

CHIP Enrollment

June 2008 Data Snapshot

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September 2009

kaiser commission medicaid and the uninsured

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.

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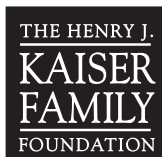
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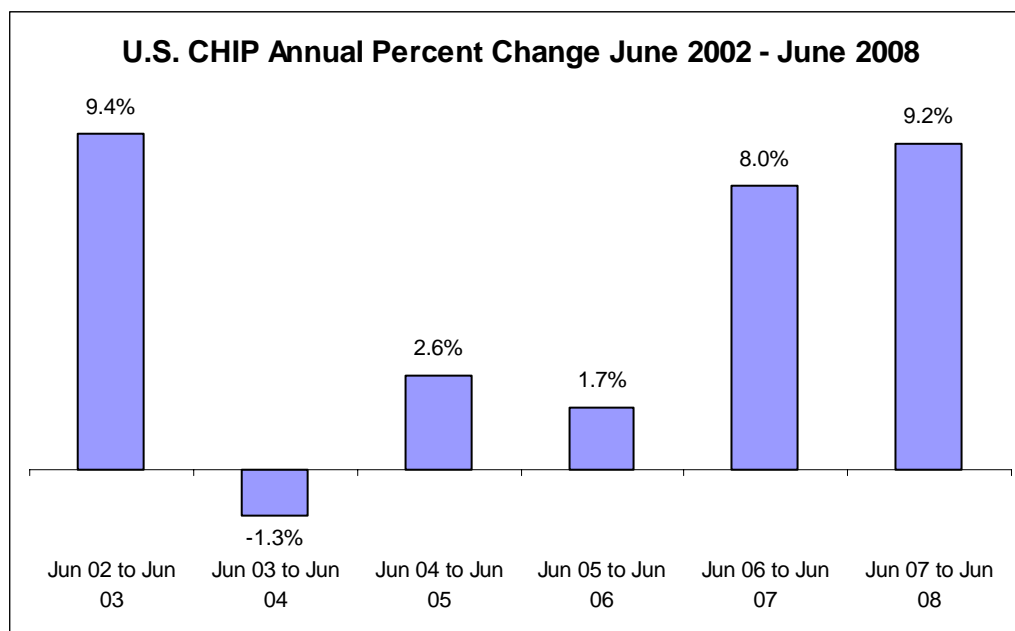


The Children’s Health Insurance Program (CHIP) provides affordable health coverage to millions of children in families with incomes too low to afford private health insurance, but too high to qualify for Medicaid. Enrollment in CHIP has increased steadily since its enactment in 1997, slowed only by changing economic conditions and funding limitations at both the state and federal levels. On February 4, 2009, President Obama signed the Children’s Health Insurance Program Reauthorization Act (CHIPRA) into law, extending the program through September 2013. CHIPRA not only fully funds coverage for existing enrollees, but also provides federal funds that could support coverage for more than 4 million additional children each year.

This data snapshot provides point-in-time national and state-level enrollment data for CHIP as of June 2008, including enrollment trends, prior to reauthorization. As the current recession was just beginning, CHIP enrollment increased by 9.2 percent between June 2007 and June 2008, with a total of 4.8 million children enrolled in CHIP as of June 2008. Future reports in this series will examine enrollment patterns post-CHIPRA, tracking states’ efforts to use this new federal funding to maintain and expand children’s coverage during the current recession.

During the prior economic downturn in 2003, state budget shortfalls led states to enact procedural restrictions that ultimately tempered increases in CHIP enrollment. As families lost their jobs and health coverage, more children became eligible for CHIP and enrolled in the program. However, states were also facing budget shortfalls and many responded both by freezing enrollment in CHIP and enacting restrictive application and procedural policies, resulting in enrollment declines from June 2003 to 2004, and slow growth in national CHIP enrollment the subsequent 2 years (Figure 1).

Figure 1

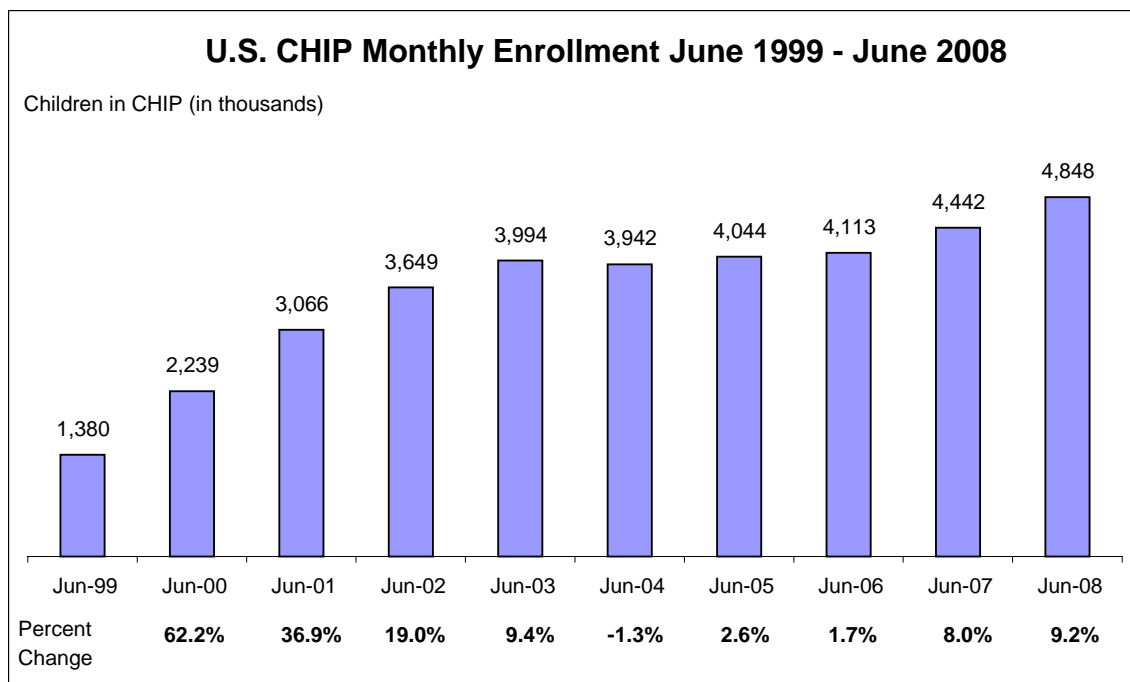


Source: Data provided by state officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2009.

Improved fiscal conditions following the recession allowed states to expand CHIP eligibility. When state budgets improved in 2005 and 2006, enrollment stabilized, and once again began to increase. Despite federal policies that limited states' ability to expand coverage, most states were committed to reducing the number of uninsured children during 2007 – when their budgets were still relatively strong – and took aggressive action to increase eligibility for CHIP. These coverage expansions resulted in an 8 percent increase in enrollment in CHIP between June of 2006 and 2007.

CHIP enrollment increased by 9.2 percent between June 2007 and June 2008, with a total of 4.8 million children enrolled in the program as of June 2008 (Figure 2 and Table 1). As 2007 progressed, states recognized that full CHIP reauthorization would not be enacted that year and that they would be operating their programs during 2008 without a predictable level of additional federal funding. Simultaneously, economic conditions worsened, and enrollment increased as more children became eligible for the program. Once again, states began to face budget shortfalls which pressured them to contain costs and limit enrollment.

Figure 2



Source: Data provided by state officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2009.

From June 2007 to June 2008, enrollment increased in more than two-thirds of states (39), most often attributed to deteriorating economic conditions (Figure 3). CHIP directors in twelve states reported program enrollment increases in excess of 20 percent, with an additional four states increasing enrollment by more than 10,000 children. Enrollment increases were driven by *Wisconsin*, which expanded eligibility to 300 percent of the federal poverty line; *Tennessee* which recently established a separate CHIP program; *Utah* which eliminated an enrollment cap and added funding so all eligible children could enroll; and *Texas* where enrollment rose by nearly 180,000.

Texas attributed its increased enrollment to outreach efforts and significant programmatic changes implemented in September 2007, including: lengthening the eligibility period, eliminating a waiting period, increasing an asset limit and eliminating enrollment fees for certain households. Additional enrollment increases occurred in a newly implemented program for pregnant women and unborn children which doubled in enrollment during this time period.

Despite the economic downturn, significant enrollment decreases occurred in four states.

Offsetting the overall growth of CHIP, four states experienced significant declines. Specifically: *Georgia's* program declined by 19% as a result of a budget-driven enrollment freeze during this period; *Connecticut* experienced declines due to a new policy guaranteeing Medicaid coverage for newborns who would have otherwise been enrolled in CHIP; *Nevada's* decline was attributed to a shortage of eligibility staff to process applications and manage increased responsibilities as a result of a federal audit; and *New York* attributed declines in enrollment as a result of a change in the eligibility process wherein health plans were no longer allowed to enroll children temporarily in CHIP when they appeared to be eligible for Medicaid at initial application.

The next report in this series will provide enrollment data for December 2008 and June 2009, including results from a survey of CHIP directors on their post-reauthorization plans in light of both current economic conditions and health reform.

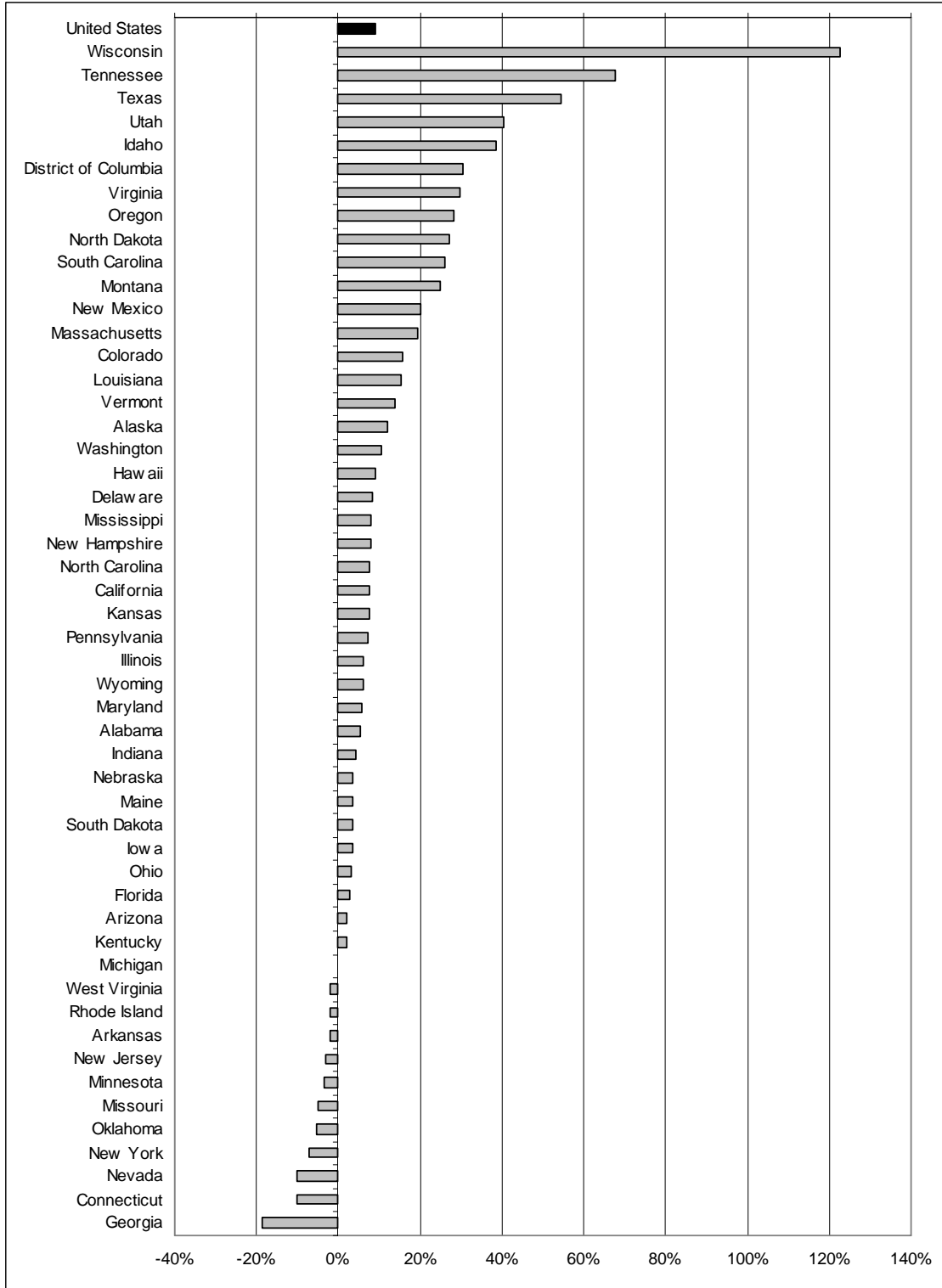
Table 1: CHIP Enrollment of Children, by State, June 2002 – June 2008

United States	Program Type *	Monthly Enrollment							Percent Change					
		Jun-02	Jun-03	Jun-04	Jun-05	Jun-06	Jun-07	Jun-08	Jun 02 to Jun 03	Jun 03 to Jun 04	Jun 04 to Jun 05	Jun 05 to Jun 06	Jun 06 to Jun 07	Jun 07 to Jun 08
		3,649,131	3,993,508	3,941,608	4,043,863	4,112,845	4,441,796	4,848,221	9.4%	-1.3%	2.6%	1.7%	8.0%	9.2%
Alabama	S	53,135	60,383	59,019	64,342	65,875	67,715	71,251	13.6%	-2.3%	9.0%	2.4%	2.8%	5.2%
Alaska	M	12,780	12,290	14,243	11,366	9,582	7,793	8,743	-3.8%	15.9%	-20.2%	-15.7%	-18.7%	12.2%
Arizona	S	48,599	50,019	50,373	50,638	59,250	64,453	65,837	2.9%	0.7%	0.5%	17.0%	8.8%	2.1%
Arkansas	M	-	45,982	54,273	62,141	67,170	69,349	67,832	--	18.0%	14.5%	8.1%	3.2%	-2.2%
California	C	608,903	716,550	722,089	819,032	860,888	986,311	1,062,303	17.7%	0.8%	13.4%	5.1%	14.6%	7.7%
Colorado	S	43,679	53,118	37,069	40,696	53,894	51,939	60,166	21.6%	-30.2%	9.8%	32.4%	-3.6%	15.8%
Connecticut	S	13,816	14,092	15,639	15,696	14,251	17,200	15,432	2.0%	11.0%	0.4%	-9.2%	20.7%	-10.3%
Delaware	C	4,082	4,524	3,461	4,360	4,844	5,069	5,484	10.8%	-23.5%	26.0%	11.1%	4.6%	8.2%
District of Columbia	M	3,284	3,854	4,391	4,573	4,750	5,146	6,720	17.4%	13.9%	4.1%	3.9%	8.3%	30.6%
Florida	C	246,432	317,683	331,716	203,983	193,639	224,575	231,226	28.9%	4.4%	-38.5%	-5.1%	16.0%	3.0%
Georgia	S	164,896	183,565	196,934	228,801	257,212	276,551	225,497	11.3%	7.3%	16.2%	12.4%	7.5%	-18.5%
Hawaii	M	8,146	10,071	12,261	14,108	15,569	17,226	18,787	23.6%	21.7%	15.1%	10.4%	10.6%	9.1%
Idaho	C	12,113	10,706	11,780	13,787	14,287	19,352	26,811	-11.6%	10.0%	17.0%	3.6%	35.5%	38.5%
Illinois	C	71,407	80,563	119,857	135,984	151,253	175,145	186,107	12.8%	48.8%	13.5%	11.2%	15.8%	6.3%
Indiana	C	48,342	56,880	64,403	68,939	69,787	68,394	71,253	17.7%	13.2%	7.0%	1.2%	-2.0%	4.2%
Iowa	C	26,010	29,057	32,157	34,913	36,286	33,412	34,580	11.7%	10.7%	8.6%	3.9%	-7.9%	3.5%
Kansas	S	26,525	30,023	33,024	34,611	37,631	35,374	38,047	13.2%	10.0%	4.8%	8.7%	-6.0%	7.6%
Kentucky	C	52,492	50,719	48,102	49,377	50,225	52,536	53,555	-3.4%	-5.2%	2.7%	1.7%	4.6%	1.9%
Louisiana	C	74,407	88,129	100,925	107,914	107,777	107,828	124,310	18.4%	14.5%	6.9%	-0.1%	0.0%	15.3%
Maine	C	13,010	12,663	13,967	13,989	14,705	13,346	13,839	-2.7%	10.3%	0.2%	5.1%	-9.2%	3.7%
Maryland	M	102,408	112,758	87,258	95,018	101,552	104,870	110,877	10.1%	-22.6%	8.9%	6.9%	3.3%	5.7%
Massachusetts	C	50,094	56,261	56,208	70,198	75,019	92,506	110,349	12.3%	-0.1%	24.9%	6.9%	23.3%	19.3%
Michigan	C	44,477	51,424	50,876	56,195	47,710	43,375	43,354	15.6%	-1.1%	10.5%	-15.1%	-9.1%	0.0%
Minnesota	M	23	19	1,982	2,122	2,229	2,458	2,368	-17.4%	10331.6%	7.1%	5.0%	10.3%	-3.7%
Mississippi	S	52,456	56,690	64,516	68,068	60,457	60,122	64,978	8.1%	13.8%	5.5%	-11.2%	-0.6%	8.1%
Missouri	C	75,078	84,824	88,893	93,730	61,097	61,936	58,923	13.0%	4.8%	5.4%	-34.8%	1.4%	-4.9%
Montana	S	9,350	9,550	10,914	10,908	13,165	13,289	16,576	2.1%	14.3%	-0.1%	20.7%	0.9%	24.7%
Nebraska	M	10,712	22,611	22,188	23,132	23,194	24,491	25,397	111.1%	-1.9%	4.3%	0.3%	5.6%	3.7%
Nevada	S	24,138	23,323	26,100	28,836	27,848	29,889	26,832	-3.4%	11.9%	10.5%	-3.4%	7.4%	-10.3%
New Hampshire	C	4,966	5,971	6,532	7,022	7,688	7,415	8,009	20.2%	9.4%	7.5%	9.5%	-3.6%	8.0%
New Jersey	C	95,468	92,170	104,165	115,222	127,525	125,494	121,581	-3.5%	13.0%	10.6%	10.7%	-1.6%	-3.1%
New Mexico	M	9,838	10,675	10,706	10,647	10,598	8,072	9,706	8.5%	0.3%	-0.6%	-0.5%	-23.8%	20.2%
New York	S	550,402	480,606	438,892	426,529	388,689	394,164	365,311	-12.7%	-8.7%	-2.8%	-8.9%	1.4%	-7.3%
North Carolina	C	84,286	100,436	115,571	130,467	144,148	152,954	164,755	19.2%	15.1%	12.9%	10.5%	6.1%	7.7%
North Dakota	C	2,920	3,186	3,586	4,136	4,454	4,553	5,785	9.1%	12.6%	15.3%	7.7%	2.2%	27.1%
Ohio	M	86,106	125,026	128,877	122,796	142,374	140,547	145,049	45.2%	3.1%	-4.7%	15.9%	-1.3%	3.2%
Oklahoma	C	43,423	47,295	46,576	54,427	58,731	66,570	62,955	8.9%	-1.5%	16.9%	7.9%	13.3%	-5.4%
Oregon	S	18,133	18,741	20,443	25,014	29,430	39,586	50,736	3.4%	9.1%	22.4%	17.7%	34.5%	28.2%
Pennsylvania	S	120,408	131,695	134,426	136,511	143,501	161,166	172,662	9.4%	2.1%	1.6%	5.1%	12.3%	7.1%
Rhode Island	C	10,890	9,865	11,459	11,756	12,412	12,612	12,348	-9.4%	16.2%	2.6%	5.6%	1.6%	-2.1%
South Carolina	C	52,112	49,994	51,479	52,561	40,161	36,001	45,332	-4.1%	3.0%	2.1%	-23.6%	-10.4%	25.9%
South Dakota	C	8,307	9,324	9,805	10,610	11,323	11,136	11,531	12.2%	5.2%	8.2%	6.7%	-1.7%	3.5%
Tennessee	C	2,074	-	-	-	-	31,619	53,064	-100.0%	--	--	--	--	67.8%
Texas	S	529,980	512,986	359,967	326,473	293,342	326,635	504,959	-3.2%	-29.8%	-9.3%	-10.1%	11.3%	54.6%
Utah	S	21,931	23,777	30,192	28,268	35,724	25,095	35,248	8.4%	27.0%	-6.4%	26.4%	-29.8%	40.5%
Vermont	S	2,982	3,029	2,897	2,992	3,012	2,820	3,215	1.6%	-4.4%	3.3%	0.7%	-6.4%	14.0%
Virginia	C	42,293	52,327	58,676	73,187	78,745	82,731	107,329	23.7%	12.1%	24.7%	7.6%	5.1%	29.7%
Washington	S	6,869	7,305	10,862	21,146	18,790	18,975	20,953	6.3%	48.7%	94.7%	-11.1%	1.0%	10.4%
West Virginia	S	20,043	21,828	23,594	24,515	24,835	24,939	24,418	8.9%	8.1%	3.9%	1.3%	0.4%	-2.1%
Wisconsin	C	31,861	35,785	34,957	28,006	30,954	31,368	69,802	12.3%	-2.3%	-19.9%	10.5%	1.3%	122.5%
Wyoming	S	3,045	3,156	3,328	4,121	5,263	5,684	6,039	3.6%	5.4%	23.8%	27.7%	8.0%	6.2%

* Program Type is as of June 2008.

Source: Data provided by state officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2009.

**Figure 3: Percent Change in CHIP Enrollment of Children, by State
June 2007 – June 2008**



Source: Data provided by state officials to Health Management Associates for the Kaiser Commission on Medicaid and the Uninsured, 2009.

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