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FOR

Sick of Waiting

Barriers to Medicaid Keep Healthcare Out of Reach

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Sick of Waiting
Barriers to Medicaid Keep Healthcare Out of Reach

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

Texas Organizing Project organizes Black and Latino communities in Dallas, Harris, and Bexar counties with the goal of transforming Texas into a state where working people of color have the power and representation they deserve.

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 4.4 million Texans,[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 Texans 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 Texans trying to access Medicaid, the Center for Popular Democracy, Texas Organizing Project, researchers at Columbia University, and other partners surveyed 135 community members about their experiences applying for Medicaid.

Highlights from the survey findings include:

- Over half (56%) 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).

- Long wait times, unhelpful representatives, having difficulty navigating the website, calls not being picked up or being dropped, and feeling stigma or shame in applying were the most common barriers to enrollment.

- Given how common experiencing challenges was for respondents, it is unsurprising that over half (55%) said they were dissatisfied with their application process while just 29% said they were satisfied. The remaining 16% were neither satisfied nor dissatisfied. Black respondents (63%) were most likely of any racial group to express dissatisfaction, while white respondents (19%) were least likely to say they were satisfied with their experience.
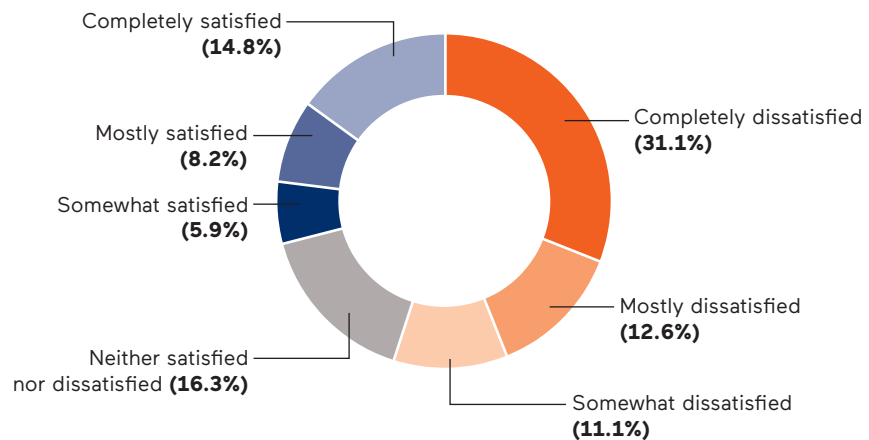
The first section of this brief outlines our survey findings in more detail and contextualizes our findings with other studies about barriers to enrolling and renewing Medicaid. The last section offers best practices for Medicaid enrollment and renewal systems to adopt to eliminate or minimize many of the barriers discussed in this brief.

> " Had multiple reps from Medicaid with different types of navigation access and [it] was very difficult to understand my outcome. I felt intimidated, misinformed and uninformed all at the same time. Had two different outcomes at first."

> " When I was denied I was told I made too much income. I get paid $8.00 an hour and I work 22 hrs a week. I have [multiple health issues]....They told me that I have to make about $100 a month to qualify for Medicaid, but the ACA told me I did [not] make enough money for any of their health plans especially if I needed help from specialist. I'm basically being left to die. I can't afford the proper health care."

"How satisfied were you with your recent Medicaid application process?"

Only **28.9%** of survey respondents report being satisfied.

- Completely satisfied (14.8%)
- Mostly satisfied (8.2%)
- Somewhat satisfied (5.9%)
- Neither satisfied nor dissatisfied (16.3%)
- Somewhat dissatisfied (11.1%)
- Mostly dissatisfied (12.6%)
- Completely dissatisfied (31.1%)

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 Texas.[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]

For more information on different types of coverage categories, how Texas Medicaid works, and the services covered, see the *Texas Medicaid and Chip Reference Guide* (https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/medicaid-chip-perspective-13th-edition/13th-edition-complete.pdf).

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 Texas has not opted into Medicaid expansion under the Affordable Care Act, only low-income residents that fall into certain categories--including but not limited to children, seniors, people with disabilities, people who are blind, people who are pregnant, and care-takers of dependent children and/or a family member with a disability--are eligible for Medicaid. If someone falls into one or more of these categories, their eligibility is then based on income and assets (for some groups) with the income cap differing depending on the eligibility group a person is a member of.[16] For example, a care-taker of a child cannot have a household income above 17% of the federal poverty line (or $5,632 a year for a family of 4) and a pregnant person's household income cannot be above 207% of the federal poverty line (or $68,579 for a family of 4) to be eligible.[17] 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.[18] However, Texas has removed this 5 year waiting period for children who are legally authorized.[19]

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 Texans 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.[20] The federal government covers 67% of Texas Medicaid costs.[21]

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.[22] Texas has not expanded Medicaid.[23]

As of the end of 2020, nearly 15 million people who were newly eligible because of the expansion enrolled in Medicaid.[24] 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.[25] Studies have also shown that non-expansion has been particularly harmful to Black people.[26]

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, calls being dropped, rude or unhelpful representatives, and challenges navigating the website.

For example, one applicant described trying to apply multiple ways:

> **I tried filling [out an] application online[, which] was difficult. I tried calling on the phone and the waiting times were long, or it would disconnect. I had to get help from a friend to help out navigate the application and even then it took a long time to be approved.**
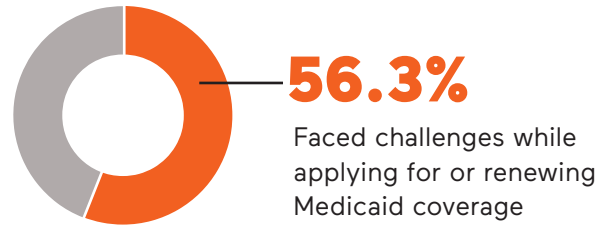
Another described the process as "very annoying with the wait times and representatives not having correct information."

Other common barriers include administrative ones, such as cumbersome paperwork demands or enrollment processes.[27]
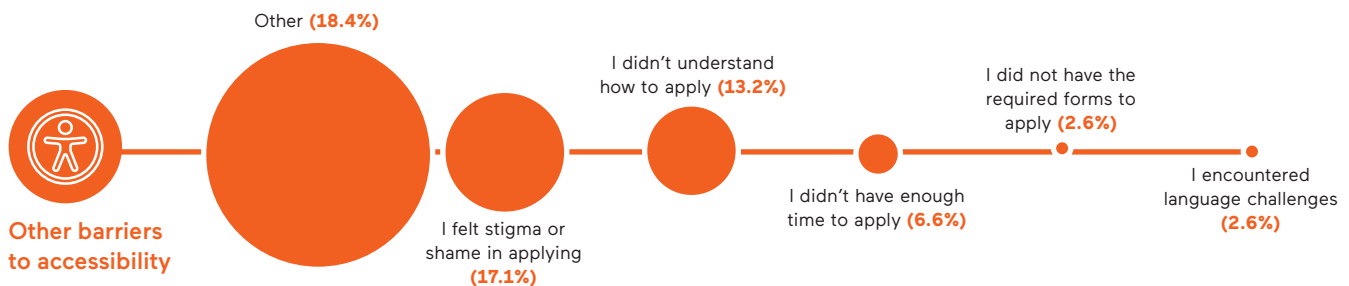
When states have created more complex processes or added documentation requirements, enrollment and retention have declined significantly. For example, in 2003, Texas created a waiting period, increased the frequency of renewal from every twelve to every six months, and increased premiums for children 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%.[28]

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

56.3%
Faced challenges while applying for or renewing Medicaid coverage

Among those who faced challenges, respondents reported:

Issues applying or renewing coverage in person

- The office representative was not helpful **(15.8%)**
- The office was closed when I went **(13.2%)**
- I did not have transportation to get to the office **(13.2%)**
- There is no office nearby **(7.9%)**
- The office was permanently closed **(2.6%)**

Issues applying or renewing coverage over the phone

- I called but experienced long wait times **(36.8%)**
- I called but no one picked up **(26.3%)**
- The phone representative was not helpful **(22.4%)**
- I called but my call was dropped **(14.4%)**

Issues applying or renewing coverage online

- The website was difficult to navigate **(25%)**
- The website was not working **(7.9%)**
- I did not have access to a computer/smartphone/device to apply **(5.3%)**
- I did not have internet access **(1.3%)**

Other barriers to accessibility

- Other **(18.4%)**
- I felt stigma or shame in applying **(17.1%)**
- I didn't understand how to apply **(13.2%)**
- I didn't have enough time to apply **(6.6%)**
- I did not have the required forms to apply **(2.6%)**
- I encountered language challenges **(2.6%)**

"The Medicaid application process was very long and confusing. I had to keep tracking down several different documents, and then later was told to go back and submit more documents...Once I was done, I waited for a letter in the mail. It said I somehow made too much money while being on unemployment. Not sure how that works out. But my son did qualify. There was a ton of papers sent to my house in English and Spanish, and it was very confusing about which ones I needed to keep and what had pertinent information on it. I also had to do an intro phone call before they would activate his benefits. Then, for some reason, a month or two into it, they changed his benefits number and that whole process to get new cards was confusing as well. I really did not like the process at all."

Many respondents also described their frustration being denied due to having too high an income. This included people who were receiving unemployment assistance or Social Security Disability Insurance payments. In fact, Texas has some of the lowest income eligibility caps among states, including the lowest cap for parents at 17% of the federal poverty line (or $5,632 a year for a family of 4).[29] A number of respondents described repeatedly losing coverage due to a complicated renewal process or other system issues, including not having enough time to gather the required documentation and not having a permanent address to receive paperwork.

Recipients losing coverage and having to reapply can be devastating for their health and finances. It is also costly for Texas, since it takes more resources to process new applications than to assess continuing eligibility.[30]

Texas has one of the strictest Medicaid verification systems in the US. The state runs regular income verification checks multiple times a year for families of children enrolled in CHIP. These multi-year checks are often confusing for families and also particularly challenging for families with fluctuating monthly incomes, who may be ineligible one month, lose coverage, but then qualify for coverage three weeks later. Data suggests that nearly 6% of children enrolled in CHIP will lose coverage each month and a third of them will regain coverage within the next three months. The number of children who temporarily lost coverage significantly increased after the state started this verification system in 2014.[31] While Texas automatically extended CHIP benefits for part of the pandemic, as of August 1, 2021, families must begin renewing their children's coverage once again.[32]

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.[33]

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.[34] One in three adults enrolled in Medicaid "never use a computer or the internet," and four in ten do not use email.[35] Only 57 percent of adults with incomes under $30,000 have access to broadband in their homes.[36] Availability and access to high speed internet in rural areas lags far behind urban areas,[37] and internet connections can not only be slower but also more expensive in rural areas.[38] 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. While five respondents explicitly stated that they did not have enough time to apply, many more identified time-related challenges, including long wait times (21%), no one answering calls (15%), and calls being dropped (8%).

Low-income families with children, especially single parents, are especially likely to have little-to-no discretionary time.[39] Single parents are also disproportionately low-income and/or Black women.[40] 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.[41]

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.[42] 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.[43]

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.[44] People with limited English proficiency are more likely to struggle with the Medicaid application and renewal processes.[45]

> "Whenever it is time for me to renew, I'm always denied. I have to lose coverage and reapply and I regain coverage back. So frustrating, I don't know why, but this is what always happens. I should not have a gap in my kids coverage when I'm qualified the entire time. Whoever is doing the renewals needs help!"

> "You call and inform them of changes and they still don't make the change. Updates that should be seamless are NEVER that way. Every time I apply there's issues of me being denied and after a huge hassle then I'm approved. This literally happens every time."

> "Without fail, they cancel me every time it is time to renew. They tell me I didn't do it early enough so the next time I do it a few weeks early then they tell me it is too early. They will also say I applied for one part and not the other. It just isn't true. Once they tried to act like I needed a representative because I have a disability. I have a physical disability not cognitive. I have gone in crying because they canceled and they won't allow me to talk to anyone. They set up a appointment for a month later...Honestly HHS has caused me a great deal of stress while I have been working to better our lives."
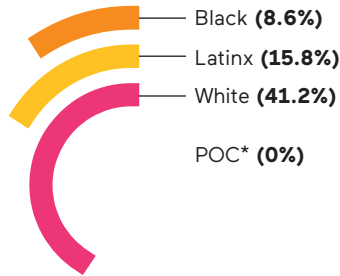
Did you face any of these challenges while applying for or renewing Medicaid coverage?
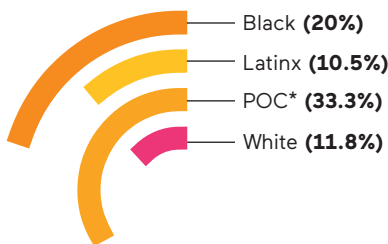
(by race of respondent)

Black **(64.8%)**
Latinx **(50%)**
POC* **(30%)**
White **(65.4%)**
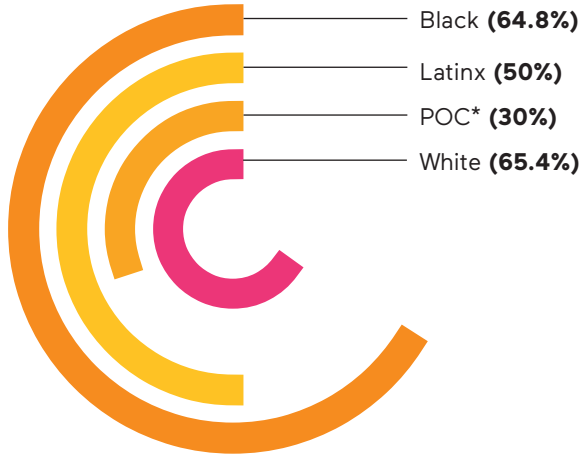
Top responses among those who faced challenges:

"I felt stigma or shame in applying"

Black **(8.6%)**
Latinx **(15.8%)**
White **(41.2%)**
POC* **(0%)**

"The office representative was not helpful"

Black **(20%)**
Latinx **(10.5%)**
POC* **(33.3%)**
White **(11.8%)**

"The phone representative was not helpful"

Black **(17.1%)**
Latinx **(15.8%)**
White **(47.1%)**
POC* **(0%)**
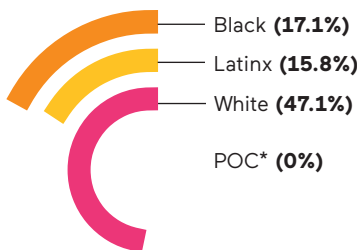
*who are not Black or Latinx

" Applied, interviewed, and told I wasn't qualified. This was disheartening. I made less than [$]20K year, suffered with chronic diseases and couldn't get medical assistance. I have over [$]10k in expenses that I'm struggling to pay now."

" I need to know who makes the income limits because they are outdated and unrealistic people need help out here."

" As soon as you begin to get somewhere or if you question things the call is always dropped. I am left feeling like I am on a wild goose chase."

" It was very difficult & stressful for me since I'm visually impaired. It was hard for me to get out to make copies and get the info needed."

" Several different employees that I spoke with were very insensitive and uncaring to say the least. They appeared unqualified and didn't seem to care how they engaged or treated clients."

" I had a hard time applying. It was hard to understand and the people were not helpful. It was hard to navigate to get to what you needed. They also required so much detail I had a hard time gathering the info to apply."

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.

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.[46]

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.[47] 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.[48]

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.[49] 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.[50] Your system should use all available data sources.

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.[51] 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 Texas.

From mid-February to late August, 2021, Texas Organizing Project administered surveys in Texas 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 135 from Texans.

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.

In addition, our survey oversamples people of color, especially Black residents, which is a benefit to our survey because most surveys undercount people of color.[52]

Race/ethnicity of respondents in Texas

Black: **40%**

Latinx: **28.1%**

People of color who are not Black or Latinx: **7.4%**

White: **19.3%**

Prefer not to reply: **5.9%**

Gender of respondents in Texas

Women: **69.6%**

Men: **28.1%**

Transgender, Non-binary: **2.2%**

Prefer not to reply: **1.5%**

Enrollment status of respondents in Texas

I applied but was rejected: **35.6%**

I don't know: **3.7%**

I tried to apply but didn't submit the application: **1.5%**

I want to enroll in Medicaid, but I have been told or think I'm ineligible: **11.1%**

Other: **15.6%**

Yes: **32.6%**

How respondents in Texas applied for Medicaid

In person: **13.3%**

Website: **56.3%**

Mail: **12.6%**

Phone: **15.6%**

Other: **16.3%**

More than one way: **10.4%**

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

Texas Medicaid Fact Sheet

29,145,505
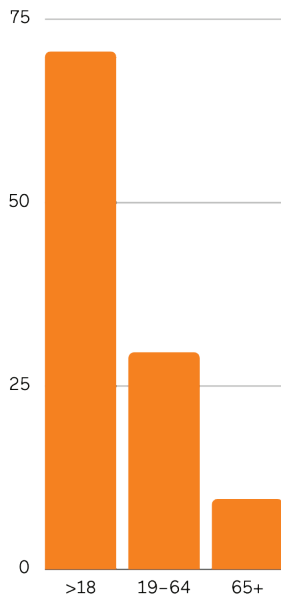TOTAL POPULATION

$61,874
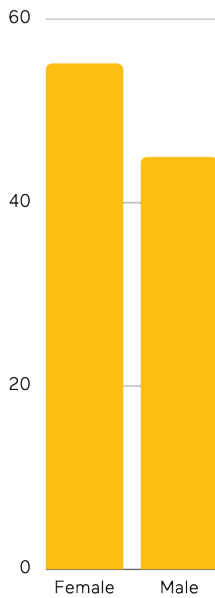MEDIAN HOUSEHOLD INCOME

13.6%
LIVING IN POVERTY

4,405,074
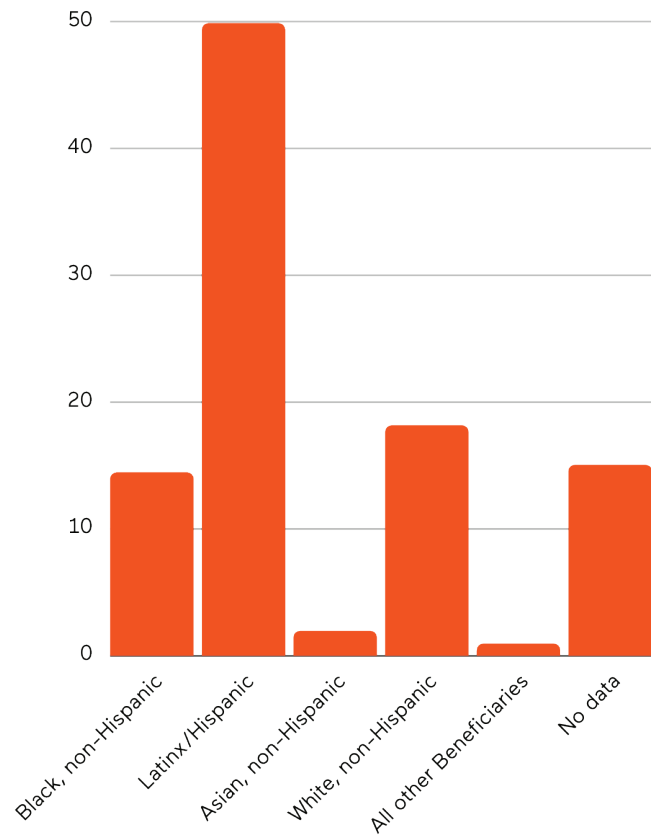ENROLLED IN MEDICAID (MAY 2021)

Medicaid Demographics

Age

(Bar chart — Age: >18 ≈ 70, 19–64 ≈ 28, 65+ ≈ 7)

Gender*

(Bar chart — Gender: Female ≈ 55, Male ≈ 45)

Race / Ethnicity**

(Bar chart — Race/Ethnicity: Black, non-Hispanic ≈ 14; Latinx/Hispanic ≈ 50; Asian, non-Hispanic ≈ 2; White, non-Hispanic ≈ 18; All other Beneficiaries ≈ 1; No data ≈ 15)

* 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 Texas' race/ethnicity data as of "medium concern," or somewhat questionable quality.
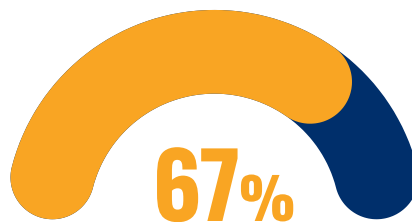
Expansion Status
Not Adopted

18.1% Increase in enrollment during the COVID-19 pandemic (February 2020 to April 2021)

Federal Medical Assistance

67%

State Agency Housing Medicaid
Texas Department of Health and Human Services

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

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