

Health Policy Studies Division

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MCH Update 2001: Trends in State Health Insurance Coverage of Pregnant Women, Children, and Parents

Summary

The State Children's Health Insurance Program (SCHIP) and Medicaid are two of the largest providers of health insurance and health coverage to low-income pregnant women, children, and parents. In fiscal 2001, SCHIP covered more than 4.6 million children and Medicaid covered more than 20 million children. In 1999 (the latest year of data), Medicaid paid for more than one-third of births in the states.

States are exploring options to extend health coverage to the parents of children covered by Medicaid and SCHIP. These options include:

- **Medicaid Section 1115 Research and Demonstration Waivers.** States may use Medicaid 1115 waivers to develop research and demonstration programs with Medicaid matching funds that cover more populations and services than the state would ordinarily be able to cover under a traditional Medicaid program.
- **Medicaid Section 1931.** Medicaid Section 1931 allows states to provide Medicaid coverage to low-income parents who meet certain income thresholds.
- **SCHIP Family Coverage.** States can cover parents of SCHIP-eligible children through a *SCHIP 1115 waiver*, which is similar to a Medicaid 1115 waiver, or they may use *employer buy-in programs* that access employer-sponsored health insurance.
- **Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative.** HIFA emphasizes statewide approaches that maximize the use of private health insurance coverage and that integrate Medicaid and SCHIP funding.
- **State-Funded Programs.** States have always had the option of creating entirely state-funded programs to cover uninsured populations. State-funded programs provide states the freedom and flexibility to design programs that meet the needs of their state without being hampered by federal regulations.

Medicaid Births

Medicaid continues to cover one-third of the births in the nation. In 1998 and 1999 (the last year of available data) Medicaid paid for just over 1.2 million births. The nationwide average of Medicaid births, as a percentage of total births, reached 37.2 percent in 1999. Table 1 shows the number of Medicaid births and the percentage of total births for 1998 and 1999. Some states are unable to report the number of births paid for by Medicaid because some beneficiaries are enrolled in managed care programs that are unable to separate Medicaid and commercial enrollees.

Medicaid and SCHIP Coverage for Children and Pregnant Women

States have used SCHIP flexibility to design programs that have dramatically increased the average eligibility level for children that exceed federal mandates. In 2001:

- average eligibility for infants increased to 208 percent of the federal poverty level (FPL);

- average eligibility for children below age 6 increased to 204 percent of the FPL; and
- average eligibility for children ages 6 through 17 increased to 203 percent of the FPL.

States that cover children at or above 200 percent of the FPL has dramatically increased since 1997. In 1997, only seven states covered children, in all age groups, at or above 200 percent of the FPL. As of October 2001:

- 41 states cover infants at or above 200 percent of FPL;
- 40 states cover children below age 6 at or above 200 percent of the FPL; and
- 40 states cover children between ages 6 and 17 at or above 200 percent of the FPL.

Tables 2 and Table 3 detail eligibility levels for children under Medicaid and SCHIP as of October 2001.

States have also made great strides in coverage for pregnant women. As of October 2001:

- 39 states cover pregnant women at or above 133 percent of the FPL;
- 12 states cover pregnant women at or above 200 percent of the FPL; and
- 11 states have raised their Medicaid eligibility for pregnant women to match their eligibility for infants covered either through Medicaid or SCHIP.

Mandatory Medicaid Coverage

Federal law mandates state Medicaid programs to cover (as a percentage of the FPL):

- Pregnant women at 133%
- Infants at 133%
- Children age 1- 6 at 133%
- Children age 6 – 17 at 100%
- Children through age 18 at AFDC standard.

OBRA 1990

Under the Omnibus Budget reconciliation Act of 1990 (OBRA 1990) states are required to phase in coverage for children age 6 and older born after September 30, 1983, living in families with incomes up to 100 percent of the FPL until all children through age 18 (until the 19th birthday) are covered. The upper age limit will be reached by October 2002.

Table 4 details the Medicaid and SCHIP eligibility levels for pregnant women as of October 2001.

Policy Options for States to Provide Health Insurance Coverage for Parents and Adults

Over the past several years, states have explored new ways in which to cover low-income parents and childless adults. Some states have taken advantage of the state-federal partnership of Medicaid and SCHIP, while others have used state-only funds. Table 5 examines some of the ways in which states have expanded coverage to parents and adults.

Medicaid Section 1115 Research and Demonstration Waivers

Medicaid Section 1115 Research and Demonstration waivers allow states to use Medicaid matching funds to cover more populations and services than the state would not ordinarily be able to cover under a traditional Medicaid program. Medicaid Section 1115 waivers allow states to waive statutory and regulatory provisions—such as the categorical, income, and resources requirements of the Medicaid program—subject to approval by the Secretary of the U.S. Department of Health and Human Services (HHS). Currently 11 states—Arizona, Delaware, Hawaii, Massachusetts, Minnesota, New Jersey, New York, Oregon, Rhode Island, Tennessee, and Vermont—operate statewide Medicaid Section 1115 waivers that cover uninsured adults or parents at higher income levels than traditional Medicaid.

Utah received approval for its Medicaid 1115 waiver in February 2002. Utah will expand benefits for primary care and preventive services to about 25,000 residents who otherwise would not have access to health coverage. Adults between the ages of 19 and 64, who have had no health coverage for at least 6 months, whose employer pays less than 50 percent of their health care benefit and whose annual income is less than 150 percent of the FPL are eligible.

Medicaid Section 1931

The 1996 welfare reform law replaced Aid to Families with Dependent Children (AFDC) with Temporary Assistance to Needy Families (TANF) as well as the automatic eligibility link between Medicaid and welfare with a new family coverage category under Medicaid Section 1931. Medicaid Section 1931 requires states, at a minimum, to provide Medicaid coverage to low-income parents who meet the income thresholds of the state's AFDC plan in effect on July 16, 1996. Families need not be receiving cash assistance to receive coverage. The law gives states broad flexibility to cover parents at higher incomes; about half the states have taken advantage of this flexibility to cover parents beyond the federal minimum standards.

Under Section 1931, states may use less restrictive income and resource methodologies to ensure that families on, leaving, or diverted from welfare are eligible for Medicaid. The flexibility afforded to states comes in income and asset disregards and the ability to increase income and asset limits. For more detailed information on state policy options for health coverage for families on welfare see the NGA *Issue Brief* "[State Policy Options for Health Coverage for Families On, Leaving, or Diverted from Welfare and other Low-Income Families.](#)"

SCHIP Family Coverage

States that wish to use SCHIP funding to cover the parents and caretakers of SCHIP-eligible children have two options.

- **SCHIP 1115 waiver.** Similar to Medicaid 1115 waivers, SCHIP 1115 waivers are for states that wish to illustrate how state-initiated innovations, which are not otherwise permitted under the law, will help accomplish SCHIP goals and improve the enrollment of uninsured children.

Before HHS will consider an SCHIP 1115 waiver, the state must have at least one year of experience with SCHIP; cover children up to age 19 with family incomes up to at least 200 percent of the FPL; enroll children on a statewide basis and not have a waiting list or closed enrollment to children. The state must also demonstrate that its application and redetermination process for SCHIP and Medicaid promotes enrollment and retention of eligible children and that the SCHIP-enhanced match will cover low-income individuals in the group targeted by the waiver before covering the higher-income individuals.

- **New Jersey's** SCHIP 1115 waiver is called NJ FamilyCare. New Jersey expanded coverage to parents of SCHIP and Medicaid-eligible children with family incomes up to 200 percent of the FPL, and for pregnant women between 185 percent and 200 percent of the FPL who are uninsured and not covered by Medicaid. New Jersey also expanded the program to childless adults using only state funds. (Due to an overwhelming response and limited state funds, the state has stopped accepting applications for this population.) New Jersey will receive an enhanced SCHIP match for parents with children at or below 133 percent of the FPL until they exceed the limit of their SCHIP allotment. Once the allotment is exceeded, New Jersey will receive Medicaid matching funds under the Medicaid match rate.
- **Employer buy-in programs.** SCHIP employer buy-in programs were initially intended to pay the employee's share of the premium for dependent children when the parents have access to employer-sponsored insurance. However, since few employers carve out a premium just for a dependent child or children, it is often cost effective to cover the employee's share of the premium to cover the entire family. Thus, states that want to build in a component to their SCHIP program using the employer health insurance may ultimately cover the parents of SCHIP-eligible children.
- **Virginia's** SCHIP program is called Family Access to Medical Insurance Security Plan (FAMIS). FAMIS covers children up to age 18 in families up to 200 percent of the FPL. FAMIS operates a premium assistance program called Employer-Sponsored Health Insurance (ESHI) for children in families that meet FAMIS eligibility requirements and who have access to health insurance coverage through their parents' employer. Under ESHI, the state pays the

employee's share of the premium for dependent coverage if certain requirements are met. However, the state recognizes that other family members, including the parents, may be covered under this program because an employer may be unable to determine a premium for just the dependent child.

For more detailed information about coordinating SCHIP with employer-sponsored insurance see the NGA *Issue Brief*, "[Using SCHIP Funds for Health Insurance Premium Contributions: Policy Issues and Operational Challenges](#)."

Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative

In August 2001, the Bush Administration launched a new waiver for Medicaid and SCHIP called the Health Insurance Flexibility and Accountability waiver (HIFA). HIFA emphasizes statewide approaches to cover the uninsured that maximize the use of private health insurance coverage and that integrate Medicaid and SCHIP funding.

States can use HIFA waivers to cover mandatory populations under Medicaid, optional populations under Medicaid and SCHIP, and expansion populations such as childless, non-disabled adults under Medicaid. States must continue to cover mandatory populations as specified under Medicaid, and states seeking access to SCHIP funding must maintain their Medicaid eligibility levels for children as of June 1997. HIFA does not limit the upper eligibility level; however, the purpose of HIFA is to address insurance coverage among individuals below 200 percent of the FPL. States that use HIFA waivers must continue to provide the benefits package specified in their Medicaid state plan to mandatory populations; however, HIFA gives states flexibility to modify current benefits packages for optional Medicaid and SCHIP populations.

HIFA provides the greatest flexibility in benefits packages for expansion populations. States can use HIFA as a means to integrate and/or coordinate Medicaid and SCHIP funding with private health insurance options, and the secretary will permit flexibility in the state's definition of a benefits package and cost-sharing for optional and expansion populations in support of increased use of private group health plan premium assistance programs.

HIFA waivers will be approved for an initial five-year period from the date of project implementation. HIFA waivers are required to be budget neutral to Medicaid—total federal expenditures under a waiver cannot be greater than without a waiver for comparable services to the same beneficiaries.

Two states have been granted HIFA waivers, with several more pending at the Centers for Medicare and Medicaid Services.

- **Arizona** was the first state to win approval for its HIFA waiver. Arizona expanded access to health coverage to parents with children enrolled in Medicaid or KidsCare, Arizona's SCHIP program, with family incomes between 100 percent and 200 percent of the FPL, and to childless adults with family incomes up to the federal poverty level.
- **California's** HIFA waiver was approved in January 2002. California will offer health care coverage to the custodial parents, family caregivers and legal guardians of children eligible for Medicaid or SCHIP, provided those parents do not have health insurance and have family incomes at or below 200 percent of the FPL.

For more detailed information about HIFA waivers, see NGA Center for Best Practices *Issue Brief*, "[HIFA: Finding the Flexibility](#)."

State-Funded Programs

States have always had the option to create state-funded programs to cover uninsured populations. With state-funded programs, states have the freedom and flexibility to design effective programs that are not hampered by federal regulations. The innovative design of state-funded programs for uninsured children, such as those in **Colorado, Florida, New York, and Pennsylvania**, and—was the impetus behind the national SCHIP program, and have since been folded into the state-federal partnership of SCHIP.

State-funded programs have maximum flexibility to define eligibility criteria, select participating providers, set reimbursement rates, and choose the benefits package. Most of the funding for these programs comes from state financing streams. Funds may come from general state revenues; special taxes on tobacco, alcohol, health providers, or employers; proceeds from the sale or conversion of not-for-profit hospitals; contributions from local counties or communities; private donations from corporate partners or foundations; or family cost-sharing, premiums, or copayments.

Since state-funded programs have no federal funding, there are no federal mandates on which services must be provided in the benefits package or restrictions on whom may be eligible. Moreover, the lack of federal government funding allows state-funded programs to be free from the stigma associated with other "welfare" programs. State-funded programs are generally not entitlement programs and states can cap enrollment when revenues fall short. They may require cost sharing from beneficiaries and provide a limited benefits package when compared to Medicaid.

- **Washington** operates a state-funded health insurance plan called Basic Health, which began in 1987 and was the first of its kind in the nation. Basic Health provides subsidized health insurance for children and families at or below 200 percent of the FPL. Monthly premiums are based on family size, income, age, and the health plan selected. Copayments are required for most services, but there are no deductibles or coinsurance. State funds help pay a portion of the monthly premium.

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Table 1. Medicaid Births as a Percentage of Total Births, 1998 and 1999

State	1998		1999	
	<i>Number of Medicaid Births</i>	<i>Percentage of Total Births</i>	<i>Number of Medicaid Births</i>	<i>Percentage of Total Births</i>
Alabama	27,407	44	26,693	44.4
Alaska	3,418	34	4,740	47.5
American Samoa	N/A	N/A	N/A	N/A
Arizona	32,392	41.6	33,796	43.4
Arkansas	16,096	44	N/A	N/A
California	215,849	41.5	218,317	42.4
Colorado	N/A	N/A	20,036	32
Connecticut	9,995	23	10,240	23.65
Delaware	3,493	33	3,519	33
District of Columbia	N/A	N/A	N/A	N/A
Florida	80,310	44	78,545	43
Georgia	53,174	43	55,124	44
Guam	N/A	N/A	N/A	N/A
Hawaii	N/A	N/A	1,498	8.8
Idaho	5,419	28.01	6,001	30.2
Illinois ⁺	70,898	39	72,161 ^a	39.6
Indiana	31,178	37	35,019	41
Iowa	10,755	29	7,900	21
Kansas	10,807	28	7,718	N/A
Kentucky	22,143	41	21,152	39
Louisiana	27,561	41	42,190	63
Maine	4,650	33.9	4,206	30.9
Maryland*	18,158	25	19,219	27
Massachusetts	17,789	21.8	19,046	23.6
Michigan	51,171	38	N/A	N/A
Minnesota	19,384	29.7	19,776	29.98
Mississippi	N/A	N/A	22,283	52
Missouri ⁺	28,847	40	29,161	40
Montana	3,623	34	3,861	36
Nebraska	6,982	29.7	7,076	29.6
Nevada	6,905	24	8,886	35
New Hampshire	3,030	21	2,583	21
New Jersey	N/A	N/A	N/A	N/A
New Mexico	14,620	54	15,271	56
New York	109,476	42.5	109,107	42.8
North Carolina	46,701 ^b	42	46,500	40.9
North Dakota	2,032	25.6	2,877	37.7
N. Mariana Islands	427	N/A	N/A	N/A
Ohio*	49,456	34	50,356	34.7
Oklahoma	N/A	N/A	21,084	48
Oregon	13,668	30.2	14,364 ^c	31.8 ^c
Pennsylvania	30,583	23	43,900	30
Puerto Rico	N/A	N/A	N/A	N/A
Rhode Island	3,618	28.7	3,554	29.7
South Carolina	24,848	46	23,177	42
South Dakota	3,380	33	3,310	31
Tennessee	33,226	43.4	32,341	41.6
Texas	146,000	43	152,801	43.76
Utah	12,302	29	13,398	28.6
Vermont	3,337	51	3,457	53
Virgin Islands	N/A	N/A	N/A	N/A
Virginia	N/A	N/A	N/A	N/A
Washington	32,302	41	32,017	41
West Virginia	9,808	46.58	10,088	51.64
Wisconsin	22,581	33.5	23,787	34.9
Wyoming	2,412	39	2,352	38
Total	1,295,510	—	1,297,962	—
Average	—	35.8	—	37.4

Table 1. Medicaid Births as a Percentage of Total Births, 1998 and 1999

Notes:

N/A = not available. In some cases, the state is unable to generate data in time for publication or 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 72,161 Medicaid births/182,027 total Illinois births in calendar year; 39.6 percent of total births.

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

^c The 1999 figures for Oregon are from the Oregon Vital Statistics 1999, Vol.1. The Office of Medical Assistance Programs (OMAP) has also calculated the number of children enrolled in Medicaid on the child's date of birth to be 18,298 for 1999. The difference between the two figures may be due to the difference in data collection. The vital statistics on health insurance status based on self-reported insurance status, while the OMAP data are collected from MMIS Medicaid eligibility files and contain retroactive eligibility data.

Sources:

Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in October and November 2001. Figures for calendar 1998 and 1999 were reported by states. The numbers of births for 1999 were cross-checked with numbers cited in National Center for Health Statistics *Vital Statistics of the United States: Natality, 1998, Technical Appendix* (March 2000). Figures for 1999 were cross-checked with numbers cited in National Center for Health Statistics *National Vital Statistics Report* (Vol. 49, No. 1, April 17, 2001).

Table 2. Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Infants and Children Below Age Six as of October 1, 2001

State	Infants		Children Below Age Six	
	Medicaid Eligibility	SCHIP Eligibility*	Medicaid Eligibility	SCHIP Eligibility*
Alabama	133%	200%	133%	200%
Alaska	133	200 ^a	133	200 ^a
American Samoa	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	200		133	200
Georgia	185	235	133	235
Guam	N/R	100	N/R	100
Hawaii	185	200	133	200
Idaho	133	150	133	150
Illinois	133/200 ^b	185	133	185
Indiana	150	200	150	200
Iowa	200		133	200
Kansas	150	200	133	200
Kentucky	185	200	150	200
Louisiana	133	200	133	200
Maine	185	200	150	200
Maryland	200	300	200	300
Massachusetts	200		150	200
Michigan	185	200	150	200
Minnesota	275 ^c	280 ^c	275	
Mississippi	185	200	133	200
Missouri	185	300	133	300
Montana	133	150	133	150
Nebraska	150	185	133	185
Nevada	133	200	133	200
New Hampshire	300		185	300
New Jersey	185	350	133	350
New Mexico ^d	185	235	185	235
New York	200	250 ^d	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
Ohio	200		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
Rhode Island	250		250	
South Carolina ^g	185		133	150
South Dakota	140	200	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	200	133	200
Virgin Islands	N/R	N/R	N/R	N/R
Washington	200	250	200	250
West Virginia	150	200	150	200
Wisconsin	185	200	185	200
Wyoming	133	133	133	133

Table 2. Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Infants and Children Below Age Six as of October 1, 2001

Notes:

N/R = not reported.

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.

* SCHIP eligibility refers to eligibility under a SCHIP program either through Medicaid or a separate state-designed SCHIP program.

^a 150 percent for children with other insurance.

^b Infants born to women who were eligible for and receiving Medicaid at the time of birth are eligible up to one year of age at 200 percent of the FPL. All other infants are eligible up to 133 percent of FPL.

^c The category “Infants” includes children up to age two for Minnesota.

^d Infants born to mothers on Medicaid are eligible under “Medicaid for Newborns.” Infants who are not Medicaid eligible per the figures on the table.

^e In New York, 250 percent represents gross FPL.

^f North Dakota’s amendment began enrolling children in their state-designed program up to 140 percent 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 percent 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 October and November 2001.

Table 3. Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Children Ages 6 through 18 as of October 1, 2001

State	Children Ages 6 through 17*		Children Ages 18 and older	
	Medicaid Eligibility	SCHIP Eligibility ^f	Medicaid Eligibility	SCHIP Eligibility ^f
Alabama	100%	200%	100%	200%
Alaska	100	200 ^a	76	200 ^a
American Samoa	N/R	N/R	N/R	N/R
Arizona	100	200 ^b	100	200 ^c
Arkansas	200		100	
California	100	250	100	250
Colorado	100	185	39	185
Connecticut ^d	185	300	185	300
Delaware	100	200	100	200
District of Columbia	100	200	N/R	200
Florida	100	200	100	200
Georgia	100	235	100	235
Guam	N/R	100	N/R	100
Hawaii	100	200	100	200
Idaho	100	150	100	150
Illinois	133	185	133	185
Indiana	150	200	150	200
Iowa	133	200	35	200
Kansas	100	200	100	200
Kentucky	150	200	150	200
Louisiana	100	200	100	200
Maine	150	200	150	200
Maryland	200	300	200	300
Massachusetts ^e	150	200	150	200
Michigan ^f	150	200	150	200
Minnesota	275 ^g		275 ^h	
Mississippi	100	200	100	200
Missouri ⁱ	100	300	100	300
Montana	100	150	34	150
Nebraska	100	185	100	
Nevada	100	200	45	200
New Hampshire	185	300	185	300
New Jersey	133	350 ^j	133	N/A
New Mexico	185	235	185 ^k	235
New York	100	250	100	250
North Carolina	100	200	100	200
North Dakota	100	140	100	140
N. Mariana Islands	N/R	N/R	N/R	N/R
Ohio	200		200	
Oklahoma	100	185	48	185
Oregon	100	170	100	170
Pennsylvania	100	235	34	235
Puerto Rico	N/R	N/R	N/R	N/R
Rhode Island	250	250	250	250
South Carolina	100	150	50	
South Dakota	140	200	140	200
Tennessee ^l	150	200	150	200
Texas	100	200	100	200
Utah	100	200	100	200
Vermont	225	300	225	300
Virginia	100	200	100	200
Virgin Islands	N/R	N/R	N/R	N/R
Washington	200	250	200	250
West Virginia	100	200	100	200
Wisconsin	100	200	100	200
Wyoming	100	133	55	133

Table 3. Medicaid and SCHIP Eligibility Levels as a Percent of the Federal Poverty Level (FPL) for Children Ages 6 through 18 as of October 1, 2001

Notes:

N/R = not reported.

* This age group represents children ages 6 through age 17 (until their 18th birthday). Under the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990), states are required to phase in coverage for children ages 6 and older born after September 30, 1983, living in families with incomes up to 100 percent of the FPL until all children through age 18 (until the 19th birthday) are covered; the upper age limit will be reached by October 2002.

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

^a 150 percent for children with other insurance.

^b For children ages 6 through 18.

^c For children through age 18.

^d Connecticut's pre-SCHIP Medicaid eligibility levels on October 1, 1997, covered children through age 16 up to 185 percent of the FPL.

^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, covered newborns to age one up to 185 percent of the FPL and children ages 1 through 15 only up to 150 percent of the FPL.

^g 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 6 through 18 born after September 30, 1983, is 100 percent of the FPL.

^h Children under age 21 are eligible in the MinnesotaCare Program up to 275 percent of the FPL. The highest income level in Minnesota's Medicaid plan for children ages 18 to 20 is approximately 65 percent of the FPL, which is the medically needy income level.

ⁱ Missouri's FPLs are children up to age 19.

^j New Jersey's SCHIP eligibility covers children up to 350 percent of the FPL through age 18.

^k New Mexico covers children for Medicaid and SCHIP up to age 19.

^l 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 October and November 2001.



Table 4. Medicaid and SCHIP Eligibility for Pregnant Women as of October 1, 2001

State	Pregnant Women	
	<i>Medicaid Eligibility</i>	<i>SCHIP Eligibility</i>
Alabama	133%	200% ^a
Alaska	200	
American Samoa	N/R	
Arizona	140	200 ^b
Arkansas	133	
California ^c	300	
Colorado	133	185
Connecticut	185	
Delaware	200 ^d	
District of Columbia	185	200
Florida	185	
Georgia	235	
Guam	100	
Hawaii	185	200
Idaho	133	
Illinois	200	
Indiana	150	
Iowa	200	
Kansas	150	200
Kentucky	185	
Louisiana	133	185 ^e
Maine	200	
Maryland	250	
Massachusetts	200	
Michigan	185	200 ^f
Minnesota	275	
Mississippi	185	
Missouri ^g	185	
Montana	133	
Nebraska	185	
Nevada	133	200 ^h
New Hampshire	185	
New Jersey	185	200
New Mexico	185	
New York	200	250 ⁱ
North Carolina	185	
North Dakota	133	
N. Mariana Islands	133	
Ohio	150	
Oklahoma	185	
Oregon	170	
Pennsylvania	185	
Puerto Rico	N/R	
Rhode Island	250	
South Carolina	185	
South Dakota	133	
Tennessee	185	
Texas	185	200
Utah	133	
Vermont	200	
Virgin Islands	N/R	
Virginia	133	
Washington	185	
West Virginia	150	200
Wisconsin	185	200
Wyoming	133	

Table 4. Medicaid and SCHIP Eligibility for Pregnant Women as of October 1, 2001

Notes:

N/R = not reported.

- ^a If a pregnant woman is under the age of 19, she could be covered by SCHIP up to and including 200 percent of the FPL.
- ^b If a pregnant woman is under the age of 19, she could be covered by SCHIP up to and including 200 percent of the FPL.
- ^c California's Medicaid program covers pregnant women with incomes through 200 percent of the FPL. The Access for Infants and Mothers (AIM) program covers pregnant women with incomes between 200 percent and 300 percent of the FPL.
- ^d Maternity is a covered benefit under Delaware's SCHIP program, but the Medicaid FPL is the same as the SCHIP eligibility level. All births then become Medicaid births.
- ^e Louisiana had enacted legislation to apply for a SCHIP 1115 waiver to cover pregnant women up 185 percent of the FPL.
- ^f Pregnant women would have to be under age 19 to be SCHIP-eligible.
- ^g Uninsured women losing Medicaid coverage sixty days after birth receive women's health services for two years regardless of income.
- ^h If a pregnant woman is under the age of 19, she could be covered by SCHIP up to and including 200 percent of the FPL.
- ⁱ For pregnant women up to 18 years of age only.

Source: Data collected by the National Governors Association Center for Best Practices, Health Policy Studies Division in October and November 2001.

Table 5: Programs that Provide Health Coverage to Adults with Children[†]

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level
Alabama	Plan First	Medicaid 1115 Waiver for Family Planning Services	Females ages 19-44	133
Arizona ^a	AHCCCS	Medicaid 1115	Adults and families with children	100
	Medicaid and SCHIP	HIFA Waiver	Adults with children Adults without children	100-200 100
California	MediCal	Medicaid 1931	Adults with children	100
	Healthy Families ^b	HIFA Waiver	Parents of SCHIP eligible children	200
Colorado	1931 Family Medicaid	Medicaid 1931	Adults with children	39
Connecticut	HUSKY	Medicaid 1931	Adults with children	150
Delaware	Diamond State Health Plan	Medicaid 1115	Adults	100
District of Columbia	DC Healthy Families	Medicaid 1931	Adults with children	200
Guam	Medicaid	Medicaid 1931/ SCHIP/ Categorically Needy Expansion	Aged, Disabled, Pregnant women, Children and Caretaker relatives	100
Hawaii	Hawaii QUEST (QUEST)	Medicaid 1115	Adults	100
Illinois	KidCare Rebate	State-funded	Children who are covered by private health insurance ^c	133-185
Indiana	Hoosier Healthwise	Medicaid 1931	Adults with children	100
Iowa	Iowa Medicaid	Medicaid 1931	Adults with children	35 ^d
Kansas	Medicaid	Medicaid	Adults with children	150-200
Louisiana	LaChip	<i>SCHIP 1115^e</i>	<i>Adults with children</i>	<i>100</i>
Maine	Medicaid	Medicaid 1931	Adults of Medicaid and SCHIP eligible children	150
Massachusetts	MassHealth Standard	Medicaid 1115	Parents, disabled adults, and unemployed adults	133
	MassHealth Family Assistance	Medicaid 1115	Custodial families and uninsured adults	200
Michigan	Low Income Families	Medicaid 1931	Adults with children	100
Minnesota	MinnesotaCare	Medicaid 1115 & SCHIP 1115 ^f	Adults with children	275
		State-funded	Adults without children	175
Mississippi	MS Health Benefits	SCHIP	Children and adults with employer sponsored coverage*	200 ^g
Missouri	MC+	Medicaid 1115	Single custodial parents	300
			Other parents	100
New Jersey	NJ FamilyCare	SCHIP 1115	Parents of Medicaid and SCHIP eligible children	200
New Mexico	SALUD!	Medicaid 1931	Families with dependant children	85
New York	Family Health Plus ^h	Medicaid 1115	Adults with children Adults without children	133 100
	Partnership Plan	Medicaid 1115	TANF adults with children	62-92 ⁱ
North Carolina	Medicaid	Medicaid 1931	Adults with children	AFDC standard ^l
North Dakota	Family Coverage Group	Medicaid 1931	Adults with children	40
Ohio	Healthy Families	Medicaid 1931	Adults with children	100
Oregon	Oregon Health Plan	Medicaid 1115	Adults	100
	Family Health Insurance Assistance ^k	State-funded	Uninsured adults or families	170

Table 5: Programs that Provide Health Coverage to Adults with Children[†]

State	Program Title	Program Type	Target Eligibility Group	Eligibility Level
Pennsylvania	Adult Basic Coverage	State-funded ^l	Uninsured adults	200
Rhode Island	RItCare	Medicaid/ SCHIP 1115 & Medicaid 1931	Adults with children	185
South Carolina	Low-Income Families	Medicaid 1931	Adults with children	50
South Dakota	Low-Income Families (LIF)	Medicaid 1931	Adults with children	AFDC standard ^m
Tennessee	TennCare	Medicaid 1115	Uninsured adults	No income threshold ⁿ
Utah	Medicaid	Medicaid 1115	Uninsured adults	150
Vermont	Vermont Health Access Plan	Medicaid 1115	Uninsured adults	150
Virginia	Family Access to Medical Insurance Security Plan	SCHIP	Children and adults with employer sponsored coverage*	200
Washington	Basic Health Plan	State-funded ^o	Adults and children	200 ^p
West Virginia	WV Medicaid Program	Medicaid 1931	Adults with children	100
Wisconsin	BadgerCare	SCHIP 1115	Adults with children	185-200
Wyoming	EqualityCare	Medicaid 1931	Adults with children	100

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 Initiative (HIFA) waivers.

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

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

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.

Italicized print = State has proposal pending to expand to this group and has not formally implemented expansion.

Sources:

Melora Krebs-Carter and John Holahan, *State Strategies for Covering Uninsured Adults* (Washington, D.C.: The Urban Institute, February 2000).

Academy for Health Services Research and Health Policy, *State Coverage Matrix* only available at <http://www.statecoverage.net/matrix-intro.htm> (Washington, D.C.: Academy for Health Services Research and Policy).

Data were verified by state Medicaid and SCHIP directors in October and November 2001.

Notes:

[†] Not all states are listed in this chart. If a state is not listed, then that state did not indicate that they sponsor a program that provides health coverage to adults with children.

* SCHIP employer buy-in programs are initially intended to pay the employee's share of the premium for dependant children when the parents have access to employer-sponsored insurance. However, since few employers are able to carve out a premium just for a dependant child or children, it is often cost effective to cover the employee's share of the premium to cover the entire family.

^a Arizona's Medicaid program received a section 1115 Medicaid waiver in 1982 to place the entire Medicaid population into managed care.

^b California has submitted a HIFA waiver to HCFA on December 20, 2000. The waiver request was approved in January 20002.

^c KidCare is Illinois' SCHIP program. KidCare Rebate uses state funds to reimburse all or part of the cost of private health insurance premiums for children.

^d In Iowa, 35% of the FPL is after deductions allowed.

^e The state has enacted legislation to apply for a SCHIP 1115 waiver to enroll parents up to 100 percent of the FPL of Medicaid and SCHIP eligible children, and for pregnant women up to 185 percent of the FPL.

^f Those MinnesotaCare parents and caretakers with incomes between 100 and 200% of the FPL will be covered by an SCHIP enhanced match under an 1115 SCHIP waiver approved June 13, 2001. Other MinnesotaCare parents and caretakers will continue to receive the regular FMAP under a Medicaid 1115 waiver. MinnesotaCare coverage of adults without children is 100% state funded, and is not part of either the Medicaid or SCHIP 1115 waivers.

^g Mississippi received approval for its employer buy-in program, however implementation has been put on hold indefinitely.

^h New York's Family Health Plus program covers parents who are not eligible under medically needy programs. Family gross income level is 133% of the FPL as of October 1, 2001; FPL will increase to 150% effective October 1, 2002.

ⁱ Eligibility level in New York's Partnership Plan is based on household size.

^j Eligibility is based on July 1996 AFDC standard, not on a percentage of the federal poverty level.

^k Oregon's Family Health Insurance Assistance program provides a subsidy to individuals or families purchase private health insurance coverage. Families can be covered under the plan, but parents can't use the subsidy for themselves when their children are without health benefits. If the enrollee has access to employer-sponsored insurance, the enrollee must accept it in order to receive the subsidy.

^l Pennsylvania's Adult Basic Coverage is funded through tobacco settlement funds.

^m Eligibility is based on the July 1996 AFDC standard.

ⁿ Above 100 percent of the FPL, enrollees must pay premiums, deductibles, and copayments.

^o Washington receives the Medicaid match rate for children under age 19 at or below 200 percent of the FPL and pregnant women at or below 185 percent of the FPL. Uninsured Adults are funded through state only dollars.

^p Incomes below 200 percent of the FPL are subsidized; enrollees with incomes above 200 percent of the FPL must pay the full premium.