

H-3040 CHILDREN UNDER AGE 19-LACHIP AFFORDABLE PLAN**H-3041 GENERAL INFORMATION**

Effective June 1, 2008, Louisiana expanded the State Child Health Insurance Program (SCHIP) to provide health assistance to uninsured children with family income in excess of the limits for the regular Louisiana Children's Health Insurance Program (LaCHIP), but equal to or less than 255 percent (250 percent, plus a 5 percent disregard) of the Federal Poverty Level (FPL).

The LaCHIP Affordable Plan (LAP) is a separate state SCHIP program and different from the LaCHIP program.

LAP is a cost-sharing program with a monthly premium of \$50 per household, regardless of the number of certifications per household due to multiple income units. A household that has at least one (1) eligible child verified as a member of a federally-recognized American Indian or Alaskan native tribe will pay no premium.

The Patient Protection and Affordable Care Act of 2010 (ACA) combines all mandatory and optional eligibility groups for individuals under age 19 into one coverage group. This Children's group includes those covered under LAP. Eligibility for applicants/beneficiaries in this group is determined by using the Modified Adjusted Gross Income (MAGI) methodology.

A LAP child is one:

- Who is under age 19;
- Who is income ineligible for regular LaCHIP;
- Who has MAGI-based income that does not exceed 255 percent of the FPL;
- Who does not have other insurance or access to the State Employees Health Plan (SEHP);
- Who has been determined eligible for child health assistance under the SCHIP; and
- Whose custodial parent has not voluntarily cancelled coverage for the child(ren) from employer sponsored insurance within the previous three (3) months, without good cause. See [A-200 Definitions, Good Cause](#).

Good cause exceptions are listed below:

- The child lost insurance due to divorce or death of parent.
- The child has exhausted coverage under the COBRA continuation provision (up to 18 months).
- The COBRA lifetime maximum has been reached.
- A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA)
- The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan
- The cost of family coverage that includes the child exceeds 9.5 percent of the household income.
- The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income.
- The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a qualified health plan (QHP) through the marketplace because the employer-sponsored insurance plan (ESI) in which the family was enrolled is determined unaffordable, according to the ACA definition.
- Involuntary termination of health benefits due to a long-term disability or other medical condition.
- The child has special health care needs. These children have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition, and who also require health and related services of a type or amount beyond that most children require.

H-3042 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-3042.1 Determine Assistance Unit

The assistance unit consists of the child(ren) under age 19.

H-3042.2 Establish Categorical Requirement

Each eligible child must be under age 19.

H-3042.3 Establish Non-financial Eligibility

Verify eligibility for each member of the assistance/benefit unit with regard to the following factors:

- [Assignment of Third Party Rights](#) [I-200](#)
- [Citizenship/Identity and Qualified Non-Citizen Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)
- [Creditable Health Coverage](#) [I-2200](#)
- Access to a SEHP
- Employer sponsored insurance not voluntarily cancelled during the prior three (3) months.

H-3042.4 Establish Need

Household composition and countable income for LaCHIP Affordable Plan children are based on the MAGI methodology. Refer to [I-1550 MAGI Determinations](#).

Compare MAGI-based income to the LAP income standard. [Refer to Z-200, Federal Poverty Income Guidelines](#).

H-3042.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make the eligibility decision.

H-3042.6 Certification Period

The certification period shall not exceed twelve (12) months. Eligibility will always begin on the first of the month after the eligibility determination has been completed.

Retroactive coverage is not available.

**

H-3042.7 Notice of Decision

Send the appropriate notice of decision to the applicant/beneficiary.

H-3042.8 Premiums

Premiums are collected by the Office of Group Benefits (OGB). The first premium is due once the certification is placed on LaMEDS. Benefits do not begin until the first premium payment is received.

Monthly premiums are due by the 10th day of each month. The initial premium invoice is included with the approval notice. Subsequent billing will be done by OGB. Advance notice of closure will be system-generated if the premium is not received by the monthly due date.