



All-State Medicaid and CHIP Call

June 8, 2021



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Agenda

- Medicaid & CHIP and the COVID-19 Public Health Emergency: Preliminary Medicaid & CHIP Data Snapshot of Services through October 31, 2020
- Follow Up Questions on Section 9817 of the American Rescue Plan Act
- Open Mic Q and A



Medicaid & CHIP and the COVID-19 Public Health Emergency



Preliminary Medicaid & CHIP Data Snapshot

Services through October 31, 2020

Medicaid & CHIP Content Overview

Medicaid and CHIP Population: Based on an analysis of T-MSIS submissions, as of October 2020, over 100 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities, were enrolled across each state's Medicaid or the Children's Health Insurance Program (CHIP) for at least one day during the year. About 43% of beneficiaries were children, which translates to nearly 43 million beneficiaries. Approximately 54% of beneficiaries were female, 43% were male, and 9% were over the age of 65. 13% of the population is dually-eligible for Medicare and Medicaid. 31% of the population is white, 27% of the population is of unknown race, 21% is Hispanic, 16% is black, 4% is Asian, and 2% is American Indian and Alaska Native, Hawaiian/Pacific Islander, or multiracial.

COVID-19 Treatment Rate: We use the following International Classification of Diseases (ICD), Tenth Revision (ICD-10), diagnosis codes to identify beneficiaries who received treatment for COVID-19:

- B97.29 (other coronavirus as the cause of diseases classified elsewhere) – before April 1, 2020
- U07.1 (2019 Novel Coronavirus, COVID-19) – from April 1, 2020 onward.

Although CMS does use lab claims for identifying COVID-19 treatment, CMS does not receive lab *results* from states and cannot determine whether a lab test was positive. Therefore, Medicaid & CHIP COVID-19 cases are only identifiable in TAF data when there is a corresponding COVID-19 related service.

Medicaid and CHIP Data Processing: Medicaid and CHIP providers, managed care organizations, and Pharmacy Benefit Managers submit administrative claims data to state Medicaid and CHIP agencies for processing. Those agencies subsequently submit the data to CMS on a monthly basis via T-MSIS. These submissions have considerable variation in terms of completeness and quality. CMS processes states' submissions and transforms them into the T-MSIS Analytic Files (TAF), which form the basis of this analysis. Given this process, there may be a significant "claims lag" between when a service occurs and when it is represented in TAF. Therefore, users should interpret the results with caution.

Data Quality Concerns: The results are based on T-MSIS submissions through December 2020, which include services through the end of November 2020. Because data for November are mostly incomplete, results are only presented through October 31, 2020. For additional information regarding state variability in data quality, please refer to the [TAF DQ Atlas](#).

What You Should Know When Using The Data

Claims Lag: You should use caution when interpreting our data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay or “claims lag” between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered. Historically, 90% of FFS claims across all claims types are submitted within 7 months, while 90% of encounters across all claims types are submitted within 12 months. There is significant variation across states, with some states submitting 90% of all claims within only 4 months, while other states take nearly a year. On average, states need 9 months to submit 95% of all claims.

Percent of Medicaid & CHIP Inpatient claims received by months after service was delivered (based on March 2018 service date)						
Months after service	1	2	3	4	5	6
Fee-for-service Claims Submission, %						
Inpatient	21.8*	62.5	76.4	83.4	88.5	92.3^
Long-term care	14.9*	82.0	89.3	92.3	95.4^	96.8^
Other services	26.3*	70.2	83.0	89.4	92.3^	95.1^
Prescription drug	64.0	97.9^	98.5^	98.8^	98.9^	99.0^
Managed Care Encounters Submission, %						
Inpatient	6.3*	48.8*	68.7	77.5	81.4	84.7
Long-term care	3.6*	33.6*	57.4	71.1	77.8	81.4
Other services	9.8*	55.8	77.6	85.3	88.4	90.8^
Prescription drug	34.6*	83.6	93.2^	96.3^	97.4^	97.6^

*Less than 50 percent of claims submitted

^Greater than 90 percent of claims submitted

State Variation in Inpatient Hospital Claims Lag

Claims Lag: Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag”, between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

Inpatient Hospital file: The Inpatient Hospital (IP) file contains inpatient institutional claims, which are included based on the month and year of the discharge date or the most recent service end date associated with the claim if the discharge date is missing. Historically, 90% of both FFS and encounter inpatient claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

Percent of Medicaid & CHIP Inpatient Hospital claims received by months after service was delivered (based on March 2018 service date)						
Months after service	1	2	3	4	5	6
Fastest claims submission, Inpatient Hospital Claims %						
Colorado	50.2	76.2	83.1	87.6	89.6	91.0 [^]
Rhode Island	43.5 [*]	65.8	70.2	72.6	78.8	80.1
Wyoming	39.9 [*]	73.6	84.2	89.1	92.2 [^]	93.9 [^]
Connecticut	37.3 [*]	86.1	92.1 [^]	95.6 [^]	96.9 [^]	97.9 [^]
Longest claims submission, Inpatient Hospital Claims %						
Puerto Rico	0.0 [*]	15.6 [*]	68.7	83.9	87.6	89.3
Massachusetts	0.0 [*]	5.2 [*]	20.3 [*]	40.2 [*]	50.2	69.1
Hawaii	0.2 [*]	16.9 [*]	58.8	76.4	82.6	86.5
Illinois	1.6 [*]	10.5 [*]	35.3 [*]	51.6	62.0	69.0

*Less than 50 percent of claims submitted

[^]Greater than 90 percent of claims submitted

State Variation in Other Services Claims Lag

Claims Lag: Use caution when interpreting the data. We collect Medicaid and CHIP data for programmatic purposes, but not for public health surveillance. There will always be a delay, or “claims lag”, between when a service occurs and when the claim or encounter for that service is reflected in our database. The length of the lag depends on the submitting state, claim type, and the delivery system. It is possible that there is a longer claims lag due to the pandemic. For Medicaid and CHIP data, no claims are submitted to CMS in the same month the service was delivered.

Other Services file: The Other Services file contains outpatient facility claims and professional claims. This includes, but is not limited to: physician services, outpatient hospital services, dental services, other physician services (e.g., chiropractors, podiatrists, psychologists, optometrists, etc.), clinic services, laboratory services, X-ray services, sterilizations, home health services, personal support services, and managed care capitation payments. Historically, 90% of both FFS and encounter Other Services claims are submitted within 6 months. There is significant variation across states in terms of claims submissions. Some states submit 90% of all other services claims within only 3 months, while other states take nearly a year.

Percent of Medicaid & CHIP Other Services claims received by months after service was delivered (based on March 2018 service date)						
Months after service	1	2	3	4	5	6
Fastest claims submission, Other Services Claims %						
Colorado	58.0	86.9	91.6 [^]	95.1 [^]	96.1 [^]	97.2 [^]
Nebraska	49.7 [*]	83.4	90.9 [^]	93.5 [^]	94.8 [^]	96.4 [^]
South Dakota	40.3 [*]	84.6	92.8 [^]	95.8 [^]	97.0 [^]	98.4 [^]
Arkansas	39.1 [*]	80.8	87.8	90.4 [^]	93.2 [^]	96.1 [^]
Longest claims submission, Other Services Claims %						
Hawaii	5.0 [*]	43.8 [*]	76.6	85.7	88.3	89.7
Illinois	4.9 [*]	33.2 [*]	48.7 [*]	60.3	63.3	74.2
Missouri	2.9 [*]	46.4 [*]	79.7	86.0	88.2	90.0 [^]
Puerto Rico	1.1 [*]	48.2 [*]	87.7	95.2 [^]	98.5 [^]	99.2 [^]

*Less than 50 percent of claims submitted

[^]Greater than 90 percent of claims submitted

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- 3. Services Delivered via Telehealth to Medicaid & CHIP Beneficiaries during the COVID-19 Public Health Emergency** Slides 25 – 30
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COVID-19 Treatment, Acute Care Use, and Testing



Preliminary Medicaid & CHIP Data Snapshot

Services through October 31, 2020

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What You Should Know When Using the Data

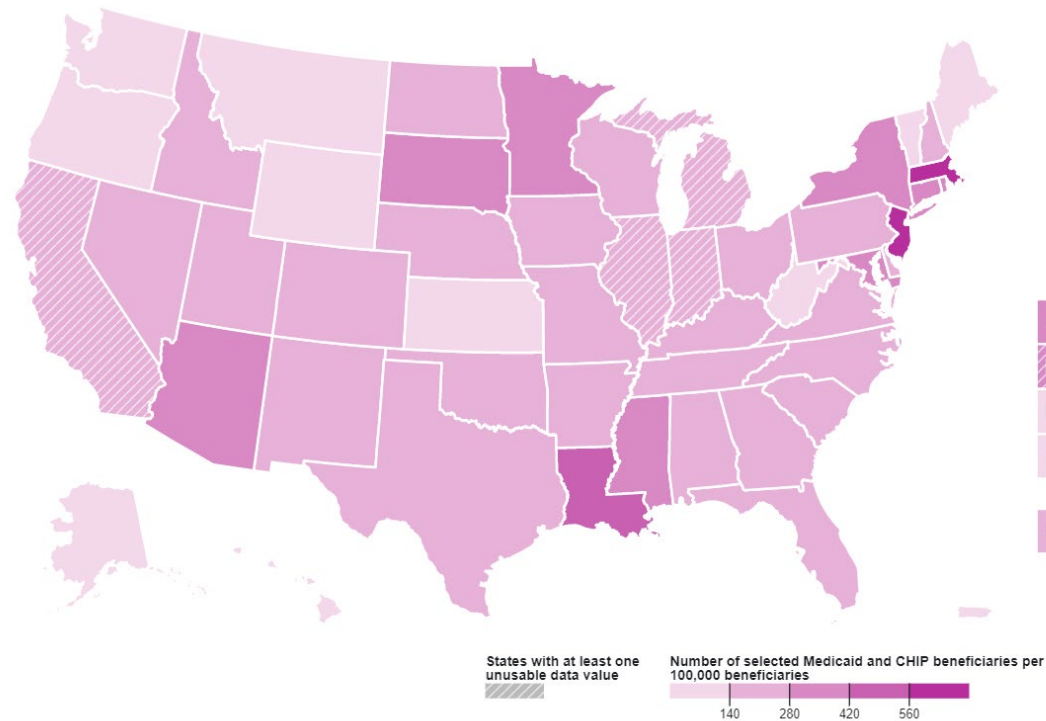
- These estimates reflect COVID-19 treatment and outcomes that are covered by Medicaid and CHIP.
- Services covered by other insurance programs, such as Medicare, are not included in these results.
- In 2019, there were 12.3 million dually eligible beneficiaries enrolled in both Medicare and Medicaid.¹
- These results are unlikely to reflect the full scope of COVID-related treatments for beneficiaries dually eligible for Medicare, as Medicare pays first for Medicare-covered services that are also covered by Medicaid because Medicaid is generally the payer of last resort.²
- For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

1. Centers for Medicare and Medicaid Services. Medicare-Medicaid Coordination Office. "Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2019." <https://www.cms.gov/files/document/medicaremedicaiddualenrollmenteverenrolledtrendsdatabrief.pdf>

2. Centers for Medicare and Medicaid Services. Medicare-Medicaid Coordination Office. "Dually Eligible Individuals – Categories." Available at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf>

Medicaid and CHIP beneficiaries treated for COVID-19

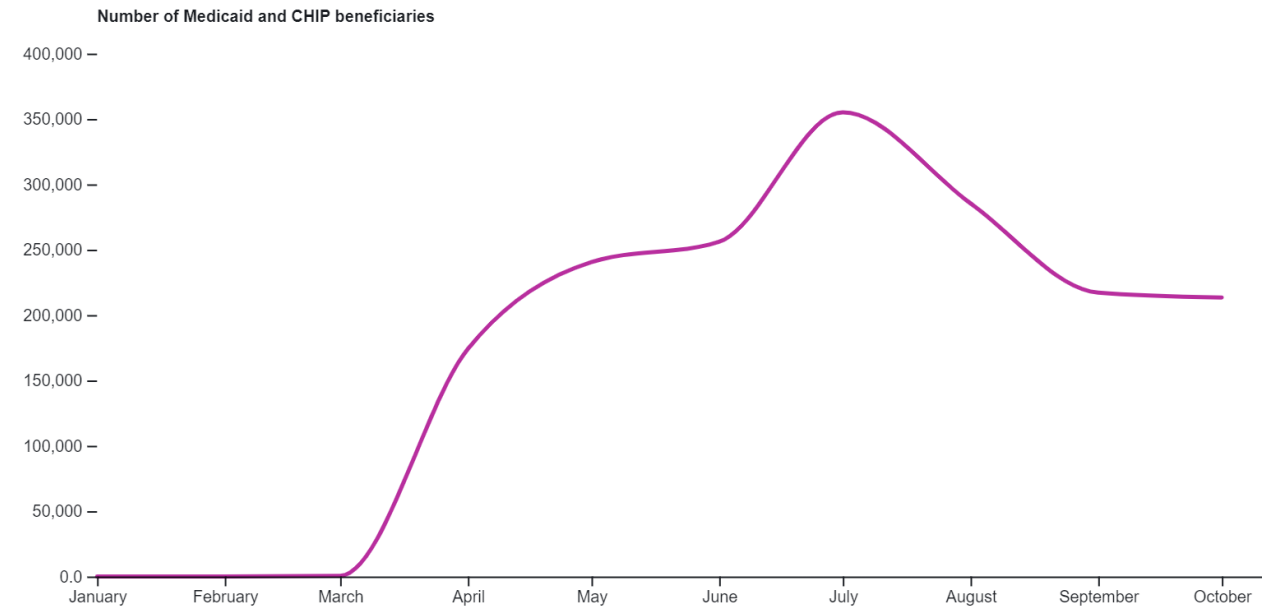
Average monthly rate of COVID-19 treatment per 100,000 beneficiaries during the PHE



Beneficiaries treated for COVID-19 in 2020: 1,249,801

Average monthly COVID-19 treatment rate during the PHE: 256.0 per 100,000 beneficiaries

Number of Medicaid and CHIP beneficiaries treated for COVID-19 in 2020, by month

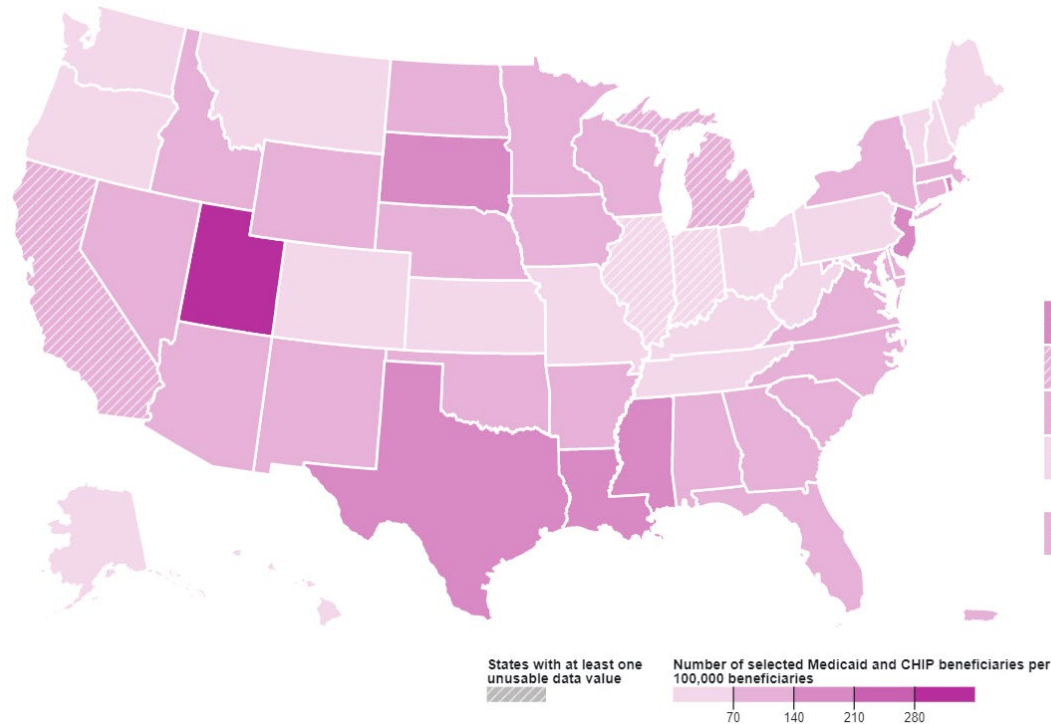


Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Medicaid and CHIP beneficiaries under age 19 treated for COVID-19

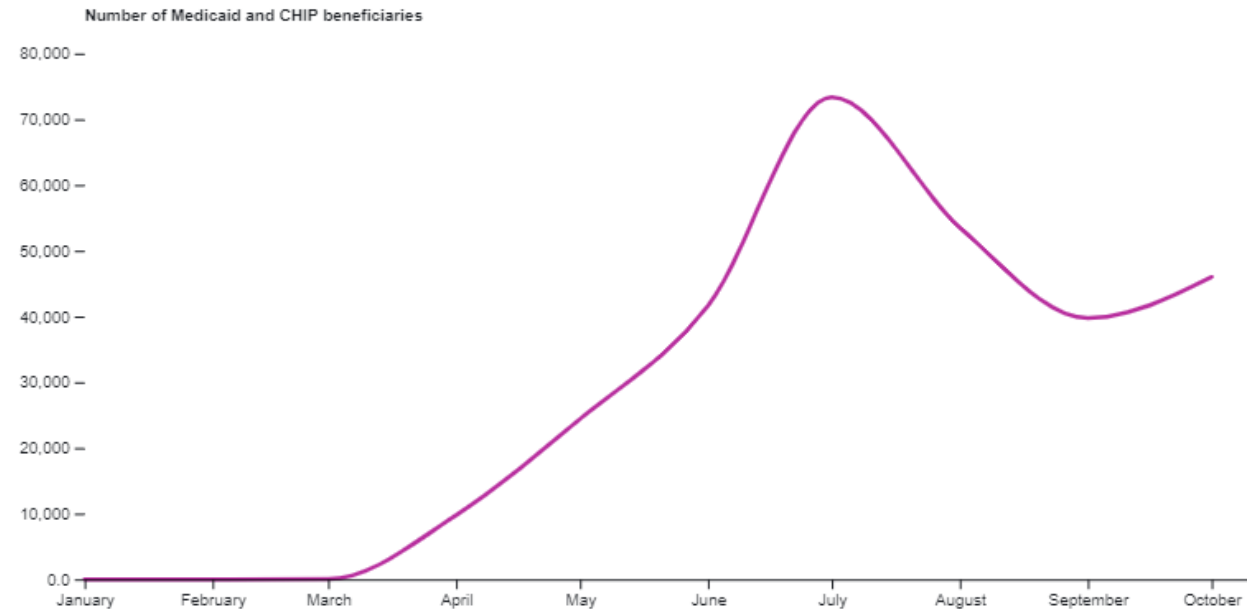
Average monthly rate of COVID-19 treatment per 100,000 beneficiaries under age 19 during the PHE



Beneficiaries under age 19 treated for COVID-19 in 2020: **266,986**

Average monthly COVID-19 treatment rate during the PHE: **94.7 per 100,000 beneficiaries < age 19**

Number of Medicaid and CHIP beneficiaries under age 19 treated for COVID-19 in 2020, by month

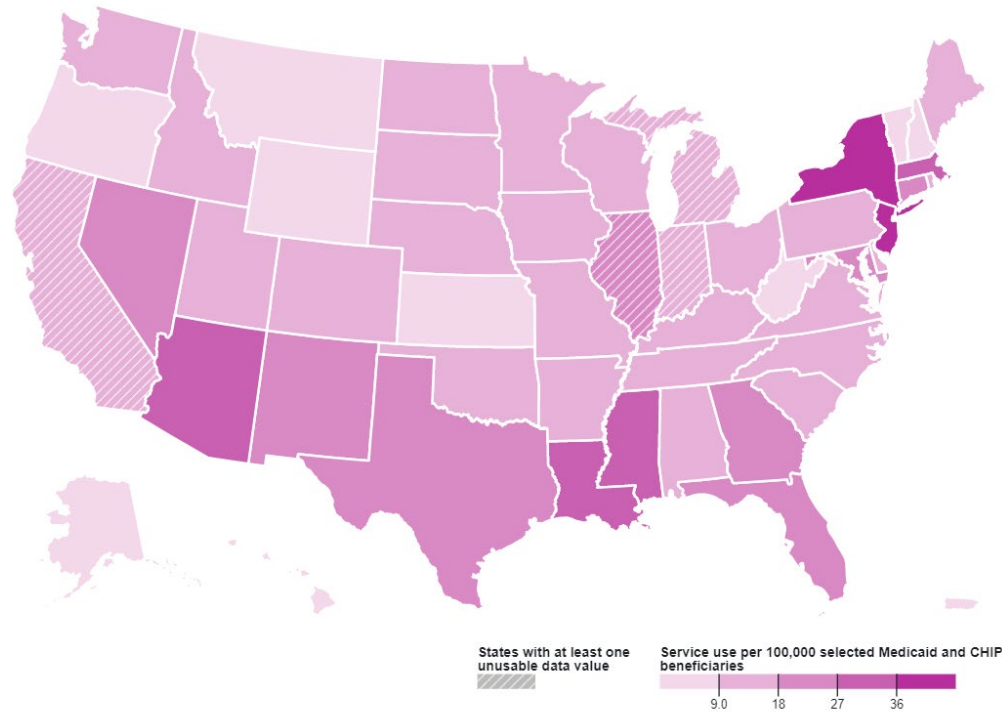


Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

COVID-19 acute care use among Medicaid and CHIP beneficiaries

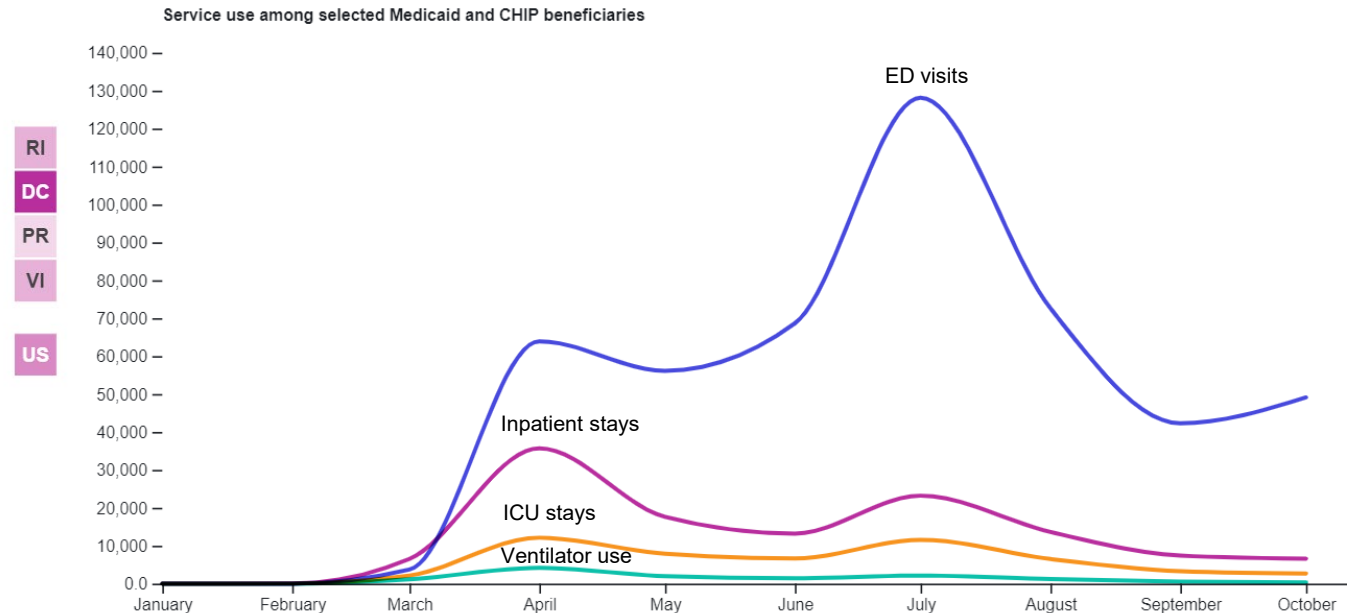
Average monthly rate of COVID-19 hospitalizations per 100,000 beneficiaries during the PHE



Number of COVID-19 hospitalizations in 2020: **123,806**

Average monthly rate of COVID-19 hospitalizations during the PHE: **18.4 per 100,000 beneficiaries**

Number of acute care services for Medicaid and CHIP beneficiaries treated for COVID-19 in 2020, by month

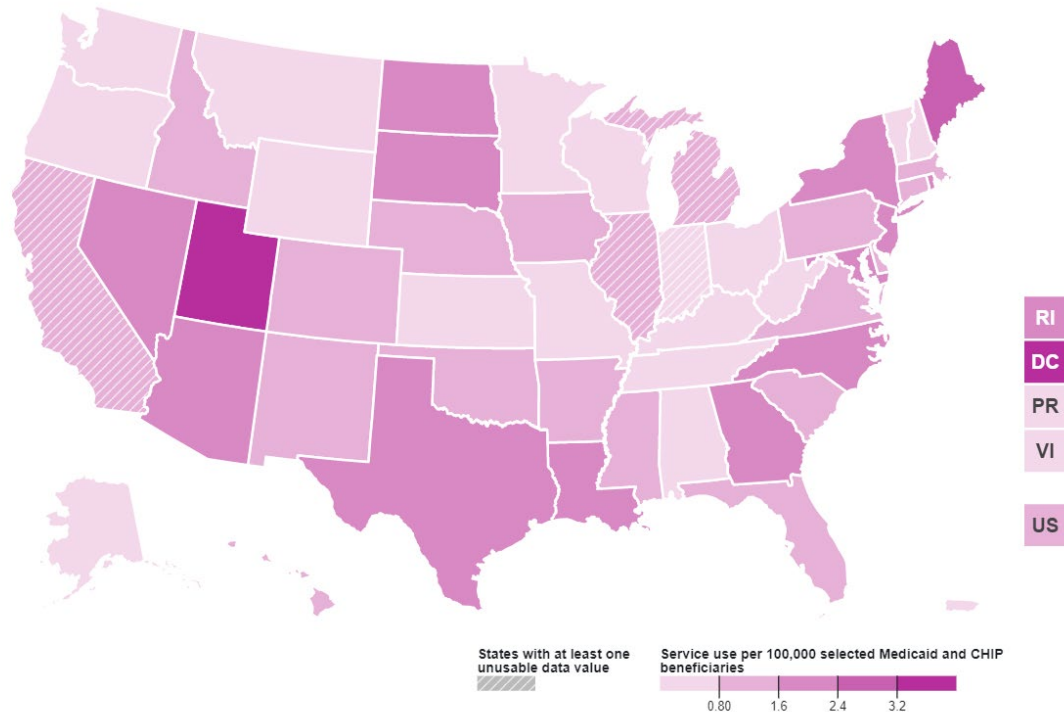


Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

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COVID-19 acute care use among Medicaid and CHIP beneficiaries under age 19

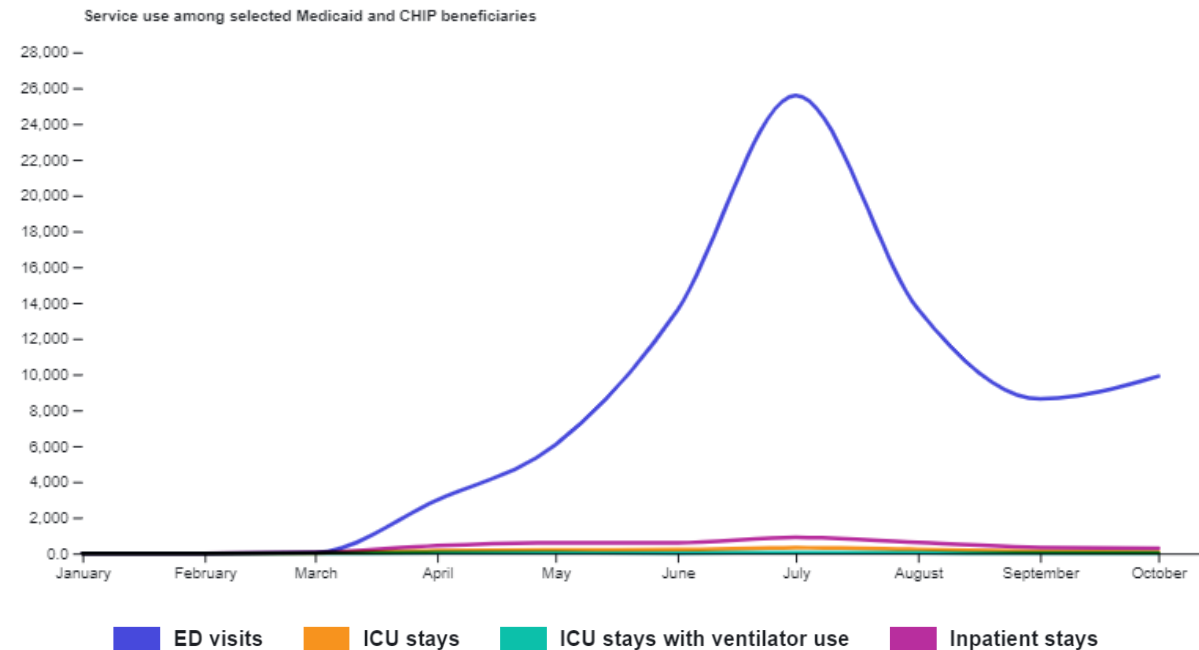
Average monthly rate of COVID-19 hospitalizations per 100,000 beneficiaries under age 19 during the PHE



Number of COVID-19 hospitalizations for beneficiaries under age 19 in 2020: **3,796**

Average monthly rate of COVID-19 hospitalizations during the PHE: **1.3 per 100,000 beneficiaries < age 19**

Number of acute care services for Medicaid and CHIP beneficiaries under age 19 treated for COVID-19 in 2020, by month



Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

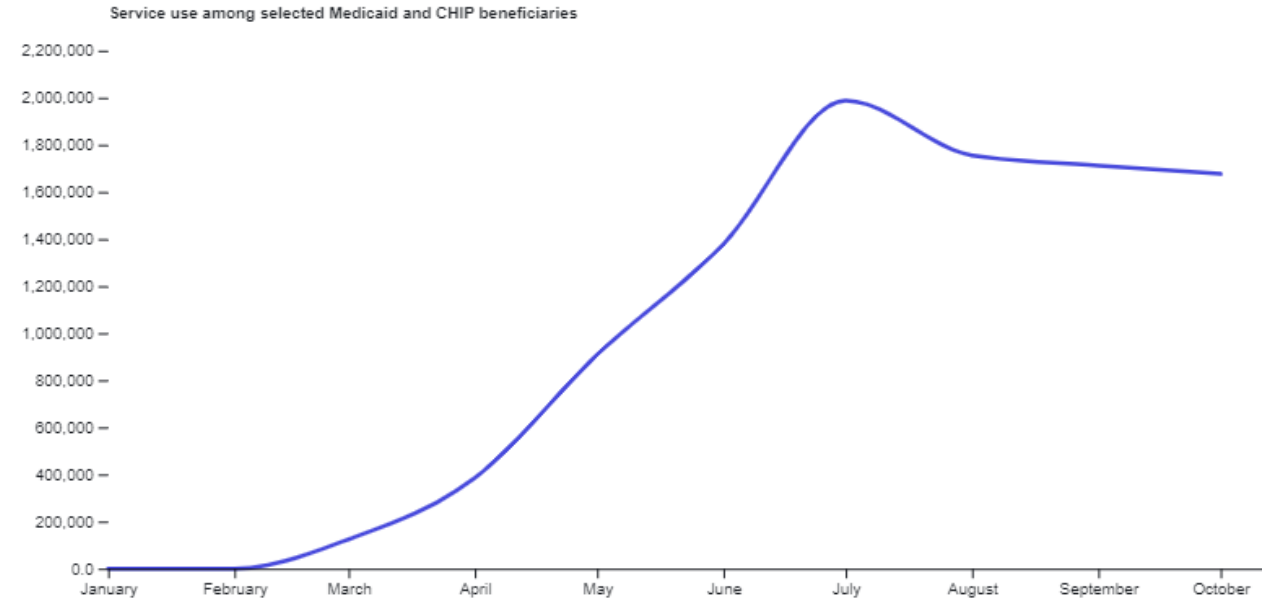
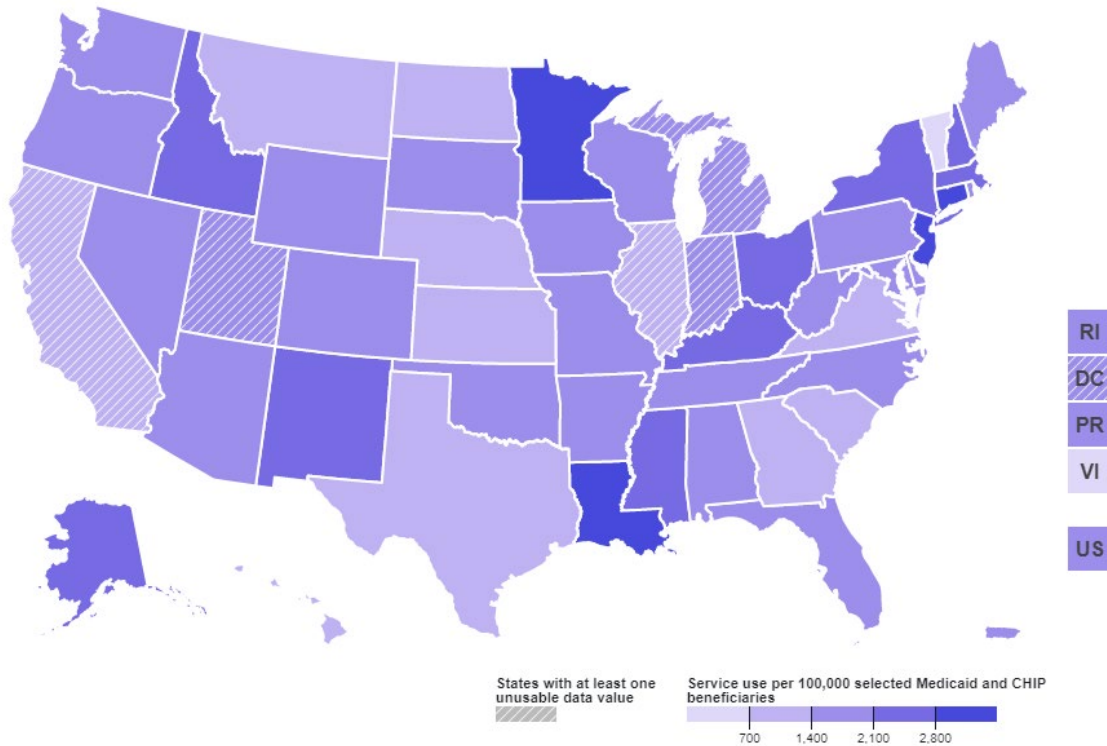
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Preliminary data show that Medicaid and CHIP paid for more than 9.9 million COVID-19 tests for beneficiaries in 2020

Average monthly COVID-19 testing rate paid by Medicaid and CHIP per 100,000 beneficiaries during the PHE (March – October 2020): 1,688.6

Average monthly rate of COVID-19 tests or testing-related services paid by Medicaid and CHIP per 100,000 beneficiaries during the PHE

Number of COVID-19 tests or testing-related services paid by Medicaid and CHIP among Medicaid and CHIP beneficiaries in 2020, by month



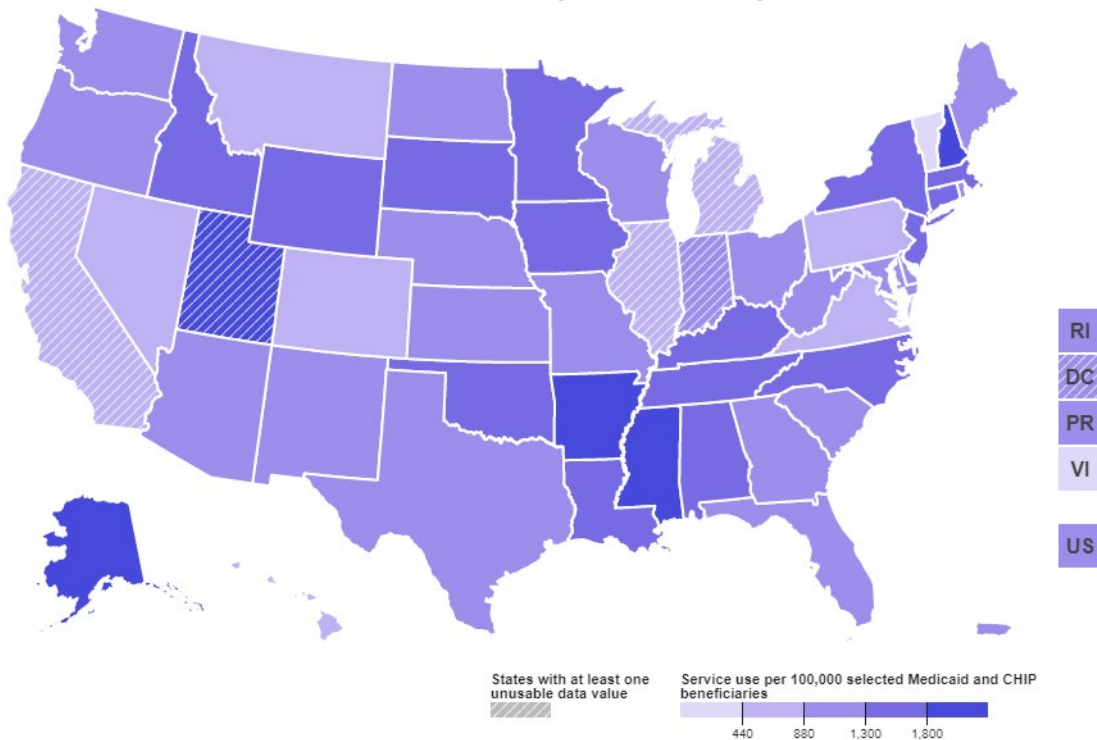
Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

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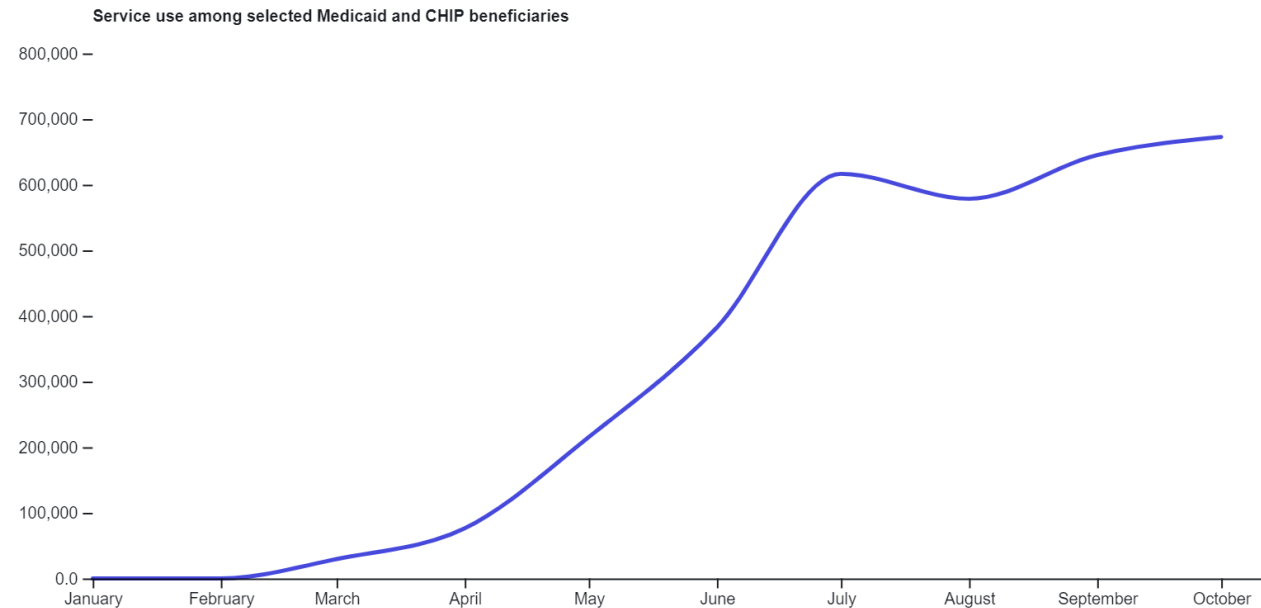
Preliminary data show that Medicaid and CHIP paid for more than 3.2 million COVID-19 tests for beneficiaries under age 19 in 2020

Average monthly COVID-19 testing rate paid by Medicaid and CHIP per 100,000 beneficiaries under age 19 during the PHE (March – October 2020): 1,059.0

Average monthly rate of COVID-19 tests or testing-related services paid by Medicaid and CHIP per 100,000 beneficiaries under age 19 during the PHE



Number of COVID-19 tests or testing-related services paid by Medicaid and CHIP among Medicaid and CHIP beneficiaries under age 19 in 2020, by month



Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. For more information about COVID-related cases and hospitalizations among dually eligible beneficiaries covered by Medicare, refer to [CMS' Medicare COVID-19 Data Snapshot](#).

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Service Use Among Medicaid & CHIP Beneficiaries Under Age 19 during the COVID-19 Public Health Emergency



Preliminary Medicaid & CHIP Data Snapshot

Services through October 31, 2020

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Medicaid and CHIP cover more than 4 in 10 children nationally and provide critical services

- Medicaid and CHIP covered nearly 43 million children between January and October 2020
- The programs cover three quarters of children living in poverty¹
- Approximately four in ten children covered under the programs have a special health care need²

1. Cornachione, Elizabeth, Robin Rudowitz, and Samantha Artiga. 2016. Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future. Kaiser Family Foundation. Available at:

<https://www.kff.org/reportsection/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future-issue-brief/>

2. Musumeci, MaryBeth and Priya Chidambaram. 2019. Medicaid's Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending. Kaiser Family Foundation. Available at: <https://www.kff.org/medicaid/issue-brief/medicaids-role-for-children-with-special-health-care-needs-a-look-at-eligibility-services-and-spending/>

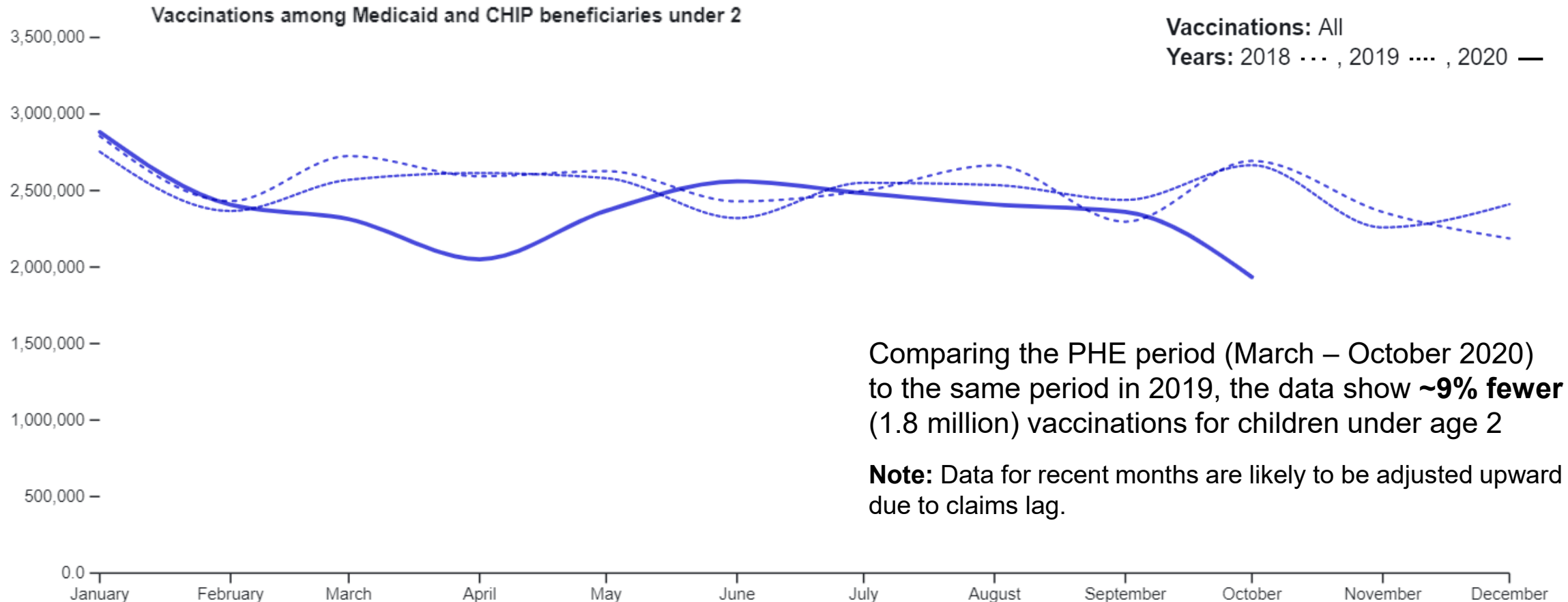
Service use among children under age 19 during the COVID-19 PHE: Key highlights

Preliminary data suggest that, during the PHE:

- Primary, preventive, and mental health service use declined among children under age 19 starting in March 2020.
- Although rates have rebounded for primary and preventive care, millions of services still need to be delivered to make up for those missed between March and October 2020. Of all services examined in this analysis, the smallest rebound between March and October 2020 has been the mental health service use rates.
- Service delivery via telehealth for children increased dramatically in April 2020 compared to prior years.
- The COVID-19 treatment rate for children was low, with ~0.6% receiving treatment for COVID-19 under Medicaid or CHIP and fewer than 3,800 reported hospitalizations so far in 2020.

Preliminary 2020 data show vaccinations among beneficiaries under age 2 declined in April and returned to near prior years' levels through September, though there was still a gap in vaccinations compared to prior years

Vaccination rates among beneficiaries under age 2 dropped from 590 per 1,000 in February 2020 to about 503 per 1,000 beneficiaries in April 2020, and then increased to a high of 622 per 1,000 beneficiaries in June 2020



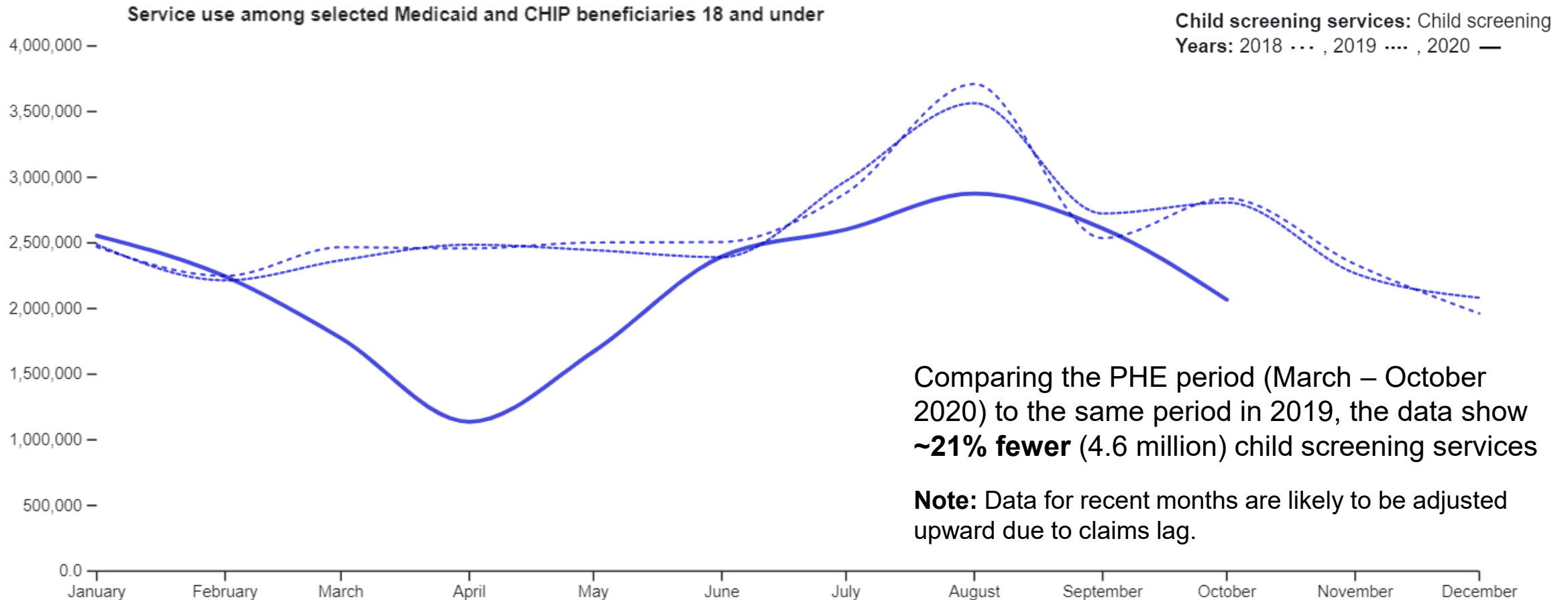
Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~9% fewer** (1.8 million) vaccinations for children under age 2

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Preliminary 2020 data show the number of child screening services declined in April and increased through August, but they did not demonstrate the characteristic increase in services prior to the new school year

Screening rates among children under 19 dropped from 61 per 1,000 beneficiaries in February 2020 to a low of 31 per 1,000 beneficiaries in April 2020 and increased to a high of 75 per 1,000 beneficiaries in August 2020

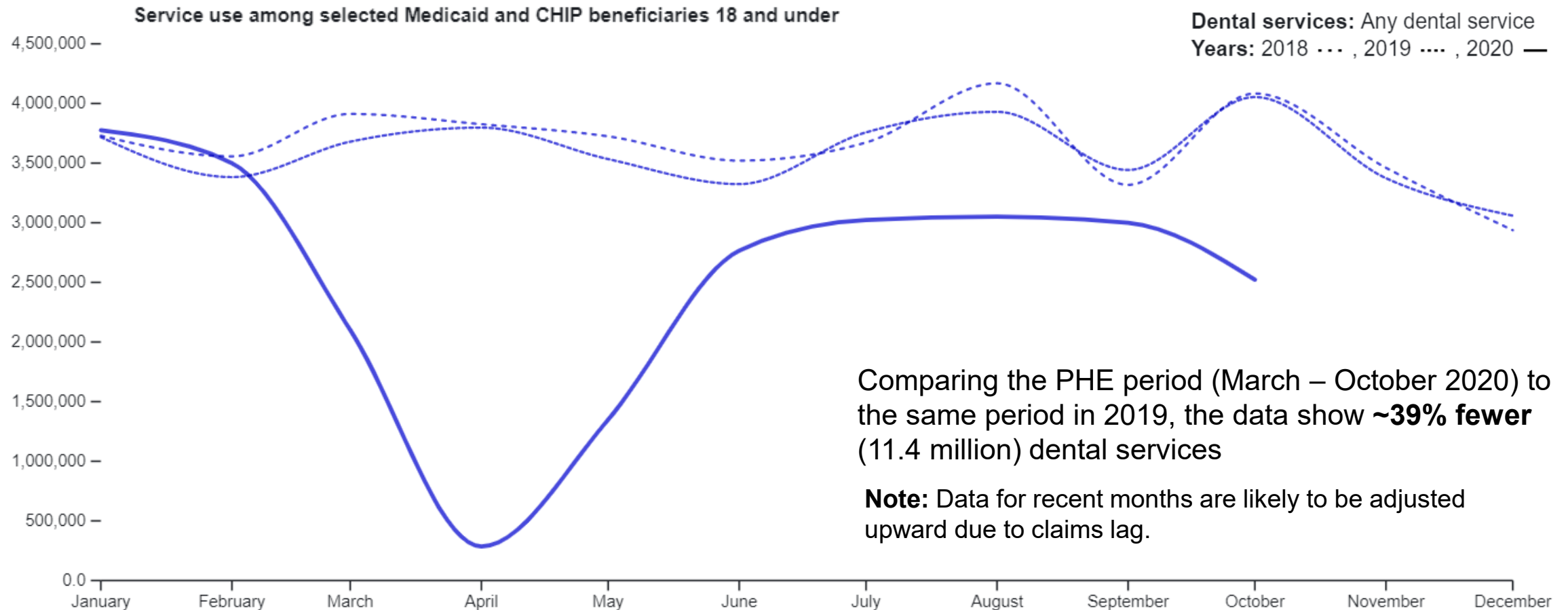


Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~21% fewer** (4.6 million) child screening services

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Preliminary 2020 data show the number of dental services for children declined substantially in April, increased through July, but were still well below prior years' rates

Dental service rates among children under 19 dropped from 95 per 1,000 in February 2020 to a low of 8 per 1,000 beneficiaries in April 2020, and increased to a high of about 80 per 1,000 beneficiaries in August 2020

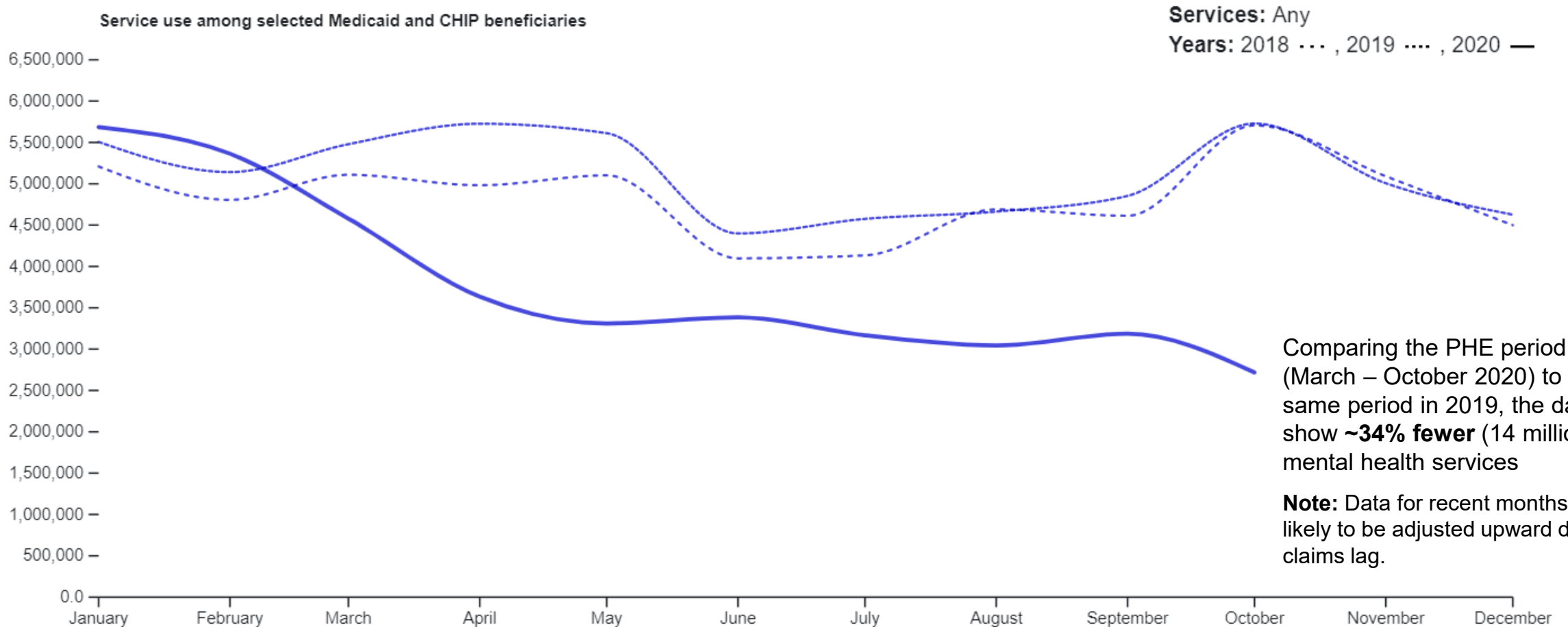


Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~39% fewer** (11.4 million) dental services

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Preliminary 2020 data show mental health services for children under age 19 declined starting in March and continue to be substantially below prior years' levels through October

Mental health services among children under 19 dropped from 145 per 1,000 beneficiaries in February 2020 to a low of 72 per 1,000 beneficiaries in October 2020



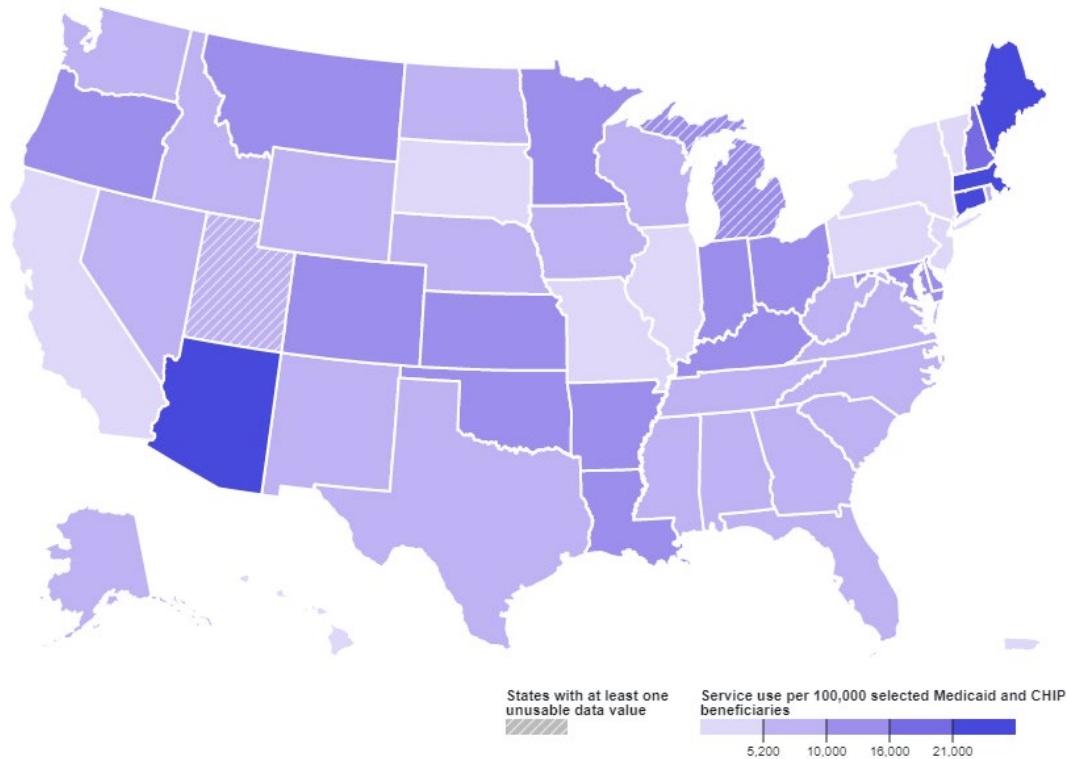
Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~34% fewer** (14 million) mental health services

Note: Data for recent months are likely to be adjusted upward due to claims lag.

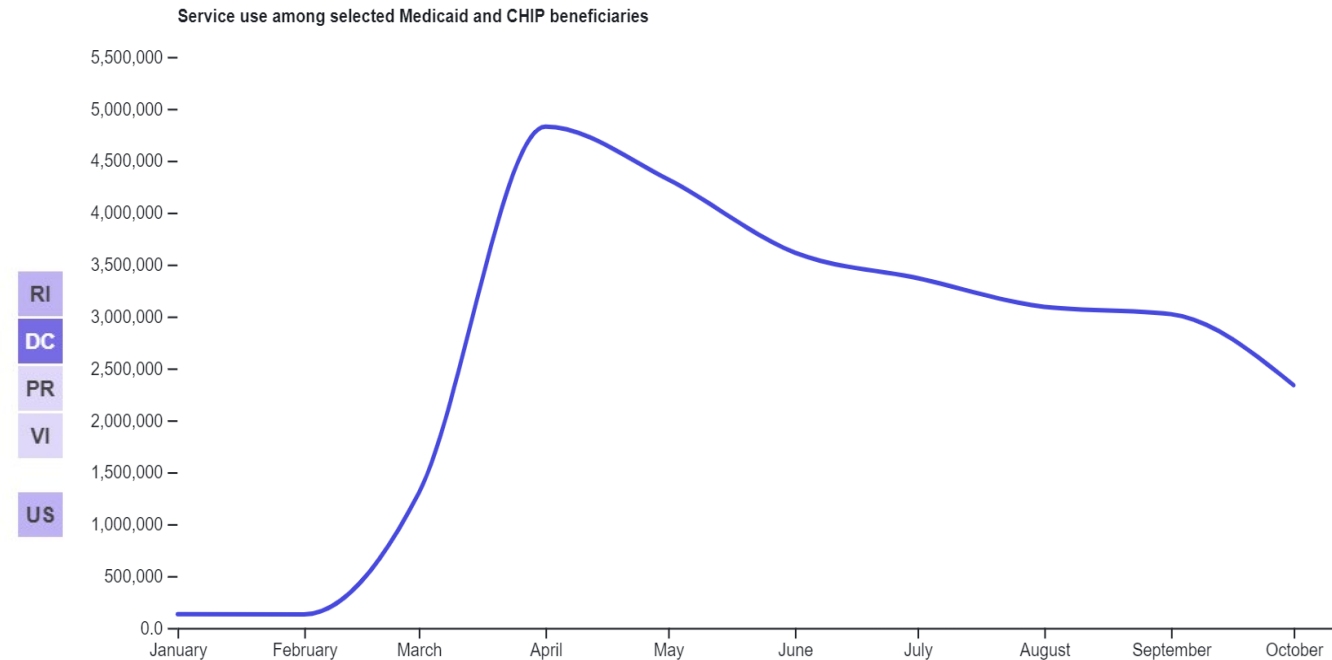
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Preliminary 2020 data show rates of services delivered through telehealth among beneficiaries under age 19 peaked in April and were generally highest in the northeast

Average monthly rate of services delivered via telehealth per 100,000 beneficiaries under age 19 during the PHE



Number of services delivered via telehealth among Medicaid and CHIP beneficiaries under age 19 in 2020, by month



Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.



Services Delivered via Telehealth to Medicaid & CHIP Beneficiaries during the COVID-19 Public Health Emergency



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Services Delivered via Telehealth in Medicaid & CHIP

To identify services delivered via telehealth, we used a combination of Current Procedural Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, place of service codes, and procedure code modifiers.

Type of service delivered via telehealth	Description
Evaluation and management services	Routine office visits provided via video
Virtual check-ins	Remote evaluations of recorded video or images submitted by an established patient followed by a brief (5-10 minute) check-in with a physician or other provider via telephone or other telecommunications device to decide whether an office visit or other service is needed
Asynchronous electronic communication	Communication with an established patient through a patient portal or other online method, resulting in a digital evaluation and management service
Remote patient monitoring	Use of digital technologies to collect and transmit health data from individuals to health care providers
Critical care or interprofessional consults	Consultative services provided through digital technologies
Other telehealth visits	Any other services provided via telehealth

Use of telehealth during the COVID-19 PHE: Key highlights

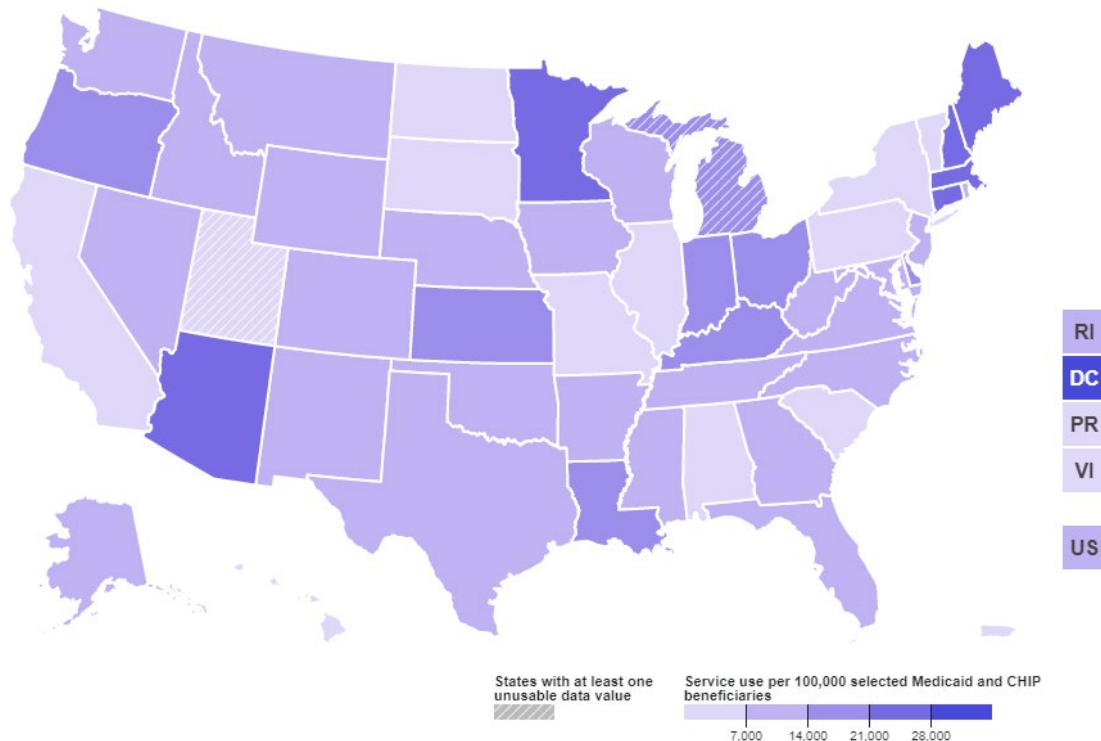
Preliminary 2020 data suggest that, during the PHE:

- In the US, services delivered through telehealth spiked in April 2020 and fell from May through October among all age groups
- The rate of telehealth use per 100,000 beneficiaries was highest among adults ages 19 to 64, while children under age 19 and adults age 65 and older had lower, comparable rates
- Use of telehealth varied considerably across states and across ages within states

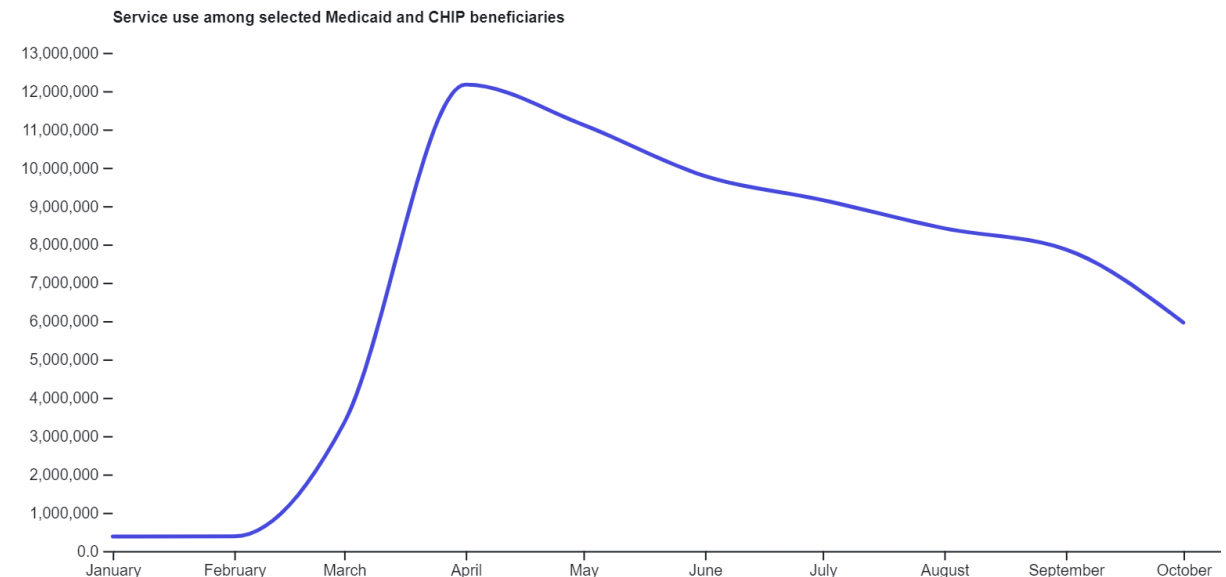
Preliminary 2020 data show rates of services delivered through telehealth peaked in April, fell through October, and were highest in a few states

Comparing the PHE period (March – October 2020) to the same period in 2019, the data show 67,811,157 more services delivered through telehealth, an increase of 2,745%

Average monthly rate of services delivered via telehealth per 100,000 Medicaid and CHIP beneficiaries during the PHE



Number of services delivered via telehealth among Medicaid and CHIP beneficiaries in 2020, by month

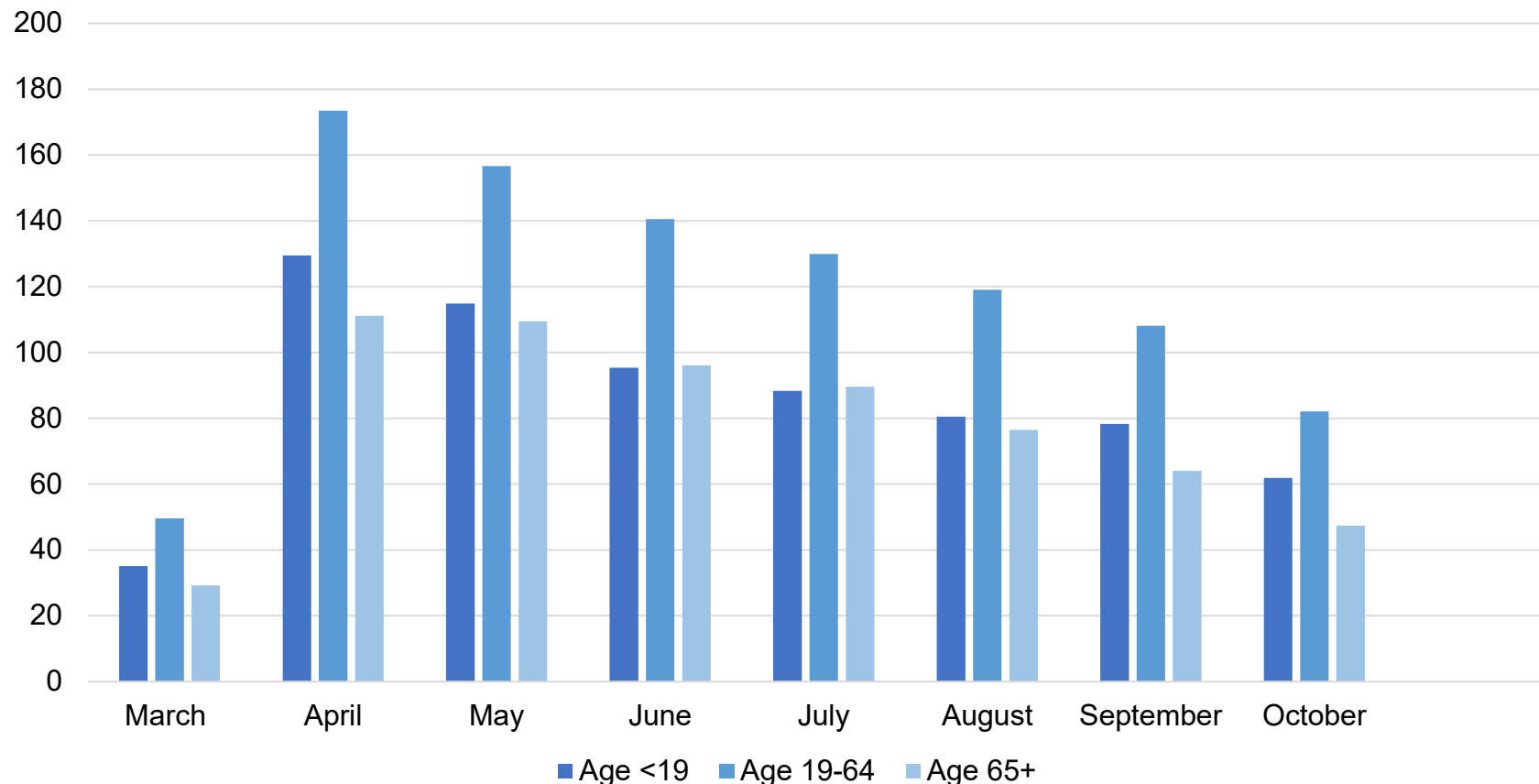


Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Preliminary 2020 data suggest that services delivered via telehealth increased for beneficiaries of all ages during the PHE

Services delivered via telehealth per 1,000 beneficiaries in 2020



Note: Data for recent months are likely to be adjusted upward due to claims lag. These results are for Medicaid & CHIP only. Therefore, they do not represent the full set of services received by dually eligible beneficiaries. Many beneficiaries age 65 and older are likely to be dually eligible for both Medicare and Medicaid and the results for this age group likely underestimate telehealth utilization among older adults.



Services for Mental Health and Substance Use Disorders Among Medicaid & CHIP Beneficiaries during the COVID-19 Public Health Emergency



***Preliminary Medicaid &
CHIP Data Snapshot***

Services through October 31, 2020

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Mental health and substance use care in Medicaid and CHIP

- Medicaid is the largest payer for behavioral health services, including both mental health and SUD services, in the US.¹
- Individuals suffering from mental health conditions or SUD face many challenges accessing care and often do not seek treatment.^{2,3}
- As of 2019, nearly a quarter of adult Medicaid and CHIP beneficiaries received mental health or SUD services. Nearly four times as many beneficiaries received mental health services as compared to SUD services.⁴

¹ Centers for Medicare & Medicaid Services. <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html>

² Medicaid and CHIP Payment and Access Commission. "Chapter 2: Medicaid and the Opioid Epidemic." In *June 2017 Report to Congress on Medicaid and CHIP*. Washington, DC: MACPAC, 2017. Available at <https://www.macpac.gov/wp-content/uploads/2017/06/June-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf>. Accessed October 19, 2020.

³ Mojtabai, R., Olfson, M., Sampson, N. A., Jin, R., Druss, B., Wang, P. S., ... & Kessler, R. C. (2011). Barriers to mental health treatment: results from the National Comorbidity Survey Replication (NCS-R). *Psychological medicine*, 41(8), 1751.

⁴ Centers for Medicare & Medicaid Services, analysis of 2019 TAF data. October 2020.

Mental Health and Substance Use Disorders during the COVID-19 PHE

- Preliminary evidence suggests a sharp increase in the number of adults reporting adverse mental or behavioral health conditions during the COVID-19 pandemic compared to prior years.¹
- Survey data indicate that racial and ethnic minority groups are experiencing higher rates of depression, substance use, and self-reported suicidal thoughts/ideation during the COVID-19 pandemic.²
- Similarly, preliminary evidence indicates an increase in drug-related mortality during the COVID-19 pandemic.³

¹ Czeisler MÉ, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057.

DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>[external icon](#)

² McKnight-Eily LR, Okoro CA, Strine TW, et al. Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020. *MMWR Morb Mortal Wkly Rep* 2021;70:162–166. Available at: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a3.htm>

³ Centers for Disease Control and Prevention (CDC). “Press Release: Overdose Deaths Accelerating During COVID-19.” December 17, 2020. Available at: [Overdose Deaths Accelerating During COVID-19 | CDC Online Newsroom | CDC](#)

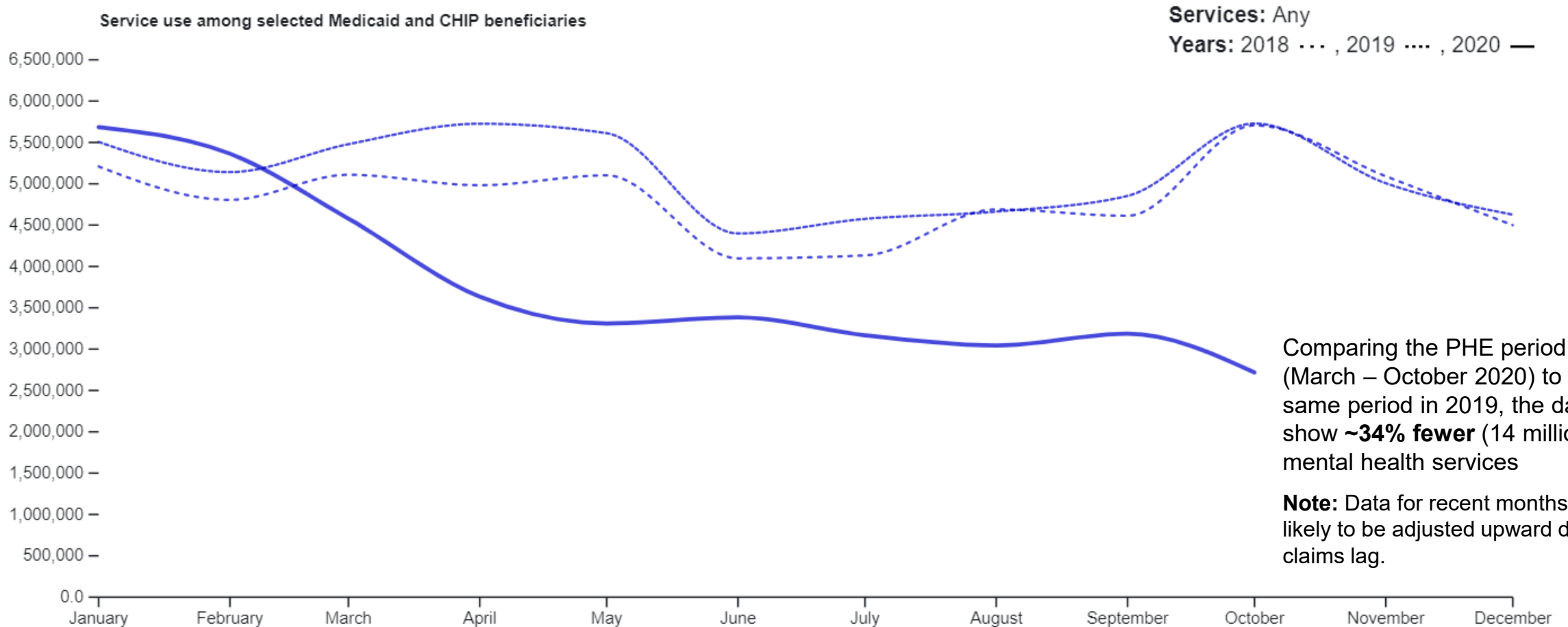
Mental health and SUD service use among children and adults during the COVID-19 PHE: Key highlights

Preliminary 2020 data suggest that, during the PHE:

- Mental health services and SUD services for adults ages 19 to 64 and children under age 19 dropped substantially in April 2020 and continued to decline through October in nearly all states.
- Compared to prior years', the number and rate of mental health and SUD services provided to Medicaid and CHIP beneficiaries was substantially lower.
- Intensive SUD services for adults are often delivered in inpatient or partial hospitalization settings, which poses a unique challenge for care delivery during the PHE.

Preliminary 2020 data show mental health services for children under age 19 declined starting in March and continue to be substantially below prior years' levels through October

Mental health services among children under 19 dropped from 145 per 1,000 beneficiaries in February 2020 to a low of 72 per 1,000 beneficiaries in October 2020



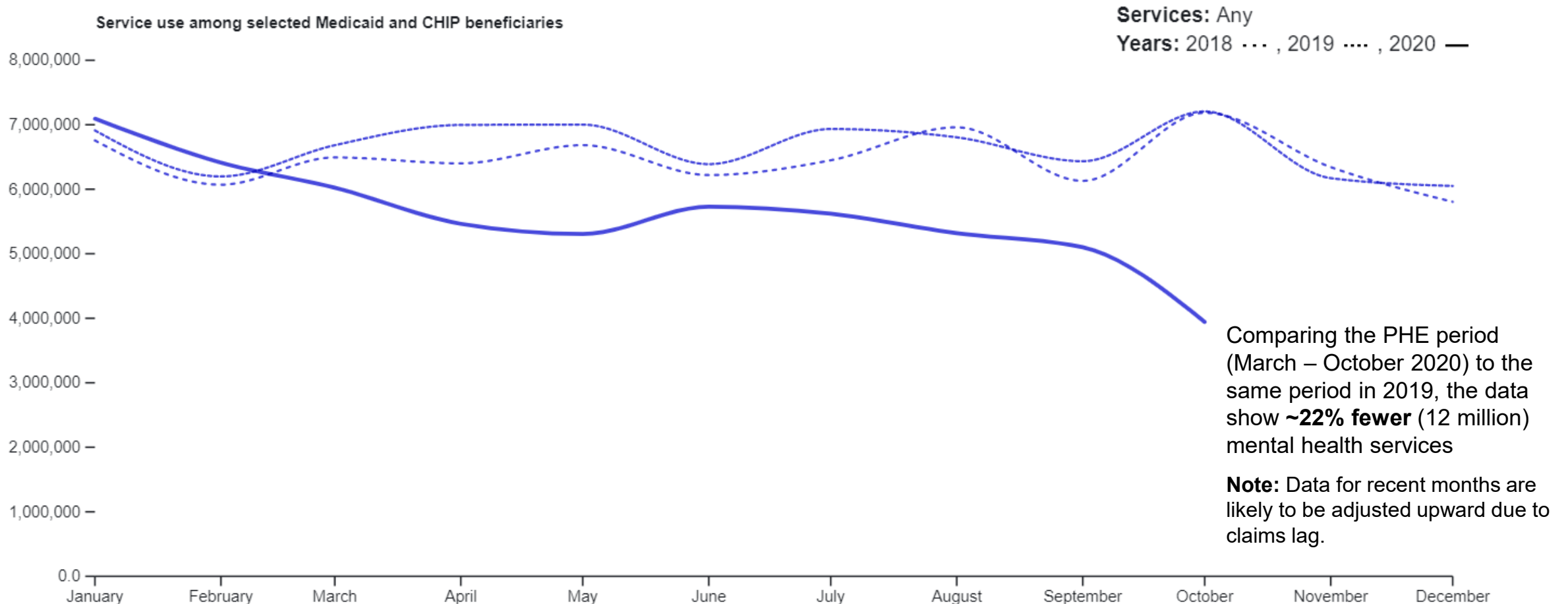
Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~34% fewer** (14 million) mental health services

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Preliminary 2020 data show mental health services for adults ages 19 to 64 decreased through May and have not rebounded to prior years' levels through October

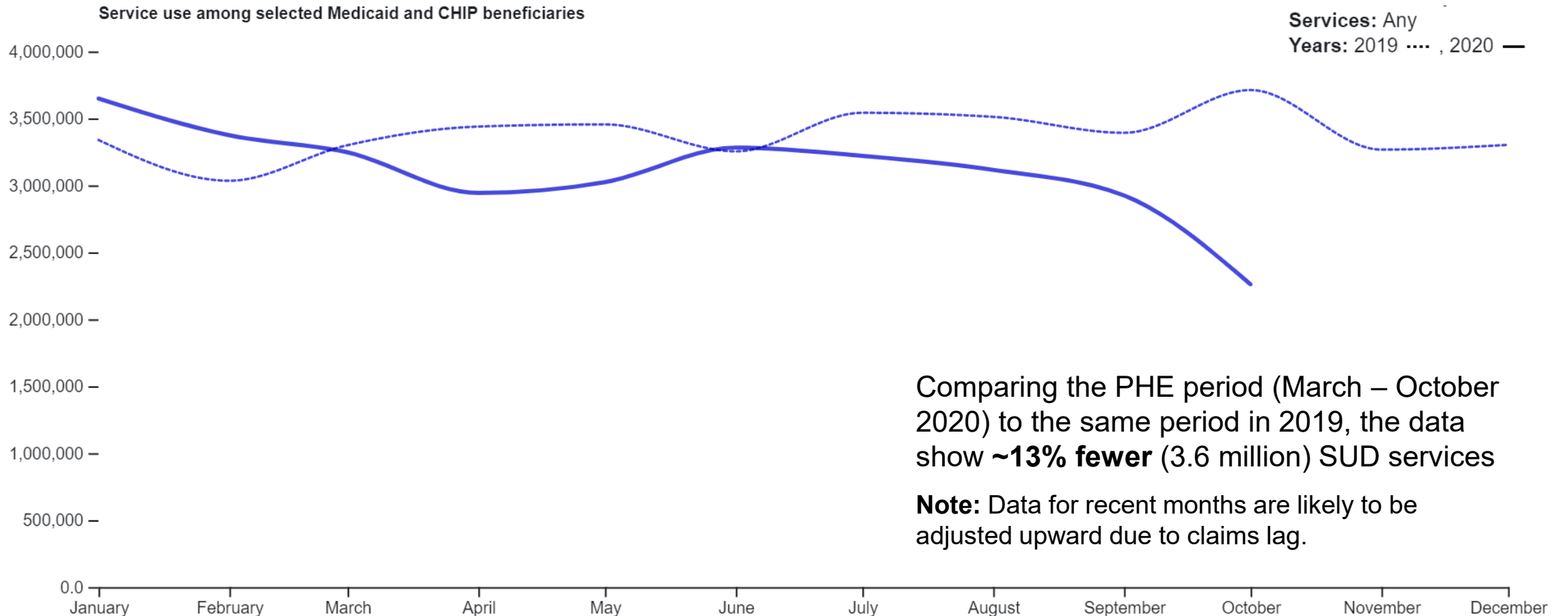
Mental health services among adults ages 19 to 64 dropped from 176 per 1,000 beneficiaries in February 2020 to a low of 100 per 1,000 beneficiaries in October 2020



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020.

Preliminary 2020 data show SUD services for adults age 19 to 64 declined starting in March, increased in June, and are still below 2019 levels through October

SUD services for adults ages 19 to 64 dropped from about 92 per 1,000 beneficiaries in February 2020 to a low of 57 per 1,000 beneficiaries in October 2020



Comparing the PHE period (March – October 2020) to the same period in 2019, the data show **~13% fewer** (3.6 million) SUD services

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on December T-MSIS submissions with services through the end of November. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for November are incomplete, results are only presented through October 31, 2020. We compare SUD service use in 2020 to 2019 only. Coverage of SUD treatment services has increased dramatically over the past three years with the implementation of several 1115 demonstrations. As a result, we do not compare treatment rates in 2020 to treatment rates in 2018 and 2017, when coverage of services was generally lower. Additionally, as of January 1, 2020, Medicare Part B pays Opioid Treatment Programs (OTPs) through bundled payments for opioid use disorder. This change in coverage may impact results for dually eligible beneficiaries.

Questions