
Medicaid & CHIP: October 2015 Monthly Applications, Eligibility Determinations and Enrollment Report

December 30, 2015

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 October 2015. 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
- 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.

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

² As of October 2015, thirty 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. 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 second Marketplace open enrollment period is included in the Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report (March 10, 2015).

Table 3: Medicaid and CHIP: October 2015 Monthly Applications and Eligibility Determinations

(-)=state has not reported data except as noted below.

Column V is calculated for only those states that reported September and October 2015 Applications data (subtotals exclude KS and WY; totals exclude AR, AZ, KS, ND, WY).

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

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

‡ Reported value is less than 10, excluded from data set to ensure privacy.

Alabama	(I), (III)	Reporting capacity in joint eligibility and enrollment system increased in October. Includes some applications from joint eligibility and enrollment system.
Alabama	(VIII)	Reporting capacity in joint eligibility and enrollment system increased in October.
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.
Utah	(I), (III), (IV)	Includes applications for non-health coverage programs.
Utah	(I), (III)	Includes account transfers from the FFM.
Virginia	(I), (III), (IV)	Includes renewals.
Virginia	(VI), (VII)	Includes renewals.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.

