

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) will resume annual redeterminations of eligibility for all Medicaid and CHIP (MO HealthNet) participants. Through this process, called annual renewal, FSD may 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 more 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 the form is pre-populated with information FSD has collected about the participant, such as name and address.ⁱ FSD plans to 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.ⁱⁱ
 - If a participant returns the pre-populated form within 90 days of this procedural denial, 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:

FSD can make an eligibility determination once they have enough information about the participant.

- 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.”

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

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

Employer Sponsored Insurance:

- Participants will have a 60-day SEP to enroll in employer sponsored insurance upon losing Medicaid or CHIP coverage

Marketplace Insurance:

- Participants who expect to lose their Medicaid or CHIP coverage can apply for *the Loss of Minimum Essential Coverage SEP 60 days before the loss of coverage*. This ensures they do not have a coverage gap 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 special enrollment period 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.

Learn more about Medicaid annual renewals

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

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ⁱ 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. All other MO HealthNet programs will send forms for annual renewal but those forms initially will **NOT** be pre-populated.

ⁱⁱ If FSD receives returned mail from the U.S. Postal Service, FSD is required to take additional steps before the case can be closed, for example if there is no forwarding address FSD must attempt to contact the participant by phone, and if unsuccessful, attempt to contact the participant by text, email, or another modality.