

2238.25.00 REDETERMINATION (ANNUAL RENEWAL) 90-DAY EXTENSION FOR FAILURE TO VERIFY

If an AG-assistance group is discontinued for failing to verify required information during the redetermination/renewal process, the DFR must timely reconsider eligibility without requiring the AG to submit a new application when the missing verification(s), which were the reason(s) for discontinuance, are received by DFR within 90 days ~~after the AG had eligibility effectively discontinued.~~of the effective date of discontinuance. If the individual is found to be eligible, the closure should be rescinded.

Categories of Medicaid which include retroactive coverage should be reinstated back to the date of closure so that there is no effective gap in coverage, as long as the individual was not known to be ineligible for that time period. For members of the Healthy Indiana Plan, coverage will go forward from the date they submit the missing verifications and are found eligible.

~~Exception: If an AG is denied eligibility, this sub-section is inapplicable. If an AG is discontinued for failing to verify required information after a report of change has been received by DFR, this sub-section is inapplicable.~~ If an AG is discontinued at point of redetermination for any reason(s) other than failing to verify required information, such as being over income, this subsection is inapplicable. The individual will need to submit a new application to be evaluated based on any new circumstances for their household.