



# PHE Unwinding Action Plan Toolkit for Health Centers

## Contents

Core Activities .....	2
Prior to Redetermination .....	2
• Strategize .....	2
• Outreach .....	2
After Redetermination .....	2
• Educate .....	2
• Collaborate.....	2
Reduced Prioritization .....	2
Unwinding Preparation Checklist.....	2
Anticipated MDHHS Unwinding Actions .....	4
MDHHS End PHE FAQ.....	5
What can people with Medicaid do right now?.....	5
Will a beneficiary’s Medicaid coverage discontinue if their income increased during the COVID-19 public health emergency?.....	5
When would a beneficiary receive an automatic or passive eligibility renewal and not receive a renewal packet?.....	5
When does a beneficiary need to return their eligibility renewal packet? .....	6
If an eligibility renewal packet is not returned, when will Medicaid eligibility end? .....	6
Does the eligibility renewal packet indicate which renewal month a beneficiary is in? .....	6
How can I get more information? .....	6
Health Center Action Plan.....	6
Outreach and Enrollment Staff Tasks .....	6
• Prior To Redetermination .....	6
• After Redetermination .....	7
Front Desk Staff Tasks.....	7

- Prior To Redetermination ..... 7
- After Redetermination ..... 8
- Clinical Staff Tasks ..... 8
  - Prior To Redetermination ..... 8
  - After Redetermination ..... 8
- Billing and Finance Staff Tasks ..... 8
  - Prior To Redetermination ..... 8
  - After Redetermination ..... 8
- Flowchart – Scenario of Enrollment Staff Workflow Before PHE Ends..... 9
- Flowchart – Scenario of Enrollment Staff Workflow After PHE Ends ..... 10
- Calendar Example ..... 11
- Flowchart – What are Other Healthcare Coverage Options if Ineligible for Medicaid? ..... 12
- Communications & Messaging Guides ..... 13
  - Language & Accessibility ..... 13
  - Messaging Guides ..... 13
  - Letter Example ..... 14
    - Prior To Redetermination ..... 14
  - Social Media Examples ..... 15
    - Prior to Redetermination ..... 15
  - Texting Examples ..... 17
    - Prior To Redetermination ..... 17
    - After Redetermination Is Complete and Consumer Is No Longer Eligible For Medicaid Or CHIP ..... 17
  - Call Script Examples ..... 17
    - Prior To Redetermination ..... 17
    - After Redetermination Is Complete and Consumer Is No Longer Eligible For Medicaid Or CHIP ..... 18
  - Outreach Tracking Example ..... 18
- Supporting Documents & Resources ..... 18

## Core Activities

### Prior to Redetermination

- Strategize

Create and implement an action plan that prioritizes enrollment support and prepares for potential influx in patient needs such as food or housing. Utilize this toolkit for reference.

- Outreach

Organize and conduct outreach campaigns reminding current Medicaid beneficiaries to keep their contact and income information updated in MI Bridges and provide focused outreach for patients with higher risk of losing coverage. See Communications & Messaging Guides for templates.

### After Redetermination

- Educate

Disseminate targeted outreach campaigns that educate those no longer eligible for Medicaid on other healthcare coverage options and keep patients connected to care at health center. See Communications & Messaging Guides for templates.

- Collaborate

Connect with community organizations that offer support for non-clinical needs and share outreach tools to decrease patient barriers to care that may have resulted from the PHE Unwinding.

### Reduced Prioritization

- Assess necessity of enrollment staff to attend community or outreach events that reduce their availability for enrollment support
- New patient visits (not newly connecting for enrollment support)
- Training (not related to enrollment or insurance)

## Unwinding Preparation Checklist

- Designate champions on the care team who prioritize redetermination support and commit a significant portion of their time a week to assisting patients with enrollment, conducting outreach, providing follow-up support, and communicating updates with care teams
- Schedule time during huddles to establish feedback loops on PHE Unwinding needs or tasks and to identify touchpoints or areas for improved team coordination
- Review staff schedules 2 weeks in advance to ensure that one or more enrollment staff are scheduled at each location and have allocated at least one hour a day to enrollment support, including offering drop-in enrollment assistance
- Utilize online scheduling for patients to schedule appointments with enrollment staff and add health portal alerts to remind patients to update contact and income information in MI Bridges

- Collaborate with various team members (front desk, behavioral health, dental, etc.) to remind patients enrolled in Medicaid and CHIP to update contact and income information and to notify of potential changes to their coverage after redetermination and effects of loss of coverage
- Have Pharmacy and other non-routine or scheduled points of service remind patients to update contact and income information in MI Bridges and inform of potential consequences of loss of coverage such as increased costs of medications
- Assess capacity to adopt workplace flexibility to increase hours and capacity for enrollment such as offering weekend or extended hours to support patients that are unable to schedule during regular hours
- Allow enrollment staff to work remotely with flexible schedules such as working a late shift from 12pm-9pm or an extended remote shift from 10am-7pm
- Evaluate what proportion of patients are at risk of losing coverage after redetermination and implement outreach to notify of potential coverage loss and to offer enrollment support (ensuring to track outreach)

Potential risk factors:

- Newly enrolled in Medicaid over the past 2 years (and new to the renewal process)
  - Low number of visits/Needing additional support understanding effects of loss of coverage
  - Less likely to submit required documents for redetermination in timely fashion
  - Sliding Fee Scale higher income bracket/138-200% FPL
  - Recent change in employment status or recent increase in income
  - Recent change in family status (separation, fewer dependents, aged out of eligibility category, past 12-months postpartum, change in immigration status)
- Inform community partners of support health center enrollment staff can provide and coordinate with other local enrollment assisters so that efforts are not duplicated and workload is shared
  - Proactively organize with community partners to prepare for potential increase in utilization of services; maintain community partner list with contact information and share outreach tools
  - Provide community partners with mailers and flyers to post in their lobbies as well as social media posts with information to update MI Bridges and how to connect with the health center
  - Leverage social media channels to share updates; monitor social media for questions and conversations around unwinding and respond – use as a feedback loop to update information for partners and patient support
  - Maximize use of lobby monitors and space to provide educational materials such as flyers to inform patients on unwinding and key Marketplace terms (co-pays, premiums, deductibles, others)
  - Conduct monthly educational outreach by setting up an informational table within the center where enrollment staff can support with any questions or host an “Ask me Anything”

## Anticipated MDHHS Unwinding Actions

- MDHHS will begin the renewal process the month the Public Health Emergency (PHE) ends and will take 12 months to complete redeterminations for eligibility for all Michigan Medicaid beneficiaries.

PHE Eligibility Unwind Plan																
2022				2023												2024
Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
	PHE Ends in Oct															
		CMS Unwind Month 1	2	3	4	5	6	7	8	9	10	11	12	13	14	
	November Renewal															
		December Renewal														
			January Renewal													
				February Renewal												
					March Renewal											
						April Renewal										
							May Renewal									
								June Renewal								
									July Renewal							
										August Renewal						
											September Renewal					
												October Renewal				
																Complete Outstanding Renewals

- Once the federal PHE declaration ends, MDHHS will begin mailing beneficiary eligibility renewal letters monthly based on the anniversary of their eligibility determination. This letter is intended to inform beneficiaries of the end of the PHE, the potential impact on their coverage, and describe the resumption of renewal and redetermination actions.



- Currently, MDHHS has no communication timeline until the Federal Department of Health and Human Services announces the end of the Public Health Emergency. Once there is a date for the ending of the Public Health Emergency, MDHHS will communicate a timeline for the eligibility renewal packets that will be sent. If the renewal packet is not returned, the beneficiary would have Medicaid coverage through the last day of the month of their eligibility renewal.

- MDHHS is currently preparing communication tools including a beneficiary text messaging campaign, online brochure, website content, Frequently Asked Questions, social media (Facebook, Twitter) posts, and radio advertisements. Additionally, a stakeholder toolkit is under development with resources being published as they are finalized at: [www.michigan.gov/mdhhs/end-phe/stakeholder-toolkit](http://www.michigan.gov/mdhhs/end-phe/stakeholder-toolkit).

## MDHHS End PHE FAQ

Please continue to check the website for updates: <https://www.michigan.gov/mdhhs/end-phe> and share the following information from the FAQ page.

What can people with Medicaid do right now?

- Be sure your address, phone number, and email address are up to date. The best way to update your information is online at [Michigan.gov/MIbridges](http://Michigan.gov/MIbridges). You can also call your local MDHHS office. Visit the [MDHHS County Office webpage](#) to find your local office information. If you do not have an online account for MI Bridges to access your Medicaid case or report changes, visit [Michigan.gov/MIbridges](http://Michigan.gov/MIbridges) to sign up for a MI Bridges account. You can also locate organizations that can help you by searching for Community Partners.
- \*If you already have a MI Bridges account, creating new accounts will limit the information you can see. We strongly suggest using your original account if you are the Head of Household. Remember! Head of Households can see case information and report changes to the case information. If you are not Head of Household, you will only be able to see resource information.
- Report any changes to your household or income. You can report changes at [Michigan.gov/MIbridges](http://Michigan.gov/MIbridges). Or, call your local MDHHS office. Visit the [MDHHS County Office webpage](#) to find your local office information.
- If you get a renewal packet, be sure to fill it out, sign the forms, and send them by the due date with any proof we need. If you do not complete your renewal, you may lose your Medicaid coverage. If we complete a review and you no longer qualify, you can choose to buy healthcare coverage through HealthCare.gov. Renewal packets will be mailed after the PHE ends. The end date has not been determined at this time.

Will a beneficiary's Medicaid coverage discontinue if their income increased during the COVID-19 public health emergency?

- A beneficiary will be evaluated for all Medicaid categories to determine if they are eligible for any services, however, if their income exceeds the income limit for Medicaid, and they do not meet any of the other eligibility criteria for other Medicaid categories, their coverage will be discontinued. If a beneficiary's coverage is discontinued and they do not have any other comprehensive health coverage, they will be referred to the Federal Health Insurance Marketplace where they will be able to purchase insurance and determine if they qualify for any other premium assistance programs or tax credits. Visit [www.healthcare.gov](http://www.healthcare.gov) to learn more.

When would a beneficiary receive an automatic or passive eligibility renewal and not receive a renewal packet?

- Automatic or passive renewals are completed when MDHHS has enough current information available in the eligibility system that we do not need to contact the beneficiary to request any

additional proof. In that instance, the beneficiary will receive a Health Care Coverage notice indicating that their Medicaid coverage will continue.

- MDHHS looks for current (within the last 12 months) information within the eligibility system to determine if it has enough to complete an automatic or passive renewal. If all necessary information is already available and the beneficiary appears to still be eligible, the renewal is automatically completed. This generally happens because the beneficiary is receiving services from other assistance programs with the Department (such as SNAP) and has provided updated information for those programs that can be used for the Medicaid determination.

When does a beneficiary need to return their eligibility renewal packet and verification checklist?

- Eligibility renewal packets are typically due within 30 days of the mailing of the packet. The due date is printed on the eligibility renewal packet. Beneficiaries should return their completed eligibility renewal packet and all requested information by that due date to ensure that their Medicaid coverage will continue uninterrupted.
- The Verification Checklist typically has a due date of 10 days from the date it is mailed.

If an eligibility renewal packet is not returned, when will Medicaid eligibility end?

- If the renewal packet is not returned, the beneficiary would have Medicaid coverage through the last day of the month of their eligibility renewal.

Does the eligibility renewal packet indicate which renewal month a beneficiary is in?

- The eligibility renewal packet does not list the renewal month for the beneficiary. The eligibility renewal packet is mailed the month before the renewal month. When a beneficiary receives an eligibility renewal packet, they can infer from the mail date their renewal month is the following month.

How can I get more information?

- MDHHS will continue to provide messaging to you through mailed letters, MI Bridges, emails, text messages and social media.

## Health Center Action Plan

The following are action steps for health center staff prior to and after Medicaid redetermination.

### Outreach and Enrollment Staff Tasks

- Prior To Redetermination
  - Identify all patients at risk of losing coverage (gained Medicaid coverage in past two years, 138-200% FPL, switched from commercial coverage to Medicaid, was previously on Sliding Fee Scale and switched to commercial coverage, need additional support updating information on MI Bridges) through Azara or billing history data and flag their charts in the electronic health record and send reminders to update information
  - Remind patients during visits to keep their contact information up to date in MI Bridges or schedule to help update contact information in MI Bridges and discuss the redetermination process (following MDHHS rules for phone/remote support)

- Ensure that patients and enrollment staff understand how to submit requested information to MDHHS or MI Bridges over the phone, via mail, online, and in-person
  - Confirm Medicaid patients have access to the MI Bridges account that is connected to their benefits and assist in calling the MI Bridges helpline at 1-844-799-9876 if necessary
  - Inform community organizations and collaboratives of PHE Unwinding plan and potential need for increased support; share outreach communication tools and flyers
  - Post reminders to update information in MI Bridges on health center's social media, post flyers and postcards in patient rooms, the main lobby, and on lobby monitors reminding patients to update contact and income information in MI Bridges
  - Conduct community outreach to educate patients on urgency of updating information in MI Bridges and potential impacts of loss of coverage such as increased medication costs
- After Redetermination
    - Schedule visits to help patients submit documents and information for redetermination and schedule a follow-up appointment if patient was not able to submit all requested documentation, also facilitate completing redetermination online on MI Bridges
    - Assist patients in notifying MDHHS caseworker or local MDHHS office if they did not receive their redetermination packet in the mail or if they received it late
    - If ineligible for Medicaid, support patients in exploring other options for healthcare coverage including Marketplace options on [www.healthcare.gov](http://www.healthcare.gov)
    - Collaborate with community organizations and local enrollment assistors to ensure enrollment workload is shared and that patients can access necessary resources
    - Educate patients newly transitioned to Marketplace coverage on premiums, co-pays, and deductibles and impacts on their care plan, prescription costs, or other changes
    - Work with IT Team to utilize wireless Wi-Fi hotspots for community outreach and enrollment and to set up remote working if applicable

## Front Desk Staff Tasks

- Prior To Redetermination
  - Remind patients when scheduling visits to keep their contact information up to date in MI Bridges and promote online scheduling with enrollment staff
  - Identify all patients at risk of losing coverage (gained Medicaid coverage in past two years, 138-200% FPL, switched from commercial coverage to Medicaid, was previously on Sliding Fee Scale and switched to commercial coverage, need additional support updating information on MI Bridges) and flag their charts in the electronic health record for reminders to update contact information and to connect to enrollment staff
  - Schedule visits for Medicaid patients to connect with enrollment staff for help updating contact information in MI Bridges and discussing the redetermination process
  - Support outreach efforts with texting platforms such as creating auto-text pushes and integrating reminders in the patient health portals via pop-ups reminding patients to update information in MI Bridges



- After Redetermination
  - Schedule visits with enrollment staff to help patients submit requested documentation and information for redetermination and schedule a follow-up appointment if patient was not able to submit all requested documentation or has other needs
  - Remind patients of sliding fee scale program and other healthcare coverage options if ineligible for Medicaid; check with enrollment and finance staff about retroactive billing
  - Check CHAMPS to verify patient insurance status, if uninsured connect with enrollment staff for help enrolling in healthcare coverage and inform of sliding fee scale

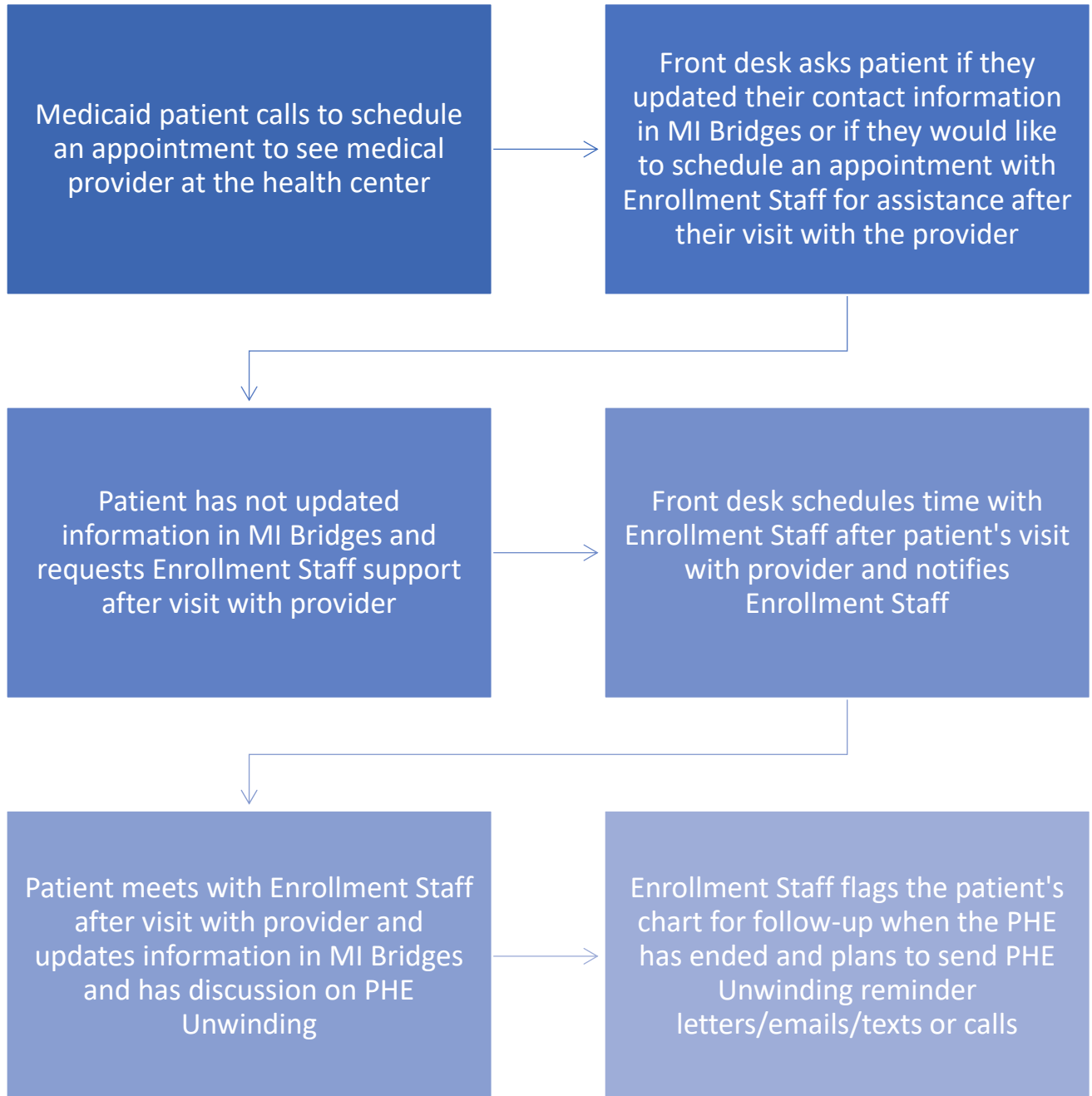
## Clinical Staff Tasks

- Prior To Redetermination
  - Remind patients during visits to keep their contact and income information up to date in MI Bridges and validate their contact information in health center chart during the visit
  - Inform patients of potential increased costs to prescriptions and visits if they lose healthcare coverage and facilitate warm hand off with enrollment staff for support
  - Connect Medicaid patients with enrollment staff (online scheduling or in-person) to update contact information in MI Bridges and to discuss Medicaid redetermination
- After Redetermination
  - Schedule visits with enrollment staff to help patients submit documents for redetermination and schedule a follow-up appointment if patient was not able to submit all requested documentation or has other needs
  - Remind patients of sliding fee scale program and other healthcare coverage options if ineligible for Medicaid and connect to enrollment staff
  - Check CHAMPS to verify patient insurance status, if uninsured connect with enrollment staff for help enrolling in healthcare coverage and billing to check retroactive coverage

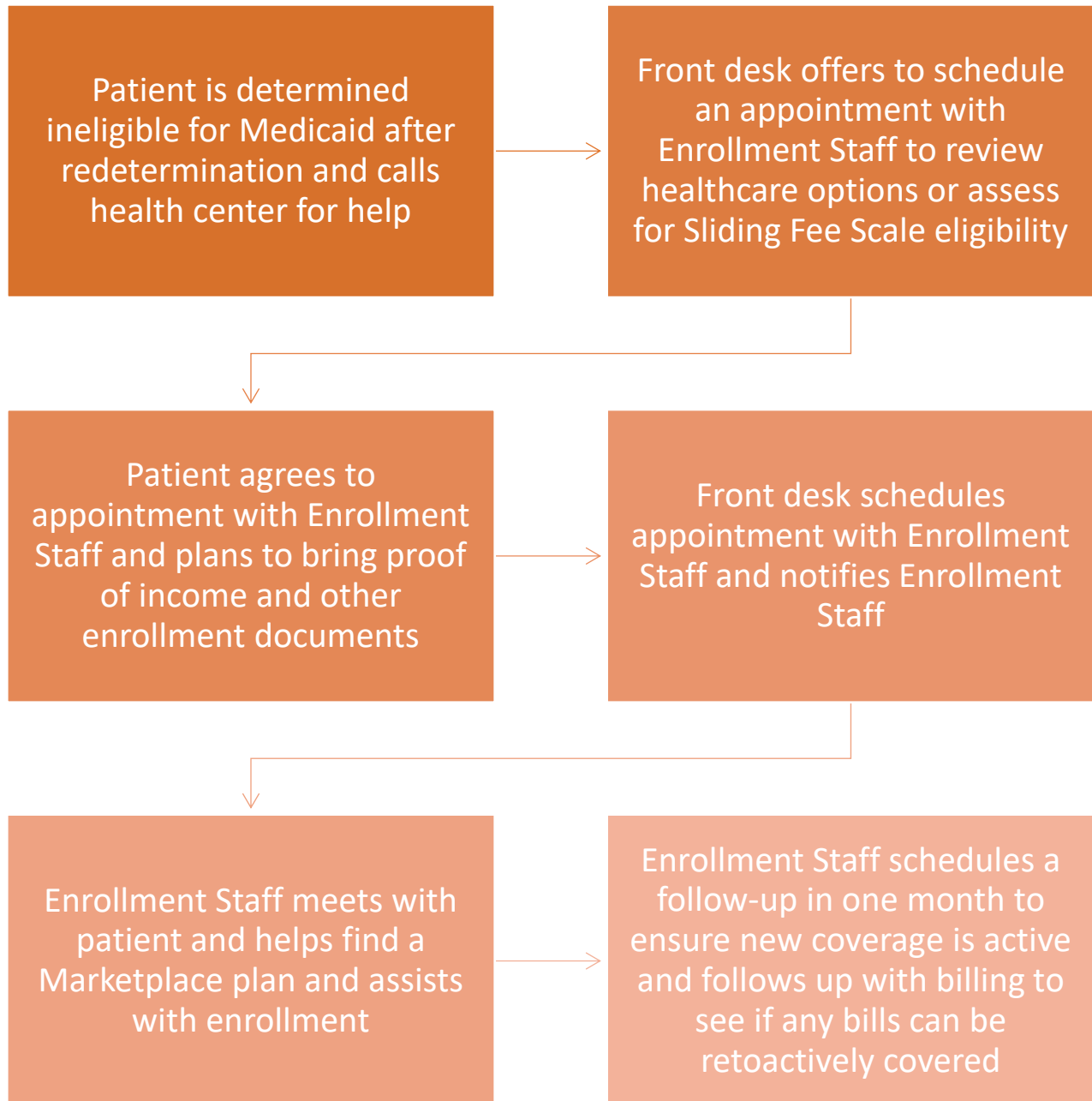
## Billing and Finance Staff Tasks

- Prior To Redetermination
  - Remind patients to keep their contact information up to date in MI Bridges, connect to enrollment staff for support updating information, and add reminders on patient bills
  - Educate patients on sliding fee scale program and other healthcare coverage options if ineligible for Medicaid and connect to enrollment staff
  - Create call script to support increase in patient calls for questions regarding balances and coverage and prepare for increase in patients requiring a Good Faith Estimate
- After Redetermination
  - Schedule visits with enrollment staff to help patients submit requested documentation and information for redetermination and offer information on Sliding Fee and other coverage options for patients determined ineligible for Medicaid
  - Verify patient insurance status in CHAMPS and check for retroactive eligibility for Medicaid coverage or potential for new coverage to retroactively cover bills
  - Schedule time to review payor mix, rebalancing of health center budget and expenses, and the [MPCA Post PHE Medicaid Revenue Change Impact Tool](#) to determine the impact of changes from Medicaid redetermination

Flowchart – Scenario of Enrollment Staff Workflow Before PHE Ends



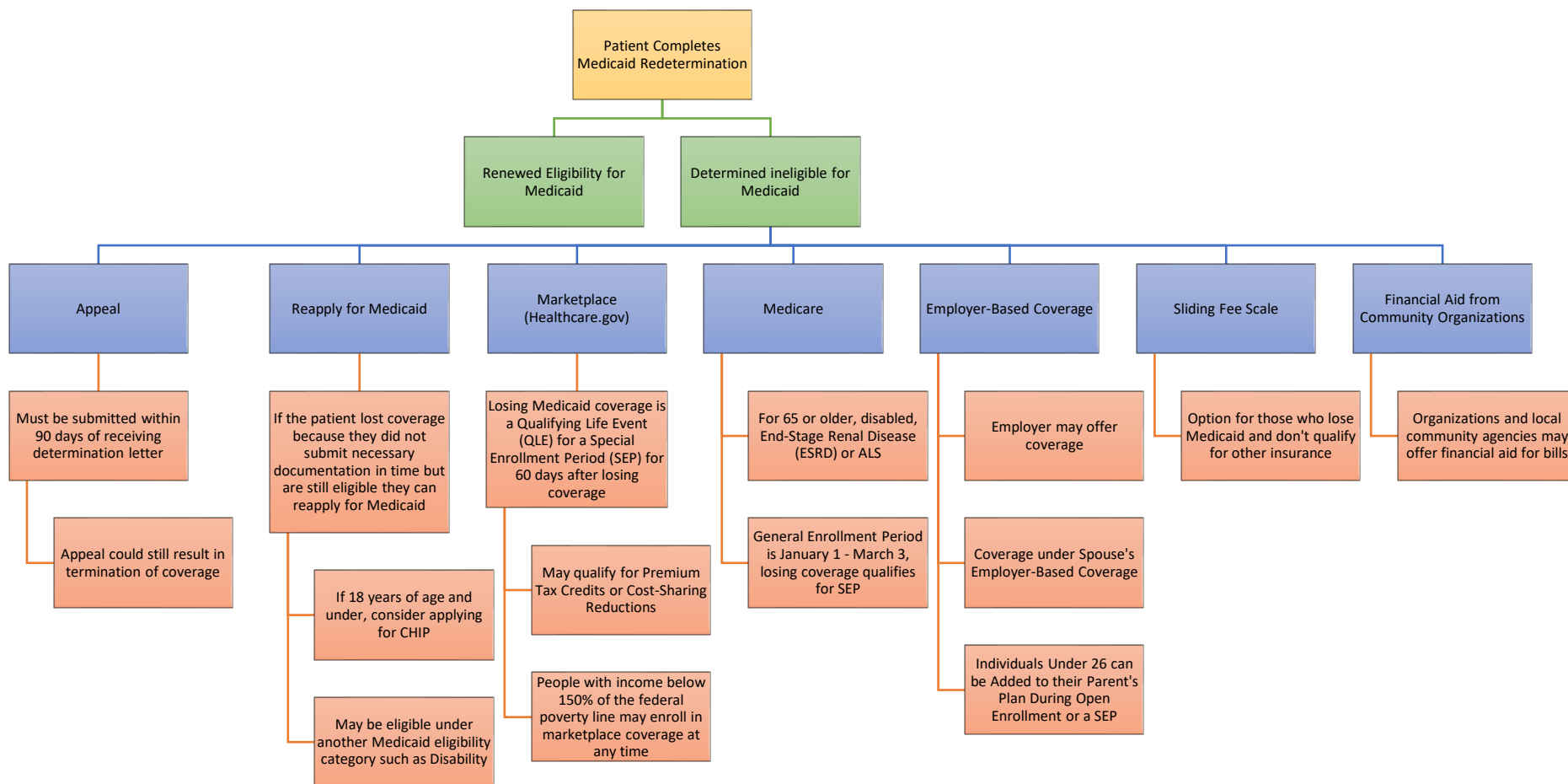
Flowchart – Scenario of Enrollment Staff Workflow After PHE Ends



Calendar Example

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Morning Huddle  Scheduled Appointments	3 Morning Huddle  Extended Hours	4 Morning Huddle  Team Huddles	5 Morning Huddle	6 Morning Huddle  Enrollment Office Hours	7 Special Populations Enrollment Outreach
8	9 Morning Huddle  Scheduled Appointments  Enrollment Staff Working Remote	10 Morning Huddle  Extended Hours	11 Morning Huddle  Team Huddles	12 Morning Huddle  Enrollment Staff Table in Entry/Main Lobby	13 Morning Huddle  Enrollment Office Hours	14
15	16 Morning Huddle  Scheduled Appointments	17 Morning Huddle  Extended Hours	18 Morning Huddle  Team Huddles	19 Morning Huddle	20 Morning Huddle  Enrollment Office Hours  Community Outreach/Ask Me Anything Table	21 Enrollment Staff Remote Weekend Hours
22	23 Morning Huddle  Scheduled Appointments	24 Morning Huddle  Extended Hours	25 Morning Huddle  Team Huddles	26 Morning Huddle  Patient Education Outreach for Marketplace Coverage	27 Morning Huddle  Enrollment Office Hours	28

## Flowchart – What are Other Healthcare Coverage Options if Ineligible for Medicaid?



## Communications & Messaging Guides

### Language & Accessibility

- Ensure key documents such as written notices, applications, and renewal forms are translated into multiple languages by qualified translators and reviewed for cultural competence (including updating websites with taglines in non-English languages)
- Review and enhance access to and availability of qualified oral interpreters for individuals with Limited English Proficiency (LEP) and ensure individuals with LEP know how to access available language services (e.g., short statements that language services are available free of charge, including how to access those services)
- Partner with multilingual staff and community-based organizations with interpretation services to provide targeted outreach to multilingual communities
- Ensure that information is communicated to disabled patients accessibly by providing services including but not limited to written materials in large print or Braille and access to sign language interpretation and/or a teletypewriter (TTY) system

### Messaging Guides

Messaging should focus on encouraging people to get ready to renew their Medicaid or CHIP coverage and should be simple, direct, and informative:

1. Update your contact information – Make sure MDHHS has your current mailing address, phone number, email, or other contact information in MI Bridges. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
2. Check your mail – MDHHS will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
3. Complete your renewal form (if you get one) – Fill out the form and return it to MDHHS right away to help avoid a gap in your Medicaid or CHIP coverage. Check with an enrollment specialist if you can complete the renewal process on MI Bridges.



#### Update your address, phone number, and email address.

The best way to check and update your contact information is online at [michigan.gov/mibridges](https://michigan.gov/mibridges).



#### Report any changes to your household or income.

Report changes to the MDHHS by visiting [michigan.gov/mibridges](https://michigan.gov/mibridges). Or, contact your [local MDHHS office](#).



#### Check your mail.


To keep your coverage, you may need to complete a yearly renewal form. If you do, we will mail one to you. To avoid gaps in healthcare coverage, please complete and send the form right away.

Other important messages:

- If you no longer qualify for Medicaid or CHIP, you may be able to get health coverage through the Health Insurance Marketplace. Marketplace plans are:
  - Affordable. 4 out of 5 enrollees can find plans that cost less than \$10 a month.
  - Comprehensive. All plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.
- Losing Medicaid or CHIP coverage is a Qualifying Life Event (QLE), which allows you to enroll in a Marketplace plan outside of the Open Enrollment Period.
- Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get details about Marketplace coverage. You can also connect with a Navigator or an Enrollment Specialist for help.
- If your child no longer qualifies for Medicaid, you may be able to get them health coverage through Michigan's Children Health Insurance Program (CHIP).

## Letter Example

### Prior To Redetermination



**Important  
Information  
About your  
Medicaid  
Renewal**

#### What you need to know about your Medicaid Renewal

You may have to fill out a new Medicaid renewal yearly to stay in the Medicaid program. If you receive the renewal form, you must complete it. Information such as your income or immigration status may change from year to year, so you will be asked to provide an update every time you renew your Medicaid. Your Medicaid coverage may be closed because of incomplete information on the renewal form.

Before you submit your Medicaid renewal, be sure to have the following documentation ready:

#### You May Need to Provide These Documents (Send copies not originals)

- Proof of age (birth certificate or driver's license).
- Proof of all sources of income (paystubs or tax return, Social Security, Veteran's benefits, retirement accounts, and any other income).
- Proof of assets and other resources. Include copies of bank statements or other financial items if told to on your Medicaid renewal form.
- Proof of citizenship or immigration status.
- Proof of your disability: if you think you qualify because you are disabled, you may need to include documentation in your Medicaid renewal form.
- Proof of other insurance: include a copy of your other insurance ID card(s), or red, white, and blue Medicare card with your Medicaid renewal form.

After you send in your renewal, you may receive a Verification Checklist if any documentation is missing. **BE SURE TO REVIEW AND RESPOND TO THIS REQUEST.** If you do not, your Medicaid may be closed.

If you have questions about Medicaid or CHIP redeterminations or enrolling in a Marketplace plan you can contact us at **[Insert contact methods here]**.

## Social Media Examples

### Prior to Redetermination

#Medicaid renewals are coming! Be sure you get your renewal letter by making sure MDHHS has your current mailing address in MI Bridges NOW: [Michigan.gov/MIBridges](https://Michigan.gov/MIBridges)



Attention #Medicaid beneficiaries: Renewals are coming back! Many were paused due to #COVID19. To get ready, make sure MDHHS knows where to send your #Medicaid renewal letter -- if you moved, make sure MDHHS has your address, email, and phone number correct in MI Bridges: [Michigan.gov/MIBridges](https://Michigan.gov/MIBridges)

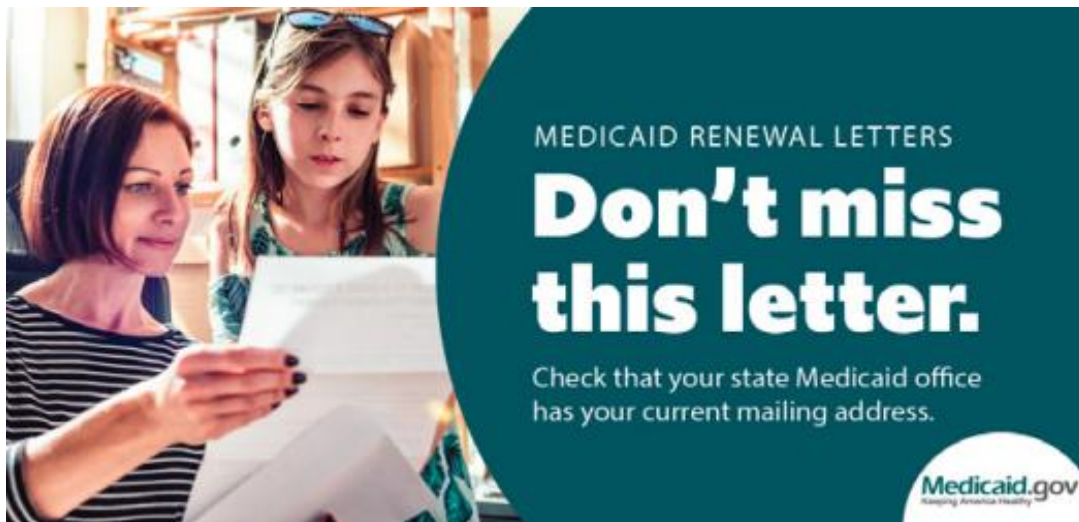


Have #Medicaid coverage? If so, then listen up! Your renewal may have been on pause due to #COVID19, but it's making a comeback. Be sure MDHHS knows your current address so you receive your renewal letter: [Michigan.gov/MIBridges](https://Michigan.gov/MIBridges)





Have #Medicaid? Listen up: your renewal is coming! You don't want to miss this important piece of mail. Make sure MDHHS has your current address: [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges)



## Texting Examples

### Prior To Redetermination



- Make sure you get your Medicaid renewal letter – update your contact information if it changed recently: [Michigan.gov/MIbridges](https://www.michigan.gov/MIbridges)
- Don't miss your Medicaid renewal letter! Update your contact information if it changed recently: [Michigan.gov/MIbridges](https://www.michigan.gov/MIbridges)
- Have coverage through Medicaid? Make sure your address is up to date so you get your renewal letter: [Michigan.gov/MIbridges](https://www.michigan.gov/MIbridges)
- Medicaid/CHIP renewals are coming! Make sure your address is up to date: [Michigan.gov/MIbridges](https://www.michigan.gov/MIbridges)
- Changed your address in the last year? Update your address with us and MI Bridges so you get your Medicaid renewal letter: [Michigan.gov/MIbridges](https://www.michigan.gov/MIbridges)

### After Redetermination Is Complete and Consumer Is No Longer Eligible For Medicaid Or CHIP

- Lost or denied Medicaid or CHIP coverage? You may qualify for coverage with a Special Enrollment Period at [www.healthcare.gov](https://www.healthcare.gov). Connect with our Enrollment Specialist today!
- Lost Medicaid or CHIP coverage recently? See if you qualify for HealthCare.gov coverage. Most can find a plan for under \$10 per month at [www.healthcare.gov](https://www.healthcare.gov)
- Need health coverage? Visit HealthCare.gov or connect with our Enrollment Staff to see if you qualify for Marketplace coverage & review your coverage options today! [www.healthcare.gov](https://www.healthcare.gov)

## Call Script Examples



### Prior To Redetermination

If you or a family member have health insurance through Medicaid or the Children's Health Insurance Program (CHIP), you may soon need to take steps to find out if you can continue your coverage.

MDHHS will start Medicaid and CHIP eligibility renewals again. This means you or a family member could be disenrolled from Medicaid or CHIP. Here are some things you can do to prepare. If you moved recently or if any of your contact information like your phone number or email address has changed, I can help update your MI Bridges account to make sure you get important information about your Medicaid coverage.

Pay close attention to your mail. After the renewal process you may receive one of these in the mail: a letter telling you MDHHS is renewing your Medicaid coverage, or a letter telling you that MDHHS is ending your Medicaid coverage, or a renewal form asking you for more information to see if you or a family member still qualify for Medicaid. If you get a renewal form, you should fill it out and return it as soon as possible to help avoid gaps in your coverage.

If you have questions about your Medicaid or CHIP coverage, you can contact us [**Insert contact methods here**]. For questions about applying for Marketplace coverage, please call the Marketplace Call Center at 1-800-318-2596.

After Redetermination Is Complete and Consumer Is No Longer Eligible For Medicaid Or CHIP  
 Even if you or a family member lose your Medicaid or CHIP coverage, you may be eligible to buy a health plan through the Health Insurance Marketplace and get help with costs.

You can visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596 to submit a new or updated Marketplace application to see if you (or other family members) are eligible to buy a Marketplace plan and get help with costs. When you apply, be sure to include the most current information about your household, income, and also MDHHS’s recent decision about your Medicaid or CHIP coverage.

Once you submit your application, you’ll get eligibility results right away and find out if you can get help lowering the cost of your monthly premiums. After reviewing your results, if you’re eligible for Marketplace coverage, you can compare options and enroll in a Marketplace plan that best meets your needs.

If you have questions about Medicaid or CHIP redeterminations or enrolling in a Marketplace plan you can contact us at **[Insert contact methods here]**.

#### Outreach Tracking Example

Patient ID (Health Record # or Last name, First Initial)	Phone Outreach Completion Date	Text Outreach Completion Date	Postcard/Mail Outreach Completion Date	Email Outreach Completion Date

#### Supporting Documents & Resources

- [MDHHS PHE Unwind June 7, 2022 PowerPoint Slides](#)
- [MDHHS PHE Ending Resources](#)
- [CMS Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#)
- [Medicaid.gov Unwinding and Returning to Regular Operations after COVID-19](#)
- [Get Covered Connector - Find Local Help](#)
- [Unwinding the COVID Continuous Eligibility Requirement at the End of the Public Health Emergency: Tips for Advocates](#)
- [KFF: Community Health Centers Are Taking Actions to Prepare for the Unwinding of the Public Health Emergency](#)