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New Research Showcases Diverse Engagement Tactics by Medicaid MCOs to Help States Redetermine Eligibility Following End of Continuous Enrollment

WASHINGTON, D.C. – As states began redetermining Medicaid eligibility this spring and summer - the first time in three years - following the end of Medicaid’s continuous enrollment provision, new research by the Medicaid Health Plans of America (MHPA) details the strategic engagement tactics deployed by Medicaid managed care organizations (MCOs) to ensure that those eligible for Medicaid maintained access to quality, affordable health care and limit care disruptions caused by coverage loss. The research also identified priority policy changes that would enable more effective support of Medicaid members through greater flexibility, transparency, and collaboration between states and MCOs.

“From making phone calls to attending community block parties to partnering with local providers, food pantries, libraries, and other civic organizations, the experiences and lessons chronicled within this research demonstrate that Medicaid MCO engagement activities are critical for minimizing care disruptions. MCOs are reliable, long-term partners assisting state Medicaid agencies return to normal eligibility and enrollment operations during this unprecedented time,” said MHPA President and CEO Craig A. Kennedy, MPH.

In a national survey conducted between June-July 2023, MHPA analyzed details of redetermination experiences and outreach activities from more than 100 local MCOs across 39 states and Washington, D.C.

- 100% of all plans surveyed utilized multiple strategies to educate members and non-members about the Medicaid redetermination process.
 - 99% of plans directly contacted members and non-members through educational materials and phone calls.
 - 98% of members leveraged texting to reach members and non-members.
 - 89% of plans partnered with providers and community-based organizations (CBOs) to educate members and non-members.

- 52% of plans utilized paid advertisements to educate about the redeterminations process.

In addition to detailing MCO outreach and engagement strategies, the survey also found that MCOs support the following top policies or process changes to enhance the effectiveness of redetermination and reenrollment activities:

- Increase the use of ex parte renewals to prevent those who are eligible from losing coverage, and to provide opportunity for partners like MCOs, providers, and community organizations to do more targeted outreach. Currently, states vary in the use of ex parte renewal.
- Provide more flexibility in outreach activities, as well as clear guidelines on how MCOs can conduct outreach.
- Improve data transparency, timeliness, and accuracy.
 - 55% of plans report delays in receiving redetermination data from states.
 - 55% report data inaccuracies.
 - 49% report that state data files are missing key information on members.

Other specific findings from MHPA's "[On the Ground Enrollment: Results from a National Survey of Medicaid Managed Care Organization Experiences during Redetermination](#)" include:

- Multiple and ongoing outreach activities and modalities are needed to reach and engage members about the Medicaid redetermination process.
- All MCOs conduct direct member outreach, such as texting and live calls, with many MCOs reporting high member response.
- Most MCOs are partnering with local providers, such as Federally Qualified Health Centers and pharmacists, given their ability to reach members before and during redetermination.
- MCOs are also regularly partnering with trusted community-based organizations serving members, such as food pantries, schools, and community centers, and they are attending or hosting live community events or leveraging physical locations to inform and support both members and other Medicaid beneficiaries through redetermination.
- Some MCOs also connect ineligible individuals with other forms of potential health coverage, particularly through the Health Insurance Marketplace.

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About MHPA

Founded in 1995, the Medicaid Health Plans of America (MHPA) is the only national association that solely represents the interests of the Medicaid managed care industry. Through its advocacy and research work, MHPA supports innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of its 130+ member health plans, known as managed care organizations (MCOs), which serve more than 50 million Medicaid enrollees in 41 states, Washington, D.C., and Puerto Rico. MHPA's members include both for-profit and non-profit national, regional, and single-state health plans that compete in the Medicaid market. Visit [medicaidplans.org](https://www.medicaidplans.org) for more information.