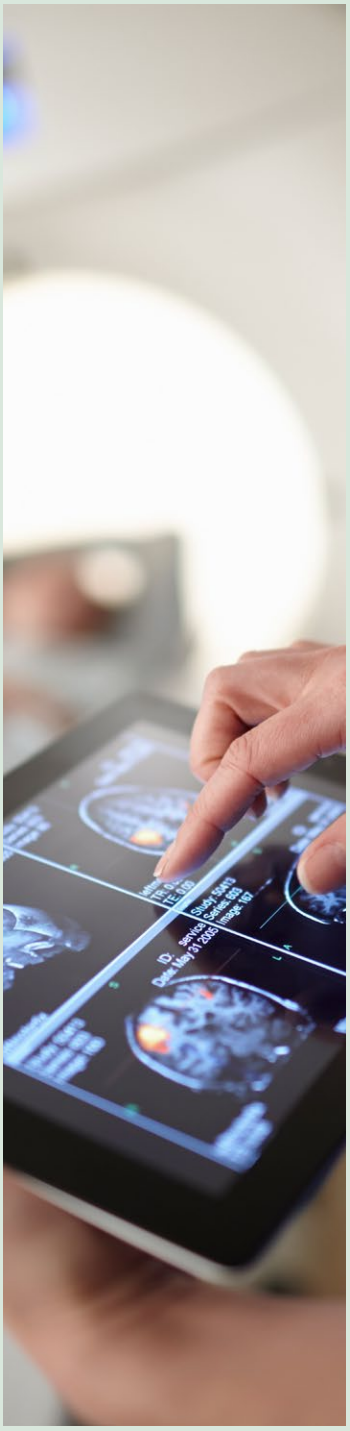
WHITE PAPER



MEDICAID OF THE FUTURE

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From an average of $35 billion per month in 2019 to $42 billion since April 2020, the federal spending on Medicaid has spiraled up as millions of Americans have sought unemployment benefits under the public health insurance program. Two factors have contributed to this rise: growth in the number of eligible members as a direct result of job loss and recent changes in legislation that has broadened the scope of the program and funding. As this growth may continue to increase in the coming months, Managed Care Organizations (MCOs) must rethink their approach to support the changing needs of enrollees.

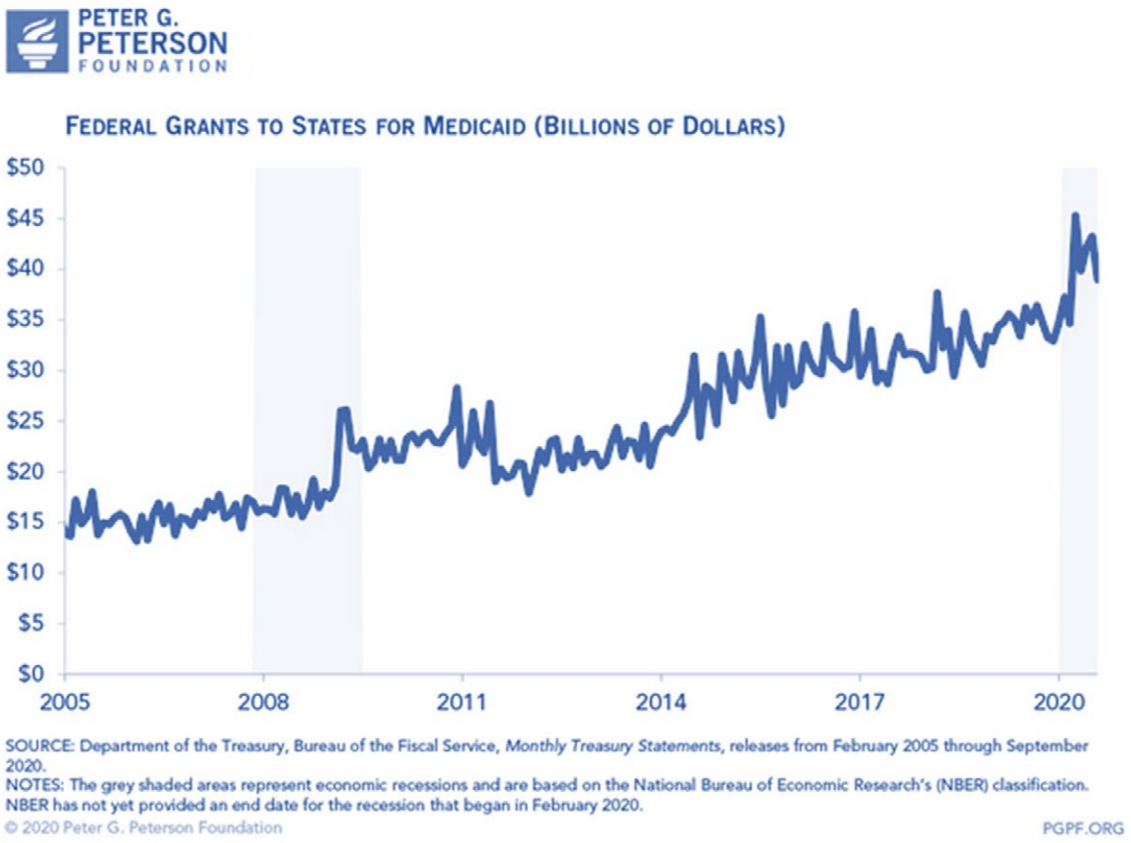


Figure 1: Rise in federal spending on Medicaid (Source: PGPF.ORG)

Medicaid, a healthcare program jointly financed by federal and state governments, helps limited-income individuals who are the worst affected segment in the wake of COVID-19. While states are taking necessary steps to strengthen managed care and address revenue challenges, MCOs are required to examine the effectiveness of comprehensive care plans in addressing issues of timeliness, accessibility, and quality of the care.

The Pandemic and the Changes in Medicaid

In its May bulletin, the Centers for Medicare and Medicaid Services (CMS) put forth action plans for states to track and control unforeseen costs, improve added pandemic response costs, and keep providers afloat as the pandemic, followed by the lockdown, caused a sharp decline in the use of care.

To tackle the revenue challenges, several health systems have adopted value-based care in their health plans. Affected by the volatility of volume-based reimbursement, health systems have also moved to capitation reimbursement models that ensure more predictable revenue.

Engaging multiple payers in value-based care reforms to accelerate the adoption rate	Assessing condition of healthcare delivery system to predict impact of various payment models	Ensuring health information exchange and interoperability to drive state-wise agendas	Implementing strategies to enforce transparency in stakeholder engagement	Implementing quality measures to be used across payers and care sites	Developing a strategy for long-term value-based care growth

Figure 2: Six ways proposed by CMS to accelerate Medicaid value-based care adoption.

Besides enacting the above-mentioned ways to adopt value-based care, states have also brought reforms to bring MCO contracts into compliance with new federal requirements.

As per the Families First Coronavirus Response Act (FFCRA), states are required to cover COVID-19 diagnostic testing and testing-related services without cost-sharing. It has also increased federal Medicaid funding for states and the District of Columbia by 6.2% points to maintain eligibility at January 1, 2020 levels. Under the new regulation, beneficiaries enrolled as of January 1 2020 or during the emergency period are eligible for their COVID-19 services. Premiums will not be charged at more than January 1 levels. Additionally, any cost-sharing otherwise required for COVID-19 testing or treatment has been directed to be waived off.

Multiple states have also sought to increase accessibility to care and reduce the burden on providers in several ways. From simplifying provider enrolment and credentialing to simplifying plans' procedures, allowing providers additional time to request payment, or creating COVID-19 call centers, measures have been implemented to encourage network enrolment, streamline review process and increase culturally and linguistically appropriate care outreach. Figure 3 elaborates the changes to the scope of benefits as covered in state COVID-19 communications to MCOs.

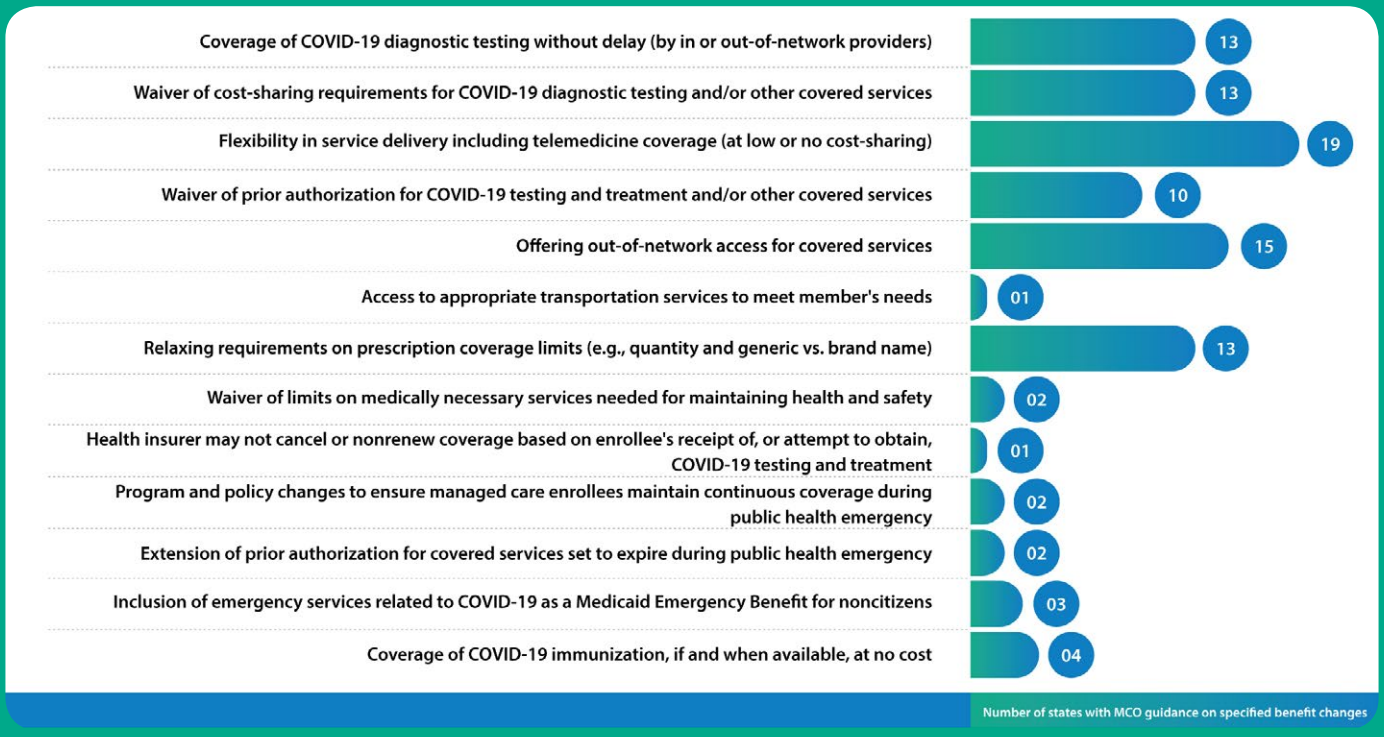


Figure 3: Changes to Scope of Benefits Covered in State COVID-19 Communications to MCOs (Source: Commonwealthfund.org)

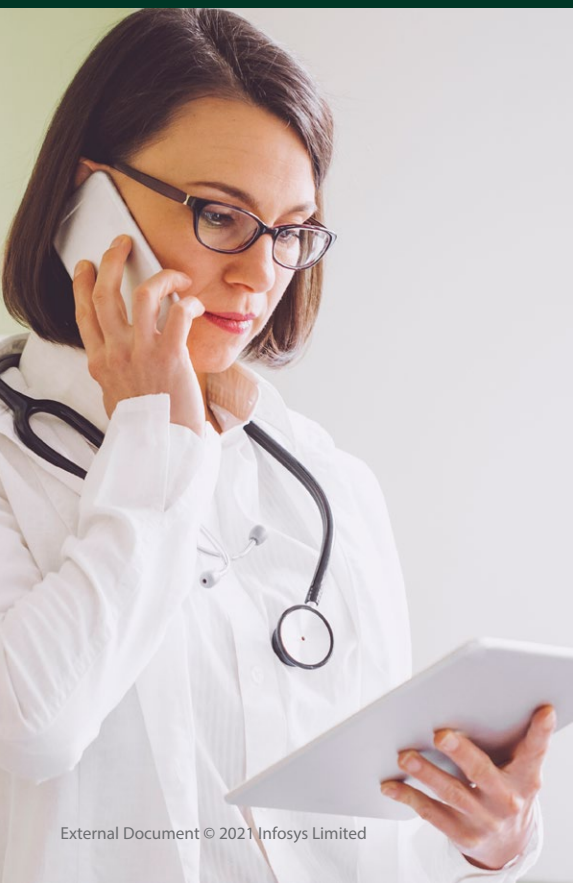
Other Major Changes in Medicaid

Network adequacy: Removes the requirement that states use time and distance standards to ensure provider network adequacy and instead lets states choose any quantitative standard.

Beneficiary protections: Relaxes requirements for accessibility of written materials for people with disabilities and those with limited English proficiency; and more.

Quality oversight: Revises the requirement that a state's alternative managed care quality rating system (QRS) yields information substantially comparable to the CMS-developed QRS, and more.

Rates and payment: Allows states to set capitation rate cell ranges instead of a single rate per cell.



The Role of Digital in Medicaid

For the last few years, health plans have been exploring ways to leverage digital health technology and telehealth to improve care. But as the pandemic hit the country and the world, Americans woke up to the inconvenience of an antiquated system in attempts to get their unemployment insurance benefits. The endless unsuccessful telephone calls to get through a real person, website crashes and massive delays in payments exposed the inefficiencies of legacy systems and the need for modern technologies in 2020.

> "Applications for unemployment benefits are long, complicated, and sometimes entirely analog…. Some states lack mobile responsive websites, which constrains low-income residents who don't own computers and cannot access desktop computers in locked-down public spaces such as libraries. Back-end processing is often manual, labor-intensive, and fraught with bottlenecks. Mailers to verify loss of employment delay processing by at least a few days."
>
> **- McKinsey and Company**

(Source: healthaffairs.org)

The crisis has also led to widespread fraud in unemployment insurance that caused millions of genuine recipients to put their benefits on hold. The total Medicaid population is currently in north of 70 million. These developments raise the most pertinent question—are the archaic Medicaid Management Information Systems (MMIS), used by many states, equipped to handle the influx of enrollees or identify fraud claims? Is it possible to ensure eligible members do not remain uninsured while awaiting enrolment?

The pandemic has also taken a severe toll on the weaker socio-economic section, leaving millions of Medicaid beneficiaries grappling with issues such as unstable housing and food security. A survey shows that almost half of Medicaid consumers and the uninsured population are facing challenges due to lack of money for food and housing. Some are also facing trouble accessing essential healthcare services.

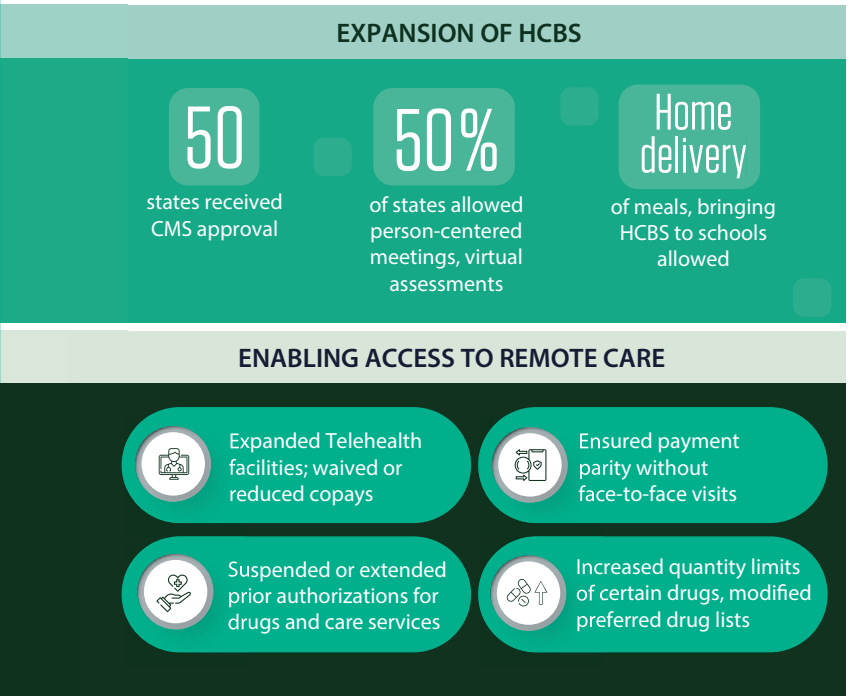
These uncertainties coupled with prolonged social isolation are contributing to an increased risk of substance abuse and other mental health issues among Medicaid beneficiaries. Ever since the COVID-19 outbreak, almost one-third of Medicaid consumers have experienced anxiety attacks, sadness, or depression. For the exchange population, the impact is comparatively less severe. This socio-economic and health crisis can increase enrollees' medical and behavioral care needs in the coming months.

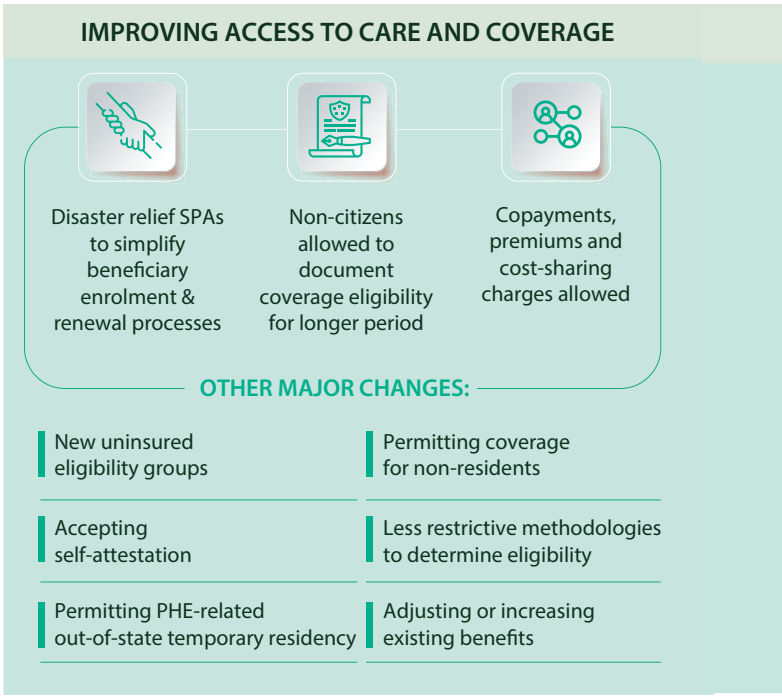
An updated, modern healthcare system along with greater availability of virtual care and telemedicine could help meet the aforementioned challenges. The last few years have witnessed a significant rise in digital health application adoption among Medicaid consumers driven by the proliferation of mobile devices like smartphones and tablets. The prevalence of digital technologies has enabled beneficiaries to engage more with the healthcare system starting from refilling prescriptions, measuring fitness goals, monitoring health issues, receiving alerts and reminders to tracking, recording, and sharing data with MCOs.

To further attract enrollees, health plans and MCOs need to prioritize investing in digital tools, benefits, and networks to encompass a broad range of healthcare purposes. MCOs may also consider expanding application features focused on serving specific Medicaid subpopulations such as people with disabilities or behavioral health conditions, pregnant women, etc.

In addition, states and health systems should also start leveraging emerging digital health capabilities such as analytics or remote patient monitoring to modernize their systems and meet the diverse needs of Medicaid consumers.

New Policies for a Different Tomorrow





In order to ensure access to care and coverage while social distancing, many states have implemented new Medicaid policies, or strengthened their Home and Community-based Services (HCBS) programs. As the unemployment rate continues to soar, more states are following suit. Here are three key areas that have noticed major changes to support the nation:

Expansion of HCBS

As HCBS are important to help the senior population and people with disabilities to access care from their homes, CMS has approved several changes in 50 states ensuring greater availability of care. 50% of the states have allowed providers to conduct person-centered meetings, virtual assessments, extend reassessment dates, modify planning processes, and more. States have also expanded services beyond the usual limits by adding new services, allowing prior authorization, introducing home delivery of meals, and bringing HCBS to hotels, schools, and other temporary establishments.

Improving Access to Care and Coverage

To simplify beneficiary enrolment and renewal processes, several states have submitted disaster relief state plan amendments (SPAs). From broadening presumptive eligibility to quicken enrollment during a disaster to minimizing churn and ensuring continuity, states have brought several temporary changes to Medicaid programs.

Some states have adopted a streamlined approach allowing non-citizens to document their coverage eligibility for a longer period. Measures are also taken to expand coverage and make it more affordable for the beneficiaries. In some cases, states have eliminated copayments, premiums, and cost-sharing charges. Some other major changes in care and coverage include electing new uninsured eligibility groups, accepting self-attestation, permitting PHE-related out-of-state temporary residency and coverage for non-residents, using less restrictive methodologies for determining eligibility, expanding PE, and adjusting or increasing existing benefits.

Enabling Access to Care in Time of Social Distancing

States have also taken a combination of measures to expand their telehealth facilities and prevent Medicaid consumers from visiting doctors or pharmacies. While most of the states have allowed greater provider flexibility to furnish telehealth while ensuring payment parity without face-to-face visits, some states waived or reduced copays.

To prevent unnecessary trips, majority of the states suspended or extended prior authorizations for certain care services depending on nature, allowed early refills, increased quantity limits of certain drugs, modified preferred drug lists, and waived or suspended drug prior authorization.

Despite changes in the status quo, two key concerns still prevail - how to speed up the eligibility verification process for new members in case of emergency testing and treatment? And, how to implement changes brought by regulators in order to ease the present crisis situation?

Is Rising Enrollment Reshaping the Future of Medicaid?

Medicaid enrollment has always been a key economic indicator. Every economic downturn triggers a rise in enrollment. Since the outbreak, both expansion and non-expansion states have reported a gradual increase in enrollment. States have also started to project estimated increase in the coming months, owing to job loss and maintenance of effort (MOE) conditions.

Its time states begin exploring policy levers that can help alleviate the drain on state budgets such as reducing allowable profit margins for managed care organizations, projecting savings from decreased utilization in fee-for-service programs, instituting provider taxes, and reducing provider and MCO rates. This also calls for the need to devise a solution that can tackle the multitude of challenges including coverage for more people, safety net, provider financial viability, and unpredictable health care budget. This needs to be achieved with focus on reducing budget at the state level. In addition, a range of initiatives should be undertaken to improve maternal and infant health, while reducing disparities.

Conclusion

While Medicaid programs are at a critical juncture of strained budgets and increasing enrollment, it's time to address the scarcity in digital innovation for Medicaid patients. By adopting new technologies and digital-driven possibilities, we can continue to push the boundaries of better solutions to save costs and boost healthcare access. Thus, take the much-needed steps to resolve the pertinent issues revolving the Medicaid ecosystem.

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