Unprecedented Medicaid enrollment challenges exacerbate a historic problem

Aging and disabled populations face unique challenges in maintaining access to care

FEI Systems

In the months following the unwinding of the pandemic-era Medicaid continuous enrollment provision, millions of people lost access to benefits and coverage.

Of the more than 8.6 million people who were disenrolled from Medicaid nationwide in just seven months, it is estimated 72 percent of them lost coverage due to procedural reasons.

This is all according to the latest reports on the unwinding of the continuous enrollment provision by the Kaiser Family Foundation, published in early October 2023. The continuous enrollment provision ended on March 31 and disenrollments were allowed to proceed starting April 1.

While in effect, the provision acted as a churn-preventer, as no program participant could lose access to care and services through Medicaid while the public health emergency (PHE). Overall Medicaid and CHIP enrollment rose to more than 90 million in that time.

The impacts of these massive disenrollments – an estimated eight to 10 million will lose coverage – will be far reaching, especially for participants who remain eligible for services but still lost access to the benefits they rely on to live safely and independently in their homes and communities. Aging and disabled populations face unique challenges in maintaining Medicaid enrollment even under normal circumstances. And in the wake of a life-altering pandemic and the backlogs state offices must work through, states must do more to ensure eligible participants are not forced to do without. With comprehensive case management solutions that automate re-enrollment workflows, agencies can ensure vulnerable participants do not fall through the cracks.

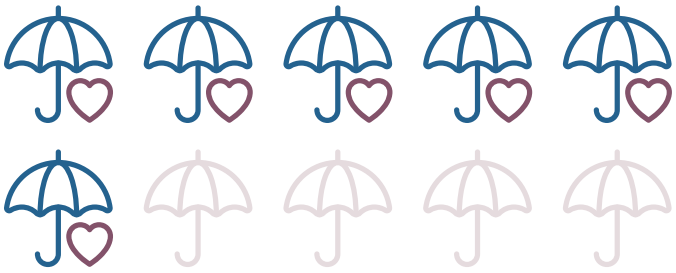
CHURNING THROUGH THE SYSTEM

Medicaid and Children's Health Insurance Program (CHIP) are federal programs administered by state agencies. Since each state can choose how to administer their programs, no two Medicaid and CHIP programs are alike. This lack of continuity is one of the many challenges for those eligible for health and human services through these programs, and often contributes to churn.

Churn refers to Medicaid and CHIP participants intermittently losing access to benefits. This may be because of short-term changes in eligibility status because of change in circumstances or re-enrollment challenges. Applications for these programs are lengthy and complicated and need extensive documentation for proof of need. For Medicaid participants without stable housing, re-enrollment paperwork may never be received by mail in the first place. And even if all required enrollment materials make it to the correct offices for consideration, backlogs and inefficiencies in application processing can further hinder timely approval for continued eligibility.

A study by the Kaiser Family Foundation found between 2016 and 2019 four in 10 Medicaid participants who lost eligibility for benefits were re-enrolled within a year – or were churned. But this data did not include Medicaid program members older than 65 living with a disability, a population that may have unique barriers to re-enrollment, especially when it comes to navigating lengthy application processes on their own.

Take, for instance, an elderly adult with a disability who qualifies for Supplemental Security Income (SSI). This individual is less likely than others to experience income changes or changes in circumstance that might warrant disenrollment from a Medicaid program. However, if discrepancies are identified by states during routine data checks, participants usually have a very short window to resolve discrepancies before they are disenrolled.



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MAKING STRIDES

The good news is strides are being made to improve enrollment and retention of eligible participants. For example, CMS has established online application portals to allow for faster eligibility determination and make it easier for state programs to renew participant coverage at the right times. Additionally, some states may be moving towards legislation that requires all children are covered through Medicaid until age six. A rule like this would ensure all children have medical coverage, regardless of their guardians' income status and protect a particularly vulnerable group from being churned through the system, as they rely so heavily on others to manage their care. Roughly 35.9 percent of children were enrolled in Medicaid for health insurance in 2021, according to the U.S. Census Bureau.

CMS is still actively looking for ways to improve re-enrollment practices for those with functional limitations. In a proposed rule published in August 2022 the agency stated renewals should be limited to once per year and states should be required to provide pre-populated renewal forms, to create more consistency and ease for participants.

Additional provisions included that states:

- Eliminate requirements for in-person interviews.
- Ensure applicants have 30 days to respond to requests for information.
- Pre-populate renewal forms.
- Include a 90-day consideration period in cases where a participant fails to meet a re-enrollment deadline.

These provisions would certainly make things easier for vulnerable populations to remain enrolled in vital programs and services. But these requirements potentially add to already heavy administrative loads as states work to meet increasing enrollment demands. Dated, or paper-based workflows can make keeping up with additional contact points with participants harder.

"Our goal is to ensure that eligible individuals can enroll and stay enrolled without unnecessary burden and that ineligible individuals are redirected to the appropriate coverage programs as quickly as possible." – Centers for Medicare & Medicaid Services, Aug. 2022

CAN WE AUTOMATE?

There are technology solutions available to support agencies in minimizing churn among program members who should remain qualified for services and supports. With the right tools to simplify initial client screening, eligibility determination, enrollment and re-enrollment into various programs, state agencies can move through backlogs, better track member activity and more easily ensure the delivery of services to qualifying participants.

All of this is possible with the Blue Compass suite of solutions for health and human services from FEI Systems. The CMS-certifiable HCBS case management solution is a web-based, person-centered platform equipped to support state waiver programs with functionality that provides initial client screening, eligibility determination, enrollment and streamlined re-enrollment into one or more programs.

Blue Compass interfaces with state Medicaid systems for purposes of client eligibility, prior authorization requests, claims, and provider eligibility. This focus on streamlined efficiency continues with re-assessments and re-enrollments. Automated workflows trigger actions based on configurable timelines, as determined by the state, to ensure that all activities related to a qualifying member's care occur as needed, on time.

FEI Systems has been a proud partner of CMS for more than 20 years, and FEI staff and leadership know that when eligibility is lost, even for a brief time, the effects can be detrimental to those relying on these health services and supports to navigate daily life. FEI's intimate knowledge of CMS programs helped us develop our case management solution for agencies administering Medicaid waiver programs for numerous targeted waiver populations. Our Blue Compass suite of solutions creates stronger connections between communities, providers and department staff members across the continuum of care.

Enrolling And Re-Enrolling Clients In Medicaid Waiver Programs With Blue Compass

FEI's Blue Compass case management solution assists in streamlining Medicaid enrollment by:

- Automating the entire enrollment and re-enrollment process for customer programs.
- Generating system-based alerts and notifications for key staff about needed contacts and documentation, including escalation if timelines are at risk.
- Capturing and supporting preferred communication methods to improve engagement with members.
- Providing process support with automatically generated forms, tasks, assignments and documentation requests from external sources.
- Reporting of all enrollment activities.

With the right technology solutions, states have the tools they need to assist participants with re-enrollment and ease their own administrative loads in keeping up with demand.

SOURCES

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For more than 20 years, FEI Systems has provided innovative IT solutions that assist federal, state and local health and human services agencies in caring for the most vulnerable members of the communities they serve.

FEI's Blue Compass suite of solutions includes a host of modules designed to address common requirements while meeting the unique and complex needs of each of the agencies and organizations we serve. Our case management for long-term services and supports system, our behavioral health case management system and our provider management platform offer comprehensive tools for the cross-agency delivery of person-centered, coordinated health and human services.

The suite also includes ancillary sub-modules and function-specific features for:

- data collection and reporting
- incident management
- reimbursement and claims processing
- consent management
- assessment for treatment services
- electronic health record (outpatient)
- visit verification, billing and waiver eligibility

Our Blue Compass case management platform assists with the entire lifecycle of waiver/program management and streamlines operations, and we would be honored to partner with you in providing care and support to those you work tirelessly to serve.

To learn more or request a demo, visit feisystems.com

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