verified via self-attestation and IEVS interfaces in March 2022. If the self-attested income is reasonably compatible with the IEVS record, the verification source will remain as “Client Statement”. During Step A of the MA Ex Parte process CBMS will see that the income record was verified by an electronic source within the 4-month time frame and not make an interface call even though the source still shows “Client Statement”.

Policy: Clarification that Self Attestation is not acceptable at renewal for income and /or resources that cannot be verified by an electronic interface. If the member is reporting new earned income information at Renewal, self-attestation of income will be acceptable. CBMS will attempt to verify the self-attested earned income and if the income cannot be verified, a VCL will go out. If at renewal these are existing income records, documentation is required if income is more than 6 months old or cannot be verified electronically.

CBMS Functionality

Old: CBMS would trigger a renewal packet regardless of verification status.

New: CBMS functionality is the same with two changes:

1. The new renewal packet will be generated
2. “Client Statement” will no longer be an acceptable verification source if not verified within four (4) months of the renewal due date. Client statement is not acceptable if income cannot be verified electronically even if client statement falls within the 4-month look back period.
 - Eligibility Workers should not update existing CBMS records to “Client Statement” to trigger a VCL.
 - There have not been any changes made to SSA income and the look back period. SSA income remains verified as interfaced regardless of lookback period.

Example: An MA renewal is due on 7/31/2022. The case includes an income record without an end date.

Results: The verification checks and reasonable compatibility must be conducted for eligibility information used at renewal for the month of 08/2022, and the CBMS will check if information is verified via an acceptable source between 04/01/2022 and 07/31/2022.

Verification:

1. If Reasonable Compatibility is “Yes” then the following applies for Earned Income only: for Earned Income (both MAGI and Non-MAGI members), records are considered verified no matter the verification source if they have been verified within the 4-month lookback period (Client Statement included). Earned income records that have not been verified within the 4-month lookback period will trigger a VCL as part of MA Ex Parte Step B.
2. If Reasonable Compatibility is “No” and a packet is going out, trigger a VCL for any earned income records as part of MA Ex Parte Step B, regardless of a 4-month lookback period.
3. If Reasonable Compatibility cannot be conducted, trigger a VCL for any earned income records as part of MA Ex Parte Step B, regardless of a 4-month lookback period.
4. For all other income types, as well as resources, records are considered verified if they have been verified within the 4-month lookback period unless the verification source is Client Statement. Records with the verification source of Client Statement, and any records that have not been verified within the 4-month lookback period, will trigger a VCL as part of MA Ex Parte Step B. There have not been any changes made to SSA income and the look back period. SSA income remains verified as interfaced regardless of lookback period.
5. Once a Verification is triggered at MA Ex Parte, the verification item, regardless of whether it’s for income or resources, cannot be cleared through a Client Statement.

Recap:

Step A

Aims to identify which cases have missing information, and as a result will receive an MA renewal packet, Income Discrepancy letter, and/or an approval NOA.

Step B

Sends out Verification Checklist for member who has not provided updated information by the 20th of the month prior to renewal if they received a packet

Example:

For MA renewals due in May 2022, Step B will occur on April 20th, 2022. Eligibility Sites that receive verification in response to the Renewal Packet being sent in MA Ex Parte Step A are encouraged to process by the end of the day, April 19th, 2022.

Transitional Medical Assistance Policy

Members receiving Transitional Medical Assistance must receive 12 full months of coverage, even if other members within the household have a different renewal due date. A member on Transitional Medical Assistance will go through the Ex Parte process, which starts 3 months prior

to the renewal due date. Regardless of the eligibility determination during the renewal, members on Transitional Medical Assistance will receive 12 full months of coverage.

Business Process Considerations

Eligibility Sites are encouraged to develop a business process to identify, prioritize, and work verification returned in response to a renewal that includes:

- Entering verification into CBMS, including updating the “Date Verified” field(s)
- By the end of the day of the 19th of the month prior to the renewal due month

If verification is not entered into CBMS before the 20th of the month prior to the Renewal Due Date, but is on hand, a VCL will be triggered. This may cause confusion, duplicate verification being received, and cause rework by eligibility staff.

Eligibility Sites that carry a caseload are encouraged to develop a business process to identify and prioritize verification returned from members in response to MA renewals.

Knowledge Check

3. Select the correct answer:

For a renewal due 12/31/2022, when will CBMS check for required verification and send a VCL during its final check?

- A. 12/15/2022
- B. 11/20/2022
- C. 10/1/2022

4. Select the correct answer:

For a Renewal due 12/31/2022, a member provides verification in response to a renewal packet he received. When must the Eligibility Site update CBMS, including the Date Verified field, in order to keep CBMS from generating a VCL?

- A. 11/19/2021
- B. 11/20/2021
- C. 12/15/2021

Take Notes Here

VI. Current Combo Ex Parte

Policy: No Policy changes to the Ex Parte, rather, a change in CBMS functionality with how and when the current logic will take place.

System Functionality:

Old - When a non-MA renewal was started in CBMS and MA was present on the case, CBMS would move the MA renewal due date to match the non-MA renewal due date in order to start the MA. This was previously known as Ex Parte.

New - There are two types of Ex Parte: Combo Ex Parte and MA Ex Parte.

Previous functionality is now known as Combo Ex Parte and will only occur if MA Ex Parte Step A has not started yet. MA Ex Parte will be in two steps (Step A and B) to attempt to verify eligibility via interfaces before sending a renewal packet (Step A) and conducting one final check of missing and necessary verification before sending a verification checklist (VCL) (Step B). These steps will begin 3 months (90 calendar days), on the 12th of the month, before the renewal due date.

If the CDHS renewal is returned by the member and started by the Eligibility Worker after MA Ex Parte Step A initiates, Combo Ex Parte will not occur, and the CDHS renewal will be started separate from the MA renewal. The MA renewal would then follow the MA Ex Parte process to completion. If the CDHS renewal is returned by the member and started before MA Ex Parte Step A initiates, the current Combo Ex Parte process will occur, as is current functionality.

Example:

A Supplemental Nutrition Assistance Program (SNAP) renewal is due 04/30/2022 and an MA renewal is due 05/31/2022. The SNAP renewal packet is returned on 03/10/2022 but not started by the Eligibility Worker until 03/16/2022. MA Ex Parte begins running on 03/12/2022 and an MA renewal packet is sent out on 03/15/2022 as a result of Step A.

Since the MA Ex Parte process began and a packet was generated for the MA renewal due 05/31/2022, starting the SNAP renewal on 03/16/2022 does not also start the MA renewal through Combo Ex Parte. The MA renewal packet and any required verification item(s) have been generated and will need to be returned and processed separately.

Example:

A CW renewal is due 04/30/2022 and an MA renewal is due 05/31/2022. MA Ex Parte is scheduled to run on 03/12/2022. The CW renewal packet is returned on 03/04/2022. The CW renewal is started by the Eligibility Worker on 03/10/2022.

Since the CW renewal is being started before MA Ex Parte runs, the MA renewal will start alongside the CW renewal per the existing Combo Ex Parte process. If the MA renewal is processed and members on the case continue to be eligible, the new MA renewal date is 04/30/2023 and MA Ex Parte would not begin to run on 03/12/2022.

Business Process Consideration

Eligibility Sites processing a CDHS Renewal that starts MA through Combo Ex Parte must check and update the “Data Entry Complete” field to “Yes”. The Department has identified this as one of the primary reasons for past due pending renewals (AKA backlog).

For Eligibility Sites that operate in a generalist format (all Eligibility Workers work on all programs), the Eligibility Worker must review MA when going through the CDHS Renewal. The Eligibility Worker must also update “Data Entry Complete” for MA as “Yes”, run EDBC, and review MA Wrap-Up screens prior to authorization.

For Eligibility Sites that operate in a specialist format (Eligibility Workers only work one program), the Eligibility Worker who starts the CDHS Renewal must send the case to an MA Eligibility Worker to review MA, update “Data Entry Complete” for MA as “Yes”, run EDBC, and review MA Wrap-Up screens prior to authorization.

Knowledge Check

5. Select the correct answer:

For MA renewals due in May 2022, these renewals will be put into initiated status on March 1st, 2022. If a CDHS Renewal is received 3/15/2022, which Ex Parte process will be followed:

- A. Combo Ex Parte
- B. MA Ex Parte

Take Notes Here

VII. MA Ex Parte Final Review

CBMS will complete a final review on the 15th of the renewal due month. This process was known as auto re-enrollment (which occurs on the 15th of the RENEWAL due month). Part of the final review includes CBMS checking to see if the required verifications and signature page have been returned. The signature page requirement is new with the renewal revamp and the member must sign this page for the renewal to be completed.

This process will determine which members must act as part of their renewal process, such as

- responding to an MA renewal packet,
- responding to an Income Discrepancy Letter, and/or
- responding to any required verifications - or
- CBMS will determine which households will only receive approval NOA(s)

If no renewal packet is received by Final Review, EDBC will run, the case will fail for the new certification period, and EDBC will trigger the new MA NOA MA0322 for 'failure to complete the renewal process'.

Final Review:

- Completed by CBMS on the 15th of the Renewal due month
- Eligibility Worker to assess for returned signature page. CBMS checks if Required verification(s) returned.
- Signature page must also be signed and returned

Take Notes Here

VIII. Reasonable Compatibility

Policy - Reasonable Compatibility (RC) is a method of verification used for Medical Assistance programs that compares a member's self-attested earned income against income provided by an electronic data source (42 C.F.R. 435.956. c)

CBMS Functionality

Old: CBMS would use responses from interfaces to determine Reasonable Compatibility (RC).

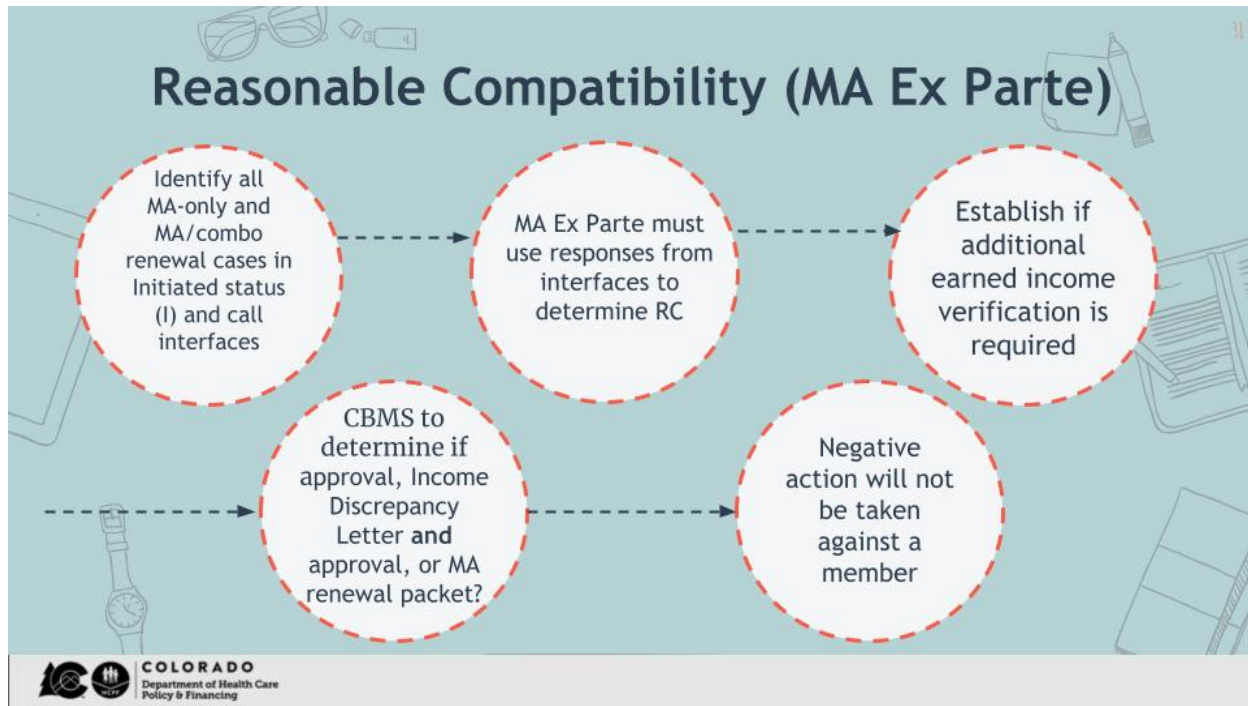
New: Current functionality is the same; however, CBMS will now run RC during MA Ex Parte Step A.

Reasonable Compatibility is part of MA Ex Parte Step A.

- The Department verifies income information provided by Equifax, the Work Number, and the Colorado Department of Labor and Employment (CDLE) through the Income and Eligibility Verification System (IEVS) interfaces.
- Self-attestation may be the member's verbal or written statement.
- Reasonable compatibility is to determine whether MA renewal is approved and an approval NOA will be sent with or without an Income Discrepancy Letter, or if an MA renewal packet will be sent.

Reasonable Compatibility means if the difference between self-attested earned income and income provided by an electronic data source is within 10% (20% during the Public Health Emergency [PHE]).

Reasonable Compatibility High Level Process:



Reasonable Compatibility Scenarios:

1. If Reasonable Compatibility is “Yes” and all members do not have outstanding verification item(s) and are not evaluated in a lower benefit category, then the MA renewal Approval NOA will be triggered (as per current NOA functionality).
2. If Reasonable Compatibility is “No”, Verifications outstanding is “No” and are not evaluated in a lower benefit category, then the MA renewal Approval NOA and the new Income Discrepancy Letter created with this project will be triggered.
3. If Reasonable Compatibility is “No” and any member has a required verification item(s) or is evaluated in a lower benefit category, then the MA renewal packet will be sent and trigger a VCL for any earned income records in MA Ex Parte Step B is set.
4. If Reasonable Compatibility cannot be conducted due to no response from the interfaces, the MA renewal packet will be sent and trigger a VCL for any earned income records in MA Ex Parte Step B for all sources of earned income, including verification sources entered in CBMS as “Client Statement”.

Business Process Considerations

Reasonable Compatibility is completed entirely in CBMS. There are no specific considerations for an Eligibility Site’s business process. For more information on how Eligibility Sites must enter RC responses from Members, please refer to the training in COLearn titled “Reasonable Compatibility” and/or reach out to your designated Staff Development Center (SDC) Regional Training Representative.

Knowledge Check

6. True or False:

During the PHE, a member's income was self-attested at \$1000 per month. During the MA Ex Parte Step A, interfaces come back with a response of \$1600 per month of income. An Income Discrepancy letter will not be sent.

7. Select the correct answer:

During the MA Ex Parte Step A process, it is determined that the member's self-attested income is not reasonably compatible and is being considered for a lower benefit category. What will be sent to the Member?

- A. MA Renewal Packet
- B. Denial NOA
- C. Income Discrepancy Letter and Approval NO

Take Notes Here

IX. Renewal Packet Generation

Policy

If the available information is sufficient to determine eligibility and approve eligibility, the state may renew without further action. A renewal packet will be generated if available information would have made them ineligible or is not sufficient to determine eligibility.

CBMS Functionality

Old:

CBMS generated a packet for all cases with an upcoming renewal. If information was sufficient, no response from the member was required. If information was not sufficient, verifications were required. Returning the packet or a signature was not required in either scenario.

New:

CBMS functionality remains the same, but adds additional checks required for this project.

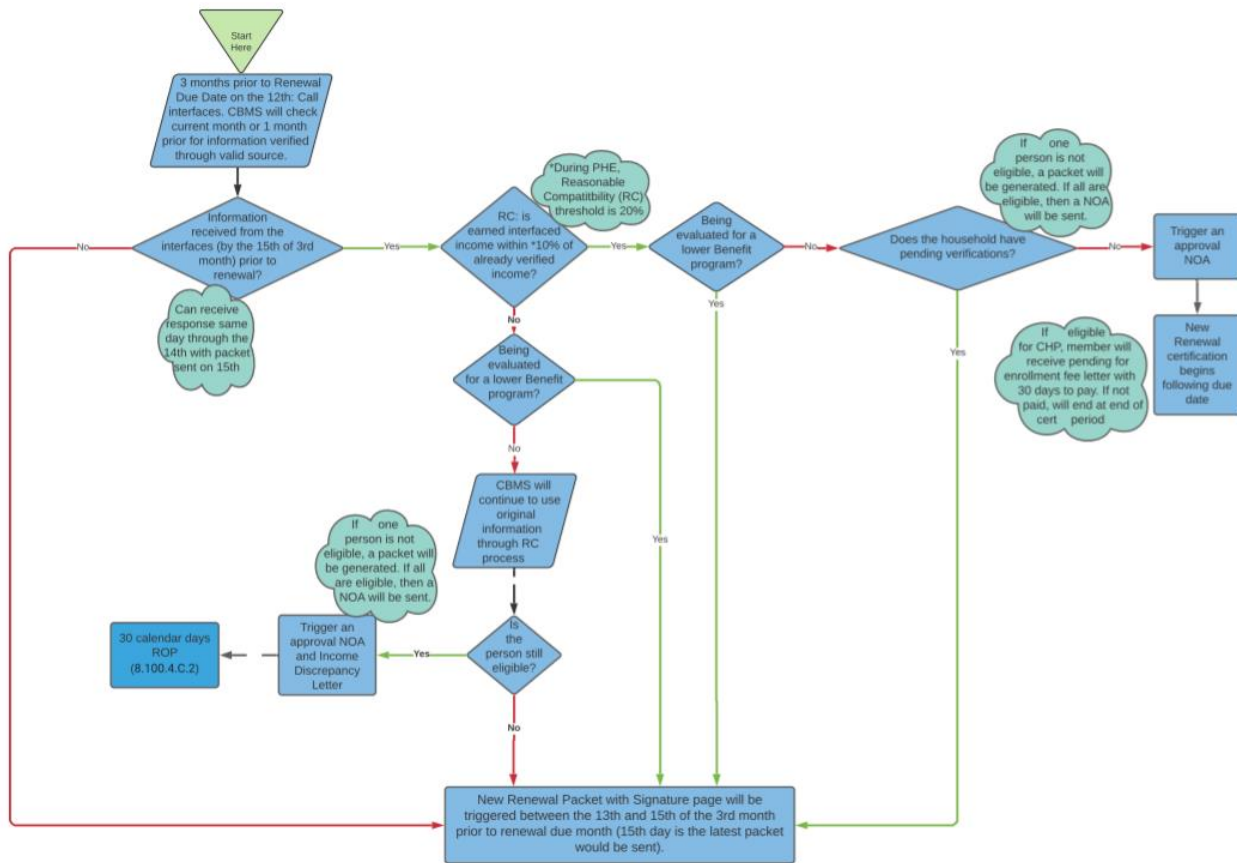
A Renewal Packet will be generated when Members do not have sufficient information available, or the available information indicates a member may be ineligible, or potentially found eligible in a lower benefit category.

Scenarios

When will a Renewal Packet be generated by CBMS?

- When the interfaces are not able to produce a response by the 15th of the month, 3 months prior to Renewal being due.
- During the Reasonable Compatibility check, income is NOT within the threshold AND Member(s) are being evaluated for a lower benefit program.
- During the Reasonable Compatibility check, income is NOT within the threshold AND Member(s) are no longer eligible.
- During the Reasonable Compatibility check, income is within the threshold and Member(s) are being evaluated for a lower benefit program.
- Member(s) or household has pending verification.

Reasonable Compatibility and Packet Generation Process



Renewal Packet Information

- A renewal packet will be pre-populated and sent with any available and relevant data on file
- The renewal packet will include a signature form and is required to be signed and returned
- Must provide the member at least 30 days from the date of the renewal form to respond and provide any necessary information
- Entire packet does not need to be returned for acceptable signature and it can be standalone if no changes reported
- Changes can be reported using the packet or a separate document but still need the renewal signature page
- Members can also complete the renewal process online via PEAK, including the capture of an electronic signature
- Signature must be received to make a final eligibility determination
- If a case has both MAGI and non-MAGI members which require additional information, both the MAGI and the non-MAGI renewal packets will be generated. Only one packet needs to be returned signed for the renewal process to be considered complete.

Responding to the renewal packet

- Changes can be reported using the packet or a separate document but still need the renewal signature page
- Members can also complete the renewal application process online via PEAK
- Signature must be received to make a final eligibility determination, regardless of if changes are reported
- If a case has both MAGI and non-MAGI members which require additional information, both the MAGI and the non-MAGI renewal packets will be generated. Only one packet needs to be returned signed for the renewal process to be considered complete.

Example:

Grandma and grandson are on the same case and grandma is his responsible relative. Grandma is on a non-MAGI aid code (and thus her own MBU) and grandson is on a MAGI aid code. Their case has an MA renewal due date of 10/31/2022. On 08/12/2022 one of grandma’s resources was not verified. The grandson’s information was verified, and he was determined eligible as of the new certification period

Result:

In this case, only a Non-MAGI Renewal packet needs to go out to verify the grandma’s information. The packet goes out on 08/15/2022 and the packet is due back on 10/05/2022. The grandson will not receive an Approval NOA after since there is an outstanding packet for the household. Once the MA renewal packet is processed, all members will receive applicable NOAs. However, if the MA renewal packet is not returned, both grandma and grandson will receive NOAs for failure to complete the renewal process

Business Process Considerations

The Renewal Packet generation process is completed entirely in CBMS. There are no specific considerations for an Eligibility Site’s business process.

Knowledge Check

8. True or False

A Renewal Packet will be generated when there is required verification for the household.

9. Select all that apply:

A packet will be generated:

- A. When a member is being evaluated for a lower benefit program.
- B. When a member asks for a renewal packet
- C. When there is required verification for the household
- D. When a member is no longer eligible for an MA program

Take Notes Here

X. Signatures

Policy:

The new renewal packet requires the member to return the signature page, which must be signed by the member or the member's authorized representative. These are the methods for accepting the member's signature:

1. Physical mail or fax
2. In-person
3. Online through PEAK - Signature option already exists today
4. Telephonic - Must retain recorded signature including the rights and responsibilities read to the member. Eligibility Workers can refer to SDC [Telephonic Signature training](#) or the SDC [Telephonic Application training](#).

Authorized Representative: The state must permit applicants and members to designate an individual or organization to act responsibly on their behalf in assisting with the individual's application and renewal of eligibility and other ongoing communications with the agency.

1. Sign an application on the applicant's behalf
2. Complete and submit a renewal 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 member in all other matters with the agency

CBMS Functionality

Old:

CBMS did not require a signature for Renewals. PEAK signature functionality already existed before implementation of this project.

New:

- In the event that a member returns the renewal packet, but they do not provide a signed renewal, CBMS will trigger a MA Signature Request Form requesting the member's signature.
- New document subtype was added to EDMS with the value of signature linked to the document type of "Other".
- New NOA for failure to return signature for renewal was created

Authorized Representative: The Authorized Representative (AR) pages will be added to the Renewal packet as well as the PEAK and CBMS Renewal flows.

If the member has indicated on the signature page, they have updates or changes to their AR, the member will also need to complete and sign the authorized representative form. Additionally, the AR will need to sign the form as well.

Signature Page:

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: **[Auto-generate: Authorized Rep Name]**

- 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"/>
County		
<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):
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Authorized Representative Form:

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.)

Signature Timeframes: If an MA renewal is received, but is not signed, the Eligibility Worker must indicate in CBMS that it is missing to trigger the MA Signature Request Form. Standard VCL due dates will apply to the MA Signature Request Form (Signature VCL). This could potentially allow a member to receive benefits for the month following their renewal due date while the VCL is pending. The Standard MA VCL due date is 1 calendar day + 10 business days (this is the date the member will see on the VCL and the Eligibility Worker will see in CBMS) + 5 business days. These 5 days allow for mailing time and are behind the scenes (the Member or Eligibility Worker will not see this date). After the 10+1+5, CBMS will take negative action on the case and 10-day noticing will apply.

- The member will have 30 business days listed on the renewal form to return the signature form or
- If the member returns the renewal packet and is missing the signature form, an additional 10 business days can be provided
- In the event that a member returns their completed renewal packet but does not provide a signature, the eligibility worker will select “No” for the RRR signature provided question in CBMS. CBMS will then trigger the MA signature form to be sent to the member.

Example: MA Renewal due for 6/30/2022. On 4/15/2022, Step A is completed, and it is determined that an MA renewal packet is needed. The MA renewal packet is triggered on 4/15/2022. On 5/10/2022, the MA Renewal packet is received without a signature.

Results: The Eligibility Worker starts the Renewal on 5/10/2022 by updating the Packet/Re-Assessment Letter Received Date of 5/10/2022.

- The Renewal Signature Provided field becomes mandatory.
- The Eligibility Worker selects 'no' and saves the record.
- This will trigger the MA Signature Request form
- The eligibility worker selects 'yes' to starting the RRR
- The MA case will pend

CBMS Edit RRR Details Screen:

The signature field is now required as shown here updated in CBMS:

The screenshot shows the 'Edit RRR Details' window in CBMS. The 'RRR Signature Provided' field is highlighted with a red box and has radio buttons for 'Yes' and 'No', with 'No' selected. Other fields include 'Original RRR Month' (MM/YYYY), 'New RRR Month' (03/2021), 'Reassessment Month', 'Current RRR Type' (Regular), 'Appointment Required' (Yes/No), 'Mail-in Due Date', 'Packet/Re-Assessment Letter Received Date', 'Resend Packet' (Yes/No), 'Late RRR - Good Cause Reason' (Select Late RRR - Good Cause Reason), 'MA Signature Received Date', 'MA Signature Due Date' (11/20/2021), and 'RRR Source' (Select RRR Source...). Buttons for 'Upload Document', 'View Document', 'Cancel', 'Save & New', and 'Save' are visible at the bottom.

Guaranteed Programs: When members on an MA case fail for 'failure to return signature for renewal', any/all member(s) who are enrolled in one of the six guaranteed aid codes must be excluded from the failure if their guaranteed period end date is greater than the MA renewal month. This logic already exists within CBMS and is not changing with this project.

Example: A child in the Eligible Needy Newborn program that is set to end 8/2022 will not fail for an unsigned Renewal due 6/2022.

Guaranteed programs include:

- MAGI Pregnant
- Eligible Needy Newborn
- CHP+ Prenatal
- CHP+ Newborn

Example (Guaranteed Program): An MA renewal is due 05/2022 for a household with two members, one on MAGI Adult and the second member on Needy Newborn (NNB) is turning 1 in August 2022. The MA renewal is returned unsigned on 05/13/2022, so a signature form is sent out with a due date of 05/27/2022. The signature form is not returned.

Example Result (Guaranteed Program): After 05/27/2022, when eligibility runs next, the MAGI Adult fails and is sent a letter for the month of 06/2022, due to 10-day noticing. The second member on NNB continues to remain eligible, and their next MA renewal is due in 08/2022.

Programs Excluded from Renewal Process:

Former Foster Care (FFC) and Supplemental Security Income (SSI) are excluded from requiring a renewal and from the MA Ex Parte process entirely (if the case has other members not on these programs, they will continue to go through the MA Ex Parte process).

Signatures Recap

CBMS will trigger a new MA Signature Request Form if the Eligibility Worker manually indicates the form was received without a signature.

- The “Edit RRR Details” screen in CBMS was updated and now requires the Eligibility Worker to update the “RRR Signature Provided” field to either “Yes” or “No”.
- CBMS will trigger a new MA Signature Request Form if the case is run during Final Review, and the “RRR Signature Provided” radio button equals “No”.
- CBMS will terminate for failure to complete the renewal process if the “RRR Signature Provided” radio button is left unmarked during final review.

Business Process Considerations:

Eligibility Workers will need to mark the “RRR Signature Provided” radio button on the “Edit RRR Details” page in CBMS to indicate if it has been received. If the signature page is not received and RRR Signature Provided field = “No”, CBMS will send a Signature Page VCL. Eligibility Sites will begin to receive signature pages in response to these VCLs. Eligibility Sites will need to adjust internal processes and add these to their workflow management systems and document management systems.

Eligibility Sites are encouraged to develop a business process to work signed Renewals and/or received signature pages by the 15th of the Renewal Due month by updating the case and the “RRR Signature Provided” radio button. If Eligibility Sites do not work these by the 15th of the Renewal Due month, CBMS will set the case and/or individuals to terminate for failure to complete the renewal process.

Effective February 2022 counties will have the option to accept the signature form via telephone through teleconference. (The County office or MA Site must be opted-in to participate in Telephonic signature capabilities).

Example: MA RRR due for 6/30/2022. On 4/15/2022, Step A is completed, and it is determined that an MA renewal packet is needed. The MA renewal packet is triggered on 4/15/2022. On 5/10/2022, the MA Renewal packet was received without a signature.

Results:

- The CBMS Eligibility Worker Starts the Renewal on 5/10/2022 by updating the Packet/Re-Assessment Letter Received Date of 5/10/2022
- The Renewal Signature Provided field becomes mandatory. The Eligibility Worker selects ‘no’ and saves the record. This will trigger the MA Signature Request form
- The eligibility worker selects ‘yes’ to starting the RRR
- The MA case will pend

Knowledge Check:

10. Select the correct answer:

How many days will the member have to return the signature form?

- A. 30 business days
- B. 30 calendar days

11. Select all that apply:

Which of the following are guaranteed programs?

- A. MAGI Pregnant
- B. Eligible Needy Newborn
- C. CHP+ Prenatal
- D. CHP+ Newborn

12. Select the correct answer:

What page in CBMS can you find the RRR Signature Provided field?

- A. Edit RRR Details page
- B. Case Wrap Up

C. Individual Demographics page

Take Notes Here

XI. NOAs

Policy: If the signed renewal packet or signed signature page is not returned, the case will terminate and the new MA NOA for “failure to complete the renewal process” will be sent to the member. This new NOA is for each member who is included in the MA Ex Parte process and will exclude anyone in a guaranteed program.

CBMS Functionality

Old: No old logic applies.

New: New MA NOA type for ‘failure to complete the renewal process’.

Termination of an Incomplete Renewal Verbiage:

EDBC will trigger the new MA NOA for ‘failure to complete the renewal process’ for each member that is not excluded from the MA EX Parte process or excluded due to a guaranteed program when the member does not return the renewal packet

Eligibility will be determined when: The renewal packet, and/or signature page is not returned timely.

Health First Colorado (Colorado’s Medicaid). Your coverage ended [ELIGIBILITY END DATE] because we did not receive your renewal information. If you want to see if you still qualify, you have 90 days from the date your coverage ended to provide the renewal information without having to reapply.

When the MA signature form needs to be sent, CBMS will set a due date (using the MA standard VCL due date logic). If the MA Signature Form is NOT received, EDDB will fail the case after applying 10- day noticing. Med Spans will be updated accordingly, and the new MA NOA for ‘failure to return signature for renewal’ will be sent.

Examples:

Example #1 (Standard MAGI or Non-MAGI Packet): If the member reports a change but does not provide the signature form, an additional MA Signature Form will be mailed to the household. If the member does not respond, the member will be terminated. (Termination reason- failure to provide signature).

Example #2 (Standard MAGI or Non-MAGI Packet): If the member returns the signature form but does not provide the requested verifications, the Member will be terminated. (Termination reason- failure to provide verifications).

Example #3 (Standard MAGI or Non-MAGI Packet): If the member provides verifications but does not provide the signature form, the signature form will be mailed to the member. If they do not provide the signature form, the member will be terminated. (Termination reason- failure to provide signature).

Business Process Considerations:

To avoid terminating members incorrectly and to avoid a gap in members eligibility, Eligibility Sites are encouraged to create a business process to identify, prioritize, and work all Renewal Packets, Signature pages, and verifications in response to Renewals and VCLs by the last day of the Renewal due month.

Knowledge Check:

13. True or False:

If the renewal packet and/or signature page are not returned, the case will terminate.

Take Notes Here

XII. Reconsideration Period

Policy: 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. Members will have 90 calendar days from the date of termination to provide missing documents to be reconsidered for eligibility.

High Level Reconsideration Steps:

- Members will have 90 calendar days from 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
- Case must be rescinded or New Reapply entered in month Renewal Packet/Signature Page, and/or requested verifications are returned if within the 90-day reconsideration period.

When Does the “90 Calendar Days” Begin?

The 90-day count begins on the first day a member is no longer eligible to receive benefits.

Example: The member's benefits were terminated effective 7/01/2022, day 1 would be 7/01/2022, 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.

CBMS Functionality

Old: Eligibility Workers with the appropriate access could only rescind a case or add a person to a case as a change.

New:

Rescind VS New Reapply Feature

Eligibility Workers would rescind the case if the case is closed whereas Eligibility Workers would use the new Reapply Feature if member(s) are failing while the case is open. CBMS functionality does not allow a new application to be assigned to an open case for the same program, therefore, the new Reapply Feature will allow newly submitted applications or late renewals to be assigned to an open case.

When to Rescind:

An Eligibility Worker can only rescind if certain conditions occur within 90 calendar days of closure:

Case is closed, **and**

- Member terminated for failure to complete renewal process (missing signature, missing packet, or missing requested verification), or
- Member failed to provide signature, or
- If the documentation was provided and the Eligibility Site did not work it before the case closed
- All information must be received for the Renewal Process in order for a case to be rescinded

If the above criteria are not met, a new application is required and must be re-AI'd into CBMS. Rescind effective begin date is the first of the month in which all required information is received. For Medical Assistance programs the term re-open or rescind is used to re-open a case that is completely closed with no active members receiving coverage. The date used for eligibility will be the date on which all required information for the renewal process was provided.

As a reminder, the eligibility worker will receive a warning message; however, it will not prevent them from rescinding in error.

Example #1:

RRR terminated 4/1/2022 and the member provided the RRR packet on 6/01/2022. The Eligibility Worker would rescind the case with an effective begin date of 06/01/2022.

Note: Members can request retro for the gap between 4/1/2022 and 6/1/2022.

Example #2:

Household has an MA renewal due 05/31/2022. The case closes on 03/01/2022, so the packet never goes out on 03/15/2022. On 07/02/2022, the case is rescinded because the original closure was due to a data entry error. The Eligibility Worker then cleans up the case so that there is no gap in coverage between 03/01/2022 and 07/02/2022

Example #2 Result:

The Eligibility Worker will now be able to process the renewal manually using 'Start the renewal' without waiting for the Case Status to go from 'Initiated' to 'Generated'

The MA renewal packet and renewal verification item(s) are not triggered.

If a member is found eligible, the new MA renewal due date is 05/2023

The Renewal will be considered untimely because in order to correct the data entry error, the Eligibility Site had to rescind past the 90-day reconsideration period.

Rescind**Important Key Points to Remember when Rescinding a Case Due to Data Entry Error:**

- The renewal MUST be started manually
- Eligibility Worker MUST update the case accordingly, any missing information will need to be entered to ensure a VCL is triggered
- Renewal packet MUST be entered as returned in the RRR details screen
- Signature radio button MUST be marked as "No" to indicate NOT received, in order to trigger a signature form to be sent to the member

New Reapply Feature

The new Reapply field will enable Eligibility Workers to enter the date the renewal packet or new application was received after a member's failure to complete the renewal process. This new 'Failed MA Renewal Re-apply Date' must be utilized by the Eligibility Workers when establishing a member's new eligibility begin date. This field is active at an individual level rather than a case level.

- Re-apply date cannot be entered prior to the termination date
- New process for cases with active members
- Allows for failed members on active case to be reassessed from re-apply date
- Only applicable to members that failed for 'failure to complete the renewal process', or 'failure to return signature for renewal'

When to Use the Reapply Feature:

- If a member does not complete the renewal process due to not providing the required verifications, the Eligibility Worker will use the "Verification Reason" of "failed to complete the renewal process" when using the re-apply feature. "Verification Reason" for denial will be added in a future project.
- The reapply date cannot be entered prior to the termination date. This process is for those instances where the MA case is open because at least one member is active on

the case but there are other members that have failed. Previously, a new application could only be entered when the case was discontinued.

- This new functionality will allow those failed members on an active MA case to now be reassessed from the reapply date. This functionality will only be applicable to members that failed for 'failure to complete the renewal process' or 'failure to return signature for renewal'.

Example: A child on a guaranteed program, NNB, and a mother on MAGI Adult are on the same case. The case has an MA renewal due date of 5/2022, and the child's guaranteed program end date is 12/31/2022. The packet is returned on 6/13/2022. The Eligibility Worker sets the failed MA renewal process Re-apply feature date as of 6/13/2022. Based on the information in the returned packet, the mother is found eligible for coverage beginning 06/01/2022

Result: The mother's coverage eligibility begin date is 6/1/2022 because she met all criteria as of June and remains eligible in the same category, MAGI Adult. The case's MA renewal date is still set as 12/2022, aligning with the NNB guaranteed program as the new renewal date since renewal packet was late and mom had been denied for failure to complete the renewal process.

PEAK: In PEAK, an item was added to the To-Do List to indicate when a late MA Renewal can be submitted and processed without needing a new application. Members will be redirected to fill out the late renewal, if within 90 calendar days of closure. PEAK will have language for the member which says *"Your benefits ended because you did not return your renewal information by the deadline. You can still complete your renewal within 90 days of the date your benefits ended, to see if you can restart your benefits"*.

When signed into PEAK for an MA-only case that closed over 90 calendar days ago, if the Member attempts to request new MA benefits, the Member will be routed to apply through the AFB (Apply for Benefits).

PEAK Reapply logic has been updated to 90 days from 15 months to match policy; members will only be able to reapply via PEAK within the 90-day reconsideration period. After the 90-day reconsideration period, they will be prompted to complete a new application.

Retroactive Eligibility:

When rescinding or using the new Reapply Feature, eligibility will begin in the month of rescind/reapply. Therefore, there may be a gap between when eligibility ended and when it is now restarting. Members have the option to request retroactive benefits.

Retroactive eligibility criteria will not change with this project. Up to 3 months of retroactive coverage is still available. The retroactive questions will be added to the renewal packet, PEAK, and CBMS renewal flows.

Example: A single member household has an MA renewal due 06/2022 and no outstanding verifications. The packet is signed and returned on 09/05/2022. The member is requesting retroactive coverage for the month of 08/2022 but not 07/2022. The member is found eligible for retro for 08/2022, and for coverage beginning in 09/2022

Results: The member receives retroactive coverage for 08/2022 and their ongoing MA benefits begin as of 09/01/2022. The certification period runs from 09/01/2022 to 08/31/2023. They are not evaluated for retroactive coverage for 07/2022, as this was not requested.

Business Process Considerations:

Eligibility Sites must reconsider eligibility within the 90-day period without requiring a new application if the items below are returned after termination:

- Required information/verification, and/or
- Signed Renewal Packet or
- Signature form

Case must be rescinded in the same month the renewal packet and/or requested verifications are returned.

Eligibility Sites must develop a business process to ensure cases are not rescinded past the 90-day reconsideration period. Additionally, Eligibility Sites must create a business process to prioritize information/verification and/or late signed Renewals or signature pages to be processed within the month they are received.

- For example, if required verification is received for a closed case on 12/31 and all rescind requirements are met, the Eligibility Site **must** rescind the case on 12/31.

Knowledge Check:

14. Select the correct answer

Will members who have been terminated more than 90 calendar days in the past be required to submit a new application?

- A. No
- B. Yes

15. Select the correct answer

When does the 90-day count begin?

- A. The first day the member is no longer eligible to receive benefits
- B. The day the determination was made

Take Notes Here

XIII. Renewal Revamp Key Takeaways

- The Renewal Revamp project replaced previous RRR functionality, and consists of Step A, Step B, and a Final Review as part of the MA Ex Parte process
- The Renewal Revamp project updated the previous RRR packet and replaced it with a new, easier to navigate version including a signature page which MUST be signed and returned
- The Renewal Revamp project entails a 90-calendar day reconsideration period in which a case can be rescinded, or a member can be added back to an open case via re-apply

XIV. Renewal Timeliness Logic

Policy: A redetermination of eligibility shall mean a case review and necessary verification to determine whether the Medical Assistance Program member continues to be eligible to receive Medical Assistance. Beginning as of the case approval date, a redetermination shall be accomplished each 12 months for Title XIX Medical Assistance only cases. (CCR 8.100.3.P)

CBMS Functionality

Old: If the Renewal status date (When Renewal is Completed, discontinued, or Authorized) is less than the Renewal Due Date then it is considered Timely. If the status date is after the Renewal due date, then it is considered Untimely.

New: Timeliness logic has not changed in general; however, timeliness for rescinding has changed.

Example

- Renewal is due 12/31/2022 and is processed 12/2/2022. This Renewal will be considered timely.
- Renewal is due 12/31/2022 and is processed 1/1/2023. This Renewal will be considered untimely.

Timeliness and Rescind:

- Any case rescinded after 90 calendar days of closure will be considered untimely.
- Cases set to close after the 15th of the Renewal due date for missing verification or signature rescinded and worked by the end of the Renewal due month will be considered timely.
- If verification or signature is received by the end of the Renewal due month but is not processed by the Eligibility Site before the end of the due month, the case will close and will need to be rescinded. This Renewal will be considered untimely.

Examples:

- Case was terminated for failure to provide signature effective 1/1/2023 for a Renewal that was due 12/31/2022. The Eligibility Site rescinds on 4/12/2023. The Renewal will be considered untimely because this is more than 90 calendar days.
- Renewal is due 12/31/2022. On 12/15/2022, CBMS runs eligibility and determines verification was not provided and sets to close the case 12/31/2022. The Eligibility Worker receives the needed verification and rescinds the case to work the verification on 12/22/2022. This Renewal will be considered timely because it was rescinded and processed before the end of the Renewal due month.
- Renewal is due 12/31/2022. On 12/15/2022, CBMS runs eligibility and determines verification was not provided and sets to close the case 12/31/2022. The Eligibility Worker finds the verification was submitted on 12/20/2022 and rescinds the case on 1/3/2023 (upon finding the verification). This Renewal will be considered untimely because the case was rescinded after the Renewal due month.

Business Process Considerations:

CBMS will consider Renewals processed untimely if worked the next day after the Renewal due month (example: due 12/31/2022, received 12/31/2022, worked 1/1/2023). Eligibility Sites are encouraged to establish a business process to prioritize Renewals that are due the day they are received.

Cases that shut down from missing verification or signature at Renewal cannot be rescinded more than 90 Calendar days after closure or will be considered untimely. Eligibility Sites are encouraged to develop a business process where all Eligibility Workers are consistently calculating when a case may or may not be rescinded.

Knowledge Check:

16. Select the correct answer:

How long after case closure can an Eligibility Worker rescind after renewal, and it be considered timely?

- A. 90 Calendar Days
- B. 90 Business Day
- C. 45 Calendar Days

17. True or False:

A renewal due on 12/31/2022 worked on 12/10/2022 will be considered timely.

Take Notes Here

Appendix A - Knowledge Check Answers

1 Answer. Select the correct answer:

An MA Renewal is due 12/31/2022. When will the interfaces be called during MA Ex Parte Step A?

- A. 9/1/2022
- B. 8/1/2022
- C. 10/12/2022

Answer: C

2 Answer. True or False:

During the MA Ex Parte renewal process, CBMS determines more information is needed and cannot be verified by an interface. A renewal packet is generated and a termination NOA will be sent with the case set to close at the end of the renewal due month.

Answer: False

3 Answer. Select the correct answer:

For a renewal due 12/31/2022, when will CBMS check for required verification and send a VCL during its final check?

- A. 12/15/2022
- B. 11/20/2022
- C. 10/1/2022

Answer: B

4 Answer. Select the correct answer:

For a Renewal due 12/31/2022, a member provides verification in response to a Renewal packet he received. When must the Eligibility Site update CBMS, including the Date Verified field, in order to keep CBMS from generating a VCL?

- A. 11/19/2021
- B. 11/20/2021
- C. 12/15/2021

Answer: A

5 Answer. Select the correct answer:

For MA renewals due in May 2022, these renewals will be put into initiated status on March 1st, 2022. If a CDHS Renewal is received 3/15/2022, which Ex Parte process will be followed:

- A. Combo Ex Parte
- B. MA Ex Parte

Answer: B

6 Answer. True or False:

During the PHE, a member's income was self-attested at \$1000 per month. During the MA Ex Parte Step A, interfaces come back with a response of \$1600 per month of income. An Income Discrepancy letter will not be sent.

Answer: False

7 Answer. Select the correct answer:

During the MA Ex Parte Step A process, it is determined that the member's self-attested income is not reasonably compatible and is being considered for a lower benefit category. What will be sent to the Member?

- A. MA Renewal Packet
- B. Denial NOA
- C. Income Discrepancy Letter and Approval NOA

Answer: A

8 Answer. True or False:

A Renewal Packet will be generated when there is required verification for the household.

Answer: True

9 Answer. Select all that apply:

A packet will be generated:

- A. When a member is being evaluated for a lower benefit program.
- B. When a member asks for a renewal packet
- C. When there is required verification for the household
- D. When a member is no longer eligible for an MA program

Answer: A, C, D

10 Answer. Select the correct answer:

How many days will the member have to return the signature form?

- A. 30 business days
- B. 30 calendar days

Answer: A

11 Answer. Select all that apply:

Which of the following are guaranteed programs?

- A. MAGI Pregnant
- B. Eligible Needy Newborn
- C. CHP+ Prenatal
- D. CHP+ Newborn

Answer: All of the Above

12 Answer. Select the correct answer:

What page in CBMS can you find the RRR Signature Provided field?

- A. Edit RRR Details page
- B. Case Wrap Up
- C. Individual Demographics page

Answer: A

13 Answer. True or False:

If the renewal packet and/or signature page are not returned, the case will terminate.

Answer: True

14 Answer. Select the correct answer

Will members who have been terminated more than 90 calendar days in the past be required to submit a new application?

- A. No
- B. Yes

Answer: B

15 Answer. Select the correct answer

When does the 90-day count begin?

- A. The first day the member is no longer eligible to receive benefits
- B. The day the determination was made

Answer: A

16 Answer. Select the correct answer:

How long after case closure can an Eligibility Worker rescind after renewal and it be considered timely?

- A. 90 Calendar Days
- B. 90 Business Day
- C. 45 Calendar Days

Answer: A

17 Answer. True or False:

A renewal due on 12/31/2022 worked on 12/10/2022 will be considered timely.

Answer: True