

## 5 Things to Know about Medicaid Redetermination

As of August 2022, preliminary federal estimates showed that [Medicaid enrollment stood at more than 90.9 million people](#), or more than one in four Americans, following the impact of the Families First Coronavirus Response ACT, which enabled continuous enrollment for Medicaid beneficiaries through the COVID-19 pandemic.

- As of March 31, 2023, Congress has stopped continuous coverage through the Consolidated Appropriations Act of 2022
- As of April 1, 2023, states began terminating members from Medicaid plans based on eligibility or due to inaccurate or incomplete eligibility information on file with their counties. This process is known as “Unwinding” which varies by state.

1. The Department of Health and Human Services estimates that approximately 8.2 million people currently on Medicaid will become ineligible for benefits, and 6.8 million who still qualify for coverage will be disenrolled due to procedural issues (e.g., completing required documentation or refiling.)

2. The Centers for Medicare & Medicaid Services (CMS) aim to reduce the number of beneficiaries procedurally disenrolled by enforcing strict policies on the states through the “Unwinding” period.

- An example of this includes requiring states to submit, and the department of Health and Human Services to make publicly available, monthly reports of key unwinding metrics such as the number of renewals completed ex parte and coverage terminations due to procedural reasons. The states will utilize the reports for root cause analysis to reduce the number of procedural disenrollments.

3. Health plans can support beneficiaries through the ex parte process, which auto-enrolls eligible beneficiaries using accurate and updated data files. Through this process, plans can identify members who will need additional outreach support and guidance in knowing what steps they must take to maintain or transition their enrollment.

- Ex parte is a process for redetermination whereby the Medicaid and Children’s Health Insurance Program (CHIP) agency attempts to make a redetermination of an individual’s eligibility based on available data without requiring information from the individual.
- Eligible beneficiaries in state Medicaid/CHIP programs that maximize the use of ex parte are more likely to retain their coverage compared to states that don’t maximize the use of Ex parte.

4. Health plans and providers should consider partnering with Community Based Organizations in their area for on-the-ground support and outreach to beneficiaries. These organizations can be creative with engaging different beneficiaries, from door-to-door and tabling efforts to street outreach for more hard-to-reach beneficiaries.

5. Providers and practices should work with their beneficiaries to ensure they are aware of the redetermination process and what they need to do to maintain eligibility.



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## Information beneficiaries should know:

- Current beneficiaries should receive a “notification of action” outlining their eligibility status and the information necessary for renewal.
- Beneficiaries should ensure the required information is up to date with their local county. The call-to-action document should outline how to contact their county to update any missing or incorrect information.
- Beneficiaries should ensure they sign up for updates regarding renewal information.
- Beneficiaries should be on the lookout for renewal packets that come through the mail for individuals with incorrect or incomplete information stored in their local county offices.

*CHS has deep expertise in redetermination processes and can offer guidance to organizations navigating strategies to best reduce the impact for their members. We have a proven track record in developing plans to facilitate coordination between managed care plans, providers, and community-based organizations for effective member outreach campaigns. Our initiatives can be tailored to your organizational needs to support efforts to streamline enrollment and redetermination, minimizing procedural barriers and improving member experiences.*

*Contact us at [info@copehealthsolutions.com](mailto:info@copehealthsolutions.com) or 213-259-0245 to learn how CHS can help your organization to maintain coverage, continuity of care and minimize the impact for members.*

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