

The State Children's Health Insurance Program Annual Enrollment Report

Federal Fiscal Year 2001: October 1, 2000 – September 30, 2001

Report Highlights

- The number of children ever enrolled in SCHIP increased from 3.3 million in fiscal year (FY) 2000 to 4.6 million in FY 2001, an increase of 1.3 million or 38 percent.
- In addition, over 230,000 adults were enrolled in FY 2001 under approved SCHIP section 1115 demonstration projects.
- The primary drivers of this increase are attributed to state coverage expansions, program maturity, and streamlined enrollment procedures.
- More than 75 percent of children ever enrolled in SCHIP in FY 2001 were between the ages of 6 and 18. Medicaid generally covers younger children at higher income levels.
- States continue to be committed to SCHIP while facing new challenges.

Introduction

The Balanced Budget Act of 1997 created the State Children's Health Insurance Program (SCHIP) and provided new funds for states to cover uninsured children. This program represents the largest single expansion of health insurance coverage for children in more than 30 years and aims to improve the quality of life for millions of vulnerable children under 19 years of age. Under the new title XXI of the Social Security Act, states were given the option to set up a separate child health program, expand Medicaid coverage, or have a combination of both a separate child health program and a Medicaid expansion.

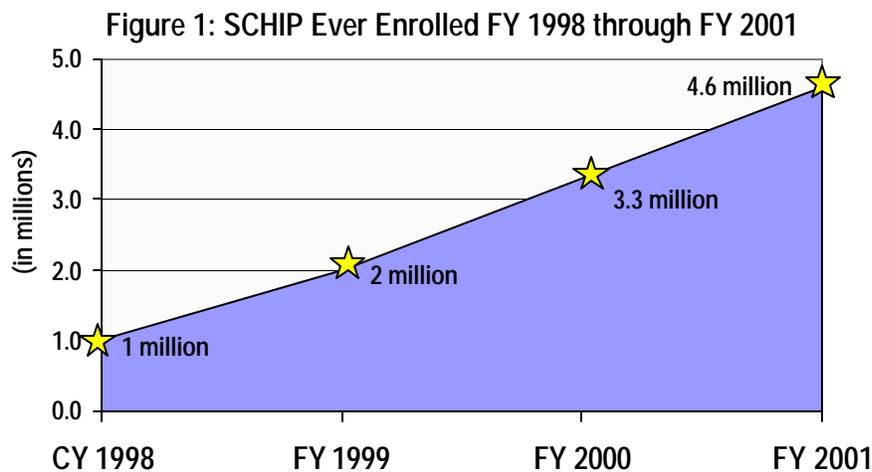
As of September 1999, all states, territories and the District of Columbia had approved SCHIP plans in place. States continue to shape their programs through SCHIP state plan amendments. As of October 1, 2001, 91 amendments to SCHIP plans and five section 1115 demonstration projects had been approved to enroll even more children and families. Coverage is now available for children whose income is 200 percent of the Federal poverty level (FPL) or higher in 38 states and the District of Columbia. Prior to this legislation, only six states had income eligibility levels at or above 200 percent for infants only.

This report is based on the enrollment data submitted by states in the Statistical Enrollment Data System (SEDS) maintained by the Centers for Medicare & Medicaid Services (CMS), specifically, the number of children ever enrolled in SCHIP.¹

¹ The number of children ever enrolled in SCHIP is the unduplicated count of children enrolled since the beginning of the fiscal year. Ever enrolled numbers are usually larger than "point-in-time" enrollment data because new enrollments occur monthly, and some children lose eligibility or disenroll for various reasons. See Attachment I for a discussion of ever enrolled data versus point-in-time data and additional detail on methods.

Findings

Four years into the nation's expansion of children's health coverage, enrollment figures show a continued and consistent rise in the numbers of children ever enrolled in SCHIP. The result of this year's enrollment analysis is impressive. In fiscal year (FY) 2001, 4.6 million children were ever enrolled in SCHIP, which is an increase of 1.3 million children, or 38 percent, over the 3.3 million children ever enrolled in FY 2000. The 4.6 million children ever enrolled in FY 2001 is more than twice as many children ever enrolled in FY 1999 and more than four times as many children ever enrolled in calendar year (CY) 1998.²



Enrollment Trends by State

Over the past fiscal year, enrollments grew at a robust or steady pace in most states and decreased in only six states. Fourteen states doubled, or more than doubled, the number of children ever enrolled in their states between FY 1999 and FY 2001. Additionally, the three states that had no enrollees in FY 1999—Hawaii, Washington and Wyoming—had over 19,000 enrollees combined in FY 2001. See Attachment II for ever enrolled data by state.

Table 1: States with Largest Increases of Children Ever Enrolled, FY 2000 – FY 2001

10 Largest Number Increases		10 Largest Percentage Increases	
TEXAS	370,431	TEXAS	284%
CALIFORNIA	215,433	HAWAII	216%
NEW YORK	103,492	WASHINGTON	191%
FLORIDA	71,242	MISSISSIPPI	156%
GEORGIA	62,136	MICHIGAN	105%
OHIO	46,829	MINNESOTA	104%
MICHIGAN	39,033	VIRGINIA	94%
VIRGINIA	35,421	WYOMING	83%
MISSOURI	32,769	NEVADA	76%
MISSISSIPPI	31,985	NEW MEXICO	69%

² This number reflects reporting based on calendar year 1998 ever enrolled data rather than fiscal year 1998 ever enrolled data.

The three largest states by population—California, New York and Texas—each increased the number of children ever enrolled in SCHIP by 100,000 or more in FY 2001. Texas and Hawaii were two of the last states to fully implement SCHIP. Enrollment in Texas almost tripled from FY 2000 to FY 2001 from 130,519 to 500,950 while enrollment in Hawaii more than tripled from FY 2000 to FY 2001 from 2,256 to 7,137.

Table 2: Examples of Factors to Which States Attribute Their Enrollment Increases

TEXAS		MICHIGAN	
◆ Learned from other states' implementation experiences	◆ Formed partnerships with private and public organizations	◆ Implemented an aggressive outreach and media campaign to schools and communities	
MISSISSIPPI		WASHINGTON	
◆ Eliminated six-month period of uninsurance	◆ Eliminated face-to-face interview	◆ Launched aggressive statewide information campaign	◆ Partnered with local communities improve campaign

Eligibility Expansions

The states continue to develop and improve SCHIP. There were 34 state plan amendments approved in FY 2001. Eleven states expanded eligibility to children in families with higher incomes while 14 states simplified enrollment or decreased cost sharing. Amendments to simplify enrollment included allowing self-declaration of income, implementing a passive enrollment renewal process, and eliminating or shortening waiting periods of uninsurance. Each state gave an estimate of how enrollment would be impacted by these amendments, and overall states expect that enrollment will increase by over 250,000. Some of the FY 2001 enrollment increase may be a result of these amendments, but there may also be a lag in when these amendments will affect enrollment. The effects may not be seen until FY 2002 or beyond.

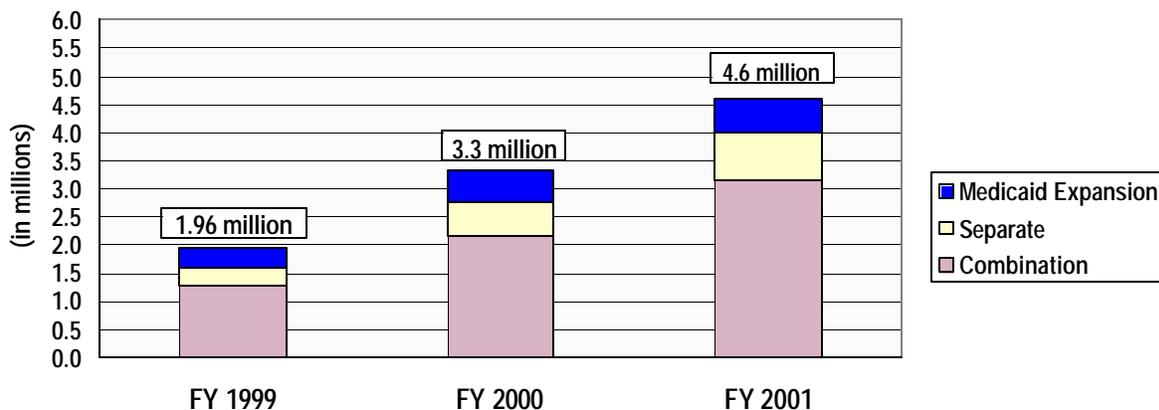
Enrollment Trends by Program Type

Of the total number of children ever enrolled during FY 2001, 18 percent were enrolled in separate child health programs (S-SCHIP), 13 percent were enrolled in Medicaid expansion programs (M-SCHIP), and 69 percent were enrolled in combination programs. Compared to FY 2000, the percentage of children ever enrolled in Medicaid expansion programs has decreased, and the percentage of children ever enrolled in combination programs has increased. Within combination programs, 19 percent of children are enrolled in Medicaid expansions, and the remaining 81 percent are enrolled in separate programs. Almost 75 percent of total children, or 3.4 million, are enrolled in separate programs. See Attachment III for the number of children ever enrolled in each type of program by state.

The change in enrollment by program type may be attributed to the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). OBRA '90 included a mandate that Medicaid coverage must be phased in for children with family incomes less than 100 percent of the FPL who were born after September 30, 1983. This group is a small but significant part of SCHIP because the

Balanced Budget Act of 1997 gave states the option to use SCHIP to accelerate the phase-in of Medicaid coverage for these children through Medicaid expansion programs. States that structured Medicaid expansion programs for these children, e.g., Alabama, Arkansas, and Tennessee, will see the number of children ever enrolled in their Medicaid expansion programs decrease as these children get older, and they will age out completely at the end of FY 2002.

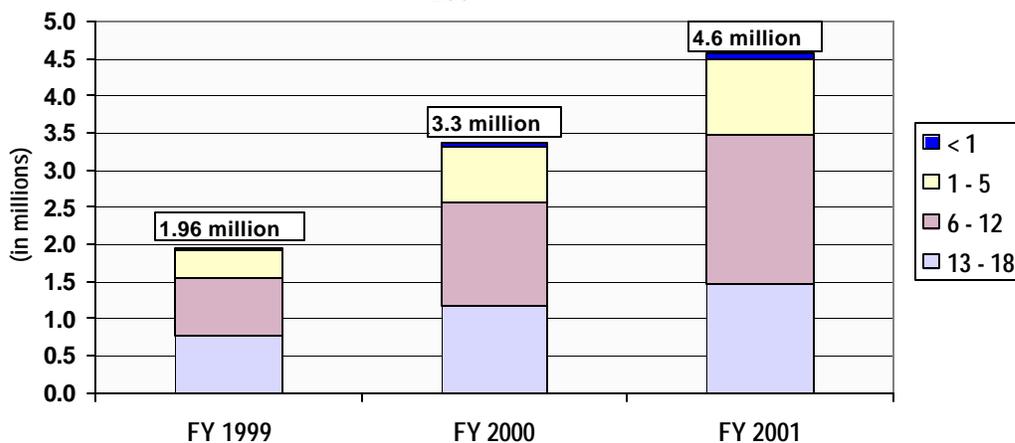
Figure 2: SCHIP Ever Enrolled By Program Type, FY 1999 through FY 2001



Enrollment Trends by Age Groups

More than 75 percent of children ever enrolled in SCHIP in FY 2001 were between 6 and 18 years of age. Close to two million 6 to 12 year olds were enrolled in FY 2001, and almost 1.5 million 13 to 18 year olds. Between FY 2000 and FY 2001, enrollment of the 6 to 12 age group increased 44 percent, and enrollment of the 13 to 18 age group increased 32 percent.³

Figure 3: SCHIP Ever Enrolled by Age Group, FY 1999 through FY 2001



³ The lower rate of increase in the 13 to 18 age group may reflect the “aging out” of SCHIP by the children whose coverage was mandated by OBRA ‘90.

These findings are not surprising since Medicaid covers younger children at higher income levels. According to SEDS, there were close to two million infants ever enrolled in Medicaid in FY 2001. States have made great strides in SCHIP in covering children in all income levels in the older age groups. For example, under the Medicaid thresholds as of March 31, 1997, 35 states and the District of Columbia covered infants under one year of age above 133 percent of the FPL while only 24 states covered children ages 17 and 18 at 100 percent FPL or above. See Attachment II for each state's SCHIP upper income level as of September 30, 2001.

Table 3: Number of States that Covered Children According to Age and Income

	<i>Medicaid Thresholds as of 3/31/97</i>				<i>SCHIP Thresholds as of 3/31/01</i>	
	Infants	Ages 1 - 5	Ages 6 - 16	Ages 17, 18	M-SCHIP ⁴	S-SCHIP ⁴
< 100% FPL	---	---	---	27	---	---
100% FPL	---	---	40	17	9	---
101 - 133% FPL	16 ⁵	40 ⁵	2	1	3	1
134 - 184% FPL	6	1	1	---	9	3
185 - 199% FPL	23	5	4	2	4	4
200% FPL	2	1	1	1	5	20
> 200% FPL	4	4	3	3	5	6

The high level of enrollment of school age children, ages 6 through 18, may also reflect the aggressive outreach activities conducted in schools. From the start of the SCHIP implementation, states identified schools as logical targets for reaching uninsured children and developed several outreach and enrollment activities around school districts.

Enrollment of SCHIP Parents

We expect that enrolling parents will help to enroll children into SCHIP and improve retention. Four states, Minnesota, New Jersey, Rhode Island, and Wisconsin, have section 1115 demonstration projects to obtain SCHIP funding for parents of SCHIP and Medicaid children. New Jersey and Rhode Island also enroll eligible pregnant women. These four states enrolled over 230,000 adults in FY 2001.⁶ In FY 2001, Minnesota enrolled 19,735 adults, New Jersey enrolled 96,797 adults, Rhode Island enrolled 17,946 adults, and Wisconsin enrolled 99,162 adults.

In addition, there are currently seven states with approved premium assistance programs: Maryland, Massachusetts, Mississippi, New Jersey, Virginia, Wisconsin, and Wyoming. In premium assistance programs, the states pay all or part of premiums for group health insurance coverage of an eligible child or children. States may also apply for family coverage waivers, which allows them to purchase coverage for the entire family if it is cost effective. The states with family coverage waivers are Maryland, Massachusetts, Virginia, and Wisconsin.

⁴ State totals do not sum to 51 because states may have both M-SCHIP and S-SCHIP in combination programs.

⁵ 133 percent of the FPL is the minimum for infants and the 1 to 5 age group.

⁶ The 230,000 adults are *not* included in the 4.6 million number of children ever enrolled in SCHIP in FY 2001.

Title XIX Medicaid Enrollment

While this report is focused on SCHIP enrollment, it should be noted that many states have reported that SCHIP has had a significant impact on their Medicaid programs. SCHIP outreach and enrollment activities have reached many uninsured families, not all of who are eligible for SCHIP. The SCHIP statute requires that states screen all SCHIP applicants for Medicaid eligibility, and if found Medicaid-eligible, enroll them in Medicaid. These children may have been eligible for Medicaid for some time, but only identified through SCHIP outreach activities. The increased identification and enrollment of Medicaid eligible children is often referred to as the “woodwork effect.”

The implementation of SCHIP has also lead many states to simplify and streamline their application and eligibility determination processes. While these activities may have initially been targeted to SCHIP, the effects of streamlining and simplification efforts have spilled over to Medicaid. Table 4 below includes a few state descriptions of the impact of SCHIP on Medicaid enrollment in their states.

Table 4: State Reports on the Effects of SCHIP on Medicaid Enrollment⁷

ARIZONA- Medicaid enrollment accounted for 47 percent of total enrollment due to SCHIP outreach efforts.
FLORIDA- 85,888 children were enrolled in Medicaid as of June 1999 as a result of SCHIP applications referred to Medicaid.
KANSAS- 17,800 children were enrolled in Medicaid as of March 2000 as a result of the SCHIP application.
MARYLAND- 16,000 children were enrolled in Medicaid as a result of SCHIP outreach activities.
NEW JERSEY- 22,133 children were enrolled in Medicaid as a result of SCHIP publicity and outreach.

Fiscal Year 2002 and Beyond – State Goals and Challenges

States have made significant strides in enrolling children over the past four years. States have launched a variety of strategies to remove barriers and streamline the enrollment process but there are still a number of challenges that states face as they continue this progress. For example, there remain a significant number of eligible children who are uninsured. According to the 2001 March Supplement of the Current Population Survey, there were 5.6 million uninsured children with family incomes below 200 percent of the FPL.⁸ Studies suggest that one problem may be a lack of understanding by families of SCHIP and Medicaid. Some states are addressing this issue by turning to community-based organizations for outreach and enrollment. States are also looking at other issues, such as the role of language and cultural barriers.

States are also focusing more on the issue of retention. Many states experience significant turnover at the ‘renewal’ juncture - often as high as 50 percent of the enrollees. States have

⁷ These descriptions were taken from the states’ FY 2000 evaluations, available on the CMS website.

⁸ U.S. Census Bureau, http://ferret.bls.census.gov/macro/032001/health/h10_000.htm

broad flexibility to design and simplify their eligibility review or renewal procedures under SCHIP. Some states are pursuing innovative ways to improve retention. For example, some states are implementing passive renewal procedures in which completed renewal forms are sent to the enrollee and the enrollee is instructed to make any relevant changes and return the form to the state. Texas is also considering giving car seats to SCHIP enrollees as outreach to renew eligibility and remain in SCHIP.

There is also the issue of program coordination when children “churn” between Medicaid and SCHIP. Churning occurs because of unstable employment or income and loss of insurance coverage or changes in eligibility status. Some individual state studies report high turnover in children's coverage, showing a dynamic process with continually changing enrollment for one-third or one-half of the enrollees in the course of a year.⁹

The range of issues impacting the economy and state budgets present a new set of challenges for the states. Sustaining current levels of enrollments requires continued commitment to the work states have carried out over the past four years. The states continue to support SCHIP and are working toward their goal of further reducing the number of uninsured. However, some states may consider program modifications, such as waiting lists, in response to budget constraints and the “SCHIP dip.”¹⁰ The President's 2003 budget proposes to make available to states an estimated \$3.2 billion in unused SCHIP funds that otherwise would return to the Federal treasury. These funds should help states maintain and expand their programs, and help address the SCHIP dip.

States are also starting to expand SCHIP to cover uninsured populations other than children. In FY 2001, four states received approval for section 1115 waivers to enroll SCHIP parents. In August 2001, the Administration announced a new initiative to expand coverage to uninsured populations through the Health Insurance Flexibility and Accountability (HIFA) initiative. Arizona was the first state to have a HIFA application approved and the State expects to ultimately enroll nearly 50,000 adults. The plan will expand access to health coverage to parents with children enrolled in Medicaid or SCHIP with family incomes between 100 percent and 200 percent of the FPL and to childless adults with family incomes up to 100 percent of the FPL. California recently had their HIFA application approved. The State expects to expand coverage to 300,000 uninsured Californians, including 275,000 parents of SCHIP children with family incomes at or below 200 percent of the FPL.

Conclusions

The number of children ever enrolled in SCHIP increased from 3.3 million in FY 2000 to 4.6 million in FY 2001, an increase of 1.3 million or 38 percent. The primary drivers of this increase are attributed to state coverage expansions, program maturity, and streamlined and simplified enrollment procedures. More than 75 percent of children ever enrolled in SCHIP in FY 2001 were between the ages of 6 and 18, which makes sense given that Medicaid covers younger

⁹ “Examining Retention Issues,” a presentation by Linda Bilheimer at the third annual Covering Kids meeting in Houston, Texas on December 6, 2001.

¹⁰ The Federal funding for SCHIP will drop from \$4.2 billion in FY 2001 to \$3 billion in FY 2002, and will remain at this reduced level for a three-year period.

State Children's Health Insurance Program – Fiscal Year 2001 Annual Enrollment Report

children at higher income levels. In addition to the increase in child enrollment, over 230,000 adults were enrolled in FY 2001 through SCHIP section 1115 demonstration projects. States continue to be committed to SCHIP while facing challenges such as coordinating between Medicaid and SCHIP, retention of children in SCHIP, and tight budgets. States also have flexibility to shape their programs and expand coverage through the new HIFA initiative.

Attachment I: Enrollment Methodology and Issues

This report is based on the enrollment data submitted by states in the Statistical Enrollment Data System (SEDS) maintained by the Centers for Medicare & Medicaid Services (CMS). Several states developed and maintain separate data systems for children, but the SEDS is the only national source of SCHIP enrollment data. Section 457.740 of the final SCHIP regulation (released August 2001) requires that states collect data on the number of children enrolled in separate child health programs, Medicaid expansion programs, combination programs, and in Medicaid, in the following categories:

- Age
- Gender, race, and ethnicity
- Service delivery system (managed care, fee-for-service, and primary care case management)
- Family income as a percentage of the Federal poverty level

States collect the following quarterly statistics for all of the above categories, except gender, race, and ethnicity:

- Unduplicated number of children ever enrolled in SCHIP
- Unduplicated number of new enrollees
- Unduplicated number of disenrollees
- Number of member months enrollment
- Average number of months enrolled
- Number of children enrolled on the last day of the quarter (point-in-time)
- Unduplicated number of children ever enrolled in the year (fourth quarter only)

Ever enrolled data are different from recently published “point-in-time” enrollment data reported by some organizations. The number of children ever enrolled is the unduplicated count of children enrolled since the beginning of the fiscal year. Ever enrolled numbers are always higher than point-in-time numbers because ever enrolled data is cumulative and because new enrollments occur monthly and some children lose eligibility or disenroll for various reasons during the monthly period. The point-in-time estimates represent a segment of the ever-enrolled children.

Overall, the states have done a good job in submitting the required enrollment data for this analysis. Only a handful of states did not report complete data in FY 2001. These enrollment data reflect unedited, unduplicated data as submitted by states to CMS and CMS does not verify the data for accuracy.

Attachment II: FY 1999 through FY 2001 Ever Enrolled Data by State

State and Program Type ^a	SCHIP Upper Income Limit (%FPL) ^b	Number of Children Ever Enrolled During the Year ^c			FY 2000 - FY 2001	
		FY 1999 ^d	FY 2000 ^e	FY 2001	Growth	Percent Change
Alabama (C)	200	38,980	37,587	68,179 ^f	11,421	30% ^g
Alaska (M)	200	8,033	13,413	21,831	8,418	63%
Arizona (S)	200	26,807	60,803	86,863	26,060	43%
Arkansas (M)	100	913	1,892	2,884	992	52%
California (C)	250	222,351	477,615	693,048	215,433	45%
Colorado (S)	185	24,116	34,889	45,773	10,884	31%
Connecticut (C)	300	9,912	18,804	18,720	-84	0%
Delaware (S)	200	2,433	4,474	5,567	1,093	24%
District of Columbia (M)	200	3,029	2,264	2,807	543	24%
Florida (C)	200	154,594	227,463	298,705	71,242	31%
Georgia (S)	235	47,581	120,626	182,762	62,136	52%
Hawaii (M)	200	0	2,256	7,137	4,881	216%
Idaho (M) ^h	150	8,482	12,449	13,276	827	7%
Illinois (C)	185	42,699	62,507	83,510	21,003	34%
Indiana (C)	200	31,246	44,373	56,986	12,613	28%
Iowa (C)	200	9,795	19,958	23,270	3,312	17%
Kansas (S)	200	14,443	26,306	34,241	7,935	30%
Kentucky (C)	200	18,579	55,593	66,796	11,203	20%
Louisiana (M)	150	21,580	49,995	69,579	19,584	39%
Maine (C)	200	13,657	22,742	27,003	4,261	19%
Maryland (M) ⁱ	300	18,072	93,081	109,983	16,902	18%
Massachusetts (C)	200	67,852	113,034	105,072	-7,962	-7%
Michigan (C)	200	26,652	37,148	76,181	39,033	105%
Minnesota (M)	280	21	24	49	25	104%
Mississippi (C)	200	13,218	20,451	52,436	31,985	156%
Missouri (M)	300	49,529	73,825	106,594	32,769	44%
Montana (S)	150	1,019	8,317	13,518	5,201	63%
Nebraska (M)	185	9,713	11,400	13,933	2,533	22%
Nevada (S)	200	7,802	15,946	28,026	12,080	76%
New Hampshire (C)	300	4,554	4,272	5,982	1,710	40%
New Jersey (C)	350	75,652	89,034	99,847	10,813	12%
New Mexico (M)	235	4,500	6,106	10,347	4,241	69%
New York (C)	250	521,301	769,457	872,949	103,492	13%
North Carolina (S)	200	57,300	103,567	98,650	-4,917	-5%
North Dakota (C)	140	266	2,573	3,404	831	32%
Ohio (M)	200	83,688	111,436	158,265	46,829	42%
Oklahoma (M)	185	40,196	57,719	38,858	-18,861	-33%
Oregon (S)	170	27,285	37,092	41,468	4,376	12%
Pennsylvania (S)	200	81,758	119,710	141,163	21,453	18%
Rhode Island (M)	250	7,288	11,539	17,398	5,859	51%
South Carolina (M)	150	45,737	59,853	66,183	6,330	11%
South Dakota (C)	200	3,191	5,888	8,937	3,049	52%
Tennessee (M)	100	9,732	14,861	8,615	-6,246	-42%
Texas (C)	200	50,878	130,519	500,950	370,431	284%
Utah (S)	200	13,040	25,294	34,655	9,361	37%
Vermont (S)	300	2,055	4,081	2,996	-1,085	-27%
Virginia (S)	200	16,895	37,681	73,102	35,421	94%
Washington (S)	250	0	2,616	7,621	5,005	191%
West Virginia (S)	200	7,957	21,659	33,144	11,485	53%
Wisconsin (M)	185	12,949	47,140	57,183	10,043	21%
Wyoming (S)	133	0	2,547	4,652	2,105	83%
TOTALS		1,959,330	3,333,879	4,601,098	1,267,219	38%

S – Separate child health programs. M – Medicaid expansion programs. C – Combination programs.

Attachment III: FY 2001 Ever Enrolled Data by Program Type

State and Program Type ^a	Date Enrollment Began	Number of Children Ever Enrolled by Program Type ^{a,c}					
		M-SCHIP		S-SCHIP		SCHIP Total ⁱ	
		FY 2000	FY 2001	FY 2000	FY 2001	FY 2000	FY 2001
Alabama (C)	2/1/98	NR	19,171 ^f	37,587	49,008	37,587	68,179
Alaska (M)	3/1/99	13,413	21,831			13,413	21,831
Arizona (S)	11/1/98			60,803	86,863	60,803	86,863
Arkansas (M)	10/1/98	1,892	2,884			1,892	2,884
California (C)	3/1/98	48,974	58,576	428,641	634,472	477,615	693,048
Colorado (S)	4/22/98			34,889	45,773	34,889	45,773
Connecticut (C)	7/1/98	9,211	5,410	9,593	13,310	18,804	18,720
Delaware (S)	2/1/99			4474	5,567	4,474	5,567
District of Columbia (M)	10/1/98	2,264	2,807			2,264	2,807
Florida (C)	4/1/98	26,054	15,826	201,409	282,879	227,463	298,705
Georgia (S)	11/1/98			120,626	182,762	120,626	182,762
Hawaii (M)	7/1/00	2,256	7,137			2,256	7,137
Idaho (M)	10/1/97	12,449	13,276 ^h			12,449	13,276
Illinois (C)	1/5/98	44,848	68,176	17,659	15,334	62,507	83,510
Indiana (C)	10/1/97	44,373	46,238	NR	10,748	44,373	56,986
Iowa (C)	7/1/98	11,259	6,598	8,669	16,672	19,958	23,270
Kansas (S)	1/1/99			26,306	34,241	26,306	34,241
Kentucky (C)	7/1/98	41,116	45,771	14,477	21,025	55,593	66,796
Louisiana (M)	11/1/98	49,995	69,579			49,995	69,579
Maine (C)	7/1/98	13,914	16,610	8,828	10,393	22,742	27,003
Maryland (M) ⁱ	7/1/98	93,081	109,675		308 ⁱ	93,081	109,983
Massachusetts (C)	10/1/97	72,906	70,266	40,128	34,806	113,034	105,072
Michigan (C)	5/1/98	15,917	41,934	21,231	34,247	37,148	76,181
Minnesota (M)	10/1/98	24	49			24	49
Mississippi (C)	7/1/98	12,156	9,463	8,295	42,973	20,451	52,436
Missouri (M)	9/1/98	73,825	106,594			73,825	106,594
Montana (S)	1/1/99			8,317	13,518	8,317	13,518
Nebraska (M)	5/1/98	11,400	13,933			11,400	13,933
Nevada (S)	10/1/98			15,946	28,026	15,946	28,026
New Hampshire (C)	5/1/98	153	316	4,119	5,666	4,272	5,982
New Jersey (C)	3/1/98	38,673	41,126	50,361	58,721	89,034	99,847
New Mexico (M)	3/31/99	6,106	10,347			6,106	10,347
New York (C)	4/15/98	5,310	9,399	764,147	863,550	769,457	872,949
North Carolina (S)	10/1/98			103,567	98,650	103,567	98,650
North Dakota (C)	10/1/98	306	207	2,267	3,197	2,573	3,404
Ohio (M)	1/1/98	111,436	158,265			111,436	158,265
Oklahoma (M)	12/1/97	57,719	38,858			57,719	38,858
Oregon (S)	7/1/98			37,092	41,468	37,062	41,468
Pennsylvania (S)	5/28/98			119,710	141,163	119,710	141,163
Rhode Island (M)	10/1/97	11,539	17,398			11,539	17,398
South Carolina (M)	10/1/97	59,853	66,183			59,853	66,183
South Dakota (C)	7/1/98	5,589	7,335	299	1,602	5,888	8,937
Tennessee (M)	10/1/97	14,861	8,615			14,861	8,615
Texas (C)	7/1/98	45,545	26,768	84,974	474,182	130,519	500,950
Utah (S)	8/3/98			25,294	34,655	25,294	34,655
Vermont (S)	10/1/98			4,081	2,996	4,081	2,996
Virginia (S)	10/22/98			37,681	73,102	37,681	73,102
Washington (S)	2/1/00			2,616	7,621	2,616	7,621
West Virginia (S)	7/1/98	3,243		18,416	33,144	21,659	33,144
Wisconsin (M)	4/1/99	47,140	57,183			47,140	57,183
Wyoming (S)	12/1/99			2,547	4,652	2,547	4,652
TOTALS		1,008,800	1,193,804	2,325,079	3,407,294	3,333,879	4,601,098

S – Separate child health programs. M – Medicaid expansion programs. C – Combination programs.

NR – Indicates that state has not reported data via the Statistical Enrollment Data System (SEDS)

Attachments II and III: Endnotes

^a Program type as of September 30, 2001.

^b Upper eligibility standard approved and in effect as of September 30, 2001.

^c State-reported enrollment figures for SCHIP for October 1, 2000 through September 30, 2001 (FFY 2001). These figures do not include title XIX Medicaid enrollment.

^d For endnotes related to FY 1999 data, see CMS web site: <http://www.hcfa.gov/init/enroll99.pdf>

^e For endnotes related to FY 2000 data, see CMS web site: <http://www.hcfa.gov/init/fy2000.pdf>

^f Alabama did not enter M-SCHIP data into SEDS in FY 2000 or FY 2001. The FY 2001 total for Alabama includes M-SCHIP data submitted by email: 19,171 children ever enrolled in FY 2001.

^g The growth rate was calculated by looking at the amounts entered into SEDS only. Therefore the growth rate is 30 percent, versus the 81 percent that would have resulted from including the informal M-SCHIP data.

^h The State did not report annual enrollment data for FFY 2001; therefore, the number shown is the number of children ever enrolled in the second quarter FFY 2001. This is a low estimate of the number of children ever enrolled during FFY 2001.

ⁱ Maryland implemented a separate child health program on July 1, 2001.

^j For states with combination programs, this column shows the sum of the unduplicated number of children ever enrolled in the Medicaid expansion program during the year and the unduplicated number of children ever enrolled in the separate child health program during the year. Because a child may be enrolled in both programs during the year, there may be some double counting of children enrolled in these states.