



Medicaid
renewals

Helping your patients navigate Medicaid renewal

During the COVID-19 public health emergency (PHE), Medicaid and Children's Health Insurance Program (CHIP) members did not have to go through an annual eligibility review — their healthcare benefits were renewed automatically.

Now, Medicaid and CHIP eligibility reviews will be required for the first time since the pandemic began. Millions of members will go through their first eligibility review and may no longer qualify for Medicaid and CHIP health benefits.

Medicaid and CHIP members will begin receiving information by mail from their state Medicaid agencies in advance of when renewals start again. This information will explain:

- Medicaid or CHIP health coverage will no longer automatically renew.
- How to determine if they are eligible to renew their benefits and continue receiving health coverage.

18 
million

people nationwide could potentially be disenrolled.¹

Why you are key to helping your patients during this transition

Each state will mail information to Medicaid and CHIP enrollees about the need to renew their health benefits. This information may come from the state's department of health, Medicaid agency, or social services agency. As your patients receive this information, they may have questions for you, your front-office staff, and your operations teams.

Patients may:

- Be afraid they will lose their health coverage.
- Not know how to renew their Medicaid and CHIP health benefits.
- Not have received their renewal information in the mail.



Why you are key to helping your patients during this transition (cont.)

We're here to provide information and resources to you during this time so you can:

- Answer patients' questions about the Medicaid and CHIP renewal process.
- Share resources with patients to guide them through next steps and explain their options for healthcare coverage if they no longer qualify for Medicaid and CHIP health benefits, such as:
 - An employer-sponsored plan.
 - A Health Insurance Marketplace® plan.
 - An individual coverage plan.



How can you check which patients have Medicaid and CHIP coverage?

To help prevent patients from losing health coverage, you can proactively use the Availity Essentials* platform at [availity.com](https://www.availity.com) to identify:

- Which patients have Medicaid and CHIP health benefits.
- The coverage dates for most patients receiving Medicaid and CHIP health benefits, where available.



Instructions for using availability.com to identify Medicaid and CHIP members



1. Log on to the platform using your secure credentials. Each Availity user should have their own, unique *HIPAA* compliant login.
2. Select the **Patient Registration** tab, followed by **Eligibility and Benefits Inquiry**. This brings up the *New Request* screen.
3. Enter the patient information and check the *Subscriber Information* and *Plan/Product Information* sections to see if Medicaid or CHIP is listed. This will confirm whether the patient has Medicaid or CHIP coverage.
4. Check the patient's coverage date at the top of the screen, where available.

For a step-by-step video tutorial that walks you through how to find this information, refer to the *Additional Resources* page at the end of this presentation.

What resources can you share with Medicaid and CHIP members to help guide them through renewal?

We've developed resources and tools to help you support your patients. You can share these resources to help ease their concerns and provide compassionate support:

- A **patient-facing guide** that explains how eligibility reviews were paused during the PHE but are starting again — and guides Medicaid and CHIP recipients through next steps.
- Our **educational Medicaid renewal destination** that helps patients understand the renewal process and their options for coverage if they no longer qualify for Medicaid and CHIP health benefits.
- Our **benefits eligibility tool** that helps patients check if they qualify for Medicaid or CHIP. If they're no longer eligible and don't have access to an employer-sponsored plan, the tool could direct them to a Health Insurance Marketplace plan or other health coverage options.

Refer to the *Additional Resources* page at the end of this presentation for resources available in your market.

Introducing myHealthBenefitFinder.com

Stay Covered, Stay Healthy

As yearly Medicaid renewals start again, millions of individuals will need to take action to stay covered. You may be able to keep your current Medicaid coverage or, if you no longer qualify, find a new health plan that's right for you.



Find Coverage and Benefits

Answer a few quick questions to learn which benefits you may qualify for today. This could include health insurance and other benefits like food, childcare, and housing.

[Check Now](#)

Our **educational Medicaid renewal destination** that helps patients understand the renewal process and their options for coverage if they no longer qualify for Medicaid and CHIP health benefits.

Introducing myHealthBenefitFinder.com (cont.)

A progress bar at the top shows three stages: Step 1 (active, blue circle), Step 2 (inactive, grey circle), and Results (inactive, grey circle). Below the bar, the text reads: "Is this your correct ZIP code? If not, please enter the correct code to see plans and benefits specific to your area." There is a text input field with a location pin icon and the placeholder text "ZIP code". Below this, the text reads: "What is your estimated annual household income before taxes?" There is a text input field with the placeholder text "\$0,000.00".

Step 1: Patient enters their ZIP code and annual household income.

A progress bar at the top shows three stages: Step 1 (inactive, grey circle), Step 2 (active, blue circle), and Results (inactive, grey circle). Below the bar, the text reads: "Tell us about yourself:". There is a form with two sections. The first section has two input fields: "Age" (text input) and "Gender" (radio buttons for "Male" and "Female"). The second section is titled "Please select all that apply:" and contains four checkboxes with labels: "Tobacco user", "Pregnant", "Currently eligible for insurance through an employer", and "Do you have breast or cervical cancer". Below the form, there are two buttons: "Add My Spouse/Partner" and "Add A Child Dependent".

Step 2: Patient enters additional information about themselves, their spouse, and child dependent(s), if applicable.

Introducing myHealthBenefitFinder.com (cont.)

A progress bar at the top shows three steps: Step 1 (active), Step 2, and Results. The main heading is "You May Qualify For Coverage From Your Employer". Below it, a paragraph explains that if you lose Medicaid but are working, you may have access to health coverage through your job, with a 60-day enrollment window. A second paragraph states that if not covered by a job plan, a Marketplace plan may be an option, citing the new IRS rule for affordability and financial help.

Step 1 Step 2 Results

You May Qualify For Coverage From Your Employer

If you lose Medicaid, but are working, you may have access to health coverage through your job. You typically have 60 days from the date you lose Medicaid to enroll in coverage through your job. Ask your employer what your options are.

However, if you or your family members are not covered under a health plan offered through your job, a Marketplace plan may be an option. With the new [IRS rule](#) to make health coverage more [affordable](#), your family members may now be eligible to receive financial help on a Marketplace health plan.

The heading is "You May Qualify For An Individual And Family Marketplace Plan As Low As \$0 a month¹". Below this, a note states that individual and family health plans include coverage for doctor visits, hospital care, and mental health care. A list of four benefits follows, each with a green checkmark icon: \$0 preventive care², \$0 virtual care³, \$0 for commonly used prescription drugs⁴, and 9 out of 10 can save on the cost of health coverage.⁵ At the bottom, there is a text prompt to explore options, followed by three input fields for Name, Email, and Phone number (optional)*, and a dark grey button labeled "Explore Plan Options".

You May Qualify For An Individual And Family Marketplace Plan As Low As \$0 a month¹

Individual and Family health plans are designed to include coverage for doctor visits, hospital care, and mental health care, plus:

- ✓ \$0 preventive care²
- ✓ \$0 virtual care³
- ✓ \$0 for commonly used prescription drugs⁴
- ✓ 9 out of 10 can save on the cost of health coverage.⁵

Explore your options now to find out if you qualify for financial help.

Name

Email

Phone number (optional)*

Explore Plan Options

Step 3: Based on their responses, the tool informs patients whether or not they qualify for Medicaid or CHIP. If not, it directs the patient to an employer-sponsored plan (if eligible), a Health Insurance Marketplace plan, or other health coverage options.

You can count on us to support you as you support your patients

We're here to be a trusted resource for you as patients turn to you for help navigating the renewal process.

Together, we can help make sure that patients stay covered and stay in your care.

If you would like more information about helping your patients contact your Provider Relationship Management representative or call the Provider Services number on the back of the member's ID card. We are standing by to help.



Additional resources

- Patient-facing guide: [Select here to view and download.](#)
- Educational Medicaid renewal destination: anthem.com/staycovered
- Benefits eligibility tool: myHealthBenefitFinder.com/anthem



* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

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MULTI-BCBS-CM-024494-23-CPN23633 May 2023