

## State Children's Health Insurance Program (CHIP)

- CHIP is a joint federal-state program that provides health coverage to low-income, uninsured children with family incomes too high to qualify for Medicaid. In fiscal year (FY) 2015, CHIP covered 8.4 million children (MACPAC 2016a). Fiscal year 2015 CHIP spending totaled \$13.7 billion, 70.8 percent paid by the federal government and 29.2 percent by the states and territories (MACPAC 2016b).
- Congress enacted CHIP in 1997 and most recently extended federal CHIP funding through FY 2017 in the Medicare Access and CHIP Reauthorization Act of 2015 (P.L. 114-10).

### How Does CHIP Work?

CHIP gives states flexibility in designing their programs, determining which benefits are covered, and setting the level of premiums and cost sharing. Under CHIP, states can operate their programs as an expansion of Medicaid, a program entirely separate from Medicaid, or a combination of both approaches. As of December 2016:

- 10 states, including the District of Columbia, and 5 territories, run CHIP entirely as a Medicaid expansion;
- 2 states operate CHIP entirely as separate programs; and
- 39 states operate a combination program (Table 3).

### Benefits

States with Medicaid-expansion CHIP programs must provide enrollees with the full Medicaid benefit package, including Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, and must follow Medicaid cost-sharing rules. Separate CHIP programs provide comprehensive health care services subject to Secretary approval or based on a benchmark benefit package.

### Premiums and cost sharing

Separate CHIP programs may require premiums and cost sharing, such as copayments and deductibles (although not for preventive services), with a combined limit of 5 percent of income. As of January 2017:

- 17 states require monthly premiums averaging \$25 per child, ranging from \$9 to \$61, for families with incomes at 201 percent of the federal poverty level (FPL);
- 7 states require monthly premiums of \$18 per child on average, ranging from \$12 to \$40, for families at 151 percent FPL; and
- 24 separate CHIP programs require cost sharing for at least some covered services (Brooks et al. 2017).



States with Medicaid-expansion CHIP must follow Medicaid cost-sharing rules, which permit limited or no premiums and cost sharing.

## CHIP financing

CHIP is jointly financed by the states and the federal government. States receive an enhanced federal match for CHIP, subject to the cap on their allotment. States must contribute a state share to receive their federal funding allotment.

### Federal CHIP matching rate

- In FY 2017, CHIP matching rates ranged from 88 percent to 100 percent.
- In FY 2016 through 2019, the federal CHIP matching rate was increased by 23 percentage points, but not to exceed 100 percent (Table 1).
- Historically, the enhanced CHIP matching rate ranged from 65 percent to 81.5 percent.

### Federal CHIP allotments

- Federal CHIP funds are allotted to states based on their recent CHIP spending, adjusted annually to account for child population growth and medical inflation (Table 2).
- States have two years to spend each allotment, with unspent funds available for redistribution to other states that experience shortfalls.
- States that exhaust their CHIP allotments and have CHIP enrollment that exceeds a target level are also eligible for contingency fund payments. Under current law, these funds are available through FY 2017.

## Who is Enrolled in CHIP?

Overall, 8.4 million children were enrolled in CHIP-funded coverage at any point during FY 2015 (Table 3):

- 40.0 percent (3.4 million) were children age 0–18 in separate CHIP programs;
- 56.0 percent (4.7 million) were children in Medicaid-expansion CHIP programs; and
- 3.9 percent (0.3 million) were unborn children in separate CHIP programs.<sup>1</sup>

States may also provide CHIP-funded coverage to pregnant women. In FY 2015, states electing this option covered 4,200 pregnant women.<sup>2</sup>

### Enrollment by income

Income eligibility ranges from 170 percent FPL in North Dakota to 400 percent FPL in New York (Table 3). All but two states have upper income eligibility limits at or above 200 percent FPL, including:

- 23 states covering children with family income from 200 to 249 percent FPL and
- 25 states plus the District of Columbia covering children at or above 250 percent FPL.



As of FY 2013, 88.8 percent of children enrolled in CHIP coverage had family income at or below 200 percent FPL.<sup>3</sup>

## Other enrollee characteristics

Of the children likely to be enrolled in separate CHIP coverage:

- about 70 percent were age 6–17 in 2010–2012 (compared to 57 percent likely to be enrolled in Medicaid);
- almost 85 percent lived in households with one parent working at least 50 weeks of the past year (compared to 63 percent likely to be enrolled in Medicaid); and
- 21 percent resided in a non-urban area (compared to 27 percent likely to be enrolled in Medicaid).<sup>4</sup>

## Health status

Of children likely to be enrolled in CHIP, 24 percent reported having special health care needs (compared to a similar proportion of children likely enrolled in Medicaid and 19 percent of privately insured children). For example, of children likely to be enrolled in CHIP:

- 11.4 percent of those under age 17 reported having asthma;
- 9.6 percent of those age 3–17 reported having a learning disability; and
- 8.9 percent of those age 2–17 reported having ADD or ADHD.

The prevalence of these conditions was lower for privately insured children.<sup>5</sup>

## Health care use

Children who were likely to be enrolled in separate CHIP programs were more likely than those likely to be eligible for Medicaid to report using certain health care services. For example:

- 90 percent had a medical visit in the past 12 months (compared to 86 percent);
- 87 percent had a preventive medical visit in the past 12 months (compared to 83 percent);
- 21 percent had a specialist visit in the past 12 months (compared to 18 percent); and
- 71 percent had a vision screening in the past 2 years (compared to 59 percent).<sup>6</sup>



**TABLE 1.** Federal CHIP Matching Rates, FYs 2015–2017

State	E-FMAPs for CHIP		
	FY 2015 <sup>1</sup>	FY 2016 <sup>2</sup>	FY 2017 <sup>2</sup>
All states (median)	70.8%	93.8%	94.0%
Alabama	78.3%	100.0%	100.0%
Alaska	65.0%	88.0%	88.0%
Arizona	77.9%	100.0%	100.0%
Arkansas	79.6%	100.0%	100.0%
California	65.0%	88.0%	88.0%
Colorado	65.7%	88.5%	88.0%
Connecticut	65.0%	88.0%	88.0%
Delaware	67.5%	91.4%	90.9%
District of Columbia	79.0%	100.0%	100.0%
Florida	71.8%	95.5%	95.8%
Georgia	76.9%	100.0%	100.0%
Hawaii	66.6%	90.8%	91.5%
Idaho	80.2%	100.0%	100.0%
Illinois	65.5%	88.6%	88.9%
Indiana	76.6%	99.6%	99.7%
Iowa	68.9%	91.4%	92.7%
Kansas	69.6%	92.2%	92.4%
Kentucky	79.0%	100.0%	100.0%
Louisiana	73.4%	96.6%	96.6%
Maine	73.3%	96.9%	98.1%
Maryland	65.0%	88.0%	88.0%
Massachusetts	65.0%	88.0%	88.0%
Michigan	75.9%	98.9%	98.6%
Minnesota	65.0%	88.0%	88.0%
Mississippi	81.5%	100.0%	100.0%
Missouri	74.4%	97.3%	97.3%
Montana	76.1%	98.7%	98.9%
Nebraska	67.3%	88.8%	89.3%
Nevada	75.1%	98.5%	98.3%
New Hampshire	65.0%	88.0%	88.0%
New Jersey	65.0%	88.0%	88.0%
New Mexico	78.8%	100.0%	100.0%
New York	65.0%	88.0%	88.0%
North Carolina	76.1%	99.4%	99.8%



**TABLE 1.** (continued)

State	E-FMAPs for CHIP		
	FY 2015 <sup>1</sup>	FY 2016 <sup>2</sup>	FY 2017 <sup>2</sup>
North Dakota	65.0%	88.0%	88.0%
Ohio	73.9%	96.7%	96.6%
Oklahoma	73.6%	95.7%	95.0%
Oregon	74.8%	98.1%	98.1%
Pennsylvania	66.3%	89.4%	89.3%
Rhode Island	65.0%	88.3%	88.7%
South Carolina	79.5%	100.0%	100.0%
South Dakota	66.2%	89.1%	91.5%
Tennessee	75.5%	98.5%	98.5%
Texas	70.6%	93.0%	92.3%
Utah	79.4%	100.0%	100.0%
Vermont	67.8%	90.7%	91.1%
Virginia	65.0%	88.0%	88.0%
Washington	65.0%	88.0%	88.0%
West Virginia	80.0%	100.0%	100.0%
Wisconsin	70.8%	93.8%	94.0%
Wyoming	65.0%	88.0%	88.0%

**Notes:** FY is fiscal year. FMAP is federal medical assistance percentage. E-FMAP is enhanced FMAP. ACA is the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended). The E-FMAP determines the federal share of both service and administrative costs for CHIP, subject to the availability of funds from a state's federal allotments for CHIP.

Enhanced FMAPs for CHIP are calculated by reducing the state share under regular FMAPs for Medicaid by 30 percent. For additional information on Medicaid FMAPs, see <https://www.macpac.gov/subtopic/matching-rates/>.

E-FMAPs for the territories are not included. In FY 2015, all territories had an E-FMAP of 68.5 percent, and in FY 2016 and 2017, 91.5 percent.

<sup>1</sup> In FY 2015, states received the traditional CHIP E-FMAP.

<sup>2</sup> Under the ACA, beginning on October 1, 2015, and ending on September 30, 2019, the enhanced FMAPs are increased by 23 percentage points, not to exceed 100 percent, for all states.

**Sources:** Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services, ASPE FMAP reports for 2015, 2016, and 2017, <https://aspe.hhs.gov/basic-report/fy2017-federal-medical-assistance-percentages> (for FY 2017), <http://aspe.hhs.gov/health/reports/2015/FMAP2016/fmap16.cfm> (for FY 2016), <http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.pdf> (for FY 2015).



**TABLE 2:** Federal CHIP Allotments, FYs 2015–2017 (millions)

State	FY 2015 federal CHIP allotments	FY 2016 federal CHIP allotments <sup>1</sup>	FY 2017 federal CHIP allotments
Alabama	\$172.9	\$457.3	\$319.7
Alaska	23.9	20.4	32.6
Arizona	80.7	123.7	206.4
Arkansas	94.0	174.5	194.4
California	1,744.1	1,995.2	2,668.6
Colorado	157.5	228.3	254.4
Connecticut	48.1	61.9	77.4
Delaware	20.3	38.5	35.3
District of Columbia	20.7	25.6	42.5
Florida	566.0	595.0	686.6
Georgia	410.6	418.2	404.8
Hawaii	46.3	46.3	52.3
Idaho	66.2	66.4	82.9
Illinois	361.4	406.2	547.4
Indiana	162.9	165.7	191.1
Iowa	126.0	147.6	145.7
Kansas	85.1	112.2	124.7
Kentucky	171.9	232.0	268.2
Louisiana	180.1	238.9	358.8
Maine	27.4	32.3	35.7
Maryland	234.3	290.8	295.9
Massachusetts	413.8	535.8	671.3
Michigan <sup>2</sup>	118.6	592.6	264.8
Minnesota	41.1	98.6	115.2
Mississippi	226.2	246.7	316.8
Missouri	163.2	172.9	175.2
Montana	91.7	95.8	103.5
Nebraska	69.7	78.2	72.5
Nevada	43.1	63.3	70.0
New Hampshire	20.0	39.2	38.2
New Jersey	344.8	406.8	462.9
New Mexico	73.6	122.5	136.0
New York	972.8	1,074.6	1,233.5
North Carolina	395.0	448.2	479.5
North Dakota	21.0	21.2	21.9
Ohio	342.8	352.6	409.3
Oklahoma	173.1	189.2	249.0
Oregon	193.5	211.3	249.8



**TABLE 2.** (continued)

State	FY 2015 federal CHIP allotments	FY 2016 federal CHIP allotments <sup>1</sup>	FY 2017 federal CHIP allotments
Pennsylvania	371.1	365.1	527.3
Rhode Island	46.0	65.4	72.8
South Carolina	142.9	162.0	154.2
South Dakota	18.9	23.6	26.9
Tennessee	198.1	213.3	465.0
Texas	1,068.7	1,345.1	1,382.1
Utah	59.1	148.9	131.6
Vermont	15.6	29.3	30.2
Virginia	247.6	265.2	291.1
Washington	129.0	215.3	242.5
West Virginia	55.2	65.4	61.0
Wisconsin	221.2	225.8	224.5
Wyoming	11.4	10.9	12.6
<b>Subtotal</b>	<b>\$11,089.2</b>	<b>\$13,761.9</b>	<b>\$15,716.6</b>
American Samoa	1.7	2.1	2.9
Guam	5.9	8.0	26.6
N. Mariana Islands	1.2	1.0	6.7
Puerto Rico	183.2	179.8	192.5
Virgin Islands	5.0	5.3	6.9
<b>Total</b>	<b>\$11,286.1</b>	<b>\$13,958.3</b>	<b>\$15,952.1</b>

**Notes:** FY is fiscal year.

<sup>1</sup> Per statute, FY 2015 and FY 2016 federal CHIP allotments were both based on each state's prior-year federal CHIP spending. In addition, because a 23 percentage point increase in the CHIP matching rate went into effect in FY 2016, the FY 2016 allotments were calculated by increasing federal CHIP spending by each state in FY 2015 as if the 23 percentage point increase in the CHIP matching rate had been in effect in FY 2015. The FY 2016 allotment increase factor was then applied, which was approximately 5 percent for most states.

<sup>2</sup> In FY 2015, Michigan was poised to exhaust its federal CHIP allotments. As a result, the state requested and qualified for federal CHIP contingency funds totaling \$52.6 million (§ 2104(n) of the Social Security Act (the Act)). Because the contingency fund payment was insufficient to eliminate the state's shortfall, Michigan also qualified for \$61.5 million in redistribution funds (§ 2104(f) of the Act). The combination of contingency and redistribution funds eliminated the state's shortfall. The only other state to ever qualify for contingency funds was Iowa, in FY 2011, which did not then require redistribution funds.

**Source:** MACPAC, 2017, analysis of Medicaid and CHIP Budget Expenditure System (MBES/CBES) data as of May 4, 2017. Centers for Medicare & Medicaid Services, 2016, communication with MACPAC staff, December 8, 2016.



TABLE 3. CHIP Eligibility Levels (2016) and Enrollment (FY 2015) by State

State	Program type <sup>1</sup> (as of July 1, 2016)	Children in separate CHIP											
		Children in Medicaid-Expansion CHIP <sup>1</sup>				Separate CHIP: Age 0–18 <sup>2</sup>				Separate CHIP: Unborn		Total separate CHIP enrollment	Total CHIP-funded child enrollment <sup>4</sup>
		Infants <1 (% FPL)	Age 1–5 (% FPL)	Age 6–18 (% FPL)	Enrollment	Infants <1 (% FPL)	Age 1–5 (% FPL)	Age 6–18 (% FPL)	Enrollment	Eligibility <sup>3</sup>	Enrollment		
<b>Total</b>	–	–	–	–	<b>4,702,185</b>	–	–	–	<b>3,362,642</b>	–	<b>327,175</b>	<b>3,689,817</b>	<b>8,397,651</b>
Alabama	Combination	–	–	107–141	45,697	142–312	142–312	142–312	87,346	–	–	87,346	133,043
Alaska	Medicaid expansion	159–203	159–203	124–203	10,182	–	–	–	–	–	–	–	10,182
Arizona <sup>5</sup>	Combination	–	–	104–133	37,412	148–200	142–200	134–200	1,399	–	–	1,399	38,811
Arkansas	Combination	–	–	107–142	108,706	143–211	143–211	143–211	– <sup>6</sup>	209	3,365	3,365	112,071
California <sup>7,8</sup>	Combination	208–261	142–261	108–261	1,787,470	262–317	262–317	262–317	2,461	317	122,197	124,658	1,912,128
Colorado	Combination	–	–	108–142	23,687	143–260	143–260	143–260	62,446	–	–	62,446	86,133
Connecticut	Separate	–	–	–	–	197–318	197–318	197–318	24,884	–	–	24,884	24,884
Delaware	Combination	194–212	–	110–133	238	– <sup>9</sup>	143–212 <sup>9</sup>	134–212 <sup>9</sup>	16,141	–	–	16,141	16,379
District of Columbia	Medicaid expansion	206–319	146–319	112–319	10,676	–	–	–	–	–	–	–	10,676
Florida	Combination	192–206	–	112–133	134,708	– <sup>9</sup>	141–210 <sup>9</sup>	134–210 <sup>9</sup>	293,386	–	–	293,386	428,094
Georgia	Combination	–	–	113–133	53,906	206–247	150–247	134–247	176,909	–	–	176,909	230,815
Hawaii	Medicaid expansion	191–308	139–308	105–308	27,239	–	–	–	–	–	–	–	27,239
Idaho	Combination	–	–	107–133	8,937	143–185	143–185	134–185	25,576	–	–	25,576	34,513
Illinois	Combination	–	–	108–142	113,105	143–313	143–313	143–313	191,328	208	26,138	217,466	330,571
Indiana	Combination	157–208	141–158	106–158	69,462	209–250	159–250	159–250	31,098	–	–	31,098	100,560
Iowa	Combination	240–375	–	122–167	21,777	– <sup>9</sup>	168–302 <sup>9</sup>	168–302 <sup>9</sup>	60,880	–	–	60,880	82,657
Kansas	Combination	–	–	113–133	54	167–238	150–238	134–238	77,085	–	–	77,085	77,139
Kentucky	Combination	–	142–159	109–159	50,926	196–213	160–213	160–213	36,050	–	–	36,050	86,976
Louisiana	Combination	142–212	142–212	108–212	122,878	213–250	213–250	213–250	3,498	209	9,238	12,736	135,614
Maine	Combination	–	140–157	132–157	13,440	192–208	158–208	158–208	8,870	–	–	8,870	22,310
Maryland	Medicaid expansion	194–317	138–317	109–317	142,327	–	–	–	–	–	–	–	142,327
Massachusetts <sup>10</sup>	Combination	185–200	133–150	114–150	79,299	201–300	151–300	151–300	76,519	200	13,123	89,642	168,941
Michigan <sup>11</sup>	Combination	195–212	143–212	109–212	29,226	–	–	–	85,302	195	5,171	90,473	119,699
Minnesota	Combination	275–283 <sup>12</sup>	–	–	474	–	–	–	–	278	3,361	3,361	3,835
Mississippi	Combination	–	–	107–133	30,819	205–209	144–209	134–209	56,286	–	–	56,286	87,105
Missouri	Combination	–	148–150	110–150	38,600	197–300	151–300	151–300	39,744	300	– <sup>13</sup>	39,744	78,344
Montana	Combination	–	–	109–143	16,008	144–261	144–261	144–261	29,253	–	–	29,253	45,261
Nebraska	Combination	162–213	145–213	109–213	55,515	–	–	–	4,613 <sup>14</sup>	197	2,090	6,703	62,218



TABLE 3. (continued)

State	Program type <sup>1</sup> (as of July 1, 2016)	Children in separate CHIP											
		Children in Medicaid-Expansion CHIP <sup>1</sup>				Separate CHIP: Age 0–18 <sup>2</sup>				Separate CHIP: Unborn		Total separate CHIP enrollment	Total CHIP-funded child enrollment <sup>4</sup>
		Infants <1 (% FPL)	Age 1–5 (% FPL)	Age 6–18 (% FPL)	Enrollment	Infants <1 (% FPL)	Age 1–5 (% FPL)	Age 6–18 (% FPL)	Enrollment	Eligibility <sup>3</sup>	Enrollment		
Nevada	Combination	–	–	122–133	17,763	161–200	161–200	134–200	44,145	–	–	44,145	61,908
New Hampshire	Medicaid expansion	196–318	196–318	196–318	16,651	–	–	–	–	–	–	–	16,651
New Jersey	Combination	–	–	107–142	100,826	195–350	143–350	143–350	114,365	–	–	114,365	215,191
New Mexico	Medicaid expansion	200–300	200–300	138–240	17,155	–	–	–	40 <sup>14</sup>	–	–	40	17,195
New York	Combination	–	–	110–149	235,945	219–400	150–400	150–400	394,787	–	–	394,787	630,732
North Carolina	Combination	194–210	141–210	107–133	134,413	–	–	138–211	100,237	–	4 <sup>15</sup>	100,241	234,654
North Dakota	Combination	–	–	111–133	–	148–170	148–170	134–170	4,955	–	–	4,955	4,955
Ohio	Medicaid expansion	141–206	141–206	107–206	181,100	–	–	–	–	–	–	–	181,100
Oklahoma	Combination	169–205	151–205	115–205	174,167	–	–	–	208 <sup>16</sup>	205	16,483	16,691	190,858
Oregon <sup>17</sup>	Combination	133–185	–	100–133	–	186–300	134–300	134–300	115,726	185	6,143	121,869	121,869
Pennsylvania	Combination	–	–	119–133	64,638	216–314	158–314	134–314	229,704	–	–	229,704	294,342
Rhode Island	Combination	190–261	142–261	109–261	29,948	–	–	–	1376 <sup>14</sup>	253	– <sup>18</sup>	1,376	31,324
South Carolina	Medicaid expansion	194–208	143–208	107–208	98,336	–	–	–	–	–	–	–	98,336
South Dakota	Combination	177–182	177–182	124–182	12,441	183–204	183–204	183–204	3,775	–	–	3,775	16,216
Tennessee <sup>19</sup>	Combination	–	–	109–133	17,971	196–250	143–250	134–250	78,731	250	9,513	88,244	106,215
Texas	Combination	–	–	109–133	336,769	199–201	145–201	133–201	614,417	202	98,437	712,854	1,049,623
Utah	Combination	–	–	105–133	27,762	145–200	145–200	139–200	27,523	–	–	27,523	55,285
Vermont	Medicaid expansion	237–312	237–312	237–312	4,766	–	–	–	–	–	–	–	4,766
Virginia	Combination	–	–	109–143	86,551	144–200	144–200	144–200	102,815	–	–	102,815	189,366
Washington	Separate	–	–	–	–	211–312	211–312	211–312	37,883	193	8,154	46,037	46,037
West Virginia <sup>20</sup>	Combination	–	–	108–133	15,242	159–300	142–300	134–300	33,036	–	–	33,036	48,278
Wisconsin	Combination	–	–	101–151	96,973	– <sup>9</sup>	187–301 <sup>9</sup>	152–301 <sup>9</sup>	67,845	301	3,758	71,603	168,576
Wyoming <sup>21</sup>	Combination	–	–	119–133	– <sup>22</sup>	155–200	155–200	134–200	– <sup>22</sup>	–	–	– <sup>22</sup>	5,649



**TABLE 3. (continued)**

**Notes:** FY is fiscal year. FPL is federal poverty level. Enrollment numbers generally include individuals ever enrolled during the year, even if for a single month; however, in the event individuals were in multiple categories during the year (for example, in Medicaid for the first half of the year but separate CHIP for the second half), the individual would only be counted in the most recent category. Enrollment data shown in the table are as of July 2016, the most current enrollment data available; states may subsequently revise their current or historical data.

– Dash indicates that state does not use this eligibility pathway.

<sup>1</sup> Under CHIP, states have the option to use an expansion of Medicaid, separate CHIP, or a combination of both approaches. Ten states (including the District of Columbia) are Medicaid expansions and two states are separate CHIP only (Connecticut and Washington). There are combination programs in 39 states; among those, 11 consider themselves to have separate programs but are technically combinations due to the transition of children below 133 percent FPL from separate CHIP to Medicaid (Alabama, Arizona, Georgia, Kansas, Mississippi, Oregon, Pennsylvania, Texas, Utah, West Virginia, Wyoming). Medicaid-expansion CHIP eligibility ranges of 5 percentage points attributable to the mandatory 5 percent disregard are not shown. For states that have different CHIP-funded eligibility levels for children age 6–13 and age 14–18, this table shows only the levels for children age 6–13. For example, Oklahoma offers CHIP-funded Medicaid coverage to children age 6–14 with family income 115–205 percent FPL, and to 14- to 18-year-olds with family income 65–205 percent FPL. Tennessee offers CHIP-funded Medicaid coverage to children age 6–14 with family income from 109–133 percent FPL and 14–19 year olds with family income 29–133 percent FPL.

<sup>2</sup> CHIP eligibility levels as of July 2016.

<sup>3</sup> Separate CHIP eligibility for children birth through age 18 generally begins where Medicaid coverage ends (as shown in the previous columns). For unborn children, there is no lower bound for income eligibility if the mother is not eligible for Medicaid.

<sup>4</sup> Total exceeds the sum of Medicaid expansion and separate CHIP columns due to only total CHIP enrollment being reported for Wyoming.

<sup>5</sup> Arizona closed separate CHIP (KidsCare) to new enrollment in January 2010. The state reinstated the program on September 1, 2016.

<sup>6</sup> Although Arkansas transitioned its Medicaid-expansion CHIP to separate CHIP effective January 1, 2015, the state continued to report enrollment for children age 0–18 years under Medicaid-expansion CHIP.

<sup>7</sup> California has separate CHIP in three counties only that covers children up to 317 percent FPL.

<sup>8</sup> Due to reporting system updates, California CHIP enrollment totals are estimates as a result of the exclusion of certain unborn CHIP enrollees in reporting.

<sup>9</sup> Separate CHIP in Delaware, Florida, Iowa, and Wisconsin covers children age 1–18.

<sup>10</sup> Certain enrollees who should have been assigned to CHIP were assigned to Medicaid beginning in the second quarter of 2014, making FY 2015 totals artificially low.

<sup>11</sup> CHIP-funded Medicaid Michigan enrollees are included in Medicaid enrollment counts rather than in CHIP for FY 2015. Therefore, the CHIP enrollment totals are artificially low and the Medicaid enrollment totals are artificially high. Michigan transitioned its separate CHIP into Medicaid-expansion CHIP effective January 1, 2016.

<sup>12</sup> In Minnesota, only infants (defined by the state as being under age two) are eligible for Medicaid-expansion CHIP up to 283 percent FPL.

<sup>13</sup> Missouri began covering unborn children effective January 1, 2016, however the state has not reported enrollment for this coverage group.

<sup>14</sup> Separate CHIP enrollment figures in Nebraska, New Mexico, and Rhode Island are for the states' §2101(f) coverage group under the Patient Protection and Affordable Care Act. Section 2101(f) required that states provide separate CHIP coverage to children to who lost Medicaid eligibility (including through Medicaid-expansion CHIP) due to the elimination of income disregards under the modified adjusted gross income (MAGI) based methodologies. Children covered under §2101(f) remained eligible for such coverage until their next scheduled renewal or their 19th birthday, or until they moved out of state, requested removal from the program, or were deceased. Coverage under §2101(f) has now been phased out.



**TABLE 3. (continued)**

<sup>15</sup> North Carolina does not provide unborn children separate CHIP coverage. Errors in enrollment data reported are likely due to data quality issues.

<sup>16</sup> Separate CHIP enrollment in Oklahoma is for children enrolled in the state's premium assistance program.

<sup>17</sup> Certain Oregon enrollees who should have been assigned to CHIP were assigned to Medicaid-funded coverage for FY 2014 and FY 2015.

<sup>18</sup> Lack of enrollment for separate CHIP unborn coverage in Rhode Island is likely due to data quality issues.

<sup>19</sup> While Tennessee covers children with CHIP-funded Medicaid, enrollment is currently capped, except for children who roll over from traditional Medicaid.

<sup>20</sup> West Virginia's enrollment totals are artificially high because children who transitioned between CHIP and Medicaid are reported in both programs, rather than the program they were last enrolled.

<sup>21</sup> CMS's FY 2015 children's enrollment report considers these values to be estimates.

<sup>22</sup> Due to inconsistencies between the Statistical Enrollment Data System data and the Centers for Medicare & Medicaid Services' FY 2015 children's enrollment report, we do not report enrollment for Medicaid expansion and separate CHIP. We only report total CHIP enrollment as provided in CMS's FY 2015 children's enrollment report.

**Sources:** Personal communication with CMS staff on December 2, 2016 and December 9, 2016. For numbers of children: MACPAC, 2016, analysis of CHIP Statistical Enrollment Data System from Centers for Medicare & Medicaid Service as of July 1, 2016; MACPAC, 2016, *MACStats: Medicaid and CHIP Data Book, December 2016*, Washington, DC: MACPAC, <https://www.macpac.gov/publication/child-enrollment-in-chip-and-medicaid-by-state/>. For eligibility levels: MACPAC, 2016, *MACStats: Medicaid and CHIP Data Book, December 2016*, Washington, DC: MACPAC, <https://www.macpac.gov/publication/medicaid-and-chip-income-eligibility-levels-as-a-percentage-of-the-federal-poverty-level-for-children-and-pregnant-women-by-state/>.



## Endnotes

<sup>1</sup> Enrollment data include children who ever enrolled during the year. CMS notes that FY 2015 enrollment data are believed to be accurate; data reporting issues in FY 2015 may have impacted separate CHIP and Medicaid-expansion CHIP enrollment totals.

<sup>2</sup> MACPAC analysis of Statistical Enrollment Data System (SEDS). Data reported are for pregnant women ever enrolled during FY 2015.

<sup>3</sup> MACPAC analysis of Statistical Enrollment Data System (SEDS). FY 2013 is the latest year for which CHIP enrollment by income can reliably be reported.

<sup>4</sup> Information on health status and use for children likely to be enrolled in CHIP or Medicaid are based on estimates from the National Survey of Children's Health.

<sup>5</sup> Information on health status and use for children likely to be enrolled in CHIP or Medicaid are based on estimates from the National Survey of Children's Health.

<sup>6</sup> Information on health status and use for children likely to be enrolled in CHIP or Medicaid are based on estimates from the National Survey of Children's Health.

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