



Revised Renewal Revamp

Frequently Asked Questions for CBMS MA Redetermination Revamp Project CPPM-4184

October 2022 Version Two

Renewal happens at least every 12 months to complete a case review to determine whether Health First Colorado and CHP+ members will continue to qualify for benefits. The new process and packet were created to make it easier for members to navigate and complete.

What is changing?

There are three major changes:

1. Medical Assistance (MA) Ex Parte
The attempt to renew the member's eligibility for Medical Assistance using information from the case file, electronic data sources, and information the member provided for eligibility in Supplemental Nutrition Assistance Program (SNAP) case or a Colorado Works case.
2. New Renewal Packet
The wording and layout of the renewal packet have been changed to be more user-friendly.
3. New signature requirement
The head of household must sign a signature page and return it to complete the renewal process unless a renewal is completed through MA Ex Parte.

Who will this change affect?

Every Medical Assistance member will go through the renewal process, and some members may be required to complete the new renewal signature form.

When is this happening?

This project will be implemented in February 2022. The new renewal packet will go out in March for May 2022 renewals.

MA EX Parte



What is MA EX Parte?

The MA EX Parte is the attempt to renew a member's eligibility for Medical Assistance based on available information, using the information in CBMS, using the information in the member case file, as well as electronic data sources, and information previously received from SNAP case or a Colorado Works case (CW). MA Ex Parte represents the new, multi-step process to automatically renew an individual's Medical Assistance coverage.

There are two types of MA Ex Parte:

- Combo Ex Parte - The attempt to renew a member's eligibility for Medical Assistance using information previously received from a SNAP or CW case. This will only occur if MA Ex Parte Step A has not started yet.
- MA Ex Parte - The attempt to renew a member's eligibility for Medical Assistance based on available information in CBMS, using the information in the member case file and electronic data sources.

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.

How will the new renewal process work?

The renewal process consists of a MA Ex Parte review that will happen in two steps (Steps A and B) to attempt to verify eligibility via interfaces before identifying if a renewal packet will be sent (Step A) and conducting one final check to determine if verifications are required (Step B). This review will begin 3 months, specifically on the 12th of the month, before the renewal due date.

What happens if a member is approved during MA Ex Parte?

An approval NOA is triggered advising the member of what information was used to approve their eligibility. The NOA will also advise the member to report any information that is inaccurate through PEAK or their local county office.

- If the member is approved during Step A of the MA Ex Parte process but their income is not reasonably compatible, an approval NOA and an income discrepancy letter will be triggered. The income discrepancy letter will have standard due dates and must be completed on time for the member to continue to receive benefits.
- Reasonable compatibility means the difference between self-attested income and income provided by an electronic data source is within 10% (20% during the Public Health Emergency [PHE]).



What happens if the member is not approved during the MA Ex Parte process?

A renewal packet will be triggered with pre-populated information on file and requesting the necessary information needed to make an eligibility determination.

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

It depends on when the combo case is processed. If the CDHS case is processed before the MA Ex Parte is started, then the CDHS renewal packet can be leveraged for the MA renewal. The MA Ex Parte is started on the 12th of the month before the renewal due date.

Example: If a SNAP renewal is received on May 5th and it has not been processed by May 12th, MA Ex Parte will start and both renewals must be worked separately.

Is an old open Colorado Department Labor Employment (CDLE) record included in Ex Parte?

Yes, any open income records will be included as part of the Ex Parte review. This includes CDLE records. The CDLE record is considered a current record and is posted a quarter behind.

What status will be shown in the Colorado Benefits System (CBMS) for Renewals approved via Ex Parte?

Cases will automatically update in CBMS from initiated status to an open status when the renewal is approved via Ex Parte.

How would the eligibility site know if a member has other changes if the system only sends out the income discrepancy?

If a member is approved with an outstanding Income Discrepancy letter, the member is responsible to respond to the discrepancy letter by the due date and report any changes. A member can report changes at any time. New language was added to the approval notice of action (NOA) informing members they have 10 days to report any changes or corrections from the date the change occurred.

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.



If a member disposes of resources, is a Verification Checklist (VCL) triggered?

During the Public Health Emergency (PHE), CBMS will not trigger the VCL during intake mode. During ongoing mode, CBMS will trigger the VCL, but will not terminate the case if the verification is not received.

After the PHE ends, CBMS will request the verification during both intake and ongoing modes, and CBMS will deny or terminate coverage if the verification is not returned.

Reasonable Compatibility

What is Reasonable Compatibility?

Reasonable Compatibility means the difference between self-attested income and income provided by an electronic data source is within 10% (20% during the Public Health Emergency [PHE]). Reasonable Compatibility is part of MA Ex Parte Step A. CBMS is not changing how reasonable compatibility is functioning.

Will outstanding or past due Income discrepancy notices impact the new renewal process?

Any outstanding or past due income discrepancies will still be acted upon based on the due date. Based on current logic, CBMS does not perform a reasonable compatibility check within 90 days of the renewal due date.

Signatures

Will the renewal packet need to be signed and returned?

Yes, the new renewal packet requires the member to return the packet with the signature page, which must be signed by the head of household or the head of household's authorized representative. This is regardless of if there are or are not changes to be reported.

Why does the renewal packet need to be signed?

Federal regulation 42 C.F.R. §435.916(a)(3)(i)(B) and (b) and §457.343 requires a renewal to be signed when information indicates the member may be ineligible or if sufficient information is not available to complete a redetermination process.



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

Yes, the new renewal packet has a section titled “How can I submit my renewal?” with all the methods listed.

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 can 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.

Are telephonic signatures acceptable?

Yes, telephonic signatures are acceptable. Eligibility sites will be able to accept and record the verbal signature by phone. This will include the rights and responsibilities being read to the member. Eligibility sites will be required to save the recording for auditing purposes.

Does the renewal form have to be signed on the exact signature line or can it be signed anywhere?

The member must return the signature page and it must be signed and completed. A signature on any other page of the renewal is not acceptable. If the member checks any of the boxes within the signature page and signs the signature form anywhere on the signature page, it is an acceptable signature.

Does the member need to check a box on the signature page?

- If the member does not check any of the boxes on the signature page, the eligibility site must reach out to the member to verify if the member does or does not have any changes.
- If an eligibility site cannot reach or contact the member, the eligibility site must leave these boxes unchecked.
- If the eligibility site is able to reach or contact the member, the eligibility site can update the boxes on behalf of the member and should include a case comment in CBMS.
- If the signature form is signed but the boxes are unchecked, this is considered to be a completed signed renewal and no other action is needed.



What if the member is in the hospital and/or nursing facility and unable to sign the renewal form?

The agency (an assister or assisting on behalf of a member such as nursing facilities or hospitals), the organization must first try to contact a family member who may assist in completing the renewal on behalf of the member. The family member may sign on behalf of the member.

If a family member cannot be contacted the agency may do the following:

- If the member is too sick to sign the renewal, the agency can sign the signature page on behalf of the member and complete the authorized representative form from the renewal packet or worksheet A, section A from the application to become an authorized representative. The agency must indicate that the member is too ill to sign any of the documents being submitted.
- The agency must still get a verbal agreement from the member to allow the agency to become their Authorized Representative in order to sign the signature page for the renewal or;
- The agency may contact the eligibility site to complete the renewal signature by phone with the member.

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

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

The member will have 30 calendar days 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.

How do members know the renewal form 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?"

Will there be a separate letter letting members know 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 mailed, and members will be given 10 business days to provide it.



Is another signed form acceptable in place of the renewal form (SNAP, Cash, Change Report Form)?

Yes, if a renewal packet is sent by SNAP or Colorado Works their signature form is acceptable for Medical Assistance programs based on the due dates for these programs. A change report form is not an acceptable form for medical assistance renewals. If the renewal is for medical assistance only, the medical assistance renewal form must be signed and returned.

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.

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.

What happens when the signature page is not returned?

If the signed signature page is not returned, the case will terminate and the new Medical Assistance (MA) NOA reason will reflect "failure to complete the renewal process" and will be sent to the member. This new NOA reason is for each member who is included in the renewal process and will exclude anyone in a guaranteed program.

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 and renewal process and other ongoing communications.

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.

Does the renewal packet come with paid postage?

No, postage is not provided.



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 Staff Development Center (SDC) Telephonic Signature training or the SDC Telephonic Application training @ <https://colearn.csod.com/>.

If the Public Health Emergency (PHE) is extended will cases be terminated for not providing a signature or a verification? Or will they remain eligible?

If the PHE is extended, cases will not close for not providing the signature or verification. Cases will remain active.

If the signature form is not provided, will those enrolled members still qualify for MA?

No, the entire case will close if the signature form is not received for members whose renewal is due. This logic will apply for renewals processed after the end of the PHE.

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.

Can an adult that lives in the home, but is not listed as the head of household sign the renewal?

Yes, an adult who is listed as part of the household on the case can sign the signature renewal form.

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.



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 (i.e., it does exist). Members will also get a push notification (if they've opted in).

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

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

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.

If the member does not know how to write, is an "X" acceptable as the signature?

Yes, a member is allowed to sign with the letter "X" if the signature is witnessed by someone and they print their name after the phrase "witnessed by".

System Functionality

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 is provided and CBMS will trigger another MA signature page for the member.

Will batch close the case after the MA Signature Page 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 is the reconsideration period?

The 90 days after benefits are terminated is the reconsideration period. During this reconsideration period, the eligibility sites must review the individual's eligibility without requiring them to fill out a new application.



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

If the renewal packet and requested information is not returned within 90 days after the member's case has been terminated, the member must submit a new application to obtain enrollment in Health First Colorado or CHP+ programs.

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.

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.

Will CBMS continue to auto-assign cases to the closed caseload? With the grace period being extended for 90 days can this function be changed to stay in the assigned worker's name until the 90th day?

No, not at this time.

Can CBMS be programmed to not allow a case to be reopened after the 90th day?

Users will continue to have access to reopen cases that were closed in error.



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.

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.

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

The Verification Check List (VCL) is triggered on the 20th of the month before the renewal. 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.

What happens to the case if the member provides the MA Renewal signed and completed, but the renewal is not worked timely?

The system will set the case to close on the last day of the RRR due month if the signed renewal is not worked. To avoid creating a gap in coverage it is encouraged to process renewals as soon as possible to avoid closure. If the case is closed the caseworker will have to rescind the case.

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.

Auto Renewals

What happened with auto-renewals?

Auto-renewal will still be performed but will now be called the final review process. Members who renew automatically through the new MA Ex Parte process will receive an approval NOA instead of a renewal packet.

New Renewal Reports in Cognos



What is the name of the new Renewal report in Cognos? What information will this report capture?

The name of the new Renewal report in Cognos is called the “MA EX Parte Renewal Results report”. This report will capture the MA EX Parte results from each prior month.

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 (during step A) the 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.

