



Medicaid Innovation: MCO Trends and Redetermination Impacts

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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 **Community and Equity** Outcomes **Data and Quality** Sustainability







It's not the statistics that make Medicaid real.



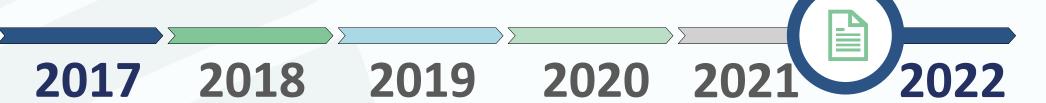
It's when you leve one of the numbers.



Annual Survey Findings



Identifying Trends Over Time

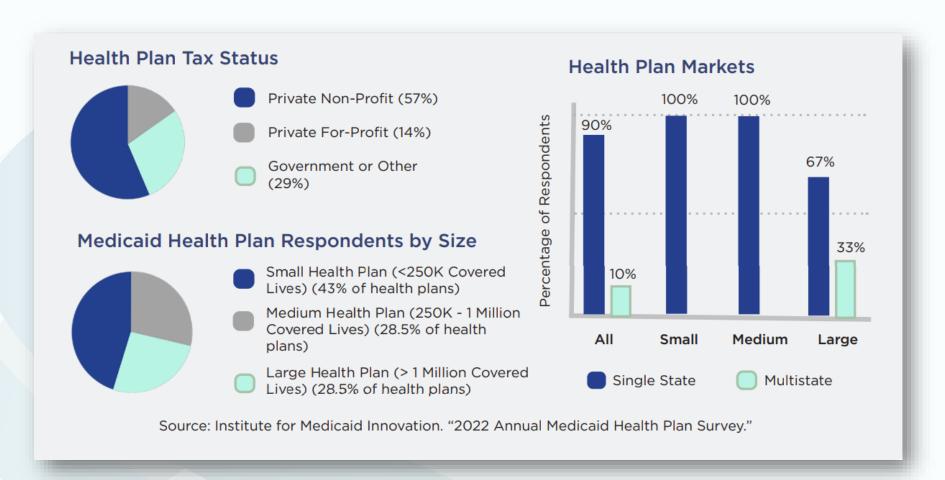


First year of report release

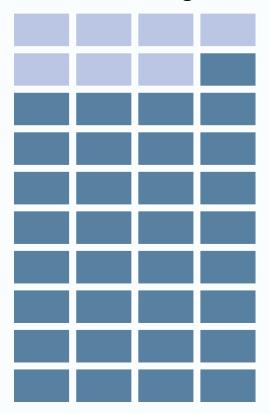
Current report year



A Comprehensive Look



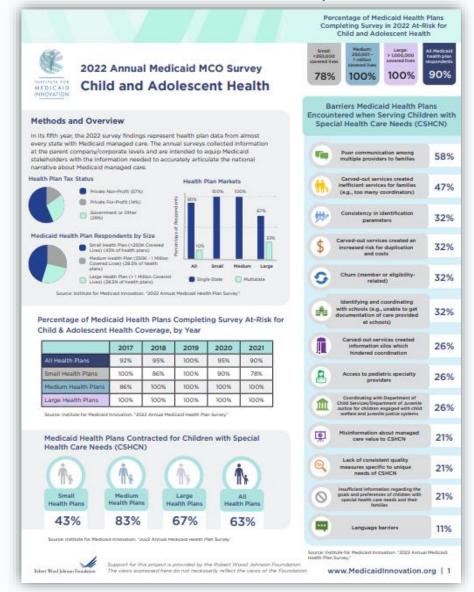
Survey covers 31 of the 40 states that have Medicaid Managed Care



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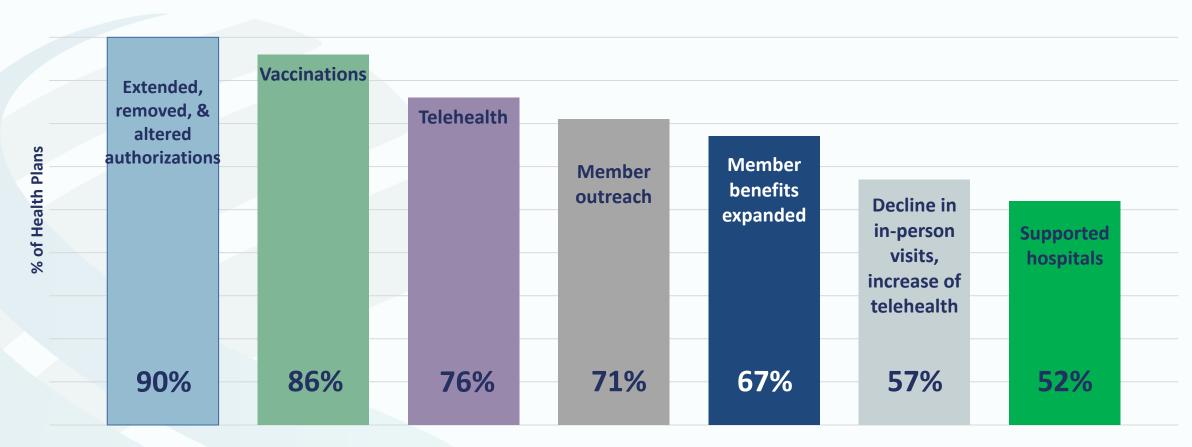
A Comprehensive Look

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





Health Plans Rise to the COVID-19 Challenge





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 eligibly.



Lessons from COVID: Medicaid Enrollment Strategies

Top strategies used by surveyed state agencies

- Dedicated enrollment phone line: <u>100%</u>
- 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 <u>55%</u>

Exhibit 1: Strategies deployed by states to support Medicaid enrollment during COVID-19, 2020

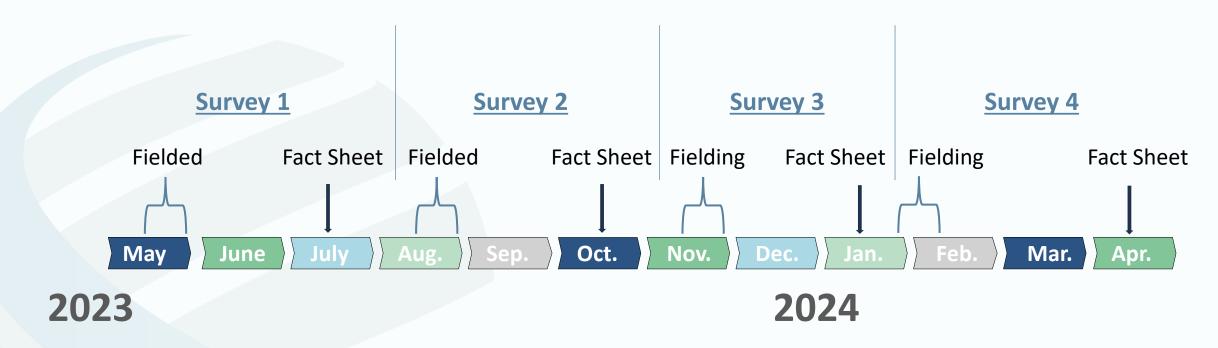
Strategy	Total N=51*	Medicaid Expansion States** N=36	Non-Expansion States N=15
Dedicated phone for enrollment assistance."	100%	100%	100%
Ability to enroll online or over-the-phone."	100%	100%	100%
Phone number for assistance on state Medicaid website.	92%	97%	80%
Real-time eligibility determinations (<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%



Redetermination Survey Findings

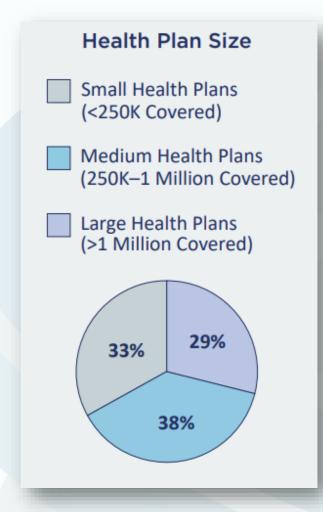


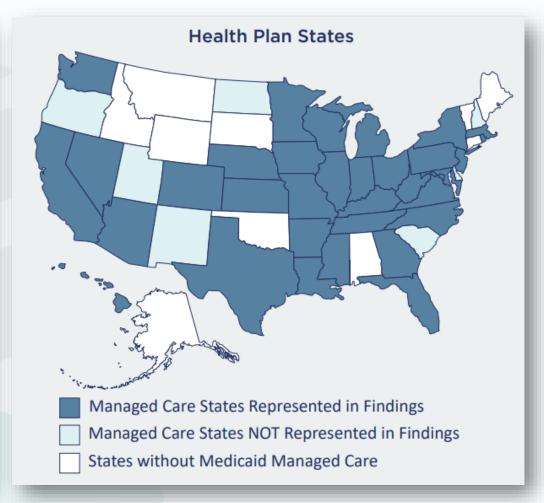
New National Redetermination Survey





New National Redetermination Survey



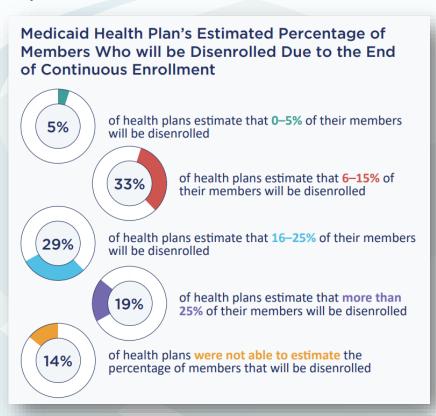




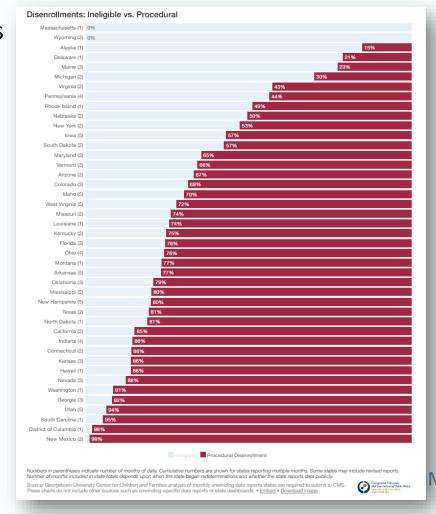


Disenrollments Prevalent Across Medicaid Health Plans

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



Disenrollments are largely procedural





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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."

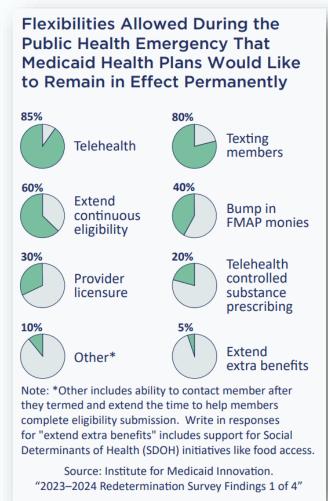
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 1 of 4"



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%

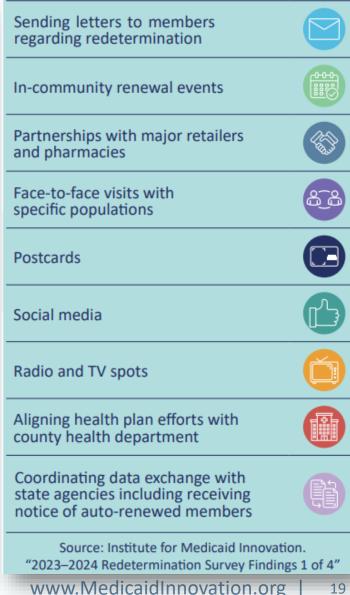




Flexibilities and Innovation to Support **Members**

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%





Learn more about IMI



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