

Late Night With Chip & Paulie

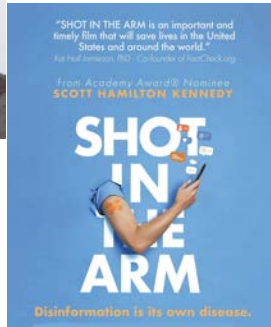
Episode #20

Thursday October 26, 2023 @ 8:00PM ET

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Kevin Wessinger, MD



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Greg Barabell, MD



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Agenda

- Shot In The Arm
- This Week's Focus
- NCE Report
- Data Nerd Report
- News Round Up
- Medicaid Redeterminations

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PMI Conference 2024

• Discounts (\$75) ends Oct 31st



Both on-site and virtual attendees will have access to recordings of the conference sessions for 60 days following the event.
Virtual attendees can view live broadcasts of all of the conference sessions.

35+ Presentations To Learn What You Need To Know To Manage A Pediatric Practice

Thursday February 1, 2024	
7:30AM	Registration Opens - Grab Your Badge & Check In For The Weekend
8:00AM	Cashier Party - SOGAMI / PMAA Welcome Reception
Friday February 2, 2024	
7:30AM	Breakfast - Continental Breakfast Provided To All Attendees
8:00AM	Chip Hart & Paula Trachtenberg - Conference Welcome & Opening Remarks Presentation
8:30AM	Mark Del Monte - Imagining the Successful Pediatric Practice of the Future: What Will It Take to Get There?
9:00AM	Morning Break - Snacks & Beverages Provided in Exhibit Area
9:30AM	Breakout Session #1 - One Top Right For Details
10:00AM	Lunch - Buffet Lunches Provided To All Attendees
10:30AM	Paula Trachtenberg - Succession Planning & Valuations
11:00AM	Suzanne Morgan - Partnering With Your Accountant: Medical Practice and Non-Medical Practice
11:30AM	Afternoon Break - Snacks & Beverages Provided in Exhibit Area
12:00PM	Colleen Luth & Barbara Howard - Business Succession to Improve Pediatric Health in Your Practice (Part II)
12:30PM	Chip Hart - Changing Programs & Training Types - Increase Your Capacity for Success
Saturday February 3, 2024	
7:30AM	Breakfast - Continental Breakfast Provided To All Attendees
8:00AM	Alan Gasser - Patient-Centered Medical Practice
8:30AM	Breakout Session #2 - One Top Right For Details
9:00AM	Morning Break - Snacks & Beverages Provided in Exhibit Area
9:30AM	Breakout Session #3 - One Top Right For Details
10:00AM	Lunch - Buffet Lunches Provided To All Attendees
10:30AM	John VanHorn - Pediatric Infection Disease
11:00AM	Colleen Luth & Barbara Howard - Business Succession to Improve Pediatric Health in Your Practice (Part II)
11:30AM	Dr. Uma - How Many Pediatricians Leave Money On The Table
12:00PM	Afternoon Break - Snacks & Beverages Provided in Exhibit Area
12:30PM	Conference Plenary - Panel Discussion: Top Issues Pediatricians Face
1:00PM	Cashier Party - Snacks & Beverages Provided in Exhibit Area

BREAKOUT SESSIONS

BREAK OUT SESSION 1 - FRIDAY @ 11:00AM	
11:00AM	Alan Feiten - 8 Strategic Questions To Guide Your Future
11:30AM	Tom Wysocki - Strength In Numbers
12:00PM	Sogol Pahlavan - Let Go Of Your Habits To Build A Mindful Practice
12:30PM	Sandy Chung - Disruptive Innovations: Preparing For The Future in Pediatrics
1:00PM	Morgan Ruman - Legal Issues in Provider Contracts
BREAK OUT SESSION 2 - SATURDAY @ 10:00AM	
10:00AM	Suzanne Morgan - Extreme Practice Relocation
10:30AM	Alan Vaughn - Assessing The Beach-Full Strategies To Increase Staffing
11:00AM	Richard Lander - Employee or Employee? Hire an Individual or Contract
11:30AM	Alan Meyer - Improving Your Practice's Financial Performance
12:00PM	Mark Hart & Barbara Howard - You Are The Jury
BREAK OUT SESSION 3 - SATURDAY @ 10:00AM	
10:00AM	Heidi Chamberlain - How to Create A Complete Succession Guide To Manage Your Medical Practice Success
10:30AM	Ricky Whitener - Where We Go For Good: How to Find the Right Location
11:00AM	Richard Lander - CFO Learning 101
11:30AM	Katie Schuber - Rethinking The Theory: Bringing Out The Best in Your Team
12:00PM	Brandon Behrman - Title Company 101

PRE-CONFERENCE SESSIONS

PRACTICE MANAGEMENT PRE-CONFERENCE FEBRUARY 1, 2023 (LIMIT TO 400 ATTENDEES)	
7:30AM	Tom Wysocki - Financial Measures To Track Each Month
8:00AM	Shirley Perrygo - Promoting Patient Access & Improving Care: A New Model of Performance Metrics
8:30AM	Breakfast - Refreshments Provided To Pre-Conference Attendees
9:00AM	Jan Blanchard - The Changing Staff
9:30AM	Paula Trachtenberg - How To Split The Pie: Partner & Owner Compensation
DIRECT CARE MODELS (DCM) PRE-CONFERENCE FEBRUARY 1, 2023 (LIMIT TO 400 ATTENDEES)	
10:00AM	Debra Harris - DCM Opportunities in Pediatrics
10:30AM	Ricky Parker Harris - From Mission to Reality: One Pediatrician's Journey
11:00AM	Breakfast - Refreshments Provided To Pre-Conference Attendees
11:30AM	Paula Trachtenberg - Implementing Your DCM Practice
12:00PM	Suzanne Morgan - Clean Paid-Up Contract
HUMAN RESOURCES PRE-CONFERENCE FEBRUARY 1, 2023 (LIMIT TO 400 ATTENDEES)	
10:00AM	Lisa Hagenmiller - Best HR Best Practices
10:30AM	Janet Higgins - Culture in The Workplace: Building A Successful and Profitable Practice
11:00AM	Breakfast - Refreshments Provided To Pre-Conference Attendees
11:30AM	Alan Meyer - Employee Retention: Improving Performance Management Programs To Drive Success
12:00PM	Lisa Hagenmiller - How To Split The Pie: Partner & Owner Compensation

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PMI 2024 Keynote Presentation

Mark Del Monte

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5 Ways Pediatricians Leave Money On The Table Every Day

Nneka Unachukwu, MD, FAAP

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Imagining the Successful Pediatric Practice of the Future: What Will it Take to Get There?

Sue Kressly, MD, FAAP

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Disruptive Innovations: Preparing For The Future in Pediatrics

Sandy Chung, MD, FAAP, FACHE

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6 Strategic Questions to Guide Your Future

Daniel Feiten, MD, FAAP

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Let Go Of Your Habits To Build A Mindful Practice

Sogol Pahlavan, MD, FAAP

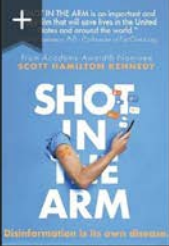


Shot in the Arm

2023 · 1h 29m

Cast & crew · User reviews · IMDbPro · All topics

IMDb RATING **8.5**/10
14
YOUR RATING ☆ Rate



Documentary

Exploring the "anti-vax" movement both historically and in the angry political present, this vital account probes the divides and disinformation that threaten our future.

Director [Scott Hamilton Kennedy](#)

Writer [Scott Hamilton Kennedy](#)

Stars [Del Bigtree](#) · [Catherine Borek](#) · [Karen Hirsch-Ernst](#)

+ Add to Watchlist

1 User review

IMDbPro See production, box office & company info



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"A GLIMMER OF HOPE!"
Movie-Blogger.com

"VITAL!"
AV CLUB

"ILLUMINATING!"
The Hollywood Reporter

"GO SEE THIS FILM!"
Forbes

SHOT IN THE ARM

Executive Producer
**NEIL deGRASSE
TYSON**

Academy Award® Nominee
**SCOTT HAMILTON
KENNEDY**

IN THEATERS 11/2023
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SHOT IN THE ARM

NR | 1 hour 32 minutes • Advance Tickets

ANGELIKA FILM CENTER
ANGELIKA NEW YORK

No Passes



FILM OPENS ON FRI, NOV 2

SELECT A SEATING AREA

Thu, Nov 2

RESERVED SEATING

7:00 PM

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SHOT IN THE ARM is a call to humanity to take a step back before we are all eliminated or too sick to care for anyone, let alone ourselves!

COMING SOON OPENS IN 23 DAYS, NOVEMBER 17

VIEW TRAILER

SHOT IN THE ARM

In the spring of 2019, before anyone had heard of COVID-19, filmmaker Scott Hamilton Kennedy began investigating a global measles epidemic. Filming with top public health officials including Tony Fauci, Paul Offit and Peter Hotez – as well as rare interviews with anti-vaccine activists – like Robert Kennedy, Jr., Andrew Wakefield and Del Bigtree – those who were persuading parents by the millions to refuse vaccines for their children.

Then COVID-19 happened.

Both skeptical and hopeful, SHOT IN THE ARM explores vaccine hesitancy historically and in the context of the pandemic.

Genre: Documentary, Science, Pandemic, Politics & World Affairs, Health

Language: English

Director: Scott Hamilton Kennedy

Opening at

Grandale on Nov 17th

www.Ped

Focus For The Week...



Insurance Contracting: Setting Your Practice Up for Success

H2002

Susanne Madden, MBA
The Verden Group/IPMSO
Nyack, NY

Paul Vanchiere, MBA
Pediatric Management Institute
Houston, TX

Kim Brennan, MBA CMPE
Palm Beach Pediatrics
Palm Beach, FL

Chip Hart
PCC
Winooski, VT

Sample Spreadsheets

- PMI Responsibility Matrix
- Scheduling Guide
- Scheduling Reference
- Sample Provider Compensation Model
- Sample Provider Margin Review
- Practice Overhead Calculation
- Sample Partner/Owner Allocation
- Provider Compensation Model #2
- Employee Bonus #1
- Employee Bonus #2
- Employee Bonus #3
- Practice Valuation Calculation
- **MCO Rate Grid**
- **Payor CPT Comparison**
- **MCO Abstraction Worksheet**
- KPI's Explained
- Daily KPI Tracking Sample
- Monthly KPI Tracking Sample
- Labor Tracking Sample
- Vaccine Tracking Sample
- Vaccine Payment Analysis
- Budget Step 1- Revenue
- Budget Step 2- Operating Expenses
- Budgeting Step 3- Provider Expenses
- Budgeting Step 4- Capital Expenses
- Budgeting Step 5- Review
- **Payor Comparison**
- **Payor CPT Review**
- **Payor Compare**
- **Payor Proposal**



https://bit.ly/pmi_spreadsheets

NCE Review

- Much smaller exhibit hall, fewer attendees
- Second year of coordinated Section H Presentations, good board meeting
- PE presence throughout the building
- Great SOAPM party ----->
- Stronger PPMA presence
- Superstars - Offitt, Fauci
- Amazing Buzzy Winner and [Celebration](#)



Data News From the Data Nerd

CPT Code	Avg Price	Min Price	Max Price	Avg Ins Payment	Max Payment
90380	\$882	\$495	\$1500	\$513	\$808
90381	\$850	\$500	\$1350	\$521	\$930
96380	\$113	\$20	\$300		
96381	\$106	\$25	\$250		

10% Medicaid volume, 43% 90380, 1.9% 2ML admins

What's On The Pediatric Practice Management Calendar?

10/26/23

Paulie and Chip Late Show Webinar 8pm

Check for vendor training (Q)

Run reports your PM/EHR can't produce retrospectively (M)

Confirm third party purchasing accounts (Q)

Update administrator security (Q)

Update practice address book (Y)

Next Webinar Thursday November 16th

bit.ly/PediatricPracticeManagementCalendar

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News Round Up
...Important News
Pediatricians Need To
Know!

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New AAP policy calls for foundational reforms to the Medicaid program

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FROM THE AMERICAN ACADEMY OF PEDIATRICS | POLICY STATEMENT |
OCTOBER 20 2023

Medicaid and the Children's Health Insurance Program: Optimization to Promote Equity in Child and Young Adult Health **FREE**

Jennifer D. Kusma, MD, MS, FAAP ; Jean L. Raphael, MD, MPH, FAAP; James M. Perrin, MD, FAAP;
Mark L. Hudak, MD, FAAP; COMMITTEE ON CHILD HEALTH FINANCING

- combine the **Medicaid and CHIP programs into a single program** to allow for consistency between programs,
- provide **major increases in the federal share of funding** for these programs with continued state flexibility for innovation,
- end decades of underpayment, with program payments at least in **parity with Medicare rates**,
- enroll **all newborns** and maintain continuous enrollment until an individual is 26 years old or opts out of the program,
- strengthen **EPSDT and enforce it as a national standard of care** and quality, and
- conduct health equity assessments of Medicaid-CHIP that create a **system of accountability** to help avoid introducing new harms or perpetuating existing damage and to close equity gaps.

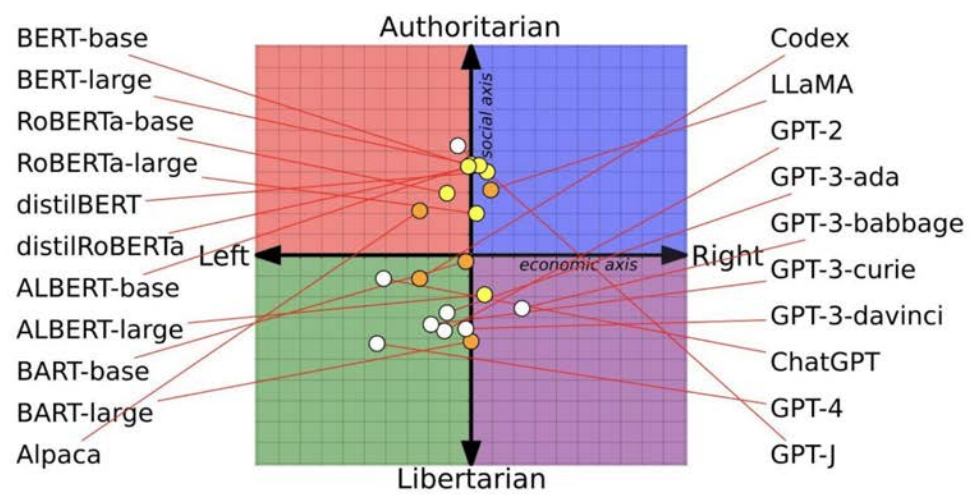
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Voice cloning technology may have been used in Pearland scam

The scam goes beyond a call that claims they're holding a loved one for ransom. It may use voice cloning technology to mimic a loved one's voice asking for help.



Last Saturday, John Bridges said he was having dinner at his Pearland home when his phone rang.

"I answer it, and it's someone crying," Bridges said.

"I've had an accident, daddy. Help me," the voice on the line said.

He said the voice sounded exactly like his daughter, Brittany.

Bridges said after hearing what he believed to be his daughter's plea, a man got on the phone and said, "I've got your daughter. She's in my car."

Bridges said the man demanded him to listen, and if he didn't, he might not ever see his daughter, Brittany, again. The caller told Bridges to stay on the phone, get cash and drive to a grocery store. He warned the father to not draw attention to himself.



New Two-Tier System to Weed Out Some Pediatric Heart Surgery Centers

— Low-volume congenital and pediatric heart programs may be cut in national reorganization

by Nicole Lou, Senior Staff Writer, MedPage Today September 29, 2023



<https://www.medpagetoday.com/meetingcoverage/aha/83422>

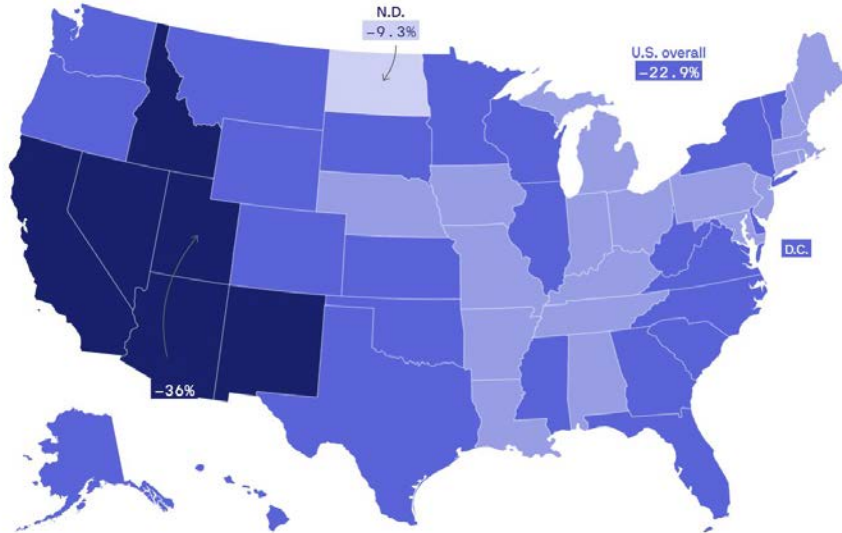
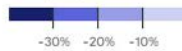
"In 2019, researchers estimated that the U.S. has more than double the number of congenital heart surgery centers that it needs..."

Approximately 35% of centers perform at least 250 index cases a year, while about 45% perform fewer than 150 annually...

The new recommendations set standards that may make it hard for some existing congenital heart programs to keep running. The authors estimated that 14 out of the 95 currently reporting centers would not meet the 75-case yearly threshold for Essential Care Centers."

Change in birth rates, 2007 to 2022

Births per 1,000 residents



Data: CDC; Map: Axios Visuals



BECKER'S

HOSPITAL REVIEW

Viewpoint: End the turf war over the 'doctor' title

Mariah Taylor (Email) - Monday, October 9th, 2023



The 'doctor' title for advanced practitioners is not confusing patients, and it is time to end the "doctor-nurse game", Martha Libster, PhD, MSN, a psychiatric mental health clinical nurse specialist, said in an Oct. 8 opinion piece posted on *Medpage Today*.

The term "doctor-nurse game" was coined in 1967 to refer to a "clear agreement between doctors and nurses that their relationship was hierarchical and that physicians were superior." However, Dr. Libster said the game is over in 2023 and practitioners with a doctoral degree may also be "doctors."

"Not physicians, but doctors. Patients' needs are complex and there really is no more time for games," she said. "We too have earned and are entitled to be called 'doctor.' We don't lobby to be called 'physician,' already a protected title for those with medical degrees. If we wanted the physician title and all that it represents to physicians and the public, we would have gone to medical school. Instead, we chose nursing."

Some argue that nonphysicians referring to themselves as doctors is misleading and puts patients at risk.

"This is inaccurate. Having worked in the mental health field for 25 years, I have never observed evidence for patient confusion about these roles. More often, professionals' titles are just not the priority issue for people in distress," Dr. Libster said. "In the field of psychiatric mental health care, there are two professional groups who use the title 'doctor,' psychiatrists and psychologists. Now the DNP has joined the group."

Dr. Libster said that everyone who earns a doctoral degree has a right to call themselves a doctor if they wish.

RESEARCH ARTICLE HEALTH EQUITY

HEALTH AFFAIRS • VOL. 42, NO. 10 TACKLING STRUCTURAL RACISM IN HEALTH

Medicaid Expansion Lowered Uninsurance Rates Among Nonelderly Adults In The Most Heavily Redlined Areas

Jason Semorini, Abduwasir K. Ali, and Gabriel A. Benavidez

Abstract

Medicaid expansion narrowed racial and ethnic disparities in health coverage, but few studies have explored differential impact by exposure to structural racism. We analyzed data on historical residential redlining in US metropolitan areas from the Mapping Inequality project, along with data on uninsurance from the American Community Survey, to test whether Medicaid expansion differentially reduced uninsurance rates among nonelderly adults exposed to historical redlining. Our difference-in-differences analysis compared uninsurance rates in Medicaid expansion and nonexpansion states both before (2009–13) and after (2015–19) the state option to expand Medicaid pursuant to the Affordable Care Act took effect in 2014. We found that Medicaid expansion had the greatest impact on lowering uninsurance rates in census tracts with the highest level of redlining. Within each redline category, there were no significant differences by race and ethnicity. Our results highlight the importance of considering contextual factors, such as structural racism, when evaluating health policies. States that opt not to expand Medicaid delay progress toward health equity in historically redlined communities.


Merck Annual Increases

I am reaching out to inform you that Merck has announced a price increase on the following product(s), effective [November 10, 2023](#).

Product	% Increase
GARDASIL [®] 9 (Human Papillomavirus 9-valent Vaccine, Recombinant)	7%
MMR [®] Measles, Mumps, and Rubella Virus Vaccine Live	3%
PedvaxHIB [®] Haemophilus b Conjugate Vaccine (Meningococcal Protein Conjugate)	3%
ProQuad [®] Measles, Mumps, Rubella and Varicella Virus Vaccine Live	3%
RECOMBIVAX [®] Hepatitis B Vaccine (Recombinant) Adult & Pediatric Formulation	3%
RotaTeq [®] Rotavirus Vaccine, Live, Oral, Pentavalent	3%
VARIVAX [®] Varicella Virus Vaccine Live	9%
VAQTA [®] Hepatitis A Vaccine Inactivated Pediatric & Adult Formulations	3%
VAXNEUVANCE [®] Pneumococcal 15-valent Conjugate Vaccine Suspension for Intramuscular Injection	3%

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March 17, 2023

Patient Attribution—A Call for a System Redesign

William Riley, PhD¹; Kailey Love, MBA, MS²; Charlton Wilson, MD³

➤ Author Affiliations | Article Information

JAMA Health Forum. 2023;4(3):e225527. doi:10.1001/jamahealthforum.2022.5527


Patient attribution systems, used by payers and health systems to implement alternative payment models (APMs), are inconsistent and inaccurate,^{1,2} resulting in confusion for physicians and patients. The goal of APMs—to pay for value over volume and improve population health management—can be better met by ensuring more accurate patient attribution methods.

The goal of the Centers for Medicare & Medicaid Services is to convert 100% of Medicare and 50% of Medicaid and commercial payments to APMs by 2025.³

1. Develop attribution model standards
2. New generation of attribution methods relying on prospective attribution
3. Ensure that quality and cost reporting accurately reflect a physician's true patient care performance
4. Standard roster reporting system to be used by all health plans
5. Incorporate the social and medical needs of vulnerable populations
6. Capture patient preference by supplementing claims data using multifaceted data sources

<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2802660>


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The Medicaid Unwinding's 6-Month Check Up: Trends, Challenges, and What's Next

PAAC/COCHF Joint Meeting

October 7, 2023



American Academy of Pediatrics

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How it Started...



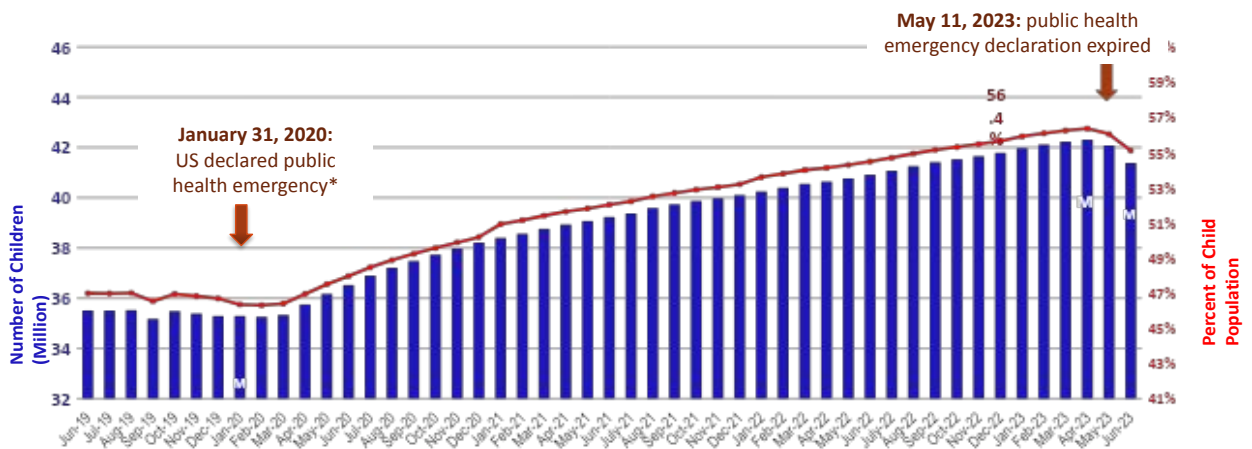
How it's Going...



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Number and Percent of US Children Enrolled in Medicaid/CHIP Before and Since the COVID-19 Pandemic, June 2019 – June 2023

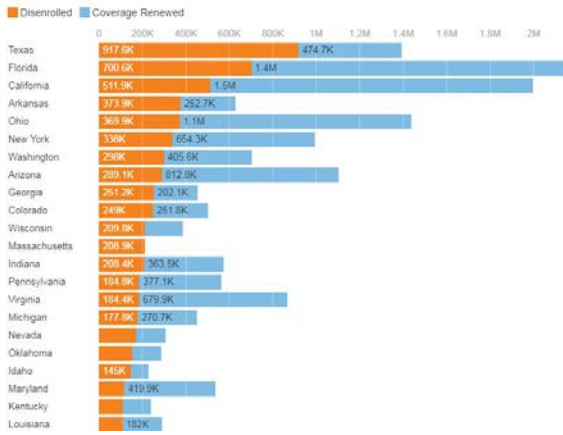


*The Families First Coronavirus Response Act (FFCRA) enacted in March 2020 required continuous enrollment and made available a temporary 6.2 percentage point increase to each state or territory's federal medical assistance percentage (FMAP) during the national Public Health Emergency. **Notes:** Arizona did not submit any child data throughout the reporting period and is not included in this report. June 2023 data is preliminary. Numbers may not sum up precisely due to rounding. **Source:** AAP analysis of data submitted by states to CMS released through the Medicaid and the Children's Health Insurance Program (CHIP) Performance Indicator Projects.

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7.9M PEOPLE HAVE LOST MEDICAID/CHIP COVERAGE IN THE LAST 6 MONTHS



At least 7,874,000 Medicaid enrollees have been disenrolled and 13,300,000 have had their coverage renewed in 50 states and DC, as of October 2, 2023

Of completed redeterminations, the number of people disenrolled and the number of people whose coverage was renewed

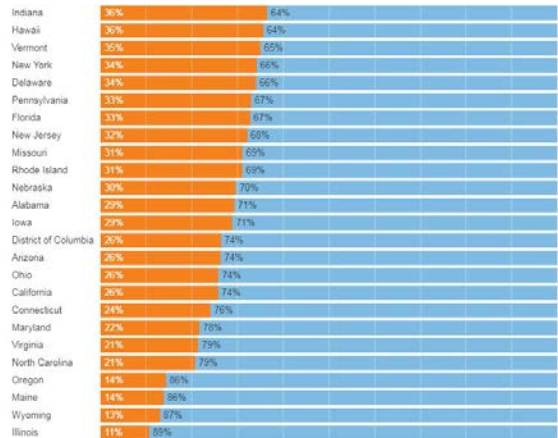
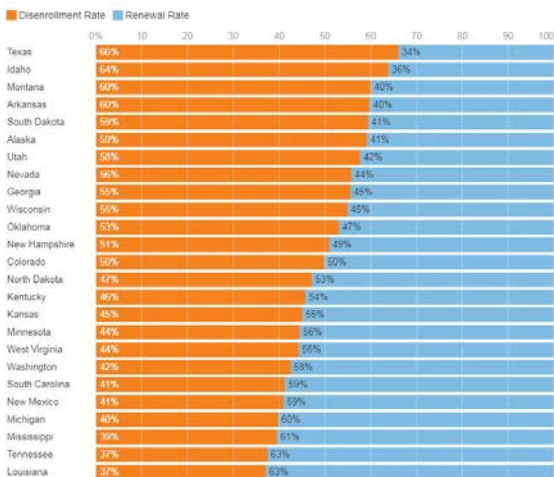
NOTE: Based on the most recent data reported (pending data available). Time periods differ by state. Unrolling data for 48 are taken from the state's unrolling dashboard, which provides the most up-to-date information on total disenrollments but does not provide the number of people

KFF

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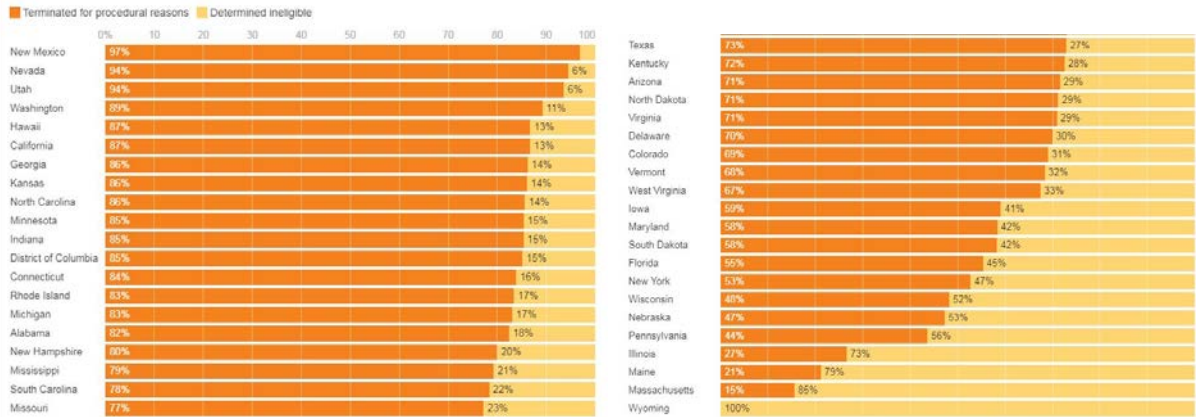
WIDE STATE VARIATION IN DISENROLLMENT RATES



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73% OF ALL DISENROLLMENTS FOR “PROCEDURAL” REASONS



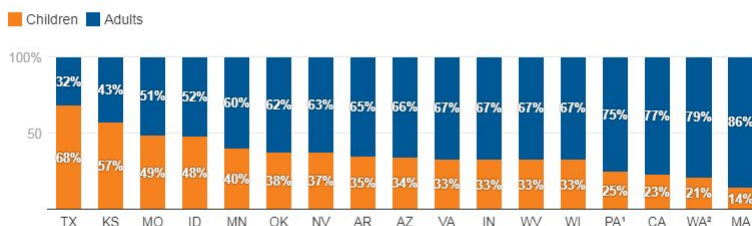
NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as procedural disenrollments divided by total disenrollments. Some states report unwinding data without information on reason for disenrollment and are not shown in the figure.
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PNG



CHILDREN ARE BEARING THE BRUNT OF BUREAUCRATIC ERRORS

Children account for roughly four in ten (41%) of Medicaid disenrollments in the 17 states reporting age breakouts, as of October 2, 2023

Share of Medicaid Disenrollments by Age:



As of October 2, 2023, at least 1,590,000 children had been disenrolled out of 3,917,000 total disenrollments in the 17 states.

NOTE: Based on the most recent state-reported unwinding data available. Time periods may differ by state. States may identify children based on age or eligibility group. 1. Pennsylvania only reports disenrollments by age among the Medicaid Maintained Population, which is composed of enrollees the state has flagged as “likely ineligible or unresponsive.” 2. In Washington, children up to age six will be manually reinstated as the state awaits system changes to align with new continuous eligibility for that group. To date, roughly 6% of all reported disenrollments in WA were among children ages 0-5.
SOURCE: KFF Analysis of State Unwinding Dashboards • Get the data • PNG



CMS August 9 Letter to States: 3 Problem Areas

- 3 areas of concern identified by CMS
 - Long call center wait time / high abandonment rate
 - High procedural disenrollment rate
 - Application processing beyond 45 days
- 5 states, 3 areas of concern (AK, FL, MT, NM, RI)
- 13 states, 2 areas of concern
- 18 states, 1 area of concern

(data as of July 31, 2023)
Metrics where CMS notes concern are highlighted.

State	Call Center Operations		Procedural Terminations % of beneficiaries terminated for procedural reasons as a share of total	Application Determination Processing Time % of application determinations processed in more than 45 days (for people eligible based on)
	Average call center wait time	Average call abandonment rate		
Alabama	1 minute	4%		
Alaska	16 minutes	24%		
Arizona	21 minutes	18%		
Arkansas	10 minutes	16%		
California	2 minutes	4%		
Colorado	4 minutes	8%		
Connecticut	1 minute	3%		
Delaware	1 minute	10%		
District of Columbia	1 minute	5%		
Florida	32 minutes	35%		
Georgia	1 minute	0%		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Greenville Boulevard, Mail Stop 95
Baltimore, Maryland 21286-9999

August 9, 2023

Janet Mann
Deputy Director for Health and Arkansas Medicaid Director
Department of Human Services
700 Main Street
Little Rock, AR, 72203-3217

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) continually reviews data, state activity, and other information to ensure all states comply with federal eligibility and reporting requirements. This note has become particularly important during the state's upcoming period. CMS reviews a number of metrics and data sources to monitor the status of states' efforts to ensure regular eligibility and enrollment operations in light of the end of the Medicaid continuous enrollment condition. This letter focuses on three sets of data metrics under CMS review: call center operations, awaiting renewal enrollment terminations for procedural reasons and Medicaid Adjusted Gross Income (MAGI) application processing times.

For May 2023, your state reported the following data derived from reporting through the Eligibility and Enrollment Performance Indicator (PEI) tool¹ and Enrollment data report (data as of July 31, 2023):

PEI Call Center Operations Data	Existing Data Report Renewals Metrics	PEI Application Determination Processing Time Data
Average call center wait time	% of beneficiaries terminated for procedural reasons as a share of total beneficiaries due for renewal in May	% of MAGI application determinations processed in more than 45 days
10 minutes	18%	3%

Call centers are a critical resource for ensuring equitable access to support for completing renewals and applying for Medicaid and Children's Health Insurance Program (CHIP) coverage. Federal regulations at 42 CFR 445.908 and 42 CFR 447.118 require state Medicaid and CHIP agencies to provide the assistance to any individual seeking help with the application or renewal process in person, over the phone, or by mail.

CMS August 30 Letter to States: Errors in Ex Parte Redetermination of Households

AAP News

Some states may be dropping eligible children said

August 30, 2023
News Sharing, Staff Writer
© Associated Press
Print, save, share
Email, WhatsApp, Messenger, Telegram, Print, Save

Officials with the Centers for Medicare and Medicaid Services (CMS) are aware of health care eligibility systems that they suspect children were mistakenly dropped in the upcoming process.

The goal of the COVID-19 public health emergency (PHE) grant states longer an eligible for Medicaid or the Children's Health Insurance Program (CHIP) enrollment, such as not allowing renewal requirements, but not

STATE OF ARIZONA
Department of Health Services
August 30, 2023

Dear Honorable Governor:

I am writing to inform you of the state's obligations to conduct Medicaid renewal in accordance with federal requirements. According to these requirements, a person's income, Medicaid and Children's Health Insurance Program (CHIP) renewal eligibility and other eligibility information should be reviewed and updated as needed. The state's renewal process, including the use of the Medicaid and CHIP renewal system, should be consistent with the requirements of the Medicaid and CHIP renewal system. The state's renewal process should be consistent with the requirements of the Medicaid and CHIP renewal system. The state's renewal process should be consistent with the requirements of the Medicaid and CHIP renewal system.

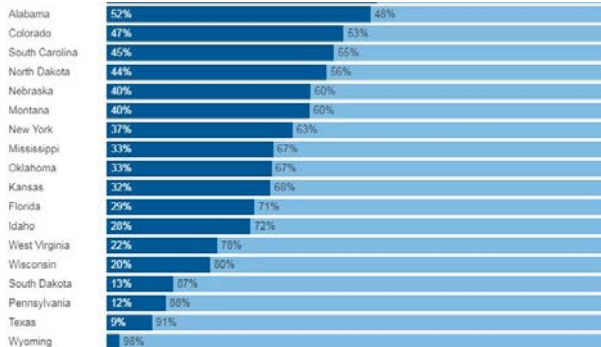
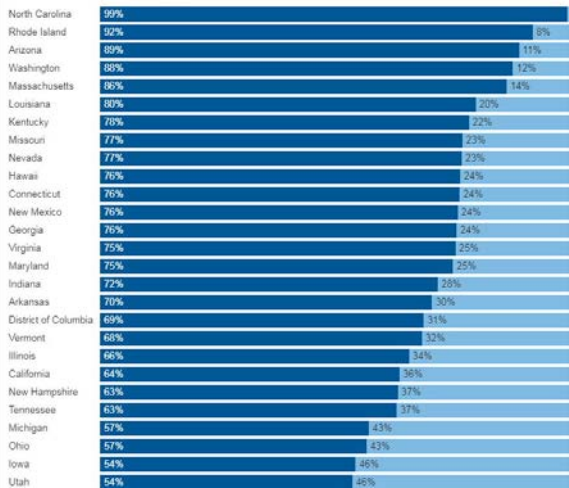
Scenario 2: Ex Parte Review
Tina and Susie Eligible, Information Needed for Martin

State initiates renewal for the household by beginning the ex parte process. The available data and reliable information shows household income is 90% of the FPL. State uses household information to determine eligibility for each individual in the household. State identifies an inconsistency with another factor of eligibility for Martin.

Individual	Available Data	State's Coverage	Action Needed
Tina	Available data indicate that Tina continues to be eligible for Medicaid because 90% FPL is below the state's Medicaid eligibility level of 133% FPL for adults. Tina continues to meet all other factors of eligibility.	Tina's coverage must be renewed based on the ex parte determination. No action is needed to continue Tina's coverage.	
Susie	Available data indicate that Susie continues to be eligible for Medicaid because 90% FPL is below the state's Medicaid eligibility level of 133% FPL for children. Susie also meets all other factors of eligibility.	Susie's coverage must be renewed based on the ex parte determination. No action is needed to continue Susie's coverage.	
Martin	While available data indicate that Martin continues to be income eligible, available data is unable to determine Martin's continued eligibility.	Martin's coverage cannot be reestablished in part. Action is needed to continue Martin's coverage.	The state must send a prepopulated renewal form that requests additional information needed to determine Martin's eligibility. The renewal form should only ask for the minimum information required to determine Martin's eligibility.

Wide Variation in State Use of Ex Parte Renewals

Renewed on an ex parte basis | Renewed via renewal form



NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as ex parte renewals divided by total people whose coverage was renewed. Some states report unwinding data without information on the process for renewal and are not shown in this figure. Maine has not started conducting ex parte renewals yet and has been excluded from reported total. SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PHG

KFF

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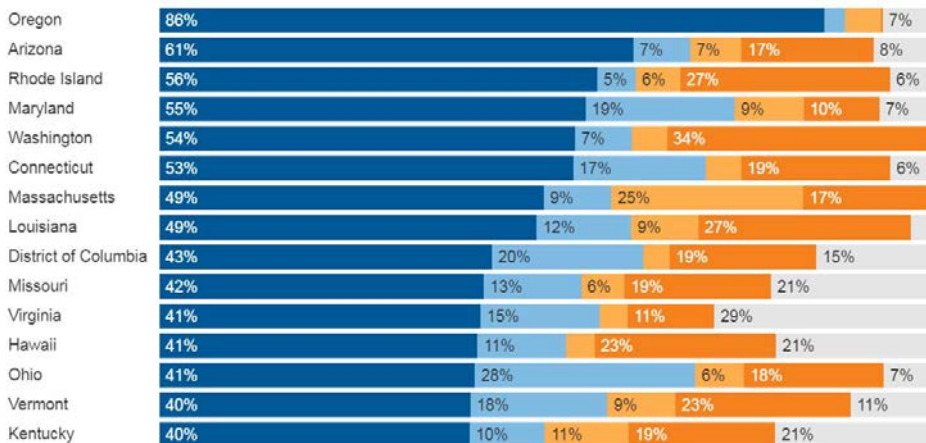
Figure 4

Overall, 30% of all renewals were conducted via *ex parte* processes, as of October 23, 2023

Of All Renewals Due, the Share Renewed Via *Ex Parte* vs. All Other Renewal Outcomes

% of People Retaining Coverage | % of All Renewals Due

Renewed on an ex parte basis | Renewed via renewal form | Determined ineligible | Terminated for procedural reasons | Pending

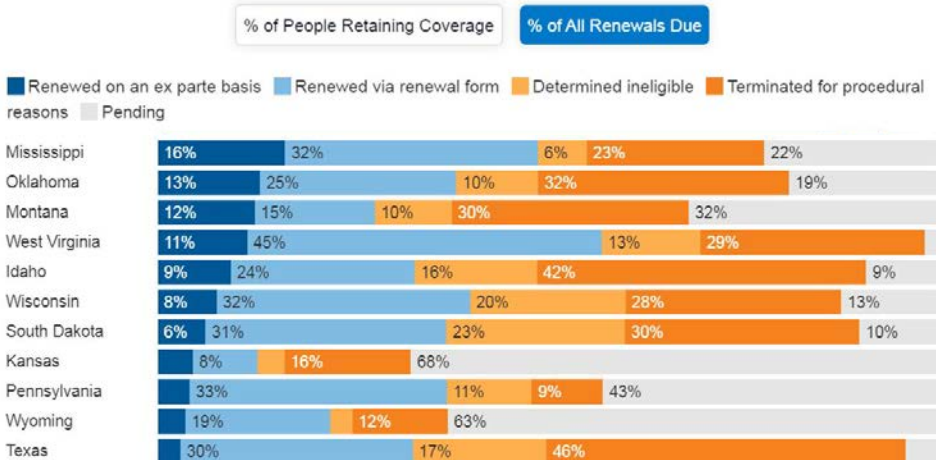


The Bottom Of The List

Figure 4

Overall, 30% of all renewals were conducted via *ex parte* processes, as of October 23, 2023

Of All Renewals Due, the Share Renewed Via *Ex Parte* vs. All Other Renewal Outcomes



SEPTEMBER 21 CMS ANNOUNCEMENT AND SUMMARY

- 30 states report experiencing household income ex parte issue
- 500,000 children and families to be reinstated
- State-by-state table:

<https://www.medicaid.gov/sites/default/files/2023-09/state-asesment-compliance-auto-ren-req.pdf>

Press release

Coverage for Half a Million Children and Families Will Be Reinstated Thanks to HHS' Swift Action

Sep 21, 2023 | Medicaid & CHIP

Share

CMS Requires States to Pause Disenrollments and Reinstates Coverage for Impacted Individuals

Today, the U.S. Department of Health and Human Services (HHS) is announcing that it has helped half a million children and families regain their Medicaid and Children's Health Insurance (CHIP) coverage. On August 30, the Centers for Medicare & Medicaid Services (CMS) issued a call to action to states about a potential state systems issue where systems were inappropriately disenrolling children and other enrollees, even when the state had information indicating the person remained eligible. Thanks to CMS' swift action, nearly 500,000 children and other individuals who were improperly disenrolled from Medicaid or CHIP will regain their coverage.



STATE UPTAKE OF 1902(E)(14) WAIVERS

- March 3, 2022 SHO Letter (#22-001) announced waiver options for renewal flexibilities
- June 12, 2022 Sec Becerra letter urged states to adopt flexibilities; announced several additional options, including extending renewal timeline for 30 days for procedural disenrollments
- 321 waivers across 49 states + DC + PR + US VI have been approved (Aug 18, 2023)

Medicaid.gov
Keeping America Healthy

Federal Policy Guidance Resources for States Medicaid CHIP

Home Resources for States Coronavirus Disease 2019 (COVID-19) Unwinding and Returning to

States/Territories	States/Territories Totals	Targeted SHIP Strategy (NAG)	Targeted SHIP Strategy (Non-NAG)	Targeted SHIP Strategy (NAG)	Targeted SHIP Strategy (Non-NAG)	Beneficiaries with the Income Renewal
Alabama	0	0	0	0	0	0
Alaska	7	0	0	0	0	0
Arizona	7	0	0	0	0	0
Arkansas	0	0	0	0	0	0
California	10	0	0	0	0	0
Colorado	4	0	0	0	0	0
Connecticut	4	0	0	0	0	0
Delaware	7	0	0	0	0	0
District of Columbia	7	0	0	0	0	0
Florida	0	0	0	0	0	0
Georgia	7	0	0	0	0	0
Hawaii	7	0	0	0	0	0

FOR IMMEDIATE RELEASE
June 12, 2022

Contact: HHS Press Office
202-690-6343
medicaid@hhs.gov

Letter to U.S. Governors from HHS Secretary Xavier Becerra on Medicaid Redeterminations

Dear Governor:

I am writing to follow up on my March 2022 letter regarding states' efforts to return to pre-COVID-19 pandemic Medicaid operations. As full Medicaid renewals begin, it is critically important to ensure that individuals do not lose coverage due solely to administrative processes. I urge you to adopt all options that we have offered to help eligible individuals and families maintain their health coverage during this process and leverage all state partners to support individuals and families to complete renewal forms.

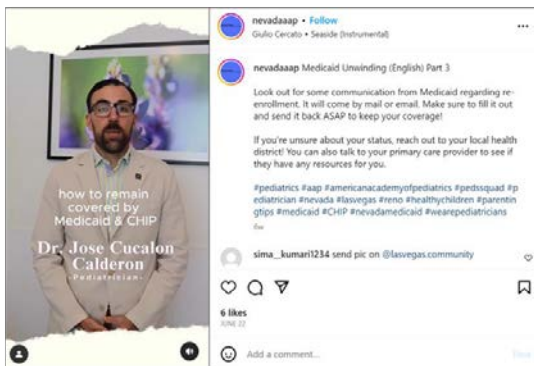
High-quality health care coverage is a prerequisite to having meaningful access to the health care system—something that provides peace of mind and security to every American family. The Department of Health and Human Services, through our Centers for Medicare and Medicaid Services, is closely monitoring changes in Medicaid and Children's Health Insurance Program (CHIP) enrollment. I am deeply concerned with the number of people currently losing coverage, especially those who appear to have lost coverage for avoidable reasons that State Medicaid officials have the power to prevent or mitigate.

Given the high number of people losing coverage due to administrative processes, I urge you to review your state's currently elected flexibilities and consider going further to take up existing and new policy options that we have offered to protect eligible individuals and families from procedural termination. I am pleased to announce several new options for states to consider adopting, such as allowing states to use their managed care plans to help beneficiaries complete these forms. These new options build on existing flexibilities we have already offered states.

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AAP Chapter Activity



- **Sharing messaging**
 - Children may still be eligible!
 - Reconsideration period
- **Monitoring data**
- **Surfacing stories**
- **Advocating that states adopt additional 1902(e)(14)(A) strategies**
- **Requesting additional transparency**

sglier@aap.org

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Medicaid Unwinding: New Resources

Visit www.aap.org/MedicaidUnwinding

- **Updated:** State-specific “3 steps to keep your coverage” flyers in English and Spanish
- **New:** State-specific “Coverage Loss” flyers with income eligibility
- **New:** Practice guide
- Medicaid Unwinding explainer for practices
- Template letter to patient families

Coming soon:

- Spanish language “Coverage Loss” flyers
- Chapter resources
 - Encourage state to take up flexibilities
 - Op-Ed template
 - Unwinding coalition materials

The screenshot shows the AAP website page for 'Preserving Medicaid and CHIP Coverage'. It includes a navigation bar with 'Home', 'About Us', 'Practice Resources', 'Policy Resources', 'Advocacy Resources', and 'Webinars'. The main content area is titled 'Resources' and contains several sections:

- Resources:** A paragraph explaining the AAP's mission to help members understand and navigate Medicaid Unwinding, and a link to a FAQ page.
- Practice resources:** A list of resources including 'Medicaid Unwinding: What Pediatric Practices Need to Know', 'Pediatric Practice Transition Letters for Families (Spanish Version)', 'AAP Unwinding Overview', and 'Unwinding Practice Guidance'.
- State Unwinding Flyers – To post in offices and distribute to families** and **Coverage Loss Flyers – To distribute to patients who have lost Medicaid coverage**.
- Advocacy Resources:** A list of resources including 'Advocacy Action Guide', 'so State Update Your Contact Info Resource', and 'so State Update Your Contact Info Resource'.
- Webinars:** A list of webinars including 'AAP State Advocacy Webinar: The Unwinding, Important New Changes as State Preps for April 2023' and 'AAP Policy Webinar: Medicaid Unwinding: The Unwinding, Important New Changes as State Preps for April 2023'.
- External Resources:** A list of external resources including 'Congressional Center for Children and Families: so State Unwinding Tracker' and 'Medicaid.gov Unwinding Resources'.

MESSAGE: KEEP YOUR COVERAGE

The flyer is titled 'Does your family have KanCare (Medicaid)?' and features a photograph of a family. It outlines a three-step process:

- 1. UPDATE YOUR INFO:** Make sure KanCare has your current contact information. Visit <https://www.kanhealthcare.com> or call 800-792-4884.
- 2. CHECK YOUR MAIL:** Look for official information with instructions on how to renew coverage for you and your family.
- 3. REPLY ASAP:** If you are not Respond right away with updated info, even if you don't think you're eligible.

Even if adults in your family don't qualify, children might. Income eligibility is higher for children.

Lost your coverage? You or your child may still be eligible. Contact KanCare by visiting <https://www.kanhealthcare.com> or calling 800-792-4884. You can have your case reassessed, appeal, or request for KanCare.

If you no longer qualify for Medicaid, free or low-cost options exist.

CHILDREN: Your children can still be covered through the Children's Health Insurance Program / CHIP. For details, check your Medicaid notice or call 800-792-4884.


ADULTS: Adults and their children may enroll in a low-cost plan through the Health Insurance Marketplace. 2 out of 3 employees can find plans that cost less than \$12 per month. Visit www.healthcare.gov or call 1-800-318-2596 to apply.

Have questions or need help understanding your options? Find support near you at www.kanhealthcare.com.

The flyer includes logos for the Congressional Center for Children and Families, the American Academy of Pediatrics, and the Kansas Department of Health Services.

MESSAGE: GET YOUR COVERAGE BACK

Has your family lost SoonerCare (Medicaid) health insurance?
There's still time to get coverage back.



SoonerCare renewals are happening quickly. If you, your children, or other members of your household have lost coverage through SoonerCare, you may actually still be eligible. Know your options for free or low-cost health coverage.



SOONERCARE ELIGIBILITY IN OKLAHOMA

- Individuals: \$20,120/year
- Adults in families of 4: \$41,400/year
- Children ages 0-18 in families of 4: \$63,000/year

Your children may be eligible for coverage even if you aren't!

- If you believe you or your children are still eligible, contact SoonerCare by visiting <https://oklahoma.gov/okhsa/index.html/sooner-care.html> or calling (800) 987-7767. You can have your case reconsidered, appeal, or reapply for SoonerCare.
- Even if you do not think you're eligible, your children may be. It's still important to return all forms as soon as possible. The state can reconsider your case if you turn in your paperwork, even if it's after the deadline.
- Most children should remain eligible. If your child has lost coverage, contact (800) 987-7767 to check eligibility and enroll.
- If you or your child are no longer eligible for SoonerCare, you may be able to enroll your family in a quality low-cost plan through the Health Insurance Marketplace. Visit <https://www.healthcare.gov/> or call 1 (800) 318-2596 to get coverage beginning the first of next month.

Need help with paperwork or the reenrollment process?
Find support near you at localrate.healthcare.gov

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Discussion



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Next Webinar

Next Webinar Thursday November 16th

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PMI Conference 2024

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Houston, TX

www.PediatricSupport.com



Both onsite and virtual attendees will have access to recordings of the conference sessions for 60 days following the event. Virtual attendees can view live broadcasts of all of the conference sessions.

35+ Presentations To Learn What You Need To Know To Manage A Pediatric Practice

Thursday February 1, 2024	
8:00AM	Registration Opens
8:00AM	Exhibit Party
Friday February 2, 2024	
7:00AM	Breakfast
7:00AM	Check-In & Exhibit Openings
7:00AM	Mark Our Mission
7:00AM	Keynote Presentation
7:00AM	Live Energy
7:00AM	Networking Break
7:00AM	Break Out Session #1
7:00AM	Lunch
7:00AM	Practice Excellence
7:00AM	Speaker Migration
7:00AM	Affirmation Break
7:00AM	Collab Craft & Refreshment Break
7:00AM	Check-In
7:00AM	Exhibit Party
Saturday February 3, 2024	
7:00AM	Breakfast
7:00AM	Check-In
7:00AM	Breakout Session #1
7:00AM	Networking Break
7:00AM	Breakout Session #2
7:00AM	Lunch
7:00AM	John VanHorn
7:00AM	Collab Craft & Refreshment Break
7:00AM	Dr. Gina
7:00AM	Affirmation Break
7:00AM	Conference Practice
7:00AM	Exhibit Party

BREAKOUT SESSIONS

BREAK OUT SESSION 1 - THURSDAY @ 11:00AM	
11:00AM	Don Patten
11:00AM	Tom Woychik
11:00AM	Sergio Salazar
11:00AM	Sandy Chang
11:00AM	Manoj Kumar
BREAK OUT SESSION 2 - SATURDAY @ 9:00AM	
9:00AM	Suzanne Bertram
9:00AM	Alisa Vaughan
9:00AM	Richard Lander
9:00AM	Alex Meyer
9:00AM	John Marshall & Elizabeth Larson
BREAK OUT SESSION 3 - SATURDAY @ 10:00AM	
10:00AM	Heidi Chamberlain
10:00AM	Billy Whitaker
10:00AM	Richard Lander
10:00AM	Sarah Schuler
10:00AM	Brandon Belmont

PRE-CONFERENCE SESSIONS

PRACTICE MANAGEMENT PRE-CONFERENCE	
8:00AM	John Patten
8:00AM	David Patten
8:00AM	Book
8:00AM	John Blumhard
8:00AM	Paula VanHorn
DIRECT CARE MODEL'S DCOM PRE-CONFERENCE	
8:00AM	Debra Hertz
8:00AM	Billy Parker-Bell
8:00AM	Book
8:00AM	Phil Baucher
8:00AM	Suzanne Morgan
HUMAN RESOURCES PRE-CONFERENCE	
8:00AM	John Patten
8:00AM	Shirley Higgins
8:00AM	Book
8:00AM	Andy Stearns
8:00AM	John Patten

For more information, visit <http://www.PediatricSupport.com>






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**Suzanne Berman,
MD, FAAP**

Former AAP SOAPM chair and nationally recognized physician advocate, Dr. Berman is a friend to pediatricians and children across the US. You may have benefited from her pediatrician guidebooks for the Provider Relief Fund, the OSHA COVID ETS, and the 21st Century Cures Act.
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