



Medicaid & CHIP: February 2016 Monthly Applications, Eligibility Determinations and Enrollment Report *April 29, 2016*

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 February 2016. This report measures eligibility and enrollment activity for the entire Medicaid and CHIP programs in all states¹, reflecting activity for all populations receiving comprehensive Medicaid and CHIP benefits in all states, including states that have not yet chosen to adopt the new low-income adult group established by the Affordable Care Act.² This data is submitted to CMS by states using a common set of indicators designed to provide information to support program management and policy-making related to application, eligibility, and enrollment processes.³

As with previous reports, this month's report focuses on those indicators that relate to the Medicaid and CHIP application and enrollment process:⁴

- 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

¹ For purposes of this report, the term "states" include the 50 states and the District of Columbia.

² As of February 2016, thirty-one states had implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level. Montana implemented the Medicaid expansion on January 1, 2016. The enrollment impact of the Medicaid expansion varies; some states 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 without disabilities who are under age 65 at all.

³ See Appendix A for the standardized data definitions for the data included in this report. States continue to transition to these standardized definitions. State-specific notes on the differences between state-reported data and the data definitions are included in the tables in this report.

⁴ The Affordable Care Act's "no wrong door" policy means that individuals can apply for health insurance coverage through the Marketplace or the Medicaid or CHIP agency (if a separate agency) in their state and receive an eligibility determination for the health insurance program for which they are eligible. Information on applications received by (and Medicaid and CHIP assessments and determinations made by) the Marketplaces during the Marketplace open enrollment period is included in the Health Insurance Marketplace's 2016 Open Enrollment Period: Final Enrollment Report (March 11, 2016).

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Medicaid and CHIP February 2016 Application and Eligibility Data Highlights

	February 2016 Monthly in All States Reporting
<i>Applications</i>	
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 account transfers from the FFM)	1,686,097 ²¹
Applications for Financial Assistance Initially Received by State-Based Marketplaces (note that more than one individual may be included on an application)	1,057,588 ²²
<i>Eligibility Determinations</i>	
Individuals Determined Eligible for Medicaid and CHIP by State Agencies at Application (includes those newly eligible under the Affordable Care Act and those eligible under prior law)	1,661,888 ²³

During the month of February 2016, over 2.7 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including approximately 1.7 million received directly by state Medicaid and CHIP agencies and nearly 1.1 million received by SBMs).²⁴ Table 3 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 February 2016 as compared to the prior month (January 2016). 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).²⁵

²¹ See the notes in table 3 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 the data.

²² See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states reported renewals in the data and included applications received by their SBMs in their Medicaid and CHIP agency application data instead of reporting these applications separately. Note that California did not report SBM application data this month.

²³ See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states reported some individuals determined eligible at renewal in the data. Tennessee only provided determination data on their CHIP program.

²⁴ The following states have included renewals in their February 2016 application data: Alaska, the District of Columbia, Nevada, New York, Ohio, Pennsylvania, and Virginia. South Dakota and Utah included transfers from the FFM in its February 2016 application data.

²⁵ See footnote 21.

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States reported making nearly 1.7 million eligibility determinations for Medicaid and CHIP in February 2016 for individuals applying for coverage. 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.²⁶ Additionally, the determination number does not represent unique individuals, as an individual may have more than one eligibility determination. 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.²⁷

See the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on Medicaid.gov for preliminary and updated data on applications and determinations for October 2013 through January 2016.

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 our specifications, we have included that information in notes in the State-by-State tables.

State-by-State Tables

Below are 3 tables with state-specific data. The first table contains data on the total number of people enrolled in state Medicaid and CHIP programs in February 2016. The second table contains data on children enrolled in Medicaid and CHIP. The third table contains data on Medicaid and CHIP applications and eligibility determinations for the month of February 2016. 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 February 1 – 29, 2016.

²⁶ The states that have included renewals in their February 2016 determination data are: District of Columbia, Iowa, Michigan, Nevada, Ohio, Pennsylvania, Vermont and Virginia. Some of these renewals are conducted without the individual submitting a new application, using information already in the state's system that the individual is asked to verify.

²⁷ A number of states are employing a new tool for facilitating Medicaid enrollment to conduct an "administrative transfer" to Medicaid using income information from the Supplemental Nutritional Assistance Program (SNAP) or the CHIP program (for the parents of CHIP enrollees). The following states have implemented administrative transfers since this authority was made available: Arkansas, California, Illinois, New Jersey, Oregon, and West Virginia. No states reported conducting administrative transfers in February 2016. As of the end of April 2015, 726,597 individuals have been determined eligible for Medicaid or CHIP as a result of this transitional strategy in the six states that have implemented it and reported appropriate data. Michigan received approval to conduct administrative transfers but it has not implemented this targeted enrollment strategy.

APPENDIX A: Description of Data Elements in Tables

Table 1: Medicaid and CHIP: January and February 2016 Preliminary Monthly Enrollment

Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)

Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)

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). Individuals eligible under demonstration projects authorized by section 1115 of the Social Security Act 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 February 2016 data was submitted in March and is considered preliminary.²⁸ The January 2016 data in this table was submitted in February and is also preliminary. January data that was updated in March (which may include more individuals with retroactive eligibility) is posted separately 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 January 2016 to February 2016 (III)

The percentage change in **Total Medicaid and CHIP Enrollment, February 2016 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, January 2016 (Preliminary) (I)** 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.

Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)

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 includes more retroactive enrollments than the February 2016 data, which makes change between the baseline data and the February preliminary data look smaller than it would be if

²⁸ In Medicaid, individuals are potentially eligible for retroactive eligibility to cover incurred health care costs for 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.

