



# 2023 Medicaid and CHIP Beneficiary Profile: Enrollment, Expenditures, Characteristics, Health Status, and Experience



# Introduction

The Medicaid and Children’s Health Insurance Program (CHIP) Beneficiary Profile provides an overview of Medicaid and CHIP enrollment, expenditures, characteristics, health status, and experience of the beneficiaries served by Medicaid and CHIP. It is not intended as a comprehensive assessment of Medicaid and CHIP.

- The charts in the profile are based on the most recent data sources that allowed for meaningful comparative analysis. Most exhibits are based on publicly available, published data sources. Some exhibits are based on primary analyses of Centers for Medicare & Medicaid Services (CMS) claims and other administrative data.
- The data sources included in the profile vary in terms of the time frame available and the populations included. Please refer to the sidebar on each chart for notes (including populations excluded from the data), data sources, and links (where available). Please refer to the Appendix for more information on each data source.

More information about the Medicaid and CHIP programs, their beneficiaries, and the quality of care is available in the following additional resources:

- **2023 Medicaid and CHIP Beneficiaries at a Glance** shows key highlights from the Medicaid and CHIP Beneficiary Profile. It is available at: <https://www.medicaid.gov/medicaid/quality-of-care/index.html>.
- CMS developed the **Medicaid and CHIP Scorecard** to increase public transparency and accountability about the programs’ administration and outcomes. It is available at: <https://www.medicaid.gov/state-overviews/scorecard/index.html>.
- More information on the measurement of quality of care in Medicaid and CHIP, including the Child and Adult Core Sets of health care quality measures, is available at: <https://www.medicaid.gov/medicaid/quality-of-care/index.html>.

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# **ABOUT THE MEDICAID AND CHIP BENEFICIARY PROFILE**



## About the Medicaid and CHIP Beneficiary Profile

The Medicaid and CHIP Beneficiary Profile provides an overview of Medicaid and CHIP enrollment, expenditures, characteristics, health status, and experience of the beneficiaries served by Medicaid and CHIP. This profile release also contains a special section devoted to the health-related social needs for children and adults covered by Medicaid and CHIP.

As the agency responsible for ensuring quality health care coverage for Medicaid and CHIP beneficiaries, CMS plays a key role in promoting quality health care for adults and children in Medicaid and CHIP.

The profile covers the following domains:

- Medicaid and CHIP Enrollment
- Beneficiary Expenditures
- Beneficiary Characteristics
- Beneficiary Health Status
- Beneficiary Experience
- Special Topic: Health-Related Social Needs

Unless otherwise noted, charts include all Medicaid and CHIP beneficiaries in the 50 states and the District of Columbia. One notable exclusion is institutionalized individuals; surveys tend to exclude such individuals from their samples. Please refer to the sidebar on each chart for notes (including exclusions), data sources, and links (where available). Please refer to the Appendix for more information on data sources.

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# MEDICAID AND CHIP ENROLLMENT



# Medicaid and CHIP Enrollment

**Fast fact: As of November 2022, Medicaid and CHIP covered more than 91.7 million individuals in the United States ([slide 8](#)).**

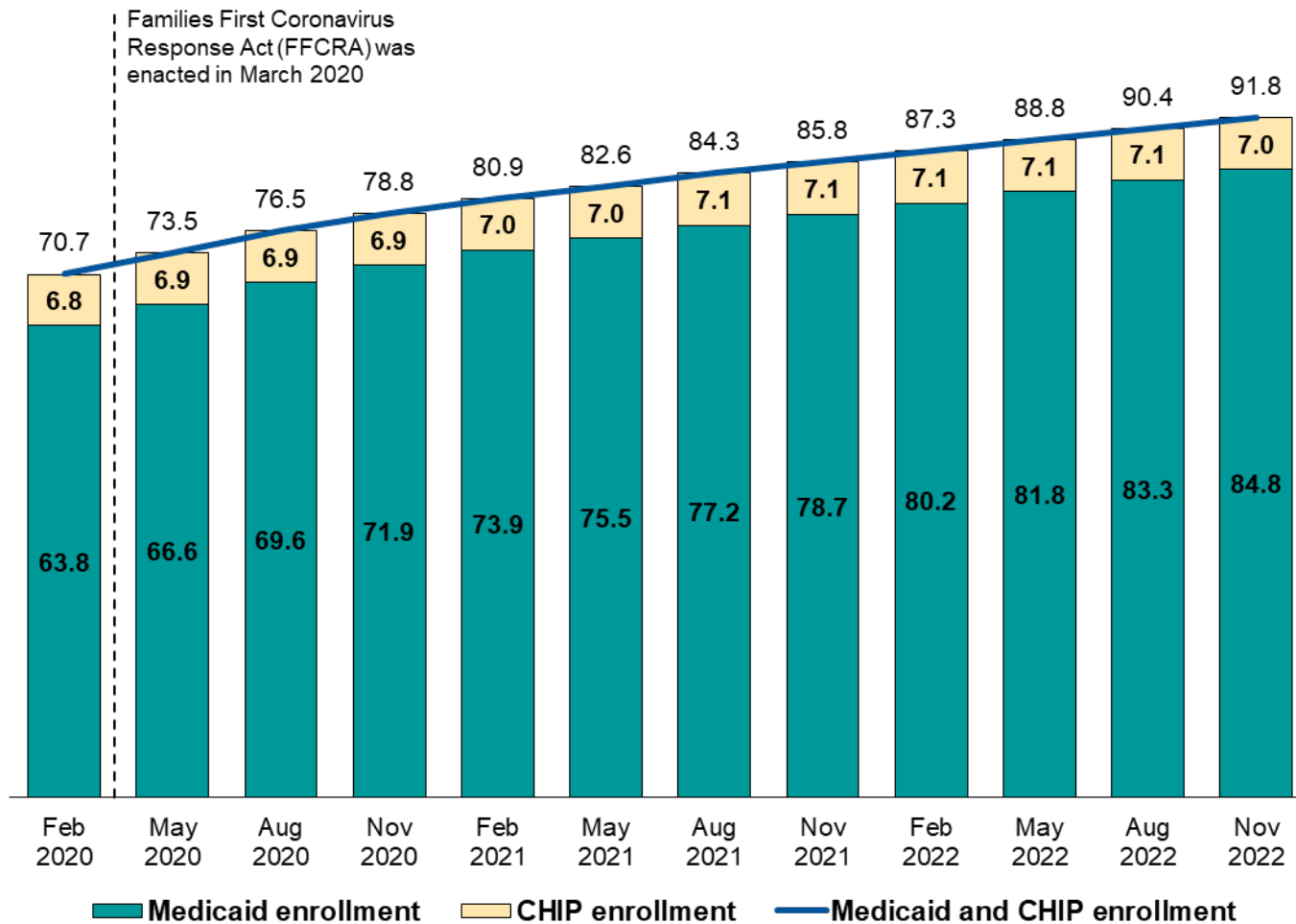
This section of the profile provides context on Medicaid and CHIP enrollment.

The charts in this section include:

- National Medicaid and CHIP Enrollment Trends
- Percentage of Child and Adult Population Enrolled in Medicaid or CHIP, by State
- Percentage of Child Population Enrolled in Medicaid or CHIP, by State
- Percentage of Adult Population Enrolled in Medicaid or CHIP, by State
- Percentage of Medicaid Beneficiaries in Comprehensive Managed Care, by State
- Percentage of Medicaid Beneficiaries Who Were Dually Eligible for Medicare and Medicaid, by State

# National Medicaid and CHIP Enrollment Trends (in millions), February 2020 – November 2022

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits



**From February 2020 to November 2022, national Medicaid and CHIP enrollment increased by approximately 21 million individuals (almost 30%).**

**Notes:** Enrollment totals represent the total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period. These figures are point-in-time counts of program enrollment and include only those individuals with comprehensive benefits. The Families First Coronavirus Response Act (FFCRA) made available a temporary 6.2 percentage point increase to each state or territory's federal medical assistance percentage (FMAP). As a condition of receiving the FMAP increase, states must meet several requirements pertaining to eligibility and maintenance of enrollment.

**Source:** CMS. November 2022 Medicaid and CHIP Enrollment Trends Snapshot. Figure 1 and Appendix A.

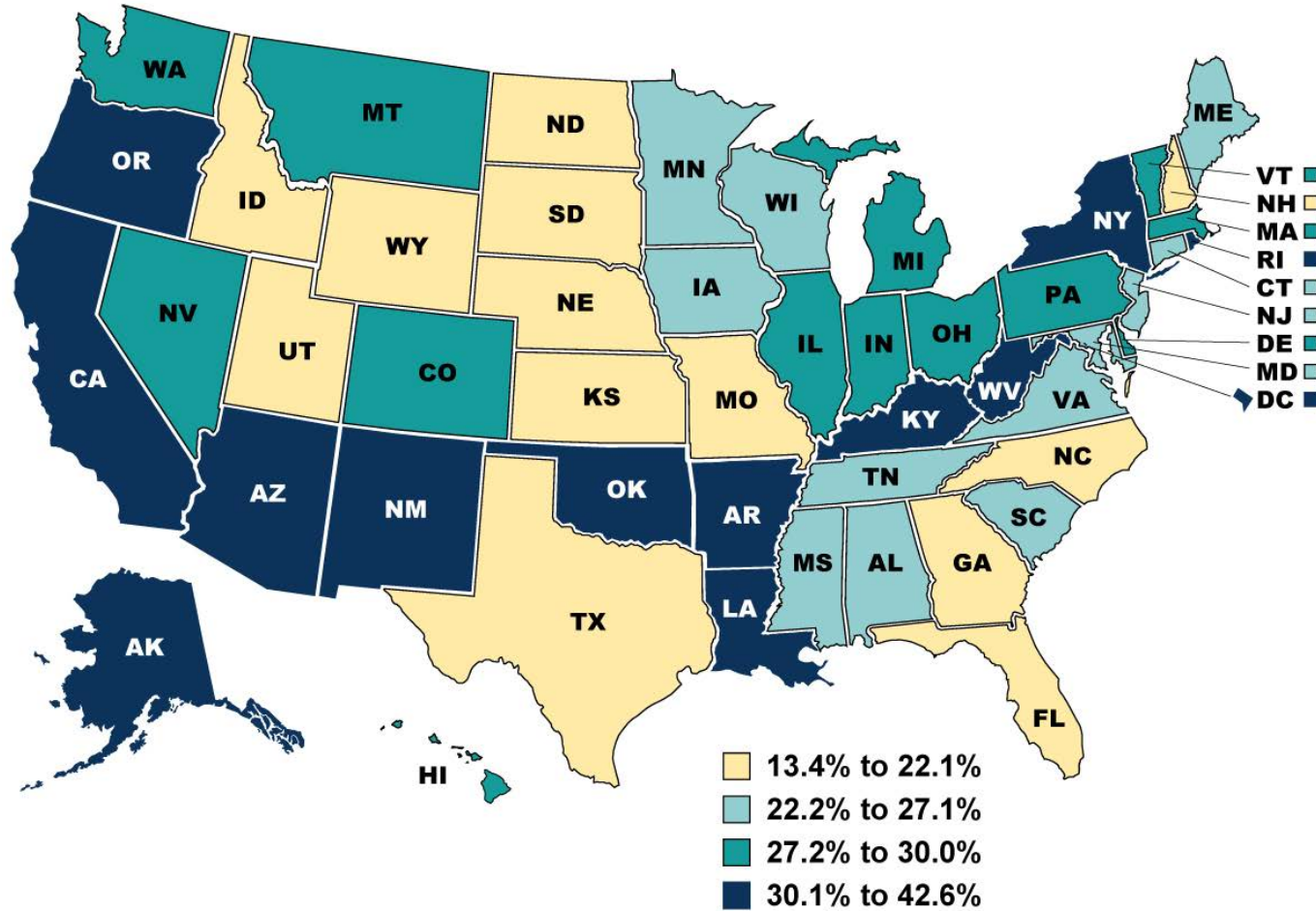
**Available at:**  
<https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html>





# Percentage of Child and Adult Population Enrolled in Medicaid or CHIP, by State, July 2022

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits



**Notes:**

Enrollment in Medicaid or CHIP includes individuals with full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP enrollment by estimates of each state's resident population. Results were rounded to one decimal place, and then states were assigned to quartiles.

**Sources:**

CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).

**Available at:**

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>

U.S. Census Bureau. Estimates of the Resident Population for July 1, 2022. Table SCPRC-EST2022-18+POP.

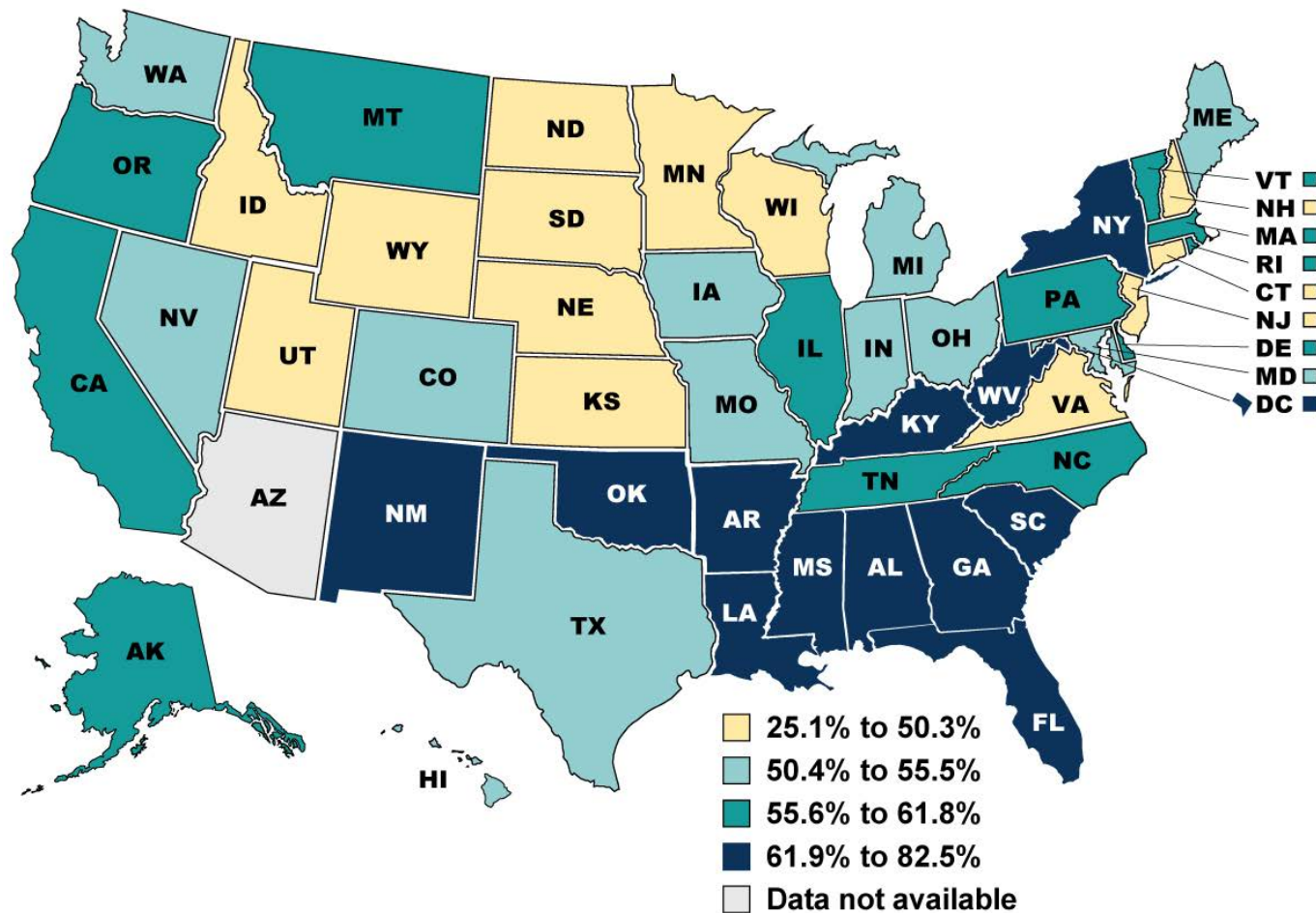
**Available at:**

<https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>



# Percentage of Child Population Enrolled in Medicaid or CHIP, by State, July 2022

Population: Beneficiaries up to age 19 with full Medicaid or CHIP benefits



## Notes:

Enrollment in Medicaid or CHIP includes individuals with full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP child enrollment by estimates of each state's resident population of children. Children enrolled in Medicaid or CHIP in each state include children and adolescents up to age 19. Estimates of each state's resident population include children under age 18. AZ did not report age-specific enrollment data to CMS. Results for all other states were rounded to one decimal place, and then states were assigned to quartiles.

## Sources:

CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).

## Available at:

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>

U.S. Census Bureau. Estimates of the Resident Population for July 1, 2022. Table SCPRC-EST2022-18+POP.

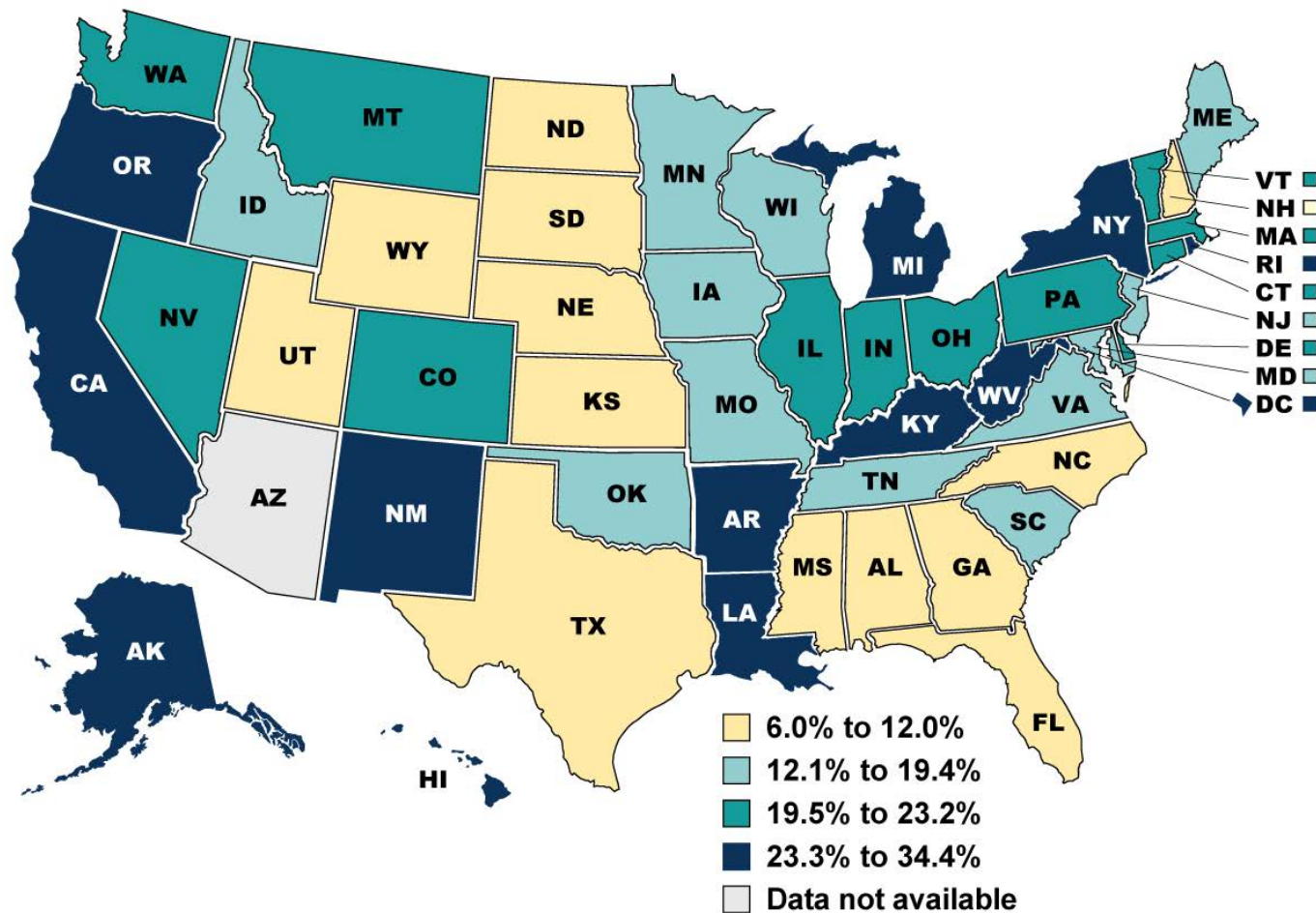
## Available at:

<https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>



# Percentage of Adult Population Enrolled in Medicaid or CHIP, by State, July 2022

Population: Beneficiaries age 19 and older with full Medicaid or CHIP benefits



## Notes:

Enrollment in Medicaid or CHIP includes individuals with for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP adult enrollment by estimates of each state's resident population of adults. Adults enrolled in Medicaid or CHIP in each state include adults and seniors age 19 and older. Estimates of each state's resident population include adults age 18 and over. AZ did not report age-specific enrollment data to CMS. Results for all other states were rounded to one decimal place, and then states were assigned to quartiles.

## Sources:

CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).

## Available at:

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>

U.S. Census Bureau. Estimates of the Resident Population for July 1, 2022. Table SCPRC-EST2022-18+POP.

## Available at:

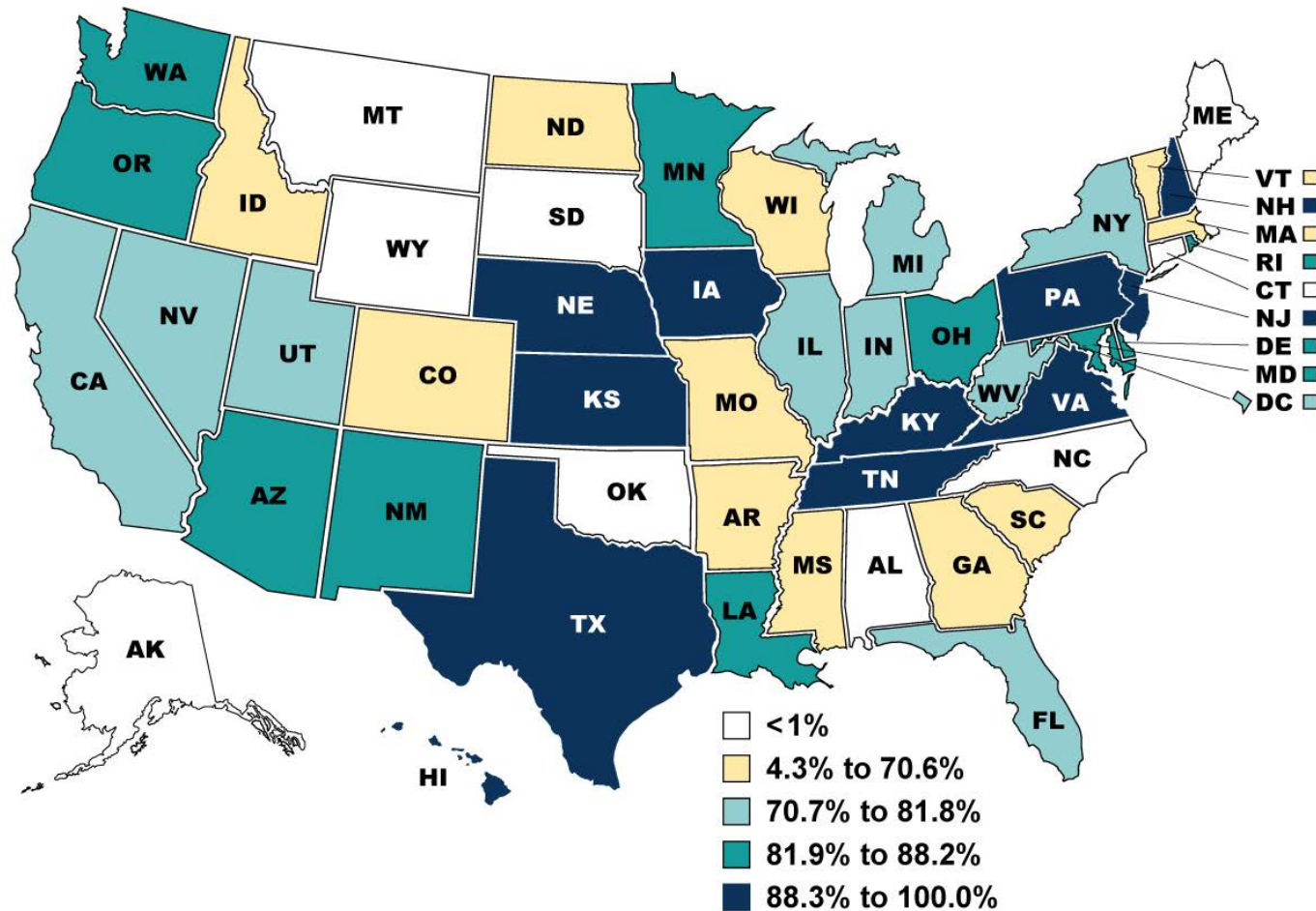
<https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html>





# Percentage of Medicaid Beneficiaries in Comprehensive Managed Care, by State, 2020

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits



**Nationally, 72.0% of Medicaid beneficiaries were enrolled in a comprehensive managed care plan in 2020.**

**Notes:**  
 Medicaid enrollment in comprehensive managed care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care. Nine states have less than 1% of beneficiaries in comprehensive managed care. Results for the remaining states were rounded to one decimal place, and then states were assigned to quartiles.

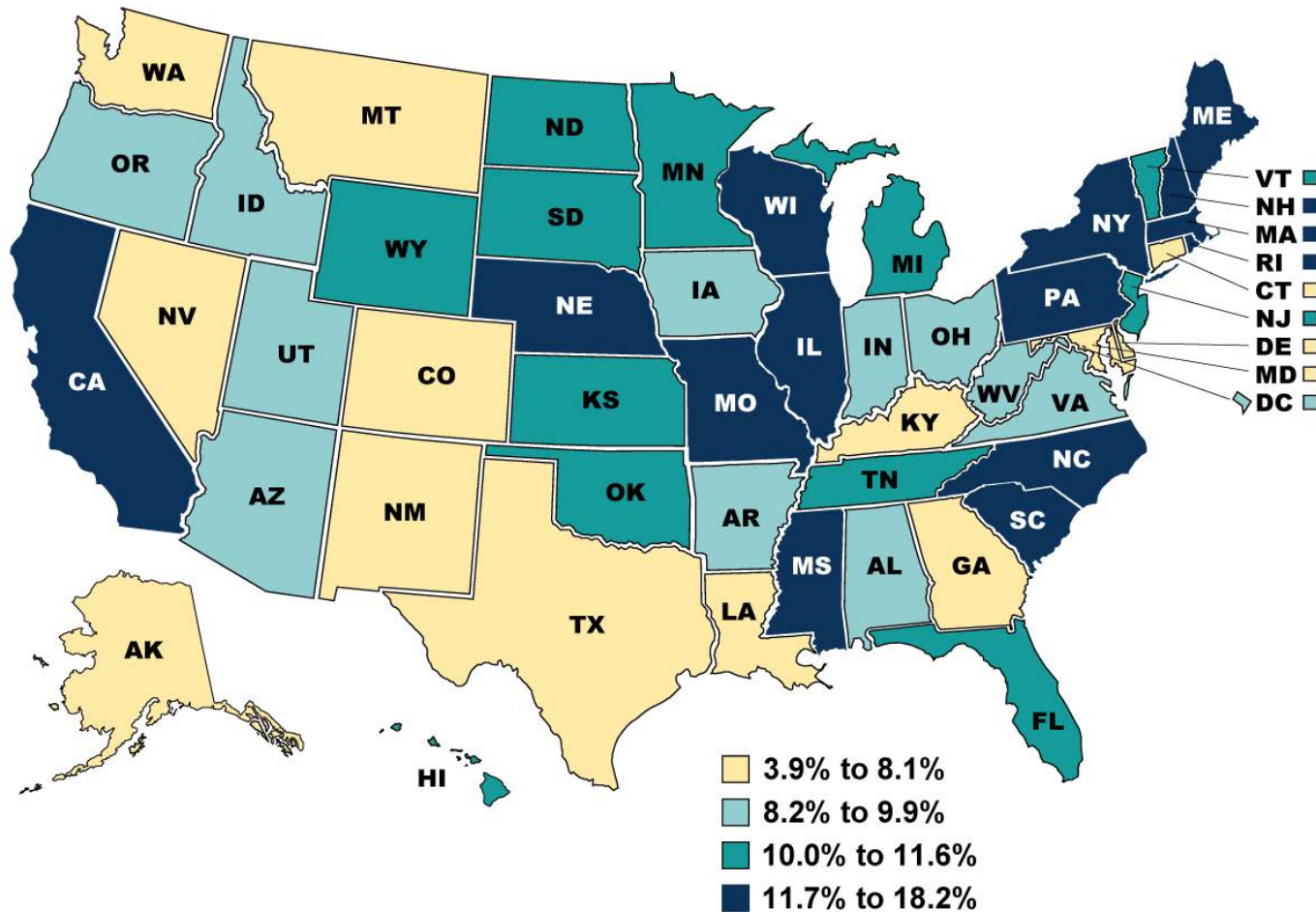
**Source:**  
 2020 CMS Managed Care Enrollment Report.

**Available at:**  
<https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html>



# Percentage of Medicaid Beneficiaries Who Were Dually Eligible for Medicare and Medicaid, by State, 2021

Population: Beneficiaries of all ages with full Medicaid benefits



**Nationally, 10.8% of Medicaid beneficiaries (8.6 million individuals) were dually eligible for Medicare and receive full Medicaid benefits.**

**Notes:**  
The percentage of the Medicaid population that is dually eligible by state was calculated by dividing total, full-benefit, dual-eligible enrollment by total Medicaid enrollment. Results were rounded to one decimal place, and then states were assigned to quartiles. The national percentage was calculated by dividing the sum of the state totals.

**Sources:**  
CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (December 2021 data, as of December 21, 2022).  
**Available at:**  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics>

CMS. Updated December 2021 Applications, Eligibility Determinations, and Enrollment Data (as of December 21, 2022).  
**Available at:**  
<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>



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# **BENEFICIARY EXPENDITURES**



# Beneficiary Expenditures

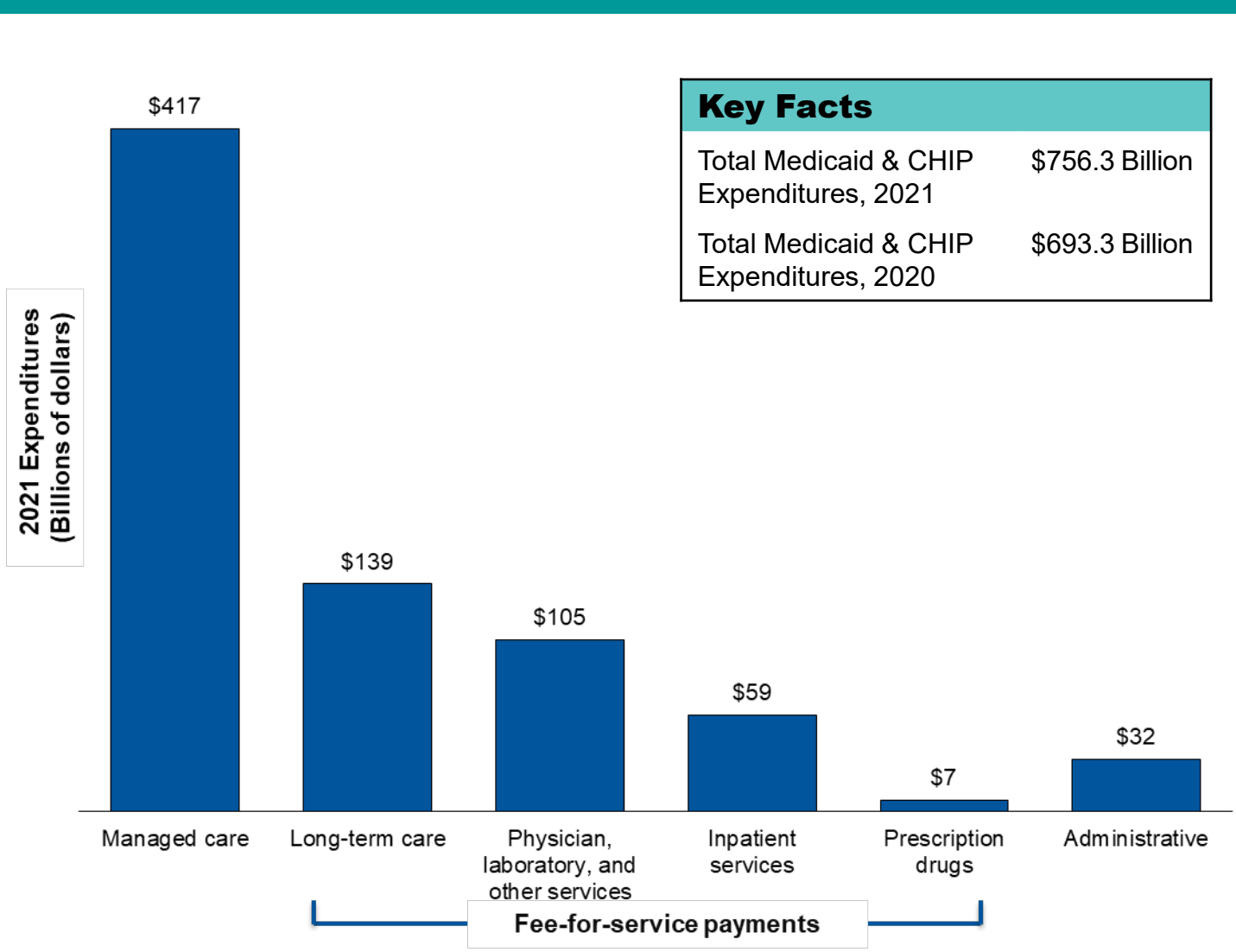
**Fast fact: In 2020, children accounted for 38.1% of beneficiaries and 15.7% of expenditures. People eligible for Medicaid on the basis of disability accounted for 12.1% of Medicaid beneficiaries and 32.8% of expenditures ([slide 17](#)).**

This section of the profile shows annual Medicaid expenditures by service category and by beneficiary category.

The charts in this section include:

- Annual Medicaid and CHIP Expenditures by Service Category
- Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category

# Annual Medicaid and CHIP Expenditures by Service Category (billions of dollars), 2020 and 2021



## Key Facts

Total Medicaid & CHIP Expenditures, 2021	\$756.3 Billion
Total Medicaid & CHIP Expenditures, 2020	\$693.3 Billion

## Total expenditures

### Notes:

Total Medicaid & CHIP Expenditures include federal, state, and local expenditures. Data are for Federal Fiscal Years 2020 and 2021.

### Source:

CMS National Health Expenditures Accounts (2020 and 2021 data, as of Dec 15, 2022).

### Available at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>

## Expenditures by service category

### Notes:

Expenditures by service category do not sum to the total expenditures. Total expenditures also include Medicare payments for some beneficiaries and adjustments to prior year payments. Managed care expenditures cover the same services that are delivered via fee-for-service. Data do not permit allocation of managed care expenditures to the different service categories. Data are for Federal Fiscal Year 2021.

### Source:

CMS analysis of CMS-64 expenditure reports for Federal Fiscal Year 2021 from the Medicaid Budget and Expenditure System/State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES).

### Additional information available at:

<https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/medicaidbudgetexpendsystem>





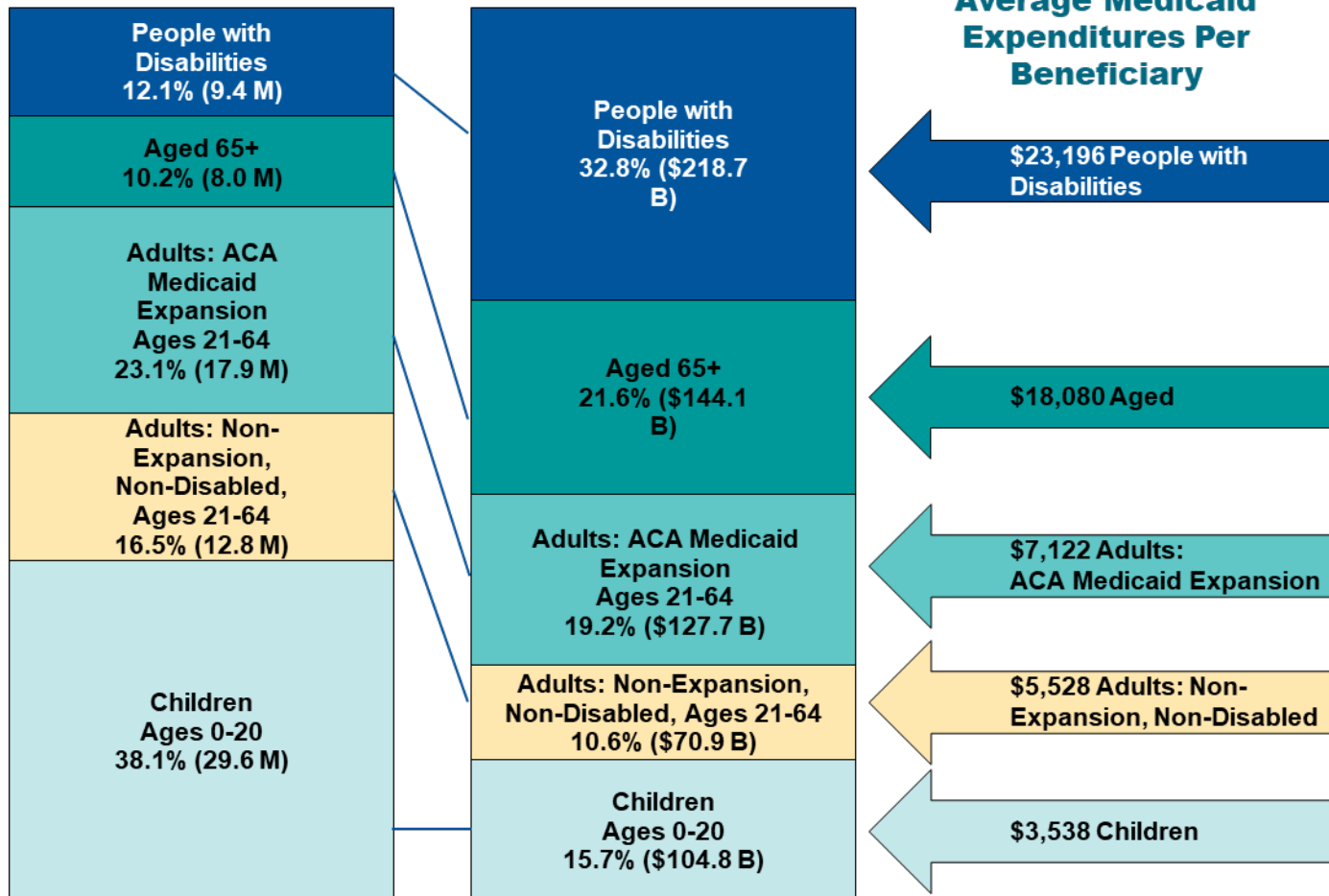
# Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category, 2020

Population: Beneficiaries of all ages with full or partial Medicaid benefits

## Total Enrollment (77.8 M)

## Total Expenditures (\$666.3 B)

## Average Medicaid Expenditures Per Beneficiary



### Notes:

These national estimates include state-reported data from the 50 states, D.C., Puerto Rico, and the U.S. Virgin Islands. They exclude all spending and enrollment through Medicaid-expansion CHIP and separate CHIP programs. CMS used Transformed Medicaid Statistical Information System (T-MSIS) data to determine the percentage of total Medicaid expenditures accounted for by each beneficiary category, then applied that percentage to the net total Medicaid expenditures (federal and state) states reported to the Medicaid Budget and Expenditure System (MBES) in form CMS-64. Total net expenditures exclude spending for administrative expenses and disproportionate share hospital payments. Enrollment totals represent the count of total beneficiary years in T-MSIS aggregated across five beneficiary categories. People with Disabilities includes beneficiaries of any age who are eligible for Medicaid on the basis of disability. Adults: ACA Medicaid Expansion includes adults made eligible for Medicaid under the Affordable Care Act beginning in 2014. Some adult eligibility groups may include a small number of individuals under age 21 and over age 64.

### Source:

CMS calculations using calendar year 2020 MBES expenditure data and 2020 T-MSIS data on enrollees and expenditures.

Full website links for each data source can be found in the Appendix.



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# **BENEFICIARY CHARACTERISTICS**



# Beneficiary Characteristics

**Fast fact: In 2021, 25.8% of the 92.1 million Medicaid and CHIP beneficiaries were females of reproductive age (ages 15 to 49).<sup>1</sup>**

This section of the profile shows the demographic characteristics of Medicaid and CHIP beneficiaries by age group and sex. It also shows estimates of births paid for by Medicaid, by state.

The charts in this section include:

- Demographics of Medicaid and CHIP Beneficiaries
- Percentage of Births Covered by Medicaid, by State
- Percentage of Medicaid and CHIP Beneficiaries Living in Rural Areas, by State
- Percentage of Medicaid and CHIP Beneficiaries, by Race and Ethnicity

**Note:**

<sup>1</sup> These counts include beneficiaries who were: (1) enrolled in Medicaid or CHIP for at least one day during 2021, and (2) were eligible for full benefits or the equivalent as of their latest enrollment in 2021. Beneficiaries eligible for family planning services only are excluded. Calculations exclude beneficiaries who had claims but no eligibility data for the year. Calculations also exclude beneficiaries with missing or invalid age or a missing value for gender when age is between 15 and 49 in T-MSIS (<1% of beneficiaries). See the Appendix for more information on the methodology used for these national calculations.

**Source:**

Mathematica analysis of calendar year 2021 T-MSIS Analytic Files (TAF), v 7.

**Additional Information about TAF available at:**

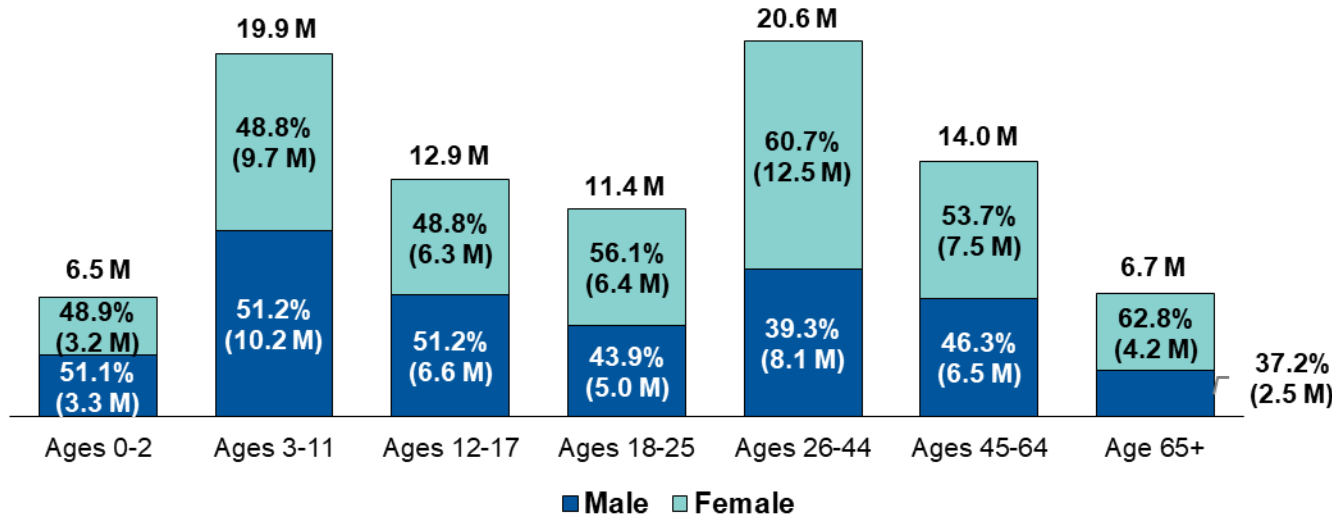
<https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html>



# Demographics of Medicaid and CHIP Beneficiaries, 2021

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits

## Share of Beneficiaries by Age Group and Sex



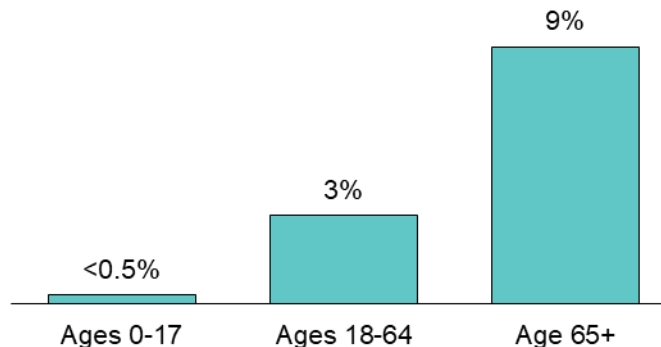
Nationally, 54.1% of Medicaid beneficiaries were female and 45.9% were male in 2021.

### Beneficiaries by age group and sex

**Notes:** Data include beneficiaries who were enrolled in Medicaid or CHIP for at least one day in 2021 and eligible for full-scope benefits. This exhibit assigns beneficiaries to age categories using the age field in TAF, while the analysis on slide 17 also uses the eligibility category field. The eligibility category field includes information about the eligibility pathway (for example, whether the individual is eligible based on disability). This exhibit also differs from the exhibit on slide 17 in terms of the population included: this exhibit includes CHIP beneficiaries and is limited to beneficiaries with full-scope benefits. Calculations also exclude beneficiaries with missing age or gender in T-MSIS (<1% of beneficiaries).

**Source:** Mathematica analysis of calendar year 2021 T-MSIS Analytic Files (TAF), v 7.

## Share of Beneficiaries Institutionalized by Age



### Institutionalized beneficiaries

**Notes:** Data include individuals who self-report coverage through Medicaid, Medical Assistance, or another government health plan for low-income populations. An institution is defined as a correctional facility, nursing home, or mental hospital.

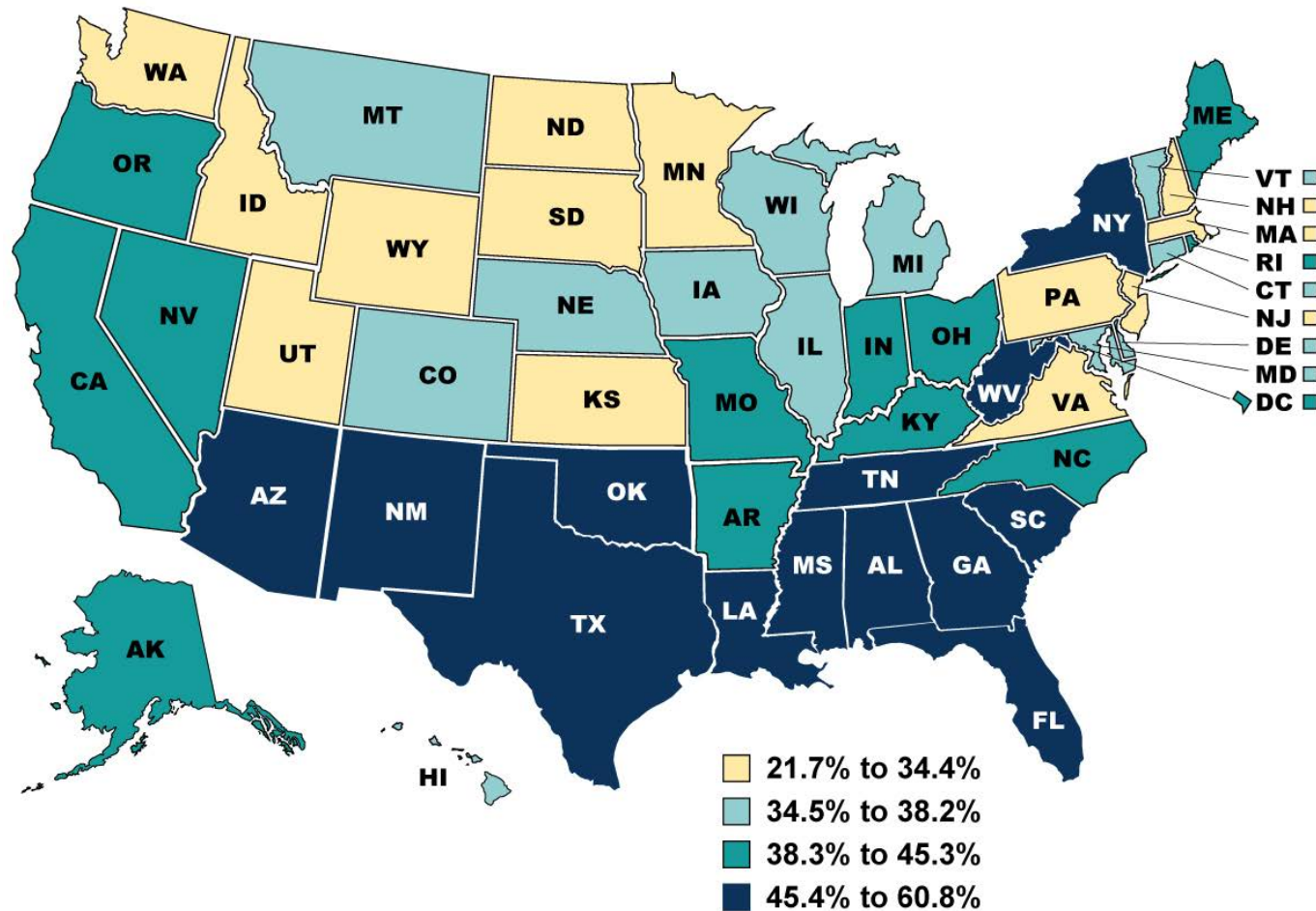
**Source:** Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

Full website links for each data source can be found in the Appendix.



# Percentage of Births Covered by Medicaid, by State, 2021

Population: All births with Medicaid as principal payer for the delivery



**Nationally, 41.0% of births were covered by Medicaid in 2021.**

**Notes:**  
 Births where Medicaid is the principal payer for the delivery are shown. Percentages were rounded to one decimal place, and then states were assigned to quartiles. Births with an unknown payer are excluded from calculations. In 5 states (MO, PA, TX, UT, and WA), 2 to 3% of births have an unknown payer. For all other states, <2% of births have an unknown payer.

**Source:**  
 Centers for Disease Control and Prevention (CDC). 2021 Natality Public Use Data on CDC WONDER online database (as of December 20, 2022).

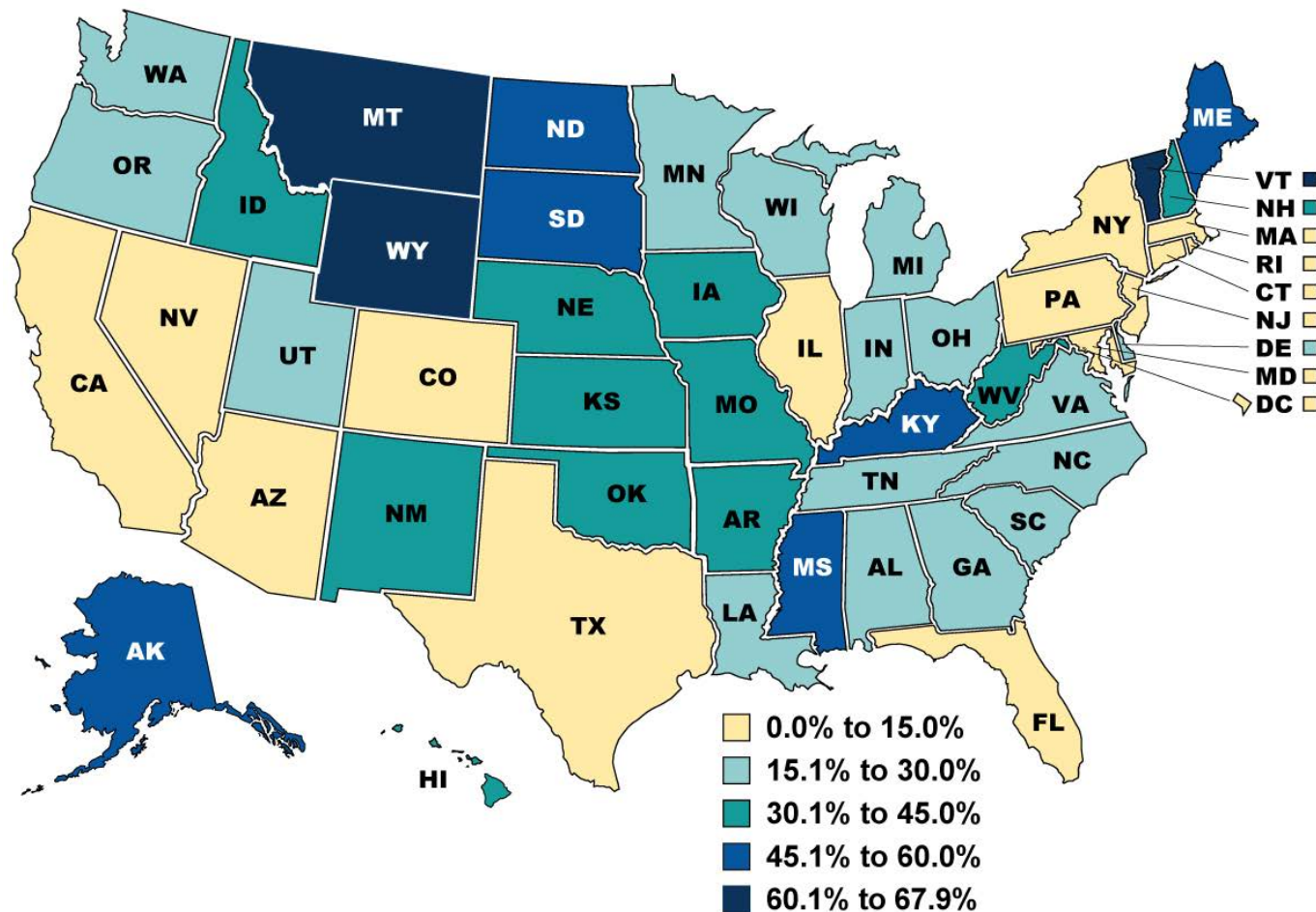
**Available at:**  
<https://wonder.cdc.gov/>





# Percentage of Medicaid and CHIP Beneficiaries Living in Rural Areas, by State, 2021

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits



## Notes:

The denominator for each state includes Medicaid and CHIP beneficiaries with full benefits and excludes beneficiaries who are eligible only for partial benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. Each beneficiary was assigned a rural or urban classification based on the ZIP code from their last valid address in 2021. Rural and urban assignments are based on the 2010 Rural-Urban Commuting Area (RUCA) coding system. The rural category includes all micropolitan, small town, or rural areas (RUCA codes 4-10). The urban category includes metropolitan areas within an urbanized area (UA) or with >10% primary flow commuting to a UA (RUCA codes 1-3). Beneficiaries whose ZIP code does not match to a RUCA code were assigned to a "missing or unknown" residence category and are included in the denominator. In 4 states (MO, RI, VT, and WY), 5 to 10% of beneficiaries have missing or unknown residence. For all other states, <5% of beneficiaries have missing or unknown residence. The percentage of beneficiaries in each state with rural status was rounded to one decimal place. States were then assigned to four groups defined in 15 percentage point increments and a fifth group that includes 3 states with more than 60% of their beneficiaries in rural locations.

## Source:

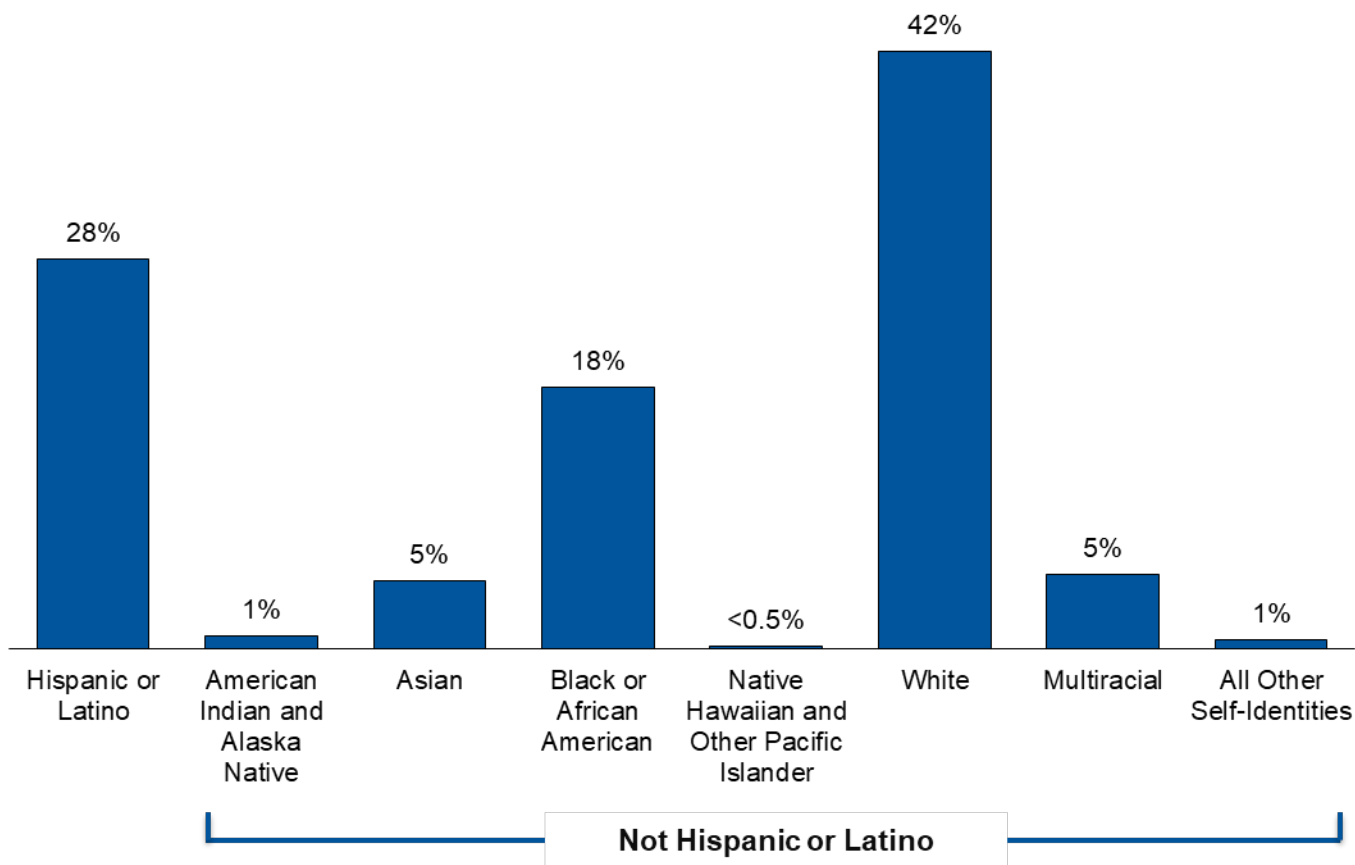
Mathematica analysis of calendar year 2021 T-MSIS Analytic Files (TAF), v 7.

Full website links for each data source can be found in the Appendix.



# Percentage of Medicaid and CHIP Beneficiaries by Race and Ethnicity, 2021

Population: Beneficiaries of all ages covered by Medicaid, CHIP, or other public insurance coverage for low-income populations



## Notes:

Data include individuals who self-report coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations. The Census Bureau uses two separate questions (one for Hispanic or Latino origin and one for race) to collect information on respondents' races and ethnicities. The Hispanic or Latino category shown in the exhibit includes individuals of any race. The other seven categories exclude individuals who identify as Hispanic or Latino. The Multiracial category includes individuals who selected more than one category for the survey's race question. The All Other Self-Identities category includes individuals who selected "some other race" for the race question.

## Source:

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

## Available at:

<https://www2.census.gov/programs-surveys/acs/data/pums/2021/1-Year/>



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# **BENEFICIARY HEALTH STATUS**





## Medicaid and CHIP Beneficiary Health Status

**Fast fact: In 2021, 30% of children ages 3-17 had a mental, emotional, developmental, or behavioral problem (based on parent-reported data), and 20% of adults ages 18-64 reported they regularly had feelings of worry, nervousness, or anxiety (slides [28](#) and [31](#)).**

This section of the profile shows the parent-reported or self-reported health status of children and adults covered by Medicaid or CHIP (a parent or other adult familiar with the child's health reports on behalf of children ages 0 to 17). Information is presented on current health status, health conditions, behavioral health, and oral health.

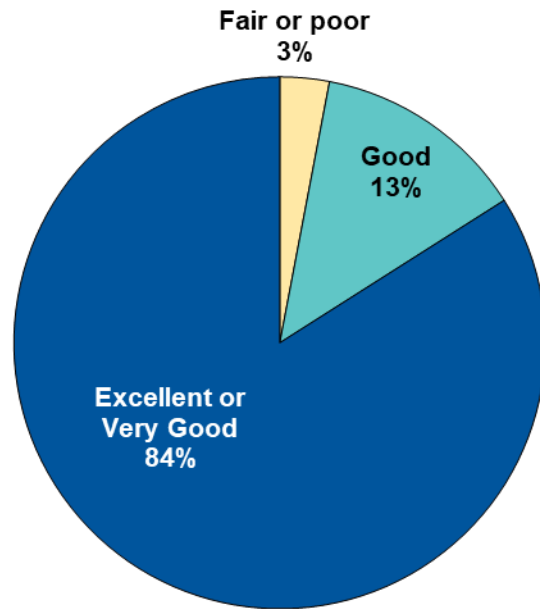
The charts in this section include:

- Current Health Status of Children and Adults Enrolled in Medicaid or CHIP
- Common Conditions of Children Enrolled in Medicaid or CHIP
- Mental Health Status of Children Enrolled in Medicaid or CHIP
- Children and Adolescents Who Received Oral Examinations or Topical Fluoride Treatments
- Health Conditions of Adults Enrolled in Medicaid or CHIP
- Mental Health Status of Adults Enrolled in Medicaid or CHIP
- Behavioral Health Status of Adults Enrolled in Medicaid or CHIP
- Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State

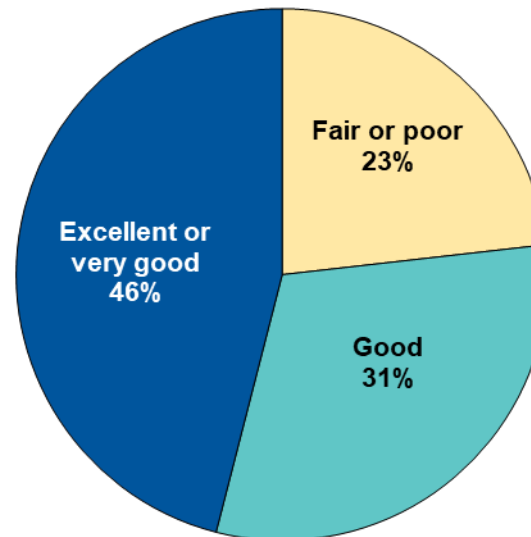
# Current Health Status of Children and Adults Enrolled in Medicaid or CHIP, 2021

Population: Non-institutionalized beneficiaries ages 0 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations

## Parent-Reported Current Health Status of Children (Ages 0–17)



## Self-Reported Current Health Status of Adults (Ages 18–64)



### Children

**Notes:** Data include non-institutionalized children ages 0 to 17 covered by public insurance (alone or in combination with private insurance). Responses of missing in error (<1% responses) are excluded.

### Source:

Mathematica analysis of National Survey of Children's Health, 2021 Public Use Data files.

### Available at:

<https://www.census.gov/programs-surveys/nsch.html>.

### Adults

**Notes:** Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. Responses of refused, not ascertained, and don't know (<1% of responses) are excluded.

### Source:

Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2021.

### Available at:

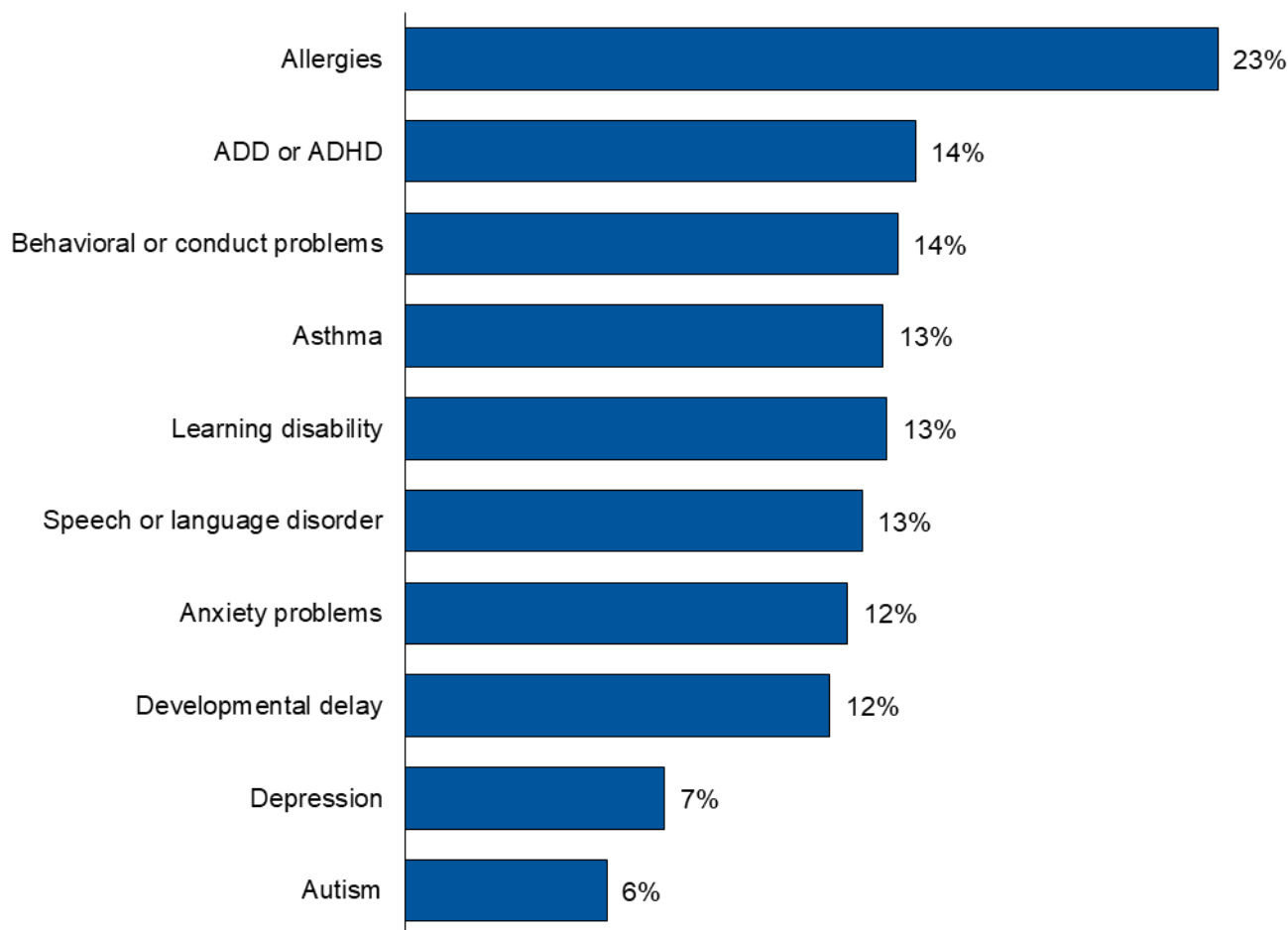
<https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>



# Common Conditions of Children Enrolled in Medicaid or CHIP, 2021

Population: Non-institutionalized beneficiaries ages 0 to 17 with any public insurance coverage

## Parent has ever been told child has:



### Notes:

Data include non-institutionalized children covered by public insurance (alone or in combination with private insurance). The prevalence of allergies and asthma is among all children ages 0-17. All other conditions are limited to children ages 3-17. Allergies include food, drug, insect, and other allergies. The survey asks about each condition individually; conditions shown are not mutually exclusive or exhaustive. The category Other Genetic or Inherited Condition (6% of respondents) is not shown in the exhibit because information on the conditions included was not publicly available. Responses of missing ( $\leq 1\%$  of responses for each health condition) are excluded.

ADD or ADHD = Attention-Deficit Disorder or Attention Deficit/Hyperactivity Disorder

### Source:

Mathematica analysis of National Survey of Children's Health, 2021 Public Use Data files.

### Available at:

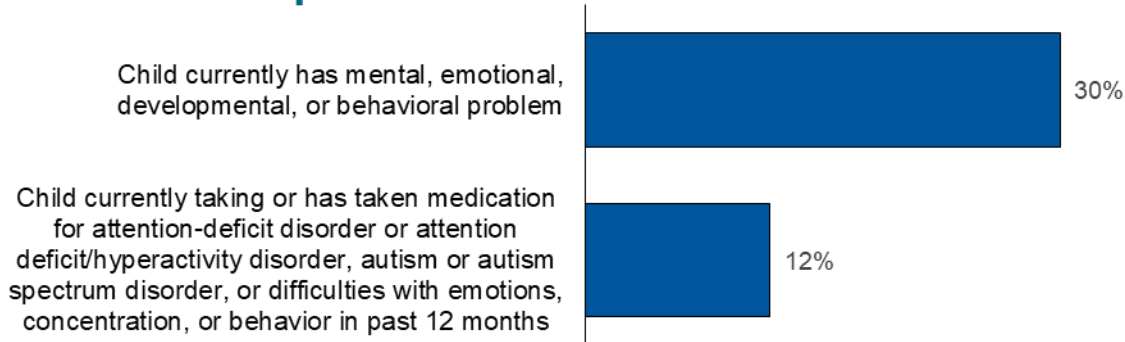
<https://www.census.gov/programs-surveys/nsch.html>



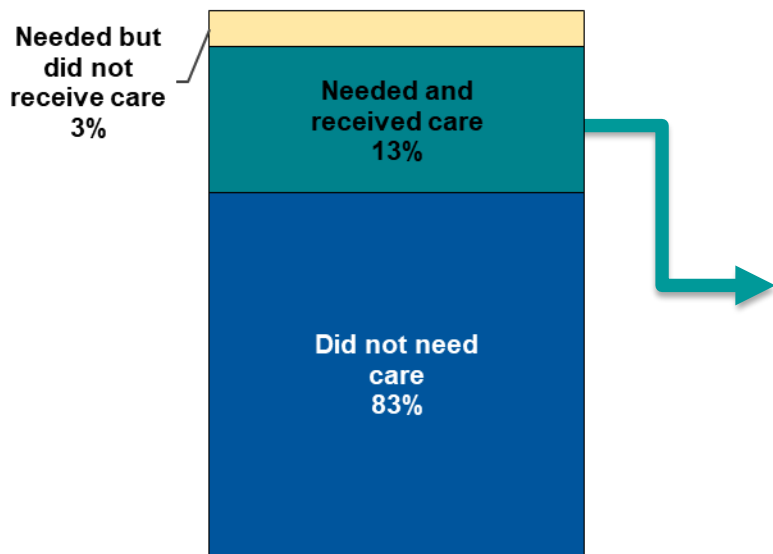
# Mental Health Status of Children Enrolled in Medicaid or CHIP, 2021

**Population: Non-institutionalized beneficiaries ages 3 to 17 with any public insurance coverage**

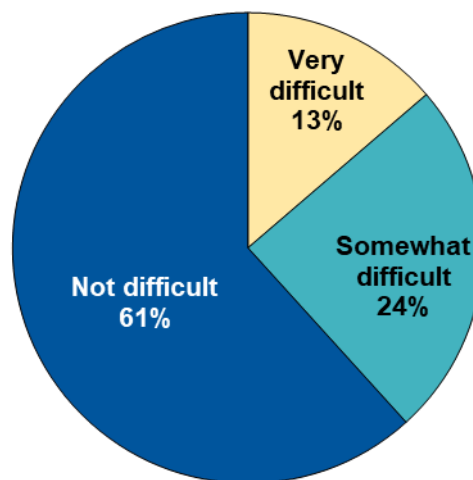
## Parent-Reported Current Mental Health Status of Children



## Children's Need for and Receipt of Mental Health Care Within Past 12 Months



## Difficulty Obtaining Mental Health Care Among Children Who Received Care



### Notes:

Data include non-institutionalized children ages 3 to 17 covered by public insurance (alone or in combination with private insurance). All indicators are based on parent report. To qualify as having a mental, emotional, developmental, or behavioral problem, the child must qualify on the Children with Special Health Care Needs (CSHCN) Screener criteria for ongoing emotional, developmental or behavioral conditions and/or have any of 10 conditions currently (Tourette Syndrome, anxiety problems, depression, behavioral and conduct problem, developmental delay, intellectual disability, speech or other language disorder, learning disability, autism or ASD, ADD or ADHD). Receipt of mental health care is defined as receiving any treatment or counseling from a mental health professional. Level of difficulty obtaining care is among those who needed and received care. Totals do not sum to 100 as <2% of respondents indicated both that their child needed and received care and that it was not possible to obtain care. Responses of missing in error (≤3% of responses for each indicator) are excluded.

ADD = Attention-Deficit Disorder; ADHD = Attention Deficit/Hyperactivity Disorder; ASD = Autism Spectrum Disorder

### Source:

Mathematica analysis of National Survey of Children's Health, 2021 Public Use Data files.

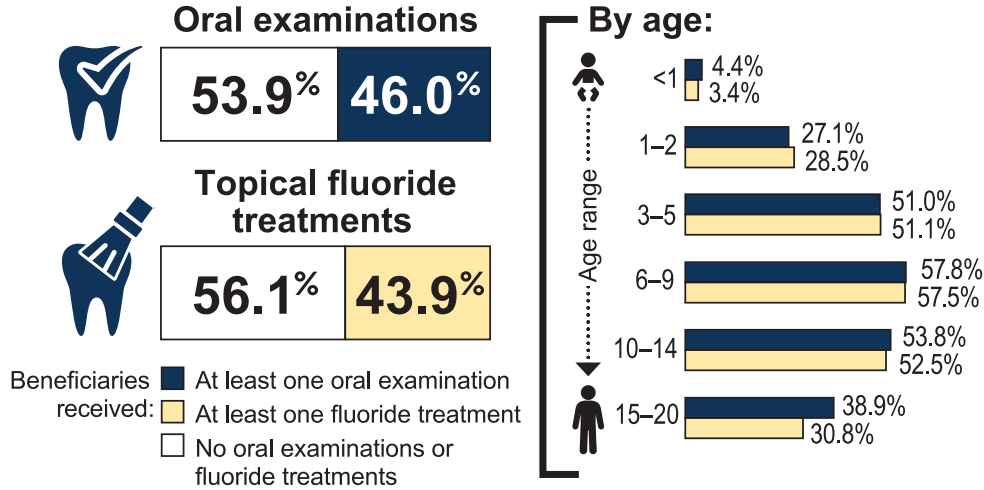
### Available at:

<https://www.census.gov/programs-surveys/nsch.html>



# Children and Adolescents Who Received Oral Examinations or Topical Fluoride Treatments, 2018

Population: Beneficiaries under age 21 with full Medicaid or CHIP benefits for at least 6 continuous months in 2018



**Notes:**

Oral examinations are defined according to logic adapted from the 2021 Oral Evaluation, Dental Services (OEV-CH-A) measure in the Dental Quality Alliance (DQA) Pediatric Measure Set. Due to concerns with the quality of Provider Taxonomy information in T-MSIS analytic files (TAF), this exhibit does not require the service be rendered by or under the supervision of a dentist and instead counts all services billed with a Current Dental Terminology (CDT) code indicating an oral examination (D0120, D0145, D0150). Topical fluoride treatments are defined according to logic adapted from the 2021 Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental or Oral Health Services (TFL-CH-A(D/OH)) measure in the DQA Pediatric Measure Set, which identifies services with CDT codes D1206 and D1208. Topical fluoride treatments also include services with the Current Procedural Terminology (CPT) code 99188 for fluoride varnish application. This exhibit does not require the service be rendered by or under the supervision of a dentist and instead counts all services billed with a CDT or CPT code indicating a fluoride treatment. Totals may not sum to 100% due to rounding.

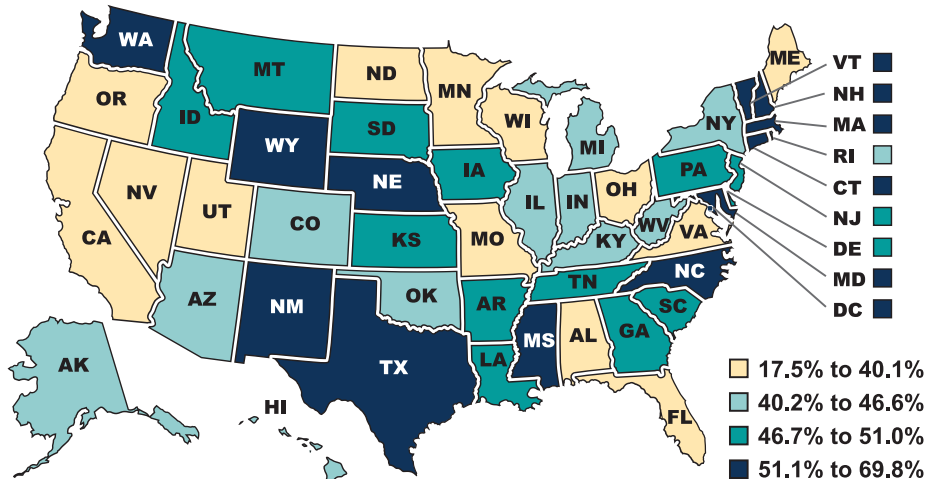
**Source:**

Mathematica analysis of calendar year 2018 T-MSIS Analytic Files (TAF), v 4.0.

**Additional information is available at:**

<https://www.medicaid.gov/medicaid/benefits/downloads/2023-oral-health-at-a-glance.pdf>

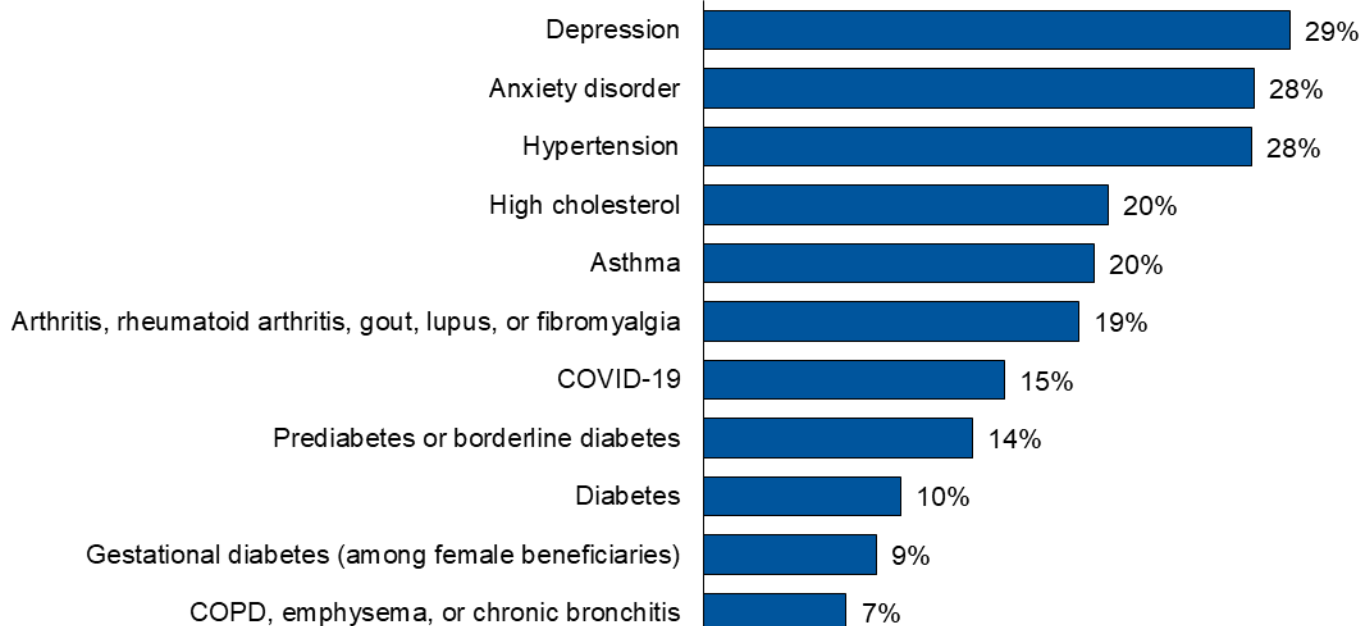
## Beneficiaries with at Least One Oral Examination



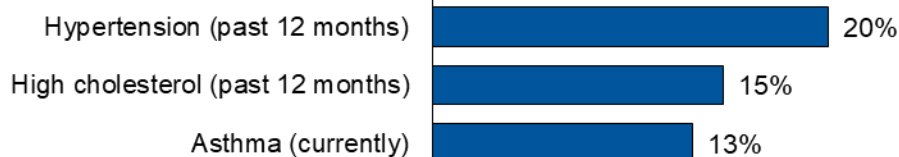
# Health Conditions of Adults Enrolled in Medicaid or CHIP, 2021

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations

## Has ever been told he/she has:



## Has currently or within past year:



### Notes:

Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. All data on health conditions are based on self-report. Anxiety disorder includes generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and phobias. Gestational diabetes is limited to female respondents. Responses of refused, not ascertained, and don't know ( $\leq 1\%$  of responses for each indicator) are excluded.

COPD = Chronic Obstructive Pulmonary Disease

### Source:

Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2021.

### Available at:

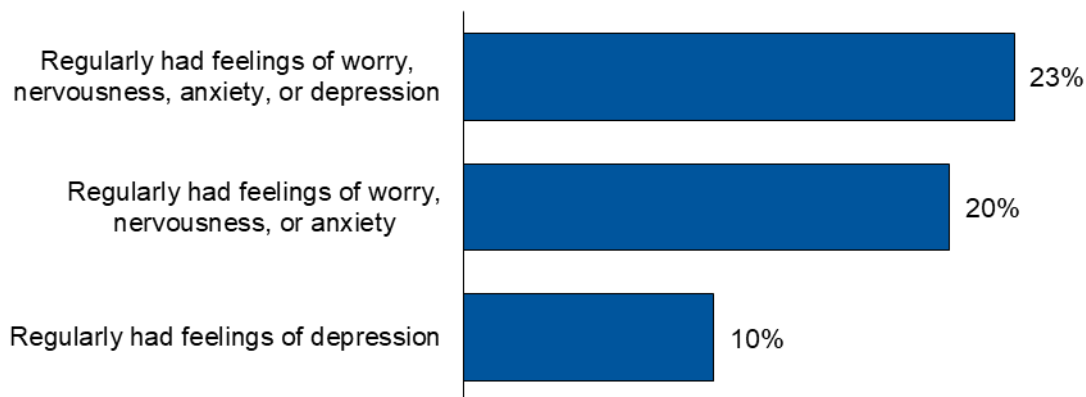
<https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>



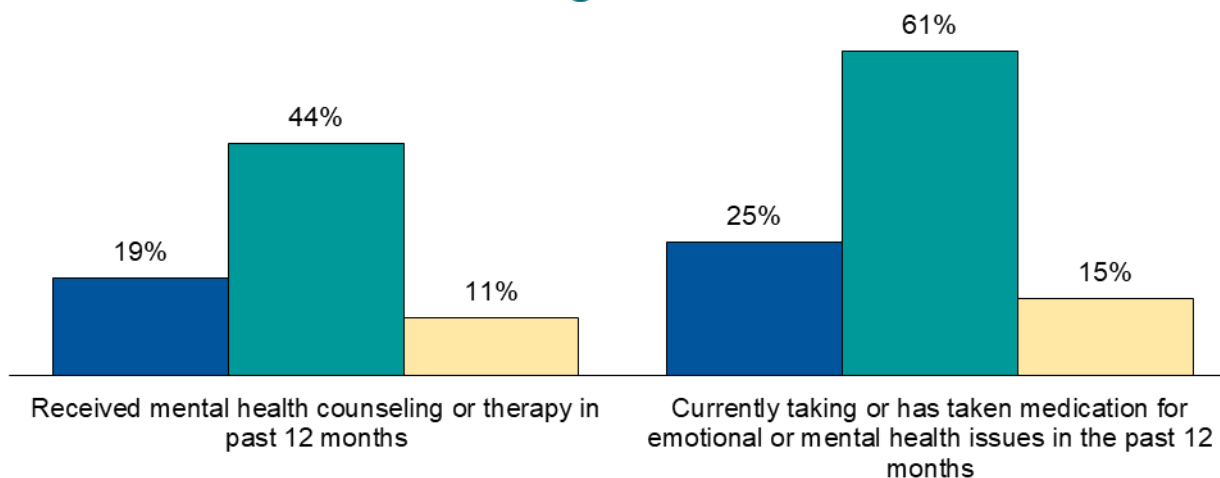
# Mental Health Status of Adults Enrolled in Medicaid or CHIP, 2021

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations

## Adults with Symptoms of Anxiety or Depression



## Adults Receiving Mental Health Care



- All adults
- Adults who regularly had feelings of worry, nervousness, anxiety, or depression
- Adults who did not regularly have feelings of worry, nervousness, anxiety, or depression

### Notes:

Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. All indicators are based on beneficiary self-report. Regularly had feelings of worry, nervousness, or anxiety is defined as: (1) feeling worried, nervous, or anxious daily and describing the level of those feelings as somewhere in between a little and a lot, or a lot, OR (2) feeling worried, nervous, or anxious weekly and describing the level of those feelings as a lot. Regularly had feelings of depression is defined as: (1) feeling depressed daily and describing the level of those feelings as somewhere in between a little and a lot, or a lot, OR (2) feeling depressed weekly and describing the level of those feelings as a lot. Regularly had feelings of worry, nervous, anxiety, or depression includes respondents who met either (or both) criteria. Responses of refused, not ascertained, and don't know (≤3% of responses for each indicator) are excluded.

### Source:

Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2021.

### Available at:

<https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>





# Behavioral Health Status of Adults Enrolled in Medicaid or CHIP, 2020

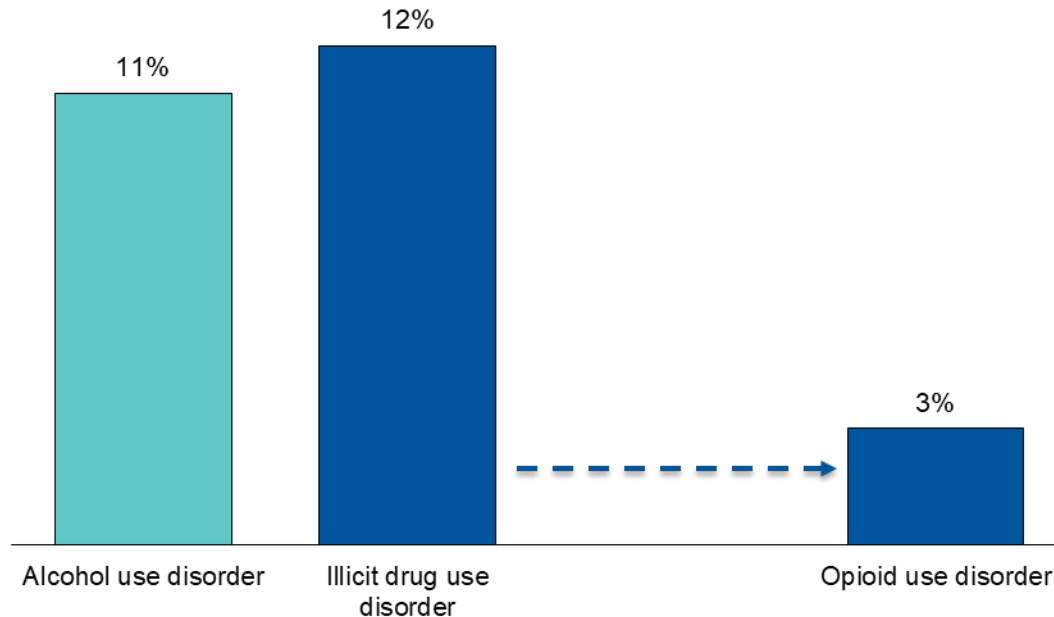
Population: Non-institutionalized beneficiaries age 18 and older covered by Medicaid or CHIP

## Key Fact

Percentage of Adults who Met Criteria for Serious Mental Illness During the Past Year, 2020

**8%**

## Adults who Met Criteria for Substance Use Disorders During the Past Year, Based on Self-Report



### Notes:

Serious mental illness (SMI) and substance use disorder (SUD) measures are based on respondents' answers to survey questions and use criteria developed by the Substance Abuse and Mental Health Service Administration. SMI is estimated based on a statistical model of a clinical diagnosis and responses to questions in the survey on distress (Kessler-6 scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule), past year major depressive episode, past year suicidal thoughts, and age. SMI is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder resulting in substantial impairment in carrying out major life activities. SUD measures follow the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). Opioid use disorders are a subset of illicit drug use disorders.

### Source:

Mathematica analysis of National Survey on Drug Use and Health, 2020.

### Available at:

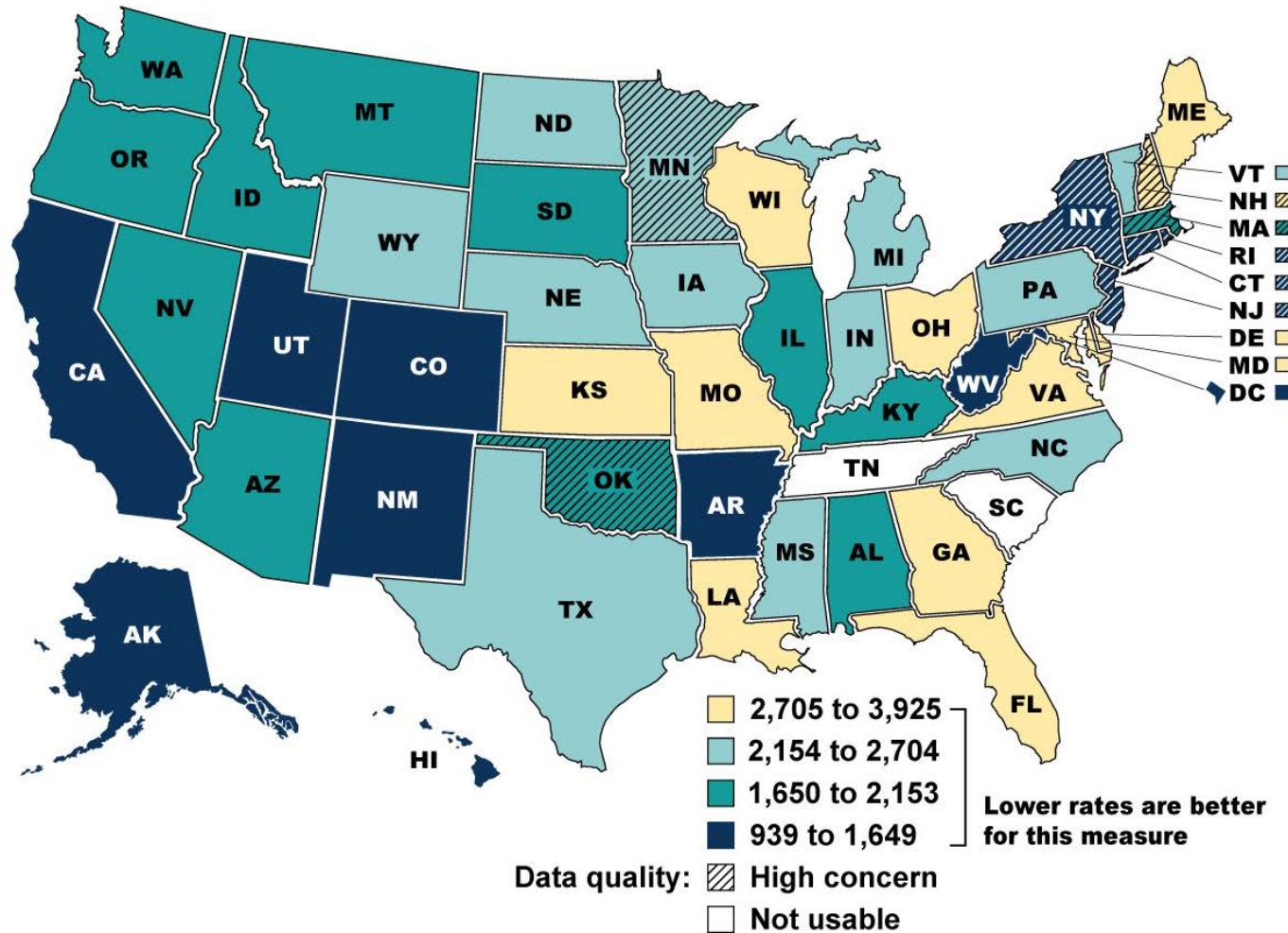
<https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2020-nsduh-2020-ds0001>





# Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State, 2019

Population: Beneficiaries ages 21 to 64 with full Medicaid or CHIP benefits and not dually eligible for Medicare



## Notes:

Non-traumatic dental conditions (NTDCs) are dental conditions such as cavities or dental abscesses that might have been prevented with regular dental care. Emergency Department (ED) visits for NTDCs may indicate a lack of access to more appropriate sources of medical and dental care. CMS assessed state-level data quality in the 2019 TAF file using the following metrics: total enrollment, inpatient (IP) and other services (OT) claims volume; completeness of diagnosis code (IP file); completeness of procedure code (OT and IP files); and expected type of bill code (IP file). States with an unusable data quality assessment (TN, SC) are shown in white. Results for remaining states were rounded to whole numbers, and then states were assigned to quartiles. States with a high concern data quality assessment are shown with a hatched overlay. For additional information regarding state variability in data quality, please refer to the Medicaid DQ Atlas, available at: <https://www.medicaid.gov/dq-atlas/welcome>.

## Source:

CMS analysis of calendar year 2019 T-MSIS Analytic Files (TAF), v 5.0.

## Additional information available at:

<https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf>  
and  
<https://www.medicaid.gov/medicaid/benefits/dental-care/index.html>



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# **BENEFICIARY EXPERIENCE**



# Beneficiary Experience

**Fast fact: In 2022, 60% of survey respondents reported that their child always got needed care, and 70% reported that their child always got care quickly. For adults, 52% of survey respondents reported that they always got needed care, and 56% reported that they always got care quickly (slides [39](#) and [40](#)).**

This section of the profile shows data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, which captures the experience of Medicaid and CHIP beneficiaries. The AHRQ CAHPS Database includes information about the experiences of Medicaid children and adults overall and across key dimensions of getting needed care, getting care quickly, how well doctors communicate, and health plan information and customer service.

The charts in this section include:

- Percentage Distribution of Child Medicaid CAHPS Survey Respondents, by State
- Percentage Distribution of Adult Medicaid CAHPS Survey Respondents, by State
- Overall Ratings
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Health Plan Information and Customer Service

## Notes:

The Agency for Healthcare Research and Quality (AHRQ) CAHPS Database includes data submitted directly by state Medicaid agencies or individual health plans. In states with fee-for-service or primary care case management delivery systems, health plan refers to the Medicaid program. The data are submitted voluntarily to the CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states. The results included in this Profile are based on data collected between July 2021 and July 2022. The Child Medicaid survey results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid survey results include 50,336 respondents across 197 plans in 41 states. The Child Medicaid results from seven states account for 45% of responses and Adult Medicaid results from seven states account for 47% of responses. Thus, the estimates may be biased, and it is not possible to compute precision estimates from the data. See the maps on the following pages for more information on the percentage distribution of survey respondents by state for the Child and Adult Medicaid surveys.

## Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

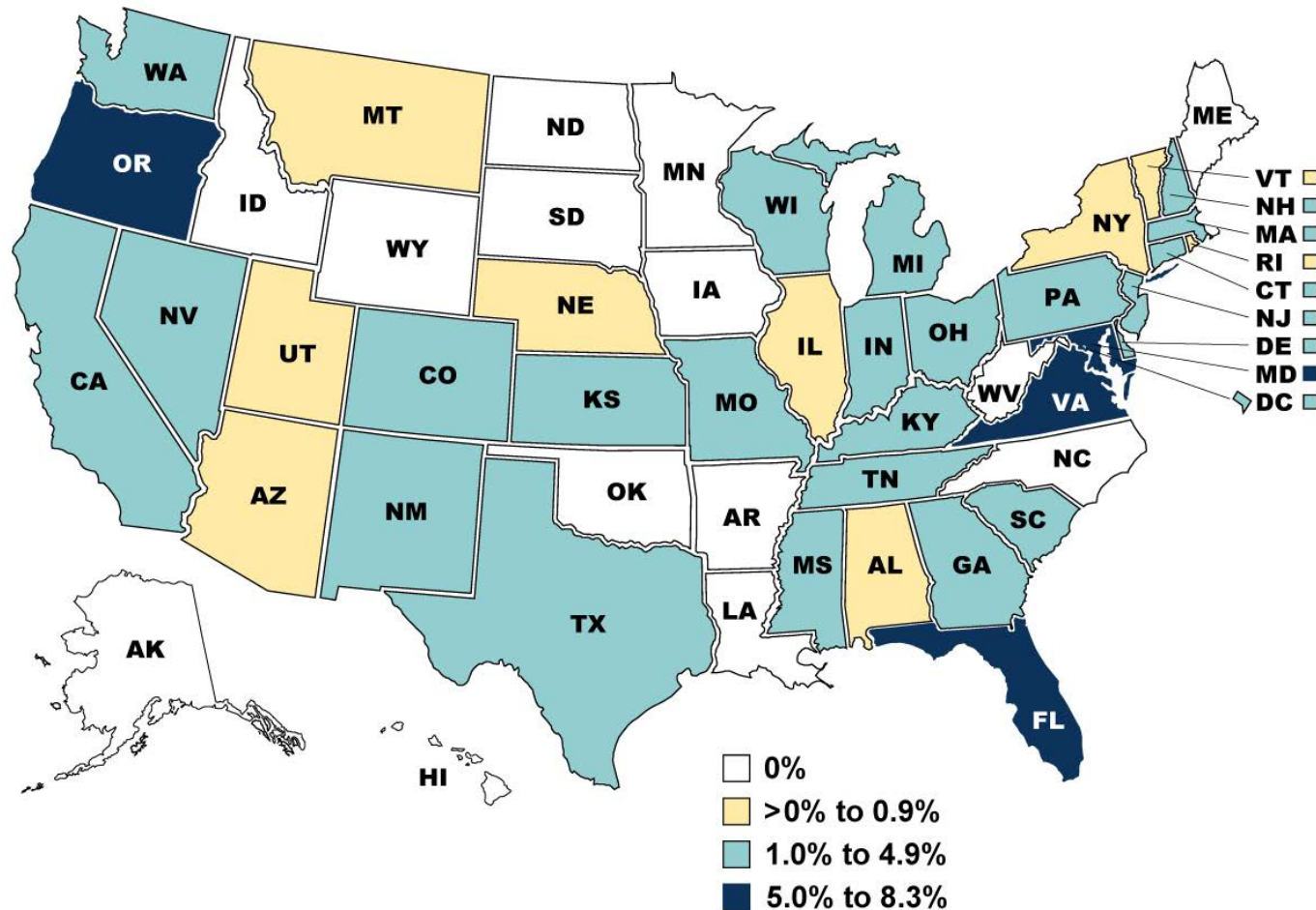
## Available at:

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>



# Percentage Distribution of Child Medicaid CAHPS Survey Respondents, by State, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



## Notes:

The Agency for Healthcare Research and Quality (AHRQ) CAHPS Database includes data submitted directly by state Medicaid agencies or individual health plans. In states with fee-for-service or primary care case management delivery systems, health plan refers to the Medicaid program. The data are submitted voluntarily to the CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states. These results are based on data collected between July 2021 and July 2022. The Child Medicaid survey results include 66,182 respondents across 166 plans in 37 states. Results from seven states account for 45% of responses. States excluded from this analysis include those that did not conduct the Child Medicaid CAHPS survey or that did not submit data to the AHRQ CAHPS Database.

## Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

## Available at:

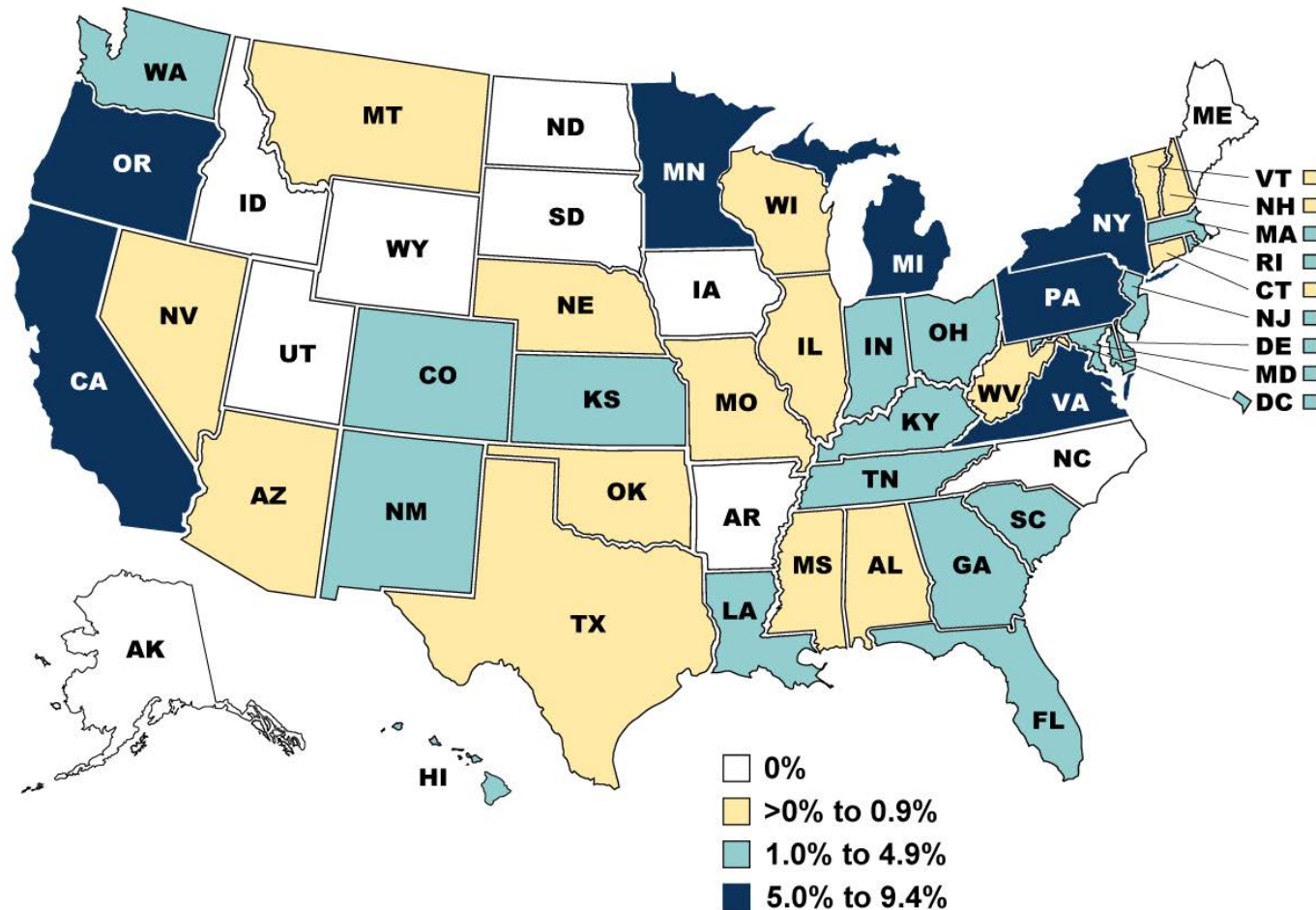
<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>





# Percentage Distribution of Adult Medicaid CAHPS Survey Respondents, by State, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



## Notes:

The Agency for Healthcare Research and Quality (AHRQ) CAHPS Database includes data submitted directly by state Medicaid agencies or individual health plans. In states with fee-for-service or primary care case management delivery systems, health plan refers to the Medicaid program. The data are submitted voluntarily to the CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states. These results are based on data collected between July 2021 and July 2022. The Adult Medicaid survey results include 50,336 respondents across 197 plans in 41 states. Results from seven states account for 47% of responses. States excluded from this analysis include those that did not conduct the Adult Medicaid CAHPS survey or that did not submit data to the AHRQ CAHPS Database.

## Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

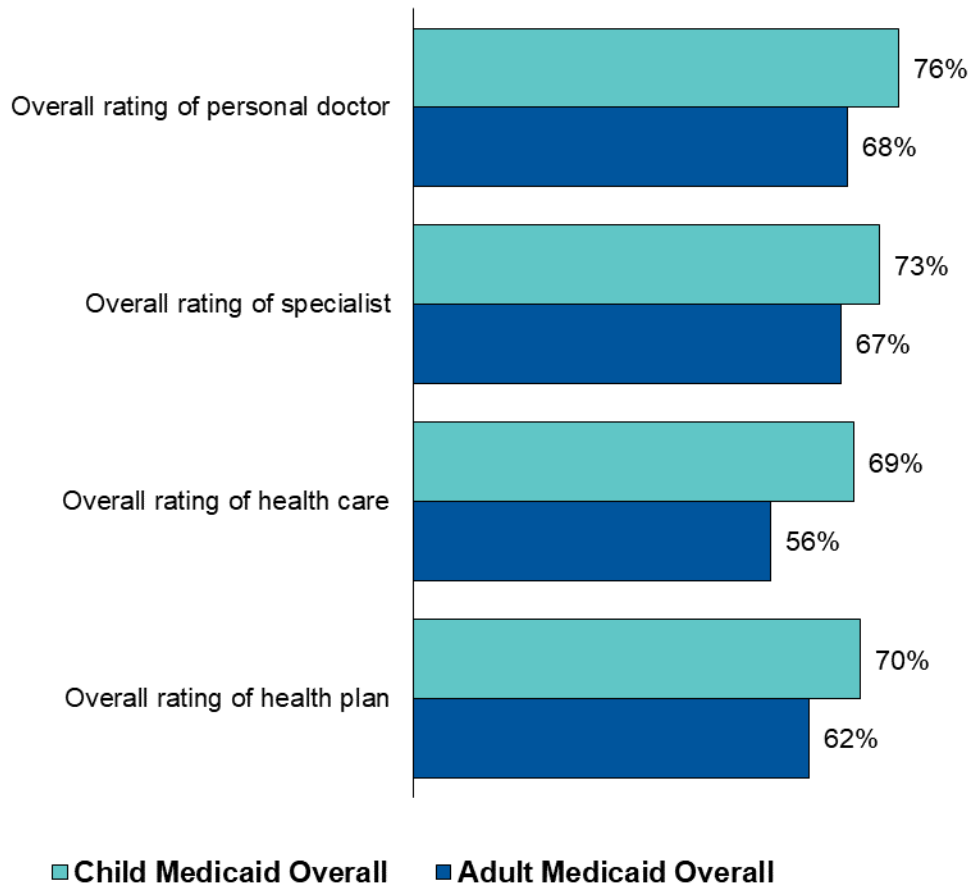
## Available at:

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>



# Medicaid Beneficiaries Who Responded to the Survey and Gave a Rating of 9 or 10 for Overall Ratings, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



## Notes:

The results from the AHRQ CAHPS Database are based on data collected between July 2021 and July 2022. The Child Medicaid survey results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid survey results include 50,336 respondents across 197 plans in 41 states. In states with fee-for-service or primary care case management delivery systems, plan refers to the Medicaid program. The Child Medicaid survey results from seven states account for 45% of responses and Adult Medicaid survey results from seven states account for 47% of responses. Values represent responses of 9 or 10 on a scale of 0 to 10. Child Medicaid excludes CHIP. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

## Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

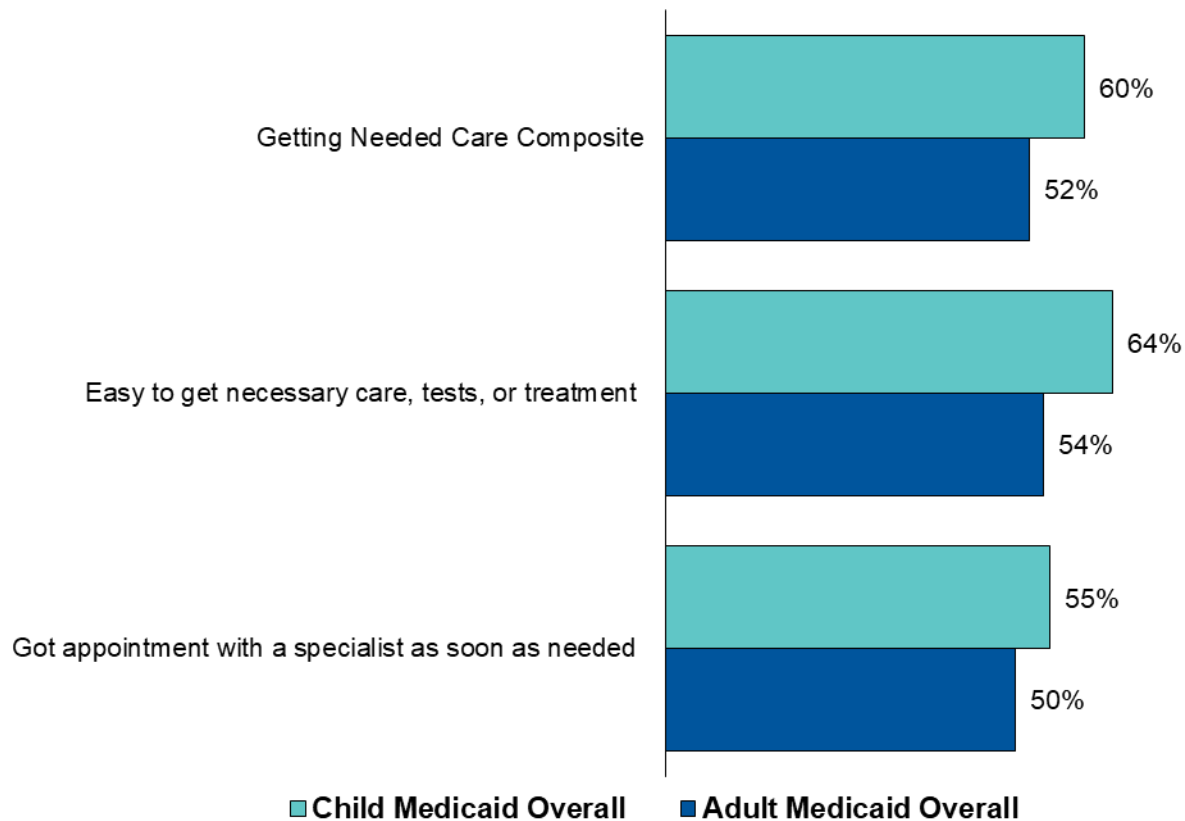
## Available at:

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>



# Medicaid Beneficiaries Who Responded to the Survey and Selected 'Always' for Getting Needed Care, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



**Notes:**

The results from the AHRQ CAHPS Database are based on data collected between July 2021 and July 2022. The Child Medicaid results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid results include 50,336 respondents across 197 plans in 41 states. In states with fee-for-service or primary care case management delivery systems, plan refers to the Medicaid program. The Child Medicaid survey results from seven states account for 45% of responses and Adult Medicaid survey results from seven states account for 47% of responses. Values represent responses of Always. Child Medicaid excludes CHIP. Getting Needed Care Composite combines responses to the two individual questions. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

**Source:**

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

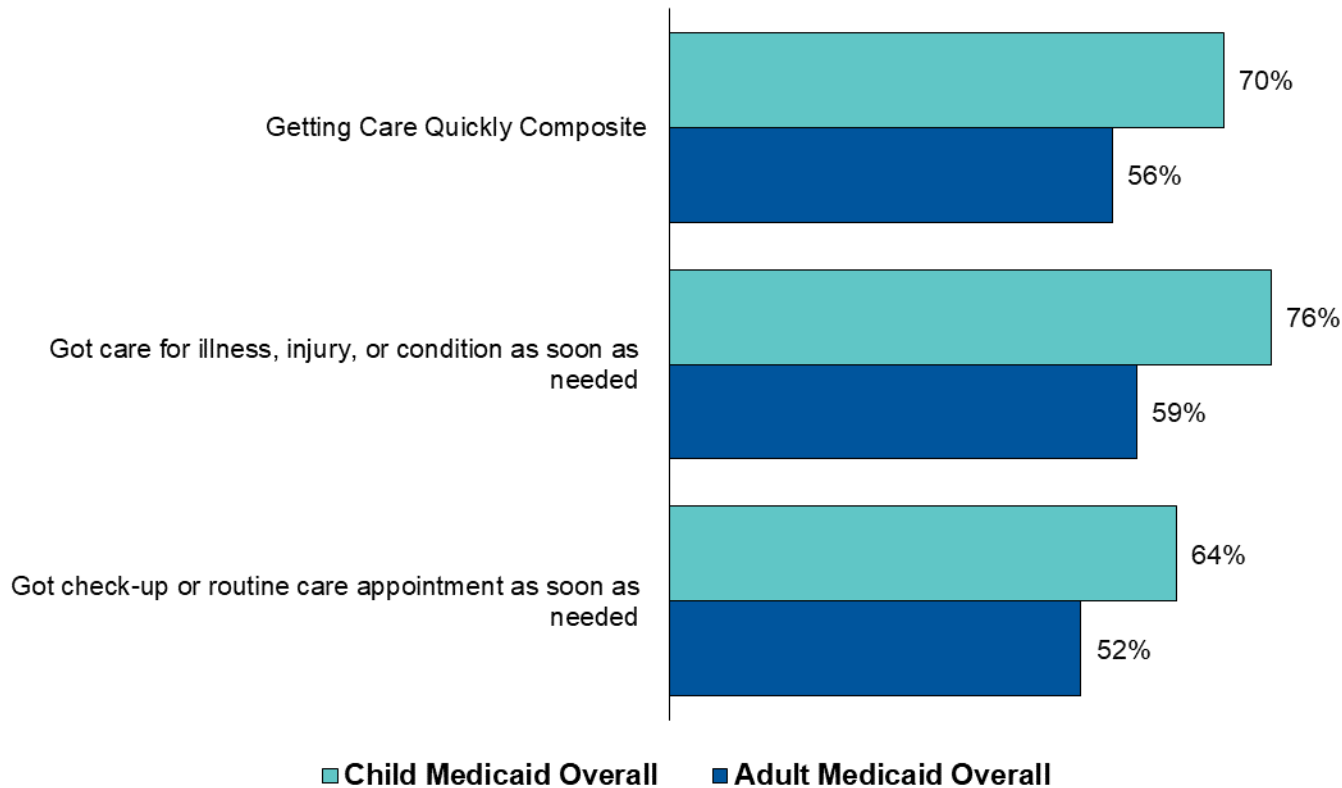
**Available at:**

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>



# Medicaid Beneficiaries Who Responded to the Survey and Selected 'Always' for Getting Care Quickly, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



**Notes:**

The results from the AHRQ CAHPS Database are based on data collected between July 2021 and July 2022. The Child Medicaid results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid results include 50,336 respondents across 197 plans in 41 states. In states with fee-for-service or primary care case management delivery systems, plan refers to the Medicaid program. The Child Medicaid survey results from seven states account for 45% of responses and Adult Medicaid survey results from seven states account for 47% of responses. Values represent responses of Always. Child Medicaid excludes CHIP. Getting Care Quickly Composite combines responses to the two individual questions. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

**Source:**

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

**Available at:**

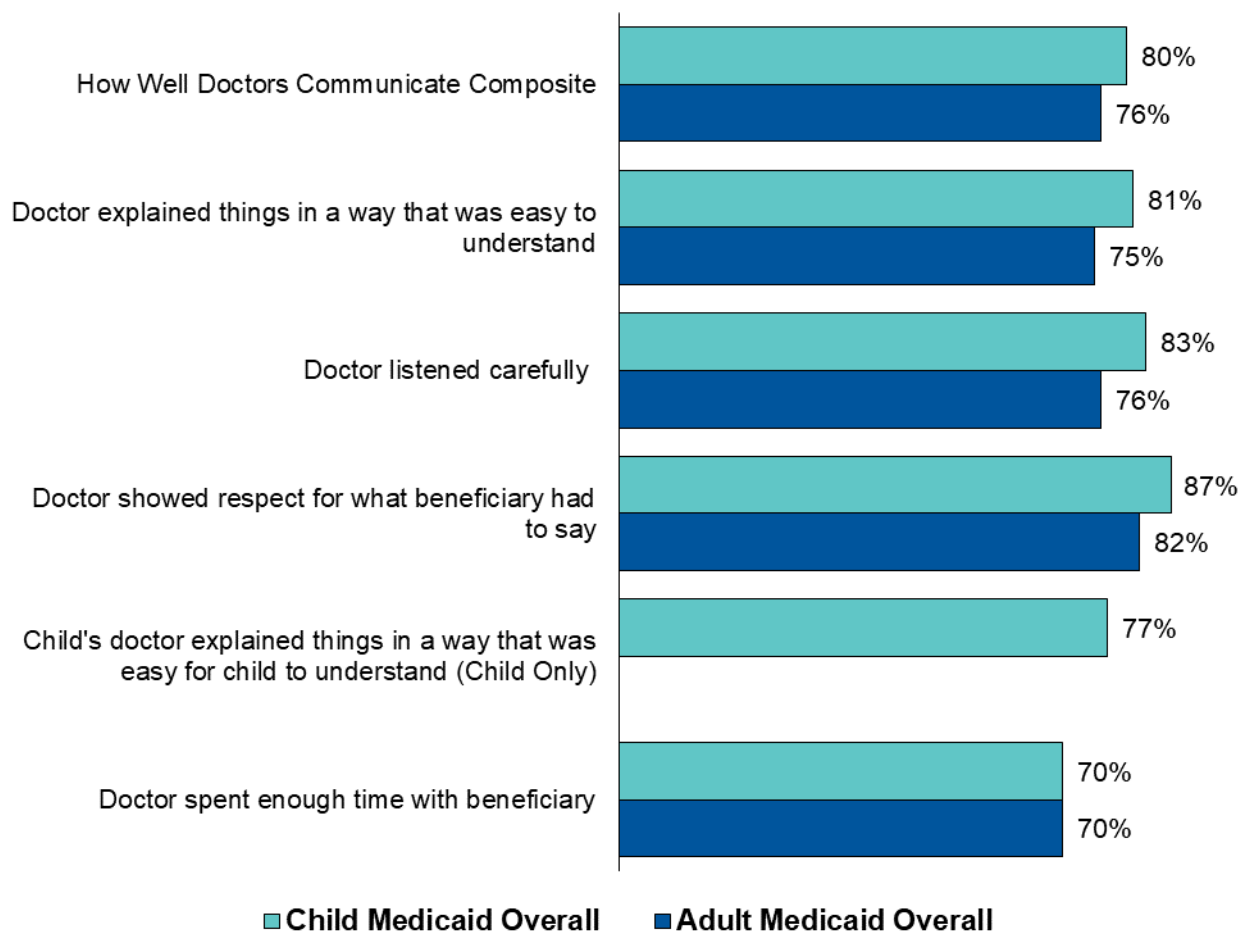
<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>





# Medicaid Beneficiaries Who Responded to the Survey and Selected 'Always' for How Well Doctors Communicate, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



**Notes:**

The results from the AHRQ CAHPS Database are based on data collected between July 2021 and July 2022. The Child Medicaid results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid results include 50,336 respondents across 197 plans in 41 states. In states with fee-for-service or primary care case management delivery systems, plan refers to the Medicaid program. The Child Medicaid survey results from seven states account for 45% of responses and Adult Medicaid survey results from seven states account for 47% of responses. Values represent responses of Always. Child Medicaid excludes CHIP. How Well Doctors Communicate Composite combines responses to the five individual questions for Child Medicaid and four individual questions for Adult Medicaid. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

**Source:**

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

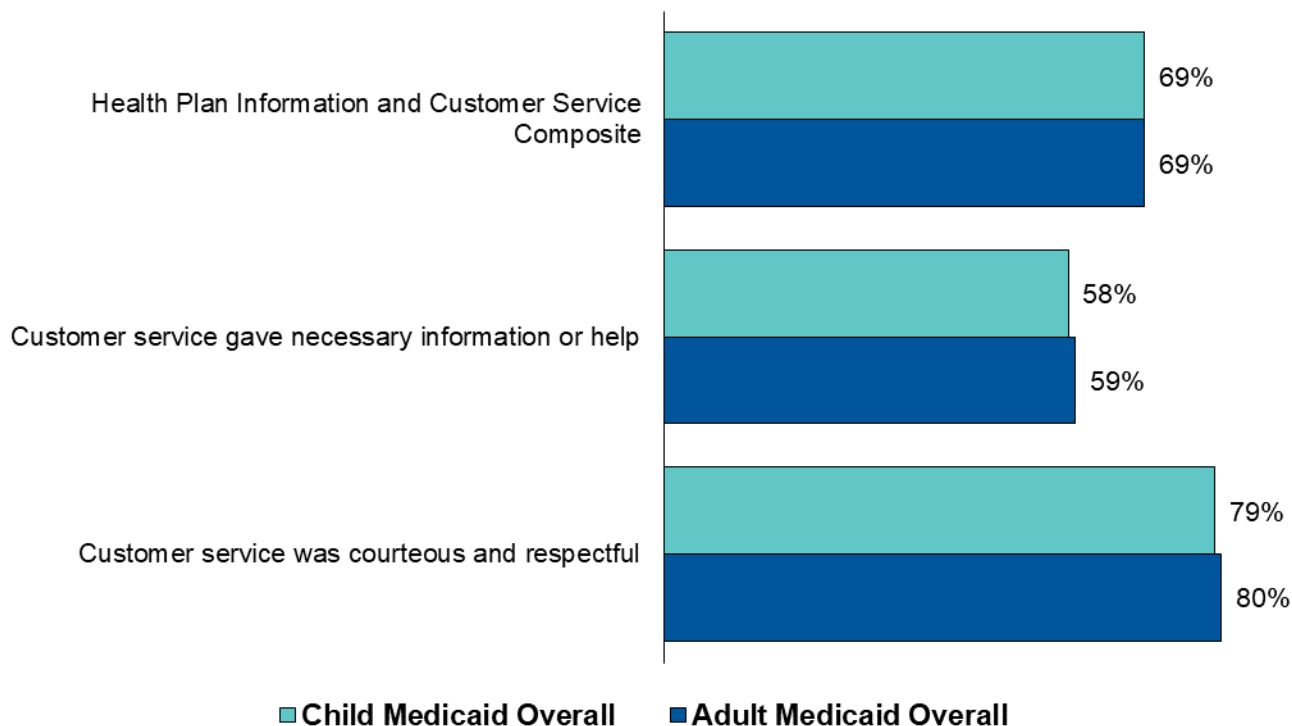
**Available at:**

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>



# Medicaid Beneficiaries Who Responded to the Survey and Selected 'Always' for Getting Health Plan Information and Respectful Customer Service, 2022

Population: Beneficiaries enrolled in Medicaid who responded to the survey



**Notes:**

The results from the AHRQ CAHPS Database are based on data collected between July 2021 and July 2022. The Child Medicaid results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid results include 50,336 respondents across 197 plans in 41 states. In states with fee-for-service or primary care case management delivery systems, plan refers to the Medicaid program. The Child Medicaid survey results from seven states account for 45% of responses and Adult Medicaid survey results from seven states account for 47% of responses. Values represent responses of Always. Child Medicaid excludes CHIP. Health Plan Information and Customer Service Composite combines responses to the two individual questions. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

**Source:**

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2022 Chartbook.

**Available at:**

<https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf>



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# **SPECIAL TOPIC: HEALTH-RELATED SOCIAL NEEDS**

## Special Topic: Health-Related Social Needs

**Fast fact: In 2021, half of households reported at least one housing problem. The most common housing problem was high housing costs; 46% of households reported that monthly household costs exceeded 30% of monthly income (slide [49](#)).**

This section of the profile presents information on the health-related social needs among children and adults enrolled in Medicaid or CHIP.

The charts in this section include:

- Percentage of Children with Family Income Below the Federal Poverty Threshold Who Were Enrolled in Medicaid or CHIP, by State
- Percentage of Adults with Family Income Below the Federal Poverty Threshold Who Were Enrolled in Medicaid or CHIP, by State
- Percentage of Adults Enrolled in Medicaid or CHIP with a High School Degree or Higher, by State
- Employment Status, Access to Sick Leave, and Transportation Among Adults Enrolled in Medicaid or CHIP
- Housing Problems in Households with at Least One Person Enrolled in Medicaid or CHIP
- Number of People Experiencing Sheltered Homelessness per 10,000 People, by State
- Percentage of People Experiencing Sheltered Homelessness Who are in Families with Children, by State
- Internet Access in Households with at Least One Person Enrolled in Medicaid or CHIP, by State
- Food Security Status of Children and Adults Enrolled in Medicaid or CHIP

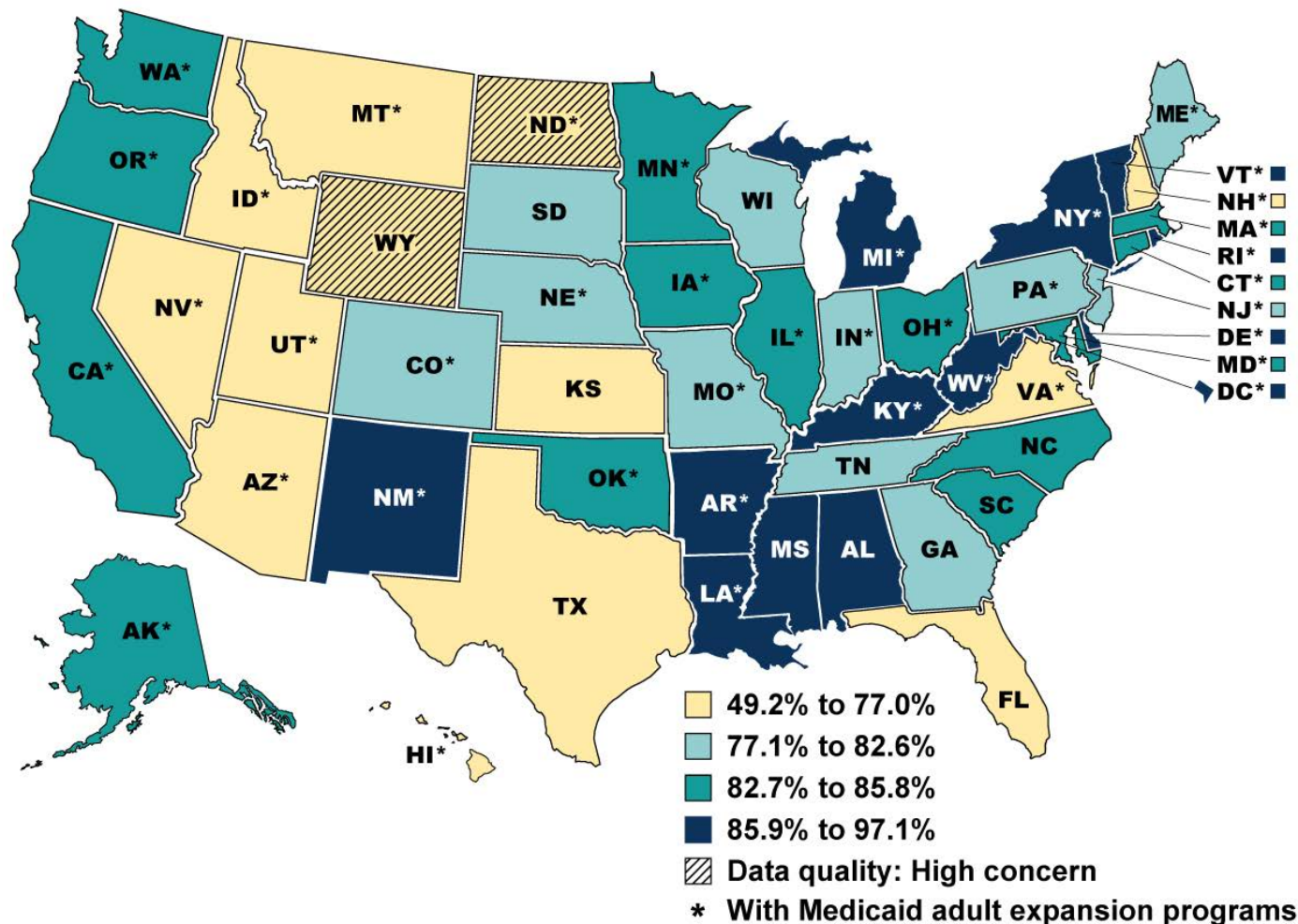
**Note:**

For more information on Medicaid and CHIP authorities that can be used to address individuals' unmet health-related social needs, please see: <https://www.medicaid.gov/health-related-social-needs/index.html>



# Percentage of Children with Family Income Below the Federal Poverty Threshold Who Were Enrolled in Medicaid or CHIP, by State, 2021

Population: Beneficiaries ages 0 to 17 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations



## Notes:

The denominator for each state represents the total number of children ages 0 to 17 whose family income for the previous 12 months was less than the federal poverty threshold. The Census Bureau uses money income thresholds that vary by family size and number of children to determine who is living in poverty. The poverty thresholds do not vary geographically, but they are not updated for inflation. Individuals who are under age 15 and are either living in a housing unit but are unrelated to the householder or are living in select group quarters are excluded from poverty calculations (<1% of respondents). The numerator for each state represents the total number of children ages 0 to 17 who are included in the denominator and who have coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations (based on parent-report). State percentages were rounded to one decimal place, and then states were assigned to quartiles. ND and WY are shown with a high data quality concern due to the width of the confidence intervals (>20 percentage points) for those estimates. The map shows states with Medicaid adult expansion programs that were implemented as of July 2021.

## Sources:

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data; and CMS, Adult Coverage Expansion as of July 2021.

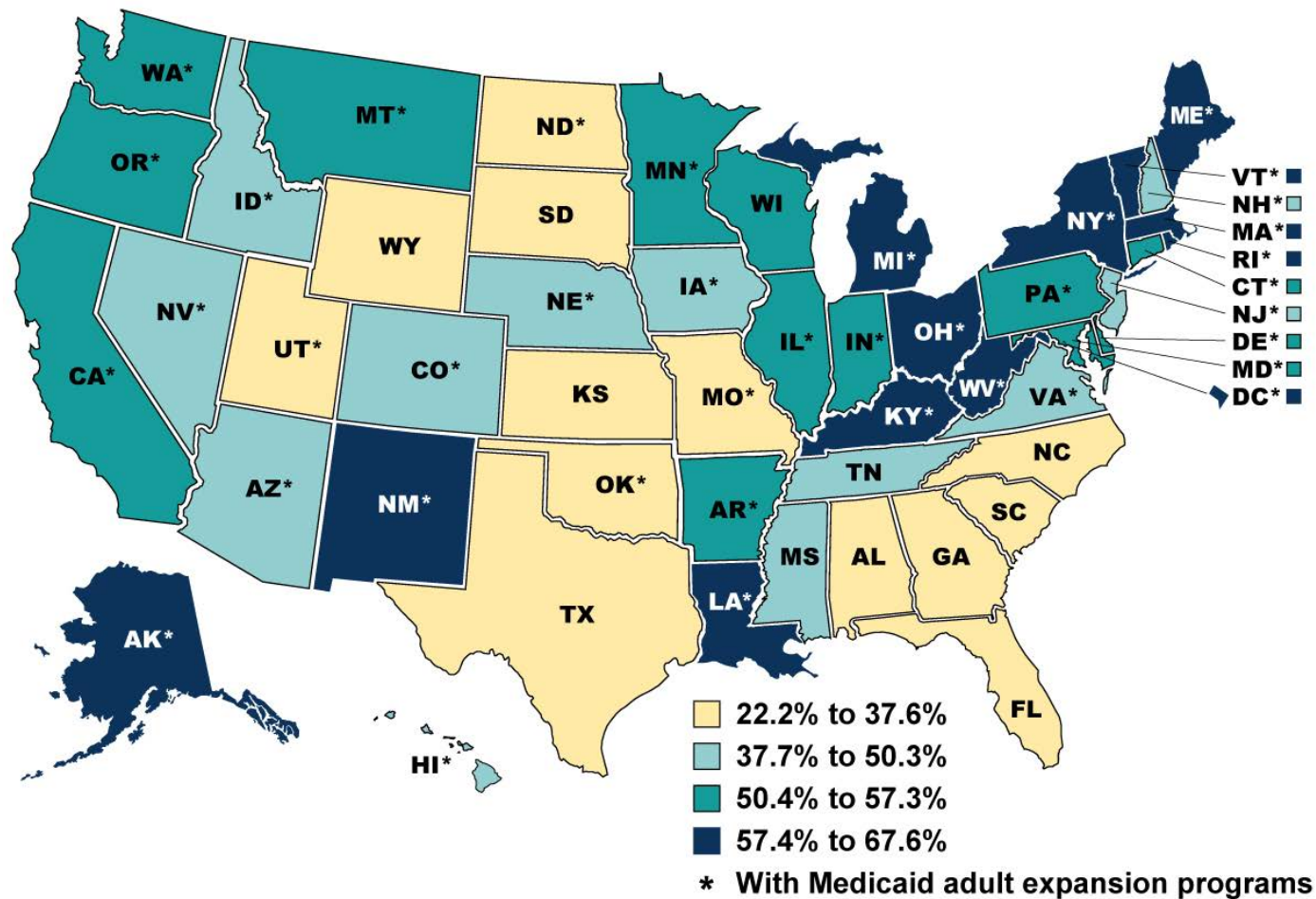
Full website links for each data source can be found in the Appendix.





# Percentage of Adults with Family Income Below the Federal Poverty Threshold Who Were Enrolled in Medicaid or CHIP, by State, 2021

Population: Beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations



## Notes:

The denominator for each state represents the total number of adults ages 18 to 64 whose family income for the previous 12 months was less than the federal poverty threshold. The Census Bureau uses money income thresholds that vary by family size and number of children to determine who is living in poverty. The poverty thresholds do not vary geographically, but they are updated for inflation. The numerator for each state represents the total number of adults ages 18 to 64 who are included in the denominator and who have coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations (based on self-report). State percentages were rounded to one decimal place, and then states were assigned to quartiles. The map shows states with Medicaid adult expansion programs that were implemented as of July 2021.

## Sources:

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

## Available at:

<https://www2.census.gov/programs-surveys/acs/data/pums/2021/1-Year/>

CMS. Adult Coverage Expansion as of July 2021.

## Available at:

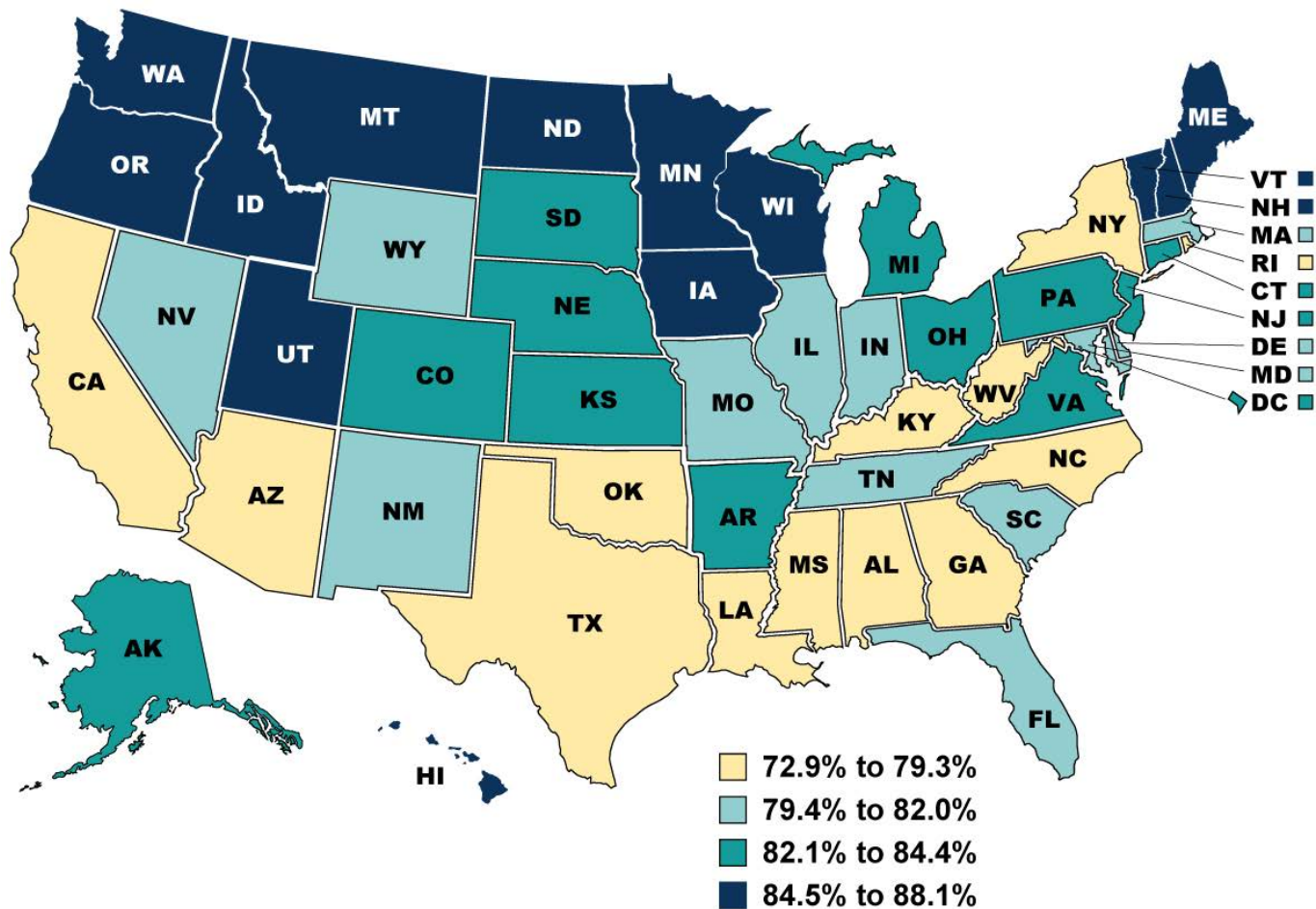
<https://www.medicaid.gov/medicaid/program-information/downloads/medicaid-expansion-state-map-10-2021.pdf>





# Percentage of Adults Enrolled in Medicaid or CHIP with a High School Degree or Higher, by State, 2021

Population: Beneficiaries ages 25 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations



## Notes:

The denominator for each state represents the total number of adults ages 25 to 64 who self-report coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations. The numerator for each state represents the total number of adults ages 25 to 64 who are included in the denominator and who self-report that they have a regular high school diploma, a General Education Development Test (GED) or alternative credential, or a higher level of educational attainment. State percentages were rounded to one decimal place, and then states were assigned to quartiles.

## Source:

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

## Available at:

<https://www2.census.gov/programs-surveys/acs/data/pums/2021/1-Year/>



# Employment Status, Access to Sick Leave, and Transportation Among Adults Enrolled in Medicaid or CHIP, 2021

Population: Beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations

## Employment Status



46%

of adults reported they had worked in the last week

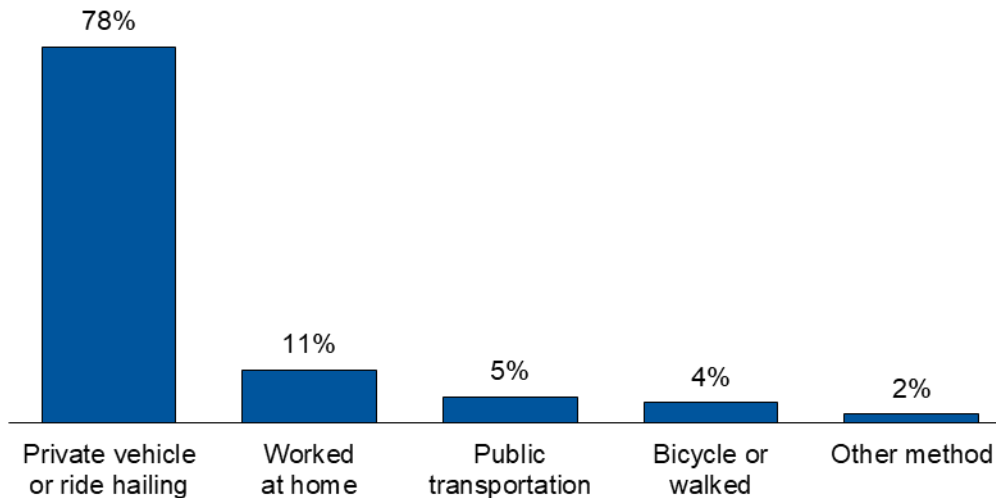
## Access to Paid Sick Leave



45%

of adults with a period of employment in the past 12 months reported they had paid sick leave

## Primary Mode of Transportation to Work in the Last Week Among Employed Adults



### Employment status and sick leave

**Notes:** Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. Worked in the last week includes adults who: (1) worked for pay in the last week, (2) were performing seasonal or contract work and worked in the past 12 months, and (3) were working at a job or business but not for pay in the last week. Access to paid sick leave is asked only of adults who: (1) were working at or were on temporary leave from a paid job or business last week, (2) work, but not for pay at a family business, or (3) are not currently working but had some period of employment in the past 12 months. Responses of refused, not ascertained, and don't know ( $\leq 4\%$  of responses for each indicator) are excluded. **Source:** Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2021.

### Primary mode of transportation

**Notes:** Data include adults ages 18 to 64 who report that they are currently employed and report coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations. Private vehicle or ride hailing includes car, truck or van, taxicab, and motorcycle (ride share is not a response option). Public transportation includes bus, subway, train or rail, streetcar, trolley, and ferry boat.

**Source:** Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

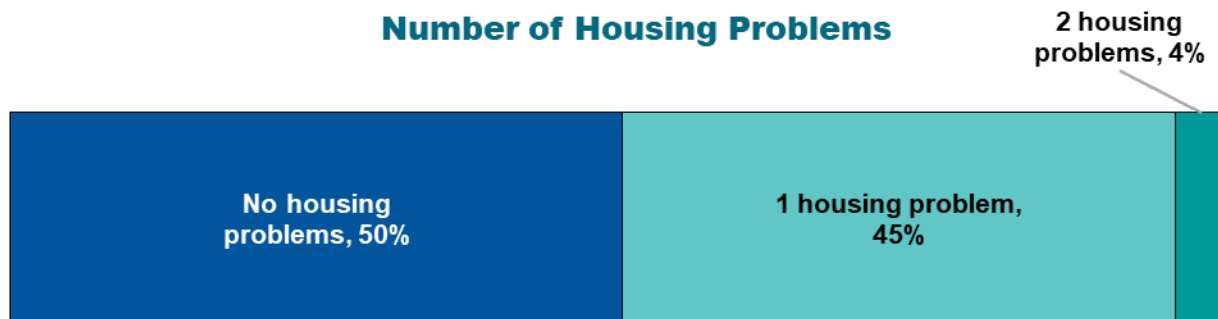
Full website links for each data source can be found in the Appendix.



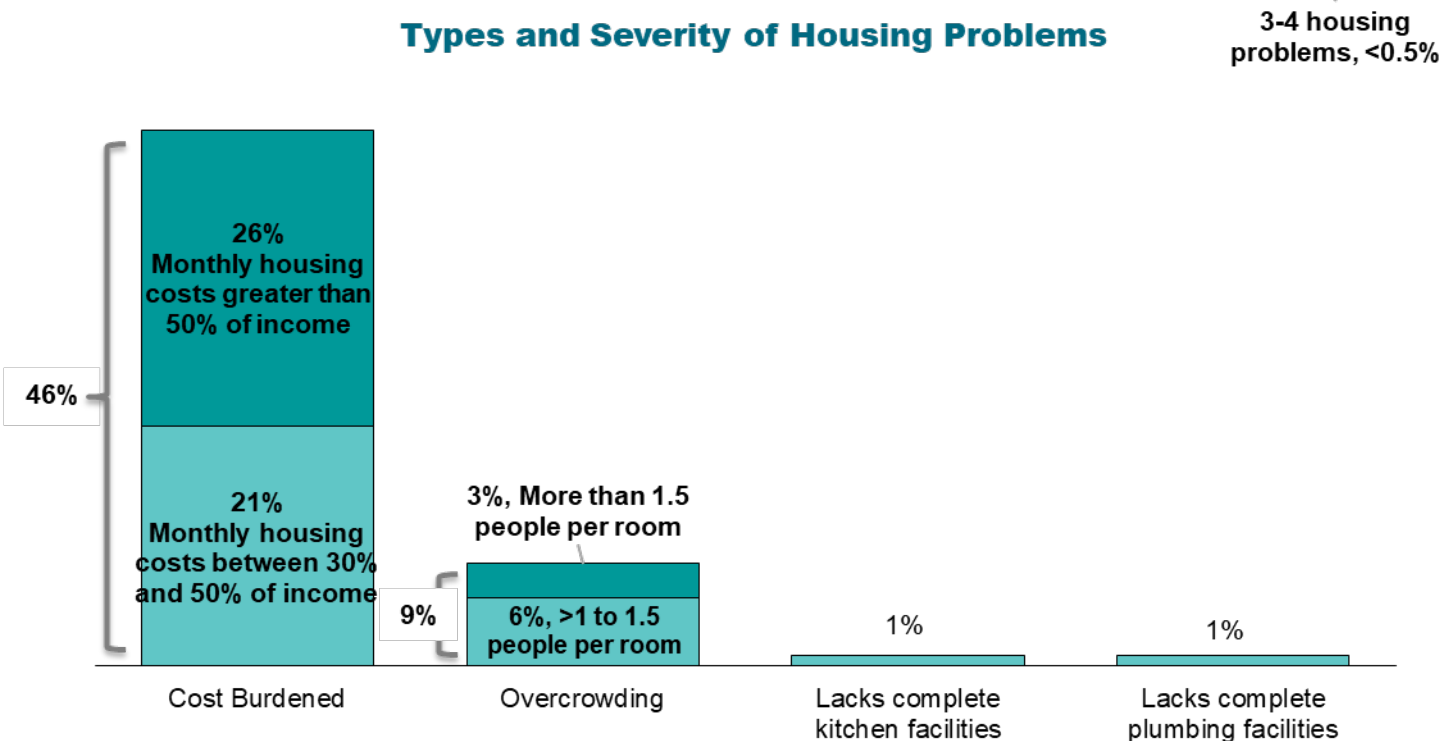
# Housing Problems in Households with at Least One Person Enrolled in Medicaid or CHIP, 2021

Population: Households with at least one person covered by Medicaid, CHIP, or other public insurance coverage for low-income populations

### Number of Housing Problems



### Types and Severity of Housing Problems



#### Notes:

Data include households where at least one person reported coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations. To meet the Department of Housing and Urban Development (HUD) criteria for housing problems, a household must satisfy at least one of the following: (1) housing unit lacks complete kitchen facilities, (2) housing unit lacks complete plumbing facilities, (3) household is overcrowded, or (4) household is cost burdened. Any overcrowding is defined as a ratio of more than 1 person per room; severe overcrowding is more than 1.5 people per room. Any cost burden is defined as monthly housing costs (including utilities) that exceed 30% of monthly household income; severe cost burden is monthly housing costs that exceed 50% of monthly income. For more information, see: [https://www.huduser.gov/portal/datasets/cp/CHAS/bg\\_chas.html](https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html). Households with missing information on cost burden (<4% of households) are excluded from the calculation of percentage of households that are cost burdened. Totals in the number of housing problems exhibit do not sum to 100 percent due to rounding.

#### Source:

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

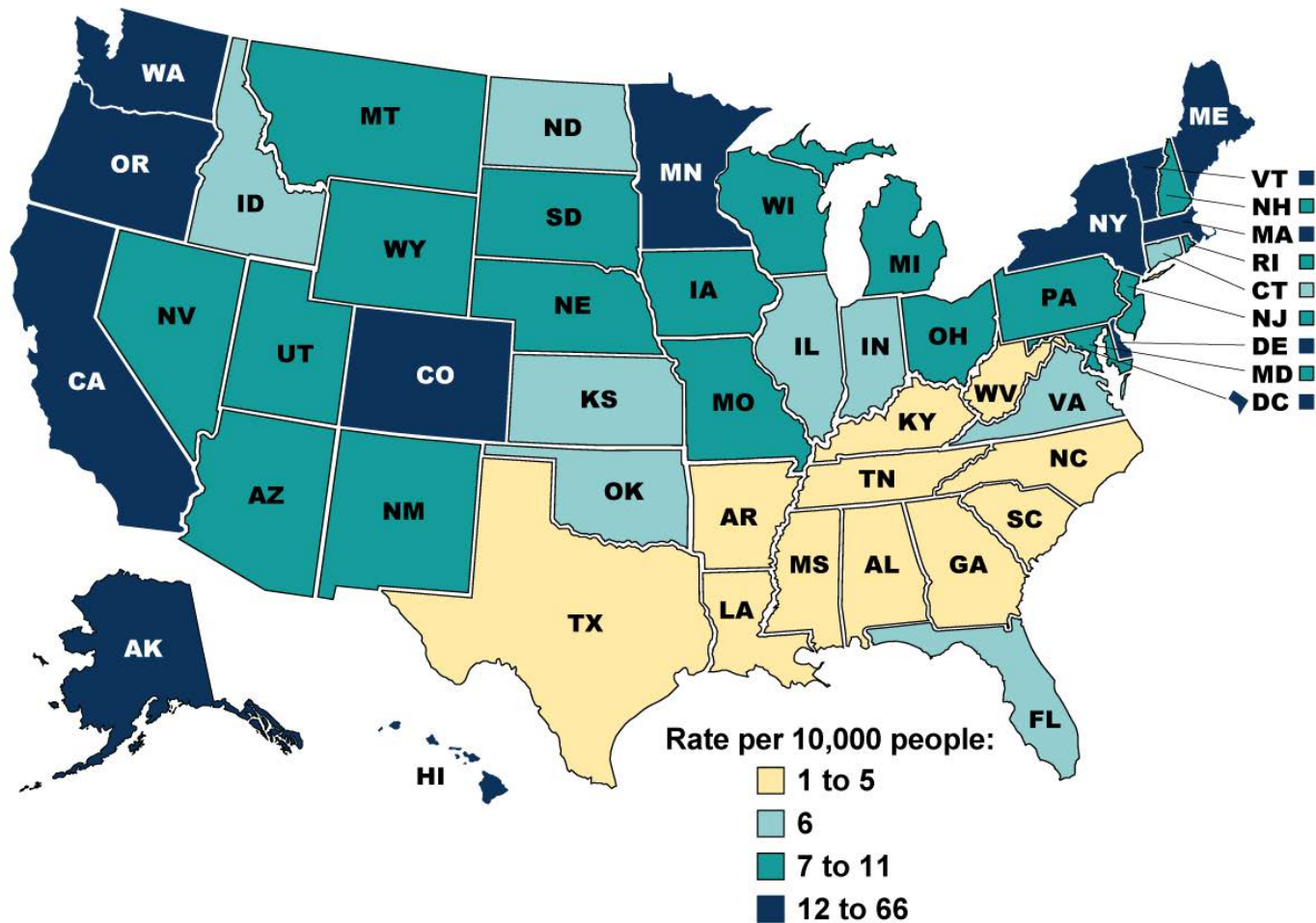
#### Available at:

<https://www2.census.gov/programs-surveys/acs/data/pums/2021/1-Year/>



# Number of People Experiencing Sheltered Homelessness per 10,000 People, by State, 2021

Population: Individuals staying in emergency shelters, transitional housing programs, or safe havens (regardless of insurance type)



### Notes:

The Point-in-Time (PIT) count is a nationwide unduplicated count of people experiencing homelessness on a single night in the last week of January. The PIT count provides state-level estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth. Due to pandemic-related disruptions, the 2021 report focuses on people experiencing sheltered homelessness and excludes unsheltered populations. Sheltered homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens. The rate for each state was obtained from the report cited below, and then states were assigned to quartiles.

### Source:

U.S. Department of Housing and Urban Development. 2021 Annual Homeless Assessment Report to Congress. Part 1: PIT Estimates of Sheltered Homelessness. Appendix B.

### Available at:

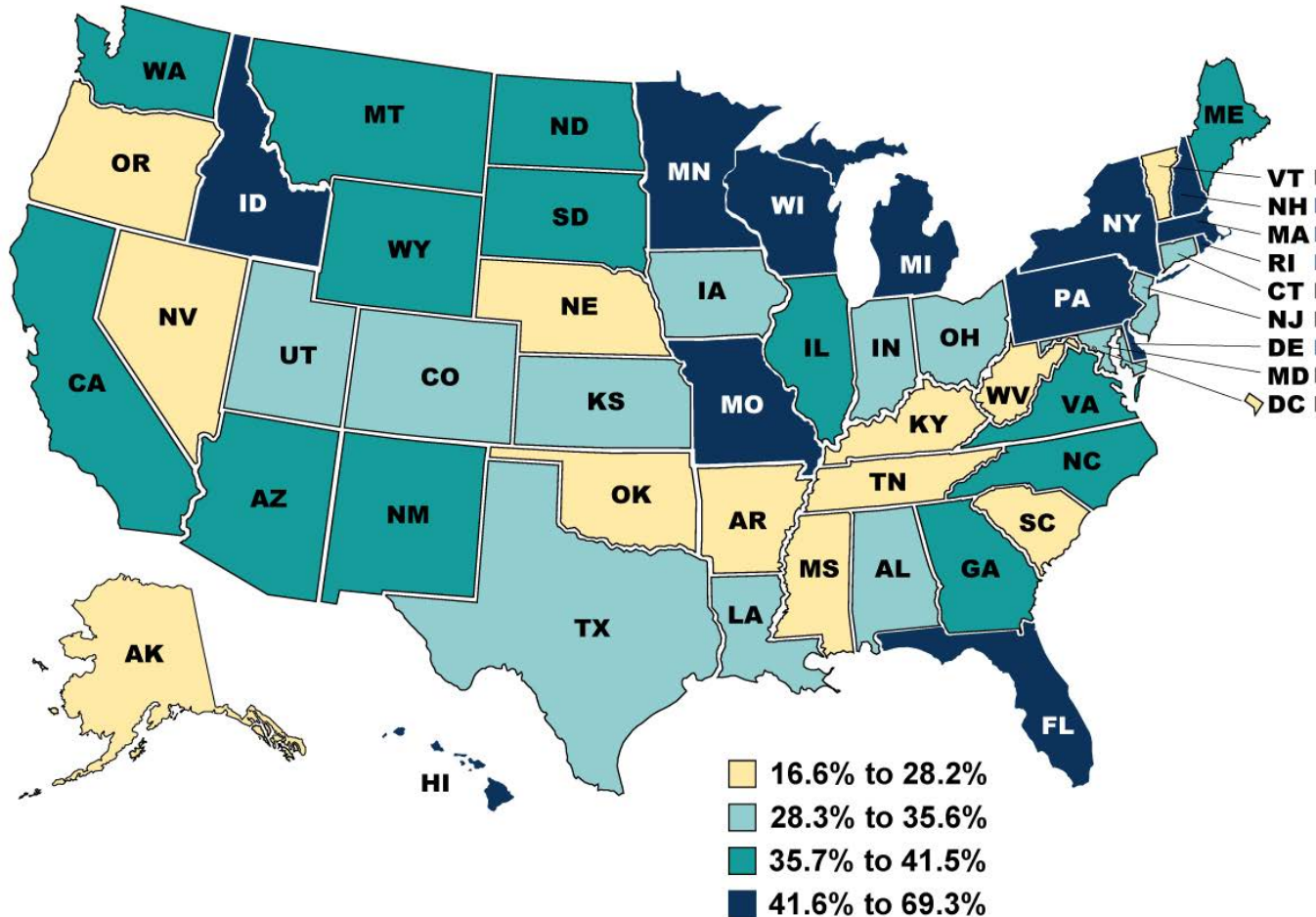
<https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>





# Percentage of People Experiencing Sheltered Homelessness Who are in Families with Children, by State, 2021

Population: Individuals staying in emergency shelters, transitional housing programs, or safe havens (regardless of insurance type)



**Notes:**

The Point-in-Time (PIT) count is a nationwide unduplicated count of people experiencing homelessness on a single night in the last week of January. The PIT count provides state-level estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth. Due to pandemic-related disruptions, the 2021 report focuses on people experiencing sheltered homelessness and excludes unsheltered populations. Sheltered homelessness refers to people who are staying in emergency shelters, transitional housing programs, or safe havens. Estimates of people in families with children include people who are experiencing homelessness as part of a household that has at least one adult (age 18 and older) and one child (under age 18). The percentage for each state was obtained from the report cited below, and then states were assigned to quartiles.

**Source:**

U.S. Department of Housing and Urban Development. 2021 Annual Homeless Assessment Report to Congress. Part 1: PIT Estimates of Sheltered Homelessness. Appendix B.

**Available at:**

<https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>



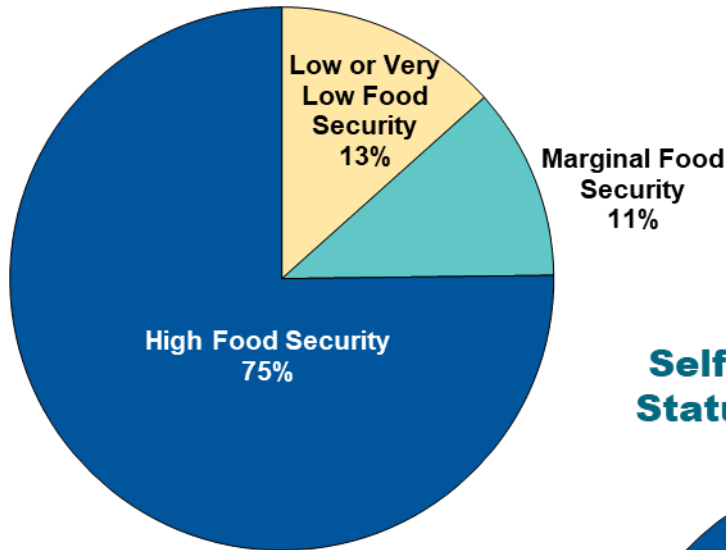




# Food Security Status of Children and Adults Enrolled in Medicaid or CHIP, 2021

Population: Non-institutionalized beneficiaries ages 0 to 64 covered by Medicaid, CHIP, or other public insurance coverage for low-income populations

## Parent-Reported Food Security Status of Children (Ages 0-17)



Nationally, 38% of households with at least one household member covered by Medicaid or CHIP reported receiving food stamp or Supplemental Nutrition Assistance Program (SNAP) benefits in the past 12 months.

### Food stamps or SNAP

**Notes:** Data include households where at least one person reported coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations.

**Source:** Mathematica analysis of U.S. Census Bureau, American Community Survey, 2021 PUMS data.

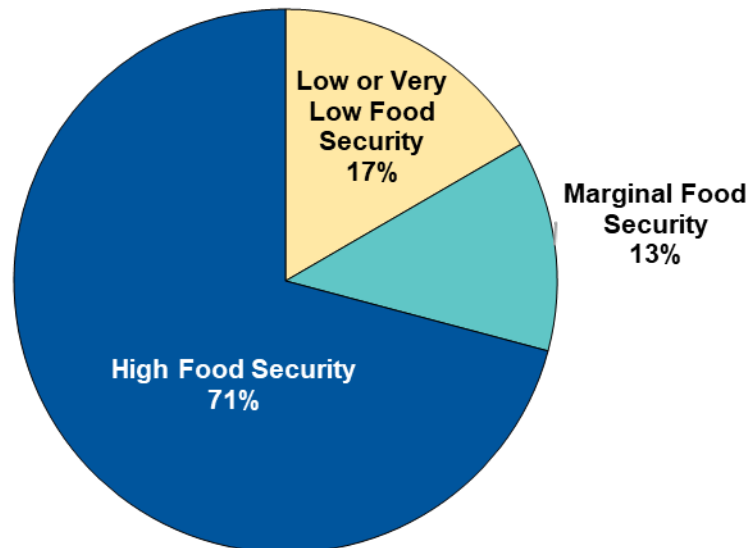
### Food security status

**Notes:** Data include all non-institutionalized civilian children and adults ages 0 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. The survey includes 10 questions designed to measure access to enough food for active, healthy lives. Based on their responses to each question, respondents are assigned a total food security score ranging from 0 to 10. Respondents with a food security score of 0 are classified as having high food security, while those with a score of 1 or 2 are classified as having marginal food security. Respondents with scores from 3 to 10 are classified as having low or very low food security. Responses of refused, not ascertained, and don't know (1% of responses for children and 5% of responses for adults) are excluded. Totals may not sum to 100 due to rounding.

**Source:** Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2021.

Full website links for each data source can be found in the Appendix.

## Self-Reported Food Security Status of Adults (Ages 18-64)



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# APPENDIX: DATA SOURCES



## Data Sources (in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Medicare & Medicaid Services (CMS)	8–13, 16, 17, 45, 46	Vary by data source (see Comments for links)	<p>CMS sponsored sites that provide data on Medicaid and CHIP programs for research purposes. The specific data tables and reports cited in this profile are:</p> <ul style="list-style-type: none"> <li>• November 2022 Medicaid and CHIP Enrollment Trends Snapshot. Available at: <a href="https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html">https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html</a>.</li> <li>• Updated July 2022 Applications, Eligibility Determinations, and Enrollment Data (as of November 3, 2022); and Updated December 2021 Applications, Eligibility Determinations, and Enrollment Data (as of December 21, 2022). Available at: <a href="https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html">https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html</a>.</li> <li>• 2020 Managed Care Enrollment Report. Available at: <a href="https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html">https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html</a>.</li> <li>• CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (December 2021 data, as of 12/21/2022). Available at: <a href="https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics">https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics</a>.</li> <li>• National Health Expenditures Accounts (2020 and 2021 data, as of December 15, 2022). Available at: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html</a>.</li> <li>• CMS analysis of CMS-64 expenditure reports from the Medicaid Budget and Expenditure System/State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES). Additional information available at: <a href="https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-chip/expenditure-reports-mbescbes/index.html">https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-chip/expenditure-reports-mbescbes/index.html</a>.</li> <li>• Adult Coverage Expansion as of July 2021. Available at: <a href="https://www.medicaid.gov/medicaid/program-information/downloads/medicaid-expansion-state-map-10-2021.pdf">https://www.medicaid.gov/medicaid/program-information/downloads/medicaid-expansion-state-map-10-2021.pdf</a>.</li> </ul>

## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
U.S. Census Bureau, Estimates of the Resident Population for July 1, 2022	9–11	<a href="https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html">https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html</a>	<p>The Census Bureau releases annual estimates of the resident population (as of July 1) for the U.S., regions, states, District of Columbia, and Puerto Rico. The estimates are developed from a base that incorporates the 2020 Census, Vintage 2020 estimates, and (for the U.S. only) 2020 Demographic Analysis estimates. The estimates add births to, subtract deaths from, and add net migration to the April 1, 2020 estimates base. For more information on the population estimates methodology, see <a href="https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2020/methods-statement-v2020-final.pdf">https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2020/methods-statement-v2020-final.pdf</a>. This profile uses Table SCPRC-EST-2022-18+POP, which includes estimates of both the total resident population and the resident population age 18 and older.</p> <p>Full citation: U.S. Census Bureau, Population Division. Estimates of the Total Resident Population and Resident Population Age 18 Years and Older for the United States, Regions, States, District of Columbia, and Puerto Rico: July 1, 2022 (SCPRC-EST2022-18+POP). December 2022.</p>

## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Medicare & Medicaid Services (CMS), Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF)	17, 19, 20, 22, 29, 33	<a href="https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html">https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html</a>	<p>TAF is a research-optimized version of T-MSIS data intended to serve as a data source for broad research needs. This profile includes primary analysis of the TAF Annual Demographic and Eligibility (DE) and claims files. Analyses were conducted using SAS. TAF contains demographic, enrollment, service utilization, and expenditure information for all Medicaid and CHIP beneficiaries, as submitted to T-MSIS by their respective state agencies, who were enrolled for at least one day during the calendar year. Analysis that is limited to beneficiaries with full benefits or the equivalent, include beneficiaries assigned the following restricted benefit codes in T-MSIS:</p> <ul style="list-style-type: none"> <li>• 1: Eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits.</li> <li>• 4: Eligible for Medicaid or CHIP but only entitled to benefits for pregnancy-related services. Analysis in this profile excludes these beneficiaries in three states where pregnancy-related services do not meet the Minimum Essential Coverage (MEC) standard.</li> <li>• 5: Eligible for Medicaid or Medicaid-Expansion CHIP but, for reasons other than non-citizenship,<sup>1</sup> dual eligibility or pregnancy-related status, is only entitled to restricted benefits (e.g., restricted benefits based upon substance abuse, medically needy or other criteria) that meet the MEC standard.</li> <li>• 7: Eligible for Medicaid and entitled to Medicaid benefits under an alternative package of benchmark-equivalent coverage, as enacted by the Deficit Reduction Act of 2005.</li> <li>• A: Eligible for Medicaid and entitled to benefits under the Psychiatric Residential Treatment Facilities Demonstration Grant Program, as enacted by the Deficit Reduction Act of 2005.</li> <li>• B: Eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account.</li> <li>• D: Eligible for Medicaid and entitled to benefits under a Money Follows the Person rebalancing demonstration, as enacted by the Deficit Reduction Act of 2005.</li> </ul>
		<p>For information about state variability in data quality within TAF, please see the Medicaid DQ Atlas, available at:</p> <p><a href="https://www.medicaid.gov/dq-atlas/welcome">https://www.medicaid.gov/dq-atlas/welcome</a></p>	

<sup>1</sup>[https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435#p-435.4\(Non-citizen\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435#p-435.4(Non-citizen))

## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
U.S. Census Bureau, American Community Survey (ACS)	20, 23, 45–49, 52, 53	<a href="https://www.census.gov/programs-surveys/acs/microdata.html">https://www.census.gov/programs-surveys/acs/microdata.html</a>	<p>The ACS is a national random, weighted sample of the U.S. population, including individuals in households and in group quarters (institutions, military barracks, university dorms, etc.). Survey respondents are asked if they are currently covered by “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability.”</p> <p>The Public Use Microdata Sample (PUMS) files contain a sample of the responses to the ACS and allow data users to create estimates for user-defined characteristics. PUMS files for an individual year contain data on approximately 1% of the U.S. population. When developing the PUMS files, the Census Bureau uses a complex set of editing and imputation rules designed to ensure that the data are as consistent and complete as possible. As a result, all variables have no or very low percentages of missing values.</p> <p>The ACS data included in this profile come from Mathematica’s primary analysis of the 2021 PUMS files. The specific data files used for analysis were the 2021 ACS 1-Year PUMS U.S.-wide Household file and the 2021 ACS 1-Year PUMS U.S.-wide Person file. Analyses were conducted in SAS and employed SAS survey procedures to account for the complex sample design. Standard errors were calculated using jackknife replicate weights.</p> <p>See the following Census Bureau resources for more information on ACS data:</p> <ul style="list-style-type: none"> <li>• Documentation of editing and imputation procedures: <a href="https://www.census.gov/programs-surveys/acs/methodology/design-and-methodology.html">https://www.census.gov/programs-surveys/acs/methodology/design-and-methodology.html</a>.</li> <li>• Information on the poverty measure and poverty thresholds: <a href="https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html">https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html</a>.</li> <li>• Details regarding recent changes to race and ethnicity questions and coding: <a href="https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html">https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html</a>.</li> </ul>



## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Disease Control and Prevention (CDC), Natality Public Use File	21	<a href="https://wonder.cdc.gov/">https://wonder.cdc.gov/</a>	<p>The natality public use file contains records for all live births registered within the 52 U.S. reporting areas (50 states, New York City, and District of Columbia) during the reporting year. The 2021 state-level natality data included in this profile were generated using the CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data analysis system.</p> <p>Full citation: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2017-2021, on CDC WONDER Online Database, December 2022. Accessed at: <a href="http://wonder.cdc.gov/natality-expanded-current.html">http://wonder.cdc.gov/natality-expanded-current.html</a>.</p>
National Survey of Children's Health (NSCH)	26–28	<a href="https://www.census.gov/programs-surveys/nsch.html">https://www.census.gov/programs-surveys/nsch.html</a>	<p>NSCH is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. It is a nationally representative survey of all noninstitutionalized children ages 0 to 17 years in the U.S. who live in housing units. Questions are answered by an adult familiar with the child's health. Public insurance is defined in the survey as coverage through "Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability" at the time of the survey. Private insurance is defined as coverage through a current or former employer or union, insurance purchased directly from an insurance company, TRICARE or other military health care, or coverage through the Affordable Care Act at the time of the survey. Respondents can report more than one type of current insurance coverage.</p> <p>All NSCH data included in this profile come from Mathematica's primary analysis of the 2021 Topical Data public use file, which is available at: <a href="https://www.census.gov/programs-surveys/nsch/data.html">https://www.census.gov/programs-surveys/nsch/data.html</a>. Analyses were conducted in SAS and employed SAS survey procedures to account for the complex sample design.</p>

## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)	26, 30, 31, 48, 53	<a href="https://www.cdc.gov/nchs/nhis/index.htm">https://www.cdc.gov/nchs/nhis/index.htm</a>	<p>The NHIS is a nationally representative survey of the civilian noninstitutionalized U.S. population. The NHIS universe includes residents of households and noninstitutional group quarters (e.g., homeless shelters, rooming houses, and group homes). Basic demographic information is collected for all household members; more detailed health information is collected for one sample adult (age 18 or older) and one sample child (ages 0 to 17) per household. The Medicaid recode variable used for these analyses includes all individuals who report coverage through Medicaid or other state-sponsored health plans including CHIP at the time of the survey.</p> <p>All NHIS data included in this profile come from Mathematica's primary analysis of the 2021 NHIS Sample Adult Interview and Sample Child Interview public use files, available at: <a href="https://www.cdc.gov/nchs/nhis/2021nhis.htm">https://www.cdc.gov/nchs/nhis/2021nhis.htm</a>. Analyses were conducted in SAS and employed SAS survey procedures to account for the complex sample design. All analyses and interpretations of data should be attributed to Mathematica and not to NCHS, which is responsible only for the initial data.</p>

## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health (NSDUH)	32	<a href="https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2020-nsduh-2020-ds0001">https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2020-nsduh-2020-ds0001</a>	<p>NSDUH is a nationally representative survey of the civilian noninstitutionalized population of the U.S. age 12 and older. The NSDUH universe includes residents of households and noninstitutional group quarters (e.g., college dormitories, group homes, shelters, rooming houses, and civilians living on military installations). The survey tracks trends in specific substance use and mental illness measures and assesses substance use disorders and treatment for these disorders. It includes questions from the Diagnostic and Statistical Manual of Mental Disorders (DSM) that allow diagnostic criteria to be applied.</p> <p>The COVID-19 pandemic necessitated methodological changes in data collection. The primary changes were (1) virtually no data collection from mid-March through September 2020, (2) introduction of web data collection in October 2020 with very limited in-person data collection, and (3) questionnaire changes beginning in October 2020. Because of the disruptions to data collection, the 2020 sample is representative of January to March and October to December combined but is not representative of the entire year. SAMHSA also recommends that users exercise caution when comparing 2020 results with data from prior years, since the methodological changes could result in data collection mode effects.</p> <p>All NSDUH data included in this profile come from Mathematica's primary analysis of the 2020 public use file. Analyses used the imputation-revised Medicaid and CHIP variable, which includes all individuals who reported coverage through Medicaid or CHIP at the time of the survey. Analyses were conducted in SAS and employed SAS survey procedures to account for the complex sample design.</p>

## Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Agency for Healthcare Research and Quality, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database	35–42	<a href="https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf</a>	Based on data collected between July 2021 and July 2022 and submitted directly to the AHRQ CAHPS Database by state Medicaid and CHIP agencies or individual health plans. In states with fee-for-service or primary care case management delivery systems, health plan refers to the Medicaid program. The Child Medicaid results include 66,182 respondents across 166 plans in 37 states. The Adult Medicaid results include 50,336 respondents across 197 plans in 41 states. The data are submitted voluntarily to the AHRQ CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states. The Child Medicaid results from seven states represent 45% of responses and seven states in the Adult Medicaid results represent 47% of responses. Thus, the estimates may be biased and it is not possible to compute precision estimates from the data.
U.S. Department of Housing and Urban Development, 2021 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Sheltered Homelessness	50, 51	<a href="https://www.huduser.gov/portal/datasets/ahar/2021-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html">https://www.huduser.gov/portal/datasets/ahar/2021-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html</a>	The 2021 AHAR outlines the key findings of the Point-In-Time (PIT) count and Housing Inventory Count (HIC) conducted in January 2021. Specifically, this report provides 2021 national, state, and continuums-of-care (CoC)-level PIT and HIC estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth. Due to pandemic-related disruptions to counts of unsheltered homeless people in January 2021, the 2021 report focuses on people experiencing sheltered homelessness. Estimates of the number of people experiencing sheltered homelessness at a point in time in 2021 should be viewed with caution, as the number could be artificially depressed compared with non-pandemic times, reflecting reduced capacity in some communities or safety concerns regarding staying in shelters.