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**Medicaid & CHIP:**  
**February 2014 Monthly Applications, Eligibility Determinations, and Enrollment**  
**Report**  
*April 4, 2014*

**Background**

This report is the fifth 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 February 2014, which coincides with the fifth 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) and eligibility determinations made by the Medicaid and CHIP agencies. New for this month, this report also includes state data on total enrollment in the Medicaid and CHIP programs.

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” 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 previously reported on Health Insurance Marketplace enrollment.<sup>1</sup>

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. States are still transitioning to the standardized data definitions described in Appendix A, which limits the conclusions that can be drawn from the data.

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<sup>1</sup>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 Medicaid and CHIP applications and determinations that were reported in the [Health Insurance Marketplace: Enrollment Report](#) (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.

As with previous reports, this report focuses on those monthly indicators that relate to key processes relevant during open enrollment: the number of applications submitted directly to Medicaid and CHIP agencies, including those received through State-Based Marketplaces (SBMs), and 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 determination). This month we are adding information on 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 February data presented in this report should be considered preliminary. We have also published updated data for January applications and eligibility determinations [on Medicaid.gov](http://on.Medicaid.gov), which includes a more complete data set than the preliminary January 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.

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#### Medicaid and CHIP February 2014 Enrollment Data Highlights

	February Monthly in All States Reporting <sup>2</sup>	February Monthly in States also providing baseline data <sup>3</sup>
<b>Total Individuals Enrolled in Medicaid and CHIP (includes all individuals enrolled in the program on the last day of the reporting period)</b>	62,305,137	61,032,021

- Across the 48 states that provided enrollment data for February 2014, states reported that approximately 62.3 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.<sup>4</sup>
- Among the 46 states (including the District of Columbia) reporting both February 2014 enrollment data and data from the July-September of 2013, pre-open enrollment baseline period, approximately 61.0 million individuals were enrolled in Medicaid and CHIP in February, a gain of 3.0 million additional individuals and 5.2 percent increase over the average monthly enrollment for July through September of 2013.<sup>5</sup>
- Among states that adopted the Medicaid expansion and whose expansions were in effect in February 2014, Medicaid and CHIP enrollment rose by 8.3 percent compared to the July-September 2013 baseline period, while states that are not expanding Medicaid reported a 1.6 percent increase over the same period.<sup>6</sup>

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<sup>2</sup> See State-by-State Table notes for state-specific caveats regarding the reported data. The following states did not submit enrollment data for February: Connecticut and North Dakota. 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.

<sup>3</sup> See State-by-State Table notes for state-specific caveats regarding the reported data. Calculated including only the 46 states that provided data for both periods (Connecticut, Delaware, North Dakota and Missouri are excluded because of missing data). Maine's data is also omitted because it was not comparable to the data submitted by other states.

<sup>4</sup> See footnote 2.

<sup>5</sup> See footnote 3.

<sup>6</sup> Percentage calculations are based only on states reporting in both February and the July through September, 2013 baseline period. Michigan and New Hampshire are not included in this percentage, because the expansions in those states were not yet implemented as of February.

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- 12 of the 22 expansion states whose expansions were in effect in February 2014 and that reported relevant data for both February and the baseline period experienced an enrollment increase of 10 percent or more.<sup>7</sup>

Note that the February 2014 enrollment numbers understate total Medicaid and CHIP enrollment because not all states are reporting, the data are preliminary, and the data do not include most individuals who will later be found eligible for Medicaid or CHIP effective in February through retroactive coverage. The data also understates enrollment effective in February because of some delays in sending, receiving and/or processing applications between the FFM and states. The total count of Medicaid and CHIP enrollments based off of these account transfers from the FFM is not yet reflected in the reported enrollment figures. Medicaid and CHIP eligible individuals whose application will be fully processed after February 28<sup>th</sup> 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.<sup>8</sup> See Appendix A for more information on this methodology.

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<sup>7</sup> Expansion states with a greater than 10 percent increase in enrollment are: Arkansas, Colorado, Iowa, Kentucky, Maryland, Massachusetts, Nevada, 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 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 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 the premium tax credits and cost-sharing reductions. Michigan and New Hampshire are not included because the expansions in those states were not yet implemented as of February.

<sup>8</sup> 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.

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#### Medicaid and CHIP February 2014 Application and Eligibility Data Highlights

	<b>February 2014 Monthly in All States Reporting</b>	<b>October 1, 2013 through February 28, 2014</b>
<b>Total Applications for Financial Assistance Initially Received by State Medicaid and CHIP Agencies</b> (note that more than one individual may be included on an application and renewals are included in some states)	2,207,513 <sup>9</sup>	11,788,700 <sup>10</sup>
<b>Total Individuals Determined Eligible for Medicaid and CHIP by State Agencies</b> (includes those newly eligible under the Affordable Care Act and those eligible under prior law and, for some states, renewals)	2,249,120 <sup>11</sup>	11,713,246 <sup>12</sup>

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 October, November, December 2013, and January 2014 data on both applications and determinations. Please note that February has fewer calendar days than other months, which may impact the volume of applications and determinations in comparison to other months.

During the month of February, states reported receiving a total of approximately 2.7 million applications for financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies); this includes approximately 2.2 million applications for financial assistance through their Medicaid and CHIP agencies

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<sup>9</sup> 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. New York and Washington did not provide February 2014 application data. Tennessee only provided application data on their CHIP program.

<sup>10</sup> 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 January 2014. See the Eligibility Data tab [on Medicaid.gov](http://medicaid.gov) for preliminary and updated data from October 2013 through January 2014.

<sup>11</sup> 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. Massachusetts, North Dakota, and Washington did not provide February 2014 determination data. Tennessee only provided determination data on their CHIP program.

<sup>12</sup> 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 January 2014. See the Eligibility Data tab [on Medicaid.gov](http://medicaid.gov) for preliminary and updated data from October 2013 through January 2014.

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and an additional 0.5 million applications through SBMs).<sup>13</sup> Note that this report does not include applications received at the FFM and subsequently transferred to state Medicaid or CHIP agencies.

States reported approximately 2.25 million eligibility determinations for Medicaid and CHIP in February 2014 for individuals applying for coverage: approximately 1.3 million determinations in states expanding Medicaid and 0.9 million in non-expanding states. 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.<sup>14</sup> 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 new administrative transfer activity in 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 February data, states also submitted updates to their January 2014 data. The approximately 11.7 million determinations in the table above is the sum of 8.93 million determinations reported last month, approximately 2.25 million determinations in February, and approximately .53 million in updated January determinations.

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 January 2014.

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<sup>13</sup> The following states have included renewals in their February 2014 application data: Nevada, New Mexico, Ohio, and Pennsylvania.

<sup>14</sup> These states have included renewals in their February 2014 determination data: Alaska, District of Columbia, Iowa, Maryland, Michigan, Nevada, North Dakota, New Mexico, Rhode Island, South Dakota, Texas, Utah, 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.

### **Administrative Transfers: Success in Five States**

<b>Total Individuals Determined Eligible through Administrative Transfer, September 2013 -February 2014</b>	
Arkansas	63,465
California	145,661
Illinois	35,900
Oregon	137,483
West Virginia	70,574
<b>Total</b>	<b>453,083</b>

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. This method uses supplemental nutritional assistance program (SNAP) income data information that states already have to identify individuals who are likely eligible for Medicaid and CHIP. As of the end of February, five states had implemented this strategy and almost half a million individuals have been determined eligible for Medicaid or CHIP as a result of this new authority granted to states while they implement their eligibility and enrollment systems.<sup>15</sup>

### **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 February 2014, followed by a table showing the total number of people enrolled in state Medicaid and CHIP programs in both January and February. 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 February 1-28, 2014.

### **Future Reports**

In future months, we will continue to expand the number of performance indicators which we include in this report.

<sup>15</sup> One additional state, New Jersey, has been approved to use the administrative transfer enrollment strategy. New Jersey currently plans to implement the strategy in April.

Medicaid and CHIP: January and February 2014 Monthly Enrollment

States Expanding Medicaid	Marketplace Type	Enrollment			
		Total Medicaid and CHIP Enrollment, January 2014 (updated) (IX)	Total Medicaid and CHIP Enrollment, February 2014 (preliminary) (X)	Pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XI)	% Change From Pre-ACA to February 2014 (XII)
Arizona	FFM	1,207,102	1,234,401	1,201,770	2.7%
Arkansas	Partnership	751,576	763,356	680,920	12.1%
California	SBM	9,816,000	9,999,000	9,157,000	9.2%
Colorado*	SBM	946,477	962,210	783,420	22.8%
Connecticut	SBM	-	-	-	-
Delaware	Partnership	227,971	230,165	-	-
District of Columbia*	SBM	235,041	238,000	235,786	0.9%
Hawaii*	SBM	307,112	313,669	288,357	8.8%
Illinois*	Partnership	2,751,808	2,735,224	2,847,460	-3.9%
Iowa	Partnership	547,950	557,501	493,516	13.0%
Kentucky	SBM	943,673	982,229	840,926	16.8%
Maryland	SBM	1,023,129	1,034,084	856,297	20.8%
Massachusetts	SBM	1,453,932	1,453,213	1,296,359	12.1%
Michigan^	Partnership	1,849,657	1,879,568	1,912,009	-1.7%
Minnesota	SBM	973,782	938,480	873,040	7.5%
Nevada*	SBM	381,137	404,825	332,560	21.7%
New Hampshire^	Partnership	130,444	133,110	127,082	4.7%
New Jersey*	FFM	1,322,484	1,361,513	1,283,851	6.0%
New Mexico	Supported SBM	594,609	602,014	572,111	5.2%
New York	SBM	5,775,826	5,823,995	5,678,417	2.6%
North Dakota	FFM	-	-	66,786	-
Ohio	Plan Management	2,339,557	2,361,103	2,341,481	0.8%
Oregon*	SBM	842,639	844,220	626,356	34.8%
Rhode Island	SBM	217,110	224,583	190,833	17.7%
Vermont	SBM	166,206	168,233	127,162	32.3%
Washington*	SBM	1,325,334	1,369,179	1,117,576	22.5%
West Virginia*	Partnership	456,781	473,401	354,544	33.5%
Subtotal for States Expanding Medicaid		36,587,337	37,087,276	34,285,617	7.7%
Subtotal for States with Expansions in Effect in February		34,607,236	35,074,598	32,246,526	8.3%
Subtotal for States Expanding Medicaid who reported in the reporting month and the baseline period		36,359,366	36,857,111	34,218,831	Difference, February to Baseline 2,638,280



\*=state has adopted "early MAGI".

^=expansion not effective until April 1, 2014 (Michigan) or July 1, 2014 (New Hampshire, requested date subject to CMS approval).

(-)=state has not reported data.

Column XII 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.

Arkansas	(IX), (X)	Reporting from legacy system only. Includes individuals eligible at any point in the month.
Arkansas		Includes Private Option enrollees.
California	(IX), (X)	Data are preliminary.
California		Includes individuals transferred from the Low Income Health Program
California		section 1115 demonstration (also in baseline).
California		Includes estimated retroactive enrollment.
California		Includes applicants likely eligible for Medicaid or CHIP,
California		but whose applications are still pending verification.
California	(XI)	Includes individuals in the Low Income Health Program section 1115 demonstration.
District of Columbia*	(IX), (X), (XI)	Includes individuals enrolled in the locally funded DC Health Alliance.
Illinois	(XI)	Includes individuals who received retroactive coverage.
		(unlike columns (IX) and (X)).
Kentucky	(IX), (X)	Includes partial benefit dual eligible individuals, and other limited benefit populations.
Kentucky	(XI)	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), (XI)	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.

Medicaid and CHIP: January and February 2014 Monthly Enrollment

States Not Expanding Medicaid	Marketplace Type	Enrollment			
		Total Medicaid and CHIP Enrollment, January 2014 (updated) (IX)	Total Medicaid and CHIP Enrollment, February 2014 (preliminary) (X)	Pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XI)	% Change From Pre-ACA to February 2014 (XII)
Alaska	FFM	117,483	116,720	120,946	-3.5%
Alabama	FFM	774,136	769,235	799,176	-3.7%
Florida	FFM	3,121,517	3,233,195	2,987,843	8.2%
Georgia	FFM	1,742,401	1,726,597	1,702,650	1.4%
Idaho	Supported SBM	267,079	268,606	251,926	6.6%
Indiana	FFM	1,140,416	1,120,847	1,120,674	0.0%
Kansas*	Plan Management	410,878	415,284	397,989	4.3%
Louisiana*	FFM	1,004,479	1,008,176	1,019,787	-1.1%
Maine	Plan Management	-	-	-	-
Missouri*	FFM	1,041,775	1,042,951	-	-
Mississippi	SB-SHOP	714,243	720,292	714,055	0.9%
Montana	Plan Management	144,772	149,245	139,604	6.9%
North Carolina	FFM	1,786,916	1,786,369	1,744,160	2.4%
Nebraska	Plan Management	237,047	227,049	244,600	-7.2%
Oklahoma*	FFM	803,729	814,881	790,051	3.1%
Pennsylvania*	FFM	2,395,464	2,398,718	2,386,046	0.5%
South Carolina	FFM	1,011,919	1,017,333	988,349	2.9%
South Dakota	Plan Management	114,779	115,013	115,501	-0.4%
Tennessee	FFM	1,269,860	1,279,336	1,268,459	0.9%
Texas	FFM	4,422,076	4,425,316	4,441,605	-0.4%
Utah	SB-SHOP	300,277	330,306	322,442	2.4%
Virginia*	Plan Management	1,029,389	1,033,119	1,003,266	3.0%
Wisconsin	FFM	1,163,603	1,146,895	1,161,876	-1.3%
Wyoming	FFM	70,392	72,378	72,207	0.2%
<b>Subtotal for States Not Expanding Medicaid</b>		<b>25,084,630</b>	<b>25,217,861</b>	<b>23,793,214</b>	<b>1.6%</b>
<b>Subtotal for States Not Expanding Medicaid who reported in the reporting month and the baseline period</b>		<b>24,042,855</b>	<b>24,174,910</b>	<b>23,793,214</b>	<b>Difference, February to Baseline 381,696</b>
<b>Total Across All States</b>		<b>61,671,967</b>	<b>62,305,137</b>	<b>58,078,831</b>	<b>5.2%</b>
<b>Total for States who reported in the reporting month and the baseline period</b>		<b>60,402,221</b>	<b>61,032,021</b>	<b>58,012,045</b>	<b>Difference, February to Baseline 3,019,976</b>

\*=state has adopted "early MAGI".

(-)=state has not reported data.

Column XII 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.

Alaska	(IX), (X)	Count is of households, not individuals.
Alabama	(IX), (X)	Data is from legacy system only, does not include enrollment in new system.
Alabama	(XI)	Data is from September only.
Florida	(IX), (X)	Does not include SSI recipients enrolled in Medicaid.
Florida	(XI)	Does not include CHIP (unlike columns (IX) and (X)).
Maine	(IX), (X), (XI)	Omitted because submitted data only includes individuals first enrolled in the month.
Texas	(IX), (X), (XI)	Includes partial benefit dual eligible individuals.
Wisconsin	(IX), (X), (XI)	Includes partial benefit dual eligible individuals, and other limited benefit populations.

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 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	157,289	154,369	1.9%	N/A	157,289	77,859	28	77,887
Arkansas	Partnership	40,641	58,148	-30.1%	N/A	40,641	26,617	-	26,617
California	SBM	202,500	218,063	-7.1%	288,000	490,500	483,161	-	483,161
Colorado*	SBM	42,126	15,626	169.6%	-	42,126	34,808	2,150	36,958
Connecticut	SBM	16,014	22,740	-29.6%	16,019	32,033	11,600	14	11,614
Delaware	Partnership	7,543	-	-	N/A	7,543	1,550	2	1,552
District of Columbia*	SBM	5,710	7,231	-21.0%	3,004	8,714	5,894	-	5,894
Hawaii*	SBM	7,917	4,966	59.4%	-	7,917	5,858	231	6,089
Illinois*	Partnership	74,813	88,015	-15.0%	N/A	74,813	45,560	10,170	55,730
Iowa	Partnership	19,141	19,661	-2.6%	N/A	19,141	23,939	2,413	26,352
Kentucky	SBM	14,487	35,773	-59.5%	61,798	76,285	91,376	2,870	94,246
Maryland	SBM	21,747	44,718	-51.4%	25,680	47,427	37,699	6,078	43,777
Massachusetts	SBM	31,147	28,611	8.9%	23,490	54,637	-	-	-
Michigan^	Partnership	52,857	70,776	-25.3%	N/A	52,857	50,131	2,257	52,388
Minnesota	SBM	26,612	48,910	-45.6%	-	26,612	21,187	-	21,187
Nevada*	SBM	15,479	12,941	19.6%	-	15,479	14,654	-	14,654
New Hampshire^	Partnership	3,136	3,272	-4.2%	N/A	3,136	2,374	-	2,374
New Jersey*	FFM	30,325	13,785	120.0%	N/A	30,325	2,942	1,936	4,878
New Mexico	Supported SBM	36,029	19,047	89.2%	N/A	36,029	25,309	-	25,309
New York	SBM	-	-	-	-	-	138,791	12,105	150,896
North Dakota	FFM	2,072	2,460	-15.8%	N/A	2,072	-	-	-
Ohio	Plan Management	223,653	296,878	-24.7%	N/A	223,653	90,968	-	90,968
Oregon*	SBM	1,197	11,370	-89.5%	32,544	33,741	38,884	-	38,884
Rhode Island	SBM	12,250	-	-	-	12,250	10,095	413	10,508
Vermont	SBM	9,432	14,499	-34.9%	5,992	15,424	4,279	-	4,279
Washington*	SBM	-	-	-	-	-	-	-	-
West Virginia*	Partnership	30,612	22,819	34.2%	N/A	30,612	16,695	779	17,474
<b>Subtotal for States Expanding Medicaid</b>		<b>1,084,729</b>	<b>1,214,678</b>	<b>-12.3%</b>	<b>456,527</b>	<b>1,541,256</b>	<b>1,262,230</b>	<b>41,446</b>	<b>1,303,676</b>

Subtotal for States with Expansions in Effect in February	1,028,736	1,140,630	-11.5%	456,527	1,485,263	1,209,725	39,189	1,248,914
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\*=state has adopted "early MAGI".

^=expansion not effective until April 1, 2014 (Michigan) or July 1, 2014 (New Hampshire, requested date subject to CMS approval).

(-)=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.

Arkansas	(VI)	Includes CHIP.
California	(I)	Data are preliminary and will be not be fully reconciled until February 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 February 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 February 2014.
California		Determinations 'at application' is derived by considering prior coverage.
California		Includes those determined eligible and 'contingently eligible.' Includes CHIP.
California		Includes 145,661 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.
Iowa	(VI)	Includes renewals.
Iowa	(VII)	Includes renewals.
Maryland	(IV)	Includes State Medicaid Agency data and SBM data from 2/1 - 2/28.
Maryland		Includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes State Medicaid Agency data and SBM data from 2/1 - 2/28.
Maryland	(VII)	Includes renewals. Includes State Medicaid Agency data and SBM data from 2/1 - 2/28.
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.
North Dakota	(VI)	Includes renewals.
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 6,908 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: February 2014 Monthly Applications and Eligibility Determinations

States Not 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 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	8,907	3,483	155.7%	N/A	8,907	3,993	-	3,993
Alabama	FFM	17,444	16,941	3.0%	N/A	17,444	17,647	127	17,774
Florida	FFM	281,093	332,124	-15.4%	N/A	281,093	100,503	10,096	110,599
Georgia	FFM	82,444	89,622	-8.0%	N/A	82,444	42,943	1,251	44,194
Idaho	Supported SBM	6,944	5,948	16.7%	N/A	6,944	10,309	1,119	11,428
Indiana	FFM	100,820	86,143	17.0%	N/A	100,820	42,983	3,269	46,252
Kansas*	Plan Management	7,748	8,354	-7.3%	N/A	7,748	7,216	825	8,041
Louisiana*	FFM	27,369	35,494	-22.9%	N/A	27,369	15,161	1,092	16,253
Maine	Plan Management	1,538	2,643	-41.8%	N/A	1,538	3,263	9	3,272
Missouri*	FFM	36,890	38,477	-4.1%	N/A	36,890	9,825	168	9,993
Mississippi	SB-SHOP	24,809	39,938	-37.9%	N/A	24,809	21,256	597	21,853
Montana	Plan Management	2,708	2,945	-8.0%	N/A	2,708	4,022	389	4,411
North Carolina	FFM	62,659	72,355	-13.4%	N/A	62,659	54,940	2,828	57,768
Nebraska	Plan Management	7,207	10,799	-33.3%	N/A	7,207	10,687	1,528	12,215
Oklahoma*	FFM	29,984	38,336	-21.8%	N/A	29,984	43,164	2,210	45,374
Pennsylvania*	FFM	194,578	193,684	0.5%	N/A	194,578	51,029	4,381	55,410
South Carolina	FFM	26,474	26,947	-1.8%	N/A	26,474	34,402	1,698	36,100
South Dakota	Plan Management	1,574	1,654	-4.8%	N/A	1,574	1,200	-	1,200
Tennessee	FFM	2,453	4,144	-40.8%	N/A	2,453	-	1,386	1,386
Texas	FFM	109,068	112,185	-2.8%	N/A	109,068	337,680	-	337,680
Utah	SB-SHOP	27,564	23,246	18.6%	N/A	27,564	36,067	-	36,067
Virginia*	Plan Management	29,481	26,552	11.0%	N/A	29,481	27,543	2,325	29,868
Wisconsin	FFM	31,085	18,094	71.8%	N/A	31,085	30,210	2,052	32,262
Wyoming	FFM	1,943	3,332	-41.7%	N/A	1,943	1,998	53	2,051
<b>Subtotal for States Not Expanding Medicaid#</b>		<b>1,122,784</b>	<b>1,193,440</b>	<b>-5.8%</b>	<b>N/A</b>	<b>1,122,784</b>	<b>908,041</b>	<b>37,403</b>	<b>945,444</b>
<b>Total Across All States#</b>		<b>2,207,513</b>	<b>2,408,118</b>	<b>-9.1%</b>	<b>456,527</b>	<b>2,664,040</b>	<b>2,170,271</b>	<b>78,849</b>	<b>2,249,120</b>

\*=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.

# Percent change figures 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.
Kansas*	(I)	Includes MAGI populations only.
Kansas*	(II)	Includes MAGI populations only.
Kansas*	(VI)	Includes MAGI populations only.
Maine	(II)	Baseline excluded because January applications not reported.
North Carolina	(VI)	Count for non-MAGI is of households, not individuals.
North Carolina	(VII)	Count is of households, not individuals.
Oklahoma*	(VI)	Includes MAGI determinations only.
Pennsylvania	(I)	Includes renewals.
Pennsylvania	(II)	Includes renewals.
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.
Utah	(VI)	Includes renewals and CHIP.
Virginia*	(VI)	Includes renewals.
Virginia*	(VII)	Includes renewals.



## 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). 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.<sup>16</sup>

#### **Pre-Affordable Care Act 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.

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<sup>16</sup> 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: January 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 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.<sup>17</sup> 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.<sup>18</sup> 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](http://www.Medicaid.gov).

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<sup>17</sup> 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>.

<sup>18</sup> 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 January 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](http://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 January 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](http://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, January 2014 (updated) (IX)**

#### **Total Medicaid and CHIP Enrollment, February 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 1115 Waiver 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. February data was submitted in March, and is preliminary.<sup>19</sup> January data may have been updated in March, and may include more individuals with retroactive eligibility. 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.

#### **Pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XI)**

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 February data, which makes change between the July through September period and the February preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September, 2013 period.<sup>20</sup> Such exclusions were not possible.

#### **% Change From Pre-ACA to February 2014 (XII)**

The percentage change in **Total Medicaid and CHIP Enrollment, February 2014 (X)** as compared to **Pre-ACA Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (XI)** 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, 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.

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<sup>19</sup> 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.

<sup>20</sup> See footnote 22.

## 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 has 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 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. Profiles about each state’s current status can be found [on Medicaid.gov](http://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, 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 February 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. Two additional states, Michigan and New Hampshire, will implement this expansion of Medicaid coverage in future months. This number 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.