



Helping your enrollees navigate Medicaid and CHIP renewal

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

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

Medicaid and CHIP enrollees have begun to receive information by mail from their state Medicaid agencies in advance of when renewals will start again. This information explains:

- 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 enrollees during this transition

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

Enrollees 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 enrollees during this transition (cont.)

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

- Answer enrollees' questions about the Medicaid and CHIP renewal process.
- Share resources with enrollees to guide them through next steps and explain their options for health care 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 enrollees have Medicaid and CHIP coverage?

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

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



Instructions for using Availity Essentials at [Availity.com](https://www.availity.com) to identify Medicaid and CHIP enrollees



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 enrollee information and check the *Subscriber Information* and *Plan/Product Information* sections to see if Medicaid or CHIP is listed. This will confirm whether the enrollee has Medicaid or CHIP coverage.
4. Check the enrollee'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 enrollees to help guide them through renewal?

We've developed resources and tools to help you support your enrollees. 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 enrollees 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 enrollees 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/wellpoint

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](#)

MyHealthBenefitFinder.com is our **educational Medicaid renewal destination** that helps enrollees understand the renewal process and their options for coverage if they no longer qualify for Medicaid and CHIP health benefits.

Introducing MyHealthBenefitFinder.com/wellpoint (cont.)

Step 1 Step 2 Results

Is this your correct ZIP code? If not, please enter the correct code to see plans and benefits specific to your area.

ZIP code

What is your estimated annual household income before taxes?

\$0,000.00

Step 1: enrollees enter their ZIP code and annual household income.

Step 1 Step 2 Results

Tell us about yourself:

Age Gender

Male Female

Please select all that apply:

☐ Tobacco user

☐ Pregnant

☐ Currently eligible for insurance through an employer

☐ Do you have breast or cervical cancer

Tell us about those needing coverage:

Add My Spouse/Partner

Add A Child Dependent

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

Introducing MyHealthBenefitFinder.com/wellpoint (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, typically within 60 days. Another paragraph states that if you or your family are not covered by a job plan, a Marketplace plan may be an option, especially with the new IRS rule making coverage more affordable.

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 paragraph states that individual and family health plans 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

A button labeled "Explore your options now to find out if you qualify for financial help." is present. Below it are three input fields: "Name", "Email", and "Phone number (optional)*". At the bottom is a large button labeled "Explore Plan Options".

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

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- ✓ \$0 preventive care²
- ✓ \$0 virtual care³
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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 enrollees whether or not they qualify for Medicaid or CHIP. If not, it directs the enrollee 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 enrollees

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

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

If you would like more information about helping your enrollees, contact your Provider Relationship Management representative or call Provider Services. We are standing by to help.





provider.wellpoint.com/dc

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

Services provided by Wellpoint District of Columbia, Inc.

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