



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

Maryland Medicaid Renewals

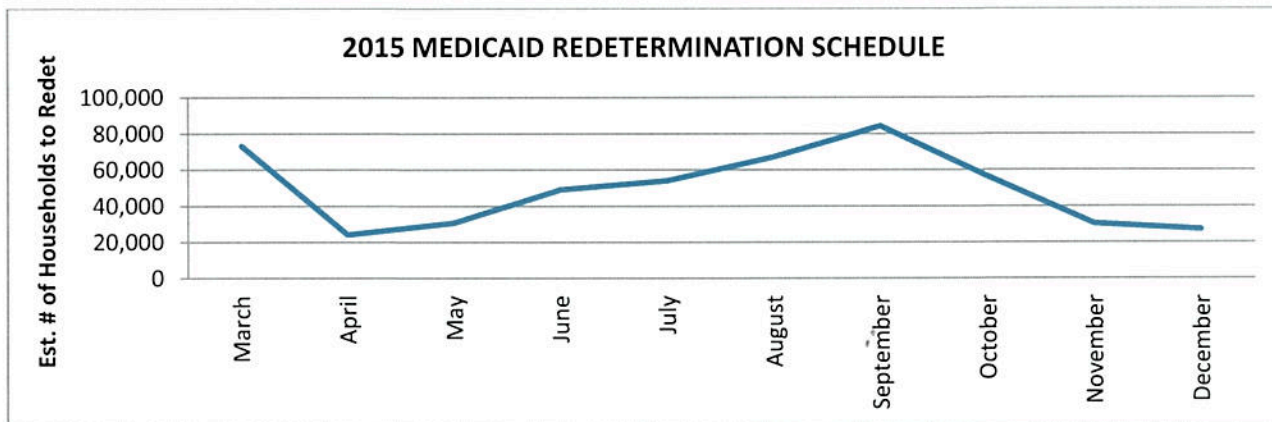
Medicaid recipients must renew their eligibility once every 12 months. This process is also known as getting a “redetermination.” If a recipient fails to reapply for benefits in a timely fashion, their coverage will end.

How is the renewal process changing?

Moving forward, eligibility determinations for recipients who qualify for Maryland Medicaid’s managed care program, HealthChoice, will be processed using Maryland Health Connection, the State’s health insurance marketplace. HealthChoice currently serves approximately 1 million Marylanders, so this transition will impact most recipients. The renewal process is not changing for recipients who qualify on the basis of being aged, blind, or disabled.

How many recipients are up for renewal each month?

The number of recipients using Maryland Health Connection for the first time when they reapply for benefits will increase over the coming months. Rising steadily from approximately 22,000 households in April 2015, renewals will reach a peak volume of approximately 83,000 households in September 2015.



- Consumers who applied for Medicaid using Maryland Health Connection during the 2014 open enrollment season must reapply for benefits beginning in November 2015. These households are not included in the estimates above.

How will the change in the renewal process impact stakeholders who serve Medicaid recipients?

The Department anticipates that the volume of recipients who lose coverage because they fail to reapply for benefits will increase each month until the number of individuals up for renewal peaks in September 2015. Loss of coverage will occur in the month following when the recipient was up for renewal. For example, if a recipient is up for renewal in September 2015 and fails to reapply for benefits, they will lose coverage in October 2015.

FAQs to help recipients navigate the new renewal process are included on the following page.

How will a recipient know when to renew their coverage?

Recipients that must reapply are notified by mail approximately 60-75 days before their benefits end. Recipients enrolled in the HealthChoice Program may also be contacted separately by their managed care organization (MCO).

How will a provider know if a recipient is still eligible for coverage?

Providers should verify a recipient's Medicaid eligibility using the Eligibility Verification System (EVS) prior to rendering services. A Medical Assistance card alone does not guarantee that a recipient is currently eligible for Medicaid benefits. Eligibility must be re-checked daily, even if the recipient has been hospitalized. Inquiries regarding eligibility can be made for the current date and 12 months prior. Eligibility for future dates cannot be checked using EVS.

EVS can be accessed by phone, 1-866-710-1447, or online, www.emdhealthchoice.org.

How do recipients reapply for coverage?

Renewals for Medicaid recipients enrolled in the HealthChoice program are now processed through Maryland Health Connection. Recipients can create an account and apply online using www.marylandhealthconnection.gov, by visiting a local [Connector Entity](#), [Health Department](#) or [Department of Social Services](#), or by contacting the Maryland Health Connection Call Center 1-855-642-8572 (TTY: 1-855-642-8573).

Individuals who qualify for Medicaid on the basis of being aged, blind, or disabled can apply for benefits online using <https://www.marylandsail.org/> or by visiting a local [Department of Social Services](#).

If a recipient's coverage has ended because they failed to reapply for benefits in a timely fashion, what should the person do?

The recipient should reapply for benefits. If eligible for Medicaid, coverage will be effective on the first day of the month in which the individual reapplied. Recipients can apply for retroactive coverage for up to 3 months prior to their application date.

When a former HealthChoice recipient who was enrolled in an MCO within the last 120 days has been determined eligible for Medicaid again, they will be automatically re-enrolled in the MCO that they received coverage through previously within 10 days. Services are covered on a fee-for-service basis until the automatic re-enrollment process is complete.