

2026 Medicaid and CHIP Beneficiary Profile: Enrollment, Expenditures, Characteristics, Health Status, and Experience



Released January 2026

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:

- **2026 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/medicaid-chip-data-products>.
- 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>.
- CMS developed the **Core Set Data Dashboard** to display interactive results for all publicly reported Core Set measures. It is available at:
<https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main>.
- 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

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.

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 and Utilization
- Beneficiary Experience

Unless otherwise noted, exhibits include all Medicaid and CHIP beneficiaries in the 50 states and the District of Columbia. When US territory data were available and met data quality standards, territory data were also included. One notable exclusion from some charts 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.



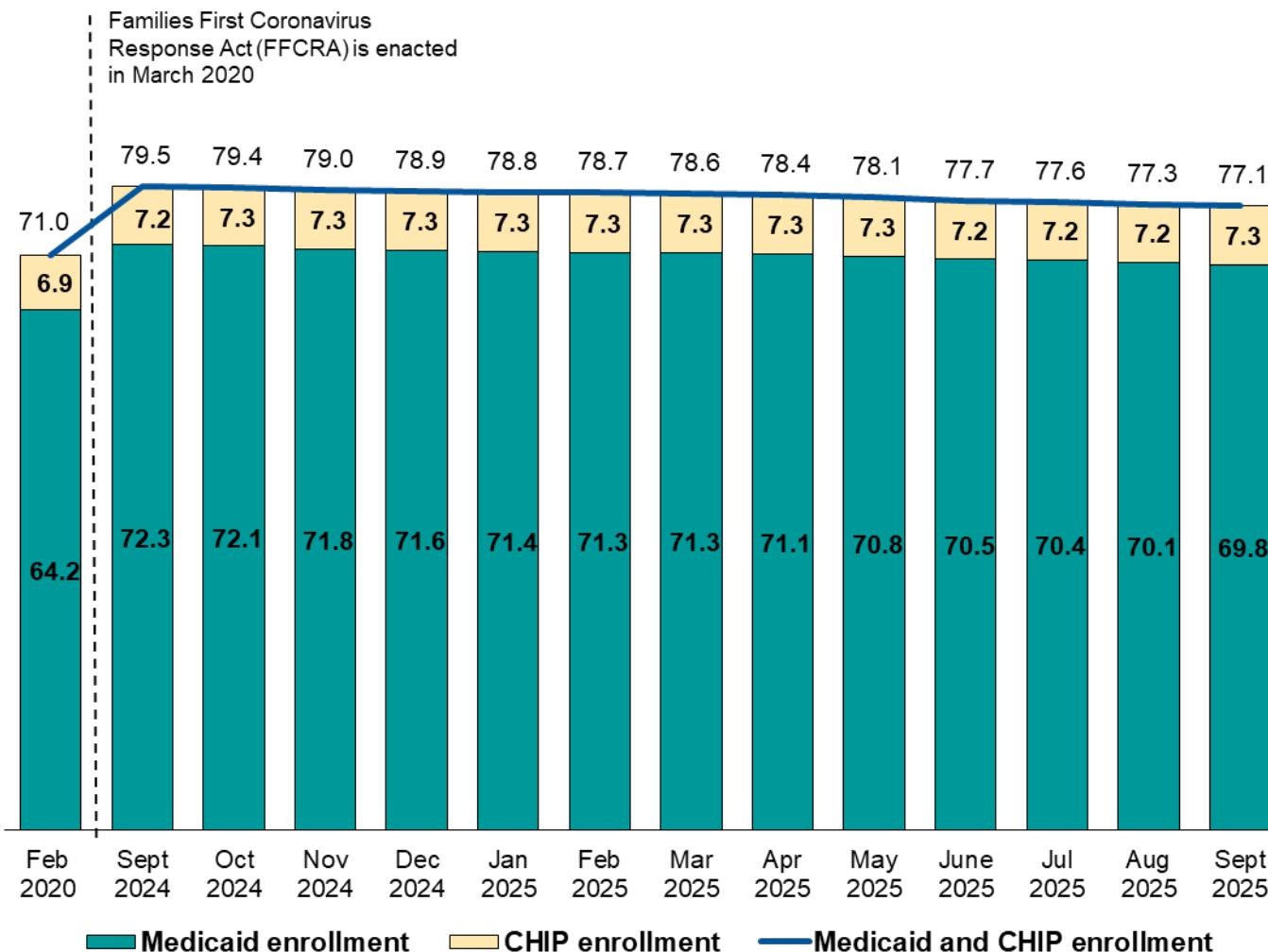
MEDICAID AND CHIP ENROLLMENT

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

Fast fact: As of September 2025, Medicaid and CHIP covered approximately 77.1 million individuals in the United States ([slide 7](#)).

National Medicaid and CHIP Enrollment Trends (in millions), September 2024 – September 2025

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



- From Sept 2024 to Sept 2025, Medicaid enrollment decreased by 2.5 million (3%) and CHIP enrollment increased by 31,000 (<1%).
- From February 2020 (pre-pandemic baseline) to Sept 2025, Medicaid enrollment increased by 5.6 million (9%) and CHIP enrollment increased by 390,000 (6%).

Notes: This analysis includes preliminary enrollment data from 50 states and DC. 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. State specific data notes are available in the data source linked below. The continuous enrollment condition authorized by the FFCRA ended on March 31, 2023, with states resuming routine eligibility renewals, including terminations of coverage for individuals who are no longer eligible beginning on April 1, 2023. Values may not sum to the total enrollment due to rounding.

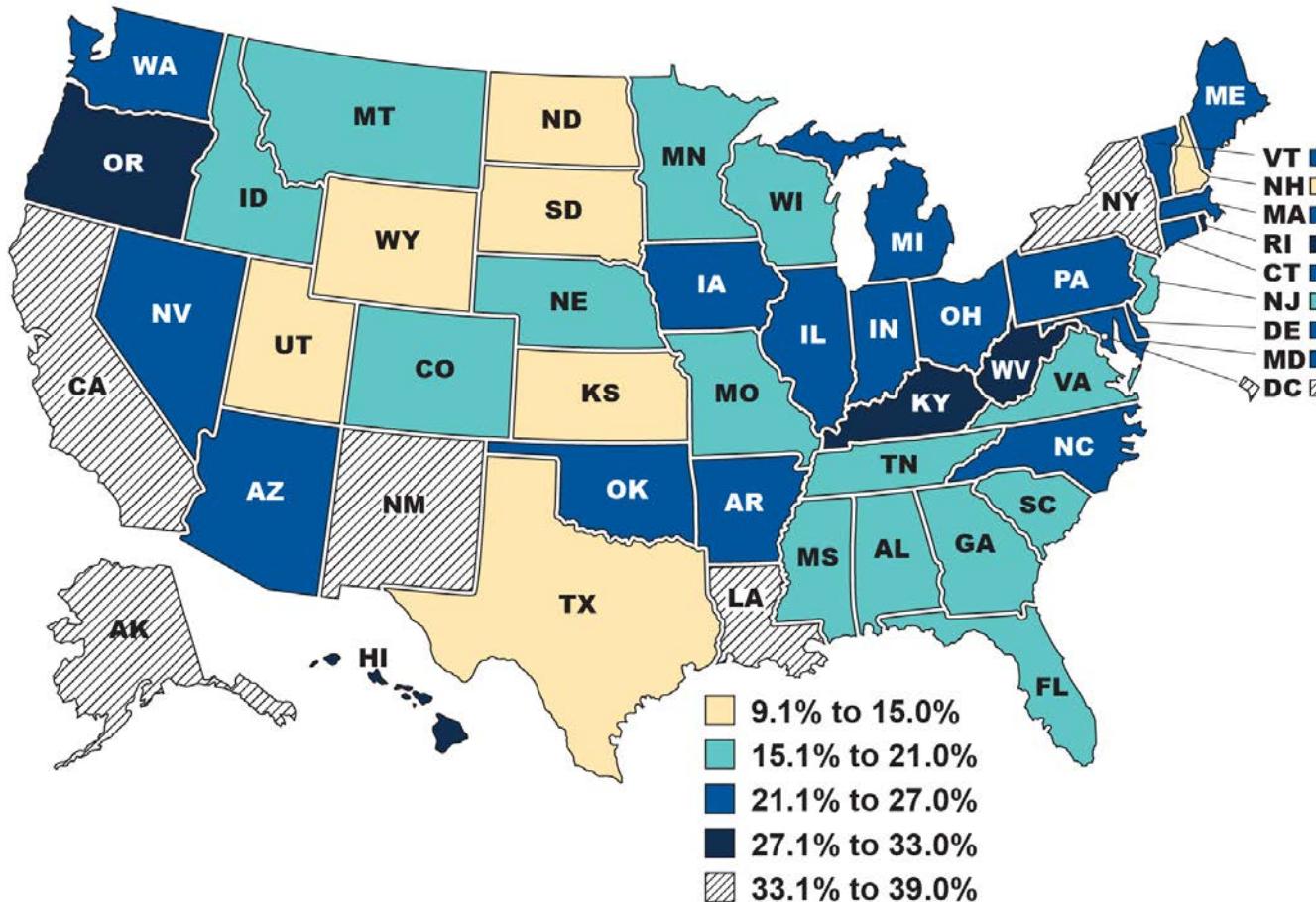
Source: CMS. September 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot. Slide 11.

Available at:
<https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-sep2025.pdf>



Percentage of Child and Adult Population Enrolled in Medicaid or CHIP, by State, July 2024

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



Notes:

Enrollment in Medicaid or CHIP includes individuals receiving full Medicaid or CHIP benefits and excludes those eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. Each state's enrollment percentage was calculated by dividing monthly point-in-time counts of Medicaid and CHIP enrollment by estimates of the state's resident population. Results were rounded to one decimal place, and states were then grouped into whole-number intervals. The minimum state percentage was 9.7% and the maximum state percentage was 37.2%.

Sources:

CMS. Updated July 2024 Applications, Eligibility, and Enrollment Data.

Available at:

<https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/monthly-medicaid-chip-application-eligibility-determination-and-enrollment-reports-data>

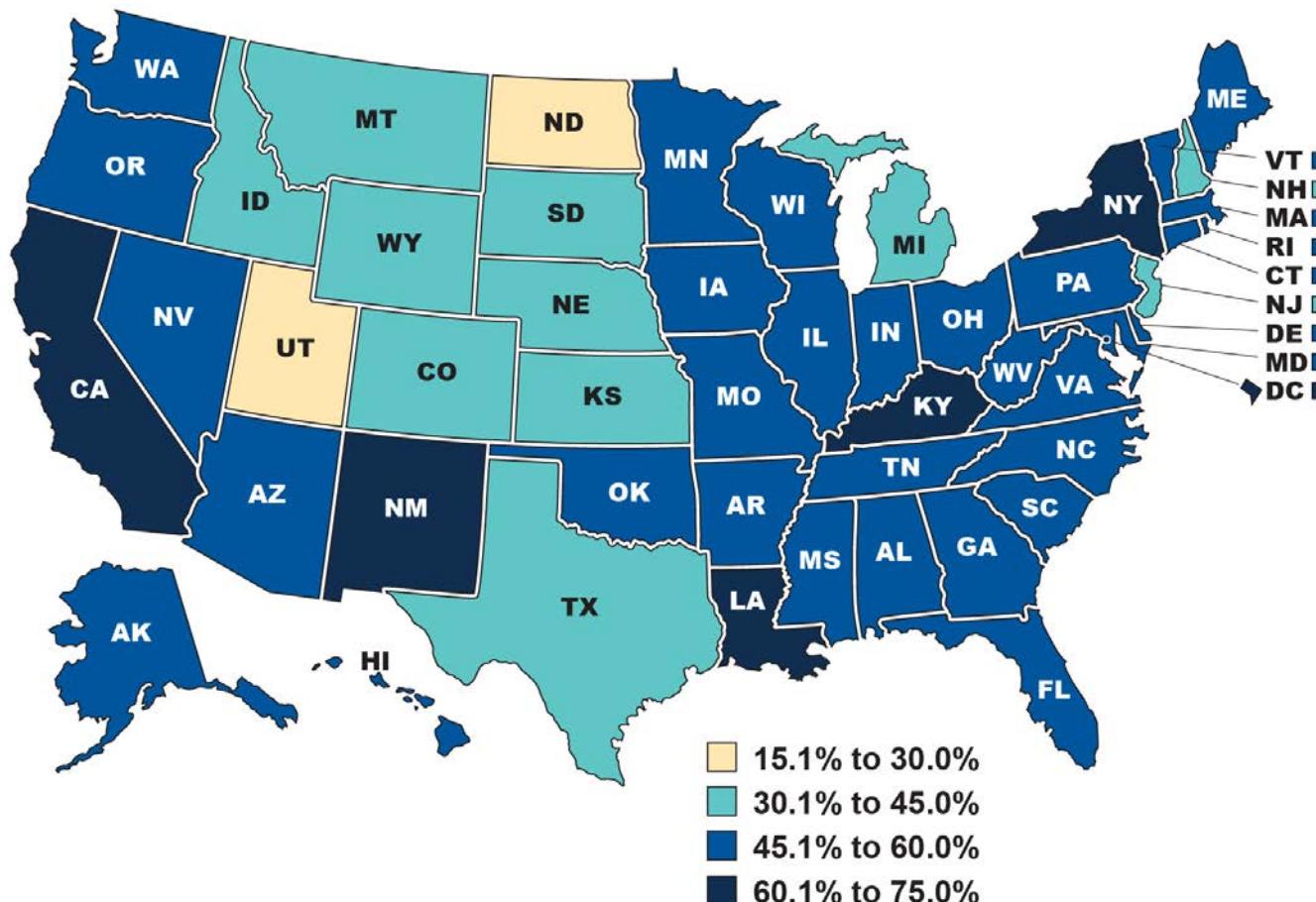
U.S. Census Bureau. Estimates of the Resident Population for July 1, 2024. Table SCPRC-EST2024-18+POP.

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 2024

Population: Beneficiaries under age 19 with full Medicaid or CHIP benefits



Notes:

Enrollment in Medicaid or CHIP includes individuals receiving full Medicaid or CHIP benefits and excludes those eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, or emergency services-only benefits. Each state's enrollment percentage was calculated by dividing monthly point-in-time counts of Medicaid and CHIP child enrollment by estimates of the state's resident child population. Medicaid and CHIP enrollment totals include children under age 19, while state population estimates include children under age 18. Results were rounded to one decimal place, and states were then grouped into whole-number intervals. The minimum state percentage was 18.8% and the maximum state percentage was 75.0%.

Sources:

CMS. Updated July 2024 Applications, Eligibility, and Enrollment Data.

Available at:

<https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/monthly-medicaid-chip-application-eligibility-determination-and-enrollment-reports-data>

U.S. Census Bureau. Estimates of the Resident Population for July 1, 2024. Table SCPRC-EST2024-18+POP.

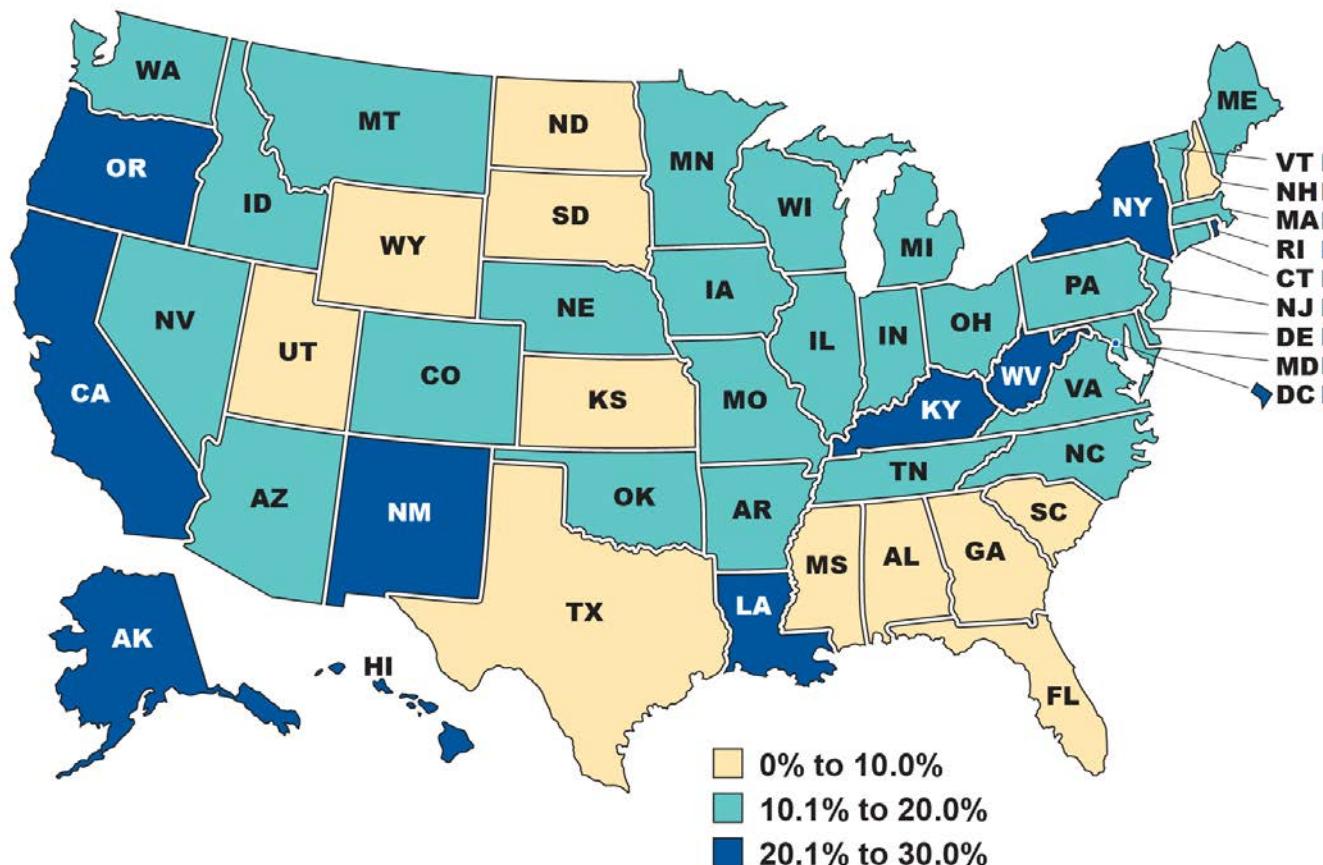
Available at:

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



Percentage of Adult Population Enrolled in Medicaid, by State, July 2024

Population: Beneficiaries age 19 and older with full Medicaid benefits



Notes:

Enrollment in Medicaid includes individuals receiving full Medicaid benefits and excludes those eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. Each state's enrollment percentage was calculated by dividing monthly point-in-time counts of Medicaid adult enrollment by estimates of the state's resident adult population. Medicaid enrollment totals in each state include adults and seniors age 19 and older, while estimates of each state's resident population include adults age 18 older. Results were rounded to one decimal place, and states were then grouped into whole-number intervals. The minimum state percentage was 4.2% and the maximum state percentage was 28.9%.

Sources:

CMS. Updated July 2024 Applications, Eligibility, and Enrollment Data.

Available at:

<https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/monthly-medicaid-chip-application-eligibility-determination-and-enrollment-reports-data>

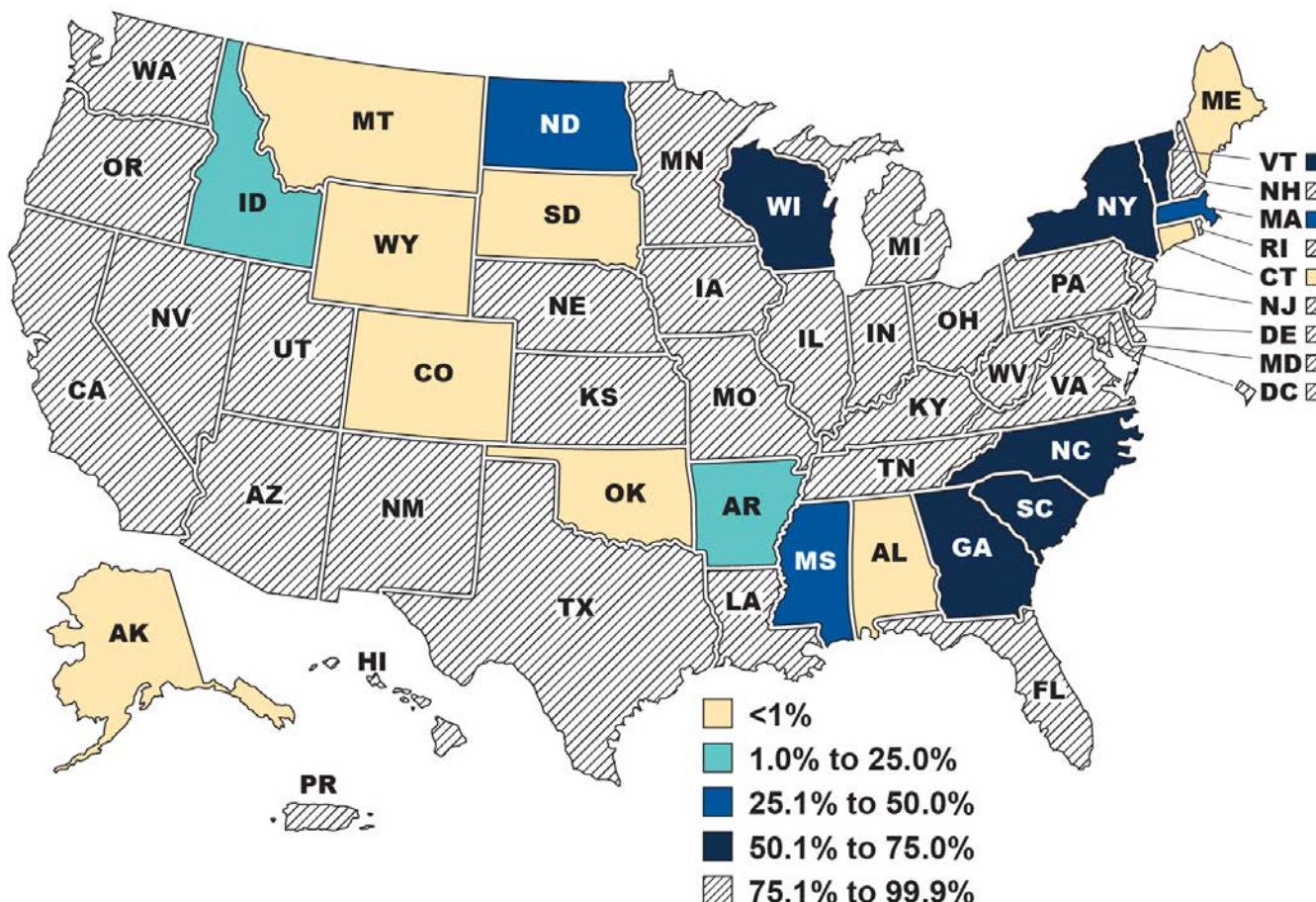
U.S. Census Bureau. Estimates of the Resident Population for July 1, 2024. Table SCPRC-EST2024-18+POP.

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, 2022

Population: Beneficiaries of all ages with full Medicaid benefits



Nationally, 75.1% of Medicaid beneficiaries were enrolled in a comprehensive managed care plan in 2022.

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. States have flexibility in Medicaid delivery system design. Some states opt to deliver all services to all populations in a fee-for-service (FFS) system, whereas others use a mix of FFS and managed care delivery. 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 whole number intervals. The minimum state percentage was 0% and the maximum state percentage was 99.9%.

Source:

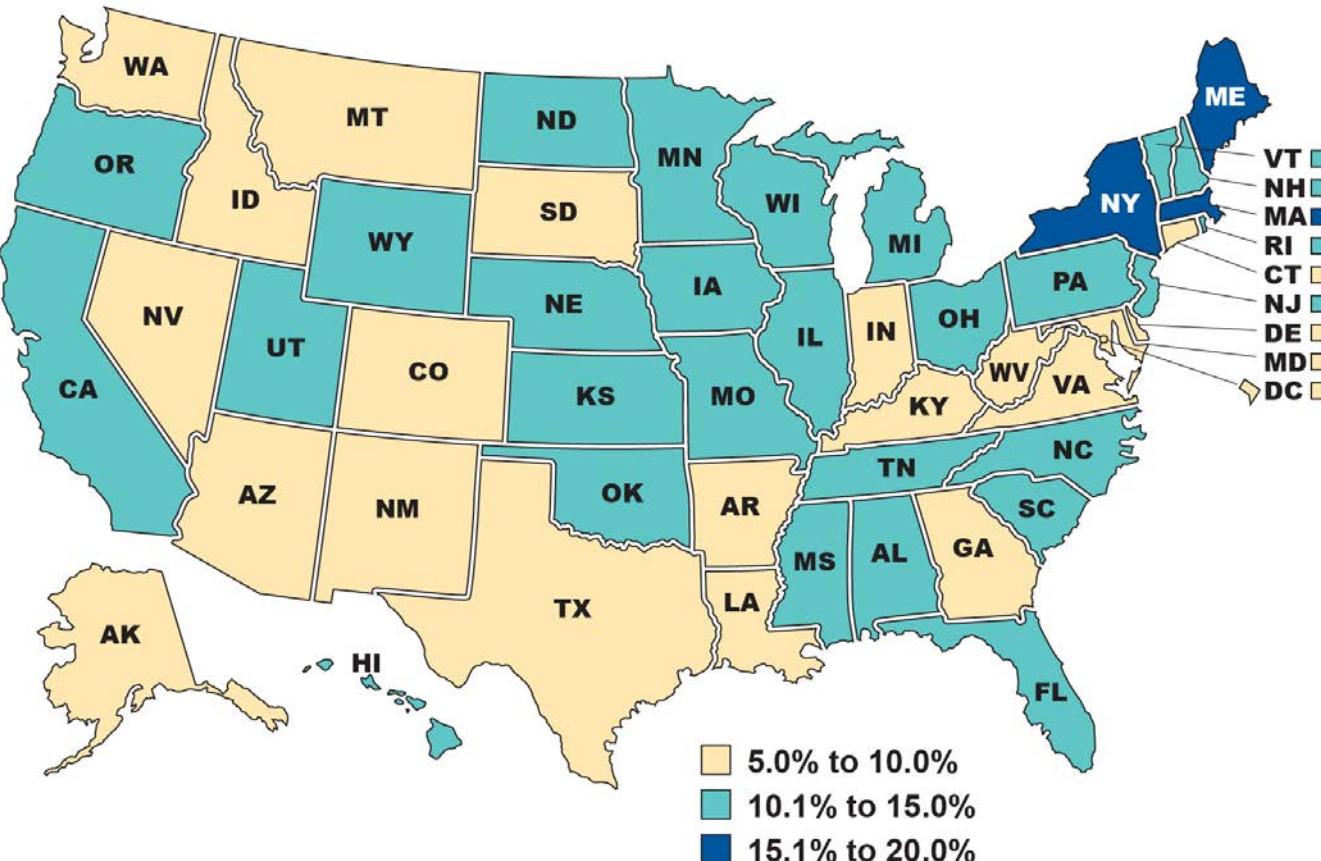
2022 CMS Managed Care Enrollment Report.

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, 2024

Population: Beneficiaries of all ages with full Medicaid benefits



Nationally, 11.8% of Medicaid beneficiaries (8.7 million individuals) were dually eligible for Medicare and received full Medicaid benefits as of June 2024.

Notes:

Dually eligible individuals are enrolled in Medicare and Medicaid. About 72% receive full benefits, and the remaining 28% receive partial benefits. Full-benefit dually eligible individuals are Medicare beneficiaries who qualify for the full package of Medicaid benefits. The percentage of the Medicaid population that was 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 whole number intervals. The national percentage was calculated by dividing the sum of the state totals. The minimum state percentage was 5.0% and the maximum state percentage was 19.7%.

Sources:

CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (June 2024 data, as of August 8, 2025).

CMS. Updated June 2024 Applications, Eligibility Determinations, and Enrollment Data (as of August 8, 2025).

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

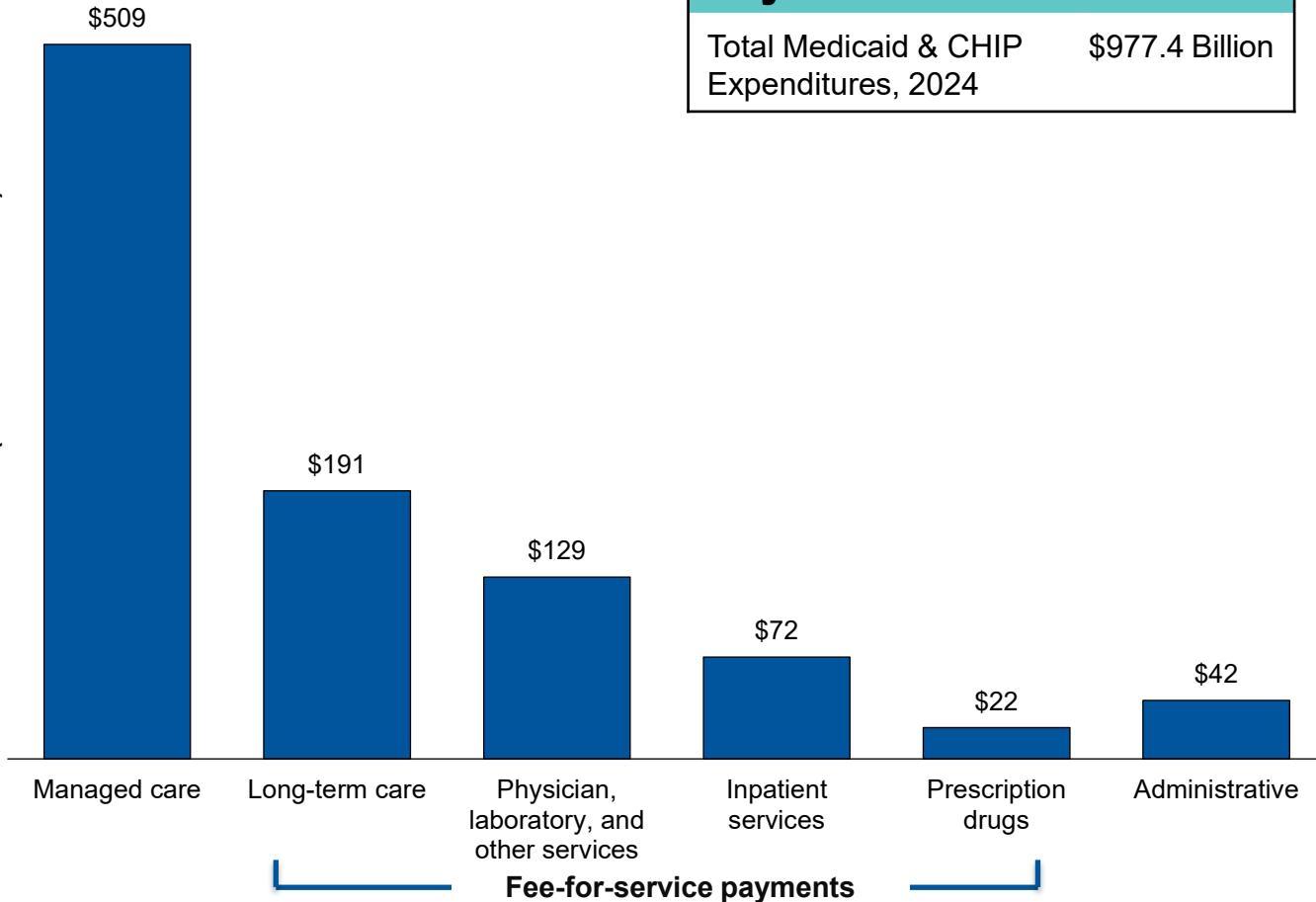
BENEFICIARY EXPENDITURES

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

Fast fact: In 2023, children accounted for 35.9% of beneficiaries and 15.6% of expenditures. People eligible for Medicaid on the basis of disability accounted for 9.9% of Medicaid beneficiaries and 29.1% of expenditures ([slide 15](#)).

Annual Medicaid and CHIP Expenditures by Service Category (billions of dollars), 2024

2024 Expenditures
(Billions of dollars)



Key Fact

Total Medicaid & CHIP Expenditures, 2024 \$977.4 Billion

Notes: Data presented in this exhibit come from a CMS analysis of CMS-64 expenditure reports for Federal Fiscal Year 2024 from the Medicaid Budget and Expenditure System/State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES). 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 2024 and include all states, PR, USVI, Guam, American Samoa, and Northern Mariana Islands.

Source:
CMS. Medicaid and CHIP 2025 Scorecard.

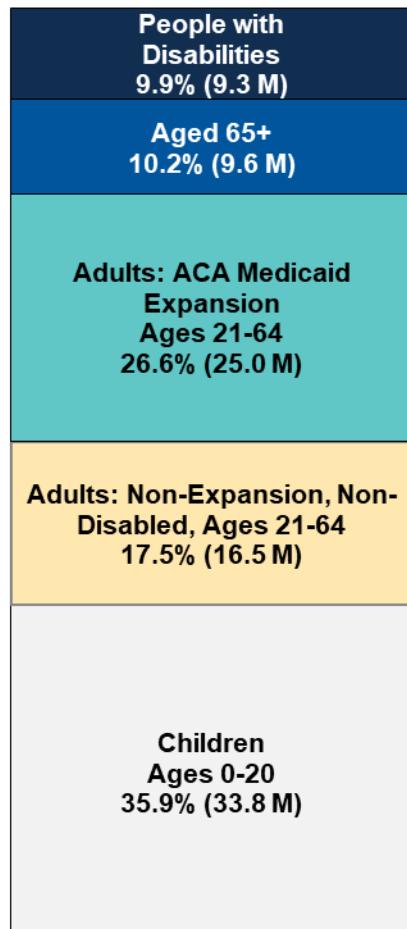
Available at: <https://www.medicaid.gov/state-overviews/scorecard/main>



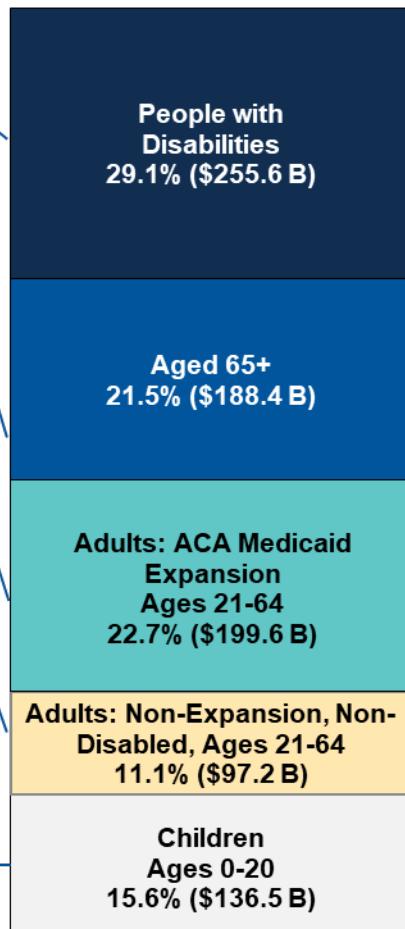
Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category, 2023

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

Total Enrollment (94.0 M)



Total Expenditures (\$877.2 B)



Average Medicaid Expenditures Per Beneficiary

\$27,579 People with Disabilities

\$19,674 Aged 65+

\$7,993 Adults: ACA Medicaid Expansion

\$5,903 Adults: Non-Expansion, Non-Disabled

\$4,042 Children

Notes:

These national estimates include state-reported data from the 50 states, DC, Guam, PR, and USVI. They exclude spending and enrollment through Medicaid-expansion CHIP and separate CHIP programs. CMS used Transformed Medicaid Statistical Information System (T-MSIS) Analytic File (TAF) data (as of March 2025) 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 MBES in form CMS-64. CMS used the Master Beneficiary Summary file to allocate CMS-64 Medicare premiums to the aged and disabled populations. Total expenditures exclude spending for administrative expenses and disproportionate share hospital payments. Average Medicaid expenditures per beneficiary were estimated by dividing total expenditures by total enrollment for each beneficiary category. Enrollment totals represent the count of total beneficiary years in TAF aggregated across five beneficiary categories. People with Disabilities includes beneficiaries of any age who are eligible for Medicaid based on disability. Adults: ACA Medicaid Expansion includes adults made eligible for Medicaid under the Affordable Care Act. Some adult eligibility groups may include a small number of individuals under age 21 and over age 64.

Source:

CMS calculations using calendar year 2023 MBES and TAF data and the Medicare Master Beneficiary Summary File. Full website links for this data source can be found in the Appendix.



BENEFICIARY CHARACTERISTICS

This section of the profile shows the demographic characteristics of Medicaid and CHIP beneficiaries. It also shows estimates of births paid for by Medicaid (by state) and data on the overlap between Medicaid and CHIP and federal poverty indicators and programs.

Fast fact: 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.¹

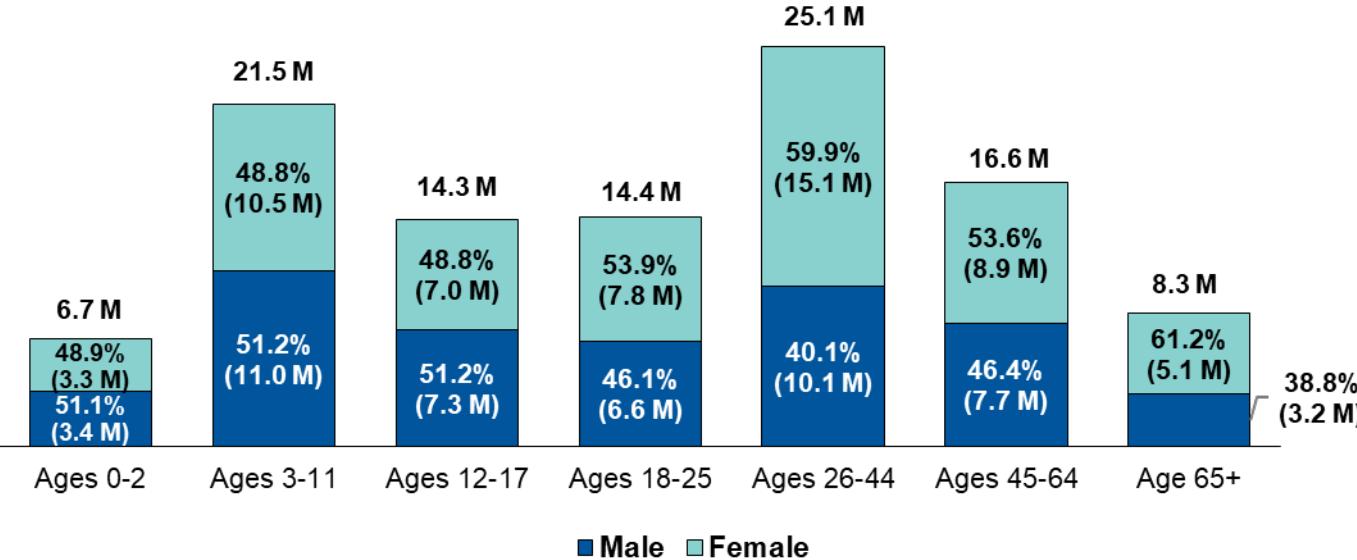
¹Data include households where at least one person reported coverage through Medicaid, CHIP, or other public insurance coverage for low-income populations.

Source: Mathematica analysis of U.S. Census Bureau, American Community Survey, 2023 PUMS data.

Demographics of Medicaid and CHIP Beneficiaries, 2023

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

Share of Beneficiaries by Age Group and Sex



Nationally, 53.8% of Medicaid beneficiaries were female and 46.2% were male in 2023.

Beneficiaries by age group and sex and reproductive age

Notes: Data include beneficiaries who were enrolled in Medicaid or in 2023 and eligible for comprehensive benefits from the 50 states, DC, PR, Guam, or USVI. This exhibit assigns beneficiaries to age categories using the age field in TAF, while the analysis on slide 15 also uses the eligibility category field. This exhibit also differs from the exhibit on slide 15 in terms of the population included: this exhibit includes CHIP beneficiaries and is limited to beneficiaries with comprehensive benefits. Calculations also exclude beneficiaries with missing age in T-MSIS (<1% of beneficiaries).

Source: Mathematica analysis of calendar year 2023 T-MSIS Analytic Files (TAF), v 7.

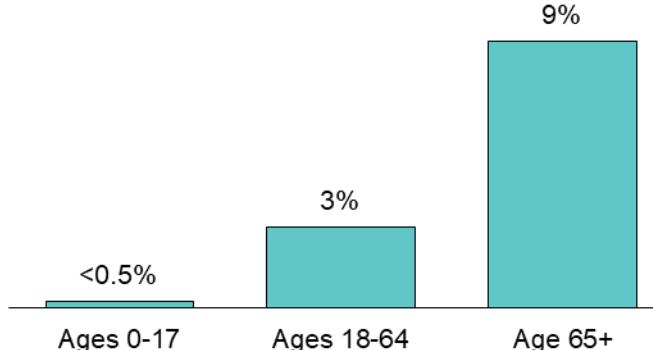
Institutionalized beneficiaries

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, 2023 PUMS data.

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

Share of Beneficiaries Institutionalized by Age



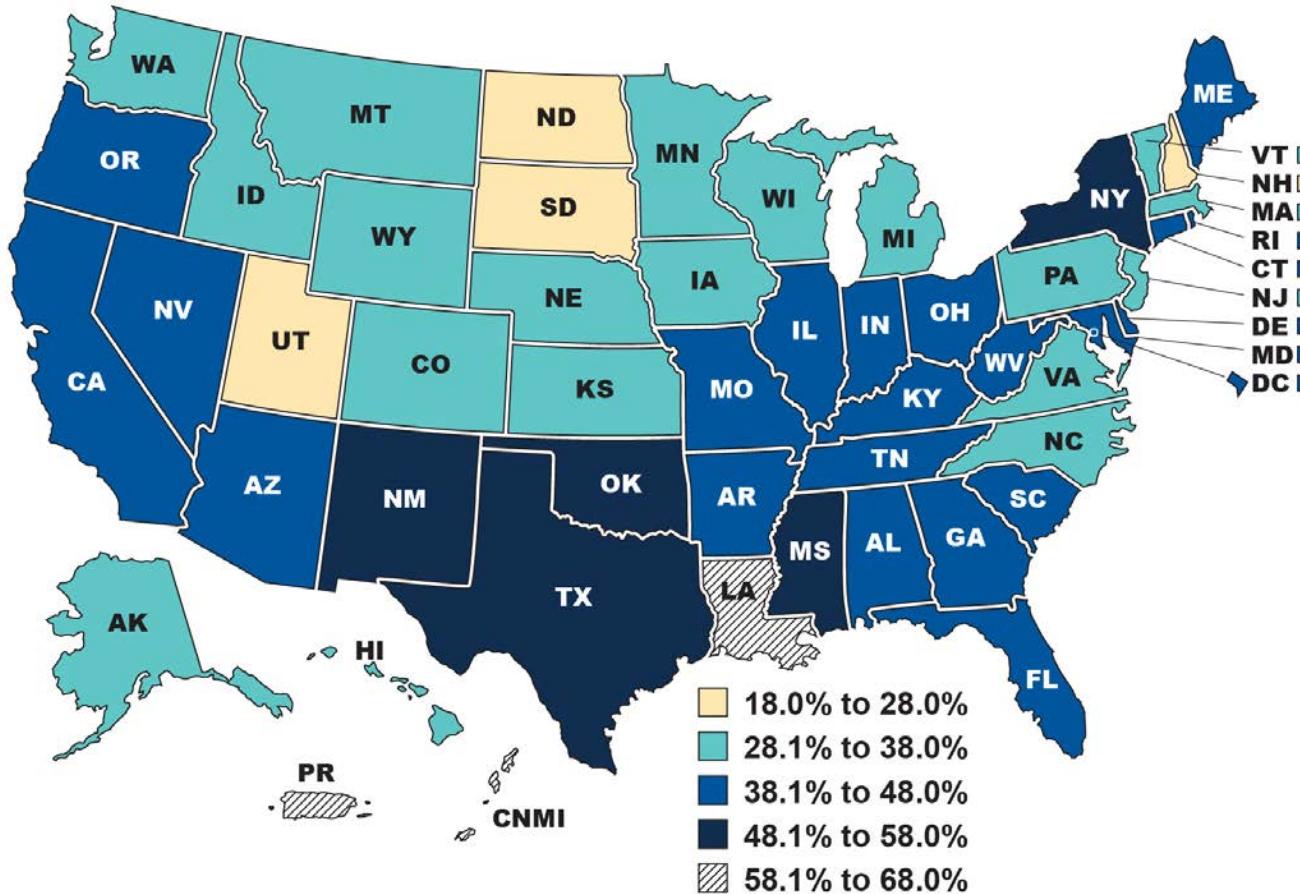
Key Fact

In 2023, 28.6 M (26.8%) Medicaid and CHIP beneficiaries were females of reproductive age (ages 15 to 49).



Percentage of Births Covered by Medicaid, by State, 2023

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



Nationally, 41.6% of births were covered by Medicaid in 2023.

Notes:

Births where Medicaid is the principal payer for the delivery are shown. State percentages were rounded to one decimal place and then states were assigned to whole number intervals. The minimum state percentage was 18.0% and the maximum state percentage was 67.9%. Births with an unknown payer are excluded from calculations. Northern Mariana Islands (CNMI) is included. USVI and Guam are excluded from the map due to a high percentage of births with an unknown payer (8.4% and 7.7%, respectively). Data for American Samoa are not currently available from this data source. In 3 states (PA, WA, and TX), 2.0 to 3.2% of births have an unknown payer. For all other states and territories, <2% of births have an unknown payer.

Sources:

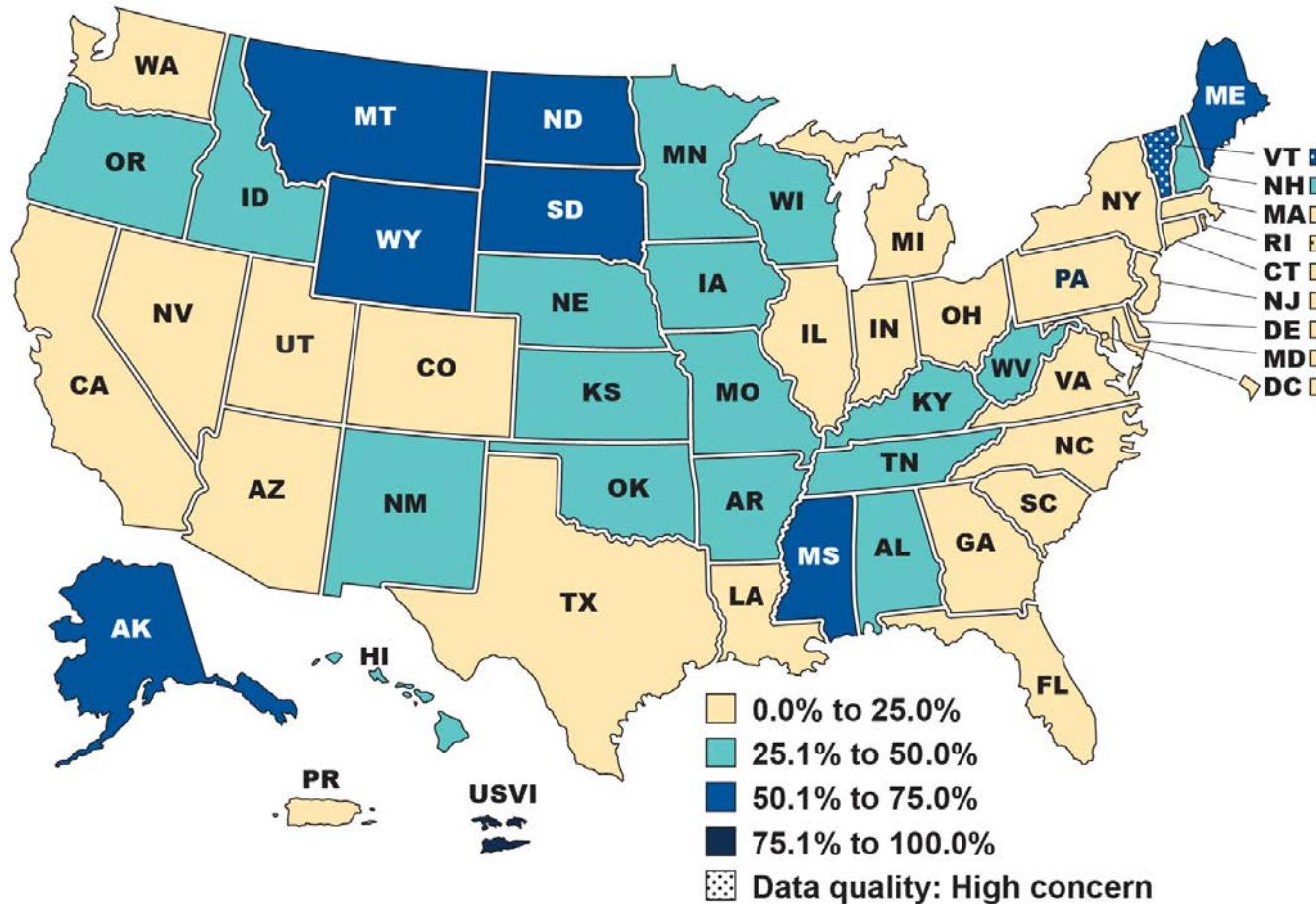
Mathematica analysis of Centers for Disease Control and Prevention (CDC). 2023 Natality Public Use Data on CDC WONDER online database (as of October 1, 2024).

Mathematica analysis of National Center for Health Statistics, Vital Statistics Online Data Portal – US Territory, 2023.

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

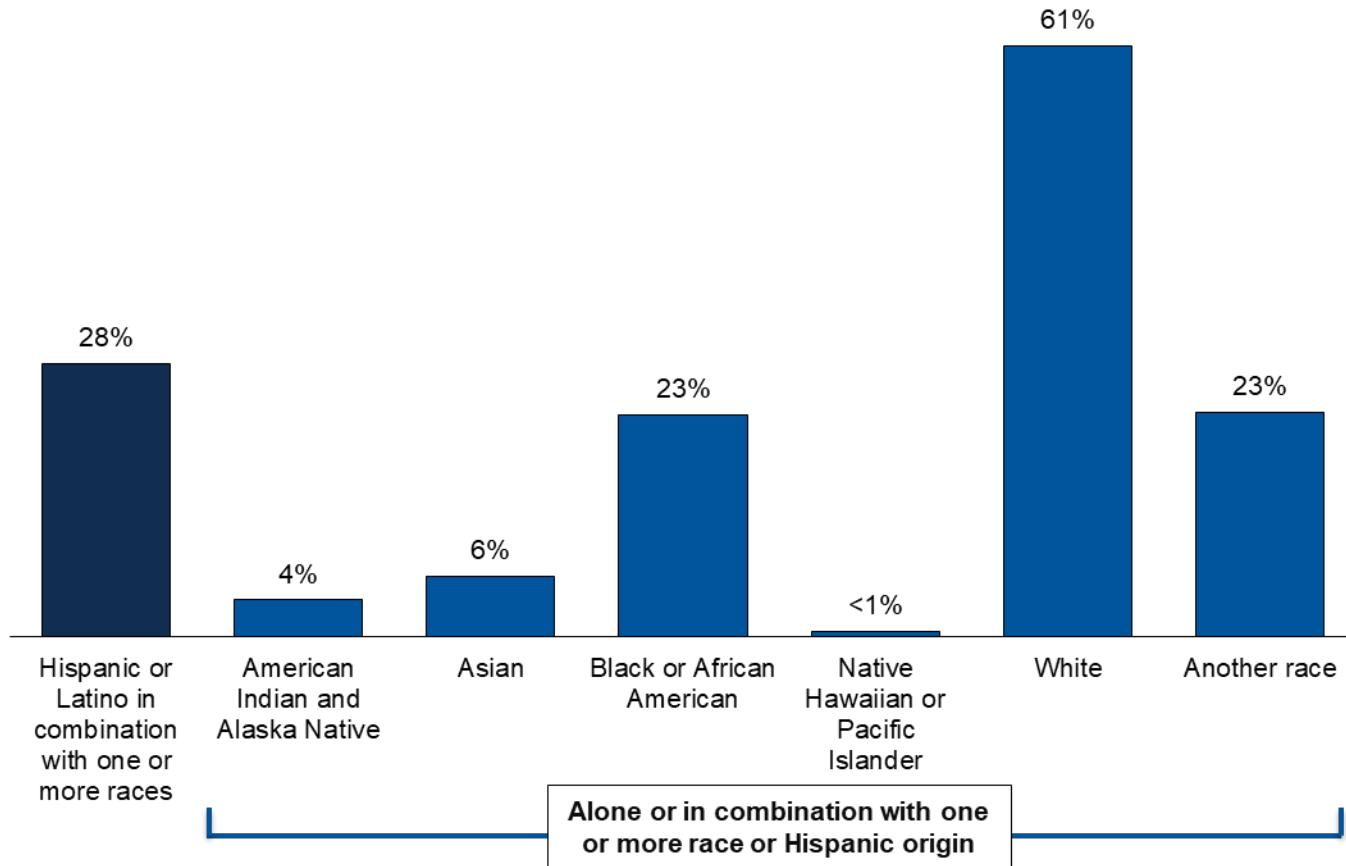
Percentage of Medicaid and CHIP Beneficiaries Living in Rural Areas, by State, 2023

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



Percentage of Medicaid and CHIP Beneficiaries by Race and Ethnicity, 2023

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 and therefore is always in combination with one or more races. The other six race categories are overlapping and not mutually exclusive and can include individuals who do or do not identify as Hispanic or Latino. The Census Bureau allows individuals to select one or more categories of race. For example, a respondent who reported being both "White" and "Black or African American" would fall into both the "White" and "Black or African American" categories. The "Another race" category includes individuals who selected "some other race" for the race question (either by itself or in combination with another race).

Source:

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2023 PUMS data.

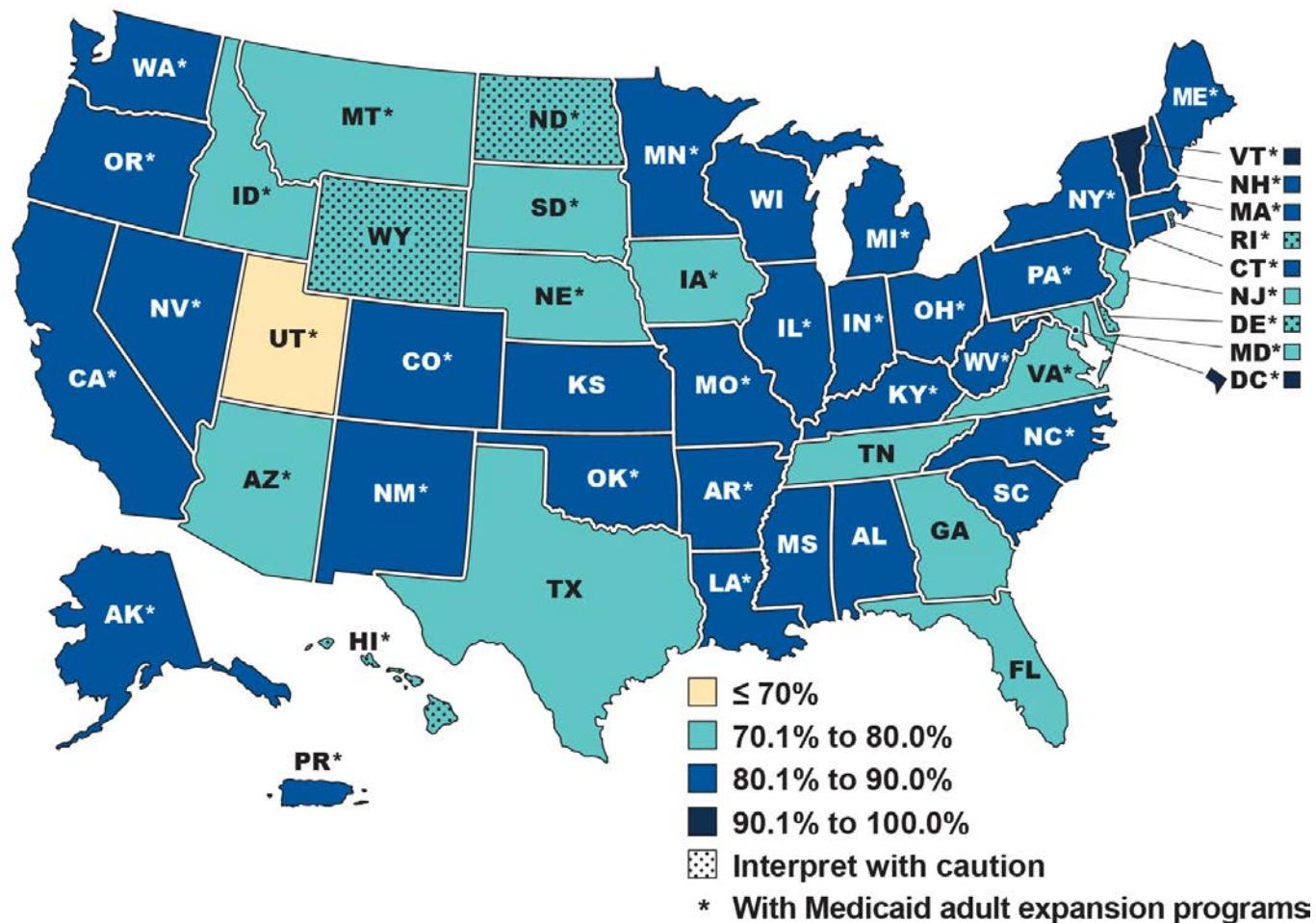
Available at:

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



Percentage of Children with Family Income Below the Federal Poverty Threshold Who Were Enrolled in Medicaid or CHIP, by State, 2023

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 below the federal poverty threshold (based on Census Bureau calculations). More information on the Census Bureau's poverty calculations is available in the Appendix. The numerator for each state represents the children in the denominator who, according to parent report, have coverage through Medicaid, CHIP, or other public insurance programs for low-income populations. State percentages were rounded to one decimal place and grouped into whole-number intervals. The minimum state percentage was 54.8% and the maximum state percentage was 97.1%. Results for DE, HI, ND, RI, and WY should be interpreted with caution due to wide confidence intervals (>20 percentage points). The map shows states that had implemented Medicaid adult expansion programs as of December 2023.

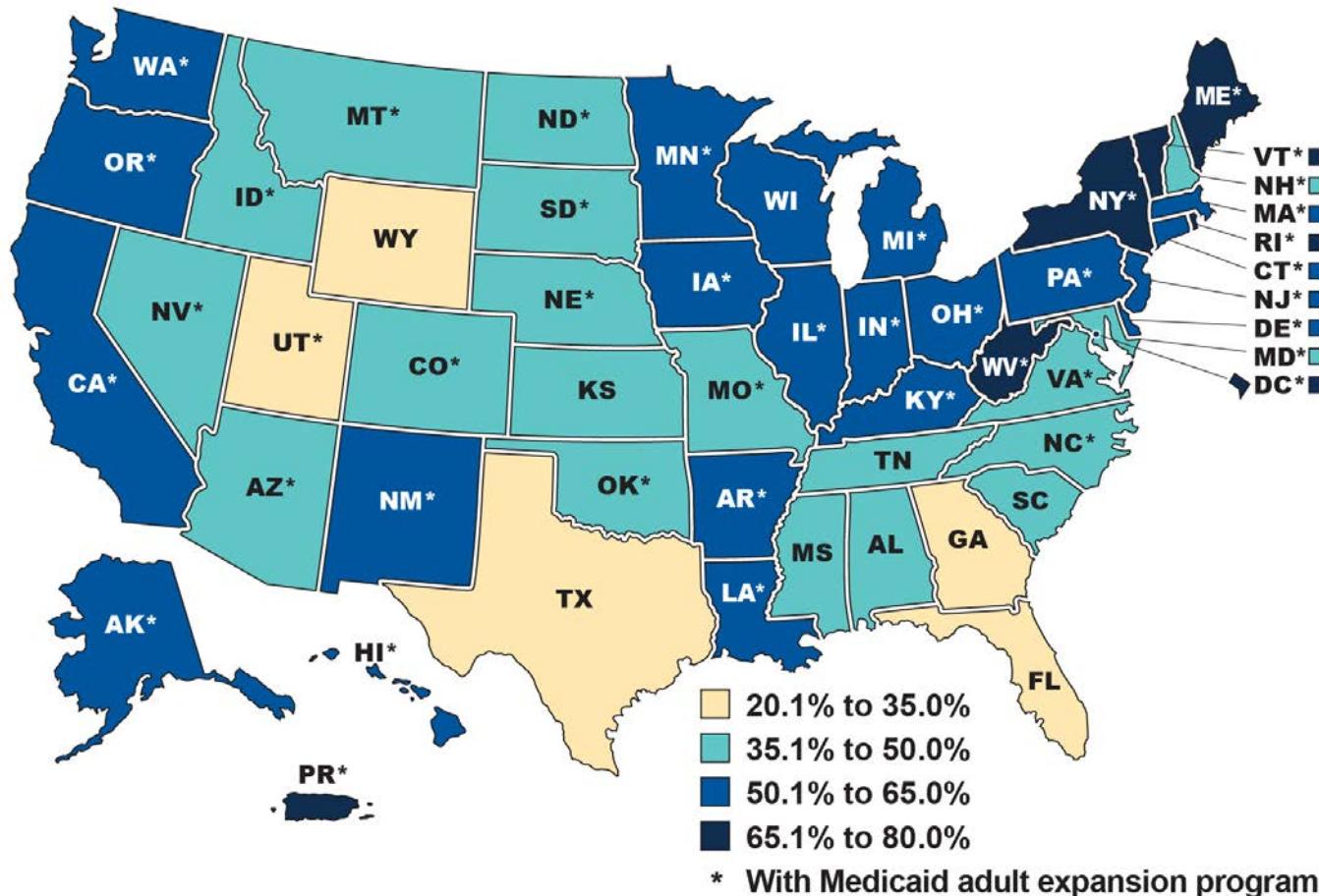
Sources:

Mathematica analysis of U.S. Census Bureau, American Community Survey & PR Community Survey, 2023 PUMS data; and CMS. Adult Coverage Expansion as of December 2023.

Full website links for this 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, 2023

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 (based on Census Bureau calculations). More information on the Census Bureau's poverty calculations is available in the Appendix. 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 whole number intervals. The minimum state percentage was 24.2% and the maximum state percentage was 75.8%. The map shows states with Medicaid adult expansion programs that were implemented as of December 2023.

Sources:

Mathematica analysis of U.S. Census Bureau, American Community Survey & PR Community Survey, 2023 PUMS data; and CMS. Adult Coverage Expansion as of December 2023.

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

BENEFICIARY HEALTH STATUS AND UTILIZATION

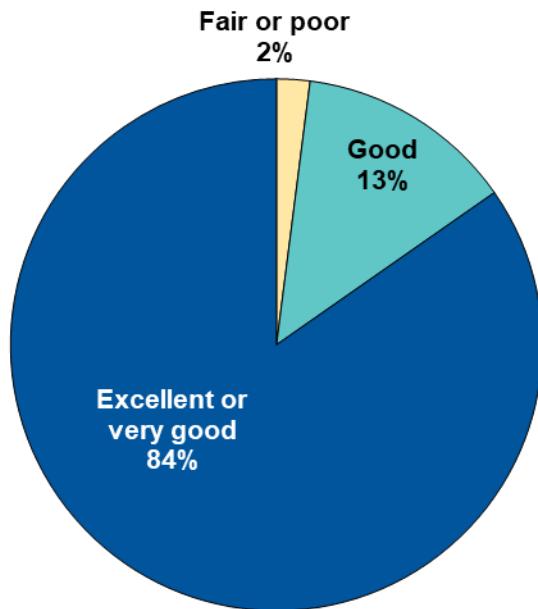
This section of the profile shows the parent-reported or self-reported health status of children and adults covered by Medicaid or CHIP (a parent or other adult familiar with the child's health reports on behalf of children ages 0 to 17). Information is also presented on health care utilization, health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

Fast fact: In 2023, 33% of children ages 3-17 had a mental, emotional, developmental, or behavioral problem (based on parent-reported data), and 24% of adults ages 18-64 reported they regularly had feelings of worry, nervousness, anxiety or depression ([slide 27](#) and [slide 32](#)).

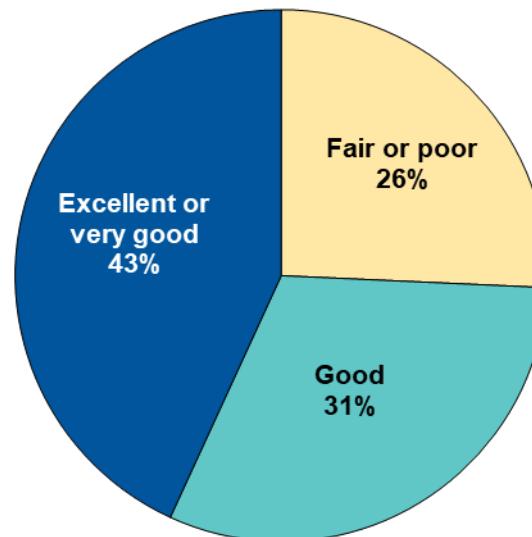
Current Health Status of Children and Adults Enrolled in Medicaid or CHIP, 2023

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, 2023 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, 2023.

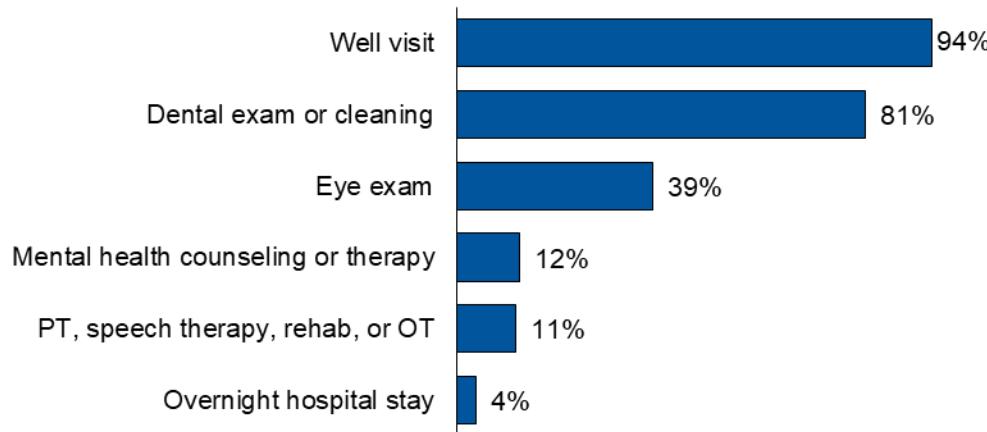
Available at:

<https://www.cdc.gov/nchs/nhis/documentation/>

Parent-Reported Health Care Utilization Among Children Enrolled in Medicaid or CHIP, 2023

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

Percentage of Beneficiaries with at Least 1 Visit in the Past 12 Months, By Type of Visit



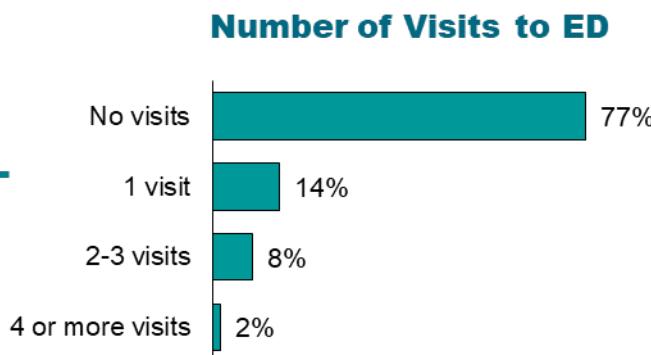
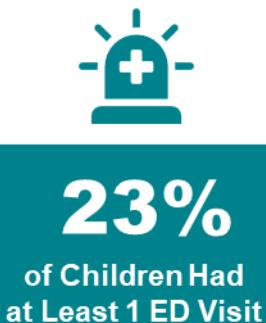
Notes:
Data include all non-institutionalized children under age 18 covered by Medicaid, CHIP, or other state-sponsored health plans. "Had at Least 1 Visit to a Doctor or Other Health Professional" excludes dental visits and includes inpatient hospital stays. "Mental health counseling or therapy" includes children ages 2 to 17. "Dental exam or cleaning," and "Overnight hospital stay" include children ages 1 to 17. "Well visit" is defined as any visit to a "doctor or other health professional for a well child visit, physical, or general purpose check-up." "Well visit," "dental exam or cleaning," "eye exam," "mental health counseling or therapy," and "PT, speech therapy, rehab, or OT" include services from multiple types of providers.

Percentages within the "Number of Visits to ED" exhibit may not sum precisely due to rounding.

ED = Emergency Department; PT = Physical Therapy; OT = Occupational Therapy; Rehab = Rehabilitation

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2023.

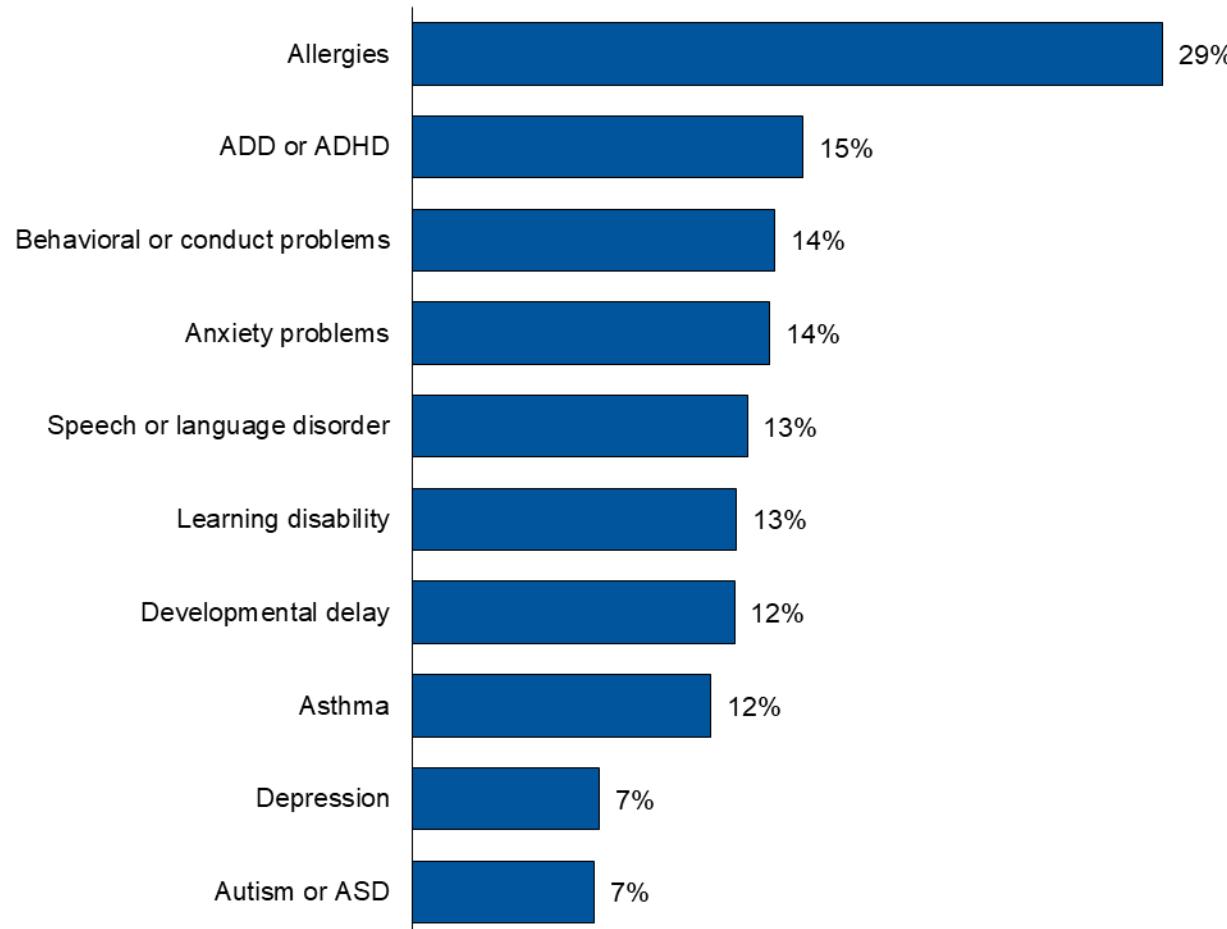
Available at:
https://www.cdc.gov/nchs/nhis/documentation/?CDC_AAref_Val=https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm



Common Conditions of Children Enrolled in Medicaid or CHIP, 2023

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. Responses of missing ($\leq 1\%$ of responses for each health condition) are excluded.

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

Source:

Mathematica analysis of National Survey of Children's Health, 2023 Public Use Data files.

Available at:

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



Mental Health Status of Children Enrolled in Medicaid or CHIP, 2023

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

Parent-Reported Current Mental Health Status of Children

Child currently has mental, emotional, developmental, or behavioral problem

33%

Child currently taking or has taken medication for attention-deficit disorder or attention deficit/hyperactivity disorder, autism or autism spectrum disorder, or difficulties with emotions, concentration, or behavior in past 12 months

11%

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

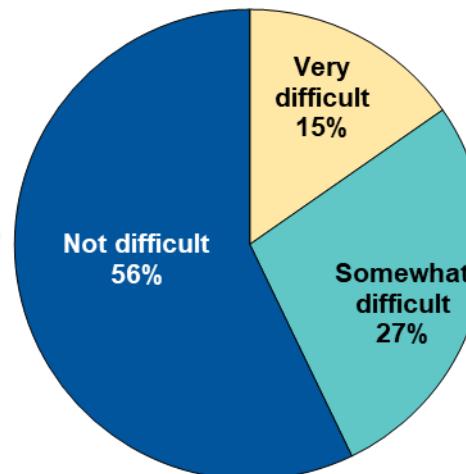
1

Needed but did not receive care 4%

Needed and received care 13%

Did not need care 82%

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.

Source:

Mathematica analysis of National Survey of Children's Health, 2023 Public Use Data files.

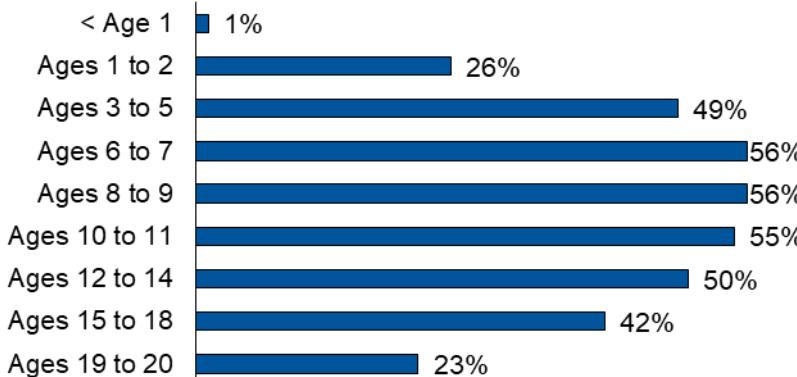
Available at:

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

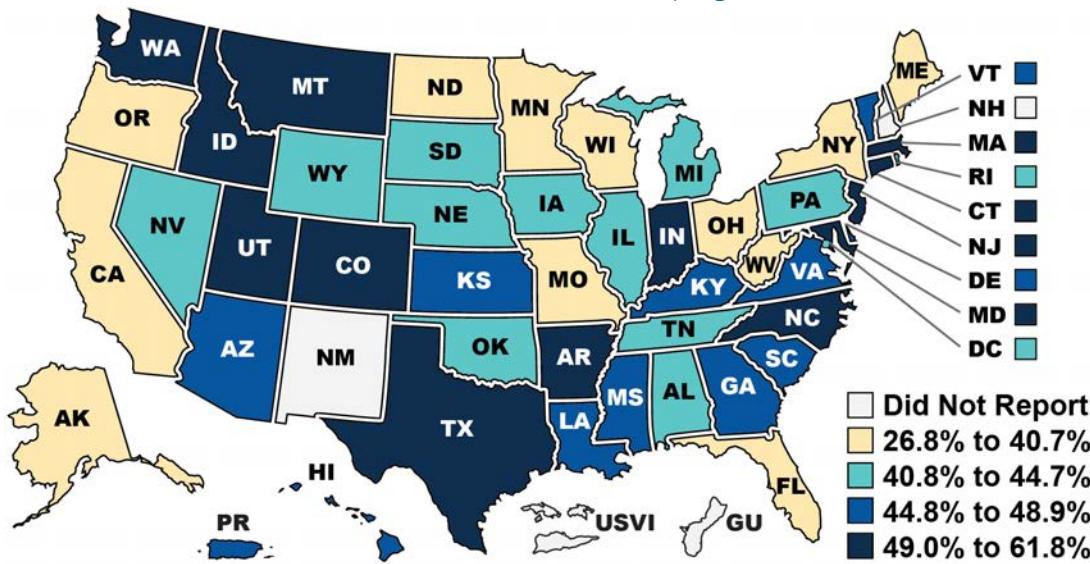
Children Who Received an Oral Evaluation (OEV-CH), 2023

Population: Medicaid and CHIP beneficiaries under age 21, as submitted by states for the 2024 Child Core Set

A median of
45 percent
of enrolled children under age 21 received a comprehensive or periodic oral evaluation during 2023.



Percentage of Children Under Age 21 Who Received a Comprehensive or Periodic Oral Evaluation, by State



Notes:

This measure shows the percentage of beneficiaries under age 21 who received a comprehensive or periodic oral evaluation during calendar year 2023.

The total median is the median across all states reporting the measure for the 2024 Child Core Set (n=50 states). The age-stratified rates are the medians across all states reporting these rates for the 2024 Child Core Set (n=48 states). The term "states" includes the 50 states, DC, and PR. NM, USVI, and Guam did not report this measure for the 2024 Core Set. NH reported the measure but did not use Child Core Set specifications so is excluded from these calculations.

Populations included vary across state. When a state reported separate rates for its Medicaid and CHIP populations, the state median rates are calculated using the rate for the program with the larger measure-eligible population.

Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2024 Child Core Set, as of April 28, 2025.

Available at:

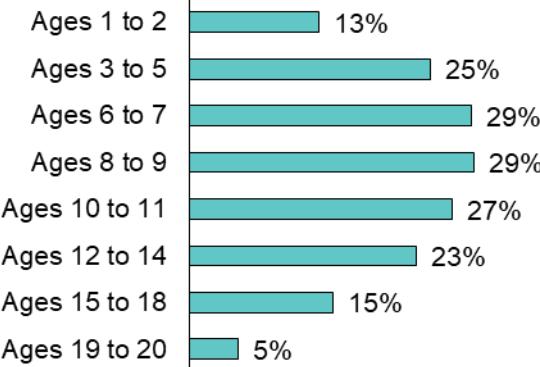
<https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main>



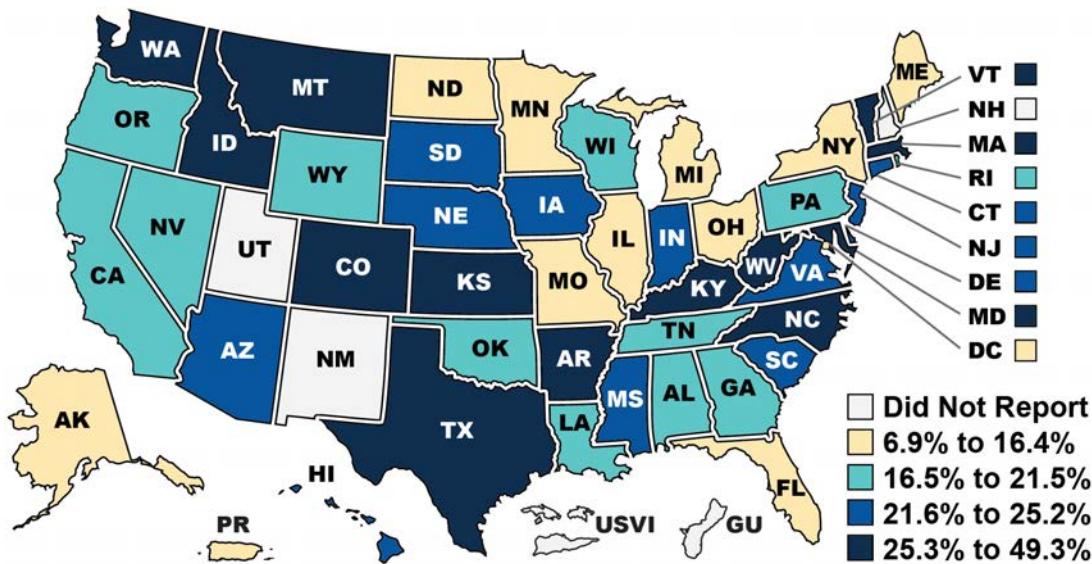
Children Who Received at Least Two Topical Fluoride Treatments (TFL-CH), 2023

Population: Medicaid and CHIP beneficiaries ages 1 to 20, as submitted by states for the 2024 Child Core Set

A median of
22 percent
of enrolled children ages 1
to 20 received at least two
topical fluoride applications
during 2023.



Percentage of Children Ages 1 to 20 Who Received at Least Two Topical Fluoride Treatments, by State



Notes

This measure shows the percentage of beneficiaries ages 1 through 20 who received at least two topical fluoride applications as dental or oral health services during calendar year 2023. "Dental" services refer to services provided by or under the supervision of a dentist. "Oral health" services refer to services provided by other personnel, such as primary care providers, who are not under the supervision of a dentist.

The total median is the median across all states reporting this measure for the 2024 Child Core Set (n=49 states). The age-stratified rates are the medians across all states reporting these rates for the 2024 Child Core Set (n=45 states). The term "states" includes the 50 states, DC, PR, USVI and Guam. NM, USVI and Guam did not report this measure for the 2024 Core Set. NH reported the measure but did not use Child Core Set specifications so is excluded from these calculations.

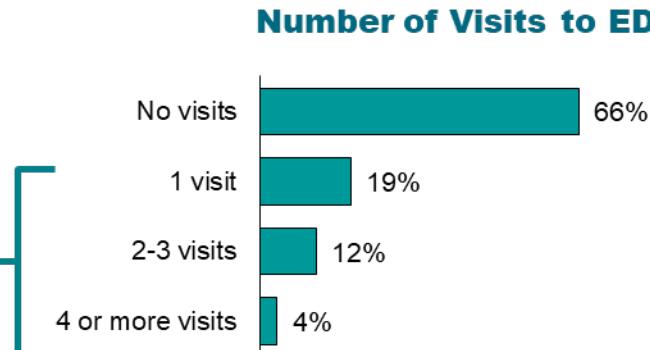
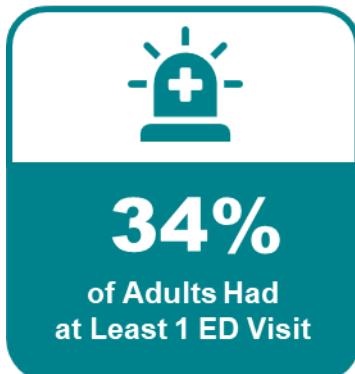
Populations included vary across state. When a state reported separate rates for its Medicaid and CHIP populations, the state median rates are calculated using the rate for the program with the larger measure-eligible population.

Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2024 Child Core Set, as of April 28, 2025. Full website link for this data source can be found in the Appendix.

Self-Reported Health Care Utilization Among Adults Enrolled in Medicaid or CHIP, 2023

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

Percentage of Beneficiaries with at Least 1 Visit in the Past 12 Months, By Type of Visit



Notes:

Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. "Had at Least 1 Visit to a Doctor or Other Health Professional" excludes dental visits and includes inpatient hospital stays. "Well visit" is defined as any visit to a "doctor or other health professional for a wellness visit, physical, or general purpose check-up." "Well visit," "dental exam or cleaning," "eye exam," "mental health counseling or therapy," and "PT, speech therapy, rehab, or OT" include services from multiple types of providers.

Percentages within the "Number of Visits to ED" exhibit may not sum precisely due to rounding.

ED = Emergency Department; PT = Physical Therapy; OT = Occupational Therapy; Rehab = Rehabilitation

Source:

Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2023.

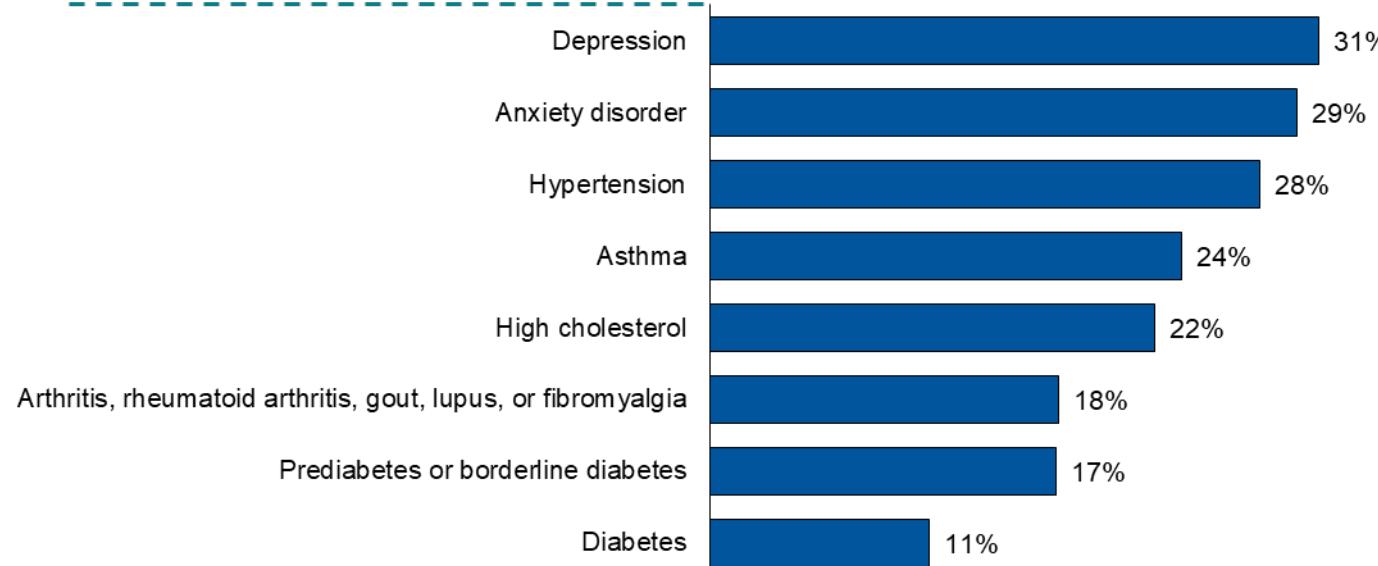
Available at:

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

Health Conditions of Adults Enrolled in Medicaid or CHIP, 2023

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:



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, posttraumatic stress disorder, obsessive compulsive disorder, and phobias. Responses of refused, not ascertained, and don't know (<1% of responses for each indicator) are excluded.

Has currently or within past year:



Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2023.

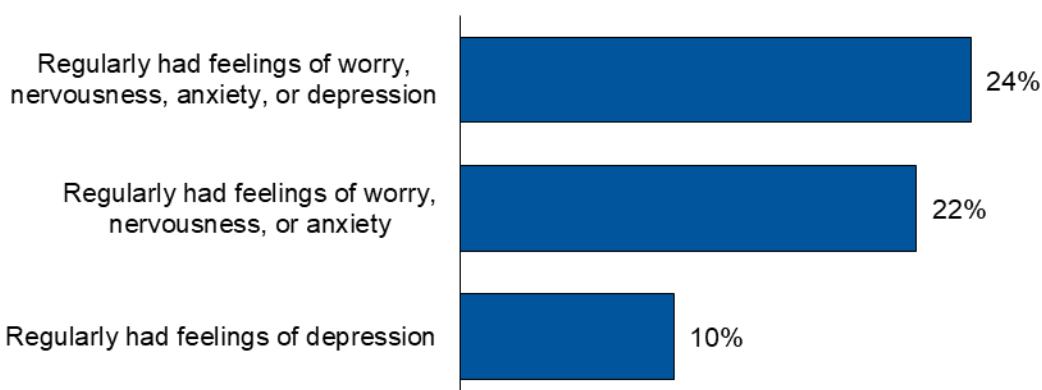
Available at:
<https://www.cdc.gov/nchs/nhis/documentation/>



Mental Health Status of Adults Enrolled in Medicaid or CHIP, 2023

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

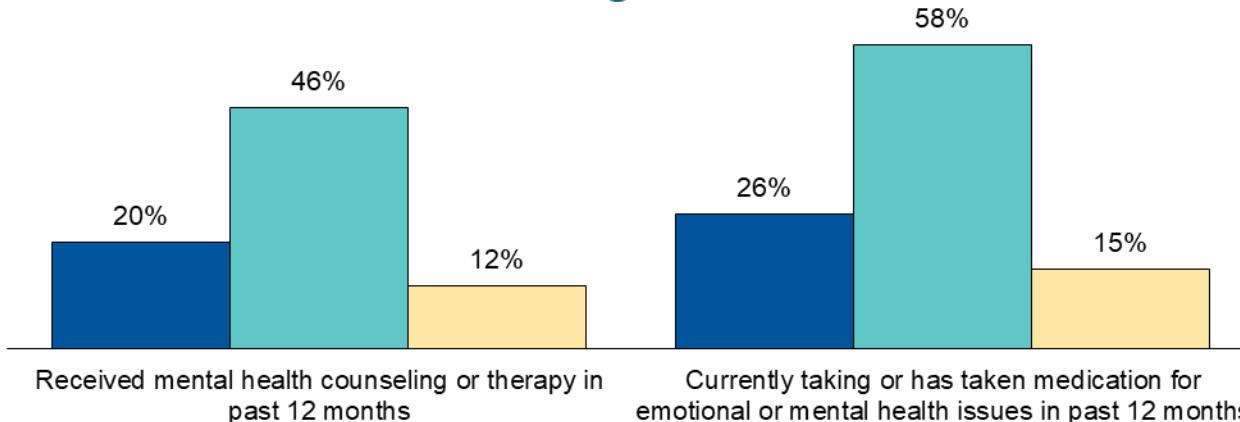
Adults with Symptoms of Anxiety or Depression



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. This bar is de-duplicated for respondents who reported both. Responses of refused, not ascertained, and don't know (<3% of responses for each indicator) are excluded.

Adults Receiving Mental Health Care



Source:

Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2023.

Available at:

<https://www.cdc.gov/nchs/nhis/documentation/>



Behavioral Health Status of Adults Enrolled in Medicaid or CHIP, 2023

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid or CHIP

Key Fact

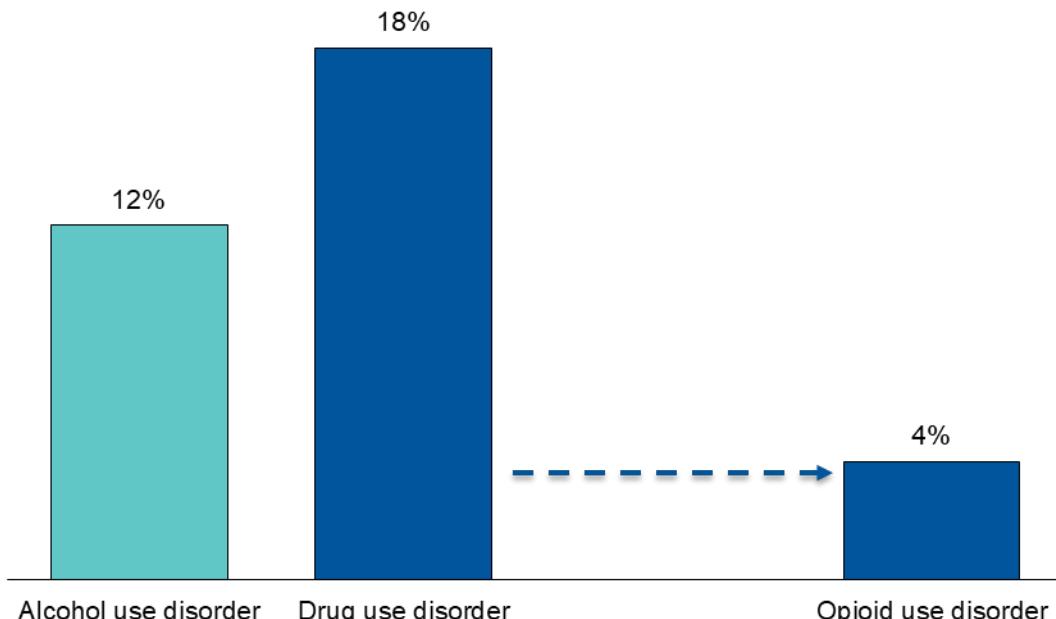
Percentage of Adults Who Met Criteria for Serious Mental Illness During the Past Year, 2023

10%

Notes:

Serious mental illness (SMI) and substance use disorder (SUD) measures are based on respondents' answers to survey questions. SMI is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder (other than a developmental disorder or SUD) resulting in substantial impairment in carrying out major life activities. SMI prevalence is estimated based on a statistical model of a clinical diagnosis and responses to survey questions on distress, past year major depressive episode, past year suicidal thoughts, and age. SUD measures follow the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. "Drug use disorder" includes disorders related to use of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and any use of psychotherapeutic drugs (prescription pain relievers, tranquilizers, stimulants, and sedatives). "Prescription opioid use disorder" is a subset of "Drug use disorder" and includes disorders related to use of heroin and prescription pain relievers. SUD measures do not capture symptoms that arose solely from the use of illegally made fentanyl. Survey methodology changed between 2020 and 2021, and SAMHSA recommends to not compare any estimates from 2020 to estimates from other survey years (including 2023).

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



Source:

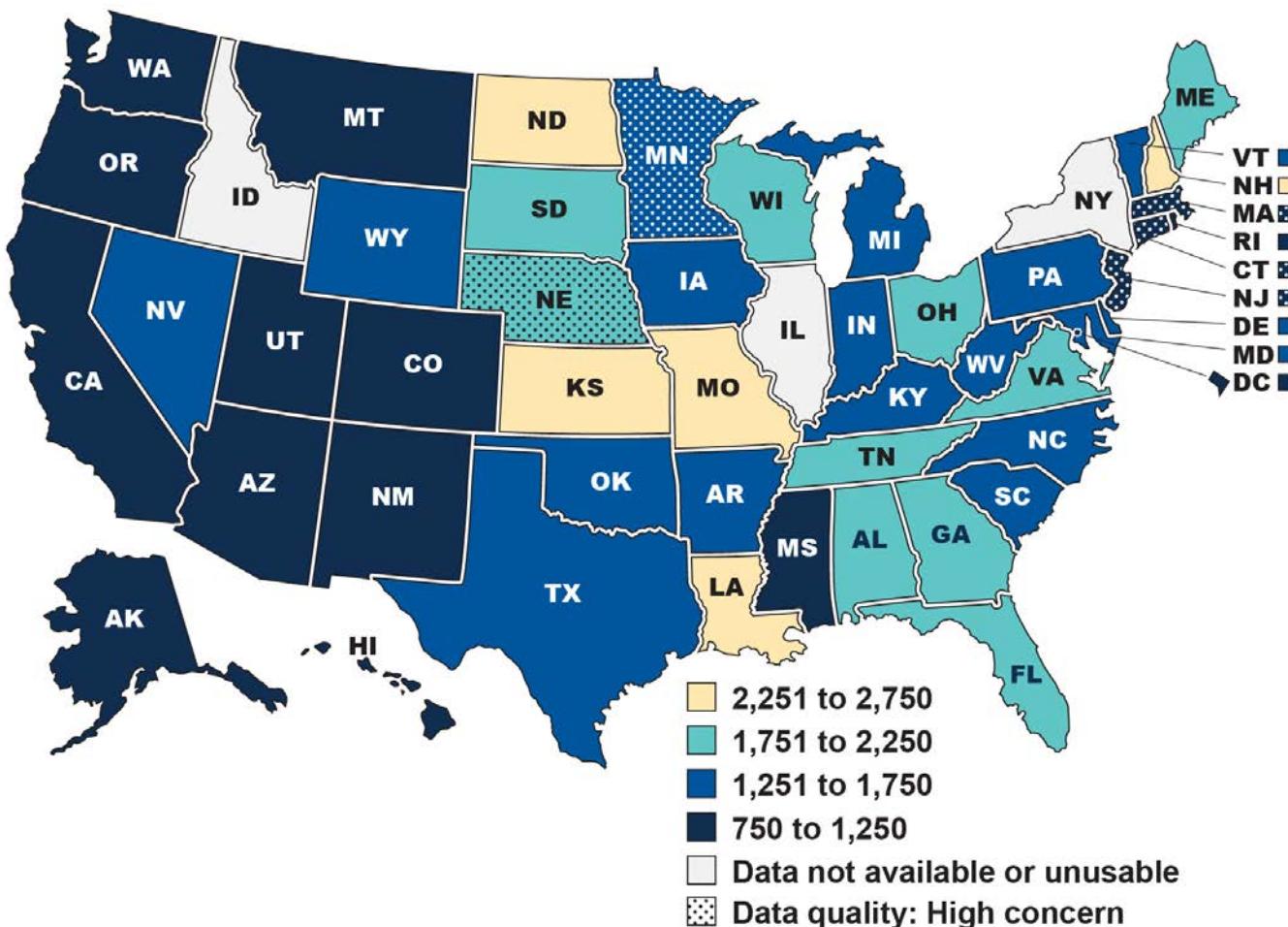
Mathematica analysis of National Survey on Drug Use and Health, 2023.

Full website link for this data source can be found in the Appendix.



Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State, 2022

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 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 2022 TAF file using the following metrics in the other services (OT) file: claims volume, diagnosis code, procedure code professional, and procedure code institutional. States with an unusable data quality assessment (IL, NY) or that did not have enough beneficiaries meeting the criteria for measurement (ID) are shown in gray. Results for remaining states were rounded to whole numbers, and then states were assigned to whole-number intervals. The minimum state rate was 790 and the maximum state rate was 2,553. States with a high concern data quality assessment are shown with a dotted overlay. The Medicaid DQ Atlas has more information about state variability in data quality and is available at: <https://www.medicaid.gov/dq-atlas/welcome>.

Source:
CMS analysis of calendar year 2022 T-MSIS Analytic Files (TAF), v 7.0.

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>.

BENEFICIARY EXPERIENCE

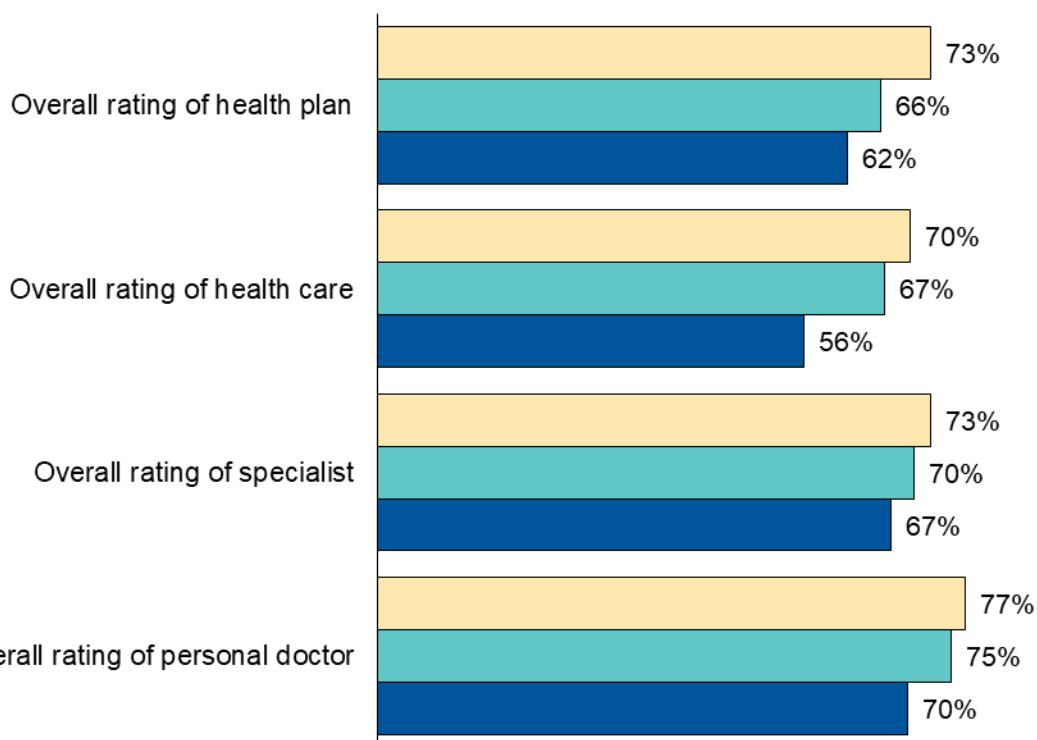
This section of the profile shows data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Health Plan Survey, which captures the experience of Medicaid and CHIP beneficiaries. The Agency for Healthcare Research and Quality (AHRQ) CAHPS Database includes information about the experiences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

Fast fact: In 2024, 60% of survey respondents reported that their child¹ always got needed care, and 71% reported that their child¹ always got care quickly. For adults, 53% of survey respondents reported that they always got needed care, and 57% reported that they always got care quickly (slide 37).

¹ "Child" refers to the "General Child" (GC) subpopulation. See the subsequent slides for more details.

Medicaid and CHIP Beneficiaries Who Gave a Rating of 9 or 10 out of 10, 2024

Population: Beneficiaries enrolled in Medicaid or CHIP who responded to the survey



■ General Child (GC) Medicaid and CHIP State Median

■ Children with Chronic Conditions (CCC) Medicaid and CHIP State Median

■ Adult Medicaid State Median

Notes:

The measure shows information on the experiences of Medicaid and CHIP beneficiaries with their health care and gives a general indication of how well the health care met their expectations. Results show the state median percentage of beneficiaries who selected "9" or "10" on a scale from 0 to 10, with 10 representing the highest score and reflecting care a beneficiary received in the six months prior to the survey. For children, survey questions are answered by an adult familiar with the child's health.

The Child Medicaid and CHIP results include respondents from 47 states. The Adult Medicaid results include respondents from 47 states. Results include data from DC and PR. AZ, IA, MI, MN and NY did not report for the Child Core Set. AZ, ID, ME, MN and WY did not report for the Adult Core Set. States submit separate CAHPS results for the general child (GC) population and for children with chronic conditions (CCC).

When a state reported separate rates for its Medicaid and CHIP populations, the state median rates are calculated using the rate for the program with the larger measure-eligible population. Median calculations exclude rates that are suppressed due to small cell sizes.

Source:

AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2023 to June 2024 data collection period.

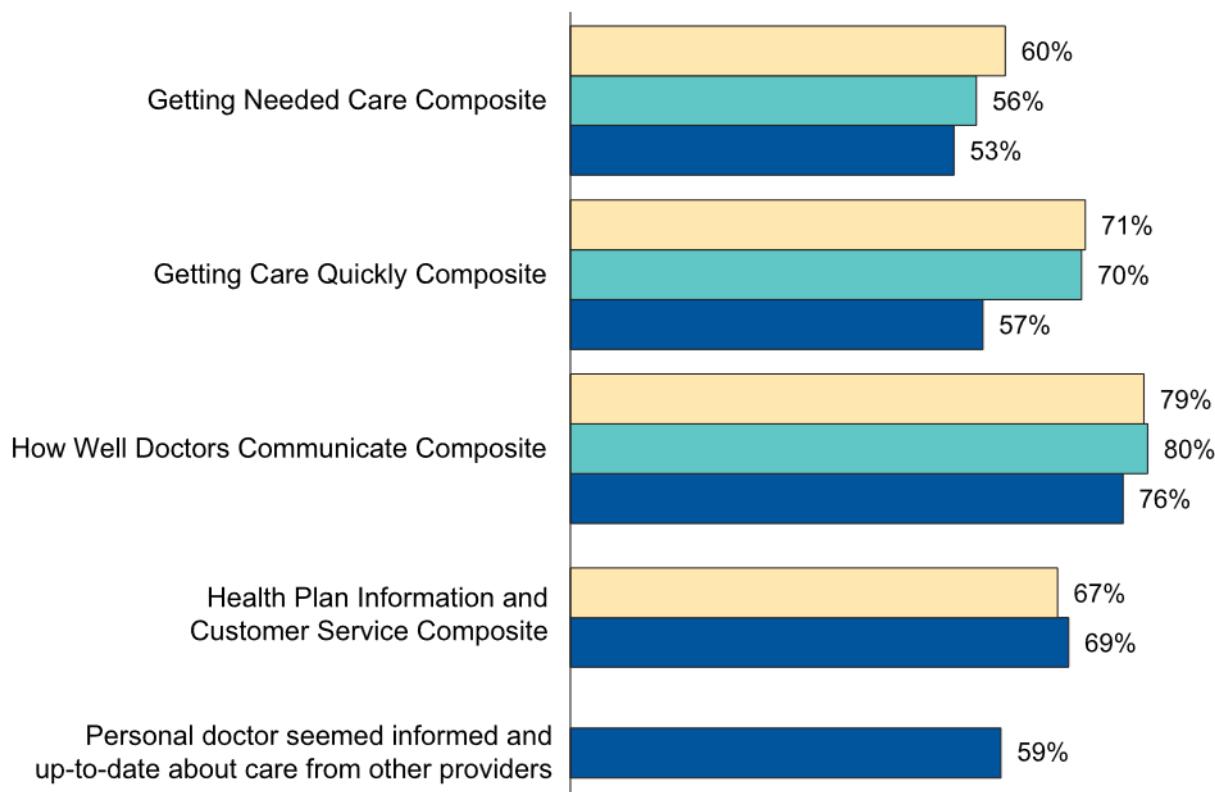
More information available at:

<https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>



Medicaid and CHIP Beneficiaries Who Selected “Always”, 2024

Population: Beneficiaries enrolled in Medicaid or CHIP who responded to the survey



Notes:

The measure shows information on the experiences of Medicaid and CHIP beneficiaries with their health care and gives a general indication of how well the health care met their expectations. Composite results show the state median percentage of beneficiaries who selected “Always” on a four-point scale ranging from “Never” to “Always” and reflect care a beneficiary received in the six months prior to the survey. For children, survey questions are answered by an adult familiar with the child’s health.

The Child Medicaid and CHIP results include respondents from 47 states. The Adult Medicaid results include respondents from 47 states. Results include data from DC and PR. AZ, IA, MI, MN and NY did not report for the Child Core Set. AZ, ID, ME, MN and WY did not report for the Adult Core Set. States submit separate CAHPS results for the general child (GC) population and for children with chronic conditions (CCC).

Health plan information and customer service composite was not reported by 25 states for the CCC population. Child Medicaid and CHIP results are not available for the coordination of care indicator. When a state reported separate rates for its Medicaid and CHIP populations, the state median rates are calculated using the rate for the program with the larger measure-eligible population. Median calculations exclude rates that are suppressed due to small cell sizes.

Source:

AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2023 to June 2024 data collection period.

More information available at:
<https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>



APPENDIX: DATA SOURCES



Data Sources (in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Medicare & Medicaid Services (CMS)	7–12, 14, 15, 28–29	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">September 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot Available at: https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-sep2025.pdf.Updated July 2024 Applications, Eligibility Determinations, and Enrollment Data (as of 12/19/2024); and Updated June 2024 Applications, Eligibility Determinations, and Enrollment Data (as of 8/8/2025). Available at: https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-chip-enrollment-data/monthly-medicaid-chip-application-eligibility-determination-and-enrollment-reports-data.2022 Managed Care Enrollment Report. Available at: https://www.medicaid.gov/medicaid/managed-care/enrollment-report/index.html.CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (June 2024 data, as of 8/8/2025). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.Medicaid and CHIP 2025 Scorecard. Medicaid and CHIP expenditures by service category. Available at: https://www.medicaid.gov/state-overviews/scorecard/main.CMS analysis of calendar year 2023 Medicaid Budget and Expenditure System (MBES) and TAF data and the Medicare Master Beneficiary Summary File. For more detail on the per capita expenditure calculations, see Data and Methodology: T-MESIS-Based State Per Capita Expenditures for the 2025 Medicaid and CHIP Scorecard. Additional information on the MBES data are available at: https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-chip/expenditure-reports-mbescbes/index.html.Adult Coverage Expansion as of December 2023. Available at: https://www.medicaid.gov/medicaid/program-information/downloads/medicaid-expansion-state-map.pdf.Core Set Data Dashboard. 2024 Child Core Set data reported for the OEV-CH and TFL-CH measures as of April 28, 2025. Available at: https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard.

Data Sources (Continued 1, in Order of First Appearance)

Source	Pages	Link(s)	Comments
U.S. Census Bureau, Estimates of the Resident Population for July 1, 2024	8–10	https://www.census.gov/data/tables/time-series/demo/popest/200s-national-detail.html	<p>The Census Bureau releases annual estimates of the resident population (as of July 1, 2024) 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 https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/2010-2020/methods-statement-v2020-final.pdf. 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, 2024 (SCPRC-EST2024-18+POP). December 2024.</p>

Data Sources (Continued 2, 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)	15 (CY2023), 17, 19 (CY2023), 34 (CY2022)	https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html For information about state variability in data quality within TAF, please see the Medicaid DQ Atlas, available at: https://www.medicaid.gov/dq-atlas/welcome	<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. 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"> • 1: Eligible for Medicaid or CHIP and entitled to the full scope of Medicaid or CHIP benefits. • 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. • 5: Eligible for Medicaid or Medicaid-Expansion CHIP but, for reasons other than non-citizenship,¹ 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. • 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. • 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. • B: Eligible for Medicaid and entitled to Medicaid benefits using a Health Opportunity Account. • 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.

¹[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 3, in Order of First Appearance)

Source	Pages	Link(s)	Comments
U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS)	16, 17, 20 21, 22 (ACS and PRCS)	https://www.census.gov/programs-surveys/acs/microdata.html https://www.census.gov/programs-surveys/acs/about/puerto-rico-community-survey.html	<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." The PRCS is part of the Census Bureau's ACS, but is customized for Puerto Rico.</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 and PRCS data included in this profile come from Mathematica's primary analysis of the 2023 PUMS files. The specific data files used for analysis were the 2023 ACS 1-Year PUMS U.S.-Wide Household file, the 2023 ACS 1-Year PUMS U.S.-Wide Person file, and the 2023 PRCS 1-Year PUMS Puerto Rico Person file. The two ACS files were used to produce U.S.-wide and state-level data for the exhibits on slides 16, 17, 20, 21, and 22. The PRCS file was used to produce the Puerto Rico-level data for the exhibits shown on slides 21 and 22. 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. U.S.-wide and Puerto Rico analyses were conducted separately, but the same SAS survey procedures were used across both analyses.</p>

Data Sources (Continued 4, in Order of First Appearance)

Source	Pages	Link(s)	Comments
U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS) (Continued)	16, 17, 20 21, 22 (ACS and PRCS)	https://www.census.gov/programs-surveys/acs/microdata.html	<p>Additional details on the Federal Poverty Threshold (slides 21-22): 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. 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).</p> <p>See the following Census Bureau resources for more information on ACS and PRCS data:</p> <ul style="list-style-type: none">Information on the PRCS: https://www.census.gov/programs-surveys/acs/about/puerto-rico-community-survey.html.Documentation of editing and imputation procedures in the ACS: https://www.census.gov/programs-surveys/acs/methodology/design-and-methodology.html.Information on poverty measure and poverty thresholds: https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html.Details regarding recent changes to race and ethnicity questions and coding: https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html.

Data Sources (Continued 5, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Disease Control and Prevention (CDC), Natality Public Use Files (U.S. Data and U.S. Territories Data)	18	https://wonder.cdc.gov/ https://www.cdc.gov/nchs/data_access/vitalstats_online.htm	<p>The U.S. Data 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 2023 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 2017-2023, on CDC WONDER Online Database, December 2024. Accessed at: http://wonder.cdc.gov/nativity-expanded-current.html.</p>
National Survey of Children's Health (NSCH)	24, 26-27	https://www.census.gov/programs-surveys/nsch.html	<p>Separately, the U.S. Territories public use file contains records for all live births registered within PR, USVI, Guam and the Northern Mariana Islands (CNMI). The 2023-territory level natality data included in this profile come from Mathematica's primary analysis (in SAS) of the U.S. Territories public use file.</p> <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 2023 Topical Data public use file (https://www.census.gov/programs-surveys/nsch/data.html). Analyses were conducted in SAS and employed SAS survey procedures to account for the complex sample design.</p>

Data Sources (Continued 6, in Order of First Appearance)

Source	Pages	Link(s)	Comments
National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)	24-25, 30-32	https://www.cdc.gov/nchs/nhis/index.htm	<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 2023 NHIS Sample Adult Interview and Sample Child Interview public use files, available at: https://www.cdc.gov/nchs/nhis/documentation/2023-nhis.html. 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 7, 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)	33	https://www.samhsa.gov/v/data/data-we-collect/nsduh-national-survey-drug-use-and-health/datafiles	<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>Survey methodology changed between 2020 and 2021, and SAMHSA recommends to not compare any estimates from 2020 to estimates from other survey years (including 2023). Note that the NSDUH data included in the 2023 Beneficiary Profile were generated using the 2020 survey.</p> <p>All NSDUH data included in this profile come from Mathematica's primary analysis of the 2023 public use file. Analyses used the serious mental illness (SMI) and substance use disorder (SUD) variables constructed by SAMHSA and 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 8, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ Consumer Assessment of Healthcare Providers & Systems (CAHPS) Database	36–37	https://cahpsdatabase.ahrq.gov/Default_landing.aspx https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html	<p>States submit CAHPS data to the AHRQ CAHPS Health Plan Survey Database and sign data use agreements authorizing its inclusion in Core Set reporting. AHRQ and CMS calculate state-level performance using the data submissions approved for Core Set use. State-level results were adjusted for the case mix of survey respondents and weighted to reflect each submission's relative enrollment size, producing state-level estimates. More information about the AHRQ CAHPS Health Plan Survey Database is available at https://cahpsdatabase.ahrq.gov/HPSurveyGuidance.aspx.</p> <p>Results include surveys that were conducted from July 2023 through June 2024 and reflect responses about the care a beneficiary received in the six months prior to the survey. Percentages for composite measures show the percentage of beneficiaries who selected “Always” on a four-point scale ranging from “Never” to “Always.” Percentages for rating measures show the percentage of beneficiaries who selected “9” or “10” on a scale from 0 to 10, with 10 representing the highest score. All percentages shown represent the “top box” score used by AHRQ to assess performance on CAHPS.</p> <p>Medians include all states that are included in Core Set public reporting for each rate. They exclude rates that are suppressed due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the medians were calculated using the rate for the program with the larger measure-eligible population.</p> <p><i>Reported Performance:</i> Results summarize Medicaid beneficiaries’ experiences through composites (including getting needed care, getting care quickly, how well doctors communicate, and customer service), ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan). The Adult Medicaid results also include an individual question focused on coordination of care.</p> <p><i>Excluded states for the 2024 Core Sets:</i> Iowa and Michigan conducted CAHPS for Child Medicaid and/or CHIP beneficiaries and submitted data to the AHRQ CAHPS Database; however, these data were not authorized for Child Core Set reporting. Arizona reported in the quality measure reporting (QMR) system that it conducted CAHPS for Child and Adult Medicaid beneficiaries but did not submit data to the AHRQ CAHPS Database. As a result, Arizona’s performance data are not included in Core Set reporting.</p>

Data Sources (Continued 9, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ Consumer Assessment of Healthcare Providers & Systems (CAHPS) Database (continued)	36–37	https://cahpsdatabase.ahrq.gov/Default_landing.aspx https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html	<p><i>Adult Medicaid CAHPS Core Set Measure Description:</i> This measure shows information on the experiences of adults with their health care and gives a general indication of how well the health care meets their expectations.</p> <p><i>Child Medicaid and CHIP CAHPS Core Set Measure Description:</i> This measure shows information on parents' experiences with their child's health care. This measure was mandatory for 2024 Child Core Set reporting.</p> <p>States submit separate CAHPS Health Plan Survey results for the general child (GC) population and for children with chronic conditions (CCC). The Children with Chronic Conditions (CCC) supplemental item set reports parents' experiences with their child's health care among children with chronic conditions. States or health plans that administer the CCC supplemental items draw two samples: a general population of children (GC) and a supplemental sample of children identified through a claims-based algorithm as likely to have a chronic condition. The survey instrument includes a screener to confirm chronic condition status. The CCC population comprises all children identified as having a chronic condition based on responses to this survey-based screener.</p>