

## Access Granted

Can we prevent the loss of vital services for those who need them most?



HELLO  
MY NAME IS

HELLO  
MY NAME IS

HELLO  
MY NAME IS



FEI Systems

## AGENDA

- PHE Increases in Medicaid Roll
- Unwinding across the states
- Impact
- Technology to protect enrollment

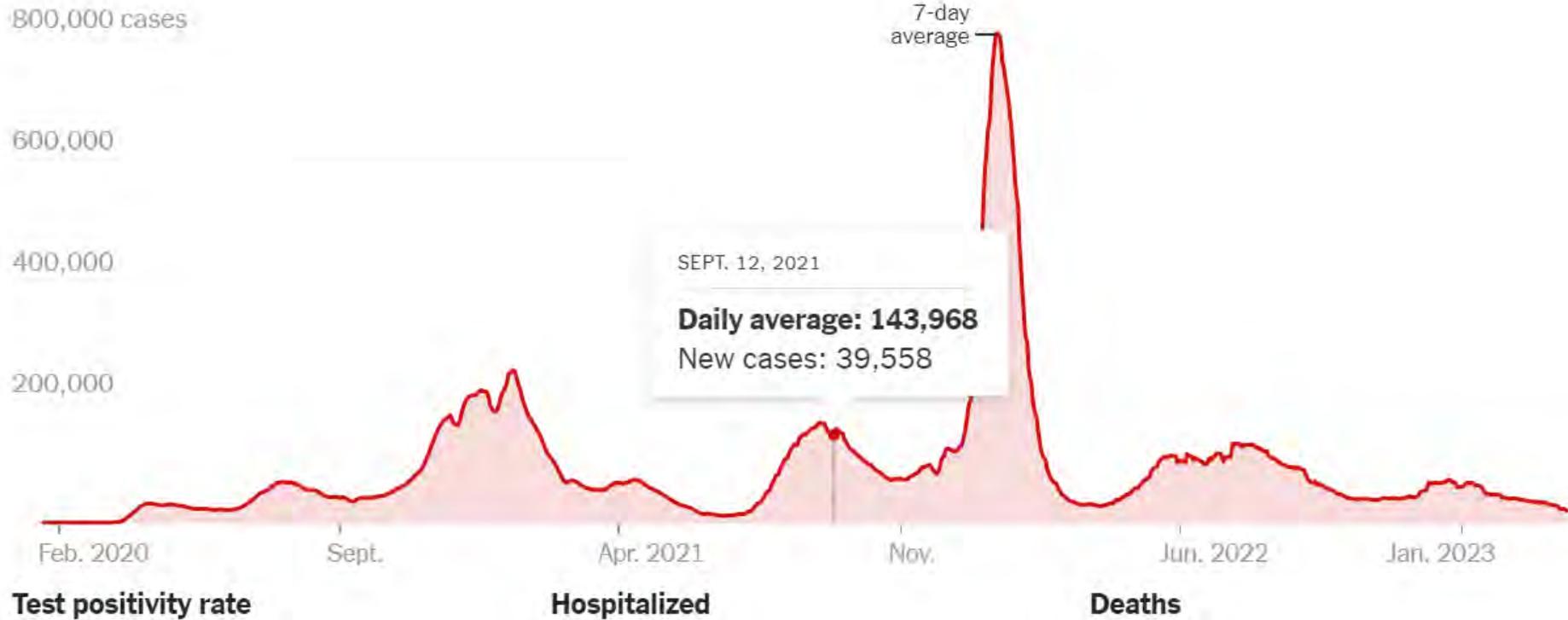


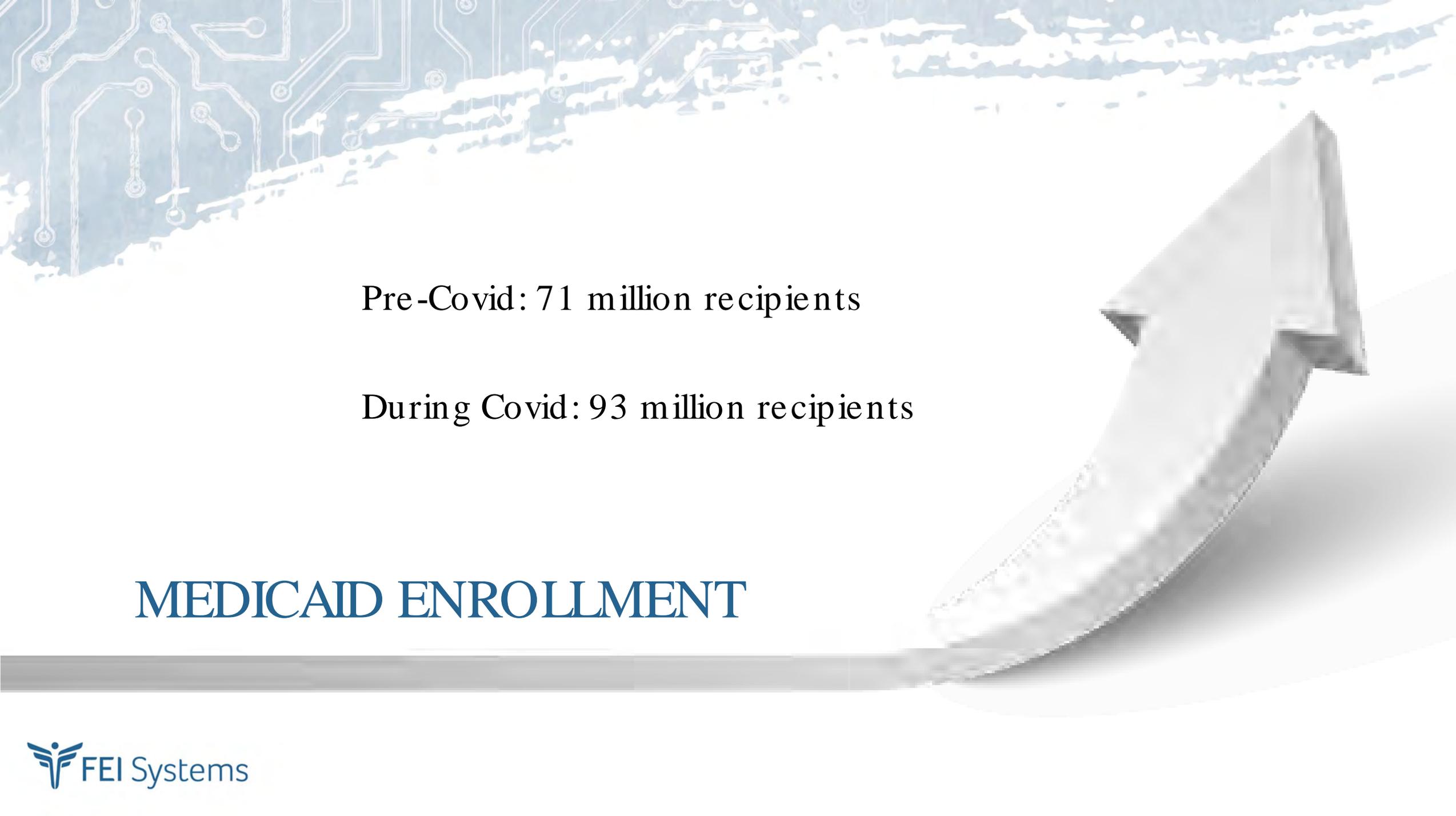
# PUBLIC HEALTH EMERGENCY

## New reported cases

All time

Last 90 days





Pre-Covid: 71 million recipients

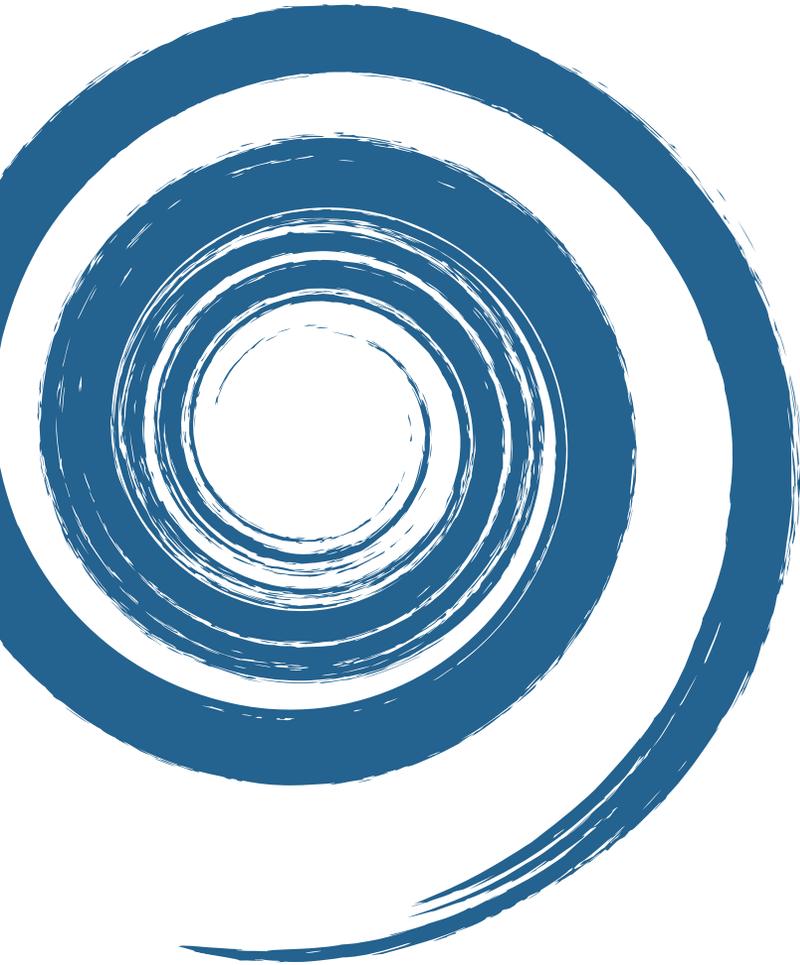
During Covid: 93 million recipients

## MEDICAID ENROLLMENT

# HOW DID WE GROW THE MEDICAID POPULATION?

Income Level (PreCovid)	Family Size	Income Level (PHE)	
\$14,580.00	1	\$20,120.00	*ACA premium of \$0 through 2025
\$30,000.00	4	\$41,400.00	*ACA premium of \$0 through 2025
\$50,560.00	8	69,772.00	

# WHY THE CHURN?



- Mobility
- Complicated applications
- Not receiving paperwork
- Backlogs
- Inefficiencies

4 in 10 recipients  
“churned” between  
2016-2019 – KFF

# CMS GOAL

“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”

-CMS, August 2022



Suggestions from  
the CMS  
Proposed Rule,  
August 2022

- Limit renewals to once a year
- States should provide pre-populated forms
- Eliminate in-person interviews
- Ensure 30 days to respond
- Include a 90-day consideration period
- Provide assistance as needed for those with functional limitations



What does Unwinding look like?

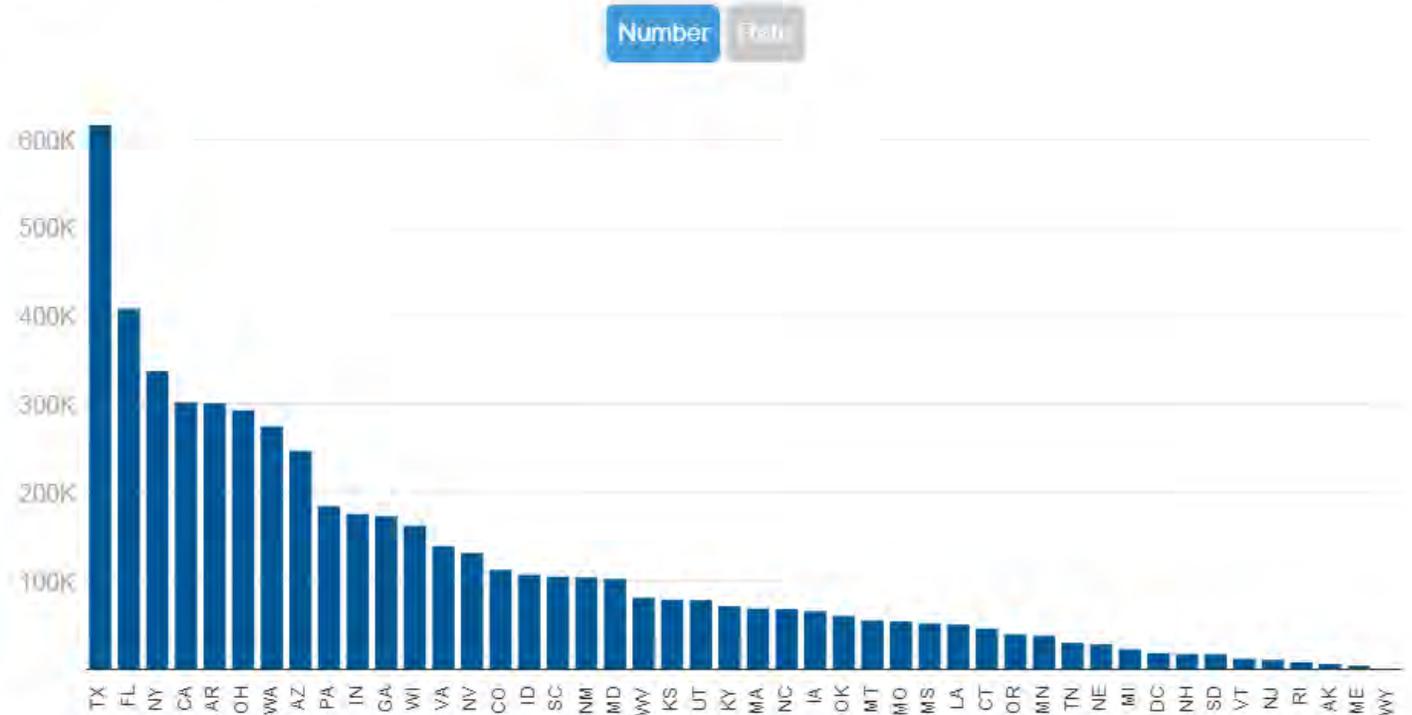


# What is the Ex Parte Renewal Process?

# DISENROLLMENT NUMBERS BY STATES

At least 5,366,000 Medicaid enrollees have been disenrolled in 45 states and DC with publicly available unwinding data, as of August 23, 2023

State-Reported Medicaid Disenrollments:



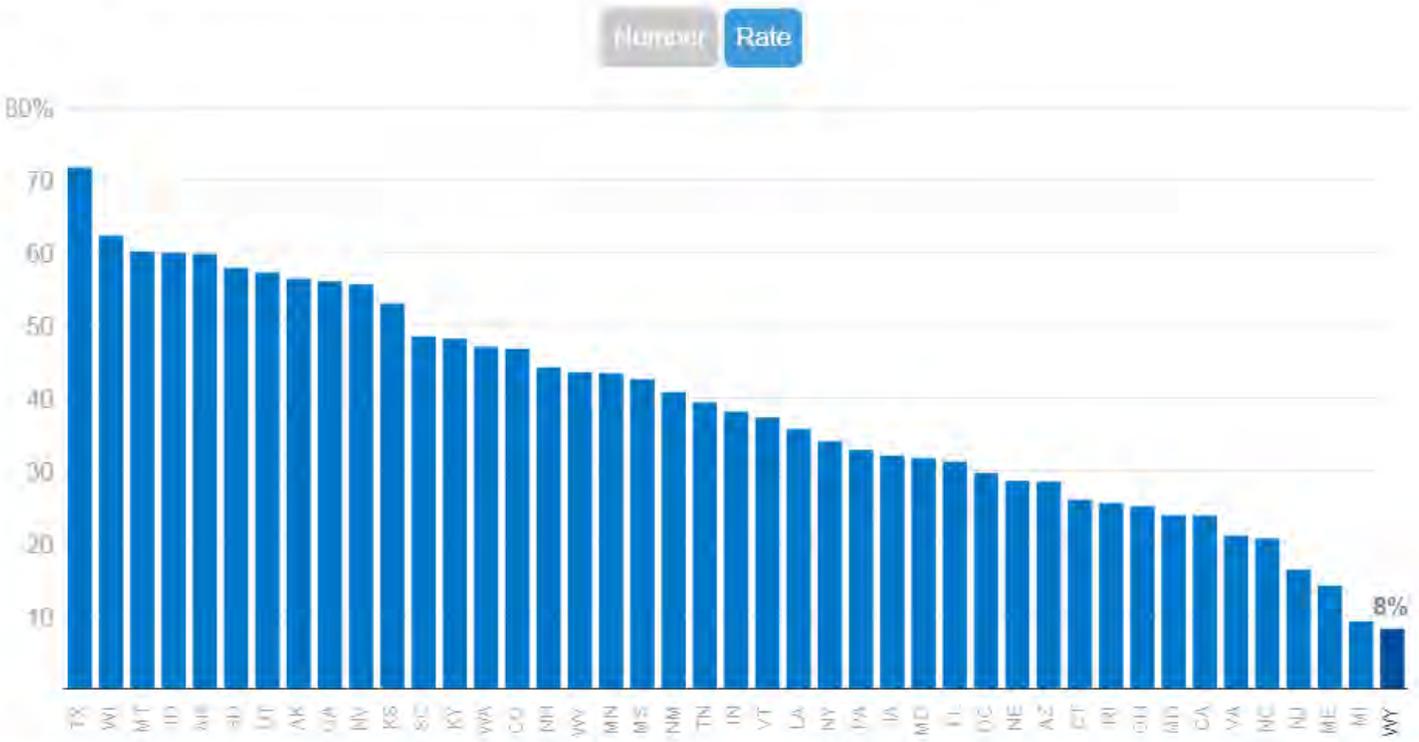
NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state.

SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • [Get the data](#) • [PNG](#)

**KFF**

There is wide variation in disenrollment rates across reporting states, ranging from 72% in Texas to 8% in Wyoming

State-Reported Medicaid Disenrollments as a Share of Total Completed Renewals:



NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as total disenrollments divided by total completed renewals (number whose coverage was renewed + number disenrolled); pending renewals are excluded. Several states report unwinding data on renewals without enough information to calculate a disenrollment rate.  
SOURCE: [KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS](#) • [Get the data](#) • [PNG](#)



# DISENROLLMENT RATES BY STATES

# Nearly 4 million lost coverage in first 4 months

AR d/c 73,000 (6mth goal)

FL d/c 400,000



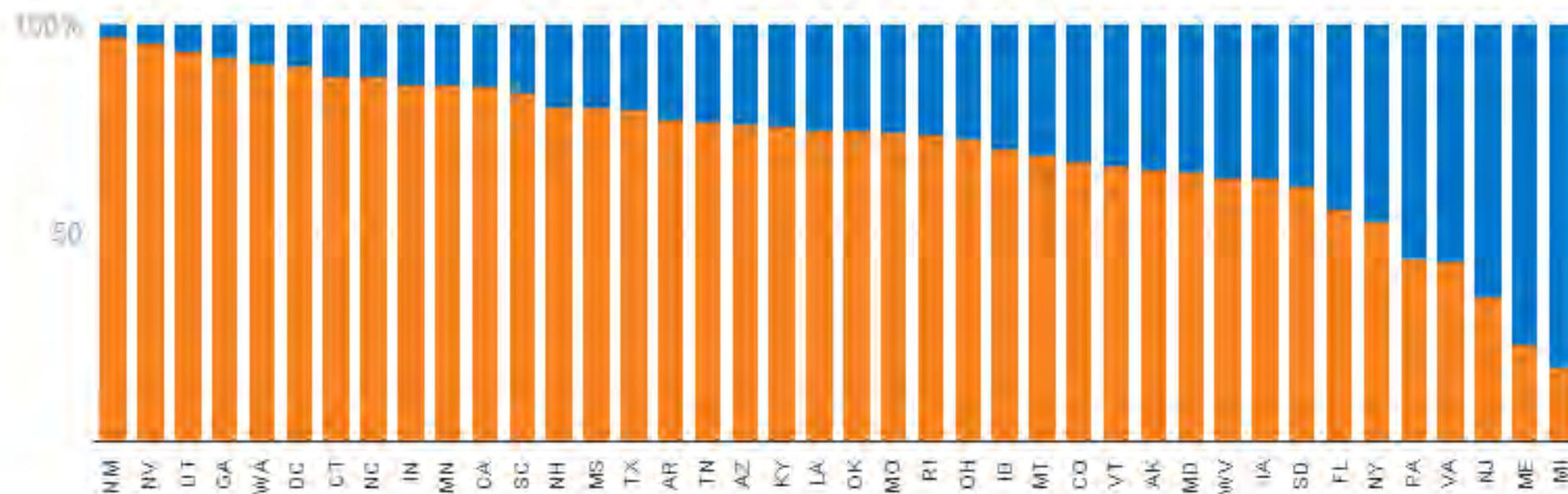
TX d/c over 1/2 million

Indiana d/c 53,000

# Overall, 74% of disenrollments are due to procedural reasons, among states reporting as of August 23, 2023

Of Total Disenrollments, the Share Disenrolled for Procedural Reasons vs. the Share Determined Ineligible.

Terminated for procedural reasons (orange)    Determined ineligible (blue)



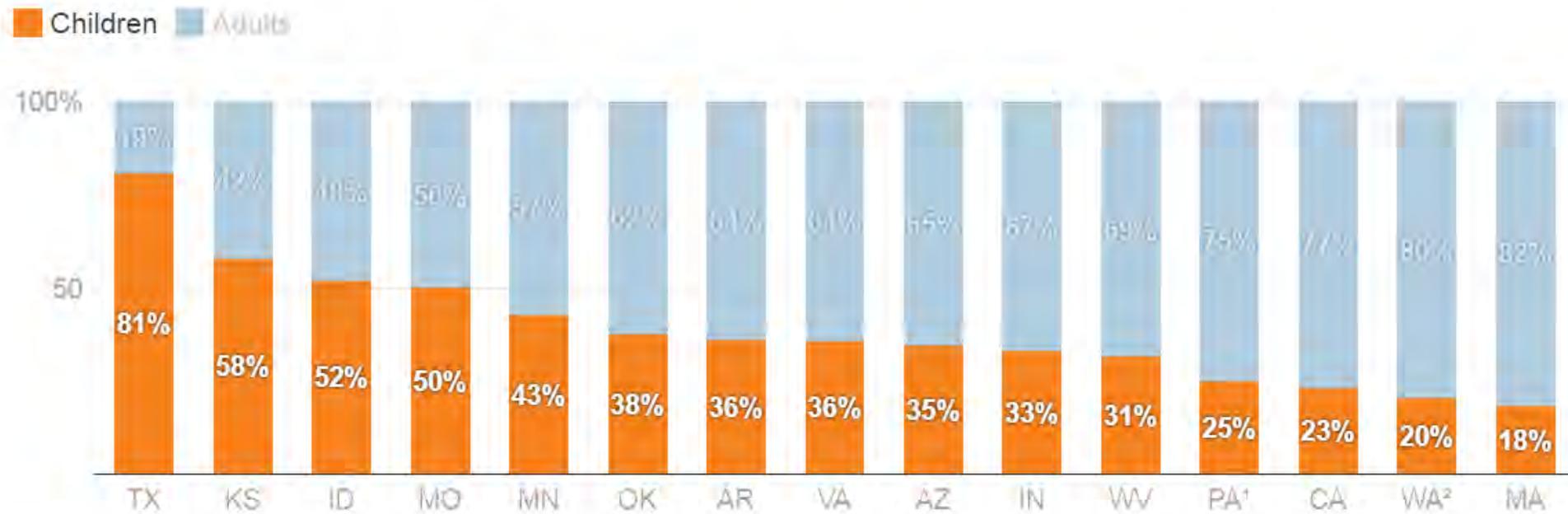
NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as procedural disenrollments divided by total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.

SOURCE: [KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS](#) • [Get the data](#) • PNG

**KFF**

# Children account for over four in ten (43%) of Medicaid disenrollments in the 15 states reporting age breakouts, as of August 23, 2023

Share of Medicaid Disenrollments by Age:



NOTE: Based on the most recent state-reported unwinding data available. Time periods may differ by state. States may identify children based on age or eligibility group. 1. Pennsylvania only reports disenrollments by age among the Medicaid Maintained Population, which is composed of enrollees the state has flagged as "likely ineligible or unresponsive." 2. In Washington, children up to age six will be manually reinstated as the state awaits system changes to align with new continuous eligibility for that group. To date, roughly 12% of all reported disenrollments in WA were among children up to age six.

SOURCE: [KFF Analysis of State Unwinding Dashboards](#) • [Get the data](#) • [PNG](#)





6.8 Million discharged may still be eligible

# 15 MILLION EXPECTED TO LOSE COVERAGE

8.2 Million

- Employed
- Insured
- Won't Qualify

2.7 Million

- May qualify for enhanced subsidies though not Medicaid like \$0 due premiums through ACA

6.8 Million

- May still qualify
- Loss b/c of procedural reasons
- May not know they have been discharged

Call center wait times of  
36 minutes – 38% hang up

If you request Spanish –  
wait time increases to 2 ½ hours



From the Headlines

# Excessive wait time for Latinos in Florida is 'locking families out' of Medicaid

WLRN 91.3 FM | By [Verónica Zaragovia](#)

Published August 18, 2023 at 2:34 PM EDT



# From the Headlines

## Despite federal warnings, red and blue states aggressively cull Medicaid rolls

Nearly 4 million people across the U.S. have been disenrolled from health care program because they lack proper paperwork

BY: NADA HASSANEIN - AUGUST 25, 2023 1:29 PM



Protesters march to the Arkansas Capitol on Aug. 22 to deliver a letter to Republican Gov. Sarah Huckabee Sanders' office detailing the difficulties they have had with the state's Medicaid program. Republican- and Democratic-led states have removed millions from their Medicaid rolls since April, when pandemic-era protections ended. (Tess Vrbin/Arkansas Advocate)

# 500,000 Texans have been dropped from the Medicaid rolls since April

Advocates are calling for a halt to removals until the state can account for why more than 80% of the people who lost Medicaid coverage were eliminated for “procedural” reasons, like not responding to messages from the state.

BY **ELEANOR KLIBANOFF** JULY 17, 2023 5 PM CENTRAL

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# From the Headlines

**The New York Times**

## ***Hundreds of Thousands Have Lost Medicaid Coverage Since Pandemic Protections Expired***

As states begin to drop people from their Medicaid programs, early data shows that many recipients are losing their coverage for procedural reasons.

## From the Headlines

# Millions may soon lose Medicaid when they don't have to -- as one Florida family has already learned

As COVID money ends, some officials warn many may slip through system's cracks.

By [Rachel Scott](#), [Briana Stewart](#), and [Cheyenne Haslett](#)

July 1, 2023, 9:38 AM



# From the Headlines

## Medicaid disenrollments paused in a dozen states after failure to comply with federal rules



By [Tami Luhby](#), CNN

Published 2:45 PM EDT, Thu July 20, 2023



# Solutions

# From the Headlines

- Long call center wait times
- Too many procedural disenrollments
- Application processing times

## August 2023

**August 9:** The Centers for Medicare & Medicaid Services (CMS) sent [letters](#) to all states reviewing their respective [data](#) (from May 2023) on three sets of metrics for Medicaid and the Children’s Health Insurance Program (CHIP) and reminding them of their legal obligations and of policies affecting each of these areas. For some states CMS highlighted concerns, including long call center wait times, a high share of disenrollments for procedural (vs. eligibility-related) reasons, and application processing times above the 45-day standard applicable to most enrollees.

All of these areas can contribute to the documented difficulties that eligible enrollees are having renewing their Medicaid coverage during unwinding. Notably, the CMS letters connect each of these three areas with federal rules that govern state eligibility and enrollment operations. For example, CMS notes that excessive call center wait times and call abandonment rates “may indicate potential non-compliance with” the federal requirement that people be able to apply for or renew Medicaid and CHIP by telephone. And the letters



CMS call for  
“All Hands”  
to support  
children

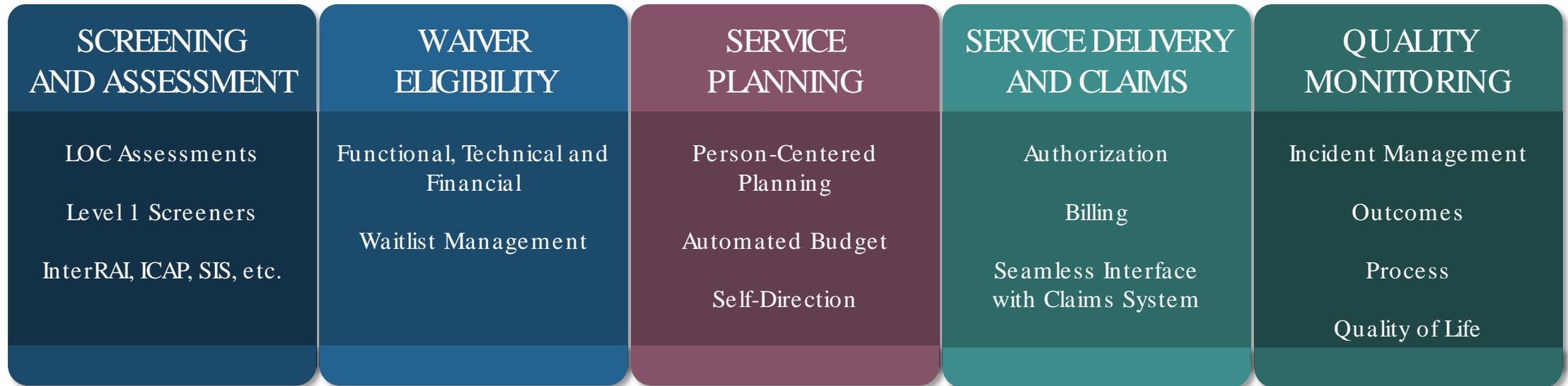
# HOW CAN TECHNOLOGY HELP?

- Simplification and automation of processes
- Alerts and Notifications
- Improved communication efforts
- Ongoing engagement of individuals
- Strategic planning with advanced analytics



# Blue Compass Overview

## A modular LTSS solution managing the full continuum of care



- A modular, person-centered solution that supports full HCBS lifecycle
- Built specifically for state agencies – Medicaid waiver programs
- Designed to handle complex HCBS workflow and business rules, inclusive of those for provider management, incident management, claims processing, etc. on an enterprise level

# TRUSTED TECHNOLOGY PARTNERSHIPS

- Health information technology serving federal, state, and local government
- 500+ employees in the US and across the globe
- Modular approach to healthcare administration
  - Health and human services case management solutions
  - Provider management
  - Claims and invoice management
  - Incident management
  - Consent management





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** system 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:

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

# More About Blue Compass

- CMS Certifiable HCBS Case Management Solution
- Web Based
- Person Centered Platform
- Equipped to address State Waivers
- Functionality to address: screening/eligibility
- Enrollment process
- Streamlined re-enrollment process
- Interfaces with state Medicaid Systems to address eligibility /prior authorization / claims
- Provider eligibility and enrollment
- Integrated assessments and care plans
- Individual engagement portal
- Advanced Analytics for trending / strategic planning
- Increased communication tools with members



ACCESS GRANTED



FEI Systems

QUESTIONS

| Thank you |

