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## Maternal and Child Health (MCH) Update: States Increase Eligibility for Children's Health in 2007

### Summary

Medicaid and the State Children's Health Insurance Program (SCHIP) provide a critical source of health insurance coverage to low-income pregnant women, infants, and children. This report highlights state trends in health care coverage for women and children through Medicaid and SCHIP.

It is important to note that this document is intended to provide an overview of data describing the condition of children's health coverage through October 2007. The following data were collected from states between June 2007 and October 2007 and does not reflect the current status of any state. A more updated version of the MCH Update will be released in the coming months.

The methods used by individual states to cover this population vary considerably. This annual report examines some of the policies states have implemented for providing coverage. Relevant data from each state are included in tables at the end of the report. Among the key findings of the survey are the following:

- Eight states and the **District of Columbia** increased income eligibility levels for children ages six through eighteen in Medicaid and SCHIP. For example, **Vermont** raised Medicaid income eligibility levels for infants and children under age six to 300 percent of the federal poverty level (FPL) from 225 percent FPL.
- In an effort to control costs five states and the **District of Columbia** eliminated the presumptive eligibility category for SCHIP-eligible children. Only four states retained the category for pregnant women in SCHIP; six states retained presumptive eligibility for children in SCHIP, with most providing enrollment for a 12-month period. **Massachusetts** and **New Jersey** were the only two states to add the eligibility to SCHIP children.
- Ten states expanded the length of continuous eligibility for Medicaid benefits for pregnant women. Among the states implementing a continuous eligibility policy were **Georgia, Massachusetts, Oklahoma, and Rhode Island**, which added a 12-month eligibility policy for children under Medicaid.

Although there is considerable variation among state Medicaid programs, the data included in this *Update* reflect cross-state similarities in program status as of fiscal 2006 (the most recent data available) and detail key trends over time in the nation's Medicaid and SCHIP programs.

### Background

Medicaid continues to be the nation's largest health insurance program for low-income individuals. According to the Kaiser Family Foundation, in June 2006, up to 48.1 million people<sup>1</sup> were enrolled in Medicaid in the 50 states, the

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<sup>1</sup> Kaiser's 48.1 million figure includes 1.1 million children enrolled in Medicaid expansion SCHIP programs funded through Title XXI.

territories, and the **District of Columbia**.<sup>2</sup> Furthermore, the Congressional Budget Office estimated that in 2006 Medicaid would cover 60 million people or about 20 percent of the population.<sup>3</sup>

Under SCHIP, states can provide health coverage to low-income children who lack private health insurance and whose family income level is too high for them to be eligible for Medicaid. Since the inception of the SCHIP, states have expanded health care coverage to 6.62 million enrollees.<sup>4</sup>

### **Methodology**

Since 1986, the NGA Center for Best Practices (NGA Center) has collected information regarding Medicaid coverage of children and pregnant women. The NGA Center began publishing the *MCH Update* in 1987 to disseminate this information and analyze key trends in program structure and enrollment. More recently, the *MCH Update* began including data on SCHIP coverage of children and families. The *MCH Update* also highlights state policies to streamline program eligibility and enrollment. This *Update* is based on the most recent data available from all states as of October 2007.

Surveys for this *Update* were sent individually to the state Medicaid and state SCHIP directors of all 50 states, the **District of Columbia** and the five U.S. territories. Surveys were collected from June 2007 through October 2007. Forty-eight states responded to the survey.

### **Eligibility Levels as a Percentage of FPL (Table 1, Table 2 and Table 3)**

Under federal Medicaid law, states are required to provide coverage to pregnant women, infants, and children according to categories based on the federal poverty level (FPL).<sup>5</sup> In order to provide health care to more women and children, states have expanded program eligibility beyond federally mandated income categories, implemented state health reforms, and created special program initiatives targeting maternal and child health (MCH) populations. A 2002 federal rule also enables states to extend prenatal coverage to pregnant women under SCHIP. Key changes include the following:

- Four states (**Montana, Pennsylvania, Tennessee, and West Virginia**) and **the District of Columbia** increased Medicaid or SCHIP income eligibility levels for infants and/or children below age six, allowing children whose family's income may have previously made them ineligible access to the program. **South Carolina** increased Medicaid income eligibility levels for children under age six, and **Vermont** increased Medicaid income eligibility levels for infants and children under age six (Table 1).
- Eight states (**Maine, Massachusetts, Montana, Pennsylvania, South Carolina, Tennessee, Vermont, and West Virginia**) and **the District of Columbia** increased income eligibility levels for Medicaid or SCHIP for

<sup>2</sup> Medicaid Enrollment in 50 States, June 2006 Data Update, *Kaiser Commission on Medicaid the Uninsured*, October 2007, [http://www.kff.org/medicaid/upload/7606\\_02.pdf](http://www.kff.org/medicaid/upload/7606_02.pdf), 3.

<sup>3</sup> Congressional Budget Office, Donald Marron Acting Director, Testimony before the U.S. Senate Aging Committee, July 13, 2006. <http://www.cbo.gov/ftpdocs/73xx/doc7387/07-13-Medicaid.pdf>, 2.

<sup>4</sup> *Protecting America's Future: A State-by-State Look at SCHIP & Uninsured Kids*, Table 1: Total Number of Children Ever Enrolled in the State's Children's Health Insurance Program (SCHIP): Fiscal Years 2002-2006, August 2007, 3.

<sup>5</sup> Federal mandated minimum eligibility levels for MCH populations as a percentage of FPL are as follows: pregnant women at 133 percent; infants at 133 percent; children ages one through six at 133 percent; and children ages six through 18 at 100 percent. States have the option of expanding these eligibility levels. Medicaid must cover women who are pregnant and for 60 days following delivery in households with income up to 133 percent FPL with the option of extending eligibility to 185 percent of FPL and above 185 percent under Section 1902(r)(2).

children ages six through 18, allowing children whose family's income may have previously made them ineligible access to the program (Table 2).

- **Montana** increased Medicaid eligibility for pregnant women, while **Virginia** and **the District of Columbia** increased SCHIP eligibility for pregnant women (Table 3).

#### **Presumptive Eligibility (Table 4)**

Presumptive eligibility enables states to provide temporary coverage to children and pregnant women under Medicaid and SCHIP until a formal eligibility determination can be made. In 2006, two states implemented new presumptive eligibility policies for pregnant women, while others eliminated them. Changes to presumptive eligibility policies include the following:

- **Alabama** and **Nebraska** implemented a presumptive eligibility policy for pregnant women in the Medicaid program. **Nebraska** eliminated presumptive eligibility for children under Medicaid and SCHIP; **Georgia** eliminated its presumptive eligibility policy.
- **The District of Columbia** and **Oklahoma** have eliminated presumptive eligibility for pregnant women under SCHIP.

#### **Continuous Eligibility (Table 5)**

Continuous eligibility enables states to ensure continuity of care by providing Medicaid and SCHIP enrollees continuous coverage for, most commonly, 12 months rather than on a month-to-month basis. Many states implemented, or increased the duration of, continuous eligibility for other categories of beneficiaries in 2006 (Table 3). Highlights of these changes include the following:

- Nine states (**Idaho, Louisiana, Massachusetts, Michigan, Montana, Oklahoma, Oregon, Rhode Island, and South Carolina**) added or enhanced continuous eligibility policies for pregnant women under Medicaid.
- One state, **Nebraska**, eliminated continuous eligibility for pregnant women under Medicaid, while the **District of Columbia** and **Maryland** decreased the duration of continuous eligibility.
- Four states (**Georgia, Massachusetts, Oklahoma, and Rhode Island**) added a 12-month eligibility policy for children under Medicaid.
- Six states (**Georgia, Massachusetts, Montana, Oklahoma, South Carolina, and Washington**) added a 12-month eligibility policy for children under SCHIP. No states eliminated continuous eligibility for SCHIP-eligible children.
- Four states (**Connecticut, Hawaii, Indiana, and South Dakota**) do not offer any continuous eligibility options.

#### **Asset Test and Self-Declaration of Income (Table 6 and Table 7)**

States can elect to disregard assets when determining Medicaid eligibility and allow families to self-declare their income without initial verification (i.e., producing pay stubs or tax returns). Similar to the findings on other eligibility policies, few states made significant changes to these two policies in 2006. Key changes include the following:

- Only the **District of Columbia** terminated its asset test for pregnant women under both Medicaid and SCHIP. **California** eliminated its asset test for Medicaid children.
- **South Carolina** implemented a new assets test policy for pregnant women and children in Medicaid and for SCHIP children. **Rhode Island** implemented a new assets test policy for Medicaid and SCHIP-eligible children.

- **Connecticut** implemented self-declaration of income for children and pregnant women under Medicaid and SCHIP. **Idaho** added a self-declaration policy for pregnant women under SCHIP.
- **Connecticut, Idaho, and Michigan** are the only states to offer self-declaration for all children and pregnant women under Medicaid and SCHIP.
- The **District of Columbia** implemented self-declaration of income for children and pregnant women under Medicaid and for children under SCHIP.

### **Programs Providing Coverage to Adults with Children (Table 8)**

States continue to examine ways to expand health insurance coverage to low-income families through various waiver options under Medicaid and SCHIP. Through a Health Insurance Flexibility and Accountability (HIFA) waiver or other innovative state policies, states have greatly increased the options that allow families to gain coverage. States have used changes to eligibility levels to expand coverage for those who would otherwise remain uninsured. Table 8 highlights state coverage policies.

### **Medicaid Births as a Percentage of Total Births (Appendix A)**

Medicaid covered medical expenses for at least 1.49 million births in the United States in 2003 and is on track to surpass 2002 Medicaid birth totals (see Appendix A).

In 2003, approximately 40.85 percent of all births were Medicaid births, a trend that has remained consistent since NGA began tracking Medicaid birth data in 1986. Medicaid coverage of births experienced a slight increase, from 40.71 percent in 2002 to 40.85 percent, in 2003.<sup>6</sup> The 2003 figure does not accurately reflect total 2003 Medicaid births because of missing data. If 2002 data are substituted, total Medicaid births are estimated around 1.71 million, an increase of 49,205 Medicaid births from 2002. This *Update* found that 35 states have seen an increase in the number of Medicaid births, while 11 states and the **District of Columbia** have seen declines. Four states did not submit these data.

### **History of Medicaid and SCHIP Eligibility (Appendix B)**

Over the past two decades, numerous federal health insurance policy reforms have been implemented, recognizing the importance of health insurance coverage for maternal and child health populations. Appendix A details congressional acts aimed at improving maternal and child health, from the Deficit Reduction Act of 1984 to the Balanced Budget Act of 1997.

### **Conclusion**

States continue to act to provide eligible children and low-income families with publicly sponsored health insurance. States remain committed to providing care and access for their maternal and child health populations. Since the last *MCH Update* was published in 2006, many states have expanded continuous eligibility policies for children and pregnant women in Medicaid and SCHIP. States have increased income eligibility levels for children ages six through 18 in Medicaid and SCHIP, allowing children whose family's income may have previously made them ineligible access to the program.

Though this *MCH Update* demonstrates declines in presumptive eligibility categories for children under Medicaid and children pregnant women under SCHIP, the 2005 *MCH Update* reported expansions of presumptive eligibility from previous years. In all, comprehensive advances in program eligibility over the past few years continue to confirm the

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<sup>6</sup> The percentage of Medicaid birth data does not calculate missing 2003 Medicaid birth data from Nevada, New Mexico, Texas, and Wyoming.

strength of the states' commitment to their residents and to the expansion of health coverage for maternal and child populations on a larger scale.

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Table 1. Medicaid and SCHIP Eligibility Levels as a Percentage of the Federal Poverty Level (FPL) for Infants and Children below Age 6 (as of August 2007)

State	Infants		Children below Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133	200	133	200
Alaska <sup>7</sup>	133	154	133	154
Arizona	140	200	133	200
Arkansas	200	200	200	200
California	200	250	133	250
Colorado	133	200	133	200
Connecticut	185	300	185	300
Delaware	200	0	133	200
District of Columbia	185	300	133	300
Florida	185	200	133	200
Georgia	185	235	133	235
Hawaii	185	200	133	200
Idaho	133	185	133	185
Illinois	133/200 <sup>8</sup>	200	133	200
Indiana	150	200	150	200
Iowa	200	200	133	200
Kansas	150	200	133	200
Kentucky	185	200	133	200
Louisiana	133	200	133	200
Maine	185	186-200	150	151-200
Maryland	185	300	133	300
Massachusetts <sup>9</sup>	185	200	133	300
Michigan	185	200	150	200
Minnesota	275	280	275	
Mississippi	185	200	133	200
Missouri	185	300	133	300
Montana	133	175	133	175
Nebraska	150	185	133	185
Nevada	133	200	133	200
New Hampshire	300		185	300
New Jersey	185	350	133	350
New Mexico	185	235	185	235
New York <sup>10</sup>	200	250	133	250

<sup>7</sup> Alaska's FPL guidelines were lowered due to a legislative change in September 2003 from 200 percent FPL to 175 percent FPL and frozen at the 2003 FPL guideline standard. The frozen standard leads to a decline each year in the FPL guidelines for children and pregnant women in families with incomes greater than or equal to 151 percent FPL.

<sup>8</sup> In Illinois, infants born to women who were eligible for and receiving Medicaid at the time of birth are eligible up to age one at 200 percent of the FPL. All other infants are eligible up to 133 percent of the FPL.

<sup>9</sup> In Massachusetts, coverage for infants between 185 percent and 200 percent of FPL, and for children ages one through five between 133-150 percent of FPL, is provided through the SCHIP Medicaid Expansion. Effective July 1, 2006, Massachusetts expanded its SCHIP state plan to cover children ages zero through 18 up to 300 percent of FPL.

State	Infants		Children below Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
North Carolina	200	200	200	200
North Dakota	133	140	133	140
Ohio	150	200	150	200
Oklahoma	185	185	185	185
Oregon	185	185	133	185
Pennsylvania <sup>11</sup>	185	300	133	300
Rhode Island <sup>12</sup>	250		250	
South Carolina	185		150	150
South Dakota	140	200	140	200
Tennessee <sup>13</sup>	185	250	133	250
Texas	185	200	133	200
Utah	133	200	133	200
Vermont	300	225-300	300	225-300
Virginia	133	200	133	200
Washington	200	250	200	250
West Virginia	150	220	133	220
Wisconsin	185	200	185	200
Wyoming	133	200	133	200

<sup>10</sup> For New York, 250 percent represents gross FPL eligibility level. Infants and children below age six may be eligible for SCHIP above 250 percent of the FPL (at full premium cost) if other eligibility criteria are met.

<sup>11</sup> In Pennsylvania, children from birth to age 19 may be eligible for SCHIP above 300 percent of the FPL (paying the full premium cost) if other eligibility criteria are met.

<sup>12</sup> Because of BBA language, Rhode Island may only cover children ages eight to 18 under SCHIP.

<sup>13</sup> Tennessee has an income limit of 100 percent of the FPL, with no access to health insurance, for uninsured children under TennCare. Children must meet established medically eligible criteria to be enrolled in the uninsurable category.

Table 2. Medicaid and SCHIP Eligibility Levels as a Percentage of the Federal Poverty Level (FPL) for Children Ages Six through 18 (as of August 2007)

State	Children Ages 6 through 18*	
	Medicaid Eligibility	SCHIP Eligibility <sup>†</sup>
Alabama	100	200
Alaska	100	154
Arizona	100	200 <sup>14</sup>
Arkansas	200	200
California	100	250
Colorado	100	200
Connecticut	185	300
Delaware	100	200
District of Columbia	100	300
Florida	100	200
Georgia	100	235
Hawaii	100	200
Idaho	100	185
Illinois	100/133 <sup>15</sup>	200
Indiana	150	200
Iowa	133	200
Kansas	100	200
Kentucky	100	200
Louisiana	100	200
Maine	150	151-200
Maryland	100	300
Massachusetts <sup>16</sup>	150	300
Michigan	150	200
Minnesota <sup>17</sup>	275	
Mississippi	100	200
Missouri <sup>18</sup>	100	300
Montana	100	175
Nebraska	100	185
Nevada	100	200

<sup>14</sup> Arizona's SCHIP eligibility for children ages six through 18.

<sup>15</sup> Illinois covers children ages six through 18 up to 100 percent FPL under Medicaid and from 101-133 percent FPL under Medicaid expansion.

<sup>16</sup> In Massachusetts, children age six through 17 are eligible for Medicaid up to 114 percent of FPL and for SCHIP (through a combination of Medicaid Expansion and Separate Child Health Program) between 114-200 percent of FPL. Children age 18 are not eligible for Medicaid but are eligible for SCHIP up to 200 percent of FPL (also through a combination of Medicaid Expansion and Separate Child Health Program). In addition, effective July 1, 2006, Massachusetts expanded its SCHIP state plan to cover children ages zero through 18 up to 300 percent of FPL.

<sup>17</sup> The MinnesotaCare program has a gross income level for families of 275 percent of the FPL; this program also has premium payments and barriers for some children who have insurance or access to insurance. Minnesota's income level in its Medicaid State Plan for children ages six to 18 is 150 percent of the FPL, effective July 1, 2004.

<sup>18</sup> Missouri's FPL figures are for children up to age 19.

State	Children Ages 6 through 18*	
	Medicaid Eligibility	SCHIP Eligibility <sup>†</sup>
New Hampshire	185	300
New Jersey	100	350
New Mexico <sup>19</sup>	185	235
New York	100	250
North Carolina	100	200
North Dakota	100	140
Ohio	150	200
Oklahoma	185	185
Oregon	100	185
Pennsylvania <sup>20</sup>	100	300
Rhode Island <sup>21</sup>	250	250
South Carolina	150	150
South Dakota	140	200
Tennessee	100	250
Texas	100	200
Utah	100	200
Vermont	300	225-300
Virginia	100	200
Washington	200	250
West Virginia	100	220
Wisconsin	100	200
Wyoming	100	200

**Notes for Table 2:**

<sup>†</sup> SCHIP eligibility refers to eligibility under a SCHIP program either through Medicaid or a separate state-designed SCHIP program.

<sup>19</sup> New Mexico covers children for Medicaid and SCHIP up to age 19.

<sup>20</sup> In Pennsylvania, children from birth to age 19 may be eligible for SCHIP above 300 percent of the FPL (paying the full premium cost) if other eligibility criteria are met.

<sup>21</sup> Because of BBA language, Rhode Island may only cover children ages eight to 18 under SCHIP.

Table 3. Medicaid and SCHIP Eligibility as a Percentage of Federal Poverty Level (FPL) for Pregnant Women (as of August 2007)

State	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133	
Alaska	154	
Arizona	133	200
Arkansas	200	200
California	300	
Colorado	133	200
Connecticut	185	
Delaware <sup>22</sup>	200	
District of Columbia	185	300
Florida	185	
Georgia	235	
Hawaii	185	
Idaho <sup>23</sup>	133	185
Illinois <sup>24</sup>	200	200
Indiana	150	
Iowa	200	
Kansas	150	
Kentucky	185	
Louisiana	200	
Maine	200	
Maryland	250	
Massachusetts <sup>25</sup>	200	
Michigan	185	185
Minnesota	275	275 <sup>26</sup>
Mississippi	185	200
Missouri	185	
Montana	150	
Nebraska	185	
Nevada	133	
New Hampshire	185	
New Jersey <sup>27</sup>	185	200
New Mexico	185	
New York	200	
North Carolina	185	
North Dakota	133	
Ohio	150	200
Oklahoma	185	185
Oregon	185	

<sup>22</sup> Maternity is a covered benefit under Delaware's SCHIP program, but the Medicaid FPL is the same as the SCHIP eligibility level. All births become Medicaid births.

<sup>23</sup> In Idaho, benefits for pregnant women on SCHIP are limited to premium assistance only.

<sup>24</sup> Illinois covers unborn children of pregnant women who are ineligible for Medicaid up to 200 percent FPL.

<sup>25</sup> Massachusetts covers unborn children up to 200 percent of FPL through SCHIP.

<sup>26</sup> This Minnesota figure applies to SCHIP unborn children of pregnant women ineligible for Medicaid regardless of age.

<sup>27</sup> In New Jersey, pregnant women at 185 percent to 200 percent of the FPL must be uninsured to be eligible.

State	Medicaid Eligibility	SCHIP Eligibility*
Pennsylvania <sup>28</sup>	185	300
Rhode Island <sup>29</sup>	185	250
South Carolina	185	
South Dakota	133	
Tennessee	185	250
Texas <sup>30</sup>	185	200
Utah	133	
Vermont	200	
Virginia <sup>31</sup>	133	185
Washington	185	185
West Virginia	150	
Wisconsin	185	200
Wyoming	133	200

**Notes for Table 3:**

\* Pregnant women above age 19 are not eligible for SCHIP unless the state has applied for and received approval from HHS for a waiver to cover them as a group. Pregnant women above age 19 may also be covered by SCHIP if the state has a state plan amendment for prenatal care and delivery only (i.e., expansion of SCHIP coverage to cover unborn children, including unborn children of low-income immigrants).

<sup>28</sup> Maternity is a covered benefit under Pennsylvania's SCHIP for children up to age 19. In Pennsylvania, children from birth to age 19 may be eligible for SCHIP above 300 percent of the FPL (paying the full premium cost) if other eligibility criteria are met.

<sup>29</sup> If federal SCHIP allotment is expended, women up to 250 percent of the FPL are covered under Medicaid by Section 1115 waiver authority.

<sup>30</sup> Texas covers unborn children of pregnant women who are ineligible for Medicaid up to 200 percent FPL through the CHIP perinatal program.

<sup>31</sup> Virginia began coverage for pregnant women in SCHIP at 150 percent of the FPL as of August 1, 2005. Eligibility was increased to 166 percent of the FPL in August 2006.

Table 4. States Allowing Presumptive Eligibility for Children and Pregnant Women in Medicaid and SCHIP (as of August 2007)

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Alabama <sup>32</sup>	✓			
Arkansas	✓			
California	✓	✓		
Colorado <sup>33</sup>	✓	✓	✓	
Connecticut <sup>34</sup>	✓	✓		
Delaware	✓			
District of Columbia <sup>35</sup>	✓			
Florida <sup>36</sup>	✓	✓		
Idaho	✓			
Illinois <sup>37</sup>	✓	✓	✓	✓
Iowa	✓			
Kentucky	✓			
Louisiana	✓			
Maine	✓			
Massachusetts	✓	✓		✓
Michigan <sup>38</sup>	✓	✓	✓	✓
Missouri	✓	✓		
Montana	✓			
Nebraska	✓			
New Hampshire	✓	✓		
New Jersey <sup>39</sup>	✓	✓	✓	✓
New Mexico	✓	✓		✓
New York	✓			✓
North Carolina	✓			
Oklahoma	✓			
Pennsylvania	✓			
Tennessee	✓		✓	
Texas	✓			
Utah	✓			
Wisconsin	✓			
Wyoming	✓			
<b>Totals</b>	<b>31</b>	<b>10</b>	<b>4</b>	<b>6</b>

<sup>32</sup> Alabama has a presumptive-like eligibility process for pregnant women known as expedited eligibility.

<sup>33</sup> As of January 2008, Colorado Medicaid allows presumptive eligibility for children 18 years and under.

<sup>34</sup> Connecticut has a presumptive-like eligibility process for pregnant women known as expedited eligibility.

<sup>35</sup> In the District of Columbia, presumptive eligibility for children is 200 percent of FPL as of February 1, 2006.

<sup>36</sup> Florida provides presumptive eligibility to pregnant women and infants under age one, but not all children.

<sup>37</sup> In Illinois, presumptive eligibility for Medicaid and SCHIP children became effective May 2004. Children who ordinarily would be eligible for SCHIP if their mothers apply when pregnant instead are eligible for Medicaid and receive presumptive eligibility through the Medicaid program. Presumptive eligibility for pregnant women is available to pregnant women of any age.

<sup>38</sup> Michigan has an SCHIP amendment offering coverage to the unborn.

<sup>39</sup> In New Jersey, presumptive eligibility for children is 350 percent of the FPL.

Table 5. States with Continuous Eligibility (in months) for Children and Pregnant Women in Medicaid and SCHIP (as of August 2007)

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Alabama	✓		✓	12	✓	12
Alaska			✓	6	✓	6
Arizona <sup>40</sup>	✓		✓		✓	12
Arkansas <sup>41</sup>	✓		✓	12	✓	12
California			✓	12	✓	12
Colorado <sup>42</sup>	✓	11	✓	12	✓	12
Delaware <sup>43</sup>			✓	12	✓	12
District of Columbia	✓	60 days	✓	12	✓	12
Florida <sup>44</sup>	✓	2	✓	12/6	✓	12
Georgia			✓	12	✓	12
Idaho <sup>45</sup>	✓	2	✓	12	✓	12
Illinois <sup>46</sup>	✓	12	✓	12	✓	12
Iowa <sup>47</sup>	✓	11	✓	12	✓	12
Kansas <sup>48</sup>	✓	2	✓	12	✓	12

<sup>40</sup> In Arizona, pregnant women are covered through delivery and 60 days partum or for the month of enrollment and five additional months, whichever is longest. This six-month guarantee is available only one time. Medicaid children also have the six-month guarantee, but only if it is the first time the child has been enrolled in a health plan.

<sup>41</sup> In Arkansas, eligibility is continuous through the last day of the month in which the 60<sup>th</sup> postpartum day falls. Arkansas covers pregnant women in SCHIP through a State Plan option for unborn children; there are no age limits. Arkansas's 1115 demonstration provides continuous eligibility for children up to age 19; both Medicaid and SCHIP children are included in the demonstration.

<sup>42</sup> Colorado's continuous eligibility for pregnant women under Medicaid and SCHIP is for a total of 11 months—9 months and 60 days postpartum. Colorado offers continuous eligibility for 12 months to infants born to women who were enrolled in Medicaid at the time of delivery.

<sup>43</sup> Delaware Medicaid provides infants 12 months of continuous eligibility.

<sup>44</sup> Florida provides continuous eligibility for pregnant women, through two months post partum and up to 24 months of family planning services. Medicaid provides 12 months of continuous eligibility for children under age five and six months of continuous eligibility for children ages five to 19. The Florida SCHIP program provides continuous eligibility for 12 months for children ages one to 19.

<sup>45</sup> In Idaho, pregnant women are given continuous eligibility under Medicaid through two postpartum months.

<sup>46</sup> Illinois offers pregnant women 12 months continuous eligibility for family planning if the pregnant woman loses eligibility after the postpartum period. The same family planning coverage is offered to non-pregnant women who are losing eligibility for other reasons, including aging out of children's coverage. Pregnant women can have full Medicaid coverage for up to 12 months—10 months prenatal and two months postpartum.

<sup>47</sup> Iowa provides continuous eligibility for infants born to Medicaid-eligible women only and for pregnant women through the last day of the month in which the 60<sup>th</sup> postpartum day falls.

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Kentucky <sup>49</sup>			✓	12		
Louisiana <sup>50</sup>	✓	11	✓	12	✓	12
Maine <sup>51</sup>	✓	11	✓	12	✓	12
Maryland <sup>52</sup>	✓	24				
Massachusetts	✓	At least 60 days <sup>53</sup>	✓	12	✓	12
Michigan <sup>54</sup>	✓	11	✓	12	✓	12
Minnesota <sup>55</sup>			✓	12/6	✓	12
Mississippi	✓		✓	12	✓	12
Missouri	✓	12				

<sup>48</sup> In Kansas, pregnant women are given continuous eligibility under Medicaid through two postpartum months.

<sup>49</sup> Kentucky Medicaid provides 12 months deemed eligibility for infants when the mother is eligible at the infant's birth. Pregnant women are eligible up to 60 days postpartum. Recipients in Passport Region have 12 months guaranteed eligibility.

<sup>50</sup> Louisiana provides continuous eligibility under Medicaid for women while pregnant and two months postpartum.

<sup>51</sup> In Maine, continuous eligibility for pregnant women under Medicaid lasts for a maximum possible duration of pregnancy plus 60 days beyond the date the pregnancy ends.

<sup>52</sup> Maryland now provides continuous eligibility for family planning services for two years (24 months) under their renewed 1115 demonstration Family Planning Program. Previously, Maryland had provided five years of continuous eligibility. After the demonstration renewal and notwithstanding state objections, Maryland is no longer allowed to provide five years of continuous eligibility. Maryland Medicaid provides infants 12 months of continuous eligibility.

<sup>53</sup> In Massachusetts, pregnant women are covered for 60 days following the end of the pregnancy, plus an additional period extending to the end of the month in which the 60-day period ends. In addition, a child born to a woman who was receiving MassHealth Standard or MassHealth Limited (income limit of 200 percent of FPL) is automatically eligible for one year, provided the child continues to live with the mother. This may include some other children who are eligible for SCHIP.

<sup>54</sup> In Michigan, a woman who is income eligible for one calendar month based on the income limit is automatically income eligible for each following calendar month through the second calendar month after the pregnancy ends.

<sup>55</sup> Minnesota provides Medicaid coverage under two programs: The Medical Assistance program (MA), which is regular Medicaid, and MinnesotaCare, a section 1115 waiver demonstration project. The MA program provides automatic eligibility for newborns up to age one. Effective October 1, 2004, the MinnesotaCare program uses a six-month renewal period, which provides continuous coverage for a six month period for children below age 21. In both programs the period of eligibility for newborns is 12 months. In MinnesotaCare, as noted above, the continuous eligibility is six months for children below age 21. However, during the six months of MinnesotaCare coverage, nonpayment of premiums could result in disenrollment and a four-month penalty period before reinstatement (except for pregnant women and for children under age two). Minnesota's SCHIP program is a Medicaid expansion for children under age two. Newborn infants in this group who are automatically eligible would have continuous coverage for 12 months.

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Montana <sup>56</sup>	✓	60 days			✓	12
Nebraska <sup>57</sup>			✓	6	✓	6
Nevada	✓	2	✓	12	✓	12
New Hampshire	✓	2	✓	12 <sup>58</sup>		
New Jersey <sup>59</sup>	✓	12	✓	12	✓	12
New Mexico <sup>60</sup>	✓	24				
New York <sup>61</sup>	✓	60 days	✓	12	✓	12
North Carolina <sup>62</sup>	✓	60-90 days	✓	12	✓	12
North Dakota	✓	60 days			✓	12
Ohio <sup>63</sup>	✓	60 days	✓	12		
Oklahoma <sup>64</sup>	✓	60 days	✓	12	✓	12
Oregon <sup>65</sup>	✓	60 days	✓	6	✓	12
Pennsylvania <sup>66</sup>			✓	12	✓	12
Rhode Island <sup>67</sup>	✓	24	✓	12		
South Carolina <sup>68</sup>	✓	11	✓	12	✓	12

<sup>56</sup> Montana offers continuous eligibility for pregnant women through the end of the month following postpartum.

<sup>57</sup> Nebraska offers continuous eligibility for children for six months for the initial eligibility period. Eligibility after the initial six months is monthly.

<sup>58</sup> New Hampshire pregnant women are covered through 60 days postpartum. Babies born to mothers receiving medical coverage at the time of birth are covered for up to the first 12 months of age.

<sup>59</sup> New Jersey Medicaid provides 12 months of continuous eligibility for all newborns (up to 185 percent of the FPL) and for pregnant women through the end of the month following 60 days postpartum.

<sup>60</sup> New Mexico Medicaid provides 24 months of family planning services following the 60 days postpartum under a section 1115 waiver, as long as the woman does not have creditable insurance.

<sup>61</sup> New York provides continuous eligibility to pregnant women under Medicaid through 60 days postpartum.

<sup>62</sup> North Carolina has continuous eligibility for pregnant women under Medicaid for the duration of the pregnancy and postpartum period. The postpartum period ends on the last day of the month in which the 60<sup>th</sup> postpartum day falls.

<sup>63</sup> Ohio has continuous eligibility for pregnant women under Medicaid for the duration of pregnancy and 60 days postpartum.

<sup>64</sup> Oklahoma covers pregnancy plus 60 days.

<sup>65</sup> Oregon Medicaid provides 12 months of continuous eligibility for all newborns (up to 185 percent of the FPL) and for pregnant women through the end of the month following 60 days postpartum. Oregon has allowed a 12 month eligibility period for SCHIP children since July 2006.

<sup>66</sup> In Pennsylvania, continuous eligibility is not available for pregnant women above age 19 in SCHIP.

<sup>67</sup> Rhode Island provides continuous eligibility for family planning services only for two years (24 months). Rhode Island Medicaid provides infants 12 months of continuous eligibility.

<sup>68</sup> In South Carolina, newborns born to Medicaid-eligible pregnant women who continue to live with those women are continuously eligible for one year. Also, after 60 days postpartum, 10 months of family planning coverage is provided to the women who do not qualify under another Medicaid coverage group and did not have a permanent sterilization procedure.

State	Medicaid				SCHIP	
	Pregnant Women	Duration*	Children	Duration*	Children	Duration*
Tennessee <sup>69</sup>	✓	60 days				
Texas <sup>70</sup>	✓	60 days	✓	6	✓	12
Utah	✓	60 days	✓	12	✓	12
Vermont	✓	6	✓	12	✓	12
Virginia <sup>71</sup>	✓	11			✓	12 <sup>72</sup>
Washington	✓	60 days	✓	12	✓	12
West Virginia	✓	60 days	✓	12	✓	12
Wisconsin <sup>73</sup>			✓	12		
Wyoming <sup>74</sup>			✓	12	✓	12
Totals	37	—	39	—	38	—

<sup>69</sup> In Tennessee, pregnant women eligible for TennCare can continue on TennCare after the postpartum coverage period if they elect to pay the calculated premium based on their income.

<sup>70</sup> In Texas, Medicaid covers women for 60 days postpartum. However, a pregnant woman could potentially be covered for 11 months, as other states provide. Eligibility is continuous from the date of application and can also cover prior months if she was pregnant, and includes two months post partum. For SCHIP children, eligibility for 12 months was reinstated effective September 1, 2007, with a six month interim report for households with income above 185 percent FPL.

<sup>71</sup> Virginia has continuous eligibility for pregnant women under Medicaid during pregnancy and two months postpartum. The state also covers pregnant women in SCHIP as of August 1, 2005,. Duration of coverage is also for the pregnancy and two months postpartum.

<sup>72</sup> In Virginia enrollment is for 12 continuous months but this is only if there are no changes in income, residence, age . . . etc., before the annual review. The definition of “continuous eligibility” from the National Governors Association report is that states are required to provide continuous eligibility to pregnant women and infants up to the age of one year regardless of changes to income that would otherwise make them ineligible. This does not apply to Virginia.

<sup>73</sup> Wisconsin Medicaid provides 12 months of continuous eligibility for newborns only and 12 months of family planning coverage only, following the 60-day, end-of-pregnancy extension.

<sup>74</sup> Wyoming provides 12 months of eligibility for newborns who are born to Medicaid-eligible women.

Table 6. States Requiring Assets Test for Children and Pregnant Women in Medicaid and SCHIP (as of August 2007)

State	Medicaid		SCHIP	
	Pregnant women	Children	Pregnant Women*	Children
Arkansas <sup>75</sup>	✓		✓	
Idaho	✓	✓		✓
Iowa	✓			
Montana	✓	✓		
Nevada		✓		
Oregon				✓
Rhode Island <sup>76</sup>		✓		✓
South Carolina	✓	✓		✓
South Dakota	✓			
Texas <sup>77</sup>		✓		✓
Utah <sup>78</sup>	✓	✓		
<b>Totals</b>	<b>7</b>	<b>7</b>	<b>1</b>	<b>5</b>

<sup>75</sup> Arkansas covers pregnant women in SCHIP through a State Plan option for unborn children; there are no age limits.

<sup>76</sup> Rhode Island has approval for a liquid asset test under SCHIP and Section 1115 Medicaid/SCHIP waivers but not implemented as yet awaiting Medicaid SPA approval.

<sup>77</sup> Texas requires an assets test for SCHIP children in families with incomes above 150 percent FPL.

<sup>78</sup> Utah Medicaid requires an assets test for children over age six.

Table 7: States that Allow Self-Declaration of Income for Children and Pregnant Women in Medicaid and SCHIP (as of August 2007)

State	Medicaid		SCHIP	
	Pregnant Women	Children	Pregnant Women*	Children
Alabama				✓
Arkansas <sup>79</sup>		✓		✓
Connecticut <sup>80</sup>	✓	✓	✓	✓
District of Columbia <sup>81</sup>	✓	✓		✓
Florida		✓		
Georgia	✓	✓		✓
Hawaii <sup>82</sup>	✓	✓		✓
Idaho <sup>83</sup>	✓	✓	✓	✓
Iowa <sup>84</sup>	✓			
Maryland	✓	✓		✓
Massachusetts <sup>85</sup>	✓	✓		✓
Michigan <sup>86</sup>	✓	✓	✓	✓
Montana				✓
Oklahoma	✓	✓		✓
Vermont	✓	✓		✓
Wisconsin	✓	✓		
Wyoming	✓	✓		✓
<b>Totals</b>	<b>13</b>	<b>14</b>	<b>3</b>	<b>14</b>

<sup>79</sup> Arkansas allows self-declaration of income for pregnant women under presumptive eligibility only.

<sup>80</sup> Connecticut allows self-declaration of income unless the person is self-employed, in which case verification of income is required.

<sup>81</sup> District of Columbia allows self-declaration of income for pregnant women. Self-declaration of unearned income is allowed for pregnant women and children under SCHIP. Proof of income is required within 45 days for pregnant women and children under SCHIP.

<sup>82</sup> Hawaii allows self-declaration of income only at the point of application and eligibility renewal.

<sup>83</sup> Idaho allows self-declaration of income unless the income is derived from self-employment or the amount declared is questionable based on information on file.

<sup>84</sup> Iowa has self-declaration for pregnant women who are eligible for presumptive and IowaCare (1115 waiver) only.

<sup>85</sup> Massachusetts allows self-declaration for presumptive eligibility. The individual must provide proof of income within 60 days.

<sup>86</sup> Age is not a factor in Michigan.

Table 8: Programs that Provide Health Coverage to Adults with Children (as of August 2007)

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level (% FPL)
Alabama	Plan First	Medicaid 1115 waiver for family planning services	Females ages 19-44	133
	Medicaid for Low Income Families	Medicaid 1931	Low income families	12
Arizona <sup>87</sup>	AHCCCS	Medicaid 1115	Families with children	100
	Health Insurance for Parents	HIFA waiver	Parents of children covered by SOBRA or SCHIP	200
Arkansas <sup>88</sup>	Medicaid	Medicaid 1115 demonstration for family planning	Females ages 14-44	200
		Medicaid 1931	Adults with children	14
		Medically Needy	Adults with children	19
	ARHealthNet	HIFA 1115	Adults with and without children	200
California	Medi-Cal	Medicaid 1931 & Medically Needy	Adults with children	100
Colorado	Child Health Plan <i>Plus</i>	HIFA waiver	Pregnant women	200
	Medicaid	Medicaid Parents Plus	Adults with Medicaid children	60
Connecticut	HUSKY	Medicaid 1931	Adults with children	150
Delaware	Diamond State Health Plan	Medicaid 1115	Adults	100
		Medicaid 1931	Adults with children	75
District of Columbia	DC Healthy Families	Medicaid 1931	Adults with children	200
			Pregnant women	300
Florida	Medicaid	Medicaid 1931	Adults with children	21
Hawaii	Hawaii QUEST (QUEST)	Medicaid 1115	Adults	100
Idaho	Medicaid	Medicaid 1931	Adults with children	25
	Access to Health Insurance	HIFA Waiver	Adult employees of Idaho small businesses and their families; premium assistance only	185
Illinois	Family Care	Medicaid 1931	Adults with children	25

<sup>87</sup> Arizona's Medicaid program received a section 1115 Medicaid waiver in 1982 to place the entire Medicaid population into managed care.

<sup>88</sup> The Arkansas percentages for Medicaid 1931 and Medically Needy are approximate; the HIFA waiver is funded by SCHIP for adults with children and by Medicaid for childless adults.

		Medically Needy	Adults with children	32
		HIFA waiver	Adults with children	185
	Illinois Healthy Women	Medicaid 1115 demonstration for family planning	Women age 19-44 who are losing their eligibility for Medicaid or SCHIP	200
Iowa	Family Medical Assistance Program (FMAP)	Medicaid 1931	Adults with children	33 or less, depending on family size for Medicaid 1931.
	Medically Needy (FMAP-related)	Medically Needy	Adults with children with higher income or resources	45 or less, depending on family size for Medically Needy
	IowaCare	1115 Waiver	Adults 19 to 64, with or without children	200 or less of the FPL; 300 or less for pregnant women—they spend down to 200
Kansas	Medicaid	Medicaid 1931	Adults with children	32
Kentucky	KYHealth Choices	Medicaid 1931	Adults with children	52
		Medically Needy	Adults with children	28
Louisiana	Take Charge	Medicaid 1115 waiver for family planning services	Females ages 19-44	200
	Low-Income Families with Children	Medicaid 1931	Adults with children	13
Maine	Medicaid	Medicaid 1931	Adults of Medicaid- and SCHIP-eligible children	200
	MaineCare for Childless Adults	HIFA Waiver	Adults with no dependent children	100
Maryland	Medicaid	Medicaid 1931	Adults with children	116 <sup>89</sup>
Massachusetts	MassHealth Standard	Medicaid 1115	Parents	133
Michigan	Medicaid	Medicaid 1931	Adults with children Medically needy caretaker relatives	35-40 <sup>90</sup> 35-45 <sup>91</sup>
	Adult Benefit Waiver	HIFA waiver	Adults	35

<sup>89</sup> This is an approximate percentage which varies by family size. In July 2008, Maryland raised the income standard from 40 percent FPL to 116 percent FLP.

<sup>90</sup> Estimated percentages of the FPL for Michigan are based on a percentage of the 1996 AFDC standard. Varies by geographic area.

<sup>91</sup> Michigan—estimated percentage of the FPL. Varies by geographic region.

	Plan First!	Medicaid 1115 waiver for family planning services	Women ages 19-44	Income at or below 185
Minnesota	MinnesotaCare	Medicaid 1115 & SCHIP 1115	Adults with children	275
		State-funded	Adults without children	175
Mississippi	MS Health Benefits	Medicaid 1931	Parents and eligible caretakers	27
		Medicaid 1115 Family Planning waiver	Females 13-44	185
Missouri	MAF	Medicaid 1931	Parents/eligible caretakers	AFDC income standards as of July 16, 1996
	MC+	1915(b) waiver	Parents/caretakers, children, pregnant women, and refugees	100
	MC+ for Kids	SCHIP SPA and 1115 Waiver Demonstration Waiver	Uninsured children under age of 19	300
Montana	Medicaid	Section 1931 Medicaid	Parents and other related adults with children	36 or less depending on family size
Nebraska	Medicaid	Section 1931 Medicaid	Parents	37
Nevada	TANF-related Medicaid CHAP	Medicaid	Adults with children Pregnant women	28.8 133
		HIFA Waiver	Pregnant women and premium assistance for ESI to parents	
New Mexico	New Mexico State Coverage Insurance	HIFA Waiver	Parent and childless adults	200
New York	Family Health Plus	Medicaid 1115	Adults with children	150
			Adults without children	100
New Jersey <sup>92</sup>	NJ FamilyCare	SCHIP 1115	Adults with children	200
North Carolina	Medicaid	Medicaid 1931 Medically Needy	Adults with children underemployed families Pregnant women	45 30 185
	Be Smart Program	Medicaid 1115	Women 19-55 Men 19-60	185
North Dakota	Medicaid	Medicaid 1931 Medically Needy	Families with children and underemployed families	40 55
Ohio	Healthy Families	Medicaid 1931	Adults with children	90
Oklahoma	SoonerCare	Medicaid 1115	Adults with children	73.1 of 1996 AFDC Standard

<sup>92</sup> New Jersey's NJ FamilyCare stopped enrollment of new parents on June 15, 2002. On September 1, 2005, NJ reopened the program for parents with incomes up to 100 percent FPL. On September 1, 2006, income for parent eligibility increased to 115 percent FPL; income for parents was to increase to 133 percent FPL September 1, 2007.

	O-EPIC	HIFA waiver	Uninsured adults with or without children. (Children enroll under SoonerCare.)	185
	SoonerPlan	Medicaid 1115 waiver for family planning services	Adults age 19-64	185
Oregon	Oregon Health Plan	Medicaid 1115	Adults	100
	Oregon Health Plan 2	HIFA waiver	Adults	185
Pennsylvania	adultBasic Coverage	State-funded <sup>93</sup>	Uninsured adults	200
	Medicaid	Medicaid	Adults with children	100
Rhode Island	RIteCare and RIteShare	Medicaid/ SCHIP 1115 & Medicaid 1931	Adults with children	185
South Carolina	Low-income families	Medicaid 1931	Low-income families with dependent children	50
South Dakota <sup>94</sup>	Low-income families	Medicaid 1931	Adults with children	
Tennessee	TennCare	Medicaid 1115	Adults with children	100
Texas <sup>95</sup>	Medicaid	Medicaid 1931	Adults with children	
Utah <sup>96</sup>	Primary Care Network (PCN)	Medicaid 1115	Uninsured adults	150
	Medicaid	Medicaid 1931 and medically needy	Adults with children	
Vermont	Medicaid / Dr. Dynasaur Vermont Health Access Plan	Medicaid 1115 waiver SCHIP	Children Pregnant women Uninsured adults	0-300 0-200 150-185
Virginia <sup>97</sup>	Medicaid	Medicaid	Low income with children	18.3 – 30.7 based on locality
Washington	Basic Health Plan	State-funded	Adults and children	200
	WA Medicaid Program	Medicaid 1931	Adults with children	38-42
West Virginia	WV Medicaid Program	Medicaid 1931	Adults with children	17.6
Wisconsin	BadgerCare	Combination 1931 amendment & T19 and SCHIP 1115(a) waivers	Adults with children	185-200
Wyoming	EqualityCare	Medicaid 1931	Adults with children	60

<sup>93</sup> Pennsylvania's adultBasic Coverage is funded with tobacco settlement funds and Community Health Reinvestment Agreement funds.

<sup>94</sup> South Dakota's Medicaid 1931 covers adults with children with household incomes based on the old AFDC need standard.

<sup>95</sup> Texas Medicaid 1931 covers uninsured adults based on TANF income guidelines.

<sup>96</sup> Utah also provides Medicaid coverage under 1931 to adults with children at less than the medically needy (basic maintenance standard) level. Utah provides coverage to medically needy adults with greater income than the medically needy level, with spend down.

<sup>97</sup> Virginia—estimated percent of the FPL based on a percent of the 1996 AFDC standard. Varies by geographic location.

**Key:**

Eligibility Level = As a percentage of the federal poverty level (FPL).

AFDC Standard = Aid to Families with Dependent Children (AFDC) standard refers to the income and resource standards used by states to determine eligibility for old state AFDC programs. AFDC was replaced by Temporary Assistance to Needy Families (TANF).

HIFA waiver = Health Insurance Flexibility and Accountability (HIFA) waiver.

Medicaid 1115 = State providing coverage through a Medicaid Section 1115 research and demonstration waiver; receiving regular Medicaid match rate.

Medicaid 1931 = State providing coverage under Medicaid Section 1931; receiving regular Medicaid match rate.

SCHIP = State Children's Health Insurance Program (SCHIP); state providing coverage through SCHIP program; receiving SCHIP match rate.

SCHIP 1115 = State providing coverage through an 1115 waiver of SCHIP; receiving SCHIP match rate.

State-funded = State providing coverage using state dollars; receiving no match from the federal government.

**Sources**

Data updated by state officials December 2005–February 2006. Melora Krebs-Carter and John Holahan, *State Strategies for Covering Uninsured Adults* (Washington, DC: The Urban Institute, February 2000). AcademyHealth, *State Coverage Matrix* available at

<http://www.statecoverage.net/matrix-intro.htm> (Washington, D.C.: AcademyHealth).

## Appendix A. Medicaid Births as a Percentage of Total Births, 2002 (as of August 2007)

State	2002		2003	
	Number of Medicaid Births	% of Total Births	Number of Medicaid Births	% of Total Births
Alabama	27,102	46.00	26,105	45.50
Alaska	5,388	54.20	5,558	55.10
Arizona	42,786	49.00	45,833	50.49
Arkansas	19,706	53.00	19,524	51.70
California	238,809	45.00	244,327	45.31
Colorado	28,009	40.94	25,588 <sup>98</sup>	37.30
Connecticut	11,928	28.96	12,181	28.40
Delaware	5,058	46.00	4,646	41.00
District of Columbia	4,804	64.00	2,570	33.70
Florida <sup>99</sup>	85,868	46.60	104,759	49.60
Georgia	66,307	49.00	67,637	50.00
Hawaii	4,313	23.80	4,906	27.16
Idaho	7,996	38.13	8,654	39.71
Illinois <sup>100</sup>	69,955	38.70	72,865	39.90
Indiana <sup>101</sup>	33,706	39.70	35,574	41.20
Iowa	9,405	25.00	10,702	28.10
Kansas <sup>102</sup>	14,899	37.87	15,568	39.56
Kentucky	20,656	38.41	22,388	43.70
Louisiana	36,521	56.40	37,941	58.70
Maine	4,287	31.65	6,512	47.01
Maryland	24,793	33.84	25,673	34.00
Massachusetts	22,190	27.52	23,634	29.48
Michigan	42,706	32.97	46,172	35.29
Minnesota <sup>103</sup>	23,939	35.18	25,645	36.62
Mississippi	23,174	55.82	25,725	60.00
Missouri	33,760	44.90	33,436	45.40
Montana	4,003	36.00	3,099	35.00
Nebraska	9,098	35.80	10,138	39.55
Nevada <sup>104</sup>	10,446	32.22	NR	NR
New Hampshire	2,704	21.40	2,922	23.30
New Jersey <sup>105</sup>	29,329	25.87	31,059	N/A

<sup>98</sup> For Colorado, in 2003 the number of Medicaid births equals the total fee-for-service births in fiscal year 2003-2004 (23,113) plus the total HMO births reported via HEDIS 2004 for calendar year 2003 (2,475). Colorado's total births from July 1, 2003 to July 1, 2004, are 68,608, per USA Counties, Population Estimates-Colorado, U.S. Census Bureau.

<sup>99</sup> Florida updated number of Medicaid 2002 births and percentage for total births from the 2002 *MCH Update*.

<sup>100</sup> Illinois updated number of Medicaid 2002 births and percentage of total births from the 2002 *MCH Update*.

<sup>101</sup> Indiana updated number of Medicaid 2002 births and percentage of total births from the 2002 *MCH Update*.

<sup>102</sup> The number of ALL live births (Medicaid and non-Medicaid) for Kansas in 2003 was 39,353.

<sup>103</sup> The figures for Minnesota are based on federal fiscal year 2002, and Medicaid births include those in the state's 1115 Medicaid expansion program (MinnesotaCare).

<sup>104</sup> For Nevada, 2002 Medicaid data is provided by the newly implemented MMIS.

State	2002		2003	
	Number of Medicaid Births	% of Total Births	Number of Medicaid Births	% of Total Births
New Mexico	17,821	66.75	N/A <sup>106</sup>	N/A
New York	101,165	40.30	102,340	40.45
North Carolina	49,910	44.00	50,851	47.90
North Dakota	1,889	24.40	2,466	30.00
Ohio <sup>107</sup>	42,759	30.30	46,599	32.10
Oklahoma	24,015	47.70	28,643	49.53
Oregon <sup>108</sup>	19,016	42.80	19,228	42.60
Pennsylvania <sup>109</sup>	42,797	30.06	45,068	30.98
Rhode Island	4,543	36.50	4,700	37.04
South Carolina	23,561	46.97	29,119	55.26
South Dakota	3,742	33.95	3,965	35.97
Tennessee <sup>110</sup>	39,658	47.60	39,102	46.20
Texas	181,570	49.20	NR	NR
Utah	15,631	31.80	15,056	30.20
Vermont	6,386	47.9 <sup>111</sup>	3,136	47.60
Virginia <sup>112</sup>	30,993	31.23	27,283	27.56
Washington	33,743	43.40	36,118	45.60
West Virginia	10,503	50.00	10,573	50.00
Wisconsin	27,313	39.90	26,687	38.10
Wyoming	3,037	46.00	2,991	46.00
<b>Total</b>	<b>1,659,021</b>	---	<b>1,495,266</b>	---
<b>Average</b>	---	<b>40.71</b>	---	<b>40.95</b>

<sup>105</sup> New Jersey figures include both Medicaid and Expansion population, but did not provide the percentage of total births for 2003.

<sup>106</sup> New Mexico completed the survey but did not include 2003 data for Medicaid births.

<sup>107</sup> Ohio updated percentage of total births from the 2002 *MCH Update*.

<sup>108</sup> Oregon birth counts are different than those reported in prior surveys. Previously, all data came from Vital Statistics. Not all Oregon Medicaid births, however, were appropriately identified in that data. Therefore, the Oregon Medicaid birth counts to determine the percentage comes from Medicaid claims data.

<sup>109</sup> Pennsylvania data based on calendar year 2003.

<sup>110</sup> Tennessee figures include both Medicaid and Expansion population.

<sup>111</sup> Vermont defines Medicaid births by linking the birth file to the Medicaid eligibility file and counting moms who were enrolled in Medicaid on the day of their infant's birth. Using the same method produced a figure of 47.9 percent Medicaid births in 2002. This is lower than the 51.1 percent reported previously for 2002 but similar to the 48.8 percent reported for 2001 in the previous NGA report.

<sup>112</sup> Virginia data is based on the state fiscal year.

## **Appendix B. History of Medicaid and SCHIP Eligibility for Children and Pregnant Women**

Beginning in the late 1980s and continuing throughout the 1990s, Congress passed a series of laws providing both optional authority and mandates aimed at improving maternal and child health. States responded by developing ambitious programs to improve access to and quality of care for children and pregnant women.

- 1984 – Deficit Reduction Act (DEFRA)** required states to provide Medicaid coverage for pregnant women who would qualify for Aid to Families with Dependent Children (AFDC) and Medicaid when their children were born to two-parent families where the primary wage earner was unemployed.
- 1985 – Consolidated Omnibus Budget Reconciliation Act (COBRA 85)** required states to provide Medicaid coverage to women in two-parent families who met AFDC income and resource standards, even when the primary wage earner was employed. COBRA also required an additional 60 days of coverage after delivery for women whose eligibility was determined based on pregnancy. The law allowed states to provide enriched services to pregnant women without also offering them to other Medicaid recipients, including health education, nutrition counseling, and case management services such as outreach, referral, and service coordination.
- 1986 – Omnibus Reconciliation Act (OBRA 86)** gave states the option to extend income eligibility to pregnant women and to children up to age five to 100 percent of the FPL. OBRA 86 also gave states additional options to institute changes that would simplify the Medicaid eligibility process by dropping the asset test for pregnant women and children, providing presumptive eligibility to pregnant women, and providing continuous eligibility for pregnant women and through the 60 day postpartum period.
- 1987 – Omnibus Reconciliation Act (OBRA 87)** gave states the option of raising income eligibility of pregnant women and infants to 185 percent of the FPL, along with an option to continue phasing in coverage of children living below poverty to age eight.
- 1988 – Medicare Catastrophic Coverage Act** mandated that states phase in coverage of pregnant women and infants at 100 percent of the FPL over twos. States were so quick to adopt the optional phase-in expansions in OBRA 87 that only five states were affected by this new mandate.
- 1989 – Omnibus Reconciliation Act (OBRA 89)** mandated that all states, beginning April 1, 1990, cover children up to age six at 133 percent of the FPL.
- 1990 – Omnibus Reconciliation Act (OBRA 90)** mandated that states, beginning on July 1, 1991, phase in coverage of children living in poverty who were born after September 30, 1983. States were required to continue this phase-in until all children up to age 19 living below the poverty line were covered. The upper age limit was reached in October 2002. OBRA 90 included several provisions aimed at streamlining the Medicaid eligibility process. It mandated that states provide continuous eligibility for pregnant women through the 60-day postpartum period. Previously, this was a state option under OBRA 86. In addition, states were required to provide continuous eligibility for newborns for up to one year, as long as the newborn remained in the mother's household. States also were required to ensure that pregnant women and children could apply for Medicaid benefits at sites other than welfare offices by outstationing eligibility workers at federally qualified health centers (FQHCs) and hospitals that serve disproportionate shares of Medicaid-eligible and low-income patients.
- 1997 – Balanced Budget Act of 1997 (BBA)** added Title XXI to the Social Security Act and created the State Children's Health Insurance Program (SCHIP). Title XXI provided states with \$24 billion in enhanced matching funds, starting October 1, 1997, to design comprehensive and meaningful health insurance coverage for uninsured children. States could use this new funding to expand Medicaid, develop a new program or expand an existing program that provides health insurance, or use a combination of the two approaches. The BBA mandated that the funds be used to serve children below age 19 who live in families with incomes at or below 200 percent of the federal poverty level. States were given the flexibility to accelerate the phase-in of adolescents in the OBRA 90 provisions in their new programs. The BBA gave states the ability to extend presumptive and 12-month continuous eligibility to all children. In addition, the BBA also expanded the definition of a "qualified health provider," increasing the entities able to grant presumptive eligibility.

Source: *MCH Update 2002: State Health Coverage for Low-Income Pregnant Women, Children, and Parents*. Washington, D.C.: National Governors Association, 2003.