

Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 10-009
	CROSS REFERENCE:
DIVISION OR OFFICE: Client and Community Relations Office	DATE: September 7, 2010
SUBJECT AREA: Medical Assistance	
SUBJECT: Ex Parte/Passive Renewals for Medicaid Programs	APPROVED BY: Sue Williamson
TYPE: I-Information	

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www.colorado.gov/hcpf>Partners & Researchers>County and Medical Assistance Site>Agency Letters*

Purpose:

The purpose of this agency letter is to advise eligibility sites regarding the passive renewal process for Medicaid programs.

Background:

Medicaid programs must utilize passive renewals, also known as Ex Parte Reviews, when redetermining client eligibility. An Ex Parte Review is an administrative review of eligibility during a redetermination period in lieu of requesting updated information from the client. This administrative review is performed by verifying current information obtained from another current aid program or system.

Numerous State Medicaid Director letters issued by the Centers for Medicare and Medicaid Services require states to conduct Ex Parte Reviews to the extent possible. This means that states must use information already available before contacting the client. An Ex Parte Review should be used in place of any other scheduled redetermination.

Medicaid programs also have the option to implement other forms of passive renewal besides the Ex Parte Review process. More options for passive renewal will be implemented over time to streamline the Medicaid eligibility process. Passive renewal processes ease administrative burden for both eligibility sites and clients. This process allows clients to maintain health care services and reduces workload for eligibility site workers.

Procedure or Information:

10 CCR 2505-10 §8.100.3.Q.3.outlines the passive renewal process. Eligibility sites should utilize current information received within the last three months from another assistance program, verification system, and/or CBMS before requesting any verification from the client.

Currently, redetermination packets will still automatically be sent from CBMS. The Department is reviewing options for an automated Ex Parte Review process in CBMS at a future date. Eligibility

sites should not require that the redetermination packet or verifications be returned by the client if the redetermination can be performed through verifications from other sources.

The Department also recently promulgated rules to allow eligibility sites to utilize telephone and/or electronic redetermination processes. These rules can be found at 10 CCR 2505-10 §8.100.3.Q.1. and §8.100.3.Q.4. Eligibility sites may implement a telephone and/or electronic renewal process at their discretion.

Any form of passive renewal for client redetermination should be performed timely within the redetermination period and noted in the case file and CBMS case comments.

Effective Date:

Immediately

Contact Persons:

Medicaid.Eligibility@hcpf.state.co.us