

Table 1: Medicaid and CHIP: January and February 2017 Preliminary Monthly Enrollment

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:

- Rhode Island identified an error in its recent months’ enrollment figures and revised and re-reported all affected data.
 - For February 2017, CMS is reporting growth of 16,673,837 compared to July-September 2013. This figure exceeds the 16,658,266 in net enrollment growth that was included in the Medicaid and CHIP: January 2017 Applications, Eligibility Determinations, and Enrollment Report by nearly 16,000. This difference does not match the 31,964 increase in the full report for the January to February 2017 period because the 31,964 figure is based on 51 states, while the 16,000 figure is based on only 49 states. Also, Rhode Island identified an error in its recent months’ enrollment figures and revised all affected enrollment figures in February 2017, so the enrollment figures included in this report are not comparable to those included in prior months’ reports.
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Column1	Column2	Enrollment	Column3	Column4	Column5	Column6	Column7
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, January 2017 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, February 2017 (Preliminary) (II)	% Change January to February 2017 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to February 2017 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to February 2017 (Columns (IV) and (II)) (VI)
Alaska	FFM	176,906	180,701	2.15%	122,334	58,367	47.71%
Arizona	FFM	1,743,472	1,741,558	-0.11%	1,201,770	539,788	44.92%
Arkansas	Partnership	943,269	905,505	-4.00%	556,851	348,654	62.61%
California	SBM	12,236,148	12,244,010	0.06%	7,755,381	4,488,629	57.88%
Colorado	SBM	1,379,441	1,375,139	-0.31%	783,420	591,719	75.53%
Connecticut	SBM	765,313	763,695	-0.21%	-	-	-
Delaware	Partnership	243,340	244,076	0.30%	223,324	20,752	9.29%
District of Columbia	SBM	267,538	268,695	0.43%	235,786	32,909	13.96%
Hawaii	SBM**	346,794	348,281	0.43%	288,357	59,924	20.78%
Illinois	Partnership	3,063,181	3,060,516	-0.09%	2,626,943	433,573	16.50%
Indiana	FFM	1,508,110	1,506,303	-0.12%	1,120,674	385,629	34.41%
Iowa	Partnership	637,203	633,084	-0.65%	493,515	139,569	28.28%
Kentucky	SBM	1,240,321	1,244,711	0.35%	606,805	637,906	105.13%
Louisiana	FFM	1,433,441	1,443,602	0.71%	1,019,787	423,815	41.56%
Maryland	SBM	1,274,934	1,284,266	0.73%	856,297	427,969	49.98%
Massachusetts	SBM	1,626,765	1,641,765	0.92%	1,296,359	345,406	26.64%
Michigan	Partnership	2,324,613	2,335,297	0.46%	1,912,009	423,288	22.14%
Minnesota	SBM	1,029,279	1,033,812	0.44%	873,040	160,772	18.42%
Montana	Plan Management	246,548	250,414	1.57%	148,974	101,440	68.09%
Nevada	SBM**	628,001	629,560	0.25%	332,560	297,000	89.31%
New Hampshire	Partnership	187,236	187,003	-0.12%	127,082	59,921	47.15%
New Jersey	FFM	1,759,435	1,763,176	0.21%	1,283,851	479,325	37.33%
New Mexico	SBM**	779,082	783,390	0.55%	457,678	325,712	71.17%
New York	SBM	6,418,064	6,424,725	0.10%	5,678,417	746,308	13.14%
North Dakota	FFM	94,332	92,658	-1.77%	69,980	22,678	32.41%
Ohio	Plan Management	2,888,983	2,904,625	0.54%	2,161,785	742,840	34.36%
Oregon	SBM**	957,886	954,091	-0.40%	626,356	327,735	52.32%
Pennsylvania	FFM	2,915,176	2,928,004	0.44%	2,386,046	541,958	22.71%
Rhode Island	SBM	280,961	282,368	0.50%	190,833	91,535	47.97%
Vermont	SBM	166,583	168,191	0.97%	161,081	7,110	4.41%
Washington	SBM	1,810,437	1,809,567	-0.05%	1,117,576	691,991	61.92%
West Virginia	Partnership	567,168	565,974	-0.21%	354,544	211,430	59.63%
Subtotal for All States Expanding Medicaid		51,939,960	51,998,762	0.11%	37,069,415	14,165,652	38.21%
Expansions in Effect and Providing Coverage in		51,939,960	51,998,762	0.11%	37,069,415	14,165,652	38.21%
Expanding Medicaid that Reported in January and February 2017		51,939,960	51,998,762	Difference January to February 2017 58,802			
Expanding Medicaid that Reported in February 2017 and July-Sept. 2013			51,235,067		37,069,415	Difference July-Sept 2013 to February 2017 14,165,652	

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**= 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 January and February 2017 data.

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

The subtotals for states reporting data from both and February 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 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.
Oregon	(IV)	Includes emergency Medicaid population.
Rhode Island	(I)	Corrected.
Washington	(I), (II)	Includes individuals enrolled at any point during the month.

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Column1	Column2	Enrollment	Column3	Column4	Column5	Column6	Column7
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, January 2017 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, February 2017 (Preliminary) (II)	% Change January to February 2017 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to February 2017 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to February 2017 (Columns (IV) and (II)) (VI)
Alabama	FFM	871,769	878,233	0.74%	799,176	79,057	9.89%
Florida	FFM	4,352,553	4,355,549	0.07%	3,695,306	660,243	17.87%
Georgia	FFM	1,724,413	1,726,422	0.12%	1,535,090	191,332	12.46%
Idaho	SBM	291,279	293,097	0.62%	238,150	54,947	23.07%
Kansas	Plan Management	398,728	390,219	-2.13%	378,160	12,059	3.19%
Maine	Plan Management	267,066	266,296	-0.29%	-	-	-
Mississippi	FFM/SBM-SHOP	676,188	676,335	0.02%	637,229	39,106	6.14%
Missouri	FFM	977,840	973,225	-0.47%	846,084	127,141	15.03%
Nebraska	Plan Management	237,651	237,644	0.00%	244,600	-6,956	-2.84%
North Carolina	FFM	2,031,274	2,034,594	0.16%	1,595,952	438,642	27.48%
Oklahoma	FFM	815,832	813,085	-0.34%	790,051	23,034	2.92%
South Carolina	FFM	998,447	1,002,882	0.44%	889,744	113,138	12.72%
South Dakota	Plan Management	120,053	120,093	0.03%	115,501	4,592	3.98%
Tennessee	FFM	1,614,592	1,586,452	-1.74%	1,244,516	341,936	27.48%
Texas	FFM	4,767,116	4,757,041	-0.21%	4,441,605	315,436	7.10%
Utah	FFM/SBM-SHOP	308,914	308,982	0.02%	294,029	14,953	5.09%
Virginia	Plan Management	979,788	984,076	0.44%	935,434	48,642	5.20%
Wisconsin	FFM	1,039,857	1,042,495	0.25%	985,531	56,964	5.78%
Wyoming	FFM	61,635	61,437	-0.32%	67,518	-6,081	-9.01%
Subtotal for All States Not Expanding Medicaid		22,534,995	22,508,157	-0.12%	19,733,676	2,508,185	12.71%
Expanding Medicaid that Reported in January and February 2017		22,534,995	22,508,157	Difference January to February 2017 -26,838			
Expanding Medicaid that Reported in February 2017 and July-Sept. 2013			22,241,861		19,733,676	Difference July-Sept 2013 to February 2017 2,508,185	

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(-)=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 January and February 2017 data.

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

The subtotals for states reporting data from both and February 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 1: Medicaid and CHIP: January and February 2017 Preliminary Monthly Enrollment

Column1	Column2	Total Enrollment	Column3	Column4	Column5	Column6	Column7
All States		Total Medicaid and CHIP Enrollment, January 2017 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, February 2017 (Preliminary) (II)	% Change January to February 2017 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to February 2017 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to February 2017 (Columns (IV) and (II)) (VI)
Total Across All States		74,474,955	74,506,919	0.04%	56,803,091	16,673,837	29.35%
Total for States that Reported in January and February 2017		74,474,955	74,506,919	Difference January to February 2017 31,964			
Total for States that Reported in February 2017 and July-Sept. 2013			73,476,928		56,803,091	Difference July-Sept 2013 to February 2017 16,673,837	

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

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

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

Table 2: Medicaid and CHIP: February 2017 Preliminary Monthly Medicaid and CHIP Child Enrollment

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>.

Child enrollment figures represent the children enrolled in the Medicaid program and the total enrollment for separate CHIP programs 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 counts 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). 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.

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:

- Prior months' total child enrollment figures include data that is reported more than a month after the close of the reporting period, and thus include some children enrolled retroactively. The preliminary February 2017 data included in this report is collected in the month after the reporting period and includes very few (if any) children enrolled retroactively. An updated February figure that includes more retroactively enrolled individuals will be included in the next report in this series.
 - Rhode Island identified an error in its recent months' enrollment figures and revised and re-reported all affected data.
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Table 2: Medicaid and CHIP: February 2017 Preliminary Monthly Medicaid and CHIP Child Enrollment

For general notes on enrollment data, see Table 1: Medicaid and CHIP: January and February 2017 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 CO, MO, NJ, RI, VA.

Column VIII is calculated for only those states that reported both and February 2017 child enrollment data and and February 2017 Total Medicaid and CHIP enrollment data .

Michigan	(I) - (VII)	Does not include share of cost and full benefit 1115 waiver enrollees.
Missouri	(I) - (VII)	Does not include all individuals funded under Title XXI or enrollees in a premium grace period.
New York	(I) - (VII)	Includes estimated retroactive enrollment.
Washington	(I) - (VII)	Includes individuals enrolled at any point during the month.

Table 3: Medicaid and CHIP: February 2017 Monthly Applications and Eligibility Determinations

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 February, and Tennessee only provided determination data from their CHIP program.
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Table 3: Medicaid and CHIP: February 2017 Monthly Applications and Eligibility Determinations

Column1	Column2	Applications	Column3	Column4	Column5	Column6	Determinations	Column7	Column8
States Expanding Medicaid	Marketplace Type	New Applications Submitted to Medicaid and CHIP Agencies, February 2017 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, February 2017 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, February 2017 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, January 2017 (Preliminary) (IV)	% Change January to February 2017 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, February 2017 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, February 2017 (Preliminary) (VII)	Total New Determinations, February 2017 (Preliminary) (VIII)
Alaska	FFM	3,062	N/A	3,062	3,345	-8.46%	3,923	-	3,923
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	-	N/A	-	-	-	-	-	-
California	SBM	182,096	-	182,096	232,993	-21.84%	174,275	14,966	189,241
Colorado	SBM	18,888	3,372	22,260	33,152	-32.85%	14,925	189	15,114
Connecticut	SBM	8,318	3,613	11,931	21,697	-45.01%	10,189	86	10,275
Delaware	Partnership	-	N/A	-	-	-	-	-	-
District of Columbia	SBM	2,371	1,892	4,263	5,082	-16.12%	5,094	-	5,094
Hawaii	SBM**	3,976	-	3,976	4,765	-16.56%	7,294	302	7,596
Illinois	Partnership	98,472	N/A	98,472	102,834	-4.24%	43,557	13,489	57,046
Indiana	FFM	91,141	N/A	91,141	94,204	-3.25%	38,719	3,073	41,792
Iowa	Partnership	14,950	N/A	14,950	21,972	-31.96%	-	-	-
Kentucky	SBM	-	9,902	9,902	12,345	-19.79%	-	-	-
Louisiana	FFM	23,608	N/A	23,608	31,695	-25.52%	32,293	2,040	34,333
Maryland	SBM	6,386	67,877	74,263	104,075	-28.64%	21,392	2,083	23,475
Massachusetts	SBM	14,035	5,034	19,069	30,043	-36.53%	-	-	-
Michigan	Partnership	43,624	N/A	43,624	58,356	-25.25%	49,998	1,431	51,429
Minnesota	SBM	4,584	29,299	33,883	54,001	-37.25%	29,375	43	29,418
Montana	Plan Management	3,524	N/A	3,524	4,768	-26.09%	4,571	338	4,909
Nevada	SBM**	18,739	-	18,739	24,052	-22.09%	13,092	72	13,164
New Hampshire	Partnership	8,062	N/A	8,062	9,693	-16.83%	5,300	603	5,903
New Jersey	FFM	29,283	N/A	29,283	38,723	-24.38%	16,584	6,832	23,416
New Mexico	SBM**	8,851	N/A	8,851	10,329	-14.31%	12,262	1,555	13,817
New York	SBM	-	754,968	754,968	962,657	-21.57%	165,110	11,987	177,097
North Dakota	FFM	1,675	N/A	1,675	2,377	-29.53%	3,735	103	3,838
Ohio	Plan Management	46,921	N/A	46,921	72,621	-35.39%	318,667	-	318,667
Oregon	SBM**	11,885	-	11,885	16,278	-26.99%	35,964	2,780	38,744
Pennsylvania	FFM	70,124	N/A	70,124	85,678	-18.15%	48,861	9,956	58,817
Rhode Island	SBM	4,592	-	4,592	-	-	3,504	379	3,883
Vermont	SBM	3,160	1,190	4,350	6,985	-37.72%	3,026	38	3,064
Washington	SBM	15,969	57,086	73,055	126,772	-42.37%	33,252	674	33,926
West Virginia	Partnership	22,646	N/A	22,646	26,594	-14.85%	12,264	670	12,934
Subtotal for All States Expanding Medicaid		760,942	934,233	1,695,175	2,198,086	-23.09%	1,107,226	73,689	1,180,915
Expansions in Effect and Providing Coverage in Reporting		760,942	934,233	1,695,175	2,198,086	-23.09%	1,107,226	73,689	1,180,915
Subtotal for States Expanding Medicaid that Reported in January and February 2017				1,690,583	2,198,086	Difference January to February 2017 -507,503			

Table 3: Medicaid and CHIP: February 2017 Monthly Applications and Eligibility Determinations

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

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 02/1 - 02/28.
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 3: Medicaid and CHIP: February 2017 Monthly Applications and Eligibility Determinations

Column1	Column2	Applications	Column3	Column4	Column5	Column6	Determinations	Column7	Column8
States Not Expanding Medicaid	Marketplace Type	New Applications Submitted to Medicaid and CHIP Agencies, February 2017 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, February 2017 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, February 2017 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, January 2017 (Preliminary) (IV)	% Change January to February 2017 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, February 2017 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, February 2017 (Preliminary) (VII)	Total New Determinations, February 2017 (Preliminary) (VIII)
Alabama	FFM	15,214	N/A	15,214	18,097	-15.93%	25,073	3,679	28,752
Florida	FFM	246,147	N/A	246,147	304,159	-19.07%	119,192	16,167	135,359
Georgia	FFM	63,558	N/A	63,558	76,017	-16.39%	73,049	1,297	74,346
Idaho	SBM	8,341	-	8,341	14,027	-40.54%	5,013	401	5,414
Kansas	Plan Management	-	N/A	-	-	-	-	-	-
Maine	Plan Management	1,351	N/A	1,351	1,711	-21.04%	8,160	349	8,509
Mississippi	FFM/SBM-SHOP	15,736	N/A	15,736	20,006	-21.34%	11,320	494	11,814
Missouri	FFM	17,318	N/A	17,318	20,663	-16.19%	10,183	-	10,183
Nebraska	Plan Management	5,923	N/A	5,923	7,344	-19.35%	6,294	962	7,256
North Carolina	FFM	21,198	N/A	21,198	25,850	-18.00%	32,001	3,863	35,864
Oklahoma	FFM	36,336	N/A	36,336	41,696	-12.85%	40,353	7,261	47,614
South Carolina	FFM	21,957	N/A	21,957	25,114	-12.57%	5,720	105	5,825
South Dakota	Plan Management	2,294	N/A	2,294	2,861	-19.82%	1,260	-	1,260
Tennessee	FFM	530	N/A	530	653	-18.84%	-	486	486
Texas	FFM	100,193	N/A	100,193	120,281	-16.70%	106,585	14,098	120,683
Utah	FFM/SBM-SHOP	19,810	N/A	19,810	27,933	-29.08%	50,577	-	50,577
Virginia	Plan Management	20,763	N/A	20,763	25,180	-17.54%	14,227	615	14,842
Wisconsin	FFM	22,542	N/A	22,542	28,443	-20.75%	20,041	1,215	21,256
Wyoming	FFM	-	N/A	-	-	-	-	-	-
Subtotal for All States Not Expanding Medicaid		619,211	-	619,211	760,035	-18.53%	529,048	50,992	580,040
Expanding Medicaid that Reported in January and February 2017				619,211	760,035	Difference January to February 2017 -140,824			
Total Across All States	Column1	1,380,153	934,233	2,314,386	2,958,121	-21.92%	1,636,274	124,681	1,760,955
Total for States that Reported in January and February 2017				2,309,794	2,958,121	Difference January to February 2017 -648,327			

Table 3: Medicaid and CHIP: February 2017 Monthly Applications and Eligibility Determinations

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

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