

Five Steps to reduce coverage loss for Managed Medicaid plan members



IN PARTNERSHIP WITH:



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INTRODUCTION

The public health emergency (PHE) has ensured continuous enrollment in the Managed Medicaid program for millions of people; however, when the order expires, that benefit will end and an alarming 15 million enrollees may no longer qualify for coverage. Not only will those members have to be re-evaluated for eligibility, they also may have to find insurance elsewhere. This daunting task will be exacerbated by the staffing shortages at Medicaid agencies across the country.

While a firm date remains uncertain, the Department of Health and Human Services will give states just 60 days' notice prior to the end of the PHE. Upon expiration, health plans that aren't prepared will be scrambling to notify members and to help them through a confusing and arduous process.

Even when health plans have programs in place to help their members, many struggle to guide them to the care they actually need. Medicaid members can often feel lost or disengaged from their health journeys, and rushing them through their options will likely have a negative impact. This article outlines some of the common pitfalls made by health plans trying to engage their members and how to avoid them.

As was recently noted on the Office of Disease Prevention and Health Promotion website, if members are under-insured or don't receive support to overcome barriers to receiving services, their health outcomes are likely to worsen. Member disengagement makes it increasingly difficult for plans to close gaps in care.

It doesn't have to be that way.

This playbook provides a simple five-step process to help plans prepare for the end of the PHE, and in doing so, reduce coverage loss for some of the most vulnerable people in the US.

“ *SameSky Health is founded on the principles of health equity and building trust across diverse member populations by combining data, technology, and a multicultural team. Our approach to engaging with health plan members has proven successful. By sharing our knowledge, we hope to give you the tools to help your members keep access to coverage.* ”

– Abner Mason, Founder and CEO

STEP 1:

Update your members' contact information



Millions of Medicaid members will be at risk of losing coverage simply because they may not receive renewal information in time to complete redetermination. States need to work as quickly as possible through multiple methods to update enrollee contact and address information.

The earlier contact information is obtained, the better prepared your organization will be. Here are the two most critical contact items to check:

1. Cell phone number (see Step 2 for details)
2. Current mailing address

It's critical to understand exactly what's required by each state in which a plan has members. Some states require plans to help members go through the redetermination process, while others may not. You can read more on detailed state guidance [here](#).

Regulations require each state to send a renewal form requesting additional information. If the state has been unable to renew coverage via ex parte processes, the state must give individuals 30 days to respond. If individuals don't respond, the state is required only to send a termination notice with a 10-day advance warning.

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The following chart from a report on the Kaiser Family Foundation (KFF) website outlines the Centers for Medicare and Medicaid Services (CMS) Guidance for PHE unwinding plan.

Components of State Unwinding Plans	Requirements
Operational Plan	Plan must specify how states will complete redeterminations in a way that maintains coverage for eligible enrollees, ensures even distribution of renewals, and ensures timely processing of applications.
Timelines	States must be current in processing new applications within four months after the end of the PHE. States must also initiate renewals within 12 months and complete all pending actions within 14 months. To retain the enhanced federal matching funding, they must begin the unwinding period no later than the 1st day of the month after the PHE ends, but can initiate redeterminations up to two months before PHE ends (although they cannot disenroll anyone until after PHE ends).
Risk-Based Approach to Prioritizing Work	States must specify how they will prioritize pending actions: population-based (prioritize populations that are likely to no longer be eligible); time-based (conduct renewals based on renewal month or prioritizes older pending actions); hybrid (combine population and time-base approaches); state-developed (other approach that meets goals).
Distribution of Pending Actions	States are encouraged to initiate no more than 1/9 of total caseload each month.
Facilitating Transitions to the Marketplace	States must transfer accounts of individuals determined ineligible for Medicaid or CHIP to the Marketplace, including all account and eligibility information.
Monitoring State Progress	States will be required to submit monthly data for 14 months using a template under development by CMS; data elements have not been defined.

SOURCE: Centers for Medicare and Medicaid Services (CMS), SHO #22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency" last updated March 3, 2022. • PNG



Timeliness and a sense of urgency will be key to helping members. As you'll see in the following chart from the same report, only 25 states are planning to work with plans to contact enrollees. [Read the full report.](#)

You can find a comprehensive overview of the implications for coverage, costs, and access once the PHE ends [here](#).

State Actions to Update Mailing Addresses Before the End of the Continuous Enrollment Requirement, January 2022



STEP 2:

Leverage text messaging

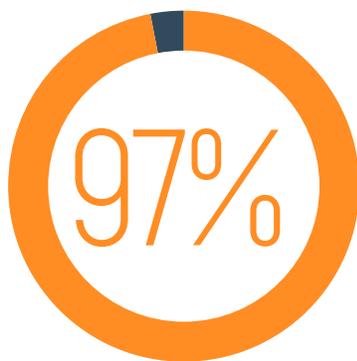


When obtaining member contact details, it's vital to capture cell phone information. [Ninety-seven percent of Americans](#) own a cell phone, most of which are smartphones. While the percentage of smartphone ownership drops somewhat for households making less than \$30K per year, it is still high at 83%.

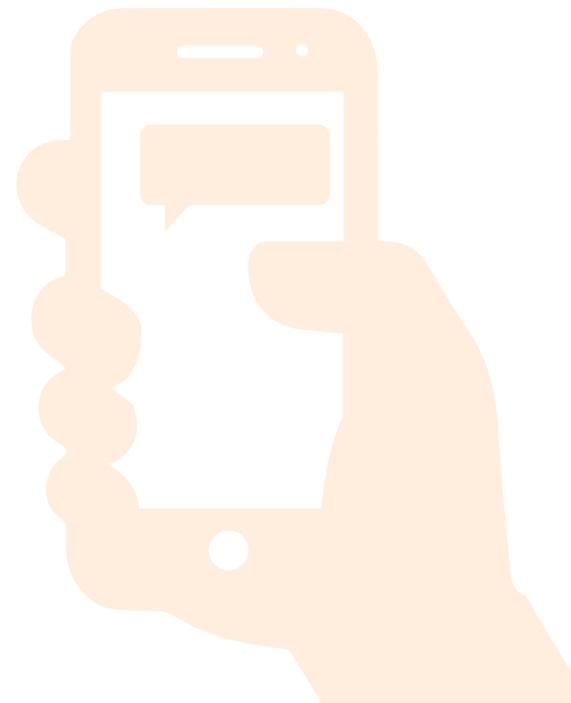
Although traditional mailings have long been the preferred communication method for the healthcare industry, that dynamic is shifting. Mailings are inefficient, time consuming, and costly. Texting is faster, more engaging, and less expensive. Most importantly, phone numbers tend to remain constant even when people move, so texting is a more reliable form of communication. This is especially true for members without fixed addresses due to homelessness.

CMS has already directed plans to use text messaging with consent as a means of obtaining contact information from members and for helping members with renewals. In our work with health plans, we have found a **10-to-1 preference for text messaging** in member communications.

Not only can texting help health plans acquire member contact information, it can also smooth the rest of the renewal process by quickly delivering important reminders to members, ultimately enhancing their experience.



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STEP 3:

Know and understand members



Medicaid members may not understand why they're losing coverage, and it's up to the plan to communicate this information. Reaching out to explain the need for redetermination can be an opportunity to build trust with each member and to truly understand their individual needs.

Building trust and gaining a better understanding of each member's healthcare needs can help make the redetermination process more seamless. The healthcare industry has the opportunity to begin providing members with the personalized approach that many other industries (e.g., entertainment and retailers), are delivering through technology platforms and analytics.

SameSky Health uses this data-driven approach to collect information on a variety of member factors, including:

- Race, ethnicity, and language
- Sexual orientation and gender identity
- Sex assigned at birth
- Contact preferences
- High-level social determinants of health (SDOH), such as:
 - › Clinical and behavioral/mental health needs
 - › Food insecurities
 - › Housing insecurities
 - › Transportation needs

This information can also be used to help identify and address disparities in care, which can then become part of a larger population health management strategy.

Gaining knowledge is the first step in understanding member needs, but it will take work to help members understand the eligibility and enrollment steps they must take for redetermination. With Medicaid members spanning populations and demographics, establishing understanding and building trust will be a challenge.



STEP 4:

Guide members through the redetermination process



Each state will have a different process for Medicaid members to follow for redetermination; however, it may be difficult for members to adhere to the process due to economic discrepancies and language barriers. The traditional “one-size-fits-all” approach creates barriers for people of different cultures and backgrounds. Simply translating information into a different language does not address these differences.

SameSky Health overcomes these barriers through cultural sensitivity. The following case study demonstrates the effectiveness of this approach.

Culturally tailored outreach significantly improved vaccination rates for a West Coast health plan's Medicaid population.

The challenge

As COVID-19 vaccines became more widely available in the spring of 2021, so too did vaccine hesitancy. Statistics indicated that Medicaid populations tended to have a [lower rate](#) of COVID-19 vaccinations for a variety of reasons, including disinformation, inability to make an appointment during work hours, and/or lack of transportation.

The opportunity

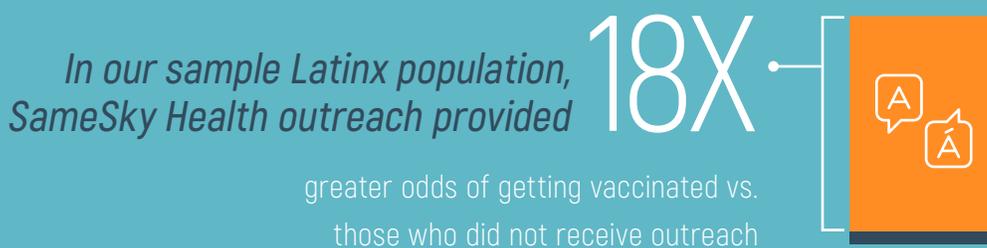
In March of 2021, a health plan on the West Coast partnered with SameSky Health to address the challenge of increasing vaccination rates among its Medicaid members, targeting some of the most difficult-to-reach members. The health plan asked SameSky Health to work with nearly 600,000 members, which became the foundation for a case study on the efficacy of culturally tailored outreach.

The outcome

Once we established our approach, we engaged with the plan's members using culturally adapted content through the modality of communication most members preferred, primarily text messaging. As expected, we were met with various hesitations about the vaccine. However, with an understanding of the members – who they were, where they lived, their language, and their culture – our team of experts was able to overcome vaccine resistance with a significant number of members.

The results

Building trust and gaining a better understanding of each member's healthcare needs can not only help make the redetermination process more seamless, but it can also become the first step to creating new relationships with members. Once retained, members can be appropriately welcomed and guided through their new coverage options.





STEP 5: Help keep members covered

Many Medicaid members will likely not be eligible to continue with the program. Instead, they will need to find a new benefit plan, either through an employer or through a state-based Marketplace. Plans can help them understand their benefit coverage options.

Our Community Health Guides can help direct members to the proper sites and other important information. Their customized outreach goes well beyond the basics when guiding members through their health journeys. Whether members are low income, non-English speaking, elderly, or people of color, SameSky Health provides a nuanced, omnichannel approach to engaging with every single member by connecting with them through a cultural lens.

This anonymized case study demonstrates the positive impact SameSky Health's Community Health Guides make for Medicaid plan members through a personalized approach:

Personal, empathetic outreach helps a Medicaid member begin the path to health equity.

Diana, a Spanish-speaking Community Health Guide, engaged in a phone conversation with Martha, a Spanish-speaking Medicaid plan member. During the call, Diana was able to quickly establish rapport with her. As the conversation went on, Martha felt comfortable enough with Diana to confide not only that her husband, Diego, had lost his job during the pandemic, but also that her work hours were cut. As a result, they were behind on utility bills. Diana was sympathetic, deepening Martha's trust. Martha divulged that the family's food assistance was about to run out, but she wasn't reapplying because they were afraid receiving public assistance would prevent Diego from getting citizenship.

Diana explained that the policy had been rolled back. She directed Martha to her local Section 8 office and shared the link for the SNP re-enrollment portal. At the end of the conversation, Martha expressed her gratitude and revealed she had depression, and the financial stress had been making it much worse.

In a short time, Diana successfully forged a strong bond with Martha and established a huge degree of trust to the point that Martha revealed mental health issues, which is a major taboo in her community.

Diana's ability to establish rapport with Martha was enhanced because she and Martha shared key cultural alignment touchstones. Like Martha, Diana was a first-generation Mexican American who grew up in an urban area. She experienced the same community stressors, including a language barrier, immigration issues, and economic hardships. Diana's sensitivity was key to making Martha aware of the benefits she was entitled to and encouraging her to take advantage of them—the first step towards achieving health equity.

“ We remove barriers to care and form meaningful relationships to bring people to health. We guide health plan members on their annual wellness journeys by building trusted relationships that encourage dignity, autonomy, and companionship as they navigate disparate life experiences within a complex healthcare system. ”

– Phil Harker, Chief Growth Officer,
SameSky Health

GOING ONE STEP BEYOND: Driving health equity by personalizing the member experience

Our mission at SameSky Health is to drive health equity by ensuring that all members get the care they deserve. We offer the CultureGuide™ solution to bring together intelligence and expertise to uncover opportunities to engage members and foster health equity. First, we gain an understanding of the member community, then we build dynamic profiles comprised of member data blended from multiple data sources. We incorporate SDOH, health indicators, demographics, and cultural views on healthcare to gain key insights.

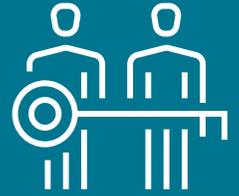
We then curate and deliver a multidimensional experience that leverages behavioral economics and engagement best practices with a focus on culture to ensure best-in-class, equitable, and personalized journeys for members. This personalized approach empowers and supports members, helping them navigate disparate life experiences within a complex healthcare system.

The result is a better member experience, leading to greater success in closing gaps in care and improved ratings across relevant quality measures. While our technology platform and analytics are key, it's our commitment and cultural sensitivity that set us apart.

“ *Trust is built by treating people like who they are matters. As the pandemic has clearly shown, many people are distrustful of our healthcare system. Health plans that are able to build trust by understanding the unique needs of their individual members will be better able to engage with them to meet plan goals of reducing coverage loss and improving health outcomes.* ”

– Abner Mason, Founder and CEO

KEY TAKEAWAYS



- Health plans will have a higher degree of success retaining members or directing them to the appropriate coverage option if they begin planning immediately for the unwinding of the PHE. Each state has different rules, and plans must find out what the requirements are for the states in which they serve.
- Obtaining up-to-date contact information, including cell phone numbers, is crucial to quickly contacting and informing members about the redetermination process. Texting is the preferred communication method for most members.
- Understanding members from a culturally and linguistically relevant perspective is key to creating effective communications. Members will likely be confused about the redetermination process, and will need additional guidance to help ensure it is as easy as possible for them to follow.
- Plans that make the investment in getting to know and understand their members now, will be better prepared to help them prepare for and take action once the PHE ends. Plans that can engage Medicaid members through cultural sensitivity will be in a better position to gain member trust, which can result in greater customer loyalty and become an important step towards advancing health equity.
- SameSky Health can help plans execute the five steps outlined in this playbook to reduce coverage loss for their members. SameSky Health can help plans meet their health equity goals now and in the future.

Contact us to set up a consultation.



About SameSky Health

Launched in 2017, SameSky Health engages 2.3 million+ members across 15 states, in 25+ different languages. The company's cultural expertise and technology-based solutions enable health plans to grow member engagement, improve quality measures and increase overall health outcomes. We are on a mission to create cultural connections for a healthier, more equitable world. SameSky Health is based in North Hollywood, CA. To learn more, visit [sameskyhealth.com](https://www.sameskyhealth.com).