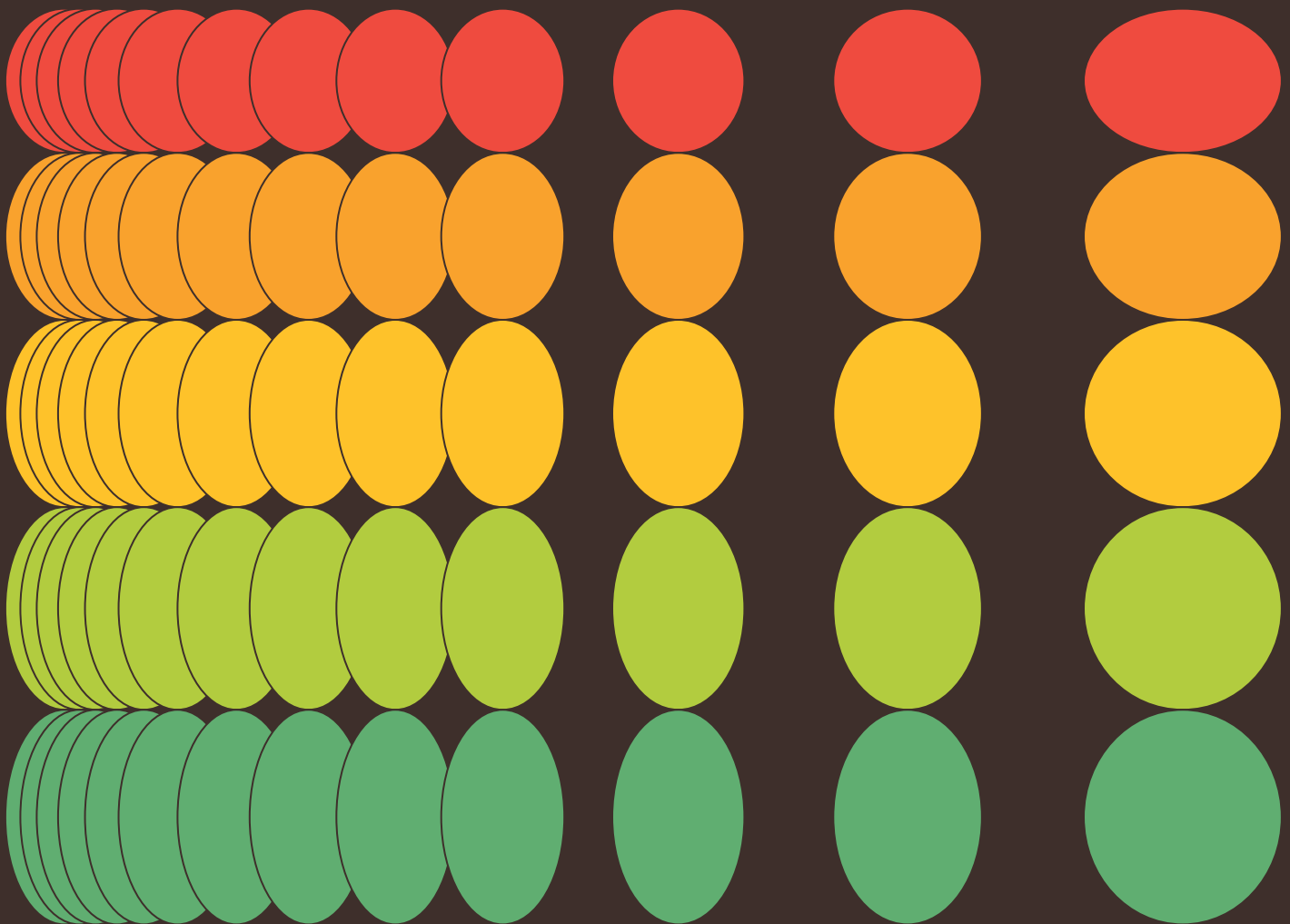


Tracking the “Unwinding” of the Medicaid Continuous Enrollment Provision in Texas

Insights from a Survey of Low-Income Respondents

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report to
EPISCOPAL HEALTH FOUNDATION





**Tracking the “Unwinding” of the Medicaid Continuous Enrollment Provision in Texas:
Insights from a Survey of Low-Income Respondents**

Report to Episcopal Health Foundation Prepared by:

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INTRODUCTION

As part of the COVID-19 federal Public Health Emergency, states paused Medicaid disenrollment in exchange for increased federal funding, allowing Medicaid beneficiaries to remain continuously enrolled without eligibility redeterminations. This policy led to record historic growth in Medicaid and the Children’s Health Insurance Program (CHIP), increasing from roughly 72 million in March 2020 to over 92 million people by December 2022. In late 2022, Congress passed legislation to end the continuous coverage provision, and states, including Texas, resumed eligibility redeterminations starting April 2023.

While administrative data show the number of enrollees losing Medicaid coverage, they do not track enrollees’ coverage transitions nor offer insights into how unwinding is affecting enrollees’ access to and affordability of medical care. Federal surveys, regarded as the gold standard, will eventually shed light on some of these dynamics, but these data are subject to considerable time lag.

Therefore, to help inform state policymakers and key stakeholders, we performed a survey of adults in late 2023 in the state of Texas as well as three other states, including Arkansas, Kentucky, and Louisiana, each which performed determinations using different timelines. Arkansas conducted Medicaid redeterminations on an accelerated six-month timeline, while most states opted for a year-long process. Both Kentucky and Louisiana spread redeterminations evenly across 12-month schedules. Notably, Kentucky paused redeterminations for children for a year, extending their continuous coverage while proceeding with the unwinding process for adults.

Texas, on the other hand, conducted redeterminations over a full year, prioritizing cases likely to be ineligible and aiming to complete most redeterminations within the first six months. The federal government allowed states to waive certain requirements to implement strategies supporting the retention of eligible enrollees during the unwinding process. The number of these optional strategies varied widely, with Texas pursuing four and Kentucky implementing as many as 14.

This brief summarizes the topline findings from our recent survey in Texas (as well as in the other three other states), where we examined the “unwinding” of the Medicaid continuous enrollment provision on healthcare coverage, access and affordability to care, as well as other other major health policy issues.



BRIEF METHODOLOGY:

We fielded a multimodal survey using random-digit dialing (RDD) and probabilistic addressed-based sampling (ABS) between September and November 2023, just after the unwinding began. We focused on nonelderly adults (19-64 years old) with incomes at or below 138% of the federal poverty level, which is the criteria that makes people eligible for Medicaid in states that expanded the program under the Affordable Care Act (ACA). The survey collected information on demographics (including self-reported race and ethnicity), current health insurance, and access to care. We also asked respondents whether they had been enrolled in Medicaid at any point since March 2020, when continuous coverage began. Respondents with dependent children (under age 19) were asked about their child’s insurance at time of interview and whether the child had any Medicaid/CHIP coverage since March 2020. The survey was conducted by SSRS.

Our survey included 2,210 respondents, of which 1,471 reported Medicaid enrollment since March 2020. Over half (52%) of respondents were recruited through ABS while 42% were recruited through RDD. The remaining portion were recruited through vendor’s prior survey or probability-based web panel. The overall response rate was 5%. Of the total sample, 35.8% were respondents in Texas, while 32.9% were in Arkansas, 15.9% in Kentucky, and 15.4% in Louisiana.

COVERAGE OUTCOMES

We first looked at coverage status among respondents at the time of our survey. In Texas, the majority of respondents had Medicaid coverage (39.8%). Just over of a quarter of our sample in Texas reported being uninsured (25.6%).

Table 1. Coverage breakdown among respondents in Texas, by select demographic characteristics (n = 781)

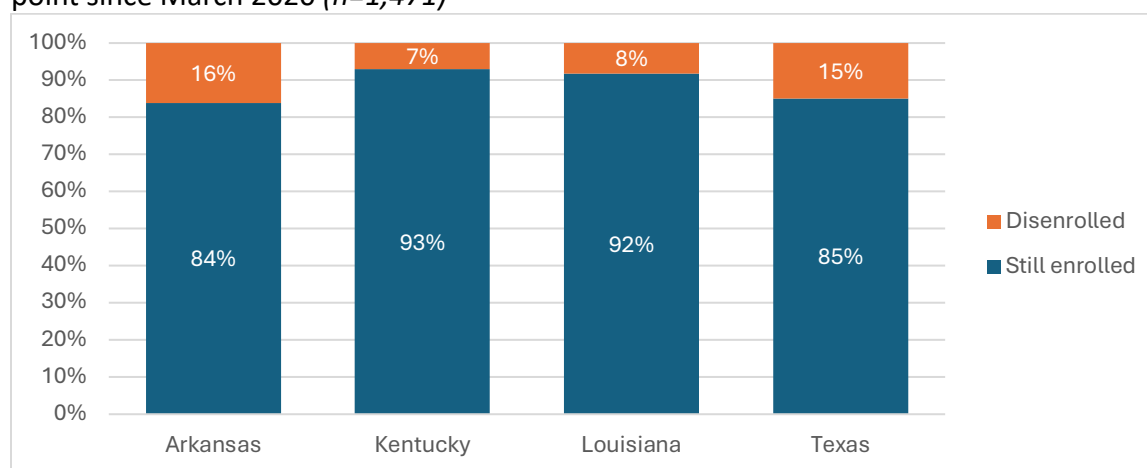
	ESI	Mktplace	Medicaid	Medicare	Other	Uninsured
All	13.8%	10.3%	39.8%	4.8%	5.6%	25.6%
Race and ethnicity						
<i>White</i>	16.0%	11.9%	34.3%	2.6%	10.6%	25.6%
<i>Black</i>	14.2%	10.1%	39.4%	7.4%	4.4%	24.4%
<i>Hispanic</i>	12.2%	9.4%	44.4%	3.7%	3.0%	27.3%
<i>Other</i>	12.7%	9.2%	38.3%	13.5%	2.3%	24.0%
Gender						
<i>Female</i>	11.9%	10.9%	48.0%	4.9%	3.4%	20.9%
<i>Male</i>	16.4%	9.6%	29.0%	4.6%	8.5%	31.8%
Disability status						
<i>Yes</i>	9.4%	13.1%	43.8%	8.6%	5.4%	19.7%
<i>No</i>	16.5%	8.7%	37.4%	2.4%	5.8%	29.3%
Chronic condition						
<i>Yes</i>	11.8%	11.6%	43.3%	5.4%	5.8%	22.1%
<i>No</i>	18.3%	7.5%	32.0%	3.4%	5.4%	33.5%



We then assessed unwinding-related outcomes among respondents. About 15 percent of our overall sample in Texas who said they had Medicaid at some point since March 2020 reported being disenrolled from the program. Disenrollment was highest in Arkansas at 16%, which likely reflects its more accelerated timeline.

In Texas, it is important to note that this was the only non-expansion state in sample. Texas also began redetermining people that they thought would be more likely to not be eligible for Medicaid. The other two states (Kentucky and Louisiana) spread out its redeterminations over a full year period and therefore likely reflect its lower rate.

Figure 1. Current Medicaid coverage status among respondents who had Medicaid at some point since March 2020 (*n*=1,471)



The characteristics of respondents in Texas who reported having Medicaid but became disenrolled vs. still enrolled in Medicaid are below in Table 2.

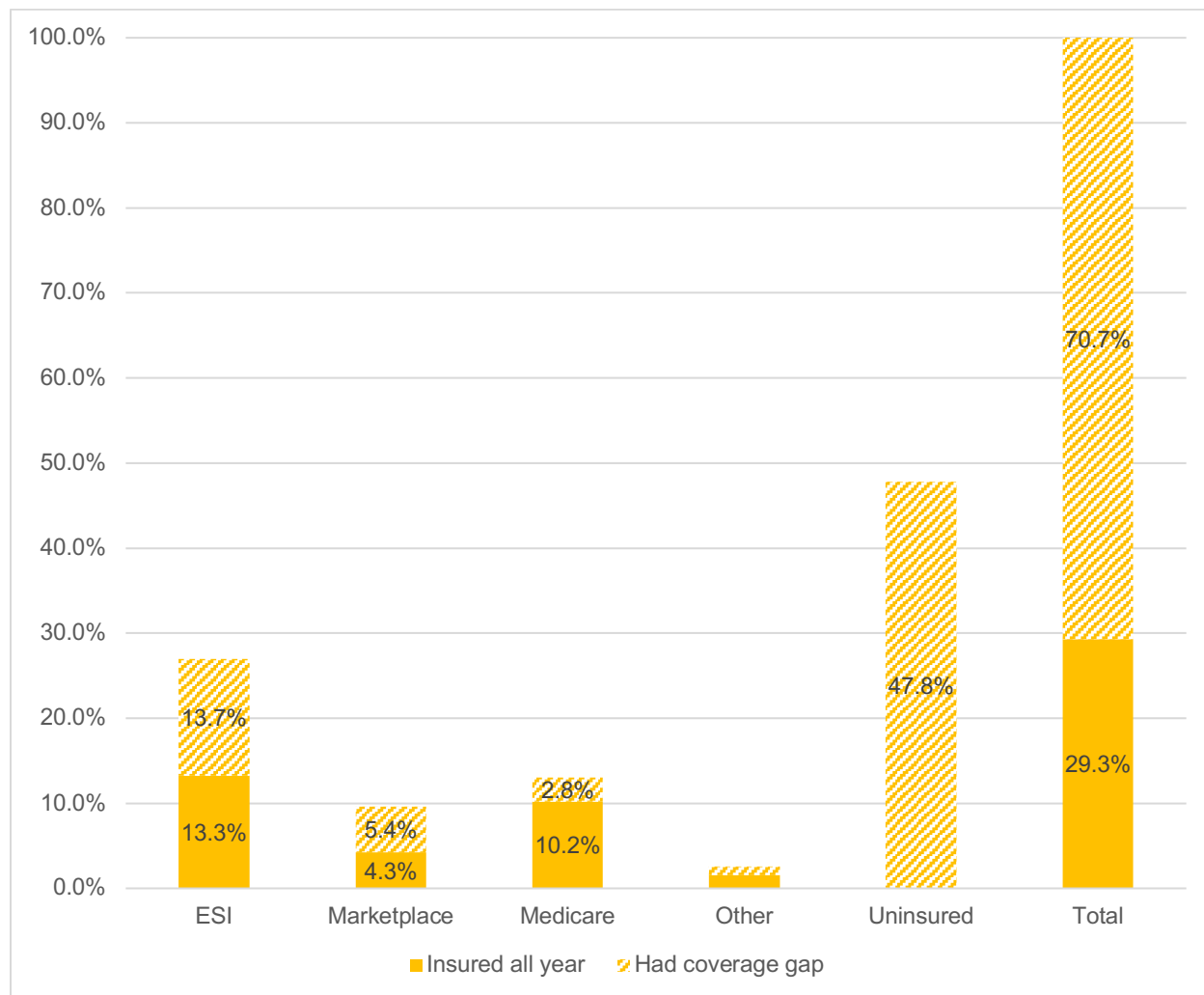
Table 2. Current Medicaid coverage status among respondents in Texas who had Medicaid at some point since March 2020, by select demographic characteristics (*n*=375)

	Still enrolled in Medicaid	Disenrolled from Medicaid
All	85.1%	14.9%
Race and ethnicity		
<i>White (n=95)</i>	81.0%	19.0%
<i>Black (n=90)</i>	86.1%	13.9%
<i>Hispanic</i>	86.2%	13.8%
Gender		
<i>Female</i>	84.2%	15.8%
<i>Male</i>	87.3%	12.7%
Disability status		
<i>Yes</i>	83.8%	16.2%
<i>No</i>	86.1%	13.9%
Chronic condition		
<i>Yes</i>	85.7%	14.3%
<i>No</i>	83.4%	16.6%



We surveyed people about what their current insurance status was at the time of the survey. Among the adults who disenrolled from Medicaid, about 48% reported being uninsured across the entire sample (Note: this was a similar rate in Texas of about 49%). While the remainder moved into new sources of coverage, just under half of those gaining private insurance experienced a coverage gap. Prior research has found that even brief coverage gaps can have adverse effects on continuity of care and health outcomes.

Figure 2. Type of Healthcare Coverage Among Adults who Disenrolled from Medicaid Across All 4 States

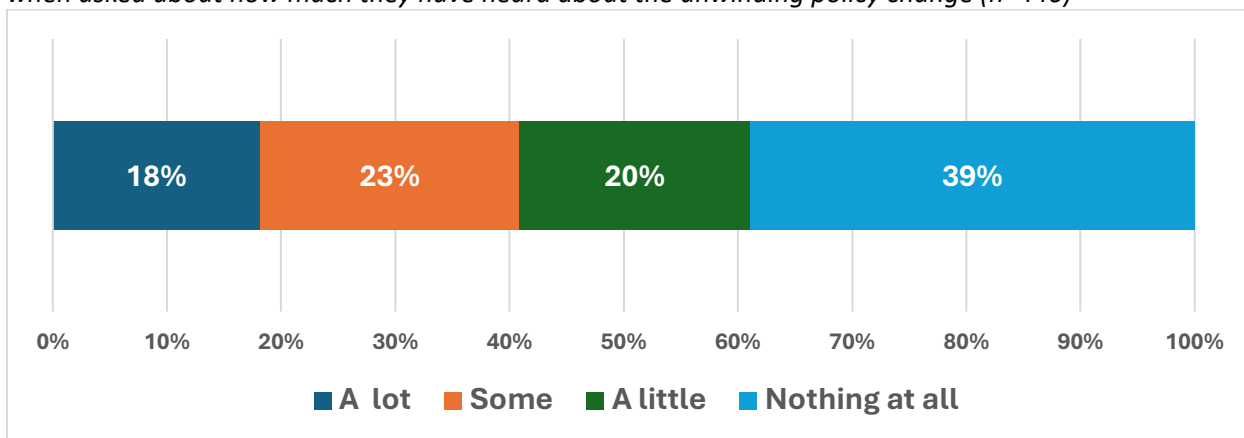




AWARENESS OF MEDICAID UNWINDING:

To try to better understand these outcomes, we looked at rates of awareness surrounding the unwinding of the Medicaid continuous enrollment provision. In Texas, among those with prior Medicaid enrollment since March 2020 (either for themselves or their child) about 41 percent of respondents reported hearing “a lot” or “somewhat a lot” about the Medicaid policy change; nearly 60 percent reported hearing “nothing at all.”

Figure 3. Respondents in Texas with some Medicaid enrollment (their own coverage or that of a child) when asked about how much they have heard about the unwinding policy change (n=446)



Below, we further examined the response to this question by key demographics, including race/ethnicity, gender, disability status, and whether or not the respondent had a chronic condition. There were no observable racial and ethnic disparities in awareness. However, males and those with no chronic conditions were less likely to have been aware of the Medicaid unwinding policy change in Texas.

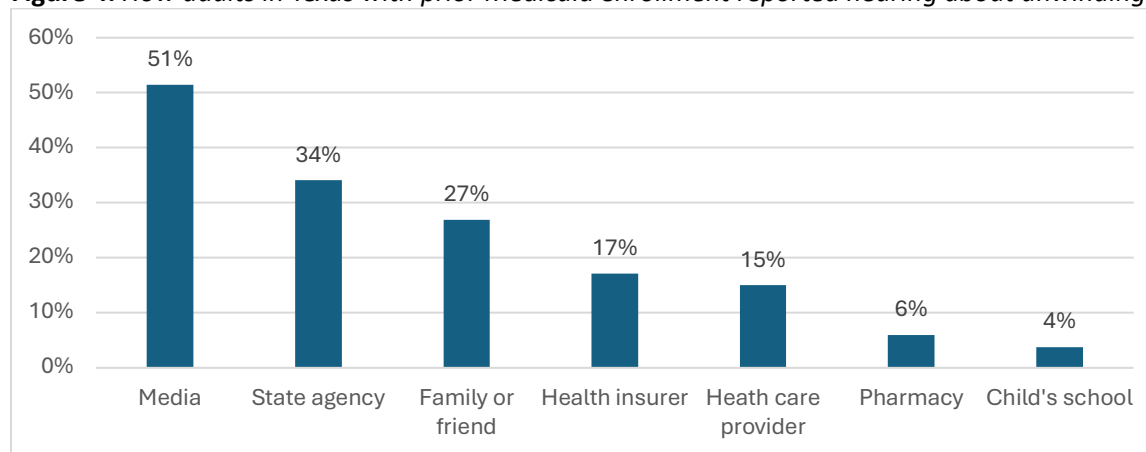
Table 3. Respondents in Texas with some Medicaid enrollment (their own coverage or that of a child) when asked about how much they have heard about the unwinding policy change, by select demographic characteristics (n=446)

	“A lot/Some”	“A little”	“Nothing at all”
All	40.8%	20.3%	38.9%
Race and ethnicity			
White	45.6%	14.7%	39.7%
Black	41.2%	18.0%	40.7%
Hispanic	39.6%	23.6%	36.8%
Gender			
Female	47.0%	18.4%	34.6%
Male	27.2%	24.4%	48.3%
Disability status			
Yes	43.4%	15.4%	41.2%
No	39.2%	23.3%	37.5%
Chronic condition			
Yes	44.4%	19.1%	36.5%
No	31.3%	23.4%	45.3%



We then asked people who reported hearing at least something about unwinding where they heard about it from. Respondents were allowed to select more than one source. In Texas, most people said they heard from unwinding from the media, followed by the state agency (Figure 4).

Figure 4. How adults in Texas with prior Medicaid enrollment reported hearing about unwinding (n=275)



Relative to other states, Texas had more people finding about Medicaid unwinding from the state agency than other states but relatively similar rates across other categories (see Table 4).

Table 4. How adults with prior Medicaid enrollment reported hearing about unwinding

Source	Arkansas (n = 333)	Kentucky (n = 152)	Louisiana (n = 168)	Texas (n = 275)
State agency	29.1%	25.9%	20.2%	34.1%
Health insurer	13.5%	11.1%	18.6%	17.1%
Health care provider	16.3%	11.5%	24.9%	15.0%
Pharmacy	6.5%	6.3%	12.5%	6.0%
Media	50.5%	51.4%	66.8%	51.4%
Family or friend	27.5%	23.4%	24.2%	26.9%
Child's school	4.0%	5.3%	1.9%	3.8%



RISK FACTORS FOR COVERAGE LOSS AND MARKETPLACE AWARENESS

We also looked at risk factors for coverage loss. Only about 43 percent of our sample in Texas who had some prior Medicaid enrollment since March 2020 said they had received information from the state about updating their information. Males were less likely to have reported receiving a notice as well as those with no chronic conditions.

About 41% percent of respondents who reported having Medicaid at some point since March 2020 also reported trying to confirm or update their information with the state. Nearly half (46.1%) of our sample in Texas with prior Medicaid enrollment reported moving at some point since the beginning of a pandemic, which we also know is a risk factor for coverage loss.

Table 5. Risk factors for coverage loss among respondents in Texas with some Medicaid enrollment, by select demographic characteristics

	Received a notice from the state agency (n=446)	Tried to update their information with the state (n=429)	Reported moving at least once since March 2020 (n=445)
All	43.0%	40.9%	46.1%
Race and ethnicity			
<i>White</i>	39.6%	46.8%	54.4%
<i>Black</i>	44.4%	41.8%	50.8%
<i>Hispanic</i>	44.8%	34.7%	42.4%
Gender			
<i>Female</i>	46.2%	43.8%	44.4%
<i>Male</i>	35.8%	34.3%	49.9%
Disability status			
<i>Yes</i>	43.9%	39.3%	44.0%
<i>No</i>	42.4%	41.9%	47.4%
Chronic condition			
<i>Yes</i>	46.1%	43.8%	46.4%
<i>No</i>	34.5%	32.9%	45.2%



We also examined awareness and satisfaction surrounding the marketplace in Texas. About 14% of respondents said they had heard “a great deal” about the marketplace; 25% said they have heard at least “something” about the marketplace. The majority of respondents said they had never heard about the marketplace or had not heard “very much” about it.

Table 6. Respondents in Texas when asked about how much they have heard about the marketplace, by select demographic characteristics (n=791)

	“A great deal/some”	“Not very much”	“Nothing at all”
All	38.9%	29.1%	31.9%
Race and ethnicity			
<i>White</i>	41.0%	26.9%	31.8%
<i>Black</i>	34.7%	24.2%	41.1%
<i>Hispanic</i>	38.3%	33.0%	28.8%
Gender			
<i>Female</i>	41.4%	29.9%	28.6%
<i>Male</i>	35.6%	28.1%	36.3%
Disability status			
<i>Yes</i>	41.3%	27.6%	30.9%
<i>No</i>	37.4%	30.0%	32.5%
Chronic condition			
<i>Yes</i>	42.4%	26.8%	30.7%
<i>No</i>	31.0%	34.3%	34.7%

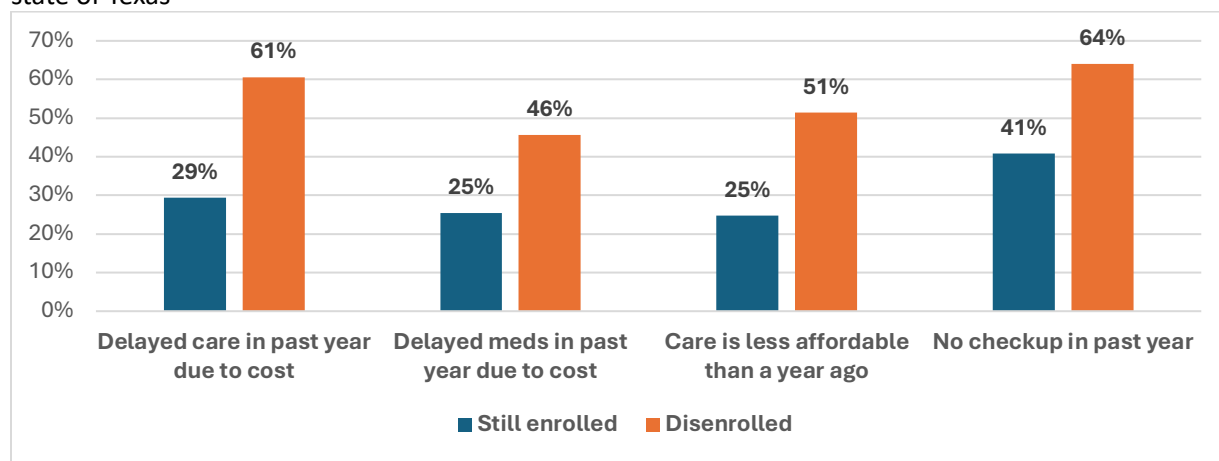
Among those in Texas who said they were either currently enrolled in a marketplace plan or had tried to enroll in a marketplace plan (n=154), just under a quarter (24%) said they had an “excellent” experience trying to get health insurance through Healthcare.gov, 38% said they had a “good” experience, 26% and 9% said their experiences were “fair” or “poor,” respectively.



AFFORDABILITY & ACCESS TO CARE

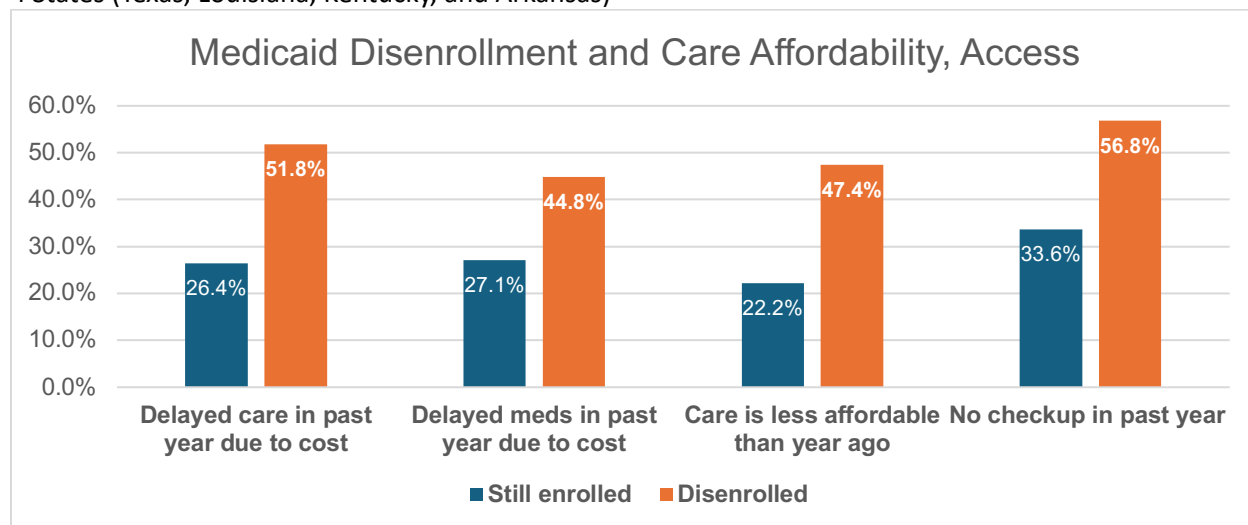
We asked respondents in Texas who disenrolled from Medicaid a series of questions that aimed to understand the impact on their affordability and access to healthcare. We find that the people who disenrolled from Medicaid were more likely to report issues related to delayed care in the past year due to cost, delayed medications due to costs, found care less affordable, and nearly 2 in 3 reported not having any checkups in the past year.

Figure 6: Affordability and Access to Care Among Adult Medicaid Enrollees versus Disenrollees in the state of Texas



Of note, respondents in the state of Texas had much higher rates than the average across all 4 states (see below in Figure 7).

Figure 7: Affordability and Access to Care Among Adult Medicaid Enrollees versus Disenrollees Across all 4 States (Texas, Louisiana, Kentucky, and Arkansas)





STRESS & HEALTHCARE COVERAGE IN TEXAS

Finally, we examined responses to questions regarding stress when dealing with their healthcare coverage in Texas. About 20 percent of insured respondents in Texas reported experiencing “a lot of stress” dealing with their health insurance. (Note: These questions were unique to those in Texas and were not asked of respondents in other states).

Table 7. *Insured respondents in Texas when asked about how much stress they feel when dealing with their health insurance coverage, by select demographic characteristics (n=601)*

	“A lot of stress”	“Some stress”	“Only a little stress”	“No stress”
All	20.3%	25.3%	23.0%	30.8%
Race and ethnicity				
<i>White</i>	26.0%	24.5%	17.8%	31.8%
<i>Black</i>	16.2%	23.5%	18.9%	41.3%
<i>Hispanic</i>	17.4%	25.0%	29.7%	27.8%
Gender				
<i>Female</i>	22.2%	25.2%	21.1%	31.4%
<i>Male</i>	17.5%	25.6%	26.0%	29.9%
Disability status				
<i>Yes</i>	29.4%	30.6%	20.2%	19.8%
<i>No</i>	14.2%	21.8%	24.9%	38.2%
Chronic condition				
<i>Yes</i>	24.6%	25.8%	22.6%	26.4%
<i>No</i>	9.3%	24.1%	24.1%	42.2%



Background on State Unwinding Policies Across 4 States in Study

It is important to note that there are differences in the policy context across the 4 states, including Texas. Below we have detailed some of these differences for our states.

All states except Arkansas anticipated taking at least one year to conduct their redeterminations. All four states continued conducting ex parte renewal processes during the federal public health emergency (PHE), though enrollees remained enrollees regardless of the outcome of these renewals. In Arkansas and Texas, renewal paperwork was sent in cases where ex parte renewal failed, though enrollees retained coverage regardless of whether they returned that paperwork while continuous coverage was in effect.

States also varied in the extent to which they took advantage of federal flexibilities using 1902(e)(14)(A) waivers to support their redetermination and renewal processes. The table on the next page details which strategies each of the four states included in our survey pursued.

Our state-level estimates of adult coverage loss were strongly correlated with administrative records of coverage loss in late 2023 ($\rho=0.92$). Examining cumulative Medicaid terminations through September 2023 as a share of March 2023 enrollment, Arkansas had disenrolled 25.5%, Kentucky had terminated 7.3%, Louisiana had terminated 8.6%, and Texas had terminated 15.6% of enrollees. Our survey estimates for Medicaid loss rates were 16.2% in Arkansas, 7.0% in Kentucky, 8.2% in Louisiana, and 14.9% in Texas.

	Month renewals initiated ¹	First month of procedural terminations ¹	Estimated time to complete all renewals ¹	State prioritized “likely ineligible” enrollees for redetermination ¹	Ex parte renewals conducted during PHE ²	Pre-populated renewal forms sent if unable to process ex parte ²
AR	February 2023	April 2023	< 9 months	Yes	x	x
KY	April 2023	June 2023	12-14 months	No	x	
LA	April 2023	July 2023	12-14 months	No	x	
TX	April 2023	June 2023	12-14 months	Yes	x	x

¹ State Approaches to the Unwinding Period [Internet]. KFF; 2023 Jan [cited 2024 May 2]. Available from: <https://www.kff.org/other/state-indicator/state-approaches-to-the-unwinding-period/>

² Brooks T, Gardner A, Osorio A, Yee P, Tolbert J, Corallo B, Moreno S, Ammula M, et al. Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision [Internet]. KFF; 2022 Mar. Available from: <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>



State strategies to support Medicaid renewals using 1902(e)(14)(A) waivers

	AR	KY	LA	TX
Increase Ex Parte Renewal Rates				
Enroll and/or Renew Individuals Based on SNAP Eligibility (MAGI)	x	x	x	x
Enroll and/or Renew Individuals Based on SNAP Eligibility (Non-MAGI)	x			
Enroll and/or Renew Individuals Based on TANF Eligibility (MAGI)			x	
Enroll and/or Renew Individuals Based on TANF Eligibility (Non-MAGI)				
Renew Medicaid Eligibility for Individuals with No Income and No Data Returned on an Ex Parte Basis		x	x	
Renew Medicaid Eligibility for Individuals with Income at or below 100% of Federal Poverty Level (FPL) and No Data Returned		x		
Renew Medicaid Eligibility for Individuals for Whom Information from the Asset Verification System (AVS) Is Not Returned Within a Reasonable Timeframe		x	x	
Renew Medicaid Eligibility for Individuals with Only Title II or Other Stable Sources of Income Without Checking Required Data Sources				
Renew Medicaid Eligibility Based on a Simplified Asset Verification Process		x		
Suspend the Requirement to Apply for Other Benefits Under 42 C.F.R. 435.608		x		
Suspend the Requirement to Cooperate with the Agency in Establishing the Identity of a Child's Parents and in Obtaining Medical Support		x		
Ex Parte Attempt Prior to Termination				
Other Ex Parte Strategies		x		
Support Enrollees with Renewal Form Submission or Completion to Reduce Procedural Terminations				
Permit Managed Care Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms	x	x		x
Permit the Designation of an Authorized Representative for the Purposes of Signing an Application or Renewal Form via Telephone without a Signed Designation				
Waive the Recording of the Telephone Signature from the Applicant or Beneficiary		x		
Use a Simplified Renewal Form, Only Asking if an Individual's Income and Assets (if applicable) Remain Below the Eligibility Standard				
Update Contact Information				
Partner with Managed Care Plans to Update In-State Beneficiary Contact Information	x	x	x	x
Partner with National Change of Address Database and/or United States Postal Service Forwarding Address to Update In-State Beneficiary Contact Information	x		x	x
Partner with Enrollment Brokers to Update In-State Beneficiary Contact Information			x	
Partner with PACE Organizations to Update In-State Beneficiary Contact Information			x	
Other Contact Information Strategy	x			
Facilitate Reinstatement of Eligible Individuals for Procedural Reasons				
Designate the State Agency as a Qualified Entity to Make Determinations of Presumptive Eligibility on a MAGI Basis for Individuals Disenrolled from Medicaid or CHIP				
Designate Pharmacies, CBOs, or Others as a Qualified Entity to Make Determinations of Presumptive Eligibility on a MAGI Basis for Individuals Disenrolled from Medicaid or CHIP				
Reinstate Eligibility Effective on the Individual's Termination Date for those Procedurally Disenrolled and Subsequently Redetermined Eligible During the Reconsideration Period		x		
Extend Automatic Reenrollment into a Medicaid Managed Care Plan up to 120 Days After a Loss of Medicaid Coverage		x		
Other				
Other Strategies				
Extend Timeframe to Take Final Administrative Action on Fair Hearing Requests		x	x	
Other Strategies Related to Fair Hearings				
Delay Resumption of Medicaid Premiums Imposed Under the State Plan Until After a Redetermination of Eligibility				
Total Strategies Used	6	14	9	4



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Notes: Data are from the Centers for Medicare and Medicaid Services (<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/covid-19-phe-unwinding-section-1902e14a-waiver-approvals/index.html>) as of May 1, 2024. The “other” contact information strategy used by Arkansas was accepting updated contact information from a Qualified Health Plan (QHP). The “other” ex parte strategy used by Kentucky was suspending renewals for children under age 19.

