

Medicaid and CHIP Enrollment Surges Amid Pandemic, Native People at Risk as Federal Continuous Enrollment Provision Expires

Category: Policy Blog

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[Preliminary data](#) for December 2022 shows that total Medicaid and CHIP enrollment grew by 21.2 million to a total of 92.3 million since February 2020. [KFF estimates](#) that Medicaid/CHIP enrollment will reach 95 million by March 2023. This increase in enrollment is due, in part, to the continuous enrollment provision created by the Families First Coronavirus Response Act (FFCRA), which generally barred states from disenrolling Medicaid enrollees in exchange for receiving a temporary increase in the federal match rate. The federal continuous enrollment provision expired on March 31, 2023, meaning that states can now resume disenrollments, which had been paused since Congress passed FFCRA in March 2020. The Affordable Care Act (ACA) Medicaid expansion adults, other adults, and children experienced the most growth due to the continuous enrollment provision and are expected to see the largest enrollment declines after disenrollments resume. Studies estimate that between 5% and 17% of current enrollees may lose their Medicaid coverage.

Increase in enrollment is concentrated in a small number of states with large populations, and therefore large Medicaid programs. One-third of the increase is found in California, New York, Texas, Florida, and Illinois. States who have implemented Medicaid expansion after 2020 - Oklahoma, Missouri, Nebraska, Utah, and Idaho - also have high enrollment growth. According to [KFF](#) “[h]ow states manage the large numbers of redeterminations during the “unwinding” of the continuous enrollment provision as well as how states engage with enrollees and other stakeholders, will impact the continuity of coverage for millions of Medicaid enrollees.”

Estimated Enrollment Growth From February 2020 to March 2023, by Eligibility Group and State

State	CHIP Enrollees	Children Under 19	ACA Adults	Other Adults	Adults Eligible Based on Disability or Age (65+)	All
Arizona	42,300	223,300	221,100	159,700	-8,800	637,600
California	-39,100	606,200	1,486,000	789,500	-13,100	2,829,500
Colorado	-25,500	116,800	252,900	136,200	-16,000	464,400
Illinois	-25,700	257,800	641,000	121,900	32,500	1,027,500
Kansas	19,100	71,100	N/A	42,800	11,000	144,000
Maryland	19,800	96,300	166,600	125,400	-14,400	393,700
Massachusetts	2,000	93,600	161,800	135,700	51,300	444,400
Michigan	57,100	154,200	369,500	187,200	22,100	790,100
Minnesota	600	121,900	117,000	111,400	8,800	359,700
Montana	2,100	17,500	46,600	14,000	-4,000	76,200
Nebraska	5,000	35,600	78,000	15,000	10,500	144,100

Nevada	10,900	70,200	164,300	54,900	-9,600	290,700
New Mexico	10,000	49,600	93,400	39,300	-18,500	173,800
New York	-59,500	320,400	895,800	452,200	-2,400	1,606,500
Oklahoma	7,000	148,100	293,100	74,700	59,600	582,500
Oregon	47,900	31,200	241,500	103,400	-27,000	397,000
South Dakota	2,500	21,100	N/A	9,900	3,700	37,200
Texas	-97,000	1,090,300	N/A	323,600	242,500	1,559,400
Utah	-6,700	65,200	49,900	44,700	22,100	175,200
Washington	3,200	103,900	347,500	60,500	-8,700	506,400
Wisconsin	12,300	132,200	N/A	208,900	47,500	400,900

Medicaid Unwinding and American Indians and Alaska Natives (AI/ANs)

Native people may be at an increased risk of disenrollment in Medicaid and CHIP programs during the Medicaid unwinding period. Once disenrollments are completed, estimates say [12% of AI/AN children and 6% of AI/AN adults](#) will lose CHIP or Medicaid coverage. There are also administrative barriers that may lead to a higher risk of losing coverage, such as geographical remoteness, limited access to internet or phone service, and language barriers.

Patients at Urban Indian Organizations (UIOs) may lose their Medicaid coverage as a result of the unwinding, and inadequate health insurance coverage or gaps in coverage may cause UIO patients to delay or avoid medical care altogether. The federal government has a trust responsibility to provide federal health services to maintain and improve the health of AI/AN people. Medicaid and CHIP are critical to fulfilling the United States' trust responsibility to maintain and improve AI/AN health. [NCUIH recently led over 200 organizations](#) in urging the Administration to take concrete steps to ensure that eligible individuals and families do not lose Medicaid/CHIP coverage for purely administrative reasons during the unwinding period. You can read more about this effort [here](#).