Tips to Help Your Legislative Constituents with Texas Medicaid’s “Unwinding” of Pandemic Continuous Coverage

**Texas Lawmakers and Officials can share these Basic Tips that can prevent problems:**

1. **Sign up** for an account at YourTexasBenefits.com or on the Your Texas Benefits mobile app.
2. **Contact HHSC** to report any changes (such as contact information, pregnancy or household changes) as soon as possible.
3. **Look out for renewal notices** mailed in yellow envelopes that say “Action Required” in red, or sent electronically to members who signed up for electronic notices.
4. **Complete and return renewal packets** and requests for information on time.

**If constituents need help with steps 1-4:**

These community organizations can give no-cost help to Texans needing help renewing their Medicaid health coverage.

Texans who will no longer be eligible for Medicaid insurance should know they can find trained, no-cost local help from these organizations for health insurance that may be available to them through CHIP (18 and younger only), the Health Insurance Marketplace® (HealthCare.Gov), or other options.

- Marketplace plans are affordable: 4 out of 5 enrollees can find plans that cost less than $10 monthly.
- Losing Medicaid or CHIP coverage is a “Qualifying Life Event (QLE),” which allows you to enroll in a Marketplace plan or job-based health insurance outside of the usual Open Enrollment Period.

**Texas websites on “unwinding” Medicaid:**

1. www.staycoveredtx.org
2. https://sickofittx.org/get-help
3. HHSC information for Medicaid clients: www.hhs.texas.gov/update
4. HHSC unwinding outreach toolkit

**Important:** Community groups, agents, and brokers cannot charge a fee for helping you with Medicaid, CHIP, or HealthCare.gov enrollment or renewal.

**If constituents have urgent medical needs, are denied in error, or otherwise fall through the cracks:**

HHSC Government Relations Contact:
HHSC says inquiries from legislative offices are best directed to their GR team: HHSC_GR@hhs.texas.gov or (512) 487-3300.

HHSC Escalation:
HHSC welcomes reports of systemic problems to update@hhs.texas.gov.
(4/26/23, update to follow with HHSC call list)

HHSC Ombudsman:
- Call: 877-787-8999 (8 a.m. to 5 p.m., Central Time, Monday through Friday)
- Go online: www.hhs.texas.gov/ombudsman
- Fax: 888-780-8099 (toll-free)
THE BASICS: “UNWINDING” PANDEMIC MEDICAID CONTINUOUS COVERAGE:

Since March 2020, Congress has granted a 6.2 percentage point increase in federal Medicaid matching funds for states in return for ensuring continuous Medicaid coverage during the COVID-19 pandemic. This brought well over $6 billion in extra federal Medicaid match to Texas, freeing up Texas GR dollars for other budget needs.

Congress passed legislation in December (2023 Consolidated Appropriations Act, or CAA) that ended the Medicaid continuous coverage requirement after 3/31/23.

WHAT FEDERAL LAW REQUIRES ALL STATE MEDICAID PROGRAMS TO DO:

States must meet several conditions in order to receive ongoing increased federal Medicaid matching dollars during 2023. The higher Medicaid match rate will phase down over the year 2023.

- FMAP increase declines from 6.2 to 5 percentage points for April-June 2023, to 2.5 percentage points for July-September 2023, and to 1.5 percentage points for October-December 2023.

States are allowed 12 months to initiate renewals plus an additional two months to complete processing.

To ensure Medicaid programs have up-to-date client contact information needed to renew Medicaid, states must access United State Postal Service address change information, other public program information, or other reliable sources of contact information. When state Medicaid programs receive returned mail, they must make a good-faith effort to contact the individual using more than one communication mode (e.g., mail, phone, text, email).

Separately from the requirement to continue getting enhanced Medicaid federal matches in 2023, all states have new monthly data reporting, including the numbers and types of renewals and denials through June 2024 and call center performance. Read more here and here.

TEXAS HHSC HAS RESUMED RENEWALS AS OF APRIL 2023, AFTER THE END OF CONTINUOUS MEDICAID COVERAGE.

Texas Medicaid, operated by Texas Health and Human Services Commission (HHSC), will renew Medicaid enrollees in phases, with the first round of notices already sent to enrollees and their parents in late April.

ARE THERE SPECIAL CONCERNS FOR “UNWINDING” CONTINUOUS MEDICAID ELIGIBILITY IN 2023?

Even though Medicaid enrollment could not be interrupted, Texas Medicaid sent “renewal” requests since mid-2020 to reduce the number of Medicaid enrollees who would require recertification promptly after the March 31 end to continuous coverage. Explaining the need for renewal — after such a long period when coverage was continuous — is a big job. The temporary high point in Texas Medicaid enrollment is 6 million.

Clients have faced barriers to updating their address information: telephone help-line waits; backlogs in inputting updated information into Medicaid computer systems; barriers to resetting online passwords; relatively low numbers of parents able to update their addresses online directly; and limits on non-HHSC trained enrollment assisters and Medicaid health plans’ ability to update information directly.

Texas HHSC has experienced big delays in processing Medicaid applications and renewals starting in 2021 and persisting through the beginning of unwinding, raising concerns about agency capacity to handle the increased workload after March 31, 2023. HHSC has taken a number of good steps to address these barriers but remained below the federal standard of processing applications and renewals within 45 days as of March 2023.