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HEALTHY KIDS and ACCESS Acts:
Summary of Key Provisions Impacting Children

by Kelly Whitener

On January 22, 2018, Congress passed a Continuing Resolution (CR) that included the Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act) funding the Children's Health Insurance Program (CHIP) for six years.[1] Just over two weeks later, on February 8, 2018, Congress passed another CR with many different health care provisions attached, including four more years of CHIP funding in the Advancing Chronic Care, Extenders, and Social Services (ACCESS) Act.[2] This brief provides context for the CHIP funding extensions and summarizes the provisions impacting children in low-income families in the HEALTHY KIDS and ACCESS Acts.

Historic Gap in Federal CHIP Funding

No new federal funding for CHIP was available after September 30, 2017. From October 1, 2017 until January 23, 2018, states relied on a combination of carryover funds, redistribution funds, and a partial fiscal year 2018 allotment Congress made available in late December to keep their programs open. Carryover funds—unused CHIP allotments from fiscal year 2017—helped some states cover the funding gap for longer than others. In October and November 2017, states that ran out of carryover funds relied on redistribution funds—a pool of unspent money from other states the Centers for Medicare & Medicaid Services (CMS) distributed proportionally based on the state's expected shortfall.

In December 2017, Congress passed two CRs with changes to CHIP funding. The first CR (P.L. 115-90) changed the redistribution formula. The original redistribution formula required CMS to distribute funding to states with federal funding shortfalls on a proportional basis so that all states would receive some new funding once their existing funding ran out. Under the new formula, CMS redistributed more money to emergency shortfall states—those states projecting shortfalls in the first quarter of fiscal year 2018—beyond the state's proportional share. This left less money for states with later shortfalls but all states were still eligible for some redistribution dollars.[3] The second CR (P.L. 115-96) added $2.85 billion in new CHIP allotment funding and changed the redistribution formula again. Each state received some new allotment dollars, though not enough to cover projected expenses for very long.[4] Under the newly revised redistribution formula, CMS no longer reserved redistribution funding for any state, instead paying out redistribution dollars on a monthly "first-come, first-served" basis to states experiencing shortfalls.[5]

During this period of uncertainty regarding CHIP funding, states took a range of actions to prepare for a federal funding shortfall or end of funding completely. CMS issued guidance to states in November 2017, outlining their options.[6] States that used their CHIP funding to cover eligible children through Medicaid had to maintain coverage for children but would receive less federal money as they would be reimbursed under the lower Medicaid match rate. States with separate CHIP programs had the option to transition these children from CHIP into Medicaid expansion programs or end their coverage altogether.[7]

All states spent time and resources considering their options and making contingency plans. Some states, like Louisiana and New York, prepared to transition children covered by CHIP to Medicaid. Arizona planned to draw down the lower, Medicaid match for their CHIP children in order to stretch federal funding further. Oregon planned to use state funds to fill the funding gap in the short term. But other states, like Alabama, Colorado, Connecticut, Oklahoma, Utah, Virginia, Washington, and West Virginia, determined they lacked the resources to continue CHIP at the lower Medicaid match and prepared to wind down their programs completely.[8] States informed health insurers and providers that federal funding was uncertain, with some states making expensive systems modifications to prepare for eligibility changes.[9] Some states also sent letters to families informing them that CHIP coverage may end, and while a handful of states prepared to freeze enrollment and end coverage, only Connecticut froze enrollment for a short period in December.

Following this period of great uncertainty, Congress passed two bills that together fund CHIP for 10 years. This longer-term funding will give families and states much needed stability while the rest of the health care market is still undergoing significant change.

Key CHIP Provisions in the HEALTHY KIDS and ACCESS Acts

Funding

CHIP is now funded through September 30, 2027 (i.e., federal fiscal year 2027). Though the Secretary will have to determine the allotment amount for each state each year, the overall appropriations are as follows:

- FFY 2018: $21.5 billion (See Appendix A for state-specific allotments)
- FFY 2019: $22.6 billion
- FFY 2020: $23.7 billion
- FFY 2021: $24.8 billion
- FFY 2022: $25.9 billion
- FFY 2023: $25.9 billion
- FFYs 2024-2026: such sums as necessary
- FFY 2027: $15.3 billion plus such sums as necessary[10]

Based on current spending levels and projections for future spending, the appropriations are expected to be sufficient to cover the costs in all states over this time period. There are some important details to note for FFY 2018, FFYs 2024-2026, and FFY 2027.

Federal Fiscal Year 2018. Because this funding comes part way through FFY 2018, there is also a provision to prevent duplicate appropriations. Funding from the second CR ($2.85B) that was unobligated as of the date of enactment (January 23, 2018) was rescinded, and future allotments to states will be reduced by the amount already obligated. In practice, this means that states will not have to pay back any money they have already received, but the next installment in their FFY 2018 allotment will be reduced to reflect these earlier, partial payments.

Federal Fiscal Years 2024-2026. Historically, the overall federal CHIP allotment has been laid out in statute. This pattern continues for FFYs 2018-2023, but beginning in FFY 2024, an alternative approach is used. Instead of specifying a certain dollar amount, the statute requires that the allotments equal such sums as are necessary to fund allotments to states and territories. Because of uncertainty about the adequacy of total of federal CHIP funding in any given year to fully fund state allotments, the specified allotment authorized each year has been often larger than what was necessary, resulting in some money that is authorized but not expended. For federal budgeting purposes, this results in budget authority that exceeds outlays. The new language is intended to avoid this by appropriating such sums as necessary to cover all CHIP allotments, but stakeholders will be monitoring CHIP funding closely to make sure that it does so.

Federal Fiscal Year 2027. The final year of CHIP funding, FFY 2027, is also crafted differently than the prior years, though this is typical of the final year of a CHIP funding extension. Rather than having an allotment for the year, the statute includes two semi-annual allotments of $7.65 billion each that will be available in FFY 2027

along with such sums as are necessary to make up the difference between $15.3 billion and state need. The two semi-annual allotments are used by the Congressional Budget Office when calculating the amount of federal funds to carryover in the baseline for each year beyond the current authorization period. Historically, the semi-annual allotments have summed to $5.7 billion, well below projected annual federal CHIP spending, so the increase to $15.3 billion—which more accurately reflects CHIP spending—should help make future CHIP funding extensions easier to pay for or "offset."

Child Enrollment Contingency Fund. The HEALTHY KIDS and ACCESS Acts also extend the child enrollment contingency fund (Social Security Act (SSA) § 2104(n)) through FFY 2027. This fund was first established in Children's Health Insurance Program Reauthorization Act of 2013 (CHIPRA, P.L. 111-3) to address problems some states experienced with inadequate funding because of enrollment increases. CHIP is a block grant, but a unique one. Not only are the overall appropriations levels projected to be sufficient to cover all spending, there are two additional sources of funds available if actual expenditures exceed projections: 1) redistribution funds if federal funding falls short (this is what states have been using for FFY 2018 because Congress acted so late), and; 2) contingency funds if states experience larger than projected enrollment increases.

Qualifying States. Finally, the HEALTHY KIDS and ACCESS Acts extend the qualifying states option (SSA § 2105(g)) through FFY 2027, which allows certain states to claim CHIP funds for some Medicaid expenses. Eleven states (CT, HI, MD, MN, NH, NM, RI, TN, VT, WA and WI) are able to use CHIP funds to pay the difference between the Medicaid matching rate and the CHIP matching rate for children in Medicaid whose family income exceeds 133 percent of the federal poverty level (FPL). This provision was crafted to level the playing field for states that had already increased eligibility levels for children in Medicaid before CHIP came about in 1997.

CHIP Match Rate

The Affordable Care Act (ACA, P.L. 111-148 and 111-152) increased the federal match for CHIP (known as e-FMAP or enhanced federal medical assistance percentage) by 23 percentage points for FFY 2016 through FFY 2019, and the Medicare Access and CHIP Reauthorization Act (MACRA, P.L. 114-10) adjusted the CHIP funding formula to accommodate the increase through FFY 2017. The HEALTHY KIDS Act maintains this match increase, or "bump," through FFY 2019. The HEALTHY KIDS Act also extends the "bump" for one more year, FFY 2020, but at half the amount, 11.5 percentage points, before returning to the state's regular e-FMAP rate in FFY 2021 and beyond (See Appendix B). This phase-down will help states as they plan their budgets, often on two-year cycles that start before the federal fiscal year.

Maintenance of Effort

The ACA required states to maintain income eligibility standards, methodologies, and procedures – known as the maintenance of effort or MOE—for children in Medicaid and CHIP through FFY 2019. In the HEALTHY KIDS and ACCESS Acts, this provision is extended through FFY 2027, but modified beginning in FFY 2020 for certain states. As of October 1, 2019, states may scale back CHIP income eligibility to 300 percent of FPL or make it harder for eligible children above 300 percent of FPL to enroll. Though we will have to wait for official guidance from CMS to be certain, we believe this applies to states with coverage above 300 percent of FPL as a result of the conversion to Modified Adjusted Gross Income (MAGI) eligibility standards, as well as those states with eligibility levels above 300 percent of FPL before transitioning to MAGI.[11] The states that could scale back coverage are: Alabama, Connecticut, District of Columbia, Hawaii, Illinois, Iowa, Maryland, New Hampshire, New Jersey, New York, Pennsylvania, Vermont, Washington, and Wisconsin.[12]

The MOE—along with coverage expansions for parents and other adults in Medicaid and the Marketplaces—has helped bring the uninsured rate for children down to an historic low, by keeping children's coverage steady during a time of great change in the nation's health system overall and through what is known as the "welcome mat" effect. As more parents and other adults gained coverage following implementation of the ACA, children who were previously eligible for Medicaid and CHIP enrolled for the first time.[13] Even with the additional state flexibility beginning in FFY 2020, coverage for the vast majority of children in CHIP (and Medicaid) will remain protected.

Other CHIP-Related Extensions

Pediatric Quality Measures Program. CHIPRA launched the Pediatric Quality Measures Program (PQMP) which funds centers of excellence intended to improve and strengthen the initial core set of measures and to increase the portfolio of evidence-based,

consensus pediatric quality measures available to both public and private payers.[14] The HEALTHY KIDS and ACCESS Acts extend this program through FFY 2027 and appropriate an additional $90 million over the period 2018 through 2023 and an additional $60 million over the period 2024 through 2027.[15]

Mandatory Quality Reporting. Beginning in FFY 2024, the ACCESS Act requires states to report all of the Child Core Set quality measures for Medicaid and CHIP. Since the Child Core Set was developed, reporting has been voluntary. In 2016, 50 states reported at least one measure, 45 states reported at least half of the measures, but the median number of measures reported was only 18 (of 26).[16] Further, CMS only releases data on measures reported by at least 25 states. Moving to mandatory reporting will make the quality data set more robust and much more useful for child health stakeholders.

CHIP Look-Alike Plans. Some states operate CHIP look-alike or buy-in programs whereby families with income above the CHIP eligibility threshold are able to purchase CHIP coverage for their children. These programs were more common before additional coverage options became available as a result of the ACA, but four states continue to operate them today.[17] Because the buy-in programs are not federally funded, they are generally not under the purview of Congress or CMS. However, the HEALTHY KIDS Act includes two policies related to CHIP buy-in programs. First, it clarifies that states may use a blended risk pool—combining regular CHIP and buy-in enrollees in setting premiums. Second, it adds buy-in programs to the list of programs that automatically meet the minimum essential coverage requirements under the ACA as long as the benefits are identical to the benefits in the state's CHIP plan.

Express Lane Eligibility. States will be able to continue to use the Express Lane Eligibility (ELE) option to streamline enrollment through FFY 2027. ELE allows states to use findings from other means-tested programs, like the Supplemental Nutrition Assistance Program (SNAP), to determine eligibility for and enroll children in Medicaid and CHIP. As of January 2017, nine states use ELE for Medicaid/CHIP enrollment or renewal or both.[18]

Childhood Obesity Demonstration. CHIPRA gave the Centers for Disease Control and Prevention (CDC) grant funding to develop a comprehensive and systematic model for reducing childhood obesity. The HEALTHY KIDS Act extends this demonstration through FFY 2023 and appropriates an additional $30 million over the period 2018 through 2023.

Outreach and Enrollment Program. CHIPRA also created a grant program to improve outreach and enrollment in Medicaid and CHIP. The HEALTHY KIDS and ACCESS Acts mark the third extension of this program, which has provided four rounds of grants to community-based organizations and states as well as three rounds to Tribal organizations to enroll more children. The program is now authorized through FFY 2027 and an additional $120 million is available for future grant-making in FFYs 2018-2023 and an additional $48 million is available for grants in FFYs 2024-2027. In the HEALTHY KIDS Act, Congress also clarified that organizations using parent mentors are eligible for the grants and compensation to such parent mentors is excluded from income when making eligibility determinations under MAGI. Parent mentors have been shown to help reach eligible but unenrolled children, especially in racial and ethnic minority communities.[19] This additional flexibility for parent mentors to do outreach and enrollment work could help narrow known racial disparities in insurance coverage. In the ACCESS Act, Congress set aside 10 percent of the grant funds in FFYs 2024-2027 for the Secretary to provide technical assistance to grantees and perform an evaluation.

Conclusion

CHIP has always enjoyed strong bipartisan support, but even with agreement in Congress on CHIP policy, Congress allowed federal funding to lapse for an unprecedented three-month period. The funding delay and prolonged uncertainty created stress and uncertainty for children, their families, and states, and may have a lasting impact on children's coverage. Funding CHIP for 10 years may help undo some of the damage by giving families and states the certainty that the program will continue for the foreseeable future, though intensive outreach efforts will be required to overcome misconceptions and make sure children get and stay covered.

Appendix A: CHIP Allotments

State	Preliminary FFY 2018 CHIP Allotment
Alabama	$338,511,007
Alaska	$34,628,643
Arizona	$219,584,676
Arkansas	$205,813,011
California	$2,825,935,404
Colorado	$270,402,569
Connecticut	$81,967,959
Delaware	$37,330,085
District of Columbia	$45,825,420
Florida	$734,065,064
Georgia	$429,677,190
Hawaii	$55,379,802
Idaho	$88,438,440
Illinois	$579,662,704
Indiana	$202,327,708
Iowa	$154,567,902
Kansas	$132,007,115
Kentucky	$284,025,468
Louisiana	$379,958,250
Maine	$37,827,331
Maryland	$313,409,295
Massachusetts	$710,909,940
Michigan	$280,389,992
Minnesota	$122,348,292
Mississippi	$335,500,601
Missouri	$185,524,455
Montana	$110,277,901
Nebraska	$77,074,850
Nevada	$74,884,458
New Hampshire	$40,496,084
New Jersey	$490,175,134
New Mexico	$144,059,298
New York	$1,306,260,812
North Carolina	$508,703,478
North Dakota	$23,423,334
Ohio	$433,437,460
Oklahoma	$263,995,514
Oregon	$266,013,436
Pennsylvania	$558,435,362
Rhode Island	$77,120,815
South Carolina	$163,983,786
South Dakota	$28,763,089
Tennessee	$493,199,605
Texas	$1,476,320,282
Utah	$140,549,341
Vermont	$32,026,565
Virginia	$308,267,233
Washington	$259,290,773
West Virginia	$64,647,160
Wisconsin	$237,692,236
Wyoming	$13,392,158
States/DC Total	$16,678,508,487
Commonwealths and Territories	
American Samoa	$3,072,998
Guam	$28,144,170
Northern Mariana Islands	$7,101,344
Puerto Rico	$203,833,700
U.S. Virgin Islands	$7,283,119
Total	$249,435,331
National Total	$16,927,943,818

Source: Email communication from CMS, March 6, 2018. Allotments are preliminary and subject to change in accordance with the statutory formula.

Appendix B: CHIP Match Rates, FFY 2018-2021

	Medicaid Match 2018*	CHIP Match 2018*	Estimated CHIP Match 2019**	Estimated CHIP Match 2020***	Estimated CHIP Match 2021****
Alabama	71.4%	100.0%	100.0%	91.5%	80.0%
Alaska	50.0%	88.0%	88.0%	76.5%	65.0%
Arizona	69.9%	100.0%	100.0%	90.5%	78.9%
Arkansas	70.9%	100.0%	100.0%	91.5%	79.6%
California	50.0%	88.0%	88.0%	76.5%	65.0%
Colorado	50.0%	88.0%	88.0%	76.5%	65.0%
Connecticut	50.0%	88.0%	88.0%	76.5%	65.0%
Delaware	56.4%	92.5%	92.5%	81.5%	69.5%
District of Columbia	70.0%	100.0%	100.0%	90.5%	79.0%
Florida	61.8%	96.3%	96.3%	84.5%	73.3%
Georgia	68.5%	100.0%	100.0%	89.5%	78.0%
Hawaii	54.8%	91.4%	91.4%	79.5%	68.3%
Idaho	71.2%	100.0%	100.0%	91.5%	79.8%
Illinois	50.7%	88.5%	88.5%	77.5%	65.5%
Indiana	65.6%	98.9%	98.9%	87.5%	75.9%
Iowa	58.5%	93.9%	93.9%	82.5%	70.9%
Kansas	54.7%	91.3%	91.3%	79.5%	68.3%
Kentucky	71.2%	100.0%	100.0%	91.5%	79.8%
Louisiana	63.7%	97.6%	97.6%	86.5%	74.6%
Maine	64.3%	98.0%	98.0%	86.5%	75.0%
Maryland	50.0%	88.0%	88.0%	76.5%	65.0%
Massachusetts	50.0%	88.0%	88.0%	76.5%	65.0%
Michigan	64.8%	98.4%	98.4%	86.5%	75.3%
Minnesota	50.0%	88.0%	88.0%	76.5%	65.0%
Mississippi	75.7%	100.0%	100.0%	94.5%	83.0%
Missouri	64.6%	98.2%	98.2%	86.5%	75.2%
Montana	65.4%	98.8%	98.8%	87.5%	75.8%
Nebraska	52.6%	89.8%	89.8%	78.5%	66.8%
Nevada	65.8%	99.0%	99.0%	87.5%	76.0%
New Hampshire	50.0%	88.0%	88.0%	76.5%	65.0%
New Jersey	50.0%	88.0%	88.0%	76.5%	65.0%
New Mexico	72.2%	100.0%	100.0%	92.5%	80.5%
New York	50.0%	88.0%	88.0%	76.5%	65.0%
North Carolina	67.6%	100.0%	100.0%	88.5%	77.3%
North Dakota	50.0%	88.0%	88.0%	76.5%	65.0%
Ohio	62.8%	97.0%	97.0%	85.5%	73.9%
Oklahoma	58.6%	94.0%	94.0%	82.5%	71.0%
Oregon	63.6%	97.5%	97.5%	86.5%	74.5%
Pennsylvania	51.8%	89.3%	89.3%	77.5%	66.3%
Rhode Island	51.5%	89.0%	89.0%	77.5%	66.0%
South Carolina	71.6%	100.0%	100.0%	91.5%	80.1%
South Dakota	55.3%	91.7%	91.7%	80.5%	68.7%
Tennessee	65.8%	99.1%	99.1%	87.5%	76.1%
Texas	56.9%	92.8%	92.8%	81.5%	69.8%
Utah	70.3%	100.0%	100%	90.5%	79.2%
Vermont	53.5%	90.4%	90.4%	78.5%	67.4%
Virginia	50.0%	88.0%	88.0%	76.5%	65%
Washington	50.0%	88.0%	88.0%	76.5%	65%
West Virginia	73.2%	100.0%	100.0%	92.5%	81.3%
Wisconsin	58.8%	94.1%	94.1%	82.5%	71.1%
Wyoming	50.0%	88.0%	88.0%	76.5%	65.0%

Table Notes

* Source: U.S. Department of Health and Human Services, Federal Register notice 81 FR 80078.

** The CHIP match rate for FFYs 2018 and 2019 is increased by 23 percentage points. The underlying rate for FFY 2019 is assumed to be the same as the FFY 2018 underlying rate, though the actual rate may differ.

*** The CHIP match rate for FFY 2020 is increased by 11.5 percentage points. The underlying rate for FFY 2020 is assumed to be the same as the FFY 2018 underlying rate, though the actual rate may differ.

**** The CHIP match rate for FFY 2021 returns to the normal e-FMAP rate without any additional increase. The underlying rate for FFY 2021 is assumed to be the same as the FFY 2018 underlying rate, though the actual rate may differ.

Endnotes

[1] See P.L. 115-120. The CHIP-related provisions are in "Division C – HEALTHY KIDS Act." Note that the freestanding bill by the same name also included other policies such as delaying the reduction in Medicaid disproportionate share hospital (DSH) payments, some funding for Puerto Rico and the US Virgin Islands following hurricanes in the region, and offsetting provisions to pay for the spending policies. Notwithstanding these differences, we refer to the CHIP funding extension and related provisions as the HEALTHY KIDS Act in this brief.

[2] See P.L. 115-123. The CHIP-related provisions are in "Division E – Advancing Chronic Care, Extenders, and Social Services (ACCESS) Act."

[3] For more information about state funding projections following the first CR, see "When Will CHIP Funding Run Out?," available at https://ccf.georgetown.edu/wp-content/uploads/2017/12/20171220_PressRelease_CHIP.pdf.

[4] CMS posted the preliminary allotment amounts which are available at https://www.medicaid.gov/chip/downloads/financing/preliminary-allotments.pdf.

[5] For more information about state funding projections following the second CR, see T. Brooks and J. Alker, Georgetown University Center for Children and Families, "When Will States Run Out of Federal CHIP Funds? (January 2018 Update)," available at https://ccf.georgetown.edu/wp-content/uploads/2018/01/When-Will-States-Run-Out-of-Federal-CHIP-FundsFINAL.pdf.

[6] CMCS Informational Bulletin, "Programmatic and Financial Information Regarding CHIP in a Federal Funding Shortfall," November 9, 2017, available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib110917.pdf.

[7] For more information about the background of CHIP and how it can be structured see, "About CHIP," February 2017, available at https://ccf.georgetown.edu/2017/02/06/about-chip/.

[8] T. Brooks, Georgetown University Center for Children and Families, "CHIP Funding Has Been Extended, What's Next for Children's Coverage?" Health Affairs Blog, January 2018, available at https://www.healthaffairs.org/do/10.1377/hblog20180130.116879/full/.

[9] M. Hensley-Quinn, National Academy for State Health Policy, "State CHIP Officials Speak Out on Impact of Congressional Funding Delay," January 16, 2018, available at https://nashp.org/state-chip-officials-speak-out-on-impact-of-congressional-funding-delay/.

[10] The final fiscal year is funded differently than the prior years. There are two semi-annual allotments of $7.65B each (see Social Security Act (SSA) § 2104(a)(28)) for a total of $15.3B and a one-time additional appropriation of any such sums as are necessary to fully fund state allotments (see P.L. 115-123 section 50101(b)(2)) that are added together for the year (see SSA § 2104(m)(11)).

[11] For more information on MAGI, see T. Brooks, Georgetown University Center for Children and Families, "Getting MAGI Right: A Primer on Differences that Apply to Medicaid and CHIP," January 2015, available at https://ccf.georgetown.edu/2015/01/30/getting-magi-right-primer-differences-apply-medicaid-chip/.

[12] T. Brooks and K. Wagnerman, Georgetown University Center for Children and Families, S. Artiga, E. Cornachione, and P. Ubri, Kaiser Family Foundation, "Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey," January 2017, available at https://ccf.georgetown.edu/2017/01/12/kaiser-family-foundation-ccf-release-50-state-medicaidchip-survey/. Note that we have excluded states with income eligibility levels over 300 percent FPL only due to the five percentage point block of income disregard required by SSA § 1902(e)(14) and applied to CHIP by SSA § 2102(b).

[13] K. Whitener, Georgetown University Center for Children and Families, "Fact Sheet: The Maintenance of Effort (MOE) Provision in the Affordable Care Act," May 2017, available at https://ccf.georgetown.edu/2017/05/24/fact-sheet-the-maintenance-of-effort-moe-provision-in-the-affordable-care-act/, and J. Alker and O. Pham, Georgetown University Center for Children and Families, "Nationwide Rate of Uninsured Children Reaches Historic Low," September 2017, available at https://ccf.georgetown.edu/2017/09/22/nationwide-rate-of-uninsured-children-reaches-historic-low/.

[14] T. Brooks, Georgetown University Center for Children and Families, "Measuring and Improving Health Care Quality for Children in Medicaid and CHIP: A Primer for Child Health Stakeholders," March 2016, available at https://ccf.georgetown.edu/wp-content/uploads/2016/03/Measuring_Health_Quality_Medicaid_CHIP_Primer.pdf.

[15] For more information about the Pediatric Quality Measures Program and the Centers of Excellence involved in developing and refining the measures, see the Agency for Healthcare Research and Quality, https://www.ahrq.gov/pqmp/index.html.

[16] T. Brooks, Georgetown University Center for Children and Families, "Reporting on FY 2016 Child Core Set Includes Key Developmental Screening Measure," November 2017, available at https://ccf.georgetown.edu/2017/11/07/reporting-on-fy-2016-child-core-set-includes-key-developmental-screening-measure/.

[17] The four states are Florida, Maine, New York and Pennsylvania. See T. Brooks et al, "Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost Sharing Policies as of January 2017: Findings from a 50-State Survey," January 2017.

[18] Ibid.

[19] G. Flores, MD, FAAP, board member of First Focus, "Mothers Mentoring Mothers," January 2018, available at https://ccf.georgetown.edu/2018/01/29/mothers-mentoring-mothers/.

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