



End of Continuous Medicaid Coverage FAQ 30-Day Extension

1. Is HHSC allowing more time for people to submit their renewal packets?

HHSC is providing more time for certain people to submit their renewal packets. This is a 30-day extension for qualified Medicaid recipients to submit their renewal packet or request for information. Renewal packets and requests for information due on Oct. 9, 2023, are now due on Nov. 8, 2023.

2. Who qualifies for this 30-day extension?

People who were mailed a letter dated Sept. 9, 2023, qualify for the extension. Those who received this notice are most likely to remain eligible for Medicaid coverage, such as older adults and people with disabilities.

To check if it's time for you to renew, log in to your account on YourTexasBenefits.com or the mobile app, or call 2-1-1 and select option 2 after selecting a language.

3. I received my yellow envelope in September, but I missed the deadline. Can I turn it in now?

HHSC has extended the deadline to Nov. 8, 2023, to return renewal packets and requests for information to members who received a packet dated Sept. 9, 2023.

Ways you can submit your renewal packet:

- **Go online:** YourTexasBenefits.com

- **Mail:** Texas Health and Human Services Commission
P.O. Box 149025
Austin, TX 78714-9025
- **Fax:** 1-877-447-2839
- **Call:** 2-1-1 and select option 2 after selecting a language

4. What happens if I miss the new deadline?

If you miss the new deadline, a notice will be sent to you on Nov. 8, 2023, letting you know that your coverage will end at the end of the month.

You have up to 90 days to turn in your renewal or request for information if you miss your submission deadline, and HHSC can give retroactive coverage to the first of the month you turn it in.

For example, if the deadline was Nov. 8, 2023, and you send your renewal to HHSC by the middle of December, your coverage can be retroactive to Dec. 1, 2023.

To restart your coverage, HHSC must receive your renewal packet during the 90 days. You can submit what was mailed to you by fax, mail or through a local office.

If you turn in your renewal but didn't turn in the added requested information, you can send that information to us during the 90 days through YourTexasBenefits.com, the mobile app, or by fax, mail or a local office. You can also call 2-1-1, option 2, for help.

5. How do I know if I need to renew my Medicaid coverage?

To check if it's time for you to renew, log in to your account on YourTexasBenefits.com or the mobile app, or call 2-1-1 and select option 2 after selecting a language.

6. What happens after I turn in my renewal?

HHSC will review your renewal and may ask for missing information or information not available from other sources.

If you remain eligible, you'll get a notice from HHSC that says your Medicaid eligibility is renewed and will continue until it's time to renew again.

If we find you aren't eligible or if you do not return your renewal, your coverage will end.

Please complete and submit the renewal packet that is sent to you. **The best way to complete your renewal is online at YourTexasBenefits.com.**

You can also submit your information by mail or fax, or by calling 2-1-1 and selecting option 2 after selecting a language.

7. If I'm determined ineligible for Medicaid, do I have to apply for other benefits?

During the Medicaid renewal process, HHSC will review your eligibility for other HHS programs, such as CHIP or Healthy Texas Women. You'll receive a notice if you're moved to a different type of health care program.

8. What's the best way to ensure that I receive updates about my benefits?

Create a Your Texas Benefits online account. You can view your account information, update your contact information, submit a renewal and respond to requests from HHSC. You can also sign up for electronic notices to stay informed about your case. Visit YourTexasBenefits.com or download the Your Texas Benefits mobile app to get started.

9. I submitted a renewal, and I received a notice saying I'm not eligible for coverage. I think I am eligible, what can I do?

You may appeal any case decision that you think is incorrect by coming into a [local office](#) or by calling 2-1-1 and selecting option 2 after selecting a language.

If you can't resolve your issue through the appeals process or if you have a complaint about an HHS program, service or benefit that hasn't been resolved to your satisfaction, you can send a question or file a complaint with the Office of the Ombudsman by doing one of the following:

- **Call:** 877-787-8999 (8 a.m. to 5 p.m., Central Time, Monday through Friday)
- **Go online:** hhs.texas.gov/ombudsman
- **Fax:** 888-780-8099 (toll-free)
- **Mail:** Texas Health and Human Services Commission
Office of the Ombudsman
MC H-700, P.O. Box 13247
Austin, TX 78711-3247