



End of Continuous Medicaid Coverage FAQ

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TEXAS
Health and Human
Services

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1. What is the Public Health Emergency, and why is 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.

2. When will continuous coverage for Medicaid end?

Based on new federal law, continuous Medicaid coverage ended on March 31, 2023. HHSC will reach out to you when it's time to renew your coverage. It is important for you to respond to any renewals or information requests from HHSC to ensure you keep your coverage if you are still eligible.

You should be on the lookout for notices from HHSC. These notices are mailed in a yellow envelope that says Action Required in red.

You will also be sent a notice electronically if you have a Your Texas Benefits account and opted to go paperless.

Log in to your account at YourTexasBenefits.com and click Select Details for your case. If it's time for you to renew your benefits, it will say Yes in the Time to Renew column.

3. What should I do now to ensure my Medicaid coverage continues if I am eligible?

You should respond to any request HHSC sends you. When you get a notice that your renewal is due, follow the instructions to complete and return the information as soon as possible. This will ensure that your benefits continue if you are eligible.

The best way to complete your renewal is online at YourTexasBenefits.com.

You can also submit your application, renewal form and requested information by:

- Mail: Texas Health & Human Services, P.O. Box 149024, Austin, TX 78714-9024
- Fax: 877-447-2839

- Calling 2-1-1 and choosing Option 2 after picking a language.
- Visiting a local office or a community partner. To find an HHSC office or a community partner, visit yourtexasbenefits.com/Screener/FindanOffice, or call 2-1-1 and choose Option 2 after picking a language.

You can create a Your Texas Benefits online account or download the Your Texas Benefits mobile app to view your account information, update your contact information or report a change, and download verifications requested by HHSC. Visit YourTexasBenefits.com to get started. You can also sign up for electronic alerts to stay informed about your case.

You must continue to report all changes and return all requested information, including renewal forms. You can report a change by going to YourTexasBenefits.com, using the mobile app, or calling 2-1-1 and choosing Option 2 after picking a language.

4. If I'm currently receiving Medicaid, will I need to submit a new application?

Only some people may need to submit a new application. Members will receive a notice or a request for information from HHSC that may include completing an application or renewal form or providing additional verification.

The best way to submit an application or respond to those requests is online at YourTexasBenefits.com.

You can also submit your application, renewal form and information by:

- Mail: Texas Health & Human Services, P.O. Box 149024, Austin, TX 78714-9024
- Fax: 877-447-2839
- Calling 2-1-1 and choosing Option 2 after picking a language.
- Visiting a local office or a community partner. To find an HHSC office or a community partner, visit yourtexasbenefits.com/Screener/FindanOffice or call 2-1-1.

5. Why is it important for me to renew my coverage now that continuous coverage has ended?

Completing your renewal when it is time will help make sure you don't lose your coverage later or have a gap in coverage if you are still eligible. Now that continuous coverage has ended, you may lose coverage if you don't return information needed for your renewal by the due date.

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

You will get a letter in a yellow envelope in the mail from HHSC, or you will get an email or text informing you there is a letter posted to your account if you signed up for electronic notices through Your Texas Benefits. You can also check if it's time for you to renew by logging in to your account on YourTexasBenefits.com or the mobile app, or by calling 2-1-1 and choosing Option 2 after picking a language.

If you are the head of household or an authorized representative, you will be able to apply, renew and report changes on the YourTexasBenefits.com website. You can also access your renewal and make changes from the mobile app.

7. What happens after I turn in my renewal?

Once you turn in your renewal, HHSC will review your application and may ask for missing information or information not available from other sources.

If you are still eligible, you will receive a notice from HHSC that says your Medicaid eligibility is renewed.

8. If I am determined ineligible for Medicaid, what other options are available for me?

During the Medicaid renewal 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).

Health Insurance Marketplace

If HHSC determines that you are not eligible for Medicaid after continuous coverage ends, you may receive information to explore other health insurance options, like through the Health Insurance Marketplace. As federally required, members' applications are sent automatically to the Marketplace if they are not eligible for medical coverage through HHSC. You can go to 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) Services 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 Services Program serves men, women and children. You can visit hhs.texas.gov/services/health/primary-health-care-services-program to see

if you or someone you know is eligible and find out 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 a wide range of women's health and core family planning services that can have a positive effect on future pregnancy planning and general health. Visit HealthyTexasWomen.org to see if you or someone you know is eligible and find out 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 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 medication manufacturers to help patients who meet financial criteria purchase necessary medications. Through these programs, prescription medications may be made available at no cost or at a minimal fee for individuals 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.

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

Create an account at 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.

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

You may be able to appeal any Medicaid case decision that you disagree with or file a complaint 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 as this is a federal decision.

If you have already filed a complaint with HHSC because 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 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
- **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

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

To reset your password through the Your Texas Benefits website, follow the steps below:

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

You can reset your password by calling 2-1-1 or 877-541-7905 for assistance, or by going to an [HHSC benefits office](#). (If you 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.)

12. Will my child's CHIP coverage change now that continuous coverage ended?

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.

13. 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 lower-income families and \$20 to \$35 for higher-income families.

14. I am enrolled in the Healthy Texas Women (HTW) program. Will my HTW benefits change now that continuous Medicaid coverage ended?

HTW falls under HHSC's Medicaid program, and, because of this, those enrolled in HTW have been continuously enrolled since March 2020. As part of the end of continuous coverage, HHSC will redetermine HTW eligibility, so you need to respond to any agency requests related to your HTW benefits. If you are determined ineligible for HTW, please see Question 8 above for other potential available options.

15. I get SNAP benefits. Will my SNAP benefits change now that continuous Medicaid coverage ended?

No. SNAP renewals will continue during the unwinding of continuous coverage, so you need to respond to any agency requests related to your SNAP benefits.

If you have additional questions about SNAP emergency allotments, please refer to [HHSC's SNAP Emergency Allotment FAQ \(PDF\)](#).

16. I get TANF benefits. Will my TANF benefits change now that continuous Medicaid coverage ended?

No. If you are currently receiving TANF, your benefits will not change because continuous Medicaid coverage ended.

TANF renewals will continue as usual now that continuous coverage has ended, so you need to respond to any agency requests related to your TANF benefits.