

## **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

-	Child Health Insurance Program  cial Eligibility - Non-Payment of Premiums	CS21
42 CFR 457.5	570	
Non-Paymer	nt of Premiums	
Does the state impose premiums or enrollment fees?		Yes
Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?		Yes
Doe	es the state have a premium lock out period?	Yes
	Please describe the lock-out period:	
	Payments are due by the 10th of each month of coverage. A closure notice is generated by the 12th of the month if payment has not been received. The enrollment ends on the last day of the month when payments are not received. Once closed, outstanding premiums must be paid before reenrollment. Payment of outstanding premiums is not a condition for reenrollment after a period of 90 days since enrollment ended.	
	What is the length of the time premium lock-out period?	
	Select a length of time:	
	One month	
	○ Two months	
	● 90 days	
	Other (not to exceed 90 days)	
Are	there exceptions to the required lock-out period?	Yes
	Other financial hardship	
	☐ Other	
$\checkmark$	The state assures that:	
	It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment of lock-out period has expired; and	once the
	It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accordant section 457.1130(a)(3); and	lance
	The child will be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment fe	es.

PRA Disclosure Statement



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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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