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Medicaid Redetermination

Common Pitfalls for Providers & How to Avoid Them
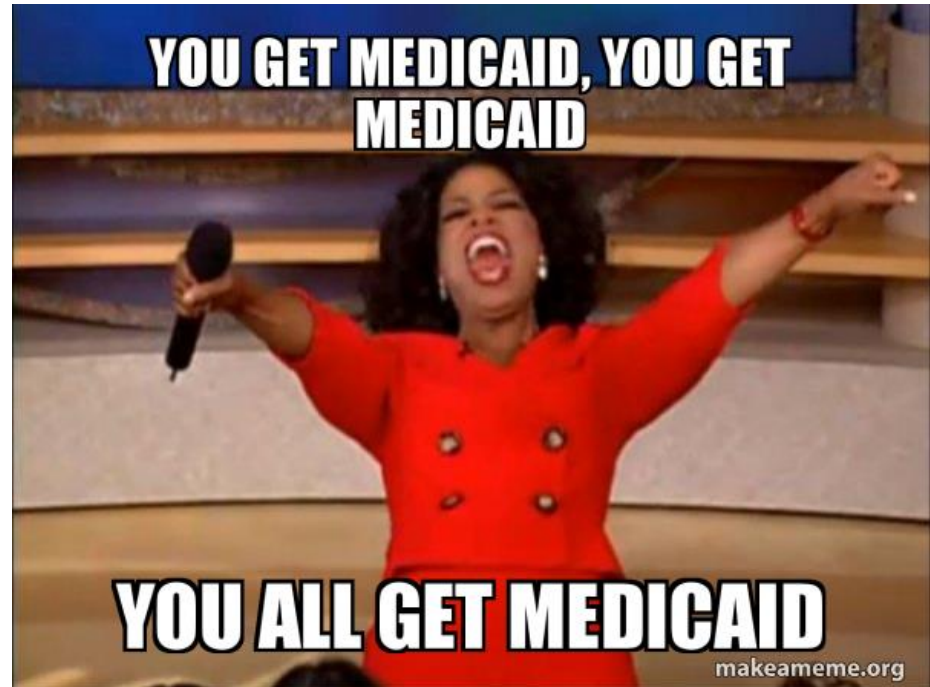
November 14, 2023

Agenda

1 End of the PHE & what this means for providers

2 Status in Texas as of November 2023

3 Best practices going forward

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Recap: Continuous Medicaid Enrollment

No Medicaid re-evaluation for the past 3 years under the Public Health Emergency (PHE)

Recap: The End of the PHE

- May 11, 2023: The end of the PHE

- 90 million Medicaid enrollees have to get re-evaluated (incl. Medicare/Medicaid dual)

- 50 states and 50 ways to do re-enrollment…

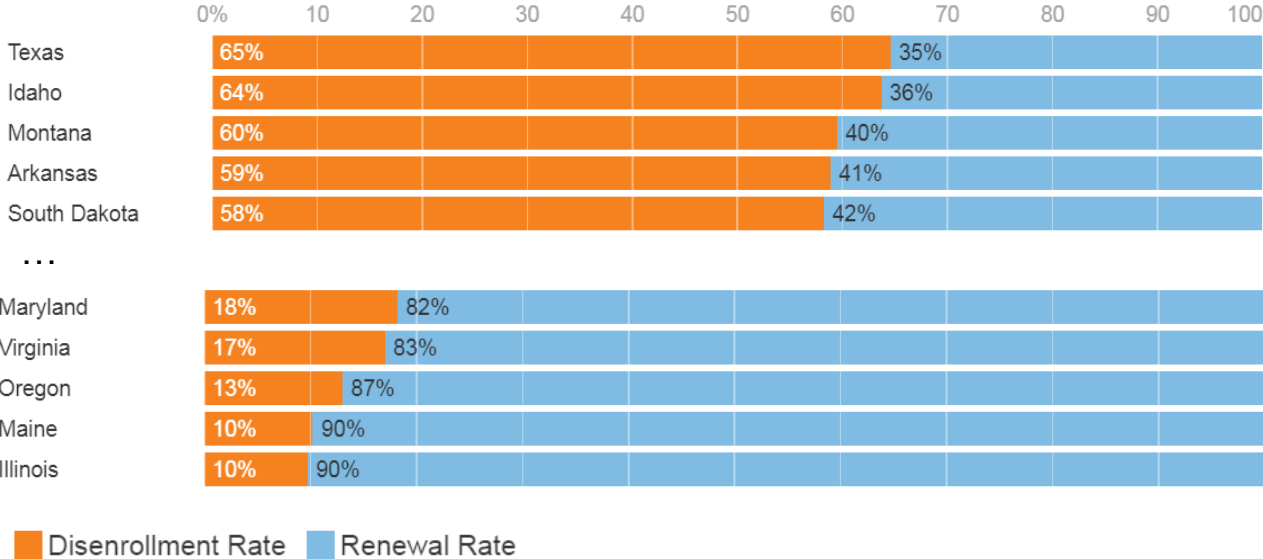- 10M Medicaid enrollees have been disenrolled so far as of Nov 8

Texas disenrollment began in June with a 12-month unwinding period

What does this mean for providers?

- Previous estimates predicted ~50% of disenrolled patients would move to commercial (NOT the case so far)

- Uninsured rate in Texas PRE unwinding in 2022 was already 17%

- Medicaid reimbursement is low, but still a problem if that goes to zero!

- Big toll on the health of the community if the disenrolled population forgoes preventative care
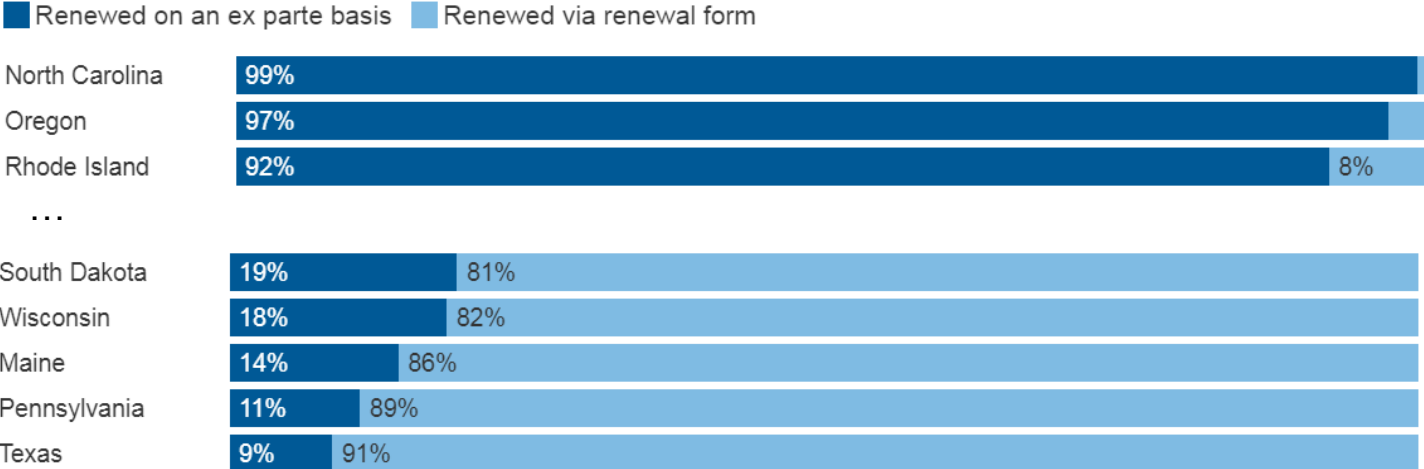
Source: https://www.urban.org/research/publication/impact-covid-19-public-health-emergency-expiration-all-types-health-coverage
https://www.texastribune.org/2023/09/14/census-bureau-texas-healthcare-insurance/

There is wide variation in disenrollment rates across states, ranging from 65% in Texas to 10% in Illinois

1.2 million Texans have been disenrolled from Medicaid as of November 8, 2023

There also is wide variation in *ex parte* renewal rates across states, ranging from 9% in Texas to 99% in N.C.

■ Renewed on an ex parte basis ■ Renewed via renewal form

State	ex parte	renewal form
North Carolina	99%	
Oregon	97%	
Rhode Island	92%	8%
...		
South Dakota	19%	81%
Wisconsin	18%	82%
Maine	14%	86%
Pennsylvania	11%	89%
Texas	9%	91%

Of people who retained coverage, the share renewed via *ex parte* (automated) vs. the share renewed via renewal packet
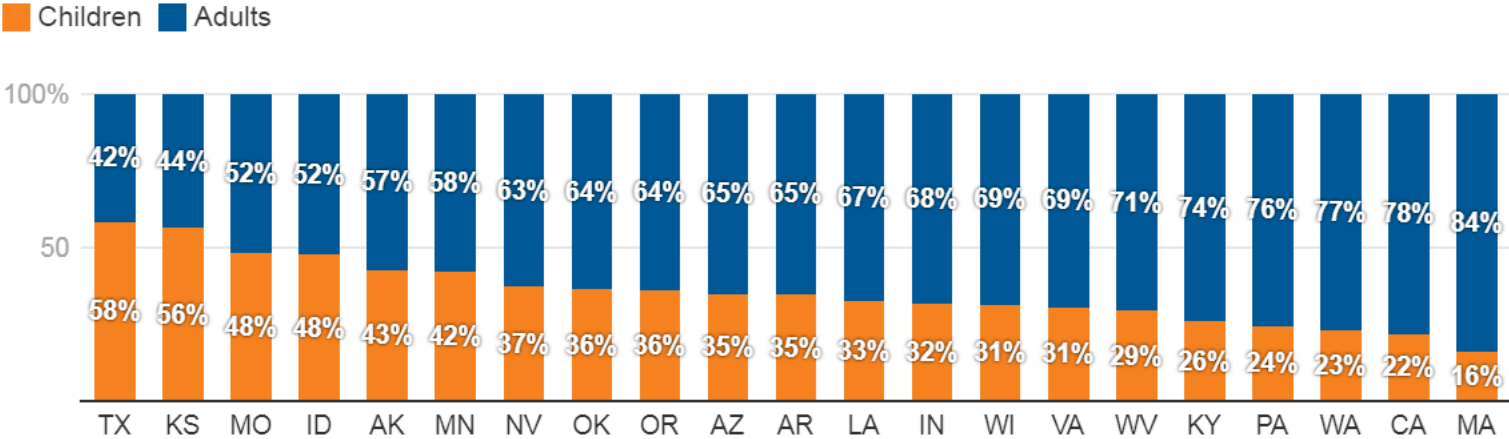
NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as ex parte renewals divided by total people whose coverage was renewed. Some states report unwinding data without information on the process for renewal and are not shown in this figure. Maine has not started conducting *ex parte* renewals yet and has been excluded from reported total.
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PNG

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Children account for 58% of disenrollments in TX

Share of Medicaid Disenrollments by Age:

■ Children ■ Adults

	TX	KS	MO	ID	AK	MN	NV	OK	OR	AZ	AR	LA	IN	WI	VA	WV	KY	PA	WA	CA	MA
Adults	42%	44%	52%	52%	57%	58%	63%	64%	64%	65%	65%	67%	68%	69%	69%	71%	74%	76%	77%	78%	84%
Children	58%	56%	48%	48%	43%	42%	37%	36%	36%	35%	35%	33%	32%	31%	31%	29%	26%	24%	23%	22%	16%

NOTE: Based on the most recent state-reported unwinding data available. Time periods may differ by state. States may identify children based on age or eligibility group. 1. Pennsylvania only reports disenrollments by age among the Medicaid Maintained Population, which is composed of enrollees the state has flagged as "likely ineligible or unresponsive." 2. In Washington, children up to age six will be manually reinstated as the state awaits system changes to align with new continuous eligibility for that group. To date, roughly 6% of all reported disenrollments in WA were among children ages 0-5.
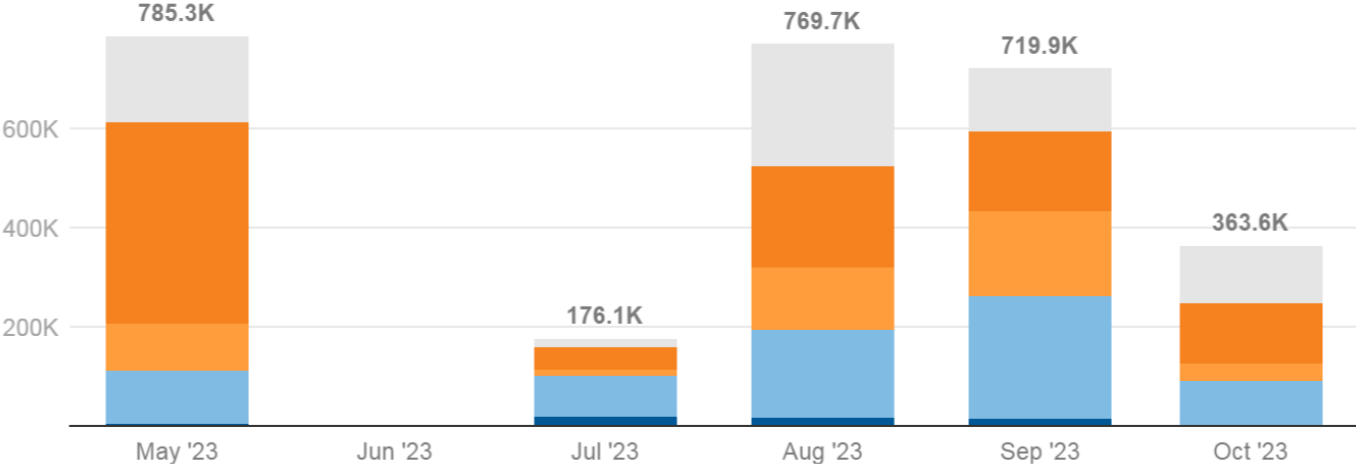
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SOURCE: KFF Analysis of State Unwinding Dashboards • Get the data • PNG

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TX Medicaid Renewals: Providers are the first line of defense to help with re-enrollment

Legend: Renewed on an ex parte basis · Renewed via renewal form · Determined ineligible · Terminated for procedural reasons · Renewal not completed

Data points: May '23: 785.3K · Jun '23 (no data) · Jul '23: 176.1K · Aug '23: 769.7K · Sep '23: 719.9K · Oct '23: 363.6K

NOTE: Texas did not have report renewal outcomes to report for June 2023.
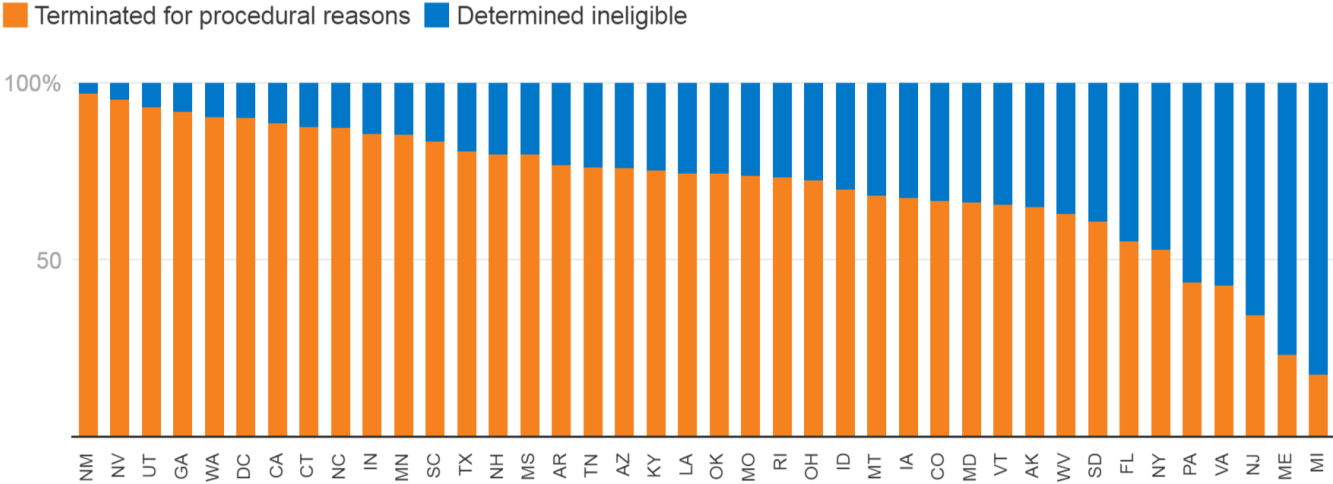SOURCE: KFF Analysis of State Unwinding Report to CMS · Get the data · PNG

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As of October 2023, 759,677 enrollees renewed their coverage and **1,376,569 enrollees were disenrolled, including 936,900 who were disenrolled for procedural reasons**

67% of TX disenrollment due to Administrative reasons

■ Terminated for procedural reasons ■ Determined ineligible

Of all people nation wide who were disenrolled, 71% were terminated for procedural reasons, as of November 8, 2023

NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as procedural disenrollments divided by total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PNG

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Best Practice #1: Patient Financial Navigators

- Dedicate a Patient Financial Navigator to help re-enroll your population

- Define processes for helping patients re-enroll in person, via phone, online

- Educate your staff that the Financial Navigator should be the point person for registration, front desk, billing etc.

- If you don't have a Medicaid Eligibility Vendor, create written Standard Operating Procedures.

- Make sure you have Spanish-speaking assistance to help get on Medicaid

Best Practice #2: Engage Local Agencies

- Identify a specific contact who can help

- They are required to do community outreach

- Ask questions!

- ✓ Can they inform you when patients are dropped?

- ✓ How are they handling when mail is returned?

- ✓ What should we do with maternity? (e.g. pregnancy started pre-April)

https://www.medicaid.gov/sites/default/files/2023-08/tx-may-2023-unwinding-data-ltr.pdf

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

August 9, 2023

Emily Zalkovsky
State Medicaid Director
Texas Health and Human Services Commission
PO Box 13247
Austin, TX 78711-3247

Dear Director Zalkovsky:

The Centers for Medicare & Medicaid Services (CMS) continually reviews data, state activity, and other information to ensure all states comply with federal eligibility and reporting requirements. This role has become particularly important during the state's unwinding period. CMS reviews a number of metrics and data sources to monitor the status of states' efforts to return to regular eligibility and enrollment operations in light of the end of the Medicaid continuous enrollment condition. This letter focuses on three sets of data metrics under CMS review: call center operations, unwinding renewal outcomes on terminations for procedural reasons and Modified Adjusted Gross Income (MAGI) application processing times.

For **May 2023**, your state reported the following data derived from reporting through the Eligibility and Enrollment Performance Indicator (PI) Set[1] and Unwinding data report[2] (data as of July 31, 2023):

PI Call Center Operations Data		Unwinding Data Report Renewals Metrics	PI Application Determination Processing Time Data
Average call center wait time	Average call abandonment rate	% of beneficiaries terminated for procedural reasons as a share of total beneficiaries due for	% of MAGI application determinations processed in more than 45 days

Best Practice #3: Leverage Open Enrollment

- The ACA's health insurance markets, which offer heavily subsidized coverage for lower-income people, can provide a backstop for the millions removed from Medicaid this year

- The open enrollment season, from **Nov. 1 to Jan. 16 on HealthCare.gov**, isn't the only chance people who lost Medicaid have to sign up for an ACA plan. They can enroll at any time through July 2024 under a special enrollment period the Biden administration created in response to the end of the PHE

Bottom Line: Many people don't know they've lost coverage until they show up at your door. Be equipped to educate them with their options

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Best Practice #4: Regularly verify eligibility

- Verify Medicaid eligibility for every Medicaid patient in your system at least monthly

- Disenrolled patients who are eligible for re-enrollment should be identified right away and directed to your Patient Navigator for targeted outreach

  - Calls, emails, mail, even robo-texting (yes, it's allowed!) based on patient

- Disenrolled patients who are ineligible for re-enrollment should be regularly scrubbed for exchange and employee-sponsored plans using insurance discovery technology

  - Real-time

  - Batches

Questions?

Best Practices Recap:

1. Dedicate a Patient Financial Navigator

2. Engage Local Agency

3. Leverage Open Enrollment

4. Regularly Verify Eligibility in Real-Time & Batch