



Medicaid & CHIP: February 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

April 29, 2016

Background

This monthly report on state Medicaid and Children's Health Insurance Program (CHIP) data represents state Medicaid and CHIP agencies' eligibility activity for the calendar month of February 2016. This report measures eligibility and enrollment activity for the entire Medicaid and CHIP programs in all states¹, reflecting activity for all populations receiving comprehensive Medicaid and CHIP benefits in all states, including states that have not yet chosen to adopt the new low-income adult group established by the Affordable Care Act.² This data is submitted to CMS by states using a common set of indicators designed to provide information to support program management and policy-making related to application, eligibility, and enrollment processes.³

As with previous reports, this month's report focuses on those indicators that relate to the Medicaid and CHIP application and enrollment process:⁴

- The number of applications submitted directly to Medicaid and CHIP agencies, including those received through State-Based Marketplaces (SBMs);
- The number of eligibility determinations made by Medicaid and CHIP agencies on the applications described above, as well as applications to the Federally-Facilitated Marketplace (FFM) in states for which the FFM makes an eligibility assessment (and the state then completes the Medicaid or CHIP determination); and

¹ For purposes of this report, the term "states" include the 50 states and the District of Columbia.

² As of February 2016, thirty-one states had implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level. Montana implemented the Medicaid expansion on January 1, 2016. The enrollment impact of the Medicaid expansion varies; some states expanded coverage to parents and other adults at income levels above the level required under federal law before the Affordable Care Act. Many other states previously covered parents only at the minimum required income levels and often did not cover other adults without disabilities who are under age 65 at all.

³ See Appendix A for the standardized data definitions for the data included in this report. States continue to transition to these standardized definitions. State-specific notes on the differences between state-reported data and the data definitions are included in the tables in this report.

⁴ The Affordable Care Act's "no wrong door" policy means that individuals can apply for health insurance coverage through the Marketplace or the Medicaid or CHIP agency (if a separate agency) in their state and receive an eligibility determination for the health insurance program for which they are eligible. Information on applications received by (and Medicaid and CHIP assessments and determinations made by) the Marketplaces during the Marketplace open enrollment period is included in the Health Insurance Marketplace's 2016 Open Enrollment Period: Final Enrollment Report (March 11, 2016).

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- The total number of individuals enrolled in the Medicaid and CHIP programs who are receiving comprehensive benefits, including details on the total number of children enrolled in these programs.

As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the February 2016 data presented in this report should be considered preliminary. We have published updated data for January 2016 applications, eligibility determinations and enrollment on Medicaid.gov, which includes a more complete data set than the previously reported preliminary January 2016 data.

Medicaid and CHIP February 2016 Enrollment Data Highlights

Total Individuals Enrolled in Medicaid and CHIP in February 2016 in All States Reporting February Data (includes all individuals enrolled in the program on the last day of the reporting period)⁵	72,441,849 ⁶
Additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both February 2016 enrollment data and data from July-September of 2013⁷	15,010,433

- Over 72.4 million individuals were enrolled in Medicaid and CHIP in February 2016.⁸ This enrollment count is point-in-time (on the last day of the month) and includes all enrollees in the Medicaid and CHIP programs who are receiving a comprehensive benefit package.

⁵ This enrollment data may differ from other published state and national enrollment figures because it only includes individuals with comprehensive benefits. Individuals who are only eligible for limited benefits under the Medicaid and CHIP programs (e.g., emergency Medicaid, family planning-only coverage, limited benefit dual eligible individuals, and Medicaid section 1115 demonstration populations with limited benefits) are excluded from this indicator in all reporting periods. See Appendix A for more information on this methodology. See the notes in Table 1 for state-specific caveats regarding the reported data. The enrollment measure is a total count of enrollment in Medicaid and CHIP, not solely a count of those newly enrolled during the reporting period.

⁶ The data contained in this report is preliminary because it is reported soon after the close of the reporting month and contains few, if any, individuals who become eligible in February 2016 after the close of the month due to retroactive eligibility under Medicaid or similar reasons. In Medicaid, individuals are potentially eligible for retroactive coverage for incurred health care costs dating back to 90 days prior to the date of application. Please note, California updated its reporting methodology in January 2016 to more closely align with CMS's data specifications. The state subsequently revised its prior months' enrollment counts to reflect the updated methodology and to ensure comparability across these months. The state's enrollment data included in this report reflect this methodological change; however, the enrollment figures included in the January and February 2016 reports are not comparable to those included in prior months' reports.

⁷ Connecticut and Maine did not submit enrollment data for the July-September 2013 baseline period.

⁸ See footnote 5 and 6.

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- 79,413 additional people were enrolled in February 2016 as compared to January 2016 in the 51 states that reported comparable January 2016 and February 2016 data.⁹
- Looking at the additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both February 2016 enrollment data and data from July-September of 2013, over 15 million additional individuals are enrolled in Medicaid and CHIP as of February 2016, an over 26.6 percent increase over the average monthly enrollment for July through September of 2013.¹⁰ (Connecticut and Maine are not included in this count because they did not submit enrollment data for the July-September 2013 baseline period.)
- Among states that had implemented the Medicaid expansion and were covering newly eligible adults in February 2016, Medicaid and CHIP enrollment rose by nearly 35.4 percent compared to the July-September 2013 baseline period, while states that have not, to date, expanded Medicaid reported an increase of nearly 11 percent over the same period.¹¹
- These enrollment counts are in addition to the enrollment increases from the nearly 950,000 individuals who gained coverage as a result of the Affordable Care Act before open enrollment began.¹² Seven states implemented an “early option” to expand Medicaid coverage to adults

⁹ See the notes in Table 1 for state-specific caveats regarding the reported data.

¹⁰ The net change in enrollment is based on data from the 49 states reporting both February 2016 enrollment data and data from July-September 2013 (the baseline period before the initial Marketplace open enrollment period) that contains comparable enrollment groups. These 49 states report total enrollment in February of over 71.4 million individuals, and July-September 2013 average enrollment of approximately 56.4 million. For February 2016, we are reporting growth of 15,010,433 compared to July-September 2013. This figure exceeds the 14,968,737 in net enrollment growth that was included in the *Medicaid and CHIP: January 2016 Applications, Eligibility Determinations, and Enrollment Report* by almost 41,700. This difference does not match the 79,413 increase reported above for the January to February 2016 period because the 79,413 figure is based on 51 states, while the 41,700 figure is based on only 49 states. Also, one state updated its data this month to better align with CMS’s data specifications, which means that the summary statistics in the January 2016 report are not perfectly comparable to the figures in this report. Please note, the July-September 2013 data may contain individuals with retroactive Medicaid coverage, and the February 2016 data included in this report is preliminary (see footnote 6), the difference reported here between February 2016 and July-September 2013 period is likely understated.

¹¹ Percentage calculations are based only on states reporting in both February 2016 and the July through September 2013 baseline period. See footnote 9 for additional information. Among expansion states, the enrollment increases vary based on the size of the coverage expansions that occurred. States that previously offered comprehensive coverage to many adults with incomes under 133 percent of the FPL will likely see smaller increases than those who previously offered only coverage for very low-income parents. Additionally, in most states that provided Medicaid coverage to adults with incomes above 133 percent of the FPL prior to 2014, those individuals are no longer eligible for or enrolled in Medicaid and instead may be eligible to purchase qualified health plan coverage through the Marketplace, and may be eligible for the premium tax credit and cost-sharing reduction portion of the advance payments; this change will reduce the overall Medicaid enrollment in those states. Enrollment changes may also be impacted by other state specific policy and operational issues related to applications and renewals. Please note, in January 2016, New York transitioned approximately 140,000 individuals from Medicaid to the Basic Health Program. Minnesota also operates a Basic Health Program, which it implemented in January 2015 (more information about the Basic Health Program is available here: <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

¹² Enrollment data for California, Colorado, the District of Columbia, Minnesota, and New Jersey was reported to CMS by the state and is from the end of 2013. Data for Connecticut and Washington is from 2012 (Source:

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with incomes up to 133 percent of the FPL between April 1, 2010 and January 1, 2014, using new state plan authority provided by the Affordable Care Act or a demonstration under section 1115 of the Social Security Act building upon that authority.¹³

As with previous reports, multiple factors contribute to the change in enrollment between February 2016 and the July-September 2013 baseline period, including but not limited to changes attributable to the Affordable Care Act. The enrollment numbers included in this report understate total Medicaid and CHIP enrollment because the data is preliminary. The preliminary data, which is submitted approximately a week after the close of the reporting period, generally does not include Medicaid and CHIP eligible individuals who applied in February and whose application will be fully processed after February 29th; these individuals will be enrolled effective back to at least the date of application or the first of the month and we note that those enrollments are not reflected in this preliminary data. Similarly, the preliminary data does not likely include individuals who had medical expenses in February 2016, applied for Medicaid in a later month, and qualify for retroactive Medicaid coverage in February 2016.¹⁴ Updated enrollment data for past months, which is updated one month after the close of the reporting period, is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://www.Medicaid.gov).¹⁵

Sommers, B. D., Arntson, E., Kenney, G. M., et al., "Lesson from Early Medicaid Expansions under Health Reform: Interviews with Medicaid Officials", *Medicare & Medicaid Research Review*, 2013: Volume 3, number 4 (http://www.cms.gov/mmrr/Downloads/MMRR2013_003_04_a02.pdf).

¹³ Connecticut, the District of Columbia, Minnesota utilized state plan authority, while California, Colorado, New Jersey, and Washington provided the coverage through Medicaid demonstration authority under section 1115 of the Social Security Act. For more information about this "early option," please see [Medicaid and CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report \(May 1, 2014\)](#).

¹⁴ See footnote 6 for additional information on retroactive eligibility.

¹⁵ The updated data available on Medicaid.gov is not directly comparable to the preliminary data included in this report because it contains retroactive enrollment and individuals who applied during the reporting period but were determined eligible after the close of the reporting period.

Child Enrollment

Total Medicaid child and CHIP enrollment in the 47 states reporting in February 2016¹⁶	34,922,588 ¹⁷
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We are also reporting separately on the total number of individuals enrolled in CHIP and children enrolled in Medicaid for those states that are reporting the relevant data for each month in the six-month period between September 2015 and February 2016.¹⁸ This data appears in Table 2.¹⁹

- In the 47 states that reported relevant data for the month of February, nearly 35 million individuals are enrolled in CHIP or are children enrolled in the Medicaid program. California reported child enrollment in February 2016, unlike in prior months, so the child enrollment figure reported in this month's report is not comparable to the corresponding statistics in earlier reports.
- In the 47 states that reported both February 2016 total Medicaid child and CHIP enrollment and total Medicaid and CHIP enrollment data, children enrolled in the Medicaid program and individuals enrolled in CHIP make up nearly 51.3 percent of total Medicaid and CHIP program enrollment.

It is important to note that all states had already expanded coverage for children in Medicaid and/or CHIP prior to implementation of the Affordable Care Act, although that trend has continued since then.²⁰

¹⁶ This figure includes children enrolled in the Medicaid program and the total enrollment for separate CHIP programs, which is comprised mostly of children. However, several states also cover pregnant women through CHIP. As a result, some adults are included in this figure. This figure was calculated for any state that reported data on Medicaid child enrollment through the performance indicator process, subject to CMS quality review of the data. States use the definition of "child" as included in the state's Medicaid or CHIP state plan in reporting performance indicator data to CMS, which varies from state to state. Individuals who are only eligible for limited benefits under the Medicaid and CHIP programs (e.g., emergency Medicaid, family planning-only coverage, limited benefit dual eligible individuals, and Medicaid 1115 demonstration populations with limited benefits) are excluded from this indicator in all reporting periods. Arizona, the District of Columbia, New Mexico, and Tennessee did not submit child enrollment data for February 2016.

¹⁷ See the notes in table 2 for state-specific caveats.

¹⁸ In table 2, the reported February 2016 child enrollment figure appears to be larger than the prior month's total enrollment figure because 46 states submitted child enrollment data in prior months, compared to the 47 in February 2016. Also, please note, the prior month's total child enrollment figure includes data that is reported more than a month after the close of the reporting period, and thus includes some children enrolled retroactively. The preliminary February 2016 data included in this report is collected in the month after the reporting period and includes very few (if any) children enrolled retroactively. An updated February figure that includes more retroactively enrolled individuals will be included in the next report in this series.

¹⁹ Children are included in the total number of individuals enrolled in Medicaid and CHIP in February 2016, as reported on page 2 and in Table 1. Total enrollment data for January 2014 through January 2016 is available on Medicaid.gov.

²⁰ Four million more children were covered by Medicaid or CHIP in 2012, compared with 2008. Kenneth Finegold and Sophia Koontz, *ASPE Issue Brief: Children's Health Coverage on the 5th Anniversary of CHIPRA*, February 4, 2014, http://aspe.hhs.gov/health/reports/2014/CHIPRA_5thAnniversary/ib_CHIPRA5thanniversary.pdf

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Medicaid and CHIP February 2016 Application and Eligibility Data Highlights

	February 2016 Monthly in All States Reporting
<i>Applications</i>	
Applications for Financial Assistance Initially Received by State Medicaid and CHIP Agencies (note that more than one individual may be included on an application and some states have included renewals and account transfers from the FFM)	1,686,097 ²¹
Applications for Financial Assistance Initially Received by State-Based Marketplaces (note that more than one individual may be included on an application)	1,057,588 ²²
<i>Eligibility Determinations</i>	
Individuals Determined Eligible for Medicaid and CHIP by State Agencies at Application (includes those newly eligible under the Affordable Care Act and those eligible under prior law)	1,661,888 ²³

During the month of February 2016, over 2.7 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including approximately 1.7 million received directly by state Medicaid and CHIP agencies and nearly 1.1 million received by SBMs).²⁴ Table 3 includes a comparison of the total applications for financial assistance to state agencies (including applications for Medicaid, CHIP, and financial assistance in the Marketplace in SBM states) in February 2016 as compared to the prior month (January 2016). Note that these application numbers do not include applications received at the FFM and subsequently transferred to state Medicaid or CHIP agencies (see State-by-State Table notes for exceptions).²⁵

²¹ See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states included some renewals, applications to SBMs, or transfers from the FFM in the data.

²² See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states reported renewals in the data and included applications received by their SBMs in their Medicaid and CHIP agency application data instead of reporting these applications separately. Note that California did not report SBM application data this month.

²³ See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states reported some individuals determined eligible at renewal in the data. Tennessee only provided determination data on their CHIP program.

²⁴ The following states have included renewals in their February 2016 application data: Alaska, the District of Columbia, Nevada, New York, Ohio, Pennsylvania, and Virginia. South Dakota and Utah included transfers from the FFM in its February 2016 application data.

²⁵ See footnote 21.

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States reported making nearly 1.7 million eligibility determinations for Medicaid and CHIP in February 2016 for individuals applying for coverage. As described above and in prior reports, this figure includes all of state Medicaid and CHIP agencies' determinations for individuals eligible under prior law, as well as through coverage expansions under the Affordable Care Act; note that, due to limitations on the data some states are able to report, the number of determinations includes renewals in those states.²⁶ Additionally, the determination number does not represent unique individuals, as an individual may have more than one eligibility determination. It is important to keep in mind that differences in volume of administrative transfers and other types of one-time enrollment activities can affect month-to-month comparisons of eligibility data.²⁷

See the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on Medicaid.gov for preliminary and updated data on applications and determinations for October 2013 through January 2016.

Data Limitations

CMS established a common set of definitions for consistency in reporting the Medicaid and CHIP performance indicators; these definitions appear in Appendix A. States are at various points in the process of transitioning from their historic definitions to the updated standardized reporting specifications. Where states have provided data that vary from our specifications, we have included that information in notes in the State-by-State tables.

State-by-State Tables

Below are 3 tables with state-specific data. The first table contains data on the total number of people enrolled in state Medicaid and CHIP programs in February 2016. The second table contains data on children enrolled in Medicaid and CHIP. The third table contains data on Medicaid and CHIP applications and eligibility determinations for the month of February 2016. The description of each data element included in the table is available in Appendix A. Unless otherwise noted, the reporting period for all elements is February 1 – 29, 2016.

²⁶ The states that have included renewals in their February 2016 determination data are: District of Columbia, Iowa, Michigan, Nevada, Ohio, Pennsylvania, Vermont and Virginia. Some of these renewals are conducted without the individual submitting a new application, using information already in the state's system that the individual is asked to verify.

²⁷ A number of states are employing a new tool for facilitating Medicaid enrollment to conduct an "administrative transfer" to Medicaid using income information from the Supplemental Nutritional Assistance Program (SNAP) or the CHIP program (for the parents of CHIP enrollees). The following states have implemented administrative transfers since this authority was made available: Arkansas, California, Illinois, New Jersey, Oregon, and West Virginia. No states reported conducting administrative transfers in February 2016. As of the end of April 2015, 726,597 individuals have been determined eligible for Medicaid or CHIP as a result of this transitional strategy in the six states that have implemented it and reported appropriate data. Michigan received approval to conduct administrative transfers but it has not implemented this targeted enrollment strategy.

Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

		Enrollment					
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)	% Change January to February 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to February 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to February 2016 (Columns (IV) and (II)) (VI)
Alaska	FFM	135,967	142,109	4.52%	122,334	19,775	16.16%
Arizona	FFM	1,670,422	1,682,936	0.75%	1,201,770	481,166	40.04%
Arkansas	Partnership	850,426	826,136	-2.86%	556,851	269,285	48.36%
California	SBM	12,259,866	12,161,629	-0.80%	7,755,381	4,406,248	56.82%
Colorado	SBM	1,324,193	1,331,196	0.53%	783,420	547,776	69.92%
Connecticut	SBM	756,725	762,637	0.78%	-	-	-
Delaware	Partnership	243,750	247,981	1.74%	223,324	24,657	11.04%
District of Columbia	SBM	265,548	263,720	-0.69%	235,786	27,934	11.85%
Hawaii	SBM **	340,949	342,578	0.48%	288,357	54,221	18.80%
Illinois	Partnership	3,103,597	3,102,724	-0.03%	2,626,943	475,781	18.11%
Indiana	FFM	1,443,494	1,450,907	0.51%	1,120,674	330,233	29.47%
Iowa	Partnership	605,467	614,294	1.46%	493,515	120,779	24.47%
Kentucky	SBM	1,182,852	1,189,416	0.55%	606,805	582,611	96.01%
Maryland	SBM	1,159,510	1,165,532	0.52%	856,297	309,235	36.11%
Massachusetts	SBM	1,662,800	1,660,257	-0.15%	1,296,359	363,898	28.07%
Michigan	Partnership	2,306,338	2,301,278	-0.22%	1,912,009	389,269	20.36%
Minnesota	SBM	1,068,706	1,009,400	-5.55%	873,040	136,360	15.62%
Montana	Plan Management	208,754	219,472	5.13%	148,974	70,498	47.32%
Nevada	SBM **	600,854	607,622	1.13%	332,560	275,062	82.71%
New Hampshire	Partnership	186,603	187,959	0.73%	127,082	60,877	47.90%
New Jersey	FFM	1,703,107	1,723,729	1.21%	1,283,851	439,878	34.26%
New Mexico	SBM **	737,850	760,940	3.13%	457,678	303,262	66.26%
New York	SBM	6,431,583	6,397,831	-0.52%	5,678,417	719,414	12.67%
North Dakota	FFM	89,639	85,790	-4.29%	69,980	15,810	22.59%
Ohio	Plan Management	2,907,193	2,911,447	0.15%	2,341,481	569,966	24.34%
Oregon	SBM **	1,040,426	1,067,650	2.62%	626,356	441,294	70.45%
Pennsylvania	FFM	2,754,296	2,788,394	1.24%	2,386,046	402,348	16.86%
Rhode Island	SBM	278,062	280,343	0.82%	190,833	89,510	46.90%
Vermont	SBM	190,532	191,650	0.59%	161,081	30,569	18.98%
Washington	SBM	1,771,605	1,772,689	0.06%	1,117,576	655,113	58.62%
West Virginia	Partnership	548,197	553,046	0.88%	354,544	198,502	55.99%
Subtotal for All States Expanding Medicaid		49,829,311	49,803,292	-0.05%	36,229,324	12,811,331	35.36%
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month		49,829,311	49,803,292	-0.05%	36,229,324	12,811,331	35.36%
Subtotal for States Expanding Medicaid that Reported in January and February 2016		49,829,311	49,803,292	Difference January to February 2016 -26,019			
Subtotal for States Expanding Medicaid that Reported in February 2016 and July-Sept. 2013			49,040,655		36,229,324	Difference July-Sept 2013 to February 2016 12,811,331	

Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

**= The state's Marketplace uses the FFM's information technology platform for eligibility and enrollment functions (the FFM makes either assessments or determinations of Medicaid and CHIP eligibility).

(-)=state has not reported data except as noted below.

Partnership, Plan Management, FFM/SBM-SHOP are all types of FFMs.

Column III is calculated for only those states that reported both January and February 2016 data.

Columns V and VI are calculated for only those states that reported data from both February 2016 and the July-Sept. 2013 period.

The subtotals for states reporting data from both February 2016 and the July-Sept. 2013 period exclude CT.

Arkansas	(I), (II)	Includes Private Option enrollees.
California	(I), (II)	May include some retroactive enrollment.
California	(I), (II)	Includes individuals transferred from the Low Income Health Program
California		section 1115 demonstration.
California	(IV)	Includes approximately 650,000 individuals transferred from the Low Income
California		Health Program section 1115 demonstration.
District of Columbia	(I), (II), (IV)	Includes limited benefit dual eligible individuals and individuals enrolled in the locally funded DC Health Alliance.
Illinois	(IV)	Includes individuals who received retroactive coverage (unlike columns (I) and (II)).
Indiana	(I), (II), (IV)	Includes partial benefit dual eligible individuals.
Michigan	(I)	Corrected.
Michigan	(II)	May include some retroactive enrollment.
Minnesota	(IV)	May include duplicates (unlike columns (I) and (II)).
New Jersey	(I), (II), (IV)	Includes individuals eligible at any point in the month.
New York	(I), (II)	Includes estimated retroactive enrollment.
New York	(I)	Approximately 140,000 individuals were transitioned into New York's Basic Health Plan on 1/1/2016.
North Dakota	(IV)	Data is from July 2013 only.
Oregon	(IV)	Includes emergency Medicaid population.

Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

		Enrollment					
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)	% Change January to February 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to February 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to February 2016 (Columns (IV) and (II)) (VI)
Alabama	FFM	885,444	883,687	-0.20%	799,176	84,511	10.57%
Florida	FFM	3,576,943	3,597,720	0.58%	3,104,996	492,724	15.87%
Georgia	FFM	1,750,551	1,757,288	0.38%	1,535,090	222,198	14.47%
Idaho	SBM	280,753	282,425	0.60%	238,150	44,275	18.59%
Kansas	Plan Management	398,272	397,800	-0.12%	378,160	19,640	5.19%
Louisiana	FFM	1,074,896	1,072,660	-0.21%	1,019,787	52,873	5.18%
Maine	Plan Management	277,578	276,302	-0.46%	-	-	-
Mississippi	FFM/SBM-SHOP	698,977	694,050	-0.70%	637,229	56,821	8.92%
Missouri	FFM	951,734	956,583	0.51%	846,084	110,499	13.06%
Nebraska	Plan Management	231,355	231,615	0.11%	244,600	-12,985	-5.31%
North Carolina	FFM	1,941,209	1,962,208	1.08%	1,595,952	366,256	22.95%
Oklahoma	FFM	789,536	787,721	-0.23%	790,051	-2,330	-0.29%
South Carolina	FFM	939,344	948,482	0.97%	889,744	58,738	6.60%
South Dakota	Plan Management	118,568	118,983	0.35%	115,501	3,482	3.01%
Tennessee	FFM	1,571,644	1,587,916	1.04%	1,244,516	343,400	27.59%
Texas	FFM	4,679,156	4,701,152	0.47%	4,441,605	259,547	5.84%
Utah	FFM/SBM-SHOP	303,684	307,865	1.38%	294,029	13,836	4.71%
Virginia	Plan Management	953,599	959,540	0.62%	935,434	24,106	2.58%
Wisconsin	FFM	1,045,752	1,050,694	0.47%	985,531	65,163	6.61%
Wyoming	FFM	64,130	63,866	-0.41%	67,518	-3,652	-5.41%
Subtotal for All States Not Expanding Medicaid		22,533,125	22,638,557	0.47%	20,163,153	2,199,102	10.91%
Subtotal for States Not Expanding Medicaid that Reported in January and February 2016		22,533,125	22,638,557	Difference January to February 2016 105,432			
Subtotal for States Not Expanding Medicaid that Reported in February 2016 and July-Sept. 2013			22,362,255		20,163,153	Difference July-Sept 2013 to February 2016 2,199,102	

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(-)=state has not reported data except as noted below.

Partnership, Plan Management, FFM/SBM-SHOP are all types of FFMs.

Column III is calculated for only those states that reported both January and February 2016 data.

Columns V and VI are calculated for only those states that reported data from both February 2016 and the July-Sept. 2013 period.

The subtotals for states reporting data from both February 2016 and the July-Sept. 2013 period exclude ME.

Alabama	(IV)	Data is from September 2013 only.
Florida	(I), (II)	Does not include SSI recipients enrolled in Medicaid.
Utah	(I), (II), (IV)	Includes service limited Medicare program beneficiaries (SLMBs).
Wisconsin	(IV)	Does not include retroactive enrollment.

Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

Total Enrollment						
All States	Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)	% Change January to February 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to February 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to February 2016 (Columns (IV) and (II)) (VI)
Total Across All States	72,362,436	72,441,849	0.11%	56,392,477	15,010,433	26.62%
Total for States that Reported in January and February 2016	72,362,436	72,441,849	Difference January to February 2016 79,413			
Total for States that Reported in February 2016 and July-Sept. 2013		71,402,910		56,392,477	Difference July-Sept 2013 to February 2016 15,010,433	

Column III is calculated for only those states that reported both January and February 2016 data.

Columns V and VI are calculated for only those states that reported data from both February 2016 and the July-Sept. 2013 period.

Totals for states reporting data from both February 2016 and the July-Sept. 2013 period exclude CT and ME.

Table 2: Medicaid and CHIP: February 2016 Preliminary Monthly Medicaid and CHIP Child Enrollment

Enrollment								
State	Medicaid and CHIP Child Enrollment						Total Medicaid and CHIP Enrollment	Medicaid and CHIP Child Enrollment as a % of Total Enrollment (Columns (VI) and (VII))
	September, 2015 (I)	October, 2015 (II)	November, 2015 (III)	December, 2015 (IV)	January, 2016 (V)	February, 2016 (Preliminary) (VI)	February, 2016 (Preliminary) (VII)	February, 2016 (Preliminary) (VIII)
Alabama	633,005	626,816	631,772	630,702	635,947	628,209	883,687	71.09%
Alaska	72,778	72,032	70,815	72,472	73,901	73,277	142,109	51.56%
Arizona	-	-	-	-	-	-	1,682,936	-
Arkansas	443,260	432,242	423,393	413,086	417,029	388,829	826,136	47.07%
California	-	-	-	-	-	5,241,680	12,161,629	43.10%
Colorado	603,965	605,620	607,574	612,030	615,352	614,304	1,331,196	46.15%
Connecticut	279,853	291,832	292,396	296,564	300,855	303,564	762,637	39.80%
Delaware	105,540	105,780	105,358	105,494	105,651	106,992	247,981	43.15%
District of Columbia	-	-	-	-	-	-	263,720	-
Florida	2,408,626	2,407,910	2,406,679	2,408,021	2,412,144	2,425,220	3,597,720	67.41%
Georgia	1,246,408	1,241,366	1,246,393	1,248,989	1,254,494	1,232,712	1,757,288	70.15%
Hawaii	145,126	142,127	144,087	145,018	145,223	145,375	342,578	42.44%
Idaho	207,367	207,374	207,790	208,519	208,491	208,894	282,425	73.96%
Illinois	1,485,641	1,483,364	1,478,108	1,473,489	1,473,411	1,457,761	3,102,724	46.98%
Indiana	781,031	773,437	770,467	772,237	772,006	763,840	1,450,907	52.65%
Iowa	295,057	297,398	298,403	297,119	295,156	298,136	614,294	48.53%
Kansas	283,678	286,863	288,396	286,783	281,829	282,415	397,800	70.99%
Kentucky	535,515	537,869	541,852	541,958	542,026	543,906	1,189,416	45.73%
Louisiana	779,248	779,133	775,066	773,282	772,337	771,147	1,072,660	71.89%
Maine	118,219	119,165	117,871	117,445	117,657	116,061	276,302	42.01%
Maryland	561,376	571,419	558,993	557,853	561,385	557,373	1,165,532	47.82%
Massachusetts	670,614	678,135	651,785	655,220	657,542	647,160	1,660,257	38.98%
Michigan	993,127	981,526	979,347	969,945	981,323	962,841	2,301,278	41.84%
Minnesota	499,831	504,016	511,251	514,470	520,729	491,660	1,009,400	48.71%
Mississippi	479,336	476,709	475,637	472,671	476,078	472,793	694,050	68.12%
Missouri	588,581	595,679	599,414	607,821	611,852	616,610	956,583	64.46%
Montana	111,308	111,795	112,037	113,700	113,423	115,320	219,472	52.54%
Nebraska	159,585	159,231	159,044	159,256	159,075	154,545	231,615	66.72%
Nevada	281,779	284,873	285,502	286,878	288,048	290,386	607,622	47.79%
New Hampshire	95,416	95,141	95,576	96,072	96,499	94,777	187,959	50.42%
New Jersey	837,593	837,921	837,042	835,366	837,199	825,044	1,723,729	47.86%
New Mexico	-	-	-	-	-	-	760,940	-
New York	2,443,197	2,444,053	2,444,573	2,444,247	2,431,933	2,420,074	6,397,831	37.83%
North Carolina	1,362,924	1,362,143	1,369,727	1,374,805	1,386,915	1,351,192	1,962,208	68.86%
North Dakota	41,383	41,676	41,480	41,632	41,852	39,667	85,790	46.24%
Ohio	1,262,788	1,253,418	1,244,020	1,239,392	1,234,760	1,237,708	2,911,447	42.51%
Oklahoma	521,521	517,743	513,499	503,867	508,695	507,633	787,721	64.44%
Oregon	434,094	433,017	414,592	420,563	429,580	430,369	1,067,650	40.31%
Pennsylvania	1,338,424	1,340,944	1,340,154	1,346,833	1,347,634	1,347,337	2,788,394	48.32%
Rhode Island	110,968	111,206	111,495	112,156	112,521	112,695	280,343	40.20%
South Carolina	633,286	623,709	618,122	595,432	599,093	603,824	948,482	63.66%
South Dakota	80,698	80,722	80,714	80,990	81,239	81,610	118,983	68.59%
Tennessee	-	-	-	-	-	-	1,587,916	-
Texas	3,466,456	3,478,340	3,486,765	3,487,094	3,489,666	3,463,524	4,701,152	73.67%
Utah	218,606	218,270	218,032	219,185	221,332	217,378	307,865	70.61%
Vermont	68,327	68,527	68,583	68,902	68,159	68,085	191,650	35.53%
Virginia	661,808	659,350	657,493	641,398	654,793	642,686	959,540	66.98%
Washington	812,128	817,126	821,104	824,956	827,256	823,952	1,772,689	46.48%
West Virginia	210,428	209,673	209,222	208,829	210,088	210,450	553,046	38.05%
Wisconsin	491,047	491,307	490,424	490,360	491,186	493,110	1,050,694	46.93%
Wyoming	40,477	41,849	41,562	41,336	40,801	40,463	63,866	63.36%
Total For All States	29,901,423	29,899,846	29,843,609	29,814,437	29,904,165	34,922,588	72,441,849	51.25%
Number of States Reporting	46	46	46	46	46	47	51	47

For general notes on enrollment data, see Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

(-)=State has not reported data or data submitted was incomplete.

States that provide coverage to pregnant women through CHIP and whose child enrollment figures include pregnant women are NJ, RI, CO, AR, CA, LA, MA, MI, MN, NE, OK, OR, TN, VA, WA, WI.

Column VIII is calculated for only those states that reported both February 2016 child enrollment data and February 2016 Total Medicaid and CHIP enrollment data.

New York (I) - (VII) Includes estimated retroactive enrollment.

Table 3: Medicaid and CHIP: February 2016 Monthly Applications and Eligibility Determinations

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, February 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, February 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, February 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, January 2016 (Preliminary) (IV)	% Change January to February 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, February 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, February 2016 (Preliminary) (VII)	Total New Determinations, February 2016 (Preliminary) (VIII)
Alaska	FFM	3,802	N/A	3,802	3,879	-1.99%	4,986	-	4,986
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	-	N/A	-	21,297	-	-	-	-
California	SBM	153,484	-	153,484	76,197	101.43%	39,352	3,170	42,522
Colorado	SBM	21,422	3,114	24,536	37,349	-34.31%	19,034	272	19,306
Connecticut	SBM	8,365	5,182	13,547	25,803	-47.50%	14,540	156	14,696
Delaware	Partnership	2,819	N/A	2,819	2,303	22.41%	463	20	483
District of Columbia	SBM	6,092	-	6,092	4,817	26.47%	7,806	-	7,806
Hawaii	SBM **	3,902	-	3,902	4,377	-10.85%	3,434	179	3,613
Illinois	Partnership	82,698	N/A	82,698	117,593	-29.67%	52,814	14,731	67,545
Indiana	FFM	112,646	N/A	112,646	92,583	21.67%	43,872	3,028	46,900
Iowa	Partnership	21,541	N/A	21,541	17,552	22.73%	3,084	-	3,084
Kentucky	SBM	-	-	-	30,879	-	-	-	-
Maryland	SBM	7,501	89,738	97,239	93,751	3.72%	45,095	5,149	50,244
Massachusetts	SBM	13,063	10,107	23,170	34,125	-32.10%	-	-	-
Michigan	Partnership	70,599	N/A	70,599	87,040	-18.89%	77,843	-	77,843
Minnesota	SBM	5,633	20,691	26,324	47,420	-44.49%	18,773	53	18,826
Montana	Plan Management	4,803	N/A	4,803	6,309	-23.87%	9,948	707	10,655
Nevada	SBM **	20,163	-	20,163	23,857	-15.48%	14,631	64	14,695
New Hampshire	Partnership	8,672	N/A	8,672	8,046	7.78%	6,350	568	6,918
New Jersey	FFM	35,658	N/A	35,658	35,638	0.06%	18,904	5,633	24,537
New Mexico	SBM **	9,676	N/A	9,676	10,684	-9.43%	-	-	-
New York	SBM	-	854,024	854,024	1,073,585	-20.45%	137,811	11,763	149,574
North Dakota	FFM	1,669	N/A	1,669	-	-	2,289	82	2,371
Ohio	Plan Management	152,159	N/A	152,159	160,339	-5.10%	240,497	-	240,497
Oregon	SBM **	8,607	-	8,607	6,704	28.39%	18,742	1,036	19,778
Pennsylvania	FFM	144,559	N/A	144,559	169,954	-14.94%	59,833	7,107	66,940
Rhode Island	SBM	1,813	-	1,813	4,018	-54.88%	13,535	1,951	15,486
Vermont	SBM	4,668	3,404	8,072	7,383	9.33%	2,378	18	2,396
Washington	SBM	21,033	71,328	92,361	122,208	-24.42%	40,165	848	41,013
West Virginia	Partnership	-	N/A	-	25,353	-	-	-	-
Subtotal for All States Expanding Medicaid		927,047	1,057,588	1,984,635	2,351,043	-12.78%	896,179	56,535	952,714
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month		927,047	1,057,588	1,984,635	2,351,043	-12.78%	896,179	56,535	952,714
Subtotal for States Expanding Medicaid that Reported in January and February 2016				1,982,966	2,273,514	Difference January to February 2016 -290,548			

**= The state's Marketplace uses the FFM's information technology platform for eligibility and enrollment functions (the FFM makes either assessments or determinations of Medicaid and CHIP eligibility).

(-)=state has not reported data except as noted below.

Column V is calculated for only those states that reported January and February 2016 Applications data (subtotals exclude AR, AZ, KY, ND, WV).

Partnership, Plan Management, FFM/SBM-SHOP are all types of FFMs.

† Reported value is less than 10, excluded from data set to ensure privacy.

Table 3: Medicaid and CHIP: February 2016 Monthly Applications and Eligibility Determinations

Alaska	(I), (III), (IV)	Includes renewals converting to MAGI methodology.
Alaska	(VI), (VIII)	MAGI determinations include CHIP .
Arkansas	(VI)	Includes CHIP .
Arkansas	(VI)	Does not include MAGI determinations.
California	(I)	Reflects primarily newly-determined and likely eligible Medicaid applicants,
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
California	(IV)	Reflects primarily newly-determined and likely eligible Medicaid applicants,
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
California	(I), (III), (IV)	Does not include data from all consortia.
California	(VI)	Reflects primarily newly-determined and likely eligible Medicaid applicants
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
California	(VI), (VII), (VIII)	Does not include all eligibility determinations.
Colorado	(I)	State Medicaid agency hosts SBM portal; number includes all applications for insurance affordability programs.
Connecticut	(I), (III), (IV)	Data may include some duplication of applications between Medicaid and CHIP .
Connecticut	(II)	Data may contain duplicate applications, and may include some change in circumstance updates that are not new applications for coverage.
Connecticut	(VI)	Count is of households, not individuals.
District of Columbia	(I), (III)	Includes SBM data.
District of Columbia	(VI)	Includes all determinations (e.g., renewals); includes CHIP .
District of Columbia	(III), (IV)	Includes renewals.
Hawaii	(I)	Number includes all applications for insurance affordability programs.
Iowa	(VI)	Includes non- MAGI populations only.
Iowa	(VI), (VII), (VIII)	Data are incomplete; does not include all determinations.
Iowa	(VI), (VII)	Includes renewals.
Maryland	(VI), (VII), (VIII)	Count is of households, not individuals. Includes State Medicaid Agency data and SBM data from 02/1 - 02/29.
Michigan	(VI)	Does not include MAGI determinations.
Michigan	(VI)	Includes renewals.
Minnesota	(VI)	Includes CHIP .
Nevada	(I), (III), (IV)	Includes renewals.
Nevada	(VI)	Count is of households, not individuals. Includes renewals.
New Jersey	(I), (III), (IV)	Includes applications received at county welfare agencies.
New Jersey	(VI), (VII), (VIII)	Does not include all eligibility determinations; county welfare agencies determinations are not included in this data.
New York	(III), (VI)	Includes renewals.
Ohio	(I), (III), (IV)	Includes renewals. May include some applications only for other benefits, not for Medicaid and CHIP .
Ohio	(VI)	Includes CHIP .
Ohio	(VI), (VIII)	Includes renewals.
Oregon	(VI)	Count is of households, not individuals; includes CHIP .
Oregon	(VI), (VIII)	Includes MAGI populations only.
Pennsylvania	(I), (III), (IV)	Includes renewals.
Pennsylvania	(VI), (VIII)	Includes renewals.
Rhode Island	(VI), (VII)	Includes only determinations through new MAGI system.
Vermont	(VI)	Includes renewals.

Table 3: Medicaid and CHIP: February 2016 Monthly Applications and Eligibility Determinations

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, February 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, February 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, February 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, January 2016 (Preliminary) (IV)	% Change January to February 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, February 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, February 2016 (Preliminary) (VII)	Total New Determinations, February 2016 (Preliminary) (VIII)
Alabama	FFM	17,137	N/A	17,137	19,373	-11.54%	25,364	3,585	28,949
Florida	FFM	312,588	N/A	312,588	314,115	-0.49%	200,602	22,101	222,703
Georgia	FFM	80,376	N/A	80,376	90,086	-10.78%	43,729	1,267	44,996
Idaho	SBM	10,131	-	10,131	15,559	-34.89%	5,300	432	5,732
Kansas	Plan Management	-	N/A	-	-	-	-	-	-
Louisiana	FFM	17,648	N/A	17,648	29,343	-39.86%	27,465	1,872	29,337
Maine	Plan Management	1,660	N/A	1,660	1,860	-10.75%	9,021	315	9,336
Mississippi	FFM/SBM-SHOP	17,126	N/A	17,126	20,045	-14.56%	10,657	445	11,102
Missouri	FFM	19,749	N/A	19,749	21,867	-9.69%	10,699	-	10,699
Nebraska	Plan Management	6,706	N/A	6,706	7,704	-12.95%	6,364	849	7,213
North Carolina	FFM	22,820	N/A	22,820	22,278	2.43%	54,451	5,812	60,263
Oklahoma	FFM	47,646	N/A	47,646	51,126	-6.81%	39,724	6,453	46,177
South Carolina	FFM	23,319	N/A	23,319	30,720	-24.09%	5,518	104	5,622
South Dakota	Plan Management	2,410	N/A	2,410	2,890	-16.61%	1,555	-	1,555
Tennessee	FFM	560	N/A	560	392	42.86%	-	452	452
Texas	FFM	106,757	N/A	106,757	113,987	-6.34%	106,023	20,791	126,814
Utah	FFM/SBM-SHOP	21,853	N/A	21,853	25,498	-14.30%	55,319	-	55,319
Virginia	Plan Management	29,986	N/A	29,986	25,913	15.72%	18,181	882	19,063
Wisconsin	FFM	18,885	N/A	18,885	23,831	-20.75%	19,939	2,268	22,207
Wyoming	FFM	1,693	N/A	1,693	1,825	-7.23%	1,323	312	1,635
Subtotal for All States Not Expanding Medicaid		759,050	-	759,050	818,412	-7.28%	641,234	67,940	709,174
Subtotal for States Not Expanding Medicaid that Reported in January and February 2016				759,050	818,412	Difference January to February 2016 -59,362			
Total Across All States		1,686,097	1,057,588	2,743,685	3,169,455	-11.32%	1,537,413	124,475	1,661,888
Total for States that Reported in January and February 2016				2,742,016	3,091,926	Difference January to February 2016 -349,910			

Table 3: Medicaid and CHIP: February 2016 Monthly Applications and Eligibility Determinations

(-)=state has not reported data except as noted below.

Column V is calculated for only those states that reported January and February 2016 Applications data (subtotals exclude KS; totals exclude AR, AZ, KS, KY, ND, WV).

Partnership, Plan Management, FFM/SBM-SHOP are all types of FFM.

Percent change figures in the subtotal of column V exclude TN, which only reports CHIP data.

‡ Reported value is less than 10, excluded from data set to ensure privacy.

South Dakota	(I), (III), (IV)	Includes account transfers from the FFM.
South Dakota	(VI)	Includes CHIP.
Tennessee	(I), (III)	Includes only unborn CHIP children.
Tennessee	(IV)	Data are from CHIP agency only. Medicaid reporting capability in development.
Tennessee	(VII), (VIII)	Includes only unborn CHIP children.
Tennessee	(VI)	Excluded because data is only from CHIP agency.
Utah	(I), (III), (IV)	Includes applications for non-health coverage programs.
Utah	(I), (III)	Includes account transfers from the FFM.
Virginia	(I), (III), (IV)	Includes renewals.
Virginia	(VI), (VII)	Includes renewals.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.
Wyoming	(I), (III), (IV)	Does not include applications received online.

APPENDIX A: Description of Data Elements in Tables

Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)

Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)

The total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period, including those with retroactive, conditional, and presumptive eligibility. This indicator is a point-in-time count of total program enrollment, and is not solely a count of those newly enrolled during the reporting period. This number includes only those individuals who are eligible for comprehensive benefits (e.g., emergency Medicaid, family planning-only coverage and limited benefit dual eligible individuals are excluded). Individuals eligible under demonstration projects authorized by section 1115 of the Social Security Act are included as long as the benefits and networks are comprehensive. CHIP children subject to a waiting period or premium lock-out period are considered eligible but not enrolled and are not included. The February 2016 data was submitted in March and is considered preliminary.²⁸ The January 2016 data in this table was submitted in February and is also preliminary. January data that was updated in March (which may include more individuals with retroactive eligibility) is posted separately on Medicaid.gov. Other reporting on Medicaid and CHIP enrollment by states and researchers often may include some beneficiaries excluded in this data (because comprehensive coverage is not provided), or otherwise use a different methodology.

Percent Change January 2016 to February 2016 (III)

The percentage change in **Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)** is calculated for states that provided data for both periods. In cases where there is a negative percentage change, this may be due to a number of factors. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)

The average number of individuals enrolled in Medicaid and CHIP for each month during the July-September 2013 period using an average of enrollment numbers submitted by the states for each month in this period. Not all states submitted three months of data; the average is calculated using any months of baseline data that were provided. The unit of measurement is individuals enrolled as of the last day of the reporting period (month). This baseline data includes more retroactive enrollments than the February 2016 data, which makes change between the baseline data and the February preliminary data look smaller than it would be if

²⁸ In Medicaid, individuals are potentially eligible for retroactive eligibility to cover incurred health care costs for up to 90 days prior to the date of application. Under the Performance Indicator process, states initially submit their monthly enrollment data just a week after the month closes, and then update their data one month later. Therefore, the Performance Indicator enrollment counts will always be slightly understated, as they will not include all individuals granted retroactive eligibility.

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retroactive enrollments were excluded from the data for the July-September 2013 period.²⁹ Such exclusions were not possible.

Net Change, July-Sept. 2013 to February 2016 (V)

The net change in **Total Medicaid and CHIP Enrollment, February 2016 (preliminary) (II)** as compared to **Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)** is calculated for states that provided data for both periods and represents the difference in enrollment between these two periods. A negative net change may be due to a number of factors, including the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

Percentage Change, July-Sept. 2013 to February 2016 (VI)

The percentage change in **Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)**, compared to **Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)**, is calculated for states that provided data for both periods. A negative percentage change may be due to a number of factors, including the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

Note: Updated enrollment data for January 2014 through January 2016 is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on Medicaid.gov. This data is updated more than 30 days after the close of the reporting period, to account for retroactive Medicaid eligibility and other updates to the preliminary data provided soon after the close of the reporting period, which forms the basis for this report.

Table 2: Medicaid and CHIP: February 2016 Preliminary Monthly Medicaid Child and CHIP Enrollment

Medicaid Child and CHIP Enrollment, September 2015 - January 2016 ((I)-(V))

As of the last day of the calendar month—

- The total unduplicated number of individuals enrolled in CHIP (i.e. funded under title XXI of the Social Security Act); plus
- The total unduplicated number of individuals enrolled in Medicaid (i.e. funded under title XIX of the Social Security Act) who are children.

States use the definition of "child" as included in the state's Medicaid or CHIP state plan. This definition may vary from state to state. A few states cover pregnant women through CHIP, which means this figure may include some adults.³⁰ These figures may have been updated by

²⁹ See footnote 28.

³⁰ The states which provide complete coverage to pregnant women through CHIP are New Jersey, Rhode Island, and Colorado. In addition, the following states provide certain services to pregnant women through CHIP: Arkansas, California, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Virginia, Washington, and Wisconsin. Benefits offered vary by state.

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states more than 30 days after the close to the reporting period to include enrollees with retroactive coverage and other updates.

Medicaid Child and CHIP Enrollment, February 2016 (Preliminary) (VI)

As of the last day of the calendar month—

- The total unduplicated number of individuals enrolled in CHIP (i.e. funded under title XXI of the Social Security Act); plus
- The total unduplicated number of individuals enrolled in Medicaid (i.e. funded under title XIX of the Social Security Act) who are children.

States use the definition of "child" as included in the state's Medicaid or CHIP state plan. This definition may vary from state to state. A few states cover pregnant women through CHIP, which means this figure may include some adults.³¹ The February 2016 data was submitted in March and is considered preliminary.³²

Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (VII)

The total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period, including those with retroactive, conditional, and presumptive eligibility. This indicator is a point-in-time count of total program enrollment, and is not solely a count of those newly enrolled during the reporting period. This number includes only those individuals who are eligible for comprehensive benefits (e.g., emergency Medicaid, family planning-only coverage and limited benefit dual eligible individuals are excluded). Individuals eligible under demonstration projects authorized by section 1115 of the Social Security Act are included as long as the benefits and networks are comprehensive. CHIP children subject to a waiting period or premium lock-out period are considered eligible but not enrolled and are not included. The February 2016 data was submitted in March and is considered preliminary.³³ This data is the same as the data reported in column (II) in Table 1: Medicaid and CHIP: January 2016 and February 2016 Preliminary Monthly Enrollment.

Medicaid and CHIP Child Enrollment as a % of Total Enrollment (VIII)

Medicaid and CHIP Child Enrollment, February 2016 (Preliminary) (VI) as a percentage of Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (VII).

³¹ See footnote 30.

³² See footnote 28.

³³ See footnote 28.

Table 3: Medicaid and CHIP: February 2016 Monthly Applications and Eligibility Determinations

Application Data Elements

New Applications Submitted to Medicaid and CHIP Agencies, February 2016 (Preliminary) (I)

Number of applications received by the Medicaid agency, a separate CHIP agency (if one exists in the state), or both during the reporting period. Includes applications received online, via mail, in person or phone. Does not include applications submitted to a State-Based Marketplace (SBM) or the Federally-Facilitated Marketplace (FFM) (the SBM number is reported in column IV).³⁴ It should be noted that data reflected in this performance indicator are not a count of individuals, as more than one person may be included on a single application. As states are transitioning to new systems, they may not be able to report applications received across all aspects of their programs or systems. See the state-specific notes in the table for further information about state limitations in this area.³⁵ The February 2016 data was submitted in March and is considered preliminary.³⁶

Applications for Financial Assistance Submitted to the State-Based Marketplace, February 2016 (Preliminary) (II)

This element is the number of applications requesting financial assistance (Medicaid, CHIP or the Advanced Premium Tax Credit and Cost-Sharing Reductions) that have been received by the SBM during the reporting period. The February 2016 data was submitted in March and is considered preliminary.³⁷

Total Applications for Financial Assistance Submitted at the State Level, February 2016 (Preliminary) (III)

Total Applications for Financial Assistance Submitted at the State Level, January 2016 (Preliminary) (IV)

For states with an SBM, the data reflects the total of **Applications Submitted to Medicaid and CHIP Agencies, February 2016 (Preliminary)** plus **Applications for Financial Assistance Submitted to the State-Based Marketplace, February 2016 (Preliminary)**. For FFM states, the data reflects **Applications Submitted to Medicaid and CHIP Agencies, February 2016 (Preliminary)**. For SBM states, the data includes all applications for financial assistance; individuals on these applications will be determined eligible for Medicaid, CHIP or Advanced Premium Tax Credits and Cost-Sharing Reductions, or determined ineligible for financial assistance. The February 2016 data was submitted in March and is considered preliminary. The January 2016 data in this table was submitted in February and is also preliminary. January data that was updated in March (which may include additional individuals who applied in January, but who were not captured in the preliminary data) is posted separately on Medicaid.gov.

³⁴ As described in the state-specific notes in the tables, some states included account transfers from the FFM in the total count of applications received by Medicaid and CHIP agencies.

³⁵ As described in the state-specific notes in the tables, some states included renewals in the total count of applications received by Medicaid and CHIP agencies.

³⁶ See footnote 28.

³⁷ See footnote 28.

Percentage Change January 2016 to February 2016 (V)

The percentage change in **Total Applications for Financial Assistance Submitted at the State Level, February 2016 (Preliminary) (III)** as compared to **Total Preliminary Applications Submitted at the State Level, January 2016 (Preliminary) (IV)** is calculated for states that provided data for both periods.

Eligibility Determination Data Elements

Individuals Determined Eligible for Medicaid at Application, February 2016 (VI)

Total number of individuals determined eligible for Medicaid (under title XIX of the Social Security Act) during the reporting period based on applications for coverage submitted to any state agency (Medicaid, CHIP or the SBM) or based on an administrative determination authorized under a targeted enrollment strategy approved by CMS.³⁸ The unit of measurement is a count of individuals (as compared to the application numbers, which may include multiple people in one application). This number includes all determinations on applications made within the reporting period—some of those determinations are on applications reported in the **Applications** data, and some are on applications received prior to the reporting period. This does not include determinations made at a periodic redetermination or because of a change in circumstance for a current beneficiary.³⁹ The unit of measurement is people with determinations completed; this is not an unduplicated number of unique individuals because an individual may have more than one determination within the reporting period., individuals are first determined based on MAGI, and if needed, may request a subsequent determination based on non-MAGI factors. A list of which eligibility groups are MAGI and which are non-MAGI is available on [Medicaid.gov](http://www.Medicaid.gov).

As states are transitioning to their new systems, they may not be able to report determinations being made across all aspects of their programs or systems (i.e., the legacy systems they are winding down and the new eligibility systems they are implementing). See the notes in the table for further information about state limitations in this area.

In states receiving account transfers from the FFM in February where the FFM makes an eligibility assessment (and the state then completes the Medicaid determination), this number includes determinations made on accounts assessed as eligible and transferred from the FFM. In other states, where the state has delegated to the FFM the authority to make Medicaid eligibility determinations, the report does not include the FFM determinations, because the Medicaid/CHIP agency is not performing the determinations, and instead is accepting the account transfer and proceeding with enrollment steps. Individuals determined eligible by the FFM are included in the Total Enrolled indicators. For more information about the assessment and determination models in FFM states see [Medicaid.gov](http://www.Medicaid.gov).

³⁸ Information on targeted enrollment strategies and the states approved for these strategies is available here: <http://www.Medicaid.gov/Medicaid-chip-program-information/program-information/targeted-enrollment-strategies/targeted-enrollment-strategies.html>.

³⁹ As described in the state-specific notes in the tables, some states could not provide data that met our specifications. Notes are provided in cases where the state included renewals in this data element.

Individuals Determined Eligible for CHIP at Application, February 2016 (VII)

Total number of individuals determined eligible for CHIP (under title XXI of the Social Security Act) during the reporting period that follows the applicant submitting an application for coverage to any state agency (Medicaid, CHIP, or the SBM). This number includes all determinations at application made within the reporting period—some of those determinations are on applications reported in the **Applications** data, and some are on applications received prior to the reporting period. As states are transitioning to their new systems, they may not be able to report determinations being made across all aspects of their programs or systems (i.e., the legacy systems they are winding down and the new eligibility systems they are implementing). See the footnotes in the table for further information about state limitations in this area. The unit of measurement is people with determinations completed; this is not an unduplicated number of unique individuals.

In states receiving account transfers from the FFM in February where the FFM makes an eligibility assessment (and the state then completes the CHIP determination), this number includes determinations made on accounts assessed as eligible and transferred from the FFM. In other states, where the state has delegated to the FFM the authority to make a CHIP eligibility determination, the report does not include the FFM determinations, because the Medicaid/CHIP agency is not performing a determination, and instead is accepting the account transfer and proceeding with enrollment steps. Individuals determined eligible by the FFM are included in the Total Enrolled indicators. For more information about the assessment and determination models in FFM states see Medicaid.gov.

Total New Determinations, February 2016 (VIII)

The total of **Individuals Determined Eligible for Medicaid at Application** plus **Individuals Determined Eligible for CHIP at Application**.

A Note about Federally-Facilitated Marketplace Types: For the purposes of the report, we refer to State Partnership Marketplaces (Partnership), States performing Plan Management functions (Plan Management), and the State-Based Small Business Health Options Program (SB-SHOP) as Federally-Facilitated Marketplaces (FFMs). The state-by-state tables contain information on the specific marketplace type for each state.