

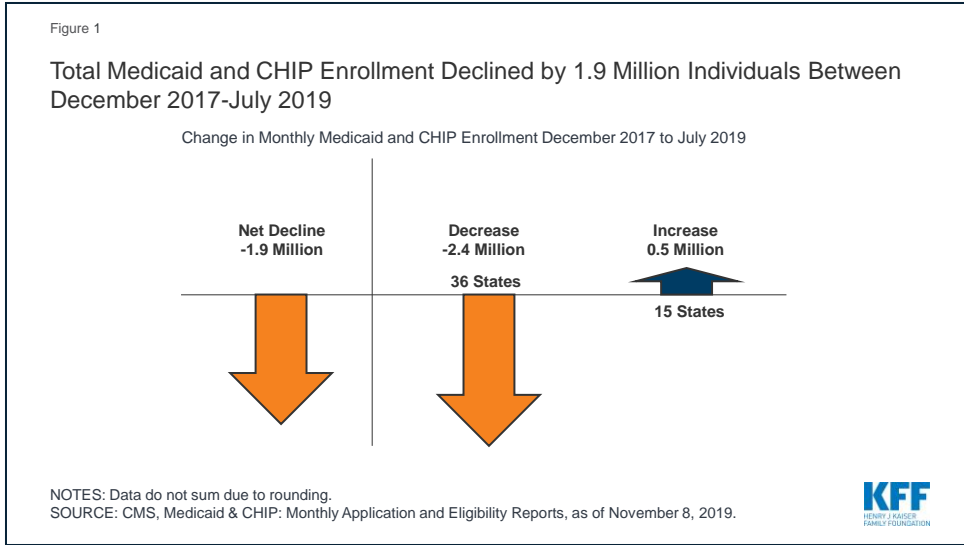
Analysis of Recent Declines in Medicaid and CHIP Enrollment

Following the implementation of the Affordable Care Act (ACA) Medicaid expansion to low-income adults in 2014, there were large increases in Medicaid and CHIP enrollment across states that built on steady progress covering children over the past decade. These increases reflected enrollment among newly eligible adults in states that implemented the expansion as well as enrollment among previously eligible adults and children due to enhanced outreach and enrollment efforts and updated enrollment procedures associated with the ACA. However, enrollment began declining in 2018 and continued to decline in 2019, reversing this trend. This fact sheet provides analysis of recent enrollment trends in Medicaid and CHIP and discusses potential factors contributing to the enrollment decline and its implications for coverage rates. It is based on Kaiser Family Foundation analysis of the Centers for Medicare and Medicaid Services (CMS) Performance Indicator Project Data.¹ The enrollment counts include full-benefit individuals of all ages enrolled in Medicaid and CHIP for each month, including those with retroactive, conditional, and presumptive eligibility.

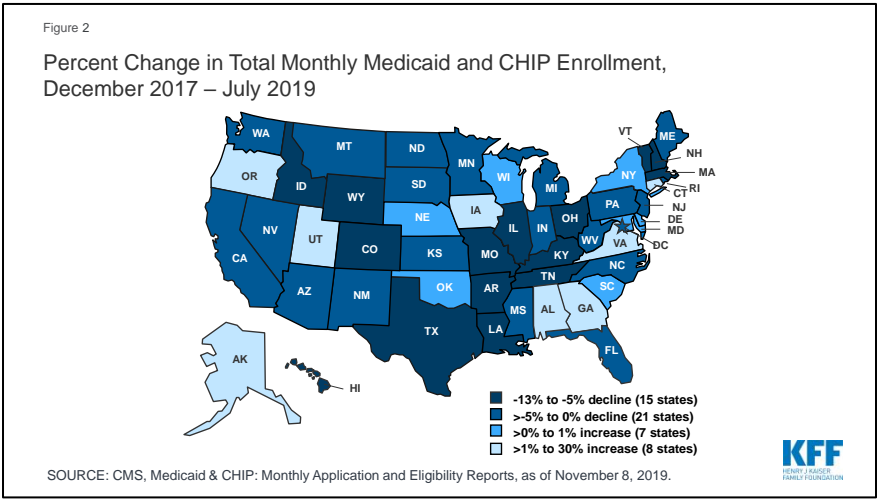
Enrollment Changes December 2017-July 2019

Between December 2017 and July 2019, there was a net decline in total Medicaid and CHIP of 1.9 million people or -2.6%, from 74.3 to 72.4 million enrollees (Figure 1 and Table 1). This reflected an enrollment decrease of 1.7 million or -2.2% between December 2017 to December 2018, and a continued decline of 265,000 or -0.4% from December 2018 to July 2019. While the rate of decline slowed in 2019, the data are not fully comparable to 2018 because they represent partial year data. Total enrollment for both children and adults declined across the 48 states able to report separate data for children and adults for the time period examined:

- **Enrollment for children fell by about a 1.1 million or -3.0%, from 35.7 million in December 2017 to 34.7 million in July 2019.** This included a decrease of 751,000 or -2.1% between December 2017 to December 2018, and a continued decline of 321,000 or -0.9% between December 2018 and July 2019.
- **Enrollment for adults fell by 750,000 or -2.1%, from 35.0 million in December 2017 to 34.3 million in July 2019.** This included a decrease of 736,000 or -2.1% between December 2017 and December 2018, and a continued decline of 15,000 or <-1.0% between December 2018 and July 2019.



A total of 36 states, including the District of Columbia, had enrollment decreases between December 2017 and July 2019. About a third of states (15) had enrollment decreases of at least -5% between December 2017 and July 2019. States with the largest decreases included Missouri (-13.1%), Idaho (-10.8%), Wyoming (-8.5%), Ohio (-7.3%), and Illinois (-7.2%) (Figures 2 and 3). Enrollment remained flat or increased in 15 states, with the largest percent increases in Virginia (30.0%), Alaska (11.4%), and Iowa (4.4%). Virginia implemented the ACA Medicaid expansion to adults in January 2019, which accounts for its large growth in enrollment. Alaska also had a later implementation of its Medicaid expansion and is processing a backlog of applications, factors which may be contributing to its enrollment increase.²



Among the 48 states able to report separate data for children, between December 2017 and July 2019, there were enrollment declines for children in 36 states, and 34 states had enrollment decreases for adults. States with the largest percent enrollment decreases for children included Missouri (-16.1%), Idaho (-13.2%), and Utah (-9.7%). The largest percent enrollment decreases for adults were in Arkansas (-11.0%), Illinois (-8.9%), and Ohio (-8.7%). The largest percent increases for children

occurred in Virginia (7.4%), Alaska (7.2%), and Iowa (4.1%), and, for adults, the largest percent increases were in Virginia (74.7%), Utah (30.2%), and Alaska (14.9%).

Total enrollment as of July 2019 remains 28% higher compared to states' pre-ACA monthly average enrollment in the 49 states reporting data for both periods. However, July 2019 enrollment fell below pre-ACA monthly average enrollment levels in six states: Wyoming (-17.2%), Vermont (-4.1%), Kansas (-2.1%), Missouri (-1.7%), Oklahoma (-0.9%), and Texas (-0.02%).

Factors Contributing to Enrollment Declines

The enrollment declines observed since December 2017 reverse a previous trend of Medicaid and CHIP enrollment increases and raise questions about whether they reflect a growing number of individuals becoming uninsured or transitioning to other coverage.

Some of the decrease may reflect individuals moving to other coverage as a result of increases in income or changes in employment amid the improving economy. However, gains in employment may not necessarily translate into increases in employer-sponsored insurance (ESI). Lower-income workers are less likely to have an offer of ESI through their job and, even if an offer is available, it may not be affordable. A portion of the decline may also reflect some states catching up on redeterminations after having delayed them for a period of time as they implemented new systems under the ACA. Once states re-start renewals after a period of delay, they experience a drop-off in enrollment as they process renewals that had been in suspended status and determine some people are no longer eligible.

Survey data show a rise in the uninsured rate between 2017 and 2018, driven by decreases in Medicaid and CHIP coverage, suggesting that some individuals being disenrolled are becoming uninsured.³ [Experiences in some states](#) suggest that some eligible people may be losing coverage due to barriers maintaining coverage associated with renewal processes and periodic eligibility checks.⁴ Although states have implemented updated and more automated renewal processes under the ACA and some have taken up options to reduce churn or people moving on and off the program over short periods of time, eligible individuals may still face barriers to maintaining coverage.⁵ For example, eligible individuals remain at risk for losing coverage if they do not receive or understand notices or forms requesting additional information to verify eligibility or do not respond to requests within required timeframes. Individuals may not understand or receive notices due to language or literacy challenges or if they have unstable housing arrangements or move frequently. Moreover, the growing use of periodic data checks by states may increase coverage gaps or churn, causing people to move on and off of coverage due to a temporary small increase in income, for example, from overtime or seasonal work.

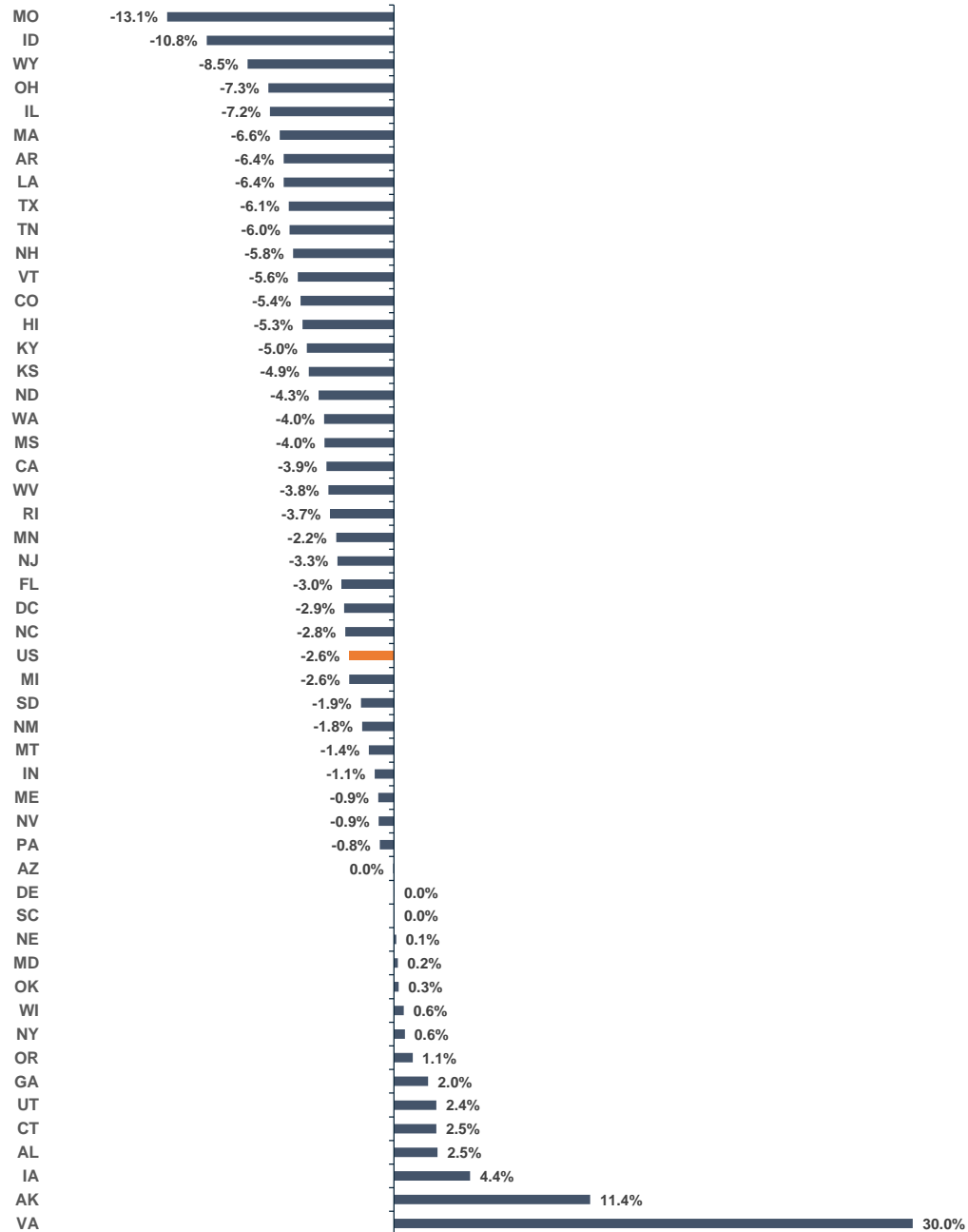
CMS's heightened focus on reducing errors in eligibility determinations could have trade-offs that make it more difficult for eligible people to obtain and maintain Medicaid coverage. CMS has increased its focus on beneficiary eligibility determinations as part of program integrity efforts, and indicated plans to change eligibility rules and tighten standards for eligibility verification to reduce improper payment rates associated with eligibility errors.^{6,7} These errors do not necessarily reflect fraud and abuse. [HHS](#) notes that the majority of these errors are due to instances where information required

for eligibility determination was missing from state systems and/or states did not follow the appropriate process for determining beneficiary eligibility, and that they do not necessarily mean that a person was ineligible for the program. For example, a person could have been eligible but lacked proper documentation of eligibility or the person could have been placed in an incorrect eligibility category. Increased documentation and verification requirements could reduce instances of ineligible people being enrolled in the program and other eligibility errors, but result in greater enrollment barriers for people who are eligible for the program at the same time. The modernized enrollment and renewal processes established under the ACA were designed based on prior research and evidence that frequent documentation requirements serve as an enrollment barrier for eligible families.⁸

Other factors may also be leading to fall offs in Medicaid and CHIP coverage among individuals who remain eligible for the program. For example, the administration has reduced funds to support outreach and enrollment assistance, which is often an important for getting and keeping eligible families enrolled in coverage.⁹ Moreover, a growing body of research indicates that the shifting immigration policy environment may be deterring some families from enrolling themselves or their children in coverage or continuing coverage at renewal.^{10,11}

Figure 3

Percent Change in Total Monthly Medicaid and CHIP Enrollment from December 2017 – July 2019



SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, as of November 8, 2019.



Table 1: Total Monthly Enrollment in Medicaid and CHIP, December 2017 to July 2019

State	Expansion Status (as of 7/2019)	December 2017	December 2018	July 2019	Percent Change		
					12/17-12/18	12/18-7/19	12/17-7/19
US	--	74,298,153	72,638,276	72,373,894	-2.2%	-0.4%	-2.6%
AL	Not Adopted	899,570	911,983	922,278	1.4%	1.1%	2.5%
AK	Adopted	200,369	211,912	223,117	5.8%	5.3%	11.4%
AZ	Adopted	1,716,236	1,700,470	1,715,655	-0.9%	0.9%	0.0%
AR	Adopted	913,552	850,580	855,214	-6.9%	0.5%	-6.4%
CA	Adopted	12,220,546	11,927,676	11,743,500	-2.4%	-1.5%	-3.9%
CO	Adopted	1,357,645	1,305,951	1,284,430	-3.8%	-1.6%	-5.4%
CT	Adopted	836,906	855,943	857,415	2.3%	0.2%	2.5%
DE	Adopted	247,948	248,964	248,021	0.4%	-0.4%	0.0%
DC	Adopted	264,016	259,243	256,417	-1.8%	-1.1%	-2.9%
FL	Not Adopted	4,297,880	4,207,568	4,168,312	-2.1%	-0.9%	-3.0%
GA	Not Adopted	1,812,561	1,821,852	1,848,553	0.5%	1.5%	2.0%
HI	Adopted	346,747	331,075	328,393	-4.5%	-0.8%	-5.3%
ID	Not Implemented	297,688	280,570	265,493	-5.8%	-5.4%	-10.8%
IL	Adopted	3,062,268	2,860,188	2,843,003	-6.6%	-0.6%	-7.2%
IN	Adopted	1,478,130	1,450,933	1,461,778	-1.8%	0.7%	-1.1%
IA	Adopted	668,047	691,918	697,504	3.6%	0.8%	4.4%
KS	Not Adopted	389,441	389,535	370,250	0.0%	-5.0%	-4.9%
KY	Adopted	1,272,976	1,222,239	1,208,968	-4.0%	-1.1%	-5.0%
LA	Adopted	1,455,541	1,449,085	1,362,789	-0.4%	-6.0%	-6.4%
ME	Adopted	263,741	256,900	261,362	-2.6%	1.7%	-0.9%
MD	Adopted	1,323,306	1,316,115	1,326,315	-0.5%	0.8%	0.2%
MA	Adopted	1,683,846	1,598,878	1,572,581	-5.0%	-1.6%	-6.6%
MI	Adopted	2,366,223	2,333,409	2,305,227	-1.4%	-1.2%	-2.6%
MN	Adopted	1,082,484	1,069,346	1,046,325	-1.2%	-2.2%	-3.3%
MS	Not Adopted	646,923	620,567	620,982	-4.1%	0.1%	-4.0%
MO	Not Adopted	957,642	888,597	832,109	-7.2%	-6.4%	-13.1%
MT	Adopted	274,234	279,675	270,280	2.0%	-3.4%	-1.4%
NE	Not Implemented	245,863	247,510	246,175	0.7%	-0.5%	0.1%
NV	Adopted	638,420	636,208	632,838	-0.3%	-0.5%	-0.9%
NH	Adopted	189,811	184,476	178,761	-2.8%	-3.1%	-5.8%
NJ	Adopted	1,780,672	1,739,718	1,722,602	-2.3%	-1.0%	-3.3%
NM	Adopted	743,780	728,327	730,037	-2.1%	0.2%	-1.8%
NY	Adopted	6,477,870	6,523,404	6,518,512	0.7%	-0.1%	0.6%
NC	Not Adopted	1,789,111	1,763,338	1,738,840	-1.4%	-1.4%	-2.8%
ND	Adopted	93,983	91,072	89,895	-3.1%	-1.3%	-4.3%
OH	Adopted	2,845,785	2,651,092	2,639,320	-6.8%	-0.4%	-7.3%
OK	Not Adopted	780,488	774,952	782,645	-0.7%	1.0%	0.3%
OR	Adopted	976,182	979,447	986,744	0.3%	0.7%	1.1%
PA	Adopted	2,986,599	2,949,567	2,962,254	-1.2%	0.4%	-0.8%
RI	Adopted	312,705	311,254	301,142	-0.5%	-3.2%	-3.7%
SC	Not Adopted	1,036,707	1,044,270	1,037,023	0.7%	-0.7%	0.0%
SD	Not Adopted	118,085	116,290	115,822	-1.5%	-0.4%	-1.9%
TN	Not Adopted	1,548,572	1,396,302	1,455,231	-9.8%	4.2%	-6.0%
TX	Not Adopted	4,474,461	4,308,644	4,202,466	-3.7%	-2.5%	-6.1%
UT	Not Implemented*	302,585	288,403	309,995	-4.7%	7.5%	2.4%
VT	Adopted	163,649	160,114	154,546	-2.2%	-3.5%	-5.6%
VA	Adopted	1,028,297	1,053,309	1,336,892	2.4%	26.9%	30.0%
WA	Adopted	1,782,832	1,739,111	1,710,797	-2.5%	-1.6%	-4.0%
WV	Adopted	549,678	532,144	528,876	-3.2%	-0.6%	-3.8%
WI	Not Adopted	1,034,480	1,020,034	1,040,306	-1.4%	2.0%	0.6%
WY	Not Adopted	61,072	58,118	55,904	-4.8%	-3.8%	-8.5%

NOTES: *Utah implemented a coverage expansion for adults to 100% FPL beginning 4/1/2019, at the state's regular matching rate.
SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, as of November 8, 2019.

Table 2: Total Monthly Child Enrollment in Medicaid and CHIP, December 2017 to July 2019

State	Expansion Status (as of 7/2019)	December 2017	December 2018	July 2019	Percent Change		
					12/17-12/18	12/18-7/19	12/17-7/19
US	--	35,731,165	34,979,886	34,658,822	-2.1%	-0.9%	-3.0%
AL	Not Adopted	637,705	650,406	658,658	2.0%	1.3%	3.3%
AK	Adopted	91,360	94,469	97,913	3.4%	3.6%	7.2%
AZ	Adopted	N/A	N/A	N/A	N/A	N/A	N/A
AR	Adopted	436,335	426,599	430,497	-2.2%	0.9%	-1.3%
CA	Adopted	5,124,031	4,971,516	4,896,086	-3.0%	-1.5%	-4.4%
CO	Adopted	610,867	588,054	573,848	-3.7%	-2.4%	-6.1%
CT	Adopted	331,812	330,253	335,331	-0.5%	1.5%	1.1%
DE	Adopted	105,969	105,732	104,876	-0.2%	-0.8%	-1.0%
DC	Adopted	N/A	N/A	N/A	N/A	N/A	N/A
FL	Not Adopted	2,556,257	2,487,155	2,453,288	-2.7%	-1.4%	-4.0%
GA	Not Adopted	1,266,151	1,245,555	1,270,146	-1.6%	2.0%	0.3%
HI	Adopted	144,476	140,392	139,898	-2.8%	-0.4%	-3.2%
ID	Not Implemented	216,479	202,303	187,915	-6.5%	-7.1%	-13.2%
IL	Adopted	1,424,819	1,356,850	1,351,321	-4.8%	-0.4%	-5.2%
IN	Adopted	798,671	800,565	799,406	0.2%	-0.1%	0.1%
IA	Adopted	324,934	334,623	338,217	3.0%	1.1%	4.1%
KS	Not Adopted	269,068	270,256	257,871	0.4%	-4.6%	-4.2%
KY	Adopted	576,740	564,123	559,856	-2.2%	-0.8%	-2.9%
LA	Adopted	739,852	713,819	681,694	-3.5%	-4.5%	-7.9%
ME	Adopted	110,245	104,796	105,223	-4.9%	0.4%	-4.6%
MD	Adopted	614,353	618,583	622,113	0.7%	0.6%	1.3%
MA	Adopted	708,729	685,233	670,701	-3.3%	-2.1%	-5.4%
MI	Adopted	950,347	948,635	937,799	-0.2%	-1.1%	-1.3%
MN	Adopted	533,361	536,246	528,982	0.5%	-1.4%	-0.8%
MS	Not Adopted	442,959	420,209	420,588	-5.1%	0.1%	-5.1%
MO	Not Adopted	620,110	564,476	520,552	-9.0%	-7.8%	-16.1%
MT	Adopted	128,671	127,863	124,442	-0.6%	-2.7%	-3.3%
NE	Not Implemented	162,432	164,913	163,737	1.5%	-0.7%	0.8%
NV	Adopted	304,036	303,343	298,790	-0.2%	-1.5%	-1.7%
NH	Adopted	93,672	91,337	89,372	-2.5%	-2.2%	-4.6%
NJ	Adopted	842,208	826,159	821,871	-1.9%	-0.5%	-2.4%
NM	Adopted	342,450	330,359	328,470	-3.5%	-0.6%	-4.1%
NY	Adopted	2,495,945	2,504,152	2,491,366	0.3%	-0.5%	-0.2%
NC	Not Adopted	1,195,995	1,186,195	1,173,572	-0.8%	-1.1%	-1.9%
ND	Adopted	44,054	43,094	42,191	-2.2%	-2.1%	-4.2%
OH	Adopted	1,199,240	1,143,206	1,135,783	-4.7%	-0.6%	-5.3%
OK	Not Adopted	507,980	507,792	512,057	0.0%	0.8%	0.8%
OR	Adopted	419,719	414,548	415,755	-1.2%	0.3%	-0.9%
PA	Adopted	1,402,983	1,390,084	1,396,947	-0.9%	0.5%	-0.4%
RI	Adopted	123,138	122,710	120,129	-0.3%	-2.1%	-2.4%
SC	Not Adopted	649,599	653,431	653,424	0.6%	0.0%	0.6%
SD	Not Adopted	80,698	78,791	78,414	-2.4%	-0.5%	-2.8%
TN	Not Adopted	N/A	N/A	823,761	N/A	N/A	N/A
TX	Not Adopted	3,552,079	3,406,298	3,304,170	-4.1%	-3.0%	-7.0%
UT	Not Implemented*	210,398	195,061	189,937	-7.3%	-2.6%	-9.7%
VT	Adopted	63,873	63,270	62,036	-0.9%	-2.0%	-2.9%
VA	Adopted	683,182	702,460	734,000	2.8%	4.5%	7.4%
WA	Adopted	844,862	829,464	822,214	-1.8%	-0.9%	-2.7%
WV	Adopted	220,127	214,948	213,335	-2.4%	-0.8%	-3.1%
WI	Not Adopted	487,265	480,642	506,943	-1.4%	5.5%	4.0%
WY	Not Adopted	40,929	38,918	37,088	-4.9%	-4.7%	-9.4%

NOTES: N/A: Data to calculate separate enrollment for adults and children are not available. Children's enrollment in TN was released starting in May 2019 but was omitted from the U.S. totals and change analysis because data were not available for the total time period examined. *Utah implemented a coverage expansion for adults to 100% FPL beginning April 1, 2019, at the state's regular matching rate. SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, as of November 8, 2019.

Table 3: Total Monthly Adult Enrollment in Medicaid and CHIP, December 2017 to July 2019

State	Expansion Status (as of 7/2019)	December 2017	December 2018	July 2019	Percent Change		
					12/17-12/18	12/18-7/19	12/17-7/19
US	--	35,038,164	34,302,375	34,287,769	-2.1%	0.0%	-2.1%
AL	Not Adopted	261,865	261,577	263,620	-0.1%	0.8%	0.7%
AK	Adopted	109,009	117,443	125,204	7.7%	6.6%	14.9%
AZ	Adopted	N/A	N/A	N/A	N/A	N/A	N/A
AR	Adopted	477,217	423,981	424,717	-11.2%	0.2%	-11.0%
CA	Adopted	7,096,515	6,956,160	6,847,414	-2.0%	-1.6%	-3.5%
CO	Adopted	746,778	717,897	710,582	-3.9%	-1.0%	-4.8%
CT	Adopted	505,094	525,690	522,084	4.1%	-0.7%	3.4%
DE	Adopted	141,979	143,232	143,145	0.9%	-0.1%	0.8%
DC	Adopted	N/A	N/A	N/A	N/A	N/A	N/A
FL	Not Adopted	1,741,623	1,720,413	1,715,024	-1.2%	-0.3%	-1.5%
GA	Not Adopted	546,410	576,297	578,407	5.5%	0.4%	5.9%
HI	Adopted	202,271	190,683	188,495	-5.7%	-1.1%	-6.8%
ID	Not Implemented	81,209	78,267	77,578	-3.6%	-0.9%	-4.5%
IL	Adopted	1,637,449	1,503,338	1,491,682	-8.2%	-0.8%	-8.9%
IN	Adopted	679,459	650,368	662,372	-4.3%	1.8%	-2.5%
IA	Adopted	343,113	357,295	359,287	4.1%	0.6%	4.7%
KS	Not Adopted	120,373	119,279	112,379	-0.9%	-5.8%	-6.6%
KY	Adopted	696,236	658,116	649,112	-5.5%	-1.4%	-6.8%
LA	Adopted	715,689	735,266	681,095	2.7%	-7.4%	-4.8%
ME	Adopted	153,496	152,104	156,139	-0.9%	2.7%	1.7%
MD	Adopted	708,953	697,532	704,202	-1.6%	1.0%	-0.7%
MA	Adopted	975,117	913,645	901,880	-6.3%	-1.3%	-7.5%
MI	Adopted	1,415,876	1,384,774	1,367,428	-2.2%	-1.3%	-3.4%
MN	Adopted	549,123	533,100	517,343	-2.9%	-3.0%	-5.8%
MS	Not Adopted	203,964	200,358	200,394	-1.8%	0.0%	-1.8%
MO	Not Adopted	337,532	324,121	311,557	-4.0%	-3.9%	-7.7%
MT	Adopted	145,563	151,812	145,838	4.3%	-3.9%	0.2%
NE	Not Implemented	83,431	82,597	82,438	-1.0%	-0.2%	-1.2%
NV	Adopted	334,384	332,865	334,048	-0.5%	0.4%	-0.1%
NH	Adopted	96,139	93,139	89,389	-3.1%	-4.0%	-7.0%
NJ	Adopted	938,464	913,559	900,731	-2.7%	-1.4%	-4.0%
NM	Adopted	401,330	397,968	401,567	-0.8%	0.9%	0.1%
NY	Adopted	3,981,925	4,019,252	4,027,146	0.9%	0.2%	1.1%
NC	Not Adopted	593,116	577,143	565,268	-2.7%	-2.1%	-4.7%
ND	Adopted	49,929	47,978	47,704	-3.9%	-0.6%	-4.5%
OH	Adopted	1,646,545	1,507,886	1,503,537	-8.4%	-0.3%	-8.7%
OK	Not Adopted	272,508	267,160	270,588	-2.0%	1.3%	-0.7%
OR	Adopted	556,463	564,899	570,989	1.5%	1.1%	2.6%
PA	Adopted	1,583,616	1,559,483	1,565,307	-1.5%	0.4%	-1.2%
RI	Adopted	189,567	188,544	181,013	-0.5%	-4.0%	-4.5%
SC	Not Adopted	387,108	390,839	383,599	1.0%	-1.9%	-0.9%
SD	Not Adopted	37,387	37,499	37,408	0.3%	-0.2%	0.1%
TN	Not Adopted	N/A	N/A	631,470	N/A	N/A	N/A
TX	Not Adopted	922,382	902,346	898,296	-2.2%	-0.4%	-2.6%
UT	Not Implemented*	92,187	93,342	120,058	1.3%	28.6%	30.2%
VT	Adopted	99,776	96,844	92,510	-2.9%	-4.5%	-7.3%
VA	Adopted	345,115	350,849	602,892	1.7%	71.8%	74.7%
WA	Adopted	937,970	909,647	888,583	-3.0%	-2.3%	-5.3%
WV	Adopted	329,551	317,196	315,541	-3.7%	-0.5%	-4.3%
WI	Not Adopted	547,215	539,392	533,363	-1.4%	-1.1%	-2.5%
WY	Not Adopted	20,143	19,200	18,816	-4.7%	-2.0%	-6.6%

NOTES: N/A: Data to calculate separate enrollment for adults and children are not available. Children's enrollment in TN was released starting in May 2019 but was omitted from the U.S. totals and change analysis because data were not available for the total time period examined. *Utah implemented a coverage expansion for adults to 100% FPL beginning April 1, 2019, at the state's regular matching rate. SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, as of November 8, 2019.

ENDNOTES

¹ The data consists of monthly reports submitted by all 50 states and the District of Columbia on applications, eligibility, and enrollment activity. The enrollment counts include full-benefit individuals enrolled in Medicaid and CHIP for each month, including those with retroactive, conditional, and presumptive eligibility. Limited-benefit enrollees such as those with emergency Medicaid, family planning-only coverage and limited benefit dual eligible individuals are excluded. Centers for Medicare and Medicaid Services, “Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports: January 2014 - February 2019 (preliminary)”, Centers for Medicare and Medicaid Services, (May 10, 2019), <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollmentdata/monthly-reports/index.html>

² Elizabeth Earl, “State wrestles with sizeable backlog of Medicaid applications,” *Alaska Journal*, February 6, 2019, <https://www.alaskajournal.com/2019-02-06/state-wrestles-sizeable-backlog-medicaid-applications>

³ United States Census Bureau, *Health Insurance Coverage in the United States: 2018*, (Washington, DC: U.S. Census Bureau, September 10, 2019), <https://www.census.gov/library/publications/2019/demo/p60-267.html>

⁴ Samantha Artiga and Olivia Pham, *Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage*, (Washington, DC: Kaiser Family Foundation, September 2019), <https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/>.

⁵ Samantha Artiga and Olivia Pham, *Recent Medicaid/CHIP Enrollment Declines and Barriers to Maintaining Coverage*, (Washington, DC: Kaiser Family Foundation, September 2019), <https://www.kff.org/medicaid/issue-brief/recent-medicaid-chip-enrollment-declines-and-barriers-to-maintaining-coverage/>.

⁶ Centers for Medicare and Medicaid Services, *Oversight of State Medicaid Claiming and Program Integrity Expectations* (June 20, 2019), <https://www.medicaid.gov/federal-policy-guidance/downloads/cib062019.pdf>

⁷ Centers for Medicare and Medicaid Services, *CMS Administrator Seema Verma’s Speech to the National Association of Medicaid Directors in Washington, D.C.*, November 12, 2019, <https://www.cms.gov/newsroom/press-releases/cms-administrator-seema-vermas-speech-national-association-medicaid-directors-washington-dc>

⁸ Jessica Stephens and Samantha Artiga, *Key Lessons from Medicaid and CHIP for Outreach and Enrollment Under the Affordable Care Act*, (Washington, DC: Kaiser Family Foundation, June 4, 2013), <https://www.kff.org/medicaid/issue-brief/key-lessons-from-medicaid-and-chip-for-outreach-and-enrollment-under-the-affordable-care-act/> and Anne Dunkelberg and Molly O’Malley, *Children’s Medicaid and SCHIP in Texas: Tracking the Impact of Budget Cuts*, (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, July 2004), <http://www.kff.org/medicaid/7132.cfm>.

⁹ Karen Pollitz, Jennifer Tolbert, and Maria Diaz, *Data Note: Limited Navigator Funding for Federal Marketplace States*, (Washington, DC: Kaiser Family Foundation, November 2019), <https://www.kff.org/private-insurance/issue-brief/data-note-further-reductions-in-navigator-funding-for-federal-marketplace-states/>

¹⁰ Jennifer Tolbert, Samantha Artiga, and Olivia Pham, *Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care among Health Center Patients*, (Washington, DC: Kaiser Family Foundation, October 2019), <https://www.kff.org/medicaid/issue-brief/impact-of-shifting-immigration-policy-on-medicaid-enrollment-and-utilization-of-care-among-health-center-patients/>

¹¹ Hamutal Bernstein, Dulce Gonzalez, Michael Karpman, and Stephen Zuckerman, *With Public Charge Rule Looming, One in Seven Adults in Immigrant Families Reported Avoiding Public Benefit Programs in 2018*, (Washington, DC: Urban Institute, May 2019), <https://www.urban.org/urban-wire/public-charge-rule-looming-one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>