Medicaid and CHIP Enrollment:
Child and Youth Data Snapshot

December 18, 2023

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

About this Brief

- This brief provides a preliminary analysis of outcomes for children and youth aged 19 to 23 enrolled in child-specific eligibility groups in Medicaid and the Children's Health Insurance Program (CHIP) based on data collected during the return to regular Medicaid renewals (often referred to as "unwinding").

- As a result of the Families First Coronavirus Response Act (FFCRA) Medicaid continuous enrollment condition and flexibilities adopted by states during the COVID-19 public health emergency, Medicaid and CHIP enrollment grew by more than 32 percent to 93,850,740 between February 2020 and March 2023.

- Since the end of the FFCRA Medicaid continuous enrollment condition on March 31, 2023, all states have begun to restore routine renewal processes for individuals' eligibility for Medicaid and CHIP.

- Multiple state-specific factors, including distribution and prioritization of renewals, pauses in procedural disenrollments, state-adopted mitigation strategies, use of section 1902(e)(14)(A) waivers, and states' eligibility and enrollment policies and procedures may influence a state's renewal outcomes, and must be considered when interpreting outcomes and comparing information across states.[*]

  - States have flexibility in how to distribute Medicaid and CHIP renewals during their return to regular Medicaid renewals; nearly half of states (22) elected to prioritize renewals for some or all individuals identified by the state as likely ineligible for Medicaid and/or CHIP.[**]

- A state's total enrollment number is affected by the number of people who maintain coverage at renewal, the number of disenrollments at renewal and in between renewals, and the number of individuals who apply or reapply for coverage and are enrolled.

[*]Data limitations in the Medicaid and CHIP CAA Reporting Metrics provide additional state-specific information.
[**]For more information on state renewal timelines and prioritization of renewals, please see 2023 State Timelines for Initiating Unwinding-Related Renewals.

Data Notes | Sources

This brief uses three data sources: Performance Indicator (PI) Data, T-MSIS Analytic Files (TAF), and Medicaid and CHIP Unwinding Monthly Reports.

- **Enrollment counts and changes are sourced from the PI Data.**

    - This dataset includes state-submitted monthly, aggregate data resulting from states' eligibility and enrollment processes.

    - Definitions of enrollment counts include individuals receiving comprehensive Medicaid and CHIP benefits on the last day of each calendar month.

    - More information on the PI Data can be found on the Performance Indicator Technical Assistance page, and the complete PI data set is available on Data.Medicaid.gov.

- **Details on enrollment by age and disenrollment are sourced from TAF.**

    - This dataset includes information on effective start and end dates for Medicaid and CHIP enrollees, along with information about enrollees' benefit status, eligibility group type, and age. Using this information, TAF data can identify when an enrollee has disenrolled from Medicaid or CHIP, which eligibility group they disenrolled from, and their age at the time of disenrollment.

    - Due to the timing and processing of T-MSIS submissions, at least two months of data submissions from the latest month of available TAF data are required to calculate analysis of Medicaid and CHIP disenrollments.

    - More information about TAF is available on the DQ Atlas Resources page, along with context about variability in the quality of T-MSIS data.

- **Auto renewal rates are sourced from the Medicaid and CHIP Unwinding Monthly Reports.**

    - This dataset includes state-submitted metrics about Medicaid and CHIP renewals initiated and completed for a cohort in a given month. States report outcomes for all individuals in the month in which renewals for the cohort are due, even if some renewals were completed in a prior month.

    - The auto-renewal rate is equal to the percent of enrollees, including those receiving comprehensive or limited benefits, whose renewal was due\ during the reporting period and whose coverage was retained based on information available to the agency without requiring additional information from the individual.

For more information on these datasets as well as methodologies and limitations, see the Data Sources and Metrics Definitions Overview under the "Understanding the Data" tab. Additional data are available at Medicaid.gov/unwinding-data.

Data Notes | Methodology Considerations

The definition of "child" differs between the Performance Indicator (PI) Data and TAF.

- The PI data uses the definition of "child" as included in the state's Medicaid state plan. The age limit for a "child" varies from state to state, and child enrollment likely includes "children" up to age 24 whose coverage was maintained as a requirement of the FFCRA Medicaid continuous enrollment condition. Additionally, PI child data includes enrollees in CHIP, which covers children under 19 years of age, but also includes a small number of pregnant adults aged 19 and over.

- TAF metrics in this brief define a child as an individual who is under age 24 and in a Medicaid or CHIP child-specific eligibility group. Individuals who are under age 24 and are in a non-age limited, adult-only, pregnancy-related, or blind/disabled eligibility groups are not included in the child definition.

- For the purposes of this brief, where not otherwise specified, "child" refers to those defined above as children, and thus may include youth aged 19-23. Refer to footnotes throughout the brief for additional clarification regarding the definition of child enrollment based on the specific data source utilized.

Additional considerations include:

- **Enrollment changes from the PI Data represent net changes in enrollment**, accounting for both disenrollments and new enrollments, including enrollees who disenroll and then return to Medicaid or CHIP.

- **TAF disenrollments count unique people who had at least a one-day gap in coverage within a given state.** This includes disenrollments resulting from redeterminations in addition to individuals who leave Medicaid or CHIP for other reasons, including moving out of the state, death, obtaining other coverage, and other changes in circumstance.

- **Data from each data source includes a different time period:**
  - PI Data goes through September 2023. The September 2023 enrollment data included in this brief are preliminary and have not yet been published as a part of CMS' regular monthly Medicaid & CHIP Applications, Eligibility, and Enrollment Data reports; numbers may vary.
  - TAF data includes disenrollments through July 2023 for all states except California, where it goes through June 2023. Refer to footnotes throughout the brief for additional clarification regarding the definition of child enrollment and the timeframe of data included.

- **Data quality varies by state**, and certain states are excluded in this brief because of severe data quality issues.
  - PI Data in this brief exclude Arizona because Arizona does not supply data that splits the adult and child population.
  - The TAF data in this brief excludes Florida, Kentucky, Illinois, Missouri, Pennsylvania, and Wisconsin because of various data quality issues that make either overall or child enrollment data unusable.

Main Takeaways from Child and Youth Data

State policy choices and Medicaid expansion impact the number of children and youth disenrolled from Medicaid and CHIP.

What we know about changes in Medicaid and CHIP child enrollment through end of September 2023.
- National: child enrollment in Medicaid and CHIP has decreased by 2.2 million from March 2023 through the end of September 2023 (-5.3% for children vs. -5.8% or 2.9 million for adults).
- State level: significant variation by state
  - 5 states with highest enrollment decreases account for over 1.2 million (or 54.1%) of total decrease in child enrollment.
  - 5 states with the greatest percent decrease in child enrollment range from -17.8% to -27.0%.

State policy and operational choices have a significant impact on child enrollment.
- Changes in child enrollment from March 2023 to September 2023 vary across states, ranging from -27% to almost no change.
- Higher auto-renewal (*ex parte*) rates are correlated with a smaller decrease in enrollment for children under age 19.
- Higher uptake of flexibilities are correlated with a smaller decrease in enrollment for children under age 19.

In addition, the coverage gap (in states that have not expanded Medicaid) leads to high rates of disenrollment for youth aged 19 to 23.
- Youth now aged 19-23 account for 23.9% of the increase in child enrollment while the continuous enrollment condition was in effect.
- With renewals restarting, many of these youth now fall into the coverage gap. Youth aged 19-23 make up a greater share of disenrollments in non-expansion states (27.6%) compared to expansion states (12.1%), and about 18.4% of disenrollments from the child-specific eligibility groups nationally.

While data on transitions to other forms of coverage is still forthcoming, 20.1% of children disenrolled from April 1, 2023 to June 1, 2023 have re-enrolled in Medicaid or CHIP as of the end of August 2023.

Notes: Changes in Medicaid and CHIP child enrollment are sourced from the Performance Indicator dataset and refer to any enrollee in a child-specific eligibility group or CHIP, as reported by the state. Changes in enrollment for youth aged 19 to 23 are sourced from the TAF and include any enrollee in a child-specific eligibility group as reported in TAF. Data are excluded for FL, KY, IL, MO, PA, and WI due to data quality issues. The relationship between (e)(14) flexibilities, auto-renewals (*ex parte*) rates, and enrollment decreases is sourced from Medicaid and CHIP Unwinding Monthly reports and the Performance Indicator dataset. The percent of national disenrollments refers to disenrollment from Medicaid and CHIP and will differ from output analyzing absolute change in enrollment.
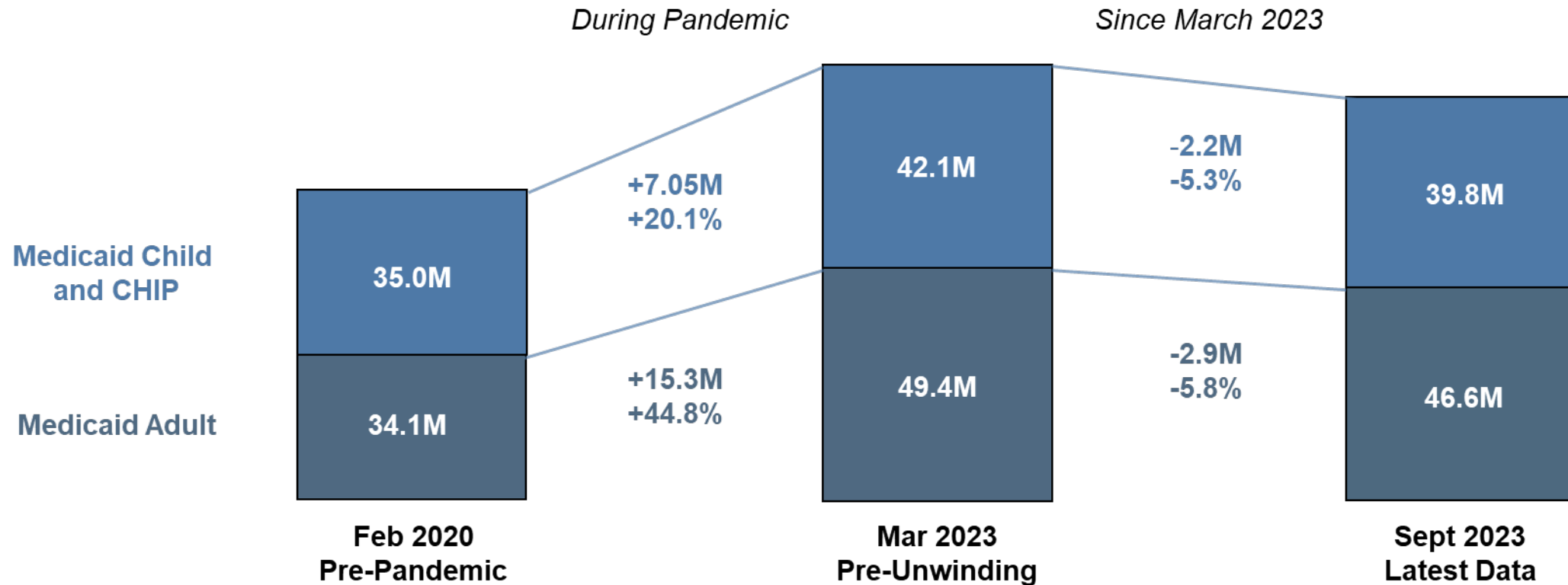
Enrollment: Total change in Medicaid and CHIP enrollment
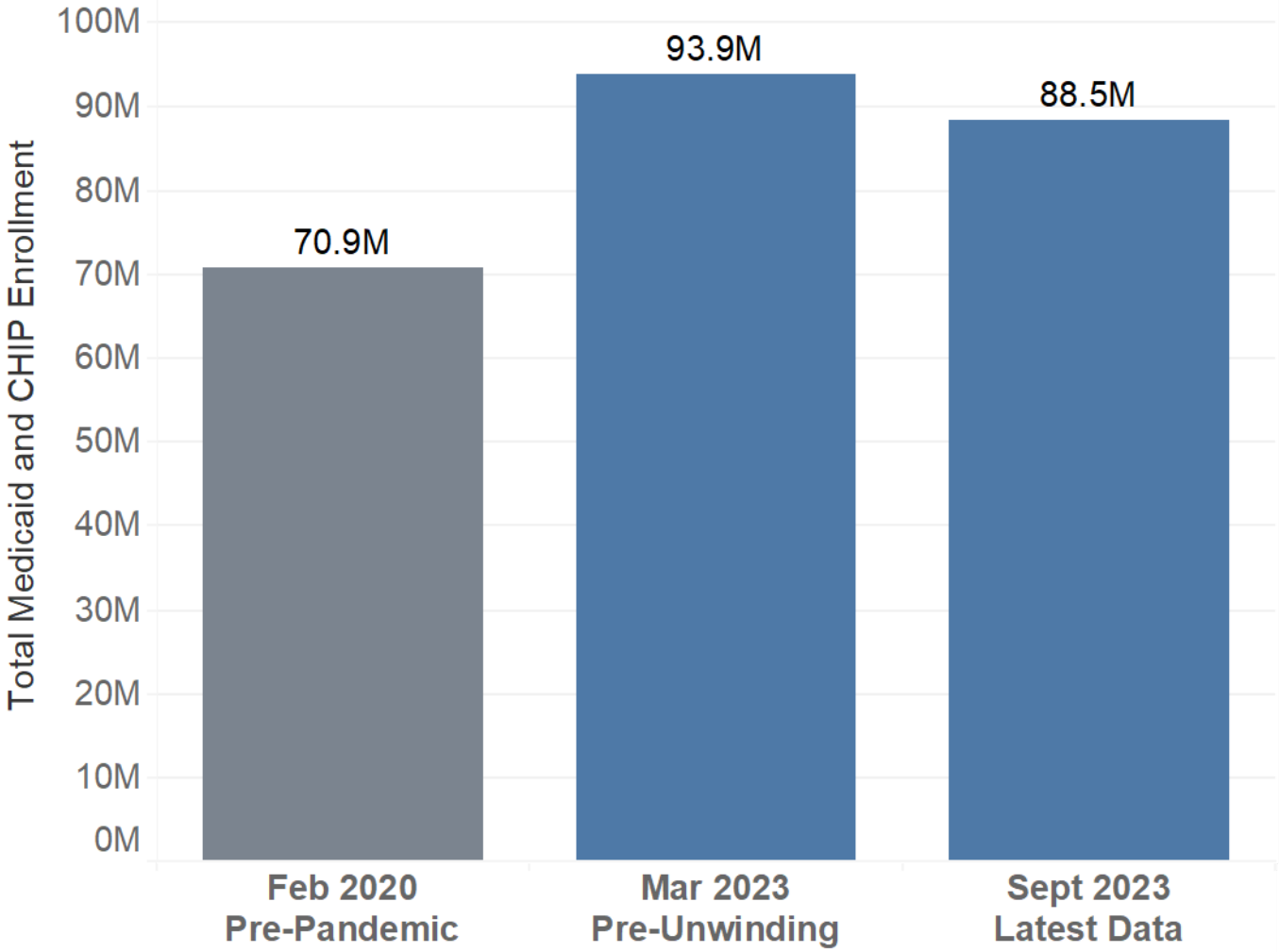
Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted November 2023, with data through September 2023.
Notes: This analysis includes preliminary Performance Indicator data from 50 states and the District of Columbia.

Enrollment: Enrollment in child-specific eligibility groups decreased by 2.2 million between March 2023 and September 2023

During Pandemic *Since March 2023*

Medicaid Child and CHIP

Medicaid Adult

35.0M +7.05M +20.1% 42.1M -2.2M -5.3% 39.8M

34.1M +15.3M +44.8% 49.4M -2.9M -5.8% 46.6M

Feb 2020 Pre-Pandemic **Mar 2023 Pre-Unwinding** **Sept 2023 Latest Data**

- As of Sept 2023, children accounted for 46% of total Medicaid and CHIP enrollment.

- While the continuous enrollment condition was in effect, adult enrollment grew faster than child enrollment.

- As of September 2023, child enrollment has decreased by 5.3% and adult enrollment has decreased by 5.8% since March 2023.

Enrollment: While the continuous enrollment condition was in effect, adult enrollment grew more than child enrollment

Between February 2020 and March 2023, enrollment in Medicaid and CHIP increased by 22,975,671 individuals (32.4%). Adult enrollment increased by 44.8% (15.3 million), while child enrollment increased by 20.1% (7.1 million).
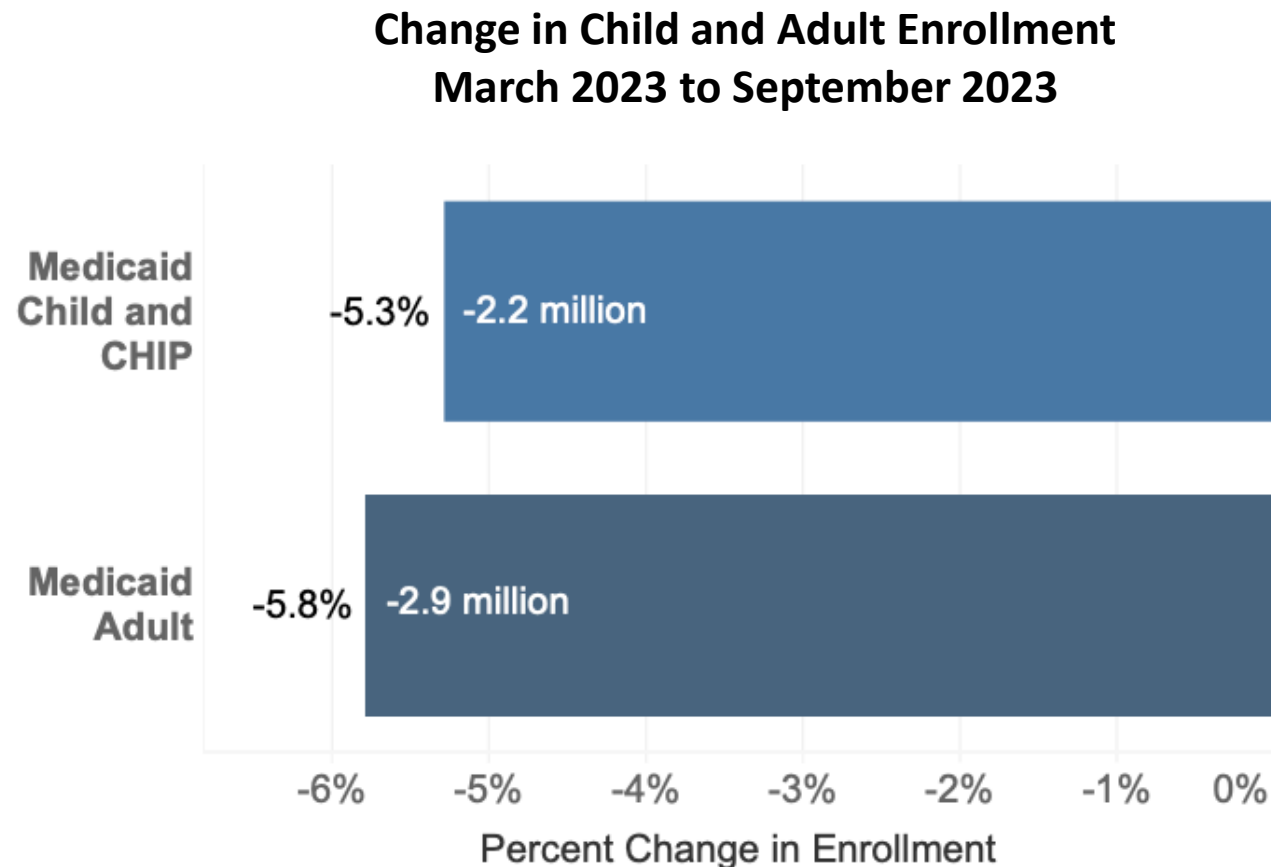
- In general, **individuals remained enrolled due to the FFCRA continuous enrollment conditions between March 2020 and March 2023.**

- **Historically, children have higher rates of coverage than adults**. Due in large part to higher income eligibility thresholds for children in Medicaid and CHIP. Prior to March 2020, the uninsured rate for children in the US was around 5%, while that of working-age adults (19-64) was 11%. In 2019, 92% of Medicaid- or CHIP-eligible children were enrolled.

- **Labor market fluctuations made more adults eligible for Medicaid early in the COVID-19 pandemic.** Due to labor market fluctuations in March to May 2020, many working-age adults lost their jobs and they and their families became eligible for Medicaid on the basis of income.

- **Adult enrollment grew due in part to Medicaid expansion.** 6 states (Idaho, Missouri, Nebraska, Oklahoma, South Dakota, Utah) enacted Medicaid expansion between January 1, 2020, and September 30, 2023, adding to the adult population newly eligible for Medicaid.

Enrollment: Since March 2023, child and adult enrollment have decreased at similar rates

- **Child enrollment** grew 20.1% between February 2020 and March 2023; since March 2023, it has decreased by 5.3%, with enrollment remaining 13.8% higher than February 2020.

- **Adult enrollment** grew 44.8% between February 2020 and March 2023; since March 2023, enrollment has decreased by 5.8%, with enrollment remaining 36.4% higher than February 2020.

Change in Child and Adult Enrollment March 2023 to September 2023

Medicaid Child and CHIP: -5.3% / -2.2 million

Medicaid Adult: -5.8% / -2.9 million

Percent Change in Enrollment

Enrollment: The 5 states with the largest absolute declines in child enrollment account for more than 1.2 million (or 54.1%) of the total decrease nationally

**Absolute Change (#) in Child Enrollment by State, March 2023 to September 2023**
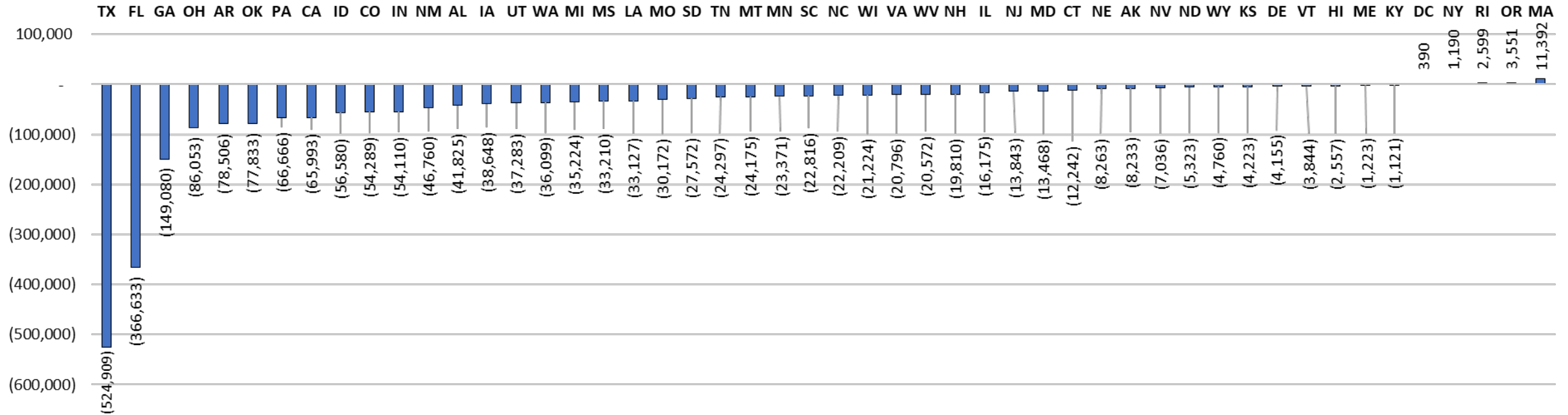
- Multiple state-specific factors, including distribution and prioritization of renewals, pauses in procedural disenrollments, state-adopted mitigation strategies, use of section 1902(e)(14)(A) waivers, and states' eligibility and enrollment policies and procedures may influence a state's renewal outcomes.
- States have flexibility in how to distribute Medicaid and CHIP renewals during their unwinding period; nearly half of states (22) elected to prioritize renewals for some or all individuals identified by the state as likely ineligible for Medicaid and/or CHIP.

Enrollment: The percent change in total child enrollment varies significantly by state, with some states reaching a 27% decrease

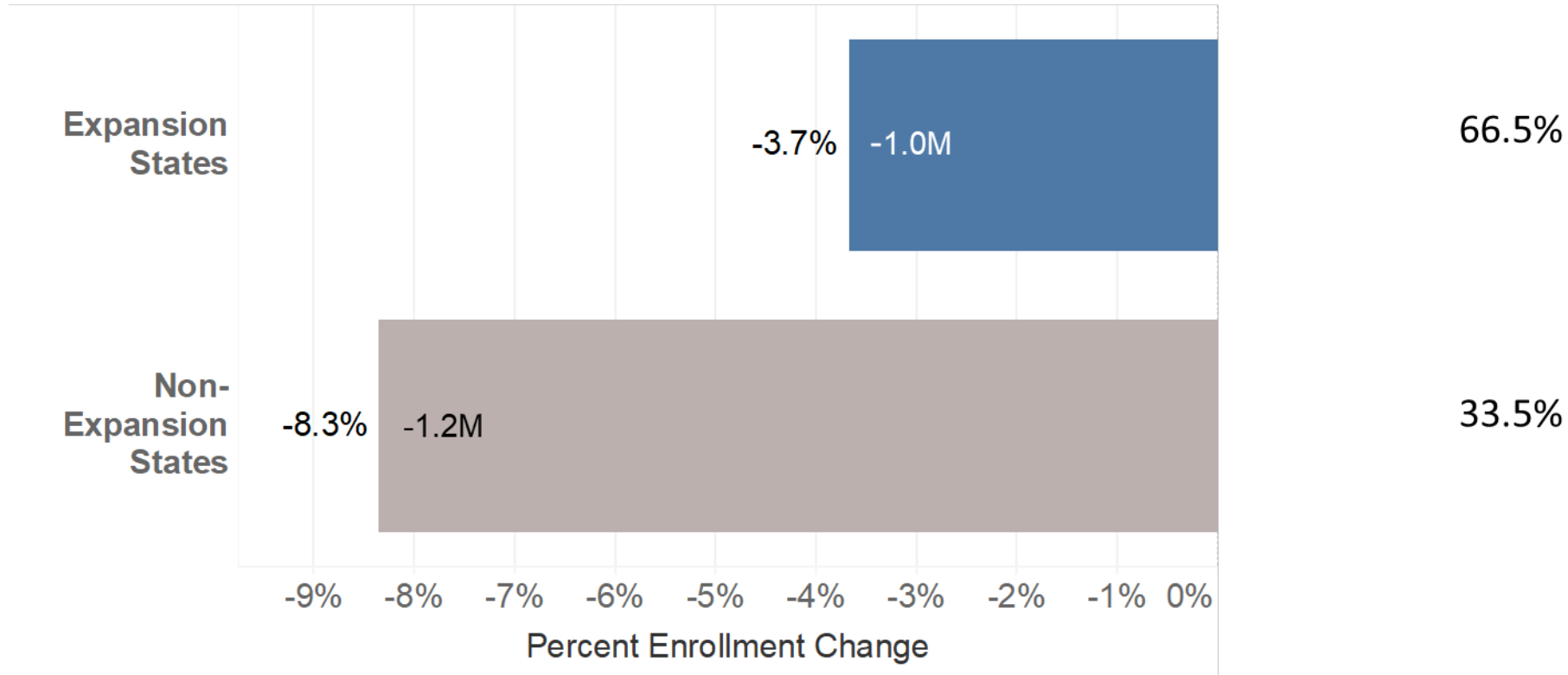**Percent Change (%) in Child Enrollment by State, March 2023 to September 2023**
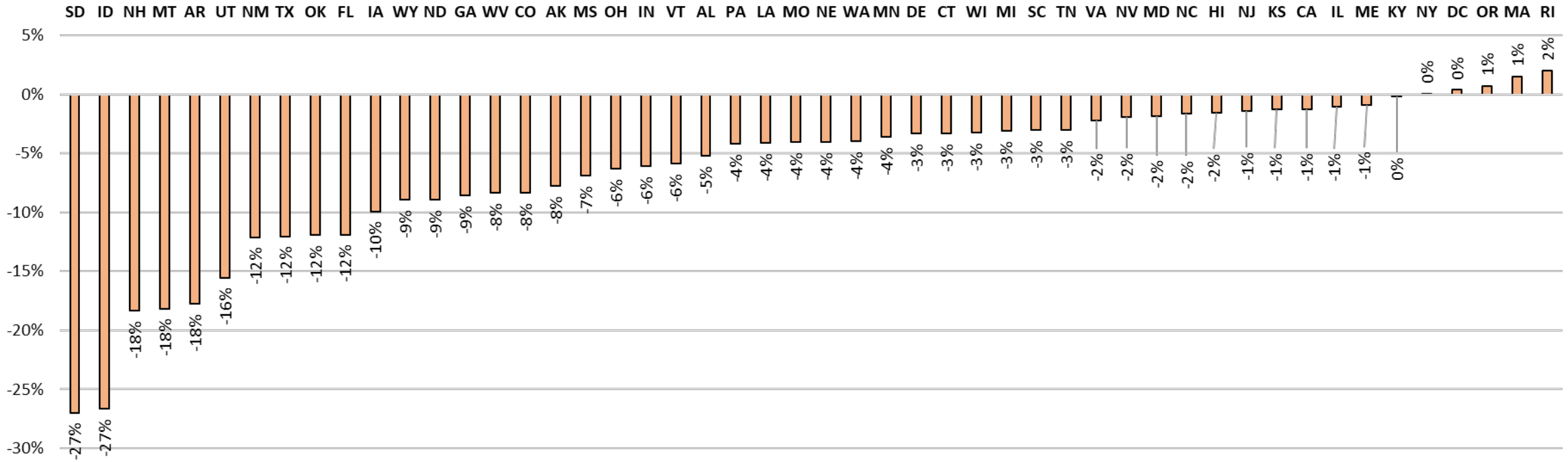
Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted November 2023, with data through September 2023.
Notes: Multiple factors, including state-adopted mitigations and other strategies may influence renewal outcomes and reporting in a state. Please see Appendix: Context and Data Notes for more information. This analysis includes preliminary Performance Indicator data from 49 states and the District of Columbia. AZ does not report Medicaid adult and child breakouts and is excluded from this analysis. Child enrollment refers to enrollment in child-specific eligibility groups or CHIP as submitted to the PI dataset. The percent change in child enrollment is correlated with the percent of unwinding-related renewals a state has completed. Many of the states with large percent decreases in child enrollment have completed a substantial portion of these renewals.

Enrollment: On average, the decrease in child enrollment is larger in states that have not expanded Medicaid

Change in Child Enrollment between March and September 2023

Expansion States	-3.7% -1.0M
Non-Expansion States	-8.3% -1.2M

Percent Enrollment Change

% of Total National Child Enrollment in Sept. 2023

66.5%

33.5%

State policy and operational choices: State auto-renewal (*ex parte*) rates have a significant impact on maintaining coverage for children under age 19

- Higher auto-renewal (*ex parte*) rates are significantly correlated with a smaller percent of children in a state who are disenrolled.

- CMS has provided states with many policy and operational levers to meaningfully increase auto-renewal rates, including adoption of new waivers and other guidance. Many, but not all, states have invested significantly in increasing auto-renewal (*ex parte*) rates.

Average Percent Change of Medicaid Child and CHIP Enrollment by Auto-Renewal (*Ex Parte*) Rates between March and September 2023

Chart: Change in Medicaid Child and CHIP Enrollment by Auto-Renewal (*Ex Parte*) Rate:
- 0 to 15%: -9.8%
- 16 to 29%: -7.4%
- 30 to 40%: -6.0%
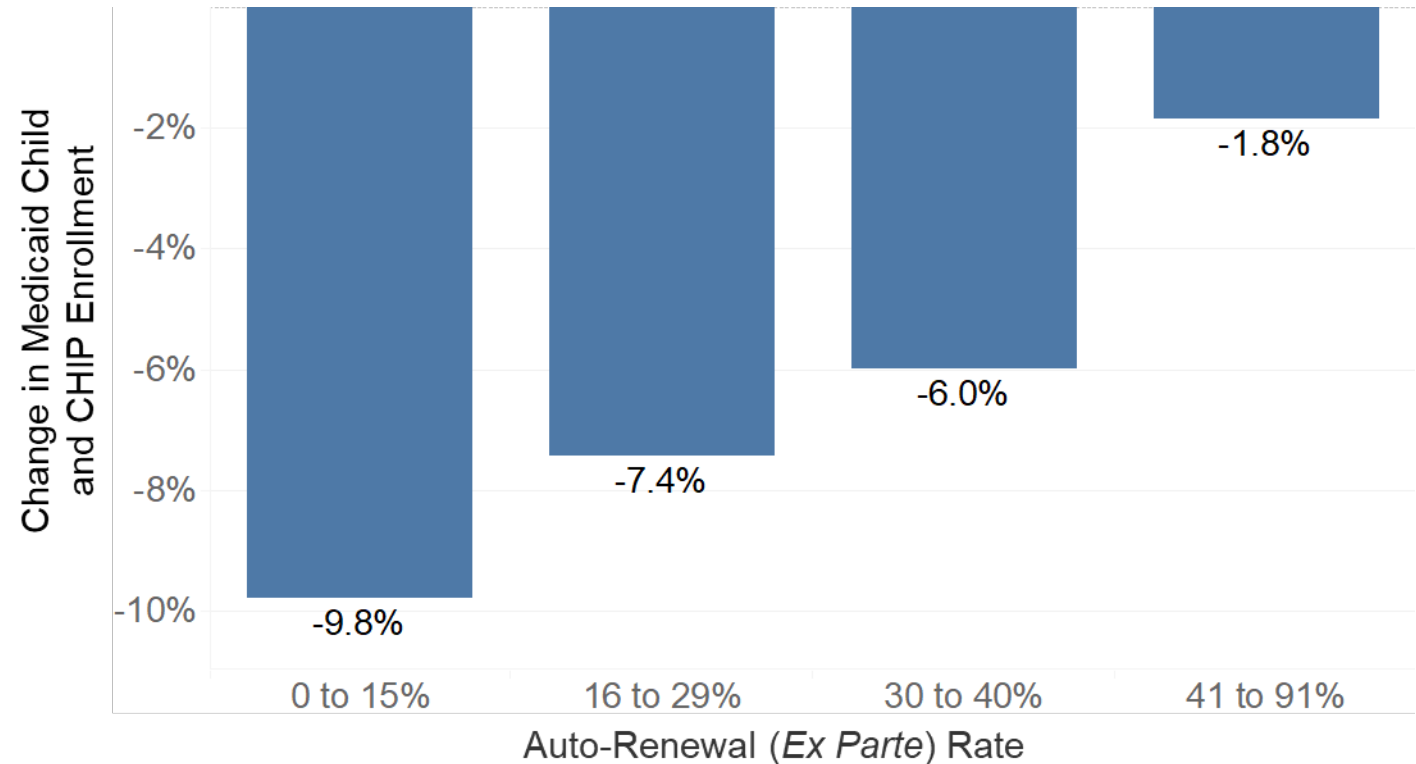- 41 to 91%: -1.8%

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted November 2023, with data through September 2023. Auto-renewal (*ex parte*) rates are sourced from Medicaid and CHIP Unwinding Monthly Reports.
Notes: This analysis includes preliminary Performance Indicator data from 49 states and the District of Columbia. AZ does not report Medicaid adult and child breakouts and is excluded from this analysis. Child enrollment refers to enrollment in child-specific eligibility groups or CHIP as submitted to the PI dataset. Statistical significance was established using a multivariate regression model and the coefficient for auto-renewal rate was significant at $p<0.05$ level.

State policy and operational choices: Data shows that state uptake of 1902(e)(14)(A) waivers is likely to lead to maintaining coverage for children under age 19

Average Percent Change of Medicaid Child and CHIP Enrollment by the Number of 1902(e)(14)(A) Waivers Adopted between March and September 2023
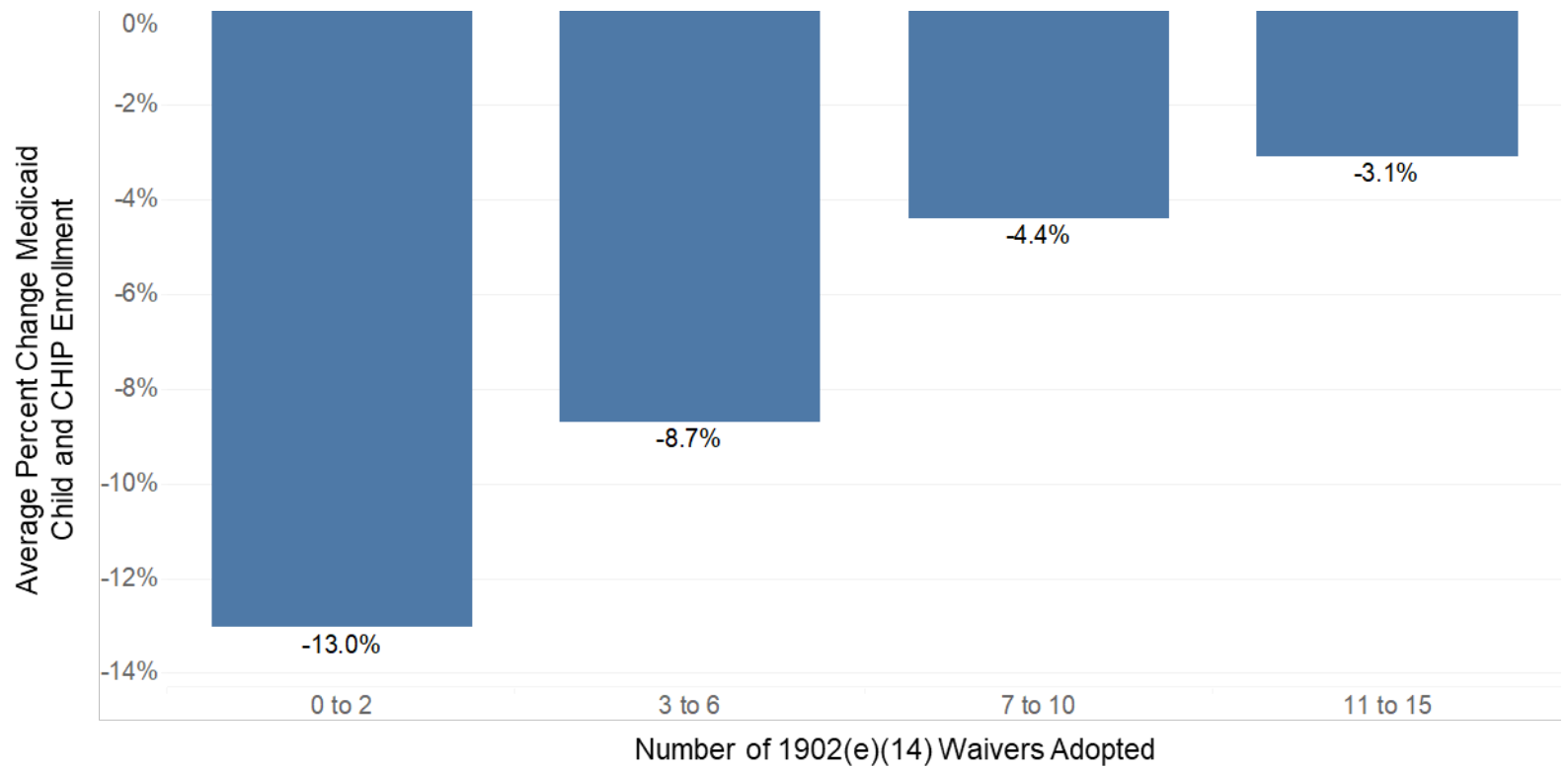

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted November 2023, with data through September 2023. Adoption of (e)(14) waivers is sourced from CMS data available on Medicaid.gov.

Notes: This analysis includes preliminary Performance Indicator data from 49 states and the District of Columbia. AZ does not report Medicaid adult and child breakouts and is excluded from this analysis. Child enrollment refers to enrollment in child-specific eligibility groups or CHIP as submitted to the PI dataset. Statistical significance was established using a multivariate regression model and the coefficient for the total number of 1902(e)(14)(A) waivers was significant at $p < 0.1$ level.

Disenrollment data: What we know about children and youth being disenrolled from child-specific eligibility groups since March 2023

Disenrollment from Child-Specific Eligibility Groups between April 1, 2023, and August 1, 2023

Total disenrollment from child-specific eligibility groups	100.0%
By age	
Children <19	81.6%
Youth aged 19-23	18.4%
By Medicaid expansion	
Medicaid expansion states (across 40 states)	59.0%
Medicaid non-expansion states (across 10 states)	41.0%
Transitions after disenrollment *(for individuals disenrolled through June 1, 2023)*	
Re-enrolled in Medicaid or CHIP by end of Aug 2023	20.1%
Other (Marketplace, employer-sponsored insurance, uninsured, etc.)	Not yet available

> ***20.1% of children disenrolled are now re-enrolled in Medicaid/CHIP (in their own state or another state)***

Source: TAF Annual Demographic and Eligibility File (ADE), preliminary data submitted in October with disenrollments from April 1, 2023 through August 1, 2023 for all included states except CA, which includes disenrollments through July 1, 2023. Transitions include disenrollment through May 31, 2023 and re-enrollment in Medicaid or CHIP in the same state or a different state through August 31, 2023 for all states except California, which includes transitions through July 31, 2023.

Notes: This analysis includes preliminary TAF data from 44 states and DC. The following states are excluded due to data quality issues: FL, IL, KY, MO, PA, and WI. The 44 states and DC included 2.583M children disenrolled from April 1 and August 1, 2023 (July 1, 2023 for CA); and 1.190M children disenrolled through June 1, 2023. Disenrollment from a child-specific eligibility group includes any enrollee enrolled in a child-specific eligibility group at the time of disenrollment and may include youth through age 23.

Coverage gap: Youth aged 19-23 accounted for 23.9% of growth in child enrollment during the public health emergency

- For the 44 states and DC included in this analysis, youth now aged 19-23 who stayed enrolled in a Medicaid or CHIP child-specific eligibility group between February 2020 and March 2023 accounted for 23.9% of the increase in total child enrollment.

- This translates to an increase of nearly 1.9 million youth aged 19-23 enrolled in a child-specific eligibility group during this timeframe.

- The percent of enrollees in a Medicaid or CHIP child-specific eligibility group who were youth aged 19-23 increased from 1.4% in February 2020 to 5.5% in March 2023.

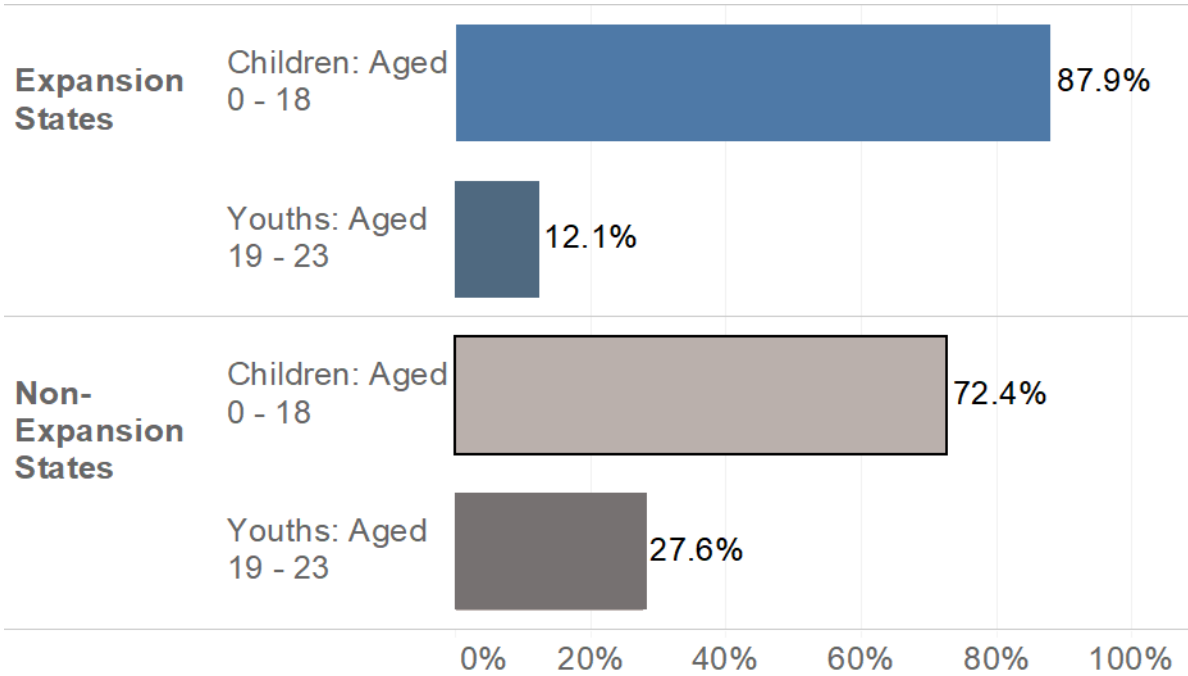|	Age <19	Age 19-23
% of Total Child Enrollment Increase: February 2020 – March 2023	76.1%	23.9%
% of Total Child Enrollment Decrease: March 2023 – July 2023	77.6%	22.4%

Coverage gap: In non-expansion states, youth aged 19 to 23 account for 27.6% of disenrollments – *Medicaid expansion matters*

- **States with Medicaid expansion are shown to have lower rates of disenrollment of youth aged 19-23, compared with states that have not yet expanded.**

- In non-expansion states, on average 27.6% of people disenrolled from child eligibility groups are youth aged 19-23, compared to only 12.1% of people in expansion states.

- Across non-expansion states, youth aged 19-23 are between 7.4% and 59.2% of child disenrollees; conversely, youth aged 19-23 are between 2.0% and 35.9% of child disenrollees in expansion states.

% of Total Child and Youth Aged 19-23 Disenrollments from Child-Specific Eligibility Groups

Expansion States	Children: Aged 0 - 18	87.9%
	Youths: Aged 19 - 23	12.1%
Non-Expansion States	Children: Aged 0 - 18	72.4%
	Youths: Aged 19 - 23	27.6%

18.4% of national disenrollments from the child-specific eligibility groups are now youth aged 19 to 23.

Source: TAF Annual Demographic and Eligibility File (ADE), preliminary data submitted in October with disenrollments from April 1, 2023 through August 1, 2023 for all included states except California, which includes disenrollments through June 30, 2023.
Notes: This analysis includes preliminary TAF data from 44 states and the District of Columbia. The following states are excluded due to data quality issues: FL, IL, KY, MO, PA, and WI. North Carolina is classified as a non-expansion state because the policy was not in effect during the analysis period. South Dakota is classified as an expansion state because the policy went into effect during the analysis period. Disenrollment from a child-specific eligibility group includes unique enrollees enrolled in a child-specific eligibility group at the time of disenrollment and may include youth through age 23.

Closing | Strategies for State Medicaid Agencies

The data makes it clear that **states' policy and operational choices impact Medicaid and CHIP renewals and rates of procedural disenrollments**. States should **adopt every applicable strategy and available waiver to help support successful coverage renewals and transitions** for children to prevent children who are Medicaid-eligible from getting caught in red tape, losing coverage, and becoming uninsured.

Key strategies that have been demonstrated to maintain children's enrollment:

- **Adopt every possible 1902(e)(14)(A) strategy available**, particularly those that improve rates of Medicaid auto-renewal, using data from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs.
- **Ensure that a child's eligibility is being considered separately from their family's eligibility** to ensure that eligible children remain enrolled even if their head of household is no longer eligible.
- If a child is found ineligible for either Medicaid or CHIP, **use data obtained in the original auto-renewal process** to make the eligibility determination for the other program to ensure a smooth transition and continuous coverage (e.g., automatically transitioning children's coverage to CHIP would dramatically reduce barriers and improve children's coverage).
- **Remove barriers to enrollment in CHIP,** including enrollment fees, premiums, and waiting periods.
- **Implement Express Lane Eligibility (ELE) for children** by using School Lunch programs, Head Start, and the Women, Infant, and Children's program (WIC) and other sources to streamline and simplify the application and renewal process for children to increase auto-renewals.
- **Expand Medicaid** to help support health coverage for youth aged 19-23.

Closing | Strategies for State Medicaid Agencies (continued)

State Medicaid agencies should implement strategies to ensure comprehensive, targeted, on-the-ground outreach efforts to reach additional families:

- **Partner with other child- and family-facing state agencies, schools, and community-based organizations.** Ensure that all state agencies that interact with children and families know where to find communications about redetermination.
  - Ask sister agencies that a serve large volume of Medicaid and CHIP enrollees to remind workers across the agency to ask families about their redetermination and to provide support if they need it.
- **Partner with State and local education agencies** and schools to reach families.
- **Hire staff at call centers** who speak the most common non-English languages in your state.
- **Increase call center capacity** to drive down call center wait times and abandonment rates.
- **Provide data to health plans, community health centers, and pediatric practices** to help them provide direct support to families renewing coverage.

Resources | Additional resources to support children and youth

State Technical Support

- [CMCS Informational Bulletin (CIB): Ensuring Eligible Children Maintain Medicaid and Children's Health Insurance Program Coverage](#) (December 2023)

- [Slide Deck: Transitioning Individuals Within Medicaid Eligibility Groups and Between Medicaid and CHIP at Renewal](#) (December 2023)

- [State Strategies to Prevent Procedural Terminations](#) (June 2023)

- Slide Deck: [Supporting Seamless Coverage Transitions for Children Moving Between Medicaid and CHIP in Separate CHIP States](#) (December 2022)

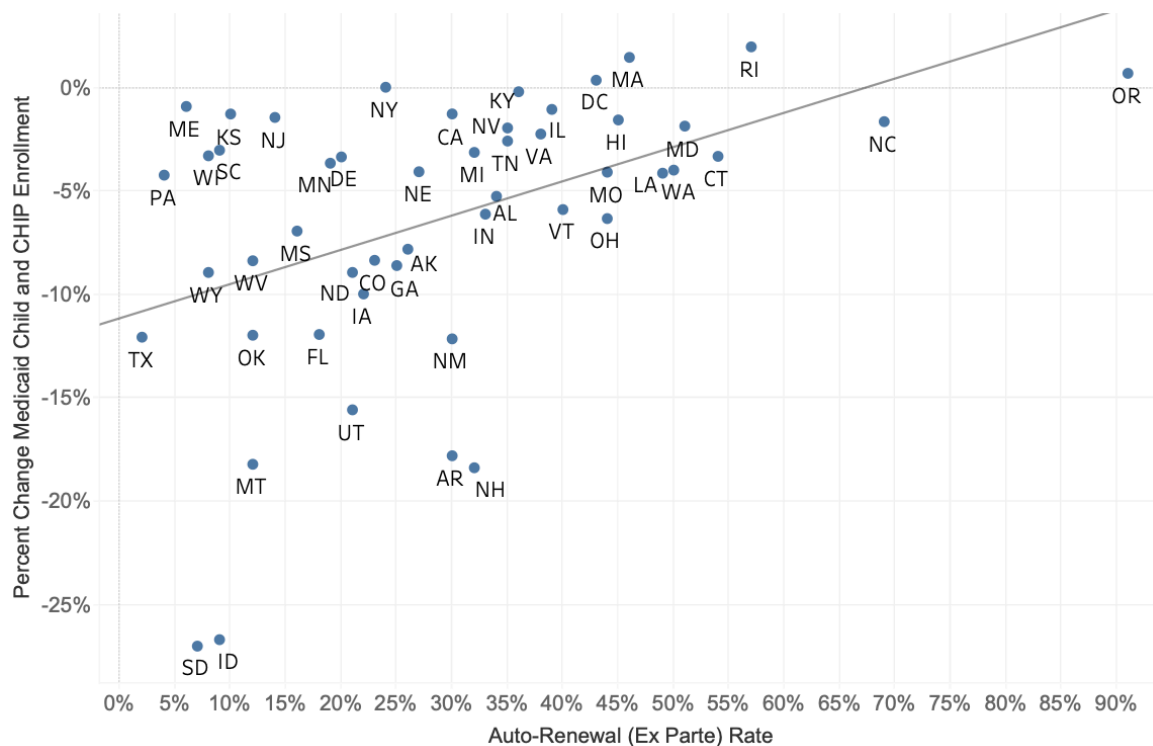- All state resources: [Medicaid.gov/Unwinding](#)

Communications and Outreach

- [Medicaid and CHIP Eligibility Renewals: A Communications Toolkit](#)

- [Connecting Kids to Coverage Back-to-School & School-Based Outreach Materials](#)

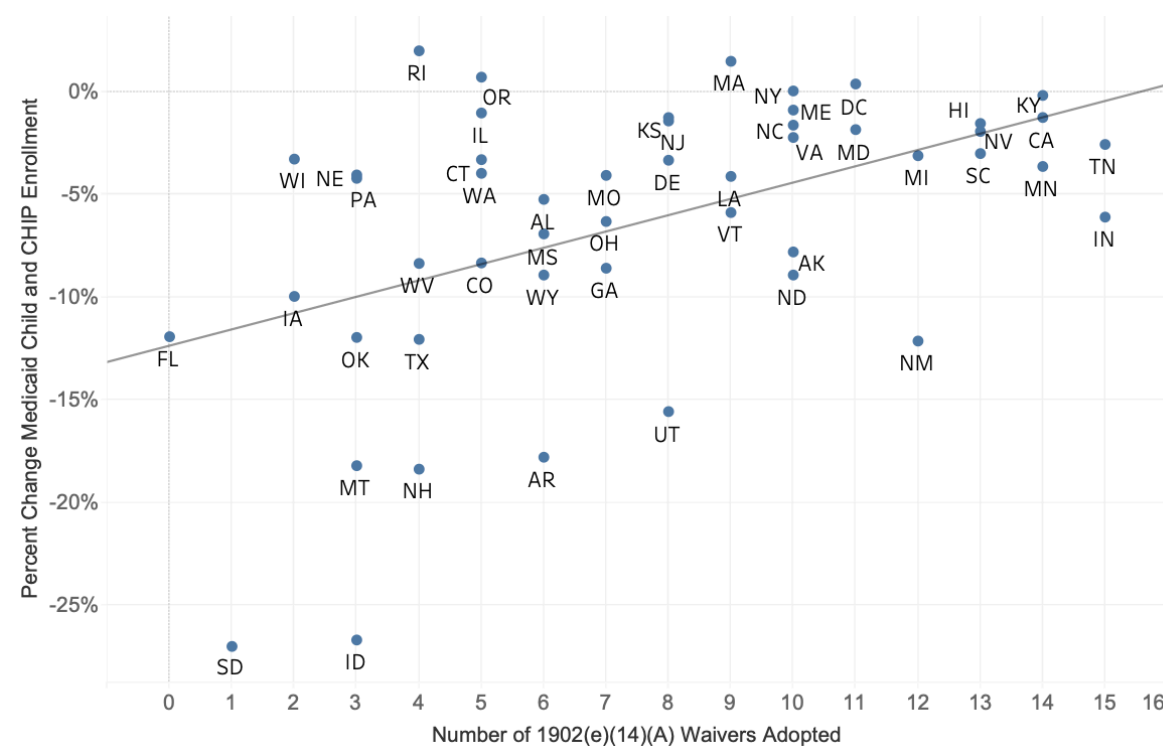- [All Medicaid and CHIP Renewals Outreach and Educational Resources](#)

Appendix

Appendix:

Percent Change of Medicaid Child and CHIP Enrollment by Auto-Renewal (*Ex Parte*) Rates between March and September 2023

Percent Change of Medicaid Child and CHIP Enrollment by the Number of 1902(e)(14)(A) Waivers Adopted between March and September 2023

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted November 2023, with data through September 2023. Auto-renewal (*ex parte*) rates are sourced from Medicaid and CHIP Unwinding Monthly Reports. Adoption of (e)(14) waivers is sourced from CMS data available on Medicaid.gov.

Notes: This analysis includes preliminary Performance Indicator data from 49 states and the District of Columbia. AZ does not report Medicaid adult and child breakouts and is excluded from this analysis. Child enrollment refers to enrollment in child-specific eligibility groups or CHIP as submitted to the PI dataset. For the auto-renewal rate analysis, statistical significance was established using a multivariate regression model and the coefficient for auto-renewal rate was significant at $p<0.05$ level. For the 1902(e)(14)(A) analysis, statistical significance was established using a multivariate regression model and the coefficient for the total number of 1902(e)(14)(A) waivers was significant at $p<0.1$ level.

Appendix: Context and Data Notes – Understanding Renewal Timelines & Reporting

- **Medicaid and CHIP renewal outcomes are reported by cohort**. States report outcomes for all individuals in the month in which renewals for the cohort are due, even if some renewals were completed in a prior month.

- **States began unwinding in February, March, or April 2023** by initiating their first cohort of renewals.

- **The length of states' renewal process varies.** Most states take between 45 and 90 days to complete renewals for a cohort. As a result, states are completing renewals on different schedules and will report outcomes in different months.

- **As of September 30th, 2023, all states and the District of Columbia had completed at least one full cohort** of unwinding-related renewals.

- States have flexibility in how to distribute Medicaid and CHIP renewals during the unwinding period, and nearly half of states (22) elected to prioritize renewals for some or all individuals identified by the state as likely ineligible for Medicaid and/or CHIP.

- For more information on state renewal timelines and prioritization of renewals, please see 2023 State Timelines for Initiating Unwinding-Related Renewals.

Appendix: Context and Data Notes – Interpreting Renewal Outcomes

- Multiple factors, including state-adopted mitigations and other strategies may influence renewal outcomes and reporting in a state. For example:

  - States with an *ex parte* mitigation strategy that use data sources to complete a renewal after a form is sent may report those renewals as completed based on the return of a renewal form and underreport the number of individuals renewed on an *ex parte* basis.

  - Some states are temporarily holding some or all procedural disenrollments as a mitigation strategy to ensure compliance with federal renewal requirements or have voluntarily implemented a strategy to delay procedural terminations to conduct additional outreach. These states may report zero procedural disenrollments and/or a significantly higher share of pending renewals at the end of a reporting month.

  - Some states have restored eligibility for people initially found ineligible due to systems or other errors. This is frequently not identifiable in the data.

- Please consider these factors, states' distribution and prioritization of renewals, and other information when interpreting renewal outcomes and comparing information across states. Data limitations in the Medicaid and CHIP CAA Reporting Metrics provide additional state-specific information.

- For additional information, see:

  - COVID-19 PHE Unwinding Section 1902(e)(14)(A) Waiver Approvals, and

  - Summary of State Mitigation Strategies for Complying with Medicaid Renewal Requirements

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Appendix: Context and Data Notes – Holding Procedural Disenrollments

- Among states that had a cohort of unwinding-related renewals due in the following month(s), these states paused some or all procedural disenrollments:
  - **March cohort**: Idaho
  - **April cohort**: Idaho, Oklahoma, and Wyoming
  - **May cohort**: Delaware, Kansas, Kentucky, Maine, West Virginia, and Wyoming
  - **June cohort**: Arkansas, District of Columbia, Delaware, Illinois, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, New Jersey, New York, Oklahoma, South Carolina, West Virginia, and Wyoming
  - **July cohort:** Arkansas, District of Columbia, Delaware, Illinois, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Missouri, New Jersey, New York, Oklahoma, South Carolina, West Virginia, and Wyoming
  - **August cohort:** District of Columbia, Delaware, Illinois, Kansas, Kentucky, Maryland, Maine, Michigan, New Jersey, New York, and South Carolina
  - **September cohort**: Alaska, Colorado, District of Columbia, Delaware, Hawaii, Idaho, Illinois, Kansas, Kentucky, Maryland, Maine, Michigan, New Hampshire, New Jersey, New Mexico, New York, Nevada, Oregon, South Carolina, Virginia, Vermont, and West Virginia
- States report renewal outcomes by cohort in the month the renewal is due. In most states, the effective date for procedural disenrollments is the beginning of the following month in which the renewal was due (e.g., procedural disenrollments for renewals due and reported in the month of March would have an effective disenrollment date of April 1).