DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



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

May 25, 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 March 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
- 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.

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

² As of March 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).

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

Medicaid and CHIP March 2016 Enrollment Data Highlights

Total Individuals Enrolled in Medicaid and CHIP in March 2016 in All States Reporting March Data (includes all individuals enrolled in the program on the last day of the reporting period) ⁵	72,457,339 ⁶
Additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both March 2016 enrollment data and data from July-September of 2013 ⁷	15,023,648

- Nearly 72.5 million individuals were enrolled in Medicaid and CHIP in March 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.
- 15,490 additional people were enrolled in March 2016 as compared to February 2016 in the 51 states that reported comparable February and March 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 March 2016 enrollment data and

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 March 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, February, and March 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.

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

data from July-September of 2013, over 15 million additional individuals are enrolled in Medicaid and CHIP as of March 2016, an overall 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 March 2016, Medicaid and CHIP enrollment rose by over 35.2 percent compared to the
 July-September 2013 baseline period, while states that have not, to date, expanded Medicaid
 reported an increase of more than 11.2 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 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

¹⁰ The net change in enrollment is based on data from the 49 states reporting both March 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 March of over 71.4 million individuals, and July-September 2013 average enrollment of approximately 56.4 million. For March 2016, we are reporting growth of 15,023,648 compared to July-September 2013. This figure exceeds the 15,010,433 in net enrollment growth that was included in the *Medicaid and CHIP: February 2016 Applications, Eligibility Determinations, and Enrollment Report* by over 13,200. This difference does not match the 15,490 increase reported above for the February to March 2016 period because the 15,490 figure is based on 51 states, while the 13,200 figure is based on only 49 states. Please note, the July-September 2013 data may contain individuals with retroactive Medicaid coverage, and the March 2016 data included in this report is preliminary (see footnote 6), the difference reported here between March 2016 and July-September 2013 period is likely understated.

¹¹ Percentage calculations are based only on states reporting in both March 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: 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

As with previous reports, multiple factors contribute to the change in enrollment between March 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 March and whose application will be fully processed after March 31st; 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 March 2016, applied for Medicaid in a later month, and qualify for retroactive Medicaid coverage in March 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.¹⁵

Child Enrollment

Total Medicaid child and CHIP enrollment in the	34,929,029 ¹⁷
47 states reporting in March 2016 ¹⁶	34,929,029-

the Social Security Act. For more information about this "early option," please see <u>Medicaid and CHIP: March 2014</u> <u>Monthly Applications, Eligibility Determinations, and Enrollment Report</u> (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.

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 March 2016.

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

Medicaid & CHIP

March 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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 sixmonth period between October 2015 and March 2016.¹⁸ This data appears in Table 2.¹⁹

- In the 47 states that reported relevant data for the month of March, nearly 35 million individuals are enrolled in CHIP or are children enrolled in the Medicaid program. Similar to last month (February 2016), California reported child enrollment in March 2016; therefore, the child enrollment figures reported in the February and March 2016 reports are not comparable to the corresponding statistics in earlier reports where California did not report child enrollment data.
- In the 47 states that reported both March 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

¹⁸ In table 2, the reported March 2016 child enrollment figure appears to be larger than the total enrollment figures from October 2015 through January 2016 because 46 states submitted child enrollment data in these earlier months, as compared to the 47 in February and March 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 March 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 March 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 March 2016, as reported on page 2 and in Table 1. Total enrollment data for January 2014 through February 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.pdf

Medicaid and CHIP March 2016 Application and Eligibility Data Highlights

	March 2016 Monthly in All States Reporting
Applications	
Applications for Financial Assistance Initially	
Received by State Medicaid and CHIP Agencies (note	
that more than one individual may be included on an	1,720,417 ²¹
application and some states have included renewals	
and account transfers from the FFM)	
Applications for Financial Assistance Initially	
Received by State-Based Marketplaces (note that	022 00622
more than one individual may be included on an	822,886 ²²
application)	
Eligibility Determinations	
Individuals Determined Eligible for Medicaid and	
CHIP by State Agencies at Application (includes those	1,687,595 ²³
newly eligible under the Affordable Care Act and	1,007,595
those eligible under prior law)	

During the month of March 2016, over 2.5 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including over 1.7 million received directly by state Medicaid and CHIP agencies and over 800,000 received by SBMs). 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 March 2016 as compared to the prior month (February 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). The state of the state of the prior month (see State-by-State Table notes for exceptions).

States reported making nearly 1.7 million eligibility determinations for Medicaid and CHIP in March 2016 for individuals applying for coverage. As described above and in prior reports, this figure includes all of

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 March 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 March 2016 application data.

²⁵ See footnote 21.

March 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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 February 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 March 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 March 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 March 1-31, 2016.

²⁶ The states that have included renewals in their March 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 March 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: February and March 2016 Preliminary Monthly Enrollment

			Enrollment							
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, March 2016 (Preliminary) (II)	% Change February to March 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July- Sept. 2013 (IV)	Net Change, July-Sept. 2013 to March 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to March 2016 (Columns (IV) and (II)) (VI)			
Alaska	FFM	142,109	146,153	2.85%	122,334	23,819	19.47%			
Arizona	FFM	1,682,936	1,675,407	-0.45%	1,201,770	473,637	39.41%			
Arkansas	Partnership	826,136	842,433	1.97%	556,851	285,582	51.29%			
California	SBM	12,161,629	11,869,623	-2.40%	7,755,381	4,114,242	53.05%			
Colorado	SBM	1,331,196	1,343,590	0.93%	783,420	560,170	71.50%			
Connecticut	SBM	762,637	764,590	0.26%	-	-	-			
Delaware	Partnership	247,981	251,851	1.56%	223,324	28,527	12.77%			
District of Columbia	SBM	263,720	265,963	0.85%	235,786	30,177	12.80%			
Hawaii	SBM **	342,578	341,501	-0.31%	288,357	53,144	18.43%			
Illinois	Partnership	3,102,724	3,145,232	1.37%	2,626,943	518,289	19.73%			
Indiana	FFM	1,450,907	1,464,935	0.97%	1,120,674	344,261	30.72%			
lowa	Partnership	614,294	619,917	0.92%	493,515	126,402	25.61%			
Kentucky	SBM	1,189,416	1,187,773	-0.14%	606,805	580,968	95.74%			
Maryland	SBM	1,165,532	1,183,846	1.57%	856,297	327,549	38.25%			
Massachusetts	SBM	1,660,257	1,647,644	-0.76%	1,296,359	351,285	27.10%			
Michigan	Partnership	2,301,278	2,307,018	0.25%	1,912,009	395,009	20.66%			
Minnesota	SBM	1,009,400	1,017,357	0.79%	873,040	144,317	16.53%			
Montana	Plan Management	219,472	227,648	3.73%	148,974	78,674	52.81%			
Nevada	SBM **	607,622	608,719	0.18%	332,560	276,159	83.04%			
New Hampshire	Partnership	187,959	188,446	0.26%	127,082	61,364	48.29%			
New Jersey	FFM	1,723,729	1,737,744	0.81%	1,283,851	453,893	35.35%			
New Mexico	SBM **	760,940	766,013	0.67%	457,678	308,335	67.37%			
New York	SBM	6,397,831	6,412,485	0.23%	5,678,417	734,068	12.93%			
North Dakota	FFM	85,790	84,313	-1.72%	69,980	14,333	20.48%			
Ohio	Plan Management	2,911,447	2,967,077	1.91%	2,341,481	625,596	26.72%			
Oregon	SBM **	1,067,650	1,076,961	0.87%	626,356	450,605	71.94%			
Pennsylvania	FFM	2,788,394	2,806,701	0.66%	2,386,046	420,655	17.63%			
Rhode Island	SBM	280,343	282,386	0.73%	190,833	91,553	47.98%			
Vermont	SBM	191,650	191,745	0.05%	161,081	30,664	19.04%			
Washington	SBM	1,772,689	1,772,370	-0.02%	1,117,576	654,794	58.59%			
West Virginia	Partnership	553,046	556,843	0.69%	354,544	202,299	57.06%			
Subtotal for All States Exp	anding Medicaid	49,803,292	49,754,284	-0.10%	36,229,324	12,760,370	35.22%			
Subtotal for All States with Expansions in Effect		49,803,292	49,754,284	-0.10%	36,229,324	12,760,370	35.22%			
Subtotal for States Expand Reported in February and I	ing Medicaid that	49,803,292	49,754,284	Difference February to March 2016 -49,008						
Subtotal for States Expanding Medicaid that Reported in March 2016 and July-Sept. 2013			48,989,694		36,229,324	Difference July-Sept 2013 to March 2016 12,760,370				

**= 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 February and March 2016 data.

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

The subtotals for states reporting data from both March 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.
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.
North Dakota	(IV)	Data is from July 2013 only.
Oregon	(IV)	Includes emergency Medicaid population.

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

		Enrollment								
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, March 2016 (Preliminary) (II)	% Change February to March 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July- Sept. 2013 (IV)	Net Change, July-Sept. 2013 to March 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to March 2016 (Columns (IV) and (II)) (VI)			
Alabama	FFM	883,687	886,099	0.27%	799,176	86,923	10.88%			
Florida	FFM	3,597,720	3,595,860	-0.05%	3,104,996	490,864	15.81%			
Georgia	FFM	1,757,288	1,764,901	0.43%	1,535,090	229,811	14.97%			
Idaho	SBM	282,425	284,390	0.70%	238,150	46,240	19.42%			
Kansas	Plan Management	397,800	405,108	1.84%	378,160	26,948	7.13%			
Louisiana	FFM	1,072,660	1,069,499	-0.29%	1,019,787	49,712	4.87%			
Maine	Plan Management	276,302	276,624	0.12%	-	-	-			
Mississippi	FFM/SBM-SHOP	694,050	696,165	0.30%	637,229	58,936	9.25%			
Missouri	FFM	956,583	952,532	-0.42%	846,084	106,448	12.58%			
Nebraska	Plan Management	231,615	235,119	1.51%	244,600	-9,481	-3.88%			
North Carolina	FFM	1,962,208	1,976,159	0.71%	1,595,952	380,207	23.82%			
Oklahoma	FFM	787,721	780,157	-0.96%	790,051	-9,894	-1.25%			
South Carolina	FFM	948,482	958,933	1.10%	889,744	69,189	7.78%			
South Dakota	Plan Management	118,983	119,140	0.13%	115,501	3,639	3.15%			
Tennessee	FFM	1,587,916	1,599,225	0.71%	1,244,516	354,709	28.50%			
Texas	FFM	4,701,152	4,707,919	0.14%	4,441,605	266,314	6.00%			
Utah	FFM/SBM-SHOP	307,865	310,162	0.75%	294,029	16,133	5.49%			
Virginia	Plan Management	959,540	967,004	0.78%	935,434	31,570	3.37%			
Wisconsin	FFM	1,050,694	1,054,411	0.35%	985,531	68,880	6.99%			
Wyoming	FFM	63,866	63,648	-0.34%	67,518	-3,870	-5.73%			
Subtotal for All States Not	Expanding Medicaid	22,638,557	22,703,055	0.28%	20,163,153	2,263,278	11.22%			
Subtotal for States Not Expanding Medicaid that Reported in February and March 2016		22,638,557	22,703,055	Difference February to March 2016 64,498						
Subtotal for States Not Exp Reported in March 2016 and	•		22,426,431		20,163,153	Difference July-Sept 2013 to March 2016 2,263,278				

(-)=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 February and March 2016 data.

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

The subtotals for states reporting data from both March 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), (IV) Includes service limited Medicare program beneficiaries (SLMBs).

Wisconsin (IV) Does not include retroactive enrollment.

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

		Total Enrollment								
All States	Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, March 2016 (Preliminary) (II)	% Change February to March 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July- Sept. 2013 (IV)	Net Change, July-Sept. 2013 to March 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to March 2016 (Columns (IV) and (II)) (VI)				
Total Across All States	72,441,849	72,457,339	0.02%	56,392,477	15,023,648	26.64%				
Total for States that Reported in February and March 2016	72,441,849	72,457,339	Difference February to March 2016 15,490							
Total for States that Reported in March 2016 and July-Sept. 2013		71,416,125		56,392,477	Difference July-Sept 2013 to March 2016 15,023,648					

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

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

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

			Medicaid and CHI	P Child Enrollment			Total Medicaid and CHIP Enrollment	Medicaid and CHIP Child Enrollment as a % of Total Enrollment (Columns (VI) and (VII))
State	October, 2015 (I)	November, 2015 (II)	December, 2015 (III)	January, 2016 (IV)	February, 2016 (V)	March, 2016 (Preliminary) (VI)	March, 2016 (Preliminary) (VII)	March, 2016 (Preliminary) (VIII)
Alabama	626,816	631,772	630,702	635,947	635,749	629,363	886,099	71.03%
Alaska	72,032	70,815	72,472	73,901	74,962	74,516	146,153	50.98%
Arizona	-			-	-	-	1,675,407	-
Arkansas	432,242	423,393	413,086	417,029	388,829	392,649	842,433	46.61%
California	-				5,241,680	5,104,737	11,869,623	43.01%
Colorado	605,620	607,574	612,030	615,352	616,766	618,001	1,343,590	46.00%
Connecticut	291,832	292,396	296,564	300,855	303,564	304,473	764,590	39.82%
Delaware	105,780	105,358	105,494	105,651	106,992	108,306	251,851	43.00%
District of Columbia	-	-	-		-	-	265,963	-
Florida	2,407,910	2,406,679	2,408,021	2,412,144	2,425,220	2,426,661	3,595,860	67.48%
Georgia	1,241,366	1,246,393	1,248,989	1,254,494	1,257,799	1,239,194	1,764,901	70.21%
Hawaii	142,127	144,087	145,018	145,223	145,737	143,795	341,501	42.11%
Idaho	207,374	207,790	208,519	208,491	209,573	210,341	284,390	73.96%
Illinois	1,483,364	1,478,108	1,473,489	1,473,411	1,471,678	1,467,840	3,145,232	46.67%
Indiana	773,437	770,467	772,237	772,006	778,009	767,033	1,464,935	52.36%
Iowa	297,398	298,403	297,119	295,156	298,136	303,590	619,917	48.97%
Kansas	286,863	288,396	286,783	281,829	282,415	288,023	405,108	71.10%
Kentucky	537,869	541,852	541,958	542,026	543,906	541,465	1,187,773	45.59%
Louisiana	779,133	775,066	773,282	772,337	771,147	768,945	1,069,499	71.90%
Maine	119,165	117,871	117,445	117,657	116,061	116,262	276,624	42.03%
Maryland	571,419	558,993	557,853	561,385	566,359	565,752	1,183,846	47.79%
Massachusetts	678,135	651,785	655,220	657,542	659,816	648,319	1,647,644	39.35%
Michigan	981,526	979,347	969,945	981,323	980,178	965,803	2,307,018	41.86%
Minnesota	504,016	511,251	514,470	520,729	507,433	497,292	1,017,357	48.88%
Mississippi	476,709	475,637	472,671	476,078	477,551	474,641	696,165	68.18%
Missouri	595,679	599,414	607,821	611,852	616,610	611,810	952,532	64.23%
Montana	111,795	112,037	113,700	113,423	117,054	117,015	227,648	51.40%
Nebraska	159,231	159,044	159,256	159,075	159,459	156,779	235,119	66.68%
Nevada	284,870	285,500	286,876	288,047	290,383	290,282	608,719	47.69%
New Hampshire	95,141	95,576	96,072	96,499	96,281	94,963	188,446	50.39%
New Jersey	837,921	837,042	835,366	837,199	840,688	829,478	1,737,744	47.73%
New Mexico	-	-	-	-	-	-	766,013	-
New York	2,444,053	2,444,573	2,444,247	2,431,933	2,437,584	2,435,468	6,412,485	37.98%
North Carolina	1,362,143	1,369,727	1,374,805	1,386,915	1,401,875	1,368,044	1,976,159	69.23%
North Dakota	41,676	41,480	41,632	41,852	39,667	38,425	84,313	45.57%
Ohio	1,253,418	1,244,020	1,239,392	1,234,760	1,262,049	1,255,691	2,967,077	42.32%
Oklahoma	517,743	513,499	503,867	508,695	507,633	503,660	780,157	64.56%
Oregon	433,017	414,592	420,563	429,580	434,938	434,000	1,076,961	40.30%
Pennsylvania	1,340,944	1,340,154	1,346,833	1,347,634	1,352,454	1,354,555	2,806,701	48.26%
Rhode Island	111,206	111,495	112,156	112,521	113,061	113,155	282,386	40.07%
South Carolina South Dakota	623,709 80,722	618,122 80,714	595,432 80,990	599,093 81,239	603,824	609,923	958,933 119,140	63.60% 68.53%
Tennessee	80,722	80,714	80,990	81,239	81,610	81,649	1,599,225	68.53%
Texas	3,478,340	3,486,765	3,487,094	3,489,666	- 3,496,767	- 3,468,219	1,599,225 4,707,919	73.67%
Utah	3,478,340	3,486,765 218,032	3,487,094	3,489,666	3,496,767 222,301	3,468,219 219,246	4,707,919	73.67% 70.69%
Vermont	68,527	68,583	68,902	68,159	68,549	68,222	191,745	70.69% 35.58%
Virginia	659,350	657,493	641,398	654,793	658,691	68,222 647,741	967,004	35.58% 66.98%
Washington	817,126	821,104	824,956	827,256	828,168	825,230	1,772,370	46.56%
West Virginia	209,673	209,222	208,829	210,088	210,450	212,835	556,843	46.56% 38.22%
Wisconsin	491,307	490,424	490,360	491,186	493,110	495,267	1,054,411	46.97%
Wyoming	41,849	41,562	41,336	40,801	40,463	40,371	63,648	63.43%
Total For All States	29,899,843	29,843,607	29,814,435	29,904,164	35,233,229	34,929,029	72,457,339	51.25%
Number of States	46	46	46	46	47	47	51	47
Reporting	46	46	46	46	4/	47	51	47

For general notes on enrollment data, see Table I: Medicaid and CHIP: February and March 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 March 2016 child enrollment data and March 2016 Total Medicaid and CHIP enrollment data .

New York

(I) - (VII)

Includes estimated retroactive enrollment.

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

	Ар				Applications			Determinations		
States Expanding Medicaid	Marketplace Type	New Applications Submitted to Medicaid and CHIP Agencies, March 2016 (Preliminary)	Applications for Financial Assistance Submitted to the State Based Marketplace, March 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, March 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, February 2016 (Preliminary) (IV)	% Change February to March 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, March 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, March 2016 (Preliminary) (VII)	Total New Determinations, March 2016 (Preliminary) (VIII)	
Alaska	FFM	3,594	N/A	3,594	3,802	-5.47%	5,798		5,798	
Arizona	FFM	-	N/A	-	-	-	-			
Arkansas	Partnership	15,118	N/A	15,118	16,326	-7.40%	3,304		3,304	
California	SBM	111,550	-	111,550	153,484	-27.32%	43,756	2,901	46,657	
Colorado	SBM	21,733	2,077	23,810	24,536	-2.96%	19,216	269	19,485	
Connecticut	SBM	11,620	5,251	16,871	13,547	24.54%	15,465	169	15,634	
Delaware	Partnership	2,953	N/A	2,953	2,819	4.75%	545	32	577	
District of Columbia	SBM	3,720	2,305	6,025	6,092	-1.10%	6,868		6,868	
Hawaii	SBM **	3,793		3,793	3,902	-2.79%	3,109	169	3,278	
Illinois	Partnership	78,007	N/A	78,007	82,698	-5.67%	62,461	17,635	80,096	
Indiana	FFM	102,990	N/A	102,990	112,646	-8.57%	47,563	3,886	51,449	
lowa	Partnership	20,906	N/A	20,906	21,541	-2.95%	3,061		3,061	
Kentucky	SBM	-	-			-	-			
Maryland	SBM	7,690	84,012	91,702	97,239	-5.69%	39,980	4,620	44,600	
Massachusetts	SBM	15,708	11,296	27,004	23,170	16.55%				
Michigan	Partnership	68,630	N/A	68,630	70,599	-2.79%	79,197		79,197	
Minnesota	SBM	6,374	20,641	27,015	26,324	2.62%	21,262	59	21,321	
Montana	Plan Management	4,795	N/A	4,795	4,803	-0.17%	7,572	470	8,042	
Nevada	SBM **	19,550	-	19,550	20,163	-3.04%	12,683	48	12,731	
New Hampshire	Partnership	8,590	N/A	8,590	8,672	-0.95%	5,865	491	6,356	
New Jersey	FFM	38,610	N/A	38,610	35,658	8.28%	19,048	6,582	25,630	
New Mexico	SBM **	9,522	N/A	9,522	9,676	-1.59%	-			
New York	SBM	-	631,068	631,068	854,024	-26.11%	122,804	5,786	128,590	
North Dakota	FFM	1,646	-	1,646	1,669	-1.38%	3,073	96	3,169	
Ohio	Plan Management	156,080	N/A	156,080	152,159	2.58%	271,596		271,596	
Oregon	SBM **	32,685	-	32,685	8,607	279.75%	21,640	2,058	23,698	
Pennsylvania	FFM	141,782	N/A	141,782	144,559	-1.92%	53,911	8,970		
Rhode Island	SBM	- 111,702	-		1,813	-	20,948	·	·	
Vermont	SBM	5,386	4,956	10,342		28.12%	3,600		·	
Washington	SBM	21,577	61,280	82,857	92,361	-10.29%	42,036		•	
West Virginia	Partnership	-	N/A	-	-	-	-			
Subtotal for All States Exp	<u> </u>	914,609	822,886	1,737,495	2,000,961	-13.09%	936,361	58,218	994,579	
Subtotal for All States with		914,609	822,886	1,737,495	2,000,961	-13.09%	936,361	58,218	•	
Subtotal for States Expand Reported in February and I	ing Medicaid that			1,737,495	1,999,148	,				

^{**=} 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 February and March 2016 Applications data (subtotals exclude AZ, KY, RI, 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.

Alaska (I), (III), (IV) Includes renewals converting to MAGI methodology.

Alaska (VI), (VIII) MAGI determinations include CHIP.

Arkansas (IV) Updated.
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 (YI), (YII), (YIII) Does not include all eligibility determinations.

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.

lowa (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 3/1 - 3/31.

Michigan (VI) Does not include MAGI determinations.

Michigan (VI) Includes renewals.
Minnesota (VI) Includes CHIP.
Nevada (I), (III), (IV) Includes renewals.

New Jersey (I), (III), (IV) 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: March 2016 Monthly Applications and Eligibility Determinations

			Applications					Determinations	
States Not Expanding Medicaid	Marketplace Type	New Applications Submitted to Medicaid and CHIP Agencies, March 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, March 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, March 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, February 2016 (Preliminary) (IV)	% Change February to March 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, March 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, March 2016 (Preliminary) (VII)	Total New Determinations, March 2016 (Preliminary) (VIII)
Alabama	FFM	19,016	N/A	19,016	17,137	10.96%	29,626	3,608	33,234
Florida	FFM	325,495	N/A	325,495	312,588	4.13%	170,006	19,443	189,449
Georgia	FFM	85,871	N/A	85,871	80,376	6.84%	47,907	1,616	49,523
ldaho	SBM	8,324	-	8,324	10,131	-17.84%	5,570	332	5,902
Kansas	Plan Management	-	N/A	-	-	-			-
Louisiana	FFM	17,027	N/A	17,027	17,648	-3.52%	28,944	1,790	30,734
Maine	Plan Management	1,855	N/A	1,855	1,660	11.75%	10,794	415	11,209
Mississippi	FFM/SBM-SHOP	17,609	N/A	17,609	17,126	2.82%	11,895	431	12,326
Missouri	FFM	22,188	N/A	22,188	19,749	12.35%	12,246		12,246
Nebraska	Plan Management	7,130	N/A	7,130	6,706	6.32%	7,432	895	8,327
North Carolina	FFM	24,074	N/A	24,074	22,820	5.50%	53,236	5,820	59,056
Oklahoma	FFM	55,692	N/A	55,692	47,646	16.89%	43,242	7,980	51,222
South Carolina	FFM	26,009	N/A	26,009	23,319	11.54%	6,231	145	6,376
South Dakota	Plan Management	2,768	N/A	2,768	2,410	14.85%	1,585		1,585
Tennessee	FFM	593	N/A	593	560	5.89%		370	370
Texas	FFM	115,398	N/A	115,398	106,757	8.09%	112,382	19,560	
Utah	FFM/SBM-SHOP	22,517	N/A	22,517	21,853	3.04%	49,291		49,291
Virginia	Plan Management	32,619	N/A	32,619		8.78%	19,405	941	· ·
Wisconsin	FFM	19,912	N/A	19,912		5.44%	16,818	1,724	·
Wyoming	FFM	1,711	N/A	1,711	1,693	1.06%	1,260	76	•
Subtotal for All States Not I	Expanding Medicaid	805,808	-	805,808	759,050	6.16%	627,870	65,146	693,016
Subtotal for States Not Exp. Reported in February and M	-			805,808	759,050	Difference February to March 2016 46,758			
Total Across All States		1,720,417	822,886	2,543,303	2,760,011	-7.79%	1,564,231	123,364	1,687,595
Total for States that Report	ed in February and March			2,543,303	2,758,198	Difference February to March 2016 -214,895			

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

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

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

 $\mbox{\# Percent change figures in the subtotal of column V exclude TN, which only reports CHIP data. } \\$

† 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: February and March 2016 Preliminary Monthly Enrollment

Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (I) Total Medicaid and CHIP Enrollment, March 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 March 2016 data was submitted in April and is considered preliminary. February 2016 data in this table was submitted in March and is also preliminary. February data that was updated in April (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 February 2016 to March 2016 (III)

The percentage change in **Total Medicaid and CHIP Enrollment, March 2016 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, February 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 March 2016 data, which makes change between the baseline data and the March preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September 2013 period. ²⁹ Such exclusions were not possible.

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.

²⁹ See footnote 28.

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

The net change in **Total Medicaid and CHIP Enrollment, March 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 March 2016 (VI)

The percentage change in **Total Medicaid and CHIP Enrollment, March 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 February 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: March 2016 Preliminary Monthly Medicaid Child and CHIP Enrollment

Medicaid Child and CHIP Enrollment, October 2015 - February 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 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, March 2016 (Preliminary) (VI)

As of the last day of the calendar month—

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.

- 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 March 2016 data was submitted in April and is considered preliminary.³²

Total Medicaid and CHIP Enrollment, March 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 March 2016 data was submitted in April and is considered preliminary. This data is the same as the data reported in column (II) in Table 1: Medicaid and CHIP: February 2016 and March 2016 Preliminary Monthly Enrollment.

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

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

Medicaid and CHIP Enrollment, March 2016 (Preliminary) (VII).

³¹ See footnote 30.

³² See footnote 28.

³³ See footnote 28.

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

Application Data Elements

New Applications Submitted to Medicaid and CHIP Agencies, March 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). 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. The March 2016 data was submitted in April and is considered preliminary. The March 2016 data was submitted in April and is considered preliminary.

Applications for Financial Assistance Submitted to the State-Based Marketplace, March 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 March 2016 data was submitted in April and is considered preliminary.³⁷

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

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

For states with an SBM, the data reflects the total of Applications Submitted to Medicaid and CHIP Agencies, March 2016 (Preliminary) plus Applications for Financial Assistance Submitted to the State-Based Marketplace, March 2016 (Preliminary). For FFM states, the data reflects Applications Submitted to Medicaid and CHIP Agencies, March 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 March 2016 data was submitted in April and is considered preliminary. The February 2016 data in this table was submitted in March and is also preliminary. February data that was updated in April (which may include additional individuals who applied in February, but who were not captured in the preliminary data) is posted separately on Medicaid.gov.

Percentage Change February 2016 to March 2016 (V)

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.

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

Eligibility Determination Data Elements

Individuals Determined Eligible for Medicaid at Application, March 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. 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. 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.

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 March 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.

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

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.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.

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 March 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, March 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.