AAP Practice Guidance to Help Maximize Patient Coverage & Prevent Revenue Loss During the Medicaid Unwinding

The Medicaid Unwinding represents the end of the federal Medicaid continuous coverage requirement put in place during the COVID-19 pandemic—states are now in the process of redetermining the eligibility of all Medicaid enrollees. Many enrollees are expected to lose Medicaid coverage either (1) because they are no longer eligible for the program (potentially becoming eligible for CHIP or Marketplace coverage), or (2) for *procedural* reasons, meaning families did not receive redetermination forms, or they did not return them in time. Those who lose coverage for procedural reasons will enter a 90-day reconsideration period, where, if they return required forms and documentation, their Medicaid coverage will be reinstated.

To learn more about the Medicaid Unwinding itself, visit the AAP's many resources, including a practice explainer and state-by-state flyers (also available in Spanish) at www.aap.org/MedicaidUnwinding. Practices are encouraged to proactively share your state's flyer widely (in the office, on a practice website and social media, and distribute via newsletters or with other mailings). Some state-generated' flyers may be available in additional languages or be available via video. Pediatricians and office staff are also encouraged to familiarize themselves with your state's redetermination forms, including letters of termination, and other documents, so that they can converse with families about them.

The Centers for Medicare and Medicaid Services (CMS) has encouraged states to take up specific flexibility options (known as 1902(e)(14)(A) waivers) to make it easier to protect enrollees from inappropriate coverage losses. Most of these are options *states* can operationalize, however options may be developed with direct implications for practices. Importantly too, on August 30, CMS sent all state Medicaid programs a letter, outlining areas of possible non-compliance with federal renewal requirements. Actions taken in response to this notice may result in reinstatement of Medicaid coverage for some individuals. AAP will update this resource with information on any practice-focused flexibilities and/or information on reinstatement as it becomes available.

During the Unwinding period of April 1,2023 through July 31, 2024, the insured status of many Medicaid-enrolled patients may change as their Medicaid status is redetermined. There are steps pediatric practices can take to help patients stay covered and to help maximize coverage and mitigate revenue loss during the Unwinding, including the following:

1. **Obtain information from the state and/or Medicaid managed care organizations (MCOs) as to <u>your patients</u> who either will be going through eligibility redetermination or have lost coverage (as applicable per state capabilities).** CMS has clarified that, subject to state agreements with providers, state Medicaid programs can share data with providers about Medicaid enrollees for purposes of encouraging or helping them to complete renewal forms. (States can also share this information with Medicaid MCOs, which may also share this information with clinicians, act to inform enrollees directly, and even help enrollees complete redetermination forms, should the state take up an option to do so.) Pediatric practices should ascertain their abilities to obtain patient redetermination data and learn more about the parameters of this information. For example, such patient data may come through the provider portal or some other means and may include info on attributed patients' redetermination dates, lost coverage dates, or both. Additionally, these data may be provided periodically (weekly, monthly) or in aggregate.

Pediatric practices with the capacity to do so can proactively reach out to those whose eligibility is due for redetermination and/or those who have lost Medicaid coverage:

a) **For children and families who are due soon for redetermination, provide them your State Unwinding Flyer available at www.aap.org/MedicaidUnwinding (also available in Spanish).** This flyer tells families how to update contact information with your state and to be on the lookout for redetermination forms. Families with low literacy or those of non-English proficiency may require additional assistance. Practices can help families to the extent feasible, and/or can also direct families to local assisters in your area via getcoveredamerica.org or localhelp.healthcare.gov who can help.

   Depending on your practice's software capabilities, you may also be able to flag patients who are due for redetermination within a set period of time from scheduled appointments (ie, 45 days), providing additional opportunities to prompt patients to reply to renewal requests.

b) **For children and families who have lost coverage, provide them with your state's Coverage Loss Flyer at www.aap.org/MedicaidUnwinding** to help them regain Medicaid coverage during the 90-day reconsideration period, or obtain CHIP or Marketplace coverage.

2. **To ensure uninterrupted patient care and mitigate revenue loss, encourage patients to check their own Medicaid status through the Medicaid enrollee portal, especially when scheduling a visit.** State Unwinding Flyers at www.aap.org/MedicaidUnwinding have information on how families can update contact information with the state and remind families to respond to Medicaid redetermination forms right away. Patients can also be instructed to check their Medicaid portal to ensure they remain covered by the program, especially when scheduling a visit. If the patient becomes uninsured, be sure to have families inform the pediatric practice of this change.

3. **To the extent feasible in your practice, verify Medicaid enrollment status per state provider portal (or other means, as applicable), at several stages of the patient encounter.** Given that Medicaid enrollment status may change between the scheduling of an appointment and service date, to the extent feasible in your practice, check the patient's Medicaid enrollment status at any/all of the following times:
   - When scheduling an appointment
   - The day/morning before an appointment (this is likely the most important time to verify Medicaid status if your practice has the capacity to do so)
   - At check-in

4. **Take steps per the enrollment status of the patient.**

   a. **If the patient remains actively enrolled in Medicaid on the date of the appointment, continue with treatment and billing.** Practices are encouraged to submit claims within 24 hours of service provided to optimize payment while coverage can be verified. Practices are also encouraged to document and preserve verification received confirming coverage at the time of service, in the event of later denials.

b. **If it is determined that the patient has lost Medicaid coverage at any stage of the patient encounter *prior to the date of appointment*, provide them Coverage Loss Flyer at www.aap.org/MedicaidUnwinding** to help them regain Medicaid coverage during the 90-day reconsideration period, or obtain CHIP or Marketplace coverage if they are no longer Medicaid-eligible. Practices can also direct families to local assisters in your area via getcoveredamerica.org or localhelp.healthcare.gov, who can help.

   In such instances, it will be the pediatric practice's decision as to how to handle the scheduled visit and related billing.

   i. **If the patient has been *procedurally disenrolled* from Medicaid, the patient may regain Medicaid coverage during the 90-day Medicaid reconsideration period** if they return their renewal form (and any other necessary information) and meet other Medicaid eligibility criteria. For more information, see point c(i) below.

   ii. **Following triage and as clinically appropriate, practices may instead give families the option to reschedule appointments** until insurance coverage is reattained and/or direct them to other appropriate resources in the community (free care clinics, federally qualified health centers, etc).

c. **If it is discovered *at the time of the appointment* that the patient has lost Medicaid coverage, provide them with Coverage Loss Flyer at www.aap.org/MedicaidUnwinding** to help them regain Medicaid coverage during the 90-day reconsideration period, or obtain CHIP or Marketplace coverage if they are no longer Medicaid-eligible. To the extent feasible, practices can also utilize staff (such as care coordinators) to help reach out to the state or show families how to complete forms. Practices can also direct families to local assisters in your area via getcoveredamerica.org or localhelp.healthcare.gov, who can help.

   In such instances, it will be the pediatric practice's decision as to how to address the visit and related billing.

   i. If the patient has been *procedurally disenrolled* from Medicaid, the patient may regain Medicaid coverage during the 90-day Medicaid reconsideration period if they return their renewal form (and any other necessary information) and meet other Medicaid eligibility criteria. This 90-day reconsideration period starts the date of Medicaid disenrollment; reinstated Medicaid coverage would start at the date the renewal form is returned, the first date of the month the renewal form is returned, or the date of termination, consistent with the state's plan. **Pediatric services provided during this 90-day reconsideration period *can be covered retroactively by Medicaid* if provided during the state's retroactive coverage window (see 5, below).**

   ii. **If the patient loses coverage because they are *no longer eligible* for Medicaid (ie, they were *affirmatively disenrolled* because they no longer meet eligibility criteria) provide them with your State Unwinding Flyer at www.aap.org/MedicaidUnwinding** to help them obtain CHIP or Marketplace coverage. Following triage and as clinically appropriate, practices may give families

the option to reschedule appointments until insurance coverage is obtained.

iii. **Alternatively, and in either instance, the practice may treat the patient as uninsured and bill the family.** Practices should make recently disenrolled patients aware of practice policies around payments due for services when patients are uninsured. It will be important to ensure the family is informed that they will be paying out-of-pocket for the services provided; a best practice would be to utilize a payment agreement document to keep a record that this information was properly shared.

5. **If, in any of the above scenarios, the practice cares for a patient while they are uninsured *but seeking to reinstate Medicaid coverage during the 90-day reconsideration period*, be sure to understand how billing and payment will work if Medicaid coverage is reestablished**. If the patient is initially billed as uninsured, but Medicaid coverage is later reinstated and covers the date of service provided, it is possible that practices will need to refund the patient and resubmit claims to Medicaid. In such instances, be aware of timely filing requirements, which should be extended to cover the reinstated Medicaid coverage period as well as retroactive coverage.

6. **If the patient regains Medicaid coverage or transitions to CHIP, Marketplace, or other coverage, ensure that they select a plan in which your practice is considered in-network**. This will help alleviate any out-of-network service issues as they return to Medicaid coverage or transition to other coverage.

7. **As always and in any of these scenarios, direct patients to local community organizations who can help them with redetermination or other coverage enrollment forms.** Visit getcoveredamerica.org or localhelp.healthcare.gov to find an assister organization in your area.

8. **Finally, a loss of coverage does not create any less obligation on the part of a practice to continue care. Any practice that chooses to withdraw from an existing physician-patient relationship should continue to follow state laws, ethical guidelines, and contractual obligations governing the ending of such relationships.** These generally include providing specific notification (via certified and/or first-class mail) to the patient, giving a set amount of time to find an alternative source of care (typically 30-90 days), agreeing to provide urgent or other care for a specific period of time (per the patient's health care needs), and maintaining and sharing patient records with a new provider. Practices should consult existing state laws and practice contracts to ensure proper adherence to these requirements.

AAP chapters and pediatric practices are encouraged to talk to their state Medicaid programs to ensure proper billing procedures for patients who may be in a Medicaid reconsideration period, and any other state-specific billing guidance or requirements during the state's Medicaid Unwinding period.