THE KAISER COMMISSION ON
Medicaid and the Uninsured

SCHIP PROGRAM ENROLLMENT:
JUNE 2003 UPDATE

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The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy. The Foundation is an independent national health care philanthropy headquartered in Menlo Park, California, and is not associated with Kaiser Permanente or Kaiser Industries.

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SCHIP Enrollment in June 2003

As of June 2003, the State Children's Health Insurance Program (SCHIP) provided health coverage for 3.9 million children (Figure 1 and Table 1).[1]

Over the year from June 2002 to June 2003, enrollment of children in SCHIP increased by roughly 264,000, an increase of 7.3 percent. Although this represents a significant increase in the number of children with health coverage through SCHIP, it was the lowest annual growth since program enrollment began in 1998. By comparison, annual growth for the year ending six months earlier, from December 2001 to December 2002, was nearly 280,000, or 8.1 percent.

Key Findings

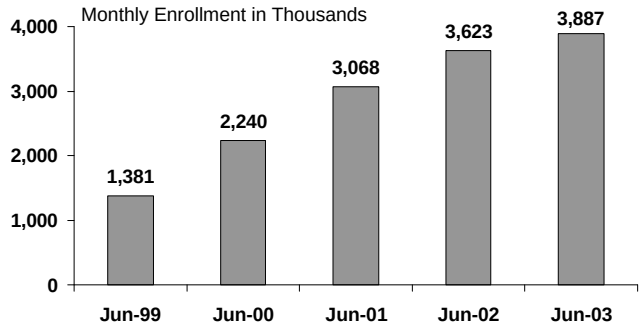
3.9 million children were enrolled in SCHIP in June 2003, an increase of 7.3 percent from the previous June.

While enrollment increased in 37 states and in the District of Columbia, the number of children covered by SCHIP declined in 13 states.

In response to state budget difficulties, seven states have placed caps on enrollment in their SCHIP programs, and 12 of the 30 states that charge premiums or enrollment fees plan to increase the amounts charged in 2004. A handful of states report reductions in eligibility and benefits under SCHIP, with Texas making the most significant reductions in both categories.

Figure 1

Total U.S. SCHIP Enrollment



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

These single digit annual growth rates reflect a slowing from the robust rates of growth in previous periods during initial program implementation. In the years ending in June 2000 and June 2001, for example, the number of children with SCHIP coverage increased by over 800,000 additional children annually, more than three times the number added in the year ending in June 2003.

[1] This is the latest in a series of reports on SCHIP enrollment trends. This report focuses on June-to-June changes. Enrollment counts in this report update those in historical periods as shown in earlier reports. The immediately previous report focused on December-to-December changes; see: Vernon K. Smith and David M. Rousseau, *SCHIP Program Enrollment: December 2002 Update,* Kaiser Commission on Medicaid and the Uninsured, July 2003. Publication # 4123. Available at: http://www.kff.org/content/2003/4123/4123.pdf

Table 1

Total SCHIP Enrollment, June 1999 to June 2003

	Program Type*	Monthly Enrollment						Percent Change				
		Jun-99	Jun-00	Jun-01	Jun-02	Dec-02	Jun-03	6/99-6/00	6/00-6/01	6/01-6/02	6/02-6/03	12/02-6/03
United States		**1,381,135**	**2,240,312**	**3,068,210**	**3,623,375**	**3,714,866**	**3,887,432**	**62%**	**37%**	**18%**	**7%**	**5%**
Alabama	S	31,401	36,709	41,785	53,135	55,423	60,383	17%	14%	27%	14%	9%
Alaska	M	3,925	9,176	11,349	12,780	14,158	12,290	134%	24%	13%	-4%	-13%
Arizona	S	14,985	35,034	51,838	48,599	49,985	50,019	134%	48%	-6%	3%	0%
Arkansas[1]	M	712	903	1,852	799	0	0	27%	105%	-57%	-100%	NA
California	C	151,632	321,927	478,930	606,546	637,666	720,044	112%	49%	27%	19%	13%
Colorado	S	18,436	25,337	35,059	43,679	48,500	53,118	37%	38%	25%	22%	10%
Connecticut	S	8,569	9,740	10,967	13,816	13,436	14,092	14%	13%	26%	2%	5%
Delaware	S	1,786	2,909	3,466	4,082	4,515	4,524	63%	19%	18%	11%	0%
District of Columbia	M	1,924	3,225	2,077	3,284	3,786	3,854	68%	-36%	58%	17%	2%
Florida	C	100,688	160,542	221,679	246,432	283,079	330,866	59%	38%	11%	34%	17%
Georgia	S	31,085	85,625	132,498	164,896	171,702	183,565	175%	55%	24%	11%	7%
Hawaii	M	0	0	5,545	8,146	8,886	10,071	NA	NA	47%	24%	13%
Idaho	M	3,541	6,775	11,113	12,113	11,197	10,706	91%	64%	9%	-12%	-4%
Illinois	C	35,648	53,049	62,420	71,407	76,928	80,563	49%	18%	14%	13%	5%
Indiana	C	28,909	39,914	47,539	48,342	55,800	56,880	38%	19%	2%	18%	2%
Iowa	C	10,012	13,738	21,337	26,010	26,487	29,057	37%	55%	22%	12%	10%
Kansas	S	11,024	17,140	22,108	26,525	29,918	30,023	55%	29%	20%	13%	0%
Kentucky	C	7,401	42,440	54,429	52,492	50,340	50,719	473%	28%	-4%	-3%	1%
Louisiana	M	17,628	33,363	54,343	74,407	81,077	88,129	89%	63%	37%	18%	9%
Maine	C	6,514	9,353	9,816	13,010	12,864	12,663	44%	5%	33%	-3%	-2%
Maryland	C	52,193	74,036	89,488	102,408	109,827	112,758	42%	21%	14%	10%	3%
Massachusetts	C	31,565	61,837	55,876	50,094	56,429	56,261	96%	-10%	-10%	12%	0%
Michigan	C	28,238	34,524	49,712	44,477	47,224	51,424	22%	44%	-11%	16%	9%
Minnesota	M	8	9	15	23	8	19	NA	NA	NA	NA	NA
Mississippi	S	7,717	20,530	43,187	52,456	53,937	56,690	166%	110%	21%	8%	5%
Missouri	M	42,251	60,771	73,494	75,078	81,707	84,824	44%	21%	2%	13%	4%
Montana	S	943	5,827	9,700	9,350	9,540	9,550	518%	66%	-4%	2%	0%
Nebraska	M	4,908	7,002	7,817	10,712	18,918	22,611	43%	12%	37%	111%	20%
Nevada	S	6,545	11,152	18,823	24,138	25,361	23,323	70%	69%	28%	-3%	-8%
New Hampshire	C	1,568	2,822	3,723	4,966	5,928	5,871	80%	32%	33%	18%	-1%
New Jersey	C	33,548	67,710	77,049	95,468	93,477	92,170	102%	14%	24%	-3%	-1%
New Mexico	M	1,063	4,236	6,610	9,838	11,170	10,675	298%	56%	49%	9%	-4%
New York	S	352,273	522,058	486,071	526,204	459,011	403,935	48%	-7%	8%	-23%	-12%
North Carolina	S	43,774	65,129	59,968	84,286	89,446	100,436	49%	-8%	41%	19%	12%
North Dakota	C	92	1,875	2,546	2,920	3,104	3,186	NA	36%	15%	9%	3%
Ohio	M	38,420	47,287	78,420	86,106	121,058	125,026	23%	66%	10%	45%	3%
Oklahoma[2]	M	25,452	35,000	38,000	43,423	43,217	47,295	38%	9%	14%	9%	9%
Oregon	S	12,608	15,900	17,551	18,133	19,748	18,741	26%	10%	3%	3%	-5%
Pennsylvania	S	78,998	99,008	110,890	120,408	125,424	131,695	25%	12%	9%	9%	5%
Rhode Island	M	4,666	9,317	11,432	10,890	9,847	9,865	100%	23%	-5%	-9%	0%
South Carolina	M	45,525	47,532	46,581	52,112	42,395	49,994	4%	-2%	12%	-4%	18%
South Dakota	C	2,038	3,724	6,729	8,307	9,020	9,324	83%	81%	23%	12%	3%
Tennessee[1]	M	16,697	15,146	10,069	2,074	0	0	-9%	-34%	-79%	-100%	NA
Texas	S	34,527	39,872	369,946	529,980	500,567	512,986	15%	828%	43%	-3%	2%
Utah	S	9,770	16,868	23,690	21,931	26,318	23,777	73%	40%	-7%	8%	-10%
Vermont	S	1,095	2,004	2,659	2,982	3,278	3,029	83%	33%	12%	2%	-8%
Virginia	C	12,390	25,033	33,466	42,293	46,611	52,327	102%	34%	26%	24%	12%
Washington	S	0	1,518	4,150	6,869	7,569	7,305	NA	173%	66%	6%	-3%
West Virginia	S	3,043	11,697	20,923	20,043	21,348	21,828	284%	79%	-4%	9%	2%
Wisconsin	M	3,400	22,357	26,628	31,861	34,445	35,785	558%	19%	20%	12%	4%
Wyoming	S	0	1,632	2,847	3,045	3,187	3,156	NA	74%	7%	4%	-1%

** M = Medicaid Expansion Program (16) / S = Separate Program (20) / C = Combined Program (15) SCHIP program classification is as of June 2003.*

[1] Arkansas and Tennessee phased out their Medicaid expansion programs in September 2002 and are included as a Medicaid expansion category, although no enrollment was reported for June 2003.

[2] Enrollment is estimated by State for period March 2003-June 2003. 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.

By July 2000, every state and the District of Columbia had implemented a SCHIP program. Until then, overall U.S. SCHIP enrollment had grown rapidly, in part due an increase in the number of states operating programs, as well as the increase in enrollment in individual states. Through 2001 enrollment growth reflected the large bursts of enrollment often associated with initial program implementation.

In 2002 and 2003, the period of large and steady SCHIP enrollment increases ended in most states. The slower rate of growth – or actual SCHIP enrollment declines in some states – occurred even as the economic downturn added to the numbers of low-income uninsured families and children who might qualify for the program. The lower rate of SCHIP enrollment growth can be attributed to reductions in state budgets for outreach, budget-driven efforts to control program spending and the transfer of some SCHIP enrollees to Medicaid.

The transfer of children to Medicaid occurred particularly in states that had used SCHIP initially to accelerate coverage for children who would become eligible for Medicaid with the full phase-in of mandatory coverage of all poverty-level children up to age 19. This full phase-in occurred on September 30, 2002. Because federal law precludes SCHIP enrollment for any child eligible for Medicaid, these enrollees were transferred when they became eligible for Medicaid. As a result of this requirement, Medicaid expansion programs ended in six states, including Arkansas and Tennessee, where the only SCHIP program was a Medicaid expansion program. Accordingly, since October 2002 the total number of states reporting SCHIP enrollment, which had included all 50 states, dropped to 48 states and the District of Columbia.[2]

Enrollment Trends Show Considerable Variation by State

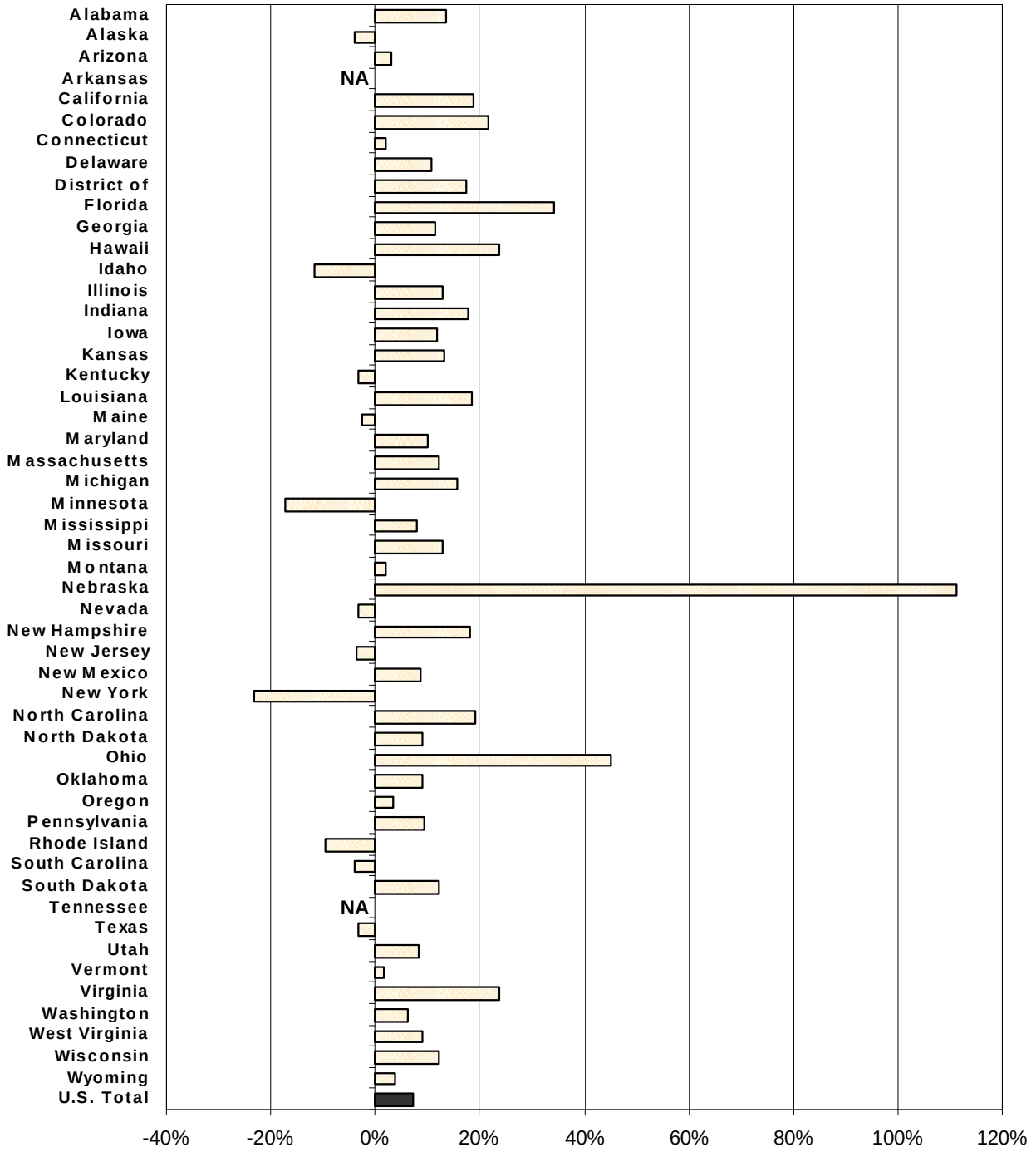
Over the year ending in June 2003, enrollment increased in 37 states and the District of Columbia and declined in 13 states (Figure 2).[3] A total of 13 states had rates of enrollment growth at least twice the national average of 7.3 percent. These included some of the largest and smallest states. For example, the state with the largest growth in terms of numbers of children enrolled was California, the state with the nation's largest SCHIP program. California's SCHIP program grew from 606,546 in June 2002 to 720,044 in June 2003, an increase of 18.7 percent, or 113,000 children. In Florida, which operates the nation's fourth largest SCHIP program, enrollment grew to 330,866 in June 2003, an annual increase of over 84,000 children, or 34.3 percent.

[2] Both states continue to cover children through Medicaid in households with incomes up to 200 percent of the Federal poverty level.

[3] Arkansas and Tennessee percent change data are not included in Figure 2 because both programs reported zero SCHIP enrollment in June 2003.

Figure 2

Percent Change in SCHIP Enrollment June 2002 to June 2003



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

In addition to California and Florida, eleven other states had annual rates of growth of at least twice the national average from June 2002 to June 2003: Colorado (21.6%), the District of Columbia (17.4%), Hawaii (23.4%), Indiana (17.7%), Maine (18.4%), Michigan (15.6%), Nebraska (111.1%), New Hampshire (18.2%), North Carolina (19.2%), Ohio (45.2%), and Virginia (23.7%). Several of these states, such as Virginia, have benefited from recent efforts to simplify their eligibility requirements and enrollment procedures.[4] It should be noted that Nebraska's SCHIP enrollment increase actually resulted from changes made to eligibility requirements for the state's Medicaid program. State officials indicate that changes made to how income is counted toward Medicaid eligibility, a reduction in continuous program eligibility from 12 months to 6 months, plus changes in the way family size is defined, resulted in a decrease in Medicaid enrollment of nearly 28,000. Of these, roughly 11,000 were children who, no longer eligible for Nebraska's Medicaid program, were able to enroll in SCHIP and thereby boost program enrollment significantly.

At the same time, SCHIP enrollment of children decreased in 13 states. This total includes Arkansas and Tennessee, the two states that phased out their SCHIP programs and transferred the children to Medicaid. Decreases also occurred in New York and Texas, states with the nation's second and third largest SCHIP programs, respectively. The largest drop in enrollment among all states occurred in New York, where enrollment decreased by over 122,000, or -23.2 percent. State officials indicated the drop in SCHIP enrollment in New York reflected a review of eligibility for all beneficiaries, and that many children were moved to other programs for which they qualified, including Medicaid.

In addition to Arkansas and Tennessee (which phased out their programs) and New York, ten other states had substantial annual drops in SCHIP enrollment from June 2002 to June 2003: Alaska (-3.8%), Idaho (-11.6%), Kentucky (-3.4%), Maine (-2.7%), Minnesota (-17.4%), Nevada (-3.4%), New Jersey (-3.5%), Rhode Island (-9.4%), South Carolina (-4.1%), and Texas (-3.2%).

Enrollment Growth by Program Type

States operate their SCHIP programs as a "Medicaid expansion," as stand-alone "separate" programs, or states can operate both types at the same time as "combined" programs. As of June 2003, a total of 13 states and the District of Columbia operated only Medicaid expansion programs, a total of 20 states operated only separate programs and 15 states operated combined Medicaid expansion and separate programs.

[4] See Donna Cohen Ross and Laura Cox, *Preserving Recent Progress on Health Coverage for Children and Families: New Tensions Emerge*, The Kaiser Commission on Medicaid and the Uninsured, July 2003, Publication #4125.

Over the year ending in June 2003, the distribution of states by type of program changed as six states ended their Medicaid expansion programs. Four of these states had operated combination programs and were re-classified as states operating only separate programs. Two of these states, Arkansas and Tennessee, no longer report any SCHIP enrollment. Medicaid rather than SCHIP now finances coverage for children in these states.[5] In addition, one state, Virginia, added a Medicaid expansion program component in July 2002 to become a combination state.

Among the 43 states and District of Columbia whose program classification was the same in June 2003 as it was in June 2002, most of the enrollment growth occurred among 14 states operating "combination" programs (Table 2). Over the year ending in June 2003, SCHIP enrollment in "combination" states increased by 238,907, an annual increase of 17 percent. Among the 13 states and the District of Columbia with only Medicaid expansion programs, enrollment increased by 80,371, or 19 percent.

Table 2

United States SCHIP Enrollment by Program Type, June 2002 to June 2003

	Enrollment		Growth	Percent Change
	Jun-02	*Jun-03*	*6/02 - 6/03*	*6/02 - 6/03*
USA (50 States plus DC)	3,623,375	3,887,432	264,057	7%
Medicaid Expansions	433,646	511,144	77,498	18%
15 States including DC				
Separate Program Only	1,167,463	1,712,175	544,712	47%
20 States				
Combined Programs	2,022,266	1,664,113	(358,153)	-18%
15 States				
Medicaid Expansion	404,122	423,764	19,642	5%
Separate Program	1,618,144	1,227,286	(390,858)	-24%
All Medicaid Expansions	837,768	934,908	97,140	12%
31 States including DC				
All Separate Programs	2,785,607	2,939,461	153,854	6%
35 States				

Notes: SCHIP program classification is as of June 2003. Between June 2002 and June 2003 Virginia added an expansion program in July 2003 and became a combination program. Alabama, Connecticut, Mississippi, and Texas dropped their expansion programs and became separate-only programs. Arkansas and Tenesee phased out their Medicaid expansion programs in September 2002 and are included as a Medicaid expansion category, although no enrollment was reported for June 2003.

[5] Arkansas officials reported that they will be able to claim Title XXI funding retroactively for certain children, but the specific arrangements were not known when completing the survey for this report. Tennessee officials reported the funding for children is included in their TennCare waiver.

These increases were offset by a decline in enrollment across the group of 16 states operating only separate programs in both June 2003 and June 2002. Among these 16 separate program only states, enrollment declined by 57,146 or five percent. This decline nationally was almost entirely attributable to New York, where enrollment in the separate program dropped by 23 percent from 526,204 in June 2002 to 403,935 in June 2003. Program officials in New York indicated that many children originally enrolled in SCHIP in the aftermath of September 11, 2001, were transferred to Medicaid upon re-determination of their eligibility.

SCHIP Coverage for Adults

Seven states financed coverage for adults with Title XXI SCHIP funds, under the provisions of a waiver granted by the federal CMS. The number of states covering adults was unchanged from December 2002 and included Arizona, Colorado, Illinois, Minnesota, New Jersey, Rhode Island and Wisconsin. In total, there were 244,636 adults with SCHIP-financed coverage in these seven states in June 2003, a six-month increase of 1.4 percent from the 241,327 adults enrolled in December 2002 (Table 3).

Table 3

SCHIP Enrollment of Adults by State, December 2002 to June 2003

	Monthly Enrollment		Percent Change
	Dec-02	Jun-03	12/02-6/03
United States	**241,327**	**244,636**	**1%**
Arizona	30,917	41,257	33%
Colorado	188	467	148%
Illinois	12,703	20,690	63%
Minnesota	25,935	26,067	1%
New Jersey	118,279	101,180	-14%
Rhode Island	12,626	12,699	1%
Wisconsin	40,679	42,276	4%

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

Significant increases in adult enrollment occurred in Arizona and Illinois, and enrollment increased slightly in Wisconsin. Small increases occurred in Colorado, Minnesota and Rhode Island. Enrollment growth for SCHIP-funded adults in those states was largely offset by a drop in enrollment of over 17,000 in New Jersey, where changes in eligibility and premiums contributed to a drop in enrollment.

Program Changes in 2003 and 2004

The survey of state SCHIP officials conducted for this report included questions designed to identify program changes occurring in state fiscal years 2003 and 2004.[6] Responses were received for these questions from all 50 states and the District of Columbia. The questions focused on four major areas: changes in SCHIP premiums or enrollment fees; implementation of enrollment caps; changes in program eligibility levels; and changes in program benefits.

In previous surveys state officials had indicated that SCHIP was less likely than Medicaid to be affected by current state budget difficulties, but that SCHIP was not immune to budget-driven program cuts. State officials had indicated that outreach was often curtailed, that hiring freezes or staff cutbacks had increased workload, and that several legislatures were considering capping state funding, imposing enrollment caps, instituting premiums or copayments, or changing eligibility rules. Responses to questions about enrollment caps and premiums or enrollment fees suggest that state budget difficulties may have begun to have a more significant impact on SCHIP.

Enrollment Caps

States have the option under SCHIP to institute a limit on the number of persons who can be enrolled. At the time of the survey in September 2003, seven states indicated they had some kind of cap on SCHIP enrollment:

- **Alabama**: FY 2004 enrollment limit of approximately 63,000. (June 2003 enrollment was 60,383.)
- **Colorado**: The legislature establishes an enrollment cap each year based on funding. FY 2004 cap is for average monthly enrollment of 52,965. (June 2003 enrollment was 53,118.)
- **Florida**: The legislature establishes average monthly enrollment targets based on funding for each fiscal year. The enrollment target for Florida Healthy Kids, MediKids and related enrollment categories was 295,352 for FY 2003 and 317,623 for FY 2004. (SCHIP enrollment in June 2003 was 330,866.)
- **Maryland**: The General Assembly froze enrollment in the SCHIP coverage for children in the premium categories in households with incomes between 200 percent to 300 percent of the FPL. Those who applied before July 1, 2003 were allowed to enroll, those after were not.

[6] For most states, June 2003 was the final month of state fiscal year 2003. State fiscal years end in June for 46 states. The state fiscal year ends in March in New York, in August in Texas, and in September in Alabama, Michigan and the District of Columbia.

- **Montana**: Enrollment cap for FY 2003 and FY 2004 is 9,550. (Enrollment in June 2003 was 9,550.)
- **North Carolina**: The General Assembly specified that if enrollment reached 100,000, the agency must return to the legislature to seek additional funding. (Enrollment in June 2003 was 100,436.)
- **Utah**: Legislature specified enrollment cap of 24,000 for FY 2003 and 28,000 for FY 2004. (Enrollment in June 2003 was 23,777.)

SCHIP Premiums or Enrollment Fees

A total of 30 states with separate SCHIP programs indicated they require payment of an enrollment fee or monthly premium. With increasing budget pressure, 12 of these states had increased (or planned to increase) premiums or fees in FY 2004.

A description of state responses on premiums and enrollment fees is included as Appendix Table 2.

Changes in Eligibility Levels

States were asked if eligibility levels had changed in FY 2003 or for FY 2004. The responses indicate overall stability in SCHIP eligibility standards, with four states expanding and two states reducing eligibility.

Expansions:

- Illinois expanded eligibility for parents from 49 percent to 90 percent of the FPL in FY 2004, and expanded coverage for children from 185 percent to 200 percent of the FPL.

- New York expanded eligibility for Medicaid during FY 2003 for children ages 6 to 11 from 100 percent to 133 percent of the FPL.

- Oregon expanded eligibility for children from 170 percent to 185 percent of the FPL in FY 2003, and plans to increase eligibility further to 200 percent of the FPL in FY 2004.

- Wyoming expanded SCHIP eligibility from 133 Percent to 185 percent of the FPL.

Reductions:

- In Maryland, the legislature eliminated the subsidy program for employer sponsored health insurance effective in July 2003. Families previously

enrolled will be subject to cost sharing according to the employer's plan, except their cost sharing will be limited to 5 percent of annual family gross income.

- In Texas, several changes were enacted for FY 2004 designed to reduce the number of children enrolled in SCHIP by 169,000 children. In addition to higher copayments and premiums, policy changes included a reduction in the period of continuous eligibility from 12 months to 6 months, adding an asset test for families with incomes above 150 percent of the FPL, making eligibility more restrictive by eliminating income disregards, reinstating face-to-face interviews for applicants, and adding a 90 day eligibility waiting period between the time of eligibility determination and the effective date of coverage.

Changes in Covered Benefits

Eleven states indicated that changes had occurred in covered benefits in FY 2003 or FY 2004. Except for Texas (which made major changes in coverage) and Oregon (which is planning to make a significant 30-line change in its prioritized list of covered conditions in FY 2004), the changes generally represented fine-tuning of benefits. Benefits were restricted in five states, and were expanded in six.

Benefit changes included the following:

- Dental Benefits: Five states reported adjustments to their dental coverage. Alabama added coverage for nitrous oxide and specified that diagnostic and preventative services no longer apply toward the $1000 maximum. Utah restored dental benefits effective July 2003 to the level they had been covered before they were cut two years before. Wyoming and Nebraska limited coverage for orthodontia. Florida added a $750 cap per child on dental benefits. Texas discontinued coverage for dental services.

- Mental Health and Substance Abuse: Virginia added community mental health benefit coverage effective August 2003. Delaware expanded the wraparound mental health/ substance abuse coverage to the existing benefit. Alabama increased inpatient substance abuse coverage from 72 hours to 30 days per year. Texas discontinued coverage for most behavioral health benefits.

- Other benefit changes: Wyoming ended coverage for transplants and administration, in addition to no longer covering orthodontia for crippling malocclusion in the new expanded program. Texas discontinued (in addition to the dental and behavioral health benefits) coverage for hospice care, skilled nursing facility care, tobacco cessation, vision and

chiropractic services. New York added a hospice benefit. New Jersey standardized parent coverage under their "Plan D." Changes adopted in Oregon (but not yet implemented pending CMS approval) include elimination of 30 lines on the Oregon Health Plan priority list.

A Note About Data Definitions and Methodology

The data in this report is "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 2003. States were also encouraged to review data included in previous reports[7] in this series 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 2003 and provided in September and October 2003.

The "point-in-time" data in this report differ 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 report from CMS is for federal fiscal year 2002.[8] It reports 5.3 million children were enrolled at any point in time, for any length of time, 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 dis-enrollment, 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.

[7] This study updates the following previous reports, each published by the Kaiser Commission on Medicaid and the Uninsured*: CHIP Program Enrollment: December 1998 to December 1999*, July 1999, Publication #2195. *CHIP Program Enrollment: June 2000*, January 2001, Publication #2224. *CHIP Program Enrollment: December 2000*, September 2001, Publication #4005. *SCHIP Program Enrollment: December 2001 Update*, June 2002, Publication #4057. SCHIP Program Enrollment: December 2002 Update, July 2003. Publication #4123.

[8] CMS, *SCHIP Preliminary Annual Enrollment Report for Fiscal Year 2002*, January 31, 2003. Accessed at: http://www.cms.gov/schip/schip02.pdf

Appendix Tables

Table 1: Responses to Survey Question: "Do You Require Premiums or Enrollment Fees," by State, by FY 2003 and FY 2004

Table 2: SCHIP and Medicaid for Children Eligibility Levels, April 2003

Appendix Table 1

Responses to Question: "Do You Require Premiums or Enrollment Fees," by State, by FY 2003 and FY 2004

State	Fiscal Year 2003	Fiscal Year 2004
Alabama	$50 per year for families from 151-200% FPL, excludes Native American Enrollees	$50 per year for families from 100-150% FPL, excludes Native American Enrollees.
Arizona	Income under 150% FPL, children do not have a premium, $15 per month per parent. Income between 150-175% FPL $10 per month for one child, $15 per month for two or more children and $20 per month per parent.	Same as FY 2003 up to 175% of FPL; plus between 175-200% FPL $20 per month for one child, $25 per month for two or more children and $25 per month per parent.
California	Monthly premium $4-$27 per month depending upon family size and income.	Same as FY 2003.
Colorado	Families under 151% FPL no enrollment fee, 151-185% FPL $25 annual enrollment fee for once child, $35 for two or more children. No enrollment fee for pregnant women but cost sharing	Same as FY 2003.
Connecticut	$30 per month per child, up to $50 per family over 235% FPL up to 300% FPL.	Budget bill requires SCHIP services and cost sharing to be similar to largest commercially available MCO in CT.
Delaware	$10 per month for 101-133% FPL, $15 per month for 134-166% FPL, $25 per month for 167-200% FPL.	Same as FY 2003.
Florida	$15 per month per family	$20 per month per family.
Georgia	$7.50 per child per month, $15 maximum per household	$10 per month per child, with $15 maximum for 0-150% of FPL, $20 maximum for 151-235% of FPL.
Illinois	$15 per month for one child, $ $25 for two children and $30 for three or more	Same as FY 2003.

	children.	
Indiana	$11 per month for one child, 16.50 per month for two or more children 150-175% FPL. 16.50 per month for one child and 24.75 per month for two or more children 176-200% FPL.	Same as FY 2003.
Iowa	$10 per child, $20 per family monthly premium for families between 150-200% FPL.	Same as FY2003.
Kansas	$10 per month per family for families between 151-175% FPL, $15 for families between 176-200% FPL from 7/1/02 to 1/31/03. Changed to $30 per month per family for incomes between 151-175% of FPL and $45 per month for families between 176-200% of FPL from 2/1/03 to 6/30/03.	$20 per family per month for incomes between 151-175% FPL and $30 per family per month for families with income between 176-200% FPL as of 7/1/03.
Maine	Monthly premium $5-$40 depending upon family size and income.	Same as FY 2003.
Maryland	Children with a family income between 200-250% FPL pay $40 per family per month, children above 250-300% FPL pay $50 per family per month.	Same as FY 2003.
Massachusetts	$10/ month per child up to $30 per month per family (changed to $12/36 in March of 03).	$12 per child, $36 per family. Expansion, starting in November of this year $12 per month per child and $15 per month per family.
Michigan	$5 per family per month	Same as FY 2003
Minnesota	Adults pay a monthly premium based on income	Same as FY 2003
Missouri	Monthly premiums from $58-$249 depending upon family size and income. No	Monthly premiums from $59-$225 depending upon family size and income. No

	premium for those below 226% FPL.	premium for those below 226% FPL.
Nevada	$15 for 100-150% FPL, $35 for 151-175% FPL, $70 for 176-200% FPL per family per quarter.	Same as FY 2003.
New Hampshire	$20 per month for 186-250% of FPL, $40 per month for 251-300% of FPL.	$25 per month for 186-250% of FPL, $45 per month for 251-300% of FPL. Family premium is capped at $100 per month for 186-250% of FPL and $135 per month for 251-300% FPL.
New Jersey	Parents 150-200% FPL pay $27.50 per month for the first adult and $11per month for the second adult. Children 150-200% FPL pay $16.50 per month, 201-250% pay $33 per month, 251-300% FPL pay $66 per month, 300-350% FPL pay $110 per month.	Same as FY 2003.
New York	Monthly premium: no premium 0-160% FPL, $9 per child to max of $27 per month 161-222% FPL, $15 per child to max of $45 per month. 222-250% FPL.	Same as FY 2003.
North Carolina	$50 for one child and $100 for two or more children enrollment fee.	Same as FY 2003.
Pennsylvania	Parents/guardians of children in the subsidized component pay ½ of the monthly premium. The average premium amount paid by the participants was 63.59 per month per child.	The average premium amount to be paid by the participants is projected to be 69.95 per month per child.
Rhode Island	$61 per family per month for 150-185% FPL, $77 per family per month 185-200% FPL and $92 per family per	Same as FY 2003.

	month for 200-250% FPL.	
Texas	Monthly premium of $0 for at or below 100% FPL, $15 101-185% FPL, $18 for 186-200% FPL. Co pays for ER visits and brand drug use of $3 capped at $100 for below 100% FPL. For higher levels of FPL co pays for office visits, ER use, prescription drug costs.	Monthly premium of $15 per month for those 101-150% of FPL, $20 per month per family for those 151-185% FPL and $25 per family per month for those at 186-200% FPL. Co pay caps are changed from hard caps to percentage of families countable income ranging from 1.25% for those below 100% FPL to 2.5% for 151-200% of FPL.
Utah	No premium for 100% or below FPL and all Native Americans. $13 per household per quarter for 101-150% FPL, $25 per household per quarter for 151-200% FPL.	Same as FY 2003.
Vermont	$50 per month per household regardless of number of eligible children.	$70 per month per household regardless of number of eligible children.
Washington	$10 per child per month with a maximum of $30 per family per month.	State has a submitted a waiver request to CMS to raise SCHIP premiums to $25 per child per month with a $75 maximum per family. If approved new levels would be effective as of February 2004.
Wisconsin	3% of family income per month over 150% FPL.	Same as FY 2003.

Appendix Table 2

SCHIP and Medicaid for Children Eligibility Levels, April 2003

State	Medicaid Infants (0-1)	Medicaid Children (1-5)	Medicaid Children (6-19)	Separate State Program (SSP)	Date Enrollment Began*
Alabama	133	133	100	200	Feb-98/Oct-98
Alaska	200	200	200		Mar-03
Arizona	140	133	100	200	Nov-02
Arkansas	200	200	200		Oct-02
California	200	133	100	250	Mar-98/Jul-98
Colorado	133	133	100	185	Apr-02
Connecticut	185	185	185	300	Oct-97/Jul-98
Delaware	200	133	100	200	Feb-03
District of Columbia	200	200	200		Oct-02
Florida	200	133	100	200	Apr-98/Apr-98
Georgia	235	133	100	235	Jan-03
Hawaii	200	200	200		Jul-04
Idaho	150	150	150		Oct-01
Illinois	200	133	133	185	Jan-98/Oct-98
Indiana	150	150	150	200	Jun-97/Jan-00
Iowa	200	133	133	200	Jul-98/Jan-99
Kansas	150	133	100	200	Jan-03
Kentucky	185	150	150	200	Jul-98/Nov-99
Louisiana	200	200	200		Nov-02
Maine	200	150	150	200	Jul-98/Aug-98
Maryland	200	200	200	300	Jul-02
Massachusetts	200	150	150	200 (400+)	Oct-97/Aug-98
Michigan	185	150	150	200	Apr-98/May-98
Minnesota	280	275	275		Sep-02
Mississippi	185	133	100	200	Jul-98/Jan-00
Missouri	300	300	300		Jul-02
Montana	133	133	100	150	Jan-03
Nebraska	185	185	185		Jul-02
Nevada	133	133	100	200	Oct-02
New Hampshire	300	185	185	300	May-98/Jan-99
New Jersey	200	133	133	350	Feb-98/Mar-98
New Mexico	235	235	235		Mar-03
New York	200	133	133	250	Jan-99/Apr-98
North Carolina	185	133	100	200	Oct-02
North Dakota	133	133	100	140	Oct-98/Oct-99
Ohio	200	200	200		Jan-02
Oklahoma	185	185	185		Dec-01
Oregon	133	133	100	185	Jul-02
Pennsylvania	185	133	100	200 (235)	May-02
Rhode Island	250	250	250		Oct-01
South Carolina	185	150	150		Aug-01
South Dakota	140	140	140	200	Jul-98/Jul-00
Tennessee	200	200	200		Oct-01
Texas	185	133	100	200	Jul-98/Apr-00
Utah	133	133	100	200	Aug-02
Vermont	300	300	300	300	Oct-02
Virginia	133	133	133	200	Oct-02
Washington	200	200	200	250	Feb-04
West Virginia	150	133	100	200	Jul-98/Apr-99
Wisconsin	185	185	185		Apr-03
Wyoming	133	133	100	133	Dec-03

** 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 and enrollment freezes: Center on Budget and Policy Priorities, 2003; implementation dates: Implementation of the State Children's Health Insurance Program, First Annual Report, 2001.

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