

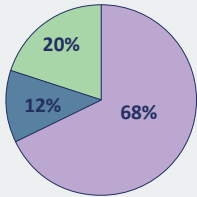
# 2023–2024 Redetermination Survey Findings 2 of 4: Capturing the Impact of Redetermination

## Demographics

The second report of findings from the redetermination survey represents health plan data from almost every state with Medicaid managed care. 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. The second survey was fielded in August 2023 and represents data from June through August.

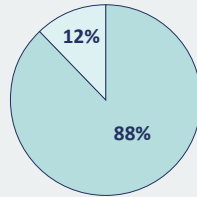
### Health Plan Tax Status

- Private Nonprofit
- Private For-Profit
- Government or Other



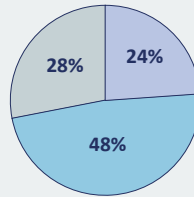
### Health Plan Markets

- Single State
- Multistate

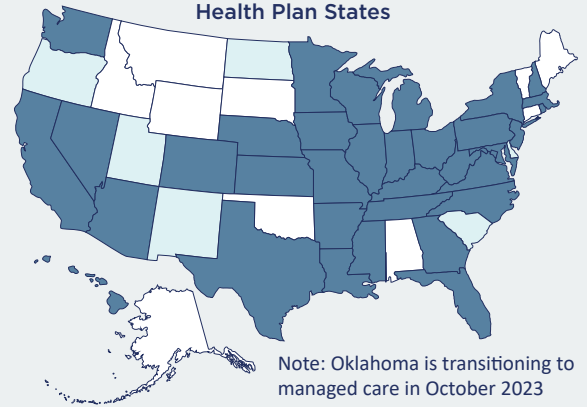


### Health Plan Size

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



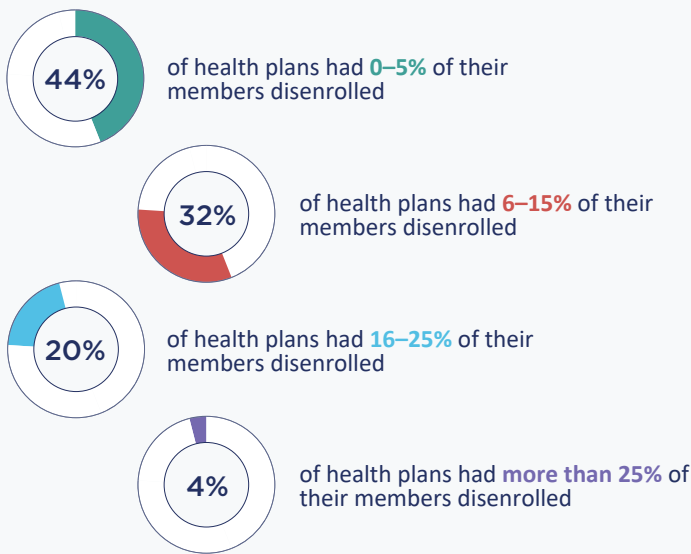
### Health Plan States



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

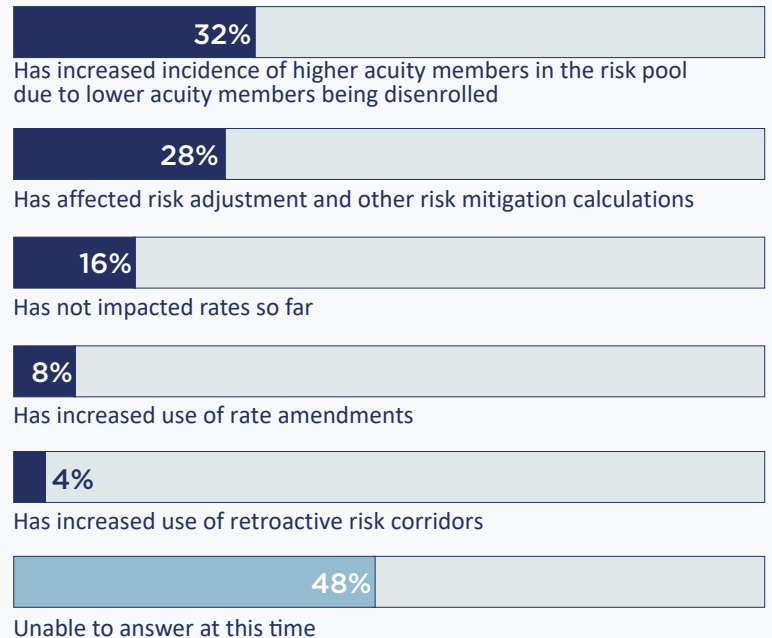
Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 2 of 4”

## Medicaid Health Plans’ Percentage of Members who were Disenrolled Due to the End of Continuous Enrollment (June through August 2023)



Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 2 of 4”

## How the Redetermination Process is Affecting the Capitation Calculations, Risk Mitigation Programs, or Actuarial Soundness of Rates for Medicaid Health Plans



Note: No health plan selected “other.”

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 2 of 4”

## Barriers Related to Redetermination Encountered by Medicaid Health Plans

Out-of-date member contact information	92%
No member email address on file or provided by the county/state Medicaid agency	88%
Missing member contact information	72%
Limited information from states on the reasons individuals are being terminated	44%
Staffing shortage at state/county leading to a backlog of redetermination applications	44%
Potential high volume of individuals who will experience gaps in care	44%
Outdated technological systems	32%
Staffing shortage at state/county leading to a backlog of new enrollment applications	28%
Limited capacity to help members re-determine given county/state Medicaid rules	28%
Outdated operational systems/process	28%
Limited health plan resources for outreach efforts	24%
Delays from county or state agency to approve health plans' outreach materials	24%
Language barriers	20%
Timelines changing	20%
Slow or no data exchange with county or state agencies	16%
Changes to county or state agency plans/strategies midstream	16%
Other*	12%
County or state agency missing deadline to provide list of non-ex parte members	8%

Notes: \*Other includes accuracy of data provided by county/state agencies and lack of transparency between county/state agencies and health plans. No health plan selected "we do not encounter any barriers" or "unable to answer at this time."

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## Common Strategies County/State Medicaid Agencies are Deploying to Support Health Plans During the Redetermination Process

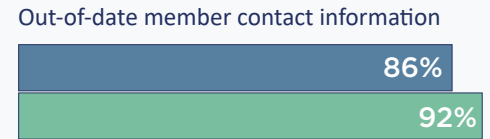
Encouraging health plans to coordinate with provider organizations and community-based organizations	100%
Authorizing health plans to contact members about the redetermination process	100%
Sharing renewal files with health plans to conduct outreach and provide support to individuals enrolled during renewal	96%
Partnering with health plans to obtain updated enrollee contact information	92%
Enabling health plans to conduct outreach to individuals who have lost coverage for procedural reasons (e.g., provide monthly termination files)	92%
Permitting health plans to assist individuals no longer eligible for Medicaid to transition to marketplace or commercial coverage	72%
Asking for input from health plans on the states' plans to return to normal operations	72%

Notes: Twelve percent (12%) of health plans selected "other." Other includes developing a communications toolkit for all health plans. No health plan selected "none."

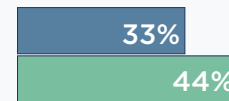
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## Comparison of Barriers Related to Redetermination Faced by Medicaid Health Plans

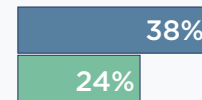
■ May 2023 ■ August 2023



Potential high volume of individuals who will experience gaps in care

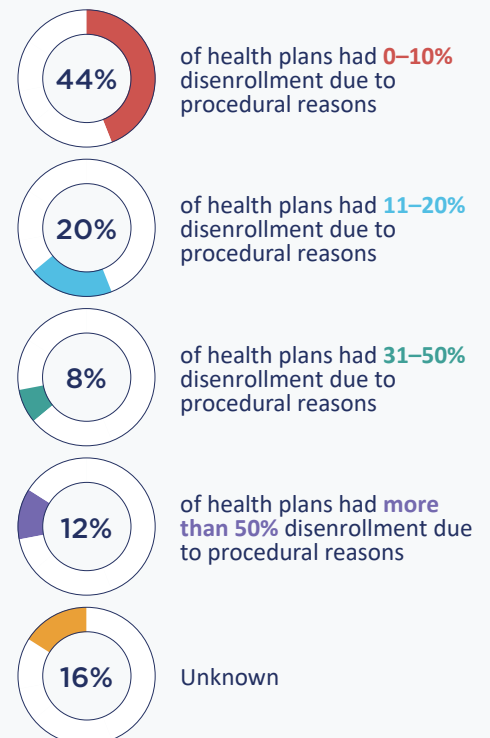


Limited health plan resources for outreach efforts



Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## Medicaid Health Plans' Percentage of Members who were Disenrolled Due to Procedural Reasons (June through August 2023)



Note: No health plan selected "21–30%."

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## Strategies Medicaid Health Plans are Using to Conduct Outreach for the Redetermination Process

	All Health Plans
Partnering with community-based organizations (CBOs) in support of educating individuals and communities	96%
Calling members about the redetermination process	96%
Updating enrollee contact information in advance of redetermination	92%
Ongoing co-planning with county/state Medicaid agency	88%
Sending letters and postcards to members about the redetermination process	88%
Social media posts and ads about redetermination	88%
Collaborating with community health centers on patient outreach	88%
Collaborating with primary care providers on patient outreach	88%
Texting members about the redetermination process	84%
Providing information about the redetermination process in multiple languages	76%
Developing plans for those no longer eligible to transfer to other coverage	72%
Emailing members about the redetermination process	64%
Hosting in-community events	64%
Having health plan representatives in community hubs (e.g., libraries, schools, and community centers)	60%
Coordinating data with county/state agencies to receive updates on when members are auto-renewed	60%
Partnering with schools to inform parents of redetermination process	48%
Outreach to members via Interactive Voice Response (IVR) calls	44%
Collaborating with specialty care providers on patient outreach	44%
Other*	36%
Partnering with local pharmacies	32%
Face-to-face visits with specific populations^	32%
Tailoring outreach and messaging to specific populations+	32%
Radio and TV ads or spots on the redetermination process	28%
Partnering with national pharmacies	12%
Partnering with large or national retailers	8%

Notes: No health plan selected "none."

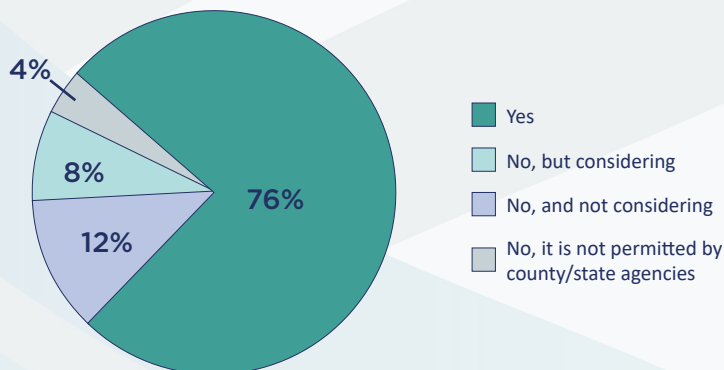
\*Other innovative methods include pooling resources with other health plans and Medicaid agencies for cultural/language outreach; grants to CBOs; and creating resource hubs.

^Specific populations for face-to-face visits includes high utilizers, seniors, MLTSS populations, and specific ethnic and cultural groups.

+Specific populations for tailored outreach and messages include specific ethnic and cultural groups, members who experience homelessness, members who have lost coverage for procedural reasons, and parents during back to school.

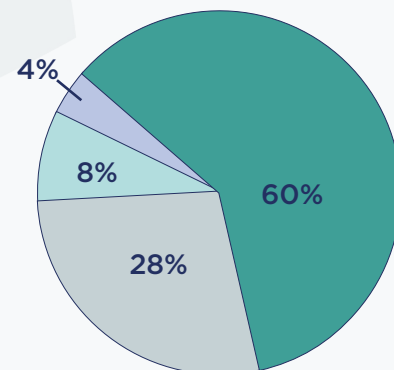
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

### Percentage of Medicaid Health Plans Conducting Outreach to Members After the Termination Period



Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

### Percentage of Medicaid Health Plans Assisting Members to Complete Renewal Forms to Maintain Coverage



Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## Strategies Medicaid Health Plans Used to Assist Members in Completing Renewal Forms to Maintain Coverage

60%	Presence at community events	
33%	Health plan representatives in community hubs (e.g., libraries, schools, and community centers)	
33%	Contracting with application assistance vendor (in allowable states)	
33%	Other*	
27%	Health plan representative in community-based organizations' offices/spaces	
27%	Training community-based organizations to help members complete forms	
20%	Health plan representatives in provider offices	
20%	24/7 call centers	
20%	Training providers on how to help members complete forms	
7%	24/7 live text chat	
7%	Reimbursement/incentives to providers for helping members' complete forms	

Notes: \*Other includes renewal support during business hours, grants to providers and community-based organizations to provide renewal support, and training case managers to support members. No health plan selected "reimbursement to community-based organizations for helping members complete forms" or "unable to answer."

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## How Medicaid Agencies Could Further Assist Health Plans During the Redetermination Process

Improve quality of data shared between county/state and health plans	67%
Improve data sharing between county/state and health plans	63%
Increase staff at county/state Medicaid agencies	58%
Increase resources to support outreach efforts	54%
Decrease time from when a member is disenrolled and when health plans are notified of the disenrollment	33%
Improve data sharing between health plans and provider groups	29%
Increase technical assistance resources	29%
Increase resources to support facilitation of partnerships	29%
Increase time to approve health plans' global outreach materials	25%
Other*	21%

Notes: \*Other includes sharing data with health plans and minimizing system downtimes during business and non-business hours. No health plan selected "county/state Medicaid agencies cannot provide further assistance" or "unable to answer at this time."

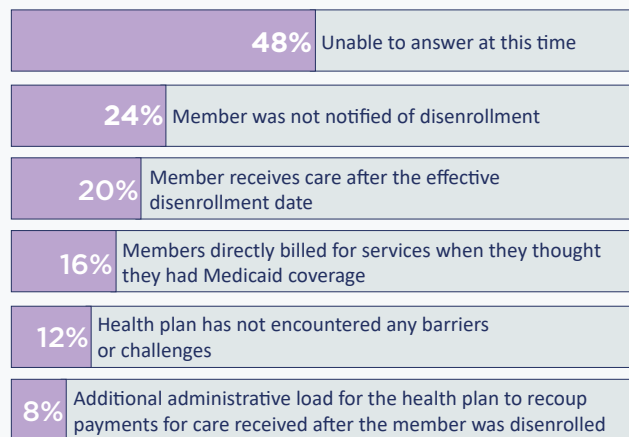
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"



Notes: Eight percent (8%) of health plans selected "no." Twenty-four percent (24%) of health plans selected "other," indicating that they are unsure. Currently, CMS does not allow Medicaid health plans to collect members' signatures on the renewal forms.

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"

## Barriers Health Plans Encountered Related to the Gap From When a Member is Disenrolled and The Health Plan is Notified



Notes: Eight percent (8%) of health plans selected "other." No themes were identified for other.

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 2 of 4"