

Protecting Americans During Medicaid Redeterminations

Medicaid is an essential safety net for more than 90 million hardworking Americans, children, older adults, people with disabilities, and veterans – especially evident throughout the COVID-19 public health crisis.

As of February 2023, states are beginning the process of verifying whether each American currently enrolled in Medicaid is still eligible for the program. This process could ultimately result in up to [18 million people](#) losing access to their Medicaid coverage, according to recent estimates.

It is imperative that the redetermination process is smooth for the millions of Americans who rely on Medicaid for affordable, high-quality care.

Strengthening Medicaid During a Public Health Crisis

At the beginning of the pandemic, Congress implemented [important measures](#) to ensure that the millions of Americans relying on Medicaid would not lose their health coverage during the public health emergency (PHE).

States received increased federal funding for their Medicaid programs in exchange for taking steps to keep individuals enrolled in the program throughout the PHE. As a result, state Medicaid programs and Medicaid enrollees have not gone through the redeterminations process in almost 3 years.

Protecting At-Risk Americans

The volume of Medicaid redeterminations required by the unwinding of the PHE is unprecedented, with nearly 1 in 4 Americans potentially affected. [Millions of Americans](#) are likely to lose Medicaid coverage, and they will need help enrolling in a different insurance market. [Recent estimates](#) suggest that approximately:

- **3.2 million children** will need to transition from Medicaid to the Children's Health Insurance Program (CHIP).
- **9.5 million Americans** will enroll in employer-provided coverage.
- **More than 1 million people** will enroll in the individual market.
- **About 3.8 million Americans** will become uninsured.

Unfortunately, implementing the redeterminations process on this scale poses numerous administrative challenges that could ultimately result in Medicaid beneficiaries mistakenly losing coverage. For example, states may not have up to date contact information for individuals and they may lose their coverage if they don't receive and complete the redetermination paperwork, or they may face practical barriers (i.e. transportation/literacy) to completing the redetermination process.

Ensuring A Smooth Transition

Disruptions in coverage pose [significant, negative consequences](#) for Medicaid beneficiaries, states, and the general public.

Medicaid enrollees who temporarily lose coverage due to administrative reasons are more likely to struggle to access necessary health care services. Additionally, Americans who are no longer eligible for coverage may become uninsured, straining local hospitals and raising costs for taxpayers across the country.

Protecting the health and financial stability of vulnerable Americans during the redeterminations process will require all of us to work together to ensure a smooth transition for Medicaid beneficiaries to other types of comprehensive coverage. State Medicaid agencies and their partners must continue to educate Medicaid enrollees about the significance of redeterminations and why it's important that they provide updated contact information and respond to state requests for information concerning their eligibility for Medicaid.

The Modern Medicaid Alliance and our partners will continue to advocate for a smooth transition back to normal operations, as well as the need to improve the redeterminations process over the long term for the millions of Americans who rely on Medicaid for affordable, high-quality care.