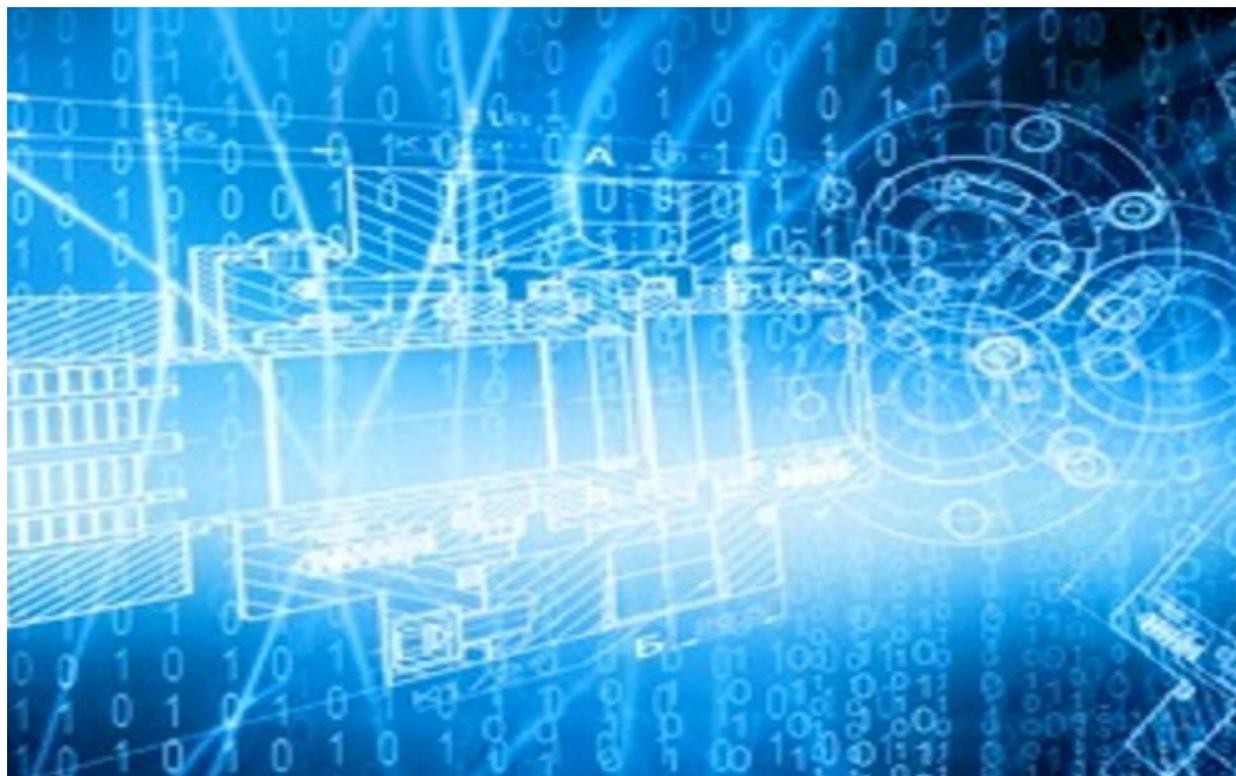




Service use among Medicaid & CHIP beneficiaries age 18 and under during COVID-19



Preliminary Medicaid & CHIP Data Snapshot

Services through May 31, 2020

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Medicaid & CHIP Content Overview

Medicaid and CHIP Population: As of June 2020, over 91.8 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities, were enrolled across each state's Medicaid or the Children's Health Insurance Program for at least one day.

About 42% of beneficiaries were children, which translates to nearly 40 million beneficiaries. Approximately 55% of beneficiaries were female, 45% were male, and 9% were over the age of 65. 13% of the population is dually-eligible for Medicare and Medicaid. 34% of the population is white, 22% of the population is of unknown race, 21% is Hispanic, 17% is black, 4% is Asian, and less than 1 percent is American Indian and Alaska Native, Hawaiian/Pacific Islander, or multiracial.

COVID-19 treatment rate: We use the following International Classification of Diseases (ICD), Tenth Revision (ICD-10), diagnosis codes to identify beneficiaries who received treatment for COVID-19:

- B97.29 (other coronavirus as the cause of diseases classified elsewhere) - before April 1, 2020
- U07.1 (2019 Novel Coronavirus, COVID-19) – from April 1, 2020 onward.

Although CMS does use lab claims for identifying COVID-19 treatment, CMS does not receive lab *results* from states and cannot determine whether a lab test was positive. Therefore, Medicaid & CHIP COVID-19 cases are only identifiable in TAF data when there is a corresponding COVID-19 related service.

Medicaid and CHIP Data Processing: Medicaid and CHIP providers, managed care agencies, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those agencies subsequently submit the data to CMS on a monthly basis via T-MSIS. These submissions have considerable variation in terms of completeness and quality. CMS processes states' submissions and transforms them into the T-MSIS Analytic Files (TAF), which form the basis of this analysis. Given this process, there may be a significant "claims lag" between when a service occurs and when it is represented in TAF. Therefore, users should interpret the results with caution.

Data Quality Concerns: The results for all slides except for the maps on slides 18 and 19 include services through the end of May 2020, while these maps include cumulative counts through the end of June 2020. California has not submitted its June T-MSIS data and has only submitted T-MSIS claims through the end of May. Because of this, California's data is not included on slides 18 and 19. This impacts national estimates and likely results in an undercount of testing and COVID-related services. For additional information regarding state variability in data quality, please refer to the [Medicaid DQ Atlas](#).

Medicaid and CHIP Cover more than 4 in 10 Children Nationally and Provide Critical Services

- Nearly 40 million children are covered under Medicaid and CHIP
- The programs cover three quarters of children living in poverty¹
- Approximately four in ten children covered under the programs have a special health care need that requires health services²

1. Cornachione, Elizabeth, Robin Rudowitz, and Samantha Artiga. 2016. Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future. Kaiser Family Foundation. Available at: <https://www.kff.org/report-section/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future-issue-brief/>

2. Musumeci, MaryBeth and Priya Chidambaram. 2019. Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending. Kaiser Family Foundation. Available at: <https://www.kff.org/medicaid/issue-brief/medicaids-role-for-children-with-special-health-care-needs-a-look-at-eligibility-services-and-spending/>

What You Should Know When Using The Data

Claims Lag: You should use caution when interpreting our data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. Historically, 90% of FFS claims across all claims types are submitted within 7 months, while 90% of encounters across all claims types are submitted within 12 months. There is significant variation across states, with some states submitting 90% of all claims within only 4 months, while other states take nearly a year. On average, states need 9 months to submit 95% of all claims.

Percent of Medicaid & CHIP claims received by months after service was delivered (based on March 2018 service date)								
Runout Month	1	2	3	4	5	6	9	12
Fee-for-service Claims								
Inpatient	0.0	21.8	62.5	76.4	83.4	88.5	95.5	97.5
Long-term care	0.0	14.9	82.0	89.3	92.3	95.4	98.1	99.1
Other services	0.0	26.3	70.2	83.0	89.4	92.3	97.0	98.2
Prescription drug	0.0	64.0	97.9	98.5	98.8	98.9	99.1	99.2
Managed care encounters								
Inpatient	0.0	6.3	48.8	68.7	77.5	81.4	87.9	95.3
Long-term care	0.0	3.6	33.6	57.4	71.1	77.8	85.0	92.7
Other services	0.0	9.8	55.8	77.6	85.3	88.4	93.1	96.5
Prescription drug	0.0	34.6	83.6	93.2	96.3	97.4	97.9	98.8

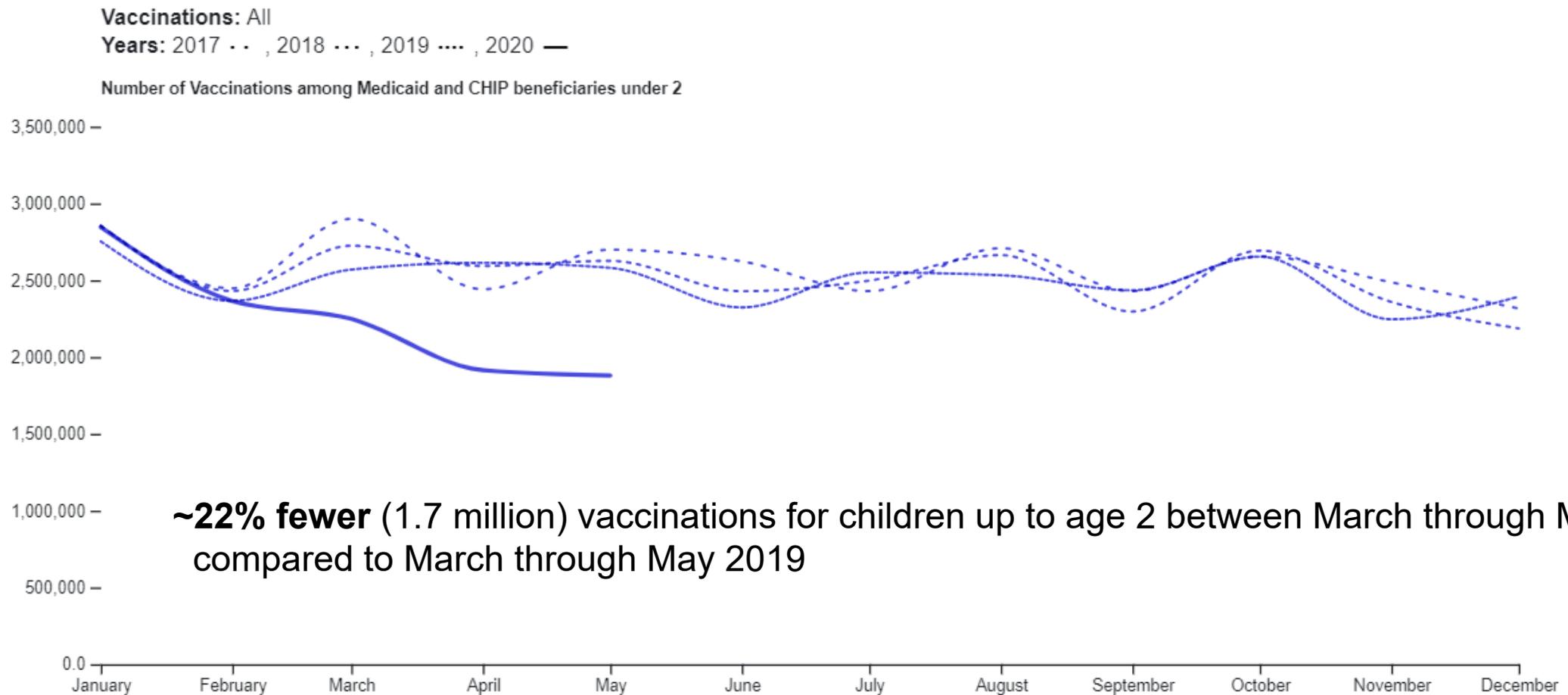
Service use among children during COVID-19: Key highlights

Preliminary data suggest that, during the PHE:

- Primary, preventive, and mental health services have declined among children
- Service delivery via telehealth for children has increased dramatically, but not enough to offset this decline in services
- The COVID-19 treatment rate for children is low, with <0.1% receiving treatment for COVID-19 under Medicaid or CHIP and fewer than 1,000 hospitalizations

Preliminary data show vaccinations among beneficiaries up to age 2 declined through April, started to level in May, but are still substantially lower than prior years' rates

Vaccination rates among beneficiaries up to age 2 dropped from nearly 700 vaccinations per 1,000 beneficiaries in January 2020 to about 460 vaccinations per 1,000 beneficiaries in May 2020



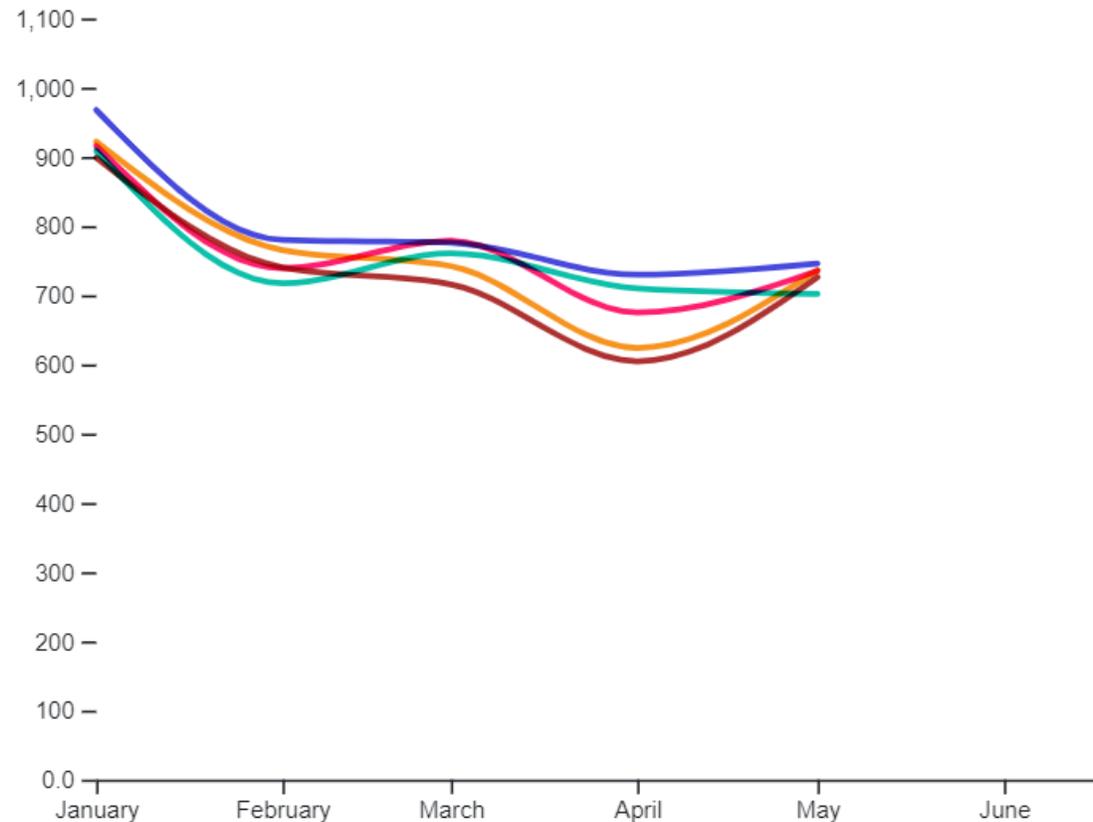
~22% fewer (1.7 million) vaccinations for children up to age 2 between March through May 2020, compared to March through May 2019

9/23/2020

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

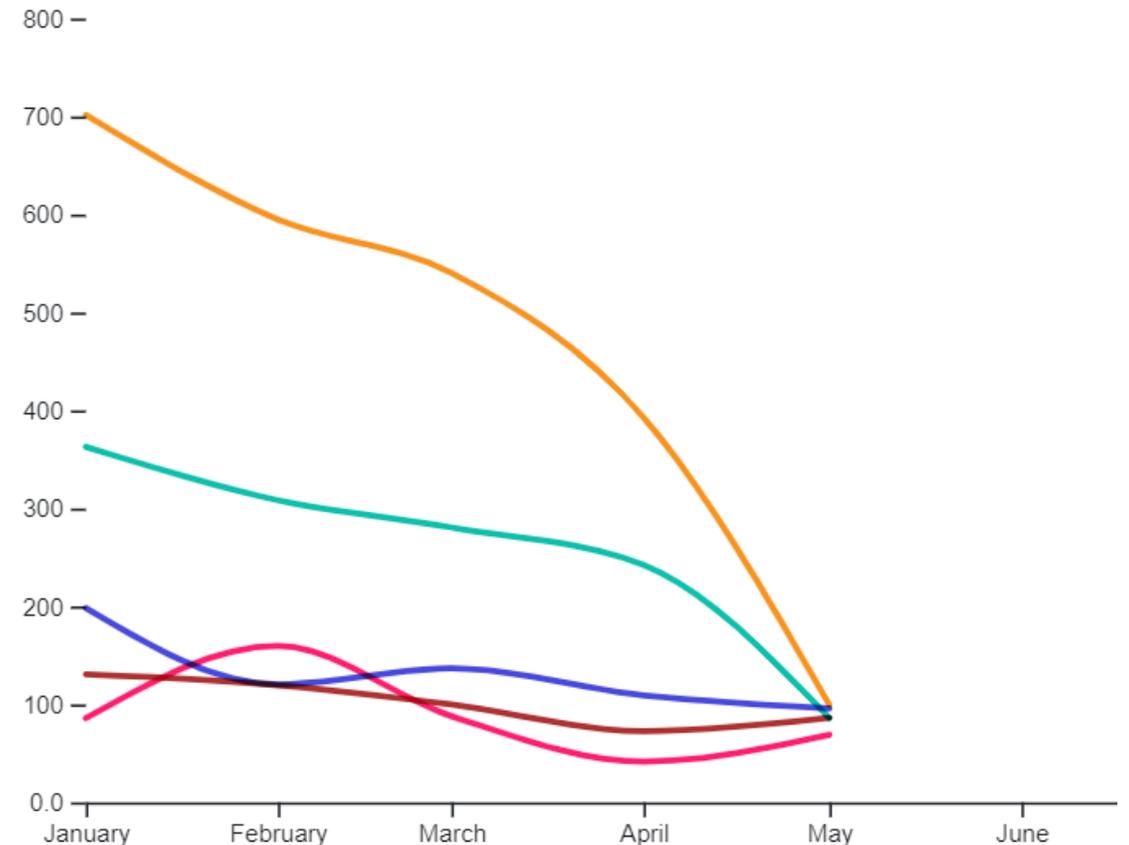
Preliminary data show trends in vaccination rates varies by state, with some states returning to February levels by May

Vaccinations per 1,000 Medicaid and CHIP beneficiaries under 2



AL, CT, KY, NE, and NC had the highest vaccination rates among children under 2 as of May 2020 (data incomplete)

Vaccinations per 1,000 Medicaid and CHIP beneficiaries under 2



AZ, CA, DC, HI, and VI had the lowest vaccination rates among children under 2 as of May 2020 (data incomplete)

Alabama Connecticut Kentucky Nebraska North Carolina

Arizona California District of Columbia Hawaii Virgin Islands

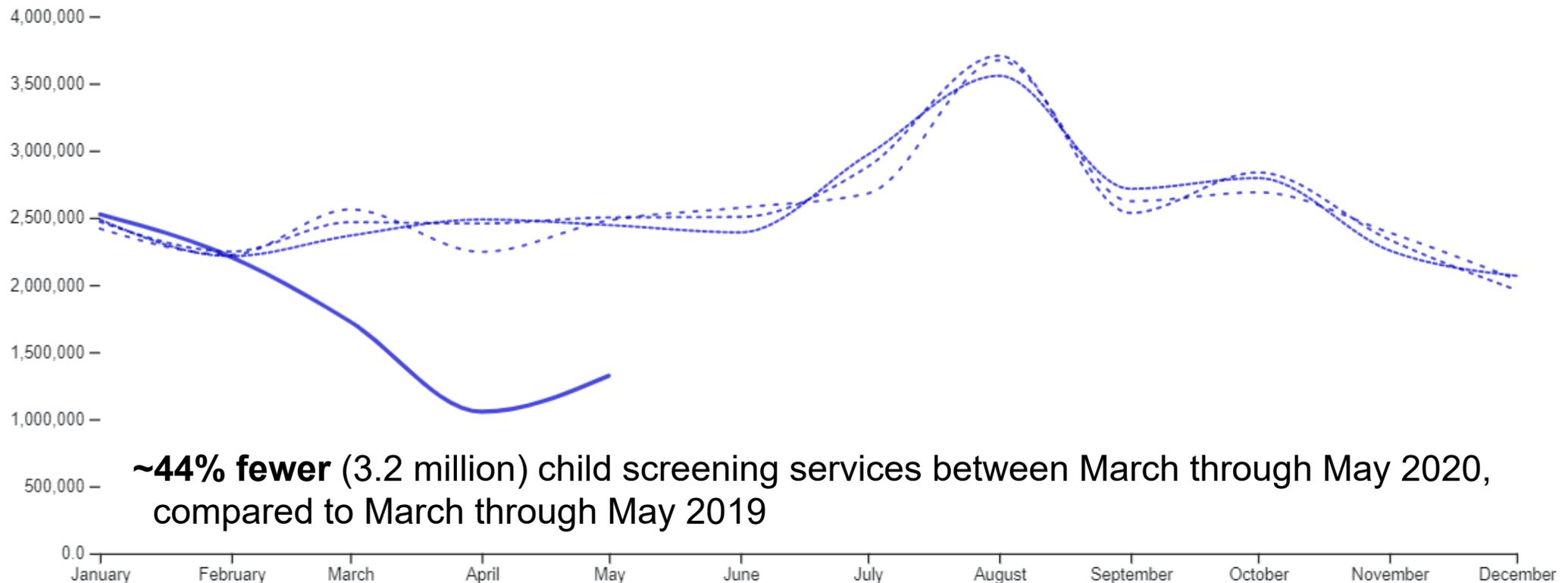
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Preliminary data show the number of child screening services declined substantially through April, started to rise in May, but is still substantially lower than prior years' rates

Screening rates among children dropped from nearly 68 screens per 1,000 beneficiaries to a low of 28 screens per 1,000 beneficiaries in April, back up to 35 screens per 1,000 beneficiaries in May.

Child screening services: Child screening
Years: 2017 - - , 2018 - - - , 2019 - - - - , 2020 —

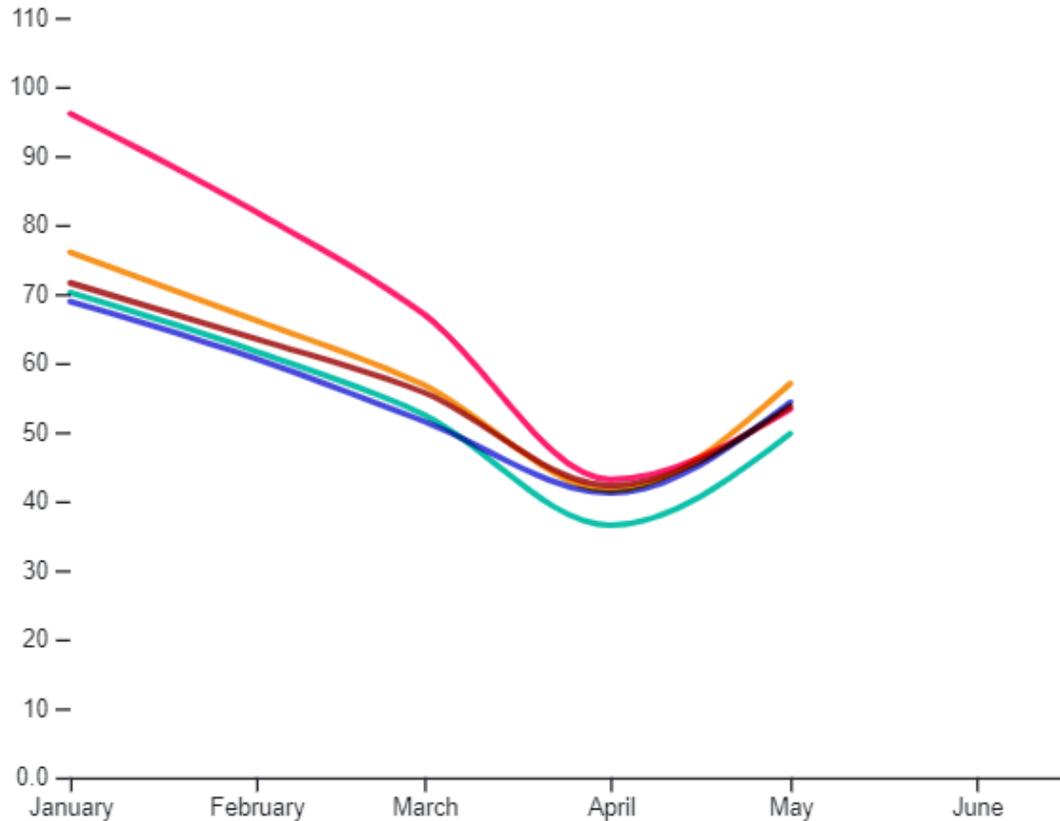
Service use among selected Medicaid and CHIP beneficiaries 18 and under



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

Preliminary data show child screening rates declined in April and started to rise in May, but are still below January levels in nearly all states

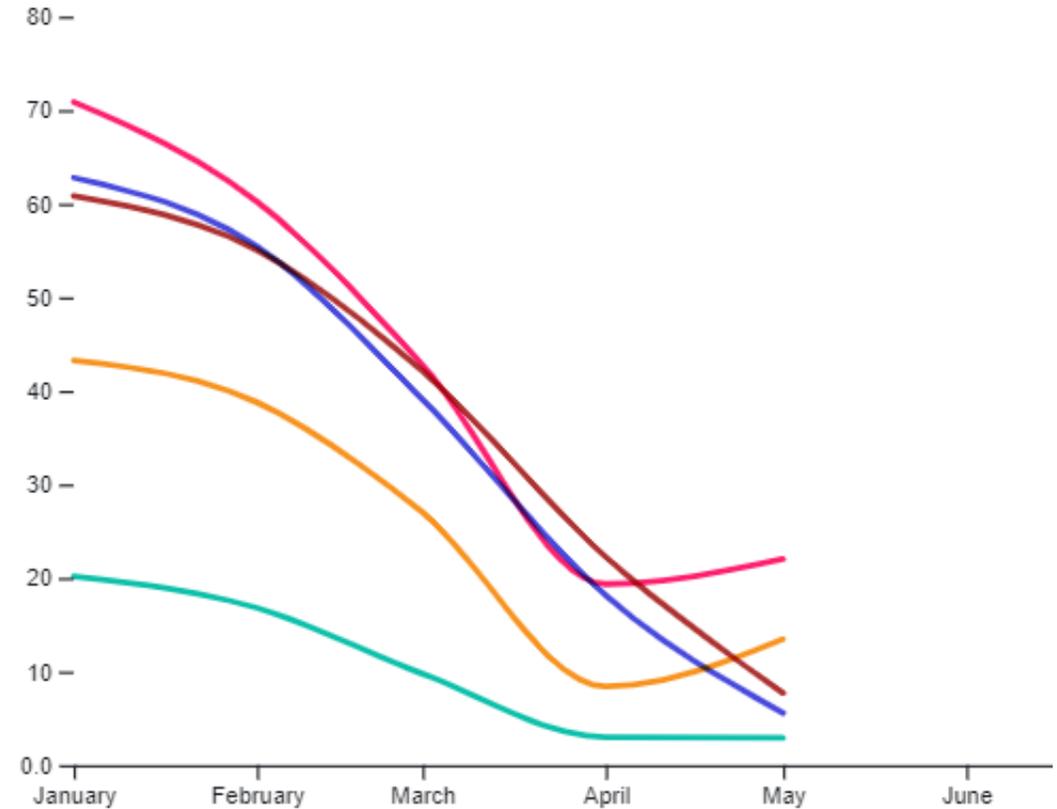
Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



AL, GA, ID, NC, and TX had the highest screening rates as of May 2020 (data incomplete)

Alabama Georgia Idaho North Carolina Texas

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



CA, DC, HI, VI, and WI had the lowest screening rates as of May 2020 (data incomplete)

California District of Columbia Hawaii Virgin Islands Wisconsin

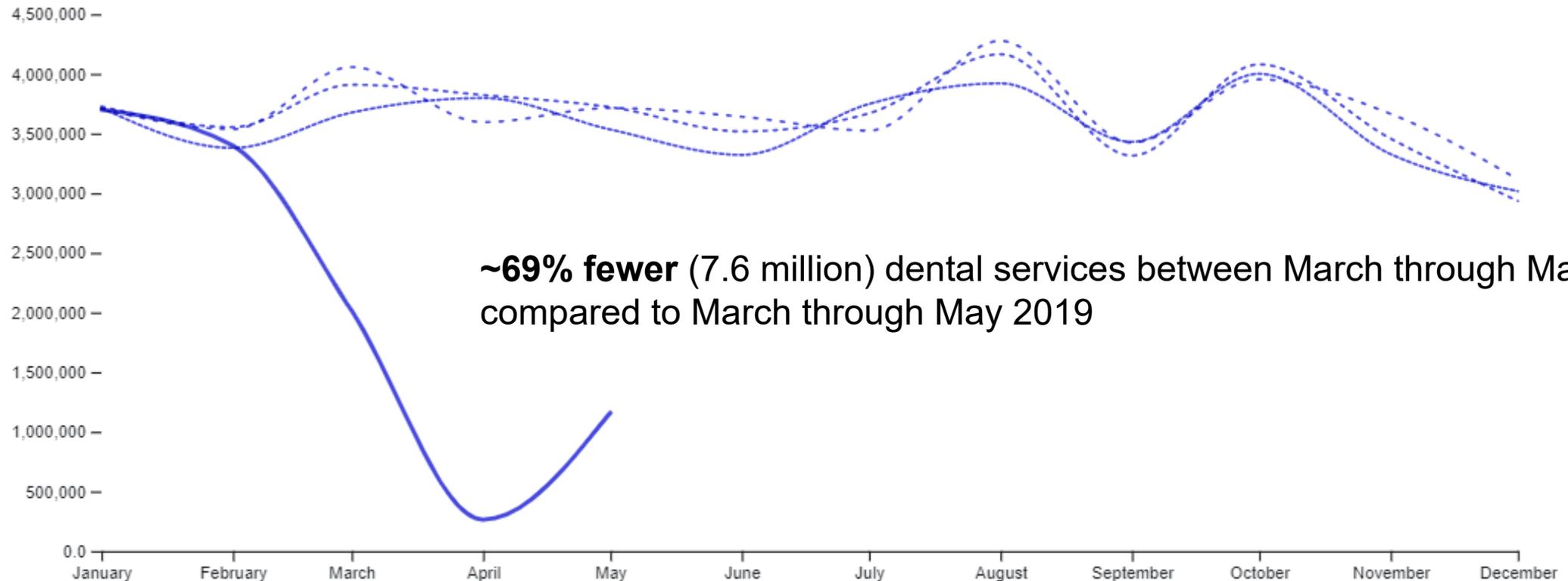
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Preliminary data show the number of dental services for children declined through April, started to rise in May, but are still substantially lower than prior years' rates

Dental service rates among children dropped from nearly 100 services per 1,000 beneficiaries to a low of 7 services per 1,000 beneficiaries in April, back up to 31 screens per 1,000 beneficiaries in May.

Dental services: Any dental service
Years: 2017 ···, 2018 ···, 2019 ···, 2020 —

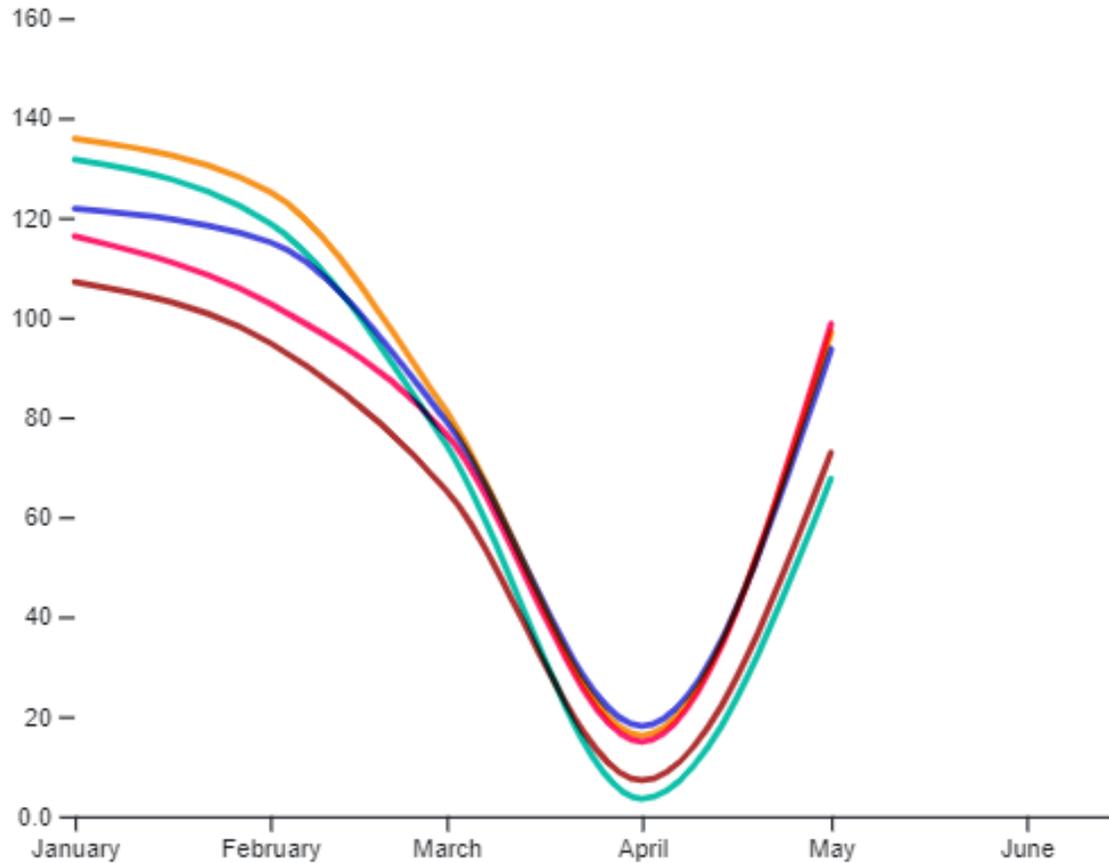
Service use among selected Medicaid and CHIP beneficiaries 18 and under



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

Preliminary data show dental service rates among children declined for all states through April, but there was considerable variation across states in May

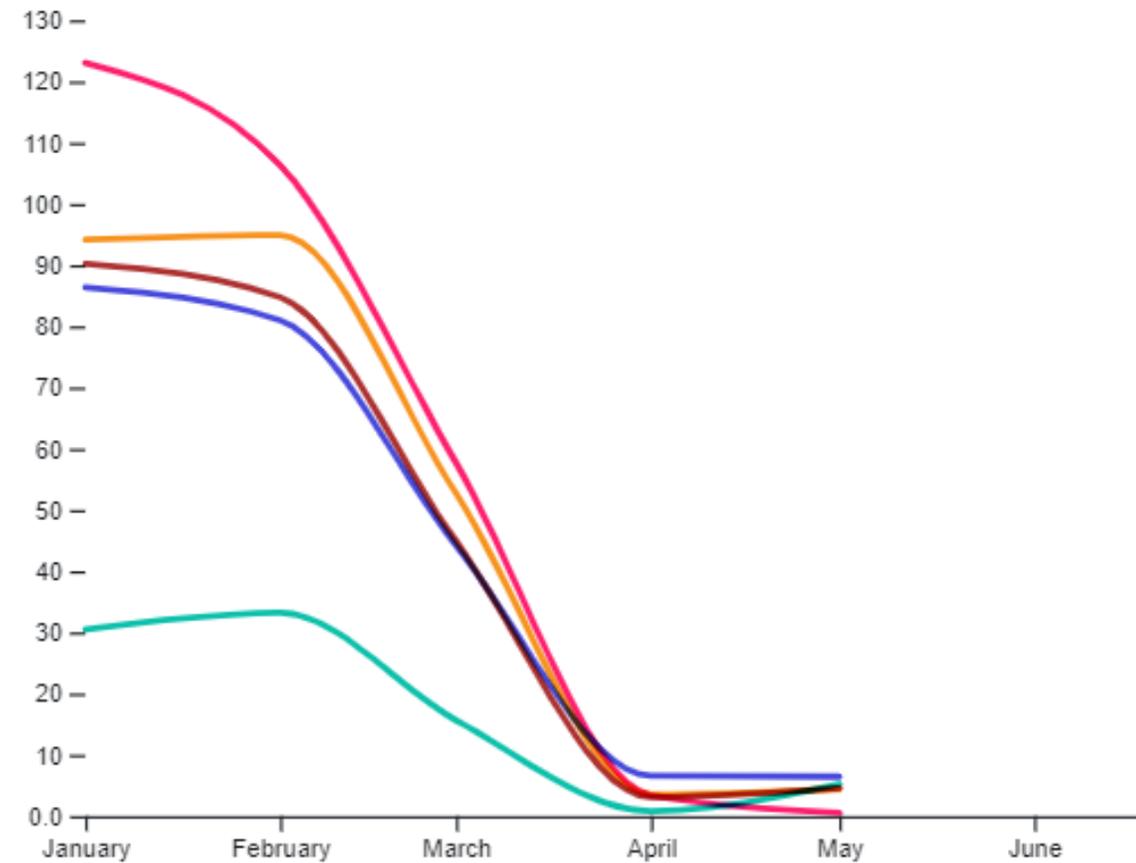
Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



ID, MT, OK, TX, and WY had the highest dental service rates as of May 2020 (data incomplete)

■ Idaho ■ Montana ■ Oklahoma ■ Texas ■ Wyoming

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



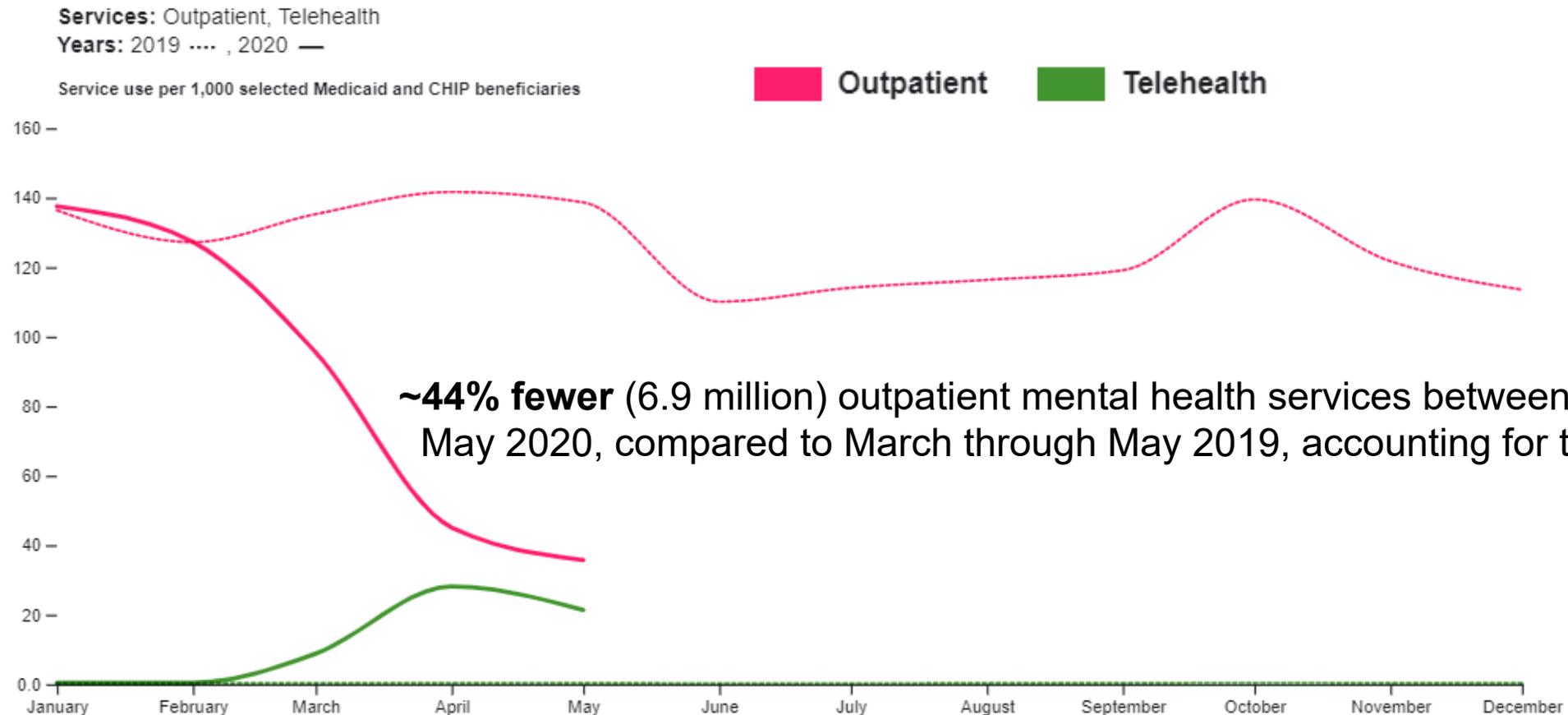
CA, DC, MI, PR, and RI had the lowest dental service rates as of May 2020 (data incomplete)

■ California ■ District of Columbia ■ Michigan ■ Puerto Rico ■ Rhode Island

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Preliminary data show outpatient mental health services for children declined through May. Telehealth increased starting in March, but not enough to offset this decline.

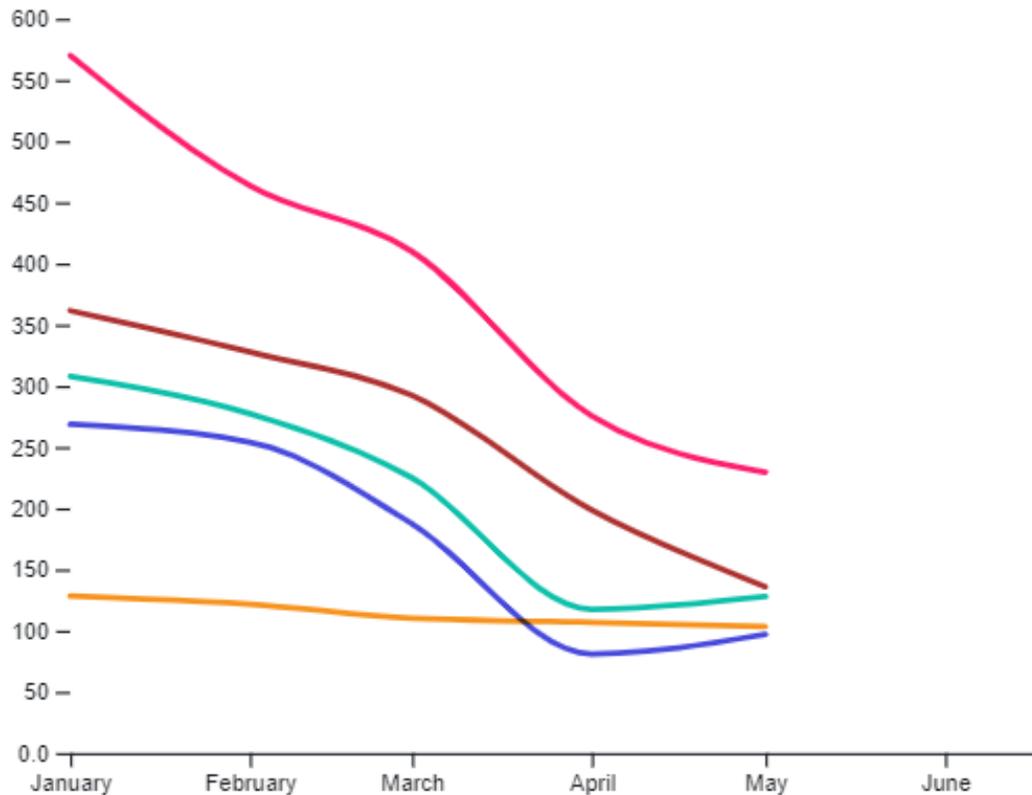
Outpatient mental health service rates among children dropped from nearly 138 services per 1,000 beneficiaries in January 2020 to about 58 services per 1,000 beneficiaries in May 2020, including telehealth visits



~44% fewer (6.9 million) outpatient mental health services between March through May 2020, compared to March through May 2019, accounting for telehealth visits

Preliminary data show outpatient mental health service use among children declined in nearly all states through April, but the rate of decline varied across states

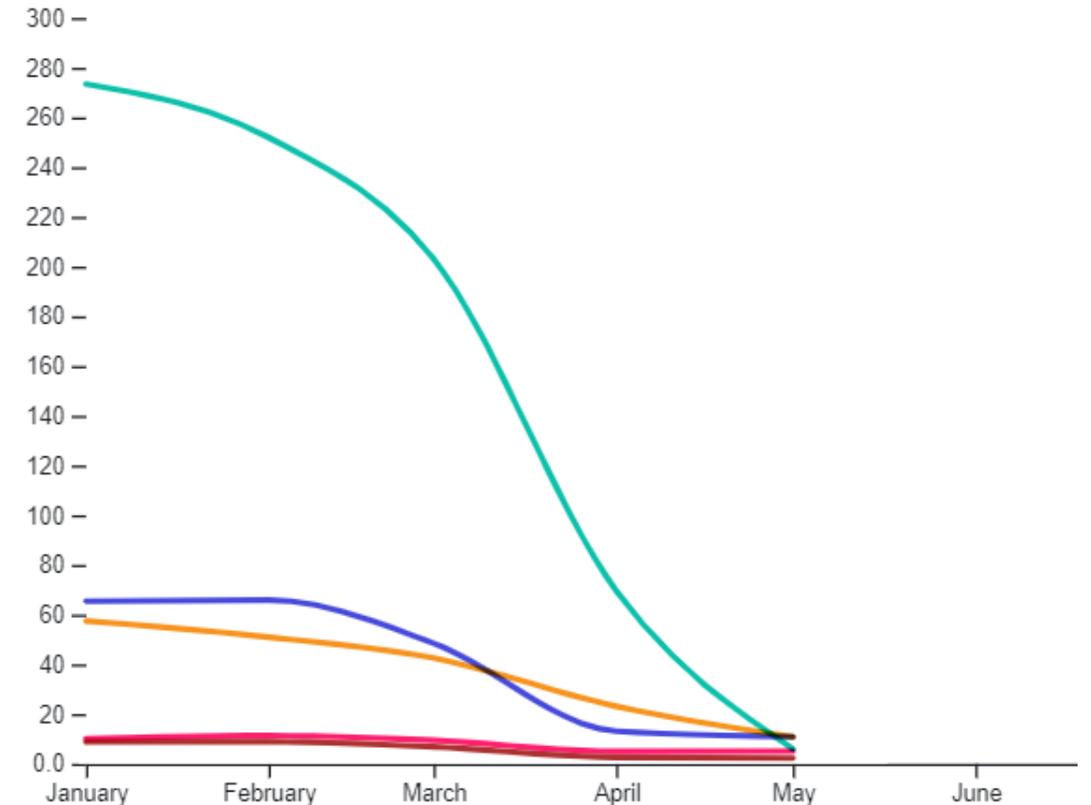
Service use per 1,000 selected Medicaid and CHIP beneficiaries



MT, NJ, OH, OK, and VT had the highest outpatient mental health service rates as of May 2020 (data incomplete)

■ Montana ■ New Jersey ■ Ohio ■ Oklahoma ■ Vermont

Service use per 1,000 selected Medicaid and CHIP beneficiaries



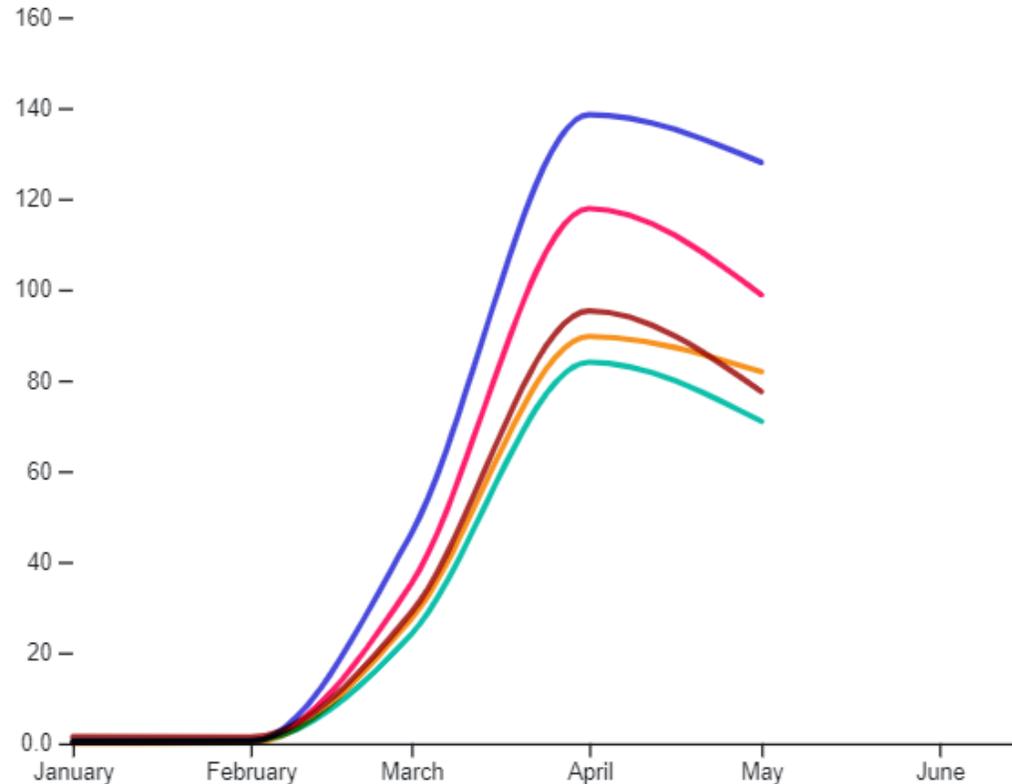
CO, HI, PR, RI and VI had the lowest outpatient mental health service rates as of May 2020 (data incomplete)

■ Colorado ■ Hawaii ■ Puerto Rico ■ Rhode Island ■ Virgin Islands

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Preliminary data show mental health services delivered through telehealth among children spiked in April for some states, and only increased slightly in others

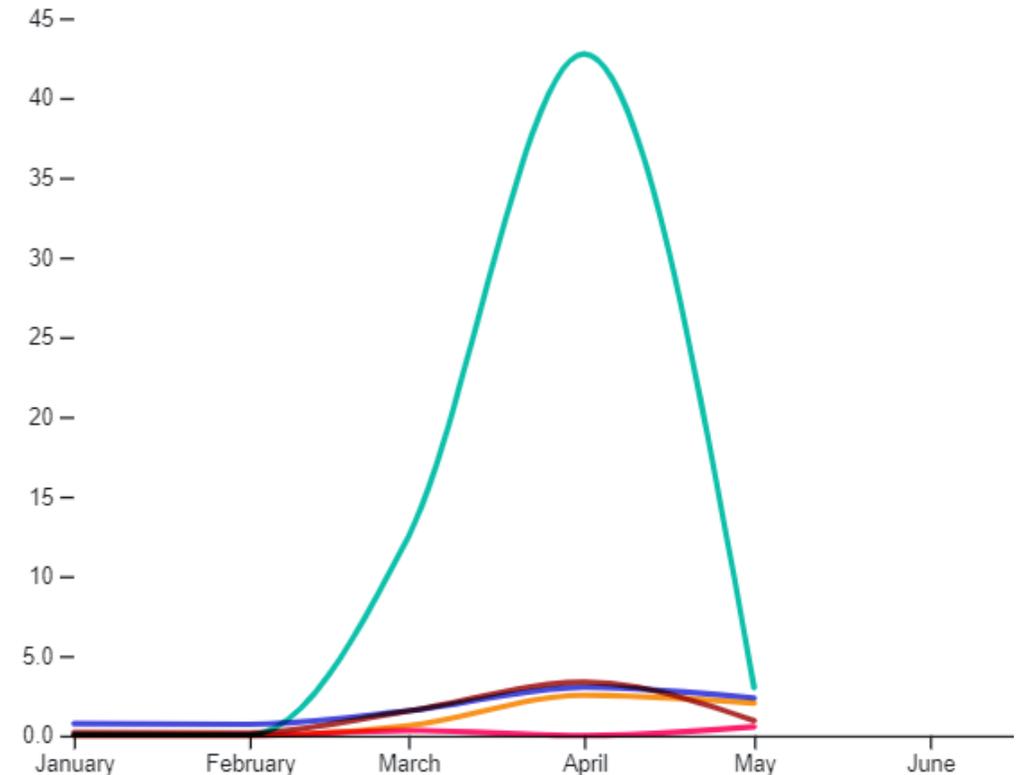
Service use per 1,000 selected Medicaid and CHIP beneficiaries



CT, MD, MN, NE, and NH had the highest rates of mental health services delivered through telehealth as of May 2020 (data incomplete)

Connecticut Maryland Minnesota Nebraska New Hampshire

Service use per 1,000 selected Medicaid and CHIP beneficiaries

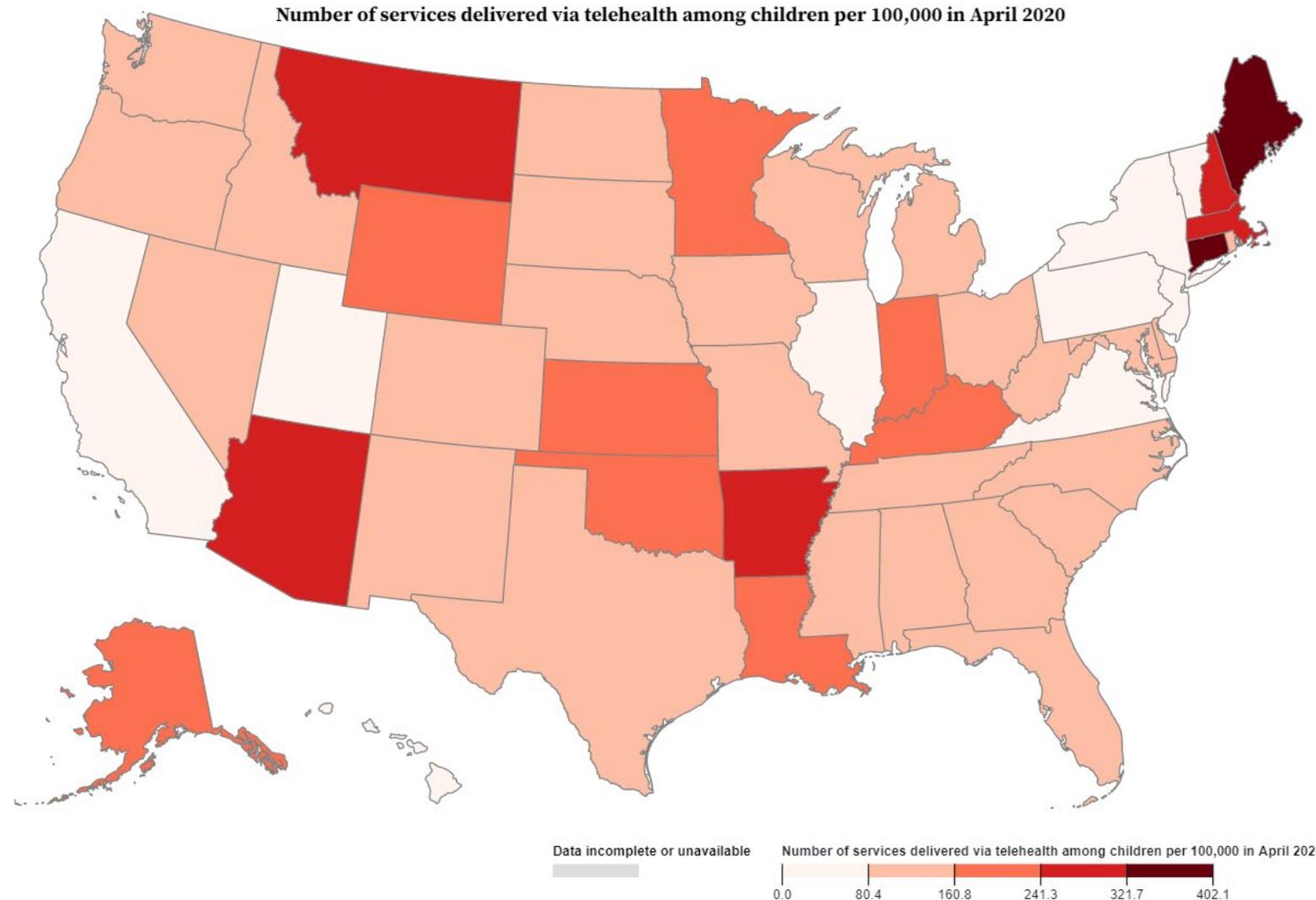


AZ, FL, PA, RI, and VI had the lowest rates of mental health services delivered through telehealth as of May 2020 (data incomplete)

Arizona Florida Pennsylvania Rhode Island Virgin Islands

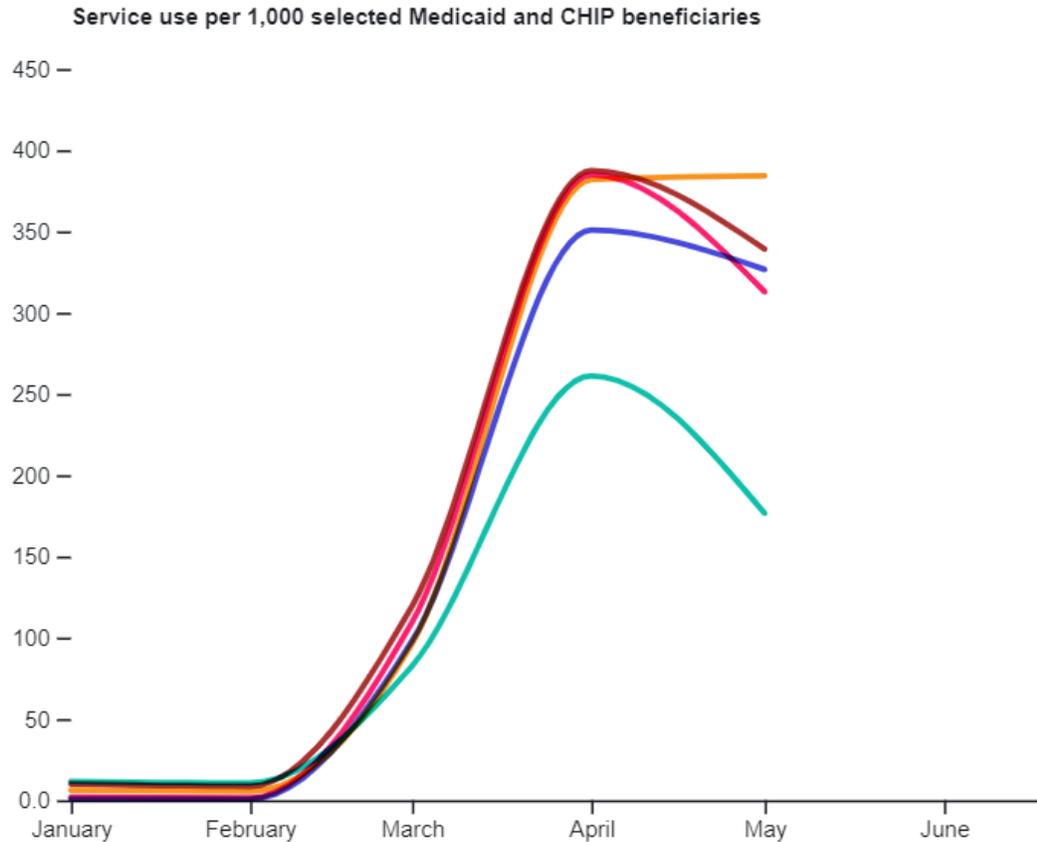
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Preliminary data show delivery of any services via telehealth to children increased by over 2,500% from February to April 2020

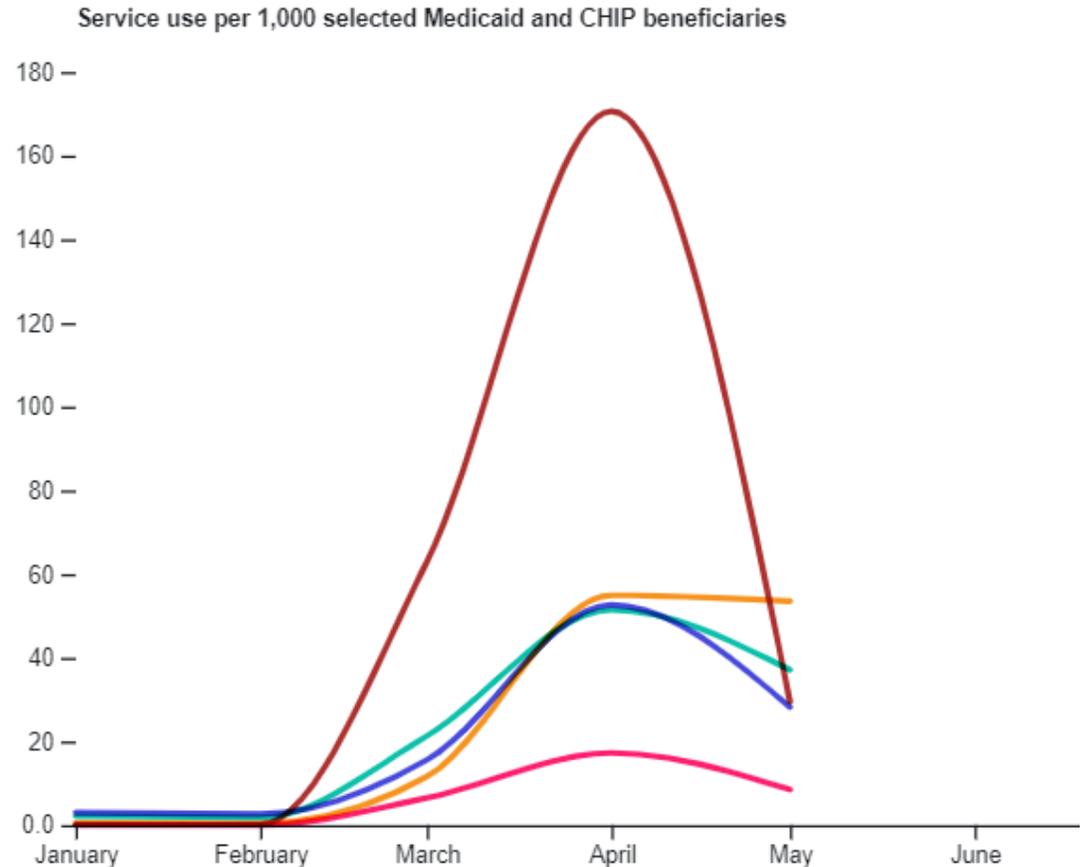


Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. To highlight the rapid increase in telehealth, results are only presented for the month of April. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Preliminary data show delivery of any services through telehealth to children increased across all states in April and decreased in nearly all states in May



CT, DC, ME, MT, and NH had the highest rate of telehealth as of May 2020 (data incomplete)



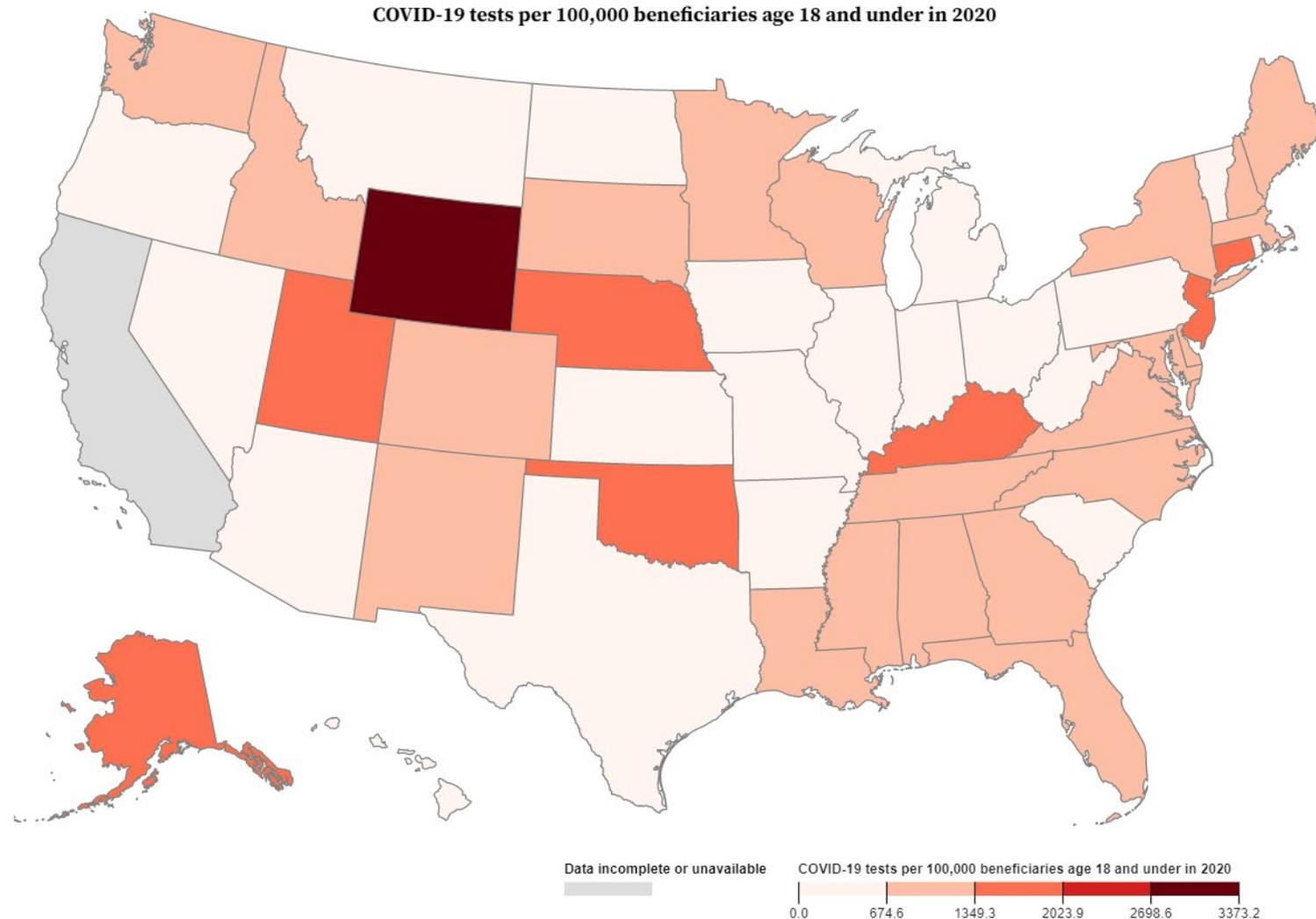
HI, IL, RI, VT, and VI had the lowest rate of telehealth as of May 2020 (data incomplete)

■ Connecticut ■ District of Columbia ■ Maine ■ Montana ■ New Hampshire

■ Hawaii ■ Illinois ■ Rhode Island ■ Vermont ■ Virgin Islands

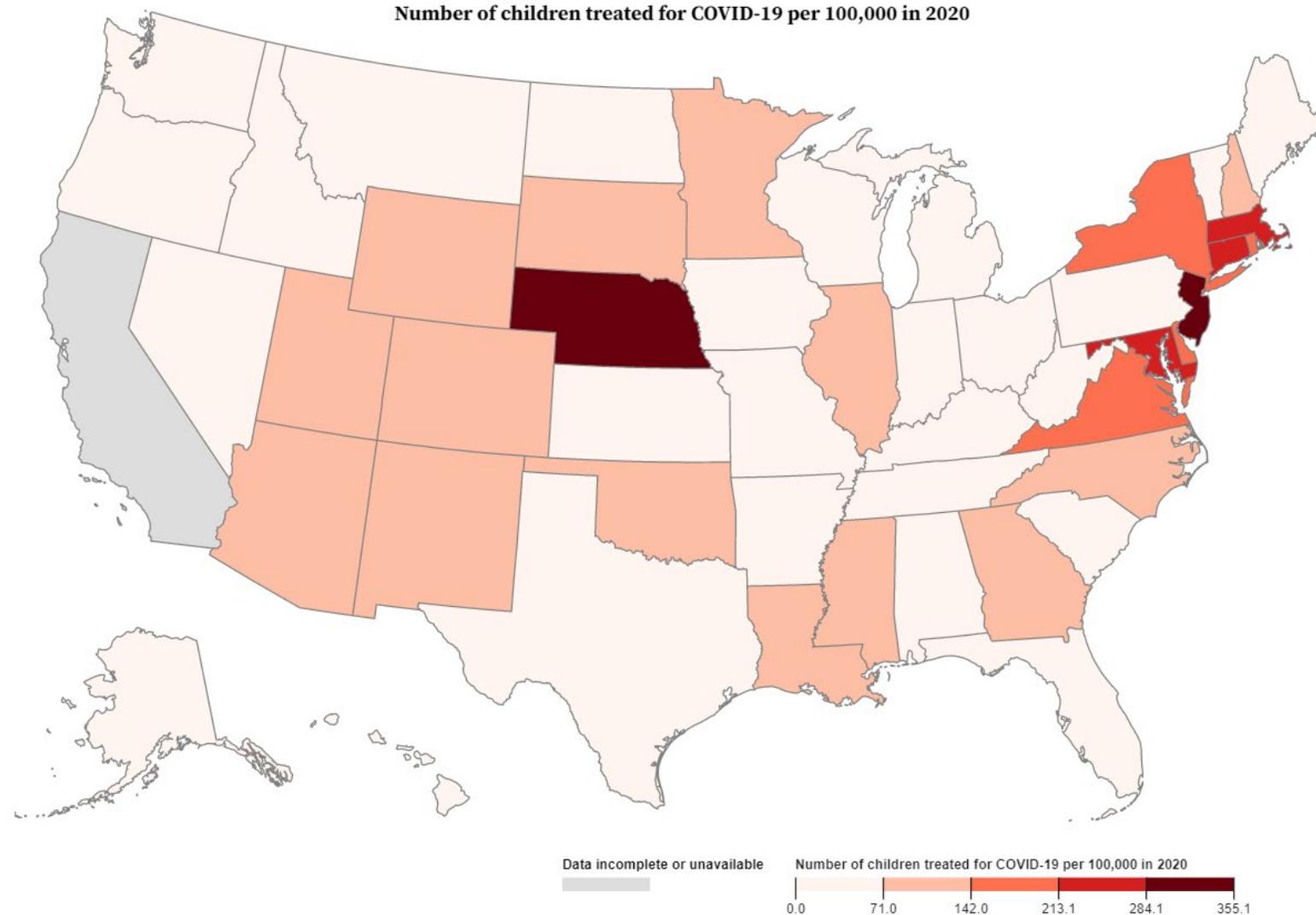
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

More than 250,000 Medicaid and CHIP beneficiaries under age 19 received a test for COVID-19 in 2020



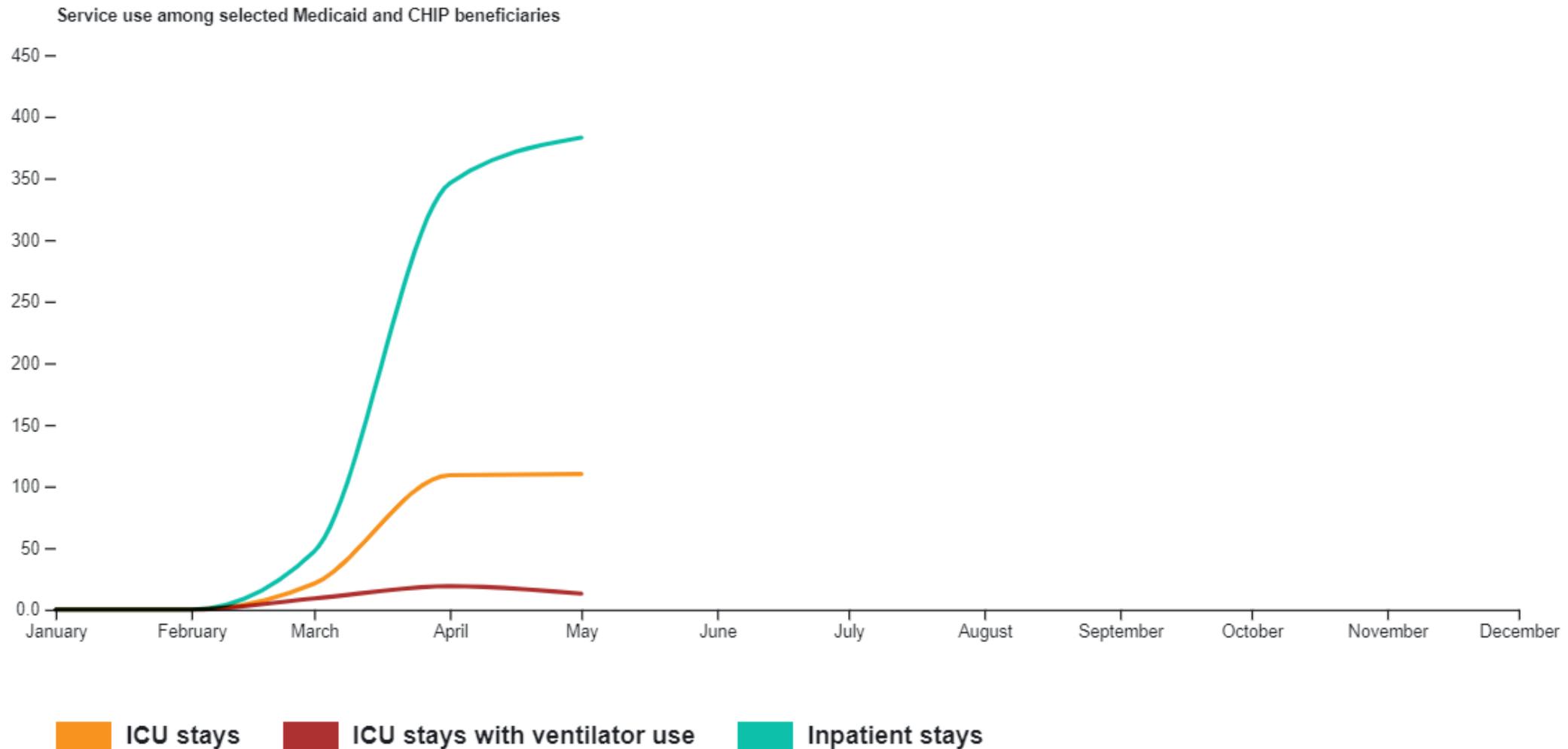
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Results are reflected through June, although users should be aware that June data are still incomplete. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

About 32,000 Medicaid and CHIP beneficiaries under age 19 (<0.1%) received treatment for COVID-19 in 2020



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Results are reflected through June, although users should be aware that June data are still incomplete. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

Fewer than 1,000 of nearly 40 million Medicaid and CHIP beneficiaries under age 19 have been hospitalized for COVID-19



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

Appendix A: State Variation in IP Claims Lag

Claims Lag: You should use caution when interpreting our data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. Historically, 90% of FFS claims across all claims types are submitted within 7 months, while 90% of encounters across all claims types are submitted within 12 months. There is significant variation across states, with some states submitting 90% of all claims within only 4 months, while other states take nearly a year. On average, states need 9 months to submit 95% of all claims.

Percent of Medicaid & CHIP IP claims received by months after service was delivered (based on March 2018 service date)						
Runout Month	1	2	3	4	5	6
Fastest claims submission, IP Claims %						
Connecticut	0	37.3	86.1	92.1	95.6	96.9
Oklahoma	0	30.1	75.8	92.8	95.6	96.9
Iowa	0	21.9	79.8	91.1	94.7	96.3
Alabama	0	21.6	83.2	89.8	92.3	94.5
Longest claims submission, IP Claims %						
Hawaii	0	0.2	16.9	58.8	76.4	82.6
California	0	5.2	34.4	53.3	62.5	68.6
Illinois	0	1.6	10.5	35.3	51.6	62.0
Massachusetts	0	0	5.2	20.3	40.2	50.2

Appendix B: State Variation in OT Claims Lag

Claims Lag: You should use caution when interpreting our data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. Historically, 90% of FFS claims across all claims types are submitted within 7 months, while 90% of encounters across all claims types are submitted within 12 months. There is significant variation across states, with some states submitting 90% of all claims within only 4 months, while other states take nearly a year. On average, states need 9 months to submit 95% of all claims.

Percent of Medicaid & CHIP OT claims received by months after service was delivered (based on March 2018 service date)						
Runout Month	1	2	3	4	5	6
Fastest claims submission, OT Claims %						
Colorado	0	58.0	86.9	91.6	95.1	96.1
Nebraska	0	49.7	83.4	90.9	93.5	94.8
South Dakota	0	40.3	84.6	92.8	95.8	97.0
Arkansas	0	39.1	80.8	87.8	90.4	93.2
Longest claims submission, OT Claims %						
Hawaii	0	5.0	43.8	76.6	85.7	88.3
Illinois	0	4.9	33.2	48.7	60.3	63.3
Missouri	0	2.9	46.4	79.7	86.0	88.2
Puerto Rico	0	1.1	48.2	87.7	95.2	98.5