INSTITUTE FOR MEDICAID INNOVATION

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 fourth and final survey in our redetermination series that was fielded every three months in 2023. The project concludes 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 national advisory committee, composed of Medicaid health plan representatives.

This survey will take approximately 15 minutes to complete.

Contact Information & Demographics

IMI staff will use the following information for the purposes of categorizing and 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

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*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. prior to requiring enrollees to complete a renewal form or to 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.
- **Procedural Disenrollment** - Refers to the process of removing an individual from Medicaid coverage due to administrative or procedural reasons, rather than due to a determination of ineligibility.
- **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 ensure an enrollee remains eligible for Medicaid at the end of their eligibility period.

1. Across all of your Medicaid markets, for all months of redetermination, please identify the percentage of members from all of your Medicaid markets that have been disenrolled due to the end of continuous enrollment?

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

2. Across all of your Medicaid markets, for all months of redetermination, please identify the percentage of members from all of your Medicaid markets that have been disenrolled due to procedural reasons?
[numerator = number of members disenrolled for procedural reasons, denominator = total number of disenrollments]

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

3. Across all of your Medicaid markets, for all months of redetermination, please identify the percentage of members who were disenrolled and were subsequently reinstated during the 90-day reconsideration period.
[numerator = number of members reinstated, denominator = total number of disenrollments]

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

4. Across all of your Medicaid markets, for all months of redetermination, please identify the percentage of members in the following age categories that have been disenrolled due to the end of continuous enrollment.

	0-10%	11-20%	21-30%	31-50%	More than 50%	Unknown
0 – 5 years	○	○	○	○	○	○
6 – 17 years	○	○	○	○	○	○
18 – 25 years	○	○	○	○	○	○
26 – 45 years	○	○	○	○	○	○
46 – 64 years	○	○	○	○	○	○

5. Across all of your Medicaid markets, for all months of redetermination, 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 plans for the state(s) 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
- ☐ Permitted health plan to text members
- ☐ Other, specify: _____
- ☐ None

6. Across all of your Medicaid markets, how is the redetermination process affecting 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

6a. In what ways, if any, have states responded to the effects of the redetermination process on the capitation calculations, risk mitigation programs, or actuarial soundness of rates?

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 state agencies

8. Recently, CMS provided guidance that states have the authority to allow health plans to collect an individual's telephonic or electronic signature to facilitate a renewal but, health plans are not allowed to complete the signature field. **Across all of your markets, does your health plan collect telephonic or electronic signatures from members to facilitate a renewal?**

- ○ Yes
- ○ No, but considering
- ○ No, and not considering
- ○ No, it is not permitted by state agencies

9. Across all of your Medicaid markets, for all months of redetermination, please identify the strategies that state Medicaid agencies have used 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
- ☐ Text enrollees about the redetermination process
- ☐ Authorize health plans to contact members about the redetermination process
- ☐ Outreach to Medicaid enrollees via email
- ☐ Outreach to Medicaid enrollees via standard U.S. mail (e.g., letters, post cards)
- ☐ Outreach to Medicaid enrollees via Interactive Voice Response (IVR) calls
- ☐ To our plan's knowledge, state Medicaid agencies are not implementing any of these strategies
- ☐ Other, specify: _____
- ☐ Unable to answer

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

- ☐ Ongoing co-planning with 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 about 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
- ☐ Posting social media content and ads about redetermination
- ☐ Placing radio and TV ads or spots about 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 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 conduct outreach to members

11. Across all of your Medicaid markets, for all months of redetermination, please identify the strategies your health plan has found to be successful for conducting outreach and informing members about the redetermination process. ***Check all that apply.***

- ☐ Ongoing co-planning with 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 state agencies to receive updates on when members are auto-renewed
- ☐ Providing information about the redetermination process in multiple languages
- ☐ Other *innovative* methods. Please specify: ☐
- ☐ None

12. 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 state agencies

If yes, please proceed to question 13. If no, please skip to question 14.

13. Across all of your Medicaid markets, please 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
- ☐ Monetary support 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

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14. Across all of your Medicaid markets, for all months of redetermination, please indicate which of the following barriers your health plan has encountered 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 state Medicaid agency
- ☐ Language barriers
- ☐ Limited health plan resources for outreach efforts
- ☐ Staffing shortage at state leading to backlog of redetermination applications
- ☐ Staffing shortage at state leading to backlog of new enrollment applications
- ☐ Staffing shortage at state leading to unanswered phone calls from individuals enrolled in Medicaid
- ☐ Timelines changing
- ☐ Limited capacity to help members redetermine given state Medicaid rules
- ☐ Potential high volume of individuals who will experience gaps in care
- ☐ Outdated operational systems/processes at state agencies
- ☐ Outdated technological systems at state agencies
- ☐ Slow or no data exchange with state agencies
- ☐ Data provided by state contains errors
- ☐ State agency missing deadline to provide list of non-ex parte members
- ☐ Changes to state agency's plans/strategies midstream
- ☐ Delays from state agency to approve health plans outreach materials
- ☐ State phone systems that do not have call back services
- ☐ Other, specify: ____
- ☐ We do not encounter any barriers
- ☐ Unable to answer at this time

15. 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.***

- ☐ Members receive care after the effective disenrollment date
- ☐ Members directly billed for services when they thought they had Medicaid coverage
- ☐ Members were not notified of disenrollment
- ☐ Additional administrative load for the health plan to recoup payments for care received after members were disenrolled
- ☐ Other, specify: _____
- ☐ We have not encountered any barriers or challenges
- ☐ Unable to answer at this time

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

- ☐ Improve data sharing between state and health plans
- ☐ Improve quality of data shared between 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 state Medicaid agencies
- ☐ Decrease 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: _____
- ☐ State Medicaid agencies cannot provide further assistance
- ☐ Unable to answer at this time

17. In any of your markets, please identify how state Medicaid agencies could provide member outreach and renewal support to health plans **after the unwinding concludes**. ***Check all that apply.***

- ☐ Improve data sharing between state and health plans
- ☐ Improve quality of data shared between 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 state Medicaid agencies
- ☐ Decrease time to approve health plans' global outreach materials
- ☐ Allow health plans to provide assistance to members in completing renewal forms to maintain coverage
- ☐ Decrease time from when a member is disenrolled and when health plans are notified of the disenrollment
- ☐ Other, specify: [ ]
- ☐ State Medicaid agencies cannot provide further assistance
- ☐ Unable to answer at this time

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18. 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:

19. OPTIONAL: Did we miss anything? Please share the emerging issues that your health plan is currently facing or anticipating in this year.

Thank you for completing the survey.

Please submit your completed survey via the online form **by February 29, 2024.**

Questions? Feel free to contact the Survey Project Team at MCOsurvey@medicaidinnovation.org.

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