Exhibit 1. The Affordable Care Act’s Medicaid Enrollment Reforms

- A single streamlined application covering all subsidy sources
- Online and telephone applications
- Elimination of in-person interview requirements
- Limiting information requested from Medicaid applicants to the minimum necessary to determine eligibility
- Electronic information verification, using data from other federal and state agencies
- Assistance from health care navigators, who are trained to assist consumers
- Enhanced federal funding for information technology modernization

Source: Patient Protection and Affordable Care Act, §2201.
Exhibit 2. The Role of the Marketplace in Medicaid Enrollment in Expansion States: Eligibility Determination vs. Assess and Refer

- Indicates that the federally facilitated marketplace conducts final determination for Medicaid eligibility (5 states); all other federally facilitated marketplaces conduct assessment, but do not determine eligibility (15 states).


* Average monthly Medicaid and CHIP enrollment from July–Sept. 2013.
** Enrollment data reflect Medicaid expansion status of states at point in time collected.
*** Preliminary data.
Exhibit 4. Percent Change in Medicaid and CHIP Enrollment in Medicaid Expansion States Using State-Based Marketplaces vs. Federal Marketplaces

Percent change in enrollment (July–Sept. 2013 – Nov. 2015)

Marketplace type

Federally facilitated or state-partnership marketplace

State-based marketplace

* Connecticut did not report baseline data from July–Sept. 2013. Figure shows percent change in Connecticut Medicaid enrollment from March 2014 to Nov. 2015 (4.4%). ** Federally supported state-based marketplace.

Exhibit 5. Enrollment Rates in Expansion States Using the Federal Marketplace, Determination vs. Assessment

Percent change in Medicaid and CHIP enrollment (July–Sept. 2013 – Nov. 2015)

Federally facilitated marketplace makes assessment or final determination for Medicaid eligibility