

STAY COVERED.

Frequently Asked Questions About Medicaid Renewals

Updated October 2023

What are Medicaid renewals?

Before COVID-19, the State reviewed Medicaid members' information every year to make sure they were still eligible. This process is called a "Renewal."

The federal government paused renewals during COVID-19 to make sure people kept their health coverage. When the Public Health Emergency ended, the federal government required states to start renewals again. Rhode Island began Medicaid renewals again in April 2023. Since more than 350,000 Rhode Islanders are enrolled in Medicaid, not everyone will be renewed at once. Renewal notices will go out to different people at the start of each month. That means members will get a notice in the mail from the State sometime between now and April 2024.

Like some other states, Rhode Island delayed renewals for households with kids to allow more time for thoughtful engagement and outreach. If a child or children in your household are enrolled in Medicaid, you'll get a notice between December 2023 and April 2024.

Will everyone in my household be renewed at once?

Yes, Medicaid members living in the same household will be renewed together. All household members will be listed on one notice. However, different members of a household may have their eligibility reviewed in different ways. For example, the State may need more information about an adult in a household and ask for documentation. But the State may also have enough information about a child under age 19 in the household to renew the child's coverage automatically.

What can I do to prepare?

There are three things you can do be ready and stay covered.

- 1. **Update your contact information.** Make sure the State has your current address, phone number, and email. Details about how to update your contact information are the next question.
- 2. Watch for your yellow or green notice in the mail. The State may tell you that your coverage is being automatically renewed or will ask you for more information.
- 3. **Take action right away.** Please submit your signed form and any other documents the State requested as soon as possible. You must send us your document by the date on your notice.

How can I update my contact information?

You can update your contact information in several ways:

- **Online or in the mobile app**: Visit <u>healthyrhode.ri.gov</u> to access your account online or download the HealthyRhode mobile app on your smart phone to access your account. HealthSource RI (HSRI) also hosts a live web chat during business hours on <u>healthsourceri.com</u>.
 - All Medicaid members have an account that was created when you were approved for Medicaid. If you're setting up your account for the first time, you can enter your social security number and birthdate to get your username. Then follow the steps to reset your password.
- **Contact your health insurance managed care organization**: Do you have an insurance card from Neighborhood Health Plan of Rhode Island, Tufts Health Plan (RITogether) or United Health Care Community Plan (UHCCP)? Call the number on the back of your card for help updating your contact information.
- **By phone**: Call HSRI at 1-855-840-4774 (Monday through Friday, except holidays, from 8 a.m. to 6 p.m.).
- In person: Staff at the Rhode Island Department of Human Services (DHS) offices can assist customers in person. For a list of DHS offices, visit <u>dhs.ri.gov/about-us/dhs-offices</u>.

When will it be my turn to renew?

Medicaid renewals will be staggered between April 2023 and April 2024, with a new group starting their renewal each month. You can use the new <u>Medicaid Renewal Lookup Portal</u> to find your anticipated Medicaid renewal date. The portal is easy and secure, and don't need an email or pass to word to use it. The portal can be changed to English, Spanish, and Portuguese. If someone is helping you renew, they can use the portal, too. Here's what you need to do:

- Enter the Medicaid ID number on your white Anchor card.
- Enter your date of birth.

The portal will tell you when you can expect to renew. But remember, your renewal date may change so check back often.

You can also find your anticipated Medicaid renewal date by logging in to your account at <u>healthyrhode.ri.gov</u> and looking for "My Renewal Information."

The State will mail you a notice two months before you need to complete your renewal. For example, if your renewal needs to be completed by the end of January to keep your benefits starting in February, you will get your renewal notice in December. The notice will tell you if your Medicaid will be renewed automatically, or if you need to give more information about you or your household to the State. The notice will also tell you a deadline for submitting your signed renewal packet.

How come I haven't gotten a notice in the mail yet about renewing my Medicaid coverage?

Everyone who will have their Medicaid eligibility reviewed by the State should have gotten an initial Medicaid renewal letter in March. This letter told you about the Medicaid renewal process and how important it is to make sure we have the correct contact information for you. If you didn't get this letter in your mailbox or in your account at <u>healthyrhode.ri.gov</u>, please check your contact information right away. The State will send you additional notices in the mail when it's your turn to renew your coverage.

How can I get help with my renewal?

Help is available in person, over the phone, and online. To learn about these options, visit <u>staycovered.ri.gov/medicaid-renewals/contact-us</u>.

- Certified Application Counselors and Navigators are available to provide free, in-person assistance. Many community-based organizations can also help you understand your Medicaid renewal notice and next steps.
- If you are age 60 or older or an adult with a disability, you can call the Point, 401-462-4444. If you are age 65 or older or a Medicare recipient, you can call 888-884-8721. Partners at senior centers and community action agencies can also assist.
- To find help near you, visit <u>staycovered.ri.gov/community-support</u>.

How can I submit my documents to the State?

As part of the renewal process, the State may ask you to submit additional documents. There are many ways you can do that, including online, by-mail, or in-person.

- **Online or mobile app**: Visit <u>healthyrhode.ri.gov</u> to access your account online or download the HealthyRhode mobile app on your smart phone to access your account.
- **By mail:** You can mail requested documents to P.O. Box 8709, Cranston, RI 02920-8787.
- In person: Staff at the Rhode Island Department of Human Services (DHS) offices can assist customers in person. For a list of DHS offices, visit <u>dhs.ri.gov/about-us/dhs-offices</u>. You can also submit documents using the RI DHS Scan Center at 1 Reservoir Ave., Providence.

I missed the deadline on my packet. What should I do?

If you missed the deadline on your yellow renewal packet, sign the renewal form and submit your documents right away.

If the State gets your packet within 90 days of the date your benefits stopped (according to your Benefit Decision Notice), your documents will be accepted, and your eligibility will be reviewed.

- If the State gets your documents within 90 days and determines you are eligible for Medicaid, your coverage will be reinstated. You will get a white Anchor Card that you can use for medication and for doctor's visits if the provider accepts Medicaid fee-for-service. You will then be re-enrolled into your managed care plan (Neighborhood Health Plan of Rhode Island, Tufts Health (RITogether) Plan, or UnitedHealthcare Community Plan (UHCCP)).
- If the State gets your documents within 90 days and determines you are no longer eligible for Medicaid, you may be given information about how to get low-cost health insurance through HealthSource RI. Your Benefit Decision Notice will also give you information about how to appeal.

To learn more about your coverage options while your late documents are being reviewed, call HealthSource RI (HSRI) from 8 a.m. to 6 p.m. on weekdays at 1-855-840-4774.

What happens if I'm no longer eligible for Medicaid?

If you're no longer eligible for Medicaid, the friendly team at <u>HealthSource RI</u> can help you find affordable healthcare coverage.

Depending on your household size and income, you may qualify for:

- Auto-enrollment in a qualified health plan (QHP) and two months' premium assistance
- Two months' premium assistance and federal premium tax credits

• Federal premium tax credits to help make health coverage more affordable.

How do I file an appeal?

There are a few ways to request an appeal related to your Medicaid coverage. You can file an appeal:

- **Online**. Log into your account at <u>healthyrhode.ri.gov</u> and click on "file an appeal".
- **By phone**. You can file an appeal by calling HealthSource RI at 1-855-840-4774.
- In person. For a list of DHS offices, visit <u>dhs.ri.gov/about-us/dhs-offices</u>. An appeal form is included in every Benefit Decision Notice. Fill out this form and bring it with you.
- **By mail**. An appeal form is included in every Benefit Decision Notice. Fill out this form and mail it to ATTN: Appeals State of Rhode Island, P.O. Box 8709, Cranston, RI 02920-8787.

Instructions on how to file an appeal are also in your Benefit Decision Notice. For more information, visit <u>staycovered.ri.gov/medicaid-members/file-appeal</u>.

What happens to my child's coverage if I'm no longer eligible for Medicaid?

A child may still be eligible for Medicaid coverage even if their parent of legal guardian is no longer eligible. This is because the household income eligibility for children is much higher than for parents and caregivers.

If you and/or dependent children in your household are no longer eligible for Medicaid, the friendly team at HealthSource RI can help you find affordable healthcare coverage.

Depending on your household size and income, you may qualify for:

- Auto-enrollment in a qualified health plan (QHP) and two months' premium assistance
- Two months' premium assistance and federal premium tax credits
- Federal premium tax credits to help make health coverage more affordable

Do I have to do anything different to renew my child's coverage vs. my own?

Some dependent children in your household may be renewed automatically with a Report Changes Only renewal. If something about your dependent's status has changed, you must tell us. Some parents or caregivers in the same household may need to provide certain documents or information. This is an Action Required renewal. Both renewal types will appear in the same renewal notice for the household.

Does a child "age out" of Medicaid?

When a young adult turns 19, they're no longer eligible for Medicaid as a dependent in a Medicaid household. But they may be eligible for health coverage:

- In a different Medicaid category
- Through a HealthSource RI insurance plan

What should my 19-year-old do next?

When a dependent in your household turns 19, their Medicaid status changes. An adult in your household who is not your tax dependent changes how we consider your household income.

We check our data sources to see if we have enough information to confirm the 19-year-old's Medicaid eligibility in another category (since they're not your dependent anymore). If we can confirm eligibility in another category, the 19-year-old will remain eligible for Medicaid automatically.

Sometimes, we don't have enough information about a 19-year-old or your household to determine eligibility. If that happens, when you receive your Medicaid renewal notice, it will say "Action Required." Follow the instructions on your notice to report changes in your household status. You may also receive a white notice that says, "Additional Documentation Required" (we'll send this notice separately).

Be sure to sign your yellow renewal notice. Please provide it to us, along with any documents required, **before the due date** on your yellow notice. It's important to return these documents so we can determine eligibility. If we don't receive your information by the due date, Medicaid coverage will be terminated. If you miss the due date, you have 90 days from your due date to get your information to us and have your eligibility reconsidered. Remember, we will review the eligibility of every Medicaid member between April 2023 and March 2024. This includes people who are turning 19 and people who turned 19 while Medicaid renewals were stopped during the public health emergency (PHE).

What if my dependent was in DCYF care but their case is no longer active?

Your dependent may no longer be in the care of DCYF because:

- They're back with their family
- They've turned 18

Children in DCYF care are automatically eligible for Medicaid. A person who is no longer in DCYF care is no longer eligible for Medicaid in this category.

They won't get a yellow Medicaid renewal notice. They'll get a green notice letting them know they aren't eligible for Medicaid.

If they want to stay covered by Medicaid, they must apply by completing a DHS-2 application for assistance so we can determine if they're eligible.