

HHS FACT SHEET
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THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

***Overview:** Proposed by President Clinton and passed as part of the historic, bipartisan Balanced Budget Act of 1997, the Children's Health Insurance Program (CHIP) is the largest single expansion of health insurance coverage for children in more than 30 years. Today, nearly 11 million American children -- one in seven -- are uninsured. To reach these children, many of whom come from working families with incomes too high to qualify for Medicaid but too low to afford private health insurance, this new initiative set aside \$24 billion over five years for states to provide new health coverage for approximately 3 million children. To improve the health of our nation's children, the President has challenged the public and private sectors to work together to educate families and help them enroll their children in CHIP or in Medicaid. CHIP is a partnership between the federal and state governments that will help provide children with the health coverage they need to grow up healthy and strong. Each state has an allotment of funds based on the number of uninsured children in the state, and the states can draw on a single year's allotment for up to three years. To help states find the parents of eligible children, states are able to use a percentage of their federal funds to expand outreach and ensure that all children eligible for CHIP, as well as Medicaid, are enrolled. The program also includes important cost-sharing protections so that families will not be burdened with heavy out-of-pocket expenses. At President Clinton's insistence, the CHIP program requires that states use this new money to cover uninsured children -- and not replace existing health coverage. Funds for the program became available to the states on October 1, 1997, and HHS is working closely with states to approve plans in accordance with the new law. States can receive federal matching funds only for actual expenditures to insure children. Most state CHIP plans have been approved. Since CHIP implementation began on October 1, 1997, 53 states and U.S. territories have submitted CHIP plans for approval by the Department of Health and Human Services. CHIP plans have been approved for 50 states and U.S. territories. In order of approval they are: Alabama, Colorado, South Carolina, Florida, Ohio, California, New York, Illinois, Michigan, Connecticut, New Jersey, Missouri, Rhode Island, Oklahoma, Massachusetts, Pennsylvania, Wisconsin, Oregon, Texas, Idaho, Puerto Rico, Indiana, Utah, North Carolina, Minnesota, Maryland, Arkansas, Nebraska, Maine, Nevada, South Dakota, Iowa, Kansas, Delaware, Georgia, Montana, New Hampshire, West Virginia, the Virgin Islands, the District of Columbia, Arizona, North Dakota, Louisiana, Virginia, Mississippi, Kentucky, Alaska, Vermont, New Mexico, and Hawaii. The following state plans have been submitted and are under review: Tennessee, Guam, and American Samoa. In addition, 11 states have submitted and had amendments approved to expand their CHIP plans. According to states' estimates, 2.5 million children will be covered by October 2000.*

EXPANDING CHILDREN'S ACCESS TO HEALTH COVERAGE

The federal-state Children's Health Insurance Program (CHIP), created under the new Title XXI of the Social Security Act, expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private coverage. It builds on Medicaid, the federal-state health insurance program that covers approximately 36 million low-income individuals, including 18 million children. Under Medicaid, states currently cover children whose family incomes range generally from

below the FPL to as high as 300 percent of poverty. The majority of states cover children in families between 100 and 150 percent of the FPL. In the CHIP program, states may either cover children in families whose incomes are above the Medicaid eligibility threshold but less than 200 percent of poverty, or within 50 percentage points over the state's current Medicaid income limit for children.

Ensuring Meaningful Health Benefits. CHIP gives states flexibility in targeting eligible uninsured children. States may choose to design new child health insurance programs, expand their Medicaid programs, or create a combination of both. States choosing a new children's health insurance program may offer one of the following benchmark plans: the standard Blue Cross/Blue Shield Preferred Provider Option offered by the Federal Employees Health Benefit Program; a health benefit plan offered by the state to its employees; or the HMO benefit plan with the largest commercial enrollment in the state. A state may also choose to offer the "equivalent" of one of the benchmark plans. If a state chooses this option, its plan's total actuarial value must be at least equal to the benchmark plan's and it must include: inpatient and outpatient hospital services; physicians' surgical and medical services; laboratory and X-ray services; and, well baby/child care services, including immunizations. In addition, if the plan a state chooses as its benchmark includes coverage for prescription drugs, mental health services, vision care, and hearing-related expenses, the state's "equivalent" plan must include similar benefits. Under the law, New York, Pennsylvania and Florida can continue to offer their current benefit packages (with some modifications to comply with the law's cost-sharing protections). States choosing the Medicaid option must offer the full Medicaid benefit package for children.

Limiting Patient Costs. Patient out-of-pocket costs for this program are allowed but are limited. If a state expands its Medicaid program, then existing Medicaid limits apply to the newly enrolled children. If a new health plan is developed, premiums for families whose income is under 150 percent of the poverty level cannot exceed \$19 per family per month and copayments must be nominal. Cost sharing is not permitted for well-child, well-baby visits. For families with incomes above 150 percent of poverty, cost-sharing must be based on an income-related sliding scale with an annual total for all children not to exceed five percent of the family's income.

Preventing Cost Shifting. To prevent states from shifting children from the traditional Medicaid program to CHIP, states may not restrict the Medicaid eligibility standards for children that were in place on March 31, 1997. In addition, states must enroll all children who meet Medicaid eligibility rules in the Medicaid program rather than in the new CHIP plan. All states must design their programs to prevent private cost shifting as well. In their child health plans, states must describe methods they will use to prevent "crowd out" or the shifting of children from private insurance to CHIP.

ACCESSING FEDERAL FUNDING

States are eligible to receive an enhanced federal matching rate for CHIP. The funds are drawn from an "allotment" for state programs that expand access to targeted, low-income children under the CHIP program. To access the allotment, plans must be approved by the Secretary of Health and Human Services. Funds will be allocated to each participating state according to their number of uninsured low-income children, accounting for regional cost differences. Available final state allotments for fiscal year 1998 and reserved allotments for fiscal year 1999, which were published in the Federal Register, range from \$3.5 million to \$855 million. States may draw on a single year's allotment for up to three years, and they may use up to 10 percent of the CHIP benefit expenditures for outreach and certain administrative costs. To access the fiscal year 1998 allotment, states must have their CHIP plans approved by the Secretary of Health and Human Services by Sept. 30, 1999. The fiscal year 1999 budget includes \$4.275 billion for fiscal year 1999 state allotments.

The Department of Health and Human Services (HHS) is working closely with states as they design

CHIP plans that meet the requirements of the new law. HHS has written to each state outlining the program, and has published a preliminary check-list of information states must submit to HHS when applying for their allotments; and answers to the most commonly asked questions from states about how to develop their children's health insurance programs. The department works with states to expedite the development and implementation of state CHIP plans.

EXPANDING OUTREACH

The Clinton Administration has made significant efforts to reach out to families whose children qualify for CHIP. These efforts include:

The Announcement of an Historic Public and Private Commitment to Provide Outreach. On February 23, 1999, the President announced unprecedented new contributions from the private and public sector to help ensure that all children who are eligible for health insurance receive it, including:

- **A new toll-free number, 877-KIDS-NOW, that directs families around the nation to their state enrollment centers.** The President announced that the National Governors' Association, with a grant from Bell Atlantic, has established a national toll-free number to help states reach working parents of uninsured children. The number, 877-KIDS-NOW, will automatically direct callers to their state's enrollment agency.
- **A national radio advertising campaign to promote the Insure Kids Now Campaign.** HHS is sponsoring a \$1 million national radio advertising campaign to promote the 877-KIDS-NOW toll-free number and to complement states' outreach efforts. The campaign includes a four-week paid radio campaign and public service announcements to be distributed throughout each state.

A pilot program of the radio advertising campaign was implemented last fall. The nationwide campaign began February 23, 1999, and will run through mid-March in 11 states. The radio campaign will air in other states in April and May.

- **The www.insurekidsnow.gov Web site links parents to eligibility and enrollment information.** HCFA launched a Web site, www.insurekidsnow.gov, which offers parents a phone number to call for information on children's health insurance coverage in their state, information on how to apply for coverage, and guidelines for whether they might qualify for their state's plan. In addition, visitors can see and hear messages from First Lady Hillary Rodham Clinton, the nation's governors and other messages about the importance of health insurance for children.
- **Mobilizing Federal Agencies and Federal Employees.** The Federal Interagency Task Force on Children's Health Insurance Outreach released an outreach training kit for use by workers from all federal departments that will participate in the Insure Kids Now campaign. The task force was charged by President Clinton in February 1998, to support CHIP and Medicaid outreach and enrollment. The kit contains a presentation outline, posters, and materials that can be used as handouts. In addition, federal departments have promised to distribute more than 140,000 outreach posters to their grantees, field offices, and human services agencies.

Ongoing Outreach Activities

Presidential Directive to Launch a Government-Wide Effort to Enroll Uninsured Children. As the first step in his public-private children's health outreach campaign, the President directed relevant federal departments in February 1998, to commit to outreach activities aimed at enrolling uninsured

children in state health insurance programs. In June of 1998, this Federal Interagency Task Force on Children's Health Insurance Outreach prepared a report to the President, outlining activities that federal agencies would undertake to identify and help to enroll in children in Medicaid or other health insurance programs prior to June 1999. The President charged the HHS Secretary with oversight of the implementation of this outreach initiative.

Since then, each of the 10 departments has been actively engaged in outreach activities focused in three areas: educating their workforce; educating families about state health insurance programs; and coordinating cross-agency and public-private efforts to identify and enroll children in these programs. For example, the Department of Agriculture has distributed CHIP information to WIC programs in states. HUD- sponsored Neighborhood Networks centers, which provide computer training at no cost to residents of more than 400 HUD-assisted multifamily housing developments, have started serving as an access point to download Federal and State information about Medicaid and CHIP.

\$45 million in commitments from private foundations across the country. The Robert Wood Johnson Foundation will spend \$45 million over the next 3 years to fund innovative state-local coalitions to design and conduct outreach initiatives, simplify enrollment processes, and coordinate existing coverage programs. The Kaiser Family Foundation will spend up to \$10 million over the next 5 years on studies to help understand why eligible children do not enroll in existing programs and how best to provide insurance coverage for these children. America's Promise, with support from the Robert Wood Johnson Foundation and in collaboration with the American Academy of Pediatrics, will mobilize corporations such as SmithKline Beecham and Schering Plough, as well as local communities nationwide, in children's health outreach efforts.

Corporate and advocacy organizations reach out to uninsured children. Procter and Gamble, the manufacturer of Pampers diapers, has volunteered to include a letter in its child birth education packages, given to 90 percent of first-time mothers, providing information about available health insurance options. Grocery stores and chain drug stores across the country will provide information about the new toll-free number to their customers. The National Education Association will launch an unprecedented effort to educate teachers on how they can inform children and their families about health insurance, through national newsletters, conferences, and special training sessions. The American Hospital Association's Campaign for Coverage will increase its nationwide initiative to engage hospitals in helping uninsured Americans, including children.

BUILDING ON PREVIOUS CLINTON ADMINISTRATION ACTIONS

CHIP builds on the Clinton Administration's long standing commitment to improving health care for children. The President has issued guidelines to eliminate easy access to tobacco products and to prohibit companies from advertising tobacco to kids. In addition, the President recently announced that in 1996, over 90 percent of America's toddlers received the most critical doses of each of the routinely recommended vaccines -- surpassing the goal the Administration set in 1993. And the FDA recently released a rule that requires manufacturers to do studies on pediatric populations for new prescription drugs as well as those currently on the market.

Since 1993, HHS has approved Medicaid waivers for 18 states for comprehensive health care reform projects that have allowed states to control costs and expand coverage. In addition, HHS has approved requests from 19 states for Medicaid waivers as part of larger welfare reform projects, as well as 25 local Medicaid demonstration projects. When fully implemented, these demonstration projects will extend health coverage to 2.2 million parents and children who otherwise would be uninsured.

Combined, this administration's efforts will help assure that children get the healthy start they need to live long and productive lives.

STATE CHIP PROGRAMS

Descriptions of approved state CHIP programs follow:

Alabama

Alabama could receive as much as \$86 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is implementing its CHIP plan in two phases. The first phase expanded Medicaid eligibility to uninsured children under 19 years of age whose family incomes do not exceed 100 percent of the FPL. The AL-Kids program, the second phase, is a separate state children's health insurance program that expands coverage to children up to age 19 whose family income is between 100 and 200 percent of the FPL. AL-KIDS offers coverage comparable to the HMO with the largest insured commercial, non-Medicaid enrollment in the state. With both phases, Alabama expects to insure 36,000 children by September 1999. Alabama is hiring extra outreach workers to increase the number of children located and enrolled in Medicaid. Information on the new program is being advertised through newspapers, public service announcements and through the school system. Alabama was the first state approved on January 30, 1998 and its amendment was approved August 18, 1998.

Alaska

Alaska could receive as much as \$7 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Alaska is expanding its Medicaid program for its CHIP plan. Previously, the state covered children up to age 1 in families with incomes up to 185 percent of the FPL, children 1-6 in families with incomes up to 133 percent of poverty, and children ages 6-19 in families with incomes up to 100 percent of poverty. The state is using its Title XXI funds to expand Medicaid coverage to children in families with incomes up to 200 percent of the FPL. Eligible children receive the full Medicaid benefit package and there are no cost sharing requirements. To reach eligible children, the state is working with local governments, schools, health care providers, tribal entities, and non-profit corporations serving children. The state plans to implement expanded eligibility on March 1, 1999 and it expects to enroll 4,900 children by October 2000. Alaska's plan was approved December 11, 1998.

Arizona

Arizona could receive as much as \$117 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Arizona is using its CHIP allotment to create, KidsCare, a new health insurance program that covers children from birth through age 15. Income eligibility will increase over time, beginning at 150 percent of the FPL and rising to 175 percent on July 1, 1999, then to 200 percent from 2000 through 2007. The state expects to insure nearly 50,000 children by September 2000. Enrollees receive coverage through established Arizona Health Care Cost Containment System plans and state employee health maintenance organizations that elect to participate in the program. American Indians may choose to receive services through the Indian Health Service as well. Participants pay a \$5 copayment for non-emergency use of the emergency room. To assist with outreach, the state has created an Outreach Coordinator position and has sent applications to organizations that serve low-income children. Arizona's CHIP plan was approved on September 18, 1998.

Arkansas

Arkansas could receive as much as \$48 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is using its CHIP allotment to expand Medicaid coverage to nearly 3,600 children who would otherwise not have health insurance. It covers children born after September 30, 1982 and prior to October 1, 1983, whose family income is at or below 100 percent of the FPL. Arkansas is currently considering how to structure the second phase of its Title XXI program to cover even more children. The state currently has a Medicaid section 1115 waiver, ARKids First, that serves children through age 18 with family incomes up to 200 percent of the FPL. Outreach activities include radio and TV ads, a direct mail campaign, a toll-free number and print advertising. Arkansas was approved on August 6, 1998.

California

California could receive as much as \$855 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is expanding its Medicaid program, known as Medi-Cal, by implementing an income disregard and by making children under age 19 eligible if they have family incomes at or below 10 percent of the FPL. The state is also expanding its current state program, known as Access for Infants and Mothers (AIM), which covers infants up to age 1 from 200 percent to 250 percent of poverty. Through CHIP, California is also expanding its Healthy Families program, which provides coverage for children age 1-19 with family incomes from 100 percent to 200 percent of the FPL. California estimated it will insure 500,000 children by the end of fiscal year 1998. As part of its outreach efforts, California is subcontracting for a media campaign with private and community-based organizations, health brokers and insurance agents to directly identify and assist potential enrollees in filling out the joint application form for the Medi-Cal and Healthy Families program. In addition, California is conducting a provider education campaign to support its outreach effort. California's plan was approved on March 24, 1998.

Colorado

Colorado could receive up to \$42 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is expanding children's access to health coverage by building on its own Colorado Child Health Plan. The state expects to cover a total of 23,000 children under this non-Medicaid managed care plan by the third year. The benefit package includes services such as hospital and emergency room transport, inpatient services, medical office visits and prescription drugs. Coverage is provided to children from birth through age 17 for families whose income is at or below 185 percent of the FPL. The state is publicizing the program through press releases, public service announcements, schools, employers, county agencies and regional and social agencies. Colorado's plan was approved on February 18, 1998.

Connecticut

Connecticut could receive approximately \$35 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials will use to insure as many as 15,000 new children by June of 2000. The state is using its allotment to both expand its Medicaid population and create a new program based on the state employee's health plan. Under the state's HUSKY program, Medicaid eligibility has been expanded to include children ages 14 through 18 with household incomes of up to 185 percent of the FPL. Previously, the Medicaid program only covered children up to age 13 in families with incomes up to 185 percent of poverty. The state estimates that an additional 14,400 children will be added to the Medicaid program. The new health insurance program, Part B of HUSKY, is targeted toward children up to age 18 in families with incomes up to 235 percent of poverty. The state is applying an income disregard - setting aside certain types of income the family may have - effectively bringing coverage to 300 percent of poverty. Before income disregards are applied, HUSKY Part B charges families with incomes above 235 percent of poverty premiums of \$30 per child, with an upper limit of \$50 per family.

Children with special physical and behavioral health needs receive those services under a special third part of the program, HUSKY Plus. Outreach for the state includes radio and TV ads, a direct mail campaign, brochures/flyers, video, a toll-free number, Web sites and state presentations and mail-in applications. Connecticut's plan was approved on April 27, 1998.

Delaware

Delaware could receive as much as \$8 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Delaware is using its CHIP allotment to create a separate state children's health insurance plan which targets children under age 19 whose family incomes are less than 200 percent of the FPL. Coverage is provided through the state employee health plan and includes pharmacy services, mental health and substance abuse care. Monthly premiums are charged on a sliding scale based on income. Delaware officials estimate they will insure about 10,500 children by October 1999. Delaware's plan was approved on September 1, 1998.

District of Columbia

The District of Columbia could receive as much as \$12 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The District is expanding its Medicaid program to children from birth to age 19 whose family income is less than 200 percent of the FPL. Enrollees receive the regular Medicaid benefit package and there is no cost sharing for families. The District anticipates enrolling nearly 8,400 children in its program, which is called Healthy DC Kids. As part of its outreach efforts, the District is setting up a telephone hotline to handle inquiries and has created a single, two-page, mail-in application for both Medicaid and CHIP. The District of Columbia's CHIP plan was approved September 17, 1998.

Florida

Florida could receive about \$269 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Phase One of Florida's CHIP plan expanded Medicaid eligibility to children in families earning up to 100 percent of the FPL and expanded Florida's Healthy Kids program, a comprehensive program that was piloted in 20 counties, to additional counties. Phase Two created the Florida KidCare Program which consists of: expanding the Healthy Kids program on a state-wide basis and expanding eligibility for the program to children through age 18 in families with incomes up to 200 percent of FPL; creating the MediKids program to provide coverage for children up to age 5; creating the Children's Medical Services Network for children up to 18 with special needs; and expanding Medicaid to cover children ages 15 - 19 to 100 percent of FPL. The state is simplifying its enrollment form and enrollment process and is developing an outreach strategy. State officials hope to enroll 175,000 children in the combined Florida Kidcare program by July 1, 1999. Florida received its plan approval on March 5, 1998, and its amendment approval for phase two on September 8, 1998.

Georgia

Georgia could receive as much as \$125 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Georgia created a separate insurance program for children from age 0-18 whose families have incomes of less than 200 percent of poverty and who are not eligible for Medicaid. Enrollees receive benefits comparable to the current Medicaid package. There is no cost sharing for children under age 6; for children over age 6 there is a monthly premium of \$7.50 for one child and \$15 for two or more children. The state expects to insure 58,000 children by fiscal year 2000. Georgia's plan was approved September 3, 1998.

Hawaii

Hawaii could receive as much as \$9 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state will use its CHIP allotment to expand Medicaid to cover children between ages 1 and 6 with incomes up to 185 percent of the FPL. Enrollees will receive the state's Medicaid benefit package and there will be no out-of-pocket costs to families participating in the program. Hawaii's CHIP plan builds on its Medicaid demonstration program -- QUEST -- which is attempting to provide universal coverage for residents who are not covered under the state's mandatory employer-sponsored insurance program. Hawaii will launch its CHIP plan in January 2000 and plans to submit amendments to expand the program to more children. For outreach activities, the state will collaborate with schools to provide Medicaid and CHIP information. Hawaii will also distribute Medicaid and CHIP information through health care providers, the unemployment office, the Office of Youth Services, places of worship, and activity-based organizations such as sports, scouts, and schools of Hula. In addition, the State will establish a toll-free information line, a Web site and a media campaign on the Medicaid/CHIP program. Hawaii expects to insure nearly 500 children by September 30, 2000. Its plan was approved January 19, 1999.

Idaho

Idaho could receive as much as \$16 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials will use to insure nearly 5,000 children. Idaho is using its new CHIP allotment to expand Medicaid eligibility to children up to age 19 in families with incomes up to 160 percent of the FPL. Due to state legislation, the income threshold is 150 percent of the FPL, effective July 1, 1998. The state has formed a task force to study ways of further expanding Idaho's CHIP program. Children in the Medicaid expansion receive the state's standard Medicaid benefit package, which includes inpatient and outpatient hospital services, inpatient psychiatric care, physician services, dental services, home health services, lab services, and prescription drugs. Outreach activities include mailing postcards to potential enrollees describing Title XXI. The mailing list is comprised of families who have lost cash assistance between April and December 1997. Idaho's plan was approved on June 15, 1998.

Illinois

Illinois could receive as much as \$123 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials will use to insure 40,000 additional children over the next three years. With its CHIP allotment, Illinois is expanding Medicaid eligibility for children up to age 19 whose families have incomes at or below 133 percent of the FPL. Prior to the CHIP expansion, the income level for Medicaid eligibility varied based on the age of the child. Under the new program, income thresholds have been equalized. State outreach efforts include reviewing automated records to identify eligible participants followed by the notification of those individuals. In addition, the Illinois Department of Public Aid is sending a notice to all non-assistance Child Support families informing them of the program and of locations where families can go to enroll their children. Illinois' plan was approved on April 1, 1998.

Indiana

Under the CHIP program, Indiana could receive as much as \$71 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Indiana is using its allotment to expand its Medicaid program. The state estimates that it will insure as many as 58,000 more children by the year 2000. The program expands eligibility to children up to age 19 in families with incomes up to 150 percent of the FPL, and the state has formed a task force to study ways to further expand its CHIP program. Children in the

Medicaid expansion population receive the state's standard Medicaid benefit package, which includes inpatient and outpatient hospital services, inpatient psychiatric care, physician services, dental services, home health care, lab services and prescription drugs. To raise awareness about the program, the state is launching a media campaign and conducting outreach through state and local government agencies and community organizations. Indiana's CHIP plan was approved on June 26, 1998.

Iowa

Iowa could receive as much as \$32 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Iowa is using its new CHIP allotment to expand Medicaid by raising income eligibility in several different age categories. The Medicaid expansion allows children from age 6 - 18 in families whose incomes are up to 133 percent of FPL to enroll. The state's current Medicaid program covers infants up to one year of age whose families have incomes of up to 185 percent of FPL. The benefit package for CHIP is the same as the current Medicaid package, and the state will contract with an organization to run an outreach program. This outreach program works with community and statewide organizations including provider associations, advocacy groups, Native American Tribal Councils and refugee resettlement programs. Officials expect to insure 16,000 children by June 30, 1999. Iowa's plan was approved September 1, 1998.

Kansas

Kansas could receive as much as \$31 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. With its CHIP allotment, Kansas is creating a separate insurance program called HealthWave for children through age 18 whose families have incomes of less than 200 percent of the FPL. The benefit package for children enrolled in CHIP is the same as that offered to state employees. Families with incomes above 150 percent of FPL must pay a monthly premium. Families with income between 151 and 175 percent of poverty pay \$10 per month per family, and families between 176 and 200 percent of poverty pay \$15 per month per family. The state targets low-income children for outreach through the public schools and is offering a toll-free number to access enrollment information. Kansas hopes to enroll 30,000 children by December 31, 1999. Kansas' plan was approved on September 1, 1998.

Kentucky

Kentucky could receive as much as \$50 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Kentucky is using its allotment to both expand its Medicaid program and launch a separate insurance program called K-CHIP. Children ages 14-18 who are in families with incomes up to 100 percent of the FPL are enrolled in CHIP as a Medicaid expansion. Children through age 18 in families with incomes up to 200 percent of the FPL, and who are not eligible for Medicaid, are enrolled in K-CHIP. The K-CHIP benefit plan is a benchmark equivalent to the Standard High Option HMO plan for state employees. Benefits also include all basic services such as inpatient and outpatient hospital services, physicians' surgical and medical services; laboratory and x-ray services, and well-baby and well-child care. There is some cost sharing, but costs cannot exceed 5 percent of family income. Families with incomes between 100 and 133 percent of the FPL pay a \$10 premium for a six-month period. Families with incomes between 134 and 149 percent of the FPL pay a maximum premium of \$20 for a six-month period. Families with incomes between 150 and 200 percent of the FPL pay a maximum of \$120 for a six-month period, and payments can be made at \$20 each month or \$60 per quarter. To reach eligible children, the state is conducting a media campaign and outreach activities at schools, clinics, community centers, health fairs, health departments, and housing projects. Kentucky expects to enroll nearly 50,000 children by June 2000. Kentucky's plan was approved November 25, 1998.

Louisiana

Louisiana could receive as much as \$102 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is using its allotment to expand Medicaid to children ages 6 through 18 whose family income is at or below 100 percent of the FPL. The benefit package is the regular state Medicaid program, and there is no cost sharing for families. The state has launched a large outreach campaign to educate potential CHIP enrollees. The campaign includes media advertising and mailing to specific target audience groups, including low-income working parents, current and former recipients of Families Independence-Temporary Assistance Program, children with special needs, Native Americans, and migrant children. Louisiana estimates it will enroll more than 28,000 children by the end of September 2000. Louisiana's plan was approved October 20, 1998.

Maine

Maine could receive as much as \$12 million in federal funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is using its new funds to expand coverage to 10,400 children by July 2000 by combining both a Medicaid expansion and a statewide children's health insurance program, Cub Care. Through CHIP, Maine is expanding coverage to children through age 18 with family incomes up to 185 percent of the FPL. The Medicaid expansion covers children age one through 18 in families with incomes up to 150 percent of poverty. The Cub Care program covers children in families with incomes from 151-185 percent of poverty. State outreach efforts include targeted media and direct mail campaigns. Maine's plan was approved on August 7, 1998.

Maryland

Maryland could receive as much as \$62 million in federal CHIP funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Maryland is expanding its Medicaid program to an estimated 15,500 uninsured children. Under the CHIP plan, children up to age 19 whose family incomes are below 200 percent of poverty can receive coverage. Children covered by CHIP receive the Medicaid benefit package. To reach families who might be eligible for CHIP, the state is launching a grassroots information dissemination campaign involving state agencies, advocacy and community groups and provider organizations. In addition, the state is launching a public media and advertising campaign to include television, radio, mass transit and newspaper advertising. Maryland's plan was approved on July 31, 1998.

Massachusetts

Massachusetts could receive as much as \$43 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials are using to expand the state Medicaid program and to create a separate Family Assistance Plan. With its federal allotment, the state hopes to bring enrollment in the program to 37,000 children. Massachusetts provides the state's regular Medicaid benefit package to newly-enrolled children. The eligibility level for Medicaid was increased from the current 133 percent of FPL to children in families with incomes of up to 150 percent of poverty. The state is also using its CHIP funds to create the Family Assistance Plan for children with family incomes between 150 and 200 percent of poverty. Uninsured children with family incomes over 150 percent of poverty are eligible for either a "direct coverage option" or for financial assistance for families to purchase dependent coverage through their employers, the so-called "premium assistance option." The Family Assistance Program provides coverage equivalent to the insurance plan offered to federal employees in the state. These families pay a monthly premium of \$10 per child with a family maximum of \$30 per month. Outreach activities include school-based campaigns, distribution of promotional materials, and giving mini-grants to

community organizations to help locate hard-to-find potentially eligible children. Massachusetts's was approved on May 29, 1998.

Michigan

Michigan could receive as much as \$92 million in federal funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials are using to insure as many as 133,000 new children by September 2000. The state is using its allotment to implement MICHild. The program provides comprehensive health care coverage to all children under age 19 whose families have incomes at or below 200 percent of the FPL. The benefit package mirrors the state employees' plan and is administered by multiple managed care providers. MICHild imposes co-payments on families with incomes at or below 150 percent of poverty. Some co-payments apply for families between 151-200 percent of poverty. The state's outreach efforts include demographically targeted media campaigns and coordination with relevant community programs and agencies. Michigan's plan was approved on April 7, 1998.

Minnesota

Minnesota has been among the most progressive states in the nation in providing health insurance coverage for children and families. The approval of Minnesota's plan enables the state to lay the groundwork for its CHIP program, which makes available as much as \$28 million for both fiscal year 1998 and fiscal year 1999. Minnesota currently covers approximately 50,000 children who would otherwise be uninsured. The state has accomplished this through a Section 1115 Medicaid waiver amendment, granted in 1995. The MinnesotaCare program provides health coverage to pregnant women and children with family incomes up to 275 percent of the FPL. Minnesota's plan was approved July 17, 1998.

Mississippi

Mississippi could receive as much as \$56 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Mississippi is expanding Medicaid to cover children ages 15 through 18 in families with incomes up to 100 percent of the FPL. The state estimates it will enroll 12,000 children by the end of fiscal year 2000. Children receive the regular Medicaid benefit package and there are no cost sharing requirements. Mississippi also expanded its CHIP plan with an amendment that creates a new state health insurance program to cover children up to age 19 in families with incomes between 100 and 133 percent of the FPL. The benefit package for the new separate program is equivalent to that offered to state employees, with the addition of vision, hearing and dental services. There is no family cost-sharing requirement. As part of an outreach plan, Mississippi is developing a broad-based media campaign that includes television, radio and print advertisements. In addition, it is providing information to community health care providers, hospitals, health clinics, Indian reservations and schools. Mississippi's plan was approved October 26, 1998, and its amendment was approved February 10, 1998.

Missouri

Missouri could receive as much as \$52 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials will use to insure as many as 90,000 new children by June 30, 1999. Missouri is using its allotment to expand insurance coverage to children within the state's existing Medicaid managed care program, known as MC+. The program expands eligibility to children in families with incomes up to 300 percent of the FPL. Missouri's statewide health care reform demonstration plan was approved through a Section 1115 Medicaid waiver. It allows the state to slightly

alter the Medicaid benefit package and also to enroll the CHIP children in Medicaid after the state's CHIP funds are exhausted. This Medicaid waiver also provides coverage for certain adults, including working parents leaving welfare and mothers who otherwise would have lost their Medicaid following childbirth. Outreach efforts are being coordinated at state offices in every county. Free materials are also available and are being distributed to other entities such as social welfare organizations, schools and health care providers. Missouri's plan was approved on April 28, 1998.

Montana

Montana could receive as much as \$12 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Montana expects to insure 9,000 children by June 2000 by creating a statewide children's health insurance program. Children under age 19 with family income at or below 150 percent of the poverty level qualify for the Montana CHIP plan. The benefit package mirrors the state employee health plan, including prescription drugs, emergency room services, and mental health and substance abuse treatment services. For families with incomes at or above 100 percent of poverty, the state charges an annual enrollment fee of \$12 for one child and \$15 for families with two or more children enrolled. Copayments for some services are charged for families whose income is above 100 percent of FPL. Copayments are capped at \$200 per family per year. Montana's plan was approved September 11, 1998.

Nebraska

Nebraska could receive approximately \$15 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The first phase, Kids Connection Phase I, expanded Medicaid coverage to children age 15 through 18 whose family income is at or below 100 percent of the FPL. Enrollees in Phase I received the state's regular Medicaid benefit package. Kids Connection Phase I was expected to enroll about 1,000 children. The amendment, Kids Connection Phase II, expanded Medicaid eligibility to children under age 19 whose family incomes are up to 185 percent of the FPL. Kids Connection II is expected to reach 17,000 children by October 2000. To encourage enrollment, the state is working with advocacy agencies in disseminating pamphlets, brochures, and other types of information. Neither phase has cost-sharing for enrollees. The state's original plan was approved August 7, 1998, and an amendment was approved October 13, 1998.

Nevada

Nevada could receive as much as \$30 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state created Nevada Check Up, a statewide health insurance program that provides coverage to children up to age 18 in families with incomes at or below 200 percent of poverty. The state has estimated that the Nevada Check Up program will cover 43,500 children in its first year. To encourage enrollment, the state has simplified the CHIP application, which is being made available statewide through schools, child care facilities, family resource centers, social service agencies, and other locations where eligible children and/or their parents frequent. The state has also established a toll-free information number, which is listed on posters, marketing brochures, and the application form. Public service announcements are also being planned. Nevada's plan was approved on August 13, 1998.

New Hampshire

New Hampshire could receive as much as \$11 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is using its CHIP allotment to expand its Medicaid program and launch a separate statewide children's health insurance program. Healthy Kids-Gold, or Phase I, expands Medicaid eligibility for newborns and infants up to age one in families with incomes up to 300 percent

of the FPL. Healthy Kids-Silver, or Phase II, is a separate statewide health insurance plan that mirrors the benefit package offered to federal employees in the state. Healthy Kids-Silver is aimed at children ages 1 to 19 in families with incomes up to 300 percent of poverty. To expand its coverage to this level of family income, the state is applying an income disregard-setting aside certain types of income the family may have. The state expects to insure 4,000 children by September 2000. New Hampshire's plan was approved September 16, 1998.

New Jersey

New Jersey could receive approximately \$88 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. State officials hope to insure as many as 102,000 children upon full implementation. The state is using its allotment to create NJKidCare which includes a Medicaid expansion and a new state CHIP plan. The Medicaid expansion provides comprehensive health care coverage to all children under age 19 whose families have incomes at or below 133 percent of the FPL. The new CHIP insurance program is targeted to children in families with incomes above 133 percent to 200 percent of poverty. The new program charges families a \$15 per month premium. The state has a fourfold outreach effort which includes: public awareness, targeted outreach, community education, and consumer education. The state is also committed to targeting outreach to special populations such as HIV and the homeless. New Jersey's plan was approved on April 27, 1998.

New Mexico

New Mexico could receive as much as \$63 million for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is using its allotment to expand its Medicaid program for children from birth to age 18 in families with incomes up to 235 percent of the FPL. Enrollees receive the Medicaid benefit package. Families with incomes between 186 and 235 percent of the FPL pay copayments of \$5 for most services, but cost sharing cannot exceed five percent of a family's income. In accordance with the CHIP law, preventive services and prenatal care are exempt from cost sharing. Working with a private contractor, the state is conducting a public awareness campaign to inform potential enrollees. In addition, New Mexico is working with the Indian Health Service to assure CHIP access to American Indians. New Mexico expects to insure 5,000 children by September 30, 2000. Its CHIP plan was approved January 11, 1999.

New York

The state could receive as much as \$255 million in new funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan, which state officials are using to insure as many as 360,000 additional children within the next three years. New York is expanding its existing CHPlus program, which currently provides insurance to children up to age 19 whose families have incomes at or below 185 percent of the FPL. The state was one of three states for which existing children's health coverage benefit packages were "grandfathered" into the CHIP legislation. CHPlus is a partnership between the state and private insurers with the state subsidizing private coverage for enrollees. The benefit package includes a full range of inpatient and outpatient services. The state's outreach activities include a statewide media campaign that will be conducted by the New York State Department of Health. New York's plan was approved on April 1, 1998.

North Carolina

North Carolina could receive as much as \$80 million in new funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. North Carolina is using its CHIP allotment to create a separate state health

insurance program to provide coverage to uninsured children whose family income does not exceed 200 percent of the FPL. The state expects to insure 35,000 children once the program is implemented. Families whose incomes are above 200 percent of poverty up to a maximum of 225 percent are able to buy into the program for one year. The benefit package is equivalent to that offered to state employees, plus Medicaid-equivalent benefits for children with special health care needs. North Carolina is improving outreach efforts by simplifying the application forms for both Medicaid and CHIP and by using existing public/private partnerships between local departments of health and social services. North Carolina's plan was approved on July 14, 1998.

North Dakota

North Dakota could receive as much as \$5 million in new CHIP funds for both fiscal year 1998 and fiscal year 1999. The approval of North Dakota's plan enables the state to lay the groundwork for its CHIP program and to secure its CHIP allotment. The first phase of the state's program is estimated to enroll 500 children by October 1999 by expanding its Medicaid program to include 18 year old children whose family income is at or below 100 percent of the FPL. Currently, North Dakota's Medicaid program covers children age seven through 17 with family incomes at or below 100 percent of poverty. Children up to age 6 are eligible if their families have incomes at or below 133 percent of poverty. The benefit package is the same as the Medicaid program in the state. North Dakota's plan was approved October 8, 1998.

Ohio

Ohio could receive as much as \$116 million in federal funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. Ohio is expanding eligibility within its existing Medicaid program. The state is expanding Medicaid eligibility to cover children up to age 19 whose families have incomes at or below 150 percent of the FPL and is hoping to expand coverage to as many as 133,000 uninsured children by 1999. To encourage enrollment, the state is surveying community agencies on how they conduct Medicaid eligibility outreach, and develop media strategies for statewide education provided to Medicaid consumers and providers. Ohio's plan received approval on March 23, 1998.

Oklahoma

Oklahoma could receive as much as \$86 million in new funds for both fiscal year 1998 and fiscal year 1999, which state officials are using to expand its Medicaid program. With its federal allotment, the state hopes to expand coverage to 71,000 children by the end of the program's first year. Oklahoma is providing the state's regular Medicaid benefit package to the newly-enrolled children. Oklahoma is providing Medicaid coverage to children born on or after October 1, 1983, with family incomes up to 185 percent of the FPL. The Oklahoma Health Care Authority is collaborating with other interested agencies in the state to develop a marketing and outreach plan. The plan consists of posters, public service announcements, fact sheets, press releases and outdoor advertising. Oklahoma's plan was approved on May 26, 1998.

Oregon

Oregon could receive as much as \$39 million in new funds for both fiscal year 1998 and fiscal year 1999, which state officials estimate they will use to enroll approximately 17,000 children in their CHIP program by July 1, 1999. Oregon is expanding coverage to children from birth to age 6 with incomes between 133 percent and 170 percent of the FPL. Coverage is also being extended to children from age 6 to age 19 with family incomes between 100-170 percent of poverty. Children in the new CHIP

program receive the same benefit package as children currently enrolled in the state's Medicaid section 1115 waiver demonstration. The benefit package includes inpatient and outpatient hospital services, inpatient psychiatric services, physician services, dental services, home health services, lab services, prescription drugs and other medically necessary services. Oregon is convening a task force of public and private partners to develop a consolidated Medicaid and CHIP outreach plan. Oregon's plan was approved on June 12, 1998.

Pennsylvania

Pennsylvania could receive as much as \$117 million in new funds for both fiscal year 1998 and fiscal year 1999, which state officials are using to fund its existing Pennsylvania CHIP program. Pennsylvania is one of three states that had the benefit package of their existing state children's health program "grandfathered" under CHIP. State officials estimate that with the state's initial plan -- approved May 28 -- and amendment approved October 28, Pennsylvania will be able to insure 80-100,000 children by September 1999. The first phase provided coverage to children age one through 16 with family incomes at or below 185 percent of poverty. The amendment to Pennsylvania's CHIP plan expands eligibility for children from birth to age 18 in families with incomes up to 200 percent of the FPL. The benefit package includes a full range of inpatient services. Outreach activities in the state include canvassing local businesses, day care centers, school districts, hospitals, religious organizations, social service agencies and civic groups.

Puerto Rico

Puerto Rico could receive as much as \$10 million in new funds for fiscal year 1998 and \$39 million for fiscal year 1999 under the CHIP program. Puerto Rico is using its allotment to expand Medicaid coverage to children through age 18 in families with incomes below 200 percent of the commonwealth poverty level (\$8,220 for a family of four). Federal CHIP-related funding allows Puerto Rico to cover approximately 20,000 children. Puerto Rico's program also includes children currently under its public health system, which receives no federal funding. Puerto Rico is also unique in that it has elected to contribute more money than the standard federal-state matching funds. Officials in Puerto Rico estimate CHIP will cover 165,000 children. Puerto Rico is developing a number of outreach efforts, including disseminating brochures, leaflets, and posters with information on the CHIP program; launching a broad-based media campaign; and appealing directly to eligible children and families. Puerto Rico's plan was approved June 26, 1998.

Rhode Island

Rhode Island could receive as much as \$11 million for both fiscal year 1998 and fiscal year 1999, which state officials are using to insure as many as 3,000 children by the end of fiscal year 2000. Under the first phase of Rhode Island's plan, the state is using its allotment to expand its Medicaid program to provide comprehensive health care coverage to children between the ages of 8 and 15 whose family income is between 100 and 250 percent of the FPL. The program also covers children 15 to 18 whose families have incomes up to 250 percent of poverty. Rhode Island has expanded benefits for uninsured children up to age 19 to 300 percent of the FPL. Beginning at 185 percent of the FPL, or about \$30,432 for a family of four, families begin paying modest premiums or co-payments. In order to reach the target population, various outreach methods are taking place. The first phase of Rhode Island's outreach efforts, a public information campaign, will last four months. The second phase of outreach will include follow-up and evaluation activities which will last approximately six months. Rhode Island's plan was approved on May 8, 1998 and its amendment was approved February 4, 1999.

South Carolina

South Carolina had already begun to expand its Medicaid program when the new CHIP law was enacted, and could receive over \$64 million in additional funds for both fiscal year 1998 and fiscal year 1999. The state is using its share of CHIP funds to expand its Medicaid program, and hopes to enroll an additional estimated 75,000 children. Regular cost-sharing rules apply and eligibility is being extended to children under age 19 whose family incomes are at or under 150 percent of the FPL. The state has placed eligibility workers in public schools, hospitals, clinics, pharmacies and other places frequented by families with potentially eligible children. South Carolina's plan was approved on February 18, 1998.

South Dakota

South Dakota could receive as much as \$9 million for both fiscal year 1998 and fiscal year 1999. The state is using its CHIP allotment to expand its Medicaid program to insure 7,400 children in its first year. The state is increasing eligibility limits for children ages 6 to 18 from the current limit of 100 percent of FPL to 133 percent of FPL. The benefit package for children enrolled in CHIP is the same as that offered to other children in the state's Medicaid program. Families are charged for medical care under this CHIP program. The state is identifying eligible children and mailing their families applications. South Dakota's plan was approved on August 25, 1998.

Texas

Texas could receive as much as \$561 million in new funds for both fiscal year 1998 and fiscal year 1999, which state officials estimate that they will use to enroll nearly 58,000 children in their CHIP program by October 1, 1999. Texas is using its allotment to expand Medicaid eligibility to children up to age 19 in families with incomes below 100 percent of the FPL. Texas currently covers children from birth to one in families with incomes up to 185 percent of poverty, ages 1-5 up to 133 percent of poverty, ages 6-14 up to 100 percent of poverty, and ages 15-19 up to 47 percent of poverty. Outreach activities include working with the entire network of public health providers to disseminate outreach materials to providers so that they may supply information to families with potentially eligible children. Texas' plan was approved on June 15, 1998.

Utah

Utah could receive as much as \$24 million in new funds for both fiscal year 1998 and fiscal year 1999, which state officials estimate will insure 21,000 children in their CHIP program by 2000. Utah is using its CHIP allotment to create a separate state health insurance program to provide coverage to uninsured children up to age 19 whose family incomes do not exceed 200 percent of the FPL. The plan does have some cost sharing for services, but no premiums or enrollment fees are being charged. Copayments and out-of-pocket maximums are determined by income level. The state will use Medicaid eligibility workers already placed in 98 hospitals, community health centers, local health departments, and other allied agencies to determine CHIP eligibility. The state is doing outreach through community presentations, toll-free telephone lines, brochures, flyers and postcards. Utah's plan was approved July 10, 1998.

Vermont

Vermont could receive as much as \$4 million in funds for both fiscal year 1998 and fiscal year 1999 for its CHIP plan. The state is creating a separate health insurance program to cover children up to age 18 in families with incomes between 225 and 300 percent of the FPL. Health services to children are delivered

by the managed care organizations that currently provide services under the Vermont Health Access Plan, a Medicaid section 1115 waiver. An amendment to the Medicaid waiver was approved November 6, 1998, allowing the state to expand coverage to underinsured children up to 300 percent of the FPL. The benefits package for the Vermont CHIP program is the same as provided through the state's Medicaid program. The state charges beneficiaries a premium of \$10 per month per household. Beginning July 1, 1999, providers will be allowed to charge a \$10 copayment for office visits. No copayments will be charged for well-baby and well-child visits. Maximum cost sharing is not allowed to exceed 5 percent of a family's income. The state is integrating its outreach activities with the current outreach campaign for Medicaid, which includes advertising, brochures, flyers, and outreach through community health and social service providers. Vermont also offers a toll-free telephone line with information on Medicaid and CHIP. Vermont expects to insure 1,088 children by October 2000. Its CHIP plan was approved December 15, 1998.

Virginia

Virginia could receive as much as \$68 million in federal funds for both fiscal year 1998 and fiscal year 1999 to create a separate children's health insurance plan, the Virginia Children's Medical Security Insurance Plan. The plan has two components, the first of which provides coverage for children under age 19 in families with incomes up to 150 percent of the FPL. The second phase, which will begin at a later date, will cover children under age 19 in families with incomes up to 185 percent of the FPL. The difference between the two components is that families with incomes between 150 and 185 percent of the FPL will have out-of-pocket costs imposed through an amendment to this plan. The benefit package is comprehensive and includes inpatient and outpatient care, laboratory services, and substance abuse treatment. To reach eligible children, the state is creating a single mail-in application for both programs. The state is also placing eligibility workers in different locations throughout the state, offering a toll-free hotline number, and coordinating with school districts and local agencies to distribute applications. Virginia estimates it will insure 54,000 children by October 2000. Virginia's plan was approved October 22, 1998.

Virgin Islands

The Virgin Islands could receive nearly \$279,000 in new funds for fiscal year 1998 and about \$1.1 million in fiscal year 1999. The territory is using its CHIP allotment to expand its Medicaid program to children receiving services through a territory-funded program. CHIP funds are helping to strengthen federal support for children's health in the Virgin Islands. The local government is not expanding eligibility, but the current income level for a family of four is \$8,500 - or about half the level of states. The Virgin Islands' plan was approved September 17, 1998.

West Virginia

West Virginia could receive as much as \$24 million in new funds for both fiscal year 1998 and fiscal year 1999. The state is using its CHIP allotment to expand Medicaid eligibility to children between the ages of one and five in families with incomes up to 150 percent of FPL. The state currently covers children up to 133 percent of the FPL. The newly covered children receive the regular Medicaid benefit package at no cost to their families. As part of the outreach efforts, the state is including Medicaid information in all free or reduced lunch and textbook applications and the state's toll-free 24-hour hotline includes information on the CHIP program. The state is currently planning an expansion. West Virginia's plan was approved on September 15, 1998.

Wisconsin

Wisconsin could receive as much as \$41 million in new funds for both fiscal year 1998 and fiscal year 1999, which state officials will use to expand its Medicaid program. Phase One of the state's BadgerCare plan was estimated to cover an additional 2,000 children with expanded Medicaid eligibility to children ages 15-18 in families with incomes below 100 percent of the FPL. In addition, while the CHIP expansion provides health coverage to children, a waiver for the state's Medicaid program is allowing Wisconsin to enroll the parents of CHIP-eligible children in that program. State officials expect the second phase of the CHIP program to enroll an estimated 23,000 children by October 2000 and the Medicaid waiver to enroll 27,000 adults in BadgerCare. All eligible children receive the full Medicaid benefit package with no out-of-pocket costs for families. Wisconsin's outreach efforts include: public health agencies coordinated efforts with schools; the expansion of school-based clinics in 12 Milwaukee public schools; and inclusion of schools as potential out