

Attachment A: Description of Dental Benefits Provided Under Medicaid and Children’s Health Insurance Program (CHIP) – electronic form – 2014

Description of Dental Benefits Provided Under Medicaid and the Children's Health Insurance Program(CHIP)

State: Alaska

Please provide contact information for the individual responsible for submitting this information. This contact information will not be published on any public IKN website

First Name *

Last Name *

Phone Number * XXX-XXX-XXXX

Email Address *

The information collected in this survey will be used to create an online resource for families with children enrolled in Medicaid and CHIP. The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included many provisions to improve children’s dental coverage and families’ access to information about children’s dental services available in Medicaid and CHIP. In addition to the information already available on the Insure Kids Now website (insurekidsnow.gov) about children’s dental providers who accept Medicaid and CHIP, CHIPRA also requires that the Secretary of Health Human Services post and annually update descriptions of the dental services provided under each state plan for Medicaid and CHIP. The purpose of the attached survey is to collect the information on children’s dental benefits covered in each state that HHS needs to fulfill this requirement. Please note that the information collected in this survey will be presented in a consumer-friendly format when it is ultimately displayed on the Insure Kids Now website.

About Medicaid and CHIP in your state (check all that apply)	State Program Name
Medicaid	
<input type="checkbox"/> Medicaid	<input type="text"/>
CHIP	
<input type="checkbox"/> Title XXI funded Medicaid expansion	<input type="text"/>
<input type="radio"/> Separate CHIP program that uses a Medicaid benefits package Clear this selection	<input type="text"/>
<input type="radio"/> Separate CHIP program that has a unique benefits package Clear this selection	<input type="text"/>
<input type="checkbox"/> Optional Supplemental Dental Coverage for CHIP eligible children with private or group coverage	

Save Program Name **Reset**

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