
Medicaid & CHIP: December Monthly Applications and Eligibility Determinations Report *January 22, 2014*

Background

This report is the third 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 December 2013, which coincides with the third month of the initial open enrollment period for the Health Insurance Marketplace (“Marketplace” hereafter). 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, the individual can get an eligibility determination for all types of health coverage, including financial assistance to help pay for coverage, and the account will be routed to the program for which the individual is 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. 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, and the number of eligibility determinations made based on those applications by Medicaid and CHIP agencies. Given that states are reporting monthly data to CMS soon after the close of the month, the December data presented in this report should be considered preliminary. We have also published updated data for November [on Medicaid.gov](#); this update offers a more complete data set than the preliminary November data reported last month.

Medicaid and CHIP are longstanding programs that were already enrolling eligible individuals into coverage prior to the Marketplace open enrollment period, and also cover people beyond those who might be newly eligible for Medicaid under the new adult group. Therefore, this report necessarily captures data beyond the newly eligible individuals in states that have expanded coverage. In addition,

¹ HHS has released three [Health Insurance Marketplace Enrollment Reports](#) which report enrollment-related information reported through the Marketplaces and included Medicaid and CHIP eligibility data on applications submitted through the Marketplace. Because of the integrated nature of eligibility determinations in State-Based Marketplace states, determinations reported in the *Health Insurance Marketplace Enrollment Reports* are also included in this report.

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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 determinations. In many cases, information about a state’s status in transitioning to new, modernized information technology (IT) systems and other infrastructure improvements can be helpful in understanding the state-level data included in this report. For more information about the eligibility and enrollment simplifications and improvements states are making to their programs, please see Appendix B.

Medicaid and CHIP December Application and Eligibility Data Highlights

	December Monthly²	October 1³ through December 31⁴
Total Applications for Financial Assistance Received by State Medicaid and CHIP Agencies (note that more than one individual may be included on an application)	1,918,484	6,553,827
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)	2,293,359	6,323,188

Overall, December preliminary data show an increase in applications and eligibility determinations compared to the preliminary data report for November. States reported receiving approximately 1.9 million applications at their Medicaid and CHIP agencies during the month of December⁵ compared to

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.

³ See the Eligibility Data tab [on Medicaid.gov](http://on.Medicaid.gov) for October and updated November 2013 data.

⁴ See State-by-State Table notes for state-specific caveats regarding the reported data; because of reporting capability some states included some renewals in these data.

⁵ As 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

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preliminary November data, which showed 1.7 million applications for that month (month to month comparisons are best done at the same point in time, i.e., one week after the close of the month). States that have expanded Medicaid saw a notable increase of 14.4 percent compared to their baseline (pre-October 2013) data. Forty-six states and the District of Columbia provided application data for December.⁶ For the three-month period of October, November, and December 2013, the cumulative applications received by state Medicaid and CHIP agencies totaled 6.6 million. 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 and November data on both applications and determinations.

States reported approximately 2.3 million determinations in December on individuals applying for coverage based on data from 46 states and Washington, DC⁷; 1.2 million of these determinations were in states expanding Medicaid and a little over 1 million were in states not expanding Medicaid. Looking at the 41 states that reported both December determinations and baseline data for this indicator, December determinations were up 73% as compared to the July through September 2013 period in states expanding Medicaid and down 1% in those states not expanding Medicaid⁸. December's activity brings the cumulative number of eligibility determinations made in October, November and December to 6.3 million. States are still transitioning to the standardized data definitions described in Appendix A, which limits the conclusions that can be drawn from the data. Many states, for example, are reporting all the coverage determinations they are making, including renewals, and not just the determinations for those individuals submitting new applications, due to reporting capability limitations.⁹ As states shift to new eligibility and enrollment systems, we will continue to see improvements in reporting capacity.

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 applications Medicaid and CHIP determinations that were reported in the *Health Insurance Marketplace: Enrollment Report*. For Federally-Facilitated Marketplace (FFM) states, the data reported do not include any of the applications and determinations/assessments reported in *Health Insurance Marketplace: November Enrollment Report*. Also, as noted, the applications and determinations reported by the Medicaid and CHIP agencies are not limited to those who are newly eligible under the Affordable Care Act.

⁶ New York, Ohio, Washington and Pennsylvania did not provide application data.

⁷ Massachusetts, Ohio, Pennsylvania and Wisconsin did not provide determination data. See State-by-State Table notes for state-specific caveats regarding the reported data; as noted, because of reporting capability, some states included renewals in these data.

⁸ Baseline data is based on average of monthly data states provided for period of July-Sept 2013 (not all states provided three months of data) using data as consistent as possible with the December data states provided; for example, if a state included renewals in its December data, renewals were included in the baseline.

⁹ The following states have included renewals in their application data: Nevada, New Mexico, Ohio, and Pennsylvania. These states have included renewals in their determination data: District of Columbia, Iowa, Maryland, Michigan, Missouri, Nevada, North Dakota, New Mexico, Pennsylvania, South Carolina, 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.

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In December, administrative transfers continued in Oregon and West Virginia.¹⁰ 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.

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 at the bottom of 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 November. 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 November 1-30, 2013.

Future Reports

During the first three months (October, November, December) of open enrollment, these reports will focus on the indicators regarding applications and eligibility determinations. For January and subsequent months, subject to state data reporting capacities, we will be including the number of MAGI determinations and determinations using non-MAGI methods, as well as the total number of individuals enrolled in Medicaid and CHIP. Although this report does not include data on Medicaid and CHIP eligibility determination activity based on applications submitted directly to the Federally-facilitated Marketplace (FFM), future reports will reflect data relevant to transfers made between the FFM and state agencies.

¹⁰ 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 (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	157,381	154,369	2.0%	N/A	157,381	52,486	13	52,499
Arkansas	Partnership	62,902	58,148	8.2%	N/A	62,902	36,495	-	36,495
California	SBM	223,159	218,063	2.3%	527,000	750,159	536,431	-	536,431
Colorado*	SBM	62,210	15,626	298.1%	-	62,210	16,116	2,012	18,128
Connecticut	SBM	24,723	22,740	8.7%	20,415	45,138	18,952	173	19,125
Delaware	Partnership	2,541	-	-	N/A	2,541	978	26	1,004
District of Columbia*	SBM	6,874	7,231	-4.9%	3,625	10,499	6,572	-	6,572
Hawaii*	SBM	8,842	4,966	78.1%	-	8,842	6,029	188	6,217
Illinois*	Partnership	65,608	-	-	N/A	65,608	29,749	10,102	39,851
Iowa#	Partnership	26,240	19,661	33.5%	N/A	26,240	13,415	1,059	14,474
Kentucky	SBM	29,472	35,773	-17.6%	61,201	90,673	13,907	1,946	15,853
Maryland	SBM	30,704	44,718	-31.3%	43,026	73,730	56,829	7,524	64,353
Massachusetts	SBM	61,508	28,611	115.0%	-	61,508	-	-	-
Michigan#^	Partnership	63,823	70,776	-9.8%	N/A	63,823	37,562	3,693	41,255
Minnesota	SBM	43,815	40,767	7.5%	-	43,815	23,932	-	23,932
Nevada*	SBM	27,167	12,941	109.9%	-	27,167	4,350	-	4,350
New Jersey*	FFM	29,814	13,785	116.3%	N/A	29,814	2,755	2,323	5,078
New Mexico	Supported SBM	30,426	19,047	59.7%	N/A	30,426	17,621	-	17,621
New York	SBM	-	-	-	-	-	45,731	21,695	67,426
North Dakota	FFM	3,671	2,460	49.2%	N/A	3,671	3,857	-	3,857
Ohio^	Plan Management	-	296,747	-	N/A	-	-	-	-
Oregon*	SBM	7,848	11,370	-31.0%	50,163	58,011	72,293	-	72,293
Rhode Island	SBM	24,118	-	-	-	24,118	8,546	246	8,792
Vermont	SBM	10,569	14,499	-27.1%	27,132	37,701	27	-	27
Washington*	SBM	-	-	-	536,156	536,156	147,510	5,589	153,099
West Virginia*	Partnership	25,415	22,819	11.4%	N/A	25,415	21,794	877	22,671
Subtotal for States Expanding Medicaid		1,028,830	1,115,117	14.4%	1,268,718	2,297,548	1,173,937	57,466	1,231,403

*=state has adopted "early MAGI"

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

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

^=expansion not effective until April 1, 2014

(-)=state has not reported data.

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Arkansas	(VI)	Includes CHIP.
California	(I)	Data are preliminary and are not yet fully reconciled.
California	(II)	Does not include applications received by CHIP agency.
California	(IV)	Data are preliminary and are not yet fully reconciled. Includes applications to SBM that did not request financial assistance.
California	(VI)	Data are preliminary and are not yet fully reconciled. Determinations 'at application' is derived by considering prior coverage. Includes those determined eligible and contingently eligible (verification still pending). Includes some individuals eligible for 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 (state funded medical cases, the AIDS Drug Assistance program and refugee cases).
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 data from the SBM from 12/1/13-1/4/14 and includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes SBM data from 12/1/13-1/4/14.
Maryland	(VII)	Includes renewals. Includes SBM data from 12/1/13-1/4/14.
Massachusetts	(I)	Includes applications submitted to SBM.
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.
Minnesota	(VI)	Includes CHIP.
Nevada*	(I)	Count includes electronic applications only; a small percentage of paper applications still need to be reconciled.
Nevada*	(II)	Includes renewals.
Nevada*	(VI)	Count is of households, not individuals. Includes renewals.
North Dakota	(VI)	Includes renewals.
New Jersey*	(II)	Does not include applications received by county welfare agencies from non-online sources.
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.
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.
Oregon*	(VI)	Count is of households, not individuals; includes CHIP. Includes 32,873 individuals determined eligible via Targeted Enrollment Strategy.
Rhode Island	(I)	Includes applications submitted to SBM.
Rhode Island	(VI)	Includes only determinations through new MAGI system for coverage beginning January.
Rhode Island	(VII)	Includes only determinations through new MAGI system for coverage beginning January.
Vermont	(VI)	Includes only non-MAGI determinations.
Washington*	(VI)	Determinations 'at application' is derived by considering prior coverage.
West Virginia*	(VI)	Includes 5,970 individuals determined eligible via Targeted Enrollment Strategy.

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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 (III)	Applications for Financial Assistance Submitted to the State Based Marketplace (IV)	Total Applications 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	3,862	3,483	10.9%	N/A	3,862	1,746	-	1,746
Alabama	FFM	14,475	16,941	-14.6%	N/A	14,475	24,557	2,146	26,703
Florida	FFM	257,382	316,532	-18.7%	N/A	257,382	243,314	-	243,314
Georgia	FFM	94,303	89,622	5.2%	N/A	94,303	40,592	21,622	62,214
Idaho	Supported SBM	4,745	5,948	-20.2%	N/A	4,745	6,163	422	6,585
Indiana	FFM	82,270	86,143	-4.5%	N/A	82,270	34,412	2,967	37,379
Kansas*	Plan Management	7,445	8,354	-10.9%	N/A	7,445	7,363	769	8,132
Louisiana*	FFM	29,890	35,494	-15.8%	N/A	29,890	17,835	770	18,605
Maine	Plan Management	1,892	2,643	-28.4%	N/A	1,892	861	1	862
Missouri*	FFM	47,466	38,477	23.4%	N/A	47,466	20,944	835	21,779
Mississippi	SB-SHOP	27,157	39,938	-32.0%	N/A	27,157	16,996	1,327	18,323
Montana	Plan Management	2,787	2,945	-5.4%	N/A	2,787	2,199	245	2,444
North Carolina	FFM	66,538	72,355	-8.0%	N/A	66,538	50,630	4,184	54,814
Nebraska	Plan Management	6,538	10,799	-39.5%	N/A	6,538	6,234	987	7,221
New Hampshire	Partnership	3,284	3,272	0.4%	N/A	3,284	1,571	-	1,571
Oklahoma*	FFM	43,363	38,336	13.1%	N/A	43,363	28,624	4,136	32,760
Pennsylvania*	FFM	-	193,684	-	N/A	-	-	-	-
South Carolina	FFM	20,817	26,947	-22.7%	N/A	20,817	71,692	5,453	77,145
South Dakota	Plan Management	1,587	1,654	-4.1%	N/A	1,587	1,201	-	1,201
Tennessee	FFM	3,419	4,144	-17.5%	N/A	3,419	-	1,372	1,372
Texas	FFM	94,666	112,185	-15.6%	N/A	94,666	382,276	-	382,276
Utah	SB-SHOP	22,959	-	-	N/A	22,959	36,403	-	36,403
Virginia*	Plan Management	30,135	26,552	13.5%	N/A	30,135	16,493	1,267	17,760
Wisconsin	FFM	18,594	18,094	2.8%	N/A	18,594	-	-	-
Wyoming	FFM	4,080	3,303	23.5%	N/A	4,080	1,156	191	1,347
Subtotal for States Not Expanding Medicaid		889,654	1,157,845	-10.1%	-	889,654	1,013,262	48,694	1,061,956
Total Across All States		1,918,484	2,272,962	1.2%	1,268,718	3,187,202	2,187,199	106,160	2,293,359

*=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's

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Alaska	(VI)	Count is of households, not individuals; includes CHIP.
Florida	(I)	Does not include applications received by CHIP agency.
Florida	(II)	Does not include applications received by CHIP agency.
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)	Includes renewals.
South Carolina	(VI)	Includes all determinations (e.g., renewals)
South Carolina	(VII)	Includes all determinations (e.g., renewals)
South Dakota	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Tennessee	(I)	Data are from CHIP agency only. Eligibility system with Medicaid reporting capability is in development
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-VIII).

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.¹¹

Pre-ACA 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.

Applications for Financial Assistance Submitted to the State-Based Marketplace (IV)

¹¹ 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.

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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: December 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). 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.¹² 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. 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.

During the first three months of open enrollment, states that have not implemented “early MAGI” (described above) are determining eligibility for coverage beginning January 1, 2014 (using modified adjusted gross income (MAGI) methods provided for in the Affordable Care Act), and also offering applicants the ability to be determined for coverage before January 1, 2014, under existing non-MAGI eligibility rules. This means that some individuals may have more

¹² 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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than one determination in the reporting period – one pertaining to 2013 and one relating to 2014. Also, individuals are first determined based on MAGI, and if needed, may request a subsequent determination based on non-MAGI factors. This means that individuals requesting a determination based on non-MAGI methodologies may also receive more than one determination in the reporting period. Therefore, this is not an unduplicated number of unique individuals. A list of which eligibility groups are MAGI and which are non-MAGI is available [on Medicaid.gov](#).

In future reports, in states where the FFM makes an eligibility assessment (and the state then completes the Medicaid determination), this number will include 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 will 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. 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 future reports, where the FFM makes an eligibility assessment (and the state then completes the CHIP determination), this number will include 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, it will 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. 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

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. The number of people impacted by these expansions 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 adults at all. In December, expanding states were making eligibility determinations for newly eligible individuals whose Medicaid coverage became available on January 1, 2014.