



# New York

## 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.<sup>1</sup>

**Participation Rate:** 91.7% of eligible children in New York participated in either Medicaid or Child Health Plus in 2011, the last year for which we have national data. The national average was 87.2% in 2011.<sup>2</sup>

**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 \(MAGI\)](#).

**Key Highlights:**

**Program Type:** New York operates a combination CHIP program, called Child Health Plus.

**Number of Children Covered:** In FY2013, 490,114 children were covered by Child Health Plus.\*

**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.

Modified Adjusted Gross Income (MAGI) Eligibility Levels for CHIP in New York (by Age Group) in 2014			
	Ages 0 – 1	Ages 1 – 5	Ages 6 – 18
<b>Medicaid Expansion</b>	N/A	N/A	100-149% FPL
<b>Separate CHIP Program</b>	219-400% FPL	150-400% FPL	150-400% FPL

Note: Eligibility levels do not include the mandatory 5% income disregard. Medicaid expansion program data from state; separate CHIP program data from CMS eligibility table: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf>.

**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, other benefits offered in New York’s CHIP program include (but are not necessarily limited to):

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

**Delivery System:** The provider network in Child Health Plus is similar to Medicaid. Both programs use managed care. Most health plans participate in both the Child Health Plus and Medicaid programs.

<sup>1</sup> Information in this fact sheet has been verified by the state.

<sup>2</sup> 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](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407769)

**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.

### Premiums and Selected Cost Sharing in Child Health Plus, 2013

Family Income Level	Premiums	Office Visits	Inpatient Services	Prescription Drugs
160-222% FPL	\$9/\$27 max	None	None	None
223-250% FPL	\$15/\$45 max	None	None	None
251-300% FPL	\$30/\$90 max	None	None	None
301-350% FPL	\$45/\$135 max	None	None	None
351-400% FPL	\$60/\$180 max	None	None	None
>400% FPL	Full premium; varies by plan	None	None	None

Note: MAGI-adjusted income levels for premiums and cost sharing were not available at the time of publication.

**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.<sup>3</sup> From FY2009 - FY2013, New York received a total of \$13,753,331 in incentive payments.<sup>4</sup>

### Enrollment and Renewal Strategies Implemented in New York, 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](http://www.insurekidsnow.gov/images/sho_letter.pdf).

**Other Program Characteristics:** Below are some other key program characteristics of Child Health Plus.

Does New York...	
Require a waiting period? <sup>5</sup>	Yes, 90 days only if >250% FPL <sup>6</sup>
Offer a buy-in option? <sup>7</sup>	Yes
Cover dependents of public employees? <sup>8</sup>	No
Cover lawfully residing children without a five-year waiting period? <sup>9</sup>	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. New York reported on 16 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 2013)

	12-24 months	25 months – 6 years	7-11 years	12-19 years
<b>New York</b>	100%	96%	98%	96%

Source: Data provided by the state. Note: These data include both Medicaid and CHIP.

<sup>3</sup> 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.

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

<sup>5</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 s/he can enroll in CHIP.

<sup>6</sup> Information on waiting periods verified by state. Prior to January 2014, Child Health Plus had a six-month waiting period. NY will be eliminating the waiting period in mid 2014 through state legislative action.

<sup>7</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>8</sup> CHIPRA provided states the option to cover the income-eligible dependents of state employees under CHIP.

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