

# Kentucky Medicaid Renewals

### Medicaid Renewal Pathways for Kentuckians:

Kentucky's Department for Medicaid Services (DMS) conducts Medicaid renewals for members every year. Notices will be sent to members when it is time to renew. DMS has taken numerous steps to ensure that individuals do not experience gaps in coverage due to their regular annual renewals and that there are no inappropriate terminations. This could include continuing coverage under Medicaid or transitioning to other health care coverage.

Members should make sure they understand what happens during their renewal and to be on the lookout for notices. There are 3 pathways for Medicaid renewals:

- 1. Passively renewed member will receive a Notice of Eligibility (NOE), no action required
- 2. Renewed with a Request for Information (RFI) member must respond to RFI and provide the requested documentation prior to their renewal date
- 3. Actively Renewed member must respond to Renewal Packet prior to their renewal date

KIP-105.1 10/22	$\bigcirc$	kynec	t	Date:01/19/2023 Case Number: 1129172
			F	Cabinet for Health and amily Services Nepartment for Commun lased Services
C	ecision Abou	t Your Cov	era	je
you gave us.	your household cover	age. Coverage i	s base	d on the information
Who was approv Name	Program	Coverage S Date	tart	Coverage End Date
	Medicaid	August 01, 2	022	January 31, 2023
	Medicaid	March 01, 2	023	February 29, 2024
				February 29, 2024
	Medicaid	March 01, 2	022	1 001001 y 20, 2024
	Medicaid Medicaid	March 01, 2 March 01, 2		February 29, 2024
			022	
Whose coverage Name Reason: You will no Win beard not denin	Medicaid Medicaid Will end Pro	March 01, 2 March 01, 2 gram dicaid is because your	022 022	February 29, 2024 February 29, 2024 Effective Date ebruary 01, 2023

Members will receive a NOE is the information that they have uploaded is complete and they remain eligible for Medicaid coverage.

P-2.1	Startest.	Date:03/03/2023
9/21	kynect	Case Number: 113022225
ACTION REQUIRED BY June .	01 2023	Cabinet for Health and Family Services Department for Community Based Services
	WE NEED INFORMATI	ON
/e need more information ate(s) below. If we do no lan.	from you to decide if you can get b t get it, you may not quality for M need you to submit proof.	
ate(s) below. If we do no lan. WHAT'S NEXT? We I	t get it, you may not quality for M need you to Submit proof.	
Ve need more information ate(s) below. If we do no lan.	t get it, you may not qualify for M	edicald or Qualified Health

Members will receive an RFI if they have resources that need to be updated and verified so that their eligibility can be successfully determined. Example Renewal Packet:

EDB-087 04/21	() kyn		2/15/2022 JMBER: 110543114
	•	Services	er Health and Family nt for Community rvices
Medicaid	d Renewal: We Nee	d Information	from You
	ur Medicaid benefits. We can for in this letter. We need it by		
It's time to renew yo information we ask t Medicaid will stop.			
It's time to renew yo information we ask t Medicaid will stop.	for in this letter. We need it by		
It's time to renew yo information we ask to Medicaid will stop. What we need a	for in this letter. We need it by	January 31, 2023. If	
It's time to renew you information we ask it Medicaid will stop. What we need a What to do	for in this letter. We need it by nd when we need it mation below	January 31, 2023. If	
It's time to renew you information we ask Medicaid will stop. What we need a What to do Cive us the infor Your current Info	for in this letter. We need it by nd when we need it mation below	January 31, 2023. If Due Date January 31, 2023	wé don't get it, your
It's time to renew you information we ask Medicaid will stop. What we need a What to do Cive us the infor Your current Info	or in this letter. We need it by nd when we need it mation below	January 31, 2023. If Due Date January 31, 2023	wé don't get it, your

Members will receive a renewal packet if they have specific types of resources\* that need to be manually verified.



Renewal notices will be sent in an envelope from CHFS DCBS with Action Required on the envelope.

ACTION REQUIRED

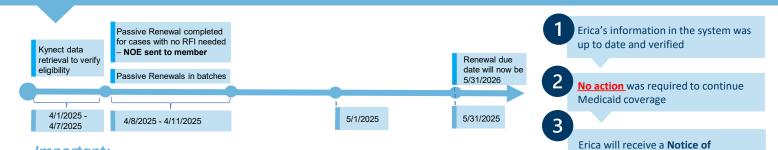
CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR COMMUNITY BASED SERVICES P.O. BOX 2104 FRANKFORT, KY 40602



## **Kentucky Renewal Timeline Examples**

Eligibility (NOE) in the mail

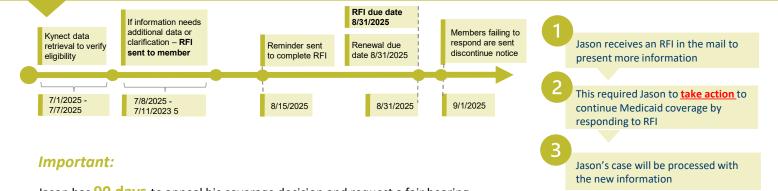
PASSIVE RENEWAL EXAMPLE : Erica Smith's Renewal Due Date is 5/31/2025 and her case can be passively renewed. Here is the timeline for her renewal...



#### Important:

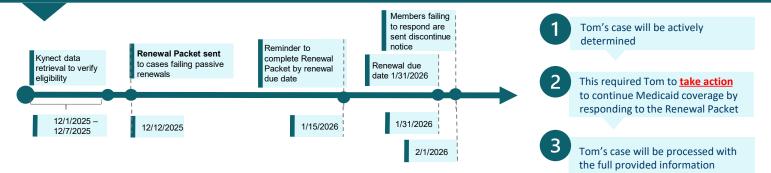
When Erica is passively renewed, her coverage end date and her renewal date will be updated to 5/31/2026

PASSIVE RENEWAL WITH RFI EXAMPLE: Jason Johnson's Renewal Due Date is 8/31/2025 but there is additional information needed to process his case. Here is the timeline for his renewal...



Jason has 90 days to appeal his coverage decision and request a fair hearing

ACTIVE RENEWAL EXAMPLE: Tom Star's Renewal Due Date is 1/31/2026. He will go through an active renewal after the system attempts to verify data. Tom's eligibility depends on consideration of resources. He will receive a prepopulated form for him to complete and return. Here is the timeline for his renewal...



### Important:

Tom has **90 days** to appeal his coverage decision and request a fair hearing

\*Specific types of resource that would trigger a need for a renewal packet, can include resources such as whole life insurance, nursing facility resident account, stocks, bonds, mutual funds, pensions, trust income, capital gains, and others. For a full list, members can reach out to DCBS by visiting <u>find a DCBS Office</u> or call the kynect at 855-459-6328.