

# The Federal Public Health Emergency and South Carolina Medicaid Eligibility

## PROVIDER FACT SHEET

### Background

State Medicaid agencies are required to check the eligibility of Medicaid members annually to ensure those enrolled remain eligible for the program. The Families First Coronavirus Response Act (FFCRA) instructed state Medicaid agencies to pause this process during the COVID-19 federal public health emergency (PHE) effective March 2020.

To comply with the FFCRA, the South Carolina Department of Health and Human Services (SCDHHS) paused its standard annual review process and only removed members from the Healthy Connections Medicaid program if they moved, requested to be removed or passed away.

The Consolidated Appropriations Act, 2023, which was passed by Congress and signed into law by President Joe Biden on Dec. 23, 2022, provided state Medicaid agencies with a date of April 1, 2023, to resume annual eligibility reviews.



### Annual Review Process

SCDHHS will restart its standard annual review process April 1, 2023. First, SCDHHS will try to renew individuals' Medicaid eligibility with information readily available. If the agency can verify continued eligibility, the Medicaid member will receive a "continuation of benefits" notice and will not receive an annual review form. If continued eligibility cannot be confirmed this way, the agency will notify the Medicaid member via mail and text message (if a cell phone number is on file) and will mail a form to be completed and returned. Healthy Connections Medicaid members will have approximately 60 days to return the review form. This was the standard Medicaid eligibility operating process prior to the PHE.

**SCDHHS will begin sending continuation of benefits notices and annual review forms April 1, 2023.** This does not mean all cases are up for review April 1, 2023. SCDHHS will review groups of cases each month over the next 12 months. Failure to return a completed annual review form may result in a member's loss of benefits. Providers should verify Medicaid eligibility starting April 1, 2023, as members may no longer be eligible for Medicaid or may have changed managed care organizations (MCOs) during the review process.

### How Does the Annual Review Process Affect My Patients?

Providers should know their patients' Medicaid coverage may be impacted when we restart the standard annual review process. Some members who complete an annual review form will no longer meet Medicaid eligibility requirements. In those instances, their Medicaid coverage will end on the date specified in the notification from SCDHHS. These members will be forwarded to the Health Insurance Exchange where they may shop for and enroll in private medical insurance. These members may also contact their current MCO for information on other coverage products they may qualify for on the Health Insurance Marketplace or check with their current employer to see if they offer health coverage.

Some members will submit an incomplete annual review form and may be required to submit additional information to verify eligibility. These members will receive a follow-up letter identifying the information needed to make an eligibility determination and the requirement to submit the information 15 days from the letter date.

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Members whose Medicaid coverage ends due to the failure to submit an annual review form are encouraged to submit the completed form as soon as possible to allow SCDHHS to make an eligibility determination. If the form is returned late and the member is determined eligible, Medicaid coverage may be provided up to 90 days retroactively. Managed care enrollment is not retroactive. As a result, some members will not be enrolled in an MCO for a period of time, or may be enrolled in a different MCO.

### How Can Providers Help?

Providers should encourage their patients to update their mailing address and contact information with SCDHHS if changes have occurred since March 2020. A change of address flyer with the address update contact information is available at [www.scdhhs.gov/annualreviews](http://www.scdhhs.gov/annualreviews) in English and Spanish. Providers are encouraged to post this in their offices.

Providers can also help their patients understand that the standard annual reviews process will restart April 1, 2023, and their Medicaid coverage may be impacted after this date. Starting April 1, 2023, members may receive an annual review form or continuation of benefits notice in the mail from SCDHHS.

Providers should also encourage their patients to visit [www.scdhhs.gov/annualreviews](http://www.scdhhs.gov/annualreviews) for the latest information and resources about Medicaid annual eligibility reviews. Additional communications regarding the annual review process will be sent to providers as more information becomes available.

### What Should Your Patients Do?

Contact SCDHHS to update their mailing address, contact information and other household details now. This can be accomplished by:

- Updating online at [apply.scdhhs.gov](http://apply.scdhhs.gov) and selecting the "Change of Address tool" in the center of the page.
- Updating via telephone at 888-549-0820 Monday through Friday from 8 a.m. to 6 p.m.
- Visiting a local eligibility office using [Where to Go for Help | SCDHHS](#), and scrolling down to the Healthy Connections County Offices section for locations and maps to each local eligibility office.

Members should look for mail from Healthy Connections Medicaid starting April 1, 2023, then complete and return all requested information in a timely manner.

Are you a Healthy Connections Medicaid member?  
**Have you moved?**

**Let us know!**

Make sure your mailing and home address, contact information and other household details are up to date so we can reach you about any changes in your Medicaid.

Change your address online at <https://apply.scdhhs.gov>

Call (888) 549-0820  
 Monday through Friday from 8 a.m. to 6 p.m.

Visit your local eligibility office.

Healthy Connections MEDICAID  
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