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The Medicaid Re-Eligibility Readiness Checklist

Ten questions a leader should be able to answer about their own redetermination pipeline. Check the ones you could answer today with data, not a guess.

How to use it: run through the ten questions with your operations and revenue cycle leads. Every unchecked box is a place where patients who still qualify can fall out of coverage for procedural reasons, and where the visit revenue follows them out.

- [ ] **The next 90 days.** Do you know how many of your active patients have a Medicaid redetermination date in the next 90 days? If the number isn't known, the outreach can't start.
- [ ] **The list on demand.** Can you produce that list by provider and by site today, without filing a data request?
- [ ] **Procedural vs. true loss.** Do you know what share of last quarter's coverage losses were procedural rather than a real loss of eligibility?
- [ ] **Contact information that lands.** Was every Medicaid patient's mailing address, phone, and email verified at their most recent visit? A renewal packet mailed to an old address is a disenrollment letter.
- [ ] **A named owner.** Does one person own re-eligibility outreach by name, with time budgeted for it, rather than everyone owning it a little?
- [ ] **The data feed.** Do renewal dates from your state or MCOs land somewhere your team actually works, not in a monthly file nobody opens?
- [ ] **Outreach before the packet.** Do patients hear from you before the renewal packet arrives, in the language they speak at home?
- [ ] **The bridge.** When coverage lapses, is there a standard path (sliding fee, enrollment assistance, retroactive re-enrollment) so care doesn't stop while paperwork catches up?
- [ ] **The cost, measured.** Do you track the revenue lost to eligibility-related denials and to visits that never happen after coverage lapses?
- [ ] **Today's schedule.** Could your front desk say, for today's schedule, which patients are within 60 days of redetermination?

Scoring it: 8 or more checked means you're ahead of your redetermination calendar. 5 to 7 means the machinery exists but leaks. 4 or fewer means coverage losses are finding you before you find them, and the place to start is questions 1, 4, and 5.

Keep going: the episode recording walks through every question with Dr. Ashish Abraham, CEO of Caliper. Watch it at scribe-x.com/events/webinars/medicaid-reeligibility.