

Medicaid Redetermination Process

Hello and welcome to this quick explanation of the Medicaid Redetermination process.

Whether you are a Kaiser Permanente member or not, we are here to help. Access to affordable health care for all is the cornerstone of our mission. If you have clients, employees or dependents who are enrolled in Medicaid, it is important they understand how this redetermination process works and what steps they can take to ensure uninterrupted health care coverage.

First, let's talk about what Medicaid Redetermination is. Medicaid is a government-funded health care program for low-income individuals and families. Enrollees must meet certain eligibility criteria to be eligible for Medicaid coverage. Medicaid beneficiaries must be determined eligible for coverage every year. During the COVID19 pandemic, this annual redetermination process was paused.

The annual redetermination process ensures current enrollees are still eligible for Medicaid benefits. During this process, some enrollees will not continue to meet eligibility criteria and will need to find other coverage options.

The Medicaid Redetermination process timeline varies by state and will take 12-14 months to complete. If you have clients, employees or their dependents who are enrolled in Medicaid, they may be receiving letters from their States or Counties telling them that they need to renew and outlining the process. Depending on where they live, they will have 30, 60 or 90 days to complete their renewal process and then 60 days to enroll in alternate coverage, if necessary.

These letters may feel unsettling. Understanding what to do will help to ensure that they keep their health care coverage. During this time, Kaiser Permanente Medicaid recipients will also receive letters and other communications from Kaiser Permanente. These letters will have instructions to call our Medicaid Assistance Center, if they have questions or need support through the process. We will also be providing general awareness and education in our clinics and communities.

What steps can you take to ensure a smooth Medicaid Redetermination process? First, make sure your clients, employees, or their dependents complete and submit any required paperwork or documentation as soon as possible. This may include income verification, proof of residency, and other documents.

Second, stay in communication with your clients, employees, or dependents to ensure they understand this Redetermination process and any deadlines they need to meet. You can also help them connect with resources like these if they have questions or concerns.

Finally, if you have any questions or concerns about the Medicaid Redetermination process, do not hesitate to reach out to us. We are here to help you, your clients, and your employees navigate the complex world of health care. Our goal is to encourage health care coverage in all communities. By staying informed and taking proactive steps, you can help ensure a smooth and uninterrupted health care experience for your clients, employees, and their dependents.