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

August 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 June 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 June 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. 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 or adults without dependent children 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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As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the June 2016 data presented in this report should be considered preliminary. We have published updated data for May 2016 applications, eligibility determinations and enrollment on [Medicaid.gov](http://www.Medicaid.gov), which includes a more complete data set than the previously reported preliminary May 2016 data.

Medicaid and CHIP June 2016 Enrollment Data Highlights

Total Individuals Enrolled in Medicaid and CHIP in June 2016 in All States Reporting June Data (includes all individuals enrolled in the program on the last day of the reporting period)⁵	72,675,726 ⁶
Additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both June 2016 enrollment data and data from July-September of 2013⁷	15,239,169

- Nearly 72.7 million individuals were enrolled in Medicaid and CHIP in June 2016.⁸ This enrollment count is a 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.
- 144,441 additional individuals were enrolled in June 2016 as compared to May 2016 in the 51 states that reported comparable May and June 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 June 2016 enrollment data and data from July-September of 2013, over 15.2 million additional individuals are enrolled in Medicaid and CHIP as of June 2016, more than a 27 percent increase over the average monthly

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 June 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.

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.

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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 June 2016, Medicaid and CHIP enrollment rose by nearly 36 percent compared to the July-September 2013 baseline period, while states that have not, to date, expanded Medicaid reported an increase of approximately 12 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 Federal Poverty Line (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 June 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 June of over 71.6 million individuals, and July-September 2013 average enrollment of approximately 56.4 million. For June 2016, we are reporting growth of 15,239,169 compared to July-September 2013. This figure is greater than the 15,093,251 in net enrollment growth that was included in the *Medicaid and CHIP: May 2016 Applications, Eligibility Determinations, and Enrollment Report* by approximately 146,000. This difference does not match the 144,441 increase reported above for the May to June 2016 period because the 144,441 figure is based on 51 states, while the 146,000 figure is based on only 49 states. Please note, the July-September 2013 data may contain individuals with retroactive Medicaid coverage, and the June 2016 data included in this report is preliminary (see footnote 6), thus, the difference reported here between June 2016 and July-September 2013 period is likely understated.

¹¹ Percentage calculations are based only on states reporting in both June 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.

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 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 \(May 1, 2014\)](#).

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As with previous reports, multiple factors contributed to the change in enrollment between June 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 June and whose application will be fully processed after June 30th; 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 June 2016, applied for Medicaid in a later month, and qualify for retroactive Medicaid coverage in June 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

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 48 states reporting in June 2016¹⁶	35,316,815 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 January and June 2016.¹⁸ This data appears in Table 2.¹⁹

- In the 48 states that reported relevant data for the month of June, over 35.3 million individuals are enrolled in CHIP or are children enrolled in the Medicaid program. New Mexico reported child enrollment in June 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 48 states that reported both June 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 more than 51.1 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 states have continued to expand coverage since then.²⁰

¹⁶ This figure includes children enrolled in the Medicaid program and the total enrollment for separate CHIP programs, which is composed 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, and Tennessee did not submit child enrollment data for June 2016.

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

¹⁸ In Table 2, the reported June 2016 child enrollment figure appears to be larger than prior months' total enrollment figures because fewer states submitted child enrollment data in prior months. Forty-eight states submitted child enrollment data in June 2016, compared to 46 and 47 in January – May 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 June 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 June 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 June 2016, as reported on page 2 and in Table 1. Total enrollment data for January 2014 through May 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 June 2016 Application and Eligibility Data Highlights

	June 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)	1,579,652 ²¹
Applications for Financial Assistance Initially Received by State-Based Marketplaces (note that more than one individual may be included on an application)	706,247 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)	1,651,018 ²³

During the month of June 2016, nearly 2.3 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including almost 1.6 million received directly by state Medicaid and CHIP agencies and over 700,000 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 June 2016 as compared to the prior month (May 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 June 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 June 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 June 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 May 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 June 2016. The second table contains data on children enrolled in state Medicaid and CHIP programs in June 2016. The third table contains data on Medicaid and CHIP applications and eligibility determinations for the month of June 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 June 1 – 30, 2016.

²⁶ The states that have included renewals in their June 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 June 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: May and June 2016 Preliminary Monthly Enrollment

States Expanding Medicaid	Marketplace Type	Enrollment					
		Total Medicaid and CHIP Enrollment, May 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, June 2016 (Preliminary) (II)	% Change May to June 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to June 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to June 2016 (Columns (IV) and (II)) (VI)
Alaska	FFM	153,741	156,409	1.74%	122,334	34,075	27.85%
Arizona	FFM	1,682,202	1,685,493	0.20%	1,201,770	483,723	40.25%
Arkansas	Partnership	843,941	857,359	1.59%	556,851	300,508	53.97%
California	SBM	11,905,332	11,990,045	0.71%	7,755,381	4,234,664	54.60%
Colorado	SBM	1,351,261	1,356,251	0.37%	783,420	572,831	73.12%
Connecticut	SBM	770,880	771,512	0.08%	-	-	-
Delaware	Partnership	235,154	235,967	0.35%	223,324	12,643	5.66%
District of Columbia	SBM	264,605	264,415	-0.07%	235,786	28,629	12.14%
Hawaii	SBM **	344,432	340,804	-1.05%	288,357	52,447	18.19%
Illinois	Partnership	3,097,016	3,088,448	-0.28%	2,626,943	461,505	17.57%
Indiana	FFM	1,467,926	1,470,010	0.14%	1,120,674	349,336	31.17%
Iowa	Partnership	619,961	618,152	-0.29%	493,515	124,637	25.25%
Kentucky	SBM	1,213,629	1,225,842	1.01%	606,805	619,037	102.02%
Louisiana^	FFM	1,057,073	1,052,682	-0.42%	1,019,787	32,895	3.23%
Maryland	SBM	1,204,630	1,220,022	1.28%	856,297	363,725	42.48%
Massachusetts	SBM	1,656,780	1,650,379	-0.39%	1,296,359	354,020	27.31%
Michigan	Partnership	2,303,659	2,287,087	-0.72%	1,912,009	375,078	19.62%
Minnesota	SBM	1,025,345	1,027,909	0.25%	873,040	154,869	17.74%
Montana	Plan Management	233,652	236,952	1.41%	148,974	87,978	59.06%
Nevada	SBM **	609,004	608,960	-0.01%	332,560	276,400	83.11%
New Hampshire	Partnership	186,767	186,897	0.07%	127,082	59,815	47.07%
New Jersey	FFM	1,742,422	1,753,028	0.61%	1,283,851	469,177	36.54%
New Mexico	SBM **	753,726	757,248	0.47%	457,678	299,570	65.45%
New York	SBM	6,403,030	6,395,894	-0.11%	5,678,417	717,477	12.64%
North Dakota	FFM	89,839	89,914	0.08%	69,980	19,934	28.49%
Ohio	Plan Management	2,953,740	2,953,216	-0.02%	2,341,481	611,735	26.13%
Oregon	SBM **	1,046,370	1,035,319	-1.06%	626,356	408,963	65.29%
Pennsylvania	FFM	2,829,011	2,832,353	0.12%	2,386,046	446,307	18.70%
Rhode Island	SBM	281,500	284,267	0.98%	190,833	93,434	48.96%
Vermont	SBM	188,560	184,204	-2.31%	161,081	23,123	14.35%
Washington	SBM	1,772,887	1,776,851	0.22%	1,117,576	659,275	58.99%
West Virginia	Partnership	565,849	573,178	1.30%	354,544	218,634	61.67%
Subtotal for All States Expanding Medicaid		50,853,924	50,967,067	0.22%	37,249,111	12,946,444	34.76%
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month		49,796,851	49,914,385	0.24%	36,229,324	12,913,549	35.64%
Subtotal for States Expanding Medicaid that Reported in May and June 2016		50,853,924	50,967,067	Difference May to June 2016 113,143			
Subtotal for States Expanding Medicaid that Reported in June 2016 and July-Sept. 2013			50,195,555		37,249,111	Difference July-Sept 2013 to June 2016 12,946,444	

Table 1: Medicaid and CHIP: May and June 2016 Preliminary Monthly Enrollment

[^]=Louisiana's effective date for implementing the expansion is July 1, 2016. LA is not included in the "Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month."

**= 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 May and June 2016 data.

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

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

Arkansas	(I), (II)	Includes Private Option enrollees.
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: May and June 2016 Preliminary Monthly Enrollment

		Enrollment					
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, May 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, June 2016 (Preliminary) (II)	% Change May to June 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to June 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to June 2016 (Columns (IV) and (II)) (VI)
Alabama	FFM	888,641	884,802	-0.43%	799,176	85,626	10.71%
Florida	FFM	3,600,889	3,605,848	0.14%	3,104,996	500,852	16.13%
Georgia	FFM	1,756,974	1,758,172	0.07%	1,535,090	223,082	14.53%
Idaho	SBM	286,836	288,426	0.55%	238,150	50,276	21.11%
Kansas	Plan Management	414,947	420,386	1.31%	378,160	42,226	11.17%
Maine	Plan Management	274,677	272,568	-0.77%	-	-	-
Mississippi	FFM/SBM-SHOP	693,980	692,191	-0.26%	637,229	54,962	8.63%
Missouri	FFM	963,241	964,598	0.14%	846,084	118,514	14.01%
Nebraska	Plan Management	234,550	235,237	0.29%	244,600	-9,363	-3.83%
North Carolina	FFM	1,987,921	1,989,044	0.06%	1,595,952	393,092	24.63%
Oklahoma	FFM	775,604	780,782	0.67%	790,051	-9,269	-1.17%
South Carolina	FFM	972,098	981,455	0.96%	889,744	91,711	10.31%
South Dakota	Plan Management	119,189	119,350	0.14%	115,501	3,849	3.33%
Tennessee	FFM	1,616,888	1,623,164	0.39%	1,244,516	378,648	30.43%
Texas	FFM	4,700,879	4,704,441	0.08%	4,441,605	262,836	5.92%
Utah	FFM/SBM-SHOP	309,628	308,222	-0.45%	294,029	14,193	4.83%
Virginia	Plan Management	967,338	968,666	0.14%	935,434	33,232	3.55%
Wisconsin	FFM	1,049,374	1,047,259	-0.20%	985,531	61,728	6.26%
Wyoming	FFM	63,707	64,048	0.54%	67,518	-3,470	-5.14%
Subtotal for All States Not Expanding Medicaid		21,677,361	21,708,659	0.14%	19,143,366	2,292,725	11.98%
Subtotal for States Not Expanding Medicaid that Reported in May and June 2016		21,677,361	21,708,659	Difference May to June 2016 31,298			
Subtotal for States Not Expanding Medicaid that Reported in June 2016 and July-Sept. 2013			21,436,091		19,143,366	Difference July-Sept 2013 to June 2016 2,292,725	

Table 1: Medicaid and CHIP: May and June 2016 Preliminary Monthly Enrollment

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

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

Column III is calculated for only those states that reported both May and June 2016 data.

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

The subtotals for states reporting data from both June 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: May and June 2016 Preliminary Monthly Enrollment

Total Enrollment						
All States	Total Medicaid and CHIP Enrollment, May 2016 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, June 2016 (Preliminary) (II)	% Change May to June 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to June 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to June 2016 (Columns (IV) and (II)) (VI)
Total Across All States	72,531,285	72,675,726	0.20%	56,392,477	15,239,169	27.02%
Total for States that Reported in May and June 2016	72,531,285	72,675,726	Difference May to June 2016 144,441			
Total for States that Reported in June 2016 and July-Sept. 2013		71,631,646		56,392,477	Difference July-Sept 2013 to June 2016 15,239,169	

Column III is calculated for only those states that reported both May and June 2016 data.

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

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

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

State	Enrollment							
	Medicaid and CHIP Child Enrollment						Total Medicaid and CHIP Enrollment	Medicaid and CHIP Child Enrollment as a % of Total Enrollment (Columns (VI) and (VII))
	January, 2016 (I)	February, 2016 (II)	March, 2016 (III)	April, 2016 (IV)	May, 2016 (V)	June, 2016 (Preliminary) (VI)	June, 2016 (Preliminary) (VII)	June, 2016 (Preliminary) (VIII)
Alabama	635,947	635,749	637,234	638,975	636,871	628,522	884,802	71.04%
Alaska	73,901	74,962	77,113	78,075	78,560	77,302	156,409	49.42%
Arizona	-	-	-	-	-	-	1,685,493	-
Arkansas	417,029	388,829	392,649	374,740	385,362	394,352	857,359	46.00%
California	-	5,241,680	5,104,737	5,225,309	5,196,125	5,058,508	11,990,045	42.19%
Colorado	615,352	616,766	619,491	621,630	622,329	622,464	1,356,251	45.90%
Connecticut	300,855	303,564	304,473	306,895	306,947	306,934	771,512	39.78%
Delaware	105,651	106,992	108,306	102,741	102,787	103,185	235,967	43.73%
District of Columbia	-	-	-	-	-	-	264,415	-
Florida	2,412,144	2,425,220	2,426,661	2,425,669	2,429,872	2,435,202	3,605,848	67.53%
Georgia	1,254,494	1,257,799	1,260,367	1,263,285	1,258,561	1,239,593	1,758,172	70.50%
Hawaii	145,223	145,737	144,026	144,561	144,544	144,710	340,804	42.46%
Idaho	208,491	209,573	210,905	211,642	211,755	212,159	288,426	73.56%
Illinois	1,473,411	1,471,678	1,473,568	1,465,478	1,464,251	1,445,701	3,088,448	46.81%
Indiana	772,006	778,009	782,990	780,839	777,897	764,636	1,470,010	52.02%
Iowa	295,156	298,136	303,590	300,517	301,411	301,153	618,152	48.72%
Kansas	281,829	282,415	288,023	292,445	295,328	299,333	420,386	71.20%
Kentucky	542,026	543,906	541,465	553,840	553,947	560,376	1,225,842	45.71%
Louisiana^	772,337	771,147	768,945	762,091	758,863	758,463	1,052,682	72.05%
Maine	117,657	116,061	117,524	117,121	116,411	114,856	272,568	42.14%
Maryland	561,385	566,359	574,432	576,522	579,993	579,179	1,220,022	47.47%
Massachusetts	657,542	659,816	652,995	656,753	664,351	656,756	1,650,379	39.79%
Michigan	981,323	980,178	980,866	981,248	978,169	963,924	2,287,087	42.15%
Minnesota	520,729	507,433	510,198	513,030	515,162	506,495	1,027,909	49.27%
Mississippi	476,078	477,551	478,201	477,961	476,884	471,643	692,191	68.14%
Missouri	611,852	616,610	611,810	618,132	620,323	620,557	964,598	64.33%
Montana	113,423	117,054	117,629	118,086	118,710	117,957	236,952	49.78%
Nebraska	159,075	159,459	160,516	160,532	160,128	156,431	235,237	66.50%
Nevada	288,047	290,383	290,282	290,861	292,025	292,404	608,960	48.02%
New Hampshire	96,499	96,281	96,155	95,863	95,470	94,145	186,897	50.37%
New Jersey	837,199	840,688	841,958	843,031	845,968	834,587	1,753,028	47.61%
New Mexico	-	-	-	-	-	355,611	757,248	46.96%
New York	2,431,933	2,437,584	2,444,592	2,447,833	2,457,391	2,446,140	6,395,894	38.25%
North Carolina	1,386,915	1,401,875	1,406,941	1,410,923	1,416,126	1,377,318	1,989,044	69.25%
North Dakota	41,852	39,667	38,425	39,713	41,883	42,005	89,914	46.72%
Ohio	1,234,760	1,262,049	1,266,425	1,262,703	1,248,479	1,247,586	2,953,216	42.24%
Oklahoma	508,695	507,633	503,660	502,680	501,349	505,667	780,782	64.76%
Oregon	429,580	434,938	440,202	426,368	426,103	416,329	1,035,319	40.21%
Pennsylvania	1,347,634	1,352,454	1,363,699	1,362,517	1,366,499	1,360,114	2,832,353	48.02%
Rhode Island	112,521	113,061	113,500	113,692	113,891	113,997	284,267	40.10%
South Carolina	620,264	626,398	630,961	635,881	617,824	623,178	981,455	63.50%
South Dakota	81,239	81,610	81,649	81,668	81,865	81,971	119,350	68.68%
Tennessee	-	-	-	-	-	-	1,623,164	-
Texas	3,489,666	3,496,767	3,496,330	3,478,334	3,484,991	3,465,620	4,704,441	73.67%
Utah	221,332	222,301	223,372	222,698	222,188	217,701	308,222	70.63%
Vermont	68,159	68,549	68,653	68,871	67,628	66,318	184,204	36.00%
Virginia	654,793	658,691	660,638	659,612	659,649	648,441	968,666	66.94%
Washington	827,256	828,168	829,139	828,309	828,273	826,063	1,776,851	46.49%
West Virginia	210,088	210,450	212,835	225,731	214,001	227,083	573,178	39.62%
Wisconsin	491,186	493,110	495,267	493,692	494,362	493,726	1,047,259	47.14%
Wyoming	40,801	40,463	40,371	40,404	40,384	40,420	64,048	63.11%
Total For All States	29,925,335	35,255,803	35,193,768	35,299,501	35,271,890	35,316,815	72,675,726	51.11%
Number of States Reporting	46	47	47	47	47	48	51	48

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

For general notes on enrollment data, see Table 1: Medicaid and CHIP: May and June 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 June 2016 child enrollment data and June 2016 Total Medicaid and CHIP enrollment data .

New York	(I) - (VII)	Includes estimated retroactive enrollment.
West Virginia	(I) - (III)	Excludes foster care children.

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

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, June 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, June 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, June 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, May 2016 (Preliminary) (IV)	% Change May to June 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, June 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, June 2016 (Preliminary) (VII)	Total New Determinations, June 2016 (Preliminary) (VIII)
Alaska	FFM	2,956	N/A	2,956	3,025	-2.28%	3,999	-	3,999
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	-	N/A	-	16,620	-	-	-	-
California	SBM	68,283	-	68,283	64,440	5.96%	48,740	3,013	51,753
Colorado	SBM	18,061	2,339	20,400	20,745	-1.66%	18,256	267	18,523
Connecticut	SBM	11,494	4,751	16,245	16,548	-1.83%	14,102	118	14,220
Delaware	Partnership	2,877	N/A	2,877	2,773	3.75%	530	18	548
District of Columbia	SBM	6,204	-	6,204	5,675	9.32%	6,849	-	6,849
Hawaii	SBM **	3,994	-	3,994	3,607	10.73%	6,530	243	6,773
Illinois	Partnership	73,449	N/A	73,449	68,713	6.89%	50,563	14,520	65,083
Indiana	FFM	82,335	N/A	82,335	80,587	2.17%	35,748	2,549	38,297
Iowa	Partnership	19,444	N/A	19,444	5,940	227.34%	2,588	-	2,588
Kentucky	SBM	12	14,202	14,214	14,235	-0.15%	80,025	2,893	82,918
Louisiana ^A	FFM	49,705	N/A	49,705	21,584	130.29%	43,869	2,198	46,067
Maryland	SBM	7,181	77,729	84,910	93,101	-8.80%	30,787	3,572	34,359
Massachusetts	SBM	13,339	9,406	22,745	23,358	-2.62%	-	-	-
Michigan	Partnership	63,125	N/A	63,125	60,151	4.94%	69,130	-	69,130
Minnesota	SBM	6,152	17,141	23,293	22,833	2.01%	19,250	51	19,301
Montana	Plan Management	4,242	N/A	4,242	3,964	7.01%	5,562	338	5,900
Nevada	SBM **	18,976	-	18,976	18,136	4.63%	12,378	47	12,425
New Hampshire	Partnership	7,778	N/A	7,778	7,481	3.97%	4,963	442	5,405
New Jersey	FFM	35,978	N/A	35,978	31,660	13.64%	15,300	6,722	22,022
New Mexico	SBM **	8,716	N/A	8,716	8,119	7.35%	-	-	-
New York	SBM	-	520,822	520,822	516,933	0.75%	115,989	8,491	124,480
North Dakota	FFM	1,872	N/A	1,872	1,670	12.10%	3,087	87	3,174
Ohio	Plan Management	140,746	N/A	140,746	141,357	-0.43%	266,731	-	266,731
Oregon	SBM **	27,824	-	27,824	29,958	-7.12%	30,305	2,446	32,751
Pennsylvania	FFM	129,179	N/A	129,179	143,406	-9.92%	45,380	8,217	53,597
Rhode Island	SBM	-	2,603	2,603	2,648	-1.70%	19,012	2,858	21,870
Vermont	SBM	3,711	3,355	7,066	7,125	-0.83%	3,674	21	3,695
Washington	SBM	19,261	53,899	73,160	69,403	5.41%	38,197	907	39,104
West Virginia	Partnership	21,645	N/A	21,645	19,856	9.01%	10,453	469	10,922
Subtotal for All States Expanding Medicaid		848,539	706,247	1,554,786	1,525,651	3.03%	1,001,997	60,487	1,062,484
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month		798,834	706,247	1,505,081	1,504,067	1.19%	958,128	58,289	1,016,417
Subtotal for States Expanding Medicaid that Reported in May and June 2016				1,554,786	1,509,031	Difference May to June 2016 45,755			

^A=Louisiana's effective date for implementing the expansion is July 1, 2016. LA is not included in the "Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month."

**= 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 May and June 2016 Applications data (subtotals exclude AR, AZ).

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: June 2016 Monthly Applications and Eligibility Determinations

Alaska	(I), (III), (IV)	Includes renewals converting to MAGI methodology.
Alaska	(VI), (VIII)	Includes CHIP.
California	(I),(IV)	Reflects primarily newly-determined and likely eligible Medicaid applicants, 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 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)	Includes SBM data.
District of Columbia	(III), (IV)	Includes renewals.
District of Columbia	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Hawaii	(I)	Number includes all applications for insurance affordability programs.
Iowa	(IV)	Does not include all applications received.
Iowa	(VI)	Does not include MAGI determinations.
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 6/1 - 6/30.
Michigan	(VI)	Does not include MAGI determinations.
Michigan	(VI)	Includes renewals.
Minnesota	(IV)	Corrected.
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.
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: June 2016 Monthly Applications and Eligibility Determinations

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, June 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, June 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, June 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, May 2016 (Preliminary) (IV)	% Change May to June 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, June 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, June 2016 (Preliminary) (VII)	Total New Determinations, June 2016 (Preliminary) (VIII)
Alabama	FFM	15,347	N/A	15,347	15,466	-0.77%	23,891	2,649	26,540
Florida	FFM	314,796	N/A	314,796	289,600	8.70%	161,342	16,123	177,465
Georgia	FFM	78,928	N/A	78,928	73,538	7.33%	40,812	2,276	43,088
Idaho	SBM	7,713	-	7,713	7,392	4.34%	5,202	253	5,455
Kansas	Plan Management	-	N/A	-	-	-	-	-	-
Maine	Plan Management	1,674	N/A	1,674	1,669	0.30%	10,278	290	10,568
Mississippi	FFM/SBM-SHOP	17,165	N/A	17,165	16,176	6.11%	10,565	312	10,877
Missouri	FFM	19,569	N/A	19,569	17,673	10.73%	8,844	-	8,844
Nebraska	Plan Management	6,565	N/A	6,565	6,483	1.26%	6,598	692	7,290
North Carolina	FFM	23,474	N/A	23,474	21,308	10.17%	44,378	4,686	49,064
Oklahoma	FFM	40,778	N/A	40,778	40,485	0.72%	34,280	4,914	39,194
South Carolina	FFM	22,588	N/A	22,588	18,407	22.71%	6,083	125	6,208
South Dakota	Plan Management	2,545	N/A	2,545	2,446	4.05%	1,554	-	1,554
Tennessee	FFM	478	N/A	478	522	-8.43%	-	342	342
Texas	FFM	108,686	N/A	108,686	107,997	0.64%	102,928	16,059	118,987
Utah	FFM/SBM-SHOP	21,129	N/A	21,129	20,876	1.21%	46,693	-	46,693
Virginia	Plan Management	24,643	N/A	24,643	26,023	-5.30%	16,101	690	16,791
Wisconsin	FFM	23,520	N/A	23,520	22,379	5.10%	17,220	1,522	18,742
Wyoming	FFM	1,515	N/A	1,515	1,442	5.06%	758	74	832
Subtotal for All States Not Expanding Medicaid		731,113	-	731,113	689,882	5.99%	537,527	51,007	588,534
Subtotal for States Not Expanding Medicaid that Reported in May and June 2016				731,113	689,882	Difference May to June 2016 41,231			
Total Across All States		1,579,652	706,247	2,285,899	2,215,533	3.96%	1,539,524	111,494	1,651,018
Total for States that Reported in May and June 2016				2,285,899	2,198,913	Difference May to June 2016 86,986			

Table 3: Medicaid and CHIP: June 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 May and June 2016 Applications data (subtotals exclude KS; totals exclude AR, AZ, KS).

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

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.

Florida	(I), (III), (IV)	Includes account transfers from the FFM assessed for CHIP.
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), (IV)	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: May and June 2016 Preliminary Monthly Enrollment

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

Total Medicaid and CHIP Enrollment, June 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 June 2016 data was submitted in July and is considered preliminary.²⁸ The May 2016 data in this table was submitted in June and is also preliminary. May data that was updated in July (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 May 2016 to June 2016 (III)

The percentage change in **Total Medicaid and CHIP Enrollment, June 2016 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, May 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 June 2016 data, which makes change between the baseline data and the June preliminary data look smaller than it would be if retroactive

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

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

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

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

Medicaid Child and CHIP Enrollment, January - May 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.

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, June 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 June 2016 data was submitted in July and is considered preliminary.³²

Total Medicaid and CHIP Enrollment, June 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 June 2016 data was submitted in July and is considered preliminary.³³ This data is the same as the data reported in column (II) in Table 1: Medicaid and CHIP: May 2016 and June 2016 Preliminary Monthly Enrollment.

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

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

³¹ See footnote 30.

³² See footnote 28.

³³ See footnote 28.

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

Application Data Elements

New Applications Submitted to Medicaid and CHIP Agencies, June 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 June 2016 data was submitted in July and is considered preliminary.³⁶

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

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

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

For states with an SBM, the data reflects the total of **Applications Submitted to Medicaid and CHIP Agencies, June 2016 (Preliminary)** plus **Applications for Financial Assistance Submitted to the State-Based Marketplace, June 2016 (Preliminary)**. For FFM states, the data reflects **Applications Submitted to Medicaid and CHIP Agencies, June 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 June 2016 data was submitted in July and is considered preliminary. The May 2016 data in this table was submitted in June and is also preliminary. May data that was updated in July (which may include additional individuals who applied in May, 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 May 2016 to June 2016 (V)

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

Eligibility Determination Data Elements

Individuals Determined Eligible for Medicaid at Application, June 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 modified adjusted gross income (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 June 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, June 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 June 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, June 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.