

June 8, 2023
MB# 23-027

MEDICAID BULLETIN

TO: All Providers

SUBJECT: Provider Resources to Assist in Patients' Medicaid Annual Eligibility Reviews

The South Carolina Department of Health and Human Services (SCDHHS) resumed its standard Medicaid eligibility annual reviews process April 1, 2023. Reviewing Medicaid members' eligibility at least annually is a federal requirement that was paused during most of the federal COVID-19 public health emergency (PHE). As SCDHHS continues this process, it is asking Healthy Connections Medicaid-enrolled providers to further assist the agency in achieving its goal of ensuring people who are eligible for Medicaid remain covered.

As SCDHHS prepared to resume the Medicaid annual eligibility review process, it developed new ways to engage with Healthy Connections Medicaid members to help members retain coverage and promote continuity of care. These efforts include:

- Encouraging Medicaid members to complete their annual review, submit documents, check their annual review status and update their contact information online at apply.scdhhs.gov;
- Email and social media updates about the restart of annual reviews;
- Text message notifications when an individual is up for their annual review and subsequent reminder text messages;
- Using the National Change of Address database to improve mail delivery rates;
- Multiple mailings to deliver the annual review form itself and reminder notices for Medicaid members who have not returned their annual review form;
- Collaborating with non-profit organizations and provider associations to encourage Medicaid members to update contact information and complete annual reviews; and,
- Creating a webpage dedicated to providing information about annual reviews: www.scdhhs.gov/annualreviews.

Despite these efforts and despite 93% of annual review forms being delivered successfully through the mail, only approximately 30% of annual review forms were returned to the agency

during the first month annual eligibility reviews resumed. As a result, patients who were formerly enrolled in Healthy Connections Medicaid may schedule an appointment or present at a provider's office but will no longer be enrolled in Medicaid.

How Can Providers Help Medicaid Members Retain their Eligibility?

In order to mitigate any disruption to reimbursement or access to care for those who still meet eligibility standards, SCDHHS is asking providers to encourage every Medicaid-enrolled patient to “submit your review when it’s time to renew.”

Medicaid members can check their annual review status, ensure their contact information is accurate and submit their annual review if they have received notification it is due by visiting apply.scdhhs.gov.

SCDHHS has produced an [updated provider flyer](#) that includes a QR code directing Medicaid members to apply.scdhhs.gov. Providers are encouraged to post this “submit your review when it’s time to renew” flyer in their office. The flyer and a digital graphic can also be downloaded from the Communications Toolbox on the Resources page of www.scdhhs.gov/annualreviews.

If Medicaid members prefer to complete a paper review form, they may submit their completed paper review form in the ways listed below. Providers can also [download Medicaid member annual eligibility review forms here](#) from the resources page on SCDHHS’ annual reviews website.

How to Return Paper Annual Review Forms

- Online: Upload it online using the [document upload tool](#)
- Fax: (888) 820-1204
- Email: 8888201204@fax.scdhhs.gov
- Mail: SCDHHS Central Mail, PO Box 100101, Columbia, SC 29202
- In-person: [Click here for a list](#) of local eligibility offices

Annual Review Process

All Medicaid members will receive an annual review form or “continuation of benefits” notice by mail in the [one-year period that began April 1, 2023](#). Healthy Connections Medicaid members will receive a notice in the mail the month before they receive their annual review or continuation of benefits notice alerting them to be on the lookout.

If a member’s eligibility can be renewed via information that is already available to SCDHHS, the Medicaid member will receive a continuation of benefits notice and will not receive an annual review form.

If continued eligibility cannot be confirmed with information already available, SCDHHS will mail a review form that will need to be completed and returned. Annual review forms must be filled out completely, signed and returned. The return date will be included in the information the agency sends to impacted Medicaid members. For members who have provided SCDHHS

with a cell phone number, the agency will also send a series of text messages to remind the Medicaid member to return their review form if they have not done so already.

Many parents don't know that limits on household income are significantly higher for children than adults. **Parents should fill out renewal forms even if they don't think they will qualify themselves.**

90-day Eligibility Grace Period

Healthy Connections Medicaid members have a 90-day grace period after their coverage has expired where services can still be paid by Medicaid if they return their review form. For Medicaid members who have not returned their annual review form, SCDHHS will re-open their eligibility retroactive to the date it previously closed if the review form is submitted within 90 days of the closure date. Upon receiving an annual review form during this 90-day grace period, coverage will be reinstated until an eligibility determination can be made. If the member is determined no longer eligible, after sending in an annual review form during the grace period, coverage will expire upon the date communicated to the member in their closure notice, not the original closure date.

Background

Federal law requires all state Medicaid agencies to check the eligibility status of Medicaid members annually to ensure those who are enrolled remain eligible for the program. Provisions of the Families First Coronavirus Response Act (FFCRA) required states to maintain continuous eligibility for Medicaid members who were enrolled as of March 2020 throughout the COVID-19 federal PHE. To comply with the FFCRA, SCDHHS paused its standard annual review process and only removed members from the Healthy Connections Medicaid program if they moved, requested to be removed or passed away.

The *Consolidated Appropriations Act, 2023*, passed by Congress and signed into law by President Joe Biden Dec. 23, 2022, required state Medicaid agencies to resume their standard annual eligibility review processes April 1, 2023.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Robert M. Kerr