



TEXAS
Health and Human
Services

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 149027
AUSTIN, TEXAS 78714-9027

It is time to renew your Health Care Benefits
You now have **10 days** to renew your health-care benefits.

ACTION REQUIRED: Send items back to us.		
Program	Name	EDG Number
Children's Medicaid		
Children's Medicaid		
Children's Medicaid		
Children's Medicaid		
Children's Medicaid		
Children's Medicaid		
Children's Medicaid		
Children's Medicaid		

We need more facts from you before we can renew your health-care benefits.

1. Fill out a renewal form. To find out how, see below -- "How to fill out or check your renewal form".
2. Send the items listed on the attached Form H1020. That form tells you how to send them to us.

If you don't respond by these benefits might end.

T-H1211-0708613338



How to fill out or check your renewal form

To fill out or check your renewal form online:

1. Go to www.YourTexasBenefits.com and log in. (If you don't have an account click 'Log In' and then 'Create a new account'.)
2. Click 'Manage'. Find the case that says 'Ready for renewal' and click 'Details'.
3. Click 'Renew Benefits' to begin.
4. You can add, update, or remove information about your case. If you don't have any changes, click the "No Changes" button.

To renew with a paper form do one of the following:

- **Call us:** Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
- **Go to a benefits office:** To find an office near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after you pick a language, press 1).
- **Print a form from the website:** Go to YourTexasBenefits.com and log in. Click 'Message Center', then 'My Letters and Forms'.

You must report changes within 10 days of knowing about the change.

If you get FFCC.

You must tell us about changes to your case. Listed here are the changes we need to know about.

Tell us about changes to:

- **Where you live.**
 - If you have an address change.
 - If you no longer live in Texas or are planning to leave Texas.
- **Health Insurance.**
 - If you have a change in health insurance or getting other health insurance besides FFCC Medicaid.
- **Immigration status.**
 - If your immigration status changes.

How you can report changes:

- 1) Online at YourTexasBenefits.com
- 2) On the Your Texas Benefits Mobile App
- 3) Call 2-1-1 or 877-541-7905

If you need help with your FFCC Medicaid:

1. Call 2-1-1 (or 877-541-7905) between 8 a.m. - 6 p.m. Central Standard Time Monday - Friday. If you have a hearing or speech disability, call 7-1-1 or any relay service.
 - a. Select your language (English is 1).
 - b. Select 2 (state benefit programs).
 - c. Select 1 (Help with SNAP. . . Medicaid).
 - d. Select 1 to enter your Social Security Number and Date of Birth (two-digit month, two-digit date, four-digit year) or select 2 to enter your case number. Enter 2 when it asks for you to enter the case number if you only know your Social Security number and date of birth. Select Option 4 (Another Question not already listed).
 - e. Select Option 4 (Question Not Listed).
 - f. Wait for a live person and ask to speak with someone about your FFCC Medicaid.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

If you **ONLY** have FFCC skip to the "Your Rights" section of this document.

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The following is needed only if you get Medicaid and: (1) are 65 or older or (2) have a disability.

You must tell us about changes to your case. Listed here are some of the changes we need to know about.
Tell us about changes to:

• **Where you live and who lives with you.**

- If there is an address change.
- If someone in the household (or the entire household) no longer lives in Texas or is planning to leave Texas.
- If someone moved in or out of the household.

• **Money you get.**

- If someone in the household gets more money.
- If someone gets money from a different person or job.
- If the amount of hours a household member works changes.

• **Health insurance.**

- If there is a change in getting health insurance for a household member.

• **Other changes that should be reported.**

- If someone in the household buys, gets as a gift, or sells things such as: car, truck, boat, motorcycle, home, property, insurance policy, stocks, or bank accounts.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on www.YourTexasBenefits.com or give us copies of items showing proof when you give us Form H1019, Report of Changes.

The following is needed only if you get Medicaid, CHIP, or Healthy Texas Women (HTW) and: (1) are age 64 or younger, or (2) do not have a disability

You must tell us about changes to your case. Listed here are some of the changes we need to know about.

Tell us about changes to:

• **Where you live and who lives with you.**

- If there is an address change.
- If someone in the household (or the entire household) no longer lives in Texas or is planning to leave Texas.
- If someone moved in or out of the household.

• **Money you get.**

- If someone in the household gets more money.
- If someone gets money from a different person or job.
- If the amount of hours a household member works changes.

• **Health insurance.**

- If there is a change in getting health insurance for a household member.

• **A household member's pregnancy.**

- If a household members becomes pregnant.
- If a pregnancy ends by birth or miscarriage.

• **Other changes that should be reported.**

- If the job or address changes for a parent not living in the home of a child who gets benefits.
- If there is a change in tax payers or dependents on your next tax return.
- If there is a change on the expenses you have claimed on your tax return.

When you report a change, you might need to give us proof of the change. You can upload proof of a change on www.YourTexasBenefits.com or give us copies of items showing proof when you give us Form

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Your Rights

- We will let you know if you can get benefits within 30 days or by the agency review date. See below for the program's agency review date.
 - **Medicaid and Healthy Texas Women (HTW)** - Middle of the last month of your benefit period
 - **CHIP** - Middle of the 11th month of the child's 12-month benefit period
- You can ask to talk with a supervisor about your case.
- If you don't agree with an action HHSC took or didn't take, you can ask for a fair hearing for Medicaid or Healthy Texas Women (HTW) or a case review for CHIP.

If you think you have been discriminated against because of race, color, national origin, age, sex, disability, or religion, you can file a complaint by calling (888) 388-6332.

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