



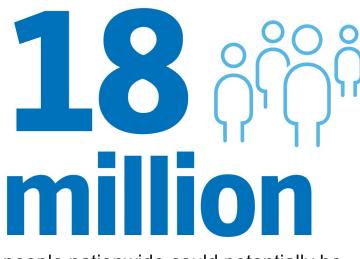
Helping your enrollees navigate Medicaid and CHIP renewal

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.



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:

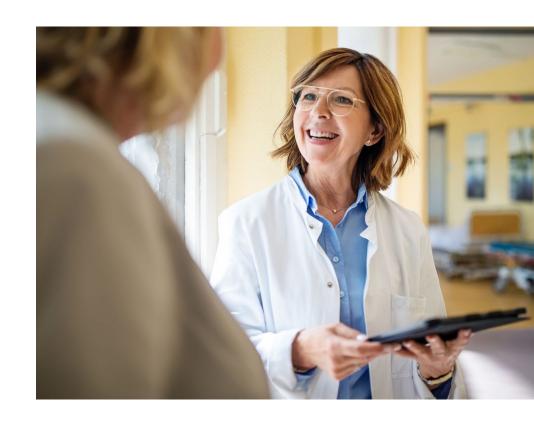
- Answer enrollees' questions about the Medicaid and CHIP renewal process.
- Share resources with enrollees to guide them through next steps and explain their options for health care coverage if they no longer qualify for Medicaid and CHIP health benefits, such as:
 - An employer-sponsored plan.
 - A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

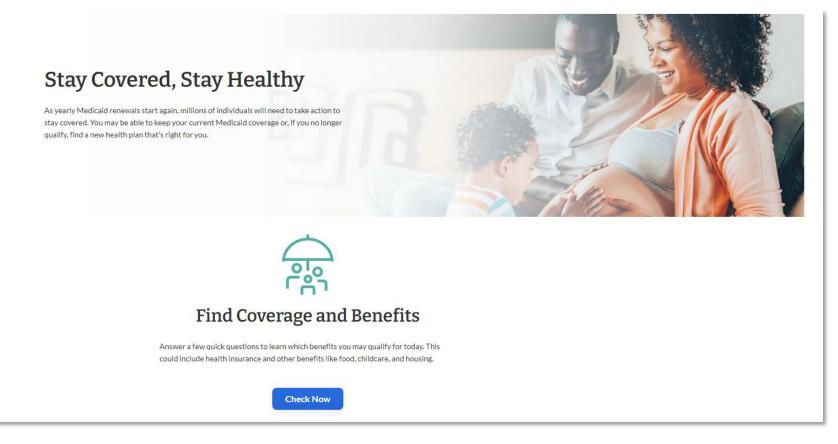
What resources can you share with Medicaid and CHIP enrollees to help guide them through renewal?

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.

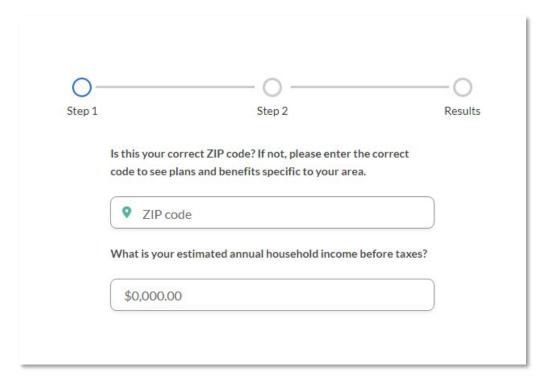
Refer to the Additional Resources page at the end of this presentation for resources available in your market.

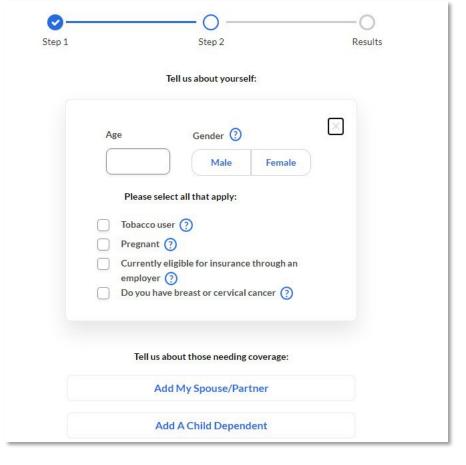
Introducing MyHealthBenefitFinder.com/amerigroup



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/amerigroup (cont.)

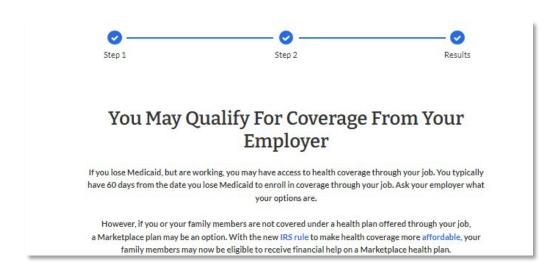




Step 1: enrollees enters their ZIP code and annual household income.

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

Introducing MyHealthBenefitFinder.com/amerigroup (cont.)





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.





*Availity, LLC is an independent company providing administrative support services on behalf of the health plan. Services provided by Amerigroup District of Columbia, Inc. DCAGP-CD-026589-23-CPN26370 June 2023