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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.

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- 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 who are receiving comprehensive benefits, including details on the total number of children enrolled in these programs.

As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the December 2014 data presented in this report should be considered preliminary. We have published updated data for November 2014 applications, eligibility determinations and enrollment on [Medicaid.gov](http://www.Medicaid.gov), which includes a more complete data set than the previously reported preliminary November data.

**Medicaid and CHIP December 2014 Enrollment Data Highlights**

<b>Total Individuals Enrolled in Medicaid and CHIP in December 2014 in All States Reporting December Data (includes all individuals enrolled in the program on the last day of the reporting period).<sup>4</sup></b>	69,688,597 <sup>5</sup>
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- The 51 states (including the District of Columbia) that provided enrollment data for December 2014 reported nearly 69.7 million individuals were enrolled in Medicaid and CHIP.<sup>6</sup> 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.
- 547,263 additional people were enrolled in December 2014 as compared to November 2014 in the 51 states that reported comparable December and November data.<sup>7</sup>

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<sup>4</sup> This enrollment data may differ from other published state and national enrollment figures because it only includes individuals with comprehensive benefits. 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 section 1115 demonstration populations with limited benefits) are excluded from this indicator in all reporting periods. See Appendix A for more information on this methodology. See the notes in Table 1 for state-specific caveats regarding the reported data. 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.

<sup>5</sup> This number is not directly comparable to prior months' numbers because several states changed their methodology in December to better match CMS's data specifications. The data contained in this report is preliminary because it is reported soon after the close of the reporting month and contains few, if any, individuals who become eligible in December 2014 after the close of the month due to retroactive eligibility under Medicaid or similar reasons. In Medicaid, individuals are potentially eligible for retroactive coverage for incurred health care costs dating back to 90 days prior to the date of application.

<sup>6</sup> See footnote 4 and 5.

<sup>7</sup> See the notes in Table 1 for state-specific caveats regarding the reported data.

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- Looking at the additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both December 2014 enrollment data and data from July-September of 2013, over 10.75 million additional individuals are enrolled in Medicaid and CHIP as of December 2014, approximately an 18.6 percent increase over the average monthly enrollment for July through September of 2013.<sup>8</sup> (Connecticut and Maine are not included in this count.)<sup>9</sup>
- Among states that had implemented the Medicaid expansion and were covering newly eligible adults in December 2014, Medicaid and CHIP enrollment rose by over 27 percent compared to the July-September 2013 baseline period, while states that have not, to date, expanded Medicaid reported an increase of over 7 percent over the same period.<sup>10</sup>
- Fifteen of the 26 states that had implemented the Medicaid expansion and were covering newly eligible adults in December 2014, and that reported relevant data for both December and the July-September 2013 baseline period, experienced an enrollment increase of 30 percent or more.<sup>11</sup>

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<sup>8</sup> The net change in enrollment is based on data from the 49 states reporting both December 2014 enrollment data and data from July-September 2013 (the baseline period before the initial Marketplace open enrollment period) that contains comparable enrollment groups. These 49 states report total enrollment in December of over 68.6 million individuals, and July-September 2013 average enrollment of approximately 57.9 million. For December 2014, we are reporting growth of 10,751,820 compared to July-September 2013. This figure exceeds the 10,132,142 in net enrollment growth that was included in the *Medicaid and CHIP: November 2014 Applications, Eligibility Determinations, and Enrollment Report* by 620,000. This difference does not match the over 547,000 increase reported above for the November to December 2014 period because the 547,000 figure is based on 51 states, while the 620,000 figure is based on only 49 states. In addition, some states updated their data this month to better align with CMS's data specifications. These changes mean that the summary statistics in the November 2014 report are not perfectly comparable to the figures in this report. See the notes in table 1 for state-specific caveats regarding the reported data. Because the July-September 2013 data may contain individuals with retroactive Medicaid coverage, and the November and December 2014 data included in this report is preliminary (see footnote 5), the difference reported here between December 2014 and July-September 2013 period is likely understated.

<sup>9</sup> Connecticut and Maine did not submit enrollment data for the July-September 2013 baseline period.

<sup>10</sup> Percentage calculations are based only on states reporting in both December 2014 and the July through September 2013 baseline period. Pennsylvania and Indiana are not included in these percentages because the expansions in these states were not yet implemented as of December 2014. These percentages are not directly comparable to the figures reported in previous months because a few states made corrections to their data this month to bring their reporting in line with CMS's data definitions and because of differences in the number of states included in the calculation. See footnote 8 for additional information.

<sup>11</sup> Medicaid expansion states that reported data in both periods that showed a greater than 30 percent increase in enrollment are: Arkansas, California, Colorado, Kentucky, Maryland, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington, and West Virginia (11 of these 15 states also run State-Based Marketplaces). 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 FPL will likely see a smaller percent 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 FPL prior to 2014, those individuals are no longer eligible for or enrolled in Medicaid and instead may be eligible to purchase qualified health plan coverage through the Marketplace, and may be eligible for advanced payments of premium

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- These enrollment counts are in addition to the enrollment increases from the nearly 950,000 individuals who gained coverage as a result of the Affordable Care Act before open enrollment began.<sup>12</sup> 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 demonstration under section 1115 of the Social Security Act building upon that authority.<sup>13</sup>

It is important to note that, as with previous reports, multiple factors contribute to the change in enrollment between December 2014 and the July-September 2013 baseline period, including but not limited to changes attributable to the Affordable Care Act. The enrollment numbers included in this report understate total Medicaid and CHIP enrollment because the data is preliminary. The preliminary data, which is submitted approximately a week after the close of the reporting period, generally does not include Medicaid and CHIP eligible individuals who applied in December and whose application will be fully processed after December 31<sup>st</sup>; these individuals will be enrolled effective back to at least the date of application or the first of the month and we note that those enrollments are not reflected in this preliminary data. Similarly, the preliminary data does not likely include individuals who had medical expenses in December 2014, applied for Medicaid in a later month, and qualify for retroactive Medicaid coverage in December 2014.<sup>14</sup> Updated enrollment data for past months, which is updated one month after the close of the reporting period, is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://www.Medicaid.gov).<sup>15</sup>

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tax credits and cost-sharing reductions; this change will reduce their overall Medicaid enrollment. Pennsylvania and Indiana are not included in the count of expansion states because their Medicaid expansions were not yet implemented as of December 2014.

<sup>12</sup> 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](http://www.cms.gov/mmrr/Downloads/MMRR2013_003_04_a02.pdf)).

<sup>13</sup> Connecticut, the District of Columbia, Minnesota utilized state plan authority, while California, Colorado, New Jersey, and Washington provided the coverage through Medicaid demonstration authority under section 1115 of the Social Security Act. For more information about this “early option,” please see [Medicaid and CHIP: March 2014 Monthly Applications, Eligibility Determinations, and Enrollment Report \(May 1, 2014\)](#).

<sup>14</sup> See footnote 5 for additional information on retroactive eligibility.

<sup>15</sup> The updated data available on Medicaid.gov is not directly comparable to the preliminary data included in this report because it contains retroactive enrollment and individuals who applied during the reporting period but were determined eligible after the close of the reporting period.

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**Child Enrollment**

<b>Total Medicaid and CHIP child enrollment in the 46 states reporting in December 2014<sup>16</sup></b>	29,085,318 <sup>17</sup>
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As in prior months, we are also reporting separately on the total number of individuals enrolled in CHIP and children enrolled in Medicaid for those states that are reporting the relevant data for each month in 2014.<sup>18</sup> This data appears in Table 2.

- In the 46 states that reported relevant data for the month of December, over 29 million individuals are enrolled in CHIP or are children enrolled in the Medicaid program.
- Based on the December 2014 data, children enrolled in the Medicaid program and individuals enrolled in CHIP make up over 54 percent of total Medicaid and CHIP program enrollment.

It is important to note that all states had already expanded coverage for children in Medicaid and/or CHIP prior to implementation of the Affordable Care Act.<sup>19</sup>

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<sup>16</sup> See the notes in Table 2 for state-specific caveats regarding the reported data. This figure includes children enrolled in the Medicaid program and the total enrollment for separate CHIP programs, which is comprised mostly of children. However, several states also cover pregnant women through CHIP. As a result, some adults may be included in this figure. This figure was calculated for any state that reported data on Medicaid child enrollment through the performance indicator process, subject to CMS quality review of the data. States use the definition of "child" as included in the state's Medicaid or CHIP state plan in reporting performance indicator data to CMS. This definition varies from state to state. 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>17</sup> This number is not directly comparable to the figure reported last month in the *Medicaid and CHIP: November 2014 Applications, Eligibility Determinations, and Enrollment Report* for November preliminary data (28,881,515), because the November preliminary figure included data from 45 states. This month's figure includes data from 46 states. The percentage of child enrollment compared to total Medicaid and CHIP enrollment in the states reporting data has remained steady between November and December 2014.

<sup>18</sup> Children are included in the total number of individuals enrolled in Medicaid and CHIP in December 2014, as reported on page 2 and in Table 1. Total enrollment data for January 2014 through November 2014 is available on Medicaid.gov.

<sup>19</sup> Four million more children were covered by Medicaid or CHIP in 2012, compared with 2008. Kenneth Finegold and Sophia Koontz, *ASPE Issue Brief: Children's Health Coverage on the 5<sup>th</sup> Anniversary of CHIPRA*, February 4, 2014, [http://aspe.hhs.gov/health/reports/2014/CHIPRA\\_5thAnniversary/ib\\_CHIPRA5thanniversary.pdf](http://aspe.hhs.gov/health/reports/2014/CHIPRA_5thAnniversary/ib_CHIPRA5thanniversary.pdf)

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

	<b>December 2014 Monthly in All States Reporting</b>
<b><i>Applications</i></b>	
<b>Applications for Financial Assistance Initially Received by State Medicaid and CHIP Agencies</b> (note that more than one individual may be included on an application and some states have included renewals and account transfers from the FFM)	2,194,962 <sup>20</sup>
<b>Applications for Financial Assistance Initially Received by State-Based Marketplaces</b> (note that more than one individual may be included on an application)	1,281,304 <sup>21</sup>
<b><i>Eligibility Determinations</i></b>	
<b>Individuals Determined Eligible for Medicaid and CHIP by State Agencies at Application</b> (includes those newly eligible under the Affordable Care Act and those eligible under prior law)	2,252,158 <sup>22</sup>

During the month of December 2014, approximately 3.5 million applications for coverage and financial assistance (including Medicaid and CHIP coverage, tax credits and subsidies) were submitted at the state level (including approximately 2.2 million received directly by state Medicaid and CHIP agencies and approximately 1.3 million received by SBMs).<sup>23</sup> Table 3 includes a comparison of the total applications for financial assistance to state agencies (including applications for Medicaid, CHIP, and financial assistance in the Marketplace in SBM states) in December 2014 as compared to the prior month (November 2014). Note that these application numbers do not include applications received at the FFM and subsequently transferred to state Medicaid or CHIP agencies (see State-by-State Table notes for exceptions), including applications received by the FFM during the Marketplace open enrollment period that began on November 15th.<sup>24</sup>

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<sup>20</sup> See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states included some renewals, applications to SBMs, or transfers from the FFM in the data.

<sup>21</sup> See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states reported renewals in the data and included applications received by their SBMs in their Medicaid and CHIP agency application data instead of reporting these applications separately.

<sup>22</sup> See the notes in table 3 for state-specific caveats regarding the reported data; because of reporting capability, some states reported some individuals determined eligible at renewal in the data. Tennessee only provided determination data on their CHIP program.

<sup>23</sup> The following states have included renewals in their December 2014 application data: Alaska, Nevada, New York, Ohio, Pennsylvania, and Virginia. South Dakota included transfers from the FFM in its December 2014 application data.

<sup>24</sup> See footnote 21.

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States reported making over 2.25 million eligibility determinations for Medicaid and CHIP in December 2014 for individuals applying for coverage. 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 coverage expansions under the Affordable Care Act; note that, due to limitations on the data some states are able to report, the number of determinations includes renewals in those states.<sup>25</sup> Additionally, the determination number does not represent unique individuals, as an individual may have more than one eligibility determination. It is important to keep in mind that differences in volume of administrative transfers and other types of one-time enrollment activities can affect month-to-month comparisons of eligibility data.<sup>26</sup>

See the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://Medicaid.gov) for preliminary and updated data on applications and determinations for October 2013 through December 2014.

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<sup>25</sup> The states that have included renewals in their December 2014 determination data are: District of Columbia, Iowa, Michigan, Nevada, Ohio, Pennsylvania, Rhode Island, South Dakota, Vermont and Virginia. Some of these renewals are conducted without the individual submitting a new application, using information already in the state's system that the individual is asked to verify.

<sup>26</sup> A number of states are employing a new tool for facilitating Medicaid enrollment to conduct an "administrative transfer" to Medicaid using income information from the Supplemental Nutritional Assistance Program (SNAP) or the CHIP program (for the parents of CHIP enrollees). The following states have implemented administrative transfers since this authority was made available: Arkansas, California, Illinois, New Jersey, Oregon, and West Virginia. California and Oregon conducted transfers in December 2014. As of the end of December, 726,494 individuals have been determined eligible for Medicaid or CHIP as a result of this transitional strategy in the six states that have implemented it. Michigan recently received approval to conduct administrative transfers but it has not yet implemented this targeted enrollment strategy.

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**Data Limitations**

CMS established a common set of definitions for consistency in reporting the Medicaid and CHIP performance indicators; these definitions appear in Appendix A. States are at various points in the process of transitioning from their historic definitions to the updated standardized reporting specifications. Where states have provided data that vary from our specifications, we have included that information in notes in the State-by-State tables.

**State-by-State Tables**

Below are 3 tables with state-specific data. The first table contains data on the total number of people enrolled in state Medicaid and CHIP programs in December 2014. The second table contains data on children enrolled in Medicaid and CHIP. The third table contains data on Medicaid and CHIP applications and eligibility determinations for the month of December 2014. 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 December 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.

Table 1: Medicaid and CHIP: November and December 2014 Preliminary Monthly Enrollment

		Enrollment					
States Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, November 2014 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (II)	% Change November to December 2014 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to December 2014 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to December 2014 (Columns (IV) and (II)) (VI)
Arizona	FFM	1,500,272	1,496,616	-0.24%	1,201,770	294,846	24.53%
Arkansas	Partnership	825,246	824,682	-0.07%	556,851	267,831	48.10%
California	SBM	11,790,244	11,919,314	1.09%	9,157,000	2,762,314	30.17%
Colorado	SBM	1,147,566	1,176,347	2.51%	783,420	392,927	50.16%
Connecticut	SBM	763,836	760,584	-0.43%	-	-	-
Delaware	Partnership	232,532	235,047	1.08%	223,324	11,723	5.25%
District of Columbia	SBM	255,585	256,282	0.27%	235,786	20,496	8.69%
Hawaii	SBM	298,015	303,567	1.86%	288,357	15,210	5.27%
Illinois	Partnership	3,064,265	3,082,060	0.58%	2,626,943	455,117	17.32%
Indiana^	FFM	1,199,351	1,189,949	-0.78%	1,120,674	69,275	6.18%
Iowa	Partnership	570,048	572,104	0.36%	493,515	78,589	15.92%
Kentucky	SBM	1,044,953	1,073,384	2.72%	606,805	466,579	76.89%
Maryland	SBM	1,085,723	1,125,271	3.64%	856,297	268,974	31.41%
Massachusetts	SBM	1,536,421	1,571,990	2.32%	1,296,359	275,631	21.26%
Michigan	Partnership	2,201,137	2,215,447	0.65%	1,912,009	303,438	15.87%
Minnesota	SBM	1,174,133	1,189,343	1.30%	873,040	316,303	36.23%
Nevada	SBM **	550,209	548,377	-0.33%	332,560	215,817	64.90%
New Hampshire	Partnership	160,867	167,330	4.02%	127,082	40,248	31.67%
New Jersey	FFM	1,658,117	1,672,822	0.89%	1,283,851	388,971	30.30%
New Mexico	SBM **	743,058	756,086	1.75%	572,111	183,975	32.16%
New York	SBM	6,196,263	6,254,072	0.93%	5,678,417	575,655	10.14%
North Dakota	FFM	82,253	86,120	4.70%	69,980	16,140	23.06%
Ohio	Plan Management	2,867,859	2,900,815	1.15%	2,341,481	559,334	23.89%
Oregon	SBM **	1,037,616	1,030,940	-0.64%	626,356	404,584	64.59%
Pennsylvania*	FFM	2,388,054	2,403,656	0.65%	2,386,046	17,610	0.74%
Rhode Island	SBM	261,559	263,426	0.71%	190,833	72,593	38.04%
Vermont	SBM	214,654	217,006	1.10%	127,162	89,844	70.65%
Washington	SBM	1,600,061	1,636,334	2.27%	1,117,576	518,758	46.42%
West Virginia	Partnership	523,254	522,491	-0.15%	354,544	167,947	47.37%
<b>Subtotal for All States Expanding Medicaid</b>		<b>46,973,151</b>	<b>47,451,462</b>	<b>1.02%</b>	<b>37,440,149</b>	<b>9,250,729</b>	<b>24.71%</b>
<b>Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month^*</b>		<b>43,385,746</b>	<b>43,857,857</b>	<b>1.09%</b>	<b>33,933,429</b>	<b>9,163,844</b>	<b>27.01%</b>
<b>Subtotal for States Expanding Medicaid that Reported in November and December 2014</b>		<b>46,973,151</b>	<b>47,451,462</b>	<b>Difference November to December 2014 478,311</b>			
<b>Subtotal for States Expanding Medicaid that Reported in December 2014 and July-Sept. 2013</b>			<b>46,690,878</b>		<b>37,440,149</b>	<b>Difference July-Sept 2013 to December 2014 9,250,729</b>	

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<sup>^</sup>=Indiana's effective date for implementing the expansion is February 1, 2015. IN is not included in the "Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month" because its expansion is not implemented as of December 2014.

<sup>\*</sup>=Pennsylvania's requested effective date for implementing the expansion is January 1, 2015. PA is not included in the "Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month" because its expansion is not implemented as of December 2014.

<sup>\*\*</sup>= The state's Marketplace uses the FFM's information technology platform for eligibility and enrollment functions (the FFM makes either assessments or determinations of Medicaid and CHIP eligibility).

(-)=state has not reported data except as noted below.

Partnership, Plan Management, FFM/SBM-SHOP are all types of FFMs.

Column III is calculated for only those states that reported both November 2014 and December 2014 data.

Columns V and VI are calculated for only those states that reported data from both December 2014 and the July-Sept. 2013 period.

The subtotals for states reporting data from both December 2014 and the July-Sept. 2013 period exclude CT.

Arkansas	(I), (II)	Includes Private Option enrollees.
California	(I), (II)	Includes individuals transferred from the Low Income Health Program
California		section 1115 demonstration
California		Includes estimated retroactive enrollment.
California	(IV)	Includes approximately 650,000 individuals transferred from the Low Income
California		Health Program section 1115 demonstration.
District of Columbia	(I), (II), (IV)	Includes limited benefit dual eligible individuals and individuals enrolled in the locally funded DC Health Alliance.
Illinois	(IV)	Includes individuals who received retroactive coverage (unlike columns (I) and (II)).
Indiana	(I), (II), (IV)	Includes partial benefit dual eligible individuals.
Iowa	(I), (II)	Data are preliminary.
Massachusetts	(I), (II)	Does not include individuals receiving temporary transitional coverage.
Nevada	(I), (II)	Data are preliminary.
Nevada	(I), (IV)	Includes partial benefit dual eligible individuals.
New Jersey	(I), (II), (IV)	Includes individuals eligible at any point in the month.
New York	(I), (II)	Includes estimated retroactive enrollment.
North Dakota	(IV)	Data is from July 2013 only.
Oregon	(I)	Corrected.

Table 1: Medicaid and CHIP: November and December 2014 Preliminary Monthly Enrollment

		Enrollment					
States Not Expanding Medicaid	Marketplace Type	Total Medicaid and CHIP Enrollment, November 2014 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (II)	% Change November to December 2014 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to December 2014 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to December 2014 (Columns (IV) and (II)) (VI)
Alabama	FFM	862,690	867,302	0.53%	799,176	68,126	8.52%
Alaska	FFM	125,270	124,789	-0.38%	122,334	2,455	2.01%
Florida	FFM	3,355,628	3,373,853	0.54%	3,104,996	268,857	8.66%
Georgia	FFM	1,732,424	1,738,810	0.37%	1,535,090	203,720	13.27%
Idaho	SBM	285,438	287,932	0.87%	251,926	36,006	14.29%
Kansas	Plan Management	400,586	400,885	0.07%	378,160	22,725	6.01%
Louisiana	FFM	1,050,038	1,044,151	-0.56%	1,019,787	24,364	2.39%
Maine	Plan Management	289,051	287,807	-0.43%	-	-	-
Mississippi	FFM/SBM-SHOP	701,685	705,537	0.55%	637,229	68,308	10.72%
Missouri	FFM	852,435	855,487	0.36%	846,084	9,403	1.11%
Montana	Plan Management	161,575	164,339	1.71%	148,974	15,365	10.31%
Nebraska	Plan Management	234,857	235,185	0.14%	244,600	-9,415	-3.85%
North Carolina	FFM	1,791,054	1,821,489	1.70%	1,595,952	225,537	14.13%
Oklahoma	FFM	808,973	799,478	-1.17%	790,051	9,427	1.19%
South Carolina	FFM	996,537	995,296	-0.12%	889,744	105,552	11.86%
South Dakota	Plan Management	116,333	116,878	0.47%	115,501	1,377	1.19%
Tennessee	FFM	1,402,357	1,417,954	1.11%	1,244,516	173,438	13.94%
Texas	FFM	4,669,995	4,664,624	-0.12%	4,441,605	223,019	5.02%
Utah	FFM/SBM-SHOP	291,763	291,889	0.04%	294,029	-2,140	-0.73%
Virginia	Plan Management	937,818	937,016	-0.09%	935,434	1,582	0.17%
Wisconsin	FFM	1,031,888	1,034,899	0.29%	985,531	49,368	5.01%
Wyoming	FFM	69,788	71,535	2.50%	67,518	4,017	5.95%
<b>Subtotal for All States Not Expanding Medicaid</b>		<b>22,168,183</b>	<b>22,237,135</b>	<b>0.31%</b>	<b>20,448,237</b>	<b>1,501,091</b>	<b>7.34%</b>
<b>Subtotal for States Not Expanding Medicaid that Reported in November and December 2014</b>		<b>22,168,183</b>	<b>22,237,135</b>	<b>Difference November to December 2014 68,952</b>			
<b>Subtotal for States Not Expanding Medicaid that Reported in December 2014 and July-Sept. 2013</b>			<b>21,949,328</b>		<b>20,448,237</b>	<b>Difference July-Sept 2013 to December 2014 1,501,091</b>	

Table 1: Medicaid and CHIP: November and December 2014 Preliminary Monthly Enrollment

(-)=state has not reported data except as noted below.

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

Column III is calculated for only those states that reported both November 2014 and December 2014 data.

Columns V and VI are calculated for only those states that reported data from both December 2014 and the July-Sept. 2013 period.

The subtotals for states reporting data from both December 2014 and the July-Sept. 2013 period exclude ME.

Alabama	(IV)	Data is from September 2013 only.
Florida	(I), (II)	Does not include SSI recipients enrolled in Medicaid.
Texas	(I), (II), (IV)	Includes partial benefit dual eligible individuals.
South Carolina	(I), (IV)	Corrected.
Utah	(I), (II), (IV)	Includes service limited Medicare program beneficiaries (SLMBs).
Wisconsin	(IV)	Does not include retroactive enrollment.

Table 1: Medicaid and CHIP: November and December 2014 Preliminary Monthly Enrollment

<b>Total Enrollment</b>						
All States	Total Medicaid and CHIP Enrollment, November 2014 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (II)	% Change November to December 2014 (Columns (I) and (II)) (III)	Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)	Net Change, July-Sept. 2013 to December 2014 (Columns (IV) and (II)) (V)	% Change, July-Sept. 2013 to December 2014 (Columns (IV) and (II)) (VI)
<b>Total Across All States</b>	<b>69,141,334</b>	<b>69,688,597</b>	<b>0.79%</b>	<b>57,888,386</b>	<b>10,751,820</b>	<b>18.57%</b>
<b>Total for States that Reported in November and December 2014</b>	<b>69,141,334</b>	<b>69,688,597</b>	<b>Difference November to December 2014 547,263</b>			
<b>Total for States that Reported in December 2014 and July-Sept. 2013</b>		<b>68,640,206</b>		<b>57,888,386</b>	<b>Difference July-Sept 2013 to December 2014 10,751,820</b>	

Column III is calculated for only those states that reported both November 2014 and December 2014 data.

Columns V and VI are calculated for only those states that reported data from both December 2014 and the July-Sept. 2013 period.

Totals for states reporting data from both December 2014 and the July-Sept. 2013 period exclude CT and ME.

Table 2: Medicaid and CHIP: December 2014 Preliminary Monthly Medicaid and CHIP Child Enrollment

State	Enrollment							
	Medicaid and CHIP Child Enrollment						Total Medicaid and CHIP Enrollment	Medicaid and CHIP Child Enrollment as a % of Total Enrollment (Columns (VI) and (VII))
	July, 2014 (I)	August, 2014 (II)	September, 2014 (III)	October, 2014 (IV)	November, 2014 (V)	December, 2014 (Preliminary) (VI)	December, 2014 (Preliminary) (VII)	December, 2014 (Preliminary) (VIII)
Alabama	643,854	647,625	642,646	642,688	643,208	636,859	867,302	73.43%
Alaska	73,780	74,251	73,706	74,524	74,073	72,301	124,789	57.94%
Arizona	-	-	-	-	-	-	1,496,616	-
Arkansas	-	-	431,339	431,490	435,048	433,875	824,682	52.61%
California	-	-	-	-	-	-	11,919,314	-
Colorado	559,112	567,484	568,972	568,093	569,320	573,568	1,176,347	48.76%
Connecticut	312,589	317,887	319,564	320,127	316,325	312,639	760,584	41.11%
Delaware	101,969	101,696	101,688	102,304	103,176	104,105	235,047	44.29%
District of Columbia	-	-	-	-	-	-	256,282	-
Florida	2,263,868	2,267,848	2,281,978	2,279,731	2,269,590	2,277,678	3,373,853	67.51%
Georgia	1,230,907	1,251,603	1,250,161	1,244,512	1,245,101	1,216,983	1,738,810	69.99%
Hawaii	141,613	133,176	128,654	131,342	134,059	134,999	303,567	44.47%
Idaho	194,637	193,877	198,147	198,704	199,073	200,216	287,932	69.54%
Illinois	1,519,492	1,535,988	1,525,138	1,518,476	1,513,095	1,490,752	3,082,060	48.37%
Indiana	714,816	714,082	717,009	719,398	717,576	703,733	1,189,949	59.14%
Iowa	291,099	285,489	287,449	287,255	287,046	285,924	572,104	49.98%
Kansas	288,341	287,792	285,530	285,069	285,312	285,658	400,885	71.26%
Kentucky	506,659	447,179	455,689	460,921	457,422	466,254	1,073,384	43.44%
Louisiana	742,144	748,219	750,483	753,063	754,564	754,849	1,044,151	72.29%
Maine	123,011	122,648	122,451	122,143	120,993	120,778	287,807	41.96%
Maryland	593,652	598,935	603,330	570,909	574,748	578,013	1,125,271	51.37%
Massachusetts	588,398	591,415	593,800	597,093	608,120	618,517	1,571,990	39.35%
Michigan	1,064,615	1,017,455	1,004,973	984,534	1,001,051	972,054	2,215,447	43.88%
Minnesota	468,308	483,250	487,032	490,143	495,228	489,413	1,189,343	41.15%
Mississippi	472,137	475,354	479,218	482,092	484,959	484,045	705,537	68.61%
Missouri	508,010	511,724	520,779	533,716	540,063	544,973	855,487	63.70%
Montana	106,661	105,370	103,966	102,869	100,948	101,644	164,339	61.85%
Nebraska	157,832	160,165	161,008	160,854	159,470	156,582	235,185	66.58%
Nevada	275,337	281,614	283,081	285,364	276,856	272,289	548,377	49.65%
New Hampshire	93,038	91,866	91,944	91,942	91,731	92,472	167,330	55.26%
New Jersey	789,130	798,719	803,170	812,669	817,006	819,893	1,672,822	49.01%
New Mexico	-	-	-	-	-	-	756,086	-
New York	2,380,653	2,387,386	2,390,927	2,386,591	2,387,338	2,379,259	6,254,072	38.04%
North Carolina	1,189,159	1,179,363	1,209,053	1,199,317	1,235,442	1,251,529	1,821,489	68.71%
North Dakota	40,073	40,134	40,050	40,253	40,047	40,525	86,120	47.06%
Ohio	1,222,720	1,230,096	1,239,342	1,256,684	1,264,617	1,273,228	2,900,815	43.89%
Oklahoma	511,283	515,794	517,141	519,968	519,185	515,178	799,478	64.44%
Oregon	435,087	438,143	441,632	445,910	449,535	437,606	1,030,940	42.45%
Pennsylvania	1,274,385	1,275,437	1,287,139	1,289,774	1,284,541	1,281,125	2,403,656	53.30%
Rhode Island	105,785	106,484	105,240	105,304	108,783	107,292	263,426	40.73%
South Carolina	643,329	653,345	658,327	657,480	655,926	656,931	995,296	66.00%
South Dakota	78,989	78,821	78,708	78,903	79,054	79,616	116,878	68.12%
Tennessee	-	-	-	-	-	-	1,417,954	-
Texas	3,358,478	3,384,078	3,447,054	3,475,401	3,470,512	3,448,918	4,664,624	73.94%
Utah	210,319	210,702	204,271	210,620	208,306	204,630	291,889	70.11%
Vermont	71,455	68,863	67,159	-	-	73,978	217,006	34.09%
Virginia	639,407	637,902	634,163	640,670	651,943	636,141	937,016	67.89%
Washington	745,929	748,198	756,092	756,488	751,642	760,457	1,636,334	46.47%
West Virginia	209,881	212,589	209,920	208,552	207,646	203,283	522,491	38.91%
Wisconsin	-	-	491,362	491,325	488,148	487,464	1,034,899	47.10%
Wyoming	44,850	44,528	46,812	46,992	46,135	47,092	71,535	65.83%
<b>Total For All States</b>	<b>27,986,791</b>	<b>28,024,574</b>	<b>29,097,297</b>	<b>29,062,257</b>	<b>29,123,961</b>	<b>29,085,318</b>	<b>69,688,597</b>	<b>54.02%</b>
<b>Number of States Reporting</b>	<b>44</b>	<b>44</b>	<b>46</b>	<b>45</b>	<b>45</b>	<b>46</b>	<b>51</b>	<b>46</b>

Table 2: Medicaid and CHIP: December 2014 Preliminary Monthly Medicaid and CHIP Child Enrollment

For general notes on enrollment data, see Table 1: Medicaid and CHIP: November and December 2014 Preliminary Monthly Enrollment

(-)=State has not reported data or data submitted was incomplete.

Column VIII is calculated for only those states that reported both December 2014 child enrollment data and December 2014 Total Medicaid and CHIP enrollment data .

Iowa	(I)-(VI)	Data are preliminary.
Maryland	(I)	Includes limited benefit dual eligible individuals (unlike columns (II) - (VII)). All data is preliminary.
Missouri	(VI)	Preliminary.
New York	(I)-(VII)	Includes estimated retroactive enrollment.
South Carolina	(I)-(V)	Corrected.

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

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		Applications Submitted to Medicaid and CHIP Agencies, December 2014 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, December 2014 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, December 2014 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, November 2014 (Preliminary) (IV)	% Change November 2014 to December 2014 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, December 2014 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, December 2014 (Preliminary) (VII)	Total New Determinations, December 2014 (Preliminary) (VIII)
Arizona	FFM	-	N/A	-	112,419	-	-	-	-
Arkansas	Partnership	24,787	N/A	24,787	20,035	23.72%	13,565	-	13,565
California	SBM	154,626	214,057	368,683	335,248	9.97%	478,337	-	478,337
Colorado	SBM	24,469	22,638	47,107	30,451	54.70%	30,733	509	31,242
Connecticut	SBM	11,025	33,320	44,345	33,165	33.71%	22,111	†	22,111
Delaware	Partnership	4,865	N/A	4,865	3,185	52.75%	1,835	61	1,896
District of Columbia	SBM	5,864	2,217	8,081	5,479	47.49%	5,926	-	5,926
Hawaii	SBM	8,057	-	8,057	7,159	12.54%	8,056	483	8,539
Illinois	Partnership	110,347	N/A	110,347	75,322	46.50%	64,154	17,834	81,988
Indiana <sup>^</sup>	FFM	70,634	N/A	70,634	63,653	10.97%	25,278	2,440	27,718
Iowa	Partnership	15,893	N/A	15,893	20,299	-21.71%	43,086	-	43,086
Kentucky	SBM	9,353	31,487	40,840	29,372	39.04%	159,471	7,882	167,353
Maryland	SBM	22,639	139,752	162,391	50,800	219.67%	84,306	13,243	97,549
Massachusetts	SBM	58,724	99,543	158,267	83,841	88.77%	-	-	-
Michigan	Partnership	99,644	N/A	99,644	97,470	2.23%	105,427	6,649	112,076
Minnesota	SBM	34,178	-	34,178	19,080	79.13%	21,735	-	21,735
Nevada	SBM **	20,811	-	20,811	13,649	52.47%	11,560	58	11,618
New Hampshire	Partnership	5,063	N/A	5,063	4,063	24.61%	7,328	269	7,597
New Jersey	FFM	47,668	N/A	47,668	30,404	56.78%	4,560	1,841	6,401
New Mexico	SBM **	-	N/A	-	-	-	-	-	-
New York	SBM	-	528,561	528,561	709,565	-25.51%	102,794	9,196	111,990
North Dakota	FFM	-	N/A	-	-	-	8,937	337	9,274
Ohio	Plan Management	185,529	N/A	185,529	133,095	39.40%	94,248	-	94,248
Oregon	SBM **	679	29,485	30,164	20,819	44.89%	46,341	-	46,341
Pennsylvania*	FFM	361,264	N/A	361,264	150,360	140.27%	65,389	5,679	71,068
Rhode Island	SBM	-	-	-	-	-	40,324	4,570	44,894
Vermont	SBM	702	3,788	4,490	3,958	13.44%	2,643	-	2,643
Washington	SBM	26,291	176,456	202,747	135,302	49.85%	62,261	3,413	65,674
West Virginia	Partnership	26,536	N/A	26,536	21,091	25.82%	16,118	946	17,064
<b>Subtotal for All States Expanding Medicaid</b>		<b>1,329,648</b>	<b>1,281,304</b>	<b>2,610,952</b>	<b>2,209,284</b>	<b>24.52%</b>	<b>1,526,523</b>	<b>75,410</b>	<b>1,601,933</b>
<b>Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month<sup>^*</sup></b>		<b>897,750</b>	<b>1,281,304</b>	<b>2,179,054</b>	<b>1,995,271</b>	<b>15.73%</b>	<b>1,435,856</b>	<b>67,291</b>	<b>1,503,147</b>
<b>Subtotal for States Expanding Medicaid that Reported in November and Dec 2014</b>				<b>2,610,952</b>	<b>2,096,865</b>	<b>Difference November to December 2014 514,087</b>			

<sup>^</sup>=Indiana's effective date for implementing the expansion is February 1, 2015. IN is not included in the "Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month" because its expansion is not implemented as of December 2014.

<sup>\*</sup>=Pennsylvania's requested effective date for implementing the expansion is January 1, 2015. PA is not included in the "Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month" because its expansion is not implemented as of December 2014.

<sup>\*\*</sup>= The state's Marketplace uses the FFM's information technology platform for eligibility and enrollment functions (the FFM makes either assessments or determinations of Medicaid and CHIP eligibility).

(-)=state has not reported data except as noted below.

Column V is calculated for only those states that reported November and December 2014 Applications data (subtotals exclude AZ, ND, NM, RI).

Partnership, Plan Management, FFM/SBM-SHOP are all types of FFMs.

† Reported value is less than 10, excluded from data set to ensure privacy.

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

Arkansas	(VI)	Includes CHIP.
California	(I)	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)	Includes applications to SBM that did not request financial assistance.
California	(IV)	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	(VI)	Includes 19,131 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.
Colorado	(I)	State Medicaid agency hosts SBM portal; number includes all applications for insurance affordability programs.
Connecticut	(I), (III), (IV)	Data may include some duplication of applications between Medicaid and CHIP.
Connecticut	(VI)	Count is of households, not individuals.
District of Columbia	(III)	The count of applications received by the Medicaid agency and the state based marketplace may overlap; total may contain some duplicates.
District of Columbia	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Hawaii	(I)	Number includes all applications for insurance affordability programs.
Iowa	(I), (III), (IV)	Data are preliminary.
Iowa	(IV)	Includes account transfers from the FFM (unlike columns (I) and (III)).
Iowa	(VI), (VII), (VIII)	Data are preliminary.
Iowa	(VI),(VII)	Includes renewals.
Maryland	(II)	Includes State Medicaid Agency data and SBM data from 12/1 - 12/31.
Maryland	(II), (III), (IV)	Includes all applications not only those requesting financial assistance.
Maryland	(VI)	Count is of households, not individuals. Includes State Medicaid Agency data and SBM data from 12/1 - 12/31.
Maryland	(VII)	Count is of households, not individuals. Includes State Medicaid Agency data and SBM data from 12/1 - 12/31.
Maryland	(VIII)	Count is of households, not individuals. Includes State Medicaid Agency data and SBM data from 12/1 - 12/31.
Massachusetts	(II), (III), (IV)	Includes all applications not only those requesting financial assistance.
Michigan	(VI)	Includes renewals.
Michigan	(VII)	Includes renewals.
Minnesota	(I), (III), (IV)	Count is of persons applying, not applications. Does not include applications to the new eligibility and enrollment system.
Minnesota	(VI)	Includes CHIP.
Nevada	(I), (III), (IV)	Includes renewals.
Nevada	(VI)	Count is of households, not individuals. Includes renewals.
New Hampshire	(VI)	Data is derived by considering prior coverage.
New Jersey	(I), (III), (IV)	Includes applications received at county welfare agencies.
New Jersey	(VI), (VII), (VIII)	Does not include all eligibility determinations; county welfare agencies determinations are not included in this data.
New York	(III), (VI)	Includes renewals.
New York	(VI)	Data are preliminary.

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

New York	(VII)	Data are preliminary.
New York	(VIII)	Data are preliminary.
Ohio	(I), (III), (IV)	Includes renewals. May include some applications only for other benefits, not for Medicaid and CHIP.
Ohio	(VI)	Includes CHIP.
Ohio	(VI), (VIII)	Includes renewals
Oregon	(VI)	Count is of households, not individuals; includes CHIP.
Oregon		Includes 17 individuals determined eligible via Targeted Enrollment Strategy.
Oregon		Includes MAGI populations only.
Oregon	(VI), (VIII)	Includes MAGI populations only.
Pennsylvania	(I), (III), (IV)	Includes renewals.
Pennsylvania	(VI), (VIII)	Includes renewals.
Rhode Island	(VI)	Includes only determinations through new MAGI system. Includes renewals.
Rhode Island	(VII)	Includes only determinations through new MAGI system. Includes renewals.
Vermont	(VI)	Includes renewals.

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

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		Applications Submitted to Medicaid and CHIP Agencies, December 2014 (Preliminary) (I)	Applications for Financial Assistance Submitted to the State Based Marketplace, December 2014 (Preliminary) (II)	Total Applications for Financial Assistance Submitted at State Level, December 2014 (Preliminary) (III)	Total Applications for Financial Assistance Submitted at State Level, November 2014 (Preliminary) (IV)	% Change November 2014 to December 2014 (Columns (IV) and (III)) (V)	Individuals Determined Eligible for Medicaid at Application, December 2014 (Preliminary) (VI)	Individuals Determined Eligible for CHIP at Application, December 2014 (Preliminary) (VII)	Total New Determinations, December 2014 (Preliminary) (VIII)
Alabama	FFM	18,292	N/A	18,292	14,793	23.65%	24,893	783	25,676
Alaska	FFM	4,612	N/A	4,612	3,579	28.86%	9,063	-	9,063
Florida	FFM	322,319	N/A	322,319	273,497	17.85%	91,978	18,951	110,929
Georgia	FFM	100,817	N/A	100,817	77,894	29.43%	43,808	795	44,603
Idaho	SBM	12,150	N/A	12,150	6,695	81.48%	7,851	1,084	8,935
Kansas	Plan Management	8,839	N/A	8,839	7,129	23.99%	6,978	860	7,838
Louisiana	FFM	26,872	N/A	26,872	22,104	21.57%	26,453	978	27,431
Maine	Plan Management	1,380	N/A	1,380	959	43.90%	12,122	295	12,417
Mississippi	FFM/SBM-SHOP	18,783	N/A	18,783	16,996	10.51%	10,548	293	10,841
Missouri	FFM	27,824	N/A	27,824	27,104	2.66%	16,029	-	16,029
Montana	Plan Management	3,273	N/A	3,273	2,952	10.87%	2,992	361	3,353
Nebraska	Plan Management	7,223	N/A	7,223	7,118	1.48%	7,554	898	8,452
North Carolina	FFM	84,045	N/A	84,045	63,485	32.39%	132,137	6,346	138,483
Oklahoma	FFM	38,848	N/A	38,848	34,682	12.01%	32,181	4,370	36,551
South Carolina	FFM	22,343	N/A	22,343	17,714	26.13%	-	-	-
South Dakota	Plan Management	2,939	N/A	2,939	2,350	25.06%	1,694	-	1,694
Tennessee	FFM	1,794	N/A	1,794	1,479	21.30%	-	1,028	1,028
Texas	FFM	89,356	N/A	89,356	85,177	4.91%	74,302	12,479	86,781
Utah	FFM/SBM-SHOP	18,199	N/A	18,199	21,247	-14.35%	46,349	-	46,349
Virginia	Plan Management	25,420	N/A	25,420	21,217	19.81%	24,189	2,264	26,453
Wisconsin	FFM	29,294	N/A	29,294	24,808	18.08%	23,460	2,892	26,352
Wyoming	FFM	692	N/A	692	493	40.37%	851	116	967
<b>Subtotal for All States Not Expanding Medicaid</b>		<b>865,314</b>	<b>N/A</b>	<b>865,314</b>	<b>733,472</b>	<b>17.97%</b>	<b>595,432</b>	<b>54,793</b>	<b>650,225</b>
<b>Subtotal for States Not Expanding Medicaid that Reported in November and December 2014</b>				<b>865,314</b>	<b>733,472</b>	<b>Difference November to December 2014 131,842</b>			
<b>Total Across All States</b>		<b>2,194,962</b>	<b>1,281,304</b>	<b>3,476,266</b>	<b>2,942,756</b>	<b>22.82%</b>	<b>2,121,955</b>	<b>130,203</b>	<b>2,252,158</b>
<b>Total for States that Reported in November and December 2014</b>				<b>3,476,266</b>	<b>2,830,337</b>	<b>Difference November to December 2014 645,929</b>			

(-)=state has not reported data except as noted below.

Column V is calculated for only those states that reported November and December 2014 Applications data (totals exclude AZ, ND, NM, RI).

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

# Percent change figures in the subtotal of column V exclude TN, which only reports CHIP data.

† Reported value is less than 10, excluded from data set to ensure privacy.

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.

**APPENDIX A: Description of Data Elements in Tables**

**Table 1: Medicaid and CHIP: November and December Preliminary Monthly Enrollment**

**Total Medicaid and CHIP Enrollment, November 2014 (Preliminary) (I)**

**Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (II)**

The total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period, including those with retroactive, conditional, and presumptive eligibility. This indicator is a point-in-time count of total program enrollment, and is not solely a count of those newly enrolled during the reporting period. This number includes only those individuals who are eligible for comprehensive benefits (e.g., emergency Medicaid, family planning-only coverage and limited benefit dual eligible individuals are excluded). Individuals eligible under demonstration projects authorized by section 1115 of the Social Security Act are included as long as the benefits and networks are comprehensive. CHIP children subject to a waiting period or premium lock-out period are considered eligible but not enrolled and are not included. The December 2014 data was submitted in December and is considered preliminary.<sup>27</sup> The November 2014 data in this table was submitted in December and is also preliminary. November data that was updated in January (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 November to December 2014 (III)**

The percentage change in **Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, November 2014 (Preliminary) (II)** is calculated for states that provided data for both periods. In cases where there is a negative percentage change, this may be due to a number of factors. Changes in enrollment levels are driven by the number of newly enrolled individuals as well as by the number of individuals whose coverage has terminated.

**Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)**

The average number of individuals enrolled in Medicaid and CHIP for each month during the July-September 2013 period using an average of enrollment numbers submitted by the states for each month in this period. Not all states submitted three months of data; the average is calculated using any months of baseline data that were provided. The unit of measurement is individuals enrolled as of the last day of the reporting period (month). This baseline data includes more retroactive enrollments than the December 2014 data, which makes change between the baseline data and the December preliminary data look smaller than it would be if

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<sup>27</sup> In Medicaid, individuals are potentially eligible for retroactive eligibility to cover incurred health care costs for up to 90 days prior to the date of application. Under the Performance Indicator process, states initially submit their monthly enrollment data just a week after the month closes, and then update their data one month later. Therefore, the Performance Indicator enrollment counts will always be slightly understated, as they will not include all individuals granted retroactive eligibility.

retroactive enrollments were excluded from the data for the July-September 2013 period.<sup>28</sup> Such exclusions were not possible.

**Net Change, July-Sept. 2013 to December 2014 (V)**

The net change in **Total Medicaid and CHIP Enrollment, December 2014 (preliminary) (II)** as compared to **Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)** is calculated for states that provided data for both periods and represents the difference in enrollment between these two periods. A negative net 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.

**Percentage Change, July-Sept. 2013 to December 2014 (VI)**

The percentage change in **Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (II)**, compared to **Average Monthly Medicaid and CHIP Enrollment, July-Sept. 2013 (IV)**, 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.

**Note:** Updated enrollment data for January through November of 2014 is available on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data page on [Medicaid.gov](http://Medicaid.gov). This data is updated more than 30 days after the close of the reporting period, to account for retroactive Medicaid eligibility and other updates to the preliminary data provided soon after the close of the reporting period, which forms the basis for this report.

**Table 2: Medicaid and CHIP: December 2014 Preliminary Monthly Medicaid CHIP Child Enrollment**

**Medicaid and CHIP Child Enrollment, July - November, 2014 ((I)-(IV))**

As of the last day of the calendar month—

- The total unduplicated number of individuals enrolled in CHIP (i.e. funded under title XXI of the Social Security Act); plus
- The total unduplicated number of individuals enrolled in Medicaid (i.e. funded under title XIX of the Social Security Act) who are children.

States use the definition of "child" as included in the state's Medicaid or CHIP state plan. This definition may vary from state to state. A few states cover pregnant women through CHIP, which means this figure may include some adults.<sup>29</sup> These figures may have been updated by

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<sup>28</sup> See footnote 27.

<sup>29</sup> The states which provide complete coverage to pregnant women through CHIP are New Jersey, Rhode Island, and Colorado. In addition, the following states provide certain services to pregnant women through CHIP: Arkansas, California, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Washington, and Wisconsin. Benefits offered vary by state.

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states more than 30 days after the close to the reporting period to include enrollees with retroactive coverage and other updates.

**Medicaid and CHIP Child Enrollment, December, 2014 (Preliminary) (V)**

As of the last day of the calendar month—

- The total unduplicated number of individuals enrolled in CHIP (i.e. funded under title XXI of the Social Security Act); plus
- The total unduplicated number of individuals enrolled in Medicaid (i.e. funded under title XIX of the Social Security Act) who are children.

States use the definition of "child" as included in the state's Medicaid or CHIP state plan. This definition may vary from state to state. A few states cover pregnant women through CHIP, which means this figure may include some adults.<sup>30</sup> The December 2014 data was submitted in January and is considered preliminary.<sup>31</sup>

**Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (VII)**

The total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period, including those with retroactive, conditional, and presumptive eligibility. This indicator is a point-in-time count of total program enrollment, and is not solely a count of those newly enrolled during the reporting period. This number includes only those individuals who are eligible for comprehensive benefits (e.g., emergency Medicaid, family planning-only coverage and limited benefit dual eligible individuals are excluded). Individuals eligible under demonstration projects authorized by section 1115 of the Social Security Act are included as long as the benefits and networks are comprehensive. CHIP children subject to a waiting period or premium lock-out period are considered eligible but not enrolled and are not included. The November 2014 data was submitted in December and is considered preliminary.<sup>32</sup> This data is the same as the data reported in column (II) in Table 1: Medicaid and CHIP: November and October Preliminary Monthly Enrollment.

**Medicaid and CHIP Child Enrollment as a % of Total Enrollment (VIII)**

**Medicaid and CHIP Child Enrollment, December 2014 (Preliminary) (V) as a percentage of Total Medicaid and CHIP Enrollment, December 2014 (Preliminary) (VIII).**

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<sup>30</sup> See footnote 29.

<sup>31</sup> See footnote 27.

<sup>32</sup> See footnote 27.

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

**Application Data Elements**

**New Applications Submitted to Medicaid and CHIP Agencies, December 2014 (Preliminary) (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).<sup>33</sup> 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>34</sup> The December 2014 data was submitted in January and is considered preliminary.<sup>35</sup>

**Applications for Financial Assistance Submitted to the State-Based Marketplace, December 2014 (Preliminary) (II)**

This element is the 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. The December 2014 data was submitted in January and is considered preliminary.<sup>36</sup>

**Total Applications for Financial Assistance Submitted at the State Level, December 2014 (Preliminary) (III)**

**Total Applications for Financial Assistance Submitted at the State Level, November 2014 (Preliminary) (IV)**

For states with an SBM, the data reflects the total of **Applications Submitted to Medicaid and CHIP Agencies, December 2014 (Preliminary)** plus **Applications for Financial Assistance Submitted to the State-Based Marketplace, December 2014 (Preliminary)**. For FFM states, the data reflects **Applications Submitted to Medicaid and CHIP Agencies, December 2014 (Preliminary)**. For SBM states, the data includes 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. The December 2014 data was submitted in January and is considered preliminary. The November 2014 data in this table was submitted in December and is also preliminary. November data that was updated in January (which may include additional individuals who

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<sup>33</sup> 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 and CHIP agencies.

<sup>34</sup> As described in the state-specific notes in the tables, some states included renewals in the total count of applications received by Medicaid and CHIP agencies.

<sup>35</sup> See footnote 27.

<sup>36</sup> See footnote 27.

applied in November, but who were not captured in the preliminary data) is posted separately under the Eligibility Data tab on Medicaid.gov.

**Percentage Change November 2014 to December 2014 (V)**

The percentage change in **Total Applications for Financial Assistance Submitted at the State Level, December 2014 (Preliminary) (III)** as compared to **Total Preliminary Applications Submitted at the State Level, November 2014 (Preliminary) (IV)** is calculated for states that provided data for both periods.

**Eligibility Determination Data Elements**

**Individuals Determined Eligible for Medicaid at Application, December 2014 (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>37</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>38</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).

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 December 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

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<sup>37</sup> Information on targeted enrollment strategies and the states approved for these strategies is available here: <http://www.Medicaid.gov/Medicaid-chip-program-information/program-information/targeted-enrollment-strategies/targeted-enrollment-strategies.html>.

<sup>38</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.

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, December 2014 (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 December 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, December 2014 (VIII)**

The total of **Individuals Determined Eligible for Medicaid at Application** plus **Individuals Determined Eligible for CHIP at Application**.

**A Note about Federally-Facilitated Marketplace Types:** For the purposes of the report, we refer to State Partnership Marketplaces (Partnership), States performing Plan Management functions (Plan Management), and the State-Based Small Business Health Options Program (SB-SHOP) as Federally-Facilitated Marketplaces (FFMs). The state-by-state tables contain information on the specific marketplace type for each state.