101.18 REINSTATEMENTS

Certain situations require a reinstatement of services, which means either eligibility is restored or Medicaid income is corrected for a prior period. Both types of reinstatements are completed without requiring that a new application be filed on behalf of the recipient. A reinstatement is in order in the following situations, as applicable, to ABD and MAGI recipients via a Reinstatement contact in the system.

101.18.01 INFORMATION PROVIDED PRIOR TO EFFECTIVE DATE OF CLOSURE

If the recipient provides information that changes the adverse action decision or fully complies with unmet requirements prior to the effective date of the closure, benefits must be reinstated to ensure no loss of benefits, if the recipient remains eligible. If the information provided does not change the adverse action decision, no further action is required.

If advance notice of Medicaid and/or CHIP benefit reduction or termination was not issued as required, benefits must be reinstated back to the date of closure at the time the error is discovered, regardless of whether the client is currently eligible.

After benefits are reinstated, advance notice would then be issued to close the case in order to meet the advance notice requirements. Close the case at the end of the advance notice period.
101.18.02 90-DAY REINSTATEMENT PERIOD FOR MAGI AND ABD RENEWALS

A 90-day reinstatement period is required for MAGI (including CHIP) and ABD renewal/review closures to allow eligibility to be reinstated retroactively to the effective date of the closure if the recipient is otherwise eligible. The 90-day reinstatement period, defined as 90-days from the effective date of the closure, allows Medicaid or CHIP eligibility to be reinstated without requiring a new application or updated signature.

The 90-day reinstatement period applies to renewal/review closures due to:

- Failure to return the MAGI or ABD renewal form, or
- Failure to comply with renewal requirements by not providing requested information issued in writing on a DOM-307, Request for Information (and DOM-309, Second Request for Information, for ABD purposes).

The 90-day reinstatement period is not associated with other types of reinstatements described in this section that either have no time limits for initiating a reinstatement or may have different time limits. These types of reinstatements are the result of corrective action needed, hearing decisions, known temporary closures for ABD and locating a recipient whose whereabouts were previously unknown.
101.18.02A RENEWAL CLOSURES REQUIRING REINSTATEMENT

Reinstate a MAGI or ABD case that closed at renewal when either of the following conditions exists:

- The case closed due to failure to return the renewal form and a **signed** form (complete or incomplete) is returned within the 90-day period following the effective date of closure; or,

- The case closed due to failure to provide needed information and the requested information is provided in full or in part within the 90-day period following the effective date of closure.

**Effective Month of the Reinstatement**

The effective month of the reinstatement is the month following the month of closure. The exception to this rule is if there is a future closure date on file. For future closures, reinstate no earlier than the next calendar month after the current month. For example, if the reinstatement action is taken in July for a child with a closure date at the end of September, reinstate the case with a time period starting no earlier that August 1st.

**Requesting Additional Information to Process the Reinstatement**

If the renewal form is incomplete or the information provided is incomplete, attempt to handle these issues by telephone contact, if possible. If not possible, issue a DOM-307, Request for Information (and DOM-309A for ABD, if needed), specifying what is needed to comply with the renewal process and allow 12 days for the information to be returned.

- If requested information is **not** provided, no further contact with the individual is required unless the information needed is provided during any remainder of the 90-day period. Close the reinstatement contact, delete the time period and document the case narrative.
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Requesting Additional Information to Process the Reinstatement (Continued)

- If all information is provided, take action to process the case:
  - If eligible, approve using the reinstatement contact providing all eligible coverage.
  - If ineligible due to an eligibility-related reason, i.e., over income, handle as follows:
    ✓ Cancel the reinstatement contact,
    ✓ Set an application contact,
    ✓ Use the 1st day of the month following the closure month as the application date. For example, if the case originally closed at the end of June (06/30), use the 1st of July (07/01) as the application date and the time period begin date.

101.18.02B RENEWAL REINSTATEMENT NOT REQUIRED

A reinstatement is **not** required for a renewal closure if the renewal form is returned unsigned.

- File a copy of the unsigned form in the case and document the case accordingly,
- Return the original unsigned form via a manual 307, Request for Information for both MAGI and ABD renewals, advising the individual the attached form must be signed (Note: a 309 is not issued in this instance if the form is not returned).
- If the signed form is subsequently returned within the 90-day period, handle as instructed in “Renewal Closures Requiring Reinstatement” described above.

Effective Month: December 2016
101.18.03  CORRECTIVE ACTION

At the time the agency becomes aware of an error which affects eligibility or level of benefits, action must be initiated to correct the error. Immediate corrective action is required to prevent further error. In some instances, it may also be necessary to correct an error retroactively into prior months.

- When corrective action into prior months adversely affects the recipient, meaning the error caused the client to be totally ineligible or eligible for fewer benefits, DOM-354, Improper Payment Report, or DOM FCC-354, Improper Payment Report Families, Children and CHIP, is prepared.

- When corrective action into prior months favorably affects the client, meaning the client was eligible or eligible for more benefits, the corrective action is handled through reinstatement.

When the agency has denied or terminated eligibility in error or reduced benefits in error for reasons such as failure to act on information present in the record or provided during the advance notice period, misapplication of policy, miscalculation of income or resources, untimely processing, etc., benefits must be reinstated retroactive to the month the error occurred.

The discovery source for the error may be:

- Case reviews;
- Applicant or recipient complaints;
- Recognition by the specialist;
- Other sources having knowledge of the error.
101.18.04 CONTINUATION OF BENEFITS AND HEARING DECISIONS

When the client makes a timely hearing request during the advance notice period, benefits will be continued at the same level through the reinstatement process until a hearing decision is reached.

When a decision, granting eligibility or increased benefits is rendered as a result of a state or local hearing, the regional office may be required to reinstate eligibility or when appropriate correct Medicaid Income, retroactive to the date decided by the hearing official. If benefits were continued in an active case pending the hearing decision, reinstatement may not be required unless the decision at the hearing is to increase the level of benefits in effect prior to the hearing.

101.18.05 TEMPORARY CASE CLOSURE

When it is known that a client will be ineligible for two months or less, the closure is processed in the usual manner; however, at the end of the temporary period, the case may be reinstated without completing new eligibility forms necessary for reapplication. The case record will show:

- The exact length of time during which ineligibility will exist;
- The date the recipient will be eligible again;
- The reason for the temporary ineligibility.

In this situation a break in eligibility correctly exists; therefore, it is necessary to adjust the eligibility begin date to reflect the most recent eligibility begin date.
101.18.06 WHEREABOUTS UNKNOWN

As indicated previously, eligibility must be terminated if a client’s whereabouts remain unknown after the agency has (1) received returned mail with no forwarding address and (2) made reasonable efforts to locate the recipient. If the client’s location subsequently becomes known during the time he is eligible, benefits will be reinstated.

For a child who has continuous eligibility, Medicaid and/or CHIP benefits must be reinstated with no loss.

For an adult, the specialist must determine eligibility for each month that the adult recipient’s whereabouts were unknown and reinstate for any period he would have been eligible.