



DELAWARE HEALTH AND SOCIAL SERVICES

Medicaid Continuous Coverage Unwinding Renewals Reporting

State of Delaware
Department of Health and Social Services

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Public Health Emergency (PHE) Unwinding Overview

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 293,703 beneficiaries.

Delaware's Medicaid Population Distribution Before PHE Unwinding

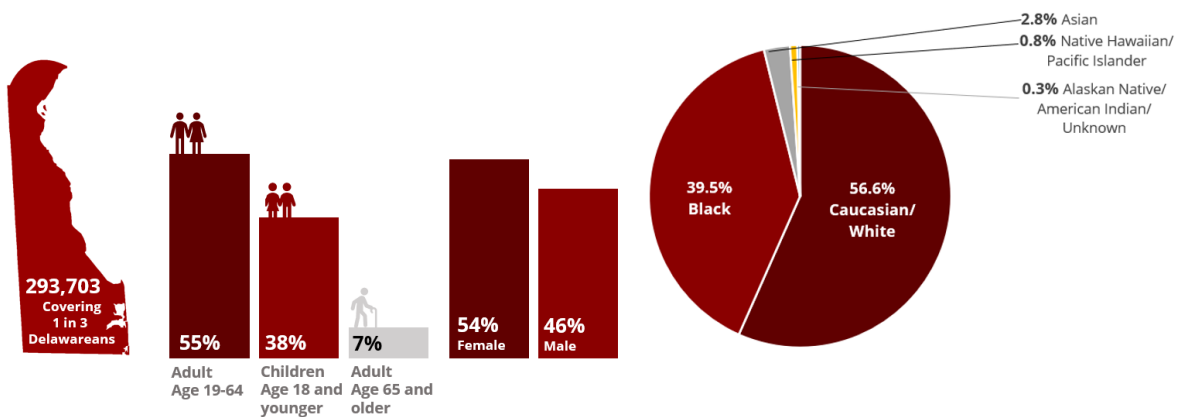


Figure 1: Population Distribution

*This distribution is a 'point-in-time' data taken at the beginning of the PHE Unwinding period.

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 **45 days** or more 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

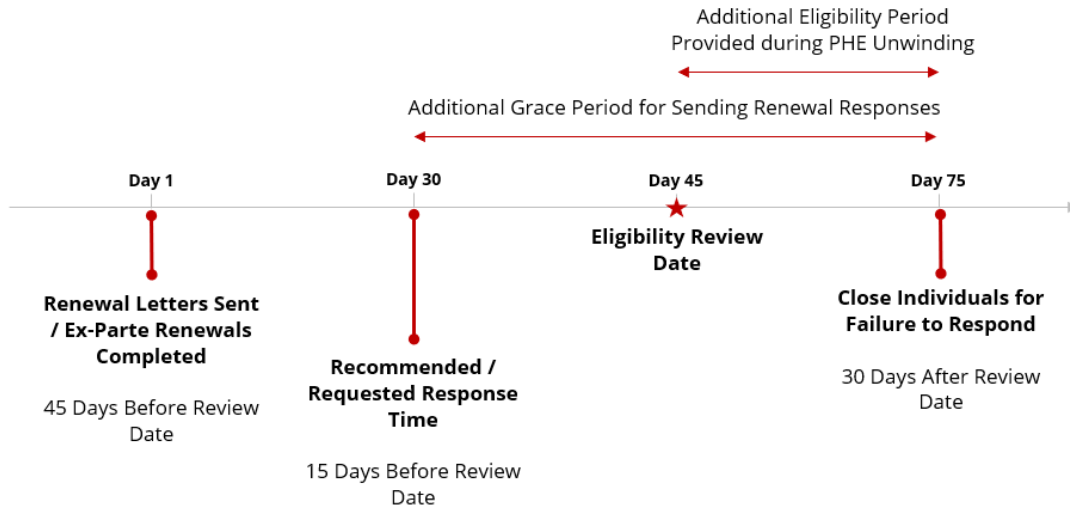


Figure 2: Renewal Process Timeline

In situations where information is not enough 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 90th 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.

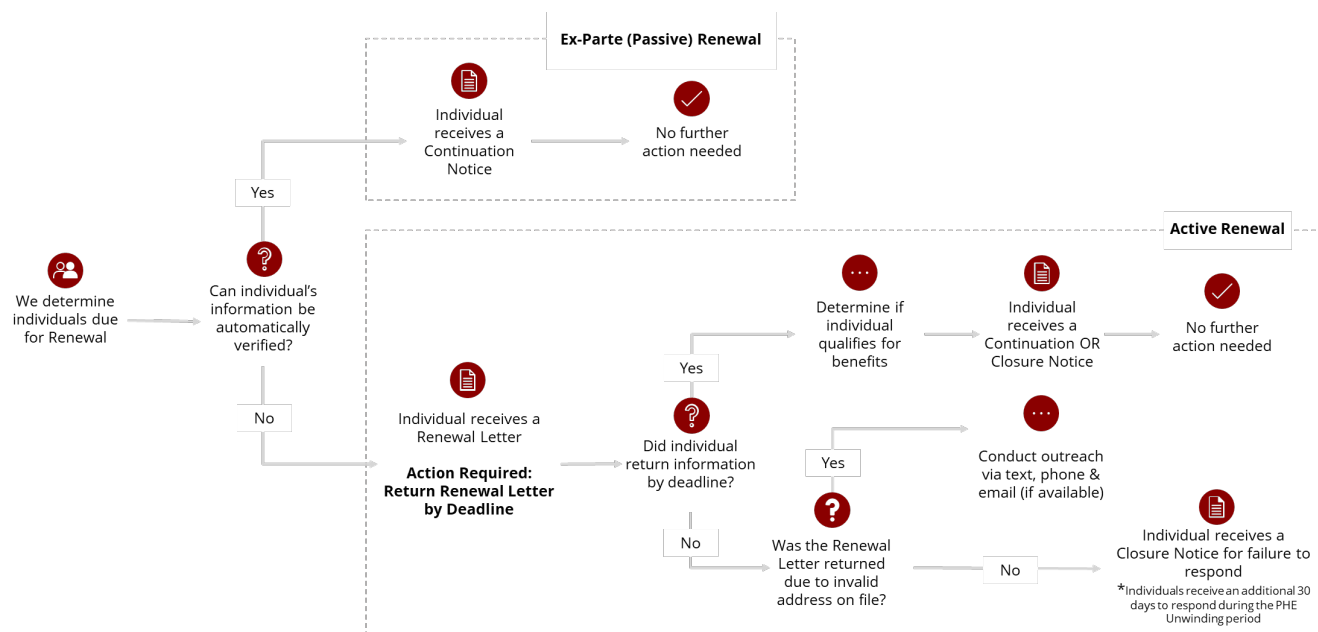


Figure 3: Renewal Process

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



PHONE CALL



TEXT MESSAGE



EMAIL



MCO OUTREACH

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

Figure 4: Outreach Efforts

Total Renewal Processing Status

DHSS is tracking 293,703* individuals due for review during the PHE Unwinding Period. The graph below shows cumulative progress of individuals due for renewal during the Medicaid unwinding period. The data is broken down into three areas: Individuals to Be Renewed, Individuals Renewed, and Individuals Closed. This data is retrieved at the beginning of each month.

*The number of total renewals due for review has been updated to reflect the exact number.

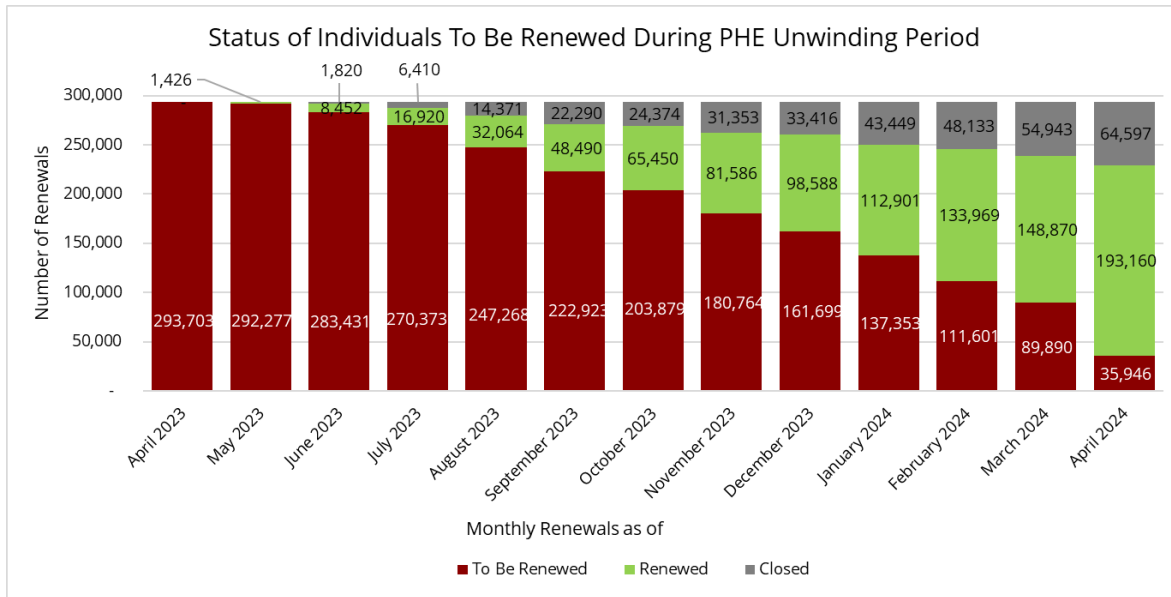


Figure 5: Cumulative progress as of April 2024

Renewal Processing Status by Eligibility Review Month

The table below provides the status of Renewals processed by Eligibility Review Month. Their determination status is classified into three categories: Approved, Closed, and Pending.

Renewal Processing Status by Eligibility Review Month													
Month	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024	
Approved	4,609	14,745	15,631	17,931	17,271	15,161	14,768	14,598	13,194	17,548	14,192	15,126	
Closed	Procedural Reasons	274	3,133	2,856	2,691	3,770	3,125	4,603	4,507	4,316	4,604	779	2
	Eligibility Reasons	1,060	2,841	2,586	2,557	2,643	1,869	2,407	1,751	1,543	2,681	1,207	638
Pending	0	1	0	0	0	0	0	2	0	439	8,340	26,037	
Total Renewals Due	5,943	20,720	21,073	23,179	23,684	20,155	21,778	20,858	19,053	25,272	24,518	41,803	

Figure 6: Monthly Review Processing Status

- Review Dates for some pending individuals that were originally due for review between May 2023 – January 2024 was modified to later months. To reflect that change, the count of Total Renewals Due between May 2023 – January 2024 has been updated.
- The above table excludes 25,846 Individuals (18,386 Approved, 6,154 Closed, 1,306 Pending) that are being tracked for Renewal during the PHE Unwinding Period since they do not follow the regular renewal process. A few instances of scenarios that fall under this category and are being closely tracked include:
 - Time limited programs such as Pregnant Women’s Medicaid, Newborns, Transitional Medicaid, etc.
 - Individuals requiring critical care such as Breast & Cervical Cancer Medicaid, Home & Community Based Services, Institutions Medicaid, Disabled Children’s Medicaid, etc.

- c. Programs catering to sensitive groups such as Adoption Assistance/Subsidy, Foster Care, etc.
 - d. Renewals that are processed due to change in circumstances outside of their scheduled renewal period such as death, relocation outside of the state, or when individuals no longer need Medicaid, etc.
3. Individuals receiving Chronic Renal Disease Medicaid, can also receive other Medicaid benefits concurrently and may have different Review Dates. A few such Individuals are being tracked across multiple months.

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	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024
Methods Attempted (Phone/ Text/ Email)	No contact details available	2	19	17	14	19	14	15	25	22	13	130	75
	1 Method (Email Sent)	20	56	44	42	131	229	142	134	185	139	186	91
	2 or more Methods (Phone, Text and email)	40	698	561	435	599	500	664	552	723	582	790	1,143
Total		62	773	622	491	749	743	821	711	930	734	1,106	1,309

Figure 8: Returned Mail Data

Contact 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.

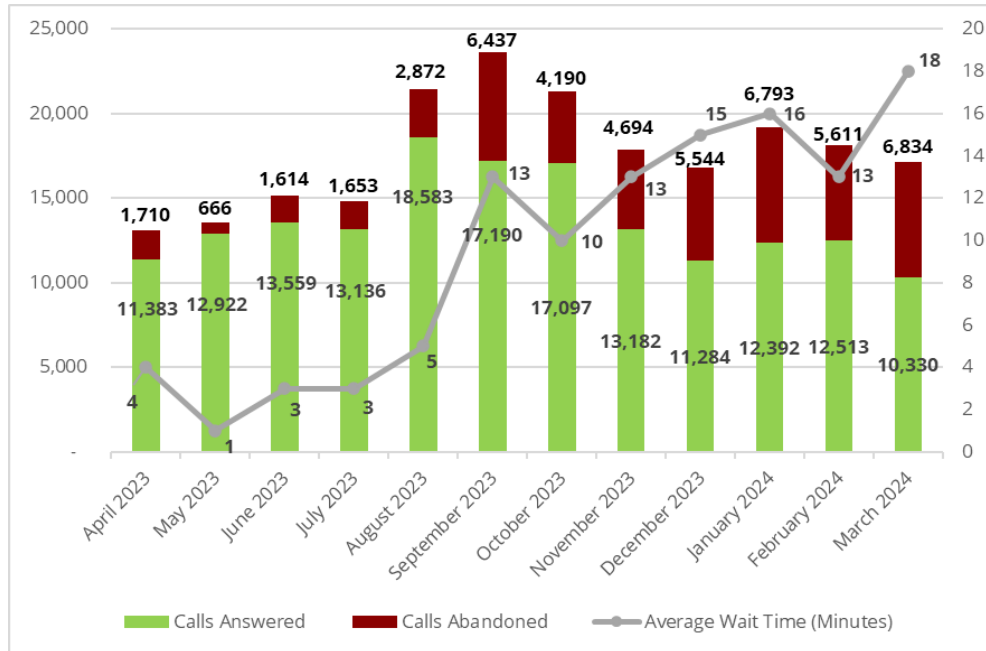


Figure 9: Monthly Contact Center Metrics

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.