

Community Partnerships and Responding to Medicaid Loss of Coverage

This resource was developed by Bowling Business Strategies, in partnership with the National Council for Mental Wellbeing, as part of the H.R.1 Redetermination Community of Practice. Community partnerships are an essential component of a behavioral health (BH) agency's response to a termination (or notice of pending termination) of Medicaid benefits for their clients. When developing your agency's plans, consider the following types of partners and topics to address:

Legal Aid and Protection & Advocacy Organizations

Funded through a combination of federal, state, foundation and private contributions, these agencies provide free civil legal assistance or advocacy for individuals who otherwise would be unable to navigate civil legal systems. Legal Aid programs primarily support individuals with low incomes, and Protection & Advocacy organizations prioritize people with disabilities.

Coordination Opportunities:

- ☐ Referral processes: electronic vs. phone referrals, organizational point(s) of contact
- ☐ Case triage: identify priority cases to refer to specialized legal/technical support, opportunities for group or individual consultation
- ☐ Sample language: develop language for BH agencies to use when supporting clients to appeal decisions to terminate or not approve Medicaid enrollment, depending on the reasons for the decision and specifics of the case
- ☐ Training: availability to train BH agency staff (including in the future when state policies and processes change)
- ☐ General coordination: methods and modalities for sharing pertinent updates or discussing emerging trends
- ☐ Other legal support services in the behavioral health agency's region

Managed Care Organizations (MCOs)

Medicaid MCOs are an important source of information for beneficiaries who are reenrolling in Medicaid and have a vested interest in beneficiaries maintaining stable coverage. Specifics vary by MCO, but care navigation teams are often available to help individuals with applications, understand what paperwork is needed and how to get it, how to submit it, and navigate problems. Depending on the state, they may also be able to directly update beneficiary contact information.

Coordination Opportunities:

- ☐ Outreach: methods MCOs are using for outreach for different populations (e.g., text, phone, email, mail); phone numbers, addresses, or colors of envelopes that beneficiaries should look for; document samples to keep at front desk
- ☐ Information/Status Updates: processes for exchanging key information such as redetermination dates, pending termination, changes in contact information; developing Business Associate Agreements as needed; methods and forums for sharing general updates and discussing emerging trends
- ☐ Continuity Supports: share and coordinate plans to provide continuity supports such as completing redetermination paperwork and collecting documentation; clarify populations of focus and referral processes
- ☐ Documentation: clarify whether the MCO can assist with documentation for medically frail designations
- ☐ Coverage: clarify whether MCO benefits are maintained during an appeal or are there circumstances when coverage reverts to Fee-for-Service?

Federally Qualified Health Centers (FQHCs) and Hospitals

FQHCs provide services using sliding fee scales based on income and family size. In addition to having services for the uninsured, certain federally designated "safety net" providers such as FQHCs, Disproportionate Share Hospitals and Critical Access Hospitals are eligible for participation in the federal 340B Drug Pricing Program, which requires pharmaceutical manufacturers to sell outpatient medications at significantly discounted prices.

Coordination Opportunities:

- ☐ Bridge coverage: opportunity to support prescriptions for the uninsured through 340B Drug Pricing Programs
- ☐ Transitions of care: protocols for indigent care services
- ☐ Outreach: coordinating methods, populations, cadence, and messaging
- ☐ Information/Status Updates: processes for exchanging key information such as redetermination dates, pending termination, changes in contact information; developing Business Associate Agreements as needed; methods and forums for sharing general updates and discussing emerging trends

General Fund, Block Grants, State Opioid Response, and Opioid Settlement Programs

Different public funding streams support behavioral health and related safety net services for uninsured or underinsured individuals, often allowing behavioral health and other services agencies to provide care that is not otherwise reimbursable. With different areas of focus and degrees of flexibility, they may be a source of additional funding. State-based behavioral health provider associations often have insight into the status of such funding streams and best contact information for program leadership.

Coordination Opportunities:

- ☐ Leverage funding: Consider how system funding could be leveraged within scope or allowable costs of the program to address benefit coordination needs and/or funding for provision of services to the uninsured
- ☐ Resource identification: Identify system resources already being funded that the behavioral health agency may not have previously been aware of

County Assistance / Benefit Enrollment Offices

These local agencies help residents apply for or renew public benefits such as Medicaid, SNAP, and TANF, providing direct support with documentation, eligibility questions, and case follow-up.

Coordination Opportunities:

- ☐ Co-location: discuss feasibility of co-location of public benefits offices on an ongoing or periodic basis
- ☐ Protocols: develop processes for case coordination and escalation

Philanthropy and Foundations:

Issue-based philanthropic entities and foundations are often a source of flexible funding.

Coordination Opportunities:

- ☐ Bridge Funding: short-term bridge or emergency services when a client loses Medicaid coverage
- ☐ Continuity Support Funding: funding to support benefit specialists and navigators at the BH agency

Adjacent Service Programs Supporting Overlapping Populations

Programs such as homeless/houseless service programs and those for justice-involved adults are important partners to behavioral health organizations seeking additional support for clients navigating the Medicaid re/enrollment system.

Coordination Opportunities:

- ☐ Education: ensure staff have awareness of the types of changes underway for Medicaid
- ☐ Outreach: coordinating core messaging, outreach methods, target populations, and cadence
- ☐ Additional care navigation support for clients applying or re-applying for Medicaid
- ☐ Provision of temporary services while appeals are processed (if continuation of benefits not available)
- ☐ Information/Status Updates: processes for exchanging key information such as redetermination dates, pending termination, changes in contact information; developing Business Associate Agreements as needed; methods and forums for sharing general updates and discussing emerging trends
- ☐ Transitions of care: protocols for transitioning uninsured clients to the other service program