



# Alabama

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Alabama operates a combination CHIP program including a Medicaid expansion program and a separate program called ALL Kids.

**Number of children covered:** In FFY 2018, 227,242 children were covered by CHIP (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 91.88 percent.

**Participation rate:** In 2017, 95.9 percent of eligible children in Alabama participated in either Medicaid or ALL Kids. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Alabama (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	107-141% FPL
Separate CHIP	141-312% FPL	141-312% FPL	141-312% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018,” and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Alabama does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

ALL Kids uses a preferred provider, discounted fee-for-service network developed and managed by Blue Cross Blue Shield. The Medicaid system uses a unique provider network that the Medicaid agency manages.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in ALL Kids, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤156% FPL	\$52 per year	\$2-\$6	\$200 per admission	\$1-\$5
157-312% FPL	\$104 per year	\$12-\$20	\$200 per admission	\$5-\$25

Not to exceed \$156/family per year for family income level of ≤156% FPL, and not to exceed \$312/family per year for family income level of 157-312% FPL. No family is charged more than three premiums even if the family has more than three children.

## Strategies to Simplify Enrollment and Renewals in Alabama

Strategy	Used
Use of presumptive eligibility	No <sup>1</sup>
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No <sup>2</sup>
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Alabama's CHIP Program

Does Alabama...	
Require a waiting period? <sup>3</sup>	No
Offer a buy-in option? <sup>4</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

Through CHIP, states can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth. HSIs are funded using a portion of a state's existing CHIP administrative dollars, which are limited to no more than 10 percent of a state's total CHIP allotment for a fiscal year. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Alabama currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Alabama reported on 24 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Alabama	98.5%	92.7%	94.8%	91.2%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> Information from the state: Presumptive eligibility is used only in the Medicaid expansion CHIP program.

<sup>2</sup> Information from the state: Express lane eligibility is used only in the Medicaid expansion CHIP program.

<sup>3</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>4</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Alaska

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Alaska operates a Medicaid expansion CHIP program.

**Number of children covered:** In FFY 2018, 18,836 children were covered by CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 85.7 percent of eligible children in Alaska participated in either Medicaid or CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Alaska (by age)

	Ages 0 – 5	Ages 6 – 18
Medicaid expansion	159 – 203% FPL	124 – 203% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018," and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Alaska does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Alaska Medicaid uses a fee-for-service delivery system. The provider network for CHIP is the same as for Medicaid.

### Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

**Alaska's CHIP program has no premiums or cost sharing.**

## Strategies to Simplify Enrollment and Renewals in Alaska

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Alaska's CHIP Program

Does Alaska...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Alaska currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Alaska reported on 17 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12– 24 months	25 months – 6 years	7– 11 years	12– 19 years
Alaska	87.9%	75.8%	80.9%	82.0%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Arizona

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Arizona operates a combination CHIP program called KidsCare.

**Number of children covered:** In FFY 2018, 125,889 children were covered by KidsCare. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 90.51 percent.

**Participation rate:** In 2017, 88.6 percent of eligible children in Arizona participated in either Medicaid or KidsCare. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Arizona (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	104 – 133% FPL
Separate CHIP	148 – 200% FPL	142 – 200% FPL	134 – 200% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Arizona does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Both Medicaid and KidsCare use a managed care organization.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in KidsCare, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤150% FPL	\$10-\$15/month	None	None	None
151-175% FPL	\$40-\$60/month	None	None	None
176-200% FPL	\$50-\$70/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Arizona

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Arizona's CHIP Program

Does Arizona...	
Require a waiting period? <sup>1</sup>	Yes, 3 months
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Arizona currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Arizona reported on 15 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Arizona	93.1%	82.9%	89.0%	86.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes Medicaid data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Arkansas

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Arkansas operates a combination CHIP program called ARKids. This program provides full coverage Medicaid for the Medicaid Expansion population and limited coverage for children qualifying under the Separate CHIP program entitled, ARKids-B.

**Number of children covered:** In FFY 2018, 98,127 children were covered by ARKids-B. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 91.49 percent.

**Participation rate:** In 2017, 94.7 percent of eligible children in Arkansas participated in either Medicaid or ARKids-B. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Arkansas (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	107 – 142% FPL
Separate CHIP	143 – 211% FPL	143 – 211% FPL	143 – 211% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Arkansas provides coverage up to 209% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

ARKids-B uses the same provider network as Medicaid. Each child must have a primary care physician, and services are fee-for-service.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in ARKids-B, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
>143 – 211% FPL	None	\$10	10% of first day	\$5

## Strategies to Simplify Enrollment and Renewals in Arkansas

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Arkansas' CHIP Program

Does Arkansas...	
Require a waiting period? <sup>1</sup>	Yes, 90 days
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Arkansas uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Arkansas reported on 17 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12-24 months	25 months – 6 years	7-11 years	12-19 years
Arkansas	93.8%	85.9%	89.2%	88.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.





# California

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** California operates a combination CHIP program, the Optional Targeted Low Income Children Program (OTLICP), which is part of the Medicaid Expansion. Its separate CHIP programs are the Medi-Cal Access Program (unborn option) and the County Children’s Health Initiative.

**Number of children covered:** In FFY 2018, 1,896,403 children were covered by OTLICP. (Data from state officials)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 95.9 percent of eligible children in California participated in either Medicaid or OTLICP. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in California (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	208 – 261% FPL	142 – 261% FPL	108 – 261% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018,” and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard. Children 0-18 in three California counties, San Francisco, San Mateo, and Santa Clara are covered up to 317% percent FPL (also without 5% disregard).

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. California provides coverage up to 317% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

California’s CHIP program uses both a fee-for-service delivery system and managed care plans.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in OTLIP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
160-266% FPL	\$13-\$39/month	None	None	None
266-322% FPL	\$21-\$63/month	None	None	None

Families of infants up to age 1 do not pay a monthly premium in a household with income up to 261% FPL.

## Strategies to Simplify Enrollment and Renewals in California

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	Yes
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of California's CHIP Program

Does California...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>3</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. California uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. California<sup>4</sup> reported on 16 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
California	91.1%	82.3%	85.6%	83.0%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> California covers all income-eligible children regardless of immigration status, primarily using state-only funds.

<sup>4</sup> In addition to federal reporting, as of 2020, California is requiring its Medi-Cal managed care health plans to report on several of the CMS Adult and Child Core Set measures for the purposes of monitoring the quality of services delivered in the managed care delivery system.



# Colorado

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Colorado operates a combination CHIP program called Child Health Plan Plus (CHP+).

**Number of children covered:** In FFY 2018, 182,199 children were covered by CHP+. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 93.5 percent of eligible children in Colorado participated in either Medicaid or CHP+. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Colorado (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	108 – 142% FPL
Separate CHIP	143 – 260% FPL	143 – 260% FPL	143 – 260% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Colorado provides coverage up to 260% FPL through the CHIP for pregnant women option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

CHP+ uses the managed care delivery system, with most of its members in a participating HMO, whereas most Medicaid clients receive services using an accountable fee-for-service delivery system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in CHIP+, 2019

Family Income Level	Premiums	Family Income Level	Office Visits	Inpatient Services	Prescription Drugs
<157% FPL	None	<101% FPL	\$0	\$0	\$0
157-213% FPL	\$25-\$35/year	101-156% FPL	\$2	\$2	\$1
214-260% FPL	\$75-\$105/year	157-200% FPL	\$5	\$20	\$3-\$10
196-260% FPL (Prenatal women)	None	201-260% FPL	\$10	\$50	\$5-\$15
		196-260% FPL (Prenatal women)	None	None	None

## Strategies to Simplify Enrollment and Renewals in Colorado

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	Yes
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Colorado's CHIP Program

Does Colorado	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Colorado currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Colorado reported on 3 measures for federal fiscal year 2018. Among the measures is preventive dental services, listed below.

### Percentage of eligibles ages 1-20 receiving preventive dental services (FFY 2018)

	Ages 1 – 20 who receive preventive dental services
Colorado	52.2%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Connecticut

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Connecticut operates a separate CHIP program called the HUSKY B Program.

**Number of children covered:** In FFY 2018, 28,900 children were covered by the HUSKY B Program. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.5 percent.

**Participation rate:** In 2017, 95.7 percent of eligible children in Connecticut participated in either Medicaid or HUSKY B. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Connecticut (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Separate CHIP	197 – 318% FPL	197 – 318% FPL	197 – 318% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Connecticut does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

HUSKY B uses a fee-for-service delivery system, and the same provider networks as Medicaid.

<sup>1</sup> Information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in HUSKY B, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
197-249% FPL	None	\$10-\$15	None	\$5-\$10
250-318% FPL	\$30-\$50/month	\$10-\$15	None	\$5-\$10

## Strategies to Simplify Enrollment and Renewals in Connecticut

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Connecticut's CHIP Program

Does Connecticut...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Connecticut currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Connecticut reported on 19 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Connecticut	97.4%	94.5%	96.9%	96.2%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Delaware

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Delaware operates a combination CHIP program called Delaware Healthy Children Program (DHCP).

**Number of children covered:** In FFY 2018, 13,990 children were covered by DHCP. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 82.00 percent.

**Participation rate:** In 2017, 96.6 percent of eligible children in Delaware participated in either Medicaid or DHCP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Delaware (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	194 – 212% FPL	N/A	110 – 133% FPL
Separate CHIP	N/A	143 – 212% FPL	134 – 212% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Delaware does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

DHCP and Medicaid use the same delivery system of managed care for most services and fee-for-service for dental services.

<sup>1</sup> Information in this fact sheet was not reviewed by the state.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in DHCP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
143-176% FPL	\$15 per family/month	None	None	None
177-212% FPL	\$25 per family/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Delaware

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes <sup>2</sup>
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Delaware's CHIP Program

Does Delaware...	
Require a waiting period? <sup>3</sup>	No
Offer a buy-in option? <sup>4</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Delaware uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Delaware reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Delaware</b>	96.5%	89.8%	94.5%	92.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> 12-month continuous eligibility is only used in Delaware's separate CHIP program.

<sup>3</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>4</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# District of Columbia

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** D.C. operates a Medicaid expansion CHIP program called Healthy Families.

**Number of children covered:** In FFY 2018, 16,125 children were covered by Healthy Families. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 90.5 percent.

**Participation rate:** In 2017, 98.3 percent of eligible children in D.C. participated in either Medicaid or Healthy Families. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in D.C. (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 14	Ages 15 – 18
Medicaid expansion	206 – 319% FPL	146 – 319% FPL	112 – 319% FPL	64 – 319% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018," and information from D.C. officials.

Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. D.C. does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The Healthy Families Program serves Medicaid and CHIP eligible beneficiaries in managed care and fee-for-service arrangements.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

**Healthy Families does not have any premiums or cost sharing.**

## Strategies to Simplify Enrollment and Renewals in D.C

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of D.C.'s CHIP Program

Does D.C...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>3</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap — for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. D.C currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. D.C reported on 16 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
District of Columbia	90.1%	84.5%	93.5%	92.9%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> D.C covers income-eligible children regardless of immigration status using state-only funds.



# Florida

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Florida operates a combination CHIP program called Florida KidCare.

**Number of children covered:** In FFY 2018, 496,080 children were covered by Florida KidCare. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 84.53 percent.

**Participation rate:** In 2017, 92.6 percent of eligible children in Florida participated in either Medicaid or Florida KidCare. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Florida (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	192 – 206% FPL	N/A	112 – 133% FPL
Separate CHIP	N/A	141 – 210% FPL	134 – 210% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option Florida does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

KidCare is a partnership with the managed care organization of Healthy Kids, MediKids, the Children's Medical Services Network, and Children's Medicaid (Title XIX). Each component utilizes a unique network of providers.

<sup>1</sup> Information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in KidCare, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
133-158% FPL	\$15 per family/month	None	None	\$5
159-200% FPL	\$20 per family/month	\$5	None	\$5

## Strategies to Simplify Enrollment and Renewals in Florida

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes <sup>2</sup>
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Florida's CHIP Program

Does Florida...	
Require a waiting period? <sup>3</sup>	Yes, 2 months
Offer a buy-in option? <sup>4</sup>	Yes (>215% FPL) <sup>5</sup>
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Florida uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Florida reported on 21 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Florida	94.6%	87.7%	87.8%	83.9%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> 12-month continuous eligibility is only used in Florida's separate CHIP program.

<sup>3</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>4</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>5</sup> Families can buy into Healthy Kids coverage for children ages 5 to 19 and into MediKids coverage for children ages 1 to 4.



# Georgia

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Georgia operates a combination CHIP program called PeachCare for Kids.

**Number of children covered:** In FFY 2018, 262,135 children were covered by PeachCare for Kids. (Data from CHIP Annual Report)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 88.61 percent.

**Participation rate:** In 2017, 89.4 percent of eligible children in Georgia participated in either Medicaid or PeachCare. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Georgia (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	113 – 133% FPL
Separate CHIP	206 – 247% FPL	150 – 247% FPL	134 – 247% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Georgia does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network in PeachCare for Kids is the same as Medicaid, with the majority of children enrolled in MCOs.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Georgia, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
0-138% FPL	None	\$0.50-\$3	\$12.50	\$0.50-\$3
139-170% FPL	\$11-\$44/month	\$0.50-\$3	\$12.50	\$0.50-\$3
171-210% FPL	\$24-\$58/month	\$0.50-\$3	\$12.50	\$0.50-\$3
211-231% FPL	\$32-64/month	\$0.50-\$3	\$12.50	\$0.50-\$3
232-247% FPL	\$36-\$72/month	\$0.50-\$3	\$12.50	\$0.50-\$3

## Strategies to Simplify Enrollment and Renewals in Georgia

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Georgia's CHIP Program

Does Georgia...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap — for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Georgia currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Georgia reported on 9 measures for federal fiscal year 2018. Among the measures is preventive dental services, listed below.

### Percentage of eligibles ages 1-20 receiving preventive dental services (FFY 2018)

	Ages 1 – 20 who receive preventive dental services
Georgia	50.8%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.





# Hawaii

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Hawaii operates a Medicaid expansion CHIP program called Med Quest.

**Number of children covered:** In FFY 2018, 27,589 children were covered by Med Quest. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 78.93 percent.

**Participation rate:** In 2017, 94.5 percent of eligible children in Hawaii participated in either Medicaid or Med Quest. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Hawaii (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	191 – 308% FPL	139 – 308% FPL	>133 – 308% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018," and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Hawaii does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Med Quest uses a managed care and fee-for-service system to deliver CHIP services.

### Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

**Hawaii's CHIP program has no cost sharing or premiums.**

## Strategies to Simplify Enrollment and Renewals in Hawaii

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Hawaii's CHIP Program

Does Florida...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes <sup>3</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Hawaii currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Hawaii reported on 13 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Hawaii	96.2%	87.4%	89.7%	87.5%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.

<sup>4</sup> Information provided by the state.



# Idaho

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Idaho operates a combination CHIP program called Idaho Health Plan for Children.

**Number of children covered:** In FFY 2018, 39,657 children were covered by Idaho Health Plan for Children. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 90.74 percent.

**Participation rate:** In 2017, 93.9 percent of eligible children in Idaho participated in either Medicaid or Idaho Health Plan. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Idaho (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	107 – 133% FPL
Separate CHIP	143 – 185% FPL	143 – 185% FPL	134 – 185% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Idaho does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network in Idaho Health Plan for Children is the same as Medicaid. All children are enrolled in primary care case management.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Idaho, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
142-150% FPL	\$10/month	\$3.65	None	None
>150-185% FPL	\$15/month	\$3.65	None	None

## Strategies to Simplify Enrollment and Renewals in Idaho

Strategy	Used
Use of presumptive eligibility	No <sup>1</sup>
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No <sup>2</sup>

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Idaho's CHIP Program

Does Idaho...	
Require a waiting period? <sup>3</sup>	No
Offer a buy-in option? <sup>4</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Idaho uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Idaho reported on 1 measure for federal fiscal year 2018. Among the measures is preventive dental services, listed below.

### Percentage of eligibles ages 1-20 receiving preventive dental services (FFY 2018)

	Ages 1 – 20 who receive preventive dental services
Idaho	48.9%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019.

<sup>1</sup> Presumptive eligibility (PE) is only utilized through the hospital PE option.

<sup>2</sup> Information from state: Premium assistance is available through the Preventive Health Assistance program (PHA). It can offset the participants monthly premium up to \$10/month, but it is not a premium assistance option for purchasing a health plan.

<sup>3</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>4</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Illinois

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Illinois operates a combination CHIP program called All Kids.

**Number of children covered:** In FFY 2018, 296,186 children were covered by All Kids. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.60 percent.

**Participation Rate:** In 2017, 94.4 percent of eligible children in Illinois participated in either Medicaid or All Kids. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Illinois (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	N/A	N/A	108 – 142% FPL
<b>Separate CHIP</b>	143 – 313% FPL	143 – 313% FPL	143 – 313% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Illinois provides coverage up to 208% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network in All Kids is the same as Medicaid. Most children are required to enroll in either primary care case management or managed care.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in All Kids, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
>142-157% FPL	None	\$3.90	\$3.90	\$2-\$3.90
>157-209% FPL	\$15-\$40/month	\$5	\$5 (per day)	\$3-\$5
>209-313% FPL	\$40-\$80/month	\$10	\$100 (per admission)	\$3-\$7

Families with income from 158% to 208% pay a premium of \$15/month for 1 child, \$25 for 2, \$30 for 3, \$35 for 4 and \$40 for 5 or more children. Families with income from 210 to 318% FPL pay a monthly premium of \$40 for 1 child or \$80 for 2 or more.

## Strategies to Simplify Enrollment and Renewals in Illinois

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Illinois' CHIP Program

Does Illinois...	
Require a waiting period? <sup>1</sup>	Yes, 3 months <sup>2</sup>
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	Yes <sup>4</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>5</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Illinois uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Illinois reported on 20 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Illinois	93.9%	87.1%	89.1%	90.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> Children in families with income below 209% FPL are exempt from the waiting period.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>4</sup> Information provided by the state.

<sup>5</sup> Illinois covers income-eligible children who do not meet immigration status requirements using state-only funds.

For more information, visit [www.nashp.org](http://www.nashp.org)

The David and Lucile Packard Foundation supported the development of this factsheet



# Indiana

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Indiana operates a combination CHIP program, called Hoosier Healthwise.

**Number of children covered:** In FFY 2018, 133,483 children were covered by Hoosier Healthwise. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 87.59 percent.

**Participation rate:** In 2017, 87.9 percent of eligible children in Indiana participated in either Medicaid or Hoosier Healthwise. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Indiana (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 19
<b>Medicaid expansion</b>	157 – 208% FPL	141 – 158% FPL	106 – 158% FPL
<b>Separate CHIP</b>	209 – 250% FPL	159 – 250% FPL	159 – 250% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018," and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Indiana does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Hoosier Healthwise is a managed care delivery system. A small number of CHIP participants are served by the fee-for-service program.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Hoosier Healthwise, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
158-175% FPL	\$22-\$33/month	None	None	\$3-\$10
>175-200% FPL	\$33-\$50/month	None	None	\$3-\$10
>200-225% FPL	\$42-\$53/month	None	None	\$3-\$10
>225-250% FPL	\$53-\$70/month	None	None	\$3-\$10

## Strategies to Simplify Enrollment and Renewals in Indiana

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Indiana's CHIP Program

Does Indiana...	
Require a waiting period? <sup>1</sup>	Yes, 3 months
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Indiana uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Indiana reported on 23 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Indiana	95.0%	86.0%	90.6%	90.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Iowa

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Iowa operates a combination CHIP program called Hawk-I.

**Number of children covered:** In FFY 2018, 99,314 children were covered by Hawk-I. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 84.34 percent.

**Participation rate:** In 2017, 93.5 percent of eligible children in Iowa participated in either Medicaid or Hawk-I. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Iowa (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	240 – 375% FPL	N/A	122 – 167% FPL
<b>Separate CHIP</b>	N/A	168 – 302% FPL	168 – 302% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Iowa does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The state contracts with managed care organizations, which provide services through a per member per month capitation payment managed care network.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Hawk-I, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
181-242% FPL	\$10-\$20/month	None	None	None
243-302% FPL	\$20-\$40/month	None	None	None

Dental only fee structure: 168-203% FPL=\$5 per child, \$10 per family per month; 204-254% FPL = \$10 per child, \$20 per family per month; 255-302% FPL =\$15 per child, \$25 per family per month.

## Strategies to Simplify Enrollment and Renewals in Iowa

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Iowa's CHIP Program

Does Iowa...	
Require a waiting period? <sup>1</sup>	Yes, 1 month <sup>2</sup>
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Iowa uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Iowa reported on 23 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Iowa	78.4%	87.9%	84.8%	83.7%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> Applies only to children in families with income 181-302% FPL.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Kansas

## 2019 CHIP Fact Sheet

For nearly two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Kansas operates a combination CHIP program called KanCare.

**Number of children covered:** In FFY 2018, 63,936 children were covered by KanCare. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 82.91 percent.

**Participation rate:** In 2017, 92.1 percent of eligible children in Kansas participated in either Medicaid or KanCare. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Kansas (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	113 – 133% FPL
Separate CHIP	167 – 235% FPL	150 – 235% FPL	134 – 235% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Kansas does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Both Medicaid and CHIP use a managed care and primary care case management system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in KanCare, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
<166% FPL	\$0	None	None	None
167-191% FPL	\$20/month	None	None	None
192-218% FPL	\$30/month	None	None	None
219-235% FPL	\$50/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Kansas

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Kansas' CHIP Program

Does Kansas...	
Require a waiting period? <sup>1</sup>	Yes, 3 months, only if >219% FPL
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Kansas currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Kansas reported on 17 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Kansas</b>	93.3%	87.5%	91.3%	91.3%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Kentucky

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Kentucky operates a combination CHIP program called KCHIP.

**Number of children covered:** In FFY 2018, 103,244 children were covered by KCHIP. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 91.77 percent.

**Participation rate:** In 2017, 93.8 percent of eligible children in Kentucky participated in either Medicaid or KCHIP. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Kentucky (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	142 – 159% FPL	109 – 159% FPL
Separate CHIP	196 – 213% FPL	160 – 213% FPL	160 – 213% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Kentucky does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

KCHIP uses the Medicaid service delivery system of managed care, with few exceptions.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*Kentucky's CHIP program has no premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in Kentucky

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Kentucky's CHIP Program

Does Kentucky...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Kentucky currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Kentucky reported on 21 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Kentucky</b>	96.8%	90.1%	94.0%	92.3%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.





# Louisiana

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**  
**Program type:** Louisiana operates a combination CHIP program called LaCHIP.  
**Number of children covered:** In FFY 2018, 172,346 children were covered by LaCHIP. (Data from CHIP Annual Report Template System)  
**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 88.30 percent.  
**Participation rate:** In 2017, 96.5 percent of eligible children in Louisiana participated in either Medicaid or LaCHIP. ([Urban Institute](#))  
\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Louisiana (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	142 – 212% FPL	142 – 212% FPL	108 – 212% FPL
Separate CHIP	213 – 250% FPL	213 – 250% FPL	213 – 250% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Louisiana provides coverage up to 209% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The delivery system and provider network is the same in LaCHIP and Medicaid for all children. It is a managed care system called Healthy Louisiana. Enrollees choose coverage from one of five participating plans. These plans differ in their provider networks, referral policies, health management programs and extra services and incentives offered.

<sup>1</sup>Information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in LaCHIP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
213-250% FPL	\$50/family/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Louisiana

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Louisiana's CHIP Program

Does Louisiana...	
Require a waiting period? <sup>2</sup>	Yes, 3 months, only if >212% FPL
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Louisiana currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Louisiana reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Louisiana	95.9%	87.5%	89.2%	88.0%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>4</sup> State plan amendment to implement this option was [approved](#) in April 2019.



# Maine

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Maine operates a combination CHIP program called MaineCare.

**Number of children covered:** In FFY 2018, 25,219 children were covered by MaineCare. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 86.16 percent.

**Participation rate:** In 2017, 94.3 percent of eligible children in Maine participated in either Medicaid or MaineCare. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Maine (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	N/A	140 – 157% FPL	132 – 157% FPL
<b>Separate CHIP</b>	192 – 208% FPL	158 – 208% FPL	158 – 208% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Maine does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Both Medicaid and CHIP programs use primary care case management (PCCM) and fee-for-service. All children are enrolled in PCCM unless they qualify for an exemption or exclusion.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in MaineCare, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
157-166% FPL	\$8-\$16/month	None	None	None
>166-177% FPL	\$16-\$32/month	None	None	None
>177-192% FPL	\$24-\$48/month	None	None	None
>192-208% FPL	\$32-\$64/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Maine

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Maine's CHIP Program

Does Maine...	
Require a waiting period? <sup>1</sup>	Yes, 3 months
Offer a buy-in option? <sup>2</sup>	Yes (>213% FPL) <sup>3</sup>
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Maine currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Maine reported on 15 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Maine	96.9%	90.0%	93.8%	92.5%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Maine has a buy-in program that is limited to those who had been previously enrolled in CHIP; a child can participate for up to 18 months.



# Maryland

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Maryland operates a Medicaid expansion CHIP program called Maryland’s Children Health Program (MCHP).

**Number of children covered:** In FFY 2018, 151,179 children were covered by Maryland’s Children Health Program. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 93.2 percent of eligible children in Maryland participated in either Medicaid or Maryland’s Children Health Program. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Maryland (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	194 – 317% FPL	138 – 317% FPL	109 – 317% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Maryland does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Maryland’s Children Health Program uses a managed care delivery system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Maryland, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
211-264% FPL	\$56/month max	None	None	None
264-317% FPL	\$70/month max	None	None	None

## Strategies to Simplify Enrollment and Renewals in Maryland

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Maryland's CHIP Program

Does Maryland...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes <sup>3</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Maryland uses the HSI option; see [NASHP's chart](#) for more information.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Maryland reported on 12 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Maryland</b>	96.4%	92.0%	95.2%	93.3%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.

<sup>4</sup> Information provided by the state.





# Massachusetts

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### **Key Highlights:**

**Program type:** Massachusetts operates a combination CHIP program called MassHealth.

**Number of children covered:** In FFY 2018, 227,819 children were covered by MassHealth CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 97.8 percent of eligible children in Massachusetts participated in either MassHealth Medicaid or CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### **Eligibility**

#### **Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Massachusetts (by age)**

	<b>Ages 0 – 1</b>	<b>Ages 1 – 5</b>	<b>Ages 6 – 17</b>	<b>Age 18</b>
<b>Medicaid expansion</b>	185 – 200% FPL	133 – 150% FPL	114 – 150% FPL	0 – 150% FPL
<b>Separate CHIP</b>	>200 – 300% FPL	>150 – 300% FPL	>150 – 300% FPL	>150 – 300% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018," and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### **Coverage for Pregnant Women**

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Massachusetts provides coverage up to 200% FPL through the CHIP unborn child option.

### **Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### **Delivery System**

Massachusetts' CHIP program uses the same delivery system as Medicaid. MassHealth uses a managed care delivery system (managed care organizations, accountable care organizations, and primary care case management (PCCM)). Individuals receive fee-for-service until they enroll in managed care or a PCCM.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing for CHIP in Massachusetts, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
150-200% FPL	\$12-\$36/month	None	None	None
>200-250% FPL	\$20-\$60/month	None	None	None
>250-300% FPL	\$28-\$84/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Massachusetts

Strategy	Used
Use of presumptive eligibility	No <sup>1</sup>
Use of 12-month continuous eligibility	No
Use of express lane eligibility	Yes
Premium assistance	Yes

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Massachusetts' CHIP Program

Does Massachusetts ...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	Yes <sup>4</sup>
Cover dependents of public employees?	No <sup>5</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>6</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Massachusetts uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Massachusetts reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Massachusetts</b>	95.6%	92.3%	96.5%	95.1%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> Information provided by the state: The only presumptive eligibility (PE) for CHIP is hospital PE for the unborn population.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>4</sup> Information provided by the state: MA has buy-in coverage limited to children with disabilities with no income limit. MA offers more limited state-subsidized coverage to children at any income through its Children's Medical Security Plan Program; premiums vary based on income.

<sup>5</sup> Information provided by the state: Such children may be covered under the state's Section 1115 Demonstration.

<sup>6</sup> Massachusetts covers income-eligible children regardless of immigration status using state-only funds.

For more information, visit [www.nashp.org](http://www.nashp.org)

The David and Lucile Packard Foundation supported the development of this factsheet



# Michigan

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**  
**Program type:** Michigan operates a combination CHIP program.  
**Number of children covered:** In FFY 2018, 81,391 children were covered by MICHild. (Data from CHIP Annual Report Template System)  
**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 86.34 percent.  
**Participation rate:** In 2017, 96.1 percent of eligible children in Michigan participated in either Medicaid or CHIP. ([Urban Institute](#))  
\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Michigan (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	196 – 212% FPL	144 – 212% FPL	110 – 212% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018,” and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Michigan provides coverage up to 195% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The Medicaid expansion program uses a combination of managed care and fee-for-service.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Michigan's CHIP program, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
160-212% FPL	\$10/family per month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Michigan

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Michigan's CHIP Program

Does Michigan...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes <sup>3</sup>
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Michigan uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Michigan reported on 21 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Michigan	95.2%	87.9.1%	91.1%	90.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes Medicaid data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.



# Minnesota

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Minnesota operates a combination CHIP program called MinnesotaCare.

**Number of children covered:** In FFY 2018, 4,043 children were covered by MinnesotaCare. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 93.1 percent of eligible children in Minnesota participated in either Medicaid or MinnesotaCare. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Minnesota (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	275 – 283% FPL	N/A	N/A
Separate CHIP	N/A	N/A	N/A

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Minnesota provides coverage up to 278% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Both MinnesotaCare and the Medicaid program use a managed care delivery system.

<sup>1</sup> Information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

**MinnesotaCare has no premiums or cost sharing.**

## Strategies to Simplify Enrollment and Renewals in Minnesota

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Minnesota's CHIP Program

Does Minnesota ...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Minnesota uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Minnesota reported on 14 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Minnesota</b>	94.6%	87.2%	91.2%	91.8%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Mississippi

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Mississippi operates a combination CHIP program called Mississippi CHIP.

**Number of children covered:** In FFY 2018, 88,491 children were covered by Mississippi CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 95.39 percent.

**Participation rate:** In 2017, 93.9 percent of eligible children in Mississippi participated in either Medicaid or Mississippi CHIP in 2017. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Michigan (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	107 – 133% FPL
Separate CHIP	195 – 209% FPL	144 – 209% FPL	134 – 209% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Mississippi does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The CHIP program has a provider network managed by the plan insurers.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Mississippi CHIP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤175% FPL	None	\$5	None	None
176-209%	None	\$5	None	None

## Strategies to Simplify Enrollment and Renewals in Mississippi

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Mississippi's CHIP Program

Does Mississippi...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Mississippi currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Mississippi reported on 18 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Mississippi	98.4%	92.5%	93.7%	91.7%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.





# Missouri

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Missouri operates a combination CHIP program called MO HealthNet for Kids.

**Number of children covered:** In FFY 2018, 109,169 children were covered by MO HealthNet for Kids. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 87.46 percent.

**Participation rate:** In 2017, 91.0 percent of eligible children in Missouri participated in either Medicaid or MO HealthNet for Kids. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Missouri (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	N/A	148 – 150% FPL	110 – 150% FPL
<b>Separate CHIP</b>	197 – 300% FPL	151 – 300% FPL	151 – 300% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Missouri provides coverage up to 300% FPL through the CHIP for pregnant women option and through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

MO HealthNet for Kids receive services through a statewide managed care delivery system. Any child opted-out of managed care receives services through the fee-for-service provider network.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in MO HealthNet for Kids, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
151-185% FPL	\$14-\$70/month	None	None	None
186-225% FPL	\$46-\$229/month	None	None	None
226-300% FPL	\$114-\$559/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Missouri

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Missouri's CHIP Program

Does Missouri...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Missouri uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Missouri reported on 15 measures for federal fiscal year 2018. Among the measures is preventive dental services, listed below.

### Percentage of eligibles ages 1 – 20 receiving preventive dental services (FFY 2018)

	Ages 1 – 20 Who Receive Preventive Dental Services
Missouri	32.2%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Montana

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Montana operates a combination CHIP program called Healthy Montana Kids.

**Number of children covered:** In FFY 2018, 37,782 children were covered by Healthy Montana Kids. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 86.85 percent.

**Participation rate:** In 2017, 89.1 percent of eligible children in Montana participated in either Medicaid or Healthy Montana Kids. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Montana (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	109 – 143% FPL
Separate CHIP	>143 – 261% FPL	>143 – 261% FPL	>143 – 261% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018,” and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Montana does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Both Healthy Montana Kids and Medicaid use a fee-for-service system and provider networks are similar but not identical.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Healthy Montana Kids, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
>143 – 261% FPL	None	\$3	\$25	None

*The out-of-pocket maximum for a family is \$215 per benefit year, October 1st – September 30<sup>th</sup>.*

## Strategies to Simplify Enrollment and Renewals in Montana

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

*For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).*

## Other Characteristics of Montana's CHIP Program

Does Montana...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

*Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.*

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Montana currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Montana reported on 11 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Montana	85.4%	74.9%	74.7%	74.5%

*Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.*

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Nebraska

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Nebraska operates a combination CHIP program called Nebraska CHIP.

**Number of children covered:** In FFY 2018, 59,153 children were covered by Nebraska CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 79.80 percent.

**Participation rate:** In 2017, 88.8 percent of eligible children in Nebraska participated in either Medicaid or Nebraska CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Nebraska (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	162 – 213% FPL	145 – 213% FPL	109 – 213% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Nebraska provides coverage up to 197% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network for CHIP is the same as Medicaid. Managed care is offered state-wide.

<sup>1</sup> The information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*Nebraska does not have any premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in Nebraska

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Nebraska's CHIP Program

Does Nebraska...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Nebraska uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Nebraska reported on 15 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12-24 months	25 months – 6 years	7-11 years	12-19 years
Nebraska	95.7%	86.1%	72.0%	78.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Nevada

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Nevada operates a combination CHIP program called Check Up.

**Number of children covered:** In FFY 2018, 71,994 children were covered by Check Up. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 86.25 percent.

**Participation rate:** In 2017, 90.5 percent of eligible children in Nevada participated in either Medicaid or Check Up. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Nevada (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	N/A	N/A	122 – 133% FPL
<b>Separate CHIP</b>	161 – 200% FPL	161 – 200% FPL	134 – 200% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Nevada does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network in Check Up is the same as Medicaid. Managed care is offered in urban areas, while fee-for-service is offered in all other regions. Newborns are enrolled in their mother's or the family's managed care plan.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Check Up, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
139-150% FPL	\$25/family per quarter	None	None	None
151-175% FPL	\$50/family per quarter	None	None	None
176-205% FPL	\$50/family per quarter	None	None	None

## Strategies to Simplify Enrollment and Renewals in Nevada

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Nevada's CHIP Program

Does Nevada...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Nevada uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Nevada reported on 19 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Nevada</b>	97.5%	89.4%	92.6%	90.5%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# New Hampshire

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** New Hampshire operates a Medicaid expansion CHIP program called Expanded Children's Medicaid.

**Number of children covered:** In FFY 2018, 17,823 children were covered by Expanded Children's Medicaid. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 94.6 percent of eligible children in New Hampshire participated in either Medicaid or Expanded Children's Medicaid. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in New Hampshire (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	196 – 318% FPL	196 – 318% FPL	196 – 318% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. New Hampshire does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Expanded Children's Medicaid program uses New Hampshire's Medicaid Care Management managed care delivery system.

<sup>1</sup> Information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*New Hampshire's Expanded Children's Medicaid has no premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in New Hampshire

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No <sup>2</sup>

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of New Hampshire's CHIP Program

Does New Hampshire...	
Require a waiting period? <sup>3</sup>	No
Offer a buy-in option? <sup>4</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. New Hampshire currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. New Hampshire reported on 24 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>New Hampshire</b>	97.6%	91.1%	95.3%	93.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> Based on information reported in New Hampshire's FFY 2018 CHIP Annual Report Template System.

<sup>3</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>4</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# New Jersey

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** New Jersey operates a combination CHIP program called NJ FamilyCare.

**Number of children covered:** In FFY 2018, 157,516 children were covered by NJ FamilyCare. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 93.5 percent of eligible children in New Jersey participated in either Medicaid or NJ FamilyCare. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in New Jersey (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	107 – 142% FPL
Separate CHIP	195 – 350% FPL	143 – 350% FPL	143 – 350% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. New Jersey provides coverage up to 200% FPL through the CHIP for pregnant women option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network for both Medicaid and CHIP programs use a managed care delivery system. Some services are fee-for-service.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in NJ FamilyCare, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤200% FPL	None	\$5-\$10	None	\$1-\$5
201-250% FPL	\$44.50/month	\$5-\$35	None	\$5-\$10
251-300% FPL	\$90.00/month	\$5-\$35	None	\$5-\$10
301-350% FPL	\$151.50/month	\$5-\$35	None	\$5-\$10

## Strategies to Simplify Enrollment and Renewals in New Jersey

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	Yes

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of New Jersey's CHIP Program

Does New Jersey ...	
Require a waiting period? <sup>1</sup>	Yes, 3 months (if >200% FPL)
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. New Jersey uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. New Jersey reported on 17 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>New Jersey</b>	97.1%	93.1%	95.8%	93.5%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# New Mexico

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** New Mexico operates a Medicaid expansion CHIP program.

**Number of children covered:** In FFY 2018, 13,178 children were covered by CHIP. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 92.40 percent.

**Participation rate:** In 2017, 95.4 percent of eligible children in New Mexico participated in either Medicaid or CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in New Mexico (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	200 – 300% FPL	200 – 300% FPL	138 – 240% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. New Mexico does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The program operates a managed care and fee-for-service delivery system.

### Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

***New Mexico’s CHIP program has no premiums or cost sharing.***

## Strategies to Simplify Enrollment and Renewals in New Mexico

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of New Mexico's CHIP Program

Does New Mexico...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes <sup>3</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. New Mexico currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. New Mexico reported on 16 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>New Mexico</b>	94.1%	83.9%	86.1%	84.5%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.

<sup>4</sup> Information provided by the state.





# New York

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** New York operates a combination CHIP program, and the separate CHIP program is called Child Health Plus.

**Number of children covered:** In FFY 2018, 812,052 children were covered by Child Health Plus. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 96.0 percent of eligible children in New York participated in either Medicaid or Child Health Plus. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in New York (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	110 – 149% FPL
Separate CHIP	219 – 400% FPL	150 – 400% FPL	150 – 400% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. New York does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Child Health Plus uses a network similar to Medicaid. Both programs use managed care. All health plans participate in both the Child Health Plus and Medicaid programs.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in New York, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
160-222% FPL	\$9-\$27 max/month	None	None	None
223-250% FPL	\$15-\$45 max/month	None	None	None
251-300% FPL	\$30-\$90 max/month	None	None	None
301-350% FPL	\$45-\$135 max/month	None	None	None
351-400% FPL	\$60-\$180 max/month	None	None	None
>400% FPL	Full premium; varies by plan	None	None	None

Monthly premium contributions capped at a three-child maximum per household in subsidized categories.

## Strategies to Simplify Enrollment and Renewals in New York

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of New York's CHIP Program

Does New York...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	Yes (if >400% FPL)
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>3</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. New York uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. New York reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>New York</b>	96.0%	94.0%	96.7%	95.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> Information provided by the state. States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> New York covers income-eligible children regardless of immigration status using state-only funds.

For more information, visit [www.nashp.org](http://www.nashp.org)

The David and Lucile Packard Foundation supported the development of this factsheet



# North Carolina

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### **Key Highlights:**

**Program type:** North Carolina operates a combination CHIP program called North Carolina Health Choice.

**Number of children covered:** In FFY 2018, 296,759 children were covered by North Carolina Health Choice. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 88.42 percent.

**Participation rate:** In 2017, 94.5 percent of eligible children in North Carolina participated in either Medicaid or North Carolina Health Choice. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### **Eligibility**

#### **Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in North Carolina (by age)**

	<b>Ages 0 – 1</b>	<b>Ages 1 – 5</b>	<b>Ages 6 – 18</b>
<b>Medicaid Expansion</b>	194 – 210% FPL	141 – 210% FPL	107 – 133% FPL
<b>Separate CHIP</b>	N/A	N/A	134 – 211% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### **Coverage for Pregnant Women**

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. North Carolina does not provide coverage for pregnant women through CHIP.

### **Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### **Delivery System**

The provider network in Health Choice for Children is the same as Medicaid. Most children are required to enroll in a primary care case management system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in North Carolina Health Choice, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤159% FPL	None	None	None	\$1-\$3
>159% FPL	\$50-\$100/year	\$5	None	\$1-\$10

## Strategies to Simplify Enrollment and Renewals in North Carolina

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of North Carolina's CHIP Program

Does North Carolina...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. North Carolina currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. North Carolina reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
North Carolina	Not reported	89.4%	93.0%	87.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# North Dakota

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### **Key Highlights:**

**Program type:** North Dakota operates a combination CHIP program called Healthy Steps.

**Number of children covered:** In FFY 2018, 7,417 children were covered by Healthy Steps. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.54 percent.

**Participation Rate:** In 2017, 83.7 percent of eligible children in North Dakota participated in either Medicaid or Healthy Steps. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### **Eligibility**

#### **Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in North Dakota (by age)**

	<b>Ages 0 – 1</b>	<b>Ages 1 – 5</b>	<b>Ages 6 – 18</b>
<b>Medicaid expansion</b>	N/A	N/A	111 – 133% FPL
<b>Separate CHIP</b>	148 – 170% FPL	148 – 170% FPL	134 – 170% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### **Coverage for Pregnant Women**

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. North Dakota does not provide coverage for pregnant women through CHIP.

### **Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### **Delivery System**

Healthy Steps uses a managed care delivery system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Healthy Steps, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤160% FPL	None	None	\$50	\$2-\$8

## Strategies to Simplify Enrollment and Renewals in North Dakota

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of North Dakota's CHIP Program

Does North Dakota...	
Require a waiting period? <sup>1</sup>	Yes, 90 days
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. North Dakota currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. North Dakota reported on 1 measure for federal fiscal year 2018. Among the measures is preventive dental services, listed below.

### Percentage of eligibles ages 1-20 receiving preventive dental services (FFY 2018)

	Ages 1 – 20 who receive preventive dental services
<b>North Dakota</b>	<b>18.4%</b>

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Ohio

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Ohio operates a Medicaid expansion CHIP program called Healthy Start.

**Number of children covered:** In FFY 2018, 260,890 children were covered by Healthy Start. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 85.61 percent.

**Participation rate:** In 2017, 93.6 percent of eligible children in Ohio participated in either Medicaid or Healthy Start. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Ohio (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	141 – 206% FPL	141 – 206% FPL	107 – 206% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Ohio does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider network in CHIP is the same as Medicaid. Both programs use a managed care delivery system.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*Ohio's CHIP program has no premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in Ohio

Strategy	Used
Use of presumptive eligibility	Yes
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Ohio's CHIP Program

Does Ohio...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>3</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Ohio uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Ohio reported on 16 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Ohio</b>	94.6%	87.2%	90.9%	90.7%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.



# Oklahoma

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Oklahoma operates a combination CHIP program called SoonerCare.

**Number of children covered:** In FFY 2018, 206,350 children were covered by SoonerCare. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 87.71 percent.

**Participation rate:** In 2017, 91.6 percent of eligible children in Oklahoma participated in either Medicaid or SoonerCare. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Oklahoma (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 14	Ages 15 – 18
Medicaid expansion	169 – 205% FPL	151 – 205% FPL	115 – 205% FPL	65 – 205% FPL
Separate CHIP	211 – 222% FPL	211 – 222% FPL	211 – 222% FPL	N/A

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018,” and information from the state. Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Oklahoma provides coverage up to 205% through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

SoonerCare uses an enhanced patient-centered medical home primary care case management model and fee-for-service delivery system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*Oklahoma's CHIP program has no premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in Oklahoma

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	Yes

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Oklahoma's CHIP Program:

Does Oklahoma...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Oklahoma uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Oklahoma reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Oklahoma</b>	96.2%	90.2%	91.8%	92.7%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Oregon

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Oregon operates a combination CHIP program called the Oregon Health Plan.

**Number of children Covered:** In FFY 2018, 187,582 children were covered by the Oregon Health Plan. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 84.36 percent.

**Participation rate:** In 2017, 94.5 percent of eligible children in Oregon participated in either Medicaid or the Oregon Health Plan. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Oregon (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	133 – 185% FPL	N/A	100 – 133% FPL
Separate CHIP	186 – 300% FPL	134 – 300% FPL	134 – 300% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Oregon provides coverage up to 185% FPL through the CHIP unborn child option.”

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The delivery system for the Oregon Health Plan is the same as Medicaid. Health care services for CHIP clients are primarily provided through the managed care delivery system established in Oregon’s Medicaid 1115 Waiver Demonstration for the Coordinated Care Organization (CCO) model. CCOs are accountable for care management and to provide integrated and coordinated health care for each of the organization’s members.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

***Oregon Health Plan has no premiums or cost sharing.***

## Strategies to Simplify Enrollment and Renewals in Oregon

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Oregon's CHIP Program

Does Oregon...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Oregon uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Oregon reported on 15 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Oregon</b>	96.4%	88.4%	92.5%	93.2%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Pennsylvania

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Pennsylvania operates a combination CHIP program called Pennsylvania CHIP.

**Number of children covered:** In FFY 2018, 369,172 children were covered by Pennsylvania CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 78.08 percent.

**Participation rate:** In 2017, 91.6 percent of eligible children in Pennsylvania participated in either Medicaid or Pennsylvania CHIP. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Pennsylvania (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	119 – 133% FPL
Separate CHIP	216 – 314% FPL	158 – 314% FPL	134 – 314% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Pennsylvania does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Pennsylvania's CHIP uses a managed care program statewide, either through a traditional HMO or PPO.

<sup>1</sup> Information in this fact sheet was not reviewed by the state.

### Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

#### Premiums and selected cost sharing in Pennsylvania's CHIP program, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
208-262% FPL	\$35-\$72/month	\$5-\$10	None	\$6-\$9
263-288% FPL	\$49-\$101/month	\$5-\$10	None	\$6-\$9
289-314% FPL	\$56-\$116/month	\$5-\$10	None	\$6-\$9
314% FPL	\$136-\$397/month	\$5-\$10	None	\$6-\$9

### Strategies to Simplify Enrollment and Renewals in Pennsylvania

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

### Other Characteristics of Pennsylvania's CHIP Program

Does Pennsylvania...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	Yes (>314% FPL) <sup>4</sup>
Cover dependents of public employees?	Yes <sup>5</sup>
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

### Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Pennsylvania currently does not have an HSI.

### Quality Measures

States may report on a [core set](#) of quality measures for children. Pennsylvania reported on 23 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

#### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Pennsylvania	96.1%	88.9%	93.1%	92.1%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>4</sup> Information provided by the state.

<sup>5</sup> This coverage is only available to part-time and seasonal workers who meet the hardship exemption.





# Rhode Island

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### **Key Highlights:**

**Program type:** Rhode Island operates a combination CHIP program called Rite Care.

**Number of children covered:** In FFY 2018, 35,920 children were covered by Rite Care. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 78.57 percent.

**Participation rate:** In 2017, 96.9 percent of eligible children in Rhode Island participated in either Medicaid or Rite Care. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### **Eligibility**

#### **Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Rhode Island (by age)**

	<b>Ages 0 – 1</b>	<b>Ages 1 – 5</b>	<b>Ages 6 – 18</b>
<b>Medicaid expansion</b>	190 – 261% FPL	142 – 261% FPL	109 – 261% FPL
<b>Separate CHIP</b>	N/A	N/A	N/A

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### **Coverage for Pregnant Women**

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Rhode Island provides coverage up to 253% FPL through the CHIP for pregnant women option and through the CHIP unborn child option.

### **Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### **Delivery System**

Rite Care uses a managed care delivery system.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*Rite Care has no premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in Rhode Island

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	Yes

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Rhode Island's CHIP Program

Does Rhode Island...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>3</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Rhode Island currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Rhode Island reported on 18 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Rhode Island</b>	93.8%	88.9%	94.4%	93.3%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.



# South Carolina

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** South Carolina operates a Medicaid expansion CHIP program called Healthy Connections.

**Number of children covered:** In FFY 2018, 96,213 children were covered by Healthy Connections. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 90.99 percent.

**Participation rate:** In 2017, 92.2 percent of eligible children in South Carolina participated in either Medicaid or Healthy Connections. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in South Carolina (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	194 – 208% FPL	143 – 208% FPL	107 – 208% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. South Carolina does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

South Carolina's CHIP program uses managed care and primary care case management. Individuals can choose from managed care plans that operate in their county of residence.

### Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

**South Carolina's CHIP program has no premiums or cost sharing.**

## Strategies to Simplify Enrollment and Renewals in South Carolina

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	Yes
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of South Carolina's CHIP Program

Does South Carolina...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes <sup>3</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. South Carolina currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. South Carolina reported on 24 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>South Carolina</b>	95.3%	85.1%	89.6%	87.8%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.

<sup>4</sup> Information provided by the state.



# South Dakota

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** South Dakota operates a combination CHIP program called South Dakota CHIP.

**Number of children covered:** In FFY 2018, 20,129 children were covered by South Dakota CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 81.83 percent.

**Participation rate:** In 2017, 88.8 percent of eligible children in South Dakota participated in either Medicaid or South Dakota CHIP. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in South Dakota (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	147 – 182% FPL	147 – 182% FPL	111 – 182% FPL
<b>Separate CHIP</b>	183 – 204% FPL	183 – 204% FPL	183 – 204% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. South Dakota provides coverage up to 133% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

South Dakota's CHIP program uses a fee-for-service primary care case management model.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

*South Dakota's CHIP program has no premiums or cost sharing.*

## Strategies to Simplify Enrollment and Renewals in South Dakota

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No <sup>1</sup>
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of South Dakota's CHIP Program

Does South Dakota...	
Require a waiting period? <sup>2</sup>	Yes, 90 days
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. South Dakota currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. South Dakota reported on 11 measures for federal fiscal year 2018. Among the measures is preventive dental services, listed below.

### Percentage of eligibles ages 1 – 20 receiving preventive dental services (FFY 2018)

	Ages 1 – 20 who receive preventive dental services
<b>South Dakota</b>	48.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019.

<sup>1</sup> ELE is only used in the state's Medicaid expansion CHIP program.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Tennessee

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Tennessee operates a combination CHIP program called CoverKids.

**Number of children covered:** In FFY 2018, 112,635 children were covered by CoverKids. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 87.15 percent.

**Participation rate:** In 2017, 94.9 percent of eligible children in Tennessee participated in either Medicaid or CoverKids. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Tennessee (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	196 – 211% FPL	143 – 211% FPL	134 – 211% FPL
<b>Separate CHIP</b>	196 – 250% FPL	143 – 250% FPL	134 – 250% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018," also information from the state. Note: Tennessee's Medicaid expansion coverage group is only open to children losing Medicaid eligibility ("rollovers"); the separate CHIP program covers all other enrollees. Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Tennessee provides coverage up to 250% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Medicaid and the Medicaid expansion CHIP program are managed care programs while the separate CHIP program is a fee-for-service insurance arrangement built around a defined CoverKids provider network of TennCare providers.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in CoverKids, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤199% FPL	None	\$5	\$5	\$1-\$5
200-250% FPL	None	\$15-\$20	\$100	\$5-\$40

## Strategies to Simplify Enrollment and Renewals in Tennessee

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Tennessee's CHIP Program

Does Tennessee...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Tennessee currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Tennessee reported on 23 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Tennessee	91.8%	84.5%	88.5%	85.1%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Texas

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Texas operates a combination CHIP program called Texas CHIP.

**Number of children covered:** In FFY 2018, 1,136,587 children were covered by Texas CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 84.12 percent.

**Participation rate:** In 2017, 88.1 percent of eligible children in Texas participated in either Medicaid or Texas CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Texas (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	N/A	N/A	109 – 133% FPL
<b>Separate CHIP</b>	>198 – 201% FPL	>144 – 201% FPL	>133 – 201% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Texas provides coverage up to 202% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The CHIP system has managed care organization (MCO) coverage across the state. Many MCOs have contracts in Texas to provide services to both Medicaid and CHIP enrollees.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Texas' CHIP program, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤151% FPL	None	\$5	\$35	\$0-\$5
>151-186% FPL	\$35/year	\$20	\$75	\$10-\$35
>186-201% FPL	\$50/year	\$25	\$125	\$10-\$35

## Strategies to Simplify Enrollment and Renewals in Texas

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Texas' CHIP Program

Does Texas...	
Require a waiting period? <sup>1</sup>	Yes, 3 months <sup>2</sup>
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Texas currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Texas reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
<b>Texas</b>	96.5%	89.8%	93.4%	92.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> Texas waives the waiting period for children who have lost coverage in certain situations.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Utah

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Utah operates a combination CHIP program called CHIP.

**Number of children covered:** In FFY 2018, 60,423 children were covered by CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 89.23 percent.

**Participation rate:** In 2017, 84.9 percent of eligible children in Utah participated in either Medicaid or CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).<sup>1</sup>

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Utah (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	105 – 133% FPL
Separate CHIP	140 – 200% FPL	140 – 200% FPL	134 – 200% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Utah does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

Utah's CHIP program utilizes a managed care delivery system, and does not have a fee-for-service arrangement.

<sup>1</sup> The information in this fact sheet was not reviewed by the state.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Utah's CHIP program, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
134-150% FPL	\$30/family per quarter	\$5	\$150 after deductible	\$5 and 5% of approved amount
151-200% FPL	\$75/family per quarter	\$25-\$40	20% of approved amount after deductible	\$15 and 25-50% of approved amount

## Strategies to Simplify Enrollment and Renewals in Utah

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	Yes

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Utah's CHIP Program

Does Utah...	
Require a waiting period? <sup>2</sup>	Yes, 3 months
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Utah currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Utah reported on 16 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Utah	98.7%	89.2%	89.3%	90.5%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Vermont

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

**Key Highlights:**

**Program type:** Vermont operates a Medicaid expansion CHIP program called Dr. Dynasaur.

**Number of children covered:** In FFY 2018, 4,942 children were covered by Dr. Dynasaur CHIP. (Data from CHIP Annual Report Template System)

**State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 79.20 percent.

**Participation rate:** In 2017, 98.0 percent of eligible children in Vermont participated in either Medicaid or Dr. Dynasaur. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

**Eligibility**

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Vermont (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	237 – 312% FPL	237 – 312% FPL	237 – 312% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

**Coverage for Pregnant Women**

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Vermont does not provide coverage for pregnant women through CHIP.

**Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

**Delivery System**

Dr. Dynasaur uses a fee-for-service system. Vermont operates a public managed care-like model. .

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Vermont, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
237-312% FPL	\$60/family/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Vermont

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Vermont's CHIP Program

Does Vermont...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes <sup>3</sup>
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Vermont currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Vermont reported on 21 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Vermont	98.1%	93.0%	96.0%	95.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>3</sup> Information provided by the state.

<sup>4</sup> Information provided by the state.





# Virginia

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Virginia operates a combination CHIP program called Family Access to Medical Insurance Security (FAMIS).

**Number of children covered:** In FFY 2018, 207,725 children were covered by FAMIS. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 92.6 percent of eligible children in Virginia participated in either Medicaid or FAMIS. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Virginia (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	109 – 143% FPL
Separate CHIP	144 – 200% FPL	144 – 200% FPL	144 – 200% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Virginia provides coverage up to 200% FPL through the CHIP for pregnant women option through a 1115 demonstration waiver.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

All enrollees start in fee-for-service before they are transitioned to a managed care organization (MCO). All localities are served by at least two MCOs to assure client choice.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in CHIP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
≤150% FPL	None	\$2	\$15	\$2
>150% FPL	None	\$5	\$25	\$5

## Strategies to Simplify Enrollment and Renewals in Virginia

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	Yes <sup>1</sup>

For definitions of strategies in this chart, see the Centers for Medicare and Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Virginia's CHIP Program

Does Virginia...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Virginia currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Virginia reported on 17 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Virginia	96.9%	92.1%	94.2%	91.9%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> Virginia's premium assistance program is not under the CHIP state plan, and is administered through an 1115 waiver. This means that there are aspects of the plan's design that are allowed to depart from CHIP state plan premium assistance program requirements.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Washington

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### **Key Highlights:**

**Program type:** Washington operates a separate CHIP program called Apple Health for Kids.

**Number of children covered:** In FFY 2018, 87,483 children were covered by Apple Health for Kids. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.50 percent.

**Participation rate:** In 2017, 96.0 percent of eligible children in Washington participated in either Medicaid or Apple Health for Kids. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### **Eligibility**

#### **Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Washington (by age)**

	<b>Ages 0 – 1</b>	<b>Ages 1 – 5</b>	<b>Ages 6 – 18</b>
<b>Separate CHIP</b>	211 – 312% FPL	211 – 312% FPL	211 – 312% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### **Coverage for Pregnant Women**

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Washington provides coverage up to 193% FPL through the CHIP unborn child option.

### **Benefit Package**

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### **Delivery System**

The provider network for *Washington Apple Health for Kids* with premiums (CHIP) is the same as no-cost *Washington Apple Health for Kids* (Medicaid). Managed Care Organizations (MCOs) are used to provide coverage for most children between 211%-312% FPL. The unborn population between 0 – 193% FPL receive coverage on a fee-for-service (FFS) basis. Alaskan Native/American Indian children may choose coverage under FFS, MCO, or primary care case management.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Apple Health for Kids, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
211-260% FPL	\$20-\$40/month	None	None	None
261-312% FPL	\$30-\$60/month	None	None	None

## Strategies to Simplify Enrollment and Renewals in Washington

Strategy	Used
Use of presumptive eligibility	Yes <sup>1</sup>
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Washington's CHIP Program

Does Washington...	
Require a waiting period? <sup>2</sup>	No
Offer a buy-in option? <sup>3</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes <sup>4</sup>

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Washington uses the HSI option; see [NASHP's chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Washington reported on 18 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Washington	96.7%	85.8%	90.4%	90.6%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> Washington has approval for hospital presumptive eligibility only.

<sup>2</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>3</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

<sup>4</sup> Washington covers all income-eligible children regardless of immigration status using state-only funds.

For more information, visit [www.nashp.org](http://www.nashp.org)

The David and Lucile Packard Foundation supported the development of this factsheet



# West Virginia

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** West Virginia operates a combination CHIP program called West Virginia CHIP.

**Number of children covered:** In FFY 2018, 39,419 children were covered by West Virginia CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 93.96 percent.

**Participation rate:** In 2017, 96.3 percent of eligible children in West Virginia participated in either Medicaid or West Virginia CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in West Virginia (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	109 – 133% FPL
Separate CHIP	159 – 300% FPL	142 – 300% FPL	134 – 300% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. West Virginia provides coverage for pregnant women through CHIP. As of July 1, 2019 WVCHIP provides maternity coverage through 60 days post-partum for the mother. The infant is deemed eligible for one year.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

West Virginia CHIP uses the same fee-for-service provider networks as public employees. For an incentive for the use of medical homes, there are no copays associated with services offered through these networks.

### Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

#### Premiums and selected cost sharing in West Virginia CHIP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
<150% FPL	None	\$5*	None	\$0-\$5
150-211% FPL	None	\$15-\$25*	\$25	\$0-\$10
>211% FPL	\$35-\$71/month	\$20-\$25*	\$25	\$0-\$15

\*Waived when member has a designated medical home.

### Strategies to Simplify Enrollment and Renewals in West Virginia

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

### Other Characteristics of West Virginia's CHIP Program

Does West Virginia...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	Yes
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

### Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. West Virginia uses the HSI option; see [NASHP's chart](#).

### Quality Measures

States may report on a [core set](#) of quality measures for children. West Virginia reported on 22 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

#### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12-24 months	25 months – 6 years	7-11 years	12-19 years
<b>West Virginia</b>	98.6%	91.5%	88.8%	87.2%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes CHIP data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.





# Wisconsin

## 2019 CHIP Fact Sheet

For more than two decades, the Children’s Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

- Program type:** Wisconsin operates a combination CHIP program called BadgerCare Plus.
- Number of children covered:** In FFY 2018, 196,416 children were covered by BadgerCare Plus. (Data from CHIP Annual Report Template System)
- State’s enhanced federal match rate\*:** For FFY 2020, the federal match is 83.05 percent.
- Participation rate:** In 2017, 91.0 percent of eligible children in Wisconsin participated in either Medicaid or BadgerCare Plus. ([Urban Institute](#))

\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states’ regular enhanced match rate in FFY 2021 and beyond.

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Wisconsin (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
Medicaid expansion	N/A	N/A	101 – 151% FPL
Separate CHIP	N/A	>186 – 301% FPL	>151 – 301% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: “Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018.” Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the “unborn child” coverage option. Wisconsin provides coverage up to 301% FPL through the CHIP unborn child option.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

BadgerCare Plus and Medicaid use a managed care delivery system.



## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in BadgerCare, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
201-231% FPL	\$10/month	\$0-\$3	\$3/day	\$1-\$3
231-241% FPL	\$15/month	\$0-\$3	\$3/day	\$1-\$3
241-251% FPL	\$23/month	\$0-\$3	\$3/day	\$1-\$3
251-306% FPL	\$34-\$98/month	\$0-\$3	\$3/day	\$1-\$3

## Strategies to Simplify Enrollment and Renewals in Wisconsin

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	No
Use of express lane eligibility	No
Premium assistance	Yes

For definitions of strategies in this chart, see the Centers for Medicare & Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Wisconsin's CHIP Program

Does Wisconsin...	
Require a waiting period? <sup>1</sup>	No
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	Yes

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Wisconsin uses the HSI option; see [this chart](#).

## Quality Measures

States may report on a [core set](#) of quality measures for children. Wisconsin reported on 8 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Wisconsin	96.5%	86.6%	90.8%	90.4%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes both Medicaid and CHIP data.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.



# Wyoming

## 2019 CHIP Fact Sheet

For more than two decades, the Children's Health Insurance Program (CHIP) has provided health coverage to children in families with low to moderate incomes. Each state has the option to cover its CHIP population within its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

### Key Highlights:

**Program type:** Wyoming operates a combination CHIP program called Kid Care CHIP.

**Number of children covered:** In FFY 2018, 7,102 children were covered by Kid Care CHIP. (Data from CHIP Annual Report Template System)

**State's enhanced federal match rate\*:** For FFY 2020, the federal match is 76.5 percent.

**Participation rate:** In 2017, 78.1 percent of eligible children in Wyoming participated in either Medicaid or Kid Care CHIP. ([Urban Institute](#))

*\*The Affordable Care Act increased the federal CHIP match rate by 23 percentage points. The HEALTHY KIDS and ACCESS Acts maintained this increase through FFY 2019, and reduced it to 11.5 percentage points in FFY 2020. The federal CHIP match rate returns to states' regular enhanced match rate in FFY 2021 and beyond.*

CHIP is currently funded through federal fiscal year (FFY) 2027 (Sept. 30, 2027) by the HEALTHY KIDS and ACCESS Acts. The Acts also extended the maintenance of effort (MOE) provision, which requires states to maintain eligibility standards that were in place in 2010 through FFY 2027. However, beginning in FFY 2020 MOE only applies to children in families with incomes at or below 300 percent of the federal poverty level (FPL).

### Eligibility

#### Modified adjusted gross income (MAGI) eligibility levels for CHIP/Title XXI in Wyoming (by age)

	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid expansion</b>	N/A	N/A	119 – 133% FPL
<b>Separate CHIP</b>	155 – 200% FPL	155 – 200% FPL	134 – 200% FPL

Source: Medicaid and CHIP Payment and Access Commission (MACPAC), MACStats: Medicaid and CHIP Data Book, December 2018, Exhibit 35: "Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, April 2018." Note: Eligibility levels do not include the mandatory 5% income disregard.

### Coverage for Pregnant Women

Using CHIP funding, [states can opt](#) to provide coverage for pregnant women and/or services through the "unborn child" coverage option. Wyoming does not provide coverage for pregnant women through CHIP.

### Benefit Package

States that operate Medicaid expansion CHIP programs must follow Medicaid rules, providing all Medicaid-covered benefits to enrolled children, including the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines.

### Delivery System

The provider networks in Kid Care CHIP are maintained separately from Medicaid, however most providers accept both Medicaid and CHIP enrollees.

## Premiums and Cost Sharing

Within federal parameters, states can set CHIP program premium and cost sharing levels. In total, any family contribution to the cost of coverage cannot exceed 5 percent of family income annually.

### Premiums and selected cost sharing in Kid Care CHIP, 2019

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
134-150% FPL	None	\$5	\$30	\$3-\$5
151-200% FPL	None	\$10	\$50	\$5-\$10

## Strategies to Simplify Enrollment and Renewals in Wyoming

Strategy	Used
Use of presumptive eligibility	No
Use of 12-month continuous eligibility	Yes
Use of express lane eligibility	No
Premium assistance	No

For definitions of strategies in this chart, see the Centers for Medicare and Medicaid Services December 2009 State Health Official letter [here](#).

## Other Characteristics of Wyoming's CHIP Program

Does Wyoming...	
Require a waiting period? <sup>1</sup>	Yes, 1 month
Offer a buy-in option? <sup>2</sup>	No
Cover dependents of public employees?	No
Cover lawfully residing children without a five-year waiting period?	No

Source: [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2019: Findings from a 50-State Survey](#). Kaiser Family Foundation and Georgetown University Center for Children and Families.

## Health Services Initiatives

States can develop Health Services Initiatives (HSIs) to improve the health of low-income children and youth by using a portion of their existing CHIP administrative dollars. After covering regular CHIP program administrative costs, states can use any remaining funds – within the 10 percent cap – for an HSI project. The federal share of the HSI project cost is funded at the state's CHIP match rate. States have used HSIs to support poison control centers, school health services, lead abatement efforts, and other unique prevention and intervention projects. Wyoming currently does not have an HSI.

## Quality Measures

States may report on a [core set](#) of quality measures for children. Wyoming reported on 18 measures for federal fiscal year 2018. Among the measures is access to primary care providers, listed below.

### Percentage of children and adolescents visiting a primary care provider, by age (FFY 2018)

	12 – 24 months	25 months – 6 years	7 – 11 years	12 – 19 years
Wyoming	97.8%	88.7%	78.9%	84.1%

Source: Department of Health and Human Services, 2019 Annual Reporting on the Quality of Care for Children in Medicaid and CHIP, September 2019. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years who visited a primary care provider within the past year; and every two years for children ages 7 to 11 years and 12 to 19 years. Note: This includes Medicaid data only.

<sup>1</sup> States may implement waiting periods up to 90 days in CHIP. A waiting period is the length of time a child must be uninsured before enrollment in CHIP.

<sup>2</sup> States can allow families with incomes above the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.