



Important information for providers regarding the resumption of Medicaid redeterminations

During the COVID-19 public health emergency (PHE), Medicaid enrollees received uninterrupted health care coverage without annual proof of eligibility requirements. Some state Medicaid agencies continued their eligibility review process, but enrollees were not terminated due to ineligibility.

On December 29, 2022, President Joe Biden signed the [Consolidated Appropriations Act of 2023](#)¹ (also known as the omnibus spending bill) into law, which included the resumption of Medicaid redeterminations.

Previously, the resumption of Medicaid redeterminations was tied to the termination of the PHE. With the passage of this bill, the continuous coverage requirements that paused all Medicaid redeterminations at the start of the PHE will be decoupled from the PHE termination date of **April 1, 2023**.

The Centers for Medicaid and Medicare Services (CMS) has provided guidance requiring **all** state Medicaid agencies to resume redetermination activities between **February 1, 2023**, and **April 1, 2023**.

It is imperative that we help Medicaid recipients renew their benefits so they don't lose their health care coverage, allowing them to continue receiving the care they need.

To find state-specific information, including frequently asked questions and other valuable redetermination resources, please visit MolinaHealthcare.com/MedicaidRenewals. You can also contact your local provider Service Manager at 855-322-4076 or MFLProviderServicesManagement@molinahealthcare.com if you have any questions.

Thank you for your continued commitment to providing high-quality health care to our members, especially throughout the PHE.

¹<https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF>