Medicaid and CHIP Eligibility and Enrollment Performance Indicators: Draft Layout for State's Data Submission.

This document is the submission template for states to submit Medicaid/CHIP data to the federal government. Reporting on some performance indicators may require data from different state agencies / entities, including state-based marketplaces and separate CHIP agencies, which the template describes. This format does not require the submission of individual-level, granular data. Indicators #1 - #4, #6,and #8 - #10 will be reported weekly (with weeks running from Sunday through Saturday) during the open enrollment period for the federally-facilited and state-based marketplaces. Indicators #1-#4 will reported monthly during periods *other* than open enrollment. Indicators #5 - #12 will be reported monthly year-round.

To populate data layout, first select state, report type, and reporting period:	(Select from drop-down boxes below)
State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

Indicator No.	Tab Name	Description of Tab Contents	Reporting Frequency
	Glossary	Glossary with detail about data breakouts	n/a
	Summary	Summary of the full set of weekly and monthly indicators	n/a
	Call Centers	Description of State Call Centers	Once, with updates if necessary
1	Call Vol	Total Call Volume	Weekly during open enrollment (10/1/2013 - 3/31/2014), monthly during other periods
2	Wait Time	Call Center Wait Time	Weekly during open enrollment (10/1/2013 - 3/31/2014), monthly during other periods
3	Abandon Rate	Abandonment Rate	Weekly during open enrollment (10/1/2013 - 3/31/2014), monthly during other periods
4	Apps-Week	Number of Applications Received in Previous Week	Weekly during open enrollment (10/1/2013 - 3/31/2014)
5	Apps-Month	Number of Applications Received in Previous Month	Monthly
6	Transfers	Number of Electronic Accounts Transferred	Monthly, as well as weekly during open enrollment (10/1/2013 - 3/31/2014)
7	Renewals	Number of Renewals	Monthly
8	Enrollment	Total Enrollment	Monthly, as well as weekly during open enrollment (10/1/2013 - 3/31/2014)
9	Eligible Indivs.	Total Number of Individuals Determined Eligible	Monthly, as well as weekly during open enrollment (10/1/2013 - 3/31/2014)
10	Ineligible Indivs.	Total Number of Individuals Determined Ineligible	Monthly, as well as weekly during open enrollment (10/1/2013 - 3/31/2014)
11	Pending	Pending Applications/Redeterminations	Monthly
12	Process Time	Processing Time for Determinations	Monthly

Last revised: August 15, 2013

Data Dictionary

Received Applications	Include all applications that have been received during the reporting period by any state agency with the authority to make Medicaid/CHIP eligibility determinations. Account transfers from the FFM or SBM received during the reporting period should be included.
Applications by Channel	Every application received by the Medicaid/CHIP agency should be reported in only one channel, which is determined by the method by which the individual submitted the application and not by the channel that they received assistance through (if assistance received). *Online* should include applications that the applicant filled out and submitted through a web portal or website. *Phone* should include applications that an applicant submitted by answering questions from a call center or hotline agent. *In-person* should include applications that an applicant submitted in-person to a Medicaid/CHIP agency or caseworker. *Mail* should include paper applications that an applicant mailed into the Medicaid/CHIP agency. If unable to report the number of applications in some or all of these channels, states should include a text explanation and any available channel breakouts in the "Other (explanation)" category.
Child	Should be defined by the state using its definition of "child" as included in its Medicaid or CHIP state plan.
Adult	Should include all other enrollees who are not children.
Individuals Determined Eligible	Includes all final determinations that an individual is eligible for the program that were made by state agencies in the reporting period, regardless of when the applicant submitted an application or when the account was up for renewal. Eligibility determinations by the FFM should not be included.
Individuals Determined Ineligible	Includes all final determinations that an individual is ineligible for the program that were made by state agencies in the reporting period, regardless of when the applicant submitted an application or when the account was up for renewal. Eligibility determinations by the FFM should not be included.
Ineligibility established	Includes individuals whose ineligibility for the program was definitively determined based on information known to the state agency making the determination (for instance, individuals determined ineligible due to death, aging out, citizenship status, changes in household composition, or higher income or assets).
Eligibility cannot be established	Includes individuals who were determined ineligible for the program because they failed to complete or return renewal forms or other required documentation, or who were lost to follow up.
Direct applications (application type)	Include those submitted directly to the Medicaid or CHIP agency.
Annual renewal (application type)	Include individuals determined through the annual renewal process.
Administrative determination (application type)	Includes individuals who were determined eligible without submitting an application, under the process by which a state determines a cohort of individuals eligible through targeted enrollment strategies outlined in CMS guidance issued on May 17, 2013.
Transfer accounts from FFM	Include those initially assessed by the FFM before transfer to the Medicaid or CHIP agency for final determination, as well as accounts determined as eligible or ineligible by the FFM.
Determined transfer account	The category includes individuals who received a final determination of eligible for Medicaid or CHIP from the FFM before account transfer.
Assessed transfer account	This category includes all accounts transferred to the Medicaid or CHIP agency without a final determination of eligibility. It should include both transfer accounts assessed as eligible by the FFM, as well as transfer accounts assessed as ineligible where the applicant requested a transfer for full determination.
Transfer accounts with a request for full determination	Full determination requests include account transfers where the individual was initially assessed as ineligible for Medicaid or CHIP, but the applicant requests a transfer to the agency for a full determination. Individuals who were assessed as eligible for Medicaid or CHIP before their account was transferred should not be included in this category.

Summary of Reported Weekly Data

	Data Source
Phone Lines	
Total call volume, all lines	Measure 1
Average wait time	Measure 2
Abandonment rate	Measure 3
Applications	
Number of applications	Measure 4
Source	
Percent transferred from FFM/SBM	Measure 4, 6

Summary of Reported Monthly Data

	Data Source
Applications	
Volume	
Total applications received by any state agency	Measure 5
Source	
Percent transferred from FFM/SBM	Measure 5, 6
Percent received by SBM in integrated elig. system	
Medicaid/CHIP agency workload**	
Volume	
Number of determinations requested in previous month	Measures 5, 7
Percent initial applications	
Percent annual renewals	
Efficiency	
Total number of determinations made in previous month	Measures 9, 10
Determinations made as percentage of determinations requested in previous month	Measures 5, 7, 9, 10
Total backlog at the end of the month (individuals waiting for determination)	Measure 11
Consumer experience	
Timeliness	
Median processing time for determinations made in past month	Measure 12
Outcome	
Percent of all determinations that found individual eligible	Measures 9, 10
Percent of all initial applicants found eligible	
Percent of all annual renewals found eligible	
Enrollment	
Total enrollment at end of the month	Measure 8
Percent of enrollees who are children	
Percent of enrollees who are non-children	

**Medicaid/CHIP agency workload excludes applications and determinations processed by the state-based marketplace.

Description of State Call Centers

Description: Describe all of the call centers, hotlines, or helplines reported in Indicators #1 - #3. States may define "call center" as any call center, hotline or combination of hotlines that take a significant number of calls regarding applying for or enrolling in Medicaid or CHIP. Call centers operated or overseen by the state-based marketplace (SBM) should not be included in the data reported in Indicators #1 - #3. Call centers and help lines that take calls in the following areas should be included if they receive a significant volume of calls and the agency can accurately track and report call volume: Questions about Medicaid or CHIP eligibility; Taking over-the-phone applications; Questions about enrollment, including enrollment into Medicaid/CHIP managed care plans; Local or county-based phone lines that handle inquiries about both health and human services programs.   This information is only required to be provided once, though should be updated if there are any changes to the set of call centers reported compared to the previous reporting period.

Unit: Text description

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts	Data Element Name	Data Type	Subgroup of data element:
Medicaid/CHIP						
1	Call Center Description	Description of state and local Medicaid or CHIP helplines, hotlines, or call centers reported on in Indicators #1 - #3.	Call center/hotline #1	DESC_CALLCENTER_1	Text	
2			Call center/hotline #2	DESC_CALLCENTER_2	Text	
3			Call center/hotline #3	DESC_CALLCENTER_3	Text	
4			Call center/hotline #4	DESC_CALLCENTER_4	Text	
5			Call center/hotline #5	DESC_CALLCENTER_5	Text	
6			Call center/hotline #6	DESC_CALLCENTER_6	Text	
7			Call center/hotline #7	DESC_CALLCENTER_7	Text	

Total Call Volume

Description: Number of calls received during the reporting period by state and local Medicaid or CHIP helplines, hotlines, or call centers. States may define "call center" as any call center, hotline or combination of hotlines that take a significant number of calls regarding applying for or enrolling in Medicaid or CHIP. Call centers operated or overseen by the state-based marketplace (SBM) should not be included in the data reported in Indicators #1 - #3. Call centers and help lines that take calls in the following areas should be included if they receive a significant volume of calls and the agency can accurately track and report call volume: Questions about Medicaid or CHIP eligibility; Taking over-the-phone applications; Questions about enrollment, including enrollment into Medicaid/CHIP managed care plans; Local or county-based phone lines that handle inquiries about both health and human services programs.

Unit: Number of calls

Breakouts: States should separately report call volume for each helpline, hotline, or call center. If the set of helplines, hotlines, or call centers reported in this indicator change from the previous reference period, states should re-report a description of each line in the "Call Center" tab.

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts	Data Element Name	Data Type	Subgroup of data element:
Medicaid/CHIP						
1			Call center/hotline #1	VOL_CALLCENTER_1	Number	
2			Call center/hotline #2	VOL_CALLCENTER_2	Number	
3		Number of calls received by state and local Medicaid or CHIP helplines, hotlines, or call centers.	Call center/hotline #3	VOL_CALLCENTER_3	Number	
4	Total Call Volume		Call center/hotline #4	VOL_CALLCENTER_4	Number	
5			Call center/hotline #5	VOL_CALLCENTER_5	Number	
6			Call center/hotline #6	VOL_CALLCENTER_6	Number	
7			Call center/hotline #7	VOL_CALLCENTER_7	Number	

Explanation of Data Limitations
Please include an explanation of any data limitations that would affect the interpretation of the numbers reported for this indicator.

Call Center Wait Time

Description: For each call center, hotline, or helpline reported in Indicator #1, the average length of time for calls to be answered (that is, average time that a caller waits in queue before being connected to an agent). Refer to the description of the "Total Call Volume" indicator for a detailed definition of call center.

Unit: Minutes

Breakouts: States should separately report call volume for each helpline, hotline, or call center. If the set of helplines, hotlines, or call centers reported in this indicator change from the previous reference period, states should re-report a description of each line in the "Call Center" tab.

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts	Data Element Name	Data Type	Subgroup of data element:
Medicaid/CHIP						
1			Call center/hotline #1	WAIT_CALLCENTER_1	Number	
2			Call center/hotline #2	WAIT_CALLCENTER_2	Number	
3		For each call center or help line reported in indicator #1 (Total Call Volume), the average length of time for calls to be answered	Call center/hotline #3	WAIT_CALLCENTER_3	Number	
4	Call Center Wait Time		Call center/hotline #4	WAIT_CALLCENTER_4	Number	
5			Call center/hotline #5	WAIT_CALLCENTER_5	Number	
6			Call center/hotline #6	WAIT_CALLCENTER_6	Number	
7			Call center/hotline #7	WAIT_CALLCENTER_7	Number	

Data Limitations

Abandonment Rate

Description: For each call center or help line reported in Indicator #1, the ratio of calls abandoned by caller (numerator), divided by total call volume (denominator). Refer to the description of the "Total Call Volume" indicator for a detailed definition of call center.

Unit: Ratio

Breakouts: States should separately describe and report the abandonment rate for each helpline, hotline, or call center reported in Indicator #1.

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts	Data Element Name	Data Type	Subgroup of data element:
Medicaid/CHIP						
1			Call center/hotline #1	ABANDON_CALLCENTER_1	Number	
2			Call center/hotline #2	ABANDON_CALLCENTER_2	Number	
3		For each call center or help line reported in indicator #1, the number of calls abandoned by caller (numerator) divided by total call volume (denominator).	Call center/hotline #3	ABANDON_CALLCENTER_3	Number	
4	Abandonment Rate		Call center/hotline #4	ABANDON_CALLCENTER_4	Number	
5			Call center/hotline #5	ABANDON_CALLCENTER_5	Number	
6			Call center/hotline #6	ABANDON_CALLCENTER_6	Number	
7			Call center/hotline #7	ABANDON_CALLCENTER_7	Number	

Data Limitations

Number of Applications Received in Previous Week

Description: Total number of applications received during the previous week (Sunday-Saturday). This indicator should include any accounts transferred from the FFM or an SBM that the Medicaid or CHIP agency received during the reporting period. All applications received by the Medicaid agency, including applications for a CHIP program administered within the same agency as Medicaid, should be reported in data element #2. Separate CHIP agencies that directly receive applications should report the number of applications received in data element #3. Applications received by the state-based marketplace (SBM) that are entered into an integrated eligiblity system should be included in data element #4. For data element #2, the applications received by the Medicaid agency should include both MAGI and non-MAGI applications, and they should not include those that are received through the marketplace or by a separate CHIP agency. The sum of data elements #2, #3, and #4 should equal the total applications received by any agency or SBM in the state.

Unit: Number of applications

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)	Data Element Name	Data Type	Subgroup of data element:
1	Total Applications	Total number of applications received	None	APPS_TOTAL_WEEK	Number	
2	Applications Received by the Medicaid Agency	Total number of applications received by the Medicaid agency, including applications for a CHIP program administered within the same agency as Medicaid	None	APPS_MED_WEEK	Number	#1
3	Applications Received by Separate CHIP Agency	Number of applications received by separate CHIP agency	None	APPS_CHIP_WEEK	Number	#1
4	Other Applications	Number of applications received by the state-based marketplace	None	APPS_IES_WEEK	Number	#1

Data Limitations

Number of Applications Received in Previous Month

Description: Number of applications received during the previous calendar month. This indicator should include any accounts transferred from the FFM or an SBM that the Medicaid/CHIP agency received during the reporting period. Applications received by the Medicaid agency, including CHIP applications for a program administered within the same agency as Medicaid, should be reported in data elements #2-#7. The counts reported in elements #2-#7 should include both MAGI and non-MAGI applications, and they should not include those that are received through the marketplace or by a separate CHIP agency.   Applications received by a separate CHIP agency should be reported in data elements #8-#13. Applications received by the state-based marketplace (SBM) that are entered into an integrated eligiblity system should be reported in data element #14. States without an SBM or with an SBM that has a wholly separate eligibility determination system should not report any data in element #14. The total applications reported in data element #1 should be an unduplicated sum of the total applications received by the Medicaid agency (#2), the separate CHIP agency (#8), and the SBM (#14). In the data breakouts, each application should be reported in one and only one channel; see the Data Dictionary for further details on how each channel is defined.

Unit: Number of applications

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Monthly
Reporting Period	N/A - monthly report only

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)		Data Element Name	Data Type	Subgroup of data element:
All applications							
1	Total applications	Total number of applications received by any state agency or SBM authorized to make Medicaid or CHIP eligibility determinations	Total		APPS_TOTAL_MONTH	Number	
Applications Received by the Medicaid Agency							
2	Applications Received by the Medicaid Agency	Total number of applications received by the Medicaid agency, including applications for a CHIP program administered within the same agency as Medicaid	Total		APPS_MED_MONTH	Number	#1
3			By Channel	Online	APPS_MED_ONLINE	Number	#2
4				Mail	APPS_MED_MAIL	Number	#2
5				In-person	APPS_MED_INPERS	Number	#2
6				Phone	APPS_MED_PHONE	Number	#2
7				Other (please describe data limitation and provide available data)	APPS_MED_OTHER	Text	#2
Applications Received By a Separate CHIP Agency							
8	Applications Received by a Separate CHIP Agency	Number of applications received by a separate CHIP agency	Total		APPS_CHIP_MONTH	Number	#1
9			By Channel	Online	APPS_CHIP_ONLINE	Number	#2
10				Mail	APPS_CHIP_MAIL	Number	#2
11				In-person	APPS_CHIP_INPERS	Number	#2
12				Phone	APPS_CHIP_PHONE	Number	#2
13				Other (please describe data limitation and provide available data)	APPS_CHIP_OTHER	Text	#2
Applications Received By the State-Based Marketplace							
14	Other applications	Number of applications received by the state-based marketplace	Total		APPS_IES_MONTH	Number	#1

Data Limitations

Number of Electronic Accounts Transferred

Description: Number of electronic accounts that were transferred during the reporting period between between the federally-facilitated or a state-based marketplace and the state Medicaid agency. When the reporting period is weekly (during open enrollment), the number of accounts transferred between Sunday and Saturday of the reporting week should be reported. When this indicator is reported monthly, the number of accounts transferred between the first and last day of the calendar month should be reported. An account is defined as the set of application and verification data necessary to make an eligibility determination for an insurance affordability program as required in §435.1200. In states operating a state-based marketplace, account transfers are only as described above in non-integrated eligibility systems should be reported--not to be confused with case transfers that occur post-eligibility determination in support of enrollment. See the Data Dictionary for a fuller explanation of each category in the "By transfer type" data breakout; these categories are not mutually exclusive.

Unit: Number of accounts

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)		Data Element Name	Data Type	Subgroup of data element:
1			Total		TRANSFER_TOTAL_RECVD	Number	
2			By source of incoming transfer	Transfers received from FFM	TRANSFER_FFM_RECVD	Number	#1
3	Total transfer accounts received	Total number of accounts tranferred to Medicaid agency for determination		Transfers received from non-integrated SBM systems	TRANSFER_SBM_RECVD	Number	#1
4			By transfer type	Determined account	TRANSFER_DET_RECVD	Number	#1
5				Assessed account	TRANSFER_ASSESS_RECVD	Number	#1
6				Request for full determination	TRANSFER_FULLDET_RECVD	Number	
7		Total number of accounts transferred to another program after being assessed or determined ineligible for Medicaid	Total		TRANSFER_TOTAL_SENT	Number	
8	Total transfer accounts sent		By destination for outgoing transfer	Transfers sent to FFM	TRANSFER_FFM_SENT	Number	#7
9				Transfers to non-integrated SBM systems	TRANSFER_SBM_SENT	Number	#7

Data Limitations

Number of Renewals

Description: Total number of annual renewals up for redetermination by the Medicaid or CHIP agency during the previous calendar month. These data should include annual renewals only, and exclude beneficiaries redetermined due to a change in circumstances. Data elements #2 and #3 (Medicaid MAGI and non-MAGI renewals) should include all Medicaid (Title XIX) accounts up for annual renewal. Data element #4 (CHIP renewals) should include all CHIP (Title XXI) accounts up for annual renewal, regardless of whether the renewal is processed by the Medicaid agency or a separate CHIP agency.

Unit: Accounts up for annual renewal

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	N/A - monthly report only

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary Tab)		Data Element Name	Data Type	Subgroup of data element:
Renewals Processed by Medicaid Agency							
1	Total Renewals	Number of renewals up for annual redetermination.	Total		RENEW_MEDCHIP_MONTH	Number	
2			By Determination Type	Medicaid MAGI renewals	RENEW_MAGI_TOTAL	Number	#1
3				Medicaid non-MAGI renewals	RENEW_NONMAGI_TOTAL	Number	#1
4				CHIP renewals	RENEW_CHIP_MONTH	Number	#1

Data Limitations

Number of Enrollments

Description: Absolute number of individuals enrolled in Medicaid or CHIP as of the last day of the reporting period, including those with retroactive, conditional, and presumptively eligibility. When the reporting period is weekly (during open enrollment), the number of individuals enrolled as of the last day of the week (Saturday) should be reported. When this indicator is reported monthly, the number of individuals enrolled as of the last day of the calendar month should be reported. Individuals enrolled in Medicaid (Title XIX) should be reported in data elements #1-#7. Individuals enrolled in CHIP (Title XXI), whether through the Medicaid agency or a separate CHIP agency, should be reported in data element #8. CHIP children in a premium grace period should be included in elements #8-#10, while CHIP children subject to a waiting period or premium lock-out period are considered eligible but not enrolled and should be excluded.

Unit: Individuals enrolled

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator. Please also use the space to note if totals include individuals who are reotroactively, contingently, or presumptively eligible.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary Tab)		Data Element Name	Data Type	Subgroup of data element:
1	Total Medicaid enrollees	Number of individuals enrolled in Medicaid (Title XIX) as of the last day of the reporting period.	Total		ENROLL_MED_TOTAL	Number	
2			MAGI enrollees	Total	ENROLL_MAGI_TOTAL	Number	#1
3				Child	ENROLL_MAGI_CHILD	Number	#2
4				Adult (all non-children)	ENROLL_MAGI_ADULT	Number	#2
5			Non-MAGI enrollees	Total	ENROLL_NONMAGI_TOTAL	Number	#1
6				Child	ENROLL_NONMAGI_CHILD	Number	#5
7				Adult (all non-children)	ENROLL_NONMAGI_ADULT	Number	#5
8	Total CHIP enrollees	Number of individuals enrolled in CHIP (Title XXI) as of the last day of the reporting period	Total	Total	ENROLL_CHIP_TOTAL	Number	

Data Limitations

Total Number of Individuals Determined Eligible

Description: Number of individuals determined to be eligible for Medicaid (Title XIX) or for CHIP (Title XXI) through either an application or renewal during the reporting period. When the reporting period is weekly (during open enrollment), the number of individuals determined eligible between Sunday and Saturday should be reported. When this indicator is reported monthly, the number of individuals determined eligible between the first and last day of the calendar month should be reported. This indicator should include all individuals who were determined eligible by a state agency or SBM during the reporting period, regardless of the date of application or when their account came up for renewal. Include eligibility determinations made by Medicaid agencies, separate CHIP agencies, and by marketplaces in SBM states, if applicable. If information on individuals determined eligible by the SBM is not available, this should be included in the data limitations section. Individuals determined eligible by the FFM should not be included in this indicator. See data dictionary for definitions of "application type."

Unit: Number of individuals

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)		Data Element Name	Data Type	Subgroup of data element:
Medicaid Eligibility Determinations							
1	Individuals determined eligible for Medicaid	Total number of individuals determined to be eligible for Medicaid (Title XIX) during the reporting period, by any agency or SBM within the state authorized to make eligibility determinations.	Total		ELIGMED_TOTAL	Number	
2			By Determination Type	MAGI determinations	ELIGMED_DETERM_MAGI	Number	#1
3				Non-MAGI determations	ELIGMED_DETERM_NONMAGI	Number	#1
4			By Application Type	Determined eligible at application (either direct or transfer app)	ELIGMED_APPTYPE_APP	Number	#1
5				Determined eligible at annual renewal	ELIGMED_APPTYPE_RENEW	Number	#1
6				Administrative Determination	ELIGMED_APPTYPE_AD	Number	#1
7				All others determined eligible	ELIGMED_APPTYPE_OTHER	Number	#!
CHIP Eligibility Determinations							
8	Individuals determined eligible for CHIP	Total number of individuals determined to be eligible for CHIP (Title XXI) during the reporting period, by any agency or SBM within the state authorized to make eligibility determinations.	Total		ELIGCHIP_TOTAL	Number	
9			By Determination Type	MAGI determinations	ELIGCHIP_DETERM_MAGI	Number	#8
10				Non-MAGI determations	ELIGCHIP_DETERM_NONMAGI	Number	#8
11			By Application Type	Determined eligible at application (either direct or transfer app)	ELIGCHIP_APPTYPE_APP	Number	#8
12				Determined eligible at annual renewal	ELIGCHIP_APPTYPE_RENEW	Number	#8
13				All others determined eligible	ELIGCHIP_APPTYPE_OTHER	Number	#8

Data Limitations

Total Number of Individuals Determined Ineligible

Description: Number of individuals determined to be ineligible for Medicaid (Title XIX) or for CHIP (Title XXI) through either an application or renewal during the reporting period. When the reporting period is weekly (during open enrollment), the number of individuals determined ineligible between Sunday and Saturday should be reported. When this indicator is reported monthly, the number of individuals determined ineligible between the first and last day of the calendar month should be reported. Individuals who request disenrollment or are disenrolled for failure to make premium payments during the reporting period should not be included in this indicator. Similarly, children that are eligible but not enrolled due to being subject to a waiting period should not be reflected in this indicator. Include eligibility determinations made by both Medicaid/CHIP agencies and by marketplaces in SBM states, if applicable. If information on individuals determined ineligible by the SBM is not available, this should be included in the data limitations section. Individuals determined ineligible by the FFM should not be included in this indicator.

Unit: Number of individuals

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	9/29/2013 - 10/5/2013

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)		Data Element Name	Data Type	Subgroup of data element:
Medicaid Eligibility Determinations							
1			Total		INELIGMED_TOTAL	Number	
2			By determination reason	Ineligibility established	INELIGMED_DETERM_ESTAB	Number	#1
3		Total number of individuals determined to be ineligible for Medicaid (Title XIX) during the reporting period, by any agency or SBM within the state authorized to make eligibility determinations.		Eligibility cannot be established (inadequate documentation)	INELIGMED_DETERM_INAD_DOC	Number	#1
4	Individuals determined ineligible for Medicaid		By application type	Determined ineligible at application (either direct or transfer app)	INELIGMED_APPTYPE_APP	Number	#1
5				Determined ineligible at annual renewal	INELIGMED_APPTYPE_RENEW	Number	#1
6				All others determined ineligible	INELIGMED_APPTYPE_OTHER	Number	#1

#							
CHIP Eligibility Determinations							
7			Total		INELIGCHIP_TOTAL	Number	
8			By determination reason	Ineligibility established	INELIGCHIP_DETERM_ESTAB	Number	#7
9		Total number of individuals determined to be ineligible for CHIP (Title XXI) during the reporting period, by any agency or SBM within the state authorized to make eligibility determinations.		Eligibility cannot be established (inadequate documentation)	INELIGCHIP_DETERM_INAD_DOC	Number	#8
10	Individuals determined ineligible for CHIP		By application type	Determined ineligible at application (either direct or transfer app)	INELIGCHIP_APPTYPE_APP	Number	#9
11				Determined ineligible at annual renewal	INELIGCHIP_APPTYPE_RENEW	Number	#10
12				All others determined ineligible	INELIGCHIP_APPTYPE_OTHER	Number	#11

Data Limitations

Total Number of Pending Applications/Redeterminations

Description: Total number of applications / redeterminations pending as of the last day of the month in the reporting period. This should include all pending applications (those in process but not complete) and redeterminations (those in process but not complete) regardless of the date of application or when the individual came up for renewal. Applications / redeterminations pending at the Medicaid agency, including applications and renewals for a CHIP program administered within the same agency as Medicaid, should be included in data element #1. Applications / redeterminations pending at a separate CHIP agency should be reported in data element #3. In data elements #2 and #4, please indicate with an "I" if the count includes only individuals with a pending determination, and with an "A" if the count includes applications that may be a mix of individuals and households.

Unit: Applications / redeterminations

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	_Alabama_
Report Type	_Weekly_
Reporting Period	_N/A - monthly report only_

#	Data Element	Data Element Description	Data Breakouts (for more info, see Glossary tab)		Data Element Name	Data Type	Subgroup of data element:
Medicaid Agency							
1	Number pending at Medicaid	Total number of applications and redeterminations pending at Medicaid agency as of the last day of the month, including CHIP if CHIP is administered within the same agency as Medicaid			PENDING_MED_MONTH	Number	
2	Type	Indicate whether the count reported in data element #1 is of individuals ("I") or of applications that may contain a mix of individuals and households ("A").			PENDING_MED_TYPE	Text	
Separate CHIP Agency							
3	Number pending at separate CHIP agency	Total number of applications and redeterminations pending at the separate CHIP agency as of the last day of the month			PENDING_CHIP_MONTH	Number	
4	Type	Indicate whether the count reported in data element #3 is of individuals ("I") or of applications that may contain a mix of individuals and households ("A").			PENDING_CHIP_TYPE	Text	

Data Limitations

Processing Time for Determinations

Description: For all individuals who received a final determination in the previous month (both MAGI and non-MAGI), the number of calendar days elapsed between the day the Medicaid or CHIP agency received the application (start date) and the day the final determination was made (end date). States should report the median number of days as well as the number of determinations that fall into each time category in the break-out section. If multiple household members applied on a single application, the processing time should be calculated and reported separately for each individual who received a determination. Individuals with presumptive eligiblity should not be included in this indicator. All determinations made by the Medicaid agency, including CHIP eligibility determinations, should be reported in data elements #1-15. All determinations by a separate CHIP agency should be reported in data elements #16-30.

Unit: Days (data elements #1 - #6 and #16), number of eligibility determinations (data elements #7 - #15 and #17 - #21)

Data Limitations: Use the space provided below to describe any data limitations that may affect the interpretation of data reported in this indicator.

State	Alabama
Report Type	Weekly
Reporting Period	N/A - monthly report only

#	Data Element	Data Element Description	Data Breakouts		Data Element Name	Data Type	Subgroup of data element:
Medicaid Agency							
1	Median processing time for determination	Median number of calendar days elapsed between the day the Medicaid agency received the application and the day the final determination was made.	All determinations		PROC_MED_ALL	Number	
2			By determination type	MAGI	PROC_MED_MAGI	Number	
3				Non-MAGI	PROC_MED_NONMAGI	Number	
4			By application source	Direct application to Medicaid agency	PROC_MED_DIRECTAPP	Number	
5				Transfer application from FFM/SBM	PROC_MED_FFMSBM	Number	
6				Transfer application from CHIP	PROC_MED_CHIPTRANS	Number	
7	Number of MAGI determinations by processing time	Number of individuals who received a final MAGI determination in the previous month, by time category.	By number of days	<24 hours	PROC_MED_MAGI_CAT1	Number	
8				>24 hours-7 days	PROC_MED_MAGI_CAT2	Number	
9				8 days-30 days	PROC_MED_MAGI_CAT3	Number	
10				31 days - 45 days	PROC_MED_MAGI_CAT4	Number	
11				>45 days	PROC_MED_MAGI_CAT5	Number	
12	Number of non-MAGI determinations by processing time	Number of individuals who received a final non-MAGI determination in the previous month, by time category.	By number of days	<30 days	PROC_MED_NONMAGI_CAT1	Number	
13				31 days - 60 days	PROC_MED_NONMAGI_CAT2	Number	
14				61 days - 90 days	PROC_MED_NONMAGI_CAT3	Number	
15				>90 days	PROC_MED_NONMAGI_CAT4	Number	
Separate CHIP Agency							
16	Median processing time for determination	Median number of calendar days elapsed between the day the Medicaid/CHIP agency received the application and the day the final determination was made.	All determinations		PROC_CHIP_ALL	Number	
17			By determination type	MAGI	PROC_CHIP_MAGI	Number	
18				Non-MAGI	PROC_CHIP_NONMAGI	Number	
19			By application source	Direct application to Medicaid agency	PROC_CHIP_DIRECTAPP	Number	
20				Transfer application from FFM/SBM	PROC_CHIP_FFMSBM	Number	
21				Transfer application from CHIP	PROC_CHIP_CHIPTRANS	Number	
22	Number of MAGI determinations by processing time	Number of individuals who received a final MAGI determination in the previous month, by time category.	By number of days	<24 hours	PROC_CHIP_MAGI_CAT1	Number	
23				>24 hours-7 days	PROC_CHIP_MAGI_CAT2	Number	
24				8 days-30 days	PROC_CHIP_MAGI_CAT3	Number	
25				31 days - 45 days	PROC_CHIP_MAGI_CAT4	Number	
26				>45 days	PROC_CHIP_MAGI_CAT5	Number	
27	Number of non-MAGI determinations by processing time	Number of individuals who received a final non-MAGI determination in the previous month, by time category.	By number of days	<30 days	PROC_CHIP_NONMAGI_CAT1	Number	
28				31 days - 60 days	PROC_CHIP_NONMAGI_CAT2	Number	
29				61 days - 90 days	PROC_CHIP_NONMAGI_CAT3	Number	
30				>90 days	PROC_CHIP_NONMAGI_CAT4	Number	

Data Limitations