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Medicaid Redetermination and the Challenges It Poses

With continuous Medicaid coming to an end, healthcare agencies and patients need to understand the challenges this poses to ensure the community stays healthy.

The COVID-19 public health emergency had a major impact on people throughout the world. It caused a period of uncertainty for many, especially where their health was concerned. To provide United States citizens with some peace of mind during this tumultuous time, the federal government passed the Families First Coronavirus Response Act (FFCRA) in March 2020. The FFCRA required states to maintain coverage for the majority of enrollees, relaxed the requirements for applicants to enroll in Medicaid, and prevented the program from terminating enrollees until the month in which the pandemic ends.

28.5% Increase

in Medicaid enrollment from February 2020 to October 2022.

As a result of the continuous coverage requirement, Medicaid enrollment is up overall. From February 2020 to October 2022, the Medicaid program saw a 28.5% increase in enrollment, putting participation at more than 90 million people. Also, more people than ever are receiving Medicaid benefits, which is partly due to the fact that states aren't disqualifying enrollees or terminating anyone's benefits because of the restrictions in place from the FFCRA.

90 Million Participants

enrolled in Medicaid as of October 2022.

However, starting March 31, 2023, the continuous coverage requirement for Medicaid recipients will end. This is because of a provision in the Consolidated Appropriations Act of 2023, which decouples the COVID-19 public health emergency (PHE) from the continuous Medicaid coverage benefit.[1]

So, on April 1, states will have to plan for a process referred to as "unwinding," in which authorities will:

- Resume normal reviews of Medicaid enrollees
- Redetermine whether existing enrollees qualify
- End coverage for those who no longer qualify

The goal is to transition back to business as usual for Medicaid and other government assistance programs that may have expanded coverage during the PHE.

Although states will have a full 12 months to complete Medicaid redetermination, many health plans and clinicians are expecting challenges to arise during the unwinding process.[2] Just as the beginning of the pandemic posed new challenges to health service providers, this transition period will have its own hurdles to overcome. Health clinics may receive large volumes of calls from patients who are confused about their coverage or lack thereof. These patients will need guidance to ensure they can find resources that help them maintain or switch coverage.

Aside from incoming calls, health service professionals will need to contact those who might be at risk of losing coverage or becoming ineligible after redetermination. It's important to keep patients informed so they can take the steps required to ensure their health doesn't suffer.

Major Challenges of Ending Continuous Medicaid Coverage

Medicaid is a government-funded health insurance program that provides assistance to low-income individuals and families that may not be able to afford healthcare otherwise. While this program can be very helpful to those in need, it has greatly expanded during the PHE, and now some of the extended benefits will end. With this end to continuous Medicaid coverage comes the following challenges that health service agencies and clinics need to prepare for:

Challenge 1: Medicaid Population

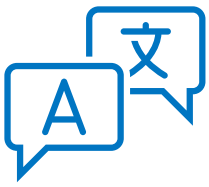
An unwinding of continuous Medicaid benefits puts low-income and vulnerable groups at risk of losing medical insurance coverage provided to them through the program. In fact, Kaiser estimates between 5.3 million and 14.2 million individuals may lose coverage. This estimate is even higher if you ask the U.S. Department of Health and Human Services, which predicts that 15 million people may be without health coverage, at least for a time. The Urban Institute has the highest prediction — 18 million — which means that anywhere from 5 million to nearly 20 million people could be affected by this upcoming change.

5.3-14.2 Million Individuals

may lose coverage.

The reason that redetermination for Medicaid enrollment will affect so many people is that the population receiving these benefits can be difficult to reach. One characteristic that's common among Medicaid recipients is that they tend to move around frequently. Whether this is because they change jobs more often or have a higher tendency to rent rather than own their homes, the fact that they may have moved since the start of the pandemic means they could miss their redetermination notification letter.[3]

A redetermination notification letter will explain to the Medicaid recipient what they need to do to maintain coverage. If they don't receive this letter because they've moved, they may lose their Medicaid coverage, even if they technically meet qualification requirements. Recipients won't realize they've been removed from the program until they try to use their coverage and can't.



20%

or more of Medicaid recipients aren't fluent in English.

Another factor challenging the Medicaid population is having limited English proficiency, whether it's speaking, writing, reading, or all of these. It's been shown that there's a correlation between limited English ability and gaps in health insurance coverage and poor health outcomes. This is likely related to the fact that these individuals have trouble understanding healthcare information clearly. In some states, 20% or more of Medicaid recipients aren't fluent in English, while the average sits at about 16%. When participants don't understand the redetermination process, they're at risk of losing coverage but not understanding how or why.[4]

A recent survey by the Urban Institute revealed the majority of adults aren't even aware of the upcoming unwinding.[5] So regardless of English comprehension levels, many people could fall through the cracks. If someone receives a redetermination letter not knowing what it is, they might throw it away without opening it. Those who don't know to look for this letter, such as anyone who hasn't received Medicaid benefits prior to the beginning of the FFCRA, won't understand its significance. This will result in many qualified individuals losing coverage.

Challenge 2: Medicaid Healthcare Providers

The second major challenge associated with the unwinding of continuous Medicaid will be for healthcare providers. Over the last few years, healthcare administrators have had to adapt and make changes to policies and procedures in order to overcome obstacles that seemed never-ending at times. Now, it's time to adapt yet again. As the unwinding phase begins, Medicaid clinics and other agencies that accept this coverage will need to help their patients understand this change and navigate their evolving healthcare coverage.

Medicaid agencies have to be ready to handle an increase in call volumes. Patients will likely call their doctors to find out about coverage gaps or bills they've received. Administrators should be ready to answer questions and offer guidance and resources. On the same note, clinics and other agencies may need to call patients to ensure they understand what they need to do to maintain health coverage. By calling patients preemptively, healthcare providers can assist patients in getting the coverage they need before their health suffers.

Applying for Medicaid can be paperwork intensive and take time to process and approve. If patients aren't familiar with how long it takes to receive Medicaid after losing benefits or how much information they need to have to complete the paperwork, they may have unrealistic expectations about when they can see a doctor or get medical treatments or prescriptions. They might schedule appointments before their coverage begins, causing issues with billing.

An agency experiencing long call wait times due to high call volume may lose patients seeking information who can't wait. Patients don't want to sit on hold for more than a few minutes, so if they have to wait too long, they won't call. When patients aren't able to get the information they need about their Medicaid coverage, they may become disgruntled with their healthcare provider. This could cause them to seek a new provider or skip important appointments or treatments.

Agencies may lose patients due to long call wait times.

Prior to the continuous coverage requirement, there was a lot of churn in Medicaid enrollment. Churn happens when recipients lose coverage for a short period and then reenroll. Since March 2020, the churn rate for Medicaid recipients hasn't been as high, which is likely because of the automatic reenrollment.[6] Now that enrollees will have to resubmit their paperwork at least annually, churn is likely to resurface. This can make it difficult to see patients regularly, as interruptions in coverage mean interruptions in appointments and scheduling.

Challenge 3: Staffing Healthcare Agencies

Additonal staff may be required to inform the public about the upcoming redetermination period.

Staffing healthcare agencies so that they're fully prepared to take on the challenges of ending continuous Medicaid coverage will require community outreach initiatives and participation from Medicaid providers in all areas of healthcare. Communities need to have the proper resources in place so that they can inform the public about the upcoming redetermination period. This could require many work hours to prepare for, requiring additional staff temporarily.

During redetermination, some people will be more susceptible to losing their Medicaid coverage. These people will need capable and knowledgeable individuals to help them find the coverage they qualify for and can afford. As more people need assistance transitioning from Medicaid to another program, agencies will need to hire staff who can help them so that they don't experience a gap in their coverage that affects their health. For example, a patient who was receiving care at a federally qualified health center (FQHC) may need help transferring to an advocate medical group network when their Medicaid coverage ends.

Health plans that serve Medicaid recipients may see a drop in members after the 12-month period ends, leading to lower demand for services. In the long term, this could result in the elimination of some roles. However, because healthcare is a growing field, it's likely that the need for healthcare staff will continue to be on the rise. As roles in the healthcare industry shift, agencies may need to fill temporary positions with specialized employees who have specific skills.

Roles in **social work** and those related to social outreach may arise as people face uncertainty about their medical futures. These professionals can help those who are losing coverage or at risk of losing it find answers to their questions. They can lead them to helpful resources that assist people with navigating the healthcare system. With the right support, people who lose their current coverage will find access to benefits they qualify for now that continuous Medicaid coverage is ending.

How To Address the Challenges of Ending Continuous Medicaid

Ending continuous Medicaid benefits poses several challenges to both its recipients and the providers who accept it. To address these challenges communities can work to:

Raise Awareness

Most adults aren't aware of the redetermination period that's coming up, so communities need to do what they can to ensure that people know this is happening. Gina Hijjawi, senior program officer at the Urban Institute, says, “States and the federal government must quickly raise awareness that many families will soon need to take steps to maintain or find new health coverage." Public health is dependent on people receiving proper health screenings and treatments as well as making everyone aware of potential dangers to public health.

To help raise awareness about redetermination, communities can hold public education events and set up booths at local events. These events should target low-income communities and those that are most likely to need help during redetermination. By raising awareness early, healthcare providers can build trust with patients. When patients have a rapport with their healthcare team, they're more likely to listen to their ideas and recommendations. This could make transitioning from Medicaid to another program go smoothly.

Be Proactive

Healthcare providers should try to be proactive during the redetermination period. By updating Medicaid patients' personal data, such as email addresses, physical addresses, phone numbers, and other important information, providers ensure they can communicate with patients when necessary. Since the FFCRA has been in place, many Medicaid recipients haven't had contact with anyone in the Health and Human Services Department. Some recipients may have had very little contact with anyone from the Medicaid office if they only started getting benefits after the Act was passed, for others, it may have been years since they last communicated with anyone.

Unfortunately, this lack of communication in the past can present barriers to communication going forward. People may be hesitant to provide information to healthcare providers who are conducting outreach efforts through calls. One reason for this is that it may be seen as a scam or something that's not legitimate. That's why it's vital to have multichannel communication efforts in place to ensure that outreach efforts are seen as legitimate and necessary for public health.

If multiple channels reach out to enrollees, one is more likely to have success in making contact. This is when the source can inform the recipient of the redetermination period. They should explain what determination means for Medicaid coverage and how the individual can go about completing the proper forms to ensure they don't experience a lapse in coverage or a loss in coverage altogether.

Monitor Performance

To understand how well an agency is handling the challenges it faces with redetermination, it's important to monitor performance and track results. This data can reveal how well an agency is meeting its goals for helping patients navigate the redetermination period. Keeping track of call center wait times can tell you how long patients are waiting to get help with their questions and concerns. Having a well-trained staff can help eliminate long call wait times.

If a number of individuals are disenrolled from Medicaid for reasons unrelated to eligibility, it could indicate a number of things. For one, it could be related to administrative errors. This means that information may be entered into the system incorrectly, making an otherwise eligible individual ineligible. Another reason for disenrollment is a failure to respond. This could be because a recipient has moved and didn't receive their redetermination paperwork or because they no longer qualify. Monitoring how many people respond during redetermination can demonstrate how many people an outreach program is affecting.

Feedback from those who are face-to-face with Medicaid patients daily can provide insight into what these patients need to either stay on Medicaid or transition to a new program that ensures they maintain medical coverage. These individuals may be enrollment counselors in health centers and hospitals or case workers at the Health and Human Services Office. Taking advantage of their connection to recipients can help with getting the proper resources to those at risk during redetermination.

Ramp Up

Ramping up the workforce at healthcare agencies will provide the extra help necessary to get people transitioned from Medicaid to another program or to help them maintain Medicaid coverage if they continue to qualify. This larger workforce will be able to help handle the increase in inbound calls from patients who need help navigating their new or existing coverage. They can make outbound calls to existing patients who may not be aware of the redetermination period and need help getting information and paperwork.

Additional staff may also be necessary for performing community outreach programs and education. These programs can provide Medicaid recipients with the information they need to maintain their Medicaid coverage or enroll in a new program for which they can qualify. Specialized skills may be required to perform some tasks associated with performing outreach or working with the public around a sensitive topic. They may also need to be bilingual to help organizations overcome language barriers that may affect enrollment and getting the right coverage.

Work With a Staffing Partner for a Successful Transition

Any healthcare agency putting a plan into place for handling redetermination and the challenges it's bound to create may want to consider working with a staffing agency for a successful transition. A staffing agency can streamline the process of identifying, recruiting, hiring, and training staff to accommodate the influx of calls regarding the redetermination period. They'll screen candidates to make sure they're qualified for the role before adding them to the team.

A **staffing agency** has access to a large pool of qualified talent, meaning they can find the right people for the role. They'll have the ability to locate candidates with specific skills, so they can cater to the needs of healthcare agencies. This means agencies won't have to spend time training staff, as they already have the skills they need to perform the job.

Throughout the redetermination process, clinics and healthcare providers are likely to see a

fluctuation in staffing needs. Working with a staffing agency can help healthcare providers maintain the staff they need to continue to provide high-quality care while also helping individuals understand and navigate Medicaid redetermination. A staffing agency can provide temporary staff who understand the healthcare industry, and the number of temporary staff required may vary during pre-, peri-, and post-redetermination. Temporary staff can help an agency get through a challenging time without having to add permanent employees, which can save an agency money in the long run.

Make a Plan for the End of Continuous Medicaid and Be Ready for Anything

Agencies that put a plan into place for the end of continuous Medicaid will be ready for this transition period. The process of redetermination is expected to be a massive undertaking for Medicaid health service providers. So as the end of the PHE draws near, healthcare facilities need to get ready for anything. Having a solid plan in place could help an organization provide the most benefit to its patients and help its staff to easily overcome the challenges they're likely to face as many people risk losing coverage they've now relied on for years.

Including a staffing partner in an agency's plans for addressing redetermination concerns and issues will help them be more effective in providing the assistance their patients need. A plan that covers all bases will make the transition period between continuous Medicaid enrollment and moving to other plans as seamless as possible for both patients and providers. Temporary staff members who understand the redetermination process and how to help patients find the resources they need to maintain coverage can help an organization succeed, as well as get their patients the coverage they need.

1. "H.R.2617 - Consolidated Appropriations Act, 2023," 117th Congress, Dec. 29, 2022, https://www.congress.gov/bill/117th-congress/house-bill/2617/related-bills

2. "10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision," KFF, Feb. 22, 2023, https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/

3. "How States Can Prepare for 2023 Medicaid Redeterminations," Health Payer Intelligence, Feb 1, 2023, https://healthpayerintelligence.com/features/how-states-can-prepare-for-2023-medicaid-redeterminations

4. "Unwinding of the PHE: Maintaining Medicaid for People with Limited English Proficiency," KFF, March 3, 2022, https://www.kff.org/medicaid/issue-brief/unwinding-of-the-phe-maintaining-medicaid-for-people-with-limited-english-proficiency/

5. "Urban: Majority surveyed not aware of looming Medicaid eligibility redeterminations," Fierce Healthcare, Feb. 17, 2023, https://www.fiercehealthcare.com/payers/urban-majority-surveyed-not-aware-looming-medicaid-eligibility-redeterminations

6. "Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends," KFF, May 10, 2022, https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/