

CHIP Eligibility

State Name: Lo	ouis	iana	OMB Control Number:	0938-1148		
Transmittal Number: LA - 21 - 0017						
_		Health Insurance Program Eligibility - Substitution of Cove	erage	CS20		
Section 2102(b	o)(3)	(C) of the SSA and 42 CFR 457.340(d)(3	(i), 457.350(i), and 457.805			
	HIP	Agency provides assurance that it has me	ethods and policies in place to prevent the substitution of group heal public funded coverage. These policies include:	th		
■ St	■ Substitution of coverage prevention strategy:					
A	Add	Name of policy	Description	Remove		
A		Match E E E I I I I	In addition to using employer-based coverage information provided on applications, Louisiana conducts a cross match with group health insurance providers through our third-party liability contractor to determine current and recent health insurance status. This match assists in verifying that the applicant is uninsured and has met the required period of uninsurance. This match also provides an independent source of data for the number of andividuals who applied for CHIP and had private insurance within the previous 90 days prior to application.	Remove		
	Iow	long is the waiting period? One month	ligible due to having dropped group health coverage. Yes			
		Swo months				
		0 days				
		Other				
[i	The state allows exemptions from the waiting period for the following reasons:					
	[The premium paid by the family for c household income.	overage of the child under the group health plan exceeded 5 percent	of		
	The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QI through the Marketplace because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B–2(c)(3)(v).			a QHP		
	[■ The cost of family coverage that inclu	ides the child exceeded 9.5 percent of the household income.			
	[The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan.				
	[A change in employment, including in insurance (other than through full pay	nvoluntary separation, resulted in the child's loss of employer-spons ment of the premium by the parent under COBRA).	ored		



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П	The child has special health care needs.						
П	The child lost coverage due to the death or divorce of a parent.						
Does	s the state allow other exemptions in addition to those listed above? Yes						
A	Add Describe	Remove					
A	Involuntary termination of health benefits due to a long-term disability or other medical condition.	Remove					
P	The child has exhausted coverage under the COBRA continuation provision (i.e., COBRA expired).	Remove					
A	The COBRA 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.						
entered in document frequentle	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.						
insura	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.						
determin meet an e insurance which the status wi	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	The state provides assurance that:						
✓ p	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.						
✓ a ₁	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 fo each individual.						
If the state covers p	pregnant women, the waiting period does not apply to pregnant women.						
he state elects to offe	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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