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Beneath the Surface: Barriers Threaten to Slow Progress on Expanding Health Coverage of Children and Families

A 50 State Update on Eligibility, Enrollment, Renewal and Cost-Sharing Practices in Medicaid and SCHIP

Prepared by
Donna Cohen Ross
and
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Center on Budget and Policy Priorities

October 2004

THE HENRY J. KAISER FAMILY FOUNDATION

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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 bi-partisan group of national leaders and experts in health care and public policy.

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Acknowledgments

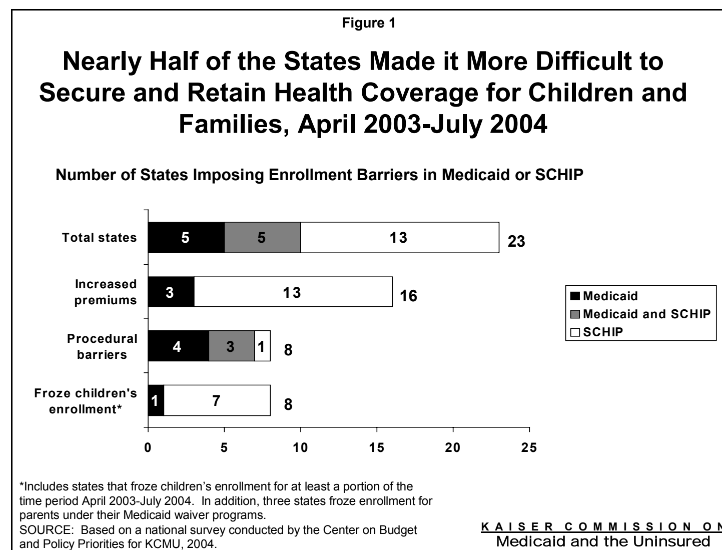
The authors extend special appreciation to Barbara Lyons, Jocelyn Guyer and Catherine Barnard of the Kaiser Commission on Medicaid and the Uninsured for the generous support and insightful guidance they provided throughout this project. Thanks also to our colleagues at the Center on Budget and Policy Priorities: Vikki Wachino, Pat Redmond, Edwin Park, Leighton Ku, Matthew Broaddus and Quinlan Bowman. This report would not have been possible without the cooperation and patience of the many state Medicaid and SCHIP officials and children's health advocates with whom we conferred over the course of many months. They shared comprehensive information about numerous aspects of their programs and helped us understand the intricacies of health coverage program rules and procedures in their states. We are deeply grateful for their willingness to work with us and we recognize their important contribution in the lives of children and families.

Introduction

Beset by a weak economy, rising health care costs and declining rates of employer-sponsored health coverage, the nation experienced an increase in the number of uninsured people for the third year in a row. According to the latest Census data, that number reached 45 million in 2003, the highest number on record. However, Medicaid and the State Children's Health Insurance Program (SCHIP) continue to buffer this disheartening trend: The number of children with health coverage actually *increased*, since the growth in Medicaid and SCHIP coverage for children (4 million) more than offset the decline in employer-based coverage (2.5 million).[1] Yet, as economic pressures continue to weigh heavily on state policymakers, these programs are being closely scrutinized for cost-savings. As a result, their capacity to continue to protect low-income children may be diminishing.

This report presents the findings of a survey of eligibility rules, enrollment and renewal procedures and cost-sharing policies in Medicaid and SCHIP for children and families in effect in the 50 states and the District of Columbia in July 2004, reflecting changes states implemented since April 2003. It is one of a series of surveys conducted over the last four years by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured. (Tables A and B highlight trends.)

The survey reveals that state support for health coverage programs is still evident, but is less secure than in the past. While income-eligibility levels for Medicaid and SCHIP were relatively stable this year, the reintroduction of procedural barriers to coverage — a significant development that was just beginning to unfold in 2002 — has intensified. In the last year, nearly half the states (23 states) took some action to make it more difficult for *eligible* children and families to acquire and retain health coverage (Figure 1).



[1] John Holahan and Arunabh Ghosh, *The Economic Downturn and Changes in Health Insurance Coverage, 2000-2003*, Urban Institute for the Kaiser Commission on Medicaid and the Uninsured, September 2004.

In addition to resurrecting procedural barriers, states also established or increased financial barriers and imposed enrollment freezes. The bulk of these changes occurred in separate SCHIP programs, where states have the authority to impose cost-sharing and close enrollment. In contrast, Medicaid law generally protects beneficiaries from such actions.

As states dispense with simplified procedures in Medicaid and SCHIP, the progress made on enrollment is in danger of unraveling. New premiums and cost-sharing requirements compound the problem. Moreover, efforts aimed at creating a more positive public outlook about the programs are undermined. The perception that Medicaid and SCHIP have become more complicated and intrusive could deter eligible families from seeking and maintaining the coverage for which they qualify. This could have long-lasting, negative consequences.

Overview

Beginning in the 1990s, states placed a high priority on enrolling uninsured, low-income children — and to some extent, their parents — in health coverage. Fueled by the allocation of federal SCHIP funds, they increased access to coverage by expanding eligibility and designing streamlined enrollment systems featuring simple mail-in applications, minimal verification requirements and guaranteed 12-month coverage. Many states imported such improvements into their existing Medicaid programs, a move that helped begin to reshape Medicaid's image from a welfare program to a health insurance program for working families. States also initiated rigorous promotional activities and made unprecedented investments in statewide and community-based outreach and enrollment projects. The confluence of these efforts resulted in a major boost in enrollment.[2]

Severe financial stress in states over the past few years took its toll on Medicaid and SCHIP in 2002 and 2003 as states looked for ways to rein in their state spending. Most striking was that Medicaid coverage for low-income working parents was deeply reduced in several states. In addition, after several years of virtually unwavering progress in the direction of easier enrollment and renewal, states began to rescind previously adopted simplifications. In 2001, only one state had retracted a simplified procedure. By 2004, this survey found that 11 states had reinstated one or more procedural barriers to coverage (Figure 2, page 3). A number of the procedures recognized as having marked positive effects on enrollment are among those being reversed. For example, two years ago, 17 states assured children 12 months of continuous eligibility. Six states have since discontinued this guarantee, and four of these six now require families to renew children's coverage every six months. Of the 13 states that in 2002 did not require families to produce verification of their income to substantiate statements on their application, four states now require more rigorous documentation.

Federal fiscal relief, made available to states through the Jobs and Growth Tax Relief Reconciliation Act of 2003, increased the federal share of Medicaid costs, lifting some of the burden states were carrying. In addition, the legislation restricted states from lowering Medicaid eligibility between September 2003 and June 2004, as a condition of receiving relief funds.

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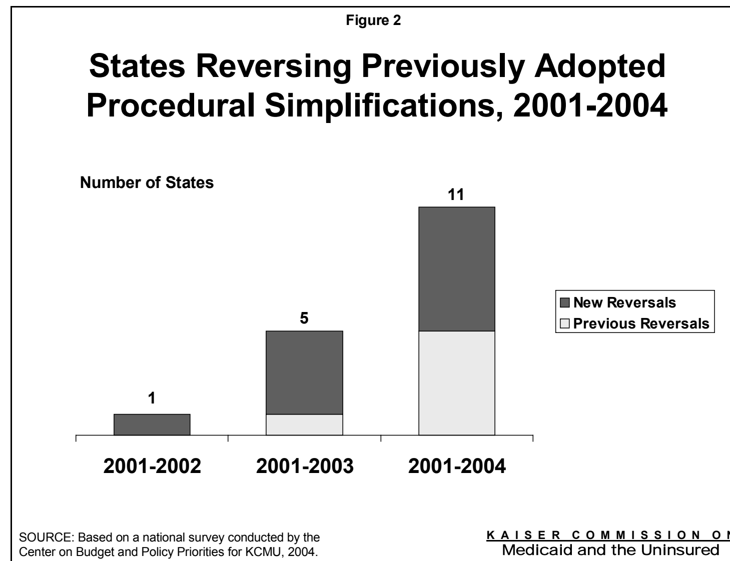
[2] Cindy Mann, David Rousseau, Rachel Garfield and Molly O'Malley, *Reaching Uninsured Children Through Medicaid: If You Build It Right, They Will Come*, Kaiser Commission on Medicaid and the Uninsured, June 2002.

Thus, no state retracted Medicaid eligibility during this time period. SCHIP eligibility also remained relatively constant, with only a few states cutting back. (A few states managed to achieve modest increases in both programs.) However, because they were still grappling with serious budget shortfalls, it is likely that without the extra funding and the prohibition against eligibility cuts, some states would have cut Medicaid eligibility — as some did prior to the window during which states were constrained from doing so.



While on the surface, eligibility levels remained stable for the most part, beneath the surface significant changes occurred. Still in pursuit of ways to cut costs, states took a number of steps to pare back spending on health coverage programs. In doing so, they adopted policies that restricted enrollment and retention of coverage for *eligible* children and parents. Most commonly, states modified SCHIP premium payment schedules in ways that made coverage less affordable, particularly for the lowest income families. (In general, children and families in Medicaid are protected from burdensome cost-sharing, although some states do charge beneficiaries under waivers.) In addition, during the survey period, several states froze SCHIP enrollment, barring eligible children from receiving coverage. Although most states preserved procedures to streamline enrollment and prolong the retention of coverage for children and families, a growing number of states rescinded measures previously instituted in both Medicaid and SCHIP that were intended to help facilitate participation.

Key Survey Findings

This report presents the findings of a survey of eligibility, enrollment and renewal procedures, and cost-sharing rules in Medicaid and SCHIP for children and parents in the 50 states and the District of Columbia. The survey findings reflect policies and procedures in effect in the states in July 2004, and identify changes states implemented between April 2003 and July 2004. The survey was conducted through extensive telephone interviews with state program administrators.

Prominent Developments During the Survey Period

Eligibility in Medicaid was largely maintained for children and parents, likely due to the provisions of the federal fiscal relief legislation. As discussed, the Jobs and Growth Tax Relief Reconciliation Act of 2003 provided an infusion of federal funds that enabled states to avert or at least postpone cuts to their Medicaid programs. It restricted states from retracting Medicaid eligibility, as a condition of receiving the funds. While some states scaled back Medicaid eligibility outside the period of time they were constrained from doing so by the legislation, for the most part, eligibility levels during the survey period held steady. Notably, parent coverage did not suffer the substantial cuts it had the year before. For the most part, SCHIP eligibility levels were also relatively stable, although several states froze enrollment.

Nearly half of the states (23 states) took actions that made it *more difficult* for *eligible* children and families to secure and retain health coverage (Figure 1). The trend toward improving access to both Medicaid and SCHIP, which states had embraced almost universally, appears to be reversing in many states. States took a number of steps that stand to hinder enrollment and renewal, for example, they:

- **Increased required premiums or targeted premiums to lower income families.** The most common action, taken by 16 states *(Alabama, Arizona, Connecticut, Florida, Georgia, Kentucky, Maryland, Massachusetts, Minnesota, Missouri, Nevada, New Jersey, Texas, Vermont, Washington and Wisconsin),* was to implement or increase required premiums or target them to families at lower income levels. Some states began imposing premiums on families with income just above the federal poverty line ($15,670 for a family of three in 2004.) Most of the premium changes are in SCHIP, since states are held to stringent rules related to charging premiums in Medicaid, except under waivers. Research shows that higher premiums depress participation rates in public programs for low-income individuals, even if the premiums charged are relatively small.[3] Some states have reported marked declines in participation following the implementation of increased premiums. A recent review of research stemming from changes in Oregon's Medicaid program revealed that premiums ranging from $6 to $20 per month — modest compared to those typically charged in employer health plans — led to a significant drop in enrollment. Enrollment in the group affected by the premiums dropped by about one-half in less than a year.[4]

  Two states *(Connecticut and Maryland)* that had imposed new premiums during the survey period, later rescinded them during the same period; at least two states *(Connecticut and Washington)* that contemplated imposing premiums on

[3] Julie Hudman and Molly O'Malley, *Health Insurance Premiums and Cost-Sharing: Findings from the Research on Low-Income Populations*, Kaiser Commission on Medicaid and the Uninsured, March 2003 and Leighton Ku, *Charging the Poor More for Health Care: Cost-Sharing in Medicaid,* Center on Budget and Policy Priorities, May 2003.

[4] Cindy Mann and Samantha Artiga, *The Impact of Recent Changes in Health Care Coverage for Low-Income People:A First Look at the Research Following Changes in Oregon's Medicaid Program*, Kaiser Commission on Medicaid and the Uninsured, June 2004.

individuals with incomes at or below the federal poverty line, either abandoned or postponed the policy due to concerns about the adverse effects on enrollment.

- **Reinstated procedural barriers in Medicaid and SCHIP.** While most states preserved the simplification measures they had adopted to facilitate enrollment — and some made modest improvements — eight states *(Connecticut, Colorado, Florida, Mississippi, New Mexico, Texas, Washington and Wisconsin)* imposed procedural barriers to coverage. Several states adopted reporting and verification requirements that are considerably more restrictive than they had in the past.

  Research shows that difficult verification requirements deter eligible families from applying. In a survey of parents with uninsured children who were eligible for Medicaid, one of the most frequently cited barriers to completing the enrollment process was "the difficulty in getting all required documentation." (72 percent).[5] Although states may consider more rigorous verification a useful tool for targeting benefits to those who are eligible, a recent study of the procedures used by states that do not require families to produce documents to substantiate the income stated on their application concluded that, "self-declaration of income, with appropriate safeguards, provides states with the opportunity to simplify enrollment procedures and increase enrollment of eligible individuals without jeopardizing program integrity."[6]

  More frequent reporting requirements also can derail families' attempts to retain coverage.[7] A study of disenrollment from SCHIP by the Child Health Insurance Research Initiative (CHIRI) found that the administrative requirements imposed by states at renewal lead a large share of children to be dropped from coverage. However, studies also show that many of these children are re-enrolled within a short time period, suggesting that they may have continued to qualify during the coverage lapse.[8]

- **Imposed enrollment freezes.** Seven states *(Alabama, Colorado, Florida, Idaho, Maryland, Montana and Utah)* froze enrollment in their SCHIP programs during the survey period. Four of these states have since lifted their freezes. SCHIP enrollment in Florida, Idaho and Utah is closed, except during specified open enrollment periods. In addition, *Tennessee* froze enrollment for some children and parents in its Medicaid waiver program. Three states *(Oregon, Tennessee and*

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[5] Michael Perry, Susan Kannel, R. Burciaga Valdez and Christina Chang, *Medicaid and Children Overcoming Barriers to Enrollment Findings from a National Survey*, Kaiser Commission on Medicaid and the Uninsured, January 2000.
[6] Danielle Holahan and Elise Hulbert, *Lessons from States with Self-Declaration of Income Policies*, United Hospital Fund of New York, 2004.
[7] T. Riley, C. Pernice, M. Perry and S. Kannel, *Why Eligible Children Lose or Leave SCHIP: Findings From a Comprehensive Study of Retention and Disenrollment*, National Academy for State Health Policy, 2002.
[8] Andrew W. Dick, R. Andrew Allison, Susan G. Haber, Cindy Brach, and Elizabeth Shenkman, "Consequences of State Policies for SCHIP Disenrollment," *Health Care Financing Review* 23 (3), Spring 2002.; Michael Birnbaum and Danielle Holahan, *Renewing Coverage in New York's Child Health Plus B Program: Retention Rates and Enrollee Experiences*, United Hospital Fund, 2003.

Utah) also closed enrollment for parents in their Medicaid waiver programs for some portion of the survey period. (See box on page 8, *The Florida SCHIP Enrollment Freeze.*) SCHIP enrollment freezes have left thousands of eligible children without coverage, creating hardship for families, especially those that have children with serious medical needs. The freezes also hurt lower income children who, in the past, would have been transferred automatically from Medicaid to SCHIP when they lost Medicaid eligibility due to age or changes in family income. During a SCHIP freeze, such children have been denied access to SCHIP. In addition, since most states have joint Medicaid/SCHIP application forms, if families are deterred from submitting an application when they learn of a freeze, their children may miss the opportunity to be enrolled in Medicaid—which is not frozen—if they qualify for that program. Finally, when a SCHIP freeze is in effect, families must complete the renewal procedures on time and pay any required premiums to protect their child's coverage. This makes simplified renewal procedures more important than ever.[9]

Several states have identified significant enrollment losses associated with imposing more restrictive enrollment procedures. Data from several states reveal a substantial loss in enrollment due to these actions. For example:

- **Texas —** A recent report for the Kaiser Commission on Medicaid and the Uninsured tracked the effects of Medicaid and SCHIP budget cuts in Texas.[10] The cuts included newly imposed procedural barriers, particularly the reduction of continuous coverage from 12 months to six months. In addition, the state established a waiting period that bars children from receiving benefits for 90 days *after* they have been determined eligible. Increased premiums also were imposed, with a substantial 12-fold increase targeted on families with income between 101 and 150 percent of the federal poverty line. An asset limit of $5,000 also was imposed on some SCHIP families, but was implemented in August 2004, after the study was completed. Finally, key medical benefits were reduced, including dental coverage, vision care and eyeglasses and mental health benefits.

  The study found a marked decline in SCHIP participation — enrollment dropped by more than 149,000 children (a 29 percent decline) since the beginning of 2004. In large measure, the plunge in enrollment is attributed to the requirement that families renew children's coverage more frequently, which increases the chances that children will lose coverage if families are unable to complete the process. While the premium increases are likely to have contributed to the decline (either because families were deterred from applying if they feared not being able to afford the coverage, or if they did not renew because of the increased cost), the

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[9] Donna Cohen Ross and Laura Cox, *Out in the Cold: Enrollment Freezes in Six State Children's Health Insurance Programs Withhold Coverage from Eligible Children,* Kaiser Commission on Medicaid and the Uninsured, December 2004.

[10] Anne Dunkelberg and Molly O'Malley, *Children's Medicaid and SCHIP in Texas: Tracking the Impact of Budget Cuts*, Kaiser Commission on Medicaid and the Uninsured, July 2004.

state placed a moratorium on terminating children from the program for unpaid premiums. Since no children were disenrolled for this reason, the reported size of the enrollment drop understates the damaging effects of the changes. (The state has since announced that it will suspend collection of all premiums indefinitely.)

- **Washington —** In April 2003, Washington State made the first of several procedural changes that have led to a caseload reduction of over 40,000 in children's Medicaid (Figure 3). A new rule was imposed, requiring families to submit verification of the income stated on their application. Next, in July 2003, the guarantee of 12 months of continuous coverage was eliminated and the certification period was shortened from 12 to six months. Thus, families must renew their children's coverage twice each year and are required to report changes in income or other circumstances that occur in the interim.

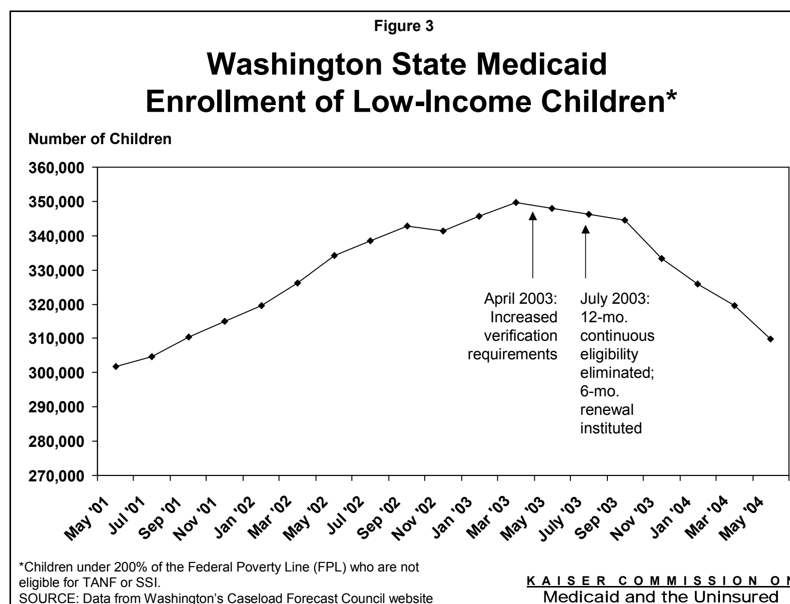


Figure 3
Washington State Medicaid Enrollment of Low-Income Children*

- **Wisconsin —** In May 2004, Wisconsin implemented several procedural changes affecting children and parents seeking to secure and retain coverage in its Medicaid expansion program, BadgerCare. Families are no longer allowed to self-declare the income stated on their applications and are required to submit documents verifying their statements. In addition, they must provide documentation from their employer verifying their insurance status. State data show that in the first four months following the changes, BadgerCare enrollment declined by nearly 13,000, about 11.3 percent.[11] (Enrollment in regular Medicaid for children and parents, which was not subject to these changes, showed an enrollment increase over the same period of time.)

[11] Source: The Wisconsin Department of Human and Family Services: http://dhfs.wisconsin.gov/medicaid8/caseload/481-caseload.htm

A study of the impact of program simplification and streamlined verification conducted by the Wisconsin Department of Health and Family Services in 2002 found a very low incidence of errors: 92 percent of the Medicaid certifications reviewed were found to be correct. The report stated that, "overall, the implementation of program simplification and streamlined certification is considered a success."[12] Given that problems with program integrity were not a concern, it appears that the increased paperwork burden imposed on families is likely to be the cause of the marked drop in enrollment.

The Florida SCHIP Enrollment Freeze

In July 2003, Florida stopped enrolling children in KidCare, the state's SCHIP program. The enrollment freeze not only barred SCHIP-eligible children from obtaining coverage, it also adversely affected Medicaid-eligible children, roughly 43 percent of all SCHIP applicants in Florida. Although the route into Medicaid was not closed, reports of the freeze are likely to have deterred many families from submitting an application, causing them to lose the opportunity to have their child's Medicaid eligibility determined. The enrollment freeze was driven by decisions about the allocation of state funds — at the time, and still today, Florida was not experiencing a shortfall in federal SCHIP funds.

By the height of the freeze in March 2004, the waiting list had grown to 90,000 children found to be eligible for KidCare, as well as an additional 27,000 children who were not eligible for SCHIP, mostly legal immigrants who had previously qualified for state-funded coverage. Ultimately, as a result of pressure from some legislators, providers and advocates, state funds were allotted to enroll the 90,000 waiting children (only a portion of whom eventually obtained SCHIP coverage.) But, the enrollment freeze was not lifted, and perhaps most significantly, the state fundamentally altered the way the freeze is managed: Rather than maintain a waiting list, the state will accept SCHIP applications only during specified "open enrollment" periods, limited in statute to no more than two 30-day periods per year; however, the state is *not required* to conduct *any* open enrollment periods.

In addition, a number of eligibility and procedural changes have been imposed that make it more difficult for low-income families to keep their children's SCHIP coverage and to enroll if slots become available. Children with access to any employer-based coverage are no longer permitted to enroll, regardless of the quality of the coverage—unless the cost exceeds five percent of the family's income. In addition, Florida's previous policy allowing children with no change in family circumstances to keep their coverage as long as premiums are paid, has been replaced with stringent verification requirements. Families are now required to produce documentation of their income, including current pay stubs for one month, wage and earnings statements (W-2 forms), prior year's federal tax return *and* any award letters for benefits such as Social Security or child support.

(continued)

[12] Wisconsin Department of Health and Family Services, *The State of Wisconsin's Medicaid Eligibility Quality Control 2002*, November 2003.

The state also imposed a "lock-out" period of six months for children whose families missed a premium payment, and children who were no longer eligible for Medicaid due to changes in age or family income generally were not transferred into KidCare. These policies have now been amended: The penalty for non-payment of premiums reverts back to 60-days (as it was previously.) Also, children losing Medicaid due to age or income will be allowed to apply for KidCare without waiting for an open enrollment period. The state will consider several other circumstances in addressing families' requests to have their child's KidCare coverage reinstated. According to Governor Jeb Bush, in the wake of the series of hurricanes that have assaulted the state, "Many Floridians are in the process of recovering from catastrophic damage to their homes and businesses … The state will, and must continue to, provide any support we can to help our fellow citizens. Simplifying health care coverage for children removes one burden from these families." *(News Release, September 14, 2004)*

Where Do the States Stand on Eligibility, Enrollment and Renewal Procedures, and Cost-Sharing?

Eligibility levels in Medicaid and SCHIP for children have been relatively stable. Most states maintain eligibility at 200 percent of the federal poverty line or higher, although some have frozen enrollment in SCHIP (Figure 4). As of July 2004, 39 states including D.C. make coverage available to children in families with income at 200 percent of the federal poverty line or higher; however, four of these states froze enrollment at some point during the survey period. In 12 states, income limits are lower than 200 percent of the federal poverty line; of these states, four froze enrollment at some point during the survey period. Forty-five (45) states including D.C. disregard assets in determining children's eligibility for health coverage; and 19 states including D.C. do not require children to be uninsured for a period of time before they can enroll in Medicaid or SCHIP.

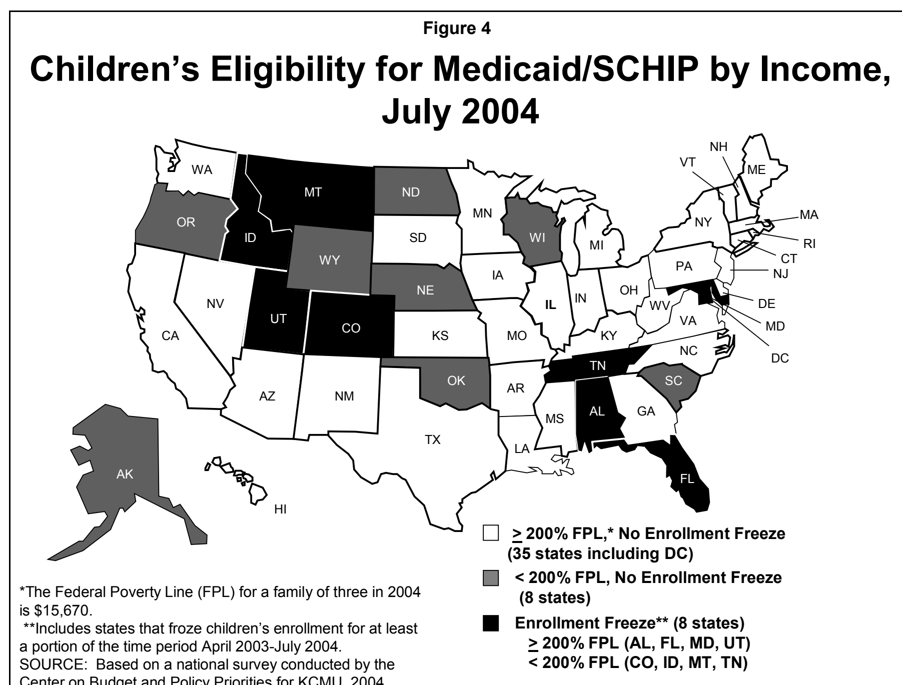


Figure 4

Children's Eligibility for Medicaid/SCHIP by Income, July 2004

*The Federal Poverty Line (FPL) for a family of three in 2004 is $15,670.
**Includes states that froze children's enrollment for at least a portion of the time period April 2003-July 2004.
SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2004.

During the survey period, six states expanded and five states reduced eligibility for children. *Illinois* increased SCHIP eligibility for children from 185 percent to 200 percent of the federal poverty line. (See box, *Illinois Continues to Build its Health Coverage Programs for Children and Families.*) *Idaho and Wyoming* also increased SCHIP eligibility for children, although Idaho froze enrollment and accepts applications only during specified open enrollment periods. *Nevada* removed the Medicaid asset test for children and pregnant women. *Iowa* eliminated the period of time children are required to be uninsured before applying for SCHIP, and *Virginia* reduced the time children must be uninsured from six months to four months.

Illinois Continues to Build its Health Coverage Programs for Children and Families

Although Illinois has experienced the same fiscal pressures that have been constraining other states, expanding and improving health coverage programs has remained high on its agenda. The state continues to utilize the trio of strategies that have proved successful in reducing the ranks of the uninsured: expanding eligibility, removing procedural barriers and conducting outreach activities. Between July 2003 and September 2004, a series of new measures have been implemented:

- Income eligibility in KidCare, the state's SCHIP program was increased from 185 percent to 200 percent of the federal poverty line, and coverage for parents was expanded in two stages from 49 percent to 133 percent of the federal poverty line. (A third step in this expansion — up to 185 percent of the federal poverty line — is being contemplated.)

- Enrollment was streamlined in two significant ways — a "one pay stub" income verification policy, that significantly reduced the amount of verifications families are required to submit, was instituted in Medicaid and SCHIP, and presumptive eligibility, which provides immediate coverage for children, was adopted.

- Outreach investments remain strong. The state continues to focus attention on supporting more than 1,100 KidCare Application Agents (KCAA), who are paid $50 for each completed application they submit that results in approval. Approximately $2 million was spent for nearly 40,000 applications. Applications submitted by KCAAs have a 90 percent approval rate. To build on this effective strategy, the state is conducting a mapping project to identify locations where new KCAAs should be recruited. In addition, the state continues to partner with businesses, hospitals, schools and others to sign up eligible children and families.

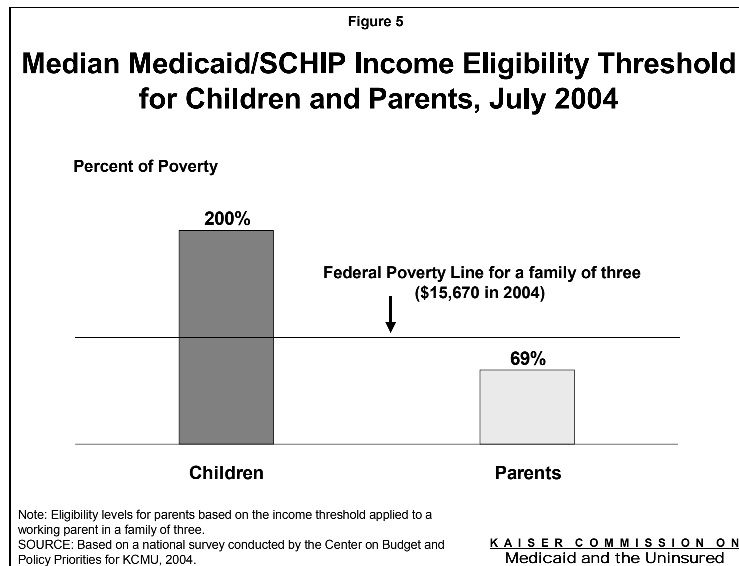
The results of these ambitious efforts have paid off. Between January 2003 and September 2004, KidCare enrollment (Medicaid and SCHIP) has increased by 104,000 children. During the same time period, enrollment of parents increased by 72,000.

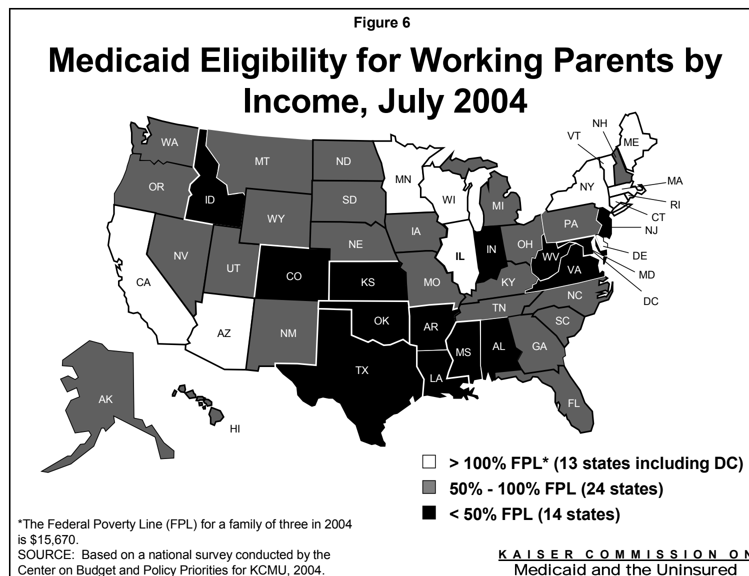
*Communication with Anne Marie Murphy, Ph.D., Medicaid and SCHIP Director for the State of Illinois, October 1,2004.

Alaska reduced income eligibility for children from 200 percent to 175 percent of the federal poverty line and will continue to base eligibility on the 2003 federal poverty guidelines, without adjustment. *Texas* imposed an asset test on children applying for SCHIP and ruled that

children will have to wait 90 days *after* being determined SCHIP-eligible before they can receive benefits. *Georgia, Minnesota and New York* reduced income eligibility for some children in Medicaid. These children will shift into the state's SCHIP program (or in Minnesota, the state's Medicaid waiver program), where they may be subject to cost-sharing and reduced benefits. Georgia also increased the amount of time a child must be uninsured before he or she can enroll in SCHIP from three to six months.

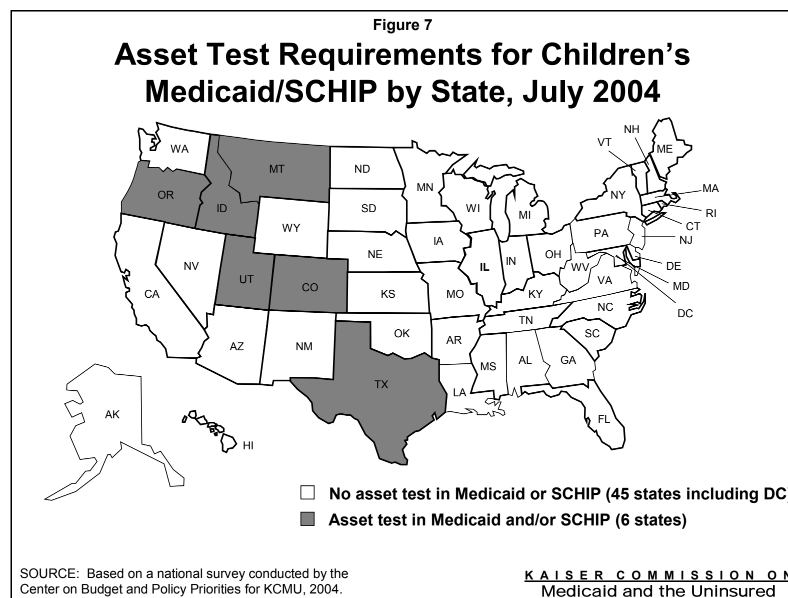
Although a few states took steps to increase parent eligibility, the sharp disparity between the level of eligibility for children and parents persists (Figure 5 and 6). As of July 2004, 17 states including D.C. provide Medicaid coverage to parents in families with income at or above the federal poverty line; in 14 states, working parents with income at half the federal poverty line, just $653 for a family of three, earn too much to qualify for Medicaid. And, in half the states (25 states), a parent in a family of three working full time at the minimum wage earning $893 per month cannot qualify. Twenty-two states (22) disregard assets in determining Medicaid eligibility for parents.





There were a few important improvements during the survey period: *Illinois* increased eligibility for parents from 83 percent to 133 percent of the federal poverty line, and *Virginia* removed the Medicaid asset test for parents. On the other hand, during the survey period, *North Dakota* cut Medicaid for working parents, from 94 percent to 69 percent of the federal poverty line, by reducing the amount of earnings the state disregards in determining eligibility. *New York* imposed an asset test on families eligible for its expansion program, Family Health Plus. (An asset test had already been in place for families in Medicaid.)

Although the option to disregard assets in determining eligibility for children's health coverage programs has been almost universally adopted, a cluster of states still count assets. The number of states that have dropped the Medicaid asset test for parents still lags behind the number that have adopted the option for children (Figure 7). While removing asset tests in health coverage programs helps to expand eligibility, it is also widely regarded as an effective strategy for simplifying enrollment. In fact, state officials have linked advantages such as paperwork reduction, administrative cost-savings and error-reduction to their elimination of asset tests.[13] The strategy has been adopted almost universally in children's coverage programs, yet almost two decades after the option was first made available to states, six states continue to count assets in determining eligibility for children's Medicaid. As of July 2004, 45 states including D.C. do not have an asset test in children's Medicaid or SCHIP. Of the six states that still count assets for children *(Colorado, Idaho, Montana, Oregon, Texas,Utah*), three count them only in determining Medicaid eligibility, two count them in both Medicaid and SCHIP and one state, Oregon, counts assets only in its SCHIP program. During the survey period, *Nevada* removed the Medicaid *asset test for children and pregnant women; and Texas* imposed an asset test on children in its SCHIP program for families with income above 150 percent of the federal poverty line.



States have made slow progress in eliminating the asset test in Medicaid for parents. Twenty-two states, only about half the number (45 including D.C.) that disregard assets in

[13] Vernon K. Smith, Eileen Ellis and Christina Chang, *Eliminating the Medicaid Asset Test for Families: A Review of State Experiences*, Kaiser Commission on Medicaid and the Uninsured, April 2001.

determining eligibility for children's health coverage, disregard them in determining Medicaid eligibility for parents. During the survey period, *Virginia* eliminated the asset test in Medicaid for parents. (See box, *Eliminating the Asset Test: Some States Still Not Using Key Simplification Strategy.)*

Eliminating the Asset Test:
Some States Still Not Using Key Simplification Strategy

Removing the "asset test," considered a fundamental strategy for simplifying enrollment, has been almost universally adopted in children's health coverage programs, and has been an important factor in reducing the number of low-income, uninsured children. While 45 states including D.C. were using the option in children's health coverage programs as of July 2004, six states (*Colorado, Idaho, Montana, Oregon, Texas and Utah*) still count assets — such as the value of vehicles, bank accounts and other resources — in determining eligibility for children's Medicaid or SCHIP.

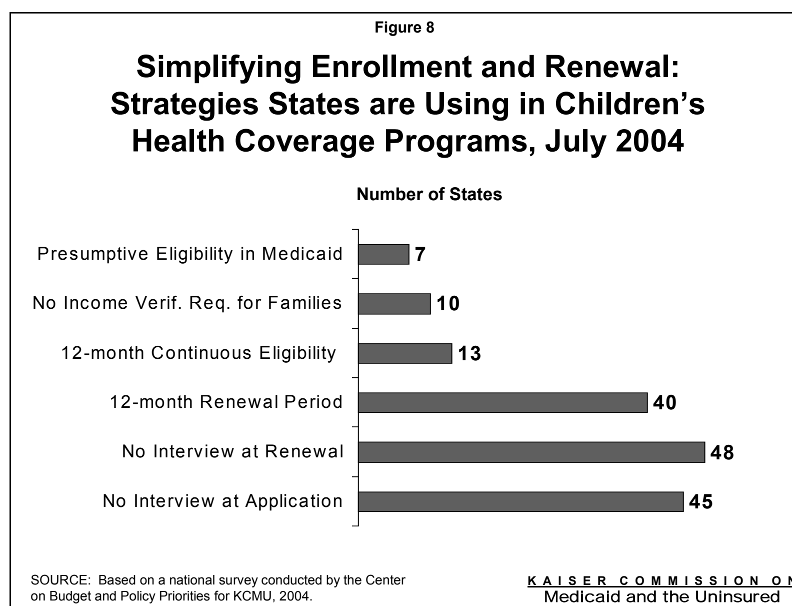
The option to remove the asset test is still underutilized for parents, although as Medicaid has gained greater attention as a program that serves working families, a growing number of states are slowly adopting the option. States have identified this as an important step in advancing their "work first" welfare reform agenda, recognizing that families need to have a car and other resources to maintain their employment. As of July 2004, 22 states including D.C. do not count assets for parents in Medicaid.

State officials report that counting assets actually keeps few families from qualifying for Medicaid, since those with very low incomes generally do not have much in terms of savings and other resources. In fact, a University of Wisconsin study found that one-third of all families, and 60 percent of African American and Hispanic families, do not have sufficient savings to cover expenses during brief income lapses.* Eliminating Louisiana's Medicaid asset test for parents, resulted in an enrollment increase of less than three percent, but the eligibility determination process was greatly simplified.**

In addition to keeping some low-income parents from qualifying for coverage, maintaining the asset test can deter eligible parents from applying if they find the application questions too difficult to complete. Having an asset test for parents but not children also obstructs efforts to coordinate coverage for the whole family. For example, when Alabama removed the asset test for parents last year — a change it made years ago for children — the state was able to create a single application that families can use to apply for health coverage as a family unit.

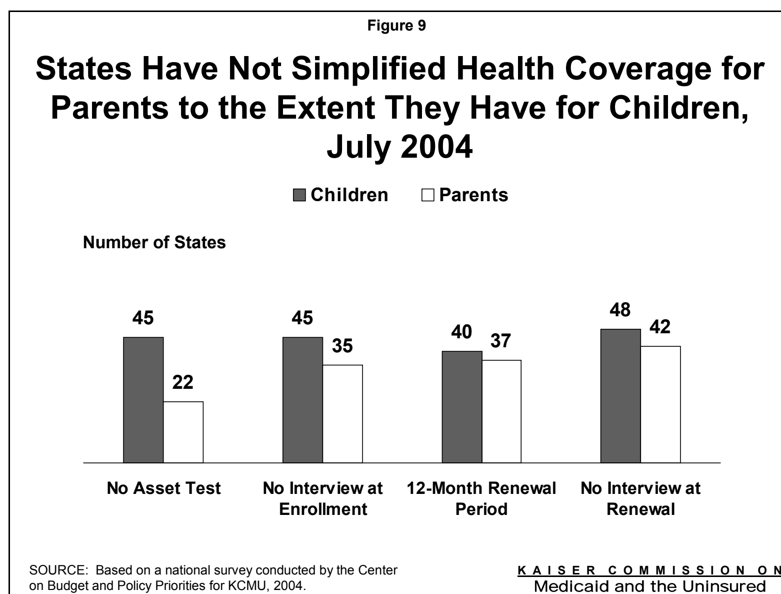
*Robert Haveman and Edward N. Wolff, *Who Are the Asset Poor?: Levels, Trends, and Composition, 1983–1998*, Institute for Research on Poverty, University of Wisconsin, Discussion Paper no. 1227-01, April 2001.
** Communication with Ruth Kennedy, Medicaid Deputy Director, Louisiana Department of Health and Hospitals, June 2003.

Most children's health coverage programs still have relatively simple enrollment and renewal procedures, however some fundamental measures have been rescinded and others still are underutilized (Figure 8). As of July 2004, 45 states including D.C. do not require a face-to-face interview for families applying for children's coverage; 35 of the 36 states with separate SCHIP programs use a single application for both Medicaid and SCHIP (18 of these 36 states use a joint renewal form for the two programs), 40 states including D.C. allow children to renew coverage annually, as opposed to more frequently, and 10 states do not require families to provide pay stubs or other verification of their income to substantiate statements made on their applications. Also, seven states have adopted presumptive eligibility for children's Medicaid, allowing a child to be temporarily enrolled pending final eligibility determination. Four of these states also have adopted presumptive eligibility in their separate SCHIP programs. Two states have the option only in their separate SCHIP programs.



During the survey period, seven states adopted, and seven states dropped, in their children's health coverage programs, at least one simplification measure reviewed in this survey. (One state retracted a simplification measure for pregnant women.) For example, *Illinois* adopted presumptive eligibility in Medicaid and SCHIP and *California* adopted the option in SCHIP; *Arkansas* no longer requires proof of age for some children and *Tennessee* now requires renewal annually rather than every six months. *Florida and Virginia* adopted 12-month continuous eligibility in children's Medicaid and SCHIP, respectively, and *Hawaii* no longer requires families to provide verification of income. On the other hand, *Washington, New Mexico and Texas* (SCHIP) dropped the 12-month continuous eligibility option and now require families to renew coverage every six months. *Florida, Washington and Wisconsin* (in its Medicaid expansion program, BadgerCare), now require families to provide verification of the income stated on their application. *Mississippi* reinstated the face-to-face interview requirement at enrollment and renewal and *Connecticut* dropped the presumptive eligibility option. (In addition, *Colorado* dropped presumptive eligibility for pregnant women.)

Progress in simplifying procedures in parent coverage programs continues at a slow pace. It remains much more difficult for an eligible parent to secure and retain coverage than it is for an eligible child (Figure 9). During the survey period, at least five states adopted simplified enrollment and renewal procedures in their parent coverage programs that helped to ameliorate these discrepancies somewhat, including allowing parents to apply using the same application as children, reducing verification requirements and making renewal easier. However, the number of states that have adopted simplifications for parent coverage still lags behind the number that have done so for children.



As of July 2004, 28 states including D.C. allow parents and children to apply for coverage using a single application. A greater number of states have dropped the requirement that families have a face-to-face interview when applying for children's coverage (45 states, including D.C.) than when applying for parents' coverage (35 states, including D.C.); a greater number of states have dropped the face-to-face interview for renewing children's coverage (48 states, including D.C.) than for renewing parents' coverage (42 states, including D.C.); and a greater number of states allow children to renew coverage every 12 months (40 states, including D.C.) than allow parents to do so (37 states, including D.C.).

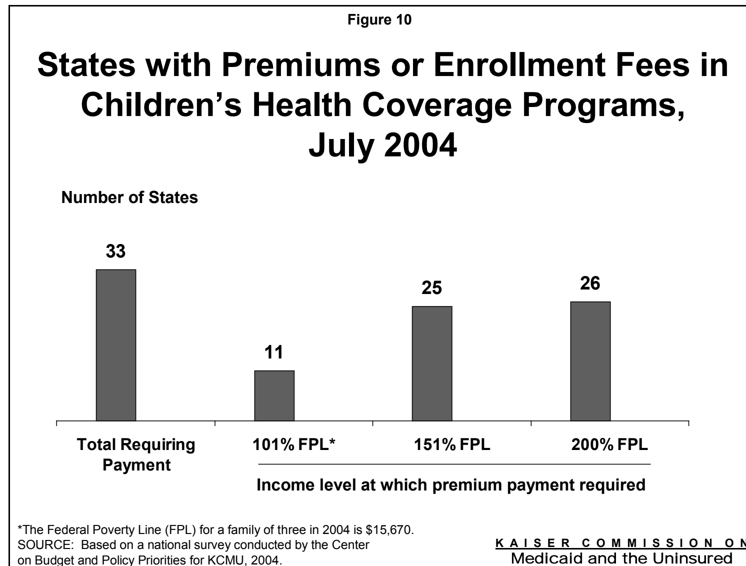
Many states have scaled back their outreach activities considerably, a number of them attributing the reduction to budget shortfalls. Beginning in the late 1990s, driven primarily by requirements built into the SCHIP law, states began to undertake ambitious outreach activities to inform families about new health coverage opportunities and to help them apply for benefits. States invested in broad media campaigns, attractive promotional materials and community-level efforts to provide application assistance. New streamlined enrollment procedures helped make it more feasible for schools, providers and community groups to get involved in outreach. Such activities not only reached children eligible for the newly created SCHIP program, they also helped boost enrollment of low-income uninsured children who qualified for the existing Medicaid program. Together with efforts to expand eligibility and simply enrollment procedures, outreach activities fueled the reduction in the number of

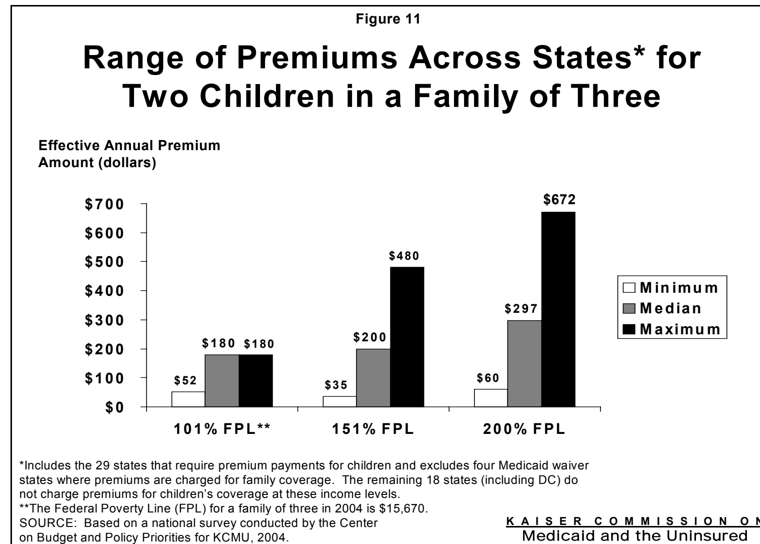
uninsured children. Currently, although states have the ability to use up to 10 percent of their SCHIP coverage expenditures on administrative costs, including outreach, nearly all states have levels of administrative and outreach spending well below this limit.

Interviews with state officials, conducted as part of this survey, reveal that as state fiscal worries took hold, outreach in many states was relegated to a lower place on the list of priorities. While some states continue to invest in outreach, many have severely curtailed their efforts and some report having reduced their outreach budgets to zero. As one state official explained: "Like most states we have cut back considerably on outreach. When we have to take cost-containment measures to meet the budget to avoid cutting eligibility, it is difficult to justify dollars for outreach. Certainly we respond to inquiries about our program and don't try to hide, however we are not doing aggressive outreach." Another stated, "We did what we were asked to do [outreach to get children enrolled] and we still are committed to that. But, the bottom line is that we need the funds to pay for covering the kids." Based on these issues, it appears unlikely that states concerned about funding issues will increase outreach spending.

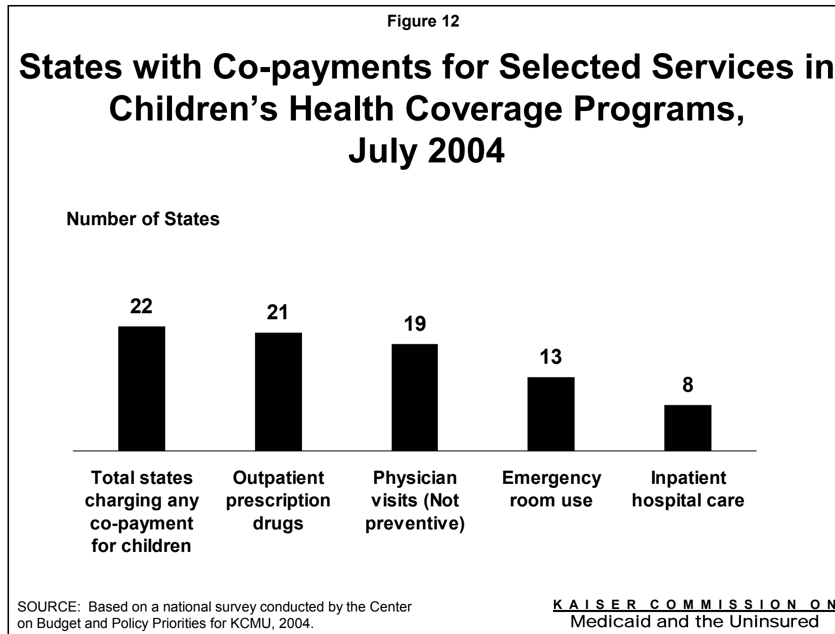
Premiums and co-payments imposed on low-income families have increased and are targeted to lower income families than in the past (Figures 10, 11 and 12, pages 17 and 18). Federal law generally protects low-income Medicaid beneficiaries from cost-sharing requirements. Most Medicaid beneficiaries may not be charged premiums, and children and pregnant women may not be charged co-payments. The amount other beneficiaries are charged must be nominal. Some states that have increased Medicaid coverage to children and parents at higher income levels have secured Section 1115 waivers to allow them to impose higher cost-sharing. Premiums and co-payments are permitted in separate SCHIP programs, which cover children in families with higher incomes. Federal law limits the total cost of premiums and co-payments to five percent of family income. For these reasons, the majority of states that charge premiums or co-payments do so in their SCHIP programs, rather than Medicaid.

As of July 2004, 33 states impose premiums or an annual enrollment fee in their children's health coverage programs, with 11 of them charging families with incomes as low as 101 percent of the federal poverty line. In states with SCHIP premiums, the cost for two children in a family with income of 101 percent of the federal poverty line ranges from \$8 to \$15 per month, and at 151 percent of the federal poverty line ranges from \$5 to \$40 per month. The cost for families with income at 200 percent of the federal poverty line ranges from \$5 to \$56 per month. Premiums charged in states under Medicaid waivers may be considerably higher, but may include the cost of covering a parent. In addition, 12 states impose penalties on families that fail to pay their premiums, making it harder for them to re-enter the program after being disenrolled. Such "lock out" periods range from 60 days to six months.





Twenty-two (22) states require a co-payment for non-preventive physician visits, emergency room care, inpatient hospital care, and/or prescription drugs for children. In states with co-payments for children's services, the charge for non-preventive physician visits ranges from $5 to $15, emergency room care from $5 to $50, inpatient hospital care from $10 to $200 and prescription drugs from $1 to $20.



During the survey period, 16 states either imposed premiums for the first time, increased existing premiums or lowered the income level at which they begin charging premiums. *Kentucky* instituted a premium requirement in its SCHIP program. *Alabama, Arizona, and Massachusetts* began requiring families with income just above the federal poverty line to pay premiums or an annual enrollment fee. *Texas* significantly increased the premiums for families with income between 101 percent and 150 percent of the federal poverty line are charged. Initially, these families paid an *annual* enrollment fee of $15; they are now required to pay a *monthly* premium of $15, or $180 annually. (Note: Texas recently announced that collection of premiums will be suspended indefinitely, due to concerns about the effect on participation.) Thirteen states *(Alabama, Arizona, Florida, Georgia, Maryland, Minnesota, Missouri, Nevada, New Jersey, Texas, Vermont, Washington and Wisconsin)* increased existing premiums. Two states *(Connecticut and Maryland)* that had imposed new premiums during the survey period, later rescinded them during the same period. One state, *Kansas*, reduced the monthly premiums charged to families with income at 151 percent of the federal poverty line from $30 to $20 and to families with income at 200 percent of the federal poverty line from $45 to $30.

Conclusion

As the economic circumstances of many families deteriorated over the last three years, Medicaid and SCHIP played a key role in protecting health coverage for children. The availability of Medicaid and SCHIP for children helped them to avoid the substantial loss of coverage suffered by their parents and other adults. These programs consistently have performed as they were intended to — responding to needs that increase when economic conditions worsen. Past experience shows that, in addition to expanded eligibility, simplification and outreach are fundamental ingredients necessary to reduce the number of uninsured people. Although Medicaid and SCHIP clearly played an essential role in preventing an increase in the number of uninsured children, enrollment increases were not as robust as they were in the late 1990s when

states were making aggressive efforts to simplify their programs and conduct a wide range of outreach activities.

This survey found that in the past year, Medicaid eligibility levels were preserved — largely due to the provisions in the federal fiscal relief legislation — but SCHIP eligibility did not fare as well, with a number of states imposing enrollment freezes at some point during the year. Also, while some states are continuing to improve access to coverage, the survey found that a development first identified last year — the retraction of key simplification strategies — is intensifying. Not only have key simplification strategies in some states been removed, but new barriers have been imposed, such as increased premiums and newly imposed premiums for lower-income beneficiaries. While simplified enrollment and renewal procedures have been retracted in both Medicaid and SCHIP, the majority of the changes that bar eligible individuals from obtaining coverage have occurred in separate SCHIP programs, where states are allowed to take such steps as imposing cost-sharing and closing enrollment. States generally are prohibited from enacting these measures in Medicaid, except under waivers. Overall, however, barriers to coverage — new and reinstituted — are surfacing at a time when the weak economy signals a need for public programs to be more, not less, accessible.

For the nation to continue to make progress on reducing the number of uninsured people, the programs designed to provide health coverage for low-income children and families need to remain open and accessible. Sufficient funding — state and federal — is required to support current caseloads and the additional enrollment of eligible people.

Survey Methodology

This report presents the findings of a survey of eligibility, enrollment and renewal procedures, and cost-sharing rules in Medicaid and SCHIP for children and parents in the 50 states and District of Columbia. It is part of a series of such surveys conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured. The survey findings reflect policies and procedures in effect in the states in July 2004. The survey was conducted through extensive telephone interviews with state program administrators.

Findings are presented for:

- pregnant women and children in 51 Medicaid programs (including Section 1115 waivers and SCHIP-funded Medicaid expansions) and children in 36 separate SCHIP programs

- parents in 51 "regular" Medicaid programs and programs that have expanded coverage to parents (under Section 1931, waivers, or separate state programs)

Program elements investigated:

- **Eligibility Criteria**
    - Income eligibility for pregnant women, children, and parents
    - Use of asset tests
    - Length of "waiting period" period in Medicaid (under waivers) and separate SCHIP programs (required period without insurance before child can enroll)
    - Implementation of enrollment freezes

- **Application Procedures**
    - Use of joint Medicaid/SCHIP application form for children; use of single family coverage form for children and parents
    - Face-to-face interview requirements at initial application for children and parents
    - Use of presumptive eligibility procedures for children and pregnant women
    - Selected verification requirements for children (age, income, residency)

- **Renewal Procedures**
    - Length of enrollment periods for children and parents
    - Adoption of 12-month continuous eligibility for children
    - Use of joint Medicaid/SCHIP renewal form for children

- Face-to-face interview requirements at renewal for children and parents

- **Cost-sharing**
  - Premiums in children's Medicaid and SCHIP
  - Co-payments for physician visits (non-preventive), emergency room care and inpatient hospital stays for children
  - Co-payments for emergency room care and inpatient hospital stays for parents
  - Co-payments for prescription drugs for parents and children

Table A

Expanding Eligibility and Simplifying Enrollment: Trends in Children's Health Coverage Programs (July 1997 to July 2004)

State Strategies	July 1997[1]	November 1998[1]	July 2000[2]	January 2002[2]	April 2003[2]	July 2004[2]
Total number of children's health coverage programs	**51 Medicaid**	**51 Medicaid 19 SCHIP**	**51 Medicaid 32 SCHIP**	**51 Medicaid 35 SCHIP**	**51 Medicaid 35 SCHIP**	**51 Medicaid 36 SCHIP**
Covered children under age 19 in families with income at or above 200 percent of FPL	6*	22	36	40	39	39
Joint application for Medicaid and SCHIP	N/A	not collected	28	33	34	35
Eliminated asset test	36	40 (Medicaid) 17 (SCHIP)	42 (Medicaid) 31 (SCHIP)	45 (Medicaid) 34 (SCHIP)	45 (Medicaid) 34 (SCHIP)	46 (Medicaid) 33 (SCHIP)
Eliminated face-to-face interview at enrollment	22**	33*** (Medicaid) not collected (SCHIP)	40 (Medicaid) 31 (SCHIP)	47 (Medicaid) 34 (SCHIP)	46 (Medicaid) 33 (SCHIP)	45 (Medicaid) 33 (SCHIP)
Adopted presumptive eligibility for children	option not available	6 (Medicaid)	8 (Medicaid) 4 (SCHIP)	9 (Medicaid) 5 (SCHIP)	7 (Medicaid) 4 (SCHIP)	7 (Medicaid) 6 (SCHIP)
Family not required to verify income	not collected	not collected	10 (Medicaid) 7 (SCHIP)	13 (Medicaid) 11 (SCHIP)	12 (Medicaid) 11 (SCHIP)	10 (Medicaid) 10 (SCHIP)
Eliminated face-to-face interview at renewal	not collected	not collected	43 (Medicaid) 32 (SCHIP)	48 (Medicaid) 34 (SCHIP)	49 (Medicaid) 35 (SCHIP)	48 (Medicaid) 35 (SCHIP)
Adopted 12-month continuous eligibility for children	option not available	10 (Medicaid) not collected (SCHIP)	14 (Medicaid) 22 (SCHIP)	18 (Medicaid) 23 (SCHIP)	15 (Medicaid) 21 (SCHIP)	15 (Medicaid) 21 (SCHIP)
Implemented enrollment freeze	not collected	not collected	not collected	3 (SCHIP)	1(Medicaid)**** 2 (SCHIP)	1 (Medicaid)***** 7 (SCHIP)

The numbers in this table reflect the net change in actions taken by states from year to year. Specific strategies may be adopted and retracted by several states during each year.

1. These data reflect states' eligibility expansions and use of simplification strategies for children's Medicaid (poverty level groups).
2. These data reflect states' eligibility expansions and use of simplification strategies for children's Medicaid (poverty level groups) and SCHIP-funded separate programs, as indicated.

* In addition, two (2) states, Massachusetts and New York, financed children's health coverage to this income level using state funds only.

** Seven (7) states still required telephone interviews; face-to-face interviews were left to county discretion in one state.

***Thirty-three (33) states had eliminated the face-to-face interview for children applying for Medicaid. Six (6) states eliminated the face-to-face interview only for families using the joint Medicaid/SCHIP application to apply for coverage. No data was collected specifically about separate SCHIP programs.

**** In Tennessee, enrollment was closed to some but not all children eligible under the state's Medicaid waiver program.

***** In Tennessee, enrollment is closed to some but not all children eligible under the state's Medicaid waiver program. In addition, Massachusetts currently has a waiting list for state-financed coverage.

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2004.

Table B

Expanding Eligibility and Simplifying Enrollment: Trends in Health Coverage for Parents (January 2002 to July 2004)

State Strategies	Jan 2002	April 2003	July 2004
Total number of health coverage programs for parents	**51**	**51**	**51**
Covered parents with income at or above 100 percent of FPL	20	16	17
Family application	23	25	28
Eliminated asset test	19	21	22
Eliminated face-to-face interview at enrollment	35	36	35
12-month eligibility period	38	38	37
Eliminated face-to-face interview at renewal	35	42	42
Implemented enrollment freeze	not collected	1 (Medicaid)* 2 (state-funded program)	3 (Medicaid)** 2 (state-funded program)***

The numbers in this table reflect the net change in actions taken by states from year to year. Specific strategies may be adopted and retracted by several states during each year.
*In Tennessee, enrollment was closed to some but not all parents eligible under the state's Medicaid waiver program.
**In Tennessee, enrollment is closed to some but not all parents eligible under the state's Medicaid waiver program. Enrollment is closed in the Medicaid waiver programs in Oregon and Utah as well.
*** In Washington, enrollment was closed under the state-funded program during the survey period, but was open as of July 2004. Enrollment remains closed in Pennsylvania's state-funded program.

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2004.

Tables

Table 1: State Income Eligibility Guidelines for Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs

Table 2: Length of Time a Child is Required to be Uninsured Prior to Enrolling in Children's Health Coverage

Table 3: Income Threshold for Parents Applying for Medicaid

Table 4: Selected Criteria Related to Health Coverage of Pregnant Women

Table 5: Enrollment: Selected Simplified Procedures in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs

Table 6: Selected Verification Procedures: Families are Not Required to Provide Verification of Income, Residency or Age in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs

Table 7: Renewal: Selected Simplified Procedures in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs

Table 8: Enrollment: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children

Table 9: Renewal: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children

Table 10A: Premium Payments for Two Children in a Family of Three at Selected Income Levels

Table 10B: Effective Annual Premium Payments for Two Children in a Family of Three at Selected Income Levels

Table 11: Co-payments for Specific Services in Children's Health Coverage Programs at Selected Income Levels

Table 12: Co-payments for Specific Services in Health Coverage Programs for Parents

Table 13: Co-payments for Prescriptions in Children's Health Coverage Programs

Table 14: Co-payments for Prescriptions in Health Coverage Programs for Parents

Table 1

State Income Eligibility Guidelines for Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1] (Percent of the Federal Poverty Line) July 2004

	Medicaid Infants (0-1)[2]	Medicaid Children (1-5)	Medicaid Children (6-19)	Separate State Program (SSP)[3]	Enrollment Freeze Implemented[4] (Enrollment Currently Open)
Alabama	133	133	100	200	(Y)
Alaska[5] −	175	175	175		
Arizona	140	133	100	200	
Arkansas	200	200	200		
California	200	133	100	250	
Colorado	133	133	100	185	(Y)
Connecticut	185	185	185	300	
Delaware	200	133	100	200	
District of Columbia	200	200	200		
Florida[6]	200	133	100	200	Y
Georgia[7] −	200	133	100	235	
Hawaii[8]	200	200	200		
Idaho +	150	150	150	185	Y
Illinois[7] +	200	133	133	200	
Indiana	150	150	150	200	
Iowa	200	133	133	200	
Kansas	150	133	100	200	
Kentucky	185	150	150	200	
Louisiana	200	200	200		
Maine[7]	185	150	150	200	
Maryland	200	200	200	300	(Y)
Massachusetts[9]	200	150	150	200 (400+)	Y (State-funded)
Michigan	185	150	150	200	
Minnesota[10] −	280	275	275		
Mississippi	185	133	100	200	
Missouri	300	300	300		
Montana	133	133	100	150	(Y)
Nebraska	185	185	185		
Nevada	133	133	100	200	
New Hampshire	300	185	185	300	
New Jersey[7]	200	133	133	350	
New Mexico	235	235	235		
New York[11] −	200	133	100	250	
North Carolina	185	133	100	200	
North Dakota	133	133	100	140	
Ohio	200	200	200		
Oklahoma	185	185	185		
Oregon	133	133	100	185	
Pennsylvania[9]	185	133	100	200 (235)	
Rhode Island	250	250	250		
South Carolina	185	150	150		
South Dakota	140	140	140	200	
Tennessee[12]	185/100	133/100	100/100		Y
Texas	185	133	100	200	
Utah	133	133	100	200	Y
Vermont[13]	300	300	300	300	
Virginia	133	133	133	200	
Washington	200	200	200	250	
West Virginia	150	133	100	200	
Wisconsin	185	185	185		
Wyoming +	133	133	100	185	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 1

+ Indicates that a state has expanded eligibility in at least one of its children's health insurance programs between April 2003 and July 2004.
– Indicates that a state has reduced eligibility in at least one of its children's health insurance programs between April 2003 and July 2004.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. The income eligibility levels noted may refer to gross or net income depending on the state. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. To be eligible in the infant category, a child has not yet reached his or her first birthday. Minnesota covers children under age 2 in the infant category under a waiver. To be eligible in the 1-5 category, the child is age 2 or older, but has not yet reached his or her sixth birthday.

3. The states noted use federal SCHIP funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may provide benefits similar to Medicaid or they may provide a limited benefit package. They also may impose premiums or other cost-sharing obligations on some or all families with eligible children.

4. This column indicates whether the state stopped enrolling eligible children in SCHIP at any time between April 2003 and July 2004. As of July 2004, Florida, Idaho, and Utah had SCHIP enrollment freezes in place. In these states, children may only enroll during open enrollment periods. In Idaho, enrollment was closed for a portion of July 2004, but was open as of September 2004. In Tennessee, enrollment under the state's waiver coverage is closed to children who do not meet a "medical eligibility" test. State-financed coverage for children in Massachusetts is frozen; the state maintains a waiting list.

5. In Alaska, the income eligibility guideline is based on the 2003 federal poverty line.

6. Florida operates two SCHIP-funded separate programs. Healthy Kids covers children ages 5 through 19, as well as some of their younger siblings in some locations. Medi-Kids covers children ages 1 through 4.

7. **Georgia** covers infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. Georgia covers infants not born to Medicaid enrolled mothers in families with income at or below 185 percent of the federal poverty line. **Illinois** and **Maine** cover infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. **Illinois** covers infants not born to Medicaid enrolled mothers in families with income at or below 133 percent of the federal poverty line. **Maine** covers infants not born to Medicaid enrolled mothers in families with income at or below 185 percent of the federal poverty line. **New Jersey** covers infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. New Jersey covers infants not born to Medicaid enrolled mothers in families with income at or below 185 percent of the federal poverty line.

8. In Hawaii, families enrolled in the program whose income exceeds 200 percent of the federal poverty line can purchase coverage through a state program by paying a monthly premium. This program, QUEST-NET, has an income eligibility guideline of 300 percent of the federal poverty line.

9. Massachusetts and Pennsylvania provide state-financed coverage to children with incomes above SCHIP levels. Eligibility is shown in parentheses. There is currently a waiting list for state-financed coverage in Massachusetts.

10. Minnesota reduced the "regular" Medicaid income eligibility guideline for children ages 2 through 19 from 170 to 150 percent of the federal poverty line. There is an income cap of $50,000 regardless of family size in Minnesota's Section 1115 expansion program.

11. New York reduced the Medicaid income eligibility guideline for children ages 6 through 19 from 133 to 100 percent of the federal poverty line, effective October 1, 2004.

12. In Tennessee, the first number represents the income eligibility guidelines under "regular" Medicaid. The second number represents the income eligibility guideline for new applicants to the TennCare waiver program. Enrollment under the state's waiver coverage is closed to children who do not meet a "medical eligibility" test. Children who meet a "medical eligibility" test may be eligible at higher income levels than those noted

13. In Vermont, Medicaid covers uninsured children in families with income at or below 225 percent of the federal poverty line; uninsured children in families with income between 226 and 300 percent of the federal poverty line are covered under a separate SCHIP program. *Underinsured* children are covered under Medicaid up to 300 percent of the federal poverty line. This expansion of coverage for underinsured children was achieved through an amendment to the state's Medicaid Section 1115 waiver.

Table 2

Length of Time a Child is Required to Be Uninsured Prior to Enrolling in Children's Health Coverage* July 2004

Total Number of States Without a Waiting Period	At Implementation	July 2004
	12	19
Alabama[1]	3	3
Alaska[2]	12	12
Arizona	6	3
Arkansas[2]	12	6
California	3	3
Colorado	3	3
Connecticut	6	2
Delaware	6	6
District of Columbia	*None*	*None*
Florida	*None*	*None*
Georgia −	3	6
Hawaii	*None*	*None*
Idaho	6	6
Illinois	3	*None*
Indiana	3	3
Iowa +	6	*None*
Kansas	6	*None*
Kentucky	6	6
Louisiana	3	*None*
Maine	3	3
Maryland[3]	6	6
Massachusetts	*None*	*None*
Michigan	6	6
Minnesota[2]	4	4
Mississippi	6	*None*
Missouri[2]	6	6
Montana	3	3
Nebraska	*None*	*None*
Nevada	6	6
New Hampshire	6	6
New Jersey	12	6
New Mexico	12	6
New York	*None*	*None*
North Carolina	6	*None*
North Dakota	6	6
Ohio	*None*	*None*
Oklahoma	*None*	*None*
Oregon	6	6
Pennsylvania	*None*	*None*
Rhode Island	4	*None*
South Carolina	*None*	*None*
South Dakota	3	3
Tennessee	*None*	*None*
Texas[1]	3	3
Utah[1]	3	3
Vermont	*None*	*None*
Virginia +	12	4
Washington	4	4
West Virginia	6	6
Wisconsin[2]	3	3
Wyoming	1	1

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 2

+ Indicates that a state has shortened or eliminated this period between April 2003 and July 2004.

– Indicates that a state has lengthened this period between April 2003 and July 2004.

* The length of time a child is required to be uninsured prior to enrolling in health coverage is sometimes referred to as the waiting period**.** Exceptions to the waiting periods vary by state. **For states in bold,** the waiting period applies to the separate SCHIP program, unless noted otherwise**.** States are not permitted to have a waiting period in SCHIP-funded Medicaid expansions without a waiver. **For states not in bold**, the waiting period applies to SCHIP-funded Medicaid expansions.

1. In Alabama, Texas and Utah the waiting period is 90 days. In Texas, families are subject to the waiting period *after* eligibility has been determined.

2. In Alaska, the waiting period applies only to children covered under the SCHIP-funded Medicaid expansion. In Arkansas, Minnesota, Missouri and Wisconsin, the waiting period applies only to children covered under Medicaid Section 1115 expansion programs.

3. In Maryland, the waiting period noted is required in both the SCHIP-funded Medicaid expansion and the SCHIP-funded separate program.

Table 3

Income Threshold for Parents Applying for Medicaid

(Based on a Family of Three as of July 2004)

State	Income threshold for non-working parents			Income threshold for working parents			Enrollment Freeze Implemented
	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	
US Median	$546	$6,552	42%	$903	$10,836	69%	
AL	$164	$1,968	13%	$254	$3,048	19%	
AK	$1,227	$14,724	75%	$1,317	$15,804	81%	
AZ*	$2,612	$31,340	200%	$2,612	$31,340	200%	
AR	$204	$2,448	16%	$255	$3,060	20%	
CA	$1,306	$15,670	100%	$1,396	$16,750	107%	
CO	$421	$5,052	32%	$511	$6,132	39%	
CT	$1,306	$15,670	100%	$1,396	$16,750	107%	
DE*	$1,306	$15,670	100%	$1,528	$18,334	117%	
DC	$2,612	$31,340	200%	$2,612	$31,340	200%	
FL	$303	$3,636	23%	$806	$9,672	62%	
GA	$424	$5,088	32%	$756	$9,068	58%	
HI*/[4]	$1,502	$18,020	100%	$1,502	$18,020	100%	
ID	$317	$3,804	24%	$407	$4,884	31%	
IL[5]	$1,737	$20,841	133%	$1,827	$21,921	140%	
IN	$288	$3,456	22%	$378	$4,536	29%	
IA	$426	$5,112	33%	$1,065	$12,780	82%	
KS	$403	$4,836	31%	$493	$5,916	38%	
KY	$526	$6,312	40%	$909	$10,903	70%	
LA	$174	$2,088	13%	$264	$3,168	20%	
ME	$1,959	$23,505	150%	$2,049	$24,585	157%	
MD	$434	$5,208	33%	$524	$6,288	40%	
MA	$1,737	$20,841	133%	$1,737	$20,841	133%	
MI	$459	$5,508	35%	$774	$9,285	59%	
MN*	$3,591	$43,092	275%	$3,591	$43,092	275%	
MS	$368	$4,416	28%	$458	$5,496	35%	
MO	$980	$11,760	75%	$1,070	$12,840	82%	
MT	$491	$5,892	38%	$855	$10,256	65%	
NE	$626	$7,512	48%	$726	$8,712	56%	
NV	$348	$4,176	27%	$1,133	$13,590	87%	
NH	$625	$7,500	48%	$781	$9,375	60%	
NJ	$443	$5,316	34%	$533	$6,396	41%	
NM	$389	$4,668	30%	$903	$10,836	69%	
NY*	$1,959	$23,505	150%	$1,959	$23,505	150%	
NC	$544	$6,528	42%	$750	$9,004	57%	
ND	$523	$6,276	40%	$904	$10,849	69%	
OH	$1,306	$15,670	100%	$1,306	$15,670	100%	
OK	$471	$5,652	36%	$591	$7,092	45%	
OR*	$1,306	$15,670	100%	$1,306	$15,670	100%	Y
PA*	$421/$2,612	$5,052/$31,340	33%/200%	$842/$2,612	$10,104/$31,340	66%/200%	Y (state-funded)
RI*	$2,416	$28,990	185%	$2,506	$30,070	192%	
SC	$635	$7,620	49%	$1,270	$15,240	97%	
SD	$796	$9,552	61%	$796	$9,552	61%	
TN[6]*	$1,306	$15,670	100%	$1,306	$15,670	100%	Y
TX	$188	$2,256	14%	$432	$5,182	33%	
UT[7]	$583/$1,949	$6,996/$23,505	46%/150%	$673/$1,949	$8,076/$23,505	53%/150%	Y

State	Income threshold for non-working parents			Income threshold for working parents			Enrollment Freeze Implemented
	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	Monthly Dollar Amount	Annual Dollar Amount	As a percent of poverty line	
VT*	$2,416	$28,990	185%	$2,506	$30,070	192%	
VA	$315	$3,780	24%	$466	$5,592	36%	
WA*	$546/$2,612	$6,552/$31,340	43%/200%	$1,092/$2,612	$13,104/$31,340	86%/200%	(Y) (state-funded)
WV	$253	$3,036	19%	$499	$5,992	38%	
WI*	$2,416	$28,990	185%	$2,506	$30,070	192%	
WY	$590	$7,080	45%	$790	$9,480	60%	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.

Notes for Table 3

1. This table takes earnings disregards into account when determining income thresholds for working parents. In some cases, these disregards may be time limited. States may also use additional disregards in determining eligibility. In some states, the income eligibility guidelines vary by region.

2. States marked with (*) have expanded coverage for parents under waivers using Medicaid and/or SCHIP funds, while Pennsylvania and Washington State have used state funds to expand coverage for parents. The Medicaid eligibility levels precede the state-funded program eligibility levels in Pennsylvania and Washington.

3. This column indicates whether the state stopped enrolling eligible parents at any time between April 2003 and July 2004. Pennsylvania stopped enrolling parents in its state-funded program. In Tennessee, enrollment under the waiver program is closed to applicants who do not meet a “medical eligibility” test. In Washington, enrollment was closed under the state-funded program during the survey period, but was opened on July 1, 2004. Enrollment was closed in Oregon’s waiver program effective July 2004. Enrollment in Utah’s waiver program was frozen in November 2003, however enrollment was opened to parents during an SCHIP open enrollment period in May 2004 and the state plans to do so again in October 2004.

4. In Hawaii, enrolled families whose income exceeds 200 percent of the federal poverty line can purchase coverage through a state program by paying a monthly premium. This program, QUEST-NET, has an income eligibility guideline of 300 percent of the federal poverty line.

5. Illinois expanded coverage effective September 2004.

6. In Tennessee, parents who meet a "medical eligibility" test may be eligible at higher income levels than those noted.

7. In Utah, waiver coverage provides a limited benefit package with enrollment fees and co-payments and is subject to an enrollment cap. The state’s Section 1931 guidelines precede the state’s waiver guidelines.

Table 4
Selected Criteria Related to Health Coverage of Pregnant Women
July 2004

	Income Eligibility Level (Percent of Federal Poverty Line)	No Asset Test	Presumptive Eligibility
Total	N/A	45	29
Alabama	175	Y	
Alaska[1] –	175	Y	
Arizona	133	Y	
Arkansas	200		Y
California[2]	200 (300)	Y	Y
Colorado[3] –/+	185	Y	
Connecticut	185	Y	
Delaware	200	Y	Y
District of Columbia	200	Y	Y
Florida	185	Y	Y
Georgia –	200	Y	Y
Hawaii[4]	185	Y	
Idaho	133		Y
Illinois	200	Y	Y
Indiana	150	Y	
Iowa	200		Y
Kansas	150	Y	
Kentucky	185	Y	Y
Louisiana	200	Y	Y
Maine	200	Y	Y
Maryland	250	Y	
Massachusetts	200	Y	Y
Michigan +	185	Y	Y
Minnesota	275	Y	
Mississippi	185	Y	
Missouri	185	Y	Y
Montana	133		Y
Nebraska	185	Y	Y
Nevada +	133	Y	
New Hampshire	185	Y	Y
New Jersey[5]	200	Y	Y
New Mexico	185	Y	Y
New York	200	Y	Y
North Carolina	185	Y	Y
North Dakota	133	Y	
Ohio	150	Y	
Oklahoma	185	Y	Y
Oregon	185	Y	
Pennsylvania[6]	185	Y	Y
Rhode Island[7]	250 (350)	Y	
South Carolina	185	Y	
South Dakota	133		
Tennessee	185	Y	Y
Texas[8]	185	Y	Y
Utah[9]	133		Y
Vermont[10]	200	Y	
Virginia	133	Y	
Washington	185	Y	
West Virginia	150	Y	
Wisconsin	185	Y	Y
Wyoming	133	Y	Y

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 4

+ Indicates that a state has expanded eligibility or adopted a simplified procedure for pregnant women between April 2003 and July 2004.
– Indicates that a state has reduced eligibility or eliminated a simplified procedure for pregnant women between April 2003 and July 2004.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. In Alaska, the income eligibility guideline is based on the 2003 federal poverty line.

2. In California, a state-funded program is available to pregnant women with income between 201 and 300 percent of the federal poverty line.

3. In Colorado, coverage for pregnant women with income between 134 and 185 percent of the federal poverty line is SCHIP-funded. Presumptive eligibility for pregnant women was eliminated on September 1, 2004.

4. In Hawaii, women enrolled in the program whose income exceeds 185 percent of the federal poverty line can purchase coverage through a state program by paying a monthly premium. This program, QUEST-NET, has an income eligibility guideline of 300 percent of the federal poverty line.

5. In New Jersey, the "regular" Medicaid income eligibility level for pregnant women is 185 percent of the federal poverty line. Expanded coverage for women with income between 186 and 200 percent of the federal poverty line is provided under a Medicaid Section 1115 waiver. Under the expanded waiver coverage, pregnant women must be uninsured and no income deductions are allowed.

6. In Pennsylvania, the state is in the process of phasing out presumptive eligibility and replacing it with another expedited eligibility process.

7. In Rhode Island, the Medicaid income eligibility level for pregnant women is 250 percent of the federal poverty line. There is also a state-funded program for women with income between 251 and 350 percent of the federal poverty line. The state-funded coverage requires that pregnant women pay the full cost of the premium.

8. In Texas, the income eligibility guideline was reduced to 158 percent of the federal poverty line during the survey period; however, coverage was restored to 185 percent of the federal poverty line on September 1, 2004.

9. In Utah, women who exceed the asset limit may still qualify for coverage if they make a one-time payment of a percentage of the value of their assets.

10. In Vermont, a premium is required of women with income above 185 percent of the federal poverty line.

Table 5

Enrollment: Selected Simplified Procedures in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]
July 2004

	Program	Joint application	No Face-to-Face Interview	No Asset Test	Presumptive eligibility[2]
Total	Medicaid (51)*	N/A	45	46	7
	SCHIP (36) **	N/A	33	33	6
	Aligned Medicaid and Separate SCHIP ***	35	45	45	6
Alabama[3]	Medicaid for Children	Y		Y	
	Separate SCHIP		Y	Y	
Alaska	Medicaid for Children	N/A	Y	Y	
Arizona[4]	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Arkansas	Medicaid for Children	N/A	Y	Y	
California	Medicaid for Children	Y	Y	Y	Y
+	Separate SCHIP		Y	Y	Y
Colorado	Medicaid for Children	Y	Y		
	Separate SCHIP		Y	Y	
Connecticut −	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Delaware	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
District of Columbia	Medicaid for Children	N/A	Y	Y	
Florida	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Georgia	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Hawaii	Medicaid for Children	N/A	Y	Y	
Idaho	Medicaid for Children	Y	Y		
	Separate SCHIP		Y		
Illinois +	Medicaid for Children	Y	Y	Y	Y
	Separate SCHIP		Y	Y	Y
Indiana[5]	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Iowa	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Kansas	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Kentucky	Medicaid for Children	Y		Y	
	Separate SCHIP			Y	
Louisiana	Medicaid for Children	N/A	Y	Y	
Maine	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Maryland	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Massachusetts	Medicaid for Children	Y	Y	Y	Y
	Separate SCHIP		Y	Y	Y
Michigan	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	Y
Minnesota	Medicaid for Children	N/A	Y	Y	
Mississippi[6] −	Medicaid for Children	Y		Y	
−	Separate SCHIP			Y	
Missouri[7]	Medicaid for Children	N/A	Y	Y	Y
Montana	Medicaid for Children	Y	Y		
	Separate SCHIP		Y	Y	

	Program	Joint application	No Face-to-Face Interview	No Asset Test	Presumptive eligibility[2]
Nebraska	Medicaid for Children	N/A	Y	Y	
Nevada +	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
New Hampshire	Medicaid for Children	Y	Y	Y	Y
	Separate SCHIP		Y	Y	
New Jersey[2]	Medicaid for Children	Y	Y	Y	Y
	Separate SCHIP		Y	Y	Y
New Mexico	Medicaid for Children	N/A	Y	Y	Y
New York[2/8]	Medicaid for Children	Y		Y	
	Separate SCHIP		Y	Y	Y
North Carolina	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
North Dakota	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Ohio	Medicaid for Children	N/A	Y	Y	
Oklahoma	Medicaid for Children	N/A	Y	Y	
Oregon	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y		
Pennsylvania[9]	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Rhode Island	Medicaid for Children	N/A	Y	Y	
South Carolina	Medicaid for Children	N/A	Y	Y	
South Dakota	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Tennessee[10]	Medicaid for Children	N/A		Y	
Texas[11]	Medicaid for Children	Y	Y		
−	Separate SCHIP		Y		
Utah[12]	Medicaid for Children				
	Separate SCHIP			Y	
Vermont	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Virginia	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Washington	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
West Virginia	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	
Wisconsin	Medicaid for Children	N/A	Y	Y	
Wyoming	Medicaid for Children	Y	Y	Y	
	Separate SCHIP		Y	Y	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.

Notes for Table 5

+ Indicates that a state has simplified one or more of its procedures between April 2003 and July 2004.
− Indicates that a state has rescinded one or more simplified procedures between April 2003 and July 2004.

* "Total Medicaid" indicates the number of states that have adopted a particular enrollment simplification strategy for their children's Medicaid program. All 50 states and the District of Columbia operate such programs.

** "Total SCHIP" indicates number of states that have adopted a particular enrollment simplification strategy for their SCHIP-funded separate program. Thirty-six states operate such programs. The remaining 14 states and the District of Columbia used their SCHIP funds to expand Medicaid, exclusively.

*** "Aligned Medicaid and Separate SCHIP" indicates the number of states that have adopted a particular enrollment simplification strategy and have applied the procedure to both their children's Medicaid program and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded expansion program.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. Under federal law, states may implement presumptive eligibility procedures in Medicaid and SCHIP. New York (Medicaid) has adopted presumptive eligibility, but has yet to implement procedures. The New York SCHIP program has a presumptive-like process in which health plans can provide coverage for a temporary period while the family submits necessary documentation. In New Jersey, presumptive eligibility is available in children's Medicaid and in SCHIP for families with income up to 200 percent of the federal poverty line. In California, the SCHIP program has a presumptive eligibility process available to families with income up to 200 percent of the federal poverty line. This process is only available through the Child Health and Disability Prevention program.

3. Alabama requires an interview for families applying for Medicaid for their children, however the interview is usually done by telephone. Some counties are piloting a mail-in process.

4. In Arizona, families that apply for Medicaid for their children using the SCHIP paper or electronic application do not have to have a face-to-face interview.

5. In Indiana, telephone interviews are used for all families that come through the centralized unit that determines eligibility for children and pregnant women.

6. Mississippi has adopted legislation requiring a face-to-face interview for Medicaid and SCHIP. This policy will be implemented in January 2005.

7. Missouri has eliminated the asset test for children's "regular" Medicaid. Children in the Medicaid expansion group are subject to a "net worth" test of $250,000.

8. In New York, a contact with a community-based "facilitated enroller" will meet the face-to-face interview requirement.

9. Pennsylvania uses Medicaid and SCHIP applications that solicit "common data elements" in collecting information for Medicaid and SCHIP, thus making Medicaid and SCHIP applications interchangeable.

10. Tennessee requires an interview for families applying for Medicaid for their children, however the interview can be done by telephone.

11. As of August 2004, there is an asset test in SCHIP for families with income above 150 percent of the federal poverty line in Texas.

12. In Utah, an interview is required for Medicaid and SCHIP, though families are permitted to do the interview by phone. Utah still counts assets in determining Medicaid eligibility for children over the age of 6. Families that use the SCHIP application, but are found to be eligible for Medicaid, must complete an addendum on other information, including information on assets, before eligibility can be determined. The SCHIP application is only available during SCHIP open enrollment periods.

Table 6

Selected Verification Procedures: Families are Not Required to Provide Verification of Income, Residency or Age in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]

July 2004

	Program	Income[2]	Residency	Age
Total	Medicaid (51)*	10	44	47
	SCHIP (36) **	10	32	33
	Aligned Medicaid and Separate SCHIP ***	10	44	47
Alabama	Medicaid for Children		Y	Y
	Separate SCHIP	Y	Y	Y
Alaska	Medicaid for Children		Y	Y
Arizona	Medicaid for Children		Y	Y
	Separate SCHIP	Y	Y	Y
Arkansas[3] +	Medicaid for Children	Y	Y	Y
California[4]	Medicaid for Children			Y
	Separate SCHIP			Y
Colorado	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Connecticut	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y
Delaware	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
District of Columbia	Medicaid for Children			Y
Florida –	Medicaid for Children		Y	Y
–	Separate SCHIP		Y	Y
Georgia	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y
Hawaii +	Medicaid for Children	Y	Y	Y
Idaho	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y
Illinois	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Indiana	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Iowa	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Kansas	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Kentucky	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Louisiana	Medicaid for Children		Y	Y
Maine	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Maryland	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y
Massachusetts	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Michigan	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y
Minnesota	Medicaid for Children		Y	Y
Mississippi[5] –	Medicaid for Children		Y	
–	Separate SCHIP		Y	
Missouri	Medicaid for Children		Y	Y
Montana[4]	Medicaid for Children		Y	Y
	Separate SCHIP	Y	Y	Y

	Program	Income[2]	Residency	Age
Nebraska	Medicaid for Children		Y	Y
Nevada[6]	Medicaid for Children			Y
	Separate SCHIP		Y	Y
New Hampshire	Medicaid for Children			
	Separate SCHIP			
New Jersey	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
New Mexico	Medicaid for Children		Y	
New York	Medicaid for Children			
	Separate SCHIP			
North Carolina	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
North Dakota	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Ohio	Medicaid for Children		Y	Y
Oklahoma	Medicaid for Children	Y	Y	Y
Oregon[7]	Medicaid for Children			Y
	Separate SCHIP			Y
Pennsylvania	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Rhode Island	Medicaid for Children		Y	Y
South Carolina	Medicaid for Children		Y	Y
South Dakota	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Tennessee	Medicaid for Children			Y
Texas	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Utah	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Vermont	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y
Virginia	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Washington –	Medicaid for Children		Y	Y
–	Separate SCHIP		Y	Y
West Virginia	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
Wisconsin[8] –	Medicaid for Children		Y	Y
Wyoming	Medicaid for Children	Y	Y	Y
	Separate SCHIP	Y	Y	Y

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.

Notes for Table 6

+ Indicates that a state has eliminated a verification requirement between April 2003 and July 2004.
– Indicates that a state has instituted a verification requirement between April 2003 and July 2004.

* "Total Medicaid" indicates the number of states that have adopted a particular verification simplification strategy for their children's Medicaid program. All 50 states and the District of Columbia operate such programs.

** "Total SCHIP" indicates number of states that have adopted a particular verification simplification strategy for their SCHIP-funded separate program. Thirty-six states operate such programs. The remaining 14 states and the District of Columbia used their SCHIP funds to expand Medicaid, exclusively.

*** "Aligned Medicaid and Separate SCHIP" indicates the number of states that have adopted a particular verification simplification strategy and have applied the procedure to both their children's Medicaid program and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded expansion program.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. While families do not have to provide verification of income in the states noted, such states generally verify this information by accessing data from other government agencies, such as the Social Security Administration and state Departments of Labor.

3. Arkansas has eliminated age verification for families that can provide Social Security numbers for their children.

4. In California, families must submit birth certificates for children applying for SCHIP. In Montana, families must submit birth certificates or other proof of citizenship for children applying for Medicaid. In both states, birth certificates are used to verify citizenship. In California, proof of income can be used as proof of residency.

5. Mississippi has adopted legislation requiring verification of age for Medicaid and SCHIP and plans to implement in January 2005.

6. In Nevada, age is generally verified using a data match with the Social Security Administration, however birth certificates are required of applicants who do not have a Social Security number.

7. In Oregon, there is no state rule requiring that residency be verified, however state workers request verification of address so that program cards can be issued.

8. In Wisconsin, verification of income is required only of families with children who qualify under the state's expansion program, Badgercare, as opposed to "regular" Medicaid.

Table 7

Renewal: Selected Simplified Procedures in Children's Regular Medicaid, Children's SCHIP-funded Medicaid Expansions and Separate SCHIP Programs[1]

July 2004

	Program	Frequency┼ (months)	12-Month Continuous Eligibility	No Face-to-Face Interview	Joint Renewal Form
Total	Medicaid (51)*	41	15	48	N/A
	SCHIP (36) **	32	21	35	N/A
	Aligned Medicaid and Separate SCHIP ***	40	13	48	18
Alabama	Medicaid for Children	12	Y	Y	
	Separate SCHIP	12	Y	Y	
Alaska	Medicaid for Children	6		Y	N/A
Arizona[2]	Medicaid for Children	12			
	Separate SCHIP	12	Y	Y	
Arkansas[3]	Medicaid for Children	12		Y	N/A
California	Medicaid for Children	12	Y	Y	
	Separate SCHIP	12	Y	Y	
Colorado	Medicaid for Children	12		Y	
	Separate SCHIP	12	Y	Y	
Connecticut	Medicaid for Children	12		Y	
	Separate SCHIP	12		Y	
Delaware	Medicaid for Children	12		Y	Y
	Separate SCHIP	12	Y	Y	
District of Columbia	Medicaid for Children	12		Y	N/A
Florida[4] ┼	Medicaid for Children	12	Y	Y	
	Separate SCHIP	6		Y	
Georgia[5] –	Medicaid for Children	6		Y	
–	Separate SCHIP	12		Y	
Hawaii	Medicaid for Children	12		Y	N/A
Idaho	Medicaid for Children	12	Y	Y	Y
	Separate SCHIP	12	Y	Y	
Illinois	Medicaid for Children	12	Y	Y	
	Separate SCHIP	12	Y	Y	
Indiana	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
Iowa	Medicaid for Children	12		Y	
	Separate SCHIP	12	Y	Y	
Kansas	Medicaid for Children	12	Y	Y	Y
	Separate SCHIP	12	Y	Y	
Kentucky	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
Louisiana	Medicaid for Children	12	Y	Y	N/A
Maine	Medicaid for Children	12	Y	Y	Y
	Separate SCHIP	12	Y	Y	
Maryland[6]	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
Massachusetts	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
Michigan	Medicaid for Children	12	Y	Y	
	Separate SCHIP	12	Y	Y	
Minnesota[3]	Medicaid for Children	6		Y	N/A
Mississippi[7] –	Medicaid for Children	12	Y		Y
–	Separate SCHIP	12	Y		
Missouri	Medicaid for Children	12		Y	N/A
Montana	Medicaid for Children	12		Y	
	Separate SCHIP	12	Y	Y	

	Program	Frequency┼ (months)	12-Month Continuous Eligibility	No Face-to-Face Interview	Joint Renewal Form
Nebraska	Medicaid for Children	6		Y	N/A
Nevada	Medicaid for Children	12		Y	
	Separate SCHIP	12	Y	Y	
New Hampshire	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
New Jersey[8]	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
New Mexico[9] –	Medicaid for Children	6		Y	N/A
New York	Medicaid for Children	12	Y	Y	
	Separate SCHIP	12		Y	
North Carolina	Medicaid for Children	12	Y	Y	Y
	Separate SCHIP	12	Y	Y	
North Dakota[10]	Medicaid for Children	1		Y	
	Separate SCHIP	12	Y	Y	
Ohio	Medicaid for Children	12		Y	N/A
Oklahoma	Medicaid for Children	6		Y	N/A
Oregon[11]	Medicaid for Children	6/12		Y	Y
	Separate SCHIP	6		Y	
Pennsylvania	Medicaid for Children	12		Y	
	Separate SCHIP	12	Y	Y	
Rhode Island	Medicaid for Children	12		Y	N/A
South Carolina	Medicaid for Children	12	Y	Y	N/A
South Dakota	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
Tennessee[3] +	Medicaid for Children	12			**N/A**
Texas	Medicaid for Children	6		Y	
–	Separate SCHIP	6		Y	
Utah	Medicaid for Children	12		Y	
	Separate SCHIP	12	Y	Y	
Vermont	Medicaid for Children	12		Y	Y
	Separate SCHIP	12		Y	
Virginia[12]	Medicaid for Children	12		Y	Y
+	Separate SCHIP	12	Y	Y	
Washington –	Medicaid for Children	6		Y	Y
–	Separate SCHIP	6		Y	
West Virginia[13]	Medicaid for Children	12	Y	Y	
	Separate SCHIP	12	Y	Y	
Wisconsin	Medicaid for Children	12		Y	N/A
Wyoming	Medicaid for Children	12	Y	Y	Y
	Separate SCHIP	12	Y	Y	

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.

Notes for Table 7

+ Indicates that a state has simplified one or more of its procedures between April 2003 and July 2004.
– Indicates that a state has rescinded one or more simplified procedures between April 2003 and July 2004.

* "Total Medicaid" indicates the number of states that have adopted a particular renewal simplification strategy for their children's Medicaid program. All 50 states and the District of Columbia operate such programs.

** "Total SCHIP" indicates number of states that have adopted a particular renewal simplification strategy for their SCHIP-funded separate program. Thirty-six states operate such programs. The remaining 14 states and the District of Columbia used their SCHIP funds to expand Medicaid, exclusively.

*** "Aligned Medicaid and Separate SCHIP" indicates the number of states that have adopted a particular renewal simplification strategy and have applied the procedure to both their children's Medicaid program and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded expansion program.

┼ If the frequency of renewal is every 12 months, as opposed to six months or more frequently, the procedure is considered "simplified" for the purposes of this table.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

2. In Arizona, there is a Medicaid interview requirement, however it can be done by telephone. Twelve-month continuous eligibility only applies to the first 12 months of coverage in SCHIP.

3. In Arkansas, Minnesota and Tennessee, renewal procedures differ for families with children enrolled in Medicaid, depending on whether they are eligible under “regular” Medicaid or under expansions pursuant to Medicaid Section 1115 waivers or SCHIP-funded Medicaid expansions. In Arkansas, children who qualify under expansion rules receive 12 months of continuous eligibility, as opposed to a 12-month renewal period in “regular” Medicaid. In Minnesota, children who qualify under the state’s waiver program have eligibility reviewed every 12 months. In the “regular” Medicaid program, income reviews occur every 6 months and eligibility reviews every 12 months. Minnesota plans to implement a 6-month renewal period for its waiver program effective October 1, 2004. In Tennessee, there is an interview requirement in “regular” Medicaid, however it can be done by telephone. The 12-month renewal period in Tennessee is effective October 2004.

4. In Florida, children on Medicaid receive 12 months of continuous eligibility, effective August 12, 2004.

5. In Georgia, families with children on Medicaid and SCHIP receive different renewal forms. However, families that have their child’s Medicaid case maintained by the SCHIP office, as the result of a previous process, will continue to receive the same renewal form as families with children on SCHIP.

6. Maryland plans to implement a separate renewal form for its separate SCHIP program.

7. Mississippi has adopted legislation requiring a face-to-face interview at renewal for Medicaid and SCHIP and plans to implement in January 2005.

8. In New Jersey, families of children who receive Medicaid and SCHIP can renew coverage using a joint renewal form issued by the central SCHIP office. However, families that receive other benefits, such as TANF and food stamps, must renew their children’s Medicaid coverage through their county Medicaid office, using a separate form.

9. In New Mexico, families receive a notice instructing them to call to receive a renewal form.

10. In North Dakota, families with children enrolled in Medicaid must report their income monthly. A full review of eligibility is done annually.

11. In Oregon, the renewal period for pre-expansion Medicaid coverage is 12 months. The renewal period for Medicaid expansion coverage is 6 months.

12. In Virginia, children covered under SCHIP get 12 months of continuous coverage unless the family’s income exceeds the program’s income eligibility guideline or the family leaves the state. Families of children enrolled in SCHIP get a renewal form that is pre-printed with some of the information provided at initial application. Families of children enrolled in Medicaid receive the same form but it is not pre-printed.

13. In West Virginia, a simplified renewal form is used at every other SCHIP renewal. The joint application form printed in a different color is used for all other SCHIP and Medicaid renewals.

Table 8

Enrollment: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children
July 2004

	Program	Family Application✢	No Face-to-Face Interview	No Asset Test
Total	Aligned Medicaid for Children and Separate SCHIP *	28	45	45
	Total Medicaid for Parents (51)**		35	22
Alabama [1]	Medicaid for Children	Y		Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			Y
Alaska	Medicaid for Children		Y	Y
	Medicaid for Parents			
Arizona [2]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Arkansas [3]	Medicaid for Children		Y	Y
	Medicaid for Parents			
California [4]	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
	Expanded Medicaid for Parents		Y	
Colorado	Medicaid for Children	Y	Y	
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
Connecticut	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Delaware	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
District of Columbia	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Florida	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			
Georgia [4]	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
Hawaii	Medicaid for Children	Y	Y	Y
✢	Medicaid for Parents		Y	
✢	Expanded Medicaid for Parents		Y	
Idaho [4]	Medicaid for Children		Y	
	Separate SCHIP		Y	
	Medicaid for Parents		Y	
Illinois [5]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
✢	Medicaid for Parents		Y	Y
✢	Expanded Medicaid for Parents		Y	Y
Indiana [6]	Medicaid for Children		Y	Y

	Program	Family Application+	No Face-to-Face Interview	No Asset Test
	Separate SCHIP		Y	Y
	Medicaid for Parents			
Iowa[4/7]	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			
Kansas	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
Kentucky	Medicaid for Children	Y		Y
	Separate SCHIP			Y
	Medicaid for Parents			
Louisiana	Medicaid for Children		Y	Y
	Medicaid for Parents		Y	Y
Maine	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
	Expanded Medicaid for Parents		Y	
Maryland	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			
Massachusetts	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Michigan	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
Minnesota	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	
	Expanded Medicaid for Parents		Y	
Mississippi[8]	Medicaid for Children	Y		Y
	Separate SCHIP			Y
+ / –	Medicaid for Parents			Y
Missouri[9]	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
Montana	Medicaid for Children		Y	
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
Nebraska	Medicaid for Children		Y	Y
	Medicaid for Parents			
Nevada	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
New Hampshire	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			
New Jersey[10]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		**N/A**	**N/A**
New Mexico	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
New York[11]	Medicaid for Children	Y		Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			
–	Expanded Medicaid for Parents			
North Carolina[4]	Medicaid for Children		Y	Y

	Program	Family Application┼	No Face-to-Face Interview	No Asset Test
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
North Dakota	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
Ohio	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Oklahoma[4]	Medicaid for Children		Y	Y
	Medicaid for Parents		Y	Y
Oregon	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	
	Medicaid for Parents		Y	
	Expanded Medicaid for Parents		Y	
Pennsylvania[12]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
	Expanded Coverage for Parents		Y	Y
Rhode Island	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
South Carolina[4]	Medicaid for Children		Y	Y
	Medicaid for Parents		Y	Y
South Dakota	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
Tennessee	Medicaid for Children	Y		Y
	Medicaid for Parents			
	Expanded Medicaid for Parents			Y
Texas[13]	Medicaid for Children		Y	
	Separate SCHIP		Y	
	Medicaid for Parents			
Utah[14]	Medicaid for Children			
	Separate SCHIP			Y
	Medicaid for Parents			
	Expanded Medicaid for Parents		Y	Y
Vermont[15]	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
	Expanded Medicaid for Parents		Y	Y
Virginia	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y
Washington[16]	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	
	Expanded Coverage for Parents		Y	Y
West Virginia	Medicaid for Children		Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents			
Wisconsin	Medicaid for Children	Y	Y	Y
	Medicaid for Parents		Y	Y
	Expanded Medicaid for Parents		Y	Y
Wyoming	Medicaid for Children	Y	Y	Y
	Separate SCHIP		Y	Y
	Medicaid for Parents		Y	Y

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.

+ Indicates that a state has simplified one or more of its procedures for parents between April 2003 and July 2004.
– Indicates that a state has rescinded one or more simplified procedures for parents between April 2003 and July 2004.

* "Aligned Medicaid for Children and Separate SCHIP" indicates the number of states that have adopted a particular enrollment simplification strategy and have applied the procedure to both their children's Medicaid and their SCHIP-funded separate program. States that have used SCHIP funds to expand Medicaid exclusively, are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded Medicaid expansion program. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

** "Total Medicaid for Parents" indicates the number of states that have adopted a particular enrollment simplification strategy and have applied the procedure to both pre-expansion Medicaid for parents and expanded coverage for parents, if the state has expanded coverage for parents. All 50 states and the District of Columbia operate a Medicaid program for parents. Sixteen states and the District of Columbia have expanded Medicaid coverage for parents up to 100 percent of the federal poverty line or higher.

┼ This column indicates whether a single application can be used to apply for coverage for children and parents. In states with "family" applications, parents are not required to complete additional forms or provide additional information to obtain coverage for themselves.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. Alabama requires that families applying for Medicaid complete an interview, however the interview is usually done by phone. Some counties are piloting a mail-in process.

2. In Arizona, families who apply for Medicaid using the SCHIP paper or electronic application do not have to do a face-to-face interview.

3. The joint Medicaid/SCHIP application in Arkansas has a place for parents to indicate they are interested in health coverage for themselves. Parents are required to complete a separate Medicaid application.

4. In California, Georgia, Idaho, Iowa, North Carolina, Oklahoma and South Carolina the same application can be used to apply for coverage for children and parents. However, parents must complete additional forms or take additional steps (such as to provide information on assets or absent parents) prior to an eligibility determination for themselves.

5. Illinois expanded coverage for parents in September 2004.

6. In Indiana, parents may do a face-to-face or telephone interview.

7. In Iowa, a parent who is added to a case initiated with an SCHIP application does not have to do a face-to-face interview, however they would have to provide information on assets.

8. Mississippi has adopted legislation requiring a face-to-face interview for Medicaid and SCHIP and plans to implement in January 2005.

9. Missouri has eliminated the asset test for children's "regular" Medicaid. Children in the Medicaid expansion group are subject to a "net worth" test of $250,000.

10. New Jersey is no longer enrolling parents in its expanded Medicaid/SCHIP program, NJ Family Care, unless their incomes are below the state's income limit for welfare benefits. Parents already enrolled in the expanded NJ Family Care program may remain covered.

11. In New York, families may apply for health coverage for their children using one of two possible applications, one of which can also be used to apply for parents. A contact with a community-based "facilitated enroller" will meet the Medicaid face-to-face interview requirement. An asset test will be implemented in the expanded Medicaid coverage for parents on October 1, 2004.

12. Pennsylvania uses Medicaid and SCHIP applications that solicit "common data elements" in collecting information for Medicaid and SCHIP, thus making Medicaid and SCHIP applications interchangeable. Pennsylvania's expanded coverage for parents is state-funded.

13. In Texas, the SCHIP asset test applies only to families with income above 150 percent of the federal poverty line. It was implemented in August 2004.

14. In Utah, an interview is required for Medicaid and SCHIP, though families are permitted to do the interview by phone. Utah counts assets in determining Medicaid eligibility for children age 6 and older. Families that use the SCHIP application, but are found to be Medicaid-eligible, must complete a Medicaid addendum or provide asset information over the phone. The SCHIP application is only available during SCHIP open enrollment periods. Parents covered under the expansion program, Primary Care Network, are required to participate in a program orientation.

15. In Vermont, families may apply for health coverage for their children using one of two possible applications, one of which can also be used to apply for parents.

16. In Washington, expanded coverage for parents is state-funded.

Table 9

Renewal: Selected Simplified Procedures in Medicaid for Parents, with Comparisons to Children
July 2004

	Program	Frequency┼ (months)	No Face-to-Face Interview
Total	Aligned Medicaid for Children and Separate SCHIP *	40	48
	Total Medicaid for Parents (51)**	37	42
Alabama	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Alaska	Medicaid for Children	6	Y
	Medicaid for Parents	6	Y
Arizona[1]	Medicaid for Children	12	
	Separate SCHIP	12	Y
	Medicaid for Parents	12	
	Expanded Medicaid for Parents	12	Y
Arkansas	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
California	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Colorado	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Connecticut	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Delaware	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
District of Columbia	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Florida[2]	Medicaid for Children	12	Y
	Separate SCHIP	6	Y
	Medicaid for Parents	12	Y
Georgia	Medicaid for Children	6	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	6	Y
Hawaii	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Idaho	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Illinois[3]	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Indiana[4]	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	
Iowa	Medicaid for Children	12	Y

	Program	Frequency┼ (months)	No Face-to-Face Interview
	Separate SCHIP	12	Y
	Medicaid for Parents	12	
Kansas	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Kentucky	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	
Louisiana	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
Maine	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Maryland	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Massachusetts	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Michigan	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Minnesota[5]	Medicaid for Children	6	Y
	Medicaid for Parents	6	Y
	Expanded Medicaid for Parents	12	Y
Mississippi[6]	Medicaid for Children	12	
	Separate SCHIP	12	
	Medicaid for Parents	12	
Missouri	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Montana	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Nebraska[7]	Medicaid for Children	6	Y
	Medicaid for Parents	3	Y
Nevada	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
New Hampshire	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	
New Jersey	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
New Mexico	Medicaid for Children	6	Y
	Medicaid for Parents	6	Y
New York	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
North Carolina	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	6	Y
North Dakota[9]	Medicaid for Children	1	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	1	Y

	Program	Frequency┼ (months)	No Face-to-Face Interview
Ohio	Medicaid for Children	12	Y
	Medicaid for Parents	6	Y
	Expanded Medicaid for Parents	6	Y
Oklahoma	Medicaid for Children	6	Y
	Medicaid for Parents	6	Y
Oregon[9]	Medicaid for Children	6/12	Y
	Separate SCHIP	6	Y
	Medicaid for Parents	6/12	Y
	Expanded Medicaid for Parents	6	Y
Pennsylvania[10]	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
	Expanded Coverage for Parents	12	Y
Rhode Island	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
South Carolina	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
South Dakota	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Tennessee[5]	Medicaid for Children	12	
+	Medicaid for Parents	12	
	Expanded Medicaid for Parents	12	
Texas	Medicaid for Children	6	Y
	Separate SCHIP	6	Y
	Medicaid for Parents	6	
Utah[11]	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	4-12	Y
	Expanded Medicaid for Parents	12	Y
Vermont	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	6	Y
	Expanded Medicaid for Parents	6	Y
Virginia	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y
Washington[10]	Medicaid for Children	6	Y
	Separate SCHIP	6	Y
−	Medicaid for Parents	6	Y
	Expanded Coverage for Parents	12	Y
West Virginia	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	
Wisconsin	Medicaid for Children	12	Y
	Medicaid for Parents	12	Y
	Expanded Medicaid for Parents	12	Y
Wyoming	Medicaid for Children	12	Y
	Separate SCHIP	12	Y
	Medicaid for Parents	12	Y

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004.

+ Indicates that a state has simplified one or more of its procedures for parents between April 2003 and July 2004.
− Indicates that a state has rescinded one or more simplified procedures for parents between April 2003 and July 2004.

* "Aligned Medicaid for Children and Separate SCHIP" indicates the number of states that have adopted a particular renewal simplification strategy and have applied the procedure to both their children's Medicaid and their SCHIP-funded separate program. States that have used

SCHIP funds to expand Medicaid exclusively, are considered "aligned" if the simplified procedure applies to children in the "regular" Medicaid program and the SCHIP-funded Medicaid expansion program. "Regular" Medicaid refers to coverage under Medicaid eligibility standards for children in place prior to SCHIP; states receive "regular" Medicaid matching payments as opposed to enhanced SCHIP matching payments for these children.

** "Total Medicaid for Parents" indicates the number of states that have adopted a particular renewal simplification strategy and have applied the procedure to both pre-expansion Medicaid for parents and expanded coverage for parents, if the state has expanded coverage for parents. All 50 states and the District of Columbia operate a Medicaid program for parents. Sixteen states and the District of Columbia have expanded Medicaid coverage for parents.

┼ If the frequency of renewal is every 12 months, as opposed to six months or more frequently, the procedure is considered "simplified" for the purposes of this table.

Table presents rules in effect as of July 2004, unless noted otherwise.

1. In Arizona, the required Medicaid interview can be done by telephone.

2. In Florida, children on Medicaid receive 12 months of continuous eligibility, effective August 12, 2004. Parents who are enrolled in Medicaid, and who do not receive other benefits such as food stamps or TANF, have a 12-month renewal period. Interviews are now only required for parent cases that the Department believes to be prone to error or fraud.

3. Illinois expanded coverage for parents in September 2004.

4. In Indiana, the required Medicaid interview can be done by telephone.

5. In Minnesota and Tennessee renewal procedures differ for families with children enrolled in Medicaid, depending on whether they are enrolled under pre-expansion Medicaid or under Medicaid Section 1115 waiver expansions or SCHIP-funded Medicaid expansions. In Minnesota, children and parents who qualify under waiver programs have eligibility renewed every 12 months. In the "regular" Medicaid program, income reviews occur every six months and eligibility reviews every 12 months. In Minnesota, the same renewal form is used for the 12 month renewal for families receiving pre-expansion Medicaid or the expansion coverage. Minnesota plans to implement 6-month renewals in its waiver program in October 2004. In Tennessee, there is an interview requirement in "regular" Medicaid, however it can be done by telephone. The Medicaid 12-month renewal period in Tennessee is effective October 2004.

6. Mississippi has adopted legislation requiring a face-to-face interview at renewal for Medicaid and SCHIP and plans to implement in January 2005.

7. In Nebraska, parents enrolled in Medicaid must report their income every 3 months. A full review of eligibility is done every 6 months.

8. In North Dakota, children and parents enrolled in Medicaid must report their income monthly. A full review of eligibility is done annually.

9. In Oregon, the eligibility period for pre-expansion Medicaid is 12 months. The eligibility period for Section 1115 waiver coverage is 6 months. Cases maintained at the central office do not require interviews; however, local offices may require interviews.

10. In Pennsylvania and Washington, expansion coverage for parents is through a state-funded program. In Washington, eligibility for the state-funded expansion program is reviewed every 12 months, unless the family's income information is not available in other state databases. If the information is not available in other state databases, eligibility is reviewed more frequently.

11. In Utah, renewal periods for parent coverage vary from 4 months to 12 months, based on the stability of the income. More frequent renewals are required if income fluctuates.

Table 10A

Premium Payments for Two Children in a Family of Three at Selected Income Levels[1]

July 2004

	Increase or decrease[2]	Frequency of payment	Income Level at which State begins Requiring Premiums (FPL)	Amount at 101% of the Federal Poverty Line ($15,670)	Amount at 151% of the Federal Poverty Line ($23,662)	Amount at 200% of the Federal Poverty Line ($31,340)
Total	16 - Increase 1- Decrease	33	N/A	11	25	26
Alabama[3]	Increase	Annually	101	$100	$200	$200
Alaska		None	—		—	—
Arizona	Increase	Monthly	101	$15	$30	$35
Arkansas		None	—	—	—	—
California[4]		Monthly	101	$8/$14	$12/$18	$12/$18
Colorado[3]		Annually	151	$0	$35	N/A
Connecticut[5]	Increase	Monthly	235 ($50)	$0	$0	$0
Delaware		Monthly	101	$10	$15	$25
Dist. of Columbia		None	—	—	—	—
Florida	Increase	Monthly	101	$15	$15	$20
Georgia[6]	Increase	Monthly	101	$15	$40	$56
Hawaii		None	—	—	—	—
Idaho		Monthly	151	$0	$30	N/A
Illinois		Monthly	151	$0	$25	$25
Indiana		Monthly	150	$0	$16.50	$24.75
Iowa		Monthly	151	$0	$20	$20
Kansas	Decrease	Monthly	151	$0	$20	$30
Kentucky	Increase	Monthly	151	$0	$20	$20
Louisiana		None	—	—	—	—
Maine		Monthly	151	$0	$10	$40
Maryland[7]	Increase	Monthly	201 ($41)	$0	$0	$0
Massachusetts	Increase	Monthly	101	$15	$24	$24
Michigan		Monthly	151	$0	$5	$5
***Minnesota*[8]**	Increase	Monthly	151	$0	$57	$120
Mississippi		None	—	—	—	—
Missouri	Increase	Monthly	225 ($122)	$0	$0	$0
Montana		None	—	—	N/A	N/A
Nebraska		None	—	—	—	N/A
Nevada	Increase	Quarterly	101	$15	$35	$70
New Hampshire		Monthly	186	$0	$0	$50
New Jersey	Increase	Monthly	150	$0	$17	$34
New Mexico		None	—	—	—	—
New York		Monthly	160	$0	$0	$18
North Carolina[3]		Annually	151	$0	$100	$100
North Dakota		None	—	—	N/A	N/A
Ohio		None	—	—	—	—
Oklahoma		None	—	—	—	—
Oregon		None	—	—	—	N/A
Pennsylvania[9]		Monthly	201 ($60-$138)	$0	$0	$0
Rhode Island		Monthly	150	$0	$61	$77
South Carolina		None	—	—	N/A	N/A
South Dakota		None	—	—	—	—
***Tennessee*[10]**		Monthly	101	$40	$70	$250
Texas	Increase	Monthly	101	$15	$20	$25
Utah		Quarterly	101	$13	$25	$25
Vermont	Increase	Monthly	185	$0	$0	$25
Virginia		None	—	—	—	—
Washington	Increase	Monthly	201 ($30)	$0	$0	$0
West Virginia		None	—	—	—	—
***Wisconsin*[11]**	Increase	Monthly	151	$0	$75	$125
Wyoming		None	—	—	—	N/A

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 10A

1. Federal Medicaid law prohibits states from requiring premiums for children, unless a federal waiver has been obtained by the state. States in *italics* require the premiums noted in their children's Medicaid programs per waivers. The figures noted for the waiver programs in Rhode Island, Tennessee, and Wisconsin may include coverage for parents. Premiums in waiver states may also include parents. All other states require the premiums noted in their separate SCHIP programs. A dash (—) indicates that no premiums are required in the program; $0 indicates that no premium is required at this income level; "N/A" indicates that coverage is not available at this income level.

2. "Increase" indicates that the state has added a premium, increased premiums at the income levels noted or lowered the income level at which premiums are required. "Decrease" indicates that the state has decreased premiums.

3. Alabama, Colorado and North Carolina charge annual fees rather than monthly premiums.

4. In California, premiums vary based on whether the family uses the discounted community provider health plan.

5. During the survey period (April 2003-July 2004), Connecticut charged premiums for children in families with income between 185 and 235 percent of the federal poverty line and increased premiums for families with income above 235 percent of the federal poverty line; however, these changes were eliminated before the end of that period.

6. In Georgia, premiums are required only of families with children age 6 and older.

7. During our survey period (April 2003-July 2004), Maryland charged premiums for children in families with income between 185 and 200 percent of the federal poverty line; however, these premiums were eliminated before the end of that period. Maryland increased premiums for families with income above 200 percent of the federal poverty line.

8. In Minnesota, the figures noted above are approximate.

9. In Pennsylvania, the premium varies by health plan.

10. In Tennessee, recipients may have income up to 200 percent of the federal poverty line.

11. In Wisconsin, recipients may have income up to 200 percent of the federal poverty line.

Table 10B

Effective Annual Premium Payments for Two Children in a Family of Three at Selected Income Levels[1] July 2004

	Effective Annual Amount at 101% of the Federal Poverty Line ($15,670)	Effective Annual Amount at 151% of the Federal Poverty Line ($23,662)	Effective Annual Amount at 200% of the Federal Poverty Line ($31,340)
Total	N/A	N/A	N/A
Alabama	$100	$200	$200
Alaska	—	—	—
Arizona	$180	$360	$420
Arkansas	—	—	—
California[2]	$96/$168	$144/$216	$144/$216
Colorado	$0	$35	N/A
Connecticut	$0	$0	$0
Delaware	$120	$180	$300
Dist. of Columbia	—	—	—
Florida	$180	$180	$240
Georgia[3]	$180	$480	$672
Hawaii	—	—	—
Idaho	$0	$360	N/A
Illinois	$0	$300	$300
Indiana	$0	$198	$297
Iowa	$0	$240	$240
Kansas	$0	$240	$360
Kentucky	$0	$240	$240
Louisiana	—	—	—
Maine	$0	$120	$480
Maryland	$0	$0	$0
Massachusetts	$180	$288	$288
Michigan	$0	$60	$60
Minnesota[4]	$0	$684	$1440
Mississippi	—	—	—
Missouri	$0	$0	$0
Montana	—	N/A	N/A
Nebraska	—	—	N/A
Nevada	$180	$140	$280
New Hampshire	$0	$0	$600
New Jersey	$0	$204	$408
New Mexico	—	—	—
New York	$0	$0	$216
North Carolina	$0	$100	$100
North Dakota	—	N/A	N/A
Ohio	—	—	—
Oklahoma	—	—	—
Oregon	—	—	N/A
Pennsylvania	$0	$0	$0
Rhode Island	$0	$732	$924
South Carolina	—	N/A	N/A
South Dakota	—	—	—
Tennessee[5]	$480	$840	$3000
Texas	$180	$240	$300
Utah	$52	$100	$100
Vermont	$0	$0	$300
Virginia	—	—	—
Washington	$0	$0	$360
West Virginia	—	—	—
Wisconsin[6]	$0	$900	$1500
Wyoming	—	N/A	N/A

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 10B

1. Federal Medicaid law prohibits states from requiring premiums for children, unless a federal waiver has been obtained by the state. States in *italics* require the premiums noted in their children's Medicaid programs per waivers. Premiums in waiver states may also include parents. All other states require the premiums noted in their separate SCHIP programs. A dash (—) indicates that no premiums are required in the program; $0 indicates that no premium is required at this income level; "N/A" indicates that coverage is not available at this income level.

2. In California, premiums vary based on whether the family uses the discounted community provider health plan.

3. In Georgia, premiums are required only of families with children age 6 and older.

4. The figures noted for Minnesota are approximate.

5. In Tennessee, recipients may have income up to 200 percent of the federal poverty line.

6. In Wisconsin, recipients may have income up to 200 percent of the federal poverty line.

Table 11
Co-payments for Specific Services in Children's Health Coverage Programs at Selected Income Levels[1]
July 2004

	Family Income is 151% of the Federal Poverty Line			Family Income is 200% of the Federal Poverty Line		
	Non-preventive Physician Visit	Emergency Room Visit	Inpatient Hospital Visit	Non-preventive Physician Visit	Emergency Room Visit	Inpatient Hospital Visit
Total	15	11	7	17	11	8
Alabama[2/3]	$5	$15	$10	$5	$15	$10
Alaska[2]	$0	$0	$0	$0	$0	$0
Arizona[3]	$0	$0	$0	$0	$0	$0
Arkansas	$10	$10	20% of the reimbursement rate for first day	$10	$10	20% of the reimbursement rate for first day
California[4]	$5	$5	$0	$5	$5	$0
Colorado	$5	$15	$0	N/A	N/A	N/A
Connecticut[3/4]	$0	$0	$0	$5	$0	$0
Delaware[3]	$0	$0	$0	$0	$0	$0
District of Columbia	$0	$0	$0	$0	$0	$0
Florida[3/5]	$5	$0	$0	$5	$0	$0
Georgia	$0	$0	$0	$0	$0	$0
Hawaii	$0	$0	$0	$0	$0	$0
Idaho	$0	$0	$0	N/A	N/A	N/A
Illinois[3]	$5	$0	$0	$5	$0	$0
Indiana	$0	$0	$0	$0	$0	$0
Iowa[3]	$0	$0	$0	$0	$0	$0
Kansas	$0	$0	$0	$0	$0	$0
Kentucky[2]	$0	$0	$0	$0	$0	$0
Louisiana	$0	$0	$0	$0	$0	$0
Maine	$0	$0	$0	$0	$0	$0
Maryland	$0	$0	$0	$0	$0	$0
Massachusetts[3]	$0	$0	$0	$0	$0	$0
Michigan	$0	$0	$0	$0	$0	$0
Minnesota	$0	$0	$0	$0	$0	$0
Mississippi	$5	$15	$0	$5	$15	$0
Missouri	$0	$0	$0	$5	$0	$0
Montana	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	$0	$0	$0	N/A	N/A	N/A
Nevada	$0	$0	$0	$0	$0	$0
New Hampshire[4]	$0	$0	$0	$10	$50	$0
New Jersey	$5	$10	$0	$5	$35	$0
New Mexico	$0	$0	$0	$5	$15	$25
New York	$0	$0	$0	$0	$0	$0
North Carolina[3]	$5	$0	$0	$5	$0	$0
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	$0	$0	$0	$0	$0	$0
Oklahoma	$0	$0	$0	N/A	N/A	N/A
Oregon	$0	$0	$0	N/A	N/A	N/A
Pennsylvania	$0	$0	$0	$0	$0	$0
Rhode Island	$0	$0	$0	$0	$0	$0
South Carolina[6]	N/A	N/A	N/A	N/A	N/A	N/A
South Dakota	$0	$0	$0	$0	$0	$0
Tennessee[4]	$5	$25	$100	$10	$50	$200
Texas	$7	$50	$50	$10	$50	$100
Utah	$15	$35	10% of daily reimbursement rate	$15	$35	10% of daily reimbursement rate
Vermont	$0	$0	$0	$0	$0	$0
Virginia[3]	$5	$0	$25	$5	$0	$25
Washington	$0	$0	$0	$0	$0	$0
West Virginia[4]	$15	$35	$25	$15	$35	$25
Wisconsin	$0	$0	$0	$0	$0	$0
Wyoming[4]	$5	$5	$0	N/A	N/A	N/A

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 11

+ Indicates that a state has reduced the co-payment for one or more services between April 2003 and July 2004.
– Indicates that a state has increased the co-payment for one or more services between April 2003 and July 2004.

1. Federal Medicaid law prohibits states from requiring co-payments for children, unless a federal waiver has been obtained by the state. States in *italics* require the co-payments in their children's Medicaid programs per waivers. All other states charge the co-payments in their separate SCHIP programs. No co-payments are required of Alaska Native or American Indian children. "N/A" indicates that the state does not provide coverage at this income level.

2. Some states charge 18-year-olds the same co-payments as adults. In Alabama, 18-year-olds are subject to the $1 non-preventive physician visit co-payment for adults as well as the $50 co-payment for in-patient care. In Alaska, 18-year-olds are subject to the co-payment of $50 a day for the first four days of an inpatient stay for adults as well as the $3 co-payment for non-preventive physician visits for adults. In Kentucky, 18-year-olds are subject to the $2 co-payment for non-preventive physician visits for adults.

3. In the states noted, the co-payments for emergency room use in non-emergency situations are higher than noted in the table. They are as follows: In Alabama, $20; In Arizona, $5; in Connecticut, $25, in Delaware and Florida, $10; in Illinois, $2 for families with income between 133 and 150 percent of the federal poverty line and $25 for families with income above 150 percent of the federal poverty line; in Iowa, $25 for families with income above 150 percent of the federal poverty line; in Massachusetts, $3; in North Carolina, $20 for families with income above 150 percent of the federal poverty line; in Virginia, $25 .

4. In California, Connecticut, New Hampshire, Tennessee, West Virginia and Wyoming, the co-payment for emergency room use is waived if the child is admitted to the hospital. In California, no coverage is provided if the services received are not for an emergency condition.

5. In Florida, co-payments apply only to children age 5 and older.

6. In South Carolina, infants are eligible up to 185 percent of the federal poverty line; however, no co-payments are required of this coverage group.

Table 12

Co-payments for Specific Services in Health Coverage Programs for Parents
July 2004

	Cost-sharing Applies for Parents in a Family of 3 at or Below the following Monthly Income Limits	Inpatient Hospital (Per admission unless otherwise noted)	Emergency Room Visit
Total	N/A	25	9
Alabama[1]	$254	$50	$0
Alaska	$1,317	$50 per day for first four days	$0
Arizona[2]	$2,612	$0	$0
Arkansas	$255	10 percent of reimbursement rate for first day	$0
California	$1,396	$0	$0
Colorado	$511	$15	$0
Connecticut	$1,396	$0	$0
Delaware	$1,528	$0	$0
District of Columbia	$2,612	$0	$0
Florida[1]	$806	$3	$0
Georgia	$756	$12.50	$0
Hawaii	$1,502	$0	$0
Idaho	$407	$0	$0
Illinois	$1,827	$3 per day	$0
Indiana[1]	$378	$0	$0
Iowa	$1,065	$0	$0
Kansas	$493	$48	$0
Kentucky	$909	$0	$0
Louisiana	$264	$0	$0
Maine	$2,049	$3 per day	$0
Maryland	$524	$0	$0
Massachusetts[1] –	$1,737	$3	$0
Michigan	$774	$0	$0
Minnesota[3] –	$3,591	10% of cost	$0
Mississippi	$458	$10	$0
Missouri[4]	$1,070	$10	$3/$10
Montana[5]	$855	$100	$0
Nebraska	$726	$0	$0
Nevada	$1,133	$0	$0
New Hampshire	$781	$0	$0
New Jersey[6]	$533	$0	$0/$35
New Mexico	$903	$0	$0
New York –	$1,959	$25 per discharge	$3
North Carolina	$750	$3 per day	$0
North Dakota –	$904	$75	$6
Ohio	$1,306	$0	$0
Oklahoma	$591	$3 per day	$0
Oregon +	$1,306	$0	$0
Pennsylvania[7]	$2,612	$3 per day (maximum of $21)/$0	$0/$25
Rhode Island	$2,506	$0	$0
South Carolina[1] –	$1,270	$25	$0
South Dakota[8]	$796	$0	$0
Tennessee[9]	$1,306	$100 or $200	$25 or $50
Texas	$432	$0	$0
Utah[10]	$1,949	$220/no coverage	$0/$30
Vermont[11]	$2,506	$50	$0/$25
Virginia	$466	$100	$0
Washington[12] –	$2,612	$0/$100 plus 20 percent coinsurance	$0/20% coinsurance
West Virginia	$499	$0	$0
Wisconsin	$2,506	$0	$0
Wyoming[13]	$790	$0	$0

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 12

+ Indicates that a state has reduced the co-payment for one or more services between April 2003 and July 2004.
– Indicates that a state has increased the co-payment for one or more services between April 2003 and July 2004.

1. In Alabama, Indiana and Massachusetts and South Carolina, there is a $3 co-payment for emergency room visits for non-emergency situations. In Florida, there is a co-insurance of 5 percent up to the first $300 of cost (maximum is $15). In some cases, this co-payment is for outpatient hospital care.

2. In Arizona, there is a $5 co-payment for emergency room visits for non-emergency situations.

3. In Minnesota, there is a $6 co-payment for non-emergency use of the emergency room for parents under "regular" Medicaid. The inpatient hospital co-insurance noted in the table applies only to parents eligible under the Section 1115 waiver expansion. There is an annual limit of $1,000 per adult or $3,000 per family.

4. In Missouri, parents covered under the expansion program are charged $10 per emergency room visit. Parents covered under Section 1931 are charged $2 per emergency room visit, plus $1 for emergency room physician services.

5. Montana, there is a $5 co-payment for emergency room visits for non-emergency situations.

6. In New Jersey, there is no cost-sharing required of parents covered under Section 1931 (Medicaid). Parents whose income is above 150 percent of the federal poverty line must pay a co-payment of $35 for emergency room visits.

7. In Pennsylvania, co-payments for parents vary based on whether they are covered under Medicaid or the state-funded expansion program. The first amount shown in the table applies to Medicaid. The second amount shown applies to the state-funded program. The co-payment for emergency room use under the state-funded program is waived if the parent is admitted.

8. In South Dakota, cost-sharing for outpatient hospital services not billed as emergencies is five percent of the allowable Medicaid reimbursement up to a maximum of $50.

9. In Tennessee, co-payments apply only to parents in the state's Section 1115 waiver expansion, not to parents under "regular" Medicaid. The first co-payments noted apply to families with income between 100 and 199 percent of the federal poverty line. The second amounts noted apply to families with income of 200 percent of the federal poverty line or higher. The co-payments for emergency room visits are waived if the patient is admitted to the hospital.

10. In Utah, there is a $6 co-payment for emergency room visits for non-emergency situations for parents covered under Section 1931. Parents and childless adults covered under the state's waiver program, the Primary Care Network Program, must pay a $30 co-payment for each emergency room visit. Parents covered under Section 1931 must pay a $220 co-payment for each non-emergency inpatient admission. Inpatient admissions are not covered by the Primary Care Network Program.

11. In Vermont, the co-payment for emergency room visits depends on whether the parent is covered under pre-expansion Medicaid or the expanded coverage for parents. There is no co-payment for parents covered under pre-expansion Medicaid. Parents covered under expanded Medicaid must pay $25 for emergency room visits. The co-payment for these parents is $60 if the emergency room was used for a non-emergency situation.

12. In Washington, the first amounts listed are for Section 1931 and the second amount applies to the state-funded program for parents. The co-payment for emergency room care is waived if the patient is admitted to the hospital. An annual deductible applies to in-patient and emergency room care. There is a $300 maximum facility charge per admittance for in-patient care.

13. In Wyoming, there is a $6 co-payment for emergency room visits in non-emergency situations.

Table 13

Co-payments for Prescriptions in Children's Health Coverage Programs[1]
July 2004

	Prescription Co-payment for Children
Total	21
Alabama[2 /5]	$1.00 or $2.00 (generic) $3.00 or $5.00 (preferred brand name) $5.00 or $10.00 (non-preferred brand name)
Alaska[2]	$0
Arizona	$0
Arkansas[3]	$5.00
California	$5.00
Colorado[5]	$1.00 or $3.00 (generic) $1.00 or $5.00 (brand name)
Connecticut	$3.00 (generic) $6.00 (brand name and formularies)
Delaware	$0
District of Columbia	$0
Florida[4]	$5.00
Georgia	$0
Hawaii	$0
Idaho	$0
Illinois[5]	$2.00 or $3.00 (generic) $2.00 or $5.00 (brand name)
Indiana	$3.00 (generic) $10.00 (brand name)
Iowa	$0
Kansas	$0
Kentucky[2]	$0
Louisiana	$0
Maine	$0
Maryland	$0
Massachusetts	$0
Michigan	$0
Minnesota	$0
Mississippi	$0
Missouri[6]	$9.00
Montana	$3.00 (generic) $5.00 (brand name)
Nebraska	$0
Nevada	$0
New Hampshire[7]	$5.00 (generic) $10.00 (brand name)
New Jersey[5]	$1.00 or $5.00 (generic) $5.00 or $10.00 (brand name)
New Mexico[8]	$2.00
New York	$0
North Carolina[5]	$1.00 (generic) $3.00 or $10.00 (brand name)
North Dakota	$2.00
Ohio	$0
Oklahoma	$0
Oregon	$0
Pennsylvania	$0
Rhode Island	$0
South Carolina	$0
South Dakota	$0
Tennessee[3]	$5.00 or $10.00
Texas[5]	$0 or $5.00 (generic) $3.00, $5.00 or $20.00 (brand name)
Utah[5]	$1.00 or $5.00 (approved list) $3.00 or 50 percent of cost (not on approved list)
Vermont	$0
Virginia[5]	$2.00 or $5.00
Washington	$0
West Virginia[5]	$0 (generic) $5.00 or $10.00 (brand name) $5.00 or $15.00 (preferred)
Wisconsin	$0
Wyoming	$3.00 (generic) $5.00 (brand name)

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 13

1. Federal Medicaid law prohibits co-payments from being required of children, unless a federal waiver permitting this has been obtained by the state. States in *italics* require the co-payments noted in their children's Medicaid programs per waivers. All other states require the co-payments noted in their separate SCHIP programs.

2. In Alabama, 18 year-olds are subject to the .50 to $3 Medicaid co-payment for adults. In Alaska, 18 year-olds are subject to the $2 Medicaid co-payment for adults. In Kentucky, 18 year-olds are subject to the $1 Medicaid co-payment for adults.

3. In Arkansas, the co-payment noted only applies to children covered under the state's Section 1115 expansion component. In Tennessee, the co-payments noted are required only of children covered under the state's Section 1115 expansion component. In Tennessee, families with income at or above 100 percent of the federal poverty line and below 200 percent of the federal poverty line pay $5 per prescription. Families with income at or above 200 percent of the federal poverty line pay $10 per prescription.

4. In Florida, co-payments apply only to children age 5 and older.

5. In **Alabama**, **Colorado**, **Illinois, New Jersey, North Carolina, Texas, Utah, Virginia** and **West Virginia**, the co-payment amounts for children depend on the family's income:

- In **Alabama**, families with children with income up to 150 percent of the federal poverty line pay $1 for generic prescriptions, $3 for preferred brand name prescriptions and $5 for non-preferred brand name prescriptions. Families with children with income above 150 percent pay $2 for generic prescriptions, $5 for preferred brand name prescriptions and $10 for non-preferred brand name prescriptions. Previously, no co-payment was required of families with income at or below 150 percent of the federal poverty line.
- In **Colorado**, families with income between 101 and 150 percent of the federal poverty line are subject to a $1 co-payment for all prescriptions. Families with income above 150 percent of the federal poverty line pay $3.00 for generic prescriptions and $5.00 for brand name prescriptions.
- In **Illinois**, families with children with income up to 150 percent of the federal poverty line pay $2 for all prescriptions. Families with children with income above 150 percent pay $3 for generic prescriptions and $5 for brand name prescriptions.
- In **New Jersey**, families with children with income between 150 and 200 percent of the federal poverty line pay $1 for generic prescriptions and $5 for brand name prescriptions. Families with children with income above 200 percent of the federal poverty line pay $5 for generic and brand name prescriptions and $10 for prescriptions for more than a 34 day supply of medication.
- In **North Carolina**, families with children with income up to 150 percent of the federal poverty line pay $1 for generic prescriptions and $3 for brand name prescriptions. Families with children with income above 150 percent pay $1 for generic prescriptions and $10 for brand name prescriptions. Previously, no co-payment was required of families with income below 150 percent of the federal poverty line.
- In **Texas**, families with income at or below 100 percent of the federal poverty line are required to pay $3 for brand name prescriptions. Families with income between 101 and 150 percent of the federal poverty line are required to pay $5 for brand name prescriptions. Families with income between 151 and 200 percent of the federal poverty line are required to pay $5 for generic prescriptions and $20 for brand name prescriptions.
- In **Utah**, families with income below 150 percent of the federal poverty line pay $1 for prescriptions on the approved list and $3 for prescriptions not on the approved list. Families with income above 150 percent of the federal poverty line pay $5 for prescriptions on the approved list and 50 percent of cost for prescriptions not on the approved list.
- In **Virginia**, families with income up to 150 percent of the federal poverty line pay $2 for prescriptions. Families with income above 150 percent of the federal poverty line pay $5 per prescription.
- In **West Virginia**, families with income below 150 percent of the federal poverty line pay $0 for generic prescriptions and $5 for brand name or preferred prescriptions. Families with income above 150 percent of the federal poverty line pay $0 for generic prescriptions, $10 for brand name prescriptions and $15 for preferred prescriptions.

6. In Missouri, the co-payment applies only to children in families with income between 226 and 300 percent of the federal poverty line.

7. In New Hampshire, brand name prescriptions for children are $5 if no generic version is available.

8. In New Mexico, the co-payment applies only to children in families with income above 185 percent of the federal poverty line.

Table 14

Co-payments for Prescriptions in Health Coverage Programs for Parents[1]
July 2004

	Prescription Co-payment for Parents
Total	38
Alabama	$.50-$3.00
Alaska	$2.00
Arizona	$0
Arkansas	$.50 -$3.00
California	$0
Colorado	$.75 (generic) $3.00 (brand name)
Connecticut	$0
Delaware	$0
District of Columbia	$0
Florida	$0
Georgia	$.50
Hawaii	$0
Idaho	$0
Illinois	$3.00 (brand name)
Indiana	$3.00
Iowa	$.50 - $3.00
Kansas	$3.00
Kentucky	$1.00
Louisiana	$.50-$3.00
Maine	$2.50
Maryland	$0
Massachusetts	$1 (generic) $3.00 (brand name)
Michigan	$1.00
Minnesota[1]	$1.00 (generic) $3.00 (brand name)/ $3.00
Mississippi	$1.00 (generic) $3.00 (brand name)
Missouri[2]	$0/$5.00
Montana	$1.00-$5.00
Nebraska	$2.00
Nevada	$0
New Hampshire	$1.00 (generic) $2.00 (brand name or compounded)
New Jersey[2]	$0/ $5.00, $10.00 (more than a 34 day supply)
New Mexico	$0
New York[2]	$.50 (generic) $2.00 (brand name)/$1.00 (generic) $3.00 (brand name)
North Carolina	$1.00 (generic) $3.00 (brand name)
North Dakota	$0 (generic) $3.00 (brand name)
Ohio	$3.00 for prescriptions not on preferred drug list
Oklahoma	$1.00-$2.00
Oregon[3]	$2.00 (generic) $3.00 (brand name)
Pennsylvania[2/4]	$.50/$0
Rhode Island	$0
South Carolina	$3.00
South Dakota	$2.00
Tennessee[5]	$0/$5.00 or $10.00
Texas	$0
Utah[2]	$2/$5.00 (generic and brand name on preferred list) 25 percent of cost (not on preferred list)
Vermont	$1.00-$3.00
Virginia	$1.00 (generic) $3.00 (brand)
Washington[2/4]	$0/$10.00 (generic) 50 percent of cost (brand name)
West Virginia	$.50-$2.00
Wisconsin[6]	$1.00 (generic) $3.00 (brand name)
Wyoming	$2.00

SOURCE: Based on a national survey conducted by the Center on Budget and Policy Priorities for the Kaiser Commission on Medicaid and the Uninsured, 2004. See notes on following page.

Notes for Table 14

1. In **Minnesota**, **Missouri, New Jersey, New York, Pennsylvania, Tennessee, Utah, Washington** and **Wisconsin,** the co-payment amounts vary depending on whether the parent is covered under pre-expansion Medicaid or the state's expanded coverage for parents. The first amount shown in the table is the amount for pre-expansion Medicaid. The second amount shown is for the Medicaid expansion program or, in the case of Pennsylvania and Washington, the state-funded separate program for parents. In Tennessee, parents covered under the expansion program with income at or above 100 percent of the federal poverty line and below 200 percent of the federal poverty line pay $5 for all prescriptions. Families with income at or above 200 percent of the federal poverty line pay $10 for all prescriptions. In Wisconsin, the co-payment only applies to parents covered under the waiver expansion with income at or above 150 percent of the federal poverty line.

2. In Oregon, the co-payments noted in only required of non-exempt Medicaid recipients. No prescription co-payment is required of parents eligible under waiver coverage.

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