

Medicaid Redetermination FAQs for Community Health Centers

With nearly half of the 30 million health center patients nationwide enrolled in Medicaid, the Medicaid "unwinding" is expected to have significant ramifications for community health centers. This FAQ provides details on how patients 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: Why have Medicaid redeterminations been paused?

A: Medicaid redeterminations have been paused during the COVID-19 public health emergency (PHE). This is due to the Families First Coronavirus Response Act, and the additional federal Medicaid funding that states are receiving during the public health emergency. In exchange for enhanced funding, states have had to maintain continuous enrollment in Medicaid, meaning an individual cannot have their Medicaid coverage terminated (exceptions include moving out of state and beneficiary request to terminate coverage).

Q: When will the COVID-19 Public Health Emergency End?

A: Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the COVID-19 PHE to expire at the end of the day on May 11, 2023. More information on the transition after the end of the PHE is available on [HHS.gov](https://www.hhs.gov) website.

Q: When will redeterminations begin again?

A: With the passage of recent legislation, states can end Medicaid coverage for people who are no longer eligible for Medicaid as of April 2023. Beneficiaries may need to take action based on the materials they receive from their state beginning as soon as February 2023.

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, but states will have up to 12 months to start an eligibility renewal. Medicaid enrollees normally have their eligibility renewed at least once each year. During the 12-month unwinding period, state agencies need to initiate eligibility renewals for every individual enrolled in their program.

Q: How can Medicaid beneficiaries prepare for the resumption of redeterminations?

A: Medicaid beneficiaries should make sure that their address, phone number, and other contact information is up to date with their state Medicaid agency. In addition, when a beneficiary receives a request or renewal packet from their state Medicaid agency, they should always respond by the timeline noted. In some states and situations, a Medicaid beneficiary may not have to do anything during the renewal process. The Medicaid agency may be able to process the entire Medicaid renewal electronically without requesting any documentation from the Medicaid recipient. In other states and cases, the senior

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 Medicaid beneficiaries know when they need 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 a beneficiary does 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 a beneficiary is found ineligible, what options do they 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](https://www.healthcare.gov) or the state-based health exchange.

Q: What is the impact on providers and how can they help?

A: Providers could potentially lose a significant number of patients or end up providing uncompensated care if patients lose Medicaid coverage. Providers can help by reminding their patients who have Medicaid to submit needed redetermination documentation and educate them about the Medicaid redetermination process. Providers should also remind patients to update their address and phone number with their state Medicaid agency. Lastly, providers can post Medicaid renewal information in office spaces.

Looking for Additional Resources?

- [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#): This toolkit has important information to help inform people with Medicaid or CHIP about steps they need to take to renew their coverage. The toolkit is also available in [Spanish](#), [Chinese](#), [Hindi](#), [Korean](#), [Tagalog](#), and [Vietnamese](#).
- [Georgetown University's Center for Children and Families 50-State Unwinding Tracker](#): This spreadsheet provides state-specific information and resources on the unwinding.
- [Unwinding the Public Health Emergency Quarterly Messaging Toolkit](#): This toolkit provides template social media posts, newsletter articles, text messages, website banners, and more.
- [The Potential Effect of Medicaid Unwinding on Community Health Centers](#): This report provides details on the potential effects of the unwinding on community health centers.