



Highlights of CHIRI™ Findings for SCHIP Reauthorization

Most SCHIP enrollees (one-quarter to nearly three-quarters) were uninsured prior to SCHIP enrollment.

- Most SCHIP enrollees (two-thirds to three-quarters) lived in working families with incomes equal to or below 150 percent of the Federal Poverty Level.
- About one-third of SCHIP enrollees were adolescents (ages 12-19 years).
- Minorities and children with special health care needs (CSHCN) comprised a significant proportion of SCHIP enrollees.
- More CSHCN were enrolled in SCHIP (from 17 to 25 percent) as compared with the proportion of CSHCN in the general population.
- A majority of new enrollees had received health care services prior to SCHIP enrollment, particularly preventive care, yet one-quarter to almost one-half of them had unmet health care needs.
- Over half of new SCHIP enrollees (58 percent) lived in families where at least one family member had another type of insurance coverage (14 percent had family members who were enrolled in Medicaid and 41 percent had at least one privately-insured family member).

SCHIP improved health care access and quality for low-income children.

- After 1 year of SCHIP enrollment, more children had a regular place to get care and had received a preventive care visit, and fewer had unmet health care needs.
- Families of new SCHIP enrollees were more satisfied with the health care their children received after SCHIP enrollment than before SCHIP.
- SCHIP significantly reduced unmet health care needs among new enrollees (a 12 percent to 43 percent reduction), yet a substantial proportion of children with special health care needs (almost one-third) still had unmet needs after SCHIP enrollment.
- Vulnerable children (e.g., CSHCN, minority children) shared in SCHIP gains, although some disparities remained after SCHIP enrollment.
- Enrollment in SCHIP was associated with improvements in access to and quality of asthma care, and reductions in asthma attacks and urgent care asthma-related visits.

Most SCHIP enrollees retained public coverage, but others became uninsured.

- Three out of four SCHIP enrollees were covered either by SCHIP or Medicaid one-and-a half years after SCHIP enrollment.
- Two-thirds of SCHIP enrollees who left public insurance became uninsured.
- Children with no insurance prior to SCHIP were more likely to be uninsured after disenrollment.

States' recertification requirements generated large disenrollments from SCHIP and posed the greatest threat to continuous SCHIP enrollment more than for any other demographic.

- Up to one-quarter of disenrolled children returned within 2 months of leaving SCHIP.
- Requiring active eligibility redetermination every 6 months rather than every 12 months is accompanied by even higher levels of disenrollment over time.
- A passive re-enrollment policy substantially reduces disenrollment at redetermination.

Note: Findings are based on studies of one or more States, not national data.

Additional CHIRI™ findings can be accessed at: www.ahrq.gov/chiri.

