



Medicaid Renewals Talking Points

Background

In March, Gov. Greg Abbott declared Texas in a public health emergency due to the COVID-19 pandemic. Additionally, federal law passed in March, HR 6201 (Families First Coronavirus Response Act), required states to maintain Medicaid coverage during the public health emergency period as a condition of receiving enhanced federal funding. As part of the emergency response, Texas Health and Human Services put automated processes in place to maintain Medicaid coverage, and clients did not have to take any action to receive the continued Medicaid coverage during the public health emergency.

HHSC will begin notifying clients the agency has resumed reviewing eligibility for Medicaid and if they need to provide additional information to continue coverage after the public health emergency is declared over.

Key Information for Medicaid Renewals

- Medicaid coverage was maintained during the federally-declared public health emergency due to the COVID-19 pandemic.
- Clients whose benefits were up for renewal during the pandemic (March – August) will receive a notice (Form H1809) in July informing them HHSC is resuming reviewing eligibility for Medicaid and will send information on next steps on continuing their Medicaid coverage.
- In August, HHSC will send out a second notice to clients informing them to turn in more information so HHSC can determine Medicaid eligibility.
 - If HHSC needs verification or more information to sustain benefits, the client will receive a notice (Form H1020) and an application requesting verification or more information. The client will have 30 days to report any changes or return any information back to HHSC.
- If clients are still eligible, benefits will be sustained after the public health emergency ends. The client will receive a notice informing them of their new certification date.
- If clients are not eligible, benefits will be denied after the public health emergency ends. The client will receive a notice informing them the coverage will continue until the end of the month in which the pandemic ends.
- Additionally, in August HHSC will mail renewal applications to clients whose benefits are due for renewal in September and October. Renewal applications

for ongoing months will be mailed following the normal schedule.

- Clients must return the renewal application back to HHSC by the date specified on their notice.
- Clients can complete their renewal by mail or fax, online through YourTexasBenefits.com or by calling 2-1-1 and press Option 2.
- Visit hhs.texas.gov/coronavirus to learn more.
- Check the status of your renewal and/or report any changes by calling 2-1-1 and press Option 2 or visiting YourTexasBenefits.com.

Timeline for Medicaid Renewals

- July 29 – Send notices (H1809) to clients with renewals due during pandemic (March – August)
 - August 3- Send renewal applications to clients with renewals due in September.
 - August 17 – Send second notices (Form H1020) to clients whose renewals were due during March- August, requesting verification to clients who may no longer be eligible for benefits or applications to clients if there is insufficient information available to make an eligibility determination. Clients have 30 days to return.
 - August 21- Send renewal applications to clients with renewals due in October.
 - September 15- Make final determinations for renewals due in September.
 - September 30 – Make final determinations for renewals which were extended March- August.
 - October 18- make final determinations for renewals due in October.
- *If the public health emergency is extended, coverage will continue.