

Background: In 2020, in response to the COVID-19 pandemic, federal legislation provided states with significant federal funding to provide continuous Medicaid coverage for individuals enrolled in the program, even those who were no longer technically eligible. In late December 2022, federal legislation was passed requiring the continuous Medicaid coverage requirement to end on March 31, 2023.

Each state was required to develop a plan to review the eligibility of all of its Medicaid enrollees, renewing those who remain eligible and terminating Medicaid for those who no longer meet eligibility requirements. [Florida's plan](#) called for reviewing eligibility for its approximately 4.9 million Medicaid enrollees over 12 months, beginning in March 2023.

Data Reported: The most recent data available from the Florida Department of Children and Families regarding the progress of its Medicaid redeterminations shows:

- Approximately 4.1 million individuals, or 87% of Florida's Medicaid beneficiaries, have been through the redetermination process to date.
- Almost two-thirds (66%) of beneficiaries subjected to redetermination have been renewed and retained.
- Just 9% of beneficiaries have been determined ineligible, but 22% have had coverage terminated for procedural reasons (*i.e.*, failure to timely return paperwork requested by DCF). These procedural terminations account for 70% of all terminations since the redetermination process began.

Monthly data and calculations regarding Florida's redetermination process can be viewed [here](#). Spreadsheet **comparisons of original and revised monthly reports** are available [here](#).

All of **DCF's unwinding reports**, beginning with the baseline data reported submitted in March, 2023, can be viewed [here](#).