Florida’s Medicaid Program
For years Florida has operated an efficient and innovative Medicaid Redetermination process. Many of the federal waivers simply restate the process Florida has been operating under. These processes are included in our approved Medicaid State Plan.

1. The Department uses available SNAP and TANF household information to determine Medicaid eligibility.
2. Florida renews eligibility for individuals with stable income through an automatic renewal process.
3. The Department has protections in place for recipients whose coverage ends.
4. The Department provides redetermination data to partners for outreach by the Medicaid health plans.

Florida’s Robust Economy
- 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.
- In June 2023, Florida’s labor force grew by 2.4 percent (+257,000) over the year, outpacing the national labor force growth rate.

FLORIDA CONTINUES TO LEAD on Redeterminations
- 4.6 million Medicaid recipients will have their case redetermined by the Department over the next 12 months.
- Over 1.9 million recipients redetermined to date.
- 89% of recipients have responded to their redetermination request when compared to a 47% response rate pre-pandemic.

Supporting Florida Families
- Over 2,700 dedicated Department employees processing Medicaid eligibility cases/providing client support.
- Answered over 1.4 million calls in April, May, June, and July.
- Dedicated Medicaid determination phone line to assist recipients.
- Processing cases faster than the federal standard - average 25 days.
- 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.

Florida’s Outreach Efforts
- Over 3.4 million texts sent.
- Over 2.6 million emails sent.
- Over 231,000 outbound calls to non-responsive households.
- Of those determined to be ineligible: Every child is referred to Florida Healthy Kids.
- Every adult is referred to the federal marketplace or coordination is made with their Medicaid health plan to review other options.

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