

All MCOs & DMOs: Aug. 4 MCO Notice Retracted: Updated Information on COVID-19 Medicaid Renewals

HHSC has retracted the notice “Update on COVID-19 Medicaid Renewals” posted in TexConnect on August 4, 2020 and replaces that notice with the updated notice text below. The original August 4, 2020 MCO notice remains in TexConnect with the content stricken through and the retraction noted at the top.

Background:

To comply with the Families First Coronavirus Response Act (FFCRA, Public Law 116-127), HHSC must maintain Medicaid coverage through the end of the federal COVID-19 public health emergency.

The continuation of coverage applies to certain Medicaid types of assistance (TOAs). For these TOAs, the FFCRA requires continued coverage unless the denial reason is deceased, moved out of state, or voluntary withdrawal from Medicaid. Refer to the “Maintaining Medicaid Eligibility during COVID-19” notice posted in TexConnect on April 8, 2020.

This notice provides MCOs and DMOs a summary of agency actions taken to resume Medicaid eligibility reviews and additional guidance on Medicaid renewals during COVID-19.

Key Details:

HHSC will continue to maintain Medicaid coverage until the public health emergency ends for members who would otherwise be determined ineligible. Refer to the “Maintaining Medicaid Coverage during COVID-19” notice posted in TexConnect on May 11, 2020.

HHSC is outreaching Medicaid members to submit additional information to limit review of Medicaid eligibility once the public health emergency ends. Below outlines three key pieces of information for MCOs and DMOs:

1. Agency actions being taken to resume Medicaid eligibility reviews

For members who were due to renew Medicaid benefits between March 2020 and August 2020

- HHSC notified these members that Medicaid renewal application processing is resuming.
- Members due for renewal were notified if they needed to provide additional information to continue coverage once the public health emergency ends.
 - These members received a new notice with corrected instructions on submitting the requested additional information.

*Agency Action Timeline and Notice Summary for Members Due to Renew Between
March 2020 and August 2020*

| Dates | Actions |
|-------------------------------------|--|
| July 29, 2020 | <p>HHSC sent a general notice.</p> <ul style="list-style-type: none"> • This notice informed members HHSC is resuming Medicaid eligibility reviews and will send information on next steps for continuing their Medicaid coverage. |
| August 15, 2020 and August 30, 2020 | <p>HHSC sent a second notice if additional information is needed.</p> <ul style="list-style-type: none"> • This notice informed members to turn in additional information so HHSC can determine Medicaid eligibility. • Members had 30 days to report any changes and return requested information back to HHSC. <p>NOTE: Members will now have additional time to report and return information per the new notice (detailed below) with corrected instructions. MCOs will also receive a list of members who received this original notice.</p> |
| September 25, 2020 | <p>HHSC sent a new notice with corrected instructions to all members who received the original notice requesting additional information.</p> <ul style="list-style-type: none"> • This notice informed members any information returned online through YourTexasBenefits.com must be entered as a change. • Members have 30 days to report any changes and return requested information back to HHSC. |
| During the month of October 2020 | <p>HHSC may continue to send notices if additional information is needed.</p> <ul style="list-style-type: none"> • This notice informs members to turn in additional information so HHSC can determine Medicaid eligibility. • Members will have 30 days to report any changes and return requested information back to HHSC. <p>NOTE: MCOs will receive a list of members that will be sent this notice as a separate supplemental file.</p> |

| Dates | Actions |
|------------------|---|
| October 30, 2020 | <p>HHSC will make a final determination and send each member a notice.</p> <p><i>For Members sustained:</i></p> <ul style="list-style-type: none"> • If eligibility is ultimately sustained based on the additional information received, HHSC will send members a notice that states their Medicaid coverage <u>will continue</u> once the public health emergency ends. <ul style="list-style-type: none"> ○ The renewal period will remain the same. <p><i>For Members denied:</i></p> <ul style="list-style-type: none"> • If members are not eligible based on the additional information received, HHSC will send members a notice that states they will not be eligible for Medicaid coverage once the public health emergency ends. Members <u>will have</u> an additional opportunity to provide updated information or appeal the denial at the end of the public health emergency prior to a member's Medicaid coverage ending. |

For members who are due to renew Medicaid benefits in September 2020 and October 2020

- HHSC will run modified administrative renewal processes.
- Members due for renewal in September and October were notified if they needed to provide additional information to continue coverage once the public health emergency ends.

Agency Action Timeline and Notice Summary for Members Due to Renew in September 2020 and October 2020

| Dates | Actions |
|--------------------|--|
| August 3, 2020 | <p>HHSC sent renewal packets originally due September 2020.</p> <ul style="list-style-type: none"> • Final eligibility determination date: By September 30, 2020. • If found ineligible, coverage will continue until the public health emergency ends. Members <u>will have</u> an additional opportunity to provide updated information or appeal the denial at the end of the public health emergency prior to a member's Medicaid coverage ending. <p>NOTE: MCOs will not receive a list of members that were sent this notice.</p> |
| September 28, 2020 | <p>HHSC sent renewal packets originally due October 2020.</p> <ul style="list-style-type: none"> • Final eligibility determination Date: By October 30, 2020. • If found ineligible, coverage will continue until the public health emergency ends. Members <u>will have</u> an additional opportunity to provide updated information or appeal the denial at the end of the public health emergency prior to a member's Medicaid coverage ending. <p>NOTE: MCOs will receive a list of members who received this notice as a separate supplemental file.</p> |

2. MCO Member Assistance with Medicaid Renewals

Per UMCM 8.1.5.11 (Member Eligibility), the MCO must, if possible, provide eligibility renewal assistance for Members whose eligibility is about to expire. MCOs must adhere to minimum requirements set in UMCM Chapter 16.1.

MCOs are encouraged to inform their members of the importance of responding to notices from HHSC requesting additional information to verify Medicaid eligibility as soon as possible.

Please refer to communication and instructions HHSC provided to members listed on the attachment, "COVID-19 Medicaid Renewals - Information to Members (Revised)."

3. Additional MCO Information Regarding Impacted Members

HHSC is providing the following information to assist MCOs in their efforts to outreach members via TexMedCentral.

For members who were due to renew Medicaid benefits between March 2020 and August 2020

MCOs will receive a supplemental file listing all impacted members (renewal originally due between March 2020 and August 2020) who were or will be sent the agency notices requesting additional information. These supplemental files, *Mar-Aug2020_PELDS-1_MCO Name, Mar-Aug2020_PELDS-2_MCO Name, etc.*, will be uploaded to each plans' LIB folder on TexMedCentral starting September 29, 2020. These supplemental files will contain the following data elements:

- Packet Sent Date
- Packet Due Date
- Medicaid number
- Last name
- First name
- Date of Birth
- Plan ID

For members who are due to renew Medicaid benefits in September 2020 and October 2020

MCOs will not receive a supplemental file listing all impacted members (renewal originally due September 2020) who were sent the agency notice requesting additional information. However, MCOs will receive a supplemental file listing all impacted members (renewal originally due October 2020) who were sent the agency notice requesting additional information. These supplemental files, *Oct2020_PELDS-1_MCO Name, Oct2020_PELDS-2_MCO Name, etc.*, will be uploaded to each plans' LIB folder on TexMedCentral starting October 6, 2020. These supplemental files will contain the same data elements listed above.

Resources:

COVID-19 Medicaid Renewals - Information to Members (Revised) (Attached)

COVID-19 Medicaid Renewals – Frequently Asked Questions (Attached)

Contact:

MCO_Enrollment_Broker@hhsc.state.tx.us



COVID-19 Medicaid Renewals: Frequently Asked Questions

Members Who Were Due to Renew March 2020 – August 2020

1. The notice states, if members are eligible, the renewal period will remain the same. What is the renewal period for members that are denied during the public health emergency?
 - Medicaid coverage will not be denied for any reason except voluntary withdrawal, death, or moves out of state during the public health emergency.
 - Members who are “denied” and Medicaid coverage is maintained during the public health emergency will retain their current renewal period. Please note, coverage may end earlier if the member is ineligible at the end of the public health emergency.
2. Will MCOs receive *ongoing “refreshed”* supplemental files identifying members who did not provide a response to the request for additional information or members with returned mailed due to invalid/incorrect addresses?
 - HHSC will not send *ongoing “refreshed”* supplemental files for individuals who do not provide a response, however HHSC will provide a supplement file, *Mar-Aug2020_PELDS-1_MCO Name, Mar-Aug2020_PELDS-2_MCO Name, etc.*, each time HHSC sends members a notice requesting additional information for the first time. In addition, HHSC is reviewing options to send a supplement file to MCOs and DMOs at the end of the public health emergency that would include individuals who did not submit the requested information.

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3. How will MCOs know when supplemental files are uploaded?
 - HHSC will notify MCOs during the MCO/DMO COVID-19 Weekly Calls each time a new supplemental file is uploaded in TexMedCentral.
 4. How can MCOs best utilize the *834 monthly enrollment file* to identify members that are “denied” with Medicaid coverage being maintained through the public health emergency?
 - Currently, these members are indistinguishable on the monthly enrollment file. HHSC is reviewing options to send a supplemental file to MCOs and DMOs at the end of the public health emergency that would include individuals who were “denied” and are being maintained through the public health emergency.
 5. Are there members that did not receive the general notice informing them HHSC is resuming reviewing eligibility for Medicaid, sent on July 29, 2020?
 - All active members with renewal packets originally due between March 2020 and August 2020 were sent the general notice. Members who were previously terminated due to voluntary withdrawal, death, or moved out of state, did not receive this notice.
 6. Will DMOs receive these supplemental files?
 - No. HHSC is only providing these supplemental files to MCOs for the purpose of assisting members with submitting HHSC-requested information. However, HHSC is exploring the option of providing MCOs and DMOs a supplemental file at the end of the public health emergency.

Members Due to Renew September 2020 and October 2020

1. How can MCOs best utilize the 834 monthly enrollment file to identify members coming up for renewal?
 - MCOs should use the recertification date, which is the last date of member’s certification. This date is located in [Loop 2000 DTP Index 2](#) of the *834 monthly enrollment file*.

- Static Value 337 indicates end date. See example below of how the recertification date is identified for September 2020 on the enrollment file.
 - 337*D8*20200930

2. How can MCOs best utilize the 834 monthly enrollment file to identify members determined eligible versus members “denied” with an extension to maintain Medicaid coverage through the public health emergency?

- Eligible members will be renewed and have their recertification due date in 12 months.
- Members “denied” and maintained through the public health emergency will have their recertification due date extended 6 months. Please note, coverage may end earlier if the member is ineligible at the end of the public health emergency.

Examples

| Original Coverage | Eligible At Renewal | | “Denied” and maintained At Renewal | |
|-----------------------|------------------------|-----------------------|------------------------------------|------------------------|
| | Previous Recert. Date* | Renewal Recert. Date* | Previous Recert. Date* | Extended Recert. Date* |
| September 2020 | 9/30/2020 | 9/30/2021 | 9/30/2020 | 3/31/2021 |
| October 2020 | 10/31/2020 | 10/31/2021 | 10/31/2020 | 4/30/2021 |

*Refer to Question 1 in this section to reference where the end date/recertification due date is located on your *834 monthly enrollment file*.

3. Using the 834 monthly enrollment file, will MCOs be able to identify members not eligible because they did not submit all required information versus members who were determined ineligible for other reasons?

- MCOs will not be able to determine which members were “denied” for failure to provide from members who are not eligible for other reasons. However, HHSC is reviewing options to send a supplement file to MCOs and DMOs at the end of the public health emergency that would include members determined ineligible.

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4. Will MCOs receive a supplemental file each month identifying members who HHSC is requesting additional information to determine eligibility at Medicaid renewal?
 - HHSC will not provide a supplement file for September 2020 renewals. However, HHSC will provide a supplement file starting with October 2020, *Oct2020_PELDS-1_MCO Name, Oct2020_PELDS-2_MCO Name, etc.*, each time HHSC sends members a notice requesting additional information for the first time. In addition, HHSC is reviewing options to send a supplement file to MCOs and DMOs at the end of the public health emergency that would include individuals who did not provide a response.
 5. We noticed STAR Kids members were not listed on the supplemental files provided by HHSC. Were all members in STAR Kids auto-renewed?
 - Not all STAR Kids members were auto-renewed. If plans did not receive STAR Kids members on their supplemental file, then no information is required at this time. HHSC will issue additional guidance regarding STAR Kids members as we near the end of the public health emergency.

General

1. If a member is deemed ineligible and Medicaid is maintained during the public health emergency, when does the advance notice period of adverse action begin?
 - The advance notice period of adverse action begins when ineligible members are notified in writing by HHSC prior to the member's Medicaid coverage ending. This notice will not be sent until the month after the public health emergency period ends and HHSC has determined the member is no longer eligible based on the updated information provided.
2. Are members considered "denied" if they do not respond or do not provide complete information requested by HHSC?
 - Yes. This includes denials for procedural reasons such as not returning renewal forms or verifications. Please note: Members denied will have an additional opportunity to provide updated information or appeal the denial at the end of the public health emergency prior to a member's Medicaid coverage ending.

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3. May MCOs use language provided by HHSC on the attachment titled, *Information to Members (Revised)*, to outreach to member for assistance with Medicaid renewals?
 - Yes.
 4. What resources exist to obtain additional information on the *834 Monthly Enrollment files*?
 - Enrollment Broker Training – This training is held twice a year in January and July. The next training is scheduled for January 2021. Additional details will be provided closer to the training.
 - Companion Guide – The TXEB 834 Companion Guide posted on TexMedCentral in the MCO LAYUT folder is a helpful guide that addresses the Texas Enrollment Broker’s trading partner specific considerations for the *834 Monthly Enrollment file*.
 5. Will Medicaid recertification/renewal notices still be mailed out to beneficiaries to be completed despite Texas being required to continued benefits under the federal emergency order?
 - Texas HHSC is currently processing renewals for individuals whose certification periods (March 2020 – August 2020) were automatically extended due to the public health emergency using a modified administrative renewal process. In mid-August, renewal packets were only mailed to individuals whose eligibility criteria cannot be verified through electronic data sources. HHSC will mail renewal packets to individuals whose Medicaid is scheduled to end in September and October 2020 using a modified administrative renewal process. HHSC’s eligibility system was updated to ensure Medicaid is not terminated during the public health emergency unless the individual voluntary withdraws from coverage, dies, or moves out of state.
 6. We noticed STAR Kids members were not listed on some of the supplemental files provided by HHSC. Were all members in STAR Kids auto-renewed?
 - Not all STAR Kids members were auto-renewed. If plans did not receive STAR Kids members on their supplemental file, then no information is required at this time. HHSC will issue additional guidance regarding STAR Kids members as we near the end of the public health emergency.