



RI EOHHS MEDICAID POLICY

Resuming Medicaid MAGI Passive Renewals during the COVID-19 Public Health Emergency (PHE)

Issue Date: February 1, 2021

Purpose

This document describes the changes that the Rhode Island Executive Office of Health and Human Services (EOHHS) is making to its Medicaid Program in the first quarter of Calendar Year 2021 to take improve the transition back to normal program operations post the COVID-19 Public Health Emergency (PHE).

Introduction

In response to the Families First Coronavirus Response Act (FFCRA; P.L. 116-127) and the COVID-19 Public Health Emergency (PHE), EOHHS made several changes to Medicaid Program operations to prevent members' benefits from terminating unless the member moved out of state, passed away, or voluntarily disenrolled. One of the operational changes made to cease terminations and relieve members of providing income verification and other required documentation was to stop sending benefit renewal packets and extend members' annual renewals. To date, over 185,000 Medicaid members had their recertification dates extended during the PHE.

Since April 2020, EOHHS has been operating in accordance with the Centers for Medicare and Medicaid Services' (CMS) interpretation of the conditions specified in section 6008(b)(3) of the FFCRA¹, provided in the form of publicly available frequently asked questions (FAQs)². On January 19th, 2021, CMS provided updated guidance that directs all states to take steps during the PHE to "limit the volume of pending actions they must work through at the end of the PHE."³ In particular, CMS advised states to expeditiously process applications, renewals, redeterminations based on changes in circumstances and post-enrollment verifications to the extent possible.

To align with CMS guidance and with a focus on keeping Medicaid members' coverage intact throughout the PHE, EOHHS will begin a phased approach to the passive MAGI renewals. EOHHS will begin processing renewals for those MAGI Medicaid members who can be renewed for another year without any action, or additional information, from the Medicaid member. ***As this is a passive, "ex parte" process, it will not require any action or additional information on the part of the member.*** Over the next four months, EOHHS expects to renew approximately 75,000 MAGI Medicaid members without requiring any action from the Medicaid member.



Statement of Policy

Passive renewals are a two-step process. EOHHS will restart renewals for this limited MAGI population in monthly phases to clear the backlog of MAGI individuals whose renewals were extended during the PHE and who can be renewed solely by checking external data sources. The first phase of renewals will begin in February 2021 informing the Medicaid member of a pending renewal, see below sample notice. A second notice to the same cohort will be sent approximately two (2) weeks before their renewal date informing them of their approved renewal of Medicaid coverage. The approvals will extend their Medicaid coverage for an additional twelve (12) months.

Through this communication, EOHHS is encouraging Medicaid members to report any necessary changes to their account information. Changes to Medicaid member's account information, as emphasized in an accompanying stuffer which is provided below, will not result in termination of their Medicaid health coverage during the COVID-19 PHE unless a member has moved out of state, wishes to end their coverage, or a member of the household has passed away. No action is required on the part of the Medicaid member to remain covered by Medicaid during the COVID-19 PHE. After the PHE ends, if the member had a change in circumstances that would have warranted a termination during the PHE, EOHHS will request additional information from the Medicaid member and reassess eligibility. If it is determined that the member is ineligible, EOHHS will send a notice to the member ten (10) days in advance of implementing the termination.

Navigating health care during a PHE continues to be a challenge for Medicaid members, the RI Medicaid workforce and its supporting systems. EOHHS focus and efforts remain with the state's 324,000 Medicaid members who rely on the RI Medicaid program for essential healthcare coverage and maintaining access to critical benefits. EOHHS is confident that restarting the renewals process at this time is a sound first step in transitioning back to normal operations and a steppingstone towards an effective program recovery after the PHE ends. If a Medicaid member has questions about the MAGI renewal process or about their benefits in general, they can call HealthSource RI at 1-855-840-4774 or go online at <https://healthyrhode.ri.gov/HIXWebI3>.



STATE OF RHODE ISLAND
P.O. BOX 8709
CRANSTON, RI 02920-8787



Date
Account Number
Document#
Notice Type



How to Contact Us

Go online : www.healthyrhode.ri.gov

For questions about affordable health coverage,
call HealthSource RI at 1-855-840-4774

For questions about affordable health coverage or
human services programs, call Department of
Human Services at 1-855-MY-RI-DHS
(1-855-697-4347)

RECERTIFICATION /RENEWAL NOTICE

The people listed below will be automatically renewed for Medicaid.

Program Name	Name	Date current benefit will get renewed
Medicaid		04/01/2021

How do I Renew?

MEDICAID:

If we have told you above that **Medicaid will be automatically renewed**, you just need to review the information in this notice.

- If there are no changes, you do not need to do anything else. Your Medicaid will continue.
- If you have changes to report, write them in the boxes provided below. Sign the notice on the last page and return to:
 - o Mail: STATE OF RHODE ISLAND, P.O. BOX 8709, CRANSTON, RI 02920-8787.
Or
 - o Drop Off the form at your local DHS office. For office locations, visit www.dhs.ri.gov or call 1-855-MY-RI-DHS (1-855-697-4347).
 - o Online: You can also go to your User Account on www.healthyrhode.ri.gov and make the changes.



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BENEFITS DECISION NOTICE

This notice tells you about your health and human services program benefits. This page tells you our decision on your benefits. You will find more details in the next pages. If you have any questions, please contact us.

BENEFITS SUMMARY

Program	Decision
Health Coverage	Your health coverage is being renewed.

If you don't agree with this decision, you may ask for a hearing to appeal. There is more information about the appeal process at the end of this notice.

View Your Account Online

Your benefit information is also available by logging into your account at <https://healthyrhode.ri.gov/>. You can access your account using useame If you don't remember your password, you can retrieve it by dicking LOG IN then clicking Forgot Useame/Password? at <https://healthyrhode.ri.gov/>. Through your account, you can apply for and renew your benefits and report changes.

Renewals Stuffer:

As Rhode Island Medicaid continues efforts to ensure access to health care during the COVID-19 pandemic, we reviewed your eligibility and determined that your benefits will be renewed on *(insert date here)*. **You will have your current benefits for another 12 months with no gap in coverage. You do not have to do or provide anything for your benefits to continue.** We do encourage you to keep reporting changes to your account information as needed. **Please note these changes will not result in the termination of your Medicaid health coverage** during the public health emergency for COVID-19, unless you move out of state or wish to end your coverage. In the unfortunate event that someone in your household has passed away, that individual would no longer be covered but your remaining household members coverage will remain active throughout the federal public health emergency period. If you have questions, call HealthSource RI at 1-855-840-4774 or go online at <https://healthyrhode.ri.gov/HIXWebI3>.

¹ <https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>

² <https://www.medicaid.gov/state-resource-center/Downloads/covid-19-faqs.pdf>

³ <https://www.medicaid.gov/state-resource-center/downloads/allstatecall-20210119.pdf>