

CHIP Eligibility

State Name: Lou	isiana		OMB Control Number:	0938-1148
Transmittal Num	ber: <u>LA</u> - <u>21</u> - <u>0017</u>			
_	ld Health Insurance Program Il Eligibility - Substitution of Co	verage		CS20
	3)(C) of the SSA and 42 CFR 457.340(d)		/	
2102(8)((6), 157.556(1), and 157.665		
Substitution of	of Coverage			
		methods and policies in place to prevent the su ith public funded coverage. These policies incl		lth
■ Sub	stitution of coverage prevention strategy:			
Ade	Name of policy	Description		Remove
Ad	Coordination of Benefits (COB) Match	In addition to using employer-based coverage provided on applications, Louisiana conducts group health insurance providers through our contractor to determine current and recent he This match assists in verifying that the applic has met the required period of uninsurance. The provides an independent source of data for the individuals who applied for CHIP and had provided the previous 90 days prior to application.	s a cross match with third-party liability talth insurance status. cant is uninsured and This match also the number of	Remove
	ng period during which an individual is in which an individual is in which was seen as well as which an individual is in which an individual is in which was a seen as which an individual is in which which are which which are which which are which which individual is in which which individual is in which which which is which which individual is in which which which is which which individual is in which which which which which is which whic	neligible due to having dropped group health o	overage. Yes	
	Two months			
	90 days			
	Other			
	The state allows exemptions from the w	aiting period for the following reasons:		
	The premium paid by the family for household income. The child's parent is determined eligible.	gible for advance payment of the premium tax e ESI in which the family was enrolled is deter	credit for enrollment in	n a QHP
	■ The cost of family coverage that inc	cludes the child exceeded 9.5 percent of the hor	usehold income.	
	The employer stopped offering cover insurance plan.	erage of dependents (or any coverage) under an	n employer-sponsored h	nealth
		involuntary separation, resulted in the child's ayment of the premium by the parent under CC		sored



■ The child has special health care needs.

CHIP Eligibility

■ The child lost coverage due to the death or divorce of a parent.					
Does the state allow other exemptions in addition to those listed above? Yes					
Add Describe	Remove				
Add Involuntary termination of health benefits due to a long-term disability or other medical condition.	Remove				
Add The child has exhausted coverage under the COBRA continuation provision (i.e., COBRA expired).	Remove				
Add The lifetime maximum has been reached.	Remove				
Describe the processes the state employs to facilitate enrollment of CHIP-eligible children who have satisfied the waiting period.					
The children who apply while in the waiting period will be processed up to the point of having their eligibility approval entered into the eligibility system. It will be in a pending status until released at the end of the waiting period. This will be documented in the case record and an alert entered as to the waiting period status. Pending list reports are monitored frequently by eligibility staff and their supervisors and used as a mechanism to track applications through the eligibility process (i.e. pending verification/information request, etc.), to ensure timely processing and for workload balancing.					
Describe the processes the state employs to coordinate coverage of children subject to a waiting period with other insurance affordability programs, including safeguards to prevent gaps in coverage for children transitioning from another insurance affordability program to CHIP after satisfying the waiting period.					
Applications (either sent directly to the State, or referred from other insurance affordability programs to the CHIP agency) determined eligible for CHIP except for satisfying the waiting period, will be placed in a pending status. For children who meet an exception to the waiting period or for whom a waiting period does not apply, the state will notify the other insurance affordability program (such as the FFM for QHP coverage) through an electronic account transfer of the date in which the individual is enrolled into the separate CHIP program. For children subject to a waiting period, the applicant status will change from a pending to active status upon completion of the waiting period, and the state will notify the other insurance affordability program of the start and end date through an electronic account transfer.					
The state provides assurance that:					
It does not require a new application or the submission of information already provided by the family immediately preceding the waiting period for the purpose of enrolling CHIP-eligible children who have satisfied a waiting period.					
For children subject to the waiting period, it will promptly transfer each individual's electronic account to the applicable insurance affordability program and notify such program of the date on which the waiting period ends for each individual.					
☐ If the state covers pregnant women, the waiting period does not apply to pregnant women.					
If the state elects to offer dental only supplemental coverage, the following assurances apply:					
The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.					
The waiting period does not apply to children eligible for dental only supplemental coverage.					



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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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