

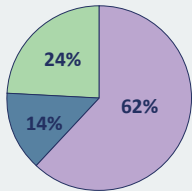
2023–2024 Redetermination Survey Findings 1 of 4: Capturing the Impact of Redetermination

Methods and Overview

The first survey in the redetermination series' findings represents health plan data from almost every state with Medicaid managed care. The survey was distributed to all Medicaid health plans in May of 2023 and completed by June of 2023. 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.

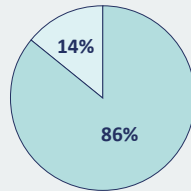
Health Plan Tax Status

- Private Non-Profit
- Private For-Profit
- Government or Other



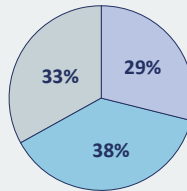
Health Plan Markets

- Single State
- Multi State

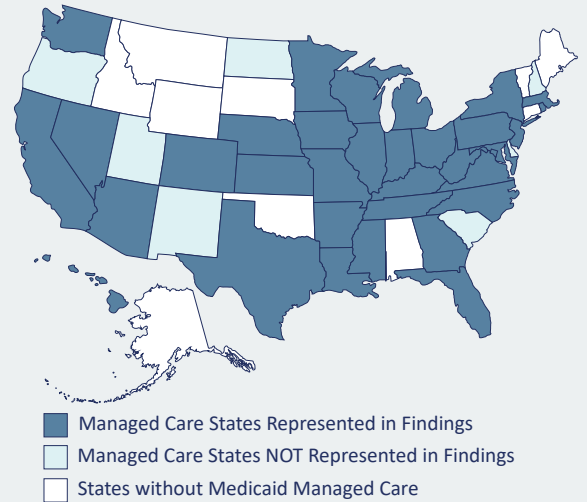


Health Plan Size

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

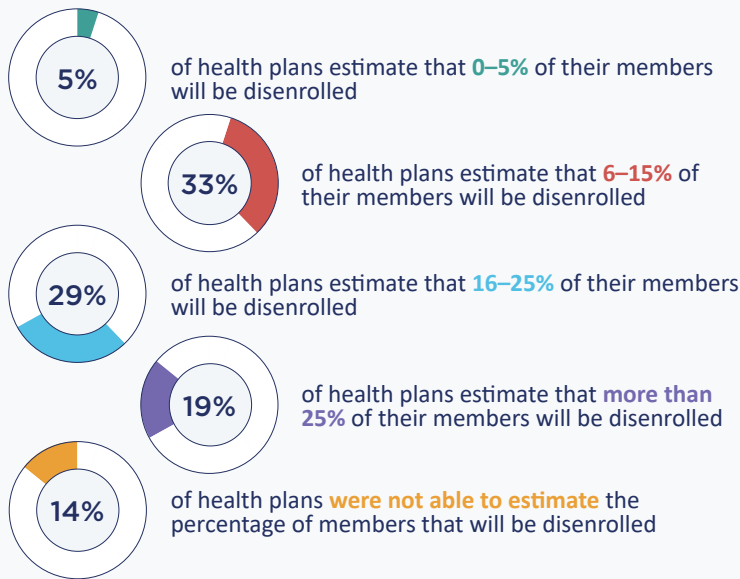


Health Plan States



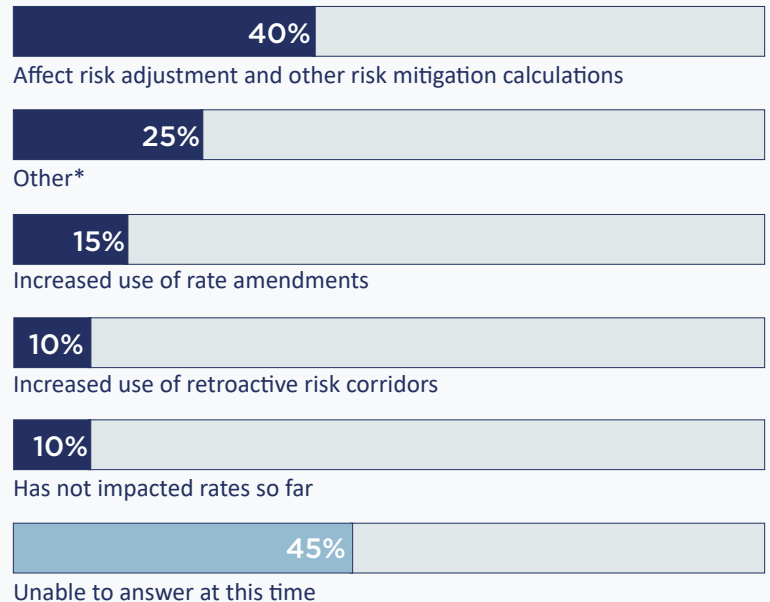
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 1 of 4"

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



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

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



Note: *Other reflects actuaries' concern that the remaining risk pool will be of high acuity members. The disenrollment process assumes that lower acuity members will be disenrolled while higher acuity members remain in the risk pool.

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

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"

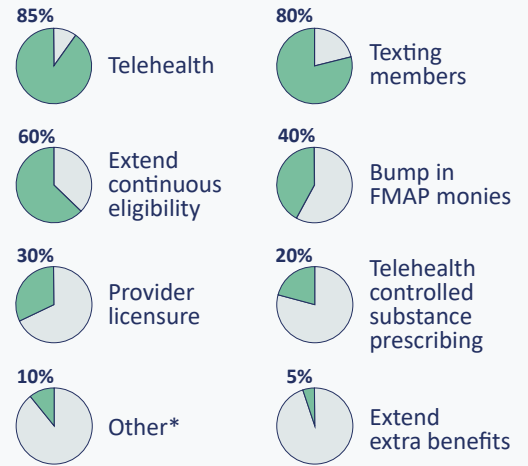
Strategies Medicaid Health Plans Are Using to Support Members Through the Redetermination Process

Updating member contact information in advance of redetermination	95%
Collaborating with community health centers on patient outreach	95%
Ongoing co-planning with state Medicaid agency	91%
Collaborating with primary care providers on patient outreach	91%
Partnering with community-based organizations in support of educating individuals and communities	91%
Calling members about the redetermination process	91%
Texting members about the redetermination process	91%
Developing a plan for those no longer eligible to transfer to other coverage	76%
Emailing members about the redetermination process	62%
Collaborating with specialty care providers on patient outreach	57%
Using other innovative methods	48%

Note: No health plans selected "None."

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

Flexibilities Allowed During the Public Health Emergency That Medicaid Health Plans Would Like to Remain in Effect Permanently



Note: *Other includes ability to contact member after they termed and extend the time to help members complete eligibility submission. Write in responses for "extend extra benefits" includes support for Social Determinants of Health (SDOH) initiatives like food access.

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







Other Innovative Methods Health Plans are Using to Support Members Through the Redetermination Process

Sending letters to members regarding redetermination	
In-community renewal events	
Partnerships with major retailers and pharmacies	
Face-to-face visits with specific populations	
Postcards	
Social media	
Radio and TV spots	
Aligning health plan efforts with county health department	
Coordinating data exchange with state agencies including receiving notice of auto-renewed members	

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



Common Strategies State Medicaid Agencies Are Deploying to Support Health Plans During the Redetermination Process

	Enabling health plans to conduct outreach to individuals who have lost coverage for procedural reasons (e.g., provide monthly termination files)	95%		Sharing renewal files with health plans to conduct outreach and provide support to individuals enrolled during renewal	91%
	Encouraging health plans to coordinate with provider organizations and community-based organizations	91%		Partnering with health plans to obtain updated enrollee contact information	86%
	Permitting health plans to assist individuals no longer eligible for Medicaid to transition to marketplace or commercial coverage	81%		Asking for input from health plans on the states' plans to return to normal operations	81%

Note: No health plans selected "None." Five Percent (5%) of health plans selected "Other."

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

State Strategies Identified by Medicaid Health Plans to Address the Potential Impact of the Redetermination Process

Increase outreach to enrollees	100%
Establish priorities for renewals	81%
Offer a range of options for enrollees to provide their eligibility information	81%
Update enrollee contact information in advance of the redetermination process without duplicate verification	76%
Texting enrollees about the redetermination process	76%
Collect and report data	71%
Adapt notices for enrollees with limited English proficiency and people with disabilities	67%
Adapt forms for enrollees with limited English proficiency and people with disabilities	62%
Increase ex parte renewals	52%
Develop a plan for those no longer eligible to transfer to other coverage	48%
19%	Increase state agency workforce
14%	Obtain CMS waiver(s)
14%	Enhance state IT system capacity
10%	Other*

Note: No health plan selected "Unable to answer" or "None." *Other includes State Medicaid agencies empowering the health plan to contact members about redetermination, outreach via email, post cards, and Interactive Voice Response (a telephone-inquiry system that enables health care providers to quickly and efficiently verify a Medicaid recipient's current eligibility status).

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

