

Working with Molina Healthcare

When Medicaid Redetermination Resumes

April/May 2023

Resumption of Medicaid Redeterminations

Defining Redetermination

What is redetermination?

The Michigan Department of Health and Human Services (MDHHS) annually reviews a member's eligibility for Medicaid benefits. This is called redetermination.

What is passive redetermination?

Some members are approved automatically (known as passively redetermination), meaning they do not have to complete the redetermination packet.

Who is included in passive redetermination?

Members are defined based on the type of assistance they receive from the Medicaid program. For example, if a member is a foster child, they are passively redetermined each year, until their birthday at age 26.

When does redetermination occur?

A member's redetermination date is the same month they initially enrolled in Medicaid the first time they applied for benefits. For example, if a member enrolled in April, they would have until April 30th to submit their redetermination paperwork.

How does the redetermination process work?

MDHHS benefit system, MiBridges, generates and sends beneficiaries their redetermination packet **45 days before their redetermination date to the address on file**. Members must complete this packet and return it with proof (documentation) to their assigned MDHHS caseworker.

Resuming Medicaid Redeterminations

- **Why now?**

During the COVID-19 public health emergency (PHE), the redetermination process stopped. Medicaid enrollees retained their health coverage without requiring any annual proof of eligibility. The emergency is now over and MDHHS is restarting this process, beginning in June.

- No enrollees in Medicaid were terminated due to ineligibility during the COVID-19 PHE
- Michigan redeterminations will begin in June. Medicaid members will need to reapply for their Medicaid benefits based on current eligibility, which for many people, have changed.
- Our goal is to help inform and assist members to stay covered, if they are eligible for Medicaid, and to help those who are no longer eligible, to understand what other options are available

Redetermination

GOALS

To work in partnership with the community to ensure that all eligible members/patients for Medicaid complete the redetermination process and keep their health coverage.



WHO

- Any Medicaid recipient who receives a redetermination packet from MDHHS, including:
 - TANF (Temporary Assistance for Needy Families)
 - MMP (Medicare/Medicaid Integrated Duals or MI Health Line),
 - HMP (Healthy MI Medicaid Expansion)
 - ABD (Aged/Blind/Disabled), who receives a redetermination packet from MDHHS
- Will members be passively renewed?
Yes, but only 20% of members.



EFFECTS

- Anxiety about what to do and about losing coverage
- Lack of knowledge about specifics regarding the redetermination process
- May not seek needed care if they lose coverage, potentially leading to worse health outcomes

Approximately, 80% of members **WILL NEED** to complete redetermination paperwork or they will be disenrolled from the Medicaid program.

Redetermination Alert

If a member's redetermination paperwork is **NOT** completed and sent to MDHHS, the member will be disenrolled from the Medicaid program.



MDDHS Redetermination Brochure

Newly Released 04/04/2023

- [Link to Brochure](#)

Medicaid Renewals



At the start of the federal COVID-19 Public Health Emergency (PHE) we stopped the Medicaid renewal process. Renewals are restarting. If you have Medicaid, MICHild, or Healthy Michigan Plan you may need to go through the renewal process. This is to find if you are still eligible for free or low-cost Medicaid coverage.



What to do now:

- 1 Update your address, phone number, and email address.**
- 2 Report any changes to your household or income.**
- 3 Check your mail. You may need to fill out a renewal form.**

Learn more about what to do now on the next page. ►

MI Bridges is here to help

The MI Bridges website can help you apply for benefits, find resources, and manage your case.

You can access MI Bridges anytime online at Michigan.gov/MIBridges to apply for:

- Healthcare coverage
- Food Assistance Program (FAP)
- Cash Assistance
- Child Development + Care (CDC)
- State Emergency Relief (SER) – including utilities, housing, and burial costs

MI Bridges can also help you search for state and local resources in your community. If you receive benefits, you can manage your case and renew benefits through your MI Bridges account.



Questions?
Call the Beneficiary Help Line toll free at **1-800-642-3195** (TTY: 1-866-501-5656). We are open Monday through Friday, 8 a.m. to 7 p.m.

2023 Benefit Changes
To learn more, go to Michigan.gov/2023BenefitChanges



MDHHS: MEDICAID RENEWALS

Make sure to:

- 1 Update your address, phone number, and email address now**
The best way to update contact information is online at Michigan.gov/MIBridges.
If you are the head of household and **have** a MI Bridges account:
 - Log in to your MI Bridges account
 - Make sure to report changes in both the profile section and the "Report Changes" area. Local office staff will use the "Report Changes" area to update the address for your case.
 - Do not create an account if you already have oneIf you are the head of household and do **not** have a MI Bridges account:
 - Go to the MI Bridges website at Michigan.gov/MIBridges
 - Select "Register" and follow the steps to fill out your informationYou can also contact your local MDHHS office to make changes.



- 2 Report any changes to your household or income now**
Report changes to the MDHHS by visiting Michigan.gov/MIBridges or contact your local MDHHS office.



- 3 Check your mail**
To keep your Medicaid coverage, you may need to complete a yearly renewal form. If you do, we will send one to you. To avoid gaps in Medicaid coverage, please complete and return the form right away.
If you want to get electronic updates about your letters:
 - Go to Michigan.gov/MIBridges
 - Log in to your account
 - In your MI Bridges account settings, choose to get electronic updates. We'll tell you when you have a new letter in MI Bridges.





If you get a renewal packet

Be sure to fill it out, sign the forms, and return them by the due date with any needed proof, such as proof of income, assets, and expenses. For example, we may ask for pay stubs, bank statements, or utility bills.

You have about **60 days** to respond once you get the renewal packet. If you get a Verification Checklist (Form 1010) in your packet, you have about **10 days** to fill it out and send it back.

MDHHS: MEDICAID RENEWALS

What is Molina doing to support members?

How will Molina connect with members?



What is Molina doing to support members before Medicaid redetermination resumes?

- Before the reinstatement of Medicaid redeterminations, we're working to ensure we have the current and correct contact information for Molina members, so they receive their renewal information on time. To accomplish this, we've created the following resources:
 - Information on how members can update their contact information, which is available online at MIBridges
 - Collateral that includes flyers, SMS text message, email and social media campaigns
 - Member reminders to renew their benefits when it's their turn through an awareness campaign that includes:
 - A video explaining what resumption of redetermination means for their Medicaid coverage
 - A national website that points them to their state-specific resources at (Molina Keep My Health Plan)
 - Social media posts and on-hold messaging to help remind members that they will need to take action to keep their Medicaid benefits

Member Materials

MOLINA HEALTHCARE
880 West Long Lake Rd., Ste. 600
Troy, MI 48098

Action Required!
You may lose your healthcare coverage!
For more information, visit www.molinahealthcare.com/keepmyhealthplan/MI or scan the QR code below.

<Member Name>
<Member Address>
<Member City, State, Zip>

Action Required!
You may lose your healthcare coverage!

30 DAYS

MolinaHealthcare.com
(866) 916-0917

MOLINA HEALTHCARE
Your Extended Family

You must complete your redetermination paperwork by <date> to maintain your Molina Medicaid Plan benefits and remain enrolled with your Molina Medicaid Plan.

It's time for your annual eligibility review called redetermination. Recently, you were sent redetermination paperwork to complete. If you have not completed all your redetermination paperwork, please do so as soon as possible.

Remember, All Molina Medicaid members get these great value-added benefits:

- Complete Medical Coverage
- Nurse Advice Line
- My Molina Mobile App
- Medication Therapy Management Program
- Free Health Education Programs
- Community Connectors Program
- Free Transportation Services
- Annual Molina NOPE Coat Drive

Please don't delay! You are important to us. We care about you and your family and want to ensure you keep your coverage. If you have already completed all the requirements listed in your redetermination paperwork, we thank you!

30-day flyer

MOLINA HEALTHCARE
880 West Long Lake Rd., Ste. 600
Troy, MI 48098

Time to Renew Your Benefits!
For more information, visit www.molinahealthcare.com/keepmyhealthplan/MI or scan the QR code below.

<Member Name>
<Member Address>
<Member City, State, Zip>

Time to Renew Your Benefits!

60 DAYS

MolinaHealthcare.com

MOLINA HEALTHCARE
Your Extended Family

Thank you... for being part of the Molina Healthcare family.

The Michigan Department of Health and Human Services (MDHHS) must occasionally re-determine if you are eligible for Medicaid benefits. **This is called Redetermination.** The Redetermination process includes a full review of all areas that determine your eligibility for benefits. You may receive a request from your case worker. If you do, please complete the paperwork in a timely manner.

You should receive your Medicaid redetermination paperwork from MDHHS within 60 days.

The redetermination process is important to complete in order to keep benefits.
Your Redetermination Date: <Date>

60-day flyer

Don't Lose Your Medicaid Coverage! Renew Today

Now, more than ever, it's important to keep your Medicaid coverage up to date.

How to Renew

- **Online:** Log in to www.mibridges.michigan.gov
- **By phone:** Molina has navigators available to help with the process. If you need help, call **(866) 916-0917**. If you did not receive a redetermination packet, please contact your caseworker or your local MDHHS office.

Complete your redetermination paperwork today to avoid losing your coverage!

Molina has navigators available to help with the process. If you need help, email healthplanrenewals@molinahealthcare.com or call **(866) 916-0917**. We're here to help!

Items you will need:

- Social Security numbers
- Birthdates
- Passport, alien card, or other immigration numbers for legal immigrants who need health care coverage
- Income information for all adults and all minors age 14 or older who are required to file a tax return.

Renew now so we can keep taking care of you!

Reminder:
Now is a great time to update your contact information! Make any needed changes to your mailing address, phone number, and email in www.mibridges.michigan.gov so you do not miss important communication about your health benefits.

< If you are turning 65 or have certain disabilities, you may qualify for Medicare whether or not you are still eligible for Medicaid. We offer Medicare Advantage plans which include all Original Medicare benefits and much more. If you currently are eligible or may become eligible for Medicare, call <866-403-8293, TTY/TDD: 711>. You can add on Molina Medicare even if you are still eligible for Medicaid >

Molina Mobile App
Remember! You can always manage your health care 24/7 with the My Molina Mobile App.
Download the app using the QR Code today.

MOLINA HEALTHCARE
Your Extended Family

MolinaHealthcare.com

Molina Healthcare of Michigan (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1 (888) 898-7969 (TTY: 711). **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (888) 898-7969 (TTY: 711).

تنبه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم (711) (الهاتف النصي): 1-888-898-7969

Informational flyer

Complete MI Bridges Navigator Training

- Become a community partner navigator to assist Molina members in completing their redetermination process in the portal.

Information on Community Partners can be found on the MDHHS website at <https://www.michigan.gov/mdhhs/doing-business/mibridgespartners> .

There are instructions on the different types of community partners. Molina is a Navigation Partner. <https://www.michigan.gov/mdhhs/doing-business/mibridgespartners/become>

There is a page on [training](#) and it lists the available training sessions coming up for the different type of partners. <https://www.michigan.gov/mdhhs/doing-business/mibridgespartners/training>

There is a FAQ page. <https://www.michigan.gov/mdhhs/doing-business/mibridgespartners/questions>

There is a Tools and Resource page with a user guide and videos. <https://www.michigan.gov/mdhhs/doing-business/mibridgespartners/tools>

To register as a Community Partner, go to the MI Bridges home page and click on “Partnerships” at the top of the page.

https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US



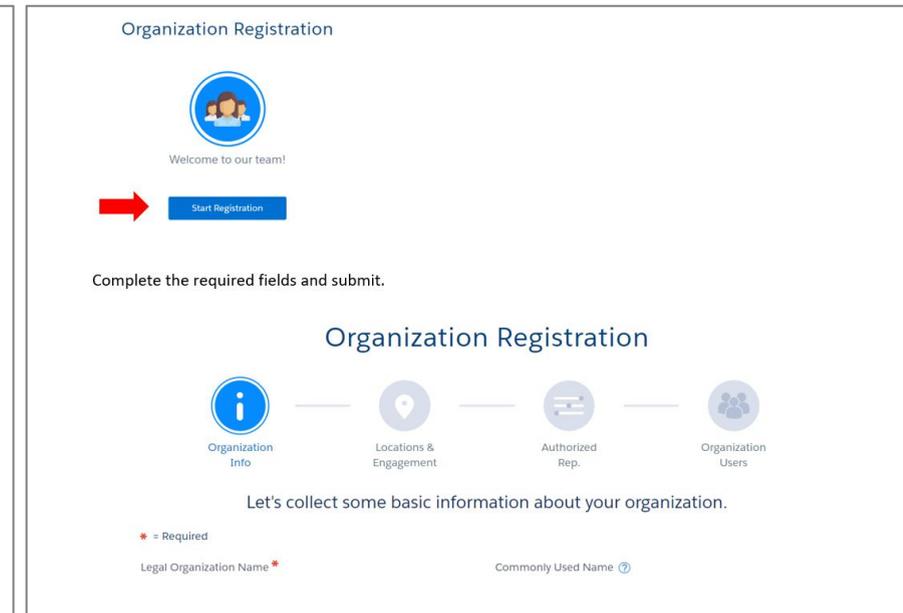
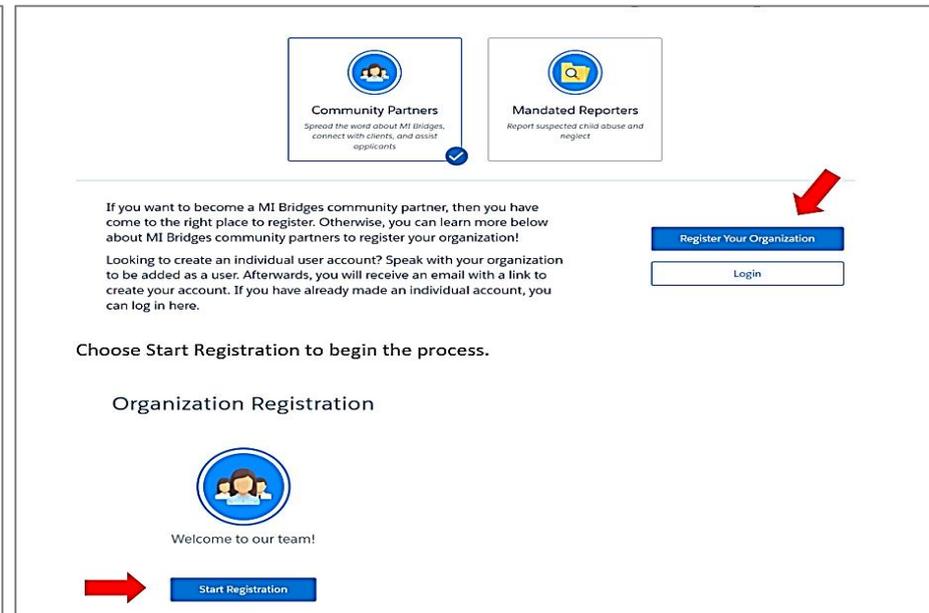
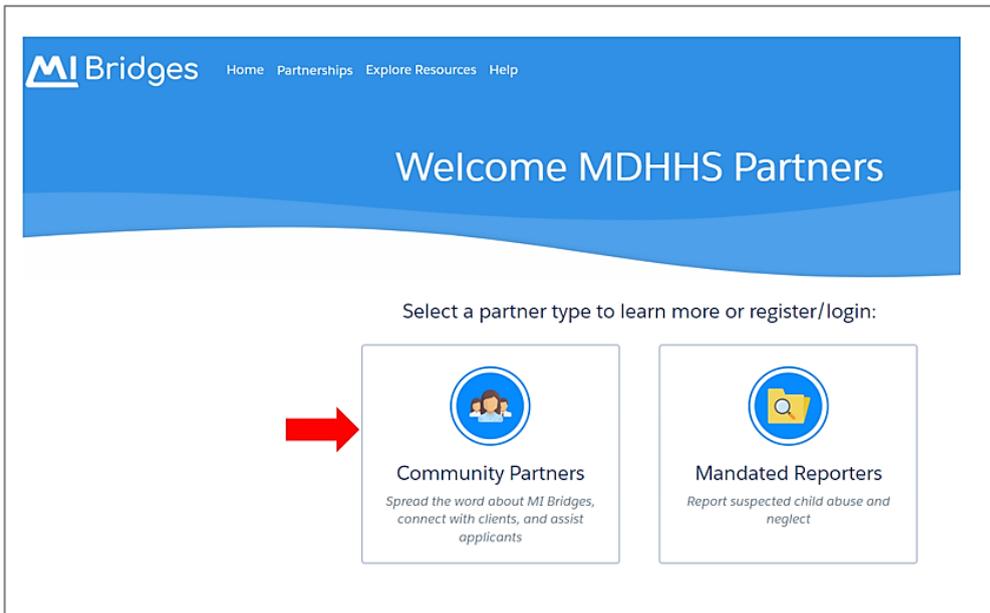
Complete MI Bridges Navigator Training

Three Easy Steps: [Click Here](#)

1. Once on the Partnership page, scroll down and click on the community partner's box.

2. You'll see a check mark on the box. Scroll down and click on Register Your Organization.

3. Once an organization is set up as a community partner, you can add navigators under them.



What is Molina doing to support providers?

How does redetermination affect providers?

- If your patient needs to complete redetermination and does not,
 - they will lose Medicaid coverage
 - potentially become uninsured
 - may suffer declining health because he/she cannot afford care
- Without the Medicaid population, your practice may see declining revenue
- Your practice may experience increased bad debt due to uninsured patients
- Staying informed and providing your patients with guidance and value on the redetermination process will reduce administrative burden

Molina is ready and willing to help you!

How will Molina support providers?

- Offering member-facing materials to support your patients in completing redetermination paperwork
- MDHHS to provided information, supported with specific member lists for provider direct mailings
 - Anticipated in May-June
- Keeping offices continuously informed of updates and changes in the redetermination process

In May Availity Provider Portal will post a notation to remind providers of upcoming redetermination:



The screenshot displays a member record in the Availity Provider Portal. At the top, it shows 'Date of Service Jun 09, 2021', 'Transaction ID: [redacted]', 'Transaction Date: Jun 09 4:19 pm', and 'Customer ID: [redacted]'. Below this, the member's details are listed: 'Subscriber [redacted]', 'Member ID [redacted]', 'DOB [redacted]', and 'Gender Female'. A 'Plan / Coverage Date' field is also visible. To the right of the member details are 'Edit' and 'Print' icons. A large red arrow points from the top right towards a notification banner at the bottom of the record. The banner contains the text: 'MEMBERS MEDICAID RENEWAL IS 03/31/2023. IF APPROPRIATE PLEASE REMIND MEMBER TO TAKE ACTION TO AVOID COVERAGE LOSS. GO TO MOLINAHEALTHCARE.COM/MEDICAIDRENEWALS FOR MORE INFO.' The Molina Healthcare logo is visible in the bottom left corner of the record area.

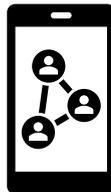
Redetermination and future growth efforts

We're asking for your support and partnership.

- Together, we can provide the education and resources to retain Molina Medicaid members
- Molina will provide specific patient lists for your office outreach
- Offer solutions to those in your communities who have lost their coverage during the recertification process
- Please talk with your Medicaid patients about the importance of maintaining their health care coverage and ensure their contact information is updated

Community Collaboration Supporting Medicaid Patients

- We need your help reminding your Medicaid patients to update their contact information and renew their benefits, so they do not lose coverage. You can help us by:

Toolkits  Provider & Patient, can be found online; MolinaHealthcare.com/MedicaidRenewals .	Member Handouts  Cobranding with Molina & generic to assist Medicaid members/patients.	Social Media  Post, like, and tag Molina to inform members/patients.	Direct Member Outreach  Molina to provide patient lists to support outreach withing the next 60 days.
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If you have any questions, please contact your Provider Services Representative, send an email to MHMPProviderServicesMailbox@molinahealthcare.com or give us a call at (947) 218-0886 or (947) 622-1230.

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**Thank you for your
continued
partnership and care
of Molina members!**

