# What to Expect with Your Medicaid Renewal

Due to the Public Health Emergency (PHE), the Department of Health and Human Resources (DHHR) implemented a continuous coverage requirement that prohibited ending Medicaid benefit coverage throughout the PHE. As a result, most Medicaid recipients remained eligible for Medicaid even without a renewal since March 2020. As the continuous coverage provision concludes on April 1, 2023, DHHR will resume required redeterminations and Medicaid terminations. The following is an overview of how Medicaid will restart Medicaid renewals.

### **Selection of Cases**

Members will begin receiving renewal letters in March 2023 for April renewals. The renewal cases will be evenly spread across a 12-month unwinding period, among West Virginia's 55 counties and aligning with renewals for other benefits.

## **Ex Parte**

DHHR has an automated renewal process that may review cases without additional information. This process is called Ex Parte. Ex Parte is an automated process that checks various data sources to confirm whether an existing member is eligible for Medicaid. This process occurs approximately two months before a member's termination date. If the data sources can confirm eligibility, members will receive a notice confirming their Medicaid coverage was renewed without needing additional action.

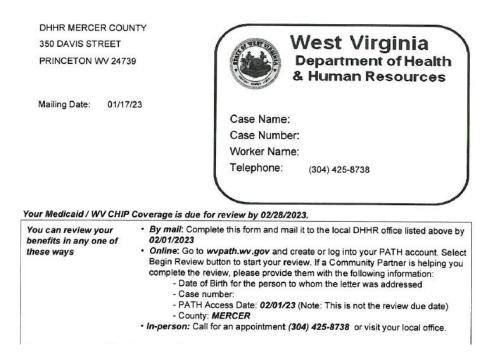
If the Ex Parte process does not automatically renew eligibility, renewal forms will be generated on the second Friday of the month and mailed to members. The renewal forms are for eligibility periods set to expire at the end of the following month. For example, in the month of March, forms were generated on Friday, March 10<sup>th</sup> and mailed to members for coverage due to expire on May 1<sup>st</sup>.

# **Renewal Form**

The renewal form is approximately 16 prepopulated pages and will advise members to review their benefits in any of the following ways: mail, online or by scheduling an appointment. The form will also request information about each person living in the household, or included on tax forms, and provide a specific date of when the information must be returned. When members return these forms, local county offices process the forms, renew coverage for those who remain eligible, and notify those who are no longer eligible that their coverage will end. If members do not respond, their coverage will end. If members do not submit the required information to complete the redetermination process within 90 days, they will be required to reapply for Medicaid benefits and a gap in healthcare benefits is likely to occur.

If members have questions about their case, please contact the customer service center at 1 877 716 1212.

Below is an example of the first page of the form.



#### **Outreach for Renewals**

Members will receive notices sent to their current mailing address as the renewal date approaches. Members may also receive emails, phone calls, or text messages from health plan providers or state vendors reminding them to update their information or with other important news about the upcoming review. All members are encouraged to help ensure contact information (email, phone number and address) is up to date with DHHR. Please see the different ways to update contact information below.

Email: dhhrbcfchangectr@wv.gov Online www.wvpath.org Phone: 1-877-716-1212 Fax: 304-558-1869 Mail: P.O. Box 1668, Charleston, WV 25326-1668