

WHITE PAPER

Navigating the Path to Successful Redetermination

Get answers for how you can locate unreachable beneficiaries and execute a successful Medicaid Public Health Emergency (PHE) Unwinding program



Navigating the Path to Successful Redetermination

The Kaiser Family Foundation estimates that enrollment in Medicaid and Children’s Health Insurance Program (CHIP) grew by 23.3 million members from the start of the COVID-19 public health emergency (PHE) in February 2020, through March 2023. During this period, states were required to provide continuous coverage for Medicaid enrollees.¹

Preventing Medicaid member disenrollments preserved access to coverage during the pandemic. With the end of the PHE, the continuous enrollment provision was terminated as of March 31, 2023.

On April 1, states began the Medicaid redetermination process as part of the PHE unwinding. States are required by the Affordable Care Act to complete ex parte, or administrative, renewals by verifying eligibility through available data sources before requesting documentation from Medicaid members.

States are required to fully comply with redetermination processes, timelines, and reporting requirements outlined by the Center for Medicare and Medicaid Services (CMS.) A key CMS focus for states is the requirement to ensure up-to-date contact information is available for all Medicaid members subject to redetermination. All states claiming the temporary Federal Medical Assistance Percentage (FMAP) increase available through December 31, 2023, must meet these conditions, which include:



Attempting to ensure that states have up-to-date contact information for Medicaid members before redetermining eligibility, and



Undertaking a good faith effort to contact individuals using “more than one modality” before terminating enrollment based on returned mail.²

As states undertake new strategies to engage Medicaid members, they are also faced with workforce shortages, outdated member contact information, and complex system, programmatic, and operational impacts.

If you encounter bumps in your state’s approach – we are here to help. LexisNexis® Risk Solutions provides customized, scalable solutions designed around a state Medicaid agency’s specific needs and population.

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Tools and Resources for State Medicaid Agencies

Guidance from CMS encourages states to prevent terminations in coverage for Medicaid-eligible members and to preserve access to coverage. While states face many challenges in navigating redetermination, state Medicaid agencies have several tools available for support.

CMS has allowed states to seek waivers to facilitate renewals using strategies including:



Renewing Medicaid member coverage based on Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF) eligibility,



Allowing for ex parte renewals for individuals with zero income verified within the past 12 months,



Allowing for renewals of individuals whose assets cannot be verified through the asset verification system (AVS),



Partnering with managed care organizations (MCOs) or enrollment brokers on outreach and updated contact information,



Using the National Change of Address (NCOA) database to update enrollee contact information,



Extending automatic enrollment in MCO plans for a time-limited period, and



Extending the timeframe for fair hearing requests.



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Identifying Current Medicaid Member Contact Information

As state Medicaid agencies resume Medicaid redetermination and disenrollment workflows, certain populations are more likely to be at risk of losing coverage, even when eligibility status has not changed.



Medicaid members with disabilities, children, and minorities have all been identified as groups more likely to experience a gap in coverage due to barriers in completing the redetermination process.



Those Medicaid members who have moved and who have not updated their contact information with the state Medicaid agency are unlikely to receive important renewal information and other notices. One in ten Medicaid members moved in 2020 and are more likely to experience housing instability than non-Medicaid populations.

The top priority of CMS during redetermination is state processes that promote continuity of coverage and minimize beneficiary burden. CMS has outlined approaches states can undertake to achieve this goal, including guidance in a January 27, 2023 State Health Official (SHO) letter that requires states to:²



Utilize the United States Postal Service National Change of Address database, information maintained by state health and human services agencies, or other reliable sources of contact information.



Use multiple data sources and strategies to update all types of member contact information, including member address, phone number, and email address.



Contact Medicaid members using more than one modality prior to terminating coverage.

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States are required to use the United States Postal Service (USPS) National Change of Address (NCOA) database or other reliable sources of contact information to attempt to update a member's mailing address, phone number and email address.

CMS guidance encourages states to use multiple data sources and strategies to update all types of member contact information. NCOA is limited to mailing address information and may not provide up-to-date information for all members. States will be most successful in meeting CMS requirements by implementing multiple strategies and accessing additional data sources.

States must also contact Medicaid members using more than one modality prior to terminating Medicaid enrollment based on returned mail. CMS identifies various modalities that qualify including:²



Mail



Telephone



Email



Text
Messaging



Communication
Through an
Online Portal

For state Medicaid agencies with inaccurate or incomplete Medicaid member mailing address information, identifying accurate contact information for other modalities may be a challenge. Leveraging additional data sources allows states to match existing data and identify new contact information for Medicaid members but this can be time and resource intensive without support.

LexisNexis Risk Solutions (LNRS) can provide access to current and needed contact information for hard-to-reach Medicaid beneficiaries. Armed with 87 billion public records from more than 10,000 different sources, the LexisNexis® AmplifyID™ for Unwinding solution helps agencies quickly gain access to key contact information so you can contact those you need to with speed and precision.

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. Identifying a knowledgeable provider that is aligned to a state Medicaid agency's strategy can enable and optimize a successful unwinding approach.

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LexisNexis AmplifyID™ for Unwinding helps state Medicaid agencies match data against multiple sources for a comprehensive picture of members.

- ✓ Is your state Medicaid agency faced with inaccurate Medicaid member contact information?
- ✓ Is your agency inundated with returned mail despite NCOA and the need to secure additional and up-to-date contact modalities?
- ✓ Does your agency need another reliable source for this contact information?

Our solution empowers state Medicaid agencies with outreach for a currently eligible population by leveraging next-generation technology, award-winning data, and deep subject matter expertise to support state-specific strategies to successfully navigate redetermination. LNRS teams provide technical expertise and guidance, working directly with state Medicaid agencies step-by-step to:



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LNRS will identify updated contact information that allows agencies to check the box (and contact their members) using a CMS-approved modality of mail, email, text messages, and phone calls.

LNRS offers agile approaches paired with deep subject matter expertise to work with state Medicaid agency teams throughout the implementation process. We serve as a partner to help agencies achieve their PHE unwinding goals and successfully contact members. Our alternative data sources enable eligibility and enrollment staff to design and implement successful unwinding processes in compliance with CMS requirements.

You have questions, we have answers. Let LNRS help you locate unreachable beneficiaries and execute a successful Medicaid PHE Unwinding program.





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 Kaiser Family Foundation. April 5, 2023. 10 things to know about the unwinding of the Medicaid continuous enrollment provision. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

2 Centers for Medicare & Medicaid Services. State Health Official Letter # 23-002 re: Medicaid continuous enrollment condition changes. Biden Administration. January 27, 2023. <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23002.pdf>