



This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) program for Simply.

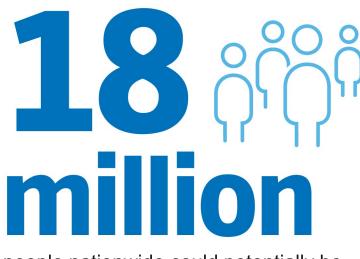
Helping your patients navigate Medicaid and CHIP renewal

During the COVID-19 public health emergency (PHE), Medicaid and Children's Health Insurance Program (CHIP) members did not have to go through an annual eligibility review — their health care benefits were renewed automatically.

Now, Medicaid and CHIP eligibility reviews are required for the first time since the pandemic began. Millions of members will go through their first eligibility review and may no longer qualify for Medicaid and CHIP health benefits.

Medicaid and CHIP members have begun to receive information by mail from their state Medicaid agencies in advance of when renewals will start again. This information explains:

- Medicaid or CHIP health coverage will no longer automatically renew.
- How to determine if they are eligible to renew their benefits and continue receiving health coverage.



people nationwide could potentially be disenrolled.¹

Why you are key to helping your patients during this transition

Each state is mailing information to Medicaid and CHIP members about the need to renew their health benefits. This information may have come from the state's department of health, Medicaid agency or social services agency. As your patients receive this information, they may have questions for you, your front-office staff and your operations teams.

Patients may:

- Be afraid they will lose their health coverage.
- Not know how to renew their Medicaid and CHIP health benefits.
- Not have received their renewal information in the mail.



Why you are key to helping your patients during this transition (cont.)

We're here to provide information and resources to you during this time so you can:

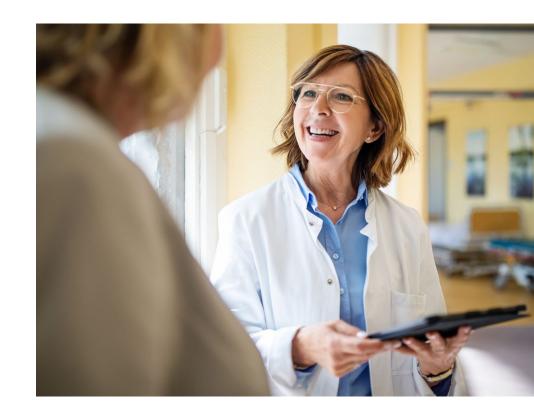
- Answer patients' questions about the Medicaid and CHIP renewal process.
- Share resources with patients to guide them through next steps and explain their options for health care coverage if they no longer qualify for Medicaid and CHIP health benefits, such as:
 - An employer-sponsored plan.
 - A Health Insurance Marketplace[®] plan.
 - An individual coverage plan.



How can you check which patients have Medicaid and CHIP coverage?

To help prevent patients from losing health coverage, you can proactively use the Availity Essentials* platform at Availity.com to identify:

- Which patients have Medicaid and CHIP health benefits.
- The coverage dates for most patients receiving Medicaid and CHIP health benefits, where available.



Instructions for using Availity Essentials at Availity.com to identify Medicaid and CHIP members



- 1. Log on to the platform using your secure credentials. Each Availity user should have their own unique HIPAA-compliant login.
- 2. Select the **Patient Registration** tab, followed by **Eligibility and Benefits Inquiry.** This brings up the *New Request* screen.
- Enter the patient information and check the Subscriber Information and Plan/Product Information sections to see if Medicaid or CHIP is listed. This will confirm whether the patient has Medicaid or CHIP coverage.
- 4. Check the patient's coverage date at the top of the screen, where available.

For a step-by-step video tutorial that walks you through how to find this information, refer to the *Additional Resources* page at the end of this presentation.

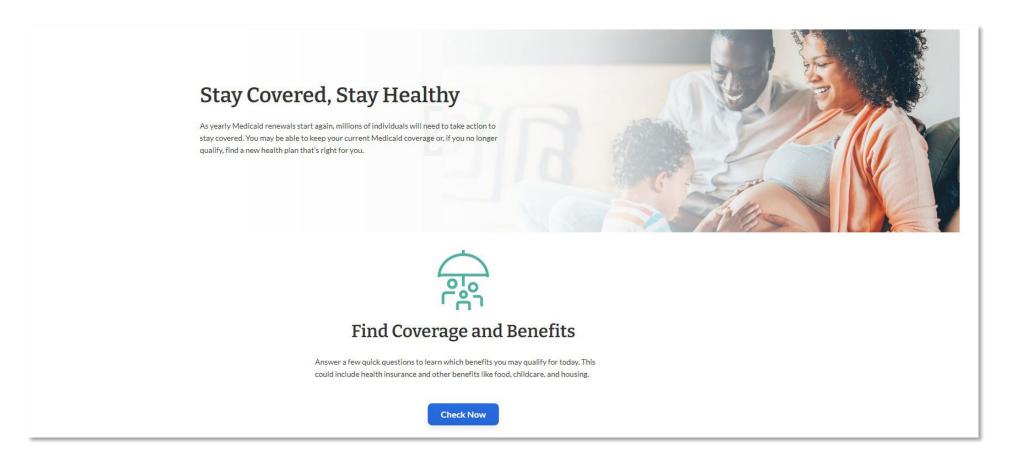
What resources can you share with Medicaid and CHIP members to help guide them through renewal?

We've developed resources and tools to help you support your patients. You can share these resources to help ease their concerns and provide compassionate support:

- A patient–facing guide that explains how eligibility reviews were paused during the PHE but are starting again —
 and guides Medicaid and CHIP recipients through next steps.
- Our educational Medicaid renewal destination that helps patients understand the renewal process and their
 options for coverage if they no longer qualify for Medicaid and CHIP health benefits.
- Our **benefits eligibility tool** that helps patients check if they qualify for Medicaid or CHIP. If they're no longer eligible and don't have access to an employer-sponsored plan, the tool could direct them to a Health Insurance Marketplace plan or other health coverage options.

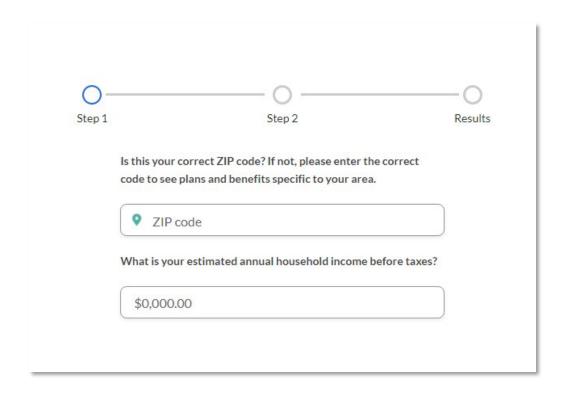
Refer to the Additional Resources page at the end of this presentation for resources available in your market.

Introducing MyHealthBenefitFinder.com



MyHealthBenefitFinder.com is our **educational Medicaid renewal destination** that helps patients understand the renewal process and their options for coverage if they no longer qualify for Medicaid and CHIP health benefits.

Introducing MyHealthBenefitFinder.com (cont.)

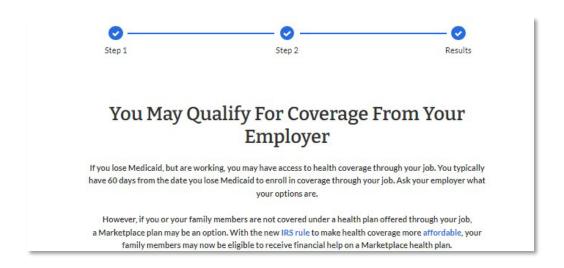


Step 1 Step 2 Results Tell us about yourself: Gender (?) Male Female Please select all that apply: Tobacco user (?) Pregnant (?) Currently eligible for insurance through an employer (?) Do you have breast or cervical cancer (?) Tell us about those needing coverage: Add My Spouse/Partner Add A Child Dependent

Step 1: Patient enters their ZIP code and annual household income.

Step 2: Patient enters additional information about themselves, their spouse and child dependent(s), if applicable.

Introducing MyHealthBenefitFinder.com (cont.)





Step 3: Based on their responses, the tool informs patients whether or not they qualify for Medicaid or CHIP. If not, it directs the patient to an employer-sponsored plan (if eligible), a Health Insurance Marketplace plan or other health coverage options.

You can count on us to support you as you support your patients

We're here to be a trusted resource for you as patients turn to you for help navigating the renewal process.

Together, we can help make sure that patients stay covered and stay in your care.

If you would like more information about helping your patients, contact your Provider Relationship Management representative or call Provider Services. We are standing by to help.



Additional resources

- Patient-facing guide: view and download here
- Benefits eligibility tools:
 - MyHealthBenefitFinder.com/Simply
 - MyHealthBenefitFinder.com/CHA
- Video tutorial for using Availity.com to identify Medicaid and Florida Healthy Kids members:
 - Simply Healthcare Plans, Inc.: https://bcove.video/42jZtwj
 - Clear Health Alliance: https://bcove.video/42np2N2



*Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

https://provider.simplyhealthcareplans.com | https://provider.clearhealthalliance.com

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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