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Services

Ending Continuous Medicaid Coverage

August 2023

Background



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- **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



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

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

Plan to Unwind Continuous Medicaid Coverage

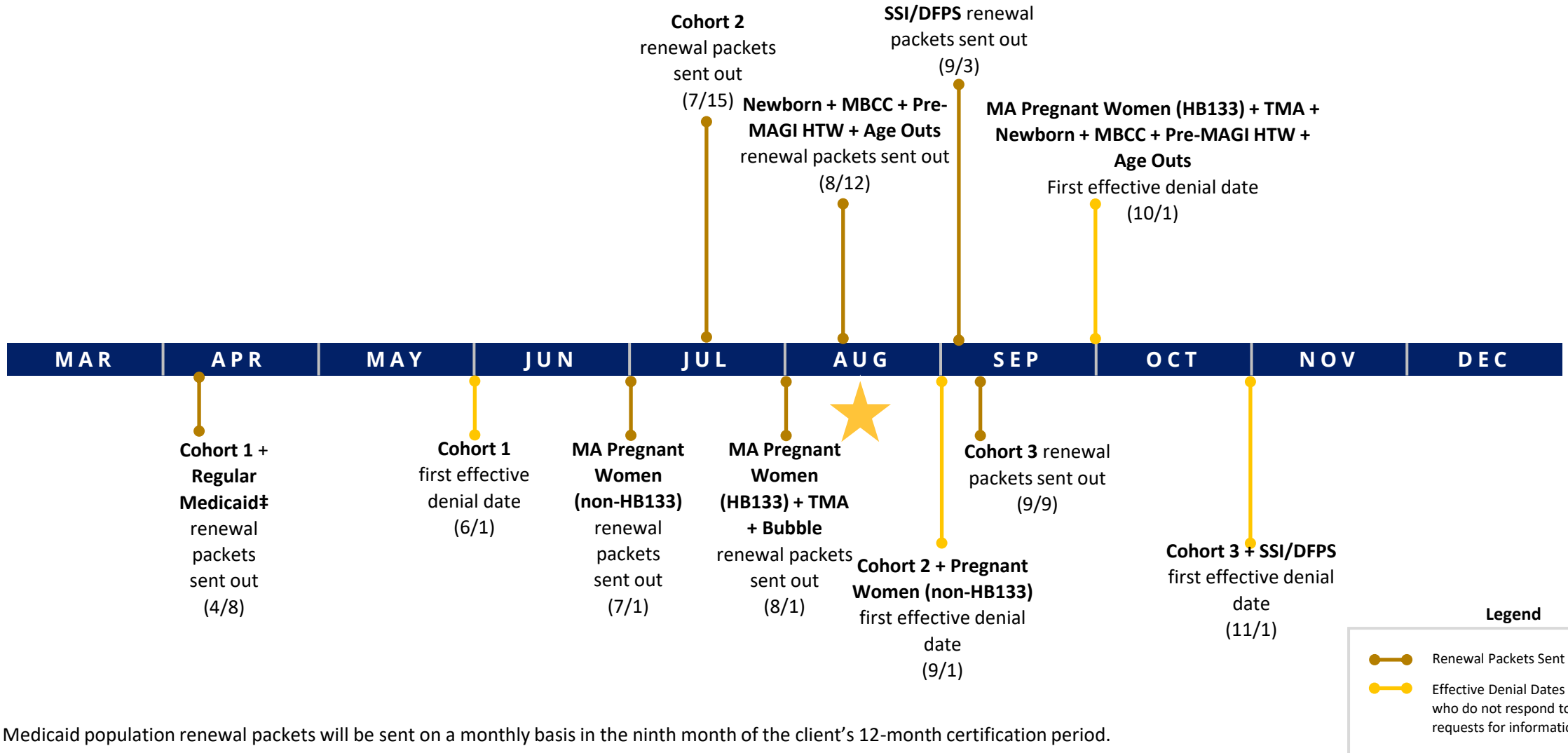


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HHSC is staggering Medicaid redeterminations over multiple months.

- Continuous coverage population has been distributed into **three cohorts**
- Redeterminations will be initiated for each cohort over a period of six months starting April 2023
- People enrolled in Medicaid and CHIP not included in the continuous coverage cohorts will have their eligibility redetermined based on their normal renewal dates

Unwinding Timeline



Addressing Workload/Workforce Issues



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- 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
- **88th Legislature funded 642 additional eligibility workers** through May 2024
- Gained access to additional data sources to update contact information and streamline eligibility processing
- Implemented Case Assistance Affiliate program to allow Medicaid health plans to assist members with applications and renewals
- Engaged the Eligibility Support Services contractor to assist with processing applications and fair hearing packets

Key Messages – Phase 3



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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.**

Communications Plan



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

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



Resources



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Actions You Can Take Now

- <https://txhhs.sharepoint.com/sites/aes/SitePages/End-of-Continuous-Medicaid.aspx>
- 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.



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Thank you!
