



Medicaid Eligibility and Redeterminations

The State of Kansas is resuming Medicaid Eligibility Redeterminations that were paused during the COVID Public Health Emergency.

Medicaid Eligibility and Redeterminations

Overview

- A Public Health Emergency (PHE) in response to the COVID-19 pandemic was declared in March 2020.
- The Families First Coronavirus Response Act (FFCRA) prohibited states from disenrolling Medicaid recipients in order to provide continuous coverage during the emergency.
- **The Consolidated Appropriations Act, 2023 (omnibus spending bill) “uncoupled” the continuous coverage policy from the PHE.**
- Resuming “regular operations” will require providers to help educate patients so they do not lose coverage
- States will have up to 14 months to return to normal eligibility and enrollment operations.
- Additional resources: See Slide 6.

What Redetermination Means for your Patients


Impacts

- Nearly all 80 million people enrolled in Medicaid will have their eligibility redetermined, triggering a high risk of coverage losses:
 - This risk can be mitigated through careful planning by CMS, states, health plans, providers, consumers and advocates;
 - Patients can lose eligibility due to changes in age, household income and other state-specific criteria; and
 - Loss of coverage could make it harder for patients to get medical care and result in expensive medical bills.
- Patients who have moved and those with language barriers may be at greater risk for losing Medicaid coverage.

Talk to your Patients about Annual Medicaid Eligibility Renewal.

If they no longer are eligible for Medicaid, let them know they have options.

Help your patients avoid gaps in coverage and let them know:

- They may need to verify eligibility every year or risk losing their Medicaid coverage.
- They need to make sure the state has their correct contact info by:
 - Calling the KanCare Clearinghouse at 800-792-4884
 - Visiting [kancare.ks.gov](https://www.kancare.ks.gov). They can look for these 3 dots →  to begin their update.
 - If they have a KanCare Self Service account, they can also update their info at <https://www.applyforkancare.ks.gov>. They can look for “Access My KanCare.”

Talk to your Patients about Annual Medicaid Eligibility Renewal.

If they no longer are eligible for Medicaid, let them know they have options.

Help your patients avoid gaps in coverage and let them know:

- The State will send them a notification in the mail with info and next steps.
- If they have a Self-Service Account and have opted into email/text notifications, they will also receive an email/text about their upcoming review.
- If they need to provide information, the State's message will tell them how.
- If they do not need to provide information, the letter will say that their renewal is complete.
- They must follow through on eligibility renewal instructions or risk having their coverage canceled.
- If they are no longer eligible for Medicaid coverage, they can explore other options, such as the Health Insurance Marketplace or Medicare Health Plans.

Resources

- CMS: Unwinding Guidance & Resources: www.cms.gov/aian-unwinding
 - CMS: Unwinding and Returning to Regular Operations after COVID-19: www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html
 - KanCare Redetermination FAQs: kancare.ks.gov/docs/default-source/policies-and-reports/kdhe-keesm/covid-19-faqs/the-covid-19-phe-and-your-medicaid-faqs-1-22.pdf
 - Remind Your Medicaid Members to Update Their KanCare Contact Info: www.sunflowerhealthplan.com/newsroom/shpbn-2022-034.html
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