

Child Medicaid Disenrollment Data Shows Wide Variation in State Performance as Continuous Coverage Pandemic Protections Lifted

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Key Findings

- By December 2023, 4.16 million fewer children were enrolled in Medicaid and the Children's Health Insurance Program (CHIP) nationwide, than the month before each state began the process of renewing eligibility after the COVID-related Medicaid continuous coverage protections were lifted. This process is known as the Medicaid "unwinding." Enrollment losses accelerated in the second half of the year. While data is not yet available on how many of these children have become uninsured, it is likely that a substantial number became uninsured, especially in states with large numbers of child disenrollments and high rates of procedural or "red tape" losses. The majority of children losing Medicaid coverage are likely still eligible for Medicaid. New enrollment of children in the marketplaces and separate CHIP programs appears to be offsetting only a modest share of the net decline in total child Medicaid/CHIP enrollment.
- Texas, Florida, Georgia, and California saw the largest number declines in Medicaid/CHIP child enrollment, accounting for half of the total national decline. Texas alone accounted for more than one million of the total decline in children enrolled in Medicaid/CHIP followed by Florida (nearly 600,000), Georgia (more than 300,000) and California (nearly 200,000).
- South Dakota, Montana, and Utah saw the largest percentage declines in their child Medicaid/CHIP population with 25 percent fewer children enrolled in Medicaid/CHIP than prior to the initiation of the unwinding process in each state in 2023. At least one in five fewer children in Texas, Idaho, Arkansas and New Hampshire were enrolled in their Medicaid/CHIP programs by the end of 2023.
- Eight states (MT, ID, SD, AR, NH, UT, AK, CO) disenrolled so many children in 2023 that they had fewer children enrolled at the end of the year than prior to the pandemic in early 2020—this is a troubling finding given that all but one of these states had relatively low participation rates of eligible children covered by Medicaid/CHIP prior to the pandemic—suggesting that red tape barriers are likely resulting in high rates of children becoming uninsured. Montana's child enrollment is already 15 percent lower than pre-pandemic—a very troubling distinction.





Background

During the COVID-19 public health emergency, states received increased federal Medicaid matching rates in exchange for a commitment to maintain continuous coverage for those enrolled in Medicaid. With the public health emergency winding down, as part of the Consolidated Appropriations Act (CAA), 2023, Congress ended the continuous coverage requirement as of April 1, 2023, and enacted other provisions designed to promote a smoother renewal process for the approximately 94 million people who were enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) at the end of 2022. This process is often called “Medicaid unwinding.” The CAA included a gradual phase down of the extra federal Medicaid funding over the course of calendar year 2023, requirements for states to report unwinding data to the Centers for Medicare and Medicaid Services (CMS), and new enforcement authorities for CMS to ensure that states were adhering to federal rules on the renewal process.

Congress also included a new federal requirement that all states provide 12 months of continuous eligibility for children in Medicaid and CHIP, beginning January 1, 2024. But it only applies to children after they have been successfully renewed or newly enrolled in Medicaid or CHIP within the past 12 months.

Under CHIP, states may cover some or all CHIP-eligible children in Medicaid (known as M-CHIP), create a separate program for CHIP-eligible children, or use a combination of the two approaches. Most children (67 percent) eligible for CHIP are covered through M-CHIP, and were therefore protected by the Medicaid continuous coverage requirement.¹ Some states also voluntarily paused separate state CHIP disenrollments during the pandemic. Fifty-seven percent of children no longer eligible for Medicaid were projected to transition to separate state CHIP programs, according to the Urban Institute.²

Medicaid/CHIP coverage is vital to children’s access to health care—during the continuous coverage protection, more than half of children nationwide were enrolled in Medicaid/CHIP and the uninsured rate for children dropped to one of the lowest levels in recent history.³ Children of color are disproportionately enrolled in Medicaid underscoring the unwinding’s potential impact on families of color.⁴ All states’

income eligibility levels for Medicaid/CHIP are substantially higher for children than for adults, and the median eligibility level is 255 percent of the federal poverty level (\$65,841 annually for a family of three).⁵ Because so many children are eligible for Medicaid, and because families in the past have experienced high levels of administrative “churn,” federal researchers projected that nearly 3 out of 4 children who were disenrolled during the unwinding would remain eligible for Medicaid but would lose coverage nonetheless for procedural reasons.⁶

National data are not available to break out the number of children losing coverage due to procedural disenrollments (as opposed to a determination of ineligibility). However, overall, procedural terminations, as a share of total disenrollments to-date, are approximately 70 percent.⁷ Procedural disenrollments occur when families or individuals don’t either receive the renewal notice or understand what they need to do to stay enrolled, or they have difficulty navigating the state website or getting assistance through the call center. It is likely that many Medicaid beneficiaries, especially children, who were disenrolled for procedural reasons remain eligible.

This paper uses administrative data reported by the states to CMS to examine how children’s enrollment in Medicaid and CHIP was impacted in 2023 as the unwinding got underway. By the end of 2023, we find that enrollment in Medicaid/CHIP nationwide for children declined by 4.16 million compared to aggregate enrollment before unwinding began (as measured in the month prior to each state beginning its unwinding process). CHIP enrollment (which includes children in CHIP-funded Medicaid and those in separate CHIP programs) essentially remained flat despite expectations that it would grow.⁸ We include CHIP data in our analysis—in states with separate CHIP programs that saw CHIP enrollment increases that can offset a portion of the Medicaid enrollment declines.

As is customary in Medicaid, states had a number of important policy choices in how they would implement unwinding, including when to start and finish the unwinding process and whether renewals for specific groups would be prioritized. States also had wide variation in how well their systems could conduct automatic renewals based on reliable data available to the state which don’t involve any additional paperwork on the family’s part (known as “ex



parte,” or administrative renewals). As a result, there are significant differences in ex parte renewal rates across states. Finally, states had a number of new optional flexibilities offered by CMS to smooth the process; some states adopted many of these temporary policy options while one state, Florida, did not take any.

These factors, in turn, contributed to large differences in child disenrollment rates across states. In reaction to these state

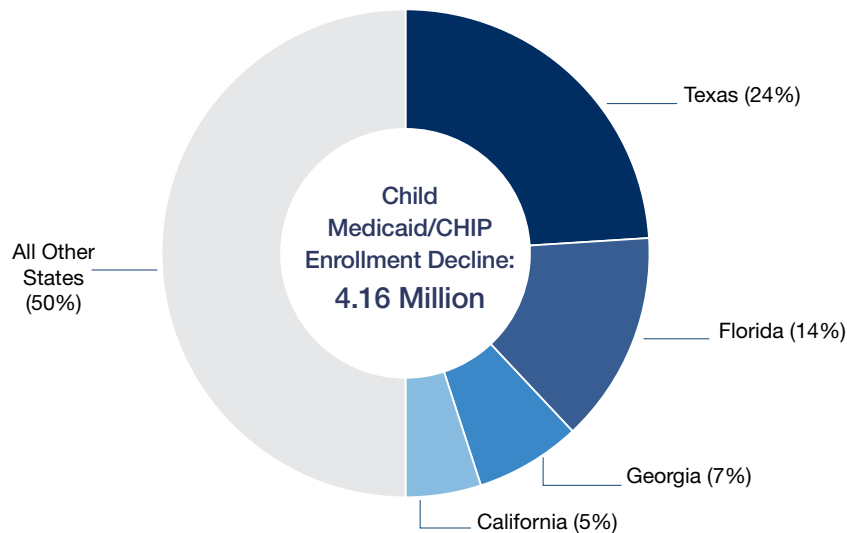
differences, in December 2023, Health and Human Services Secretary Xavier Becerra sent letters to nine Governors expressing concern about the high numbers or rates of child disenrollment from Medicaid. These states were: Arkansas, Florida, Georgia, Idaho, Montana, New Hampshire, Ohio, South Dakota, and Texas.⁹

Pace and approach to child disenrollment varied significantly by state.

Under the 2023 CAA, states could not end Medicaid coverage for anyone enrolled in Medicaid prior to March 2023, so April 1st was the first day people could lose their Medicaid coverage.¹⁰ Six states began the renewal process in March—Arizona, Arkansas, Idaho, New Hampshire, Oklahoma, and South Dakota. Sixteen states began in April. A handful of states delayed the process for either all Medicaid enrollees (Oregon) or children (Kentucky and North Carolina) and had very few child disenrollments during 2023.

Of the 4.16 million fewer children enrolled in Medicaid/CHIP, one out of four live in Texas and 14 percent live in Florida. These two states alone account for over one-third of the net Medicaid/CHIP enrollment decline among children (1.6 million) nationwide. As Figure 1 shows, half the children (50 percent) disenrolled nationwide reside in Texas, Florida, Georgia, and California, and disenrollments are continuing in 2024. These four states account for one-third (31 percent) of the total child population in the U.S.¹¹

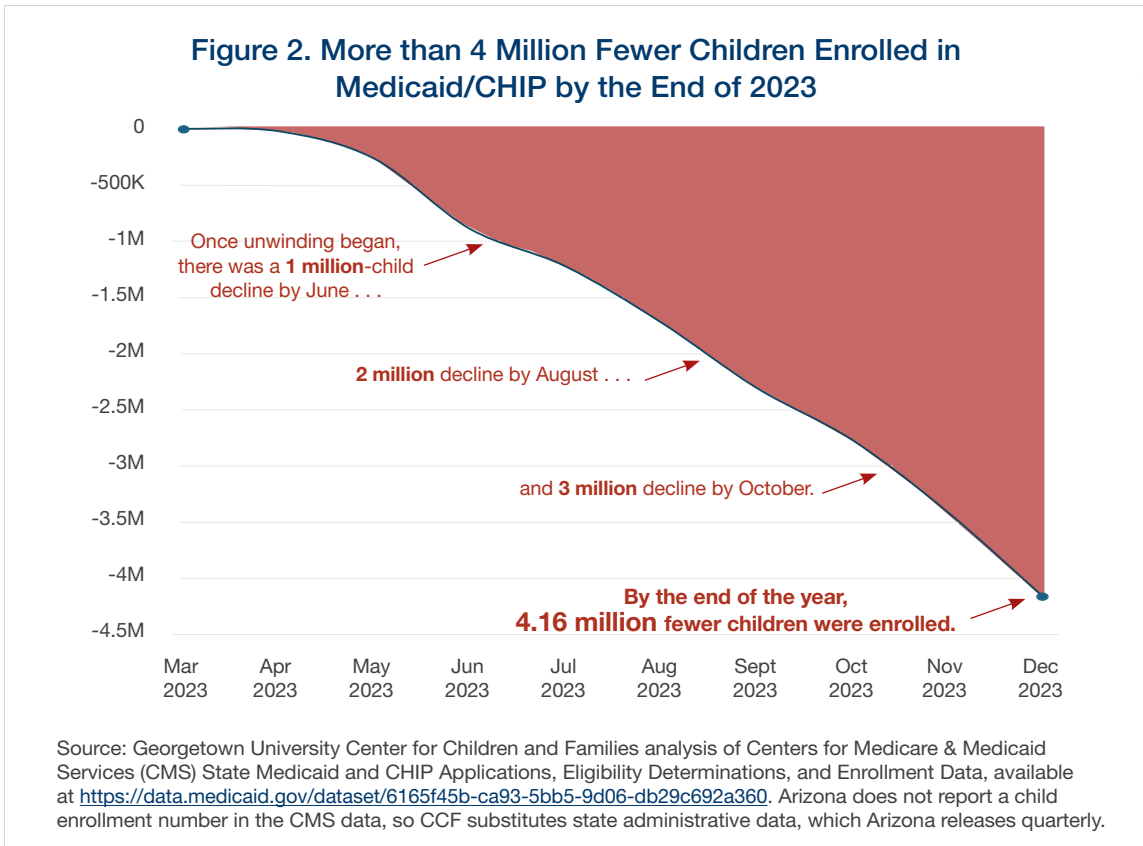
Figure 1. Texas Accounts for Nearly One Quarter of the Child Medicaid/CHIP Enrollment Decline During Unwinding



Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, available at <https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly.



As Figure 2 shows, children’s Medicaid/CHIP enrollment losses quickly accelerated in the second half of 2023 after hitting the one million mark in June.



The top ten states with the greatest Medicaid and CHIP child enrollment losses in 2023 are listed in Table 1. Texas, Florida, and Georgia top the list with Texas exceeding one million children. Please see Appendix 1 for a list of all states.

Table 1. Top 10 Largest State Number Declines in Child Medicaid/CHIP Enrollment During Unwinding

State	Pre-Unwinding Baseline Month (2023)	Pre-Unwinding Baseline Enrollment	December 2023 Enrollment	Number Change
United States	-	43,268,623	39,106,059	-4,162,564
Texas	May	4,390,356	3,386,821	-1,003,535
Florida	April	3,093,191	2,503,520	-589,671
Georgia	May	1,765,376	1,465,303	-300,073
California	June	5,339,904	5,142,279	-197,625
Ohio	April	1,365,742	1,244,165	-121,577
Michigan	June	1,145,165	1,030,748	-114,417
Oklahoma	March	651,170	539,144	-112,026
New York	June	2,665,829	2,559,876	-105,953
Arizona	March	891,795	788,845	-102,950
Arkansas	March	442,808	348,806	-94,002

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, available at <https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly.



Due to variation in state size, we also examined the percentage loss in child enrollment in Medicaid/CHIP, compared to pre-unwinding enrollment. As noted above, most children losing Medicaid likely remain eligible, which is undoubtedly the family’s most affordable coverage option with children receiving comprehensive child-focused benefits generally not subject to premiums and cost-sharing. Table 2 shows the states with the largest percent declines in their

child Medicaid/CHIP enrollment with South Dakota, Montana and Utah at the top of the list, which experienced declines of one-quarter or more compared to enrollment prior to unwinding. Texas, Idaho, Arkansas, and New Hampshire saw at least one in five fewer children in their Medicaid/CHIP programs by the end of 2023. Please see Appendix 1 for a list of the percentage drop in child enrollment in Medicaid and CHIP for all states.

Table 2. Top 10 Largest State Percent Declines in Child Medicaid/CHIP Enrollment During Unwinding

State	Pre-Unwinding Baseline Month (2023)	Pre-Unwinding Baseline Enrollment	December 2023 Enrollment	Percent Change
United States	-	43,268,623	39,106,059	-10%
South Dakota	March	102,135	73,318	-28%
Montana	April	133,296	97,856	-27%
Utah	April	241,060	179,983	-25%
Texas	May	4,390,356	3,386,821	-23%
Idaho	March	213,027	164,344	-23%
Arkansas	March	442,808	348,806	-21%
New Hampshire	March	108,297	86,680	-20%
Florida	April	3,093,191	2,503,520	-19%
Oklahoma	March	651,170	539,144	-17%
Georgia	May	1,765,376	1,465,303	-17%

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, available at <https://data.medicicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly.

Finally, we examined which states today have fewer children enrolled in Medicaid/CHIP than they had prior to when the pandemic-related continuous coverage provision took effect, not just prior to when the unwinding began. Some have claimed they are “right sizing” their program to get back to pre-pandemic enrollment. This is a flawed assumption given that all states had children and adults who were eligible for Medicaid but not enrolled prior to the pandemic, and the fact that the number and rate of uninsured children was increasing while Medicaid/CHIP participation was declining before the pandemic.¹² Historically, Medicaid enrollment increases in most years, although pre-pandemic projections by the Congressional Budget Office reflected considerably slower annual growth of about 0.1 percent for children over the 10-year period ending 2030. Still, the fact that Medicaid and

CHIP enrollment is notably lower than pre-pandemic in some states suggests we are losing ground in the nation’s success in covering children.¹³

Table 3 shows which states already are nearing or are below their enrollment prior to the pandemic and the states’ participation rates. It is only if a state had very high participation rates of eligible children enrolled in Medicaid prior to the pandemic and child enrollment grew substantially during the pandemic would there likely be a relatively high number of children who would now be ineligible. Among these states, only Vermont and Iowa had participation rates of over 95 percent prior to the pandemic. This suggests that the other states listed have moved aggressively to a resumption of administrative practices that inhibit retention of coverage at renewal.



Table 3. Ten States Had Lower Child Medicaid/CHIP Enrollment in December 2023 than Before the Pandemic

State	2019 Medicaid/CHIP Participation Rate	Pre-Pandemic Enrollment (Feb 2020)	December 2023 Enrollment	Enrollment Number Change	Enrollment Percent Change
United States	91.9%	36,010,957	39,106,059	3,095,102	9%
Montana	89.8%	114,894	97,856	-17,038	-15%
Idaho	91.1%	175,309	164,344	-10,965	-6%
South Dakota	89.0%	77,955	73,318	-4,637	-6%
Arkansas	92.9%	370,840	348,806	-22,034	-6%
New Hampshire	91.1%	89,507	86,680	-2,827	-3%
Utah	79.4%	184,630	179,983	-4,647	-3%
Alaska	89.9%	97,379	96,673	-706	-1%
Colorado	91.3%	566,484	562,929	-3,555	-1%
Vermont	97.3%	60,890	60,732	-158	0%
Iowa	96.2%	337,748	337,469	-279	0%

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, available at <https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly.

Are children moving to separate CHIP or the Marketplace?

CHIP covers children whose incomes are just above Medicaid. As noted earlier, many states use federal CHIP dollars to cover children in Medicaid and operate under Medicaid rules; in fact, about two-thirds of children whose benefits are funded through CHIP are covered in Medicaid.¹⁴ These children were also protected during the pandemic and are now being redetermined in the unwinding process. Separate CHIP programs, however, should be seeing growth in enrollment as children in families whose income increased during the pandemic are found ineligible and transitioned to CHIP. Federal data used for the analysis above includes both Medicaid and CHIP.

Using separate CHIP enrollment data from CMS and state administrative sources where available, we are tracking enrollment trends in separate CHIP programs which were expected to be the predominant source of coverage for children losing Medicaid during the unwinding. Unfortunately, enrollment growth in most separate CHIP programs is limited with some states experiencing a decline in CHIP enrollment as well as Medicaid. When comparing Medicaid child enrollment

losses to separate CHIP enrollment growth, we found that only 10.3 percent of Medicaid enrollment declines were offset by CHIP gains.¹⁵

Enrollment in federal and state subsidized marketplaces has increased sharply, reaching a new enrollment milestone of 21.45 million enrollees following the 2024 open enrollment period, driven by enhanced subsidies and aggressive efforts by the Biden Administration to promote enrollment.¹⁶ The marketplaces, however, are a relatively less important source of coverage overall for children than for their parents and other adults—due to higher child Medicaid/CHIP eligibility than adults as described above. Children account for approximately 10 percent of Marketplace enrollment and this share has remained in the same range for a number of years—even though approximately 600,000 more children selected a plan during the marketplace 2024 open enrollment compared to the year prior. But those marketplace child enrollment gains offset only about 14 percent of child Medicaid/CHIP enrollment declines through December 2023.



Conclusion

States have approached the Medicaid unwinding differently with respect to ensuring that eligible children remain enrolled and whether they intend to improve their eligibility systems and renewal processes going forward. This could increase participation among eligible children and help reverse unwinding-related child enrollment declines. For example, a growing number of states (12, as of this writing) are seeking Section 1115 demonstration authority to extend multi-year periods of continuous coverage for children—especially young children—such as Oregon’s approach, which will establish continuous eligibility for young children from birth to their 6th birthday. After that, the state will conduct renewals every two years. For states leading the way on assuring continuous access to health care for children, the lessons of the continuous coverage provided during the pandemic have spurred them to innovate more streamlined ways to keep eligible children enrolled in Medicaid and avoid inappropriate coverage loss at renewal with a particular emphasis on protecting young children.

Other states, however, have prioritized the hasty disenrollment of adults and children, despite projections that many still remain eligible. These include some of the largest non-expansion states where children make up a larger share of

Medicaid enrollment—including Texas, Florida, and Georgia. Troubling new data is starting to emerge on gaps in coverage and access to care¹⁷ that will be especially pronounced in states that moved quickly and had high rates of procedural terminations as well as low rates of data-driven automatic or ex parte renewals.

New enrollment of children in the marketplaces and separate CHIP programs appears to be offsetting only a modest share of the net decline in total child Medicaid and CHIP enrollment. No data is available on how many of these children are now covered by employer-sponsored dependent insurance and whether coverage is affordable. A new survey of adults losing Medicaid coverage found that only 16 percent moved to employer-sponsored coverage.¹⁸ However, the costs of dependent coverage have been rising steadily¹⁹ so children are even less likely to move to employer coverage than adults who had been enrolled in Medicaid.

If a substantial share of the children losing Medicaid remain uninsured, as is likely, this means that a large number of low-income children are going without needed care, which will lead to poorer health in the short and long term while their families are exposed to high medical costs and medical debt.

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Appendix Table 1. Child Medicaid/CHIP Enrollment Change by State, Pre-Unwinding-2023

State	Pre-Unwinding Baseline Month (2023)	Pre-Unwinding Baseline Enrollment	December 2023 Enrollment	Enrollment Number Change	Enrollment Percent Change
United States	-	43,268,623	39,106,059	-4,162,564	-10%
Alabama	May	797,609	730,789	-66,820	-8%
Alaska	April	106,235	96,673	-9,562	-9%
Arizona	March	891,795	788,845	-102,950	-12%
Arkansas	March	442,808	348,806	-94,002	-21%
California	June	5,339,904	5,142,279	-197,625	-4%
Colorado	May	649,030	562,929	-86,101	-13%
Connecticut	April	369,502	368,697	-805	0%
Delaware	May	125,543	119,758	-5,785	-5%
District of Columbia	May	101,870	100,394	-1,476	-1%
Florida	April	3,093,191	2,503,520	-589,671	-19%
Georgia	May	1,765,376	1,465,303	-300,073	-17%
Hawaii	May	164,679	166,789	2,110	1%
Idaho	March	213,027	164,344	-48,683	-23%
Illinois	June	1,588,377	1,530,804	-57,573	-4%
Indiana	April	895,012	810,606	-84,406	-9%
Iowa	April	390,525	337,469	-53,056	-14%
Kansas	April	337,817	280,852	-56,965	-17%
Kentucky	April	648,865	638,388	-10,477	-2%
Louisiana	May	808,824	752,747	-56,077	-7%
Maine	May	139,413	138,162	-1,251	-1%
Maryland	May	738,882	719,161	-19,721	-3%
Massachusetts	May	768,838	746,329	-22,509	-3%
Michigan	June	1,145,165	1,030,748	-114,417	-10%
Minnesota	June	651,257	625,843	-25,414	-4%
Mississippi	June	482,740	432,658	-50,082	-10%
Missouri	May	755,911	698,325	-57,586	-8%
Montana	April	133,296	97,856	-35,440	-27%
Nebraska	April	205,825	187,420	-18,405	-9%
Nevada	May	365,896	352,377	-13,519	-4%
New Hampshire	March	108,297	86,680	-21,617	-20%
New Jersey	June	999,468	921,482	-77,986	-8%
New Mexico	April	383,268	337,860	-45,408	-12%
New York	June	2,665,829	2,559,876	-105,953	-4%
North Carolina	May	1,363,358	1,355,569	-7,789	-1%
North Dakota	May	60,923	53,325	-7,598	-12%
Ohio	April	1,365,742	1,244,165	-121,577	-9%
Oklahoma	March	651,170	539,144	-112,026	-17%
Oregon	September	499,589	497,203	-2,386	0%
Pennsylvania	April	1,590,469	1,504,429	-86,040	-5%
Rhode Island	May	130,998	132,595	1,597	1%
South Carolina	May	766,990	701,527	-65,463	-9%
South Dakota	March	102,135	73,318	-28,817	-28%
Tennessee	May	954,371	894,946	-59,425	-6%
Texas	May	4,390,356	3,386,821	-1,003,535	-23%
Utah	April	241,060	179,983	-61,077	-25%
Vermont	May	65,535	60,732	-4,803	-7%
Virginia	May	943,555	900,157	-43,398	-5%
Washington	April	911,748	862,454	-49,294	-5%
West Virginia	April	246,824	220,642	-26,182	-11%
Wisconsin	May	656,017	606,058	-49,959	-8%
Wyoming	April	53,709	48,222	-5,487	-10%

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services (CMS) State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, available at <https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360>. Arizona does not report a child enrollment number in the CMS data, so CCF substitutes state administrative data, which Arizona releases quarterly.



Endnotes

¹ Medicaid and CHIP Payment and Access Commission (MACPAC), *MACStats: Medicaid and CHIP Data Book*, Exhibit 32. Child Enrollment in CHIP and Medicaid by State, FY 2022 (thousands) (MACPAC, December 2023), available at <https://www.macpac.gov/wp-content/uploads/2023/12/EXHIBIT-32.-Child-Enrollment-in-CHIP-and-Medicaid-by-State-FY-2022.pdf>. For a list of states and how they cover children see T. Brooks, et al., “Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision” (KFF and Georgetown University Center for Children and Families, April 2023), available at <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/>.

² M. Buettgens and A. Green, “What Will Happen to Unprecedented High Medicaid Enrollment after the Public Health Emergency?” (Urban Institute, September 2021), available at https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicare-enrollment-after-the-public-health-emergency_0.pdf.

³ J. Alker and A. Osorio, “Child Uninsured Rate Could Rise Sharply if States Don’t Proceed with Caution” (Georgetown University Center for Children and Families, February 2020), available at <https://ccf.georgetown.edu/2023/02/01/child-uninsured-rate-could-rise-sharply-if-states-dont-take-care/>.

⁴ M. Guth, et al., “Medicaid and Racial Health Equity” (KFF, June 2023), available at <https://www.kff.org/medicaid/issue-brief/medicaid-and-racial-health-equity/>.

⁵ Brooks, op. cit.

⁶ Assistant Secretary for Planning and Evaluation (ASPE), “Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches” (ASPE, August 2022), available at <https://aspe.hhs.gov/reports/unwinding-medicare-continuous-enrollment-provision>.

⁷ See “What is happening with Medicaid renewals in each state?” (Georgetown University Center for Children and Families), available at <https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicare-renewals/>; and “Medicaid Enrollment and Unwinding Tracker” (KFF), available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>.

⁸ Centers for Medicare and Medicaid Services, “December 2023 Medicaid and CHIP Enrollment Trends Snapshot,” available at <https://www.medicare.gov/media/174636>.

⁹ Centers for Medicare and Medicaid Services, “Biden-Harris Administration Releases New Medicaid and CHIP Renewal Data Showing the Role State Policy Choices Play in Keeping Kids Covered” (December 2023), available at <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-releases-new-medicare-and-chip-renewal-data-showing-role-state-policy>.

¹⁰ Most states pay a monthly capitation rate to cover enrollees in managed care so enrollment tends to occur on a monthly basis.

¹¹ Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2022 American Community Survey, Table S0101: Age and Sex.

¹² J. Alker and A. Corcoran, “Children’s Uninsured Rate Rises by Largest Annual Jump in More than a Decade,” (Georgetown University Center for Children and Families, October 2020), available at <https://ccf.georgetown.edu/2020/10/08/childrens-uninsured-rate-rises-by-largest-annual-jump-in-more-than-a-decade-2/>.

¹³ Congressional Budget Office, “Medicaid—CBO’s Baseline as of March 6, 2020,” (Congressional Budget Office, March 2020), available at <https://www.cbo.gov/system/files/2020-03/51301-2020-03-medicare.pdf>.

¹⁴ MACPAC, op. cit.

¹⁵ Georgetown University Center for Children and Families analysis of state- and CMS-reported data on separate CHIP programs. These numbers reflect cumulative totals between March 2023-March 2024, but timing varies by state depending on when states started unwinding and how quickly they post enrollment data. See methodology at <https://ccf.georgetown.edu/2024/04/24/child-medicare-disenrollment-data-shows-wide-variation-in-state-performance-as-continuous-coverage-pandemic-protections-lifted/#heading-9> for more information.

¹⁶ E. Park, “Child Enrollment in the Marketplaces Rose by Nearly 40% During 2024 Open Enrollment but Increase Offsets Only Modest Share of Child Medicaid Unwinding Enrollment Losses” (Georgetown University Center for Children and Families, March 2024), available at <https://ccf.georgetown.edu/2024/03/25/child-enrollment-in-the-marketplaces-rose-by-nearly-40-percent-during-2024-open-enrollment-but-increase-offsets-only-modest-share-of-child-medicare-unwinding-enrollment-losses/>.

¹⁷ P. Shin, et al., “One Year After Medicaid Unwinding Began, Community Health Centers, Their Patients, and Their Communities are Feeling the Impact” (George Washington University Geiger Gibson Program in Community Health, April 2024), available at <https://geiger.gibson.publichealth.gwu.edu/one-year-after-medicare-unwinding-began-community-health-centers-their-patients-and-their>.

¹⁸ L. Lopes, et al., “KFF Survey of Medicaid Unwinding” (KFF, April 2024), available at <https://www.kff.org/medicaid/poll-finding/kff-survey-of-medicare-unwinding/>.

¹⁹ KFF, “2023 Employer Health Benefits Survey” (October 2023), available at <https://www.kff.org/health-costs/report/2023-employer-health-benefits-survey/>.