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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-CHIPSPA#12

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

The complete title XXI state plan for Pennsylvania consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

MAY 06 2015

Peter P. Camacci Jr.
Acting Executive Director
Pennsylvania Insurance Department
Bureau of Children's Health Insurance Program
1142 Strawberry Square
Harrisburg, PA 17120

Dear Mr. Camacci:

I am pleased to inform you that Pennsylvania's Children's Health Insurance Program (CHIP) state plan amendment (SPA) number 12, submitted January 16, 2015, with additional information submitted on May 5, 2015 has been approved. The SPA has an effective date of July 1, 2014.

Through this SPA, Pennsylvania updates its CHIP family premium cost sharing amounts to be consistent with the state's approved Modified Adjusted Gross Income (MAGI) conversion plan. Effective July 1, 2014, CHIP families are now required to pay monthly premiums according to the federal poverty level (FPL) as detailed in the following table:

FPL		Percent of State Negotiated Rate	Monthly Premium Amount
> 208%	≤ 262%	25%	Approximately \$49.00
> 262%	≤ 288%	35%	Approximately \$68.00
> 288%	≤ 314%	40%	Approximately \$77.00
> 314%		Full cost of coverage as negotiated by the Commonwealth with each of the contractors	Full payment program with no Title XXI funding

Your title XXI project officer, Ms. Ticia Jones, is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jones' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-8145
Facsimile: (410) 786-5882
E-mail: Ticia.Jones@cms.hhs.gov

Official communication regarding program matters should be submitted simultaneously to Ms. Jones and Mr. Francis McCullough, Associate Regional Administrator (ARA) for the Division of Medicaid and Children's Health Operations in the CMS Philadelphia Regional Office. Mr. McCullough's contact information is as follows:

Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Division of Medicaid and Children's Health Operations
The Public Ledger Building, Suite 216
150 South Independence Mall West
Philadelphia, PA 19106

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719.

Sincerely,

/Eliot Fishman/

Eliot Fishman
Director

cc:

Mr. Francis McCullough, ARA, CMS Region III, Philadelphia

Section 1. General Description and Purpose of the Children’s Health Insurance Plans and the Requirements

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

<u>Transmittal Number</u>	<u>SPA Group</u>	<u>PDF</u>	<u>Description</u>	<u>Superseded Plan Section(s)</u>
<u>PA-14-0001</u> <u>Effective/Implementation Date: July 1, 2014</u>	<u>MAGI Eligibility & Methods</u>	<u>CS7</u>	<u>Eligibility – Targeted Low Income Children</u>	<u>Sections 4.1.1, 4.1.2, 4.1.3: Supersede all</u>
		<u>CS10</u>	<u>Children Who Have Access to Public Employee Coverage</u>	<u>Section 4.4.1: Supersede information on dependents of employees of a public agency</u>
		<u>CS10</u>	<u>Hardship Exemption</u>	<u>Appendix: Supersede current documentation</u>
		<u>CS13</u>	<u>Deemed Newborns</u>	<u>Section 4.3: Add new subsection; supersedes information in section 4.1.9 on CHIP deeming</u>
		<u>CS15</u>	<u>MAGI-Based Income Methodologies</u>	<u>Section 4.3: Add new subsection; supersedes information in section 4.1.3 on income counting</u>
<u>PA-14-0002</u>	<u>XXI</u>	<u>CS3</u>	<u>Eligibility for</u>	<u>Supersedes</u>

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<u>Effective/Implementation Date: July 1, 2014</u>	<u>Medicaid Expansion</u>		<u>Medicaid Expansion Program</u>	<u>the current Medicaid expansion section 4.0</u>
<u>PA-14-0003</u> <u>Effective/Implementation Date: July 1, 2014</u>	<u>Establish 2101(f) Group</u>	<u>CS14</u>	<u>Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards</u>	<u>Incorporate within a separate subsection under section 4.1</u>
<u>PA-14-0005</u> <u>Effective/Implementation Date: July 1, 2014</u>	<u>Non-Financial Eligibility</u>	<u>CS17</u>	<u>Non-Financial Eligibility – Residency</u>	<u>Supersedes the current section 4.1.5</u>
		<u>CS18</u>	<u>Non-Financial – Citizenship</u>	<u>Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR</u>
		<u>CS19</u>	<u>Non-Financial – Social Security Number</u>	<u>Supersedes the current section 4.1.9.1</u>
		<u>CS20</u>	<u>Substitution of Coverage</u>	<u>Supersedes the current section 4.4.4</u>
		<u>CS21</u>	<u>Non-Payment of Premiums</u>	<u>Supersedes the current section 8.7</u>
		<u>CS27</u>	<u>Continuous Eligibility</u>	<u>Supersedes the current section 4.1.8</u>

Original Plan

Effective Date: May 28, 1998

Implementation Date: June 1, 1998

SPA #12, Purpose of SPA: This amendment is intended to update the premium bands to the MAGI converted equivalents (i.e., equivalent to the premium bands reflected in state law) as required by the ACA.

Proposed effective date: July 1, 2014

Proposed implementation date: January 1, 2014

4.1.3 Income of each separate eligibility group (if applicable): CHIP provides free coverage to children in families with incomes too high for Medicaid and adjusted gross income at or under 208% of FPL. Subsidized CHIP is provided to children in families with adjusted gross income of greater than 208% of FPL, but not greater than 314% of FPL (i.e., up to and including 314% FPL).

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.1. Premiums:

If the family net income is determined to be above 208% FPL, the family will be required to share in the cost of the coverage. The negotiated rate for calendar year 2014 is expected to average approximately \$196.00 statewide. The per child monthly premiums are:

Percent FPL	Per Child Per Month
>208 – ≤262	25 percent of the state negotiated rate (<u>approx. \$49.00 for 2014</u>)
>262 – ≤288	35 percent of the state negotiated rate (<u>approx. \$68.00 for 2014</u>)
>288 – ≤314	40 percent of the state negotiated rate (<u>approx. \$77.00 for 2014</u>)
>314	Full cost of coverage as negotiated by the Commonwealth with each of the contractors. This (>314% coverage) is a full payment program and is not included in any Title XXI funding.

Premiums are due to the contractors on an established date prior to the first of the month for which premiums are paid.

8.2.2. Deductibles: Not applicable

8.2.3. Coinsurance or copayments: Coinsurance is not applicable

Copayments: For children in families with net income greater than 208% FPL, but less than 314% FPL, the Commonwealth has established reasonable copayments for services other than the following: well-baby; well-child; immunizations; pregnancy related services; or emergency care that results in admissions.

Copayments are as follows:

Primary Care visits	\$5
Specialists	\$10

Emergency Care \$25 (waived if admitted)
Prescriptions \$6 for generic and \$9 for brand names

Copayments are limited to physical health and do not include routine preventive and diagnostic dental services or vision services. Copayments will be due at the point of service.

8.2.4. Other: None

