Rapid Redetermination Support

Best Practice Guide

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Medicaid Redetermination / Recertification has been paused since the beginnings of COVID-19 due to a U.S. Department of Health and Human Services COVID-19 State of Emergency (SOE), but with the end of December passing of the Consolidated Appropriations Act of 2023 (CAA), Medicaid redetermination / recertification is no longer tied to the HHS Public Health Emergency (PHE) and Redetermination processes have started back up again - rapidly and for many - unexpectedly. So now that the redetermination process is starting back up again, how can Medicaid plans respond rapidly to support their members in completing the redetermination process? This guide shares the best practices for supporting Medicaid redetermination.

What is Medicaid Redetermination?

Medicaid redetermination is a resource-intensive process with varied requirements on the Federal, State and County level. For those unfamiliar with the requirement and process, The American Council on Aging states: *"The Medicaid redetermination process ensures one is still eligible to receive Medicaid benefits, and in the case of many seniors and disabled persons, continue to receive Medicaid-funded long-term services and supports. Medicaid has income and asset (resource) limits… and the Medicaid agency wants to ensure that the individual continues to fall under those financial limits."* That means that each Medicaid plan should contact their members directly, and support them as they confirm their continued eligibility for benefits under Medicaid.

Within this is a complicated landscape, there is no consistency in the Medicaid renewal process across States and Counties. There are also federal regulations that govern Medicaid renewals that still need to be accounted for in supporting processes. Each automation process, as a result, is going to have many dependencies and resulting steps.

What exactly are plans being asked to do in the redetermination process?

Many medicaid health plans are being asked to support their members / beneficiaries in this recertification process - no easy feat with an already incredibly difficult to reach, often transient population.

Plans urgently need to develop a strategy that accounts for tracking members, contacting them, and persisting their survey data.

A top complicating factor with this very transient population is keeping updated critical member contact information needed to reach them with redetermination education, alerts, forms and links. Another is their limited access to technology and reliable Internet access - with a smartphone often being their main means of digital communication. So what channels and mechanisms are best for incorporating into a recertification strategy?

What communication channels and strategies are essential for gathering member data?

Fortunately, as a rough parallel to the Medicaid member populace, some estimates suggest as many as 65% of the population without housing already use their smartphones to communicate with their healthcare providers. That's useful as an approximation since it shows the majority of any subpopulation has adopted smartphones as a channel.

Many Medicaid plans are proactively preparing for the redetermination process through the implementation of digital, HIPAA-secure, self-service automation to support as much of the recertification journey as possible. Most are reliant on digital automation that works well on a smartphone and that can be built and deployed rapidly enough to meet the timeline.

Best Practices

Here is a list of 6 best practices in digital automation that many plans are already successfully following:

1. **Find a digital automation solution that is HIPAA-secure, no-code, easier to integrate with back-end systems, and can be up and running in weeks - not months or years - with little to no IT / engineering support**

2. **Launch digital campaigns, and quickly establish contact with members to start the process of verifying contact information that will be critical for recertification outreach efforts. Items to verify are:**
   - Information related to household members
   - Mailing address, physical address, cell phone numbers and email addresses for the head of household and household members
   - Language preferences
   - And more

3. **Establish the ability to contact members digitally - opt-ins cross-channel - and even open channels for members to reach back when it's more convenient to their situation**

4. **Educate members on the upcoming redetermination process, the processes they will have to follow, the documents they will need to provide, the urgency, and the importance of completing the process in a timely manner in order to maintain their Medicaid benefits, services and support**

5. **Prepare digital campaigns to launch in support of redetermination with:**
   - Process education specific to each State or County
   - Support for gathering of documentation needed to verify income and resources
   - And more

6. **Prepare to welcome back members with digital campaigns to:**
   - Share details on Medicaid benefits, support and resources
   - Conduct surveys to get updated on member Social Determinants of Health (SDOH) and health risks (Health Risk Assessments / HRAs).
   - Support members in the selection of a Primary Care Provider (critical to better health and wellness)
   - And more

All of these are being done proactively now to support Medicaid plans in keeping as many of their members as possible in the redetermination process. Many plans are also actively working on ways to transition members who do not qualify for Medicaid to other plans such as Medicare and Individual/ Exchange. These 6 best practices will transition plans from a state of waiting for redetermination to end – to being proactive and prepared. Where does your plan stand in redetermination readiness?

Conclusion

Through our HIPAA-secure, no code digital automation platform, Ushur helps Medicaid health plans connect to members quickly and easily for time-sensitive processes like Medicaid redetermination as well as surveys (e.g. HRA, SDOH) to get closer to their members. Learn more at Ushur.com.

Checklist:

☐ Is our communication and survey plan HIPAA-compliant and secure?

☐ Is our automation process deliverable in a timeframe of weeks or months considering the condensed redetermination process timelines?

☐ Can our automation plan deploy across multiple channels so members can choose where to engage?

☐ Can it be both proactive and support two-way communications and push and pull of information and documentation?

☐ Does our engagement platform easily allow us to share member data with our established core systems?

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