

FACT SHEET ON CHIP PROGRAM IN [STATE NAME]				
Program Type:	Medicaid Expansion (M-CHIP) <input type="checkbox"/>	Separate CHIP (S-CHIP) <input type="checkbox"/>	Combination (M-CHIP and S-CHIP) <input type="checkbox"/>	
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 <input type="checkbox"/>	S-CHIP <input type="checkbox"/>	
	1-5	M-CHIP <input type="checkbox"/>	S-CHIP <input type="checkbox"/>	
	6-18	M-CHIP <input type="checkbox"/>	S-CHIP <input type="checkbox"/>	
Details:				
<i>Section 1115 Demonstration Program/Title XXI funds*</i>				
Parents and caretaker relatives		<input type="checkbox"/>		
Pregnant Women		<input type="checkbox"/>		
Childless adults		<input type="checkbox"/>		
<i>CHIP State Plan*</i>				
Pregnant women		<input type="checkbox"/>		
Unborn children		<input type="checkbox"/>		
Lawfully residing immigrant children		<input type="checkbox"/>		
Lawfully residing immigrant pregnant women		<input type="checkbox"/>		
Children of state employees		<input type="checkbox"/>		
Dental-only supplemental to employer-sponsored insurance (ESI)		<input type="checkbox"/>		
Premium assistance		<input type="checkbox"/>		
Details:				

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

Pre-populated renewal form	<input type="checkbox"/>
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CHIPRA Performance Bonus	FFY 2009	FFY 2010	FFY 2011
Criteria met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details:			
Award amount			

Other CHIP Program Details (include as many rows as necessary for each program)			
Delivery system:	Fee-for-service <input type="checkbox"/>	Managed care <input type="checkbox"/>	Primary-care case management (PCCM) <input type="checkbox"/>
		<input type="checkbox"/>	
Benefit package:	Benchmark <input type="checkbox"/>	Benchmark-equivalent <input type="checkbox"/>	Secretary-approved <input type="checkbox"/>
Benefit details:			
Cost-sharing:			

Coverage Beyond Medicaid and CHIP	
CHIP Buy-in Program	<input type="checkbox"/>
Income range:	
Details:	
Immigrant-specific programs using state-only funds	<input type="checkbox"/>
Program Name:	
Administrator:	
Income range:	
Details:	
Other public health insurance programs covered by State-only funds	<input type="checkbox"/>
Program Name:	
Income range:	
Details:	
Utilization of basic health plan (BHP) option	<input type="checkbox"/>
Administrator:	
Income range:	
Details:	
Health insurance exchange (HIX) model:	State-only <input type="checkbox"/> Federal-only <input type="checkbox"/> State-Federal <input type="checkbox"/>
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.