



Minnesota

2014 CHIP Fact Sheet

The Children's Health Insurance Program (CHIP) was created in 1997 to provide quality health coverage for children under 19 in families that earned too much to qualify for Medicaid but were unable to afford coverage in the private market. Each state has the option to cover its CHIP population under its Medicaid program, design and structure a separate CHIP program, or establish a combination program using both options.

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 strengthened the program through increased federal funding, new outreach and enrollment opportunities, mental health parity, the requirement to cover dental care, and other provisions. In 2010, the Affordable Care Act (ACA) extended CHIP funding through federal fiscal year 2015 and required states to maintain Medicaid and CHIP eligibility levels and processes for children through 2019.¹

Participation Rate: 84.5% of eligible children in Minnesota participated in either Medicaid or CHIP in 2011, the last year for which we have national data. The national average was 87.2% in 2011.²

Eligibility Levels: States establish CHIP eligibility levels within federal rules. Under the ACA's maintenance of effort requirement, they must maintain CHIP eligibility levels they had in place when ACA was enacted until September 30, 2019. Beginning in 2014, eligibility levels for CHIP were revised based on [Modified Adjusted Gross Income \(MAGI\)](#).

Modified Adjusted Gross Income (MAGI) Eligibility Levels for CHIP in Minnesota (by Age Group) in 2014			
	Ages 0 – 2	Ages 2 – 5	Ages 6 – 18
Medicaid Expansion	276-283% FPL	N/A	N/A
Separate CHIP Program	N/A	N/A	N/A

Notes: Program data provided by CMS. Conception to birth coverage is also offered in Minnesota under the CHIP unborn child option up to 278% FPL. Eligibility levels do not include the mandatory 5% income disregard.

Benefit Package: States that operate Medicaid expansion CHIP programs must follow Medicaid rules, including providing all Medicaid covered benefits to enrolled children. In separate CHIP programs, states have substantial flexibility in designing CHIP benefit packages within broad federal guidelines. In addition to general medical and dental benefits, Benefits offered in Minnesota's CHIP program include (but are not necessarily limited to):

- Inpatient and outpatient behavioral health services
- Vision exams and corrective lenses
- Hearing exams and hearing aids
- Physical and occupational therapy
- Services for speech, hearing, and language disorders
- Durable medical equipment

Key Highlights

Program Type: Minnesota operates a combination CHIP program called CHIP.

Number of Children Covered: In FY2013, 3,835 children were covered by CHIP.*

State's Enhanced Federal Match Rate: For FY2014, the federal match is 65.00%, and for FY2015 it is 65.00%.

*Data from Medicaid and CHIP Payment and Access Commission March 2014 MACStats report.

¹ Information in this fact sheet has been verified by the state.

² Genevieve Kenney et al., *Medicaid/CHIP Participation Rates Among Children: An Update*. September 2013.

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407769

Delivery System: Both the state's CHIP program and Medicaid program use a managed care delivery system.

Premiums & 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 five percent of family income.

Minnesota's CHIP program has no premiums or cost sharing.

Efforts to Simplify Enrollment and Renewals: CHIPRA established a five-year incentive program to support state efforts to simplify enrollment and renewal of eligible children in Medicaid and CHIP.³ From FY2009 - FY2013, Minnesota did not qualify for incentive payments.⁴

Enrollment and Renewal Strategies Implemented in Minnesota, as of December 2013

Strategy	Used	Strategy	Used
Elimination of in-person interview*	✓	Use of presumptive eligibility	
Elimination of asset test*	✓	Use of 12-month continuous eligibility	
Use of joint application and renewal forms*	✓	Use of express lane eligibility	
Automatic/Administrative renewal*		Premium assistance	

*ACA requires states to implement this strategy beginning January 2014. For definitions of strategies in this chart, see the Centers for Medicare and Medicaid Services December 2009 State Health Official letter, available at http://www.insurekidsnow.gov/images/sho_letter.pdf.

Other Program Characteristics: Below are some other key program characteristics of Minnesota's CHIP program.

Does Minnesota...	
Require a waiting period? ⁵	No
Offer a buy-in option? ⁶	No ⁷
Cover dependents of public employees? ⁸	No
Cover lawfully residing children without a five-year waiting period? ⁹	Yes

Source: *Getting Into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012-2013*, <http://kaiserfamilyfoundation.files.wordpress.com/2013/05/8401.pdf>.

Quality Measures: States may report on a "[core set](#)" of quality measures for children. Minnesota reported on 5 measures for federal fiscal year 2012. Among the measures is access to primary care providers, listed below.

Percentage of Children and Adolescents Visiting a Primary Care Provider, by Age (FFY 2012)

	12-24 months	25 months – 6 years	7-11 years	12-19 years
Minnesota	98.8%	92.7%	93.1%	93.4%

Source: Department of Health and Human Services, *2013 Annual Report on the Quality of Care for Children in Medicaid and CHIP, September 2013*. The measure is for the percentage of children ages 12 to 24 months and 25 months to 6 years receiving a visit to 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: These data include both Medicaid and CHIP.

³ To qualify for incentive payments each fiscal year, states had to implement at least 5 out of 8 specified strategies and increase child enrollment in Medicaid above a state-specific target level.

⁴ InsureKidsNow.gov. "CHIPRA Performance Bonuses: A History (FY 2009 – FY 2013)." <http://www.insurekidsnow.gov/professionals/eligibility/pb-2013-chart.pdf>

⁵ 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 s/he can enroll in CHIP.

⁶ 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.

⁷ Minnesota's buy-in option for children under a section 1115 Medicaid waiver program (known as MinnesotaCare) ended 12/31/13.

⁸ CHIPRA provided states the option to cover the income-eligible dependents of state employees under CHIP.

⁹ CHIPRA provided states the option to remove the five-year waiting period for lawfully residing children.