











## Medicaid and CHIP September 2015 Application and Eligibility Data Highlights

	<b>September 2015 Monthly in All States Reporting</b>
<b><i>Applications</i></b>	
<b>Applications for Financial Assistance Initially Received by State Medicaid and CHIP Agencies</b> (note that more than one individual may be included on an application and some states have included renewals and account transfers from the FFM)	1,606,427 <sup>21</sup>
<b>Applications for Financial Assistance Initially Received by State-Based Marketplaces</b> (note that more than one individual may be included on an application)	527,271 <sup>22</sup>
<b><i>Eligibility Determinations</i></b>	
<b>Individuals Determined Eligible for Medicaid and CHIP by State Agencies at Application</b> (includes those newly eligible under the Affordable Care Act and those eligible under prior law)	2,027,965 <sup>23</sup>

During the month of September 2015, over 2.13 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including over 1.6 million received directly by state Medicaid and CHIP agencies and nearly 530,000 received by SBMs).<sup>24</sup> 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 September 2015 as compared to the prior month (August 2015). 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), including applications received by the FFM during the Marketplace open enrollment period that began on November 15th.<sup>25</sup>

States reported making over 2 million eligibility determinations for Medicaid and CHIP in September 2015 for individuals applying for coverage. As described above and in prior reports, this figure includes

<sup>21</sup> 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. Note that Arkansas did not report application data this month as it has in prior months.

<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> The following states have included renewals in their September 2015 application data: Alaska, the District of Columbia, New York, Ohio, Pennsylvania, and Virginia. South Dakota and Utah included transfers from the FFM in its September 2015 application data.

<sup>25</sup> See footnote 21.

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.<sup>26</sup> 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.<sup>27</sup>

See the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://Medicaid.gov) for preliminary and updated data on applications and determinations for October 2013 through September 2015.

### **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 September 2015. 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 September 2015. 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 September 1 - 30, 2015.

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<sup>26</sup> The states that have included renewals in their September 2015 determination data are: District of Columbia, Iowa, Michigan, Nevada, New Jersey, Ohio, Pennsylvania, South Dakota, 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.

<sup>27</sup> 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 September 2015. 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: August and September 2015 Preliminary Monthly Enrollment**

### **Total Medicaid and CHIP Enrollment, August 2015 (Preliminary) (I)**

### **Total Medicaid and CHIP Enrollment, September 2015 (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 September 2015 data was submitted in September and is considered preliminary.<sup>28</sup> The August 2015 data in this table was submitted in September and is also preliminary. August data that was updated in September (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 August to September 2015 (III)**

The percentage change in **Total Medicaid and CHIP Enrollment, September 2015 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, August 2015 (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 September 2015 data, which makes change between the baseline data and the September preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September 2013 period.<sup>29</sup> Such exclusions were not possible.

### **Net Change, July-Sept. 2013 to September 2015 (V)**

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<sup>28</sup> 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.

<sup>29</sup> See footnote 28.











