

National Medicaid MCO Survey:

Capturing the Impact of Redetermination

The Institute for Medicaid Innovation's (IMI)'s *National Medicaid managed care organization (MCO) survey: Capturing the Impact of Redetermination* 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 in Medicaid managed care.

This is the second of four surveys in our redetermination project that is being fielded every three months over the next year, ending in spring 2024. The goal is to capture changes, best practices, and challenges associated with the reinstatement of the redetermination process over time.

IMI takes a number of steps to safeguard the data collected from health plans. Only IMI research staff have access to the survey data, and all IMI staff have received extensive training in research ethics, data protection, confidentiality, and privacy. As with all IMI surveys, we aggregate the reported findings from the analysis as a composite 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.

This survey will take approximately 10 minutes to complete.

Contact Information & Demographics

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

Name:

Title:

Email:

Phone:

Name of your health plan:

Please select the option that best represents your health plan.

Parent Organization

Individual Market

Support for this project is provided by the Robert Wood Johnson Foundation.



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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 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. In the last 3 months, June 1st through August 31st, what percentage of members from all of your Medicaid markets **have been** disenrolled due to the end of continuous enrollment?

- 0-5% 6% - 15% 16% - 25% More than 25% Unknown

2. In the last 3 months, June 1st through August 31st, how many members from all of your Medicaid markets have been **disenrolled due to procedural reasons**?

- 0-10% 11% - 20% 21% - 30%
- 31% - 50% More than 50% Unknown

3. Across all of your Medicaid markets, over the past 3 months, June 1st through August 31st, **how have county/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.

Authorized health plan to contact members about the redetermination process

Other, specify:

None

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.

Affecting risk adjustment and other risk mitigation calculations

Increased use of retroactive risk corridors

Increased use of rate amendments

Increased incidence of higher acuity members in the risk pool due to lower acuity members being disenrolled

Other, specify:

Has not impacted rates so far

Unable to answer at this time

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5. Across all of your Medicaid markets, over the past 3 months, June 1st through August 31st, what **strategies are county/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

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

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

Authorizing health plans to contact members about the redetermination process

Outreach to Medicaid enrollees via email

Outreach to Medicaid enrollees via snail mail (e.g., letters, post cards)

Outreach to Medicaid enrollees via Interactive Voice Response (IVR) calls

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

Other, specify:

Unable to answer

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6. Across all of your Medicaid markets, identify the **strategies your health plan is currently using to *conduct outreach and inform members*** of the redetermination process. Check all that apply.

Ongoing co-planning with county/state Medicaid agency

Updating enrollee contact information in advance of redetermination

Developing plan for those no longer eligible to transfer to other coverage

Partnering with schools to inform parents of redetermination process

Collaborating with community health centers on patient outreach

Collaborating with primary care providers on patient outreach

Collaborating with specialty care providers on patient outreach

Partnering 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

Sending letters and postcards to members about the redetermination process

Outreach to members via Interactive Voice Response (IVR) calls

Social media posts and ads about redetermination

Radio and TV ads or spots on the redetermination process

Partnering with large or national retailers

Partnering with local pharmacies

Partnering with national pharmacies

Hosting In-community events

Face-to-face visits with specific populations. Please specify which populations:

Tailoring outreach and messaging to specific populations. Please specify which populations:

Having health plan representatives in community hubs (e.g., libraries, schools, and community centers)

Coordinating data with county/state agencies to receive updates on when members are auto-renewed

Providing information about the redetermination process in multiple languages

Using other *innovative* methods. Please specify:

We are not using any actions to support members through the redetermination process

7. In any of your Medicaid markets, is your health plan conducting outreach to members after the termination period?

Yes

No, but considering

No, and not considering

No, it is not permitted by county/state agencies

8. In any of your Medicaid markets, does your health plan provide assistance to members in completing renewal forms to maintain coverage?

Yes

No, but considering

No, and not considering

No, it is not permitted by county/state agencies

If yes, proceed to question 9. If no, skip to question 10.

9. Across all of your Medicaid markets, identify the **strategies your health plan is currently using to help members complete renewal forms**. Check all that apply.

Health plan representatives in community hubs (e.g., libraries, schools, and community centers)

Health plan representatives in provider offices

Health plan representative in community-based organizations offices/spaces

24/7 call centers

24/7 live text chat

Presence at community events

Reimbursement/Incentivizes to providers for helping members' complete forms

Training providers on how to help members' complete forms

Reimbursement to community-based organizations for helping members' complete forms

Training community-based organizations to help members' complete forms

Contracting with application assistance vendor (in allowable states)

Using other strategies. Please specify:

We do not provide any assistance to members to complete renewal forms

Unable to answer

10. Currently, CMS does not allow Medicaid health plans to collect members signatures on the renewal forms. If CMS was to allow you to collect signatures, would your health plan be interested?

Yes

No

Other, specify:

11. Across all of your Medicaid markets, please indicate which of the following **barriers your health plan has encountered** over the past three months, June 1st through August 31st, related to redetermination. Check all that apply.

Limited information from states on the reasons individuals are being terminated

Out-of-date member contact information

Missing member contact information

No member email address on file or provided by the county/state Medicaid agency

Language barriers

Limited health plan resources for outreach efforts

Staffing shortage at state/counties leading to backlog of redetermination applications

Staffing shortage at state/counties leading to backlog of new enrollment applications

Timelines changing

Limited capacity to help members re-determine given county/state Medicaid rules

Potential high volume of individuals who will experience gaps in care

Outdated operational systems/process

Outdated technological systems

Slow or no data exchange with county or state agencies

County or state agency missing deadline to provide list of non-ex parte members

Changes to county or state agencies plans/strategies midstream

Delays from county or state agency to approve health plans outreach materials

Other, specify:

We do not encounter any barriers

Unable to answer at this time

12. Across all of your Medicaid markets, please indicate which **barriers or challenges** your health plan has encountered related to the gap from when the member is disenrolled and when the health plan is notified. Check all that apply.

Member receives care after the effective disenrollment date

Members directly billed for services when they thought they had Medicaid coverage

Member was not notified of disenrollment

Additional administrative load for the health plan to recoup payments for care received after the member was disenrolled

Other, specify:

We have not encountered any barriers or challenges

Unable to answer at this time

13. In any of your markets, please identify how county/state Medicaid agencies could further assist health plans during the redetermination process. Check all that apply.

Improve data sharing between county/state and health plans

Improve quality of data shared between county/state and health plans

Improve data sharing between health plans and provider groups

Increase technical assistance resources

Increase resources to support facilitation of partnerships

Increase resources to support outreach efforts

Increase staff at county/state Medicaid agencies

Increase time to approve health plans' global outreach materials

Decrease time from when a member is disenrolled and when health plans are notified of the disenrollment

Other, specify:

County/state Medicaid agencies cannot provide further assistance

Unable to answer at this time

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14. 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:

15. 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 **August 31, 2023**.

Contact the Survey Project Team at MCOsurvey@medicaidinnovation.org.

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