

H-3050 CHILDREN UNDER AGE 19 - LaCHIP PHASE IV (SCHIP)**H-3051 GENERAL INFORMATION**

Effective May 1, 2007, the Louisiana Department of Health and Hospitals (DHH) implemented an expansion of the State Children's Health Insurance Program (SCHIP) to provide prenatal care services, from conception to birth, for low income uninsured mothers who were not otherwise eligible for Medicaid. This Louisiana Children's Health Insurance Program (LaCHIP), called LaCHIP Phase IV, also covers non-citizen women who are not qualified for other Medicaid programs due to citizenship status only.

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The Patient Protection and Affordable Care Act of 2010, referred to as the Affordable Care Act (ACA), combines all mandatory and optional eligibility groups for individuals under age 19 into one coverage group. LaCHIP Phase IV is considered under the Children Under Age 19 Group as the program benefits the unborn child from conception to birth. Eligibility for LaCHIP Phase IV is determined by using Modified Adjusted Gross Income (MAGI) methodology.

MAGI based income for LaCHIP Phase IV beneficiaries must not exceed 214 percent of the Federal Poverty Level (209 percent FPL, plus a 5 percent disregard).

H-3052 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-3052.1 Determine Assistance/Benefit Unit

The assistance/benefit unit consists of the pregnant woman.

H-3052.2 Establish Categorical Requirement

A LaCHIP Phase IV pregnant woman must be pregnant for each month of eligibility.

H-3052.3 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/Alien Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)
- [Creditable Health Coverage](#) [I-2200](#)

For LaCHIP Phase IV, citizenship/non-citizen status and enumeration are not eligibility requirements. Attempt to obtain and document any information the applicant can offer for herself and income unit members.

Applicants must be uninsured at the time of application. Applicants are considered to be uninsured if they do not have credible health insurance that provides coverage of prenatal care services.

For LaCHIP Phase IV, an applicant cannot have access to a state employee health benefits plan (SEHBP) that covers prenatal services. A SEHBP is defined as a plan that is offered or organized by the state government, or on behalf of state employees, or other public agency for employees within the state.

H-3052.4 Establish Need

Household composition and countable Income for LaCHIP Phase IV Children is based on MAGI. Refer to [I-1550 MAGI Determinations](#).

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

H-3052.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject or certify the case.

H-3052.6 Certification Period

The certification period shall not exceed nine (9) months, beginning with the first month of eligibility, and continuing without interruption, until the pregnancy ends. Labor and delivery are covered. There is no 12-month post-partum continuous eligibility period for this program.

Retroactive medical eligibility shall be explored for the three (3) months prior to the month of application if the applicant was pregnant in the months requested. Refer to [H-1800 Retroactive Medical Eligibility \(RME\)](#).

H-3052.7 Notice of Decision

Send the notice of decision to the applicant/beneficiary.

H-3052.8 Deem Newborn

The newborn is deemed eligible at birth if the mother is determined eligible, initially or retroactively, for the month of birth. Refer to [H-3010 Deemed Newborn Children](#).