THE HENRY J. KAISER FAMILY FOUNDATION

REPORT

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Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey

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Executive Summary

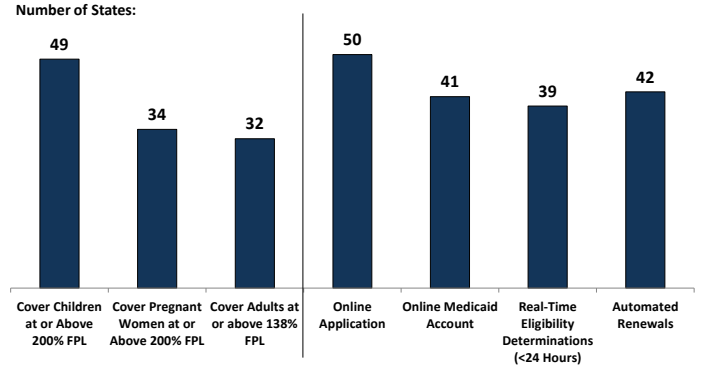
This 15th annual 50-state survey provides data on Medicaid and Children's Health Insurance Program (CHIP) eligibility, enrollment, renewal and cost sharing policies as of January 2017, and identifies changes in these policies in the past year. (See Appendix Tables 1-21 for state data.) As discussion of repeal of the Affordable Care Act (ACA), broader changes to Medicaid, and reauthorization of CHIP unfolds, this report documents the role Medicaid and CHIP play for low-income children and families and the evolution of these programs under the ACA. The findings offer an in-depth profile of eligibility, enrollment, renewal, and cost sharing policies in each state as of January 2017, providing a baseline against which future policy changes may be measured.

Key Findings

Medicaid and CHIP are the central sources of coverage for low-income children and pregnant women, with 49 states covering children and 34 states covering pregnant women with incomes at or above 200% FPL as of January 2017 (Figure 1). CHIP plays a key role across states, covering children in separate CHIP programs in 36 states, funding coverage for some children in Medicaid in 49 states, and supporting coverage for pregnant women in 19 states. In 2016, several states took up options to expand access to coverage for children and pregnant women.

Figure 1

Medicaid and CHIP Eligibility and Selected Enrollment and Renewal Processes, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Medicaid's role for low-income adults broadened under the ACA, with 32 states covering low-income parents and other adults with incomes up to 138% FPL ($16,394 for an individual or $27,820 for a family of three in 2016) under the Medicaid expansion as of January 2017. This count reflects Louisiana's adoption of the expansion in 2016. In the 19 states that have not expanded, the median eligibility limit for parents is 44% FPL ($8,870 for a family of three as of 2016) and other adults are ineligible regardless of income, except in Wisconsin.

During 2016, states continued to upgrade and streamline Medicaid eligibility and enrollment systems and processes under the ACA, using federal funding available to support system development. As of January 2017, 50 states have an online Medicaid application, 41 states offer online accounts for enrollees to manage their coverage, 39 states make real-time Medicaid eligibility decisions, and 42 states process automated renewals. Moreover, Medicaid systems coordinate or are integrated with Marketplace systems in all states. In 12 of the states with a State-based Marketplace (SBM), there is one system that determines eligibility for Medicaid and Marketplace coverage. The remaining 39 states transfer data back and forth with the Federally-Facilitated Marketplace (FFM), HealthCare.gov, to coordinate eligibility decisions.

Use of premiums and cost sharing in Medicaid and CHIP varies across states and groups. As of January 2017, 30 states charge premiums or enrollment fees and 25 states charge cost sharing for children in Medicaid or CHIP. In most cases, these charges are limited to children in CHIP, because CHIP covers children with higher family incomes than those in Medicaid and the program has different premium and cost sharing rules. Given the low incomes of adults covered by Medicaid, most states do not charge adults premiums, and

cost sharing amounts for adults are generally nominal. Overall, 39 states charge parents cost sharing, and 23 of the 32 states that have expanded Medicaid charge cost sharing for expansion adults. Six states have received waivers to charge premiums or monthly contributions for adults that are not otherwise allowed under law.

Looking Ahead

This year's findings build on results from previous years, documenting state policy choices and state implementation of ACA changes to Medicaid, including the expansion to low-income adults and the streamlining of enrollment and renewal processes. Together, these changes have led to increased Medicaid and CHIP enrollment, which has helped to reduce the nation's uninsured rate to historic lows of 10% for the population under age 65 and 5% for children as of June 2016.[1] As discussion of repeal of the ACA, broader changes to Medicaid, and reauthorization of CHIP unfolds, the findings provide a baseline of state policies as of January 2017, against which future policy changes can be measured. Together they suggest:

Given the significant role of Medicaid and CHIP for low-income families across states, changes to these programs could affect coverage for many of the nation's low-income families. The findings show that Medicaid and CHIP are central sources of coverage for low-income children and pregnant women in all states. Reauthorization of CHIP will have particularly important implications for children and pregnant women given the role CHIP plays complementing Medicaid to support their coverage across states. Loss of CHIP funding could put this coverage at risk and would create funding gaps for states. The findings also show how Medicaid's role for low-income parents and other adults has broadened in states that implemented the ACA Medicaid expansion. If the Medicaid expansion was eliminated under a repeal of the ACA, many low-income parents and other adults would lose eligibility and potentially become uninsured, depending on what other coverage options may be available. Moreover, broader changes to the financing structure of Medicaid, coupled with reductions in federal Medicaid funding, could affect coverage for all groups of enrollees.

The ACA included changes in Medicaid eligibility, enrollment, and renewal policies and processes in all states, which could be affected by a repeal of the ACA. Under the ACA, all states have implemented new standardized streamlined eligibility, enrollment, and renewal policies, which have yielded modernized systems and processes that reduced paperwork for individuals and administrative burdens on states. Implementing these policies and processes has taken ongoing efforts by states since the ACA was enacted in 2010, with substantial investments of time and resources. It remains to be seen which of these policies or processes could be affected by a repeal of the ACA. However, reverting back to pre-ACA policies or implementing new policies would likely require major investments of time, staff, and resources. Moreover, changes to the Marketplaces could affect Medicaid eligibility systems and enrollment processes because the systems are interwoven in all states.

States are using available program options to expand access to coverage, further streamline enrollment and renewal processes, and charge premiums and cost sharing in Medicaid and CHIP. To date, states have taken up many available program options to expand coverage and further streamline enrollment and renewal processes, particularly for children and pregnant women. Most states also are using options to charge premiums and cost sharing to some Medicaid and CHIP enrollees. In most cases, states target premiums and above-nominal cost sharing to enrollees with relatively higher incomes. The program options available to states, states' use of these options, and the role of waivers could be affected by a repeal of the ACA or broader efforts to restructure Medicaid.

Introduction

This annual report presents Medicaid and CHIP eligibility, enrollment, renewal and cost sharing policies as of January 2017, and identifies changes in policies that occurred between January 2016 and 2017. As discussion around potential repeal of the Affordable Care Act (ACA), broader changes to the financing and structure of Medicaid, and reauthorization of CHIP unfold, this report offers an in-depth profile of eligibility, enrollment, renewal, and cost sharing policies in each state as of January 2017. This information may serve as a baseline against which future policy changes may be measured.

This report has documented state implementation of changes to Medicaid since the ACA was implemented in 2014, including the Medicaid expansion to low-income adults, changes to eligibility rules, and modernization and streamlining of enrollment and renewal processes. These changes have led to increases in Medicaid and CHIP enrollment, which rose by 17 million between Summer 2013 and October 2016,[2] and helped reduce the nation's uninsured rates to historic lows of 10% for the overall population under age 65 and 5% for children as of June 2016.[3] This year's survey finds continued state efforts to expand access to coverage for some groups and to implement the streamlined enrollment and renewal processes outlined in the ACA.

This report is based on a telephone survey of state Medicaid and CHIP program officials conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families during Fall 2016. It includes findings in three key areas: Medicaid and CHIP Eligibility, Enrollment and Renewal Processes, and Premiums and Cost Sharing. State-specific information is available in Appendix Tables 1 to 21 at the end of the report. This report includes policies for children, pregnant women, parents, and other adults under age 65; it does not include policies for groups covered through Medicaid eligibility pathways for seniors and individuals with disabilities.

Medicaid and CHIP Eligibility

Most income eligibility limits for Medicaid and CHIP are based percentages of the federal poverty level (FPL). As of 2016, the FPL was $20,160 for a family of three and $11,880 for an individual. The ACA established a minimum Medicaid eligibility level of 133% FPL for children, pregnant women, and adults as of January 2014, and included a standard income disregard of five percentage points of the federal poverty level, which effectively raises this limit to 138% FPL. This expansion made many parents and other adults newly eligible for the program. Before the ACA, most states limited eligibility levels for parents to less than the poverty level and other adults generally were not eligible regardless of income. As enacted, the Medicaid expansion was to be implemented nationwide. However, the 2012 Supreme Court ruling on the ACA made the expansion to low-income adults optional. The minimum continues to apply nationwide for children and pregnant women, and, as a result of the minimum, 18 states transitioned coverage for some older children from separate CHIP programs to Medicaid during 2014.

The ACA also changed how financial eligibility is determined for non-disabled groups in Medicaid, including children, pregnant women, parents, and the new expansion adults, to be based on Modified Adjusted Gross Income (MAGI), as defined in the Internal Revenue Code. The ACA eliminated the use of income disregards and deductions other than the new standard disregard of five percentage points of the FPL and required states to convert their pre-ACA eligibility levels to MAGI-equivalent levels.

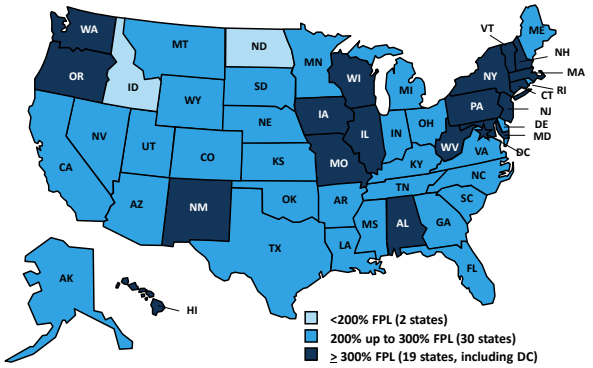
The findings below show eligibility levels for children, pregnant women, parents and other adults as of January 2017, and identify changes in eligibility that states made between January 2016 and 2017.

Children

As of January 2017, 49 states cover children with incomes up to at least 200% FPL through Medicaid and CHIP, including 19 states that cover children with incomes at or above 300% FPL (Figure 2). Only two states (Idaho and North Dakota) limit children's Medicaid and CHIP eligibility to lower incomes. Across states, the upper Medicaid/CHIP eligibility limit for children ranges from 175% FPL in North Dakota to 405% FPL in New York. Consistent with the past several years, children's Medicaid and CHIP eligibility remained largely stable during 2016, with the exception of Michigan expanding eligibility to children with incomes up to 400% FPL who were affected by the Flint water crisis.[4] This stability reflects the ACA's maintenance of effort provision, under which states must keep children's eligibility levels at least as high as the levels they had in place when the law was enacted in 2010 until 2019.

Figure 2

Income Eligibility Levels for Children in Medicaid/CHIP, January 2017



NOTE: Eligibility levels are based on 2016 federal poverty levels (FPLs) for a family of three. The FPL for a family of three in 2016 was $20,160. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

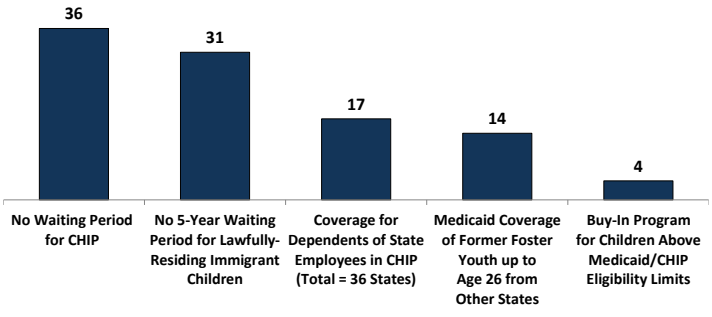
CHIP plays a substantial role covering children across states. As of January 2017, 36 states operate separate CHIP programs, and CHIP funding covers some children in Medicaid in 49 states. As of January 2017, enrollment is open in all separate CHIP programs. Arizona reopened enrollment in its CHIP program in July 2016; it had been closed to enrollment since late 2009, just prior to enactment of the ACA.

Several states took up options to cover more children through Medicaid and CHIP in 2016.

- **Eliminating waiting periods for CHIP coverage.** States can require children to be uninsured for up to 90 days before enrolling in CHIP. States have used these waiting periods as an approach to discourage families from dropping private insurance to enroll in the program. However, the number of states requiring a waiting period has declined over time, particularly after the ACA, since one of the ACA's goals is to eliminate gaps in coverage. This decline continued in 2016, with Georgia and New York eliminating their waiting periods for CHIP. With these changes, as of January 2017, 36 states have no waiting period for CHIP coverage (Figure 3).

Figure 3

Number of States that have Adopted Selected Options to Expand Children's Access to Medicaid and CHIP, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

- **Extending coverage to lawfully residing immigrant children.** Longstanding rules require that lawfully present immigrants who are otherwise eligible for Medicaid or CHIP must wait five years from the time they receive a qualified immigration status before they may enroll. However, states have the option to eliminate this five-year waiting period for lawfully present immigrant children and pregnant women. In 2016, Florida and Utah took up this option for children. With these additions, as of January 2017, 31 states cover lawfully present immigrant children in Medicaid and/or CHIP without a five-year waiting period. In addition, six states (California, District of Columbia, Illinois, Massachusetts, New York, and Washington) use state-only funds to cover income-eligible children who are not otherwise eligible due to immigration status. This count includes the statewide expansion of coverage for all income-eligible children in California in May 2016.
- **Allowing dependents of state employees to enroll in CHIP.** In January 2016, Tennessee became the 17th state to adopt an option available to cover certain dependents of state employees in CHIP. Under this option, states can give part-time workers and other state employees who lack access to affordable dependent coverage in the state employee health plan the option to enroll their children in CHIP.
- **Expanding coverage for former foster youth.** Under the ACA, youth who were formerly in foster care in the state are eligible for Medicaid until age 26. This provision mirrors the ACA change that allowed young adults to remain on their parents' health plan until age 26. However, extending Medicaid coverage to former foster youth from other states was a state option. With the addition of Utah during 2016, 14 states had taken up this option. In November 2016, the Centers for Medicare and Medicaid Services (CMS) released regulations, which clarified that states could not cover former foster youth from other states through a state option but could do so under Section 1115 waiver authority. CMS indicated in guidance that it will work with the 14 states that have adopted this coverage to transition it to waiver authority. [5]

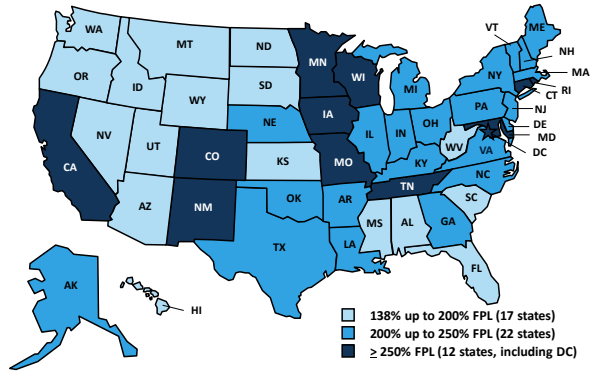
Four states have maintained programs that allow families above the upper income eligibility limit to buy into Medicaid or CHIP coverage for their children as of January 2017.[6] The number of states offering buy-in programs declined from a peak of 15 in 2011 to 4 as of January 2017. An increasing number of states eliminated these programs in recent years, because many families above Medicaid and CHIP income limits gained new coverage options through the Marketplaces.

Pregnant Women and Family Planning Expansion Programs

All states cover pregnant women with incomes up to at least 138% FPL, and 34 states cover pregnant women with incomes at or above 200% FPL as of January 2017 (Figure 4). Across states, eligibility for pregnant women ranges from 138% FPL in Idaho and South Dakota to 380% FPL in Iowa. Five states cover pregnant women through CHIP, and 16 states use CHIP funding to provide coverage through the unborn child option, under which states cover income-eligible pregnant women regardless of immigration status. Just under half of states (23 states) have taken up the option to cover lawfully

Figure 4

Income Eligibility Levels for Pregnant Women in Medicaid/CHIP, January 2017



NOTE: Eligibility levels are based on 2016 federal poverty levels (FPLs) for a family of three. The FPL for a family of three in 2016 was $20,160. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

residing immigrant pregnant women without a five-year waiting period. In addition, the District of Columbia, New Jersey, and New York use state-only funds to cover income-eligible pregnant women who are not otherwise eligible due to immigration status. During 2016, Michigan expanded Medicaid eligibility to pregnant women with incomes up to 400% FPL who were affected by the Flint water crisis. Missouri created a separate CHIP program for pregnant women with incomes between 201% and 305% FPL and adopted the unborn child option. Outside of these changes, Medicaid and CHIP coverage for pregnant women remained stable in 2016.

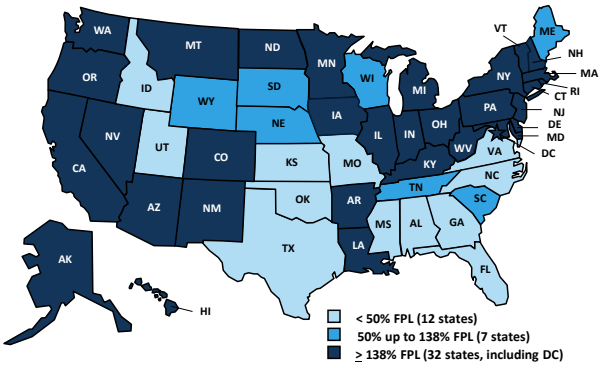
As of January 2017, over half of the states (29) have expanded access to family planning services through a waiver or the state option created by the ACA. States must provide family planning services as a covered benefit to Medicaid enrollees. Historically, some states also used waivers to provide family planning services to women or men who did not qualify for full Medicaid coverage. The ACA made a new option available for states to expand family planning services coverage. As of January 2017, 29 states have family planning expansion programs through a waiver or the state plan option.

Parents and Adults

With Louisiana's adoption of the Medicaid expansion during 2016, 32 states cover parents and other adults with incomes at up to at least 138% FPL as of January 2017 (Figures 5 and 6). Alaska, Connecticut, and the District of Columbia also extend coverage to parents and/or other adults with incomes above 138% FPL. In addition, two states, Minnesota and New York, have used the ACA Basic Health Program option to cover adults with incomes between 138% and 200% FPL, rather than having individuals in this income range access coverage through the Marketplace.

Figure 5

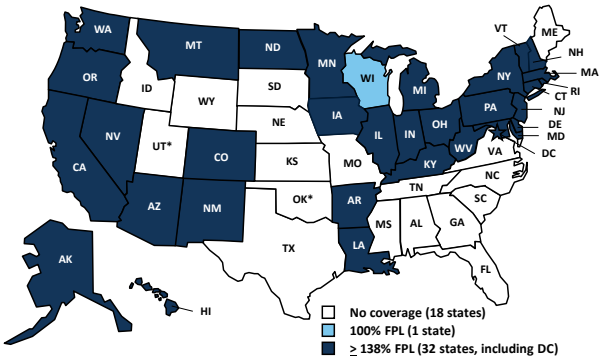
Medicaid Income Eligibility Levels for Parents, January 2017



NOTE: Eligibility levels are based on 2016 federal poverty levels (FPLs) for a family of three. The FPL for a family of three in 2016 was $20,160. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Figure 6

Medicaid Income Eligibility Levels for Other Adults, January 2017

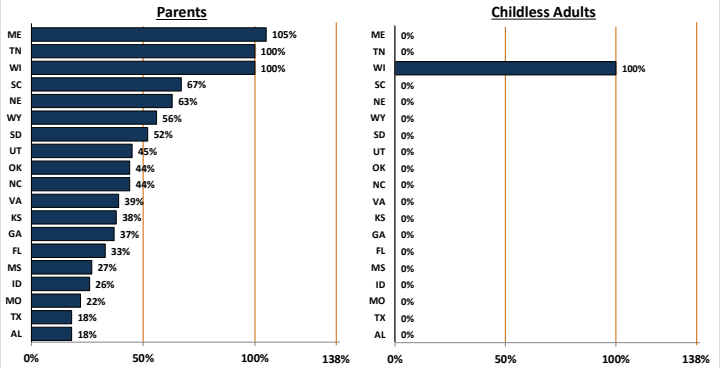


NOTE: Eligibility levels are based on 2016 federal poverty levels (FPLs) for an individual. The FPL for an individual in 2016 was $11,880. Thresholds include the standard five percentage point of the FPL disregard.
*OK and UT provide more limited coverage to some childless adults under Section 1115 waiver authority.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

In the 19 states that have not expanded Medicaid, the median eligibility level for parents is 44% FPL, and other adults remain ineligible regardless of income, except in Wisconsin (Figure 7). Among the 19 non-expansion states, parent eligibility levels range from 18% FPL in Alabama to 105% FPL in Maine. Only 3 states—Maine, Tennessee, and Wisconsin—cover parents at or above 100% FPL, while 12 states limit parent eligibility to less than half the poverty level ($10,080 for a family of three as of 2016). Wisconsin is the only non-expansion state that provides full Medicaid coverage to other non-disabled adults, although its 100% FPL eligibility limit remains below the ACA expansion level and it does not receive the enhanced federal match for this coverage. While this study reports eligibility based on a percentage of the FPL, 13 non-expansion states base eligibility for parents on dollar thresholds (which have been converted to an FPL equivalent in this report). Twelve of these states do not routinely update the dollar standards, resulting in eligibility levels that erode over time relative to the cost of living. In non-expansion states, 2.6 million poor adults fall into a coverage gap.[7] These adults earn too much to qualify for Medicaid, but not enough to qualify for subsidies for Marketplace coverage, which are available only to those with income at or above 100% of FPL.

Figure 7

Medicaid Income Eligibility Limits for Adults in States that Have Not Implemented the Medicaid Expansion, January 2017



NOTE: Eligibility levels are based on 2016 federal poverty levels (FPLs) and are calculated based on a family of three for parents and an individual for childless adults. In 2016, the FPL was $20,160 for a family of three and $11,880 for an individual. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Medicaid and CHIP Enrollment and Renewal Processes

The ACA standardized many streamlined enrollment and renewal procedures that states pioneered for children in the decades following the passage of CHIP in 1997. It also provided federal funding to support state upgrades to Medicaid eligibility systems, since many states had outdated systems that impeded updates to enrollment and renewal processes. Since the ACA was enacted, states have invested significant time and resources to upgrade or build new eligibility systems, using available federal funding. The modernized technology of these new systems has served as the cornerstone for states to implement the streamlined enrollment and renewal processes in the ACA. Under these processes, states are to use available electronic data to verify eligibility criteria at application and renewal; to provide individuals multiple methods to apply, including online, by phone, via mail, or in-person; to coordinate eligibility decisions with Marketplaces; and to renew Medicaid coverage every 12 months. Implementation of these processes has varied across states, in part reflecting different starting places before the ACA. However, as of January 2017, nearly all states have moved closer to the processes outlined in the ACA, with continued work occurring during 2016.

As a result of these efforts, the Medicaid enrollment and renewal experience has moved from a paper-based, manual process that could take days and weeks in some states to a modernized, technology-driven approach that can happen in real-time in a growing number of states. This shift has reduced burdens on individuals and states and led to shifting roles for eligibility workers, with some states scaling back or redirecting staff resources.

The findings below present the status of state systems and processes as of January 2017, and identify changes made to systems and processes during 2016. Unless otherwise indicated, the findings are for Medicaid systems and processes for children, pregnant women, parents and expansion adults. Many of the system upgrades and

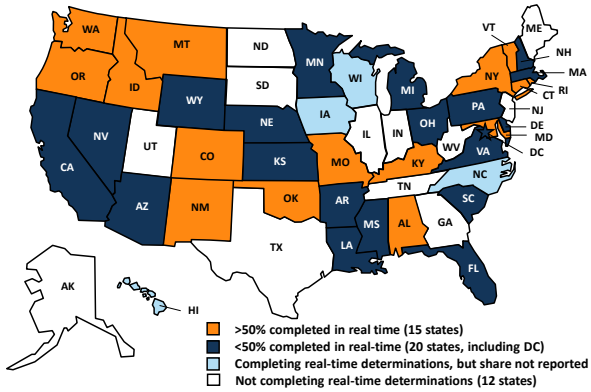
streamlined processes focused on these groups, and some separate eligibility rules and processes apply to seniors and individuals with disabilities. However, as indicated in the findings below, an increasing number of states are capitalizing on the federal funding available for system upgrades to expand improved systems to include all Medicaid groups and non-health programs.

Eligibility Systems

As of January 2017, 39 states can make Medicaid eligibility determinations in real-time (defined as within 24 hours). One of the notable features of upgraded eligibility systems is the ability to check against other electronic data sources in real-time or overnight to provide timely eligibility decisions. During 2016, Idaho and New Mexico began determining eligibility in real-time, and several more states anticipate reaching this milestone in early 2017. At least 50% of applications receive a real-time determination in 15 of the 35 states that were able to report this data (Figure 8), including 9 states that report over 75% of applications receive a real-time decision.

Figure 8

Share of Medicaid Applications Conducted in Real-Time (<24 Hours), January 2017

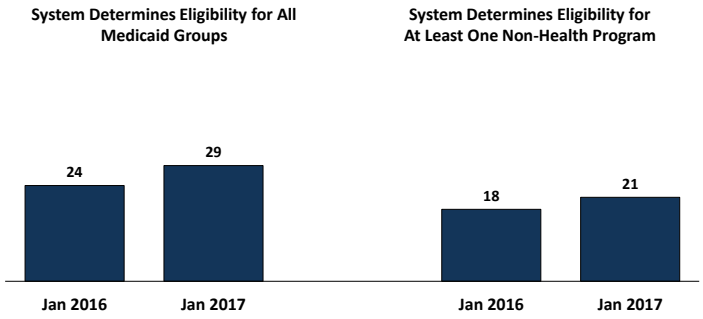


NOTE: Real-time defined as <24 hours. Share of total applications for non-disabled children, pregnant women, parents, and expansion adults.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

States are expanding improved Medicaid eligibility systems to include eligibility decisions for seniors and individuals with disabilities as well as non-health programs. Prior to the ACA, most states used one system to determine eligibility for all Medicaid groups as well as some non-health programs, such as the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF). Given the complexity of system upgrades, many states initially built their new systems to determine eligibility for the non-disabled groups affected by the ACA streamlining changes. As new systems were launched for these groups, states continued to use their old systems to determine eligibility for seniors and individuals with disabilities as well as non-health programs. As states finished initial implementation of new systems, a number began expanding them to include other groups and programs, using the ongoing federal funding available for system upgrades. During 2016, the number of states with systems that determine eligibility for all Medicaid groups grew from 24 to 29 (Figure 9). The number of states that include at least one non-health program in their Medicaid system increased from 18 to 21. In addition, several states added additional non-health programs to their systems during 2016. Thirty states plan to expand their systems to include seniors and individuals with disabilities and/or additional non-health programs in 2017 and beyond.

Figure 9

Number of States that have Expanded Use of Medicaid Eligibility System, January 2016 and 2017



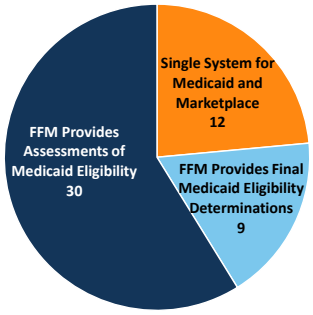
SOURCE: Based on results from national surveys conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families in 2016 and 2017.

Medicaid eligibility systems are integrated with or connected to Marketplace systems in all states. In 12 of the states with a State-based Marketplace (SBM), there is one system that determines eligibility for both Medicaid and Marketplace coverage (Figure 10). The remaining 39 states coordinate with the Federally-Facilitated Marketplace (FFM), HealthCare.gov. This count reflects the dismantling of Kentucky's SBM enrollment system, kynect, during 2016. States coordinating with the FFM must electronically transfer data back and forth with the FFM to coordinate Medicaid and Marketplace eligibility decisions. Nine of these states have authorized the FFM to make final Medicaid eligibility determinations based on the eligibility rules established by the state, enabling the states to enroll individuals in Medicaid after receiving the account transfer. During 2016, Louisiana began on relying final determinations to facilitate enrollment under its newly implemented Medicaid expansion. In the remaining 30 states, the FFM assesses Medicaid eligibility based on the state eligibility rules. In these states, after receiving the account transfer from the FFM, the Medicaid agency may check state data sources or request additional documentation before completing the eligibility determination. When the ACA was first implemented, there were significant problems with account transfers that contributed to delays in Medicaid enrollment. As of January 2017, only 6 states report ongoing, regular delays or difficulties with transfers, down from 20 as of January 2016.

Figure 10

Relationship of Marketplace and Medicaid Eligibility Systems, January 2017

Number of States:



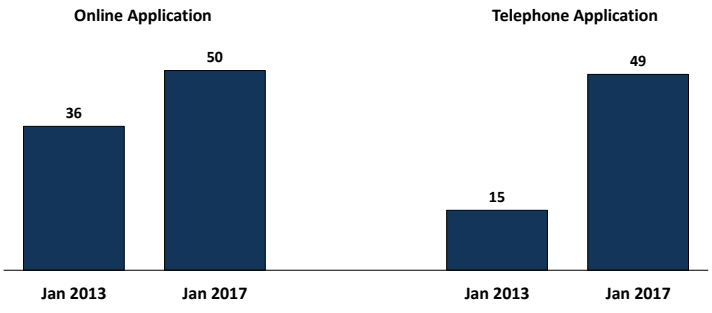
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Applications, Online Accounts, and Mobile Access

Individuals can apply for Medicaid online and by phone in nearly all states as of January 2017. Under the ACA, states must provide multiple methods for individuals to apply for health coverage, including online, by phone, by mail, and in person. In 2013, prior to ACA implementation, 36 states had an online Medicaid application and individuals could apply for Medicaid by phone in 15 states. As of January 2017, individuals can apply online for Medicaid in all states except Tennessee, and individuals can apply by phone in all states except Tennessee and Minnesota (Figure 11). At least 50% of Medicaid applications are submitted online in 18 of the 45 states that were able to report the share of applications received online.

Figure 11

Number of States with Online and Telephone Medicaid Applications, January 2013 and 2017

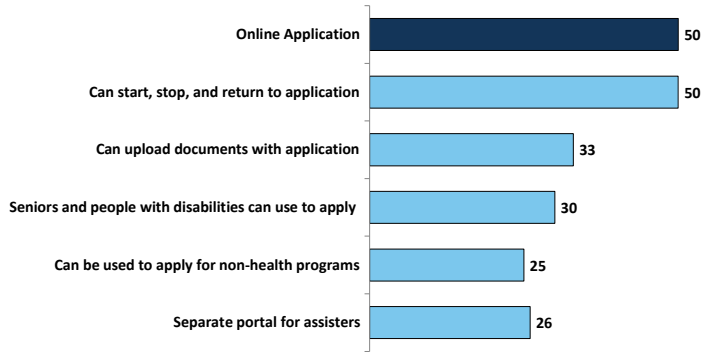


NOTE: Online applications refer to applications that can be submitted electronically, not those that may only be downloaded from websites.
SOURCE: Based on results from national surveys conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families in 2013 and 2017.

The features and functions of online applications vary across states (Figure 12). In all 50 states with an online application, applicants can start, stop, and return to finish the application at a later time. Applicants can upload electronic copies of documents with their application, if needed, in 33 states. With the addition of Ohio in 2016, all Medicaid groups, including seniors and people with disabilities, can apply through the online application in 30 states. Individuals can also apply for a non-health program, such as SNAP or TANF, using the online application in half of states. This count includes Kentucky, which launched an online multi-benefit application in 2016.

Figure 12

Number of States with Selected Features and Functions for Online Medicaid Applications, January 2017



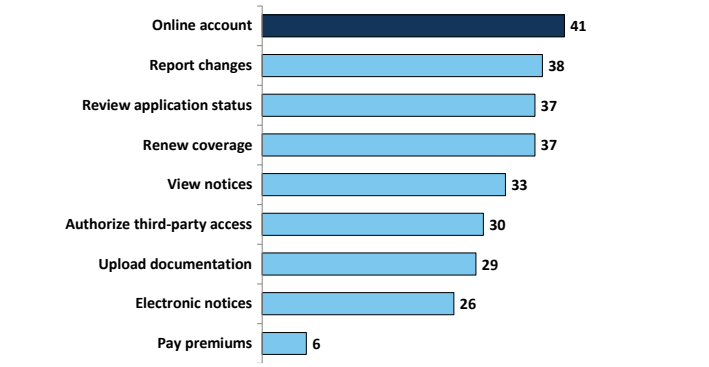
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Just over half of the states (26 states) have a web portal or secure login that enables consumer assisters to submit applications on behalf of consumers they help. Massachusetts and New Jersey added a portal for consumer assisters in 2016. In some states, the assister portals have additional functions or features that support the work of assisters, such as the ability to check a renewal date. These types of tools may help reduce workloads on state administrative staff, for example, if assisters are able to update addresses and other information. This functionality may also allow the state to track, monitor and report the work of assisters.

In 41 states, individuals can create an online account to manage their Medicaid coverage after enrollment (Figure 13). Most states provide a wide array of functions through online accounts and states have expanded functionality over time, with several states adding functions to their accounts in 2016. Most of these accounts allow enrollees to report changes, review the status of their application, to renew coverage, and to view notices. Smaller numbers allow enrollees to go paperless and receive electronic notices or to pay premiums. Online accounts create administrative efficiencies by reducing mailing costs, call volume, and manual processing of updates such as an address change. They also provide enrollees increased autonomy to manage and monitor their coverage.

Figure 13

Number of States with Selected Features for Online Accounts, January 2017

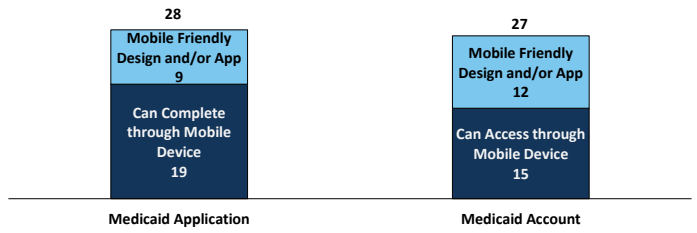


SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

States have begun to make online applications and accounts accessible through mobile devices, such as phones or tablets. As of January 2017, individuals in 28 states can complete and submit the online Medicaid application through a mobile device. Nine of these states have designed a mobile-friendly version of the application and/or developed a mobile "app" for individuals to apply through a mobile device (Figure 14). Similarly, in 27 states, enrollees can access the online Medicaid account through a mobile device. In 12 of these states, there is a mobile-friendly version of the account and/or the state has created an "app" for enrollees to access the account through a mobile device. A number of states indicate that they plan to enhance mobile access to online applications and accounts in 2017 or beyond.

Figure 14

Number of States with Mobile Access to Online Medicaid Applications and Accounts, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Verification of Eligibility Criteria

One major shift under the ACA has been for states to rely on data from reliable electronic data sources rather than paper documentation to verify eligibility for Medicaid and CHIP. This change provides for a faster, more efficient eligibility determination process that reduces paperwork requirements for individuals and eases administrative burden on states, although it required significant upfront work by states to establish system connections to other data sources.

All states verify income eligibility, as well as citizenship and qualified immigration status of applicants, as required in Medicaid and CHIP. States must verify citizenship or qualified immigration status in advance of enrollment. Individuals who attest to a qualified status but who cannot have their eligibility confirmed electronically must be given a reasonable amount of time to provide adequate documentation. Nearly all states (44 states) verify income prior to enrollment, while 7 states complete the verification after enrollment. Verification of other eligibility criteria, such as age/date of birth, state residency, and household size vary across states and criteria, reflecting state options to verify this information before or after enrollment or to rely on self-attestation of information. If a state relies on self-attestation, it must verify information if it has any data on file that conflicts with the self-attestation.

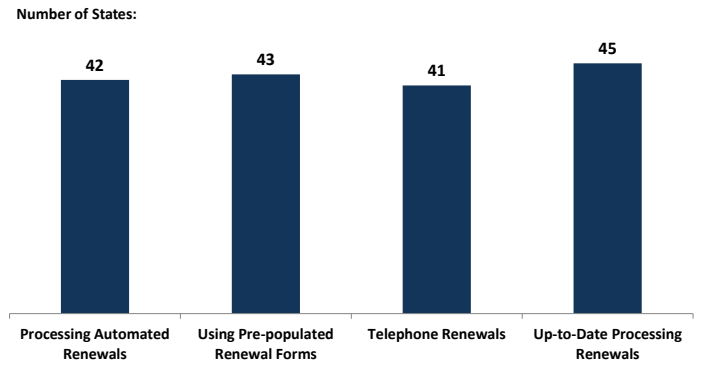
All states access income and other information from the Social Security Administration, and many states also use state wage and unemployment data to verify eligibility criteria. As of January 2017, more than two-thirds of states get income and other information through the federal data hub, which was established by the ACA. The data hub enables states to access information from multiple federal agencies, including the Internal Revenue Service, the Social Security Administration (SSA), the Department of Homeland Security (DHS), and a commercial database that provides earnings reported by large employers. States not using the federal hub rely on direct links to SSA and DHS databases that existed before the ACA. In addition, most states utilize state wage and unemployment data for income and other information. Fewer states rely on federal or state tax data.

Renewal Processes

As of January 2017, 42 states were processing automated Medicaid renewals (Figure 15). This count includes five states that newly implemented automated renewal processes during 2016. Similar to data-driven enrollment, under the ACA, states are to use electronic data when available to renew coverage without requiring an individual to fill out a renewal form or provide documentation. This approach minimizes paperwork for individuals and reduces workloads for states. Among the 38 states able to report the share of renewals that are completed through automatic processes, 19 states report that more than 50% of renewals are automated (Figure 16), including 10 states with automatic renewal rates above 75%. In comparison, only 3 states reported that over 75% of renewals were automated as of January 2016.

Figure 15

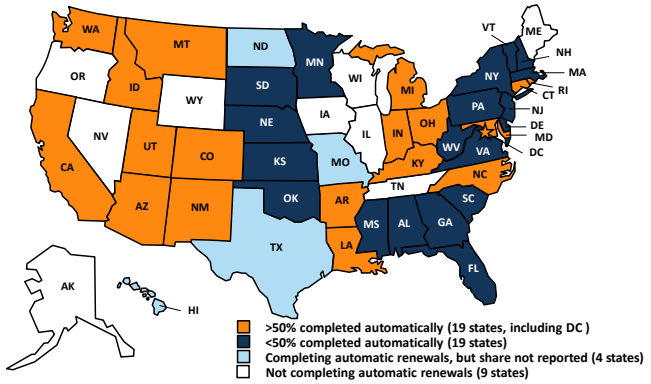
Medicaid Renewal Processes and Status of Renewals, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Figure 16

Share of Medicaid Renewals Completed Using Automated Processes, January 2017



NOTE: Share of renewals for non-disabled children, pregnant women, parents and expansion adults.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

If a renewal cannot be completed based on available data, states are expected to send a pre-populated notice or renewal form to the enrollee and to allow individuals to renew by phone. Between January 2016 and 2017, the number of states able to send pre-populated renewal forms or notices increased from 41 to 43. In 13 states, the forms are populated using updated sources of data from electronic data matches. With the addition of Arkansas and Texas during 2016, individuals can renew Medicaid coverage by phone in 41 states as of January 2017.

Most states are up-to-date on renewals as of January 2017. Six states report ongoing delays in processing renewals, most often citing system challenges or staff capacity as contributing factors.

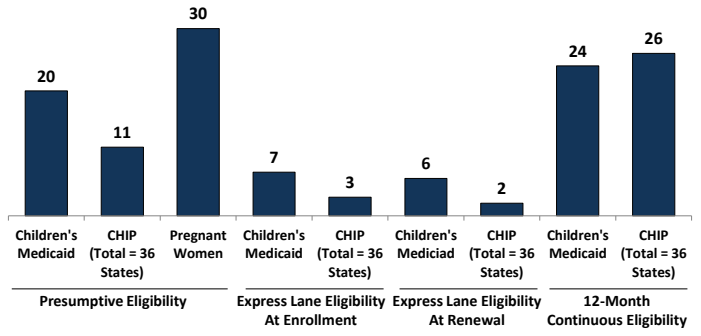
Facilitated Enrollment and Renewal Options

States can take up additional options to streamline enrollment and renewal beyond the processes standardized by the ACA. Most of these options have been available for many years prior to the ACA, but some were made newly available by the ACA. States' use of these options may decline over time as states are able to achieve more real-time determinations and automated renewals through their standard processes. However, the options may remain useful for providing access to coverage for individuals who cannot have their eligibility verified in real-time. As of January 2017, states use a range of these options (Figure 17):

- ***Presumptive eligibility.*** Presumptive eligibility is a longstanding option in Medicaid and CHIP, which allows states to authorize qualified entities—such as community health centers or schools—to make a temporary eligibility determination to expedite access to care for children and pregnant women while the full application is processed. The ACA broadened the use of presumptive eligibility in two ways. First, it allows states that provide presumptive eligibility for children or pregnant women to extend the policy to parents, adults, and other groups. In 2016, two states (Missouri and Wyoming) expanded their use of presumptive eligibility. As of January 2017, over half of states use presumptive eligibility for children or pregnant women, while smaller numbers have adopted this policy for other groups. Second, the ACA gives hospitals nationwide the authority to determine eligibility presumptively for all non-disabled individuals under age 65. With the addition of Tennessee during 2016, hospital-based presumptive eligibility has been implemented in 46 states of as January 2017; 38 states report that hospitals are submitting applications through this process.

Figure 17

Number of States Adopting Facilitated Enrollment and Renewal Options, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

- ***Express Lane Eligibility.*** Express Lane Eligibility (ELE) is another longstanding option that allows states to enroll or renew children in Medicaid or CHIP based on findings from other programs, like SNAP. As of January 2017, seven states (Alabama, Colorado, Iowa, Louisiana, New York, South Carolina, and South Dakota) enroll children in Medicaid through ELE, while three states (Colorado, Iowa, and Pennsylvania) do so in CHIP. Georgia ended its use of ELE for children in 2016. New York has a waiver to use ELE to enroll parents. Six states use ELE to renew children's Medicaid coverage (Alabama, Louisiana, Massachusetts, New York, South Carolina, and South Dakota), while two states (Massachusetts and Pennsylvania) do so in CHIP. Massachusetts also uses ELE to renew parents and expansion adults in Medicaid under Section 1115 waiver authority.

- ***12-month continuous eligibility.*** States are expected to re-determine eligibility every 12 months. During this 12-month period, enrollees are required to report changes and will lose coverage if these changes make them ineligible. However, states have an option to provide 12-month continuous eligibility to children, which enables them to provide more stable coverage by disregarding changes in income until renewal. Continuous eligibility promotes retention and reduces the number of people moving on and off of coverage due to small changes in income, which decreases administrative costs. It also improves states' ability to monitor quality of care given that many quality measures require at least 12 months of continuous enrollment. States can adopt 12-month continuous eligibility for children as an option, but must obtain Section 1115 waiver approval to provide it to parents and other adults. The number of states that have adopted 12-month continuous eligibility remained stable in 2016. As of January 2017, 24 states provide continuous eligibility to children in Medicaid, 26 of the 36 states with separate CHIP programs use it in CHIP, and Montana and New York provide it to parents and other adults under waiver authority.

Premiums and Cost Sharing

States have options to charge premiums and cost sharing in Medicaid up to maximum allowable charges under federal rules that vary by income and group (Box 1).[8] These rules establish parameters for premiums and cost sharing given that Medicaid and CHIP enrollees have limited ability to pay out-of-pocket costs due to their modest incomes and a large body of research that shows that premiums and cost sharing can impede access to coverage and care for low-income families.[9]

Box 1: Medicaid and CHIP Premium and Cost Sharing Rules

Premiums in Medicaid. States may charge premiums for Medicaid enrollees with incomes above 150%, including children and adults. Medicaid enrollees with incomes below 150% FPL may not be charged premiums.

Cost Sharing in Medicaid. States may charge cost sharing in Medicaid, but allowable charges vary by income (see Table 1). Cost sharing cannot be charged for emergency, family planning, pregnancy-related services in Medicaid, preventive services for children, or for preventive services defined as essential health benefits in Alternative Benefit Plans in Medicaid. In addition, children enrolled through mandatory eligibility categories generally cannot be charged cost-sharing. The federal minimum eligibility standard for children is 133% FPL, although some states have higher minimum standards for children.

Limit on Out-of-Pocket Costs. Overall, premium and cost sharing amounts for family members enrolled in Medicaid may not exceed 5% of household income. This 5% cap is applied on a monthly or quarterly basis.

Premiums and Cost Sharing in CHIP. States have somewhat greater flexibility to charge premiums and cost sharing for children covered by CHIP, although there remain limits on the amounts that can be charged, including an overall cap of 5% of household income.

Table 1: Maximum Allowable Cost Sharing Amounts in Medicaid by Income

	<100% FPL	100% – 150% FPL	>150% FPL
Outpatient Services	$4	10% of state cost	20% of state cost
Non-Emergency use of ER	$8	$8	No limit (subject to overall 5% of household income limit)
Prescription Drugs **Preferred** **Non-Preferred**	 $4 $8	 $4 $8	 $4 20% of state cost
Inpatient Services	$75 per stay	10% of state cost	20% of state cost

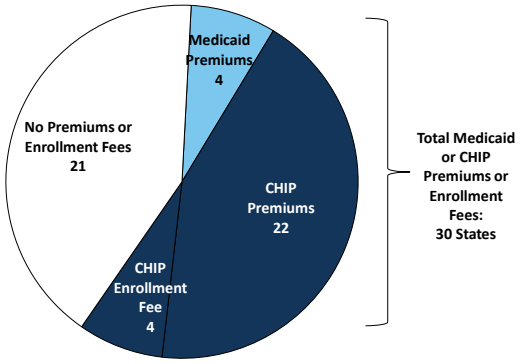
Notes: Some groups and services are exempt from cost sharing, including children enrolled in Medicaid through mandatory eligibility pathways, emergency services, family planning services, pregnancy related services, and preventive services for children. Maximum allowable amounts are as of FY2014. Beginning October 1, 2015, maximum allowable amounts increase annually by the percentage increase in the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U).

Premiums and Cost Sharing for Children

As of January 2017, 30 states charge premiums or enrollment fees for children in Medicaid or CHIP. Overall, 26 states charge monthly or quarterly premiums (4 in Medicaid and 22 in CHIP), and 4 states charge annual enrollment fees for CHIP (Figure 18). A larger number of CHIP programs have premiums and enrollment fees compared to Medicaid because the program covers children with relatively higher incomes and has different premium rules. In 22 of the 30 states charging premiums or enrollment fees, these charges begin for children in families with incomes at 150% FPL or higher, including 8 states that begin premiums at or above 200% FPL. Premium amounts vary across states, and most states scale the amounts by income. As part of the ACA protections for children's coverage that extend through 2019, states may only increase premiums for cost-of-living adjustments or if the state had a routine premium adjustment approved prior to the enactment of the ACA. During 2016, there were no changes to premiums and enrollment fees for children outside of a routine adjustment.

Figure 18

Number of States Charging Premiums or Enrollment Fees for Children in Medicaid/CHIP, January 2017



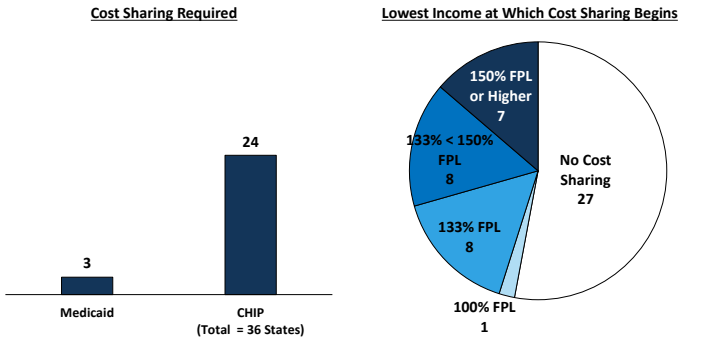
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

State policies for non-payment of premiums vary. Among the 26 states charging monthly or quarterly premiums in Medicaid or CHIP, 21 provide a 60-day or longer grace period before cancelling coverage for non-payment. This count includes the 4 states that charge premiums in Medicaid, which must provide a minimum 60-day grace period and cannot require enrollees to repay outstanding premiums as a condition of re-enrollment. It also includes 17 states that charge premiums in separate CHIP programs. In contrast to Medicaid, CHIP programs must provide a minimum 30-day grace period and may impose up to a 90-day "lock-out period," during which a child is not allowed to re-enroll. Among the 22 states charging monthly or quarterly premiums in CHIP, 4 limit the grace period to the minimum 30 days and 15 have a lock-out period for children disenrolled due to non-payment. Arizona reduced its lock-out period from three to two months when it reopened CHIP enrollment in 2016. Overall, 17 of the 26 states that charge monthly or quarterly premiums in Medicaid or CHIP require families to reapply for coverage before re-enrolling, subject to some exceptions. Consistent with Medicaid rules, the four states that charge premiums in Medicaid provide retroactive coverage. In addition, eight of the states that charge premiums in separate CHIP programs allow for retroactive reinstatement of coverage if outstanding premiums are paid.

As of January 2017, 3 states charge cost sharing for children in Medicaid, while 24 of the 36 states with separate CHIP programs do so (Figure 19). Consistent with federal rules, cost sharing does not apply to children below 133% FPL in all of these states, except Tennessee, which has a waiver to begin cost sharing at 100% FPL. In 16 states, cost sharing begins between 133% and 150% FPL, while 7 states begin cost sharing at 150% FPL or higher. Cost sharing charges vary by service. For example, for a child with family income at 201% FPL, 20 states charge cost sharing for a physician visit, 12 charge for an emergency room visit, 18 charge for non-emergency use of the emergency room, 15 charge for an inpatient hospital visit, and 19 charge for prescription drugs, although, in some cases, charges only apply to brand name or non-preferred brand name drugs.

Figure 19

Cost Sharing for Children in Medicaid and CHIP, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

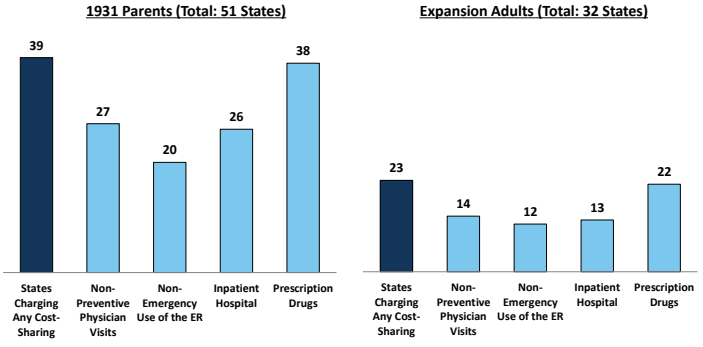
Premiums and Cost Sharing for Parents and Other Adults

Because eligibility levels for parents and other adults are much lower than for children, in most states, these groups are not charged premiums. However, six states (Arizona, Arkansas, Indiana, Iowa, Michigan, and Montana) have received waivers to charge premiums or monthly contributions for adults that are not otherwise allowed under law. Arizona received this waiver approval during 2016. In addition, during 2016, Arkansas received approval to amend its existing waiver, which included changing from monthly income-based contributions to health savings accounts in lieu of point-of-service cost sharing to monthly premiums for individuals with incomes above 100% FPL.

Among adults, 39 states charge parents cost sharing in Medicaid and 23 of the 32 states that have expanded Medicaid charge cost sharing for expansion adults. These counts reflect the elimination of copayments for parents and other adults in Oregon during 2016. Wisconsin, which is the only non-expansion state to cover other adults, also charges cost sharing but is not included the count for expansion adults. In most of the states that charge cost sharing for parents and/or expansion adults, cost sharing is required of all enrollees regardless of income. However, cost sharing amounts for adults are generally nominal, reflecting their low incomes. Cost sharing charges vary by service (Figure 20). Cost sharing for parents and expansion adults remained largely stable during 2016, aside from changes in a few states. Specifically, Oregon eliminated cost sharing for parents and expansion adults, Arizona and Montana increased cost sharing amounts for some services, and Iowa decreased the income at which cost sharing begins for expansion adults.

Figure 20

Number of States with Cost Sharing for Selected Services for Adults, January 2017



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017.

Looking Ahead

The findings of this 15th annual report illustrate the central role that Medicaid and CHIP play in covering low-income children and families today. They also show how the ACA expanded Medicaid's role for low-income adults and led to modernization and streamlining of eligibility systems and enrollment processes. As debate over the future of the ACA, potential broader changes to Medicaid, and CHIP reauthorization unfold, these findings provide a baseline against which future policy changes may be measured. Looking ahead, these findings suggest:

Given the significant role of Medicaid and CHIP across states, changes to these programs could affect coverage for many of the nation's low-income families. As the findings illustrate, Medicaid and CHIP serve as the base of coverage for low-income children and pregnant women across all states. The findings also show how Medicaid's role for low-income adults has expanded in the 32 states, including DC, that have implemented the ACA Medicaid expansion. Since the ACA was enacted through October 2016, net Medicaid and CHIP enrollment has grown by over 17 million people, increasing total enrollment to over 74 million enrollees.[10] These enrollment gains have helped to reduce the nation's uninsured rate to a record low of 10% in for the overall population under age 65, and to bring the children's uninsured rate to 5% as of June 2016.[11] As such, changes to Medicaid or CHIP would affect many low-income families. The outcome of debate around reauthorization of CHIP will have particularly important implications children and pregnant women given the key role CHIP plays complementing Medicaid to support their coverage across states. Loss of CHIP funding could put this coverage at risk and would create funding gaps for states. If the Medicaid expansion was eliminated under a repeal of the ACA, many low-income parents and other adults would lose eligibility and potentially become uninsured, depending on what other coverage options may be available. Moreover, broader changes to the financing structure of Medicaid, coupled with reductions in federal Medicaid funding, could affect coverage for all groups of enrollees.

The ACA included changes in Medicaid eligibility, enrollment, and renewal policies and processes in all states, which could potentially be affected by a repeal of the ACA. The ACA established new standards for eligibility, enrollment, and renewal processes that accelerated state efforts to modernize and streamline their systems and processes to utilize electronic data, reduce paperwork requirements for individuals, and increase administrative efficiency for states. For most states, this has been a multi-year effort that has involved significant investments of time, staff, and resources, using available federal funding for system upgrades. State work has involved developing new business procedures; writing new state administrative rules; training staff; and designing and deploying complex eligibility systems. The administrative structure in some states has been transformed through these changes, with increasing efficiencies gained through automation leading to changing needs and roles for eligibility staff. It remains to be seen which of these policies or processes could be affected by a repeal of the ACA. However, reverting back to pre-ACA policies or implementing new policies would likely require major investments of time, staff, and resources. Moreover, changes to the Marketplaces could affect Medicaid eligibility systems and enrollment processes because the systems are interwoven in all states. For example, if SBM enrollment systems were dismantled, those states would need to move Medicaid eligibility decisions to a new system or potentially revert to an old system, if one has been maintained.

States are using available program options to expand access to coverage, further streamline enrollment and renewal processes, and charge premiums and cost sharing in Medicaid and CHIP. Under current program rules, states can choose from a range of options to expand coverage for many groups and further streamline enrollment and renewal processes beyond the new standardized processes included in the ACA. States have taken up many of these options, particularly to expand access to coverage for children and pregnant women. Most states also are using options to charge premiums and cost sharing to some Medicaid and CHIP enrollees. However, in most cases, states largely target premiums and above-nominal cost sharing to enrollees with relatively higher incomes. The program options available to states, states' responses to these options, and the role of waivers could be affected by a repeal of the ACA or as part of broader efforts to restructure Medicaid.

Endnotes

[1] Emily P Zammitti, Robin A Cohen, and Michael E Martinez, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2016, (Hyattsville, MD: National Center for Health Statistics, November 2016), https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf.

[2] "October 2016 Medicaid and CHIP Enrollment Data Highlights," Centers for Medicare & Medicaid Services (CMS), accessed January 2017, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html.

[3] Emily P Zammitti, Robin A Cohen, and Michael E Martinez, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2016, (Hyattsville, MD: National Center for Health Statistics, November 2016), https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf.

[4] The CHIP eligibility limit in Kansas is tied to the 2008 FPL; as such, it erodes annually as the FPL amount increases each year. Between 2016 and 2017 it declined from 247% to 238% FPL.

[5] Vikki Wachino, CMCS Informational Bulletin, Section 1115 Demonstration Opportunity to Allow Medicaid Coverage to Former Foster Care Youth Who Have Moved to a Different State, November 21, 2016, available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib112116.pdf.

[6] This count does not include states that offer buy-in options that are limited to children with disabilities.

[7] Rachel Garfield and Anthony Damico, *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid*, (Washington, DC: Kaiser Commission for Medicaid and the Uninsured, October 2016), http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/.

[8] "Cost-Sharing," CMS, accessed December 2016, http://www.medicaid.gov/medicaid-chip-program-information/by-topics/cost-sharing/cost-sharing.html.

[9] Robin Rudowitz and Laura Snyder, *Premiums and Cost Sharing in Medicaid*, (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, February 2013), http://kff.org/medicaid/issue-brief/premiums-and-cost-sharing-in-medicaid/.

[10] "October 2016 Medicaid and CHIP Enrollment Data Highlights," CMS, accessed January 2017, https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html.

[11] Emily P Zammitti, Robin A Cohen, and Michael E Martinez, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2016, (Hyattsville, MD: National Center for Health Statistics, November 2016), https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf.

Trend and State-by-State Tables

Table A

Trends in State Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies, July 2000-January 2017[1]

	Program	July 2000	January 2002	April 2003	July 2004	July 2005	July 2006	January 2008	January 2009	December 2009	January 2011	January 2012	January 2013	January 2015	January 2016	January 2017
ELIGIBILITY																
Cover children ≥200% FPL	**N/A**	36	40	39	39	41	41	45	44	47	47	47	47	48	48	49
Cover children ≥300% FPL	**N/A**	5	6	6	6	6	8	9	10	16	16	17	17	19	19	19
Cover lawfully-residing immigrant children without five-year wait	**Medicaid**	Option Not Available								17	21	24	25	28	29	31
	CHIP														19	21
Cover pregnant women ≥200% FPL	**N/A**	NC		17	16	17	17	20	21	24	25	25	25	33	33	34
Cover lawfully-residing immigrant pregnant women without five-year wait	**Medicaid**	Option Not Available								14	17	18	20	23	23	23
	CHIP														4	3
Cover parents ≥100% FPL[2]	**N/A**	NC	20	16	17	17	16	18	18	17	18	18	18	31	34	35
Cover other adults[2, 3]	**N/A**	NC									7	8	25	29	32	33
Asset test not required[4]	**Medicaid Children**	42	45	45	46	47	47	47	47	48	48	48	48	51	51	51
	CHIP	31	34	34	33	33	34	35	36	37	36	37	36			
	Parents	NC	19	21	22	22	21	22	23	24	24	24	24			
STREAMLINED ENROLLMENT PROCESSES																
Real-time eligibility determinations	**N/A**	NC													37	39
Online Medicaid application[4]	**Medicaid**	NC									32	34	36	50	50	50
Telephone Medicaid application[4]	**Medicaid**	NC											17	47	49	49
Presumptive eligiblity for children	**Medicaid**	8	9	7	8	9	9	14	14	14	16	16	17	15	18	20
	CHIP	4	5	4	6	6	6	9	9	9	10	11	12	9	10	11
Presumptive eligibility for pregnant women	**Medicaid**	NC		29	29	30	31	30	30	30	31	31	32	27	29	30
	CHIP														2	3
No face-to-face interview at enrollment[4]	**Medicaid Children**	40	47	46	45	45	46	46	48	48	49	49	49	51	51	51
	CHIP	31	34	33	33	33	33	34	38	38	37	38	37			
	Parents	NC	35	36	36	36	39	40	41	41	44	45	45			
STREAMLINED RENEWAL PROCESSES																
Processing automated renewals	**N/A**	NC													34	42
Telephone Medicaid renewal	**N/A**	NC													41	41
No face-to-face interview at renewal[4]	**Medicaid Children**	43	48	49	48	48	48	48	49	50	50	50	50	51	51	51
	CHIP	32	34	35	35	35	35	36	38	38	37	38	37			
	Parents		35	42	42	43	45	46	46	46	46	48	48			
12-month eligibility period[4]	**Medicaid Children**	39	42	42	41	42	44	45	44	47	49	49	49	51	51	51
	CHIP	23	33	33	32	34	34	37	39	39	38	28	38			
	Parents		38	38	36	36	39	40	40	43	45	46	46			
12-month continuous eligibility for children	**Medicaid**	14	18	15	15	17	16	16	18	22	23	23	23	21	24	24
	CHIP	22	23	21	21	24	25	27	30	30	28	28	27	25	26	26

SOURCES: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Center on Budget and Policy Priorities, 1997-2009; and with the Georgetown University Center for Children and Families, 2011-2017.

NC indicates that data were not collected for the period.

1. The numbers in this table reflect the net change in actions taken by states from year to year. Specific strategies may be adopted and retracted by several states during a given year.

2. These counts do not include states that may have provided coverage above the levels shown using state-only funding or provide a more limited benefit package.

3. This count includes Wisconsin's coverage of adults to 100% FPL.

4. Required across all states under the Affordable Care Act (ACA). See S. Artiga, M. Musumeci, and R. Rudowitz, "Medicaid Eligibility, Enrollment Simplification, and Coordination Under the Affordable Care Act: A Summary of CMS's March 23, 2012 Final Rule," December 2012. Mitigation strategies are in place in cases in which requirements have not yet been met.

Table 1

Income Eligibility Limits for Children's Health Coverage as a Percent of the Federal Poverty Level, January 2017[1]

State	Upper Income Limit	Medicaid Coverage for Infants Ages 0-1[2]		Medicaid Coverage for Children Ages 1-5[2]		Medicaid Coverage for Children Ages 6-18[2]		Separate CHIP for Uninsured Children Ages 0-18[3]
		Medicaid Funded	CHIP-Funded for Uninsured Children	Medicaid Funded	CHIP-Funded for Uninsured Children	Medicaid Funded	CHIP-Funded for Uninsured Children	
Median[4]	**255%**	**195%**	**217%**	**149%**	**216%**	**138%**	**155%**	**254%**
Alabama[5]	317%	146%		146%		146%	107%-146%	317%
Alaska	208%	177%	159%-208%	177%	159%-208%	177%	124%-208%	
Arizona[6]	205%	152%		146%		138%	104%-138%	205%
Arkansas	216%	147%		147%		147%	107%-147%	216%
California[7]	266%	208%	208%-266%	142%	142%-266%	133%	108%-266%	
Colorado	265%	147%		147%		147%	108%-147%	265%
Connecticut	323%	201%		201%		201%		323%
Delaware	217%	217%	194%-217%	147%		138%	110%-138%	217%
District of Columbia[5]	324%	324%	206%-324%	324%	146%-324%	324%	112%-324%	
Florida[8]	215%	211%	192%-211%	145%		138%	112%-138%	215%
Georgia	252%	210%		154%		138%	113%-138%	252%
Hawaii	313%	191%	191%-313%	139%	139%-313%	133%	105%-313%	
Idaho	190%	147%		147%		138%	107%-138%	190%
Illinois[9]	318%	147%		147%		147%	108%-147%	318%
Indiana[10]	262%	218%	157%-218%	165%	141%-165%	165%	106%-165%	262%
Iowa	307%	380%	240%-380%	172%		172%	122%-172%	307%
Kansas[11]	243%	171%		154%		138%	113%-138%	243%
Kentucky	218%	200%		142%	142%-164%	133%	109%-164%	218%
Louisiana	255%	142%	142%-217%	142%	142%-217%	142%	108%-217%	255%
Maine	213%	196%		162%	140%-162%	162%	132%-162%	213%
Maryland	322%	194%	194%-322%	138%	138%-322%	133%	109%-322%	
Massachusetts[12]	305%	205%	185%-205%	155%	133%-155%	155%	114%-155%	305%
Michigan[13]	217%	195%	195%-217%	160%	143%-217%	160%	109%-217%	
Minnesota[14]	288%	275%	275%-288%	280%		280%		
Mississippi	214%	199%		148%		138%	107%-138%	214%
Missouri	305%	201%		148%	148%-155%	148%	110%-155%	305%
Montana	266%	148%		148%		138%	109%-148%	266%
Nebraska	218%	162%	162%-218%	145%	145%-218%	133%	109%-218%	
Nevada	205%	165%		165%		138%	122%-138%	205%
New Hampshire	323%	196%	196%-323%	196%	196%-323%	196%	196%-323%	
New Jersey	355%	199%		147%		147%	107%-147%	355%
New Mexico	305%	240%	200%-305%	240%	200%-305%	190%	138%-245%	
New York	405%	223%		154%		154%	110%-154%	405%
North Carolina[15]	216%	215%	194%-215%	215%	141%-215%	138%	107%-138%	216%
North Dakota	175%	152%		152%		138%	111%-138%	175%
Ohio	211%	156%	141%-211%	156%	141%-211%	156%	107%-211%	
Oklahoma[5,16]	210%	210%	169%-210%	210%	151%-210%	210%	115%-210%	
Oregon	305%	190%	133%-190%	138%		138%	100%-138%	305%
Pennsylvania	319%	220%		162%		138%	119%-138%	319%
Rhode Island	266%	190%	190%-266%	142%	142%-266%	133%	109%-266%	
South Carolina	213%	194%	194%-213%	143%	143%-213%	133%	107%-213%	
South Dakota	209%	187%	147%-187%	187%	147%-187%	187%	111%-187%	209%
Tennessee[5,17]	255%	195%	195%-216%	142%	142%-216%	133%	109%-216%	255%
Texas	206%	203%		149%		138%	109%-138%	206%
Utah	205%	144%		144%		138%	105%-138%	205%
Vermont	317%	317%	237%-317%	317%	237%-317%	317%	237%-317%	
Virginia	205%	148%		148%		148%	109%-148%	205%
Washington	317%	215%		215%		215%		317%
West Virginia	305%	163%		146%		138%	108%-138%	305%
Wisconsin[18]	306%	306%		191%		133%	101%-156%	306%
Wyoming	205%	159%		159%		138%	119%-138%	205%

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.
Table presents rules in effect as of January 1, 2017.

Table 1 Notes

1. January 2017 income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL) applied at the highest income level for Medicaid and separate CHIP coverage. Eligibility levels are reported as percentage of the FPL. The 2016 FPL for a family of three was $20,160.
2. States may use Title XXI CHIP funds to cover children through CHIP-funded Medicaid expansion programs and/or separate child health insurance programs for children not eligible for Medicaid. Use of Title XXI CHIP funds is limited to uninsured children. The Medicaid income eligibility levels listed indicate thresholds for children covered with Title XIX Medicaid funds and uninsured children covered with Title XXI funds through CHIP-funded Medicaid expansion programs. To be eligible in the infant category, a child has not yet reached his or her first birthday; to be eligible in the 1-5 category, the child is age one or older, but has not yet reached his or her sixth birthday; and to be eligible in the 6-18 category, the child is age six or older, but has not yet reached his or her 19th birthday.
3. The states noted use federal CHIP funds to operate separate child health insurance programs for children not eligible for Medicaid. Such programs may either provide benefits similar to Medicaid or a somewhat more limited benefit package. They also may impose premiums or other cost sharing obligations on some or all families with eligible children. These programs typically provide coverage for uninsured children until the child's 19th birthday.
4. Medians for CHIP-funded uninsured children are based on the upper limit of coverage.
5. Alabama, the District of Columbia, Oklahoma, and Tennessee have different lower bounds for adolescents in Title XXI funded Medicaid expansions depending on age. The lower bound for Title XXI funded Medicaid is 18% for children ages 14 through 18 in Alabama, 63% for children ages 15 through 18 in the District of Columbia, 69% for children ages 14 through 18 in Oklahoma, and 29% for children ages 14 through 18 in Tennessee.
6. Arizona's CHIP program, KidsCare, re-opened enrollment in July 2016. Applications were accepted beginning July 26, 2016, and coverage began on September 1, 2016. New enrollment in KidsCare had been closed since December 21, 2009, prior to the Affordable Care Act's (ACA's) maintenance of effort requirement.
7. In California, children with higher incomes are eligible for separate CHIP coverage in certain counties.
8. In Florida, all infants are covered in Medicaid. Florida operates three separate CHIP programs: Healthy Kids covers children ages 5 through 18; MediKids covers children ages 1 through 4; and the Children's Medical Service Network serves children with special health care needs from birth through age 18.
9. In Illinois, infants born to non-Medicaid covered mothers are covered up to 147% FPL in Medicaid and up to 318% FPL under CHIP.
10. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
11. Kansas covers children in a separate CHIP program up to an income level that is equivalent to 238% FPL in 2008.
12. Massachusetts also covers insured children in its separate CHIP program with Title XIX Medicaid funds under its Section 1115 waiver.
13. In 2016, Michigan expanded CHIP-funded Medicaid expansion coverage to children with incomes between 212-400% FPL affected by the Flint water crisis.
14. In Minnesota, the infant category under Title XIX-funded Medicaid includes insured and uninsured children up to age two with incomes up to 275% FPL
15. In North Carolina, all children ages 0 through 5 are covered in Medicaid while the separate CHIP program covers children ages 6 through 18 with incomes above Medicaid limits.

16. Oklahoma offers a premium assistance program to children ages 0 through 18 with income up to 222% FPL with access to employer sponsore insurance through its Insure Oklahoma program.
17. In Tennessee, Title XXI funds are used for two programs, TennCare Standard and CoverKids (a separate CHIP program). TennCare Standard provides Medicaid coverage to uninsured children who lose eligibility under TennCare (Medicaid), have no access to insurance, and have family income below 216% FPL or are medically eligible.
18. In Wisconsin, children are not eligible for CHIP if they have access to health insurance coverage through a job where the employer covers at least 80% of the cost.

Table 2
Waiting Period for CHIP Enrollment, January 2017

State	Waiting Period[1]	Income-Related Groups Exempt from Waiting Period (Percent of the FPL)
Total No Waiting Period	**36**	
Alabama	None	
Alaska	None	
Arizona	90 days	
Arkansas	90 days	
California	None	
Colorado	None	
Connecticut	None	
Delaware	None	
District of Columbia	None	
Florida	2 months	
Georgia[2]	None	
Hawaii	None	
Idaho	None	
Illinois	90 days	Below 209%
Indiana	90 days	
Iowa	1 month	Below 200%
Kansas	90 days	Below 219%
Kentucky	None	
Louisiana	90 days	Below 212%
Maine	90 days	
Maryland	None	
Massachusetts	None	
Michigan	None	
Minnesota	None	
Mississippi	None	
Missouri	None	
Montana	None	
Nebraska	None	
Nevada	None	
New Hampshire	None	
New Jersey	90 days	Below 200%
New Mexico	None	
New York[3]	None	
North Carolina	None	
North Dakota	90 days	
Ohio	None	
Oklahoma	None	
Oregon	None	
Pennsylvania	None	
Rhode Island	None	
South Carolina	None	
South Dakota	90 days	
Tennessee	None	
Texas	90 days	
Utah	90 days	
Vermont	None	
Virginia	None	
Washington	None	
West Virginia	None	
Wisconsin	None	
Wyoming	1 month	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.
Table presents rules in effect as of January 1, 2017.

Table 2 Notes

1. "Waiting period" refers to the length of time a child is required to be without group coverage prior to enrolling in CHIP coverage. Waiting periods generally apply to separate CHIP programs only, as they are not permitted in Medicaid without a waiver. The Affordable Care Act (ACA) limits waiting periods to no more than 90 days, and states must waive the waiting period for specific good causes established in federal regulations. States may adopt additional exceptions to the waiting period, which vary by state. In addition to the income exemptions shown, specific categories of children such as newborns may be exempt from the waiting periods.
2. In Georgia, the waiting period was eliminated effective August 1, 2016.
3. New York submitted a State Plan Amendment (SPA) in December 2016 to eliminate the waiting period and currently is not applying the waiting period to new applicants.

Table 3
State Adoption of Optional Medicaid and CHIP Coverage for Children, January 2017

State	Buy-In Program (Income Eligibility as a Percent of the FPL)[1]	Coverage for Dependents of State Employees in CHIP (Total = 36)[2,3]	Lawfully-Residing Immigrants Covered without 5-Year Wait[4]		Provides Medicaid Coverage to Former Foster Youth up to Age 26 from Other States[5]
			Medicaid	CHIP[3] (Total = 36)	
Total	**4**	**17**	**31**	**21**	**14**
Alabama		Y			
Alaska		N/A (M-CHIP)		N/A (M-CHIP)	
Arizona					
Arkansas		Y			
California[6]		N/A (M-CHIP)	Y	N/A (M-CHIP)	Y
Colorado		Y	Y	Y	
Connecticut		Y	Y	Y	
Delaware			Y	Y	
District of Columbia[6]		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Florida[7,8]	>215%	Y	Y	Y	
Georgia		Y			Y
Hawaii		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Idaho					
Illinois[6]			Y	Y	
Indiana					
Iowa			Y	Y	
Kansas		Y			
Kentucky		Y	Y	Y	Y
Louisiana					Y
Maine[9]	>213%		Y	Y	
Maryland		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Massachusetts[6,10]			Y	Y	Y
Michigan		N/A (M-CHIP)		N/A (M-CHIP)	Y
Minnesota		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Mississippi		Y			
Missouri					
Montana		Y	Y	Y	Y
Nebraska		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Nevada		Y			
New Hampshire		N/A (M-CHIP)		N/A (M-CHIP)	
New Jersey			Y	Y	
New Mexico		N/A (M-CHIP)	Y	N/A (M-CHIP)	Y
New York[6]	>405%		Y	Y	Y
North Carolina		Y	Y	Y	
North Dakota					
Ohio		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Oklahoma		N/A (M-CHIP)		N/A (M-CHIP)	
Oregon			Y	Y	
Pennsylvania[11]	>319%	Y	Y	Y	Y
Rhode Island		N/A (M-CHIP)	Y	N/A (M-CHIP)	
South Carolina		N/A (M-CHIP)		N/A (M-CHIP)	
South Dakota					Y
Tennessee[12]		Y			
Texas		Y	Y	Y	
Utah[8,13]			Y	Y	Y
Vermont		N/A (M-CHIP)	Y	N/A (M-CHIP)	
Virginia		Y	Y	Y	Y
Washington[6]			Y	Y	
West Virginia		Y	Y	Y	
Wisconsin			Y	Y	Y
Wyoming					

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 3 Notes

1. States with a buy-in program allow families with incomes over the upper income eligibility limit for children's coverage (including the five percentage point disregard) to buy into Medicaid or CHIP for their children.
2. This column indicates whether the state has adopted the option to cover otherwise eligible children of state employees in a separate CHIP program. Under the option, states may receive federal funding to extend CHIP eligibility where the state has maintained its contribution levels for health coverage for employees with dependent coverage or where it can demonstrate that the state employees' out-of-pocket health care costs pose a financial hardship for families.
3. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
4. This column indicates whether the state has adopted the option to provide coverage for immigrant children who have been lawfully residing in the U.S. for less than five years, otherwise known as the Immigrant Children's Health Improvement Act (ICHIA) option.
5. Under the Affordable Care Act (ACA), all states must provide Medicaid coverage to youth up to age 26 who were in foster care in the state as of their 18th birthday and enrolled in Medicaid. This column indicates whether the state has elected to also provide Medicaid coverage to former foster youth up to age 26 who were enrolled in Medicaid in another state as of their 18th birthday. Previously, states were able to provide coverage to former foster youth from other states as a state option. However, on November 21, 2016, CMS issued new federal guidance, which clarified that states must obtain a waiver to provide this coverage. It indicated that it will work with the 14 states that have taken up this coverage as an option to transition the coverage to a waiver.
6. California, the District of Columbia, Illinois, Massachusetts, New York, and Washington cover income-eligible children who are not otherwise eligible due to immigration status using state-only funds. California implemented this coverage in May 2016.
7. In Florida, families can buy in to Healthy Kids coverage for children ages 5 through 18 and to MediKids coverage for children ages 1 through 4.
8. Florida and Utah began covering lawfully-residing children in Medicaid and CHIP without a five-year wait as of July 2016.
9. Maine has a buy-in program called the Health Insurance Purchase Option. The program is limited to those who had been previously enrolled in CHIP. A child can participate for up to 18 months.
10. Massachusetts offers more limited state-subsidized coverage to children at any income through its Children's Medical Security Plan program; premiums vary based on income. Massachusetts also has buy-in coverage limited to children with disabilities with no income limit.
11. In Pennsylvania, dependents of state employees are eligible during the employee's six-month probation period; after that period, dependents become eligible for State Employee Plan. Pennsylvania also provides CHIP coverage to dependents of part-time and seasonal state employees who are eligible for health benefits and meet a hardship exemption.
12. Tennessee began covering dependents of state employee in CHIP in January 2016.
13. Utah began covering former foster youth from other states as of February 2016.

Table 4
Medicaid and CHIP Coverage for Pregnant Women and Medicaid Family Planning Expansion Programs, January 2017

State	Income Eligibility Limits for Pregnant Women (Percent of the Federal Poverty Level)			Lawfully-Residing Immigrants Covered without 5-Year Wait[3]		Full Medicaid/CHIP Benefit Package for Pregnant Women[5]			Income Eligibility Limit for Family Planning Expansion Program (Percent of the Federal Poverty Level)[6]
	Medicaid[1]	CHIP[1]	Unborn Child Option (CHIP-Funded)[1,2]	Medicaid	CHIP[4] (Total = 5)	Medicaid	CHIP[4] (Total = 5)	Unborn Child Option[4] (Total = 16)	
Median or Total	**200%**	**258%**	**214%**	**23**	**3**	**46**	**5**	**11**	**205%**
Alabama	146%				N/A	Y	N/A	N/A	146%
Alaska	205%				N/A	Y	N/A	N/A	
Arizona	161%				N/A	Y	N/A	N/A	
Arkansas[7]	214%		214%		N/A		N/A		
California	213%		322%	Y	N/A	Y	N/A	Y	205%
Colorado	200%	265%		Y	Y	Y	Y	N/A	
Connecticut	263%			Y	N/A	Y	N/A	N/A	263%
Delaware	217%			Y	N/A	Y	N/A	N/A	
District of Columbia[8]	324%			Y	N/A	Y	N/A	N/A	
Florida[9]	196%				N/A	Y	N/A	N/A	190%
Georgia	225%				N/A	Y	N/A	N/A	205%
Hawaii	196%			Y	N/A	Y	N/A	N/A	
Idaho	138%				N/A		N/A	N/A	
Illinois	213%		213%		N/A	Y	N/A	Y	
Indiana[10]	213%				N/A	Y	N/A	N/A	148%
Iowa[11]	380%				N/A	Y	N/A	N/A	305%
Kansas	171%				N/A	Y	N/A	N/A	
Kentucky[9]	200%				N/A	Y	N/A	N/A	218%
Louisiana	138%		214%		N/A	Y	N/A	Y	138%
Maine	214%			Y	N/A	Y	N/A	N/A	214%
Maryland	264%			Y	N/A	Y	N/A	N/A	205%
Massachusetts	205%		205%	Y	N/A	Y	N/A	Y	
Michigan[12]	200%		200%		N/A	Y	N/A	Y	
Minnesota	283%		283%	Y	N/A	Y	N/A	Y	205%
Mississippi	199%				N/A	Y	N/A	N/A	199%
Missouri[13]	201%	305%	305%			Y	Y	Y	206%
Montana	162%				N/A	Y	N/A	N/A	216%
Nebraska	199%		202%	Y	N/A	Y	N/A		
Nevada	165%				N/A	Y	N/A	N/A	
New Hampshire	201%				N/A	Y	N/A	N/A	201%
New Jersey[8]	199%	205%		Y	Y	Y	Y	N/A	
New Mexico	255%			Y	N/A		N/A	N/A	255%
New York[8]	223%			Y	N/A	Y	N/A	N/A	223%
North Carolina[14]	201%			Y	N/A		N/A	N/A	200%
North Dakota	152%				N/A	Y	N/A	N/A	
Ohio	205%			Y	N/A	Y	N/A	N/A	
Oklahoma[15]	138%		210%		N/A	Y	N/A		138%
Oregon	190%		190%		N/A	Y	N/A	Y	255%
Pennsylvania	220%			Y	N/A	Y	N/A	N/A	220%
Rhode Island	195%	258%	258%			Y	Y	Y	258%
South Carolina	199%				N/A	Y	N/A	N/A	199%
South Dakota[16]	138%				N/A		N/A	N/A	
Tennessee	200%		255%		N/A	Y	N/A		
Texas[17]	203%		207%		N/A	Y	N/A		
Utah	144%				N/A	Y	N/A	N/A	
Vermont[18]	213%			Y	N/A	Y	N/A	N/A	200%
Virginia	148%	205%		Y	Y	Y	Y	N/A	205%
Washington	198%		198%	Y	N/A	Y	N/A	Y	265%
West Virginia	163%			Y	N/A	Y	N/A	N/A	
Wisconsin	306%		306%	Y	N/A	Y	N/A	Y	306%
Wyoming[11]	159%			Y	N/A	Y	N/A	N/A	164%

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.
Table presents rules in effect as of January 1, 2017.

Table 4 Notes

1. January 2017 income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards, and include a disregard equal to five percentage points of the federal poverty level (FPL). As of 2016, the FPL for a family of three was $20,160.
2. The unborn child option permits states to consider the fetus a "targeted low-income child" for purposes of CHIP coverage.
3. These columns indicate whether the state adopted the option to cover immigrant pregnant women who have been lawfully residing in the U.S. for less than five years, known as the Immigrant Children's Health Improvement Act (ICHIA) option.
4. N/A responses indicate that the state does not provide CHIP-funded coverage to pregnant women or that the state does not provide coverage through the unborn child option.
5. These columns indicate whether pregnant beneficiaries in the state receive the full Medicaid or CHIP benefit package. During a presumptive eligibility period, pregnant women receive only prenatal and pregnancy-related benefits.
6. This column provides income eligibility limits for programs offered by states under a state option or waiver to provide family planning services to individuals who do not qualify for full Medicaid benefits. January 2017 income limits reflect a disregard equal to five percentage points of the FPL.
7. Arkansas provides the full Medicaid benefits to pregnant women with incomes up to levels established for the old Aid to Families with Dependent Children (AFDC) program, which is $220 per month. Above those levels, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid and the unborn child option in CHIP with incomes up to 209% FPL.
8. The District of Columbia, New Jersey, and New York provide pregnancy-related services not covered through emergency Medicaid for some income-eligible pregnant women who are not otherwise eligible due to immigration status using state-only funds.
9. Florida and Kentucky limit eligibility for their family planning expansion programs to those losing Medicaid eligibility.
10. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
11. Iowa and Wyoming limit eligibility for their family planning expansion programs to those losing Medicaid at the end of their post-part partum period.
12. In 2016, Michigan expanded coverage to pregnant women with incomes up to 400% FPL affected by the Flint water crisis. The Flint waiver does not apply to pregnant women covered under the unborn child option.
13. In January 2016, Missouri adopted the unborn child option in CHIP and expanded CHIP coverage to pregnant women with incomes up to 300% FPL.
14. North Carolina provides full Medicaid benefits to pregnant women with incomes up to roughly 43% FPL. Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
15. Oklahoma offers a premium assistance program to pregnant women with incomes up to 205% FPL who have access to employer sponsored insurance through its Insure Oklahoma program.
16. South Dakota provides full Medicaid benefits to pregnant women with incomes up to $591 per month (for a family of three). Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
17. Texas has a state-funded program that offers family planning services.
18. Vermont provides family planning services through Planned Parenthood health centers, using funding under its Section 1115 Global Commitment waiver.

Table 5
Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level, January 2017[1]

State	Parents (in a family of three)		Other Adults (for an individual)
	Section 1931 Limit	Upper Limit	
Median	**48%**	**138%**	**138%**
Alabama	18%	18%	0%
Alaska	143%	143%	138%
Arizona[2]	106%	138%	138%
Arkansas[2]	16%	138%	138%
California	109%	138%	138%
Colorado	68%	138%	138%
Connecticut	155%	155%	138%
Delaware	87%	138%	138%
District of Columbia[3,4]	221%	221%	215%
Florida	33%	33%	0%
Georgia	37%	37%	0%
Hawaii	100%	138%	138%
Idaho	26%	26%	0%
Illinois	25%	138%	138%
Indiana[2,5]	18%	139%	139%
Iowa[2]	51%	138%	138%
Kansas	38%	38%	0%
Kentucky	20%	138%	138%
Louisiana[6]	19%	138%	138%
Maine	105%	105%	0%
Maryland	123%	138%	138%
Massachusetts[3,7]	138%	138%	138%
Michigan[2]	54%	138%	138%
Minnesota[8]	138%	138%	138%
Mississippi	27%	27%	0%
Missouri	22%	22%	0%
Montana[2,9]	24%	138%	138%
Nebraska	63%	63%	0%
Nevada	29%	138%	138%
New Hampshire[2]	57%	138%	138%
New Jersey	30%	138%	138%
New Mexico	45%	138%	138%
New York[3,8]	90%	138%	138%
North Carolina	44%	44%	0%
North Dakota	51%	138%	138%
Ohio	90%	138%	138%
Oklahoma[10]	44%	44%	0%
Oregon	36%	138%	138%
Pennsylvania[3]	33%	138%	138%
Rhode Island	116%	138%	138%
South Carolina	67%	67%	0%
South Dakota	52%	52%	0%
Tennessee	100%	100%	0%
Texas[11]	18%	18%	0%
Utah[12]	45%	45%	0%
Vermont[13]	44%	138%	138%
Virginia[14]	39%	39%	0%
Washington	48%	138%	138%
West Virginia	18%	138%	138%
Wisconsin[15]	100%	100%	100%
Wyoming	56%	56%	0%

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 5 Notes

1. January 2017 income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards, and include a disregard equal to five percentage points of the Federal Poverty Level (FPL) applied to the highest income limit for the group. In some states, eligibility limits for Section 1931 parents are based on a dollar threshold. The values listed represent the truncated FPL equivalents calculated from these dollar limits. Eligibility levels for parents are presented as a percentage of the 2016 FPL for a family of three, which is $20,160. Eligibility limits for other adults are presented as a percentage of the 2016 FPL for an individual, which is $11,880.
2. Arizona, Arkansas, Indiana, Iowa, Michigan, Montana and New Hampshire implemented the Medicaid expansion under Section 1115 waiver authority. Arizona received approval for a Section 1115 waiver to make changes to its expansion coverage in September 2016. Prior to that, Arizona had implemented a traditional Medicaid expansion.
3. The District of Columbia, Massachusetts, New York, and Pennsylvania cover some income-eligible adults who are not otherwise eligible due to immigration status using state-only funds.
4. The District of Columbia covers adults up to 215% FPL as an optional Medicaid eligibility category in its state plan.
5. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
6. Louisiana implemented the Medicaid expansion for adults in July 2016.
7. Massachusetts provides subsidies for Marketplace coverage for parents and childless adults with incomes up to 300% through its Connector Care program. The state's Section 1115 waiver also authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL, uninsured individuals with breast or cervical cancer with incomes up to 250% FPL, and individuals who work for a small employer and purchase employer-sponsored insurance (ESI) with incomes up to 300% FPL, as well as coverage through MassHealth CommonHealth for adults with disabilities with no income limit.
8. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
9. Montana changed parent eligibility from a dollar- to FPL-based threshold during 2016, which decreased the base 1931 parent eligibility level. Parents above this level are eligible for coverage under the Medicaid expansion.
10. In Oklahoma, individuals without a qualifying employer with incomes up to 100% FPL are eligible for more limited subsidized insurance though the Insure Oklahoma Section 1115 waiver program. Individuals working for certain qualified employers with incomes at or below 200% FPL are eligible for premium assistance for employer-sponsored insurance.
11. In Texas, the income limit for parents and other caretaker relatives is based on monthly dollar amounts which differ depending on family size and whether there is one or two-parents in the family. The eligibility level shown is for a single parent household and a family size of three.
12. In Utah, adults with incomes up to 100% FPL are eligible for coverage of primary care services under the Primary Care Network Section 1115 waiver program. Enrollment is opened periodically when there is capacity to accept new enrollees.
13. Vermont also provides a 1.5% reduction in the federal applicable percentage of the share of premium costs for individuals who qualify for advance premium tax credits to purchase Marketplace coverage with income up to 300% FPL.
14. In Virginia, eligibility levels for 1931 parents vary by region. The value shown is the eligibility level for Region 2, the most populous region.
15. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

Table 6

Medicaid Eligibility Systems for Children, Pregnant Women, Parents, and Expansion Adults, January 2017

State	Able to Make Real-Time Determinations	Share of Determinations Completed in Real-Time[1]				System determines eligibility for:[2]				
		<25%	25%-50%	50%-75%	75%+	CHIP (Total = 36)[3]	Seniors and Individuals with	SNAP	TANF	Child Care
Total	**39**	**14**	**6**	**6**	**9**	**34**	**29**	**21**	**21**	**10**
Alabama	Y				Y	Y				
Alaska						N/A (M-CHIP)				
Arizona	Y		Y			Y	Y			
Arkansas	Y	Y				Y				
California[4]	Y		Y			N/A (M-CHIP)				
Colorado	Y			Y		Y	Y	Y	Y	
Connecticut	Y				Y	Y				
Delaware	Y	Y				Y	Y	Y	Y	Y
District of Columbia	Y	Y				N/A (M-CHIP)				
Florida	Y		Y			Y	Y			
Georgia							Y	Y	Y	
Hawaii	Y		Not Reported			N/A (M-CHIP)	Y			
Idaho[5]	Y			Y		Y	Y	Y	Y	Y
Illinois						Y	Y	Y	Y	
Indiana						Y	Y	Y	Y	
Iowa	Y		Not Reported			Y				
Kansas	Y	Y				Y	Y			
Kentucky[6,7]	Y			Y		Y	Y	Y	Y	
Louisiana	Y	Y				Y	Y			
Maine						Y	Y	Y	Y	Y
Maryland	Y			Y		N/A (M-CHIP)				
Massachusetts[8]	Y		Y			Y				
Michigan	Y		Y			N/A (M-CHIP)				
Minnesota	Y		Y			N/A (M-CHIP)				
Mississippi[6]	Y	Y				Y	Y			
Missouri	Y				Y	Y				
Montana	Y				Y	Y	Y	Y	Y	
Nebraska	Y	Y				N/A (M-CHIP)	Y	Y	Y	Y
Nevada	Y	Y				Y	Y	Y	Y	
New Hampshire	Y	Y				N/A (M-CHIP)	Y	Y	Y	Y
New Jersey						Y				
New Mexico[5]	Y				Y	N/A (M-CHIP)	Y	Y	Y	
New York	Y				Y	Y				
North Carolina	Y		Not Reported			Y	Y	Y	Y	Y
North Dakota						Y				
Ohio[6]	Y	Y				N/A (M-CHIP)	Y			
Oklahoma	Y				Y	N/A (M-CHIP)				
Oregon	Y			Y		Y				
Pennsylvania	Y	Y				Y	Y	Y	Y	
Rhode Island[6,7]	Y				Y	N/A (M-CHIP)	Y	Y	Y	Y
South Carolina	Y	Y				N/A (M-CHIP)				
South Dakota						Y				
Tennessee										
Texas						Y	Y	Y	Y	
Utah						Y	Y	Y	Y	Y
Vermont	Y			Y		N/A (M-CHIP)				
Virginia	Y	Y				Y	Y	Y	Y	Y
Washington	Y				Y	Y				
West Virginia						Y	Y	Y	Y	
Wisconsin	Y		Not Reported			Y	Y	Y	Y	Y
Wyoming	Y	Y				Y	Y			

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 6 Notes

1. Under the Affordable Care Act (ACA), states must seek to verify eligibility criteria based on electronic data matches with reliable sources of data. These columns reflect whether the state system is able to make real-time eligibility determinations, defined as within 24 hours, and the share of applications for non-disabled groups (children, pregnant women, parents, and expansion adults) that are determined eligible in real-time.
2. These columns indicate whether the state Medicaid eligibility system for non-disabled groups also determines eligibility for CHIP, seniors and individuals with disabilities, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Child Care Subsidy.
3. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
4. California's statewide-integrated Marketplace and Medicaid system, CALHEERs, is not integrated with other programs. However, cases for all Medicaid enrollees are transferred to and managed at the county level where systems are integrated for all Medicaid groups, including seniors and people with disabilities, and non-health programs.
5. Idaho and New Mexico added functionality to complete real-time eligibility determinations in 2016.
6. Kentucky, Mississippi, Ohio, and Rhode Island integrated eligibility decisions for seniors and individuals with disabilities into the Medicaid eligibility system for non-disabled groups in 2016.
7. Kentucky and Rhode Island integrated non-health programs into their Medicaid eligibility systems in 2016, and Idaho, North Carolina, and Virginia added additional non-health programs into their Medicaid eligibility systems in 2016.
8. In Massachusetts, 25-50% of applications are received online and about 75% of online applications receive real-time determinations.

Table 7
Coordination between Medicaid and Marketplace Systems, January 2017

State	Marketplace Structure[1]	FFM Conducts Assessment or Final Determination for Medicaid Eligibility[2] (Total Using FFM = 39)	State Regularly Experiences Problems or Delays Receiving or Sending Accounts from or to the FFM[3] (Total Using FFM = 39)
Total	**FFM: 28 Partnership: 6 SBM-FP: 5 SBM: 12**	**Assessment: 30 Determination: 9**	**6**
Alabama	FFM	Determination	
Alaska	FFM	Determination	
Arizona	FFM	Assessment	
Arkansas	SBM-FP	Determination	Y
California	SBM	N/A (SBM)	N/A (SBM)
Colorado	SBM	N/A (SBM)	N/A (SBM)
Connecticut	SBM	N/A (SBM)	N/A (SBM)
Delaware	Partnership	Assessment	
District of Columbia	SBM	N/A (SBM)	N/A (SBM)
Florida	FFM	Assessment	
Georgia	FFM	Assessment	
Hawaii	FFM	Assessment	
Idaho	SBM	N/A (SBM)	N/A (SBM)
Illinois	Partnership	Assessment	
Indiana	FFM	Assessment	
Iowa	Partnership	Assessment	Y
Kansas	FFM	Assessment	
Kentucky[4]	SBM-FP	Assessment	Not reported
Louisiana[5]	FFM	Determination	
Maine	FFM	Assessment	
Maryland	SBM	N/A (SBM)	N/A (SBM)
Massachusetts	SBM	N/A (SBM)	N/A (SBM)
Michigan	Partnership	Assessment	
Minnesota	SBM	N/A (SBM)	N/A (SBM)
Mississippi	FFM	Assessment	
Missouri	FFM	Assessment	Y
Montana	FFM	Determination	
Nebraska	FFM	Assessment	
Nevada	SBM-FP	Assessment	
New Hampshire	Partnership	Assessment	
New Jersey[6]	FFM	Determination	Y
New Mexico	SBM-FP	Assessment	
New York	SBM	N/A (SBM)	N/A (SBM)
North Carolina	FFM	Assessment	
North Dakota	FFM	Assessment	
Ohio	FFM	Assessment	Y
Oklahoma	FFM	Assessment	
Oregon	SBM-FP	Assessment	
Pennsylvania	FFM	Assessment	
Rhode Island	SBM	N/A (SBM)	N/A (SBM)
South Carolina	FFM	Assessment	Y
South Dakota	FFM	Assessment	
Tennessee	FFM	Determination	
Texas	FFM	Assessment	
Utah	FFM	Assessment	
Vermont	SBM	N/A (SBM)	N/A (SBM)
Virginia	FFM	Assessment	
Washington	SBM	N/A (SBM)	N/A (SBM)
West Virginia	Partnership	Determination	
Wisconsin	FFM	Assessment	
Wyoming[7]	FFM	Determination	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.
Table presents rules in effect as of January 1, 2017.

Table 7 Notes.

1. This column indicates whether a state has elected to use the Federally-facilitated Marketplace (FFM), establish a Marketplace in partnership with the federal government (Partnership), establish a State-based Marketplace that uses the federal platform (SBM-FP) or establish and operate its own State-based Marketplace (SBM), based on data compiled by the Kaiser Family Foundation. (See State Health Facts Online, State Health Insurance Marketplace Types, 2017, http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/.) In an FFM state, the US Department of Health and Human Services (HHS) conducts all Marketplace functions. States with a Partnership Marketplace may administer plan management functions, in-person consumer assistance functions, or both, and HHS is responsible for the remaining Marketplace functions. States running a SBM are responsible for performing all Marketplace functions, except for SBM-FP states that rely on the FFM for application processing and certain eligibility and enrollment activities.
2. This column indicates whether states using the FFM IT platform for eligibility activities (including FFM, Partnership, and SBM-FP states) have elected to have the FFM make assessments or final determinations of Medicaid/CHIP eligibility for non-disabled groups. In assessment states, applicants' accounts must be transferred to the state Medicaid/CHIP agency for a final determination. In determination states, the FFM makes a final Medicaid/CHIP eligibility determination and transfers the account to the state Medicaid/CHIP agency for enrollment. States marked as "N/A (SBM)" do not rely on the FFM for eligibility functions.
3. This column indicates whether states are experiencing routine or ongoing delays or problems receiving or sending electronic accounts transfers from or to the FFM.
4. Kentucky became a SBM-FP state as of November 1, 2016. The state was unable to report whether it is experiencing problems or delays with transfers given the effective date of the transition.
5. Louisiana transitioned to rely on the FFM to make final determinations rather than assessments for Medicaid eligibility in July 2016.
6. New Jersey is not transferring accounts to the FFM because the accounts cannot be received. If families are above the income limit for Medicaid, the state directs them to apply directly through HealthCare.gov.
7. In Wyoming, the FFM conducts assessments rather than final determinations of CHIP eligibility.

Table 8

Online and Telephone Medicaid Applications for Children, Pregnant Women, Parents, and Expansion Adults, January 2017

State	Applications Can be Submitted Online at the State Level[1]	Percent of Applications Submitted Online[2]				Applications Can be Submitted by Telephone at the State Level[3]
		< 25%	25% - 50%	50% - 75%	75% +	
Total	**50**	**11**	**16**	**11**	**7**	**49**
Alabama[4]	Y		Y			Y
Alaska	Y		Y			Y
Arizona	Y		Y			Y
Arkansas	Y		Y			Y
California	Y		Not Reported			Y
Colorado	Y			Y		Y
Connecticut	Y		Y			Y
Delaware	Y	Y				Y
District of Columbia	Y	Y				Y
Florida	Y				Y	Y
Georgia	Y			Y		Y
Hawaii	Y		Not Reported			Y
Idaho[5]	Y		Y			Y
Illinois	Y			Y		Y
Indiana	Y				Y	Y
Iowa	Y			Y		Y
Kansas	Y		Y			Y
Kentucky	Y	Y				Y
Louisiana	Y		Y			Y
Maine	Y	Y				Y
Maryland	Y		Not Reported			Y
Massachusetts	Y		Y			Y
Michigan	Y				Y	Y
Minnesota	Y			Y		
Mississippi[6]	Y	Y				Y
Missouri	Y			Y		Y
Montana	Y		Y			Y
Nebraska	Y		Y			Y
Nevada	Y			Y		Y
New Hampshire	Y			Y		Y
New Jersey	Y				Y	Y
New Mexico	Y			Y		Y
New York	Y				Y	Y
North Carolina	Y		Y			Y
North Dakota	Y	Y				Y
Ohio	Y		Not Reported			Y
Oklahoma	Y				Y	Y
Oregon	Y	Y				Y
Pennsylvania	Y		Y			Y
Rhode Island	Y		Not Reported			Y
South Carolina	Y	Y				Y
South Dakota	Y	Y				Y
Tennessee						
Texas	Y		Y			Y
Utah	Y			Y		Y
Vermont	Y		Y			Y
Virginia	Y	Y				Y
Washington	Y				Y	Y
West Virginia	Y		Y			Y
Wisconsin	Y			Y		Y
Wyoming	Y	Y				Y

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 8 Notes

1. This column indicates whether individuals can complete and submit an online application for Medicaid through a state-level portal. For State-based Marketplace (SBM) states, such a portal may be either exclusive to Medicaid or integrated with the Marketplace. For Federally-facilitated Marketplace (FFM), Partnership Marketplace states and states with SBMs using the federal platform (SBM-FP), state Medicaid agency portals are indicated.
2. This column indicates the share of total applications for non-disabled groups (children, pregnant women, parents, and expansion adults) that are submitted through the online portal.
3. This column indicates whether individuals can complete Medicaid applications over the telephone at the state level, either through the Medicaid agency or the SBM.
4. In Alabama, families can call an eligibility worker to complete a Medicaid application; the application is then mailed to the applicant for signature.
5. Idaho reported the percentage of all health coverage applications that are submitted online.
6. Mississippi's online application is a downloadable PDF that can be submitted via email. Required documentation can be added as additional attachments to the email.

Table 9
Functions of Online Medicaid Applications for Children, Pregnant Women, Parents, and Expansion Adults, January 2017

State	Individuals Can Start, Stop, and Return to Application	Individuals Can Scan and Upload Documents	Online Portal for Application Assisters[1]	Can be Used for:	
				Medicaid for Seniors and Individuals with Disabilities	At Least One Non-Health Program[2]
Total	**50**	**33**	**26**	**30**	**25**
Alabama	Y				
Alaska	Y			Y	
Arizona	Y	Y	Y	Y	Y
Arkansas	Y				
California	Y	Y	Y		Y
Colorado	Y	Y		Y	Y
Connecticut	Y	Y			
Delaware	Y		Y	Y	Y
District of Columbia	Y	Y	Y		
Florida	Y	Y	Y	Y	Y
Georgia	Y	Y		Y	Y
Hawaii	Y	Y	Y		
Idaho	Y	Y	Y	Y	
Illinois	Y	Y	Y	Y	Y
Indiana	Y			Y	
Iowa	Y				
Kansas	Y	Y			
Kentucky[3]	Y	Y	Y	Y	Y
Louisiana	Y		Y	Y	
Maine	Y			Y	Y
Maryland	Y	Y			Y
Massachusetts[4]	Y		Y		
Michigan	Y	Y		Y	Y
Minnesota	Y		Y		
Mississippi	Y	Y			
Missouri	Y				
Montana	Y	Y		Y	Y
Nebraska[5]	Y	Y		Y	
Nevada	Y	Y		Y	Y
New Hampshire	Y	Y		Y	Y
New Jersey[4]	Y		Y		
New Mexico	Y	Y	Y	Y	Y
New York	Y	Y	Y		
North Carolina	Y			Y	Y
North Dakota	Y	Y	Y	Y	Y
Ohio[6]	Y	Y	Y	Y	
Oklahoma	Y	Y	Y		
Oregon	Y	Y	Y		
Pennsylvania	Y	Y	Y	Y	Y
Rhode Island	Y	Y	Y	Y	Y
South Carolina	Y				
South Dakota	Y	Y		Y	Y
Tennessee[7]	N/A	N/A	N/A	N/A	N/A
Texas	Y	Y	Y	Y	Y
Utah	Y			Y	Y
Vermont	Y		Y		
Virginia	Y	Y		Y	Y
Washington	Y	Y	Y		
West Virginia	Y		Y	Y	Y
Wisconsin	Y	Y	Y	Y	Y
Wyoming	Y	Y		Y	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.
Table presents rules in effect as of January 1, 2017.

Table 9 Notes

1. This column indicates whether the Medicaid eligibility system provides either a separate online portal for application assisters or a secure log-in for assisters to submit facilitated applications. Some states are able to identify and collect information about assister-facilitated applications although they do not have a separate portal or secure log-in for assisters to submit facilitated applications.
2. In these states, a combined online multi-benefit application is available that allows applicants to apply for Medicaid and one or more non-health programs, such as Supplemental Nutrition Assistance Program (SNAP; food stamps) or cash assistance.
3. Kentucky launched its multi-benefit application with its new integrated Medicaid and non-health programs system in February 2016.
4. Massachusetts and New Jersey launched a separate online portal for application assisters in December 2016 and April 2016, respectively.
5. In Nebraska, applicants can return to and complete an application for 30 days only.
6. Ohio implemented a combined online application for all Medicaid groups in August 2016.
7. Tennessee does not have an online application, so responses are indicated as N/A.

Table 10
Features of Online Medicaid Accounts, January 2017

State	Online Medicaid Account[1]	Online Account Allows Individuals to:							
		Report Changes	Review Application Status	Renew Coverage	View Notices	Authorize Third-Party Access	Upload Verification Documentation	Go Paperless and Receive Notices Electronically	Pay Premiums[2]
Total	**41**	**38**	**37**	**37**	**33**	**30**	**29**	**26**	**6**
Alabama	Y	Y	Y	Y		Y			
Alaska									
Arizona	Y	Y	Y	Y	Y	Y	Y	Y	Y
Arkansas									
California[3]	Y	Y	Y	Y	Y	Y	Y	Y	
Colorado	Y	Y	Y	Y	Y	Y	Y	Y	Y
Connecticut	Y	Y	Y	Y	Y	Y	Y	Y	
Delaware[4]	Y	Y	Y	Y	Y	Y		Y	
District of Columbia[5]	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Florida[6]	Y	Y	Y	Y	Y		Y	Y	N/A
Georgia	Y	Y	Y	Y	Y	Y	Y		Y
Hawaii	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Idaho	Y	Y	Y	Y	Y	Y	Y		
Illinois									
Indiana	Y	Y	Y			Y			
Iowa									
Kansas									
Kentucky	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Louisiana	Y	Y		Y					
Maine	Y	Y	Y	Y	Y			Y	
Maryland	Y	Y	Y	Y	Y	Y	Y	Y	
Massachusetts	Y	Y	Y	Y	Y				
Michigan	Y	Y	Y	Y	Y	Y	Y		
Minnesota[7]	Y				Y				N/A
Mississippi									N/A
Missouri									
Montana	Y	Y	Y	Y	Y	Y	Y	Y	
Nebraska	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Nevada	Y		Y						
New Hampshire	Y	Y	Y	Y	Y	Y	Y	Y	N/A
New Jersey									
New Mexico	Y	Y	Y	Y	Y		Y		N/A
New York	Y	Y	Y	Y	Y	Y	Y	Y	
North Carolina									
North Dakota	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Ohio	Y	Y	Y	Y	Y	Y	Y		N/A
Oklahoma	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Oregon	Y	Y	Y	Y	Y	Y	Y	Y	N/A
Pennsylvania	Y	Y	Y	Y	Y		Y	Y	
Rhode Island	Y	Y	Y	Y	Y	Y	Y	Y	N/A
South Carolina	Y		Y						N/A
South Dakota	Y	Y		Y			Y		N/A
Tennessee									
Texas[8]	Y	Y	Y	Y		Y	Y	Y	Y
Utah	Y	Y	Y	Y	Y	Y		Y	Y
Vermont[5]	Y	Y	Y	Y	Y	Y			Y
Virginia	Y	Y	Y	Y		Y	Y		N/A
Washington	Y	Y	Y	Y	Y	Y	Y	Y	
West Virginia[9]	Y	Y	Y	Y	Y			Y	
Wisconsin	Y	Y	Y	Y	Y	Y	Y	Y	
Wyoming	Y	Y		Y	Y	Y	Y	Y	N/A

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 10 Notes

1. This column indicates whether individuals can create an online account for ongoing management of their Medicaid coverage at the state level, either through the Medicaid case management system or the integrated State-based Marketplace (SBM) system.
2. N/A responses indicate that the state does not charge premiums in Medicaid.
3. In California, Medicaid applicants can access certain eligibility notices if they applied through CALHEERS, the state's integrated Medicaid and Marketplace system. However, cases for all Medicaid enrollees are transferred to and managed at the county level. The ability to view notices and go paperless varies by county.
4. Delaware implemented functionality for individuals to receive electronic notices in 2016.
5. The District of Columbia and Vermont implemented functionality for individuals to renew coverage through their online accounts in 2016.
6. Florida does not require premiums in Medicaid, reflected as N/A in reporting whether premiums can be paid through the online account. CHIP premiums can be paid online through a separate system.
7. In Minnesota, not all notices can be viewed online. All notices are always mailed.
8. In Texas, only certain notices can be viewed from a client's online account if the client does not elect to receive electronic notices.
9. West Virginia implemented functionality for individuals to report changes in circumstances through their online accounts in 2016.

Table 11
Mobile Access to Online Medicaid Applications and Accounts, January 2017

State	Online Application[1] (Total = 50)			Online Account[1] (Total = 41)		
	Can Complete and Submit using Mobile Device	Mobile-Friendly Design	Mobile App Available	Can Access using Mobile Device	Mobile-Friendly Design	Mobile App Available
Total	**28**	**7**	**3**	**27**	**12**	**4**
Alabama						
Alaska	Y			N/A		
Arizona						
Arkansas				N/A		
California						
Colorado				Y	Y	Y
Connecticut	Y			Y		
Delaware	Y			Y		
District of Columbia						
Florida						
Georgia	Y			Y		
Hawaii	Y			Y		
Idaho	Y			Y		
Illinois	Y			N/A		
Indiana						
Iowa	Y		Y	N/A		
Kansas	Y			N/A		
Kentucky	Y			Y		
Louisiana	Y			Y		
Maine	Y			Y		
Maryland	Y	Y	Y	Y	Y	Y
Massachusetts						
Michigan	Y	Y		Y	Y	
Minnesota				Y		
Mississippi				N/A		
Missouri				N/A		
Montana				Y	Y	
Nebraska						
Nevada	Y			Y		
New Hampshire	Y			Y	Y	
New Jersey	Y		Y	N/A		
New Mexico	Y	Y		Y	Y	
New York	Y			Y		
North Carolina				N/A		
North Dakota	Y	Y		Y	Y	
Ohio	Y			Y		
Oklahoma	Y	Y		Y	Y	
Oregon	Y			Y		
Pennsylvania				Y	Y	Y
Rhode Island						
South Carolina						
South Dakota						
Tennessee	N/A			N/A		
Texas	Y	Y		Y	Y	Y
Utah	Y			Y	Y	
Vermont						
Virginia						
Washington	Y			Y		
West Virginia	Y			Y		
Wisconsin						
Wyoming	Y	Y		Y	Y	

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 11 notes

1. N/A responses indicate that the state does not have an online application and/or an online account.

Table 12
Medicaid Renewal Processes for Children, Pregnant Women, Parents, and Expansion Adults, January 2017

State	Processing Automated Renewals[1]	Percentage of Renewals that are Automated[1]				Prepopulated Renewal Form[2]	Form Populated with Updated Data[2]	Telephone Renewals[3]
		<25%	25%-50%	50%-75%	75%+			
Total	**42**	**9**	**10**	**9**	**10**	**43**	**13**	**41**
Alabama	Y		Y			Y		Y
Alaska						Y		
Arizona	Y			Y		Y	Y	Y
Arkansas[4]	Y				Y			Y
California	Y			Y		Y	Y	Y
Colorado	Y				Y	Y	Y	Y
Connecticut	Y			Y		Y		Y
Delaware	Y	Y				Y	Y	Y
District of Columbia[5]	Y				Y	Y		Y
Florida[6]	Y		Y					Y
Georgia	Y	Y				Y		
Hawaii	Y		Not Reported			Y	Y	Y
Idaho	Y				Y	Y	Y	Y
Illinois								
Indiana	Y			Y		Y	Y	Y
Iowa						Y	Y	Y
Kansas[7]	Y		Y			Y		
Kentucky[8]	Y			Y		Y		Y
Louisiana[9]	Y				Y			Y
Maine						Y		Y
Maryland	Y			Y		Y		Y
Massachusetts[8,10]	Y		Y			Y		Y
Michigan[8,10]	Y				Y	Y		
Minnesota	Y		Y			Y	Y	
Mississippi	Y		Y			Y		Y
Missouri	Y		Not Reported			Y	Y	Y
Montana[10]	Y			Y		Y		Y
Nebraska	Y	Y				Y		Y
Nevada						Y		Y
New Hampshire	Y	Y				Y	Y	Y
New Jersey	Y	Y				Y		Y
New Mexico[10]	Y			Y		Y		Y
New York	Y		Y			Y		Y
North Carolina	Y				Y			Y
North Dakota	Y		Not Reported			Y		Y
Ohio	Y				Y	Y		Y
Oklahoma	Y		Y					Y
Oregon[11]						Y		Y
Pennsylvania	Y	Y				Y		Y
Rhode Island	Y				Y	Y	Y	Y
South Carolina	Y		Y			Y		
South Dakota	Y		Y			Y		Y
Tennessee								
Texas[4]	Y		Not Reported			Y	Y	Y
Utah[7]	Y			Y		Y		
Vermont[10,12]	Y	Y						Y
Virginia	Y	Y				Y		Y
Washington	Y				Y	Y		Y
West Virginia[7]	Y	Y				Y		
Wisconsin						Y		Y
Wyoming						Y		Y

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 12 Notes

1. Under the Affordable Care Act (ACA), states must seek to re-determine eligibility at renewal using electronic data matches with reliable sources of data prior to requiring enrollees to complete a renewal form. This process is technically called ex parte but is often referred to as automated renewals. These columns indicate whether the state system is able to process automated renewals and the share of renewals for non-disabled groups that are successfully completed via automated processes.
2. Under the ACA, when a state is unable to process an automated renewal, it is expected to send the enrollee a renewal notice or form pre-populated with data on file. These columns indicate if a state is able to produce pre-populated renewal forms and whether the pre-populated information is updated with information accessed from electronic sources of data.
3. This column indicates whether enrollees are able to complete a Medicaid renewal over the phone at the state level, either through the Medicaid agency or a State-based Marketplace call center.
4. Arkansas and Texas began accepting renewals by telephone in August 2016 and September 2016, respectively.
5. The District of Columbia stopped including updated sources of data from electronic matches on pre-populated renewal forms in 2016.
6. Florida's renewal form is prepopulated when the enrollee completes an online renewal, but the state does not mail prepopulated forms.
7. In Kansas, Utah, and West Virginia, families may report changes by telephone but still need to sign and return the pre-populated renewal form.
8. Kentucky, Massachusetts, and Michigan began producing prepopulated renewal forms in 2016.
9. Louisiana is delaying certain renewals in 2016 as it dedicates resources to serving the needs of flood victims.
10. Massachusetts, Michigan, Montana, New Mexico, and Vermont began completing automated renewals in 2016.
11. Oregon stopped conducting automated renewals during 2016 due to system issues.
12. Vermont prepopulates renewal forms with contact information only.

Table 13
Presumptive Eligibility in Medicaid and CHIP, January 2017

State	Hospital-based[1]	Using Qualified Entities[2]							
		Children		Pregnant Women		Parents	Adults[3] (Total = 33)	Family Planning Expansion[3] (Total = 29)	Former Foster Youth
		Medicaid	CHIP[3] (Total =36)	Medicaid	CHIP[3] (Total = 5)				
Total	**46**	**20**	**11**	**30**	**3**	**9**	**6**	**6**	**10**
Alabama	Y				N/A		N/A		
Alaska	Y		N/A (M-CHIP)		N/A			N/A	
Arizona	Y				N/A			N/A	
Arkansas					N/A			N/A	
California[4]	Y	Y	N/A (M-CHIP)	Y	N/A				Y
Colorado	Y	Y	Y	Y	Y			N/A	
Connecticut	Y	Y	Y	Y	N/A			Y	Y
Delaware[4]	Y				N/A			N/A	
District of Columbia[4]	Y		N/A (M-CHIP)	Y	N/A			N/A	
Florida	Y			Y	N/A		N/A		
Georgia	Y			Y	N/A		N/A		
Hawaii			N/A (M-CHIP)		N/A			N/A	
Idaho	Y	Y	Y	Y	N/A	Y	N/A	N/A	Y
Illinois		Y	Y	Y	N/A			N/A	
Indiana	Y	Y	Y	Y	N/A	Y	Y	Y	Y
Iowa	Y	Y	Y	Y	N/A	Y			Y
Kansas[5]	Y	Y	Y	Y	N/A		N/A	N/A	
Kentucky	Y			Y	N/A				
Louisiana	Y				N/A				
Maine[4]	Y			Y	N/A		N/A		
Maryland	Y		N/A (M-CHIP)		N/A				
Massachusetts	Y				N/A			N/A	
Michigan	Y	Y	N/A (M-CHIP)	Y	N/A			N/A	Y
Minnesota	Y		N/A (M-CHIP)		N/A			Y	
Mississippi	Y				N/A		N/A		
Missouri[6]	Y	Y	Y	Y	Y		N/A		
Montana	Y	Y	Y	Y	N/A	Y	Y		Y
Nebraska	Y		N/A (M-CHIP)	Y	N/A		N/A	N/A	
Nevada	Y				N/A			N/A	
New Hampshire	Y	Y	N/A (M-CHIP)	Y	N/A	Y	Y	Y	
New Jersey[4]	Y	Y	Y	Y	Y	Y	Y	N/A	
New Mexico[7]	Y	Y	N/A (M-CHIP)	Y	N/A				
New York		Y	Y	Y	N/A			Y	
North Carolina[4]	Y			Y	N/A		N/A		
North Dakota	Y				N/A			N/A	
Ohio	Y	Y	N/A (M-CHIP)	Y	N/A	Y	Y	N/A	Y
Oklahoma[4]	Y		N/A (M-CHIP)		N/A		N/A		
Oregon	Y				N/A				
Pennsylvania	Y			Y	N/A				
Rhode Island	Y		N/A (M-CHIP)						
South Carolina	Y		N/A (M-CHIP)		N/A		N/A		
South Dakota[4]	Y				N/A		N/A	N/A	
Tennessee[8]	Y	Y		Y	N/A		N/A	N/A	
Texas	Y			Y	N/A		N/A	N/A	
Utah	Y			Y	N/A		N/A	N/A	
Vermont			N/A (M-CHIP)		N/A				
Virginia	Y						N/A		
Washington	Y				N/A				
West Virginia	Y	Y		Y	N/A	Y	Y	N/A	Y
Wisconsin	Y	Y		Y	N/A			Y	
Wyoming[9]	Y	Y		Y	N/A	Y	N/A		Y

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 13 Notes

1. This column indicates whether a state has implemented the hospital-based presumptive eligibility process required by the Affordable Care Act (ACA). This process allows hospitals to conduct presumptive eligibility determinations to expedite access to Medicaid coverage, regardless of whether a state has otherwise adopted presumptive eligibility.
2. These columns indicate whether a state has elected to implement the broader presumptive eligibility option, under which a state can authorize qualified entities such as hospitals, community health centers, and schools to make presumptive eligibility determinations for Medicaid and/or CHIP and extend coverage to individuals temporarily until a full eligibility determination is made.
3. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children. N/A responses indicate that the state does not provide CHIP for pregnant women, does not cover other adults under Medicaid expansion and/or does not have a family planning expansion program.
4. In California, Delaware, the District of Columbia, Maine, New Jersey, North Carolina, Oklahoma, and South Dakota, the state has implemented hospital presumptive eligibility but no hospitals are actively submitting applications.
5. Kansas limits presumptive eligibility for children to six sites.
6. Missouri implemented presumptive eligibility for children and pregnant women in CHIP in August 2016.
7. New Mexico has presumptive eligibility for parents and other adults in Medicaid, but it is limited to those in correctional facilities (state prisons/county jails) and health facilities operated by the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian Organization.
8. Tennessee implemented hospital-based presumptive eligibility in July 2016.
9. Wyoming implemented presumptive eligibility for children and parents in 2016.

Table 14
Express Lane Eligibility and 12-Month Continuous Eligibility for Children, January 2017

State	Express Lane Eligibility[1]				12-Month Continuous Eligibility[2]	
	Enrollment		Renewal			
	Medicaid	CHIP[3] (Total =36)	Medicaid	CHIP[3] (Total =36)	Medicaid	CHIP[3] (Total =36)
Total	**7**	**3**	**6**	**2**	**24**	**26**
Alabama	Y		Y		Y	Y
Alaska		N/A (M-CHIP)		N/A (M-CHIP)	Y	N/A (M-CHIP)
Arizona						
Arkansas						Y
California		N/A (M-CHIP)		N/A (M-CHIP)	Y	N/A (M-CHIP)
Colorado	Y	Y			Y	Y
Connecticut						
Delaware						Y
District of Columbia		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Florida[4]						Y
Georgia[5]						
Hawaii		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Idaho					Y	Y
Illinois					Y	Y
Indiana[6]						
Iowa	Y	Y			Y	Y
Kansas					Y	Y
Kentucky						
Louisiana	Y		Y		Y	Y
Maine					Y	Y
Maryland[7]		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Massachusetts[8]			Y	Y		
Michigan		N/A (M-CHIP)		N/A (M-CHIP)	Y	N/A (M-CHIP)
Minnesota		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Mississippi					Y	Y
Missouri						
Montana[8]					Y	Y
Nebraska		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Nevada						Y
New Hampshire		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
New Jersey					Y	Y
New Mexico		N/A (M-CHIP)		N/A (M-CHIP)	Y	N/A (M-CHIP)
New York[8]	Y		Y		Y	Y
North Carolina					Y	Y
North Dakota					Y	Y
Ohio		N/A (M-CHIP)		N/A (M-CHIP)	Y	N/A (M-CHIP)
Oklahoma		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Oregon					Y	Y
Pennsylvania		Y		Y		Y
Rhode Island		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
South Carolina	Y	N/A (M-CHIP)	Y	N/A (M-CHIP)	Y	N/A (M-CHIP)
South Dakota	Y		Y			
Tennessee						Y
Texas[9]						Y
Utah						Y
Vermont		N/A (M-CHIP)		N/A (M-CHIP)		N/A (M-CHIP)
Virginia						
Washington					Y	Y
West Virginia					Y	Y
Wisconsin						
Wyoming					Y	Y

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 14 Notes

1. The Express Lane Eligibility (ELE) option allows states to use data and eligibility findings from other public benefit programs to determine children eligible for Medicaid and CHIP at application or renewal.
2. Under state option, states may provide 12-month continuous eligibility for children, allowing them to remain enrolled by disregarding changes in income or family size until renewal.
3. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
4. In Florida, children younger than age five receive 12-month continuous eligibility and children ages five and older receive six months of continuous eligibility.
5. Georgia ended express lane eligibility at enrollment for children in Medicaid and CHIP in April 2016.
6. In Indiana, 12-month continuous eligibility is provided only to children under age 3.
7. In Maryland, newborns are provided 12-month continuous eligibility.
8. Several states apply 12-month continuous eligibility or ELE to other groups through a Section 1115 waiver. Massachusetts uses ELE at renewal for pregnant women, parents, and other adults and New York uses ELE at enrollment and renewal to parents. Montana and New York provide 12-month continuous eligibility to parents and expansion adults.
9. In Texas, a child in CHIP with income below 185% receives 12 months of continuous eligibility; at or above 185% of the federal poverty level (FPL), a child in CHIP receives 12 months of continuous eligibility unless there is an indication of a change at a six-month income check that would make the child ineligible for CHIP.

Table 15
Premium, Enrollment Fee, and Cost Sharing Requirements for Children, January 2017

State	Premiums/Enrollment Fees			Cost Sharing		
	Required in Medicaid	Required in CHIP (Total = 36)[1]	Lowest Income at Which Premiums Begin (Percent of the FPL)[2]	Required in Medicaid	Required in CHIP (Total = 36)[1]	Lowest Income at Which Cost Sharing Begins (Percent of the FPL)[2]
Total	**4**	**26**		**3**	**24**	
Alabama		Y	141%		Y	141%
Alaska		N/A (M-CHIP)			N/A (M-CHIP)	
Arizona		Y	133%			
Arkansas					Y	142%
California	Y	N/A (M-CHIP)	160%		N/A (M-CHIP)	
Colorado		Y	157%		Y	142%
Connecticut		Y	249%		Y	196%
Delaware		Y	142%			
District of Columbia		N/A (M-CHIP)			N/A (M-CHIP)	
Florida		Y	133%		Y	133%
Georgia		Y	133%		Y	138%
Hawaii		N/A (M-CHIP)			N/A (M-CHIP)	
Idaho		Y	142%		Y	142%
Illinois		Y	157%		Y	142%
Indiana		Y	158%		Y	158%
Iowa		Y	182%		Y	182%
Kansas		Y	166%			
Kentucky					Y	143%
Louisiana		Y	213%			
Maine		Y	157%			
Maryland	Y	N/A (M-CHIP)	211%		N/A (M-CHIP)	
Massachusetts		Y	150%			
Michigan	Y	N/A (M-CHIP)	160%		N/A (M-CHIP)	
Minnesota		N/A (M-CHIP)			N/A (M-CHIP)	
Mississippi					Y	150%
Missouri		Y	150%			
Montana					Y	143%
Nebraska		N/A (M-CHIP)			N/A (M-CHIP)	
Nevada		Y	133%			
New Hampshire		N/A (M-CHIP)			N/A (M-CHIP)	
New Jersey		Y	200%		Y	150%
New Mexico		N/A (M-CHIP)		Y	N/A (M-CHIP)	190%
New York		Y	160%			
North Carolina		Y	159%		Y	133%
North Dakota					Y	133%
Ohio		N/A (M-CHIP)			N/A (M-CHIP)	
Oklahoma		N/A (M-CHIP)			N/A (M-CHIP)	
Oregon						
Pennsylvania		Y	208%		Y	208%
Rhode Island		N/A (M-CHIP)			N/A (M-CHIP)	
South Carolina		N/A (M-CHIP)			N/A (M-CHIP)	
South Dakota						
Tennessee[3]				Y	Y	100%
Texas		Y	150%		Y	133%
Utah[4]		Y	133%		Y	133%
Vermont	Y	N/A (M-CHIP)	195%		N/A (M-CHIP)	
Virginia					Y	143%
Washington		Y	210%			
West Virginia		Y	211%		Y	133%
Wisconsin		Y	200%	Y	Y	133%
Wyoming					Y	133%

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 15 notes

1. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
2. In a number of states, the income at which premiums or cost sharing begins may vary by the child's age since Medicaid and CHIP eligibility levels vary by age and some states exempt younger children from cost sharing. The reported income eligibility limits at which premiums and cost sharing begin do not reflect the five percentage points of the federal poverty level (FPL) disregard that applies to eligibility determinations, although this disregard may apply when the income level at which premiums or cost sharing applies aligns with the eligibility cutoff between Medicaid and separate CHIP programs.
3. Tennessee has waiver authority to charge cost sharing for children between 100% and 133% FPL.
4. Utah has a $300 deductible in CHIP.

Table 16

Premiums and Enrollment Fees for Children at Selected Income Levels, January 2017[1,2]

State	151% FPL (or 150% if upper limit)	201% (or 200% if upper limit)	251% FPL (or 250% if upper limit)	301% FPL (or 300% if upper limit)	351% FPL (or 350% if upper limit)
MONTHLY PAYMENTS (24 states)					
Arizona[3]	$40|$60	$50|$70	N/A	N/A	N/A
California[4]	$0	$13	$13	N/A	N/A
Connecticut[3]	$0	$0	$30|$50	$30|$50	N/A
Delaware[5,6]	$15	$25	N/A	N/A	N/A
Florida	$15	$20	N/A	N/A	N/A
Georgia	$11	$29	N/A	N/A	N/A
Idaho	$15	N/A	N/A	N/A	N/A
Illinois[7]	$0	$15 | $25	$40	$40	N/A
Indiana[3]	$0	$33|$50	$53|$70	N/A	N/A
Iowa[8]	$0	$10	$20	$20	N/A
Kansas	$0	$30	N/A	N/A	N/A
Louisiana[5]	$0	$0	$50	N/A	N/A
Maine[9]	$0	$32	N/A	N/A	N/A
Maryland[5]	$0	$0	$66	$66	N/A
Massachusetts	$12	$20	$28	$28	N/A
Michigan[5]	$0	$10	N/A	N/A	N/A
Missouri[10]	$19 I $23 I $28	$61 I $77 I $93	$149 I $189 I $228	$149 I $189 I $228	N/A
New Jersey[5]	$0	$43	$86	$145	$145
New York	$0	$9	$30	$45	$60
Pennsylvania[11]	$0	$0	$53	$84	N/A
Vermont[5,12]	$0	$15	$20/$60	$20/$60	N/A
Washington[13]	$0	$0	$20	$30	N/A
West Virginia[14]	$0	$0	$35	$35	N/A
Wisconsin	$0	$10	$34	$98	N/A
QUARTERLY PAYMENTS (2 states)					
Nevada[5]	$50	$80	N/A	N/A	N/A
Utah[5]	$75	$75	N/A	N/A	N/A
ANNUAL PAYMENTS (4 states)					
Alabama[15]	$104	$104	$104	$104	N/A
Colorado[3]	$0	$25|$35	$75|$105	N/A	N/A
North Carolina[16]	$0	$50	N/A	N/A	N/A
Texas[5]	$35	$50	N/A	N/A	N/A
NO PREMIUMS OR ENROLLMENT FEES (21 states)					
Alaska	--	--	--	--	--
Arkansas	--	--	--	--	--
District of Columbia	--	--	--	--	--
Hawaii	--	--	--	--	--
Kentucky	--	--	--	--	--
Minnesota	--	--	--	--	--
Mississippi	--	--	--	--	--
Montana	--	--	--	--	--
Nebraska	--	--	--	--	--
New Hampshire	--	--	--	--	--
New Mexico	--	--	--	--	--
North Dakota	--	--	--	--	--
Ohio	--	--	--	--	--
Oklahoma	--	--	--	--	--
Oregon	--	--	--	--	--
Rhode Island	--	--	--	--	--
South Carolina	--	--	--	--	--
South Dakota	--	--	--	--	--
Tennessee	--	--	--	--	--
Virginia	--	--	--	--	--
Wyoming	--	--	--	--	--

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

TABLE 16 NOTES

1. N/A indicates that coverage is not available at the specified income level. If a state does not charge premiums at all, it is noted as "--".
2. Cases in which premiums or enrollment fees are not a whole dollar value have been rounded to the nearest dollar.
3. In Arizona, Connecticut, Indiana, and Colorado, the values before the vertical line represent premiums or enrollment fees for one child. Those after the line represent premiums for two or more children.
4. In California, there is a maximum premium of $39 for families with three or more children.
5. In Delaware, Louisiana, Maryland, Michigan, New Jersey, Vermont, Nevada, Utah, and Texas premiums or enrollment fees are family-based and not based on costs per child.
6. Delaware has an incentive system for premiums where families can pay three months and get one premium-free month, pay six months and get two premium-free months, and pay nine months and get three premium-free months.
7. In Illinois, CHIP premiums are $15 per child, $25 for two children, and $5 for each additional child up to a $40 maximum for families with incomes below 208% FPL. Above 208% FPL, families pay $40 per child or $80 for two or more children.
8. In Iowa, there is a maximum premium of $20 for families with incomes at 201% of the federal poverty level (FPL) with two or more children and $40 for families with incomes at 251% FPL or 301% FPL with two or more children.
9. In Maine, there is a maximum premium of $64 for families with two or more children.
10. In Missouri premiums vary by family size. Amounts shown are for 2-person, 3-person, and 4-person family. Rates increase based on family size with no cap. Premiums are tied to a percentage of the FPL and change annually.
11. In Pennsylvania, premiums vary by contractor. The average amount is shown.
12. In Vermont, for those above 238% FPL, the monthly premium is $20 if the family has other health insurance and $60 if there is no other health insurance.
13. In Washington, there is a maximum premium of $40 for families with incomes at 251% FPL with two or more children and $60 for families with incomes at 301% FPL with two or more children.
14. In West Virginia, there is a maximum premium of $71 for families with two or more children.
15. In Alabama, there is a maximum annual enrollment fee of $312 for families with three or more children.
16. In North Carolina, there is a maximum annual enrollment fee of $100 for families with two or more children.

Table 17
Disenrollment Policies for Non-Payment of Premiums in Children's Coverage, January 2017

State	Grace Period (amount of time) Before a Child Loses Coverage for Nonpayment[1]	After Disenrollment for Failure to Pay Premiums: Lock-Out Period in Separate CHIP Program[2]	Families Must Reapply for Coverage to Reenroll	Retroactive Reinstatement of Coverage if Family Pays Outstanding Premiums[3]
Total		**15**	**17**	**8**
MONTHLY PAYMENTS (24 states)				
Arizona[4]	60 days	2 months	Y	
California	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Connecticut[5]	Until Renewal	None	N/A	N/A
Delaware[6]	60 days	None		
Florida[7]	30 days	1 month		
Georgia[8]	60 days	1 month		Y
Idaho[5]	Until renewal	None	N/A	N/A
Illinois[9]	60 days	None	Y	Y
Indiana	60 days	90 days	Y	
Iowa	44 days	None	Y	
Kansas	60 days	90 days	Y	
Louisiana[10]	60 days	90 days	Y	Y
Maine[11]	12 months	up to 90 days	Y	
Maryland	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Massachusetts[12]	60 days	90 days		
Michigan	60 days	N/A (M-CHIP)	Y	N/A (M-CHIP)
Missouri[13]	30 days	90 days	Y	
New Jersey[14]	60 days	90 days		Y
New York[15]	30 days	None	Y	
Pennsylvania[16]	90 days	90 days	Y	Y
Vermont[5]	Until Renewal	N/A (M-CHIP)	N/A	N/A (M-CHIP)
Washington	90 days	90 days	Y	Y
West Virginia[5,17]	Until Renewal	None	N/A	N/A
Wisconsin[18]	60 days	90 days	Y	Y
QUARTERLY PAYMENTS (2 states)				
Nevada[19]	60 days	90 days	Y	
Utah[20]	30 days	90 days	Y	Y
ANNUAL PAYMENTS (4 states)				
Alabama[21]	--	--	--	--
Colorado	--	--	--	--
North Carolina[22]	--	--	--	--
Texas[23]	--	--	--	--
NO PREMIUMS OR ENROLLMENT FEES (21 states)				
Alaska	--	--	--	--
Arkansas	--	--	--	--
District of Columbia	--	--	--	--
Hawaii	--	--	--	--
Kentucky	--	--	--	--
Minnesota	--	--	--	--
Mississippi	--	--	--	--
Montana	--	--	--	--
Nebraska	--	--	--	--
New Hampshire	--	--	--	--
New Mexico	--	--	--	--
North Dakota	--	--	--	--
Ohio	--	--	--	--
Oklahoma	--	--	--	--
Oregon	--	--	--	--
Rhode Island	--	--	--	--
South Carolina	--	--	--	--
South Dakota	--	--	--	--
Tennessee	--	--	--	--
Virginia	--	--	--	--
Wyoming	--	--	--	--

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.
Table presents rules in effect as of January 1, 2017.

TABLE 17 NOTES

1. This column indicates the grace period for payment of Medicaid or CHIP premiums before a child is disenrolled from coverage. If premiums are charged in Medicaid, a state must provide a 60-day grace period. States must provide a minimum 30-day premium payment grace period in CHIP before cancelling a child's coverage. States that charge an annual enrollment fee may require prepayment as a condition of enrollment.
2. A lock-out period is an amount of time during which the disenrolled child is prohibited from returning to the CHIP program. Lock-outs are not permitted in Medicaid, and the Affordable Care Act (ACA) limited lock-out periods in CHIP to no more than 90 days. N/A (M-CHIP) responses indicate that the state does not provide a separate CHIP program for uninsured children.
3. This column indicates whether the state provides retroactive coverage back to the date when the child was disenrolled if the family pays outstanding premiums. States charging premiums in Medicaid have N/A (M-CHIP) responses because retroactive coverage is required in Medicaid.
4. Arizona changed its lock-out period from 90 days to 60 days upon re-opening its CHIP program in July 2016.
5. Connecticut, Idaho, Vermont and West Virginia do not disenroll children for unpaid premiums in CHIP. Renewal is considered a new application, and families need to pay the initial month to continue coverage at renewal. Retroactive coverage does not apply because there are no gaps in coverage since a child is not disenrolled until renewal. As such, responses for whether families must reapply and whether the state provides retroactive coverage are indicated as N/A. Vermont is not currently disenrolling children for unpaid premiums due to system limitations.
6. Delaware will reinstate coverage retroactively after outstanding premiums are paid for medically fragile children.
7. In Florida, children are locked out for one month for non-payment of the premium but they do not need to reapply if the child is within the 12-month continuous eligibility period.
8. In Georgia, if a child who is disenrolled for non-payment of premium re-enrolls within 90 days, eligibility must be re-verified but no new application is needed.
9. In Illinois, families who are disenrolled for non-payment of premium are required to reapply unless they return to the program before the end of the month of loss of coverage.
10. In Louisiana, children in the 12-month continuous eligibility period do not need to reapply for coverage.
11. In Maine, for each month there is an unpaid premium, there is a month of ineligibility up to a maximum of three months. The penalty period begins in the first month following the enrollment period in which the premium was overdue. For example, if a family does not pay the last two months of premiums, they will have a two-month penalty. If they do not pay three or more months, they will have a three-month lock-out period. Families can re-enroll if they pay back-owed premiums.
12. In Massachusetts, families must reapply for coverage if their application is more than 12 months old. Premiums that are more than 24 months overdue are waived. After the 90-day lock-out period children may re-enroll for prospective coverage without paying the past due premiums. Children may re-enroll for prospective coverage during the 90-day lock-out period if the past due premiums are paid, if a payment plan is set up, or if the family is determined eligible for a premium waiver.
13. In Missouri, only children in families with incomes above 225% of the federal poverty level (FPL) are subject to the lock-out period.
14. In New Jersey, families have 60 days before they must reapply to re-enroll in coverage after being disenrolled. In January 2016, New Jersey implemented retroactive coverage if a family repays outstanding premiums in CHIP within 60 days.
15. In New York, if the family pays the premium within 30 days of cancellation they do not need to reapply for coverage. New York allows retroactive reinstatement on a case-by-case basis.

16. In Pennsylvania, if the family pays past due premiums prior to the end of the renewal period, they do not have to reapply for coverage.
17. In West Virginia, children are not disenrolled for non-payment of premiums, but past due amounts are subject to third-party collections after 120 days. As such, the response is marked with an N/A.
18. In Wisconsin, only families that reapply within three months after losing coverage are required to repay past due premiums.
19. In Nevada, if a family pays during the lock-out period, they are enrolled effective the next month. If they do not pay during the lock-out period, they must reapply.
20. In Utah, families do not have to pay past due premiums that are over three months old. Children who are terminated for non-payment can be reinstated if families pay outstanding premiums, but only during the lock-out period.
21. Alabama's annual enrollment fee is not required before a child enrolls in coverage, nor is a child disenrolled for non-payment in the first year. Following the annual renewal, families have 30 days to pay the annual enrollment fee to avoid disenrollment.
22. In North Carolina, families have 12 days to pay the annual enrollment fee. They may request an additional 12 days before disenrollment.
23. In Texas, children who renew coverage are given 30 days to pay the annual enrollment fee. If the fee is unpaid, Texas suspends coverage until the notice period in the fourth month. If payment is received during that time, coverage will be reinstated as of the following month without requiring a new application.

Table 18

Cost Sharing Amounts for Selected Services for Children at Selected Income Levels, January 2017[1]

State	Family Income at 151% FPL (or 150% if upper eligibility limit)				Family Income at 201% FPL (or 200% if upper eligibility limit)			
	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Inpatient Hospital Visit
Total	**19**	**12**	**18**	**15**	**20**	**12**	**18**	**15**
Alabama	$13	$60	$60	$200	$13	$60	$60	$200
Alaska	--	--	--	--	--	--	--	--
Arizona	--	--	--	--	--	--	--	--
Arkansas	$10	$10	$10	20% of reimbursement rate for first day	$10	$10	$10	20% of reimbursement rate for first day
California	--	--	--	--	--	--	--	--
Colorado	$5	$30	$30	$20	$10	$50	$50	$50
Connecticut	$0	$0	$0	$0	$10	$0	$0	$0
Delaware	--	--	--	--	--	--	--	--
District of Columbia	--	--	--	--	--	--	--	--
Florida[2]	$5	$10	$10	$0	$5	$10	$10	$0
Georgia	$0.50-$3	$0	$0	$12.50	$0.50-$3	$0	$0	$12.50
Hawaii	--	--	--	--	--	--	--	--
Idaho	$3.65	$0	$3.65	$0	N/A	N/A	N/A	N/A
Illinois	$3.90	$0	$0	$3.90/day	$5	$5	$25	$5/day
Indiana	$0	$0	$0	$0	$0	$0	$0	$0
Iowa	$0	$0	$0	$0	$0	$0	$25	$0
Kansas	--	--	--	--	--	--	--	--
Kentucky[3]	$3	$0	$8	$50	$3	$0	$8	$50
Louisiana	--	--	--	--	--	--	--	--
Maine	--	--	--	--	--	--	--	--
Maryland	--	--	--	--	--	--	--	--
Massachusetts	--	--	--	--	--	--	--	--
Michigan	--	--	--	--	--	--	--	--
Minnesota	--	--	--	--	--	--	--	--
Mississippi	$5	$15	$15	$0	$5	$15	$15	$0
Missouri	--	--	--	--	--	--	--	--
Montana	$3	$5	$5	$25	$3	$5	$5	$25
Nebraska	--	--	--	--	--	--	--	--
Nevada	--	--	--	--	--	--	--	--
New Hampshire	--	--	--	--	--	--	--	--
New Jersey	$5	$10	$10	$0	$5	$35	$35	$0
New Mexico	$0	$0	$8	$0	$5	$0	$8	$25
New York	--	--	--	--	--	--	--	--
North Carolina	$5	$0	$10	$0	$5	$0	$25	$0
North Dakota	$0	$5	$5	$50	N/A	N/A	N/A	N/A
Ohio	--	--	--	--	--	--	--	--
Oklahoma	--	--	--	--	--	--	--	--
Oregon	--	--	--	--	--	--	--	--
Pennsylvania[2]	$0	$0	$0	$0	$0	$0	$0	$0
Rhode Island	--	--	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--	--	--
South Dakota	--	--	--	--	--	--	--	--
Tennessee[2,4]	$5 | $15/$20	$0	$10 | $50	$5 | $100	$15/$20	$0	$50	$100
Texas	$5	$0	$5	$35	$25	$0	$75	$125
Utah[5]	$25/$40	$300	$100-$200	20% daily reimbursement rate	$25/$40	$300	$100-$200	20% daily reimbursement rate
Vermont	--	--	--	--	--	--	--	--
Virginia	$5	$5	$25	$25	$5	$5	$25	$25
Washington	--	--	--	--	--	--	--	--
West Virginia[2,6]	$15	$35	$35	$25	$20	$35	$35	$25
Wisconsin[7]	$0.50-$3	$0	$0	$3	$0.50-$3	$0	$0	$3
Wyoming[2]	$10	$25	$25	$50	$10	$25	$25	$50

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

TABLE 18 NOTES

1. If a state charges cost sharing for selected services or drugs shown in Tables 18 and 19 but either does not charge them at the income level shown or for the specific service, it is recorded as $0; if a state does not provide coverage at a particular income level, it is noted as "N/A;" if a state does not charge copayments at all, it is noted as "--". Some states require 18-year-olds to meet the copayments of adults in Medicaid. These data are not shown.
2. In Florida, Pennsylvania, Tennessee, West Virginia, and Wyoming, the emergency room copayment is waived if the child is admitted.
3. In Kentucky, enrollees are charged 5% coinsurance for non-emergency use of the emergency room, which is capped at $8.
4. Tennessee covers children in its regular Medicaid program, called TennCare, with incomes up to 195% of the federal poverty level (FPL) for infants, 142% for children ages 1 – 5, and 133% FPL for children 6 – 18. Children who lose eligibility in TennCare qualify for coverage under a Medicaid expansion program, called TennCare Standard, if they are uninsured, have no access to insurance, and have family incomes below 211% FPL. Tennessee also operates a separate CHIP program, called Cover Kids, which covers uninsured children of all ages who do not qualify for TennCare or TennCare Standard and have incomes below 250% FPL. Children enrolled in TennCare have no copayments. The values shown before the "|" represent copayments for children enrolled in TennCare Standard, whereas the values after the "|" represent copayments for children enrolled in Cover Kids. The values shown before a "/" represent copayments for a primary care provider, whereas the values after the "/" represent copayments for a provider that is a specialist.
5. Utah has a $300 deductible in CHIP. In Utah, for a non-preventive physician visit, the value before the "/" is the copayment amount for a visit with a primary care doctor, the value after the "/" is the copayment for a visit with a specialist.
6. In West Virginia, the copayment for a non-preventive physician visit is waived if the child goes to his or her medical home.
7. In Wisconsin, the copayment for children's non-preventive physician visits will vary depending on the cost of the visit.

Table 19
Cost Sharing Amounts for Prescription Drugs for Children at Selected Income Levels, January 2017[1]

State	Family Income at 151% FPL (or 150% if upper limit)			Family Income at 201% FPL (or 200% if upper limit)		
	Generic	Preferred Brand Name	Non-Preferred Brand Name	Generic	Preferred Brand Name	Non-Preferred Brand Name
Total	**15**	**17**	**15**	**18**	**19**	**16**
Alabama	$5	$25	$28	$5	$25	$28
Alaska	--	--	--	--	--	--
Arizona	--	--	--	--	--	--
Arkansas	$5	$5	$5	$5	$5	$5
California	--	--	--	--	--	--
Colorado	$3	$10	N/C	$5	$15	N/C
Connecticut	$0	$0	$0	$5	$10	$10
Delaware	--	--	--	--	--	--
District of Columbia	--	--	--	--	--	--
Florida	$5	$5	$5	$5	$5	$5
Georgia	$0.50	$0.50-$3	$0.50-$3	$0.50	$0.50-$3	$0.50-$3
Hawaii	--	--	--	--	--	--
Idaho	$0	$0	$0	N/A	N/A	N/A
Illinois	$2	$3.90	$3.90	$3	$5	$5
Indiana	$0	$0	$0	$3	$10	$10
Iowa	$0	$0	$0	$0	$0	$0
Kansas	--	--	--	--	--	--
Kentucky	$1	$4	$8	$1	$4	$8
Louisiana	--	--	--	--	--	--
Maine	--	--	--	--	--	--
Maryland	--	--	--	--	--	--
Massachusetts	--	--	--	--	--	--
Michigan	--	--	--	--	--	--
Minnesota	--	--	--	--	--	--
Mississippi	$0	$0	$0	$0	$0	$0
Missouri	--	--	--	--	--	--
Montana[2]	$0	$0	$0	$0	$0	$0
Nebraska	--	--	--	--	--	--
Nevada	--	--	--	--	--	--
New Hampshire	--	--	--	--	--	--
New Jersey	$1	$5	$5	$5	$5	$5
New Mexico	$0	$0	$3	$2	$3	$3
New York	--	--	--	--	--	--
North Carolina	$1	$1	$3	$1	$1	$10
North Dakota	$2	$2	$2	N/A	N/A	N/A
Ohio	--	--	--	--	--	--
Oklahoma	--	--	--	--	--	--
Oregon	--	--	--	--	--	--
Pennsylvania[3]	$0	$0	N/C	$0	$0	N/C
Rhode Island	--	--	--	--	--	--
South Carolina	--	--	--	--	--	--
South Dakota	--	--	--	--	--	--
Tennessee[4]	$1.50 | $5	$3 | $3	$3 | $40	$1.50 | $5	$3 | $5	$3 | $40
Texas	$0	$5	N/C	$10	$35	N/C
Utah[5]	$15	25% of cost	50% of cost	$15	25% of cost	50% of cost
Vermont	--	--	--	--	--	--
Virginia	$5	$5	$5	$5	$5	$5
Washington	--	--	--	--	--	--
West Virginia	$0	$10	$15	$0	$10	$15
Wisconsin	$1	$3	$3	$1	$3	$3
Wyoming	$5	$10	N/C	$5	$10	N/C

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

Table 19 Notes

1. If a state charges cost sharing for selected services or drugs shown in Tables 18 and 19, but either does not charge them at the income level shown or for the specific service, it is recorded as $0; if a state does not provide coverage at a particular income level, it is noted as "N/A;" if a state does not charge copayments at all, it is noted as "- -"; if a state does not cover a type of drug, it is noted as "N/C". Some states require 18-year-olds to meet the copayments of adults in Medicaid. These data are not shown.
2. In Montana, if families order prescriptions through the mail, they pay $6 for a three-month supply of a generic drug.
3. Pennsylvania charges cost sharing but it does not begin charging until >208% of the federal poverty level (FPL), so no charges are reported in the table.
4. Tennessee covers children in its regular Medicaid program, called TennCare, with incomes up to 195% FPL for infants, 142% for children ages 1 – 5, and 133% FPL for children 6 – 18. Children who lose eligibility in TennCare qualify for coverage under a Medicaid expansion program, called TennCare Standard, if they are uninsured, have no access to insurance, and have family incomes below 211% FPL. Tennessee also operates a separate CHIP program, called Cover Kids, which covers uninsured children of all ages who do not qualify for TennCare or TennCare Standard and have incomes below 250% FPL. Children enrolled in TennCare have no copayments. The values shown before the "|" represent copayments for children enrolled in TennCare Standard, whereas the values after the "|" represent copayments for children enrolled in Cover Kids.
5. Utah has a $300 deductible in CHIP.

Table 20

Premium and Cost Sharing Requirements for Selected Services for Section 1931 Parents, January 2017[1]

State	Monthly Contribution/ Premiums	Cost Sharing	Income at Which Cost Sharing Begins (%FPL)	Cost Sharing Amounts for Selected Services					
				Non-Preventive Physician Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Generic Drug	Preferred Brand Name Drug	Non-Preferred Brand Name Drug
Total	**1**	**39**		**27**	**20**	**26**	**34**	**38**	**37**
Alabama		Y	0%	$1.30-$3.90	$3.90	$50	$0.65-$3.90	$0.65-$3.90	$0.65-$3.90
Alaska		Y	0%	$10	$0	$50/day	$3	$3	$3
Arizona		Y	0%	$3.40	$0	$0	$2.30	$2.30	$2.30
Arkansas		Y	0%	$0	$0	10% cost of first day	$0.50-$3.90	$0.50-$3.90	$0.50-$3.90
California		Y	0%	$1	$5	$0	$1	$1	$1
Colorado		Y	0%	$2	$3	$10/day	$1	$3	$3
Connecticut			--	--	--	--	--	--	--
Delaware[2]		Y	0%	$0	$0	$0	$0.50-$3	$0.50-$3	$0.50-$3
District of Columbia			--	--	--	--	--	--	--
Florida		Y	0%	$2	5% of first $300	$3	$0	$0	$0
Georgia		Y	0%	$0	$0	$12.50	$0.50-$3	$0.50-$3	$0.50-$3
Hawaii			--	--	--	--	--	--	--
Idaho			--	--	--	--	--	--	--
Illinois		Y	0%	$3.90	$3.90	$3.90/day	$2	$3.90	$3.90
Indiana[3]	Y, >0%	Y	0%	$4	$8/$25 subsequent visits	$75	$4	$4	$8
Iowa[4]		Y	0%	$3	$3	$0	$1	$1	$2-$3
Kansas			--	--	--	--	--	--	--
Kentucky[5]		Y	0%	$3	$8	$50	$1	$4	5% cost ($8 min/ $20 max)
Louisiana		Y	0%	$0	$0	$0	$0.50-$3	$0.50-$3	$0.50-$3
Maine[6]		Y	0%	$0	$3	up to $3 per day	$3	$3	$3
Maryland		Y	0%	$0	$0	$0	$1-$3	$1-$3	$1-$3
Massachusetts[7]		Y	0%	$0	$0	$3	$3.65	$3.65	$3.65
Michigan		Y	0%	$0	$0	$0	$1	$1	$1
Minnesota		Y	0%	$3	$3.50	$0	$1	$3	$3
Mississippi		Y	0%	$3	$0	$10	$3	$3	$3
Missouri		Y	0%	$1	$3	$10	$0.50-$2	$0.50-$2	$0.50-$2
Montana[8]		Y	0%	$4	$8	$75	$0	$4	$8
Nebraska		Y	0%	$2	$0	$15	$2	$2	$3
Nevada			--	--	--	--	--	--	--
New Hampshire		Y	100%	$0	$0	$0	$0	$1	$2
New Jersey			--	--	--	--	--	--	--
New Mexico			--	--	--	--	--	--	--
New York		Y	100%	$0	$3	$25/discharge	$1	$3	$3
North Carolina		Y	0%	$3	$0	$3/day	$3	$3	$3
North Dakota[9]		Y	0%	$2	$0	$75	$0	$3	$3
Ohio		Y	0%	$0	$3	$0	$0	$2	$3
Oklahoma		Y	0%	$4	$4	$10/day; $90 max	$4	$4	$4
Oregon[10]			--	--	--	--	--	--	--
Pennsylvania[11]		Y	0%	$0.65-$3.80	$0.50-$3	$3/day	$1	$3	$3
Rhode Island			--	--	--	--	--	--	--
South Carolina		Y	0%	$2.30	$0	$25	$3.40	$3.40	$3.40
South Dakota		Y	0%	$3	Full amount	$50	$1	$3.30	N/C
Tennessee		Y	0%	$0	$0	$0	$1.50	$3	$3
Texas			--	--	--	--	--	--	--
Utah[12]		Y	20%	$3	$6	$220	$3	$3	$3
Vermont		Y	0%	$3	$0	$0	$1-$3	$1-$3	$1-$3
Virginia		Y	0%	$1	$0	$100	$1	$3	$3
Washington			--	--	--	--	--	--	--
West Virginia[13]		Y	0%	$0-$4	$8	$0-$75	$0-$3	$0-$3	$0-$3
Wisconsin[14]		Y	0%	$0.50-$3	$0	$3	$1	$3	$3
Wyoming		Y	0%	$2.45	$3.65	$0	$0.65	$3.65	$3.65

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

TABLE 20 NOTES

1. Data in the table present premiums or other monthly contributions and cost sharing requirements for Section 1931 parents. If a state charges cost sharing, but does not charge for the specific service, it is recorded as $0; if a state does not charge cost sharing at all, it is noted as "--". In some states, copayments vary based on the cost of the drug.
2. In Delaware, parents have a $15 per month cap on out of pocket expenses from copayments.
3. In Indiana, Section 1931 parents who fail to pay monthly contributions will not be disenrolled but will receive Healthy Indiana Plan (HIP) Basic, a more limited benefit package with state plan level copayments. In Indiana, copayments are only required if enrolled in HIP Basic. In the HIP Plus plan, there are no copayments except for $8 for first time use and $25 for subsequent use of emergency room for a non-emergency.
4. In Iowa, there is a $2 copay for non-preferred brand name drugs between $25.01 and $50 and a $3 copay for non-preferred brand name drugs above $50.
5. In Kentucky, enrollees are charged 5% coinsurance for non-preferred brand-name drugs, with a minimum of $8 and a maximum of $20.
6. In Maine, copayments begin above 0% of the federal poverty level (FPL). Maine charges some enrollees cost sharing equal to 5% of their income. There are some services that have caps on copayments.
7. In Massachusetts, generic drugs for diabetes, high blood pressure and high cholesterol have a $1 copayment. There is a cap of $36 per year for non-pharmacy copayments and a cap of $250 per year for pharmacy copayments.
8. Montana increased the copayment for non-emergency use of the emergency room (ER), eliminated copayments for generic drugs, and increased copayments for non-preferred name brand drugs in 2016.
9. North Dakota eliminated the copayment for non-emergency use of the ER in 2016.
10. Oregon eliminated all copayments as of January 1, 2017.
11. In Pennsylvania, copayments vary based on the cost of service. The inpatient hospital copayment is subject to a maximum of $21 per stay.
12. In Utah, enrollees under the Temporary Aid to Needy Families (TANF) payment limit are exempt from paying copayments.
13. In West Virginia, copayment amounts for services may vary by income. Enrollees have a quarterly out-of-pocket maximum of $8 up to 50% FPL; $71 between 50% and 100%; and $143 above 100%.
14. In Wisconsin, copayments begin above 0% FPL. The copayment for a non-preventive physician visits will vary depending on the cost of the visit.

Table 21

Premium and Cost Sharing Requirements for Selected Services for Medicaid Adults, January 2017[1]

State	Monthly Contributions/ Premiums	Cost Sharing	Income at Which Cost Sharing Begins (%FPL)	Cost Sharing Amounts for Selected Services					
				Non-Preventive Physician Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Generic Drug	Preferred Brand Name Drug	Non-Preferred Brand Name Drug
ADOPTED MEDICAID EXPANSION (32 states)									
Total	**6**	**23**		**14**	**12**	**13**	**18**	**21**	**22**
Alaska		Y	0%	$10	$0	$50/day	$3	$3	$3
Arizona[2]	Y, >100%	Y	100%	$0	$8	$0	$0	$4	$4
Arkansas[3]	Y, >100%	Y	100%	$8/$10	$0	$140/day	$4	$4	$8
California		Y	0%	$1	$5	$0	$1	$1	$1
Colorado		Y	0%	$2	$3	$10/day	$1	$3	$3
Connecticut			--	--	--	--	--	--	--
Delaware[4]		Y	0%	$0	$0	$0	$0.50-$3	$0.50-$3	$0.50-$3
District of Columbia			--	--	--	--	--	--	--
Hawaii			--	--	--	--	--	--	--
Illinois		Y	0%	$3.90	$3.90	$3.90/day	$2	$3.90	$3.90
Indiana[5]	Y, >0%	Y	0%	$4	$8/ $25 subsequent visits	$75	$4	$4	$8
Iowa[6]	Y, >50%	Y	0%	$0	$8	$0	$0	$0	$0
Kentucky		Y	0%	$3	$8	$50	$1	$4	5% cost ($8 min/ $20 max)
Louisiana		Y	0%	$0	$0	$0	$0.50-$3	$0.50-$3	$0.50-$3
Maryland		Y	0%	$0	$0	$0	$1-$3	$1-$3	$1-$3
Massachusetts[7]		Y	0%	$0	$0	$3	$3.65	$3.65	$3.65
Michigan[8]	Y, >100%	Y	0%	$0	$0	$0	$1	$1	$1
Minnesota		Y	0%	$3	$3.50	$0	$1	$3	$3
Montana[9]	Y, >50%	Y	0%	$4/10% of state payment	$8	$75/10% of state payment	$0	$4	$8
Nevada			--	--	--	--	--	--	--
New Hampshire		Y	100%	$3	$0	$125	$4	$8	$8
New Jersey			--	--	--	--	--	--	--
New Mexico			--	--	--	--	--	--	--
New York		Y	100%	$0	$3	$25/ discharge	$1	$3	$3
North Dakota[10]		Y	0%	$2	$0	$75	$0	$3	$3
Ohio		Y	0%	$0	$0	$0	$0	$0	$3
Oregon[11]			--	--	--	--	--	--	--
Pennsylvania[12]		Y	0%	$0.65-$3.80	$0.50-$3	$3/day	$1	$3	$3
Rhode Island			--	--	--	--	--	--	--
Vermont		Y	0%	$3	$0	$0	$1-$3	$1-$3	$1-$3
Washington			--	--	--	--	--	--	--
West Virginia[13]		Y	0%	$0-$4	$8	$0-$75	$0-$3	$0-$3	$0-$3
NOT ADOPTING MEDICAID EXPANSION AT THIS TIME (19 states)									
Total	**0**	**1**		**1**	**0**	**1**	**1**	**1**	**1**
Alabama									
Florida									
Georgia									
Idaho									
Kansas									
Maine									
Mississippi									
Missouri									
Nebraska									
North Carolina									
Oklahoma									
South Carolina									
South Dakota									
Tennessee									
Texas									
Utah									
Virginia									
Wisconsin[14]		Y	0%	$0.50-$3	$0	$3	$1	$3	$3
Wyoming									

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2017.

Table presents rules in effect as of January 1, 2017.

TABLE 21 NOTES

1. Data in the table represent premium or other monthly contributions and cost sharing requirements for non-disabled adults. This group includes parents above Section 1931 limits. If a state charges cost sharing, but does not charge for the specific service or drug, it is recorded as $0; if a state does not charge cost sharing at all, it is noted as "--." In some states, copayments vary based on the cost of the drug.
2. In Arizona, under Section 1115 authority as of January 1, 2017, adults with incomes above poverty have retrospective coinsurance on a quarterly basis. Each quarter, enrollees have a coinsurance liability for a three-month period and the amount owed for the quarter is divided into three monthly payments. It does not exceed 3% of income. There are copayments for specialist visits without a primary care provider (PCP) referral, which are $5 for a visit that costs $50-$99.99 and $10 for a visit that costs over $100; a $4 copayment for opioids prescriptions or refills for enrollees who do not have cancer or are not in hospice; and a $4 copayment for brand name drugs when a generic is available, which is waived if the physician determines the generic is not as efficacious as the brand name drug.
3. In December 2016, Arkansas received approval of its amended Section 1115 waiver for expansion adults. Starting in January 2017, the state may charge enrollees with income above 100% of the federal poverty level (FPL) a monthly premium up to 2% of income. In 2017, this will be operationalized as a $13 monthly premium. Expansion adults with income above 100% FPL pay $8 for a non-preventive primary care visit and $10 for a specialist visit. Other copayments did not change with newly approved waiver.
4. In Delaware, adults have a $15 per month cap on out of pocket expenses from copayments.
5. In Indiana, under Section 1115 waiver authority, adults with incomes above poverty who fail to pay monthly contributions will be disenrolled from coverage after a 60-day grace period and barred from re-enrolling for 6 months. Beneficiaries with incomes at or below 100% FPL who fail to pay monthly contributions will receive Healthy Indiana Plan (HIP) Basic, a more limited benefit package with state plan level copayments. Copayments are only required if enrolled in HIP Basic. In the HIP Plus plan, there are no copayments except for $8 for first time use and $25 for subsequent use of emergency room for a non-emergency.
6. In Iowa, under Section 1115 waiver authority, Medicaid expansion beneficiaries above 100% FPL pay contributions of $10 per month. Beneficiaries between 50% and 100% FPL pay $5 per month and cannot be disenrolled for non-payment. Contributions are waived for the first year of enrollment. In subsequent years, contributions are waived if beneficiaries complete specified healthy behaviors. The state must grant waivers of payment to beneficiaries who self-attest to a financial hardship. Beneficiaries have the opportunity to self-attest to hardship on each monthly invoice.
7. In Massachusetts, generic drugs for diabetes, high blood pressure, and high cholesterol have a $1 copayment. There is a $36 annual cap for non-pharmacy copayments and a $250 annual cap for pharmacy copayments.
8. In Michigan, under Section 1115 waiver authority, expansion adults with incomes above 100% FPL are charged monthly premiums that are equal to 2% of income. Expansion adults have cost sharing contributions based on their prior 6 months of copayments incurred, billed at the end of each quarter. There is no cost sharing for the first six months of enrollment in the plan. Beneficiaries cannot lose or be denied Medicaid eligibility, be denied health plan enrollment or be denied access to services, and providers may not deny services for failure to pay copayments or premiums. Cost sharing can be reduced through compliance with healthy behaviors. Cost sharing and premiums cannot exceed 5% of household income.
9. In Montana, under Section 1115 waiver authority, non-medically frail expansion adults with incomes above 50% FPL are submit to monthly premiums of 2% of income. Individuals with incomes at or below 100% FPL will not be disenrolled due to unpaid premiums. Individuals with incomes above 100% FPL will be disenrolled for unpaid premiums after notice and a 90-day grace period. Disenrollment lasts until arrears are paid or until the state assesses debt against income taxes, which must happen by the end of the calendar quarter (maximum disenrollment period is 3 months). The state must establish a process to exempt beneficiaries from disenrollment for good cause. Re-enrollment

does not require a new application. Combined premiums and copayment charges may not exceed 5% of household income. Enrollees will receive a credit toward their copayment obligations in the amount of their premiums. For copayments, amounts before the slash are for adults with incomes at or below 100% FPL; amounts after the slash are for adults with incomes above 100% FPL.

10. North Dakota eliminated the copayment for non-emergency use of the emergency room (ER) in 2016.
11. Oregon eliminated all copayments as of January 1, 2017.
12. In Pennsylvania, copayments for adults vary based on the cost of service. The inpatient hospital copayment is subject to a maximum of $21 per stay.
13. In West Virginia, copayment amounts for services may vary by income. Enrollees have a quarterly out-of-pocket maximum of $8 up to 50% FPL; $71 between 50% and 100%; and $143 above 100%.
14. Wisconsin offers Medicaid coverage to childless adults up to 100% FPL, but has not adopted the ACA Medicaid expansion. Copayments begin above 0% FPL. The copayment for a non-preventive physician visits will vary based on the cost of the visit.

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