Medicaid Annual Renewals and Eligibility for Other Insurance

How restarting the annual renewal process may affect Missouri Medicaid participants

Starting April 1, 2023, the Family Support Division (FSD) resumed annual redeterminations of eligibility for all Medicaid and CHIP (MO HealthNet) participants. Through this process, called annual renewal, FSD will find that some participants are no longer eligible for Medicaid or CHIP benefits but can get coverage from their Employer or the Health Insurance Marketplace (healthcare.gov).

What is the annual renewal process?
Below is an overview of the annual renewal process for Medicaid or CHIP participants:

First, FSD gathers information about the participant:
1. FSD gathers information from their own records and from outside data sources such as Social Security Administration, the Internal Revenue Service, and other sources to see if they have enough information to determine if the participant is still eligible for Medicaid or CHIP.
   • For participants who remain eligible for Medicaid or CHIP coverage, FSD will send a notice of continued eligibility to the participant.
2. If FSD does not have enough information to determine continued eligibility or the information indicates the participant is ineligible, they send a form to the address of the person listed as the participant’s head of household that they have on file. For most participants, the form is “pre-populated” with information FSD has collected about the participant, such as name and address. FSD will give the participant 55 days to complete, sign, and return the form.
   • If the participant does not sign and return the form with the requested information, they will receive a termination notice and their case will be closed.
   • If a participant returns the pre-populated form within 90 days of this termination notice, FSD will reconsider their eligibility for coverage.
   • Participants also have the right to challenge a termination of benefits by requesting a fair hearing.

Then, FSD determines if they are still eligible for Medicaid:
3. FSD can make an eligibility determination once they have enough information about the participant.

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1 A pre-populated form will be sent for individuals enrolled in most family-based Medicaid and CHIP programs, including MO HealthNet for Families, Transitional MO HealthNet, MO HealthNet for Kids, MO HealthNet Children's Health Insurance Program, MO HealthNet for Pregnant Women, Newborn MO HealthNet, Adult Expansion Group, and Uninsured Women's Health Services Programs. Individuals enrolled in other MO HealthNet programs (such as MO HealthNet for Aged, Blind and Disabled) will also receive forms for annual renewal, but those forms will NOT be pre-populated with the participant’s information.

2 Participants will have 90 days from the date on the notice to appeal the action and request a hearing with FSD. The notice will have instructions on how to appeal, including to request a “State Fair Hearing” using the phone number or mailing address listed on the Notice.
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- For participants who remain eligible for Medicaid or CHIP coverage, FSD will send a notice of continued eligibility to the participant.
- Participants who are found ineligible for Medicaid or CHIP will get a “termination notice” from FSD. FSD will notify the Health Insurance Marketplace of this denial.
- FSD will NOT notify the Health Insurance Marketplace of a Medicaid termination based on a failure to return paperwork, which is called a “procedural denial.”

Is there a special enrollment period for those switching to Marketplace or other coverage?

People who have lost Medicaid or CHIP coverage can qualify for more than one special enrollment period (SEP).

Employer Sponsored Insurance:
- Participants will have an SEP of at least a 60-day SEP to enroll in employer sponsored insurance upon losing Medicaid or CHIP coverage.\(^3\)

Marketplace Insurance:
- Participants who expect to lose their Medicaid or CHIP coverage can apply for the Loss of Minimum Essential Coverage SEP up to 60 days before the loss of coverage. Applying for this SEP and enrolling the month before coverage ends can help ensure they do not have a gap in coverage during the transition from Medicaid to Marketplace coverage.
  - Note: If the Health Insurance Marketplace’s records still indicate that a person is eligible for Medicaid or CHIP coverage, the person may need to give the date they received the termination notice from FSD to activate this SEP.
- The Unwinding SEP is available to any participant who loses Medicaid or CHIP coverage between 3/31/2023 and 7/31/2024. During this unwinding period, they will have 60 days to use this SEP upon submitting a new application or updating their current application and reporting the loss of their Medicaid or CHIP coverage to the Health Insurance Marketplace. People may have a coverage gap while they transition from Medicaid to Marketplace coverage.

Medicare Coverage:
- Some participants on Medicaid became eligible for Medicare but did not apply for Medicare coverage at that time and missed their Initial Enrollment Period (IEP) due to their continued Medicaid eligibility during the COVID-19 pandemic. Medicare will give these participants a special enrollment period for Medicare if their Medicaid (any type) is terminated during the annual renewal process.

\(^3\) An employer has the ability to set a longer time frame for this SEP.
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- The special enrollment period starts on the date of a participant’s Medicaid termination notice and lasts for a period of **6 months** from that date. During this time, participants will be able to apply for Medicare coverage without paying late fees.

- Participants can request this SEP by completing the SEP application and mailing it to their local Social Security office. The application is available here: https://www.cms.gov/files/document/application-medicare-part-part-b-special-enrollment-period-exceptional-conditions.pdf

- Participants must choose the start date of their Medicare coverage. It can start the month after the date of the Medicare application, or it can be backdated to the date of their Medicaid termination.
  - **NOTE**: If a participant opts for backdated coverage, they must pay all past due premiums.

- This SEP may be helpful for participants enrolled in Adult Expansion Group (AEG) coverage. Typically, participants eligible for Medicare are **not** eligible for AEG coverage. This rule was not enforced during the pandemic, so many participants have remained on Medicaid despite becoming eligible for Medicare. When these participants receive their termination notice, they would normally have to wait for Medicare open enrollment to apply for coverage. This SEP allows them to apply right away, which allows them to avoid delays in coverage.

Learn more about Medicaid annual renewals
To learn more about annual renewals, visit: https://mydss.mo.gov/renew

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