



Center for Medicaid and CHIP Services

Medicaid & CHIP: October Monthly Applications and Eligibility Determinations Report *December 3, 2013*

Background

This report is the first in a series of monthly reports on State Medicaid and Children’s Health Insurance Program (CHIP) data, and represents State Medicaid and CHIP agency eligibility activity for the calendar month of October 2013, which coincides with the first month of the initial open enrollment period for the Health Insurance Marketplace (“Marketplace” hereafter). The Affordable Care Act has a “no wrong door” policy which means that individuals can apply for health insurance coverage through the Marketplace or the Medicaid or CHIP agency (if it is a separate agency) in their state. Regardless of which “door,” the individual can get an eligibility determination for all types of financial assistance and the account will be routed to the program for which they are eligible. This means that for a full picture of Medicaid and CHIP activity, the numbers in this report—which come from the state level—need to be understood in concert with the numbers previously reported by the Federal Marketplace.¹

The data included in this report were reported to CMS from state Medicaid and CHIP agencies as part of the Medicaid and CHIP Performance Indicator process, and supplement data on Marketplace activity released by HHS. Also included are some highlights reported to us by state agencies. Through the Medicaid and CHIP Performance Indicator process, states report on a common set of indicators designed to provide information to support program management and policy-making. State Medicaid and CHIP programs submit weekly and monthly data to CMS on a range of indicators related to application, eligibility, and enrollment processes. This report focuses on those monthly indicators that relate to key processes relevant during open enrollment: the number of applications received and the number of eligibility determinations made. We are pleased that all states have provided data on at least one of the key indicators reported here. When submitting each subsequent monthly report, states will update the prior month’s data with any updates that have occurred since the prior report. Given that states are reporting monthly data to CMS soon after the close of the month, the data presented in this report should be considered preliminary. For example, paper applications filed at county offices at the end of a reporting period may not be counted in time for inclusion in the preliminary data but would be captured when the data are finalized a month later.

Medicaid and CHIP are longstanding programs that were already enrolling eligible individuals into coverage prior to open enrollment through the Marketplace, and also cover people beyond those who might be newly eligible under the Affordable Care Act. As such, this report necessarily captures data beyond the newly eligible individuals in states that have expanded coverage. In addition, this report includes data from all states, not

¹ On November 13, 2013 HHS issued the [Health Insurance Marketplace: November Enrollment Report](#) which includes enrollment-related information reported through the Marketplaces and Medicaid and CHIP eligibility data on applications submitted through the Marketplace. Because of the integrated nature of eligibility determinations in State Based Marketplace (SBM) states, SBM data which were in the November 13 report are also included in this report.

just those that have adopted the new low-income adult group. This is because changes in eligibility and enrollment processes ushered in by the Affordable Care Act, which are discussed below, are in effect in all states, and are likely to promote coverage among previously eligible but uninsured adults and children. The data elements are explained more fully in Appendix A.

Key Medicaid and CHIP October Application and Eligibility Data²

Key findings from the state-reported data for the month of October include:

	October Monthly
Total Applications for Financial Assistance Received by State Medicaid and CHIP Agencies (note that more than one individual may be included on an application)	2,479,114³
% Change in Number of Applications Received from the Average Monthly Number (July-September) in States Expanding Medicaid	15.5%⁴
% Change in Number of Applications Received from the Average Monthly Number (July-September) in States Not Expanding Medicaid	4.1%
Total Individuals Determined Eligible for Medicaid and CHIP by State Agencies (includes those newly eligible under the Affordable Care Act and those eligible under prior law)	1,460,367⁵

Eligibility and Enrollment Simplifications and Improvements for Medicaid and CHIP

All 50 states and the District of Columbia (“states” hereafter) are in the process of implementing the Affordable Care Act simplifications to the Medicaid and CHIP application and eligibility determination processes and making technology upgrades to transition to streamlined, data-driven eligibility determinations. One of the biggest changes is the move to a new Modified Adjusted Gross Income (MAGI) methodology for many Medicaid eligibility groups and for CHIP, so that eligibility is determined consistently across Medicaid, CHIP and

² As noted, this report includes data on applications submitted and determinations made at the state level. That is, those applications submitted directly to Medicaid and CHIP agencies as well as – because of the integration with State-Based Marketplaces (SBMs) – applications for financial assistance to Marketplaces that are operated by states, and the Medicaid and CHIP eligibility determinations those entities have made. Accordingly, in SBM states, the data include those 170,891 applications and 212,865 Medicaid and CHIP determinations that were reported in the *Health Insurance Marketplace: November Enrollment Report*. For Federally-Facilitated Marketplace (FFM) states, the data reported here do not include any of the applications and determinations/assessments reported in the *Health Insurance Marketplace: November Enrollment Report*.

³ See State-by-State table notes for state-specific caveats regarding the reported data; because of reporting capability some states reported some renewals as applications.

⁴ As shown in the row on the table ‘Subtotal for States with Expansion Status in October’, this includes all states that in October were processing applications for the January 2014 coverage expansion. Two states (Ohio and Michigan) that are expanding Medicaid eligibility are not included in this group of states because in October they were not yet processing applications based on the expansion.

⁵ See State-by-State table notes for state-specific caveats regarding the reported data; because of reporting capability some states included renewals in these data.

the financial assistance available in the Marketplace. More information about MAGI is available [on Medicaid.gov](#). Many states have chosen to move to MAGI even before the January 2014 effective date—this helps make eligibility during open enrollment through the Marketplace even easier because the same rules can be applied to assess 2013 eligibility as are being applied to evaluate eligibility that is effective January 2014. A list of states that have implemented “early MAGI,” as well as other strategies that help to improve the eligibility and enrollment process is available [on Medicaid.gov](#).

In many cases, information about a state’s status in transitioning to MAGI and to new, modernized information technology (IT) systems and other infrastructure improvements can be helpful in understanding the state-level data reported. Profiles about each state’s current status can be found [on Medicaid.gov](#). As states implement their new eligibility and enrollment systems, many states are still operating their existing legacy systems. This can complicate the reporting process for states. In cases where a state was unable to report an indicator at this time, a dash (“-”) appears; states expect to be able provide this data in future reports. If an indicator is not applicable to a given state, “N/A” (not applicable) appears.

Coverage Expansion

Twenty-five states and the District of Columbia are currently planning to expand Medicaid coverage under the Affordable Care Act to all individuals with incomes up to 133 percent of the Federal Poverty Level in 2014. The number of people impacted by these expansions varies; some of these states had previously expanded coverage to parents and other adults at levels above the “mandatory” level required under federal law before the Affordable Care Act. Many other states previously covered parents only at very low income levels and often did not cover other adults at all. In October, twenty-three states and DC were accepting applications — and making eligibility determinations for newly eligible individuals whose Medicaid coverage will begin in January. Two other states—Ohio and Michigan—have more recently decided to adopt the low-income adult Medicaid expansion and will be enrolling these newly eligible individuals in the future.

Selected State Highlights

In states that are expanding Medicaid, many of the people determined eligible at application will be newly eligible and covered in the new adult eligibility group. While current state reporting does not separately identify enrollment in the new group, some states have reported that data. Washington, for example, reports that the approximately 50,000 determinations of eligibility at application made in October will result in approximately 31,000 newly eligible adults enrolling in Medicaid (the others are eligible as children, parents or pregnant women).

Many states that are not expanding Medicaid, but have implemented the simplifications and modernizations provided for in the law are seeing some increase in applications among already eligible but uninsured state residents. For example, both South Carolina and Virginia attribute their increased application numbers not only to awareness about the new coverage opportunities, but also the increased use of their online applications and the other new modes of applying for coverage (e.g., phone) that are available.

Arkansas is one of the first states to pick up a powerful new tool for facilitating Medicaid enrollment. The state is using information it already on hand – such as Supplemental Nutritional Assistance Program (SNAP) income data– to conduct “administrative transfers” to Medicaid. To implement the strategy, Arkansas sent letters to SNAP participants letting them know they are potentially eligible for Medicaid and inviting them to enroll by responding to the letter. To enroll, the person returns a simple form and the state conducts additional data checks, as appropriate. Since the state began sending letters in early September, Arkansas reports that 63,465 individuals have been “fast tracked” into Medicaid. During the same period of time, the state also found 3,000 unenrolled children who are eligible for ARKids First, the state’s Medicaid and CHIP programs.

Data Limitations

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

State-by-State Table

Below is a table with state-specific data on Medicaid and CHIP applications and eligibility determinations for the month of October. 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 October 1-31, 2013.

Future Reports

This report is the first in a series that will feature the monthly data reported to CMS by state Medicaid and CHIP agencies. During the first three months of open enrollment through the Marketplace, the reports will focus on the indicators regarding applications and eligibility determinations. When Medicaid coverage for newly eligible individuals begins January 1, 2014, we anticipate that we will be reporting on additional indicators related to coverage, including the number of MAGI determinations and determinations using non-MAGI methods, as well as the total number of individuals enrolled in Medicaid and CHIP.

Table 1: October Applications and Eligibility Determinations

States Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies (I)	Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)	% Change (III)	Applications for Financial Assistance Submitted to the State Based Marketplace (IV)	Total Applications for Financial Assistance Submitted at State Level (V)	Individuals Determined Eligible for Medicaid at Application (VI)	Individuals Determined Eligible for CHIP at Application (VII)	Total New Determinations (VIII)
Arizona	FFM	161,740	154,369	4.8%	N/A	161,740	57,491	4,869	62,360
Arkansas	Partnership	65,355	58,148	12.4%	N/A	65,355	103,564	-	103,564
California	SBM	276,427	210,373	31.4%	97,494	373,921	148,406	692	149,098
Colorado*	SBM	31,611	15,626	102.3%	-	31,611	13,082	1,865	14,947
Connecticut	SBM	28,669	22,741	26.1%	4,571	33,240	22,495	205	22,700
Delaware	Partnership	2,255	-	-	N/A	2,255	2,239	86	2,325
District of Columbia*	SBM	7,914	7,231	9.4%	-	7,914	7,328	-	7,328
Hawaii*	SBM	8,375	5,690	47.2%	-	8,375	3,158	134	3,292
Illinois*	Partnership	-	-	-	N/A	-	5,420	-	5,420
Iowa#	Partnership	20,034	19,661	1.9%	N/A	20,034	-	1,120	1,120
Kentucky	SBM	37,470	35,773	4.7%	47,060	84,530	18,321	2,481	20,802
Maryland	SBM	42,122	44,718	-5.8%	10,917	53,039	32,089	9,028	41,117
Massachusetts	SBM	41,012	28,611	43.3%	-	41,012	16,457	5,415	21,872
Michigan#^	Partnership	79,381	70,776	12.2%	N/A	79,381	-	5,357	5,357
Minnesota	SBM	43,910	48,910	-10.2%	-	43,910	20,025	-	20,025
Nevada*	SBM	8,706	11,760	-26.0%	-	8,706	6,782	-	6,782
New Jersey*	FFM	21,946	13,785	59.2%	N/A	21,946	2,094	4,729	6,823
New Mexico	Supported SBM	20,064	19,047	5.3%	N/A	20,064	16,580	-	16,580
New York	SBM	-	-	-	-	-	40,684	19,193	59,877
North Dakota	FFM	2,390	2,087	14.5%	N/A	2,390	-	-	-
Ohio>	Plan Management	319,886	296,747	7.8%	N/A	319,886	-	-	-
Oregon*	SBM	4,826	7,580	-36.3%	7,803	12,629	69,953	-	69,953
Rhode Island	SBM	6,670	-	-	-	6,670	3,291	173	3,464
Vermont	SBM	11,449	14,499	-21.0%	3,046	14,495	106	-	106
Washington*	SBM	-	-	-	-	-	49,883	1,486	51,369
West Virginia*	Partnership	24,295	22,819	6.5%	N/A	24,295	65,950	1,117	67,067
Subtotal for States Expanding Medicaid		1,266,507	1,110,951	13.2%	170,891	1,437,398	705,398	57,950	763,348
Subtotal for States With Expansion Status in October		867,240	743,428	15.5%	170,891	1,038,131	705,398	52,593	757,991

*=state has adopted "early MAGI"

#=expansion is subject to an approval of a Section 1115 demonstration

=expansion not effective until April 1, 2014

(-)=state has not reported data.

>=during reporting period state had not yet decided to implement the expansion

Column III is calculated for only those states that reported both monthly October data and baseline data

Table 1: October Applications and Eligibility Determinations

NOTES - States Expanding Medicaid

Arkansas	(VI)	Includes 63,465 individuals determined eligible via Targeted Enrollment Strategy.
California	(I)	Data are preliminary and will not be fully reconciled until January 2014.
California	(II)	Does not include applications received by CHIP agency.
California	(VI)	Data are preliminary and will not be fully reconciled until January 2014. Includes applications to SBM that did not request financial assistance.
California	(VI)	Data are preliminary and will not be fully reconciled until January 2014. Determinations 'at application' is derived by considering prior coverage. Includes those determined eligible and 'contingently eligible.' Includes some individuals eligible for CHIP.
California	(VII)	Data reflects only those determinations made by the separate CHIP agency and does not reflect all CHIP determinations.
Colorado	(I)	State Medicaid agency hosts SBM portal; number includes all applications for insurance affordability programs.
Connecticut	(I)	Data may include some duplication of applications between Medicaid and CHIP.
Connecticut	(VI)	Count is of households, not individuals. Includes determinations of some non-title XIX programs made by the Medicaid agency (state funded medical cases, the AIDS Drug Assistance program and refugee cases).
Delaware	(I)	Does not include applications from all channels.
District of Columbia*	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Hawaii*	(I)	State Medicaid agency hosts SBM portal; number includes all applications for insurance affordability programs.
Maryland	(IV)	Includes data from the SBM from 10/1-11/2 and includes all applications not only those requesting financial assistance.
Maryland	(VI)	Includes renewals. Includes SBM data from 10/1 - 11/2.
Maryland	(VII)	Includes renewals. Includes SBM data from 10/1 - 11/2.
Massachusetts	(I)	Includes applications submitted to SBM.
Massachusetts	(VI)	Data are preliminary and are derived.
Minnesota	(I)	Count is of persons applying, not applications.
Minnesota	(VI)	Includes CHIP.
Nevada*	(I)	Includes renewals.
Nevada*	(II)	Includes renewals. Medicaid and CHIP applications counted separately.
Nevada*	(VI)	Count is of households, not individuals. Includes renewals.
New Jersey*	(I)	Does not include applications received by county welfare agencies from non-online sources.
New Jersey*	(II)	Does not include applications received by county welfare agencies from non-online sources.
New Jersey*	(VI)	Does not include all eligibility determinations; county welfare agencies determinations are not included in this data.
New Jersey*	(VII)	Does not include all eligibility determinations; county welfare agencies determinations are not included in this data.
New Mexico	(I)	Includes renewals.
New Mexico	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Ohio	(I)	Includes renewals. May include some applications only for other benefits, not for Medicaid and CHIP.
Ohio	(II)	Includes renewals. May include some applications only for other benefits, not for Medicaid and CHIP.
Oregon*	(IV)	Includes only paper applications.
Oregon*	(VI)	Count is of households, not individuals; includes CHIP. Includes 67,980 individuals determined eligible via Targeted Enrollment Strategy.
Rhode Island	(I)	Includes applications submitted to SBM.
Rhode Island	(VI)	Includes only determinations through new MAGI system for coverage beginning January.
Rhode Island	(VII)	Includes only determinations through new MAGI system for coverage beginning January.
Washington*	(VI)	Determinations 'at application' is derived by considering prior coverage.
West Virginia*	(VI)	Includes 53,578 individuals determined eligible via Targeted Enrollment Strategy.
West Virginia*	(VII)	Includes renewals.

Table 1: October Applications and Eligibility Determinations

States Not Expanding Medicaid	Marketplace Type	Applications					Determinations		
		New Applications Submitted to Medicaid and CHIP Agencies (I)	Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)	% Change (III)	Applications for Financial Assistance Submitted to the State Based Marketplace (IV)	Total Applications for Financial Assistance Submitted at State Level (V)	Individuals Determined Eligible for Medicaid at Application (VI)	Individuals Determined Eligible for CHIP at Application (VII)	Total New Determinations (VIII)
Alaska	FFM	3,988	3,483	14.5%	N/A	3,988	2,305	-	2,305
Alabama	FFM	17,820	16,941	5.2%	N/A	17,820	30,348	3,302	33,650
Florida	FFM	311,128	316,532	-1.7%	N/A	311,128	164,993	-	164,993
Georgia	FFM	104,962	89,622	17.1%	N/A	104,962	73,651	22,130	95,781
Idaho	Supported SBM	5,627	5,948	-5.4%	N/A	5,627	7,344	556	7,900
Indiana	FFM	80,027	86,143	-7.1%	N/A	80,027	42,230	3,880	46,110
Kansas*	Plan Management	8,870	8,354	6.2%	N/A	8,870	9,319	953	10,272
Louisiana*	FFM	25,375	35,494	-28.5%	N/A	25,375	20,387	1,066	21,453
Maine	Plan Management	2,086	-	-	N/A	2,086	11,209	222	11,431
Missouri*	FFM	41,303	38,477	7.3%	N/A	41,303	22,318	935	23,253
Mississippi	SB-SHOP	37,352	39,938	-6.5%	N/A	37,352	23,768	2,095	25,863
Montana	Plan Management	2,565	2,945	-12.9%	N/A	2,565	6,876	597	7,473
North Carolina	FFM	71,197	72,355	-1.6%	N/A	71,197	54,120	4,878	58,998
Nebraska	Plan Management	9,169	10,799	-15.1%	N/A	9,169	-	-	-
New Hampshire	Partnership	3,661	3,272	11.9%	N/A	3,661	1,763	-	1,763
Oklahoma*	FFM	33,466	30,471	9.8%	N/A	33,466	20,605	2,281	22,886
Pennsylvania*	FFM	233,134	193,684	20.4%	N/A	233,134	62,682	9,818	72,500
South Carolina	FFM	32,393	26,947	20.2%	N/A	32,393	69,391	3,936	73,327
South Dakota	Plan Management	1,711	1,654	3.4%	N/A	1,711	1,345	-	1,345
Tennessee	FFM	3,910	4,054	-3.6%	N/A	3,910	-	-	-
Texas	FFM	108,308	112,185	-3.5%	N/A	108,308	-	-	-
Utah	SB-SHOP	21,644	-	-	N/A	21,644	-	-	-
Virginia*	Plan Management	26,484	21,616	22.5%	N/A	26,484	11,831	831	12,662
Wisconsin	FFM	22,645	18,094	25.2%	N/A	22,645	-	-	-
Wyoming	FFM	3,782	3,275	15.5%	N/A	3,782	2,778	276	3,054
Subtotal for States Not Expanding Medicaid		1,212,607	1,142,283	4.1%	-	1,212,607	639,263	57,756	697,019
Total Across All States		2,479,114	2,253,234	8.6%	170,891	2,650,005	1,344,661	115,706	1,460,367

*=state has adopted "early MAGI"

(-)=state has not reported data.

Column III is calculated for only those states that reported both monthly October data and baseline data

Partnership, Plan Management, SB-SHOP, Supported SBM are all types of FFM's

Table 1: October Applications and Eligibility Determinations

NOTES - States Not Expanding Medicaid

Alaska	(VI)	Count is of households, not individuals; includes CHIP.
Florida	(I)	Does not include applications received by CHIP agency.
Florida	(II)	Does not include applications received by CHIP agency.
Florida	(VI)	Includes only non-MAGI determinations.
Idaho	(VI)	Includes renewals.
Kansas*	(I)	Includes MAGI populations only.
Kansas*	(II)	Includes MAGI populations only.
Kansas*	(VI)	Includes MAGI populations only.
Maine	(VI)	Includes all determinations (e.g., renewals).
Maine	(VII)	Includes all determinations (e.g., renewals).
North Carolina	(VI)	Count is of households, not individuals.
North Carolina	(VII)	Count is of households, not individuals.
New Hampshire	(VI)	Data is derived by considering prior coverage; includes CHIP.
Oklahoma*	(VI)	Includes MAGI determinations only.
South Carolina	(IV)	Includes all determinations (e.g., renewals).
South Carolina	(VII)	Includes all determinations (e.g., renewals).
South Dakota	(VI)	Includes all determinations (e.g., renewals); includes CHIP.
Tennessee	(I)	Data are from CHIP agency only.
Texas	(VI)	Includes renewals.
Utah	(I)	Includes applications for non-health coverage programs.
Virginia*	(VI)	Includes renewals.
Virginia*	(VII)	Includes renewals.

APPENDIX A

Each of the columns in the table is described here with a column number (I-VIII).

A Note about Federally-Facilitated Marketplace Types: Federally-Facilitated Marketplaces (FFMs) can take several forms including the State Partnership Marketplace (Partnership), States performing Plan Management functions (Plan Management), Supported SBMs, and the State-Based Small Business Health Options Program (SB-SHOP). These models are referenced in the State-by-State Table. All of these models are referred to as an “FFM” in this Report.

Application Data Elements

New Applications Submitted to Medicaid and CHIP Agencies (I)

Number of applications received by the Medicaid agency and/or a separate CHIP agency (if one exists in the state) during the reporting period. Includes applications received online, via mail, in person or phone. Does not include applications submitted to a State-Based Marketplace (SBM) or the Federally-Facilitated Marketplace (FFM) (the SBM number is reported in column IV). It should be noted that data reflected in this performance indicator are not a count of individuals, as more than one person may be included on a single application. As states are transitioning to new systems, they may not be able to report applications received across all aspects of their programs or systems. See the state-specific notes in the table for further information about state limitations in this area.

Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013) (II)

Average number of applications received by the Medicaid agency and/or a separate CHIP agency (if one exists in the state) each month during the July-September 2013 period (the baseline period), displayed to provide context regarding the average number of applications states received in the period immediately before open enrollment. Not all states submitted three months of data; the average is calculated using any months of baseline data that were provided.

Percentage Change (III)

The percentage change in **Applications Submitted to Medicaid and CHIP Agencies** as compared to **Pre-ACA Monthly Average Applications Submitted to Medicaid and CHIP Agencies (July-Sept 2013)**. In cases where there is a negative percentage change, this may be due to the preliminary nature of the monthly data (as described above) as compared to the finalized nature of the baseline data or because applications that may have previously come to an online portal operated by Medicaid and CHIP agencies are now being submitted through the Marketplace online application.

Applications for Financial Assistance Submitted to the State-Based Marketplace (IV)

Number of applications requesting financial assistance (Medicaid, CHIP or the Advanced Premium Tax Credit and Cost Sharing Reductions) that have been received by the SBM during the reporting period. This number is different than the number reported in the *Health Insurance Marketplace: November Enrollment Report* because the “Total Number of Completed Applications” provided in that report included applications requesting financial assistance, as well as applications that did not request financial assistance. In contrast, this report is focused on only those applications requesting financial assistance because those applications are evaluated for Medicaid and CHIP eligibility by the integrated eligibility systems that exist in SBM states.

Total Applications for Financial Assistance Submitted at the State Level (V)

For states with an SBM, the data reflect the total of **Applications Submitted to Medicaid and CHIP Agencies** plus **Applications for Financial Assistance Submitted to the State-Based Marketplace**. For states with an FFM, the data reflect **Applications Submitted to Medicaid and CHIP Agencies**. The data include all applications for financial assistance; individuals on these applications will be determined eligible for Medicaid, CHIP or Advanced Premium Tax Credits and Cost Sharing Reductions, or determined ineligible for financial assistance.

Eligibility Determination Data Elements

Individuals Determined Eligible for Medicaid at Application (VI)

Total number of individuals determined eligible for Medicaid (Title XIX) during the reporting period based on applications for coverage submitted to any state agency (Medicaid, CHIP, or the SBM). 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. The unit of measurement is people with determinations completed; this is not an unduplicated number of unique individuals as an individual may have more than one determination within 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 notes in the table for further information about state limitations in this area.

During the first three months of open enrollment, states that have not implemented “early MAGI” (described above) are determining eligibility for coverage beginning January 1, 2014 (using MAGI methods provided for in the Affordable Care Act), and also offering applicants the ability to be determined for coverage now, under existing non-MAGI eligibility rules. This means that some individuals may have more than one determination in the reporting period – one pertaining to 2013 and one relating to 2014. Also, individuals are first determined based on MAGI, and if needed, may request a subsequent determination based on disability (non-MAGI). This means that individuals requesting a determination based on disability may also receive more than one determination in the reporting period. As such, this is not an unduplicated number of unique individuals. A list of which eligibility groups are MAGI and which are non-MAGI is available [on Medicaid.gov](https://www.medicaid.gov).

Once an individual is determined eligible, no additional steps on the part of the beneficiary are needed to effectuate enrollment.

In future reports, in states that have chosen to treat the FFM determination as an assessment (and the state completes the Medicaid or CHIP determination), this number will include determinations made on accounts assessed as eligible and transferred from the FFM. In other states, it will 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. For more information about the assessment and determination models in FFM states see [Medicaid.gov](https://www.medicaid.gov).

Individuals Determined Eligible for CHIP at Application (VII)

Total number of individuals determined eligible for CHIP (Title XXI) 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 future reports, in states that have chosen to treat the FFM determination as an assessment (and the state completes the Medicaid or CHIP determination), this number will include determinations made on accounts assessed as eligible and transferred from the FFM. In other states, it will 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. For more information about the assessment and determination models in FFM states see [Medicaid.gov](https://www.Medicaid.gov).

Total New Determinations (VIII)

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