

# State Children's Health Insurance Program

The State Children's Health Insurance Program (SCHIP) has become an important source of coverage for children and families. SCHIP and Medicaid together have contributed to the decline in uninsured children from 14% of all children in 1997 to 9% in 2005. SCHIP needs to be reauthorized in 2007 with substantial new funding if the program is to maintain and build on its successes.

## SCHIP State Snapshots: Maryland Children's Health Program



	2005 Enrollment	Federal Match Rate <sup>1</sup>
Maryland	95,018	65%
United States	6.1 million	65%–85%

### Basic Program Facts

States have three options for SCHIP programs:

- Medicaid expansion (M-SCHIP)
- Separate SCHIP program (S-SCHIP)
- Combination of both

Maryland runs a combination program, operating both a Medicaid expansion and separate SCHIP program.

### Eligibility

SCHIP was enacted to provide health coverage to targeted low income children. Federal rules and waivers allow states to set their income eligibility at levels that are higher or lower than the target level of 200% of the federal poverty level (\$43,300 for a family of four in 2007). States that cover families at higher income levels usually require some cost sharing.

Maryland is one of 19 states that set eligibility for coverage at a level greater than 200% of the federal poverty level (FPL). Maryland's upper income eligibility limit is 300% FPL. Families at the higher ends of income eligibility pay higher premiums.

Program Type by Age	Eligibility as % of FPL	Premium Requirement
<b>Medicaid SCHIP</b>		
infants	185%–200%	\$0
1–5 yrs	133%–200%	\$0
6–18 yrs	100%–200%	\$0
<b>Separate SCHIP</b>		
infants	200%–300%	\$42–\$53
1–18 yrs	200%–300%	\$42–\$53

### Cost Sharing

Many SCHIP programs require enrollees to share in the cost of coverage or services by paying premiums or co-payments. The type of SCHIP program a state has determines its flexibility in establishing cost-sharing requirements. M-SCHIP programs have less flexibility than S-SCHIP programs.

Maryland requires premiums of \$42 to \$53 per month per family with incomes between 200%-300% FPL.



## Benefit Package

All SCHIP Medicaid expansion programs must provide the federally required Medicaid benefit package. Separate SCHIP programs must offer benefits meeting federal requirements under a number of options.

Maryland's Separate SCHIP Covered Benefits include (but are not necessarily limited to):

- Physician services
- Inpatient hospital services
- Inpatient and outpatient mental health services
- Inpatient and outpatient substance abuse services
- Private duty nursing services
- Personal care services
- Home health services
- Dental preventive and treatment services
- Hearing aids
- Vision services and eyeglasses

## Outreach, Enrollment and Retention

Because application, enrollment, and renewal processes are critical in reaching SCHIP's goal of reducing the number of uninsured children, states have worked on outreach and simplification efforts to enroll and retain children in SCHIP programs.

Maryland's efforts include (but are not limited to):

- Pre-printed reapplication information is sent out to families 45 days in advance of the coverage renewal date

## Access to Primary Care Physicians in 2004

Age	Percent
12–24 mths	94%
2–6 yrs	86%
7–11 yrs	89%
12–19 yrs	85%

<sup>1</sup> Source for 2005 Federal Match Rate values: Kaiser statehealthfacts.org, "Federal Matching Rate (FMAP) for SCHIP," accessed on May 14, 2007.

<sup>2</sup> Source for state specific HEDIS measure data are state FY2005 SCHIP Annual Reports to the Center for Medicare and Medicaid Services (CMS), which are available at [www.cms.hhs.gov](http://www.cms.hhs.gov).

Unless otherwise specified, the data source used is: Kaye, Neva, et al. *Charting CHIP III: An Analysis of the Third Comprehensive Survey of State Children's Health Insurance Programs*, National Academy for State Health Policy (September 2006). Available at <http://www.chipcentral.org>.

## Quality<sup>2</sup>

Since program inception, SCHIP programs have implemented various policies to promote access to quality care. States worked with the federal Centers for Medicare and Medicaid Services (CMS) to develop a set of performance measures that states could report annually. Four core measures based on the Health Plan Employer Data and Information Set (HEDIS) were chosen:

- Well child visits for infants under 15 months
- Well child visits for children ages 3, 4, 5, and 6
- Use of appropriate asthma medications
- Access to primary care providers (PCP)

Maryland provided data on all four measures in its 2005 annual report to CMS, which is the most recent report available. The data to the left is an example from Maryland's report.