



Medicaid and CHIP renewals

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.

Helping your patients navigate Medicaid and CHIP 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 health care benefits were renewed automatically.

Now, Medicaid and CHIP eligibility reviews are 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 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 patients during this transition

Each state is mailing information to Medicaid and CHIP members 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 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 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 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 Essentials at [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](#)

MyHealthBenefitFinder.com is 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), Step 2, and Results. Below the bar, the text asks: "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 "ZIP code". Below that, the text asks: "What is your estimated annual household income before taxes?" There is a text input field with the placeholder "\$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 (completed), Step 2 (active), and Results. Below the bar, the text says: "Tell us about yourself:". There is a form with several fields: "Age" (text input), "Gender" (radio buttons for "Male" and "Female"), and a "Please select all that apply:" section with four checkboxes: "Tobacco user", "Pregnant", "Currently eligible for insurance through an employer", and "Do you have breast or cervical cancer". Below the form, there is a section titled "Tell us about those needing coverage:" with 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.)



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.

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 Provider Services. We are standing by to help.



Additional resources

- Patient-facing guide: [view and download here](#)
- Benefits eligibility tools:
 - [MyHealthBenefitFinder.com/Simply](https://myhealthbenefitfinder.com/Simply)
 - [MyHealthBenefitFinder.com/CHA](https://myhealthbenefitfinder.com/CHA)
- Video tutorial for using [Availity.com](https://www.availity.com) to identify Medicaid and Florida Healthy Kids members:
 - Simply Healthcare Plans, Inc.: <https://bcove.video/42jZtwj>
 - Clear Health Alliance: <https://bcove.video/42np2N2>



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

<https://provider.simplyhealthcareplans.com> | <https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

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