

Medicaid Redetermination Spring 2023

The unwinding of COVID-19 pandemic era federal laws and regulations will unleash a wave of Medicaid redeterminations for which most beneficiaries are unprepared. Kaiser Family Foundation estimates that 5 to 14 million people across the country will be impacted starting in April 2023, [ant-2023-time-init-unwin-reltd-ren-02242023.pdf \(medicaid.gov\)](#).

Medicaid Beneficiaries

Eligibility for Medicaid is determined by income. For states that expanded Medicaid, any individual with household income of less than 139% of the federal poverty level are likely eligible. Other states may have age, pregnancy status, disability status, asset, and work requirements.

Medicaid enrollment as of Dec. 2022 is as follows:

State	Medicaid Enrollment	CHIP Enrollment	Total Medicaid and CHIP Enrollment
Alabama	964,161	197,078	1,161,239
Alaska	251,627	11,902	263,529
Arizona	2,140,101	143,032	2,283,133
Arkansas	992,158	37,017	1,029,175
California	12,668,401	1,290,747	13,959,148
Colorado	1,581,704	100,263	1,681,967
Connecticut	987,049	14,534	1,001,583
Delaware	291,405	6,816	298,221
District of Columbia	273,888	16,662	290,550
Florida	4,752,201	99,598	4,851,799
Georgia	2,140,554	312,095	2,452,649
Hawaii	431,737	23,688	455,425
Idaho	407,741	38,632	446,373
Illinois	3,504,288	245,958	3,750,246
Indiana	1,854,167	128,688	1,982,855
Iowa	771,816	70,813	842,629
Kansas	429,949	68,113	498,062
Kentucky	1,474,969	130,619	1,605,588
Louisiana	1,701,803	181,740	1,883,543
Maine	358,750	5,237	363,987
Maryland	1,509,033	164,146	1,673,179

Massachusetts	1,756,147	203,063	1,959,210
Michigan	2,884,050	133,204	3,017,254
Minnesota	1,368,169	2,627	1,370,796
Mississippi	691,590	75,777	767,367
Missouri	1,375,480	34,096	1,409,576
Montana	294,001	28,505	322,506
Nebraska	341,438	41,814	383,252
Nevada	807,777	53,211	860,988
New Hampshire	222,692	23,797	246,489
New Jersey	1,915,986	263,237	2,179,223
New Mexico	832,045	50,684	882,729
New York	6,789,092	557,900	7,346,992
North Carolina	2,015,494	294,400	2,309,894
North Dakota	124,446	3,627	128,073
Ohio	3,095,655	242,212	3,337,867
Oklahoma	1,150,917	133,447	1,284,364
Oregon	1,181,538	183,622	1,365,160
Pennsylvania	3,393,728	253,647	3,647,375
Rhode Island	324,136	35,884	360,020
South Carolina	1,179,802	111,121	1,290,923
South Dakota	125,005	18,900	143,905
Tennessee	1,622,963	143,895	1,766,858
Texas	5,374,020	369,745	5,743,765
Utah	442,086	34,363	476,449
Vermont	186,989	4,619	191,608
Virginia	1,789,655	186,732	1,976,387
Washington	2,076,212	77,481	2,153,693
West Virginia	607,347	33,473	640,820
Wisconsin	1,322,948	85,542	1,408,490
Wyoming	76,065	5,201	81,266

Individuals who are most vulnerable to redetermination hiccups are those who:

- Moved since 2020;
- Have updated their contact information and can no longer be reached by mail, phone, and email at the information supplied when they enrolled in coverage;
- Are between 100% and 150% of federal poverty level (in Medicaid expansion states)
- Lost their jobs, gained new jobs, or changed jobs;
- Were recently married, divorced, and / or had or adopted children; and / or
- Are employed seasonally, precariously, or on an ad hoc basis.

Individuals who are in seasonal, precarious, and / or ad hoc basis are most likely to experience income fluctuations and experience health insurance “churn”. Churning individuals may move

between Medicaid and marketplace coverage several times in the course of a year. Kaiser Family Foundation estimates that 41% of individuals who lose Medicaid eligibility become eligible again later in the year. However, anyone who lose Medicaid coverage will likely be eligible for Marketplace coverage in which tax credits and subsidies pay for almost all of their premiums and co-pays. In some states, they may even be able to maintain coverage with the same insurer with overlapping networks.

Yet, due to both confusion and time consumption, roughly two-thirds of those who were previously on Medicaid go without insurance for a period of time. ***With our intervention, we may be able to reduce the number of individuals who go uninsured.***

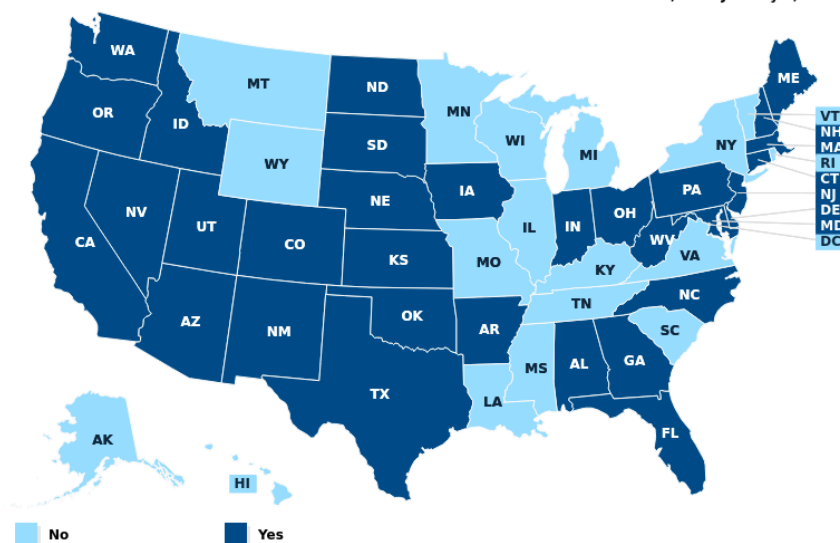
Redetermination Process

Once someone is determined eligible for Medicaid, states use a redetermination process to periodically evaluate whether or not someone remains eligible for continued coverage. The redetermination process was largely put on hold with the pandemic laws. The end of the federal emergency means that the pause on redeterminations end on Mar. 31, 2023.

Forty-three states use an ex parte renewal process, in which the responsible agency relies upon available databases and other data to make the determination. Individuals who are not able to be verified through this method, have incomplete data on file, or have experienced changes in circumstances since the start of the pandemic have to take action.

- In some states, individuals would we unable to be redetermined as eligible will receive a form to complete in order to be reprocessed.

Medicaid Ex-Parte Renewals: Renewal Form Sent if Unable to Process Ex Parte Renewal, as of January 1, 2023



SOURCE: Kaiser Family Foundation's State Health Facts.

- Other states, including some that use the ex parte renewal process, sends a form to the Medicaid beneficiary to complete in order to be redetermined eligible. These states include:
 - Arizona, where those who are unable to be determined automatically will need to complete a form online or through the mail starting in April: [Preparing for the End of COVID-19: Return to Regular Renewals \(azahcccs.gov\)](#)
 - Arkansas, which is asking for responses from all beneficiaries starting in April: [Access Arkansas - Learn](#)
 - Colorado, requiring action for those who are not auto-renewed: [Renewals: What you need to know - Health First Colorado](#)
 - Florida, which follows a process similar to Colorado: [Medicaid Redetermination | Florida DCF \(myflfamilies.com\)](#)
 - Georgia, which set up an online portal for verification starting in April: [Stay Covered. Stay Informed. | Big changes may be coming to your Medicaid coverage. \(ga.gov\)](#)
 - Illinois, which mails individuals who are not automatically reenrolled a Form 2381 or 2381B: [Medicaid Redetermination | HFS \(illinois.gov\)](#)
 - Iowa, where beneficiaries are required to respond: [Continuous Coverage Requirement Unwind | Iowa Department of Health and Human Services](#)
 - Kentucky, which requires response to state communications: [Medicaid Public Health Emergency Unwinding - KHBE \(ky.gov\)](#)
 - Michigan, which will begin the process in June: [2023 Benefit Changes \(michigan.gov\)](#)
 - Minnesota, where annual renewal resumes: [Renewing MA and MinnesotaCare eligibility / Minnesota Department of Human Services \(mn.gov\)](#)
 - Missouri, same as Minnesota: [Missouri Department of Social Services \(mo.gov\)](#)
 - New Mexico, which requires updated contact information and income data
 - North Carolina, in which determinations are based on the beneficiary's renewal date
 - Ohio, which require return of renewal packets mailed to beneficiaries starting in April: [Resuming routine Medicaid eligibility operations | Medicaid \(ohio.gov\)](#)
 - Oregon, which requires a response to a mailed notice: [Health Share of Oregon | Oregon Medicaid waiver and redetermination FAQ | Health Share of Oregon \(healthshareoregon.org\)](#)
 - Pennsylvania, which reverts to annual renewals starting in April: [Medical Assistance & CHIP Renewals \(pa.gov\)](#)
 - Tennessee, which requires a response for anyone who cannot be automatically renewed: [Medicaid Redetermination \(tn.gov\)](#)
 - Wisconsin, which requires completion of a form: [Medicaid Disability Redetermination Report \(wisconsin.gov\)](#)

Resources

Georgetown University is collecting useful resources by state that we can leverage in our communications,

<https://docs.google.com/spreadsheets/d/1tOxmngYs7jDPTGltP-diD1SGvHvZVJOM3G2YuUq0btg/edit#gid=0>.

Opportunities

Education

- Inform likely Medicaid beneficiaries of the end of the federal emergency and the resultant redetermination process
- Inform them about the factors that determine Medicaid eligibility (e.g. income, change in job situation)
- Ask them to look out for communications from their state's Medicaid agency
- Encourage them to make sure their contact information with the state is up-to-date
- Help them understand that there may be Marketplace options available should they lose eligibility

Service Support

- Work with individuals to update their contact information with the state Medicaid agency
- Assist them in the gathering of necessary information to submit to the state
- Assist them in the completion of redetermination forms
- Work with them to complete a Marketplace application if no longer Medicaid eligible and / or connect them with a Navigator or certified Counselor in their community (we would need local partnerships here)

Advocacy

- Demand a friendlier redetermination process (this may be the state's Medicaid agency, health department, or the state legislature)
- Expand Medicaid where it isn't already
- Call out insurance companies for poor network coverage and servicing of beneficiaries