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

*January 30, 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 November 2014; open enrollment in the Marketplace began November 15, 2014. 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 November 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 Medicaid expansion on January 1, 2015 and Indiana will implement 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 number of people impacted by 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: December Enrollment Report* (December 30, 2015). Because of the integrated nature of eligibility determination in State Based Marketplace (SBM) states, some SBM data is reported in both the December 30 report and this report. However, the December 30 report includes data from November 15 through December 15, 2014, while this report includes data from November 1- November 30, 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.

This report includes data from the first two weeks of the second open enrollment period for the Health Insurance Marketplace (“Marketplace” hereafter), which included the Thanksgiving holiday. This short time period limits the impact of this open enrollment period on the data included in this report. As with each monthly report, given that states are reporting monthly data to CMS soon after the close of the month, the November 2014 data presented in this report should be considered preliminary.

We have published updated data for October 2014 applications, eligibility determinations and enrollment on [Medicaid.gov](http://Medicaid.gov), which includes a more complete data set than the previously reported preliminary October data.

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

<b>Total Individuals Enrolled in Medicaid and CHIP in November 2014 in All States Reporting November Data (includes all individuals enrolled in the program on the last day of the reporting period).<sup>4</sup></b>	68,973,900 <sup>5</sup>
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- The 51 states (including the District of Columbia) that provided enrollment data for November 2014 reported nearly 69 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.

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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 November to better match CMS’s data specifications.

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

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- 444,324 additional people were enrolled in November 2014 as compared to October 2014 in the 51 states that reported comparable November and October data.<sup>7</sup>
- Looking at the additional enrollment since October 2013 when the initial Marketplace open enrollment period began, among the 49 states reporting both November 2014 enrollment data and data from July-September of 2013, over 10.1 million additional individuals are enrolled in Medicaid and CHIP as of November 2014, over a 17.5 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 November 2014, Medicaid and CHIP enrollment rose by nearly 25.5 percent compared to the July-September 2013 baseline period, while states that have not, to date, expanded Medicaid reported an increase of approximately 7 percent over the same period.<sup>10</sup>
- Ten of the 26 states that had implemented the Medicaid expansion and were covering newly eligible adults in November 2014, and that reported relevant data for both November and the July-September 2013 baseline period, experienced an enrollment increase of 30 percent or more.<sup>11</sup>

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

<sup>8</sup> The net change in enrollment is based on data from the 49 states reporting both November 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 November of approximately 67.9 million individuals, and July-September 2013 average enrollment of approximately 57.8 million. For November 2014, we are reporting growth of 10,132,142 compared to July-September 2013, which is about 449,100 greater than the 9,683,006 figure for net growth in enrollment between July-September 2013 and October 2014 that was included in the *Medicaid and CHIP: October 2014 Applications, Eligibility Determinations, and Enrollment Report*. This difference does not match the 444,324 increase reported above for the October to November 2014 period because some states updated their data this month to better align with CMS's data specifications. These changes mean that the summary statistics in the October 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 October and November 2014 data included in this report is preliminary, the difference reported here between November 2014 and July-September 2013 period is likely understated. The data is preliminary because it is reported soon after the close of the reporting month and contains few, if any, individuals who become eligible in November 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>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 November 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 November 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, Colorado, Kentucky, Minnesota, Nevada, Oregon, Rhode Island, Vermont, Washington, and West Virginia (8 of these 10 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

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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 November 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 November and whose application will be fully processed after November 30<sup>th</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 November 2014, applied for Medicaid in a later month, and qualify for retroactive Medicaid coverage in November 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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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 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 November 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 8 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 45 states reporting in November 2014<sup>16</sup></b>	28,881,515
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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>17</sup> This data appears in Table 2.

- In the 45 states that reported relevant data for the month of November, approximately 28.9 million individuals are enrolled in CHIP or are children enrolled in the Medicaid program.
- Based on the November 2014 data, children enrolled in the Medicaid program and individuals enrolled in CHIP make up approximately 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>18</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> Children are included in the total number of individuals enrolled in Medicaid and CHIP in November 2014, as reported on page 2 and in Table 1. Total enrollment data for January 2014 through October 2014 is available on Medicaid.gov.

<sup>18</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 November 2014 Application and Eligibility Data Highlights**

	<b>November 2014 Monthly in All States Reporting</b>
<b><i>Applications</i></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 some states have included renewals and account transfers from the FFM)	1,946,787 <sup>19</sup>
<b>Total Applications for Financial Assistance Initially Received by State Based Marketplaces</b> (note that more than one individual may be included on an application)	1,072,515 <sup>20</sup>
<b><i>Eligibility Determinations</i></b>	
<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)	2,004,739 <sup>21</sup>

During the month of November 2014, over 3 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 million received directly by state Medicaid and CHIP agencies and approximately 1 million received by SBMs).<sup>22</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 November 2014 as compared to the prior month (October 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

<sup>19</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>20</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>21</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>22</sup> The following states have included renewals in their November 2014 application data: Alaska, Nevada, New York, Ohio, Pennsylvania, Rhode Island, and Virginia. South Dakota included transfers from the FFM in its November 2014 application data.

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applications received by the FFM during the Marketplace open enrollment period that began on November 15th.<sup>23</sup>

States reported making approximately 2 million eligibility determinations for Medicaid and CHIP in November 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>24</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>25</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 November 2014.

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<sup>23</sup> See footnote 20.

<sup>24</sup> The states that have included renewals in their November 2014 determination data are: District of Columbia, Iowa, Michigan, Nevada, Ohio, Pennsylvania, Rhode Island, South Dakota, Texas, 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>25</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 November 2014. As of the end of November, 707,346 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 November 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 November 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 November 1 - 30, 2014.

**Future Reports**

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



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

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

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

**Total Medicaid and CHIP Enrollment, November 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 November 2014 data was submitted in November and is considered preliminary.<sup>26</sup> The October 2014 data in this table was submitted in November and is also preliminary. October data that was updated in December (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 October to November 2014 (III)**

The percentage change in **Total Medicaid and CHIP Enrollment, November 2014 (Preliminary) (II)** as compared to **Total Medicaid and CHIP Enrollment, October 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 November 2014 data, which makes change

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<sup>26</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.

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between the baseline data and the November preliminary data look smaller than it would be if retroactive enrollments were excluded from the data for the July-September 2013 period.<sup>27</sup> Such exclusions were not possible.

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

The net change in **Total Medicaid and CHIP Enrollment, November 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 November 2014 (VI)**

The percentage change in **Total Medicaid and CHIP Enrollment, November 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 October 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: November 2014 Preliminary Monthly Medicaid CHIP Child Enrollment**

##### **Medicaid and CHIP Child Enrollment, June - October, 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>28</sup> These figures may have been updated by

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

<sup>28</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:

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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, November, 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>29</sup> The November 2014 data was submitted in November and is considered preliminary.<sup>30</sup>

#### **Total Medicaid and CHIP Enrollment, November 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 October 2014 data was submitted in November and is considered preliminary.<sup>31</sup> This data is the same as the data reported in column (II) in Table 1: Medicaid and CHIP: October and November Preliminary Monthly Enrollment.

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

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

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Arkansas, California, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Washington, and Wisconsin. Benefits offered vary by state.

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

<sup>30</sup> See footnote 27.

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

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

**Application Data Elements**

**New Applications Submitted to Medicaid and CHIP Agencies, November 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>32</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>33</sup> The November 2014 data was submitted in November and is considered preliminary.<sup>34</sup>

**Applications for Financial Assistance Submitted to the State-Based Marketplace, November 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 November 2014 data was submitted in November and is considered preliminary.<sup>35</sup>

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

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

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

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<sup>32</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>33</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>34</sup> See footnote 27.

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

October data that was updated in December (which may include additional individuals who applied in October, but who were not captured in the preliminary data) is posted separately under the Eligibility Data tab on Medicaid.gov.

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

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

**Eligibility Determination Data Elements**

**Individuals Determined Eligible for Medicaid at Application, November 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>36</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>37</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 November 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

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<sup>36</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>37</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.

## Medicaid & CHIP

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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, November 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 November 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, November 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.