

# News Release

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## **States get bonuses for boosting enrollment for uninsured children in Medicaid**

*States also cut red tape and simplified enrollment process*

HHS Secretary Kathleen Sebelius today awarded \$206 million to 15 states for making significant progress in enrolling uninsured children in Medicaid. This year's bonuses are more than double the \$75 million awarded to ten states last year.

"Today's announcement highlights the ongoing and committed efforts by states to improve access to health coverage programs and take the aggressive steps necessary to enroll eligible children," said Secretary Sebelius. "Their actions reflect President Obama's serious commitment to assuring that our country's children get the health care they need. These performance bonuses demonstrate our support for the effective strategies these states have undertaken."

Funding for the "performance bonuses" was included in the Children's Health Insurance Program Reauthorization (CHIPRA) legislation signed into law by President Obama in February 2009. The CHIPRA established two sets of performance goals that states must meet to qualify for a bonus – taking specific steps to streamline their enrollment and renewal processes to make it easier for families with eligible children to gain coverage and documenting a significant increase in the number of children enrolled in Medicaid.

States receiving bonus awards today include: Alabama, Alaska, Colorado, Illinois, Iowa, Kansas, Louisiana, Maryland, Michigan, New Jersey, New Mexico, Ohio, Oregon, Washington state and Wisconsin. A complete list of state award amounts is included below. Awards vary by state according to a formula set out in CHIPRA but total more than \$200 million this fiscal year.

States that received performance bonuses last year were able to extend benefits to children who otherwise would have been without health coverage.

CHIPRA set two types of performance goals that states must meet to qualify for a bonus. States must have adopted at least five program features—like providing a guarantee of 12 months of continuous coverage, using a joint application for both Medicaid and CHIP and streamlining procedures for renewing a child's coverage—that are known to encourage enrollment and retention of eligible children. States must also be able to document significant increases in Medicaid enrollment among children during the year that are above and beyond what would have been expected, even with the economic recession. States with increases of more than 10 percent above this baseline qualify for a higher award amount.

CHIPRA included a series of provisions and additional funding to help states cover more children. A boost in Medicaid reimbursement rates authorized by the American Recovery and Reinvestment Act (ARRA) also provided relief to states with suffering economies, enabling them to extend care to eligible children. These increased Medicaid matching funds are available through June 30, 2011.

"We are pleased to be able to work in partnership with states as they continue to improve their Medicaid and CHIP programs and make them more accessible for families," said Cindy Mann, deputy administrator of the Centers for Medicare & Medicaid Services (CMS) and director of the Center for Medicaid, CHIP and Survey & Certification (CMCS). "The increase in both the number of states receiving awards and the amount distributed is particularly encouraging given the difficult economic times states are facing."

State award amounts today are (in millions):

Alabama	\$54,965,407
Alaska	\$4,408,789
Colorado	\$13,671,043
Illinois	\$14,962,171
Iowa	\$6,760,901
Kansas	\$2,578,099
Louisiana	\$3,555,853
Maryland	\$10,549,086
Michigan	\$9,268,552
New Jersey	\$8,788,959
New Mexico	\$8,533,431
Ohio	\$12,376,346
Oregon	\$15,055,255
Washington	\$17,607,725
Wisconsin	\$23,076,127
<b>Total</b>	<b>\$206,157,744</b>

For more information about connecting eligible children to health coverage, visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov)

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

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