INSTITUTE FOR
MEDICAID INNOVATION

Future of Innovation in Medicaid

9-21-23

Jennifer E. Moore, PhD, RN, FAAN

Founding Executive Director

INSTITUTE FOR MEDICAID INNOVATION

MISSION

Improve the lives of Medicaid enrollees

Develop, implement, and diffuse innovative and evidence-based models of care

Promote quality, value, and equity
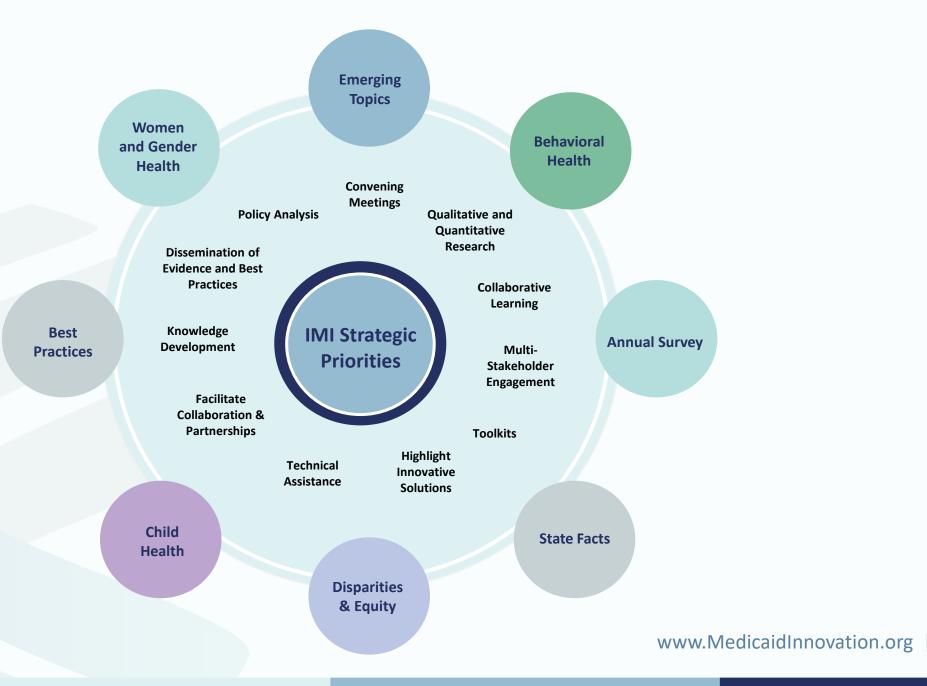
Engage individuals, families, and communities

VISION

Provide independent, unbiased, nonpartisan information → Inform Medicaid policy → Improve the health of the nation

Strategic Priorities

Access, Coverage, and Outcomes

Community and Equity

Data and Quality

Sustainability

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Emerging Topics

Women and Gender Health

Behavioral Health

Convening Meetings

Policy Analysis

Qualitative and Quantitative Research

Dissemination of Evidence and Best Practices

Collaborative Learning

Best Practices

Knowledge Development

IMI Strategic Priorities

Multi-Stakeholder Engagement

Annual Survey

Facilitate Collaboration & Partnerships

Toolkits

Technical Assistance

Highlight Innovative Solutions

Child Health

State Facts

Disparities & Equity

It's not the statistics that make Medicaid real.

It's when you l♥ve one of the numbers.

Innovation & Opportunities in Medicaid

Annual Medicaid MCO Survey
- Value-Based Purchasing
- Maternal Health
- Child and Adolescent Health
- Behavioral Health
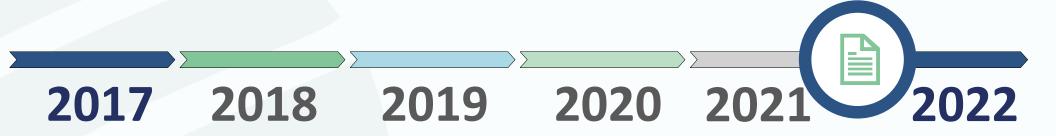- Social Determinants of Health
- Telehealth
- Health Equity

Redetermination Survey
- Enrollment
- Disenrollments
- Barriers
- Flexibilities
- Innovation

Annual Medicaid MCO Survey Findings

Identifying Trends Over Time

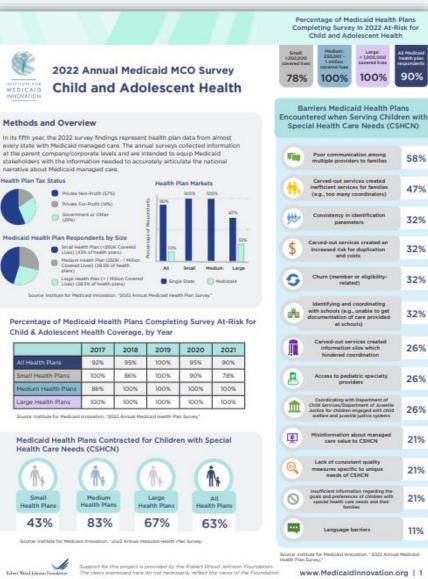**2017** **2018** **2019** **2020** **2021** **2022**

First year of
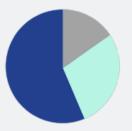report release

Current
report year

A Comprehensive Look

- **Value-Based Purchasing & Alternative Payment Models**
- High-Risk Care Coordination
- Pharmacy
- **Maternal Health**
- **Child and Adolescent Health**
- **Behavioral Health**
- Managed Long-Term Services and Supports
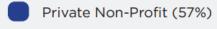- **Social Determinants of Health**
- COVID-19
- **Telehealth**
- **Health Equity**

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A Comprehensive Look

Survey covers 31 of the 40 states that have Medicaid Managed Care

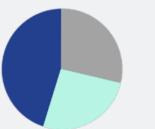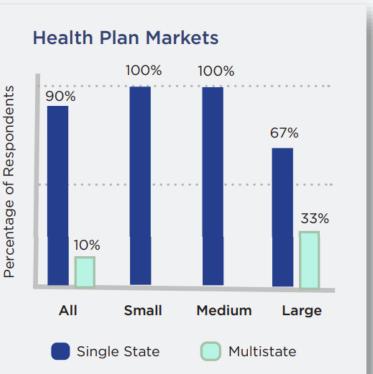**Health Plan Tax Status**
- Private Non-Profit (57%)
- Private For-Profit (14%)
- Government or Other (29%)

Medicaid Health Plan Respondents by Size
- Small Health Plan (<250K Covered Lives) (43% of health plans)
- Medium Health Plan (250K - 1 Million Covered Lives) (28.5% of health plans)
- Large Health Plan (> 1 Million Covered Lives) (28.5% of health plans)
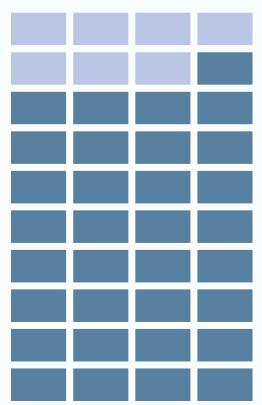
Health Plan Markets

Percentage of Respondents

	All	Small	Medium	Large
Single State	90%	100%	100%	67%
Multistate	10%			33%

Single State   Multistate

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Findings: Value-Based Purchasing

Payment Strategies Used by Medicaid Health Plans

	Payment incentives based on performance measures related to access to care	74%
	Enhanced payment rates for providers financially impacted by the COVID-19 pandemic	58%
	Enhanced payment rates for hard-to-recruit provider types	47%
	Enhanced payment rates for providers in rural or frontier areas	42%
	Payment incentives for availability of same-day or after-hours appointments	37%
	Incentive payments for addressing health disparities	32%
	Incentive payments for addressing health inequities	32%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Operational Barriers Experienced and Addressed

Operational Barriers Experienced and Addressed by Medicaid Health Plans

Operational Barrier	2017	2018	2019	2020	2021
Data reporting to providers	92%	53%	86%	83%	63%
IT system preparedness	92%	47%	71%	50%	47%
Support to providers to make determinations on VBP/APM	92%	41%	71%	39%	37%
Pricing VBP/APM	77%	41%	43%	39%	47%
Tracking quality and reporting within new structure	85%	35%	71%	50%	53%
Contract requirements on VBP/APM approaches	85%	24%	50%	44%	47%
Human resources	-	-	-	-	21%

Note: Response options not included in prior years are noted with a dash (-).

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

External Barriers Influencing Health Plan Adoption and Innovation

External Barrier	2017	2018	2019	2020	2021
Provider readiness and willingness	100%	88%	100%	94%	89%
State requirements limiting VBP/APM models	85%	41%	14%	39%	26%
Medicaid payment rates	92%	65%	57%	67%	58%
Impact of 42 CFR on limiting access to behavioral health data	100%	24%	21%	17%	37%
Uncertain or shifting federal policy requirements/priorities	85%	29%	29%	11%	5%
Uncertain or shifting state policy requirements/priorities	92%	35%	43%	22%	32%
Health plan provider data sharing capabilities	-	-	-	-	58%
Variation in payment models across payers	-	-	-	-	32%
COVID-19 pandemic	-	-	-	-	84%
Lack of consistent evidence of efficacy of VBP and/or APM models	-	-	-	-	26%

Note: Response options not included in prior years are noted with a dash (-).

Changes to State Requirements & Guidance that Would have an Impact
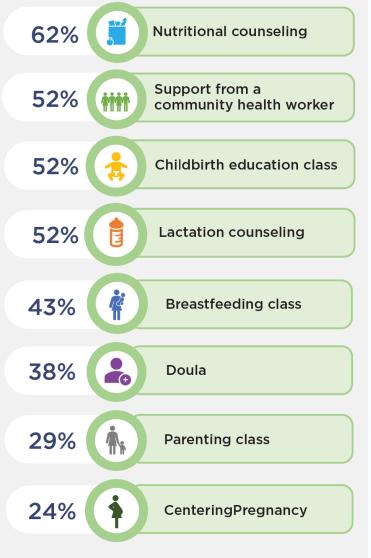
Changes	Percentage of Health Plans
Better education for providers on state and health plan expectations	79%
Reporting of consistent metrics	68%
More flexibility in the design of VBP components (e.g., member attribution, benchmarking)	47%
Removal of data sharing restrictions	47%
Provision of additional policy and/or fiscal levers for MCOs to ensure provider engagement in VBP models	42%
Policies to facilitate data sharing between payers and providers	42%
Streamlined VBP design across payers, including aligned performance measures	42%
Better education for health plans on state expectations for VBP	37%
Removal of requirements that limit VBP and APM model development	37%
Development of a multi-year proposed VBP strategy to allow for longer term contracts with Medicaid	32%
Multi-payer alignment in VBP strategies	32%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Findings: Maternal Health

Most Common Services Accessed During Pregnancy

Essential services during pregnancy will not be accessible if coverage is lost due to procedural issues without a replacement due to redetermination terminations.

62% Nutritional counseling

52% Support from a community health worker

52% Childbirth education class

52% Lactation counseling

43% Breastfeeding class

38% Doula

29% Parenting class

24% CenteringPregnancy

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."
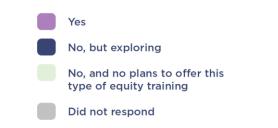
Percent of Medicaid Health Plans Providing Training in Trauma-Informed Care

80% of maternal deaths are preventable. A large portion are related to behavioral health and interpersonal violence/trauma.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."
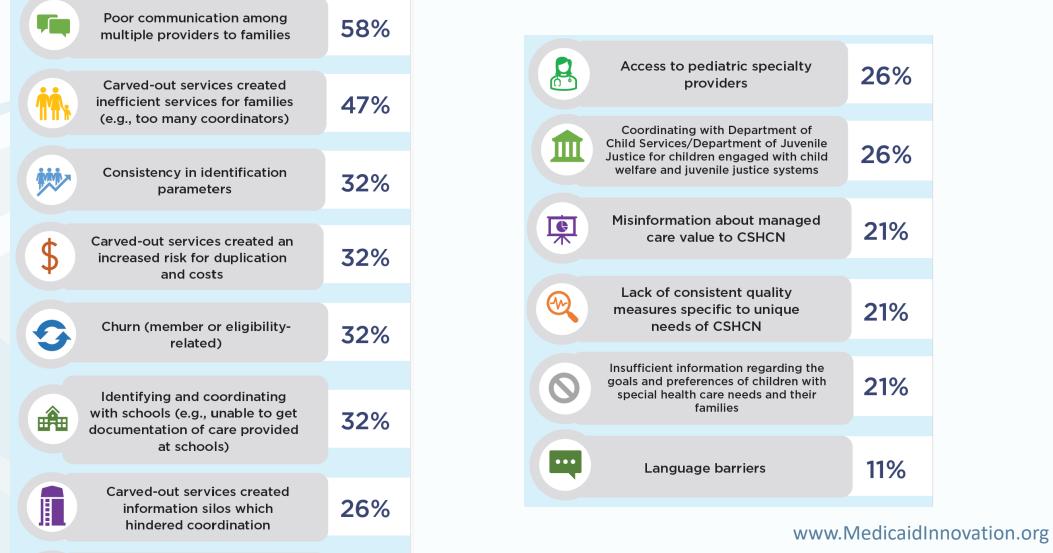
Findings: Child and Adolescent Health

Most Common Access Barriers for Children Exacerbated During Redetermination

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Barrier	%
Poor communication among multiple providers to families	**58%**
Carved-out services created inefficient services for families (e.g., too many coordinators)	**47%**
Consistency in identification parameters	**32%**
Carved-out services created an increased risk for duplication and costs	**32%**
Churn (member or eligibility-related)	**32%**
Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)	**32%**
Carved-out services created information silos which hindered coordination	**26%**

Barrier	%
Access to pediatric specialty providers	**26%**
Coordinating with Department of Child Services/Department of Juvenile Justice for children engaged with child welfare and juvenile justice systems	**26%**
Misinformation about managed care value to CSHCN	**21%**
Lack of consistent quality measures specific to unique needs of CSHCN	**21%**
Insufficient information regarding the goals and preferences of children with special health care needs and their families	**21%**
Language barriers	**11%**

Source: Institute for Medicaid Innovation, "2021 Annual Medicaid Health Plan Survey"

Barriers Encountered by Health Plans when Serving Children with Special Health Care Needs (CSHCN)

Barriers	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Inadequate communication and coordination among multiple providers	57%	67%	50%	58%
Carved-out services created inefficient services for families (e.g., too many coordinators)	29%	50%	67%	47%
Carved-out services created an increased risk for duplication and costs	0%	33%	67%	32%
Consistency in identification parameters	14%	50%	33%	32%
Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)	0%	67%	33%	32%
Churn (member or eligibility-related)	14%	67%	17%	32%
Carved-out services created information silos which hindered coordination	0%	50%	33%	26%
Coordinating with Department of Child Services/Department of Juvenile Justice for children engaged with child welfare and juvenile justice systems	0%	50%	33%	26%
Access to pediatric specialty providers	14%	50%	17%	26%

Source: Institute for Medicaid Innovation, "2021 Annual Medicaid Health Plan Survey"

Barriers Encountered by Health Plans when Serving Children

Barriers	Small Health Plans	Medium Health Plans	Large Health Plans	All Health Plans
Identifying and coordinating with schools (e.g., unable to get documentation of care provided at schools)	29%	67%	100%	63%
Program fragmentation	29%	83%	67%	58%
Engaging family members to address social determinants of health	57%	50%	50%	53%
Churn (member or eligibility-related)	29%	67%	50%	47%
Coordinating with Department of Child Services/Department of Juvenile Justice for children engaged with child welfare or juvenile justice systems	29%	67%	50%	47%
Carved-out benefits	29%	50%	67%	47%
Engaging family members who are not enrolled in the same plan to address social determinants of health	14%	50%	67%	42%
Language barriers within families	29%	17%	83%	42%
Inability to find needed healthcare providers or beds	29%	33%	67%	42%
Barriers related to foster care system	14%	50%	50%	37%
Immigration status of parents/caregivers	0%	0%	17%	5%
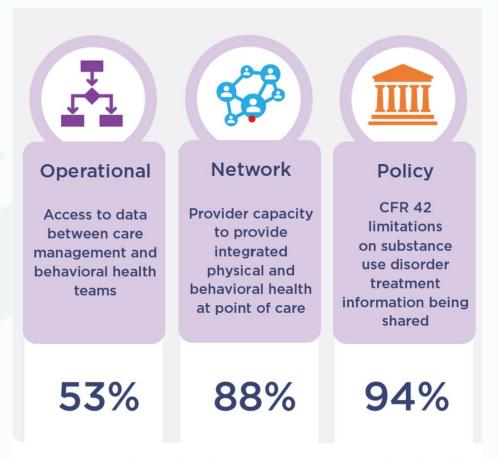
Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Source: Institute for Medicaid Innovation, "2021 Annual Medicaid Health Plan Survey"

Findings: Behavioral Health

Barriers for Behavioral and Physical Health Integration Experienced by Health Plans

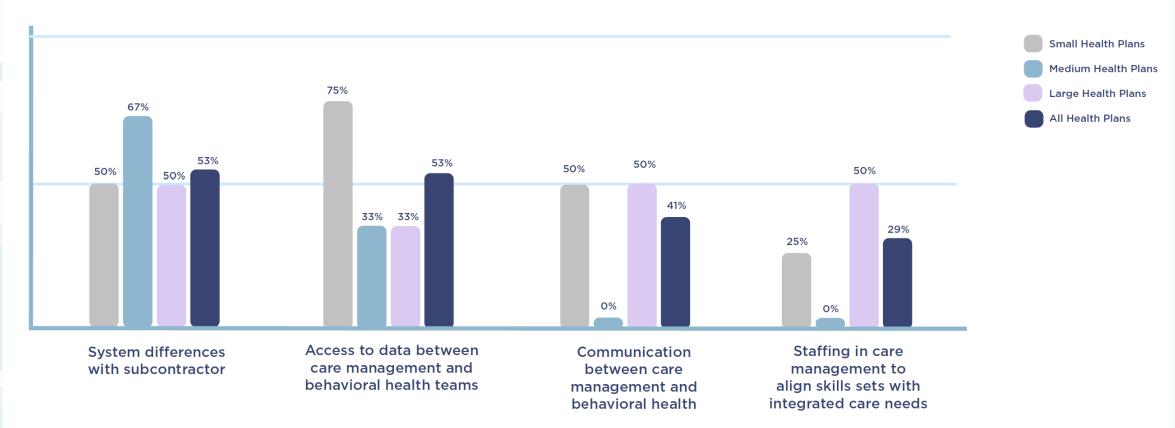| Operational	Network	Policy
Access to data between care management and behavioral health teams	Provider capacity to provide integrated physical and behavioral health at point of care	CFR 42 limitations on substance use disorder treatment information being shared
53%	88%	94%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid

Medicaid MCOs' Operational Barriers to Behavioral and Physical Health Integration
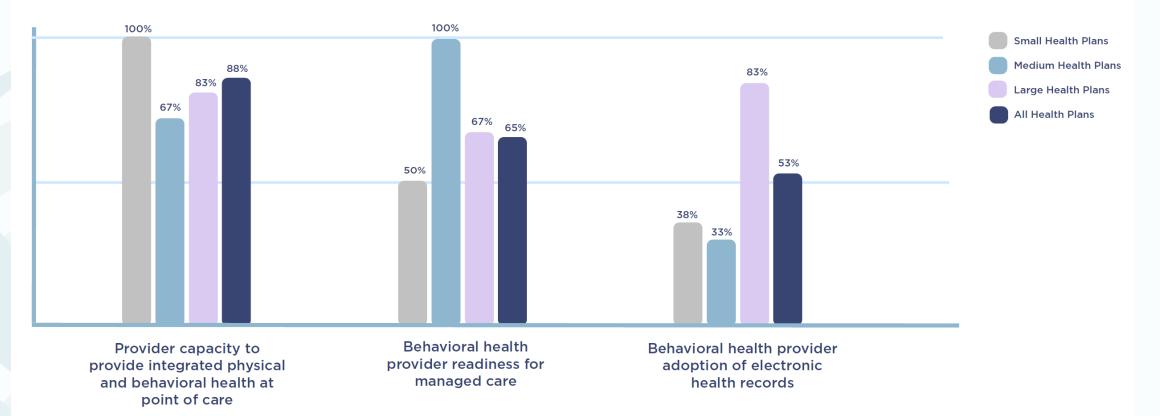
Legend: Small Health Plans, Medium Health Plans, Large Health Plans, All Health Plans

System differences with subcontractor: 50%, 67%, 50%, 53%

Access to data between care management and behavioral health teams: 75%, 33%, 33%, 53%

Communication between care management and behavioral health: 50%, 0%, 50%, 41%

Staffing in care management to align skills sets with integrated care needs: 25%, 0%, 50%, 29%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."
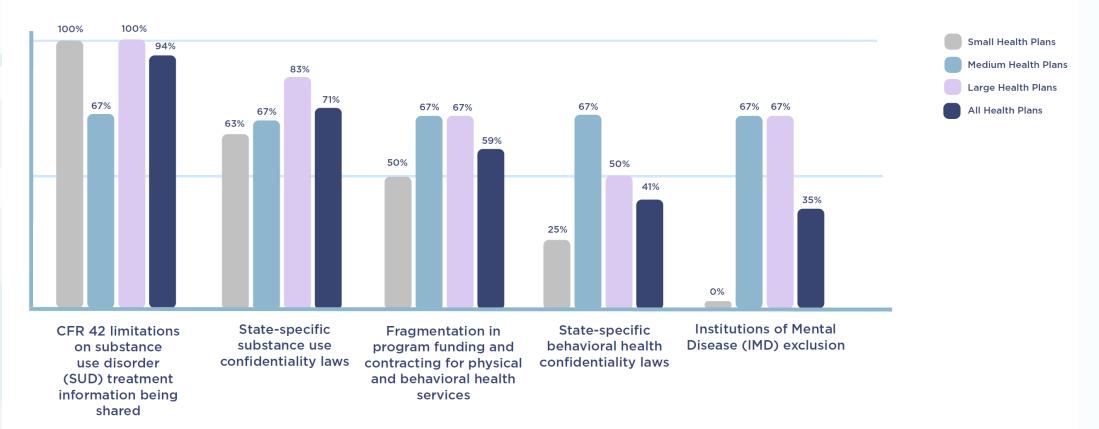
Medicaid MCOs' Policy Barriers to Behavioral and Physical Health Integration

Legend:
- Small Health Plans
- Medium Health Plans
- Large Health Plans
- All Health Plans

CFR 42 limitations on substance use disorder (SUD) treatment information being shared
- Small Health Plans: 100%
- Medium Health Plans: 67%
- Large Health Plans: 100%
- All Health Plans: 94%

State-specific substance use confidentiality laws
- Small Health Plans: 63%
- Medium Health Plans: 67%
- Large Health Plans: 83%
- All Health Plans: 71%

Fragmentation in program funding and contracting for physical and behavioral health services
- Small Health Plans: 50%
- Medium Health Plans: 67%
- Large Health Plans: 67%
- All Health Plans: 59%

State-specific behavioral health confidentiality laws
- Small Health Plans: 25%
- Medium Health Plans: 67%
- Large Health Plans: 50%
- All Health Plans: 41%

Institutions of Mental Disease (IMD) exclusion
- Small Health Plans: 0%
- Medium Health Plans: 67%
- Large Health Plans: 67%
- All Health Plans: 35%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Findings: Social Determinants of Health
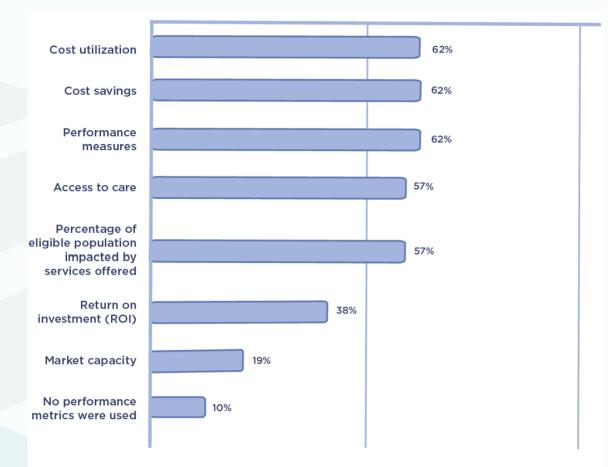
How States Supported Health Plan SDOH Initiatives

🏛	Made policy/regulatory changes to support SDOH initiatives	52%
💵	Provided financial support	43%
📊	Allowed or improved data sharing	24%
🔍	Provided screening tools	24%
📄	Submitted/received approval for a Medicaid waiver(s) that included support of SDOH initiatives	24%
🪪	Provided administrative assistance	19%
💬	Provided support for cultural and linguistic competency	19%
📊	Improved analytic capacity	10%
🚫	States did not support social need initiatives	5%

Metrics Used to Assess and Evaluate SDOH Initiatives

Metric	Percentage
Cost utilization	62%
Cost savings	62%
Performance measures	62%
Access to care	57%
Percentage of eligible population impacted by services offered	57%
Return on investment (ROI)	38%
Market capacity	19%
No performance metrics were used	10%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

How State Medicaid Agencies Could Further Assist Medicaid Health Plans Addressing SDOH Needs
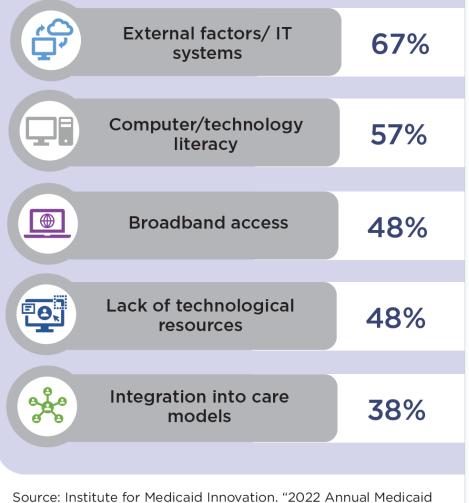
Increase financial resources from state to MCOs	100%	
Improve data sharing between government agencies (e.g., foster care system, criminal justice system) and MCOs	90%	
Standardize 834 enrollment file to include social needs information	90%	
Improve data sharing between state and MCOs	86%	
Improve data sharing between MCOs and community-based organizations	86%	
Increase resources to support facilitation of partnerships	81%	
Increase resources to support capitated payments models, pay-for-performance, and risk programs with providers	76%	

Increase technical assistance resources	71%
Improve data sharing between MCOs and provider groups	67%
Facilitate contracting with community-based organizations	67%
Purchase tools and resources that require a license and provide access to all health plans	52%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Findings: Telehealth

Clinician Telehealth Barriers as Identified by Medicaid Health Plans

Barrier	Percentage
External factors/ IT systems	67%
Computer/technology literacy	57%
Broadband access	48%
Lack of technological resources	48%
Integration into care models	38%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Use of Specific Telehealth Modalities

Note: eConsult - asynchronous, consultative, provider-to-provider communications within a shared electronic health record (EHR) or web-based platform.

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Member Telehealth Barriers Encountered by Medicaid Health Plans

Barrier	Percentage
Broadband access	90%
Technology devices/communication devices (i.e., laptop, smartphone)	90%
Computer/technology literacy	90%
Limited data plans/insufficient data or minutes covered by smartphone plans	81%
Health literacy	71%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Outcomes Health Plans Attribute to Telehealth

| Outcomes	Percentage of Health Plans
Increased patient access	71%
Increased member satisfaction	48%
Increased provider satisfaction	48%
Sustained or increased primary care utilization during COVID	48%
Sustained or increased mental health utilization during COVID	48%
Decreased member no shows	43%
Decreased urgent care utilization	38%
Decreased ED Utilization	33%
Increased behavioral health care utilization	33%
Improved patient compliance with care	33%
Increased primary care utilization	29%
Improved continuity of care	29%
Cost savings	10%
None	10%
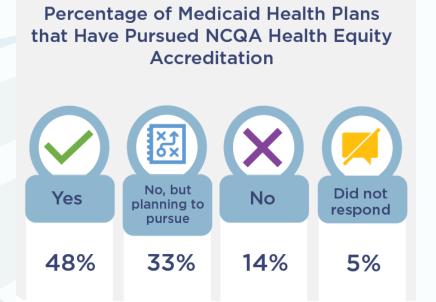
Note: No health plans selected, "duplication of services."

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Findings: Health Equity

Percentage of Medicaid Health Plans that Have Pursued NCQA Health Equity Accreditation

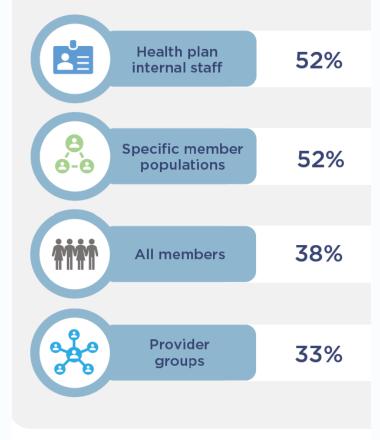| Yes	No, but planning to pursue	No	Did not respond
48%	33%	14%	5%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

Medicaid Health Plans Had a Health Equity Strategy for:

Health plan internal staff	52%
Specific member populations	52%
All members	38%
Provider groups	33%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."
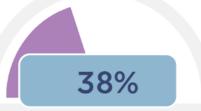
Data Medicaid Health Plans Stratify by Race and Ethnicity

Quality	Utiliza-tion	Outcomes	Member experience/ satisfaction	Cost	Members of health care team	Grievances	None
71%	57%	57%	43%	33%	19%	14%	10%

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

38%

Percentage of Medicaid Health Plans that Evaluated Clinical Algorithms, Policies (e.g., clinical, utilization management), or Risk Prediction Models for Bias

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."

88%

Percentage of Medicaid Health Plans that Changed or Abandoned Algorithms, Policies, or Models if Bias was Discovered

Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."
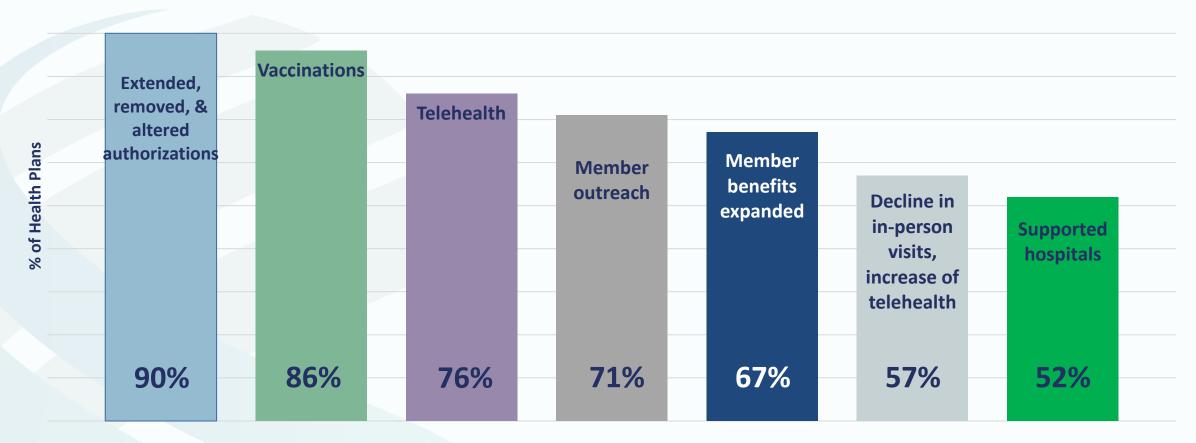
Redetermination Survey Findings

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Lessons from COVID: Medicaid Enrollment Opportunities

Opportunity to Reduce Barriers	Description
Increase the number of presumptive eligibility entities **Mechanism**: state plan amendment	Support hospitals, etc. to conduct initial screening for Medicaid eligibility and temporarily enroll individuals who appear eligible
Extend the type of qualified entities to determine presumptive eligibility **Mechanism**: state plan amendment	Support entities such as schools, CBOs, state offices, etc. to determine presumptive eligibility
Utilize the federally facilitated marketplace **Mechanism**: state policies and procedures	Streamline the federally facilitated marketplace (FFM) to determine eligibility and financial assistance from individual-market application information that is applied to assessing medicaid eligibility
Streamline requirements for documentation of eligibility **Mechanism**: state plan amendment/state verification plan/state policy and procedures	Minimize requirements for documentation and verification by increasing utilization of electronic data systems at the state and federal level to verify eligibility

Source: Institute for Medicaid Innovation, "Medicaid enrollment during COVID-19: content analysis of state actions to mitigate barriers."

Lessons from COVID: Medicaid Enrollment Strategies

Top strategies used by surveyed state agencies

- Dedicated enrollment phone line: **100%**

- Online/phone enroll: **100%**

- Assistance phone number on state website: **92%**

- Real-time eligibility determinations: **92%**

- No interview required: **82%**

- Requirements waived for timely processing of applications and/or expanded immigration status verification period: **60%**

- Additional entities allowed to determine eligibility **55%**
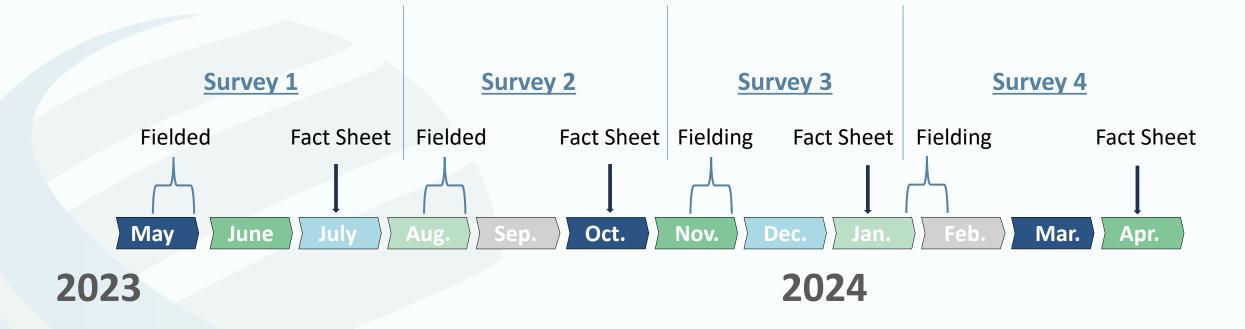
Exhibit 1: Strategies deployed by states to support Medicaid enrollment during COVID-19, 2020

Strategy	Total N=51*	Medicaid Expansion States** N=36	Non-Expansion States N=15
Dedicated phone for enrollment assistance.*	100%	100%	100%
Ability to enroll online or over-the-phone.*	100%	100%	100%
Phone number for assistance on state Medicaid website.	92%	97%	80%
Real-time eligibility determinations (<24 hours).	92%	97%	81%
Interview not required (in-person or telephone).	82%	81%	87%
Requirements waived for timely processing of applications and/or expanded immigration status verification period.	60%[a]	66%[a]	47%
Additional entities allowed to determine presumptive eligibility.	55%[b]	59%[b]	47%
Information on state department of health's website on Medicaid enrollment during COVID-19.	45%	64%	0%
State has a hospital presumptive eligibility program.	48%[c]	55%[c]	33%
Medicaid agency allowed to determine presumptive eligibility; excluding pregnancy.	44%[d]	46%[d]	40%
State accepts self-attestation of information for criteria besides citizenship/immigration.	29%[e]	35%[e]	13%
State adopted a simplified application form.	6%	8%	0%

Source: Institute for Medicaid Innovation, "Medicaid enrollment during COVID-19: content analysis of state actions to mitigate barriers."
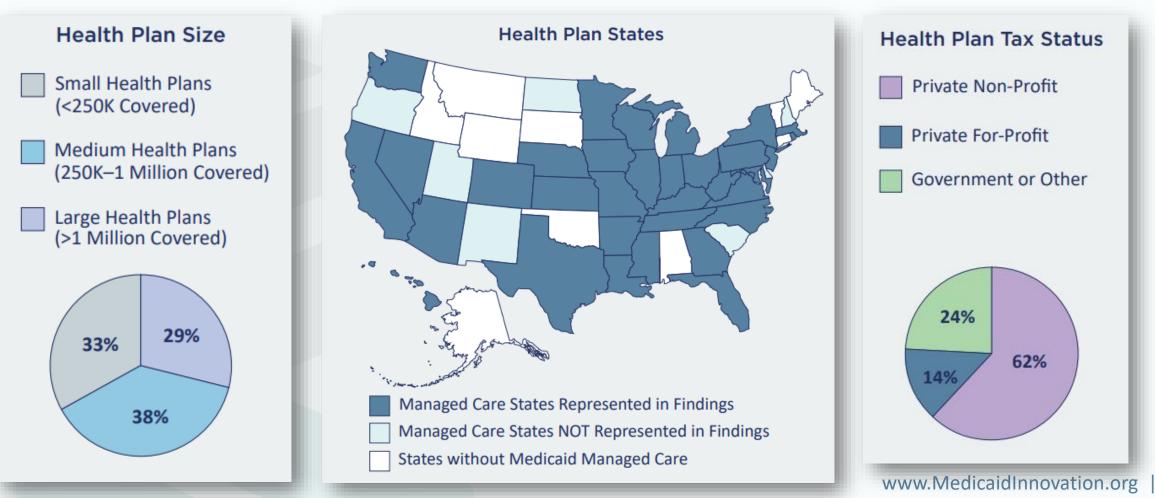
New National Redetermination Survey

Health Plan Size

- Small Health Plans (<250K Covered)
- Medium Health Plans (250K–1 Million Covered)
- Large Health Plans (>1 Million Covered)

29%
38%
33%

Health Plan States

Managed Care States Represented in Findings
Managed Care States NOT Represented in Findings
States without Medicaid Managed Care

Health Plan Tax Status

- Private Non-Profit
- Private For-Profit
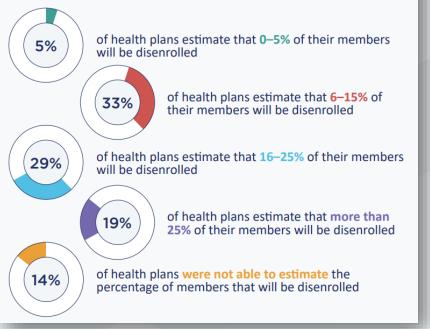- Government or Other

24%
62%
14%

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Disenrollments Prevalent Across Medicaid Health Plans

Close to half of all health plans surveyed expect disenrollment of over 15% of members

Disenrollments are largely procedural

Medicaid Health Plan's Estimated Percentage of Members Who will be Disenrolled Due to the End of Continuous Enrollment

- **5%** of health plans estimate that **0–5%** of their members will be disenrolled
- **33%** of health plans estimate that **6–15%** of their members will be disenrolled
- **29%** of health plans estimate that **16–25%** of their members will be disenrolled
- **19%** of health plans estimate that **more than 25%** of their members will be disenrolled
- **14%** of health plans **were not able to estimate** the percentage of members that will be disenrolled

Disenrollments: Ineligible vs. Procedural

State	Procedural Disenrollment
Massachusetts (1)	0%
Wyoming (2)	0%
Alaska (1)	15%
Delaware (1)	21%
Maine (3)	23%
Michigan (2)	30%
Virginia (2)	43%
Pennsylvania (4)	44%
Rhode Island (1)	49%
Nebraska (2)	50%
New York (2)	53%
Iowa (5)	57%
South Dakota (2)	57%
Maryland (3)	65%
Vermont (3)	66%
Arizona (2)	67%
Colorado (3)	69%
Idaho (5)	70%
West Virginia (5)	72%
Missouri (2)	74%
Louisiana (1)	74%
Kentucky (2)	75%
Florida (3)	76%
Ohio (4)	76%
Montana (1)	77%
Arkansas (5)	77%
Oklahoma (3)	79%
Mississippi (2)	80%
New Hampshire (5)	80%
Texas (2)	81%
North Dakota (1)	81%
California (2)	85%
Indiana (4)	86%
Connecticut (2)	86%
Kansas (3)	86%
Hawaii (1)	86%
Nevada (3)	88%
Washington (1)	91%
Georgia (3)	92%
Utah (5)	94%
South Carolina (1)	95%
District of Columbia (1)	98%
New Mexico (2)	99%

Ineligible   Procedural Disenrollment

Numbers in parentheses indicate number of months of data. Cumulative numbers are shown for states reporting multiple months. Some states may include revised reports. Number of months included in state totals depends upon when the state began redeterminations and whether the state reports data publicly.

Source: Georgetown University Center for Children and Families analysis of monthly unwinding data reports states are required to submit to CMS. These charts do not include other sources such as unwinding-specific data reports or state dashboards. • Embed • Download image

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Barriers Medicaid Health Plans Are Encountering Related to Redetermination

Barriers Medicaid Health Plans Are Encountering Related to Redetermination	All Health Plans
Out-of-date member contact information	86%
Limited information from states on the reasons individuals are being terminated	38%
Limited health plan resources for outreach efforts	38%
Staffing shortage at state/counties leading to backlog of applications	38%
Potential high volume of individuals who will experience gaps in care	33%
Outdated technological systems	29%
Outdated operational systems/processes	24%
Other*	24%
Limited capacity to help members re-determine given State Medicaid rules	24%
Language barriers	14%
Timelines changing	14%

Note: *Other includes inaccurate data, slow/no data exchange with state agencies, missing member contact information, state missing deadline to provide monthly list of non-ex parte members, and counties changing plans midstream. No health plans selected "None;" 5% of health plans selected "unable to answer at this time;" and 5% of health plans selected "lack of transparency regarding timing needed for individuals to apply for redetermination."
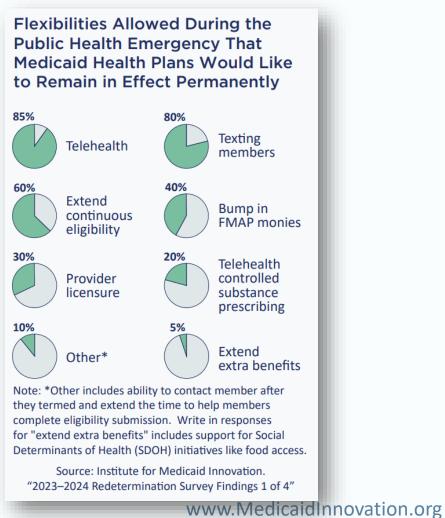
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 1 of 4"

Flexibilities and Innovation to Support Members

Top PHE Flexibilities as Identified by Surveyed Plans

- Telehealth – 85%

- Texting members – 80%

- Continuous eligibility – 60%

- FMAP bump – 40%

- Provider licensure – 30%

- Controlled substance subscriptions via telehealth – 20%

Flexibilities Allowed During the Public Health Emergency That Medicaid Health Plans Would Like to Remain in Effect Permanently

85% Telehealth
80% Texting members
60% Extend continuous eligibility
40% Bump in FMAP monies
30% Provider licensure
20% Telehealth controlled substance prescribing
10% Other*
5% Extend extra benefits

Note: *Other includes ability to contact member after they termed and extend the time to help members complete eligibility submission. Write in responses for "extend extra benefits" includes support for Social Determinants of Health (SDOH) initiatives like food access.

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 1 of 4"

Flexibilities and Innovation to Support Members

Top Ways Health Plans are Supporting Members

- Updating contact information – 95%

- Collaborating with community health centers on outreach – 95%

- Co-planning with state agency – 91%

- Collaborating with PCP on outreach – 91%

- Partnering with CBOs on education and outreach – 91%

- Texting/calling members – 91%

- Developing a plan to transfer coverage for those no longer eligible – 76%

- Emailing members about redetermination – 62%

- Collaborating with specialty care providers – 57%

Sending letters to members regarding redetermination

In-community renewal events

Partnerships with major retailers and pharmacies

Face-to-face visits with specific populations

Postcards

Social media

Radio and TV spots

Aligning health plan efforts with county health department

Coordinating data exchange with state agencies including receiving notice of auto-renewed members

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 1 of 4"

Learn more about IMI

Contact Dr. Jennifer Moore

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