

Table 1B: Medicaid and CHIP: March 2017 Monthly Applications and Eligibility Determinations Updated May 2017

Performance Indicator Information:

The Medicaid and CHIP performance indicators were developed in consultation with states, and are intended to assist in monitoring the eligibility and enrollment processes for Medicaid and CHIP programs in all states. A common set of definitions were developed for consistency in reporting the Medicaid and CHIP performance indicators. More detailed information about the performance indicators, including these standardized definitions can be found in the Methodology: About the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Report at <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

The number of applications received by the Medicaid agency, a separate CHIP agency (if one exists in the state), or both during the reporting period (column (I)), includes applications received online, via mail, in person or phone. These figures do not include applications submitted to a State-Based Marketplace (SBM) or the Federally-Facilitated Marketplace (FFM). 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 are reported in column (II). Please note, 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).

Columns (VI) and (VII) include the total number of individuals determined eligible for Medicaid (under title XIX of the Social Security Act) (column (VI)) and CHIP (column (VII)) during the reporting period based on applications for coverage submitted to any state agency (Medicaid, CHIP or the SBM) or based on administrative determinations authorized under a targeted enrollment strategy approved by CMS. The unit of measurement is a count of individuals (as compared to the application numbers, which may include multiple people in one application). In states receiving account transfers from the FFM in the reporting period where the FFM makes an eligibility assessment (and the state then completes the Medicaid determination), these numbers include 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.

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 the data quality limitations sections below.

Data Context Notes:

- Because of reporting capability, some states included renewals, applications to SBMs, or transfers from the FFM in their Medicaid and CHIP agency application data. See the data quality limitation notes below for state-specific caveats.
- California did not report SBM application data in March and Tennessee only provided determination data from their CHIP program.

Table 1B: Medicaid and CHIP: March 2017 Monthly Applications and Eligibility Determinations Updated May 2017

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, March 2017 (Updated) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, March 2017 (Updated) (II)	Total Applications for Financial Assistance Submitted at State Level, March 2017 (Updated) (III)	Total Applications for Financial Assistance Submitted at State Level, February 2017 (Updated) (IV)	% Change February to March 2017 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, March 2017 (Updated) (VI)	Individuals Determined Eligible for CHIP at Application, March 2017 (Updated) (VII)	Total New Determinations, March 2017 (Updated) (VIII)
Alaska	FFM	3,809	N/A	3,809	3,289	15.81%	4,320	-	4,320
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	-	N/A	-	-	-	-	-	-
California	SBM	186,986	-	186,986	182,096	2.69%	212,990	18,452	231,442
Colorado	SBM	19,850	1,563	21,413	22,260	-3.81%	15,925	240	16,165
Connecticut	SBM	9,235	4,782	14,017	11,931	17.48%	12,921	124	13,045
Delaware	Partnership	-	N/A	-	-	-	-	-	-
District of Columbia	SBM	3,191	2,198	5,389	4,263	26.41%	6,071	-	6,071
Hawaii	SBM**	4,207	-	4,207	4,304	-2.25%	7,291	407	7,698
Illinois	Partnership	69,594	N/A	69,594	98,472	-29.33%	55,498	17,563	73,061
Indiana	FFM	86,778	N/A	86,778	91,141	-4.79%	42,655	3,197	45,852
Iowa	Partnership	16,635	N/A	16,635	14,950	11.27%	3,726	-	3,726
Kentucky	SBM	-	10,662	10,662	9,902	7.68%	-	-	-
Louisiana	FFM	26,733	N/A	26,733	23,608	13.24%	33,752	2,207	35,959
Maryland	SBM	7,836	75,129	82,965	74,758	10.98%	21,420	3,413	24,833
Massachusetts	SBM	20,437	6,010	26,447	26,427	0.08%	-	-	-
Michigan	Partnership	47,003	N/A	47,003	44,672	5.22%	46,781	1,402	48,183
Minnesota	SBM	6,951	29,884	36,835	38,361	-3.98%	34,224	75	34,299
Montana	Plan Management	4,270	N/A	4,270	3,733	14.39%	5,026	318	5,344
Nevada	SBM**	19,750	-	19,750	18,739	5.40%	12,796	54	12,850
New Hampshire	Partnership	9,480	N/A	9,480	8,062	17.59%	5,835	621	6,456
New Jersey	FFM	34,427	N/A	34,427	29,283	17.57%	13,872	4,137	18,009
New Mexico	SBM**	9,231	N/A	9,231	8,851	4.29%	12,365	4,749	17,114
New York	SBM	-	690,549	690,549	754,968	-8.53%	124,970	8,754	133,724
North Dakota	FFM	1,977	N/A	1,977	1,675	18.03%	2,489	53	2,542
Ohio	Plan Management	56,831	N/A	56,831	49,688	14.38%	53,239	3,273	56,512
Oregon	SBM**	14,457	-	14,457	13,863	4.28%	40,816	3,137	43,953
Pennsylvania	FFM	89,334	N/A	89,334	79,148	12.87%	54,594	9,894	64,488
Rhode Island	SBM	4,820	-	4,820	4,592	4.97%	3,387	362	3,749
Vermont	SBM	3,240	1,576	4,816	4,355	10.59%	4,355	101	4,456
Washington	SBM	19,696	66,422	86,118	76,090	13.18%	39,365	948	40,313
West Virginia	Partnership	24,268	N/A	24,268	22,646	7.16%	12,944	768	13,712
Subtotal for All States Expanding Medicaid		801,026	888,775	1,689,801	1,726,127	-2.10%	883,627	84,249	967,876
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month		801,026	888,775	1,689,801	1,726,127	-2.10%	883,627	84,249	967,876
Subtotal for States Expanding Medicaid that Reported in February and March 2017				1,689,801	1,726,127	Difference February to March 2017 -36,326			

Table 1B: Medicaid and CHIP: March 2017 Monthly Applications and Eligibility Determinations Updated May 2017

**= 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 report February and March 2017 Applications data (subtotals exclude AR, AZ, DE).

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

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

Alaska	(I), (III), (IV), (VI), (VII)	Includes renewals converting to MAGI methodology.
Alaska	(VI), (VIII)	Includes CHIP.
California	(I),(IV)	Reflects primarily newly-determined and likely eligible Medicaid applicants,
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
California	(VI), (VII), (VIII)	Does not include data from all consortia.
California	(VI)	Reflects primarily newly-determined and likely eligible Medicaid applicants
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
California	(VI), (VII), (VIII)	Does not include all eligibility determinations.
Connecticut	(I), (II), (III)	Only includes applications that have been entered into the Eligibility Management System; applications that were received during the month but are still waiting to be screened are excluded.
Connecticut	(I), (III)	May not include all Medicaid applications.
Connecticut	(I), (III), (IV)	Data may include some duplication of applications between Medicaid and CHIP.
Connecticut	(II)	Data may contain duplicate applications.
Connecticut	(II), (VI), (VII), (VIII)	May include some change in circumstance updates that are not new applications for coverage.
Connecticut	(VI), (VII), (VIII)	May not include all Medicaid determinations.
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.
Iowa	(VI)	Does not include MAGI determinations.
Iowa	(VI), (VII), (VIII)	Data are incomplete; does not include all determinations.
Iowa	(I), (III), (IV), (VI), (VII)	Includes renewals.
Iowa	(I), (III), (IV)	Includes SSI enrollees automatically enrolled in Medicaid without submitting an application.
Maryland	(VI), (VII), (VIII)	Count is of households, not individuals. Includes State Medicaid Agency data and SBM data from 03/1 - 03/31.
Maryland	(II), (III), (IV), (VI), (VII), (VIII)	Includes some renewals from the SBM.
Michigan	(VI)	Does not include MAGI determinations.
Michigan	(VI)	Includes renewals.
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 agency determinations are not included.
New York	(II), (III), (IV), (VI), (VII), (VIII)	Includes renewals.
Ohio	(I), (III), (IV)	Includes renewals.
Ohio	(VI)	Includes CHIP.
Ohio	(VI), (VIII)	Includes renewals.
Oregon	(VI)	Count is of households, not individuals.
Oregon	(I), (III), (IV) (VI), (VIII)	Includes MAGI populations only.
Pennsylvania	(I), (III), (IV)	Includes renewals.
Pennsylvania	(VI), (VIII)	Includes renewals.
Pennsylvania	(VI), (VII), (VIII)	Count is of households, not individuals.
Rhode Island	(I), (III), (IV), (VI), (VII)	Includes only applications received and determinations made through new MAGI system.
Vermont	(III), (IV)	Includes renewals.
Vermont	(VI)	Includes renewals.

Table 1B: Medicaid and CHIP: March 2017 Monthly Applications and Eligibility Determinations Updated May 2017

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, March 2017 (Updated) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, March 2017 (Updated) (II)	Total Applications for Financial Assistance Submitted at State Level, March 2017 (Updated) (III)	Total Applications for Financial Assistance Submitted at State Level, February 2017 (Updated) (IV)	% Change February to March 2017 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, March 2017 (Updated) (VI)	Individuals Determined Eligible for CHIP at Application, March 2017 (Updated) (VII)	Total New Determinations, March 2017 (Updated) (VIII)
Alabama	FFM	17,440	N/A	17,440	15,214	14.63%	30,396	3,446	33,842
Florida	FFM	269,030	N/A	269,030	246,147	9.30%	132,791	17,799	150,590
Georgia	FFM	76,262	N/A	76,262	63,558	19.99%	82,285	4,800	87,085
Idaho	SBM	7,813	-	7,813	8,290	-5.75%	5,142	354	5,496
Kansas	Plan Management	-	N/A	-	-	-	-	-	-
Maine	Plan Management	1,822	N/A	1,822	1,351	34.86%	10,621	470	11,091
Mississippi	FFM/SBM-SHOP	18,516	N/A	18,516	15,736	17.67%	12,860	481	13,341
Missouri	FFM	20,125	N/A	20,125	17,318	16.21%	12,394	-	12,394
Nebraska	Plan Management	6,671	N/A	6,671	5,923	12.63%	8,108	1,078	9,186
North Carolina	FFM	22,949	N/A	22,949	21,198	8.26%	36,963	4,491	41,454
Oklahoma	FFM	38,753	N/A	38,753	36,336	6.65%	28,768	4,877	33,645
South Carolina	FFM	24,694	N/A	24,694	21,957	12.47%	6,644	114	6,758
South Dakota	Plan Management	2,856	N/A	2,856	2,294	24.50%	1,536	-	1,536
Tennessee	FFM	611	N/A	611	530	15.28%	-	559	559
Texas	FFM	131,534	N/A	131,534	114,728	14.65%	115,191	15,093	130,284
Utah	FFM/SBM-SHOP	21,611	N/A	21,611	20,252	6.71%	47,478	-	47,478
Virginia	Plan Management	25,661	N/A	25,661	21,604	18.78%	18,297	720	19,017
Wisconsin	FFM	24,567	N/A	24,567	22,984	6.89%	19,775	1,283	21,058
Wyoming	FFM	1,889	N/A	1,889	-	-	-	-	-
Subtotal for All States Not Expanding Medicaid		712,804	-	712,804	635,420	11.88%	569,249	55,565	624,814
Subtotal for States Not Expanding Medicaid that Reported in February and March 2017				710,915	635,420	Difference February to March 2017 75,495			
Total Across All States		1,513,830	888,775	2,402,605	2,361,547	1.66%	1,452,876	139,814	1,592,690
Total for States that Reported in February and March 2017				2,400,716	2,361,547	Difference February to March 2017 39,169			

Table 1B: Medicaid and CHIP: March 2017 Monthly Applications and Eligibility Determinations Updated May 2017

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

Column V is calculated for only those states that reported February and March 2017 Applications data (subtotals exclude KS and WY; totals exclude AR, AZ, DE, KS, WY).

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.

Florida	(I), (III), (IV)	Includes account transfers from the FFM assessed for CHIP.
Florida	(I), (III), (IV)	Does not include applications for partial benefit programs.
Florida	(VI), (VIII)	Does not include determinations for partial benefit programs.
Missouri	(VI)	Includes CHIP.
Missouri	(VI), (VIII), (VIII)	Count is of households, not individuals.
South Carolina	(VI), (VII), (VIII)	Includes only determinations made in legacy system, which include MAGI and/or CHIP cases that are in blended non-MAGI households or non-MAGI only households.
South Dakota	(I), (III), (IV)	Includes account transfers from the FFM.
South Dakota	(I), (III), (IV)	Number of applications is undercounted.
South Dakota	(I), (III), (IV)	Includes individuals who are administratively enrolled without submitting an application.
South Dakota	(VI)	Includes CHIP.
South Dakota	(VI), (VII), (VIII)	Count is of households, not individuals.
South Dakota	(VI), (VII), (VIII)	Includes renewals.
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.
Utah	(VI)	Includes CHIP.
Virginia	(I), (III), (IV)	Includes renewals.
Virginia	(VI), (VII)	Includes renewals.
Wisconsin	(I), (III), (IV)	Excludes all partial benefit program applications except for family planning.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.
Wyoming	(I), (III), (IV)	Does not include applications received online.
Wyoming	(I), (III), (IV)	Includes SSI enrollees automatically enrolled in Medicaid without submitting an application.

Table 1A: Medicaid and CHIP: February and March 2017 Monthly Enrollment Updated May 2017

Performance Indicator Information:

The Medicaid and CHIP performance indicators were developed in consultation with states, and are intended to assist in monitoring the eligibility and enrollment processes for Medicaid and CHIP programs in all states. A common set of definitions were developed for consistency in reporting the Medicaid and CHIP performance indicators. More detailed information about the performance indicators, including these standardized definitions can be found in the Methodology: About the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Report at <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

Total enrollment figures represent 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. These figures are a point-in-time count of total program enrollment, and not solely a count of those newly enrolled during the reporting period. These figures include 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), except as indicated in the state-specific notes included with the tables. 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. 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. For purposes of this report, the term “states” includes the 50 states and the District of Columbia.

Some of the data contained in this table is designated as "preliminary" because it is reported soon after the close of the reporting month and contains few, if any, individuals who become eligible in current month after the close of the month due to retroactive eligibility under Medicaid or similar reasons. When applicable, states report “updated” data one month after the close of the reporting period to account for retroactive enrollment. Updated enrollment data for prior months is available on the Monthly Medicaid and CHIP Application, Eligibility Determination, and Enrollment Reports and Updated Data page at <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

The figures in this table may differ from other published state and national enrollment figures because they include only individuals with comprehensive benefits, except as indicated in the state-specific notes included with the tables. For purposes of this report, the term “states” includes the 50 states and the District of Columbia.

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 the data quality limitations sections below.

Data Context Notes:

- For the following states in the table below the "updated" February enrollment data is identical to previously published preliminary data: AR, AZ, CO, CT, DC, DE, FL, IA, KS, KY, LA, MO, ND, NM, NV, OH, OK, SD, WI, WV, WY.
- For the following states in the table below the "updated" March enrollment data is identical to previously published preliminary data: AR, AZ, CO, CT, DC, DE, FL, IA, KS, KY, LA, MO, ND, NM, NV, OH, OK, SC, SD, WI, WV, WY.

Table 1A: Medicaid and CHIP: February and March 2017 Monthly Enrollment Updated May 2017

		Enrollment					
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, February 2017 (Updated) (I)	Total Medicaid and CHIP Enrollment, March 2017 (Updated) (II)	% Change February to March 2017 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to March 2017 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to March 2017 (Columns (IV) and (II)) (VI)
Alaska	FFM	184,392	187,821	1.86%	122,334	65,487	53.53%
Arizona	FFM	1,741,558	1,741,301	-0.01%	1,201,770	539,531	44.89%
Arkansas	Partnership	905,505	912,043	0.72%	556,851	355,192	63.79%
California	SBM	12,383,460	12,376,741	-0.05%	7,755,381	4,621,360	59.59%
Colorado	SBM	1,375,139	1,388,472	0.97%	783,420	605,052	77.23%
Connecticut	SBM	763,695	771,588	1.03%	-	-	-
Delaware	Partnership	244,076	244,571	0.20%	223,324	21,247	9.51%
District of Columbia	SBM	268,695	271,511	1.05%	235,786	35,725	15.15%
Hawaii	SBM**	348,474	348,596	0.04%	288,357	60,239	20.89%
Illinois	Partnership	3,101,778	3,097,621	-0.13%	2,626,943	470,678	17.92%
Indiana	FFM	1,510,445	1,513,842	0.22%	1,120,674	393,168	35.08%
Iowa	Partnership	633,084	632,571	-0.08%	493,515	139,056	28.18%
Kentucky	SBM	1,244,711	1,246,349	0.13%	606,805	639,544	105.40%
Louisiana	FFM	1,443,602	1,447,315	0.26%	1,019,787	427,528	41.92%
Maryland	SBM	1,304,143	1,303,082	-0.08%	856,297	446,785	52.18%
Massachusetts	SBM	1,642,646	1,662,576	1.21%	1,296,359	366,217	28.25%
Michigan	Partnership	2,359,421	2,367,404	0.34%	1,912,009	455,395	23.82%
Minnesota	SBM	1,059,580	1,061,433	0.17%	873,040	188,393	21.58%
Montana	Plan Management	255,884	256,160	0.11%	148,974	107,186	71.95%
Nevada	SBM**	629,560	631,128	0.25%	332,560	298,568	89.78%
New Hampshire	Partnership	190,739	190,250	-0.26%	127,082	63,168	49.71%
New Jersey	FFM	1,802,976	1,801,538	-0.08%	1,283,851	517,687	40.32%
New Mexico	SBM**	783,390	787,110	0.47%	457,678	329,432	71.98%
New York	SBM	6,439,670	6,443,857	0.07%	5,678,417	765,440	13.48%
North Dakota	FFM	92,658	93,474	0.88%	69,980	23,494	33.57%
Ohio	Plan Management	2,791,353	2,807,525	0.58%	2,161,785	645,740	29.87%
Oregon	SBM**	978,847	998,972	2.06%	626,356	372,616	59.49%
Pennsylvania	FFM	2,949,697	2,951,646	0.07%	2,386,046	565,600	23.70%
Rhode Island	SBM	303,750	308,343	1.51%	190,833	117,510	61.58%
Vermont	SBM	169,924	170,659	0.43%	161,081	9,578	5.95%
Washington	SBM	1,817,199	1,814,997	-0.12%	1,117,576	697,421	62.40%
West Virginia	Partnership	565,974	564,408	-0.28%	354,544	209,864	59.19%
Subtotal for All States Expanding Medicaid		52,286,025	52,394,904	0.21%	37,069,415	14,553,901	39.26%
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month		52,286,025	52,394,904	0.21%	37,069,415	14,553,901	39.26%
Subtotal for States Expanding Medicaid that Reported in February and March 2017		52,286,025	52,394,904	Difference February to March 2017 108,879			
Subtotal for States Expanding Medicaid that Reported in March 2017 and July-Sept. 2013			51,623,316		37,069,415	Difference July-Sept 2013 to March 2017 14,553,901	

Table 1A: Medicaid and CHIP: February and March 2017 Monthly Enrollment Updated May 2017

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

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

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

Column III is calculated for only those states that reported both February and March 2017 data.

Columns V and VI are calculated for only those states that reported data from both and March 2017 and the July-Sept. 2013 period.

The subtotals for states reporting data from both and March 2017 and the July-Sept. 2013 period exclude CT.

Arkansas	(I), (II)	Includes Private Option enrollees.
California	(IV)	Includes approximately 650,000 individuals transferred from the Low Income
California		Health Program section 1115 demonstration.
Connecticut	(I), (II)	May not include all enrollees.
District of Columbia	(I), (II), (IV)	Includes limited benefit dual eligible individuals and individuals enrolled in the locally funded DC Health Alliance.
Minnesota	(IV)	May include duplicates (unlike columns (I) and (II)).
New York	(I), (II)	Includes partial benefit program enrollees.
North Dakota	(IV)	Data is from July 2013 only.
Oregon	(IV)	Includes emergency Medicaid population.
Washington	(I), (II)	Includes individuals enrolled at any point during the month.

Table 1A: Medicaid and CHIP: February and March 2017 Monthly Enrollment Updated May 2017

		Enrollment					
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, February 2017 (Updated) (I)	Total Medicaid and CHIP Enrollment, March 2017 (Updated) (II)	% Change February to March 2017 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to March 2017 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to March 2017 (Columns (IV) and (II)) (VI)
Alabama	FFM	891,062	884,948	-0.69%	799,176	85,772	10.73%
Florida	FFM	4,355,549	4,360,830	0.12%	3,695,306	665,524	18.01%
Georgia	FFM	1,761,533	1,768,307	0.38%	1,535,090	233,217	15.19%
Idaho	SBM	294,061	295,611	0.53%	238,150	57,461	24.13%
Kansas	Plan Management	390,219	393,881	0.94%	378,160	15,721	4.16%
Maine	Plan Management	268,702	268,670	-0.01%	-	-	-
Mississippi	FFM/SBM-SHOP	685,516	683,557	-0.29%	637,229	46,328	7.27%
Missouri	FFM	973,225	977,708	0.46%	846,084	131,624	15.56%
Nebraska	Plan Management	244,711	245,306	0.24%	244,600	706	0.29%
North Carolina	FFM	2,094,908	2,087,729	-0.34%	1,595,952	491,777	30.81%
Oklahoma	FFM	813,085	810,816	-0.28%	790,051	20,765	2.63%
South Carolina	FFM	1,034,232	1,010,715	-2.27%	889,744	120,971	13.60%
South Dakota	Plan Management	120,093	120,189	0.08%	115,501	4,688	4.06%
Tennessee	FFM	1,589,236	1,557,370	-2.01%	1,244,516	312,854	25.14%
Texas	FFM	4,790,248	4,788,950	-0.03%	4,441,605	347,345	7.82%
Utah	FFM/SBM-SHOP	311,651	310,893	-0.24%	294,029	16,864	5.74%
Virginia	Plan Management	1,003,685	1,007,076	0.34%	935,434	71,642	7.66%
Wisconsin	FFM	1,042,495	1,046,217	0.36%	985,531	60,686	6.16%
Wyoming	FFM	61,437	61,635	0.32%	67,518	-5,883	-8.71%
Subtotal for All States Not Expanding Medicaid		22,725,648	22,680,408	-0.20%	19,733,676	2,678,062	13.57%
Subtotal for States Not Expanding Medicaid that Reported in February and March 2017		22,725,648	22,680,408	Difference February to March 2017 -45,240			
Subtotal for States Not Expanding Medicaid that Reported in March 2017 and July-Sept. 2013			22,411,738		19,733,676	Difference July-Sept 2013 to March 2017 2,678,062	

Table 1A: Medicaid and CHIP: February and March 2017 Monthly Enrollment Updated May 2017

(-)=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 February and March 2017 data.

Columns V and VI are calculated for only those states that reported data from both and March 2017 and the July-Sept. 2013 period.

The subtotals for states reporting data from both and March 2017 and the July-Sept. 2013 period exclude ME.

Alabama	(IV)	Data is from September 2013 only.
Missouri	(I), (II)	Does not include all individuals funded under Title XXI or enrollees in a premium grace period.
Utah	(I), (II), (IV)	Includes service limited Medicare program beneficiaries (SLMBs).
Wisconsin	(IV)	Does not include retroactive enrollment.

Table 1A: Medicaid and CHIP: February and March 2017 Monthly Enrollment Updated May 2017

Total Enrollment						
All States	Total Medicaid and CHIP Enrollment, February 2017 (Updated) (I)	Total Medicaid and CHIP Enrollment, March 2017 (Updated) (II)	% Change February to March 2017 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to March 2017 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to March 2017 (Columns (IV) and (II)) (VI)
Total Across All States	75,011,673	75,075,312	0.08%	56,803,091	17,231,963	30.34%
Total for States that Reported in February and March 2017	75,011,673	75,075,312	Difference February to March 2017 63,639			
Total for States that Reported in March 2017 and July-Sept. 2013		74,035,054		56,803,091	Difference July-Sept 2013 to March 2017 17,231,963	

Column III is calculated for only those states that reported both February and March 2017 data.

Columns V and VI are calculated for only those states that reported data from both and March 2017 and the July-Sept. 2013 period.

Totals for states reporting data from both and March 2017 and the July-Sept. 2013 period exclude CT and ME.