|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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-CHIP  S-CHIP | | | | | □  □ | | |  | | |
| 1-5 | | | M-CHIP  S-CHIP | | | | | | □  □ | |  | | |
| 6-18 | | | M-CHIP  S-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: | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | □ | |  | | |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.*