

Medicaid Annual Reviews

Guidance for Assisting Consumers

August 7, 2019

Annual Review Requirement

Federal regulation and Missouri State law require Medicaid recipients to have an annual review of eligibility.

Sometimes this is also referred to as an annual:

- reinvestigation,
- reauthorization, or
- re-certification.

Family Support Division Annual Review Process

- In the month prior to the review month, the Family Support Division (FSD) mails an annual review form (FA-402 or IM-1U) to the consumer.
- The form is due back on the first working day of the review month.
- Review forms should not be submitted prior the fifteenth day of the month before the due date.
- For example: September 2019 review forms are mailed out in August 2019 and due back to FSD on September 1. The form should be submitted no earlier than August 15.

DMH Report of Consumers Due for Annual Review

On the 3rd of each month DMH produces a report listing cases due for a Medicaid annual review for each:

- CMHC,
- ADA provider
- DD regional office, and
- behavioral health institution.

Report name is “MedicaidReauths(MEIS)” preceded by the date of the report YYYYMMDD.

DMH Report of Consumers Due for Annual Review

- Report has two parts: “Due Within Three Months” and “Overdue or Closed Within Last Three Months.”
- The “**Due Within Three Months**” section of the report shows the consumers due for a review in each of the next three (3) months. For example, the August 3 report has reviews due September 1, October 1, and November 1.
- The “**Overdue or Closed Within Last Three Months**” section shows consumers due in the current month and the preceding due months that do not show the review as completed. The August 3 report has reviews due June 1, July 1, and August 1.

DMH Report of Consumers Due for Annual Review

Use this report to prioritize consumers who have their annual review due:

- the month following the report month, and
- the month of the report (in the overdue section)

Reviews Due in the Month after the Report Month

For those due the first day of the month following the report month (September 1 on the August report), make sure the forms are completed and submitted to FSD **between the 15th and the last day of the month of the report.**

Submitting the Annual Review forms

- The review forms can be submitted to your local FSD office or a FSD annual review email address for DMH agencies.
- Contact the DMH Medicaid Unit (DMH.MedicaidEligibility@dmh.mo.gov) for the FSD annual review email address for DMH agencies.
- FSD local office contact information can be found by entering the zip code or city on this Department of Social Services webpage:
<https://dss.mo.gov/offices.htm>

Submitting the Annual Review forms

You do not need wait for the consumer to receive the form mailed from FSD to start the process. Instead, staff should help the consumer complete annual review form and submit it between the 15th and last day of the month prior to the due date.

There are two annual review forms:

- For Medicaid (**MO HealthNet**) based on being **Aged (65+), Blind, or Disabled** use the FA-402 available at:
<https://dss.mo.gov/fsd/formsmanual/pdf/FA-402-english.pdf>
- For **Family Medicaid (MO HealthNet) cases** (children not receiving based on disability, parents, pregnant women) use the IM-1U available at: <https://dss.mo.gov/fsd/formsmanual/fsforms/im-1u-magi.exe> .

Medicaid based on being Aged (65+), Blind, or Disabled

The FA-402 is used for persons on the Medicaid Reauthorization list in the following categories:

- Aid to the Blind (AB) and Supplemental Aid to the Blind (SAB) (ME 03)
- MO HealthNet Assistance - Aid to the Blind (AB) (ME 12)
- MO HealthNet Assistance - Old Age Assistance (OAA) (ME 11)
- MO HealthNet Assistance - Permanently and Totally Disabled (PTD) (ME 13)
- Supplemental Nursing Care - Aid to the Blind (AB) (ME 15)
- Supplemental Nursing Care - Old Age Assistance (OAA) (ME 14)
- Supplemental Nursing Care - Permanently and Totally Disabled (PTD) (ME 16)
- Ticket To Work Health Assurance Program (formerly MO Workers With Disabilities/MAWD) - Non-Premium (ME 86)
- Ticket To Work Health Assurance Program (formerly MO Workers With Disabilities/MAWD) – Premium (ME 85)
- Blind Pension (ME 02)

Family Medicaid (MO HealthNet) cases

The IM-1U is used for persons on the Medicaid Reauthorization list in the following categories:

- MO HealthNet for Families (MHF) – Adults (ME 05)
- MO HealthNet for Families (MHF) – Children (ME 06)
- MO HealthNet for Kids – Poverty (ME 40)
- MO HealthNet for Kids – Health Initiative Fund (HIF) (ME 62)
- MO HealthNet for Kids, 101-150% Poverty, Age 6-18 (ME 71,72)
- MO HealthNet for Kids, SCHIP 151-185% Poverty, Age 1-18 (Premium) (ME 73)
- MO HealthNet for Kids, SCHIP 186-225% Poverty, Age 0-18 (Premium) (ME 74)
- MO HealthNet for Kids, SCHIP 226-300% Poverty, Age 0-18 (Premium) (ME 75)
- MO HealthNet for Pregnant Woman (ME 18)
- Pregnant Woman - 60-Day Assistance - MHF Criteria (ME 43)
- Pregnant Woman - 60-Day Assistance – Poverty (ME 44)
- Pregnant Woman – Poverty (ME 45)
- MO HealthNet for Pregnant Woman - Health Initiative Fund (HIF) (ME 61)
- Show Me Healthy Babies (ME 95,96,97,98)

Submitting the Annual Review forms

- If the consumer has income (other than Social Security or SSI), submit current verification with the review form whenever possible.
- Make sure to write the current balance of bank accounts on the review form where indicated. If this is a new account, provide bank statements showing the current month's balance with the review form whenever possible.
- Do not delay sending the review if verification of income or new bank accounts is not readily available.
- **If possible, have the client (parent/caretaker if client is a child) sign an IM-6AR naming your agency or a staff person as his or her authorized representative.**

Authorized Representative form

The form IM-6AR is available at:

<https://dss.mo.gov/fsd/formsmanual/pdf/im-6ar.pdf>

- Multiple individuals may serve as authorized representative concurrently.
- FSD will send correspondence to the client and to the authorized representative.

Family Support Division Annual Review Process

- Once the review form is received, FSD may send a request for current verification of resources and income (other than Social Security and SSI). Including all verification of income, bank balances, etc. with the annual review will help make sure the review is processed with no issues.
- If requested verification is not received by the due date, FSD will send a notice that the Medicaid will close in 10 days for failure to provide verification. The client has 30 days from the date of closure to provide all needed verification.
- When the review is completed a notice is sent to the consumer confirming the continued eligibility. If there are changes in eligibility a separate notice is sent.

Family Support Division Annual Review Process

- If the annual review is not received by the first day in the month that it is due, an adverse action notice will be mailed out giving the client an additional 10 days to provide the paperwork.
- The **Medicaid case will close 10 days after the adverse action is mailed out** unless the annual review is received or the consumer requests an appeal within those 10 days.
- If the case has been closed less than 30 days, email the annual review to DMH.MedicaidEligibility@dmh.mo.gov. In some cases the closing can be canceled and processing continue, or the review may be used as a new application.

Overdue Reviews on the Report

Consumers in the overdue section that were **due in the report month** (6/1 on the June report) are still active on the day of the report, but the review has not been completed.

Consumers on the report that have a due date prior to the month of the report have either been closed or have remained open without a completed review.

- Check those due in the report month to make sure the form has been submitted.
- Check CIMOR on those due in prior months to see if the Medicaid is closed, no action is necessary on those that remain open.
- If you believe the form has been submitted but have questions, email DMH.MedicaidEligibility@dmh.mo.gov so that we can check on the status.

Reviews Due in the Second or Third Month after the Report Month

- Use this section ONLY for planning purposes.
- **Review forms should not be submitted prior the fifteenth day of the month before the due date.** Due to system limitations they cannot be processed earlier than this. September reviews should be submitted no earlier than August 15.

Medicaid Eligibility on the DMH Website

- Medicaid Eligibility Information is available on the DMH Website at www.dmh.mo.gov on the **Programs** tab under **Other Services**:
 - Under the side bar “Medicaid Eligibility”
 - choose “Annual Reviews”

Questions

Department of Mental Health Medicaid Unit

email DMH.MedicaidEligibility@dmh.mo.gov