

Issue 82: INSIDER'S EDGE: Redets! Send in your Redet!

Welcome back, Insiders! As you may recall, redeterminations (a.k.a. “redets”) were delayed at the beginning of 2014 since things were so busy during the last open enrollment.



Phew, let's not reminisce about that for too long!

Redeterminations are now underway again. Former PAC enrollees who began receiving full benefits in January have had a lot of questions when it comes to redets. To be sure consumers don't get lost in the process and lose coverage, we'll get reacquainted with a friend from waaaay back in *Issue 14*.

Please note: Once the new Maryland Health Connection goes live, redets will eventually be processed differently. Stay tuned for details in future issues of the *Insider's Edge*!

The Basics

Consumers are notified 60-75 days before their benefits end that they need to reapply.

Redet applications need to be submitted to DHMH. Consumers should **not** send them to Maryland Health Connection. Doing so will delay processing. Redets should be sent here:

Department of Health & Mental Hygiene—MCOA
OES Eligibility Determination Division
P.O. Box 386
Baltimore, MD 21298-9894

If a consumer misplaces the application they received with their redetermination notice, a new one can be obtained by calling (800) 226-2142.

The Details

Meet Chris Consumer, he's hip, he's cool, he's under sixty-five, and he's enrolled in Medicaid. He used to receive benefits through the Primary Adult Care (PAC) program, but he's been enrolled in HealthChoice since January 1 thanks to the Medicaid expansion. Just like other Medicaid recipients, Chris needs to renew his coverage annually.



Ok, maybe Chris still isn't quite as cool as he thinks he is.

So what's going to happen to Chris when he's up for redetermination?

Unfortunately, redets can't be processed through Maryland Health Connection at this time, so Chris will be notified that he's up for redetermination the old-fashioned way.



Chris will get a letter that looks a lot like the one attached to this e-mail 60-75 days before his benefits close. Chris will be notified that it is time to renew his Medicaid health coverage or his benefits will end. Ideally, Chris will fill out the application included with his redetermination letter and return a.s.a.p. to avoid a lapse in his coverage.



Unfortunately, Chris is a busy guy and he's a little disorganized. If he fails to respond to the initial redet notice, he'll eventually receive two reminder letters. The first will arrive approximately 30 days before his benefits are discontinued. He'll receive a second reminder 15 days before his benefits end. Copies of the reminder letters are attached.

CAUTION

Remember, failing to return his renewal application will have consequences for Chris! His benefits will be discontinued and he won't be eligible for Medicaid until he reapplies.

A Quick Word about Former PAC Enrollees

With all the program changes that have occurred in the last year, it's easy to think that former PAC enrollees are all set since they now have full Medicaid benefits. This isn't the case! If you hear from someone who used to be enrolled in PAC who is up for renewal, they need to take action and reapply for benefits **now**.

Some consumers may have received a reminder letter about their redet (the "Renewal Application Not Received" letter) that referenced to the PAC program. Specifically, the first paragraph read:

"We recently sent you an application to renew your Primary Adult Care Program benefits. Our records show that as of this date we have not received the application."

While PAC no longer exists, current Medicaid enrollees **should not** ignore this letter! They **must** reapply for benefits now! (Not to worry, references to the PAC program have been removed from this letter since July 15, but it may have caused confusion for some consumers.)

So, Marge, How Can I Help?

As a consumer assistance worker, you're on the front line to help out Medicaid recipients like Chris and ensure they don't lose benefits.

If you hear from an individual who says they received a letter telling them it's time to renew their benefits, **do not** tell them it's ok to disregard the letter. Inform the consumer that they need to complete the application they received and send it in a.s.a.p.!

Have a great weekend, Insiders! Questions? You know the drill, dhmh.medicaidmarge@maryland.gov.