How to keep your health insurance coverage as Medicaid 'unwinds' after the pandemic

More than 1 million Texans could lose Medicaid coverage due to the end of a pandemic-era public health emergency.

Lar Bwe, a Burmese refugee who does not speak English, recently received a letter in the mail she couldn’t read.
The 49-year-old mother knew from the State of Texas logo it was important, so she took it to Tha Aung, an eligibility specialist at HOPE Clinic in Houston’s Chinatown. It was time for her to renew her health benefits for her youngest children, Aung explained in her language.

Since April, dozens of patients who received similar notices have come to the clinic for help renewing benefits or finding other insurance coverage through the Affordable Care Act marketplace.

“We’re hoping this will ramp up,” said Shane Chen, chief operating officer at HOPE Clinic, a federally qualified health center that serves a large portion of immigrants, refugees and low-income patients in Houston.

The federal government responded to the COVID-19 pandemic by declaring a public health emergency that allowed anyone who was already enrolled in Medicaid to keep their coverage without having to re-enroll each year. The change played a major role in increasing the number of Texans enrolled in Medicaid to 5.9 million earlier this year, compared to just 3.9 million prior to the pandemic in 2019.

Continuous enrollment ended on March 31, though, and states are now “unwinding” their Medicaid rolls, which means Texas will begin reviewing who is still eligible for Medicaid over the next 12 months. Some Medicaid and CHIP recipients may no longer qualify. Others who remain eligible will have to restart the normal renewal process.
Texas began sending a batch of renewal notices out in April to people who likely are no longer eligible. The earliest the state will begin disenrolling Medicaid recipients is June 1, according to HHSC.

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More than 1 million Texans are expected to lose coverage over the next 12 months as a result of the end of continuous enrollment, public health experts have said. Texas already has the highest uninsured rate in the nation, with 18 percent of residents lacking insurance.

Those most likely to be affected by the change are Black and Hispanic individuals, pregnant women, young adults and low-income residents, said Stacey Thompson, a health care navigator at the Houston nonprofit Civic Heart Community Services.

Civic Heart has been sounding the alarm about the need to re-apply for Medicaid through TV and radio advertisements and by sharing information on social media, but Thompson is concerned that many aren’t getting the message.
“I would say that only 20 percent of the people who could be affected understand what's going on,” Thompson said, noting that people who fail to respond to renewal notices could experience a "gap" in coverage when they need it most.

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Chen worries that families who lose child health coverage won’t realize they have to renew until school starts and flu season hits.
“You never know when a child's going to – God forbid – have a cold or fall or need stitches, when they really need to go see a provider,” she said.

Thompson urged anyone who received a renewal notice to read it and respond as soon as possible, even if they feel like they’ve missed the deadline.

“Whenever they get the letter, even if they feel that they have missed the deadline, they still need to act on it,” she said. “That's the main thing. Don't just ignore it.”

Who is at risk of losing coverage?
The HHSC has split those likely to be affected by the change into three groups. It began notifying the first of those three groups in April and will notify the other two groups over the next several months.

The first group comprises individuals who are most likely to no longer be eligible for Medicaid. It includes children who have aged out of being eligible and adults who no longer have an eligible child living in their household.

It could also include people who were pregnant when the pandemic-era rules were enacted, said Dr. Vian Nguyen, an OB-GYN and the chief medical officer at Legacy Community Health in Houston. Those women may now be eligible for the Healthy Women Texas Program, according to the HHSC.

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“The way that Medicaid is set up, it's very episodic. You get coverage when you're pregnant,” Nguyen said. “Inherent to that is that they are more vulnerable to changes in the system because they don't always get to know about those changes.”

In April, those individuals should have received a renewal notice in a yellow envelope marked “Action Required” or an email if they signed up for paperless notifications. HHSC said they had at least 30 days to respond.

At the HOPE clinic, some patients have said they're afraid to renew because they secured a job with higher pay during the pandemic, said Trina Le, an eligibility supervisor team lead. The patients worry they will be denied or have to sign up for coverage that requires them to pay more for office visits, she said. Le assures them they have options. She can help them sign up for a marketplace plan that works for them. Their children also may still qualify for CHIP.
Snap/Children Medicaid Approval

Snap Approved

Chip P Approved for pending earnings

SNAP denied. Too early to process

Chip Approved

Medicaid Approval

Medicaid/Chip Denied
Trina Le, eligibility supervisor team lead, talks about the applications for Medicaid and other programs at HOPE Clinic. (Melissa Phillip/Staff Photographer)
The second group includes individuals who are likely to be moved from one type of Medicaid coverage to another. They will receive renewal notices by mail or email in July.

The third group includes individuals who likely still qualify for coverage. They’ll begin receiving renewal notices in September.

**What to do if you're a Medicaid recipient**

**How do I know if I need to re-enroll?**

You’ll get a renewal notice in a yellow envelope, or you’ll get an email or text if you signed up for electronic notifications.

You can also check if you need to re-enroll by logging into your account on YourTexasBenefits.com or the mobile app; or by calling 2-1-1 and choosing Option 2 after picking a language.

**If you received a renewal notice by mail or email:**

Follow the instructions to complete and return your renewal form. You can do that:

- **Online:** YourTexasBenefits.com
- **Mail:** Texas Health & Human Services, P.O. Box 149024, Austin, TX 78714-9024
- **Fax:** 877-447-2839
- **Phone:** Call 2-1-1 and choose Option 2 after picking a language.
In-person: Visit a local office or a community partner. You can find one online or call 2-1-1 and choose Option 2 after picking a language.

**If you’re waiting for your renewal notice:**

Report any changes – such as address, phone number, pregnancy or household member changes – to ensure you get any notifications.

“We really try to drum the beat of ‘Update your address. Make sure to update your address,’” said Lindsay Lanagan, the vice president of government relations and public affairs at Legacy. The piece of mail is the “first touch point,” she said.

You can report any changes on the Your Texas Benefits website, on the Your Texas Benefits mobile app, by mail or fax, by calling 2-1-1 and choosing Option 2 after picking a language, or in person at an HHSC office or community partner.

**What if I miss the deadline to send my renewal notice?**

Missing the minimum 30-day window to respond to your renewal notice could result in a gap in coverage, but you should still respond as soon as possible. If you respond within 90 days, HHSC will process your information without requiring a new application, officials said.

If it’s been more than 90 days, you’ll need to start from scratch and re-apply for Medicaid. The state of Texas has 45 days to review your application to determine if you’re eligible for coverage.

If you have any questions, reach out to the state of Texas by calling 2-1-1 or via YourTexasBenefits.com. You can also contact Civic Heart, which helps Texas residents find health insurance.
What happens after I turn in my renewal notice?

The HHSC will review your renewal form and ask you for any missing information. If you’re still eligible for Medicaid, you’ll receive a notice saying your coverage has been renewed.

What if I’m not sure if I’m still eligible for Medicaid?

If you have any questions, you can Call 2-1-1 or 877-541-7905, Monday through Friday, 8 a.m. to 6 p.m. Select a language, then press 2.

You can also visit an HHSC office or community partner.

What if I’m no longer eligible for Medicaid?

The HHSC will review your renewal form to determine whether you might be eligible for other HHSC health care programs, such as Healthy Texas Women (HTW) or the Children’s Health Insurance Program (CHIP).

If you are not eligible for coverage through the HHSC, your application will automatically be sent to the federal Health Insurance Marketplace. Visit HealthCare.gov or call 800-318-2596 to learn more or find someone to help you with your application.

julian.gill@houstonchronicle.com and evan.macdonald@houstonchronicle.com

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Evan MacDonald is a features reporter for the Houston Chronicle, covering health and wellness for ReNew Houston.

He joined the Chronicle in 2022 after working at Cleveland.com and The Plain Dealer, where he covered health. He's also worked for news organizations in New York and Massachusetts.

A Boston native, Evan graduated with a bachelor's degree from Emerson College and a master's degree from the Columbia University Graduate School of Journalism. He enjoys trivia and movies and is a fan of all Boston sports teams, for which he apologizes in advance.

He can be reached on Twitter at @evanmac3 or via email at Evan.MacDonald@chron.com.

Julian Gill is a reporter for the Houston Chronicle. He joined the Chronicle in 2018 after two years at the Denton Record-Chronicle, where he covered police and county government. He graduated from the University of North Texas. A San Antonio native, he is a die-hard Spurs fan and avid runner.