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Maternal and Child Health (MCH) Update: States Have Expanded Eligibility and Increased Access to Health Care for Pregnant Women and Children

Summary

During the last year, states have taken advantage of the flexibility under the State Children's Health Insurance Program (SCHIP) to expand eligibility for previously uninsured low-income children. As states enter their second and third years of operation of SCHIP, more than 3.3 million children now have health insurance. Through SCHIP, the average increase in eligibility levels for children in all age groups has increased by 61 percentage points. In some age groups, the average eligibility increased as much as 100 percentage points.

States are using new tools to increase access to health care for pregnant women and children. States traditionally have used presumptive and continuous eligibility as a means to help pregnant women receive early and continuous prenatal care under Medicaid. States are using these same tools for children in Medicaid and SCHIP. States, recognizing the value of early and routine prenatal care, are finding creative ways to increase the number of women who receive prenatal care early in their first trimester. States are also finding ways to provide prenatal care to low-income pregnant women, using a variety of state and federal funding sources.

Medicaid continues to pay for more than 1 million births across all states. Most states reported a reduction in Medicaid births from 1997 to 1998, and the nationwide average of Medicaid births, as a percentage of total births, decreased by one percentage point. Tables describing all these subjects are included in this *MCH Update*.

States are Expanding Eligibility Levels for Pregnant Women and Children

States have taken advantage of the flexibility under Title XXI, passed as a part of the Balanced Budget Act (BBA) of 1997, to expand eligibility to uninsured low-income children for Medicaid and SCHIP. All 50 states, the territories, and the District of Columbia have implemented a SCHIP program by expanding Medicaid, or creating a separate state-designed insurance program, or by a combination of both approaches. SCHIP, with its emphasis on outreach and enrollment, has brought in many children who are eligible for Medicaid but not currently enrolled as well as reached the target population of uninsured children. As many states are entering their second or third year of their SCHIP programs, they continue to see great success in enrollment. In January 2001, the Health Care Financing Administration (HCFA) announced that more than 3.3 million previously uninsured children now have

health insurance through state SCHIP programs. States are now beginning to explore ways in which they can use new guidance from HCFA to expand eligibility even further to cover greater numbers of uninsured parents and families of SCHIP eligible children.

Eligibly Levels for Children

Eligibly levels for children under Medicaid and SCHIP have ranged from 133 percent of the federal poverty level (FPL) to 400 percent. Title XXI of the BBA, which became effective on October 1, 1997, has allowed states to greatly increase eligibly levels to children in every age group. Table 1 includes information about Medicaid and SCHIP eligibility levels for infants and children through age six. Table 2 includes information about Medicaid and SCHIP eligibility levels for children ages six and older. Both tables contain pre-BBA Medicaid eligibility and post-SCHIP eligibility levels.

- Between 1997 and 2000, the average eligibility level for infants increased from 174 percent to 206 percent for SCHIP-Medicaid expansions, and to 207 percent for state-designed SCHIP programs.
- Between 1997 and 2000, the average eligibility for children below age six increased from 152 percent to 181 percent for SCHIP-Medicaid expansions, and to 242 percent for state-designed SCHIP programs.
- Between 1997 and 2000, the average eligibility for children ages six through 15 increased from 126 percent to 177 percent for SCHIP-Medicaid expansions, and 207 percent for state-designed SCHIP programs.
- Between 1997 and 2000, the average eligibility for children ages 15 and older increased from 98 percent to 159 percent for SCHIP-Medicaid expansions, and to 204 percent for state-designed SCHIP programs.

Eligibility Levels for Pregnant Women

Title XXI did not specifically allow states to use SCHIP funding to cover pregnant women. However, in the three years since its implementation, several states have increased eligibility for Medicaid for pregnant women to maintain consistency between eligibility for pregnant women and their children who would be covered under Medicaid expansions and SCHIP programs. Federal law mandates that states cover pregnant women up to 133 percent of the FPL. As of October 2000, 39 states exceeded this requirement and 12 states and the District of Columbia cover pregnant women at or above 200 percent of the FPL. Table 3 contains eligibility levels for pregnant women before and after the passage of the BBA.

On July 31, 2000, HCFA provided guidance to states on 1115 demonstration waiver authority to Title XXI, which will allow states to use a portion of their SCHIP allotment to cover pregnant women with incomes above 185 percent of the FPL or parents of SCHIP–eligible children. As of January 2001, no state has submitted a proposal to use the 1115 waiver authority for the coverage of pregnant women only. However, four states—**California**, **New Jersey**, **Rhode Island**, and **Wisconsin**—have submitted waivers to cover the uninsured parents of SCHIP–eligible children. Two states included a provision in their waiver to cover pregnant women: **New Jersey** will cover pregnant women between 185 percent and 200 percent of the FPL, and **Rhode Island** will cover pregnant women between 185 percent and 250 percent of the FPL. On January 18, 2001, New Jersey, Rhode Island, and Wisconsin's waivers were approved by HCFA.

States Are Increasing Access to Health Care for Pregnant Women and Children

The BBA granted states the authority to use presumptive and continuous eligibility for children in Medicaid to increase enrollment and to ensure continuous care regardless of income. States have traditionally used presumptive and continuous eligibility in Medicaid for pregnant women as a tool to help get pregnant women into prenatal care early and to ensure that they receive continuous prenatal and postpartum care. States are also using these two tools for children enrolled in SCHIP.

Presumptive Eligibility

Presumptive eligibility allows a "qualified health provider" or agency to grant short-term eligibility for either Medicaid or SCHIP to pregnant women or children. This enables the pregnant woman or child to receive immediate, temporary health services while a formal application is being processed. Presumptive eligibility allows the health care setting, where the eligible population is more likely to seek services, to become the point of application. The BBA expanded the definition of a "qualified health provider," increasing the number of entities able to grant presumptive eligibility. A qualified health provider originally included county health departments, hospital clinics, and federally qualified health centers. It now includes pediatricians; Special Supplemental Nutrition Programs for Women, Infants, and Children (WIC) programs; Head Start centers; and agencies that determine eligibility for subsidized child care.

Many states have found that implementing presumptive eligibility for pregnant women has increased the number of women who seek prenatal care in their first trimester.

Table 4 shows the states that have implemented presumptive eligibility for pregnant woman and children under Medicaid and for children under SCHIP.

Continuous Eligibility

Continuous eligibility allows the state to grant eligibility for a set period of time, usually between 6 and 12 months. This allows a child or pregnant women to remain eligible for the entire time period, regardless if they are later determined to be ineligible due to fluctuations in income or changes in employment status.

Table 5 shows the states that have implemented continuous eligibility for pregnant women and children in Medicaid and for children in SCHIP.

States' Steps to Increase the Number of Pregnant Women Who Seek Prenatal Care in Their First Trimester

Early and routine prenatal care saves money and lives. Women who start prenatal care early in their pregnancies tend to have fewer problems and deliver healthier babies than do women who delay or have no prenatal care at all. Early prenatal care can help diagnose or circumvent certain complications in pregnancy and delivery. States have used a variety of techniques to convey the importance of early and routine prenatal care, and to help encourage pregnant women to seek prenatal care as early as possible in their first trimester. Table 6 outlines some of the steps that states have taken to increase the number of women who seek and receive prenatal care in the first trimester.

State Programs to Provide Prenatal Care Services to Low-Income Pregnant Women

Recognizing the importance of early and routine health care during pregnancy to ensure healthy birth outcomes, states are finding ways to provide prenatal health services to low-income pregnant women. Some states provide services to undocumented immigrant women, recognizing the health benefits and cost savings of covering undocumented pregnant women, whose children will be legal U.S. citizens. States have used a variety of funding sources to provide prenatal care, such as Title V Maternal and Child Health Block Grant funding, state only dollars, tobacco taxes, and SCHIP funding.

- **Alabama's** "Uncompensated Maternity Care Program," funded through Title V, is given to counties that meet selected criteria to meet the health care needs of maternity clients, including undocumented immigrant women.
- **Arkansas's** "AR KIDS First," is the states SCHIP program that covers pregnant adolescents.
- **California's** "Access for Infants and Mothers," which is funded through the state general fund and tobacco surtax revenue, provides health coverage for pregnant women between 201 and 300 percent of the FPL. California also operates "State only MediCal Fund," funded through the state general fund, which is available for pregnant women at or below 200 percent of the FPL.
- **Florida's** "Healthy Start" is a state general revenue and Title V Block grant supported program that ensures access to prenatal care for all women. Local Healthy Start Coalitions assure that systems for prenatal care are in place by contracting with private providers in their communities or local county health departments to provide this service. Healthy Start works to ensure that women access payment systems when eligible, and provides voucher systems in local communities for women who have no payment source or are ineligible for Medicaid.
- **Hawaii's** "Perinatal Support and Primary Care Subsidies" are funded through state legislative general funds for pregnant women up to 200 percent of the FPL.
- **Illinois'** "Prenatal Care Program" is funded through state general revenue for Medicaid ineligible pregnant women up to 300 percent of the FPL. The Prenatal Care Program reimburses providers for outpatient prenatal care services and will cover pregnant undocumented immigrant women. Enrollment in the program is completed as a part of enrollment in WIC and the Family Case Management program, a statewide service coordination project for families of pregnant women and infants.
- **Indiana's** Title V Maternal and Child Health Block Grant covers pregnant women between 100 and 250 percent of the FPL and will provide services to undocumented immigrant pregnant women.
- **Iowa's** "MCH Title V" Program covers pregnant women between 200 and 300 percent of the FPL. The state also operates the "OB Indigent" program, funded through state dollars, for women between 200 and 300 percent of the FPL.
- **Kansas** uses federal funds for their "Federally Qualified Farm Worker" program that provides health services for undocumented immigrant pregnant women under 200 percent of the FPL.
- **Kentucky's** local health departments provide prenatal care to uninsured pregnant women. KCHIP, Kentucky's Children's Health Insurance Program, covers pregnant adolescents up to 200 percent of the FPL.
- **Massachusetts** operates the "Healthy Start" program for pregnant women up to 225 percent of the FPL who are ineligible for Medicaid.
- **Michigan's** "Maternity Outpatient Medical Services" (MOMS) program is available for pregnant women up to 185 percent of the FPL, and is funded completely through state dollars. MOMS provides undocumented immigrant women pregnancy-related services only.

- **Montana** created the "Montana Comprehensive Health Association" to provide comprehensive health insurance benefits to high-risk individuals regardless of their condition. The program provides comprehensive maternity benefits to pregnant women, and is funded through an assessment on insurance companies and premiums. Montana's Migrant Council, Inc. provides services to pregnant undocumented immigrant women.
- **Nevada** uses federal MCH block grant funds and state dollars for its "MCH Prenatal" program, which provides services for prenatal care only for pregnant women up to 250 percent of the FPL.
- **New Hampshire** uses federal Title V funding and state dollars for its "New Hampshire Prenatal Program" to provide services to low-income pregnant women and teens under 185 percent of the FPL.
- **New Jersey** funds a program that covers prenatal care for pregnant legal immigrant women not eligible for Medicaid. New Jersey has a system of charity care that ensures access to prenatal care for medically indigent pregnant women through hospital clinics or federally qualified health centers.
- **New York** provides prenatal care to teens up to 200 percent of the FPL under their SCHIP program called "Child Health Plus".
- **Oklahoma** provides services to pregnant women—ineligible for Medicaid—through the Women's Health Division "Maternity Program." This program is funded by Title V and state dollars. Pregnant undocumented immigrant women receive services through Oklahoma State Department of Health county health departments and seven contract providers.
- **Rhode Island** uses Medicaid funds to provide RIteCare coverage to pregnant women up to 250 percent of the FPL and state funds combined with an enrollee premium share to cover pregnant women up to 350 percent of the FPL. The result of providing comprehensive coverage through enrollment in health plans has been a steady improvement in adequacy of prenatal care for this population from 89 percent pre RIteCare to 70 percent in 1998.
- **Texas** provides prenatal care to low-income women through the Texas Department of Health Title V Maternal and Child Health Services Program, which is funded by federal Title V dollars and the state. It provides services to women up to 185 percent of the FPL not eligible for Medicaid. The Department of Health also runs the "Community Oriented Public Health" program, which provides services to Texas residents ineligible for Medicaid or other health programs.
- **Washington** uses state funds to cover prenatal care for pregnant undocumented pregnant women at or below 185 percent of the FPL through the Medical Assistance Program.
- **West Virginia** uses federal Title V and state dollars to fund "Right from the Start-Maternity Services" to provide services for pregnant women below 185 percent of the FPL, and provides services to immigrant women.

Number of Medicaid Births

Medicaid paid for more than 1 million births in 1998. Some states were unable to report the number of births paid for by Medicaid because some beneficiaries were enrolled in managed care programs. The total number of Medicaid-financed births decreased slightly in 1998. The nationwide average of Medicaid births, as a percentage of total births, declined from 36 percent in 1997, to 35 percent in 1998. Table 7 indicates the number of Medicaid births and the percentage of total births.

This *MCH Update* was written by Emily V. Cornell. Brendan Krause provided technical support and assistance. This *MCH Update* was prepared under a cooperative agreement with the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Table 1. Pre-SCHIP Medicaid Eligibility and Medicaid and SCHIP Eligibility Levels as of October 1, 2000

	Infants			**Children Below Age Six**		
	Title XIX Funding Pre-SCHIP	Title XXI Funding		Title XIX Funding Pre-SCHIP	Title XXI Funding	
State	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*
Alabama	133%		200%	133%		200%
Alaska	133	200		133	200	
American Samoa	N/R	N/R	N/R	N/R	N/R	N/R
Arizona	140		200	133		200
Arkansas	200			200		
California	200		250	133		250
Colorado	133		185	133		185
Connecticut	185		300	185		300
Delaware	185		200	133		200
District of Columbia	185	200		133	200	
Florida	185	200		133		200
Georgia	185		235	133		235
Guam	N/R	N/R	N/R	N/R	N/R	N/R
Hawaii	185	200		133	200	
Idaho	133	150		133	150	
Illinois	133	185	200	133		185
Indiana	150		200	133	150	200
Iowa	185	200		133		200
Kansas	150		200	133		200
Kentucky	185		200	133	150	200
Louisiana	133	150[a]		133	150[a]	
Maine	185		200	133	150	200
Maryland	185	200		133	200	
Massachusetts	185	200		133	150	200
Michigan	185		200	150		200
Minnesota	275[b]	280		275[c]		
Mississippi	185			133		
Missouri	185	300		133	300	
Montana	133		150	133		150
Nebraska	150	185		133	185	
Nevada	133		200	133		200
New Hampshire	185	300		185		300
New Jersey	185		350	133	133	350
New Mexico	185	235		185	235	

Table 1. Pre-SCHIP Medicaid Eligibility and Medicaid and SCHIP Eligibility Levels as of October 1, 2000 (Continued)

	Infants			**Children Below Age Six**		
	Title XIX Funding Pre-SCHIP	Title XXI Funding		Title XIX Funding Pre-SCHIP	Title XXI Funding	
State	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*
New York	185%	185[d]	250% [e]	133%	133%	250%[e]
North Carolina	185		200	133		200
North Dakota[f]	133		140	133		140
N. Mariana Islands	N/R	N/R	N/R	N/R	N/R	N/R
Ohio	133	200		133	200	
Oklahoma	150	185		133	185	
Oregon	133		170	133		170
Pennsylvania	185		235	133		235
Puerto Rico	N/R	N/R	N/R	N/R	N/R	N/R
Rhode Island	250			250		
South Carolina[g]	185			133	150	
South Dakota	133	140	200	133	140	200
Tennessee[h]	150	200		150	200	
Texas	185		200	133		200
Utah	133		200	133		200
Vermont	225		300	225		300
Virginia	133		185	133		185
Virgin Islands	N/R	N/R	N/R	N/R	N/R	N/R
Washington	200		250	200		250
West Virginia	150			133	150	
Wisconsin	185	200		185	200	
Wyoming	133			133		

Notes:
N/R = not reported. When no cells are filled under the "Title XXI Funding" column, the Title XIX Medicaid eligibility level applies.
Under the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990), states are required to provide Medicaid coverage to children ages six and older born after September 30, 1983, living in families with incomes below 100 percent of the federal poverty level (FPL). Since 1989 states have been required to cover all pregnant women, as well as children below age six, living in families with incomes at or below 133 percent of the federal poverty level.

a. Louisiana will raise eligibility to 200% in January 2001.
b. The category "Infants" includes children up to age two for Minnesota.
c. 275% of the FPL is the income standard for MinnesotaCare, which includes premium payments and barriers for some children who have insurance or access to insurance. 133% of the FPL is the Medicaid Standard.
d. 185% as of October 1, 2000; 200% as of November 1, 2000.
e. In New York, 250% represents gross FPL.
f. North Dakota's amendment began enrolling children in their state-designed program up to 140% of the FPL on October 1, 1999, even though it was still pending approval. The amendment was approved on November 12, 1999.
g. South Carolina expanded Medicaid eligibility for children ages 1 through 18 in families with incomes up to 150% of the FPL on August 1, 1997, but did not claim the enhanced match rate until October 1, 1997.
h. There is no income limit for uninsured children under TennCare. Uninsured children not covered by Medicaid or SCHIP are eligible to receive health coverage under another part of TennCare at higher income levels.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000.

Table 2. Pre-SCHIP Medicaid Eligibility and Medicaid and SCHIP Eligibility Levels as of October 1, 2000

	Children Ages Six Through 15			**Children Ages 15 and Older**		
	Title XIX Funding Pre-SCHIP	Title XXI Funding		Title XIX Funding Pre-SCHIP	Title XXI Funding	
State	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*
Alabama	100%		200%	15%	100%	200%
Alaska	100	200		76	200	
American Samoa	N/R	N/R	N/R	N/R	N/R	N/R
Arizona	100		200[a]	36		200[b]
Arkansas	200			200	100	
California	100		250	82	100	250
Colorado	100		185	39		185
Connecticut[c]	185		300	185	185	300
Delaware	100		200	100		200
District of Columbia	100	200		100	200	
Florida	100		200	28	100	200
Georgia	100		235	100		235
Guam	N/R	N/R	N/R	N/R	N/R	N/R
Hawaii	100	200		100	200	
Idaho	100	150		29	150	
Illinois	100	133	185	46	133	185
Indiana	100	150	200	100	150	200
Iowa	100	133	200	39	133	200
Kansas	100		200	100		200
Kentucky	100	150	200	33	150	200
Louisiana	100	150[d]		16	150[b]	
Maine	125	150	200	125	150	200
Maryland	100	200		34	200	
Massachusetts[e]	133	150	200	133	150	200
Michigan[f]	150		200	150[f]	150	200
Minnesota	275[g]			275[h]		
Mississippi	100		133	34	100	133
Missouri	100	300		100	300	
Montana	100		150	41		150
Nebraska	100	185		34	185	
Nevada	100		200	45		200

Table 2. Pre-SCHIP Medicaid Eligibility and Medicaid and SCHIP Eligibility Levels as of October 1, 2000 (Continued)

	Children Ages Six Through 15			Children Ages 15 and Older		
	Title XIX Funding Pre-SCHIP	Title XXI Funding		Title XIX Funding Pre-SCHIP	Title XXI Funding	
State	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*	*Medicaid Eligibility as of October 1, 1997*	*Medicaid Expansion Eligibility as of October 1, 2000*	*State-Designed Program Eligibility as of October 1, 2000*
New Hampshire	185%		300%	185%		300%
New Jersey	100	133	350	41	133	350
New Mexico	185	235		185	235	
New York	100		250[i]	87	100[j]	250[i]
North Carolina	100		200	100		200
North Dakota	100		140	100		140
N. Mariana Islands	N/R	N/R	N/R	N/R	N/R	N/R
Ohio	100	200		32	200	
Oklahoma	100	185		48	185	
Oregon	100		170	100		170
Pennsylvania	100		235	100		235
Puerto Rico	N/R	N/R	N/R	N/R	N/R	N/R
Rhode Island	250			250		
South Carolina	100	150		50	150	
South Dakota	100	140	200	100	140	200
Tennessee[k]	125	200		150	200	
Texas	100		200	17	100	200
Utah	100		200	100		200
Vermont	225		300	225		300
Virginia	100		185	100		185
Virgin Islands	N/R	N/R	N/R	N/R	N/R	N/R
Washington	200		250	200		250
West Virginia	100		150	100		150
Wisconsin	100	200		62	200	
Wyoming	100		133	55		133

Notes: N/R = not reported. When no cells are filled under the "Title XXI Funding" column, the Title XIX Medicaid eligibility level applies.

a. For children age 6 through those born on or after October 1, 1998.
b. For children born on or after October 1, 1983.
c. Connecticut's pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered children through age 16 up to 185 percent of the FPL.
d. Louisiana will raise eligibility to 200% of the FPL in January 2001
e. Massachusetts' pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered children through age 17 up to 133 percent of the FPL.
f. Michigan's pre-SCHIP Medicaid eligibility levels on October 1, 1997,infant zero to one up to 185% and children one through 16 only up to 150 percent of the FPL.
g. 275% of the FPL is the income standard for MinnesotaCare, which includes premium payments and barriers for some children who have insurance or access to insurance. 100% of the FPL is the State Plan Medicaid Standard (for children born after 9/30/83).
h. 275% of the FPL is the income standard for MinnesotaCare, which includes premium payments and barriers for some children who have insurance or access to insurance. 65% of the FPL is the State Plan Medicaid standard.
i. New York's Medicaid eligibility for children ages six through 18 is 100% of the FPL.
j. There is no income limit for uninsured children under TennCare. Uninsured children not covered by Medicaid or SCHIP are eligible to receive health coverage under another part of TennCare at higher income levels.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000.

Table 3. Medicaid Eligibility of Pregnant Women Before the Balanced Budget Act of 1997 and as of October 1, 2000

State	*Percent of FPL as of October 1, 1997*	*Percent of FPL as of October 1, 2000*
Alabama	133%	133%
Alaska	133	200
American Samoa	N/R	N/R
Arizona	140	140
Arkansas	133	133
California[a]	200	300
Colorado	133	133
Connecticut	185	185
Delaware	185	200
District of Columbia	185	200
Florida	185	185
Georgia	185	235
Guam	N/R	N/R
Hawaii	300	185
Idaho	133	133
Illinois	133	200
Indiana	150	150
Iowa	185	200
Kansas	150	150
Kentucky	185	185
Louisiana	133	133
Maine	185	200
Maryland	185	200
Massachusetts	185	200
Michigan	185	185
Minnesota	275	275
Mississippi	185	185
Missouri[b]	185	185
Montana	133	133
Nebraska	150	185
Nevada	133	133
New Hampshire	185	185
New Jersey	185	185
New Mexico	185	185
New York[c]	185	185[c]
North Carolina	185	185
North Dakota	133	133
N. Mariana Islands	133	133
Ohio	133	150
Oklahoma	150	185
Oregon	133	170
Pennsylvania	185	185
Puerto Rico	N/R	N/R
Rhode Island	250	250
South Carolina	185	185

Table 3. Medicaid Eligibility of Pregnant Women Before the Balanced Budget Act of 1997 and as of October 1, 2000 (Continued)

State	*Percent of FPL as of October 1, 1997*	*Percent of FPL as of October 1, 2000*
South Dakota	133%	133%
Tennessee	185	185
Texas	185	185
Utah	133	133
Vermont	200	200
Virgin Islands	N/R	N/R
Virginia	133	133
Washington	185	185
West Virginia	150	150
Wisconsin	185	185
Wyoming	133	133

Notes: N/R = not reported.

a. California's Medicaid program covers pregnant women with incomes through 200 percent of poverty. The Access for Infants and Mothers (AIM) program covers pregnant women with incomes between 200 and 300 percent of poverty.

b. Uninsured women losing Medicaid coverage sixty days after birth receive women's health services for two years regardless of income.

c. New York's Medicaid program covers pregnant women with incomes through 200% of poverty effective November 1, 2000.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000.

Table 4. Presumptive Eligibility for Pregnant Women in Medicaid and Children in Medicaid and SCHIP, October 1, 2000

State	Medicaid		Children in SCHIP Programs
	Pregnant Women	Children	
Alabama			
Alaska			
American Samoa			
Arizona			
Arkansas	X		
California	X		
Colorado	X		
Connecticut		X	
Delaware	X		
District of Columbia	X		
Florida	X	X[a]	
Georgia	X		
Guam			
Hawaii			
Idaho	X		
Illinois	X		
Indiana			
Iowa	X		
Kansas			
Kentucky			
Louisiana	X		
Maine	X		
Maryland			
Massachusetts	X	X	X
Michigan	X		X
Minnesota			
Mississippi			
Missouri	X		
Montana	X		
Nebraska	X	X	X
Nevada			
New Hampshire	X	X	
New Jersey	X	X	X
New Mexico	X	X	X
New York	X	X	X
North Carolina	X		
North Dakota			
N. Mariana Islands	X	X	
Ohio			
Oklahoma	X		
Oregon			
Pennsylvania	X		
Puerto Rico			
Rhode Island			
South Carolina			
South Dakota			
Tennessee	X		
Texas	X		
Utah	X		
Vermont			
Virgin Islands			

Table 4. Presumptive Eligibility for Pregnant Women in Medicaid and Children in Medicaid and SCHIP, October 1, 2000 (Continued)

State	Medicaid		Children in SCHIP Programs
	Pregnant Women	Children	
Virginia			
Washington			
West Virginia			
Wisconsin	X		
Wyoming	X		
Total	**30**	**9**	**6**

Notes:
a. Now passed, problem with implementation due to requirement of who can do determination.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000.

Table 5. Duration in Months of Continuous Eligibility for Pregnant Women in Medicaid and Children in Medicaid and SCHIP, October 1, 2000

	Medicaid				SCHIP	
State	Pregnant Women	Duration	Children	Duration	Children	Duration
Alabama	X[a]		X	12	X	12
Alaska			X	6	X	6
American Samoa						
Arizona	X[b]		X	6	X	12
Arkansas	X[c]		X[d]			
California			X[e]		X	12
Colorado					X	12
Connecticut			X	12	X	12
Delaware	X	3	X[f]	12/6	X	12
District of Columbia	X	12	X	12	X	12
Florida	X[g]		X	12/6[g]	X	6[g]
Georgia[h]						
Guam						
Hawaii						
Idaho			X	12		
Illinois			X	12	X	12
Indiana			X	12	X	12
Iowa					X	12
Kansas			X	12	X	12
Kentucky			X[h]	12		
Louisiana			X	12		
Maine			X	6	X	6
Maryland			X[i]	12/6		
Massachusetts	X	2[j]	X	12[j]		
Michigan	X	2[k]			X	12
Minnesota			X[l]	12[m]	X	24[n]
Mississippi			X	12	X	12
Missouri	X	24[o]	X[p]	12		
Montana					X	12
Nebraska			X	12	X	12
Nevada	X[q]	60 days				
New Hampshire						
New Jersey			X	6	X	12
New Mexico	X[r]		X	12	X	12
New York	X[s]	60 days	X	12[t]	X	12[s]
North Carolina			X	12	X	12
North Dakota					X	12
N. Mariana Islands						
Ohio			X[u]	12		
Oklahoma						
Oregon			X[v]	12	X	6
Pennsylvania			X	12	X	12
Puerto Rico						
Rhode Island						
South Carolina	X[w]	60 days	X	12		
South Dakota						
Tennessee	X[x]				X	12
Texas	X[y]				X	12

Table 5. Duration in Months of Continuous Eligibility for Pregnant Women in Medicaid and Children in Medicaid and SCHIP, October 1, 2000 (Continued)

	Medicaid				SCHIP	
State	Pregnant Women	Duration	Children	Duration	Children	Duration
Utah					X	12
Vermont						
Virgin Islands						
Virginia	X[z]					
Washington	X[aa]		X	12	X	12
West Virginia					X	12
Wisconsin			X[bb]	12		
Wyoming	X	2	X[cc]		X	12
Totals	**18**	—	**33**	—	**32**	—

Notes:

a. Effective October 1, 2000, Alabama offers family planning services to women ages 19 through 44 with incomes at or below 133 percent of the federal poverty level under a section 1115 Research and Demonstration Waiver. This program has been approved to operate for five years. Continuous eligibility for family planning is provided to postpartum women for up to five years.

b. Arizona offers SOBRA women, after delivery, 24 months of continuous eligibility for family planning services only. The duration is from the initial eligibility date through end of postpartum (which could be up to 12 months).

c. In Arkansas, eligibility is continuous through the last day of the month in which the 60th postpartum day falls.

d. Arkansas' 1115 demonstration provides continuous eligibility for 12 months. The demonstration is called "ARKids First-B."

e. California has just enacted legislation to implement 12-month continuous eligibility for children up to age 19.

f. Delaware Medicaid provides infants 12 months of continuous eligibility, and all other children six months under guaranteed eligibility.

g. Florida offers pregnant women 24 months of continuous eligibility for family planning for postpartum coverage. Medicaid provides12 months of continuous eligibility for children under age five, and six months of continuous eligibly for children ages five to 19. The Florida SCHIP program provides continuous eligibility for six months for children ages one to 19.

h. Kentucky Medicaid provides 12 months deemed eligibility for infants when mother is eligible at infant's birth. Pregnant women are eligible until 60 days postpartum.

i. Maryland Medicaid provides infants 12 months of continuous eligibility, and all other children are guaranteed at least six months coverage under a section 1115 waiver.

j. In Massachusetts, newborns are eligible for 12 months if they are born to Medicaid eligible mothers. Pregnant women are eligible for the duration of their pregnancy and two months following the calendar month of the end of the pregnancy.

k. Michigan provides presumptive eligibility for pregnant women through its MOMS program. Pregnant women found eligible for Medicaid are automatically enrolled.

l. Minnesota provides Medicaid coverage under two programs: The Medical Assistance program (MA) which is regular Medicaid, and MinnesotaCare, which is a section 1115 waiver demonstration project. The MA program provides automatic eligibility for newborns up to age two (the extension to age two achieved through a section 1115 waiver). The MinnesotaCare program uses an annual renewal period, which has the effect of providing continuous coverage for a 12-month period for children under age 21.

m. In Minnesota's Medical Assistance program and MinnesotaCare program, the period of eligibility for newborns is 24 months. In MinnesotaCare, as noted above, the continuous eligibility is 12 months for children under age 21. However, during the 12 months of MinnesotaCare coverage, nonpayment of premiums could result in disenrollment and a four-month penalty period before reinstatement (except for pregnant women and children under age two).

n. 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 a 24-month period.

o. Missouri offers full coverage 60 days after delivery, then 24 months of family planning, testing, and treatment of sexually transmitted diseases only.

p. Missouri Medicaid provides 12 months of continuous eligibility for newborns only.

q. In Nevada, a pregnant women who is determined eligible for one month is eligible for all months through the end of the month, 60 days after the pregnancy ends.

r. New Mexico Medicaid provides 24 months of family planning following the 60 days postpartum, under a section 1115 waiver.

s. New York provides continuous eligibility for pregnant women until the end of the month in which the 60th day occurs following the end of the pregnancy.

t. In New York, families are required to report a change in residency or income, which could affect their insurance status.

u. Ohio Medicaid provides 12 months of continuous eligibility for all newborns (0-200 percent of the FPL) and for children in families between 150-200 percent of the FPL (who pay an annual premium). Ohio has implemented 12-month re-determination for all children.

v. Oregon Medicaid provides 12 months of continuous eligibility for newborns only.

w. South Carolina Medicaid provides continuous eligibility for pregnant women until 60 days postpartum. Newborns born to Medicaid eligible pregnant women that live with the mother are continuously eligible for one year.

x. In Tennessee, pregnant women eligible for TennCare as uninsured can continue on TennCare after the postpartum coverage period if they elect to pay the calculated premium based on their income.

y. Texas offers continuous eligibility through the second month after the pregnancy terminates, regardless of income changes.

z. Virginia provides continuous eligibility for pregnant women past 60 days postpartum.

aa. Washington provides 10 months of family planning coverage only following the 60 days postpartum.

bb. Wisconsin Medicaid provides 12 months of continuous eligibility for newborns only.

cc. Wyoming provides 12 months of eligibility for newborns who are born to a Medicaid eligible woman.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000.

Table 6. Steps taken by States to Increase the Number of Women who Receive Prenatal Care, October 1, 2000

State	Toll-Free Hotline	Care Coordination/ Case Management	Community Canvassing	Cross-Agency Referrals	Incentives	Public Service Announcements	One-Stop Shopping Resource Centers	Extending Doctor's/Clinic Office Hours	Other
Alabama	X	X[a]		X			X		
Alaska	X	X		X					
American Samoa									
Arizona	X	X	X	X		X	X		X[b]
Arkansas	X	X		X	X	X	X	X[c]	
California	X	X	X	X		X	X		
Colorado	X	X	X	X		X	X		
Connecticut	X	X[d]		X			X	X	
Delaware		X	X	X					
District of Columbia	X	X	X	X		X		X	
Florida	X	X		X	X[e]	X[f]	X[g]	X	X[h]
Georgia	X	X	X	X		X	X		
Guam									
Hawaii	X	X		X	X		X		
Idaho	X	X[i]		X		X			
Illinois	X	X	X	X			X		X[j]
Indiana									
Iowa		X	X	X	X		X	X	X[k]
Kansas	X	X		X			X*		
Kentucky	X	X		X	X		X	X	X[l]
Louisiana	X	X		X	X[m]	X	X		X
Maine	X	X	X	X					
Maryland	X	X		X		X[n]			X[o]
Massachusetts	X	X		X				X[p]	
Michigan	X	X		X	X	X[q]	X		
Minnesota	X	X		X	X	X	X*	X*	X[r]
Mississippi									
Missouri	X	X		X		X			
Montana	X	X		X	X		X[s]		
Nebraska	X	X		X	X	X	X	X	
Nevada	X			X	X	X			
New Hampshire[t]	X							X	
New Jersey	X	X	X	X		X	X	X	
New Mexico	X	X		X		X	X		
New York	X	X	X	X	X	X	X	X	X[u]
North Carolina									

State	Toll-Free Hotline	Care Coordination/ Case Management	Community Canvassing	Cross-Agency Referrals	Incentives	Public Service Announcements	One-Stop Shopping Resource Centers	Extending Doctor's/Clinic Office Hours	Other
North Dakota	X			X					

Table 6. Steps taken by States to Increase the Number of Women who Receive Prenatal Care, October 1, 2000 (Continued)

State	Toll-Free Hotline	Care Coordination/ Case Management	Community Canvassing	Cross-Agency Referrals	Incentives	Public Service Announcements	One-Stop Shopping Resource Centers	Extending Doctor's/Clinic Office Hours	Other
N. Mariana Islands									
Ohio	X	X	X	X	X	X	X	X	X[v]
Oklahoma	X	X	X	X		X	X	X	
Oregon									
Pennsylvania	X[w]								
Puerto Rico									
Rhode Island	X			X	X	X	X		X[x]
South Carolina									
South Dakota									
Tennessee	X	X		X		X[y]			X[z]
Texas	X	X		X				X	X[aa]
Utah	X	X		X		X			
Vermont	X	X		X					
Virgin Islands									
Virginia	X	X		X	X[bb]	X		X	
Washington	X	X	X	X	X	X	X	X	X[cc]
West Virginia	X	X		X		X			X[dd]
Wisconsin	X	X	X[ee]	X	X[ee]	X	X	X	
Wyoming	X	X	X	X		X	X	X	X[ff]
Total	**43**	**40**	**16**	**43**	**17**	**28**	**27**	**19**	**16**

Notes:

* Limited

a. Alabama has agreements in some counties with Medicaid providers to provide this service.

b. Arizona provides medical providers to screen for pregnancy potential SOBRA and completion of interview ("Baby Arizona" program).

c. In some Arkansas counties, family planning clinics have extended hours and clinicians can see pregnant women too, but this is not the rule.

d. Connecticut provides intensive case management and home visits.

e. Florida has incentives by local coalitions and provides public service announcements locally.

f. Florida is currently in a pilot phase for a Medicaid mail-in eligibility form.

g. Florida provides mobile prenatal care units in rural communities.

h. In Florida, once determined eligible, pregnant women remain eligible until 60 days after the birth of the baby. When the 60-day postpartum period ends, the woman is eligible for up to 24 months of Medicaid for family planning services.

i. Idaho manages high-risk pregnancies through Reproductive Health Clinics, not statewide activities that are limited to specific district health departments.

j. Illinois provides Education and Outreach programs through Managed Care.

k. Iowa provides conferences and presentations on prenatal care issues.

l. Probably one of the most effective and innovative programs that Kentucky has attempted is the Health Access: Nurturing Development Services Initiative (HANDS). Modeled after Healthy Families/Healthy Start, HANDS is a voluntary home visiting program for first-time parents. Assistance is provided from early pregnancy until the child's second birthday. HANDS is built upon parents' strength and values.

m. In Louisiana, incentives include free pregnancy testing and infant car seats (by raffle).

Table 6. Steps taken by States to Increase the Number of Women who Receive Prenatal Care, October 1, 2000 (Continued)

n. Maryland provides radio and print public service announcements.
o. Maryland provides accelerated eligibility.
p. In Massachusetts, many clinics now offer evening and Saturday morning office hours.
q. Michigan has developed a highly visible media campaign to enroll pregnant women in Medicaid. The media spots are targeted to play during programming times that attract a large audience of the target popuation.
r. Minnesota provides the following home visiting programs: a program targeted to prevent child abuse and maltreatment, a pilot universal home visiting program called MN Healthy Beginnings, and the TANF Home Visiting Program, to promote family self-sufficiency and to improve the health and well being of Minnesota children and families.
s. Montana provides one-stop shopping resource centers in select communities.
t. In New Hampshire, the state agency has a toll-free hotline. All other outreach is determined and delivered by local agencies. Expanded outreach to vulnerable prenatal populations is in the planning stages.
u. New York provides Regional Prenatal/Perinatal Networks.
v. Ohio provides other services through WIC.
w. In Pennsylvania, Healthy Babies/Healthy Kids is a Title V helpline that is for low-income pregnant women and children. The helpline assists women in obtaining prenatal care and health care coverage. The helpline has served 12,552 since its inception for prenatal care. Of the calls, 2,218 were from women in their first trimester.
x. Rhode Island provides outreach grants to 32 community based agencies to reach and enroll eligible children and families.
y. Tennessee provides Public Service Announcements in Western Tennessee.
z. In Shelby County/Memphis and rural west Tennessee Counties, the campaign for Healthier Babies has a coupon incentive program with PSAs and print material encouraging healthy lifestyles and early entry into prenatal care.
aa. In Texas, the following are examples of initiatives and programs that target women of childbearing age, among others, and reinforce the importance of receiving prenatal care during the first trimester; Folic Acid Education Initiative, Breast-feeding Initiative, Promotora Program, Take Time for Kids Initiative, and Texas Healthy Start projects.
bb. In Virginia, Healthy Start has provided some incentives such as bibs, sipper cups and water bottles.
cc. Washington provides the following First Steps: obstetric care, case management for high risk women, maternity support services, as well as specialized alcohol and substance abuse treatment.
dd. In West Virginia, private medical providers participate in perinatal programs and they are held to the same contractual expectations as community health centers. This policy has made government-financed health care more attractive to higher income, non-Medicaid populations and has promoted continuity of care. West Virginia has partnered with March of Dimes, Women's Commission, and local community networks called Family Resource Networks, Information and Referral lines, etc., to facilitate health care access.
ee. Wisconsin provides these services at the local level.
ff. Wyoming provides prenatal services all throughout the state, not in every community.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000

Table 7. Medicaid Births as a Percentage of Total Births, 1997 and 1998

	1997		1998	
State	*Number of Medicaid Births*	*Percentage of Total Births*	*Number of Medicaid Births*	*Percentage of Total Births*
Alabama	26,625	47	27,407	44
Alaska	4,211	42	3,418	34
American Samoa	N/R	N/R	N/R	N/R
Arizona	33,232	44	32,392	41.6
Arkansas	16,481[*]	45	16,096	44
California	207,622	40[+]	209,549	40
Colorado	17,281	31	N/R	N/R
Connecticut	10,464	24	9,995	23
Delaware	3,284	32	3,493	33
District of Columbia	N/R	N/R	N/R	N/R
Florida	80,960	42	80,274	41
Georgia	49,594	42	N/R	N/R
Guam	N/R	N/R	N/R	N/R
Hawaii	N/R	N/R	N/R	N/R
Idaho	6,046	32	5,419	28.01
Illinois[+]	69,912	39	70,898[a]	39
Indiana	30,132	36	31,178	37
Iowa	10,978	30	10,755	29
Kansas	10,685	29	10,807	28
Kentucky	N/R	N/R	N/R	N/R
Louisiana	34,863	53	27,561	41
Maine	4,694	34	4,650	33.9
Maryland[*]	19,573	27	18,158	25
Massachusetts	17,182	21	17,789	21.8
Michigan	40,095	30	51,171	38
Minnesota	20,277	31	19,384	29.7
Mississippi	N/R	N/R	N/R	N/R
Missouri	31,335	42	28,847	40
Montana	3,690	34	3,623	34
Nebraska	6,936	30	6,982	29.7
Nevada	6,812	26	6,905	24
New Hampshire	2,784	20	3,030	21
New Jersey	32,154	28	N/R	N/R
New Mexico	14,114	51	14,620	54
New York	117,438	46	109,476	42.5
North Carolina	N/R	N/R	46,701[b]	42
North Dakota	2,192	26.2	2,032	25.6
N. Mariana Islands	388	N/R	427	N/R
Ohio[*]	51,520	35	49,456	34
Oklahoma	N/R	N/R	N/R	N/R
Oregon	13,775	31	13,668	30.2
Pennsylvania	37,604	26	30,583	23
Puerto Rico	N/R	N/R	N/R	N/R
Rhode Island	3,971	29.1	3,618	28.7
South Carolina	24,497	47	24,848	46
South Dakota	3,420	33	3,380	33
Tennessee	N/R	N/R	33,226	43.4
Texas	162,601	49	146,000	43
Utah	12,500	30	12,302	29
Vermont	N/R	N/R	2,109	N/R
Virgin Islands	N/R	N/R	N/R	N/R
Virginia	N/R	N/R	N/R	N/R
Washington	32,592	42	32,302	41
West Virginia	10,689	57.6	9,808	46.58
Wisconsin	22,621	34	21,695	32
Wyoming	2,867	45	2,412	40

	1997		1998	
State	*Number of Medicaid Births*	*Percentage of Total Births*	*Number of Medicaid Births*	*Percentage of Total Births*
Total	**1,294,210**	—	**1,140,845**	—
Average	—	**36**	—	**35**

Table 7. Medicaid Births as a Percentage of Total Births, 1997 and 1998 (Continued)

Notes:
N/R = not reported. In some cases data are unavailable because the state cannot calculate the number of births paid for by Medicaid among women enrolled in managed health care plans.

* State fiscal data

\+ Estimates

a. Determined through Medicaid /Birth file match: estimated at 70,898 Medicaid births/182,503 total Illinois births in Calendar year; 38.8 percent of total births.

b. This figure does not reflect all births for recipients paid for by health maintenance organizations.

Sources: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in September and October 2000.

Figures for calendar 1997 and 1998 were reported by states.

The numbers of births for 1997 were cross-checked with numbers cited in National Center for Health Statistics “Report of Final Natality Statistics, 1996,” *Monthly Vital Statistics Report*, vol. 46, no. 11, supplement (June 30, 1998).

The numbers of births for 1998 were cross-checked with numbers cited in National Center for Health Statistics *Vital Statistics of the United States: Natality, 1998, Technical Appendix* (March 2000).