

Iowa Medicaid Coverage Renewals Enrollment Assister Fact Sheet



Medicaid Renewals: How to Help Members Complete the Process

Medicaid Renewal Timeline

All Iowa Medicaid members must complete the renewal process at least once every 12 months. Medicaid coverage is not continued automatically. The renewal process helps the Iowa Department of Human Services (DHS) make sure individuals are enrolled in the correct program for their income and life circumstances.

Timeline

Adults and children in Modified Adjusted Gross Income (MAGI) coverage groups are issued renewal notices up to **60 days before their coverage ends**. This includes coverage groups such as the Iowa Health and Wellness Plan, *hawk-i*, family-related Medicaid programs, etc.

- For example, if enrollment began January 2014, coverage ends December 31, 2014. Renewal is issued late October 2014.

Key Points of the Medicaid Renewal Process:

1. Members must renew every 12 months, coverage not continued automatically.
2. Renewal form sent via mail to each member.
3. Renewal forms should be returned to DHS by due date on the form.
4. Replacement forms can be requested from any DHS office.

There has been no change for other Medicaid coverage groups, such as elderly, facility or disabled. Renewal forms for these groups are currently being issued up to 30 days before their coverage ends.

Completing the Medicaid Renewal Form

Each Medicaid member receives a renewal form in the mail. Included with the renewal form is a self-addressed, postage-paid envelope for returning the form.

The renewal form comes pre-populated with information including but not limited to the member's name, the due date of the form, the assigned case number, county number, worker's name, office contact information, etc.

Information Requested

The Medicaid renewal form requires similar information as the application. It will ask about income, household size and household members, tax information and other health insurance that may be available to the member.

All information on the renewal form must be completed. Make sure the member signs the last page for the form once it's completed.

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Returning the Form and Next Steps

Once completed, the member needs to return the form to the address listed on the first page of the renewal form, using the envelope provided. The renewal form can also be returned to any DHS office.

Note: Currently, renewals cannot be completed online. Only new applications can be completed online at this time.

After the form is received, DHS may need additional information. This request will be sent to members in the mail. Advise members to watch their mail for any requests from DHS. Once the renewal is processed, a Notice of Action will notify the member if benefits will continue and if coverage will change or remain the same. This will also be sent via mail.

Tips and Advice for Enrollment Assisters

1. **Coverage must be renewed.** Failure to complete a Medicaid renewal will result in benefits ending.
2. It is **not guaranteed that Medicaid benefits will continue** simply because the renewal form is completed. Members must still meet all eligibility requirements for the Medicaid programs in order to continue for the next 12 months.
3. If a member **cannot locate their renewal form**, contact any DHS office to request a new form. Locate a DHS office by using the DHS Office Map at: http://dhs.iowa.gov/dhs_office_locator.
4. Make sure DHS has the **most recent mailing address** for the member. If uncertain, instruct the member to call the DHS Customer Service Center at 1-877-347-5678.
5. If renewal **forms are not returned on time**, the member will have benefits cancelled at the end of the 12 month period. If the form is turned in within 90 days of cancellation, benefits may be able to be reinstated back to the date benefits ended (if within 90 days).
6. Updating an account through the **Health Insurance Marketplace will not automatically renew Medicaid coverage.** The member must complete and return the Medicaid renewal form to DHS, even if the original application was submitted through the Health Insurance Marketplace.
7. **New applications can take the place of the renewal**, if necessary. It is the preference of DHS that the member completes the renewal form instead of submitting a new application. However, if a new application is completed, it will act as the renewal for evaluation of continuing coverage for the next 12 months.
8. **Medicaid coverage could change in less than 12 months.** Members must report certain changes to DHS. When changes are reported to DHS, eligibility may be adjusted, including termination. Once these changes are reported, DHS may adjust eligibility, if needed. Changes should be reported to DHS within 10 days of occurrence.