

**An Important Message from  
The Texas Health and Human Services Commission (HHSC)**

**HHSC Urges All Medicaid Recipients to Update Their Contact Information As Continuous Medicaid Coverage Requirement Ends**

As the federal government ends the continuous Medicaid coverage requirement on March 31, the Texas Health and Human Services Commission is notifying Medicaid recipients that they will need to have their eligibility redetermined. HHSC is urging all recipients to make sure their contact information is correct at [YourTexasBenefits.com](https://www.yourtexasbenefits.com).

“We have been working on several fronts to prepare for this and to ensure the transition is as seamless as possible. Our priority right now is to promote awareness and to help our clients understand the timeline and the steps that need to be taken to redetermine eligibility,” said HHSC Executive Commissioner Cecile Erwin Young.

In March 2020, Congress provided states with enhanced Medicaid funding that included a requirement for continuous coverage. Under the federal omnibus spending plan passed into law last month, the continuous coverage requirement ends March 31. Texas’ Medicaid population is approximately 5.6 million.

The agency is sending notices to recipients alerting them to the change in federal requirements and to look for renewal packets or requests for information in the mail in the weeks ahead. Recipients are encouraged to sign up and log into [YourTexasBenefits.com](https://www.yourtexasbenefits.com), verify that all information is up to date, and opt-in for electronic notices through their online account or the Your Texas Benefits mobile app.

To prepare for the unwinding period, HHSC has been actively increasing its eligibility workforce through various recruitment and retention efforts, including hiring temporary staff to assist with the workload, implementing merit pay and salary adjustments, promoting flexible work schedules, and streamlining training requirements. Last year HHSC also created an [Ambassador Program](#) for stakeholders, community partners, providers, health plans, and advocates to support recipients and prepare for the end of the continuous Medicaid coverage requirement.

Federal guidance requires HHSC to conduct a renewal for all Medicaid recipients over a 12-month period. During this time, recipients who respond timely to renewal packets or requests for information from HHSC will have their Medicaid coverage continue until HHSC completes a redetermination to confirm if they are eligible to continue receiving benefits. When it is time to renew, HHSC staff will notify recipients by mail or electronically. Recipients with a Your Texas Benefits account can log into [YourTexasBenefits.com](https://www.yourtexasbenefits.com) and click “Select Details” for their case. There will be a “Yes” in the Time to Renew column when it’s time to renew.

In the meantime, all Medicaid recipients should report any changes, such as address, phone number, pregnancy, or household member changes, as soon as possible at [YourTexasBenefits.com](https://www.yourtexasbenefits.com), by mail, fax, calling 2-1-1 and selecting option 2, or visiting a local office or a community partner.

For Frequently Asked Questions about the end of continuous coverage, [visit the HHSC webpage](#).