



THE KAISER COMMISSION ON
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CHIP Program Enrollment: December 2000

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Introduction

This report provides national enrollment numbers for State Children's Health Insurance Programs (CHIP) during the month of December 2000, and tracks enrollment trends since the program was begun in each state.¹ CHIP is designed to provide health insurance coverage to children of working parents or other low-income households who do not have employer-sponsored health insurance or who do not qualify for Medicaid. Each state has designed its own program within broad federal guidelines. A state can implement CHIP as an expansion of its Medicaid program or as a separate stand-alone program, or it can operate both types of programs at the same time.

States began to implement CHIP soon after the U.S. Congress adopted Title XXI of the Social Security Act as part of the Balanced Budget Act of 1997 (BBA). The first state to enroll children into its CHIP program—Alabama—did so in January 1998, just five months after the BBA became law. Other states were quick to follow. Altogether, forty-one states and the District of Columbia initiated programs in 1998. Six more states began programs in 1999. The final three states, Washington, Wyoming, and Hawaii, implemented their programs in 2000. In most states, initial CHIP implementation has been followed by one or more further expansions of coverage for children.

Enrollment growth has been brisk during CHIP's three-year existence. This rapid growth has been accompanied by a widespread commitment among the states to find and enroll all eligible uninsured children. States have initiated outreach and marketing campaigns to encourage enrollment, and have taken steps to simplify their application and enrollment procedures. These campaigns often have involved local and statewide coalitions committed to assisting in these efforts.²

Results in Brief

By December 2000 all 50 states and the District of Columbia had begun enrolling children in their State Children's Health Insurance Programs (CHIP). Total monthly enrollment in CHIP was 2.7 million nationally, up from 1.8 million in the previous December. National enrollment growth in CHIP has been steady during its first three years, growing by roughly 900,000 between each December.

Of the almost 2.7 million children enrolled in December 2000, 1.9 million (73%) were enrolled in separate CHIP programs. The remaining 730,000 (27%) were enrolled in CHIP-financed Medicaid expansion programs.

As more states have opted to use separate programs to implement additional eligibility increases, enrollment growth in separate programs has exceeded growth in CHIP-financed Medicaid. Additionally, enrollment in some CHIP-financed Medicaid expansions has been contracting as federally required Medicaid eligibility expansions for children are phased in.

¹This study updates two previous reports: *CHIP Program Enrollment: December 1998 to December 1999*, The Kaiser Commission on Medicaid and the Uninsured, July 2000. Publication #2195; and *CHIP Program Enrollment: June 2000*, The Kaiser Commission on Medicaid and the Uninsured, January 2001. Publication #2224.

²Michael Perry, Vernon K. Smith, Catherine N. Smith, and Christina Chang, *Marketing Medicaid and CHIP: A Study of State Advertising Campaigns*, The Kaiser Commission on Medicaid and the Uninsured, October 2000. Publication #2213.

Study Methodology and Data Issues

This study is based on data provided by all 50 states and the District of Columbia. States provided point-in-time monthly enrollment data for December 1998, June and December of 1999, and June and December of 2000.

Note that the “point-in-time” monthly enrollment reported in this study is different from another commonly reported measure of enrollment—the number of children “ever-enrolled” during a calendar quarter or federal fiscal year. For example, the Health Care Financing Administration (now the Centers for Medicare and Medicaid Services, or CMS) has reported the number of children “ever-enrolled” during the federal fiscal year 2000.³ The number of children “ever-enrolled” during an annual period will be larger than the point-in-time monthly enrollment, because new children enroll each month, and others lose eligibility or disenroll each month. The monthly enrollment figure captures a point-in-time estimate of the number of children enrolled that represents only a share of the “ever-enrolled” children. The greater the number of new enrollments and disenrollments each month, the larger the difference between the two measures of enrollment will be.

For this study, enrollment data for December 2000 were requested in February 2001. States provided the data over the following three months. In June 2001 each state was asked to confirm the data for December 2000 and each of the previous four monthly data periods. This process resulted in updated data for all five reporting periods, reflecting on-going adjustments due to retroactive enrollment and other adjustments in state reports. Due to these adjustments, the number indicated as enrolled for earlier periods in this report may differ from the enrollment figures shown in previous reports in this series.

Study Results

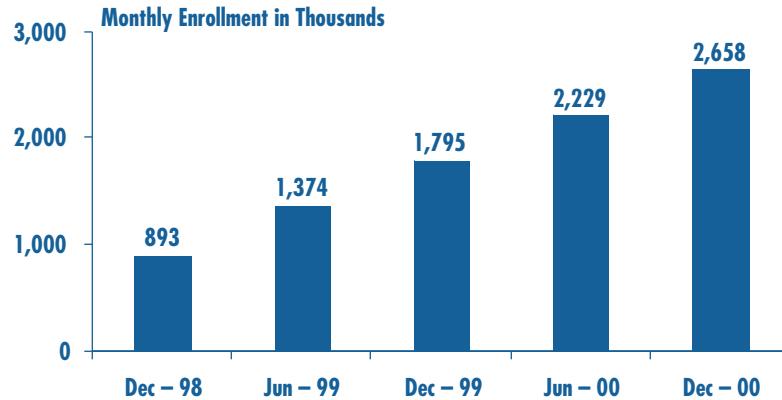
In December 2000, total monthly CHIP enrollment reached 2.7 million nationally, up from 1.8 million one year earlier in December 1999. Of these 2.7 million children, roughly 73% (1.9 million) were enrolled in separate CHIP programs. The number enrolled through Medicaid expansion programs totaled about 27% (730,000).

Total Enrollment

In the month of December 2000, enrollment in programs funded under CHIP in the 50 states and the District of Columbia totaled 2,658,170 children. This was an increase of 862,962 (a 48% increase) from the 1,795,208 enrolled a year earlier in December 1999 (Figure 1).

³U.S. Department of Health and Human Services, *State Children's Health Insurance Program (S-CHIP) Aggregate Enrollment Statistics for the 50 States and the District of Columbia for Federal Fiscal Year 2000*, dated January 6, 2001. Available at: www.hcfa.gov/init/fy2000.pdf. The HCFA report indicates “ever-enrolled” CHIP enrollment of 3.3 million for Federal fiscal year 2000.

Figure 1
**Total U.S. CHIP Enrollment in 50 States
and the District of Columbia**



Source: Compiled by Health Management Associates from state enrollment reports.

Growth in total U.S. CHIP enrollment has been remarkably consistent over the first three years of the program’s operation. As shown in Table 1, in each of the three years since enrollment began, annual growth—as measured by the increase in total enrollment from December of the previous year—was 892,965 in 1998, 902,243 in 1999, and 862,962 in 2000.

Table 1
**Growth in CHIP Enrollment,
December 1998 to December 2000**

	Dec-98	Jun-99	Dec-99	Jun-00	Dec-00
Monthly Enrollment	892,965	1,374,421	1,795,208	2,229,476	2,658,170
Growth in Previous 6 Months	NA ¹	481,456	420,787	434,268	428,694
Growth in Previous 12 Months	892,965*	NA ¹	902,243	855,055	862,962

¹The earliest available data in this study are from December 1998. We assume a base of 0 enrollment in January 1998 and can compute 6 month growth from June 1999 onward and 12 month growth from December 1999 onward.

*Represents 11-month growth from January 1998 to December 1998.

CHIP Enrollment Growth in Individual States

During the year 2000, the pace of enrollment varied widely among the states, and differed in some states between the first half and second half of the year. Much of the state-level variation in the rate of CHIP enrollment growth can be explained by significant shifts in the number of children eligible for coverage in various states that occurred in 2000. The reasons for these shifts include the following:

1. New Expansions in Eligibility. Many states opted to implement CHIP in phases, often beginning with a modest expansion of Medicaid using CHIP funding and later implementing a more significant expansion of coverage through a separate CHIP program. (As described in detail below, the modest Medicaid expansions adopted in the early stages of implementation often involved using CHIP funding to extend Medicaid coverage to older children in families with incomes below 100 percent of the poverty level in advance of a federal legislative mandate for coverage by 2002.)

2. Delayed Implementation of CHIP. Although the vast majority of states implemented their programs soon after CHIP was enacted, a handful delayed implementation until 2000. Specifically, Hawaii, Minnesota, and Washington implemented CHIP only in 2000, and Texas waited until April 2000 to implement its broad separate CHIP program. Accordingly, these states show the rapid rates of enrollment growth during the year 2000 that has characterized other states in the first few months of CHIP implementation.

3. Contraction of Eligibility for CHIP-Financed Medicaid Expansions. CHIP is designed to expand eligibility to new groups of uninsured, low-income children rather than to cover the cost of children who can be enrolled in Medicaid. Under federal law, Medicaid coverage has been phasing in for children up to age 19 born after September 30, 1983 in families with incomes up to 100 percent of the Federal Poverty Level (FPL). When CHIP was enacted in 1997, this phase-in requirement extended Medicaid coverage to children up to age 13 with incomes below the poverty level. Many states opted to use their CHIP funds to accelerate the phase-in and extend Medicaid to all children up to age 19 with income below 100 percent FPL. As the required phase-in continues, more and more of the children covered under these modest CHIP-financed Medicaid expansions have become eligible for “regular” Medicaid and are no longer counted as CHIP enrollees. As a result, there is a natural contraction over time in the number of children eligible for and enrolled in CHIP-financed Medicaid expansions in states that opted to accelerate the required phase-in of coverage for children.

When comparing the latest six months for which we have data to the first half of the year 2000, we find that the growth in the second half of 2000 (June to December 2000) exceeded the growth in the first half (December 1999 to June 2000) in 13 states (see Table 2 on page 6). The states experiencing stronger growth in the more recent period included Arkansas, Colorado, Connecticut, Delaware, Illinois, Iowa, Michigan, Missouri, Ohio, South Dakota, Texas, Vermont, and West Virginia. (In addition to these 13 states, Hawaii, Washington and Wyoming began their programs during the year 2000 and therefore did not have previous periods of enrollment data for comparison.)

The experience of Texas illustrates some of the key shifts in CHIP eligibility rules that can affect the number of children eligible for and enrolled in the program. In 2000, Texas began the year

with a small CHIP-financed Medicaid expansion that covered only children age 15 to 18 in families with income up to 100 percent of the poverty level. In April of 2000, the state implemented a separate state CHIP program for children. The program, known as the Texas Health Partnership, now provides coverage to children who are ineligible for Medicaid and whose families' income is below 200 percent of the poverty level.

Enrollment in Texas's separate program accelerated rapidly during 2000, while enrollment in their CHIP-financed Medicaid expansion program continued to phase out, declining from 22,827 in June 2000 to 17,164 in December 2000. Despite this drop in Medicaid expansion enrollment, Texas registered the largest overall CHIP enrollment increase among all states for the last half of 2000: growing from 39,859 children enrolled in June to 200,761 in December, an increase of 160,902. In fact, CHIP enrollment growth in Texas accounted for over 37% of the total increase in national CHIP enrollment over this six-month period, and all of this enrollment growth occurred under their new separate CHIP program.

Ohio's strong second half CHIP enrollment performance came on the heels of a moderate increase in Medicaid eligibility levels for parents (from 80 to 100 percent FPL) that went into effect in July 2000. While monthly CHIP enrollment had increased from December 1999 to June 2000 by only about 2,000 children (from 45,103 to 47,287), it jumped by over 19,000 to 66,649 in December 2000 following this eligibility expansion.

Overall, however, most states (34) experienced slower enrollment growth in the second half than the first half of 2000. California, for example, saw enrollment increase from December 1999 to December 2000 by 157,535, an increase of 68%, continuing the steady growth that has occurred since the beginning of the California program. In the last half of 2000, however, California CHIP enrollment grew by 66,794, a six-month increase of only 21%. In the first half of the year enrollment grew by 91,741 or by 39%.

New York continued to have the largest number of CHIP enrollees among all states in December 2000 with 529,149. This reflected an increase of 103,627 or 24% from the 425,522 enrolled in December 1999. However, enrollment was virtually unchanged during the last half of the year, growing by only 7,091 or just over 1% between June and December of 2000.

Florida enrollment was 188,364 in December 2000, an increase of 63,601 or 51% compared to December 1999. The enrollment increase during the first six months of 2000 was 35,779 and in the last six months was 27,822.

Georgia enrollment almost doubled between the Decembers of 1999 and 2000, rising from 56,116 to 106,574. Of this 50,458 increase, the growth between December 1999 and June 2000 was 29,509, while growth in the second six-month interval was 20,949.

Among the 34 states where growth was lower in the second half of 2000 than in the first half, six states and the District of Columbia had actual enrollment declines in the latter half of the year. These seven included Alabama, the District of Columbia, Massachusetts, Nebraska, Oklahoma, South Carolina and Tennessee. In December 1999 compared to December 2000, total CHIP enrollment decreased in three of these states: Alabama, Oklahoma and Tennessee. As discussed above, declining CHIP enrollment was associated in part with the phase out of CHIP-financed

Table 2

Total CHIP Enrollment, December 1999 to December 2000

Program Type*	Monthly Enrollment			Percent Change			
	Dec-99	Jun-00	Dec-00	12/99-6/00	6/00-12/00	12/99-12/00	
United States	1,795,208	2,229,476	2,658,170	24%	19%	48%	
Alabama	C	33,638	36,709	32,915	9%	-10%	-2%
Alaska	M	7,346	9,176	9,882	25%	8%	35%
Arizona	S	27,765	35,034	41,501	26%	18%	49%
Arkansas	M	1,021	903	1,498	-12%	66%	47%
California	C	231,602	322,343	389,137	39%	21%	68%
Colorado	S	23,013	25,337	28,158	10%	11%	22%
Connecticut	C	9,088	9,740	10,572	7%	9%	16%
Delaware	S	2,510	2,909	3,823	16%	31%	52%
District of Columbia	M	2,187	3,225	3,178	47%	-1%	45%
Florida	C	124,763	160,542	188,364	29%	17%	51%
Georgia	S	56,116	85,625	106,574	53%	24%	90%
Hawaii	M	0	0	3,854	NA	NA	NA
Idaho	M	4,728	6,775	9,150	43%	35%	94%
Illinois	C	47,020	53,049	61,123	13%	15%	30%
Indiana ¹	C	34,656	39,914	45,572	15%	14%	31%
Iowa	C	12,677	13,738	18,013	8%	31%	42%
Kansas	S	15,206	17,140	19,148	13%	12%	26%
Kentucky	C	28,068	42,440	52,653	51%	24%	88%
Louisiana	M	26,649	33,363	40,551	25%	22%	52%
Maine	C	8,147	9,353	9,519	15%	2%	17%
Maryland	M	62,893	74,036	78,068	18%	5%	24%
Massachusetts ¹	C	52,508	61,837	60,854	18%	-2%	16%
Michigan	C	20,467	21,118	27,889	3%	32%	36%
Minnesota ²	M	4	9	16	125%	78%	300%
Mississippi	C	11,191	20,530	30,827	83%	50%	175%
Missouri	M	54,306	60,771	70,888	12%	17%	31%
Montana	S	2,458	5,827	9,700	137%	66%	295%
Nebraska	M	6,204	7,002	6,921	13%	-1%	12%
Nevada	S	7,573	11,152	14,247	47%	28%	88%
New Hampshire	C	2,169	3,484	3,897	61%	12%	80%
New Jersey	C	55,430	69,075	76,749	25%	11%	38%
New Mexico	M	2,395	4,236	6,172	77%	46%	158%
New York	S	425,522	522,058	529,149	23%	1%	24%
North Carolina	S	55,723	65,129	72,024	17%	11%	29%
North Dakota	C	1,026	1,875	2,225	83%	19%	117%
Ohio	M	45,103	47,287	66,649	5%	41%	48%
Oklahoma	M	32,503	35,617	32,047	10%	-10%	-1%
Oregon	S	14,118	15,900	16,617	13%	5%	18%
Pennsylvania	S	87,592	99,008	104,326	13%	5%	19%
Rhode Island	M	6,978	9,317	10,619	34%	14%	52%
South Carolina	M	43,773	47,532	44,392	9%	-7%	1%
South Dakota	C	2,789	3,724	5,545	34%	49%	99%
Tennessee	M	16,805	15,146	12,874	-10%	-15%	-23%
Texas	C	28,490	39,859	200,761	40%	404%	605%
Utah	S	13,745	16,868	20,389	23%	21%	48%
Vermont	S	1,632	2,004	2,485	23%	24%	52%
Virginia	S	19,569	25,033	29,967	28%	20%	53%
Washington	S	0	1,041	2,616	NA	151%	NA
West Virginia	S	8,935	11,697	15,415	31%	32%	73%
Wisconsin	M	17,107	22,357	26,178	31%	17%	53%
Wyoming	S	0	1,632	2,479	NA	52%	NA

*M = Medicaid Expansion Program (17) / S = Separate Program (17) / C = Combined Program (17)

¹ Monthly enrollment reports for this state represent the average monthly enrollment for the quarter ending in the month indicated.

² Minnesota had already expanded Medicaid coverage for children and pregnant women to 275% of the Federal Poverty Level (FPL) prior to CHIP's enactment. The state's CHIP program only covers children under age 2 in families with incomes from 275% to 280% FPL.

Note: Increases in excess of 1,000% reported as NA.

Medicaid expansions as adolescent age groups “aged out” and became eligible for Medicaid. Although these children no longer appear in the CHIP enrollment figures for these states, they should still be covered under each state’s Medicaid program.

Enrollment Growth by Program Type

The BBA gave states the option of implementing their CHIP programs through an expansion of their existing Medicaid program, as a separate, stand-alone program, or as some combination of the two approaches. As of December 2000, there were 17 Medicaid expansion CHIP programs (16 states and DC), 17 separate CHIP programs and 17 states operating both Medicaid expansion and separate CHIP programs (see Table 3 on the next page).

As states’ programs evolve, the distribution of enrollment among states operating separate CHIP and Medicaid expansion programs has changed. During the year 2000 the number of Medicaid expansion-only CHIP programs decreased from 19 to 17, as three states left this classification and one was added: Hawaii was added to this group when it initiated its program in July 2000; and three states—Indiana, South Dakota and Texas—added a separate program, thus becoming combination programs.

The number of states operating only separate CHIP programs increased from 14 to 17 during 2000: Washington and Wyoming implemented CHIP with new separate programs, and West Virginia came into this classification when it replaced its CHIP-financed Medicaid expansion with a separate CHIP program.

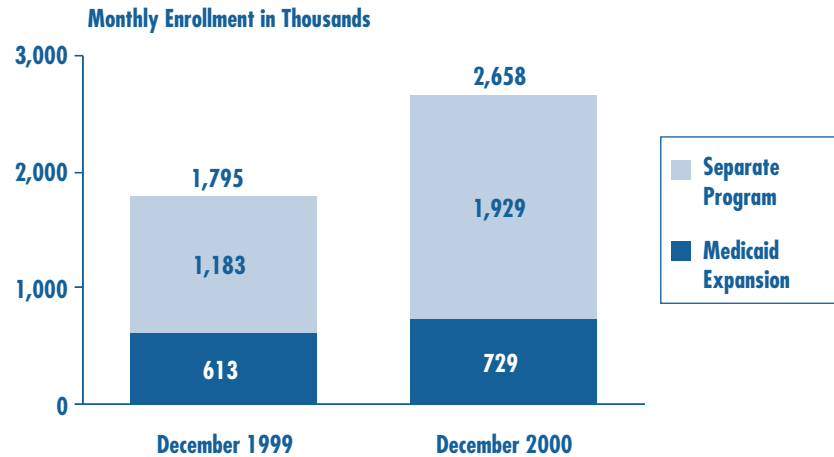
The number of states with combination programs increased from 15 to 17: separate CHIP programs were added to CHIP-financed Medicaid expansion programs in Indiana, South Dakota and Texas, while West Virginia moved to the separate program only classification.

During 2000, most of the enrollment growth occurred among separate CHIP programs, due in part to several states’ adoption of significant, new eligibility expansions under separate programs. At the same time, for reasons discussed in the preceding section, the number of children eligible for CHIP-financed Medicaid expansions has been declining naturally. From December 1999 to December 2000, enrollment among separate programs increased by 746,615 or 87% of the total increase of 862,962 (Figure 2 on the next page).

Enrollment in separate CHIP programs (34 states) increased by 47% over the year ending in December 2000. Enrollment in CHIP-financed Medicaid expansions (33 states and DC) increased by 22%.

Among the 17 states that operate both types of programs, enrollment in their separate programs increased by 70% during 2000, while enrollment in their CHIP-financed Medicaid expansion programs increased by 14%. The stronger rate of growth in separate CHIP programs is not surprising given that some of these 17 states significantly expanded eligibility for their separate CHIP programs. At the same time, the phase-in of regular Medicaid coverage for older children caused the number of children eligible for CHIP-financed Medicaid to contract in many of these 17 states (see discussion on page 4).

Figure 2
Growth in U.S. CHIP Enrollment by Program Type, December 1999 to December 2000



Note: Separate and Medicaid Expansion program enrollment include states operating combined programs.
 Source: Compiled by Health Management Associates from state enrollment reports.

States operating only separate programs experienced slower rates of growth in 2000 relative to the separate programs operating in states that also had CHIP-financed Medicaid expansions. Among the 17 states with separate programs only in December 2000, CHIP enrollment increased 33% (compared to 70% for the separate program component in the 17 states with combination programs).

Among the 16 states and DC without separate CHIP programs and operating only CHIP-financed Medicaid expansions, enrollment increased by 28% in 2000, compared to a 14% enrollment growth in the Medicaid expansion programs in the 17 states with combination programs.

It is important to note that when examining enrollment growth by program type, we have excluded from the percent change calculations those enrollees who were added either through a reclassification of an existing program or the implementation of a new program. This gives a more accurate comparison of the growth rates as they vary by program type. See notes to Table 3 and appendix tables 2–4 for more details.

During the June–December 2000 period, enrollment in CHIP-financed Medicaid expansions did indeed decrease in a total of 13 states. These included eight of the 17 states with combination programs (AL, CT, FL, ME, MA, MS, NH, and TX), and five of the 17 Medicaid expansion only programs (DC, NE, OK, SC and TN).

Table 3

United States Monthly CHIP Enrollment by Program Type, December 1999 and December 2000

	December 1999		December 2000		12/99-12/00	
	Enrollment	# of States	Enrollment	# of States	Growth	Percent Change*
USA Total	1,795,208	47 and DC	2,658,170	50 and DC¹	862,962	48%
Medicaid Expansions Only	395,937	18 and DC	422,937	16 and DC ²	27,000	28%
Separate Program Only	752,542	14	1,018,618	17 ³	266,076	33%
Combined Programs	646,729	15	1,216,615	17 ^{2,3}	569,886	51%
Medicaid Expansion	216,662	15	306,009	17	89,347	14%
Separate Program	430,067	15	910,606	17	480,539	70%
All Medicaid Expansions	612,599	33 and DC	728,946	33 and DC	116,347	22%
All Separate Programs	1,182,609	29	1,929,224	34	746,615	47%

Note: CHIP Program classification is as of December 1999 and December 2000.

*Percent changes by program type only reflect enrollment in those states that did not change program type during the relevant time period.

¹Three states initiated CHIP programs during 2000: HI implemented a Medicaid Expansion Only program, and WA and WY began Separate Programs.

²Three states with Medicaid Expansion Only programs added Separate Programs and are classified as Combined Programs in December 2000 (IN, SD and TX).

³One Combined Program (WV) converted its Medicaid Expansion Program into its Separate Program and is now classified as Separate Program Only.

Conclusion

Monthly CHIP enrollment increased to over 2,658,000 in December 2000, an increase of over 862,000 from the enrollment of 1,795,000 in December 1999.

Most of the growth in enrollment during the year 2000 occurred in separate CHIP programs due to continuing expansions in the number of children eligible for coverage under these programs. Enrollment growth in CHIP-financed Medicaid expansions was modest, and actually decreased in the last half of 2000 in 13 states as certain adolescents became eligible for Medicaid and were therefore no longer eligible for CHIP-financed coverage. Also, some states saw the rate of enrollment growth begin to moderate following an initial period of rapid enrollment growth.

Despite rapid CHIP enrollment growth during the program's early years, nearly 8 million low-income children remained uninsured during 1999, the most recent year for which national data are available.⁴ It is estimated that more than three-quarters of all uninsured children are now eligible for coverage under public programs—mostly through Medicaid, but also through CHIP.⁵ Finding and enrolling these children in the years ahead will be a significant challenge for states, community organizations, and others dedicated to this goal.⁶

The results of this study indicate that the CHIP enrollment increase between December 1999 and December 2000 was 4.4% below the growth level between the previous Decembers of 1998 and 1999, despite the implementation of three additional state programs and further eligibility expansions in other states. Growth moderation is to be expected following the initial years of program implementation. However, concerns have been raised regarding the retention of currently enrolled children, including the possibility that some eligible children may lose coverage during the eligibility recertification process, thereby slowing enrollment growth.⁷ Understanding and addressing retention issues and the dynamics of enrollment and disenrollment will become increasingly important as the CHIP program matures, and will, together with evolving outreach and enrollment strategies, become major drivers of future CHIP enrollment trends.

⁴Urban Institute and Kaiser Commission estimates based on the March 2000 Current Population Survey.

⁵Genevieve Kenney and Jennifer Haley, *Why Aren't More Uninsured Children Enrolled in Medicaid or S-CHIP?*, The Urban Institute, May 2001. Publication #B-35.

⁶See Donna Cohen Ross and Laura Cox, *Making It Simple: Medicaid for Children and CHIP Income Eligibility Guidelines and Enrollment Procedures—Findings from a 50-State Survey*, The Kaiser Commission on Medicaid and the Uninsured, October 2000. Publication #2191.

⁷See James Schlosser, Trish Riley, and Cynthia Pernice, *Increasing Retention and Preventing Disenrollment in S-CHIP: Five Steps to Improvement*, The National Academy for State Health Policy, August 2001.

Appendix Tables

Table 1

Total CHIP Enrollment, December 1998 to December 2000

Table 2

CHIP Enrollment in Medicaid Expansion Only States, December 1998 to December 2000

Table 3

CHIP Enrollment in Separate Program Only States, December 1998 to December 2000

Table 4

CHIP Enrollment in Combined Program States, December 1998 to December 2000

Table 5

CHIP and Medicaid for Children Eligibility Levels, December 2000

Table 1

Total CHIP Enrollment, December 1998 to December 2000

Program Type ¹	Monthly Enrollment					Percent Change			
	Dec-98	Jun-99	Dec-99	Jun-00	Dec-00	12/98-12/99	12/99-12/00	6/00-12/00	
United States	892,965	1,374,421	1,795,208	2,229,476	2,658,170	101%	48%	19%	
Alabama	C	22,102	31,401	33,638	36,709	32,915	52%	-2%	-10%
Alaska	M	0	3,925	7,346	9,176	9,882	NA	35%	8%
Arizona	S	3,710	14,985	27,765	35,034	41,501	648%	49%	18%
Arkansas	M	341	712	1,021	903	1,498	199%	47%	66%
California	C	66,651	152,635	231,602	322,343	389,137	247%	68%	21%
Colorado	S	11,704	18,436	23,013	25,337	28,158	97%	22%	11%
Connecticut	C	5,524	8,569	9,088	9,740	10,572	65%	16%	9%
Delaware	S	0	1,786	2,510	2,909	3,823	NA	52%	31%
District of Columbia	M	569	1,924	2,187	3,225	3,178	284%	45%	-1%
Florida	C	56,265	100,688	124,763	160,542	188,364	122%	51%	17%
Georgia	S	213	31,085	56,116	85,625	106,574	NA	90%	24%
Hawaii	M	0	0	0	0	3,854	NA	NA	NA
Idaho	M	2,937	3,541	4,728	6,775	9,150	61%	94%	35%
Illinois	C	24,897	35,023	47,020	53,049	61,123	89%	30%	15%
Indiana ²	C	24,982	28,909	34,656	39,914	45,572	39%	31%	14%
Iowa	C	7,004	10,012	12,677	13,738	18,013	81%	42%	31%
Kansas	S	0	11,024	15,206	17,140	19,148	NA	26%	12%
Kentucky	C	5,188	7,401	28,068	42,440	52,653	441%	88%	24%
Louisiana	M	3,741	17,628	26,649	33,363	40,551	612%	52%	22%
Maine	C	4,490	6,514	8,147	9,353	9,519	81%	17%	2%
Maryland	M	35,757	52,193	62,893	74,036	78,068	76%	24%	5%
Massachusetts ²	C	28,146	31,565	52,508	61,837	60,854	87%	16%	-2%
Michigan	C	10,949	17,738	20,467	21,118	27,889	87%	36%	32%
Minnesota ³	M	8	8	4	9	16	-50%	300%	78%
Mississippi	C	8,276	7,717	11,191	20,530	30,827	35%	175%	50%
Missouri	M	24,910	42,251	54,306	60,771	70,888	118%	31%	17%
Montana	S	0	943	2,458	5,827	9,700	NA	295%	66%
Nebraska	M	3,525	4,908	6,204	7,002	6,921	76%	12%	-1%
Nevada	S	2,782	6,545	7,573	11,152	14,247	172%	88%	28%
New Hampshire	C	11	1,568	2,169	3,484	3,897	NA	80%	12%
New Jersey	C	22,733	36,956	55,430	69,075	76,749	144%	38%	11%
New Mexico	M	0	1,063	2,395	4,236	6,172	NA	158%	46%
New York	S	270,683	352,273	425,522	522,058	529,149	57%	24%	1%
North Carolina	S	17,887	43,774	55,723	65,129	72,024	212%	29%	11%
North Dakota	C	79	92	1,026	1,875	2,225	NA	117%	19%
Ohio	M	35,300	38,420	45,103	47,287	66,649	28%	48%	41%
Oklahoma	M	15,523	25,452	32,503	35,617	32,047	109%	-1%	-10%
Oregon	S	10,336	12,608	14,118	15,900	16,617	37%	18%	5%
Pennsylvania	S	68,376	78,998	87,592	99,008	104,326	28%	19%	5%
Rhode Island	M	2,981	4,666	6,978	9,317	10,619	134%	52%	14%
South Carolina	M	38,006	45,525	43,773	47,532	44,392	15%	1%	-7%
South Dakota	C	1,405	2,038	2,789	3,724	5,545	99%	99%	49%
Tennessee	M	13,603	16,697	16,805	15,146	12,874	24%	-23%	-15%
Texas	C	34,826	34,527	28,490	39,859	200,761	-18%	605%	404%
Utah	S	4,390	9,770	13,745	16,868	20,389	213%	48%	21%
Vermont	S	406	1,095	1,632	2,004	2,485	302%	52%	24%
Virginia	S	1,420	12,390	19,569	25,033	29,967	NA	53%	20%
Washington	S	0	0	0	1,041	2,616	NA	NA	151%
West Virginia	S	329	3,043	8,935	11,697	15,415	NA	73%	32%
Wisconsin	M	0	3,400	17,107	22,357	26,178	NA	53%	17%
Wyoming	S	0	0	0	1,632	2,479	NA	NA	52%

¹M = Medicaid Expansion Program (17) / S = Separate Program (17) / C = Combined Program (17)

²Monthly enrollment reports for this state represent the average monthly enrollment for the quarter ending in the month indicated.

³Minnesota had already expanded Medicaid coverage for children and pregnant women to 275% of the Federal Poverty Level (FPL) prior to CHIP's enactment. The state's CHIP program only covers children under age 2 in families with incomes from 275% to 280% FPL.

Note: Increases in excess of 1,000% reported as NA.

Table 2

CHIP Enrollment in Medicaid Expansion Only States, December 1998 to December 2000

	Monthly Enrollment					Percent Change		
	Dec-98	Jun-99	Dec-99	Jun-00	Dec-00	12/98-12/99	12/99-12/00	6/00-12/00
Total <i>(Number of Programs)</i>	259,301 <i>(26)</i>	342,997 <i>(22)</i>	395,937 <i>(19)</i>	380,476 <i>(17)</i>	422,937 <i>(17)</i>	66%* <i>NA</i>	28%* <i>NA</i>	12%* <i>NA</i>
Alaska	0	3,925	7,346	9,176	9,882	NA	35%	8%
Arkansas	341	712	1,021	903	1,498	199%	47%	66%
District of Columbia	569	1,924	2,187	3,225	3,178	284%	45%	-1%
Hawaii	0	0	0	0	3,854	NA	NA	NA
Idaho	2,937	3,541	4,728	6,775	9,150	61%	94%	35%
Indiana ¹	24,982	28,909	34,656	C	C	39%	NA	NA
Iowa	7,004	C	C	C	C	NA	NA	NA
Kentucky	5,188	7,401	C	C	C	NA	NA	NA
Louisiana	3,741	17,628	26,649	33,363	40,551	612%	52%	22%
Maryland	35,757	52,193	62,893	74,036	78,068	76%	24%	5%
Minnesota ²	8	8	4	9	16	-50%	300%	78%
Mississippi	8,276	7,717	C	C	C	NA	NA	NA
Missouri	24,910	42,251	54,306	60,771	70,888	118%	31%	17%
Nebraska	3,525	4,908	6,204	7,002	6,921	76%	12%	-1%
New Hampshire	11	C	C	C	C	NA	NA	NA
New Mexico	0	1,063	2,395	4,236	6,172	NA	158%	46%
North Dakota	79	92	C	C	C	NA	NA	NA
Ohio	35,300	38,420	45,103	47,287	66,649	28%	48%	41%
Oklahoma	15,523	25,452	32,503	35,617	32,047	109%	-1%	-10%
Rhode Island	2,981	4,666	6,978	9,317	10,619	134%	52%	14%
South Carolina	38,006	45,525	43,773	47,532	44,392	15%	1%	-7%
South Dakota	1,405	2,038	2,789	3,724	C	99%	NA	NA
Tennessee	13,603	16,697	16,805	15,146	12,874	24%	-23%	-15%
Texas	34,826	34,527	28,490	C	C	-18%	NA	NA
West Virginia	329	C	C	C	S	NA	NA	NA
Wisconsin	0	3,400	17,107	22,357	26,178	NA	53%	17%

*Total percent changes only reflect enrollment in those states that did not convert their plans into a combined or separate program during the relevant time period.

¹Monthly enrollment reports for Indiana represent the average monthly enrollment for the quarter ending in the month indicated.

²Minnesota had already expanded Medicaid coverage for children and pregnant women to 275% of the Federal Poverty Level (FPL) prior to CHIP's enactment. The state's CHIP program only covers children under age 2 in families with incomes from 275% to 280% FPL.

Notes: "C" indicates conversion into a "Combined Program" (see Table 4); "S" indicates conversion into "Separate Program" (see Table 3). Increases in excess of 1,000% reported as NA.

Table 3

CHIP Enrollment in Separate Program Only States, December 1998 to December 2000

	Monthly Enrollment					Percent Change		
	Dec-98	Jun-99	Dec-99	Jun-00	Dec-00	12/98-12/99	12/99-12/00	6/00-12/00
Total <i>(Number of Programs)</i>	391,907 <i>(11)</i>	595,712 <i>(14)</i>	752,542 <i>(14)</i>	931,697 <i>(16)</i>	1,018,618 <i>(17)</i>	92% <i>NA</i>	33%* <i>NA</i>	9%* <i>NA</i>
Arizona	3,710	14,985	27,765	35,034	41,501	648%	49%	18%
Colorado	11,704	18,436	23,013	25,337	28,158	97%	22%	11%
Delaware	0	1,786	2,510	2,909	3,823	NA	52%	31%
Georgia	213	31,085	56,116	85,625	106,574	NA	90%	24%
Kansas	0	11,024	15,206	17,140	19,148	NA	26%	12%
Montana	0	943	2,458	5,827	9,700	NA	295%	66%
Nevada	2,782	6,545	7,573	11,152	14,247	172%	88%	28%
New York	270,683	352,273	425,522	522,058	529,149	57%	24%	1%
North Carolina	17,887	43,774	55,723	65,129	72,024	212%	29%	11%
Oregon	10,336	12,608	14,118	15,900	16,617	37%	18%	5%
Pennsylvania	68,376	78,998	87,592	99,008	104,326	28%	19%	5%
Utah	4,390	9,770	13,745	16,868	20,389	213%	48%	21%
Vermont	406	1,095	1,632	2,004	2,485	302%	52%	24%
Virginia	1,420	12,390	19,569	25,033	29,967	NA	53%	20%
Washington	0	0	0	1,041	2,616	NA	NA	151%
West Virginia	M	C	C	C	15,415	NA	NA	NA
Wyoming	0	0	0	1,632	2,479	NA	NA	52%

*Total percent changes only reflect enrollment in those states that did not convert their plans from a combined or Medicaid-only program during the relevant time period.

Notes: "M" indicates the state was operating a "Medicaid Expansion Only Program" (see Table 2);

"C" indicates the state was operating a "Combined Program" (see Table 4). Increases in excess of 1,000% reported as NA.

Table 4

CHIP Enrollment in Combined Program States, 12/98 to 12/00

	Monthly Enrollment					Percent Change		
	Dec-98	Jun-99	Dec-99	Jun-00	Dec-00	12/98-12/99	12/99-12/00	6/00-12/00
Combined Total <i>(Number of Programs)</i>	241,757 <i>(9)</i>	435,712 <i>(12)</i>	646,729 <i>(15)</i>	917,303 <i>(17)</i>	1,216,615 <i>(17)</i>	141%* <i>NA</i>	51%* <i>NA</i>	34%* <i>NA</i>
Alabama	22,102	31,401	33,638	36,709	32,915	52%	-2%	-10%
California	66,651	152,635	231,602	322,343	389,137	247%	68%	21%
Connecticut	5,524	8,569	9,088	9,740	10,572	65%	16%	9%
Florida	56,265	100,688	124,763	160,542	188,364	122%	51%	17%
Illinois	24,897	35,023	47,020	53,049	61,123	89%	30%	15%
Indiana ¹	M	M	M	39,914	45,572	NA	NA	14%
Iowa	M	10,012	12,677	13,738	18,013	NA	42%	31%
Kentucky	M	M	28,068	42,440	52,653	NA	88%	24%
Maine	4,490	6,514	8,147	9,353	9,519	81%	17%	2%
Massachusetts ¹	28,146	31,565	52,508	61,837	60,854	87%	16%	-2%
Michigan	10,949	17,738	20,467	21,118	27,889	87%	36%	32%
Mississippi	M	M	11,191	20,530	30,827	NA	175%	50%
New Hampshire	M	1,568	2,169	3,484	3,897	NA	80%	12%
New Jersey	22,733	36,956	55,430	69,075	76,749	144%	38%	11%
North Dakota	M	M	1,026	1,875	2,225	NA	117%	19%
South Dakota	M	M	M	M	5,545	NA	NA	NA
Texas	M	M	M	39,859	200,761	NA	NA	404%
West Virginia	M	3,043	8,935	11,697	S	NA	NA	NA
Medicaid Expansion Total	115,944	159,409	216,662	295,040	306,009	48%*	14%*	3%*
Alabama	9,696	10,653	9,805	8,628	6,870	1%	-30%	-20%
California	11,563	18,492	22,146	23,783	26,456	92%	19%	11%
Connecticut	3,668	5,089	4,647	4,154	3,227	27%	-31%	-22%
Florida	25,052	24,733	21,078	17,487	15,133	-16%	-28%	-13%
Illinois	24,068	29,181	35,981	40,426	47,334	49%	32%	17%
Indiana ¹	M	M	M	36,859	38,852	NA	NA	5%
Iowa	M	8,164	8,691	8,456	9,442	NA	9%	12%
Kentucky	M	M	24,773	32,326	37,012	NA	49%	14%
Maine	3,198	4,707	5,442	5,912	5,811	70%	7%	-2%
Massachusetts ¹	17,186	27,326	36,460	42,124	41,238	112%	13%	-2%
Michigan	4,943	7,059	8,218	8,193	9,548	66%	16%	17%
Mississippi	M	M	10,683	10,416	9,358	NA	-12%	-10%
New Hampshire	M	273	113	768	534	NA	373%	-30%
New Jersey	16,570	22,924	27,468	31,145	33,021	66%	20%	6%
North Dakota	M	M	71	84	85	NA	20%	1%
South Dakota	M	M	M	M	4,924	NA	NA	NA
Texas	M	M	M	22,827	17,164	NA	NA	-25%
West Virginia	M	808	1,086	1,452	S	NA	NA	NA
Separate Program Total	125,813	276,303	430,067	622,263	910,606	227%*	70%*	49%*
Alabama	12,406	20,748	23,833	28,081	26,045	92%	9%	-7%
California	55,088	134,143	209,456	298,560	362,681	280%	73%	21%
Connecticut	1,856	3,480	4,441	5,586	7,345	139%	65%	31%
Florida	31,213	75,955	103,685	143,055	173,231	232%	67%	21%
Illinois	829	5,842	11,039	12,623	13,789	NA	25%	9%
Indiana ¹	M	M	M	3,055	6,720	NA	NA	120%
Iowa	M	1,848	3,986	5,282	8,571	NA	115%	62%
Kentucky	M	M	3,295	10,114	15,641	NA	375%	55%
Maine	1,292	1,807	2,705	3,441	3,708	109%	37%	8%
Massachusetts ¹	10,960	4,239	16,048	19,713	19,616	46%	22%	0%
Michigan	6,006	10,679	12,249	12,925	18,341	104%	50%	42%
Mississippi	M	M	508	10,114	21,469	NA	NA	112%
New Hampshire	M	1,295	2,056	2,716	3,363	NA	64%	24%
New Jersey	6,163	14,032	27,962	37,930	43,728	354%	56%	15%
North Dakota	M	M	955	1,791	2,140	NA	124%	19%
South Dakota	M	M	M	M	621	NA	NA	NA
Texas	M	M	M	17,032	183,597	NA	NA	978%
West Virginia	M	2,235	7,849	10,245	S	NA	NA	NA

* Total percent changes only reflect enrollment in those states that did not convert their plans from a Medicaid-only or to a separate program during the relevant time period.

¹ Monthly enrollment reports for this state represent the average monthly enrollment for the quarter ending in the month indicated.

Notes: "M" indicates the state was operating a "Medicaid Expansion Only Program" (see Table 2); "S" indicates the state was operating a "Separate Program Only" (see Table 3). Increases in excess of 1,000% reported as NA.

Table 5

CHIP and Medicaid for Children Eligibility Levels, December 2000

State	Medicaid Infants (0-1)	Medicaid Children (1-5)	Medicaid Children (6-16)	Medicaid Children (17-19)	Separate State Program	Date Enrollment Began*
Alabama	133	133	100	100	200	Feb-98/Oct-98
Alaska	200	200	200	200	—	Mar-99
Arizona	140	133	100	50	200	Nov-98
Arkansas	200	200	200	200	—	Oct-98
California	200	133	100	100	250	Mar-98/Jul-98
Colorado	133	133	100	43	185	Apr-98
Connecticut	185	185	185	185	300	Oct-97/Jul-98
Delaware	185	133	100	100	200	Feb-99
D.C.	200	200	200	200	—	Oct-98
Florida	200	133	100	100	200	Apr-98/Apr-98
Georgia	185	133	100	100	235	Jan-99
Hawaii	200	200	200	200	—	Jul-00
Idaho	150	150	150	150	—	Oct-97
Illinois	200	133	133	133	185	Jan-98/Oct-98
Indiana	150	150	150	150	200	Jun-97/Jan-00
Iowa	200	133	133	133	200	Jul-98/Jan-99
Kansas	150	133	100	100	200	Jan-99
Kentucky	185	150	150	150	200	Jul-98/Nov-99
Louisiana	150	150	150	150	—	Nov-98
Maine	200	150	150	150	200	Jul-98/Aug-98
Maryland	200	200	200	200	—	Jul-98
Massachusetts	200	150	150	150	400	Oct-97/Aug-98
Michigan	185	150	150	150	200	Apr-98/May-98
Minnesota	280	275	275	275	—	Sep-98
Mississippi	185	133	100	100	200	Jul-98/Jan-00
Missouri	300	300	300	300	—	Jul-98
Montana	133	133	100	71	150	Jan-99
Nebraska	185	185	185	185	—	Jul-98
Nevada	133	133	100	78	200	Oct-98
New Hampshire	300	185	185	185	300	May-98/Jan-99
New Jersey	185	133	133	133	350	Feb-98/Mar-98
New Mexico	235	235	235	235	—	Mar-99
New York	185	133	100	100	250	Jan-99/Apr-98
North Carolina	185	133	100	100	200	Oct-98
North Dakota	133	133	100	100	140	Oct-98/Oct-99
Ohio	200	200	200	200	—	Jan-98
Oklahoma	185	185	185	185	—	Dec-97
Oregon	133	133	100	100	170	Jul-98
Pennsylvania	185	133	100	71	235	May-98
Rhode Island	250	250	250	250	—	Oct-97
South Carolina	185	150	150	150	—	Aug-97
South Dakota	140	140	140	140	200	Jul-98/Jul-00
Tennessee	400	400	400	400	—	Oct-97
Texas	185	133	100	100	200	Jul-98/Apr-00
Utah	133	133	100	100	200	Aug-98
Vermont	225	225	225	225	300	Oct-98
Virginia	133	133	100	100	200	Oct-98
Washington	200	200	200	200	250	Feb-00
West Virginia	150	150	100	100	200	Jul-98/Apr-99
Wisconsin	185	185	185	185	—	Apr-99
Wyoming	133	133	100	67	133	Dec-99

*Combined programs are reported as Medicaid Expansion Date / Separate Program Date.

SOURCE: Income eligibility: Center on Budget and Policy Priorities, Start Healthy Stay Healthy, 2001;
implementation dates: Implementation of the State Children's Health Insurance Program, First Annual Report, 2001.

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