

**EXHIBIT 1. Medicaid and CHIP Enrollment as a Percentage of the U.S. Population, 2021 (millions)**

Population	Ever during FY 2021	Point in time during FY 2021	Point in time during CY 2021
	<b>Estimates based on administrative data (CMS)<sup>1</sup></b>		
Medicaid enrollees	87.8 <sup>3</sup>	84.8 <sup>3</sup>	Not available
CHIP enrollees	8.6 <sup>4</sup>	7.3 <sup>5</sup>	Not available
<b>Totals for Medicaid and CHIP</b>	<b>96.4</b>	<b>92.1</b>	<b>59.4</b>
	<b>U.S. Census Bureau data</b>		
U.S. population	332.1 <sup>6</sup>	331.8 <sup>6</sup>	324.0
	<b>Administrative and Census Bureau data</b>		
Medicaid and CHIP enrollment as a percentage of U.S. population	29.0% <sup>1</sup>	27.8%	18.3%

**Notes:** FY is fiscal year. CY is calendar year. CMS is Centers for Medicare & Medicaid Services. NHIS is National Health Interview Survey. Excludes the territories. Medicaid and CHIP enrollment numbers can vary for reasons including differences in the sources of data (e.g., administrative records versus survey interviews), categories of individuals included in the data (e.g., those receiving full versus limited benefits, those who are living in the community versus an institution such as a nursing facility), and the enrollment period examined (e.g., ever during the year versus at a point in time). For a more detailed discussion of enrollment numbers, see <https://www.macpac.gov/macstats/data-sources-and-methods/>.

<sup>1</sup> Estimates based on administrative data are from CMS-64 enrollment reports, CHIP Statistical Enrollment Data System (SEDS), and the president's budget. Medicaid and CHIP enrollment numbers obtained from administrative data include individuals who received limited benefits (e.g., emergency services only). Combining administrative totals from Medicaid and CHIP may cause some individuals to be double counted if they were enrolled in both programs during the year. Overcounting of enrollees in the administrative data may occur for other reasons—for example, individuals may move and be enrolled in two states' Medicaid programs during the year. Excludes about 1.5 million individuals in the territories.

<sup>2</sup> NHIS data exclude individuals in active-duty military and in institutions such as nursing facilities; in addition, surveys such as the NHIS generally do not classify limited benefits as Medicaid or CHIP coverage, and respondents are known to underreport Medicaid and CHIP coverage.

<sup>3</sup> Medicaid enrollment estimates based on administrative data are from MACPAC analysis of FY 2021 CMS-64 enrollment data (see Exhibit 23). The estimate in the ever-enrolled column was the Medicaid enrollment in September 2021 (the month with the largest count in FY 2021).

<sup>4</sup> CHIP enrollment estimates from administrative data in the ever-enrolled column are from MACPAC analysis of CHIP SEDS data (see Exhibit 32).

<sup>5</sup> CHIP enrollment estimates from administrative data in the point-in-time column are from the FY 2023 president's budget.

<sup>6</sup> The U.S. Census Bureau number in the ever-enrolled column was the estimated U.S. resident population as of September 2021 (the month with the largest count in FY 2021); the number of residents ever living in the United States during the year is not available. The Census Bureau point-in-time number is the average estimated monthly number of U.S. residents for FY 2021.

**Sources:** MACPAC, 2022, analysis of the following: CMS-64 enrollment data as of October 24, 2022; CHIP SEDS data as of October 24, 2022; HHS, 2022, FY 2023 president's budget for HHS, Baltimore, MD, <https://www.hhs.gov/sites/default/files/fy-2023-budget-in-brief.pdf>; NHIS data; and U.S. Census Bureau, 2022, Monthly population estimates for the United States: April 1, 2020 to December 1, 2022 (NA-EST2021-POP) <https://www2.census.gov/programs-surveys/popest/tables/2020-2021/national/totals/NA-EST2021-POP.xlsx>.