

Report on Medicare Compliance Volume 32, Number 11. March 20, 2023 Consider Letters at Registration as Medicaid Redetermination Looms

By Nina Youngstrom

On April 1, states are required to begin determining whether Medicaid enrollees are still eligible for the program, ending the uninterrupted coverage they've had for three years because of the COVID-19 public health emergency (PHE). Hospitals also have a part to play in communicating to patients the possibility they will lose Medicaid coverage, which may become a probability if they don't respond when the state reaches out, an expert said.

If large numbers of Medicaid patients are again without insurance, they will suffer and hospitals will take a financial hit, said Day Egusquiza, president of AR Systems Inc.

"Think back to 2020," Egusquiza said at a Finally Friday webinar sponsored by the Appeal Academy Feb. 17. "We were checking each eligibility with registration." It's now time to use the wayback machine because pre-PHE Medicaid enrollment rules will apply, although CMS is giving states a year to reenroll people, she explained. Hospitals and other providers should be prepared to help panicky patients who receive a letter saying the state is reviewing their eligibility for Medicaid, although they're safe for now. The states are also required to redetermine eligibility for the Children's Health Insurance Program.

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