

## MCO CHECKLIST

# Supporting Medicaid Renewals to Help Keep Americans Covered

**Medicaid Managed Care Organizations (MCOs) are fully committed to assisting people throughout the Medicaid Redetermination process. This checklist is a tool MCOs can use to ensure an enterprise-wide, all hands on deck approach is being taken to ensure minimal coverage loss.**

- Review Internal Operations Readiness:** Prepare call center scripts, update Interactive Voice Response (IVR) system, prepare mail house, increase staffing and training.
- Test Systems:** Test systems and data file transfers.
- Check Legal Requirements:** Review state/federal requirements on texting members, using autodialers, helping members with renewals (including paperwork), sharing information about Qualified Health Plans (QHP), and creating handoffs to QHPs.
- Prepare Communications:** Get state approval on messages to members and providers, as required by state. Consult messaging guidance from [CMS](#) and state agencies.
- Engage Partners:** Share information with existing partners and develop new partnerships; produce messaging for call centers, vendors, employers, brokers and other partners to ensure updated contact information, renewal process engagement (responding to letters, turning in paperwork) and understanding other coverage options if no longer Medicaid-eligible.
- Collect Member Contact Information:** Collect updated member contact information and, to extent allowable by state, share members' updated contact information with state.

## Best Practices to Increase Renewal Literacy

---

Have ongoing communications strategy to reach members and educate them broadly about redeterminations, to the extent allowed by state, including through:

### Messaging:

- This year is different – Medicaid offices are renewing eligibility and may be terminating coverage (stressing urgency).
- You need to update your contact information, here's how and where to do it.
- Look for outreach from Medicaid agency (mail, emails, texts) and respond.
- Kids may remain eligible even if parents lose eligibility.
- Return paperwork requests even if you think you may no longer be eligible.
- Ensure children aging out of CHIP apply for Medicaid.
- Ensure Medicaid eligibility to maintain coverage for people dually eligible for Medicare and Medicaid.
- It's important you stay covered. There are other coverage options if you lose Medicaid, such as employer-provided coverage, the Marketplace, and Medicare.
- Where to go to learn about renewal date and next steps.
- Beware of fraud.

### Modes of communication:

- Text
- Email
- Call (Live and Automated)
- Direct mail
- Digital tools
- Newsletters and bulletins
- Personalized videos
- PSAs and paid media
- Social Media
- In-person events and offices
- Roundtables
- Providers (including pediatricians, pharmacies, and community health centers)
- Care managers

### Community channels:

- Partnerships with community-based organizations (United Way, Boys and Girls Clubs, etc.), community assister organizations, faith-based groups, schools and teacher/parent groups, and public housing.
- Coordinate with vendors, employers, brokers, and other partners.

## Support Active Renewals

---

Monitor data coming from states for problems (volume as expected? Populations as expected?). Report concerns to state agency contact.

Reach out to enrollees to let them know they are up for renewal, to the extent allowed by state law.

### Messages that work:

- This year is different – Medicaid offices are renewing eligibility and may be terminating coverage (stressing urgency).
- Make sure you have updated your contact information.
- Read your mail from the state and respond – time sensitive, documentation may need to be gathered.
- Check your online portal.
- Kids may remain eligible even if parents lose eligibility.
- It's important you stay covered. There are other coverage options if you lose Medicaid, such as employer-provided coverage, the Marketplace, and Medicare.
- Where to go for help.

### Conduct additional outreach to at-risk populations:

- Families (mixed eligibility households).
- Pregnant/post-partum.
- Children with special health care needs.
- People in active treatment.
- People with limited English proficiency.
- People dually eligible for Medicare and Medicaid
- Older adults.

## Activate providers:

- Share meaningful, usable data with providers, including pediatricians, pharmacies, and community health centers.
- Utilize employers to educate about Medicaid redeterminations and to encourage people to enroll in employer-provided coverage.
- Engage providers and vendors (Transportation, Dental, Vision and others).

## Coordinate with community partners

## Support People Who Need Additional Help

---

- Ensuring clear, accessible communications (language preferences, etc.).
- Answer questions that come to call centers.
- Help with renewal paperwork if allowed by the state.
- Direct people to state and additional resources (community organizations, brokers, etc.) as appropriate.

[Click here for more information on what health insurance providers are doing to support Americans throughout the Medicaid redetermination process.](#)

---

### ABOUT AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit [AHIP.org](http://AHIP.org) to learn how working together, we are Guiding Greater Health.

### ABOUT ACHP

The Alliance of Community Health Plans (ACHP) is the only national organization promoting the unique, payer-provider aligned model in health care. ACHP's nonprofit, community-based member health companies collaborate with their provider partners to deliver higher-quality coverage and care to tens of millions of Americans across nearly 40 states and DC. Visit [ACHP.org](http://ACHP.org) to learn more.

## Support Transitions and Reconsideration

---

Help people who are losing or have lost Medicaid to find coverage, to the extent allowed by state law.

- Educate and coordinate with **brokers**.
- Share information** about other coverage options such as employer-provided coverage, Marketplace, Medicare, including an emphasis on the value of insurance and how to find it.
- Educate members** about reconsiderations, including through outbound calls and texts to those who were procedurally terminated and are within the 90-day reconsideration period.
- Connect** people to resources (plan staff, providers, states, application assistance grantees, community orgs, etc.), and share data with providers, to help with reconsideration paperwork if a person was procedurally terminated and seems still eligible. Explain to them how to file an appeal if appropriate.
- Provide handoffs** to QHP if allowed and applicable.
- Support continuity of care** by sharing data with QHP if applicable.