

GENERAL REFORM FREQUENTLY ASKED QUESTIONS

Question	Answer
<p>1. Was any “small scale testing” done with current CHIP participants for gauging clarity and understanding of the Application for Assistance before it was implemented July 1st?</p>	<p>The Department of Health and Welfare will be testing the new application through October—it is a “working draft.” We have only printed enough applications for 3 months and are getting feedback from applicants so that necessary changes can be made in the next printing.</p>
<p>2. Why was the term CHIP dropped when there is such great evidence that the income-eligible S-CHIP families do not want to apply for “Medicaid”?</p>	<p>The decision to change program names was based on the new benchmark benefit plans and the creation of the Medicaid Basic Plan and Medicaid Enhanced Plan.</p>
<p>3. How will a family who only wants health care coverage help for their children (and are income-eligible) know how to fill out the Application for Assistance? How will they know that they do not have to fill out the asset information?</p>	<p>The asset questions will be moved for better clarity. Once the new application is on-line, the application will direct people to the parts that they need to complete for the service/resource they are requesting.</p>
<p>4. How will eligibility workers be trained to handle applications only requesting health care coverage for children?</p>	<p>There is a consolidated unit that will handle all Family Medicaid cases. This will be a group of people who specialize in eligibility for family and child health coverage. In the Family Medicaid Unit (located in Idaho Falls & Payette), everyone will have the same training and business processes so that rules are applied consistently.</p>

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<p>5. Please explain the other paperwork requirements that families will need to complete besides the Application for Assistance form (medical assessments, citizenship/identity documentation).</p>	<p>Each household member over five years of age will need to fill out a health questionnaire which similar to private health insurance. Citizenship and identity documentation will also be required. The level of documentation may be different for children under 16 years old. New applicants will have up to the full application processing time line of 45 days to provide the required documentation. The Department will provide assistance if requested so that application decisions can be completed timely. If the person is already on Medicaid, documentation for citizenship and identity needs to be submitted at renewal.</p>
<p>6. If the application is completed and approved but the medical assessment for each child and the citizenship/identity documentation is still pending, how long will the Department of Health and Welfare wait before you notify and assist the family in this process—or will you just deny the application?</p>	<p>If the family is trying to get documentation of citizenship and identity the Department of Health and Welfare will assist them for the full 45 day application processing time period. Ongoing participants will not be closed solely for inability to obtain documentation as long as they are making a “good faith effort” to obtain the documentation and the delay is beyond their control. The documentation will be requested at renewal. Starting in September, mass mailings will go out 3 months before renewal date explaining that the family needs to provide hard copy proof of citizenship and identity.</p>
<p>7. How is the Department collecting premiums and co-pays from families?</p>	<p>Co-pays are participant payments for certain services. Medicaid has not designed co-pays yet and they may not be implemented this year. We will be working on co-pay design this fall. Premiums are per-participant per-month program payments. Premiums will apply to participants in the Medicaid Basic Plan with family incomes above 133% of federal poverty (\$2,217 per month for a family of four). Medicaid participants who are subject to premiums will receive a billing statement for their premium each month. Families who have more than one family member with a premium payment will receive one consolidated bill each month.</p>
<p>8. When a Mom on Medicaid gives birth, is the baby immediately in the system for</p>	<p>Yes, the baby is eligible as of the date of birth, but Medicaid still needs to have information about the baby, name, date of birth, etc. so the newborn can be enrolled in the system. Hospitals/clinics can fill out a “1040” form to enroll the newborn.</p>

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<p>health care coverage or does a new application and all the documentation have to be completed? Is there a "grace" time for the baby's coverage before this has to be completed?</p>	<p>Citizenship and identity documentation is not required until the first renewal when the child turns one year old.</p>
<p>9. It is estimated by CMS that 203,000 Idaho citizens are enrolled in Medicaid in our state over the course of a year and they will each be required to produce citizenship and identity verification. How will the Department manage this process?</p>	<p>Current participants will be asked to provide the documentation at the time of renewal. Some individuals who receive Medicaid are excluded from the requirement. Those who receive Medicare or SSI.</p>
<p>10. Has the technology for quicker and more accurate eligibility determination improved since the legislative appropriation to the Department for fixing the system?</p>	<p>The technology is in development. It is a multi-year project. Within this year, we expect to have an on-line application and on-line case management capability. Other developments will include automated interfaces and real-time eligibility.</p>