The 2027 Medicaid Coverage Retention Readiness Checklist

Are you ready before the June 30 – August 31, 2026 member-notice window? Work the eight sections below.

THE DEADLINE THAT MATTERS

Enforcement begins January 1, 2027 — but member notices must go out June 30–August 31, 2026, and procurement happens in 2026. The window is open now — capture your baseline immediately; it closes August 31, 2026.

1. Quantify your exposure

- [ ] Identify your subject expansion-adult population (who the rule applies to)
- [ ] Calculate premium at risk: subject members × procedural-churn rate × PMPM × 12
- [ ] Pull a baseline procedural-disenrollment rate from recent renewals
- [ ] Estimate the share likely-exempt but at risk of not claiming it

2. Map the member journey

- [ ] Map every touchpoint from notice → understanding → reporting → renewal
- [ ] Find the drop-off points (stale addresses, unreadable notices, missed deadlines)
- [ ] Audit current notice language for reading level and translation quality
- [ ] Confirm contact data quality (address, phone, email, language preference)

3. Build the notice set

- [ ] Rewrite enrollee notices to a 4th–6th grade reading level, one action each
- [ ] Translate to native quality in your top languages (Spanish first)
- [ ] Design accessible creative (Section 508 / WCAG 2.1 AA)
- [ ] Get CMS/state-compliant notice content reviewed before send

4. Stand up outreach channels

- [ ] Plan the omnichannel sequence: mail + SMS + IVR + email + trusted messengers
- [ ] Secure TCPA consent and opt-out handling for SMS/IVR
- [ ] Equip CBO/FQHC partners with consistent, compliant materials
- [ ] Add geofenced/place-based outreach for hard-to-reach members

5. Exemptions & reporting

- [ ] Pre-identify likely-exempt members from claims & cross-program (SNAP/TANF) data
- [ ] Prompt members to claim exemptions they already qualify for
- [ ] Make reporting simple — step-by-step guidance and reminders
- [ ] Run ex-parte (automatic) renewal first to reduce member burden

6. Measurement & equity KPIs

- [ ] Define KPIs: procedural disenrollment, reach, exemption capture, reporting completion, ex-parte rate
- [ ] Disaggregate every metric by language, geography, and disability
- [ ] Lock a baseline BEFORE the June–August 2026 window
- [ ] Plan to monitor the first two 2027 redetermination cycles

7. Procurement / teaming (vendors)

- [ ] Watch state procurement portals; get on bidder lists early
- [ ] For MCOs: lead with premium-at-risk; price against loss prevented
- [ ] For primes: position as the member-comms subcontractor (incl. BEP goals)
- [ ] Prepare key-personnel résumés and compliance/accessibility evidence

8. The 90-day timeline

- [ ] Weeks 1–2: quantify exposure, map journey, find gaps
- [ ] Weeks 3–6: build the compliant, multilingual notice + script set
- [ ] Weeks 7–10: run outreach inside the notice window; capture data
- [ ] Weeks 11–13: measure lift; convert to ongoing managed outreach

*Want the full picture? Download the 55-page 2027 Medicaid Coverage Retention Report, or request a state- or plan-specific readiness audit at **medicaid.atypical.global**.*