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

May 1, 2014

Background

This report is the sixth 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 March 2014, which coincides with the final month of the initial open enrollment period for the Health Insurance Marketplace (“Marketplace” hereafter). This report includes state data and analysis regarding applications to Medicaid and CHIP agencies and the State Based Marketplaces (SBMs), eligibility determinations made by the Medicaid and CHIP agencies, and state data on total enrollment in the Medicaid and CHIP programs. In addition, we have supplemented the data previously reported to provide data on enrollment related to the early adoption of the Medicaid eligibility expansion, which was an option provided to states under the Affordable Care Act.

The Affordable Care Act created a “no wrong door” approach, 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” they choose, individuals can get eligibility determinations for all types of health coverage, including financial assistance to help pay for coverage, and have their accounts routed to the program for which they are 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 reported on Health Insurance Marketplace enrollment.¹

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 and supplement data on Marketplace activity released by the Department of Health and Human Services (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 data to CMS on a range of indicators related to application, eligibility and enrollment processes.

¹As 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 Medicaid and CHIP applications and determinations that were reported in the *Health Insurance Marketplace Enrollment Report: For the End of the Initial Annual Open Enrollment Period* (in other words, these data are reported in both reports). For Federally-Facilitated Marketplace (FFM) states, the applications included in this report do not include applications made to the FFM which are reported in the *Health Insurance Marketplace Enrollment Report*. In FFM states, some of the individuals assessed or determined eligible for Medicaid or CHIP by the FFM and reported in the *Health Insurance Marketplace Enrollment Report* may also be reported here when the state has made an eligibility determination based on the information provided by the FFM.

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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 report focuses on those monthly 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.

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

In terms of the data included in this report, it is important to note that 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. Therefore, this report, which measures eligibility and enrollment activity for the entire Medicaid and CHIP programs, 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 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 determination systems. As states shift to these new eligibility and enrollment systems, we will continue to see improvements in reporting capacity. For more information about the eligibility and enrollment simplifications and improvements states are making to their programs, please see Appendix B.

Medicaid and CHIP March 2014 Enrollment Data Highlights

Total Individuals Enrolled in Medicaid and CHIP in March in All States Reporting March Data (includes all individuals enrolled in the program on the last day of the reporting period)²	64,617,862
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- Across the 49 states that provided enrollment data for March 2014, states reported that approximately 64.6 million individuals were enrolled in Medicaid and CHIP. This enrollment count is point-in-time (on the last day of the month) and includes all enrollees in the Medicaid and CHIP programs who are receiving a comprehensive benefit package.³ Maine and North Dakota are not included in this count.⁴
- Looking at the additional enrollment since October when the Marketplace open enrollment began, among the 47 states reporting both March 2014 enrollment data and data from July-September of 2013, over 4.8 million additional individuals are enrolled in Medicaid and CHIP, an 8.2 percent increase over the average monthly enrollment for July through September of 2013.⁵ Connecticut, Delaware, Maine, and North Dakota are not included in this count.⁶ This represents an increase of over 1.8 million people above the 3 million additional individuals included in our report on February enrollment data.⁷
- Among states that adopted the Medicaid expansion and whose expansions were in effect in March 2014, Medicaid and CHIP enrollment rose by 12.9 percent compared to the July-

² See State-by-State Table notes for state-specific caveats regarding the reported data. North Dakota did not submit enrollment data for March. Maine’s data is also omitted because it was not comparable to the data submitted by other states. It is important to note that the enrollment measure is a total count of enrollment in Medicaid and CHIP, not solely a count of those newly enrolled during the reporting period. Individuals who are only eligible for limited benefits under the Medicaid and CHIP programs (e.g., emergency Medicaid, family planning-only coverage, limited benefit dual eligible individuals, and Medicaid 1115 demonstration populations with limited benefits) are excluded from this indicator in all reporting periods.

³ See footnote 2.

⁴ See footnote 2.

⁵ The 47 states reporting both March 2014 enrollment data and data from July-September 2013 report total enrollment in March of approximately 63.6 million individuals. See State-by-State Table notes for state-specific caveats regarding the reported data, which is calculated including only the states that provided data for both periods.

⁶ Connecticut, Delaware, and North Dakota are excluded because of missing data, and Maine’s data is also omitted because it was not comparable to the data submitted by other states.

⁷ The [“Medicaid and CHIP: February 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report” \(April 4, 2014\)](#) reported a gain of 3.0 million additional individuals, with Connecticut, Delaware, North Dakota, and Missouri missing data, and Maine excluded. In this report, as noted above, March or baseline data is missing from Connecticut, Delaware, and North Dakota; and Maine is excluded.

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September 2013 baseline period, while states that are not expanding Medicaid reported a 2.6 percent increase over the same period.⁸

- 16 of the 22 states whose Medicaid expansions were in effect in March 2014 and that reported relevant data for both March and the baseline period experienced an enrollment increase of 10 percent or more.⁹

It is important to note that multiple factors contribute to the change in enrollment between March 2014 and the July-September 2013 baseline period, and this change is not solely attributable to the Affordable Care Act. The March 2014 enrollment numbers understate total Medicaid and CHIP enrollment because not all states are reporting and the data are preliminary. The data also understates enrollment effective in March because of some delays in receiving and/or processing applications sent by the FFM to states via account transfers. In addition, Medicaid and CHIP eligible individuals who applied in March and whose application will be fully processed after March 31st will be enrolled effective back to the date of application or the first of the month; those enrollments are not reflected in these preliminary data. These enrollment data may differ from other published state and national enrollment figures because they only include individuals with comprehensive benefits; for example, individuals only receiving limited coverage for family planning services and those who are partial benefit Medicare-Medicaid beneficiaries are not included in this data.¹⁰ See Appendix A for more information on this methodology.

See the Eligibility Data tab [on Medicaid.gov \(http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html\)](http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html) for enrollment data for January and February 2014.

⁸ Percentage calculations are based only on states reporting in both March 2014 and the July through September, 2013 baseline period. Michigan and New Hampshire are not included in these percentages, because the expansions in those states were not yet implemented as of March.

⁹ Medicaid expansion states that reported data with a greater than 10 percent increase in enrollment are: Arkansas, California, Colorado, Hawaii, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New Mexico, Oregon, Rhode Island, Vermont, Washington, and West Virginia. Among expansion states, the percent change in the number of individuals enrolled varies based on the size of the coverage expansion that is occurring in 2014. States that previously offered comprehensive coverage to many adults with incomes under 133 percent of the federal poverty level will see a smaller increase than those who previously offered only coverage for very low-income parents. Additionally, in most states that provided Medicaid coverage to adults with incomes above 133 percent of the federal poverty level prior to 2014, those individuals are no longer eligible for or enrolled in Medicaid and instead may be eligible to purchase coverage in a for qualified health plan through the Marketplace, and may be eligible for advanced payments of premium tax credits and cost-sharing reductions; this change will reduce their overall Medicaid enrollment. Michigan and New Hampshire are not included because the Medicaid expansions in those states were not yet implemented as of March 2014.

¹⁰ See State-by-State Table notes for state-specific caveats regarding the reported data. See footnote 2 for additional description of the populations that are excluded from the enrollment indicator.

The “Early Option”: Affordable Care Act Medicaid Coverage Expansions before January 1, 2014

Total Individuals Covered by Early Option Expansions of State Medicaid Programs under ACA¹¹	
California	652,000
Colorado	9,233
Connecticut	81,000
District of Columbia	46,288
Minnesota	84,000
New Jersey	36,000
Washington	41,000
Total	949,821

Not reflected in the enrollment increases in these monthly reports are individuals who gained coverage as a result of the Affordable Care Act before open enrollment began. Seven states implemented an “early option” to expand Medicaid coverage to adults with incomes up to 133 percent of the FPL between April 1, 2010 and January 1, 2014, using new state plan authority provided by the Affordable Care Act or a Section 1115 demonstration building upon that authority.¹² Nearly 950,000 people are covered under these expansions.¹³ Because most of these individuals were already enrolled in Medicaid by the time period covered by our July-September 2013 baseline period, most of these beneficiaries are not likely counted as “additional” enrollment in our analysis above.¹⁴

¹¹ Enrollment data for California, Colorado, the District of Columbia, Minnesota, and New Jersey was reported to CMS by the state and is from the end of 2013. Data for Connecticut and Washington is from 2012 (source: Sommers, B. D., Arntson, E., Kenney, G. M., et al., “Lesson from Early Medicaid Expansions under Health Reform: Interviews with Medicaid Officials”, Medicare & Medicaid Research Review, 2013: Volume 3, number 4 (http://www.cms.gov/mmrr/Downloads/MMRR2013_003_04_a02.pdf)).

¹² Connecticut, the District of Columbia, Minnesota utilized state plan authority, while California, Colorado, New Jersey, and Washington provided the coverage through Section 1115 demonstration authority.

¹³ See footnote 11.

¹⁴ Connecticut has not submitted July-September 2013 baseline period data.

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Medicaid and CHIP March 2014 Application and Eligibility Data Highlights

	March 2014 Monthly in All States Reporting	October 1, 2013 through March 31, 2014
Total 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 transfers from the FFM)	2,889,694 ¹⁵	14,676,151 ¹⁶
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 and, for some states, renewals)	2,985,055 ¹⁷	14,714,429 ¹⁸

See the Eligibility Data tab [on Medicaid.gov \(http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html\)](http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html) for data on both applications and determinations for October 2013 through February 2014.

During the month of March 2014, states reported receiving a total of approximately 4.4 million applications for financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies);

¹⁵ See State-by-State Table notes 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 these data. Arizona, New York, North Dakota, and Washington did not provide March 2014 Medicaid and CHIP agency application data. Tennessee only provided application data on their CHIP program. New York is reporting all applications through their SBM.

¹⁶ 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. This information was calculated using updated monthly application data from states for October 2013 through February 2014, as well as preliminary March data. See the Eligibility Data tab [on Medicaid.gov](http://medicaid.gov) for preliminary and updated data from October 2013 through February 2014.

¹⁷ 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. Arizona, Massachusetts, North Dakota, and Washington did not provide March 2014 determination data. Tennessee only provided determination data on their CHIP program.

¹⁸ 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. The information was calculated using updated monthly determinations data from states for October 2013 through February 2014, as well as preliminary March data. See the Eligibility Data tab [on Medicaid.gov](http://medicaid.gov) for preliminary and updated data from October 2013 through February 2014.

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this includes approximately 2.9 million applications for financial assistance through their Medicaid and CHIP agencies and an additional 1.5 million applications through SBMs.¹⁹ This represents a significant growth in applications to all state agencies, compared to preliminary February figures.²⁰ Note that this report does not include applications received at the FFM and subsequently transferred to state Medicaid or CHIP agencies, except as noted in the State-by-State Table notes.

States reported approximately 3 million eligibility determinations for Medicaid and CHIP in March 2014 for individuals applying for coverage: approximately 1.8 million determinations in states expanding Medicaid and 1.2 million in other states. This number jumped by 33 percent between February and March, for a number of reasons, including that more states were able to receive and process account transfers from the FFM in March. 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 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.²¹ Additionally, the determination number does not represent unique individuals, as an individual may have more than one eligibility determination. This report also reflects the continuation of administrative transfers in Oregon and California, discussed further below. 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. When submitting their March data, states also submitted updates to their February 2014 data. The approximately 14.7 million determinations in the table above is the sum of 11.7 million determinations reported last month, approximately 3 million determinations in March, and approximately 20,000 in updated February determinations.²²

See the **Eligibility Data** tab on Medicaid.gov at <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-Moving-Forward-2014.html> for preliminary and updated data on applications and determinations for October 2013 through February 2014.

¹⁹ The following states have included renewals in their March 2014 application data: Nevada, New Mexico, Ohio, and Pennsylvania. The following states have included transfers from the FFM in their March 2014 application data: Illinois, Florida, and South Dakota. Subtotals do not sum to total due to rounding.

²⁰ The "[Medicaid and CHIP: February 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report](#)" (April 4, 2014) reported preliminary February Total Applications for Financial Assistance (Medicaid, CHIP, and SBM) of 2,664,040. As noted in the State-by-State tables, a few states are including account transfers from the FFM in their application data for purposes of this report.

²¹ These states have included renewals in their March 2014 determination data: Alaska, District of Columbia, Iowa, Maryland, Michigan, Nevada, New Mexico, Rhode Island, South Dakota, Texas, and Virginia. 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.

²² Most states have not yet provided an update of their February 2014 data.

Administrative Transfers: Success in Five States

Total Individuals Determined Eligible through Administrative Transfer, September 2013 -March 2014	
Arkansas	63,465
California	205,661
Illinois	35,900
Oregon	138,162
West Virginia	70,574
Total	513,762

In response to [CMS guidance](#) provided on May 17, 2013, some states are employing a new tool for facilitating Medicaid enrollment to conduct an “administrative transfer” to Medicaid while they complete implementation of their eligibility and enrollment systems. This method uses Supplemental Nutritional Assistance Program (SNAP) income information that states already have to identify individuals who are likely eligible for Medicaid and CHIP. As of the end of March 2014, five states had implemented this strategy and over half a million individuals have been determined eligible for Medicaid or CHIP as a result of this new authority.²³

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 in notes in the State-by-State table.

State-by-State Table

Below is a table with state-specific data on Medicaid and CHIP applications and eligibility determinations for the month of March 2014, followed by a table showing the total number of people enrolled in state Medicaid and CHIP programs in March. 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 March 1 - 31, 2014.

Future Reports

In future months, we will continue to expand the number of performance indicators that will be included in this report.

²³ New Jersey has received approval to use the administrative transfer enrollment strategy, but has not yet implemented this strategy.

Medicaid and CHIP: February and March 2014 Monthly Enrollment

States Expanding Medicaid	Marketplace Type	Enrollment				
		Total Medicaid and CHIP Enrollment, February 2014 (preliminary) (IX)	Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (X)	% Change March to February (Columns (X) and (IX) (XI)	Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)	% Change March to Pre-Open Enrollment (Columns (X) and (XII) (XIII)
Arizona	FFM	1,234,401	1,301,010	5.4%	1,201,770	8.3%
Arkansas	Partnership	763,356	805,785	5.6%	680,920	18.3%
California	SBM	9,999,000	10,334,000	3.4%	9,157,000	12.9%
Colorado*	SBM	962,210	1,012,944	5.3%	783,420	29.3%
Connecticut	SBM	-	704,387	-	-	-
Delaware	Partnership	230,165	233,786	1.6%	-	-
District of Columbia*	SBM	238,000	241,243	1.4%	235,786	2.3%
Hawaii*	SBM	313,669	320,567	2.2%	288,358	11.2%
Illinois*	Partnership	2,735,224	2,791,737	2.1%	2,753,227	1.4%
Iowa#	Partnership	557,501	572,375	2.7%	493,515	16.0%
Kentucky	SBM	982,229	1,125,964	14.6%	840,926	33.9%
Maryland	SBM	1,034,084	1,092,409	5.6%	856,297	27.6%
Massachusetts	SBM	1,453,213	1,455,069	0.1%	1,296,359	12.2%
Michigan#^	Partnership	1,879,568	1,942,437	3.3%	1,912,009	1.6%
Minnesota	SBM	938,480	972,683	3.6%	873,040	11.4%
Nevada*	SBM	404,825	437,218	8.0%	332,559	31.5%
New Hampshire^	Partnership	133,110	134,699	1.2%	127,082	6.0%
New Jersey*	FFM	1,361,513	1,382,091	1.5%	1,283,851	7.7%
New Mexico	Supported SBM	602,014	632,489	5.1%	572,111	10.6%
New York	SBM	5,823,995	6,022,253	3.4%	5,678,418	6.1%
North Dakota	FFM	-	-	-	-	-
Ohio^	Plan Management	2,361,103	2,549,762	8.0%	2,341,482	8.9%
Oregon*	SBM	844,220	900,038	6.6%	626,357	43.7%
Rhode Island	SBM	224,583	244,162	8.7%	190,833	27.9%
Vermont	SBM	168,233	173,609	3.2%	127,162	36.5%
Washington*	SBM	1,369,179	1,369,825	0.0%	1,117,576	22.6%
West Virginia*	Partnership	473,401	490,962	3.7%	354,544	38.5%
Subtotal for All States Expanding Medicaid		37,087,276	39,243,504	3.9%	34,124,602	12.3%
Subtotal for All States with Expansions in Effect in Reporting Month^		35,074,598	37,166,368	4.0%	32,085,511	12.9%
Subtotal for States Expanding Medicaid who Reported in March and the Comparison Period#		37,087,276	38,305,331	Difference March to February 1,451,841	34,124,602	Difference March to July-Sept 2013 4,180,729

Medicaid and CHIP: February and March 2014 Monthly Enrollment

*=state has adopted "early MAGI".

^=The effective date for Michigan's expansion is April 1, 2014. New Hampshire's requested effective date for implementing the expansion is July 1, 2014 (subject to CMS approval).

(-)=state has not reported data.

Partnership, Plan Management, SB-SHOP, Supported SBM are all types of FFMs.

Column XI is calculated for only those states that reported both March data and February data (subtotals exclude CT and ND).

Column XIII is calculated for only those states that reported both monthly data and pre-Open Enrollment period data (subtotals exclude CT, DE, and ND).

#=Subtotal for columns IX and XI is for states submitting both February and March data. March subtotal for expansion states submitting February data is 38,477,078.

#=Subtotal for columns X, XII, and XIII is for states submitting both March and July-September, 2013 data.

Arkansas	(IX), (X)	Includes individuals eligible at any point in the month.
Arkansas		Includes Private Option enrollees.
Arkansas	(IX), (X), (XII)	Includes individuals with limited benefits.
California	(IX), (X)	Data are preliminary.
California		Includes individuals transferred from the Low Income Health Program
California		section 1115 demonstration (also in pre-Open Enrollment Period data)
California		Includes estimated retroactive enrollment.
California		Includes applicants likely eligible for Medicaid or CHIP,
California		but whose applications are still pending verification.
California	(XII)	Includes individuals in the Low Income Health Program section 1115 demonstration.
District of Columbia*	(IX), (X), (XII)	Includes individuals enrolled in the locally funded DC Health Alliance.
Illinois	(XII)	Includes individuals who received retroactive coverage.
Illinois		(unlike columns (IX) and (X).
Kentucky	(IX), (X), (XII)	Includes partial benefit dual eligible individuals, and other limited benefit populations.
Kentucky	(XIII)	Includes partial benefit dual eligible individuals, and other limited benefit populations.
Massachusetts	(IX), (X)	Does not include individuals receiving temporary transitional coverage.
Nevada*	(IX), (X)	Data are preliminary.
New Jersey*	(IX), (X), (XII)	Includes individuals eligible at any point in the month.
New Mexico	(IX), (X)	Includes individuals with limited benefits.
Rhode Island	(IX), (X)	Includes only enrollments based on determinations through new MAGI system.

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States Not Expanding Medicaid	Marketplace Type	Enrollment				
		Total Medicaid and CHIP Enrollment, February 2014 (preliminary) (IX)	Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (X)	% Change March to February (Columns (X) and (IX) (XI)	Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)	% Change March to Pre-Open Enrollment (Columns (X) and (XII) (XIII)
Alaska	FFM	116,720	119,767	2.6%	120,946	-1.0%
Alabama	FFM	769,235	774,293	0.7%	799,176	-3.1%
Florida	FFM	3,233,195	3,309,501	2.4%	3,086,445	7.2%
Georgia	FFM	1,726,597	1,801,484	4.3%	1,702,650	5.8%
Idaho	Supported SBM	268,606	270,943	0.9%	251,926	7.5%
Indiana	FFM	1,120,847	1,165,718	4.0%	1,120,674	4.0%
Kansas*	Plan Management	415,284	420,487	1.3%	397,989	5.7%
Louisiana*	FFM	1,008,176	1,011,883	0.4%	1,019,787	-0.8%
Maine	Plan Management	-	-	-	-	-
Missouri*	FFM	828,478	829,585	0.1%	863,417	-3.9%
Mississippi	SB-SHOP	720,292	731,876	1.6%	714,055	2.5%
Montana	Plan Management	149,245	153,736	3.0%	139,604	10.1%
North Carolina	FFM	1,786,369	1,802,167	0.9%	1,744,160	3.3%
Nebraska	Plan Management	227,049	235,054	3.5%	244,600	-3.9%
Oklahoma*	FFM	814,881	828,329	1.7%	790,051	4.8%
Pennsylvania*	FFM	2,398,718	2,427,034	1.2%	2,386,046	1.7%
South Carolina	FFM	1,017,333	1,041,993	2.4%	988,349	5.4%
South Dakota	Plan Management	115,013	115,711	0.6%	115,501	0.2%
Tennessee	FFM	1,279,336	1,298,181	1.5%	1,244,516	4.3%
Texas	FFM	4,425,316	4,444,819	0.4%	4,441,605	0.1%
Utah	SB-SHOP	330,306	332,826	0.8%	322,442	3.2%
Virginia*	Plan Management	1,033,119	1,039,822	0.6%	1,003,266	3.6%
Wisconsin	FFM	1,146,895	1,151,225	0.4%	1,161,876	-0.9%
Wyoming	FFM	72,378	67,924	-6.2%	71,962	-5.6%
Subtotal for All States Not Expanding Medicaid		25,003,388	25,374,358	1.5%	24,731,043	2.6%
Subtotal for States Not Expanding Medicaid who Reported in March and the Comparison Period#		25,003,388	25,374,358	Difference March to February 370,970	24,731,043	Difference March to July-Sept 2013 643,315
Total Across All States		62,090,664	64,617,862	2.9%	58,855,645	8.2%
Total for States who Reported in March and the Comparison Period#		62,090,664	63,679,689	Difference March to February 1,822,811	58,855,645	Difference March to July-Sept 2013 4,824,044

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*=state has adopted "early MAGI".

(-)=state has not reported data.

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

Column XI is calculated for only those states that reported both March data and February data (subtotals exclude ME; totals exclude CT, ME, and ND).

Column XIII is calculated for only those states that reported both monthly data and pre-Open Enrollment period data.

Column XIII subtotals exclude ME; totals exclude CT, DE, ME, and ND.

#=Subtotals and totals for columns IX and XI is for states submitting both February and March data.

#=March subtotal for non-expansion states submitting February data is 25,374,358.

#=Subtotals and totals for columns X, XII, and XIII is for states submitting both March and July-September, 2013 data.

Alabama	(IX), (X)	Data is from legacy system only, does not include enrollment in new system.
Alabama	(XII)	Data is from September only.
Florida	(IX), (X)	Does not include SSI recipients enrolled in Medicaid.
Florida	(XII)	Does not include CHIP (unlike columns (IX) and (X)).
Maine	(IX), (X), (XII)	Omitted because submitted data only includes individuals first enrolled in the month.
Texas	(IX), (X), (XII)	Includes partial benefit dual eligible individuals.
Wisconsin	(IX), (X), (XII)	Includes all Medicaid/BadgerCare Plus programs and subprograms, including partial benefit dual eligible individuals, and other limited benefit populations.
Wisconsin		

Medicaid and CHIP: March 2014 Monthly Applications and Eligibility Determinations

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies (I)	Pre-Open Enrollment Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)	% Change of Columns I and II (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	-	154,369	-	N/A	-	-	-	-
Arkansas	Partnership	51,665	58,148	-11.1%	N/A	51,665	28,824	-	28,824
California	SBM	284,000	218,063	30.2%	767,000	1,051,000	750,000	-	750,000
Colorado*	SBM	72,006	15,626	360.8%	-	72,006	51,185	1,982	53,167
Connecticut	SBM	18,916	22,740	-16.8%	36,173	55,089	13,067	-	13,067
Delaware	Partnership	5,591	-	-	N/A	5,591	1,652	1	1,653
District of Columbia*	SBM	7,998	7,231	10.6%	7,328	15,326	6,899	-	6,899
Hawaii*	SBM	11,575	4,966	133.1%	-	11,575	7,935	370	8,305
Illinois*	Partnership	151,494	-	-	N/A	151,494	65,177	13,066	78,243
Iowa#	Partnership	33,168	19,661	68.7%	N/A	33,168	31,196	4,668	35,864
Kentucky	SBM	12,315	35,773	-65.6%	65,973	78,288	81,488	63	81,551
Maryland	SBM	25,735	44,718	-42.5%	58,267	84,002	70,335	8,712	79,047
Massachusetts	SBM	37,539	28,611	31.2%	40,940	78,479	-	-	-
Michigan#^	Partnership	88,800	70,776	25.5%	N/A	88,800	59,226	3,330	62,556
Minnesota	SBM	40,614	48,910	-17.0%	-	40,614	35,667	-	35,667
Nevada*	SBM	16,066	12,941	24.1%	-	16,066	19,719	-	19,719
New Hampshire^	Partnership	4,350	3,272	32.9%	N/A	4,350	3,086	-	3,086
New Jersey*	FFM	43,862	13,785	218.2%	N/A	43,862	6,351	3,753	10,104
New Mexico	Supported SBM	57,232	19,047	200.5%	N/A	57,232	38,041	-	38,041
New York	SBM	-	-	-	430,166	430,166	208,795	18,598	227,393
North Dakota	FFM	-	-	-	N/A	-	-	-	-
Ohio^	Plan Management	253,728	296,878	-14.5%	N/A	253,728	130,427	-	130,427
Oregon*	SBM	1,073	11,370	-90.6%	65,718	66,791	74,014	0	74,014
Rhode Island	SBM	24,116	-	-	-	24,116	18,172	1,192	19,364
Vermont	SBM	1,787	14,499	-87.7%	17,480	19,267	12,550	0	12,550
Washington*	SBM	-	-	-	-	-	-	-	-
West Virginia*	Partnership	27,624	22,819	21.1%	N/A	27,624	16,129	711	16,840
Subtotal for All States Expanding Medicaid		1,271,254	1,124,203	12.4%	1,489,045	2,760,299	1,729,935	56,446	1,786,381
Subtotal for All States with Expansions in Effect in Reporting Month^		1,178,104	1,050,155	11.3%	1,489,045	2,667,149	1,667,623	53,116	1,720,739
Subtotal for States Expanding Medicaid who Reported in the Reporting Month and the Pre-Open Enrollment Period		1,090,053	969,834	Difference March to July-Sept 2013 120,219					

*=state has adopted "early MAGI".

^=The effective date for Michigan's expansion is April 1, 2014. New Hampshire's requested effective date for implementing the expansion is July 1, 2014 (subject to CMS approval).

(-)=state has not reported data.

Column III is calculated for only those states that reported both monthly data and Pre-Open Enrollment period data (subtotals exclude AZ, DE, IL, NY, ND, RI, and WA).

Partnership, Plan Management, SB-SHOP, Supported SBM are all types of FFM's.

Arkansas	(VI)	Includes CHIP.
California	(I)	Data are preliminary and will be not be fully reconciled until June 2014.
California		Reflects primarily newly-determined and likely eligible Medicaid applicants,
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
California	(II)	Does not include applications received by CHIP agency.
California	(IV)	Data are preliminary and will be not be fully reconciled until June 2014.
California		Includes applications to SBM that did not request financial assistance.
California	(VI)	Data are preliminary and will be not be fully reconciled until June 2014.
California		Determinations 'at application' is derived by considering prior coverage.
California		Includes those determined eligible and 'contingently eligible.' Includes CHIP.
California		Includes 60,000 individuals eligible via targeted enrollment strategy.
California		Reflects primarily newly-determined and likely eligible Medicaid applicants
California		as well as some ongoing caseload activity conducted via the state's health exchange automation system.
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.
Connecticut		(state funded medical cases, the AIDS Drug Assistance program and refugee cases).
Connecticut		Only includes determinations made by the Medicaid agency.
Connecticut		Excludes those determined Medicaid-eligible by the SBM.
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	(I)	Includes account transfers from the FFM.
Iowa	(VI)	Includes renewals.
Iowa	(VII)	Includes renewals.
Maryland	(IV)	Includes State Medicaid Agency data and SBM data from 3/1 - 3/31.
Maryland		Includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes State Medicaid Agency data and SBM data from 3/1 - 3/31.
Maryland	(VII)	Includes renewals. Includes State Medicaid Agency data and SBM data from 3/1 - 3/31.
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. Does not include applications to the new eligibility and enrollment system.
Minnesota	(VI)	Includes CHIP.
Nevada*	(I)	Includes renewals.
Nevada*	(II)	Includes renewals.
Nevada*	(VI)	Count is of households, not individuals. Includes renewals.
New Hampshire	(VI)	Data is derived by considering prior coverage; includes CHIP.
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.
New York	(VI)	Data are preliminary.
New York	(VII)	Data are preliminary.
New York	(VIII)	Data are preliminary.
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.
Ohio	(VI)	Includes CHIP.
Oregon*	(VI)	Count is of households, not individuals; includes CHIP.

Oregon*		Includes 3,560 individuals determined eligible via Targeted Enrollment Strategy.
Rhode Island	(I)	Includes applications submitted to SBM. Does not include applications in legacy system for certain non-MAGI populations.
Rhode Island	(VI)	Includes only determinations through new MAGI system. Includes renewals.
Rhode Island	(VII)	Includes only determinations through new MAGI system.
Washington*	(VI)	Determinations 'at application' is derived by considering prior coverage.

Medicaid and CHIP: March 2014 Monthly Applications and Eligibility Determinations

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies (I)	Pre-Open Enrollment Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)	% Change of Columns I and II (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)
Alaska	FFM	9,248	3,483	165.5%	N/A	9,248	8,494	-	8,494
Alabama	FFM	23,625	16,941	39.5%	N/A	23,625	22,899	-	22,899
Florida	FFM	488,561	332,124	47.1%	N/A	488,561	135,832	10,820	146,652
Georgia	FFM	125,602	89,622	40.1%	N/A	125,602	69,172	1,848	71,020
Idaho	Supported SBM	6,225	5,948	4.7%	N/A	6,225	9,627	883	10,510
Indiana	FFM	105,734	86,143	22.7%	N/A	105,734	43,302	3,602	46,904
Kansas*	Plan Management	9,494	8,354	13.6%	N/A	9,494	6,308	739	7,047
Louisiana*	FFM	31,118	35,494	-12.3%	N/A	31,118	16,911	522	17,433
Maine	Plan Management	1,538	2,643	-41.8%	N/A	1,538	358	9	367
Missouri*	FFM	41,974	38,477	9.1%	N/A	41,974	12,588	374	12,962
Mississippi	SB-SHOP	30,322	39,938	-24.1%	N/A	30,322	15,764	786	16,550
Montana	Plan Management	3,290	2,945	11.7%	N/A	3,290	3,908	403	4,311
North Carolina	FFM	104,728	72,355	44.7%	N/A	104,728	67,874	3,623	71,497
Nebraska	Plan Management	8,626	10,799	-20.1%	N/A	8,626	10,407	1,366	11,773
Oklahoma*	FFM	44,167	38,336	15.2%	N/A	44,167	93,131	5,411	98,542
Pennsylvania*	FFM	316,669	193,684	63.5%	N/A	316,669	68,433	5,464	73,897
South Carolina	FFM	31,035	26,947	15.2%	N/A	31,035	40,018	2,099	42,117
South Dakota	Plan Management	2,905	1,654	75.6%	N/A	2,905	1,514	-	1,514
Tennessee	FFM	2,412	4,144	-41.8%	N/A	2,412	-	1,433	1,433
Texas	FFM	119,909	112,185	6.9%	N/A	119,909	374,337	-	374,337
Utah	SB-SHOP	27,067	23,246	16.4%	N/A	27,067	51,113	4,624	55,737
Virginia*	Plan Management	40,671	26,552	53.2%	N/A	40,671	39,078	3,510	42,588
Wisconsin	FFM	42,216	18,094	133.3%	N/A	42,216	55,181	3,569	58,750
Wyoming	FFM	1,304	3,332	-60.9%	N/A	1,304	1,216	124	1,340
Subtotal for All States Not Expanding Medicaid#		1,618,440	1,193,440	35.9%	-	1,618,440	1,147,465	51,209	1,198,674
Subtotal for States Not Expanding Medicaid who Reported in the Reporting Month and the Pre-Open Enrollment Period		1,616,028	1,189,296	426,732	Difference March to July-Sept 2013				
Total Across All States#		2,889,694	2,317,643	25.3%	1,489,045	4,378,739	2,877,400	107,655	2,985,055
Total for States who Reported in the Reporting Month and the Pre-Open Enrollment Period		2,706,081	2,159,130	546,951	Difference March to July-Sept 2013				

*=state has adopted "early MAGI".

(-)=state has not reported data.

Column III is calculated for only those states that reported both monthly data and Pre-Open Enrollment period data (Totals exclude AZ, DE, IL, NY, ND, RI, and WA).

Partnership, Plan Management, SB-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)	Includes applications previously reported in October through December that are undergoing MAGI determination.
Alaska	(VI)	Count is of households, not individuals; includes CHIP.
Alaska		Includes renewal determinations from previous non-MAGI Medicaid cases.
Alaska	(VIII)	Includes renewal determinations from previous non-MAGI Medicaid cases.
Florida	(I)	Includes account transfers from the FFM.
Kansas*	(I)	Includes MAGI populations only.
Kansas*	(II)	Includes MAGI populations only.
Kansas*	(VI)	Includes MAGI populations only.
Pennsylvania	(I)	Includes renewals.
Pennsylvania	(II)	Includes renewals.
South Dakota	(I)	Includes account transfers from the FFM.
South Dakota	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Tennessee	(I)	Data are from CHIP agency only. Medicaid reporting capability in development.
Tennessee	(III)	Excluded because data is only from CHIP agency.
Texas	(VI)	Includes renewals and CHIP.
Utah	(I)	Includes applications for non-health coverage programs.
Virginia*	(VI)	Includes renewals.
Virginia*	(VII)	Includes renewals.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.

APPENDIX A

Each of the columns in the table is described here with a column number (I-XIII).

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).²⁴ 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.²⁵

Pre-Open Enrollment 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-Open Enrollment 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.

²⁴ As described in the state-specific notes in the tables, some states included account transfers from the FFM in the total count of applications received by Medicaid/CHIP agencies.

²⁵ 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.

Applications for Financial Assistance Submitted to the State-Based Marketplace (IV)

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 Enrollment Report: For the End of the Initial Annual Open Enrollment Period* 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 FFM states, 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) or based on an administrative determination authorized under a targeted enrollment strategy approved by CMS.²⁶ 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.²⁷ 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. For example, individuals are first determined based on MAGI, and if needed, may request a subsequent determination based on non-MAGI factors. A list of which eligibility groups are MAGI and which are non-MAGI is available [on Medicaid.gov](#).

²⁶ Information on targeted enrollment strategies and the states approved for these strategies is available here: <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/medicaid-moving-forward-2014.html>.

²⁷ 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.

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.

In states receiving account transfers from the FFM in March where the FFM makes an eligibility assessment (and the state then completes the Medicaid determination), this number includes 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 Medicaid eligibility determinations, the report does not include the FFM determinations, because the Medicaid/CHIP agency is not performing the determinations, and instead is accepting the account transfer and proceeding with enrollment steps. Individuals determined eligible by the FFM are included in the Total Enrolled indicators. 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 states receiving account transfers from the FFM in March where the FFM makes an eligibility assessment (and the state then completes the CHIP determination), this number includes 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, the report does 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. Individuals determined eligible by the FFM are included in the Total Enrolled indicators. 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**.

Enrollment Data Elements

Total Medicaid and CHIP Enrollment, February 2014 (preliminary) (IX)

Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (X)

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). Medicaid Section 1115 demonstration populations 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 March 2014 data was submitted in April and is considered preliminary.²⁸ The February 2014 data in this table was submitted in March and is also preliminary. February data that was updated in April (which may include more individuals with retroactive eligibility) is posted separately under the Eligibility Data tab 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 March to February (XI)

The percentage change in **Total Medicaid and CHIP Enrollment, March 2014 (XI)** as compared to **Total Medicaid and CHIP Enrollment, February 2014 (X)** 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.

Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)

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 include more retroactive enrollments than the March data, which makes change between the July through September period and the March preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September, 2013 period.²⁹ Such exclusions were not possible.

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

²⁹ See footnote 28.

Percentage Change From Pre-Open Enrollment to March 2014 (XIII)

The percentage change in **Total Medicaid and CHIP Enrollment, March 2014 (preliminary) (X)** as compared to **Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XII)** is calculated for states that provided data for both periods. A negative percentage change may be due to a number of factors, including the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data. 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.

APPENDIX B

Eligibility and Enrollment Simplifications and Improvements for Medicaid and CHIP

All 50 states and the District of Columbia 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 insurance affordability programs available in the Marketplace. More information about MAGI is available [on Medicaid.gov](http://on.Medicaid.gov). Many states chose to move to MAGI even before the January 2014 effective date—this helped make eligibility during open enrollment easier because the same rules could be applied to assess 2013 eligibility as are now being applied to evaluate eligibility that became effective January 2014. A list of states that have implemented “early MAGI,” as well as other targeted enrollment strategies that help to improve the eligibility and enrollment process is available [on Medicaid.gov](http://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. 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, 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

As of March 2014, twenty-four states and the District of Columbia have expanded Medicaid coverage under the Affordable Care Act to adults under age 65 with incomes up to 133 percent of the Federal Poverty Level in 2014. Michigan began to implement the expansion on April 1. New Hampshire plans to implement the expansion of Medicaid coverage in a future month (subject to CMS approval). The number of states implementing the Medicaid expansion is subject to change; there is no deadline for when a state must decide whether to expand and states are continuing to consider their options. The number of people impacted by the Medicaid expansion 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 non-disabled adults at all.