



TEXAS
Health and Human
Services

Ending Continuous Medicaid Coverage

September 2022

Overview



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Background

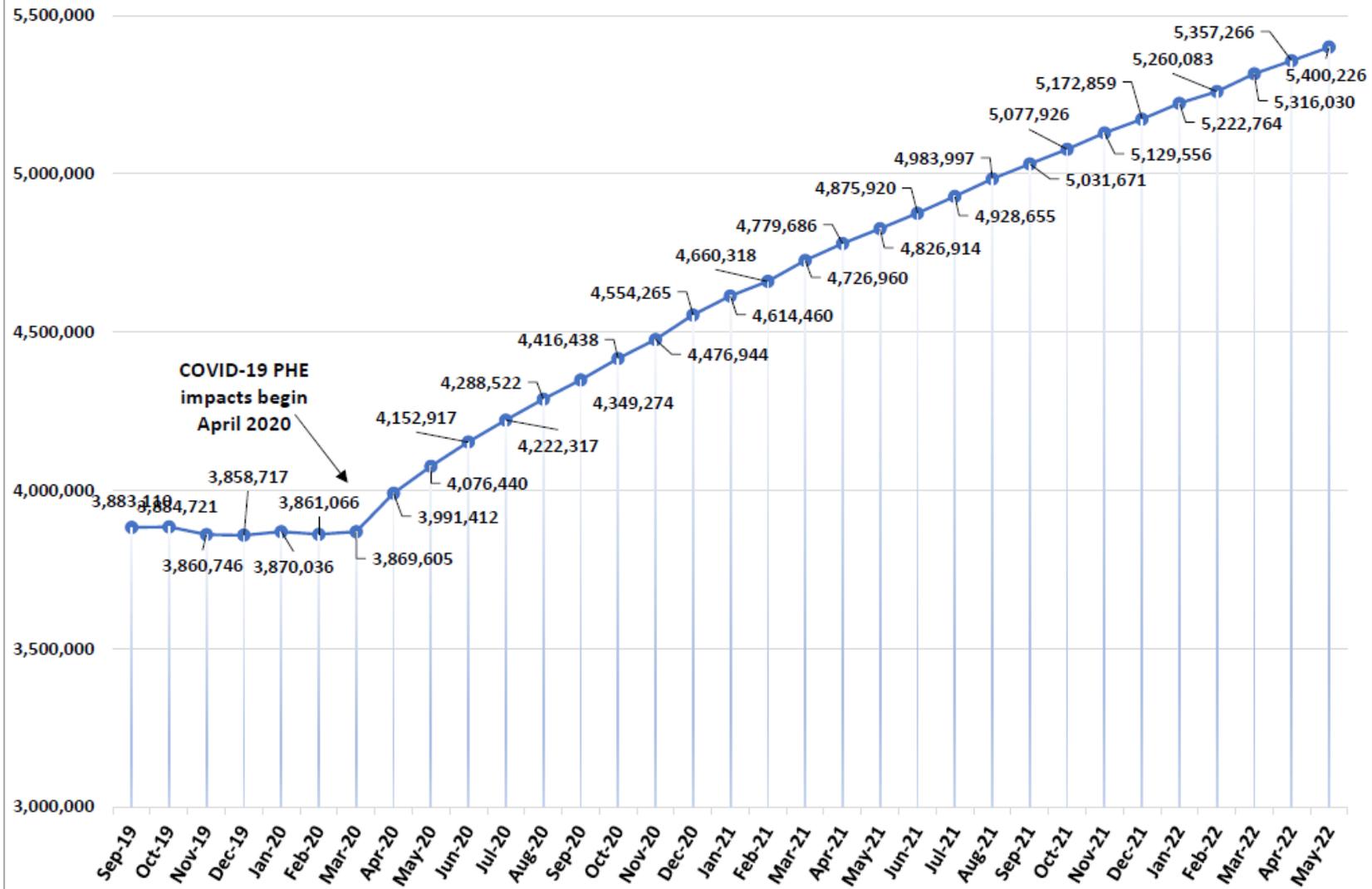


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The Families First Coronavirus Response Act (FFCRA) was passed by U.S. Congress in March 2020.

- Allowed states to qualify for a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, provided states **maintain 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 - May 2022



Notes: December 2021 - May 2022 data is not yet final and subject to change. Source: PPS. HHSC Forecasting, July 2022.



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Federal Guidance



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

- **States have up to 12 months** to complete pending eligibility actions, which can begin **up to 60 days** before the first disenrollments will begin.
- Disenrollments cannot be effective before **the first of the month after the PHE ends.**
- **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.

Current Landscape



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HHSC is preparing for the large volume of work expected with unwinding continuous coverage. This plan is subject to change based on new guidance and the changing landscape.

Estimated PHE End Date

- The PHE is currently slated to end on **October 13, 2022**; it can be extended in increments up to 90 days.
- The federal government has committed to giving states at least 60 days notice before the end of the PHE.
- The federal government should have informed states of the end of the PHE by **August 14, 2022**, if the PHE will end as assumed. States did not receive notification.

Redetermination Population

- HHSC has extended Medicaid coverage for as many as **2.7 million members** due to the continuous Medicaid coverage requirement in the FFCRA.
- All these members will need to have their Medicaid eligibility redetermined when continuous coverage ends.

HHSC Plan to End Continuous Coverage



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- HHSC's unwinding approach **stagger**s Medicaid redeterminations for continuous coverage 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
 - Establishing a sustainable renewal schedule for subsequent years

HHSC Plan to End Continuous Coverage



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First Cohort

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

- Pregnant women who may transition to Healthy Texas Women Program
- Members who aged out of Medicaid
- Adult recipients who no longer have an eligible dependent child in their household

Approximately 1.4M members (as of April 2022)



Second Cohort

- Includes individuals likely to transition to a different Medicaid eligibility group
- Medicaid children, parent/caretaker and waiver groups pending information
- Certain MAGI population groups (e.g., children, people under Transitional Medical Assistance).

Approximately 500K members (as of April 2022)

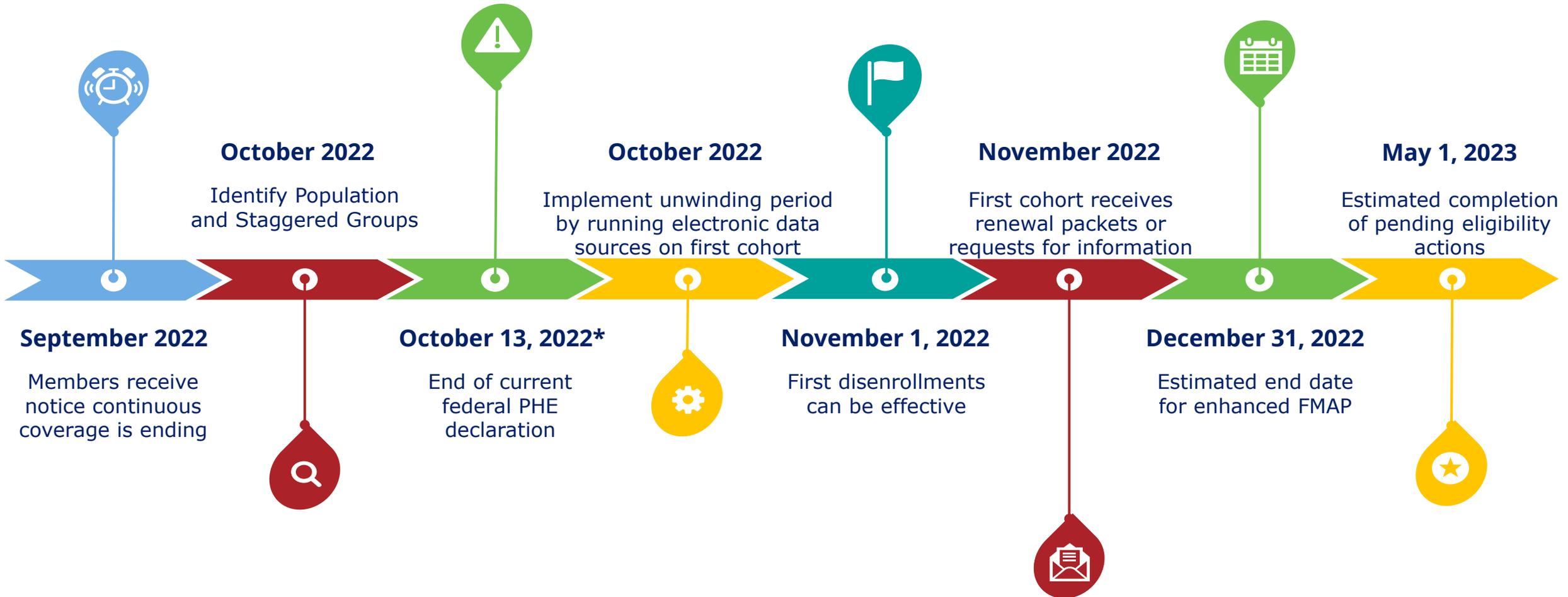


Third Cohort

Includes everyone remaining from the previous groups, including those most likely to remain eligible (i.e., Children in Medicaid).

Approximately 640K members (as of April 2022)

Timeline for Ending Continuous Coverage



**Timeline assumes the Public Health Emergency will end on October 13, 2022. Awaiting federal confirmation of this date.*

HHSC 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.**
- There is a lot of confusion on what actions members need to take now and in the future.
 - Members have not had to take action for two years to maintain Medicaid coverage.
 - High rate of returned mail.

**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 and prepare for the end of continuous Medicaid coverage.

Key Messages – Actions Members Can Take Now

- Sign up for the YourTexasBenefits account and mobile app.
- Report any changes in contact information to ensure members receive important notices when needed.
- Return renewal packets or requests for information as soon as possible after they are received by the member.

These key messages aim to **reduce member confusion**, increase likelihood of **eligible members maintaining coverage** and **minimize call center volume**.



Ambassador Program Toolkit

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 members in offices or electronically.
- Share toolkit items with other stakeholders to ensure consistent messaging.



Ambassador Toolkit

Graphics



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DON'T WAIT — Respond and Update!

Update your information today.
Visit YourTexasBenefits.com or call 2-1-1 and select option 2.

Attention Medicaid recipients:
Have you moved, had a baby or changed jobs recently?
Make sure you update your contact information soon.
Visit YourTexasBenefits.com or call 2-1-1, option 2,
to update your information.



2019-19



DON'T WAIT — Respond and Update!

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2019-19

Next Steps



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- Continue working with CMS to keep aligned with the latest federal guidance and requirements.
- Continue activities to increase workforce capacity and ensure the eligibility system is prepared for ending continuous coverage.
- Continue engaging with contract partners and external stakeholders to build awareness for HHSC plans to end continuous coverage and expectations for members when action is needed.