Continuous Medicaid/CHIP Eligibility for Children

Recent Developments and Implications for Future Policy

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Georgetown University
McCourt School of Public Policy
CENTER FOR CHILDREN AND FAMILIES

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In This Webinar We Will Cover

- The Role of Medicaid and the Children's Health Insurance Program (CHIP) in Child Health and Development
- Background on Churn and Continuous Eligibility Policies for Children Enrolled in Medicaid and CHIP
- Multiyear Continuous Eligibility Waivers for Young Children and Current Status
- Key Takeaways from Early Implementation of Multiyear Continuous Eligibility Demonstrations
- Multiyear Continuous Eligibility In Current Federal Policy Environment
- Implications for Future Policy

Housekeeping

- Please introduce yourself in the chat and share your interest in this policy.
- This webinar is being recorded.
- Slides and recording will be available on a password-protected website that will be shared with all registrants.
- We would love to hear your reactions or questions. Please enter your questions at any time during the webinar in the Q&A box and be ready to raise your hand to be unmuted after the presentation portion.

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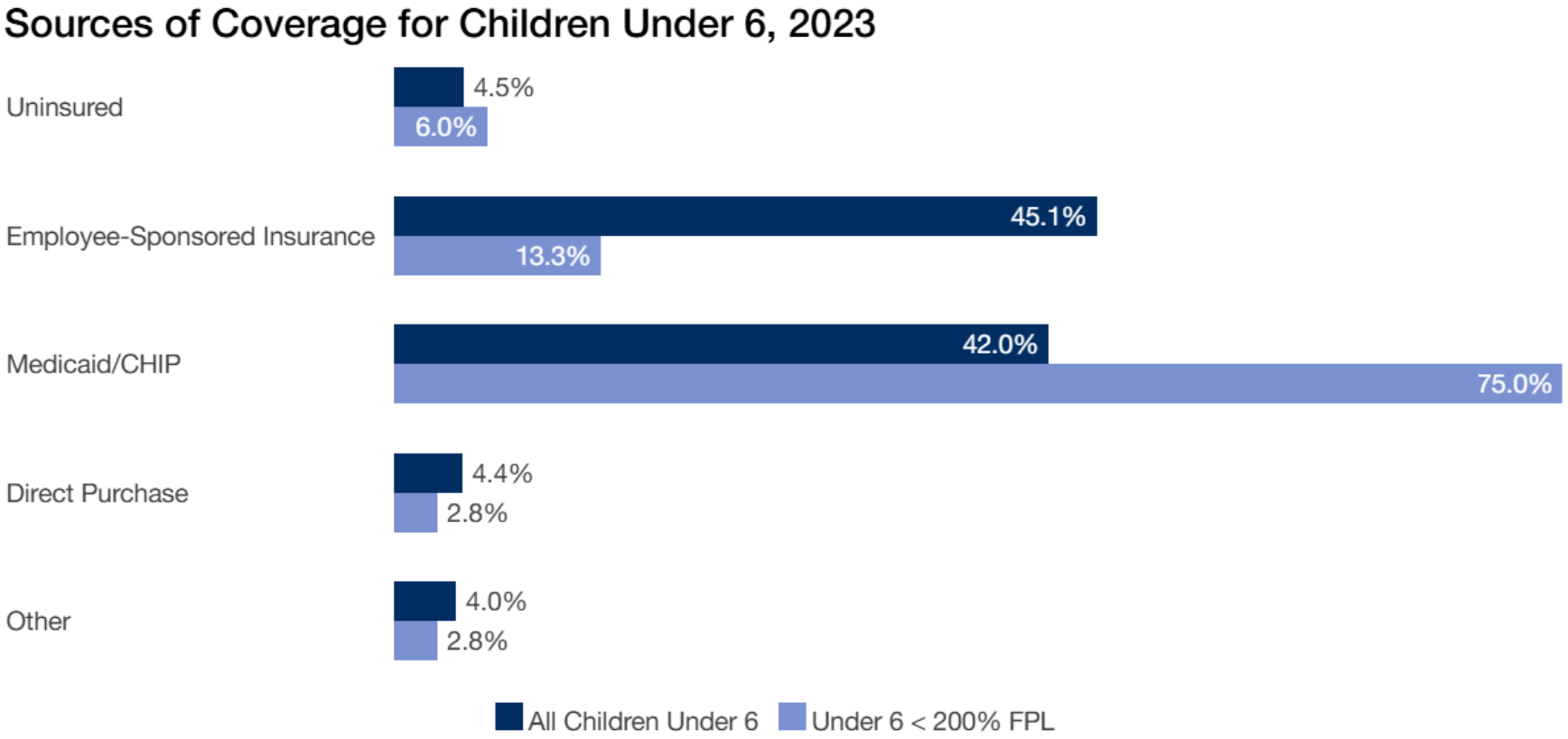
Medicaid and Young Children's Health

Medicaid & CHIP Are Critical Sources of Coverage for Young Low-Income Children

- 36 million children are enrolled in Medicaid and CHIP.
- About **42% of children birth to age 6** are covered by Medicaid/CHIP.
- **75% of children under age 6 who live in families with incomes <200% of poverty** are covered by Medicaid/CHIP.



Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2023 American Community Survey (ACS) Public Use Microdata Sample (PUMS). • Get the data • Embed

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Source: CCF.

Medicaid/CHIP Provides Comprehensive Benefits

- Medicaid programs are **required to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)** benefits to all children.
  - States can also provide EPSDT benefits in separate CHIP programs at state option.
- EPSDT benefits include:
  - Comprehensive health and developmental screenings, including hearing and vision, lead screening
  - Preventive care and immunizations (well-visits)
  - Dental services
  - Mental health services
  - Therapies (e.g., physical, occupational, speech)
  - Treatment for screened or diagnosed conditions
- More **Congressional and CMS attention on state EPSDT implementation** in recent years.

Stable Access to Care is a Foundation for Healthy Development

- **Regular pediatrician check-ups in early childhood are critical** for monitoring healthy growth and development and intervening early.
  - Heavy early childhood well-visit schedule for newborns through 30 months
  - Annual visits for children ages 3+
- Catching developmental delays early **promotes early intervention and kindergarten readiness**.

Churn and Continuous Eligibility

Churn in Children's Medicaid/CHIP Enrollment Leads to Gaps in Care

- In 2018, an estimated **8–11 percent of children nationally churned in and out of Medicaid/CHIP**, meaning they temporarily lost coverage but reenrolled in the program a short time later.
- Churn is often caused by family **temporary income fluctuations and administrative challenges** for families needing to complete paperwork or submit documentation to the Medicaid agency.
- Evidence suggests **churn negatively affects access to care** and disrupts ongoing care for chronic health conditions, potentially contributing to poorer health outcomes among low-income children who temporary lose coverage.
- Churn also **increases administrative burden** for families, state agencies, health plans and providers.

Continuous Eligibility (CE) for Children Enrolled in Medicaid and CHIP Reduces Churn

- States have long had **an option to offer 12-month CE** through a state plan amendment. Children are **automatically enrolled for 12 months at the time, without the need to renew their coverage** and regardless of changes in family income.
- 26 states had implemented the 12-month CE option for children's Medicaid and 24 for separate CHIP prior to the national requirement.
- As of January 1, 2024, **all states are required to provide 12-month CE for children** < age 19 enrolled in Medicaid and CHIP under the Consolidated Appropriations Act of 2023.
- Families with low incomes **experience relatively little income growth over time** and **child Medicaid/CHIP income limits tend to be higher** than for adults, suggesting CE is a win-win for families and state agencies because it reduces both churn and administrative burden.
  - For example, during the unwinding NC was able to receive a waiver to postpone child redeterminations for a full year, based on a review of state data suggesting that most children enrolled in the program would remain eligible based on income.

Multiyear CE for Children Enrolled in Medicaid and CHIP

- In July 2023, **Oregon and Washington** were the first states to implement multiyear CE for children under age 6 under Section 1115 demonstration waiver; **New Mexico** followed with a multiyear CE waiver effective January 1, 2024.
- Under multiyear CE, children remain enrolled in the program from the initial eligibility determination (e.g., at birth) until they reach age six, regardless of changes in circumstances that would otherwise cause program disenrollment.
  - Exceptions in cases where a child moves out of state, dies, or requests to be disenrolled.
  - Oregon also implemented 2-year CE for every Medicaid enrollee ages 6+.
- By reducing churn and ensuring more stable coverage, multiyear CE can support children's access to medical care during critical developmental years.
- Multiyear CE may also give parents greater peace of mind and reduce stress, while also reducing administrative burden and costs for state Medicaid agencies, health plans, and providers.

Current Status of Multiyear CE Demonstrations

Interest in Multiyear CE Grows, but CMS Put a Brake On It

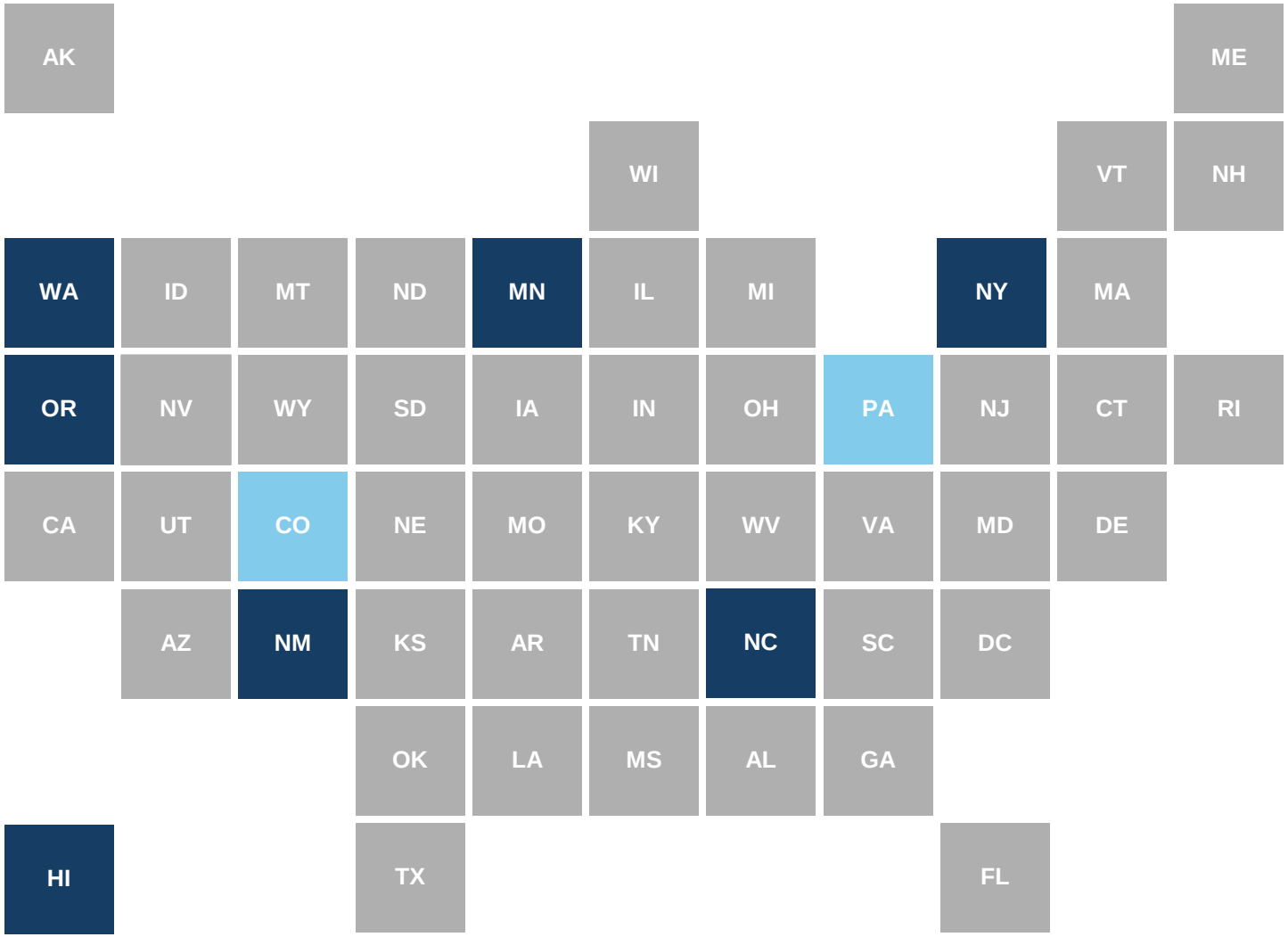
- Keep Kids Covered Act, a federal bill introduced in September 2024, would have required all states to adopt CE for children zero to 6.
- By January 2025, **CMS approved 6 additional multiyear CE waivers** in Colorado, Hawaii, Minnesota, New York, North Carolina, and Pennsylvania.
  - Mostly up to age 6, though Colorado's waiver provided CE for children up to their 3rd birthday.
  - Hawaii and North Carolina also included 24-month CE for children 6-19.
- In addition, **Ohio** had a waiver application pending before CMS, and several states – **Alaska, California, DC, Illinois, Maine, Montana** – introduced legislation to implement similar initiatives.
- However, a July 2025 CMS letter indicated that **CE demonstration waivers will no longer be considered for approval or renewal**, with the administration asserting this would improve Medicaid and CHIP's "fiscal and program integrity."
- States with approved waivers are allowed to continue implementing until their demonstration period ends, but 2 states – Colorado and Pennsylvania – did not implement.

Status of Medicaid/CHIP Multiyear Continuous Eligibility Policies, March 2026

Legend:

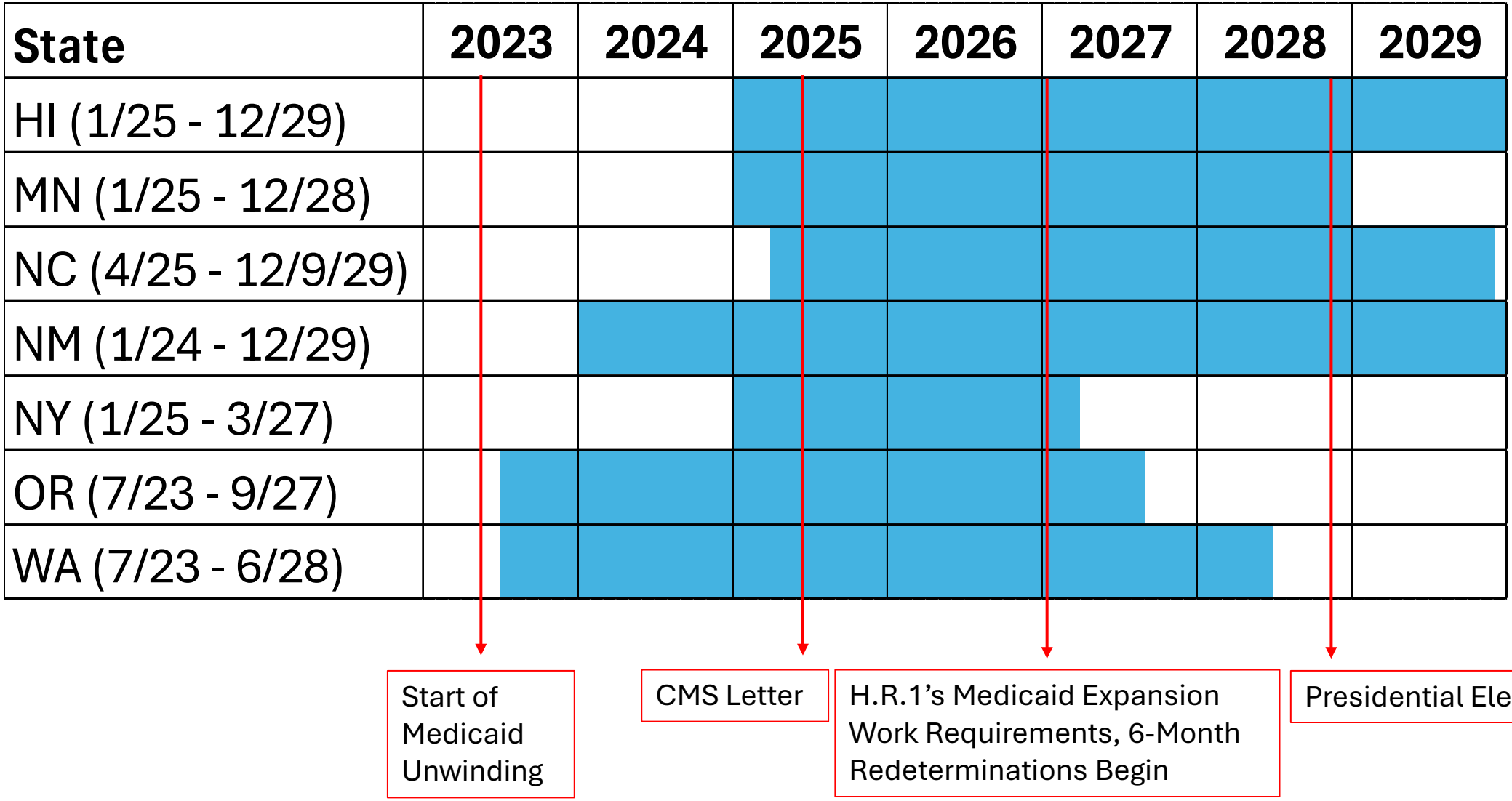
Dark blue = state with CE waiver in effect

Medium blue = state with approved waiver but not implementing



Source: Authors' review of publicly available information and correspondence with state Medicaid officials.

Multiyear CE Waiver Implementation Timeline by State



Insights and Takeaways from Early Implementation of Multiyear CE Demonstrations

Urban Institute Research on Multiyear CE Implementation

- Summer 2024: Interviewed 29 Medicaid and child health experts and advocates to identify opportunities to strengthen implementation of CE Policies.
  - Multiyear Continuous Eligibility in Medicaid and CHIP: Five Keys to Maximizing Positive Benefits for Children and Their Families
- Late 2024 to early 2025: Conducted an assessment of early CE implementation in pioneering states: New Mexico, Oregon and Washington.
  - Interviewed 36 stakeholders, including state Medicaid officials, providers, health plans, and early childhood service providers and advocates.
  - Reviewed publicly available information/policy documents.
- Fall 2025: Informal discussions with Medicaid officials in states with approved CE waivers post-CMS decision.

Context for Multiyear CE Implementation and Early Research

- **Early Implementation Context in New Mexico, Oregon, and Washington**
  - CE policy implemented amid unwinding of pandemic-era continuous eligibility requirement.
  - States were also implementing other major initiatives in Medicaid waivers (e.g., health-related social needs, pre-release services) and coverage expansions (e.g., postpartum extensions).
  - Longstanding commitment to children's coverage (e.g., all had preexisting 12-month CE polices).
- **Early Research Limitations**
  - Challenging for research team to get robust engagement from stakeholders outside the Medicaid agencies in the study.
  - Not all perspectives represented; parent voices underrepresented.
  - All interviews took place before the July 2025 CMS letter indicating waivers will no longer be approved.

Low Awareness of Multiyear CE Policy Early in Implementation

- Some stakeholders we interviewed were **unaware of the multiyear CE policy in their state**, including one pediatric practice with many Medicaid-covered patients.
- **No wide-reaching communication campaigns** were reported (e.g., text messaging, social media posts) beyond policy updates upon adoption (e.g., press release, provider bulletin).
- **We found limited outreach to key stakeholders** like public health and social service agencies (e.g., WIC, Head Start, Early Intervention).
- **No systematic assessments of families' awareness are publicly available**, but interviewed stakeholders believe many families are not aware.
- Stakeholders were concerned that **notices may be confusing** (e.g., dates for different family members, eligibility categories); families may not receive/open mail or may not read it carefully.

*"I **don't think there's been enough communication** in the zero to five space."*
—Interviewee

*"There are a lot of programs that our clients don't read their mail about because of **the way it's written**."*
—Interviewee

*"If you are getting mail from Medicaid, **it typically does not start with "hey we have great news for you"** or "we're giving you extra benefits."*
—Interviewee

No Known Problems With Eligibility Systems; No Delivery System Changes

- State officials reported that implementation of CE was complex but successful; no concerns or reports about eligibility systems not working. But if **families and providers are not aware of CE, they may not be aware of errors**.
  - Churn at first birthday may not be completely eliminated due to families having to **submit a Social Security Number (SSN) for the child.**
- **States reported no changes in expectations or requirements** for health plans or providers around CE.
- Neither plans nor providers reported significant changes in their **approaches to caring for young children**.
- **Stakeholders generally believed that CE supports existing efforts focused on child health,** such as increasing rates of well child-visits, immunizations, and follow-up care.

*"Because CE is eligibility oriented, it's a fairly **easy thing [to implement]**."*
—Interviewee

*"We [at the health plan] do anticipate **more of an opportunity** to engage in primary and preventive care, more of an opportunity for us to engage in care management interventions and early identification, early interventions."*
—Interviewee

Barriers to Care Remain that Could Undermine Effects of Multiyear CE

- **Health workforce shortages**, especially in rural areas and in some specialties such as pediatric dentistry and behavioral health (including waits several years long for autism services and lack of infant-parent mental health models).
- **Barriers to accessing Early Intervention (EI) services**, including because of disconnect between Medicaid and early intervention services; EI providers not being able to bill Medicaid for all services and health plans referring patients to in-network providers rather than to more appropriate EI services.
- **Access barriers for families**, such as lack of transportation, limited paid time off work, limited internet access, low health literacy, concerns about out-of-pocket costs, vaccine hesitancy, and fear of immigration enforcement activities.

*"**Low provider payment continues to be the single greatest barrier** to kids having access to a high-quality medical home."*
—Interviewee

*"One of the challenges is **lack of awareness with managed care around the Early Intervention program**. They need to have an update annually to make sure they understand the program and they are encouraging access to this program. We had challenges with MCOs having their own providers and not wanting to refer to our providers."*
—Interviewee

Limited Understanding of Early Impacts

- **At this point, information is lacking on changes in enrollment, retention, and churn under Multiyear CE** compared to periods pre-CE and/or pre–public health emergency.
- **Medicaid unwinding and other changes make it challenging to interpret available information** on enrollment changes among young children.
  - Other factors may affect overall enrollment and retention (e.g., declining birth rates, families moving out of state, immigration fears).
- **Anecdotally, some health plans expect reduced administrative costs from less churn** and onboarding activities and increases in preventive care utilization, but it is too soon to tell.
- **No guidance is expected from CMS** on monitoring enrollment, utilization, and spending changes.
- **Evaluations underway in NM, OR, and WA** but evaluation plans in other CE waiver states are not yet publicly available.

*"I don't think there are any data to see yet. I mean, for us, it just looks like business as usual. And you know, this time next year, we'll start to see the very early impacts. But **at this point … there's just nothing different."***
—Interviewee

*"My hope would be, as we go forward, once that we can **demonstrate the benefits of the continuing eligibility from one to six we extend CE to older kids."***
—Interviewee

Takeaways from Early Research

- Need for **outreach and education for families** about multiyear CE and available benefits, including EPSDT.
- Value of **awareness and engagement** of providers, health plans, community-based organizations, and state agencies serving young families in outreach, education, and assistance to families.
- Importance of **eligibility systems** that are updated and functioning correctly and of training for caseworkers and vendors.
- Opportunity for **managed care contracting and oversight** to support access to high-quality care and prioritize opportunities to improve health outcomes, such as integration of EI services.
  - Cycle for updating managed care contracts may not overlap with rollout of CE policies.
- Need for **monitoring CE implementation** in real-time and using the information to course-correct if needed.
  - Are young children staying enrolled as they should? Are more children 0-6 receiving timely preventive care? What are the impacts on providers?

*"I think it would be a good idea for **MCOs to reach out to contracted physicians and perhaps offer cobranded communications.** In my experience, **patients listen to their providers much more than they listen to health insurers.** If a PCP [primary care provider] sends you a notification or you get an email from them, you are going to be paying more attention to it than communications from MCOs or [Medicaid]."*
—Interviewee

Multiyear CE and Current Federal Policies

Multiyear CE Waiver Implementation Timeline by State

State	2023	2024	2025	2026	2027	2028	2029
HI (1/25 - 12/29)							
MN (1/25 - 12/28)							
NC (4/25 - 12/9/29)							
NM (1/24 - 12/29)							
NY (1/25 - 3/27)							
OR (7/23 - 9/27)							
WA (7/23 - 6/28)							

Start of Medicaid Unwinding

CMS Letter

H.R.1's Medicaid Expansion Work Requirements, 6-Month Redeterminations Begin

Presidential Election

Recent Federal Policy Changes Could Disrupt Children's Access to Care and Resources

- **H.R.1** makes major changes to safety net programs, including:
  - Medicaid semiannual redeterminations and work reporting requirements for adults enrolled in expansion coverage effective January 1, 2027.
  - Medicaid and SNAP enrollment restrictions for certain immigrants.
  - Federal funding cuts to Medicaid and SNAP programs.
- The federal policy changes are expected to **reduce Medicaid and SNAP program enrollment** and could lead to procedural disenrollment among children, disruptions in care, and growth in unmet health and nutrition needs.
  - Prior research suggests parental coverage affects children's coverage and access to care.
- Intensive **federal immigration enforcement activities** can lead to chilling effects on families accessing health care, Medicaid coverage, other resources.

How Federal Policy Affects Multiyear CE Demonstrations

- CMS's decision to phase out multiyear CE demonstrations and H.R.1 policy changes could **undermine effective implementation and evaluation.**
  - Complicates outreach to families when CE may not actually be in effect until a child's 6th birthday.
  - May limit resources for monitoring and evaluation.
  - May limit capacity to enhance delivery system when agencies know waivers are not going to be renewed and are busy preparing for H.R.1 policy changes.
- On the other hand, multiyear CE waivers could provide **enhanced protection for coverage of young children** during likely tumultuous H.R.1 implementation and widespread coverage losses.
  - States with multiyear CE waivers could potentially have a reduced load of eligibility redeterminations for children, freeing them up to focus on other priorities.
  - CE waivers will be phased out shortly after H.R.1 requirements become effective in NY (03/27) and Oregon (09/27), but **will last into 2028 or beyond in Hawaii, Minnesota, North Carolina, and New Mexico.**
    - Role for child health stakeholders to educate families about CE policies where they exist.

Recent Policy Changes Affect What We Can Learn About Impacts of Multiyear CE Policies on Children

- There are several **complexities and confounding factors** that could make it hard to assess impacts of CE policies, such as:
  - The implementation of CE policies directly following the COVID-19 continuous coverage period and unwinding;
  - Other major waiver components implemented at the same time (e.g., HRSN services);
  - Low awareness about the policy and/or confusion about the policy now that CMS has decided to phase out CE demonstrations
  - Barriers to care under H.R.1 or other state/federal policy changes that could prevent families from seeking care
- Formal evaluations of CE policies may not measure **all the potential benefits of CE** such as increases in parents' peace of mind, reduced paperwork burdens, and less worry about out-of-pocket costs.

Conclusion

Big Picture Takeaways

- Supporting continuous eligibility implementation, monitoring, and evaluation is critical to inform future state and federal policy.
  - Forthcoming Medicaid changes under H.R.1, growing demands on state staff, and the need to roll back CE policies once waivers expire could hinder effective implementation and evaluation.
- Sharing early insights, data, and best practices across implementing states will help build the evidence base.
- Advocates and early childhood development & education stakeholders can play a critical role in supporting broad awareness and evidence-building in implementing states.
  - Work with families and state agencies to promote continuous coverage and access to care for young children.
  - Learn what parents and providers are experiencing and how they view multiyear CE.

*"My hope would be, as we go forward, once that we can **demonstrate the benefits of the continuing eligibility from one to six we extend CE to older kids."***
—Interviewee

Thank you!

For More Information

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Resource Highlights

- Urban Institute: Multiyear Continuous Eligibility in Medicaid and CHIP: Five Keys to Maximizing Positive Benefits for Children and Their Families
- Georgetown CCF: Multi-Year Continuous Eligibility for Children

References and Additional Resources

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