

CHIP Eligibility

This module demonstrates the forms used to capture data for the CHIP State Plan Amendment Eligibility changes. We will be using test data in this demonstration and some options may be pre-selected for purposes of the demo.

[CS3]

In the Eligibility for Medicaid Expansion Program section, the state indicates the age ranges and income standards used in determining eligibility for children under Medicaid Expansion programs. More than one age range and income standard may be entered. Age range is selectable from zero to nineteen.

[Scroll to CS4]

In the Separate Child Health Insurance Program section, the state indicates the groups to which the state provides coverage. Children ineligible for Medicaid as a result of the elimination of income disregards is preselected. [Clicking through the form]

[Scroll to CS5]

In the Completion of Covered Groups section, the state selects the covered groups which require completion of the associated sections for the first time. We will select all of them. [Clicking through the form]

[Scroll to CS7]

In the Targeted Low Income Children section, the user enters information about how age and income ranges are applied for this covered group and whether or not the state has a special program for children with disabilities. For this example, we'll choose yes for "Income standards applied statewide" and yes to "exceptions." If there are overlaps in age ranges, the user will enter an explanation.

If income standards are not applied statewide, the user would select no. And if income varies by county, the user will enter age ranges and income standards for the counties.

If income standards vary by city, the user can enter age ranges and income standards for cities with varying standards.

Now we'll return to the previous selection and display [what happens] if income standards vary in some other geographic way – the user will enter age ranges and income standards for identified geographic areas. Additional geographic areas can be added by clicking the Add [Geographic Area] button.

If the state has a special program for children with disabilities, the user will indicate if the program is available to all targeted low income children.

If the program is not available to all targeted low income children, the user will indicate the age and income level limitations.

The user will also describe the program, benefits, and disability criteria.

[Scroll to CS8]

In the Targeted Low Income Pregnant Women section, the state enters information about how age and income standards are applied for this covered group. There can be age restriction or no age restriction. With age restriction, the state must enter the “from” and “up to” ages. The selection for pregnant or post-partum is preselected.

If income standards vary by county or city or in some other geographic way, the user will enter the income standards where there is variation. They may apply state-wide and then there may be exceptions. In the Statewide Income Standard section, they can further select whether the standard varies by county or city, or in some other geographic way. However the standard varies, the state can enter further information.

[Scroll to CS9]

In the Coverage from Conception to Birth section, the state enters information about how age and income standards are applied for this coverage group. Assurances must be checked.

If income standards vary by county or city or in some other geographic way, the user will enter the income standards where there is variation. Percentage of FPL can be entered and the state can select whether it varies by county or city, and provide further information on the specifics.

The two assurances at the end of the form must be selected before the form is submitted.

[Scroll to CS10]

In the section on Children Who Have Access to Public Employee Coverage, the state enters information on age and income standards under maintenance of agency contributions or hardship criteria and indicates to whom coverage is extended.

If the income standards vary by county or city or in some other geographic way, the user will enter the income standards where there is variation.

Next, the user indicates to whom coverage is extended under this option: employees of certain public agencies or certain types of public employees.

The user uploads the methodology used to calculate maintenance of agency contribution, and clicks the Upload button and checks the assurance.

If users select “Hardship criteria” they will provide information similar to that for maintenance of agency contribution. The user makes the appropriate selections, uploads the methodology used to calculate the financial hardship, and completes the assurances.

[Scroll to CS11]

In the section on Pregnant Women Who Have Access to Public Employee Coverage, the state enters information on income standards under maintenance of agency contribution or hardship criteria and indicates to whom coverage is extended.

If the user selects “Maintenance of agency contribution” they will enter information similar to that in the previous section for Children Who Have Access to Public Employee Coverage. We’ll just make a few selections for our example. [Clicking through the form]

If users select “Hardship criteria” they will also enter information similar to that in the previous section for Children Who Have Access to Public Employee Coverage. We’ll make a few selections for our example. [We select] yes to “statewide” and yes to “exceptions.”

For coverage under this option, we will select pregnant women who are employees. The state can enter additional information depending on the options made.

The user must then check the assurances at the bottom of the section before submitting the form to CMS.

The user will also enter information on the age standard for pregnant women with access to public employee coverage. If there are age restrictions, the ages must be entered. And again, assurances must be checked.

[Scroll to CS12]

In the section on Dental Only Supplemental Coverage, the state enters information on how age and income standards are applied for this coverage group. For our example, we’ll choose no [for the state uses the same income standards for Dental only supplemental coverage] and then income standards are applied statewide, and that there are exceptions. And the state can again enter the specific information.

The rest of screen provides assurances which must be checked before submitting the form.

[Scroll to CS13]

In the Deemed Newborns section, the state enters information on provisions under which they operate this eligibility group. The first option is preselected, and the state can select which options apply.

[Scroll to CS14]

In the section on Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards, the state assures that separate CHIP coverage will be provided to these children.

[Scroll to CS15]

In the MAGI-Based Income Methodologies section, the state indicates how they will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups. [Clicking through the form]

An Upload button is provided.

[Scroll to CS16]

In the Other Eligibility Criteria – Spend down section, the state indicates if they apply a spend down process for any of the covered population groups whose household income exceeds the CHIP qualifying income limit. A text box is provided for additional information.

[Scroll to CS17]

In the section on Non-Financial Eligibility Residency, the state indicates that they provide CHIP to otherwise eligible residents of the State, including residents who are absent from the State under certain conditions. They also indicate states with whom they have interstate agreements and the criteria under which individuals are considered residents.

We'll scroll through the form. The initial options are all preselected.

The user will indicate the option for interstate agreement; the specific states can be chosen; applicable options can be chosen; and whether the state has a policy related to individuals in the state for educational purposes. If so, the state should describe.

[Scroll to CS18]

In the section on Non-Financial Eligibility Citizenship, the state assures they provide CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens. The State also indicates if they provide CHIP coverage to otherwise eligible children up to age 19 or to otherwise eligible pregnant women lawfully residing in the United States.

We'll scroll through section 1. The next two statements are preselected to indicate acceptance of the next nine citizenship items.

[Scroll to CS19]

In the Non-Financial Eligibility Social Security Number section, the state provides assurances on requirements for Social Security Numbers. [Clicking through the form]

[Scroll to CS20]

In the section on Non-Financial Eligibility Substitution of Coverage, the state assures that it has methods to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. It also provides information on waiting periods and exceptions to waiting periods.

[Scroll to CS21]

In the section on Non-Financial Eligibility Non-Payment of Premiums, the state indicates if they impose premiums and what happens if premiums are not paid.

[Scroll to CS22]

In the Non-Financial Eligibility section, the state provides assurances regarding pre-existing condition exclusions, coverage of institutionalized individuals, and individuals eligible for public employee health benefit coverage.

The user must complete all assurances before submitting the form for CMS review.

[Scroll to CS23]

In the Non-Financial Requirements – Other Eligibility Standards section, the state enters information on other eligibility standards and indicates to which covered groups the standards apply.

[Scroll to CS24]

In the General Eligibility – Eligibility Processing section, the state provides information on application processing, screen and enrollment processes, redetermination processing, screening by other insurance affordability programs, and limitations on enrollment.



[Scroll to CS24]

In the General Eligibility – Eligibility Processing section, the state provides information on application processing in section A, screening and enrollment in section B, redetermination processing in section C, and screening by other insurance affordability programs in section D.

We'll go back and make some selections. If "Other" is selected, the state can provide additional information.

In section D, the option we've selected allows the state to provide additional information. And the Limitation on Enrollment has several options.

[Scroll to CS25]

In the General Eligibility – Beginning Dates of Eligibility section, the state provides information on how beginning dates of eligibility are determined. If "Other" is selected, the state should describe.

[Scroll to CS26]

In the General Eligibility – Ending Dates of Eligibility section, the state provides information on how ending dates of eligibility are determined. Again, if "Other" is selected, the state should describe.

[Scroll to CS27]

In the General Eligibility – Continuous Eligibility section, the state provides information on continuous eligibility and exceptions to continuous eligibility. If the agency does provide continuous eligibility, the age can be selected, and when the period ends can be selected from a drop-down list.

The state should indicate if there are exceptions, and if "Other" is chosen, a description should be provided.

[Scroll to CS28]

In the General Eligibility – Presumptive Eligibility for Children section, the state provides a description of presumptive eligibility for children.

[Scroll to CS30 embedded]

The state also indicates the qualified entities used to determine eligibility presumptively for this group.

Once selected, there are a few description boxes for the state to provide additional information, and then a list of qualified entities is provided for the state to select. At the end of the list, the state is asked to upload copies of the training materials used.

[Scroll to CS29]

In the General Eligibility – Presumptive Eligibility for Pregnant Women section, the state indicates if they cover pregnant women when determined presumptively eligible. If so, they are to provide more details.

If the qualified entities used to determine presumptive eligibility for pregnant women is not the same as for children, the state will indicate which entities are used for pregnant women.

[Scroll to CS30 embedded]

Again, the list of qualified entities is provided; the state should select and at the end provide a copy of the training materials used.

[Scroll to CS32]

In the General Eligibility – Express Lane Eligibility section, the state indicates:

- If they rely on findings from an express lane eligibility agency,
- How findings from express lane agencies are used,
- The public agencies that are approved as express lane agencies, and
- The components that the agencies determine.

If the state indicates yes, there are various other options for selection.

If more than one screening threshold is used, there are additional options.

Section B is used to indicate the express lane agencies. If public agencies are used, the state can select from the following list.

The other options available for the state to select include other state-specified governmental agencies with options for additional information; a public agency with additional information; or an Indian health service option with additional component information.

This concludes our module on CHIP Eligibility.