

Keeping Americans Covered

HOW STATES ARE SUPPORTING PEOPLE THROUGH
MEDICAID REDETERMINATIONS



Medicaid is an essential part of American health care, helping to improve the health and financial security of millions of Americans every day, including millions of children, Americans ages 65+, people with disabilities, and more than 2 million veterans.

In February 2023, states began the process of redetermining whether each of the [more than 93 million Americans](#) currently enrolled in Medicaid are still eligible for the program, with eligibility decisions starting April 1. A recent [analysis](#) from the Urban Institute and the Robert Wood Johnson Foundation concluded that 18 million people could lose access to Medicaid coverage.

State Medicaid programs are playing a key role in ensuring Americans have the health care coverage they need and deserve. They have been coordinating across health care stakeholders, working together to protect the health and financial stability of American families by ensuring they are enrolled in coverage for which they are eligible.

Creating a Strong Communications Campaign

As of April 1, 2023, most states have officially released their plans and have begun Medicaid redeterminations. AHIP engaged NORC to conduct an ongoing comprehensive review and tracking of state redetermination efforts, examining the extent to which states are positioned to reassess Medicaid eligibility efficiently and successfully.

A strong communications campaign is essential for a successful state Medicaid redetermination process.

Due to continuous enrollment, some states may not have communicated with certain enrollees for an extended period of time. This means states may have outdated contact information, complicating efforts to contact enrollees to conduct redeterminations or share information about the redetermination process. To address this, CMS has provided [guidance](#) to states on reestablishing communication with enrollees. Several states have developed innovative outreach campaigns to facilitate effective communication.

Key Takeaways

- Every American deserves access to affordable health coverage that protects their health and financial stability.
- Strong and clear communications are critical for a successful Medicaid redetermination process.
- Many states rely on their Medicaid managed care organizations as partners to help make Medicaid redetermination as effective as possible.
- States are finding creative ways to strengthen their workforce responsible for reviewing Medicaid eligibility.
- Medicaid redetermination dashboards are helping to ensure the process is as transparent as possible.

Alaska: Using multiple strategies to ensure that Medicaid enrollees update their contact information, the Alaska Department of Health in collaboration with University of Alaska Anchorage recently held a "[Medicaid Renewals Pop-Up ECHO](#)." The educational webinar held on April 4th, allowed Medicaid enrollees, providers, and advocates to engage in conversation with the Department on the upcoming Medicaid redeterminations process. Additionally, the state has encouraged enrollees via [stories](#) in local newspapers advising enrollees to update their contact information and with different methods to do so. The state has established a [dedicated hotline](#) to reduce the enrollee wait times while attempting to update their contact information through their virtual call center.

District of Columbia (D.C.): The "[Don't Wait to Update](#)" public awareness campaign led by the D.C. Department of Health Care Finance encourages Medicaid enrollees to ensure that the Medicaid agency has the most updated contact information. D.C. has created a multilingual web portal, "[District Direct](#)," that can also be accessed through a mobile app, for enrollees to update their contact information. D.C. is using various strategies as part of its public awareness campaign including holding virtual meetings hosted by Medicaid agency staff, launching an advertising campaign highlighting steps to renew Medicaid coverage, and conducting outreach via community-based organizations that provide services to Medicaid enrollees.



Illinois: The Illinois Department of Healthcare and Family Services launched the “[Ready to Renew](#)” campaign in mid-March, using various communication channels to raise public awareness about Medicaid redeterminations. Components of the campaign were rolled out through social media, websites, mailings, community outreach programs, and email. To facilitate the redetermination process and maintain open lines of communication with enrollees, the state offers various resources and tools. These include simple online forms for updating contact information, a dedicated telephone number with an Interactive Voice Response (IVR) system, and caseworkers who actively reach out to enrollees via phone, text, or email when necessary. Communication materials are available in at least 15 different languages.

Mississippi: The “[Stay Covered](#)” campaign employs various outreach methods such as social media, a dedicated website, postcards, community advocacy programs, flyers, and email communications to remind members to keep their contact information current. Mississippi Medicaid has introduced a simple online form for enrollees to conveniently update their contact details, which has already received thousands of submissions. Moreover, the state provides a specialized phone line featuring an IVR for enrollees to effortlessly update their mailing addresses and other relevant contact information.

Leveraging the Strength of Medicaid Managed Care Organizations

Medicaid managed care organizations (MCO) are valuable partners to states as they design and implement their Medicaid redetermination strategies. CMS has issued [guidance](#) to states on how they can work closely with Medicaid MCOs as they conduct outreach to enrollees about the redetermination process, update addresses, conduct

redeterminations, and - for those who are found ineligible for Medicaid - providing referrals to other sources of coverage. States who are finding innovative ways to partner with and leverage their MCOs are well-positioned to ensure that their redetermination processes are as effective as possible.

Arkansas: Leveraging the trust enrollees have with their MCOs, Arkansas is [working closely with MCOs](#) to share messages about the importance of updating contact information. While many states are prioritizing efforts to update enrollee addresses, Arkansas has implemented an innovative strategy with their MCOs who hold drawings for incentives of nominal value for enrollees who update their contact information.

Maryland: The Maryland Department of Health considers Medicaid MCOs essential partners in their outreach efforts leading up to and during the redetermination process. In partnership with Medicaid, Maryland’s 9 MCOs are [supporting and complementing](#) the statewide redetermination campaign in a variety of ways including:

- Analyzing monthly data reports to identify members at highest risk for losing coverage and conducting intensive outreach plans to those members.
- Conducting outreach and engaging with providers by using medical providers on staff at MCOs to speak within the medical community about the importance and impact of redeterminations and engaging with specialty provider groups in the state.
- Hosting Community Advisory Committee Meetings with stakeholders including providers and community-based organizations.

Maryland Medicaid has [conducted focus groups](#) with Medicaid members and many of the participants reported that they had received communications from MCOs about redeterminations and that they found the information useful.

Nebraska: Nebraska Medicaid specifically cites the [CMS guidance](#) on engaging with MCOs as a resource in their MCO outreach efforts. Nebraska reports implementing their MCO collaboration in the [following ways](#):

- Medicaid has established processes for MCOs to provide them with updated enrollee contact information by submitting an eligibility change report to the agency.
- MCOs are supporting outreach efforts around updating contact information and preparing for redeterminations including reaching enrollees through mail, phone, text, email and direct contact.
- Medicaid is also coordinating with MCOs to have them follow up with their members when their Medicaid coverage has ended to help them to identify and connect with other potential coverage options.

Rhode Island: The [goal](#) of Rhode Island's Medicaid redetermination plan is to maximize coverage continuity in favor of cutting program costs quickly to minimize budget impacts. In practice, this goal is being demonstrated in their efforts to partner with MCOs to reach enrollees and ensure their redeterminations are completed accurately while providing needed support. Rhode Island has been working with their MCOs during the past year to obtain [updated enrollee information](#) (based on most recent returned mail). Once redeterminations begin, Rhode Island will continue communicating with MCOs about which redetermination cases will require action so they can be prepared to provide [additional enrollee support](#).

Strengthening the Workforce

As the Medicaid redetermination process starts, states' eligibility workforces face an enormous task given the large volume of Medicaid redeterminations (in addition to new applications and ongoing renewals) that will require processing. Coupled with staff turnovers and new eligibility staff that need training, state Medicaid agencies are taking steps to maximize the capacity of their eligibility workforce and to distribute workloads efficiently. In some states, eligibility staffing decisions are made at the county level, but the overarching goal remains focused on actions to support the eligibility staff.

Alabama: Alabama has taken several measures to [enhance eligibility staff capacity](#) including bringing back retired state employees, hiring contract workers, and filling vacancies quickly. The state is redistributing staff as needed, with the ALL Kids CHIP staff earmarked to assist in processing modified adjusted gross income applications, which will help with staff capacity to work on redeterminations.



Colorado: In Colorado, eligibility staffing decisions are made at the county level, however, the state is taking actions to support county eligibility staff. The Department of Health Care Policy and Financing secured funding through a state budget amendment to establish an [Overflow Processing Center \(OPC\)](#) to assist the counties in completing eligibility redeterminations when there is a backlog, or an overflow of applications. Counties can submit a Google form to request assistance with processing redeterminations and various other tasks. Overall, the assistance provided from OPC will ensure that the state is following the federal and state regulatory guidelines for timely processing of applications and renewals.

Oregon: To provide supplemental call center support for redetermination, Oregon has contracted with [Performance Health Technology](#) (PH Tech) to support their eligibility staff in completing redeterminations. PH Tech triages phone calls coming from Medicaid enrollees, answering simpler questions themselves and sending along more complex questions to eligibility staff with greater expertise.

Virginia: With the goal of enhancing the Medicaid agency workforce prior to beginning of redeterminations, Virginia created an [Agile Taskforce](#) in May 2022. The task force comprised of temporary workers contracted to augment existing eligibility workforce by assisting local agencies in clearing backlogs and making necessary changes and corrections to prepare for the redetermination period. The Department of Social Services also sought funding to support payments of staff doing overtime and the [budget approved](#) in June 2022 authorized the use of federal American Rescue Plan Act funds for this purpose.

Creating a Redetermination Dashboard

As part of the redetermination process, [CMS is requiring](#) states to closely track and monitor specific data designed to demonstrate timely application processing and initiating and completing redeterminations for all Medicaid and CHIP enrollees. States must submit monthly reports to CMS, but some are publicly sharing data through state-specific redetermination dashboards. These dashboards provide insight into the redetermination process and are updated and made public on a more frequent schedule than the data submitted to CMS. While CMS does not require these dashboards, states that have developed these innovative tools to share their data are promoting a commitment to transparency during the redetermination process.

Iowa: The [Medicaid & COVID Unwind](#) dashboard provides 4 summary boxes highlighting data on the number of Medicaid enrollments, applications, redeterminations, and total enrollees maintained due to PHE requirements. The dashboard provides a transparent view into the redetermination process while also highlighting the redetermination workload by displaying the monthly number of cases and members by county.

Minnesota: The [Renewal Dashboard](#) tracks the statewide Medicaid redetermination efforts. The dashboard displays the total number of enrollees and households due for redeterminations each month, and the data can be sorted by demographic information and eligibility category. Additionally, the report provides an overview of the redetermination process by showing how many enrollees have had their coverage automatically renewed, maintained their coverage, or have had their coverage ended.

Rhode Island: The state's [Return to Normal Operations \(RTNO\) Data Dashboard](#) tracks Medicaid and CHIP redeterminations and disenrollments. The dashboard reflects the number of redeterminations completed via ex parte and redetermination packets received. The dashboard also displays Medicaid and CHIP disenrollments due to procedural reasons and from loss of eligibility. Moreover, the dashboard provides data regarding the activity of the call centers during the redetermination period at the Department of Human Services (DHS) and HealthSource RI (HSRI), such as the number of calls, the call wait time, and the abandonment rate.

Utah: The [Unwinding Eligibility Data](#) dashboard provides insight into redetermination progress. This includes the average number of days to redetermination decision, the number of fair hearing requests, and outcomes such as the number of transfers to the Marketplace and the number of transitions from Medicaid to CHIP. Additionally, the dashboard provides call center statistics, such as monthly call volume, average wait times and abandonment rates.

The Role of Health Insurance Providers

Health insurance providers are [taking decisive action](#) now to help ensure that every American enrolls in coverage that is right for themselves and their families. AHIP and its member health insurance providers remain laser focused on ensuring that Americans have access to health insurance coverage during the upcoming and unprecedented Medicaid redetermination process. We stand ready to partner and support states in planning, outreach, and ensuring Americans have access to affordable health care coverage.

ABOUT AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit [AHIP.org](#) to learn how working together, we are Guiding Greater Health.

ABOUT THE CONNECTING TO COVERAGE COALITION

The Connecting to Coverage Coalition represents a diverse collection of stakeholders partnering to minimize disruptions in coverage associated with the resumption of state Medicaid redeterminations in 2023. As states return to normal Medicaid operations, our mission is to coordinate with community stakeholders to serve as a trusted source of information on the status and impact of the Medicaid redetermination process to ensure that individuals successfully transition to the appropriate health insurance coverage with minimal gaps in coverage. Visit [www.connectingtocoverage.org](#) for more information.