



Understanding Medicaid Renewal and “Unwinding”

What is Medicaid Renewal and “Unwinding”?

Before the pandemic, people who enrolled in Medicaid had their eligibility reviewed once a year. This is called “Renewal” or “Redetermination”. During the pandemic, to make sure that people did not lose health coverage, no one needed to renew their Medicaid benefits. This included seniors, people with disabilities, adults, children and families.

Starting in April 2023, yearly Medicaid renewals will start again. This process will happen over the next 14 months. (This is sometimes called “unwinding”.) The first group of enrollees will receive their renewal notice in April, 2023, and each month thereafter a new group will receive renewal notices. The last group will receive their renewal notice in March, 2024. After these renewals are completed, the regular yearly renewal process will start again.

Note on renewals for families receiving RItE Care: Renewals will not start until January, 2024.

People who received Medicaid before the pandemic are familiar with the yearly renewal process. People who enrolled in Medicaid for the first time after March, 2020, will experience the renewal process for the first time.

How do I renew my Medicaid?

There are two ways to renew:

[1] Administrative (passive) renewal:

When the state can verify your income and other information on their own to determine that you are still eligible, you will not need to take any action. You will receive a notice from the state that asks you to review the information the state is using and to contact the state only if information is not correct. *Otherwise, you don't need to do anything and your coverage will be renewed.*

Note: Before the pandemic, seniors and people with disabilities were not able to renew using this simple pathway. When renewals start in April, this simpler pathway will also be used for some of these individuals.

[2] Full (active) renewal:

If the state does not have enough information to complete an administrative renewal, then you will receive a notice asking for the information the state needs. You can provide this information through your customer portal, by uploading information through the HealthyRhode mobile app, by mailing information to the Department of Human Services (DHS) or bringing the renewal form and documents to a DHS office. We will provide more information about these options in the next fact sheet.

Note on renewals for children covered through Katie Beckett and adults receiving long term care services:

In addition to renewing the financial eligibility (income and resources) of these children and adults, the state must conduct a review of the clinical circumstances to determine whether the member continues to need long-term care services. The financial review will be conducted over the 12 months starting April 1, and the clinical review (sometimes called Level of Care) will not be conducted until 2024.

How will I know when my benefits will be renewed?

The state will mail you a notice the month before you need to complete your renewal. For example, if your renewal needs to be completed by the end of May to keep your benefits starting on June 1, you will receive the renewal notice in April. The notice will tell you whether your Medicaid will be renewed through administrative renewal or whether you need to provide information through a full renewal. The notice will also tell you the date by which you need to return any information so your renewal can be completed.

Always open mail that you receive with a return address from “State of Rhode Island” or HealthSourceRI. There are deadlines for responding to the renewal notice, and you don’t want to lose your Medicaid coverage because you missed a deadline.

What happens if I’m no longer eligible for Medicaid because my income has gone up?

Generally, when an individual has income that is higher than the Medicaid limit for their family size, they can buy a plan through HealthSourceRI (HSRI). (This is not available to people age 65 and older, people who have Medicare coverage due to a disability, or most people offered health coverage at their job.) Two insurers offer plans through HSRI: Neighborhood Health Plan (NHP) and Blue Cross. When you shop for a plan through HSRI, you can also apply for tax credits. Tax credits lower the cost of premiums (what you pay each month) for your plan.

Note: People who are no longer eligible for Medicaid after renewal because their income is too high but who have income below twice (200%) of the federal poverty level (FPL), will be automatically enrolled in an NHP plan through HSRI and any premium they may owe will be paid by the state for the first two months. People automatically enrolled in coverage will be provided with information about how to continue coverage after the first two months. People will be able to ‘opt out’ of this coverage or choose a different plan.

In addition, people whose income is above 200% FPL and below 250% FPL will also have the state pay for their first two months of premiums if they enroll in a HSRI plan. They will not be automatically enrolled, but can complete the enrollment either on-line, by calling HSRI, or with the assistance of a Navigator.

This chart shows the Medicaid income limits for parents and adults without children living with them and the 200% FPL and 250% FPL limits. Since the children’s income limit for Medicaid is 266% FPL children will not be eligible for the 2 months premium coverage - but it is not likely that many children will be ineligible for Medicaid after renewal, given the relatively high income limit. The parent/child limits are for a family of 3. The limits are higher for larger families and lower for smaller families.

	Medicaid Income Limit	200% FPL	250% FPL
Parent (family of 3)	\$2,921	\$4,143	\$5,179
Children (family of 3)	\$5,511	N/A	N/A
Pregnant Person	\$4,240	N/A	N/A
Individual w/o kids	\$1,677	\$2,430	\$3,038

What can I do now to make sure I don’t miss my renewal?

It’s very important to make sure that DHS has your most up-to-date address so they can send you the renewal materials. If you have moved in the past couple of years, or changed your phone number or e-mail address, you should call your managed care organization - Neighborhood Health Plan, Tufts, UnitedHealth - and tell them your new contact information. The staff can update your new address in the state system. You can also update your address through your customer portal (click on the “My Profile” link), the HealthyRhode mobile app, or by calling HSRI (855-840-4774).

Note: If you receive SNAP benefits, after you report your new address, watch for a letter from DHS, to verify your address, so you continue to get SNAP.