Medicaid health benefits renewal:
Frequently asked questions about Medicaid renewal

Why is the health benefits renewal process changing for patients enrolled in Medicaid and CHIP?

During the COVID-19 public health emergency, nearly all Medicaid and Children's Health Insurance Program (CHIP) members were able to stay enrolled in their current health coverage regardless of changes in eligibility or status.

However, Medicaid and CHIP renewals are starting again, and millions of members will have to complete the coverage renewal process — many for the first time — and may no longer qualify for coverage.

Nationwide, 18 million people could potentially be disenrolled.[1]

Will patients enrolled in Medicaid and CHIP receive information about the renewal process?

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

- How their Medicaid or CHIP health coverage will no longer automatically renew.
- How they will need to complete the renewal process to determine if they are eligible to continue receiving coverage.

The required renewal process information will be sent to members when they are required to renew. The deadline to submit the required information will be included in the material from the state agency and will depend on when they enrolled in Medicaid or CHIP coverage.

How can providers support their patients enrolled in Medicaid or CHIP coverage?

As patients enrolled in Medicaid or CHIP receive renewal information from their state agency, they may have questions for doctors, front-office staff, and operations teams. They may not know how to renew their coverage and may be afraid they will lose their health benefits.

You can help ease patients' concerns by sharing resources to guide them through the renewal process and explain their options for health coverage if they no longer qualify for Medicaid or CHIP benefits. These resources include:

- A **patient-facing guide** explaining how Medicaid eligibility reviews are starting and guiding them through next steps.
- An educational Medicaid renewal destination that helps members understand the renewal process and their options for coverage if they no longer qualify for Medicaid or CHIP health benefits. Patients can access this website at **amerigroup.com/staycovered**.

1 urban.org; The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage; December 2022.

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

https://provider.amerigroup.com/TX

- A benefits eligibility tool that helps patients enrolled in Medicaid or CHIP check if they qualify to renew their coverage. 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. Patients can access the tool at **myHealthBenefitFinder.com/amerigroup**.

You can also direct your patients who are enrolled in Medicaid or CHIP to call the Member Services number on the back of their member ID card for assistance. We're here to help.

How can providers check which patients have Medicaid or CHIP coverage?

To help prevent patients enrolled in Medicaid or CHIP from losing their coverage, you can proactively use the Availity Essentials* platform at **Availity.com** to identify:

- Which patients have Medicaid or CHIP health benefits and will need to renew their benefits.
- When available, the date those patients' Medicaid or CHIP health benefits may expire.

Providers should inform their patients that they will need to renew their Medicaid or CHIP health benefits. This is important because these patients will need to take action to keep their health benefit coverage and ensure they remain in your care.

Use the Availity Essentials platform at **Availity.com** to identify the Medicaid or CHIP member and coverage date, when available. Follow these simple instructions or use **this link** to access a video tutorial:

1. Log on to the platform using your practice's secure credentials.
2. Select either the **Patient Registration** tab or the **Eligibility and Benefits Inquiry** section on the home screen.
3. Enter the patient information and check the *Subscriber Information and Plan/Product Information* sections to see if **Medicaid** is listed. This is where you can confirm whether the patient has Medicaid coverage.
4. Check the patient's coverage end date at the top of the screen.

We're here to help you support your patients.

As patients turn to you for help navigating the Medicaid renewal process, we're here to make sure you have answers and resources to share with them.

Together, we can help this often-vulnerable population understand how to renew their coverage and avoid gaps in coverage and care.

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