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Health and Human  
Services

# **Ending Continuous Medicaid Coverage**

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**January 2023**

# Overview

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# Background

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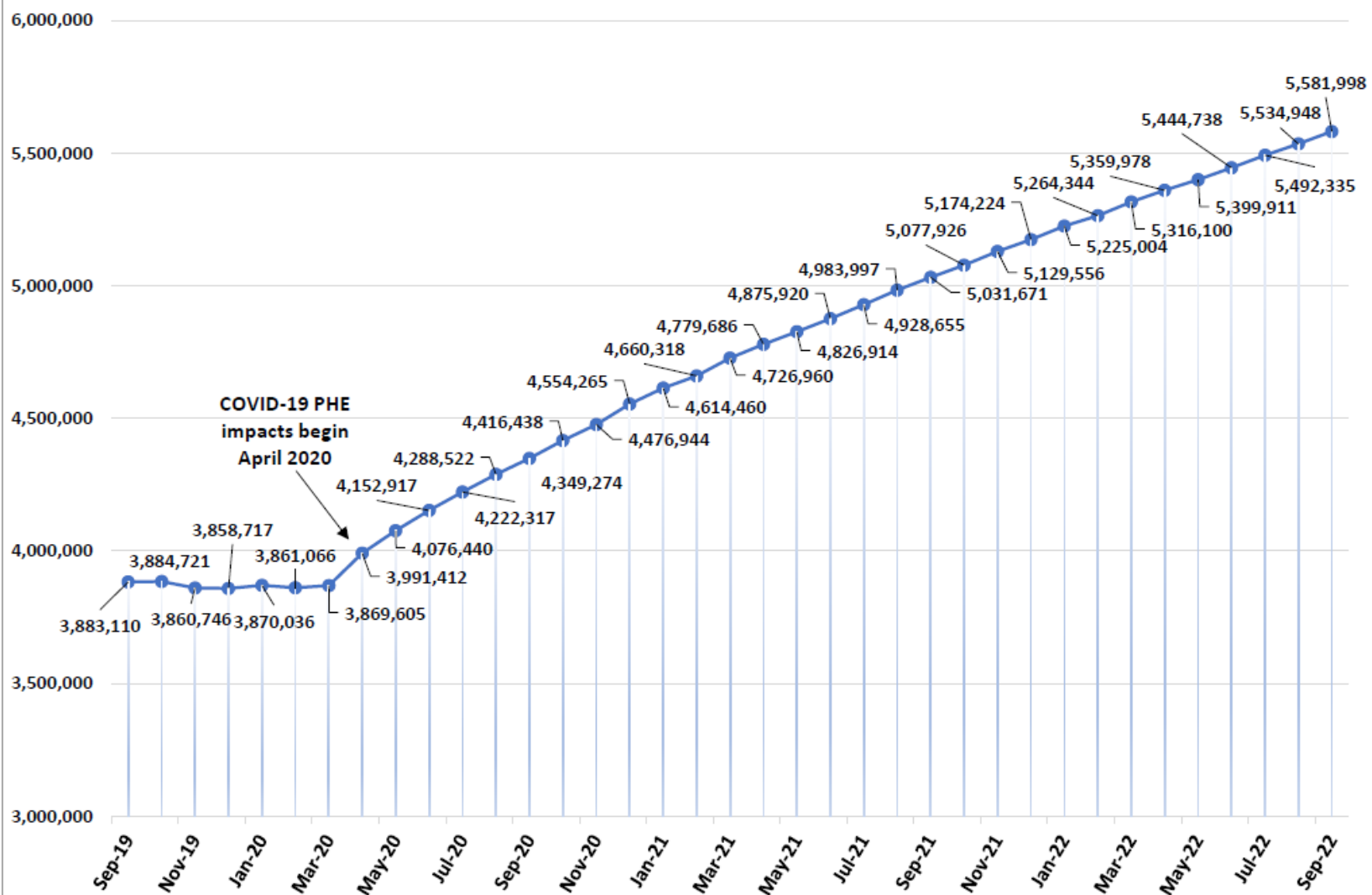


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## The U.S. Congress passed the Families First Coronavirus Response Act (FFCRA) in March 2020.

- Allowed states to qualify for a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, provided states **provide continuous Medicaid coverage** for most people enrolled in Medicaid as of or after March 18, 2020, until the end of the month in which the federal public health emergency (PHE) ends.
- HHSC implemented the federal directive effective March 18, 2020.

## Medicaid Full Benefit Caseload, September 2019 - September 2022



Source: March 2022 - September 2022 data is not yet final and subject to change. Source: PPS. HHSC Forecasting, September 2022.

# Federal Guidance

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**On December 29, 2022, Congress passed the 2023 Consolidated Appropriations Act, which separated the continuous Medicaid coverage requirement from the PHE declaration.**

- The requirement to maintain continuous coverage will end as of **March 31, 2023.**
- States may begin disenrolling members who are no longer eligible **on April 1, 2023.**
- The enhanced FMAP will be phased out between April 1 – December 31, 2023.
- States may be subject to corrective action plans or enforcement actions for failure to comply with requirements during the unwinding.

# Federal Guidance cont..

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Based on the most recent guidance from the Centers for Medicare and Medicaid Services (CMS), major parameters for the unwinding include:

- **States have up to 12 months** to initiate renewals and redeterminations, which can begin **as soon as February 1, 2023**.
- Disenrollments cannot be effective before **April 1, 2023**.
- **States must conduct a full redetermination** (as outlined in 42 Code of Federal Regulations 435.916) and allow members a minimum of 30 days to respond to renewal packets or requests for information.
- States may not disenroll members based on returned mail unless the state attempts to contact the member through **multiple modalities** (e.g., phone, text).



# Current Landscape

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## HHSC expects a large volume of work to unwind continuous Medicaid coverage.

- As of September 2022, 2.7 million members have extended Medicaid coverage due to the continuous Medicaid coverage requirement in the FFCRA.
- All these members will need to have their Medicaid eligibility redetermined within the 12-month unwinding period.
- States must renew their full Medicaid and CHIP caseloads within the 12-month period. In total, HHSC will need to redetermine eligibility for **more than 5.6 million members** within normal eligibility operations and renewal dates.

# Plan to Unwind Continuous Medicaid Coverage

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- To unwind continuous coverage, HHSC will **stagger** Medicaid redeterminations over multiple months.
- The continuous coverage population will be distributed into **three cohorts** to best accomplish the goals of:
  - Maintaining coverage for eligible individuals; reducing churn;
  - Prioritizing redeterminations for those most likely to be ineligible or to be eligible for another program;
  - Reducing the risk of overwhelming the eligibility system or workforce during the unwinding period; and
  - Establishing a sustainable renewal schedule for subsequent years.



# Plan to Unwind Continuous Medicaid Coverage cont..



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## 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:

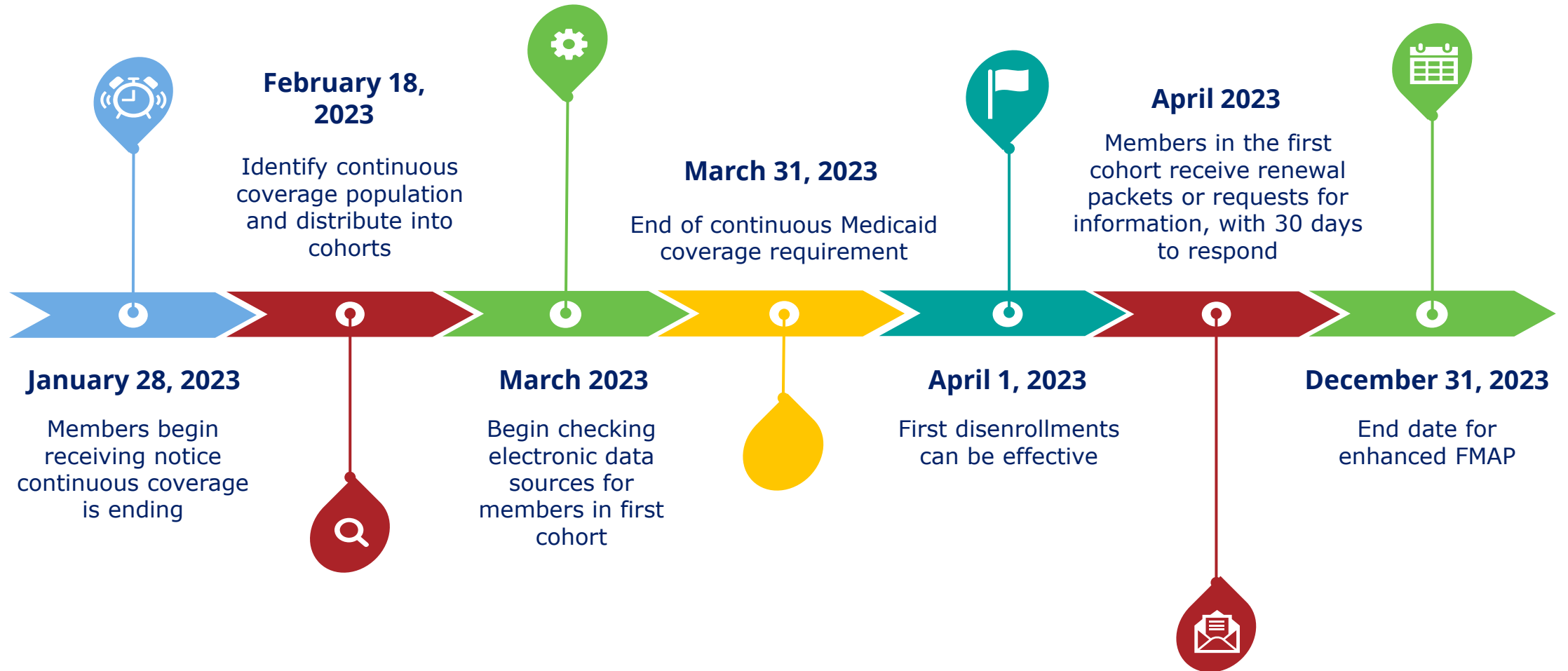
- Medicaid children, parent/caretaker and waiver groups pending information; and
- Certain MAGI population groups (e.g., women aging out of Children's Medicaid, people under Transitional Medical Assistance).



## 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 Coverage



# Communications Plan for End of Continuous Coverage



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- HHSC's unwinding approach **includes a proactive multi-pronged communications campaign** to help members, providers, health plans, and advocates prepare for the end of continuous coverage.
- The second phase of this plan 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**

# Ambassador Program

HHSC created the **Ambassador Program** for external partners, providers, health plans, and advocates to support members through the unwinding of continuous Medicaid coverage.

## Key Messages – Continuous Coverage is Ending

- 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**.



# Ambassador Program Toolkit

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## Actions Ambassadors Can Take Now

- Download Ambassador Toolkit from <https://www.hhs.texas.gov/services/health/coronavirus-covid-19/end-continuous-medicaid-coverage-ambassador-toolkit>
- Share toolkit items with Medicaid members in offices or electronically.
- Share toolkit items with other stakeholders to ensure consistent messaging.



# Next Steps

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- Continue working with CMS to keep aligned with the latest federal guidance and requirements.
- Complete final checks to ensure systems and workforce are prepared and establishing a cross-functional agency command center to oversee implementation of the unwinding.
- Developing monthly reports to monitor and track progress on unwinding efforts.
- Continue engaging with contract partners and external stakeholders to build awareness for the unwinding plan and actions members will need to take.