

# National Medicaid MCO Survey:

## *Capturing the Impact of Redetermination & Unwinding*

The Institute for Medicaid Innovation's (IMI)'s *National Medicaid managed care organization (MCO) survey: Capturing the Impact of Redetermination & Unwinding* was developed, piloted, refined, and finalized in partnership with health plans, researchers, and policymakers. IMI's primary goal is to equip stakeholders with the information they need to accurately articulate the national narrative about redetermination and the end of the public health emergency (PHE) in Medicaid managed care.

**This is the first of four surveys that you will receive every three months over the next year.** The goal is to capture changes, best practices, and challenges over time.

IMI takes a number of steps to safeguard the data collected from health plans. Only a select number of IMI research staff, who have completed training in research ethics, data, protection, confidentiality, and privacy, will have access to the survey data. As with all IMI surveys, we aggregate and de-identify the reported findings from the analysis to ensure the protection of health plan-level identifiable data. For variables with a small sample size, findings will not be reported. Finally, no findings are released without the review and approval of the IMI survey subcommittee and the data and research committee, composed of Medicaid health plan representatives.

## Contact Information & Demographics

IMI staff will use the following information for the purposes of clarifying survey responses and providing updates.

Name:

Title:

Email:

Phone:

Name of your health plan:

Please select the option that best represents your health plan.

Parent Organization

Individual Market



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This survey will take approximately 10 minutes to complete.

[www.MedicaidInnovation.org](http://www.MedicaidInnovation.org)

Please respond to the following items at the **parent level** for only the **Medicaid product line**.

What type of health plan is your parent organization?

Private, for-profit

Private, non-profit

Government or other, specify:

How many individuals are currently enrolled in your Medicaid health plan across all contracts and markets?

Does your Medicaid health plan employ people with lived experience in the Medicaid program (e.g., individuals who are currently enrolled in the Medicaid program, individuals with past experience, caregivers with experience)?

Yes

No

Unsure

Other, specify:

Does your organization currently have Medicaid contracts in:

Multiple states

Single state

Please select the state(s) where you currently have Medicaid contracts.

- |             |               |                |                |
|-------------|---------------|----------------|----------------|
| Alabama     | Illinois      | Montana        | Puerto Rico    |
| Alaska      | Indiana       | Nebraska       | Rhode Island   |
| Arizona     | Iowa          | Nevada         | South Carolina |
| Arkansas    | Kansas        | New Hampshire  | South Dakota   |
| California  | Kentucky      | New Jersey     | Tennessee      |
| Colorado    | Louisiana     | New Mexico     | Texas          |
| Connecticut | Maine         | New York       | Utah           |
| DC          | Maryland      | North Carolina | Vermont        |
| Delaware    | Massachusetts | North Dakota   | Virginia       |
| Florida     | Michigan      | Ohio           | Washington     |
| Georgia     | Minnesota     | Oklahoma       | West Virginia  |
| Hawaii      | Mississippi   | Oregon         | Wisconsin      |
| Idaho       | Missouri      | Pennsylvania   | Wyoming        |

Please respond to the following survey questions at the **parent level** for only the **Medicaid product line**. Definitions for key terms are provided in the following box.

### Definitions and Acronyms

- **CMS** - Centers for Medicare and Medicaid Services
- **Ex Parte Renewal** - The process where enrollee's Medicaid eligibility is redetermined based on electronic data matches with reliable data sources prior to requiring enrollees to complete renewal form or submit documentation. Some states refer to it as automated, passive, or administrative renewal. Others use the term "automated renewal" to describe a process where mailing the form is automated, but the enrollee must still return a form or take other action to maintain coverage.
- **FMAP** - Federal Medical Assistance Percentage.
- **Public Health Emergency (PHE)** - Declaration from the secretary of the Department of Health and Human Services that 1) a disease or disorder presents a PHE or 2) a PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exist. A PHE declaration allows the secretary to take actions to respond to the PHE.
- **Redetermination** - Medicaid redetermination is the process that states use to ensure that Medicaid enrollees continue to be eligible for Medicaid coverage. Medicaid redetermination is also known as eligibility redetermination, renewal, case review, and recertification. All of these terms mean the same thing and refer to the process by which the state rechecks to see if an enrollee is still eligible for Medicaid at the end of their eligibility period.

1. Overall, during the redetermination process, what percentage of members from all of your Medicaid markets are estimated to be unenrolled due to the end of continuous enrollment?

0 – 5%

6% – 15%

16% - 25%

More than 25%

Other, please specify:

Unknown

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2. Across all of your Medicaid markets, **how have state Medicaid agencies engaged with your health plan** to support the redetermination process? Check all that apply.

Partnered with health plan to obtain updated enrollee contact information.

Shared renewal files with health plan to conduct outreach and provide support to individuals enrolled during renewal.

Enabled health plan to conduct outreach to individuals who have lost coverage for procedural reasons (e.g., provide monthly termination files).

Permitted health plan to assist individuals no longer eligible for Medicaid to transition to marketplace or commercial coverage.

Asked for input from health plan on the state(s)'s plan to return to normal operations.

Encourage health plans to coordinate with provider organizations and community-based organizations.

Other, specify:

None

3. Across all of your Medicaid markets, what **strategies are state Medicaid agencies using** to address the potential impact of the redetermination process? Check all that apply.

Establish priorities for renewals.

Increase ex parte renewals.

Obtain CMS waiver(s).

Offer a range of options for enrollees to provide their eligibility information.

Update enrollee contact information in advance of the redetermination process without duplicate verification.

Increase state agency workforce.

Enhance state IT system capacity.

Develop a plan for those no longer eligible to transfer to other coverage.

Increase outreach to enrollees.

Adapt forms for enrollees with limited English proficiency and people with disabilities.

Adapt notices for enrollees with limited English proficiency and people with disabilities.

Collect and report data.

Texting enrollees about the redetermination process.

Other, specify:

To our plan's knowledge, state Medicaid agencies are not implementing any of these strategies.

Unable to answer.

4. Across all of your Medicaid markets, how is the **redetermination process affecting the capitation calculations, risk mitigation programs, or actuarial soundness of rates**? Check all that apply.

Affect risk adjustment and other risk mitigation calculations.

Increased use of retroactive risk corridors.

Increased use of rate amendments.

Other, specify.

Has not impacted rates so far.

Unable to answer at this time.

4a. If you selected *other*. Please describe.

5. Across all of your Medicaid markets, identify the **strategies your health plan is using or plans to use to streamline the redetermination process**. Check all that apply.

Ongoing co-planning with state Medicaid agency.

Update enrollee contact information in advance of redetermination.

Develop plan for those no longer eligible to transfer to other coverage.

Collaborate with community health centers on patient outreach.

Collaborate with primary care providers on patient outreach.

Collaborate with specialty care providers on patient outreach.

Partner with community-based organizations in support of educating individuals and communities.

Calling members about the redetermination process.

Emailing members about the redetermination process.

Texting members about the redetermination process.

Using other innovative methods. Please specify:

We are not planning any actions to streamline the redetermination process.

6. Across all of your Medicaid markets, please indicate which of the following **barriers your health plan is encountering**. Check all that apply.

- Limited information from states on the reasons individuals are being terminated.
- Out-of-date member contact information.
- Language barriers.
- Limited health plan resources for outreach efforts.
- Staffing shortage at state/counties leading to backlog of applications.
- Timelines changing.
- Lack of transparency regarding timing needed for individuals to apply for redetermination.
- Limited capacity to help members re-determine given State Medicaid rules.
- Potential high volume of individuals who will experience gaps in care.
- Inability to text members.
- Outdated operational systems/process.
- Outdated technological systems.
- Other, specify:
- We do not encounter any barriers.
- Unable to answer at this time.

7. Across all of your Medicaid markets, which **flexibilities allowed during the public health emergency (PHE)** would your health plan like to remain in effect permanently? Check all that apply.

- Telehealth flexibilities.
- Provider licensure flexibilities.
- Ability for controlled substances to be prescribed via telemedicine.
- Bump in FMAP monies.
- Flexibility for texting members.
- Extend continuous eligibility.
- Extend extra benefits. Please specify:
- Other, specify:
- None

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8. OPTIONAL: Does your health plan have any **innovative initiatives or best practices** for the PHE unwinding or the redetermination process? If yes, please briefly describe below.

Who can we contact for more information?

Name:

Email:

Title:

Phone:

9. OPTIONAL: Did we miss anything? Please share the **emerging topics** that your health plan is currently facing or anticipating in this year and into 2024.

Thank you for completing the survey.

Please submit your completed survey via the [online form](#) by **May 31, 2023**.

Contact the Survey Project Team at [MCOsurvey@medicaidinnovation.org](mailto:MCOsurvey@medicaidinnovation.org).



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