

Policies and Procedures to Intervene, Recover and Stabilize from Loss of Client Medicaid Coverage

This checklist was developed by Bowling Business Strategies, in partnership with the National Council for Mental Wellbeing, as part of the H.R.1 Redetermination Community of Practice. It is a list of policies and procedures that behavioral health (BH) agencies might consider implementing, refining, or reinforcing to support intervention and response if clients lose coverage during the eligibility redetermination process.

- **To support identification of a coverage loss/gap:**

- ☐ Review use of electronic eligibility verification systems; ensure they are working as intended and that staff are using them consistently; cross-check systems for accuracy.
- ☐ Consider additional data sources with eligibility or redetermination date information (e.g., state information systems, MCOs, primary care partners)
- ☐ Track renewal timelines; ensure staff have access to the information when scheduling and checking in clients
- ☐ Train case managers and front desk staff to recognize the different forms of letters/communication from Medicaid/eligibility offices and MCOs and which include eligibility determinations
- ☐ Train case managers and front desk staff on client engagement and rapport building; encourage speaking with clients about Medicaid coverage, asking about any communication received, asking about insurance changes, and ensuring clients have accurate information.

- **To preserve high-priority service access for clients:**

- ☐ Implement clear and transparent sliding fee scales, including their applicability during appeals and/or re-application time periods
- ☐ Engage internal or external bridge programs (e.g., charity care or general fund/block grant-funded services, FQHC or hospital 340B Drug Pricing Programs)
- ☐ Create decision trees to aid staff in deciding about provision of ongoing services for clients as a bridge during transitions in care, on an ongoing basis, or while appeals or new applications are resolved

- ☐ Create structure to emotionally support clients learning of or navigating loss of coverage:
 - ☐ Develop clear messaging for client-facing staff to use about the steps the individual can take, the ways the organization can support them, and the resources that are available
 - ☐ Develop information sharing protocols amongst client care teams
- **To rapidly reinstate or secure new insurance coverage:**
 - ☐ Train case managers and benefits staff on how to identify potential problems in how the state handled the eligibility determination
 - ☐ Train case managers and benefits staff on how to initiate appeals and requests for continuation of benefits, and critical timelines to adhere to
 - ☐ Train case managers on circumstances permitting self-attestation for meeting exemptions or exclusions to community engagement requirements
 - ☐ Ensure releases of information are in place to share information with legal aid and/or Protection and Advocacy organizations
 - ☐ Develop guidelines for BH agency staff on when/if to support the client with appeals or a new application and when to engage with legal or other more specialized support
 - ☐ Create template appeals letters, emails, or call scripts to customize based on client situation
 - ☐ Develop protocols for clinical and/or administrative teams to rapidly supply documentation pertaining to medical frailty or drug or alcohol rehabilitation or treatment program participation
 - ☐ Support transition to Marketplace plans as needed
- **To preserve coverage and/or access to services moving forward:**
 - ☐ Document outcome(s) of the appeals or application process and area that was challenging (e.g., current contact information, demonstrating an exemption or exclusion, etc.);
 - ☐ Where necessary/appropriate, update records (e.g., addresses, diagnoses), care plans, or client-specific support resources to improve the likelihood of success for the next redetermination period (e.g., skills training, additional peer support or case management engagement, connection to employment services or education/training resources, address social drivers of health, etc.); share/update information with outside entities as needed

- ☐ Periodically rescreen existing uninsured or non-Medicaid clients for Medicaid eligibility; circumstances may change
- **To streamline billing and charges during redetermination periods:**
 - ☐ Refine protocols for billing during/after gaps in coverage given shortened retroactive coverage periods for new applications (and new applications sometimes being the easiest path for coverage reinstatement)
 - ☐ Review transitions to general fund and block grant funding sources, including billing protocols and covered services