

DHB ADMINISTRATIVE LETTER NO: 09-22, MAGI RECERTIFICATION PROCEDURES AND VOICE SIGNATURE

DATE: August 22, 2022

SUBJECT: MAGI Recertification Procedures and Voice Signature

DISTRIBUTION: County Departments of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

Federal regulations require that eligibility be evaluated annually. This DHB Administrative Letter provides updated guidance for caseworkers when conducting an annual recertification for Family and Children’s Medicaid beneficiaries whose eligibility is determined using Modified Adjusted Gross Income (MAGI).

Caseworkers must begin the recertification process for MAGI beneficiaries using the ex-parte process. Begin the recertification no earlier than the 10th month of the 12-month certification period. If after following the ex-parte process and using electronic data sources it is found that ongoing eligibility **cannot** be determined or will result in a reduction or termination of Medicaid benefits, caseworkers must follow the guidance below.

II. CHANGES IMPACTING ELIGIBILITY

A. Changes discovered during the ex-parte review

When there is an indication of a change discovered during the ex-parte process that could potentially impact eligibility, the ex-parte process ends, and the NCFAS-20020 prepopulated Medicaid Renewal form is required.

B. Changes with potential impact to eligibility

1. Income
 - a. Income changes listed below **require** the NCFAS-20020 to be generated and sent to the a/b.

- (1) Previously **unemployed** and now employed
- (2) Additional employment
- (3) Previously employed now **unemployed**
- (4) New or additional source of income including but not limited to:
 - (a) Self-employment
 - (b) RSDI
 - (c) UIB-if there is a remaining benefit amount

Note: a NCFAST-20020 is **not** required for UIB, if the electronic source shows that the UIB benefits have been exhausted.

Refer to [MA-3306, Modified Adjusted Gross Income \(MAGI\)](#), for a complete list of earned/unearned income sources and types.

b. Changing employers

Changing from one employer to another employer does **not** require an NCFAST-20020 **unless** one of the following applies:

- (1) Income from the new employment results in a decreased benefit or ineligibility or
- (2) The income detail information (start date, rate of pay, frequency of pay, etc.) cannot be verified via electronic sources or agency files

c. Change in hours worked or rate of pay

A change in hours worked or rate of pay does not require the NCFAST-20020 unless the change results in a decreased benefit or ineligibility.

2. Household changes including:

- a. Tax filer status
- b. Household composition changes that may impact eligibility

3. Marital status (newly married, widowed, separated, or divorced)

C. Other changes

When changes other than those listed in II.B. above, are discovered during the ex-parte review process, the caseworker must determine if the change would negatively impact the beneficiary's eligibility for Medicaid.

III. WHEN CONTINUED ELIGIBILITY CANNOT BE DETERMINED EX-PARTE

When continued eligibility cannot be determined or eligibility will change to a lesser benefit or terminate:

A. Send the NCFAST-20020, Medical Assistance Renewal Notice

1. The NCFAST-20020 is a prepopulated renewal form for the beneficiary to validate that current information (update evidence with the information obtained in the electronic source, if applicable, prior to generating the NCFAST-20020) remains the same or indicate changes and provide self-attestation of eligibility requirements, including income.

Refer to NC FAST Job Aid: [MAGI Medicaid Recertification](#). Follow instructions in the job aid to ensure that evidence in NC FAST is updated prior to generating the NCFAST-20020.

2. Allow the beneficiary 30 calendar days to return the **signed** NCFAST-20020 or to verify or update information requested by phone and provide a voice signature.
 - a. If it is discovered that additional verification is required, send a second [DHB-5097, Request for Information](#) and allow the beneficiary 12-calendar days to provide.
 - b. Aggressive processing is encouraged throughout the entire ex-parte recertification process.
3. Requested information may be provided by:
 - a. Telephone
 - b. Mail
 - c. In person
 - d. Electronic/fax
 - e. ePASS (for beneficiaries with a linked account)
4. When the beneficiary returns the NCFAST-20020 to the local agency or contacts the local agency by phone to provide information, the form **must** be

signed.

- a. If the NCFAST-20020 is returned within the 30-calendar day period, but is not signed, the beneficiary must be allowed the remainder of the 30-calendar day period to return the signed NCFAST-20020.

If the form is returned via mail and is unsigned the caseworker must:

- (1) Attempt to contact the household by phone to obtain a telephonic voice signature within three days of the receipt of the unsigned NCFAST-20020 (when voice signature functionality is available to the county), otherwise follow steps below in (2).
 - (2) If the attempt to contact the beneficiary by phone **is not** successful, mail the NCFAST-20020 and a [DHB-5097, Request for Information](#) to the household and allow the remainder of the original 30-day period or 12 calendar days after the date of the DHB-5097 (whichever is later) to provide the signed NCFAST-20020.
 - (a) The [DHB-5097](#) must include instructions to the beneficiary that the NCFAST-20020 must be signed by the beneficiary
 - (b) The [DHB-5097](#) must include the date the NCFAST-20020 must be returned to the local agency. The date is the later of the original 30-day period or the 12th calendar day after the date of the [DHB-5097](#).
 - (3) Document the attempt, including the phone number called, date, and time of attempted contact.
- b. If the attempt to contact the beneficiary by phone **is** successful, or if the beneficiary contacts the local agency by phone to complete the NCFAST-20020, initiate the voice signature process during the phone call (when voice signature functionality is available to the county).
5. The [DHB-5097, Request for Information](#) may be issued with the NCFAST-20020 when it is known what information/verification is needed, allowing the 30 calendar days for return.
 6. The local agency must obtain the verification for the individual when:
 - a. There is a fee involved in obtaining the information OR
 - b. The individual requests assistance OR

- c. The individual is mentally, physically, or otherwise incapable of obtaining the information.
7. If the NCF-20020 is not returned or the household does not make contact with the agency by the end of 30 calendar days or when the DHB-5097 expires the case should be closed for failure to provide required verifications.
8. Document all actions taken in NC FAST.

B. Wage Verification

When wage verification is needed:

1. The [DSS-8113, Wage Verification Form](#), may be sent to the employer when it is known that the information is not available to the local agency.
2. The form should be sent at the same time the [DHB-5097](#) and NCF-20020 is sent to the beneficiary and authorized representative.

C. When all information/verification required on the NCF-20020 and/or DHB-5097 (if applicable) is received:


1. Complete the recertification if eligibility can be determined, or
2. If additional information is required, issue a [DHB-5097, Request for Information](#), allowing the beneficiary 12 calendar days to return the information.

IV. IMPLEMENTATION

Policy in this Administrative Letter is effective for all MAGI recertifications in progress or started on or after August 22, 2022.

As a reminder, caseworkers must follow guidance found in [DHB Administrative Letter 05-21, Amended, Medicaid/NCHC Procedures for COVID-19 – Allowable Program Changes and Terminations](#), before making changes or terminating benefits during the COVID-19 Public Health Emergency (PHE).

If you have any questions regarding this information, please contact your Medicaid Operational Support Team representative.

DocuSigned by:

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Dave Richard
Deputy Secretary, NC Medicaid