

Postpartum Medicaid and CHIP Coverage Extension FAQs

The Texas Health and Human Services Commission (HHSC) extended its postpartum Medicaid coverage from two to 12 months for eligible women, effective March 1, 2024.

HHSC is also providing 12 months of postpartum CHIP (Children's Health Insurance Program) coverage. The 12 months of postpartum coverage begins the month after a pregnancy has ended.

Q: Who is eligible for the 12-month postpartum coverage?

A: Effective March 1, 2024, eligible recipients include:

- Medicaid or CHIP recipients who are pregnant or become pregnant and women who enroll because they become pregnant.
 - CHIP Perinatal (CHIP-P) recipients are not eligible for 12 months of postpartum coverage. They'll continue to receive CHIP-P coverage through the end of the month when their pregnancy ends plus two postpartum visits.
- Medicaid or CHIP recipients who were enrolled in Medicaid or CHIP while pregnant or are no longer pregnant but are still within their 12-month postpartum period.
 - Women who transitioned from Medicaid or CHIP to Healthy Texas Women (HTW) after their pregnancy ended and who are within their 12-month postpartum period will be reinstated to full coverage Medicaid or CHIP.
- Women who received services while pregnant in Texas that would have been covered by Medicaid but who apply for Medicaid after their pregnancy ends. Medicaid applicants with unpaid medical bills can apply for coverage for up to three months before their application month. This doesn't apply to CHIP applicants.

Q: I'm not a current recipient, but I'm within my 12-month postpartum period. Does my coverage start from the date my benefits were terminated until the end of my 12-month postpartum period?

A: Your Medicaid or CHIP coverage will be reinstated beginning on March 1, 2024, until the end of your 12-month postpartum period.

Q: Do I have to apply for postpartum coverage?

A: No, you don't need to apply to have your coverage extended. Coverage will be extended for current Medicaid and CHIP recipients.

Coverage will be reinstated for women who are not current Medicaid or CHIP recipients but who were enrolled in Medicaid or CHIP in Texas while pregnant and are still within their 12-month postpartum period (if they are still residents of Texas).

Women who transitioned from Medicaid or CHIP to HTW after their pregnancy ended and who are within their 12-month postpartum period will be reinstated to full coverage Medicaid or CHIP.

Only women who are not currently enrolled in Medicaid or CHIP and were not enrolled in Medicaid coverage during their pregnancy need to apply to receive this benefit. Medicaid recipients with unpaid medical bills can apply for coverage for up to three months prior to their application month. This doesn't apply to CHIP recipients.

Q: What kind of coverage is included in the 12-month postpartum period?

A: Medicaid or CHIP covered services remain available in the 12-month postpartum period. This is including but not limited to:

- Regular medical checkups.
- Prescription drugs and vaccines.
- Hospital care and services.
- X-rays and lab tests.

- Vision and hearing care.
- Access to medical specialists and mental health care.
- Treatment of special health needs and pre-existing conditions.

Q: If I'm eligible for the rest of my 12 months of postpartum coverage, how will I be notified?

A: You'll get a notice by mail or through Your Texas Benefits (if you've chosen to receive notices electronically).

All Medicaid and CHIP recipients should go to YourTexasBenefits.com or call 2-1-1 and choose Option 2, to make sure your mailing address and contact information are up to date.

Q: My pregnancy ended before the effective date of March 1, 2024, and I was previously receiving Medicaid or CHIP services. Will my coverage be extended?

A: Yes, if you are still within your 12-month postpartum period. Beginning on March 1, your coverage will be reinstated for the rest of your 12-month postpartum period.

Q: My pregnancy didn't go to term or there was a miscarriage/loss of pregnancy. Am I still eligible?

A: Yes, you're still eligible for coverage for 12 months after your pregnancy ended.

Q: If I get pregnant again during my 12-month coverage, what happens to my coverage?

A: If you report a new pregnancy while in your 12-month postpartum period, your eligibility will be reviewed for Medicaid or CHIP.

If you're eligible for Medicaid or CHIP for your new pregnancy, you'll receive coverage for the pregnancy and for 12 months after the new pregnancy ends.

Q: What happens if I report a new pregnancy in that 12-month postpartum period, but when my eligibility is reviewed, I'm no longer eligible and can't get certified for the new pregnancy?

A: You would remain enrolled in Medicaid or CHIP for your entire first 12-month postpartum period unless you:

- Voluntarily withdraw.
- Move out of Texas.
- Are determined ineligible because of fraud, abuse or perjury.
- Die.

Q: Will I get a new Medicaid card for my 12-month postpartum coverage?

A: If you are currently receiving Medicaid or CHIP services you won't get a new Medicaid or CHIP ID card for the 12-month postpartum coverage period.

If you previously received Medicaid or CHIP services that are being reinstated or you're newly applying for coverage, you'll get a new Medicaid or CHIP ID card.

Q: Will I receive services through my managed care organization?

A: In most cases, you'll be enrolled in your prior managed care plan. If you have questions about enrollment in managed care, contact the Enrollment Broker at 1-800-964-2777.

Q: If I'm currently on CHIP and am eligible for 12-month postpartum coverage, will I need to pay another enrollment fee to get the extended coverage?

A: If you're currently receiving CHIP services and were found eligible by HHSC to receive 12-month postpartum coverage, you won't need to pay another enrollment fee to get 12-month postpartum coverage.

Q: Will my eligibility be automatically renewed when my 12-month postpartum period ends?

A: HHSC will attempt to automatically renew your Medicaid or CHIP coverage about two months before your 12-month postpartum period ends.

If you aren't eligible for full coverage Medicaid or CHIP, HHSC determines if you're eligible for the HTW program. If HHSC can't automatically verify your eligibility, they will send you a renewal packet. Your renewal application must be returned within 30 days.

Q: I have more questions, who do I contact?

A: To learn more, visit the [HHS Medicaid for Pregnant Women and CHIP Perinatal webpage](#), or call 2-1-1 and choose Option 2.