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Enrollment Increases in State CHIP Programs: December 1998 to June 1999

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The Kaiser Commission on
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Enrollment Increases in State Child Health Insurance Programs:

December 1998 to June 1999

Introduction

When the Balanced Budget Act of 1997 created the opportunity two years ago, states moved quickly and aggressively to develop and implement their Title XXI—State Child Health Insurance Programs (CHIP). An estimated 2.6 million children are eligible for CHIP with an additional 4.7 million potentially eligible for Medicaid coverage but not yet enrolled (Selden et al., 1999, 1998). Now that almost all CHIP programs are enrolling children, there has been great interest in monitoring the pace at which states are bringing children into health coverage, bearing in mind that getting these new programs up and running is likely to take some time.

As part of a study of trends in enrollment in Medicaid and State Child Health Insurance Programs for The Kaiser Commission on Medicaid and the Uninsured, Health Management Associates gathered data on CHIP enrollment changes. As of December 1998, 40 states (including the District of Columbia) had begun enrolling children in CHIP programs. During the first half of 1999, many of these states increased enrollment substantially, and an additional seven states implemented and began to enroll children into their CHIP programs. Four states continue to move toward future implementation.

Over the six-month period spanning from December 1998 to June 1999, the number of children with health coverage under state CHIP programs increased by 57 percent. Based on enrollment data provided by the state officials in this survey, the number of children enrolled in CHIP increased from 834,790 to 1,310,959.

Data Collection

For this study, enrollment data were obtained by telephone directly from state officials responsible for administering the state CHIP programs. The data reflect enrollment statistics as of the end of June 1999 or, in a few cases, the first of July 1999 and did not include all adjustments that will be made for retroactive enrollment. The baseline for comparison is December 1998. HCFA reported in April 1999 that almost one million children were enrolled in CHIP plans at the end of 1998. The focus of this survey was to determine the extent of growth in enrollment over the first half of 1999.

Officials were asked to report the number of children enrolled in their Child Health Insurance Program, and countable as covered under Title XXI, for December (or at the end of December) 1998 and for June (or at the end of June) 1999.

States do not yet report the enrollment data for CHIP in a uniform way, and it was necessary to use the data as reported by each state. It is expected that data reported in this survey may differ from data reported to HCFA or in other surveys. Some states reported the unduplicated number of children enrolled for the month, while others reported the number enrolled on a specific date, such the last Friday in June. A few states reported figures they had available for enrollment for a specific date in the first week of July 1999 or the number of eligibles for the quarter ending on December 31, 1998 and June 30, 1999. Acknowledging the data issues, a few states insisted on estimating the enrollment because it was not possible to provide a precise count. For this survey, states were not asked to identify whether enrollees were in a Medicaid expansion program or in a separate state program, only that the figures reflected enrollment in a Title XXI eligible category. Finally, these statistics do not include children newly enrolled in Medicaid as a result of CHIP outreach efforts.

Survey Results

Two significant findings emerged from the survey of state CHIP officials:

1. Enrollment in state CHIP programs increased significantly in the first six months of 1999. About 476,000 additional children were enrolled in CHIP, as total enrollment in CHIP programs increased from 834,790 to 1,310,959.
 - This large enrollment increase (57%) in such a short period of time reflects the priority states have placed on reaching eligible but unenrolled children as quickly as possible. In the course of discussing enrollment changes with each state, many officials stressed their efforts to effectively market the program in a way that will assist in finding and enrolling eligible children.
 - States continue to develop new phases of their CHIP programs. In many states, the initial CHIP effort was an expansion of Medicaid eligibility. This approach was often chosen because it was easier to implement quickly. However, many states now are preparing to implement separate CHIP programs, which require more time for implementation.
 - Almost half of the growth in enrollment occurred in three states: enrollment grew by 81,590 in New York, by 78,802 in California, and by 44,815 in Florida. These increases in enrollment are due in part to earlier implementation dates and greater initial numbers of uninsured but eligible children in these states.
 - Nevertheless, growth in enrollment occurred across the country, with substantial percentage increases in many states with smaller population bases. For example, Georgia has now enrolled over 30,000 children. In addition, the pace of growth has accelerated in several states. In Florida, for example, enrollment in the first three months of 1999 increased by 24% from 56,265 to 69,821. In the second three months, enrollment increased by 45%, to 101,080.
2. In reporting their CHIP enrollment figures, many states also commented on how the unprecedented effort to find and enroll CHIP-eligible children has had a pronounced Medicaid case-finding effect.

The CHIP enrollment statistics, as impressive as they are, do not come close to capturing the true picture of the number of children who have actually gained health coverage over the past six months. Many states are finding more than one new Medicaid enrollee for every CHIP enrollee. It was not possible from this study to quantify this phenomenon, but it is occurring across all states.

- For example, Alabama reported that for every 100 applications for CHIP, 50 children were in fact enrolled in Medicaid, while 30 were enrolled in CHIP. The remaining 20 applications were found to be ineligible for either program. Alabama officials indicated that these proportions have been relatively constant from the start of the program.
- Similarly, in Washington, DC, 1,924 children have enrolled in CHIP, but officials report that 2,500 children have been enrolled in Medicaid. Under the Washington, DC plan, about 4,200 parents of these children have also received coverage under Medicaid.
- In Michigan, of the 53,252 applicants who were determined eligible for coverage, 41,751 were enrolled in Medicaid and 11,501 in the state's separate CHIP program.
- In Arizona, there were 14,985 children enrolled in CHIP on July 1, 1999, and another 13,228 were enrolled in Medicaid after having applied for CHIP.

Focusing only on CHIP enrollment also fails to account for the increased number of children receiving health coverage due to state programs initiated prior to CHIP and therefore not eligible to be counted as CHIP enrollees.

- In Minnesota, the MinnesotaCare program covers children up to 275% of the Federal Poverty Level (FPL). Enrollment increased by 1,094 to 56,527 from December 1998 to June 1999. However, none of these enrollments in this program were actually into CHIP as it has been implemented in Minnesota. The Minnesota CHIP program is a very small one, covering only eight children ages 0-2 from 275% to 280% of the FPL.
- Similarly, in Arkansas, the ARKids 1st program covered 42,761 children up to 200% of the FPL in June 1999, an increase of 5,956 from December 1998. The Arkansas CHIP program covered 712 children aged 16 in June 1999, up from 341 in December 1998.

Table 1 shows the change in state CHIP enrollment as reported by state officials.

Table 2 provides additional background information on each state's CHIP program.

References

Selden, T.M., J.S. Banthin, and J.W. Cohen. 1999. Waiting in the Wings: Eligibility and Enrollment in the State Children's Health Insurance Program. *Health Affairs* 18(2): 126-133.

Selden, T.M., J.S. Banthin, and J.W. Cohen. 1998. Medicaid's Problem Children: Eligible but Not Enrolled. *Health Affairs* 17(3): 192-200.

**Table 1: State CHIP Enrollment as Reported by State Officials,
December 1998 and June 1999**

State	Number of Enrolled Children, Dec-98**	Number of Enrolled Children, Jun-99	Change in Enrollment	Percent Change
Alabama	22,102	32,626	10,524	48%
Alaska*	--	3,093	3,093	N/A
Arizona	3,710	14,985	11,275	304%
Arkansas*	341	712	371	109%
California	55,189	133,991	78,802	143%
Colorado	11,704	17,783	6,079	52%
Connecticut	7,460	10,150	2,690	36%
Delaware*	--	2,800	2,800	N/A
District of Columbia	569	1,924	1,355	238%
Florida	56,265	101,080	44,815	80%
Georgia	^	31,085	31,085	N/A
Hawaii*	--	--	--	N/A
Idaho	2,937	3,541	604	21%
Illinois	26,877	38,586	11,709	44%
Indiana*	24,982	28,909	3,927	16%
Iowa	7,004	9,252	2,248	32%
Kansas	--	11,024	11,024	N/A
Kentucky*	1,145	9,000	7,855	686%
Louisiana	3,741	17,628	13,887	371%
Maine	4,729	6,404	1,675	35%
Maryland	9,192	14,494	5,302	58%
Massachusetts	30,912	46,867	15,955	52%
Michigan	10,204	17,256	7,052	69%
Minnesota*	8	8	0	0%
Mississippi	5,968	7,717	1,749	29%
Missouri	24,910	42,251	17,341	70%
Montana	--	943	943	N/A
Nebraska	3,764	5,192	1,428	38%
Nevada	2,782	6,545	3,763	135%
New Hampshire	--	1,426	1,426	N/A
New Jersey	20,153	33,548	13,395	66%
New Mexico	--	868	868	N/A
New York	270,683	352,273	81,590	30%
North Carolina	17,887	43,774	25,887	145%
North Dakota*	79	92	13	16%
Ohio	35,300	38,420	3,120	9%
Oklahoma*	18,000	25,000	7,000	39%
Oregon	10,366	12,608	2,242	22%
Pennsylvania	68,376	78,998	10,622	16%
Rhode Island	2,981	4,666	1,685	57%
South Carolina	34,026	42,198	8,172	24%
South Dakota	1,405	2,038	633	45%
Tennessee*	--	--	--	N/A
Texas*	34,826	34,533	-293	-1%
Utah	2,036	4,656	2,620	129%
Vermont	406	1,095	689	170%

Virginia	1,420	12,138	10,718	755%
Washington*	--	--	--	N/A
West Virginia	351	3,382	3,031	864%
Wisconsin	--	3,400	3,400	N/A
Wyoming*	--	--	--	N/A
Total Enrollment	834,790	1,310,959	476,169	57%

--: State did not have program in operation.

^ Georgia implemented a pilot program with 600 children as of December 1998.

* See notes

Source: Health Management Associates, Survey of State Officials, July 1999.

*** Notes:**

****** December 1998 numbers in this survey may differ from earlier data reported to HCFA or in other surveys. See text for further explanation.

Alaska These figures represent preliminary estimates and are subject to change.

Arkansas ArKids1st covered 42,761 children in June 1999, an increase of 5,956 from 36,805 in December 1998, up to 200% of FPL. Title XXI only covers children aged 16 to 100% FPL.

Delaware June 1999 enrollment data estimated by state.

Hawaii The state CHIP plan is to be implemented in January 2000.

Indiana Enrollment data for quarters ending December 31, 1998 and June 30, 1999.

Kentucky June 1999 enrollment data estimated by state to be between 9,000 and 10,000.

Minnesota MinnesotaCare covered 56,527 children in June 1999 up 1,094 from 55,433 in December 1998 up to 275% of FPL. CHIP covers only ages 0-2 from 275% to 280% of FPL.

North Dakota Phase One coverage for 18 year olds only.

Oklahoma December 1998 and June 1999 enrollment data estimated by state.

Tennessee The state CHIP plan received HCFA approval in September 1999 and the state is moving toward implementation.

Texas Program covers only 15-18 year olds. The drop off in enrollment may reflect a number of factors, such as children aging out of the program, younger children becoming part of the expansion of Medicaid rather than entering CHIP, and the normal cycling off of Medicaid.

Washington The state CHIP plan received HCFA approval in September 1999 and the state is moving toward implementation.

Wyoming The state CHIP plan received HCFA approval in September 1999 and the state is moving toward implementation.

Table 2: State Children's Health Insurance Program (CHIP) Plan Details, by State

	Type of plan	Age levels	Income levels (as a % of FPL)	Implementation Date ⁱ
State				
Alabama	Medicaid	0-19	100%	Feb-98
	Separate	0-19	200%	Sep-98
Alaska	Medicaid	0-19	200%	Mar-99
Arizona	Separate	0-19	200% (phased in)	Nov-98
Arkansas	Medicaid	0-19	100%	Oct-98
California	Medicaid	14-19	200%	Mar-98
	Separate	0-11 mo.	200-250%	Jul-98
		1-19	200%	Jul-98
Colorado	Separate	0-17	185%	Apr-98
Connecticut	Medicaid	14-15	185%	Jul-97
		16-18	185%	Jan-98
	Separate	0-19	>185%	Jun-98
Delaware	Separate	0-19	200%	Feb-99
District of Columbia	Medicaid	0-19	200%	Oct-98
Florida	Medicaid	15-19	100%	Apr-98
	Separate	0-19	200%	Apr-98
Georgia	Separate	0-18	200%	Nov-98
Hawaii	Medicaid	1-6	134-185%	Jan-00
Idaho	Medicaid	0-19	150%	Oct-97
Illinois	Medicaid	0-19	133%	Jan-98
		0-1*	200%	Jan-98
Indiana	Medicaid	14-19	100%	Oct-97
		0-19	150%	Jul-98
Iowa	Medicaid	0-19	133%	Jul-98
Kansas	Separate	0-19	200%	Jan-99
Kentucky	Medicaid	14-19	100%	Jul-98
	Separate	0-19	200%	Jul-99
Louisiana	Medicaid	6-19	133%	Nov-98
Maine	Medicaid	1-5	133-150%	Jul-98
		6-19	125-150%	Jul-98
	Separate	0-19	151-185%	Aug-98
Maryland	Medicaid	0-19	200%	Jul-98
Massachusetts	Medicaid	0-1	185-200%	Aug-98
		1-19	133%	Oct-97
		1-19	134-150%	Aug-98
	Separate	1-19	150-200%	Aug-98
Michigan	Medicaid	6-19	150%	May-98
	Separate	0-19	200%	Sep-98
Minnesota	Medicaid	0-2	275-280%	Oct-98
Mississippi	Medicaid	15-19	100%	Jul-98
	Separate	6-19	100-133%	Jan-99

Missouri	Medicaid	0-19	200% (300% gross income)	Jul-98
Montana	Separate	0-19	150%	Jan-99
Nebraska	Medicaid	15-18	100%	May-98
		0-19	185%	Sep-98
Nevada	Separate	0-18	200%	Oct-98
New Hampshire	Medicaid	0-1	185-300%	May-98
	Separate	1-19	185-300%	Jan-99
New Jersey	Medicaid	0-19	133%	Feb-98
	Separate	0-19	133-200%	Mar-98
New Mexico	Medicaid	0-19	186-235%	Aug-98
New York	Separate	0-19	185%	Apr-98
North Carolina	Separate	0-19	200%	Oct-98
North Dakota	Medicaid	17-19	100%	Oct-98
Ohio	Medicaid	0-19	150%	Sep-98
Oklahoma	Medicaid	0-18	185%	Dec-97
				(phased in)
Oregon	Separate	0-6	133-170%	Jul-98
		6-19	100-170%	Jul-98
Pennsylvania	Separate	0-19	200%	May-98
		0-19	201-235%**	May-98
Rhode Island	Medicaid	0-19	250%	May-98
South Carolina	Medicaid	0-19	150%	Oct-97
South Dakota	Medicaid	0-19	100-133%	Jul-98
Tennessee	Medicaid	15-19	100%	Pending
Texas	Medicaid	15-19	100%	Jul-98
Utah	Separate	0-19	200%	Aug-98
Vermont	Separate	0-18	225-300%	Oct-98
Virginia	Separate	0-19	150%	Oct-98
		0-19***	150-185%	Oct-98
Washington	Separate	0-19	200-250%	Pending
West Virginia	Medicaid	1-6	150%	Jul-98
		6-19	150%	Mar-99
Wisconsin	Medicaid	15-18	100%	Jul-98
		0-18	185%	Jul-99
Wyoming	Separate	0-15	101-133%	Pending
		16-19	133%	Pending

Source: Compiled by the Kaiser Commission on Medicaid and the Uninsured.

Data from: National Governors' Association and National Conference of State Legislatures. State Children's Health Insurance Program: Annual Report, 1999. National Conference of State Legislatures: <http://www.ncsl.org/programs/health/eligible.htm>.

ⁱ As reported in state plan; implementation may have been delayed in some states.

* Includes prenatal care.

**Subsidized coverage.

***Program operates under two components.