

New Hampshire Department of
HEALTH & HUMAN SERVICES

DHHS Medicaid Continuous Enrollment NH Unwinding July 2023 Report



DHHS's Approach to the Continuous Enrollment Unwinding

New Hampshire DHHS has prioritized a community-based approach to maximize healthcare continuity; helping eligible Medicaid recipients retain coverage and helping others identify an affordable health insurance option for themselves and their families.

Unwind Readiness

Empower clients and community partners with tools and resources to **renew and update contact information** prior to the unwinding of the Public Health Emergency



Multi-Channel Outreach

- **Called and encouraged 40K households** to renew – targeted those with children and disabilities, the elderly and frail, and those with high healthcare utilization
- **Contacted 25K households** via text, email and phone to update their contact information
- **Sent over 120K “pink notices”** via mail, e-mail and text encouraging clients to renew. This increased renewal rates by ~30% and reduced the volume of future renewals

Unwind Strategy

Prioritization that **maximizes healthcare access**, particularly for the vulnerable, and **simplification of the renewal process**



Community Engagement

- Proactively and iteratively sharing with providers lists of those with overdue renewals and those no longer eligible
- Enabling providers, guardians and other co-pilots access to NH Easy so they can view eligibility due dates and offer assistance
- Coordinating outreach via MCO's and navigators
- Conducting numerous community outreach forms

Coverage Continuity

Multiple channels for those no longer eligible (or those who do not renew) to **find alternative coverage quickly and easily**



Risk-Based Strategy and Safeguards

- Prioritizing – at the outset – those clients more likely to have healthcare choices and less vulnerabilities
- Maximizing passive renewal, online renewals, and other enablers
- Providing ~60 days for renewal, giving families added time beyond 30 days
- Nudging clients to renew via notices, text, e-mail and calls
- Using multiple modality outreach for those who had lost contact with DHHS
- Advanced analytics to monitor outcomes and outliers throughout the unwind period

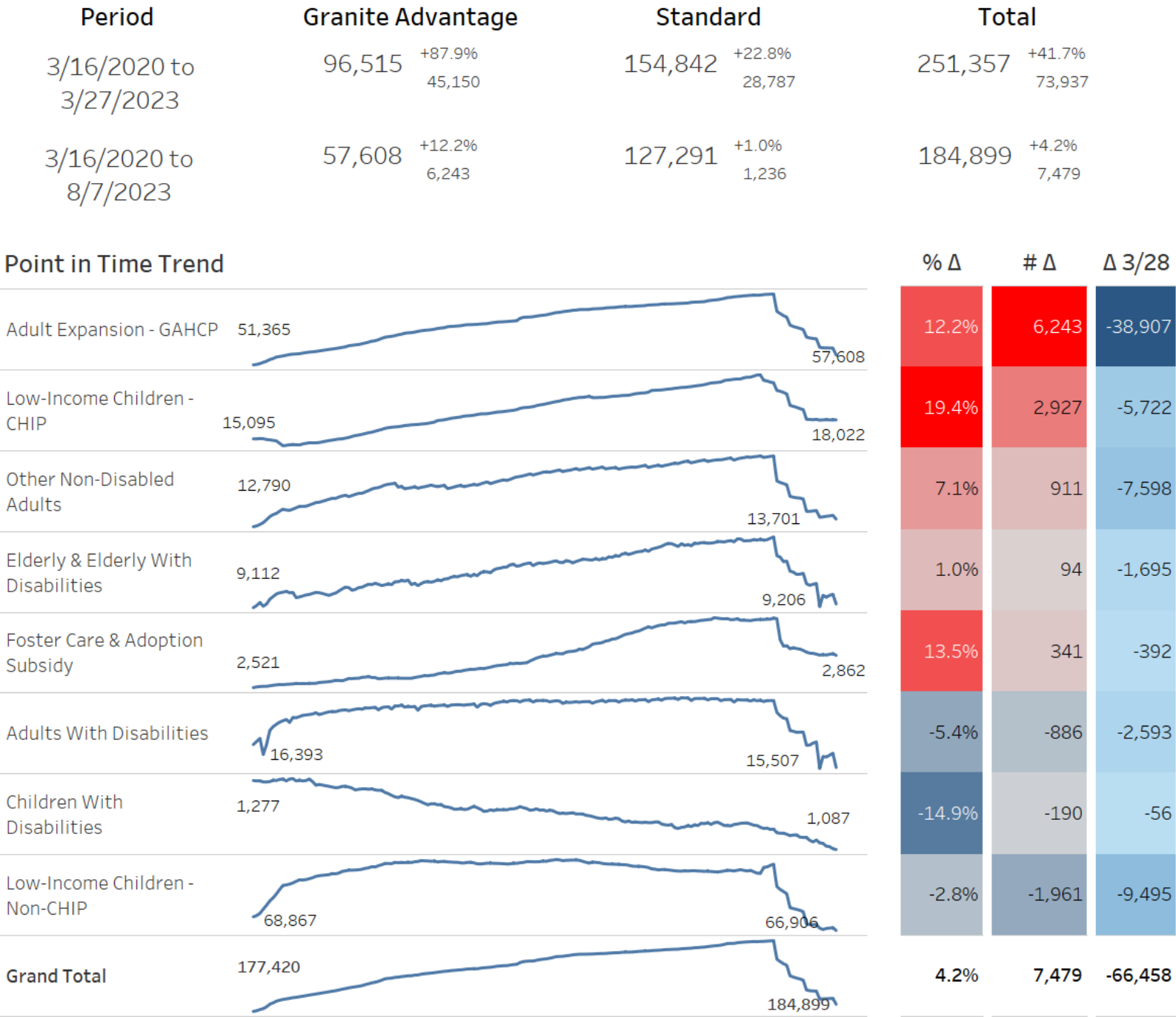


Post-Closure Outreach

- Identification/follow up for potentially vulnerable clients
- Adding procedural denial for over income to FFM referral
- Navigator outreach and support, including advertisements and in person community events
- Informing providers and MCO's of outcomes via NH EASY/interfaces
- Paths back for those who don't renew, including NH EASY reapply without starting over
- Retroactive reopen within 120 days with no gap in coverage (new as of 8/1/2023)

Trends in NH Medicaid Enrollment Since Start of PHE

- Enrollment data shows unwind activities to date have resulted in a trendline returning towards pre-PHE Medicaid enrollment rates.
- The rate of the PHE unwind closures reflects the DHHS **unwind strategy that prioritized renewals for those most likely ineligible.**
- This enrollment data reflects outcomes from both renewals and changes in circumstances reported to DHHS whereas the CMS unwind reporting is limited to renewals.



DHHS's Protected Population Unwind Sequence Explainer

DHHS's unwind strategy "frontloaded" Medicaid renewals for those more likely to be ineligible and those who had not recently consumed healthcare with general sequencing as follows:

- Pending ineligible individuals who would have previously closed *if not for the PHE protections* (e.g., reported change or over income)
- Individuals who have lost contact with DHHS prioritizing those who had also not recently used healthcare
- Individuals who had both not completed their last renewal as scheduled and data indicated they were more likely to be financially ineligible
- Individuals who had both not completed their last renewal as scheduled and data indicated they were more likely to be categorically ineligible (e.g., aged out)
- Granite Advantage (Expanded Medicaid) households with adults only
- Households with children
- Vulnerable populations (e.g., nursing home, Home and Community Based Services (HCBS), disabled)

In addition, throughout the unwind protected individuals closed prospectively ahead of their scheduled renewal because they contacted DHHS or their MCO providing notification they moved out of State, no longer require Medicaid, or the individual is deceased.

* **Protected Population** - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

DHHS's Continuous Enrollment Unwind Status (By Individual Counts)

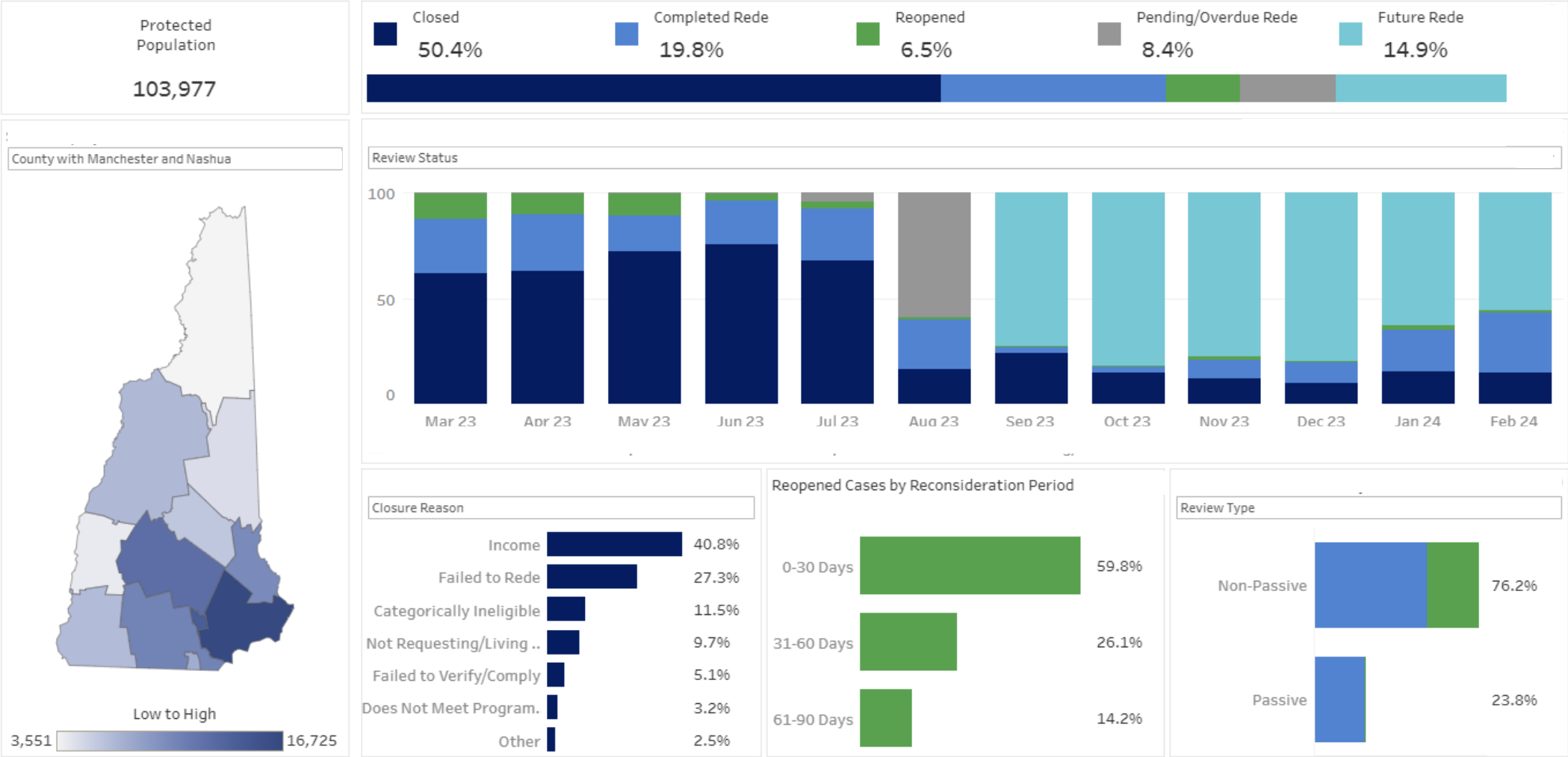
These graphs provide an overview of NH's Medicaid renewal processing for the protected population by individual as of August 2nd, 2023.*



* **Protected Population** - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

DHHS's Continuous Enrollment Unwind Status (By Percentage)

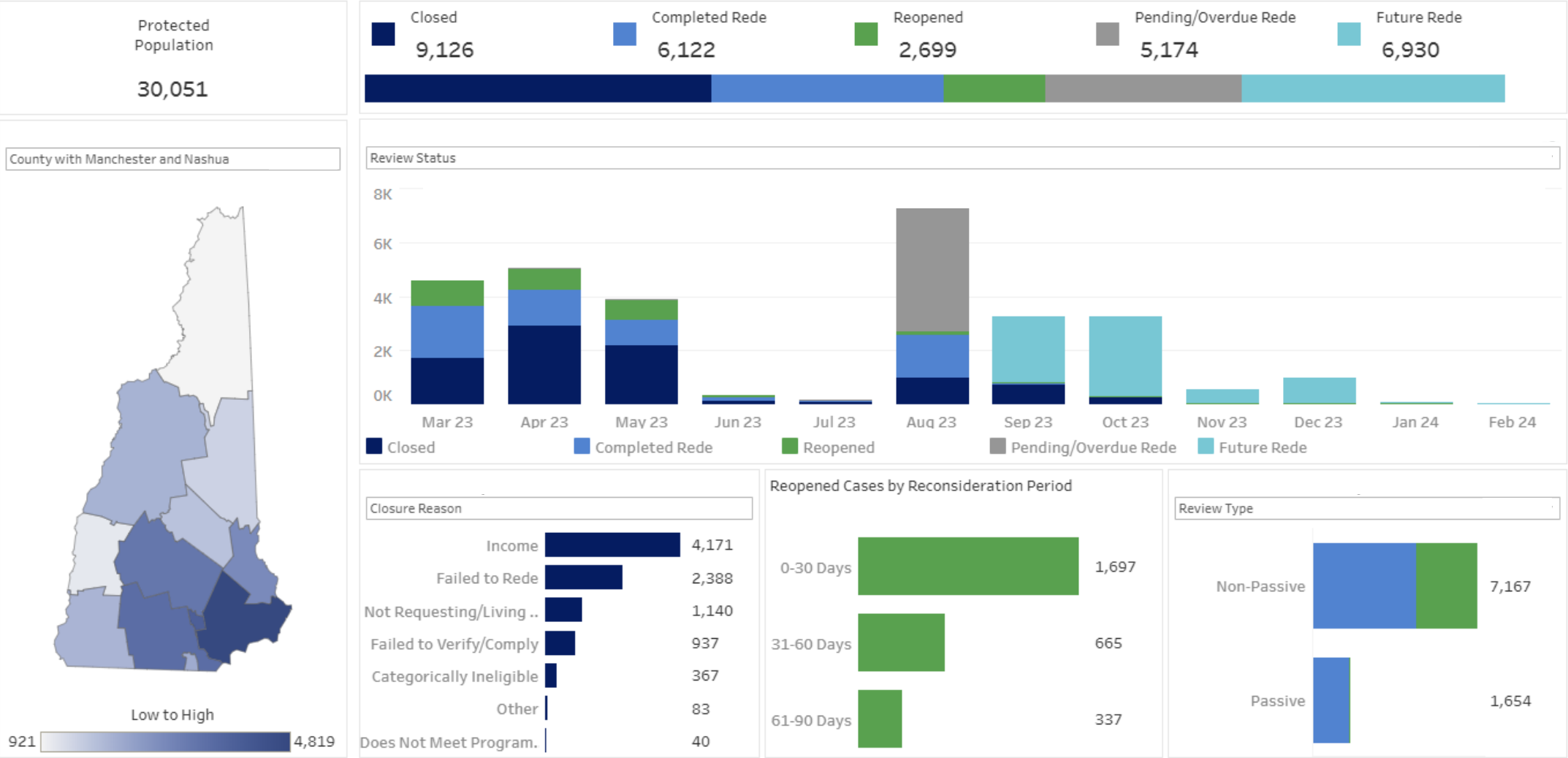
These graphs provide an overview of NH's Medicaid renewal processing for the protected population by percentage as of August 2nd, 2023.*



* **Protected Population** - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

DHHS's Continuous Enrollment Unwind Status – Children

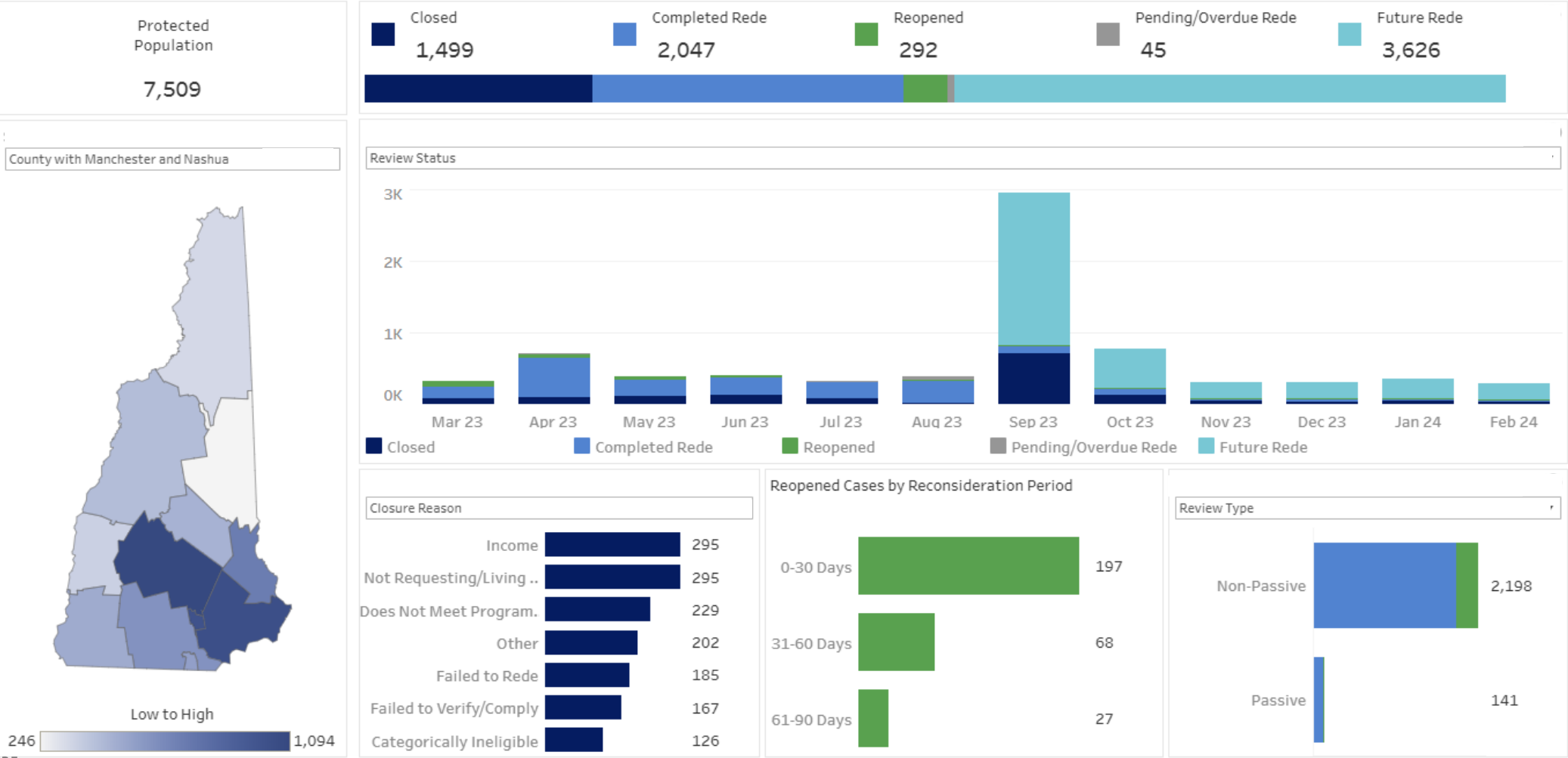
These graphs provide an overview of NH's Medicaid renewal processing for protected children by individual as of August 2nd, 2023.*



* **Protected Population** - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

DHHS's Continuous Enrollment Unwind Status – LTC/Disabled

These graphs provide an overview of NH's Medicaid renewal processing for protected long term care and disabled individuals as of August 2nd, 2023. Note that many of the renewals scheduled for September are for individuals in disability categories with nursing facility and Home and Community Based Services (HCBS) renewals distributed through February of 2024.*



* Protected Population - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

CMS Reporting and Closure Reasons - Cumulative

The below shows renewal rates* and outcomes for the protected and non-protected populations from March 2023 - July 2023 in aggregate.

- The outcome variance between the protected and non-protected is consistent with forecasts due to the front-loading of protected individuals less likely to be eligible
- Given the composition of the protected group (e.g., over income/categorically ineligible) the higher Federally Facilitated Marketplace (FFM) for insurance referral rate was anticipated
- The procedural pilot allows NH DHHS to send the FFM individuals who did not complete their renewal and are likely ineligible (e.g. over income)
- Re-openings are occurring at a meaningful rate with ~15% of March closures reopening illustrating the trend as illustrated on slide 15
- Households that fail to renew have varying circumstances, such as:
 - No longer require or desire Medicaid (e.g., self-employed over income, those who already have commercial healthcare, etc.)
 - Circumstances that have changed (e.g., they moved out of state, passed away, etc.)
 - May be eligible if they renew (many administrative closures subsequently reapply for benefits)

	Grand Total					
	Grand Total (CMS)		Protected		Non-Protected	
Renewal Metrics	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	94,876	100%	41,051	100%	53,825	100%
In Progress	2,823	3.0%	1,620	3.9%	1,203	2.2%
Renewals with Outcomes	92,053	97.0%	39,431	96.1%	52,622	97.8%
Retained MA (Successful renewal)	45,298	49.2%	8,289	20.2%	37,009	68.8%
Total Closures (all reasons)	46,755	50.8%	31,142	75.9%	15,613	29.0%
Not Referred to FFM	27,912	59.7%	17,642	56.7%	10,270	65.8%
Referred to FFM	18,843	40.3%	13,500	43.3%	5,343	34.2%
Procedural (Pilot)	9,465	20.2%	8,194	26.3%	1,271	8.1%
Non-Procedural	9,378	20.1%	5,306	17.0%	4,072	26.1%
Total Closure by Reasons	46,755	100%	31,142	100%	15,613	100%
Income	14,697	31.4%	11,366	36.5%	3,331	21.3%
Failed to Rede	21,547	46.1%	13,793	44.3%	7,754	49.7%
Categorically Ineligible	3,577	7.7%	2,836	9.1%	741	4.7%
Not Requesting/Living Arrangement	3,091	6.6%	1,919	6.2%	1,172	7.5%
Failed to Verify/Comply	1,230	2.6%	458	1.5%	772	4.9%
Does Not Meet Program Requirements	1,481	3.2%	380	1.2%	1,101	7.1%
Other	1,132	2.4%	390	1.3%	742	4.8%

* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

CMS Reporting and Closure Reasons - July

	Jul-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	15,535	100%	7,041	100%	8,494	100%
In Progress	663	4.3%	350	5.0%	313	3.7%
Renewals with Outcomes	14,872	95.7%	6,691	95.0%	8,181	96%
Retained MA	7,815	52.5%	1,716	24.4%	6,099	71.8%
Total Closures by outcome	7,057	47.5%	4,975	70.7%	2,082	24.5%
Not Referred to FFM	5,126	72.6%	3,612	72.6%	1,514	72.7%
Referred to FFM	1,931	27.4%	1,363	27.4%	568	27.3%
Procedural	900	12.8%	826	16.6%	74	3.6%
Non-Procedural	1,031	14.6%	537	10.8%	494	23.7%
Total Closure by Reasons	7,057	100%	4,975	100%	2,082	100%
Income	1776	25.2%	1,439	28.9%	337	16.2%
Failed to Rede	4131	58.5%	3,054	61.4%	1,077	51.7%
Categorically Ineligible	188	2.7%	95	1.9%	93	4.5%
Not Requesting/Living Arrangement	278	3.9%	177	3.6%	101	4.9%
Failed to Verify/Comply	249	3.5%	105	2.1%	144	6.9%
Does Not Meet Program Requirements	225	3.2%	43	0.9%	182	8.7%
Other	210	3.0%	62	1.2%	148	7.1%

* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

**Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

CMS Reporting and Closure Reasons - June

	Jun-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	16,154	100%	7,354	100%	8,800	100%
In Progress	213	1.3%	56	0.8%	157	1.8%
Renewals with Outcomes	15,941	98.7%	7,298	99.2%	8,643	98%
Retained MA	7,586	47.6%	1,360	18.5%	6,226	70.8%
Total Closures by outcome	8,355	52.4%	5,938	80.7%	2,417	27.5%
Not Referred to FFM	6,155	73.7%	4,491	75.6%	1,664	68.8%
Referred to FFM	2,200	26.3%	1,447	24.4%	753	31.2%
Procedural	1,082	13.0%	970	16.3%	112	4.6%
Non-Procedural	1,118	13.4%	477	8.0%	641	26.5%
Total Closure by Reasons	8,355	100%	5,938	100%	2,417	100%
Income	1839	22.0%	1,418	23.9%	421	17.4%
Failed to Rede	5075	60.7%	3,932	66.2%	1,143	47.3%
Categorically Ineligible	198	2.4%	93	1.6%	105	4.3%
Not Requesting/Living Arrangement	552	6.6%	366	6.2%	186	7.7%
Failed to Verify/Comply	258	3.1%	79	1.3%	179	7.4%
Does Not Meet Program Requirements	286	3.4%	36	0.6%	250	10.3%
Other	147	1.8%	14	0.2%	133	5.5%

* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

****Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.**

CMS Reporting and Closure Reasons - May

	May-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	23,236	100%	13,089	100%	10,147	100%
In Progress	674	2.9%	651	5.0%	23	0.2%
Renewals with Outcomes	22,562	97.1%	12,438	95.0%	10,124	100%
Retained MA	8,331	36.9%	2,106	16.1%	6,225	61.3%
Total Closures by outcome	14,231	63.1%	10,332	78.9%	3,899	38.4%
Not Referred to FFM	6,864	48.2%	4,868	47.1%	1,996	51.2%
Referred to FFM	7,367	51.8%	5,464	52.9%	1,903	48.8%
Procedural	3,595	25.3%	2,983	28.9%	612	15.7%
Non-Procedural	3,772	26.5%	2,481	24.0%	1,291	33.1%
Total Closure by Reasons	14,231	100%	10,332	100%	3,899	100%
Income	5228	36.7%	3,994	38.7%	1,234	31.6%
Failed to Rede	4716	33.1%	3,153	30.5%	1,563	40.1%
Categorically Ineligible	2031	14.3%	1,821	17.6%	210	5.4%
Not Requesting/Living Arrangement	1020	7.2%	767	7.4%	253	6.5%
Failed to Verify/Comply	349	2.5%	153	1.5%	196	5.0%
Does Not Meet Program Requirements	461	3.2%	211	2.0%	250	6.4%
Other	426	3.0%	233	2.3%	193	4.9%

* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

****Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.**

CMS Reporting and Closure Reasons - April

	Apr-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	23,352	100%	11,626	100%	11,726	100%
In Progress	1,001	4.3%	562	4.8%	439	3.7%
Renewals with Outcomes	22,351	95.7%	11,064	95.2%	11,287	96.3%
Retained MA	11,093	49.6%	2,876	24.7%	8,217	70.1%
Total Closures by outcome	11,258	50.4%	8,188	70.4%	3,070	26.2%
Not Referred to FFM	5,385	47.8%	3,294	40.2%	2,091	68.1%
Referred to FFM	5,873	52.2%	4,894	59.8%	979	31.9%
Procedural	3,350	29.8%	3,168	38.7%	182	5.9%
Non-Procedural	2,523	22.4%	1,726	21.1%	797	26.0%
Total Closure by Reasons	11,258	100%	8,188	100%	3,070	100%
Income	4,767	42.3%	4,244	51.8%	523	17.0%
Failed to Rede	3,922	34.8%	2,310	28.2%	1,612	52.5%
Categorically Ineligible	955	8.5%	772	9.4%	183	6.0%
Not Requesting/Living Arrangement	850	7.6%	599	7.3%	251	8.2%
Failed to Verify/Comply	222	2.0%	104	1.3%	118	3.8%
Does Not Meet Program Requirements	301	2.7%	82	1.0%	219	7.1%
Other	241	2.1%	77	0.9%	164	5.3%

* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

**Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

CMS Reporting and Closure Reasons - March

	Mar-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	16,599	100%	1,941	100%	14,658	100%
In Progress	272	1.6%	1	0.1%	271	1.8%
Renewals with Outcomes	16,327	98.4%	1,940	99.9%	14,387	98%
Retained MA	10,473	64.1%	231	11.9%	10,242	71.2%
Total Closures by outcome	5,854	55.9%	1,709	88.1%	4,145	28.8%
Not Referred to FFM	4,382	74.9%	1,377	80.6%	3,005	72.5%
Referred to FFM	1,472	25.1%	332	19.4%	1,140	27.5%
Procedural	538	9.2%	247	14.5%	291	7.0%
Non-Procedural	934	16.0%	85	5.0%	849	20.5%
Total Closure by Reasons	5,854	100%	1,709	100%	4,145	100%
Income	1,087	18.6%	271	15.9%	816	19.7%
Failed to Rede	3,703	63.3%	1,344	78.6%	2,359	56.9%
Categorically Ineligible	205	3.5%	55	3.2%	150	3.6%
Not Requesting/Living Arrangement	391	6.7%	10	0.6%	381	9.2%
Failed to Verify/Comply	152	2.6%	17	1.0%	135	3.3%
Does Not Meet Program Requirements	208	3.6%	8	0.5%	200	4.8%
Other	108	1.8%	4	0.2%	104	2.5%

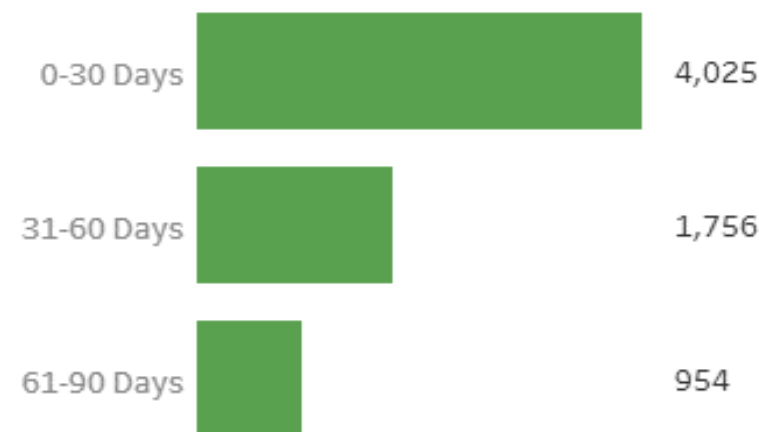
* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

**Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

Additional Continuous Enrollment Unwind Early Indicators

Re-openings

The bar chart below shows the total number of protected individuals who closed and subsequently reopened by the timeframe during which they returned to coverage (e.g., within 30 days of closing).



Re-Openings by Month

The bar chart below shows the number of protected individuals who closed and then reopened. Reopening are reported based on the scheduled renewal month (e.g., March renewals that have subsequently reopened in a future month report in March).



* **Protected Population** - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

CMS Reported Metrics - July

The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of July.

Month	Category	Indicator Group	Indicator	Description	Data
July 2023	Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	1,089
			2a - Non-Disability	Completed MAGI and other non-disability applications	823
			2b - Disability	Completed disability applications	266
		Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	166
			3a - Non-Disability	Pending MAGI and other non-disability applications	132
			3b - Disability	Pending disability-related applications	34
	Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	18,497
	Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	15,535
			5a	The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	7,815
			5a (1)	Number of beneficiaries renewed on an exparte basis	5,082
			5a (2)	Number of beneficiaries renewed using a pre-populated renewal form	2,733
			5b	The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	1,031
			5c	The beneficiaries terminated for procedural reasons (i.e. failure to respond)	6,026
			5d	The beneficiaries whose renewal was not completed	663
		7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..	707
ATPD Count					900

CMS Reported Metrics - June

The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of June.

Month	Category	Indicator Group	Indicator	Description	Data
June 2023	Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	1,050
			2a - Non-Disability	Completed MAGI and other non-disability applications	794
			2b - Disability	Completed disability applications	256
		Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	205
			3a - Non-Disability	Pending MAGI and other non-disability applications	161
			3b - Disability	Pending disability-related applications	44
	Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	15,535
	Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	16,154
			5a	The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	7,586
			5a (1)	Number of beneficiaries renewed on an exparte basis	4,880
			5a (2)	Number of beneficiaries renewed using a pre-populated renewal form	2,706
			5b	The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	1,118
			5c	The beneficiaries terminated for procedural reasons (i.e. failure to respond)	7,237
			5d	The beneficiaries whose renewal was not completed	213
		7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been con	218
ATPD Count					1082

CMS Reported Metrics - May

The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of May.

Month	Category	Indicator Group	Indicator	Description	Data
May 2023	Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	972
			2a - Non-Disability	Completed MAGI and other non-disability applications	731
			2b - Disability	Completed disability applications	241
		Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	283
			3a - Non-Disability	Pending MAGI and other non-disability applications	224
			3b - Disability	Pending disability-related applications	59
	Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	16,154
	Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	23,236
			5a	The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	8,331
			5a (1)	Number of beneficiaries renewed on an exparte basis	4,136
			5a (2)	Number of beneficiaries renewed using a pre-populated renewal form	4,195
			5b	The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	3,772
			5c	The beneficiaries terminated for procedural reasons (i.e. failure to respond)	10,459
			5d	The beneficiaries whose renewal was not completed	674
		7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..	680
	ATPD Count				3595

CMS Reported Metrics - April

The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of April.

Category	Indicator Group	Indicator	Description	Data
Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	802
		2a - Non-Disability	Completed MAGI and other non-disability applications	625
		2b - Disability	Completed disability applications	177
	Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	453
		3a - Non-Disability	Pending MAGI and other non-disability applications	330
		3b - Disability	Pending disability-related applications	123
Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	23,236
Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	23,352
		5a	The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	11,093
		5a (1)	Number of beneficiaries renewed on an exparte basis	7,370
		5a (2)	Number of beneficiaries renewed using a pre-populated renewal form	3,723
		5b	The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	2,523
		5c	The beneficiaries terminated for procedural reasons (i.e. failure to respond)	8,735
		5d	The beneficiaries whose renewal was not completed	1,001
	7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..	1,015
ATPD Count				3350

CMS Reported Metrics - March

The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of March.

Category	Indicator Group	Indicator	Description	Data
Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	562
		2a - Non-Disability	Completed MAGI and other non-disability applications	431
		2b - Disability	Completed disability applications	131
	Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	693
		3a - Non-Disability	Pending MAGI and other non-disability applications	524
		3b - Disability	Pending disability-related applications	169
Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	23,352
Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	16,599
		5a	The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	10,473
		5a (1)	Number of beneficiaries renewed on an exparte basis	7,150
		5a (2)	Number of beneficiaries renewed using a pre-populated renewal form	3,323
		5b	The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	934
		5c	The beneficiaries terminated for procedural reasons (i.e. failure to respond)	4,920
		5d	The beneficiaries whose renewal was not completed	272
	7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..	272
ATPD Count				538

DHHS Call Campaign Following Failure to Renew

- DHHS called households with vulnerable individuals using Medicaid who **closed for failure to renew**. Of the ~500 households reached, approximately **~94% of households were aware that the renewal was/is due** to retain Medicaid.
- Many of the households are acting within the 120-day reconsideration window and are already open or are working on their renewal. Others have alternate insurance or are evaluating their household circumstances and preferences.
- **For most households unaware of their renewal, the address, e-mail, and or text on file was accurate and they likely had not yet opened/checked for the renewal.**

