



PIHP/CMHSP PHE End Medicaid Renewals Q&A

Question: What information will MDHHS provide to assist with beneficiary renewals being completed in a timely manner?

Answer: Three files will be provided separate from the 834.

- 1) Initial Beneficiary Renewal Report – This is intended to be a one-time report that will list every beneficiary by the month that they will be renewed. We are hoping to have this report available before end of March.
- 2) 1010 mailing monthly report – This is a monthly report that will be sent out after the renewal packets have been mailed to beneficiaries. This report lists all beneficiaries who had a packet mailed (physically mailed or available electronically via MI Bridges if they opted for that). Renewal packets are mailed on the 4th of the month prior to the renewal month, so this report would be available sometime after that (example: June renewal packets are mailed out on May 4th, so the June report would be available shortly after May 4th).
- 3) Monthly Closure Report – This monthly report will list all beneficiaries who are closing due to administrative reasons (failing to return renewal packet or provide other information), excess income, excess assets, or other reasons (failure to cooperate with child support, etc.). Bridges marks all individuals for closure after the negative action date (which depends on the month but is typically between the 15th and the 20th) and mails out the closure letter, so this report would be generated sometime after that date. It's unclear how long it will take Bridges to generate the report yet, so a true date is yet to be determined, but for planning purposes we are telling the MHPs that it may be the month after the Medicaid is already closed (example: June closure report may not be available until the first week of July).

Question: Would a CMH/PIHP want to begin by looking for beneficiaries with redetermination dates as of May 31st or June 30th ?

Answer: The first renewal month will be June. The May renewals won't get done until May 2024. Basically, you can look at any renewal that is marked as June 2020, June 2021, June 2022 or June 2023 and they will all be renewed this June.

Question: Will the data that will be used (from BRIDGES) to populate the File #1 be the same as data in the 834?

Answer: Probably. There is a .5% discrepancy since 834 CHAMPS is a tiny bit stale in comparison.

Question: What about blank redetermination dates on the 834?

Answer: A member without a redetermination date on the 834 is referred to as “passively enrolled” meaning MDHHS is almost always able to verify their income and assets electronically via Social Security number or other sources. These members will automatically be renewed unless an issue comes up where it cannot be verified in which case MDHHS will send them a packet to renew and give them a redetermination date at that time.

Question: Can DOB be added to the Initial Beneficiary Renewal Report?

Answer: Unfortunately, we can’t modify the files at this point.

Question: Why are some beneficiaries appearing in more than one Initial Beneficiary Renewal monthly report?

Answer: Beneficiaries are appearing in more than one monthly report because they have both Medicaid and Medicare Savings Program (MSP), and they may have separate renewal dates. It can also happen if the MSP was approved at a different time than the Medicaid, since it’s driven by the Medicare approval.

The Medicare Savings Program should be the only one that appears together with other Medicaid categories. The Medicare Savings Program is a Medicaid category that pays for Medicare premiums, deductibles, and co-insurances. There are three types of MSP – QMB (Qualified Medicare Beneficiaries), SLMB (Special Low-income Medicare Beneficiaries), and ALMB (Additional Low-income Medicare Beneficiaries). The Plans could see one of these and any other Medicaid program together, which is why they may see a beneficiary who appears to have a renewal in multiple months. There should not be more than one MSP program for the same individual (SLMB and ALMB together for example), and there should be multiple other Medicaid categories together for the same beneficiary (e.g., HMP and TMA).

The *Type of Assistance* column was added to the file to identify the program.

Question: Why are the monthly Initial Beneficiary Renewal Report file headers inconsistent from month to month?

Answer: Bridges sent slightly different headers for each batch. It wasn’t caught because the individual ID, member ID, beneficiary ID are things used interchangeably, but understand it could interfere with what the health plans were expecting to see. Other fields (Date of Death – DOD, benefit plan, etc.) were added as helpful information. The original file format only called for the individual ID and individual name. The health plan name was added so as to know where to break the file up. The extra information can be deleted if not needed.