Implementation Guide: Medicaid State Plan Eligibility General Eligibility Requirements Frequency of Renewals of Eligibility

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Frequency of Renewals of Eligibility

POLICY CITATION

Statute: Section 1902(a)(10)(A)(i)(VIII) and 1902(e)(14)(L) of the Social Security Act
Regulation: 42 CFR 435.916

BACKGROUND

Overview

This reviewable unit (RU) describes the requirement for states to conduct renewals of eligibility for individuals whose financial eligibility is based on the modified adjusted gross income (MAGI) standard at 6 or 12 month intervals, as applicable, as well as the requirement for states to conduct renewals of eligibility for those whose financial eligibility is not based on the MAGI standard at least every 12 months, consistent with 42 CFR 435.916:

Mandatory: 6-month renewals for the Adult Group
States must conduct renewals once every 6 months for individuals 1) enrolled in the Medicaid adult group under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (the Act) who are not otherwise exempt from this requirement and 2) individuals who are described in section 1902(a)(10)(A)(i)(VIII) of the Act and who are enrolled in coverage "under a waiver" of the state plan that provides coverage equivalent to minimum essential coverage (ME) to all individuals described at section 1902(a)(10)(A)(i)(VIII) of the Act. The 6-month renewal requirement in section 1902(e)(14)(L) of the Act does not apply to the individuals listed below.

- Certain American Indians and Alaska Natives described in section 1902(xx)(9)(A)(ii)(II) of the Act who are enrolled under the state plan in the Medicaid adult group described at section 1902(a)(10)(A)(i)(VIII) of the Act;
- Certain American Indians and Alaska Natives described in section 1902(xx)(9)(A)(ii)(II) of the Act who are described in section 1902(a)(10)(A)(i)(VIII) of the Act and who are enrolled in coverage "under a waiver" of the state plan that provides coverage equivalent to MEC to all individuals described at section 1902(a)(10)(A)(i)(VIII) of the Act;
- Individuals enrolled in other MAGI-based eligibility groups ; and
- Individuals enrolled in non-MAGI-based eligibility groups.

States affirm they conduct renewals once every 6 months for adult group beneficiaries who are not exempt in this RU.

Mandatory: 12-month renewals for other MAGI beneficiaries
States must conduct renewals once every 12 months for individuals whose financial eligibility is based on the applicable MAGI standard and are enrolled on in a group other than the Medicaid adult group under section 1902(a)(10)(A)(i)(VIII) . States affirm they conduct renewals once every 12 months for these MAGI beneficiaries in this RU.

Mandatory: Renewal Frequency for Non-MAGI beneficiaries
For beneficiaries excepted from MAGI-based financial methodologies under 42 C.F.R. §435.603(j) (non-MAGI beneficiaries), states must renew eligibility at least once every 12 months, as required under 42 C.F.R. §435.916(b). States may elect to renew eligibility for non-MAGI beneficiaries more frequently than once every 12 months and also have the option to

establish different renewal periods for different populations of non-MAGI beneficiaries. States must document the frequency of renewals for their non-MAGI population and describe which non-MAGI groups are subject to more frequent renewals in this RU.

INSTRUCTIONS

A. MAGI Renewals

- Indicate that redeterminations of eligibility for individuals whose financial eligibility is based on MAGI, are performed once every 12 months and once every 6 months, as applicable, consistent with the cited regulatory requirements and the statements listed in section A. To do this, check the box next to the assurance. If the state does not provide coverage to the Medicaid adult group, it does not need to check the boxes for those assurances.

B. Renewals on a Basis Other than MAGI

Indicate the frequency of redeterminations of eligibility for individuals whose financial eligibility is not based on MAGI by selecting one or more of the options B.a. through B.c. The state may have more than one frequency because the frequency of renewal may vary by population.

- If **B.b.** is selected, specify the name(s) of the specific eligibility group(s) renewed at a frequency of once every 6 months in the text box provided.
- If **B.c.** is selected, specify the frequency (or frequencies) and name(s) of the specific eligibility group(s) in the text box provided.

C. Additional Information (optional)

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

REVIEW CRITERIA

If the state checks B.b., it must enter the name(s) of the eligibility groups renewed at a frequency of once every 6 months in the space provided. The eligibility group description needs to be sufficiently clear, detailed, and complete to permit the reviewer to determine that the state's election meets applicable federal statutory, regulatory, and policy requirements.

If the state checks B.c., it must enter the other frequency (or frequencies) and name(s) of the eligibility group(s) renewed at an "other" cadence in the space provided. The description needs to be sufficiently clear, detailed, and complete to permit the reviewer to determine that the state's election meets applicable federal statutory, regulatory, and policy requirements.