

January 2022

State Brief: New Hampshire



Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach



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Acknowledgements

This report was written by Eli Vitulli. It was edited by Jennifer Flynn Walker, Vinay Krishnan, and Emily Gordon (Center for Popular Democracy) and staff members from Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy, Texas Organizing Project, Our Future West Virginia, and SPACEs in Action. This brief draws in part from *Healthcare is a Human Right: Examining Barriers to Medicaid Access*, a report on initial findings from our survey, written by graduate students at Columbia University's School of International and Public Affairs, including Arianna Bankler-Jukes, Drashti Brahmhatt, Brittany Cronin, Diana McCaffrey, Etizaz Hassan Shah, Aastha Uprety, and Bingmei Zhou, as well as Kristina Eberbach (faculty advisor).



The Center for Popular Democracy is a nonprofit organization that promotes equity, opportunity, and a dynamic democracy in partnership with innovative base-building organizations, organizing networks and alliances, and progressive unions across the country. www.populardemocracy.org



Rights & Democracy is a people's organization in New Hampshire and Vermont building a political movement based on the values of our communities. Our members come from working and low-income families and are committed to building across Vermont and New Hampshire. We believe we can achieve a society where people earn a livable wage and have access to affordable health care, and where a progressive and equitable tax system supports an economy that protects the environment and human rights. We believe Vermont and New Hampshire can lead our country in a new direction towards happy, healthy, and just communities for everyone.

Medicaid is a vitally important federal public health insurance program for people with low incomes. It insures 75.9 million people in the US, or more than one in every five Americans, including over 202,000 people in New Hampshire,¹ while also substantially financing the nation's hospitals, community health centers, nursing homes, doctors, and other health care jobs. Medicaid covers a diverse range of health care services and is an especially important source of comprehensive children's health care, long-term care including nursing home care and community-based long-term services, care for pregnant people, and primary care through community health centers.² It has helped narrow long-standing economic and racial disparities in health insurance and health care access.³ The program has been particularly important during the COVID-19 pandemic and the related recession, supporting continued health care access for many people who lost their jobs due to the pandemic.⁴

In other words, Medicaid is a safety net, allowing many vulnerable people to access affordable health care, including many people who work but whose employers do not offer health insurance benefits.⁵ Research shows that people with Medicaid have much better access to health care, better health outcomes, and greater financial security than uninsured people.⁶

All people who meet Medicaid eligibility criteria are guaranteed coverage.⁷ However, many New Hampshire residents who are eligible still struggle to enroll in and maintain Medicaid coverage. Studies have shown that people can face substantial burdens, such as complex and confusing enrollment and renewal processes, burdensome paperwork, and lack of knowledge about eligibility.⁸ Poverty, non-citizen status, not being fluent in English, and living in a rural location exacerbate many of these barriers. It is also likely that people of color are more likely to experience barriers. Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black

people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in other social safety net programs.⁹ Yet, Medicaid is especially important for people of color, who are more likely to be uninsured than white people, and studies have shown that Medicaid expansion has helped narrow that divide.¹⁰ Medicaid has also been especially important for people living in rural areas, in large part because of high uninsured rates.¹¹ Moreover, many of the barriers that people face enrolling in Medicaid are likely exacerbated by the COVID-19 pandemic, as demand for the program has increased, offices have temporarily closed, and call volumes have increased.¹²

To better understand the barriers faced by New Hampshire residents trying to access Medicaid, the Center for Popular Democracy, Rights and Democracy, researchers at Columbia University, and other partners surveyed 76 community members about their experiences applying for Medicaid.

Highlights from the survey findings include:

- Nearly three out of every five (59%) of respondents experienced challenges when they tried to enroll in Medicaid. Challenges were widespread across different means of applying (in-person, website, mail, and phone), with those who applied over the phone most likely to encounter challenges (82% of respondents who applied over the phone faced challenges).
- Long wait times, the website being difficult to navigate, not understanding how to apply or being confused by the application process, and feeling shame or stigma in applying were the most common barriers to enrollment. In their long answers, many described experiencing hardship because of burdensome paperwork both during enrollment and renewal processes. Respondents of color were over twice as likely to report feeling shame or stigma in applying as white respondents were (36% versus 16%, respectively).
- Only a little over half (55%) of respondents said they were satisfied with their application experience, while 30% said they were dissatisfied. The remaining 15% were neither satisfied nor dissatisfied. Respondents of color were much more likely to say they were dissatisfied than white respondents (42% versus 28%, respectively).
- Many respondents described frustration, fear, and feeling shame for applying for Medicaid, while many of the same, and some others, described how vital and life-saving the program is.

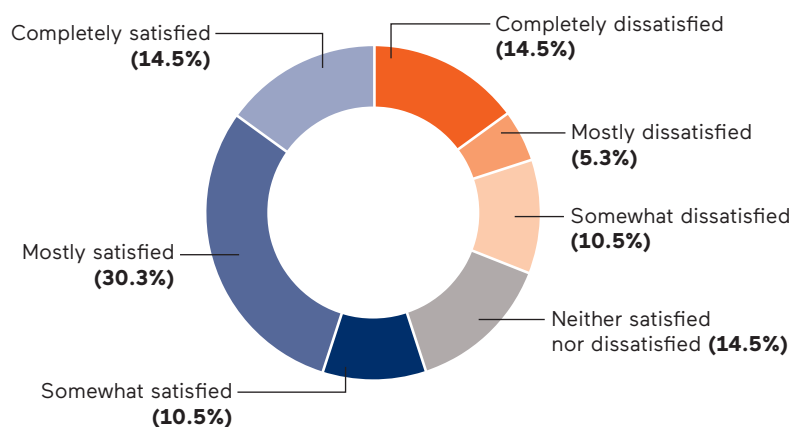
The first section of this brief outlines our survey findings in more detail and contextualizes our findings with other studies about barriers to enrolling and renewing Medicaid. The last section offers best practices for Medicaid enrollment and renewal systems to adopt to eliminate or minimize many of the barriers discussed in this brief.

“ Humiliating. You are treated like you’re stupid or lazy person for needing help. You get the run around and tons of forms...I waited forever. When I finally got to the counter the woman handed me the wrong form, which took a solid 20 mins to fill out. I had to wait in line, turn it in, and was told I filled out the wrong form, and started the process over again. After over an hour, I to this day assumed I made too much because I got crickets back. Nothing. I have not seen a Dr. in over 10 years as it would be \$1500 out of pocket...I feel like nobody cares if I live or die. 40 is around the corner and I haven’t had any Health screening.”

“ Took a long time to be approved and [it is] hard emotionally worrying if it will ever be taken away.”

“How satisfied were you with your recent Medicaid application process?”

Only **55.3%** of survey respondents report being satisfied.



Medicaid: An Overview

Medicaid is the US's primary public health insurance for people with low incomes. The program insures more than one out of every seven people living in New Hampshire.¹³ Originally authorized as part of the Social Security Act in 1965, the program is now structured as a federal-state partnership and implemented federally by the Centers for Medicare and Medicaid Services within the Department of Health and Human Services (HHS) and administered by the states.¹⁴

Eligibility

Both the federal government and state governments establish qualifying criteria for Medicaid eligibility. States have broad discretion to determine eligibility criteria as long as they comply with federal guidelines, including certain federally mandated populations, such as low-income pregnant people and children and people who receive Supplemental Security Income (SSI).¹⁵

Because New Hampshire opted into Medicaid expansion under the Affordable Care Act, any resident who does not have health insurance, meets income eligibility requirements, and is a citizen or has certain authorized immigration statuses is eligible for Medicaid. Eligibility is based on income, assets (for some groups), and status relative to certain categories, including but not limited to age, disability, and whether someone is a parent or caretaker and/or pregnant.¹⁶ In addition, not all recipients have access to the same services (for example, people who are eligible because they are pregnant have access to certain pregnancy-services).

Additionally, undocumented immigrants and many legally authorized immigrants are ineligible for Medicaid, including those with temporary protected status. Refugees and asylum seekers qualify for Medicaid, while legal permanent residents must wait five years before becoming eligible.¹⁷

Because there are multiple status categories with different income limits and criteria, eligibility is complicated and difficult to understand, which is a potential barrier to eligible New Hampshireites even knowing they are eligible.

Funding

States and the federal government share funding responsibility for the Medicaid program. The federal government matches at least every dollar of the amount states spend on Medicaid, with no preset cap or limit, and provides a higher match rate for poorer states.¹⁸ The federal government covers 56.2% of New Hampshire Medicaid costs.¹⁹

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, expanded Medicaid eligibility and increased enrollment, with the federal government fully covering the cost of the expansion for the first few years. While the original law required states to expand Medicaid enrollment, in 2012, the Supreme Court handed down a ruling that effectively made Medicaid expansion optional for states.²⁰ New Hampshire has expanded Medicaid.²¹

As of the end of 2020, nearly 15 million people who were newly eligible because of the expansion enrolled in Medicaid, including nearly 70,000 in New Hampshire.²² In states that adopted the expansion, there was a major decline in uninsured adults and children. Studies have also found that Medicaid expansion has reduced—although not eliminated—racial disparities in health insurance coverage, access to health care, and health outcomes.²³

Barriers to Enrollment and Renewal

Medicaid supports the health and well-being of many of the most vulnerable members of our society. Yet, there are significant barriers to eligible Washingtonians enrolling in and maintaining Medicaid coverage. This section discusses the barriers that our survey respondents described encountering.

The most common barriers that respondents described were due to system infrastructure, especially long wait times, challenges navigating the website, not understanding or being confused by the application process, and unhelpful representatives. For example, nearly half (45%) of respondents who applied over the phone experienced long wait times.

Other common barriers include administrative ones. In particular, **many respondents burdensome paperwork demands for enrollment and renewal**, with some also reporting that they received confusing or contradictory information about what documentation they needed to submit.²⁴

Self-employed respondents in particular described documentation burdens:

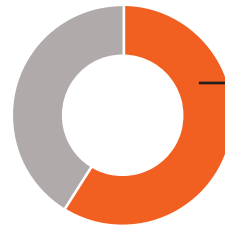
“ If you’re self employed the system is a bit frustrating. You have to submit paper forms for every week you work. There’s no online portal to submit self employment details. They ask me to update them constantly which is annoying. No matter my self employment I’m still eligible for the Medicaid so I don’t know why I need to report every week. You don’t have to do that with regular employment.”

When states have created more complex processes or added documentation requirements, enrollment and retention have declined significantly. For example, in 2003, Texas created a waiting period, increased the frequency of renewal from every twelve to every six months, and increased premiums for children enrolled in the state’s Children’s Health Insurance Program (CHIP). In the nine months after these changes went into effect, the program’s enrollment declined by nearly 30%.²⁵

People can also face challenges and barriers to maintaining Medicaid once they are enrolled. **Complex renewal procedures, administrative requirements with strict deadlines and no grace periods to maintain eligibility, and periodic or even frequent eligibility reviews can contribute to disenrollment in Medicaid and increase uninsured rates.**²⁶



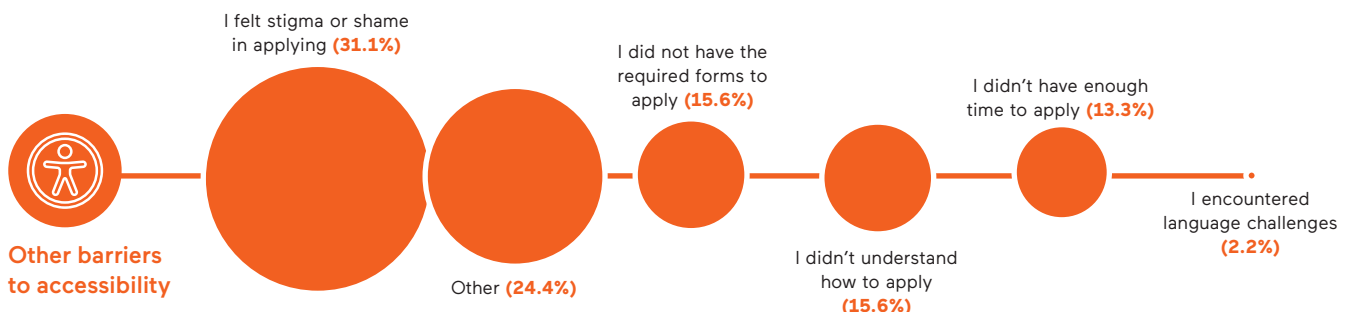
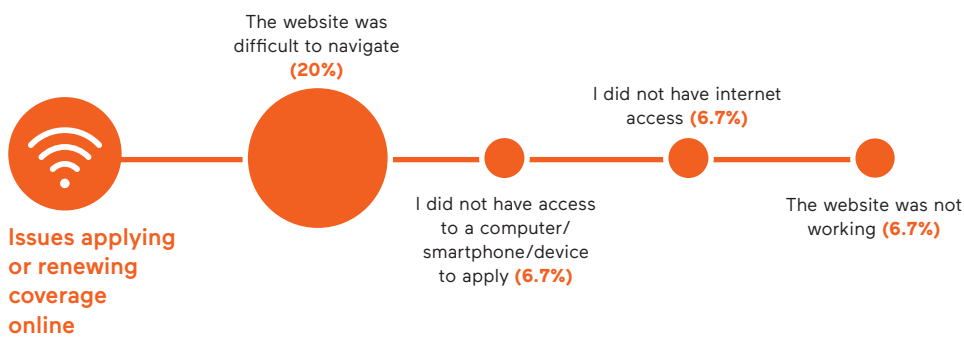
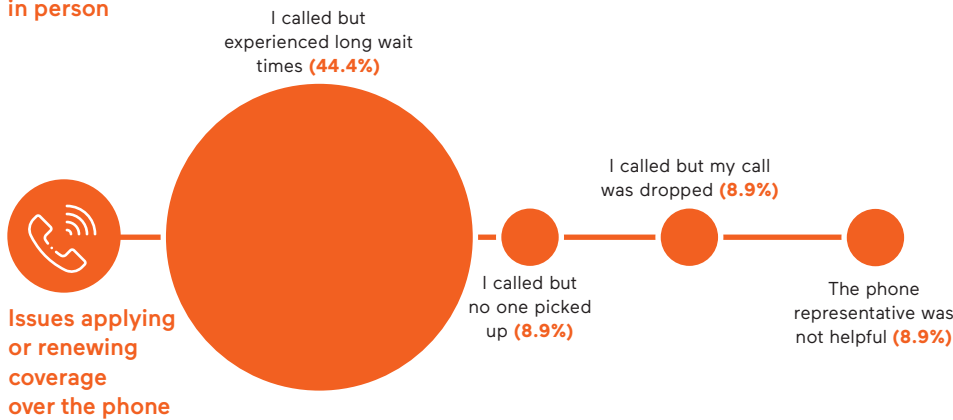
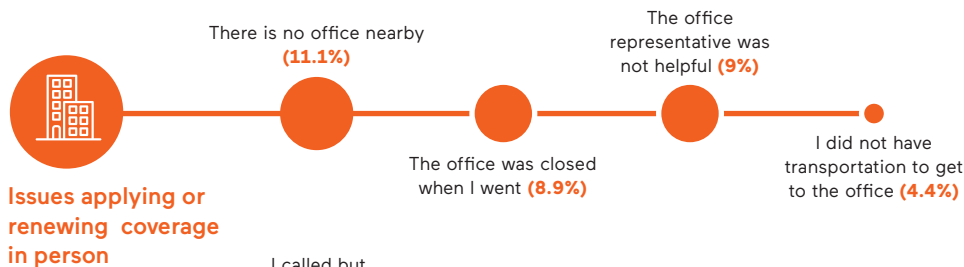
Did you face any of these challenges while applying for or renewing Medicaid coverage?



59.2%

Faced challenges while applying for or renewing Medicaid coverage

Among those who faced challenges, respondents reported:



A number of respondents expressed worry that they would lose their coverage based on changes in their income. This was especially concerning for respondents whose income fluctuated:

“ This is easy but when my seasonal jobs require more working. There is a risk of losing the coverage. If [I] make too much money and then the following year there is less work, I] may need the medicaid coverage.”

“ I’m disabled and I have to reapply every 6 months. The only thing that really changes is when I receive a cost of living increase in my SSDI payments. I’m always afraid that will disqualify me from receiving even the small amount of assistance that I do get, but it hasn’t so far.”

Recipients losing coverage and having to reapply can be devastating for their health and finances. It is also costly for New Hampshire, since it takes more resources to process new applications than to assess continuing eligibility.²⁷

If someone is poor, an immigrant, or living in rural areas, they can face particular challenges accessing Medicaid. It is also likely that Black, Indigenous, Latinx, and other people of color are more likely to face challenges enrolling in and maintaining Medicaid.

Because of the ways that systemic racism shapes how social safety net programs are implemented, people of color, especially Black people, are less likely to access and more likely to experience greater scrutiny when trying to enroll and when enrolled in

other social safety net programs.²⁸

Despite being a program for people with low incomes, poverty can cause particular **challenges with Medicaid application and renewal procedures**, such as not having internet access, low adult literacy, lack of computer literacy, and not being fluent in English.²⁹ One in three adults enrolled in Medicaid “never use a computer or the internet,” and four in ten do not use email.³⁰ Only 57 percent of adults with incomes under \$30,000 have access to broadband in their homes.³¹ Availability and access to high speed internet in rural areas lags far behind urban areas,³² and internet connections can not only be slower but also more expensive in rural areas.³³ This lack of internet access makes it harder, if not impossible, to apply online.

Having time to navigate complicated and lengthy application and renewal procedures can also be particularly burdensome for people with low incomes, especially working parents and other care-takers. Many respondents reported time-related barriers, especially long wait times:

“ I had two quick questions. It took 50 minutes to find a person to answer the questions. I was extremely frustrated by how long it took me.”

Low-income families with children, especially single parents, are especially likely to have little-to-no discretionary time.³⁴ Single parents are also disproportionately low-income and/or Black women.³⁵ While they often face particular challenges in accessing Medicaid,

the program has been especially important for low-income pregnant people and families with children. Research has shown that the program has helped significantly reduce infant and child mortality and has also helped reduce teen mortality and improve educational attainment.³⁶

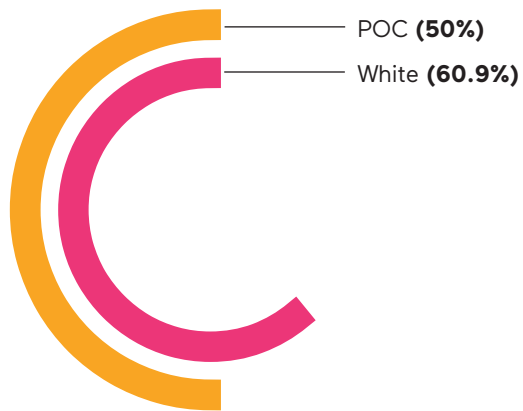
Medicaid is especially important for people living in rural areas,

who are more likely to be low-income and less likely to have private insurance.³⁷ Yet, they also face burdens to accessing Medicaid, especially if they need to apply in person. They may need to travel long distances to their county’s Medicaid office, which in turn requires time and resources. Most Medicaid offices are not open on weekends and visiting an office may require an individual to make burdensome and costly accommodations, such as taking time off from work and finding transportation and childcare. A 2005 study found that about one-third of respondents expressed difficulties finding transportation to apply to Medicaid, and about one-quarter of participants agreed that the hours when one could apply at Medicaid offices were inconvenient.³⁸

Noncitizens who are eligible for Medicaid can also face multiple administrative, logistical, and language barriers when applying to Medicaid, and language barriers can make complicated eligibility and verification paperwork requirements even more difficult to navigate.³⁹ People with limited English proficiency are more likely to struggle with the Medicaid application and renewal processes.⁴⁰

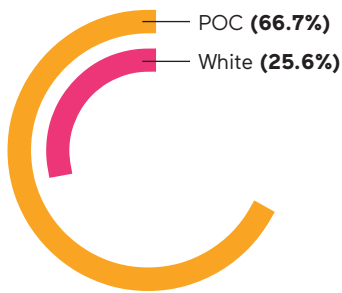
Did you face any of these challenges while applying for or renewing Medicaid coverage?

(by race of respondent)



Top responses among those who faced challenges:

"I felt stigma or shame in applying"



"I reapplied and was accepted, however the process was so stressful! It was lengthy, confusing and makes me feel bad every time. The application seemed to have a lot more details and personal questions than in the past but maybe I'm remembering incorrectly. The first frustrating thing is that you have to start and finish the application in the same day. The first time I tried, I lost all the info and hours of painful work because the site crashed around 10pm. I was supposed to have until midnight. The second frustration is that the deadline is in mid February before taxes are due so having the necessary information and documentation ready is difficult...Overall I found the application to be too extensive, too personal, vague and confusing because some of the questions didn't really apply to my situation, and a lot more complicated than it used to be. I also received conflicting information from different people in the notices sent to me and when I tried to contact someone I wasn't able to get through. There isn't an email address...no way to communicate that you need assistance."

"I just didn't think 2 weeks was enough time to get all the required information I needed to reapply and mail it to get there before the due date. This happens every year."

"The application process was not that difficult[, but] they want...endless documents which is difficult when you are working at lower wages and raising a family."

"There has to be an easier way to reapply. They act like people with disabilities don't have a life to maintain. It's extremely overwhelming. Especially, handing in information they already have on file. If you forget one paper they shut you off. And that is not fair to those with disabilities, or single parents who have to work and take a day off of work just to go reapply and make an appointment."

"Website was a bit frustrating to navigate, and long wait times for phone support, but they were friendly and helpful, once we could actually speak to them."

"We were told by staff to drop our proofs in the drop box. We did but they don't recognize ever getting them. We were denied and had to reapply by sending proofs because the upload feature of the website didn't work."

Best Practices for Medicaid Enrollment and Renewal Systems

Because the Medicaid eligible population is diverse in its needs, it is important to provide a range of options to facilitate enrollment and renewal that take into account the usually limited resources of low-income households. The following are best practice suggestions that address many of the challenges in the application and renewal processes that our respondents encountered

Enrollment

Staff call centers, online support representatives, and in-person support staff to meet demand.

Representatives should be well-trained in the application process and customer service. In particular, staff should be trained to embody the idea that they are expected to help people get healthcare, not stigmatize or otherwise look down on applicants or assume that applicants are not eligible.

Create specialized eligibility staff that can assist complex cases or cases of people in “special populations,” such as applicants with self-employment income or applicants who are refugees.

Create navigator or assister programs. In particular, fund trusted community-based organizations to implement these programs, where organizational staff and community members are trained to provide enrollment and renewal assistance to community members. Navigators should have the ability to help someone submit their application. Some community-based organizations are already providing navigator-type services, and they should be funded for this vital work.

Applications should use plain language and be easy to read and comprehend. Include FAQ and help pages online that also use plain language and define any specialized terminology.

Create an online live chat option, so that applicants can ask questions to a representative as they fill out their application online.

Create a dynamic online application, which tailors questions based on the information an applicant provides, runs validation checks, and tells an applicant if they’ve missed key questions. This helps applicants submit accurate and complete information while keeping them from having to answer unnecessary questions or provide unneeded documentation.

Allow applicants to upload documents as part of their online application, including automatically notifying applicants about any required documentation when they submit their application. Accept scanned copies and digital photos of documents.

Provide clear explanations for why an applicant is being asked about sensitive information.

Create a real-time eligibility determination system that uses federal and state data sources while the applicant is filling out the application.

Integrate enrollment systems and other administrative systems to share information and facilitate automatic information and eligibility checks. Create streamline enrollment that automatically enrolls eligible SNAP recipients (i.e. uses participation in SNAP to determine that someone is under the income eligibility limit).

Accept self-attestation (or applicants reporting their income, residency, and other information) and conduct post-enrollment verification. Adopt a reasonable compatibility policy that accepts discrepancies between reported income and data sources within a certain threshold.

Create presumptive eligibility, which facilitates the enrollment of individuals who are likely eligible for Medicaid to access services without waiting for their application to be fully processed. States authorize “qualified entities,” such as community-based organizations, hospitals, health care providers, and schools, to screen and enroll eligible community members.

Create systems that allow smooth coordination with the state and/or federal Marketplace. If you have a state-based Marketplace, create an integrated Marketplace/Medicaid eligibility determination system.

Renewals

Adopt a continuous eligibility policy, which keeps recipients enrolled for 12 months, regardless of fluctuations in income. This policy can be implemented for adults through an 1115 waiver and for children through a state plan amendment.⁴² Continuous eligibility is important for low-income families whose income fluctuates throughout the year, especially for people who are self- or seasonally employed, have unpredictable schedules, or are tipped workers, but also for people who pick up an extra shift or work overtime that puts them slightly over the income limit for a month. Low-income families and families of color disproportionately experience income volatility.⁴³

Create automatic renewal systems (or “ex parte” renewals), where your state agency uses available federal and state data sources to determine continued eligibility without requiring recipients to provide information, unless necessary. This automatic renewal system can use the same databases as the real-time eligibility determination system. Notably, federal regulations require states to do at least some ex parte renewals.⁴⁴ For example, Rhode Island renews about two-thirds of its income eligible Medicaid recipients by examining available data sources, including quarterly wage reports, Title II, and unemployment insurance data, without requiring action by the recipient. Washington state uses IRS and quarterly wage data to determine continued eligibility for around two-thirds of its beneficiaries.⁴⁵ Your system should use all available data sources.

Significantly raise the income eligibility ceiling and asset limits for all eligible groups. Doing so will not only allow more low-income families to access needed health care but also allow current recipients to accept raises, higher paying jobs, more shifts, and/or save without fearing that they would lose their health insurance.

Withdraw or do not implement work requirements. While no work requirements are in effect, if they are approved and authorized by courts, they would likely cause many otherwise eligible people to lose Medicaid coverage, especially parents and other caretakers, who are disproportionately women.⁴¹

Coordinate ex parte renewal with renewals or applications for other benefits, such as SNAP. Because recipients of Medicaid significantly overlap with recipients of SNAP and other programs and other programs often require more frequent renewals and other contact than Medicaid, by renewing and extending Medicaid benefits like this, a Medicaid recipient may never need to take action to renew their benefits. Similarly, use targeted enrollment strategies to automatically renew Medicaid benefits based on a recipient’s enrollment in other programs.

Create a mobile app that allows recipients to receive notices and update their information. Colorado and Washington state have successfully used such an app.⁴⁶ Seek out developers from historically excluded groups of people (Black people, Indigenous people, and people of color, women, LGBTQ+ people, and/or people with disabilities).

Resources

Medicaid and CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations (Medicaid and CHIP Learning Collaboratives, 2019): <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/timely-accurate-eligibility.pdf>.

Outreach and Enrollment Strategies for Reaching the Medicaid Eligible but Uninsured Population (Kaiser Family Foundation, 2016), <https://www.kff.org/medicaid/issue-brief/outreach-and-enrollment-strategies-for-reaching-the-medicaid-eligible-but-uninsured-population/>.

Medicaid Real-Time Eligibility Determinations and Automated Renewals: Lessons for Medi-Cal from Colorado and Washington (Urban Institute, 2018), https://www.urban.org/sites/default/files/publication/98904/medicaid_real-time_eligibility_determinations_and_automated_renewals_2.pdf.

Improving SNAP and Medicaid Access: Medicaid Renewals (Center on Budget and Policy Priorities and CLASP, 2018), <https://www.cbpp.org/research/health/improving-snap-and-medicaid-access-medicaid-renewals>.

Opportunities for States to Coordinate Medicaid and SNAP Renewals (Center on Budget and Policy Priorities, 2016), <https://www.cbpp.org/research/health/opportunities-for-states-to-coordinate-medicaid-and-snap-renewals>.

Using Asset Verification Systems to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2021), <https://www.cbpp.org/research/health/using-asset-verification-systems-to-streamline-medicaid-determinations>.

Reasonable Compatibility Policy Presents an Opportunity to Streamline Medicaid Determinations (Center on Budget and Policy Priorities, 2016), <https://www.cbpp.org/research/reasonable-compatibility-policy-presents-an-opportunity-to-streamline-medicaid>.



Methodology and Survey Sample

For much of 2021, the Center for Popular Democracy, Alaskans Take a Stand, Arkansas Community Organizations, Opportunity Knocks Delaware, Rights and Democracy (New Hampshire), Texas Organizing Project, Our Future West Virginia, SPACES in Action, and researchers at Columbia University collaborated to design and administer a survey project asking community members about their experiences applying for Medicaid in Alaska, Arkansas, Delaware, New Hampshire, Texas, West Virginia, and DC. This brief reports the results from respondents in New Hampshire.

From mid-February to late August, 2021, Rights and Democracy administered surveys in New Hampshire via phone and text banking, social media, and outreach to community members and partner organizations. Respondents either filled out the survey on their own over the internet or had an organizer fill it out for them over the phone. We collected 1057 surveys nationwide, including 76 from New Hampshire residents.

There were a few limitations for this study. Conducted during the COVID-19 pandemic, organizers were largely unable to administer surveys in person, and the survey was primarily over the internet and was only in English (although some organizers were able to translate the survey over the phone). These constraints, unfortunately, likely reproduced some of the challenges we sought to identify, namely language barriers and the digital divide.

Race/ethnicity of respondents in New Hampshire

Black: **3.9%**

Latinx: **5.3%**

People of color who are not Black or Latinx: **6.6%**

White: **84.2%**

Gender of respondents in New Hampshire

Women: **68.4%**

Men: **28.9%**

Transgender, Non-binary, and/or Femme: **3.9%**

Enrollment status of respondents in New Hampshire

I applied but was rejected: **7.9%**

I don't know: **1.3%**

I want to enroll in Medicaid, but I have been told or think I'm ineligible: **1.3%**

Other: **7.9%**

Yes: **81.6%**

How respondents in New Hampshire applied for Medicaid

In person: **14.5%**

Website: **71.1%**

Mail: **17.1%**

Phone: **14.5%**

Other: **5.3%**

More than one way: **15.8%**

* Percentages add to more than 100% because respondents could check all answers that applied.

New Hampshire Medicaid Fact Sheet

1,377,529
TOTAL POPULATION

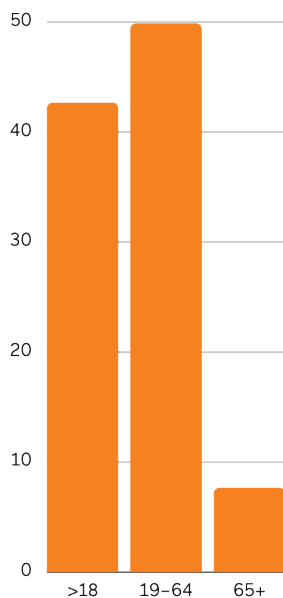
\$76,768
MEDIAN HOUSEHOLD INCOME

7.3%
LIVING IN POVERTY

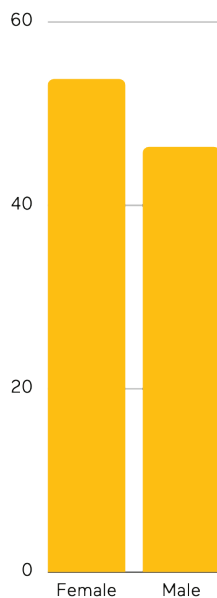
202,381
ENROLLED IN MEDICAID (MAY 2021)

Medicaid Demographics

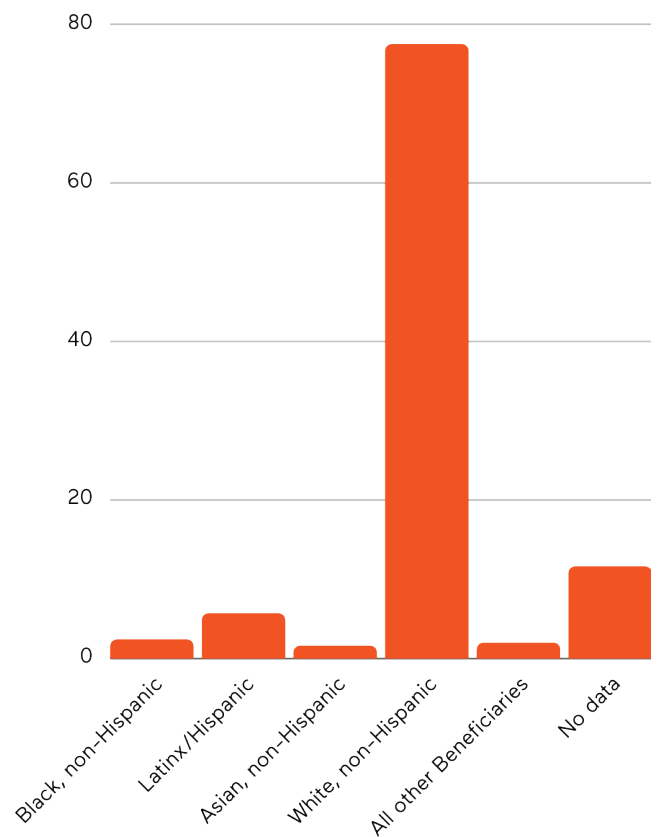
Age



Gender*



Race / Ethnicity**



* Data does not include trans and non-binary as gender options

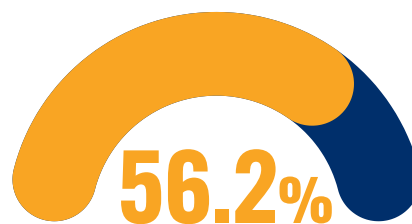
** The race/ethnicity data may not reflect the actual state Medicaid population. Medicaid DQ Atlas marks New Hampshire's race/ethnicity data as of "medium concern," or somewhat questionable quality.

Expansion Status

Adopted in 2014

20.8% Increase in enrollment during the COVID-19 pandemic (February 2020 to April 2021)

Federal Medical Assistance



State Agency Housing Medicaid
New Hampshire Department of Health and Human Services

Sources: US Census; DQ Atlas, Medicaid.gov; Kaiser Family Foundation.

Notes

- 1 "May 2021 Medicaid & CHIP Enrollment Data Highlights," Medicaid.gov, accessed October 29, 2021, <https://www.medicaid.gov/medicaid-program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>; Brynne Epstein and Daphne Lofquist, "US Census Bureau Today Delivers State Population Totals for Congressional Apportionment," April 26, 2021, <https://www.census.gov/library/stories/2021/04/2020-census-data-release.html>.
- 2 Robin Rudowitz, Rachel Garfield, and Elizabeth Hinton, "10 Things to Know about Medicaid: Setting the Facts Straight," Kaiser Family Foundation, March 6, 2019, <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>.
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