



Medicaid Innovation: MCO Trends and Redetermination Impacts

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Robert Wood Johnson Foundation



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

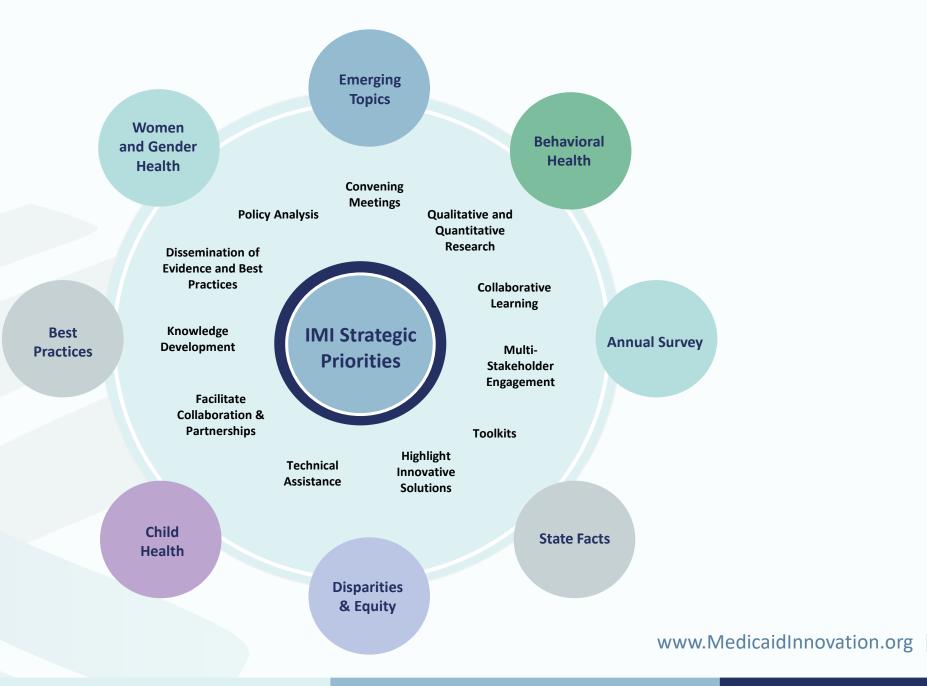
VISION

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

Strategic Priorities









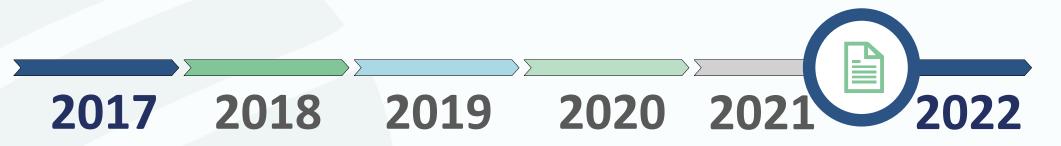
It's not the statistics that make Medicaid real.

It's when you leve one of the numbers.





Identifying Trends Over Time



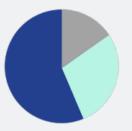
First year of report release

Current report year



A Comprehensive Look

Health Plan Tax Status

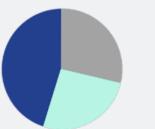




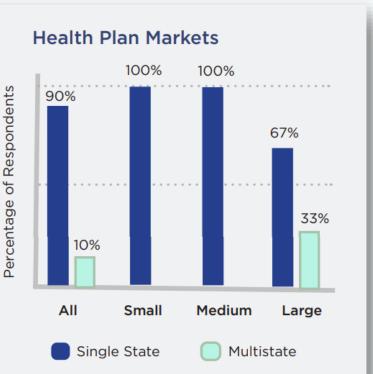
Private For-Profit (14%)

Government or Other (29%)

Medicaid Health Plan Respondents by Size

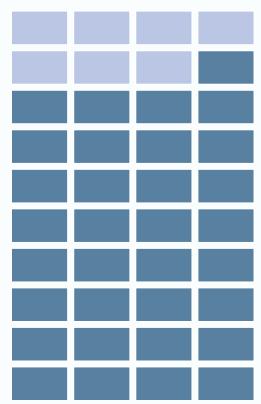


- Small Health Plan (<250K Covered Lives) (43% of health plans)
- Medium Health Plan (250K 1 Million Covered Lives) (28.5% of health plans)
- Large Health Plan (> 1 Million Covered Lives) (28.5% of health plans)



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

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

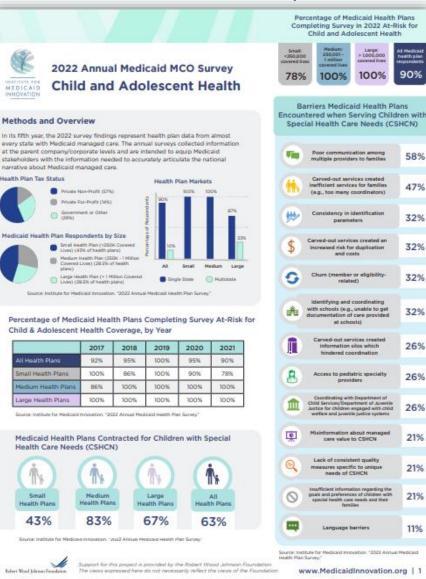




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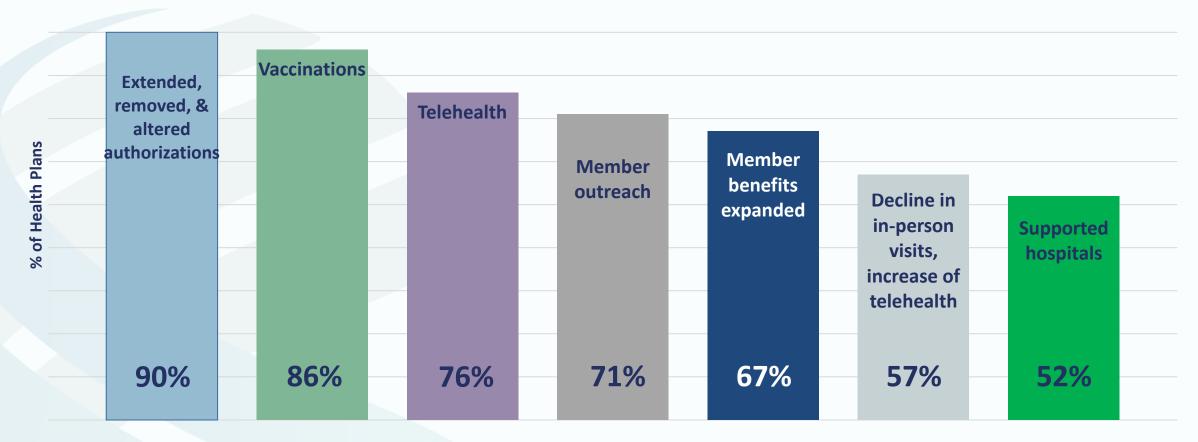
A Comprehensive Look

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





Health Plans Rise to the COVID-19 Challenge



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



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.	
	www.MedicaidInnovation.org 11	

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: <u>100%</u>
- Online/phone enroll: 100%

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- Assistance phone number on state website:
 <u>92%</u>
- Real-time eligibility determinations: <u>92%</u>
- No interview required: <u>82%</u>
- Requirements waived for timely processing of applications and/or expanded immigration status verification period: <u>60%</u>
- 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%

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

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Most Common Access Barriers for Children Exacerbated During Redetermination

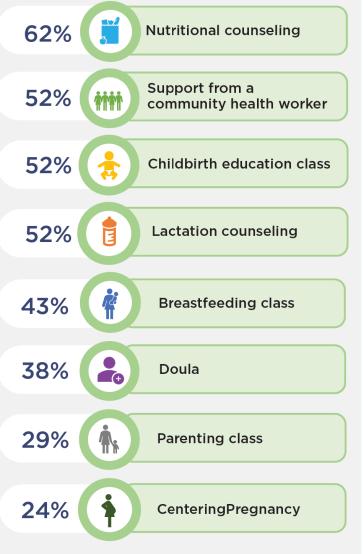
Poor communication among multiple providers to families	58%		
Carved-out services created	470/	Access to pediatric specialty providers	26%
(e.g., too many coordinators)	47%	Coordinating with Department of Child Services/Department of Juvenile	26%
Consistency in identification parameters	32%	Justice for children engaged with child welfare and juvenile justice systems	20%
Carved-out services created an increased risk for duplication	32%	Misinformation about managed care value to CSHCN	21%
and costs	5270	Lack of consistent quality measures specific to unique	21%
Churn (member or eligibility- related)	32%	needs of CSHCN	2170
Identifying and coordinating with schools (e.g., unable to get	700/	Insufficient information regarding the goals and preferences of children with special health care needs and their families	21%
documentation of care provided at schools)	32%	Language barriers	11%
Carved-out services created information silos which	26%		1170
hindered coordination		WWW.	Medicaidl

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

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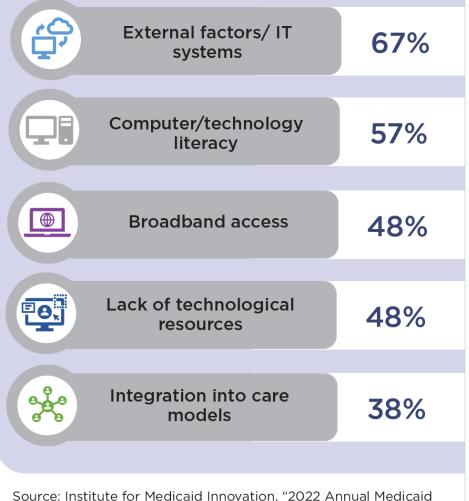
Essential services during pregnancy will not be accessible if coverage is loss due to procedural issues without a replacement due to redetermination terminations.



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



Clinician Telehealth Barriers as Identified by Medicaid Health Plans

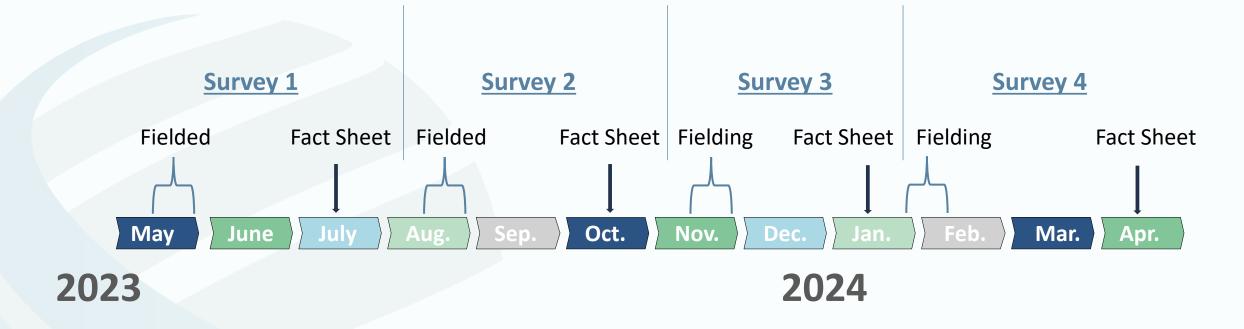


Source: Institute for Medicaid Innovation. "2022 Annual Medicaid Health Plan Survey."



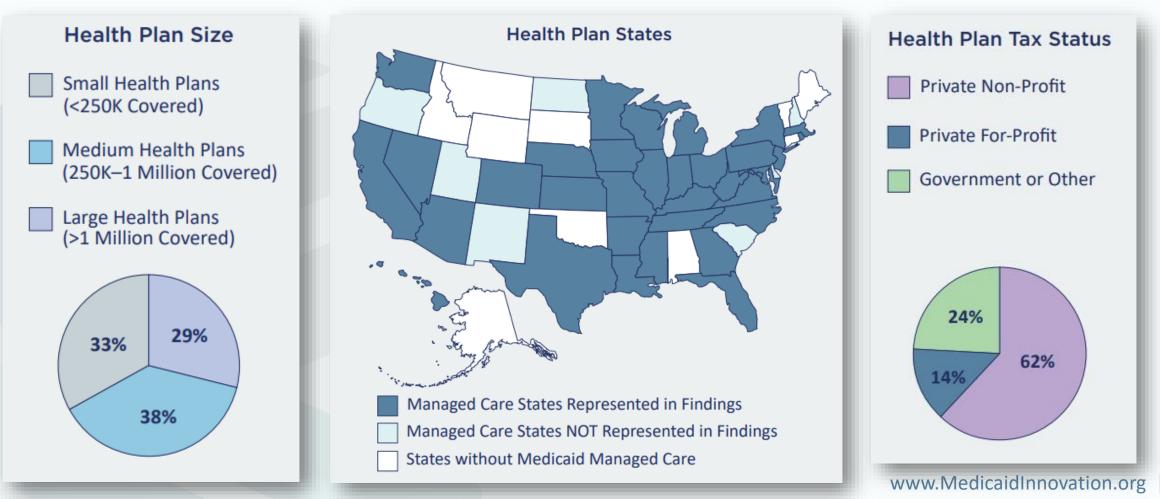


New National Redetermination Survey





New National Redetermination Survey



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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

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

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Disenrollments: Ineligible vs. Procedural Michigan Arizona (North Dakota (* California (3 Connecticut lumbers in parentheses indicate number of months of data. Cumulative numbers are shown for states reporting multiple months. Some states may include nths included in state totals depends upon when the state began redeterminations and whether the state reports data public

sity Center for Children and Families analysis of monthly un

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%

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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

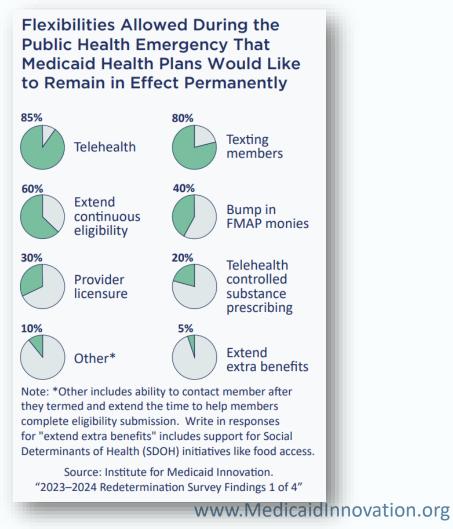
Top PHE Flexibilities as Identified by Surveyed Plans

• Telehealth – 85%

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- 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%

Sending letters to members regarding redetermination	
In-community renewal events	
Partnerships with major retailers and pharmacies	(G)
Face-to-face visits with specific populations	6.6
Postcards	
Social media	
Radio and TV spots	Ó
Aligning health plan efforts with county health department	
Coordinating data exchange with state agencies including receiving notice of auto-renewed members	P
Source: Institute for Medicaid Innovati "2023–2024 Redetermination Survey Finding	
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Learn more about IMI



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Thank You!