Georgetown University Health Policy Institute
Center for Children and Families

To: **Interested Parties**
From: **Georgetown University Center for Children and Families**
Date: **October 18, 2011**
Re: **Major Implications for Children and Families of the Proposed Affordable Care Act Rules on Eligibility and Enrollment Systems**

On August 17, 2011, the Obama Administration published three proposed rules in the Federal Register relating to the eligibility and enrollment of individuals into health coverage under the Affordable Care Act (ACA). Taken together, they offer a comprehensive blueprint of how the Administration is proposing to implement the provisions of the ACA aimed at ensuring that all eligible residents of the United States enroll in coverage beginning January 1, 2014. The proposed rules address the expansion of Medicaid up to 133 percent of the federal poverty level (FPL); procedures for evaluating eligibility for Qualified Health Plans (QHPs) provided through Exchanges; eligibility for and enrollment in "affordability programs" (i.e., Medicaid, CHIP, advance premium tax credits and cost-sharing reductions); and the details of how the advance premium tax credits will be calculated and administered. The purpose of this memo is to provide an overview of some of the key implications of the proposed rules for children and families.

I. OVERVIEW

Taken together, the three proposed rules outline a sweeping vision for creating a modernized eligibility and enrollment system.

For children and families, a key measure of the success of the ACA will be whether it promotes the enrollment of the close to two-thirds of uninsured children who already are eligible for Medicaid or CHIP.[1] In keeping with the vision outlined in the ACA, the proposed rules would require states to adopt sweeping changes to modernize their eligibility and enrollment systems. They require states to use a single, streamlined application for all affordability programs that can be submitted online, over the phone, through the mail, or in-person; to rely on electronic verification of data to the maximum extent practicable; and to adopt streamlined renewal procedures.

Significant "behind-the-scenes" complexity may remain in place. While the clear goal of the proposed rules is to create eligibility systems that are simple, it appears that considerable complexity may remain in place "behind-the-scenes." Much of this remaining complexity can be attributed to the decision made by Congress when drafting the ACA to rely on both public programs and new tax system-based credits to improve affordability. As a result of this patchwork of coverage, states, for example, must gather information on people's current income (for Medicaid and CHIP purposes) and projected income (for tax credit purposes) when evaluating eligibility for affordability programs. If this complexity remains in the final rules, as

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seems likely, it will be critically important in the months and years ahead to ensure that it doesn't "spill over" into the user experience. States will need to be diligent about troubleshooting and resolving issues that emerge as these systems become operational. Even so, many families still will need experienced assistors to help them navigate the enrollment process.

A more substantial issue is the failure of the proposed rules to ensure that families with children have affordable coverage options.

One glaring problem with the proposed rules is their failure to ensure that families have access to affordable coverage options. There are two major issues in this area:

- *An "affordability test" that discriminates against families.* Of particular concern is a decision by the IRS to exclude families from eligibility for advance premium tax credits if they have access to employer-based coverage, even when such coverage is clearly unaffordable. The issue arises under the proposed IRS rule because the "affordability" of employer-based coverage for families will be judged based on the cost of a single employee purchasing self-only insurance. As a result, families that lack access to affordable *family-based* coverage from their employers still are expected to purchase it, and are explicitly barred from securing advance premium tax credits.

- *Double hit on premium payments for families with children.* The proposed rules will leave many families with children facing a "double hit" when it comes to paying insurance premiums if they happen to have a child eligible for CHIP (or, in some circumstances where premiums apply, Medicaid). As discussed in more detail below, these families must pay to purchase full family-based coverage on the Exchange *and* CHIP premiums for their children. The amount they are expected to pay for their Exchange coverage is not adjusted in any way to reflect that they also have premium obligations for CHIP for their children.

The Administration's failure to identify and tackle these issues in the proposed rules creates a gaping hole in access to affordable coverage for an important subset of America's families with children, primarily those with moderate incomes and one or more working parents.

II. BACKGROUND ON THE PROPOSED RULES

The proposed rules published in the Federal Register on August 17, 2011 were issued by the Department of Health and Human Services (HHS) and the Department of the Treasury, but were closely coordinated. Comments are due on each of the three rules, identified below, by October 31, 2011.

1. "Medicaid Program; Eligibility Changes under the Affordable Care Act of 2010," issued by the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (HHS).

   The proposed Medicaid eligibility rule addresses the expansion of Medicaid under the ACA and the process for evaluating eligibility for Medicaid and CHIP.

   [http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/health%20reform/cms-reg-eligibility.pdf]

2. "Patient Protection and Affordable Care Act; Exchange Functions in the Individual Market; Eligibility Determination; Exchange Standards for Employers," issued by the Centers for Medicare and Medicaid Services, Department of Health and Human Services (HHS).

   The proposed Exchange eligibility rule covers the role of Exchanges in evaluating eligibility for Qualified Health Plans and affordability programs.

   [http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/health reform/hhs-exchange-eligibility-reg.pdf].

3. "Health Insurance Premium Tax Credit," issued by the Internal Revenue Service (IRS), Department of the Treasury.

   The proposed IRS rule outlines specific detail on how the advance premium tax credit will be calculated and administered.

   [http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/health%20reform/hhs-exchange-eligibility-reg.pdf].

The remainder of this memo provides a more detailed discussion of the three proposed rules. It outlines some of the most important, positive features of the proposed rules for children and families; reviews areas where they could be stronger; discusses some of the more discrete issues of particular relevance to families with children; and reviews the major areas where federal guidance still has not yet been provided.

III. HIGHLIGHTS

1. **Modernization of eligibility systems.** The proposed rules outline a blueprint for a modernized eligibility and enrollment system for Exchange coverage and the insurance affordability programs. Of particular note:

   a. **A single, unified application that can be submitted via multiple avenues.** People must be allowed to submit the same application for Medicaid, CHIP, and Exchange coverage (including advance premium tax credits and cost-sharing reductions) online, by phone, through the mail, or in-person.

   b. **Seamless enrollment between Exchanges and Medicaid agencies.** To prevent families from being shunted from one agency to another, the statutory language of the ACA requires states to establish "no wrong door" enrollment procedures. As outlined in more detail in the proposed rules, this means families need not know in advance for which program they might qualify. Regardless of where they initially submit their application, they must be evaluated for eligibility under all affordability programs and, if found eligible, enrolled in the appropriate programs.

   c. **Limiting requests for information to the essentials.** The proposed rules prevent states from requiring people to provide extraneous information on application and renewal forms. As a result, the proposed rules will help to simplify and streamline

enrollment and make the process of seeking coverage less intrusive and more comfortable for families. For example, families cannot be required to provide the Social Security Number and immigration status of family members who are not seeking coverage for themselves. Such protections are particularly important for the close to 2 million citizen/legal resident children residing in families with a mixed-immigration status.[2]

d. **Maximum use of electronic data for verification.** Under the ACA, States must rely on electronic verification of data to the "maximum extent practicable" when evaluating eligibility. In both the Medicaid and Exchange eligibility rules, it is proposed that states must verify someone's eligibility for coverage by *first* gathering data from electronic sources. These data sources included a federal data "hub" that HHS will be establishing and state databases, such as those used to collect wage information for unemployment insurance programs. States can request additional documentation from applicants only if no electronic data are available or the data are "not reasonably compatible" with someone's stated circumstances. If implemented as intended, these provisions would mean that people no longer will be unnecessarily required to bring in, mail, or fax copies of their pay stubs and other documents. It will be important in the final rules, however, to see if HHS provides additional guidance on what constitutes "reasonably compatible" data and how far it is willing to go in preventing states from asking for redundant paperwork documentation.

2. **Strengthening of renewal procedures.** Drawing on successful practices in leading states, the proposed Medicaid eligibility rule establishes common-sense federal standards for renewal procedures for children, parents, pregnant women, and other non-disabled adults under 65. (For the remainder of the memo, these groups are referred to as the "Modified Adjusted Gross Income" or "MAGI" groups. "MAGI" refers to an IRS-determined definition of income that the ACA requires states to use when evaluating eligibility for advance premium tax credits and cost-sharing reductions, and, in most instances, for Medicaid eligibility as well. For Medicaid purposes, MAGI generally applies to parents, children, pregnant women, and other non-disabled and non-elderly adults.) These new standards will go a long way toward resolving the documented problem of eligible children and others "churning" on and off coverage or simply losing it altogether because of cumbersome renewal procedures.[3]

   a. **12-month renewal period.** As has been known in the child health community for years, it makes no sense to require families to renew their coverage more than once every 12 months. Forty-nine states already use 12-month renewal periods for children, and the proposed rule would spread this practice to the remaining states and also apply it to non-elderly, non-disabled adults.[4] (People still would be expected to report changes in circumstances that affect their eligibility between renewals.)

   b. **Redeterminations based on existing data.** Under the proposed Medicaid rule, states must use the information that they have on hand to decide if someone remains eligible for coverage at the point of renewal. Specifically, it requires states

to redetermine eligibility "without requiring information from the individual if able to do so based on reliable information" readily available to the state. People need to be notified that their coverage continues, but they cannot be obligated to sign and return a renewal form or notice if a state has data verifying they remain eligible. (As the preamble to the proposed Medicaid rule points out, these procedures are a codification of existing requirements to conduct "ex parte" redeterminations, but they often have been ignored in the past.) If reliable data are not available, a state must send a pre-populated renewal form to the beneficiary.

3. **New options for avoiding a "shadow" eligibility system.** Since states will receive a much higher Medicaid matching rate for "newly eligible adults" (i.e., adults with income between the state's current income thresholds and 138 percent of the FPL), it is necessary to distinguish between someone who qualifies for Medicaid under the old versus the new eligibility rules. The proposed Medicaid regulation prevents states from relying on a "shadow" eligibility to determine the appropriate matching rate (i.e., states cannot evaluate each and every applicant for eligibility under old Medicaid rules and under the new simpler rules) and instead offers three alternatives:

    a. **Sampling methodology**. A state can pull a representative sample of applicants, conduct a detailed assessment of their eligibility under old versus new rules, and extrapolate the share of the cost of newly eligible individuals in the sample to the cost of all adults in the program;

    b. **Threshold methodology**. A state can evaluate everyone for eligibility under new versus old rules, if it relies on a simplified version of the old rules. Essentially, a state would need to convert its old Medicaid income thresholds with disregards and deduction into a new higher gross income (i.e., "equivalent" threshold) and develop proxies to assess who meets other non-financial eligibility criteria associated with the old rules; and

    c. **CMS-developed methodology.** States will have the option to use state-specific estimates provided by CMS of the share of expenditures attributable to those considered newly-eligible. To generate these estimates, CMS would rely primarily on existing survey data.

IV. MAJOR ISSUES

While the proposed rules, as a whole, would contribute to major advances in coverage for children and families, they also raise a number of issues that could potentially be addressed in the final rules or through alternative means.

1. **Affordability test for employer-based coverage will discriminate against families.**

    Under the ACA, people are ineligible for advance premium tax credits if they have access to "affordable" employer-based coverage (minimum essential coverage). The proposed IRS rule makes it clear that families are treated as having access to "affordable" coverage as long as the worker in the family can secure employee-only coverage at a cost of less

than 9.5 percent of the family income and the family is offered employer-based insurance (regardless of what it costs). This will result in many families being left out of subsidized Exchange coverage, but facing premiums for employer-based insurance that will be unaffordable. The preamble to the proposed rule indicates that such families will not be subject to mandate penalties if they remain uninsured, but this does not change the underlying reality that many families will remain uninsured if this interpretation prevails in the final IRS rule.

2. **Double premium hit on families with children in CHIP**.

   Under the proposed rules, families with a parent(s) eligible for Exchange coverage and a child(ren) eligible for CHIP will not receive any discount on the cost of the coverage they purchase through the Exchange even though they also are obligated to enroll their children in CHIP. The issue arises from the statutory formula used to calculate the advance premium tax credit, which establishes a specific dollar amount that families are expected to contribute to their Exchange coverage without any variation allowed even if they also must pay CHIP premiums to buy coverage for their children outside of the Exchange. (This formula also raises other issues, but only the implications for families with children are discussed here.)

   Unfortunately, the number of families subject to this type of "double premium" is likely to be significant. Estimates from the Urban Institute indicate that three out of four (75%) parents who are eligible for the Exchange will have one or more children who are eligible for CHIP or Medicaid and must enroll in these programs. It is unknown how many of these families must pay premiums to enroll their children in public coverage, but 30 states charge a premium or annual enrollment fee to children in CHIP, so this is a serious concern. While the fundamental issue arises from the statute, the proposed rules do not acknowledge the problem, nor do they provide states with any options or advice for addressing it.

3. **"Behind-the-scenes" complexity of eligibility determinations.**

   The eligibility and enrollment systems envisioned in the proposed rule will hopefully appear to consumers to be "simple;" however, the proposed rules reveal that the behind-the-scenes standards governing who qualifies for which type of coverage will be relatively complicated in a number of situations. Much of the complexity is perhaps inevitable given the need to administer multiple programs through a single, unified process. Moreover, in a number of instances, the complexity is needed to protect families with children from missing out on Medicaid and CHIP coverage. As the proposed rules are finalized and implementation efforts move forward, it will be important to be mindful of this complexity and to take steps to ensure it does not "spill over" into the user experience. The sources of the behind-the-scenes complexity include:

   a. **Different periods of time used for Medicaid/CHIP versus tax credit eligibility determinations.** The proposed rules indicate that states will be required to

evaluate people for Medicaid eligibility based on their current monthly income and for advance premium tax credits based on their projected annual income.

i. **Current income for Medicaid.** The use of current income in Medicaid determinations has many advantages, especially for low-income families who often experience fluctuations in their income. (The proposed Medicaid rule allows for states to take into account a reasonably predictable future rise or fall in income, serving to further protect those whose income fluctuates.) On the other hand, relying on current monthly income increases the complexity of coordinating Medicaid eligibility determinations with advance premium tax credits.

ii. **Projected income for tax credits.** The proposed Exchange eligibility rule requires states to assess an applicant's eligibility for tax credits and cost-sharing reductions based on their projected annual income rather than last year's annual income or even current monthly income. The use of projected income should help to minimize the frequency with which advance premium tax credit recipients will face repayment obligations. However, it may be somewhat difficult to administer (e.g., many people will not be able to accurately predict their future income), particularly in conjunction with the use of current income for Medicaid.

b. **Use of IRS definition of income.** For purposes of both the advance premium tax credit and Medicaid, families will need to provide information on their "income" as defined by the tax code. In some instances, this requires a more complicated calculation than simply adding up earnings from pay stubs and sources of unearned income. For example, any alimony that a person receives needs to be included in the IRS definition of income, but not child support payments. States' application and enrollment procedures will need to help people understand the best way to estimate the IRS-based definition of their "income."

c. **Differences in household composition rules between Medicaid/CHIP and advance premium tax credits.**[5] For certain kinds of families, the proposed regulations retain household composition rules in Medicaid that deviate from those that apply to advance premium tax credits and cost-sharing reductions. The divergence is designed to prevent low-income children from missing out on Medicaid coverage for which they now qualify. While it will be important that the final rule retain these protections, they also highlight the need for making sure families in these complex situations have ready access to application assistance as needed. The major examples of where the rules diverge include:

i. **Non-parent relatives (e.g., grandparents taking care of grandchildren)**. Under the proposed Medicaid rule, a non-parent relative who is taking care of a dependent for whom he/she is not legally responsible will generally not be treated as part of the Medicaid eligibility unit. In contrast, IRS rules will treat her/his income as available to the dependent. This proposed policy means that a state must treat a child being cared for by a grandparent as

part of the same household for purposes of the tax credit, but as a separate household for purposes of Medicaid.

ii. **Families with divorced or never-married parents.** The proposed Medicaid rule will allow custodial parents to treat their children as part of their household for purposes of Medicaid eligibility, even if they are claimed as dependents on a non-custodial parent's tax form. In contrast, the IRS rules do not allow a custodial parent to secure a tax credit for children if they are listed as a dependent on someone else's tax form. The proposed Medicaid policy is very important for children—it would be unfair to prevent a custodial parent from seeking coverage through Medicaid for his/her child. It, however, is easy to see that families might find the difference between the Medicaid and tax credit rules difficult to understand and navigate, making it important that they have access to application assistance.

iii. **Unmarried parents living together.** The proposed Medicaid rule would treat unmarried parents living together as part of the same family because they share responsibility for a common child(ren). In contrast, the IRS will not. It will consider only which parent claims the child as a tax dependent and treat that parent and the child as a family for purposes of the advance premium tax credit and cost-sharing reduction. (The other parent, in most instances, will be treated as a single person.)

iv. **Married couple filing separately.** The proposed Medicaid rule will treat married couples that file separately as part of the same family. In contrast, the proposed IRS rule will treat them as simply ineligible for advance premium tax credits and a cost-sharing reduction. (Under the ACA, married couples are eligible for tax credits only if they file tax together.)

4. **Limitations on using IRS data to evaluate eligibility.** Despite initial hopes to the contrary, the proposed rules reveal that states are likely to be able to effectively use prior year tax data to evaluate only a relatively modest share of applicants for affordability programs. Given changes over time in people's circumstances, especially those of low-income applicants, annualized tax data from a prior year often will be of limited use in assessing people's current and projected incomes. Instead, states likely will need to rely more heavily than anticipated on data from other electronic sources, mostly state databases.

V. OTHER PROVISIONS OF PARTICULAR IMPORTANCE TO CHILDREN

1. **Need to Adopt a "Conversion" Income Threshold for CHIP/Medicaid for Children**. As required by the ACA, the proposed rule explains that states will need to "convert" their current net income thresholds (i.e., eligibility thresholds against which a family's income is compared after disregards are taken into account) in Medicaid and CHIP into higher gross income thresholds. The change, required by the statute, is designed to ensure that elimination of disregards under the move to MAGI does not cause children to miss out on

coverage. For example, a state with an income eligibility threshold at 250 percent of the FPL for children that disregards earnings and childcare deductions will need to adopt a new gross income threshold that is somewhat higher to reflect the loss of those disregards and deductions. The preamble to the proposed rule indicates that HHS is working with a contractor and states to identify different strategies for implementing the required conversion.

2. **An Additional Five Percentage Point Disregard of Income.** It appears that states must disregard an amount of income equal to five percent of the FPL for all groups whose eligibility is determined under MAGI. This means states must provide the five percent disregard to children evaluated for eligibility under their CHIP programs and Medicaid expansions. For example, a state that currently is at 250 percent of the FPL with disregards and deductions for CHIP will need to convert to a new higher, gross income threshold. It also will need to add an additional 5 percentage points to this new, higher gross income threshold.

3. **Availability of Enhanced CHIP Funding for Children Moving from Separate State Programs to Medicaid.** As a result of the mandatory expansion of Medicaid to 138 percent of poverty for all non-disabled people under the age of 65, a number of states must move children from separate state programs to Medicaid eligibility. Specifically, states that currently cover children ages 6 to 18 with income between 100 percent and 133 percent of poverty in separate CHIP programs must move them to Medicaid. In a very helpful clarification, the proposed Medicaid rule indicates that these children will continue to be eligible for enhanced CHIP matching funds as Medicaid beneficiaries.

4. **Elimination of Flexibility to Expand CHIP Above 200 Percent of the FPL.** While it is not clear how many states would have considered such an option in the future, it is notable that the proposed rule makes it clear that states no longer will be able to expand their CHIP programs (through a CHIP-financed Medicaid expansion or through a separate CHIP program) after January 1, 2014. The issue arises because Title XXI (the CHIP statute) does not include any explicit authority for states to expand coverage above 200 percent of the FPL. (One narrow exception from the original CHIP law is that states can add 50 percentage points above their income threshold for children's coverage on March 31, 1997, which, in some states, places them above 200 percent of the FPL). In the past, HHS authorized states to use "block of income" disregards and deductions to effectively create higher income thresholds (e.g., a state could disregard all income between 200 and 250 percent of the FPL). With the required move to MAGI and elimination of disregards and deductions, this alternative strategy for expanding children's coverage no longer is available.

5. **New Parent/Caretaker Relative Eligibility Requirement.** The proposed Medicaid rule clarifies that parents must enroll their children in coverage before they themselves can enroll in Medicaid. In effect, this creates a new eligibility requirement for parents in need of Medicaid. The practical implications of the requirement, however, are unclear. It is relatively rare to find families in which parents are insured, but children remain uninsured.[6] Existing research also suggests that most parents consider securing coverage for their children to be a higher priority than securing it for themselves.[7]

VI. MISSING INFORMATION

The proposed rule leaves open a number of questions that are important to resolve for children and their families, including:

1. **Waiting Periods in CHIP.** The proposed rule leaves it unclear whether states can continue to impose waiting periods in CHIP. The CHIP statute requires that children be "uninsured" at the point of application for CHIP. It also requires states to take steps to prevent families from substituting public coverage for private insurance. A majority of states (41) have responded by establishing minimum periods of time (e.g., 3 months) for which children must be uninsured before enrolling in CHIP.[8] Now, however, with the Affordable Care Act, families will potentially face financial penalties under the individual responsibility requirement if they allow their children to be uninsured. The proposed rule does not address these issues, nor the related question of whether children who are eligible for CHIP, except for a waiting period, can qualify for an advance premium tax credit.

2. **Future of Express Lane Eligibility.** When the Express Lane Eligibility option was first created in CHIPRA, it was accompanied by a provision calling for it to expire on September 30, 2013. With the Affordable Care Act, Congress did not explicitly lift the sunset date, but assumed that Express Lane would continue. Specifically, it noted that the move to use MAGI in eligibility determinations in no way overturned the option for states to rely on the Express Lane option when evaluating eligibility. While the proposed rule does reiterate this point, it does not directly address the future of the Express Lane option.

3. **CHIP Matching Rate Above 300 Percent of the FPL.** The ACA effectively will require some states to expand coverage somewhat above 300 percent of the FPL when they move to a gross income test (see discussion above of "conversion" requirement). The proposed rule does not address whether enhanced CHIP funding will be available for those who will be above 300 percent of the FPL, the cut-off established by CHIPRA for an enhanced CHIP match. (New Jersey and New York were grandfathered with higher eligibility rates at the time.)

In addition, as noted in the proposed rules, more guidance is needed to address: exemptions to the individual responsibility requirement, essential health benefits, quality standards, appeals, notices, verification of access to employer-based insurance, presumptive eligibility, Basic Health Programs, and how HHS will upgrade federal oversight and audits (e.g., PERM and MEQC rules) to conform with the new strategies for verifying eligibility.

Conclusion

Overall, the proposed rules would be a major step forward for the nation's children and families. They would modernize the eligibility and enrollment system that so many of the nation's families use to secure coverage, especially for their children. At the same time, there are some significant issues in the proposed rules, including, most notably, gaps in the affordability of coverage for moderate-income working families.

Given the enormous amount at stake for children and families in the outcome of the final rules, it is important for consumer advocates to consider submitting comments by the October 31, 2011 deadline. CCF, along with national organizations and state–based groups, is preparing comments that advocates and others could draw on to submit their own comments. For more information, contact Karina Wagnerman at khw24@georgetown.edu.

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[1] The Kaiser Commission on Medicaid and the Uninsured, "Enrolling Uninsured Low-Income Children in Medicaid and SCHIP," (January 2009), available at http://www.kff.org/medicaid/upload/2177_06.pdf (accessed October 17, 2011).
[2] S. McMorrow, G.M. Kennye, & C. Coyer, "Addressing Coverage Challenges for Children under the Affordable Care Act," Urban Institute (May 2011), available at http://www.urban.org/uploadedpdf/412341-Affordable-Care-Act.pdf
[3] Lake Research Partners, "Reducing Enrollee Churning in Medicaid, Child Health Plus, and Family Health Plus: Findings from Eight Focus Groups with Recently Disenrolled Individuals," New York State Health Foundation (February 2009); A. Cassedy, G. Fairbrother, & P. Newacheck, "The Impact of Insurance Instability on Children's Access, Utilization, and Satisfaction with Health Care," *Academic Pediatrics,* 8(5): 321-328 (September 2008).
[4] M. Heberlein, *et al.* "Holding Steady, Looking Ahead: Annual Findings of a 50-State Survey of Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP, 2010-2011" Kaiser Commission on Medicaid and the Uninsured (January 2011).
[5] Although not detailed here, there also are a few types of income that will "count" as available to a family when they are being evaluated for an advance premium tax credit or cost-sharing reduction, but that are not considered available for purposes of Medicaid eligibility determinations (e.g., scholarship grants).
[6] A. Davidoff, *et al.,* "Patterns of Child-Parent Insurance Coveraeg: Implications for Coverage Expansions," Urban Institute (November 2001).
[7] M. Perry, *et al*. "Enrolling Children in Medicaid and SCHIP: Insights from Focus Groups with Low-Income Parents," Kaiser Commission on Medicaid and the Uninsured (May 2007), available at http://www.kff.org/medicaid/upload/7640.pdf (accessed October 12, 11).
[8] *op. cit.* (3)