

4.4. Eligibility screening and coordination with other health coverage programs

States must describe how they will assure that:

- 4.4.1.** ☒ only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance (including access to a State health benefits plan) are furnished child health assistance under the plan. (Sections 2102(b)(3)(A), 2110(b)(2)(B)) (42 CFR 457.310(b), 42 CFR 457.350(a)(1) and 42 CFR 457.80(c)(3)) Confirm that the State does not apply a waiting period for pregnant women.

The State does not apply a waiting period to LaCHIP Phase IV (unborn option) beneficiaries.

- 4.4.2.** ☒ children found through the screening process to be potentially eligible for medical assistance under the State Medicaid plan are enrolled for assistance under such plan; (Section 2102(b)(3)(B)) (42CFR, 457.350(a)(2))

Screening procedures identify any applicant or enrollee who would be potentially eligible for Medicaid prior to enrollment in the Title XXI separate child health program.

- 4.4.3.** ☒ children found through the screening process to be ineligible for Medicaid are enrolled in CHIP; (Sections 2102(a)(1) and (2) and 2102(c)(2)) (42CFR 431.636(b)(4))

Any applicant who is ineligible for Medicaid and appears eligible for the separate child health program is automatically reviewed for separate child health program eligibility.

- 4.4.4.** ☒ the insurance provided under the State child health plan does not substitute for coverage under group health plans. (Section 2102(b)(3)(C)) (42CFR, 457.805)

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 individuals who applied for CHIP and had private insurance within the previous 90 days prior to application. With this data, the State will be able~~

~~to more accurately determine the extent to which substitution is occurring. The State does not impose a period of uninsurance which exceeds 90 days from the date a child, otherwise eligible for CHIP, is disenrolled from coverage under a group health plan.~~

~~Applicants who involuntarily lose coverage are not subject to the 90-day waiting period. A waiting period may not be applied to a child following the loss of eligibility for and enrollment in Medicaid or another insurance affordability plan.~~

~~The State allows exemptions from the waiting period for the following reasons:~~

~~The premium paid the family for coverage of the child under the group health plan exceeded five 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 Exchange because the employer-sponsored insurance (ESI) in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v);~~

~~The cost of family coverage that includes the child exceeds 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 involuntary separation, resulted in the child's loss of ESI (other than through full payment of the premium by the parent under The Consolidated Omnibus Budget Reconciliation Act (COBRA));~~

~~The child has special health care needs;~~

~~The child lost coverage due to the death or divorce of a parent;~~

~~Involuntary termination of health benefits due to a long-term disability or other medical condition;~~

~~Child has exhausted coverage under COBRA continuation provision (i.e., COBRA expired); or~~

~~Lifetime maximum reached.~~

4.4.4.1. ☐ (formerly 4.4.4.4) If the State provides coverage under a premium assistance program, describe: 1) the minimum period without coverage under a group health plan. This should include any allowable exceptions to the waiting period; 2) the expected minimum level of contribution employers will make; and 3) how cost-effectiveness is determined. (42CFR 457.810(a)-(c))

4.4.5. ☐ Child health assistance is provided to targeted low-income children in the State who are American Indian and Alaska Native. (Section 2102(b)(3)(D)) (42 CFR 457.125(a))

Guidance: When the State is using an income finding from an Express Lane agency, the