DELAWARE HEALTH AND SOCIAL SERVICES

Medicaid Continuous Coverage Unwinding Renewals Reporting

State of Delaware
Department of Health and Social Services

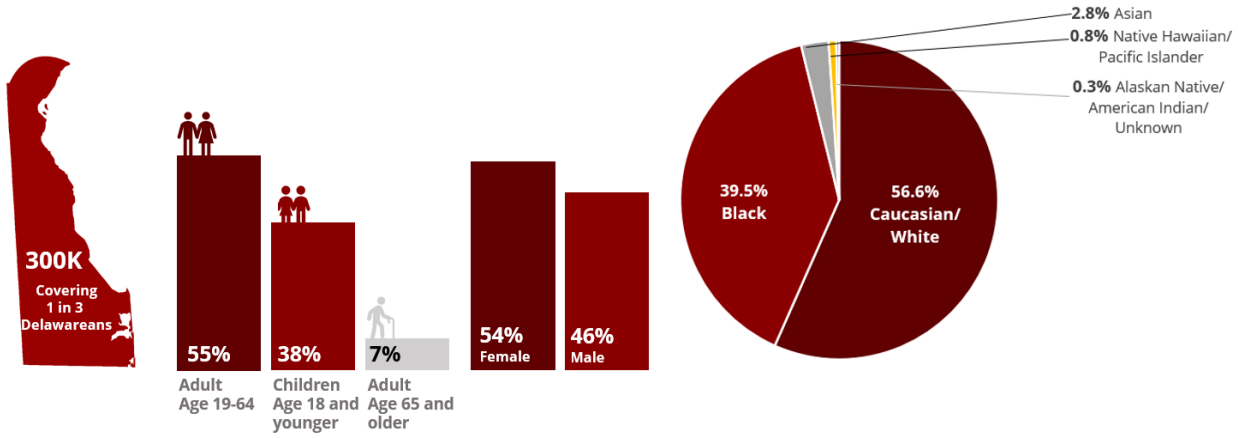
Updated on August 1, 2023

Public Health Emergency (PHE) Unwinding

On April 1, 2023, the Delaware Department of Health and Social Services (DHSS) ended continuous coverage provided during the pandemic and restarted annual Medicaid eligibility renewals.

Before the COVID-19 Public Health Emergency (PHE) was declared on March 18, 2020, DHSS would send Medicaid beneficiaries an eligibility renewal form in the mail around the same time every year. During the COVID-19 Public Health Emergency, Medicaid beneficiaries were provided continuous coverage and were not asked to renew their benefits. At that time, members would only lose coverage if they requested to close their benefits, were deceased, or moved out of state. Legislation signed by the federal government in December 2022 set a specific date to restart Medicaid eligibility renewals and Delaware did so on April 1, 2023. The state opted to take the full 12 months allowed by the federal government to complete renewals for all 300,000 beneficiaries.

Delaware's Medicaid Population Distribution Before PHE Unwinding

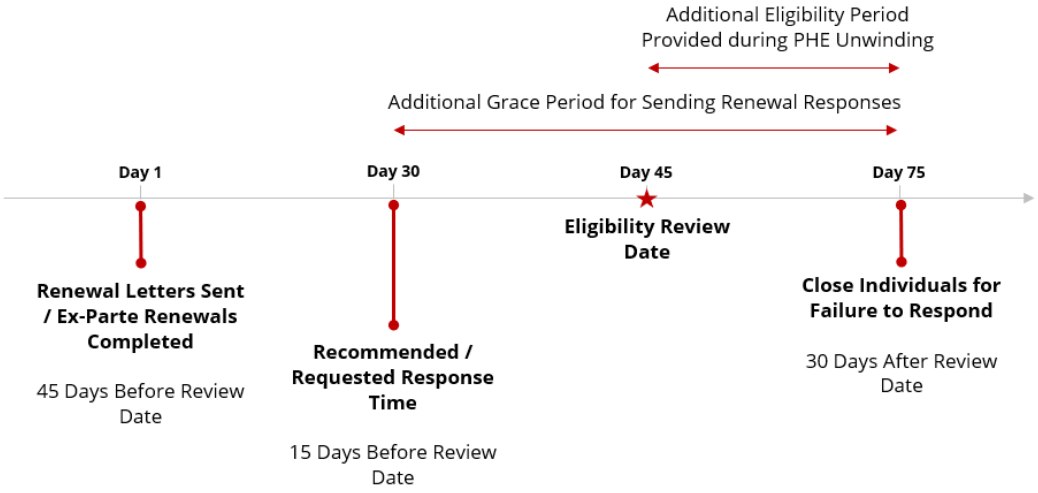


*This distribution is a 'point-in-time' data and is continuously evolving.

Understanding the Renewal Process

The state begins the Renewal Process approximately **60 days** before the Eligibility Review Date/Benefit End Date for individuals. Renewal letters are sent out at least **45 days** before the Eligibility Review Date. We first try to process renewals without contacting clients (this is called Ex-Parte or Passive Renewals). If we can verify an individual's eligibility for Medicaid with the information available to us using reliable data sources, the individual will receive a Continuation Notice in the mail, notifying them that their renewal is complete and that they are approved for continued Medicaid coverage.

Renewal Process Timeline

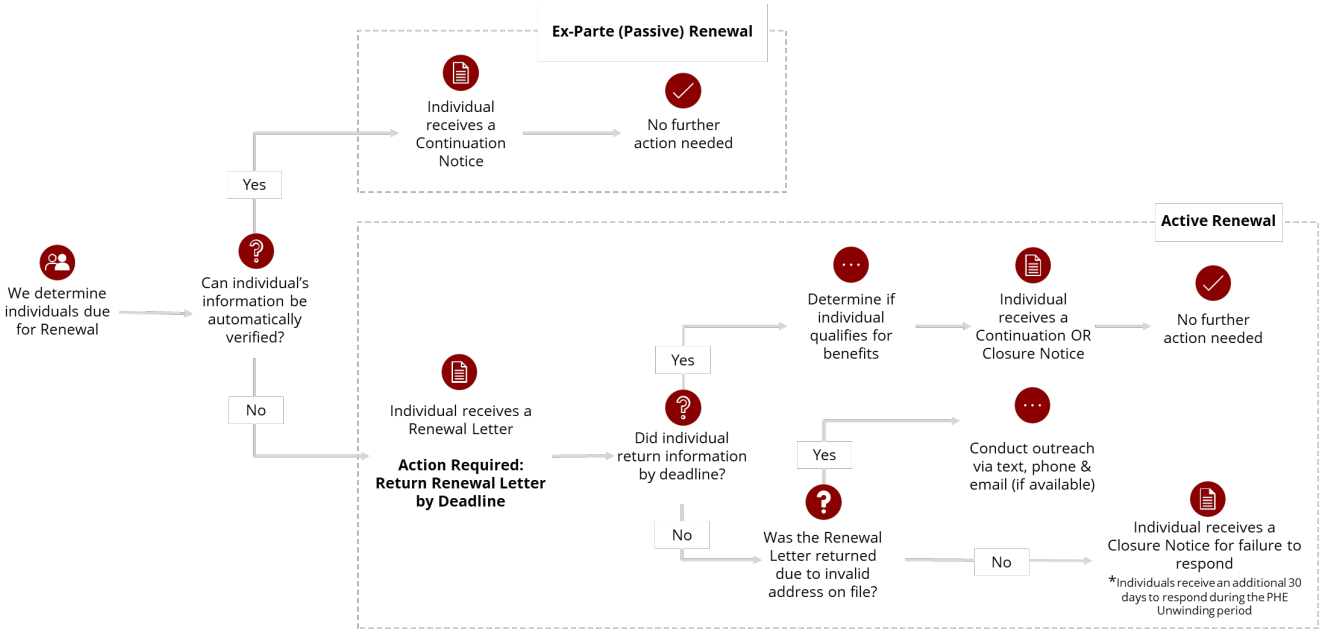


If we do not have enough information to verify an individual's eligibility automatically, they will need to complete and return the Renewal Letter that was mailed to them (this is called Active Renewal). The Renewal Letter includes the Renewal form with specific instructions to provide the requested information and a deadline to return the information.

During the Medicaid Continuous Coverage Unwinding period, which will last until May 2024, clients have 30 days to respond to the renewal request. Furthermore, the state has elected to provide clients with an additional 30 days to complete their renewals without impacting their benefits. If an individual fails to return the requested information up to 30 days after their review date, and the state is unsuccessful with its outreach to individuals when mail is returned, their benefits will be terminated on the 75th day following the initial renewal request. A Closure Notice will be sent to the individual, informing them of the termination of their benefits and the closure reason. If a Renewal Letter is returned to us due to an invalid address on file, we will conduct additional outreach to contact the individual via all available methods of communication.

After the Renewal Letter is returned, we will use the latest information provided to determine if the Individual still qualifies for benefits. Depending on the outcome, a Continuation or Closure Notice will be sent to the individual.

Our renewal process is highlighted below.



For additional clarification, refer to the 'Key Terms' at the end of this Report.

Outreach Efforts

We understand that the Medical Assistance benefits provided by the State of Delaware are vital to our clients' wellbeing. To make sure that we can successfully reach clients to send important communication related to upcoming Renewals, DHSS is using various avenues to communicate with and contact clients regarding their Renewals.

LETTERS

Renewal Letters, Notices, Mass Mailers informing individuals of upcoming changes

PHONE CALL

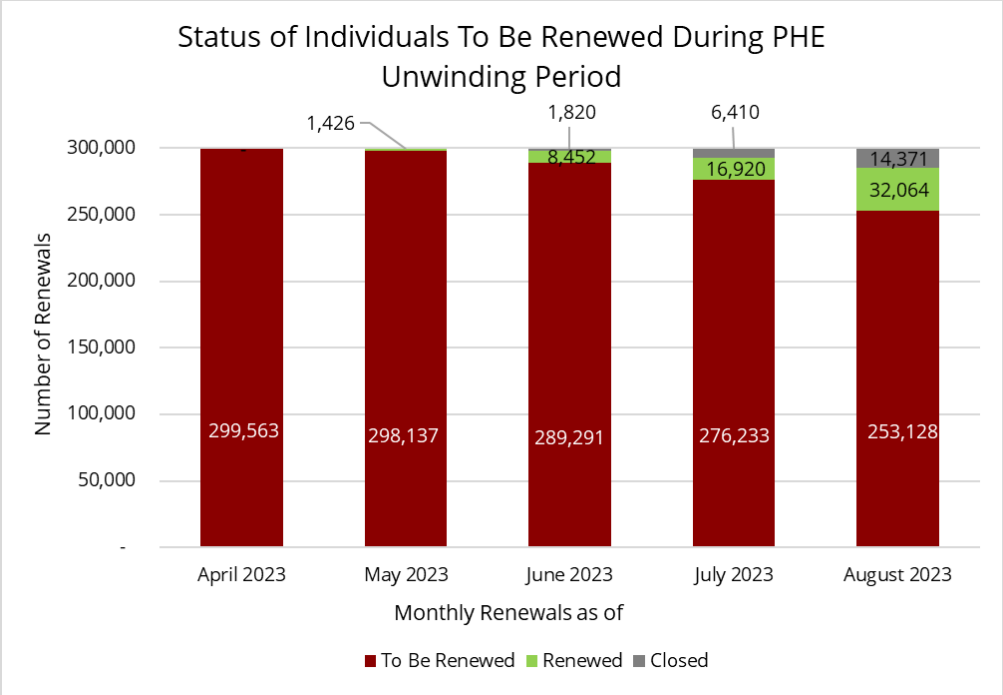
TEXT MESSAGE

EMAIL

MCO OUTREACH

Monthly Renewal Processing Status

The graph below shows the monthly progress of individuals due for renewal during the Medicaid unwinding period. The data is broken down into three categories: Individuals to Be Renewed, Individuals Renewed, and Individuals Closed. The data is retrieved at the beginning of each month.



Renewal Processing Status by Eligibility Review Month

The table below provides the status of Renewals processed by Eligibility Review Month.

Renewal Processing Status by Eligibility Review Month					
Month		**May 2023**	**June 2023**	**July 2023**	**Aug 2023**
Renewed		4,525	11,044	9,627	6,869
Closed	Procedural Termination	693	6,758	1,583	0
	Determined Ineligible	763	2,447	1,789	338
Pending		567	3,179	10,608	18,069
Total Renewals Due		6,903	23,428	23,607	25,276

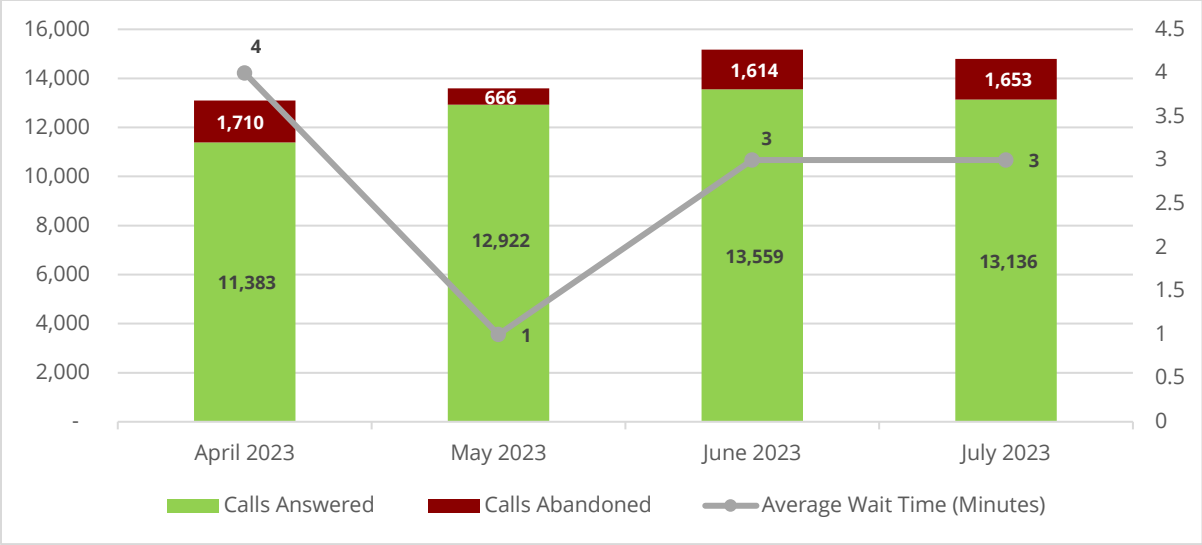
Returned Mail Tracking

Whenever a Renewal Letter is returned due to a failed mailing address, DHSS attempts to contact individuals in three different ways – phone, email, and text. We understand the criticality of these benefits to households and use every available contact method to contact clients before closing their benefits.

Households contacted for Returned Mail					
Month		May 2023	June 2023	July 2023	Aug 2023
Methods Attempted (Phone/ Text/ Email)	No contact details available	0	15	15	10
	1 Method (Email Sent)	0	34	25	30
	2 or more Methods (Phone, Text and email)	4	753	568	329
Total		4	803	608	369

Call Center Metrics

Since the end of the Public Health Emergency, the state has taken steps to provide accessible support to Delawareans by monitoring calls received by our contact centers each month and supplementing our capacity to reduce call wait times. Our contact center staff strives to attend to every caller, and the graph below provides an insight into the numbers of calls received by the DHSS contact centers each month along with the average wait time experienced by our callers.



Key Terms

The following terms will be helpful in navigating the renewal process:

1. **Ex-Parte or Passive Renewals** – Individuals that are automatically renewed based on the information we have available for them from trusted data sources. These individuals do not receive a Renewal Letter.
2. **Active Renewals** – Individuals whose information could not be automatically verified based on the information we have available for them. These individuals receive a Renewal Letter.
3. **Renewal Letter** – Forms sent to individuals due for review, who could not be automatically renewed, requesting information necessary to determine whether they can continue to be eligible to receive Medical Assistance. Letters are prepopulated with information available to us, where applicable. These are sent approximately 45 days in advance of the Eligibility Review Date.
4. **Eligibility Review Date** – Benefit End Date or Date on which the Individuals' benefits are set to expire.
5. **Closure Notice** – A written notice sent to Individuals informing them of the final eligibility determination and reason for termination of benefits.
6. **Continuation Notice** – A written notice sent to Individuals informing them of the approval and extension of their benefits, along with the eligibility period.
7. **Procedural Terminations** – If the individuals fail to return the information requested in the Renewal Letter by the deadline provided, their benefits will be terminated.
8. **Pending Renewals** – These renewals are currently being processed or are awaiting a response from the beneficiary on the renewal letter or request for additional information.