

FACT SHEET

How provider organizations can prepare for resumption of Medicaid redeterminations

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After a 2-year pause on Medicaid redeterminations during the public health emergency (PHE), the Medicaid redetermination process is starting up again. And this time, it will affect an unprecedented number of patients. The Department of Health and Human Services expects 8.2 million Medicaid enrollees to lose their eligibility, and 6.8 million eligible enrollees to lose coverage during the paperwork process this year, based on historical patterns.

Because of the dramatic increase in patients who were eligible for coverage during the PHE, many patients will no longer qualify for Medicaid due to income changes. Importantly, because of the length of the pause, many patients may not know to look out for specific forms or even how to fill them out. If they do not participate in the process, the chance of losing coverage is almost certain.

Provider organizations can proactively prepare for the appropriate patient conversations, financial implications, and staffing impact. Learn more about what this resumption means for provider organizations and what you can do to help patients.

Many patients will be confused about the process or concerned about retaining their coverage. There may be loss of productivity for staff who need to shift their focus to assisting patients with questions or next steps regarding coverage and payment options.

Medicaid Redetermination Set to Resume After a Hiatus of More Than 2 Years: How to Avoid the Chaos

Learn more about the Medicaid redetermination process and how payers and providers can collaborate to optimize patient outreach and education.

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