THE KAISER COMMISSION ON
Medicaid and the Uninsured

SCHIP PROGRAM ENROLLMENT:
JUNE 2002 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

January 2003

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 study could not be done without the cooperation and assistance of the SCHIP directors, Medicaid directors and other state officials who are responsible for data and statistical reporting. This report is based entirely on data provided by these public servants. We acknowledge their invaluable contribution and thank them for their timely responses to our requests for data, for confirming the accuracy of the data and for answering our questions.

Jason Jorkasky of Health Management Associates assisted with the compilation and organization of the data. His work was excellent and very much appreciated.

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 on the Uninsured for her personal support of this project.

Overview

As of June 2002, the State Children's Health Insurance Program (SCHIP) provided free or low-cost heath coverage for 3.6 million children in all 50 states and the District of Columbia (Figure 1).

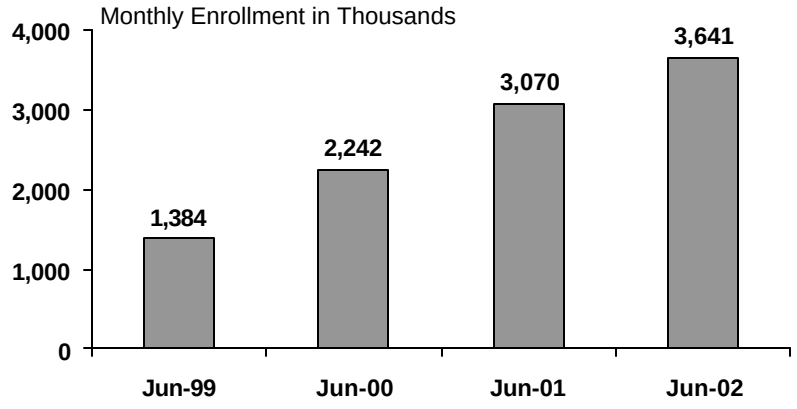
Overall, the rate of growth for the year ending in June 2002 was 19 percent. While this double-digit growth rate is quite robust, it represents a 50 percent reduction in the rate of growth seen in the previous 12-month period. Between June 2000 and June 2001, enrollment growth was almost twice as great at 37 percent (see Table 1).

In 2002, national SCHIP enrollment appears to have entered a period of modest growth or even slight decline in some states. Indeed, growth in the first six months of 2002 slowed to only five percent, the lowest rate of growth in any six-month period in the five-year history of the program, with 15 states actually experiencing enrollment declines between December 2001 and June 2002 (Figure 2).

Factors contributing to this slower enrollment growth vary by state, though several dynamics existing across states likely played a role. In brief, major factors limiting enrollment growth include the end of the period of rapid enrollment increases that followed initial implementation of new SCHIP programs, combined with reductions in program outreach and limitations in the availability of federal and state funds to support the program.

Figure 1

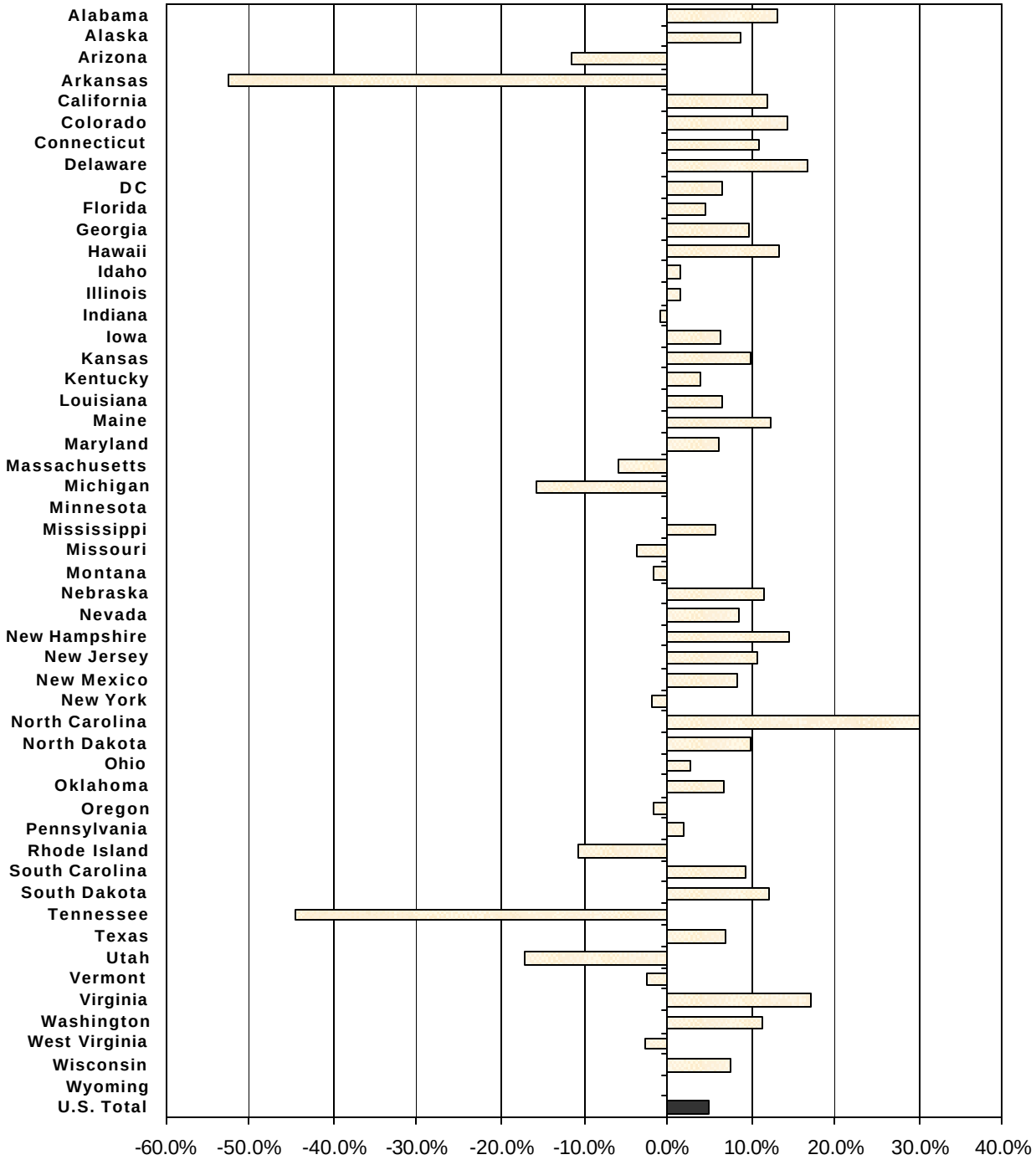
Total U.S. CHIP Enrollment in 50 States and the District of Columbia



Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

Figure 2

Percent Change in CHIP Enrollment December 2001 to June 2002



Source: Compiled by Health Management Associates from state enrollment reports.
Prepared for the Kaiser Commission on Medicaid and the Uninsured.

Table 1

Total SCHIP Enrollment, June 1999 to June 2002

	Program Type*	Monthly Enrollment					Percent Change			
		Jun-99	Jun-00	Jun-01	Dec-01	Jun-02	6/99-6/00	6/00-6/01	6/01-6/02	12/01-6/02
United States		**1,384,337**	**2,241,658**	**3,070,338**	**3,465,468**	**3,641,286**	**62%**	**37%**	**19%**	**5%**
Alabama	C	31,401	36,709	41,785	46,971	53,135	17%	14%	27%	13%
Alaska	M	3,925	9,176	11,349	11,760	12,780	134%	24%	13%	9%
Arizona	S	14,985	35,034	51,838	54,917	48,599	134%	48%	-6%	-12%
Arkansas	M	712	903	1,852	1,686	799	27%	105%	-57%	-53%
California	C	151,632	321,927	478,930	542,283	606,546	112%	49%	27%	12%
Colorado	S	18,436	25,337	35,059	38,228	43,679	37%	38%	25%	14%
Connecticut	C	8,569	9,740	10,967	12,458	13,816	14%	13%	26%	11%
Delaware	S	1,786	2,909	3,466	3,502	4,082	63%	19%	18%	17%
District of Columbia	M	1,924	3,225	2,959	2,554	2,718	68%	-8%	-8%	6%
Florida	C	100,688	160,542	221,679	249,510	260,949	59%	38%	18%	5%
Georgia	S	31,085	85,625	132,498	150,330	164,896	175%	55%	24%	10%
Hawaii	M	0	0	5,545	7,190	8,146	NA	NA	47%	13%
Idaho	M	3,541	6,775	11,113	11,940	12,113	91%	64%	9%	1%
Illinois	C	35,468	53,049	62,420	70,953	71,908	50%	18%	15%	1%
Indiana[1]	C	28,909	39,914	47,539	48,814	48,342	38%	19%	2%	-1%
Iowa	C	10,012	13,738	21,337	24,488	26,010	37%	55%	22%	6%
Kansas	S	11,024	17,140	22,108	24,138	26,525	55%	29%	20%	10%
Kentucky	C	7,401	42,440	54,429	50,486	52,492	473%	28%	-4%	4%
Louisiana	M	17,628	33,363	54,343	69,906	74,407	89%	63%	37%	6%
Maine	C	6,514	9,353	9,816	11,595	13,010	44%	5%	33%	12%
Maryland	C	52,193	74,036	89,488	96,581	102,408	42%	21%	14%	6%
Massachusetts[1]	C	31,565	61,837	55,876	53,130	50,094	96%	-10%	-10%	-6%
Michigan	C	28,238	34,524	49,712	52,736	44,477	22%	44%	-11%	-16%
Minnesota	M	8	9	15	12	23	NA	NA	NA	NA
Mississippi	C	7,717	20,530	43,187	49,608	52,456	166%	110%	21%	6%
Missouri	M	42,251	60,771	73,494	77,811	75,078	44%	21%	2%	-4%
Montana	S	943	5,827	9,700	9,500	9,350	518%	66%	-4%	-2%
Nebraska	M	4,908	7,002	7,817	9,602	10,712	43%	12%	37%	12%
Nevada	S	6,545	11,152	18,823	22,240	24,138	70%	69%	28%	9%
New Hampshire	C	1,568	2,822	3,723	4,340	4,966	80%	32%	33%	14%
New Jersey	C	36,956	69,075	79,577	86,199	95,468	87%	15%	20%	11%
New Mexico	M	1,063	4,236	6,610	9,085	9,838	298%	56%	49%	8%
New York	S	352,273	522,058	486,071	536,709	526,204	48%	-7%	8%	-2%
North Carolina	S	43,774	65,129	59,968	64,815	84,286	49%	-8%	41%	30%
North Dakota	C	92	1,875	2,546	2,659	2,920	NA	36%	15%	10%
Ohio	M	38,420	47,287	78,420	83,741	86,106	23%	66%	10%	3%
Oklahoma[2]	M	25,452	35,000	38,000	40,707	43,423	38%	9%	14%	7%
Oregon	S	12,608	15,900	17,551	18,436	18,133	26%	10%	3%	-2%
Pennsylvania	S	78,998	99,008	110,890	118,047	120,408	25%	12%	9%	2%
Rhode Island	M	4,666	9,317	11,432	12,179	10,890	100%	23%	-5%	-11%
South Carolina	M	45,525	47,532	46,581	47,680	52,112	4%	-2%	12%	9%
South Dakota	C	2,038	3,724	6,729	7,689	8,607	83%	81%	28%	12%
Tennessee[1]	M	16,697	15,146	9,712	6,131	3,399	-9%	-36%	-65%	-45%
Texas	C	34,527	39,873	369,021	497,073	531,814	15%	825%	44%	7%
Utah	S	9,770	16,868	23,690	26,427	21,931	73%	40%	-7%	-17%
Vermont	S	1,069	1,984	2,659	3,058	2,982	86%	34%	12%	-2%
Virginia	S	12,390	25,033	33,466	36,091	42,293	102%	34%	26%	17%
Washington	S	0	1,518	4,150	6,169	6,869	NA	173%	66%	11%
West Virginia	S	3,043	11,697	20,923	20,593	20,043	284%	79%	-4%	-3%
Wisconsin	M	3,400	22,357	26,628	29,661	31,861	558%	19%	20%	7%
Wyoming	S	0	1,632	2,847	3,050	3,045	NA	74%	7%	0%

** M = Medicaid Expansion Program (16) / S = Separate Program (17) / C = Combined Program (18) SCHIP program classification is as of June 2002.*

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

[2] Enrollment is estimated by State for period June 2000 - June 2001. Indicated enrollment is believed to be an underestimate.

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

Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

Enrollment Growth by Program Type

Federal law provides states the option of operating their SCHIP programs as Medicaid expansion programs, as stand-alone separate programs, or to combine and operate both types of programs at the same time. As of June 2002, a total of 15 states and the District of Columbia operated only Medicaid expansion programs, a total of 17 states operated only separate programs and 18 states operated combined Medicaid expansion and separate programs.

For the year ending in June 2002, the number of children enrolled in SCHIP programs in the U.S. increased from 3,070,000[1] in the month of June 2001 to 3,641,000 in the month of June 2002. This was an increase of 571,000 or 19 percent. Most of the increase occurred among separate SCHIP programs. Indeed, among the 35 states that operated separate programs (the 17 states with only separate programs and the separate program component in the 18 states with combined programs), enrollment in separate programs increased from 2,268,000 to 2,804,000 for the 12 months ending in June 2002, an increase of 536,000 or 24 percent (Table 2).

Table 2

United States SCHIP Enrollment by Program Type, June 2000 to June 2002

	Enrollment		Growth	Percent Change
	Jun-01	*Jun-02*	*6/01 - 6/02*	*6/01 - 6/02*
USA (50 States plus DC)	**3,070,338**	**3,641,286**	**570,948**	**19%**
Medicaid Expansions Only	385,870	434,405	48,535	13%
15 States plus DC				
Separate Program Only	1,035,707	1,167,463	131,756	13%
17 States				
Combined Programs	1,648,761	2,039,418	390,657	24%
18 States				
Medicaid Expansion	416,183	402,661	(13,522)	-3%
Separate Program	1,232,578	1,636,757	404,179	33%
All Medicaid Expansions	802,053	837,066	35,013	4%
33 States plus DC				
All Separate Programs	2,268,285	2,804,220	535,935	24%
35 States				

Note: SCHIP program classification is as of June 2002. Between June 2001 and June 2002 one state became a combination program. Maryland added a separate program in July 2001. Enrollment in Medicaid expansion only programs in June 2001 (including Maryland) was 475,358.

Source: Compiled by Health Management Associates from state enrollment reports. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

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

Many of the largest states (including California, Florida, New York, and Texas) operate separate state programs, which helps to explain why enrollment growth in separate state programs account for the overwhelming share of overall SCHIP enrollment growth. Indeed, Texas and California alone accounted for 51 percent of total SCHIP enrollment growth between June 2001 and June 2002. Growth in separate programs accounted for 94 percent of total growth over this period.

Among the 34 Medicaid expansion programs (the 15 states and DC with Medicaid expansion only and the Medicaid expansion component in the 18 states with combined programs), enrollment in Medicaid expansion programs grew from 802,000 to 837,000 between June 2001 and June 2002, an increase of 35,000 or 4 percent. Growth across all Medicaid expansion programs accounted for 6 percent of the overall program growth over this 12-month period.

The enrollment growth that did occur among Medicaid expansion programs over this year tended to be among states operating only Medicaid expansion programs. Among the 15 states and DC operating only Medicaid expansion programs, enrollment increased by 49,000 or 13 percent. However, among the 18 states operating combined programs in June 2002, enrollment in their Medicaid expansion programs actually declined in the aggregate from 416,000 in June 2001 to 403,000 in June 2002, a decrease of roughly 14,000 or 3 percent.

The decline in Medicaid expansion SCHIP enrollment among states with combined programs can be explained in large part by the transition of SCHIP children onto Medicaid coverage. A provision in federal law requires Medicaid programs to cover children under age 19 who were born on and after September 30, 1983 in households with incomes up to 100 percent of the federal poverty level (FPL). Each year since 1990, an additional age group has been added to Medicaid coverage. When fully phased in on September 30, 2002 every state Medicaid program covered children up to the child's 19th birthday in households at or below the poverty level. In some states with combination programs (such as Connecticut, Michigan and Texas), the Medicaid expansion component was specifically designed to accelerate this Medicaid phase-in. In these states, the Medicaid expansion SCHIP program ended on September 30, 2002, and SCHIP-enrolled children were to be transitioned to Medicaid. These states continue to operate their separate SCHIP programs.

When children enrolled in SCHIP become eligible for Medicaid as a result of this phase-in, they no longer are counted as part of a state's SCHIP enrollment. Instead, they become part of its Medicaid enrollment. This situation directly affects those states that used Medicaid-expansion SCHIP programs to accelerate the Medicaid phase-in. It explains why enrollment in some Medicaid expansion SCHIP programs has declined each year as children in specific age cohorts are converted from SCHIP to Medicaid.

As shown in Table 2, in the 17 states operating only separate SCHIP programs in June 2002, enrollment increased from 1,036,000 children in June 2001 to 1,167,000 children in June 2002, an increase of 132,000 or 13 percent.

Enrollment growth was greatest in both numbers of children and percentage growth in the separate SCHIP program component in the 18 states with both separate and Medicaid expansion SCHIP programs. In these 18 combination states enrollment in their separate programs increased by 404,000 or a growth of 33 percent. Enrollment growth in these 18 separate programs accounted for 71 percent of the total SCHIP program growth from June 2001 to June 2002. However, it should be noted that nearly three-quarters of this growth came from enrollment increases in California and Texas, whose large programs together make up almost one third (31%) of national SCHIP enrollment.

Program Changes in 2002

In the process of providing data for this report, a number of state SCHIP officials also indicated changes in their SCHIP programs in 2002, described factors contributing to increases or decreases in enrollment, and indicated whether a state budget shortfall was affecting their SCHIP program.

A total of 33 states provided information on these issues. The following insights into current changes in SCHIP programs are based on this information.

States indicated that the original program design continues in most states, but a number of states made minor changes in eligibility or benefits in the first six months of calendar 2002. In some cases, budget pressures that caused program changes in Medicaid and other state programs also drove the SCHIP program changes. However, in other states SCHIP coverage was expanded and enrollment streamlined.

Officials in seven states indicated that program improvements were implemented in fiscal year 2002. Colorado added a dental benefit, Washington removed co-pays, three states (Nevada, Texas and Virginia) simplified the eligibility process or expanded eligibility by changing the way they treated certain income such as disregarding unemployment benefits. Kansas removed the six-month waiting period from the loss of employer sponsored health insurance, and created daily eligibility so enrollment could be immediate rather than waiting until the first day of the following month. Two states reduced the required employer contribution for premium assistance – Wisconsin from 60 percent to 40 percent and Maryland from 50 percent to 30 percent. In addition, officials in a few states indicated that planned expansions to include coverage for parents are still on track for the near future.

Officials in another eight states reduced or restricted eligibility, or added financial requirements in the first half of 2002. Indiana ended 12-month continuous eligibility, South Carolina added verification and documentation requirements, two states (Montana and Utah) indicated that enrollment was frozen or capped, three states (Kentucky, Texas and West Virginia) added co-pays and Rhode

Island added premiums of $43 per month per family. Several other states indicated they reduced outreach funding or activity due to budget reductions, including Connecticut, Maryland, Michigan and Oklahoma.

Among states with increasing enrollment in 2002 that provided additional information, more than half mentioned the economic downturn as a factor driving enrollment growth. On the other hand, six states mentioned that the slower rate of their enrollment growth in 2002 was due to the transition of children to Medicaid. Two states mentioned they were catching up on redeterminations, and resulting disenrollments were a factor in a slower enrollment growth in the first half of 2002. Another state indicated the slower growth was related to new premiums and a specific open enrollment period. Another state indicated that the "easy ones" were now enrolled, and they would have to work harder in the future to find and enroll remaining eligible but unenrolled children.

Two-thirds of states providing additional information indicated that the state budget shortfall was not affecting SCHIP eligibility, coverage or enrollment. However, in a third of responding states, SCHIP has been affected by economic woes. In some cases, officials indicated that outreach was curtailed, that a hiring freeze had increased the workload of caseworkers or that dedicated SCHIP workers were eliminated, or that the legislature was considering a cap on funds or enrollment, premiums or co-pays, or changing eligibility rules.

Conclusion

In June 2002 SCHIP enrollment reached 3.6 million, an annual increase of 19 percent. Enrollment growth continues to be concentrated among states with separate SCHIP programs, which accounted for 94 percent of program growth in the year ending in June 2002. Growth in Medicaid expansion programs can be expected to abate through 2002. Medicaid expansion programs in a handful of states will phase out completely as SCHIP enrollees are transitioned over to Medicaid due to the full phase-in of Medicaid eligibility for children born on and after September 30, 1983.

Although the economic downturn has contributed to higher SCHIP enrollment in some states, it has also created pressure to limit program expenditure growth by restricting eligibility or adding co-pays for beneficiaries. However, two-thirds of reporting states indicated that budget shortfalls had not yet affected SCHIP in their state and that maintaining SCHIP coverage remains a policy priority.

The increase in enrollment in SCHIP and Medicaid has been credited with increasing the number of children with health coverage and preventing an increase in the number of uninsured children in 2001. During 2001 the total number of persons without health insurance increased by 1.4 million to 41.2 million. However, the number of uninsured children decreased as growth in primarily Medicaid, but also SCHIP, offset decreases in employer sponsored

health coverage. The slower rate of growth in SCHIP enrollment in 2002 described in this report suggests that such an offset may be less likely in 2002, even though roughly half of uninsured children are eligible, but not enrolled, in either Medicaid or SCHIP.

Finally, provisions in the federal SCHIP financing structure call for a significant decrease in available federal funding for the program during fiscal year (FY) 2002 through FY 2004 and have also led to funding imbalances among states. Both factors add greatly to the potential for a more widespread reduction in SCHIP enrollment growth, which could include significant enrollment declines in many states over the next few years. The Office of Management and Budget has projected that under current law, SCHIP enrollment will decline by 900,000 nationally between FY 2003 and 2006. Recent proposals to correct for funding imbalances could lessen these declines, though no action has been taken to date on any proposal.[2]

Data Definitions and Methodology

The data in this report are "point-in-time" data reflecting the number of children enrolled in SCHIP programs in each state in the indicated month. For this report, state officials provided data specifically for the months of March and June 2002. States were also encouraged to review data included in previous reports in this series[3] and update the data as might be appropriate. Each report including this one reflects corrections noted by states in this process. The data for this report were requested in August 2002 and provided in August and September 2002.

The "point-in-time" data in this report differs from an "ever-enrolled" count of enrollees used in reports issued by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). The most recent reports from CMS are for federal fiscal years 2001 and 2002. They report 4.6 million children were enrolled at any point in time, and for any length of time, during the twelve months ending in September 2001, and 5.3 million during the twelve months ending in September 2002. The annual count of children ever-enrolled will always exceed the number enrolled in any point in time, as long as there is turn-over in program enrollment during the year. The greater the extent of disenrollment, the greater the difference between the two measures of enrollment. Recent experience is that one-third to one-half of SCHIP enrollees leave the program annually. Both point-in-time and ever-enrolled enrollment counts are useful measures that provide insight into issues of retention and turnover among SCHIP enrollees over time.

[2] For a more detailed discussion of current issues in SCHIP financing, see Edwin Park, Leighton Ku and Matthew Broaddus, *OMB Estimates Indicate that 900,000 Children Will Lose Health Insurance Due to Reductions in Federal SCHIP Funding*, Center on Budget and Policy Priorities, August 2, 2002 (http://www.cbpp.org/7-15-02health.htm).

[3] 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; *CHIP Program Enrollment: December 2000*, The Kaiser Commission on Medicaid and the Uninsured, September 2001. Publication #4005; and *CHIP Program Enrollment: December 2001 Data Update*, The Kaiser Commission on Medicaid and the Uninsured, June 2002. Publication #4057.

Appendix Tables

Appendix Table 1

Quarterly SCHIP Enrollment by State, June 2001 to June 2002

	Program Type[1]	Monthly Enrollment					Percent Change			
		Jun-01	Sep-01	Dec-01	Mar-02	Jun-02	6/01-9/01	9/01-12/01	12/01-3/02	3/02-6/02
United States		**3,070,338**	**3,232,422**	**3,465,468**	**3,579,912**	**3,641,286**	**5%**	**7%**	**3%**	**2%**
Alabama	C	41,785	45,401	46,971	49,832	53,135	9%	3%	6%	7%
Alaska	M	11,349	11,247	11,760	12,179	12,780	-1%	5%	4%	5%
Arizona	S	51,838	53,823	54,917	55,401	48,599	4%	2%	1%	-12%
Arkansas	M	1,852	1,906	1,686	1,307	799	3%	-12%	-22%	-39%
California	C	478,930	513,597	542,283	572,663	606,546	7%	6%	6%	6%
Colorado	S	35,059	37,419	38,228	41,646	43,679	7%	2%	9%	5%
Connecticut	C	10,967	11,476	12,458	13,341	13,816	5%	9%	7%	4%
Delaware	S	3,466	3,577	3,502	3,845	4,082	3%	-2%	10%	6%
District of Columbia	M	2,959	2,357	2,554	2,718	2,718	-20%	8%	6%	0%
Florida	C	221,679	230,897	249,510	253,065	260,949	4%	8%	1%	3%
Georgia	S	132,498	144,430	150,330	160,236	164,896	9%	4%	7%	3%
Hawaii	M	5,545	6,449	7,190	7,928	8,146	16%	11%	10%	3%
Idaho	M	11,113	11,504	11,940	12,099	12,113	4%	4%	1%	0%
Illinois	C	62,420	69,015	70,953	67,110	71,908	11%	3%	-5%	7%
Indiana[2]	C	47,539	47,592	48,814	48,721	48,342	0%	3%	0%	-1%
Iowa	C	21,337	23,686	24,488	25,934	26,010	11%	3%	6%	0%
Kansas	S	22,108	23,042	24,138	25,679	26,525	4%	5%	6%	3%
Kentucky	C	54,429	51,528	50,486	51,368	52,492	-5%	-2%	2%	2%
Louisiana	M	54,343	63,046	69,906	72,467	74,407	16%	11%	4%	3%
Maine	C	9,816	10,500	11,595	12,603	13,010	7%	10%	9%	3%
Maryland	C	89,488	91,172	96,581	100,183	102,408	2%	6%	4%	2%
Massachusetts[2]	C	55,876	53,996	53,130	49,230	50,094	-3%	-2%	-7%	2%
Michigan	C	49,712	53,180	52,736	41,917	44,477	7%	-1%	-21%	6%
Minnesota[3]	M	15	15	12	23	23	NA	NA	NA	NA
Mississippi	C	43,187	47,390	49,608	51,920	52,456	10%	5%	5%	1%
Missouri	M	73,494	75,856	77,811	74,443	75,078	3%	3%	-4%	1%
Montana	S	9,700	9,700	9,500	9,350	9,350	0%	-2%	-2%	0%
Nebraska	M	7,817	9,199	9,602	10,264	10,712	18%	4%	7%	4%
Nevada	S	18,823	21,134	22,240	23,389	24,138	12%	5%	5%	3%
New Hampshire	C	3,723	3,945	4,340	4,692	4,966	6%	10%	8%	6%
New Jersey	C	79,577	78,843	86,199	94,998	95,468	-1%	9%	10%	0%
New Mexico	M	6,610	8,066	9,085	10,531	9,838	22%	13%	16%	-7%
New York	S	486,071	479,973	536,709	547,549	526,204	-1%	12%	2%	-4%
North Carolina	S	59,968	51,294	64,815	74,674	84,286	-14%	26%	15%	13%
North Dakota	C	2,546	2,644	2,659	2,796	2,920	4%	1%	5%	4%
Ohio	M	78,420	81,152	83,741	85,409	86,106	3%	3%	2%	1%
Oklahoma	M	38,000	35,219	40,707	43,213	43,423	-7%	16%	6%	0%
Oregon	S	17,551	17,465	18,436	18,517	18,133	0%	6%	0%	-2%
Pennsylvania	S	110,890	114,197	118,047	121,118	120,408	3%	3%	3%	-1%
Rhode Island	M	11,432	11,882	12,179	11,939	10,890	4%	2%	-2%	-9%
South Carolina	M	46,581	46,956	47,680	51,002	52,112	1%	2%	7%	2%
South Dakota	C	6,729	7,213	7,689	8,145	8,607	7%	7%	6%	6%
Tennessee	M	9,712	8,211	6,131	4,473	3,399	-15%	-25%	-27%	-24%
Texas	C	369,021	441,566	497,073	522,057	531,814	20%	13%	5%	2%
Utah	S	23,690	25,422	26,427	22,777	21,931	7%	4%	-14%	-4%
Vermont	S	2,659	2,729	3,058	2,962	2,982	3%	12%	-3%	1%
Virginia	S	33,466	34,024	36,091	41,103	42,293	2%	6%	14%	3%
Washington	S	4,150	4,994	6,169	7,030	6,869	20%	24%	14%	-2%
West Virginia	S	20,923	21,435	20,593	20,223	20,043	2%	-4%	-2%	-1%
Wisconsin	M	26,628	28,037	29,661	30,745	31,861	5%	6%	4%	4%
Wyoming	S	2,847	3,021	3,050	3,098	3,045	6%	1%	2%	-2%

[1] *M = Medicaid Expansion Program (16) / S = Separate Program (17) / C = Combined Program (18) SCHIP program classification is as of June 2002.*

[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. Prepared for the Kaiser Commission on Medicaid and the Uninsured.

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 (#4068) are available by calling our publications request line at 800-656-4533

THE KAISER COMMISSION ON
Medicaid and the Uninsured

1330 G Street NW
Washington, DC 20005
202 / 347-5270
Fax 202 / 347-5274