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# Recent Trends in Medicaid and CHIP Enrollment as of January 2015: Early Findings from the CMS Performance Indicator Project

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# INTRODUCTION

This brief provides an overview of recent trends in Medicaid and CHIP enrollment as of January 2015, based on data from the Centers for Medicare and Medicaid Services (CMS) produced as part of its <a href="Performance">Performance</a> <a href="Indicator Project">Indicator Project</a>. (All available months of data are available here: <a href="Indicator Project">Total enrollment</a>, <a href="Child enrollment">Child enrollment</a>.) The Performance Indicator Project provides new timely data on Medicaid and CHIP eligibility and enrollment that are intended to help strengthen data-driven program management and oversight efforts at both the national and state level. They also provide insight into Medicaid and CHIP eligibility and enrollment experiences as the ACA is implemented. In sum, the data show:

As of January 2015, 70.0 million people were enrolled in Medicaid or CHIP. Nearly two-thirds of enrollees resided in states that have implemented the ACA Medicaid expansion.

Between Summer 2013 and January 2015, there was a net increase of nearly 11.2 million people enrolled in Medicaid and CHIP among the 49 states reporting data for both periods. Most of this growth was in large states in the West that implemented the Medicaid expansion.

States that expanded Medicaid experienced significantly greater net Medicaid and CHIP enrollment growth between Summer 2013 and January 2015 than states that have not expanded. Nationally, total Medicaid and CHIP enrollment grew by 19% between Summer 2013 and January 2015. States that implemented the Medicaid expansion experienced over three times greater enrollment growth compared to states where the Medicaid expansion is not in effect (26% vs. 8%).

Children account for a greater share of total Medicaid and CHIP enrollment in nearly all states that have not expanded Medicaid compared to states that have expanded. Reflecting higher eligibility levels for children, children accounted for a greater share of total Medicaid and CHIP enrollees in non-expansion states compared to states that have implemented the expansion to adults. (71% vs. 43%)

# **DATA OVERVIEW**

At the end of 2013, CMS implemented a new eligibility and enrollment Performance Indicator Project for state Medicaid and CHIP programs, establishing 12 Medicaid and CHIP eligibility and enrollment performance indicators for states to report (see <u>Appendix A</u>). States currently have varying ability to report the metrics and there remain some data gaps and inconsistencies as states transition to the new reporting process.

To date, CMS has reported a limited set of the indicators, including the number of submitted applications, the number of eligibility determinations made at application for Medicaid and CHIP, total Medicaid and CHIP enrollment, and enrollment of children in Medicaid and CHIP. Medicaid and CHIP total monthly enrollment data have been reported for the period between February 2014 and January 2015. In addition, average monthly data for Summer 2013 are provided as a comparison point prior to the ACA major coverage expansions. Child enrollment data are only reported for January 2014 forward.

The trends in Medicaid and CHIP enrollment since Summery 2013 reflect a combination of factors including state Medicaid expansion decisions, the Marketplace enrollment periods, and broader factors such as the economic environment. As of March 2015, 29 states, including DC, have adopted the Medicaid expansion for low-income adults. In most of these states, coverage under the expansion went into effect January 1, 2014, although coverage went into effect at later dates in four states – Michigan (April 1, 2014,) New Hampshire (August 15, 2014,) Pennsylvania (January 1, 2015) and Indiana (February 1, 2015). Eligibility for parents remains very limited in most states that have not expanded and adults without dependent children are not eligible for coverage in all but one non-expansion state.

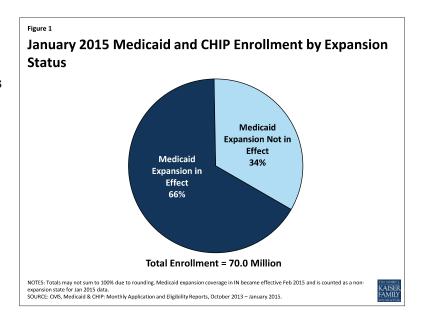
While Medicaid enrollment is open year-round, the Marketplace open enrollment periods also likely affect enrollment trends in Medicaid and CHIP since outreach and enrollment efforts associated with Marketplace coverage often reach individuals eligible for Medicaid and CHIP. The first open enrollment for Marketplace coverage began October 2013 and ended March 31, 2014, though a number of states and the Federally-facilitated Marketplace (FFM) extended the open enrollment period through mid-April. The second open enrollment period for Marketplace coverage began in November 2014 and ran through February 22, 2015, with an extended special enrollment period in the FFM and some states for some individuals.<sup>2</sup>

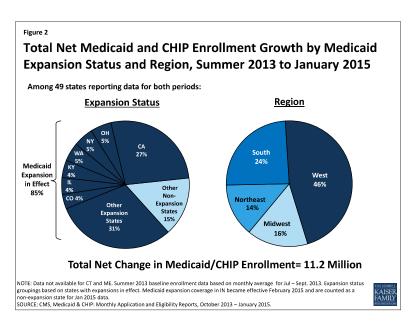
CMS plans to continue to expand the scope of eligibility and enrollment indicators reported as data quality and consistency across states improves. The full set of data will provide greater insight into individuals' preferred modes of application, the overall volume of traffic to Medicaid and CHIP eligibility and enrollment systems, application processing efficiency, call center operations, and the outcomes of Medicaid and CHIP applications. The data will not provide information on the number of newly eligible adults enrolled through the ACA Medicaid expansion. States are reporting such data as part of the revised CMS federal match claiming forms (CMS-64 forms), where, for the first time, states must report enrollment data, including counts of newly eligible adults. Initial data based on the revised CMS-64 reports have been reported for the first quarter of 2014. (See "An Overview of New CMS Data on the Number of Adults Enrolled in the Medicaid Expansion.") However the data available to date through this reporting are preliminary and do not include data from several key states, including California.

# **KEY FINDINGS**

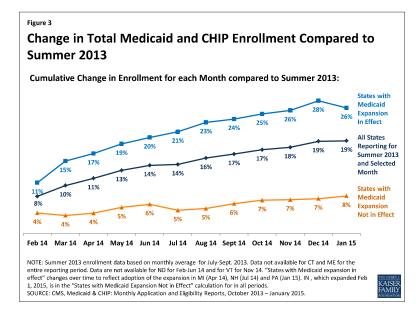
As of the end of January 2015, 70.0 million people were enrolled in and receiving full-benefit Medicaid or CHIPcoverage nationwide. Nearly two-thirds (46.4 million of the 70.0 million) of all Medicaid and CHIP enrollees resided in states that have implemented the Medicaid expansion (Figure 1). The CMS reports also show total enrollment by state for the period between Summer 2013 and January 2015. (See Appendix Table B for state tables on enrollment.) Changes in total enrollment over this period reflect varied factors including both net gains in enrollment and changes in the number of states reporting data.<sup>3</sup>

Between Summer 2013 and January 2015, there was a net increase of nearly11.2 million people enrolled in Medicaid and CHIP among the 49 states reporting data for both periods. Most of this growth was in large states that implemented the Medicaid expansion (Figure 2). Overall, 85% of the net enrollment growth occurred in expansion states, and 46% was in the West, reflecting sizeable enrollment gains in large western states like California. Over half (54%) of the 11.2 million net increase is attributable to growth in seven expansion states (CA,OH, NY, WA, KY, IL, and CO), with California accounting for 27% of the overall net growth.

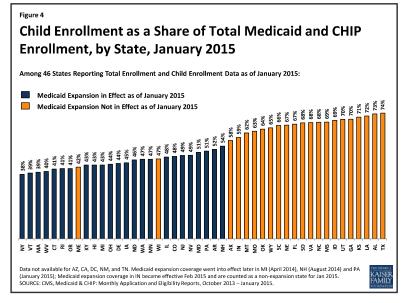




States that expanded Medicaid have experienced significantly greater net
Medicaid and CHIP enrollment growth since prior to the beginning of open enrollment than states that have not expanded. Nationally, total Medicaid and CHIP enrollment grew by 19% between Summer 2013 and January 2015. Growth was over three times higher (26%) in states that implemented the expansion compared to states where the Medicaid expansion is not in effect (8%) (Figure 3). These growth rates may not match other enrollment reports produced by states due to differences in the timing or structure of reporting.<sup>4</sup>



As would be expected, children account for a greater share of total Medicaid and CHIP enrollment in nearly all states that have not expanded Medicaid compared to states that have expanded. Among the 46 states reporting data for child and total enrollment as of January 2015, children made up just over half (54%) of total Medicaid and CHIP enrollment. They accounted for over two-thirds of total enrollment (71%) in states that have not expanded Medicaid compared to well under half (43%) among the states that have expanded and enrolled many new adults (Figure 4). The pattern is reflective of the fact that children's eligibility



levels are higher than those for adults in states that have not expanded Medicaid, and that outreach and enrollment efforts associated with the ACA likely contributed to enrollment gains among already eligible children. Between January 2014 (the earliest data reported) and January 2015, child enrollment increased by 1.2 million or 5% across the 36 states reporting data for both periods. More insights will be available as the quality and completeness of the child enrollment data improve over time.

### CONCLUSION

The CMS Performance Indicator Project data released to date provide timely insights into state eligibility and enrollment experiences as the ACA is implemented. Together the data show that there has been notable net growth in Medicaid and CHIP enrollment since the major ACA coverage expansion went into effect, and states that have expanded Medicaid have experienced significantly greater growth compared to non-expansion states. Reflecting higher eligibility levels for children, children make up a greater share of total Medicaid and CHIP enrollees in non-expansion states compared to states that have expanded to adults. As a broader set of

performance data is reported over time, the data will provide greater understanding of state Medicaid and CHIP eligibility and enrollment experiences, although they will not provide information on the number of newly eligible adults enrolled through the ACA Medicaid expansion. The performance data will complement other data initiatives at the federal level as well as additional reporting at the state level to provide more comprehensive and timely information on Medicaid and CHIP eligibility and enrollment that can support data-driven quality-improvement efforts and overall program management and oversight efforts at both the national and state level.

# APPENDIX A: MEDICAID AND CHIP ELIGIBILITY AND PERFORMANCE INDICATORS

# Applications, Transfers, and Renewals

- 1. Total Number of Medicaid and CHIP Applications Received in Previous Week
- 2. Total Number of Medicaid and CHIP Applications Received in Previous Month
- 3. Total Number of Medicaid and CHIP Applications Received through Transfers from Marketplace
- 4. Total Number of Accounts up for Renewal

### **Determinations**

- 5. Total Number of Individuals Determined Eligible for Medicaid or CHIP
- 6. Total Number of Individuals Determined Ineligible for Medicaid or CHIP

# **Efficiency of Application Processing**

- 7. Processing Time for Eligibility Determinations
- 8. Total Number of Applications and Redeterminations Pending a Determination

### **Enrollment**

9. Total Enrollment

### **Call Center Operations**

- 10. Total Call Center Volume
- 11. Average Caller Wait Time
- 12. Rate of Abandoned Calls

# APPENDIX B: CMS ENROLLMENT DATA BY STATE

- Аррепиіх І	able 1: Total Medicaid ar	•	nent, Summer 20	
State	Implementing Medicaid Expansion?	Monthly Average July - Sept. 2013	January 2015	Percent Change, Summer 2013 and January 2015
Inited States		57,807,872	69,975,289	19%
labama	N	799,176	873,954	9%
laska	N	122,334	121,867	0%
Arizona	Υ	1,201,770	1,482,316	23%
Arkansas	Υ	556,851	824,529	48%
California	Υ	9,157,000	12,170,138	33%
Colorado	Υ	783,420	1,195,042	53%
Connecticut	Υ	NR	733,590	NR
Delaware	Υ	223,324	235,775	6%
District of Columbia	Υ	235,786	256,383	9%
- lorida	N	3,104,996	3,404,156	10%
Georgia	N	1,535,090	1,724,033	12%
Hawaii	Y	288,357	314,503	9%
daho	N	251,926	288,402	14%
llinois	Y	2,626,943	3,101,946	18%
ndiana	Y - February 2015	1,120,674	1,198,066	7%
owa	Y	493,515	512,533	4%
(ansas	N	378,160	404,608	7%
Centucky	Y	606,805	1,099,327	81%
ouisiana	N	1,019,787	1,053,090	3%
Maine	N	NR	282,359	NR
Maryland	Y	856,297	1,152,248	35%
Massachusetts	Y	1,296,359	1,619,824	25%
Michigan	Y - April 2014	1,912,009	2,233,070	17%
Minnesota	Υ - ΑΡΙΙΙ 2014	873,040	1,037,554	19%
	N	637,229		12%
Mississippi			711,782	2%
Missouri	N	846,084	863,651	
Montana	N	148,974	165,604	11%
Nebraska	N	244,600	235,523	-4%
Nevada	Υ	332,560	541,334	63%
New Hampshire	Y - July 2014	127,082	169,747	34%
lew Jersey	Y	1,283,851	1,667,815	30%
New Mexico	Y	457,678	687,829	50%
lew York	Υ	5,678,417	6,247,440	10%
North Carolina	N	1,595,952	1,835,638	15%
North Dakota	Y	69,980	86,220	23%
Ohio	Y	2,341,481	2,928,588	25%
Oklahoma	N	790,051	808,807	2%
Dregon	Υ	626,356	1,036,190	65%
ennsylvania	Y - January 2015	2,386,046	2,493,851	5%
Rhode Island	Y	190,833	267,466	40%
outh Carolina	N	889,744	983,275	11%
South Dakota	N	115,501	117,687	2%
ennessee	N	1,244,516	1,433,932	15%
exas	N	4,441,605	4,651,139	5%
Jtah	N	294,029	293,359	0%
/ermont	Υ	161,081	179,514	11%
/irginia	N	935,434	968,216	4%
Vashington	Υ	1,117,576	1,645,727	47%
Vest Virginia	Y	354,544	524,569	48%
Visconsin	N	985,531	1,042,496	6%
Wyoming	N	67,518	68,577	2%
States Reporting:		49	51	49

NOTES: NR- Data not reported. All states that have adopted the Medicaid expansion did so in January 2014 unless otherwise noted (IN, MI, NH and PA.) SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, October 2013 – January 2015

Anne	ndix Table 2: Total M	edicaid and C	HIP Child Enr	ollment January and	Hanuary 2015
	Implementing	January		Percent Change,	Child Enrollment as Share of
State	Medicaid Expansion?	2014	January 2015	Jan 2014 - Jan 2015	Total Enrollment, Jan 2015
United States		23,002,580	29,073,489	5%	54%
Alabama	N	572,891	640,576	12%	73%
Alaska	N	72,990	70,241	-4%	58%
Arizona	Υ	NR	NR	NR	N/A
Arkansas	Υ	NR	432,691	NR	52%
California	Υ	NR	NR	NR	N/A
Colorado	Υ	521,062	577,887	11%	48%
Connecticut	Υ	NR	300,570	NR	41%
Delaware	Υ	100,714	104,358	4%	44%
District of Columbia	Υ	NR	NR	NR	N/A
Florida	N	2,076,132	2,292,762	10%	67%
Georgia	N	NR	1,211,139	NR	70%
Hawaii	Υ	143,899	136,205	-5%	43%
Idaho	N	181,082	200,356	11%	69%
Illinois	Υ	NR	1,488,571	NR	48%
Indiana	Y - February 2015	696,562	712,412	2%	59%
Iowa	Y	NR	228,745	NR	45%
Kansas	N	NR	289,107	NR	71%
Kentucky	Y	527,034	475,918	-10%	43%
Louisiana	N	724,246	758,881	5%	72%
Maine	N	128,110	118,871	-7%	42%
Maryland	Υ	567,867	585,518	3%	51%
Massachusetts	Y	583,723	633,077	8%	39%
Michigan	Y - April 2014	1,024,050	967,146	-6%	43%
Minnesota	Y	427,164	485,015	14%	47%
Mississippi	N	428,745	487,818	14%	69%
Missouri	N	509,173	545,594	7%	63%
Montana	N	108,019	102,923	-5%	62%
Nebraska	N	158,177	157,129	-1%	67%
Nevada	Y	NR	265,496	NR	49%
New Hampshire	Y - July 2014	87,055	92,289	6%	54%
New Jersey	Y	744,535	816,839	10%	49%
New Mexico	Y	NR	NR	NR	N/A
New York	Y	2,320,379	2,366,899	2%	38%
North Carolina	N	1,126,665	1,256,336	12%	68%
North Dakota	Y	NR	39,900	NR	46%
Ohio	Y	1,162,668	1,282,648	10%	44%
Oklahoma	N	507,824	521,195	3%	64%
Oregon	Y	399,782	427,667	7%	41%
Pennsylvania	Y - January 2015	1,264,811	1,282,627	1%	51%
Rhode Island	Y	NR	110,321	NR	41%
South Carolina	N	578,153	653,584	13%	66%
South Dakota	N	78,165	80,097	2%	68%
Tennessee	N	78,103 NR	80,097 NR	NR	N/A
Texas	N	3,245,861	3,429,655	6%	74%
Utah	N	232,107	205,744	-11%	74%
Vermont	Y	67,765	69,355	2%	39%
Virginia	N	648,786	660,836	2%	68%
Washington	Y	738,337	767,557	4%	47%
West Virginia	Y	203,216	207,363	2%	40%
Wisconsin	N	203,216 NR	488,890	NR	47%
Wyoming # States Penerting	N	44,831	44,681	0%	65%
# States Reporting:		36	46	36	46

NOTES: NR- Data not reported. Total growth in child enrollment for January 2014 and January 2015 is based on 36 states reporting data for January 2014 and January 2015. All states that are implementing the Medicaid expansion did so in January 2014 unless otherwise noted in the table above (IN, MI, NH, and PA).

# **ENDNOTES**

<sup>1</sup> See Monthly Medicaid and CHIP reports at <a href="http://medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html">http://medicaid.gov/medicaid-chip-program-information/program-information/program-information/program-information/program-information/medicaid-and-chip-enrollment-data.html</a>. This analysis is based on reports for October 2013 through January 2015.

All months of data are available for download on a state by state basis on here: <a href="http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/">http://kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/</a>. Child enrollment data are available here: <a href="http://kff.org/other/state-indicator/total-medicaid-and-chip-child-enrollment/">http://kff.org/other/state-indicator/total-medicaid-and-chip-child-enrollment/</a>.

<sup>2</sup>CMS Newsroom, CMS Announces Special Enrollment Period for Tax Seasons, February 20, 2015, http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-02-20.html.

<sup>&</sup>lt;sup>3</sup> Connecticut does not report data for Summer 2013 or for February and April 2014; Maine does not report data for Summer 2013 and February through April 2014; North Dakota does not report data for February through June 2014; and Vermont does not report data for November 2014. Moreover, the number of states with the Medicaid expansion in effect changes over the time period, with Michigan moving from non-expansion to expansion status in April 2014, New Hampshire shifting to expansion status in July 2014 and Pennsylvania shifting to expansion status in January 2015. Additionally, Medicaid expansion coverage in Indiana became effective February 2015, after the reporting period.

<sup>&</sup>lt;sup>4</sup> For example, while the trends move in the same direction as those reported in the Kaiser Commission on Medicaid and the Uninsured's survey report, <u>Implementing the ACA: Medicaid Spending and Enrollment Growth for FY 2014 and FY 2015</u>, the CMS data shows higher enrollment growth as measured from July 2013 to January 2015. The KCMU report generally reports average enrollment growth over the state fiscal year which runs July to June for most states; however, the average would include 6 months (July to January) when the ACA coverage provisions were not in effect which would depress the average. The Kaiser reports also exclude CHIP, while CMS data include CHIP and Medicaid.