

Table 1A: Medicaid and CHIP: November and December 2016 Monthly Enrollment Updated February 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" December enrollment data is identical to previously published preliminary data: AR, AZ, CT, DC, DE, FL, IA, KS, KY, LA, MO, NM, NV, OK, PA, SC, SD, WI, WV, WY.
- For the following states in the table below the "updated" November enrollment data is identical to previously published preliminary data: AR, AZ, CT, DC, DE, FL, IA, KS, KY, LA, MO, ND, NM, NV, PA, SD, WI, WV, WY.
- Ohio revised its enrollment methodology in January 2017 to completely remove all partial benefit enrollees. The state subsequently revised prior months' enrollment figures to ensure comparability across months (including its baseline enrollment data).
- North Dakota revised its enrollment methodology in January 2017 to more accurately account for all enrollees. The state subsequently revised all-affected prior months' enrollment figures to ensure comparability across months.

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		Enrollment					
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, November 2016 (Updated) (I)	Total Medicaid and CHIP Enrollment, December 2016 (Updated) (II)	% Change November to December 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to December 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to December 2016 (Columns (IV) and (II)) (VI)
Alaska	FFM	175,661	176,799	0.65%	122,334	54,465	44.52%
Arizona	FFM	1,739,690	1,739,041	-0.04%	1,201,770	537,271	44.71%
Arkansas	Partnership	931,219	948,181	1.82%	556,851	391,330	70.28%
California	SBM	12,209,605	12,405,352	1.60%	7,755,381	4,649,971	59.96%
Colorado	SBM	1,383,845	1,387,165	0.24%	783,420	603,745	77.07%
Connecticut	SBM	750,009	761,310	1.51%	-	-	-
Delaware	Partnership	239,614	241,664	0.86%	223,324	18,340	8.21%
District of Columbia	SBM	262,213	264,849	1.01%	235,786	29,063	12.33%
Hawaii	SBM**	345,311	345,975	0.19%	288,357	57,618	19.98%
Illinois	Partnership	3,102,506	3,065,331	-1.20%	2,626,943	438,388	16.69%
Indiana	FFM	1,506,865	1,508,219	0.09%	1,120,674	387,545	34.58%
Iowa	Partnership	624,062	622,071	-0.32%	493,515	128,556	26.05%
Kentucky	SBM	1,229,387	1,230,475	0.09%	606,805	623,670	102.78%
Louisiana	FFM	1,398,560	1,415,385	1.20%	1,019,787	395,598	38.79%
Maryland	SBM	1,272,738	1,281,890	0.72%	856,297	425,593	49.70%
Massachusetts	SBM	1,686,489	1,655,529	-1.84%	1,296,359	359,170	27.71%
Michigan	Partnership	2,315,634	2,330,154	0.63%	1,912,009	418,145	21.87%
Minnesota	SBM	1,044,938	1,049,566	0.44%	873,040	176,526	20.22%
Montana	Plan Management	241,407	245,360	1.64%	148,974	96,386	64.70%
Nevada	SBM**	620,757	623,574	0.45%	332,560	291,014	87.51%
New Hampshire	Partnership	190,489	191,363	0.46%	127,082	64,281	50.58%
New Jersey	FFM	1,790,310	1,795,251	0.28%	1,283,851	511,400	39.83%
New Mexico	SBM**	772,084	775,020	0.38%	457,678	317,342	69.34%
New York	SBM	6,409,462	6,420,227	0.17%	5,678,417	741,810	13.06%
North Dakota	FFM	95,172	94,681	-0.52%	69,980	24,701	35.30%
Ohio	Plan Management	2,900,428	2,910,351	0.34%	2,161,785	748,566	34.63%
Oregon	SBM**	998,999	986,111	-1.29%	626,356	359,755	57.44%
Pennsylvania	FFM	2,902,011	2,918,260	0.56%	2,386,046	532,214	22.31%
Rhode Island	SBM	292,396	298,148	1.97%	190,833	107,315	56.24%
Vermont	SBM	168,445	169,092	0.38%	161,081	8,011	4.97%
Washington	SBM	1,805,604	1,818,225	0.70%	1,117,576	700,649	62.69%
West Virginia	Partnership	569,492	567,064	-0.43%	354,544	212,520	59.94%
<b>Subtotal for All States Expanding Medicaid</b>		<b>51,975,402</b>	<b>52,241,683</b>	<b>0.51%</b>	<b>37,069,415</b>	<b>14,410,958</b>	<b>38.88%</b>
<b>Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month</b>		<b>51,975,402</b>	<b>52,241,683</b>	<b>0.51%</b>	<b>37,069,415</b>	<b>14,410,958</b>	<b>38.88%</b>
<b>Subtotal for States Expanding Medicaid that Reported in November and December 2016</b>		<b>51,975,402</b>	<b>52,241,683</b>	<b>Difference November to December 2016 266,281</b>			
<b>Subtotal for States Expanding Medicaid that Reported in December 2016 and July-Sept. 2013</b>			<b>51,480,373</b>		<b>37,069,415</b>	<b>Difference July-Sept 2013 to December 2016 14,410,958</b>	

Table 1A: Medicaid and CHIP: November and December 2016 Monthly Enrollment Updated February 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 November and December 2016 data.

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

The subtotals for states reporting data from both December 2016 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 Health Program section 1115 demonstration.
California		
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.
Illinois	(IV)	Includes individuals who received retroactive coverage (unlike columns (I) and (II)).
Michigan	(I), (II)	Includes partial benefit program enrollees.
Minnesota	(IV)	May include duplicates (unlike columns (I) and (II)).
New York	(I), (II)	Includes estimated retroactive enrollment.
New York	(I), (II)	Includes partial benefit program enrollees.
North Dakota	(IV)	Data is from July 2013 only.
Ohio	(I), (IV)	Corrected.
Oregon	(IV)	Includes emergency Medicaid population.
Pennsylvania	(I), (II)	May includes some retroactive enrollment.
Washington	(I), (II)	Includes individuals enrolled at any point during the month.

Table 1A: Medicaid and CHIP: November and December 2016 Monthly Enrollment Updated February 2017

		<b>Enrollment</b>					
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, November 2016 (Updated) (I)	Total Medicaid and CHIP Enrollment, December 2016 (Updated) (II)	% Change November to December 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to December 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to December 2016 (Columns (IV) and (II)) (VI)
Alabama	FFM	897,972	892,753	-0.58%	799,176	93,577	11.71%
Florida	FFM	4,339,202	4,337,514	-0.04%	3,695,306	642,208	17.38%
Georgia	FFM	1,762,545	1,755,450	-0.40%	1,535,090	220,360	14.35%
Idaho	SBM	298,901	299,841	0.31%	238,150	61,691	25.90%
Kansas	Plan Management	416,379	408,885	-1.80%	378,160	30,725	8.12%
Maine	Plan Management	270,507	269,428	-0.40%	-	-	-
Mississippi	FFM/SBM-SHOP	686,367	684,094	-0.33%	637,229	46,865	7.35%
Missouri	FFM	977,195	976,256	-0.10%	846,084	130,172	15.39%
Nebraska	Plan Management	243,940	243,657	-0.12%	244,600	-943	-0.39%
North Carolina	FFM	2,081,775	2,083,547	0.09%	1,595,952	487,595	30.55%
Oklahoma	FFM	803,648	804,355	0.09%	790,051	14,304	1.81%
South Carolina	FFM	1,032,651	996,551	-3.50%	889,744	106,807	12.00%
South Dakota	Plan Management	119,696	119,956	0.22%	115,501	4,455	3.86%
Tennessee	FFM	1,640,201	1,636,770	-0.21%	1,244,516	392,254	31.52%
Texas	FFM	4,805,046	4,799,893	-0.11%	4,441,605	358,288	8.07%
Utah	FFM/SBM-SHOP	311,177	311,117	-0.02%	294,029	17,088	5.81%
Virginia	Plan Management	992,554	993,220	0.07%	935,434	57,786	6.18%
Wisconsin	FFM	1,039,577	1,037,863	-0.16%	985,531	52,332	5.31%
Wyoming	FFM	60,796	61,925	1.86%	67,518	-5,593	-8.28%
<b>Subtotal for All States Not Expanding Medicaid</b>		<b>22,780,129</b>	<b>22,713,075</b>	<b>-0.29%</b>	<b>19,733,676</b>	<b>2,709,971</b>	<b>13.73%</b>
<b>Subtotal for States Not Expanding Medicaid that Reported in November and December 2016</b>		<b>22,780,129</b>	<b>22,713,075</b>	<b>Difference November to December 2016 -67,054</b>			
<b>Subtotal for States Not Expanding Medicaid that Reported in December 2016 and July-Sept. 2013</b>			<b>22,443,647</b>		<b>19,733,676</b>	<b>Difference July-Sept 2013 to December 2016 2,709,971</b>	

Table 1A: Medicaid and CHIP: November and December 2016 Monthly Enrollment Updated February 2017

(-)=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 November and December 2016 data.

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

The subtotals for states reporting data from both December 2016 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: November and December 2016 Monthly Enrollment Updated February 2017

Total Enrollment						
All States	Total Medicaid and CHIP Enrollment, November 2016 (Updated) (I)	Total Medicaid and CHIP Enrollment, December 2016 (Updated) (II)	% Change November to December 2016 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to December 2016 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to December 2016 (Columns (IV) and (II)) (VI)
<b>Total Across All States</b>	<b>74,755,531</b>	<b>74,954,758</b>	<b>0.27%</b>	<b>56,803,091</b>	<b>17,120,929</b>	<b>30.14%</b>
<b>Total for States that Reported in November and December 2016</b>	<b>74,755,531</b>	<b>74,954,758</b>	<b>Difference November to December 2016 199,227</b>			
<b>Total for States that Reported in December 2016 and July-Sept. 2013</b>		<b>73,924,020</b>		<b>56,803,091</b>	<b>Difference July-Sept 2013 to December 2016 17,120,929</b>	

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

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

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

Table 1B: Medicaid and CHIP: December 2016 Monthly Applications and Eligibility Determinations Updated February 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 November and Tennessee only provided determination data from their CHIP program.
- Delaware was not able to report data for applications received or eligibility determinations conducted due to systems' limitations.

Table 1B: Medicaid and CHIP: December 2016 Monthly Applications and Eligibility Determinations Updated February 2017

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, December 2016 (Updated) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, December 2016 (Updated) (II)	Total Applications for Financial Assistance Submitted at State Level, December 2016 (Updated) (III)	Total Applications for Financial Assistance Submitted at State Level, November 2016 (Updated) (IV)	% Change November to December 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, December 2016 (Updated) (VI)	Individuals Determined Eligible for CHIP at Application, December 2016 (Updated) (VII)	Total New Determinations, December 2016 (Updated) (VIII)
Alaska	FFM	3,350	N/A	3,350	3,421	-2.08%	4,122	-	4,122
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	-	N/A	-	-	-	-	-	-
California	SBM	240,919	-	240,919	85,331	182.33%	179,660	15,376	195,036
Colorado	SBM	33,069	13,156	46,225	38,226	20.93%	23,258	314	23,572
Connecticut	SBM	11,583	11,512	23,095	20,131	14.72%	15,554	282	15,836
Delaware	Partnership	-	N/A	-	-	-	-	-	-
District of Columbia	SBM	4,894	-	4,894	4,672	4.75%	5,136	-	5,136
Hawaii	SBM**	4,379	-	4,379	4,420	-0.93%	7,101	422	7,523
Illinois	Partnership	114,619	N/A	114,619	91,454	25.33%	47,659	14,142	61,801
Indiana	FFM	78,022	N/A	78,022	72,086	8.23%	33,729	2,629	36,358
Iowa	Partnership	19,834	N/A	19,834	20,039	-1.02%	2,939	-	2,939
Kentucky	SBM	-	10,071	10,071	10,789	-6.65%	-	-	-
Louisiana	FFM	26,912	N/A	26,912	26,976	-0.24%	32,337	1,629	33,966
Maryland	SBM	6,240	107,039	113,279	100,228	13.02%	28,651	3,052	31,703
Massachusetts	SBM	21,146	14,934	36,080	33,614	7.34%	-	-	-
Michigan	Partnership	45,617	N/A	45,617	49,306	-7.48%	55,310	1,798	57,108
Minnesota	SBM	6,318	47,870	54,188	57,464	-5.70%	31,875	51	31,926
Montana	Plan Management	4,464	N/A	4,464	4,717	-5.36%	5,128	433	5,561
Nevada	SBM**	24,809	-	24,809	22,951	8.10%	13,476	60	13,536
New Hampshire	Partnership	7,957	N/A	7,957	7,646	4.07%	6,625	645	7,270
New Jersey	FFM	31,733	N/A	31,733	29,665	6.97%	11,840	3,914	15,754
New Mexico	SBM**	8,552	N/A	8,552	8,109	5.46%	10,260	1,514	11,774
New York	SBM	-	920,664	920,664	882,963	4.27%	125,369	12,317	137,686
North Dakota	FFM	2,374	N/A	2,374	2,231	6.41%	2,569	74	2,643
Ohio	Plan Management	70,186	N/A	70,186	61,107	14.86%	232,666	-	232,666
Oregon	SBM**	18,898	-	18,898	31,621	-40.24%	31,533	2,559	34,092
Pennsylvania	FFM	83,982	N/A	83,982	85,004	-1.20%	57,448	10,236	67,684
Rhode Island	SBM	-	-	-	-	-	-	-	-
Vermont	SBM	3,226	2,275	5,501	5,680	-3.15%	4,376	68	4,444
Washington	SBM	23,280	149,779	173,059	142,647	21.32%	47,838	1,753	49,591
West Virginia	Partnership	23,578	N/A	23,578	22,721	3.77%	12,047	679	12,726
<b>Subtotal for All States Expanding Medicaid</b>		<b>919,941</b>	<b>1,277,300</b>	<b>2,197,241</b>	<b>1,925,219</b>	<b>14.13%</b>	<b>1,028,506</b>	<b>73,947</b>	<b>1,102,453</b>
<b>Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month</b>		<b>919,941</b>	<b>1,277,300</b>	<b>2,197,241</b>	<b>1,925,219</b>	<b>14.13%</b>	<b>1,028,506</b>	<b>73,947</b>	<b>1,102,453</b>
<b>Subtotal for States Expanding Medicaid that Reported in November and December 2016</b>				<b>2,197,241</b>	<b>1,925,219</b>	<b>Difference November to December 2016 272,022</b>			

\*\*= 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 November and December 2016 Applications data (subtotals exclude AR, AZ, CA, 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 1B: Medicaid and CHIP: December 2016 Monthly Applications and Eligibility Determinations Updated February 2017

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	(IV)	Does not include data from all consortia (unlike column (III)).
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 12/1 - 12/31.
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: December 2016 Monthly Applications and Eligibility Determinations Updated February 2017

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, December 2016 (Updated) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, December 2016 (Updated) (II)	Total Applications for Financial Assistance Submitted at State Level, December 2016 (Updated) (III)	Total Applications for Financial Assistance Submitted at State Level, November 2016 (Updated) (IV)	% Change November to December 2016 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, December 2016 (Updated) (VI)	Individuals Determined Eligible for CHIP at Application, December 2016 (Updated) (VII)	Total New Determinations, December 2016 (Updated) (VIII)
Alabama	FFM	16,575	N/A	16,575	14,606	13.48%	25,980	3,493	29,473
Florida	FFM	257,593	N/A	257,593	261,156	-1.36%	138,044	19,568	157,612
Georgia	FFM	87,214	N/A	87,214	82,217	6.08%	38,461	2,201	40,662
Idaho	SBM	15,334	-	15,334	12,507	22.60%	3,576	343	3,919
Kansas	Plan Management	-	N/A	-	-	-	-	-	-
Maine	Plan Management	1,521	N/A	1,521	1,718	-11.47%	9,940	487	10,427
Mississippi	FFM/SBM-SHOP	17,406	N/A	17,406	17,934	-2.94%	11,275	517	11,792
Missouri	FFM	17,498	N/A	17,498	19,995	-12.49%	8,883	-	8,883
Nebraska	Plan Management	6,222	N/A	6,222	6,558	-5.12%	7,345	1,024	8,369
North Carolina	FFM	20,606	N/A	20,606	22,083	-6.69%	29,164	3,276	32,440
Oklahoma	FFM	35,472	N/A	35,472	35,791	-0.89%	39,717	7,343	47,060
South Carolina	FFM	19,657	N/A	19,657	20,694	-5.01%	6,841	148	6,989
South Dakota	Plan Management	2,945	N/A	2,945	3,055	-3.60%	1,509	-	1,509
Tennessee	FFM	549	N/A	549	517	6.19%	-	489	489
Texas	FFM	113,093	N/A	113,093	113,416	-0.28%	103,294	13,385	116,679
Utah	FFM/SBM-SHOP	29,628	N/A	29,628	29,150	1.64%	55,342	-	55,342
Virginia	Plan Management	23,263	N/A	23,263	24,245	-4.05%	14,928	554	15,482
Wisconsin	FFM	24,738	N/A	24,738	24,847	-0.44%	22,657	1,850	24,507
Wyoming	FFM	764	N/A	764	745	2.55%	-	-	-
<b>Subtotal for All States Not Expanding Medicaid</b>		<b>690,078</b>	<b>-</b>	<b>690,078</b>	<b>691,234</b>	<b>-0.17%</b>	<b>516,956</b>	<b>54,678</b>	<b>571,634</b>
<b>Subtotal for States Not Expanding Medicaid that Reported in November and December 2016</b>				<b>690,078</b>	<b>691,234</b>	<b>Difference November to December 2016 -1,156</b>			
<b>Total Across All States</b>		<b>1,610,019</b>	<b>1,277,300</b>	<b>2,887,319</b>	<b>2,616,453</b>	<b>10.35%</b>	<b>1,545,462</b>	<b>128,625</b>	<b>1,674,087</b>
<b>Total for States that Reported in November and December 2016</b>				<b>2,887,319</b>	<b>2,616,453</b>	<b>Difference November to December 2016 270,866</b>			

Table 1B: Medicaid and CHIP: December 2016 Monthly Applications and Eligibility Determinations Updated February 2017

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

Column V is calculated for only those states that reported November and December 2016 Applications data (subtotals exclude KS and WY; totals exclude AR, AZ, CA, KS, ND, 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.