
Medicaid & CHIP: April 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report

June 4, 2014

Background

This monthly report on state Medicaid and Children's Health Insurance Program (CHIP) data represents state Medicaid and CHIP agencies' eligibility activity for the calendar month of April 2014. While the initial open enrollment period for the Health Insurance Marketplace ("Marketplace" hereafter) ended on March 31st, Medicaid and CHIP enrollment continues year round.

The data included in this report were submitted to CMS from state Medicaid and CHIP agencies as part of the Medicaid and CHIP Performance Indicator process and supplement data on Marketplace activity released by the Department of Health and Human Services (HHS). Through the Medicaid and CHIP Performance Indicator process, states report on a common set of indicators designed to provide information to support program management and policy-making. State Medicaid and CHIP programs submit data to CMS on a range of indicators related to application, eligibility and enrollment processes. States are still transitioning to the standardized data definitions described in Appendix A, which limits the conclusions that can be drawn from the data.

As with previous reports, this report focuses on those monthly indicators that relate to the application and enrollment process:

- The number of applications submitted directly to Medicaid and CHIP agencies, including those received through State-Based Marketplaces (SBMs);
- The number of eligibility determinations made by Medicaid and CHIP agencies on the applications described above, as well as applications to the Federally-Facilitated Marketplace (FFM) in states for which the FFM makes an eligibility assessment (and the state then completes the Medicaid or CHIP determination); and
- The total number of individuals enrolled in the Medicaid and CHIP programs who are receiving comprehensive benefits.

As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the April data presented in this report should be considered preliminary. We have also published updated data for March applications, eligibility determinations, and enrollment [on Medicaid.gov](#), which includes a more complete data set than the preliminary March data reported last month.

It is important to note that Medicaid and CHIP are longstanding programs that serve many populations in addition to those that might be newly eligible for Medicaid under the new low-income adult group established by the Affordable Care Act. Therefore, this report, which measures eligibility and enrollment activity for the entire Medicaid and CHIP programs, necessarily captures data beyond the newly eligible individuals in states that have expanded Medicaid coverage. In addition, this report includes data from all states, not just those that have adopted the new low-income adult group. Changes in eligibility and enrollment processes ushered in by the Affordable Care Act, which are discussed below, are in effect in

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all states and are likely to promote coverage among previously eligible but uninsured adults and children. The data elements are explained more fully in Appendix A.

All 50 states and the District of Columbia (“states” hereafter) are in the process of implementing the Affordable Care Act simplifications to the Medicaid and CHIP application and eligibility determination processes and making technology upgrades to transition to streamlined, data-driven eligibility determination systems. As states shift to these new eligibility and enrollment systems, we will continue to see improvements in reporting capacity. For more information about the eligibility and enrollment simplifications and improvements states are making to their programs, please see Appendix B.

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Medicaid and CHIP April 2014 Enrollment Data Highlights

Total Individuals Enrolled in Medicaid and CHIP in April in All States Reporting April Data (includes all individuals enrolled in the program on the last day of the reporting period)¹	65,016,775 ²
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- Across the 48 states (including the District of Columbia) that provided enrollment data for April 2014, states reported that approximately 65 million individuals were enrolled in Medicaid and CHIP. This enrollment count is point-in-time (on the last day of the month) and includes all enrollees in the Medicaid and CHIP programs who are receiving a comprehensive benefit package.³ (Connecticut, Maine, and North Dakota are not included in this count.)
- More than 1.1 million additional people were enrolled in April as compared to March in the 48 states that reported both April and March data. (Connecticut, Maine, and North Dakota are not included in this count.)
- Looking at the additional enrollment since October when the Marketplace open enrollment began, among the 48 states reporting both April 2014 enrollment data and data from July-September of 2013, over 6 million additional individuals are enrolled in Medicaid and CHIP, a 10.3 percent increase over the average monthly enrollment for July through September of 2013.⁴ (Connecticut, Maine, and North Dakota are not included in this count.)⁵
- Among states that adopted the Medicaid expansion and whose expansions were in effect in April 2014, Medicaid and CHIP enrollment rose by 15.3 percent compared to the July-September

¹ See State-by-State Table notes for state-specific caveats regarding the reported data. Connecticut and North Dakota did not submit enrollment data for April. Maine's data is also omitted because it was not comparable to the data submitted by other states. It is important to note that the enrollment measure is a total count of enrollment in Medicaid and CHIP, not solely a count of those newly enrolled during the reporting period. Individuals who are only eligible for limited benefits under the Medicaid and CHIP programs (e.g., emergency Medicaid, family planning-only coverage, limited benefit dual eligible individuals, and Medicaid 1115 demonstration populations with limited benefits) are excluded from this indicator in all reporting periods.

²This number is not directly comparable to prior months' numbers because the states reporting differ. For example, Connecticut reported March data in last month's report but was not yet able to report April's data.

³ See footnote 1.

⁴ The 48 states reporting both April 2014 enrollment data and data from July-September 2013 report total enrollment in April of approximately 65 million individuals. See State-by-State Table notes for state-specific caveats regarding the reported data, which is calculated including only the states that provided data for both periods.

⁵ Connecticut and North Dakota are excluded because of missing data, and Maine's data is omitted because it was not comparable to the data submitted by other states. Last month we reported an enrollment increase of 4.8 million over the pre-ACA baseline and this month we are reporting a 1.1 million increase from March to April. Several states have made corrections to the July-September baseline, resulting in approximately 100,000 fewer individuals in this report's total average monthly enrollment for the baseline period, as compared to the value published in last month's report. Using the corrected baseline, more than 6 million additional people are enrolled in April, as compared to the July-September period.

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2013 baseline period, while states that have not, to date, expanded Medicaid reported a 3.3 percent increase over the same period.⁶

- Nine of the 24 states whose Medicaid expansions were in effect in April 2014 and that reported relevant data for both April and the pre-open enrollment baseline period experienced an enrollment increase of 25 percent or more.⁷ Michigan's Medicaid expansion went into effect on April 1, 2014, and total enrollment grew almost 7 percent between March and April 2014.
- These enrollment counts are in addition to the enrollment increases from the nearly 950,000 individuals who gained coverage as a result of the Affordable Care Act before open enrollment began.⁸ Seven states implemented an "early option" to expand Medicaid coverage to adults with incomes up to 133 percent of the FPL between April 1, 2010 and January 1, 2014, using new state plan authority provided by the Affordable Care Act or a Section 1115 demonstration building upon that authority.⁹

It is important to note that multiple factors contribute to the change in enrollment between April 2014 and the July-September 2013 baseline period, including but not limited to changes attributable to the Affordable Care Act. The April 2014 enrollment numbers understate total Medicaid and CHIP enrollment because not all states are reporting and the data are preliminary. In addition, Medicaid and CHIP eligible individuals who applied in April and whose application will be fully processed after April 30th will be enrolled effective back to at least the date of application or the first of the month; those enrollments are not reflected in these preliminary data. These enrollment data may differ from other published state and national enrollment figures because they only include individuals with comprehensive benefits; for example, individuals only receiving limited coverage for family planning services and those

⁶ Percentage calculations are based only on states reporting in both April 2014 and the July through September, 2013 baseline period. New Hampshire is not included in these percentages because its expansion is not implemented as of April 2014.

⁷ Medicaid expansion states that reported data with a greater than 25 percent increase in enrollment are: Colorado, Kentucky, Maryland, Nevada, Oregon, Rhode Island, Vermont, Washington, and West Virginia (8 of these 9 states also run State-based Marketplaces). Among expansion states, the percent change in the number of individuals enrolled varies based on the size of the coverage expansion that is occurring in 2014. States that previously offered comprehensive coverage to many adults with incomes under 133 percent of the federal poverty level will see a smaller increase than those who previously offered only coverage for very low-income parents. Additionally, in most states that provided Medicaid coverage to adults with incomes above 133 percent of the federal poverty level prior to 2014, those individuals are no longer eligible for or enrolled in Medicaid and instead may be eligible to purchase coverage in a for qualified health plan through the Marketplace, and may be eligible for advanced payments of premium tax credits and cost-sharing reductions; this change will reduce their overall Medicaid enrollment. New Hampshire is not included because its expansion is not implemented as of April 2014.

⁸ Enrollment data for California, Colorado, the District of Columbia, Minnesota, and New Jersey was reported to CMS by the state and is from the end of 2013. Data for Connecticut and Washington is from 2012 (source: Sommers, B. D., Arntson, E., Kenney, G. M., et al., "Lesson from Early Medicaid Expansions under Health Reform: Interviews with Medicaid Officials", Medicare & Medicaid Research Review, 2013: Volume 3, number 4 (http://www.cms.gov/mmrr/Downloads/MMRR2013_003_04_a02.pdf).

⁹ Connecticut, the District of Columbia, Minnesota utilized state plan authority, while California, Colorado, New Jersey, and Washington provided the coverage through Section 1115 demonstration authority. For more information about this "early option," please see [Medicaid and CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report \(May 1, 2014\)](#).

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who are partial benefit Medicare-Medicaid beneficiaries are not included in this data.¹⁰ See Appendix A for more information on this methodology.

See the Eligibility Data tab [on Medicaid.gov \(http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html\)](http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html) for enrollment data for January, February, and March 2014.

¹⁰ See State-by-State Table notes for state-specific caveats regarding the reported data. See footnote 2 for additional description of the populations that are excluded from the enrollment indicator.

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Medicaid and CHIP April 2014 Application and Eligibility Data Highlights

	April 2014 Monthly in All States Reporting
Total Applications for Financial Assistance Initially Received by State Medicaid and CHIP Agencies (note that more than one individual may be included on an application and some states have included renewals and transfers from the FFM)	2,431,172 ¹¹
Total Applications for Financial Assistance Initially Received by State Based Marketplaces (note that more than one individual may be included on an application)	1,101,618 ¹²
Total Individuals Determined Eligible for Medicaid and CHIP by State Agencies (includes those newly eligible under the Affordable Care Act and those eligible under prior law and, for some states, renewals)	2,614,763 ¹³

As noted above, during the month of April 2014, total of approximately 2.4 million applications for financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were received directly by state Medicaid and CHIP agencies. When applications received by SBMs are included, total applications for coverage and financial assistance submitted at the state level reached 3.5 million (including 2.4 received directly by state Medicaid and CHIP agencies and approximately 1.1 million received by SBMs).¹⁴ The State-by-State table includes a comparison of the total applications for financial assistance to state agencies (including applications for Medicaid, CHIP, and financial assistance in the Marketplace in SBM states) in April as compared to the prior month (March). Most states experienced declines in applications between March and April 2014, which is expected, given the close

¹¹ See State-by-State Table notes for state-specific caveats regarding the reported data; because of reporting capability some states included some renewals, applications to SBMs, or transfers from the FFM in these data. Arizona, Maine, and Missouri did not provide April 2014 Medicaid and CHIP agency application data. Tennessee only provided application data on their CHIP program.

¹² See State-by-State Table notes for state-specific caveats regarding the reported data; because of reporting capability some states reported renewals in these data and included applications received by their SBMs in their Medicaid and CHIP agency application data. New York is reporting all applications through their SBM.

¹³ See State-by-State Table notes for state-specific caveats regarding the reported data; because of reporting capability some states reported some renewals in these data. Arizona, Massachusetts, Maine, Missouri, and Washington did not provide April 2014 determination data. Tennessee only provided determination data on their CHIP program.

¹⁴ The following states have included renewals in their April 2014 application data: Nevada, New Mexico, Ohio, and Pennsylvania. The following states have included transfers from the FFM in their April 2014 application data: Illinois, Florida, and South Dakota. Subtotals do not sum to total due to rounding.

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of the Marketplace open enrollment period in March 2014.¹⁵ This decline is particularly noticeable in SBM states where applications for financial assistance in the Marketplace are included in the total number of applications. In Michigan, which expanded Medicaid effective April 1, 2014, applications increased by almost 50 percent in April, compared to March.¹⁶ Note that these application numbers do not include applications received at the FFM and subsequently transferred to state Medicaid or CHIP agencies (see State-by-State Table notes for exceptions).

States reported making approximately 2.6 million eligibility determinations for Medicaid and CHIP in April 2014 for individuals applying for coverage: approximately 1.5 million determinations in states with Medicaid expansions in effect and 1.1 million in other states. As described above and in prior reports, this figure includes all of state Medicaid and CHIP agencies' determinations for individuals eligible under prior law, as well as through coverage expansions under the Affordable Care Act; note that, due to limitations on the data some states are able to report, the number of determinations includes renewals in those states.¹⁷ Additionally, the determination number does not represent unique individuals, as an individual may have more than one eligibility determination. This report also reflects the continuation of administrative transfers in Oregon and California, discussed further below. It is important to keep in mind that differences in volume of administrative transfers and other types of one-time enrollment activities can affect month-to-month comparisons of eligibility data.

See the **Eligibility Data** tab on Medicaid.gov at <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html> for preliminary and updated data on applications and determinations for October 2013 through March 2014.

¹⁵ Kentucky, Michigan, Oklahoma, Texas, and West Virginia are the only states reporting in both March and April 2014 that had an increase in applications over that period.

¹⁶ As noted in the State-by-State tables, a few states are including account transfers from the FFM in their application data for purposes of this report.

¹⁷ These states have included renewals in their April 2014 determination data: Alaska, District of Columbia, Iowa, Maryland, Michigan, Nevada, New Mexico, Rhode Island, South Dakota, Texas, Vermont and Virginia. Some of these renewals are conducted without the individual submitting a new application, using information already in the system that the individual is asked to verify.

Administrative Transfers: Success in Five States

Total Individuals Determined Eligible through Administrative Transfer, September 2013 - April 2014	
Arkansas	63,465
California	247,661
Illinois	35,900
Oregon	139,440
West Virginia	70,574
Total	557,040

In response to [CMS guidance](#) provided on May 17, 2013, some states are employing a new tool for facilitating Medicaid enrollment of eligible individuals to conduct an “administrative transfer” to Medicaid while they complete implementation of their eligibility and enrollment systems. This method uses Supplemental Nutritional Assistance Program (SNAP) income information that states already have to identify individuals who are likely eligible for Medicaid and CHIP. As of the end of April 2014, five states had implemented this strategy and a total of 557,040, individuals have been determined eligible for Medicaid or CHIP as a result of this new authority, an increase of 43,278 from March.¹⁸

Data Limitations

CMS established a common set of definitions for consistency in reporting the Medicaid and CHIP performance indicators; these definitions appear in Appendix A. 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 the specifications, we have noted that information in notes in the State-by-State table.

State-by-State Table

Below is a table with state-specific data on the total number of people enrolled in state Medicaid and CHIP programs in April 2014, followed by a table with data on Medicaid and CHIP applications and eligibility determinations for the month of April 2014. The description of each data element included in the table is available in Appendix A. Unless otherwise noted, the reporting period for all elements is April 1 - 30, 2014.

Future Reports

In future months, we will continue to expand the number of performance indicators that will be included in this report.

¹⁸ New Jersey has received approval to use the administrative transfer enrollment strategy, but has not yet implemented this strategy.

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States Expanding Medicaid	Marketplace Type	Enrollment					
		Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (IX)	Total Medicaid and CHIP Enrollment, April 2014 (preliminary) (X)	% Change March to April (Columns (X) and (IX) (XI))	Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)	Net Change Pre-Open Enrollment to April (Columns (X) and (XII)) (XIII)	% Change Pre-Open Enrollment to April (Columns (X) and (XII)) (XIV)
Arizona	FFM	1,301,010	1,345,403	3.41%	1,201,770	143,633	12.0%
Arkansas	Partnership	805,785	829,729	2.97%	680,920	148,809	21.9%
California	SBM	10,334,000	10,600,000	2.57%	9,157,000	1,443,000	15.8%
Colorado	SBM	1,012,944	1,046,872	3.35%	783,420	263,452	33.6%
Connecticut	SBM	704,387	-	-	-	-	-
Delaware	Partnership	233,309	234,105	0.34%	223,324	10,781	4.8%
District of Columbia	SBM	241,243	245,021	1.57%	235,786	9,235	3.9%
Hawaii	SBM	320,567	314,368	-1.93%	288,358	26,010	9.0%
Illinois	Partnership	2,791,737	2,849,420	2.07%	2,626,943	222,477	8.5%
Iowa	Partnership	572,375	583,819	2.00%	493,515	90,304	18.3%
Kentucky	SBM	1,125,964	1,106,017	-1.77%	840,926	265,091	31.5%
Maryland	SBM	1,092,409	1,110,476	1.65%	856,297	254,179	29.7%
Massachusetts	SBM	1,455,069	1,454,361	-0.05%	1,296,359	158,002	12.2%
Michigan	Partnership	1,942,437	2,073,421	6.74%	1,912,009	161,412	8.4%
Minnesota	SBM	972,683	1,004,643	3.29%	873,040	131,603	15.1%
Nevada	SBM	437,218	469,110	7.29%	332,559	136,551	41.1%
New Hampshire^	Partnership	134,699	136,196	1.11%	127,082	9,114	7.2%
New Jersey	FFM	1,382,091	1,435,827	3.89%	1,283,851	151,976	11.8%
New Mexico	Supported SBM	632,489	635,321	0.45%	572,111	63,210	11.0%
New York	SBM	6,022,253	6,003,065	-0.32%	5,678,418	324,647	5.7%
North Dakota	FFM	-	-	-	-	-	-
Ohio	Plan Management	2,549,762	2,630,067	3.15%	2,341,482	288,585	12.3%
Oregon	SBM	900,038	935,932	3.99%	626,357	309,575	49.4%
Rhode Island	SBM	244,162	250,759	2.70%	190,833	59,926	31.4%
Vermont	SBM	173,609	174,587	0.56%	127,162	47,425	37.3%
Washington	SBM	1,369,825	1,482,300	8.21%	1,117,576	364,724	32.6%
West Virginia	Partnership	490,962	508,496	3.57%	354,544	153,952	43.4%
Subtotal for All States Expanding Medicaid		39,243,027	39,459,315	2.39%	34,221,642	5,237,673	15.3%
Subtotal for All States with Expansions in Effect in Reporting Month^		39,108,328	39,323,119	2.39%	34,094,560	5,228,559	15.3%
Subtotal for States Expanding Medicaid who Reported in April and the Comparison Period#		38,538,640	39,459,315	920,675	34,221,642	5,237,673	

^=New Hampshire's requested effective date for implementing the expansion is July 1, 2014 (subject to CMS approval).

(-)=state has not reported data.

Partnership, Plan Management, FFM/SBM-SHOP, Supported SBM are all types of FFMs.

Column XI is calculated for only those states that reported both April data and March data (subtotals exclude CT and ND).

Column XIII and XIV is calculated for only those states that reported both monthly data and pre-Open Enrollment period data (subtotals exclude CT and ND).

#=Subtotal for columns IX and XI is for states submitting both March and April data. April subtotal for expansion states submitting March data is 39,459,315.

#=Subtotal for columns X, XII, XIII, and XIV is for states submitting both April 2014 and July-September, 2013 data.

Arkansas	(IX), (X)	Includes Private Option enrollees.
Arkansas	(IX), (X), (XII)	Includes individuals with limited benefits.
California	(IX), (X)	Data are preliminary.
California		Includes individuals transferred from the Low Income Health Program section 1115 demonstration (also in pre-Open Enrollment Period data)
California		Includes estimated retroactive enrollment.
California		Includes applicants likely eligible for Medicaid or CHIP, but whose applications are still pending verification.
California	(XII)	Includes individuals in the Low Income Health Program section 1115 demonstration.
District of Columbia	(IX), (X), (XII)	Includes individuals enrolled in the locally funded DC Health Alliance.
Illinois	(XII)	Includes individuals who received retroactive coverage.
Illinois		(unlike columns (IX) and (X).
Kentucky	(IX), (X), (XII)	Includes partial benefit dual eligible individuals, and other limited benefit populations.
Kentucky	(XIII), (XIV)	Includes partial benefit dual eligible individuals, and other limited benefit populations.
Massachusetts	(IX), (X)	Does not include individuals receiving temporary transitional coverage.
Nevada	(IX), (X)	Data are preliminary.
New Jersey	(IX), (X), (XII)	Includes individuals eligible at any point in the month.
New Mexico	(IX), (X)	Includes individuals with limited benefits.
Rhode Island	(IX), (X)	Includes only enrollments based on determinations through new MAGI system.

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States Not Expanding Medicaid	Marketplace Type	Enrollment					
		Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (IX)	Total Medicaid and CHIP Enrollment, April 2014 (preliminary) (X)	% Change March to April (Columns (X) and (IX)) (XI)	Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)	Net Change Pre-Open Enrollment to April (Columns (X) and (XII)) (XIII)	% Change Pre-Open Enrollment to April (Columns (X) and (XII)) (XIV)
Alaska	FFM	119,767	123,212	2.88%	120,946	2,266	1.9%
Alabama	FFM	774,293	765,286	-1.16%	799,176	-33,890	-4.2%
Florida	FFM	3,309,501	3,326,677	0.52%	3,117,565	209,112	6.7%
Georgia	FFM	1,801,484	1,821,085	1.09%	1,702,650	118,435	7.0%
Idaho	Supported SBM	270,943	272,166	0.45%	251,926	20,240	8.0%
Indiana	FFM	1,165,718	1,154,736	-0.94%	1,120,674	34,062	3.0%
Kansas	Plan Management	420,487	426,360	1.40%	397,989	28,371	7.1%
Louisiana	FFM	1,011,883	1,019,672	0.77%	1,019,787	-115	0.0%
Maine	Plan Management	-	-	-	-	-	-
Missouri	FFM	829,585	806,639	-2.77%	846,084	-39,445	-4.7%
Mississippi	FFM/SBM-SHOP	731,876	744,612	1.74%	714,055	30,557	4.3%
Montana	Plan Management	153,736	154,054	0.21%	139,604	14,450	10.4%
North Carolina	FFM	1,802,167	1,780,204	-1.22%	1,744,160	36,044	2.1%
Nebraska	Plan Management	235,054	236,212	0.49%	244,600	-8,388	-3.4%
Oklahoma	FFM	828,329	796,440	-3.85%	790,051	6,389	0.8%
Pennsylvania	FFM	2,427,034	2,443,029	0.66%	2,386,046	56,983	2.4%
South Carolina	FFM	1,041,993	1,130,899	8.53%	988,349	142,550	14.4%
South Dakota	Plan Management	115,711	116,259	0.47%	115,501	758	0.7%
Tennessee	FFM	1,298,181	1,333,669	2.73%	1,244,516	89,153	7.2%
Texas	FFM	4,444,819	4,480,564	0.80%	4,441,605	38,959	0.9%
Utah	FFM/SBM-SHOP	332,826	334,986	0.65%	322,442	12,544	3.9%
Virginia	Plan Management	1,039,822	1,048,244	0.81%	1,003,266	44,978	4.5%
Wisconsin	FFM	1,151,225	1,174,176	1.99%	1,161,876	12,300	1.1%
Wyoming	FFM	67,924	68,279	0.52%	72,206	-3,927	-5.4%
Subtotal for All States Not Expanding Medicaid		25,374,358	25,557,460	0.72%	24,745,074	812,386	3.3%
Subtotal for States Not Expanding Medicaid who Reported in April and the Comparison Period#		25,374,358	25,557,460	Difference March to April 2014 183,102	24,745,074	Difference July-Sept 2013 to April 2014 812,386	
Total Across All States		64,617,385	65,016,775	1.73%	58,966,716	6,050,059	10.3%
Total for States who Reported in April and the Comparison Period#		63,912,998	65,016,775	Difference March to April 2014 1,103,777	58,966,716	Difference July-Sept 2013 to April 2014 6,050,059	

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(-)=state has not reported data.

Partnership, Plan Management, FFM/SBM-SHOP, Supported SBM are all types of FFMs.

Column XI is calculated for only those states that reported both April data and March data (subtotals exclude ME; totals exclude ME, CT, and ND).

Column XIII and XIV is calculated for only those states that reported both monthly data and pre-Open Enrollment period data.

Column XIII and XIV subtotals exclude ME; totals exclude ME, CT, and ND.

#=Subtotals and totals for columns IX and XI is for states submitting both March and April data.

#=April subtotal for non-expansion states submitting March data is 25,557,460.

#=Subtotals and totals for columns X, XII, XIII, and XIV is for states submitting both April and July-September, 2013 data.

Alabama	(IX), (X)	Data is from legacy system only, does not include enrollment in new system.
Alabama	(XII)	Data is from September only.
Florida	(IX), (X)	Does not include SSI recipients enrolled in Medicaid.
Florida	(XII)	Does not include CHIP (unlike columns (IX) and (X)).
Maine	(IX), (X), (XII)	Omitted because submitted data only includes individuals first enrolled in the month.
Texas	(IX), (X), (XII)	Includes partial benefit dual eligible individuals.
Wisconsin	(IX), (X), (XII)	Includes all Medicaid/BadgerCare Plus programs and subprograms,
Wisconsin		including partial benefit dual eligible individuals, and other limited benefit populations.

Medicaid and CHIP: April 2014 Monthly Applications and Eligibility Determinations

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, April 2014 (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, April 2014 (II)	Total Preliminary Applications for Financial Assistance Submitted at State Level, April 2014 (III)	Total Preliminary Applications for Financial Assistance Submitted at State Level, March 2014 (IV)	% Change March 2014 to April 2014 (V)	Individuals Determined Eligible for Medicaid at Application (VI)	Individuals Determined Eligible for CHIP at Application (VII)	Total New Determinations (VIII)
Arizona	FFM	-	N/A	-	-	-	-	-	-
Arkansas	Partnership	39,928	N/A	39,928	51,665	-22.7%	23,155	-	23,155
California	SBM	178,000	408,000	586,000	1,051,000	-44.2%	499,000	-	499,000
Colorado	SBM	37,689	-	37,689	72,006	-47.7%	36,599	1,395	37,994
Connecticut	SBM	16,559	23,868	40,427	55,089	-26.6%	11,266	4	11,270
Delaware	Partnership	5,265	N/A	5,265	5,591	-5.8%	2,097	93	2,190
District of Columbia	SBM	5,269	2,779	8,048	15,326	-47.5%	5,882	-	5,882
Hawaii	SBM	6,466	-	6,466	11,575	-44.1%	5,314	224	5,538
Illinois	Partnership	97,540	N/A	97,540	151,494	-35.6%	74,860	14,410	89,270
Iowa	Partnership	26,738	N/A	26,738	33,168	-19.4%	34,946	12,520	47,466
Kentucky	SBM	10,626	89,819	100,445	78,288	28.3%	24,785	653	25,438
Maryland	SBM	28,080	21,595	49,675	84,002	-40.9%	23,859	6,899	30,758
Massachusetts	SBM	29,733	14,579	44,312	78,479	-43.5%	-	-	-
Michigan	Partnership	131,147	N/A	131,147	88,800	47.7%	129,615	3,428	133,043
Minnesota	SBM	27,975	-	27,975	40,614	-31.1%	23,846	-	23,846
Nevada	SBM	11,790	-	11,790	16,066	-26.6%	21,020	-	21,020
New Hampshire^	Partnership	3,572	N/A	3,572	4,350	-17.9%	2,745	-	2,745
New Jersey	FFM	37,707	N/A	37,707	43,862	-14.0%	7,614	4,134	11,748
New Mexico	Supported SBM	35,451	N/A	35,451	57,232	-38.1%	29,833	-	29,833
New York	SBM	-	334,873	334,873	430,166	-22.2%	189,883	14,743	204,626
North Dakota	FFM	3,297	N/A	3,297	4,047	-18.5%	458	-	458
Ohio	Plan Management	219,941	N/A	219,941	253,728	-13.3%	160,458	-	160,458
Oregon	SBM	844	57,277	58,121	66,791	-13.0%	58,263	-	58,263
Rhode Island	SBM	6,468	-	6,468	24,116	-73.2%	8,039	532	8,571
Vermont	SBM	1,575	11,748	13,323	19,267	-30.9%	8,940	3,712	12,652
Washington	SBM	19,581	137,080	156,661	-	-	-	-	-
West Virginia	Partnership	35,017	N/A	35,017	27,624	26.8%	19,778	1,997	21,775
Subtotal for All States Expanding Medicaid		1,016,258	1,101,618	2,117,876	2,764,346	-29.05%	1,402,255	64,744	1,466,999
Subtotal for All States with Expansions in Effect in Reporting Month^		1,012,686	1,101,618	2,114,304	2,759,996	-29.07%	1,399,510	64,744	1,464,254
Subtotal for States Expanding Medicaid who Reported in March and April 2014				1,961,215	2,764,346	Difference March to April 2014 -803,131			

^=New Hampshire's requested effective date for implementing the expansion is July 1, 2014 (subject to CMS approval).

(-)=state has not reported data.

Column V is calculated for only those states that reported March and April 2014 Applications data (subtotals exclude AZ and WA).

Partnership, Plan Management, FFM/SBM-SHOP, Supported SBM are all types of FFM.

Arkansas	(VI)	Includes CHIP.
California	(I)	Data are preliminary and will be not be fully reconciled until July 2014.
California		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	(II)	Data are preliminary and will be not be fully reconciled until July 2014.
California		Includes applications to SBM that did not request financial assistance.
California	(IV)	Data are preliminary and will be not be fully reconciled until June 2014.
California		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)	Data are preliminary and will be not be fully reconciled until July 2014.
California		Determinations 'at application' is derived by considering prior coverage.
California		Includes those determined eligible and 'contingently eligible.' Includes CHIP.
California		Includes 42,000 individuals eligible via targeted enrollment strategy.
California		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	(VII)	Data reflects only those determinations made by the separate CHIP agency and does not reflect all CHIP determinations.
Colorado	(I)	State Medicaid agency hosts SBM portal; number includes all applications for insurance affordability programs.
Connecticut	(I), (III), (IV)	Data may include some duplication of applications between Medicaid and CHIP.
Connecticut	(VI)	Count is of households, not individuals. Includes determinations of some non-title XIX programs made by the Medicaid agency.
Connecticut		(state funded medical cases, the AIDS Drug Assistance program and refugee cases).
Connecticut		Only includes determinations made by the Medicaid agency.
Connecticut		Excludes those determined Medicaid-eligible by the SBM.
District of Columbia	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Hawaii	(I)	State Medicaid agency hosts SBM portal; number includes all applications for insurance affordability programs.
Illinois	(I), (III), (IV)	Includes account transfers from the FFM.
Iowa	(VI)	Includes renewals.
Iowa	(VII)	Includes renewals.
Maryland	(II)	Includes State Medicaid Agency data and SBM data from 4/1 - 4/31.
Maryland	(II), (III), (IV)	Includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes State Medicaid Agency data and SBM data from 4/1 - 4/31.
Maryland	(VII)	Includes renewals. Includes State Medicaid Agency data and SBM data from 4/1 - 4/31.
Massachusetts	(VI)	Data are preliminary and are derived.
Michigan	(VI)	Includes renewals.
Michigan	(VII)	Includes renewals.
Minnesota	(I), (III), (IV)	Count is of persons applying, not applications. Does not include applications to the new eligibility and enrollment system.
Minnesota	(VI)	Includes CHIP.
Nevada	(I), (III), (IV)	Includes renewals.
Nevada	(VI)	Count is of households, not individuals. Includes renewals.
New Hampshire	(VI)	Data is derived by considering prior coverage; includes CHIP.
New Jersey	(I), (III), (IV)	Includes applications received at county welfare agencies.
New Jersey	(VI)	Does not include all eligibility determinations; county welfare agencies determinations are not included in this data.
New Jersey	(VII)	Does not include all eligibility determinations; county welfare agencies determinations are not included in this data.
New Mexico	(I), (III), (IV)	Includes renewals.
New Mexico	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
New York	(VI)	Data are preliminary.
New York	(VII)	Data are preliminary.
New York	(VIII)	Data are preliminary.
Ohio	(I), (III), (IV)	Includes renewals. May include some applications only for other benefits, not for Medicaid and CHIP.
Ohio	(VI)	Includes CHIP.
Oregon	(VI)	Count is of households, not individuals; includes CHIP.

Oregon		Includes 1,278 individuals determined eligible via Targeted Enrollment Strategy.
Rhode Island	(I)	Includes applications submitted to SBM.
Rhode Island	(I), (III), (IV)	Does not include applications in legacy system for certain non-MAGI populations.
Rhode Island	(VI)	Includes only determinations through new MAGI system. Includes renewals.
Rhode Island	(VII)	Includes only determinations through new MAGI system.
Vermont	(VI)	Includes renewals

Medicaid and CHIP: April 2014 Monthly Applications and Eligibility Determinations

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies, April 2014 (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, April 2014 (II)	Total Preliminary Applications for Financial Assistance Submitted at State Level, April 2014 (III)	Total Preliminary Applications for Financial Assistance Submitted at State Level, March 2014 (IV)	% Change March 2014 to April 2014 (V)	Individuals Determined Eligible for Medicaid at Application (VI)	Individuals Determined Eligible for CHIP at Application (VII)	Total New Determinations (VIII)
Alaska	FFM	8,342	N/A	8,342	9,248	-9.8%	7,262	-	7,262
Alabama	FFM	19,616	N/A	19,616	23,625	-17.0%	25,955	-	25,955
Florida	FFM	410,926	N/A	410,926	488,561	-15.9%	128,458	9,995	138,453
Georgia	FFM	91,261	N/A	91,261	125,602	-27.3%	59,403	1,496	60,899
Idaho	Supported SBM	4,835	N/A	4,835	6,225	-22.3%	7,739	438	8,177
Indiana	FFM	105,350	N/A	105,350	105,734	-0.4%	49,666	4,821	54,487
Kansas	Plan Management	8,126	N/A	8,126	9,494	-14.4%	8,657	848	9,505
Louisiana	FFM	27,240	N/A	27,240	31,118	-12.5%	21,508	817	22,325
Maine	Plan Management	-	N/A	-	1,538	-	-	-	-
Missouri	FFM	-	N/A	-	41,974	-	-	-	-
Mississippi	FFM/SBM-SHOP	25,273	N/A	25,273	30,322	-16.7%	16,879	1,271	18,150
Montana	Plan Management	2,047	N/A	2,047	3,290	-37.8%	3,892	354	4,246
North Carolina	FFM	101,230	N/A	101,230	104,728	-3.3%	100,439	7,490	107,929
Nebraska	Plan Management	7,402	N/A	7,402	8,626	-14.2%	9,510	1,221	10,731
Oklahoma	FFM	53,341	N/A	53,341	44,167	20.8%	85,739	5,988	91,727
Pennsylvania	FFM	306,608	N/A	306,608	316,669	-3.2%	72,968	-	72,968
South Carolina	FFM	28,510	N/A	28,510	31,035	-8.1%	33,680	1,545	35,225
South Dakota	Plan Management	2,155	N/A	2,155	2,905	-25.8%	1,545	-	1,545
Tennessee	FFM	2,134	N/A	2,134	2,412	-11.5%	-	1,132	1,132
Texas	FFM	120,383	N/A	120,383	119,909	0.4%	335,840	-	335,840
Utah	FFM/SBM-SHOP	22,786	N/A	22,786	27,067	-15.8%	41,370	6,218	47,588
Virginia	Plan Management	32,859	N/A	32,859	40,671	-19.2%	46,208	4,249	50,457
Wisconsin	FFM	33,339	N/A	33,339	42,216	-21.0%	39,202	3,186	42,388
Wyoming	FFM	1,151	N/A	1,151	1,304	-11.7%	709	66	775
Subtotal for All States Not Expanding Medicaid#		1,414,914	N/A	1,414,914	1,618,440	-10.16%	1,096,629	51,135	1,147,764
Subtotal for States Not Expanding Medicaid who Reported in March and April 2014				1,414,914	1,574,928	Difference March to April 2014 -160,014			
Total Across All States#		2,431,172	1,101,618	3,532,790	4,382,786	-22.2%	2,498,884	115,879	2,614,763
Total for States who Reported in March and April 2014				3,376,129	4,339,274	Difference March to April 2014 -963,145			

(-)=state has not reported data.

Column V is calculated for only those states that reported March and April 2014 Applications data (subtotals exclude ME, MO, and TN).

Partnership, Plan Management, FFM/SBM-SHOP, Supported SBM are all types of FFM.

Percent change figures in the subtotal of column V exclude TN, which only reports CHIP data.

Alaska	(I), (III), (IV)	Includes renewals converting to MAGI methodology.
Alaska	(VI)	Count is of households, not individuals; includes CHIP.
Florida	(I), (III), (IV)	Includes account transfers from the FFM.
Kansas	(I), (III), (IV)	Includes MAGI populations only.
Kansas	(VI)	Includes MAGI populations only.
Pennsylvania	(I), (III), (IV)	Includes renewals.
Pennsylvania	(VII)	No CHIP data available
South Dakota	(I), (III), (IV)	Includes account transfers from the FFM.
South Dakota	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Tennessee	(I), (III), (IV)	Data are from CHIP agency only. Medicaid reporting capability in development.
Tennessee	(V)	Excluded because data is only from CHIP agency.
Texas	(VI)	Includes renewals and CHIP.
Utah	(I), (III), (IV)	Includes applications for non-health coverage programs.
Virginia	(VI)	Includes renewals.
Virginia	(VII)	Includes renewals.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.

APPENDIX A

Each of the columns in the table is described here with a column number (I-XIV).

A Note about Federally-Facilitated Marketplace Types: Federally-Facilitated Marketplaces (FFMs) can take several forms, including the State Partnership Marketplace (Partnership), States performing Plan Management functions (Plan Management), Supported SBMs, and the State-Based Small Business Health Options Program (SB-SHOP). These models are referenced in the State-by-State Table. All of these models are referred to as an “FFM” in this Report.

Application Data Elements

New Applications Submitted to Medicaid and CHIP Agencies, April 2014 (I)

Number of applications received by the Medicaid agency, a separate CHIP agency (if one exists in the state), or both during the reporting period. Includes applications received online, via mail, in person or phone. Does not include applications submitted to a State-Based Marketplace (SBM) or the Federally-Facilitated Marketplace (FFM) (the SBM number is reported in column IV).¹⁹ It should be noted that data reflected in this performance indicator are not a count of individuals, as more than one person may be included on a single application. As states are transitioning to new systems, they may not be able to report applications received across all aspects of their programs or systems. See the state-specific notes in the table for further information about state limitations in this area.²⁰

¹⁹ As described in the state-specific notes in the tables, some states included account transfers from the FFM in the total count of applications received by Medicaid/CHIP agencies.

²⁰ As described in the state-specific notes in the tables, some states included renewals in the total count of applications received by Medicaid/CHIP agencies.

Applications for Financial Assistance Submitted to the State-Based Marketplace, April 2014 (II)

Number of 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.

Total Preliminary Applications for Financial Assistance Submitted at the State Level, April 2014 (III)

Total Preliminary Applications for Financial Assistance Submitted at the State Level, March 2014 (IV)

For states with an SBM, the data reflect the total of **Applications Submitted to Medicaid and CHIP Agencies** plus **Applications for Financial Assistance Submitted to the State-Based Marketplace**. For FFM states, the data reflect **Applications Submitted to Medicaid and CHIP Agencies**. For SBM states, the data include all applications for financial assistance; individuals on these applications will be determined eligible for Medicaid, CHIP or Advanced Premium Tax Credits and Cost-Sharing Reductions, or determined ineligible for financial assistance. The April 2014 data was submitted in May and is considered preliminary. The March 2014 data in this table was submitted in April and is also preliminary. March data that was updated in May (which may include additional who applied in March, but who were not captured in the preliminary data) is posted separately under the Eligibility Data tab on Medicaid.gov.

Percentage Change March 2014 to April 2014 (V)

The percentage change in **Total Preliminary Applications for Financial Assistance Submitted at the State Level, April 2014 (III)** as compared to **Total Preliminary Applications Submitted at the State Level, March 2014 (IV)** is calculated for states that provided data for both periods.

Eligibility Determination Data Elements

Individuals Determined Eligible for Medicaid at Application (VI)

Total number of individuals determined eligible for Medicaid (under title XIX of the Social Security Act) during the reporting period based on applications for coverage submitted to any state agency (Medicaid, CHIP or the SBM) or based on an administrative determination authorized under a targeted enrollment strategy approved by CMS.²¹ The unit of measurement is a count of individuals (as compared to the application numbers, which may include multiple people in one application). This number includes all determinations on applications made within the reporting period—some of those determinations are on applications reported in the **Applications** data, and some are on applications received prior to the reporting period. This does not include determinations made at a periodic redetermination or because of a change in

²¹ Information on targeted enrollment strategies and the states approved for these strategies is available here: <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/medicaid-moving-forward-2014.html>.

circumstance for a current beneficiary.²² The unit of measurement is people with determinations completed; this is not an unduplicated number of unique individuals because an individual may have more than one determination within the reporting period. For example, individuals are first determined based on MAGI, and if needed, may request a subsequent determination based on non-MAGI factors. A list of which eligibility groups are MAGI and which are non-MAGI is available [on Medicaid.gov](http://on.Medicaid.gov).

As states are transitioning to their new systems, they may not be able to report determinations being made across all aspects of their programs or systems (i.e., the legacy systems they are winding down and the new eligibility systems they are implementing). See the notes in the table for further information about state limitations in this area.

In states receiving account transfers from the FFM in April where the FFM makes an eligibility assessment (and the state then completes the Medicaid determination), this number includes 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, and instead is accepting the account transfer and proceeding with enrollment steps. Individuals determined eligible by the FFM are included in the Total Enrolled indicators. For more information about the assessment and determination models in FFM states see Medicaid.gov.

Individuals Determined Eligible for CHIP at Application (VII)

Total number of individuals determined eligible for CHIP (under title XXI of the Social Security Act) during the reporting period that follows the applicant submitting an application for coverage to any state agency (Medicaid, CHIP, or the SBM). This number includes all determinations at application made within the reporting period—some of those determinations are on applications reported in the **Applications** data, and some are on applications received prior to the reporting period. As states are transitioning to their new systems, they may not be able to report determinations being made across all aspects of their programs or systems (i.e., the legacy systems they are winding down and the new eligibility systems they are implementing). See the footnotes in the table for further information about state limitations in this area. The unit of measurement is people with determinations completed; this is not an unduplicated number of unique individuals.

In states receiving account transfers from the FFM in April where the FFM makes an eligibility assessment (and the state then completes the CHIP determination), this number includes 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 a CHIP eligibility determination, the report does not include the FFM determinations, because the Medicaid/CHIP agency is not performing a determination, and instead is accepting the account transfer and proceeding with enrollment steps. Individuals determined eligible by the FFM are included in

²² As described in the state-specific notes in the tables, some states, due to data limitations, could not provide data that met our specifications. Notes are provided in cases where the state included renewals in this data element.

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the Total Enrolled indicators. For more information about the assessment and determination models in FFM states see Medicaid.gov.

Total New Determinations (VIII)

The total of **Individuals Determined Eligible for Medicaid at Application** plus **Individuals Determined Eligible for CHIP at Application**.

Enrollment Data Elements

Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (IX)

Total Medicaid and CHIP Enrollment, April 2014 (preliminary) (X)

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. This indicator is a point-in-time count of total program enrollment, and is not solely a count of those newly enrolled during the reporting period. This number includes 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). Medicaid Section 1115 demonstration populations are included as long as the benefits and networks are comprehensive. CHIP children subject to a waiting period or premium lock-out period are considered eligible but not enrolled and are not included. The April 2014 data was submitted in May and is considered preliminary.²³ The March 2014 data in this table was submitted in April and is also preliminary. March data that was updated in May (which may include more individuals with retroactive eligibility) is posted separately under the Eligibility Data tab on Medicaid.gov. Other reporting on Medicaid and CHIP enrollment by states and researchers often may include some beneficiaries excluded in this data (because comprehensive coverage is not provided), or otherwise use a different methodology.

Percent Change March to April (XI)

The percentage change in **Total Medicaid and CHIP Enrollment, April 2014 (XI)** as compared to **Total Medicaid and CHIP Enrollment, March 2014 (X)** is calculated for states that provided data for both periods. In cases where there is a negative percentage change, this may be due to a number of factors. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)

The average number of individuals enrolled in Medicaid and CHIP for each month during the July-September 2013 period using an average of enrollment numbers submitted by the states for each month in this period. Not all states submitted three months of data; the average is calculated using any months of baseline data that were provided. The unit of measurement is individuals enrolled as of the last day of the reporting period (month). This baseline data include more retroactive enrollments than the April data, which makes change between the July through September period and the April preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September, 2013 period.²⁴ Such exclusions were not possible.

²³ In Medicaid, individuals are potentially eligible for retroactive eligibility to cover incurred health care costs up to 90 days prior to the date of application. Under the Performance Indicator process, states initially submit their monthly enrollment data just a week after the month closes, and then update their data one month later. Therefore, the Performance Indicator enrollment counts will always be slightly understated, as they will not include all individuals granted retroactive eligibility.

²⁴ See footnote 28.

Net Change Pre-Open Enrollment (XIII) to April

The net change in **Total Medicaid and CHIP Enrollment, April 2014 (preliminary) (X)** as compared to **Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)** is calculated for states that provided data for both periods and represents the difference in enrollment between these two periods. A negative net change may be due to a number of factors, including the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

Percentage Change From Pre-Open Enrollment to April 2014 (XIII)

The percentage change in **Total Medicaid and CHIP Enrollment, April 2014 (preliminary) (X)** as compared to **Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)** is calculated for states that provided data for both periods. A negative percentage change may be due to a number of factors, including the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

APPENDIX B

Eligibility and Enrollment Simplifications and Improvements for Medicaid and CHIP

All 50 states and the District of Columbia are in the process of implementing the Affordable Care Act simplifications to the Medicaid and CHIP application and eligibility determination processes and making technology upgrades to transition to streamlined, data-driven eligibility determinations. One of the biggest changes is the move to a new Modified Adjusted Gross Income (MAGI) methodology for many Medicaid eligibility groups and for CHIP, so that eligibility is determined consistently for Medicaid, CHIP and other insurance affordability programs available in the Marketplace. More information about MAGI is available [on Medicaid.gov](http://on.Medicaid.gov).

In many cases, information about a state's status in transitioning to MAGI and to new, modernized information technology (IT) systems and other infrastructure improvements can be helpful in understanding the state-level data reported. As states implement their new eligibility and enrollment systems, many states are still operating their existing legacy systems. This can complicate the reporting process for states. In cases where a state was unable to report an indicator, a dash ("-") appears; states expect to be able to provide this data in future reports. If an indicator is not applicable to a given state, "N/A" (not applicable) appears.

Coverage Expansion

As of April 2014, twenty-five states and the District of Columbia have expanded Medicaid coverage under the Affordable Care Act to adults under age 65 with incomes up to 133 percent of the Federal Poverty Level in 2014. Michigan implemented the expansion on April 1. New Hampshire plans to implement the expansion of Medicaid coverage in a future month (subject to CMS approval). The number of states implementing the Medicaid expansion is subject to change; there is no deadline for when a state must decide whether to expand and states are continuing to consider their options. The number of people impacted by the Medicaid expansion varies; some of these states had previously expanded coverage to parents and other adults at income levels above the level required under federal law before the Affordable Care Act. Many other states previously covered parents only at the minimum required income levels and often did not cover other non-disabled adults at all.