



Data Overview: Medicaid and CHIP Renewals and Returning to Regular Operations

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Everyone should have the peace of mind that comes with access to affordable, quality health care. The Biden Harris Administration is committed to advancing access to comprehensive health coverage while also lowering health care costs for individuals and families.

States across the country are resuming their regular processes for renewing individuals' Medicaid and Children's Health Insurance Program (CHIP) coverage. While the continuous enrollment condition did not apply to separate CHIPs or the Basic Health Program (BHP), CMS recognizes some states elected to apply certain continuous enrollment policies to their separate CHIP program or BHP such that CMS's unwinding guidance generally also applies to CHIP and BHP. Each state operates its own Medicaid or CHIP program within federal guidelines. As such, each state is taking its own unique approach to the Medicaid CHIP renewal process, including who is up for renewal each month and what flexibilities the state has in place to make it easier for people to renew their coverage.

In a normal year, about 17 million people are disenrolled from Medicaid or CHIP — some because they're no longer eligible, but others because they don't complete the renewal process (for example, they don't return completed renewal paperwork on time, which could be because they never received it). Now, after three years since the beginning of the pandemic, eligibility renewals are underway, making it even more important to help people who are still eligible for Medicaid and CHIP to keep their coverage and help others transition to employer-sponsored coverage, or Marketplace plans.

The Consolidated Appropriations Act, 2023 (CAA, 2023) requires state monthly reporting about activities related to eligibility renewals, call center operations and transitions to Marketplace coverage, from April 1, 2023, through June 30, 2024. CMS is also providing information such as changes in Medicaid, CHIP and Marketplace enrollment; state operational data; and additional renewal metrics. These data show how states are resuming regular eligibility operations following the end of the Medicaid continuous enrollment condition.

The Biden-Harris Administration is deeply concerned about eligible people being disenrolled from health care coverage during the Medicaid and CHIP renewal process and will do everything in our power to keep people in the U.S. enrolled in comprehensive health care coverage, now and into the future.

Historical Health Coverage Changes

Medicaid and CHIP served as essential safety nets for millions of people during the COVID-19 public health emergency. Some people who had Medicaid or CHIP coverage at some point between 2020 and 2023 have already gained another source of coverage, such as coverage offered through their employer. For many others, the Administration is working to help them renew their Medicaid or CHIP coverage if they are eligible, and if not, help them to enroll in another source of affordable coverage.

Table 1 below shows the broader picture of where people in the U.S. got their health coverage both before the continuous enrollment condition took effect and before it ended. Note that a significant share of these individuals is counted in more than one category – for example, in February 2023, more than 12 million people had both Medicaid and Medicare coverage, and, in 2021, 15% of Medicaid enrollees ages 19-64 also had employer-sponsored coverage (where Medicaid is the payer of last resort).¹

CMS will work to update these data to share a complete picture of coverage changes when the data are available. Note that for some data sources, there is a lag of several months.

Table 1. U.S. Health Coverage: February 2020 and February 2023 (Numbers in the millions)

	February 2020	February 2023
US Total Population	329	334
Enrolled in Medicaid and CHIP	71	93
Enrolled in Marketplace	11	16
Medicare	62	66
Dual Enrollment	11*	12**
Employer Sponsored Coverage	179	178
Uninsured	32	27

*Annual total enrollment (full and partial dual enrollment)

**2021 annual enrollment (full and partial dual enrollment)

Note: Totals may not sum exactly due to rounding and multiple forms of coverage. Analysis completed by the Assistant Secretary for Planning and Evaluation.

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

<https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-total.html>

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

<https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>

<https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/cms-program-statistics-medicare-medicaid-dual-enrollment>

As noted above, before the continuous enrollment condition took effect, people frequently transitioned coverage. In a normal year, about 17 million people are disenrolled from Medicaid or CHIP.

¹ Lee, Aiden *et. al.*, "Medicaid Enrollees Who are Employed: Implications for Unwinding the Medicaid Continuous Enrollment Provision," U.S. Department of Health and Human Services, es, Assistant Secretary for Planning and Evaluation," April 2023, <https://aspe.hhs.gov/sites/default/files/documents/779b6ef3fbb6b644cdf859e4cb0cedc6/medicaid-esi-unwinding.pdf>.

Table 2 below provides an overview of where people leaving Medicaid and CHIP sought coverage in 2018 and 2019.² This helps inform CMS and state efforts to help people transitioning out of Medicaid or CHIP coverage to new coverage and serves as a baseline to understand how current efforts will compare to historic trends.

Table 2. What Happened to People Who Left Medicaid and CHIP in HealthCare.gov States: Jan 2018 - Dec 2019

Returned to Medicaid/CHIP Same State	29%
Returned to Medicaid/CHIP Different State	8%
Transitioned to Medicare	7%
Transitioned to Marketplace	4%
Died	6%
Other (e.g., Employer Coverage, Uninsured)	49%

Notes: Excludes NV, which transitioned to a state-based Marketplace in 2020.

These enrollment counts include Medicaid and CHIP beneficiaries with full and partial benefits, as well as those dually eligible for Medicaid and Medicare. Transitions are limited to those that occurred within 12 months after the Medicaid/CHIP coverage loss date.

Percentages will not sum to 100%; beneficiaries can transition to multiple forms of coverage. For consumers with more than one Medicaid/CHIP leaving event from January 2018 - December 2019, the latest event is used.

CMS Data Release Timeline

CMS expects to release data on a monthly basis, with monthly releases expected to continue until all data are reported for months through June 2024. Full data on individuals who are transitioning from Medicaid and CHIP to Marketplace coverage is expected to be available beginning in fall 2023.

To produce each monthly report CMS will consolidate data from multiple data sources across the agency. Given differences in availability of data across data sources, CMS will release each month's data in two releases. The first release will reflect renewal outcomes, call center operations, and initial transitions to Marketplace coverage. The second release will focus on transitions of coverage for people who left Medicaid or CHIP in HealthCare.gov states and will follow two months after the initial release.

² This data is only from states with Marketplaces that use the HealthCare.gov platform, as opposed to a state-based Marketplace that uses its own platform.