



**Florida TaxWatch**  
 BRIEFING  
**FLORIDA MEDICAID REDETERMINATION**  
 JUNE 2023

**WHAT IS FLORIDA MEDICAID?**

There are numerous federal programs administered by states that provide assistance to low-income and needy families. During periods of economic downturn, like the recent COVID-19 pandemic, more Florida families turn to these government programs for assistance. One such safety net program is Medicaid, the joint federal-state health insurance program that provides medical coverage to more than five million low-income, elderly, disabled Floridians and children. Signed into federal law in 1965, Medicaid was created to improve the health of those individuals who might otherwise go without medical care for themselves and their children.<sup>1</sup>

Medicaid is an “entitlement” program, which means that anyone who meets the eligibility requirements (both income and programmatic) can enroll in Medicaid coverage, and states cannot impose a cap on enrollment. There are certain “mandatory” populations that states must cover in order to receive federal funding:

- Children aged 18 years or under with income below 138 percent of the federal poverty line;
- People who are pregnant and whose income is below 138 percent of the federal poverty line;
- Certain parents or caretakers with very low income; and
- Most seniors and people with disabilities who receive cash assistance through the U.S. Supplemental Security Income (SSI) program.<sup>2</sup>

<sup>1</sup> Benefits.gov., “Florida Medicaid,” retrieved from [https://www.benefits.gov/benefit/1625?\\_ga=2.213649943.2045598241.1550884670-1131671757.1550884670#:~:text=To%20be%20eligible%20for%20Florida,income%20or%20very%20low%20income](https://www.benefits.gov/benefit/1625?_ga=2.213649943.2045598241.1550884670-1131671757.1550884670#:~:text=To%20be%20eligible%20for%20Florida,income%20or%20very%20low%20income), April 4, 2023.  
<sup>2</sup> Center on Budget and Policy Priorities, “Policy Basics: Introduction to Medicaid,” retrieved from <https://www.cbpp.org/research/health/introduction-to-medicaid>, April 4, 2023.

**WHO IS ELIGIBLE FOR FLORIDA MEDICAID?**

To be eligible for Florida Medicaid, a person:

- Must be a resident of the state of Florida, a U.S. national, citizen, permanent resident, or legal alien;
- Must be in need of health care/insurance assistance; and
- Must have low or very-low income.

Florida Medicaid recipients must also be one of the following:

- Pregnant; or
- Responsible for a child 18 years of age or younger; or
- Blind; or
- Disabled or have a or family member in your household with a disability; or
- 65 years of age or older.<sup>3</sup>

Florida Medicaid recipients must also have an annual household income (before taxes) that is based upon household size. For instance, the maximum annual income level for a household size of one is \$19,392. For a family of four, the maximum annual income level is \$39,900.<sup>4</sup>

**HOW IS FLORIDA MEDICAID FUNDED?**

Medicaid is jointly funded through a state/federal cost-sharing agreement. The federal government provides at least \$1 in matching funds for every \$1 states spend on Medicaid. The Federal Medical Assistance Percentage

<sup>3</sup> Benefits.gov., “Florida Medicaid,” retrieved from [https://www.benefits.gov/benefit/1625?\\_ga=2.213649943.2045598241.1550884670-1131671757.1550884670#:~:text=To%20be%20eligible%20for%20Florida,income%20or%20very%20low%20income](https://www.benefits.gov/benefit/1625?_ga=2.213649943.2045598241.1550884670-1131671757.1550884670#:~:text=To%20be%20eligible%20for%20Florida,income%20or%20very%20low%20income), April 4, 2023.  
<sup>4</sup> Ibid.

(FMAP), which the federal government's share of the Medicaid program costs, varies by state and averages between 57 and 60 percent. In the most economically dispossessed states, the FMAP exceeds 70 percent of the Medicaid service costs.<sup>5</sup>

For fiscal year 2022-23, Florida's "normal" FMAP is 60.05 percent. This means that the federal government spends 60 cents of every dollar of Medicaid service costs. Although the federal government pays for a large percentage of Medicaid costs, Medicaid represents a huge driver of Florida's overall state budget. During fiscal year 2022-23, Florida's appropriated budget for Medicaid (\$37.6 billion)<sup>6</sup> makes up more than one-third (34.1 percent) of the total state budget.

With the passage of 2010's federal Patient Protection and Affordable Care Act ("Obamacare"), states have the option of expanding Medicaid coverage to nearly all adults with incomes up to 138% of the Federal Poverty Level and provided states with an enhanced federal matching rate (FMAP) for their expansion populations.<sup>7</sup> The federal government covers 90 percent<sup>8</sup> of the cost of Medicaid coverage for adults covered by the expansion. To date, 40 states and the District of Columbia have adopted the Medicaid expansion and ten states (including Florida) have not.<sup>9</sup>

Florida's unwillingness to participate in Medicaid expansion stems from uncertainty about future costs and the fiscal impact on the state's budget, of which Medicaid already accounts for more than one-third of the state budget. Unlike the federal government, Florida's constitution strictly requires the legislature to pass a balanced budget each year. As the costs for health care increase, maintaining a balanced budget would require an increase in taxes or reductions in other program areas to ensure the balance.

With the declaration of a federal Public Health Emergency (PHE) in January 2020, and the subsequent passage of the Families First Coronavirus Response Act of 2020,<sup>10</sup> states were

given a temporary 6.2 percent increase in the FMAP through the end of March 2023. In exchange for the increased FMAP rate, the state cannot reduce Medicaid eligibility or make it more difficult for eligible Floridians to enroll. In addition, the state is required to provide continuous Medicaid eligibility through the end of the month in which the PHE ends — in this case, through the end of March 2023.

In December 2022, the federal 2023 Consolidated Appropriations Act<sup>11</sup> was signed into law. This Act decoupled the receipt of the increased FMAP from the continuous coverage requirement and allowed states to begin to "disenroll" ineligible participants, following a 12-month redetermination process, which may begin on April 1, 2023.

The 2023 Consolidated Appropriations Act also created the following schedule for phasing out the temporary FMAP increases:

- Q1 2023: 6.2 percent;
- Q2 2023: 5.0 percent;
- Q3 2023: 2.5 percent; and
- Q4 2023: 1.5 percent.

Starting Q1 2024, normal FMAP levels will apply.<sup>12</sup>

Section 9817 of the federal American Rescue Plan Act (ARPA), which went into effect in April 2021, authorizes an increased FMAP to support home and community-based services (HCBS). A ten percent enhancement to the FMAP is based upon state Medicaid spending on HCBS during the period from April 2021 and March 2022. The state's spending plan devotes approximately \$1.1 billion to enhance its HCBS program.<sup>13</sup>

## HOW MANY FLORIDIANS ARE COVERED BY MEDICAID?

Florida Medicaid is "counter-cyclical." Enrollment in Florida Medicaid expands to meet rising needs during periods of economic downturn, when many people lose their jobs and their job-based healthcare coverage. At the beginning of the COVID-19 pandemic in 2020, Congress passed the Families First Coronavirus Response Act (FFCRA). The FFCRA included a "continuous coverage" provision that, in exchange for enhanced Medicaid funding, required state Medicaid programs

<sup>11</sup> Public Law 117-328.

<sup>12</sup> Florida Agency for Health Care Administration, "Florida Medicaid Overview," presentation to the Senate Appropriations Committee on Health and Human Services, January 18, 2023.

<sup>13</sup> Florida Agency for Health Care Administration, "Home and Community Based Services Spending Plan and Narrative," July 2021.

<sup>5</sup> Center on Budget and Policy Priorities, "Policy Basics: Introduction to Medicaid," retrieved from <https://www.cbpp.org/research/health/introduction-to-medicaid>, April 4, 2023.

<sup>6</sup> Agency for Health Care Administration, "Florida Medicaid Overview," presentation to the Florida Commission on Mental Health and Substance Abuse, February 15, 2023.

<sup>7</sup> Kaiser Family Foundation, "Status of State Medicaid Expansion Decisions: Interactive Map," March 27, 2023, retrieved from <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>, April 6, 2023.

<sup>8</sup> This amount was 100 percent in 2014 and has been reduced to 90 percent over time.

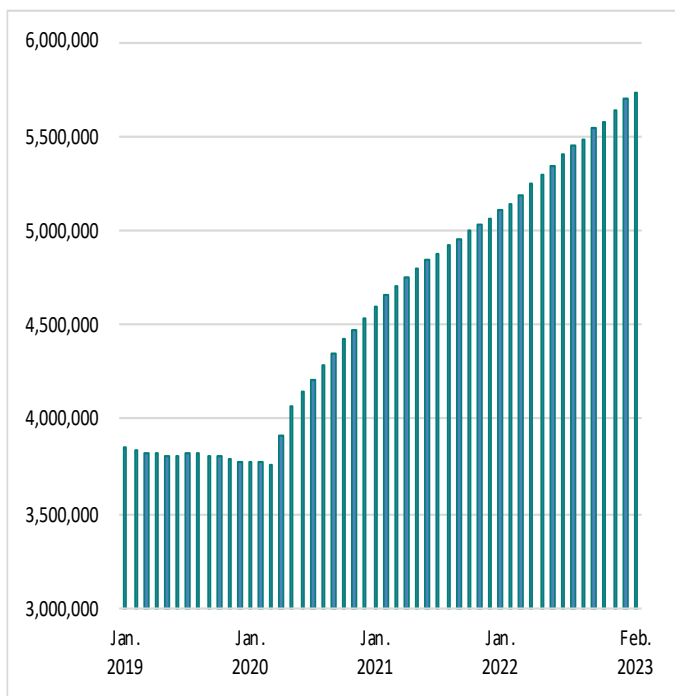
<sup>9</sup> Kaiser Family Foundation, "Status of State Medicaid Expansion Decisions: Interactive Map," March 27, 2023, retrieved from <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>, April 6, 2023.

<sup>10</sup> Public Law 116-127.

to keep people continuously enrolled through the end of the public health emergency.

The continuous coverage provision resulted in a substantial increase in the number of Medicaid enrollees, compared to pre-pandemic enrollment numbers. As shown in Figure 1, since the declaration of a Public Health Emergency in January 2020 due to the COVID-19 pandemic, Medicaid enrollment in Florida has increased from 3.8 million to 5.7 million in February 2023, an increase of more than 51 percent,<sup>14</sup> while the state’s general population increased only 4.1 percent during this time.<sup>15</sup>

**FIGURE 1. MEDICAID ENROLLMENT INCREASED DRAMATICALLY AS A RESULT OF THE COVID-19 PANDEMIC**



Source: Florida Monthly Medicaid Reports, Agency for Health Care Administration

## DOES FLORIDA HAVE A PLAN FOR MEDICAID REDETERMINATION?

The U.S. Centers for Medicare and Medicaid Services (CMS) has issued guidance to states to aid in the preparation of their “unwinding operational plans.” The CMS guidance reflects the expectation that states adopt a “risk-based” approach when prioritizing pending eligibility and enrollment actions. Risk-based approaches could be:

- Population-Based Approach—Prioritizes cohorts of beneficiaries most likely to have become eligible;
- Time or Age-Based Approach—Prioritizes based on length of time the action has been pending;
- Hybrid Approach—Combines the population- and time-based approaches; or
- State-Developed Approach—Ensures pending actions are handled appropriately to prevent improper terminations, mitigate churn, and provide smooth transitions to other healthcare programs.<sup>16</sup>

The state of Florida has prepared a plan to guide the redetermination of eligible Medicaid recipients, the objectives of which are to:

- Ensure continuity of Medicaid coverage for eligible individuals while promoting access to alternative health coverage providers;
- Prioritize exceptional customer service through strong communication and community collaboration; and
- Leverage technology solutions to enhance operational efficiencies while being compliant with federal guidelines.<sup>17</sup>

As of December 2022, the number of Medicaid cases in which one or more individuals in the case are no longer eligible is estimated at more than 900,000.<sup>18</sup>

<sup>14</sup> Florida Agency for Health Care Administration, “Florida Statewide Medicaid Monthly Enrollment Report,” retrieved from <https://ahca.myflorida.com/medicaid/medicaid-finance-and-analytics/medicaid-data-analytics/florida-statewide-medicad-monthly-enrollment-report>, March 23, 2023.

<sup>15</sup> Florida’s population increased from an estimated 21.7 million in January 2020 to an estimated 22.6 million in February 2023. This represents a 4.1 percent increase.

<sup>16</sup> State Health & Value Strategies, “New CMS Guidance on Expectations for Unwinding Federal Medicaid Continuous Coverage,” Princeton University, retrieved from <https://www.shvs.org/new-cms-guidance-on-expectations-for-unwinding-federal-medicad-continuous-coverage/>, April 5, 2023.

<sup>17</sup> Florida Department of Children and Families, “Florida’s Medicaid Redetermination Plan,” retrieved from <https://www.myflfamilies.com/Medicaid>, March 23, 2023.

<sup>18</sup> Ibid.

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## WHAT ARE THE PRIORITIES FOR FLORIDA MEDICAID REDETERMINATION?

The state's Medicaid Redetermination Plan prioritizes redetermining Medicaid eligibility, beginning with the group that is anticipated to have the least negative impact — individuals who have been identified both as ineligible during the most recent redetermination review and have not used Medicaid benefits for at least 12 consecutive months; and individuals who were previously identified as ineligible. Further, individuals who have been determined by the Social Security Administration (SSA) to be ineligible for Supplemental Security Income (SSI) will be referred to DCF for an “ex parte” review, consistent with federal guidelines.<sup>19</sup>

The state's plan recognizes that some Florida families receive benefits from other safety net programs (e.g., Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), etc.). To the extent possible, DCF will align Medicaid redetermination dates with existing SNAP or TANF redetermination dates concurrently to minimize the risk of any loss of benefits from these other safety net programs.

Medicaid recipients who have not completed a redetermination will be assigned a redetermination date based on the time since their last redetermination. Other Medicaid recipients who do not have an open case may have their redetermination scheduled “as capacity allows” and in compliance with federal guidelines. Finally, the redeterminations for Medicaid recipients under the age of 21 diagnosed with a medically complex condition, and for other vulnerable groups (e.g., individuals in institutional or hospice care, etc.) will be delayed until the end of the redetermination period.

## HOW WILL THE MEDICAID REDETERMINATION PROCESS WORK?

Whenever possible, the state plan anticipates processing Medicaid redeterminations using information that has already provided by individuals through the state's integrated online Self-Service Portal. This permits the state to leverage information from other safety net programs in support of Medicaid eligibility redeterminations.

This is intended to minimize any additional outreach to the individual or any additional recipient involvement. Currently, more than 92 percent of Medicaid applications and recertifications are submitted electronically through the state's online Self-Service Portal.<sup>20</sup> If additional or updated information is required, DCF will reach out directly to Medicaid recipients who must undergo the

Medicaid redetermination process through letters, text messages, and e-mails. The DCF will also include notifications to recipients through their self-service portal.

## WHAT IF MEDICAID COVERAGE IS DENIED?

The state's plan recognizes the right of due process to individuals who believe that a decision by DCF to deny their Medicaid eligibility was made in error. The DCF's Office of Appeal Hearings will process requests for appeals that result from a denial of eligibility.

When DCF determines that an individual is ineligible for Medicaid, that individual's information is automatically forwarded to one of the following options for health care:

- Florida KidCare—for individuals who do not qualify for Medicaid and who have children under the age of 18;
- Medically Needy Program—individuals who are not eligible for full Medicaid benefits may qualify for Medicaid benefits after a monthly share of cost requirement has been met;
- Federally Qualified Health Centers—services are offered on a sliding scale (based on income) to individuals with limited or no insurance;
- Federally Subsidized Health Centers—a national website where individuals can purchase low-cost, income-based, plans; and
- Commercial Coverage—provides coverage for a monthly fee through a defined network of physicians and hospitals.<sup>21</sup>

## WHAT ABOUT FLORIDIANS WITH NO OTHER COVERAGE OPTIONS?

Despite the state's best efforts, there is a percentage of those currently enrolled in Florida Medicaid that, after disenrollment, will not be eligible to participate in any of the available options for health care. Those falling into this “coverage gap” include adults who have incomes above the state's eligibility threshold for Medicaid but below the poverty threshold, making them ineligible for subsidies through the ACA Marketplaces.<sup>22</sup> It is estimated that one-in-five individuals (388,000 est.) in this coverage gap lives in Florida.<sup>23</sup> Losing health insurance coverage will have a dramatic

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<sup>21</sup> Ibid.

<sup>22</sup> When enacted, the ACA did not anticipate that states would be permitted to opt out of Medicaid expansion. As such, subsidies in the Marketplaces are not available for people with incomes below the poverty level.

<sup>23</sup> Kaiser Family Foundation, “How Many Uninsured are in the Coverage Gap and How Many Could be Eligible if all States Adopted the Medicaid Expansion?,” retrieved from <https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/>, April 10, 2023.

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<sup>19</sup> An “ex parte” review is one decided by a judge without requiring all parties to the dispute to be present.

<sup>20</sup> Florida Department of Children and Families, “Florida's Medicaid Redetermination Plan,” retrieved from <https://www.myflfamilies.com/Medicaid>, March 23, 2023.

impact on the ability of those in the coverage gap to access needed care.

## WHAT CAN BE DONE TO HELP THOSE IN THE COVERAGE GAP?

One option available to help those in the Medicaid coverage gap is to expand Medicaid coverage, an option that, to date, the state of Florida has steadfastly refused to enact. For those states that have expanded their Medicaid programs, the majority of Medicaid recipients that lose their coverage will have an affordable healthcare option available to them. States that have not expanded stand to see tens of thousands of residents lose their Medicaid coverage, with no affordable and available coverage option.

Expansion of Florida Medicaid will bring with it billions of dollars of federal funding. The federal government currently pays about 60 percent of the cost of “normal” Medicaid, plus an additional 6.2 percent increase during the public health emergency. With expansion, the federal government would pay 90 percent of the costs of the Medicaid expansion, plus Florida would see a net gain of \$1.8 billion over two years in ARPA fiscal incentive payments.<sup>24</sup> States that have expanded Medicaid have seen improved access to health care for low-income individuals; improved quality of care; improved financial performance of hospitals; and improved patient outcomes.<sup>25</sup>

The expansion of Medicaid is gaining popularity among Florida voters. A recent (March 2023) Mason-Dixon survey asked 625 respondents whether they supported or opposed extending Medicaid to those earning up to 138 percent of the poverty level. More than three-fourths (76 percent) of the respondents said they would support expansion. Among those who identified as:

- Democrats, 95 percent support the expansion;
- Republicans, 62 percent support the expansion; and
- Independents, 74 percent support the expansion.<sup>26</sup>

This suggests growing bipartisan support for Medicaid expansion in Florida.

Recent efforts to expand Florida Medicaid coverage to eligible low-income adults have been unsuccessful. Attempts to place a proposed constitutional amendment on the 2020 and 2022

ballots that would expand Florida Medicaid coverage to individuals aged 18-65 whose incomes are at or below 138 percent of the federal poverty level and meet other non-financial eligibility requirements failed to secure the required number of signatures to get on the ballot.

Despite its popularity, Medicaid expansion contains key risks, the first of which is that Medicaid expansion will cost more than originally estimated. A 2018 study by the Foundation for Government Accountability found that states that have expanded Medicaid under the ACA have enrolled more than twice as many adults as projected, and that the per-person costs have exceeded original estimates by 76 percent. Higher-than-projected enrollment, coupled with higher per-person costs, have generated cost overruns in excess of 150 percent.<sup>27</sup>

It is important to note that Medicaid pays doctors 62 cents for every dollar that private plans pay. Whereas 90 percent of providers in 2019 were willing to accept privately insured patients, only 70 percent were willing to accept new Medicaid patients.<sup>28</sup> To ensure Medicaid beneficiaries can access covered services, in April 2023, the CMS released two proposed rules<sup>29</sup> designed to address this concern by increasing transparency of provider payment rates; updating and standardizing the requirements for states to submit documentation about proposed payment rate reductions or restructurings; and improving the public comment process for changes to payment rates.

Significant enrollment increases coupled with a reluctance on the part of some doctors to accept new Medicaid patients is a prescription for longer wait times and poorer patient outcomes. A 2019 study by the Colorado Health Institute found that Colorado Medicaid patients waited 1.4 times longer for specialty care than those with private insurance. Colorado Medicaid patients were also three times more likely than those with private insurance to not have access to specialty care because they could not find a provider who accepts Medicaid.<sup>30</sup>

A second risk is the risk that the federal government will reduce its share of the expansion costs, thereby increasing the states’ costs of Medicaid expansion. This would throw the budgets of 41 states and the District of Columbia into a fiscal cliff. This is the main reason Florida has not expanded its Medicaid program.

<sup>24</sup> Kaiser Family Foundation, “Medicaid In Florida,” Fact Sheet, October 2022.

<sup>25</sup> Matt Childers, “Florida’s Medicaid Expansion Opportunity,” Florida Health Justice Project, February 2022, retrieved from <https://www.floridahealthjustice.org/floridas-medicaid-expansion-opportunity.html>, April 15, 2023.

<sup>26</sup> Anne Geggis, “Poll: Floridians Across the Political Spectrum Favor Medicaid Expansion,” Florida Politics, April 9, 2023, retrieved from <https://floridapolitics.com/archives/601712-poll-floridians-across-the-political-spectrum-favor-medicaid-expansion/>, April 11, 2023.

<sup>27</sup> Jonathan Ingram and Nicholas Horton, “A Budget Crisis in Three Parts: How ObamaCare is Bankrupting Taxpayers,” Foundation for Government Accountability, February 1, 2018.

<sup>28</sup> American Medical Association, “Summary of Research: Medicaid Physician Payment and Access to Care,” 2020.

<sup>29</sup> Ensuring Access to Medicaid Services (Access NPRM), and Managed Care Access, Finance, and Quality (Managed Care NPRM).

<sup>30</sup> Colorado Health Institute, “Colorado’s Unmet Demand for Specialty Care and the System We Need to Meet It,” June 2019.

A third risk is the risk of adding to what is already a record level of federal debt. The U.S. Congressional Budget Office's 2021 long-term budget outlook projected that, by the end of 2021, federal debt held by the public is projected to equal 102 percent of Gross Domestic Product (GDP).<sup>31</sup> The current (2023) debt now exceeds \$31 trillion. This makes it more expensive to borrow money and slows the country's economic growth and adversely affects our national security.

"Non-traditional" Medicaid expansion is another option. There is a handful of states that bypassed the traditional Medicaid expansion pathway in pursuit of non-traditional models that include: (1) a preference for solutions that rely more heavily on the private insurance market than on traditional Medicaid; and (2) an emphasis on higher enrollee cost-sharing, personal responsibility, and healthy behaviors.<sup>32</sup> In 2013, Arkansas and Iowa received approval from the CMS to create premium assistance programs in which Medicaid moneys are used to purchase private health insurance coverage for newly-eligible Medicaid beneficiaries. Michigan received approval from the CMS to expand its Medicaid program by incorporating health savings-like accounts and by tying cost-sharing to healthier behaviors.<sup>33</sup>

Expanding the eligibility criteria for programs like Florida KidCare represents a third option. The 2023 Florida Legislature passed House Bill 121 which will allow children living in families that earn 300 percent of the federal poverty level to qualify for healthcare coverage. The current threshold is 215 percent of the federal poverty level. The House has included an additional \$34 million in its budget to fund the expansion.

## CONCLUSIONS

Florida's plan to conduct Medicaid redeterminations is designed to return business operations to "normal" while ensuring that eligible individuals continue to receive Medicaid coverage and ineligible individuals are referred to other coverage where possible. In the process, however, an estimated 900,000 or more Floridians stand to lose their Medicaid coverage, as many as 388,000 of which may have no known affordable alternative.

In the longer term, the legislature must decide how to address the potential reality of up to 300,000 or more Floridians losing their Florida Medicaid coverage and, with it, access to needed care. It is doubtful that those who fall into the coverage gap

will be able to afford health insurance coverage through the ACA Marketplace absent some form of financial assistance. Individuals who do not receive some form of premium subsidies or other financial assistance to get coverage through the Marketplace are likely to face higher commercial insurance premium rates as providers "cross subsidize" to make up for losses on uncompensated care.

Those adults in the coverage gap that remain uninsured will be more likely to postpone needed care because they cannot afford it. Those uninsured Floridians who do seek medical care will undoubtedly place additional pressure on the "safety net" hospitals that have traditionally provided care to those who are uninsured, and on emergency rooms that, by law, must provide adequate care for situations that meet federal guidelines for what constitutes an emergency situation.

Medicaid expansion is a good deal for those states that take that route—the federal government funds 90 percent of the costs of expansion enrollees and additional financial incentives are available through the American Rescue Plan—as long as the federal funding for the expansion remains available to the states. Florida TaxWatch cautions against the traditional Medicaid expansion for several reasons. First, higher than projected enrollment and higher per-person costs have generated significant cost overruns in states that have expanded their Medicaid programs. Second, significant enrollment increases coupled with a reluctance on the part of some doctors to accept new Medicaid patients is a prescription for longer wait times and poorer patient outcomes. Finally, there is the uncertainty about future costs and the fiscal impact on the state's budget, of which Medicaid already accounts for more than one-third. Reducing the percentage of expansion costs paid by the federal government would be a "budget buster" for Florida and other states.

Floridians who earn too much to qualify for Medicaid, but too little to qualify for ACA Marketplace plans, can get financial assistance to purchase a plan through the ACA Marketplace. Unlike Medicaid and other federal safety net programs—eligibility for which is based on current income—eligibility for ACA Marketplace subsidies is based on a projection of the applicant's next year income. When purchasing a Marketplace healthcare plan, an applicant needs only to estimate "in good faith" that their next year income will be at or above the federal poverty level. If the next year income is below the federal poverty level, there would be no financial penalty or payback required unless the estimate was made with an

<sup>31</sup> Congressional Budget Office, "The 2021 Long-Term Budget Outlook," March 2021.

<sup>32</sup> Maia Crawford and Shannon M. McMahon, "Alternative Medicaid Expansion Models: Exploring State Options," Center for Health Care Strategies, February 2014.

<sup>33</sup> Ibid.

“intentional or reckless disregard for the facts.”<sup>34</sup>

Until the state has a clearer picture of the number of Floridians who remain in the coverage gap, it is difficult to suggest any specific measures to close the coverage gap. In the short term, to make the Medicaid redetermination process go as smoothly as possible, Florida TaxWatch encourages individuals with Florida Medicaid coverage to:

- Log on to the state’s integrated online Self-Service Portal (<https://members.flmedicaidmanagedcare.com/login>) and make sure all the information is correct and up-to-date; and
- If contacted by the DCF, timely respond to redetermination notices.

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<sup>34</sup>Daniel Chang and Phil Gelewitz, “How Optimism Can Close the Medicaid Coverage Gap,” Health News Florida, November 16, 2022, retrieved from <https://health.wusf.usf.edu/health-news-florida/2022-11-16/how-optimism-can-close-the-medicaid-coverage-gap>, April 20, 2023.

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## ABOUT FLORIDA TAXWATCH

As an independent, nonpartisan, nonprofit taxpayer research institute and government watchdog, it is the mission of Florida TaxWatch to provide the citizens of Florida and public officials with high quality, independent research and analysis of issues related to state and local government taxation, expenditures, policies, and programs. Florida TaxWatch works to improve the productivity and accountability of Florida government. Its research recommends productivity enhancements and explains the statewide impact of fiscal and economic policies and practices on citizens and businesses.

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