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Research Data Brief – April 2024

State Variation in Medicaid Disenrollment Pediatric Patients Receiving Care at Community Health Centers Following Resumption of Eligibility Redetermination

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KEY FINDINGS

- Most pediatric patients seen at CHCs were Medicaid-insured during continuous coverage.
• Since the start of unwinding, 7.6% of previously Medicaid-insured pediatric patients were uninsured.
• The probability of maintaining coverage was 84.8%, meaning there was a 15.2% probability of patients losing coverage during unwinding.

Between March 2020 and March 2023, in response to the onset of the COVID-19 pandemic, the standard process of Medicaid eligibility redetermination was paused. This pause ended on April 1, 2023, and states began redeterminations each with a unique timeline and process: the “unwinding” of continuous Medicaid coverage. It was estimated that millions of pediatric patients would lose Medicaid coverage, with an impact on systemically disadvantaged populations. Given that community health organizations serve patients regardless of the ability to pay, loss of insurance affects access to care and health outcomes, and that Medicaid is the leading payor for children seen in community-based health organizations, OCHIN’s extensive network is thus an ideal setting to examine the impact of the resumption of redeterminations for systemically underserved patients who are most at risk for loss of coverage. This Research Data Brief details state variation in disenrollment from Medicaid to uninsured among pediatric patients who receive care at community-based health care organizations.

OCHIN: A National Network of Community-Based Health Care Organizations. OCHIN is a nonprofit organization that provides health information technology, including OCHIN Epic® electronic health record, and support services to a national membership of over 230 locally controlled federally qualified health centers (FQHCs), community health centers, rural health clinics, tribal health organizations, and public health departments. Using data from OCHIN members allows us to examine the impact of the unwinding of continuous Medicaid coverage among systemically underserved populations.

Measuring Disenrollment from Medicaid to Uninsured. Given states’ varied timelines for redeterminations and that assessment of insurance status depended on a patient-initiated visit to an OCHIN member clinic vary over time, we measured disenrollment both as an overall estimate and temporally. Among a cohort of pediatric patients who were Medicaid-insured during continuous coverage we examine unwinding encounters and report estimates of (1) ever having an uninsured visit and (2) the time to an uninsured visit. For each patient, we calculated the time between their state’s month of initiating renewals and either the first encounter that they were uninsured (event) or their last encounter (censored). The result can be interpreted as the probability of maintaining coverage (or not becoming uninsured).

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### Pediatric Patients Receiving Care in the OCHIN Network

- In total, **488,493 pediatric patients had a visit during continuous coverage and during unwinding, with 414,220 (84.8%) insured by Medicaid.**
- The distribution of patients across states reflects the distribution of OCHIN members, with **most patients in California (39.9%), Oregon (10.7%), Illinois (7.6%), and Massachusetts (5.8%)**

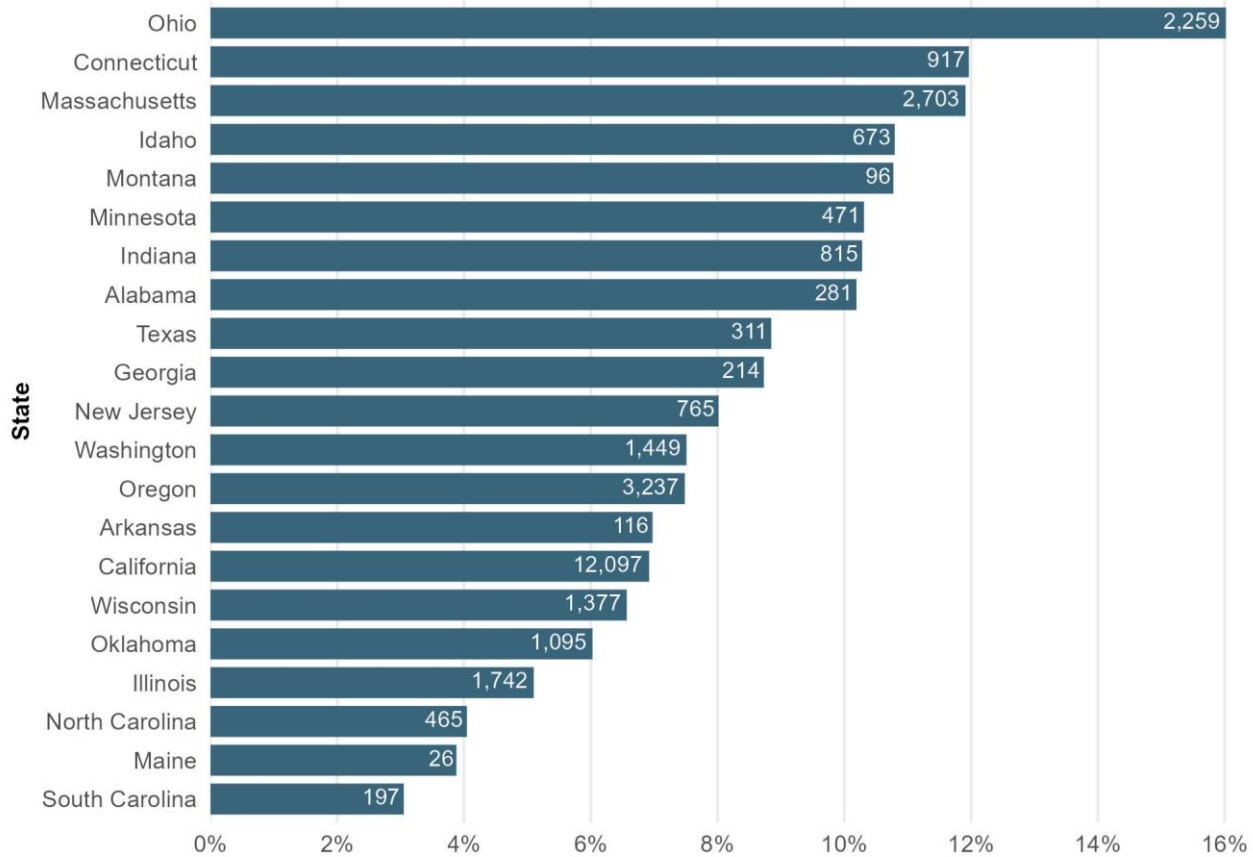
**Table 1. Geographic distribution of patients.** Due to small numbers of patients, several states were collapsed into “Other”

State	Total Pediatric Patients, N (% of all OCHIN pediatric patients)	Children insured by Medicaid during the continuous coverage period N (% of patients in state)
AL	3,338 (0.7)	2,757 (82.6)
AR	2,068 (0.4)	1,663 (80.4)
CA	194,946 (39.9)	174,777 (89.7)
CT	10,207 (2.1)	7,664 (75.1)
GA	3,021 (0.6)	2,451 (81.1)
ID	9,826 (2.0)	6,234 (63.4)
IL	37,063 (7.6)	34,151 (92.1)
IN	9,906 (2.0)	7,927 (80.0)
MA	28,290 (5.8)	22,690 (80.2)
ME	1,264 (0.3)	670 (53.0)
MN	5,438 (1.1)	4,568 (84.0)
MT	1,242 (0.3)	891 (71.7)
NC	15,868 (3.2)	11,493 (72.4)
NJ	11,451 (2.3)	9,543 (83.3)
OH	17,816 (3.6)	14,101 (79.1)
OK	20,505 (4.2)	18,166 (88.6)
OR	52,094 (10.7)	43,252 (83.0)
SC	8,340 (1.7)	6,458 (77.4)
TX	4,692 (1.0)	3,515 (74.9)
WA	23,321 (4.8)	19,293 (82.7)
WI	25,350 (5.2)	20,964 (82.7)
Other	2,447 (0.5)	992 (40.5)

### Disenrollment from Medicaid Coverage to Uninsured

- **7.6% of pediatric patients who were Medicaid-insured during continuous coverage were uninsured for at least one visit during unwinding.**
- There was substantial variation in disenrollment from Medicaid to uninsured across states with a high of **16.0% of patients in Ohio losing coverage, to a low of 3.1% of patients in South Carolina.** These point estimates are influenced by the geographic distribution and differences among OCHIN members.

**Figure 1. Disenrollment from Medicaid to Uninsured by State:** Each bar represents the percentage of OCHIN patients in that state who transitioned from Medicaid to uninsured status during the unwinding period, with the number of patients shown in white text.

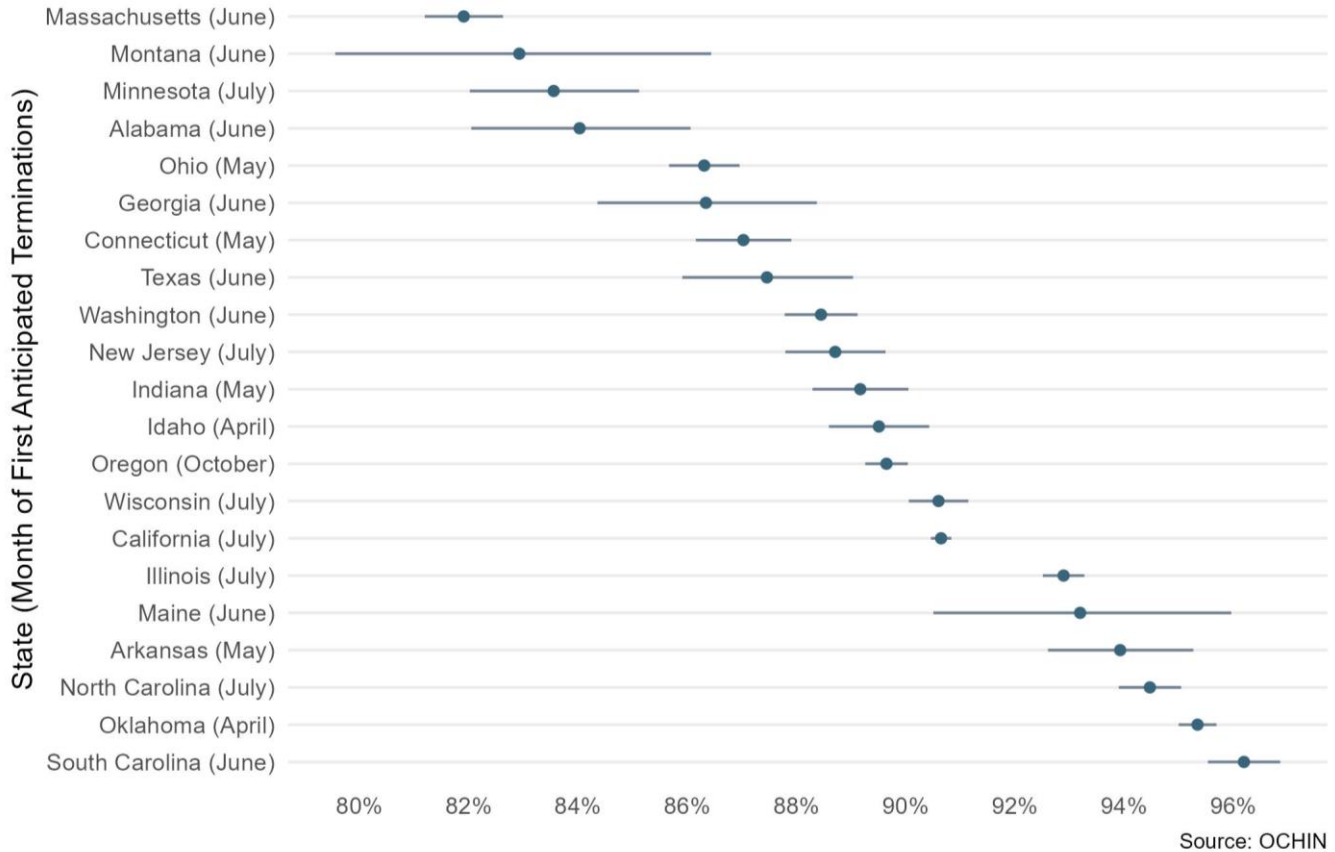


Source: OCHIN

### Time-to-Uninsured Among Medicaid-Insured Pediatric Patients

- There was an **84.8% probability of maintaining coverage**, i.e., not becoming uninsured, through **December 2023**.
- Pediatric patients in **Massachusetts, Montana, and Minnesota** had the **lowest probability of maintaining coverage**.
- When comparing states, with California as the reference, patients in Alabama, Connecticut, Georgia, Indiana, Massachusetts, Minnesota, Montana, New Jersey, Ohio, Oregon, Texas, and Washington, had a higher risk of becoming uninsured as demonstrated by the hazard ratios (Table 2).
- As shown in Figure 3, it took **several months after the start of unwinding for community-based health care organizations to care for patients who were newly uninsured due to Medicaid unwinding**. This demonstrates that the greatest impact on these community-based health care organizations may yet to be seen, despite some states completing the redetermination process.

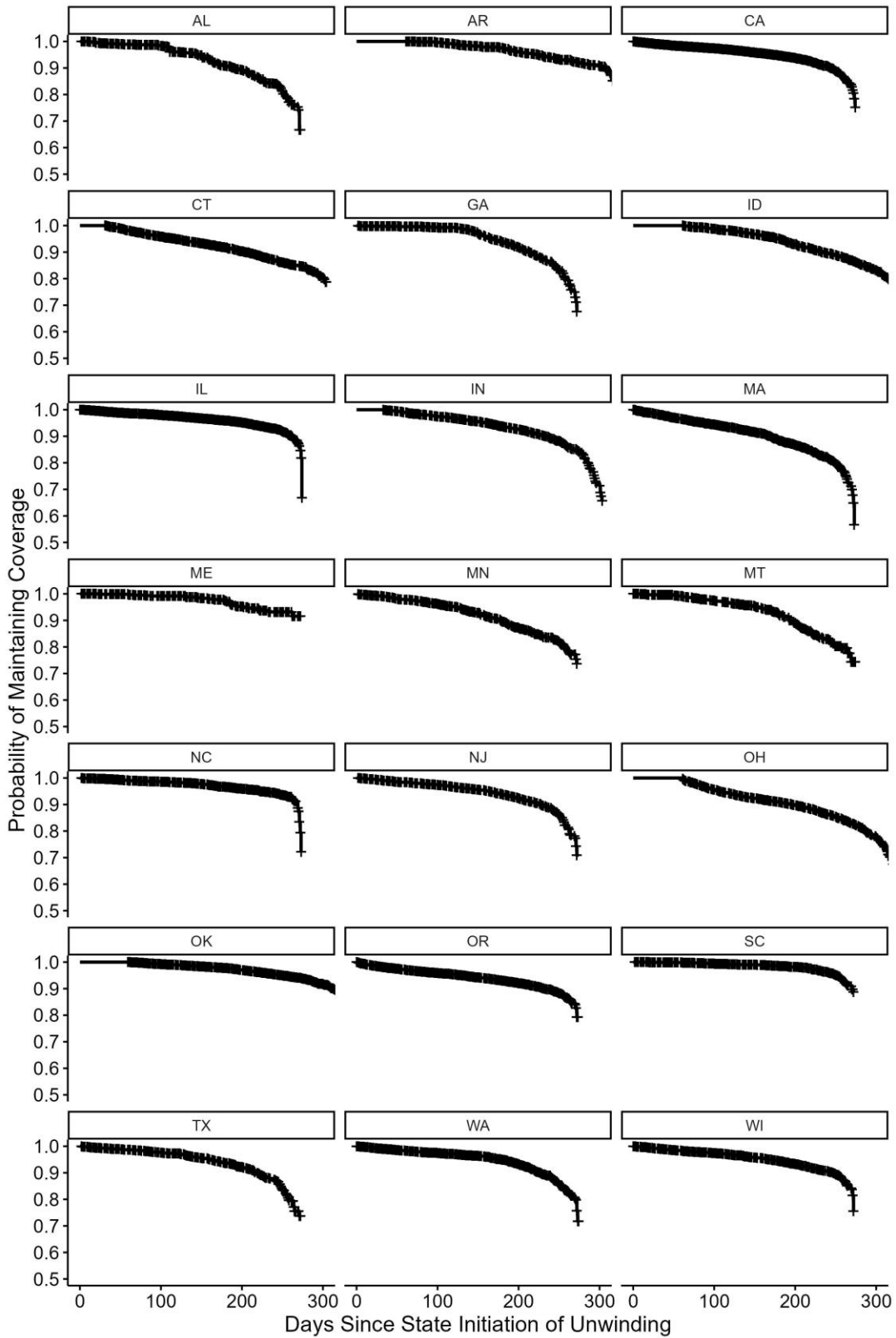
**Figure 2. Variation in probability of maintaining coverage by state.** Point estimates, with 95% confidence intervals, of the probability of maintaining coverage through December of 2023. We can interpret these estimates as: there was an approximately 96% probability of maintaining coverage during unwinding for those pediatric patients in South Carolina. A higher probability represents a lower risk of becoming uninsured.



**Table 2. Hazard ratios demonstrating the relationship between state and time-to-uninsured.** A higher hazard ratio represents a greater risk of becoming uninsured. For example, compared to patients living in California, those in Alabama had 1.63 times (95% confidence interval: 1.45, 1.84) the hazard of becoming uninsured.

State	Hazard Ratio (95% CI) of Disenrollment from Medicaid to Uninsured
AL	1.63 (1.45, 1.84)
AR	0.45 (0.38, 0.54)
CA	<i>Ref</i>
CT	1.08 (1.01, 1.16)
GA	1.31 (1.15, 1.50)
ID	0.80 (0.74, 0.86)
IL	0.75 (0.71, 0.78)
IN	1.11 (1.03, 1.19)
MA	2.01 (1.93, 2.10)
ME	0.55 (0.38, 0.81)
MN	1.73 (1.58, 1.90)
MT	1.58 (1.29, 1.93)
NC	0.59 (0.54, 0.65)
NJ	1.23 (1.14, 1.32)
OH	1.19 (1.13, 1.25)
OK	0.37 (0.34, 0.39)
OR	1.18 (1.13, 1.22)
SC	0.40 (0.35, 0.46)
TX	1.32 (1.18, 1.47)
WA	1.15 (1.09, 1.21)
WI	1.00 (0.95, 1.06)

**Figure 3. Time-to-event curves demonstrating state variation in unwinding.** This figure demonstrates the relationship between time since state initiation of unwinding and the probability of patients losing health care coverage. The tick marks on the figure represent patients who were not seen again with drops in the curve representing loss of coverage. This figure reveals that, regardless of state, the most dramatic decreases in care among those receiving care at CHCs, occurred several months into unwinding.



## Summary

Overall, 7.6% of pediatric patients seen at community-based health care organizations during the unwinding of continuous Medicaid coverage were uninsured after being Medicaid-insured during continuous coverage. There was an 84.8% probability of maintaining Medicaid coverage during unwinding. When stratified by state, we see dramatic differences in the probability of maintaining Medicaid coverage. Importantly, it has taken several months to see a notable increase in these rates that underscores how the effect of unwinding, when measurement is based on health care visits, may not be fully realized and is likely to increase over time as more patients seek health care after losing Medicaid coverage.

## Data Source & Methods

This work was approved by the Advarra Institutional Review Board (IRB).

### *Data Source*

The data for this study come from OCHIN: a nationwide network of community-based health care organizations that share a single instance of Epic © electronic health record (EHR). These EHR data are then supported and made research-ready by Accelerating Data Value Across a National Community Health Center Network (ADVANCE) Clinical Research Network (CRN) that is one of the eight partners in the National Patient-Centered Clinical Research Network (PCORnet).<sup>6</sup>

### *Study Population, and Inclusion Criteria*

To be included in these analyses, we require that patients have an ambulatory or telehealth visit during continuous coverage (January 1, 2021 through March 30, 2023) and during unwinding (April 1, 2023 through December 31, 2023). We further require that these visits be with organizations that were behavioral health or mental health, community health centers, free clinics, public health departments, rural health centers, specialty clinics, tribal or Indian health, or social service organizations. Given our interest in pediatric patients, we limit our study population to those between the ages of 0 and 18 at their first encounter during unwinding. Considering our data being observation based, we sought to create a stable patient cohort; that is, we rely on clinic visits to capture insurance status. In total, our study includes 488,493 unique pediatric patients. Of these patients, 414,220 (84.8%) were Medicaid-insured at their most recent visit prior to unwinding.

### *Outcomes of Interest*

Our primary outcome of interest for this Research Data Brief was being uninsured at any point during the period of Medicaid unwinding (April 1, 2023, to December 31, 2023). Payer, captured at each encounter, is categorized as: Private, Medicaid, Medicare, Other Public, Uninsured.

### *Analyses*

First, we describe the geographic distribution of the cohort of pediatric patients seen at community-based health clinics. We then evaluate disenrollment from Medicaid to uninsured among these pediatric patients by describing, by state, the number and percentage of who *ever* have an uninsured visit during the unwinding period. To account for the varied occurrence of visits, we also analyze our data in a time-to-event approach. A patient's time is the time between their states' month of initiating renewals<sup>5</sup> and either the first encounter that they were uninsured (event = 1) or their last encounter (event = 0, censored). We calculate the probability of survival for the period from April 1, 2023, through December 31, 2023. In this analysis, the survival probability is equivalent to the probability of maintaining Medicaid coverage. We display Kaplan-Meier curves stratified by state of residence. We also used Cox proportional hazards models to estimate a hazard ratio, with 95% confidence interval, to compare states.

## Author Affiliations & Acknowledgements

### Author Affiliations

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