



Medicaid Redeterminations: Access to Affordable Health Care

Everyone should have access to affordable health care no matter who you are or in which state you live. But that coverage is at risk for millions of Americans who gained or maintained coverage during the COVID-19 public health emergency (PHE) through Medicaid.

Instead of jeopardizing someone's access to care during the PHE, Congress allowed states to keep people on Medicaid rather than conducting eligibility redeterminations. As of April, states are now resuming those redeterminations, and millions of Medicaid members are losing their coverage. Health plans are working to keep people covered and transition individuals who are disenrolled from Medicaid into other forms of coverage.

KEY FACTS



BCBS companies collectively
COVER 13 MILLION
1 in 10—Medicaid enrollees



25 BCBS PLANS
across 30 states have branded
Medicaid and/or CHIP membership

With deep roots in communities across the nation, Blue Cross and Blue Shield companies are committed to partnering with their states, providers and local community organizations to help people maintain their health coverage and ensure a smooth transition to new coverage for those no longer eligible for Medicaid.

BCBS COMPANIES IN THEIR COMMUNITIES



[Blue Cross Blue Shield of Arizona](#) (BCBSAZ) utilizes Community Health Workers, on staff Community Assistors, providers and community partners to reach, educate and help individuals renew their Medicaid eligibility. Outreach calls are conducted five days a week using monthly renewal lists. The company also identifies AZ Blue members who are moving between product lines and supports disenrolled Medicaid members who are transitioned to a Marketplace plan. Additional efforts include partnering with key stakeholders to engage members, providing education and awareness around redeterminations for brokers and creating a guidebook for employers.



Arkansas Blue Cross and Blue Shield (ARBCBS) is [utilizing](#) their customer service team and their seven brick and mortar ArkansasBlue Welcome Centers to support their Medicaid expansion members, providing clarity around redeterminations, including directing them to where they can receive the best information and resources. ARBCBS also provides incentives to their pharmacists for discussing redeterminations with members they service.



Capital Blue Cross staff at [five of the company's Capital Blue Cross Connect health and wellness centers](#) are available to assist anyone needing coverage as a result of Medicaid redeterminations. Digital and radio ads drive traffic to the Connect centers where staff help members navigate Pennsylvania's state-run exchange, determine qualification for subsidies based on their income, and enroll in a new individual plan. Capital BC also is helping to educate the public about the redetermination process and how it might impact them through content on their [THINK](#) site and have a dedicated phone number to assist this affected population.



[Excellus Blue Cross and Blue Shield](#) is hosting a Community-Based Organization Summit to support the capacities of its community partners and reach its Medicaid members where they are. Excellus also has developed outreach and educational materials, trainings and other resources to ensure partners at the local level can engage members and encourage continued coverage.



[Highmark](#) is working through the managed care organizations (MCOs) within its Medicaid segment to educate their respective Medicaid enrollees on their health care options in the event they fail Medicaid eligibility. Such options include the Children's Health Insurance Program (CHIP), which insures children who may not qualify for Medicaid or whose parents do not have access to family coverage as well as each respective market's individual insurance exchange. Highmark is also using a mobile concierge service to provide Medicaid redetermination education, raise awareness and offer eligibility submission assistance through venues including school based and broader community events.



[Horizon BCBS New Jersey's](#) (Horizon) Community Outreach team leverages a statewide campaign titled, Cover All Kids, to educate newly eligible immigrant populations on available coverage. Member and state-level data is analyzed to identify areas and demographics most in need for increased community and member engagement. In an effort to amplify reach, focused partnerships with school superintendents help assist all children in a district and "Train the Trainer" courses educate front-line staff on how to help members navigate the Medicaid application and renewal process. Horizon holds live application assistance events at touchpoints including schools, community centers and places of worship. Horizon is also collaborating with its fellow MCOs on a coordinated approach to communications, collateral and operational guidance on reaching out to members.



Too often Medicaid members are unaware they have lost coverage until they go to access health care services, such as filling a prescription or going to the doctor. To assist these members, the Hawaii Medical Service Association (HMSA) is arranging a seven-day supply of emergency medications at the point-of-sale. HMSA also provides members with information on how to take action to regain their Medicaid coverage or get health insurance through other avenues. Similarly, HMSA is educating doctors' offices on how best to direct patients to the resources they need to retain their coverage.



Anthem Blue Cross has initiated "Ready, set, renew!" to help providers who engage with members eligible for redeterminations, which includes a "Chat with Payer" component as well as personalized texts or emails to alert them about their renewal window. Included in the program are brochures and flyers that educate providers how to talk with Medicaid patients about redeterminations. Elevance Health, the parent of Anthem Blue Cross, also has launched a web platform to help members understand their coverage options and has been hosting health fairs as well as launching informational ads to direct people to appropriate resources.



Blue Cross and Blue Shield of Tennessee (BCBST) has been proactively educating Medicaid members of the need to engage in the redetermination process to ensure they remain covered through Medicaid or other coverage. Along with the traditional means of outreach, such as phone calls, letters and hold messages, BCBST also has developed an interactive, step-by-step texting campaign. By following simple steps, members are directed to state resource pages where they can update their contact information, apply for coverage renewals or shop for new coverage on their mobile phone.



Blue Cross Blue Shield of North Dakota (BCBSND) educated Medicaid Expansion (ME) members about the PHE and the redetermination process in coordination with the state of North Dakota. ME members received a direct mail piece in March that provided information about the need for the state to contact them and provided a Visa gift card to members that updated their contact information. BCBSND sends text messages to ME members that are going through the redetermination process to let them know they received or will be receiving information from the state. A landing page, text messages and print materials have been developed to encourage disenrolled members to stay covered with a marketplace plan.



To help raise awareness of the Medicaid redetermination process, **Blue Cross and Blue Shield of Michigan (BCBS Michigan)** has deployed alerts on their care teams' computer portals so they are notified when a Medicaid enrollee they are working with is up for renewal so they can provide them with the needed renewal information. BCBS of Michigan also is sharing information with providers, so they are aware of an enrollee's status and can intervene during face-to-face interactions with information on how to update contact information or submit renewal applications.