
End of Continuous Medicaid Coverage

Dashboard

August 2023



TEXAS
Health and Human
Services

Snapshot

During the public health emergency (PHE), the number of Texans on Medicaid grew from 3.9 million to approximately 6 million.

HHSC initiated the unwinding period in April 2023 by beginning a phased eligibility review of Texans receiving Medicaid.

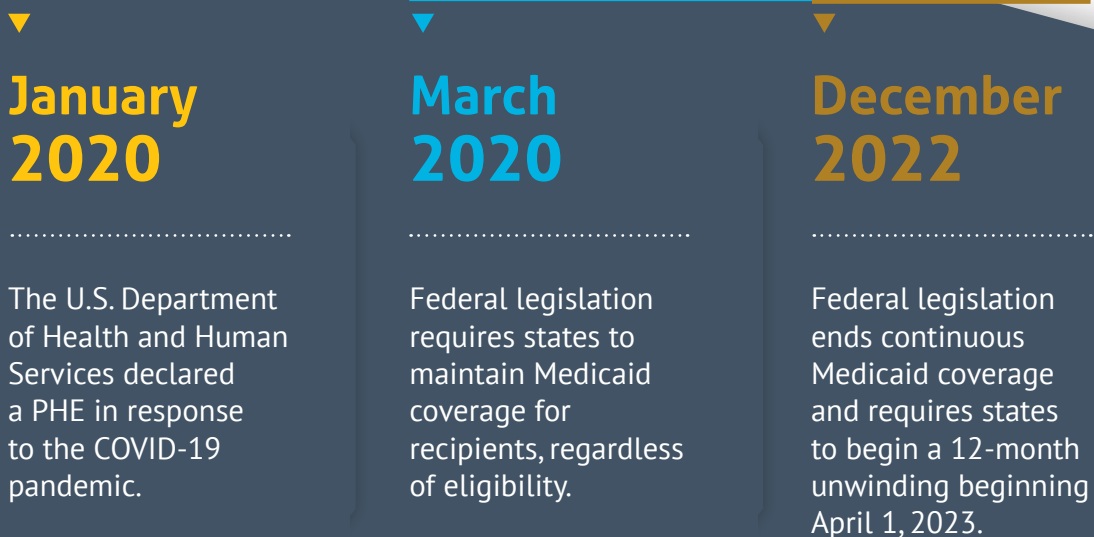
To date, HHSC initiated renewals for approximately 2.5 million Texans or 42% of the Medicaid population.

In anticipation of the increase in workload, HHSC improved staff recruitment and retention. In July 2023, the vacancy rate for eligibility advisors was 5.42% compared to 21.23% in March 2022.

HHSC implemented multiple federally approved waiver flexibilities, including electronically updating Medicaid recipient addresses and using recent SNAP income data to confirm Medicaid eligibility.

Additional information and resources on the HHSC Medicaid redetermination effort, including monthly renewal data, can be found at hhs.texas.gov/update.

Timeline



Introduction

Texas began planning for the unwinding of continuous Medicaid coverage in the summer of 2020.

HHSC employed a proactive, multi-pronged communications campaign to inform recipients, health care providers, advocates, and other stakeholders about its plan to unwind continuous Medicaid coverage.

To meet evolving federal requirements and guidance, HHSC continues to update its unwinding plan and make numerous related technology changes.

HHSC Outreach

HHSC developed an **Ambassador Program** to engage Medicaid health plans, health care providers and other stakeholders to help prepare Medicaid recipients for the renewal process. Additionally, the Ambassador Program, and its 346 members, are amplifying the message by using the ambassador toolkit that includes FAQs, talking points, flyers and social media graphics and messages.

In addition to normal renewal communications, HHSC implemented a robust public education outreach effort across social media platforms and a digital advertising campaign reaching over 1.6 million users from Oct. 13, 2022, to July 31, 2023. HHSC also continues to host in-person renewal assistance events around the state in collaboration with the Community Partner Program, Feeding Texas, and local food banks.

HHSC notified Medicaid recipients of the Medicaid unwinding by mailing renewal packets in distinctly colored yellow envelopes, instituting robocalls, and disseminating emails and text messages.

The numbers below reflect outreach between April 1, 2023, and Aug. 10, 2023, to Medicaid recipients affected by the renewal process. Medicaid recipients were notified about their renewal application via direct mail or electronically through their **YourTexasBenefits.com** account. Recipients who chose to share their phone and email addresses received information about HHSC's unwinding effort through robocalls, text message and emails. Because recipients must opt in to electronic communications, the figures below should not be added.

Outreach by the Numbers

Renewal Packets (Direct mail)

1,472,661

Robocalls

951,616

Text Messages

736,625

Renewal Packets (YTB)

1,089,848

Emails

202,828

Medicaid by the Numbers

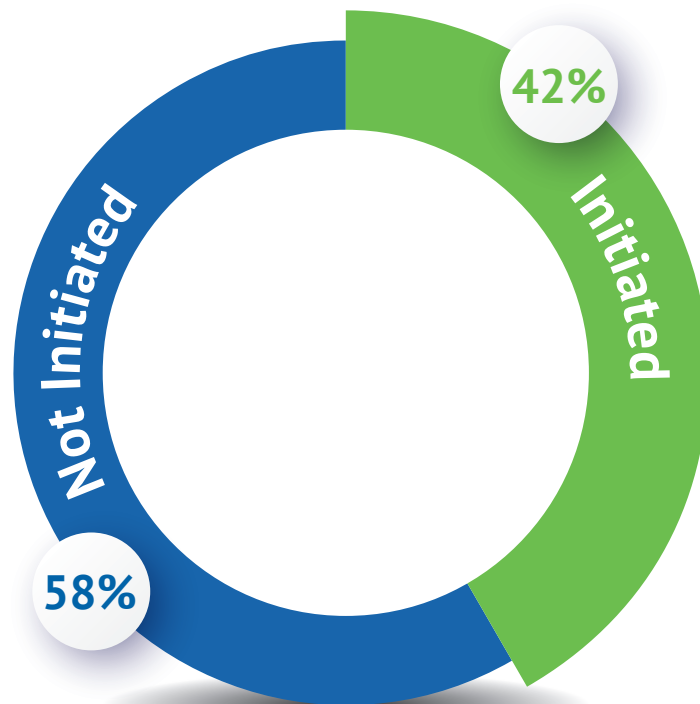
Renewal Months Initiated



Initiated Renewals

HHSC began sending renewal packets to Medicaid recipients in early spring following a staggered approach to redetermine Medicaid eligibility, focusing first on people least likely to still be eligible for Medicaid.

Between April 1, 2023, and July 31, 2023, HHSC initiated renewals for approximately 2.5 million Texans – 42% of the Medicaid population. The remaining 58% will go through the renewal process before June 2024.



Renewal Status

 **3,497,813**
Not Initiated

 **2,518,383**
Initiated

Total = **6,016,196**

Eligibility Determination Outcomes

During the eligibility determination process, HHSC reviews Medicaid recipients' information to determine if they are eligible for continued Medicaid coverage.

Federal law requires states to attempt to verify eligibility of Medicaid recipients using verifiable electronic data sources. This process is often referred to as an ex parte determination.

If HHSC is unable to determine a Medicaid recipient's eligibility through the ex parte determination process, HHSC notifies the Medicaid recipient through a renewal form. The recipient is required to complete and return the form to HHSC within 30 days.

Procedural denials occur when HHSC does not have enough information to determine if the recipient is eligible for Medicaid coverage. In most cases, the recipient failed to return a renewal packet or provide requested information.

Applicants and previous recipients of Medicaid may also be denied Medicaid coverage if they don't meet eligibility criteria. For example, an applicant or a previous Medicaid recipient's income could be over the Medicaid income limit. These denials are categorized as ineligible.

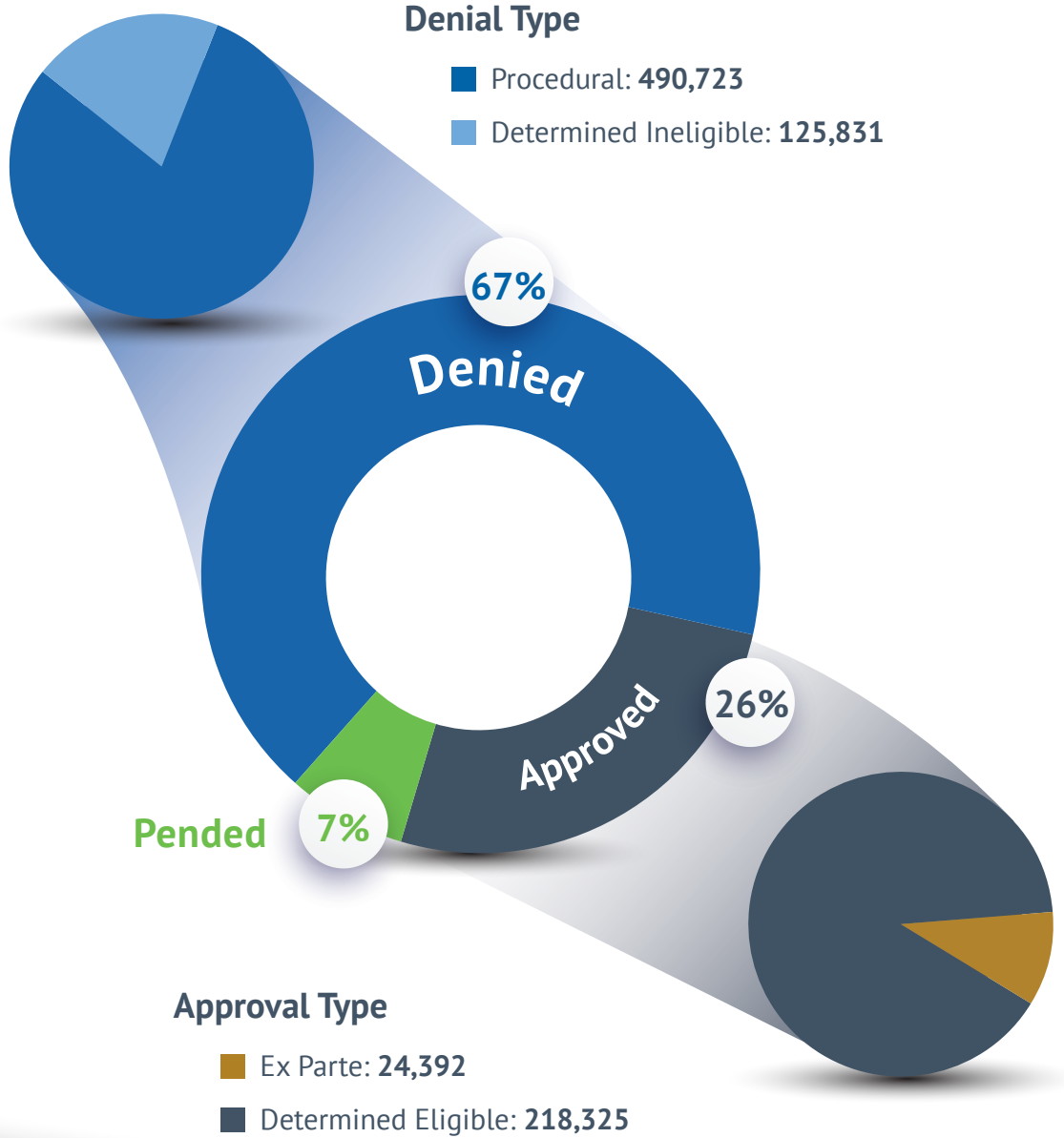
The numbers below reflect the status of renewal outcomes for Medicaid recipients from April 1, 2023, to July 31, 2023. The numbers don't reflect determinations for all renewals initiated, since Medicaid recipients are allowed 30 days to complete and return their renewal form.

Cumulative Redetermination Outcomes

Determination Type	TOTAL
Total Approved	242,717
Ex Parte	24,392
Determined Eligible	218,325
Total Denied	616,554
Procedural	490,723
Determined Ineligible	125,831
Pended	66,670
Total	925,941

Eligibility Determination Outcomes

Cumulative Eligibility Determination Outcomes



Cumulative Renewal Status

616,554
Denied

242,717
Approved

66,670
Pended

Total = **925,941**

Program Transitions for Completed Renewals

HHSC's unwinding plan focused first on people least likely to still be eligible for Medicaid, and as such, the observed rates of denials and ex parte renewals to date are expected.

Because HHSC operates multiple health care programs, recipients who no longer qualify for Medicaid may transition to different health coverage for which they are eligible, such as CHIP or another Medicaid program. If they are determined ineligible for Medicaid, HHSC may refer individuals to the Federal Marketplace. Between April 1, 2023, and July 31, 2023, HHSC referred 125,831 recipients to the Federal Marketplace. Federal Marketplace data can be found at cms.gov/newsroom/data.

The numbers below represent 242,519 Medicaid recipients who completed renewals between April 1, 2023, and July 31, 2023. These recipients either remained in their program or were transitioned to another program.

Due to data limitations, approximately 200 Medicaid recipients are not included in the table below.

Program Transitions for Completed Renewals

Program Type (Prior to Renewal)	Program Type (After Renewal)			
	CHIP	Medicaid	Healthy Texas Women	Total
CHIP	682	177	-	859
Medicaid	42,451	199,064	-	241,515
Medicaid for pregnant women	-	77	68	145
Total	43,133	199,318	68	242,519

Eligibility Determination Outcomes for Non-disabled Children and Pregnant Women

The largest Medicaid programs HHSC administers serve non-disabled children and pregnant women.

The numbers below represent the renewal outcomes for children and pregnant women between April 1, 2023, and July 31, 2023. The figures only reflect two Medicaid eligibility groups and are not comprehensive of all Medicaid groups. Due to data limitations, approximately 200 Medicaid recipients are not included in the table below.

Determination Outcomes for Non-disabled Children and Pregnant Women

Medicaid Renewal Outcomes	Newborn	Under 1	Ages 1-5	Ages 6-18	Children Total	Pregnant Women	Children and Pregnant Women Total
Approved – Ex Parte	-	97	5,174	15,197	20,468	-	20,468
Approved – Determined Eligible	144	1,285	43,514	118,826	163,779	145	163,924
Denied – Procedural	131	3,812	67,588	325,901	397,432	31	397,463
Denied – Determined Ineligible	56	971	15,828	82,628	99,483	225	99,708
Pended	-	188	8,027	28,034	36,249	225	36,474
Total	331	6,353	140,131	570,586	717,411	626	718,037

Appealing an Eligibility Determination

Medicaid recipients can object to any determination of coverage by filing an appeal by mail, calling 2-1-1 and selecting Option 2, or visiting a local eligibility office.

Medicaid recipients can also file a complaint with the HHS Office of the Ombudsman if they disagree with the action taken on their case by calling **877-787-8999** from 8 a.m. to 5 p.m. Central time, Monday through Friday, or visiting hhs.texas.gov/ombudsman for more information.