

GAO Highlights

Highlights of [GAO-25-107413](#), a report to congressional committees

Why GAO Did This Study

Continuous enrollment during the COVID-19 public health emergency, which largely paused disenrollments, contributed to Medicaid and CHIP growing from 71 million enrollees in February 2020 to 94 million enrollees in March 2023—an increase of more than 30 percent.

During unwinding, some people were expected to be disenrolled either because they were no longer eligible or because of procedural reasons, such as not returning information necessary to determine their eligibility. States are required to report data on redetermination outcomes during unwinding to CMS. CMS has used the data to monitor, for example, how many people were disenrolled or had their coverage renewed.

The CARES Act includes a provision for GAO to report on the federal response to the COVID-19 pandemic. This report describes (1) the results of CMS's analyses of unwinding outcomes, and (2) the extent to which selected states identified differences in unwinding outcomes across population characteristics.

GAO reviewed CMS analyses, such as analyses of state-reported data on eligibility redeterminations scheduled for completion from March 2023 through June 2024, some of which were completed through September 2024. GAO also interviewed CMS officials. GAO also reviewed information from five states—Arizona, Maryland, Montana, New York, and Wisconsin—selected to capture a mix of program size and geographic diversity.

View [GAO-25-107413](#). For more information, contact Michelle B. Rosenberg at RosenbergM@gao.gov

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MEDICAID AND CHILDREN'S HEALTH INSURANCE

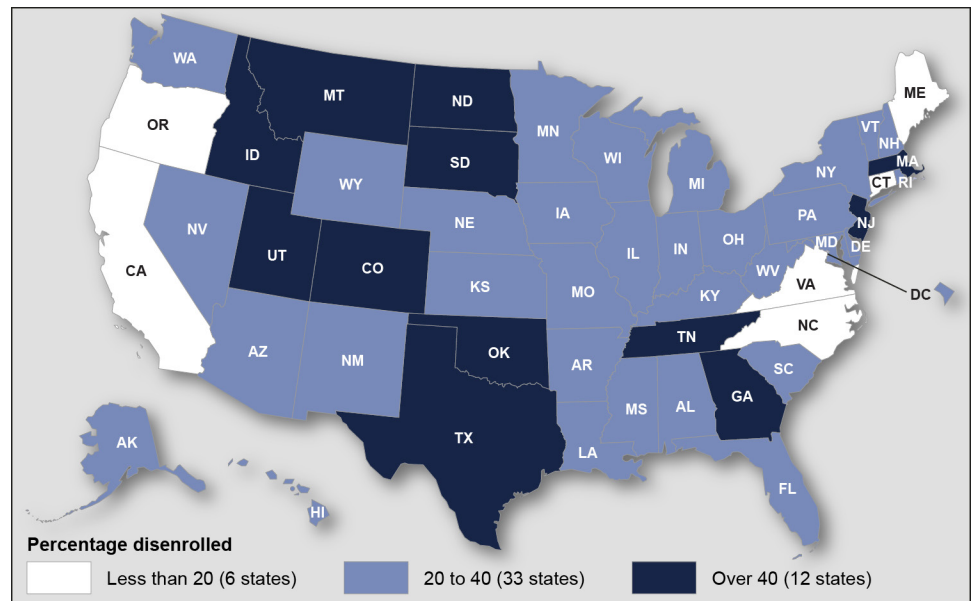
Disenrollments After COVID-19 Varied Across States and Populations

What GAO Found

During the COVID-19 public health emergency, Congress provided temporary additional federal funding to states to keep Medicaid and most Children's Health Insurance Program (CHIP) enrollees continuously enrolled. In April 2023, states began resuming full eligibility redeterminations for the millions of enrollees who had been continuously enrolled, including disenrolling those no longer eligible or who did not submit all required information—a process known as “unwinding.” States are to complete unwinding redeterminations by the end of 2025.

The Centers for Medicare & Medicaid Services (CMS) found that, of the 89 million completed redeterminations by states, about 27 million individuals were disenrolled during the first year and a half of unwinding. Enrollment nationwide was around 79 million as of October 2024, about 10 percent higher than prior to the pandemic. CMS also found significant variation across states in the percentage of individuals disenrolled during unwinding, with a number of factors potentially contributing to those differences.

Percentage of Completed Redeterminations That Resulted in Disenrollments, by State, March 2023–September 2024



Source: GAO analysis of Centers for Medicare & Medicaid Services data; Map Resources. | GAO-25-107413

Note: For more details, see fig. 4 in GAO-25-107413.

CMS and selected states identified certain populations that may have been disenrolled more frequently than others. For example, CMS and two states found that certain young adults were the most likely to be disenrolled when compared to other groups. CMS officials said young adults could have become ineligible because they aged out of child-specific eligibility groups, which generally allow for higher income than eligibility groups for adults who are under the age of 65 and who do not have a disability.