MATHEMATICA
Policy Research, Inc.

555 S. Forest Ave., Suite 3
Ann Arbor, MI 48104-2583
Telephone (734) 794-1120
Fax (734) 794-0241
www.mathematica-mpr.com

MEMORANDUM

TO: Elizabeth Pham

FROM: CHIPRA 10-State Evaluation Team

DATE: 1/7/2011
CHIP10-008R

SUBJECT: CHIPRA 10-State Evaluation: Final State Selection Decisions for the 10-State Survey and Case Studies

---

This memo presents our final recommendations of states to be selected for the study. On November 4, 2010, we submitted a memorandum to the Assistant Secretary for Planning and Evaluation (ASPE) proposing a set of criteria for selecting the 10 states to be included in the Children's Health Insurance Program Reauthorization Act (CHIPRA) 10-state evaluation. In response to comments from ASPE received on November 16, 2010, we updated the selection criteria and decision rules for selecting states in a memo sent to ASPE on December 3, 2010. Comments on that memo are incorporated into the selection results presented here. The selection criteria and decision rules used to apply these criteria are presented in Table 1, organized into three groups or stages that reflect the order in which they are applied. Criteria in Stage I are considered primary and must be satisfied because they are either mandated in the legislation or are essential to the evaluation. Criteria in Stage II are considered next and ensure that the selected states collectively capture important programmatic and policy features. Stage III includes two practical criteria that states must meet in order to be included in the study.

PROPOSED STATES

We applied the Stage I and Stage II selection criteria sequentially as described in the memo of November 4, 2010. The selection process resulted in a primary list of 10 states along with 10 possible substitutes. The states recommended for the study are Texas, California, Florida, Ohio, Alabama, Louisiana, New York, Michigan, Utah, and Virginia.[1] The last column of Table 1 shows how these 10 states line up against the various criteria. Table 2 provides more detail about characteristics of each state so that a state's relative merits can be more easily compared with the other proposed states. In the remainder of this memo we describe the process we used and discuss the rationale for selecting these states.

[1] The backup states are Colorado, Nevada, Pennsylvania, Kentucky, Maryland, Oklahoma, North Carolina, Oregon and Illinois.

STATE SELECTION APPROACH

The process we used involved multiple steps. We applied the selection criteria in priority order to arrive at a set of states that would collectively meet all of the Stage I criteria and as many of the Stage II criteria as possible. Table 1 shows all of the criteria used in the selection process; the discussion refers to the criteria numbering that is used in that table.

Step 1: Program Type and Size of the Uninsured Population

First we stratified the 50 states based on program type (M-CHIP, S-CHIP, or combination). Next, we stratified states within each type based on the share of low-income uninsured children (criteria 1 and 2 of Stage I). We focused on states with a larger share of the uninsured to meet the criteria that selected states would represent at least 50 percent of the nation's low-income uninsured children. We determined that we must include ***Texas, California,*** and ***Florida*** in order to meet the 50 percent threshold because, when combined, these states account for 40 percent of the uninsured children in the United States. If any of these three states is unable to participate, we will not be able to meet the 50 percent threshold. Among the remaining states, we focused on the 25 states with at least 1 percent of the nation's uninsured low-income child population. States with smaller uninsured child populations would be considered only if they met other important Stage I criteria.

- Three states selected thus far: Texas, California, Florida

Step 2: Program Size

We then applied the third criterion from Stage I, size of the CHIP program, to ensure that the pool of selected states would represent at least 40 percent of the nation's CHIP population and include some states with more moderately sized programs. The criteria specified we were to include no more than 5 of the 10 states with the largest CHIP programs, and we already had three of the largest programs (Texas, California and Florida). The other top-ten states are *New York, Georgia, Illinois, Pennsylvania, Ohio, New Jersey,* and *North Carolina*. Because ***Ohio*** is the only pure M-CHIP state among the top 10, we recommend it be added to the list of study states. This would enable us to pick one more state from the list of largest programs if necessary.

- Four states selected thus far: Texas, California, Florida, and Ohio

Step 3: Program Participation and Retention

Next we applied criteria 4(a) from Stage I to select states with higher and lower CHIP and Medicaid participation rates. Among states in the top quartile (of which we had to select at least two), five stood out because they also had a larger share of the nation's uninsured children or a larger share of the nation's CHIP enrollees: *Michigan, New York, Louisiana, Illinois,* and *Wisconsin*. We ranked these five states highly for possible inclusion in the study and we

specified that in future steps we would select at least two of them to meet this Stage I threshold. Among the bottom quartile states, Florida and Texas were already on our list, so we had already satisfied that criterion. Other states of interest from the bottom quartile (because they had at least a 1 percent share of the nation's uninsured or a 1 percent share of the nation's CHIP enrollment) were *Oregon, Colorado, Utah,* and *Nevada*.

Next we applied the 4(b) criteria, looking for indications of the following enrollment and retention best practices: CHIPRA bonus payments, express lane eligibility (ELE) programs, and Social Security Administration (SSA) matching. ***Alabama*** stood apart with the only approved ELE program for CHIP, the largest CHIPRA bonus payment, and an SSA matching program, so we added it to the list of study states. We also selected ***Louisiana*** in this step because it has all three best practices: its ELE is for Medicaid, it is in the top quartile for participation, and it has a large share of the nation's uninsured children. Michigan remains a consideration, having received CHIPRA bonus payments in both 2009 and 2010. Texas and Florida will enable us to meet the criteria that we include at least two states that do not have ELE, SSA matching, or CHIPRA bonus payments. Other states that did not meet any of these criteria included *Wisconsin, Oregon, Virginia, Colorado, Kentucky, North Carolina, Utah,* and *Illinois*.

Finally, we applied the 4(c) criterion to select at least two states that report their separate CHIP program data in MSIS. Louisiana already met this criterion; other possibilities were *Wisconsin, Oregon, Virginia, Colorado, Kentucky, North Carolina, Utah,* and *Illinois*.

- Six states selected thus far: Texas, California, Florida, Ohio, Alabama, and Louisiana

Step 4: Geographic and Population Characteristics

The final Stage I criteria are designed to ensure we select states from all the major Census regions in the United States and select states that contain adequate numbers of important subpopulations. First we applied criterion 5(a) to ensure we would have at least two states with 25 percent or more of their population in urban areas. All of the states picked thus far met that criterion. Of the states already on the list, however, only Alabama and Ohio met the rural standard. We reviewed other states flagged as possibilities in prior steps and found four possibilities that met the rural criterion: *Wisconsin, Oregon, Colorado,* and *Illinois*.

Next, we focused on Census region, criterion 5(b), to ensure we had adequate geographic representation. Among the six states already on the list, three of the four Census regions were represented (South, West, and Midwest) but we had no state from the Northeast region. We reviewed possibilities identified in earlier steps and ***New York*** was the only state recommended more than once (in Steps 2 and 3) that was also in the Northeast region. Thus, New York was recommended for inclusion as one of the 10 study states.

- Seven states selected thus far: Texas, California, Florida, Ohio, Alabama, Louisiana, and New York

We then focused on ensuring adequate representation of important subpopulations, criteria 5(c). We needed seven states in the top half in percentage non-white, three in the top quartile in percentage Hispanic, and three in the top quartile in percentage African American. After considering the population make-up in states already selected, we had met these criteria with the exception of needing one more state from the top half in percentage non-white. After reviewing states identified in previous steps, *Colorado*, *Nevada*, and *Virginia* surfaced as the only possibilities for meeting this criterion.

Final Step: Filling Remaining Gaps

We reviewed all the states that had been identified in earlier steps but had not yet been selected: Pennsylvania (criterion 3); Michigan (criterion 4a and 4b); Kentucky (criterion 4b); Nevada (criteria 4a and 5c); Utah (criteria 4a, 4b, and 4c); Virginia (criteria 4b, 4c, and 5c); Wisconsin (criteria 4a, 4b, 4c, and 5a); Oregon (criteria 4a, 4b, 4c, and 5a); and Colorado (criteria 4a, 4b, 4c, 5a, and 5c). From this shorter list of states, we focused on those that fulfilled three or more Stage I criteria, which restricted us to *Utah*, *Virginia*, *Wisconsin*, *Oregon*, and *Colorado*. We then reviewed these four states together with the seven already selected on both the Stage I and Stage II criteria to try to determine which states to include or exclude. We selected ***Wisconsin*** because it met the Step 4 rural criterion and would bring in a state from the Midwest Census region (up to this point, we had only one state from the Midwest region—Ohio). However, when approached, Wisconsin declined to participate in the study. As a replacement, we selected ***Michigan*** because among the states on our short list, it represents the Midwest region and fulfilled selection criteria 4a and 4b; it also is in the top third of states in terms of African American residents.

Utah and ***Oregon*** both fulfilled at least three key Stage I criteria, but only ***Utah*** also met two important Stage II criteria: potentially burdensome cost-sharing (Stage II criterion 2) and receiving a CHIPRA quality demonstration grant (Stage II criterion 5.b). Thus we selected ***Utah*** over Oregon. Between Virginia and Colorado, which are quite similar states in terms of the Stage I and Stage II criteria, we chose ***Virginia*** because it provides a seventh state with a higher percentage non-white population and it is a true combination CHIP program. In contrast, Colorado has an S-CHIP program and we already had six such states on our list.

- Final 10 states selected: Texas, California, Florida, Ohio, Alabama, Louisiana, New York, Michigan, Utah, and Virginia

As shown in Table 2, the 10 recommended states fulfill all of the Stage I and Stage II criteria for inclusion in the study. We subsequently reviewed states that met some of the Stage I criteria and included them as possible substitute states, also shown on Table 2. Substitutions would be made based on comments from ASPE on this selection memo and subsequently if we find that a

state is unwilling or unable to participate in the evaluation when we apply Stage III of the selection criteria.

Overlap with States in Prior CHIP Evaluation

Congress specified that this evaluation use similar methods as in the first Congressionally-mandated CHIP evaluation. We employed similar methods for state selection: establishing a prioritized list of relevant criteria, including those specified in the CHIPRA legislation, and applying those criteria sequentially. The process of applying the criteria resulted in a set of 10 states that represent 54.3 percent of all uninsured children under 200 percent of the federal poverty level, and 56.7 percent of CHIP enrolled children (data also shown in Table 2, found on page 10, columns 2a and 3a). Because the states are dynamic, the resulting application of the criteria in 2011 did not result in the identical list of states that were selected for the first study. However, as noted on the second panel of Table 2 (found on page 11, column 5a), five of the selected states—Texas, California, Florida, Louisiana, and New York—participated in the first CHIP evaluation. For these states, we plan to conduct a limited set of comparative analyses. For example, in the individual case study reports for each of these states, we anticipate including a section on the changes that have taken place in CHIP over the past decade -- in program design, policy context, and enrollment -- and how these changes may be affecting the experiences of eligible children and families. Likewise, in the reports based on the household survey, we anticipate including a brief presentation of how the composition and experiences of CHIP children and families have changed since the prior study in these five states. Examples of potential areas of interest for this presentation include changes in CHIP enrollees' demographics, their insurance coverage before and after CHIP coverage, and their access to and use of preventive and other health care while covered by the program.

Table 1. Proposed Criteria for Selecting States for CHIPRA 10- State Evaluation

Criteria	Rationale	Proposed Decision Rule(s) for Meeting Criteria	States
Stage I: Primary Selection Criteria *(Must Be Satisfied)*			
1. Program type	Legislation specifies importance of selecting states with diverse approaches to providing coverage	Selected states should approximate the national distribution on program type: a) 2 or 3 states with only Medicaid expansions (either pure M-CHIP programs or combination programs with more than 80% of enrollees in their M-CHIP program) b) 5 or 6 states with separate programs (either pure S-CHIP programs or combination programs with more than 80% of enrollees in the S-CHIP program) c) 1 or 2 states with combination programs with enrollment more evenly divided between M-CHIP and S-CHIP	a) OH, LA b) TX, CA, FL, NY, AL, UT c) VA, MI
2. Size of the uninsured population	Legislation specifies that selected states should contain a significant portion of uninsured children	Selected states include: a) at least 50% of nation's low-income uninsured children b) at least 2 states from among the 10 with highest rates of uninsured children below 200% FPL	a) All 10 states combine to represent 54.28% of the nation's uninsured children b) TX, CA, FL, NY, OH
3. Program size	Larger programs will support generalizing findings at the national level; moderate-sized programs will help generalize findings to more states	Selected states include: a) at least 40% of CHIP enrollees nationally b) at least 5 states outside the top 10 in terms of program size	a) All 10 states combine to represent 56.66% of CHIP enrollees nationally b) LA, AL, MI, UT, VA

Criteria	Rationale	Proposed Decision Rule(s) for Meeting Criteria	States
4. Program participation and retention	Programs with varied success enrolling and retaining eligible children can improve generalizing findings and provide basis to compare and contrast state experiences	Selected states include: a) at least 2 in the top and bottom quartiles in estimated participation rate b) those meeting at least one of the four subcriteria for "best practices" in enrollment/retention (see II.1 below) c) at least 2 states that report their S-CHIP enrollment in MSIS	a) Top: NY, LA, MI; Bottom: TX, FL, UT b) *see II.1 below* c) LA, UT, VA
5. Geographic characteristics	Legislation specifies the need to represent various geographic areas (including mix of more rural and more urban states, variation of races/ethnicities)	Selected states include: a) at least 2 states where at least 25% of the population live in an urban area, and at least two states where at least 20% of the population live in a rural area b) at least 1 state from every Census region c) at least 7 in top half in percentage non-White; at least 3 in the top quartile in percentage Hispanic; at least 3 in top quartile in percentage African American	a) all 10 states have at least 25% of residents in urban areas; AL & OH fulfill the rural criteria (28.6% in AL and 23.3% in OH) b) all Census regions are represented c) 7 in top half percentage non-white: TX, CA, FL, AL, LA, NY, VA; 3 top quartile Hispanic: TX, CA, FL, NY; 3 top quartile African American: FL, LA, AL, VA
Stage II: Secondary Selection Criteria *(Will Be Satisfied in Proposed Order of Priority)*			
1. Best practices for enrollment and retention	Inclusion of states with different policies and procedures for enrolling and retaining eligible children can help link the impact of these various approaches on enrollment and reductions in the number of uninsured children	Selected states include: a) at least 2 with (separate) program components that have integrated their Medicaid and CHIP eligibility systems b) at least 2 that have received CHIPRA bonus payments c) at least 2 that have adopted ELE and two that have adopted SSA matching d) at least 2 that do not satisfy (a-c) above	a) Data on integrated Medicaid and CHIP eligibility is unavailable; will be determined through Stage III telephone calls b) LA, AL, MI c) ELE: LA, AL SSA: CA, OH, LA, AL, VA d) TX, FL, NY, UT

Criteria	Rationale	Proposed Decision Rule(s) for Meeting Criteria	States
2. Cost-sharing	Inclusion of states with different cost-sharing approaches can help inform about the impact on access, use, and other key health care outcomes	Selected states include: a) at least 2 states whose premium and/or cost-sharing structure would be considered burdensome, with premiums and/or co-insurance costs that may discourage beneficiaries from seeking care b) at least 2 states with more limited and predictable cost-sharing that would not be expected to discourage care-seeking behavior	a) LA, UT b TX, CA, FL, AL, VA
3. Delivery system	Including states with different approaches to care delivery can help inform their possible links to access, use, and other key health care outcomes	Selected states should approximate the national distribution on use of capitation-based managed care arrangements: a) at least 2 states enrolling 90% or more of the CHIP population in managed care b) 1 state with no managed care enrollment c) At least 4 states with a mix of managed care, PCCM, and FFS	a) TX, NY, UT b) LA, AL c) CA, FL, OH, MI, VA
4. Program Eligibility	Including states with different income eligibility limits, those that use and do not use buy-in programs, and those that include and exclude parents in their CHIP programs can help inform about the effects on take-up of offers of health insurance	Selected states include: a) at least 2 with income eligibility limits above 300% FPL and at least 2 with income eligibility limits below 200% FPL[a] b) both those that have and do not have buy-in programs c) at least 1 state with an adult/parent CHIP expansion	a) Above 300% FPL: NY, AL. Below 200% FPL: TX, FL, OH, UT, VA, MI. b) Have buy-in programs: FL, NY, OH. No buy-in programs: TX, CA, LA, AL, UT, VA, MI c) VA
5. Participation in other key research	Opportunities to leverage findings from other studies	Selected states include: a) at least 4 that participated in the prior CHIP evaluation b) at least 2 that received CHIPRA quality grants (and are the focus of the evaluation of those grants) c) at least 2 that participate in the Maximizing Enrollment for Kids program and evaluation	a) TX, CA, FL, NY, LA b) FL, UT c) NY, LA, AL, UT, VA
Stage III: Screening Criteria *(Must be Satisfied for Final Selection)*			

Criteria	Rationale	Proposed Decision Rule(s) for Meeting Criteria	States
1. Sufficient capability of state data systems	State data systems must be able to provide accurate, complete, and timely data for survey sampling	Qualitative assessment of study team as to whether criterion is met (*note that ready access to Medicaid data will be part of the assessment and could affect whether criterion is met)*	To be determined
2. Willingness of state to participate	State cooperation is essential to ensuring accurate, complete, and timely data for survey sampling	Signed MOU with state that specifies roles and responsibilities of both state staff and evaluation team members	To be determined

[a] Previously this criteria specified selecting states in the top or bottom quintile of income eligibility limits. However, upon review of the data, the states cannot be divided into quintiles or quartiles on this criterion because many have the same income eligibility limits (for example, the highest income eligibility limits are in New York, at 400 percent, followed by 13 states that all have an income eligibility limit of 300 percent FPL).

CHIP = Children's Health Insurance Program; CHIPRA = Children's Health Insurance Program Reauthorization Act; ELE = express lane eligibility; FFS = fee for service; FPL = federal poverty level; M-CHIP = Medicaid expansion CHIP program; MOU = memorandum of understanding; MSIS = Medicaid Statistical Information System; PCCM = primary care case management; S-CHIP = Separate CHIP program; SSA = Social Security Administration.

MEMO TO: Elizabeth Pham
FROM: CHIPRA 10-State Evaluation Team
DATE: 1/7/2011
PAGE: 10

Table 2. Application of Primary and Secondary State Selection Criteria, CHIPRA 10-State Evaluation

State	Stage I: Primary Selection Criteria (Must Be Satisfied)															
	1	2.a.	2.b.	3.a.	3.b.	4.a.	4.b.	4.b.	4.b.	4.b.	4.c.	5.a.	5.a.	5a.	5.b.	5.b	5.b.
	Program type	At least 50% share of uninsured children under 200% FPL	At least 2 of the top 10 states, highest rate of uninsured children	At least 40% share of CHIP enrollees nationally	At least 5 states outside top 10, CHIP program size	At least 2 states each, top and bottom quartile, Medicaid and CHIP participation rate	At least 2 states that received CHIPRA bonus payment	At least 2 states with ELE	At least 2 states, SSA matching	At least 2 states that meet none of the other 4.b. criteria	At least 2 states reporting S-CHIP enrollment in MSIS	At least 3 states where at least 20% of the population live in a rural area	At least 3 states where at least 25% of the population live in an urban area	At least one state from each of the 4 Census Regions	At least 7 states in top half, percentage non-white children	At least 3 states in top quartile, percentage Hispanic children	At least 3 states, top quartile, percentage African American children
Recommended 10 States																	
Texas	S	16.64%	•	10.97%		• (Bottom)				•			•	S	•	•	
California	C (S: 82%)	14.57%	•	22.71%					•				•	W	•	•	
Florida	C (S: 99.6%)	9.74%	•	4.53%		• (Bottom)				•			•	S	•	•	•
Ohio	M	2.66%	•	3.09%					•			•	•	MW			
Alabama	S	1.33%		1.39%	•		•	•	•			•	•	S	•		•
Louisiana	C (M: 97%)	1.06%		2.55%	•	• (Top)	•	•	•		•		•	S	•		•
New York	S	3.15%	•	7.71%		• (Top)				•			•	NE	•	•	
Michigan	C (S: 78%)	1.76%		0.93%	•	• (Top)	•						•	MW			
Utah	S	1.51%		0.84%	•	• (Bottom)				•	•		•	W			
Virginia	C (mix)	1.86%		1.94%	•				•		•		•	S	•		•
Possible Substitute States																	
Colorado	S	2.48%	•	1.30%	•	• (Bottom)				•	•		•	W	•	•	
Nevada	S	1.90%		0.45%	•	• (Bottom)			•				•	W	•	•	
Pennsylvania	S	2.27%		3.86%					•				•	NE			
Kentucky	C (Mix)	0.86%		1.09%	•	• (Top)				•	•	•	•	S			
Maryland	M	0.92%		2.01%	•					•			•	S	•		•
Oklahoma	C (M: 97%)	1.51%		1.32%	•					•		•	•	S	•		
North Carolina	C (S: 72%)	3.03%	•	2.62%					•		•	•	•	S	•		•
Oregon	S	1.51%		0.96%	•	• (Bottom)	•				•	•	•	W		•	
Illinois	C (Mix)	2.35%	•	3.93%		• (Top)	•		•		•		•	MW	•	•	

MEMO TO: Elizabeth Pham
FROM: CHIPRA 10-State Evaluation Team
DATE: 1/7/2011
PAGE: 11

	Stage II: Secondary Selection Criteria (Will Be Satisfied in Proposed Order of Priority)[a]												
	2.	2.	3.a.	3.b.	3.c.	4.a.	4.a.	4.b.	4.b.	4.c.	5.a.	5.b.	5.c.
	At least 2 states with potentially burdensome cost-sharing	At least 2 states with more limited , predictable cost-sharing	At least 2 states with 90% of more of the CHIP population in managed care	At least 1 state with no CHIP managed care enrollment[b]	At least 4 states with a mix of managed care, PCCM, and FFS in CHIP	At least 2 states with income eligibility limit of 300% or higher	At least 2 states with income eligibility limit of 200% or lower	Programs with buy-in programs	Programs without buy-in programs	At least 1 states with an adult expansion program in CHIP	At least 4 states that participated in the prior CHIP evaluation	At least 2 states that received CHIPRA quality grants	At least 2 states participating in the Maximizing Enrollment for Kids evaluation
Recommended 10 States													
Texas		•	•				•		•		•		
California		•			•				•		•		
Florida		•			•		•	•			•	•	
Ohio					•		•	•					
Alabama		•		•		•			•				•
Louisiana	•			•					•		•		•
New York			•			•		•			•		•
Michigan		•			•		•		•				
Utah	•		•				•		•			•	•
Virginia		•			•		•		•	•			•
Possible Substitute States													
Colorado		•	•						•	•	•	•	
Nevada		•			•		•		•	•			
Pennsylvania		•	•			•		•				•	
Kentucky		•			•		•		•				
Maryland		•	•			•			•			•	
Oklahoma					•		•		•				
North Carolina		•		•			•	•			•	•	
Oregon					•	•		•				•	
Illinois		•			•		•	•			•	•	•

Source: Program type data: CMS FY 2008 CHIP Annual Enrollment Report. Available at https://www.cms.gov/NationalCHIPPolicy/downloads/FY2008StateTotalTable012309FINAL.pdf, accessed November 23, 2010.
Uninsured rate among low-income children: V. Lynch, S. Phong, G. Kenney, and J. Macri. "Uninsured Children: Who Are They and Where Do They Live?" August 2010. Available at http://www.rwjf.org/files/research/67668.pdf, accessed October 27, 2010.
CHIP enrollment as of June 2009: Kaiser Family Foundation. "Monthly CHIP Enrollment." Available at http://www.statehealthfacts.org/comparetable.jsp?ind=236&cat=4&sub=61&yr=1&typ=1, accessed October 27, 2010.
Medicaid and CHIP participation rate: Kenney, G., V. Lynch, A. Cook, and S. Phong. "Who and Where Are the Children Yet to Enroll in Medicaid and the Children's Health Insurance Program?" *Health Affairs*, vol. 29, no. 10, 2010, pp. 1920–1929. Available at http://content.healthaffairs.org/cgi/content/abstract/hlthaff.2010.0747, accessed October 27, 2010.
CHIPRA bonus payments: HHS News Release. "States Get Bonuses for Boosting Enrollment in Children's Health Coverage." December 17, 2009. Available at http://www.hhs.gov/news/press/2009pres/12/20091217a.html, accessed November 23, 2010.

Express Lane Eligibility information: Families USA. "Express Lane Eligibility: What Is It and How Does It Work?" October 2010. Available at http://www.familiesusa.org/assets/pdfs/Express-Lane-Eligibility.pdf, accessed October 27, 2010.
SSA Matching information: Donna Cohen-Ross. "New Citizenship Documentation Option for Medicaid and CHIP Is Up and Running." April 20, 2010. Available at http://www.cbpp.org/cms/index.cfm?fa=view&id=3159, accessed November 23, 2010.
Reporting of S-CHIP data in MSIS: Matthew Hodges, research analyst, Mathematica Policy Research, personal communication, November 16, 2010.
Geographic Data: available at http://www.census.gov/, accessed October 27, 2010.
Racial and ethnic data: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2008 and 2009 Current Population Survey (CPS: Annual Social and Economic Supplements). Available at http://www.statehealthfacts.kff.org/comparetable.jsp?ind=7&cat=1&sub=1&yr=199&typ=1, accessed November 23, 2010.
Premium, copayment, eligibility, and buy-in program information: Donna Cohen-Ross, Marian Jarlenski, Samantha Artiga, and Caryn Marks. "A Foundation for Health Reform: Findings of a 50 State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP for Children and Parents During 2009. Data Tables." December 2009. Available at http://www.kff.org/medicaid/upload/8028_T.pdf, accessed November 23, 2010.
Managed care and adult/parent expansion program information: Matthew Hodges, personal communication, October 26, 2010.
Prior CHIP and Maximizing Enrollment for Kids evaluations: Mathematica data.
CHIPRA quality grants: Insure Kids Now. "Summary, CHIPRA Quality Demonstration Grants." Available at http://www.insurekidsnow.gov/professionals/CHIPRA/grants_summary.html, accessed October 23, 2010.

Note: Program types: C = Combination program; M = M-CHIP program; S = S-CHIP program.
Census regions: MW = Midwest; NE = Northeast; S = South; W = West.

[a] Stage II, number 1 criteria are shown above as Stage I criteria 4.b.
[b] This refers to enrollment in managed care organization (MCO) arrangements and does not include enrollment in primary care case management (PCCM) arrangements. In Louisiana, most children enrolled in the M-CHIP program (which contains 97 percent of its CHIP enrollees) are in a PCCM program, with a small portion in fee-for-service programs. Most of Louisiana's S-CHIP enrollees are in fee-for-service programs but a few are in PCCM programs. In Alabama, it appears all the children are enrolled in fee-for-service programs. In North Carolina, it appears that all CHIP enrollees are in a fee-for-service program.

CHIP = Children's Health Insurance Program; CHIPRA = Children's Health Insurance Program Reauthorization Act; ELE = express lane eligibility; FPL = federal poverty level; MSIS = Medicaid Statistical Information System; SSA = Social Security Administration.

MATHEMATICA
Policy Research, Inc.

MEMORANDUM

555 S. Forest Ave., Suite 3
Ann Arbor, MI 48104-2583
Telephone (734) 794-1120
Fax (734) 794-0241
www.mathematica-mpr.com

TO: Elizabeth Pham

FROM: CHIPRA 10-State Evaluation Team

DATE: 1/18/2011
CHIP10 – 011R

SUBJECT: CHIPRA 10-State Evaluation: Recommendation for Selecting Three Medicaid States for the Survey of Enrollees and Disenrollees

---

This memo presents our recommendations for the three states to be selected for the survey of Medicaid enrollees and disenrollees that will be conducted as part of the CHIPRA 10-state evaluation. Final recommendations for the CHIP states were outlined in a memorandum to ASPE dated January 7, 2011. The 10 states are: Alabama, California, Florida, Louisiana, Michigan, New York, Ohio, Texas, Utah, and Virginia.

The inclusion of a Medicaid survey in three of the 10 CHIPRA study states will allow us to *contrast* the enrollment and access experiences of CHIP and Medicaid enrollees and gain insight into how different aspects of the programs may affect key outcomes. To distinguish outcomes due to program design from outcomes due to underlying differences in the target populations, we recommend selecting state with Medicaid programs that differ operationally from the CHIP programs administered in the states.

To assess which states should be included in the Medicaid survey, we reviewed key characteristics about the Medicaid and CHIP programs in the 10 states proposed for the study (Table 1 summarizes these characteristics). This process allowed us to identify states with differences between their Medicaid and CHIP programs, states that would represent a large segment of the Medicaid population, as well as states that might prove advantageous for the study in terms of obtaining their Medicaid data. Based on this review, we recommend selecting ***Texas, California,*** and ***Florida*** as the three Medicaid survey states. Reasons for recommending these three states, while excluding the others, include:

- ***Program type.*** Texas, California, and Florida all administer separate CHIP (S-CHIP) or S-CHIP dominant combination CHIP programs. We recommend excluding states that operate only a Medicaid expansion (M-CHIP) component or M-CHIP dominant programs because CHIP programs in M-CHIP states generally mimic Medicaid. Thus we excluded Ohio and Louisiana from consideration. In addition, even states with S-CHIP and combination programs sometimes operate 'lookalike' Medicaid and CHIP programs, so that the programs appear the same to families. Because Virginia operates a 'lookalike' CHIP programs, we excluded it from consideration as well. Alabama, Michigan, New York and Utah also operate S-CHIP or S-CHIP dominant programs.
- ***Delivery systems.*** Ideally we would like to select states with different delivery systems for Medicaid and CHIP. According to their CARTS data reports from 2008, Texas,

California, and Florida all use different delivery systems for their Medicaid and CHIP programs, as do Alabama and Utah (column 8). Half of the states—Michigan, New York, Virginia, Ohio, and Louisiana—use the same delivery systems for children in both programs.

- ***Size.*** Texas, California, and Florida together represent over one quarter of the children enrolled in Medicaid in the U.S. (column 4). Selecting larger programs will support generalizing findings at the national level. (Only Michigan, New York and Ohio are also in the top 10 in terms of Medicaid program size.)
- ***Medicaid data.*** Including Texas, California, and Florida as the Medicaid survey states will significantly enrich the data available for the study: we would then have access to Medicaid data for all 10 of the states. Five of the other states are providing Medicaid data to the Maximizing Enrollment for Kids evaluation (column 11) and would likely agree to share these data; Ohio and Michigan report M-CHIP data in MSIS (column 10) so their data should also be reasonably accessible. With Medicaid data for all 10 study states, we will be able to understand more fully transitions between Medicaid and CHIP and the retention of children in public coverage overall (that is, for the programs combined) which in turn will enrich the study of enrollment trends, churning, transitions, and crowd out.

Because ***Alabama*** and ***Utah*** share many of the same Medicaid and CHIP characteristics as Texas, California, and Florida (for example, all five of these states use different eligibility systems and different delivery systems for Medicaid and CHIP), we considered selecting them for the Medicaid survey. However, the size of the Medicaid program in both states is small—Alabama has 1.6 percent of the nation's Medicaid-enrolled children, and Utah has 0.5 percent of the nation's Medicaid-enrolled children—so the programs in Texas, California, and Florida seemed to be of higher priority for the study, as together they represent over one quarter of all Medicaid enrolled children (27.7 percent, as shown on the last page of this memo in Table 1, column 4). We recommend Alabama and Utah as the back-up states, should Texas, California, or Florida be unwilling or unable to participate in the Medicaid survey.

It is important to note that even though we will have access to Medicaid administrative data for all 10 states, we will still face significant limitations in generalizing findings from the 3 states included in the Medicaid survey, because the administrative data cannot substitute for data obtained through the survey.

We would be happy to discuss the relative merits of the proposed Medicaid survey states, and the back-up states, with you and other key ASPE or Health and Human Services staff.

cc: File

Table 1: Selected Characteristics about State CHIP and Medicaid Programs, 10 States of Interest for CHIPRA 10-State Evaluation

	1	2	3	4	5	6	7	8	9	10	11
	CHIP Program type	Share of Nation's Uninsured Children	Number of Children Enrolled in Medicaid as of December 2009	Share of Nation's Medicaid-enrolled Children	National rank in Share of Nation's Medicaid-enrolled Children	State uses the same eligibility system for Medicaid and CHIP	Joint Medicaid/ CHIP application	Same delivery system for Children in Medicaid and CHIP	Same name for Medicaid and CHIP programs for children	State reports CHIP enrollment in MSIS	State participates in Maximizing Enrollment for Kids Evaluation
S-CHIP and Combination Programs											
Texas	S	16.64%	2,186,336	8.5%	2		•				
California	C (S: 82%)	14.57%	3,412,916	13.2%	1		•				
Florida	C (S: 99.6%)	9.74%	1,414,747	5.5%	4		•		•		
Alabama	S	1.33%	422,415	1.6%	20		•				•
Utah	S	1.51%	127,739	0.5%	37	•	•				•
New York	S	3.15%	1,712,343	6.6%	3		•	•			•
Michigan	C (S: 78%)	1.51	1,040,776	4.0%	6		•	•		•	
Virginia	C (mix)	1.86%	426,876	1.7%	19		•	•	•	•	•
M-CHIP and M-CHIP Dominant Combination Programs											
Ohio	M	2.66%	932,569	3.6%	8	•	•	•	•	•	
Louisiana	C (M: 97%)	1.06%	617,329	2.4%	13	•	•	•[a]		•	•

[a]Louisiana uses the same delivery system for Medicaid and the M-CHIP program for children under 200 percent of the poverty level. Children in the S-CHIP portion of the program are in a different delivery system.

Note: Program types: C = Combination program; M = M-CHIP program; S = S-CHIP program

Source: Program type data: CMS FY 2008 CHIP Annual Enrollment Report. Available at https://www.cms.gov/NationalCHIPPolicy/downloads/FY2008StateTotalTable012309FINAL.pdf]. Accessed on December 23, 2010.

Uninsured rate among low-income children: Lynch, Victoria, Samantha Phong, Genevieve Kenney, and Juliana Macri. "Uninsured Children: Who Are They and Where Do They Live? New National and State Estimates from the 2008 American Community Survey." Washington, DC: the Urban Institute, August 2010.

Medicaid data: Compiled by the Health Management Associates from state Medicaid enrollment reports, for the Kaiser Commission on Medicaid and the Uninsured, 2010. For more details on the December 2009 enrollment data, please see "Medicaid Enrollment: December 2009 Data Snapshot," available at http://www.kff.org/medicaid/enrollmentreports.cfm.Accessed January 11, 2011.

Eligibility systems, joint application data: Heberlein, M., Brooks, T., Guyer, J., Artiga, S. and J. Stephens. "Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost-sharing practices in Medicaid and CHIP, 2010 – 2011." Report produced for the Kaiser Commission on Medicaid and the Uninsured. January 2011. Available: http://www.kff.org/medicaid/upload/8130.pdf.

Delivery system and program name: Centers for Medicare & Medicaid Services. "CMS FY 2008 CHIP Annual Enrollment Report." Available at [https://www.cms.gov/NationalCHIPPolicy/downloads/FY2008StateTotalTable012309FINAL.pdf]. Accessed on December 23, 2010.

Reporting of S-CHIP data in MSIS: Matthew Hodges, research analyst, Mathematica Policy Research, personal communication, November 16, 2010.

Maximizing Enrollment for Kids evaluations: Mathematica data.