



Medical Assistance Renewal Updates Frequently Asked Questions

Version 6 - July 2025

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Overview of the New Renewal Updates

Renewal occurs every 12 months to complete a case review in order to determine whether

Health First Colorado and CHP+ members will continue to qualify for benefits. Updates to the renewal process were created to ensure members who submit their renewal documentation before the end of their renewal period will maintain Medical Assistance (MA) coverage until a final determination of eligibility can be made.

What is changing with project 10595?

- **Medical Assistance (MA) Ex Parte**
 - Income - When performing the Ex Parte review at redetermination, only the verified income records within the 6-month lookback period based on the “Date Verified” field, will be included in the income calculation to determine eligibility for the new renewal period.
 - Reasonable Compatibility (RC) - RC will be removed at Ex Parte.
 - Verification Checklist (VCL) Cover Letter - The updated VCL Cover letter will include new language and will list members with missing verification, including those affected by required VCL items.
- **MA Renewal Reinstatement Process**
 - MA Reinstatement - This process applies to those whose MA benefits will be maintained or restored.
 - New MA Reinstatement Speed Letter - The member will be notified of reinstatement of coverage through a new Notice of Action (NOA).
- **Timeframes**
 - New federal regulation: Per 42 C.F.R. §435.912(C)(4)(i), eligibility sites have 30 calendar days to complete a renewal determination for members who submit their renewal form and/or documentation.
- **PEAK**
 - Reported Changes - During the renewal period, if information is received through PEAK/HFC mobile and the RRR Status is in Started Status (S), the information will not allow RTE and will go into the PEAK Inbox.
- **County Dashboard**
 - County Dashboard - On the County Dashboard, new columns and a filter will be added to identify renewals that have had the extension applied. This will be present on the HCPF Renewal Timeliness, HCPF RRR EPG, and HCPF Pending RRR dashboards.

Whom will this change affect?

All Medical Assistance members who go through the renewal process, as well as counties and eligibility sites responsible for processing renewals.

When is this happening?

This project was implemented in June 2025, with the new pre-populated renewal packet sent out in July 2025 for September 2025 renewals. These updates will take effect for the



September 2025 renewals.

Ex Parte

What is Ex Parte?

Ex Parte is the process of renewing a member's eligibility for Medical Assistance using reliable and available information. This includes electronically reviewing information in the member's case file, accessing electronic data sources, and utilizing information previously received from the other high-level program groups within the Colorado Benefit Management Systems (CBMS). These groups include Adult Financial, Colorado Works, and the Supplemental Nutrition Assistance Program (SNAP):

- **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.
- **Combo Ex Parte** - This includes cases that have both the Medical Assistance and CDHS Programs. This process allows the eligibility worker to work on both Medical Assistance and CDHS Program renewals at the same time.

The MA Renewal Process will begin 3 months (90-calendar days) before the renewal due date. During this time, CBMS will attempt to verify eligibility via verified information in the member's file or interfaces before identifying if a pre-populated renewal packet will be sent and will conduct one final check to determine if verifications are required.

Does a member need to meet all eligibility criteria during Ex Parte?

Yes, a member must meet all eligibility criteria based on either verified information in the member's file or the interfaces the Department utilizes in the renewal process, and results do not require any verifications from that individual.

*What happens when a member does not meet eligibility criteria during Ex Parte?

The household will be sent a renewal packet that contains only the pre-populated information needed from the member who did not pass at Ex Parte. If additional verification is needed at renewal, the member will also receive a Renewal Verification Cover letter listing who and what information is needed.

*What updates were made to the Renewal Verification Checklist Cover letter?

The Renewal Verification Checklist (VCL) Cover Letter will include updated language notifying members with missing documentation and those individuals affected by the required VCL items.



Income

*What does the 6-month lookback period do at Ex Parte?

At Ex Parte, CBMS will complete a 6-month lookback period to identify if a member has up-to-date verified income on file. This will help determine if an approval or a pre-populated renewal packet will be sent to the member. The 6-month lookback period includes renewal due month + 5 months before renewal due month.

*Is SSA income also subject to the 6-month lookback period?

The calculation and use of any Social Security Administration (SSA) income at renewal has not changed. SSA income remains countable even if the most recent verification of income occurred either within the current 6-month period or more than 6-months ago.

*What if CBMS does not identify a Self-Attested Earned Income record or an Interface record?

The member(s) will pass Ex Parte based on zero income. Since a renewal is required every 12 months and if the income remains at zero, the member(s) can continue to pass Ex Parte up to the third year. At the third year, if the income remains zero, a pre-populated renewal packet will be sent to the member for them to attest this information is correct.

*Are old, open Colorado Department Labor Employment (CDLE) and Equifax/FDSH income records included in the Ex Parte process?

No. Any open, interfaced income records older than 6-months, will not be included in the Ex Parte income calculation.

*With the implementation of Project CPPM-10595, will CBMS now use CDHS interfaced income records for income calculations, or do paychecks still need to be entered manually?

CBMS does not read CDHS interfaced income records for Ex Parte. Paychecks will still need to be entered manually on the Self-Attested Earned Income screen and marked as verified for the income to count, unless CBMS receives verified income through a standard interface like FDSH, Equifax, or CDLE.

*If the member has several open-earned income records, how will CBMS perform the income calculation for determining benefits at the Ex Parte process?

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

- If there are multiple open-income records and have the same date verified, CBMS will use all the verified records found for an income calculation. Interfaces that return multiple records will have the same date verified in CBMS.



Example:

- Job 1: Verified on 3/15/2025 with an income of \$1,000
- Job 2: Verified on 3/15/2025 with an income of \$1,200

Since both jobs have the same 'Date Verified' (3/15/2025), CBMS will use both income records for the calculation, adding up to \$2,200 in total income.

- If there are multiple open income records and 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 even if all income is received in the same month.

EXAMPLE

- Job 1: Verified on 12/5/2025 with an income of \$1,000
- Job 2: Verified on 12/10/2025 with an income of \$1,200

Even though both jobs were verified in March, CBMS will only use the income from Job 2 (\$1,200) because it has the latest 'Date Verified' of 12/10/2025.

- If there is an existing interfaced record within the 6-month lookback, but no Self-Attested Earned Income record, CBMS will use the interfaced income for Ex Parte.
- If there are 'No' earned income records found within the Self-Attested Earned Income screen and 'No' existing interfaced income, 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 interfaced income (FDSH (1st call), Equifax, CDLE) will be used for Ex Parte.
- If both Self-Attested Earned Income and Interface records exist, CBMS will use the interfaced income to determine if a member is eligible for Ex Parte, along with any other type of unearned income in CBMS.

***Can a member's self-attestation of newly earned income be accepted during renewal?**

If the member reports new earned income information at renewal, self-attestation of the income will be acceptable to make a final determination. CBMS will attempt to verify the newly self-attested earned income after a final determination of renewal; if the income cannot be verified, a VCL will go out.

***If the member's income is at or below the 100% Federal Poverty Level (FPL), will CBMS still send a renewal packet?**

At Ex Parte, CBMS will not send a renewal packet, and the member will receive an approval NOA if all the following conditions are met:

- The member's MBU (Medicaid Budget Unit) income is at or below 100% FPL.
- The income has been verified within the last 120 months. Beginning September



2025, members at or below the 100% FPL will be required to re-verify income every 36 months.

- No interfacing income has been returned.
- The eligibility status has not changed.
- The member meets all other MA (Medical Assistance) eligibility criteria.

***What if the case has no income, no interfaces, and no conflicting income information? Would CBMS still send out renewal packets for those cases?**

If the case or single member household has no income, no interfaces, no income discrepancies, and meets all other necessary MA eligibility criteria, the member(s) would be approved at Ex Parte. CBMS would not send out a renewal packet and would send an approval NOA. However, members at or below the 100% FPL are required to re-verify via a renewal packet every 120 months (every 36 months as of September 2025).

***If there is no current self-employment income record and if self-employment income does not have an interface, will a member be considered as having zero income at Ex Parte?**

Self-employment will still need to be verified with a renewal packet and a VCL sent to the member if there is no current verified income on file. Zero income applies to members with earned income types that can be verified through an electronic data source.

Ex Parte Outcomes and Final Review

What happens if a member is found eligible during Ex Parte, but other members in the household are found ineligible?

When a member is found eligible during Ex Parte and other household members are determined ineligible, a pre-populated renewal packet will be sent to the household. If the ineligible members fail to return the renewal packet, they will be terminated for “failure to complete the renewal process, or failure to return the signature form.” Any member found eligible will not be affected if the renewal packet and signature page are not returned; they will receive an approval Notice of Action upon final review.

***What happens if a member is found eligible for a lower benefit or a higher benefit category during Ex Parte?**

If a member is eligible for a lower benefit category during Ex Parte, a pre-populated renewal packet will be sent to member or the household to give them a chance to review and update their information. If the member does not respond, CBMS will still move them (if eligible) and maintain their coverage to that lower benefit category.



If a member is found eligible in a higher benefit category during Ex Parte, CBMS will automatically move the member to the higher benefit category and send an approval NOA.

When would an approval Notice of Action (NOA) get triggered during the Ex Parte process for household members?

An approval NOA is triggered at final review when all eligibility criteria are met for a member or household and MA is approved without requiring additional information.

*What is a final review and when does it happen?

Final Review (previously known as auto re-enrollment) is a process that occurs on the 15th of the renewal due month. CBMS will check to see if a signature page and any required verifications have been received. This final review will determine the eligibility status at an individual level when a renewal packet or signature is not received.

Children and Continuous Eligibility (CE)

*What happens if a child is found eligible for a lower benefit category during Ex Parte?

If a child is eligible for a lower benefit category during Ex Parte, a pre-populated renewal packet will be sent to the household. If the renewal packet is not returned, the child will be placed in that lower benefit category until the end of their CE period.

*How are a child's benefits affected if a renewal packet and/or required information is not returned?

If at final review the renewal packet and/or requested documentation are not received, the child who was identified as eligible during the Ex Parte process will pass and the parents (or other members in the household who were not eligible at Ex Parte) are terminated for failure to complete the renewal process.

However, if a request for income verification at renewal is not received, the child's coverage will terminate. Children will also not be eligible for Continuous Eligibility (CE) coverage because the verification item requested was for income and without it, the MAGI MBU cannot be determined.

*When does a child's continuous eligibility period start after being approved for Medicaid or CHP+?

At renewal, once a child is approved for MAGI-Medicaid or CHP+, their continuous eligibility begins at the start of the month following their coverage renewal. For children eligible for a non-MAGI program, the exact start date varies based on the specific program. For instance, the continuous eligibility period for a child qualifying for a Long-Term Care program begins on the date they meet all eligibility criteria for that program.



***When a child receives a new 12-month continuous eligibility (CE) period, will their renewal date change?**

Children who are granted a new 12 months of CE coverage due to transitioning from CHP+ to a Health First Colorado Medicaid program will not have their MA renewal date altered or extended. Members who reach the end of their CE period will undergo redetermination at the conclusion of their 12 months.

Combo Cases

Can a Combo Ex Parte be overridden when a Colorado Department of Human Services (CDHS) renewal is received?

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.

Does the renewal date advance for the Medical Assistance (MA) programs during Ex Parte on a combo case?

If the MA renewal is approved during the combo Ex Parte process, the MA renewal date will advance. However, the dates will not always align because CDHS renewals occur semi- annually.

MA Renewal Reinstatement

***What is MA Renewal 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.

***Does the member need to provide all renewal documentation before the end of their renewal due month to maintain or restore coverage at renewal?**

No. As part of the reinstatement process a member who provides any renewal documentation to an eligibility site or through PEAK, prior to the end of the renewal due month, will follow the reinstatement process.



***How will a member know their coverage has been reinstated?**

CBMS will generate a new MA Reinstatement Speed Letter for members who are reinstated through the automatic process. The member will be notified that their benefit coverage has been reinstated, and a final determination is pending. The new MA Reinstatement Speed Letter will also include all household members who were reinstated.

Initiating the Reinstatement Process

***What action must the eligibility worker take to automatically reinstate a member's coverage?**

The eligibility worker must take action in CBMS by completing the Program Action data entry on or before the last day of the month following the renewal due month. CBMS will automatically reinstate a member's coverage back into their most recent aid code until a final determination is made.

***What happens if the Program Action data entry is completed after the last day of the month following the renewal due month?**

The eligibility worker will need to manually rescind or use the reapply function to reinstate member coverage.

***Do MA renewals still need to be started in the Edit RRR Detail screen, or can the Program Action data entry alone be used to start the renewal?**

The Program Action page does not start the RRR. It's used to log the date any renewal documentation was received prior to the end of the renewal due month. Program Action is required to maintain coverage or trigger reinstatement if the case was closed after the 15th of the renewal due month. Eligibility workers must still complete the Edit RRR Detail screen to formally start the RRR and enter eligibility data. For combo cases, CBMS automatically handles the initiation of the RRR for MA programs.

***Is there a specific security profile required in order to access the Program Action page?**

Eligibility workers with Security Profiles 110 - RRR - Update or 111 - RRR - Inquiry will automatically have access to the Program Action page. Any eligibility workers who do not have the appropriate security profile and need access to use the new functionality created with this project will need to be added by their county security team.

The 90-Day Reconsideration Period

What is the 90-day reconsideration period?



The 90-day reconsideration period is the window of time that allows a member who terminated at renewal for a procedural reason to submit their renewal form or other required renewal documentation within 90 calendar days of termination without requiring a new application.

***When does the 90-calendar day count begin?**

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

When does a member's coverage begin during the 90-day reconsideration period?

The effective date of coverage will be the first day of the month on which all required documentation is received. Required documentation may include the renewal form, signature page, and any missing verifications.

***Is the 90-day reconsideration period included in the reinstatement months?**

No. The 90-day reconsideration period is not included as part of the reinstatement months. Reinstatement and the 90-day reconsideration period are two different processes. Reinstatement occurs when a terminated member has provided any renewal documentation within 90 days before the end renewal due month. The 90-day reconsideration period is 90 days after a final eligibility termination was made, and the member then provides any renewal documentation.

What if the member submits their renewal packet after the 90th day of the reconsideration period?

If the renewal packet and requested documentation is returned after the 90 days since the member has been terminated, the member must submit a new application to obtain enrollment in Health First Colorado or CHP+ programs.

Can the renewal packet be used as a new Medical Assistance application after the 90-day reconsideration period?

No, a renewal packet received after the 90-day reconsideration period is not acceptable, and a new application must be submitted.

Can the member submit a late renewal packet on PEAK?

Yes, 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 renewal. PEAK will provide this guidance: "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."

If the PEAK user attempts to request new MA benefits on an MA-only case that has been closed for over 90 calendar days, the PEAK user will be routed to apply with a



new application through the PEAK Apply for Benefits (AFB) module.

Timeframes

***How long do eligibility sites have to complete a renewal determination once a member submits their renewal packet and/or documentation?**

Per federal regulation 42 C.F.R. §435.912(C)(4)(i), eligibility sites are required to complete a renewal determination within 30 calendar days after receiving the renewal packet and/or documentation.

***If additional information or documentation is needed after the renewal was received and processed, is an extra 30 days allowed for processing?**

No, an additional 30 days is not allowed. Members will have the standard 10-calendar days to respond to any requests for additional information. The eligibility site will continue to have 15 business days to process the information that was received.

Reasonable Compatibility (RC)

What is Reasonable Compatibility (RC)?

Reasonable Compatibility is a method of verification used for MA programs that compares a member(s)'s self-attested income against income provided by an electronic data source.

***What is changing with RC due to project CPPM-10595?**

Reasonable Compatibility is no longer included as part of the Ex Parte process. CBMS is not changing how reasonable compatibility is functioning once the case is authorized and is in ongoing mode.

Signatures

Will the renewal packet need to be signed and returned?

Yes, the renewal packet requires the member to return the signature page, which must be signed by the head of household, the authorized representative, someone acting responsibly for the member, or an adult who is listed as part of the household on the case. This is regardless of whether there are or are not changes to be reported. The renewal packet itself is not required to be returned if no changes are reported.



Why does the renewal packet need to be signed?

Federal regulation 42 C.F.R. §435.916(b)(2)(i)(B) and §457.965(b)(1)(vi) requires a renewal to be signed, under penalty of perjury, when information indicates the member may be ineligible or if sufficient information is not available to complete a redetermination process.

How do members know the renewal packet must be signed and returned?

This information and other instructions for the renewal packet are in a section of the packet titled “How Do I Complete This Form?”

Where is the signature page on the renewal form?

The signature page is located at the beginning of the renewal packet, so it is easier for members to locate it.

Will the renewal packet include information on all the methods a member can provide a signature?

Yes, the renewal packet has a section titled “How Can I Submit My Renewal?” with all the methods listed.

How many days does the member have to provide the signed renewal packet?

The member will have at least 30 calendar days, from the date of the renewal form, to review and return the signed signature page.

- If the member returns the renewal packet and the signature page is missing or unsigned, an additional 10 business days will be provided, and CBMS will trigger the signature form requesting the member’s signature based on the user’s data entry.

Will members receive a separate letter notifying them that a signature is required?

No, there is not a separate letter to inform members that a signature will now be required for renewal. However, if the member returns the renewal packet and it’s missing the signature form, the end user will enter the missing signature into CBMS, and an additional MA Signature Form will be sent, and members will be given 10 business days to provide it.

Will there be an alert on the Health First Colorado mobile app reminding members to update their renewal packet?

Members will get a notification in their Deadline section that renewal is due. Members will also get a push notification (if they’ve opted in).

Does the renewal packet come with paid postage?

No, postage is not provided.



Acceptable Signatures and Documents

What are the different methods for accepting the member's signature?

The methods for accepting the member's signature are:

1. Paper: Mail, fax, or bring the completed signature page and updated renewal form pages to the member's local county office.
2. Online: Complete and sign the renewal through PEAK. If renewal was submitted to an eligibility site without the signature page, the member could upload the signed signature form via PEAK.
3. Telephone: Record the member's renewal attestation and have their telephonic signature recorded. This will include the rights and responsibilities being read to the member.

Members can find an Application Assistance site that can help at [Colorado.gov/hcpfmap](https://colorado.gov/hcpfmap).

Does a telephonic signature have standard Rights and Responsibilities for the MA program?

Yes, the rights and responsibilities language has been developed as part of the telephonic signature for MA programs. The CBMS user can view the script in both English and Spanish during the telephonic signature process at Application Intake (AI). Eligibility workers can refer to the web-based trainings: [Staff Development Division \(SDD\) Telephonic Signature training or the SDD Telephonic Application training](#).

Is another signed form acceptable in place of the renewal form (SNAP, Cash, MA application)?

Yes, a SNAP, Colorado Works, Adult Financial, or an MA application and their signature form is acceptable for Medical Assistance programs based on the due dates for these programs. During a Medical Assistance Renewal, the member can provide the signed renewal form, a new signed application, or a packet with a signature page, such as an SSI or AIRP packet.

Is a signed Change Report Form acceptable in place of a signed renewal form?

No, a Change Report Form is not acceptable as a renewal for MA programs.

Can a Medical Assistance Renewal signature form be used in place of a CDHS renewal?

No, an MA signature form is not acceptable for a CDHS renewal.

For a combo case, is a SNAP signature form acceptable for a MA renewal?

Yes, if the signature is the only missing information for medical assistance, the SNAP



signature page is acceptable.

Authorized Representative (AR)

What is an Authorized Representative?

An authorized representative is an individual or organization who acts responsibly on the member or applicant's behalf during the application, renewal of eligibility and other ongoing communications.

Does the authorized representative need to be added to the case when it is reported to the county?

Yes, the authorized representative does need to be added to the case within the "Authorized Representative" screen.

What if the SSN/DOB is not provided for the authorized representative?

The SSN/DOB is not required to add an authorized representative.

*What happens if the member has updates or changes to their Authorized Representative at renewal?

If the member indicates changes to their AR on the signature page, they will need to complete and sign the Authorized Representative form. The AR must also sign the form.

Missing or No Signature

What happens if the renewal form is not signed?

If the member returns the renewal packet without the signature form, an additional 10 business days will be provided, and CBMS will trigger a MA Signature Form once the end-user indicates the signature was missing in CBMS. The member will continue to have coverage until the signature form is returned, and a final determination is made.

Will a Verification Checklist (VCL) be sent out if the member forgets to sign the renewal form?

Yes, if the member returns the renewal packet and it's missing the signature form, an additional 10 business days are provided, and CBMS will trigger another MA Signature Form for the member.

What happens when the CBMS triggered MA Signature Form is not returned?

If the signed signature form is not returned, the case will close, or the member will terminate. The MA NOA reason will reflect "failure to complete the renewal process" and will be sent to the member. This NOA reason is for each member who is included in the



renewal process and will exclude anyone in a guaranteed program.

The case may remain open for members approved at renewal through Ex Parte. However, if the MA Signature Form is not received for members whose renewal is due, the entire case will close, or the member will be terminated while the case remains open.

Will batch close the case or terminate the member after the MA Signature Form has been sent out and not returned within 10 business days?

Yes, the batch will close the case if the signature page has not been returned during the 10 business days. Batch processing will take the necessary action on the case.

What if the member is homeless, doesn't have a phone, and the signature is missing?

Members who are homeless will also go through the new Medical Assistance Ex Parte process and determine if there is enough information to approve and not require a renewal packet with a signature. If they are not approved this way, they must go to their assigned eligibility site to complete the signature page. An assister can help a member contact an eligibility site that can accept signatures over the phone.

Non-MAGI

Are members who are on Long Term Care (LTC) required to complete a renewal and signature form?

Yes, members receiving LTC services are required to complete the annual renewal and signature form.

Verification

When does the system trigger a termination notice for failure to provide verifications?

The system will trigger a termination notice for failure to provide verifications on the 15th of the renewal month if the verifications have not been received. The effective beginning date of termination will always be the last day of the RRR due month.

Resources

How many months is an asset verification good for?

If verification of asset values has already been received either from the AVP system or



paper documentation, then the information is good until a change is reported or until the next renewal period.

If a member disposes of resources, is a Verification Checklist (VCL) triggered? CBMS will request the verification during both intake and ongoing modes, and CBMS will deny or terminate coverage if the verification is not returned.

Member Changes During the Renewal Process

***How will a member report changes in the Health First Colorado App or PEAK impact the renewal process in CBMS?**

When a Medical Assistance renewal is in “Started Status” in CBMS, any changes reported in the Health First Colorado App or PEAK will not trigger RTE to run for MA. These changes will go to the PEAK Inbox for processing instead.

General Renewal Questions

Can a Single Purpose Application (SPA) be used to complete a Medical Assistance Renewal for combo cases?

Yes, a SPA can be used to complete a Medical Assistance renewal.

For a Medical Assistance Renewal case, can a Medical Assistance application or any other documents be submitted instead of a renewal form?

Yes, a new application is acceptable at renewal if the application is signed.

During Medical Assistance Renewal, the member can provide the signed renewal form, a new signed application, or a packet with a signature page, such as an SSI packet.

What date should be used for the “Failed MA Renewal Date” in CBMS?

Enter the date the member re-applied (use the date stamp, and if there is no date stamp, use the date it was signed) for the “Failed MA Renewal Date” in CBMS.

Is there a different process for completing the renewal packet if the case is with a Medical Assistance (MA) site?

No, there is no different process for Medical Assistance (MA) Sites. The eligibility renewal changes apply statewide to all eligibility sites, including MA Sites.



County Dashboard

***What new feature will be added to the County Dashboard when the renewal is extended and how does this help?**

A new column with an indicator will be added, allowing eligibility sites to filter by renewals that are extended when a member returns their renewal form or documentation by the end of the eligibility renewal period. The indicator helps eligibility sites track their timeliness and compliance with performance standards.

***What data source will eligibility sites use to ensure they meet expectations for renewals?**

MAP Dashboards will continue to be the data source used to hold eligibility sites accountable for meeting expectations.

Ex Parte

When is the MA Ex Parte report available in Cognos?

The MA Ex Parte report is run on the 5th of every month.

When Ex Parte is run, could that case end up on the Mass Update Exception (MUE) report?

Yes, if an exception occurs, the pre-populated renewal packet will automatically trigger on the 15th of that month, and the case will end up on the MUE report.

For More Information

Who should eligibility sites contact with additional questions?

Please contact the Medicaid Inbox with the email listed below if you have any questions: hcpf_medicaid.eligibility@state.co.us.

Additional Guidance

[Staff Development Division \(SDD\) Document Library](#)

[Staff Development Division \(SDD\) Learning Management System \(LMS\)](#)



[Medical Assistance Renewal Workbook](#)

Memos:

- [OM 23-029](#) Renewal Guidance for Medical Assistance Programs
- [OM 25-018](#) Manual Ex Parte - Use of CDHS Renewal Packet or Reported Changes for Medical Assistance Renewal Packet
- [OM 24-007](#) Medical Assistance Reapply function versus Rescinding

Projects:

- CPPM-10595 CBMS MA Renewal CMS Guidelines Update
- CPPM-8556 Medicaid Renewal Ex Parte at the Individual Level
- CPPM-4184 MA CBMS Redetermination Revamp

