The Children’s Health Insurance Program (CHIP) was created in 1997 to provide quality health coverage for children in families that earn too much to qualify for Medicaid but are unable to afford coverage in the private market. The Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 strengthened the program through increased federal funding, new enrollment and outreach opportunities, and other provisions. In addition, the Patient Protection and Affordable Care Act (ACA) extended CHIP funding for the program through federal fiscal year (FY) 2015 and required states to maintain eligibility levels through 2019. The ACA also required states to use the Modified Adjusted Gross Income methodology, which seeks to standardize the calculation of income across insurance affordability programs, including Medicaid, CHIP and the exchanges. States can continue to move forward in covering eligible children by taking advantage of the policies put in place by CHIPRA and the ACA. This fact sheet provides an overview of New York’s CHIP program.

Name of State’s CHIP Program: Child Health Plus operates as a combination CHIP program.

Number of Children Covered: In 2011, 552,068 children were covered by Child Health Plus.

Participation Rate: 90.4% of eligible children in New York participated in either Medicaid or Child Health Plus in 2009. The national average was nearly 85% in 2009.

Federal CHIP Match Rate: 65% in FY 2012.

Eligibility: 2011 income eligibility levels for New York CHIP are in the table below.

<table>
<thead>
<tr>
<th>Income Eligibility Levels for CHIP in New York (by Age Group) in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Medicaid Expansion</td>
</tr>
<tr>
<td>Separate CHIP Program</td>
</tr>
</tbody>
</table>

Dependent Coverage of Public Employees: New York does not cover the dependent children of state employees. CHIPRA provided states the option to cover the dependents of state employees.

Waiting Period Requirement: New York requires children with household incomes between 251% to 400% FPL to be uninsured for six months before enrolling in CHIP coverage. Certain exceptions apply.

Removed Five-Year Waiting Period for Lawfully Residing Children: New York has removed this requirement. CHIPRA provided states the option to remove the five-year waiting period for lawfully residing children.

Buy-in Option: New York does have a buy-in option. States can allow families with incomes that exceed the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.

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1 Unless otherwise noted, this fact sheet uses 2011 information reported by the state to the CHIP Annual Reporting Template System.
3 Department of Health and Human Services, Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children’s Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2011 through September 30, 2012.
**State CHIP Fact Sheet—New York**

**Efforts to Simplify Enrollment and Renewals:** To reduce barriers to enrollment and renewal in CHIP, states have the option to implement a range of strategies to streamline these processes. The table below describes some of these strategies, specifically those that are considered for CHIPRA performance bonuses. States that have implemented some of the strategies in their Medicaid and/or CHIP programs may qualify for a CHIPRA performance bonus.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Explanation</th>
<th>Used in CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumptive eligibility</td>
<td>The state allows certain entities to make a preliminary determination and temporarily enroll children in the program who appear to be eligible, pending a full determination of eligibility.</td>
<td>Yes</td>
</tr>
<tr>
<td>No asset test</td>
<td>The state has eliminated the asset or resource test requirement.</td>
<td>Yes</td>
</tr>
<tr>
<td>No in-person interview</td>
<td>The state does not require an in-person interview as part of the application or renewal process.</td>
<td>Yes</td>
</tr>
<tr>
<td>Use joint application and renewal forms for Medicaid and CHIP</td>
<td>The state uses the same or interchangeable application and renewal forms for establishing and renewing eligibility.</td>
<td>Yes, joint application form</td>
</tr>
<tr>
<td>Automatic/Administrative renewal</td>
<td>The state uses administrative redetermination (the provision of a pre-populated form with eligibility information along with a notice indicating that eligibility will be continued) or ex parte redetermination (the state renews eligibility based on information contained in the applicant’s file or based on other information made available to the state) to renew coverage.</td>
<td>No</td>
</tr>
<tr>
<td>Continuous eligibility for 12 months</td>
<td>The state allows children to retain coverage for 12 months, regardless of whether their family income changes during that time period.</td>
<td>Yes</td>
</tr>
<tr>
<td>Express Lane Eligibility</td>
<td>The state uses eligibility determinations from other public programs to determine if a child is eligible.</td>
<td>No</td>
</tr>
<tr>
<td>Premium Assistance</td>
<td>The state uses CHIP funds to subsidize the cost of private health insurance coverage for children eligible for the program.</td>
<td>No</td>
</tr>
</tbody>
</table>

**CHIPRA Performance Bonus:** CHIPRA established a performance bonus fund to provide additional federal funding to states that have implemented at least five of the eight enrollment and renewal procedures described above in their Medicaid and/or CHIP programs, and that have achieved a targeted increase in enrollment of children in Medicaid. In 2011, New York met five of eight simplification criteria but did not qualify for a performance bonus.

**Cost Sharing Requirements:**

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Deductible</th>
<th>Copayments/Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>For families with incomes between 160%-222% FPL, $9/child/month; for families earning between 223%-250% FPL, $15/child/month; for families earning between 251%-300% FPL, $30/child/month; for families earning between 301%-350% FPL, $45/child/month; for families earning between 351%-400% FPL, $60/child/month; for families earning over 400% FPL, full premium, which varies by health plan.</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Benefits and Delivery System:**

- **Same delivery system or provider networks used in Medicaid and CHIP:** Yes, managed care. Most health plans participate in both the Child Health Plus and Medicaid programs.

- **Changes in benefits in 2011:** Yes, children can receive hospice services without forgoing any medically necessary curative services and New York began covering medically necessary orthodontia.

For more information, please contact the National Academy for State Health Policy at info@nashp.org.