

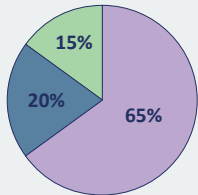
# 2023–2024 Redetermination Survey Findings 4 of 4: Capturing the Impact of Redetermination

## Demographics

The fourth report of findings from the redetermination survey represents health plan data from almost every state with Medicaid managed care. The Institute for Medicaid Innovation’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 fourth survey was fielded in February 2024.

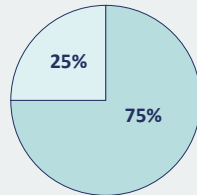
### Health Plan Tax Status

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



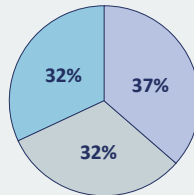
### Health Plan Markets

- Single State
- Multistate



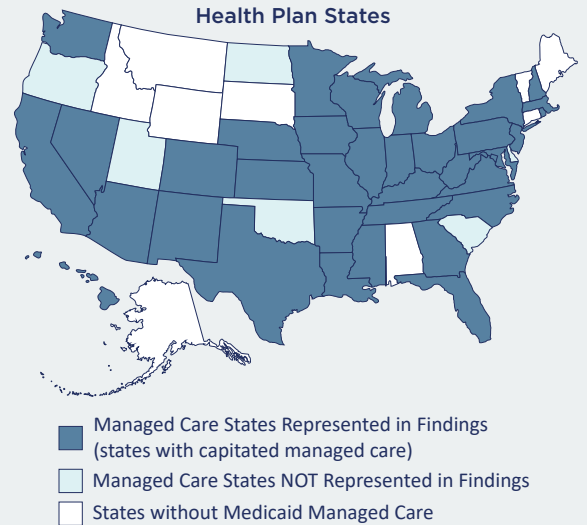
### Health Plan Size

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



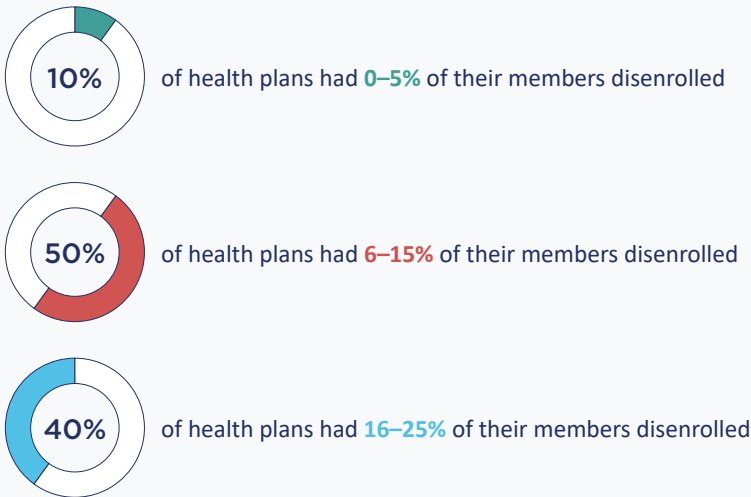
Note: Rounding percentages can cause the sum to exceed 100%.

### Health Plan States



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

## Medicaid Health Plans’ Percentage of Members who were Disenrolled Due to the End of Continuous Enrollment, for All Months of Redetermination

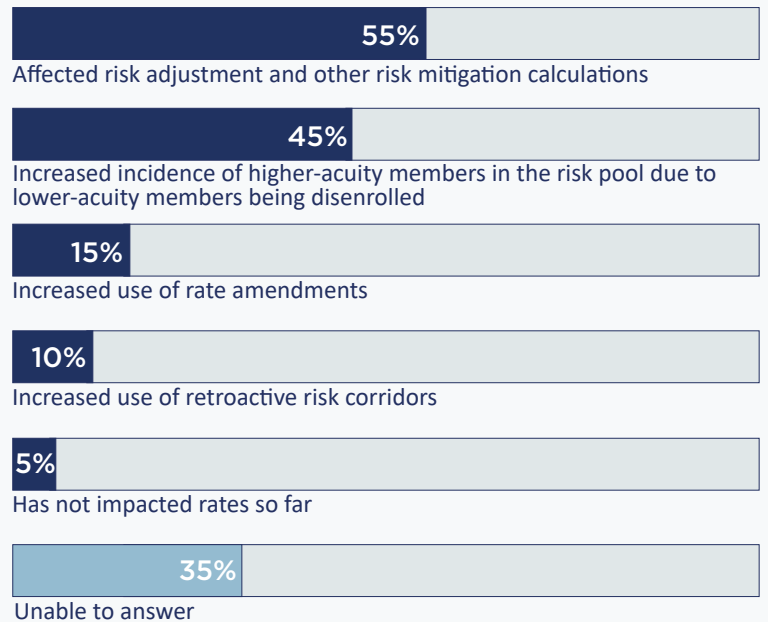


Note: No health plan selected “more than 25%” or “unknown.”

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

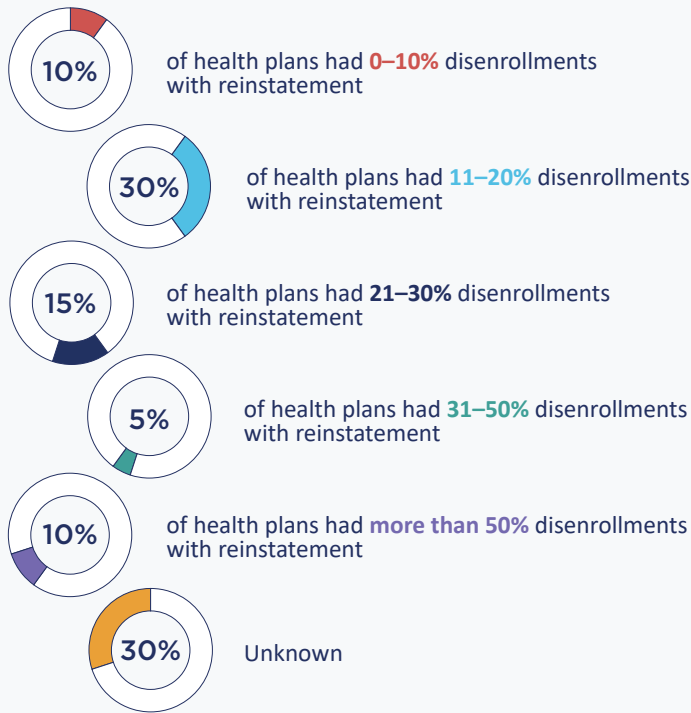
## Ways the Redetermination Process is Affecting the Capitation Calculations, Risk Mitigation Programs, or Actuarial Soundness of Rates for Medicaid Health Plans



Note: Five percent (5%) of health plans selected “other,” which includes states changing methods for calculating rates.

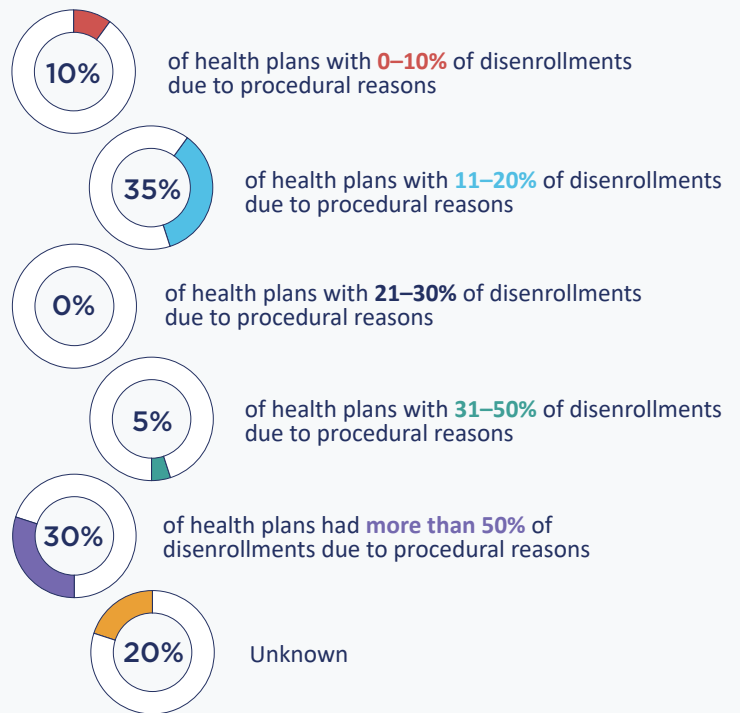
Source: Institute for Medicaid Innovation. “2023–2024 Redetermination Survey Findings 4 of 4”

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



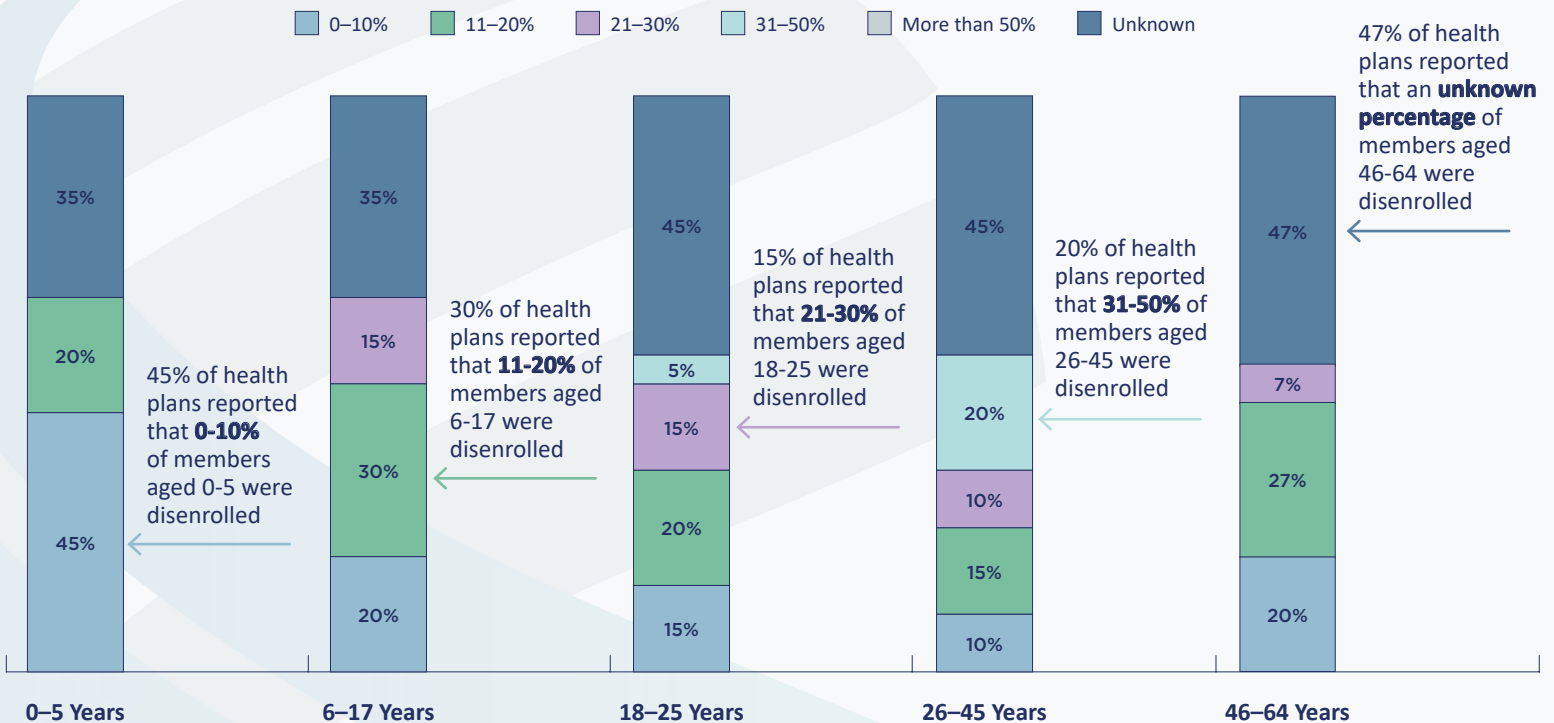
Source: Institute for Medicaid Innovation. "2023–2024 Redetermination Survey Findings 4 of 4"

## Medicaid Health Plans' Percentage of Members Who Were Disenrolled Due to Procedural Reasons



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

## Medicaid Health Plans' Percentage of Members Who were Disenrolled Due to the End of Continuous Enrollment By Age Group



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

## Common Strategies State Medicaid Agencies Deployed to Support Health Plans During the Redetermination Process

Enabled health plan to conduct outreach to individuals who have lost coverage for procedural reasons (e.g., provide monthly termination files)	100%
Authorized health plan to contact members about the redetermination process	100%
Encouraged health plan 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	95%
Partnered with health plan to obtain updated enrollee contact information	85%
Permitted health plan to assist individuals no longer eligible for Medicaid to transition to marketplace or commercial coverage	75%
Permitted health plan to text members	75%
Asked for input from health plan on the state(s)' plan to return to normal operations	70%

Note: Ten percent (10%) 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 4 of 4”

## Common Strategies State Medicaid Agencies Used to Address the Impacts of the Redetermination Process

Outreach to Medicaid enrollees via U.S. mail (e.g., letters, post cards)	100%
Authorized health plans to contact members about the redetermination process	95%
Increased outreach to enrollees	95%
Texted enrollees about the redetermination process	80%
Outreach to Medicaid enrollees via email	80%
Collected and reported data	75%
Outreach to Medicaid enrollees via Interactive Voice Response (IVR) calls	75%
Offered a range of options for enrollees to provide their eligibility information	75%
Increased ex parte renewals	75%
Established priorities for renewals	70%
Updated enrollee contact information in advance of the redetermination process without duplicate verification	65%
Adapted notices for enrollees with limited English proficiency and people with disabilities	50%
Adapted forms for enrollees with limited English proficiency and people with disabilities	50%
Increased state agency workforce	40%
Developed a plan for those no longer eligible to transfer to other coverage	40%

Notes: Ten percent (10%) of health plans selected “other” and no themes were identified. No health plan selected “none” or “to our plan’s knowledge, state Medicaid agencies are not implementing any of these strategies.”

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

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

Calling members about the redetermination process	100%
Texting members about the redetermination process	95%
Collaborating with community health centers on patient outreach	95%
Sending letters and postcards to members about the redetermination process	90%
Collaborating with primary care providers on patient outreach	90%
Providing information about the redetermination process in multiple languages	85%
Partnering with community-based organizations (CBOs) in support of educating individuals and communities	85%
Updating enrollee contact information in advance of redetermination	85%
Emailing members about the redetermination process	80%
Ongoing co-planning with state Medicaid agency	80%
Hosting In-community events	75%
Posting social media content and ads about redetermination	75%
Developing plan for those no longer eligible to transfer to other coverage	70%
Having health plan representatives in community hubs (e.g., libraries, schools, and community centers)	65%
Collaborating with specialty care providers on patient outreach	60%
Coordinating data with state agencies to receive updates on when members are auto-renewed	55%
Outreach to members via Interactive Voice Response (IVR) calls	50%
Partnering with national pharmacies	45%
Partnering with local pharmacies	45%
Placing radio and TV ads or spots about the redetermination process	45%
Partnering with schools to inform parents of redetermination process	45%
Tailoring outreach and messaging to specific populations+	40%
Other*	35%
Face-to-face visits with specific populations^	35%
Partnering with large or national retailers	30%

Notes: No health plan selected "none."

\* Other includes hand addressing envelopes, hosting webinars on redetermination, dropping off reminders under members' doors, health plan representatives knocking on members' doors.

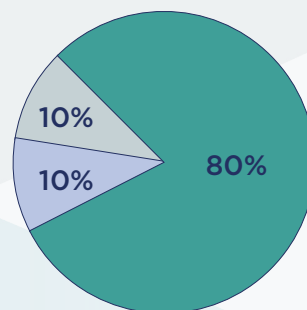
^ Specific populations for face-to-face visits include individuals with special needs; seniors and persons with disabilities; parents; members engaged with care management, community health workers, and/or community relations.

+ Specific populations for tailored outreach and messages include individuals with limited English proficiency, children and families, members who have lost coverage, and members who did not pass ex parte.

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

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

■ Yes   
 ■ No, and not considering   
 ■ No, it is not permitted by state agencies



Note: No health plan selected "no, but considering."

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

## Strategies Medicaid Health Plans Found to be Successful for Conducting Outreach and Informing Members About the Redetermination Process

Texting members about the redetermination process	95%
Calling members about the redetermination process	95%
Sending letters and postcards to members about the redetermination process	80%
Collaborating with community health centers on patient outreach	80%
Updating enrollee contact information in advance of redetermination	80%
Hosting In-community events	75%
Partnering with community-based organizations (CBOs) in support of educating individuals and communities	75%
Collaborating with primary care providers on patient outreach	70%
Providing information about the redetermination process in multiple languages	65%
Posting social media content and ads about redetermination	60%
Emailing members about the redetermination process	60%
Ongoing co-planning with state Medicaid agency	60%
Having health plan representatives in community hubs (e.g., libraries, schools, and community centers)	55%
Developing plan for those no longer eligible to transfer to other coverage	55%
Coordinating data with state agencies to receive updates on when members are auto-renewed	50%
Outreach to members via Interactive Voice Response (IVR) calls	50%
Placing radio and TV ads or spots about the redetermination process	40%
Partnering with local pharmacies	35%
Partnering with national pharmacies	30%
Collaborating with specialty care providers on patient outreach	30%
Partnering with schools to inform parents of redetermination process	30%
Tailoring outreach and messaging to specific populations+	25%
Face-to-face visits with specific populations^	25%
Other*	20%
Partnering with large or national retailers	15%

Notes: No health plan selected “none.”

\* Other includes contracted community-based organizations for in-person renewal assistance; bus shelter ads; dropping off reminders under members’ door; partnering with local human services and public health.

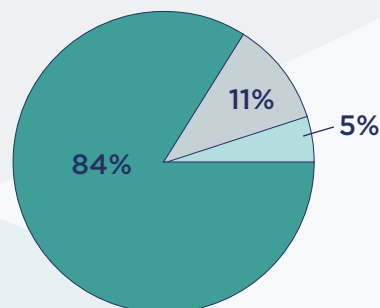
^ Specific populations for face-to-face visits include members who were engaged by door knocking, seniors, and persons with disabilities.

+ Specific populations for tailored outreach and messages include children, families, members who did not pass ex parte, and individuals with limited English proficiency.

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

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

■ Yes ■ No, but considering ■ No, it is not permitted by state agencies



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

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

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

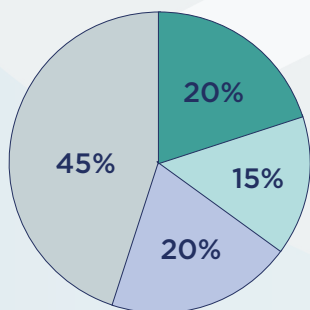
69%	Presence at community events	
69%	Health plan representatives in community hubs (e.g., libraries, schools, and community centers)	
44%	Training community-based organizations to help members complete forms	
44%	Health plan representatives in community-based organizations' offices/spaces	
38%	Training providers how to help members complete forms	
31%	24/7 call centers	
31%	Health plan representatives in provider offices	
25%	Other*	
25%	Contracting with application assistance vendor (in allowable states)	
6%	Reimbursement/incentives to providers for helping members complete forms	

Notes: \* Other includes telephonic support with set hours, community navigators embedded in communities, and in-person office appointments to assist members with renewal forms. No health plan selected "unable to answer," "monetary support to community-based organizations for helping members complete forms," or "24/7 live text chat."

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

## Percentage of Medicaid Health Plans Collecting Telephonic or Electronic Signatures from Members to Facilitate Renewal

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



Note: CMS recently clarified that states can partner with managed care plans to assist in the administrative activity of collecting enrollee signatures on renewal forms and forwarding to the state for processing.

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

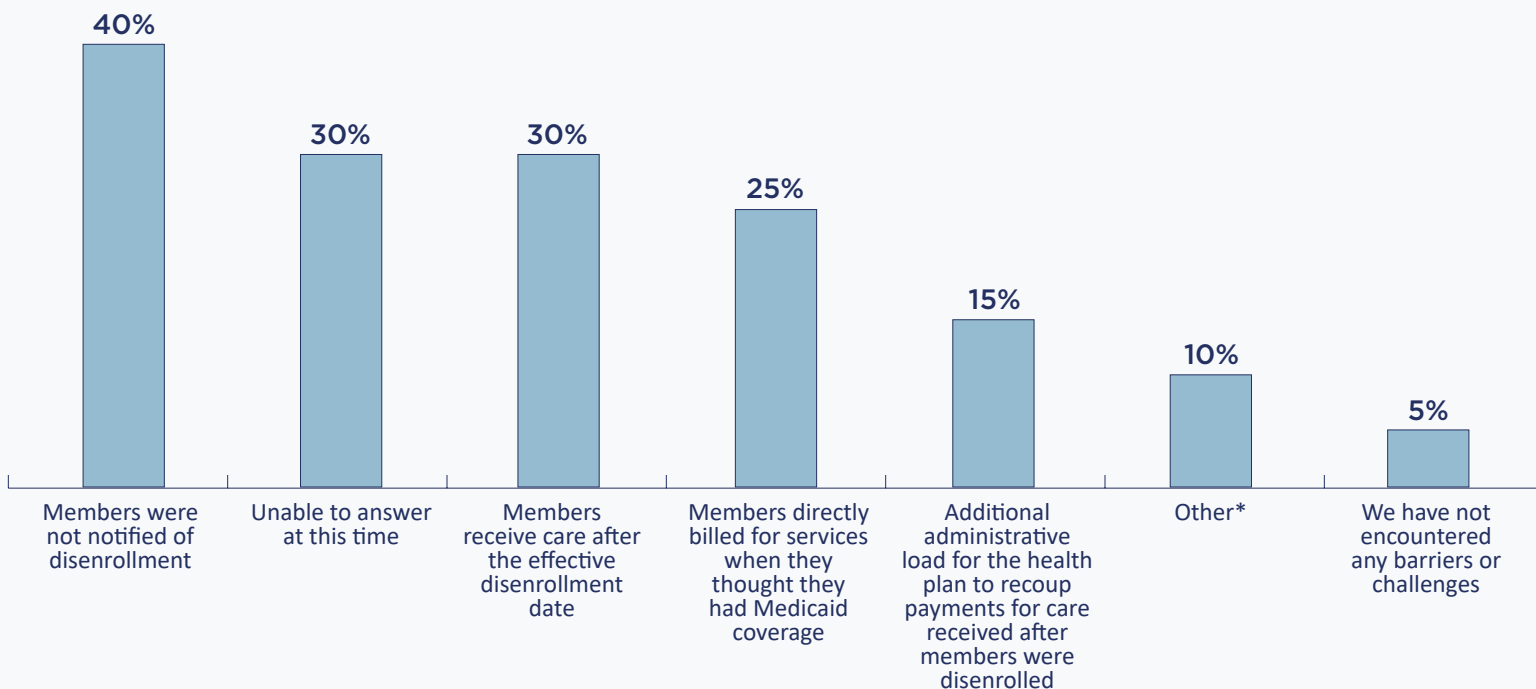
## Barriers Related to Redetermination Encountered by Medicaid Health Plans

Out-of-date member contact information	95%
Missing member contact information	85%
No member email address on file or provided by the state Medicaid agency	75%
Outdated operational systems/processes at state agencies	65%
Staffing shortage at state leading to backlog of redetermination applications	65%
Data provided by state contains errors	55%
Potential high volume of individuals who will experience gaps in care	55%
Outdated technological systems at state agencies	50%
Limited health plan resources for outreach efforts	45%
Limited information from states on the reasons individuals are being terminated	45%
Slow or no data exchange with state agencies	35%
Limited capacity to help members redetermine given state Medicaid rules	35%
Staffing shortage at state leading to unanswered phone calls from individuals enrolled in Medicaid	35%
State agency missing deadline to provide list of non-ex parte members	30%
Staffing shortage at state leading to backlog of new enrollment applications	25%
Language barriers	25%
Timelines changing	20%
Other*	15%
Delays from state agency to approve health plan outreach materials	15%
Changes to state agency's plans/strategies midstream	15%
State phone systems do not have call back services	5%

Notes: \* Other includes data inaccuracies from state agencies, delays in data exchange agreements, and states processing ex parte renewals at the individual and household level and reinstating individuals causing gaps in care. No health plan selected "none" or "unable to answer at this time."

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

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



Note: \* Other includes members losing access to care rather than operational barriers.

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

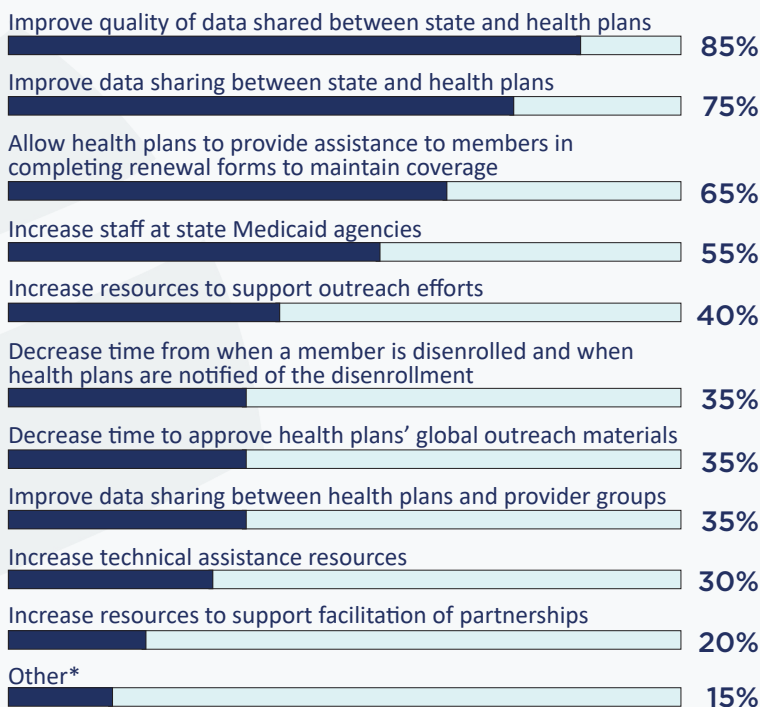
### Ways Medicaid Agencies Could Further Assist Health Plans During the Redetermination Process

Improve quality of data shared between state and health plans	70%
Improve data sharing between state and health plans	70%
Increase staff at state Medicaid agencies	45%
Decrease time from when a member is disenrolled and when health plans are notified of the disenrollment	40%
Decrease time to approve health plans' global outreach materials	40%
Increase resources to support outreach efforts	40%
Improve data sharing between health plans and provider groups	35%
Increase technical assistance resources	30%
Other*	20%
Increase resources to support facilitation of partnerships	20%
Unable to answer at this time	5%

Note: \* Other includes health plans submitting redeterminations for members, sending data to health plans on members who were not redetermined via ex parte, and ensuring processes are consistent. No health plan selected "State Medicaid agencies cannot provide further assistance."

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

### Ways Medicaid Agencies Could Provide Member Outreach and Renewal Support to Health Plans After the Unwinding Concludes



Note: \* Other includes plans conducting outreach to members who need to complete a renewal application, ensuring processes are consistent, and sending data to health plans on members who were not redetermined via ex parte. No health plan selected "unable to answer at this time" or "State Medicaid agencies cannot provide further assistance."

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