



Breaking Through the Noise: How Managed Care Organizations Can Help Protect Medicaid Coverage

Beginning April 1, 2023, continuous enrollment in Medicaid will end, and states will begin redetermining individuals' and families' eligibility for the program. Medicaid Managed Care Organizations (MCOs) will play a critical role in educating Medicaid enrollees about the impending redeterminations and helping facilitate their enrollment in a comprehensive, affordable, and adequate health insurance coverage option, including marketplace/exchange plans.

Background

With the Medicaid continuous enrollment requirement set to end on April 1, 2023, states face the monumental task of contacting enrollees and determining their eligibility for the single largest health coverage transition since the early days of the Affordable Care Act (ACA).ⁱ

Since February 2020, enrollment in Medicaid has increased by nearly 30%, largely driven by changing economic conditions, Medicaid expansion in several states, and federal policies implemented during the COVID-19 pandemic.ⁱⁱ Specifically, the Families First Coronavirus Response Act (FFCRA), passed by Congress in March 2020, included a "continuous enrollment policy" requiring states to maintain the continuous enrollment of Medicaid enrollees through the last day of the month in which the federal Public Health

Emergency (PHE) is in effect as a condition for receiving an increase of 6.2% in federal matching for Medicaid funds.ⁱⁱⁱ

In anticipation of the PHE ending, state policymakers have been advocating for Congress to provide more guidance and advance notice to help them prepare for eligibility redeterminations for millions of individuals and families in all 50 states and the District of Columbia (D.C.).^{iv} This past year, Congress voted to terminate the continuous enrollment requirement and separate it from the end of the PHE.^v As a result, beginning April 1, 2023, states will have one year to initiate Medicaid renewals, meaning they will no longer be required to continuously cover Medicaid enrollees. Instead, states will resume their normal redetermination processes where individuals and families risk losing coverage if they do not take the necessary steps to re-enroll in the program.

Without clear communication and adequate coordination among stakeholders, the termination of the continuous coverage policy may result in significant coverage losses across the country. The Kaiser Family Foundation estimates that between 5.3 million and 14.2 million people may lose Medicaid coverage during the 12-month unwinding period.^{vi}

Challenge

Multiple stakeholder groups have been preparing for the resumption of annual redeterminations, and many of them, including state health departments, MCOs, Community-Based Organizations (CBOs), and the federal government, have been communicating with Medicaid enrollees and issuing guidance about re-enrollment. However, numerous messages from multiple stakeholders with different calls to action regularly lead to confusion and delayed action by the target audience.

Here are some examples of the many different approaches and tactics that will affect stakeholder communications:

- States have been preparing for the redetermination process in different ways and with different priorities.^{vii, viii, ix} Some states will utilize the full 14 months allotted by CMS for redeterminations in hopes of minimizing coverage losses. In contrast, some states have indicated they will unwind more rapidly, counter to CMS guidance, with eight states indicating in 2022 that they did not plan to take the full time allotted to conduct redeterminations.^{x, xi, xii, xiii, xiv}
- Some MCOs have already had multiple touchpoints with enrollees, providing tools and resources to their members, including user-friendly and informative websites, virtual webinars, and dedicated call center staff to help individuals and families understand how they could be impacted, while other MCOs' strategies do not appear to have as many public-facing elements, based on limited updates to their websites.^{xv, xvi}
- The Federal Communications Commission (FCC) recently authorized MCOs to contact their enrollees regarding their redeterminations, eligibility, and re-enrollment via automated calls and texts. This policy change will lead to increased MCO-to-enrollee communications through multiple channels, which could bolster outreach efforts and minimize the number of disenrollments.^{xvii}
- CBOs, social service providers, application assistants, and case managers are critical partners, supporting lower-income individuals and families with accessing health care coverage, navigating health systems, and managing their health and well-being. MCOs, state agencies, and local governments are deepening investment in these partnerships to develop and launch targeted outreach, education, and engagement programs to communicate with enrollees.^{xviii}
- While Medicaid enrollees may not hear directly from the Centers for Medicare & Medicaid Services (CMS), the agency has been open and receptive to stakeholder input over the past several months. The related guidance and communications resources developed by CMS have helped inform and prepare state, local, and community leaders for the end of the continuous eligibility period and PHE.^{xix, xx, xxi}



Recommendations

In the coming months, countless Medicaid enrollees will find themselves overwhelmed with information about the end of continuous enrollment and the PHE. MCOs will play a pivotal role in assisting millions of lower-income individuals and families to re-enroll in their state Medicaid program or transition to marketplace coverage. Proactive communication, with clear, straightforward, and administratively simple calls to action, will help MCO enrollees understand the necessary steps to minimize coverage disruptions and remain with the plan of their choice.

It is critical that MCOs consider the manner, method, and message(s) they direct toward their members to guide them through this process. Developing a multi-lingual, multi-channel communications strategy is essential for MCOs to cut through the noise with a clear call to action for their members. Coordinating with the state Medicaid agency will ensure that the communications strategy is accurate, aligned, and compliant with all regulatory and administrative policies. Likewise, collaboration and partnership with CBOs and community leaders will ensure that messages are relayed through alternate channels, trusted messengers, and organizations that provide application and enrollment assistance.

In gearing up for the end of the continuous eligibility period in Medicaid, MCOs should consider the following as they develop, launch, and maintain their communications

program with their members and align with other stakeholders around Medicaid redeterminations:

1. Does your communications plan and stakeholder engagement strategy factor in the diversity of the communities and members you serve? Do you understand the preferred communications platforms and channels to reach your members?
2. Are you leveraging your role as a reliable source of eligibility and enrollment information for your members? Are you engaging trusted community partners to deliver, reinforce or validate the MCOs messages?
3. Do your members understand their MCO plan coverage, benefits, and the steps they need to take to make a timely and informed decision about re-enrollment in your plan?
4. Are you establishing, leveraging, and collaborating with local CBOs and community leaders to help communicate the impending policy changes and need for action?

As April 1 is quickly approaching, MCOs should develop thoughtful, strategic, and proactive communications campaigns to help prevent millions of lower-income individuals and families from losing health care coverage. Doing so can help MCOs build trust and loyalty from their members and foster a stronger relationship with state health agencies and community partners.

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Endnotes

- ⁱ “Unwinding and Returning to Regular Operations after COVID-19,” Medicaid.gov; Centers for Medicare & Medicaid Services (Last accessed February 6, 2023), <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.
- ⁱⁱ Jennifer Tolbert and Meghana Ammula, “10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision,” Kaiser Family Foundation (January 11, 2023), <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>.
- ⁱⁱⁱ “August 2022 Medicaid and CHIP Enrollment Trends Snapshot,” Centers for Medicare & Medicaid Services; Medicaid and CHIP (MAC) Leading Collaboratives (Last accessed February 6, 2023), <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/august-2022-medicaid-chip-enrollment-trend-snapshot.pdf>.
- ^{iv} Jennifer Tolbert and Meghana Ammula, “10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision,” Kaiser Family Foundation (January 11, 2023), <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>.
- ^v Chris Lee, “Continuous Eligibility Policies Can Reduce the Number of Children Who Lose Medicaid Despite Still Being Eligible for Coverage,” Kaiser Family Foundation (December 21, 2022), <https://www.kff.org/medicaid/press-release/continuous-eligibility-policies-can-reduce-the-number-of-children-who-lose-medicaid-despite-still-being-eligible-for-coverage/#:~:text=The%20omnibus%20spending%20bill%20would,through%20the%20end%20of%202023.>
- ^{vi} Jennifer Tolbert and Meghana Ammula, “10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision,” Kaiser Family Foundation (January 11, 2023), <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>.
- ^{vii} “FY2023 Budget: Changes to the Governor,” Rhode Island Senate; Senate Fiscal Office Report (June 14, 2022), <https://www.rilegislature.gov/sfiscal/Budget%20Analyses/FY2023%20SFO%20Budget%20as%20passed%20by%20House%20Finance%20Committee.pdf>.
- ^{viii} Gia Gould and Maureen Hensley-Quinn, “Rhode Island Looks to Auto-Enrollment to Ease Transitions from Medicaid to Marketplace,” National Academy for State Health Policy (November 14, 2022), <https://nashp.org/rhode-island-looks-to-auto-enrollment-to-ease-transitions-from-medicaid-to-marketplace/>.
- ^{ix} “Medicaid and the End of the COVID-19 Public Health Emergency,” Rhode Island Executive Office of Health and Human Services (Last accessed February 6, 2023), <https://eohhs.ri.gov/initiatives/medicaid-redeterminations>.
- ^x Daniel Tsai, “Re: Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act 2023,” Centers for Medicare & Medicaid Services (January 27, 2023), <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23002.pdf>.
- ^{xi} Children’s Defense Fund – Texas, et al., “Re: Ensuring eligible children remain enrolled when routine renewals resume at the end of the Public Health Emergency,” Texas Medical Association (March 31, 2022), https://www.texmed.org/uploadedFiles/Current/2016_Public_Health/Infectious_Diseases/joint_letter_to_TX_HHS_on_PHE_033122.pdf.
- ^{xii} Stacey Pogue, “Extension of the ‘Public Health Emergency’ Gives Texas Needed Time to Prepare,” Every Texan (October 21, 2022), <https://everytexan.org/2022/10/21/extension-of-the-public-health-emergency-gives-texas-needed-time-to-prepare/>.
- ^{xiii} “All-State Medicaid and CHIP Call,” Centers for Medicare & Medicaid Services (March 8, 2022), <https://www.medicaid.gov/resources-for-states/downloads/covid19allstatecall03082022.pdf>.
- ^{xiv} Tricia Brooks, Alexxa Gardner, Aubrianna Osorio, et al., “Medicaid and CHIP Eligibility and Enrollment Policies as of January 2022: Findings from a 50-State Survey,” Georgetown University Center for Children and Families; Kaiser Family Foundation (March 2022), <https://files.kff.org/attachment/REPORT-Medicaid-and-CHIP-Eligibility-and-Enrollment-Policies-as-of-January-2022.pdf>.
- ^{xv} “Renewing your Medicaid benefits,” Aetna Better Health (Last accessed February 6, 2023), <https://www.aetnabetterhealth.com/medicaid-renewal.html>.
- ^{xvi} “Medicaid Eligibility Redeterminations: Keeping Our Community Covered,” CareFirst (December 16, 2022), <https://individual.carefirst.com/individuals-families/transformation/advocacy-public-policy/medicaid-eligibility-redetermination-keeping-our-community-covered.page>.
- ^{xvii} “FCC Provides Guidance to Enable Critical Health Care Calls,” Federal Communications Commission (January 23, 2023), <https://www.fcc.gov/document/fcc-provides-guidance-enable-critical-health-care-calls>.
- ^{xviii} Hannah Wagner, Linda Elam, Kinda Serafi, and Cindy Mann, “Working With Community-Based Organizations and Individuals With Lived Experience to Support Continuity of Coverage at the End of the COVID-19 Public Health Emergency,” Manatt Health (September 2022), https://www.manatt.com/Manatt/media/Documents/Articles/Working-With-CBOs-and-Individuals-With-Lived-Experience_v7.pdf.
- ^{xix} Kinda Serafi, “New CMS Guidance on Expectations for Unwinding Federal Medicaid Continuous Coverage,” State Health & Value Strategies (March 11, 2022), <https://www.shvs.org/new-cms-guidance-on-expectations-for-unwinding-federal-medicaid-continuous-coverage/>.
- ^{xx} “Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit,” Centers for Medicare & Medicaid Services (January 2023), <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>.
- ^{xxi} “Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations,” Centers for Medicare & Medicaid Services (January 2023), <https://www.medicaid.gov/sites/default/files/2023-01/health-plan-strategy-jan-2023.pdf>.