

## REVIEWS AND RENEWALS

0905

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All of the health care programs require annual eligibility renewals. Most MA and GAMC cases require income reviews more often than annually, depending on client circumstances.

Approve renewed coverage for people who remain eligible as a result of the renewal process. Terminate coverage for those who are no longer eligible.

**MinnesotaCare:**

Require a signed Minnesota Health Care Programs Renewal Form (DHS 3418) from all active households every 12 months. Accept and process faxed renewal forms. See §0905.03 (Renewal Timelines) for follow up procedures for faxed renewals. The renewal month is 12 months after the month in which the case was initially pended awaiting payment, regardless of the month coverage begins. Renewals must be processed by the end of the month prior to the renewal month. The "renewal month" is defined as the first effective month of renewed eligibility.

All enrollees age 18 and older who are requesting health care for themselves must sign the renewal form annually. Authorized representatives must also sign. Send a photocopy of the renewal form to enrollees age 18 and over who did not sign the form. Eligibility will end for enrollees who have not provided required signatures by the first day of the renewal month, and for other enrollees whose eligibility depends on that of the person who failed to sign under the All or Nothing Rule. See §0908.11 (All or Nothing Rule).

The renewal month is the first month after the "Redetermination Date" on the RSLT screen in MMIS. The renewal month remains unchanged from year to year as long as the case remains active without a break.

**EXAMPLE:**

The Andrew family is pended awaiting payment on February 12. MinnesotaCare receives their initial premium payment on February 20, and the case becomes active beginning in March. The Andrew family's renewal month is March. MMIS shows a redetermination date of February 28.

**EXAMPLE:**

The Burns family is pended awaiting payment on February 12. MinnesotaCare receives their initial premium payment on March 3, and the case becomes active beginning in April. The Burns family's renewal month is March. MMIS shows a redetermination date of February 28.

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**EXCEPTION:**

If an incarcerated individual is removed from an active household at another household member's request and chooses to be opened on a new case, the renewal date on the new case must be the same as the original household's renewal date. Contact the MMIS **User Services** Help Desk to set the renewal date. If the person is still incarcerated at the time of renewal, cancel coverage. See §0908.13 (Temporary Absence--MinnesotaCare - Part I) and §0915.05 (Removing a Person From the Household).

M.S. 256L.05 subd. 3a  
Minnesota Rule 9506.0020 subp.6, 7

**MA/GAMC:**

Require a complete signed and dated renewal from all active households every 12 months. See §0905.05 (Annual Renewal--Eligibility) for signature requirements. Accept and process faxed renewals. See §0905.03.01 (Annual Renewal Timelines--MA/GAMC) for follow up procedures for faxed renewals.

Apply the following EXCEPTIONS to the 12-month renewal timeline:

Renew pregnant women the month following the month in which the 60-day postpartum period ends, UNLESS:

-The woman was on MA before becoming pregnant

OR

-One or more household members are currently open on MA under the same basis of eligibility that would apply to the pregnant woman.

Women meeting either of these conditions are eligible without a spenddown until the next regularly scheduled renewal.

For women who must be renewed at the end of the post-partum period, determine continued eligibility from information in the case record. Request additional information from the enrollee if needed. Approve continued eligibility if the woman is eligible under another basis.

See §0907.19.05 (MA Basis: Pregnant Women).

Renew infants who are eligible as auto newborns the month following the month of their first birthday. See §0907.19.05.03 (MA Basis: Auto Newborn).

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Do not require a renewal form from people receiving extended MA unless a regular 12-month renewal is due when extended MA ends. Re-evaluate eligibility for MA under another basis. See §0907.19.11.03 (Extended MA for MFIP: 2nd 6 Months) and §0907.19.11.07 (Extended MA for MA-Only: 2nd 6 Months).

Do not require a renewal form to recertify people eligible for MA under Title IV-E or State adoption assistance. Verify the renewal of the adoption agreement annually. See §0907.19.03.05 (MA Basis: Adoption Assistance).

For people enrolled in the Prescription Drug Program, the renewal is due at the same time as the annual renewal for QMB and SLMB. See §0907.21.09.11 (Medicare Supplement Programs: PDP).

GAMC Hospital Only (GHO) eligibility is granted only for the time that the enrollee is hospitalized as an inpatient. There are no reviews or renewals for GHO. See §0907.25.05 (GAMC Hospital Only–GHO).

For all others, the renewal month is:

12 months after the first month of the certification period for households who have not had an annual renewal since the most recent application.

**EXAMPLE:**

The Barnes family applied for MA in May and requested consideration of retroactive coverage back to February. They met a spenddown and were opened effective March 10. Their renewal date is February 1.

OR

12 months following the effective date of the last annual renewal for households who have been continuously active since the last renewal.

When members of 1 household apply at the same time but are opened on different dates, assign the entire household the earliest renewal date. See §0904.07.09 (Eligibility Begin Date).

**EXAMPLE:**

Bill, age 65, applies for MA on June 1 and requests retroactive coverage to March. His wife Julie, age 63, applies for GAMC at the same time. Bill is approved effective March 1. Julie is approved effective June 1. The household's renewal date is March 1.

Do not require a separate renewal form for people who receive MA or GAMC with cash. Use the CAF Recertification Form (DHS 3217). Use the Medical Assistance Long Term Care Eligibility Recertification Form (DHS 2128) for clients in long term care. For all others, use the Minnesota Health Care Programs Renewal Form (DHS 3418). Also see §0905.03.01 (Annual Renewal Timelines--MA/GAMC).