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| **Fact Sheet ON CHIP PROGRAM IN [STATE NAME]** |
| Program Type: | Medicaid Expansion (M-CHIP)  | □ | Separate CHIP(S-CHIP)  | □ | Combination(M-CHIP and S-CHIP)  | □ |
| Program Name(s): | Medicaid/M-CHIP: | S-CHIP: |
| Agency(ies) administering Medicaid and CHIP: |  |
| **CHIP Program Population Covered** | **Age** | **Program Type** | **Income Range (FPL)** |
| Children | Infants(0-1) | M-CHIPS-CHIP | □□ |  |
| 1-5 | M-CHIPS-CHIP | □□ |  |
| 6-18 | M-CHIPS-CHIP | □□ |  |
| Details: |
| *Section 1115 Demonstration Program/Title XXI funds\** |
| Parents and caretaker relatives | □ |  |  |
| Pregnant Women | □ |  |  |
| Childless adults | □ |  |  |
| *CHIP State Plan\** |  |  |  |
|  Pregnant women  | □ |  |  |
|  Unborn children  | □ |  |  |
|  Lawfully residing immigrant children | □ |  |  |
|  Lawfully residing immigrant pregnant women | □ |  |  |
|  Children of state employees | □ |  |  |
|  Dental-only supplemental to employer-sponsored insurance (ESI) | □ |  |  |
|  Premium assistance | □ |  |  |
|  Details: |

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| **CHIP Eligibility/Enrollment/Renewal** |
| Joint application | □ |
| Face-to-face/in-person interview | □ |
| Asset test | □ |
| Income disregards | □ |
| Uninsured waiting period □ Number of months: |
| Application methods: | Mail-in □ | Phone □ | Online □ |
| Presumptive eligibility | □ |  |  |
| Retroactive eligibility | □ |  |  |
| Express-lane eligibility | □ |  |  |
| Continuous eligibility □ Number of months: |
| Premiums required | □ |  |
| Co-pays or co-insurance | □ |
| Documentation required: | Income □ | Citizenship □ | Income status □ |
| Periodicity of renewal: | 6 months □ | 12 months □ |
| Automatic (ex-parte) renewal | □ |  |  |
| Pre-populated renewal form | □ |  |  |

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| **CHIPRA Performance Bonus** | **FFY 2009** | **FFY 2010** | **FFY 2011** |
| Criteria met |  | □ | □ | □ |
| Details: |
| Award amount  |  |  |  |  |

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| **Other CHIP Program Details** (include as many rows as necessary for each program) |
| Delivery system: | Fee-for-service □  | Managed care □ | Primary-care case management (PCCM) □ |
| Benefit package: | Benchmark □ | Benchmark-equivalent □ | Secretary-approved □ |
| Benefit details: |
| Cost-sharing: |

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| **Coverage Beyond Medicaid and CHIP** |
| CHIP Buy-in Program | □ |
| Income range: |  |
| Details: |  |
| Immigrant-specific programs using state-only funds | □ |
| Program Name: |  |
| Administrator: |  |
| Income range: |  |
| Details: |  |
| Other public health insurance programs covered by State-only funds | □ |
| Program Name: |  |
| Income range: |  |
| Details: |  |
| Utilization of basic health plan (BHP) option | □ |
| Administrator: |  |
| Income range: |  |
| Details: |  |
| Health insurance exchange (HIX) model: | State-only □ | Federal-only □ | State-Federal □ |
| Details: |  |

*\* Prior to CHIPRA, States could provide services to pregnant women either through a Section 1115 demonstration program or under the CHIP State plan by covering unborn children. CHIPRA Section III allowed States to continue providing coverage through these two options or through a new option of covering pregnant women under the State plan option under CHIP.*