

HEAD: The end of the public health emergency and COVID-19 resources

COPY: During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health coverage without annual proof of eligibility. Some state Medicaid agencies continued its eligibility review process, but enrollees were not terminated if they were no longer eligible.

On December 29, 2022, President Joe Biden signed the [Consolidated Appropriations Act of 2023](#) (also referred to as the omnibus spending bill) into law, which included the resumption of Medicaid redeterminations.

Previously, the resumption of Medicaid redeterminations was tied to the termination of the COVID-19 public health emergency (PHE). With the passage of this bill, the continuous coverage requirements that paused all Medicaid redeterminations since March 2020 will be decoupled from the PHE termination date as of April 1, 2023.

Centers for Medicare & Medicaid Services (CMS) has provided guidance that State Medicaid agencies must resume redetermination activities between February 1 and April 1, 2023.

Given this news, it is imperative that we help our Medicaid members renew their Medicaid benefits, so they don't lose their health coverage and continue to receive uninterrupted care. Below is a list of frequently asked questions and other valuable resources to help educate your patients on the importance of updating their contact information and renewing their Medicaid coverage.

SUB: When Medicaid redeterminations resume, most Medicaid recipients will need to go through a redetermination, or renewal, process to keep their Medicaid eligibility and benefits. We need your help to ensure your Medicaid patients don't lose coverage. Below are answers to some common questions that might help guide your patients through this process.

COPY: **Q: [When will the normal Medicaid enrollment and renewal process resume?]**

A: [CMS has provided guidance that State Medicaid agencies must resume redetermination activities between February 1 and April 1, 2023. Each state Medicaid agency must submit their Renewal Redistribution Plan and system readiness artifacts to CMS by 2/15/23

Florida won't take any adverse action to cancel or reduce coverage for individuals without completing a full benefit renewal. Note, non-response will lead to losing benefits.

Q: What can individuals do now to prepare?

A: First and foremost, all Medicaid recipients should make sure their contact information, including their mailing address and phone number(s) are up to date with their state to ensure they receive important notices about the renewal process.

Learn how our members can update their contact information with the state and Molina online at MolinaHealthcare.com/updatemyinfo/FL.

Ask our members, your patients, to make sure they keep an eye out for information and notices about their coverage and renewal process and respond quickly to any instructions they receive.

Learn more about the renewal process for members and the assistance available to them online at MolinaHealthcare.com/updatemyinfo/FL.

Q: What happens if an individual is no longer eligible for Medicaid and loses coverage?

A: If an individual no longer qualifies for Medicaid coverage through Florida Medicaid, they will get:

- A notice in the mail with the date their Medicaid coverage will end
- Information on how to file an appeal, if they think the decision to cancel their coverage was incorrect
- Note if an individual loses coverage for being non-responsive they will have 90 days from the end of their coverage to complete the redetermination process.

Q: What are some other choices for health coverage if an individual no longer qualifies for Medicaid?

A: Individuals should contact their state Medicaid agency to see what other options are available.



To learn more about our Marketplace health plans, please visit MolinaMarketplace.com or call 844-802-7472.

To learn more about our Medicare health plans, please visit MolinaMedicare.com or call 866-403-8293.

Q: How can I get more information about the restart of the redetermination process?

A: Please contact your provider services representative at MFLProviderServicesManagement@molinahealthcare.com if you have any questions or would like more information.

Medicaid members can call us at 866-472-4585 (TTY: 711).