



Medicaid renewals

This communication applies to the Commercial and Medicaid programs from Anthem Blue Cross and Blue Shield (Anthem) in Indiana.

Helping your patients navigate Medicaid renewal

During the COVID-19 federal 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 are required for the first time since the pandemic began. Millions of members have gone through, or will soon be going through, their first eligibility review and may no longer qualify for Medicaid and CHIP health benefits.

Medicaid and CHIP members began receiving information by mail from their state Medicaid agencies in advance of when renewals started again. This information explained:

- Medicaid or CHIP health coverage no longer automatically renews.
- 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 has mailed information to Medicaid and CHIP enrollees about the need to renew their health benefits. This information may have come from the state's Division of Family Resources or their managed care entity. 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 [availity.com](https://www.availity.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** helps patients understand the renewal process and their options for coverage if they no longer qualify for Medicaid and CHIP health benefits.

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

- Visit <https://www.in.gov/medicaid/members/member-resources/How-a-return-to-normal-will-impact-some-Indiana-Medicaid-members/> for the latest information about how a return to normal will impact some Medicaid members.
- Download a copy of the benefits portal flyer available on <https://www.in.gov/medicaid/members/files/Benefits-Portal-Flyer.pdf>.
- Your patients can call **800-403-0864** or log onto FSSABenefits.in.gov for additional information about managing their benefits.



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

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