

Contract No.: 500-96-0016(03)
MPR Reference No.: 8644-500

MATHEMATICA
Policy Research, Inc.

**SCHIP's Steady
Enrollment Growth
Continues**

Final Report

May 2003

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This report was prepared for the Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, under CMS contract number 500-96-0016 (03). The contents of this publication do not necessarily reflect the views or policies of CMS or DHHS, nor does the mention of trade names, commercial products, or organizations imply endorsement by CMS, DHHS, or Mathematica Policy Research, Inc. The authors are solely responsible for the contents of this publication.

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SCHIP'S STEADY ENROLLMENT GROWTH CONTINUES

The number of children covered by the State Children's Health Insurance Program (SCHIP) continues to increase, and enrollment shows no sign of having reached a plateau. According to data for federal fiscal year (FFY) 2001, 4.6 million children were enrolled in a Medicaid expansion program (M-SCHIP) or a separate child health program (S-SCHIP) at some point during the year, and preliminary data indicate 5.3 million children were enrolled in FFY 2002.

A number of factors have supported the continued growth in SCHIP enrollment. Nine states did not begin enrolling children in their SCHIP programs until 1999 or 2000, and in several large states with more mature SCHIP programs, program enrollment continued to increase considerably. Many states have continued to expand eligibility limits, and many have further refined their strategies to help enroll and retain children in SCHIP by taking such steps as increasing outreach, offering application assistance, and simplifying enrollment and renewal procedures. In FFY 2001, for example, 34 state plan amendments for SCHIP were approved (U.S. Department of Health and Human Services 2002). Moreover, SCHIP appears to have had a spillover effect on Medicaid enrollment that has helped to reverse Medicaid enrollment declines among children during the mid-1990s. In addition, four states (Minnesota, New Jersey, Rhode Island, and Wisconsin) enrolled a total of more than 233,000 adults in SCHIP Section 1115 demonstration programs in FFY 2001. Although state and federal budgetary pressures are a concern, prospects for future growth in SCHIP and Medicaid enrollment remain strong, given the number of uninsured low-income children.

The Centers for Medicare & Medicaid Services (CMS) have issued annual reports providing an overview of SCHIP enrollment trends (U.S. Department of Health and Human Services 2001; 2002). This report adds to the CMS work by: (1) using program characteristics information to analyze differences among states in their SCHIP enrollment patterns through FFY 2001; (2) reviewing annual and quarterly enrollment data, as well as annual data, to describe growth patterns and program turnover; and (3) estimating the extent to which SCHIP (Title XXI of the Social Security Act) has expanded coverage of low-income uninsured children beyond those covered by traditional Medicaid (Title XIX of the Social Security Act). The analysis is based on data from the SCHIP Enrollment Data System (SEDS), a quarterly reporting system for SCHIP and Medicaid enrollment that CMS maintains. Appendix A provides background information on SCHIP programs in the 50 states and in the District of Columbia. Appendix B describes the quality checks and edits performed on the SEDS data; the tables in the text and in the appendices include footnotes that document state-specific edits.

ANNUAL SCHIP ENROLLMENT TRENDS

SCHIP enrollment increased rapidly during the program's first few years, and it continued to grow between FFY 2000 and 2001 (Table 1). About three-quarters of a million children were enrolled in SCHIP in FFY 1998, although more than one-quarter of this group had transferred to SCHIP from preexisting child health programs.¹ Enrollment more than doubled during FFY 1999, with 2 million children enrolled at some point during the year.² By FFY 2000, all the states had implemented a SCHIP program, and enrollment had reached 3.4 million. Enrollment increased another 36 percent in FFY 2001, reaching 4.6 million.³ Preliminary data for FFY 2002 indicate enrollment of 5.3 million children, for a growth rate of over 15 percent from FFY 2001.⁴

Enrollment growth in FFY 2001 was widespread, with 46 states reporting increases from the previous year. Sixteen of the 46 had enrollment increases exceeding 50 percent; 4 states had enrollment increases of more than 100 percent. Only four states experienced SCHIP enrollment declines from the previous year.⁵ Higher-than-expected enrollment led North Carolina to impose an enrollment freeze for its S-SCHIP program between January 1, 2001, and October 8, 2001. Massachusetts also experienced a decline in its S-SCHIP enrollment, which it attributed to children moving to traditional Medicaid and to the state's Section 1115 demonstration. Two other states

¹Florida, New York, and Pennsylvania had preexisting comprehensive child health programs that were permitted to convert to SCHIP by Title XXI. Estimated enrollment in these pre-SCHIP programs totaled 275,000 (50,000 in Florida, 170,000 in New York, and 55,000 in Pennsylvania).

²In the 20 states with both M-SCHIP programs and S-SCHIP programs (referred to as "combination programs"), children who were enrolled in the M-SCHIP program for part of the year and in the S-SCHIP program for part of the year could have been double counted.

³Because of differences in the timing of data collection from SEDS and of the data imputations, the number ever enrolled presented in this paper differs slightly from the number reported by CMS (U.S. Department of Health and Human Services 2002). See Appendix B for a more detailed discussion of this issue.

⁴Preliminary SCHIP enrollment information for FFY 2002 became available as this report was being completed (www.cms.gov/schip/schip02.pdf).

⁵Table 1 also shows that enrollment in Oklahoma decreased in FFY 2001. However, the state believes that the reported decline is in error, and it currently is working to resolve computer system issues that may explain the incorrectly reported data.

TABLE 1

NUMBER OF CHILDREN EVER ENROLLED IN SCHIP, BY STATE,
FOR FEDERAL FISCAL YEARS (FFY) 1998 THROUGH 2001

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	Number of Children Ever Enrolled				Percentage Change Between ^d			
			All SCHIP Programs FFY 1998 ^c	All SCHIP Programs FFY 1999 ^c	All SCHIP Programs FFY 2000 ^c	All SCHIP Programs FFY 2001 ^c	FFY 1998 and FFY 1999	FFY 1999 and FFY 2000	FFY 2000 and FFY 2001	FFY 1998 and FFY 2001
Total			749,054	2,039,033	3,391,911	4,617,485	139.9	66.1	48	35.9
Number of States Reporting			29	48	51	51	29	48	51	51
Alabama	COMBO	2/02/98	8,492	39,455	53,794	68,179	364.6	36.3	—	26.7
Alaska	M-SCHIP	3/01/99	NI	8,033	13,413	21,831	—	67.0	—	62.8
Arizona	S-SCHIP	11/01/98	NI	26,870	59,601	86,863	—	121.8	—	45.7
Arkansas	M-SCHIP	10/01/98	NI	1,165	1,892	2,884	—	62.4	—	52.4
California	COMBO	3/01/98	18,713 ^e	229,461	484,359	697,306	1126.2	111.1	—	44.0
Colorado	S-SCHIP	4/22/98	14,847	24,116	34,889	45,773	62.4	44.7	—	31.2
Connecticut	COMBO	10/01/97	6,649	14,728	19,925	18,632	121.5	35.3	—	-6.5
Delaware	S-SCHIP	2/01/99	NI	3,930	4,474	5,567	—	13.8	—	24.4
District of Columbia	M-SCHIP	10/01/98	NI	2,180	2,264	2,807	—	3.9	—	24.0
Florida	COMBO	4/01/98	52,881	154,594	227,463	298,705	192.3	47.1	—	31.3
Georgia	S-SCHIP	11/01/98	NI	47,581	120,626	182,762	—	153.5	—	51.5
Hawaii	M-SCHIP	7/01/00	NI	NI	345	7,137	—	—	—	1,968.7
Idaho	M-SCHIP	10/01/97	NR	8,482	12,449	16,896	—	46.8	—	35.7
Illinois	COMBO	1/05/98	27,780	42,699	62,507	63,043	53.7	46.4	—	0.9
Indiana	COMBO	6/01/97	21,172	31,246	44,373 ^f	56,986	47.6	42.0	—	28.4
Iowa	COMBO	7/01/98	4,798	13,288	19,958	25,078	176.9	50.2	—	25.7
Kansas	S-SCHIP	1/01/99	NI	14,443	26,306	34,279	—	82.1	—	30.3
Kentucky	COMBO	7/01/98	5,779	18,197	55,593	68,273	214.9	205.5	—	22.8
Louisiana	M-SCHIP	11/01/98	NI	21,580	50,995	79,261	—	136.3	—	55.4
Maine	COMBO	7/01/98	3,204	13,657	22,742	27,003	326.2	66.5	—	18.7
Maryland	COMBO	7/01/98	27,880	69,452	93,081	109,983	149.1	34.0	—	18.2
Massachusetts	COMBO	10/01/97	17,528	67,852	113,034	108,308	287.1	66.6	—	-4.2
Michigan	COMBO	4/01/98	6,226	41,145	55,375	76,181	560.9	34.6	—	37.6
Minnesota	M-SCHIP	9/30/98	NI	19	24	49	—	26.3	—	104.2
Mississippi	COMBO	7/01/98	5,477	13,218	26,459	52,436	141.3	100.2	—	98.2
Missouri	M-SCHIP	7/01/98	10,809	49,529	73,825	106,954	358.2	49.1	—	44.9
Montana	S-SCHIP	1/01/99	NI	1,019	8,317	13,518	—	716.2	—	62.5
Nebraska	M-SCHIP	7/01/98	2,119	9,713	11,400	13,933	358.4	17.4	—	22.2
Nevada	S-SCHIP	10/01/98	NI	7,573	15,946	28,026	—	110.6	—	75.8
New Hampshire	COMBO	5/01/98	NR	4,141	4,308	5,982	—	4.0	—	38.9

Table 1 (continued)

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	Number of Children Ever Enrolled				Percentage Change Between ^d			
			All SCHIP Programs FFY 1998 ^c	All SCHIP Programs FFY 1999 ^c	All SCHIP Programs FFY 2000 ^c	All SCHIP Programs FFY 2001 ^c	FFY 1998 and FFY 1999	FFY 1999 and FFY 2000	FFY 2000 and FFY 2001	FFY 1999 and FFY 2001
Total			749,054	2,039,033	3,391,911	4,617,485	139.9	66.1	48	51
Number of States Reporting			29	48	51	51	29	48	48	51
New Jersey	COMBO	2/01/98	16,810	50,551	89,034	99,847	200.7	76.1	—	12.1
New Mexico	M-SCHIP	3/01/99	NI	1,942	7,971	10,347	—	310.5	—	29.8
New York	COMBO	4/15/98	279,917	522,401	769,457	872,949	86.6	47.3	—	13.5
North Carolina	S-SCHIP	10/01/98	NI	59,542	103,567	99,995	—	73.9	—	-3.4
North Dakota	COMBO	10/01/98	NI	266	2,573	3,404	—	867.3	—	32.3
Ohio	M-SCHIP	1/01/98	49,565	83,688	118,290	162,446	68.8	41.3	—	37.3
Oklahoma	M-SCHIP	12/01/97	17,538	41,900	57,719	38,858 ^g	138.9	37.8	—	-32.7
Oregon	S-SCHIP	7/01/98	6,488	27,285	37,092	41,468	320.5	35.9	—	11.8
Pennsylvania	S-SCHIP	5/28/98	57,481	82,893	119,710	141,163	44.2	44.4	—	17.9
Rhode Island	M-SCHIP	10/01/97	2,030	4,907	11,539	17,398	141.7	135.2	—	50.8
South Carolina	M-SCHIP	8/01/97	43,074	56,819	60,415	66,183	31.9	6.3	—	9.5
South Dakota	COMBO	7/01/98	1,047	3,191	5,888	9,043	204.8	84.5	—	53.6
Tennessee	M-SCHIP	10/01/97	12,662	17,291	16,805	12,873	36.6	-2.8	—	-23.4
Texas	COMBO	7/01/98	25,176	50,878	131,096	501,167	102.1	157.7	—	282.3
Utah	S-SCHIP	8/03/98	2,752	14,898	25,294	34,655	441.4	69.8	—	37.0
Vermont	S-SCHIP	10/01/98	NI	1,483	4,081	5,352	—	175.2	—	31.1
Virginia	S-SCHIP	10/26/98	NI	18,826	37,681	73,102	—	100.2	—	94.0
Washington	S-SCHIP	2/01/00	NI	NI	2,616	7,621	—	—	—	1,91.3
West Virginia	S-SCHIP	7/01/98	160	7,957	21,659	33,144	4,873.1	172.2	—	53.0
Wisconsin	M-SCHIP	4/01/99	NI	12,949	47,140	57,183	—	264.0	—	21.3
Wyoming	S-SCHIP	12/01/99	NI	NI	2,547	4,652	—	—	—	82.6

SOURCE: Analysis by Mathematica Policy Research, Inc. of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTE: The annual SCHIP enrollment data are from SEDS system as of September 9, 2002, with a few exceptions noted in Appendix C.

^aThe type of SCHIP program is as of September 30, 2001.

^bThis date is taken from the state evaluations submitted by states to CMS in spring 2000.

^cIn states with COMBO programs, children may be double counted in the total if they were enrolled in the M-SCHIP program for part of the year and in the S-SCHIP program for part of the year.

^dThis computation is based on the states reporting SCHIP enrollment data in both years.

^eCalifornia did not report FFY 1998 ever enrolled data for the M-SCHIP program, which began March 1998.

^fIndiana did not report FFY 2000 ever enrolled data for the S-SCHIP program, which began January 2000.

^gOklahoma believes its 2001 data are in error, and that it did not experience a decline in enrollment. The state is working on resolving a computer issue.

CMS = Centers for Medicare & Medicaid Services; COMBO = both an M-SCHIP and an S-SCHIP program; NI = state's SCHIP program was not yet implemented; NR = state has not yet reported SCHIP enrollment to CMS or, if noted, the reported data have not been included due to inconsistencies; M-SCHIP = Medicaid expansion program; S-SCHIP = separate child health program.

with decreases—Connecticut and Tennessee—had M-SCHIP programs that were scheduled to phase out in 2002, as children aged into coverage under Title XIX poverty expansions.⁶

Enrollment in SCHIP in FFY 2001 remained concentrated among a handful of states. Together, four states—California, Florida, New York, and Texas—accounted for 51 percent of SCHIP enrollment. In 2001, these states contained 46 percent of uninsured low-income children nationwide (U.S. Census Bureau 2002).⁷ Moreover, enrollment increases in the four programs accounted for 62 percent of nationwide SCHIP enrollment growth between FFY 2000 and 2001. The programs in Texas and California experienced the greatest gains. Enrollment in Texas almost quadrupled between FFY 2000 and 2001 after the state implemented its S-SCHIP program in July 2000; the increase of more than 370,000 children accounted for more than 30 percent of nationwide SCHIP growth during that period. SCHIP enrollment in California increased by about 200,000, accounting for 18 percent of the nationwide increase. The rates of growth in New York and Florida were more modest than in previous years, but the increases—100,000 and 71,000, respectively—were still large relative to increases in other states.

As Table 2 shows, a few other patterns are evident in the SCHIP enrollment data for the period FFY 1998 through 2001.

- States using SCHIP income thresholds of at least 200 percent of the FPL accounted for the majority of SCHIP enrollment and experienced much more rapid growth than did states with income thresholds of less than 200 percent of the FPL. As shown in Appendix A, most of the states using SCHIP thresholds of 200 percent or more had Medicaid income thresholds that were 133 percent of the FPL for children ages 1-5 and 100 percent of the FPL for children born after September 30, 1983. Thus, the SCHIP thresholds provided room for substantial growth. The 38 states with income thresholds of 200 percent of the FPL or more experienced a growth rate of 69 percent from FFY 1999 through 2000, and a growth rate of 40 percent from FFY 2000 through 2001. States with lower income thresholds grew 45 percent from FFY 1999 through 2000, but only 7 percent from FFY 2000 through 2001.

⁶The Omnibus Budget Reconciliation Act of 1990 included a mandate that Medicaid coverage be phased in for children with family incomes less than 100 percent of the FPL who were born after September 30, 1983. The following 10 states had M-SCHIP programs that were designed to expedite the Medicaid coverage of these children, and that were expected to phase out in October 2002 as the mandatory poverty-related expansions for traditional Medicaid were fully phased in: Alabama, Arkansas, California, Connecticut, Florida, Mississippi, New York, North Dakota, Tennessee, and Texas. Other states also expedited coverage of these children as part of their M-SCHIP programs, but they used M-SCHIP income thresholds higher than 100 percent of the FPL.

⁷Low income is defined as at or below 200 percent of the federal poverty level (FPL). Based on U.S. Census Bureau calculations from the Current Population Survey, 2000, 2001, and 2002 Annual Demographic Supplements.

TABLE 2

SELECTED COMPARISONS OF SCHIP ENROLLMENT ACROSS STATES, BY INCOME ELIGIBILITY THRESHOLDS, DATE OF IMPLEMENTATION,
AND TYPE OF PROGRAM, FOR FEDERAL FISCAL YEARS (FFY) 1998 THROUGH 2001

	Number of Children Ever Enrolled				Percentage Change Between ^a		
	FFY 1998	FFY 1999	FFY 2000	FFY 2001	FFY 1998 and FFY 1999	FFY 1999 and FFY 2000	FFY 2000 and FFY 2001
SCHIP Income Eligibility Thresholds							
Income Thresholds <200 percent of FPL (n = 13)	124,508	124,508	124,508	124,508	76.6	44.9	7.0
Number of programs reporting	7	12	13	13			
Income Thresholds ≥200 percent of FPL (n = 38)	624,546	1,795,329	3,036,166	4,236,817	152.5	68.9	39.5
Number of programs reporting	22	36	38	38			
Date of SCHIP Implementation							
Early-Implementation Programs (n = 19)	653,365	1,518,369	2,355,445	2,867,708	130.5	55.1	21.7
Number of programs reporting	17	19	19	19			
Later-Implementation Programs (n = 32)	95,689	520,664	1,036,466	1,749,777	204.4	98.0	68.8
Number of programs reporting	12	29	32	32			
Type of SCHIP Program							
M-SCHIP (n = 16)	137,797	320,197	486,486	617,040	91.5	51.8	26.8
Number of programs reporting	7	15	16	16			
S-SCHIP (n = 15)	81,568	330,459	602,747	804,796	82.9	80.8	33.5
Number of programs reporting	4	13	15	15			
COMBO (n = 20)	529,689	1,388,377	2,302,678	3,195,649	161.3	65.9	38.8
Number of programs reporting	18	20	20	20			

SOURCE: Analysis by Mathematica Policy Research, Inc. of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTE: The annual SCHIP enrollment data are from CMS's SEDS system as of September 9, 2002, with a few exceptions noted in Appendix C. This table counts West Virginia's program as a combination program; however, the state folded the M-SCHIP component into the S-SCHIP component in October 2000. Early implementation states are those that began their SCHIP program before to July 1, 1998; later-implementation states began their program after that date.

^aThis computation is based on the states reporting SCHIP enrollment data in both years.

CMS = Centers for Medicare & Medicaid Services; COMBO = state operates both an M-SCHIP and an S-SCHIP program; FPL = federal poverty level; M-SCHIP = Medicaid expansion program; S-SCHIP = separate child health program.

- Although most SCHIP enrollees lived in states that implemented a SCHIP program before July 1, 1998, states that implemented their programs after that date experienced higher growth rates during FFY 2000 and 2001 than did the early-implementation states.⁸ Later-implementation states grew by 98 percent in FFY 2000 and by 69 percent in FFY 2001, compared with 55 percent and 22 percent growth rates, respectively, among early-implementation states.
- Strong growth occurred across all program types in FFY 2001. In FFY 2001, enrollment in the 20 states with combination programs increased by 39 percent. Enrollment increased by 34 percent in the 15 states with S-SCHIP-only programs, and by 27 percent in the 16 states with M-SCHIP-only programs.

It makes sense that states with higher SCHIP income limits relative to Medicaid income limits experienced more growth; the pool of eligible children in those states was larger than the pool in states with smaller eligibility expansions. In FFY 2001, 10 states raised their SCHIP income eligibility to 200 percent of the FPL or higher (see footnotes in Appendix A for details), and 28 states already were at that level. Furthermore, it is not surprising that, relative to early-implementation programs, the later-implementation programs experienced higher growth rates in FFY 2001. Newer programs still had considerable growth potential, although their growth rates are likely to slow over time as well. Also noteworthy is the fact that the newer programs were more likely than early-implementation programs to have income thresholds of 200 percent of the FPL or higher.

QUARTERLY SCHIP ENROLLMENT PATTERNS

To fully understand enrollment trends, it is helpful to examine quarterly enrollment data, as well as the annual data. Quarterly data indicate whether enrollment grew at a constant rate throughout a year, or whether seasonal patterns occurred.

SCHIP enrollment increased during each quarter of FFY 2001, reaching 3.6 million children during the fourth quarter (Table 3).⁹ The rate of growth declined somewhat from quarter 1 to quarter 4. Nationwide, quarterly enrollment increased 10 percent during the first quarter of 2001, but it slowed to 7 percent during the second quarter, and to 6 percent during the third and fourth quarters. These rates of growth are lower than in FFY 2000, during which growth rates remained steady across quarters, at about 11 percent (not shown in table). Figure 1, which plots the rates from the first quarter of 1998 through the fourth quarter of 2001, depicts how the quarterly growth

⁸ July 1, 1998, was used as a cut-off date to identify the 19 states that had rapid implementation of SCHIP (that is, implementation during the first nine months after establishment of the program).

⁹As a result of program turnover, the number ever enrolled in a single quarter during a year is always expected to be less than the number ever enrolled in the year.

TABLE 3

NUMBER OF CHILDREN EVER ENROLLED IN SCHIP, BY STATE, FROM THE FOURTH QUARTER
FEDERAL FISCAL YEAR (FFY) 2000 THROUGH FOURTH QUARTER 2001

State	Type of SCHIP Program ^a	Date SCHIP Program Began ^b	Number of Children Ever Enrolled					Percentage Change Between			
			Fourth Quarter FFY 2000	First Quarter FFY 2001	Second Quarter FFY 2001	Third Quarter FFY 2001	Fourth Quarter FFY 2001	Fourth Quarter FFY 2000 and First Quarter FFY 2001	First Quarter FFY 2001 and Second Quarter FFY 2001	Second Quarter FFY 2001 and Third Quarter FFY 2001	Third Quarter FFY 2001 and Fourth Quarter FFY 2001
Total			2,691,768	2,953,335	3,153,097	3,346,260	3,554,691	9.7	6.8	6.1	6.2
Number of States Reporting			51	51	51	51	51	51	51	51	51
Alabama	COMBO	2/02/98	30,095 ^c	30,124 ^c	33,298 ^c	35,873 ^c	40,905 ^c	0.1	10.5	7.7	14.0
Alaska	M-SCHIP	3/01/99	11,053	12,407	12,905	12,955	13,529	12.3	4.0	0.4	4.4
Arizona	S-SCHIP	11/01/98	41,546	47,603	53,112	58,647	61,258	14.6	11.6	10.4	4.5
Arkansas	M-SCHIP	10/01/98	1,401	1,696	1,835	2,017	2,187	21.1	8.2	9.9	8.4
California	COMBO	3/01/98	398,744	435,874	464,390	513,378	555,206	9.3	6.5	10.5	8.1
Colorado	S-SCHIP	4/22/98	27,491	27,938	30,461	35,129	37,109	1.6	9.0	15.3	5.6
Connecticut	COMBO	10/01/97	12,496	12,501	12,588	12,286	12,960	0.0	0.7	-2.4	5.5
Delaware	S-SCHIP	2/01/99	3,988	4,410	4,677	4,431	4,307	10.6	6.1	-5.3	-2.8
District of Columbia	M-SCHIP	10/01/98	2,264	3,071	2,446	2,418	2,465	35.6	-20.4	-1.1	1.9
Florida	COMBO	4/01/98	185,087	201,004	214,343	235,405	246,006	8.6	6.6	9.8	4.5
Georgia	S-SCHIP	11/01/98	106,816	117,111 ^d	127,406	148,396	157,051	9.6	8.8	16.5	5.8
Hawaii	M-SCHIP	7/01/00	345	914	5,212	6,075	7,130	164.9	470.2	16.6	17.4
Idaho	M-SCHIP	10/01/97	9,549	11,262	13,276	13,513 ^e	13,750	17.9	17.9	1.8	1.8
Illinois	COMBO	1/05/98	54,731	58,644	63,043	50,725	49,159	7.1	7.5	-19.5	-3.1
Indiana	COMBO	6/01/97	44,375	47,360	49,040	49,404	48,694	6.7	3.5	0.7	-1.4
Iowa	COMBO	7/01/98	14,037	16,223	18,421	17,980	17,487	15.6	13.5	-2.4	-2.7
Kansas	S-SCHIP	1/01/99	20,041	21,521	23,033	24,372	25,591	7.4	7.0	5.8	5.0
Kentucky	COMBO	7/01/98	50,858	62,811	64,853	63,178	65,275	23.5	3.3	-2.6	3.3
Louisiana	M-SCHIP	11/01/98	42,209	44,899	53,032	59,936	79,261	6.4	18.1	13.0	32.2
Maine	COMBO	7/01/98	14,102	14,573	14,580	14,494	14,500	3.3	0.0	-0.6	0.0
Maryland	COMBO	7/01/98	83,131	86,518	89,668	93,144	97,274	4.1	3.6	3.9	4.4
Massachusetts	COMBO	10/01/97	72,925	71,173	72,788	71,965	69,876	-2.4	2.3	-1.1	-2.9
Michigan	COMBO	4/01/98	38,979	44,844	48,320	52,992	56,540	15.0	7.8	9.7	6.7
Minnesota	M-SCHIP	9/30/98	14	21	11	18 ^f	21 ^f	50.0	-47.6	63.6	16.7
Mississippi	COMBO	7/01/98	24,091 ^h	31,247	37,142	43,874	48,709	29.7	18.9	18.1	11.0
Missouri	M-SCHIP	7/01/98	63,338	67,945	78,755	78,522	82,652	7.3	15.9	-0.3	5.3
Montana	S-SCHIP	1/01/99	7,704	9,902	10,591	10,449	10,336	28.5	7.0	-1.3	-1.1
Nebraska	M-SCHIP	7/01/98	8,410	8,678	8,984	9,609	10,315	3.2	3.5	7.0	7.3
Nevada	S-SCHIP	10/01/98	13,261	14,870	17,169	19,711	22,231	12.1	15.5	14.8	12.8
New Hampshire	COMBO	5/01/98	3,533	3,963	4,093	4,365 ^{d,e}	4,636	12.2	3.3	6.6	6.2

Table 3 (continued)

State	Type of SCHIP Program ^a	Date SCHIP Program Began ^b	Number of Children Ever Enrolled					Percentage Change Between			
			Fourth Quarter FFY 2000	First Quarter FFY 2001	Second Quarter FFY 2001	Third Quarter FFY 2001	Fourth Quarter FFY 2001	Fourth Quarter FFY 2000 and First Quarter FFY 2001	First Quarter FFY 2001 and Second Quarter FFY 2001	Second Quarter FFY 2001 and Third Quarter FFY 2001	Third Quarter FFY 2001 and Fourth Quarter FFY 2001
New Jersey	COMBO	2/01/98	78,456	82,242 ^f	82,527 ^f	85,610 ^f	88,824 ^f	4.8	0.3	3.7	3.8
New Mexico	M-SCHIP	3/01/99	6,113	6,919	7,825	7,391	8,659	13.2	13.1	-5.5	17.2
New York	COMBO	4/15/98	595,350	603,617	597,222	584,123	559,846	1.4	-1.1	-2.2	-4.2
North Carolina	S-SCHIP	10/01/98	79,955	84,343	76,430	66,186	71,102	5.5	-9.4	-13.4	7.4
North Dakota	COMBO	10/01/98	2,234	2,488	2,617	2,774	2,856	11.4	5.2	6.0	3.0
Ohio	M-SCHIP	1/01/98	86,477	100,078	107,076	110,851	118,407	15.7	7.0	3.5	6.8
Oklahoma	M-SCHIP	12/01/97	41,663	37,458 ⁱ	30,323 ⁱ	22,456 ⁱ	15,999 ⁱ	-10.1	-19.0	-25.9	-28.8
Oregon	S-SCHIP	7/01/98	21,940	22,669	23,592	23,267	24,016	3.3	4.1	-1.4	3.2
Pennsylvania	S-SCHIP	5/28/98	98,568	102,804	105,157	109,503	112,376	4.3	2.3	4.1	2.6
Rhode Island	M-SCHIP	10/01/97	9,870	9,817	11,753 ^f	10,457 ^f	11,855 ^f	-0.5	19.7	-11.0	13.4
South Carolina	M-SCHIP	8/01/97	51,384	46,364	47,403	48,570	50,146	-9.8	2.2	2.5	3.2
South Dakota	COMBO	7/01/98	4,887	6,441	7,161	7,656	8,365	31.8	11.2	6.9	9.3
Tennessee	M-SCHIP	10/01/97	14,044 ^g	12,873 ^g	11,494 ^g	10,069 ^g	8,501 ^g	-8.3	-10.7	-12.4	-15.6
Texas	COMBO	7/01/98	109,015	206,682	286,748	381,713	461,204	89.6	38.7	33.1	20.8
Utah	S-SCHIP	8/03/98	20,365	22,263	24,231	25,034 ^f	26,798 ^f	9.3	8.8	3.3	7.0
Vermont	S-SCHIP	10/01/98	2,516	2,940	3,231	3,217	3,343 ^h	16.9	9.9	-0.4	3.9
Virginia	S-SCHIP	10/26/98	29,971	33,642	36,700	37,021	59,185	12.2	9.1	0.9	59.9
Washington	S-SCHIP	2/01/00	2,533	3,632	4,523	4,848	5,593	43.4	24.5	7.2	15.4
West Virginia	S-SCHIP	7/01/98	14,805	17,729	21,247	23,183	24,165	19.8	19.8	9.1	4.2
Wisconsin	M-SCHIP	4/01/99	32,752	34,442	33,441 ^f	33,942 ^f	33,662 ^f	5.2	-2.9	1.5	-0.8
Wyoming	S-SCHIP	12/01/99	2,256	2,785	2,924	3,128	3,369	23.4	5.0	7.0	7.7

SOURCE: Analysis by Mathematica Policy Research, Inc. (MPR) of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTE: The quarterly SCHIP enrollment data are from CMS's SEDS system as of September 9, 2002, with a few exceptions noted below. These data are from FFY1998 through 2000 are found in Appendix D.

^aThe type of SCHIP program is as of September 30, 2001.

^bThis date is taken from the state evaluations submitted by states to CMS in spring 2000.

^cThe state did not report M-SCHIP data for this quarter.

^dMPR imputed S-SCHIP enrollment data for this quarter by averaging the state's S-SCHIP data from the previous quarter and the subsequent quarter.

^eMPR imputed M-SCHIP enrollment data for this quarter by averaging the state's M-SCHIP data from the previous quarter and the subsequent quarter.

^fThe state reported adult enrollment in these quarters; however, that enrollment is not included here.

^gTennessee reported some Title XIX Medicaid children in its M-SCHIP enrollment counts.

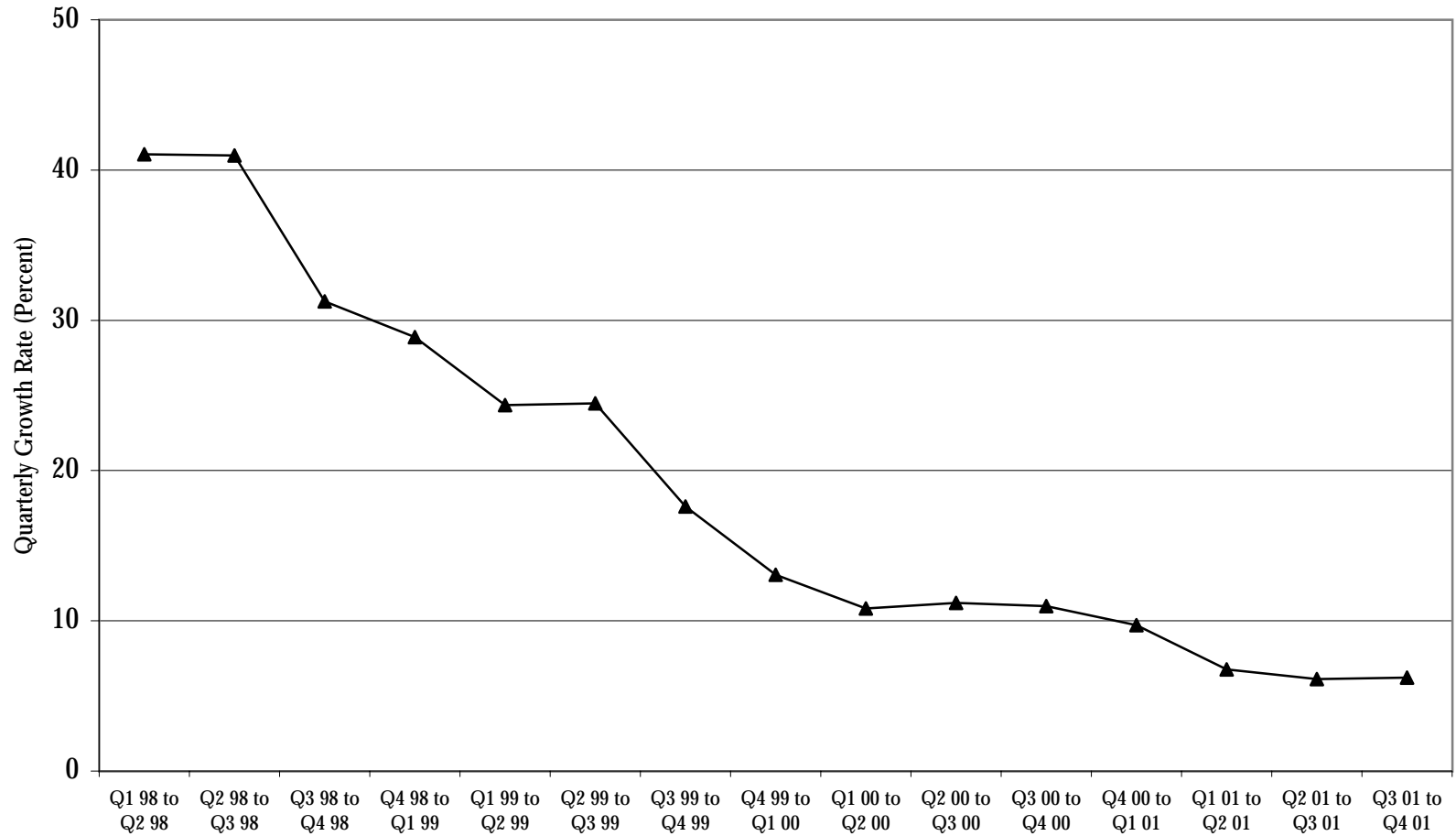
^hThe state reported its quarterly ever enrolled S-SCHIP data directly to MPR or CMS.

ⁱOklahoma believes that its 2001 data are in error and that it did not experience a decline in enrollment. The state is working to resolve a computer issue.

CMS = Centers for Medicare & Medicaid Services; COMBO = both an M-SCHIP and an S-SCHIP program; M-SCHIP = Medicaid expansion program; S-SCHIP = separate child health program.

FIGURE 1

SCHIP ENROLLMENT QUARTERLY GROWTH FROM FEDERAL FISCAL YEAR (FFY) 1998 THROUGH 2001



SOURCE: Analysis by Mathematica Policy Research, Inc. (MPR) of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTE: The quarterly data are from CMS's SEDS as of September 9, 2002, with a few exceptions noted in Table 3 and Appendix D.

rates have changed over a longer period.¹⁰ In a new program, rates of growth are expected to be quite high in the beginning, but to gradually level out over time. SCHIP's growth rates over time have followed this expected pattern. Of interest, Figure 1 does not show any apparent seasonal patterns in the quarterly SCHIP enrollment data. Although states may enroll many new children in the fall each year as the school year begins, net enrollment is not noticeably affected during this period.

Quarterly enrollment data also can be used in comparisons with annual enrollment data to measure the extent of turnover in SCHIP (that is, the extent to which children enroll in the program, but then disenroll). Turnover is calculated as the proportion of children enrolled in the program at some point during a year who did not remain enrolled during the last quarter of the year. This approach does not yield a precise measure of turnover, but it does provide a lower-bound estimate.¹¹

Under this approach, 3.6 million children were enrolled during the fourth quarter of FFY 2001, although 4.6 million children were ever enrolled during that year. Thus, 1.1 million children were no longer enrolled during the last quarter of the year, for a nationwide turnover rate of 23 percent in FFY 2001. This turnover rate varied substantially among the states. In FFY 1999 and 2000, the lower-bound estimates of turnover were 16 percent and 20 percent, respectively (data not shown), indicating that the rate has increased somewhat over time.

Some level of turnover is always expected, because children may leave SCHIP for eligibility reasons, such as changes in family income or aging out of the program. However, turnover also can occur because a family has failed to satisfy administrative requirements, or because it has failed to complete the redetermination process. In states that charge premiums, families who do not remain up-to-date in their premium payments may lose eligibility. In an effort to reduce the turnover associated with administrative requirements, many states have taken steps to simplify the redetermination process, such as producing shorter renewal forms, producing pre-printed renewal forms, and permitting families to self-declare information related to eligibility. Some states have implemented passive renewal policies (where families report only circumstances that have changed), which appear to have improved retention rates (Dick et al. 2002).¹² Finally, some states have chosen to redetermine eligibility less frequently and to guarantee eligibility between renewal periods, in order to reduce disenrollment.

¹⁰Appendix D contains quarterly enrollment data, by state, for FFY 1998 through FFY 2001.

¹¹This approach provides a lower-bound estimate in that some children could have exited the SCHIP program during the year, and could have returned by the fourth quarter. A more precise measure would use individual-level data to account for all movement in and out of the program during the year.

¹²Passive renewal policies range from requiring that a family report any changes on a pre-printed renewal form to automatically reenrolling a family without requiring that a renewal form be returned. The latter approach was examined in Dick et al. (2002).

Unfortunately, the SEDS data do not indicate why children who disenroll no longer qualify for SCHIP, nor do the data indicate the insurance status of children who have left the program. It would be helpful to know why children leave SCHIP, and it would be especially helpful to know whether children who leave are able to make a transition to either private insurance or Medicaid. Some states collect data on the reason for disenrollment, but researchers have found that the information is not always reliable. For example, a recent report discovered that more than half the children who were identified in state data systems as having left SCHIP or Medicaid for renewal, premium, or other administrative problems had actually left for eligibility reasons, such as having obtained private insurance or having experienced changes in income that made them ineligible (Riley et al. 2002).

In a study related to this one, Mathematica Policy Research, Inc. (MPR) is using person-based data from CMS's Medicaid Statistical Information System (MSIS) for FFY 1999 and 2000 to investigate turnover patterns in greater detail. MSIS data make it possible to identify what fraction of disenrollment from SCHIP is due to transfers to Medicaid. Initial results for three states suggest that disenrollment and turnover rates vary substantially, but that many children do transfer between SCHIP and traditional Medicaid.¹³

TRADITIONAL MEDICAID ENROLLMENT PATTERNS AND SCHIP

SCHIP and Medicaid work together to extend insurance coverage to low-income children. SCHIP directly increases children's insurance coverage by using income thresholds that are higher than those of the traditional Medicaid program. However, SCHIP's indirect (spillover) effects on Medicaid enrollment may be equally important in increasing the number of insured low-income children. SCHIP can produce spillover effects in three different ways. First, Title XXI requires states to screen SCHIP applicants to determine whether the applicants are eligible for coverage under the traditional Medicaid program and, if they are, to enroll the children in that program. Second, SCHIP outreach may have increased children's Medicaid enrollment by encouraging the families of a broad group of low-income children to apply for public insurance coverage for their children, including many children who were eligible for, but not enrolled in, Medicaid. Third, SCHIP's efforts to simplify the application and enrollment processes have influenced Medicaid in similar ways (Rosenbach et al. 2003). In response to SCHIP's simplification efforts, many states modified their Title XIX eligibility rules and procedures for children to be consistent with the approaches used for SCHIP.¹⁴

One approach to measuring the direct effect of the SCHIP program is to determine the extent to which the number of publicly insured children in each state has increased over the number

¹³Another SCHIP evaluation by MPR, for the Office of the Assistant Secretary of Planning and Evaluation, is collecting and analyzing survey data on disenrollment from SCHIP, as well as analyzing person-based data from state systems that indicate the reason for a child's disenrollment from SCHIP.

¹⁴In states with M-SCHIP programs, SCHIP and traditional Medicaid for children generally share the same name and administrative structure.

covered by the traditional Medicaid program; this measure is the ratio of the number of children in SCHIP to the number of children in traditional Medicaid. This approach, however, is likely to underestimate the full effect of SCHIP on children's coverage, because outreach efforts for SCHIP are believed to have boosted traditional Medicaid enrollment (the denominator). In addition, as noted previously, the fact that some children may enroll in both SCHIP and Medicaid during a year creates the potential for double counting.

Despite these limitations, Table 4 shows that SCHIP programs extended coverage beyond traditional Medicaid by 20 percent nationally in FFY 2001.¹⁵ That is, 20 percent more low-income children younger than age 19 obtained insurance coverage as a result of SCHIP than were covered by traditional Medicaid in FFY 2001—a considerable achievement.

The extent to which SCHIP can increase coverage beyond that provided by traditional Medicaid depends on many factors—for example, relative SCHIP and Medicaid income eligibility levels—and therefore varies widely by state (refer to Appendix A for a comparison of SCHIP and Medicaid eligibility thresholds). In FFY 2001, 17 states had SCHIP programs that extended coverage by more than 20 percent beyond the number covered by traditional Medicaid. Of the 17 programs, New York's SCHIP program extended coverage the most; 52 percent more children were covered as a result of SCHIP than were covered by traditional Medicaid alone. Other states with major expansions included Alaska (38 percent more covered than covered by Medicaid), Maryland (38 percent more), Nevada (30 percent), Montana (29 percent), and Texas (29 percent). Generally, the states with major expansions beyond Medicaid were those that used SCHIP income thresholds of 200 percent of FPL or higher. In addition, most of these states had Medicaid thresholds of 133 percent of FPL for children ages 1-6 and 100 percent of FPL for children born after September 30, 1983.

At the other end of the spectrum, SCHIP enrollment in five states appears to have had a negligible effect on total child coverage, with enrollment expanding by less than five percent relative to traditional Medicaid in FFY 2001. The states were Minnesota (zero percent beyond Medicaid), Arkansas (one percent), Washington (one percent), Tennessee (two percent), and New Mexico (four percent). However, all five had undertaken major expansions to their traditional Medicaid programs before SCHIP was implemented (through Medicaid Section 1115 demonstrations or Section 1931 changes), and they implemented very limited SCHIP programs as a result (see Appendix A). For example, the Medicaid income threshold for children in FFY 2001 was 185 percent of FPL in New Mexico, 200 percent in Arkansas and Washington, and 275 percent in Minnesota, while Tennessee did not have any upper income level.¹⁶ In these states, the magnitude of SCHIP income eligibility expansions income eligibility was very small.

¹⁵This ratio is calculated for the 48 states reporting Medicaid enrollment into SEDS.

¹⁶TennCare recipients with income above the poverty level are charged a monthly premium based on a sliding scale. Premium subsidies end when income reaches 400 percent of FPL.

TABLE 4

NUMBER OF CHILDREN EVER ENROLLED IN TRADITIONAL MEDICAID AND SCHIP, BY STATE,
FOR FEDERAL FISCAL YEAR (FFY) 2001

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	Number Ever Enrolled FFY 2001		SCHIP Ever Enrolled as Percentage of Traditional Medicaid Ever Enrolled ^d
			Traditional Medicaid	SCHIP ^c	
Total			22,677,387	4,617,485	20
Number of States Reporting			48	51	48
Alabama	COMBO	2/02/98	NR	68,179	—
Alaska	M-SCHIP	3/01/99	58,011 ^e	21,831	37.6
Arizona	S-SCHIP	11/01/98	470,374	86,863	18.5
Arkansas	M-SCHIP	10/01/98	311,808	2,884	0.9
California	COMBO	3/01/98	3,291,887	697,306	21.2
Colorado	S-SCHIP	4/22/98	216,281	45,773	21.2
Connecticut	COMBO	10/01/97	222,226	18,632	8.4
Delaware	S-SCHIP	2/01/99	62,712	5,567	8.9
District of Columbia	M-SCHIP	10/01/98	60,919	2,807	4.6
Florida	COMBO	4/01/98	1,312,823	298,705	22.8
Georgia	S-SCHIP	11/01/98	740,423 ^f	182,762	24.7
Hawaii	M-SCHIP	7/01/00	73,553 ^e	7,137	9.7
Idaho	M-SCHIP	10/01/97	NR	16,896	—
Illinois	COMBO	1/05/98	1,076,824 ^f	63,043	5.9
Indiana	COMBO	6/01/97	429,229	56,986	13.3
Iowa	COMBO	7/01/98	158,664	25,078	15.8
Kansas	S-SCHIP	1/01/99	172,867	34,279	19.8
Kentucky	COMBO	7/01/98	324,740	68,273	21.0
Louisiana	M-SCHIP	11/01/98	480,853 ^f	79,261	16.5
Maine	COMBO	7/01/98	128,140	27,003	21.1
Maryland	COMBO	7/01/98	289,860	109,983	37.9
Massachusetts	COMBO	10/01/97	442,058	108,308	24.5
Michigan	COMBO	4/01/98	762,420	76,181	10.0
Minnesota	M-SCHIP	9/30/98	326,392	49	0.0
Mississippi	COMBO	7/01/98	379,363	52,436	13.8
Missouri	M-SCHIP	7/01/98	531,735	106,954	20.1
Montana	S-SCHIP	1/01/99	47,179	13,518	28.7
Nebraska	M-SCHIP	7/01/98	148,891	13,933	9.4
Nevada	S-SCHIP	10/01/98	94,837	28,026	29.6
New Hampshire	COMBO	5/01/98	63,420	5,982	9.4
New Jersey	COMBO	2/01/98	445,996	99,847	22.4
New Mexico	M-SCHIP	3/01/99	236,112	10,347	4.4
New York	COMBO	4/15/98	1,665,666	872,949	52.4
North Carolina	S-SCHIP	10/01/98	731,441	99,995	13.7
North Dakota	COMBO	10/01/98	28,130	3,404	12.1
Ohio	M-SCHIP	1/01/98	828,065	162,446	19.6
Oklahoma	M-SCHIP	12/01/97	301,445	38,858	12.9
Oregon	S-SCHIP	7/01/98	273,814	41,468	15.1
Pennsylvania	S-SCHIP	5/28/98	815,685	141,163	17.3
Rhode Island	M-SCHIP	10/01/97	89,785	17,398	19.4

Table 4 (continued)

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	Number Ever Enrolled FFY 2001		SCHIP Ever Enrolled as Percentage of Traditional Medicaid Ever Enrolled ^d
			Traditional Medicaid	SCHIP ^c	
South Carolina	M-SCHIP	8/01/97	451,408	66,183	14.7
South Dakota	COMBO	7/01/98	32,569	9,043	27.8
Tennessee	M-SCHIP	10/01/97	668,310	12,873	1.9
Texas	COMBO	7/01/98	1,737,035	501,167	28.9
Utah	S-SCHIP	8/03/98	146,979	34,655	23.6
Vermont	S-SCHIP	10/01/98	NR	5,352	—
Virginia	S-SCHIP	10/26/98	390,279	73,102	18.7
Washington	S-SCHIP	2/01/00	620,369	7,621	1.2
West Virginia	S-SCHIP	7/01/98	188,973	33,144	17.5
Wisconsin	M-SCHIP	4/01/99	317,309	57,183	18.0
Wyoming	S-SCHIP	12/01/99	29,528 ^f	4,652	15.8

SOURCE: Analysis is by Mathematica Policy Research, Inc. (MPR) of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTES: The annual data are from CMS's SEDS as of September 9, 2002, with a few exceptions noted in Appendix C and in the following footnotes.

^aThe type of SCHIP program is as of September 30, 2001.

^bThis date is taken from the state evaluations submitted by states to CMS in spring 2000.

^cIn states with COMBO programs, children may be double counted in the total if they were enrolled in the M-SCHIP program for part of the year and in the S-SCHIP program for part of the year.

^dThe percentage change is calculated among states that reported both SCHIP and Medicaid data to SEDS.

^eAnnual ever enrolled Medicaid data were not consistent with M-SCHIP data for that year. To approximate annual enrollment, MPR used ever enrolled data from the quarter with the highest enrollment in the year.

^fThe state did not report its annual Medicaid ever enrolled data. To approximate annual enrollment for the year, MPR used Medicaid ever enrolled data from the quarter with the highest enrollment in year.

CMS = Centers for Medicare & Medicaid Services; COMBO = both an M-SCHIP and an S-SCHIP program; M-SCHIP = Medicaid expansion programs; NR = state did not report any Medicaid enrollment to CMS; S-SCHIP = separate child health program.

Measuring SCHIP's possible indirect effects on Medicaid enrollment is more difficult. Child Medicaid enrollment began to decline in most states in 1995 or 1996 (Ellwood and Ku 1998). The following table shows that 21.6 million children were enrolled in traditional Medicaid in FFY 1995, but that this number had dropped to 19.8 million by FFY 1998, as reported in the Medicaid 2082/MSIS data.¹⁷

Children Ever Enrolled in Traditional Medicaid (In Millions), 1995 Through 2000	
Year	Number
1995	21.6
1996	21.2
1997	20.0
1998	19.8*
1999	20.2*
2000	20.8*

SOURCE: MSIS/2082, 1995-2000.

*Excludes M-SCHIP children.

However, traditional Medicaid child enrollment grew to 20.2 million in FFY 1999 (when the majority of states had operated SCHIP programs for at least 1 year), and to 20.8 million in FFY 2000. Annual MSIS Medicaid enrollment figures are not yet available for FFY 2001, but preliminary data suggest that the increase in Medicaid enrollment has continued. Anecdotal reports from many states indicate that SCHIP outreach and coordination have facilitated state efforts to maintain or even increase enrollment in the traditional Medicaid groups, because the SCHIP screening process determined that many children who applied for SCHIP were eligible for traditional Medicaid (Rosenbach et al. 2003). In addition, numerous states reported that a large share of children who disenrolled from SCHIP often transferred to traditional Medicaid coverage.

¹⁷Medicaid enrollment figures from the MSIS (or the HCFA-2082 until FFY 1999) are used for this analysis because they are a more complete source of data on traditional Medicaid than is SEDS. The figures from MSIS are calculated by taking the number of children who received child-related coverage, including foster care, and subtracting the number of children in M-SCHIP (from SEDS). This approach eliminates double counting but somewhat understates traditional Medicaid enrollment, because some children could be enrolled in both M-SCHIP and traditional Medicaid during a year. MSIS data can include children through age 20 (states have the option of covering children under Medicaid through age 20), whereas SEDS data are limited to children younger than age 19.

ADULT ENROLLMENT IN SCHIP

In July 2000, states were given the option of expanding SCHIP coverage to parents of SCHIP enrollees and pregnant women through SCHIP Section 1115 demonstrations.¹⁸ The first demonstrations were approved in January 2001, and the first adults were enrolled in FFY 2001. In addition to reducing the number of uninsured adults, adult enrollment in SCHIP may encourage children's enrollment in SCHIP, assuming parents are more likely to enroll their children in SCHIP if they can obtain coverage as well.

As of the end of FFY 2001, four states (Minnesota, New Jersey, Rhode Island, and Wisconsin) had implemented parent expansions.¹⁹ Table 5 presents the quarterly and annual enrollment figures for these states for FFY 2001. During FFY 2001, more than 233,000 adults in four states received coverage through SCHIP 1115 HIFA demonstrations. Wisconsin and New Jersey had the largest adult expansion programs.

The Wisconsin program covered parents with incomes between 100 and 185 percent of the FPL and enrolled more than 99,000 parents during the last three quarters of FFY 2001. New Jersey extended coverage to parents with incomes at or below 200 percent of the FPL and to pregnant women between 185 and 200 percent of that level. More than 96,000 adults were enrolled in New Jersey's program at some point during FFY 2001.

Minnesota's expansion covered parents with incomes between 100 and 200 percent of the FPL; more than 19,000 parents enrolled at some point during the last two quarters of FFY 2001. Rhode Island's expansion covered parents with incomes from 100 to 185 percent of the FPL and pregnant women with incomes between 185 and 250 percent of the FPL. Rhode Island had enrolled almost 18,000 adults at some point during the last three quarters of FFY 2001.

Since 2001, six additional states—Arizona, California, Colorado, Illinois, New Mexico, and Oregon—have received approvals for SCHIP demonstrations; several of these programs had been fully or partially implemented by the time of this report.²⁰ In addition, Arkansas, California, Maryland, Michigan, and Washington had SCHIP 1115 demonstrations to cover adults under review as of April 2003.

¹⁸CMS issued guidance to states on SCHIP 1115 demonstration projects in July 2000. See www.cms.gov/hifa/default.asp for CMS guidance to states on SCHIP and Medicaid 1115 demonstrations under the Health Insurance Flexibility and Accountability (HIFA) demonstration initiative in August 2001.

¹⁹The expansions in Minnesota, Rhode Island, and Wisconsin extend Title XXI funding to a group of parents that had already been made eligible for Title XIX coverage by a previous Medicaid waiver or expansion.

²⁰See www.cms.gov/schip/1115Waiv.pdf for current information on SCHIP demonstration projects that are approved or under review.

TABLE 5

ADULT ENROLLMENT IN SCHIP SECTION 1115 DEMONSTRATION PROJECTS,
FEDERAL FISCAL YEAR (FFY) 2001

State	Population Covered	Number of Adults Ever Enrolled in Each Quarter of FFY 2001				Percentage Change During FFY 2001	Number of Adults Ever Enrolled in FFY 2001
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter		
Minnesota ^a	Parents with incomes from 100 to 200 percent of FPL	NI	NI	15,720	17,776	13	19,735
New Jersey	Parents at or below 200 percent of FPL (in S- SCHIP); pregnant women between 185 and 200 percent of FPL (in S- SCHIP)	41,562	65,220	80,064	90,447	118	96,797
Rhode Island ^a	Parents between 100 and 185 percent of FPL; Pregnant women between 185 and 250 percent of FPL	NI	10,387	12,047	12,584	21	17,946
Wisconsin ^a	Parents between 100 and 185 percent of FPL	NI	63,677	67,470	70,454	11	99,162
National Total		41,562	139,284	175,301	191,261	360	233,640

SOURCE: Data are from CMS's SCHIP Enrollment Data System (SEDS) as of September 9, 2002; description of population covered is from www.cms.gov/schip/1115Waiv.pdf.

NOTE: Parents include relative caretakers and legal guardians.

^a SCHIP Section 1115 demonstration funding replaced coverage that had already been approved under early Medicaid demonstration waivers or optional expansions.

CMS = Centers for Medicare & Medicaid Services; FPL = Federal Poverty Level; NI = not implemented

DISCUSSION

The SCHIP program has hit its stride now that all 50 states and the District of Columbia have had fully implemented programs in place for several years. Nearly 4.6 million children were enrolled in SCHIP at some point during FFY 2001. Just as important, SCHIP enrollment has continued to increase at a substantial rate, growing by 36 percent in FFY 2001. In addition, four states covered more than 230,000 adults under Section 1115 SCHIP demonstrations in FFY 2001.

The enrollment data showed that:

- SCHIP enrollment growth was widespread in FFY 2001, with 37 states reporting increases in enrollment of more than 20 percent. SCHIP program growth in four states—California, Florida, New York, and Texas—accounted for more than 60 percent of the increase in nationwide enrollment in FFY 2001.
- States with SCHIP income eligibility thresholds of 200 percent of the FPL or higher continued to experience higher growth than did states with lower thresholds. The former group had a larger pool of eligible children, since most of them had Medicaid income thresholds of 133 percent of FPL for children ages 1-6 and 100 percent of FPL for children born after September 30, 1983.
- Quarterly growth rates slowed slightly from FFY 2000 through 2001, dropping from 11 percent in the last quarter of FFY 2000 to 6 percent for the last quarter of FFY 2001. Nevertheless, growth rates of this magnitude within a three-month period indicate that the SCHIP program continues to expand, bringing coverage to children who would otherwise be uninsured.
- A lower-bound estimate of the turnover rate in SCHIP was 23 percent in FFY 2001, with a high degree of variability across states. Although some turnover will always exist due to the dynamic nature of the eligible population, state efforts to simplify renewal processes may reduce turnover not caused by changes in eligibility.
- About 20 percent more low-income children had health insurance in FFY 2001 as a result of SCHIP than would have been covered by traditional Medicaid alone. In addition, SCHIP is credited with helping to reverse the declines of the mid-1990s in Medicaid enrollment for children.

This analysis suggests that SCHIP child enrollment has not yet reached a steady-state, and it seems likely that SCHIP enrollment will continue to increase. However, as programs mature and successfully reach uninsured children, rates of program growth are likely to slow even more. In addition, future growth in SCHIP may be constrained by state budget issues, which have recently led a few states to limit the expansion of SCHIP and Medicaid coverage for children (Fox et al. 2002). States may also decide to limit their adult expansions. For example, New Jersey stopped accepting applications for SCHIP parents in June 2002.²¹ Reductions in federal funding may cause SCHIP

²¹See www.njfamilycare.org/pages/who_njkc.html.

enrollment to decline as well (Park et al. 2002). Finally, a few M-SCHIP programs phased out entirely in FFY 2002, and other M-SCHIP programs lost some enrollment as a result of the completed phase-in of child Medicaid coverage to 100 percent of the FPL mandated by the Omnibus Budget Reconciliation Act of 1990.

As mentioned earlier, preliminary data from CMS indicate that 5.3 million children were enrolled in SCHIP during FFY 2002, suggesting an increase of 15 percent from FFY 2001. As expected, the rate of program growth has slowed somewhat as the program has matured, but sizeable increases in SCHIP enrollment continue as states maintain their momentum to expand coverage to uninsured children.

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APPENDIX A

**OVERVIEW OF SCHIP PROGRAMS,
AS OF SEPTEMBER 30, 2001**

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TABLE A
OVERVIEW OF SCHIP AND MEDICAID PROGRAMS

	SCHIP Characteristics (as of September 30, 2001)				Medicaid Characteristics (as of March 31, 1997)			
	Implementation Date				Income Limit (Percent of FPL)			
	M-SCHIP	S-SCHIP	M-SCHIP	S-SCHIP	Infants	Ages 1 through 5	Ages 6 through 16	Ages 17 through 18
Alabama ^b	COMBO	February 1998	October 1998	100	200	133	100	15
Alaska	M-SCHIP	March 1999	—	200	—	133	100	71
Arizona	S-SCHIP	—	November 1998	—	200	133	100	30
Arkansas ^{b,c}	M-SCHIP	October 1998	—	100	—	133	100	18
California ^b	COMBO	March 1998	July 1998	100	250	133	100	82
Colorado	S-SCHIP	—	April 1998	—	185	133	100	37
Connecticut ^b	COMBO	October 1997	July 1998	185	300	185	185	100
Delaware	S-SCHIP	—	February 1999	—	200	133	100	100
District of Columbia	M-SCHIP	October 1998	—	200	—	185	100	50
Florida ^{b,d}	COMBO	April 1998	April 1998	100	200	133	100	28
Georgia ^e	S-SCHIP	—	November 1998	—	235	133	100	100
Hawaii ^f	M-SCHIP	July 2000	—	200	—	133	100	100
Idaho	M-SCHIP	October 1997	—	150	—	133	100	100
Illinois ^g	COMBO	January 1998	October 1998	133	150	133	100	46
Indiana	COMBO	June 1997	January 2000	150	200	133	100	100
Iowa ^h	COMBO	July 1998	January 1999	133	200	133	100	37
Kansas	S-SCHIP	—	January 1999	—	200	133	100	100
Kentucky	COMBO	July 1998	November 1999	150	200	133	100	33
Louisiana ⁱ	M-SCHIP	November 1998	—	200	—	133	100	10
Maine ^j	COMBO	July 1998	August 1998	150	200	133	125	125
Maryland ^k	COMBO	July 1998	July 2001	200	300	185	185	40
Massachusetts ^l	COMBO	October 1997	August 1998	150	200	133	114	86
Michigan	COMBO	April 1998	May 1998	150	200	185	150	100
Minnesota ^m	M-SCHIP	September 1998	—	280	—	275	275	275
Mississippi ^b	COMBO	July 1998	January 2000	100	200	133	100	34
Missouri	M-SCHIP	July 1998	—	300	—	185	100	100
Montana	S-SCHIP	—	January 1999	—	150	133	100	41
Nebraska	M-SCHIP	July 1998	—	185	—	133	100	33
Nevada	S-SCHIP	—	October 1998	—	200	133	100	31
New Hampshire ⁿ	COMBO	May 1998	January 1999	300	300	185	185	185

Table A (continued)

	SCHIP Characteristics (as of September 30, 2001)				Medicaid Characteristics (as of March 31, 1997)				
	Implementation Date				Income Limit (Percent of FPL)				
	M-SCHIP	S-SCHIP	M-SCHIP	S-SCHIP	Infants	Ages 1 through 5	Ages 6 through 16	Ages 17 through 18	
New Jersey	COMBO	February 1998	March 1998	133	350	185	133	100	41
New Mexico	M-SCHIP	March 1999	—	235	—	185	185	185	185
New York ^{b,o}	COMBO	January 1999	April 1998	100	200	185	133	100	51
North Carolina	S-SCHIP	—	October 1998	—	200	185	133	100	100
North Dakota ^{b,p}	COMBO	October 1998	November 1999	100	140	133	133	100	100
Ohio ^a	M-SCHIP	January 1998	—	200	—	133	133	100	33
Oklahoma	M-SCHIP	December 1997	—	185	—	150	133	100	48
Oregon	S-SCHIP	—	July 1998	—	170	133	133	100	100
Pennsylvania	S-SCHIP	—	May 1998	—	200	185	133	100	41
Rhode Island ^r	M-SCHIP	October 1997	—	250	—	250	250	100	100
South Carolina	M-SCHIP	August 1997	—	150	—	185	133	100	48
South Dakota	COMBO	July 1998	July 2000	140	200	133	133	100	100
Tennessee ^{b,s}	M-SCHIP	October 1997	—	100	—	No limit	No limit	No limit	No limit
Texas ^b	COMBO	July 1998	April 2000	100	200	185	133	100	17
Utah	S-SCHIP	—	August 1998	—	200	133	133	100	100
Vermont	S-SCHIP	—	October 1998	—	300	225	225	225	225
Virginia ^t	S-SCHIP	—	October 1998	—	200	133	133	100	100
Washington	S-SCHIP	—	February 2000	—	250	200	200	200	200
West Virginia ^u	S-SCHIP	July 1998	April 1999	—	200	150	133	100	100
Wisconsin ^v	M-SCHIP	April 1999	—	185	—	185	185	100	45
Wyoming	S-SCHIP	—	December 1999	—	133	133	133	100	55

SOURCE: SCHIP standards are based on analysis by Mathematica Policy Research, Inc. of the Title XXI 2001 Annual Reports, Section 6.1, and approved state amendments.

NOTE: Title XXI stipulates that in order for a child to be eligible for SCHIP-funded coverage, family income must exceed the Medicaid income level in effect on March 31, 1997.

^aThere are two types of SCHIP programs: M-SCHIP refers to a Medicaid expansion program. S-SCHIP refers to a separate child health program. COMBO indicates that a state operates both an M-SCHIP and S-SCHIP program.

^bThe M-SCHIP component was designed to accelerate Medicaid coverage of children born before September 30, 1983. As of October 1, 2002, that component will no longer exist, and the programs will become S-SCHIP only.

^cOnly children born after September 1, 1982, but before October 1, 1983, are eligible for M-SCHIP. Arkansas implemented an 1115 Medicaid waiver in September 1997 that raised the income limit to 200 percent FPL. Arkansas received approval in 2002 to establish an S-SCHIP component that will cover children up to 200 percent of poverty, and to reduce the income threshold for its 1115 waiver program from 200 percent to 150 percent of poverty; this program will effectively eliminate the M-SCHIP program.

^dFlorida expanded M-SCHIP coverage to children younger than 1 year with family incomes up to 200 percent of poverty on November 8, 2000. Children aged 17 to 19 years (born before to September 30, 1983) are covered up to 100 percent of poverty.

^eGeorgia's S-SCHIP income threshold increased from 200 percent to 235 percent of poverty on July 1, 2000.

Table A (continued)

- ^fHawaii's M-SCHIP income threshold increased from 185 percent to 200 percent of poverty on September 22, 2000. Under a Section 1115 Medicaid (title XIX) demonstration, eligibility for 17 and 18 year olds was set at 100 percent of poverty. However, from February 1, 1996 until January 2, 2001, enrollment in this age group was subject to an enrollment cap of 125,000. While the cap was in place, eligibility was restricted to 54 percent of poverty, the state's Medicaid eligibility threshold for this group.
- ^gIllinois' M-SCHIP program covers infants up to 200 percent of poverty when the child is born to a woman in the Moms and Babies program. The S-SCHIP program, KidCare Share, covers children up to 150 percent of poverty; the KidCare Premium and Rebate programs cover children up to 185 percent of poverty.
- ^hIowa expanded M-SCHIP coverage on December 8, 2000, to include infants up to 200 percent of poverty. Children aged 6 to 18 are covered up to 133 percent of poverty. At the same time, Iowa increased the income threshold on the S-SCHIP program from 185 percent to 200 percent of poverty for children 18 years or younger.
- ⁱLouisiana's M-SCHIP income threshold increased from 150 percent to 200 percent of poverty on June 6, 2001.
- ^jMaine's S-SCHIP income threshold increased from 185 percent to 200 percent of poverty on October 1, 1999.
- ^kBefore implementation of SCHIP, Maryland provided a limited package of Medicaid benefits to children born after September 30, 1983, who were at least 1 year of age, and with family income up to 185 percent of poverty. Effective July 1, 2001, it implemented an S-SCHIP component that extends coverage to children in families at or below 300 percent of poverty.
- ^lMassachusetts' M-SCHIP program covers infants in families with income up to 200 percent of poverty.
- ^mMinnesota's M-SCHIP program covers children 2 years of age or younger.
- ⁿNew Hampshire's M-SCHIP program covers infants; the S-SCHIP program covers children ages 1 through 18 years.
- ^oNew York's S-SCHIP income threshold increased from 192 percent to 200 percent of poverty on July 12, 2001. (The gross income thresholds changed from 222 percent to 250 percent of poverty.)
- ^pNorth Dakota's M-SCHIP program covers only 18-year-olds. The Medicaid thresholds apply to children under 18 years of age.
- ^qOhio's M-SCHIP income threshold increased from 150 percent to 200 percent of poverty on July 1, 2000.
- ^rRhode Island has an approved amendment to increase the M-SCHIP income threshold to 300 percent of poverty, but it was not yet implemented in 2001. The Rhode Island Medicaid program covers children ages 0 through 7 to 250 percent of poverty and children 8 and older to 100 percent of poverty.
- ^sUnder its Section 1115 demonstration, Tennessee has no upper eligibility level. The currently approved Title XXI plan covers children born before October 1, 1983, in the expansion group, and who enrolled in TennCare on or after April 1, 1997. TennCare recipients with income above the poverty level are charged a monthly premium based on a sliding scale. Premium subsidies end when income reaches 400 percent of poverty.
- ^tVirginia's S-SCHIP income threshold increased from 150 percent to 200 percent of poverty on August 1, 2001.
- ^uWest Virginia's SCHIP program was amended to incorporate the M-SCHIP component into the S-SCHIP component, effectively eliminating the M-SCHIP program, on October 13, 2000. Before October 2000, West Virginia covered children up to 150 percent of poverty in both its M-SCHIP and S-SCHIP programs.
- ^vEligibility is maintained for a child enrolled in Wisconsin's M-SCHIP program as long as income stays below 200 percent of poverty.

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APPENDIX B

DATA VALIDATION AND EDITS TO SCHIP ENROLLMENT DATA SYSTEM (SEDS) DATA

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DATA VALIDATION

For this report, MPR downloaded and analyzed the quarterly and yearly ever enrolled data reported to SEDS as of September 9, 2002. States are required to submit these data to SEDS for all SCHIP and Medicaid enrollees (younger than age 19). MPR examined the reported data for consistency and, when possible, imputed missing or inconsistent data.

MPR used two methods to verify the accuracy of the SEDS data. First, MPR examined the growth rates for the quarterly and yearly ever enrolled data. MPR expected to observe that enrollment in most states had increased from quarter to quarter and from year to year. However, because 10 states had begun phasing out their M-SCHIP program, MPR also expected to observe a decrease in enrollment in those programs.¹

Second, MPR compared quarterly ever enrolled data with yearly ever enrolled data. The counts of ever enrolled in the year were expected to always be larger than the counts in any quarter within the year. If this relationship did not hold, then either the quarterly data or the yearly data would have to be incorrect. In these cases, MPR examined the quarterly ever enrolled data for each quarter within the year; if the quarterly data appeared to be consistent, MPR concluded that the yearly ever enrolled data were not reliable, and yearly enrollment was imputed as described in this appendix.

EDITS TO SEDS DATA

After performing the data checks, MPR followed up with states that had missing or inconsistent data. MPR first asked each of these states to provide additional information and revised data, if available. If the state provided new data, then MPR used those data in the analysis and noted the correction.

If a state did not respond or was not able to provide revised enrollment data, MPR examined the data reported in the “State Children’s Health Insurance Annual Enrollment Report FFY 2001” (U.S. Department of Health and Human Services 2002). Although CMS used SEDS data when conducting the analysis in that report, a few states reported their data directly to CMS, rather than provided revised data for SEDS. Occasionally, MPR used data that states had reported directly to CMS.

If a state did not respond to MPR or if CMS did not have revised data, MPR imputed the data. If the data on the number ever enrolled in a particular quarter were missing or inconsistent, MPR averaged the ever enrolled data from the previous quarter and from the next quarter to impute quarterly enrollment. For example, Idaho did not report ever enrolled data in quarter 3 of FFY 2000. To impute enrollment for that quarter, MPR averaged the enrollment data from quarter 2 and quarter 4 of FFY 2000. In the case of

¹Alabama, Arkansas, California, Connecticut, Florida, Mississippi, New York, North Dakota, Tennessee, and Texas have M-SCHIP programs that were scheduled to phase out in FFY 2002, as teenagers became eligible for Title XIX poverty-related expansions.

states that had more than one quarter of missing data on the number ever enrolled, MPR allocated the difference between the last reported quarter and the next reported quarter evenly over the missing quarters. For example, Alaska did not report ever enrolled data for the first three quarters of FFY 2000. To approximate enrollment for those quarters, MPR took enrollment from the fourth quarter of FFY 1999 and from the fourth quarter of FFY 2000 and phased in the difference, using equal increments for each quarter. If MPR was aware that the data were not reliable and was unable to perform an imputation, MPR noted that the data were not consistent and did not include them in the enrollment tables.

If data for a particular year were missing or did not appear to be reasonable, MPR approximated annual enrollment by using the ever enrolled data from the quarter with the highest enrollment in the year. For example, the District of Columbia did not report its yearly ever enrolled data in FFY 2000, so MPR used data from the fourth quarter of FFY 2000, which was the quarter in which the District of Columbia had the highest enrollment in that year. If data for a particular year were missing or did not appear to be reasonable and it was not possible to use quarterly data to approximate the yearly data, MPR approximated annual enrollment by using the average of the ever enrolled data from the previous year and from the following year. For example, MPR had to impute Alabama's FFY 2000 enrollment for its M-SCHIP program because the state did not report FFY 2000 ever enrolled for that program. To do so, MPR used the average of the FFY 1999 and 2001 ever enrolled figures. If MPR was aware that the data were unreliable but was not able to perform an imputation, MPR noted that the data were not consistent with other data and did not include them in the enrollment tables.

MPR followed similar steps to verify SEDS Medicaid data. If yearly Medicaid data were missing or did not appear to be consistent with the quarterly data, MPR used the highest quarterly figure to approximate annual enrollment. In FFY 2001, Alabama, Idaho, and Vermont did not report any Medicaid enrollment data into SEDS, and MPR was unable to impute annual enrollment figures for those states. (At the time of the analysis, yearly enrollment figures from CMS's Medicaid Statistical Information System, formerly known as HCFA-2082 data, were not yet available for FFY 2001.)

Edits to the annual SCHIP data are documented in Appendix C. Edits to the quarterly SCHIP data are documented in Table 3 and Appendix D. Edits to the annual Medicaid data are documented in Table 4.

DIFFERENCES BETWEEN DATA IN THIS REPORT AND IN CMS REPORTS

The enrollment figures in this report are slightly higher than those reported in CMS's SCHIP enrollment reports, which also use SEDS data (U.S. Department of Health and Human Services 2000 and 2001). For example, this report presents an ever enrolled figure of 3,391,911 for FFY 2000, whereas CMS reported a figure of 3,333,879—a difference of about 58,000. The difference was smaller for the FFY 2001 figures: MPR reported 4,612,358 children ever enrolled nationwide, whereas CMS reported 4,601,098.

Two main factors explain these differences. The first factor is the timing of data extraction from SEDS. Because states are permitted to submit changes and corrections to previous quarters of SEDS data at any time, and new data overwrite older data, data downloaded at a later date may differ from data downloaded on an earlier date. This report uses data that were downloaded from SEDS on September 9, 2002, whereas CMS used data that were downloaded before September 9. For example, Michigan's early submissions into SEDS for its M-SCHIP program were incorrect (the state's data included only females), but the state corrected this problem in its later submissions. Thus, although MPR reported 55,375 enrollees in Michigan's M-SCHIP in FFY 2000, CMS reported only 37,148, the number originally reported to SEDS by the state. Similarly, differences in the numbers reported by California and by Ohio (of about 6,000 each) can be explained only by the different dates of data extraction from SEDS.

A second factor underlying the differences between the enrollment figures in this report and in CMS's reports is the imputations and direct reports of data from states, as described in this appendix. For example, MPR imputed Alabama's M-SCHIP annual ever enrolled figure for FFY 2000 as the average of the figures for FFY 1999 and 2001; by contrast, CMS reported only S-SCHIP data for that year. This difference in approach explains about 16,000 of the difference in total ever enrolled.

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APPENDIX C

**NUMBER OF CHILDREN EVER ENROLLED IN
SCHIP, BY STATE AND BY PROGRAM
FOR FEDERAL FISCAL YEARS
(FFY) 1998 THROUGH 2001**

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TABLE C

NUMBER OF CHILDREN EVER ENROLLED IN SCHIP, BY STATE AND BY PROGRAM TYPE,
FOR FEDERAL FISCAL YEARS (FFY) 1998 THROUGH 2001

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	FFY 1998			FFY 1999			FFY 2000			FFY 2001		
			S-SCHIP	M-SCHIP	Total ^c	S-SCHIP	M-SCHIP	Total ^c	S-SCHIP	M-SCHIP	Total ^c	S-SCHIP	M-SCHIP	Total ^c
Total			418,641	330,413	749,054	1,274,761	764,272	2,039,033	2,334,969	1,056,942	3,391,911	3,412,739	1,204,746	4,617,485
Number of States Reporting			12	23	29	26	35	48	33	36	51	35	35	51
Alabama	COMBO	2/02/98	NI	8,492	8,492	26,213	13,242	39,455	37,587	16,207 ^d	53,794	49,008	19,171 ^e	68,179
Alaska	M-SCHIP	3/01/99	—	NI	NI	—	8,033	8,033	—	13,413	13,413	—	21,831	21,831
Arizona	S-SCHIP	11/01/98	NI	—	NI	26,870	—	26,870	59,601	—	59,601	86,863	—	86,863
Arkansas	M-SCHIP	10/01/98	—	NI	NI	—	1,165 ^e	1,165	—	1,892	1,892	—	2,884	2,884
California	COMBO	3/01/98	18,713	NR	18,713	192,576	36,885	229,461	432,604	51,755	484,359	634,495	62,811	697,306
Colorado	S-SCHIP	4/22/98	14,847	—	14,847	24,116	—	24,116	34,889	—	34,889	45,773	—	45,773
Connecticut	COMBO	10/01/97	895	5,754	6,649	5,277	9,451	14,728	10,714	9,211	19,925	13,222	5,410	18,632
Delaware	S-SCHIP	2/01/99	NI	—	NI	3,930 ^g	—	3,930	4,474	—	4,474	5,567	—	5,567
District of Columbia	M-SCHIP	10/01/98	—	NI	NI	—	2,180	2,180	—	2,264 ^h	2,264	—	2,807 ⁱ	2,807
Florida	COMBO	4/01/98	25,446 ^j	27,435	52,881	116,123	38,471	154,594	201,409	26,054	227,463	282,879	15,826	298,705
Georgia	S-SCHIP	11/01/98	NI	—	NI	47,581 ^g	—	47,581	120,626	—	120,626	182,762	—	182,762
Hawaii	M-SCHIP	7/01/00	—	NI	NI	—	NI	NI	—	345 ^f	345	—	7,137	7,137
Idaho	M-SCHIP	10/01/97	—	NR	NR	—	8,482	8,482	—	12,449	12,449	—	16,896	16,896
Illinois	COMBO	1/05/98	NI	27,780	27,780	7,567	35,132	42,699	17,659	44,848	62,507	16,208 ^j	46,835 ^h	63,043
Indiana	COMBO	6/01/97	NI	21,172	21,172	NI	31,246	31,246	NR	44,373	44,373	10,748	46,238	56,986
Iowa	COMBO	7/01/98	NI	4,798	4,798	2,890	10,398	13,288	8,699	11,259	19,958	16,672	8,406 ^f	25,078
Kansas	S-SCHIP	1/01/99	NI	—	NI	14,443	—	14,443	26,306	—	26,306	34,279	—	34,279
Kentucky	COMBO	7/01/98	NI	5,779 ^f	5,779	NI	18,197 ^f	18,197	14,477	41,116	55,593	21,559	46,714	68,273
Louisiana	M-SCHIP	11/01/98	—	NI	NI	—	21,580	21,580	—	50,995 ^e	50,995	—	79,261 ^h	79,261
Maine	COMBO	7/01/98	719	2,485	3,204	3,786	9,871	13,657	8,828	13,914	22,742	10,393	16,610	27,003
Maryland	COMBO	7/01/98	NI	27,880	27,880	NI	69,452	69,452	NI	93,081	93,081	308	109,675	109,983
Massachusetts	COMBO	10/01/97	8,288	9,240	17,528	24,408	43,444	67,852	40,128	72,906	113,034	35,140	73,168	108,308
Michigan	COMBO	4/01/98	182	6,044	6,226	14,825	26,320	41,145	21,231	34,144	55,375	34,247	41,934	76,181
Minnesota	M-SCHIP	9/30/98	—	NI	NI	—	19	19	—	24	24	—	49	49
Mississippi	COMBO	7/01/98	NI	5,477 ⁱ	5,477	NI	13,218	13,218	14,303 ^g	12,156	26,459	42,973	9,463	52,436
Missouri	M-SCHIP	7/01/98	—	10,809	10,809	—	49,529	49,529	—	73,825	73,825	—	106,954	106,954
Montana	S-SCHIP	1/01/99	NI	—	NI	1,019	—	1,019	8,317	—	8,317	13,518	—	13,518
Nebraska	M-SCHIP	7/01/98	—	2,119	2,119	—	9,713	9,713	—	11,400	11,400	—	13,933	13,933
Nevada	S-SCHIP	10/01/98	NI	—	NI	7,573	—	7,573	15,946	—	15,946	28,026	—	28,026
New Hampshire	COMBO	5/01/98	NI	NR	NR	3,700	441 ^e	4,141	4,119	189 ^e	4,308	5,666	316	5,982
New Jersey	COMBO	2/01/98	2,913	13,897	16,810	20,880	29,671	50,551	50,361	38,673	89,034	58,721 ^k	41,126	99,847
New Mexico	M-SCHIP	3/01/99	—	NI	NI	—	1,942	1,942	—	7,971	7,971	—	10,347	10,347
New York	COMBO	4/15/98	279,917	NI	279,917	519,401	3,000 ^e	522,401	764,147	5,310	769,457	863,550	9,399	872,949
North Carolina	S-SCHIP	10/01/98	NI	—	NI	59,542	—	59,542	103,567	—	103,567	99,995	—	99,995
North Dakota	COMBO	10/01/98	NI	NI	NI	NI	266	266	2,267	306	2,573	3,197	207	3,404

Table C (continued)

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	FFY 1998			FFY 1999			FFY 2000			FFY 2001		
			S-SCHIP	M-SCHIP	Total ^c	S-SCHIP	M-SCHIP	Total ^c	S-SCHIP	M-SCHIP	Total ^c	S-SCHIP	M-SCHIP	Total ^c
Ohio	M-SCHIP	1/01/98	—	49,565	49,565	—	83,688	83,688	—	118,290	118,290	—	162,446	162,446
Oklahoma	M-SCHIP	12/01/97	—	17,538	17,538	—	41,900	41,900	—	57,719	57,719	—	38,858 ^o	38,858 ^o
Oregon	S-SCHIP	7/01/98	6,488	—	6,488	27,285	—	27,285	37,092	—	37,092	41,468	—	41,468
Pennsylvania	S-SCHIP	5/28/98	57,481 ^j	—	57,481	82,893 ⁱ	—	82,893	119,710	—	119,710	141,163	—	141,163
Rhode Island	M-SCHIP	10/01/97	—	2,030	2,030	—	4,907	4,907	—	11,539	11,539	—	17,398 ^k	17,398
South Carolina	M-SCHIP	8/01/97	—	43,074	43,074	—	56,819	56,819	—	60,415	60,415	—	66,183	66,183
South Dakota	COMBO	7/01/98	NI	1,047	1,047	NI	3,191	3,191	299	5,589	5,888	1,631	7,412	9,043
Tennessee	M-SCHIP	10/01/97	—	12,662 ^m	12,662	—	17,291 ^m	17,291	—	16,805 ^{f,m}	16,805	—	12,873 ^{f,m}	12,873
Texas	COMBO	7/01/98	NI	25,176	25,176	NI	50,878	50,878	84,974	46,122	131,096	474,182	26,985	501,167
Utah	S-SCHIP	8/03/98	2,752	—	2,752	14,898	—	14,898	25,294	—	25,294	34,655	—	34,655
Vermont	S-SCHIP	10/01/98	NI	—	NI	1,483 ⁱ	—	1,483	4,081	—	4,081	5,352	—	5,352
Virginia	S-SCHIP	10/26/98	NI	—	NI	18,826	—	18,826	37,681	—	37,681	73,102	—	73,102
Washington	S-SCHIP	2/01/00	NI	—	NI	NI	—	NI	2,616	—	2,616	7,621	—	7,621
West Virginia	S-SCHIP	7/01/98	NI	160	160	6,656	1,301	7,957	18,416	3,243	21,659	33,144	— ⁿ	33,144
Wisconsin	M-SCHIP	4/01/99	—	NI	NI	—	12,949	12,949	—	47,140	47,140	— ^k	57,183	57,183
Wyoming	S-SCHIP	12/01/99	NI	—	NI	NI	—	NI	2,547	—	2,547	4,652 ^j	—	4,652

SOURCE: Analysis by Mathematica Policy Research, Inc. (MPR) of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTE: The annual SCHIP enrollment data are from CMS's SEDS system as of September 9, 2002, with a few exceptions noted in the following footnotes.

^aThe type of SCHIP program is as of September 30, 2001.

^bThis date is taken from the state evaluations submitted by states to CMS in spring 2000.

^cIn states with COMBO programs, children may be double counted in the total if they were enrolled in the M-SCHIP program for part of the year and in the S-SCHIP program for part of the year.

^dAlabama did not report FFY 2000 ever enrolled for its M-SCHIP program. To determine FFY 2000 enrollment, MPR took the average of FFY 1999 and FFY 2001 enrollment data.

^eThe state reported its annual ever enrolled M-SCHIP data directly to MPR or CMS.

^fThe state's reported annual M-SCHIP data were not consistent with quarterly data for that year. To approximate annual enrollment, MPR used ever enrolled M-SCHIP data from the quarter with the highest enrollment in the year.

^gThe state reported its annual ever enrolled S-SCHIP data directly to MPR or CMS.

^hThe state did not report its annual M-SCHIP ever enrolled data. To approximate annual enrollment for the year, MPR used M-SCHIP ever enrolled data from the quarter with the highest enrollment in the year.

ⁱThe state's annual ever enrolled M-SCHIP data were not consistent with quarterly data for those years; however, MPR chose to use the yearly data as reported because the quarterly data did not appear reliable for all quarters.

^jThe state did not report its annual S-SCHIP ever enrolled data. To approximate annual enrollment for the year, MPR used S-SCHIP ever enrolled data from the quarter with the highest enrollment in the year.

^kThe state began reporting adult enrollment in that year; however, that enrollment is not included here.

^lThe state's reported annual S-SCHIP data were not consistent with quarterly data for that year. To approximate annual enrollment, MPR used ever enrolled S-SCHIP data from the quarter with the highest enrollment in the year.

^mTennessee reported some Title XIX Medicaid children in its M-SCHIP enrollment counts.

ⁿWest Virginia folded its M-SCHIP program into its S-SCHIP program effective October 1, 2000. It no longer has a COMBO program.

^oOklahoma believes that its 2001 data are in error and that it did not experience a decline in enrollment. The state is working to resolve a computer issue.

CMS = Centers for Medicare & Medical Services; COMBO = both an M-SCHIP and an S-SCHIP program; M-SCHIP = Medicaid expansion program; NI = state's SCHIP program was not yet implemented; S-SCHIP = separate child health program.

APPENDIX D

**NUMBER OF CHILDREN EVEN ENROLLED IN
SCHIP, BY STATE FROM THE FIRST QUARTER
OF FEDERAL FISCAL YEAR (FFY) 1998
THROUGH FOURTH QUARTER OF FFY 2000**

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TABLE D

NUMBER OF CHILDREN EVER ENROLLED IN SCHIP, BY STATE, FROM THE FIRST QUARTER OF FEDERAL FISCAL YEAR (FFY)
1998 THROUGH FOURTH QUARTER OF FFY 2000

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	FFY 1998				FFY 1999				FFY 2000			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Total			47,082	106,617	408,160	705,004	942,542	1,184,094	1,478,342	1,739,647	1,967,138	2,179,859	2,425,172	2,691,768
Number of States Reporting			8	12	18	31	41	45	47	48	49	49	50	51
Number of States Not Implemented			43	38	31	20	9	4	3	3	2	2	1	0
Number of States Not Reporting			0	1	2	0	1	2	1	0	0	0	0	0
Alabama	COMBO	2/02/98	NI	3,671	6,699	8,106	12,988 ^c	17,532 ^c	21,229 ^c	26,213 ^c	29,879 ^c	26,866 ^c	29,160 ^c	30,095 ^c
Alaska	M-SCHIP	3/01/99	NI	NI	NI	NI	NI	2,274	4,878	7,936	8,715 ^d	9,495 ^d	10,274 ^d	11,053
Arizona	S-SCHIP	11/01/98	NI	NI	NI	NI	3,837	11,826	16,144	20,023	29,801	34,737	39,043	41,546
Arkansas	M-SCHIP	10/01/98	NI	NI	NI	NI	NR ^e	NR ^e	NR ^e	913 ^f	1,108	1,140	1,170	1,401
California	COMBO	3/01/98	NI	NR	NR	18,291 ^c	56,780	108,235	155,991	205,656	249,951	299,018	352,661	398,744
Colorado	S-SCHIP	4/22/98	NI	NI	6,797	10,377	12,830	15,135	19,362	20,932	23,388	25,412 ^g	25,896	27,491
Connecticut	COMBO	10/01/97	1,379	2,647	3,694	5,952	7,882	9,108	9,796	10,898	11,052	11,170	11,547	12,496
Delaware	S-SCHIP	2/01/99	NI	NI	NI	NI	NI	816	2,577	2,565	3,041	3,276	3,678	3,988
District of Columbia	M-SCHIP	10/01/98	NI	NI	NI	NI	707	1,317	1,686	1,964	2,225	1,914	2,204	2,264
Florida	COMBO	4/01/98	NI	NI	27,907	51,664	63,301	78,827	103,723	128,432	136,638	155,969	171,515	185,087
Georgia	S-SCHIP	11/01/98	NI	NI	NI	NI	214	8,715	32,204	45,789	60,007	74,337	91,863	106,816
Hawaii	M-SCHIP	7/01/00	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	345
Idaho	M-SCHIP	10/01/97	959	2,413	3,593	4,339	4,772	4,672	4,877	5,285	6,414	7,450	8,500 ^h	9,549
Illinois	COMBO	1/05/98	NI	18,193	20,558	22,899	24,938	28,750	33,940	39,099	45,046	50,189	51,772	54,731
Indiana	COMBO	6/01/97	13,355	14,687	15,653	20,551	24,981	27,063	28,909	30,647	34,656	37,516 ⁱ	40,132 ⁱ	44,375
Iowa	COMBO	7/01/98	NI	NI	NI	4,798	6,293	6,926	8,644	9,896	11,252	11,877	12,014	14,037
Kansas	S-SCHIP	1/01/99	NI	NI	NI	NI	NI	7,955	11,910	13,882	16,148	18,345	19,048	20,041
Kentucky	COMBO	7/01/98	NI	NI	NI	5,779	5,467	6,753	7,912	18,197	29,195 ^f	39,255	46,152	50,858
Louisiana	M-SCHIP	11/01/98	NI	NI	NI	NI	3,509	12,503 ^f	17,808	20,504	30,500	33,809	36,656	42,209
Maine	COMBO	7/01/98	NI	NI	NI	3,204	6,272	8,247	9,138	10,180	11,584	12,594	13,055	14,102
Maryland	COMBO	7/01/98	NI	NI	NI	27,880	39,792	29,054	55,842	63,016	68,707	74,437	78,085	83,131
Massachusetts	COMBO	10/01/97	844	1,240	2,309	17,448	30,913	41,380	46,867	55,028	65,019 ^f	72,528	74,489	72,925
Michigan	COMBO	4/01/98	NI	NI	4,076	5,224	16,980	24,070	30,704	33,628	34,736	37,557	38,485	38,979
Minnesota	M-SCHIP	9/30/98	NI	NI	NI	NI	9	15	10	6	7	10	12	14
Mississippi	COMBO	7/01/98	NI	NI	NR ^e	5,477	8,077	9,719	10,375	10,872	10,223	13,817	18,711	24,091 ^g
Missouri	M-SCHIP	7/01/98	NI	NI	NI	10,809	23,950	34,104	42,817	44,190	52,134	55,529	59,596	63,338
Montana	S-SCHIP	1/01/99	NI	NI	NI	NI	NI	948	924	924	2,459	3,949	5,947	7,704
Nebraska	M-SCHIP	7/01/98	NI	NI	17	2,115	4,358	5,164	5,665	6,925	6,923	7,382	7,688	8,410
Nevada	S-SCHIP	10/01/98	NI	NI	NI	NI	2,850	4,436	6,067	7,190	8,354	9,016	11,323	13,261
New Hampshire	COMBO	5/01/98	NI	NI	3	71	174	1,219	1,575 ^j	2,089 ^g	2,403 ^g	2,953	3,349	3,533
New Jersey	COMBO	2/01/98	NI	3,603	9,073	16,614	24,336	31,645	38,326	46,653	57,736	65,896	72,093	78,456
New Mexico	M-SCHIP	3/01/99	NI	NI	NI	NI	NI	NR	1,168	1,736	2,520	3,705	4,654	6,113
New York	COMBO	4/15/98	NI	NI	219,051	259,999	297,569	330,741 ^c	388,038 ^c	435,421 ^c	472,614	504,357	571,318 ^h	595,350
North Carolina	S-SCHIP	10/01/98	NI	NI	NI	NI	19,649	33,835	45,445	57,420	66,582	69,996	73,493	79,955
North Dakota	COMBO	10/01/98	NI	NI	NI	NI	87	135	145	134	983	1,491	1,978	2,234
Ohio	M-SCHIP	1/01/98	NI	14,739	30,416	40,804	47,822	51,637	55,737	60,985	63,611	66,765	67,455	86,477
Oklahoma	M-SCHIP	12/01/97	2,244	8,053	11,791	14,748	17,959	22,732	27,610	33,365	36,444	38,608	40,111	41,663
Oregon	S-SCHIP	7/01/98	NI	NI	NI	6,488	11,930	15,803	16,175	17,472	19,149	21,266	21,003	21,940
Pennsylvania	S-SCHIP	5/28/98	NI	NI	NI	57,481	58,615	69,397	76,272	82,893	83,151	89,610	93,846	98,568
Rhode Island	M-SCHIP	10/01/97	1,065	1,271	1,559	1,636	1,848	2,745	3,284	3,906	4,466	5,185	8,624	9,870

Table D (continued)

State	Type of SCHIP Program ^a	Date SCHIP Enrollment Began ^b	FFY 1998				FFY 1999				FFY 2000			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
South Carolina	M-SCHIP	8/01/97	21,217	27,417	34,179	40,768	40,154	42,813	46,347	49,469	45,007	46,538	48,643	51,384
South Dakota	COMBO	7/01/98	NI	NI	NI	1,047	1,519	1,827	2,180	2,696	3,032	3,391	3,978	4,887
Tennessee	M-SCHIP	10/01/97	6,019 ^k	8,683 ^k	10,785 ^k	12,445 ^k	13,603 ^k	15,614 ^k	16,697 ^k	16,864 ^k	16,805 ^k	16,181 ^k	15,146 ^k	14,044 ^k
Texas ^l	COMBO	7/01/98	NI	NI	NI	25,176	37,078	40,358	37,918	34,980	32,109	30,353	43,659	109,015
Utah	S-SCHIP	8/03/98	NI	NI	NI	2,653	5,128	8,117	10,816	13,697	15,454	17,028	18,542	20,365
Vermont	S-SCHIP	10/01/98	NI	NI	NI	NI	370	907	1,207	1,483	1,950	2,218	2,367 ^j	2,516
Virginia	S-SCHIP	10/26/98	NI	NI	NI	NI	2,680	8,587	13,218	17,675	22,068	25,526	27,232	29,971
Washington	S-SCHIP	2/01/00	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	1,492	2,533
West Virginia ^m	S-SCHIP	7/01/98	NI	NI	NI	161	321	438	2,794	7,569	10,160	12,280	13,603 ^{f,g}	14,805
Wisconsin	M-SCHIP	4/01/99	NI	NI	NI	NI	NI	NI	3,391	12,350	21,470	26,648	30,164	32,752
Wyoming	S-SCHIP	12/01/99	NI	NI	NI	NI	NI	NI	NI	NI	262	1,270	1,746	2,256

SOURCE: Analysis by Mathematica Policy Research, Inc. (MPR) of CMS's SCHIP Statistical Enrollment Data System (SEDS).

NOTE: The quarterly SCHIP enrollment data are from CMS's SEDS system as of September 9, 2002, with a few exceptions noted below.

^aThe type of SCHIP program is as of September 30, 2001.

^bThis date is taken from the state evaluations submitted by states to CMS in spring 2000. In states with COMBO programs, this date is the date on which the first program was implemented.

^cThe state did not report M-SCHIP data for this quarter.

^dMPR imputed Alaska's M-SCHIP data for the first three quarters of FFY 2000. MPR took the difference between enrollment reported for the fourth quarter of 1999 and the fourth quarter of 2000 and gradually added that difference to approximate enrollment for the first three quarters of FFY 2000.

^eThe reported M-SCHIP data were not consistent with other quarterly data or yearly data and did not appear to be reliable. Therefore, they are not included.

^fThe state reported its quarterly ever enrolled M-SCHIP data directly to MPR or CMS.

^gThe state reported its quarterly ever enrolled S-SCHIP data directly to MPR or CMS.

^hMPR imputed M-SCHIP enrollment data for this quarter by averaging data from the previous quarter and from the subsequent quarter.

ⁱIndiana's S-SCHIP program began enrollment in the second quarter of FFY 2000; however, Indiana did not report enrollment in the program until the fourth quarter of FFY2000.

^jMPR imputed S-SCHIP enrollment data for this quarter by averaging data from the previous quarter and from the subsequent quarter.

^kTennessee reported some Title XIX Medicaid children in its M-SCHIP enrollment counts.

^lEnrollment in the Texas M-SCHIP program declined because children aged out of M-SCHIP and into traditional Medicaid. The S-SCHIP program in Texas began in the third quarter of FFY 2000.

^mWest Virginia folded its M-SCHIP program into its S-SCHIP program effective October 1, 2000. It no longer has a COMBO program.

CMS = Centers for Medicare & Medical Services; COMBO = both an M-SCHIP and an S-SCHIP program; M-SCHIP = Medicaid expansion program; NI = state's SCHIP program was not yet implemented; NR = state has not yet reported SCHIP enrollment to CMS, or, if noted, the reported data have not been included due to inconsistencies; S-SCHIP = separate child health program.