



**THE KAISER COMMISSION ON
Medicaid and the Uninsured**

**SCHIP PROGRAM ENROLLMENT:
DECEMBER 2001 UPDATE**

Prepared by:

Vernon K. Smith, Ph.D
Health Management Associates
Lansing, Michigan

and

David M. Rousseau, MPH
The Kaiser Commission on
Medicaid and the Uninsured
Washington, DC

June 2002

The Kaiser Commission on Medicaid and the Uninsured is the Henry J. Kaiser Family Foundation's largest operating program and serves as the organizing vehicle for the Foundation's work on health care for low-income people. The Commission functions as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is based at the Foundation's Washington, DC office. The Foundation is an independent national health care philanthropy headquartered in Menlo Park, California, and is not associated with Kaiser Permanente or Kaiser Industries.

Acknowledgements

This report is based on data provided by state officials in all 50 states and the District of Columbia. The authors thank the SCHIP and Medicaid directors and their staff for their assistance, including timely responses to requests for data, confirmation of data accuracy and clarification of questions.

Jason Jorkasky of Health Management Associates handled the data compilation for this report. His work was excellent and his assistance invaluable.

The Henry J. Kaiser Family Foundation and The Kaiser Commission on Medicaid and the Uninsured provided support for this project. Special thanks go to Barbara Lyons, Deputy Director of the Kaiser Commission on Medicaid and the Uninsured for her personal support of this project.

In December 2001 State Children's Health Insurance Programs (SCHIP) in the 50 states and the District of Columbia provided free or low-cost insurance coverage to 3.5 million low-income children. This was an increase of roughly 780,000 from the 2.7 million children who were enrolled a year earlier in December 2000.¹

This report presents information on the number of children enrolled in SCHIP for each state, for specific months during 1998, 1999, 2000 and 2001. Information is also shown on the trends in monthly enrollment from the time each state implemented its program.

Background

The U.S. Congress enacted SCHIP as part of the Balanced Budget Act of 1997 as Title XXI of the Social Security Act. The purpose of the program was to provide health coverage for uninsured children of working parents and other low-income households. Within the federal guidelines, each state was able to design and implement its own program. State programs can be expansions of Medicaid or they can be separate, stand-alone programs. States also have the option to operate both a Medicaid expansion and a separate program. States establish eligibility criteria, income limits and benefits that are covered within broad federal guidelines. The income thresholds for SCHIP eligibility are always higher than Medicaid levels and may vary by the age of the child. By federal law, a child who is eligible for Medicaid or who has any employer-sponsored health insurance coverage is not eligible to enroll in SCHIP.

States began developing their SCHIP programs as soon as the BBA was signed into law in August 1997, and 41 states and the District of Columbia began enrolling children in 1998. Six additional states initiated their programs in 1999 and three states in 2000. By July 2000 all states and the District of Columbia had implemented SCHIP and were enrolling children into their programs.

States began their programs with a good deal of enthusiasm and commitment to the goal of finding and enrolling all uninsured children who were eligible. This commitment translated into state and local outreach efforts and advertising campaigns to get the message out that health insurance coverage was available for children of low-income, working parents. The result has been steady enrollment growth over the entire four-year history of the program. The purpose of this report is to update previous reports in this series and to chronicle SCHIP enrollment growth to date.²

¹ Note that enrollment numbers throughout the text of this report will be rounded to the nearest thousand. Actual enrollment counts will be reported in the tables.

² This study updates the following previous reports: *CHIP Program Enrollment: December 1998 to December 1999*, The Kaiser commission on Medicaid and the Uninsured, July 2000. Publication #2195; *CHIP Program Enrollment: June 2000*, The Kaiser Commission on Medicaid and the Uninsured, January 2001. Publication #2224; and *CHIP Program Enrollment: December*

Methodology and Data Definitions

This study is based on point-in-time SCHIP enrollment data provided by all 50 states and the District of Columbia. For this report, states provided data specifically for the months of March, June, September and December of 2001. States also updated previously provided data for December 1998, June and December of 1999 and June and December of 2000.

The data were requested in February 2002. States provided and confirmed the data over the following two months. This process resulted in updated data for all reporting periods back to 1998, reflecting retroactive enrollments, new data reporting systems and ongoing adjustments in state reports. Because of these adjustments, the number of enrollees shown in this report for each reporting period differs from that indicated in previous reports in this series.

This report is based on “point-in-time” monthly enrollment. For SCHIP, the unit of enrollment is a month. In general, an enrollment period will begin on the first day of a month, and a child enrolled on the first day of the month will remain enrolled through the end of the month. A point-in-time enrollment count differs from the SCHIP enrollment count presented in other reports that show the number of “ever-enrolled” children during a multi-month period, such as the federal fiscal year.

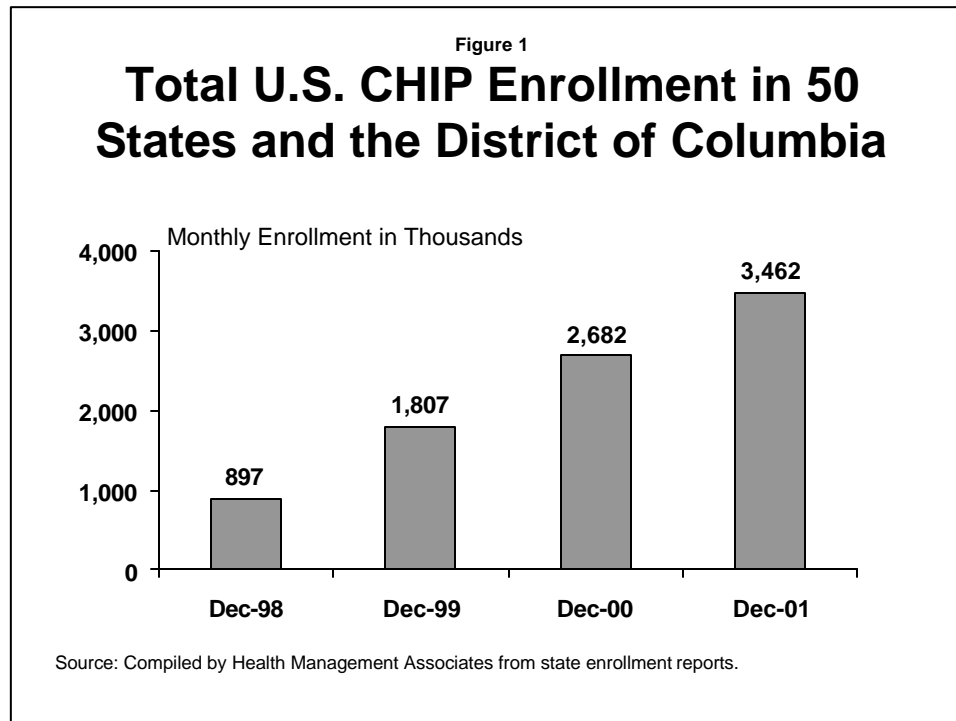
The Centers for Medicare and Medicaid Services (CMS) recently issued the annual State SCHIP enrollment report for federal fiscal year 2001. That report shows a total of 4.6 million children ever enrolled during federal fiscal year 2001 (the year ending in September, 2001), a 38 percent increase from the 3.3 million children ever enrolled in federal fiscal year 2000.³ Note that an annual count of children ever-enrolled will always be greater than the point-in-time enrollment for any month in the year, as long as there are children that disenroll during the year. The greater the number of children who disenroll, the greater the difference will be. Recent experience is that about one-third of enrollees leave SCHIP annually. Both point-in-time and ever-enrolled enrollment counts are useful measures that together provide insight on the dynamics of retention and turnover over time among SCHIP enrollees.

2000, The Kaiser Commission on Medicaid and the Uninsured, September 2001. Publication #4005.

³ See “The State Children’s Health Insurance Program Annual Enrollment Report Federal Fiscal Year 2001:October 1,2000 – September 30,2001,” CMS, <http://www.cms.gov/schip/schip01.pdf>

Study Results

In December 2001, total enrollment of children in State SCHIP programs in the 50 states and the District of Columbia was 3,463,000. This was an annual increase of 780,000 (an increase of 29%) from the 2,682,000 enrolled in December 2000 (Figure 1 and Table 1 on the following page).



The annual increase in SCHIP enrollment was substantial in 2001, but at a slower pace compared to previous years. The increase in total child enrollment between December 2000 and December 2001 was 780,000, with California and Texas accounting for 57% of this growth. This increase was 11% less than the previous annual increase of 875,000 from December 1999 to December 2000. The enrollment increase in the year ending in December 1999 was 910,000 and the enrollment increase for the year ending in December 1998, the first year of the program, was 897,000 (Table 2).

The economic downturn during 2001, together with state budgetary pressures, likely influenced enrollment growth between December 2000 and December 2001 in two opposite directions. On one hand, the economic downturn may have increased the number of eligible children as families lost jobs or had their work hours and wages reduced. On the other hand, states may have reduced outreach and enrollment efforts, which could also have contributed to a lower rate of growth.

Table 1

Total SCHIP Enrollment, December 1998 to December 2001

	Program Type*	Monthly Enrollment				Percent Change		
		Dec-98	Dec-99	Dec-00	Dec-01	12/98-12/99	12/99-12/00	12/00-12/01
United States		897,106	1,806,920	2,682,018	3,462,442	101%	48%	29%
Alabama	C	22,102	33,638	32,915	46,971	52%	-2%	43%
Alaska	M	0	7,346	9,882	11,760	NA	35%	19%
Arizona	S	3,710	27,765	41,501	54,917	648%	49%	32%
Arkansas	M	341	1,021	1,498	1,686	199%	47%	13%
California	C	66,609	231,309	389,477	540,964	247%	68%	39%
Colorado	S	11,704	23,013	28,120	38,228	97%	22%	36%
Connecticut	C	5,524	9,088	10,572	12,458	65%	16%	18%
Delaware	S	0	2,510	3,823	3,502	NA	52%	-8%
District of Columbia	M	569	2,187	3,178	2,554	284%	45%	-20%
Florida	C	56,265	124,763	188,364	249,510	122%	51%	32%
Georgia	S	213	56,116	106,574	150,330	NA	90%	41%
Hawaii	M	0	0	3,854	7,190	NA	NA	87%
Idaho	M	2,937	4,728	9,150	11,940	61%	94%	30%
Illinois	C	24,897	47,020	61,123	70,953	89%	30%	16%
Indiana ¹	C	24,982	34,656	45,572	48,814	39%	31%	7%
Iowa	C	7,004	12,677	18,013	24,488	81%	42%	36%
Kansas	S	0	15,206	19,148	24,138	NA	26%	26%
Kentucky	C	5,188	28,068	52,653	50,486	441%	88%	-4%
Louisiana	M	3,741	26,649	40,551	69,906	612%	52%	72%
Maine	C	4,490	8,147	9,519	11,595	81%	17%	22%
Maryland	C	35,757	62,893	82,065	96,581	76%	30%	18%
Massachusetts ¹	C	28,146	52,508	60,854	53,130	87%	16%	-13%
Michigan	C	16,044	32,464	42,293	52,736	102%	30%	25%
Minnesota ²	M	8	4	16	12	NA	NA	NA
Mississippi	C	8,276	11,191	30,827	49,608	35%	175%	61%
Missouri	M	23,998	54,306	70,888	77,811	126%	31%	10%
Montana	S	0	2,458	9,700	9,500	NA	295%	-2%
Nebraska	M	3,525	6,204	6,921	9,602	76%	12%	39%
Nevada	S	2,782	7,573	14,241	22,240	172%	88%	56%
New Hampshire	C	11	2,169	3,468	4,340	NA	60%	25%
New Jersey	C	22,733	55,430	76,749	86,199	144%	38%	12%
New Mexico	M	0	2,395	6,174	9,085	NA	158%	47%
New York	S	270,683	425,522	529,149	536,709	57%	24%	1%
North Carolina	S	17,887	55,723	72,024	64,815	212%	29%	-10%
North Dakota	C	79	1,026	2,225	2,659	NA	117%	20%
Ohio	M	35,300	45,103	66,649	83,741	28%	48%	26%
Oklahoma	M	15,523	32,503	37,000	39,000	109%	14%	5%
Oregon	S	10,336	14,118	16,617	18,436	37%	18%	11%
Pennsylvania	S	68,376	87,592	104,326	118,047	28%	19%	13%
Rhode Island	M	2,981	6,978	10,619	12,179	134%	52%	15%
South Carolina	M	38,006	43,773	44,392	47,680	15%	1%	7%
South Dakota	C	1,405	2,789	5,545	7,689	99%	99%	39%
Tennessee	M	13,603	16,805	12,873	6,131	24%	-23%	-52%
Texas	C	34,826	28,513	200,243	497,073	-18%	602%	148%
Utah	S	4,390	13,745	20,389	26,427	213%	48%	30%
Vermont	S	406	1,617	2,485	3,058	298%	54%	23%
Virginia	S	1,420	19,569	29,967	36,091	NA	53%	20%
Washington	S	0	0	3,522	6,169	NA	NA	75%
West Virginia	S	329	8,935	15,653	20,593	NA	75%	32%
Wisconsin	M	0	17,107	26,178	29,661	NA	53%	13%
Wyoming	S	0	0	2,479	3,050	NA	NA	23%

* M = Medicaid Expansion Program (16) / S = Separate Program (17) / C = Combined Program (18)

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

SCHIP's enactment. The state's SCHIP 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.

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

Table 2

Growth in SCHIP Enrollment, December 1998 to December 2001

	<i>Dec-98</i>	<i>Jun-99</i>	<i>Dec-99</i>	<i>Jun-00</i>	<i>Dec-00</i>	<i>Jun-01</i>	<i>Dec-01</i>
Monthly Enrollment	897,106	1,364,636	1,806,920	2,242,319	2,682,018	3,070,833	3,462,442
<i>Growth in Previous 6 Months</i>	<i>NA¹</i>	467,530	442,284	435,399	439,699	388,815	391,609
<i>Growth in Previous 12 Months</i>	897,106*	<i>NA¹</i>	909,814	877,683	875,098	828,514	780,424

¹ The 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.

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

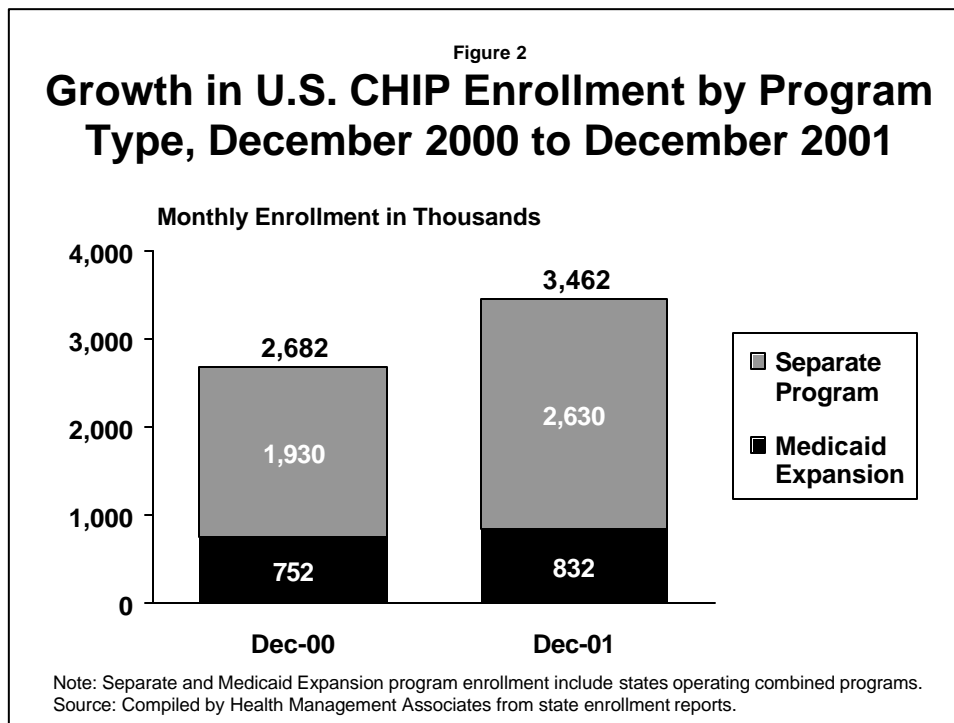
The fact that all states had implemented their programs by the end of 2000 might also have contributed to the slower enrollment growth in 2001. In previous years, total program growth reflected both growth in existing programs and additional states initiating their programs. This was the first year since program inception that no additional states began their SCHIP programs during the year.

Enrollment Growth by Program Type

States can operate their SCHIP programs as either Medicaid expansion programs or as separate, stand-alone programs. Under Title XXI of the Social Security Act, a state has the option to choose either type of program, or a state can choose to operate a combination of both types of programs. There have been about equal numbers of states classified as operating expansion, separate or combination programs.

During 2001 the mix of programs changed slightly, with one Medicaid expansion state (Maryland) adding a separate program in July 2001. Thus, as of December 2001, there were 15 states and the District of Columbia with only Medicaid expansion programs, 17 states with only separate programs and 18 states with a combination of both programs.

Enrollment is increasingly concentrated in separate programs. By December 2001, the proportion of enrollees in separate programs had increased to 76%, reflecting annual growth in separate programs of about 700,000 or the 90% of the total enrollment growth of 780,000 during 2001. Among all separate programs, enrollment grew by 36% from December 2000 to December 2001, rising from 1.9 million in December 2000 to 2.6 million in December 2001 (Figure 2). This included growth of 64% in the separate program component in the 18 states with combination programs; interestingly, growth was only 11% in the 17 states with only separate programs.



Enrollment growth in Medicaid expansion programs in the 18 combination states increased by 29%. However, in the 17 states with only Medicaid expansion programs, enrollment dropped by 11,950 or 3%. Overall, enrollment in Medicaid expansion programs grew from 752,000 in December of 2000 to roughly 832,000 in December of 2001, an increase of 11%.

States with combination programs tended to have faster rates of enrollment growth than states with only separate programs or only Medicaid expansion programs. The separate programs in states with combination programs increased by 64%, much faster than the 11% increase in states with only separate programs. Medicaid expansion programs in combination states grew by 29%, while enrollment declined by 3% among states with only Medicaid expansion programs.

Title XXI of the Social Security Act prohibits enrollment in SCHIP for any child who is eligible for Title XIX Medicaid. This is significant because Medicaid has been gradually expanding to cover some children who were previously ineligible for the program but who have been enrolled in SCHIP in some states. This is due to Federal Medicaid law that mandates that all states phase-in Medicaid coverage for all children below 100% of the federal poverty level (FPL) up to age 19.⁴ Medicaid coverage was phased in for children up to age 18 in October 2001, and will be fully phased in up to a child's nineteenth birthday by October

⁴ Technically, Medicaid must cover children born after September 30, 1983 in households with incomes up to 100% of the FPL).

2002. This phenomenon accounts for a reduction in the number of children counted as enrolled in SCHIP in states that used their Title XXI Medicaid expansion programs to cover these children prior to their being phased in under “regular” Medicaid.

SCHIP Enrollment Growth in the U.S. During 2001

For 2001, states provided enrollment data for the last month of each calendar quarter. Quarterly data allow a closer look at the trends in enrollment in this year. Growth was steady in the first two quarters of 2001, with an increase of 193,000 between December 2000 and March 2001, and growth of over 195,000 from March to June (Table 3). Growth dipped to 165,000 in the June to September period, and then rebounded to grow by over 226,000 for the September to December period.

Table 3

Growth in Quarterly U.S. SCHIP Enrollment, December 2000 to December 2001

	<i>Dec-00</i>	<i>Mar-01</i>	<i>Jun-01</i>	<i>Sep-01</i>	<i>Dec-01</i>
Monthly Enrollment	2,682,018	2,875,062	3,070,833	3,236,007	3,462,442
<i>Growth in Previous 3 Months</i>	NA	193,044	195,771	165,174	226,435
<i>Growth in Previous 6 Months</i>	439,699	NA	388,815	360,945	391,609

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

The factors contributing to this larger increase in the September to December period were not directly assessed by this study, but would likely include the economic downturn that accelerated after the events of September 11. Enrollment in New York State increased by over 56,000 to 537,000 from September to December 2001, reversing a downward trend that began after December 2000 as enrollment decreased between the months ending each of the first three quarters of 2001. In a number of other states, large increases also occurred in the September-December quarter, including California (+27,000 to 540,964), Florida (+18,000 to 249,510), and Texas (+55,000 to 497,073). Although the increases in this quarter were large in Texas and California, they were the smallest of the quarterly increases in these states during the year. In Florida, the increase in the September-December period was larger than the quarterly increases in two of the first three quarters.

In the September to December 2001 period, enrollment increased in 41 states and the District of Columbia, and decreased in nine states (Appendix Table 1). Among the states with increases, growth in this last calendar quarter of 2001 exceeded or equaled the growth in the immediately preceding quarter, the June to September period, in 21 states and the District of Columbia, including 12 states where the growth from September to December was the largest growth among all quarters during the calendar year.

SCHIP Enrollment Growth in Specific States

Just as every state SCHIP program is unique, so too has been the pattern of enrollment growth in each state.

Texas registered the largest single annual increase in the history of the SCHIP program during 2001. Texas total SCHIP enrollment increased from 200,000 in December 2000 to nearly 500,000 in December 2001. This is a one-year increase in total enrollment of roughly 300,000, or 148%. During this year, enrollment in the Texas Medicaid expansion component decreased for the third consecutive year, from 17,000 in December 2000 to 7,000 in December 2001, reflecting the phase in of Medicaid eligibility for adolescents. The separate SCHIP program, the Texas Health Partnership, was responsible for the state's dramatic SCHIP enrollment growth. Enrollment increased from 184,000 in December 2000 to 490,000 in December 2001, a remarkable annual increase of 307,000 or 167%. Texas alone accounted for 38% of the 780,000 total growth in SCHIP enrollment between December 2000 and December 2001.

California became the largest state SCHIP program in September 2001, replacing New York in this distinction. Total SCHIP enrollment in California increased by nearly 152,000 or 39% during 2001, from 389,000 in December 2000 to 541,000 in December 2001.

New York SCHIP enrollment decreased through the first nine months of 2001, decreasing from 529,000 in December 2000 to 480,000 in September 2001. Much of this decrease reflected a transfer of Medicaid-eligible children from the to state's SCHIP program into "regular" Medicaid.⁵ After September 2001, SCHIP enrollment increased substantially, growing by 57,000 in three months to 537,000 in December 2001. Over 25% of the three-month enrollment growth in the U.S. from September to December 2001 occurred in New York.

As a group, the southern tier of states registered some of the highest rates of SCHIP enrollment growth in the U.S. in 2001. Annual increases exceeding 40% were seen in Georgia (41%), Alabama (43%), Mississippi (61%), Louisiana (72%), Texas (148%) and New Mexico (47%).

The other three states with growth rates for 2001 exceeding 40% were in the West, including Nevada (56%), Washington (75%) and Hawaii (87%). Washington and Hawaii were the last two states to implement their SCHIP programs, and Texas implemented its separate program in 2000, so some of the large percentage increases for these states can be explained as a function of

⁵ Prior to SCHIP's enactment, New York operated a large, state-funded health insurance program for low-income children. The state has estimated that roughly a third of these children were in fact eligible, but not enrolled, in Medicaid. These Medicaid-eligible children were enrolled into the state's SCHIP program during its implementation to ensure that they remained continuously insured. They have only recently been transferred into the state's "regular" Title XIX Medicaid program, thereby reducing the total number of children enrolled in the state's SCHIP program.

early enrollment growth. However, many other states have more mature programs that continue to experience substantial growth in enrollment.

Enrollment declined in seven states and the District of Columbia during 2001. Included were: Delaware (-8%), District of Columbia (-20%), Kentucky (-4%), Massachusetts (-13%), Minnesota (-25%), Montana (-2%), North Carolina (-10%) and Tennessee (-52%). There is no pattern regarding program type; these states are evenly divided with an equal number of separate and Medicaid expansion programs. In North Carolina and Montana, the declines occurred at the same time as a legislatively imposed cap on enrollment due to a limitation of funds.⁶ In North Carolina, when the cap was lifted enrollment rebounded from 51,000 in September 2001 to 65,000 in December 2001, but this was still 10% below the December 2000 enrollment of 72,000.

Conclusion

Enrollment in state SCHIP programs increased from 2.7 million in December 2000 to 3.5 million in December 2001, an increase roughly 780,000 or 29%. The annual growth in SCHIP enrollment in 2001 substantial, but was 11% less than the annual growth in 2000, and 14% less than the annual growth in 1999.

Some states seem to have hit a plateau in enrollment, while others continue to experience high rates of growth. During 2001, a total of seven states plus the District of Columbia saw enrollment drop, with two states limiting enrollment due to budgetary pressures. Enrollment increased in most states, however, including nine states with enrollment growth exceeding 40% for the year ending in December 2001. The largest one-year increase in the history of the program was registered by Texas, where total enrollment increased by 148% from about 200,000 in December 2000 to almost 500,000 in December 2001.

During calendar year 2001, the pace of enrollment growth was greatest in the last quarter of the year. It remains to be seen if this three-month surge in enrollment late in the year will translate into an increased rate of enrollment growth in 2002.

The continuing high rate of growth in SCHIP enrollment suggests that the job of finding and enrolling uninsured and eligible children is far from over. Difficult challenges face the program in a time of budget limits and cutbacks at the state level. However, even in difficult economic times, the program continues to serve increasing numbers of uninsured children in low-income families.

⁶ North Carolina and Montana closed SCHIP enrollment as of January 2001. North Carolina reopened enrollment on October 8, 2001. Utah has also closed enrollment as of December 2001, but has announced plans to reopen in the summer of 2001.

Appendix Tables

Table 1: Quarterly SCHIP Enrollment by State, 12/00 to 12/01

Table 2: SCHIP and Medicaid for Children Eligibility Levels, January 2002

Appendix Table 1

Quarterly SCHIP Enrollment by State, December 2000 to December 2001

	Program Type ¹	Monthly Enrollment					Percent Change			
		Dec-00	Mar-01	Jun-01	Sep-01	Dec-01	12/00-3/01	3/01-6/01	6/01-9/01	9/01-12/01
United States		2,682,018	2,875,062	3,070,833	3,236,007	3,462,442	7%	7%	5%	7%
Alabama	C	32,915	37,608	41,785	45,401	46,971	14%	11%	9%	3%
Alaska	M	9,882	10,735	11,349	11,247	11,760	9%	6%	-1%	5%
Arizona	S	41,501	47,015	51,838	53,823	54,917	13%	10%	4%	2%
Arkansas	M	1,498	1,815	1,852	1,906	1,686	21%	2%	3%	-12%
California	C	389,477	430,044	479,425	513,901	540,964	10%	11%	7%	5%
Colorado	S	28,120	31,790	35,059	37,419	38,228	13%	10%	7%	2%
Connecticut	C	10,572	11,217	10,967	11,476	12,458	6%	-2%	5%	9%
Delaware	S	3,823	4,039	3,466	3,577	3,502	6%	-14%	3%	-2%
District of Columbia	M	3,178	2,001	2,959	2,357	2,554	-37%	48%	-20%	8%
Florida	C	188,364	202,075	221,679	230,897	249,510	7%	10%	4%	8%
Georgia	S	106,574	118,776	132,498	144,430	150,330	11%	12%	9%	4%
Hawaii	M	3,854	4,765	5,545	6,449	7,190	24%	16%	16%	11%
Idaho	M	9,150	10,378	11,113	11,504	11,940	13%	7%	4%	4%
Illinois	C	61,123	66,097	62,420	69,015	70,953	8%	-6%	11%	3%
Indiana ²	C	45,572	47,608	47,539	47,592	48,814	4%	0%	0%	3%
Iowa	C	18,013	20,327	21,337	23,686	24,488	13%	5%	11%	3%
Kansas	S	19,148	20,067	22,108	23,042	24,138	5%	10%	4%	5%
Kentucky	C	52,653	55,752	54,429	51,528	50,486	6%	-2%	-5%	-2%
Louisiana	M	40,551	46,977	54,343	63,046	69,906	16%	16%	16%	11%
Maine	C	9,519	9,775	9,816	10,500	11,595	3%	0%	7%	10%
Maryland	C	82,065	83,189	89,488	91,172	96,581	1%	8%	2%	6%
Massachusetts ²	C	60,854	57,109	55,876	53,996	53,130	-6%	-2%	-3%	-2%
Michigan	C	42,293	45,608	49,712	53,180	52,736	8%	9%	7%	-1%
Minnesota ³	M	16	11	15	15	12	NA	NA	NA	NA
Mississippi	C	30,827	36,699	43,187	47,390	49,608	19%	18%	10%	5%
Missouri	M	70,888	69,434	73,494	75,856	77,811	-2%	6%	3%	3%
Montana	S	9,700	9,700	9,700	9,700	9,500	0%	0%	0%	-2%
Nebraska	M	6,921	7,258	7,817	9,199	9,602	5%	8%	18%	4%
Nevada	S	14,241	16,523	18,823	21,134	22,240	16%	14%	12%	5%
New Hampshire	C	3,468	3,660	3,723	3,945	4,340	6%	2%	6%	10%
New Jersey	C	76,749	75,201	79,577	78,843	86,199	-2%	6%	-1%	9%
New Mexico	M	6,174	6,946	6,610	8,066	9,085	13%	-5%	22%	13%
New York	S	529,149	512,375	486,071	479,973	536,709	-3%	-5%	-1%	12%
North Carolina	S	72,024	65,688	59,968	51,294	64,815	-9%	-9%	-14%	26%
North Dakota	C	2,225	2,407	2,546	2,644	2,659	8%	6%	4%	1%
Ohio	M	66,649	73,324	78,420	81,152	83,741	10%	7%	3%	3%
Oklahoma	M	37,000	37,500	38,000	38,500	39,000	1%	1%	1%	1%
Oregon	S	16,617	17,217	17,551	17,465	18,436	4%	2%	0%	6%
Pennsylvania	S	104,326	107,129	110,890	114,197	118,047	3%	4%	3%	3%
Rhode Island	M	10,619	11,107	11,432	11,882	12,179	5%	3%	4%	2%
South Carolina	M	44,392	45,207	46,581	46,956	47,680	2%	3%	1%	2%
South Dakota	C	5,545	6,290	6,729	7,213	7,689	13%	7%	7%	7%
Tennessee	M	12,873	9,792	9,712	8,211	6,131	-24%	-1%	-15%	-25%
Texas	C	200,243	287,997	369,021	441,566	497,073	44%	28%	20%	13%
Utah	S	20,389	22,090	23,690	25,422	26,427	8%	7%	7%	4%
Vermont	S	2,485	2,715	2,659	2,729	3,058	9%	-2%	3%	12%
Virginia	S	29,967	31,943	33,466	34,024	36,091	7%	5%	2%	6%
Washington	S	3,522	3,317	4,150	4,994	6,169	-6%	25%	20%	24%
West Virginia	S	15,653	19,161	20,923	21,435	20,593	22%	9%	2%	-4%
Wisconsin	M	26,178	27,021	26,628	28,037	29,661	3%	-1%	5%	6%
Wyoming	S	2,479	2,583	2,847	3,021	3,050	4%	10%	6%	1%

¹ M = Medicaid Expansion Program (16) / S = Separate Program (17) / C = Combined Program (18)

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

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

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

Appendix Table 2

SCHIP and Medicaid for Children Eligibility Levels, January 2002

State	Medicaid Infants (0-1)	Medicaid Children (1-5)	Medicaid Children (6-17)	Medicaid Children (18-19)	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	100	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	200	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	235	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	200	200	200	200	----	Nov-98
Maine	200	150	150	150	200	Jul-98/Aug-98
Maryland	200	200	200	200	300	Jul-98
Massachusetts	200	150	150	150	200	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	200	133	133	133	350	Feb-98/Mar-98
New Mexico	235	235	235	235	----	Mar-99
New York	185	133	133	133	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	46	200	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	N/A	N/A	N/A	N/A	----	Oct-97
Texas	185	133	100	100	200	Jul-98/Apr-00
Utah	133	133	100	100	200	Aug-98
Vermont	300	300	300	300	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	100	133	Dec-99

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

NOTE: The income eligibility guidelines may refer to gross or net income, depending on the state.

SOURCE: Income eligibility: Center on Budget and Policy Priorities, 2002; implementation dates: Implementation of the State Children's Health Insurance Program, First Annual Report, 2001.

*Additional free copies of this publication (#4057) are available
by calling our publications request line at 800-656-4533*



**THE KAISER COMMISSION ON
Medicaid and the Uninsured**

1450 G Street, NW, Suite 250
Washington, DC 20005
202 / 347-5270
Fax 202 / 347-5274