Texas Medicaid Managed Care is Working to Keep People Covered Even after the PHE

Description

By: Jessica Lynch and Alicia Pierce

In an essay in the New York Times , health care expert Elisabeth Rosenthal warned that millions are at risk of losing health insurance at the end of the public health emergency (PHE). She's not wrong.

States are currently incentivized to offer continuous coverage for individuals eligible for Medicaid and could lose enhanced federal funding if they terminate coverage before the PHE ends. But, at the end of the PHE, an estimated 3.7 million Texans will need to have their Medicaid eligibility redetermined.

For members who enrolled in Medicaid for the first time during the pandemic, this will be their first experience with the redetermination process. Many will find themselves no longer eligible for Medicaid and will need to turn to the ACA marketplace for coverage. Others may be eligible but may still lose coverage due to the daunting administrative challenges that determining eligibility for millions of Texans will pose.

Currently, the PHE declaration is set to expire on April 16, but many

anticipate it will be extended for a final time and likely end in mid-July.

Texas' Medicaid managed care organizations (MCOs) are working closely with state officials to pre-emptively address as many of these challenges as possible, including becoming community partners for the first time in order to assist members manage the enrollment process online. It will take work from all stakeholders to make sure eligible Texans remain on Medicaid without interruption and connect those no longer eligible with other options such as plans from the Affordable Care Act.

Challenges include forgotten passwords for online portals that require reset over the phone with 2-1-1, limited staffing to process re-enrollments, lack of access to and familiarity with verification documents, and changes in verifying mailing addresses, as it is anticipated 1.5 million Texans on Medicaid moved during the pandemic and did not update their address with Texas Health and Human Services (HHSC).

Some of these issues were addressed during the 87th Session of the Texas Legislature. Armed with the knowledge the PHE unwinding would eventually occur, Sen. César Blanco and Rep. Toni Rose authored Senate Bill 1911, which addresses privacy and security risks associated with emails and texts. House Bill 4 by Rep. Four Price and Sen. Dawn Buckingham, in part, addresses gaps in technology in delivering services and information to Medicaid members. These pieces of legislation remove barriers in the delivery of relevant healthcare information via email and text—including re-enrollment—to members and allow MCOs to communicate more effectively with members regarding their benefits.

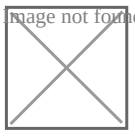
Following guidance from the federal government, HHSC recently outlined its plan to tackle the end of continuous enrollment. HHSC intends to take a staggered, risk-based approach by prioritizing redeterminations for those most likely to be eligible for another program. It divides Medicaid populations into three cohorts:

1. The first cohort includes pregnant women who may transition to the

Healthy Texas Women Program, members who have aged out, and adult recipients who no longer have an eligible dependent child in their household (approximately 880,000 members)

2. The 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 (like children, people under Transitional Medical Assistance) (approximately 280,000 members)
3. The third and final cohort includes everyone remaining (approximately 1.81 million members)

Assuming the PHE ends in July and states receive 60 days notice, HHS will begin notifying members of possible eligibility changes in mid-June. Disenrollments for the first cohort would begin effective August 1 and be completed by November. Disenrollments for the second cohort would begin effective November 1 and be completed by December. Disenrollments for the third cohort would be effective by February 1 of next year.



Texas health insurance providers are committed to ensuring that Medicaid is effective, affordable, and accountable for our most vulnerable Texans. For members set to lose their eligibility, MCOs–many of whom participate in the private market, a trend growing throughout the county are able to assist these individuals in obtaining free to low cost coverage in the Marketplace.

HHSC is conducting stakeholder outreach, asking providers, health plans, and Medicaid advocates to encourage members to:

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

Additional Helpful Resources

CMS's Overview of Strategic Approach to Engaging Managed Care Plans

CMS's Continuous Enrollment Unwinding Communications Toolkit

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