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State/Territory Name: Pennsylvania

State Plan Amendment (SPA) #: PA-14-0001-MC

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JAN 2 9 2015

Franca M. D'Agostino
Executive Director
Pennsylvania Insurance Department
Bureau of Children's Health Insurance Program (CHIP)
1142 Strawberry Square
Harrisburg, PA 17120

Dear Ms. D'Agostino:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number PA-14-0001 submitted on June 20, 2014. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

In SPA number PA-14-0001, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children. Page CS10 allows the state to cover children who have access to public employee coverage and updates the supporting documentation. Page CS13 indicates that the state elects to cover children born to mothers enrolled as targeted low-income children in CHIP as deemed newborns. These pages are attached to this letter and should be incorporated into the current CHIP state plan according to the table below. Where the current CHIP state plan contains relevant information, the new pages should replace and supersede the corresponding information throughout the current state plan.

New State Plan Page	Impact on Current State Plan Section		
CS15: MAGI-Based Income Methodologies	Section 4.3: Add new subsection; supersede		
	information in Section 4.1.3 on income counting		
CS7: Targeted Low-Income Children	Sections 4.1.1, 4.1.2, 4.1.3: Supersede all		
CS10: Children Who Have Access to Public	Section 4.4.1: Supersede information on		
Employee Coverage	dependents of employees of a public agency		
CS10: Hardship Exception	Appendix: Supersede current documentation		
CS13: Deemed Newborns	Section 4.3: Add new subsection; supersede		
	information in Section 4.1.9 on CHIP deeming		

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

Page 2 – Ms. Franca M. D'Agostino

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 communications regarding program matters should be sent simultaneously to Ms. Jones and to Mr. Francis McCullough, Associate Regional Administrator (ARA) in our Philadelphia Regional Office. Mr. McCullough's address is:

Centers for Medicare & Medicaid Services 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. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

Eliot Fishman Director

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Enclosure

cc:

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



SPA# PA-14-0001

CHIP Eligibility

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

100	AGI-Based Income Methodologies CS15				
210	2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315				
V	The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).				
	In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.				
	If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.				
	In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:				
	• The pregnant woman is counted just as herself.				
	The pregnant woman is counted just as herself, plus one.				
	The pregnant woman is counted as herself, plus the number of children she is expected to deliver.				
	Financial eligibility is determined consistent with the following provisions:				
	When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.				
	When determining eligibility for current beneficiaries, financial eligibility is based on:				
	© Current monthly household income and family size.				
	C Projected annual household income for the remaining months of the current calendar year and family size.				
	In determining current monthly or projected annual household income, the state will use reasonable methods to:				
	☑ Include a prorated portion of the reasonably predictable increase in future income and/or family size.				
	Account for a reasonably predictable decrease in future income and/or family size.				
	Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.				
	Household income includes actually available cash support, exceeding nominal amounts, provided No by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.				
	The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.				
	An attachment is submitted.				

PRA Disclosure Statement

JAN 2 9 2015

Effective Date: January 1, 2014 Page 1 of 2 Approval Date: _



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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SPA# PA-14-0001

CHIP Eligibility

OMB Control Number: 0938-1148

Effective Date: January 1, 2014 Page 1 of 2

Sanarata	<i>C</i> 'kila	Haalth Insur	ance Program		Ex	piration date: 10/31/2014
\$555555555555555555555555555	OSCO A ARMINISTA A		icome Childre	n English		CS7
2102(b)(1)	(B)(v) of	f the SSA and 42	CFR 457.310, 315	and 320		
Targete state.	ed Low-	Income Childre	n - Uninsured child	dren under age 19 who	se household income is within stand	lards established by the
The	e CHIP A	Agency operates t	his covered group	in accordance with the	e following provisions:	
Age						
Must b	e under	age 19.				
Income Sta	ndards					
Incon	ne standa	ards are applied s	tatewide. Yes			
				a county which may qu	nalify under either a statewide incom	ne No
		or a county incom				
St	atewide	Income Standard	S			
В	egin with	n lowest age rang	e first.	•		
					ighest standard used for Medicaid p	ooverty-
le.	vei chiid	ren for the same	age group or group	os entered here.		
		From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
	+	О		215	314	x
	+	Parent Laboratoria de la constanta de la const	6] 157	314	x_
	+	6	19	133	314	X
					lanation. Include the age ranges for aving different income standards.	each
					qual to 133% FPL instead of the MA	AGI
	conv	ersion rate of 119	% based on the ru	les in the final regulati	on that we should use 133% if it is go of 1 with incomes equal to or less the	greater than
		L will be in Free	•	i incomes over the age	of 1 with incomes equal to of less t	11411 20070
Special Pro	gram fo	r Children with I	Disabilities			
Does 1	the state	have a special pr	ogram for childrer	with disabilities?	No	
				JAN 2 9		

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Expiration date: 10/31/2014

4.00000	O(b)(2)(B) and (b)(6) of the SSA						
	Children Who Have Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.						
	The CHIP Agency operates this covered group in accordance with the following provisions:						
Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:							
	Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.						
(Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.							
Coverage under this option is extended to children whose household income is:							
	Select one of the options for the income standard when compared to Targeted Low Income Children						
	The same as the standards for Targeted Low-Income Children						
	C Lower than the income standards for Targeted Low-Income Children						
	Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or certain children: C All children who have access to public employee coverage	only					
	Certain children who have access to public employee coverage:						
	Employees of certain public agencies.						
	☐ Certain types of public employees.						
	Describe type of public employees						
	This will affect public employees that are part time or seasonal who work enough hours to become eligible for health care benefits, but not enough hours to be eligible for full-time benefits. Such employees contribute an amount determined by the Fund's Trustees toward the cost of the coverage with no state subsidy for their dependent children. Children of those employees whose contributions exceed five percent of their household's annual gross income will meet the hardship exemption.						
	Attach methodology the state has used to calculate financial hardship.						
	An attachment is submitted.						
	The state provides assurance that the state will, on an annual basis, recalculate the financial status to determine if the hardship condition continues to be met.	e					
ī	Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.						

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Effective Date: January 1, 2014
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Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.

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PA CHIP SPA CS10 Attachment 1

Hardship Exception for Children of Pennsylvania Public Employees

Pennsylvania CHIP continues to choose to provide coverage to children of employees of a public agency in the state who meet the hardship exception as defined in P.L. 111-148 Section 10203(d)(2)(D). This will only impact those employees that are part time or seasonal who work enough hours to become eligible for health care benefits, but not enough hours to qualify for full-time benefits. Such employees contribute an amount determined by the Fund's Trustees toward the cost of the coverage. Children of those employees whose contributions exceed five (5%) percent of their gross income will meet the hardship exemption.

PEBTF's 2013 Open Enrollment documentation (that's the current enrollment for 2014 calendar year) shows:

Part time employees: HMO Family Option is \$309.72 biweekly (x 26 biweekly pays = \$8,052.72 annually).

For a family to NOT meet the hardship exception, they would need to have a gross annual household income of \$160,054 and higher. Incomes below this amount would qualify to meet the hardship exception regardless of additional copays.

PEBTF's HMO option is cheaper than the PPO option which is \$347.26 biweekly if hired before 8/1/03 and \$384.80 biweekly if hired on or after 8/1/03.

We compare against the HMO option.

For the past 12 months (June 2013 through May 2014), 32 children were found to meet the requirements of the exception.

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Separate Child Health Insurance Program Eligibility - Deemed Newborns	CS13
Section 2112(e) of the SSA and 42 CFR 457.360	
Deemed Newborns - Children born to targeted low-income pregnant women are deemed to have applied for or Medicaid until the child turns one.	and be eligible for CHIP
The state operates this covered group in accordance with the following provisions:	
The child was born to an eligible targeted low-income pregnant woman under section 2112 of the SS	SA.
The child is deemed to have applied for and been found eligible for CHIP or Medicaid, as appropriate child's birth, and remains eligible without regard to changes in circumstances until the child's first birth.	te, as of the date of the rthday.
The state elects the following option(s):	•
The state elects to cover as a deemed newborn a child born to a mother who is covered as a targeted the state's separate CHIP on the date of the newborn's birth.	low-income child under
The state elects to recognize a child's deemed newborn status from another state and provides benefi requirements of section 2112(e) of the SSA.	ts in accordance with the
The state elects to cover as a deemed newborn a child born to a mother who is covered under Medica authority of the state's section 1115 demonstration on the date of the newborn's birth.	aid or CHIP through the

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