



Medicaid Redetermination Action Plan Toolkit for Health Centers

Contents

Medicaid Redetermination Planning Quick Lists	3
Medicaid Redetermination Planning for Health Centers: 3 Essentials to do Now	3
Medicaid Redetermination Planning for Health Centers: Essentials After Renewal Restart	4
Medicaid Redetermination Planning for MPCA for to do Now	5
Medicaid Redetermination Planning for MPCA for After Renewal Restart.....	6
Medicaid Redetermination Fact Sheet	8
Overview	8
What Health Centers Need to Know.....	8
Critical Points	8
Summary or additional info	8
What Health Centers can do.....	8
Right Now:.....	8
Prepare For:	8
What MPCA Is Doing.....	9
Right Now:.....	9
Prepare For:	9
FAQ.....	9
Eligibility and Renewal Questions.....	9
Resources & Links	9
MDHHS.....	9
MPCA.....	9
Core Activities	10
Prior to Redetermination.....	10
• Strategize	10
• Outreach	10
After Redetermination.....	10
• Educate	10
• Collaborate.....	10

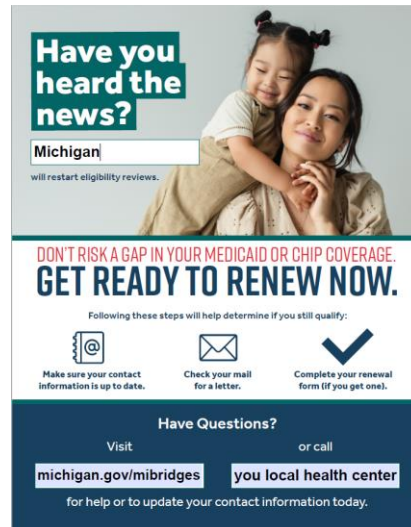
Reduced Prioritization	10
Medicaid Redetermination Preparation Checklist.....	10
Anticipated MDHHS Medicaid Redetermination Actions	12
MDHHS End PHE/Medicaid Redetermination FAQ.....	12
What can people with Medicaid do right now?.....	12
Will a beneficiary’s Medicaid coverage discontinue if their income increased during the COVID-19 public health emergency?.....	12
When would a beneficiary receive an automatic or passive eligibility renewal and not receive a renewal packet?.....	13
Does the eligibility renewal packet indicate which renewal month a beneficiary is in?	13
If an eligibility renewal packet is not returned, when will Medicaid eligibility end?	13
How can I get more information?	13
Health Center Action Plan.....	13
Outreach and Enrollment Staff Tasks	13
• Prior To Redetermination	13
• After Redetermination	14
Front Desk Staff Tasks	14
• Prior To Redetermination	14
• After Redetermination	15
Clinical & Pharmacy Staff Tasks	15
• Prior To Redetermination	15
• After Redetermination	15
Billing and Finance Staff Tasks	15
• Prior To Redetermination	15
• After Redetermination	16
Flowchart – Scenario of Enrollment Staff Workflow Prior to Medicaid Redetermination	17
Flowchart – Scenario of Enrollment Staff Workflow for Medicaid Redetermination	18
Calendar Example	19
Flowchart – What are Other Healthcare Coverage Options if Ineligible for Medicaid?	20
Post Medicaid Redetermination - Potential Enrollment Timeline.....	21
Communications & Messaging Guides	22
Language & Accessibility.....	22
Outreach Strategies	22

Messaging Guides	22
Messaging for Consumers who Lost Medicaid Coverage:	22
Letter Example	23
Prior To Redetermination	23
After Redetermination	23
Social Media Examples.....	24
Prior to Redetermination.....	24
After Redetermination.....	25
Texting Examples	26
Prior To Redetermination	26
After Redetermination Is Complete and Consumer Is No Longer Eligible For Medicaid Or CHIP	26
Call Script Examples	26
Updating Phone Lines Script	26
Preparing For Redetermination	26
After Redetermination Is Complete and Consumer Is No Longer Eligible For Medicaid Or CHIP	27

Medicaid Redetermination Planning Quick Lists

Medicaid Redetermination Planning for Health Centers: 3 Essentials to do Now

1. Post reminders to update information in your center. Use the customizable flyer by adding your health center's contact information and post in waiting areas, exam rooms, at check-in locations, and in pharmacies. Don't forget to add a reminder to update contact information to your website and health portal and update phone messaging!



2. Segment patient lists to send a text blast throughout a week using the messaging templates to ensure incoming calls are manageable. Do not send more than 2 text blasts. Below are the text templates that are already loaded in LUMA. You can also opt-in for MPCA to do the text blast for you.
 - Have you moved recently? Be sure MDHHS has your current mailing address in MI Bridges NOW: [Michigan.gov/MIBridges](https://michigan.gov/MIBridges)
 - Did you move, change emails, or get a new phone in the past 3 years? Make sure MDHHS has your address, email, and phone number correct in MI Bridges: [Michigan.gov/MIBridges](https://michigan.gov/MIBridges)
 - Have Medicaid? Have you updated your contact information in MI Bridges recently? Make sure MDHHS has your current address: [Michigan.gov/MIBridges](https://michigan.gov/MIBridges)
3. Get your staff involved. Use the following messaging in your next staff newsletter or an all-staff email/meeting to engage all your staff in reminding patients about how to get ready for Medicaid renewals.
 - It is important to remind patients of the urgency of completing their renewal packet or connecting them with enrollment staff for help. The PHE paused Medicaid benefits renewals which means many Medicaid beneficiaries haven't completed a renewal or updated their information in MI Bridges in the past three years. Per the Consolidated Appropriations Act, Medicaid Renewals must start by April 1, 2023. MDHHS will send a renewal packet to Medicaid beneficiaries based on their renewal month. Beneficiaries must complete and return their renewal packet within 30 days of mailing (beneficiaries may also be able to complete their renewal online in MI Bridges). If the packet is not completed and submitted, benefits will be terminated. Avoid misinformation with the following talking points:

- **It's not a light switch** - Medicaid beneficiaries will not lose coverage on April 1. The process will take 12 months, and beneficiaries will be redetermined based on their current benefit redetermination month.
- **Changes in other benefits do not necessarily mean your Medicaid eligibility has changed** – Beneficiaries may see changes in their monthly food assistance or receive mail regarding changes to other programs. Changes in food assistance or cash assistance over the next few months do not necessarily mean that a person's Medicaid eligibility is also changing.

Medicaid Redetermination Planning for Health Centers: Essentials After Renewal Restart

1. Post reminders to update information, respond to mail from MDHHS, and check MI Bridges in waiting areas, exam rooms, at check-in locations, and in pharmacies. Don't forget to add a reminder to update contact information if they haven't in the past 3 years to your website and health portal and update phone messaging!



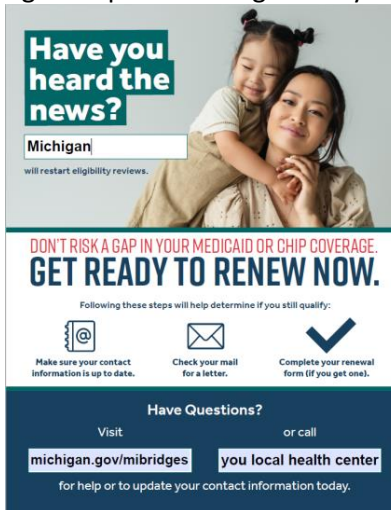
2. Segment patient lists to send a text blast throughout a week using the messaging templates to ensure incoming calls are manageable. Do not send more than 1 text blast before the redetermination start date. Here are the text templates that are already loaded in LUMA. You can also opt-in for MPCA to do the text blast for you.
 - Have Medicaid? Make sure you receive important information from MDHHS in the mail by updating your contact information at Michigan.gov/MIbridges
 - Attention Medicaid beneficiaries: Did you move in the last 3 years? Make sure you update your contact information online at Michigan.gov/MIbridges
 - Have you updated your information in MI Bridges? Keep an eye out for important information from MDHHS in the mail and contact us if you need any help with MI Bridges Michigan.gov/MIbridges.
3. Get your staff involved. Use the following messaging in your next staff newsletter or an all-staff email/meeting to engage all your staff in reminding patients about how to be ready for Medicaid renewals.
 - It is important to remind patients of the urgency of completing their renewal packet or connecting them with enrollment staff for help. The PHE paused Medicaid benefits renewals

which means many Medicaid beneficiaries haven't completed a renewal or updated their information in MI Bridges in the past three years. Per the Consolidated Appropriations Act, Medicaid Renewals must start by April 1, 2023. MDHHS will send a renewal packet to Medicaid beneficiaries based on their renewal month. Beneficiaries must complete and return their renewal packet within 30 days of mailing (beneficiaries may also be able to complete their renewal online in MI Bridges). If the packet is not completed and submitted, benefits will be terminated. Avoid misinformation with the following talking points:

- **It's not a light switch** - Medicaid beneficiaries will not lose coverage on April 1. The process will take 12 months, and beneficiaries will be redetermined based on their current benefit redetermination month.
- **Changes in other benefits do not necessarily mean your Medicaid eligibility has changed** – Beneficiaries may see changes in their monthly food assistance or receive mail regarding changes to other programs. Changes in food assistance or cash assistance over the next few months do not necessarily mean that a person's Medicaid eligibility is also changing.

Medicaid Redetermination Planning for MPCA for to do Now

1. Supply health centers with digital copies of the “get ready” flyer to print and distribute.



2. Provide messaging to CHWs and AmeriCorps members performing outreach as part of the MCHN Patient Engagement program to remind Medicaid Health Plan members to update contact information in MI Bridges.
3. Provide health centers with prepared patient text blasts in excel format and through Luma. MPCA has offered health centers to opt-in to have MPCA to send LUMA texts on their behalf. MPCA will coordinate text messaging timing with MDHHS message blasts.
 - Have you moved in the last 3 years? Be sure MDHHS has your current mailing address in MI Bridges NOW: [Michigan.gov/MIBridges](https://michigan.gov/MIBridges)
 - Did you move, change emails, or get a new phone in the past 3 years? Make sure MDHHS has your address, email, and phone number correct in MI Bridges: [Michigan.gov/MIBridges](https://michigan.gov/MIBridges)
 - Have Medicaid? Have you updated your contact information in MI Bridges recently? Make sure MDHHS has your current address: [Michigan.gov/MIBridges](https://michigan.gov/MIBridges)
 - Additional [Luma/Text Messaging Excel in in SharePoint here](#)

4. Provide health centers with staff messaging for newsletters, all staff emails, or talking points for meetings.
 - The [Medicaid Redetermination Fact Sheet](#) is located in the Enabling Services SharePoint and on the MPCA website.
 - It is important to remind patients of the urgency of completing their renewal packet or connecting them with enrollment staff for help. The PHE paused Medicaid benefits renewals which means many Medicaid beneficiaries haven't completed a renewal or updated their information in MI Bridges in the past three years. Per the Consolidated Appropriations Act, Medicaid Renewals must start by April 1, 2023. MDHHS will be sending a renewal packet to Medicaid beneficiaries based on their renewal month. Beneficiaries must complete and return their renewal packet within 30 days of mailing (members may also be able to complete their renewal online in MI Bridges). If the packet is not completed and submitted, benefits will be terminated.

Medicaid Redetermination Planning for MPCA for After Renewal Restart

1. Supply health centers with digital copies of the Medicaid Redetermination flyers to print and distribute.



2. MPCA will provide CHWs and AmeriCorps members performing outreach through the MCHN Patient Engagement program messaging to inquire with Medicaid Health Plan members to watch for and complete their renewal packet and where to go for assistance with the renewal process.
3. Provide health centers with prepared patient text blasts in excel and Luma and offer for health centers to opt-in for MPCA to send the texts on their behalf. Support timing of sending text messaging in coordination with MDHHS messaging blasts.
 - Have Medicaid? Make sure you receive important information from MDHHS in the mail by updating your contact information at Michigan.gov/MIBridges
 - Attention Medicaid beneficiaries: Did you move in the last 3 years? Make sure you update your contact information online at Michigan.gov/MIBridges

- Have you updated your information in MI Bridges? Keep an eye out for important information from MDHHS in the mail and contact us if you need any help with MI Bridges Michigan.gov/MIbridges.
 - *Additional [Luma/Text Messaging Excel in in SharePoint here](#)*
4. Provide health centers with staff messaging for newsletters, all staff emails, or talking points for meetings.
- The [Medicaid Redetermination Fact Sheet](#) is located in the Enabling Services SharePoint and on the MPCA website.
 - It is important to remind patients of the urgency of completing their renewal packet or connecting them with enrollment staff for help. The PHE paused Medicaid benefits renewals which means many Medicaid beneficiaries haven't completed a renewal or updated their information in MI Bridges in the past three years. Per the Consolidated Appropriations Act, Medicaid Renewals must start by April 1, 2023. MDHHS will send a renewal packet to Medicaid beneficiaries based on their renewal month. Beneficiaries must complete and return their renewal packet within 30 days of mailing (beneficiaries may also be able to complete their renewal online in MI Bridges). If the packet is not completed and submitted, benefits will be terminated. Avoid misinformation with the following talking points:
 - **It's not a light switch** - Medicaid beneficiaries will not lose coverage on April 1. The process will take 12 months, and beneficiaries will be redetermined based on their current benefit redetermination month.
 - **Changes in other benefits do not necessarily mean your Medicaid eligibility has changed** – Beneficiaries may see changes in their monthly food assistance or receive mail regarding changes to other programs. Changes in food assistance or cash assistance over the next few months do not necessarily mean that a person's Medicaid eligibility is also changing.

Medicaid Redetermination Fact Sheet

Updated: 3/1/2023

Overview

During the federal COVID-19 Public Health Emergency (PHE), many changes were made to the Medicaid program's eligibility, administration, and policies to ease rules for providers and prevent Medicaid beneficiaries from losing health insurance. As per recent legislation signed, Michigan will restart Medicaid eligibility renewals June 2023. [Click here to learn more about Medicaid assistance benefit changes.](#)

What Health Centers Need to Know

Critical Points

- Monthly renewal notices will be sent three months prior to the beneficiary's renewal date starting with June renewal dates. (Letters for June renewal date beneficiaries will be mailed March 4, 2023)
- Beneficiaries can check their renewal month in [MiBridges](#)
- Beneficiaries will receive renewal packets the month before their renewal date and must return renewal packets with requested information no later than the last day of their renewal month to maintain coverage if eligible.
- Those who do not return renewal packets or are processed and deemed ineligible will lose coverage on the last day of their renewal month. July 1st, 2023 will be the earliest date someone could lose coverage.

Summary or additional info

- Health Centers may be able to generate renewal date reports for patient through CHAMPS (maximum batch – 99 beneficiaries)
- Health Plans also have renewal date data in the beneficiary files they receive from MDHHS, and may be able to include data to in member assignment data files

What Health Centers can do

In anticipation of the Medicaid Redetermination Process, MDHHS is recommending the following action steps.

Right Now:

- Verify beneficiary eligibility prior to services.
- Remind beneficiaries to verify or update their contact information, or report any changes, online through [MI Bridges](#) or through their local MDHHS office
- Advise beneficiaries to open mail from MDHHS, and complete and return renewal documents.
- Assist those who lose coverage with navigation, application assistance, or transition to a Marketplace Plan

Prepare For:

- Following up with patients to remind them that your health center will provide care regardless of healthcare coverage status and enrollment staff can help keep them connected to coverage
- Assisting those deemed ineligible for Medicaid with accessing coverage through the Marketplace Special Enrollment Period for Unwinding/Loss of Medicaid
- Assisting those who missed their renewal date will applying to reactivate their Medicaid, ideally within 90 days of loss of coverage (retroactive coverage window)

What MPCA Is Doing

MPCA is working with MDHHS and other stakeholders to provide updated and critical updates for health centers.

Right Now:

- Updating and sharing Medicaid Redetermination Toolkit for Health Centers
- Supporting with printing and distributing customized flyers and other outreach tools
- Sharing relevant training and webinar opportunities

Prepare For:

- Upcoming webinars on resources available for health centers and critical updates
- Distributing updated communication toolkits and resources
- Supporting MDHHS upcoming communication campaigns

FAQ

Eligibility and Renewal Questions

What can people with Medicaid do right now?

Be sure the address, phone number, and email address are up to date online at Michigan.gov/MIBridges or by calling the local MDHHS office. Also report any changes to household or income. 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.

What if Medicaid coverage is lost?

If after a full renewal and determined no longer eligible for Medicaid, MICHild, or Healthy Michigan Plan you will receive:

- Notice when your enrollment ends
- Information on [how to appeal](#)
- Information about options for purchasing other health care coverage. You may qualify for a Special Enrollment Period to purchase healthcare coverage at HealthCare.gov if you or anyone in your household experiences a qualifying life change, such as losing health coverage in the past 60 days OR expecting to lose coverage in the next 60 days. Visit www.healthcare.gov to learn more.

Resources & Links

MDHHS

- [MDHHS Medicaid Redetermination FAQ](#)
- [MDHHS Stakeholder Toolkit](#)
- [MDHHS Eligibility Notification Timeline](#)

MPCA

- [MPCA Medicaid Redetermination Action Plan for Health Centers](#)
- [Luma/Text Messaging for Medicaid Redetermination Outreach](#)
- [Additional Medicaid Redetermination Outreach Materials](#)

Core Activities

Prior to Redetermination

- Strategize

Identify internal touchpoints that can support Medicaid patients in reminding them to update their information in MIBridges, check their mail, and return their redetermination packet if they receive one. Update call lines, text blasts, and social media posts to include this messaging.

- Outreach

Encourage patients to update their information in MIBridges, check their mail, and return their redetermination packet if they receive one in confirmation calls, text blasts, check-in at the front desk, and with customized flyers. Remind patients that changes to their coverage do not impact their ability to receive care at your health center (and you can provide enrollment assistance).

After Redetermination

- Educate

Share flyers, social media posts, and other communications that notify patients that changes to their coverage do not impact their ability to receive care at your health and enrollment support is available. Educate staff on potential impacts of redetermination such as cancellations and no-shows and utilize communications to support keeping patients connected to care.

- Collaborate

Connect with community organizations that offer support for non-clinical needs that may have resulted from Medicaid redetermination. Facilitate referral to outside organizations for support with Marketplace if needed.

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)

Medicaid Redetermination 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 Medicaid redetermination 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 3 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 Medicaid redetermination 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 Medicaid redetermination 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 Medicaid Redetermination Actions

- MDHHS will begin the renewal process by April 1, 2023 and will take 12 months to complete redeterminations for eligibility for all Michigan Medicaid beneficiaries.
- MDHHS mail beneficiary eligibility renewal letters ([MDHHS Stakeholder Toolkit](#)) monthly based on the anniversary of their eligibility determination. This letter is intended to inform beneficiaries of the need to complete redetermination packets, the potential impact on their coverage, and other actions.
- MDHHS will communicate a timeline for the eligibility renewal packets ([MDHHS Eligibility Notification webpage](#)) 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 renewal month.
- 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.

MDHHS End PHE/Medicaid Redetermination FAQ

Please continue to check the website for updates: <https://www.michigan.gov/mdhhs/end-phe/medicaid-benefit-changes> 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. 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 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. 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.

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 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.

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. Beneficiaries can also find their renewal date in MI Bridges.

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.

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 three 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 Medicaid redetermination plan and potential need for increased support; share outreach communication tools/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
 - Work with Marketing/Communications teams for community outreach such as on busses or bus stop benches, billboards, and radio ads on support health center provides
 - 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
 - Maintain schedule for enrollment support so that other members of the health center teams can schedule patients for MI Bridges and enrollment assistance if necessary
 - Support use of MIHealthButton App for access to Medicaid documents and forms and create QR codes or links to the app and information on how to use ([see website here](#))
- 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
 - 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

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, ask patients to update contact information with health center portal
 - Add EHR pop-up notification to flagged patient charts to remind patient to update their information in MI Bridges
 - 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
- Facilitate account creation for myHealthButton/myHealthPortal (<https://michiganhealthit.org/myhealthbutton>) so that patients can receive notice in the app within 30 days of renewal and update account and contact information
- Conduct an insurance screening (PHQ2) before the appointment and ask if the patient has a coverage plan to stay connected with coverage
- 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 & Pharmacy Staff Tasks

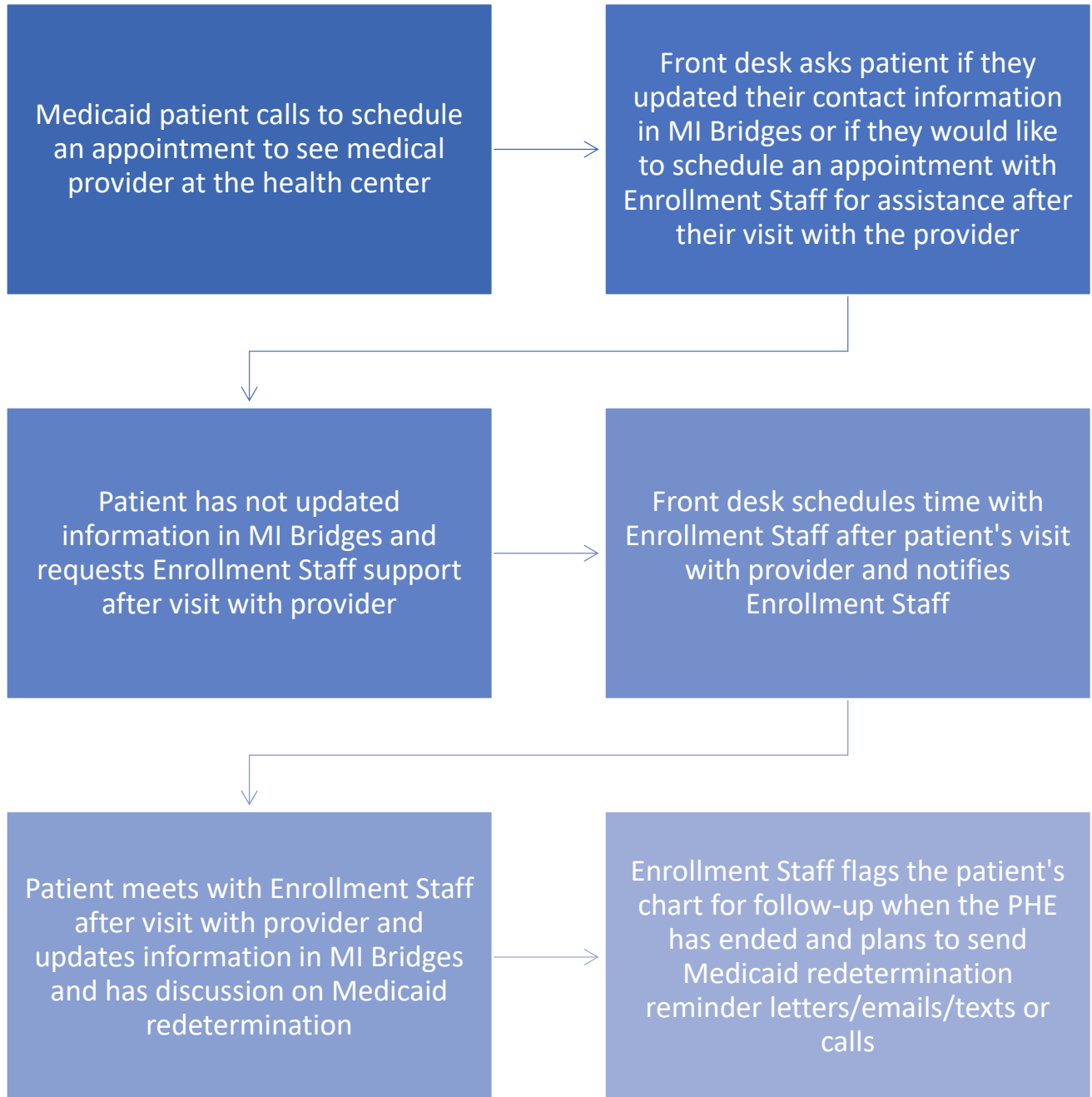
- Prior To Redetermination
 - Remind patients during visits to keep their contact and income information up to date in MI Bridges and validate their contact information in health center chart during the visit
 - Inform patients of potential increased costs to prescriptions and visits if they lose healthcare 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
 - Collaborate with outreach teams during mobile medical outreach to provide enrollment support, couple Medicaid Redetermination outreach with Flu/COVID mobile outreach
- 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

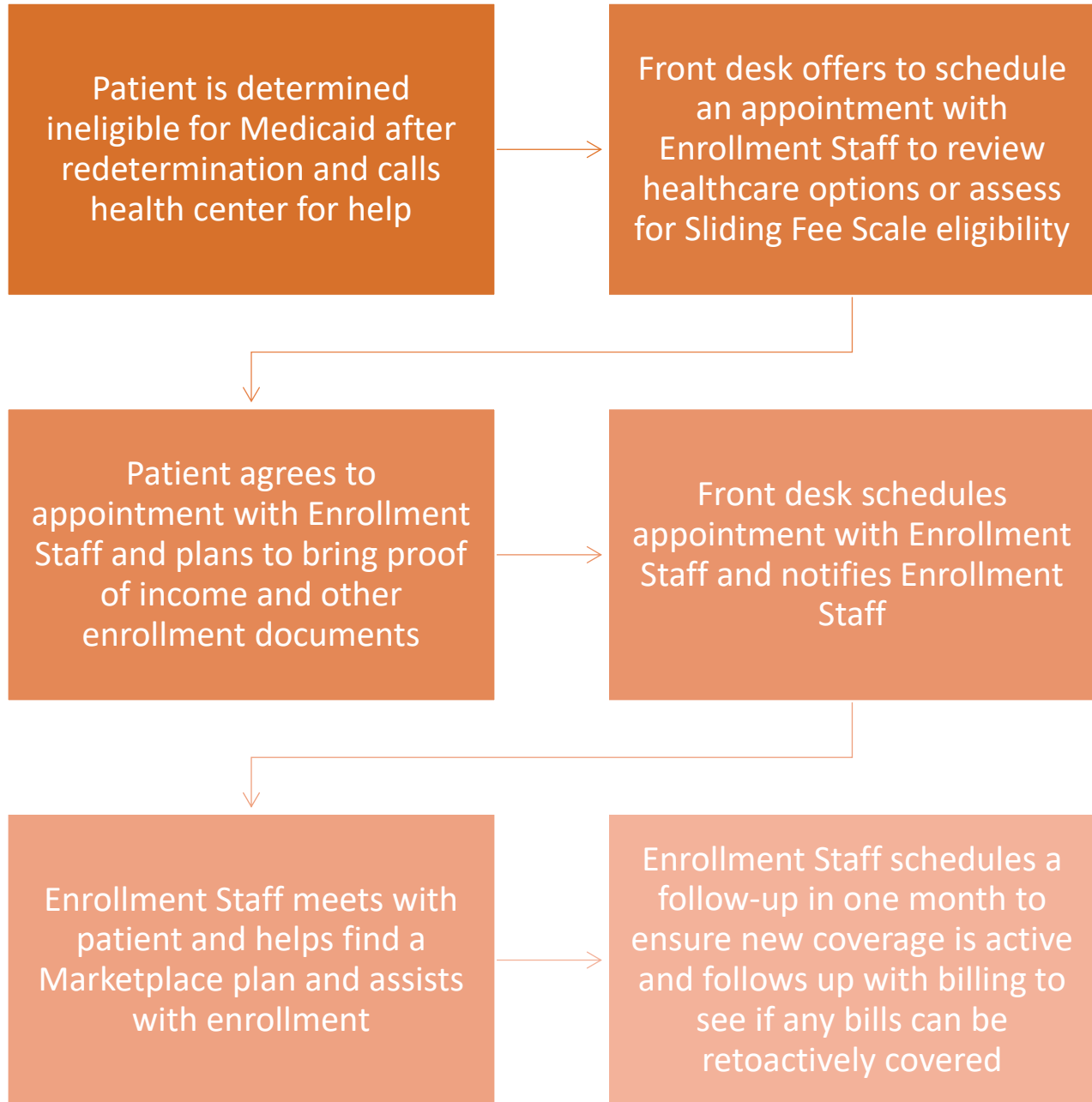
- Prior To Redetermination
 - Remind patients to keep their contact information up to date in MI Bridges, connect to enrollment staff for support updating information, and add reminders on patient bills
 - Educate patients on sliding fee scale program and other healthcare coverage options if ineligible 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
- Check CHAMPS and MICR for patient coverage and connect with enrollment staff for support
- 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 Prior to Medicaid Redetermination



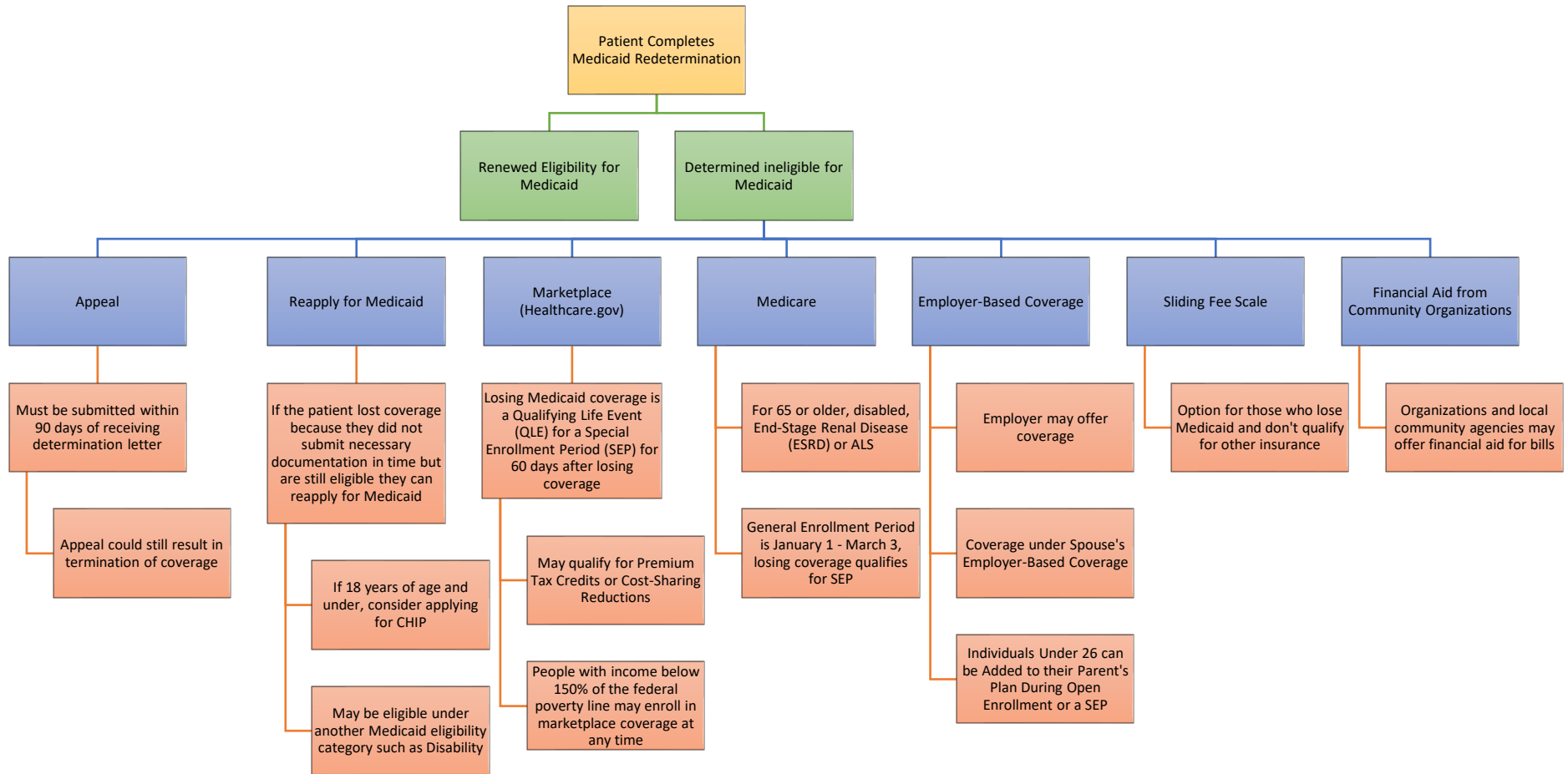
Flowchart – Scenario of Enrollment Staff Workflow for Medicaid Redetermination



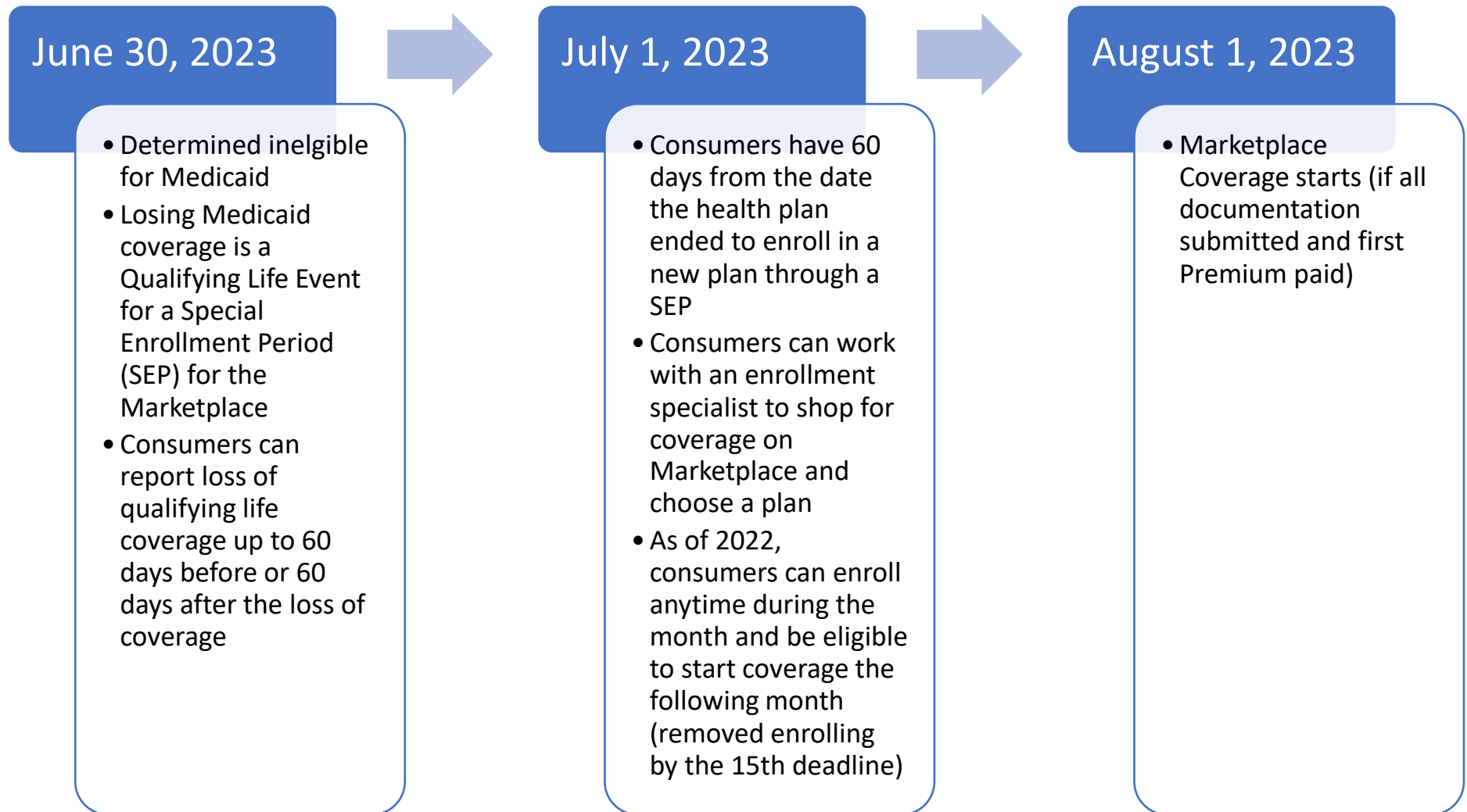
Calendar Example

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 Host Enrollment Fair/Event	28

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



Post Medicaid Redetermination - Potential Enrollment Timeline



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 languages other than English)
- 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
- Partner with multilingual staff and community-based organizations with interpretation services to provide targeted outreach to multilingual communities

Outreach Strategies

- Utilize various outreach and media methods such as radio, billboards, Google Ads, outreach calls, Luma or text blasts, mail, and others to reach a broad range of community members
- Coordinate external outreach events with various health center teams so that at least one staff person is available to support at the health center and outreach teams have all technology and equipment necessary to support community members such as mobile Wi-Fi hotspots, chargers, laptops, phones, headsets, and other necessary devices
- At external outreach events, ensure that staff prioritize supporting Medicaid beneficiaries with preparing for Medicaid redetermination by updating contact information in MI Bridges and scheduling follow-ups or attaining consumer information for follow-up – an example is below.

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. Make sure your address, phone number and email address are up to date at www.michigan.gov/MIBridges. You can also call your [local MDHHS office](#). If you do not have an online account for MI Bridges to access your Medicaid case or report changes, visit www.michigan.gov/MIBridges to sign up for an account. You can also locate organizations that can help you by [searching for community partners](#).**
- 2. Report any changes to your household or income. You can report changes at www.michigan.gov/MIBridges or by calling your [local MDHHS office](#).**
- 3. If you get a renewal packet, be sure to fill it out, sign the forms and return it by the due date with any proof needed. NOTE: If you do not complete and return the renewal, you may lose Medicaid coverage.**


Messaging for Consumers who Lost Medicaid Coverage:

- 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]**.

After Redetermination

Why you are getting this letter

MDHHS conducted a review of your eligibility for MEDICAID/CHIP. MDHHS determined that you **do not** qualify for Medicaid/CHIP health insurance they did not receive the information requested online or from the renewal packet. Because the renewal packet was not returned or submitted virtually, you will have Medicaid coverage through the last day of the month of your eligibility renewal.

You may still be able to keep your health insurance, but you need to act now.

How MDHHS made the decision

MDHHS conducted our regular renewal process for determining MEDICAID/CHIP eligibility. MDHHS was unable to automatically renew your insurance. MDHHS sent you a notice requesting the need for additional information and to complete the renewal form sent to you in order to keep your insurance. You did not respond in the period to respond.

How to keep your insurance

You may still have the option to keep your insurance if you respond with the requested information by **[DATE]**. Please complete the pre-populated renewal form by mail, telephone or online by following the directions below.

How to respond to this notice

Please send MDHHS the requested information in one of the following ways:

- Online at www.michigan.gov/MIBridges
- Renew by telephone by calling **[LOCAL MDHHS OFFICE PHONE NUMBER – [Find phone numbers here](#)]**
- Mail a copy of the renewal form to **[LOCAL MDHHS OFFICE ADDRESS – [Find addresses here](#)]**
- In-person at **[LOCAL MDHHS OFFICE ADDRESS – [Find addresses here](#)]**

Marketplace Health Insurance

If you believe you are no longer eligible for Medicaid/CHIP, you might still be able to get health insurance—and financial assistance to help pay for it—through the health insurance Marketplace. Health insurance Marketplace plans cover services like doctor visits, prescriptions, and more. You can go to www.HealthCare.gov or contact the Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to complete an application.

Sincerely,

[HEALTH CENTER AND CONTACT INFORMATION]

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



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



Now that things are getting back to normal, your #Medicaid renewal will be too. Ensure MDHHS knows where to send your letter. Update your address today Michigan.gov/MIBridges



After Redetermination

Use #Medicaid? Listen up and stay covered! Medicaid renewals were paused due to #COVID19, but they're back! Don't wait – update! Make sure MDHHS has your current address:

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

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 or CHIP? 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 3 years? 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. 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
- 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

Additional text-based resources are available in the [Enabling Services SharePoint](#).



Call Script Examples

Updating Phone Lines Script

Thank you for calling **[HEALTH CENTER]**. Have you heard the news? If you or a family member has 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 on April 1st, but coverage won't be ended on this date. Your Medicaid redetermination is based on your benefit renewal month. Be sure your contact and household information is up to date in MIBridges and pay close attention to your mail. You may receive a Medicaid or CHIP renewal form asking you for more information. 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. Connect with our enrollment staff today if you need help.

Preparing For 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.

1. If you moved recently or if any of your contact information like your phone number or email address has changed, I can update your account to make sure you get important information about your Medicaid or CHIP coverage.

2. Pay close attention to your mail. After we review your Medicaid or CHIP eligibility, we'll send you one of the following in the mail:
 - a. A letter telling you is renewing your Medicaid or CHIP coverage, or
 - b. A letter telling you that is ending your Medicaid or CHIP coverage, or
 - c. A Medicaid or CHIP renewal form asking you for more information to see if you or a family member still qualify for Medicaid or CHIP. 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.

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](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) 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 '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 your Medicaid or CHIP coverage, you can contact us **(Insert contact methods here)**. For questions about applying Marketplace coverage, please call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

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](https://www.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]**.