

Table 7
Coordination between Medicaid and Marketplace Systems, January 2017

State	Marketplace Structure ¹	FFM Conducts Assessment or Final Determination for Medicaid Eligibility ² (Total Using FFM = 39)	State Regularly Experiences Problems or Delays Receiving or Sending Accounts from or to the FFM ³ (Total Using FFM = 39)
Total	FFM: 28 Partnership: 6 SBM-FP: 5 SBM: 12	Assessment: 30 Determination: 9	6
Alabama	FFM	Determination	
Alaska	FFM	Determination	
Arizona	FFM	Assessment	
Arkansas	SBM-FP	Determination	Y
California	SBM	N/A (SBM)	N/A (SBM)
Colorado	SBM	N/A (SBM)	N/A (SBM)
Connecticut	SBM	N/A (SBM)	N/A (SBM)
Delaware	Partnership	Assessment	
District of Columbia	SBM	N/A (SBM)	N/A (SBM)
Florida	FFM	Assessment	
Georgia	FFM	Assessment	
Hawaii	FFM	Assessment	
Idaho	SBM	N/A (SBM)	N/A (SBM)
Illinois	Partnership	Assessment	
Indiana	FFM	Assessment	
Iowa	Partnership	Assessment	Y
Kansas	FFM	Assessment	
Kentucky ⁴	SBM-FP	Assessment	Not reported
Louisiana ⁵	FFM	Determination	
Maine	FFM	Assessment	
Maryland	SBM	N/A (SBM)	N/A (SBM)
Massachusetts	SBM	N/A (SBM)	N/A (SBM)
Michigan	Partnership	Assessment	
Minnesota	SBM	N/A (SBM)	N/A (SBM)
Mississippi	FFM	Assessment	
Missouri	FFM	Assessment	Y
Montana	FFM	Determination	
Nebraska	FFM	Assessment	
Nevada	SBM-FP	Assessment	
New Hampshire	Partnership	Assessment	
New Jersey ⁶	FFM	Determination	Y
New Mexico	SBM-FP	Assessment	
New York	SBM	N/A (SBM)	N/A (SBM)
North Carolina	FFM	Assessment	
North Dakota	FFM	Assessment	
Ohio	FFM	Assessment	Y
Oklahoma	FFM	Assessment	
Oregon	SBM-FP	Assessment	
Pennsylvania	FFM	Assessment	
Rhode Island	SBM	N/A (SBM)	N/A (SBM)
South Carolina	FFM	Assessment	Y
South Dakota	FFM	Assessment	
Tennessee	FFM	Determination	
Texas	FFM	Assessment	
Utah	FFM	Assessment	
Vermont	SBM	N/A (SBM)	N/A (SBM)
Virginia	FFM	Assessment	
Washington	SBM	N/A (SBM)	N/A (SBM)
West Virginia	Partnership	Determination	
Wisconsin	FFM	Assessment	
Wyoming ⁷	FFM	Determination	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017. Table presents rules in effect as of January 1, 2017.

Table 7 Notes.

1. This column indicates whether a state has elected to use the Federally-facilitated Marketplace (FFM), establish a Marketplace in partnership with the federal government (Partnership), establish a State-based Marketplace that uses the federal platform (SBM-FP) or establish and operate its own State-based Marketplace (SBM), based on data compiled by the Kaiser Family Foundation. (See State Health Facts Online, State Health Insurance Marketplace Types, 2017, <http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/>.) In an FFM state, the US Department of Health and Human Services (HHS) conducts all Marketplace functions. States with a Partnership Marketplace may administer plan management functions, in-person consumer assistance functions, or both, and HHS is responsible for the remaining Marketplace functions. States running a SBM are responsible for performing all Marketplace functions, except for SBM-FP states that rely on the FFM for application processing and certain eligibility and enrollment activities.
2. This column indicates whether states using the FFM IT platform for eligibility activities (including FFM, Partnership, and SBM-FP states) have elected to have the FFM make assessments or final determinations of Medicaid/CHIP eligibility for non-disabled groups. In assessment states, applicants' accounts must be transferred to the state Medicaid/CHIP agency for a final determination. In determination states, the FFM makes a final Medicaid/CHIP eligibility determination and transfers the account to the state Medicaid/CHIP agency for enrollment. States marked as "N/A (SBM)" do not rely on the FFM for eligibility functions.
3. This column indicates whether states are experiencing routine or ongoing delays or problems receiving or sending electronic accounts transfers from or to the FFM.
4. Kentucky became a SBM-FP state as of November 1, 2016. The state was unable to report whether it is experiencing problems or delays with transfers given the effective date of the transition.
5. Louisiana transitioned to rely on the FFM to make final determinations rather than assessments for Medicaid eligibility in July 2016.
6. New Jersey is not transferring accounts to the FFM because the accounts cannot be received. If families are above the income limit for Medicaid, the state directs them to apply directly through HealthCare.gov.
7. In Wyoming, the FFM conducts assessments rather than final determinations of CHIP eligibility.