

Historic Trends in Medicaid and CHIP Coverage Continuity, Loss, and Churn in 2018

July 2023

Coverage Continuity, Coverage Loss, and Churn

- This snapshot provides information on the rates of continuous coverage, coverage loss, and churn for individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) at any point in 2018. This analysis demonstrates the enrollment experience of individuals prior to implementation of the Medicaid continuous enrollment condition of the Families First Coronavirus Response Act (FFCRA).¹ It draws on Medicaid and CHIP administrative enrollment data reported by states for the 2017–2019 period and provides statistics on:
 - The percentage of Medicaid and CHIP enrollees in calendar year 2018 with full benefits who had at least 12 months of coverage with no gaps, or **continuous coverage**
 - The percentage of full-benefit enrollees who experienced a coverage termination for any reason at some point in calendar year 2018, or **coverage loss**
 - The percentage of people with a coverage loss in 2018 who returned to Medicaid or CHIP in the same state within 3 months or 12 months of coverage loss, also known as **churn**

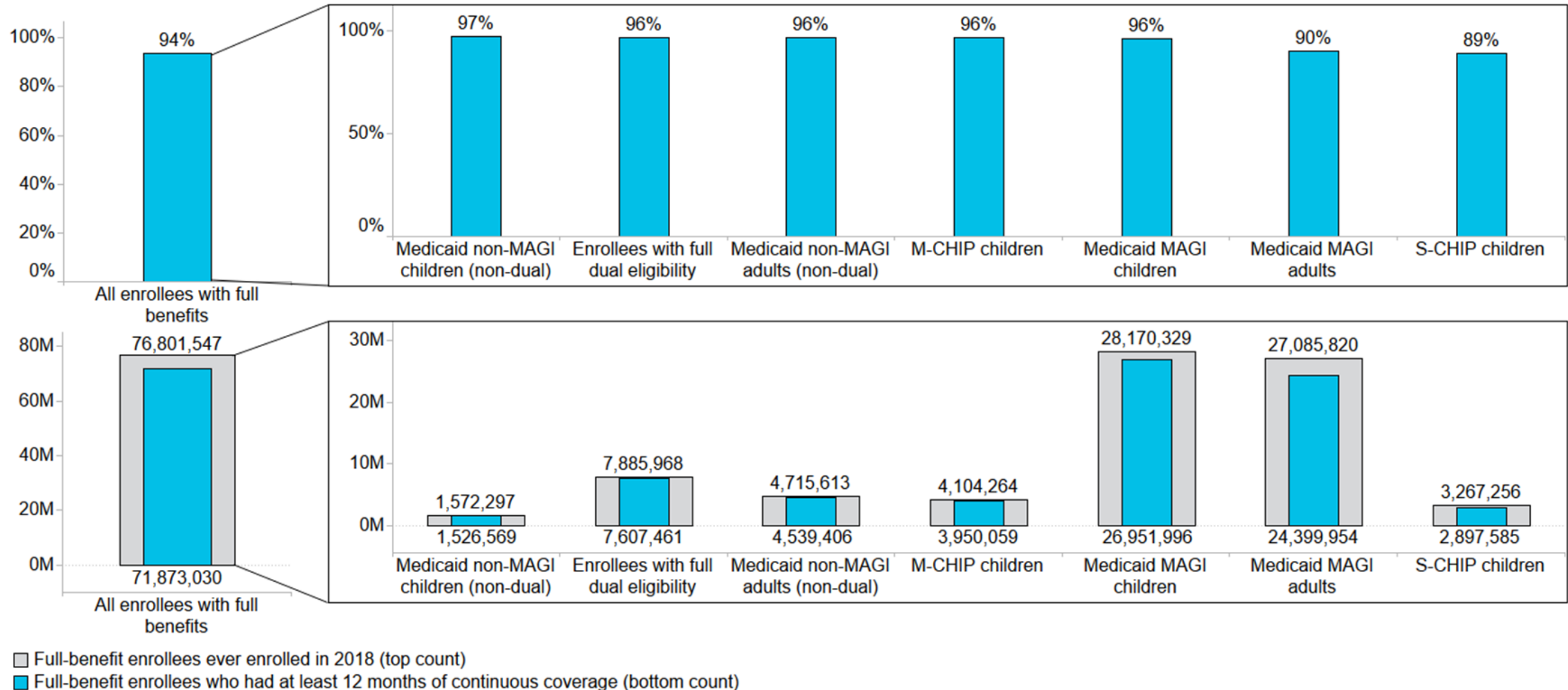
¹ Families First Coronavirus Response Act, Pub. L. No. 116-127, Sec 6008, Temporary Increase of Medicaid FMAP, available at <https://www.govinfo.gov/content/pkg/COMPS-15683/pdf/COMPS-15683.pdf>.

Coverage Continuity, Loss, and Churn: The Basics

- Every Medicaid and CHIP enrollee must have their eligibility redetermined at least once per year.¹ That means every enrollee in a state comes up for renewal on a staggered schedule across the calendar year and may lose coverage if they are determined ineligible or do not complete the renewal process (e.g., do not provide required documentation).
- Most people who enroll in Medicaid or CHIP will keep their coverage until they come up for renewal or experience a change in circumstances. Changes that may result in coverage loss prior to renewal include an increase in income, moving out of state, or obtaining other health insurance (CHIP only).
- As a result, while individuals in Medicaid and CHIP generally remain enrolled for at least 12 months, some experience gaps in coverage due to mid-year changes in circumstances, or at renewal, if individuals are determined to no longer be eligible or lose coverage for administrative reasons, such as failure to return required paperwork.

¹ States must renew eligibility only once every 12 months for individuals whose Medicaid eligibility is based on modified adjusted gross income (MAGI) methods and at least every 12 months for individuals whose Medicaid eligibility is determined on a basis other than MAGI. (42 CFR 435.916, available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-J/subject-group-ECFR0717d3fdf4a090c/section-435.916>).

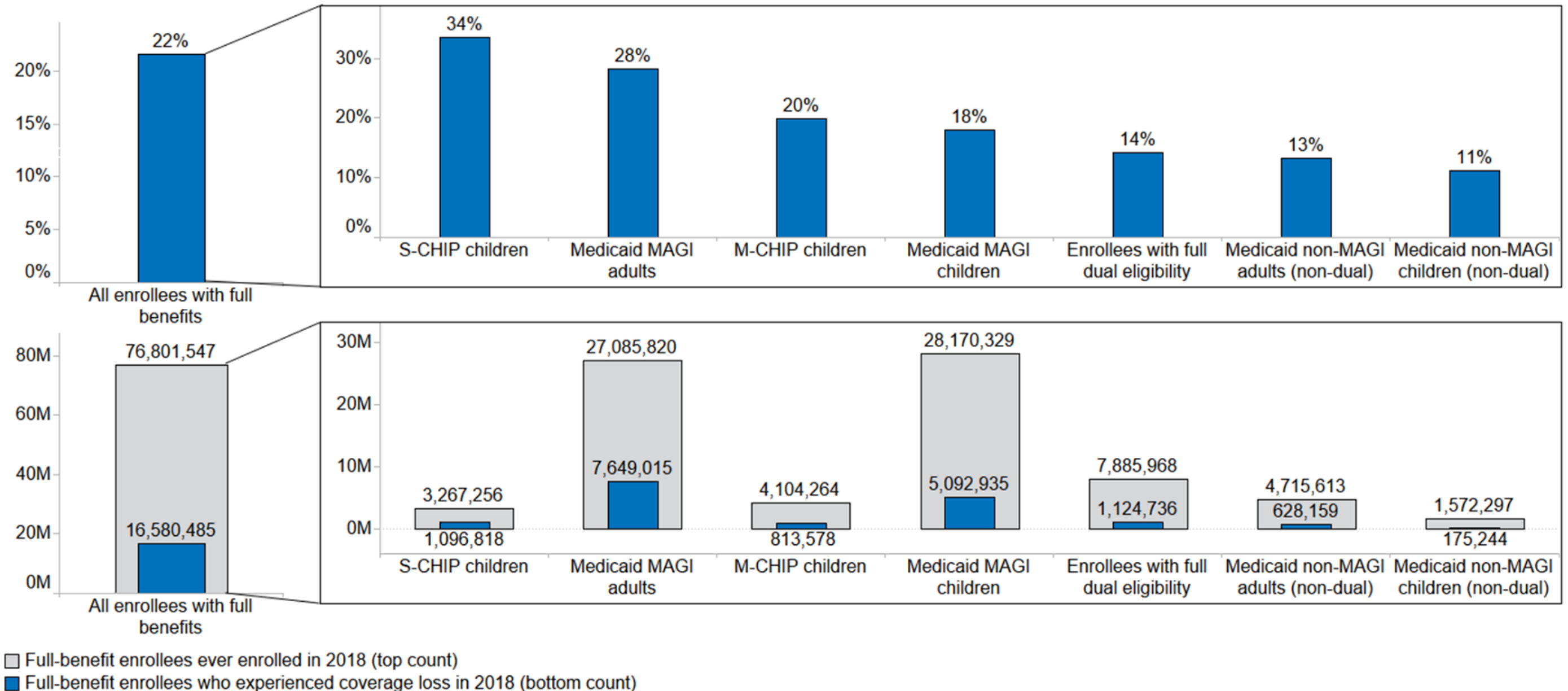
Ninety-four percent of Medicaid and CHIP enrollees with full benefits in 2018 had at least 12 months of continuous coverage



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2017 (Release 1), 2018 (Release 1), and 2019 (Preliminary).

Notes: This figure shows the number and percentage of full-benefit Medicaid and CHIP enrollees in 2018 who retained 12 months of continuous coverage after initially entering the program. Enrollees with any enrollment in 2018 were counted as having 12 months of continuous coverage if the time between their enrollment start date in 2017 or 2018 and their first coverage loss (if any) in 2018 or 2019 was at least 365 days. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues.

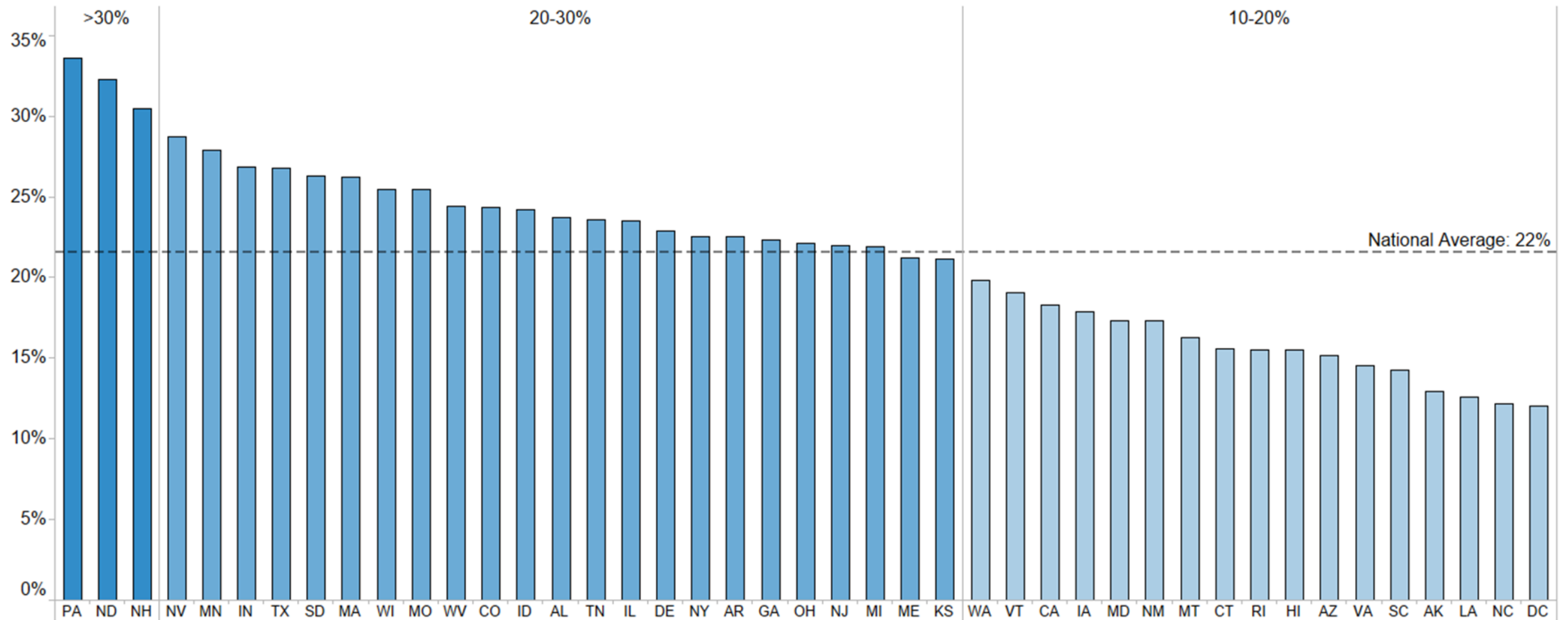
Twenty-two percent of Medicaid and CHIP enrollees with full benefits experienced coverage loss in 2018



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2018 (Release 1) and 2019 (Preliminary).

Notes: This figure shows the number and percentage of full-benefit Medicaid and CHIP enrollees in 2018 that had an end date of coverage on or before December 31, 2018. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues. Because this analysis excludes (1) all limited-benefit enrollees and (2) all enrollees from 8 states due to data quality issues, this figure understates the full national count of Medicaid and CHIP enrollees who experienced coverage loss in 2018.

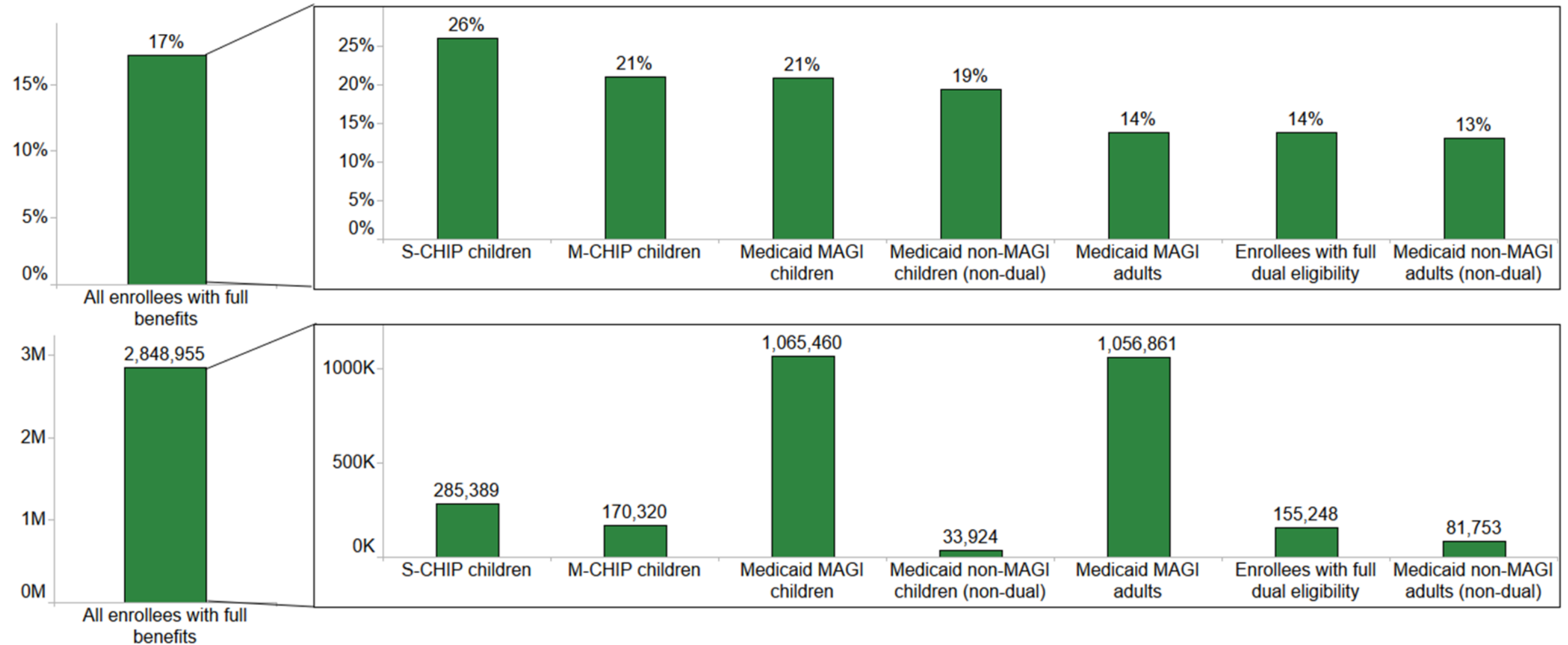
Rates of coverage loss in 2018 for enrollees with full benefits varied by state, ranging from 12 to 34 percent



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2018 (Release 1) and 2019 (Preliminary).

Notes: This figure shows the percentage of full-benefit Medicaid and CHIP enrollees in 2018 that had an end date of coverage on or before December 31, 2018. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues.

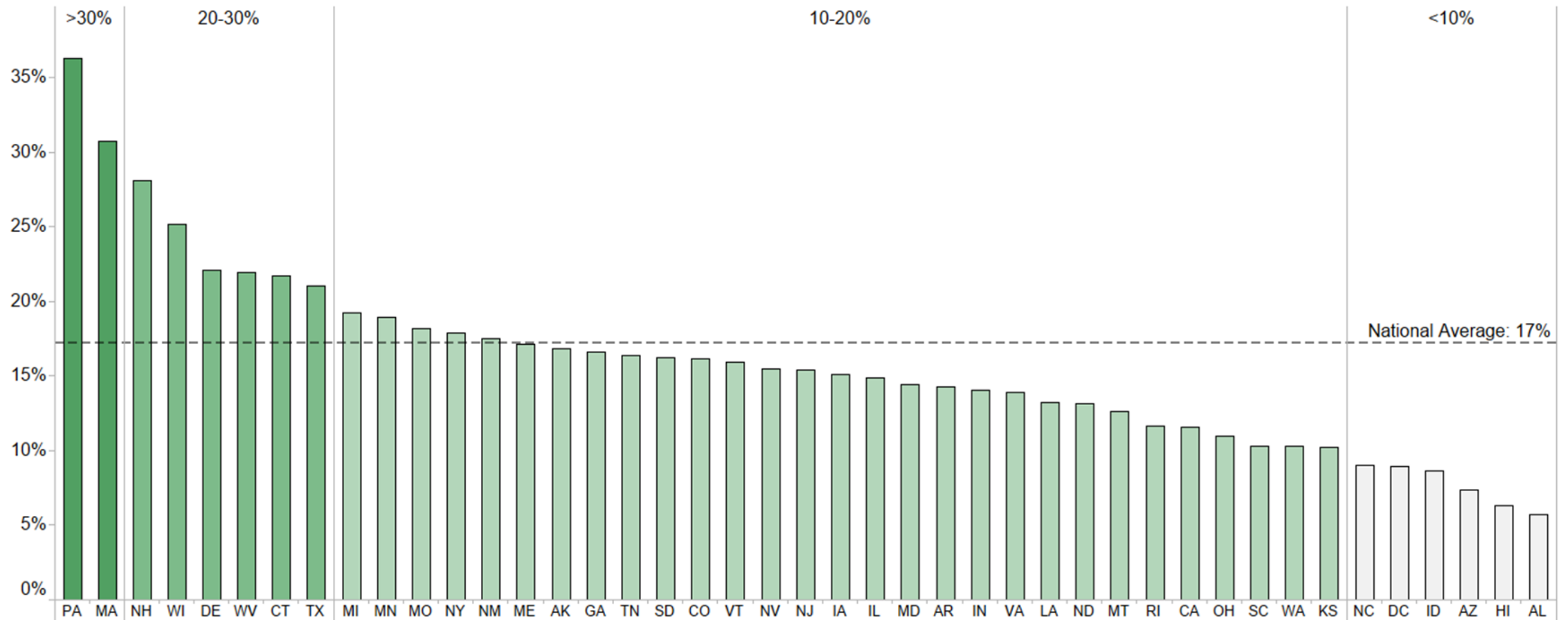
Seventeen percent of people who lost coverage in 2018 re-enrolled within 3 months



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2018 (Release 1) and 2019 (Preliminary).

Notes: This figure shows the number and percentage of full-benefit Medicaid and CHIP enrollees that experienced coverage loss in 2018 who re-enrolled in the same state within 91 days. Enrollees were only included if they experienced coverage loss between January 1 and December 31, 2018. Enrollees with multiple coverage end dates in 2018 only had their first coverage loss evaluated for re-enrollment within 91 days. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues. Because this analysis excludes (1) all limited-benefit enrollees and (2) all enrollees from 8 states due to data quality issues, this figure understates the full national count of Medicaid and CHIP enrollees that experienced coverage loss in 2018 who re-enrolled in the same state within 91 days.

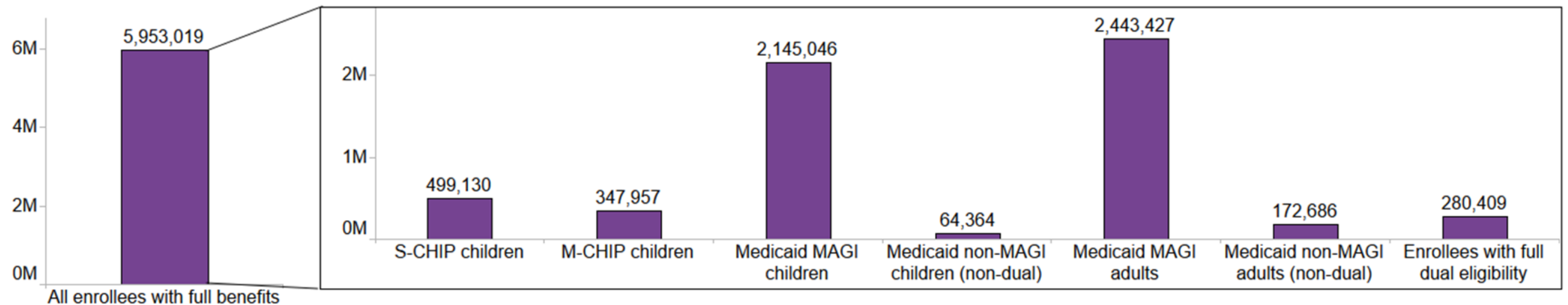
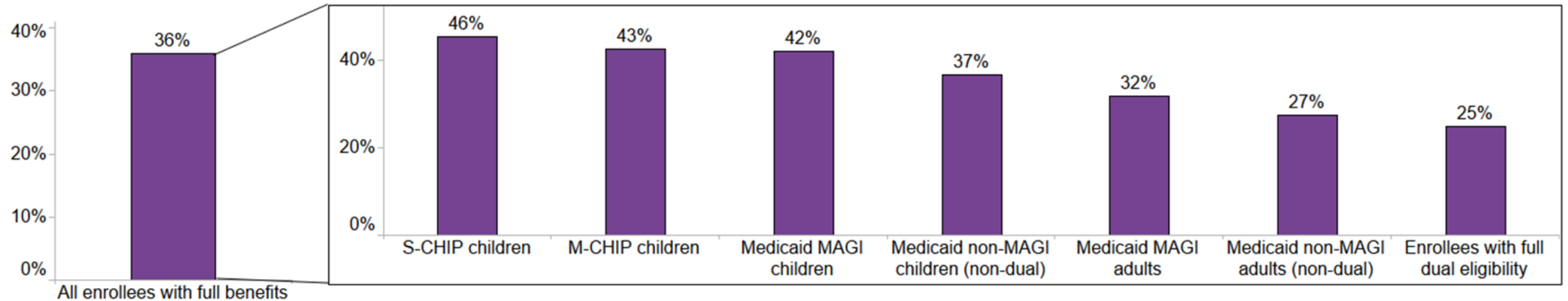
Rates of 3-month churn varied across states, ranging from 6 to 36 percent



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2018 (Release 1) and 2019 (Preliminary).

Notes: This figure shows the percentage of full-benefit Medicaid and CHIP enrollees that experienced coverage loss in 2018 who re-enrolled in the same state within 91 days. Enrollees were only included in the denominator if they experienced coverage loss between January 1 and December 31, 2018. Enrollees with multiple coverage end dates in 2018 only had their first coverage loss evaluated for re-enrollment within 91 days. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues.

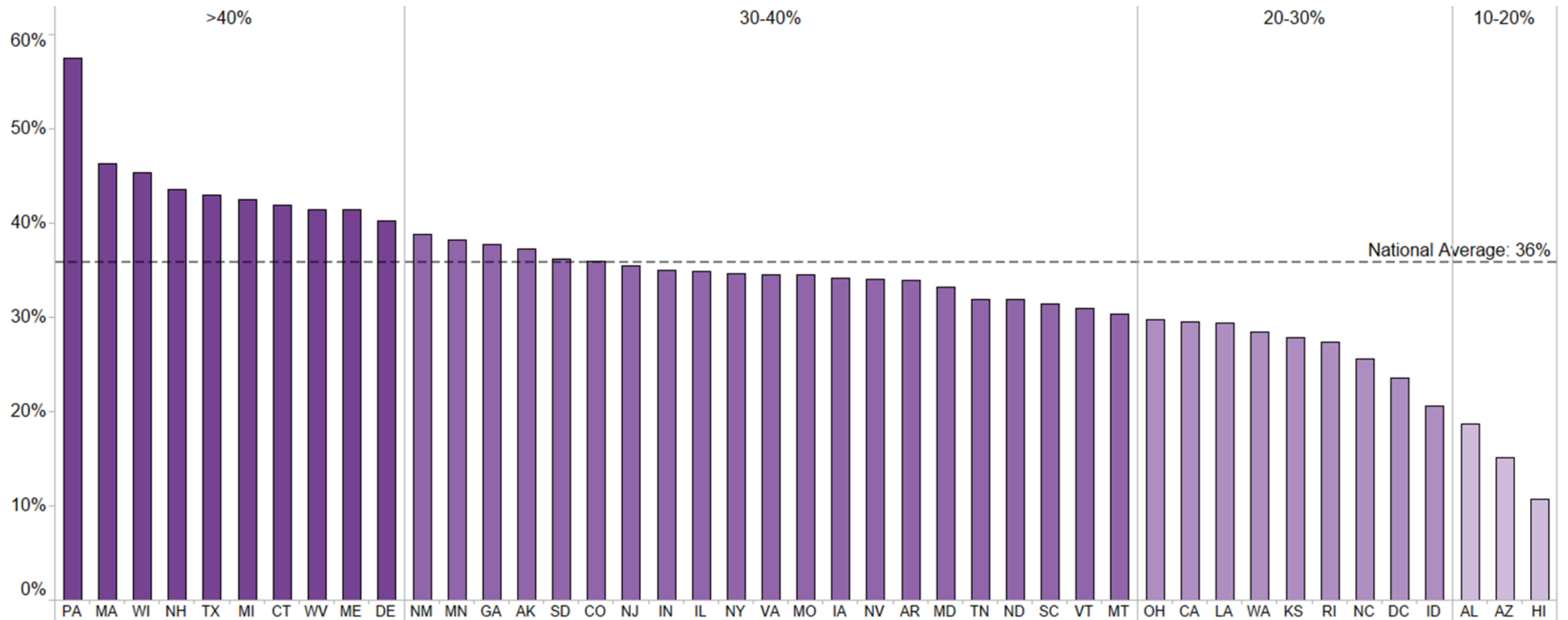
Thirty-six percent of people who lost coverage in 2018 re-enrolled within 12 months



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2018 (Release 1) and 2019 (Preliminary).

Notes: This figure shows the number and percentage of full-benefit Medicaid and CHIP enrollees that experienced coverage loss in 2018 who re-enrolled in the same state within 365 days. Enrollees were only included if they experienced coverage loss between January 1 and December 31, 2018. Enrollees with multiple coverage end dates in 2018 only had their first coverage loss evaluated for re-enrollment within 365 days. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues. Because this analysis excludes (1) all limited-benefit enrollees and (2) all enrollees from 8 states due to data quality issues, this figure understates the full national count of Medicaid and CHIP enrollees that experienced coverage loss in 2018 who re-enrolled in the same state within 365 days.

Rates of 12-month churn varied across states, ranging from 11 to 58 percent



Source: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2018 (Release 1) and 2019 (Preliminary).

Notes: This figure shows the percentage of full-benefit Medicaid and CHIP enrollees that experienced coverage loss in 2018 who re-enrolled in the same state within 365 days. Enrollees were only included in the denominator if they experienced coverage loss between January 1 and December 31, 2018. Enrollees with multiple coverage end dates in 2018 only had their first coverage loss evaluated for re-enrollment within 365 days. This analysis includes TAF RIF data from 42 states and the District of Columbia. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming were excluded due to data quality issues.

Data Source and Limitations

- **Data source.** Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIFs) for 2017 (Release 1), 2018 (Release 1), and 2019 (Preliminary). More information on the completeness and quality of these data is available at www.medicaid.gov/dq-atlas.
- **Data limitations.** Enrollment information in the TAF RIF is generally high-quality and complete, although some states had incomplete or unreliable data on enrollment start and end dates for the period covered by this study. Florida, Kentucky, Mississippi, Nebraska, Oklahoma, Oregon, Utah, and Wyoming are excluded from all figures due to data quality issues with their enrollment data.
- **More information.** Additional information on access to coverage can be found in the issue brief [“Medicaid and CHIP Access: Coverage and Behavioral Health Data Spotlight.”](#)

Methodology

- **Enrollee population.** Medicaid and CHIP enrollees are included if they had at least one day of Medicaid or CHIP enrollment with full or comprehensive benefits in calendar year 2018. Enrollees who only qualified for a limited benefit package, such as family planning benefits only or limited assistance with Medicare premiums (partial dual eligibility), are not included in this analysis.
- Enrollees with any enrollment in 2018 were counted as having 12 months of **continuous coverage** if the time between their enrollment start date in 2017 or 2018 and their first coverage loss (if any) in 2018 or 2019 was at least 365 days. Enrollees could be continuously enrolled for 12 months and also experience a coverage loss in calendar year 2018, because some of their 12 months of continuous enrollment could have occurred in 2017.
- Enrollees were counted as experiencing **coverage loss** in 2018 if they were enrolled in either Medicaid or CHIP at any point in 2018 and had an end date of coverage on or before December 31, 2018.
- Enrollees were classified as **re-enrolling within 3 months** if they: (1) Experienced a coverage loss in 2018 and (2) had a break of at least 1 day and up to 91 days between when their first span of coverage in 2018 ended and when they re-enrolled in Medicaid or CHIP. Re-enrollments in 2019 were counted if they began within 91 days of coverage loss in 2018. Re-enrollments in a different state were not counted. Enrollees were classified as **re-enrolling within 12 months** if they met the same criteria, but had a break of at least 1 day and up to 365 days between the end of their first span of coverage in 2018 and the start of their next span in 2018 or 2019.