



TARHEEL NEWS

SPRING 2023

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Message from the Treasurer

Elaine Peeler
Manager, Revenue Cycle Quality Assurance
Novant Health



When asked by our President, Ken Vance, to write this message for the Spring edition of the TarHeel News, he jokingly said call it “From the Top of the Mountain.” Little did he know that I’d do just that! I’m in the perfect setting, here on top of the mountain on Jonas Ridge, elevation 3600 feet, and just steps from the Blue Ridge Parkway, to be able to look down on the happenings in western North Carolina. I have a similar vantage point in looking at our chapter year – as we near the end and look back at what we have accomplished.

Ken mentioned in his message last summer that as a chapter we needed to “get back to business,” meaning the business of educating and providing professional networking for our members; and we have done just that. While our attendance might have been off some due to budget restrictions and the ability to get out of the office, we’ve completed a successful Summer Meeting in Myrtle Beach, the much-delayed, but oh-so-successful, Eastern Regional Conference in Asheville, in- person and virtual networking opportunities, and even the come-back of the Medicare Workshop. By the time you read this we will have also brought in spring by completing our Annual Meeting at Pinehurst Resort.

The NCHFMA Board is working to meet our membership where they are with a mix of in-person and virtual education, and we need you to tell us if we’re getting it right and delivering what you need. As Christine said, we want to adapt and be innovative, but we need you to tell us if we are hitting the mark. Constructive feedback is always appreciated!

While some have already stepped-up to help-out, and you’ll see those fresh new faces and new ideas in the upcoming chapter year, there is always room for more. We would love to have your help and input as we pivot. Together we will seek to find a new normal for education in these unprecedented times....one small bite at a time.

Regards,
Elaine

NCHFMA 2023 - 2024 Officers



The following officers and directors were announced at the 2023 Spring meeting in Pinehurst. We will announce the full leadership team at the Summer meeting in August.

Executive Officers

President – Christine Sibley
President Elect – Jason Nelms
Secretary – Elaine Peeler
Treasurer – Wendi Bennett

Board of Directors (voting)

Ashley Sanders
Ty Carson
Kyle Fredette
Phil Rooney
Allison White

Also pictured are Immediate Past President, Ken Vance, and National HFMA Chair, Aaron Crane.

Welcome to our newest members!

Lauren	Darling	Aston Carter
Yazmahn	Wall	Atrium Health
Leslie	Ingram	Atrium Health Wake Forest Baptist
Brennan	Peterson	Atrium Health Wake Forest Baptist
Toni	Steube	Banner Health
Ashley	Fedor	Bayada Home Health Care
Mike	Heilig	CarePartners Health Services
Mark	Lautzenheiser	CHESS Health Solutions
Christopher	Beauchamp	Conduent Credit Balance Solutions
Chase	Garrett	Cornerstone Healthcare
Lynn	Kaczmarczyk	Dept of Veterans Health Affairs
Randi	Carlsen	Duke University Health System, Inc.
Bonni	Simmons	Duke University Health System, Inc.
Brandon	Tahamtan	Duke University Health System, Inc.
Elizabeth	Millar	Duke University Health System, Inc.
Sarah	Miller	Duke University Health System, Inc.
Cham	Atkinson	Ensemble Health Partners
Sarah	Hall	Ensemble Health Partners
Candy	Phillips	FinThrive
Michael	Aldridge	FirstHealth of the Carolinas

Welcome

New members continued...

William	Merop	Focused Revenue Management
Jake	Harrell	FORVIS
Lara	Berger	HDR
Lindsay	Riddle	Horizon Therapeutics
Abdul	Eljabaly	Janus Health
Allison	Gabriel	Knowtio Health
Linda	Infantino	KPMG
Matt	Hoyt	
Haywood	Smith	Piedmont Healthcare
Rachel	Volpe	Premier Healthcare Alliance
Lisa	Hunt	Southeastern Regional Medical Center
Daniel	Shanklin	Strata Decision Technology
Ashlyn	Thompson	Student
Frances	Cortes	Student
Jamar	Holland	Student
Lauren	Tanguay	Student
Kenneth	Haynes	UAB Health System
Kelly	Mogle	UNC HEALTHCARE
Shannon	Yale	Wakefield & Associates
Denise	Lawson-Forbes	Workday

Welcome

Spring Conference Highlights

"Swinging for Better Healthcare", by Kim Coker

Warm weather, budding flowers, and pollen from pine trees greeted the NCHFMA Chapter as more than 240 attendees from the state and surrounding areas gathered in Pinehurst, NC for the 2023 Spring Annual Conference. The meetings were held March 22-24 at the landmark Carolina Hotel with the theme "Swinging for Better Healthcare!"

The festivities kicked off Wednesday morning with golfers participating in a morning round of golf on one of Pinehurst's quality golf courses. Several attendees decided to take a stroll for a guided culinary tour and enjoyed tastings from some of the most popular venues on the property of Pinehurst.

Ken Vance, President of NCHFMA, kicked off the meeting Wednesday afternoon by welcoming attendees and recognizing the partners that graciously support our chapter. The conference officially opened with general session "Cybersecurity Risk Mitigation" as Javier Young shared why we should be proactive in mitigating cyber risks. As the evening approached, Past Presidents of the chapter gathered to mix and mingle for a Past President's reception as attendees networked with partners at the opening reception. The highlight of the evening was dinner at the Fair Barn as old and new friends joined to eat, play games, and dance into the night.

Thursday began with the tradition of overeating at the Pinehurst Resort breakfast buffet. Our first speaker, Aaron Crane, National HFMA Chair, encouraged attendees to "Ignite the Spark" and shared how we, as healthcare finance professionals, are in a position to bring about change and innovation in our healthcare system.

A short business meeting followed to install the upcoming Officers and Board for the 2023-2024 year and to present awards to several well-deserving members:

- Our Chapter annually awards monetary prizes to authors for papers written for publications in our quarterly newsletter, Tarheel News. This year, the best paper award was awarded to Gabrielle Werling of Trinity Health. [Submit an article today for a chance to be awarded and win CASH!!! \\$ \\$ \\$!!!](#)
- The Chapter also presented a number of awards to members for their service. Founders Awards for continued excellence in service to HFMA are given in three denominations: the Bronze, William G Follmer Award; the Silver, Robert H. Reeves Award; and the Gold, Frederick T. Muncie Award. These awards were presented to two deserving chapter members: **Elkin Pinamonti** (Bronze Award) and **John Lloyd** (Silver Award).
- In 1986, HFMA and the NC Chapter added the Founders Medal of Honor Award which recognizes an individual for their continued involvement at least three years after being awarded the Muncie Award. This year, the chapter proudly inducted **Jeff Wakefield**, CFO at UNC Lenoir Healthcare, as a Medal of Honor recipient.

Spring Conference Highlights

"Swinging for Better Healthcare", by Kim Coker

Chapter awards continued:

- Certification recognition was announced for the past fiscal year to **Regina Harkless**, Health Manager at Northern Light, for obtaining the highest score on the CHFP in the Chapter.
- Each year, the Chapter recognizes a select volunteer who exceeded the expected levels of time and commitment with the John H. Ketner Award. This year, the award was bestowed upon **Wendi Bennett**. Wendi is the Sr. Director of Patient Finance for Novant Health and has served as the Program Chair for the last three years.
- Lastly, on occasion the Chapter awards the North Carolina Memorial Award to an HFMA member who, over their career of many years of service, has exhibited integrity and sustained outstanding service to NCHFMA and the healthcare industry. This year's recipient of the NC Memorial Award was presented to **Kim Coker**, Director Contracts and Commercial Finance at Labcorp.

Congratulations to each of those that received an award!!!! If you would like to get more involved and volunteer with NCHFMA, please reach out to any board member by visiting the NCFHMA website.

Later Thursday afternoon, keynote speaker Ali Ingersoll shared her story as a C6 quadriplegic, fighting for healthcare challenges and health equity. What an inspiring story she brought to the audience for the Amelia Bryant Distinguished general session. Sessions rounded out the afternoon as corporate partners shared their business experiences and industry issues, along with several concurrent sessions for accounting, revenue cycle, and certification. As the afternoon came to a close, new members gathered with Chapter leaders and Past Presidents to learn about chapter volunteer opportunities, followed by a social event with peers and corporate partners.

Friday morning kicked off with concurrent sessions, rounding out the conference with the final general session as C-Suite Compliance leaders discussed what to expect in 2023. The meeting closed with sunny 80 degree temperatures as folks pointed their cars towards home. **With Pinehurst in the rear-view mirror, we look forward to seeing you next year in Asheville as the chapter will host the 70th anniversary at the historic Omni Grove Park Inn. See you next year!**



Upcoming Events

In-person Networking Events

Tobacco Road Sports Cafe - Raleigh

April 25, 5:30-7:30pm

Protagonist Brewery Loso - Charlotte

April 27, 5:30 - 7:30pm

NC HFMA Health Insurance Institute (Virtual)

April 25 -26, 2023

8:30 am - 2:50 pm

NC HFMA 2023 Summer Meeting (Myrtle Beach, SC)

August 23 - 25, 2023

Special Announcements

After years of dedicated service, our very own Craig Pergrem has announced that we will officially retire in May.

Craig has been an integral part of our Chapter and made significant contributions to Novant Health during his 14+ years there as a leader in customer service and patient access.

Prior to Novant, Craig spent almost 20 years at Orlando health in Florida, where he made a lasting impact on the community and those he worked with.

Craig has served as a role model to many of us, not just with his impressive work ethic and industry knowledge, but also with his kindness, empathy, and ability to lead by example. He is also an incredible friend - always willing to lend an ear, offering encouragement in times of distress, and never dictating but always collaborating.

Craig – You have made significant impact on our organization and left a lasting impression on all of us. On behalf of NCHFMA, we extend our deepest gratitude for your contributions and wish you all the best in your retirement. Enjoy your adorable grandchildren, beautiful wife, and the many blessings life has to offer.

Congratulations, Craig!



Compliance Corner

"The End of the Continuous Medicaid Coverage Requirement and Understanding the Continuous Coverage", by John Lloyd

During the Public Health Emergency (March 2020- July 2022) Medicaid agencies had to provide continuous coverage to beneficiaries. They did not perform regular redetermination and recertification evaluations to determine whether renewals were due or check whether Medicaid beneficiaries were eligible and should receive benefits. During COVID, key demographic information required to identify, contact, and care for these individuals changed dramatically, leaving Medicaid agency's records out-of-date.

The 2023 Consolidated Appropriations Act (also known as the Omnibus Bill) was signed into law December 29, 2022. The bill removes the continuous Medicaid coverage requirement from the COVID-19 PHE. This means effective April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries.

North Carolina stated they would begin the renewal (recertification) process for Medicaid beneficiaries on April 1, 2023; however, it has since been delayed until October 1, 2023. Recertifications will be completed over the following 12 months, as beneficiaries are up for renewal. Recertification could result in a beneficiary's termination or reduction of benefits. The North Carolina Department of Health of Human Services released the following statement: *"To ensure nearly 150,000 people seamlessly receive care on day one, the North Carolina Department of Health and Human Services will delay the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans. The launch was scheduled for April 1 and is now targeted for Oct. 1, 2023."*

[Understanding Medicaid Continuous Coverage: Commonly Asked Questions](#)

What challenges do enrollees face?

People often lose their coverage at the point of renewal, even when they remain eligible, due to burdensome processes and paperwork. The substantial number of cases that will need to be renewed puts many people at risk of losing coverage. Enrollees might not know they need to complete a renewal, be confused by the process.

Who is at risk of losing Medicaid?

According to the Kaiser Family Foundation, when continuous enrollment ends, an estimated 5 to 14 million people could lose their current Medicaid or CHIP coverage during a 12-month unwinding period. Many people who have Medicaid are not aware their future eligibility could be at risk. Data from a June 2022 survey, conducted by the Urban Institute, showed that 62 percent of adults with family Medicaid enrollment were not aware of redeterminations after the continuous enrollment period ends.

Compliance Corner

"The End of the Continuous Medicaid Coverage Requirement and Understanding the Continuous Coverage", by John Lloyd

Understanding Medicaid Continuous Coverage: Commonly Asked Questions, Continued...

What should people do if they lose their Medicaid coverage?

People who lose Medicaid for procedural reasons have 90 days to contact the Medicaid agency and submit their renewal paperwork. If they are still eligible for Medicaid, the state is required to restore their coverage back to the date their coverage was terminated. People who miss the 90-day window must submit a new application.

How can you help keep people covered?

The Medicaid renewal process can be complicated. People may need help completing the renewal form and submitting the correct documents. Some enrollees who are no longer eligible for Medicaid may be eligible for health insurance on the marketplace or other forms of coverage. They will need help understanding how to transition. Provider outreach, education, and application assistance are key to helping people stay covered and may be the only way they learn the steps needed to keep their Medicaid coverage or move from Medicaid to another form of coverage.

What should people enrolled in Medicaid do to stay covered?

States are currently mailing important notices and may begin mailing renewal forms in the coming months. The most crucial step enrollees should take is to make sure the state Medicaid agency has their current mailing address and phone number.

Resources:

"CMCS Informational Bulletin," Centers for Medicare & Medicaid Services, Jan 5, 2023.
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib010523.pdf>

"Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends," Kaiser Family Foundation, May 10, 2022.
<https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>

"NCDHHS Topics related to NC Medicaid, March 1, 2-23". <https://www.ncdhhs.gov/press-release-terms/nc-medicaid>

Interview with Carl Biber, Chief Financial Officer at Onslow Memorial Hospital

About Onslow Memorial Hospital: Onslow Memorial Hospital is a 162-bed acute care, community hospital serving the city of Jacksonville and greater Onslow County.

About Carl: Carl has proudly been a member of HFMA since 2003, becoming involved in the North Carolina Chapter in 2005. His initial exposure to the healthcare industry was with a company in Louisville, Kentucky that provided accounting and tax services for various types of healthcare clients. Carl has served in the CFO role for more than 17 years with 4 healthcare systems in two states, and his first CFO position was with Pender Memorial Hospital in Burgaw, NC.



Below is a Q&A with NCHFMA's Director of Communications, Ashley Sanders, where Carl shares his insights on the current state of our industry:

Ashley: "What do you think are the most significant challenges facing hospitals today, and how are you addressing these challenges in your role as CFO?"

Carl: "Strategically, keeping our eye on the ball, and what I mean by that is not letting distractions dissuade us from losing sight of the core reasons we exist. Distractions like flavor of the month initiatives, and a sea of data that can easily point out correlations rather than cause and effect. It's common to get wrapped up in these dynamics and before you know it, you're adrift from your core and outcomes, whether it's patient care or financial performance decline unnecessarily. Tactically, from a reimbursement perspective, most NC systems are dealing with the NC Medicaid Managed Care dynamics and effort it takes to get paid. On the cost side of the equation, like every other industry, the travelers/contract labor environment is at top of everyone's minds. While things have gotten better, at some point, I expect an arrow to be shot across the bow reflecting a new approach in clinical staffing. What that means, I do not know, but we'll know it when we see it because the current state is unsustainable."

Ashley: "The increasing costs of labor and supplies are obviously a huge concern for hospitals right now. What is Onslow doing to combat these issues?"

Carl: "The short answer is – everything we can both internally with our own teammates and processes as well as with our external business partners and the challenges they are facing. Long answer, as inferred earlier, due to the current unsustainability, a new clinical staffing matrix will be defined."

Interview with Carl Biber, Chief Financial Officer at Onslow Memorial Hospital

Ashley: "Hospitals are increasingly looking to outside partners to support revenue cycle management. What are some of the things your organization looks for when partnering with an outside firm?"

Carl: "I believe most revenue partners are predicated on finding additional value to serve and offer potential customers, but most of it now is nominal in that most healthcare systems and their revenue cycle teams are fairly fine tuned and the low hanging fruit is addressed and being executed on. The challenge is what is the next material frontier to tackle? What are other industries doing that we can integrate and bypass all the unnecessaryness that exist because of the current frameworks? That is what I ask of business partners in order to help me get ahead! There has been a lot of exploration into AI, but I haven't seen anything yet that is truly substantial. That may be on me, but the inference of AI is that software is thinking and it's really not. Pre-populating fields based on data is not thinking, which is what's implied. Working with payers on reimbursement includes relationships between payers and revenue cycle personnel. It includes knowing the nuances between the payers and when to deploy them and when not to. That comes with time, perseverance, as well as trial and error. Just when you may have something running well, personnel changes occur or software systems get changed and all that knowledge, data and relationship time has to be re-established sometimes. While most would like to think there are silver bullets, it's mostly just hard work, keeping focused, and not losing sight of one's core purpose – bring in the CASH – that is our core responsibility and that of our revenue cycle team."

Ashley: "How have you seen healthcare finance change in the past decade, and what do you predict will be the biggest changes in the next decade?"

Carl: "Biggest changes next decade – the next decade – seems like such a long time frame these days, not just in healthcare either. So many things change at a much faster rate than before so I think the biggest challenge is again, not losing sight of our core purpose when evaluating opportunities as they are presented, and not getting lost and focused on the tools and data to the detriment of what those purposes are. I can have a garage full of tools but it doesn't matter to the customer if their expectations aren't met or I'm not getting cash in the door. Inspiration, expectations and persistence can get you a lot farther sometimes regardless of the number of tools you have. One additional note – while we have a lot of great supporters like NCHFMA and NCHA in NC, I feel we as hospital systems nationwide need to take the lead more and not let other stakeholders bounce around so much. As healthcare systems, we are the ones providing care to our loved ones day in and day out, every single day. We need to take more pride in that. No one else does that – we do! So let's keep that at the forefront when dealing with other industry stakeholders cause most likely, they or their loved ones will need that care, whether it's Christmas day, or 3am in the morning – and we will be there for them!"

Ashley: "What are you most proud of as a leader at Onslow?"

Carl: "I am proud of the people I work with! They do the actual work, all I can do is support them in every way by making their jobs as simple and effective as possible. We set expectations that when they are met, and we can be proud of the results because we are doing it better than others. That's also what makes it fun, and you have to have that levity to keep energized."

EDUCATIONAL ARTICLES



- *Modernize Patient Payments: Three Practical Tips for Improving the Financial Experience*, by Waystar
- *Unwinding Medicaid Continuous Coverage: Frequently Asked Questions*, by Elevate

Modernize patient payments: 3 practical tips for improving the financial experience

High deductible health plans (HDHPs) have transformed an already complex payer reimbursement burden onto the shoulders of patients who are often unprepared to bear it. Patients need increased support to understand their bills and figure out how to pay them. And, since patient payment responsibility is growing, they now have higher expectations about the quality of their care experience.

These market changes necessitate a new patient payments strategy that focuses on delivering convenience and clear communication, to drive both quicker payments and increased patient satisfaction.

CALLOUT:

COST OF HEALTH INSURANCE PREMIUMS ON THE RISE

From 2011-2021, the average worker contribution to health insurance premiums for family coverage increased 45%.¹

Discover three ways your organization can enhance the patient financial journey:

1. Empower patients to manage their payment experience — and to pay early

Financial conversations can be difficult for patients and front-office staff alike. But patients actually prefer to be told upfront what procedures, tests, and office visits will cost. As patients' share of financial responsibility increases, more and more patients are seeing themselves as active consumers rather than passive receivers of healthcare. Much like other consumer experiences — such as enjoying a restaurant meal or visiting a theme park — people want to know ahead of time what it's going to cost when being treated by a physician, too. That way, patients can decide whether they can afford care and how they will pay for it.

The first strategy is a simple one: collect at the time of service — or even at a pre-visit eligibility verification. A good patient estimation application goes beyond eligibility verification to predict a patient's total financial responsibility based on insurance coverage, plan design, type of encounter, and procedure information. While contract- or fee-based estimation systems are expensive, a patient estimation application that uses your fee schedule and chargemaster data provides equally accurate estimates much more affordably.

2. Offer convenient, personalized payment plans

As the portions of medical bills paid by patients rise — due to increasing deductibles and patient responsibilities¹ — more and more patients may struggle to pay their full bill on the spot. It's crucial that healthcare organizations respond with immediate assistance to set up affordable payment plans that will alleviate patient stress while ensuring that your organization gets paid in full.

Modernize patient payments: 3 practical tips for improving the financial experience

Continued...

The best approach is a proactive one: arrange a payment plan and obtain patient agreement before providing services. That means having an automated system for setting up and managing payment plans in place and ready to go whenever you need it. Look for a solution that includes automatic deductions from the patient's bank account or credit card, which offers them peace of mind while helping to ensure full payment without high billing and collection costs. Make sure it lets your staff set up proposed plans — including different payment amounts and payoff dates.

It's just as important to remember patients are consumers who value convenience. You should also enable your patients to create their own payment plans when paying online. Your organization can set the rules and minimum payment amount — and can cut down on your staff's efforts to field a call or inquiry from a patient who has their statement information and preferred payment method in hand.

3. Provide simple, easy-to-understand statements and clear financial communications

One key to providing best-in-class customer service is to help patients make sense of medical bills. The first thing to consider is billing and collecting electronically. While some patients still prefer paper statements, most people want the convenience, speed, and environmental friendliness of electronic statements. Switching from paper to electronic billing statements can help ensure your healthcare organization receives faster, fuller payments.

However, it's important to not just rely on e-statements. Find a system that will automatically generate and mail a paper statement if the patient doesn't react to the electronic one within a reasonable timeframe. Additionally, make sure your statements are straightforward and easy to understand. Consider providing a bill that uses contrasting colors and easy-to-understand graphics to highlight the most crucial information.

CALLOUT: 48% of patients pay their medical bill late.²

You are far more likely to be paid when a patient understands their bill. A strong process in place reduces the financial headache for patients and can also resolve the obstacle of not receiving prompt payments.

A consumer-focused and patient-centered approach

When it comes to serving patients — the mission of all healthcare organizations — there's also an inherent responsibility to provide patient financial care. Doing it the right way, with the right technology, has added benefits for healthcare providers — and patients. A more comprehensive patient financial experience approach reduces AR days and unpaid patient balances and enhances patient satisfaction, increases loyalty, and inspires word-of-mouth referrals among patients.

To learn more about how to simplify healthcare payments, visit waystar.com.

1. Kaiser Family Foundation (KFF) Employer Benefits Survey 2021

2. Waystar Consumer Price Transparency Survey, 2020

Elevate Patient Financial Solutions

Unwinding Medicaid Continuous Coverage: Frequently Asked Questions

Congress' funding agreement at the end of last year is expected to have a significant impact on millions of people who rely on Medicaid coverage and healthcare providers who receive reimbursement from Medicaid. Below are answers to frequently asked questions to help providers navigate the unwinding of Medicaid continuous coverage.

What is the Medicaid continuous coverage requirement?

Congress enacted a law when the pandemic began in 2020 that gave states additional Medicaid funding to keep people enrolled in Medicaid coverage during the COVID-19 public health emergency (PHE). The requirement was originally linked to the PHE and was set to end the month after it expired. However, an omnibus spending bill enacted in December 2022 severs this link and instead sets March 31, 2023 as the end of the requirement, regardless of whether the PHE remains in effect.¹

How and when will the unwinding take place?

States will resume annual Medicaid eligibility reviews to "unwind" the continuous coverage requirement. Right now, people remain eligible for Medicaid even if they have a change in their income or family size, unless they voluntarily disenroll, move out of the state, or die.² States have 12 months to initiate eligibility reviews of all their enrollees and can start reviews in February, March, or April. They can begin terminating coverage for people they determine are no longer eligible starting April 1. Each state is determining its own timeline, and most will spread their work over 12 months.³

Who is at risk of losing Medicaid?

According to the Kaiser Family Foundation, when continuous enrollment ends, an estimated 5 to 14 million people could lose their current Medicaid or CHIP coverage during a 12-month unwinding period.² Many people who have Medicaid are not aware their future eligibility could be at risk. Data from a June 2022 survey, conducted by the Urban Institute, showed that 62 percent of adults with family Medicaid enrollment were not aware of redeterminations after the continuous enrollment period ends.⁴

What challenges do enrollees face?

People often lose their coverage at the point of renewal, even when they remain eligible, due to burdensome processes and paperwork. The large number of cases that will need to be renewed puts many people at risk of losing coverage.² Enrollees might not know they need to complete a renewal, be confused by the process, not be eligible for Medicaid or not know they can get coverage through the Affordable Care Act marketplace.⁵

Unwinding Medicaid Continuous Coverage: Frequently Asked Questions

Continued...

How can you help keep people covered?

The Medicaid renewal process can be complicated. People may need help completing the renewal form and submitting the correct documents. Some enrollees who are no longer eligible for Medicaid may be eligible for health insurance on the marketplace or other forms of coverage. They will need help understanding how to transition. Outreach, education, and application assistance are key to helping people stay covered and may be the only way they learn the steps needed to keep their Medicaid coverage or move from Medicaid to another form of coverage.³

What should people enrolled in Medicaid do to stay covered?

States are currently mailing important notices and may begin mailing renewal forms in the coming months. The most important step enrollees should take is to make sure the state Medicaid agency has their current mailing address and phone number.³

What should people do if they lose their Medicaid coverage?

People who lose Medicaid for procedural reasons have 90 days to contact the Medicaid agency and submit their renewal paperwork. If they're still eligible for Medicaid, the state is required to restore their coverage back to the date their coverage was terminated. People who miss the 90-day window must submit a new application. People who lose Medicaid because they are no longer eligible or were impacted by the unwinding will qualify for a special enrollment period on HealthCare.gov or their state-based marketplace.³

To learn more about ElevatePFS, visit ElevatePFS.com.

Resources

1. "CMCS Informational Bulletin," Centers for Medicare & Medicaid Services, Jan 5, 2023. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib010523.pdf>
2. "Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends," Kaiser Family Foundation, May 10, 2022. <https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>
3. "FAQ Unwinding Medicaid Continuous Coverage," Center on Budget and Policy Priorities, February 2023. <https://www.healthreformbeyondthebasics.org/wp-content/uploads/2023/01/FAQ-Unwinding-Medicaid-Continuous-Coverage.pdf>
4. "Health Reform Monitoring Survey," Urban Institute, June 2022. <https://www.urban.org/sites/default/files/2022-11/Most%20Adults%20in%20Medicaid-Enrolled%20Families%20Are%20Unaware%20of%20Medicaid%20Renewals%20Resuming%20in%20the%20Future.pdf>
5. "Unwinding the Medicaid Continuous Coverage Requirement Frequently Asked Questions," Center on Budget and Policy Priorities, The Center for Law and Social Policy, Suzanne Wikle and Jennifer Wagner, March 9, 2022. <https://www.cbpp.org/research/health/unwinding-the-medicaid-continuous-coverage-requirement>

NCHFMA Business Partners

As always, we extend our sincerest gratitude to our business partners for their continued investment in our Chapter. For further information or questions regarding partnerships, please contact Tom Henderson, Partnership Committee Chair: 336-858-0088 · partnerships@nchfma.org

Platinum Partners

Paragon Revenue Group

Gold Partners

AccessOne

BDO

Cloudmed

EnableComp

Knowtions

Meduit

SSI Group

Silver Partners

AccuReg

Altum

Aspirion

Bank of

America

Bull City

ClearBalance

Crossroads

Health

E4 Intellis

Encore

Exchange

ESS

Experian

FinThrive

Getix Health

LogicSource

MDaudit

Medlytix

OiHealth

PennCredit

Promedical

Revecore

TruBridge

Wakefield

Waystar

Bronze Partners

Credit Control

Credit Solutions, LLC.

ElevatePFS

Eligibility Advocates

FCI/RevCare

First Credit Services

FirstPoint

Healthfuse

KeyBridge

MDS

Medix

SLG, Inc.

LileKuhl Group

Vispa

