



State Children's Health Insurance Programs (SCHIP)- What Other States are Doing

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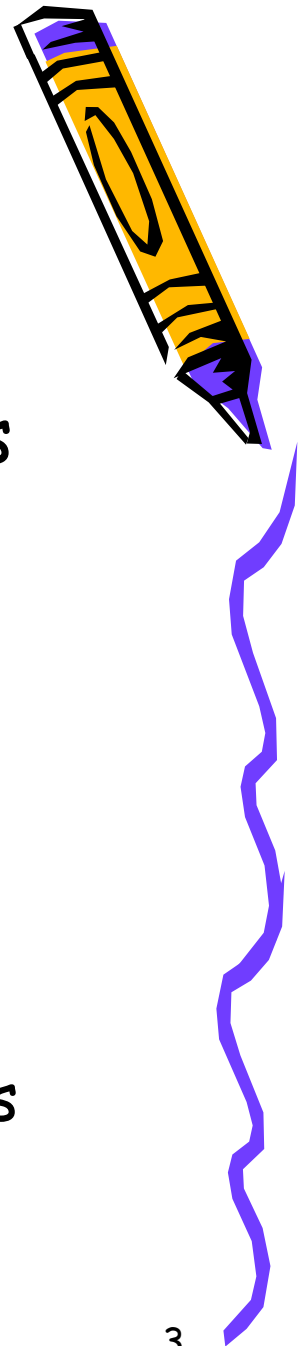


State Children's Health Insurance Program (SCHIP)

- Federal/State partnership, started in 1997
- Has provided over 4 million kids of working parents nationwide with health insurance coverage
- Provides coverage for working families' kids with incomes higher than traditional Medicaid
- Higher match rate than Medicaid - The Feds invest about 73¢ cents of every dollar spent on SCHIP in Oregon



Has SCHIP been successful?



- Evidence is strong that SCHIP benefits the intended: *low-income children of working parents*
- The children are getting:
 - More health care; more preventive care
 - Have less unmet health need
 - Reductions in hospital admissions
 - Better health outcomes than uninsured kids



How far can SCHIP cover?



- 8 states (including Oregon) are below 200% Federal Poverty Level (FPL)
- 30 states have set SCHIP limits at 200% FPL
- 13 states cover kids above 200% FPL
CA, CT, GA, MD, MN, MO, NH, NJ, NM, NY, RI, VT, and WA
 - Majority of these 250-300% FPL
 - Highest: New Jersey 350% FPL



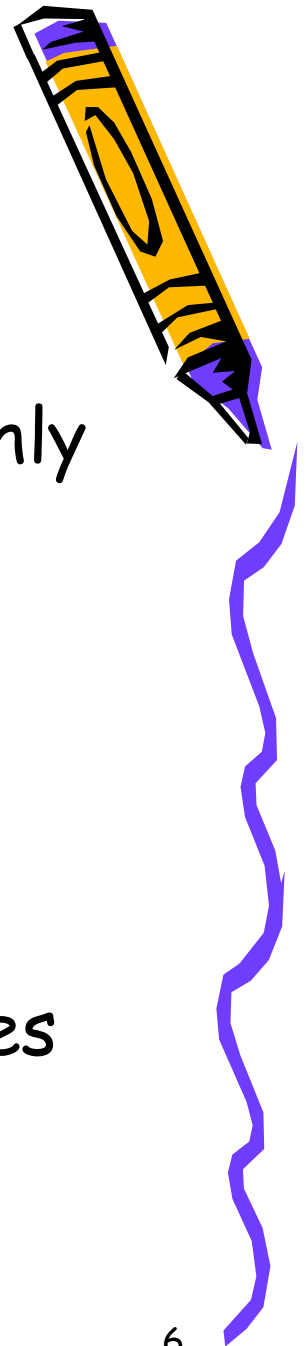
What about Benefits in SCHIP?



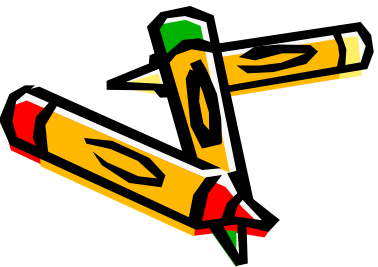
- If states just expand via their Medicaid program then SCHIP benefits must match
 - If states opt to create a different approach, SCHIP benefits must match a "benchmark" set by the feds:
 - Same as the Federal Employees Benefits
 - Same as the state's Employee Benefits (PEBB)
 - Same as the largest HMO in the state
 - Actuarially equivalent to one of these three
- Secretary of HHS approved coverage



What about cost-sharing?

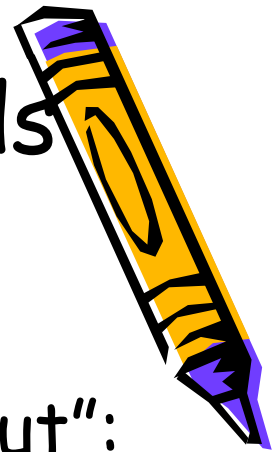


- Can have -annual enrollment fees, monthly premiums, co-pays, and/or deductibles
- No cost-sharing allowed below 150% of Federal Poverty Level (FPL)
- Not to exceed 5% of family's annual income
- No copays allowed on preventive services



SCHIP aims to reach uninsured kids

What about "Crowdout"?



- State are required to evaluate "crowdout": if parents are substituting SCHIP for existing private insurance
- Some states have set waiting periods
Oregon currently requires 6 month with no insurance
- Waiting periods can create gaps in coverage for children, which can impact their health



New York has no waiting period, and has seen no significant "crowdout", nor have many other states with short waiting periods

What are other states doing to cover more kids?

- Variety of SCHIP programs across the country
- Some have just expanded their Medicaid programs
- Many have created separate programs
- Some have "branded" all their children's insurance options under one "umbrella" program



Vermont's SCHIP: "Dr. Dynasaur"

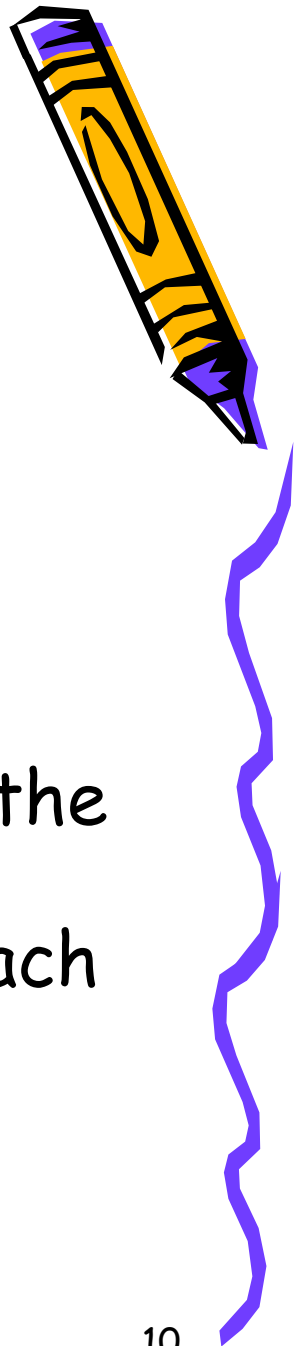


- Covers Children and Teens under 19
- Covers up to 300% Federal Poverty Level
- \$80 per family per month for incomes from 225% up to 300% FPL, collected every 3 months
- Broad benefits include mental health, dental and vision

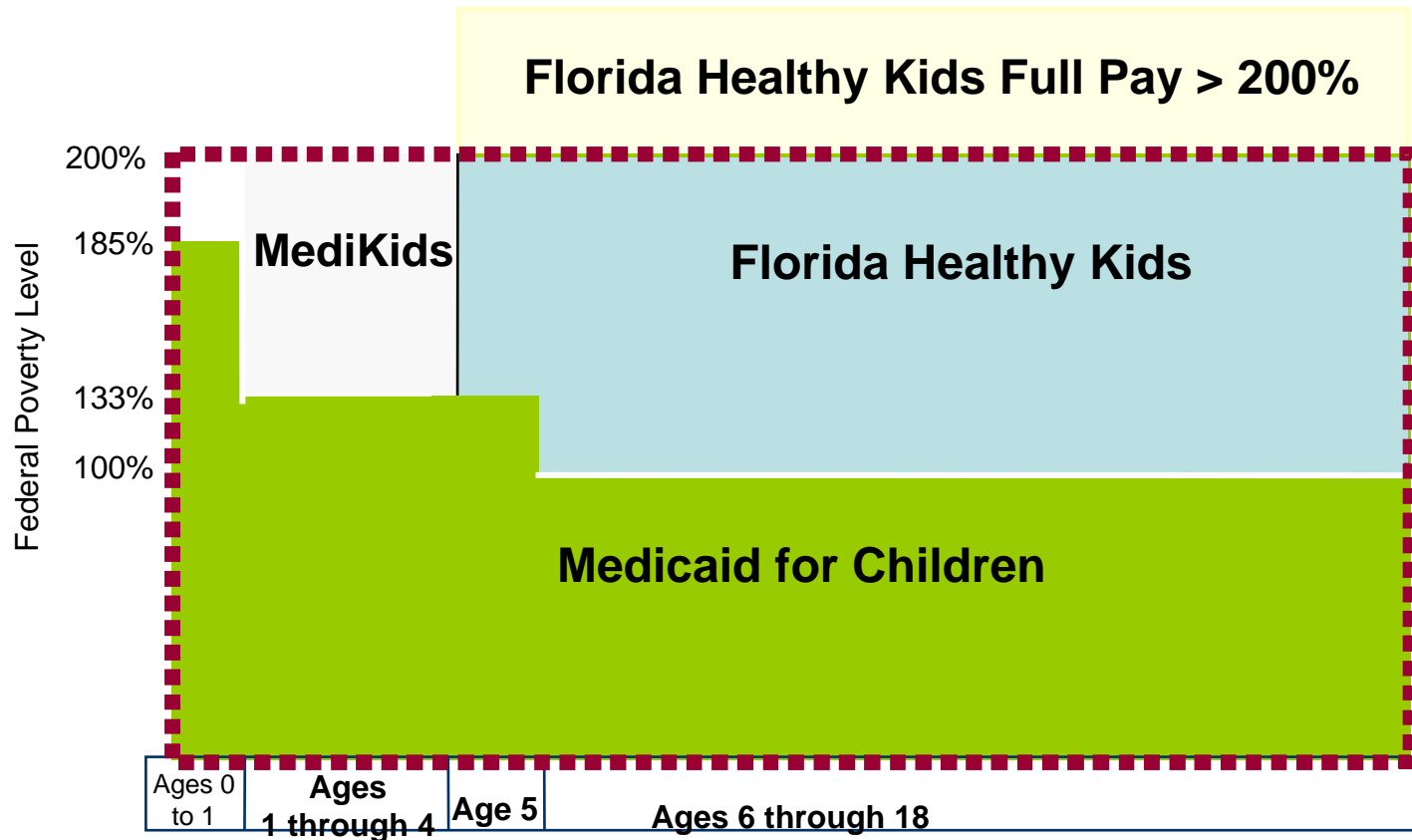


Florida's "KidCare"

- Connects Florida's Medicaid children's programs to it's "Healthy Kids" SCHIP program (administered separately as a non-profit).
- One card for all programs - specific eligibility for any one program done by the state internally
- Partners closely with schools for outreach and enrollment



Florida KidCare Program



Child. Med Services Network ■■■■
 Title XIX and Title XXI
 (Dept. of Health)

Medicaid:
 Title XIX-Funded ■■■■
 Title XXI-Funded □□□□

Florida KidCare Program – Detailed Descriptions

Program	Description
MediKids* Agency for Health Care Administration	Ages 0–5 (later changed to 1 to 5; babies in Medicaid expansion); Medicaid benefits; no copayments; Medicaid network of HMOs and MediPass
Florida Healthy Kids* Florida Healthy Kids Corporation (FHKC)	Ages 5–19; grandfathered benefits, enhanced mental health and dental health care; copayments; FHKC contracts with health plans and health insurers Copays \$5 Office visits and Pharmacy \$10 Emerg. Dept/ambulance/glasses
Children’s Medical Services (CMS) Network* Department of Health	Ages 0-19, special needs children, Medicaid benefits plus specialized services; no copayments; DOH contracts with providers and specialists at Medicaid rates

*\$20 monthly family premium for all enrolled children (excluding Medicaid)

Florida KidCare Program - continued

Program	Description
<p>Behavioral Health Network Department of children and Families</p>	<p>Ages 5-19, specialized services for children with serious behavioral health needs; medical services provided through the Children's Medical Services Network; Dept of Children and Families contracts with providers and specialists.</p> <p>No copayments; no premiums</p>
<p>Medicaid for Children Dept. of Children and Families do Eligibility and the Agency for Health Care Administration does Program Administration.</p>	<p>Ages 0-19</p> <p>Title XXI (SCHIP) Expansion: Infants <1 (185%-200%FPL); no cost sharing; Network of HMOs, MediPass providers and other providers.</p>

West Virginia Children's Health Insurance Program (WVCHIP)



- Children aged 18 or younger, not otherwise eligible for Medicaid - up to 200% FPL
- Families only have to renew every 12 months
- Copays:
 - None for family incomes up to 150% FPL
 - 150-200% FPL: \$15 (sick visit) to \$35 (ER)
- Contracts with the WV's Public Employee Insurance Agency, functions as a separate pool, but pays same rates/fee schedule to providers

(Note: WV's Employee Insurance Agency is self-insured, rates paid are higher than WV Medicaid)



Illinois' "ALL KIDS PLAN"



- Passed recently by Illinois' Legislature and has Centers for Medicare and Medicaid (CMS) approval - starts July 2006
- Focus is on those beyond current Illinois Medicaid/SCHIP who don't have insurance
- Covers up to age 19
- Must be uninsured for 6 months or parents lost employment.



Illinois' All Kids - Benefit Options

The state will:

- Purchase or provide benefits identical to current Illinois SCHIP program (except non-emergent transportation),

OR

- When cost-effective: offer families subsidies towards private coverage,

OR

- May offer limited benefits/partial coverage for kids enrolled in high-deductible plans or private coverage without certain benefits (such as dental or vision)



Illinois' All Kids Plan - Other Features



Cost-sharing

- Sliding scale based on family income, can include copays, premiums and co-insurance
- No copays for preventive and immunizations

12 month renewal for enrollment/eligibility

Aim: every child to have a "Medical Home"

- primary care provider for access, avoid unnecessary Emergency Dept. visits or hospitalizations



SCHIP is flexible for states to cover more kids



Flexibility in:

- How to set up the program - part of Medicaid, separate, or link closely with other public plans under one "umbrella" plan (Florida)
- Benefits - but need to match those "benchmark" benefit plans
- How many families to touch - varying levels of incomes eligible up to about 300-350% FPL across the nation
- Cost-sharing - No more than 5% and only for incomes above 150% FPL, and some states offer buy-in options for higher incomes



SCHIP can help states cover more kids by....

- Choosing features such as
 - a "brand" (Dr. Dynasaur) or links (Florida KidCare) for their children's programs,
 - long renewal periods and minimal waiting periods to maximize enrollment and avoid gaps in health coverage
- Working with schools and other kid-specific venues to maximize outreach (FL, IL)

AND:

States such as Illinois are aiming for "All Kids" by maximizing SCHIP coverage and offering higher income families options as well



For questions, more info

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