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## **Medicaid & CHIP: December 2014 Monthly Applications, Eligibility Determinations and Enrollment Report**

*February 23, 2015*

### **Background**

This monthly report on state Medicaid and Children's Health Insurance Program (CHIP) data represents state Medicaid and CHIP agencies' eligibility activity for the calendar month of December 2014. Open enrollment in the Marketplace began November 15, 2014 and ended on February 15, 2015. Medicaid and CHIP are longstanding programs that serve many populations in addition to those that are newly eligible for Medicaid under the new low-income adult group established by the Affordable Care Act. This report measures eligibility and enrollment activity for the entire Medicaid and CHIP programs in all states, reflecting activity for all populations receiving comprehensive Medicaid and CHIP benefits in all states, including states that have not yet chosen to adopt the new low-income adult group.<sup>1</sup> This data is submitted to CMS by states using a common set of indicators designed to provide information to support program management and policy-making related to application, eligibility, and enrollment processes.<sup>2</sup>

As with previous reports, this month's report focuses on those indicators that relate to Medicaid and CHIP application and enrollment process:<sup>3</sup>

- The number of applications submitted directly to Medicaid and CHIP agencies, including those received through State-Based Marketplaces (SBMs);

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<sup>1</sup> As of December 2014, twenty-six states and the District of Columbia had implemented the expansion of Medicaid under the Affordable Care Act to cover adults under age 65 with incomes up to 133 percent of the Federal Poverty Level. Pennsylvania implemented the Medicaid expansion on January 1, 2015 and Indiana the implemented Medicaid expansion on February 1, 2015. There is no deadline for when a state must decide whether to expand Medicaid and states are continuing to consider their options. The enrollment impact of the Medicaid expansion varies; some of these states had expanded coverage to parents and other adults at income levels above the level required under federal law before the Affordable Care Act. Many other states previously covered parents only at the minimum required income levels and often did not cover other adults without disabilities who are under age 65 at all.

<sup>2</sup> See appendix A for the standardized data definitions for the data included in this report. States continue to work to transition to these standardized definitions. State-specific notes on the differences between state-reported data and the data definitions are included in the state-by-state tables in this report.

<sup>3</sup> The Affordable Care Act's "no wrong door" policy means that individuals can apply for health insurance coverage through the Marketplace or the Medicaid or CHIP agency (if a separate agency) in their state and receive an eligibility determination for the health insurance program for which they are eligible. Information on applications received by (and Medicaid and CHIP assessments and determinations made by) the Marketplaces is included in the *Health Insurance Marketplace 2015 Open Enrollment Period: January Enrollment Report* (January 27, 2015). Because of the integrated nature of eligibility determination in State-Based Marketplace (SBM) states, some SBM data is reported in both the January 27 report and this report. However, the January 27 report includes data from November 15 through January 16, 2014, while this report includes data from December 1 - December 31, 2014.









































Table 3: Medicaid and CHIP: December 2014 Monthly Applications and Eligibility Determinations

Alaska	(I), (III), (IV)	Includes renewals converting to MAGI methodology.
Alaska	(VI), (VIII)	Non-MAGI counts are of households, not individuals. MAGI determinations include CHIP.
Georgia	(IV)	Corrected.
Kansas	(I), (III), (IV)	Includes MAGI populations only.
Kansas	(VI)	Includes MAGI populations only.
South Carolina	(IV)	Corrected.
South Dakota	(I), (III), (IV)	Includes account transfers from the FFM.
South Dakota	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Tennessee	(I), (III), (IV)	Data are from CHIP agency only. Medicaid reporting capability in development.
Tennessee	(V)	Excluded because data is only from CHIP agency.
Utah	(I), (III), (IV)	Includes applications for non-health coverage programs.
Utah	(IV)	Includes account transfers from the FFM (unlike columns (I) and (III)).
Virginia	(I), (III), (IV)	Includes renewals.
Virginia	(VI)	Includes renewals.
Virginia	(VII)	Includes renewals.
Wisconsin	(VI), (VII)	Count is of unique individuals receiving determinations, not unique determinations.













