



All-State Medicaid and CHIP Call June 20, 2023



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Agenda

- Health Equity Data Briefs
- Open Mic Q and A including Questions on Unwinding

Health Equity Data Briefs

*Overview of CMCS Medicaid & CHIP
Health Equity Data Briefs*



Background

- CMCS is dedicated to measuring disparities in access to care and making focused, evidence-based investments to improve health equity. Reliable and accurate data are essential to this strategic vision.
- On June 7th, The Center for Medicaid and CHIP Services (CMCS) released a series of four equity data briefs which highlight key social and demographic characteristics including:
 - [2019 Race and Ethnicity Data Brief](#)
 - [2020 Race and Ethnicity Data Brief](#)
 - [Disability Data Brief](#)
 - [Primary Language Data Brief](#)
 - [Rural Data Brief](#)
- These data briefs reflect the national Medicaid and the Children's Health Insurance Program (CHIP) populations using T-MSIS Analytic Files (TAF) data.
- **This package of briefs is the first CMCS publication of its kind that summarizes important social and demographic characteristics of the Medicaid and CHIP populations to advance CMCS' 2021 strategic vision to improve health equity.**
- CMCS' release of these data briefs is a critical step toward increasing public transparency on the Medicaid and CHIP programs and the individuals they serve.

Data Source

- These briefs are based on data reported by states to CMS as part of the Transformed Medicaid Statistical Information System (T-MSIS).
- States report information each month via T-MSIS about their enrollees, Medicaid- and CHIP-covered services, payments to providers and managed care organizations, enrollees' diagnoses and health conditions, and information on providers and managed care plans.
- These data are converted into the TAF, which are optimized for research purposes.
- More information about T-MSIS and TAF is available at [Medicaid.gov](https://www.Medicaid.gov).
- CMCS is taking steps to address missing and poor-quality data on enrollee race and ethnicity by (1) helping states improve their collection and submission of these data, and (2) deploying indirect estimation methods to provide alternative information when states' reporting is incomplete or poor quality

Definitions

- Each data brief summarizes key demographic characteristics of a specific Medicaid and CHIP subpopulation, examining trends in age, benefits package, managed care participation, geographic location, and racial and ethnic makeup. The data brief topics include:
 - **“Race and Ethnicity of the National Medicaid and CHIP Population in 2019”** describes the race and ethnicity of enrollees in Medicaid and CHIP in 2019;
 - **“Race and Ethnicity of the National Medicaid and CHIP Population in 2020”** describes the race and ethnicity of enrollees in Medicaid and CHIP in 2020;
 - **“Rural Medicaid and CHIP Enrollees in 2020”** describes enrollees in Medicaid and CHIP residing in rural areas in 2020, and compares them to enrollees residing in urban areas;
 - **“Primary Language Spoken by the Medicaid and CHIP Population in 2020”** describes enrollees whose primary language is not English in Medicaid and CHIP in 2020, and compares them to enrollees who speak English as their primary language; and,
 - **“Medicaid Enrollees Who Qualify for Benefits Based on Disability in 2020”** describes enrollees who are eligible for Medicaid through a disability-related pathway in 2020.

Population Summary

- The figures in this brief include Medicaid and CHIP enrollees from all states, the District of Columbia, and Puerto Rico.
- Enrollees in Guam, American Samoa, Northern Mariana Islands, and the U.S. Virgin Islands are not included in this data brief.
- All figures include enrollees who are dually eligible for Medicaid and Medicare

Future Use Cases

- The initial set of equity data briefs will be published on Medicaid.gov. To support continued monitoring of the information presented in these data briefs, updated counts that reflect data from later years will be publicly available for download on data.medicaid.gov as the data become available for each year.

Race & Ethnicity Data Briefs

Example A: Overview of the Race & Ethnicity Data Briefs



Race & Ethnicity Data Brief (I/IV)

2 – U.S. POPULATION COMPARISON

What is the racial and ethnic composition of the national Medicaid and CHIP population in 2019, and how does it compare to the entire U.S. population?

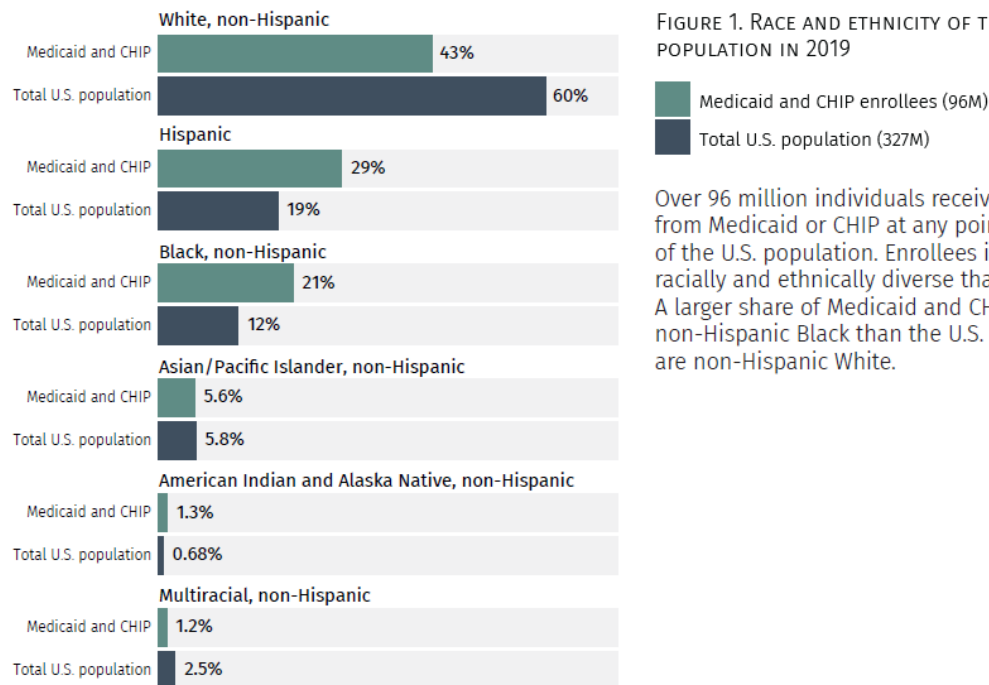


FIGURE 1. RACE AND ETHNICITY OF THE NATIONAL MEDICAID AND CHIP POPULATION IN 2019

Medicaid and CHIP enrollees (96M)
Total U.S. population (327M)

Over 96 million individuals received some type of health coverage from Medicaid or CHIP at any point in 2019, almost 30 percent of the U.S. population. Enrollees in Medicaid and CHIP are more racially and ethnically diverse than the overall U.S. population. A larger share of Medicaid and CHIP enrollees are Hispanic and non-Hispanic Black than the U.S. population, and a smaller share are non-Hispanic White.

SOURCES: 2019 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1; 2019 Race/Ethnicity Imputation Companion File; 2019 American Community Survey.

NOTES: This figure includes Medicaid and CHIP enrollees from all states, the District of Columbia, and Puerto Rico. The U.S. Virgin Islands are not included because data from that territory are not included in the 2019 REI Companion File. Guam, American Samoa, and the Northern Mariana Islands do not submit data to T-MSIS. Individuals with "some other race" are not included in the American Community Survey figures.

Race & Ethnicity Data Brief (II/IV)

3 – BENEFITS PACKAGE

How does the racial and ethnic composition of the Medicaid and CHIP population in 2019 with comprehensive benefits compare to the population with limited benefits?

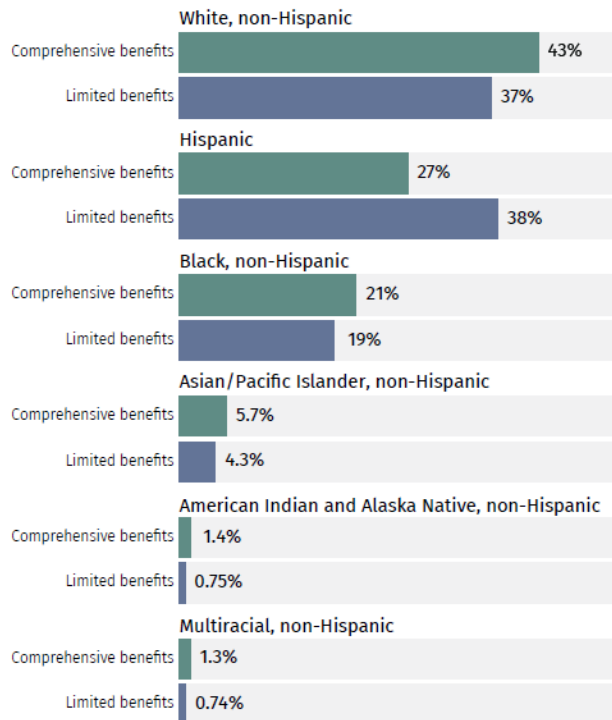


FIGURE 2. RACE AND ETHNICITY OF THE NATIONAL MEDICAID AND CHIP POPULATION IN 2019, BY SCOPE OF BENEFITS

■ Enrollees with comprehensive benefits (87M)
■ Enrollees with limited benefits (9.2M)

Most people with Medicaid and CHIP coverage qualify for a comprehensive benefit package that meets the minimum essential coverage standard under the Affordable Care Act. A smaller group qualifies for limited benefits only. The most common limited benefit packages in Medicaid are those that cover only family-planning services, emergency services, or assistance with premiums and cost-sharing in Medicare. Medicaid and CHIP enrollees with limited benefits are much more likely to be Hispanic than enrollees with comprehensive benefits.

SOURCES: 2019 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1; 2019 Race/Ethnicity Imputation Companion File.

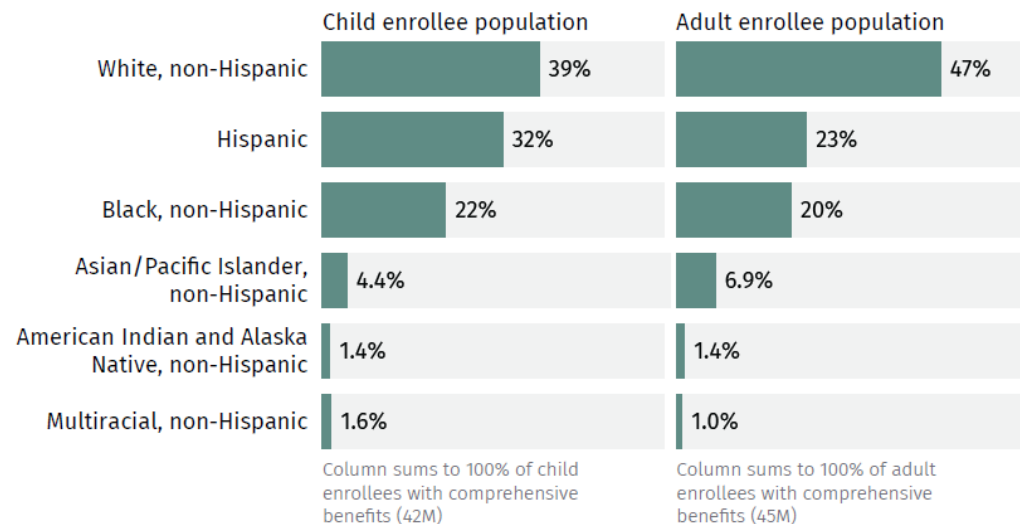
NOTES: This figure includes Medicaid and CHIP enrollees from all states, the District of Columbia, and Puerto Rico. The U.S. Virgin Islands are not included because data from that territory are not included in the 2019 REI Companion File. Guam, American Samoa, and the Northern Mariana Islands do not submit data to T-MSIS.

Race & Ethnicity Data Brief (III/IV)

4 – AGE

Does the racial and ethnic composition of the child population in Medicaid and CHIP in 2019 with comprehensive benefits resemble the composition of the adult Medicaid and CHIP population?

FIGURE 3. RACE AND ETHNICITY OF THE NATIONAL MEDICAID AND CHIP POPULATION IN 2019, BY AGE



Children (those ages 18 and younger) with comprehensive Medicaid and CHIP coverage are more racially and ethnically diverse than adults (those ages 19 and older) with comprehensive coverage. Adults covered by Medicaid and CHIP are more likely to be non-Hispanic White than children covered by these programs.

Sources: 2019 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1; 2019 Race/Ethnicity Imputation Companion File.

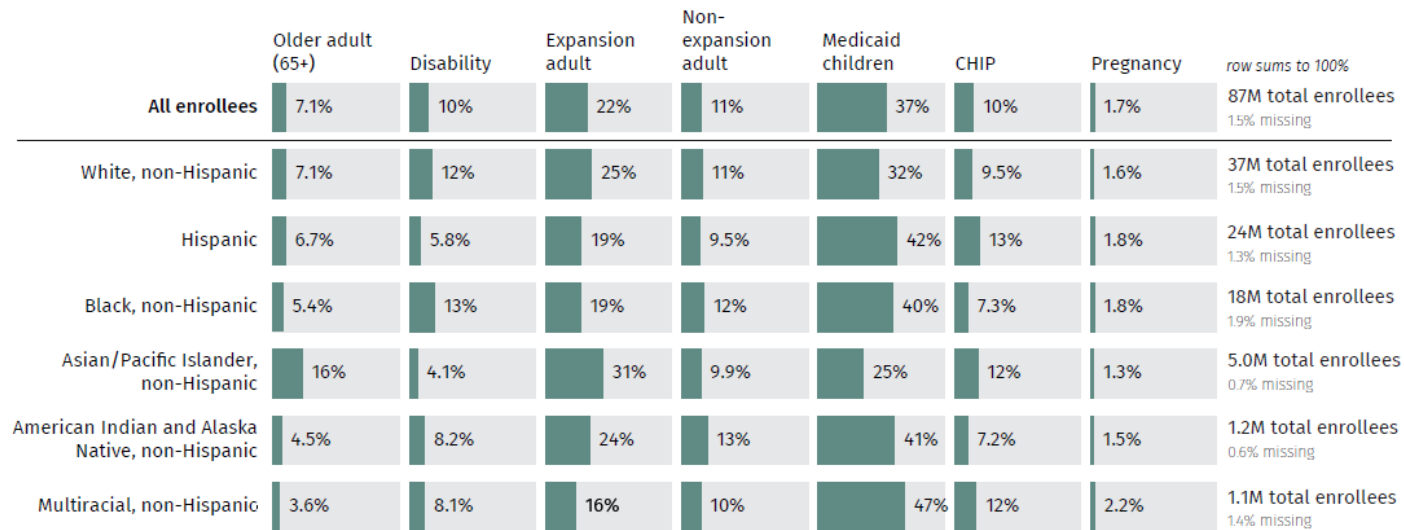
NOTES: This figure includes Medicaid and CHIP enrollees with comprehensive benefits from all states, the District of Columbia, and Puerto Rico. The U.S. Virgin Islands are not included because data from that territory are not included in the 2019 REI Companion File. Guam, American Samoa, and the Northern Mariana Islands do not submit data to T-MSIS.

Race & Ethnicity Data Brief (IV/IV)

5 – ELIGIBILITY CATEGORIES

What are the most common Medicaid and CHIP eligibility categories among enrollees with comprehensive benefits in 2019, and do they vary by race and ethnicity?

FIGURE 4. MEDICAID AND CHIP ELIGIBILITY CATEGORIES IN 2019, BY ENROLLEES' RACE AND ETHNICITY



Across all race and ethnicity groups, the most common eligibility category among enrollees with comprehensive coverage is the Medicaid child group, followed by the expansion adult group. Non-Hispanic Asian/Pacific Islander enrollees are more likely than other groups to obtain coverage through the older adult (65+) and expansion adult eligibility categories. Non-Hispanic Black and non-Hispanic White enrollees are more likely than other groups to obtain coverage through the disability category.

Sources: 2019 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1; 2019 Race/Ethnicity Imputation Companion File.

NOTES: This figure includes Medicaid and CHIP enrollees with comprehensive benefits from all states, the District of Columbia, and Puerto Rico. The U.S. Virgin Islands are not included because data from that territory are not included in the 2019 REI Companion File. Guam, American Samoa, and the Northern Mariana Islands do not submit data to T-MSIS.

Disability Data Briefs

*Example B: Overview of the
Disability Data Brief*

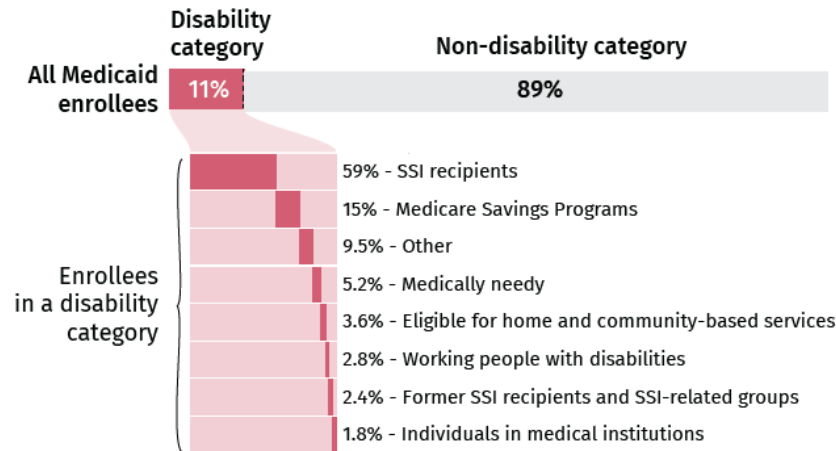


Disability Data Brief (II/VI)

2 – ALL MEDICAID ENROLLEES IN DISABILITY-RELATED ELIGIBILITY CATEGORIES

How many Medicaid enrollees qualify for benefits through a disability-related eligibility category and what are the most common reasons for qualification?

FIGURE 1. MEDICAID ENROLLEES ELIGIBLE THROUGH DISABILITY-RELATED ELIGIBILITY CATEGORIES IN 2020



Over 88 million individuals received coverage from Medicaid at any point in 2020. To qualify for Medicaid, an individual must meet a certain income threshold that varies for each covered population, including children, pregnant women, low-income adults, older adults (age 65 and older), and adults with disabilities. About 9.9 million people qualify for Medicaid benefits through a disability-related eligibility category, because these individuals have limited financial means and a long-lasting disabling condition. Recipients of Supplemental Security Income (SSI) account for more than half of Medicaid enrollees who qualify for benefits based on disability. In most states, being granted SSI results in automatic enrollment into Medicaid.

Source: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1.

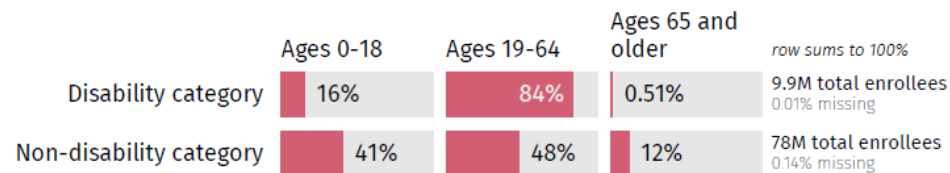
NOTES: Percentages may not sum to 100% due to rounding. This figure includes Medicaid enrollees from all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, including those with limited benefits and those who are dually eligible for Medicare. It does not include M-CHIP and S-CHIP enrollees, because CHIP does not grant eligibility based on disability. People with disabilities may qualify for Medicaid through a non-disability-related eligibility category. Therefore, the proportion of Medicaid enrollees eligible for benefits based on disability underestimates the proportion of Medicaid enrollees with a disability.

Disability Data Brief (III/VI)

2 – ALL MEDICAID ENROLLEES IN DISABILITY-RELATED ELIGIBILITY CATEGORIES

What is the age composition of Medicaid enrollees who qualify for benefits through a disability-related eligibility category?

FIGURE 2. AGE DISTRIBUTION OF MEDICAID ENROLLEES ELIGIBLE THROUGH DISABILITY-RELATED ELIGIBILITY CATEGORIES IN 2020



Most Medicaid enrollees who can be identified as entering the program through a disability-related eligibility category are of working age, or 19 to 64 years old. Children and older adults are much more likely to enter the program through age-related eligibility groups.

Some disability-related eligibility categories, such as SSI receipt, are available to Medicaid enrollees with disabling conditions under age 65 and adults ages 65 and older regardless of disability status (older adults). The disability-related eligibility category in this brief includes only enrollees whose eligibility is based solely on disability and not on age.

SOURCE: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1.

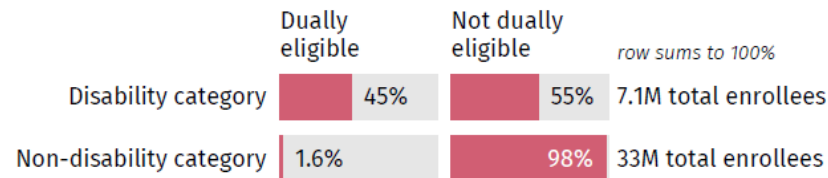
NOTES: Percentages may not sum to 100% due to rounding. This figure includes Medicaid enrollees from all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, including those with limited benefits and those who are dually eligible for Medicare. It does not include M-CHIP and S-CHIP enrollees.

Disability Data Brief (IV/VI)

3 – SPOTLIGHT ON WORKING-AGE MEDICAID ENROLLEES WITH COMPREHENSIVE BENEFITS

How many working-age people eligible for comprehensive Medicaid benefits based on disability are also dually eligible for Medicare?

FIGURE 3. DUAL ELIGIBILITY STATUS OF WORKING-AGE MEDICAID ENROLLEES BY ELIGIBILITY CATEGORY IN 2020



People with disabilities who are younger than 65 may be eligible for Medicare benefits, Medicaid benefits, or both. Medicare covers people younger than 65 who receive Social Security Disability Insurance (SSDI) or Railroad Retirement Board benefits; adults with disabilities whose parents are retired, deceased, or disabled workers; and people diagnosed with amyotrophic lateral sclerosis or end-stage renal disease. Medicaid generally covers people younger than 65 who meet the medical criteria for disability and who also have low income and few assets. Medicaid covers people with disabilities who have low income even if they have not worked long enough to qualify for SSDI.

Nearly half of Medicaid enrollees who qualify for comprehensive benefits through a disability-related eligibility category are also enrolled in Medicare (termed “dually eligible”). Some dually eligible individuals qualify for comprehensive Medicaid benefits—including services not covered by Medicare, such as long-term care services—while others qualify for limited Medicaid benefits that cover only Medicare premiums, deductibles, and coinsurance costs.

SOURCE: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1.

NOTES: This figure includes Medicaid enrollees, ages 19 to 64 as of December 31, 2020, with comprehensive benefits from all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. It excludes Medicaid enrollees with limited benefits, including those dually eligible with limited Medicaid benefits, and M-CHIP and S-CHIP enrollees.

Disability Data Brief (V/VI)

3 – SPOTLIGHT ON WORKING-AGE MEDICAID ENROLLEES WITH COMPREHENSIVE BENEFITS

What is the racial and ethnic distribution of Medicaid enrollees who qualify for comprehensive benefits through a disability-related eligibility category compared with enrollees who qualify through other categories?

FIGURE 4. RACE AND ETHNICITY OF WORKING-AGE MEDICAID ENROLLEES WHO QUALIFY FOR COMPREHENSIVE BENEFITS THROUGH A DISABILITY-RELATED ELIGIBILITY CATEGORY IN 2020

	White, non-Hispanic	Hispanic	Black, non-Hispanic	Asian/Pacific Islander, non-Hispanic	American Indian and Alaska Native, non-Hispanic	Multiracial, non-Hispanic	row sums to 100%
Disability category	54%	14%	27%	2.3%	1.1%	0.98%	7.1M total enrollees
Non-disability category	46%	24%	20%	6.7%	1.6%	1.1%	33M total enrollees

Working-age adults who qualify for comprehensive Medicaid benefits through a disability-related eligibility category are more likely to be non-Hispanic White or non-Hispanic Black than those who qualify for Medicaid through other categories. They are less likely to be Hispanic and less likely to be non-Hispanic Asian/Pacific Islander.

SOURCES: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1 and 2020 Race/Ethnicity Imputation (REI) Companion File.

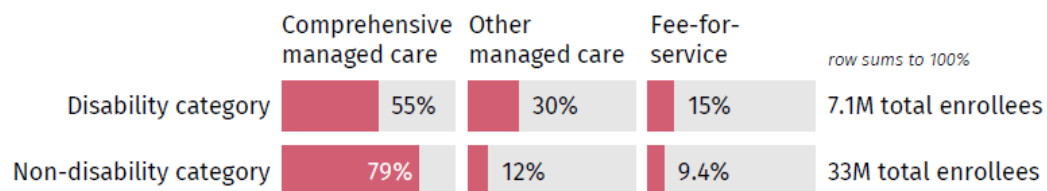
NOTES: Percentages may not sum to 100% due to rounding. This figure includes Medicaid enrollees, ages 19 to 64 as of December 31, 2020, with comprehensive benefits from all states, the District of Columbia, and Puerto Rico. Enrollees from the U.S. Virgin Islands are not included because data from that territory are not included in the 2020 REI Companion File.

Disability Data Brief (VI/VI)

3 – SPOTLIGHT ON WORKING-AGE MEDICAID ENROLLEES WITH COMPREHENSIVE BENEFITS

Are Medicaid enrollees who qualify for comprehensive benefits based on disability less likely to be enrolled in managed care than enrollees who qualify through other categories?

FIGURE 5. MANAGED CARE PARTICIPATION AMONG WORKING-AGE MEDICAID ENROLLEES WHO QUALIFY FOR COMPREHENSIVE BENEFITS BASED ON DISABILITY IN 2020



Comprehensive managed care enrollees receive most or all of their covered services through a health plan. People enrolled in other types of managed care receive a narrower set of services (such as behavioral health only) or case management through a primary care provider. Beyond those services, the enrollee's care is reimbursed on a fee-for-service (FFS) basis.

Historically, Medicaid enrollees who qualify for benefits through a disability-related eligibility category have been excluded or exempted from comprehensive managed care because they are highly likely to have complex conditions and high health care costs. Enrollment in comprehensive managed care has been particularly challenging for those who are also dually eligible, as it requires states to develop special contracting arrangements and facilitate coordination between Medicaid and Medicare.

Some states allow or require people with disabilities to enroll in comprehensive managed care to promote predictable spending and coordinated care. Other states continue to provide this population with medical care through the FFS delivery system to maximize provider choice and access to specialty care. Some states also employ limited-benefit plans to improve care coordination and manage expenditures for particular services among Medicaid enrollees who are disabled and otherwise receive most of their care through the FFS delivery system.

SOURCE: 2020 T-MSIS Analytic Files Annual Demographic and Eligibility File, Release 1.

NOTE: This figure includes Medicaid enrollees, ages 19 to 64 as of December 31, 2020, with comprehensive benefits from all states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

Summary

- The Center for Medicaid and CHIP Services (CMCS) released a series of **four equity data briefs** which highlight key social and demographic characteristics including:
 - [2019 Race and Ethnicity Data Brief](#)
 - [2020 Race and Ethnicity Data Brief](#)
 - [Disability Data Brief](#)
 - [Primary Language Data Brief](#)
 - [Rural Data Brief](#)
- Now, for the **first time in agency history**, CMS can more completely describe the national Medicaid and CHIP populations using the first ever national estimates of the racial and ethnic composition of the programs
- To learn more, you can access the data briefs on Medicaid.gov

Questions
