



MEDICAID ELIGIBILITY REVIEW QUESTIONS & ANSWERS

1. **When is the next Medicaid renewal period (start/end dates)?**

All Medicaid beneficiaries are required to have their eligibility redetermined annually, based on the month in which their eligibility began, through the eligibility renewal process. Eligibility renewals (ERs) have been and continue to occur for MAGI-excepted groups to include aged, blind and disabled. In response to a requirement under the Affordable Care Act (ACA), ERs were postponed for MAGI groups to include children, pregnant women, parents/caretaker relatives, and certain adults. Individuals in a MAGI group whose ER would have occurred between October 2013 through March 2014 had their eligibility period extended by six months. ERs for MAGI groups are resuming April 2014.

For both MAGI-excepted and MAGI groups, the eligibility renewal forms are “pre-populated” with information that has previously been provided by the beneficiary. If DHS has access on record of sufficient information to redetermine eligibility, the requirement will be for individuals in MAGI and MAGI-excepted groups to review the pre-populated form, and if there are changes, make the changes directly on the form, sign the form and return it the Med-QUEST Division (MQD) eligibility office. If there are no changes, the form does not need to be returned.

For MAGI-excepted groups, there was no change in eligibility methodology under the Affordable Care Act. However, for MAGI groups, eligibility fundamentally changed to align with the methodology used by the Internal Revenue Service. Although MQD is collecting required information related to tax-filing on its new application, for individuals who were beneficiaries prior to October 2013, MQD does not have this information available.

All individuals in MAGI groups who were eligible prior to October 2013 will have their eligibility renewal occurring between April and September 2014. These beneficiaries must return a completed and signed renewal form. Failure to return the completed and signed form by the due date will result in eligibility termination.

Keep in mind that the renewal forms are mailed in the month prior to the renewal date (mid-March for April, mid-April for May, etc.). Since the MAGI renewal process is new, MQD is issuing a “pro-active letter” each month approximately 2 weeks before mailing the renewal notice.

2. What do the different color notices mean?

MAGI-excepted (e.g. aged, blind, and disabled) pre-populated renewal forms are printed on light green paper.

MAGI (e.g. children, pregnant women, parents/caretaker relatives, certain adults) pre-populated renewal forms are printed on light blue paper.

3. Could DHS please provide a sample of what gets mailed to beneficiaries for eligibility renewal?

See attached for sample of the pro-active letter.

4. What should beneficiaries do if they don't receive or lose their eligibility renewal form?

Beneficiaries should call their eligibility office to ask for a new prepopulated eligibility renewal form.

5. During April through September 2014, what happens if a beneficiary in a MAGI group fails to renew by the deadline?

DHS does not make a distinction between who decides not to renew or fails to renew. If a renewal form is not received by MQD by the specified date printed on the form, the system automatically terminates the eligibility, and sends a notice. The closure reason C4 – did not return renewal form - is provided on the termination notice. Individuals will have 90 days from termination during which they can return a completed and signed renewal form instead of a new application, and if eligible, will have eligibility effective the day the renewal form is received by MQD. After 90 calendar days following eligibility termination, the individual must file a new application. New applications may be filed at:

<http://mybenefits.hawaii.gov/>

6. For MAGI groups beginning October 2014 and for MAGI-except groups currently, what happens if a beneficiary does not return the renewal form?

DHS will assume that there is no change to the information provided on the pre-populated form, and DHS will use available information to redetermine eligibility. DHS may contact the beneficiary should any necessary information for redetermination be unavailable.

7. What happens at DHS if a consumer calls or writes to say they are withdrawing from Medicaid and what is the timeline for this (these) actions?

In this case, this is considered a voluntary termination. The request will be honored and the individual will be terminated. A notice will be sent not later than the date of action, which is the 1st of the following month the beneficiary requested termination.

FREQUENTLY ASKED QUESTIONS FOR MED-QUEST BENEFICIARIES

Q: I received a renewal letter. Do I need to complete a new application?

A: No, there is no need to complete an application. You must review the information, answer all the questions, make corrections, if any, sign, and return the renewal form by the deadline date that is printed on the form.

Q: I know I won't qualify for Medicaid anymore, do I have to inform them?

A: You are required to inform DHS of all change of circumstances within 10 calendar days of the change. DHS will make a determination based on the new information.

Q: I submitted my [paperwork] for Medicaid renewal. How long will it take?

A: It will generally take about one month for the redetermination. You will receive a notice of the determination and if eligibility will end, the termination date. Until then, you will remain covered. If determined eligible, you will receive a new membership card from your health plan.

Q: What should I do if I don't receive or lose my eligibility renewal form?

A: You should call your eligibility office to ask for a new prepopulated eligibility renewal form.

***** IMPORTANT – READ *****

Dear Beneficiary

You are getting this notice since your household's Medical Assistance eligibility renewal date is coming. The DHS 8000T renewal form will be sent to you soon. We need some information from you to be able to continue your coverage.

This year (2014), you need to complete, sign, and return the form *DHS 8000T, "Medical Assistance Eligibility Renewal Form for MAGI Households,"* no later than the due date that is printed on the form.

You will also need to give us information about your household's filing of taxes. We will need to know who is expected to be the tax filer and who is expected to be claimed as the expected tax filer's dependent(s).

Please look for your DHS 8000T renewal form in the mail, complete, sign, and return it. If you have any questions, please contact the Med-QUEST office at the phone number listed below.

Auth.: H.A.R. 17-1712.1-2; 42 C.F.R. 435.916(a). See important information on the back of this notice.

MQD/EB-Oahu Section	(808) 587-3540	MQD/EB East Hawaii	(808) 933-0339
MQD/EB Maui Section	(808) 243-5780	MQD/EB West Hawaii	(808) 327-4970
MQD/EB Molokai Unit	(808) 553-1758	MQD/EB Kauai Section	(808) 241-3575
MQD/EB Lanai	(808) 553-1758		