Provider Information Sheet

Your Patients' Medicaid Coverage May Be Impacted by the End of the COVID-19 Public Health Emergency

Continuous Medicaid Coverage May End Soon

Your patients' Medicaid coverage may be impacted by the end of the COVID-19 federal public health emergency (PHE). Medicaid clients should ensure their information with the Health and Human Services Commission (HHSC) is accurate so they get important updates about their coverage.

Currently under federal law, states are required to continue Medicaid coverage throughout the PHE for clients who otherwise might lose eligibility. The federal government may soon allow states to end continuous Medicaid coverage. When this happens, your patients' Medicaid coverage may change.

How You Can Help Your Patients

Tell your patients to:

1. Look for a notice in the mail marked "time sensitive" from HHSC and respond quickly when they get it.
2. Update their information as soon as possible, especially if their contact information has changed. They can do this by logging into their account at YourTexasBenefits.com or the Your Texas Benefits mobile app.
3. If they don't have an account, they can create one on the website or mobile app, or they can call 2-1-1 and choose option 2 to update their information.

Questions You Might Get Asked

Why is this important? What happens if I don't take any action?

You might lose your Medicaid coverage. That's why it's important for you to update your information with HHSC and respond quickly to any notices you get from them.

Where can I get more information?

If you have any questions or need help with your Texas Medicaid coverage, call Member Services at the number on the back of your health plan member ID card.

You can also call HHSC at 2-1-1 and choose option 2 (or call 1-877-541-7905).

What happens if I don't get a notice from HHSC?

If you've recently moved, HHSC may not have your most up-to-date contact information. They may have sent it to an old address.

If you're worried you might not have gotten any notices from HHSC because they don't have your current address or that there's been a mistake, call 2-1-1 and choose option 2.

Questions You Might Have

How do I verify my patient's Medicaid coverage?
You can verify client eligibility for Medicaid through the Texas Medicaid & Healthcare Partnership's (TMHP) TexMedConnect portal.

You can also call 2-1-1. Press option 2 after the language prompt, and then option 2 again. Be prepared to provide your National Provider Identifier (NPI).

If my patient is uninsured, where can they go for coverage?

- If your patient was found ineligible for Medicaid, their case has been automatically sent to the federal marketplace to be considered for coverage options. For more information about this, visit Healthcare.gov.

- If they were disenrolled because they never responded to HHSC or didn't complete their renewal application, they will not be transferred to the marketplace. This is because HHSC was not able to confirm their eligibility for Medicaid. In this case, they should submit their renewal for benefits.

What is Prior Medicaid Coverage and how does someone apply?
When a person applies for Medicaid coverage through HHSC, they can apply for Medicaid benefits for up to three months prior to the month of application if they have unpaid medical bills in those three months.

People can apply for prior Medicaid coverage by submitting Form H1113, Application for Prior Medicaid Coverage. Please refer patients to the Texas Works Handbook for more information.

Thought you still had Medicaid? Here's what you can do:

- **Verify your coverage.** You can do this by going on the Your Texas Benefits app on your phone, going online to YourTexasBenefits.com, or by calling 2-1-1.
- **Make sure your info is up-to-date.** HHSC sends members renewal information by mail, or if you've gone paperless, by email or text.
- **Complete your renewal.** Go to YourTexasBenefits.com or call 2-1-1. In some cases, you can resume your coverage back to your original renewal date.