



MEPD and TW Broadcast

Date: April 24, 2023

To: Eligibility Services Supervisors and Staff
Program Managers
Regional Directors
Regional Attorneys
Hearings Officers

From: Access and Eligibility Services Program Policy
State Office 2115

Subject: **1. COVID-19 Clarification: Change of Address**
2. COVID-19 Clarification: Returned Mail

HHSC is providing the following clarifications to MEPD and Texas Works Bulletin #23-08, 1. COVID-19 Update: Change of Address and 2. COVID-19 Update: Returned Mail, released on March 31, 2023.

1. COVID-19 Clarification: Change of Address

SNAP

Form H0603, Shelter Cost Notice, is not currently available in TIERS until automation changes are implemented on April 22, 2023. Staff must continue to process address changes for SNAP according to current policy and procedures through April 30, 2023. Effective May 1, 2023, staff must follow the new procedures outlined in the MEPD and Texas Works Bulletin #23-08, 1. COVID-19 Update: Change of Address, when shelter costs are not provided during a report of change of address on cases with an active SNAP EDG.

Additionally, when an address change is made based by the automated process on information received from a Managed Care Organization (MCO) or is identified through the United States Postal Services (USPS) or the National Change of Address (NCOA) database, the following statement will be captured in TIERS case comments:

"Automatic address update was made based on the information received from either NCOA, MCO or DMO."

2. COVID-19 Clarification: Returned Mail

Medical Programs

Households must be provided at least 30 days to return a complete renewal form. The 30-day timeframe is calculated from when the household has access to their renewal form. (MEPD and TW Bulletin #23-07, 2. Processing Case Actions for Medical Programs).

This policy also applies when returned mail is received by HHSC with an in-state forwarding address and contains a Medicaid renewal form. Staff must re-mail the renewal form to the new address and allow a new 30-day period for the household to return their form.

Staff must recalculate the new 30-day due date then document the date the renewal form was re-mailed and the new due date in TIERS Case Comments.

TIERS will automatically terminate the EDG on the 31st day if the household fails to return the renewal packet from the initial generation date. If the returned mail containing a Medicaid renewal form is received after the EDG has been terminated, staff must reactivate the Medicaid EDG using Denied in Error as the reason for reactivation and use the returned mail received date as the reactivation date.

The procedures listed below ensure the household is given at least 30 days to return their renewal form when it is received by HHSC as returned mail and contains an in-state forwarding address. The procedures require staff to assign the TLM task to a designated holding queue, which must be monitored daily. Staff should monitor the task based upon the new due date documented in TLM Comments.

Staff Procedures

For Cases with a Renewal Form Received as Returned Mail within Original 30-day Period

Step 1: Conduct a cold call attempt to confirm the address. Document successful and unsuccessful cold call attempts in TIERS Case Comments.

Step 2: If contact is successful, update the mailing and physical address. If contact is unsuccessful and there is a forwarding address on the returned mail, update the mailing address only.

Step 3: Reprint the renewal form and resend to the new address using the manual steps on how to resend returned mail to a forwarding address provided in [MEPD and TW Bulletin 23-08](#).

- To keep the household informed of their new due date, the clerical support team member will manually write the new due date on the notice.

Step 4: Document in CADS: "Following MEPD and TW Broadcast, COVID-19 Clarification: Retuned Mail; recalculating the 30-day due date." Indicate the new due date in TIERS Case Comments.

Step 5: Assign the TLM task to the designated holding queue designated by your regional leadership. **Enter the new due date in TLM Comments.**

Step 6: Record the outcome in EWMS as **Disposed-Complete**.

Step 7: If the household does not provide the renewal form, TIERS will still deny the Medicaid EDG for failure to return the renewal form by the original 30-day due date. If the renewal form is received prior to the end of the new 30-day period, reactivate the Medicaid coverage using the date the form is received from the client as the reactivation date and process the renewal using normal policy and procedures.

Note: If the cold call attempt is not successful and there is no forwarding address on the returned mail, allow the case to deny after the original 30-day period.

For Cases with a Renewal Form Received as Returned Mail After Original 30-day Period Expires and Medicaid EDG is Denied

Step 1: Conduct a cold call attempt to confirm the address. Document successful and unsuccessful cold call attempts in TIERS Case Comments.

Step 2: If contact is successful, update the mailing and physical address. If contact is unsuccessful and there is a forwarding address on the returned mail, update the mailing address only.

Step 3: Reactivate the denied Medicaid EDG using the returned mail received date as the reactivation date if the case has been denied for failure to return packet.

Step 4: Reprint the renewal form and resend to the new address using the manual steps on how to resend returned mail to a forwarding address provided in [MEPD and TW Bulletin 23-08](#).

- To keep the household informed of their new due date, the clerical support team member will manually write the new due date on the notice.

Step 5: Document in CADS: "Following MEPD and TW Broadcast COVID-19 Clarification: Retuned Mail; recalculating the 30-day due date." Indicate the new due date in TIERS Case Comments.

Step 6: Assign the TLM task to the designated holding queue designated by your regional leadership. **Enter the new due date in TLM Comments.**

Step 7: Record the outcome in EWMS as **Disposed-Complete.**

Step 8: If the renewal form is returned, process the renewal following normal policy and procedures. If the form is not returned by the new due date, take the appropriate action to re-deny the Medicaid EDG due for renewal. See *Steps for Re-Denying Medicaid EDG* below.

Steps for Re-Denying Medicaid EDG

Follow the steps below to deny the Medicaid EDG using EDG Override:

Step 1: Click on the **EDG Override Summary** tab in TIERS.

Step 2: Select the Medicaid EDG month requiring denial (for multiple Medicaid months, start with the earliest month and complete to the most current month).

Step 3: The **EDG Override Details** page is displayed. From the EDG Status drop-down menu, select **Deny**. Enter the following in the Override Reason box: "Using instructions provided in MEPD and Texas Works Broadcast, COVID-19 Clarification: Retuned Mail to deny Medicaid for "Failure to return Recertification Packet."

Step 4: Select the reason Failure to return recertification packet from the Disposition Reason drop-down menu.

The screenshot displays the TIERS EDG Override Details page. On the left, there are tabs for Summary, EDG Override Summary, Suppl Benefit, and CHIP/RFR Summary. The EDG Override Summary tab is active. Below the tabs, the 'EDG Override Details' section is visible. It includes fields for Case Name, EDG #, and EDG Status. A list of reasons for denial is shown, with 'Failure to return recertification packet' selected. The Disposition Reason dropdown menu is open, showing the same list of reasons. The Certification End Date field is also visible.

Reason
Failure to provide information for Joint Filer
Failure to provide information for Tax Payer claiming dependent
Failure to provide required information within specified time frame
Failure to provide verification for Alimony/Spousal Support Received
Failure to provide verification for Cancelled Debts
Failure to provide verification for Capital Gains
Failure to provide verification for Court Awards
Failure to provide verification for Jury Duty Pay
Failure to return recertification packet
Failure to sign application
Fewer members in certified groups
Group Failed Resource Test
Group not certified; Eligibility determination month is prior to conversion month
Group not eligible - All individuals are deceased
Group not eligible because no CHIP group was established
Group not eligible because no FMA or TMA group was established
Group not eligible due to failure of application month
Group not eligible due to failure of application month and next month
Income from Social Security meets recognizable needs
Income from non-governmental pension or benefit meets recognizable needs

Step 5: Click  and then click  .

Step 6: Follow current Second Level Review (SLR) processes and dispose case.

Step 7: Document in TIERS Case Comments "Using instructions provided in MEPD and Texas Works Broadcast, COVID-19 Clarification: Retuned Mail to deny Medicaid for <"*Failed to return Recertification Packet*">".