

MEDICAID CHANGES ARE COMING

How Pediatricians Can Help Children Stay Covered



Background

Since the onset of the COVID-19 public health emergency (PHE) in 2020, states have kept all individuals with Medicaid enrolled in exchange for enhanced federal funds. Now, states are redetermining eligibility for all 90+ million Medicaid enrollees. States have the option to begin this process – called “the unwinding” – in February, March, or April of 2023, and have up to 14 months to complete the process. This means that individuals could be disenrolled beginning April 1, 2023.

The Concern for Pediatric Patients

As many as 5.3 million children may lose their Medicaid coverage during this redetermination process; 3.8 million of these losses are expected to be due to “procedural” reasons (i.e., enrollees cannot be reached or did not return re-enrollment forms). All Medicaid-enrolled patients must:

1

Update their contact information with the state Medicaid agency and/or Medicaid managed care plan;

2

be on the lookout for official notices from the state;

3

promptly complete and return any forms requested by the state; and

4

know that other affordable coverage options may be available should they lose coverage.

Enrollees who are no longer eligible for Medicaid may still be eligible for a Children’s Health Insurance Program (CHIP) plan or a subsidized Marketplace plan.

An Unprecedented Challenge

AAP and its partners will continue to support its members in managing the administrative, operational, and payment-related challenges that pediatric practices face in this process, while ensuring that patients retain their coverage.



Key Roles for Pediatricians, Pediatric Practices, and AAP Chapters

Prepare Your Practice to Help Patients



- Ensure that your practice staff understand the implications of the unwinding for patients.
- Work with your **state AAP chapter** to identify all options for patients to report contact information. See this [up-to-date list](#) of state options for reporting information.
- Work with [managed care organizations \(MCOs\) in your state](#) to verify and update contact information.
- Get copies of official state notices so staff can be familiar with what's being communicated to patients.
- Educate other stakeholders about the potential impact of the unwinding.

Amplify Key Communications



- Remind patients to update their contact information, be on the lookout for official communications from the state, and return any necessary forms:
 - Post or hand out informative flyers [such as the ones created by AAP and the Georgetown Center for Children and Families](#), as well as links to states' official communications toolkits (if available). Your state AAP chapter may have its own customized materials.
 - Update office automated messages or voicemail to include reminders.
 - Include reminders in patient communications (e.g., newsletters, patient portals, websites).
 - Offer a phone, tablet, or internet access for patients to update their contact information while in your office.

Refer Patients to Assistance Resources



- Help patients who lose coverage understand the options for re-enrolling or transitioning:
 - Patients who lose coverage because they did not respond can submit the needed information during the 90-day reconsideration period without re-applying.
 - Patients who are no longer eligible for Medicaid may still be eligible for a CHIP or Marketplace plan. The state should transfer ineligible patients to one of these two options.
 - If the patient is not eligible for Medicaid or CHIP, they may enroll in a Marketplace plan through July 2024 without waiting for an open enrollment period.
- [Work with your AAP chapter](#) to identify and partner with consumer assistance resources (state call centers and eligibility offices; navigators; certified application counselors; enrollment counselors in community health centers and hospitals) and community partners (schools; WIC offices; community centers; immigrant services).

Assist in Monitoring the Unwinding, Providing Feedback, and Participating in Advocacy



- Track themes and recurring problems reported by patients:
 - Are patients experiencing unreasonable call center wait times?
 - Are many patients losing coverage suddenly? Are they aware that they have lost coverage?
 - Are there other barriers, bottlenecks, and system issues?
- Work with [your state AAP chapter](#) and partners to consolidate feedback to the state.
- Connect patients who are willing to share their experience with advocacy groups collecting stories.
- Be willing to talk with the media about what patients in your practice are experiencing.

