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MEMORANDUM

TO: Executive Directors, DSN Boards of Case Management
CEOs, Contracted Service Providers of Case Management
Case Management Supervisors

FROM: Lori Manos, Associate State Director-Policy *fm*

DATE: November 18, 2022

SUBJECT: Planning for Resumption of Annual Medicaid Eligibility Reviews

Effective January 27, 2020, as a result of the Families First Coronavirus Response Act, annual Medicaid eligibility reviews were paused. When the current federal COVID-19 public health emergency (PHE) ends, the South Carolina Department of Health and Human Services (SCDHHS) will be required to resume reviewing the eligibility of all Medicaid beneficiaries. Verifying that SCDHHS has accurate and complete contact information for Medicaid beneficiaries will assist to ensure they receive important information regarding annual Medicaid eligibility reviews when they are resumed.

Case Managers are requested to notify families of the need to update their contact information with SCDHHS if it has changed since March of 2020. If their contact information has changed, families and/or case managers may update it by using the “Change of Address Web Form” on the SCDHHS website. Directions for doing so are listed on the attached “Provider Fact Sheet” under “What Should Your Patients Do”

Please ensure you have this important discussion with those individuals with active Medicaid on your caseload, and that steps are taken to make any necessary updates.

Please contact Jennifer Jaques at jjjaques@ddsn.sc.gov or (803) 898-9729 or Melissa Ritter at mritter@ddsn.sc.gov or (803) 898-5120 with questions. Thank you.

Attachment

The Federal Public Health Emergency and South Carolina Medicaid Eligibility

PROVIDER FACT SHEET

Background

The federal government declared a public health emergency (PHE) effective Jan. 27, 2020, and Congress later passed the Families First Coronavirus Response Act (FFCRA). For states to qualify for enhanced federal funding under FFCRA, they must continue Medicaid coverage through the end of the federal PHE for members. When the PHE ends, states are required to review the eligibility of ALL Medicaid members. This includes South Carolina's 1.2 million Healthy Connections Medicaid members. The federal government once again extended the federal COVID-19 PHE in October 2022. The final end date is not known at this time.

Annual Review Process

Providers should be aware their patients' Medicaid coverage may be impacted after the end of the federal COVID-19 PHE. All Medicaid members' eligibility will be reviewed within 12 months of the end of the PHE and a determination made regarding their continued eligibility. This will be very similar to how Medicaid eligibility operated prior to the PHE. Medicaid members may receive an annual review form that must be completed and returned to the South Carolina Department of Health and Human Services (SCDHHS) by the due date provided on the form.

Failure to return a completed annual review form may result in the loss of Medicaid benefits. Providers should verify Medicaid eligibility once the PHE ends, as members may no longer be eligible for Medicaid or may have changed managed care organizations (MCOs) as a result of the review process.



How Does the Annual Review Process Affect My Patients?

SCDHHS will send review forms after the federal COVID-19 PHE has ended. Healthy Connections Medicaid members will have approximately 60 days to return the review form.

Some members who submit a completed annual review form to SCDHHS will no longer meet Medicaid eligibility requirements. In those instances, their Medicaid coverage will end on the date specified in their communication from SCDHHS. These members will be forwarded to the Health Insurance Exchange where they may shop for and enroll in private medical insurance. These members may also contact their current MCO for information on other coverage products they may qualify for on the Health Insurance Exchange.

Some members will submit an incomplete annual review form to SCDHHS or may be required to submit additional information to verify eligibility. These members will receive a follow-up letter identifying the outstanding information needed to make an eligibility determination and the requirement to submit such information within 15 days from the date of the letter.

Members whose Medicaid coverage ends due to the failure to submit an annual review form are encouraged to submit the completed form as soon as possible to allow SCDHHS to make an eligibility determination.

If the form is returned late and the member is determined to be eligible, Medicaid coverage may be provided up to 90 days retroactively. Managed care enrollment however is not retroactive. As a result, some members will not be enrolled in an MCO for a period of time, or they may be enrolled in a different MCO.

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How Can Providers Help?

Providers should encourage their patients to update their mailing address and contact information with SCDHHS if changes have occurred since March 2020. A change of address flyer with the address update contact information is available on SCDHHS' website in English and Spanish. Providers are encouraged to post this in their offices.

Providers can also help their patients understand that a federal COVID-19 PHE is still in place and that their Medicaid coverage may be impacted after the end of the PHE. After the end of the PHE, members may receive an annual review form in the mail from SCDHHS.

Providers should also encourage their patients to visit www.scdhhs.gov/annualreviews for more information and resources about Medicaid annual eligibility reviews and the impact of the PHE.

Additional communications regarding the annual review process will be sent to providers as more information becomes available.

What Should Your Patients Do?

Contact SCDHHS to update their mailing address, contact information and other household details now. This can be accomplished by:

- Updating online at apply.scdhhs.gov and selecting the "Update your address here" link in the center of the page.
- Updating via telephone at 888-549-0820 M-F 8 a.m. to 6 p.m.
- Visiting a local eligibility office using [Where to Go for Help | SCDHHS](#), and scrolling down to the Healthy Connections County Offices section for locations and maps to each local eligibility office.

Members should look for mail from Healthy Connections Medicaid after the federal COVID-19 PHE ends, then complete and return all requested information in a timely manner.

