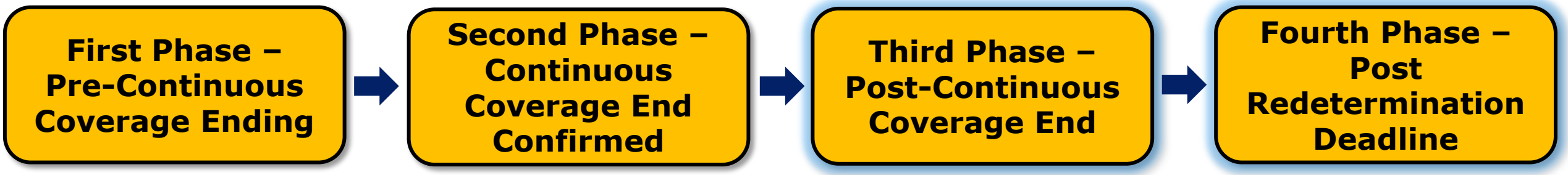
TEXAS
Health and Human Services

# Ambassador Check-In

## April 8, 2024

# 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.



# Best Practices for Renewal & Application Completion

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## Guiding principles for Ambassadors to share with clients who are completing their renewal or application:

- **Create an account on the YourTexasBenefits** website and mobile application to sign up for case alerts.
- **Read the application or renewal form** carefully and answer all questions.
- **Contact 2-1-1, Option 2** to update your mailing address or phone number, inform HHSC of any trouble you're having with getting the requested information, get assistance with accessing your account or uploading your documents.
- **Answer your phone** because a caseworker may need to reach you about your application. The phone number that members can expect calls from is 737-867-7700 and it should show as "State of Texas" on the caller ID.
- **Check your mail** because HHSC will send important letters. (For example, a request for more information or a notice about your Medicaid determination.)

# Assistance Available to Recipients

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Assistance programs provide guidance, instructions and help to ease the renewal process.

## Programs

- ✓ **Case Assistance Affiliates (CAA)**
  - Provides MCOs and dental contractors with additional tools to educate their members about YourTexasBenefits.com, its mobile app, and assist their members in navigating the Medicaid redetermination process during the unwinding period.
- ✓ **Managed Care Organizations (MCO)**
  - Partnerships with HHSC to communicate with clients, conduct outreach and assistance, and ultimately help clients maintain health insurance coverage (including facilitating transitions to the Marketplace).
  - Recently, Texas HHSC received approval from CMS to implement the 1902(e)(14) waiver to permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms.

# Assistance Available to Recipients

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## Programs

- ✓ **Authorized Representatives (AR)**
  - An individual has the right to identify a trusted adult to assist them with their Medicaid application, eligibility, and enrollment. They can also receive correspondence on behalf of the individual.
  - A member of CAA or MCO **can't** be designated as an AR due to conflict of interest.
  - People can learn more about how to designate an AR by calling 2-1-1 and choosing Option 2.

- ✓ **Community Partners**
- ✓ **Local Offices**
- ✓ **2-1-1, Option 2**

Visit https://yourtexasbenefits.com/Screener/FindanOffice or use the "Find an office" feature in the Your Texas Benefits mobile app to locate offices and community partners.

# 1902(e)(14) Waivers Extension

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**CMS indicated that they are giving states blanket extensions on the 1902 waivers as part of one of their strategies to ensure all eligible Medicaid recipients receive benefits.**

Texas has four 1902(e)(14) waivers that will be extended through **December 2024**:

- Allow HHSC to use address changes from the NCOA and USPS databases without contacting the client.
- Allow MCOs to help with application assistance.
- Allow HHSC to use address changes from MCOs without contacting the client.
- Allow the use of SNAP income data during Medicaid renewals.

Visit https://www.medicaid.gov/sites/default/files/2023-12/cib12182023.pdf for more information.

# 90-Day Reconsideration Period

**If a client misses their submission deadline,** they have up to 90 days to submit their renewal. HHSC can reopen the case the first of the month they turn it in.

- For example, if the deadline was Nov. 8 and the client sent their renewal to HHSC by the middle of January, their coverage can be retroactive to Jan. 1.

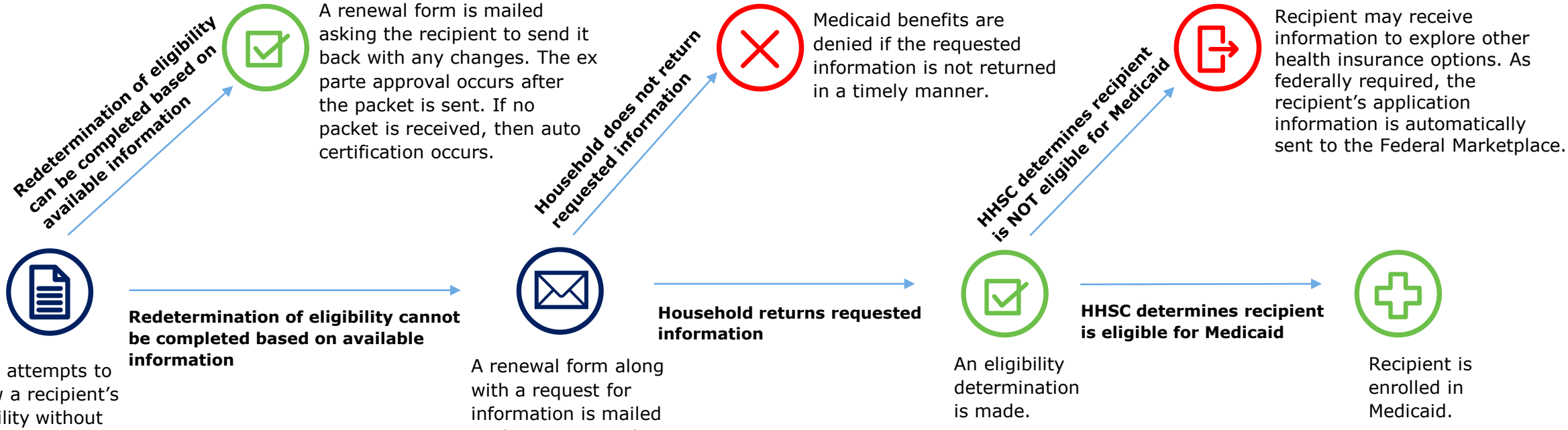
**To reopen, HHSC must receive their renewal packet during the 90 days.**

- Clients can submit what was mailed to them by fax, mail or visiting a local office.
- Clients can also call 2-1-1, Option 2, for help.

**If a client submits their renewal but fails to submit additional requested information**, they can submit that information during the 90 days.

# Enrollment & Ex Parte Process

**Federal law requires states to attempt to verify eligibility of Medicaid recipients using electronic data sources before requesting any information from the household. This is referred to as the ex parte renewal process.**



# Options Available if Individual is Determined Ineligible

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### Health Insurance Marketplace

Applications are automatically sent to the Marketplace to explore other health insurance options when found ineligible for medical coverage through HHSC.

Visit HealthCare.gov or call 800-318-2596 to learn more or get help.

### Primary Health Care Services

Primary Health Care (PHC) Services Program works with clinic sites across Texas to ensure eligible Texas residents receive comprehensive primary health care services to prevent, detect and treat health problems.

Visit https://www.hhs.texas.gov/services/health/primary-health-care-program

### Family Planning Program

Family Planning Program (FPP) is dedicated to women's health and family planning services to eligible women and men in Texas, which can have a positive effect on future pregnancy planning and general health.

Visit https://www.healthytexaswomen.org/

### Mental Health Services

Two local behavioral health authorities and 37 local mental health authorities are available to deliver mental health services in communities across Texas. HHSC will not deny mental health services, and the charge for services is based on one's ability to pay.

Visit https://www.hhs.texas.gov/services/mental-health-substance-use

### HIV Medication Program

Assistance program that helps with medications through the Texas HIV Medication Program (THMP) or Patient Assistance Programs (PAPs). Through these programs, prescription medications may be available at no cost or at a minimal fee for those not insured or underinsured.

Visit http://www.dshs.texas.gov/hivstd/meds

Note: This is not a comprehensive list. Additional programs may be available if found ineligible for Medicaid

# End of Continuous Medicaid Eligibility FAQ

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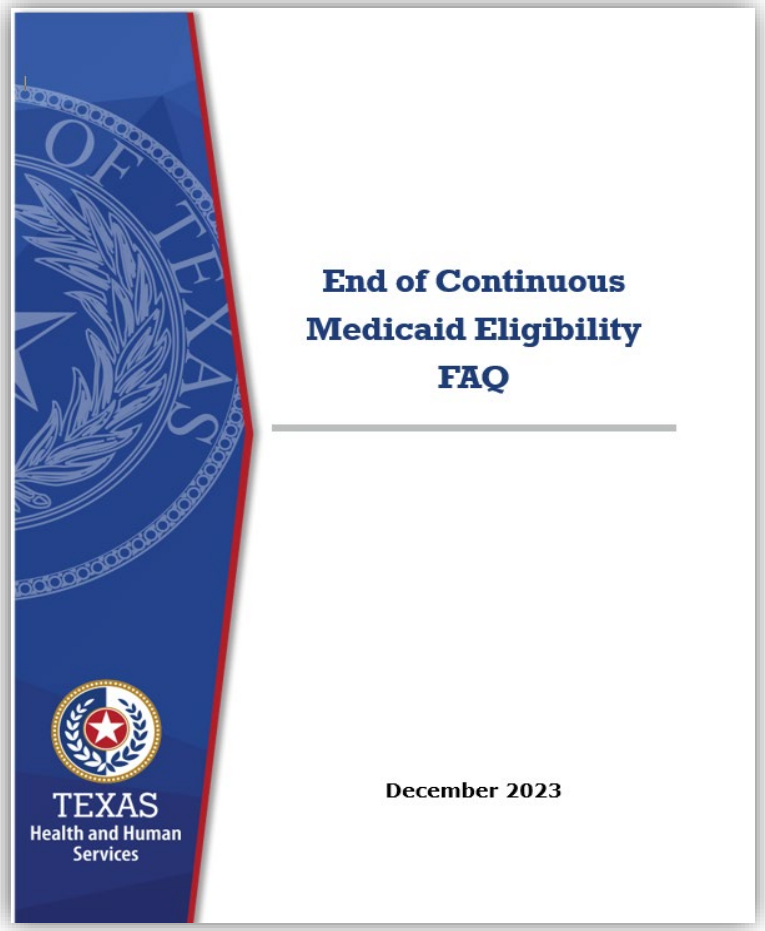


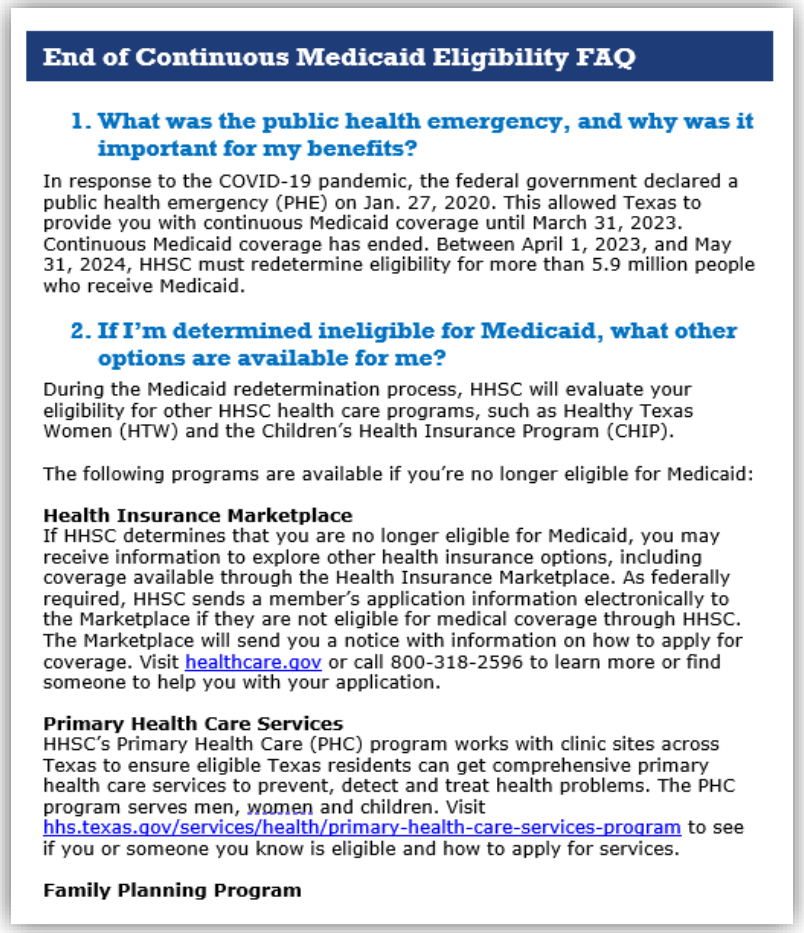

**End of Continuous Medicaid Eligibility FAQ**

**1. What was the public health emergency, and why was 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 until March 31, 2023. Continuous Medicaid coverage has ended. Between April 1, 2023, and May 31, 2024, HHSC must redetermine eligibility for more than 5.9 million people who receive Medicaid.

**2. If I'm determined ineligible for Medicaid, what other options are available for me?**

During the Medicaid redetermination process, HHSC will evaluate your eligibility for other HHSC health care programs, such as Healthy Texas Women (HTW) and the Children's Health Insurance Program (CHIP).

The following programs are available if you're no longer eligible for Medicaid:

**Health Insurance Marketplace**
If HHSC determines that you are no longer eligible for Medicaid, you may receive information to explore other health insurance options, including coverage available through the Health Insurance Marketplace. As federally required, HHSC sends a member's application information electronically to the Marketplace if they are not eligible for medical coverage through HHSC. The Marketplace will send you a notice with information on how to apply for coverage. Visit healthcare.gov or call 800-318-2596 to learn more or find someone to help you with your application.

**Primary Health Care Services**
HHSC's Primary Health Care (PHC) program works with clinic sites across Texas to ensure eligible Texas residents can get comprehensive primary health care services to prevent, detect and treat health problems. The PHC program serves men, women and children. Visit hhs.texas.gov/services/health/primary-health-care-services-program to see if you or someone you know is eligible and how to apply for services.

**Family Planning Program**

End-Continuous-Medicaid-Coverage-FAQ-Dec-2023.pdf (texas.gov)

# Appealing a Case Decision

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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 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.

# Renewal Outcomes for Medicaid Recipients

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| Determination Type | TOTAL |
|---|---|
| **Total Approved** | **2,139,324** |
| Ex Parte | 214,827 |
| Determined Eligible | 1,924,497 |
| **Total Denied** | **2,066,708** |
| Procedural | 1,371,219 |
| Determined Ineligible | 695,489 |
| **Pended** | **202,467** |
| **Total** | **4,408,499** |

HHSC collected data on Medicaid renewals and posted their findings on the March 2024 monthly dashboard report, which can be found online.

The numbers reflect the status of renewal outcomes for Medicaid recipients from April 1, 2023, to March 11, 2024. The numbers don't reflect determinations for all renewals initiated, since Medicaid recipients are allowed 30 days to complete and return their renewal form.

End of Continuous Medicaid Coverage Dashboard - Mar. 2024 (texas.gov)

# Program Transitions for Completed Renewals

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| Program Type (Prior to Renewal) | Program Type (After Renewal) | | | | |
|---|---|---|---|---|---|
| | CHIP | Medicaid | HTW | Federal Marketplace | Total |
| CHIP | 9,803 | 3,600 | 92 | 5,841 | **19,336** |
| Medicaid | 117,463 | 1,738,618 | 48,487 | 470,394 | **2,374,962** |
| Medicaid for pregnant women | 30 | 80,480 | 44,735 | 110,442 | **235,687** |
| HTW | 24 | 15,480 | 79,883 | 108,812 | **204,199** |
| **Total** | **127,320** | **1,838,178** | **173,197** | **695,489** | **2,834,184** |

The numbers represent 2,834,184 Medicaid recipients who completed renewals between April 1, 2023, and March 11, 2024. These recipients either remained in their program or were transitioned to another program.

End of Continuous Medicaid Coverage Dashboard - Mar. 2024 (texas.gov)

# End of Continuous Coverage Client Outreach

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

| | Text Messages | Email Messages | Robocalls |
|---|---|---|---|
| **April 2023 – March 2024 Total** | **2,577,281** | **723,278** | **3,348,382** |

# Open Records Requests

The public can submit an open records request by mail, fax or email.

- **Mail:** HHSC Open Records Coordinator
  MC-1070
  4601 W. Guadalupe Street
  Austin, Texas 78751-3146
- **Fax:** 512-424-6586
- **Email:** openrecordsrequest@hhs.texas.gov

Learn more about Open Records Policy and Procedures by visiting Open Records Policy and Procedures | Texas Health and Human Services.

# Application Timeliness

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## Medicaid

**47%** Of applications are processed within federal standard processing time

**88** Median number of days to process

**208,129** Uninitiated applications in queue

## SNAP

**61%** Of applications are processed within federal standard processing time

**42** Median number of days to process

**89,694** Uninitiated applications in queue

*Data as of March 29, 2024*

# Workload Strategies

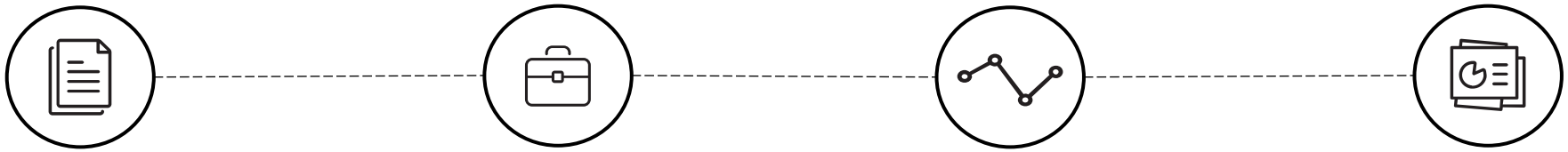
**HHSC is continuously implementing strategies to reduce the number of applications and improve overall timeliness in 2024.**

- Current strategies include:
  - HHSC **redirected 250 staff** from other priority work to focus exclusively on SNAP + Texas Works Medicaid applications.
    - Staff from specialized areas (Centralized Benefit Services, Healthy Texas Women, Call Escalation Team) were redirected to assist with SNAP and Medicaid applications. This strategy was utilized through January 2024 and may be instituted again as resources allow.
  - HHSC is **putting 600 staff through Medicaid training** to increase the number of staff trained to work the applications currently experiencing delays. Additionally, 600 staff are being sent through Medicaid for the Elderly and People with Disabilities (MEPD) training to increase the number of staff trained to work these applications.
  - HHSC has **streamlined work for eligibility offices** and eliminated duplicative tasks. Non-eligibility staff who are trained to work eligibility have volunteered their time to process applications and help reduce applications in the queue.

# Workload Strategies

**HHSC has made significant investments in our eligibility workforce to meet workload demands, thanks to funds appropriated by the 88th Legislature.**

- This funding has been a huge success for recruitment and retention.
  - Currently **more than 97%** of permanent/regular eligibility worker positions are filled.
  - In the last year, HHSC has **onboarded more than 2,100 eligibility workers** and continues to recruit to fill all appropriated positions.
  - HHSC has **reduced permanent/regular eligibility advisor vacancies** from 12.71% in July 2022 to 2.15% as of the week ending Feb. 29, 2024.



# 2-1-1 Option 2

**March Monthly Average***

**3%**
Average Call Abandonment Rate

**<1 min**
Average Speed to Answer

If you're hearing of wait times above an hour, please let us know. HHSC will need the following information to investigate:

- Phone number used to place the call
- Time(s) the call was placed
- Date(s) the call was placed

**Data based on approximately 923,251 calls requesting transfer to agent between 3/1/24-3/31/24.*

# HB12 – Extended Postpartum Coverage

**The Texas Health and Human Services Commission (HHSC) extended its postpartum Medicaid coverage from two to 12 months for eligible women, effective March 1, 2024.**

**Eligible recipients include:**

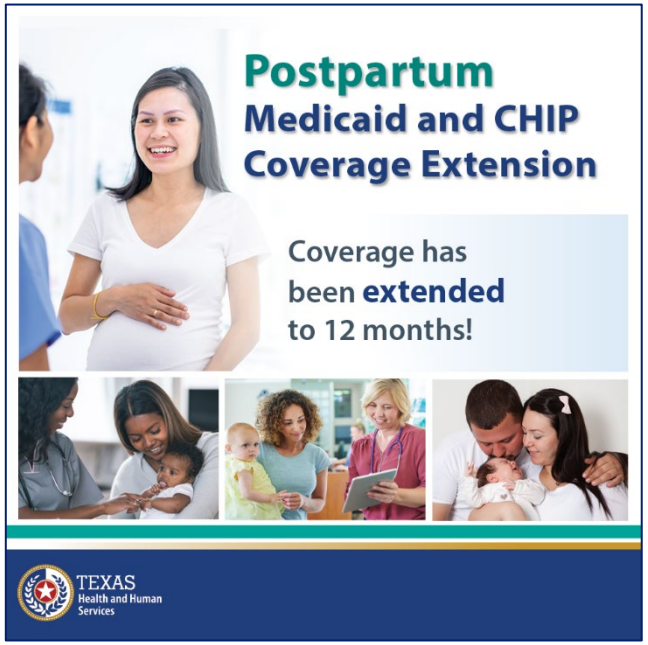
- Medicaid or CHIP recipients who are pregnant or become pregnant and women who enroll because they become pregnant.
  - CHIP Perinatal (CHIP-P) recipients are not eligible for 12 months of postpartum coverage. They'll continue to receive CHIP-P coverage through the end of the month when their pregnancy ends plus two postpartum visits.
- Medicaid or CHIP recipients who were enrolled while pregnant or are no longer pregnant but are still within their 12-month postpartum period.
  - Women who transitioned from Medicaid or CHIP to Healthy Texas Women (HTW) after their pregnancy ended and who are within their 12-month postpartum period will be reinstated to full coverage Medicaid or CHIP.
- Women who received services while pregnant in Texas that would have been covered by Medicaid but who apply for Medicaid after their pregnancy ends. Medicaid applicants with unpaid medical bills can apply for coverage for up to three months before their application month. This doesn't apply to CHIP applicants.

Please submit HB12 related questions to update@hhs.texas.gov

# HB12 – Extended Postpartum Coverage Toolkit

**HHSC has created a toolkit with downloadable materials regarding extended postpartum coverage.**

- **General Information Flyer**
  - Provides general information about postpartum coverage extension
- **Frequently Asked Questions Document**
  - Contains frequently asked questions about the postpartum coverage extension
- **Social Media Toolkit**
  - Provides social media posts and graphics you can share to increase awareness about the postpartum coverage extension


The toolkit can be found on HHSC's Women and Children webpage. (https://www.hhs.texas.gov/services/health/women-children)

# Resources

## Actions You Can Take Now

- Download Ambassador Toolkit
- Visit End of Continuous Medicaid Coverage
- Email Stakeholder Engagement with questions at: update@hhs.texas.gov
- Join the Ambassador Program – Ambassador Program Contact List
- Explore fraud guidance in the CMS Medicaid and CHIP Continuous Enrollment Unwinding Toolkit
- Explore the Extended Postpartum Coverage Toolkit https://www.hhs.texas.gov/services/health/women-children

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# Thank you!

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# Appendix

# Background

- **March 2020:** Congress passed the Families First Coronavirus Response Act, allowing states to receive an 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 ended
- **April 1, 2023:** States began disenrolling members who were 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 is 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.

# 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.**

# Plan to Unwind Continuous Medicaid Coverage

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**HHSC will stagger Medicaid redeterminations over multiple months.**

- The continuous coverage population was distributed into **three cohorts.**
- Redeterminations have been initiated for each cohort over a period of six months (April 2023 to September 2023) allowing HHSC to complete redeterminations within the 12-month timeframe.
- People enrolled in Medicaid and CHIP not included in the continuous coverage cohorts have had their eligibility redetermined based on their normal renewal dates.

# Plan to Unwind Continuous Medicaid Coverage

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## First Cohort
**Initiated April 8, 2023**

Included individuals most likely to be ineligible or transitioned to CHIP:
- Women who were pregnant who may have transitioned to the Healthy Texas Women Program;
- Members who aged out of Medicaid; and
- Adult recipients who no longer had an eligible dependent child in their household.

## Second Cohort
**Initiated July 15, 2023**

Included 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
**Initiated September 9, 2023**

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

## Non-Maintained Population (*3.2 million individuals*)
**Monthly Ongoing**

Throughout the 12-month continuous Medicaid coverage unwind period, HHSC is initiating eligibility redeterminations for the regular Medicaid and CHIP populations each month based on their normal renewal dates.

# Enrollment Process:
# Timely Renewal Application

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**If a member reapplies timely, their case is processed timely. The member remains eligible and has no gaps in eligibility or managed care.**

Most of the time, members remain with the same health plan when possible. Sometimes, members would not remain enrolled in their current plan in cases of SDA or program moves where the current plan isn’t available.

# Enrollment Processes: Untimely Renewal Application

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**If a member does not return renewal application timely, there are two scenarios that may occur.**

**Scenario 1:**

**Member returns renewal application after the deadline but before their eligibility is ended**

- There are no gaps in eligibility or managed care if they remain eligible.

**Scenario 2:**

**Member returns renewal application after the deadline and after their eligibility is ended**

- Eligibility begins the first of the month in which the renewal application is returned. There may be a gap in coverage.
- Members can request up to three months prior Medicaid coverage if they have unpaid medical bills since their eligibility ended.
- This scenario **will** result in a gap in managed care:
  - If the member has been enrolled in a plan in the last six months, they will be auto-enrolled back to their previous plan **prospectively** based on cutoff rules.
  - If the member has not been enrolled in a plan in the last six months, then they will be sent an enrollment packet by the enrollment broker and need to select a plan.

# Enrollment Processes: Reinstated Coverage

**If a member loses coverage incorrectly, they will be reinstated with no gap in eligibility.**

If the member has been enrolled in managed care in the last six months, the managed care will also be automatically restored with no gaps in coverage.

If there is no enrollment in the last six months, they will be sent an enrollment packet and enrolled prospectively.

# Enrollment Processes:
# Active SSI Coverage

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**The SSI population is unique when it comes to the eligibility process.**

Prior to the public health emergency (PHE), individuals who lost SSI coverage were automatically denied Medicaid coverage. However, during the PHE, HHSC maintained coverage for individuals who were denied SSI. In September 2023, HHSC sent renewal packets to individuals who lost SSI coverage during the continuous coverage period.

The end of continuous Medicaid coverage redetermination process does not apply to individuals who remain eligible for SSI.

Eligible SSI recipients are automatically eligible for Medicaid. Therefore, HHSC does not complete a separate determination or redetermination for **active** SSI recipients.

# Enrollment Processes:
# Discontinued SSI Coverage

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**If a recipient loses SSI eligibility, a redetermination must be completed to assess eligibility for other Medicaid programs.**

During the redetermination process, HHSC attempts to renew the recipient's eligibility without requiring additional information. If the redetermination cannot be completed using available reliable information, a renewal form is mailed. Recipients have **30 days** from the date the renewal is mailed to complete and return the form. The recipient's Medicaid is maintained until the redetermination process is complete.

**Scenario 1:**

**Recipient submits renewal form and all required information by the due date**

- Recipients will receive the notice of the eligibility decision.
- If found eligible for other programs, the notice will include information on the type of Medicaid and new certification period.

**Scenario 2:**

**Recipient does <u>NOT</u> submit renewal form and all required information by the due date**

- Recipient's Medicaid eligibility is terminated.
- Recipients will receive the notice of the Medicaid termination.

# Addressing Workload/Workforce Issues

- Net increase of **1,000 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 the 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

# Recruitment & Retention

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**318**

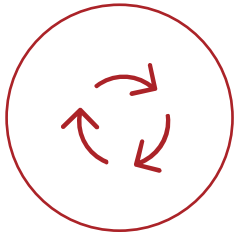
Of the 642 temporary unwinding staff were filled

There are currently 302 vacancies

**8.36%**

Combined vacancy rate for permanent and temporary staff

Vacancy rate for permanent Advisor I/IIs is 3.43%



**24.89%**

Annualized turnover rate for advisor I/II

Saved in worker time since deployment

*Data as of October 26, 2023*

# Other Outreach

## WOMEN

Updating the HHSC End of Continuous Coverage webpage to spotlight women's health services

## OLDER ADULTS

Created a postcard targeted to older adults

- Available now on the Ambassador Toolkit

## FAMILIES & CHILDREN

Developed a Communication Plan regarding outreach and shared through schools and daycares

- Available now on the Ambassador Toolkit

## BEHAVIORAL HEALTH

Developed communications to reach local mental health and behavioral health authorities, hospitals, long-term care facilities and people with disabilities

- New outreach targeting specific populations includes social media, printed postcards and events.
- Please feel free to share any additional ideas to target these specific populations and help us amplify these messages.

# Ambassador Program Toolkit Graphics

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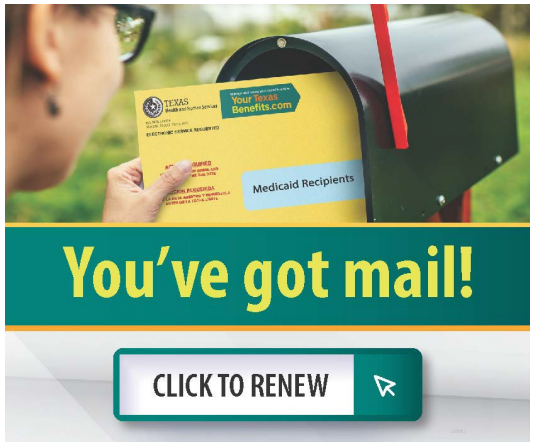




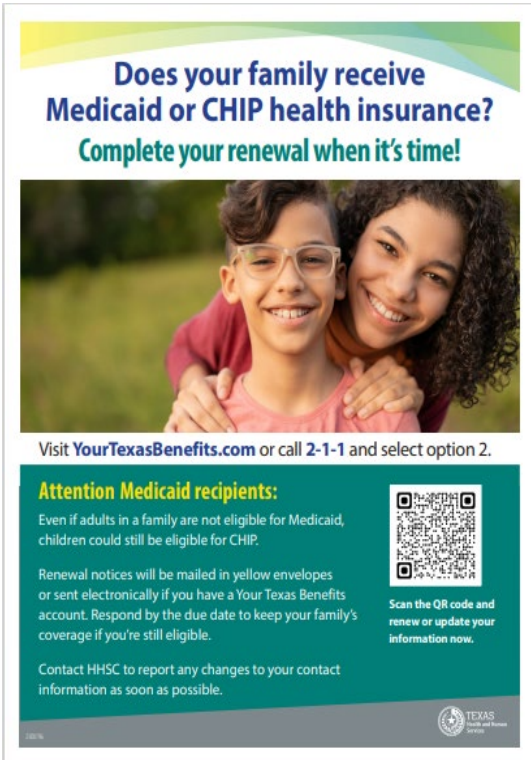

# Notice – Coverage Extension

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

TEXAS
Health and Human
Services Commission

Case number: [redacted]

Date: 04/04/2023

[redacted]

**Form H1809: Coverage Extensions**

**Your Medicaid eligibility is being reviewed to decide if you can continue receiving Medicaid benefits. HHSC has extended your Medicaid coverage until the review is complete.**

**You should continue to report any updates, including address changes, while HHSC reviews your eligibility.**

Because of the COVID-19 pandemic, the federal government declared a public health emergency on Jan. 27, 2020. This allowed Texans to have continuous Medicaid coverage.

Based on new federal law, continuous Medicaid coverage will end March 31, 2023, and all Medicaid clients must have their eligibility redetermined.

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 how to submit it.

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

If you have questions about your Medicaid coverage, call us at 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/Apr 2023** **T-H1809-3446056219329**

**Set Up a Your Texas Benefits Account and Update Your Contact Information**

Set up a Your Texas Benefits online account if you don't already have one. Your Texas Benefits is the easiest way to update contact information, respond to requests from HHSC and get information related to the end of continuous Medicaid coverage. You can also sign up for electronic notices to stay informed about your case.

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 time. Select a language, then press 2.

**Form H1809/Apr 2023** **T-H1809-3446056219329**

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Services

# Notice – Cohort 3 Extension

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

TEXAS Health and Human Services Commission

Case number: 9999999999

Date: 10/08/2023

XXXXXXX XXXXXX
999 XXXXXX
XXXXXX, TX 99999-9999

**You can also submit your renewal information by:**

- Mailing it to:
  Texas Health and Human Services
  P.O. Box 149024
  Austin, TX 78714-9024
- Faxing it to 877-447-2839.
- Calling 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m.-6 p.m. Central time. Choose a language, then press 2.
- Visiting a local office or community partner. Find an office at (case sensitive) yourtexasbenefits.com/Screener/FindanOffice.

If you have questions about your Medicaid coverage, call 2-1-1 or 877-541-7905.

**Deadline Extended to Return Renewal Packet or Request for Information**

Texas Health and Human Services Commission (HHSC) previously contacted you about your Medicaid coverage. HHSC has not received your Medicaid renewal or our request for information. We need this information to review your eligibility and decide if you can keep receiving Medicaid benefits.

Medicaid EDGs:
999999999

HHSC is extending the deadline to return your renewal packet or request for information to Nov. 8, 2023.

If we review your renewal and you are eligible, your coverage will be renewed.

Your Medicaid coverage will stay active while we review your eligibility.

**Set Up a Your Texas Benefits Account and Update Your Contact Information**

Using YourTexasBenefits.com is the easiest way to complete your renewal, update your contact information, respond to requests and sign up for electronic notices to stay informed about your case.

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

Form H1809/Oct 2023 T-H1809-0767850344

Form H1809/Oct 2023 T-H1809-0767850344

TEXAS Health and Human Services

# How will the MCO Assistance Waiver Work?

Texas HHSC has received approval from CMS to implement the 1902(e)(14) waiver to permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms.

## IMPACTED POPULATION

Any enrollee who accepts assistance from a Managed Care Organization (MCO) to complete their renewal action.

## WHAT THIS MEANS

MCOs provide assistance to their members to complete and submit Medicaid renewal forms.

# How will the extension process work for Cohort 3?

Texas HHSC has received concurrence from CMS to delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach.

## IMPACTED POPULATION

Cohort 3 (those most likely to remain eligible from our maintained population, e.g., older adults and people with disabilities).

## WHAT THIS MEANS

Individuals in Cohort 3 who do not return their renewal packet or request for information within 30 days will be granted an additional 30-day extension.

# Updated Cohort 3 Timeline

TEXAS Health and Human Services

**Cohort 3** Initial Auto Denials have shifted from 10/9 to 11/8

30-Day Extension


**Cohort 3** Renewal Packets + 1020 Sent Out (9/9)

**Cohort 3** Extension Notice Alerting New Deadline (10/9)

**Cohort 3** Initial Auto Denials- Send TF0001 (11/8)

**Legend**

- Communication Activities
- Notices Sent Out
- Renewal Packets Sent Out
- IT Milestones

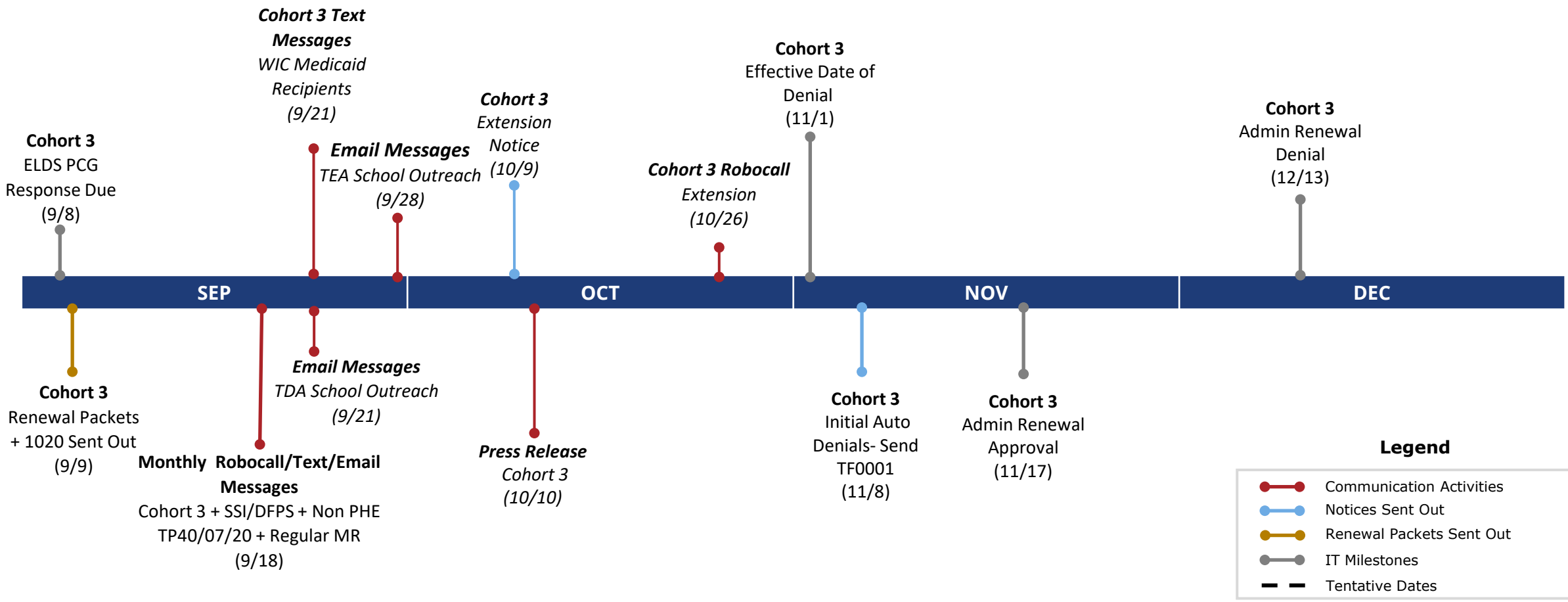
# How will the process for Cohort 3 be Communicated?

HHSC communicated the 30-day extension for the Cohort 3 population in a variety of ways:

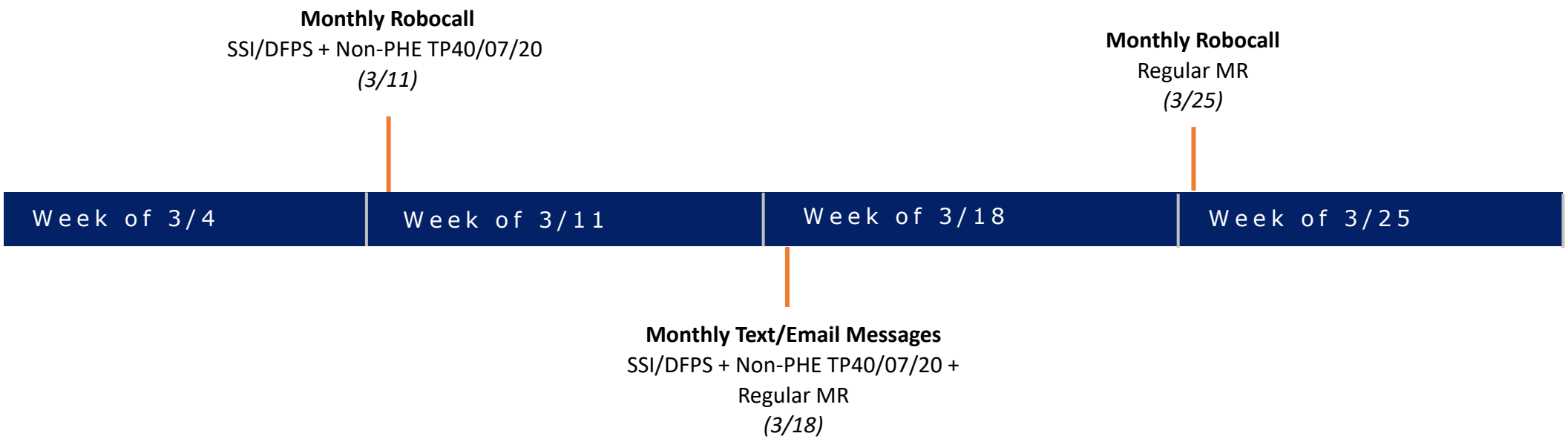
| Cohort 3 Communication Activities |
| --- |
| WIC Text Message |
| MCO Reminders to Members |
| Monthly Text and Email Messages |
| Monthly Robocalls |

| Extension-Focused Communication Activities |
| --- |
| Press Release |
| Extension Notice |
| MCO Reminders to Members (extension supplemental files) |
| Robocalls (Communicating the 30-day extension) |

# End of Continuous Coverage Cohort 3 Timeline



# HHSC Communication Timeline
# March 2024



# Website & Mobile App

## Experiencing any issues?

If you or your clients are experiencing any YourTexasBenefits.com or mobile app issues, we encourage calling **2-1-1** to speak to an agent about the issue.

Please feel free to use the phrase “Your Texas Benefits” when speaking to the virtual agent to be properly routed and the call tracked appropriately. This will ensure a problem ticket is created and teams can investigate further.

# Renewal Packets

**In early January, approximately 62,000 packets were mailed to customers in white instead of yellow envelopes. Subsequent renewal packets will be mailed in yellow envelopes.**

- The white envelopes contain **valid** renewal packets, and customers should still respond with any requested information.
- The markings on the white envelopes, including a Your Texas Benefits logo and red text reading "Action Required," are the same as those on the yellow envelopes.

Renewal packets sent in white envelopes are for:

- DFPS
- SSI
- TP40 (Pregnant Women)
- TP07 (Transitional Medicaid)
- TP20 (MA-Alimony/Spousal Support Transitional)

# Newborn Enrollment & Renewal Process

TEXAS Health and Human Services

**A newborn is eligible to receive Medicaid coverage from the date of birth through the end of the month of the child's first birthday if the mother received Medicaid at the time of the child's birth.**

## Enrollment Process

Mother completes Birth Registration form with Medicaid ID

**Hospital, birthing center or FQHC submits newborn info through DSHS Birth Registration System**

A referral is made to HHSC with newborn's demographic information

**TIERS creates Medicaid ID for newborn and adds to mother's case**

Enrolled in mother's health plan from their date of birth

**Eligibility is sent to Enrollment Broker and enrollment info sent to MCO**

Medicaid ID card and notice of eligibility is sent to the mother

## Renewal Process

HHSC will attempt to redetermine eligibility through administrative renewal process in 9th month of eligibility period

**If child no longer eligible or unable to administratively renew, then pre-populated renewal packet is mailed to household**

Household has 30 days to return renewal form

**Family returns renewal packet**

If child is eligible for Medicaid or CHIP, eligibility begins 1st of month after newborn coverage ends

**Family does not return renewal packet**

Children on newborn coverage will be denied at end of eligibility period

# STAR+PLUS Procurement Overview

- On Sept. 1, 2024, the Texas Health and Human Services Commission (HHSC) will implement a new contract for STAR+PLUS that will include some new health plans.

- The Enrollment Broker, Maximus, began mailing enrollment packets to members residing in service areas with changes in available MCOs on March 1.

# Enrolling in a Plan

- If the member lives in an area where their current health plan is staying and they want to stay with them, no action is needed.
- If the member lives in an area where their current plan is going away, they must pick a new plan by July 10, 2024.
  - Any member who doesn’t pick a health plan by the due date will have one assigned to them by HHSC.
- If a member lives in an area where there are no plan changes, they will not receive a notice to choose a new plan.

# Choosing a New Plan

- Log into YourTexasBenefits.com and select Medicaid and CHIP Services.
  - Live agents are available online.
- Attend an enrollment event in their area.
  - Find a list of enrollment events by county by visiting txmedicaidevents.com.
- Mail the enrollment form back to HHSC.
- Contact Enrollment Broker by phone at 800-964-2777.