



MEDICAID REDETERMINATION IN FLORIDA

as of October 4, 2023

Background

During the COVID-19 Public Health Emergency, states were required to maintain continuous Medicaid coverage for nearly all Medicaid enrollees—irrespective of the enrollees’ actual ongoing eligibility. In exchange for providing this continuous coverage, states temporarily received an extra 6.2% in federal matching Medicaid funds, or Federal Medical Assistance Percentage (FMAP). As a result of the continuous coverage requirement, Medicaid enrollment grew from 2020 to 2023 by approximately 23 million individuals nationwide, and by 1.5 million in Florida.

Congress ended the continuous coverage requirement effective March 31, 2023, and gave states 14 months (until May 31, 2024) to redetermine the eligibility of all Medicaid beneficiaries. This process is being referred to as the Medicaid Unwind. The enhanced FMAP funding will be phased out over this 14-month period. As required by the U.S. Centers for Medicare & Medicaid Services (CMS), Florida’s Department of Children and Families prepared a [Redetermination Plan](#) which set out its plans to redetermine the eligibility of 4.9 million Medicaid enrollees in Florida beginning April 1, 2023.

Most Recent Data

Redetermination Data Reported by DCF through August 31, 2023				
Baseline # of Beneficiaries as of 2/28/23	4,979,982			
YTD as of August 31, 2023:	# of Beneficiaries	% of Redeterminations Due for Completion	% Renewals	% of Terminations
# of Beneficiaries Due for Redetermination	2,306,209	46%		
Outcomes:				
Renewed & retained - Ex parte	422,817	18%	29%	
Renewed & retained - Completed renewal paperwork	1,022,768	44%	71%	
Terminated due to being determined ineligible	313,619	14%		45%
Terminated for procedural reasons	386,948	17%		55%
Not Completed	160,056	7%		
		100%	100%	100%

- ❖ This data is compiled from [reports submitted by DCF](#) to CMS
- ❖ Less than 50% of all Medicaid redeterminations have been completed
- ❖ About 62% of beneficiaries subjected to redetermination have been renewed and retained
- ❖ 18% of all those subject to redetermination have been renewed “ex parte,” *i.e.*, automatically based upon verification sources available to DCF
- ❖ 17% of all redeterminations have resulted in coverage termination not based upon ineligibility but for procedural reasons, *i.e.*, failure to timely return paperwork requested by DCF. These procedural terminations account for more than half (55%) of all terminations.
- ❖ Additional historical data and analysis is available [here](#).

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Areas of Concern

Lack of Transparency - All states are required to submit monthly unwinding data reports to CMS. According to [State Health & Value Strategies](#), 42 states are publishing the data themselves in some format. See, e.g., [Arizona](#) and [Iowa](#). CMS is now [publishing this data](#) on a 3-month lag (currently through June 2023). **DCF has not published any redetermination data since the unwinding began.** Initially DCF provided timely responses to public record requests for the monthly reports to CMS, but has increasingly delayed its responses to these requests. Moreover, DCF has not disclosed the coverage group or demographics for the individuals whose Medicaid eligibility has been redetermined to date, making it difficult to evaluate the impact of the redetermination process on different coverage groups. DCF has issued two unwinding-related social media communications ([here](#) and [here](#)) and a newspaper [guest opinion column](#), all of which focus on the number of outbound communications and make general statements unaccompanied by data.

Termination of Children from Medicaid - Because the income eligibility limits for Medicaid eligibility are much higher for children than for adults in Florida, most children subject to redetermination were expected to remain eligible for Medicaid or Florida Healthy Kids, which is Florida's separate Children's Health Insurance Program (CHIP) for low-income, uninsured children with family incomes too high to qualify for Medicaid. However, according to AHCA enrollment data [analyzed by KFF](#), Florida has among the highest number of children in the country that have lost Medicaid: **201,100** between May and August. Meanwhile, enrollment in Florida Healthy Kids (according to public records requests, as this data also is not routinely published) increased by less than 15,000 during the same period. A recent analysis by the Florida House Democratic Office staff similarly calculated that the number of [children enrolled in Medicaid dropped by 257,901](#) from April to August 2023. The Florida Policy Institute has published an interactive map of these losses [here](#). These data suggest **staggering numbers of newly uninsured children**, considering that many of them are likely eligible for continued Medicaid or Florida Healthy Kids.

Call Center Performance - According to [DCF's report to CMS for June](#), Florida's average wait time was **33 minutes**; only 3 states reported longer wait times. DCF also reported an average call abandonment rate of 36.4%, and volume of 2.2 million calls. DCF's reported wait time for May was 32 minutes, with an average call abandonment rate of 38%. The May data prompted [CMS to issue a letter on August 9, 2023](#) expressing concern that the difficulty of reaching Florida's call center may be impeding applications and assistance by phone, which would be a violation of federal requirements.

Impact on Latino / Immigrant / Black Individuals - [UnidosUS reports](#) that according to "secret shopper" calls, the average call center wait for Spanish language-callers in July and early August was nearly 2.5 hours and that 30% of all Spanish-language calls were disconnected before reaching a human being. Additionally, UnidosUS and 12 other advocacy groups filed a [complaint](#) against DCF and AHCA with the U.S. Department of Health and Human Services Office of Civil Rights alleging that the call center delays, lack of operability of the renewal website on smartphones, and lack of training courses in languages other than English for community partners impair access to continued Medicaid for eligible Latino, immigrant, and Black beneficiaries.

Procedural Terminations - The [August 9th CMS Letter](#) also expressed concern that in May, Florida terminated **on procedural grounds** 14% of all beneficiaries due for a renewal that month. According

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to CMS, “[t]his high percent raises concerns that eligible individuals, including children, may be losing coverage.” CMS further suggested a high rate of procedural terminations may reflect that beneficiaries are not receiving notices, are unable to understand them, are unable to submit their renewal through the methods offered, or are unable to reach the call center (as indicated by Florida’s high average call center wait times and call abandonment rates). **Note:** Florida’s procedural termination rate was 28% in August, double the rate in May which prompted CMS to express concern.

Refusal to Adopt CMS Waivers - CMS has offered States [numerous waivers and strategies](#) directed at minimizing procedural terminations. Florida is the only state that has not applied for a single waiver. See [CMS Waiver Approval chart](#).

Ex Parte Processing Errors - [CMS issued a letter](#) to all states on August 30, 2023, expressing concern that some states’ systems are improperly conducting *ex parte* renewals at the household level, without regard to the different eligibility requirements for individuals within the household. Thus when any member of the household is deemed ineligible, the states are not renewing the entire household and are requiring the completion of renewal forms for all household members. If the renewal forms are not returned all members of the household are procedurally disenrolled, including those who should have been renewed automatically during the *ex parte* process. This is a violation of federal regulations.

Florida’s **low ex parte renewal rate of 18%** (which, [according to KFF](#), ranks it 31st of the 42 states for which it reported this information), **high procedural termination rate**, and **high number of terminations of children** are all indications that it may be one of the states improperly conducting *ex parte* redeterminations at the household level. Nevertheless, according to [information released by CMS](#) on September 21, 2023, although 30 states reported they were making this system error, Florida reported that it is completing *ex parte* renewals in compliance with federal requirements.

Compliance with Due Process - On August 22, 2023, three Medicaid beneficiaries in Florida, on behalf of a class of others similarly situated, [filed suit against the Secretaries of DCF and AHCA](#) alleging that certain notices used to inform enrollees that their Medicaid coverage is ending violate the Due Process Clause of the Fourteenth Amendment of the U.S. Constitution and other federal laws. The complaint alleges that the notices routinely fail to include the legal or factual basis for the agency’s decision and instead use standardized reason codes which provide little or no explanation of the actual reason for the agency’s decision, resulting in class members losing Medicaid coverage without meaningful and legally adequate notice.

Real Life Stories

Many stories of individuals impacted by the redetermination process are being chronicled by [Florida Health Justice Project](#) and [Florida Voices for Health](#).

Resources for individuals Negatively Impacted by Medicaid Redetermination

[DCF Community Partners](#)

[Covering Florida](#)

[Florida Legal Aid Programs](#)

[Florida Health Justice Project](#)