



SETTING THE RECORD STRAIGHT ON MEDICAID REDETERMINATIONS

Consequences of Ineligible Medicaid Enrollees



LESS for those eligible for Medicaid



LESS for other public priorities like education



HIGHER state taxes



HIGHER federal debt

Almost All Ineligible Enrollees Have Access to Other Coverage

Roughly 18 million ineligible Medicaid enrollees were on the program as of April 1, at a cost of \$80 billion over the past year.

Many now have private insurance, earn too much income, have moved out of state, or have died.

Big health insurance companies reap windfalls from ineligible enrollees.

Cost of Ineligible Medicaid Enrollees For PENNSYLVANIA.

Pennsylvania started redeterminations in **May**.

Total Monthly Cost of Ineligibles

\$281 MILLION

State's Share of Monthly Cost

\$78 MILLION

Overall Cost of an Inefficient Removal Process

\$1,686 MILLION

State's Share of Overall Cost

\$469 MILLION

The costs of an inefficient removal process represent the difference between a state choosing to start redeterminations in April and concluding within six months compared to the costs of starting redeterminations in July 2023 and completing the process in 12 months. Total costs include the federal share and state share since Medicaid is jointly financed.

MEDICAID ELIGIBLE PEOPLE ARE **PROTECTED**

Remaining enrolled in Medicaid is easy. States must send pre-filled re-enrollment forms and must make numerous attempts using different modalities to contact enrollees. Enrollees simply need to update their information and return the form. If they do so and still meet eligibility requirements, they remain enrolled.

There are significant protections for enrollees mistakenly disenrolled, including retroactive eligibility, hospital presumptive eligibility, and a robust appeals process. In effect, people who are ineligible but not enrolled are effectively covered by Medicaid in that the program will pay their expenses if they use medical care.

To read more:

