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## **Medicaid & CHIP: January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report**

*April 13, 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 January 2016. This report measures eligibility and enrollment activity for the entire Medicaid and CHIP programs in all states<sup>1</sup>, 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.<sup>2</sup> 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.<sup>3</sup>

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

- 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

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<sup>1</sup> For purposes of this report, the term “states” include the 50 states and the District of Columbia.

<sup>2</sup> As of January 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.

<sup>3</sup> 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.

<sup>4</sup> 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).

## Medicaid & CHIP

### January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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

As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the January 2016 data presented in this report should be considered preliminary. We have published updated data for December 2015 applications, eligibility determinations and enrollment on [Medicaid.gov](http://Medicaid.gov), which includes a more complete data set than the previously reported preliminary December 2015 data.

#### **Medicaid and CHIP January 2016 Enrollment Data Highlights**

<b>Total Individuals Enrolled in Medicaid and CHIP in January 2016 in All States Reporting January Data (includes all individuals enrolled in the program on the last day of the reporting period).<sup>5</sup></b>	72,395,517 <sup>6</sup>
<b>Additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both January 2016 enrollment data and data from July-September of 2013</b>	14,968,737

- Nearly 72.4 million individuals were enrolled in Medicaid and CHIP in January 2016.<sup>7</sup> 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.

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<sup>5</sup> 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.

<sup>6</sup> 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 January 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. Also, this figure is not comparable to the figure included in last month's report (nearly 72 million). California updated its reporting methodology in January 2016 to more closely align with CMS's data specifications, which resulted in an upward adjustment to its total enrollment by nearly 500,000. The state subsequently revised its July-September 2013 and November-December 2015 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.

<sup>7</sup> See footnote 5 and 6.

## Medicaid & CHIP

### January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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- 121,958 additional people were enrolled in January 2016 as compared to December 2015 in the 51 states that reported comparable December 2015 and January 2016 data.<sup>8</sup>
- Looking at the additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both January 2016 enrollment data and data from July-September of 2013, nearly 15 million additional individuals are enrolled in Medicaid and CHIP as of January 2016, an over 26.5 percent increase over the average monthly enrollment for July through September of 2013.<sup>9</sup> (Connecticut and Maine are not included in this count.)<sup>10</sup>
- Among states that had implemented the Medicaid expansion and were covering newly eligible adults in January 2016, Medicaid and CHIP enrollment rose by over 35.5 percent compared to the July-September 2013 baseline period, while states that have not, to date, expanded Medicaid reported an increase of nearly 10.4 percent over the same period.<sup>11</sup>
- 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.<sup>12</sup> Seven states implemented an “early option” to expand Medicaid coverage to adults

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<sup>8</sup> See the notes in Table 1 for state-specific caveats regarding the reported data.

<sup>9</sup> The net change in enrollment is based on data from the 49 states reporting both January 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 January of nearly 71.4 million individuals, and July-September 2013 average enrollment of approximately 56.4 million. For January 2016, we are reporting growth of 14,968,737 compared to July-September 2013. This figure is not comparable to the 14,478,342 in net enrollment growth that was included in the *Medicaid and CHIP: December 2015 Applications, Eligibility Determinations, and Enrollment Report* because California updated its reporting methodology in January 2016 to more closely align with CMS's data specifications. The state subsequently revised its total enrollment counts to reflect this updated methodology and ensure comparability across months. Also, the July-September 2013 data may contain individuals with retroactive Medicaid coverage, and the January 2016 data included in this report is preliminary (see footnote 6), the difference reported here between January 2016 and July-September 2013 period is likely understated.

<sup>10</sup> Connecticut and Maine did not submit enrollment data for the July-September 2013 baseline period.

<sup>11</sup> Percentage calculations are based only on states reporting in both January 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, New York enrollment decreased due to the state transitioning approximately 140,000 individuals from Medicaid to the Basic Health Program (more information about the Basic Health Program is available here: <http://www.medicaid.gov/basic-health-program/basichealth-program.html>).

<sup>12</sup> 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](http://www.cms.gov/mmrr/Downloads/MMRR2013_003_04_a02.pdf)).

**Medicaid & CHIP  
January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report**

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

As with previous reports, multiple factors contribute to the change in enrollment between January 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 January and whose application will be fully processed after January 31<sup>st</sup>; 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 January 2016, applied for Medicaid in a later month, and qualify for retroactive Medicaid coverage in January 2016.<sup>14</sup> Updated enrollment data for past months, which is updated one month after the close of the reporting period, is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://Medicaid.gov).<sup>15</sup>

**Child Enrollment**

<b>Total Medicaid child and CHIP enrollment in the 46 states reporting in January 2016<sup>16</sup></b>	29,638,758 <sup>17</sup>
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<sup>13</sup> 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 \(May 1, 2014\)](#).

<sup>14</sup> See footnote 6 for additional information on retroactive eligibility.

<sup>15</sup> 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.

<sup>16</sup> 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, California, the District of Columbia, New Mexico, and Tennessee did not submit child enrollment data for January 2016.

<sup>17</sup> See the notes in table 2 for state-specific caveats.

## Medicaid & CHIP January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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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 August 2015 and January 2016.<sup>18</sup> This data appears in Table 2.<sup>19</sup>

- In the 46 states that reported relevant data for the month of January, over 29.6 million individuals are enrolled in CHIP or are children enrolled in the Medicaid program.
- In the 46 states that reported both January 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 slightly more than 53 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.<sup>20</sup>

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<sup>18</sup> In table 2, the reported January 2016 child enrollment figure appears to be lower than the prior month's total enrollment figure because 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 January 2016 data included in this report is collected in the month after the reporting period and includes very few (if any) children enrolled retroactively, and thus is lower. An updated January figure that includes more retroactively enrolled individuals will be included in the next report in this series.

<sup>19</sup> Children are included in the total number of individuals enrolled in Medicaid and CHIP in January 2016, as reported on page 2 and in Table 1. Total enrollment data for January 2014 through December 2015 is available on Medicaid.gov.

<sup>20</sup> 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 5<sup>th</sup> Anniversary of CHIPRA*, February 4, 2014, [http://aspe.hhs.gov/health/reports/2014/CHIPRA\\_5thAnniversary/ib\\_CHIPRA5thanniversary.pdf](http://aspe.hhs.gov/health/reports/2014/CHIPRA_5thAnniversary/ib_CHIPRA5thanniversary.pdf)

**Medicaid & CHIP  
January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report**

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**Medicaid and CHIP January 2016 Application and Eligibility Data Highlights**

	<b>January 2016 Monthly in All States Reporting</b>
<b><i>Applications</i></b>	
<b>Applications for Financial Assistance Initially Received by State Medicaid and CHIP Agencies</b> (note that more than one individual may be included on an application and some states have included renewals and account transfers from the FFM)	1,792,111 <sup>21</sup>
<b>Applications for Financial Assistance Initially Received by State-Based Marketplaces</b> (note that more than one individual may be included on an application)	1,377,344 <sup>22</sup>
<b><i>Eligibility Determinations</i></b>	
<b>Individuals Determined Eligible for Medicaid and CHIP by State Agencies at Application</b> (includes those newly eligible under the Affordable Care Act and those eligible under prior law)	1,907,864 <sup>23</sup>

During the month of January 2016, nearly 3.2 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including approximately 1.8 million received directly by state Medicaid and CHIP agencies and nearly 1.4 million received by SBMs).<sup>24</sup> 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 January 2016 as compared to the prior month (December 2015). 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), including applications received by the FFM during the Marketplace open enrollment period that began on November 15th.<sup>25</sup>

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<sup>21</sup> 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.

<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> The following states have included renewals in their January 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 January 2016 application data.

<sup>25</sup> See footnote 21.

## Medicaid & CHIP January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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States reported making nearly 2 million eligibility determinations for Medicaid and CHIP in January 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.<sup>26</sup> 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.<sup>27</sup>

See the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://Medicaid.gov) for preliminary and updated data on applications and determinations for October 2013 through December 2015.

### **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 January 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 January 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 January 1 – 31, 2016.

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<sup>26</sup> The states that have included renewals in their January 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.

<sup>27</sup> 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 January 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: December 2015 and January 2016 Preliminary Monthly Enrollment

		Enrollment					
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, December 2015 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (II)	% Change December 2015 to January 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to January 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to January 2016 (Columns (IV) and (II)) (VI)
Alaska	FFM	131,334	135,967	3.53%	122,334	13,633	11.14%
Arizona	FFM	1,681,587	1,670,422	-0.66%	1,201,770	468,652	39.00%
Arkansas	Partnership	839,277	850,426	1.33%	556,851	293,575	52.72%
California	SBM	12,166,109	12,259,866	0.77%	7,755,381	4,504,485	58.08%
Colorado	SBM	1,315,144	1,324,193	0.69%	783,420	540,773	69.03%
Connecticut	SBM	746,047	756,725	1.43%	-	-	-
Delaware	Partnership	241,704	243,750	0.85%	223,324	20,426	9.15%
District of Columbia	SBM	263,296	265,548	0.86%	235,786	29,762	12.62%
Hawaii	SBM **	338,656	340,949	0.68%	288,357	52,592	18.24%
Illinois	Partnership	3,083,179	3,103,597	0.66%	2,626,943	476,654	18.14%
Indiana	FFM	1,427,492	1,443,494	1.12%	1,120,674	322,820	28.81%
Iowa	Partnership	608,837	605,467	-0.55%	493,515	111,952	22.68%
Kentucky	SBM	1,179,314	1,182,852	0.30%	606,805	576,047	94.93%
Maryland	SBM	1,139,441	1,159,510	1.76%	856,297	303,213	35.41%
Massachusetts	SBM	1,668,206	1,662,800	-0.32%	1,296,359	366,441	28.27%
Michigan	Partnership	2,281,977	2,339,419	2.52%	1,912,009	427,410	22.35%
Minnesota	SBM	1,047,832	1,068,706	1.99%	873,040	195,666	22.41%
Montana^	Plan Management	182,132	208,754	14.62%	148,974	59,780	40.13%
Nevada	SBM **	596,516	600,854	0.73%	332,560	268,294	80.68%
New Hampshire	Partnership	185,958	186,603	0.35%	127,082	59,521	46.84%
New Jersey	FFM	1,710,928	1,703,107	-0.46%	1,283,851	419,256	32.66%
New Mexico	SBM **	738,231	737,850	-0.05%	457,678	280,172	61.22%
New York	SBM	6,598,700	6,431,583	-2.53%	5,678,417	753,166	13.26%
North Dakota	FFM	89,240	89,639	0.45%	69,980	19,659	28.09%
Ohio	Plan Management	2,932,001	2,907,193	-0.85%	2,341,481	565,712	24.16%
Oregon	SBM **	1,033,518	1,040,426	0.67%	626,356	414,070	66.11%
Pennsylvania	FFM	2,744,031	2,754,296	0.37%	2,386,046	368,250	15.43%
Rhode Island	SBM	279,321	278,062	-0.45%	190,833	87,229	45.71%
Vermont	SBM	190,398	190,532	0.07%	161,081	29,451	18.28%
Washington	SBM	1,773,000	1,771,605	-0.08%	1,117,576	654,029	58.52%
West Virginia	Partnership	548,380	548,197	-0.03%	354,544	193,653	54.62%
<b>Subtotal for All States Expanding Medicaid</b>		<b>49,761,786</b>	<b>49,862,392</b>	<b>0.20%</b>	<b>36,229,324</b>	<b>12,876,343</b>	<b>35.54%</b>
<b>Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month</b>		<b>49,761,786</b>	<b>49,862,392</b>	<b>0.20%</b>	<b>36,229,324</b>	<b>12,876,343</b>	<b>35.54%</b>
<b>Subtotal for States Expanding Medicaid that Reported in December 2015 and January 2016</b>		<b>49,761,786</b>	<b>49,862,392</b>	<b>Difference December 2015 to January 2016 100,606</b>			
<b>Subtotal for States Expanding Medicaid that Reported in January 2016 and July-Sept. 2013</b>			<b>49,105,667</b>		<b>36,229,324</b>	<b>Difference July-Sept 2013 to January 2016 12,876,343</b>	



Table 1: Medicaid and CHIP: December 2015 and January 2016 Preliminary Monthly Enrollment

^=Montana's effective date for implementing the expansion is January 1, 2016.

\*\*= 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 FFM's.

Column III is calculated for only those states that reported both December 2015 and January 2016 data.

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

The subtotals for states reporting data from both January 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.
California	(I), (II), (IV)	Includes updates to reporting methodology to remove limited benefit populations.
District of Columbia	(I), (II), (IV)	Includes limited benefit dual eligible individuals and individuals enrolled in the locally funded DC Health Alliance.
Illinois	(IV)	Includes individuals who received retroactive coverage (unlike columns (I) and (II)).
Indiana	(I), (II), (IV)	Includes partial benefit dual eligible individuals.
Michigan	(II)	May include some retroactive enrollment.
Minnesota	(IV)	May include duplicates (unlike columns (I) and (II)).
New Jersey	(I), (II), (IV)	Includes individuals eligible at any point in the month.
New York	(I), (II)	Includes estimated retroactive enrollment.
New York	(II)	Approximately 140,000 individuals were transitioned into New York's Basic Health Plan on 1/1/2016.
North Dakota	(IV)	Data is from July 2013 only.
Oregon	(IV)	Includes emergency Medicaid population.

Table 1: Medicaid and CHIP: December 2015 and January 2016 Preliminary Monthly Enrollment

		Enrollment					
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, December 2015 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (II)	% Change December 2015 to January 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to January 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to January 2016 (Columns (IV) and (II)) (VI)
Alabama	FFM	881,836	885,444	0.41%	799,176	86,268	10.79%
Florida	FFM	3,576,023	3,576,943	0.03%	3,104,996	471,947	15.20%
Georgia	FFM	1,749,136	1,750,551	0.08%	1,535,090	215,461	14.04%
Idaho	SBM	281,309	280,753	-0.20%	238,150	42,603	17.89%
Kansas	Plan Management	402,055	398,272	-0.94%	378,160	20,112	5.32%
Louisiana	FFM	1,077,109	1,074,896	-0.21%	1,019,787	55,109	5.40%
Maine	Plan Management	279,000	277,578	-0.51%	-	-	-
Mississippi	FFM/SBM-SHOP	691,293	698,977	1.11%	637,229	61,748	9.69%
Missouri	FFM	948,576	951,734	0.33%	846,084	105,650	12.49%
Nebraska	Plan Management	231,596	231,355	-0.10%	244,600	-13,245	-5.41%
North Carolina	FFM	1,941,561	1,941,209	-0.02%	1,595,952	345,257	21.63%
Oklahoma	FFM	781,927	789,536	0.97%	790,051	-515	-0.07%
South Carolina	FFM	936,141	939,344	0.34%	889,744	49,600	5.57%
South Dakota	Plan Management	118,295	118,568	0.23%	115,501	3,067	2.66%
Tennessee	FFM	1,561,146	1,571,644	0.67%	1,244,516	327,128	26.29%
Texas	FFM	4,685,926	4,679,156	-0.14%	4,441,605	237,551	5.35%
Utah	FFM/SBM-SHOP	303,990	303,684	-0.10%	294,029	9,655	3.28%
Virginia	Plan Management	955,868	953,599	-0.24%	935,434	18,165	1.94%
Wisconsin	FFM	1,044,478	1,045,752	0.12%	985,531	60,221	6.11%
Wyoming	FFM	64,508	64,130	-0.59%	67,518	-3,388	-5.02%
<b>Subtotal for All States Not Expanding Medicaid</b>		<b>22,511,773</b>	<b>22,533,125</b>	<b>0.09%</b>	<b>20,163,153</b>	<b>2,092,394</b>	<b>10.38%</b>
<b>Subtotal for States Not Expanding Medicaid that Reported in December 2015 and January 2016</b>		<b>22,511,773</b>	<b>22,533,125</b>	<b>Difference December 2015 to January 2016 21,352</b>			
<b>Subtotal for States Not Expanding Medicaid that Reported in January 2016 and July-Sept. 2013</b>			<b>22,255,547</b>		<b>20,163,153</b>	<b>Difference July-Sept 2013 to January 2016 2,092,394</b>	

Table 1: Medicaid and CHIP: December 2015 and January 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 December 2015 and January 2016 data.

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

The subtotals for states reporting data from both January 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: December 2015 and January 2016 Preliminary Monthly Enrollment

		Total Enrollment					
All States		Total Medicaid and CHIP Enrollment, December 2015 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (II)	% Change December to January 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to January 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to January 2016 (Columns (IV) and (II)) (VI)
<b>Total Across All States</b>		<b>72,273,559</b>	<b>72,395,517</b>	<b>0.17%</b>	<b>56,392,477</b>	<b>14,968,737</b>	<b>26.54%</b>
<b>Total for States that Reported in December 2015 and January 2016</b>		<b>72,273,559</b>	<b>72,395,517</b>	<b>Difference December to January 2016 121,958</b>			
<b>Total for States that Reported in January 2016 and July-Sept. 2013</b>			<b>71,361,214</b>		<b>56,392,477</b>	<b>Difference July-Sept 2013 to January 2016 14,968,737</b>	

Column III is calculated for only those states that reported both December 2015 and January 2016 data.

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

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

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

Enrollment								
State	Medicaid and CHIP Child Enrollment						Total Medicaid and CHIP Enrollment	Medicaid and CHIP Child Enrollment as a % of Total Enrollment (Columns (VI) and (VII))
	August, 2015 (I)	September, 2015 (II)	October, 2015 (III)	November, 2015 (IV)	December, 2015 (V)	January, 2016 (Preliminary) (VI)	January, 2016 (Preliminary) (VII)	January, 2016 (Preliminary) (VIII)
Alabama	633,982	633,005	626,816	631,772	630,702	628,224	885,444	70.95%
Alaska	72,947	72,778	72,032	70,815	72,472	71,215	135,967	52.38%
Arizona	-	-	-	-	-	-	1,670,422	-
Arkansas	421,997	443,260	432,242	423,393	413,086	417,029	850,426	49.04%
California	-	-	-	-	-	-	12,259,866	-
Colorado	601,432	603,965	605,620	607,574	612,030	612,504	1,324,193	46.25%
Connecticut	283,634	279,853	291,832	292,396	296,564	300,855	756,725	39.76%
Delaware	105,953	105,540	105,780	105,358	105,494	105,651	243,750	43.34%
District of Columbia	-	-	-	-	-	-	265,548	-
Florida	2,405,590	2,408,626	2,407,910	2,406,679	2,408,021	2,412,144	3,576,943	67.44%
Georgia	1,252,127	1,246,408	1,241,366	1,246,393	1,248,989	1,226,474	1,750,551	70.06%
Hawaii	144,842	145,126	142,127	144,087	145,018	144,966	340,949	42.52%
Idaho	206,424	207,367	207,374	207,790	208,519	207,517	280,753	73.91%
Illinois	1,485,437	1,485,641	1,483,364	1,478,108	1,473,489	1,460,134	3,103,597	47.05%
Indiana	777,521	781,031	773,437	770,467	772,237	759,641	1,443,494	52.63%
Iowa	295,354	295,057	297,398	298,403	297,119	295,156	605,467	48.75%
Kansas	285,662	283,678	286,863	288,396	286,783	281,829	398,272	70.76%
Kentucky	530,870	535,515	537,869	541,852	541,958	542,026	1,182,852	45.82%
Louisiana	777,848	779,248	779,133	775,066	773,282	772,337	1,074,896	71.85%
Maine	118,258	118,219	119,165	117,871	117,445	116,756	277,578	42.06%
Maryland	570,142	561,376	571,419	558,993	557,853	553,434	1,159,510	47.73%
Massachusetts	665,344	670,614	678,135	651,785	655,220	648,546	1,662,800	39.00%
Michigan	1,002,210	993,127	981,526	979,347	969,945	981,323	2,339,419	41.95%
Minnesota	498,651	499,831	504,016	511,251	514,470	510,882	1,068,706	47.80%
Mississippi	481,177	479,336	476,709	475,637	471,932	475,493	698,977	68.03%
Missouri	587,908	588,581	595,679	599,414	607,821	611,852	951,734	64.29%
Montana <sup>A</sup>	110,693	111,308	111,795	112,037	113,700	113,423	208,754	54.33%
Nebraska	159,306	159,585	159,231	159,044	159,256	154,550	231,355	66.80%
Nevada	278,843	281,779	284,873	285,502	286,878	288,048	600,854	47.94%
New Hampshire	95,076	95,416	95,141	95,576	96,072	94,739	186,603	50.77%
New Jersey	839,201	837,593	837,921	837,042	835,366	821,982	1,703,107	48.26%
New Mexico	-	-	-	-	-	-	737,850	-
New York	2,442,913	2,443,197	2,444,053	2,444,573	2,444,247	2,425,869	6,431,583	37.72%
North Carolina	1,360,402	1,362,924	1,362,143	1,369,727	1,374,805	1,336,350	1,941,209	68.84%
North Dakota	41,376	41,383	41,676	41,480	41,632	41,852	89,639	46.69%
Ohio	1,291,942	1,262,788	1,253,418	1,244,020	1,239,392	1,232,753	2,907,193	42.40%
Oklahoma	525,577	521,521	517,743	513,499	503,867	508,695	789,536	64.43%
Oregon	437,378	434,094	433,017	414,592	420,563	420,409	1,040,426	40.41%
Pennsylvania	1,333,359	1,338,424	1,340,944	1,340,154	1,346,833	1,337,345	2,754,296	48.55%
Rhode Island	112,331	110,968	111,206	111,495	112,156	111,861	278,062	40.23%
South Carolina	649,953	633,286	623,709	596,337	595,432	599,093	939,344	63.78%
South Dakota	80,593	80,698	80,722	80,714	80,990	81,239	118,568	68.52%
Tennessee	-	-	-	-	-	-	1,571,644	-
Texas	3,448,311	3,466,456	3,478,340	3,486,765	3,487,094	3,448,937	4,679,156	73.71%
Utah	218,609	218,606	218,270	218,032	219,185	214,246	303,684	70.55%
Vermont	68,018	68,327	68,527	68,583	68,902	67,739	190,532	35.55%
Virginia	661,979	661,808	659,350	657,493	641,398	638,712	953,599	66.98%
Washington	807,418	812,128	817,126	821,104	824,956	822,853	1,771,605	46.45%
West Virginia	210,902	210,428	209,673	209,222	208,829	210,088	548,197	38.32%
Wisconsin	491,699	491,047	491,307	490,424	490,360	491,186	1,045,752	46.97%
Wyoming	40,348	40,477	41,849	41,562	41,336	40,801	64,130	63.62%
<b>Total For All States</b>	<b>29,911,537</b>	<b>29,901,423</b>	<b>29,899,846</b>	<b>29,821,824</b>	<b>29,813,698</b>	<b>29,638,758</b>	<b>72,395,517</b>	<b>53.03%</b>
<b>Number of States Reporting</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>51</b>	<b>46</b>

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

For general notes on enrollment data, see Table 1: Medicaid and CHIP: December 2015 and January 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 January 2016 child enrollment data and January 2016 Total Medicaid and CHIP enrollment data .

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

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

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, January 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, January 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, January 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, December 2015 (Preliminary) (IV)	% Change December 2015 to January 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, January 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, January 2016 (Preliminary) (VII)	Total New Determinations, January 2016 (Preliminary) (VIII)
Alaska	FFM	3,879	N/A	3,879	4,101	-5.41%	5,001	-	5,001
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	21,297	N/A	21,297	20,206	5.40%	2,850	-	2,850
California	SBM	76,197	-	76,197	66,180	15.14%	279,255	-	279,255
Colorado	SBM	23,393	13,956	37,349	51,797	-27.89%	24,543	348	24,891
Connecticut	SBM	11,187	14,616	25,803	24,779	4.13%	19,841	410	20,251
Delaware	Partnership	2,303	N/A	2,303	2,490	-7.51%	477	28	505
District of Columbia	SBM	1,360	3,457	4,817	7,054	-31.71%	5,433	-	5,433
Hawaii	SBM **	4,377	-	4,377	4,218	3.77%	3,838	179	4,017
Illinois	Partnership	117,593	N/A	117,593	119,770	-1.82%	56,253	15,081	71,334
Indiana	FFM	92,583	N/A	92,583	88,260	4.90%	39,530	2,775	42,305
Iowa	Partnership	17,552	N/A	17,552	20,171	-12.98%	2,715	-	2,715
Kentucky	SBM	10,452	20,427	30,879	27,050	14.16%	22,793	1,218	24,011
Maryland	SBM	5,823	87,928	93,751	290,731	-67.75%	61,886	7,963	69,849
Massachusetts	SBM	17,077	17,048	34,125	32,215	5.93%	-	-	-
Michigan	Partnership	87,040	N/A	87,040	86,161	1.02%	87,802	-	87,802
Minnesota	SBM	5,485	41,935	47,420	53,109	-10.71%	25,504	48	25,552
Montana^	Plan Management	6,309	N/A	6,309	5,180	21.80%	8,203	603	8,806
Nevada	SBM **	23,857	-	23,857	23,411	1.91%	14,134	60	14,194
New Hampshire	Partnership	8,046	N/A	8,046	8,253	-2.51%	5,897	504	6,401
New Jersey	FFM	35,638	N/A	35,638	37,704	-5.48%	17,808	5,096	22,904
New Mexico	SBM **	10,684	N/A	10,684	10,787	-0.95%	-	-	-
New York	SBM	-	1,073,585	1,073,585	741,852	44.72%	143,244	14,039	157,283
North Dakota	FFM	-	N/A	-	-	-	6,466	232	6,698
Ohio	Plan Management	160,339	N/A	160,339	168,688	-4.95%	226,472	-	226,472
Oregon	SBM **	6,704	-	6,704	8,237	-18.61%	11,977	518	12,495
Pennsylvania	FFM	169,954	N/A	169,954	140,834	20.68%	45,727	7,204	52,931
Rhode Island	SBM	4,018	-	4,018	3,327	20.77%	21,522	3,404	24,926
Vermont	SBM	3,446	3,937	7,383	5,499	34.26%	2,749	33	2,782
Washington	SBM	21,753	100,455	122,208	148,606	-17.76%	52,878	-	52,878
West Virginia	Partnership	25,353	N/A	25,353	25,954	-2.32%	13,682	628	14,310
<b>Subtotal for All States Expanding Medicaid</b>		<b>973,699</b>	<b>1,377,344</b>	<b>2,351,043</b>	<b>2,226,624</b>	<b>5.59%</b>	<b>1,208,480</b>	<b>60,371</b>	<b>1,268,851</b>
<b>Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month</b>		<b>973,699</b>	<b>1,377,344</b>	<b>2,351,043</b>	<b>2,226,624</b>	<b>5.59%</b>	<b>1,208,480</b>	<b>60,371</b>	<b>1,268,851</b>
<b>Subtotal for States Expanding Medicaid that Reported in December 2015 and January 2016</b>				<b>2,351,043</b>	<b>2,226,624</b>	<b>Difference December 2015 to January 2016 124,419</b>			

^=Montana's effective date for implementing the expansion is January 1, 2016.

\*\*= 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 December 2015 and January 2016 Applications data (subtotals exclude AZ, ND).

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: January 2016 Monthly Applications and Eligibility Determinations

Alaska	(I), (III), (IV)	Includes renewals converting to <b>MAGI</b> methodology.
Alaska	(VI), (VIII)	<b>MAGI</b> determinations include <b>CHIP</b> .
Arkansas	(VI)	Includes <b>CHIP</b> .
Arkansas	(VI)	Does not include <b>MAGI</b> determinations.
California	(I)	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	(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	(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.
Colorado	(I)	State Medicaid agency hosts <b>SBM</b> portal; number includes all applications for insurance affordability programs.
Connecticut	(I), (III), (IV)	Data may include some duplication of applications between Medicaid and <b>CHIP</b> .
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	(VI)	Includes all determinations (e.g., renewals); includes <b>CHIP</b> .
District of Columbia	(III), (IV)	Includes renewals.
Hawaii	(I)	Number includes all applications for insurance affordability programs.
Iowa	(VI)	Includes non- <b>MAGI</b> 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 <b>SBM</b> data from 01/1 - 01/31.
Michigan	(VI)	Does not include <b>MAGI</b> determinations.
Michigan	(VI)	Includes renewals.
Minnesota	(VI)	Includes <b>CHIP</b> .
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 <b>CHIP</b> .
Ohio	(VI)	Includes <b>CHIP</b> .
Ohio	(VI), (VIII)	Includes renewals.
Oregon	(VI)	Count is of households, not individuals; includes <b>CHIP</b> .
Oregon	(VI), (VIII)	Includes <b>MAGI</b> populations only.
Pennsylvania	(I), (III), (IV)	Includes renewals.
Pennsylvania	(VI), (VIII)	Includes renewals.
Rhode Island	(VI), (VII)	Includes only determinations through new <b>MAGI</b> system.
Vermont	(VI)	Includes renewals.



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

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, January 2016 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, January 2016 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, January 2016 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, December 2015 (Preliminary) (IV)	% Change December 2015 to January 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, January 2016 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, January 2016 (Preliminary) (VII)	Total New Determinations, January 2016 (Preliminary) (VIII)
Alabama	FFM	19,373	N/A	19,373	17,800	8.84%	26,642	4,056	30,698
Florida	FFM	314,115	N/A	314,115	293,045	7.19%	162,719	16,003	178,722
Georgia	FFM	90,086	N/A	90,086	86,618	4.00%	42,121	1,069	43,190
Idaho	SBM	15,559	-	15,559	18,159	-14.32%	6,017	685	6,702
Kansas	Plan Management	-	N/A	-	-	-	-	-	-
Louisiana	FFM	29,343	N/A	29,343	24,973	17.50%	27,181	1,726	28,907
Maine	Plan Management	1,860	N/A	1,860	1,901	-2.16%	10,293	350	10,643
Mississippi	FFM/SBM-SHOP	20,045	N/A	20,045	19,178	4.52%	11,457	383	11,840
Missouri	FFM	21,867	N/A	21,867	23,018	-5.00%	9,545	-	9,545
Nebraska	Plan Management	7,704	N/A	7,704	7,008	9.93%	6,615	916	7,531
North Carolina	FFM	22,278	N/A	22,278	22,982	-3.06%	28,128	2,563	30,691
Oklahoma	FFM	51,126	N/A	51,126	45,414	12.58%	42,491	6,890	49,381
South Carolina	FFM	30,720	N/A	30,720	29,468	4.25%	5,330	110	5,440
South Dakota	Plan Management	2,890	N/A	2,890	3,030	-4.62%	1,519	-	1,519
Tennessee	FFM	392	N/A	392	1,424	-72.47%	-	179	179
Texas	FFM	113,987	N/A	113,987	91,242	24.93%	100,315	18,602	118,917
Utah	FFM/SBM-SHOP	25,498	N/A	25,498	26,490	-3.74%	61,560	-	61,560
Virginia	Plan Management	25,913	N/A	25,913	26,924	-3.76%	15,552	774	16,326
Wisconsin	FFM	23,831	N/A	23,831	21,189	12.47%	22,675	2,663	25,338
Wyoming	FFM	1,825	N/A	1,825	1,559	17.06%	1,614	270	1,884
<b>Subtotal for All States Not Expanding Medicaid</b>		<b>818,412</b>	<b>-</b>	<b>818,412</b>	<b>761,422</b>	<b>7.63%</b>	<b>581,774</b>	<b>57,239</b>	<b>639,013</b>
<b>Subtotal for States Not Expanding Medicaid that Reported in December 2015 and January 2016</b>				<b>818,412</b>	<b>761,422</b>	<b>Difference December 2015 to January 2016 56,990</b>			
<b>Total Across All States</b>		<b>1,792,111</b>	<b>1,377,344</b>	<b>3,169,455</b>	<b>2,988,046</b>	<b>6.11%</b>	<b>1,790,254</b>	<b>117,610</b>	<b>1,907,864</b>
<b>Total for States that Reported in December 2015 and January 2016</b>				<b>3,169,455</b>	<b>2,988,046</b>	<b>Difference December 2015 to January 2016 181,409</b>			

Table 3: Medicaid and CHIP: January 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 December 2015 and January 2016 Applications data (subtotals exclude KS; totals exclude AZ, KS, ND).

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

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

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

South Dakota	(I), (III), (IV)	Includes account transfers from the FFM.
South Dakota	(VI)	Includes CHIP.
Tennessee	(I), (III)	Includes only unborn CHIP children.
Tennessee	(IV)	Data are from CHIP agency only. Medicaid reporting capability in development.
Tennessee	(VII), (VIII)	Includes only unborn CHIP children.
Tennessee	(V)	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.

**APPENDIX A: Description of Data Elements in Tables**

**Table 1: Medicaid and CHIP: December 2015 and January 2016 Preliminary Monthly Enrollment**

**Total Medicaid and CHIP Enrollment, December 2015 (Preliminary) (I)**

**Total Medicaid and CHIP Enrollment, January 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 January 2016 data was submitted in February and is considered preliminary.<sup>28</sup> The December 2015 data in this table was submitted in January and is also preliminary. December data that was updated in February (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 December 2015 to January 2016 (III)**

The percentage change in **Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, December 2015 (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 January 2016 data, which makes change between the baseline data and the January preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September 2013 period.<sup>29</sup> Such exclusions were not possible.

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<sup>28</sup> 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.

<sup>29</sup> See footnote 28.

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

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

The percentage change in **Total Medicaid and CHIP Enrollment, January 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 December 2015 is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://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: January 2016 Preliminary Monthly Medicaid Child and CHIP Enrollment**

**Medicaid Child and CHIP Enrollment, August 2015 - December 2015 ((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.<sup>30</sup> 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, January 2016 (Preliminary) (VI)**

As of the last day of the calendar month—

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<sup>30</sup> 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.

## Medicaid & CHIP

### January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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- 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.<sup>31</sup> The January 2016 data was submitted in February and is considered preliminary.<sup>32</sup>

#### **Total Medicaid and CHIP Enrollment, January 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 January data was submitted in February 2016 and is considered preliminary.<sup>33</sup> This data is the same as the data reported in column (II) in Table 1: Medicaid and CHIP: December 2015 and January 2016 Preliminary Monthly Enrollment.

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

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

### **Table 3: Medicaid and CHIP: December 2015 Monthly Applications and Eligibility Determinations**

#### **Application Data Elements**

##### **New Applications Submitted to Medicaid and CHIP Agencies, January 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).<sup>34</sup> 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

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<sup>31</sup> See footnote 30.

<sup>32</sup> See footnote 28.

<sup>33</sup> See footnote 28.

<sup>34</sup> 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.

aspects of their programs or systems. See the state-specific notes in the table for further information about state limitations in this area.<sup>35</sup> The January 2016 data was submitted in February and is considered preliminary.<sup>36</sup>

**Applications for Financial Assistance Submitted to the State-Based Marketplace, January 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 January 2016 data was submitted in February and is considered preliminary.<sup>37</sup>

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

**Total Applications for Financial Assistance Submitted at the State Level, December 2015 (Preliminary) (IV)**

For states with an SBM, the data reflects the total of **Applications Submitted to Medicaid and CHIP Agencies, January 2016 (Preliminary)** plus **Applications for Financial Assistance Submitted to the State-Based Marketplace, January 2016 (Preliminary)**. For FFM states, the data reflects **Applications Submitted to Medicaid and CHIP Agencies, January 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 January 2016 data was submitted in February and is considered preliminary. The December 2015 data in this table was submitted in January 2016 and is also preliminary. December data that was updated in February (which may include additional individuals who applied in December, but who were not captured in the preliminary data) is posted separately on Medicaid.gov.

**Percentage Change December 2015 to January 2016 (V)**

The percentage change in **Total Applications for Financial Assistance Submitted at the State Level, January 2016 (Preliminary) (III)** as compared to **Total Preliminary Applications Submitted at the State Level, December 2015 (Preliminary) (IV)** is calculated for states that provided data for both periods.

**Eligibility Determination Data Elements**

**Individuals Determined Eligible for Medicaid at Application, January 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

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<sup>35</sup> 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.

<sup>36</sup> See footnote 28.

<sup>37</sup> See footnote 28.

strategy approved by CMS.<sup>38</sup> 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.<sup>39</sup> The unit of measurement is people with determinations completed; this is not an unduplicated number of unique individuals because an individual may have more than one determination within the reporting period., individuals are first determined based on MAGI, and if needed, may request a subsequent determination based on non-MAGI factors. A list of which eligibility groups are MAGI and which are non-MAGI is available on [Medicaid.gov](http://www.Medicaid.gov).

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

In states receiving account transfers from the FFM in January 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).

#### **Individuals Determined Eligible for CHIP at Application, January 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.

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<sup>38</sup> 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>.

<sup>39</sup> 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.

## Medicaid & CHIP

### January 2016 Monthly Applications, Eligibility Determinations and Enrollment Report

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In states receiving account transfers from the FFM in January 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](http://Medicaid.gov).

#### **Total New Determinations, January 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.