

Changes in Medicaid and CHIP Enrollment

MACPAC has been tracking enrollment in Medicaid and the State Children’s Health Insurance Program (CHIP) since its inaugural report in 2011. The December 2018 release of *MACStats: Medicaid and CHIP Data Book* documented Medicaid and CHIP enrollment changes between July 2017 and July 2018, the first time since implementation of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) that we noted a decline in Medicaid enrollment (MACPAC 2018a). More recent data continue to show a decrease in national enrollment, although with variation across states.

In this brief, we describe national and state-level enrollment data, and then discuss recent changes in insurance and employment that might provide possible explanations for enrollment changes. Overall, there does not appear to be a consistent pattern among states experiencing declines in enrollment. That is, declining enrollment is occurring in expansion and non-expansion states, urban and rural states, among adults and children, and in states with higher and lower rates of insurance coverage and employment.

Enrollment Trends

Overall, Medicaid and CHIP enrollment has declined in 18 of the past 24 months. Total enrollment in Medicaid and CHIP declined from 74.3 million in July 2017 to 72.4 million in July 2019, a decline of approximately 2 million enrollees or 2.6 percent. This figure includes a decline of almost 1.1 million children (3.0 percent) and 800,000 adults (2.3 percent).¹ Additional monthly detail on the national trend is included in the appendix (Table A1).

These national numbers, however, mask variation across states, including both changes in total enrollment and in the distribution of changes between children and adults. During this time period, 15 states saw increases in total enrollment, with Virginia experiencing the largest increase—slightly over 30 percent—due in part to implementation of the ACA Medicaid expansion to adults without dependent children in January 2019. The remaining 36 states, including the District of Columbia, saw enrollment declines. Twenty-six of these states had declines greater than the national decline of 2.7 percent, with Missouri experiencing the largest decline in total enrollment of 14 percent (Table 1). State-by-state data for total Medicaid and CHIP enrollment, as well as for adults and children, are included in the appendix (Table A2).

TABLE 1. States with the Largest Declines in Medicaid and CHIP Enrollment, July 2017–July 2019

Percent decline in total Medicaid and CHIP enrollment		Percent decline in child Medicaid and CHIP enrollment		Percent decline in adult Medicaid and CHIP enrollment	
State	Change (%)	State	Change (%)	State	Change (%)
Missouri	-14.0%	Missouri	-15.6%	Wyoming	-18.4%
Ohio	-10.9	Idaho	-12.0%	Ohio	-12.7
Idaho	-9.9	Utah	-10.8	Kansas	-12.6
Vermont	-8.3	Louisiana	-9.6	Arkansas	-11.6
Colorado	-8.2	Ohio	-8.5	Vermont	-10.7



TABLE 1. (continued)

Percent decline in total Medicaid and CHIP enrollment		Percent decline in child Medicaid and CHIP enrollment		Percent decline in adult Medicaid and CHIP enrollment	
State	Change (%)	State	Change (%)	State	Change (%)
Kansas	-8.2	Colorado	-8.0	Illinois	-9.2
Illinois	-7.5	New Mexico	-7.9	Missouri	-8.9
Wyoming	-6.9	Mississippi	-6.5	Colorado	-8.0
New Mexico	-6.6	Kansas	-6.4	West Virginia	-6.7
West Virginia	-6.2	Maine	-6.2	Hawaii	-6.5
United States	-2.6%	-	-3.0%	-	-2.3%

Notes: Child enrollment was not reported in Arizona, the District of Columbia, and Tennessee in June 2017 and in Arizona and the District of Columbia for June 2019.

Source: MACPAC analysis of CMS monthly Medicaid & CHIP application, eligibility determination, and enrollment reports and data.

Change in insurance coverage

Declines in enrollment have raised questions about whether individuals who lost Medicaid are securing other coverage or becoming uninsured. While available data do not allow for tracking the outcomes of particular individuals, survey data can provide overall trends in coverage patterns. Specifically, data from the American Community Survey (ACS) show that the number of uninsured individuals increased significantly nationally, as well as among children and adults between 2017 and 2018 (Table 2). The number of uninsured individuals increased across racial and ethnic groups, including among white, non-Hispanics; black, non-Hispanics; and Hispanics. Overall, and for adults, the number of individuals covered by private insurance increased, while the number of children covered by private insurance declined.

TABLE 2. Changes in Uninsurance by Age and Race and Ethnicity, 2017–2018

Characteristic	Number	Percent
Total	546,279 *	0.2 *
Age		
Children	130,560 *	0.2 *
Adults	415,719 *	0.1
Race and ethnicity		
White, non-Hispanic	-217,322 *	0.1
Black, non-Hispanic	236,556 *	0.1
Asian	187,769	-0.3 *
Other, non-Hispanic	-216,984	0.2
Hispanic (any race)	917,152 *	0.1

Notes: Children are age 0–18; adults are age 19 and older. Respondents have the option of reporting more than one race. This table shows data for those reporting only one race.

* Indicates a statistically significant change between 2017 and 2018.

Source: MACPAC analysis of the 2017 and 2018 American Community Survey (ACS).

Seven states had significant increases in the percentage of uninsured individuals between 2017 and 2018, while the percentage of uninsured individuals decreased in four states.² Five states saw an increase in the percentage of uninsured children and no state saw an increase in the percentage of uninsured adults. State-level changes are shown in the appendix (Table A3).

Change in employment

Medicaid is often described as a countercyclical program; that is, Medicaid enrollment increases during economic downturns as individuals lose jobs and incomes decline. As the economy improves, enrollment growth slows and typically stabilizes, although historically, it has not fallen to prerecession levels (MACPAC 2018b, 2018c, OACT 2016).

Nationally, employment has increased over the past few years; however, the increase has not been consistent across states (BLS 2019). Between July 2017 and July 2019, all but seven states experienced an increase in the number of employed individuals; however, the gains in employment do not necessarily align with declines in enrollment. Five states that had a decline in the number of individuals enrolled in Medicaid did not have an increase in employment; 13 states that had increases in employment did not have enrollment declines in Medicaid (Table A4). Furthermore, we are not able to discern from available data whether the population eligible for Medicaid benefited from the uptick in employment. Existing data sources do not allow us to determine whether individuals who disenroll from Medicaid do so because of a change in job status (i.e., increased compensation or gained a job), or whether that employment change is accompanied by an offer of employer-based coverage.

Factors Affecting Changes in Enrollment

A number of factors may help to explain the decline in Medicaid and CHIP enrollment. To gain a better understanding of these factors, MACPAC spoke with Medicaid officials in a number of states. States did not have a single explanation for the enrollment declines, and many states suggested multiple contributing reasons. First, changes to eligibility systems or processes may result in individuals being disenrolled. Second, as noted above, the improving economy may have led to slower enrollment growth. Third, federal policy changes may have led to fewer individuals applying for or renewing coverage. All of the states we spoke with were tracking their data closely and attempting to discern the reasons for the declines in enrollment. These factors were not necessarily mutually exclusive and may play larger or smaller roles in different states.

Systems issues. When states launched new eligibility systems in response to changes in the ACA, technical issues were common and a number of states delayed processing renewals. This was a mitigation strategy approved by the Centers for Medicare & Medicaid Services (CMS) to help states transition to upgraded systems at the same time that many faced an influx of new applications (CMS 2013). As these systems have matured, states have been able to return to processing renewals, some after considerable delays. During this time, individuals remained in Medicaid, although it is not clear whether these individuals were aware of their ongoing coverage or received services. MACPAC spoke to a number of state officials who mentioned that the decline in enrollment was due in part to restarting the renewal process, as some individuals were found to be no longer eligible and others did not respond to renewal requests.



The ACA gave states broader access to third-party data sources and required states to use these data to verify eligibility whenever possible, instead of requiring applicants to document their eligibility.³ One state noted that its upgraded system now allows for verification of quarterly wage data. Following implementation of this income check, enrollment declined in that state.

Eligibility processing changes. Given the complexity of eligibility, enrollment, and renewal processing, and the changes mandated under the ACA, confusion regarding the interpretation of certain rules or difficulty in implementing the changes may have led to enrollment declines in some states. For example, some states noted that their processes for conducting renewals (beyond the pause in renewals noted above) and issuing notices were not in compliance with the established rules. After taking action to resolve these issues, states reprocessed cases, causing some individuals to be disenrolled. Another state mentioned that coordination problems between Medicaid and CHIP may have led to children losing coverage rather than transitioning from one program to another when parents experienced income changes. That state is focusing on how to improve the process for transfers between programs to ensure that children eligible for coverage do not slip through the cracks.

Economic conditions. A number of state officials cited the improving economy over the last several years as a contributing factor to the decline in enrollment.

Federal policy changes. States also mentioned that various federal policy changes may also have had an effect on Medicaid and CHIP enrollment.⁴ For example, starting with the 2019 plan year, the financial penalty for not having health insurance is no longer in effect.⁵ In addition, a proposed rule that would change the definition of public charge for purposes of immigration status may have had a chilling effect on enrollment (Artiga et al. 2018).

Conclusion

While declines in Medicaid enrollment have been found both nationally and in certain states, there does not appear to be a single explanation for these changes. Various data sources provide some insight on the issue. For example, survey data may provide indications of whether individuals secure other coverage, but existing administrative data cannot provide more detail on the reasons individuals are no longer enrolled in Medicaid. States are required to submit data as part of the performance indicator data, but those data do not report specific denial reasons nor are they publicly available. As one state commented, a study of beneficiaries leaving Medicaid and CHIP could help discern the reasons for individual changes in coverage and whether individuals leaving Medicaid secured other coverage or lost it because they never received the notice or appropriate forms to remain enrolled.

In addition, formal outreach and press attention related to implementation of the ACA led to increases in enrollment across states for both children and adults (referred to as the woodwork or welcome mat effect), regardless of whether or not states expanded Medicaid (MACPAC 2019). The simultaneous shift to new eligibility systems also prevented a number of states from processing routine renewals. As such, it is difficult to discern what share of the increased enrollment is the result of ACA implementation (including Medicaid expansion, the individual mandate, the woodwork effect, and streamlined eligibility and enrollment processes) and what share might be the result of states pausing renewal processes as they shifted to new systems.



Furthermore, it may still be too early to gauge the expected enrollment among eligible individuals. It was anticipated that the ACA would lead to increased enrollment in Medicaid for a number of reasons, including the Medicaid expansion, heightened awareness of insurance options, and simplified enrollment and renewal processes. The multiple policy changes at both the federal and state level, as well as the simultaneous sustained economic growth, make it difficult to determine the post-ACA enrollment baseline.

Endnotes

¹ These data are from the performance indicator data set that states report monthly and are the most recent administrative data available. Reported declines among children and adults are among 48 reporting states. Arizona, the District of Columbia, and Tennessee did not report enrollment data for children in both time periods. Wherever possible, final updated numbers are reported. Additional information regarding differences across state reporting is available at <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>.

A smaller decline in enrollment was also seen in data reported on the CMS-64 Financial Management Report. These data show a reported decline of 0.2 percent, from 74.6 million in fiscal year (FY) 2016 to 74.4 million in FY 2017 (MACPAC 2018d, 2017). MACPAC uses CMS-64 data for state-level Medicaid spending and enrollment data. These sources differ in the timing of the reports and the enrollees covered. Performance indicator enrollment data are published monthly by CMS and only include full-benefit Medicaid and CHIP enrollees. CMS-64 enrollment data are published quarterly and include Medicaid enrollees with limited benefits but exclude CHIP enrollees. Both sources provide more up-to-date information than the Medicaid Statistical Information System (MSIS).

² These data differ from those reported by the Census Bureau due to rounding in the publicly-available dataset.

³ This broader access was facilitated through the federal data services hub, an electronic resource developed and maintained by CMS that provides data verification services to state-based exchanges, the federally facilitated exchange, and all state Medicaid agencies. Data sources provided through the hub include those from relevant federal agencies such as the Social Security Administration, the U.S. Department of Homeland Security, and the Internal Revenue Service, as well as proprietary data sources, such as the Equifax Work Number database.

⁴ A decline in outreach and enrollment efforts may have also contributed to the change in enrollment, with one state commenting that it no longer conducted outreach campaigns. While not explicitly mentioned, federal outreach efforts have also waned in recent years. For example, the Trump Administration reduced funding for outreach and enrollment efforts associated with the ACA open enrollment period (Armour 2018, Galewitz 2018). Due to the delay in CHIP reauthorization, annual grants to states for child-focused outreach and enrollment activities were not awarded between June 2018 and July 2019 (CMS 2019).

⁵ While most Medicaid-eligible individuals were not subject to the individual mandate penalty, there was concern that these changes would reduce overall enrollment and may have had a spillover effect on Medicaid (Eibner and Nowak 2018).

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Appendix: National and State-Level Enrollment Trends in Medicaid and CHIP

TABLE A-1. Total Change in Medicaid and CHIP Enrollment, by Month

Month	Total Medicaid and CHIP enrollment	Percent change from prior month	Child enrollment in Medicaid and CHIP	Percent change from prior month	Adult enrollment in Medicaid and CHIP	Percent change from prior month
July 2017	74,318,227	NA	35,737,607	NA	35,089,019	NA
August 2017	74,313,460	-0.0%	35,743,881	0.0%	35,057,616	-0.1%
September 2017	74,135,896	-0.2%	35,689,791	-0.2%	34,921,631	-0.4%
October 2017	74,183,754	0.1%	35,747,036	0.2%	34,905,543	0.0%
November 2017	74,194,350	0.0%	35,726,535	-0.1%	34,932,044	0.1%
December 2017	74,298,153	0.1%	35,731,165	0.0%	35,038,164	0.3%
January 2018	74,131,893	-0.2%	35,671,825	-0.2%	34,952,715	-0.2%
February 2018	74,134,585	0.0%	35,698,491	0.1%	34,963,528	0.0%
March 2018	74,085,162	-0.1%	35,658,642	-0.1%	34,957,542	0.0%
April 2018	73,879,654	-0.3%	35,566,820	-0.3%	34,862,992	-0.3%
May 2018	73,712,772	-0.2%	35,470,957	-0.3%	34,809,002	-0.2%
June 2018	73,492,675	-0.3%	35,373,246	-0.3%	34,694,270	-0.3%
July 2018	73,408,771	-0.1%	34,712,283	-1.9%	34,662,847	-0.1%
August 2018	73,301,824	-0.1%	35,340,485	1.8%	34,626,331	-0.1%
September 2018	73,094,199	-0.3%	35,236,046	-0.3%	34,514,237	-0.3%
October 2018	73,020,009	-0.1%	35,196,037	-0.1%	34,478,183	-0.1%
November 2018	72,833,645	-0.3%	35,075,679	-0.3%	34,408,824	-0.2%
December 2018	72,638,276	-0.3%	34,979,886	-0.3%	34,302,375	-0.3%
January 2019	72,790,686	0.2%	35,018,893	0.1%	34,411,988	0.3%
February 2019	72,767,195	-0.0%	34,986,488	-0.1%	34,389,833	-0.1%
March 2019	72,706,575	-0.1%	34,922,872	-0.2%	34,381,270	0.0%
April 2019	72,616,941	-0.1%	34,838,016	-0.2%	34,362,915	-0.1%
May 2019	72,431,569	-0.3%	34,740,207	-0.3%	34,307,367	-0.2%
June 2019	72,321,440	-0.2%	34,670,787	-0.2%	34,241,764	-0.2%
July 2019	72,373,894	0.1%	34,658,822	0.0%	34,287,769	0.1%
Change: July 2017– July 2019	-1,944,333	-2.6%	-1,078,785	-3.0%	-801,250	-2.3%

Notes: CHIP is the State Children's Health Insurance Program. NA is not applicable. Child enrollment is not reported in Arizona, the District of Columbia, and Tennessee in June 2017 and in Arizona and the District of Columbia for June 2019. Because Tennessee did not report baseline data, the state is not included in either period. Due to these differences, total child and adult enrollment will not add to total enrollment. The change between July and August 2017 and between January and February 2019 are both negative, but round to zero.

Source: MACPAC analysis of Centers for Medicare & Medicaid Services monthly Medicaid and CHIP application, eligibility determination, and enrollment reports and data.

TABLE A-2. Change in Medicaid and CHIP Enrollment, July 2017–July 2019

State	Total Medicaid and CHIP enrollment				Total Medicaid and CHIP child enrollment				Total Medicaid and CHIP adult enrollment			
	July 2017	July 2019	Change (#)	Change (%)	July 2017	July 2019	Change (#)	Change (%)	July 2017	July 2019	Change (#)	Change (%)
Alabama	892,956	922,278	29,322	3.3%	632,055	658,658	26,603	4.2%	260,901	263,620	2,719	1.0%
Alaska	196,121	223,117	26,996	13.8%	90,562	97,913	7,351	8.1%	105,559	125,204	19,645	18.6%
Arizona	1,745,097	1,715,655	-29,442	-1.7%	–	–	–	–	–	–	–	–
Arkansas	909,062	855,214	-53,848	-5.9%	428,473	430,497	2,024	0.5%	480,589	424,717	-55,872	-11.6%
California	12,277,389	11,743,500	-533,889	-4.3%	5,170,276	4,896,086	-274,190	-5.3%	7,107,113	6,847,414	-259,699	-3.7%
Colorado	1,399,170	1,284,430	-114,740	-8.2%	626,771	573,848	-52,923	-8.4%	772,399	710,582	-61,817	-8.0%
Connecticut	799,837	857,415	57,578	7.2%	318,734	335,331	16,597	5.2%	481,103	522,084	40,981	8.5%
Delaware	244,960	248,021	3,061	1.2%	105,423	104,876	-547	-0.5%	139,537	143,145	3,608	2.6%
District of Columbia	261,683	256,417	-5,266	-2.0%	–	–	–	–	–	–	–	–
Florida	4,357,190	4,168,312	-188,878	-4.3%	2,600,220	2,453,288	-146,932	-5.7%	1,756,970	1,715,024	-41,946	-2.4%
Georgia	1,754,492	1,848,553	94,061	5.4%	1,229,982	1,270,146	40,164	3.3%	524,510	578,407	53,897	10.3%
Hawaii	346,435	328,393	-18,042	-5.2%	144,928	139,898	-5,030	-3.5%	201,507	188,495	-13,012	-6.5%
Idaho	294,571	265,493	-29,078	-9.9%	213,399	187,915	-25,484	-11.9%	81,172	77,578	-3,594	-4.4%
Illinois	3,073,670	2,843,003	-230,667	-7.5%	1,431,681	1,351,321	-80,360	-5.6%	1,641,989	1,491,682	-150,307	-9.2%
Indiana	1,494,850	1,461,778	-33,072	-2.2%	800,044	799,406	-638	-0.1%	694,806	662,372	-32,434	-4.7%
Iowa	666,420	697,504	31,084	4.7%	324,640	338,217	13,577	4.2%	341,780	359,287	17,507	5.1%
Kansas	403,231	370,250	-32,981	-8.2%	274,618	257,871	-16,747	-6.1%	128,613	112,379	-16,234	-12.6%
Kentucky	1,256,677	1,208,968	-47,709	-3.8%	571,129	559,856	-11,273	-2.0%	685,548	649,112	-36,436	-5.3%
Louisiana	1,449,244	1,362,789	-86,455	-6.0%	753,321	681,694	-71,627	-9.5%	695,923	681,095	-14,828	-2.1%
Maine	266,623	261,362	-5,261	-2.0%	111,689	105,223	-6,466	-5.8%	154,934	156,139	1,205	0.8%
Maryland	1,306,788	1,326,315	19,527	1.5%	608,867	622,113	13,246	2.2%	697,921	704,202	6,281	0.9%
Massachusetts	1,627,506	1,572,581	-54,925	-3.4%	677,640	670,701	-6,939	-1.0%	949,866	901,880	-47,986	-5.1%
Michigan	2,380,232	2,305,227	-75,005	-3.2%	959,107	937,799	-21,308	-2.2%	1,421,125	1,367,428	-53,697	-3.8%
Minnesota	1,065,061	1,046,325	-18,736	-1.8%	523,949	528,982	5,033	1.0%	541,112	517,343	-23,769	-4.4%
Mississippi	656,733	620,982	-35,751	-5.4%	448,960	420,588	-28,372	-6.3%	207,773	200,394	-7,379	-3.6%
Missouri	967,477	832,109	-135,368	-14.0%	625,497	520,552	-104,945	-16.8%	341,980	311,557	-30,423	-8.9%
Montana	262,329	270,280	7,951	3.0%	126,705	124,442	-2,263	-1.8%	135,624	145,838	10,214	7.5%
Nebraska	245,909	246,175	266	0.1%	162,998	163,737	739	0.5%	82,911	82,438	-473	-0.6%
Nevada	633,838	632,838	-1,000	-0.2%	302,777	298,790	-3,987	-1.3%	331,061	334,048	2,987	0.9%
New Hampshire	187,798	178,761	-9,037	-4.8%	93,045	89,372	-3,673	-3.9%	94,753	89,389	-5,364	-5.7%
New Jersey	1,780,482	1,722,602	-57,880	-3.3%	844,690	821,871	-22,819	-2.7%	935,792	900,731	-35,061	-3.7%
New Mexico	781,857	730,037	-51,820	-6.6%	355,085	328,470	-26,615	-7.5%	426,772	401,567	-25,205	-5.9%
New York	6,421,323	6,518,512	97,189	1.5%	2,472,253	2,491,366	19,113	0.8%	3,949,070	4,027,146	78,076	2.0%
North Carolina	1,789,708	1,738,840	-50,868	-2.8%	1,191,273	1,173,572	-17,701	-1.5%	598,435	565,268	-33,167	-5.5%
North Dakota	93,148	89,895	-3,253	-3.5%	43,670	42,191	-1,479	-3.4%	49,478	47,704	-1,774	-3.6%
Ohio	2,963,166	2,639,320	-323,846	-10.9%	1,240,933	1,135,783	-105,150	-8.5%	1,722,233	1,503,537	-218,696	-12.7%

TABLE A-2. (continued)

State	Total Medicaid and CHIP enrollment				Total Medicaid and CHIP child enrollment				Total Medicaid and CHIP adult enrollment			
	July 2017	July 2019	Change (#)	Change (%)	July 2017	July 2019	Change (#)	Change (%)	July 2017	July 2019	Change (#)	Change (%)
Oklahoma	802,957	782,645	-20,312	-2.5%	521,338	512,057	-9,281	-1.8%	281,619	270,588	-11,031	-3.9%
Oregon	989,582	986,744	-2,838	-0.3%	421,828	415,755	-6,073	-1.4%	567,754	570,989	3,235	0.6%
Pennsylvania	2,947,533	2,962,254	14,721	0.5%	1,389,565	1,396,947	7,382	0.5%	1,557,968	1,565,307	7,339	0.5%
Rhode Island	313,103	301,142	-11,961	-3.8%	121,328	120,129	-1,199	-1.0%	191,775	181,013	-10,762	-5.6%
South Carolina	1,032,955	1,037,023	4,068	0.4%	647,949	653,424	5,475	0.8%	385,006	383,599	-1,407	-0.4%
South Dakota	118,132	115,822	-2,310	-2.0%	81,141	78,414	-2,727	-3.4%	36,991	37,408	417	1.1%
Tennessee	1,484,821	1,455,231	-29,590	-2.0%	-	-	-	-	-	-	-	-
Texas	4,434,104	4,202,466	-231,638	-5.2%	3,503,931	3,304,170	-199,761	-5.7%	930,173	898,296	-31,877	-3.4%
Utah	307,267	309,995	2,728	0.9%	215,400	189,937	-25,463	-11.8%	91,867	120,058	28,191	30.7%
Vermont	168,455	154,546	-13,909	-8.3%	64,810	62,036	-2,774	-4.3%	103,645	92,510	-11,135	-10.7%
Virginia	1,015,609	1,336,892	321,283	31.6%	670,411	734,000	63,589	9.5%	345,198	602,892	257,694	74.7%
Washington	1,789,309	1,710,797	-78,512	-4.4%	842,023	822,214	-19,809	-2.4%	947,286	888,583	-58,703	-6.2%
West Virginia	563,596	528,876	-34,720	-6.2%	225,335	213,335	-12,000	-5.3%	338,261	315,541	-22,720	-6.7%
Wisconsin	1,037,696	1,040,306	2,610	0.3%	490,151	506,943	16,792	3.4%	547,545	533,363	-14,182	-2.6%
Wyoming	60,075	55,904	-4,171	-6.9%	37,003	37,088	85	0.2%	23,072	18,816	-4,256	-18.4%
United States	74,318,227	72,373,894	-1,944,333	-2.6%	35,737,607	34,658,822	-1,078,785	-3.0%	35,089,019	34,287,769	-801,250	-2.3%

Notes: CHIP is the State Children's Health Insurance Program. Child enrollment was not reported in Arizona, the District of Columbia, and Tennessee in June 2017 and in Arizona and the District of Columbia for June 2019. Because Tennessee did not report baseline data, the state is not included in either period. Due to these differences, total child and adult enrollment will not add to total enrollment.

- Dash indicates data are not available.

Source: MACPAC analysis of Centers for Medicare & Medicaid Services monthly Medicaid and CHIP application, eligibility determination, and enrollment reports and data.

TABLE A-3. Change in Medicaid and CHIP Enrollment (July 2017–July 2019) and Uninsured (2017–2018)

State	Change in Medicaid and CHIP enrollment			Change in uninsured (2017-2018)		
	Total	Children	Adults	Total	Children	Adults
Alabama	3.3%	4.2%	1.0%	0.6% *	0.4%	0.7%
Alaska	13.8%	8.1%	18.6%	-1.1%	-0.2%	-1.3%
Arizona	-1.7%	–	–	0.5% *	0.7%	0.5%
Arkansas	-5.9%	0.5%	-11.6%	0.3%	0.1%	0.5%
California	-4.3%	-5.3%	-3.7%	0.0%	0.0%	0.1%
Colorado	-8.2%	-8.4%	-8.0%	0.0%	0.3%	-0.1%
Connecticut	7.2%	5.2%	8.5%	-0.2%	-0.5%	-0.1%
Delaware	1.2%	-0.5%	2.6%	–	–	–
District of Columbia	-2.0%	–	–	-0.6%	0.6%	-0.9% *
Florida	-4.3%	-5.7%	-2.4%	0.1%	0.3%	0.0%
Georgia	5.4%	3.3%	10.3%	0.3%	0.6%	0.0%
Hawaii	-5.2%	-3.5%	-6.5%	0.3%	0.4%	0.2%
Idaho	-9.9%	-11.9%	-4.4%	1.0% *	1.5% *	0.7%
Illinois	-7.5%	-5.6%	-9.2%	0.2%	0.5% *	0.0%
Indiana	-2.2%	-0.1%	-4.7%	0.1%	0.3%	0.1%
Iowa	4.7%	4.2%	5.1%	0.0%	-0.4%	0.2%
Kansas	-8.2%	-6.1%	-12.6%	0.1%	-0.1%	0.1%
Kentucky	-3.8%	-2.0%	-5.3%	0.2%	0.0%	0.3%
Louisiana	-6.0%	-9.5%	-2.1%	-0.4%	0.3%	-0.6%
Maine	-2.0%	-5.8%	0.8%	-0.1%	0.6%	-0.3%
Maryland	1.5%	2.2%	0.9%	-0.1%	-0.5%	0.0%
Massachusetts	-3.4%	-1.0%	-5.1%	0.0%	-0.3% *	0.0%
Michigan	-3.2%	-2.2%	-3.8%	0.2%	0.4% *	0.2%
Minnesota	-1.8%	1.0%	-4.4%	0.0%	-0.1%	0.1%
Mississippi	-5.4%	-6.3%	-3.6%	0.1%	-0.1%	0.1%
Missouri	-14.0%	-16.8%	-8.9%	0.3%	0.6%	0.2%
Montana	3.0%	-1.8%	7.5%	-0.3%	0.3%	-0.4%
Nebraska	0.1%	0.5%	-0.6%	0.0%	0.1%	0.0%
Nevada	-0.2%	-1.3%	0.9%	0.0%	0.0%	0.0%
New Hampshire	-4.8%	-3.9%	-5.7%	-0.1%	0.3%	-0.2%
New Jersey	-3.3%	-2.7%	-3.7%	-0.3% *	0.2%	-0.4%
New Mexico	-6.6%	-7.5%	-5.9%	0.4%	0.2%	0.4%
New York	1.5%	0.8%	2.0%	-0.3% *	-0.2%	-0.3%
North Carolina	-2.8%	-1.5%	-5.5%	0.0%	0.5%	-0.1%
North Dakota	-3.5%	-3.4%	-3.6%	-0.2%	-1.5%	0.1%
Ohio	-10.9%	-8.5%	-12.7%	0.5% *	0.3%	0.5%
Oklahoma	-2.5%	-1.8%	-3.9%	0.0%	0.1%	0.0%
Oregon	-0.3%	-1.4%	0.6%	0.3%	0.0%	0.3%
Pennsylvania	0.5%	0.5%	0.5%	0.0%	0.0%	0.1%
Rhode Island	-3.8%	-1.0%	-5.6%	-0.5%	0.1%	-0.7%
South Carolina	0.4%	0.8%	-0.4%	-0.5% *	-0.4%	-0.6%
South Dakota	-2.0%	-3.4%	1.1%	0.7%	-0.3%	1.0%
Tennessee	-2.0%	–	–	0.6% *	0.8% *	0.5%
Texas	-5.2%	-5.7%	-3.4%	0.4% *	0.5% *	0.4%
Utah	0.9%	-11.8%	30.7%	0.2%	0.1%	0.4%
Vermont	-8.3%	-4.3%	-10.7%	-0.6%	0.4%	-0.8%
Virginia	31.6%	9.5%	74.7%	0.0%	0.0%	0.0%
Washington	-4.4%	-2.4%	-6.2%	0.3% *	0.1%	0.4%
West Virginia	-6.2%	-5.3%	-6.7%	0.3%	0.8%	0.2%
Wisconsin	0.3%	3.4%	-2.6%	0.1%	-0.1%	0.1%
Wyoming	-6.9%	0.2%	-18.4%	-1.8% *	-2.4%	-1.6%
United States	-2.6%	-3.0%	-2.3%	0.2% *	0.2% *	0.1%

Notes: CHIP is the State Children’s Health Insurance Program. Uninsured adults include individuals over age 65. Child enrollment was not reported in Arizona, the District of Columbia, and Tennessee in June 2017 and in Arizona and the District of Columbia for June 2019. Because Tennessee did not report baseline data, the state is not included in either period. Due to these differences, total child and adult enrollment will not add to total enrollment. After the release of the 2017 data products, the Census Bureau identified issues with data collection in Delaware. As a result, 2017 estimates of uninsurance for Delaware are not included. Estimates may not match those published by the Census Bureau due to rounding.

– Dash indicates data are not available.

* Star indicates statistically different from zero at the 90 percent confidence level.

Sources: MACPAC analysis of Centers for Medicare & Medicaid Services monthly Medicaid and CHIP application, eligibility determination, and enrollment reports and data. MACPAC analysis of U.S. Census Bureau, 2017 and 2018 1-Year American Community Surveys.

TABLE A-4. Change in Medicaid and CHIP Enrollment and Employment, July 2017–July 2019

State	Change in total Medicaid and CHIP enrollment		Change in number of employed individuals	
	Change (#)	Change (%)	Change (#)	Change (%)
Alabama	29,322	3.3%	87,413	4.2%
Alaska	26,996	13.8%	-6,348	-1.9%
Arizona	-29,442	-1.7%	188,780	6.0%
Arkansas	-53,848	-5.9%	17,267	1.3%
California	-533,889	-4.3%	276,219	1.5%
Colorado	-114,740	-8.2%	140,382	4.8%
Connecticut	57,578	7.2%	29,691	1.6%
Delaware	3,061	1.2%	17,309	3.8%
District of Columbia	-5,266	-2.0%	12,043	3.2%
Florida	-188,878	-4.3%	315,798	3.3%
Georgia	94,061	5.4%	80,035	1.7%
Hawaii	-18,042	-5.2%	-22,407	-3.4%
Idaho	-29,078	-9.9%	42,633	5.3%
Illinois	-230,667	-7.5%	53,632	0.9%
Indiana	-33,072	-2.2%	51,080	1.6%
Iowa	31,084	4.7%	52,977	3.3%
Kansas	-32,981	-8.2%	4,425	0.3%
Kentucky	-47,709	-3.8%	24,777	1.3%
Louisiana	-86,455	-6.0%	8,945	0.4%
Maine	-5,261	-2.0%	-2,905	-0.4%
Maryland	19,527	1.5%	49,472	1.6%
Massachusetts	-54,925	-3.4%	166,540	4.7%
Michigan	-75,005	-3.2%	83,255	1.8%
Minnesota	-18,736	-1.8%	46,221	1.6%
Mississippi	-35,751	-5.4%	-4,314	-0.4%
Missouri	-135,368	-14.0%	11,534	0.4%
Montana	7,951	3.0%	9,417	1.9%
Nebraska	266	0.1%	23,238	2.4%
Nevada	-1,000	-0.2%	85,248	6.1%
New Hampshire	-9,037	-4.8%	16,638	2.3%
New Jersey	-57,880	-3.3%	49,710	1.2%
New Mexico	-51,820	-6.6%	31,738	3.6%
New York	97,189	1.5%	31,507	0.3%
North Carolina	-50,868	-2.8%	157,878	3.3%
North Dakota	-3,253	-3.5%	-4,461	-1.1%
Ohio	-323,846	-10.9%	94,589	1.7%
Oklahoma	-20,312	-2.5%	17,958	1.0%
Oregon	-2,838	-0.3%	20,328	1.0%

TABLE A-4. (continued)

State	Change in total Medicaid and CHIP enrollment		Change in number of employed individuals	
	Change (#)	Change (%)	Change (#)	Change (%)
Pennsylvania	14,721	0.5%	107,844	1.8%
Rhode Island	-11,961	-3.8%	4,053	0.8%
South Carolina	4,068	0.4%	88,375	4.0%
South Dakota	-2,310	-2.0%	11,396	2.6%
Tennessee	-29,590	-2.0%	152,526	5.0%
Texas	-231,638	-5.2%	522,176	4.0%
Utah	2,728	0.9%	51,149	3.4%
Vermont	-13,909	-8.3%	4,449	1.3%
Virginia	321,283	31.6%	106,204	2.6%
Washington	-78,512	-4.4%	154,814	4.4%
West Virginia	-34,720	-6.2%	17,031	2.3%
Wisconsin	2,610	0.3%	-16,645	-0.5%
Wyoming	-4,171	-6.9%	-2,668	-1.0%

Notes: CHIP is the State Children's Health Insurance Program. Employment status of the civilian noninstitutional population is seasonally adjusted.

Sources: MACPAC analyses of Centers for Medicare & Medicaid Services monthly Medicaid and CHIP application, eligibility determination, and enrollment reports and data, and the Bureau of Labor Statistics Local Area Unemployment Statistics program.