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Medicaid Redetermination FAQs for Medicaid Beneficiaries

At the beginning of the pandemic, Congress passed the Families First Coronavirus Response Act (FFCRA) which kept Medicaid beneficiaries continuously enrolled. However, the continuous enrollment provision will end in April 2023. This FAQ provides details on how Medicaid beneficiaries can renew their coverage if they are still eligible, or to find new sources of coverage if they are not.

Q: What is Medicaid redetermination?
A: Medicaid redetermination, also called renewal or recertification, is the process through which Medicaid beneficiaries redetermine their eligibility for Medicaid. The Medicaid redetermination process ensures one is still eligible to receive Medicaid benefits. Medicaid has income and asset (resource) limits, and the Medicaid agency wants to ensure that the individual continues to fall under those financial limits. If household income is not reported or if income is above the Federal Poverty Level for their specific state, Medicaid benefits will be terminated.

Q: Is this new? Why now?
A: Medicaid agencies are required to check to confirm people enrolled in the program are eligible. This is typically done each year. However, during the COVID-19 public health emergency (PHE) states were required to maintain coverage for all individuals already enrolled in the program. Due to the length of the PHE, some individuals have not had their eligibility checked since before 2020. Once the public health emergency period ends (or after April 1, 2023), states will start processing Medicaid eligibility checks and terminating coverage for people who no longer qualify.

Q: Does the process vary by state?
A: Yes, the redetermination process varies based on the state and the Medicaid program in which one is enrolled.

Q: Does everyone have their eligibility checked at the same time?
A: No, the state will work through all of their Medicaid enrollees over the course of many months. States have the flexibility to determine how they would like to work through their list of enrollees. Many states are working through the list based on categories of individuals and other states are using dates of previous eligibility checks. You need to talk to your state enrollment office or check the online portal if one is available in your state to see when you will be checked for your eligibility.

Q: What do I need to do today?
A: **Update your contact information** – Make sure your State Medicaid or CHIP program has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.

Check your mail – Your State Medicaid or CHIP program will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.

Complete your renewal form (if you get one) – Fill out the form and return it to your State Medicaid or CHIP program right away to help avoid a gap in your Medicaid or CHIP coverage.

In some states and situations, a Medicaid beneficiary may not have to do anything during the renewal process because the state is using available data to confirm eligibility – tax returns, bank accounts, unemployment, SNAP eligibility. The Medicaid agency may be able to process the entire Medicaid renewal electronically without requesting any documentation from the Medicaid recipient. In those situations, the person should receive a notice that you have been approved or denied coverage and

on what basis.

In other states and cases, the Medicaid beneficiaries may have to complete a redetermination form, either via paper, online, or in person. Proof of income or resources may be requested.

Q: How will I know when to act?
A: State Medicaid agencies will contact beneficiaries in advance of redetermination activities. Contact may be via postal mail and/or email if an email is on file with the Medicaid agency. Beneficiaries will be given a time window to update their eligibility information, including income documentation and any changes in circumstance. Depending on the state, beneficiaries may also be able to see their redetermination dates and requirements in the electronic portal available to beneficiaries.

Q: What happens if I do not renew in time?
A: If a Medicaid beneficiary does not complete the redetermination process in time, Medicaid benefits will be terminated. Under federal law, notice must be given to the beneficiary, and they have a certain time frame to provide the Medicaid agency with all required information. In this case, Medicaid benefits can be reinstated without the individual going through the application process again if they continue to meet the eligibility criteria.

Medicaid coverage in some states is retroactive. This means any accrued medical bills during the lapse in coverage that are generally covered by Medicaid will be covered. If one does not submit the necessary documentation and complete the redetermination process within the 90-day period, they must reapply for Medicaid benefits and a gap in benefits is very likely to occur. For this reason, it is best to act quickly to ensure no gaps occur.

Q: If I am found ineligible, what options do I have?
A: Beneficiaries that are found ineligible for Medicaid can enroll in other insurance affordability programs, like qualified health plans. State Medicaid agencies are required to help transition Medicaid-ineligible beneficiaries into other coverage. Individuals can explore their coverage options on healthcare.gov or the state-based health exchange.

Q: If I am found ineligible, how long do I have to find other coverage?
A: Loss of Medicaid coverage will be treated like a special enrollment period and individuals have 60 days to enroll in new coverage. If a beneficiary does not act during this timeframe, they will need to wait until the next open enrollment period. We encourage beneficiaries to act quickly to enroll in a qualified health plan from the exchange or an available employer-sponsored health plan as soon as they know they are no longer meeting the Medicaid eligibility criteria.

Q: What resources are available to help me find coverage?
A: Beneficiaries have a few options:

- Visit medicaid.gov,a resource page where Medicaid and CHIP enrollees canlearn about the unwinding, get connected to their state agency, and find help.
- Contact their state's Medicaid office. Contact information for all states and territories is available at.
- Explore coverage options on healthcare.gov, or contact the Marketplace Call Center at 1-800-318-2596 to get details about Marketplace coverage. TTY users can call 1-855-889-4325.
- Most federally qualified health centers (FQHCs) have navigators on staff and in their facilities to support consumers with plan selection and eligibility questions.
- Find in-person assistance at the local health department or local department of social services.