

# Fact Sheet

## What providers need to know about NC Medicaid Beneficiary Recertification

### What is Beneficiary Recertification (renewal)?

NC Medicaid beneficiaries periodically experience a recertification (renewal) process where beneficiary information is reviewed to ensure continued eligibility for Medicaid health coverage. It is also called eligibility redetermination, renewal, *ex-parte* review or case review.

Recertification typically takes place every 6 or 12 months based on the beneficiary Medicaid program. Their Medicaid caseworker will try to complete the recertification using information from electronic resources, often without a need to contact the beneficiary. If more information is needed, the beneficiary will receive a letter with instructions to finish their recertification.

Since the beginning of the COVID-19 federal public health emergency (PHE), beneficiary eligibility has automatically been extended. However, with the end of the federal PHE on May 11, 2023, the options for states to offer automatic continuous coverage ends.

### WHAT PROVIDERS NEED TO KNOW

- The 2023 Consolidated Appropriations Act (also known as the Omnibus Bill) was signed into law Dec. 29, 2022. The bill removes the continuous Medicaid coverage requirement from the COVID-19 public health emergency. This means on April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries.
- NC Medicaid will begin the renewal (recertification) process for Medicaid beneficiaries April 1, 2023. Recertifications (renewals) will be completed over the next 12 months, as beneficiaries are up for renewal. Recertification could result in a beneficiary's termination or reduction of benefits.
- Although checking for Medicaid eligibility with each new month is vital, it will become increasingly important to confirm the eligibility of each beneficiary prior to rendering services. With the end of continuous coverage and the redetermination of eligibility, it is possible that patients will change benefit categories, which may impact the services for which you should expect payment.

## HOW CAN PROVIDERS HELP?

Providers often have more frequent opportunities to engage beneficiaries as they present in their office for services. As their provider, please encourage beneficiaries to:

- Make sure their local DSS has their current mailing address, phone number, email or other contact information. With an enhanced ePASS account, beneficiaries can update their address and other information for Medicaid online without having to call or visit their local DSS.
- **Remind beneficiaries to check their mail. Local DSS will mail beneficiaries a letter if they need to complete a renewal form to see if they still qualify for Medicaid.**
- **Complete the renewal form (if they get one).** If a beneficiary receives a renewal form, they must fill out the form and return it to their local DSS right away to help avoid a gap in their Medicaid coverage.

## MORE RESOURCES

- **[End of the Continuous Medicaid Coverage Requirement](#)**
  - Access to a Fact Sheet, information for beneficiaries, community partners and providers, as well as access to resources in the Continuous Coverage Unwinding (CCU) Toolkit.

