Quick Answer: How Can Medicaid Redetermination Optimize the End-to-End Member Experience?

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> U.S. healthcare payers' managed Medicaid membership volume is at risk of decline as states resume verification of beneficiaries' Medicaid eligibility. To improve the Medicaid redetermination process and build a better, lasting member experience, CIOs should follow these steps.

Quick Answer

How can Medicaid redetermination optimize the end-to-end member experience?

- Invest in technologies that nurture long-term engagement and improve the end-to-end member experience. Don't just buy one tool to support one initiative, but rather engage and educate members on how your organization can best help and support their needs through a range of services and partnerships over the course of their entire relationship with you.

- Redetermination success relies on your members' overall experience with your organization. CIOs and their teams may not own brand experience, but they play an active role in determining what tools and technology are implemented and how they can create more relevance for and improve communication with members.

- Leverage the higher level of trust that members may have in healthcare providers or community agencies to help support and guide them through the process. If allowed, augment conventional redetermination communication campaigns with provider messaging and incentives.

More Detail

The U.S. Centers for Medicare & Medicaid Services ending the COVID-19 pandemic era special rules that allowed for continuous enrollment of Medicaid beneficiaries has put pressure on U.S. healthcare payers to protect members from eligibility loss. [1] CIOs can lead the charge with technology to support members' needs and retain membership.

Use Redetermination to Strengthen the End-to-End Member Experience

Contacting members to resubmit eligibility materials to state or county human service agencies is just one way U.S. healthcare payers need members to engage with their organizations. Conventional approaches like outbound member emails and text messages are necessary but are often insufficient on their own. Especially when you cannot make up for a lack of trust or underwhelming experiences with one outreach campaign. In addition, it may be easy for a member to perceive one-off outreaches as fraudulent schemes, which have become so common that the Federal Trade Commission has outlined what to look out for. [2]

To improve the redetermination process and member experience, CIOs should focus efforts on improving the usability and relevance of member tools (see Quick Answer: Payer Technologies That Build Member Engagement Through Relevance). For example, managed Medicaid members often have problems that go beyond their health needs such as family, housing, behavioral or employment challenges.

Consider how your organization's technology offerings can help members solve these issues. Assess whether Medicaid members see your health plan as a solution — or as just another organization vying for their attention in a confusing ecosystem they don't trust.

Invest in technologies that:

■ Foster long-term relationships focusing on a wide range of members' needs and accounting for varying digital literacy levels.

■ Are multiexperience; you cannot rely on members to download an app or login to a portal. Vendors like GetWellNetwork and mPulse consider this by connecting and communicating directly with members via text message instead of nudging them toward a portal.

■ Personalize experiences so communication methods — and reading levels — meet diverse members' preferences.

■ Explicitly tie to social determinants of health resources and datasets.

Focus on Both Brand and Member Experience

CIOs may not control brand or member experience, but they do play a role in how both are delivered by prioritizing and selecting technologies. These IT contributions help deliver on your brand promise and affect member experience.

Brand also plays a key role in redetermination. Generally, a strong brand with a positive member experience improves the open rate of outbound communications. Member experience with your brand also may determine if a member elects to continue coverage in other products (such as the individual Affordable Care Act marketplace or Medicare Advantage) when they are no longer eligible for Medicaid or become eligible for it again.

To support brand experience:

- Collaborate with your chief marketing officer and chief operations officer to deliver proactive consumer-friendly messaging via digital channels and service interactions about and throughout the redetermination process. Highlight what to expect, reassure current coverage and indicate it's not just about "maintaining coverage" but rather provider access and additional support that your plan may offer.

- Use predictive analytics to identify which members are likely to respond to redetermination outreach and understand why they are likely to do so. Use these insights to design outreach experiences that are likely to drive engagement and action.

Leverage Member Trust in Providers and Community Resources

Your organization's message is just one of many that members receive. Medicaid members often ignore or overlook communications to resubmit eligibility paperwork or select a plan. That is doubly true when members trust information from payers less often than other actors in the healthcare system. According to one study, just 33% trust health insurance companies, but 84% trust doctors and 85% trust nurses. [3]

Use providers' trust surplus to your advantage by including Medicaid redetermination efforts with your current provider outreach for care management and quality improvement purposes. A clear clinical outcome gain exists from maintaining continuous coverage, and provider organizations gain from consistent Medicaid funding as well.

To enhance your Medicaid redetermination messaging:

- Partner with and coordinate messaging through providers or community agencies that deliver tangible resources like housing and food assistance for members' daily needs.

- Ask provider contracting and compliance peers if the managed Medicaid states in which you participate allows value-based payment incentives for clinicians to discuss redetermination with their patients.

Evidence

[1] Unwinding and Returning to Regular Operations After COVID-19, Medicaid.gov.

[2] Medicaid: Spotting the Scams, Federal Trade Commission Consumer Advice.

[3] Surveys of Trust in the U.S. Healthcare System, The American Board of Internal Medicine Foundation.

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