

MEDICAID REDETERMINATION

Preparing for the End of the Public Health Emergency



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ACHP and its member companies are committed to protecting Medicaid enrollees' access to affordable health coverage options once states begin Medicaid eligibility redeterminations following the end of the Public Health Emergency (PHE). Medicaid redetermination is the annual process of renewing eligibility for Medicaid and Children's Health Insurance Program (CHIP) enrollees.

Thanks to flexibilities granted to states during the PHE through legislation, such as continuous eligibility and a 6.2 enhanced federal Medicaid match, nearly **87 million Americans are now covered by Medicaid or CHIP**. But once the PHE ends, states will lose those flexibilities, and each state will have to redetermine eligibility for everyone currently enrolled in the program.

DURING REDETERMINATION



15 million

people are likely to lose Medicaid coverage



8.2 million

will leave the program due to loss of eligibility



6.8 million

will erroneously lose coverage despite still being eligible

Congress can play a critical role in helping consumers and states during the unwinding process.

First, Congress should provide health plans additional modalities to reach consumers about pending redeterminations by **waiving current restrictions regarding texting** found in the **Telephone Consumer Protection Act**. Having the flexibility to leverage text messaging in outreach efforts would afford plans the ability to reach large numbers of enrollees in a timely manner, encourage consumers to update critical contact information and assist in enrollment into new coverage options.

Second, Congress should provide a glidepath that brings a **gradual phase-down of the enhanced federal Medicaid match**. This would mitigate the potential for large rates of disenrollment of Medicaid enrollees, while simultaneously creating federal government savings based on assumptions included in the Congressional Budget Office baseline.