

## Streamlining Medicaid Enrollment Supports Coverage and Reduces Administrative Burdens

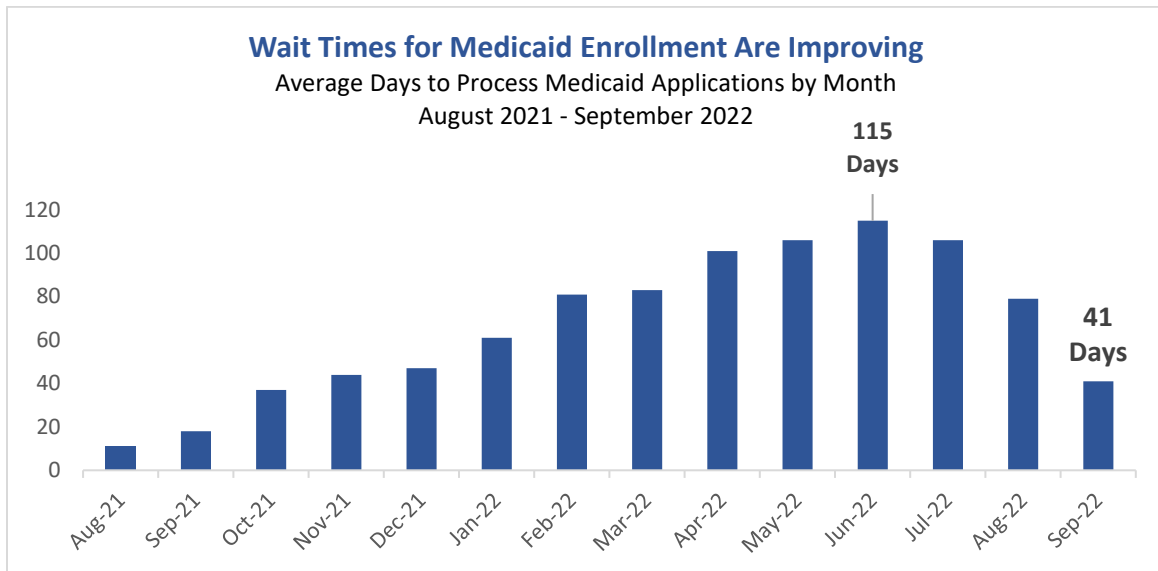
In July, Missouri implemented temporary enrollment policies to reduce the state’s Medicaid application backlog. These strategies have been extremely effective at streamlining access to coverage and reducing administrative burden, and the Missouri Department of Social Services should make them permanent – beginning with the use of Federally Facilitated Marketplace (FFM) assessments as determinations of eligibility, a policy otherwise scheduled to expire in December.

### Background

As a result of lengthy delays in processing Medicaid applications, the Missouri Department of Social Services (DSS) was required to submit a “mitigation plan” to the Centers for Medicare and Medicaid Services (CMS) in July 2022. Under the plan, the Department undertook several new strategies that have proven successful in streamlining enrollment, both improving access to Medicaid coverage for those who are eligible and reducing administrative duplication.

In the months prior to the state beginning these procedures, the average time for the state to process Medicaid applications had grown each month since August 2021.

- In June, the month prior to the implementation of new strategies, it took an average of 115 days (nearly four months) to process Medicaid applications – well beyond the federally required processing window of 45 days.
- Since the implementation of the new enrollment strategies, 92 percent of applications are now processed in 15 days or less.<sup>1</sup>



<sup>1</sup> Data from the Department of Social Services, Monthly Management Reports, for August 2021 – September 2022 and the Center for Health Economics & Policy at Washington University in St. Louis. Data for early October was received through a communication with the Department of Social Services.

## Missouri Should Continue These Successful Enrollment Strategies

The new procedures will be particularly important as the state approaches the end of the public health emergency (PHE). The Families First Coronavirus Response Act required that states provide continuous enrollment in Medicaid during the PHE to receive increased federal Medicaid funding.

Because of this, Missouri has not been conducting annual reviews of eligibility for most Missourians currently covered by Medicaid. When the PHE ends, the Department will need to review eligibility for hundreds of thousands of Missourians who are currently enrolled. While extending the new enrollment strategies through 2023 would help ensure that eligible Missourians do not lose coverage in the process of unwinding from the PHE, continuing them perpetually would improve access and reduce administrative burdens for the long term.

### Enrollment strategies to make permanent include the following:

#### I. **Accepting Federally Facilitated Marketplace (FFM) assessments as determinations of eligibility.**

Prior to implementing this provision, if Missourians applied for health coverage through the Federal Marketplace and were determined to be eligible for Medicaid, the FFM sent their applications to the Missouri Department of Social Services for enrollment in MO HealthNet, the state's Medicaid program.

However, rather than accepting the FFM determination of eligibility, the Department would re-verify income and other eligibility documentation before enrolling those Missourians. In other words, the Department of Social Services essentially duplicated the eligibility verification process that had already been done by the Marketplace.

Accepting FFM assessments as determinations has had a significant impact on reducing the Medicaid application backlog and corresponding wait times for enrollment. Continuing to use these determinations moving forward would not only provide a more streamlined process for Missourians, but it would permanently reduce administrative burdens for the state. **This is the most time-sensitive change, as the policy is currently scheduled to end on December 31<sup>st</sup>, 2022.** The Department should formally request to maintain the FFM Determination status with CMS permanently.

#### II. **Enrolling parents in Medicaid based on children's income eligibility and renewing child eligibility based on updated information used to enroll parents**

By streamlining processes allowing renewal documentation to occur at one time rather than multiple times during a year, Missouri can improve coverage and relieve administrative burden for both its staff and families. Specifically, by enrolling parents in Medicaid when their child's household income information verifies that the parent would be eligible under Medicaid expansion, using parent documentation to renew their children's eligibility, and aligning parent and child eligibility periods, the state can simplify paperwork and reduce unnecessary Departmental administrative requirements.

#### III. **Enrolling SNAP participants in Medicaid**

This strategy uses SNAP data to identify and enroll individuals in Medicaid whose SNAP eligibility information indicates that they are likely eligible for, but not currently enrolled in Medicaid.

To make the last two procedural changes permanent, Missouri would need to request waiver authority from CMS.