Promoting Public Health Insurance for Children

Michael J. Perry

Until the State Children’s Health Insurance Program (SCHIP) was adopted in 1997, states were not expected to actively promote their public health programs for children or to encourage enrollment. But the availability of new administrative funds under SCHIP for outreach and marketing spurred states to create marketing campaigns to raise awareness about and increase involvement in SCHIP and Medicaid. At the same time, many of these activities were new, and states had little experience in developing marketing materials and advertising campaigns. Over time, however, states gained skill and expertise in promoting their children’s health programs.

As states began marketing SCHIP, they also started to focus on enrolling children in Medicaid. Historically, states did not promote Medicaid enrollment because most families were automatically enrolled when they signed up for welfare, or Aid to Families with Dependent Children (AFDC). In 1996, however, welfare reform eliminated the link between eligibility for Medicaid and AFDC, giving Medicaid the opportunity to redefine itself as a health insurance program for low-income families. (See the article by Mann, Rowland, and Garfield in this journal issue.) State advertisements and outreach strategies used to encourage enrollment in SCHIP were also used to encourage enrollment in Medicaid.

This article examines how states marketed their SCHIP and Medicaid programs and identifies lessons learned from these efforts. The article focuses primarily on state advertising and marketing campaigns—since these were such new activities for public health programs that serve children—and less on outreach efforts that occurred at the community level.

To describe state marketing and message strategies, this article draws on a 2000 study conducted for the Kaiser Commission on Medicaid and the Uninsured. The study included in-depth interviews with 55 officials responsible for SCHIP outreach in 48 states (including Washington, D.C.). In addition, the study reviewed and analyzed 37 print ads, 24 television ads, and 15 radio ads from 38 states. The purpose of these efforts was to create a baseline of information about states’ marketing efforts for SCHIP and Medicaid and to identify common as well as innovative approaches and messages states used. Insights from these interviews and an analysis of state marketing materials for SCHIP and Medicaid form the basis for this article.

The article first discusses the various strategies states used to market their children’s health coverage programs. It then reviews the most common messages used to encourage parents to enroll their eligible chil-

Michael J. Perry, M.A., is vice president of Lake Snell Perry and Associates.
children in a coverage program, and it briefly discusses efforts to evaluate the effectiveness of state marketing campaigns. Finally, the article concludes with a review of the lessons learned through these efforts and offers suggestions on how these lessons can be incorporated into future children’s health coverage campaigns.

Marketing Child Health Coverage Programs

Depending on the type of public health program states implemented, and whether they promoted their public health insurance programs separately or jointly, state officials used a variety of marketing strategies to promote their programs. Strategies included the use of appealing program names, multimedia campaigns, targeted outreach campaigns, and partnerships with community-based organizations (CBOs). (See Appendix 1 at the end of the article.)

New Program Names

Forty-one states gave their SCHIP programs new names (see Appendix 1). Program officials surveyed in the Kaiser study reported creating names that would sound appealing to potentially eligible families and would alleviate some of the stigma attached to government-sponsored programs for low-income families. For example, states gave their programs names that sounded like commercial health plans, such as Healthy Families in California, Partners for Healthy Children in South Carolina, and PeachCare for Kids in Georgia. Other states chose child-friendly names such as CubCare in Maine, Dr. Dynasaur in Vermont, and BadgerCare in Wisconsin.

Joint Promotion

Most states (35 of 48) promoted SCHIP and Medicaid jointly, regardless of whether the state implemented SCHIP as a Medicaid expansion, a separate program, or a combination plan. Thirteen states indicated they promoted only SCHIP, or SCHIP and Medicaid separately, even though they used a joint application. Even when states did not promote Medicaid independently, outreach for SCHIP attracted Medicaid-eligible children and increased Medicaid enrollment.

Multidimensional Media Campaigns

Most states used a combination of television, radio, and print ads, as well as other promotional materials, to market their programs. In the Kaiser study, all 48 states indicated that they used at least one of these media. The most common medium for promoting children’s health coverage was print material (46 of 48 states), followed by radio (41 of 48 states) and television (39 of 48 states). But most states (37 of 48) used all three media to promote their programs.

A number of states placed ads in both local and major newspapers, with ads placed in local newspapers likely most effective. Although major newspapers reach more people in total numbers, state officials believed that their ads were lost amid all the other ads in these papers. On the other hand, local papers are often read from cover to cover, and therefore are more likely to be seen by a great number of people. In addition, ads placed in local papers were often written in languages other than English, enabling states to target eligible people in specific ethnic and language groups.

States used a variety of strategies for their television and radio spots, including both paid and unpaid ads. State officials agreed that paid ads were more effective because they gave the state more control over when the ads would run. In an effort to maximize the effect of the television and radio ads, some states ran them in “flights”: on the air for a few weeks, off the air for a few weeks. Many states put their ads on radio stations with a large
volume of minority listeners, while others blanketed the state with no particular group or location in mind.

In addition to their formal media efforts, most states used a variety of promotional materials and distributed them in an array of venues (see Box 1). Nearly every state created flyers, pamphlets, posters, or informational booklets to educate people about programs. States also created child-friendly giveaways such as Frisbees, bookmarks, pencils, and key chains to advertise programs. Some states sent direct mailings to individuals, while others placed materials in health clinics, local health departments, day-care centers, schools, libraries, beauty parlors, and Laundromats. Mail-in applications, including phone numbers, were made available in most of these locations. Interested parents could pick up these applications or call if they had questions about the programs.

States developed ads that were aesthetically appealing and polished, with a commercial feel. Most ads used high-quality photography, catchy slogans, bright colors, and appealing tag lines. A few states’ ads featured spokespeople, usually the governor. Some ads included doctors and nurses examining children. A few used star athletes. Many print and television ads featured women prominently, showing mothers more often than fathers. Many of the professionals shown—such as medical providers and teachers—were also women.

---

**Box 1**

**Print Materials Used to Promote SCHIP**

- adhesive bandages
- adhesive bandage cases
- answers to “Most Frequently Asked Questions about SCHIP”
- balloons
- billboards
- bookmarks
- bumper stickers
- chamber of commerce ads
- change purses
- coloring books
- countertop brochure holders
- coupons for schools
- crayons
- decals
- dental floss
- employer bulletins
- flyers
- folders
- Frisbees
- highlighters
- large rulers to measure growing children
- letters to employers asking them to tell employees about SCHIP, with ideas about methods, such as payroll stuffers
- movie theater ads
- newsletters
- newspaper ads
- pages with outreach and enrollment ideas for community-based organizations
- pencils/pens
- pins
- plastic bags
- posters
- prescription pads
- refrigerator magnets
- rulers
- safety covers for electrical outlets
- sample editorials
- self-stick notes
- speaker resource kits
- tote bags
- WIC vouchers
Targeted Promotion

The Kaiser in-depth interviews indicated that nearly two-thirds of states (31 of 48) made efforts to target specific geographic areas and/or specific populations. For example, a number of states targeted select urban areas. In some cases, that meant running ads longer in these markets than elsewhere in the state. Other frequently mentioned target groups included young women, low-income families, Hispanic families, and African American families. A few states also directed efforts toward other groups: pediatricians, migrant workers, pregnant women, organizations working with children, immigrant communities, and rural communities with low enrollment. A few of the more innovative states targeted groups such as former welfare beneficiaries, grandparents, employers, or families of children with special health care needs.

States targeted diverse racial and ethnic populations primarily through print advertising and CBOs. Although states placed SCHIP/Medicaid ads in ethnic media, translated printed materials were the most commonly used targeting tool. Radio and television proved less viable for targeting specific ethnic and racial populations. Instead, states used those media to reach broader statewide audiences with more general messages.

Ads featured children of different racial and ethnic backgrounds—usually African American, Latino, white, and, on occasion, Asian children. Because states wanted to reach many populations with their SCHIP and Medicaid ads, they tended to use multiple photos of children and families of varying racial and ethnic backgrounds, or a single photo showing a diverse group of children. Some states developed targeted supporting materials and posters that showed images of a child and/or a family of a specific ethnic or racial background.

Most states created ads in English and other languages. A majority of states (38 of 48) created at least one radio, television, or print ad in Spanish. At least 6 states translated their print materials into Vietnamese, and almost as many had print ads available in Cantonese. A few states translated materials into other languages as well, including Navajo, Bosnian, Hmong, Creole, Samoan, and Albanian, to name a few. Because of the relative cost-effectiveness, states were most likely to translate printed materials and much less likely to develop radio or television ads in different languages. About one-third of the states created radio spots in Spanish, and a similar number created television ads in Spanish. Because of the expense involved, states rarely developed radio or television spots in any other languages.

A few states targeted employees by featuring employers promoting the state health coverage program. For example, North Carolina’s radio ad featured an employer explaining that he was glad his state offered SCHIP to eligible families because he could not afford to provide insurance to his employees. Because most ads targeted working families, informing employers about public avenues for providing health coverage to employees and their families seemed like a good idea.

While most SCHIP and Medicaid ads used images of happy, healthy-looking children in settings such as schools and playgrounds, a few states mixed in images of children with disabilities, special needs, or chronic health conditions, to show that all uninsured children were eligible for the programs. For example, Florida included a child in a wheelchair in its television ad, and Utah’s television ad featured a mother talking about her diabetic daughter and how SCHIP enabled her to obtain the care she needs.
**Partnerships with Community Organizations**

All states worked with a variety of CBOs in their efforts to reach specific racial and ethnic groups (see Box 2). All state officials interviewed in the Kaiser survey said that they relied on partnerships with CBOs that served diverse communities to reach eligible families. For example, in California, Asian Health Services in Oakland sent Cantonese, Vietnamese, and Korean speakers into the community to describe SCHIP and Medicaid. Many states partnered with school districts not only to distribute informational material but also to educate school employees, especially school nurses, about helping children and their parents understand the importance of health coverage and complete applications. The study indicated that states considered these partnerships with CBOs key to reaching into the community to enroll eligible children in SCHIP and Medicaid.

**Box 2**

**Community-Based Organizations’ Partners for Promoting SCHIP and Medicaid**

<table>
<thead>
<tr>
<th>Adoption agencies</th>
<th>Boys and Girls Clubs</th>
<th>Churches</th>
<th>Country/state fairs</th>
<th>Day-care centers</th>
<th>Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>March of Dimes</td>
<td>Planned Parenthood</td>
<td>Schools</td>
<td>Tribal health centers</td>
<td>United Way</td>
<td>Women’s shelters</td>
</tr>
</tbody>
</table>

**Content and Messages Used to Promote SCHIP and Medicaid**

To promote their public health programs, states developed a number of content and message strategies using different forms of media. Although the strategies varied across states, some common approaches emerged. For example, overall, states took a “less is more” approach in their ads with regard to program details. Most ads provided only limited information, omitting details about how the programs worked, who qualified, how to enroll, how much programs cost, and what services were covered. For example, only one or two states included income-eligibility information in their advertising. Instead, most ads were designed to grab parents’ attention and encourage them to obtain more information by calling a hot line. For example, Hawaii’s television ad told how much a family of four could earn per month for its children to qualify, and Virginia’s print ads included a box with information on how much families of different sizes could earn and still qualify. Some ads did feature specific services that SCHIP and Medicaid cover, such as checkups, medication, hospitalization, and dental care. A few ads even mentioned more specialized care such as vision, speech, and hearing services. Television and radio ads were more likely than print ads to mention specific services, because their formats allowed for more details about the programs.

States appeared split on how to promote SCHIP and Medicaid. While many ads stressed that SCHIP and Medicaid covered doctor visits and hospitalization for ill or hurt children, some ads emphasized the preventive aspects of the coverage, such as having a regular doctor, or highlighted services like checkups and shots.

**Key Messages**

A review of 37 print ads, 24 television ads, and 15 radio ads promoting SCHIP and Medicaid found that, although states used a variety of messages, several key messages were used across states to promote children’s health coverage programs and to motivate parents to learn about the programs and enroll their children. States tended to use a mix of these messages—anywhere from three to five—in a single ad, rather than focusing on one or two messages. The key messages were as follows:

- **SCHIP/Medicaid Is Affordable.** Emphasizing that SCHIP/Medicaid coverage is free or low cost was a prominent message in just about every ad reviewed. The intent was to inform parents that SCHIP and Medicaid are different from expensive, commercial health plans and to reassure parents that they could afford health coverage for their children.
To promote their public health programs, states developed a number of content and message strategies using different forms of media.

- **SCHIP/Medicaid Is for Working Families.** This message sought to differentiate SCHIP and Medicaid from public programs such as welfare, which are not perceived to be for working families. Ads showed middle-class, suburban surroundings to emphasize that SCHIP and Medicaid are for working people who pay taxes and live next door. This message was often supported by a photograph of a working mother in a business suit or a family standing in front of its own small business. States appear to have deliberately chosen an approach that resonates with working families, who may not be comfortable with government assistance programs. Indeed, some ads made no direct reference to the state at all, or did so only subtly.

- **Health Coverage Is Necessary for Children to Thrive.** Many ads emphasized that health coverage is a basic need for children. This message linked success in school to health and stressed that if children are not healthy, they cannot learn and engage in other childhood activities. By depicting health coverage in this way, this message equated health insurance with other essential needs such as food, clothing, and shelter—basics that parents must provide for their children—and urged parents to give greater priority to obtaining health coverage for their children.

- **If You Enroll Your Children, You Will Have Peace of Mind.** A theme that appeared in many ads referred to parents’ worries about their uninsured children. Accompanying this theme were images of children riding skateboards or falling from monkey bars at the park. Some ads used emotional appeals to motivate parents to enroll their children, using words such as “frightening” and “scary” to describe how it feels to be the parent of an uninsured child. This message implied that children were likely to get hurt and encouraged parents to seek out coverage before accidents happened.

- **It’s Easy to Enroll.** Almost every ad emphasized that enrolling in the programs would be easy. Research has shown that Medicaid’s complicated enrollment process has been a significant barrier to enrolling eligible children (see the article by Cohen Ross and Hill in this journal issue). SCHIP and Medicaid ads emphasized that enrollment was quick and easy and implied that it could even be done over the phone.

- **Health Coverage Is Just Too Expensive Today—You Are Doing the Best You Can.** A number of ads mentioned that health coverage is too expensive for working families, thereby identifying cost, not parental neglect, as the main reason some children lack coverage. Ads went to great lengths to avoid any implication that parents were to blame for their children being uninsured, or that parents even had a choice in the matter.

- **You Can Take Your Sick Children to the Doctor Right Away.** Some ads targeted parents who delayed getting medical care for their uninsured children because they could not afford it. Images such as a sick girl on a swing or a mother nursing a sick child in bed accompanied this message. The point is clear: Health coverage enables parents to bring children to a doctor as soon as they become ill, rather than postponing medical care until a child’s illness worsens.

- **This Is a New Program.** This message was subtly portrayed in ads, and it emerged more in what was left unsaid. For example, many ads made no mention of links to Medicaid—even when states had created a combination Medicaid/SCHIP program. In addition, most print and television ads used visual images that contrasted sharply with stereotypes of welfare and Medicaid recipients. That is, the ads showed images of working people in middle-class settings and suburban neighborhoods.

- **Your Child Will Have His or Her Own Doctor.** This theme emerged in many ads and stressed the importance of having a regular pediatrician caring for children, as well as the benefits of preventive care. This message spoke directly to the problem of inconsistent and delayed medical care for uninsured children, who often go to emergency rooms or low-cost clinics to
receive medical services. This message, therefore, presented an appealing alternative to parents—a regular doctor who will care for their children—and tapped into a potentially powerful motivation for parents to enroll their children in SCHIP and Medicaid.

You Can Have a Choice of Providers. Some ads stressed that parents would have a choice of providers if they enrolled their children in SCHIP or Medicaid, and that they would not be randomly assigned to a doctor or insurance plan. These ads implied that a number of physicians participated in the programs, dispelling some older images of a limited choice of doctors under Medicaid.

Market Testing and Evaluating Effectiveness

Although slightly less than one-half of states used market-testing techniques to develop their campaigns, almost two-thirds of states made some effort to evaluate their marketing programs after they were implemented.

With regard to market testing, 22 of 48 states in the Kaiser study reported conducting formal or informal market testing to help develop their campaigns. Moreover, officials in states that did not conduct market testing reported that they wished they had and planned to do so for future campaigns. A desire to get information out to the public as soon as possible was cited as a central reason for not conducting market tests.

While more than two-thirds of states reported making efforts to assess the effectiveness of their marketing campaigns, methods varied significantly across states, and definitive findings were few. Nonetheless, the evaluations commonly found that most people who contacted the state about SCHIP or Medicaid did so because a family member or friend had told them about the program. Television was also frequently cited as a source of information about SCHIP and Medicaid, as were schools, doctors, and nurses. This finding suggests that informal communication networks are an important source of information sharing.

Another independent study evaluated the impact of television ads by tracking telephone calls coming in to a national hot line, as well as calls to hot lines set up in six target markets. A significant increase in callers followed television advertisements about SCHIP and Medicaid. Calls to the national hot line increased from an average of 15,000 per month to 58,000 calls in the month ads ran. The six target markets also saw a steep increase in callers, from 74% on the low end to 645% on the high end. These data show that television ads can have a big impact in terms of raising awareness of public health programs and in spurring parents to pursue enrollment.

Lessons Learned

States are no longer making such concerted efforts to advertise public health programs for children. Since 2000, when most of the data for this article were gathered, lack of funding, budget shortfalls, and higher-than-expected Medicaid and SCHIP enrollment and costs per enrollee have led to much less emphasis on marketing campaigns for public health programs for children. Yet important lessons can be gleaned from states’ initial efforts to market their SCHIP and Medicaid programs, and these lessons may inform future efforts to raise awareness and encourage enrollment in children’s health coverage programs. Effective methods include:

- Using appealing images of diverse children of various ages, including children with disabilities;
- Emphasizing that children’s health programs offer free or low-cost health coverage;
- Mentioning covered services that parents want for their children, such as dental care, medications, doctor visits, hospitalization, vision care, and speech services;
- Telling parents that they can have peace of mind knowing that their children are no longer uninsured;
- Making contact information—phone numbers and Web site addresses—very prominent in advertisements;
- Focusing on working families, but not forgetting families leaving welfare or former Medicaid beneficiaries; and
- Giving actual dollar amounts that families can earn and still have their children qualify for the program. Families will be surprised to see how much they can earn and still have eligible children.
Furthermore, although marketing and outreach activities have been curtailed, two major health-coverage-marketing efforts have occurred since the Kaiser study in 2000. One is the Covering Kids Initiative, sponsored by the Robert Wood Johnson Foundation, which continues to help states market SCHIP and Medicaid. In recent years, the program has developed print materials, ads, radio spots, events, and strategies to coincide with the back-to-school season. For example, the program offers states a toolkit for reminding parents about health coverage as they prepare their children for the next school year. The materials tend to use the same messages identified in this article, but they also include income-eligibility information.

Another recent health-coverage-marketing campaign was launched to promote New York’s Disaster Relief Medicaid—a four-month program created in response to a damaged computer system in the wake of the September 11, 2001, attacks. While this program was not just for children (in fact, childless adults could qualify), it provides insights into the successful marketing of public health programs. Effective ads and strong word of mouth conveyed to uninsured and low-income New Yorkers that applying for this public health insurance program was quick and easy, that income-eligibility levels were higher than for other programs (“anybody could qualify”), and that coverage was free. As a result, an unprecedented 380,000 people were enrolled.

These initiatives, as well as state marketing of SCHIP and Medicaid, illustrate the effectiveness of health coverage marketing. At the same time, creating attractive and compelling ads is only part of the solution. States need to create an accessible enrollment process to enable families to successfully enroll their children. The enrollment process has traditionally been a significant barrier to Medicaid enrollment and has been cited as a reason why families do not enroll or do not complete the process (see the article by Cohen Ross and Hill). Indeed, states risk losing interested parents if their enrollment processes are not as simple as their ads imply. Pairing an effective marketing campaign with a streamlined enrollment process holds the most promise for ensuring that all eligible children can obtain health coverage.

Much of the content of this article was drawn from a report that was co-written by Michael Perry, and Vernon Smith and Catherine Smith of Health Management Associates, under the guidance of Barbara Lyons, Deputy Director of the Kaiser Commission on Medicaid and the Uninsured.
ENDNOTES


2. Calls were made to either Medicaid or SCHIP directors, or SCHIP outreach coordinators, in 50 states and the District of Columbia. Nonresponding states included Louisiana, New Hampshire, and South Dakota.

3. Because this study was conducted in the summer of 2000, it describes state advertising and marketing efforts that primarily occurred in 1998 and 1999. Therefore, current marketing efforts by states and others to promote public health programs for children are not fully addressed in this article. Nonetheless, most state-sponsored advertising occurred during the time of the study, when SCHIP was new and states wanted to raise awareness about the program.

4. Among the 48 states studied, roughly equal numbers implemented SCHIP as a Medicaid expansion (16 states), separate program (14 states), or combination plan (18 states).

5. A few states reached out to former welfare beneficiaries. Their SCHIP and Medicaid ads pointed out that if parents had just left welfare, their children might still be eligible for SCHIP or Medicaid.

6. A few states acknowledged the central role that grandparents often play in children’s lives by creating ads that featured photos of grandparents with their young grandchildren.


8. Methods for evaluating effectiveness included tracking the volume of calls or applications coming in, asking callers to call an 800 number and report where or how they learned of the programs, asking applicants how they heard about the programs on written applications, and surveying program enrollees.


11. For more information on the Robert Wood Johnson initiative, see http://www.coveringkids.org/.


13. See note 12, Perry.

# Appendix 1

## How States Are Promoting Children's Health Coverage Programs

<table>
<thead>
<tr>
<th>State</th>
<th>Type of CHIP Program</th>
<th>Promote Medicaid and CHIP Jointly or Separately</th>
<th>Name of Medicaid Program</th>
<th>Name of CHIP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Combination</td>
<td>Separately</td>
<td>Medicaid</td>
<td>ALL KIDS</td>
</tr>
<tr>
<td>Alaska</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>Denali KidCare</td>
<td>Denali KidCare</td>
</tr>
<tr>
<td>Arizona</td>
<td>Separate</td>
<td>Jointly</td>
<td>Arizona Health Care</td>
<td>KidsCare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost Containment System</td>
<td></td>
</tr>
<tr>
<td>Arkansas</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>ARKids</td>
<td>ARKids</td>
</tr>
<tr>
<td>California</td>
<td>Combination</td>
<td>Jointly</td>
<td>Medi-Cal for Children</td>
<td>Healthy Families</td>
</tr>
<tr>
<td>Colorado</td>
<td>Separate</td>
<td>CHIP only</td>
<td>Baby Care/Kids Care</td>
<td>Child Health Plan Plus (CHIP+)</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Combination</td>
<td>Jointly</td>
<td>Husky A</td>
<td>Husky B</td>
</tr>
<tr>
<td>Delaware</td>
<td>Separate</td>
<td>Jointly</td>
<td>Diamond State Health Plan</td>
<td>DE Healthy Children Program</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>Medicaid</td>
<td>Separately</td>
<td>Medicaid</td>
<td>DC Healthy Families</td>
</tr>
<tr>
<td>Florida</td>
<td>Combination</td>
<td>Jointly</td>
<td>Florida KidCare</td>
<td>Florida KidCare</td>
</tr>
<tr>
<td>Georgia</td>
<td>Separate</td>
<td>Separately</td>
<td>Medicaid</td>
<td>PeachCare for Kids</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>QUEST</td>
<td>QUEST</td>
</tr>
<tr>
<td>Idaho</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>CHIP</td>
<td>CHIP</td>
</tr>
<tr>
<td>Illinois</td>
<td>Combination</td>
<td>Jointly</td>
<td>KidCare</td>
<td>KidCare</td>
</tr>
<tr>
<td>Indiana</td>
<td>Combination</td>
<td>Jointly</td>
<td>Hoosier Healthwise Package A</td>
<td>Hoosier Healthwise Package C</td>
</tr>
<tr>
<td>Iowa</td>
<td>Combination</td>
<td>CHIP only</td>
<td>Medicaid</td>
<td>HAWK-I</td>
</tr>
<tr>
<td>Kansas</td>
<td>Separate</td>
<td>Separately</td>
<td>PrimeCare and HealthConnect</td>
<td>Health Wave</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>K-CHIP</td>
<td>K-CHIP</td>
</tr>
<tr>
<td>Louisiana</td>
<td>No response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td>Combination</td>
<td>Jointly</td>
<td>Medicaid</td>
<td>CubCare</td>
</tr>
<tr>
<td>Maryland</td>
<td>Medicaid</td>
<td>Separately</td>
<td>Medicaid</td>
<td>Maryland Children's Health Program</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Combination</td>
<td>Jointly</td>
<td>MassHealth</td>
<td>MassHealth</td>
</tr>
<tr>
<td>Michigan</td>
<td>Combination</td>
<td>Jointly</td>
<td>Healthy Kids</td>
<td>MI-Child</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>Medical Assistance</td>
<td>MinnesotaCare</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Combination</td>
<td>Jointly</td>
<td>Mississippi Health Benefit</td>
<td>Mississippi Health Benefit</td>
</tr>
<tr>
<td>Missouri</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>MC+</td>
<td>MC+ for Kids</td>
</tr>
<tr>
<td>Montana</td>
<td>Separate</td>
<td>CHIP only</td>
<td>Medicaid</td>
<td>Montana CHIP</td>
</tr>
<tr>
<td>State</td>
<td>Type of CHIP Program</td>
<td>Promote Medicaid and CHIP Jointly or Separately</td>
<td>Name of Medicaid Program</td>
<td>Name of Separate CHIP Program</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>Kids Connections</td>
<td>Kids Connections</td>
</tr>
<tr>
<td>Nevada</td>
<td>Separate</td>
<td>Jointly</td>
<td>Medicaid</td>
<td>Nevada CheckUp</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>No response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td>Combination</td>
<td>CHIP only</td>
<td>Medicaid</td>
<td>New Jersey KidCare</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>NewMexiKids</td>
<td>NewMexiKids</td>
</tr>
<tr>
<td>New York</td>
<td>Combination</td>
<td>Jointly</td>
<td>Growing Up Healthy</td>
<td>Child Health Plus (state-funded)</td>
</tr>
<tr>
<td>North Carolina</td>
<td>Separate</td>
<td>Jointly</td>
<td>HealthCheck</td>
<td>NC HealthChoice for Children</td>
</tr>
<tr>
<td>North Dakota</td>
<td>Combination</td>
<td>Jointly</td>
<td>Phase I - Healthy Steps</td>
<td>Phase II - Healthy Steps</td>
</tr>
<tr>
<td>Ohio</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>Healthy Start</td>
<td>Healthy Start</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>SoonerCare</td>
<td>SoonerCare</td>
</tr>
<tr>
<td>Oregon</td>
<td>Separate</td>
<td>Jointly</td>
<td>Oregon Health Plan</td>
<td>CHIP</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Separate</td>
<td>Separately</td>
<td>Medical Assistance/Medicaid</td>
<td>CHIP</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Combination</td>
<td>Jointly</td>
<td>Rite Care</td>
<td>Rite Care</td>
</tr>
<tr>
<td>South Carolina</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>Partners for Healthy Children</td>
<td>Partners for Healthy Children</td>
</tr>
<tr>
<td>South Dakota</td>
<td>No response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>TennCare for Children Initiative</td>
<td>TennCare for Children Initiative</td>
</tr>
<tr>
<td>Texas</td>
<td>Combination</td>
<td>Jointly</td>
<td>TexCare Partnership</td>
<td>TexCare Partnership</td>
</tr>
<tr>
<td>Utah</td>
<td>Separate</td>
<td>CHIP only</td>
<td>Medicaid</td>
<td>CHIP</td>
</tr>
<tr>
<td>Vermont</td>
<td>Medicaid</td>
<td>Jointly</td>
<td>Dr. Dynasaur</td>
<td>Dr. Dynasaur</td>
</tr>
<tr>
<td>Virginia</td>
<td>Separate</td>
<td>CHIP only</td>
<td>Medicaid</td>
<td>Children’s Medical Security Insurance Program</td>
</tr>
<tr>
<td>Washington</td>
<td>Separate</td>
<td>Jointly</td>
<td>Healthy Kids Now!</td>
<td>Healthy Kids Now!</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Combination</td>
<td>Jointly</td>
<td>WV CHIP - Phase I</td>
<td>WV CHIP - Phase II</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>Combination</td>
<td>Separately</td>
<td>Medicaid</td>
<td>BadgerCare</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Separate</td>
<td>Jointly</td>
<td>Medicaid for Children</td>
<td>Wyoming Kid Care</td>
</tr>
</tbody>
</table>

**Total Responding: 48**
- Medicaid: 16
- Jointly: 35
- Medicaid/Medical Assistance: 15
- Separate: 14
- Separately: 7
- New CHIP name: 41
- Combination: 18
- CHIP only: 6
- Same name for Medicaid & CHIP: 23

Note: Some states use different names for their Medicaid managed care programs, which may not be listed above.