Fact Sheet: Medicaid and CHIP COVID-19 Summary

Overview

To monitor the impact of the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) conducted extensive data analysis using the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) and is releasing a comprehensive overview of the PHE's impact on Medicaid and CHIP beneficiaries. Specifically, CMS is releasing data that looks at:

- COVID-19 treatment and outcomes (**new release**),
- Service use among Medicaid & CHIP beneficiaries age 18 and under (**update to prior release**),
- Services delivered via telehealth among Medicaid and CHIP beneficiaries (**update to prior release**), and
- Services for mental health and substance use disorders (SUDs) among Medicaid & CHIP beneficiaries (**new release**).

These analyses are essential to increasing our understanding of COVID-19's impacts, as Medicaid and CHIP covered over 95 million Americans for at least one day in 2020, including children, pregnant women, parents, seniors, and individuals with disabilities, among other groups. Within these beneficiary populations, it is particularly important to note that Medicaid and CHIP cover nearly 41.5 million children, including many living in poverty[1] or with a special health care need that requires health services,[2] and are the largest payers for behavioral health services in the United States.[3]

The preliminary findings show that more than 733,000 beneficiaries have received treatment for COVID-19, with nearly 80,000 hospitalizations. Further, the secondary impacts of COVID-19 on service utilization have been significant. For children, although some data suggest that children may have less severe illness from COVID-19 compared to adults, their service utilization across many key domains, such as primary, preventive, dental and mental health services, has dropped over the past few months. Although utilization rates are rebounding in many key areas and across the majority of states, millions of services still need to be delivered to make up for those missed between March and July 2020. For service delivery, there has been a notable increase in the number of services delivered via telehealth compared to prior years, with a peak in April and a gradual decline since. For beneficiaries with mental health or substance use disorders, service utilization dropped substantially in April and has continued to decline in nearly all states.

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[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/

[3] Nardone, M., Snyder, S., and Paradise, J. "Integrating Physical and Behavioral Health Care: Promising Medicaid Models." Menlo Park, CA: The Kaiser Commission on Medicaid and the Uninsured, 2014. Available at https://www.kff.org/wp-content/uploads/2014/02/8553-integrating-physical-and-behavioral-health-care-promising-medicaid-models.pdf.

Compared to prior years' rates, there is a notable gap in services for mental health conditions and SUDs.

Taken together, CMS's release of COVID-19 data is a major step toward sharing timely data on some of the nation's largest and most important health coverage programs. These results are essential for ensuring not only robust monitoring and oversight of Medicaid and CHIP, but also highlighting the distinct result COVID-19 has had on children's service utilization, telehealth utilization, and services for mental health and substance use disorders. By using these results, CMS, states, and other key stakeholders can help drive better health outcomes for some of our nation's most vulnerable beneficiaries.

Findings

COVID-19 testing, treatment and outcomes: The results demonstrate distinct results for each thematic domain. For COVID-19 treatment and outcomes, over 730,000 beneficiaries have received treatment, and nearly 80,000 Medicaid and CHIP beneficiaries have been hospitalized through the end of July 2020.

Service utilization among Medicaid & CHIP beneficiaries age 18 and under: There has been a decline in service use among this population across a number of key domains. When compared to data from the same time period in 2019 (March through July 2019), preliminary data for 2020 shows 1.5 million (12%) fewer vaccinations for beneficiaries up to age two, 3.7 million (29%) fewer child screening services, 8.4 million (35%) fewer outpatient mental health services even after accounting for increased telehealth services, and 9.1 million (50%) fewer dental services. Although rates across many domains are starting to rebound, millions of services still need to be delivered to make up for those missed between March and July. However, there is considerable state variation in service use rates, with some states returning to or surpassing February 2020 levels of care by June 2020.

Services delivered via telehealth: The results demonstrate that the number of services delivered via telehealth surged during the PHE, with more than 46.8 million services delivered via telehealth occurring between March and July 2020. This represents an increase of more than 2,800% compared to the same period from 2019. Generally speaking, telehealth utilization increased through April, then began to decline through July, although levels remained substantially higher than prior year levels. Increases were largest among adults ages 19-64, followed by children age 18 and under. Telehealth utilization levels paid by Medicaid and CHIP were lowest for ages 65 and older, but the results may not reflect this group's total telehealth utilization, as many of these beneficiaries are likely dually eligible for both Medicaid and Medicare. Therefore, Medicare may have paid for additional services delivered via telehealth that are not reflected in these results. There appears to be substantial variation across states in the number of services delivered via telehealth.

Services for mental health and substance use disorders among Medicaid & CHIP beneficiaries: There has been a significant decline in service use since April 2020, with declines continuing through July in nearly all states. When compared to data from the same time period from 2019 (March through July 2019), preliminary data for 2020 shows 7.8 million (25%) fewer outpatient mental health services for adults age 19 to 64 even after accounting for increased telehealth services and 2.9 million (17%) fewer SUD services. Although there is significant variance across states, service utilization rates across both domains appear to be continuing to decline across the

majority of states even though preliminary evidence suggests there has been an increase in the number of adults reporting adverse mental or behavioral health conditions during the COVID-19 PHE.[4]

For each set of the results, the estimates reflect outcomes that are covered by Medicaid and CHIP. Services covered by other insurance programs, such as Medicare, are not included in these results. Given that there is a sizable population enrolled in both Medicare and Medicaid, with 12.3 million dually eligible beneficiaries in 2019,[5] the results are unlikely to reflect the full scope of COVID-19 related treatments for dually eligible beneficiaries, as Medicare pays first for Medicare-covered services that are also covered by Medicaid because Medicaid is generally the payer of last resort.[6] For more information about COVID-19 related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to CMS' Medicare COVID-19 Data Snapshot.

Data Sources & Definitions

Medicaid and CHIP providers, managed care agencies, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those state agencies subsequently submit the data to CMS on a monthly basis via T-MSIS, a uniform, national data system for Medicaid and CHIP. Because T-MSIS submissions are difficult to analyze due to their large size and complex relational structure, CMS developed the research-optimized TAF to facilitate the analysis of Medicaid and CHIP data. Additional information about TAF can be found here. This data snapshot utilizes the 2020 TAF to monitor ongoing outcomes related to COVID-19, including measures of Medicaid and CHIP enrollment, COVID-related treatment, and service use. Due to claims submission lags related to state processing and submission via T-MSIS, this analysis primarily focuses on service utilization and health outcomes through the end of July 2020.

CMS measured enrollment, foregone care, and COVID-related treatment using the following logic:

> **Enrollment:** This analysis includes records for every beneficiary who has any Medicaid or CHIP enrollment record in a given month, regardless of the scope of their benefits.
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> **Vaccinations:** Vaccinations are identified by Current Procedural Terminology (CPT) codes. The vaccines included in this analysis are DTaP, Polio, MMR, Hepatitis B, Hib, Pneumococcal conjugate, Chickenpox, Hepatitis A, and Rotavirus.

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[4] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon

[5] Centers for Medicare and Medicaid Services. Medicare-Medicaid Coordination Office. "Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2019." Available at: https://www.cms.gov/files/document/medicaremedicaiddualenrollmenteverenrolledtrendsdatabrief.pdf

[6] Centers for Medicare and Medicaid Services. Medicare-Medicaid Coordination Office. "Dually Eligible Individuals – Categories." Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf

Child screening services: Child screenings are identified by two types of codes in claims. The first type is CPT codes that are specific to visits by new or established patients (99381-99385 or 99391-99395) and to initial hospital or birth center care for newborns (99460, 99461, 99463). The second type is general CPT codes for new (99202–99205) or established (99213–99215) patients along with a diagnosis code indicating that the service was provided to a child younger than 19 (e.g., Z00.110 Health examination for newborn under 8 days old).

Dental Services: Dental services are defined on the basis of the Current Dental Terminology (CDT) and CPT code groups from standard annual reporting of the states' participation in the Early and Periodic Screening, Diagnostic and Treatment program (CMS-416).

Mental health services: Mental health services are identified by claims in which the diagnosis is a mental health condition. In addition to diagnosis, the services are grouped on the claim by type: inpatient, intensive outpatient/partial hospitalization, outpatient, emergency department, and telehealth.

Substance Use Disorder services: Substance use disorder services are identified by claims in which the diagnosis is a substance use disorder. In addition to diagnosis, the services are grouped on the claim by type: inpatient, intensive outpatient/partial hospitalization, outpatient, emergency department, and telehealth.

Telehealth: Telehealth is identified through a combination of procedure codes and procedure code modifiers.

COVID testing services: All COVID-19 testing services are grouped into three categories: diagnostic testing, antibody testing, and specimen collection. Diagnostic testing indicates whether an individual has COVID-19. Antibody testing is designed to detect antibodies produced in response to being previously exposed to COVID-19. Specimen collection is the process of obtaining the samples that are necessary to test for COVID-19. Diagnostic testing is identified via Healthcare Common Procedural Coding System (HCPCS) codes U0001, U0002, U0003, and U004 and CPT code 87635. Antibody testing is identified via CPT codes 86328 and 86769. Specimen collection is identified via HCPCS codes G2023 and G2024.

COVID-19 treatment: 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.

Key Considerations

Readers should use caution when interpreting these results as CMS collects Medicaid and CHIP data for programmatic purposes only, not for public health surveillance. Given the complex process of states collecting, processing, and transmitting claims via T-MSIS, it can take nearly 7 months for CMS to receive 90% of claims. Therefore, this delay between when a service occurs and when it is reflected in TAF, or the "claims lag," may impact the accuracy of the results. The length of the lag depends on the submitting state, claim type, and delivery system. It is possible that there is a longer claims lag due to the pandemic. Further, in addition to claims lag, states vary widely in terms of the completeness and accuracy of their T-MSIS data submissions. Additional information about state data quality can be found here and here.

Next Steps

CMS is committed to working with our state partners to help close these gaps in Medicaid and CHIP children's healthcare and treatment for behavioral health conditions for all population, and we will continue to monitor both the direct and indirect impacts of COVID-19 on the Medicaid and CHIP populations using TAF data.