Industry News
Identify Accounts without a Guarantor

In order to send statements in OP, a guarantor has to be assigned under the patient's chart, whether is a parent or guardian. Below is a link to run a SQL to identify accounts with no Guarantor.
https://op.knowledgeowl.com/help/sql-accounts-with-no-guarantor

Once you have identified the account, please refer to the account under the insurance tab.
Below is a link with important information on how to select the guarantor and the statement method.

https://op.knowledgeowl.com/help/statement-method-options

Eligibility Corner
The Importance of Verifying Eligibility (Medicaid & MCO)

"Managed Care is a health care delivery system organized to manage cost, utilization, and quality." Most states contract with other insurance companies to deliver Managed Care products to their enrollees. As of March 1st, 2023, at least 72% of people with Medicaid benefits, were enrolled in a Managed Care plan.

What does that mean for you?
If you accept Medicaid patients, then it means a few things.

- First and foremost, do your research.
  - See what Managed Care plans are offered in your state and reach out to provider relations for information on becoming a credentialed provider/practice on their panel.
  - Even if you are a Medicaid provider in your state, if you are not credentialed with the Managed Care plan that your patient is under, you will not be eligible for reimbursement of services rendered to that patient while they were under that plan.
- Second (and also foremost!), understanding the information returned on a Medicaid eligibility report. You CAN have Medicaid without a Managed Care plan but, you CANNOT have a Managed Care plan without Medicaid
  - In order for a person to have a Managed Care plan, they must first be eligible for Medicaid which means anytime you verify their state Medicaid eligibility, it will always return "active" or "validated" in your eligibility report.
  - What isn't always apparent is that if they are ALSO enrolled in a Managed Care plan, you will need to dig a little deeper into the benefit details returned when you ran the eligibility.

If you miss the information in the Medicaid benefits that advises you of a Managed Care plan's existence, this could lead to all kinds of reimbursement roadblocks, e.g., missing required referrals, PCP assignment, out of network status, misrouted claim to traditional Medicaid vs. Managed Care plan, etc.

Verifying Medicaid & Identifying Managed Care plans in OP

Once you have validated the Medicaid plan and have confirmed its active, click on the Medical Benefits tab. Here, there are two areas to focus on:

- Captitation Office: Ensure provider or practice NPI and name are listed
- Benefit Details (section below thick, gray bar):
    - Look in all available comment sections for the full name of the plan the patient is enrolled in.
    - If the plan name differs from the Medicaid plan listed in the patient's chart, then it's recommended the chart be updated to reflect what the benefit details returned.
- Once you have identified a Managed Care plan, it's also important to verify the benefit details under that plan as this is where you will find important details such as PCP assignment, referral requirements, plan exclusions, and much more.

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1 https://www.medicaid.gov/medicaid/managed-care/index.html
2 https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/

Medicaid Unwinding
Where are We Now?

What We Know

As many of you may know by now, effective 4/1/2023, the Medicaid Unwinding period has begun which permits the states revert to their normal Medicaid coverage requirements. Each state has up to 12 months to resume normal operations but in some states, such as Arkansas, Arizona, Idaho, New Hampshire, and South Dakota enrollees were left without coverage as early 4/1/23.

Update

An estimated 1.5 million people have already lost their benefits and it's estimated that additional 20+ million beneficiaries will lose their coverage by the end of the unwinding period.

Important Reminders

Marketplace SEP - Marketplace has stepped in to allow adults & children, whose coverage was affected by the Medicaid Unwinding, to enroll in Marketplace plans from 3/31/23 - 7/31/24 under an SEP (Special Enrollment Period)/outside of their normal open enrollment period. While this will help keep patients covered, it's important to note that Marketplace coverage is not the same as Medicaid/CHIP coverage. Marketplace beneficiaries face high deductibles and are allowed up to a 3 month grace period to pay their premiums. If not paid by the 3 month mark, Marketplace plans can retroactively terminate the policy back to the last month payment was received. If claims were paid by Marketplace during this grace period, they will be recouped. If not paid, they will fall to the patient's responsibility, inevitably causing a spike in your patient AR.

Verifying Eligibility - During this time of uncertainty, we highly suggest you enforce/reinforce your practice's workflow in regards to verifying insurance eligibility PRIOR to rendering services. If patients are being treated without active coverage, there is little to no chance that you will recover payment on those claims. This is harder to gauge with the Marketplace plans as it can happen retroactively, however, they will sometimes notify you that a patient is under a premium grace period on the claim EOBS.

How YOU Can Help
Familiarizing yourself with the Medicaid/CHIP requirements of your state will put you in a better position to help guide your patients through these changes.

We have compiled a list of useful links and resources below to assist you in this effort.

CONTACT US

Email our inbox at **rcmlife@officepracticum.com** for urgent issues or non-claim-specific questions. Tickets will automatically be created and routed to your RCM Client Services Specialist.

Links/Resources

AAP - <u>Preserving Medicaid and CHIP Coverage</u>
- <u>Practice Guidance to Help Maximize Patient Coverage & Prevent Revenue Loss During the Medicaid Unwinding</u>

Medicaid.gov - <u>State Overviews</u> - Medicaid/CHIP Eligibility requirements listed by state.
- <u>All Hands on Deck!</u> - A guide for Medicaid/CHIP recipients & providers on handling this provision
- <u>2023 Unwinding Timeline</u> - Unwinding details for each state, with information on which states are prioritizing Medicaid/CHIP renewals for patients who are "likely ineligible" (based on their lack/inability to satisfy one or more of the Medicaid eligibility requirements, they will most likely be ineligible for Medicaid/CHIP).

Georgetown University - "Unwinding Wednesday" Series - <u>Transparency, Trackers, and Toolkits</u>
- <u>50-State Unwinding Tracker</u> with links to the monthly data & press releases shared by each state.
- <u>Preventing the "Unwelcome Mat" Effect: Ensuring Eligible Kids Remain Covered</u> - adults and children may have different eligibility requirements. A child(ren) may be eligible even when an adult(s) is not..

HealthCare.gov - Marketplace policy - <u>Premium payments, grace periods & termination</u> details.