Available State Strategies to Minimize Terminations for Procedural Reasons During the COVID-19 Unwinding Period
June 2023

#	Strategy	Federal Authority Required	Details & Additional Information
	A. INCREASE *EX PARTE* RENEWAL RATES		
1	Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs*	1902(e)(14)(A)	Redetermine financial eligibility for Medicaid for individuals whose SNAP or TANF gross income program and assets, as applicable, are below applicable Medicaid limits, despite the differences in household composition and income-counting rules between programs. This strategy is also available for states to use at application. Additional considerations may apply to states seeking to implement this authority for individuals enrolled in Medicaid on a non-MAGI basis.
2	Implement Express Lane Eligibility (ELE) for children	State Plan Amendment	ELE allows states to rely on findings for income, household size, or most other factors of eligibility from "Express Lane" agencies to efficiently enroll and renew eligible children in Medicaid and CHIP. States are currently using information from SNAP, the National School Lunch Program (NSLP), TANF, Head Start, and the Women, Infant, and Children's program (WIC), and other sources to streamline and simplify the application and renewal process for children.
3	Renew Medicaid eligibility for individuals with no income and no data returned on an e*x parte* basis ($0 income strategy)*	1902(e)(14)(A)	Complete a Medicaid income determination at renewal without requesting additional information or documentation if: (1) the most recent income determination was no earlier than 12 months prior to the beginning of the COVID-19 PHE (i.e., March 2019) and was based on a verified attestation of zero-dollar income; and (2) the state has checked financial data sources in accordance with its verification plan and no information is received.
4	Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an *ex parte* basis (100% income strategy)* **(UPDATED)**	1902(e)(14)(A)	Complete a Medicaid income determination at renewal without requesting additional information or documentation if: (1) the most recent income determination was no earlier than 12 months prior to the beginning of the PHE (i.e., March 2019) and was based on verified income at or below 100% FPL; and (2) the state has checked financial data sources in accordance with its verification plan and no information is received. This strategy may be especially beneficial to improve *ex parte* rates for individuals who are self-employed, especially in states not using tax data as part of an *ex parte* determination.

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5	Renew Medicaid for individuals for whom information from the Asset Verification System (AVS) is not returned or is not returned within a reasonable timeframe (AVS strategy)*	1902(e)(14)(A)	Assume no change in resources verified through the AVS when no information is returned through the AVS or when the AVS call is not returned within a reasonable timeframe, and complete an *ex parte* renewal process without any further verification of assets. .
6	Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources*	1902(e)(14)(A)	Complete an *ex parte* income determination at renewal without requesting additional information or documentation of income if: (1) the most recent income was no earlier than 12 months prior to the beginning of the PHE (i.e., March 2019); and (2) the beneficiary only had Title II Social Security or other stable income at the most recent determination.
7	Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when no useful data source is available	None	See Question 9 in CMS' October 2022 FAQs for more information about implementation of this strategy and slide 15 of the October 2022 Ex Parte Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts Deck
8	Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test*	1902(e)(14)(A)	This strategy can be applied to waive asset requirements for all or reasonable subsets of non-MAGI beneficiaries subject to an asset test.
9	Suspend the requirement to apply for other benefits under 42 CFR 435.608* **(NEW)**	1902(e)(14)(A)	This strategy may be especially beneficial to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to apply for other benefits to which they are entitled. This strategy would reduce the workload for eligibility staff who otherwise must follow up with beneficiaries whose coverage was continued despite not having applied for such other benefits per 42 C.F.R. 435.608 while the continuous enrollment condition described in section 6008(b)(3) of the Families First Coronavirus Response Act, as amended by the Consolidated Appropriations Act, 2023, was in effect. States may use this strategy to reduce procedural denials or terminations for failure to respond to requests for additional information regarding application for other benefits.
10	Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support* **(NEW)**	1902(e)(14)(A)	This strategy may be especially beneficial to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to cooperate with medical support enforcement or establish good cause for not doing so. This strategy would reduce the workload for eligibility staff who otherwise must follow up with beneficiaries whose coverage was continued despite not having met medical support cooperation requirements per Section 1902(a)(45), Section 1912, 42 C.F.R. 435.610, § 433.147, 433.145, and 433.148 while the continuous enrollment condition described in section 6008(b)(3) of the Families First Coronavirus Response Act, as amended by the Consolidated Appropriations Act, 2023, was in

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			effect. States may use this strategy to reduce procedural denials or terminations for failure to respond to requests for additional information regarding medical support cooperation.
11	Renew eligibility if able to do so based on available information, and establish a new eligibility period whenever contact is made with hard-to-reach populations **(NEW)**	None. Permissible under 42 CFR 435.916(d)(1)(ii)	This strategy relies on the authority for states to begin a new renewal period if the state receives information about a change in a beneficiary's circumstances and it has enough information available to it renewal eligibility with respect to all eligibility criteria or the beneficiary voluntarily provides needed information (e.g., an attestation of income). This strategy may not be used to shorten renewal periods by terminating coverage for beneficiaries prior to their scheduled renewal date unless the individual has reported or the state has obtained from external data sources, information indicating a change in circumstances that results in a determination of ineligibility in accordance with 42 CFR 435.916(d). This strategy may be especially useful to minimize churn for individuals experiencing homelessness or other transient populations. States may redetermine eligibility based on available information and establish a new 12-month eligibility period for eligible individuals, prior to a scheduled renewal date, to ensure that coverage is not later lost due to a procedural reason.
	B. SUPPORTING ENROLLEES WITH RENEWAL FORM SUBMISSION OR COMPLETION TO REDUCE PROCEDURAL TERMINATIONS		
12	Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms* **(NEW)**	1902(e)(14)(A)	Permit Medicaid managed care plans to voluntarily (or contract with managed care plans to) assist their enrollees in completing the Medicaid renewal process, including completing certain parts of renewal forms. Managed care plans must limit their renewal form assistance to completing fields in the renewal forms with information provided by the enrollee, excluding any fields associated with managed care plan selection or the enrollee's signature. Managed care plans must not provide choice counseling (defined at 42 CFR § 438.2) services to their enrollees. State payment to managed care plans for work of this type conducted on behalf of the state must be separate from the actuarially sound capitation payments to plans.
13	Permit the designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary*	1902(e)(14)(A)	This strategy can maximize the effectiveness of assistors and other community partners who are assisting beneficiaries in completing their renewal form over the phone.

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14	Delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach **(NEW)**	CMS Concurrence with applicability of 42 CFR 435.912(e).	This strategy is available for states to implement throughout the unwinding period, or on an ad hoc basis for cohorts of renewals based on certain defined criteria (e.g., if the percent of anticipated procedural terminations exceeds a specified threshold). States must use the additional time to conduct targeted outreach to encourage the beneficiary to return the renewal form. To request concurrence, please send an email to the CMS unwinding mailbox. States should also note use of this strategy in their unwinding plans and in the data notes section when submitting monthly renewal reports.
15	Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded	None	See CMS Managed Care Strategy Deck for additional information on implementation.[1]
16	Inform all beneficiaries of their scheduled renewal date during unwinding	None	This strategy helps individuals enrolled in Medicaid or CHIP to anticipate when they will need to complete the renewal process.
17	Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed and when they should have received them by mail	None	This strategy helps individuals enrolled in Medicaid or CHIP to anticipate when they will need to complete the renewal process and also provides a reminder to complete and return the form.
	C. FACILITATING REINSTATEMENT OF ELIGIBLE INDIVIDUALS DISENROLLED FOR PROCEDURAL REASONS		
18	Designate the state agency as a qualified entity to make determinations of Presumptive Eligibility (PE) on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state)* **(NEW)**	1902(e)(14)(A)	Under this strategy, the state agency completes the PE determination based on the submission of a renewal form or application, for individuals disenrolled for procedural reasons without also having to complete a PE determination for other applicants. Consistent with PE regulations at 435.1103(b), this strategy is only available for MAGI determinations. The PE period extends from the date of the PE determination by the state agency to the date a final determination of eligibility is made. This strategy is intended to provide PE only for individuals recently disenrolled for procedural terminations; it does not

[1] See Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations, January 2023 update, available at https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf

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			impact states' ability under the state plan to authorize qualified entities to make PE determinations for other individuals as well.
19	Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of PE on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state)* **(NEW)**	1902(e)(14)(A)	Under this strategy, the designated qualified entities would make PE determinations for individuals who were disenrolled for procedural reasons and with whom the entity comes into contact without also having to complete a PE determination for other applicants. The entity would encourage and/or assist the individual to complete their renewal form. Consistent with PE regulations at 435.1103(b), this strategy is only available for MAGI determinations. The PE period extends from the date of the PE determination by the qualified entity to the date a final determination of eligibility is made. This strategy is intended to provide PE only for individuals recently disenrolled for procedural terminations; it does not impact states' ability under the state plan to authorize qualified entities to make PE determinations for other individuals as well.
20	Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid During a 90-day Reconsideration Period* **(NEW)**	1902(e)(14)(A)	This strategy reduces burden on state eligibility workers by eliminating the need to verify eligibility during the retroactive eligibility period prior to the date or month in which the renewal form was returned. It also will enable states to retain the individual's original renewal cycle.
21	Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period	None. Please reflect adoption of this strategy in the state's unwinding operational plan.	This strategy can reduce administrative burden on both states and beneficiaries by permitting return of a renewal form to reinstate coverage rather than having to start the application process anew.
22	Extend automatic reenrollment into a Medicaid managed care plan to up to 120 days after a loss of Medicaid coverage ("Managed Care Plan Auto-Reenrollment Strategy")*	1902(e)(14)(A)	Permits states to temporarily automatically reenroll individuals into a managed care plan who are reenrolled into Medicaid after a loss of Medicaid coverage for up to 120 days, instead of up to 2 months, as required under 42 CFR 438.56(g). States may elect time periods between 60 and 120 days.

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23	Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons	None. May be subject to state-specific laws and require managed care plan contract amendments.	This strategy may be particularly effective when paired with an extension of the reconsideration period and/or adoption of a reconsideration period for non-MAGI beneficiaries (Strategy 21).

***** This strategy will allow for an eligibility determination system for a state's unwinding period that is more protective of beneficiaries in light of systems limitations and challenges, as required by section 1902(e)(14)(A) of the Social Security Act.