

# 2026 MEDICARE ADVANTAGE CHANGES

Quick Reference — What Healthcare Providers Must Know

MedSole RCM | January 2026

## MAJOR CHANGE #1: CARRIER MARKET EXITS

Effective January 1, 2026, major carriers exited Medicare Advantage markets, affecting 600,000+ beneficiaries.

### Carriers Exiting Markets:

Carrier	Markets Affected	Members Impacted
UnitedHealthcare	[List specific states]	400,000+
[Other Carrier]	[States]	[Number]
[Other Carrier]	[States]	[Number]

### What This Means For Your Practice:

- ☐ Patients will present **OLD** insurance cards (new cards delayed)
- ☐ Claims submitted to old carriers will receive **PR-27 denials**
- ☐ These are **VALID** denials — coverage truly terminated
- ☐ Prevention is the **ONLY** solution — verify every MA patient

### Action Required — January 2026:

- ✓ Verify eligibility for **ALL** Medicare Advantage patients
- ✓ Do **NOT** accept any MA card at face value
- ✓ Ask every patient: *"Did your Medicare plan change this year?"*
- ✓ If old card presented, help patient identify new coverage
- ✓ Run fresh verification regardless of patient history

## ✓ **MAJOR CHANGE #2: CMS RETROACTIVE DENIAL PROTECTION**

The 2026 Medicare Advantage Final Rule (CMS-4207-F) provides **NEW** protections against retroactive denials.

**WHAT CHANGED:** MA plans can **NO LONGER** "reopen and modify" previously approved inpatient admissions to issue retroactive denials.

### **Protection Applies When:**

- ☐ Prior authorization was requested for inpatient admission
- ☐ MA plan **APPROVED** the prior authorization
- ☐ Patient was admitted and received care
- ☐ Plan later discovered coverage issue and tried to deny retroactively

#### **THE OLD WAY (Before 2026):**

- Plan approves prior auth
- Patient receives inpatient care
- Weeks later, plan discovers eligibility issue
- Plan retroactively denies and issues PR-27
- **Provider eats the cost**

#### **THE NEW WAY (2026 and forward):**

- Plan approves prior auth
- Patient receives inpatient care
- Prior authorization approval is **BINDING**
- Plan **cannot** retroactively deny
- Provider has strong appeal grounds if denial issued

### **How To Use This Protection:**

If you receive PR-27 for a prior-authorized inpatient admission:

### 1. Gather prior authorization documentation:

- ☐ Authorization request date
- ☐ Approval date and confirmation number
- ☐ Approved service description
- ☐ Approved date range

### 2. File appeal citing:

- ☐ "2026 Medicare Advantage Final Rule (CMS-4207-F)"
- ☐ "Prohibition on reopening previously approved admissions"
- ☐ Attach prior authorization approval

### 3. Use Template C from MedSole RCM's Appeal Letter Kit

#### SAMPLE APPEAL LANGUAGE

"Per the 2026 Medicare Advantage Final Rule (CMS-4207-F), Medicare Advantage plans are prohibited from reopening and modifying previously approved inpatient admissions. Prior authorization #[NUMBER] was approved on [DATE] for this admission. This retroactive PR-27 denial violates current CMS regulations and must be reversed."

## CARC 27 STATUS — NO CHANGES

- ☐ Denial code 27 remains unchanged
- ☐ Definition: "Expenses incurred after coverage terminated"
- ☐ Active since January 1, 1995
- ☐ Last X12 review: January 1, 2026 — confirmed stable
- ☐ No process changes needed for the code itself

## 2026 ACTION CHECKLIST FOR PRACTICE MANAGERS

### IMMEDIATE (January 2026):

- ☐ Alert all front desk staff about MA plan changes
- ☐ Implement mandatory verification for every MA patient
- ☐ Create "hard stop" if MA verification fails
- ☐ Post verification reminders at all check-in stations
- ☐ Train staff to ask about plan changes

## ONGOING (Throughout 2026):

- ☐ Track PR-27 denial patterns monthly
- ☐ Appeal retroactive MA denials citing new CMS rule
- ☐ Document all prior authorizations thoroughly
- ☐ Stay subscribed to payer update bulletins

## FOR DENIED PRIOR-AUTHORIZED CLAIMS:

- ☐ Pull prior authorization documentation
- ☐ Use 2026 CMS rule in appeal
- ☐ Escalate to IRE if MA plan denies appeal
- ☐ Consider CMS complaint if pattern of violations

## KEY DATES & DEADLINES

January 1, 2026	Market exits effective
January 2026	Highest risk month for MA PR-27 denials
60 days	Medicare/MA appeal deadline
2026 ongoing	CMS retroactive protection in effect

## RESOURCES

### CMS 2026 MA Final Rule:

[cms.gov/newsroom/fact-sheets/2026-medicare-advantage-and-part-d-final-rule](https://www.cms.gov/newsroom/fact-sheets/2026-medicare-advantage-and-part-d-final-rule)

### Medicare Plan Finder:

[medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

### MedSole RCM Denial Management:

[medsolercm.com/denial-management](https://medsolercm.com/denial-management)

**Need help managing MA denials?**

MedSole RCM specializes in denial prevention and resolution for healthcare providers.

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