

CHANGE NOTICE FOR MANUAL NO. 05-23, MA-3421 MAGI RECERTIFICATION

DATE: March 2, 2023

Manual: Family and Children's Medicaid
Change No: 05-23
To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has added MA-3421, MAGI Recertification to the online Family and Children's Policy Manual. The content of MA-3421 is specific to Family & Children's MAGI recertifications.

References to North Carolina Health Choice (NCHC) have been removed. All beneficiaries who are eligible for NCHC on March 31, 2023 will systematically be moved to Medicaid beginning April 1, 2023.

Additionally, terminology and procedures regarding MAGI recertification have been updated. Because of a settlement reached in *Franklin v. Kinsley*, formerly *Hawkins v. Cohen* (5:17-CV-581 E.D.N.C.), a federal lawsuit filed in 2017 on behalf of Medicaid beneficiaries in North Carolina, and recent clarifications provided by the Centers for Medicare and Medicaid Services (CMS), significant changes and updates of all recertification policy have been made.

Please review the information contained in this change notice and MA-3421, MAGI Recertification carefully and in its entirety.

II. POLICY UPDATE

A. Background, Section I.

This section provides information related to when and why a recertification may be required and when to begin the recertification process.

B. Policy Principles, Section II.

1. Section II. provides policy, information, reminders, and guidance for the following:

- Definitions
- Reasonable Compatibility
- Timely Recertification
- Assistance with Recertification

- Reducing Benefits or Terminating – Franklin v. Kinsley Requirements for Critical Age or End of the 12-Month Postpartum Period
- Reducing or Terminating Benefits
- Requesting Information
- Self-attestation
- Evaluate for all Programs
- Eligibility Factors Subject to Change
- Providing Assistance
- Immigration Status must be Reverified at Recertification
- Eligibility Factors not Subject to Change
- Authorized Representative
- Program Change

2. Subsection M. gives new guidance for beneficiaries who have been continuously eligible for NCHC since January 1, 2010 and for whom no citizenship/identity/immigration status verification was obtained. Note that this guidance will end on December 31, 2023 as all beneficiaries in this group will have reached the age of 19.

C. Informing the Beneficiary of their Rights and Responsibilities, Section III.

1. Subsection A. - The Division of Health Benefits (DHB) has developed a new form, DHB-5085, Notice of Rights and Responsibilities for Medicaid at Recertification. Subsection A. provides guidance for caseworkers regarding the use of the DHB-5085 at recertifications with no in person or telephone contact with the beneficiary.
2. Subsection B. provides instructions for reviewing the DHB-5085, including a reminder for caseworkers to offer assistance with creating an ePASS account or linking/delinking an ePASS account.
3. Subsections C.- G. provide reminders to caseworkers regarding:
 - Non-Emergency Medical Transportation (NEMT)
 - Third Party Insurance
 - Homeless Individuals, No Permanent Address
 - Child Support Referral
 - Returned Mail and/or Unable to Locate Beneficiary

D. Ex-parte Recertification, Section IV.

Section IV. provides specific guidance for completing an ex-parte recertification, including how to determine if agency records and electronic data sources can be used.

E. Continued Ongoing Eligibility Determined, Section V.

Section V. provides guidance for caseworkers when the ex-parte process results in the beneficiary being eligible for the same or greater benefit.

F. Changes Impacting Eligibility, Section VI.

Section VI. provides instructions for caseworkers when the ex-parte review process indicates that there are changes that may impact the beneficiary's eligibility, as well as defining when the ex-parte process ends and an NCFAS-20020 must be completed and signed.

G. When Continued Eligibility Cannot be Determined Ex-parte, Section VII.

1. Subsection A. provides guidance for sending the NCFAS-20020, Medical Assistance Renewal Notice and requesting information from the beneficiary to complete the recertification. This includes updated guidance for completing the DHB-5097 with deductible information, and for allowing 30 calendar days for the beneficiary to respond instead of the previous 12 calendar days.
2. Subsections B. – E. provide policy and reminders for the following:
 - Using Collateral Contacts
 - Wage Verification
 - Modes for Providing Requested Information
 - When all Requested Information/Verification is Received

H. Franklin v. Kinsley Requirements at Recertification Section, VIII.

1. Subsection A. includes requirements for beneficiaries who are alleging disability at recertification. Detailed instructions are given for the DHB-2187, Notice of Potential Change in Medicaid Eligibility, and caseworker responsibilities prior to reducing or terminating benefits.
2. Subsection B. provides special instructions for appeal requests and requirements for the Franklin v. Kinsley settlement agreement.

I. Recertification Procedures, Section IX.

1. Subsection A. provides policy procedures for completing a MAGI recertification.
2. Subsection B. provides program requirements for categorically needy and medically needy Medicaid programs.

3. Subsection C. provides policy for recertification when the beneficiary is no longer eligible for the current Medicaid program.
4. Subsection D. provides policy for program changes.
5. Subsection E. provides instructions for terminating with timely notice.
6. Subsection F. provides guidance and Franklin v. Kinsley requirements for untimely completion of recertifications.

J. Managed Care Enrollment, Section X.

1. Subsection A. provides guidance for beneficiaries excluded from enrollment in a prepaid health plan (PHP).
2. Subsection B. provides guidance for beneficiaries exempt from or excluded from enrollment in a PHP. These beneficiaries are enrolled in Medicaid Direct via Community Care of North Carolina/Carolina Access (CCNC/CA).
3. Subsection C. provides instructions for program changes that impact managed care or Medicaid direct enrollment.

K. When to Reopen Case Terminated for Missing Information, Section XI.

This section provides reminders and guidance for when a case terminated at recertification may be reopened and when a new application is required.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective April 1, 2023, for all recertifications.

If you have any questions regarding information in this letter, please contact your [Operational Support Team Representative](#).

DocuSigned by:

Jay Ludlam

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Deputy Secretary, NC Medicaid