

## WHY WE EXIST

Agilian helps Medicaid organizations better understand beneficiaries, support their health, and improve retention with data driven solutions that pay for themselves, and then some.

## WHAT WE OFFER

Agilian provides management consulting and delivers technology solutions to improve the health of your beneficiaries by keeping them in your plan.

Our holistic approach identifies high-impact improvement areas, and pinpoints financial returns, allowing our services to be cost neutral or better.

## COMMON PROBLEMS & AGILIAN APPROACHES

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### Procedural Disenrollments

MCOs are losing beneficiaries and discovering procedural disenrollments too late to recover them. Agilian's retention accelerators enable plans to identify at-risk beneficiaries early to prevent them from losing coverage or to escalate to the state for re-enrollment.



### Eligibility Systems Errors

State eligibility systems frequently generate incorrect disenrollment notices to beneficiaries, send paperwork to the wrong addresses, and fail to follow regulations regarding disenrollments to the disadvantage of MCOs. Agilian's methodology ensures timely and accurate identification and escalation to keep members in your plan.



### Growth Strategy

Medicaid organizations are hurting due to disenrollments, rate cuts, ransomware disruptions, and the aftershocks of the Unwinding. Agilian's Medicaid experts and curated assets and accelerators advance retention, recovery, and expansion strategies for MCOs that drive membership and revenue growth.

# Restoring Stability by Addressing Disenrollment

Inaccurate and procedural disenrollments pose serious risks to MCOs. These issues create coverage gaps for vulnerable members, disrupt continuity of care, delay provider reimbursements, expose states to compliance risks, and lead to significant financial losses for MCOs—while skewing critical quality metrics

MCOs receive monthly disenrollment data and can often detect irregularities, such as when a high volume of SSI disability beneficiaries lose coverage. However, when concerns are escalated to states, MCOs frequently struggle to provide the necessary evidence due to insufficient technical capacity. This inability to process and analyze large volumes of disenrollment data leads to millions in preventable revenue losses, especially critical during the current period when Unwinding Waivers are helping to maintain Medicaid enrollment.

Agilian's business consultants, Medicaid SMEs, and retention accelerators directly address the risks caused by procedural disenrollments and eligibility system errors, particularly for high PMPM populations like Managed Long-Term Services and Supports (MLTSS). Through targeted probing, data scans, and advanced cloud technologies, we help MCOs identify data patterns that can be used to reinstate coverage, retain members, and recover lost reimbursements.

*One MCO client reversed the disenrollment of **20% of its total membership** caused by eligibility determination errors, safeguarding health coverage while restoring the MCO's financial stability.*

## HOW WE DO IT

### → Deep Medicaid Expertise, Assets, and Accelerators

Agilian's curated assets and accelerators empower the Medicaid ecosystem to achieve extraordinary results quickly.

### → Proven, Repeatable Methodology

Our Digital Liberation model empowers Medicaid organizations to shift from reactive to proactive cultures.

### → Engagements That Pay for Themselves (and then some)

Agilian's retention accelerators help Medicaid organizations identify at-risk beneficiaries and preserve millions of dollars in revenue that would have been lost.

## Why This Matters

MCOs cannot afford to overlook the significant financial and operational impact of wrongful disenrollments. By partnering with Agilian, MCOs can enhance their technical capacity to analyze disenrollment data, provide crucial evidence to states, and recover millions in lost revenue—while ensuring that the most vulnerable populations maintain continuous access to care.

*Another MCO client recovered over **50% of its monthly procedural disenrollments** by leveraging data to prove eligibility, preventing member loss to competitors.*