



Keeping Minnesotans Covered During Medicaid Unwinding: Provider Resources



 15-25% of the 1.5M or 1 in 4 Minnesotans now enrolled in the state's health care programs could change coverage during the unwinding of pandemic-era policies.


 For those at risk for a loss of or disruption in coverage, it is estimated 40 percent could face a period of uninsurance.


Providers' role in preventing avoidable gaps in coverage


Now that the COVID-19 public health emergency has ended, eligibility reviews have returned for the state's public programs, Medical Assistance and MinnesotaCare, which currently cover 1.5 million or 1 in 4 Minnesotans. As renewals return, it is estimated that nearly 380,000 Minnesotans could move off these programs. For many, this will be the first time in 3 years – if not the first time ever – they'll be going through a renewal and may only realize they no longer have coverage when they show up at a physician's office, clinic, or pharmacy.


Providers have a critical role to play to help ensure the children and families they care for maintain their coverage or connect to other coverage options. Providers should be aware of some of the common questions patients may have as they renew or select new coverage.


Steps Minnesota providers can take to support patients

 Share information through flyers, automated messages, and clinic visits to remind patients on Medicaid to update their contact information with their county and watch for renewal notices in the mail – "**Watch for the circle in blue when it's time to renew**". Customizable communications materials and more information available at <https://mn.gov/dhs/renewmycoverage/>

 Help patients find their renewal date through the [DHS Renewal Lookup Tool](#) so they know when to watch for their renewal paperwork.

 Refer patients to assistance resources. Patients can contact a [navigator](#) or a [health plan](#) to ask questions and get support with renewals, re-enrollment, or finding new coverage.

 Train staff to help patients understand if they lost coverage for procedural reasons or because they are no longer eligible. If no longer eligible, other coverage options are available through [MNSure](#) with low or no premiums to cover doctor visits, hospital stays, prescriptions and emergency care. Medicare may be an option for patients 65 and older. If your patient has access to employer-sponsored insurance, employees have 60 days to elect new coverage.

 Remind patients that changes in circumstances, like growing their family, marital status changes, new diagnoses, etc. – may make them eligible for Medicaid or MinnesotaCare again. They can apply at any time, and there are no limits on how many times someone can apply.



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