

The challenges of Medicaid re-enrollment — and how state agencies can manage them

State agencies overseeing the management of Medicaid programs are dedicated to fulfilling their mission: making certain that those in need of these benefits receive them in a timely manner. At the same time, they're under more pressure than ever in the never-ending battle against fraud and abuse.



The situation:

Millions of people have lost Medicaid coverage for administrative reasons, such as not having a current address on file or submitting an incomplete renewal application. Many of those who've been disenrolled are seeking to re-enroll. But not all are eligible.

The challenge:



Removing ineligible recipients from the rolls has added significantly to agency workloads.



Identity verification has become more difficult.



Many agencies are short-staffed.



Fraudulent applicants have been able to outwit agencies' web-based application systems.



Adding to the workload, states are required to provide detailed enrollment and disenrollment data.



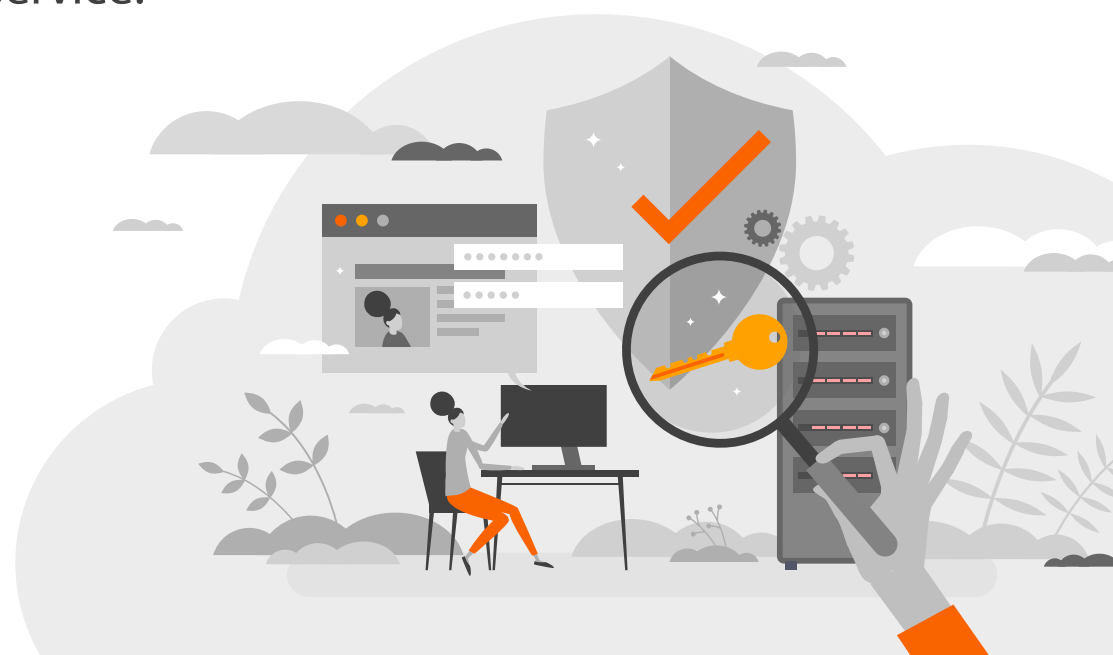
"Pay and chase" — trying to claw back erroneously paid benefits — can be expensive, both in terms of lost funds and the costs of investigation.

A proactive solution:

Seeking to be proactive about protecting Medicaid funds, agencies have begun using digital solutions for fraud prevention, detection, and investigation. These solutions are available either as software or through a service.

According to Thomson Reuters research, the top reasons agencies choose software over a service include:

- The ability to manage and ensure data privacy and protection
- Cost-effectiveness
- The capability to analyze and monitor data in real time



A new **Thomson Reuters white paper** details how government agencies can successfully fight the battle against Medicaid fraud.

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