

Methods and Overview

The third 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 third survey was fielded in November 2023 and represents data from September through November.

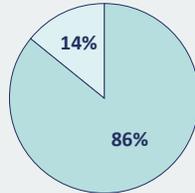
Health Plan Tax Status

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



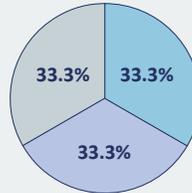
Health Plan Markets

- Single State
- Multistate

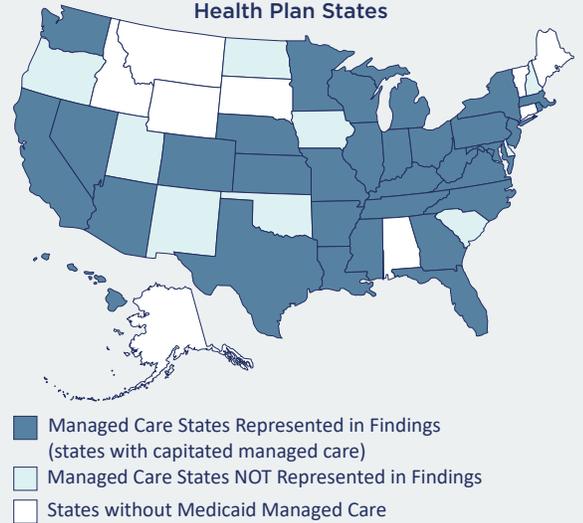


Health Plan Size

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

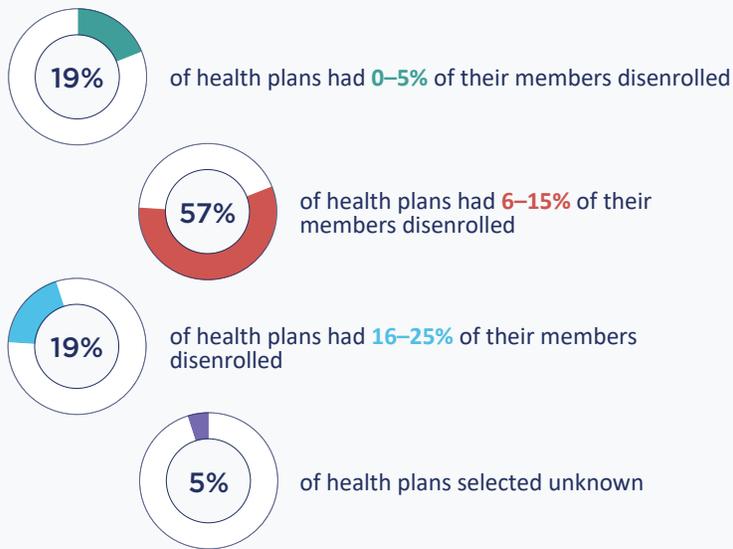


Health Plan States



Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

Medicaid Health Plan’s Percentage of Members who were Disenrolled Due to the End of Continuous Enrollment (September through November 2023)

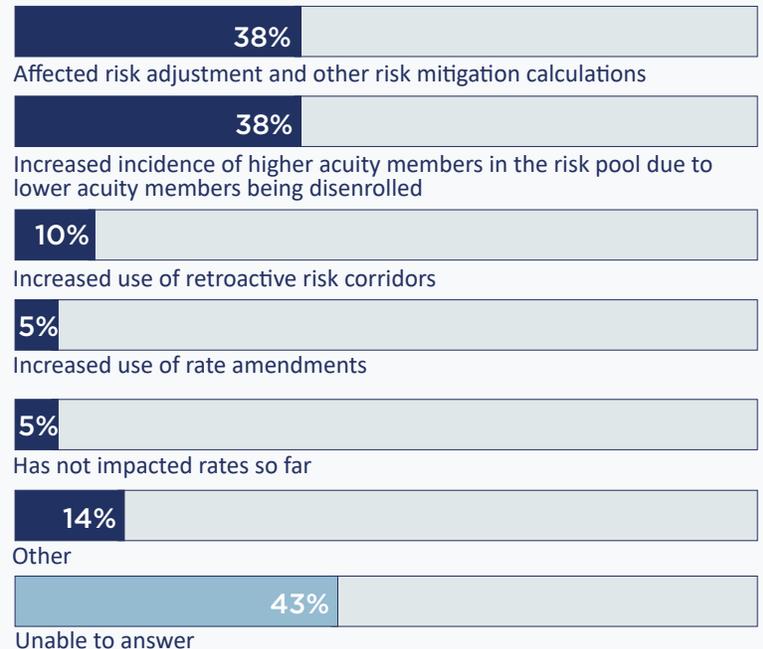


Note: No health plan selected “more than 25%.”

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

Support for this project is provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

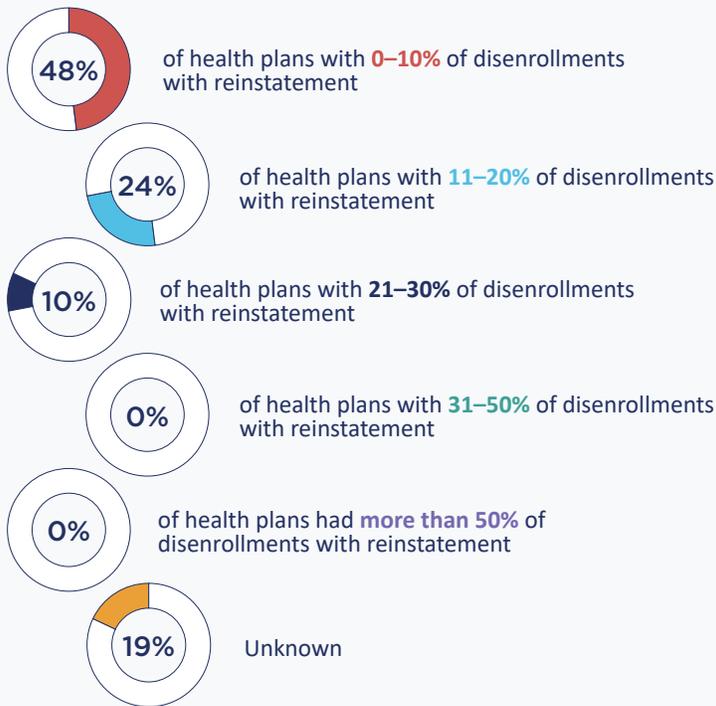
Ways the Redetermination Process is Affecting the Capitation Calculations, Risk Mitigation Programs, or Actuarial Soundness of Rates for Medicaid Health Plans



Note: *Other includes rates adjustment specific to acuity; 2024 rates are not available; and health plans are unable to accurately account for trends/adjustments due to churn.

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

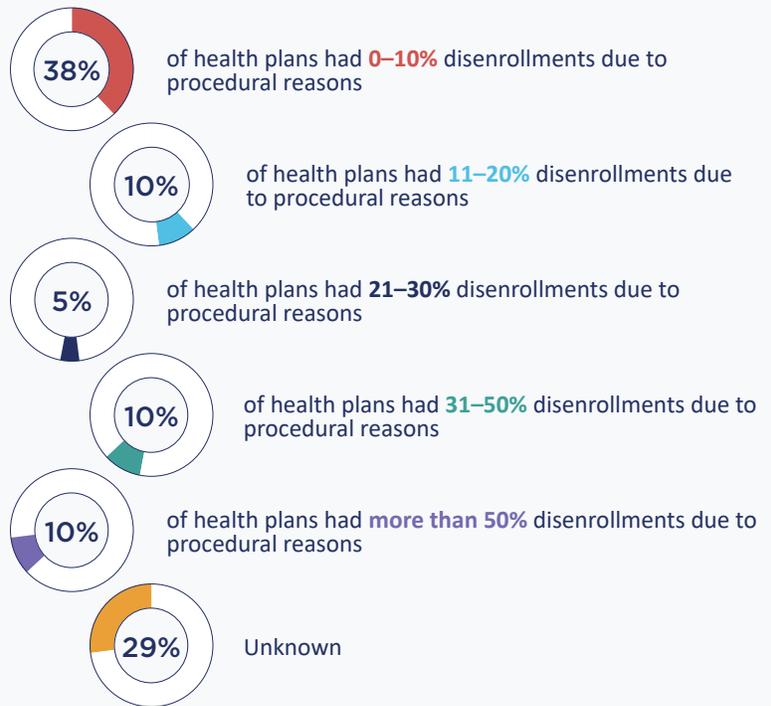
Medicaid Health Plans' Percentage of Members Who Were Disenrolled and Subsequently Reinstated During the 90-day Reconsideration Period



Note: Rounding percentages can cause the sum to exceed 100%.

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 3 of 4"

Medicaid Health Plans' Percentage of Members Who Were Disenrolled Due to Procedural Reasons (September through November 2023)



Note: Rounding percentages can cause the sum to exceed 100%.

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 3 of 4"

Common Strategies State Medicaid Agencies Used to Address the Impacts of the Redetermination Process (September through November 2023)

91%	Authorized health plans to contact members about the redetermination process
81%	Reached out to Medicaid enrollees via regular mail (e.g., letters, post cards)
71%	Offered a range of options for enrollees to provide their eligibility information
67%	Collected and reported data
67%	Increased outreach to enrollees
57%	Updated enrollee contact information in advance of the redetermination process without duplicate verification
57%	Increased ex-parte renewals
52%	Texted enrollees about the redetermination process
48%	Established priorities for renewals
48%	Reached out to Medicaid enrollees via email
38%	Reached out to Medicaid enrollees via Interactive Voice Response (IVR) calls
38%	Adapted notices for enrollees with limited English proficiency and people with disabilities
33%	Increased state agency workforce
33%	Adapted forms for enrollees with limited English proficiency and people with disabilities
29%	Developed a plan for those no longer eligible to transfer to other coverage
5%	To health plans' knowledge, state Medicaid agencies are not implementing any of the above strategies

Note: Five percent (5%) of health plans selected "other" and no themes were identified. No health plan selected "none."

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 3 of 4"

Common Strategies State Medicaid Agencies Deployed to Support Health Plans During the Redetermination Process (September through November 2023)

Enabled health plan to conduct outreach to individuals who have lost coverage for procedural reasons (e.g., provide monthly termination files)	100%
Encouraged health plans to coordinate with provider organizations and community-based organizations	95%
Shared renewal files with health plan to conduct outreach and provide support to individuals enrolled during renewal	91%
Authorized health plan to contact members about the redetermination process	91%
Partnered with health plan to obtain updated enrollee contact information	76%
Permitted health plan to assist individuals no longer eligible for Medicaid to transition to marketplace or commercial coverage	76%
Asked for input from health plan on the state(s)'s plan to return to normal operations	57%

Note: Five percent (5%) of health plans selected "other" and no themes were identified. No health plan selected "none."

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 3 of 4"

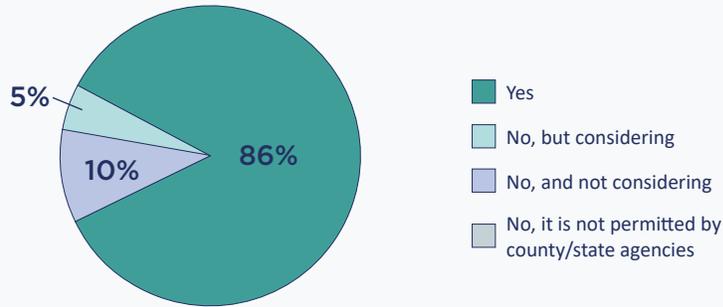
Strategies Medicaid Health Plans are Using to Conduct Outreach for the Redetermination Process

Sending letters and postcards to members about the redetermination process	95%
Updating enrollee contact information in advance of redetermination	91%
Collaborating with community health centers on patient outreach	91%
Collaborating with primary care providers on patient outreach	91%
Calling members about the redetermination process	91%
Texting members about the redetermination process	86%
Partnering with community-based organizations (CBOs) in support of educating individuals and communities	86%
Social media posts and ads about redetermination	81%
Hosting In-community events	81%
Providing information about the redetermination process in multiple languages	76%
Ongoing co-planning with county/state Medicaid agency	71%
Having health plan representatives in community hubs (e.g., libraries, schools, and community centers)	67%
Emailing members about the redetermination process	62%
Developing plan for those no longer eligible to transfer to other coverage	57%
Collaborating with specialty care providers on patient outreach	57%
Reaching out to members via Interactive Voice Response (IVR) calls	48%
Coordinating data with county/state agencies to receive updates on when members are auto-renewed	48%
Partnering with schools to inform parents of redetermination process	48%
Radio and TV ads or spots about the redetermination process	43%
Partnering with local pharmacies	33%
Tailoring outreach and messaging to specific populations+	33%
Partnering with national pharmacies	29%
Face-to-face visits with specific populations^	29%
Partnering with large or national retailers	24%
Other (includes sending health plan representatives to member's home, city council presentations, presentations for elected officials, collaborating with CBOs to create culturally appropriate outreach materials)	29%

Notes: No health plan selected "none." ^ Specific populations for face-to-face visits includes high-risk members, elderly members, dual eligible members, individuals who are unhoused or in low-income housing. + Specific populations for tailored outreach and messages include high-risk members, elderly members, children and families, members who have lost coverage, unhoused individuals, schools.

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 3 of 4"

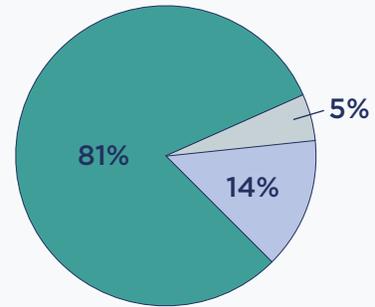
Percentage of Medicaid Health Plans Conducting Outreach to Members After the Termination Period



Note: Rounding percentages can cause the sum to exceed 100%. No health plan selected “no, it is not permitted by state agencies.”

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

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



Note: No health plan selected “no, and not considering.”

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

Barriers Related to Redetermination Encountered by Medicaid Health Plans All Health Plans

Out-of-date member contact information	95%
Missing member contact information	81%
No member email address on file or provided by the county/state Medicaid agency	71%
Staffing shortage at state/counties leading to backlog of redetermination applications	62%
Limited information from states on the reasons individuals are being terminated	52%
Potential high volume of individuals who will experience gaps in care	38%
Staffing shortage at state/counties leading to backlog of new enrollment applications	38%
Slow or no data exchange with county or state agencies	33%
Limited capacity to help members redetermine given county/state Medicaid rules	29%
Timelines changing	29%
Outdated technological systems	24%
Changes to state and county agencies’ plans/strategies midstream	24%
Outdated operational systems/processes	19%
Limited health plan resources for outreach efforts	19%
Delays from state and county agencies to approve health plans’ outreach materials	14%
Language barriers	14%
State and county agencies missing deadline to provide list of non-ex parte members	10%
Other*	10%

Notes: *Other includes agency phone system issues (not enough staff to answer calls, individuals are unable to leave messages), changes in agency software causing data inaccuracies, and agency unable to share updated information with health plan. No health plan selected “none” or “unable to answer at this time.”

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”



62% of health plans are interested in collecting member signatures on renewal forms if allowed by CMS.

Notes: Twenty-nine percent (29%) of health plans selected “unsure.” Ten percent (10%) of health plans selected “other.” 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 3 of 4”

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



Member receives care after the effective disenrollment date



Member was not notified of disenrollment



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



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



Unable to answer



Health plans have not encountered any barriers or challenges



Other*

Note: *Other includes backdating eligibility/termination and members’ continuity of care and medication access.

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

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

77% Health plan representatives in community hubs (e.g., libraries, schools, and community centers)



77% Presence at community events



65% Health plan representative in community-based organizations offices/spaces



53% Training community-based organizations to help members complete forms



47% Health plan representatives in provider offices



41% 24/7 call centers



35% Training providers how to help members complete forms



29% Contracting with application assistance vendor (in allowable states)



12% Monetary support to community-based organizations for helping members complete forms



6% 24/7 live text chat



6% Reimbursement/incentives to providers for helping members complete forms



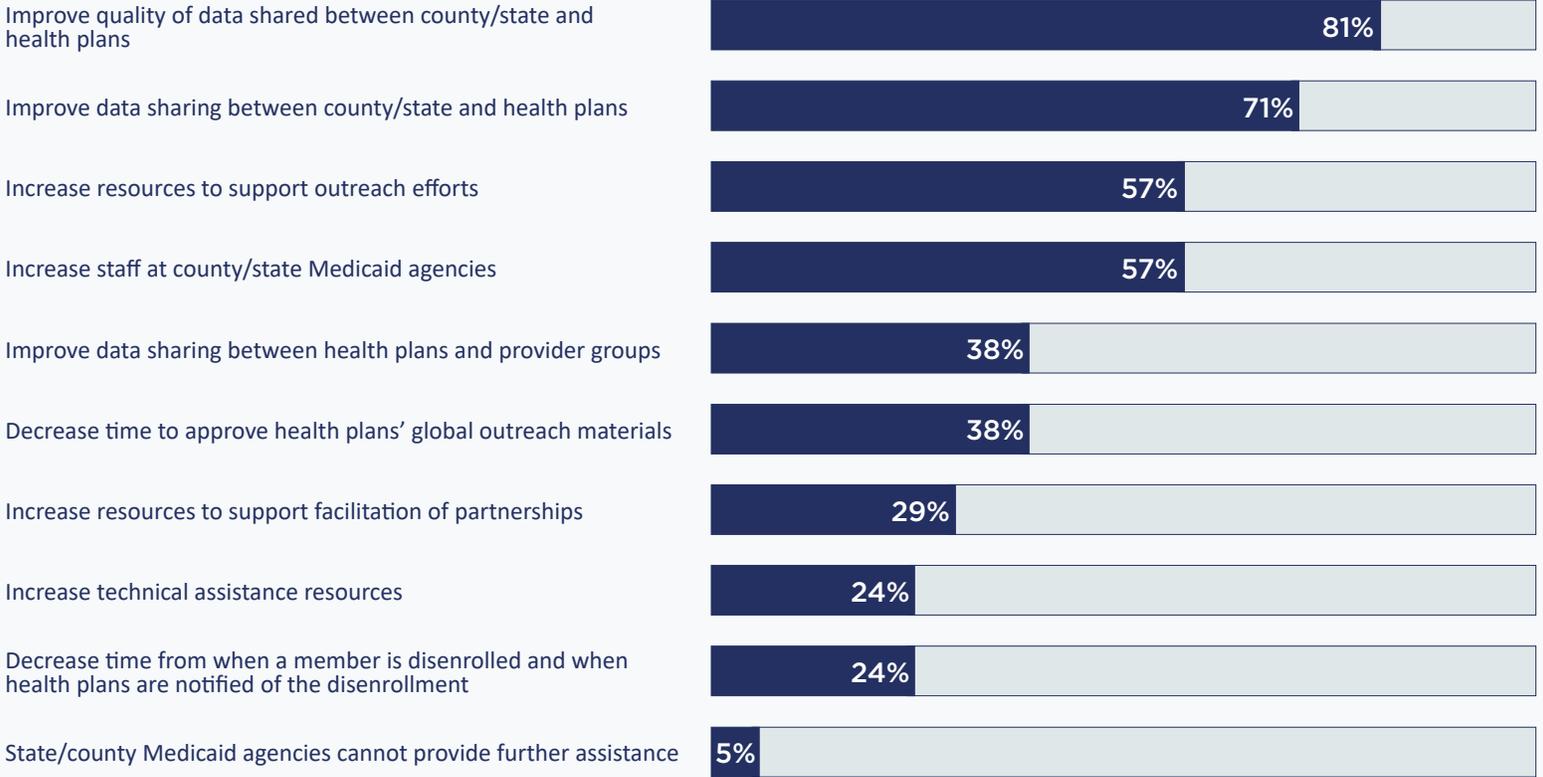
18% Other*



Notes: *Other includes telephonic support with set hours, community navigator embedded in communities, and instructional videos and written guidance on websites.

Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 3 of 4”

Ways Medicaid Agencies Could Further Assist Health Plans During the Redetermination Process



Note: No health plan selected "other" or "unable to answer."

Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 3 of 4"