

# Phase II - Modules 13 - 14

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*This module covers the definition of a recertification, the timelines for initiating recertification, the processes involved, and the interpretation of outcomes.*

## Key Medicaid Terms

- **Continuous Eligibility:** Once a child under 19 qualifies for full Medicaid benefits, they remain eligible for up to 12 months, regardless of changes in household composition or income. Any changes during this period are addressed at the child’s recertification (or critical age review).
- **Ex-parte:** This is the process of determining Medicaid eligibility at recertification (or Change of Circumstance) using information available to the local agency. This can include electronic sources (OVS, TWN, SAVE), agency records, or third-party sources (like an employer). The ex-parte process concludes when additional information or verification is required from the beneficiary.

- **Recertification:** A comprehensive review of all eligibility factors that may change. This occurs at the end of a beneficiary's 12- or 6-month Medicaid certification period and is often referred to simply as a "Review."
- **Re-evaluation:** This involves determining future Medicaid eligibility based on current household information. Also known as "Redetermination," re-evaluations can occur during Changes of Circumstance or at Recertifications.

## What is a "Recertification?"

Recertification is a comprehensive re-evaluation of all eligibility criteria that may change, such as income, deductions, and household composition. This process occurs at the end of a beneficiary's current Medicaid certification period. The caseworker assesses which program the beneficiary will qualify for in the next certification period based on their current situation, or if they will be ineligible for continued benefits.

During recertification, the caseworker must evaluate the beneficiary for all programs they might be eligible for, not just the one they are currently receiving. Recertifications are typically completed at the end of a 12-month certification period for most MAGI programs and at the end of a 6-month period for MAFM. The recertification must be completed before the end of the last month of the certification period.

## Why Do We Need to Complete Recertification?

Federal regulations mandate that Medicaid eligibility be evaluated annually. Recertifications must be completed promptly to ensure that the appropriate notice (Timely or Adequate) can be sent and to guarantee that ongoing benefits are issued accurately and without interruption.

## How Do We Complete Recertification?

Initially, the caseworker will attempt to complete the recertification via the **ex-parte** process. This involves reviewing information available to the agency to determine eligibility without requesting verification from the beneficiary. The caseworker will use electronic sources, agency records, and third-party sources. Under the ex-parte process, neither a new application nor a signed recertification is required from the beneficiary.

If the caseworker cannot determine eligibility based on the available information and needs to request verification from the beneficiary, the ex-parte process ends. The caseworker must then use the DHB-5097 form to proceed and the NCF-20020 form to obtain the necessary information/verification to determine the beneficiary's eligibility at recertification.

## Recertification Reports

The caseworker must use the **MAGI Pending Recertification Details** and **Traditional Medicaid Pending Recertification Details** reports in NC FAST to ensure all cases due for recertification are completed by the last month of the certification period or that coverage is extended.

These reports list the cases in your workload with certification periods ending in the current month, next month, two months out, and three months out that require a recertification. Remember, recertifications can only be worked on two months in advance.

These reports also list overdue recertifications, meaning their certification period ended in a prior month and no recertification was completed. This can be found in the caseworker's O&M Reports in NC FAST. The caseworker should review these reports at the beginning of each month to obtain their list of cases due for recertification and begin working on the newest set of recertifications. Reports should be viewed periodically.

### Timeframes

As previously stated, there is a specific timeframe for when the recertification process can be started by the case worker:

For MAGI cases:

- **MAFC/N, MICN/1, MXP, and MAFD:** The caseworker may begin the recertification process no earlier than the 10th month of the 12-month certification period.
- **MPW:** The caseworker may begin the recertification process no earlier than two months prior to the last month of the MPW postpartum period (or the last month of the certification period).
- **Auto Newborns:** The caseworker may begin the recertification process no earlier than two months prior to the last month of the Auto Newborn certification period (or the 11th month of the certification period).

## Recertification Completion Timeframes

There is a specific timeframe in which recertifications must be completed:

- **Completion Deadline:** Recertifications must be completed before the end of the last month of the certification period.
- **Notice of Benefit Changes:** If benefits will decrease or terminate, the caseworker must complete the recertification and provide timely notice to the beneficiary of the reduction or termination via the DSS-8110 form no later than the timely deadline of the last month of the certification period.

It is strongly recommended that case workers begin screening their recertifications as early as possible to ensure there is enough time for any requests for information to be sent and processed, and for any required timely notices to be issued.

The recertification process starts when the recertification is marked as “in-progress” in NC FAST. It concludes when the caseworker completes the recertification in NC FAST and sends the appropriate DSS-8110 form.

## **Notice of Rights & Responsibilities at Recertification**

In-person or telephone interviews are not required at recertification. However, the agency must provide the beneficiary with information previously given during the recertification interview, including a notice of their rights and responsibilities.

NC FAST will generate and mail the DHB-5085, “Information about your Rights and Responsibilities for Medicaid at Recertification,” on the 1st day of the 10th month of the beneficiary’s verification period.

When the case worker has in-person or phone contact with the beneficiary during the recertification process, they must explain the rights and responsibilities to the beneficiary. The caseworker must also document in the case file that the information on DHB-5085 has been explained.

## **Screening a Recertification Involves:**

- Initiating the recertification process.
- Reviewing case and agency records for household information and any submitted verifications.
- Running electronic verifications (OVS/OLV, TWN, SAVE).
- Comparing case/agency records with electronic verifications to determine if additional verifications are needed or if eligibility can be determined.
- Sending out requests for information if needed to determine eligibility, especially if there has been a change that negatively impacts eligibility or if the available verifications suggest a reduction or termination of benefits.

## **Where to Start? Application vs. Recertification**

### **Application:**

- The applicant provides the agency with a statement of their current household situation (household composition, income, pregnancy, etc.) via DHB-5200 or another type of application.
- The caseworker compares this information to electronic sources and agency records to determine if additional information is needed or if eligibility can be established.

### **Recertification:**

- There is no “base document” for the caseworker to start from.
- The agency may have had no contact with the beneficiary since their last application or recertification.
- The caseworker reviews the information in the Medicaid case and agency records to establish a starting point for re-evaluation.
- The caseworker compares this information to electronic sources.

The caseworker determines if they can complete the eligibility recertification or if additional information must be requested.

### **Income**

#### **New Income:**

If new income starts before the recertification is completed, it is countable for the new certification period, regardless of the beneficiary’s age.

#### **Changed Income:**

If an income change occurs before the recertification is completed, the changed income is countable for the new certification period, regardless of the beneficiary’s age.

#### **Terminated Income:**

If the employment or income source terminates before the recertification is completed, the case worker will not count this information for the new certification period.

### **NOTES:**

- DSS-8113, Wage Verification form must be sent to the employer to verify income.
- Do not delay sending the DHB-5097/NCF-20020 to the beneficiary for verifications when also sending the DSS-8113 to the employer.

### **Verifications**

Caseworkers are only reverifying eligibility factors that are subject to change such as:

- Income
- Household composition
- Immigration status of a Qualified Alien

### **IV-D Referrals/Cooperation with Child Support**

If there has been a change in household composition resulting in an absent parent, or if IV-D and cooperation with child support have not been previously addressed with the beneficiary, the requirement to provide absent parent information (or Good Cause) and to cooperate with child support must be requested as part of the recertification process.

### **Base Periods**

Base periods are the same as at application, except you should use the date the recertification was started in NC FAST instead of the application date.

- The month prior to the month the recertification was started in NC FAST.
- For income types such as self-employment or interest income that have 12-month base periods, the base period is 12 months prior to the month the recertification was started in NC FAST.

### **Collateral Contacts**

Collateral contacts are used to support or verify necessary information to establish eligibility for a beneficiary.

- Contacts may include specific individuals, businesses, public records, or documentary evidence.
- Contacts should only be used if the recertification cannot be completed via ex-parte.
- Limit collateral contacts to those necessary to obtain the required valid information and where the beneficiary requests assistance or cannot obtain the needed information.
- If the beneficiary (or their representative) does not want the local agency to contact the necessary collateral contacts, ask them to obtain the information themselves.

### **How is the Requested Information Provided?**

- Telephone
- Mail
- In-person
- Email/fax
- ePASS

### **NCF-20020: Medical Assistance Renewal Notice**

The NCF-20020 is a pre-populated renewal form to be used only at recertification and only for MAGI programs:

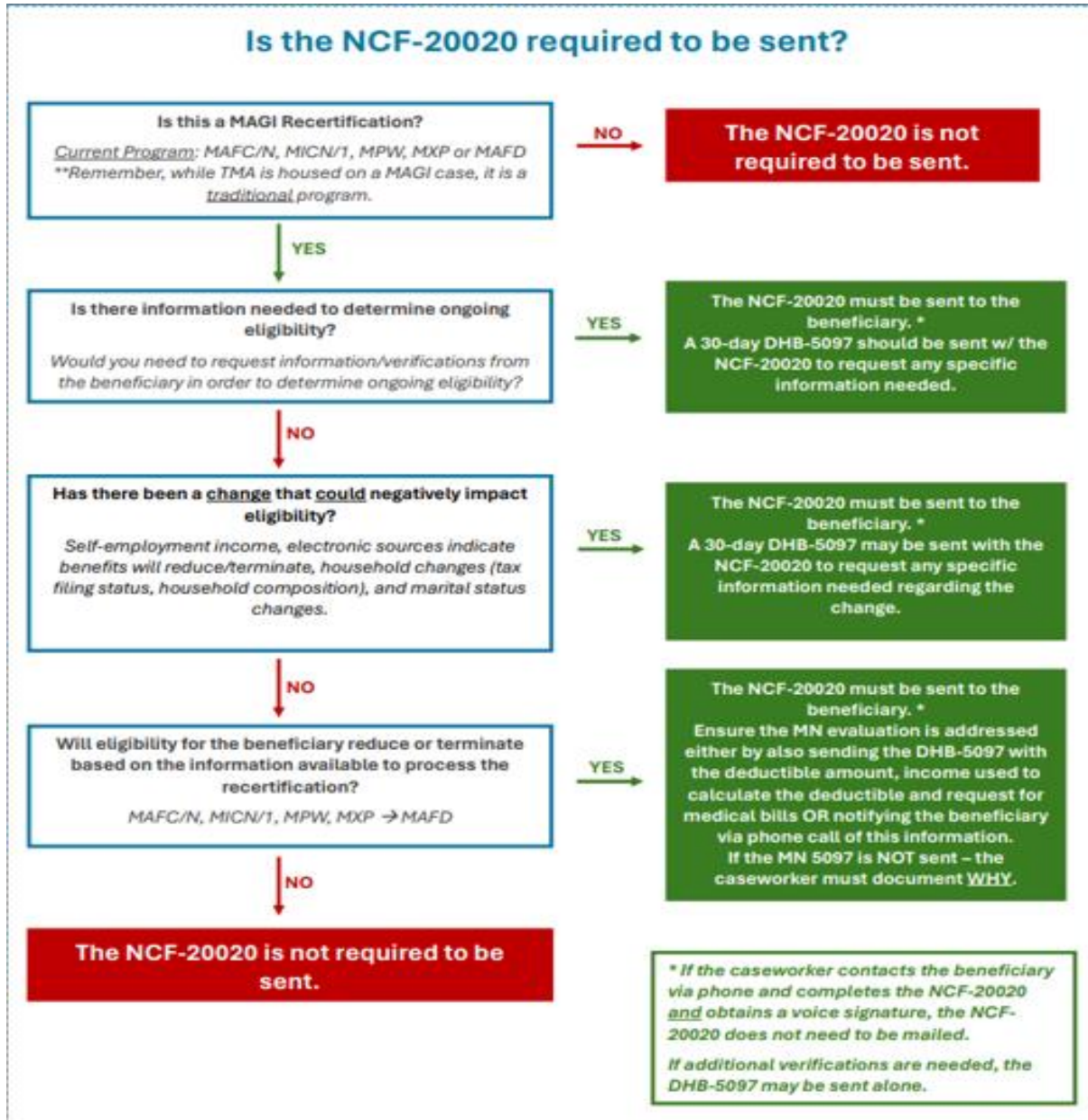
- At the end of the 12-month certification period for most MAGI programs (MAFC/N. MICN/1, MXP and MAFD),
- At the end of the post-partum period for MPW, and
- At the end of the 13-month certification period for Auto Newborn cases

The NCF-20020 is a 30-day notice used to obtain information for the beneficiary when:

1. There is an indication of a change discovered during the ex-parte process that could negatively impact eligibility of the beneficiary,



2. Continued eligibility for the beneficiary cannot be determined during the ex-parte process due to missing verification/information,
3. Eligibility for the beneficiary will decrease in benefit or terminate as a result of the information available to the agency.



The NCF-20020 must be signed in order for the agency to accept it as completed. It may be physically signed by the beneficiary, or a voice signature may be provided.

## MAGI Recertification Process

### Preparation:

- **Complete a case search** for the PDC due for redetermination.
- Once on the PDC, **check the case status and end-date**. The following instructions are for the timely recertification of active cases.
- **Complete a Person Page clean-up** for each and every household member on the case, not just the case head or beneficiary due for recertification.

## Steps to Key:

1. **Navigate to the PDC** and click on the **Certification** tab.
2. Select the **Recertifications** folder.
3. Click on **New**.
4. **Update/check the dates** for the review and enter the **Date Received**.
5. **Update the Method** by selecting **Ex-Parte**.

**Note:** Only complete the Voter Registration portion if you have had contact with the client and they have indicated whether they wish to be registered to vote or are declining to register.

6. **Check the household members** that are up for review:
  - The **Next Cert Start Date** will automatically show the first day of the month following the end of the current certification period.
  - Only select those household members currently up for recertification. Remember, you can start recertifications no earlier than the 10th month of the 12-month certification period.
7. Click **Save**. The status should now show **“In Progress.”**

## Review the Record

- **Review the case file and agency record** for leads to income and changes. This includes any documents received or narrative entered since the last application or review.
- Answer the following questions:
  - **WHO** is in the home?
  - **HOW** are they related?
  - **WHAT** is the tax filing/dependent status?
  - Are there **NEW** household members or income sources reported since the last determined eligibility?



- If there are questions without answers, pursue that information to complete the recertification.
- **Review the results** of all electronic verifications for leads to income and other changes. Also, review for verifications of income.

### **Pursue Verifications**

- Make sure there is a signed 5001, 20020, or MA application on file prior to running any household member's SSN.
- Run OVS for all beneficiaries.
- Run TWN for any individual in the home who has potential for employment
- Run SAVE for any documented immigrant who is currently up for review.
- Attempt to verify information already available to the agency.
- Request information from a third party (ex. Employer).
- Be aggressive when processing.

***Do not delay requesting information because you are waiting for a response from the beneficiary.***

The client's failure to return information will result in the **Product Exclusion** details (found under the Household section on the Evidence Dashboard) being entered. Instructors can discuss and demonstrate but, it is not necessary for students to complete this process on their own for this training.

*Once all verifications have been received continue to these next steps.*

8. Go back to the PDC → **Certification** tab → **Recertification** folder.
9. Click, the **Submit** hyperlink to submit the recertification for the beneficiary.
10. Once the recertification shows in "Submitted" status instead of "In Progress," go to the **Insurance Affordability (IA)**. Click on the **Eligibility** tab and toggle into the hold to view the changed decision.
11. The determination on hold should now show applicable decision based off of evidence entered.
12. Return back to the **Evidence** tab to bring up the **Evidence Dashboard**.
13. On the **Evidence Dashboard**, manage all evidence and enter all received verifications.
14. Once all evidence has been updated, click the **Page Actions Menu** and **Apply Changes**.
  - **NEVER** delete old evidence. Always end-date evidence that is no longer accurate to the household's current situation.
15. **Income:** Enter the "Effective Date of Change" to when you want the income to start.
  - Toggle into the current income evidence.
  - Click on the **Page Actions Menu** and chose "Edit."

- Update Employer Name if the client is still employed but has changed employers during the certification period.
  - You may also update “*Frequency*” if this has changed since the last application/review.
  - Click **Next**.
  - Once you have Added the Record, there will now show multiple Income Details. “*Remove*” the old Income Details from the last application/review.
  - Update Comments to reflect new income calculations.
  - Click “**Next**,” then “**Finish**” to create your updated Income evidence. Once updated, you will need to add appropriate verifications.
16. After **Applying Changes** on the IA, go to the PDC.
17. On the PDC, navigate to the **Certifications** tab and then the **Recertifications** folder.
18. Click **Submit** on the upper right corner above your pending recertifications and choose the beneficiary whose review you wish to submit.
19. Return to the IA. Go to the **Eligibility** tab and toggle into results.
20. Check the determination for accuracy.
- If the determination is *INCORRECT*, you will need to go back to the recertification on the PDC and “Reject” the recert and check/update your evidence.
21. Once you have confirmed the changed determination is correct, you will accept the hold with **Timely** or **Adequate** as appropriate.
22. Accept the changed decision triggers the DSS-8110 Wizard. Complete the DSS-8110 wizard to generate your notice for the recertification.

*Make use of the available tools, resources, and scenarios to give students opportunities to practice this process.*

## Cited Sources

NC FAST Phase I Training Curriculum

NCDHHS Website [NC DHHS: North Carolina Department of Health and Human Services](#)

Buncombe County Department of Social Services Training Curriculum

NC FAST HELP

[https://ncfasthelp.nc.gov/FN\\_B/FN\\_B/server/general/projects/FAST\\_Help/FAST\\_Help.htm](https://ncfasthelp.nc.gov/FN_B/FN_B/server/general/projects/FAST_Help/FAST_Help.htm)