

FLORIDA LEADS ON

MEDICAID REDETERMINATIONS

STRONG COMMUNICATION STRATEGY

- ★ Recipients will receive anywhere from 5 to 13 contact attempts from the Department.



- ★ Over 2.4 million texts sent
- ★ 1.9 million emails sent
- ★ 80,000 outbound calls to non-responsive households

THE RESULTS? IT'S WORKING!

- ★ Over 83% of recipients have responded to their redetermination request when compared to a 47% response rate pre-pandemic.

FLORIDA'S ECONOMY IS THRIVING

- ★ Historic low unemployment is at 2.6%.
- ★ With such a positive outlook, we should expect that fewer people will need to rely on public benefit programs.
- ★ The Department has developed a comprehensive redetermination strategy that prioritizes ensuring that those who are no longer eligible are connected to other coverage options, if desired.

RESPONSIBLE & RESPONSIVE GOVERNMENT

- ★ Over 2,700 dedicated Department employees processing Medicaid eligibility cases/providing client support
- ★ Answered over 760,000 calls in April and May
- ★ Dedicated Medicaid redetermination phone line, resulting in call wait times less than 11 minutes
- ★ Processing cases two times faster than the federal standard - average 24 days



BY THE NUMBERS - PUTTING IT INTO PERSPECTIVE



- ★ 4.6 million Medicaid recipients will have their case redetermined by the Department over the next 12 months.
 - » It is estimated that approximately 20% of these recipients will not meet eligibility criteria*
- ★ Over 1 million recipients redetermined to date.
- ★ 152,600 recipients were non-responsive to requests, after up to 13 contact attempts.
 - » 54% of these individuals had not used their Medicaid benefit in the last 12 months or had other health coverage.

FLORIDA HAS A ROBUST HEALTHCARE DELIVERY SYSTEM

Of those determined to be ineligible:

- ★ More than 107,000 children referred to Florida Healthy Kids
- ★ More than 240,000 adults referred to the federal marketplace and for coordination with their Medicaid health plan to review other options
- ★ Nearly 84,000 referred for Medically Needy coverage

Other options include free or reduced care at FQHCs, RHCs, and CHDs



AMPLE SAFEGUARDS IN PLACE



- ★ Recipients who fail to submit a redetermination have 90 days to submit a late application. If they are determined to be eligible, their coverage will be reinstated retroactive to their closure date.
- ★ Individuals who feel that they were incorrectly determined ineligible have up to 90 days to appeal.

* The Department will review updated information submitted by these individuals to determine if they continue to be eligible.