

Eligibility Rules Implementation: new provisions vs mitigation

Background

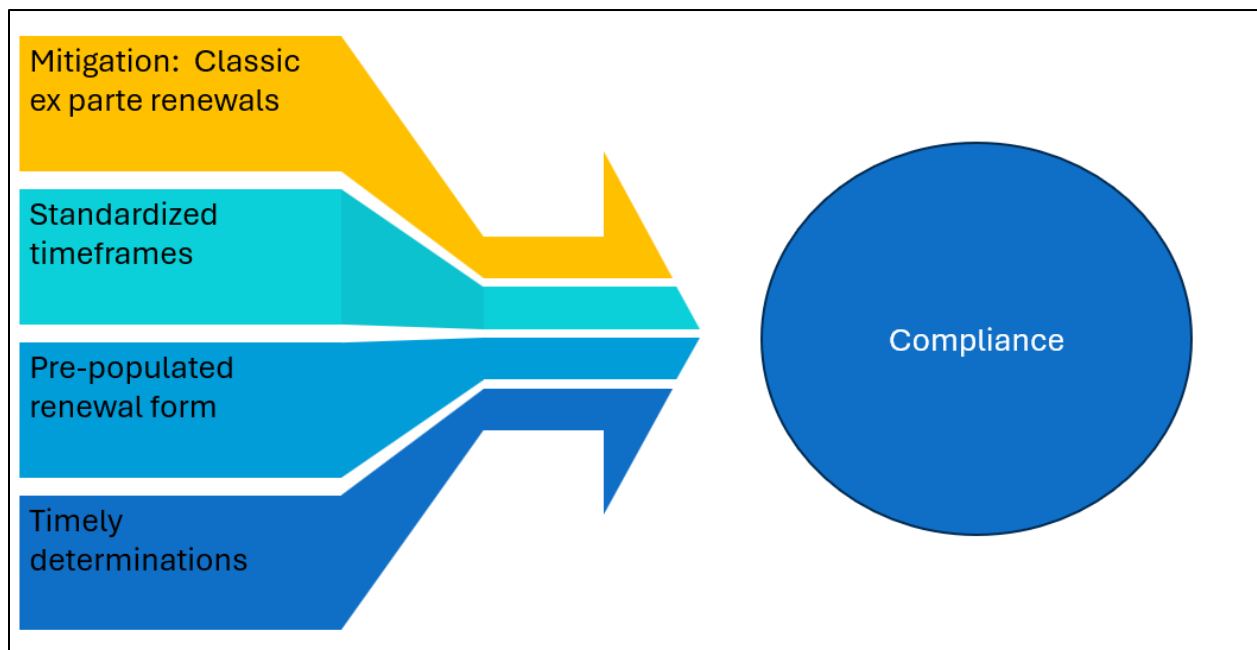
At the end of the public health emergency (PHE), Washington entered into [mitigation with the Centers of Medicare and Medicaid Services \(CMS\)](#) for non-compliance with Apple Health Classic Medicaid ex parte renewals. Current eligibility system functionality does not support automatically checking available data sources to recertify clients' coverage before contacting the client to verify their ongoing eligibility on an annual basis.

The [Streamlining Medicaid and CHIP eligibility rules](#) released in April 2024 provide further clarity on Modified Adjusted Gross Income (MAGI) and Classic Medicaid alignment. Work to become compliant with our mitigation plan and the new eligibility rules began in the winter of 2024.

A key leadership decision to move Classic Medicaid financial eligibility determinations to Washington Healthplanfinder streamlines and modernizes all Apple Health (Medicaid) financial eligibility determinations into one system. Utilizing Washington Healthplanfinder will ensure compliance for Washington's current non-compliance for Classic Medicaid ex parte requirements and compliance for all alignment provisions of the new CMS eligibility rules.

What if the new eligibility rules are rescinded?

Washington still needs to come into compliance with existing rules and is currently under [mitigation](#) to complete this by 2027 per the [compliance plan](#) the state has submitted to CMS. Washington is already compliant with most of the provisions under the new CMS eligibility rules which provide a more aligned customer experience as we move clients into a more integrated system.



Eligibility and Enrollment provisions

Below is a list of all eligibility and enrollment provisions and their dependency of implementation if the rules are rescinded in relation to Washington's mitigation plan of non-compliance.

Eligibility requirement	Authority	Compliance Date	Keep?	Reason
Remove limitations on reasonable opportunity periods (ROP)	Eligibility rules	June 2024	Compliant	Already compliant.
Use electronic sources for resources	Eligibility rules	June 2024	Compliant	Already compliant.
Improve transitions between Medicaid and Childrens' Health Insurance Program (CHIP)	Eligibility rules	June 2024	Compliant	Already compliant.
Optional: Spenddown expenses	Eligibility rules	Optional	Exploring	Researching option in workgroups.
Deem Medicare Savings Program (MSP) - QMB for most Medicare-enrolled SSI recipients	Eligibility rules	October 2024	Compliant	Already compliant.
CHIP lockout periods	Eligibility rules	June 2025	Compliant	Already compliant.
No annual limit or waiting periods for CHIP	Eligibility rules	June 2025	Compliance	Already compliant.
Stop requiring application for other benefits	Eligibility rules	June 2025	Nice to have	The rules removed federal regulatory reference; minimal impact to clients.
Updates to return mail and use National Change of Address (NCOA)	Eligibility rules	December 2025	Nice to have	Additional outreach to clients when return mail is received; impacts unknown.
Low Income Subsidy (LIS) program updates for MSP	Eligibility rules	April 2026	Nice to have	Already a requirement to facilitate enrollment into MSP; prepares for alignment with MAGI Medicaid and improvements in coverage enrollments for eligible clients.
Recordkeeping requirements updates	Eligibility rules	June 2026	Compliant	Already compliant.
Verification updates to citizenship/immigration requirements	Eligibility rules	June 2026	Nice to have	Streamlining and aligning processes and procedures. Mostly compliant.

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Align MAGI/Classic Medicaid eligibility (pre-populated renewal forms)	Eligibility rules	June 2027	Must have	To integrate Classic Medicaid in a modern system with our MAGI Medicaid population, we will naturally follow these same client outreach methods.
System alignment for non-MAGI Medicaid renewals	Mitigation	July 2027	Must have	The state is out of compliance with current Classic Medicaid ex parte rules. Failure to comply with compliance may result in a loss of federal financial participation.
Timeframes for changes (alignment within MAGI and Classic Medicaid programs)	Eligibility rules	July 2027	Must have	State has minimum timeframes, can align for MAGI and Classic Medicaid. Standard timeframes across Apple Health programs will need to be reviewed upon integration of all programs.
Timely determinations (alignment within MAGI and Classic Medicaid programs)	Eligibility rules	July	Must have	State has minimum timeframes, can align for MAGI and Classic Medicaid. Standard timeliness of determinations will need to be reviewed upon integration of all programs.