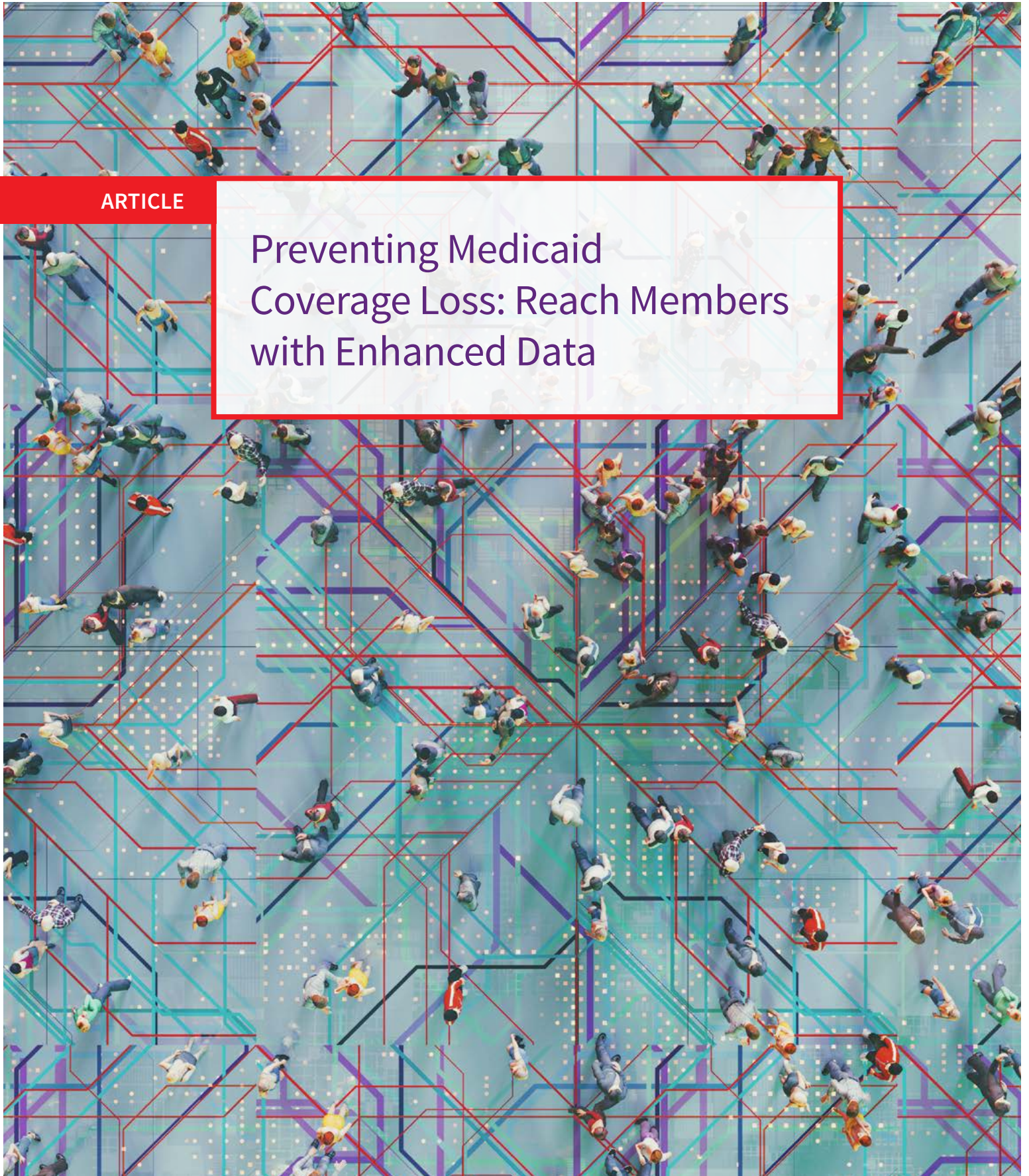


ARTICLE

Preventing Medicaid Coverage Loss: Reach Members with Enhanced Data



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The Public Health Emergency Medicaid Unwinding process that began in April of 2023 is underway, and analysis of state reporting reveals data challenges are interfering with keeping eligible Medicaid members covered. State and federal officials want to ensure that eligible Medicaid beneficiaries maintain coverage as renewals are processed for the first time in three years. The Centers for Medicare and Medicaid Services (CMS) set a goal that no eligible Medicaid members would lose coverage during the unwinding process. The most recent State data shows Medicaid programs across the country are struggling to meet that goal, with a large part due to incomplete and/or inaccurate Medicaid member data.

State Medicaid programs were given fourteen months to process renewals and disenroll Medicaid members who are no longer eligible or who do not complete redetermination processes. Before disenrolling a Medicaid member, states must complete an “ex parte” or automatic renewal process to determine eligibility. In an ex parte renewal, states check available sources of data on wages and benefits to determine a Medicaid member’s eligibility.

As of December 18, 2023, more than 13.3 million Medicaid members have been disenrolled from coverage, according to a Medicaid enrollment and unwinding tracker published by the Kaiser Family Foundation (KFF).¹ KFF’s analysis further reveals that, “across all states with available data, 71% of all people disenrolled had their coverage terminated for procedural reasons.”

Procedural disenrollments occur when states cannot verify an individual’s eligibility. This happens when a state does not have updated contact information or does not receive a completed renewal packet within the required time frame. Medicaid members who lose coverage due to procedural disenrollments may still be eligible, leading to a loss of coverage for populations who still qualify.

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Growing Concerns about Unwinding Outcomes

This past July, CMS officials held a press conference calling attention to the high rate of procedural disenrollments, urging states to use all available flexibilities to protect eligible enrollees from procedural terminations. Daniel Tsai, Deputy Administrator and Director of the Center for Medicaid and CHIP Services (CMCS), said in a press conference, “We put out additional policy levers and strategies for states that all get at reducing procedural termination rates, and our hope ... is that all states take up every one of those policy flexibilities. If all states do that, we will see a reduction in procedural terminations, and we will see an increase in the number of eligible people that maintain coverage.”²

Even before December’s data was reported, state and federal officials signaled concerns about the high number of procedural disenrollments. In a June 2023 letter to state Governors, Health and Human Services Secretary, Xavier Becerra, remarked, “I am deeply concerned with the number of people unnecessarily losing coverage, especially those who appear to have lost coverage for avoidable reasons that state Medicaid offices have the power to prevent or mitigate.”³

On August 30, CMS officials alerted states to potential Medicaid eligibility systems issues that were resulting in inappropriate disenrollments during the ex parte, or auto-renewal, process. A majority of those incorrectly disenrolled were children⁴. States were automatically determining eligibility based on a household standard as opposed to an individual standard. As a result, entire households were being disqualified despite some household members (often children) remaining eligible. As a result of this finding, CMS required states to review and report whether their systems were impacted. In September, CMS reported that 30 states were affected and were required to pause procedural disenrollments for impacted people⁵. Coverage was restored for nearly 500,000 individuals.⁶ Federal analysis from the Department of Health and Human Services (HHS) shows that states that have expanded Medicaid, leveraged flexibilities offered by CMS, and prioritized ex parte renewals, have seen on average fewer children disenrolled from Medicaid and CHIP. State-specific findings on Medicaid and CHIP enrollment changes were published by HHS in December of 2023.⁷

As part of its unwinding guidance, CMS has offered multiple flexibilities for states seeking to prevent or mitigate enrollment disruptions for Medicaid-eligible individuals and urges continued adoption of these flexibilities.

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Widespread disenrollments are a significant risk to state Medicaid programs and will have a large impact on the health and well-being of Medicaid beneficiaries.



States will **lose Medicaid funding** for residents who are still eligible.



Renewal notices, sent for the first time in at least three years, may be **hard to understand** for Medicaid members unfamiliar with the process.



Required **eligibility documents may be difficult to find** or send in. Individuals may think they're still covered, even when they've been disenrolled.



Parents who are no longer eligible for Medicaid may not realize their **children are still eligible**.



Access to care will be interrupted, and providers and managed care organizations could lose contact with individuals with ongoing health needs.



Opportunities to Address Data Challenges and Improve Unwinding Outcomes

How can these findings inform state strategies before it's too late and unintended consequences are irreversible? State Medicaid programs need better, more comprehensive data to effectively process renewals and reduce coverage gaps for eligible beneficiaries. Limited resources within state agencies and inaccurate data are barriers to effective unwinding processes.

A November 2023 analysis in the *New England Journal of Medicine* found that states who implemented one or more of the three policies summarized below had lower overall disenrollment rates, along with lower procedural disenrollments.



Implementing Medicaid expansion, creating a broader income range for beneficiaries to maintain coverage even with changes to their underlying circumstances.



Spreading out redeterminations over the full redetermination period instead of front-loading them, creating less strain on overwhelmed case workers and allowing community-based organizations more time to assist beneficiaries.



Utilizing more sources of data on income, reducing the Medicaid member reporting burden.

States still have opportunities to adjust their redetermination processes and implement policies to reduce procedural disenrollments and coverage loss for individuals who are still eligible for Medicaid.⁸

Bottom Line: State Medicaid Strategies Need Better Contact Data and Asset Verification to Ensure Minimal Disruption to Coverage

As state Medicaid programs undertake a comprehensive process to redetermine eligibility for every Medicaid beneficiary in their programs, initial results reveal incomplete or inaccurate contact information causing thousands of individuals to lose coverage — even when they still may be eligible for Medicaid. 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.

- ✓ 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.
- ✓ 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.
- ✓ 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 90 billion public records from more than 10,000 different sources, the LexisNexis® AmplifyID™ for Unwinding solution 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.



Preventing Medicaid Coverage Loss: Reach Members with Enhanced Data

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



Social determinant 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



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

Even with the best outreach efforts, Medicaid agencies fall short of having the most up-to-date contact information effectively conduct ex parte renewals. This leaves state Medicaid agencies at risk of disenrolling eligible members, causing disastrous coverage gaps, and wasteful payments on ineligible members, such as those who moved out of state. Leveraging insights and subject matter experts from LexisNexis Risk Solutions extends the reach of state Medicaid agencies in the unwinding process. LexisNexis Risk Solutions provides teams with technical expertise and guidance to identify challenges and optimize outcomes aligned to a state Medicaid agency's unwinding strategy.

Implementing strategies for asset testing and updating Medicaid member data to update and expand Medicaid member data can improve outreach efforts, streamline Medicaid redetermination workflows, and ultimately reduce the number of procedural disenrollments for eligible Medicaid members, ensuring those who are eligible are able to access affordable, quality health coverage.



For more information:
Scan or call 888-216-3544



About LexisNexis Risk Solutions

LexisNexis® Risk Solutions harnesses the power of data and advanced analytics to provide insights that help businesses and governmental entities reduce risk and improve decisions to benefit people around the globe. We provide data and technology solutions for a wide range of industries including insurance, financial services, healthcare, and government. Headquartered in metro Atlanta, Georgia, we have offices throughout the world and are part of RELX (LSE: REL/NYSE: RELX), a global provider of information-based analytics and decision tools for professional and business customers. For more information, please visit www.risk.lexisnexis.com, and www.relx.com.

- 1 <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>
- 2 <https://www.fiercehealthcare.com/payers/cms-urges-states-abide-medicaid-renewal-requirements>
- 3 <https://www.hhs.gov/about/news/2023/06/12/letter-us-governors-from-hhs-secretary-xavier-becerra-medicaid-redeterminations.html>
- 4 <https://www.hhs.gov/about/news/2023/12/18/new-state-by-state-analysis-on-impact-cms-strategies-for-states-protect-children-youth-medicaid-chip-enrollment.html>
- 5 <https://www.medicaid.gov/resources-for-states/downloads/state-asesment-compliance-auto-ren-req.pdf>
- 6 <https://www.nytimes.com/2023/09/21/health/medicaid-disenrollments-children.html>
- 7 <https://www.hhs.gov/about/news/2023/12/18/new-state-by-state-analysis-on-impact-cms-strategies-for-states-protect-children-youth-medicaid-chip-enrollment.html>
- 8 https://www.nejm.org/doi/full/10.1056/NEJMp2311336?query=featured_home

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