

Medicaid Coverage Renewals and Terminations -- Overview and Key Trends

Medicaid Unwinding 5 Slide Series, Volume 2
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Strategic Health Policy & Care Coordination Consulting

Introduction & Background

This second edition of the “Medicaid Unwinding” 5 Slide mini-series explores state-by-state Medicaid renewal and termination outcomes during the unwinding period, using monthly state reports submitted to the Centers for Medicare & Medicaid Services.

Background: After the end of COVID-era continuous enrollment requirements, many states resumed eligibility redeterminations on **April 1, 2023**, with the **Medicaid unwinding period** typically lasting 12–14 months, but [varying by state](#). When an individual reaches their Medicaid renewal date, their coverage is typically either **renewed** or **terminated**, with some determinations pending. The table below describes the Medicaid Coverage Renewal Outcomes.

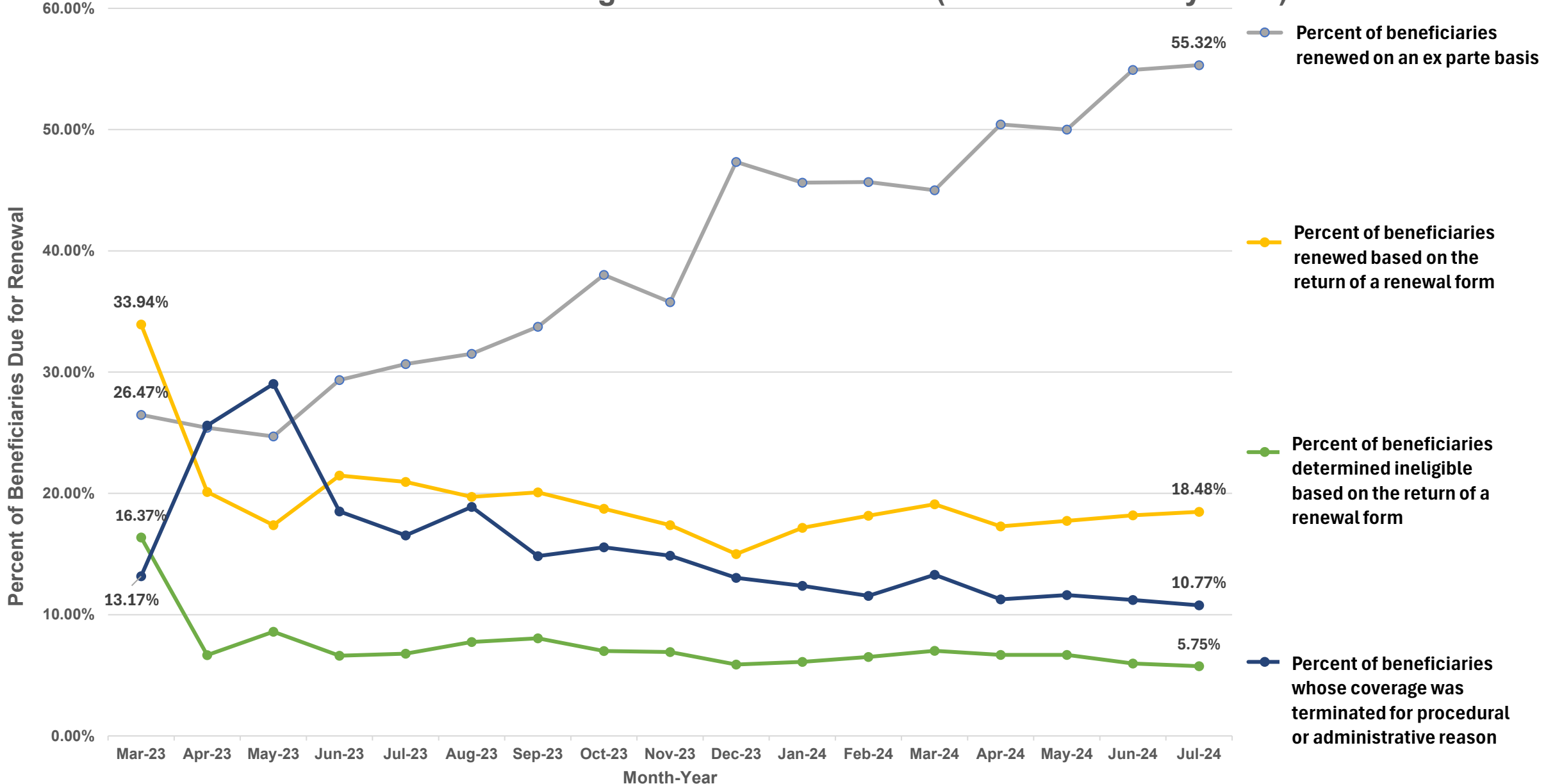
Coverage Outcome	Type of Process	Description
Medicaid Coverage Renewal	Renewed on an ex parte basis	Ex parte renewals, also known as automated renewals, use existing information and checking data available to the state (e.g., income data from state tax databases or federal tax data from the IRS, SNAP data, etc.) to verify eligibility without requiring information submittal or action from beneficiaries.
	Renewed based on a renewal form	According to <i>Medicaid.gov</i> , if a state does not have sufficient information to complete the eligibility renewal on an ex parte basis or if the information available to the state indicates that the individual may not meet all eligibility requirements, the state must send a renewal form and request only the additional information needed to determine eligibility. In this case, a renewal form is received, reviewed, and the beneficiary is determined to be eligible for Medicaid, allowing coverage renewal.
Medicaid Coverage Termination	Determined ineligible based on a renewal form	A renewal form is received, reviewed, and the beneficiary is determined to be ineligible for Medicaid, leading to the termination of coverage.
	Coverage terminated for procedural/administrative reasons	The state cannot make a definitive determination on the beneficiary’s Medicaid eligibility on an ex parte basis nor the return of a renewal form, resulting in the termination of their coverage. This can occur if beneficiaries do not receive renewal notices, and for any reason do not respond to the renewal request.
Medicaid Coverage Pending Renewal	Pending/incomplete renewals at the end of the month	Pending renewals to date reflect the sum of total pending renewals at the end of each reporting month (states may complete renewals pending in the following months).

National Medicaid Coverage Renewal Outcomes from March 2023 to July 2024

Month-year	Percent of beneficiaries renewed on an ex parte basis	Percent of beneficiaries renewed based on the return of a renewal form	Percent of beneficiaries determined ineligible based on the return of a renewal form	Percent of beneficiaries whose coverage was terminated for a procedural or administrative reason	Percent of beneficiaries whose renewal was pending at the end of the month
Mar-23	26.5%	33.9%	16.4%	13.2%	10.1%
Apr-23	25.4%	20.1%	6.7%	25.6%	22.2%
May-23	24.7%	17.4%	8.6%	29.0%	20.3%
Jun-23	29.4%	21.5%	6.6%	18.5%	24.0%
Jul-23	30.7%	21.0%	6.8%	16.5%	25.1%
Aug-23	31.5%	19.7%	7.7%	18.9%	22.2%
Sep-23	33.7%	20.1%	8.1%	14.8%	23.3%
Oct-23	38.0%	18.7%	7.0%	15.6%	20.7%
Nov-23	35.8%	17.4%	6.9%	14.9%	25.1%
Dec-23	47.3%	15.0%	5.9%	13.0%	18.8%
Jan-24	45.6%	17.2%	6.1%	12.4%	18.7%
Feb-24	45.7%	18.2%	6.5%	11.6%	18.1%
Mar-24	45.0%	19.1%	7.0%	13.3%	15.6%
Apr-24	50.4%	17.3%	6.7%	11.3%	14.4%
May-24	50.0%	17.7%	6.7%	11.6%	14.0%
Jun-24	54.9%	18.2%	6.0%	11.2%	9.7%
Jul-24	55.3%	18.5%	5.8%	10.8%	9.7%

 The following slide includes a visual representation of these data.

National Medicaid Coverage Renewal Outcomes (March 2023 - July 2024)



****The four lines above do not add to 100% due to pending renewals. For example, 9.68% of beneficiaries in July 2024 fall into the "renewals pending" category. States may finalize pending renewals in the following month.**

Data Source:
Medicaid.gov

Trends in National Medicaid Coverage Redetermination Outcomes from March 2023-July 2024: Coverage Renewals

Overall Renewal Rate

- When the Medicaid redetermination process was reinstated in March 2023, Medicaid coverage was renewed for 60.4% of beneficiaries due for renewal. This percentage decreased for the ensuing months, reaching **a low of 42.1%** in May 2023. The successful renewal percentage then **increased sharply**, reaching **73.8%** as of July 2024.

Ex Parte Renewals

- The percentage of redeterminations resulting in an ex parte renewal **more than doubled** from March 2023 (26.5%) to July 2024 (55.3%).
- This significant increase in ex parte renewals over the year may potentially be attributed to states adopting new policies to improve ex parte rates, such as integrating additional data sources in the redetermination process. In response to noncompliance with federal regulations, CMS required 26 states to begin implementing mitigation plans while addressing system issues at the end of March 2023. Additionally, 47 states adopted 1902(e)(14)(A) waivers from CMS to streamline renewals, with some using them as mitigation strategies ([KFF](#)).

Renewals Based on Returned Forms

- The percentage of beneficiaries renewed based on the return of a renewal form **decreased** from **33.9%** in March 2023 to **18.5%** in July 2024.

Trends in National Medicaid Coverage Renewal Outcomes from March 2023-July 2024: Coverage Terminations

Overall Termination Rates

- **29.6%** of redetermined beneficiaries lost Medicaid coverage in March 2023. This termination percentage **grew to 37.6%** as of May 2023 but then dropped to **25.2%** in June 2023. Over the ensuing 12 months, the percentage of redeterminations with a coverage termination outcome decreased steadily, reaching **a low of 16.5%** as of July 2024.

Ineligibility Based on Returned Forms

- In March 2023, **16.4%** of redetermined beneficiaries were deemed ineligible based on the information reported in their returned forms. This percentage decreased by roughly half in April 2023 and remained below 10% in all of the ensuing 13 months, reaching **a low of 5.8%** in July 2024.

Terminations for Procedural or Administrative Reasons

- **13.2%** of redeterminations during March 2023 resulted in Medicaid coverage termination for procedural or administrative reasons. This figure rose sharply to **29.0%** in May 2023 and then **consistently declined**, reaching **10.8%** in July 2024.

State-Specific Medicaid Redetermination Outcomes Across the March 2023 – July 2024 Timeframe

- From March 2023 through July 2024, **27%** of renewal outcomes for beneficiaries across the nation **resulted in the termination of Medicaid coverage.**
- This percentage spanned a wide continuum across states.
- The states with the highest termination rates were **South Dakota (53.6%), Utah (52.9%), and Texas (51.2%).**
- Conversely, **Maine** experienced the lowest percentage of terminations at **7.7%**, followed by **Illinois (8.1%)** and **Michigan (8.5%).**

State	Total Number of Beneficiaries Whose Coverage Was Renewed	Total Number of Beneficiaries Whose Coverage Was Terminated	Percentage of Beneficiaries whose Coverage was Terminated
SD	51,653	59,642	53.6%
UT	212,778	239,377	52.9%
TX	2,082,513	2,184,459	51.2%
MT	119,110	112,516	48.6%
OK	532,084	499,823	48.4%
ID	226,164	212,383	48.4%
CO	965,971	759,842	44.0%
GA	1,277,583	934,695	42.3%
ND	92,762	67,067	42.0%
WV	378,877	227,568	37.5%
WI	783,229	456,769	36.8%
FL	3,182,718	1,836,307	36.6%
MA	1,052,242	605,511	36.5%
TN	878,625	500,788	36.3%
SC	701,973	392,792	35.9%
AR	658,260	350,673	34.8%
AK	92,273	47,138	33.8%
LA	1,357,851	652,226	32.4%
AL	956,967	458,773	32.4%
MO	820,638	368,026	31.0%
PA	1,658,144	724,168	30.4%
NV	717,571	309,042	30.1%
NH	159,601	68,489	30.0%
WY	37,224	15,757	29.7%
NY	4,958,276	2,097,970	29.7%

State	Total Number of Beneficiaries Whose Coverage Was Renewed	Total Number of Beneficiaries Whose Coverage Was Terminated	Percentage of Beneficiaries whose Coverage was Terminated
RI	228,674	85,091	27.1%
KS	207,817	76,761	27.0%
NM	581,324	208,518	26.4%
MS	444,577	157,336	26.1%
MD	1,315,101	449,357	25.5%
WA	1,538,922	514,146	25.0%
IN	1,303,098	414,261	24.1%
KY	756,315	239,138	24.0%
IA	497,496	155,540	23.8%
VT	123,758	37,985	23.5%
NE	209,980	60,236	22.3%
HI	398,902	105,361	20.9%
OH	3,142,147	826,135	20.8%
DE	160,540	40,010	20.0%
DC	231,101	57,247	19.9%
AZ	2,421,237	544,591	18.4%
MN	968,282	205,112	17.5%
NJ	635,256	133,451	17.4%
CA	9,161,251	1,881,136	17.0%
CT	1,186,021	236,060	16.6%
OR	1,131,332	211,759	15.8%
NC	2,212,510	295,294	11.8%
VA	1,721,695	211,384	10.9%
MI	1,893,831	176,084	8.5%
IL	2,588,280	228,203	8.1%
ME	269,982	22,598	7.7%
USA	59,162,700	21,667,122	26.8%

Total Beneficiaries With Medicaid Coverage Renewed: Ex Parte Basis vs Renewal Forms

Of those beneficiaries who had their Medicaid coverage **renewed** from March 2023 to June 2024, **69%** were completed through the ex parte process. The remaining **31%** of Medicaid coverage renewals occurred by virtue of beneficiaries returning a coverage renewal form.

States with High Ex Parte Renewal Rates

- **North Carolina** had the highest percentage of ex parte renewals at **100%**.
- **Rhode Island (92%)** and **Arizona (91%)** experienced the next-highest ex parte renewal rates.

States with Low Ex Parte Renewal Rates

- **Texas (12%)** and **Pennsylvania (13%)** had the smallest share of renewals via the ex parte process from March 2023 through July 2024.

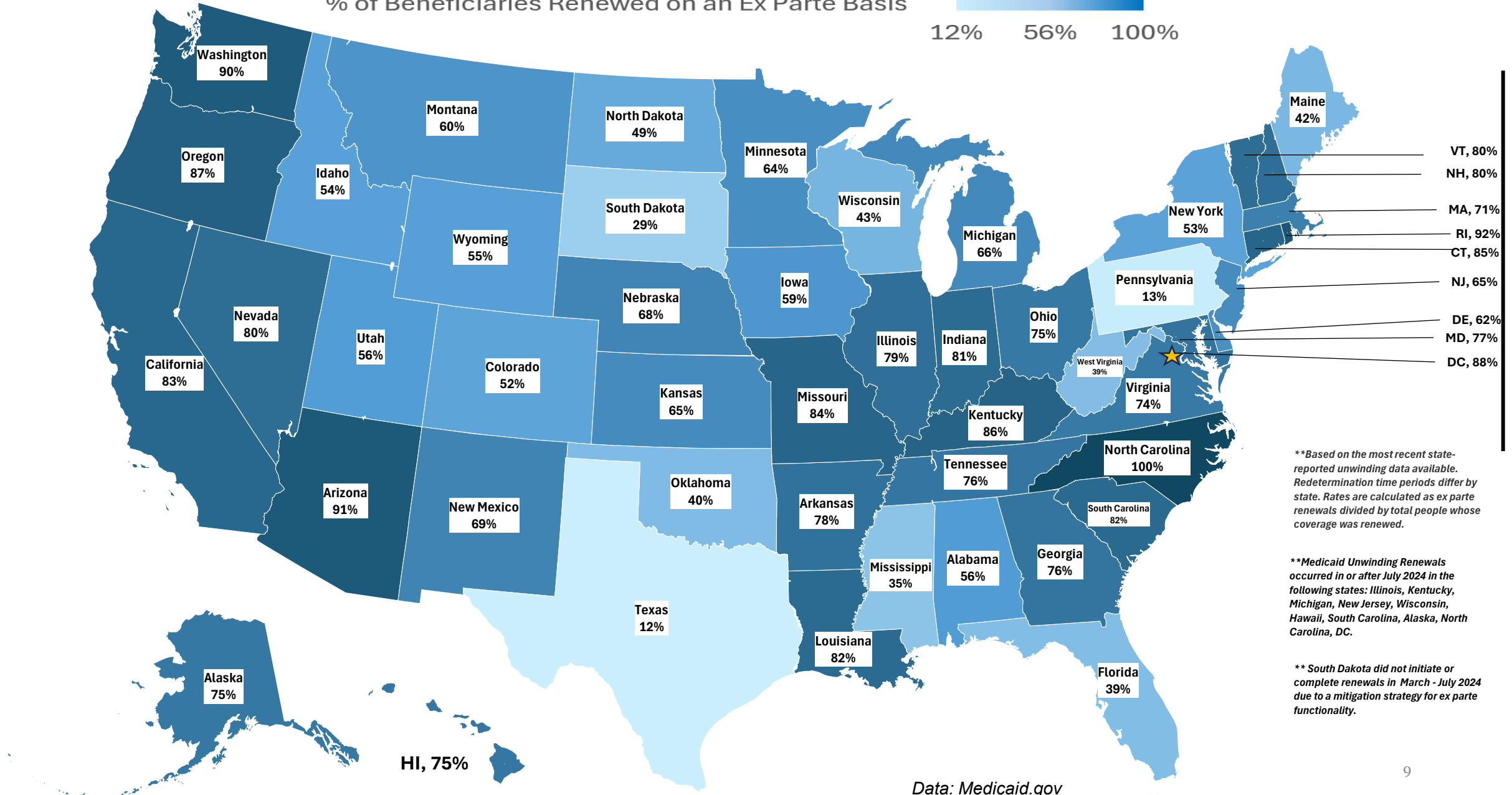


The map on the following slide shows the state-by-state percentage of coverage renewals occurring based on the state's available data (on an ex parte basis).

Percentage of Coverage Renewals Occurring Via Ex Parte Review, March 2023 – July 2024

% of Beneficiaries Renewed on an Ex Parte Basis

12% 56% 100%



****Based on the most recent state-reported unwinding data available. Redetermination time periods differ by state. Rates are calculated as ex parte renewals divided by total people whose coverage was renewed.**

****Medicaid Unwinding Renewals occurred in or after July 2024 in the following states: Illinois, Kentucky, Michigan, New Jersey, Wisconsin, Hawaii, South Carolina, Alaska, North Carolina, DC.**

**** South Dakota did not initiate or complete renewals in March - July 2024 due to a mitigation strategy for ex parte functionality.**

Total Beneficiaries With Medicaid Coverage Terminated: Procedural Disenrollments vs Renewal Forms

Of the coverage **terminations** occurring from March 2023 to June 2024, **31%** were due to administrative or procedural reasons. The majority (**69%**) of coverage terminations were due to the information conveyed on their renewal form.

States with High Procedural Termination Rates:

- **Michigan** experienced the highest percentage of its coverage terminations due to procedural/administrative reasons (**85%**). **Maine** (**82%**) and **Illinois** (**77%**) also experienced high proportions of their terminations due to procedural reasons during this time period.

States with Low Procedural Termination Rates:

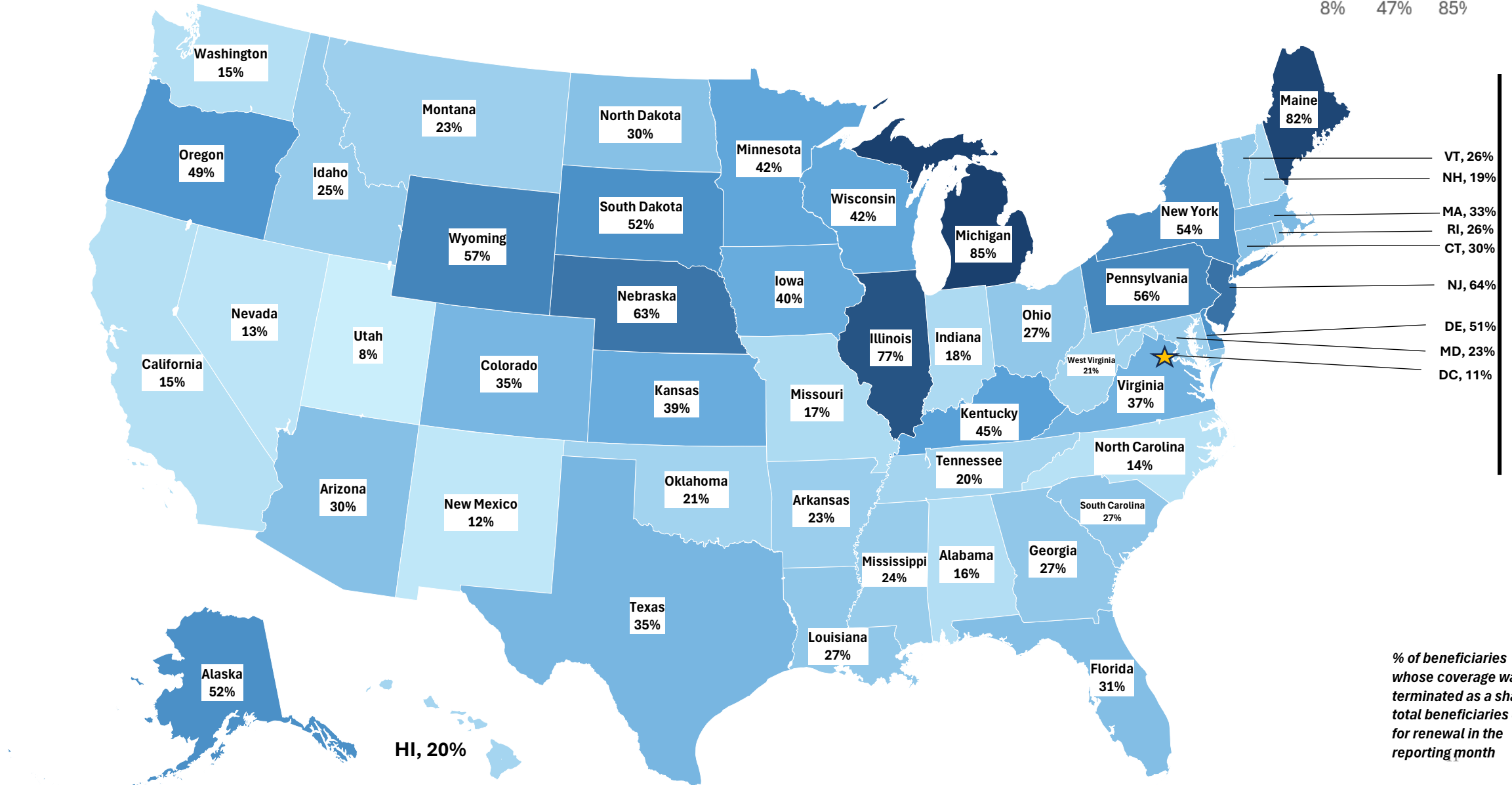
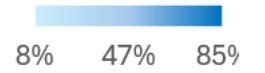
- In **Utah**, only **8%** of terminations were for procedural or administrative reasons.
- The **District of Columbia** (**11%**), **Nevada** (**12%**), and **New Mexico** (**13%**) also experienced a low share of their terminations due to procedural/administrative reasons.



The map on the following slide shows the percentage of each state's terminations occurring due to procedural or administrative reasons.

Percentage of Coverage Terminations Due to Procedural Reasons, March 2023 – July 2024

Percent of beneficiaries who coverage was terminated for procedural or administrative reasons as a share of total beneficiaries due for renewal whose coverage was terminated



% of beneficiaries whose coverage was terminated as a share of total beneficiaries due for renewal in the reporting month

Data Sources

- **CMS:** Medicaid and CHIP Eligibility Operations and Enrollment Snapshot (<https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-september2024.pdf>)
- **CMS:** Medicaid and CHIP National Summary of Renewal Outcomes (<https://www.medicaid.gov/resources-for-states/downloads/april-2024-national-summary-renewal-outcomes.pdf>)
- **CMS:** CMCS Informational Bulletin (<https://www.medicaid.gov/federal-policy-guidance/downloads/cib11262024.pdf>)
- **KFF:** How Did Medicaid Renewal Outcomes Change During the Unwinding? (<https://www.kff.org/policy-watch/how-did-medicaid-renewal-outcomes-change-during-the-unwinding/>)
- **KFF:** Understanding Medicaid Ex Parte Renewals During the Unwinding (<https://www.kff.org/policy-watch/understanding-medicaid-ex-parte-renewals-during-the-unwinding/>)
- **KFF:** Understanding Medicaid Procedural Disenrollment Rates (<https://www.kff.org/policy-watch/understanding-medicaid-procedural-disenrollment-rates/>)
- **Medicaid.Gov:** Medicaid and CHIP CAA Reporting Metrics (<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/data-reporting/monthly-data-reports/index.html>)

5 Slide Series Overview

Our 5 Slide Series is typically a monthly publication whereby we briefly discuss a selected topic outside the confines of our client engagements. The Menges Group has developed a variety of datasets that we use to support our 5 Slide Series and client projects.

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