

# Proactively Renew Dual Eligibles for Medicaid

We leverage artificial intelligence, state-specific logic, and robust workflows

## Why Choose Recert Complete?

Dual eligibles must recertify with Medicaid annually, but they're often unaware of this requirement or are intimidated by the process. In fact, Medpac reports 20-30% fail to renew each year<sup>1</sup>.

You need a solution that can identify upcoming renewals, successfully engage members, and streamline the application process to bring it to fruition as quickly as possible.

Recert Complete offers a winning formula for recertifying dual eligibles and identifying partial duals who are eligible for full Medicaid.

Our solution leverages:

- Proprietary, state-specific Medicaid eligibility data to identify member renewal dates, grace periods, and timelines. The system prioritizes and expedites renewals based on termination dates and grace periods
- Automated, intuitive workflows customized to each state's unique requirements to identify the most appropriate renewal process for each

member, accessing pre-populated forms when available to expedite the process

- Staff who are knowledgeable of each state's recertification processes and guidelines as well as well-versed in the special challenges the dual-eligible population faces.

Our team is specially-trained in behavioral techniques and works closely with each member, explaining the renewal process, assisting with the application when needed, and helping to ensure the renewal form is submitted

- A proprietary AI model that integrates with state-specific regulatory logic to identify partial-dual eligible members most likely to qualify for full-dual status. Our advocates educate and guide these members in applying for full Medicaid
- Government relations expertise to monitor application-approval status; our superior member advocacy is the result of nearly two decades of relationship-building with each state's Medicaid staff

## Avoid Costly Lapses in Medicaid Enrollment

Individuals who are dual-enrolled in Medicare and Medicaid often have some of the costliest health issues: CMS reports 20% of this population accounts for 60% of funding<sup>2</sup>. That's why it's imperative to ensure your members maintain their dual status; when benefits are lost, it can quickly impact member health and your risk-adjusted revenue:

- Loss of Part B premium reimbursement (averages \$135.50/month in 2019<sup>3</sup>)
- Possible loss of coverage for Medicare deductibles, coinsurance, copayments
- Potential loss of Low Income Subsidy
- Average 90-days+ to reactivate coverage (minimally, member loses three months of benefits and payer loses three months of increased capitation)



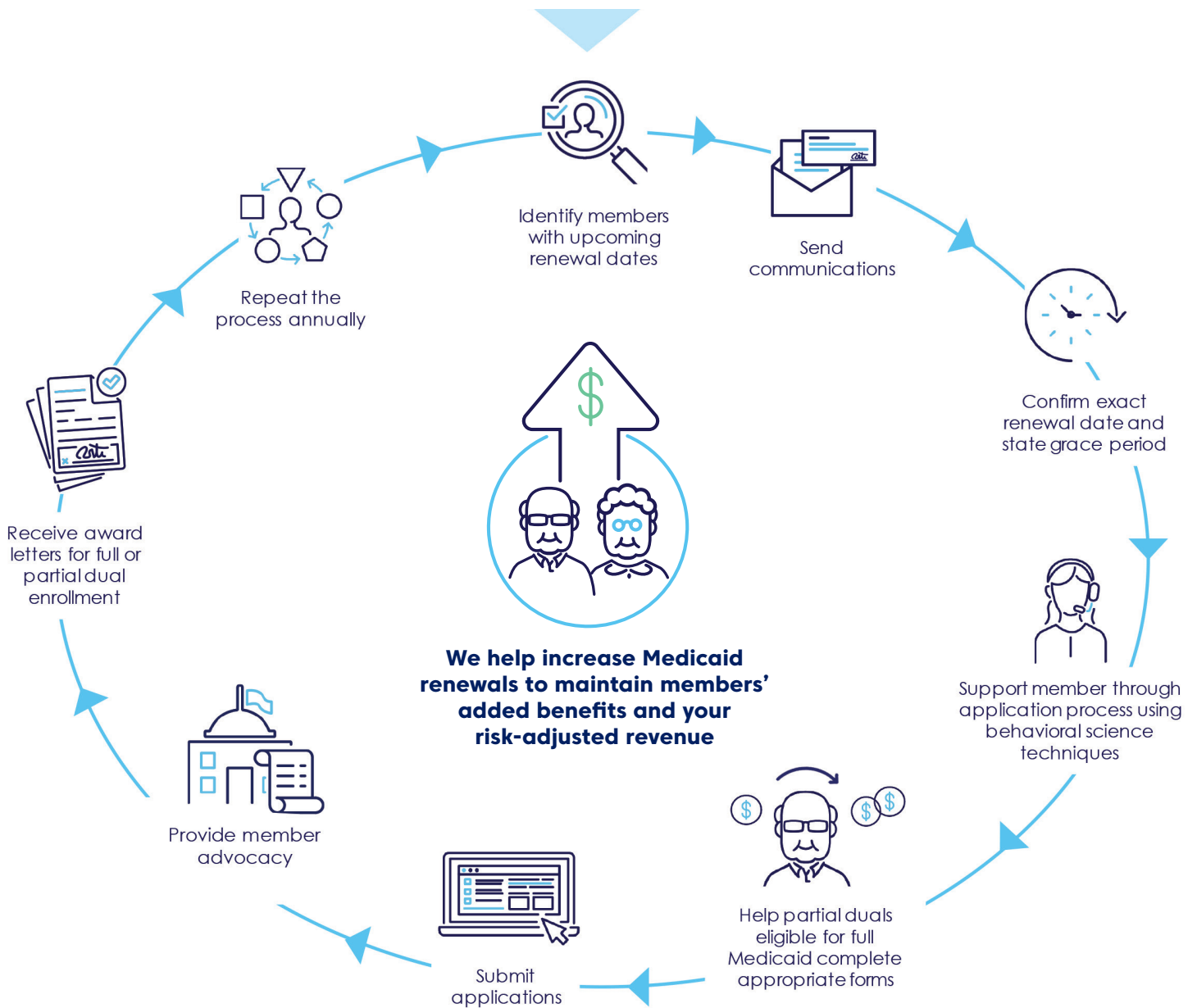
<sup>2</sup>CMS report; Baby Boomers and Beyond: Facing Hunger after Fifty, July 9, 2015; FeedingAmerica.Org (funded by AARP)

<sup>3</sup><https://www.cms.gov/newsroom/press-releases/cms-announces-2019-medicare-parts-b-premiums-and-deductibles>



## Our Formula for Success

Our Recert Complete solution reflects years of fine-tuning a formula that combines artificial intelligence, robust workflows, state-specific knowledge and relationships, experienced and empathetic advocates, and a strategy of multi-pronged outreach and continuous communication.



To learn more, visit our [website](#).