
Medicaid & CHIP: November Monthly Applications and Eligibility Determinations Report *December 20, 2013*

Background

This report is the second 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 November 2013, which coincides with the second 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,” 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 by the Federal Marketplace.¹

The data included in this report were reported 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 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 weekly and monthly data to CMS on a range of indicators related to application, eligibility and enrollment processes. As with our October report, this report focuses on those monthly indicators that relate to key processes relevant during open enrollment: the number of applications received and the number of eligibility determinations made by Medicaid and CHIP agencies. Specifically, this report focuses on the number of applications received and the number of determinations made in calendar month November. Given that states are reporting monthly data to CMS soon after the close of the month, the November data presented in this report should be considered preliminary. We have also published updated data for October [on Medicaid.gov](#); the October data offers a more complete data set than the preliminary October and November data sets.

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 two [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 reported 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 November Application and Eligibility Data Highlights

	November Monthly²	October 1³ through November 30⁴
Total Applications for Financial Assistance Received by State Medicaid and CHIP Agencies (note that more than one individual may be included on an application)	1,736,809	4,209,742
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)	1,741,011	3,926,068

States reported receiving more than 1.7 million applications at their State Medicaid and CHIP agencies during the month of November⁵. Application volume was down slightly from October: this is likely due

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](https://www.medicaid.gov) for updated October 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 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*

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to both the preliminary nature of the November data as compared to the finalized October numbers, as well as the low number of business days in November. Forty-six states and the District of Columbia provided application data for November; forty-seven provided that data for October. Across both October and November, the cumulative applications received by State Medicaid and CHIP agencies totaled 4.2 million.

The number of determinations continued on pace with October, with states reporting approximately 1.7 million determinations in November on individuals applying for coverage.⁶ Forty-six states and DC provided data on November determinations; forty-eight states and DC provided determination data for October. 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.⁷ The cumulative number of eligibility determinations made in October and November totaled 3.9 million.

In the October report, we reported that 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. Arkansas, Oregon, and West Virginia are three such states that conducted an administrative transfer in October. October eligibility determination data for Arkansas, Oregon and West Virginia included large numbers of individuals enrolled into Medicaid via “administrative transfer.” In November, this work continued in Oregon and West Virginia. When comparing data on determinations in October to those in November in these states and other states, 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, 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

Marketplace: Enrollment Report. For Federally-Facilitated Marketplace (FFM) states, the data reported here 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 See State-by-State Table notes for state-specific caveats regarding the reported data; because of reporting capability some states included renewals in these data.

⁷ 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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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. When coverage begins January 1, 2014, we anticipate reporting on additional indicators related to the coverage that will begin at that time, 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.

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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	136,326	154,369	-11.7%	N/A	136,326	45,057	1,259	46,316
Arkansas	Partnership	54,156	58,148	-6.9%	N/A	54,156	37,195	-	37,195
California	SBM	194,506	218,063	-10.8%	146,527	341,033	257,589	-	257,589
Colorado*	SBM	39,492	15,626	152.7%	-	39,492	12,165	1,616	13,781
Connecticut	SBM	22,757	22,741	0.1%	6,425	29,182	18,414	211	18,625
Delaware	Partnership	1,206	-	-	N/A	1,206	1,026	25	1,051
District of Columbia*	SBM	5,003	7,231	-30.8%	1,126	6,129	6,074	-	6,074
Hawaii*	SBM	6,885	5,690	21.0%	-	6,885	4,329	170	4,499
Illinois*	Partnership	100,171	-	-	N/A	100,171	26,849	-	26,849
Iowa#	Partnership	18,335	19,661	-6.7%	N/A	18,335	6,052	4,150	10,202
Kentucky	SBM	32,089	35,773	-10.3%	39,369	71,458	16,218	2,166	18,384
Maryland	SBM	33,903	44,718	-24.2%	11,370	45,273	31,777	7,083	38,860
Massachusetts	SBM	52,223	28,611	82.5%	-	52,223	-	-	-
Michigan#^	Partnership	61,639	70,776	-12.9%	N/A	61,639	36,941	3,426	40,367
Minnesota	SBM	33,075	40,767	-18.9%	-	33,075	13,021	-	13,021
Nevada*	SBM	12,277	12,941	-5.1%	-	12,277	3,848	-	3,848
New Jersey*	FFM	18,788	13,785	36.3%	N/A	18,788	3,796	3,838	7,634
New Mexico	Supported SBM	21,523	19,047	13.0%	N/A	21,523	12,567	-	12,567
New York	SBM	-	-	-	-	-	45,962	17,724	63,686
North Dakota	FFM	2,151	2,087	3.1%	N/A	2,151	2,349	-	2,349
Ohio^	Plan Management	-	296,747	-	N/A	-	-	-	-
Oregon*	SBM	4,910	11,370	-56.8%	11,865	16,775	28,464	-	28,464
Rhode Island	SBM	4,895	-	-	-	4,895	1,722	111	1,833
Vermont	SBM	11,832	14,499	-18.4%	7,193	19,025	15	-	15
Washington*	SBM	-	-	-	159,186	159,186	105,123	2,694	107,817
West Virginia*	Partnership	22,193	22,819	-2.7%	N/A	22,193	22,401	834	23,235
Subtotal for States Expanding Medicaid		890,335	1,115,469	-4.2%	383,061	1,273,396	738,954	45,307	784,261

*=state has adopted "early MAGI"

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

^=expansion not effective until April 1, 2014

(-)=state has not reported data.

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

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California	(I)	Data are preliminary and will be not be fully reconciled until January 2014.
California	(II)	Does not include applications received by CHIP agency.
California	(IV)	Data are preliminary and will be not be fully reconciled until January 2014. Includes applications to SBM that did not request financial assistance.
California	(VI)	Data are preliminary and will be not be fully reconciled until January 2014. Determinations 'at application' is derived by considering prior coverage. Includes those determined eligible and 'contingently eligible.' 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*	(IV)	Data is incomplete and will be updated in future reports.
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.
Illinois	(VI)	Includes determinations from 10/1-11/30
Iowa	(VI)	Includes renewals.
Iowa	(VII)	Includes renewals.
Maryland	(IV)	Includes data from the SBM from 11/3-11/30 and includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes SBM data from 11/3-11/30.
Maryland	(VII)	Includes renewals. Includes SBM data from 11/3-11/30.
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)	Includes renewals.
Nevada*	(II)	Includes renewals.
Nevada*	(VI)	Count is of households, not individuals. Includes renewals.
North Dakota	(VI)	Includes renewals.
New Jersey*	(I)	Does not include applications received by county welfare agencies from non-online sources.
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 19,302 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.
Washington*	(VI)	Determinations 'at application' is derived by considering prior coverage.
West Virginia*	(VI)	Includes 11,026 individuals determined eligible via Targeted Enrollment Strategy.

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States Not Expanding Medicaid	Marketplace Type								
		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	3,549	3,483	1.9%	N/A	3,549	1,756	-	1,756
Alabama	FFM	13,795	16,941	-18.6%	N/A	13,795	23,133	2,596	25,729
Florida	FFM	249,822	316,532	-21.1%	N/A	249,822	138,601	-	138,601
Georgia	FFM	92,600	89,622	3.3%	N/A	92,600	36,042	21,429	57,471
Idaho	Supported SBM	4,962	5,948	-16.6%	N/A	4,962	6,571	454	7,025
Indiana	FFM	77,159	86,143	-10.4%	N/A	77,159	32,087	2,879	34,966
Kansas*	Plan Management	7,483	8,354	-10.4%	N/A	7,483	7,088	779	7,867
Louisiana*	FFM	27,652	35,494	-22.1%	N/A	27,652	16,803	747	17,550
Maine	Plan Management	1,693	2,643	-35.9%	N/A	1,693	1,353	9	1,362
Missouri*	FFM	38,012	38,477	-1.2%	N/A	38,012	24,462	1,025	25,487
Mississippi	SB-SHOP	29,524	39,938	-26.1%	N/A	29,524	18,945	1,660	20,605
Montana	Plan Management	2,586	2,945	-12.2%	N/A	2,586	1,619	164	1,783
North Carolina	FFM	60,921	72,355	-15.8%	N/A	60,921	43,599	4,879	48,478
Nebraska	Plan Management	6,678	10,799	-38.2%	N/A	6,678	6,540	1,192	7,732
New Hampshire	Partnership	3,109	3,272	-5.0%	N/A	3,109	1,569	-	1,569
Oklahoma*	FFM	31,840	42,128	-24.4%	N/A	31,840	18,026	2,502	20,528
Pennsylvania*	FFM		193,684	-	N/A	-			-
South Carolina	FFM	25,228	26,947	-6.4%	N/A	25,228	63,558	2,450	66,008
South Dakota	Plan Management	1,541	1,654	-6.8%	N/A	1,541	1,253	-	1,253
Tennessee	FFM	3,155	4,054	-22.2%	N/A	3,155	-	1,632	1,632
Texas	FFM	92,479	112,185	-17.6%	N/A	92,479	381,824	-	381,824
Utah	SB-SHOP	23,601		-	N/A	23,601	72,106	-	72,106
Virginia*	Plan Management	26,874	26,552	1.2%	N/A	26,874	13,188	890	14,078
Wisconsin	FFM	18,078	18,094	-0.1%	N/A	18,078	-	-	-
Wyoming	FFM	4,133	5,296	-22.0%	N/A	4,133	1,154	186	1,340
Subtotal for States Not Expanding Medicaid		846,474	1,163,540	-15.2%	-	846,474	911,277	45,473	956,750
Total Across All States		1,736,809	2,279,009	-10.2%	383,061	2,119,870	1,650,231	90,780	1,741,011

*=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.
Florida	(VI)	Includes only non-MAGI determinations
Idaho	(VI)	Includes renewals.
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.
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.⁸

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)

⁸ 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: November 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 states with an FFM, 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.⁹ 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 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

⁹ 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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rules. This means that some individuals may have more 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 a Medicaid eligibility determination, the report 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](#).

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 (“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. 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 affordability programs available in the Marketplace. More information about MAGI is available [on Medicaid.gov](#). Many states have chosen to move to MAGI even before the January 2014 effective date—this helps make eligibility during open enrollment easier because the same rules can be applied to assess 2013 eligibility as are being applied to evaluate eligibility that is 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](#).

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](#). 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 at this time, 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 currently planning to expand Medicaid coverage under the Affordable Care Act to adults under 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 November, expanding states were making eligibility determinations for newly eligible individuals whose Medicaid coverage will begin in 2014.