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

August 8, 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 June 2014. 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.

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. It is important to note that 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 month's report focuses on those 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, including details on the total number of children enrolled in these programs.

As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the June 2014 data presented in this report should be considered preliminary. We have also published updated data for May 2014 applications, eligibility determinations, and enrollment [on Medicaid.gov](#), which includes a more complete data set than the preliminary May data reported last month.

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 program, 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

Table 3: Medicaid and CHIP: June 2014 Monthly Applications and Eligibility Determinations

(-)=state has not reported data.

Column V is calculated for only those states that reported May and June 2014 Applications data (subtotals exclude ME and MO; totals exclude AZ, AR, ME, MO, and NM).

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), (VIII)	Count is of households, not individuals; includes CHIP.
Alabama	(VII)	Data for Medicaid and CHIP applications processed in the E&E system is not available at this time.
Florida	(I), (III), (IV)	Includes account transfers from the FFM.
Kansas	(I), (III), (IV)	Includes MAGI populations only.
Kansas	(VI)	Includes MAGI populations only.
Montana	(IV)	Data updated in June.
Pennsylvania	(I), (III), (IV)	Includes renewals.
Pennsylvania	(VI), (VIII)	Includes renewals.
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	(I), (III), (IV)	Includes renewals.
Virginia	(VI)	Includes renewals.
Virginia	(VII)	Includes renewals.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.

