



All-State Medicaid and CHIP Call February 24, 2026



Agenda

- CMCS Work with Vendors to Support Community Engagement
- Medicaid and CHIP Provisions in the Consolidated Appropriations Act, 2026 (CAA, 2026; P.L. 119-75)
- October 2025 Data Highlights from the Medicaid and CHIP Eligibility Operations and Enrollment Snapshot
- Preview: EPSDT Behavioral Health Toolkit
- Updated CMS Guidance on Violence Prevention-Related Services
- Q&A



CMCS Work with Vendors to Support Community Engagement

February 24, 2026

Agenda - Community Engagement

- Community Engagement Update: Medicaid Technology Companies Pledge \$600M in Savings to Support Community Engagement and Related State Medicaid System Improvements

Press Releases Jan 29, 2026

Medicaid Technology Companies Pledge \$600M in Savings to Support Community Engagement and Related State Medicaid System Improvements

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Medicaid Technology Companies Pledge \$600M in Savings to Support Community Engagement and Related State Medicaid System Improvements

The Centers for Medicare & Medicaid Services (CMS) today announced that 10 health technology companies that have existing Medicaid eligibility and enrollment contracts with states have voluntarily pledged to help states successfully prepare for and implement Medicaid community engagement requirements enacted under President Trump's [Working Families Tax Cut](#) (WFTC) legislation (Public Law 119-21).

Companies that currently support state Medicaid systems have informed CMS that they intend to offer states more than \$600 million in no-cost and significantly discounted technology products and services to support community engagement implementation while accelerating broader modernization of Medicaid systems. These voluntary commitments are expected to generate significant savings over the coming years for states and taxpayers and improve beneficiary experience.

“Community engagement provides dignity and purpose,” said **Health and Human Services Secretary Robert F. Kennedy, Jr.** “Thanks to Dr. Oz’s leadership, we’re one step closer to delivering President Trump’s vision of bringing every able-bodied adult on Medicaid into the workforce and other cornerstones of society.”

Medicaid Technology Companies Pledge \$600M in Savings to Support Community Engagement and Related State Medicaid System Improvements

- 10 health technology companies that have existing Medicaid eligibility and enrollment contracts with states have voluntarily pledged to help states successfully prepare for and implement Medicaid Community Engagement Requirements
 - Accenture, Acentra Health, Conduent, GDIT, Deloitte, Gainwell, Maximus, Curam by Merative, Optum, and RedMane
- Highlights:
 - These are multi-year investments and commitments through at least 2028. Not just for the implementation this year but over multiple years, providing predictability for states.
 - Many vendors provided cloud-based reusable software packages at no-cost through 2028 –this is especially exciting as we modernize Medicaid into a cloud-based scalable environment.
 - Almost all companies discounted their professional service fees or fixed their fee - and some not just for community engagement, but some provided this for all WFTC legislation updates.

CMS Partnership with General Services Administration (GSA)

- CMS is taking steps to help states access additional methods for purchasing and procuring technology solutions.
- CMS is working with the General Services Administration (GSA) to streamline pathways for qualified vendors to obtain a GSA schedule:
 - This allows states to more quickly procure technology solutions at transparent pricing
 - We are highlighting vendors on Medicaid.gov that are 1) already on the GSA schedule and 2) those vendors that are not currently on the GSA schedule and are working with CMS and GSA to access a fast-track pathway to get on the GSA schedule.
- Additional companies interested in being approved for the GSA Schedule should reach out to CMS.
 - CMS is committed to working with companies interested in the GSA process.

Companies Supporting Community Engagement through the GSA Schedule

Vendors on the GSA Schedule (as of 2/17/2026):

- Acentra Health
- Carahsoft
- Conduent
- Deloitte
- Equifax
- Experian
- Optum
- Ready Computing
- RedMane
- GDIT
- Google
- Unite Us
- TransUnion
- Ernst & Young
- ID.me
- Gainwell- Engagement underway through subsidiary Health Management Systems (HMS)
- Truv
- GetInsured (VIMO)
- Argyle
- Healthy Together
- Cardinality
- Slalom

Interested Vendors “In Progress” with getting on the GSA Schedule (as of 2/17/2026):

- Accountable Care Transactions - Activate Care
- Big Interview
- CITIZ3N, Government Solutions (a SOFTHEON brand)
- CommunityCX
- Fleet Health
- Findhelp
- Fortuna Health
- Curam by Merative
- ShareCare
- SteadyIQ
- Build Cities
- Mirza
- Muze Health
- Pyx Health

CMS Partnership with States and CE Vendors

- CMS welcomes outreach from other Community Engagement vendors not on the current GSA lists on Medicaid.gov if they would like to receive consideration for being added to either the “Vendors on the GSA Schedule” list or the “Interested Vendors “In Progress” / not on the GSA Schedule” list.
- CMS has also worked to facilitate a series of in-person and virtual demonstration sessions for states to engage with a number of technology vendors that provide solutions for eligibility and enrollment, automated data verification, and coordination and connections to employment, education, job training and community activities.
- CMS is aligning states and vendors with detailed requirements to ensure effective implementation.
 - We recently sent out the minimum viable product and technical specifications for states for their systems so that they can plan effectively.
 - We are utilizing and leveraging the APD waiver process to help expedite the timeline for administrative proposals for funding. States have this option, and we sent out a template through NAMD so all states should have it.
 - We are also very mindful of costs. We will be tracking all CE costs separately from other systems costs. We are working towards providing transparency in systems costs and making this information more transparent and visible for states and the public.

Questions



Medicaid and CHIP Provisions in the Consolidated Appropriations Act, 2026 (CAA, 2026; P.L. 119-75)

Division J – Health Care Extenders, Title I – Medicaid

- Sec. 6101. Streamlined enrollment process for eligible out-of-State providers under Medicaid and CHIP.
- Sec. 6102. Removing certain age restrictions on Medicaid eligibility for working adults with disabilities.
- Sec. 6103. Medicaid State plan requirement for determining residency and coverage for military families.
- Sec. 6104. State studies and HHS report on costs of providing maternity, labor, and delivery services.
- Sec. 6105. Modifying certain disproportionate share hospital allotments.
- Sec. 6106. Modifying certain limitations on disproportionate share hospital payment adjustments under the Medicaid program.

Sec. 6101. Streamlined enrollment process for eligible out-of-State providers under Medicaid and CHIP.

Background

- States currently set their own screening and enrollment requirements (consistent with federal requirements).

Provision

- Requires all state Medicaid & CHIP programs (50 states + DC) to implement a process allowing eligible out-of-state providers to treat individuals under age 21 and be paid without screening or enrollment requirements exceeding the minimum necessary to provide payment (e.g., name and NPI).

Enrollment period:

- 5 years (unless terminated or excluded)

Effective Date

- 3 years after enactment

Sec. 6102. Removing certain age restrictions on Medicaid eligibility for working adults with disabilities.

Background

- The Ticket to Work Basic group and the Ticket to Work Medical Improvements group (sometimes referred to as the Medicaid Buy-In program) are optional state Medicaid benefit groups for workers aged 16-64 with disabilities who have earnings in excess of traditional Medicaid rules.
- People with disabilities who would be ineligible for Medicaid because of earnings can work and access the services and supports they need.

Provision

- Expands both eligibility groups to include individuals aged 65+

Effective Date

- Newly adopting states: Upon enactment
- Current states: Must cover 65+ by January 1, 2028

Sec. 6103. Medicaid State plan requirement for determining residency and coverage for military families.

Background

- Federal regulations establish parameters for determining an individual's residency in a state (42 CFR 435.403), in addition to scenarios under which a state must pay for out-of-state medical services (42 CFR 431.52).

Provision

- For Medicaid eligibility purposes, states must treat an “active duty relocated individual” as a resident of the state unless the individual opts out.
- An active duty relocated individual is a Medicaid beneficiary in the state (or who would be a beneficiary under Section 1902(a)(10)(A)(ii)(VI) if they began receiving HCBS) who:
 - Is an active duty service member being relocated to another state due to military service;
 - Was such a service member within the previous 12 months; or
 - Is a dependent relocating with such an individual described in the previous two bullets;

AND

- At relocation, was receiving HCBS (as defined in ARPA §9817(a)(2)(B)) or was on an HCBS waiting list.
- States must pay for services furnished in the other state, to the extent available, consistent with Secretary guidance to ensure access.
- If the individual was on an HCBS waiting list at relocation, the state must permit the individual to remain on that list.

Effective Date

- January 1, 2030

Sec. 6104. State studies and HHS report on costs of providing maternity, labor, and delivery services.

Provision

- Requires states to conduct a study every 5 years on the costs of providing maternity, labor, and delivery (L&D) services in:
 - Hospitals where >50% of births are financed by Medicaid or CHIP;
 - Rural hospitals providing L&D services with fewer than 300 births; and
 - Hospitals that ceased providing L&D services within the previous 5 years, but which would have met the criteria of either of the first two bullets.
- Studies must include amounts paid under Medicaid, CHIP, Medicare Parts A and B, and private insurance, and a comparative rate analysis.
- **Timeline**
 - First state studies due 30 months after enactment (and every 5 years thereafter).
 - Secretary must issue a compiled report within 18 months of each submission deadline.
 - HHS must submit recommendations to Congress on improving maternity/L&D cost data collection within 3.5 years of enactment.
- **Funding**
 - Provides \$10 million in FY 2026 to remain available until expended for grants and technical assistance to support small rural hospitals in compiling information for state studies.

Sec. 6105. Modifying certain disproportionate share hospital allotments.

Background

- Medicaid disproportionate share hospital (DSH) payments are statutorily required payments to hospitals treating large numbers of low-income Medicaid and uninsured patients. Each state receives an annual federal DSH allotment, which is the maximum amount of federal matching funds that each state can claim for Medicaid DSH payments.
- The Affordable Care Act (ACA, P.L. 111-148, as amended) would have reduced federal DSH allotments beginning in 2014, but the reductions have been delayed repeatedly by Congress.

Provision

- Delays implementation of DSH cuts until fiscal year 2028

Sec. 6106. Modifying certain limitations on disproportionate share hospital payment adjustments under the Medicaid program.

Background

- States must make DSH payments to “deemed DSH” hospitals and may make payments to other eligible hospitals under section 1923 of the Act. Federal DSH funding is capped by state allotment, and payments to an individual hospital may not exceed the hospital-specific limit (HSL), based on uncompensated care costs for Medicaid and uninsured patients.
- Section 203 of the Consolidated Appropriations Act, 2021 (CAA, 2021) modified the Medicaid portion of the HSL calculation, effective October 1, 2021, to include only costs and payments for Medicaid-eligible individuals where Medicaid is the primary payer, with an exception for certain high-Medicare SSI hospitals; CMS finalized regulations in 2024 codifying these changes.

Provision

- Modifies the DSH payment adjustment formula to allow inclusion of unreimbursed costs for patients dually eligible for Medicaid and other coverage in the Medicaid shortfall calculation.
- Allows states with unspent DSH allotments (on or after October 1, 2022) to increase payments up to the modified cap and to retroactively modify SPAs to implement the adjustment.
- Prohibits recoupment of DSH payments from a prior rate year after the adjustment.
- Requires states to report these changes in their next annual report under section 1923(j)(1).

Effective Date

- Upon enactment



October 2025 Data Highlights from the Medicaid and CHIP Eligibility Operations and Enrollment Snapshot



CMCS All State Call
February 24, 2026

October 2025 Key Findings

Medicaid and CHIP Enrollment

- In October 2025, **76.8 million** individuals were enrolled in Medicaid and CHIP.
 - **69.5 million** individuals were enrolled in Medicaid, and **7.2 million** individuals were enrolled in CHIP.
 - **40.2 million** adults were enrolled in Medicaid, and there were **36.6 million** Medicaid child and CHIP enrollees.

Medicaid and CHIP Applications Received

- In October 2025, Medicaid, CHIP, Human Services agencies, and State-based Marketplaces received **2.4 million** applications, which decreased by **1 percent** since September 2025.
 - The number of applications received has decreased by **17 percent** since October 2024 and decreased by **15 percent** since October 2023.

Totals may not sum due to rounding.

Source: Performance Indicator Data

Notes: Detailed notes on data can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on Data.Medicaid.gov.

October 2025 Key Findings (Continued)

MAGI Application Processing Time

- In October 2025, **69 percent** of MAGI applications were processed in 7 days or less, and **4 percent** of MAGI applications were processed in over 45 days, the regulatory standard for determining eligibility on a basis other than disability, including MAGI-based determinations.

Renewal Outcomes

- In October 2025, of the individuals due for renewal:
 - **71 percent** had their coverage renewed, which is consistent with September 2025.
 - **49 percent** were renewed on an *ex parte* basis, a one-percentage point decrease from September 2025.
 - **19 percent** were disenrolled, a one-percentage point decrease from September 2025.
 - **13 percent** were disenrolled for procedural reasons, a one-percentage point decrease from September 2025.
 - **10 percent** had their renewals pending at the end of the month, a one-percentage point increase from September 2025.

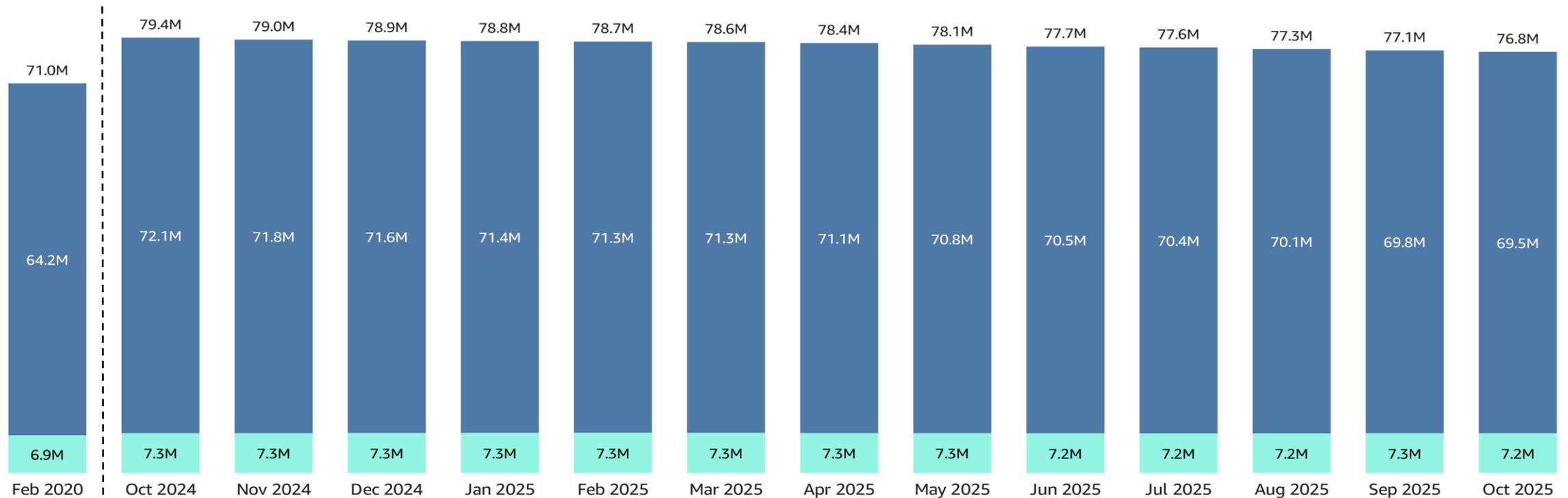
Totals may not sum due to rounding.

Sources: Performance Indicator Data and Eligibility Processing Data

Notes: Detailed notes on data, including if states are excluded from national totals, can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on [Data.Medicaid.gov](https://data.medicaid.gov).

October 2024 to October 2025: Total Monthly Medicaid and CHIP Enrollment

- Between October 2024 and October 2025, Medicaid enrollment decreased by **2.6 million** individuals (4 percent) and CHIP enrollment decreased by **13,000** individuals (less than one percent).
- Between February 2020 (the pre-pandemic baseline) and October 2025, Medicaid enrollment increased by **5.4 million** individuals (8 percent) and CHIP enrollment increased by **380,000** individuals (6 percent).



Totals may not sum due to rounding.

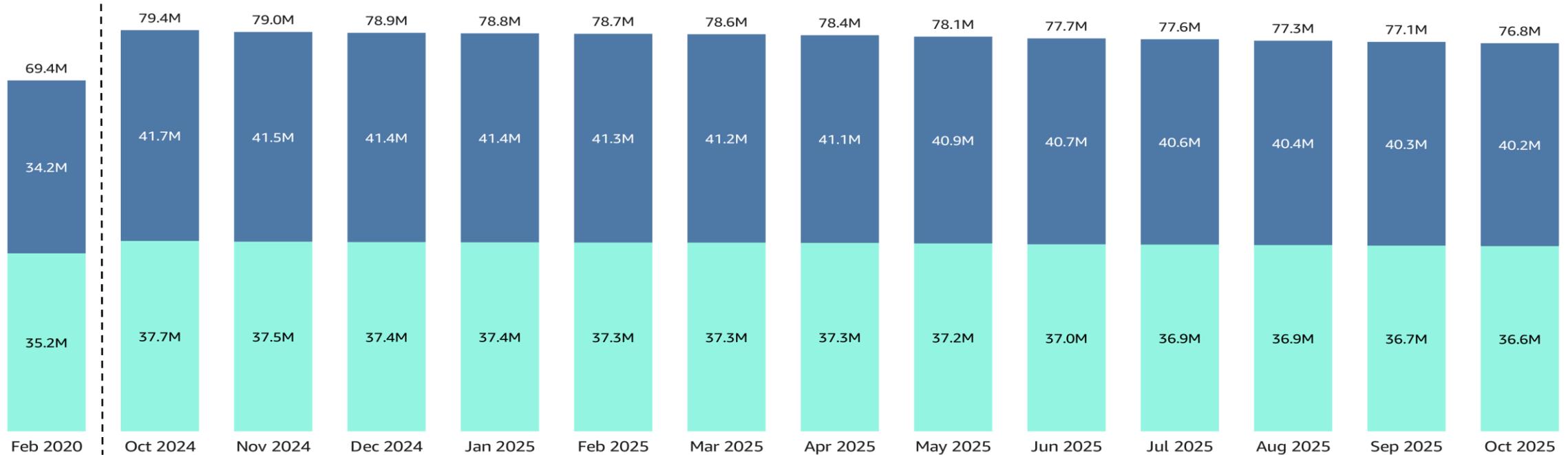
CHIP Medicaid

Source: Performance Indicator Data

Notes: Detailed notes on data can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on Data.Medicaid.gov.

October 2024 to October 2025: Total Monthly Medicaid Child and CHIP Enrollment and Medicaid Adult Enrollment

- In October 2025, Medicaid child and CHIP enrollment was **36.6 million** individuals and Medicaid adult enrollment was **40.2 million** individuals.
- Between October 2024 and October 2025, Medicaid child and CHIP enrollment decreased by **1.0 million** individuals (3 percent) and Medicaid adult enrollment decreased by **1.6 million** individuals (4 percent).
- Between February 2020 (pre-pandemic baseline) and October 2025, Medicaid child and CHIP enrollment increased by **1.4 million** individuals (4 percent) and Medicaid adult enrollment increased by **5.9 million** individuals (17 percent).



■ Medicaid Child and CHIP Enrollment
 ■ Medicaid Adult Enrollment

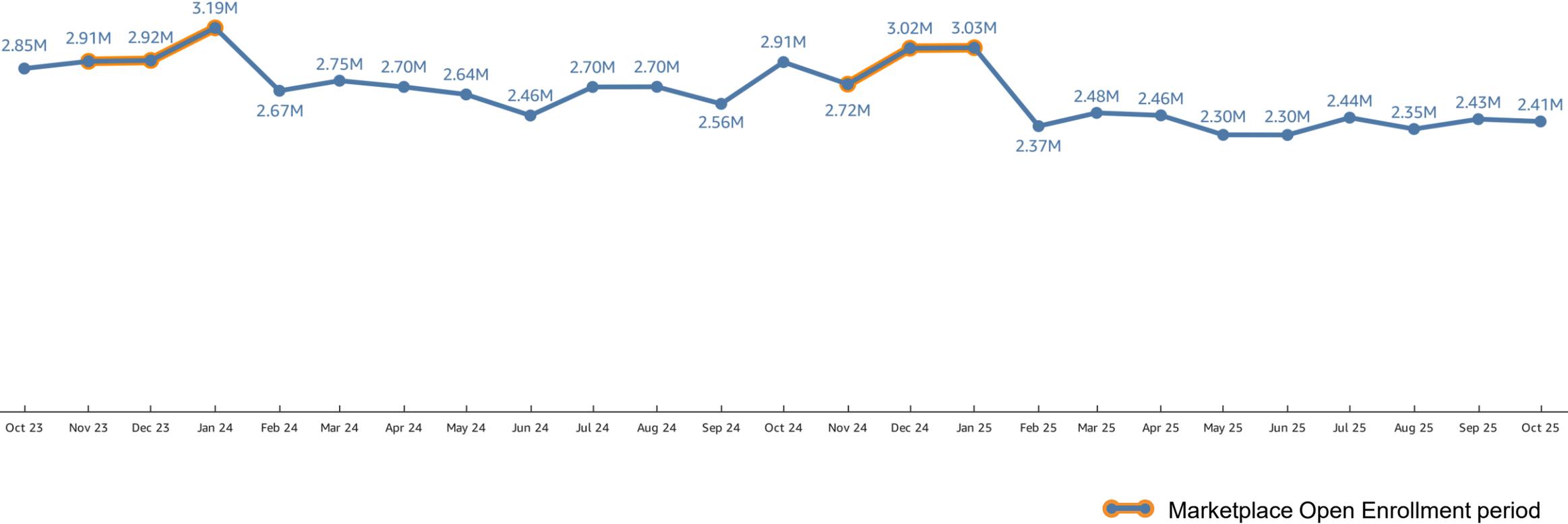
Totals may not sum due to rounding.

Source: Performance Indicator Data

Notes: Detailed notes on data, including if any states did not report data in certain months, can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on Data.Medicaid.gov.

October 2023 to October 2025: Applications for Medicaid and CHIP Received by States

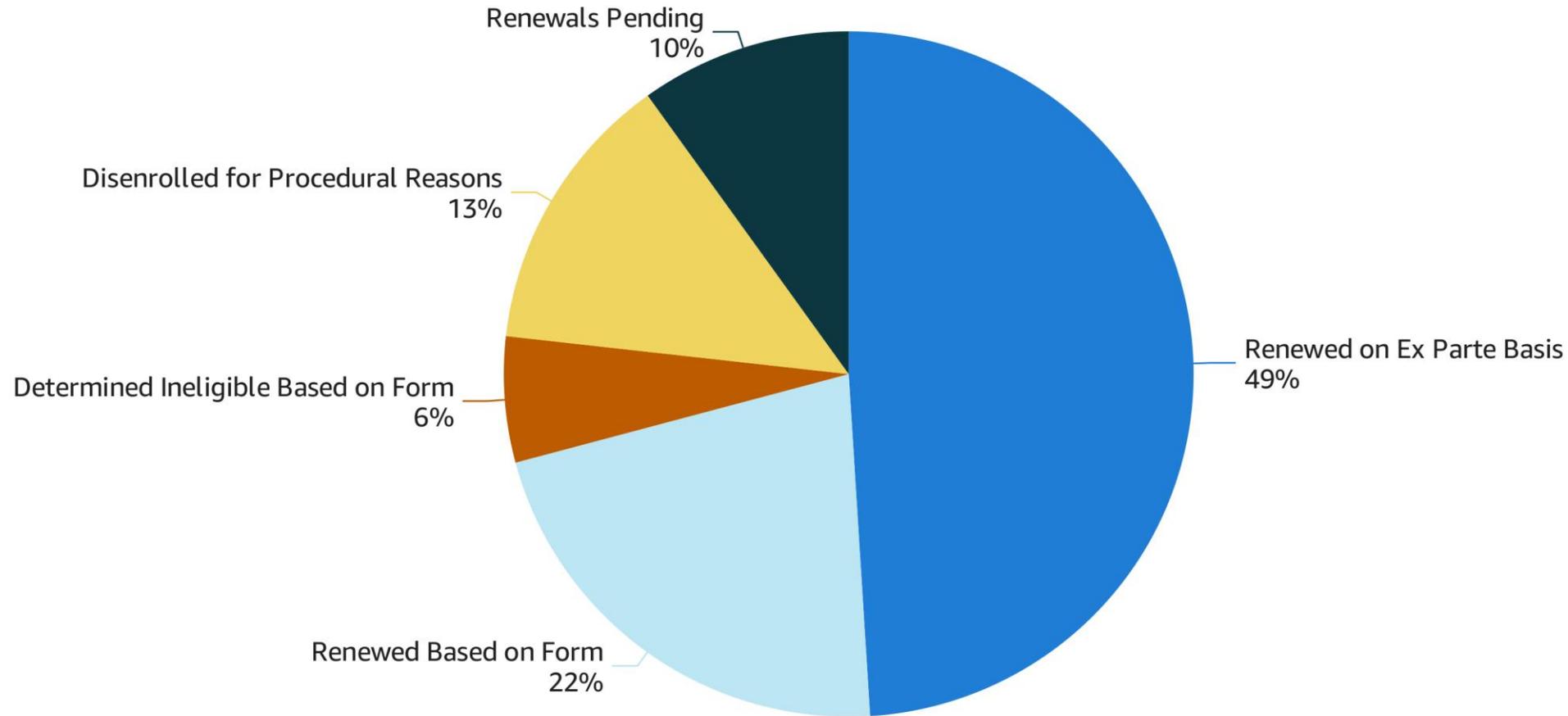
- In October 2025, **2.4 million** applications for Medicaid or CHIP were received by states, which is **17 percent** less applications than were received in October 2024.



Source: Performance Indicator Data
Notes: The data displayed do not include applications transferred from the Federally Facilitated Marketplace to states, and thus do not capture the total number of applications states receive. Detailed notes on data, including if any states did not report data in certain months, can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on Data.Medicare.gov.

October 2025: Distribution of Renewal Outcomes

- In October 2025, of the **5.8 million individuals** due for renewal, **71 percent** had their coverage successfully renewed, **19 percent** were disenrolled, and **10 percent** had their renewals pending at the end of the month.



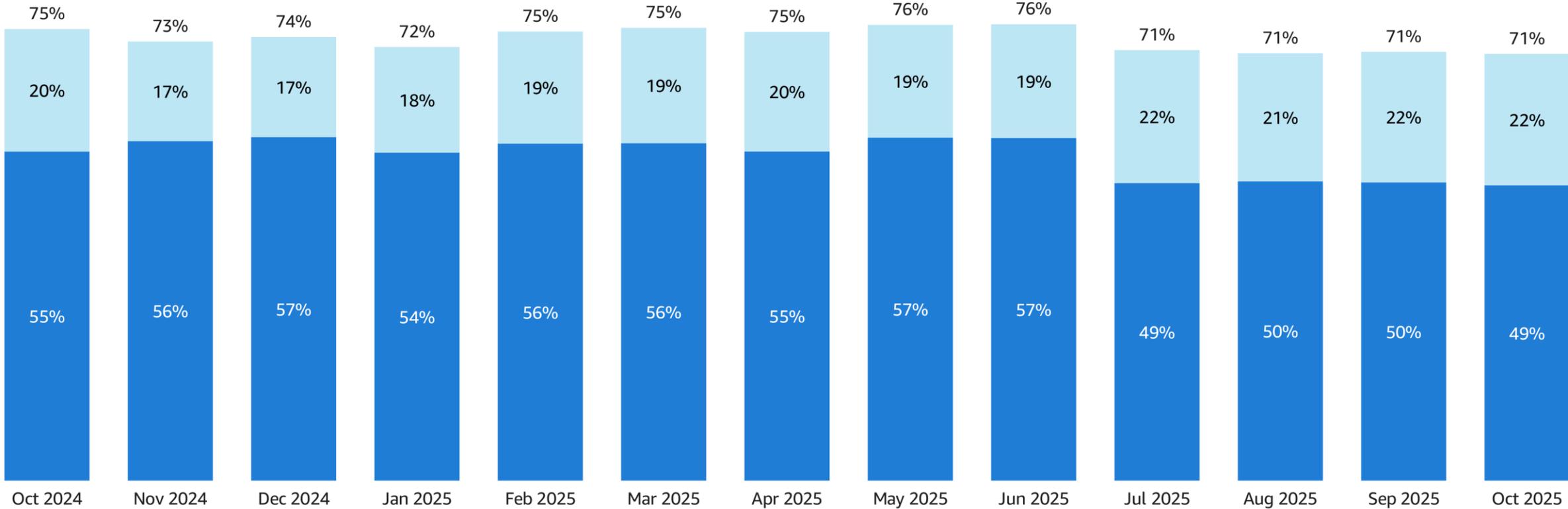
Percentages may not sum to totals due to rounding.

Source: Eligibility Processing Data

Notes: States may complete renewals pending in the month after the reporting month. Detailed notes on data can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on [Data.Medicaid.gov](https://www.data.medicaid.gov).

October 2024 to October 2025: National Retention Rates at Renewal, by Renewal Type

- In October 2025, of the individuals due for renewal, **49 percent** were renewed on an *ex parte* basis and **22 percent** were renewed based on a form.
- Since June 2024, retention rates at renewal exceeded **70 percent** each month.



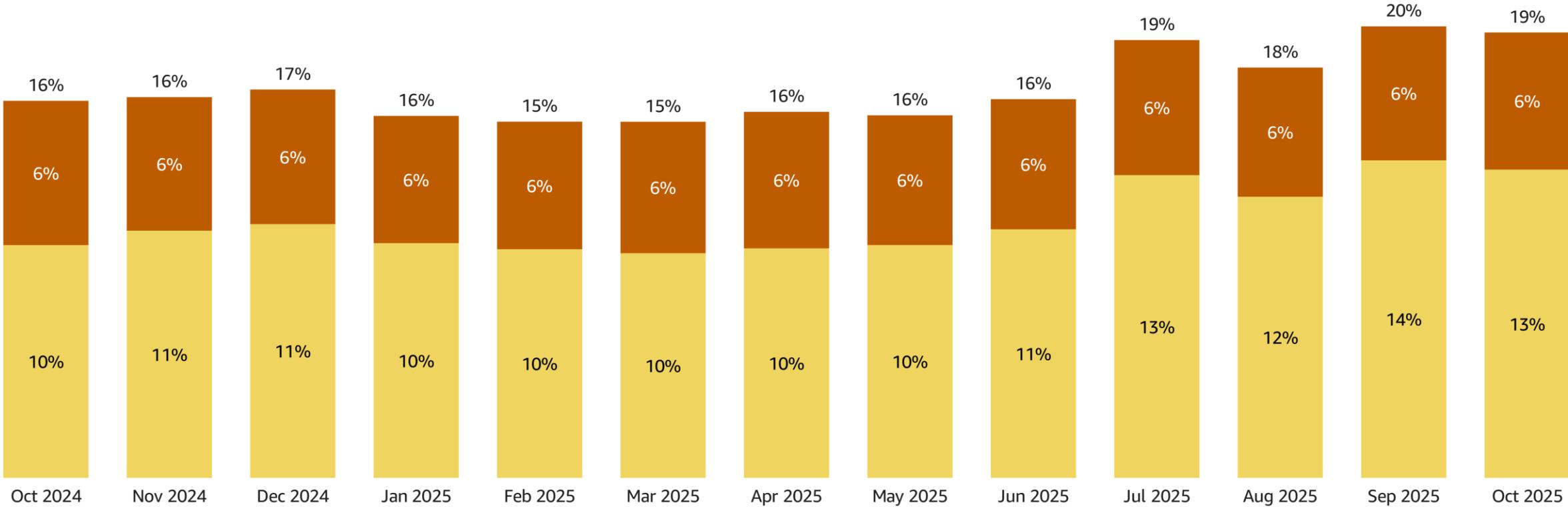
Percentages may not sum to totals due to rounding.

■ Renewed on *Ex Parte* Basis
 ■ Renewed Based on Form

Source: Eligibility Processing Data
Notes: Detailed notes on data, including if states are excluded, can be found in the Appendix of the October 2025 Medicaid and CHIP Eligibility Operations and Enrollment Snapshot and on [Data.Medicaid.gov](https://data.medicaid.gov).

October 2024 to October 2025: National Disenrollment Rates at Renewal, by Disenrollment Type

- In October 2025, of the individuals due for renewal, **13 percent** were disenrolled for procedural reasons and **6 percent** were disenrolled based on a form.
- Since December 2023, procedural disenrollment rates have been less than **15 percent**.



Percentages may not sum to totals due to rounding.

■ Disenrolled for Procedural Reasons
 ■ Determined Ineligible Based on Form

Questions?

[Home](#) > [Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#)

Medicaid and CHIP Eligibility Operations and Enrollment Snapshot

This monthly data report contains preliminary state Medicaid and CHIP performance indicator and eligibility processing data that give insights into states' Medicaid and CHIP eligibility operations and enrollment. Monthly and annual data show a national and state-level picture of Medicaid and CHIP eligibility and enrollment operations, as well as Marketplace and Basic Health Program enrollment. CMS will release an expanded version of this report quarterly that will include additional data on separate CHIP program enrollment and updated eligibility processing.

Monthly Snapshots

- [October 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#) – released January 29, 2026.
- [September 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#) – released December 23, 2025.
- [August 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#) – released November 28, 2025.
- [July 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#) – released November 17, 2025.
- [June 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#) – released September 26, 2025.
- [May 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot](#) – released August 29, 2025.

Related Links

- [Medicaid and CHIP Enrollment Data](#)
- [Performance Indicator Technical Assistance](#)
- [Medicaid and CHIP Eligibility Processing Data Report Specifications](#)
- [Data.Medicaid.gov](#)
- [Related Historical Data Products](#) (reflecting March 2023–August 2024 data periods)
- [Medicaid and CHIP Enrollment Trend Snapshot](#)

New CMS Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Behavioral Health Toolkit

- On February 20, 2026, CMS published a [new toolkit](#) on Medicaid.gov, titled “State Medicaid & CHIP Toolkit for Children’s Behavioral Health Services and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Requirements.”
- This toolkit serves as a resource for state Medicaid and CHIP agencies in ensuring that children and youth experiencing behavioral health conditions get the care they need.
- It includes strategies for developing a behavioral health care delivery system that can meet a range of children’s needs, promoting early intervention for children’s behavioral health conditions, improving children’s access to behavioral health care through service coordination and integration, and increasing the workforce capacity for children’s behavioral health services.
- This toolkit is part of CMS’ work mandated by section 11004 of the Bipartisan Safer Communities Act. The legislation charged CMS with identifying gaps and deficiencies regarding state compliance with EPSDT requirements and providing technical assistance to states to address such gaps and deficiencies.

Updated CMS Guidance on Violence Prevention-Related Services

- Medicaid provides for coverage of "anticipatory guidance" provided during an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) well-child visit. Anticipatory guidance generally refers to health education and counseling to help parents and caregivers understand and improve the health and development of their children.
- As part of our commitment to Make America Healthy Again, we are asking states to emphasize the potential for well-child visits to be used to counsel parents on core aspects of health, such as how children can maintain a healthy lifestyle and avoid chronic disease.
- CMS is asking states to focus on these core missions and no longer considers counseling regarding firearms to be "anticipatory guidance" as part of Medicaid's EPSDT well-child visits. States should communicate this to their provider community.



Questions