

Annual Reviews and Standard Review Processes

South Carolina Department of Health and Human Services

Aug. 28, 2023

Agency Goals

- Promote continuity of coverage for eligible individuals
- Minimize administrative burdens on members
- Limit delays in redetermination processing
- Distribute redeterminations to have a balanced workload for the unwinding period, as well as subsequent years
- Ensure people who are eligible for Medicaid remain covered

PHE Updates and Activities

- Improving return rates
 - Engaging agency partners
 - Outreach
 - 90-day review cycle
- Improving auto-renewal rates
 - Additional data sources
 - Federal flexibilities
- Improving efficiencies and capacity
 - Eligibility operations – daily meetings, procedure updates, system enhancements
 - Staff augmentation
 - Federal flexibilities

Annual Review Cycle

- **Approximately 120 days before redetermination date:**
 - The agency sends pre-review notices for members who are scheduled for redetermination in the next month
- **90 days before redetermination date:**
 - Monthly, electronic data will be used as much as possible to confirm continued eligibility. (i.e. ex parte renewals)
 - Continuation of Benefits notice sent
 - Review forms will be sent to members for whom eligibility cannot be confirmed with electronic data.
 - Review form sent and text messaging begins
- **60 days before redetermination date:**
 - Members who do not return completed review forms will receive a reminder notice to let them know their Medicaid coverage will end if they do not return the form by their review date.
- **30 days before redetermination date:**
 - A closure notice is sent if the review form is not received.

90-Day Grace Period

- Healthy Connections Medicaid members have a 90-day grace period after their coverage has expired where services can still be paid by Medicaid if they return their review form
- During the grace period, SCDHHS will re-open the member's eligibility retroactive to the date it previously closed if the review form is submitted within 90 days of the closure date.
- Coverage will be reinstated until an eligibility determination can be made.
- If, after sending in an annual review form during the grace period, the member is determined no longer eligible, coverage will expire upon the date communicated to the member in their closure notice, not the original closure date.

Self-Service Tools

The following tools can also be found at apply.scdhhs.gov

- **Online Review Form**
 - Members may submit review forms online at apply.scdhhs.gov
- **Update Contact Info**
 - Members can update their address and add email addresses and mobile phone numbers
- **Check Review Status**
 - Members can view their expected annual review date, when we anticipate their annual review form, whether we have received their form
- **Document Upload Tool**
 - Members may return their form through this tool or return requested info, report a change in income, or submit other documents.
- **Check Eligibility Status**
 - Members can now view their eligibility status

Medicaid Member Outreach

- To promote continuity of coverage, SCDHHS is:
 - Sending text notifications when an individual is up for review
 - Using the National Change of Address database to improve delivery
 - Sending multiple mailings and reminder notices
 - Collaborating with community-based organizations to raise awareness about the annual review process
 - Using paid media to raise awareness about annual reviews
 - Sending email and social media updates about the annual review process
 - Created new ways members can complete their annual review, which include:
 - By email
 - By mail
 - By fax
 - In-person
 - Updating its annual review webpage: www.scdhhs.gov/annualreviews

Communications Plan

- Communications Materials and Channels
 - Bilingual paid advertising—“Submit your review when it’s time to renew”
 - Stakeholder outreach—providers, community-based organizations, schools, state agencies, etc.
 - Marketing material—flyers, graphics, fact sheets, FAQs
 - Member e-newsletter
 - Text messages
 - Social media
 - Earned media
 - Community events—132 through Aug. 17, 2023
 - Managed care organization outreach

How You Can Help

- Discuss the importance of completing and submitting annual review forms to ensure *families* remain covered
- Encourage Medicaid members to visit apply.scdhhs.gov to
 - Update their contact information (including adding a cell phone number)
 - Check their annual review status
 - Submit their review when it's time to renew
- Post this flyer

Don't risk losing your family's
Healthy Connections Medicaid!



If you're a Healthy Connections Medicaid member, go **online** to:

- Update your **contact info**
- Check your annual eligibility **review status**
- **Submit your review** when it's time to renew



apply.scdhhs.gov



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Questions/Reporting a Change of Address

• Members

- Change your address online at <https://apply.scdhhs.gov>
- Change your address or ask questions by calling the South Carolina Healthy Connections Medicaid Member Contact Center at (888) 549-0820 from 8 a.m. to 6 p.m. Monday through Friday
- Visit your [local eligibility office](#) for assistance

• Providers

- Contact the South Carolina Healthy Connections Medicaid Provider Service Center at (888) 289-0709 from 7:30 a.m. to 5 p.m. Monday through Thursday and 8:30 a.m. to 5 p.m. Friday
- Email AnnualReviews@scdhhs.gov

