



## One Year Later: How Ex Parte Renewals Streamline Medicaid Redeterminations

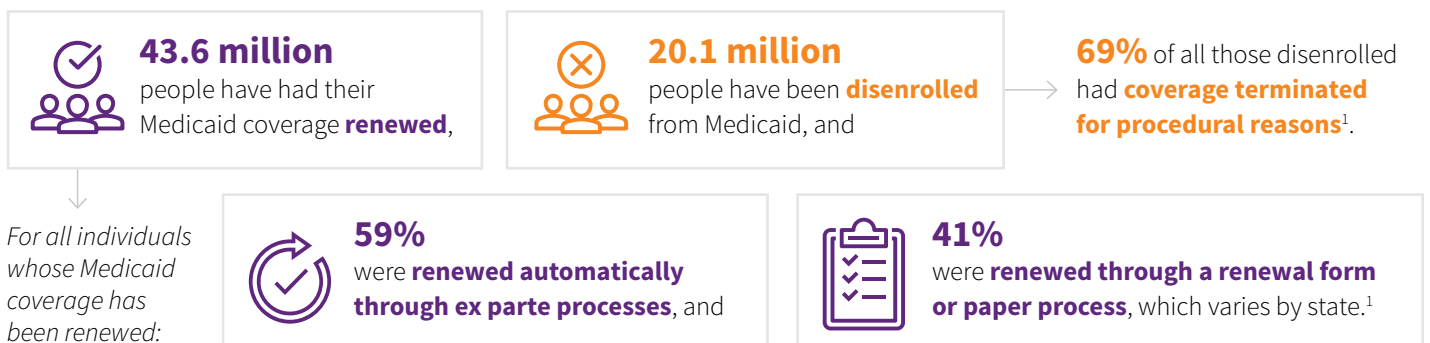
One year ago, the Medicaid continuous enrollment provision ended on March 31, 2023, otherwise known as Public Health Emergency (PHE) Unwinding. State and federal leaders across the country have returned to conducting Medicaid eligibility renewals, charged with ensuring an accurate process that maintains enrollment for those who remain eligible while accurately disenrolling individuals who no longer meet eligibility requirements.

As states reinstate Medicaid redetermination processes, improving automated – or ex parte – renewal processes are a key opportunity for state Medicaid programs as they make critical enrollment decisions. Not only do ex parte processes reduce friction for applicants, but they also reduce administrative burden, maximizing precious Medicaid staff and system resources. Leveraging lessons learned from this current period of unwinding can help agencies create a more effective and successful process for future redeterminations for years to come.

The foundation to improve ex parte relies on accurate and up-to-date data. Gaps continue to exist that further contribute to low ex parte renewal rates. There are solutions available to assist agencies with crucial unwinding decisions and make ex parte renewal processes easier. LexisNexis® Risk Solutions continuously updates data ensuring agencies have accurate and real-world context to inform crucial unwinding decisions.

### What’s the Current Status of Medicaid Redeterminations?

As of April 11, 2024, The Kaiser Family Foundation (KFF) reports that across all states:





## Why Are Ex Parte Renewals Important?

When completing Medicaid redeterminations, federal regulations require that states must first attempt to complete an ex parte renewal based on data made available to the state to verify eligibility before contacting beneficiaries. If this approach is not successful, Medicaid agencies must then contact the beneficiary with a renewal notice and request for updated eligibility information.<sup>2</sup>

Ex parte renewals are intended to simplify the Medicaid eligibility process for beneficiaries and also reduce administrative burdens for state eligibility staff. By increasing ex parte renewals and leveraging a variety of data sources to validate beneficiary eligibility, states eliminate the need to conduct more labor and time intensive processes of contacting individuals to manually complete forms. Importantly, ex parte renewals reduce the risk of unnecessary procedural disenrollments and interruptions to coverage.

High procedural disenrollment rates reflect an increasing number of renewals that are not completed for administrative reasons, such as lack of accurate contact information to send renewal forms or if the Medicaid agency does not receive fully completed paperwork. While some individuals may no longer be eligible for Medicaid, analysis of state data has revealed that procedural disenrollments can also end crucial coverage for individuals who remain eligible. State reporting to the Center of Medicaid and Medicare Services (CMS) reflects challenges Medicaid eligibility staff are facing in keeping up with the volume of work associated with the redetermination process, highlighting the importance of resources to increase ex parte renewals. The Center on Budget and Policy Priorities reports that as of January 2024, most states have reported significant increases in applications since the start of the redetermination process, and nine states report call center wait times of more than 20 minutes<sup>3</sup>.

Ex parte renewals processes that leverage data to provide key eligibility insights can provide necessary relief for state eligibility teams. While many states have made improvements to their ex parte renewal processes, opportunities remain to identify data gaps and enable more effective decision-making.

## Has Ex Parte Been Successful So Far?

A September 2023 update from CMS revealed major concerns with ex parte renewals in 30 states<sup>4</sup>. An estimated 500,000 beneficiaries who remained eligible for Medicaid were inappropriately terminated. Children and disabled adults covered by Medicaid, whose eligibility is often unchanged, were most affected by these inaccurate procedural disenrollments. Aged, blind, and disabled beneficiaries are also more likely to have multiple chronic conditions or disabilities that require hospital or institutional care, which can make engaging in redetermination processes more difficult and burdensome.

CMS' update revealed that coverage was inaccurately terminated for entire households rather than just the impacted individual. In these states, when an agency was not able to renew an entire household through the ex parte renewal process, renewal forms were sent to be completed for all household members. If for any reason all forms were not returned or accurately completed, coverage for all household members was terminated. In many cases, states had enough information to renew coverage for part of the household, often for children, but the entire household lost coverage. Generally, children have higher eligibility thresholds and are more likely than the parents or adults in their household to remain eligible.<sup>5</sup>

Ex parte renewals are successful when state Medicaid agencies can verify beneficiary eligibility using available data sources. A January 2024 analysis by the Georgetown Center on Children and Families shows that, since the beginning of the PHE Unwinding, 42 states have increased their rates of successful ex parte renewals. In December 2023, 19 states reported ex parte rates greater than 50%, higher than the national average of 37%. The analysis points to increasing the number and sources of data used by states as a key strategy to increase rates of ex parte renewals<sup>6</sup>.



## What Accounts for State Variability in Ex Parte Renewal Rates?

While the average ex parte renewal rate is 59%, this rate can vary significantly across states, with eight states reporting ex parte renewal rates of 80% or above, and eight states reporting rates of 40% or below. Procedural disenrollments rates are similarly inconsistent. On average, of all people who were disenrolled, 69% were terminated for procedural reasons with some states reporting procedural disenrollments as high as 93% and others as low as 22%.<sup>7</sup>

**59%**  
Average ex parte  
renewal rate

**70%**  
of people were terminated  
for procedural reasons

Eight states report ex parte  
rates at or higher than  
**80%**

Some states reporting  
disenrollment for  
procedural reasons  
as high as  
**93%**

Nine states reporting  
rates at or below  
**40%**

Other as low as  
**22%**

Each state is responsible for designing and implementing their own ex parte renewal policies and procedures.



**Variations in disenrollment rates** can occur due to a variety of reasons including available system and workforce capacity, differences in strategy for targeting outreach, and variations in interpreting and implementing policy.



**Aging legacy systems** may be incapable of processing complex criteria for determining eligibility.



Some states that use different data sources may discover that they **lack complete information needed to make eligibility decisions.**



While many states are also prioritizing system integration efforts, **they may lack the resources or staff** to fully implement an effective, integrated approach.



Further compounding this issue is the **complex and time intensive process of creating, establishing, and monitoring data-sharing agreements** between agencies, states, and the federal government.






## How Can States Improve Ex Parte Renewal Rates?

Centers for Medicare and Medicaid Services (CMS) released an informational bulletin in December 2023 specifically addressing ways to maintain continuous coverage for children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). The guidance outlined federal renewal requirements and outlined additional strategies for states to adopt such as reducing terminations for procedural reasons, strengthening outreach efforts in partnership with Medicaid and CHIP managed care plans and community partners, and supplementing federal reporting requirements with state-specific analysis.<sup>8</sup>

Looking beyond PHE unwinding, in February 2024, the National Association of Medicaid Directors (NAMd) outlined predictions in future state and federal eligibility operations activity in the post-PHE Unwinding “new normal.”<sup>9</sup> Medicaid agencies will expand on new strategies to ensure contact information is up-to-date and add new communication methods like text messaging and member portals. Program budgets will need to be scaled as supplemental PHE funding ends and Medicaid eligibility IT systems will need to be reprogrammed to follow normal requirements once PHE flexibilities end. States will need to comply with new Medicaid regulations focused on streamlining enrollment and renewal.<sup>9</sup> Focusing on strengthening ex parte renewal processes can aid state Medicaid agencies as they navigate changing environments in Medicaid eligibility operations, and can free up resources by reducing the administrative burden associated with Medicaid redeterminations.

## How can LexisNexis Risk Solutions Support State Programs with Ex Parte Renewals?

Even with the best outreach efforts, Medicaid organizations may fall short of having the most up-to-date contact data to connect their population to appropriate resources.

-  **Discover Updated and Complete Contact Information.** For state Medicaid agencies with inaccurate or incomplete Medicaid member mailing address information, identifying accurate contact information for other modalities, such as phone number and email is proving to be a significant challenge. Working with a solution provider **who has the right information across multiple modalities can solve for these challenges.**
-  **Optimize Resource Allocation:** While leveraging additional data sources allows states to match existing data to new contact information for Medicaid members, this can be time and resource intensive. Leveraging a solution provider can help agencies **make crucial unwinding decisions easier by tapping into continuously updated, comprehensive real-world intelligence.**
-  **Gain Mutual Strategy Understanding and Alignment.** Identifying a knowledgeable data provider that is aligned to a state Medicaid agency’s strategy **can enable and optimize a successful unwinding approach.**

LexisNexis® Risk Solutions can provide access to current and critical contact information for hard-to-reach Medicaid beneficiaries. Armed with 92 billion public records from more than 10,000 different sources, LexisNexis Risk Solutions helps agencies quickly gain access the most updated contact information to contact Medicaid beneficiaries with speed and precision. As states encounter bumps in their approach, we are here to help. We provide customized, scalable solutions designed around a state Medicaid agency’s specific needs and population.

The foundation to improve ex parte relies on accurate and up-to-date data. While state agencies can utilize several existing state and federal databases to verify eligibility and enrollment criteria, gaps continue to exist that further contribute to low ex parte renewal rates.



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LexisNexis® Risk Solutions continuously updates data ensuring agencies have accurate and real-world context to inform crucial unwinding decisions:



**Address** insights based on thousands of referential data sources including utility bills, property records, and phone providers



**Phone** insights provide multiple phone numbers (with mobile/landline indicators) with data updated daily



Data from **USPS' National Change of Address (NCOA)** helps prevent return mail and reduces postage costs



Information on **email and text/mobile** capabilities allows agencies to access digital channels, especially for younger, transient members



Comprehensive **data cleansing** creates uniform lists of beneficiaries, delivered in real-time to serve as the foundation for agency workflows, eliminating duplicate applicant/beneficiary records and ability to help link minors



Social determinants of health attributes **identify real world data insights** and context to help Medicaid agencies prioritize care coordination and outreach support to populations in need



Key indicators are examined to reveal whether **any beneficiary data has changed** that may impact their need for services



Asset Verification Services—trusted by 48 Medicaid and Health and Human Services (HHS) agencies—**provides eligibility checks and preserves benefits** for those who are truly eligible



LexisNexis Risk Solutions can fill in critical data gaps to support ex parte renewals, helping states to streamline next steps for engaging beneficiaries. Medicaid agencies may lack access to sources with the most up-to-date contact data. Identifying a knowledgeable data provider that is aligned to a state Medicaid agency's strategy can enable and optimize a successful unwinding approach. LexisNexis Risk Solutions offers data sources with current contact information, allowing for precise, timely engagement.

## Find new approaches to ex parte renewals through a partnership with LexisNexis Risk Solutions.

LexisNexis Risk Solutions delivers custom-designed support for state teams, can support one-time projects that address specific requests and updates, and also delivers longer-term partnerships that result in comprehensive data enrichment and modernization initiatives. Teams design solutions that maximize state Medicaid agencies' time and resources by providing accurate, reliable intelligence and insights that can inform redetermination and ex parte strategies.



Contact us today to learn more.  
Tel: 1-888-216-3544



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- [2 42 CFR 435.916 \(a\)\(2\)](#)
- [3 https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end?item=28776](https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end?item=28776)
- [4 https://www.cms.gov/newsroom/press-releases/coverage-half-million-children-and-families-will-be-reinstated-thanks-hhs-swift-action](https://www.cms.gov/newsroom/press-releases/coverage-half-million-children-and-families-will-be-reinstated-thanks-hhs-swift-action)
- [5 https://www.cms.gov/newsroom/press-releases/cms-takes-action-protect-health-care-coverage-children-and-families](https://www.cms.gov/newsroom/press-releases/cms-takes-action-protect-health-care-coverage-children-and-families)
- [6 https://ccf.georgetown.edu/2024/01/26/most-states-show-improvement-in-automated-ex-parte-medicaid-renewal-rates/#:~:text=There%20are%20a%20variety%20of,the%20share%20of%20automated%20renewals.](https://ccf.georgetown.edu/2024/01/26/most-states-show-improvement-in-automated-ex-parte-medicaid-renewal-rates/#:~:text=There%20are%20a%20variety%20of,the%20share%20of%20automated%20renewals.)
- [7 https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/](https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/)
- [8 https://www.medicaid.gov/sites/default/files/2023-12/cib12182023.pdf](https://www.medicaid.gov/sites/default/files/2023-12/cib12182023.pdf)
- [9 https://medicaiddirectors.org/resource/eligibility-in-this-bridging-year/](https://medicaiddirectors.org/resource/eligibility-in-this-bridging-year/)

### About LexisNexis Risk Solutions

At LexisNexis® Risk Solutions, we believe in the power of data and advanced analytics for better risk management. With over 40 years of expertise, we are the trusted data analytics provider for organizations seeking actionable insights to manage risks and improve results while upholding the highest standards for security and privacy. Headquartered in metro Atlanta USA, LexisNexis Risk Solutions serves customers in more than 100 countries and is part of RELX Group, a global provider of information and analytics for professional and business customers across industries. For more information, please visit [www.lexisnexis.com/risk](http://www.lexisnexis.com/risk).