

Minimizing health insurance coverage losses when Medical Assistance renewals resume

Mitigation plan approved by the Centers for Medicare & Medicaid Services

The Department of Human Services will use these CMS-approved strategies to help eligible Minnesotans keep coverage and secure another \$300 million in federal funds for the state during the [resumption of renewals](#).

Add more user-friendly ways to complete the renewal process, including by phone or by submitting documents online.

- Learn more about the new ways to provide renewal information at mn.gov/dhs/renewmycoverage.
- Enrollees can still choose to submit their renewal form in person, by postal mail or fax.

Make it easier to complete the paper-based renewal forms.

- Remove questions unlikely to change about enrollees from the renewal form, e.g., Social Security Number.
- Add a question that allows enrollees to select that they have no income.
- Train eligibility workers to continue renewal determinations when certain questions are left blank.
- Add how navigators and contracted health plans can help submit completed forms or documentation.

Renew coverage automatically for more enrollees, allowing them to skip the paperwork and renew their coverage based on trusted data sources that show they continue to qualify.

- Add automatic renewal processes for enrollees who get their coverage on the basis of having disabilities, being blind or being age 65 or older by assuming their continued eligibility when they either:
 - Continue eligibility for other low-income programs, e.g., Supplemental Security Income, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) at 100% of federal poverty guidelines.
 - Have stable income from Social Security or Railroad Retirement income or disability benefits.
 - Had no income when they applied for the program or at their most recent eligibility review.

Maintain coverage for enrollees who have disabilities, are blind or are age 65 or older and in the first batch of enrollees due for renewal – the July 2023 cohort – for all reasons other than an ineligibility determination.

- Continue coverage if they fail to submit or complete their paperwork. Reschedule their renewal for later.

Minimize unnecessary hurdles to the renewal process that cause enrollees to temporarily lose program eligibility, reapply for it and regain eligibility in a short amount of time.

- Waive the asset test at renewal for enrollees who have disabilities, are blind or are age 65 or older by disregarding assets above the asset limit until their next renewal after renewals have resumed.
- Verify program eligibility for enrollees who have disabilities, are blind or are age 65 or older after they submit their renewal form through manual back-end data checks.
- Permit enrollees to submit renewal paperwork up to four-months after their coverage closes if it closed for failure to return renewal paperwork.

Work with contracted managed care health plans to maintain coverage for eligible enrollees.

- Provide health plans lists of enrollees due for renewal, and request they communicate with enrollees whose coverage will not automatically renew.
- Request that the health plans incorporate renewal-related information into customer-service interactions.

Check enrollees losing coverage for eligibility under other eligibility categories.

- Train workers to check for eligibility under other categories when enrollees lose coverage.
- Add screening questions to renewal forms received by enrollees to detect when they may meet another eligibility category. Send enrollees who will lose coverage under their current category a supplemental form to complete within 30 days when screening questions indicate possible eligibility under another category.

Other renewal requirements: Consolidated Appropriations Act, 2023

Ensure up-to-date enrollee contact information.

- Develop and promote a statewide address update campaign with media, social media, text messaging, digital and print communications materials, and direct engagement by stakeholders serving enrollees. Share the resources to promote the campaign with partners and stakeholders, including counties, tribes, managed care organizations, navigators, providers and community organizations.
- Partner with managed care organizations to update address information for enrollees.
- Update enrollee addresses from other DHS programs, including SNAP and TANF.
- Accept in-state address updates from the U.S. Postal Service.
- Mail enrollee notices early to help identify wrong addresses.

Make extra effort to reach enrollees before closing their coverage for returned mail.

- Correct addresses for enrollees when renewal forms get returned in the mail due to bad addresses.
- Contact enrollees through multiple means before closing their coverage due to bad addresses.
- Give enrollees more time to complete their renewal when their renewal forms get re-mailed to new addresses.