

Navigating the 2023 Medicaid Redetermination Process

3 strategies to ensure continued member coverage



Introduction

On April 1, 2023, states officially began the Medicaid redetermination process as part of the public health emergency (PHE) unwinding, as authorized by the Consolidated Appropriations Act. The states have one full year to complete the redetermination process for approximately 83 million recipients currently enrolled in Medicaid. The process is daunting, involving myriad elements across multiple areas—eligibility, member communication, operational, and financial. And the fallout can be catastrophic. As many as 15 million people are estimated to lose their healthcare coverage, with the Department of Health and Human Services (HHS) predicting that nearly half of the people disenrolled could still be eligible for coverage.

Member Impacts During Redetermination



15 million

People may lose Medicaid coverage



8.2 million

Will leave the program due to loss of eligibility



6.8 million

Will lose coverage though still eligible

4 major roadblocks to successful redetermination

Redetermination requires states to reach out to beneficiaries, gather information substantiating their eligibility, and identify members who are no longer eligible for Medicaid coverage. But several challenges stand in the way:



Lack of accurate member contact information

The good news is states don't have to complete the redeterminations on their own. They can collaborate with health plans to conduct the outreach, update enrollee contact information, and facilitate continued enrollment. As many as **41 states are relying on health plans** to conduct outreach and assist members as they navigate the redetermination process.

While health plans have a strong incentive to keep as many members enrolled as possible, the reality is **only 30% of the contact information available** with the states is accurate.



Lack of member awareness around the redetermination process

Medicaid enrollment has grown significantly during the two-plus years of the pandemic due to the continuous enrollment provision, **growing from 70.7 million in February 2020 to 90.9 million in September 2022**. Several of these new members are not eligible for auto-enrollment. Their lack of familiarity with the redetermination process coupled with the lack of overall awareness around the redetermination process, can further compound the situation.

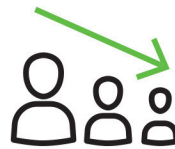
According to a Harris poll, **almost 30% of beneficiaries said they did not receive any information** or did not know if they received information about Medicaid redetermination or re-enrollment.



Higher risk of vulnerable populations falling out

It's important to note that vulnerable populations, such as those who have recently moved, those with limited English proficiency, and those with disabilities, face unique obstacles in maintaining their Medicaid coverage and are at a higher risk of losing coverage or facing gaps.

For example, enrollees who have moved may not receive important renewal notifications if they haven't updated their contact information with their state Medicaid agency. At the same time, those with limited English proficiency or other disabilities may face difficulties accessing information due to language and accessibility barriers.



Rampant staffing shortages

Staffing shortages continue to plague the healthcare industry which continues to combat the pandemic. According to a survey by Kaiser Family Foundation, most states have a high number of vacant positions for eligibility and call center staff. **With vacancy rates higher than 20% in certain states**, many are planning to hire new staff, contract workers, and temporary staff to ease the situation.

This approach brings its own set of challenges in terms of ensuring these new hires understand the intricacies of the highly complex redetermination process and can efficiently support the evolving needs of

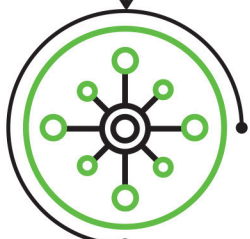
3 strategies to help members maintain coverage

To maximize the effectiveness of your outreach and facilitate a smooth redetermination process, consider these three strategies:



Harness data-driven member segmentation strategies

Millions of Medicaid members are at risk of losing coverage simply because they may not have received the renewal information to complete their redetermination on time. As a first step, analyze existing member data to identify members who are at risk, and prioritize those who have had recent changes of address, changes in income, or frequent changes in eligibility. Establishing cross-functional working groups, pooling resources as well as information, and collaborating on available data can help drive targeted member engagement tactics.



Enable omnichannel member outreach

Whether it's updating member contact information or disseminating important information about the redetermination process, an omnichannel approach ensures meaningful outreach. It uses multiple communication channels, such as text messaging, email, and phone calls, to increase efficiency and effectiveness.

- I. **Update beneficiary information:** The two most critical pieces of information to update are the member's cell phone number and current mailing address. MCOs have traditionally relied on mailing information. But with **97%** of Americans owning a cell phone today, text messages are cheaper, faster, more engaging, and efficient. Direct mail incurs printing costs and may not reach intended recipients if they have moved or have outdated addresses in the system. Combining text messaging with email and voice casts a wider net, resulting in a more successful outreach.
- II. **Raise member awareness:** Medicaid members may not understand why they may lose coverage. Ensuring that critical redetermination information, including alternatives to Medicaid in case of ineligibility, reaches members is foundational to building trust and long-term relationships. Here again, taking an omnichannel approach is the way to go, making sure the message resonates with all members and disseminating information in a manner that is most accessible to them. Such holistic approach to outreach also presents an opportunity to better understand member needs, and in turn improve the redetermination process to make it more seamless.



Focus on holistic member experience

Prioritizing the member experience across the redetermination process is equally important. From providing clear, accessible information and resources on the process to assisting members in updating their contact information and completing the renewal process to providing support and resources for those who may no longer be eligible for Medicaid coverage.

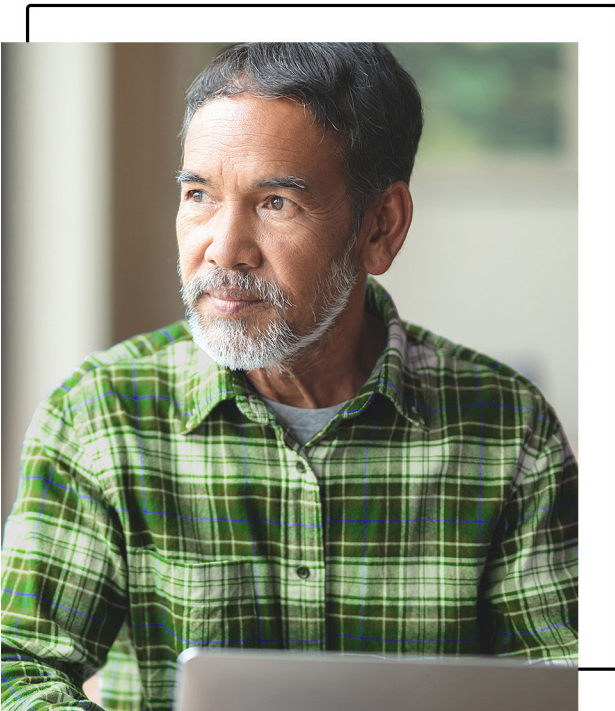
Doing so demands a two-pronged approach. One, equipping your eligibility and contact center staff with in-depth knowledge of the healthcare system and the nuances of the redetermination process. Two, using advanced technologies like speech analytics and machine learning to empower the frontline staff and improve interaction outcomes. Leveraging a powerful combination of training and advanced technologies allows your staff to truly listen with empathy and meet members' current needs, while looking around the corner to anticipate future needs.



Collaborating with customer experience experts for better outcomes

Over the course of the next year, states and health plans have a lot of work ahead of them to ensure as many of the current 83 million Medicaid and CHIP enrollees remain covered. This is a tall order. It will require creative communication, connection, and engagement with members. Requests to go online to provide sensitive information required for redetermination may be viewed as a scam, leading to poor responses from members.

As consumers increasingly use a variety of digital interactions in their daily lives, contact centers can play a central role in the redetermination effort. Collaborating with proven customer experience management experts can help shift some of the redetermination burden to experts who understand the healthcare domain and offer trained talent as well as digital-first solutions. This in turn allows your health plan to focus on driving outcomes that matter—empowering beneficiaries, mitigating unnecessary coverage loss, building long-lasting relationships, and improving health outcomes.



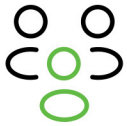
Putting Medicaid members front and center

The Medicaid redetermination process has the potential to impact the health, stability, and overall well-being of millions of Americans. Health plans are in a unique position to play a pivotal role in this effort—providing clear and accessible information and resources, assisting members in renewing their coverage, and supporting those who may no longer be eligible for Medicaid.

While the process is complex and the risks are high, collaborative efforts that leverage technology, data, and innovative outreach strategies can help ensure that everyone who needs coverage can access it and that no one falls through the cracks.

Here are two client stories that demonstrate the impact that ResultsCX's holistic, resolution-centered support delivers—both for Health Plans and millions of members:

I. Targeted outreach and live near shore support, transforms member engagement for national health plan, helping close care gaps through targeted outreach.



Contacted 535,000
Medicaid members



300%+ increase in rate of
appointments scheduled



44% reduction in cost per
appointment scheduled



Enhanced member wellbeing and
preserved client's CMS rating

II. Proprietary SupportPredict Bots deployment streamlines workflows and amplifies agent performance for a leading health plan during peak season.



15% higher
accuracy scores



12% higher CSAT



1 minute
reduction in AHT

About ResultsCX

ResultsCX is a leading provider of transformational Customer Experience Management (CXM) solutions to 75+ global brands, including Fortune 100 and 500 companies. For 30+ years, we have been driving superior customer and business outcomes for brands across Healthcare, Media, Telecom, Fast Growth technology, Retail, Banking and Financial Services, and other industries.

Our award-winning approach helps brands prioritize investments and build digitally influenced customer journeys, creating high-value impact across three areas: Revenue Acceleration, Cost Optimization, and Enhanced Experience. Supported by 23,000+ colleagues and 25+ engagement hubs worldwide, our innovative solutions and services solve persistent customer experience challenges, making life easier for millions of consumers.

To streamline your Medicaid Redetermination process, elevate the member experience, and improve care outcomes, [talk to us today](#).