
Medicaid & CHIP: January 2014 Monthly Applications and Eligibility Determinations Report February 28, 2014

Background

This report is the fourth in a series of monthly reports on state Medicaid and Children’s Health Insurance Program (CHIP) data, and represents state Medicaid and CHIP agencies’ eligibility activity for the calendar month of January 2014, which coincides with the fourth month of the initial open enrollment period for the Health Insurance Marketplace (“Marketplace” hereafter). This report includes state data and analysis regarding applications to Medicaid and CHIP agencies and the State Based Marketplaces (SBMs) and eligibility determinations made by the Medicaid and CHIP agencies

The Affordable Care Act created a “no wrong door” policy, which means that individuals can apply for health coverage through the Marketplace or the Medicaid or CHIP agency (if it is a separate agency) in their state. Regardless of which “door” they choose, individuals can get eligibility determinations for all types of health coverage, including financial assistance to help pay for coverage, and have their accounts routed to the program for which they are eligible. This means that for a full picture of Medicaid and CHIP activity, the numbers in this report—which come from the state level—need to be understood in concert with the numbers previously reported on Health Insurance Marketplace enrollment.¹

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.

¹As noted, this report includes data on applications submitted and determinations made at the state level. That is, those applications submitted directly to Medicaid and CHIP agencies as well as – because of the integration with State-Based Marketplaces (SBMs) -- applications for financial assistance to Marketplaces that are operated by states, and the Medicaid and CHIP eligibility determinations those entities have made. Accordingly, in SBM states, the data include Medicaid and CHIP applications and determinations that were reported in the [Health Insurance Marketplace: Enrollment Report](#). For Federally-Facilitated Marketplace (FFM) states, the applications included in this report do not include applications made to the FFM. These applications are reported in the *Health Insurance Marketplace: Enrollment Report*. In FFM states, some of the individuals assessed or determined eligible for Medicaid or CHIP by the FFM and reported in the *Health Insurance Marketplace: Enrollment Report* may also be reported here when the state has made an eligibility determination based on the information provided by the FFM.

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As with previous reports, this report focuses on those monthly indicators that relate to key processes relevant during open enrollment: the number of applications submitted directly to Medicaid and CHIP agencies, including those received through State-Based Marketplaces (SBMs), and the number of eligibility determinations made based on those applications by Medicaid and CHIP agencies. As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the January data presented in this report should be considered preliminary. We have also published updated data for December [on Medicaid.gov](http://on.Medicaid.gov); this update offers a more complete data set than the preliminary December data reported last month.

In most states, January was the first month in which people determined eligible for Medicaid under the new Modified Adjusted Gross Income (MAGI) rules would be enrolled in coverage. We plan to report data on the total number of individuals enrolled in Medicaid and CHIP in future reports. Many states were not able to report enrollment data at this time or their numbers are still under active review. This is in part because in January, states implemented numerous changes associated with the Affordable Care Act, including implementing IT systems changes, adjusting eligibility levels, enrolling new populations, and transitioning populations from Medicaid to Marketplace coverage. As a result, state reporting of enrollment data to CMS is in flux. In addition, because account transfer activity from the Federally-Facilitated Marketplace (FFM) to states was just beginning in January, many states are not yet able to report on enrollment activity related to applications originally submitted to the FFM and subsequently transferred to the state for further processing. Individuals who are Medicaid or CHIP eligible, however, will be enrolled effective January 1, 2014, and will be included in January enrollment reporting when we are able to present a complete data set. Enrollment activities for Medicaid and CHIP occur year-round and are not limited to the Marketplace open enrollment period. We anticipate reporting Medicaid and CHIP enrollment as reliable data, from these performance indicators and other sources, become available on an ongoing basis.

In terms of the application and determinations data included in this report, 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. Therefore, this report, which measures eligibility 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 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. In many cases, information about a state’s status in transitioning to new, modernized IT systems and other infrastructure improvements can be helpful in understanding the state-level data included in this report. 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 January 2014 Application and Eligibility Data Highlights

	January 2014 Monthly in All States Reporting	October 1, 2013 through January 31, 2014
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)	2,266,778²	9,319,284³
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)	2,436,879⁴	8,933,378⁵

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 October, November, and December 2013 data on both applications and determinations.

States reported receiving approximately 2.9 million applications at the state level for all forms of financial assistance, including Medicaid, CHIP, and tax credits and subsidies in the state-based Marketplaces during the month of January 2014. Note that this does not include applications received at the FFM and subsequently transferred to State Medicaid or CHIP agencies.⁶

States reported approximately 2.4 million eligibility determinations for Medicaid and CHIP in January for individuals applying for coverage: 1.5 million determinations in states expanding Medicaid and 0.9 million in non-expanding states. As described above and in prior reports, this figure includes all of state Medicaid and CHIP agencies' determinations on individuals eligible under prior law, as well as through

² 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. New York, Pennsylvania and Washington did not provide January 2014 application data.

³ 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. This information was calculated using updated monthly application data from states for October through December 2013. See the Eligibility Data tab [on Medicaid.gov](http://medicaid.gov) for preliminary and updated October, November, and December 2013 data.

⁴ See State-by-State Table notes for state-specific caveats regarding the reported data. Massachusetts, Pennsylvania and Wisconsin did not provide January 2014 determination data.

⁵ See State-by-State Table notes for state-specific caveats regarding the reported data. The information was calculated using updated monthly determinations data from states for October through December 2013. See the Eligibility Data tab [on Medicaid.gov](http://medicaid.gov) for preliminary and updated October, November, and December 2013 data.

⁶ The following states have included renewals in their January application data: Nevada, New Mexico, and Ohio.

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the Affordable Care Act and also, in some states, due to limitations on the data states are able to report, determinations include renewals.⁷ 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 Oregon.⁸ 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, particularly in the early months. When submitting their January data states also submitted updates to their December data. The 8.9 million determinations in the table above is the sum of 6.3 million determinations reported last month, 2.4 million new determinations in January, and .2 million in updated December determinations.

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 October, November, and December 2013 data on applications and determinations.

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 Medicaid and CHIP applications and eligibility determinations for the month of January. 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 January 1-31, 2014.

Future Reports

In future months, we will continue to expand the number of performance indicators which we include in this report.

⁷ These states have included renewals in their January determination data: District of Columbia, Iowa, Maryland, Michigan, Missouri, Nevada, North Dakota, New Mexico, South Dakota, Texas, Utah, Virginia, and Wyoming. 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.

⁸ Some states are employing a new tool for facilitating Medicaid enrollment by using information already on hand, such as supplemental nutritional assistance program (SNAP) income data, to conduct an “administrative transfer” to Medicaid.

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States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies (I)	Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)	% Change of Columns I and II (III)	Applications for Financial Assistance Submitted to the State Based Marketplace (IV)	Total Applications for Financial Assistance Submitted at State Level (V)	Individuals Determined Eligible for Medicaid at Application (VI)	Individuals Determined Eligible for CHIP at Application (VII)	Total New Determinations (VIII)
Arizona	FFM	213,381	154,369	38.2%	N/A	213,381	81,956	-	81,956
Arkansas	Partnership	53,989	58,148	-7.2%	N/A	53,989	39,017	-	39,017
California	SBM	225,000	218,063	3.2%	423,000	648,000	399,000	-	399,000
Colorado*	SBM	45,642	15,626	192.1%	-	45,642	36,512	2,329	38,841
Connecticut	SBM	17,944	22,740	-21.1%	20,075	38,019	12,809	51	12,860
Delaware	Partnership	3,596	-	-	N/A	3,596	1,602	2	1,604
District of Columbia*	SBM	8,145	7,231	12.6%	3,220	11,365	7,660	-	7,660
Hawaii*	SBM	9,369	4,966	88.7%	-	9,369	6,819	238	7,057
Illinois*	Partnership	60,394	88,015	-31.4%	N/A	60,394	69,707	8,037	77,744
Iowa#	Partnership	30,643	19,661	55.9%	N/A	30,643	26,062	1,768	27,830
Kentucky	SBM	14,921	35,773	-58.3%	79,908	94,829	7,151	988	8,139
Maryland	SBM	26,720	44,718	-40.2%	34,461	61,181	48,054	6,836	54,890
Massachusetts	SBM	33,572	28,611	17.3%	17,914	51,486	-	-	-
Michigan#^	Partnership	74,853	70,776	5.8%	N/A	74,853	41,223	3,413	44,636
Minnesota	SBM	23,941	48,910	-51.1%	-	23,941	18,393	-	18,393
Nevada*	SBM	15,224	12,941	17.6%	-	15,224	16,032	-	16,032
New Jersey*	FFM	38,665	13,785	180.5%	N/A	38,665	846	2,287	3,133
New Mexico	Supported SBM	30,183	19,047	58.5%	N/A	30,183	19,457	-	19,457
New York	SBM	-	-	-	-	-	155,132	14,383	169,515
North Dakota	FFM	3,271	2,460	33.0%	N/A	3,271	2,519	-	2,519
Ohio^	Plan Management	187,958	296,878	-36.7%	N/A	187,958	210,783	-	210,783
Oregon*	SBM	1,869	11,370	-83.6%	44,874	46,743	47,304	-	47,304
Rhode Island	SBM	14,140	-	-	-	14,140	16,011	2,832	18,843
Vermont	SBM	9,237	14,499	-36.3%	14,674	23,911	1,029	-	1,029
Washington*	SBM	-	-	-	-	-	200,563	5,805	206,368
West Virginia*	Partnership	27,707	22,819	21.4%	N/A	27,707	16,207	710	16,917
Subtotal for States Expanding Medicaid		1,170,364	1,211,406	-4.9%	638,126	1,808,490	1,481,848	49,679	1,531,527
Subtotal for States with Expansions in Effect in January		1,095,511	1,140,630	-5.5%	638,126	1,733,637	1,440,625	46,266	1,486,891

*=state has adopted "early MAGI".

#=expansion is subject to an approval of a Section 1115 demonstration.

^=expansion not effective until April 1, 2014.

(-)=state has not reported data.

Column III is calculated for only those states that reported both monthly data and baseline data.

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

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California	(I)	Data are preliminary and will be not be fully reconciled until February 2014.
California	(II)	Does not include applications received by CHIP agency.
California	(IV)	Data are preliminary and will be not be fully reconciled until February 2014.
California		Includes applications to SBM that did not request financial assistance.
California	(VI)	Data are preliminary and will be not be fully reconciled until February 2014.
California		Determinations 'at application' is derived by considering prior coverage.
California		Includes those determined eligible and 'contingently eligible.' Includes CHIP.
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)	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. Excludes those determined Medicaid-eligible by the SBM.
Delaware	(I)	Does not include applications from all channels.
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.
Iowa	(VI)	Includes renewals.
Iowa	(VII)	Includes renewals.
Maryland	(IV)	Includes State Medicaid Agency data from 1/1 - 2/1 and SBM data from 1/1 - 1/31.
Maryland		Includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes State Medicaid Agency data from 1/1 - 2/1 and SBM data from 1/1 - 1/31.
Maryland	(VII)	Includes renewals. Includes State Medicaid Agency data from 1/1 - 2/1 and SBM data from 1/1 - 1/31.
Massachusetts	(VI)	Data are preliminary and are derived.
Michigan	(VI)	Includes renewals.
Michigan	(VII)	Includes renewals.
Minnesota	(I)	Count is of persons applying, not applications. Does not include applications to the new eligibility and enrollment system.
Minnesota	(VI)	Includes CHIP.
Nevada*	(I)	Includes renewals.
Nevada*	(II)	Includes renewals.
Nevada*	(VI)	Count is of households, not individuals. Includes renewals.
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)	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.
North Dakota	(VI)	Includes renewals.
Ohio	(I)	Includes renewals. May include some applications only for other benefits, not for Medicaid and CHIP.
Ohio	(II)	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. Includes 8,555 individuals determined eligible via Targeted Enrollment Strategy.
Rhode Island	(I)	Includes applications submitted to SBM. 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.
Washington*	(VI)	Determinations 'at application' is derived by considering prior coverage.

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States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies (I)	Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)	% Change of Columns I and II (III)	Applications for Financial Assistance Submitted to the State Based Marketplace (IV)	Total Applications for Financial Assistance Submitted at State Level (V)	Individuals Determined Eligible for Medicaid at Application (VI)	Individuals Determined Eligible for CHIP at Application (VII)	Total New Determinations (VIII)
Alaska	FFM	8,916	3,483	156.0%	N/A	8,916	2,443	-	2,443
Alabama	FFM	16,781	16,941	-0.9%	N/A	16,781	19,212	612	19,824
Florida	FFM	339,527	316,532	7.3%	N/A	339,527	94,665	12,105	106,770
Georgia	FFM	101,975	89,622	13.8%	N/A	101,975	41,872	21,743	63,615
Idaho	Supported SBM	6,848	5,948	15.1%	N/A	6,848	8,545	740	9,285
Indiana	FFM	100,248	86,143	16.4%	N/A	100,248	39,730	2,722	42,452
Kansas*	Plan Management	10,022	8,354	20.0%	N/A	10,022	8,438	901	9,339
Louisiana*	FFM	26,049	35,494	-26.6%	N/A	26,049	18,091	696	18,787
Maine	Plan Management	2,186	2,643	-17.3%	N/A	2,186	631	-	631
Missouri*	FFM	41,696	38,477	8.4%	N/A	41,696	6,454	53	6,507
Mississippi	SB-SHOP	24,826	39,938	-37.8%	N/A	24,826	14,069	1,008	15,077
Montana	Plan Management	4,079	2,945	38.5%	N/A	4,079	3,576	454	4,030
North Carolina	FFM	104,714	72,355	44.7%	N/A	104,714	61,000	3,728	64,728
Nebraska	Plan Management	8,671	10,799	-19.7%	N/A	8,671	9,713	1,051	10,764
New Hampshire	Partnership	4,346	3,272	32.8%	N/A	4,346	6,269	-	6,269
Oklahoma*	FFM	34,826	38,336	-9.2%	N/A	34,826	18,672	2,889	21,561
Pennsylvania*	FFM	-	-	-	N/A	-	-	-	-
South Carolina	FFM	25,981	26,947	-3.6%	N/A	25,981	37,206	1,574	38,780
South Dakota	Plan Management	1,863	1,654	12.6%	N/A	1,863	1,345	-	1,345
Tennessee	FFM	3,991	4,144	-	N/A	3,991	-	1,461	1,461
Texas	FFM	131,671	112,185	17.4%	N/A	131,671	392,675	-	392,675
Utah	SB-SHOP	32,983	23,246	41.9%	N/A	32,983	39,169	-	39,169
Virginia*	Plan Management	36,824	26,552	38.7%	N/A	36,824	23,980	2,070	26,050
Wisconsin	FFM	22,928	18,094	26.7%	N/A	22,928	-	-	-
Wyoming	FFM	4,463	3,275	36.3%	N/A	4,463	3,296	494	3,790
Subtotal for States Not Expanding Medicaid#		1,096,414	987,379	11.1%	-	1,096,414	851,051	54,301	905,352
Total Across All States#		2,266,778	2,198,785	2.3%	638,126	2,904,904	2,332,899	103,980	2,436,879

*=state has adopted "early MAGI".

(-)=state has not reported data.

Column III is calculated for only those states that reported both monthly data and baseline data.

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

Percent change figures exclude TN, which only reports CHIP data.

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Alaska	(I)	Includes applications previously reported in October through December that are undergoing MAGI determination.
Alaska	(VI)	Count is of households, not individuals; includes CHIP.
Kansas*	(I)	Includes MAGI populations only.
Kansas*	(II)	Includes MAGI populations only.
Kansas*	(VI)	Includes MAGI populations only.
Missouri	(VII)	Includes renewals.
North Carolina	(VI)	Count for non-MAGI is of households, not individuals.
North Carolina	(VII)	Count is of households, not individuals.
New Hampshire	(VI)	Data is derived by considering prior coverage; includes CHIP.
Oklahoma*	(VI)	Includes MAGI determinations only.
Pennsylvania*	(II)	Baseline excluded because January applications not reported.
South Dakota	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Tennessee	(I)	Data are from CHIP agency only. Medicaid reporting capability in development.
Tennessee	(III)	Excluded because data is only from CHIP agency.
Texas	(VI)	Includes renewals.
Utah	(I)	Includes applications for non-health coverage programs.
Utah	(VI)	Includes renewals.
Virginia*	(VI)	Includes renewals.
Virginia*	(VII)	Includes renewals.
Wyoming	(VI)	Includes renewals.
Wyoming	(VII)	Includes renewals.

APPENDIX A

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

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 (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). 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.⁹

Pre-Affordable Care Act Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)

Average number of applications received each month during the July-September 2013 period (baseline period) by the Medicaid agency, a separate CHIP agency (if one exists in the state), or both, displayed to provide context regarding the average number of applications states received in the period immediately before open enrollment. Not all states submitted three months of data; the average is calculated using any months of baseline data that were provided.

Percentage Change (III)

The percentage change in **Applications Submitted to Medicaid and CHIP Agencies** as compared to **Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013)**. In cases where there is a negative percentage change, this may be due to the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data or because applications that may have previously come to an online portal operated by Medicaid and CHIP agencies are now being submitted through the Marketplace online application.

⁹ 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 (IV)

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. This number is different from the number reported in the *Health Insurance Marketplace: January Enrollment Report* because the “Total Number of Completed Applications” provided in that report included applications requesting financial assistance, as well as applications that did not request financial assistance. In contrast, this report is focused on only those applications requesting financial assistance because those applications are evaluated for Medicaid and CHIP eligibility by the integrated eligibility systems that exist in SBM states.

Total Applications for Financial Assistance Submitted at the State Level (V)

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.

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.¹⁰ 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 circumstance for a current beneficiary.¹¹ 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](#).

¹⁰ 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>.

¹¹ 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.

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 January 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 January 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 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**.

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). Many states chose to move to MAGI even before the January 2014 effective date—this has helped make eligibility during open enrollment easier because the same rules could be applied to assess 2013 eligibility as are now being applied to evaluate eligibility that became effective January 2014. A list of states that have implemented “early MAGI,” as well as other strategies that help to improve the eligibility and enrollment process 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. Profiles about each state’s current status can be found [on Medicaid.gov](http://on.Medicaid.gov). 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 January 2014, twenty-five states and the District of Columbia are expanding 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. This number 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.