

Restarting Medicaid Renewals ("Medicaid Unwind"): Update from the Department of Vermont Health Access (DVHA)

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March 20, 2024

- Between March 2020 and April 2023, Medicaid agencies were required to keep people on Medicaid with a few exceptions. Therefore, Vermonters remained on Medicaid, even if they no longer qualified.
 - This protection, called continuous coverage, was put in place by Congress to help ensure as many people as possible kept their health insurance and access to health care during the pandemic.

- DVHA prepared for the end of Medicaid continuous coverage with a Medicaid “**unwind**” plan. “Unwinding” from continuous Medicaid coverage means checking whether Vermonters still qualify for Medicaid programs.
 - This process, called **redetermination**, uses both data to automatically check if people are still eligible and direct outreach to Vermonters on Medicaid to help determine whether they are still eligible.

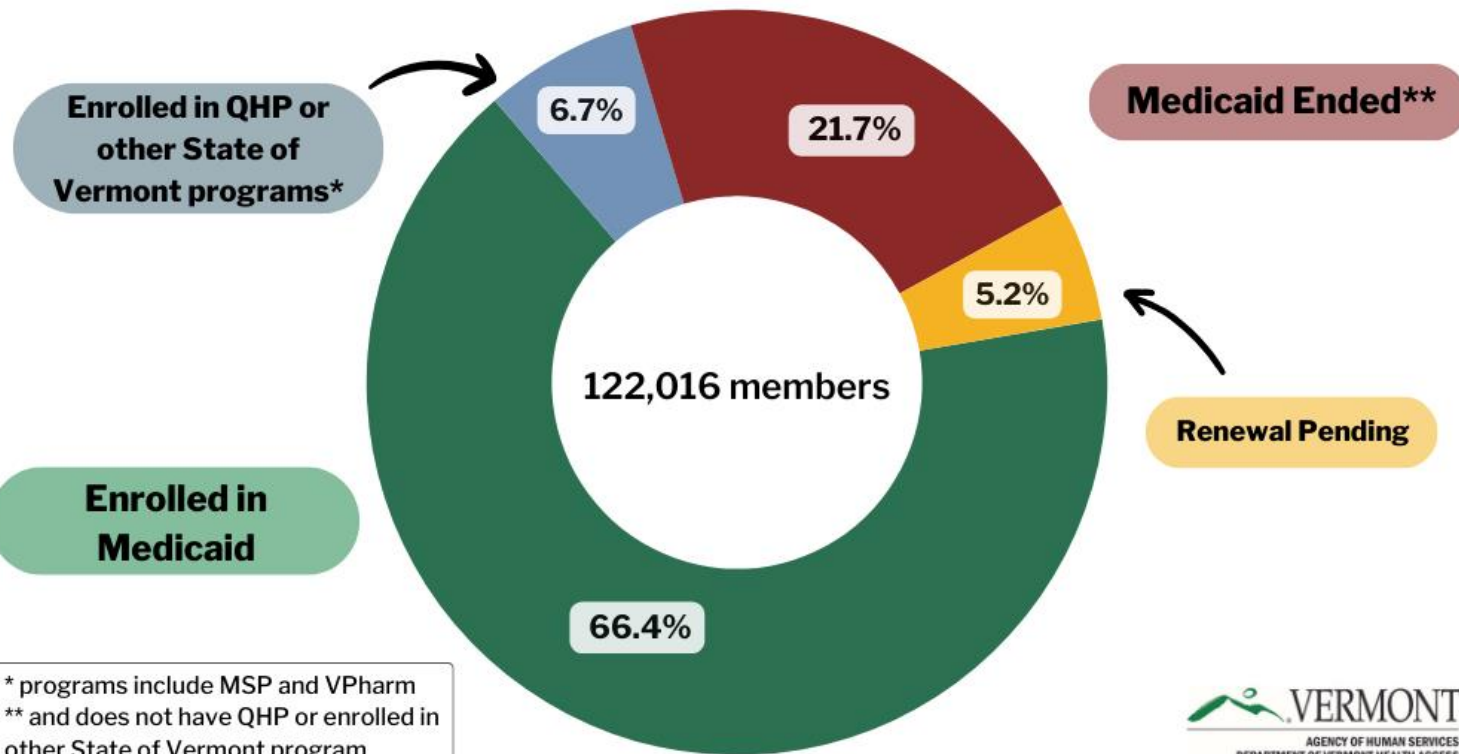
Renewal Dashboard

Data as of February 20, 2024

VERMONT MEDICAID RENEWAL DASHBOARD

Summary Overview

Outcomes of Medicaid renewal activity May 2023 - January 2024



* programs include MSP and VPharm
** and does not have QHP or enrolled in other State of Vermont program

[Renewal Dashboards](#)
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Renewal Dashboard

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Data as of March 8, 2024

VERMONT MEDICAID RENEWAL DASHBOARD

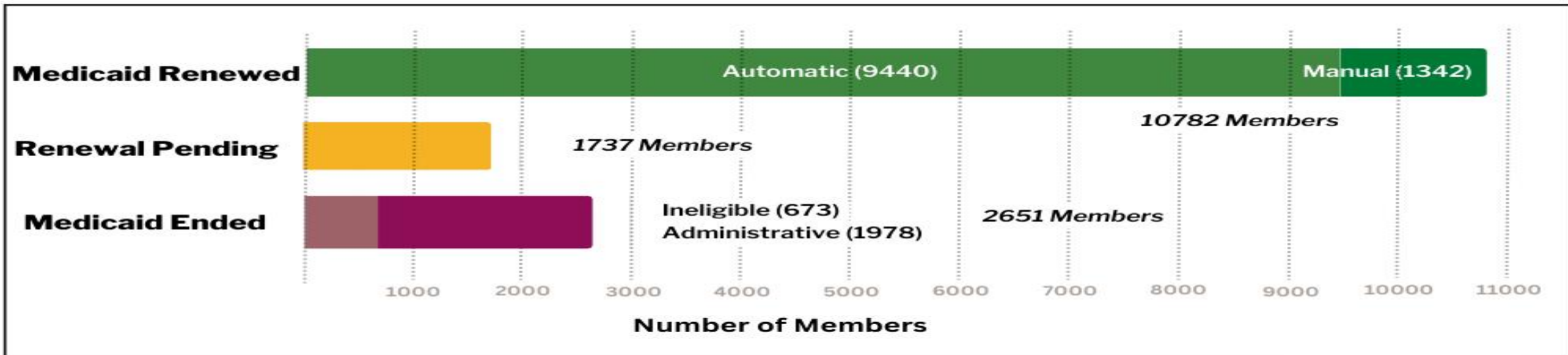
10 Renewal Months initiated



Medicaid population reviewed to date

February 2024 Activity (15,170 members)

This represents the most recent monthly renewal cycle. This is the population whose renewal was due February 29, 2024.



- Members receive their renewal notice 30 days before the end of their Medicaid enrollment period.
- Wherever possible, DVHA processes renewals automatically.
- Members receive direct outreach and instructions on renewing their Medicaid enrollment, or finding alternative coverage if they are no longer eligible.

Thank you!

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Please reach out anytime if you have questions for DVHA on this matter.