

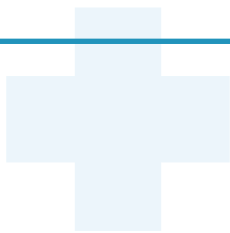
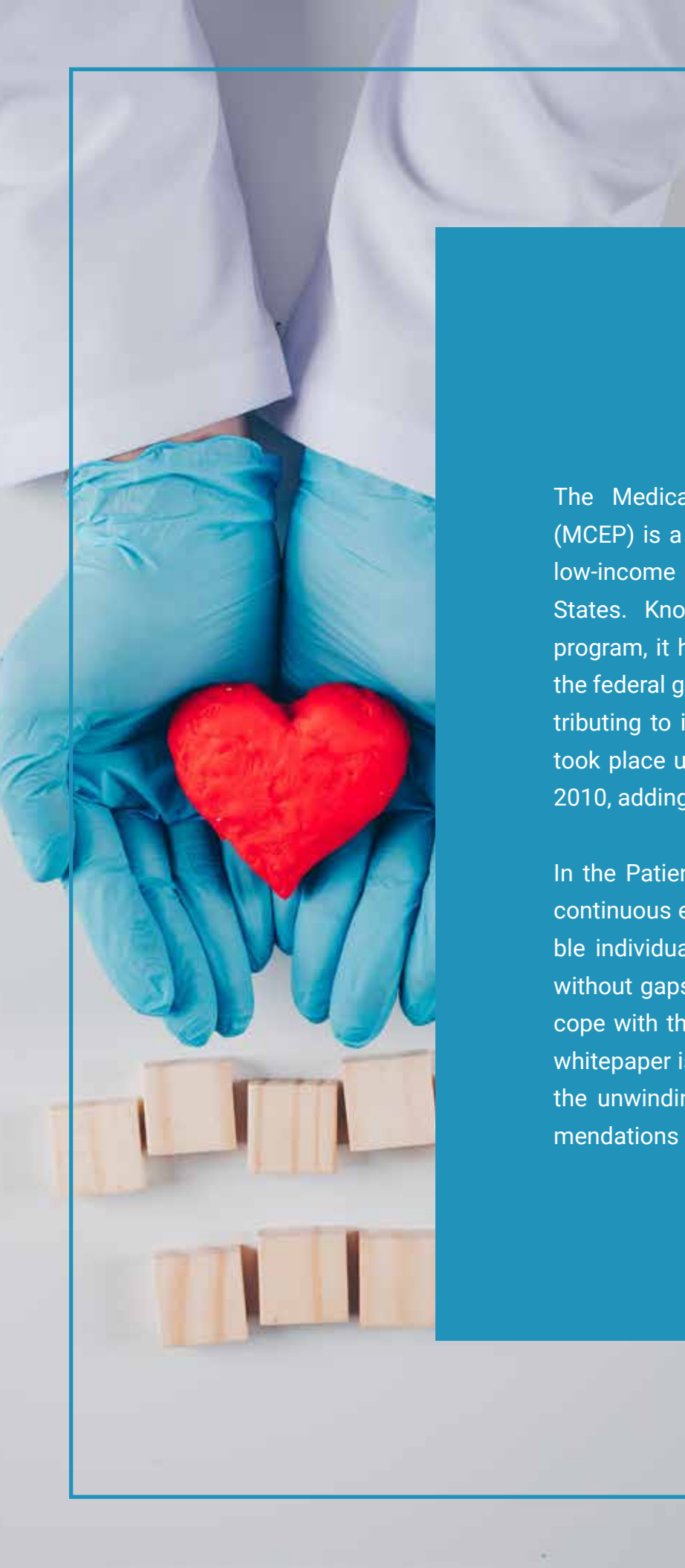


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How Will The Unwinding Of Medicaid Continuous Enrollment Provision In 2023 Impact Providers?





Introduction

The Medicaid Continuous Enrollment Provision (MCEP) is a healthcare initiative designed to serve low-income individuals and families in the United States. Known as the federal-state partnership program, it has been around since 1965, with both the federal government and state governments contributing to it. A significant expansion of Medicaid took place under the Affordable Care Act (ACA) of 2010, adding millions of people to the program.

In the Patient Protection and Affordable Care Act, continuous enrollment was introduced so that eligible individuals would maintain Medicaid coverage without gaps. It will be challenging for providers to cope with the challenges arising. Presented in this whitepaper is an analysis of the potential impact of the unwinding of MCEP on providers with recommendations on how they may mitigate the impact.



Background

The beneficiaries with chronic conditions, especially those with MCEP, have greatly benefited from improvements in healthcare access and outcomes. It is anticipated that Medicaid Continuous Enrollment Provision ceases to exist as of December 31, 2022, resulting in Medicaid beneficiaries no longer being able to enroll continuously. Enrollment periods will instead be determined by states, which will cause beneficiaries' coverage to lapse.

In the event that the program expires by the end of this year, beneficiaries' coverage is likely to lapse, resulting in a decrease in the number of Medicaid enrollees and inadequate reimbursement for providers. "Medicaid enrollment could drop by 5 to 14 million people over the coming year as states unwind continuous enrollment," KFF, a healthcare data research company, claims so in its latest reports.

Impact of Unwinding of MCEP on Providers

There is no way to know how many Medicaid enrollees may be disenrolled during the unwinding period, but KFF, a San Francisco-based healthcare research firm, estimates that 5.3 million to 14.2 million Medicaid enrollees will lose coverage over the next 12 months, reflecting a 5% to 13% decline in enrollment.

Unwinding the MCEP will result in a substantial loss of coverage for Medicaid beneficiaries, thus leading to a considerable loss of compensation for providers. This will in addition have a number of significant negative impacts on providers, as summarized below:

01 An Increase in Administrative Workload

Providers will need to do more administrative work to enroll their patients in Medicaid following the end of continuous enrollment. Thus, assisting patients in enrolling or re-enrolling in the program will be a provider's responsibility. Providers will be diverted from patient care as a result of this administrative burden.

02 A Reduction in Revenue

In the event of a discontinuation of continuous enrollment, healthcare providers could see a reduction in revenues. Beneficiaries may suffer coverage gaps without continuous enrollment, which may lead them to delay seeking care or avoid it altogether.

Fitch Ratings, an award-winning credit rating agency, confirms that the unwinding of MCEP could result in up to 15 million people, i.e., 17.4% of current beneficiaries, losing health insurance coverage over the next year. As patient volumes decline, providers may see their revenues and profit margins decrease.

03 An Increase in Uncompensated Care

The hospitals in 2019 provided uncompensated care valued at \$41.6 billion, which means they did not receive any payment from the patients or their insurance companies for the services rendered, the latest data from the AHA's Annual Survey of Hospitals reveals. Uncompensated care for providers could increase as continuous enrollment ends.

As a result of coverage gaps or the loss of Medicaid eligibility, providers may be forced to provide healthcare without reimbursement. In turn, this could cause providers to suffer increased financial strain, resulting in poorer quality care.

04 A Higher Rate of Patient Churn

Healthcare providers may experience a higher rate of patient churn as continuous enrollment expires. The loss of Medicaid eligibility or gaps in coverage could lead patients to seek care from a different provider. In an effort to retain and attract patients, continuity of care could be disrupted, resulting in increased costs for providers.

It's possible that unwinding the MCEP will lead to providers receiving less money for services rendered. Providers who serve a large number of Medicaid recipients will now have to spend a significant amount of time re-verifying their patients' eligibility.



Recommendations on How Providers Can Mitigate the Challenge

In order to continue offering healthcare services to Medicaid recipients, providers will need to adapt to new changes and regulations because of the unwinding of the Medicaid Continuous Enrollment Provision. This unwinding will pose new challenges for practices requiring them to devise new strategies in order to cope.

Aiming to minimize the impact of the unwinding of MCEP, healthcare providers may consider the following:

01 Establish a System for Evaluating Patients' Eligibility and Coverage

It is important that providers establish a process for evaluating the eligibility of Medicaid beneficiaries prior to filing a claim. Their eligibility verifying systems could be developed from existing databases or developed from scratch. Systematic verification of patient eligibility and coverage can reduce the administrative burden on healthcare providers.

02 Train Staff on New Regulations and Requirements

The unwinding of Medicaid Continuous Enrollment Provision in 2023 will bring with it a number of changes that providers need to make sure their staff is educated on. Training on new regulations and requirements will enable the staff to deal effectively with Medicaid-related issues.

03 Prioritize Educating Patients

Healthcare providers should make sure their Medicaid patients understand the impact of the unwinding of the MCEP on their coverage. To ensure that Medicaid coverage remains available to patients, reminding them to renew their Medicaid coverage or updating their income and circumstances might be necessary.

04 Provide Renewal Assistance to Patients

A provider will be required to assist patients in renewing Medicaid coverage by helping them complete renewal applications, gather the necessary documentation, and submit the application on time.

05 Advocate for Patients by Communicating with Policy Makers

Working closely with state Medicaid agencies and policymakers, providers can advocate for Medicaid patients in order to ensure that they have access to comprehensive and affordable healthcare.

06 Screen Patients for Eligibility Check

A regular Medicaid eligibility screening should be conducted by providers to ensure that their patients remain eligible for Medicaid. The benefits of this approach are that patients will be able to obtain the treatment they require without having to worry about coverage gaps.

07 Consider Alternative Payment Models

In light of the fact that MCEP is scheduled to end at the close of the year, alternative payment models may be necessary. A value-based payment model or bundled payment can improve patient outcomes, reduce costs, and provide more stable revenue streams for providers.

08 Keep Track of Patients' Health Outcomes

Patients at risk of coverage lapses or other healthcare-related issues can be identified more closely by providers when they monitor patient health outcomes closely. Providing proactive care may be possible as a result of this.

09 Engage the Services of an External Billing and IV Expert

Engaging the services of an external billing and IV expert can help mitigate the challenges arising due to the unwinding of MCEP in 2023. An expert with extensive knowledge of Medicaid and its regulations and experience in billing and IV processes can help optimize the process by taking over administrative responsibilities.

Planning ahead can help providers prepare for the challenges that will arise when Medicaid Continuous Enrollment Provision unwinds in 2023. Putting in place the right strategies will allow providers to continue to meet Medicaid recipients' needs and receive adequate compensation for the services rendered to patients.



Conclusion

It is anticipated that the unwinding of MCEP will have significant consequences for providers, including increased administrative burdens, decreased revenue, and disrupted patient care. To ensure high-quality care is delivered to patients and providers are appropriately compensated, transitioning to a new system appropriately will be the key to sustaining and succeeding in a tight-knit healthcare space.

How Working in Concert with Capline Healthcare Management Can Help

By working in concert with Capline Healthcare Management, providers have access to more personnel and resources required to manage the transition as MCEP winds down. A provider can leverage experts to help administer programs effectively, analyze data, and monitor compliance with improved communication and collaboration between providers, patients, and other stakeholders.

As Capline Healthcare Management manages and undertakes the associated administrative burdens, providers can better manage their workloads ensuring the best possible care to Medicaid beneficiaries and their compensation for the services.



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