Medicaid Redetermination

Supporting Patients at Risk of Losing Coverage

What is Medicaid Redetermination?

Medicaid Redetermination is the process used to determine whether an individual remains eligible for Medicaid coverage.

Most Medicaid recipients are required to renew their coverage periodically. If a participant does not complete the renewal process, they may lose Medicaid coverage, even if they remain eligible.

The Medicaid Redetermination program helps participating organizations identify patients who may be approaching renewal so they can provide outreach and support before coverage is interrupted.

Why it Matters

Access to care, medications, and essential services can be interrupted when coverage ends. Early outreach and support can help patients remain enrolled and avoid gaps in care.

How healthEconnect Alaska Helps

Participating organizations receive a monthly Medicaid Redetermination file containing patients from their panel who may be approaching a Medicaid renewal date. This information helps organizations:

- Identify patients who may be at risk of losing coverage
- Conduct outreach before coverage gaps occur
- Connect patients with enrollment assistance and support services
- Support continuity of care
- Reduce disruptions caused by unexpected loss of coverage

How the Process Works

1. Your organization maintains a patient panel with healthEconnect Alaska.
2. The patient panel is matched against Medicaid renewal data.
3. A monthly Medicaid Redetermination file is generated for your organization.
4. The file is delivered securely through Managed File Transfer (MFT).

Important Things to Know

- An active patient panel is required to receive a Medicaid Redetermination file.
- The file is delivered through the Managed File Transfer (MFT) system and will come from “Insights Notify.”
- MFT is separate from the HIE Portal and requires a different username and password.
- Files remain available for 72 hours after delivery.
- The Medicaid Redetermination file is delivered monthly.
- If the email says “0 records” processed, nobody on your list was identified as being up for renewal that month.
- This file is provided to support outreach efforts only. It does not determine eligibility or guarantee that coverage will end.

What’s Included

The Medicaid Redetermination file may include information to support patient outreach and follow-up, such as:

- Patient demographic information
  Name, date of birth, address, and other identifying information.
- Medicaid renewal information
  Upcoming renewal month and other Medicaid-related information provided through the program.
- Contact information
  Phone numbers, email addresses, and other available contact information that may assist with patient outreach.
- Patient identifiers
  Information such as your organization's Medical Record Number, when available, to help match patients to internal records.
- Additional outreach-support information
  Other information that may assist in identifying, contacting, and supporting patients through the renewal process.

Common Uses

Organizations commonly use the file to:

- Review upcoming Medicaid renewals
  Identify patients who may be approaching a Medicaid renewal date and may require additional support.
- Prioritize patient outreach efforts
  Focus outreach activities on patients who may be at risk of losing coverage or experiencing a lapse in benefits.
- Connect patients with enrollment assistance
  Help patients understand the renewal process and connect them with available enrollment, eligibility, or benefits assistance resources.
- Support care coordination activities
  Incorporate renewal information into existing care management and patient engagement workflows.
- Reduce coverage-related disruptions to care
  Help patients maintain coverage and avoid interruptions in appointments, medications, treatment plans, or other services.

What’s Not Included

The Medicaid Redetermination file does not include:

- The reason Medicaid coverage may be ending
- Real-time eligibility information
- Eligibility determinations
- Instructions for completing Medicaid renewal

Frequently Asked Questions

How do I request access to the Medicaid Redetermination file?
Organizations must have a signed participation agreement and an active patient panel on file with healthEconnect Alaska. Contact your healthEconnect Alaska account manager for assistance getting started.

How long does it take to begin receiving files?
After a successful patient panel upload, it may take several weeks before your organization receives its first Medicaid Redetermination file.

How do I access my organization's file?
The Medicaid Redetermination file is delivered through the Managed File Transfer (MFT) system. Users will receive an email notification when a file is available.

Important: MFT is separate from the HIE Portal and requires a different username and password.

Which patients are included?
The file includes patients on your panel who have a Medicaid renewal due in the current month and the next three months.

Why didn't my organization receive any patients this month?
Some months may contain few or no patients identified for outreach based on your organization's patient panel and current Medicaid renewal data.

How long is the file available?
Files remain available in MFT for 72 hours after delivery and should be downloaded promptly.

Next Steps

Guides and Resources:

Visit our Medicaid Redetermination resource page to access materials such as:

- CSS Medicaid Redetermination File Guide
- Tip sheet: Reformatting Comma Delimited Files

View Resource Page
healthEconnectAK.org/medicaid-redet

Getting Help:

- **Existing Participant:**
  If you a are an existing participant and need help accessing your Medicaid file, email your healthEconnect Alaska account manager.
- **Other:**
  If you are not an existing participant or you are not sure who your healthEconnect Alaska account manager is, reach out to us at:
  - info@healthEconnectAK.org
  - 907.770.2626.