

South Carolina Medicaid to Restart Member Eligibility Reviews – Details and Action Steps for Providers and Their Medicaid Patient-Members

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Article

02.16.2023

At the end of January 2022, President Biden announced that the Covid-19 Public Health Emergency (PHE) will end on May 11, 2023.[1] At that time, the Medicaid Program “continuous enrollment provision” will end and State Medicaid Programs, including the South Carolina Department of Health and Human Services (“SCDHHS”), will resume annual member eligibility reviews.

It is anticipated that between five to twelve million people are going to lose Medicaid coverage as the continuous enrollment period ends.[2] Without assistance with completing eligibility renewal applications and/or accessing alternative forms of health care coverage, two-thirds of patients who lose Medicaid coverage are likely to be uninsured for a period of time (with 17% going a full year without insurance).[3]

This article discusses SCDHHS plans for resuming the standard annual member eligibility review process, related SCDHHS resources, and action steps for providers and their Medicaid patient-members. The main goal being to help members participate in the Medicaid renewal process to avoid disenrollment and/or to help members understand options if they lose Medicaid coverage.

[South Carolina will roll out its eligibility reviews over a 12-month period](#)

Along with other States, South Carolina paused its annual eligibility reviews of Medicaid members during the PHE.[4] During this time, SCDHHS only removed members from the Medicaid program if they moved, requested to be removed, or passed away.[5] With the PHE ending on May 11, SCDHHS has announced it will restart its annual

review process on April 1, 2023. Although the process begins on April 1, 2023, SCDHHS plans to review groups of member cases over the next 12 months.[6]

SCDHHS resources for Providers and Members

To assist providers and members in navigating the resumed annual review process, SCDHHS has set up a webpage with member and provider resources.[7]

Member Resources. SCDHHS intends to begin eligibility reviews utilizing individual information that is readily available to the agency.[8] If SCDHHS can renew a member's eligibility based on what is on-file with the agency, the member will receive a "Continuation of Benefits" notice and will not have to go through the eligibility review process.[9]

If SCDHHS cannot renew eligibility based on what is on-file with the agency, the member will receive a review form from SCDHHS. At that time, SCDHHS advises members to take three steps: 1) update your contact information, 2) look out for the SCDHHS review form, and 3) complete and return the form to SCDHHS.[10] The form can be returned to SCDHHS in multiple ways:

- Upload your form online. Use the "Document Upload Tool" at apply.scdhhs.gov.
- Mail it to SCDHHS-Central Mail, P.O. Box 100101, Columbia, SC 29202-3101.
- Fax your form to 888-820-1204.
- Email it to 8888201204@fax.scdhhs.gov.
- Bring it in person to your local county Medicaid office. To find your local office, visit our "**Where to Go for Help**"[11]

The SCDHHS website also has examples of the review form on its website, plus a "change of address online portal" for members to use.[12]

After an eligibility review, if a member is notified that they are no longer eligible for Medicaid coverage, SCDHHS will forward the member information regarding the Affordable Care Act (ACA) marketplace. To mitigate the effects of the Medicaid unwinding process, on January 30, 2023, CMS announced that there will be a Special Enrollment Period (SEP) on the Affordable Care Act (ACA) marketplace to assist individuals who are losing their Medicaid, CHIP or BHP coverage due to the public health emergency unwinding.[13] The SEP will be from March 31, 2023 to July 31, 2024. Once an individual applies for AC Marketplace coverage, they have a 60-day window to pick a plan. They can then enroll before their Medicaid or CHIP healthcare coverage ends and, after they select a plan, their coverage will begin the first day of the next month.

Provider Resources. SCDHHS also has a webpage to assist providers and is eliciting providers' assistance by asking them to communicate with Medicaid members concerning the upcoming review process.[14] To aide providers, SCDHHS has a "Health Connections Medicaid Communications Toolkit" which includes a Change of Address Flyer, Social Media Graphics, and Provider and Member FAQ sheets.[15]

Additional action steps for providers to consider

The Kaiser Family Foundation (“KFF”) published an article in June of 2022 concerning additional steps Community Health Centers are taking to prepare for the resumption of Medicaid eligibility reviews.[16] While discussed in the context of Community Health Centers, these steps can be implemented by any type of provider who wishes to actively engage with its Medicaid population related to the upcoming reviews. These steps include:

- Scheduling advance appointments to assist with renewing coverage
- Sending reminders regarding need to renew coverage
- Identifying all patients at risk of losing coverage and flagging for reminders
- Increasing existing staff time on enrollment assistance
- Hiring additional outreach and enrollment staff
- Coordinating with legal services organizations to assist with appealing coverage terminations

A combination of communications utilizing SCDHHS resources and the steps set forth by KFF can assist providers in helping Medicaid members to update their SCDHHS eligibility information, fill out renewal applications, and/or access alternative health insurance coverage if needed. _

If you need assistance with navigating the resumption of SCDHHS member eligibility reviews or the end of other COVID-19 flexibilities that will occur on May 11, 2023, please reach out to one of our health care attorneys for assistance.

For additional information on the effects on the healthcare system that the end of the Covid-19 Public Health Emergency will have, please refer to the article, **The End of PHE Flexibilities – How to Navigate Upcoming Changes in Healthcare**, by Jenna Godlewski and Alice Harris.

[1] <https://www.whitehouse.gov/wp-content/uploads/2023/01/SAP-H.R.-382-H.J.-Res.-7.pdf>

[2] <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

[3] <https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>

[4] <https://msp.scdhhs.gov/annualreviews/sites/default/files/Provider%20Fact%20Sheet%20Annual%20Reviews%20Restart%202.8.23%20Final.pdf>

[5] *Id.*

[6] *Id.*

[7] Welcome to Annual Reviews | Annual Reviews (scdhhs.gov)

[8] <https://msp.scdhhs.gov/annualreviews/sites/default/files/Provider%20Fact%20Sheet%20Annual%20Reviews%20Restart%202.8.23%20Final.pdf> <https://msp.scdhhs.gov/annualreviews/sites/default/files/Provider%20Fact%20Sheet%20Annual%20Reviews%20Restart%202.8.23%20Final.pdf>

[9] Members | Annual Reviews (scdhhs.gov)

[10] *Id.*

[11] *Id.*



[12] Resources | Annual Reviews (scdhhs.gov).

[13] <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>=

[14] Providers | Annual Reviews (scdhhs.gov)

[15] Resources | Annual Reviews (scdhhs.gov)

[16] <https://www.kff.org/policy-watch/community-health-centers-taking-actions-prepare-for-unwinding-public-health-emergency/>