



# **End of Continuous Medicaid Eligibility FAQ**

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**TEXAS**  
Health and Human  
Services

**December 2023**

# End of Continuous Medicaid Eligibility FAQ

## 1. What was the public health emergency, and why was it important for my benefits?

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) on Jan. 27, 2020. This allowed Texas to provide you with continuous Medicaid coverage until March 31, 2023. Continuous Medicaid coverage has ended. Between April 1, 2023, and May 31, 2024, HHSC must redetermine eligibility for more than 5.9 million people who receive Medicaid.

## 2. If I'm determined ineligible for Medicaid, what other options are available for me?

During the Medicaid redetermination process, HHSC will evaluate your eligibility for other HHSC health care programs, such as Healthy Texas Women (HTW) and the Children's Health Insurance Program (CHIP).

The following programs are available if you're no longer eligible for Medicaid:

### **Health Insurance Marketplace**

If HHSC determines that you are no longer eligible for Medicaid, you may receive information to explore other health insurance options, including coverage available through the Health Insurance Marketplace. As federally required, HHSC sends a member's application information electronically to the Marketplace if they are not eligible for medical coverage through HHSC. The Marketplace will send you a notice with information on how to apply for coverage. Visit [healthcare.gov](https://healthcare.gov) or call 800-318-2596 to learn more or find someone to help you with your application.

### **Primary Health Care Services**

HHSC's Primary Health Care (PHC) program works with clinic sites across Texas to ensure eligible Texas residents can get comprehensive primary health care services to prevent, detect and treat health problems. The PHC program serves men, women and children. Visit [hhs.texas.gov/services/health/primary-health-care-services-program](https://hhs.texas.gov/services/health/primary-health-care-services-program) to see if you or someone you know is eligible and how to apply for services.

### **Family Planning Program**

HHSC's Family Planning Program (FPP) is dedicated to offering women's health and family planning services to eligible women and men in Texas. The program offers women's health and core family planning services that can have a positive effect on future pregnancy planning and general health. Visit [healthytexaswomen.org](https://healthytexaswomen.org) to see if you or someone you know is eligible and how to apply.

### **Mental Health Services**

HHSC contracts with 37 local mental health authorities and two local behavioral health authorities to deliver mental health services in communities across Texas. HHSC will not deny you mental health services, and the charge for services is based on your ability to pay. Visit [hhs.texas.gov/services/mental-health-substance-use](https://hhs.texas.gov/services/mental-health-substance-use) to learn more and find services in your area.

### **HIV Medication Program**

You may receive help with your medications through the Texas HIV Medication Program (THMP) or Patient Assistance Programs (PAPs). PAPs are programs created by pharmaceutical manufacturers to help patients who meet financial criteria purchase necessary medications. Prescription medications may be made available at no cost or at a minimal fee for people who do not have insurance or are underinsured. Your local community organization may also be able to help you find other local resources for your medications and HIV care. For more information about THMP, visit [dshs.texas.gov/hivstd/meds](https://dshs.texas.gov/hivstd/meds).

**Note:** This is not a complete list of programs. Call 2-1-1 and choose Option 1 after selecting a language to learn more about other program options.

## **3. I lost SSI coverage, is there anything I need to do for the Medicaid renewal process?**

During the continuous coverage period, HHSC maintained Medicaid for people no longer eligible for SSI. In September 2023, HHSC sent renewal packets to these members. The renewal packets must be completed and returned so HHSC can determine eligibility for other programs. You can check if you need to renew by logging in to your account at [yourtexasbenefits.com](https://yourtexasbenefits.com) or the mobile app, or by calling 2-1-1 and choosing Option 2 after picking a language.

#### 4. What can I do if I want to file a complaint or appeal a case decision?

If you do not agree with the action taken on your case, or if you have a complaint about an HHSC program, service or benefit that has not been resolved to your satisfaction, you can send a question or file a complaint with the HHS Office of the Ombudsman:

- **Call:** 877-787-8999 (8 a.m. to 5 p.m., Central time, Monday through Friday)
- **Go online:** [hhs.texas.gov/ombudsman](https://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

If you disagree with a service reduction or denial, you can contact your MCO for assistance. If you do not know who your MCO is, visit [yourtexasbenefits.com](https://yourtexasbenefits.com) or contact 2-1-1, Option 2 for assistance. Contact information for MCOs is located at [hhs.texas.gov/providers/medicaid-business-resources/managed-care-organization-dental-maintenance-organization-provider-services-contact-information](https://hhs.texas.gov/providers/medicaid-business-resources/managed-care-organization-dental-maintenance-organization-provider-services-contact-information).

Additionally, on an individual basis, you may appeal any Medicaid case decision that you disagree with by mailing a letter to HHSC at: Texas Health and Human Services Commission, P.O. Box 149027, Austin, TX 78714-9027, calling 2-1-1 and selecting Option 2 after selecting a language or by visiting a [local eligibility office](#).

**Note:** You cannot appeal the ending of your SNAP emergency allotments.

#### 5. What is the best way to ensure that I stay up to date on my benefits?

Create an account at [yourtexasbenefits.com](https://yourtexasbenefits.com) so 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 alerts and reminders, such as text and email messages, to stay informed about your case.

## 6. What if I forgot my password for my Your Texas Benefits account?

To reset your password, follow these steps:

1. Click "Log In" at the top of the page.
2. Click "Forgot password?"
3. Enter your username.
4. Answer the security questions you created when setting up your account.

**If you answer your security questions correctly**, you can create a new password.

**If you can't answer the security questions correctly**, call 2-1-1 or 877-541-7905 for assistance. After you pick a language, choose Option 2.

Due to strict security and privacy rules, we can't view or change your security questions.

## 7. What if I can't reset my password for my Your Texas Benefits account online?

If you are unable to reset your password online, either:

- **Call 2-1-1** or 877-541-7905. After you pick a language, choose Option 2.
- **Go to an HHSC benefits office.** You will need to show us proof of your identity, such as a driver's license or other photo ID.

## 8. Will my child's CHIP coverage change?

No. If your child is already receiving CHIP, their benefits will not change because of the end of continuous Medicaid coverage.

CHIP renewals will continue as usual during the end of continuous coverage, so you need to respond to any agency requests related to your child's CHIP benefits.

## **9. What do I do if my child is newly eligible for CHIP?**

If you are new to CHIP, you will choose a health plan for your child from the ones available in [your service area](#).

Depending on your income, you may have to pay an enrollment fee and co-pay for doctor visits and medicine. Enrollment fees are \$50 or less per family, per year. Co-pays for doctor visits and medicine range from \$3 to \$5 for families with lower incomes and \$20 to \$35 for families with higher incomes.

## **10. What if I miss my submission deadline? Will I still be able to turn in my packet?**

If you miss the deadline to submit your packet, you have up to 90 days to turn it in and have HHSC redetermine your eligibility. The renewal packet must be received not more than 90 days after the date your coverage ended.

This is the same for additional information requested. If HHSC requested more information from you, but you didn't turn it in before the deadline, you can still turn it in during this 90-day period and have your eligibility redetermined.

## **11. What happens if I turn in my renewal application after the deadline and after my eligibility has ended?**

If you submit your application after eligibility has ended there may be a gap in coverage. If you are determined eligible, your coverage will begin the first of the month in which the renewal application is received. You can request Medicaid coverage for up to three months prior to the date your application was received if you have unpaid medical bills for services provided in those months.

- If you were enrolled in a plan in the last six months, then you will be auto-enrolled back to your previous plan.
- If you were not enrolled in a plan in the last six months, then you will be sent an enrollment packet and will need to select a plan.

## **12. Is there any assistance available to help with the renewal process?**

There are assistance programs available that can provide guidance, instructions and help to ease the renewal process.

### **Case Assistance Affiliates (CAA)**

CAA assists with learning about YourTexasBenefits.com, the mobile app and how to navigate the Medicaid redetermination process during the unwinding period.

### **Managed Care Organizations (MCO)**

MCOs are dedicated to helping their members with maintaining health coverage, including transitioning to the Marketplace. They can also help complete and submit Medicaid renewal forms.

### **Authorized Representatives (AR)**

A person has the right to choose a trusted adult to assist them with their Medicaid application, eligibility, and enrollment. They can also receive correspondence on behalf of the person. (A member of CAA or MCO can't be designated as an AR due to conflict of interest.) To learn more about how to designate an AR, call 2-1-1, Option 2.

### **Community Partners**

Community partners are community organizations that work with HHSC and can include food banks, churches, and community health centers. All partners have computers that people can use to go to YourTexasBenefits.com. Some partners have staff or volunteers who can help people apply for benefits or check their benefit case. To find a community partner, visit [yourtexasbenefits.com/Screeners/FindanOffice](https://yourtexasbenefits.com/Screeners/FindanOffice) and check the "Community partner offices" box.

### **Local Offices**

Benefit offices are Texas HHSC offices that focus on benefit programs like SNAP food benefits, Medicaid for families and children, Medicaid for the Elderly and People with Disabilities, and more. Staff are there to help, and people can use computers in the benefit office to access YourTexasBenefits.com, apply for benefits, renew benefits, and update their case. In order to find your benefit office, visit [yourtexasbenefits.com/Screeners/FindanOffice](https://yourtexasbenefits.com/Screeners/FindanOffice).

### **Call Center 2-1-1, Option 2**

Dialing 2-1-1 is a free, easy way to find out about services you can get in your area or through state programs. If you need help with your benefits, call 2-1-1 (select your language and then Option 2). You can also submit your application, renewal form and information through Option 2.