

Ending Continuous Medicaid Coverage

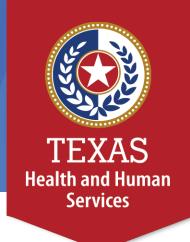
March 2023

Background



- March 2020: Congress passed the Families First Coronavirus Response Act, allowing states to receive enhanced federal match provided they maintained continuous coverage for most people enrolled in Medicaid until the end of the federal public health emergency
- December 2022: Congress passed the 2023 Consolidated Appropriations Act, which separated the continuous Medicaid coverage requirement from the federal public health emergency
- March 31, 2023: Continuous coverage requirement ends
- April 1, 2023: States may begin disenrolling members who are no longer eligible
- April 1 December 31, 2023: Enhanced FMAP will be phased out

Plan to Unwind Continuous Medicaid Coverage



Unwinding continuous Medicaid coverage will be an immense undertaking for states.

- As of September 2022, 2.7 million members have extended Medicaid coverage due to the continuous Medicaid coverage requirement
- States must renew everyone on Medicaid and CHIP within the 12month unwinding period
- HHSC must complete the redetermination process for more than 5.9 million members by May 2024

Plan to Unwind Continuous Medicaid Coverage



HHSC will stagger Medicaid redeterminations over multiple months.

- Continuous coverage population will be distributed into three cohorts
- Redeterminations will be initiated for each cohort in over a period of six months at the start of the unwinding period
- People enrolled in Medicaid and CHIP not included in the continuous coverage cohorts will have their eligibility redetermined based on their normal renewal dates

Plan to Unwind Continuous Medicaid Coverage



First Cohort

Includes individuals most likely to be ineligible or transitioned to CHIP:

- Women who were pregnant who may transition to the Healthy Texas Women Program;
- Members who aged out of Medicaid; and
- Adult recipients who no longer have an eligible dependent child in their household.



Second Cohort

Includes individuals likely to transition to a different Medicaid eligibility group:

- Medicaid children, parent/caretaker and waiver groups pending information; and
- Certain MAGI population groups (e.g., women aging out of Children's Medicaid, people under Transitional Medical Assistance).



Third Cohort

Includes everyone remaining from the previous groups, including those most likely to remain eligible (i.e., older adults and people with disabilities).

Timeline for Ending Continuous Medicaid Coverage

February 18, 2023

Identify continuous coverage population and distribute into cohorts

March 31, 2023

End of continuous Medicaid coverage requirement June 1, 2023

Earliest effective date for first cohort to be disenrolled

March 2024

Last month to initiate a redetermination for the unwinding

January 28, 2023

Members began receiving notice continuous coverage is ending

March 2023

Begin checking electronic data sources for members in first cohort

April 2023

Members in the first cohort receive renewal packets or requests for information, with 30 days to respond

December 31, 2023

Enhanced FMAP ends



Addressing Workload/Workforce Issues



- Net increase of 1000 additional eligibility workers since April 2022
- Increased base salaries for eligibility workers effective August 2022
- Added more than 400 2-1-1 call center staff since July 2022
- Gained access to additional data sources to update contact information and streamline eligibility processing
- Simplified onboarding and basic training processes to expedite new eligibility workers into production
- Implemented Case Assistance Affiliate program to allow Medicaid health plans to assist members with applications and renewals
- Implemented online password reset capability for YourTexasBenefits.com
- Engaged the Eligibility Support Services contractor to assist with processing applications and fair hearing packets

Communications Plan



We developed a **proactive multi-pronged communications campaign** to help members, providers, health plans, and advocates prepare for the end of continuous coverage.

Second phase includes **texts**, **notices**, **social media**, **earned media and paid outreach** from HHSC to Medicaid members.

First Phase –
Pre-Continuous
Coverage Ending



Second Phase –
Continuous Coverage
End Confirmed



Third Phase –
Post-Continuous
Coverage End

Key Messages – Phase 3



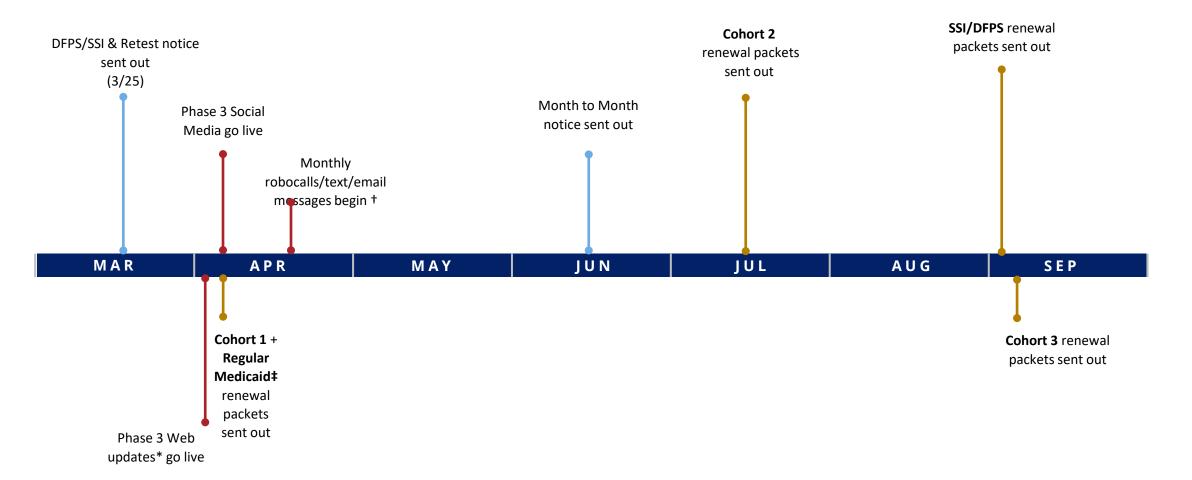
Continuous Medicaid coverage has ended and renewals have started.

- Medicaid members should look out for renewal notices mailed in a yellow envelope that says "Action Required" in red or sent electronically to members signed up for electronic notices.
- Members will need to complete and return renewal packets and requests for information on time.
- Contact HHSC to report any changes (such as contact information, pregnancy or household changes) as soon as possible.

These key messages aim to increase likelihood of eligible members maintaining coverage and minimize call center volume.

HHSC Communication Timeline





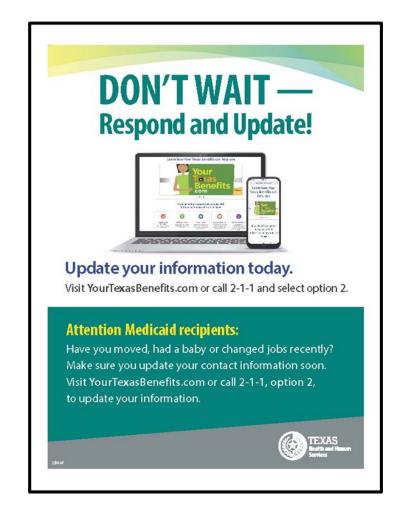
^{*} YTB.com & mobile app banners; promo tile on HHS website; updated document links and "Renew your Medicaid benefits here" tile hhs.Texas.gov/update page; updated document links on Ambassador Toolkit page

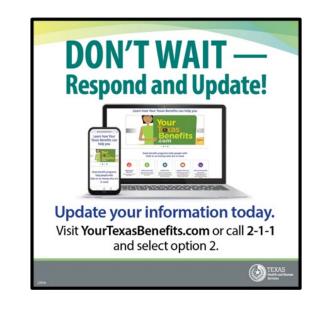
[†] Robocalls and possibly text/email messages will go out to clients who have a phone number on file during the month they receive their renewal packet or request for information

[‡] Regular Medicaid population renewal packets will start to going out on a monthly basis

Ambassador Program Toolkit Graphics









Notice - Retest All

HEALTH AND HUMAN SERVICES COMMISSION PO BOX 149029 AUSTIN TX 78714-9029



Case number:

Date: 01/28/2023



Form 1809: Retest all Continuous Medicaid Population

In response to the COVID-19 pandemic, the federal government declared a public health emergency Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage. Based on new federal law, continued eligibility will end March 31, 2023.

You are getting this notice because your Medicaid eligibility will be reviewed to determine if you can keep receiving Medicaid benefits. If you are eligible, your coverage will be renewed, but you might be asked to give more information or complete a renewal packet.

Please respond quickly if you receive a request for information or a renewal packet.

If more information is needed to determine your eligibility, you will receive Form H1020, Request for Information or Action. This form will tell you what information is needed, the deadline for submitting the information and instructions on how to submit it.

Your Medicaid coverage will stay active while we review your eligibility. Please continue to report any updates to your information, including address changes.

Once a final determination is made, you will receive Form TF0001, Notice of Case Action. This form will provide information about your Medicaid eligibility and instructions on how to appeal the eligibility decision if you think the decision was wrong.

If you have questions about your Medicaid coverage or need to update your contact information, call 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m.- 6 p.m. Central Standard Time. After selecting a language, press 2.

Form H1809/Jan 2023

Visit YourTexasBenefits.com or download the Your Texas Benefits mobile app to get started.

You can also update your contact information by calling 2-1-1 or 877-541-7905.

Questions?

- Visit hhs.texas.gov/update
- Call 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m. 6 p.m.
 Central Standard Time. Select a language, then press 2.







TEXAS HEALTH AND HUMAN SERVICES COMMISSION P O BOX 149027 AUSTIN, TEXAS 78714-9027

XX/XX/XXXX

Phone: 2-1-1 or for out of state callers, call 1-877-541-7905

Case Number:XXXXXXXXX



You now have 30 days to renew your health-care benefits.

| ACTION REQUIRED: Check your renewal form make sure facts are correct. | | |
|---|------|------------|
| Program | Name | EDG Number |
| | | |
| | | |

You need to check your renewal form. Look it over and make sure the facts we have about you are correct. To find out how, see below -- "How to fill out or check your renewal form".

- If some of the facts about you are not correct. You must update your renewal form.
- If all the facts we have about you are correct: You need to only check your renewal form -- you don't need to send it back to us.







Items you may need

to renew

Health-Care Benefits Renewal

Case Number: 1234567890

John Doe APT 1234 1234 GENERIC DR SAN ANTONIO TX 77777-7777

| 110W to Reliew | |
|----------------------------|---|
| Review and Update the Form | If any of the facts printed on this form are not correct, cross out the information and write in the correct information. |
| | You must write any new facts in. This includes a new address or a change in immigration status. |
| | If you update any information you must sign and return the renewal form to HHSC. |
| 2. Submit Form | There are five ways to submit your renewal form to renew your benefits. |
| | Pick only one: |
| | YourTexasBenefits.com: You can update the facts we have about you and upload your |

- Mail: Mail the renewal form with all the correct facts about you and the items we need from you to:
 - TEXAS HEALTH AND HUMAN SERVICES COMMISSION P O BOX 149024 AUSTIN, TEXAS 78714-9024
- Fax: Fax the renewal form with all the correct facts about you and the items we need from you packet to 1-877-447-2839, If your form is 2-sided, fax both sides.
- Phone: Call 2-1-1 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
- In person: At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).
- Employer and income information for everyone in your family (for example, from pay stubs, W-2, or wage and tax statements).
- · Policy numbers for any current health insurance.
- · Information about any job-related health insurance



T-H1211

H1211 MR Cover Letter/Sep 2018

TEXAS

Health and Human

Services



Envelope



P.O. BOX 149029 AUSTIN, TEXAS 78714-9029

ELECTRONIC SERVICE REQUESTED

Manage and renew your benefits online:

Your Texas Benefits.com PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
CSG Mail Services

ACTION REQUIRED

FILL OUT THE FORM INSIDE AND RETURN IT BY THE DUE DATE

ACCIÓN REQUERIDA

LLENE LA HOJA ADENTRO Y DEVUÉLVALA ANTES DE LA FECHA LÍMITE Window Size: 5 3/4" x 1 1/2"

From Left: 4"
From Bottom: 1"





End of Continuous

Medicaid Coverage

FAQ

January 2023

End of Continuous Medicaid Coverage FAQ

1. What is the Public Health Emergency, and why is it important for my benefits?

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) on Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage.

2. When will continuous coverage for Medicaid end?

Based on new federal law, continued Medicaid coverage will end on March 31, 2023. HHSC will reach out to you when it's time to renew your coverage. It is important for you to respond to any renewals or information requests from HHSC to ensure you keep your coverage if you are still eligible.

3. What should I do <u>now</u> to ensure my Medicaid coverage continues if I am eligible?

You should respond to any request HHSC sends you. When you get a notice that your renewal is due, follow the instructions to complete and return the information as soon as possible. This will ensure that your benefits continue if you are eligible.

The best way to complete your renewal is online at <u>YourTexasBenefits.com</u>.

You can also submit your application, renewal form and requested information by:

- Mail.
- Fax.
- Calling 2-1-1 and choosing Option 2 after picking a language.
- Visiting a local office or a community partner. To find an HHSC office or a community partner, visit yourtexasbenefits.com/Screener/FindanOffice, or call 2-1-1 and

yourtexasbenefits.com/Screener/FindanOffice, or call 2-1-1 and choose Option 2 after picking a language.

You can create a Your Texas Benefits online account or download the Your Texas Benefits mobile app to view your account information, update your contact information or report a change, and download verifications

2





Health and Human

Services

Resources

Actions You Can Take Now

- Download Ambassador Toolkit from <u>https://www.hhs.texas.gov/services/health/coronavirus-covid-19/end-continuous-medicaid-coverage-ambassador-toolkit</u>
- Visit <u>www.hhs.texas.gov/update</u>
- <u>update@hhs.texas.gov</u> Stakeholder Engagement Email
- Join the Ambassador Program email list <u>Ambassador Program Contact List</u>



Thank you!