

K-0000 RENEWALS**K-100 REQUIREMENTS**

Federal regulations require that the agency periodically review the eligibility of Medicaid enrollees.

Renewal is the process of verifying that enrollees continue to meet all eligibility factors of a particular program for ongoing eligibility in that program. For enrollees that lose Medicaid eligibility in one program, consideration for coverage under other Medicaid programs is required.

Only request verification that is necessary to determine ongoing eligibility and that relates to circumstances subject to change, such as income and resources. Enrollees shall not be asked to provide verification of information that is not relevant to ongoing eligibility, and/or that has already been provided and/or is verifiable through an electronic data or other source, including information received from the Marketplace. Systems reviews and documentation of findings in the Electronic Case Record (ECR) is required annually for all programs

The agency must promptly re-evaluate eligibility for enrollees when information is received regarding changes in an enrollee's circumstances that may affect eligibility, unless otherwise noted. Changes for children under age 19 do not affect eligibility for children prior to the ending date of 12 months of continuous eligibility except in the instances of death and relocation to another state. Refer to L-500, Action on Changes.

At renewal, apply policy in effect at the time of the renewal, unless specifically stated elsewhere in this manual.

For procedural instructions on processing renewals, see [Renewal Processing \(non LTC\)](#) or [LTC Renewal Processing](#) in the *Eligibility Administrative Procedures Manual*.

Types of renewals:

- Ex parte renewal – a review made by the agency without the active involvement of the enrollee.
- Regular renewal – contact with household by mail.
- Telephone renewal – contact with household by telephone.
- Administrative renewal – automatic recertification without

contact or review of cases that are unlikely to have changes that would cause ineligibility.

- Express Lane Eligibility (ELE) – automatic recertification of certain children in an active Supplemental Nutrition Assistance Program (SNAP) case

Renewals are required annually for:

- Supplemental Security Income (SSI)-related cases (A, B, and D including Long Term Care (LTC)/HCBS), LTC MNP,
- Parents and Caretaker Relatives cases,
- Child cases,
- Medicare Savings Program (MSP) cases (QMB, SLMB and QI).

NOTE:

For QMB/SLMB Plus cases, complete the QMB/SLMB renewal at the same time required for the associated Medicaid certification. No separate renewal of QMB/SLMB is required.

Renewals are required at least semi-annually for:

- Regular Medically Needy Program (MNP) cases

Exceptions:

Regular interval (annual or semi-annual) renewals are not required for:

- Pregnant Woman,
- Deemed Eligible Child,
- Phase IV LaCHIP,
- SSI (type 78) enrollees with or without QMB (non-LTC), and
- ICF/DD enrollees who receive SSI payments and reside in a state developmental center.

Note:

An enrollee losing eligibility as a Pregnant Woman, Phase IV LaCHIP, or Deemed Eligible Child shall have eligibility in other Medicaid programs considered prior to case closure.

Unless there is reason to shorten the eligibility period, if the enrollee continues to be eligible, extend eligibility for the maximum allowable period, and send a renewal notice.

If the enrollee is not eligible for any other program, take appropriate action to remove ineligible enrollee or close the case.

If ineligible months are discovered, refer to [Fraud](#) in the *Eligibility Administrative Procedures Manual*.

Advance notice is required when ending eligibility or reducing scope of coverage at renewal. Do not combine a request for additional information with a decision notice. A renewal form and return envelope may be enclosed with the decision notice.

Exception:

At renewal, if the enrollee states they do not intend to complete the renewal process or requests case closure, it is not necessary to have a written request for closure or send Advance Notice of Closure if the contact **was initiated by the agency**. Send the enrollee **Adequate** Notice of Closure. Use the appropriate closure code for the verbal request for closure or when the client states that they do not intend to complete the renewal process.

Reminder:

Twelve (12) months continuous eligibility for children under age 19 must be explored before terminating a child's eligibility. Refer to H-1910.

Adverse Action

Advance Notice

Send advance notice of adverse action to close the case if:

- The enrollee or their authorized representative does not complete the renewal process.
- The enrollee has moved out of state.

If the enrollee is deceased, the death has NOT been verified and there are no other Assistance Unit (AU) Members.

Exception:

For LTC and MNP, refer to G-1100, Cooperation.

Adequate Notice

Send adequate notice to close the case:

- If the enrollee or authorized representative states they will not return the renewal form and document the reason.
- If the renewal form is undeliverable and has been returned by the post office with no forwarding address.
- If the enrollee is deceased, the death has been verified and there are no other Assistance Unit (AU) Members.

Note:

For returned, undeliverable mail, with no forwarding address, scan envelope into the ECR and make a Case Activity Log (CAL) entry.

Grace Period

Enrollees who do not submit the information required to process their renewal within the initial review period and adverse action is taken, are allowed up to 90 days to submit the information without having to reapply. See Administrative Procedures Manual, *Renewal Processing (non-LTC)*.

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