

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 year¹.

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 funding². 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 2019³)
- 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)



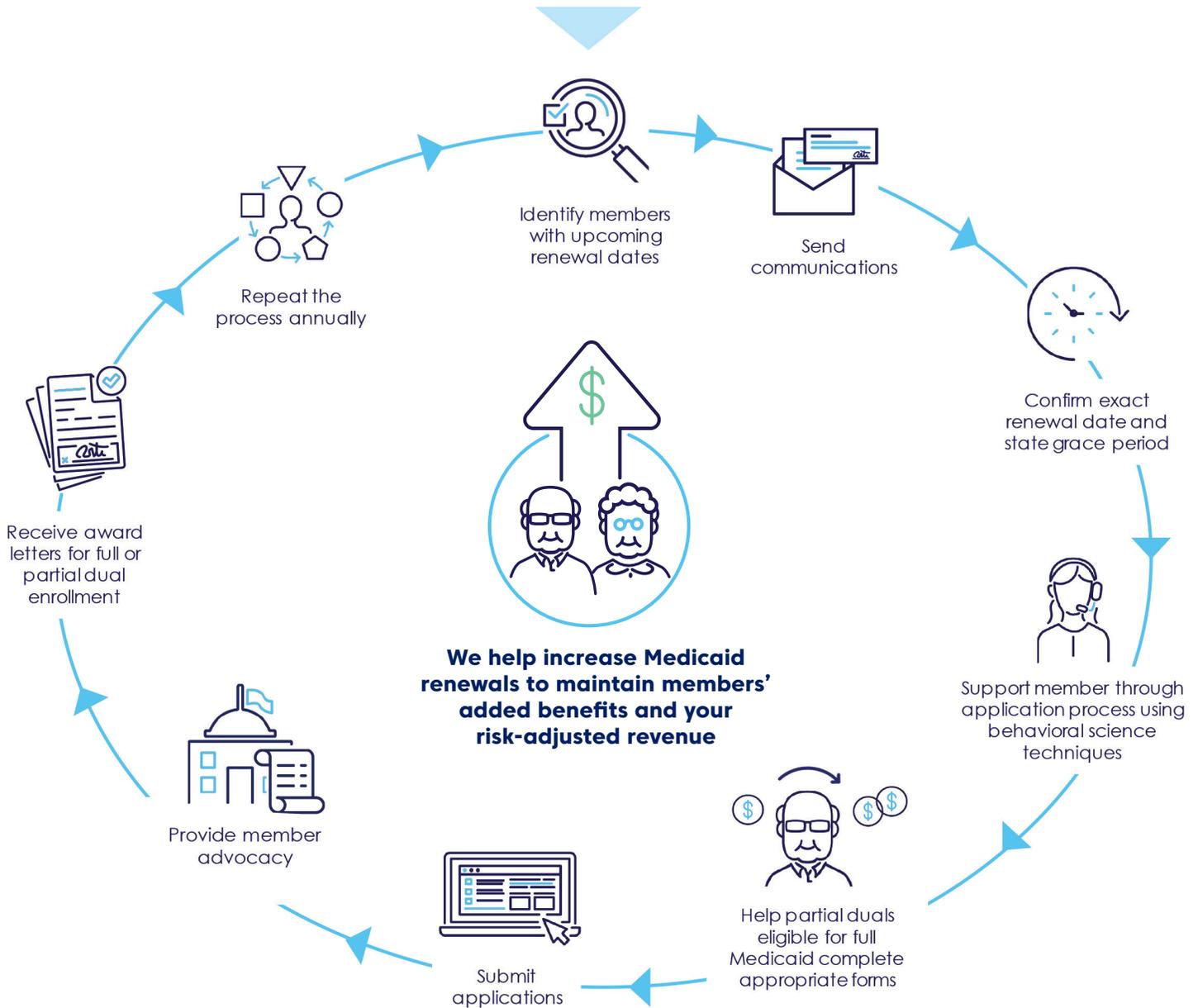
²CMS report; Baby Boomers and Beyond: Facing Hunger after Fifty, July 9, 2015; FeedingAmerica.Org (funded by AARP)

³<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](#).