

APPENDIX TABLES

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Appendix Table 1
Medicaid and CHIP Income Eligibility Limits for Children as a Percent of the Federal Poverty Level
as of January 2013 and 2014**

State	Upper Income Limit		Medicaid for Infants Ages 0 <1 ¹		Medicaid for Children Ages 1-5 ¹		Medicaid for Children Ages 6-19 ¹		Separate CHIP Ages 0-19 ²	
	January 2013	January 2014 ³	January 2013	January 2014 ³	January 2013	January 2014 ³	January 2013	January 2014 ³	January 2013	January 2014 ³
Median	235%	255%	185%	210%	140%	163%	133%	155%	243%	255%
Alabama	300%	317%	133%	146%	133%	146%	100%	146%	300%	317%
Alaska	175%	208%	175%	208%	175%	208%	175%	208%		
Arizona ⁴	200%	205%	140%	152%	133%	146%	100%	138%	200%	205%
	<i>(closed)</i>	<i>(closed)</i>							<i>(closed)</i>	<i>(closed)</i>
Arkansas	200%	216%	200%	216%	200%	216%	200%	216%		
California	250%	266%	200%	266%	133%	266%	100%	266%	250%	
Colorado	250%	265%	133%	147%	133%	147%	133%	147%	250%	265%
Connecticut	300%	323%	185%	201%	185%	201%	185%	201%	300%	323%
Delaware	200%	217%	200%	214%	133%	147%	100%	138%	200%	217%
District of Columbia	300%	324%	300%	324%	300%	324%	300%	324%		
Florida	200%	215%	200%	211%	133%	145%	100%	138%	200%	215%
Georgia	235%	252%	185%	210%	133%	154%	100%	138%	235%	252%
Hawaii	300%	313%	300%	313%	300%	313%	300%	313%		
Idaho	185%	190%	133%	146%	133%	146%	133%	138%	185%	190%
Illinois	200%	318%	200%	147%	133%	147%	133%	147%	200%	318%
Indiana	250%	255%	200%	213%	150%	163%	150%	163%	250%	255%
Iowa	300%	380%	300%	380%	133%	172%	133%	172%	300%	307%
Kansas	232%	250%	150%	171%	133%	154%	100%	138%	232%	250%
Kentucky	200%	218%	185%	200%	150%	164%	150%	164%	200%	218%
Louisiana	250%	255%	200%	217%	200%	217%	200%	217%	250%	255%
Maine	200%	213%	185%	196%	150%	162%	150%	162%	200%	213%
Maryland	300%	322%	300%	322%	300%	322%	300%	322%		
Massachusetts	300%	305%	200%	205%	150%	155%	150%	155%	300%	305%
Michigan	200%	217%	185%	200%	150%	165%	150%	165%	200%	217%
Minnesota	275%	280%	280%	288%	275%	280%	275%	280%		
Mississippi	200%	214%	185%	199%	133%	148%	100%	138%	200%	214%
Missouri	300%	305%	185%	210%	150%	155%	150%	155%	300%	305%
Montana	250%	266%	133%	164%	133%	148%	133%	148%	250%	266%
Nebraska	200%	218%	200%	218%	200%	218%	200%	218%		
Nevada	200%	205%	133%	164%	133%	164%	100%	138%	200%	205%
New Hampshire	300%	323%	300%	323%	300%	323%	300%	323%		
New Jersey	350%	355%	200%	199%	133%	147%	133%	147%	350%	355%
New Mexico	235%	305%	235%	305%	235%	305%	235%	245%		
New York	400%	405%	200%	223%	133%	154%	133%	154%	400%	405%
North Carolina	200%	216%	200%	215%	200%	215%	100%	138%	200%	216%
North Dakota	160%	175%	133%	152%	133%	152%	100%	138%	160%	175%
Ohio	200%	211%	200%	211%	200%	211%	200%	211%		
Oklahoma	185%	210%	185%	210%	185%	210%	185%	210%		
Oregon	300%	305%	133%	190%	133%	138%	100%	138%	300%	305%
Pennsylvania	300%	319%	185%	220%	133%	162%	100%	138%	300%	319%
Rhode Island	250%	266%	250%	266%	250%	266%	250%	266%		
South Carolina	200%	213%	200%	213%	200%	213%	200%	213%		
South Dakota	200%	209%	140%	187%	140%	187%	140%	187%	200%	209%
Tennessee	250%	255%	185%	200%	133%	147%	100%	138%	250%	255%
Texas	200%	206%	185%	203%	133%	149%	100%	138%	200%	206%
Utah	200%	205%	133%	144%	133%	144%	100%	138%	200%	205%
Vermont	300%	318%	225%	318%	225%	318%	225%	318%	300%	317%
Virginia	200%	205%	133%	148%	133%	148%	133%	148%	200%	205%
Washington	300%	305%	200%	212%	200%	212%	200%	212%	300%	305%
West Virginia	300%	305%	150%	163%	133%	146%	100%	138%	300%	305%
Wisconsin	300%	306%	300%	306%	185%	191%	150%	156%	300%	306%
Wyoming	200%	205%	133%	159%	133%	159%	100%	138%	200%	205%

** 2014 thresholds include the standard five percentage point of the federal poverty level disregard.

SOURCE: Eligibility data for January 2013 based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013. Status of Medicaid expansion decisions and 2014 eligibility levels based on data from the Centers for Medicare and Medicaid Services, available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html> as of November 15, 2013.

APPENDIX TABLE 1 NOTES

1. Income eligibility levels listed include “regular” Medicaid (Title XIX) where the state receives Medicaid matching payments and any CHIP-funded Medicaid expansion program (Title XXI) where the state receives the enhanced CHIP matching payments for these children. To be eligible in the infant category, a child has not yet reached his or her first birthday; to be eligible in the 1-5 category, the child is age one or older, but has not yet reached his or her sixth birthday; and to be eligible in the 6-19 category, the child is age six or older, but has not yet reached his or her 19th birthday.
2. The states noted use federal CHIP funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefit package. They also may impose premiums or other cost-sharing obligations on some or all families with eligible children. These programs typically provide coverage through the child’s 19th birthday.
3. Eligibility levels are based on 2013 federal poverty levels. January 2014 income limits reflect MAGI converted income standards and include disregard equal to five (5) percentage points of the federal poverty level. States could choose to adopt the MAGI methodology as of October 1st, and 15 states reported doing so. See Table 9 for details.
4. Arizona instituted an enrollment freeze in its CHIP program, KidsCare, on December 21, 2009. The program remains closed to new applicants. The state opened a new temporary program (KidsCare II) on May 1, 2012. In order to be eligible, a child must have family income between 100% and 200% FPL. Enrollment is limited subject to available funding and the program will end on December 31, 2013.

Appendix Table 2
Medicaid Income Eligibility Limits for Parents and Other Adults as a Percent of the Federal Poverty Level
as of January 2013 and January 2014**

State	Parents of Dependent Children (in a family of three)			Other Adults (Non-Disabled) (for an individual)		
	January 2013 ¹		January 2014 ²	January 2013 ¹		January 2014 ²
	Jobless	Working		Jobless	Working	
MOVING FORWARD WITH MEDICAID EXPANSION AT THIS TIME (26 states, including DC)³						
Median	100%	106%	138%	0%	0%	138%
Arizona	100%	106%	138%	100% (closed)	100% (closed)	138%
Arkansas	13%	16%	138%			138%
California	100%	106%	138%			138%
Colorado	100%	106%	138%	10% (closed)	20% (closed)	138%
Connecticut ⁴	185%	191%	201%	55%	70%	138%
Delaware	100%	120%	138%	100%	110%	138%
District of Columbia ⁴	200%	206%	221%	200%	211%	215%
Hawaii	133%	133%	138%	133%	133%	138%
Illinois	133%	139%	138%			138%
Iowa ⁵	27%	80%	138%			138%
Kentucky	33%	57%	138%			138%
Maryland	116%	122%	138%			138%
Massachusetts	133%	133%	138%			138%
Michigan ⁵	37%	64%	138%			138%
Minnesota ⁴ ▼	215%	215%	205%	75%	75%	205%
Nevada	24%	84%	138%			138%
New Jersey ⁶ ▼	200% (closed > 133%)	200% (closed > 133%)	138%			138%
New Mexico	28%	85%	138%			138%
New York ⁷ ▼	150%	150%	138%	100%	100%	138%
North Dakota	33%	57%	138%			138%
Ohio	90%	96%	138%			138%
Oregon	30%	39%	138%			138%
Rhode Island ⁷ ▼	175%	181%	138%			138%
Vermont ⁷ ▼	185%	191%	138%	150%	160%	138%
Washington	35%	71%	138%			138%
West Virginia	16%	31%	138%			138%
NOT MOVING FORWARD WITH MEDICAID EXPANSION AT THIS TIME (25 states)³						
Median	31%	48%	47%	0%	0%	0%
Alabama	10%	23%	16%			0%
Alaska	74%	78%	128%			0%
Florida	19%	56%	35%			0%
Georgia	27%	48%	39%			0%
Idaho ⁷	20%	37%	27%			0%
Indiana ⁸	18%	24%	24%			0%
Kansas	25%	31%	38%			0%
Louisiana ⁸	11%	24%	24%			0%
Maine ^{8,9} ▼	133%	133%	105%			0%
Mississippi	23%	29%	29%			0%
Missouri ⁸	18%	35%	24%			0%
Montana ⁸	31%	54%	52%			0%
Nebraska	47%	58%	55%			0%
New Hampshire	38%	47%	75%			0%
North Carolina	34%	47%	45%			0%
Oklahoma ⁸	36%	51%	48%			0%
Pennsylvania	25%	58%	38%			0%
South Carolina	50%	89%	67%			0%
South Dakota	50%	50%	54%			0%
Tennessee	67%	122%	111%			0%
Texas	12%	25%	19%			0%
Utah ⁸	37%	42%	47%			0%
Virginia	25%	30%	52%			0%
Wisconsin ¹⁰ ▼	200%	200%	100%			100%
Wyoming	37%	50%	59%			0%

** 2014 thresholds include the standard five percentage point of the federal poverty level disregard.

▼ Indicates that a state has reduced eligibility in at least one of its adult coverage programs between January 1, 2013 and January 1, 2014.

SOURCE: Eligibility data for January 2013 based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013. Status of Medicaid expansion decisions and 2014 eligibility levels based on data from the Centers for Medicare and Medicaid Services as of November 15, 2013.

APPENDIX TABLE 2 NOTES

1. Eligibility limits for working parents as of January 2013 take into account income or earnings disregards, but not other deductions for new applicants. Eligibility limits are for full Medicaid benefits. Some states provide more limited benefits than Medicaid to parents and/or other adults at higher incomes through Section 1115 waiver demonstration authority. "Closed" indicates that the state was not enrolling new adults eligible for coverage into a program at any point between January 1, 2012 and January 1, 2013.
2. Eligibility levels are based on 2013 federal poverty levels. January 2014 income limits reflect MAGI converted income standards, and include disregard equal to five (5) percentage points of the federal poverty level. States could choose to adopt the MAGI methodology as of October 1st, and 15 states reported doing so. See Table 9 for details.
3. This table indicates state decisions on the Medicaid expansion as of October 24, 2013. Per CMS guidance, there is no deadline for states to implement the Medicaid expansion.
4. Connecticut, the District of Columbia, and Minnesota had previously expanded Medicaid to parents with incomes above 138% FPL and are maintaining limits above 138% FPL. Minnesota previously covered parents with income up to 215% FPL and is reducing eligibility to 205% FPL as of January 2014. Individuals with incomes above 205% FPL that are currently covered in Medicaid may be eligible for subsidies to purchase coverage in the Marketplace.
5. The Medicaid expansion for adults is subject to CMS approval of a section 1115 waiver demonstration in Iowa and Michigan. Michigan does not plan on implementing the expansion until April 1, 2014.
6. In New Jersey, parents with incomes above 138% FPL that were previously covered with Title XXI CHIP funding will be moved to the Marketplace as of January 1, 2013 and may be eligible for tax credits to purchase coverage.
7. New York, Rhode Island, and Vermont, which previously extended Medicaid eligibility to parents with incomes above 138 percent of the FPL, are reducing eligibility to 138 percent of the FPL as of January 2014; these parents may be eligible for tax credits to purchase coverage through the new Marketplaces.
8. These states currently have additional coverage for parents or other adults above state plan limits through a section 1115 demonstration. The demonstrations include limits on eligibility and/or benefits, do not offer coverage on a statewide basis, and/or include an enrollment cap.
9. Maine is reducing eligibility for parents from 133% to 105% of the FPL as of January 1, 2014.
10. Wisconsin has a pending waiver that would provide full Medicaid coverage to parents and childless adults up to 100% FPL as of January 1, 2014.

Appendix Table 3
Medicaid and CHIP Income Eligibility Limits for Pregnant Women as a Percent of the Federal Poverty Level
as of January 2013 and January 2014**

State	January 2013	January 2014 ¹
Median	185%	203%
Alabama	133%	146%
Alaska	175%	205%
Arizona	150%	161%
Arkansas	200%	214%
California	200%	213%
Colorado ²	185%/250%	200%/265%
Connecticut	250%	263%
Delaware	200%	214%
District of Columbia	300%	324%
Florida	185%	196%
Georgia	200%	225%
Hawaii	185%	196%
Idaho	133%	138%
Illinois	200%	213%
Indiana	200%	213%
Iowa	300%	380%
Kansas	150%	171%
Kentucky	185%	200%
Louisiana ³	200%	214%
Maine	200%	214%
Maryland	250%	264%
Massachusetts	200%	205%
Michigan	185%	200%
Minnesota	275%	283%
Mississippi	185%	199%
Missouri	185%	210%
Montana	150%	164%
Nebraska	185%	199%
Nevada	133%	164%
New Hampshire	185%	201%
New Jersey ²	185%/200%	199%/205%
New Mexico	235%	255%
New York	200%	223%
North Carolina	185%	201%
North Dakota	133%	152%
Ohio	200%	205%
Oklahoma ⁴ ▼	185%	138%
Oregon ⁵	185%	190%
Pennsylvania	185%	220%
Rhode Island ²	185%/250%	195%/258%
South Carolina	185%	199%
South Dakota	133%	138%
Tennessee	185%	200%
Texas	185%	203%
Utah	133%	144%
Vermont	200%	213%
Virginia ^{2, 6} ▼	133%/200%	148%
Washington	185%	198%
West Virginia	150%	163%
Wisconsin	300%	306%
Wyoming	133%	159%

** 2014 thresholds include the standard five percentage point of the federal poverty level disregard.

▼ Indicates that a state has reduced eligibility in at least one of its coverage programs for pregnant women between January 1, 2013 and January 1, 2014. SOURCE: Eligibility data for January 2013 based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013. Status of Medicaid expansion decisions and 2014 eligibility levels based on data from the Centers for Medicare and Medicaid Services, available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html> as of November 15, 2013.

APPENDIX TABLE 3 NOTES

1. Eligibility levels are based on 2013 federal poverty levels. January 2014 income limits reflect MAGI converted income standards, and include a disregard equal to five (5) percentage points of the federal poverty level. States could choose to adopt the MAGI methodology as of October 1st, and 15 states reported doing so. See Table 9 for details.
2. For states with two levels listed, the value before the slash is the eligibility limit for pregnant women in Medicaid and the value after the slash is the limit for coverage through the state's Title XXI-funded CHIP program.
3. Louisiana plans to reduce Medicaid coverage for pregnant women to 138% FPL as of January 1, 2013. As of November 15, 2013, CMS do not reflect this change. See Louisiana Department of Health and Hospitals. "Changes to Medicaid Eligibility Criteria Effective January 1." Friday, August 16, 2013 available at: <http://www.dhh.louisiana.gov/index.cfm/newsroom/detail/2854> for details.
4. Oklahoma is reducing Medicaid eligibility for pregnant women from 185% to 138% of the FPL as of January 1, 2014.
5. Oregon covers pregnant CHIP beneficiaries to age 19 up to 305% of the FPL.
6. Virginia is eliminating CHIP coverage for pregnant women as of January 1, 2014.

**Appendix Table 4
Features of Single Streamlined Medicaid Application
October 2013**

State	Type of Single Streamlined Medicaid Application ¹				Updates Needed to Single Streamlined Application to Meet ACA Standards? ²	Multi-Benefit Application Available? ³
	Online		Paper			
	HHS Model or State Alternative	Available as of Oct. 1, 2013	HHS Model or State Alternative	Available as of Oct. 1, 2013		
Total (out of 50)	Model: 7 Alternative: 43	36	Model: 20 Alternative: 30	43	32	15
Alabama	Model	Y	Model	Y		
Alaska	Alternative	Nov. 1, 2013	Alternative	Y	Y	Y
Arizona	Alternative	Y	Alternative	Y		Y
Arkansas	Model	Y	Model	Y		
California	Alternative	Y	Alternative	Y	Y	
Colorado ⁴	Alternative	Y	Alternative	Y	Y	Y
Connecticut	Alternative	Y	Alternative	Y	Y	
Delaware	Alternative	Y	Alternative	Y	Y	Y
District of Columbia	Alternative	Y	Model	Y		
Florida	Alternative	Dec. 16, 2013	Model	Dec. 16, 2013	Y	Dec. 16, 2013
Georgia	Alternative	Y	Model	Y	Y	Y
Hawaii	Alternative	Y	Model	Y	Y	
Idaho ⁵	--	--	--	--	--	--
Illinois	Alternative	Y	Alternative	Y	Y	Y
Indiana	Alternative	Oct. 15, 2013	Alternative	Oct. 15, 2013	Y	
Iowa	Model	Oct. 28, 2013	Model	Oct. 28, 2013		
Kansas	Alternative	Y	Alternative	Y	Y	
Kentucky	Alternative	Y	Alternative	Y	Y	
Louisiana	Model	Y	Model	Y		
Maine ⁶	Alternative	Y	Alternative	Y	Y	
Maryland	Alternative	Y	Alternative	Y		
Massachusetts	Alternative	Y	Alternative	Y	Y	
Michigan	Alternative	Early Nov. 2013	Model	Y		
Minnesota	Alternative	Y	Alternative	Y	Y	
Mississippi	Alternative	2014	Alternative	Y		
Missouri	Alternative	Y	Model	Y		
Montana	Alternative	Y	Alternative	Y	Y	Y
Nebraska	Alternative	Jan. 1, 2014	Alternative	Y		
Nevada	Alternative	Y	Alternative	Y	Y	
New Hampshire	Alternative	Y	Alternative	Y	Y	Y
New Jersey	Alternative	Jan. 1, 2014	Alternative	Y		
New Mexico	Alternative	Y	Alternative	Y		Y
New York	Alternative	Y	Alternative	Y		
North Carolina	Alternative	Y	Alternative	Y	Y	Y
North Dakota	Alternative	Nov. 4, 2013	Alternative	Y		
Ohio	Alternative	Y	Model	Y	Y	
Oklahoma	Alternative	Y	Model	Y	Y	
Oregon	Alternative	Oct. 22, 2013	Alternative	Y	Y	
Pennsylvania	Alternative	Y	Alternative	Y	Y	Y
Rhode Island	Alternative	Y	Alternative	Y	Y	
South Carolina	Model	Y	Model	Y		
South Dakota	Alternative	Y	Model	Y	Y	Y
Tennessee	Model	Jan 1. 2014	Model	Jan 1. 2014		
Texas	Model	Jan 1. 2014	Model	Jan 1. 2014		
Utah	Alternative	Y	Alternative	Y	Y	Y
Vermont	Alternative	Y	Model	Y	Y	
Virginia	Alternative	Y	Model	Y	Y	Y
Washington	Alternative	Y	Alternative	Y	Y	
West Virginia	Alternative	Y	Model	Y	Y	Y
Wisconsin ⁷	Alternative	Nov. 18, 2013	Alternative	Nov. 18, 2013	Y	
Wyoming ⁸	Alternative	Nov. 18, 2013	Model	Nov. 18, 2013	Y	

"--" Data not available.

SOURCE: Based on an analysis of Centers for Medicare and Medicaid Services *State Medicaid & CHIP Policies for 2014: Consumer Experience Profiles* conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown Center for Children and Families. Data are available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> as of November 15, 2013.

APPENDIX TABLE 4 NOTES

1. The state has a single, streamlined application (either the HHS model application or an approved state-alternative) that allows families to apply for health coverage in Medicaid, CHIP, and the Marketplaces. A date indicates the anticipated completion dates for states in the process of developing their single, streamlined applications. In the interim, these states are continuing to utilize their existing Medicaid applications and individuals who may be eligible for premium tax credits are being directed to apply through the federal Marketplace.
2. In order to meet the application standards established in the ACA, the state needs to make changes to its existing application (either the paper and/or the online version), for example, by removing questions that are not relevant for Medicaid eligibility or adding questions necessary to determine eligibility for premium tax credits. In states that have not yet launched their single-streamlined application, this column indicates changes that will need to be made to that application after it becomes available.
3. The state has a multi-benefit application, which allows people to apply for multiple assistance programs, such as SNAP (food stamps) or cash assistance, along with health coverage on a combined application.
4. Colorado is using a two-step process: the online application will direct those who may be eligible for premium tax credits to the Marketplace where they will have to answer additional, tax credit-specific questions.
5. Idaho's Consumer Experience Profile has not been released; therefore data are not reported.
6. From October 1 through December 31, Maine will accept the state's current application with an addendum to collect additional information needed for eligibility for premium tax credits and the new Medicaid and CHIP eligibility rules. During this period, Maine's online application will direct those who may be eligible for premium tax credits to the Marketplace where they will have to answer additional, tax credit-specific questions.
7. From November through March 2014, the application in Wisconsin will not collect all the information needed to determine eligibility for premium tax credits, so people will need to submit this information to the Marketplace if they are not found eligible for Medicaid and CHIP.
8. In Wyoming, applicants found ineligible based on the current 2013 rules are being flagged and the state will make a second, MAGI-based eligibility determination on/before November 18 for these applicants.

**Appendix Table 5
Type of Health Insurance Marketplace and Coordination with Medicaid
October 2013**

State	Type of Individual Marketplace ¹	Federally Facilitated Marketplace Makes Assessments or Final Determinations for Medicaid Eligibility? ²
Total	Federal: 26 Partnership: 8 State: 17	Assessment: 24 Determination: 5 Temporary Determination: 7
Alabama	Federal	Determination
Alaska	Federal	Assessment
Arizona	Federal	Assessment
Arkansas	Partnership	Determination
California	State	N/A
Colorado	State	N/A
Connecticut	State	N/A
Delaware	Partnership	Assessment
District of Columbia	State	N/A
Florida	Federal	Assessment
Georgia	Federal	Assessment
Hawaii	State	N/A
Idaho ³	State	Temporary Determination
Illinois	Partnership	Assessment
Indiana	Federal	Assessment
Iowa	Partnership	Assessment
Kansas ⁴	Partnership	Assessment
Kentucky ⁵	State	N/A
Louisiana	Federal	Temporary Determination
Maine ⁴	Federal	Assessment
Maryland	State	N/A
Massachusetts	State	N/A
Michigan	Partnership	Assessment
Minnesota	State	N/A
Mississippi ⁶	Federal	Assessment
Missouri ⁷	Federal	Assessment
Montana ⁴	Federal	Determination
Nebraska ⁴	Federal	Assessment
Nevada	State	N/A
New Hampshire	Partnership	Assessment
New Jersey	Federal	Temporary Determination
New Mexico ³	State	Assessment
New York	State	N/A
North Carolina	Federal	Assessment
North Dakota	Federal	Assessment
Ohio ⁴	Federal	Assessment
Oklahoma	Federal	Assessment
Oregon	State	N/A
Pennsylvania	Federal	Temporary Determination
Rhode Island	State	N/A
South Carolina	Federal	Assessment
South Dakota ⁴	Federal	Assessment
Tennessee	Federal	Temporary Determination
Texas	Federal	Temporary Determination
Utah ⁶	Federal	Assessment
Vermont	State	N/A
Virginia ⁴	Federal	Assessment
Washington	State	N/A
West Virginia	Partnership	Determination
Wisconsin	Federal	Temporary Determination
Wyoming	Federal	Determination

SOURCE: Based on an analysis of Centers for Medicare and Medicaid Services *State Medicaid & CHIP Policies for 2014: Medicaid and CHIP Marketplace Interactions* and *Consumer Experience Profiles* conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown Center for Children and Families. Data are available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-and-the-Marketplace/medicaid-chip-marketplace-interactions.html> and <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> as of November 15, 2013.

APPENDIX TABLE 5 NOTES

1. In a Federally-facilitated Marketplace (FFM), HHS will perform all marketplace functions. States entering into a Partnership Marketplace may administer plan management functions, in-person consumer assistance functions, or both, and HHS will perform the remaining Marketplace functions.
2. For MAGI-based groups, states with a FFM can elect to have the FFM make assessments of Medicaid/CHIP eligibility, transferring the account to the Medicaid/CHIP agency for a final determination or delegate the authority to make a final Medicaid/CHIP eligibility determination to the FFM. Idaho, Louisiana, New Jersey, Pennsylvania, Tennessee, Texas, and Wisconsin have elected to permit the FFM to make Medicaid/CHIP eligibility determinations temporarily until the state Medicaid system is able to meet ACA requirements.
3. Idaho and New Mexico are supported State-based Marketplaces. The states will maintain plan management and consumer assistance functions, while the FFM will operate the IT system to process enrollment in 2014. New Mexico will run its own Small Business Marketplace (SHOP).
4. Kansas, Maine, Montana, Nebraska, Ohio, South Dakota, and Virginia have received approval from HHS to conduct plan management activities to support certification of qualified health plans in the FFM.
5. In Kentucky, for individuals who apply through the online Marketplace and are eligible under current Medicaid rules between October 2013 and January 2014, adults will need to follow up in person with their local Department of Community Based Services office, and children will be able to mail in the application.
6. Mississippi and Utah have Federally-facilitated individual Marketplaces, but the states will operate their own SHOP.
7. Missouri will process applications received from the FFM using current eligibility rules during the period October 1, 2013 through December 31, 2013. Applications that are rejected under the current rules will be queued and processed again using the new MAGI rules after January 1, 2014.

Appendix Table 6
Non-Financial Eligibility Criteria Verification Procedures Used by Medicaid Agencies at Application ¹
January 2014

State	SSN, Citizenship, & Immigration Status Verified Via Electronic Match ²	Self-Attestation of Pregnancy without Additional Verification ³	State Residency			Age/Date of Birth			Household Composition		
			Self-Attestation without Additional Verification	Self-Attestation with Post-Eligibility Verification ⁴	Verify to Determine Eligibility ⁴	Self-Attestation without Additional Verification	Self-Attestation with Post-Eligibility Verification ⁴	Verify to Determine Eligibility ⁴	Self-Attestation without Additional Verification	Self-Attestation with Post-Eligibility Verification ⁴	Verify to Determine Eligibility ⁴
Total (out of 35)	35	35	28	3	4	13	4	18	33	1	1
Alabama	Y	Y	Y			Y			Y		
Alaska	Y	Y	Y			Y			Y		
Arizona ⁵	Y	Y			Y			Y	Y		
Arkansas	Y	Y	Y					Y	Y		
California	Y	Y			Y			Y	Y		
Colorado	--	--	--	--	--	--	--	--	--	--	--
Connecticut	--	--	--	--	--	--	--	--	--	--	--
Delaware	Y	Y	Y			Y			Y		
District of Columbia	--	--	--	--	--	--	--	--	--	--	--
Florida	Y	Y	Y			Y			Y		
Georgia	--	--	--	--	--	--	--	--	--	--	--
Hawaii	Y	Y	Y					Y	Y		
Idaho	--	--	--	--	--	--	--	--	--	--	--
Illinois	--	--	--	--	--	--	--	--	--	--	--
Indiana ⁶	Y	Y			Y			Y			Y
Iowa	Y	Y	Y					Y	Y		
Kansas	--	--	--	--	--	--	--	--	--	--	--
Kentucky	Y	Y		Y		Y			Y		
Louisiana	Y	Y	Y			Y			Y		
Maine	Y	Y	Y				Y		Y		
Maryland	Y	Y	Y					Y	Y		
Massachusetts	Y	Y		Y			Y		Y		
Michigan	--	--	--	--	--	--	--	--	--	--	--
Minnesota	Y	Y	Y			Y			Y		
Mississippi	Y	Y	Y					Y	Y		
Missouri	Y	Y	Y			Y			Y		
Montana ⁵	Y	Y	Y					Y	Y		
Nebraska	Y	Y	Y					Y	Y		
Nevada ⁵	Y	Y	Y					Y	Y		
New Hampshire	Y	Y	Y				Y		Y		
New Jersey ⁷	Y	Y	Y			Y			Y		
New Mexico	--	--	--	--	--	--	--	--	--	--	--
New York	Y	Y	Y					Y	Y		
North Carolina	--	--	--	--	--	--	--	--	--	--	--
North Dakota	Y	Y	Y					Y	Y		
Ohio	Y	Y	Y			Y			Y		
Oklahoma	--	--	--	--	--	--	--	--	--	--	--
Oregon ⁵	Y	Y	Y				Y		Y		
Pennsylvania	Y	Y	Y					Y	Y		
Rhode Island ⁸	Y	Y	Y			Y			Y		
South Carolina	Y	Y	Y					Y	Y		
South Dakota ⁵	Y	Y	Y			Y			Y		
Tennessee ⁸	Y	Y			Y			Y		Y	
Texas	--	--	--	--	--	--	--	--	--	--	--
Utah	--	--	--	--	--	--	--	--	--	--	--
Vermont	--	--	--	--	--	--	--	--	--	--	--
Virginia	Y	Y	Y			Y			Y		
Washington	--	--	--	--	--	--	--	--	--	--	--
West Virginia ⁵	Y	Y	Y					Y	Y		
Wisconsin	--	--	--	--	--	--	--	--	--	--	--
Wyoming ⁵	Y	Y		Y				Y	Y		

"--" Data not available.

SOURCE: Based on analysis of Centers for Medicare and Medicaid Services *State Medicaid & CHIP Policies for 2014: Medicaid/CHIP Verification Plans* conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown Center for Children and Families. Data are available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> as of November 15, 2013.

APPENDIX TABLE 6 NOTES

1. Not all verification plans have been approved and posted to Medicaid.gov. This table represents the 35 that were available as of November 15, 2013.
2. States must verify Social Security Numbers (SSNs), citizenship, and immigration status via an electronic data source. Specifically, states must use the Social Security Administration (SSA) to verify SSNs and citizenship and the Department of Homeland Security Systematic Alien Verification for Entitlements (SAVE) database to verify immigration status.
3. States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with the woman's attestation. They may request verification if multiple babies are expected.
4. If states verify non-financial eligibility criteria, they are expected to use electronic data and eliminate or minimize requirements for paper documentation. In states accepting self-attestation without further verification, the state may have access to electronic data for some people (for example, if the consumer is also enrolled in SNAP), which may be used to confirm eligibility.
5. In Arizona, Montana, Nevada, Oregon, South Dakota, West Virginia, and Wyoming if the individual is known to current data sources (i.e., if enrolled in SNAP or TANF), the state will use electronic data sources to verify residency (NV, SD, WV), age (SD), and household composition (AZ, MT, NV, OR, SD, WV, and WY); if the individual is not known, the state will accept his/her self-attestation.
6. In Indiana, self-attestation of pregnancy is accepted without additional verification, but if no birth notification is provided within 8 months for the pregnancy category, the eligibility system will send notice to the enrollee requiring verification.
7. The data listed for New Jersey represent the state's approved mitigation plan and the processes in place on October 1, 2013. Once the state's eligibility system is implemented the plan will be updated. The tentative start date for the new eligibility system and utilization of the federal data hub is December 1, 2013.
8. Rhode Island accepts self-attestation for date of birth, but will verify the data through SSA or DHS for purposes of paying the correct capitation rate to managed care plan. Eligibility will not be denied based on this verification.
9. Tennessee will accept self-attestation of household composition at application and will verify post-enrollment. The state will use PARIS to verify whether any household member is receiving benefits in another state in order to identify children for whom non-custodial parents are applying for coverage in Tennessee.

Appendix Table 7
Income Verification Procedures Used by Medicaid Agencies at Application ¹
January 2014

State	Self-Attestation with Post-Eligibility Verification ²	Verify to Determine Eligibility ²	Reasonable Compatibility Approach ³						
			If attestation is <u>below</u> and data are <u>above</u> the income standard....			If attestation is <u>above</u> and data are <u>below</u> the income standard....			
			Reasonable Compatibility Standard	Ask for a Reasonable Explanation from Individual	Paper Documentation Required	Reasonable Compatibility Standard	Ask for a Reasonable Explanation from Individual	Paper Documentation Required	Determined Ineligible for Medicaid, Screened for APTC
Total (out of 35)	5	30		26	9		3	2	30
Alabama		Y	10%	Y		None			Y
Alaska		Y	10%	Y		None			Y
Arizona		Y	None	Y		None			Y
Arkansas		Y	10%	Y		None			Y
California		Y	None		Y	None			Y
Colorado	--	--	--	--	--	--	--	--	--
Connecticut	--	--	--	--	--	--	--	--	--
Delaware ⁴	Y		10%	Y		None			Y
District of Columbia	--	--	--	--	--	--	--	--	--
Florida		Y	10%	Y		None			Y
Georgia	--	--	--	--	--	--	--	--	--
Hawaii	Y		10%	Y		None			Y
Idaho	--	--	--	--	--	--	--	--	--
Illinois	--	--	--	--	--	--	--	--	--
Indiana ⁵		Y	None		Y	None			Y
Iowa		Y	10%	Y		None			Y
Kansas	--	--	--	--	--	--	--	--	--
Kentucky		Y	10%	Y		None			Y
Louisiana		Y	10%		Y	None			Y
Maine		Y	None	Y		None			Y
Maryland ⁶		Y	10%	Y		None			Y
Massachusetts		Y	10%		Y	None			Y
Michigan	--	--	--	--	--	--	--	--	--
Minnesota ⁷		Y	10 percentage points		Y	None			Y
Mississippi		Y	\$50	Y		None	Y		
Missouri		Y	10%	Y		None	Y		
Montana	Y		10%	Y		None			Y
Nebraska		Y	10%		Y	None			Y
Nevada ⁸		Y	\$225	Y		None			Y
New Hampshire	Y		10%	Y		None			Y
New Jersey ⁹		Y	10%	Y		10%			Y
New Mexico	--	--	--	--	--	--	--	--	--
New York		Y	10%	Y		None			Y
North Carolina	--	--	--	--	--	--	--	--	--
North Dakota		Y	None	Y		None	Y		
Ohio ¹⁰		Y	5%		Y	None			Y
Oklahoma	--	--	--	--	--	--	--	--	--
Oregon	Y		None	Y		None			Y
Pennsylvania		Y	5%	Y		None		Y	
Rhode Island		Y	10%	Y		None			Y
South Carolina		Y	10%	Y		None			Y
South Dakota		Y	None	Y		None			Y
Tennessee		Y	10%		Y	None			Y
Texas	--	--	--	--	--	--	--	--	--
Utah	--	--	--	--	--	--	--	--	--
Vermont	--	--	--	--	--	--	--	--	--
Virginia		Y	10%	Y		None			Y
Washington	--	--	--	--	--	--	--	--	--
West Virginia		Y	10%	Y		None			Y
Wisconsin	--	--	--	--	--	--	--	--	--
Wyoming		Y	None		Y	None		Y	

"--" Data not available.

SOURCE: Based on analysis of Centers for Medicare and Medicaid Services *State Medicaid & CHIP Policies for 2014: Medicaid/CHIP Verification Plans* conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown Center for Children and Families. Data are available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> as of November 15, 2013.

APPENDIX TABLE 7 NOTES

1. Not all verification plans have been approved and posted to Medicaid.gov. This table represents the 34 that were available as of November 15, 2013.
2. States are expected to verify income through an electronic source, although they can enroll based on an individual's self-attestation and conduct a post-enrollment verification. Only in cases where there is no electronic data source for a type of income are states able to accept self-attestation of income without verification.
3. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at, or below the applicable income standard, the state must determine the applicant eligible or ineligible for Medicaid/CHIP. If the data are not consistent, states may establish a threshold (e.g., a percentage or dollar figure) in which they will still consider the data to be reasonably compatible. If the difference between the electronic data and the consumer's self-attestation is within the reasonable compatibility standard, the self-attestation is used. If the data are not reasonably compatible under this standard, the state may accept a reasonable explanation of the difference and/or request paper documentation of income. Alternatively, a state may determine an individual ineligible for Medicaid based on the self-attestation and screen him/her for premium tax credit eligibility.
4. Delaware accepts self-attestation with post-eligibility verification for individuals that are not currently enrolled in SNAP, TANF, State General Assistance, or Childcare Subsidy programs. For individuals enrolled in those programs, the state verification takes place at application using an electronic data source.
5. In Indiana, if the difference between what an individual attests on the application and the electronic data results in a different benefit package or cost-sharing amount, documentation will be required from the applicant.
6. In Maryland, the reasonable compatibility standard if the attestation is below and data are above the income standard is less than or equal to the dollar amount corresponding to 10% of 138% FPL for the appropriate family size.
7. In Minnesota, if the FPL for self-attested household income is at or below the income standard, but the FPL for household income from electronic data sources is above, and the two FPL values are no more than 10 percentage points apart, they will be considered reasonably compatible.
8. In Nevada, the \$225 reasonable compatibility threshold represents 10% of 138% of the FPL for a family of three. This figure will be adjusted annually with the update to FPL.
9. The data listed for New Jersey represent the state's approved mitigation plan and the processes in place on October 1, 2013. Once the state's eligibility system is implemented the plan will be updated. The tentative start date for the new eligibility system and utilization of the federal data hub is December 1, 2013.
10. In Ohio, if the difference between the attested income and electronic data are within an amount less than or equal to 5% of 100% FPL for a family of one, they are considered reasonably compatible.

Appendix Table 8
Use of Financial Databases by Medicaid Agencies for Income Verification¹
January 2014

State	Internal Revenue Service (IRS)			Social Security Administration (SSA) (SSI, Title II)			State Wage Information Collection Agency (SWICA)			State Unemployment Compensation			Commercial Database (e.g., TALX)		
	Application	Renewal	Routine Data Checks ²	Application	Renewal	Routine Data Checks ²	Application	Renewal	Routine Data Checks ²	Application	Renewal	Routine Data Checks ²	Application	Renewal	Routine Data Checks ²
Total (out of 35)	21	21	3	35	35	15	27	30	12	30	32	15	25	26	5
Alabama ³	Y	Y	Ad-hoc	Y	Y								Y	Y	
Alaska				Y	Y		Y	Y		Y	Y				
Arizona ⁴				Y	Y		Y	Y		Y	Y	Monthly	Y	Y	
Arkansas	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
California	Y	Y		Y	Y	Monthly	Y	Y	Quarterly	Y	Y	Monthly			
Colorado	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Connecticut	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Delaware				Y	Y			Y	Monthly		Y	Monthly		Y	Monthly
District of Columbia	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Florida ⁵				Y	Y	Daily	Y	Y	Every 6 months	Y	Y	Weekly	Y	Y	
Georgia	--	--	--	Y	Y		--	--	--	--	--	--	--	--	--
Hawaii				Y	Y	Monthly	Y	Y	Quarterly	Y	Y	Quarterly			
Idaho	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Illinois	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Indiana				Y	Y	Monthly	Y	Y	Quarterly	Y	Y	Monthly	Y	Y	
Iowa	Y	Y	Monthly	Y	Y	Monthly	Y	Y	Quarterly	Y	Y	Monthly	Y	Y	
Kansas	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Kentucky	Y	Y		Y	Y	Monthly	Y	Y		Y	Y		Y	Y	Ad-hoc
Louisiana				Y	Y		Y	Y		Y	Y		Y	Y	
Maine				Y	Y	Monthly				Y	Y	Monthly	Y	Y	
Maryland	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Massachusetts	Y	Y		Y	Y	Monthly	Y	Y	Quarterly	Y	Y	Monthly			
Michigan	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Minnesota	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Mississippi	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Missouri	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	Y
Montana ⁶				Y	Y			Y			Y				
Nebraska	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Nevada				Y	Y	Twice a month	Y	Y	Quarterly	Y	Y	Quarterly	Y	Y	
New Hampshire ⁷				Y	Y	Monthly		Y			Y			Y	
New Jersey ⁸				Y	Y		Y	Y		Y	Y				
New Mexico	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
New York	Y	Y		Y	Y	Quarterly	Y	Y		Y	Y				
North Carolina	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
North Dakota	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Ohio	Y	Y		Y	Y					Y	Y	Y	Y	Y	
Oklahoma	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Oregon			Annually	Y	Y				Quarterly	Y	Y		Y	Y	
Pennsylvania	Y	Y		Y	Y	Daily	Y	Y		Y	Y		Y	Y	Quarterly
Rhode Island	Y	Y		Y	Y		Y	Y	Quarterly	Y	Y	Monthly			
South Carolina				Y	Y	Daily	Y	Y	Quarterly	Y	Y	Monthly	Y	Y	Y
South Dakota	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Tennessee	Y	Y		Y	Y	Daily	Y	Y	Quarterly	Y	Y	Monthly	Y	Y	
Texas	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Utah	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Vermont	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Virginia	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
Washington	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
West Virginia	Y	Y		Y	Y	Daily	Y	Y		Y	Y		Y	Y	
Wisconsin	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Wyoming	Y	Y		Y	Y							Quarterly	Y	Y	

"--" Data not available.

SOURCE: Based on analysis of Centers for Medicare and Medicaid Services *State Medicaid & CHIP Policies for 2014: Medicaid/CHIP Verification Plans* conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown Center for Children and Families. Data are available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> as of November 15, 2013.

APPENDIX TABLE 8 NOTES

1. Not all verification plans have been approved and posted to Medicaid.gov. This table represents the 35 that were available as of November 15, 2013. The table also reflects whether specific data sources are used to determine eligibility for new applications, renewal applications, and for routine reviews of eligibility.
2. This column indicates the frequency of routine data checks done by states to identify changes in income that may impact ongoing eligibility. It does not indicate whether or not a state checks the particular data source following a reported change by the individual. Where a frequency is not specified for routine data checks, the state is noted with a “Y.”
3. In Alabama, post-eligibility checks will be made with regard to unearned income on an ad-hoc basis.
4. In Arizona, the State Wage Information Collection Agency (SWICA) is considered only if more current data from The Work Number is not available. Both data sources will be accessed every 6 months for households who report no income.
5. Florida also uses SWICA to verify new hires.
6. In Montana, self-attested financial data provided at application is checked against the Social Security Administration, SWICA, and State Unemployment Compensation databases within six months of application.
7. In New Hampshire, self-attested income data is run through a post-enrollment nightly batch against the SWICA and State Unemployment Compensation databases the night the case is confirmed open for Medicaid.
8. The data listed for New Jersey represent the state’s approved mitigation plan and the processes in place on October 1, 2013. Once the state’s eligibility system is implemented the plan will be updated. The tentative start date for the new eligibility system and utilization of the federal data hub is December 1, 2013.

Appendix Table 9
Adoption of Strategies to Streamline Enrollment of Eligible Individuals¹
as of November 15, 2013

State	Early Adoption of MAGI Methodology	Extending Renewals & Date of Completion ²	Enrolling SNAP Participants in Medicaid	Enrolling Parents of Medicaid-Enrolled Children	12-Month Continuous Eligibility for Adults
Total	15	25	5	3	0
Alabama					
Alaska		June 2014			
Arizona					
Arkansas		September 2014	Y		
California					
Colorado	Y				
Connecticut		March 2015			
Delaware					
District of Columbia	Y	Y			
Florida		June 2014			
Georgia					
Hawaii	Y	September 2014			
Idaho		December 2014			
Illinois	Y	Y	Y		
Indiana					
Iowa					
Kansas ³	Y	April 2015			
Kentucky		June 2014			
Louisiana	Y	December 2014			
Maine					
Maryland		June 2014			
Massachusetts					
Michigan					
Minnesota					
Mississippi		June 2015			
Missouri	Y	November 2014			
Montana		September 2014			
Nebraska					
Nevada	Y				
New Hampshire					
New Jersey	Y	December 2014	Y	Y	
New Mexico ⁴					
New York ⁴					
North Carolina		June 2014			
North Dakota		June 2014			
Ohio		December 2015			
Oklahoma	Y	April 2014			
Oregon	Y	September 2014	Y	Y	
Pennsylvania ⁵	Y				
Rhode Island		June 2015			
South Carolina		July 2014			
South Dakota					
Tennessee					
Texas					
Utah					
Vermont		September 2014			
Virginia	Y				
Washington	Y				
West Virginia	Y	September 2015	Y	Y	
Wisconsin					
Wyoming					

SOURCE: Based on an analysis of Centers for Medicare and Medicaid Services *Medicaid Moving Forward 2014: Targeted Enrollment Strategies* conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown Center for Children and Families. Data are available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Targeted-Enrollment-Strategies/targeted-enrollment-strategies.html> as of November 15, 2013.

APPENDIX TABLE 9 NOTES

1. These five targeted enrollment and renewal strategies were highlighted in guidance to states in May 2013. For details, see C. Mann, Director of Centers for Medicaid and CHIP Services letter to State Health Officials and State Medicaid Directors, SHO #13-003 (May 17, 2013).
2. The date listed represents the target for when the state will complete the transition to MAGI at renewal for existing beneficiaries. If noted as a "Y," the state has adopted this option, but a completion date was not provided.
3. Kansas is extending renewals for both its MAGI and non-MAGI populations. The state anticipates completing the transition for the MAGI population in April 2015 and for the non-MAGI population in June 2015.
4. New York and New Mexico had existing 1115 waivers to do 12-month continuous eligibility; however, neither state has implemented the provision.
5. Pennsylvania adopted the early MAGI option in Medicaid only.