



Center for Medicaid, CHIP, and Survey & Certification

CMCS Informational Bulletin

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Center for Medicaid, CHIP and Survey and & Certification (CMCS)

SUBJECT: Technical Assistance for CHIPRA Performance Bonuses for FY 2011

This Informational Bulletin is to remind States of technical assistance opportunities available and upcoming deadlines for applying for performance bonuses for Federal fiscal year (FY) 2011 under section 2105(a)(3) to the Social Security Act (the Act), as amended by section 104 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Performance bonuses provide additional Federal funding for qualifying States that have taken specific steps to simplify Medicaid and CHIP enrollment and renewal procedures and have also increased Medicaid enrollment of children above a baseline level. In FY 2010, the Centers for Medicare & Medicaid Services (CMS) awarded \$206 million in performance bonuses to 15 States.

Applications for FY 2011

In order for a State to claim credit for one the 8 Performance Bonus "program features" for FY 2011, that program feature must be operational no later than **April 1, 2011**. Also, in order for a State to qualify for a new program feature that is a required element of the Medicaid/CHIP State plan, the State must have submitted the necessary State Plan Amendment with an effective date of April 1 of the FY in question.

In order to clarify which State Plan pages and other supporting documentation are required for each program feature, we have attached a revised **Bonus Payment Request Template** for States' use in FY 2011. We also have a performance bonus calculator that is available and will be updated for FY 2011 in the near future. These additions are intended to provide more clarity and consistency regarding the supporting documentation that States must submit along with the Performance Bonus Request Template, such as State Plan pages, copies of application and renewal forms, and additional sources such as State Manual pages or Administrative Memoranda.

Performance bonus applications for FY 2011 will be due **October 15, 2011**. In general, we will be following the same timeframes established for the review of performance bonuses in FY 2010, which were outlined in the CMS State Health Official letter released on October 1, 2010 (available at <http://www.cms.gov/smdl/downloads/SHO10008.pdf>).

In addition, based on our experience from FY 2010 performance bonus reviews, we offer the following clarifications regarding two of the Performance Bonus program features:

- ***Liberalization of asset requirements.*** States that wish to receive credit for this program feature by eliminating asset tests in Medicaid and CHIP need to formally document in their State Plans the elimination of the asset test for all Medicaid children in categories for which being a child is a condition of eligibility, including section 1931 children, mandatory qualified children, and all other Medicaid child eligibility groups listed in Appendix II of the CMS State Health Official Letter released on December 16, 2009 (available at <http://www.cms.gov/smdl/downloads/SHO09015.pdf>). CMCS staff are available to offer technical assistance to States interested in discussing this program feature.
- ***Same application and renewal forms.*** To document implementation of this program feature, States need to submit copies of application, renewal, and supplemental forms that request additional information needed to establish or verify one or more factors of eligibility (for example, forms used to verify employment, income, or residency). States should also submit a description of its consumer-facing information verification processes. We note that if the forms are not the same, a State can also meet the requirements of this program feature by demonstrating that their forms are interchangeable. At a minimum, interchangeable forms should be accepted by either Medicaid or CHIP, and ideally, interchangeable forms should help coordinate enrollment between programs without requiring additional information from applicants.

Full descriptions of all of the Performance Bonus program features can be found in the CMS State Health Official letter released on December 16, 2009 (available at <http://www.cms.gov/smdl/downloads/SHO09015.pdf>), and additional guidance can be found in the CMS State Health Official letter released on October 1, 2010 (available at <http://www.cms.gov/smdl/downloads/SHO10008.pdf>).

Technical Assistance Team

Performance Bonuses offer an open opportunity for States to leverage additional federal funds -- FY 2010 Performance Bonuses ranged from \$3 million to \$55 million per State. In order to help States that are interested in applying for Performance Bonuses in FY 2011 and subsequent years, CMS has established a performance bonus technical assistance team and will be holding “office hours” with States during the month of March in anticipation of the April 1 deadline. The technical assistance team can help States calculate the bonus amount that they have the potential to qualify for, share best practices from the implementation of program features in other States, provide technical assistance on necessary State Plan Amendments, and answer other questions related to the Performance Bonus process.

If your State is interested in discussing the possibility of a CHIPRA Performance Bonus for FY 2011, please contact my staff via email at CHIPRAbonuspayments@cms.hhs.gov with a copy to your servicing CMS Regional Office, and we will follow up with you to schedule an appointment.

ATTACHMENTS

**State Request for
Children's Health Insurance Program Reauthorization Act (CHIPRA) Performance Bonus
Federal Fiscal Year 2011**

State: _____ (please fill in)

Contact Name: _____ (please fill in) Telephone: _____ (please fill in) Email: _____ (please fill in)

Date: MM/DD/YYYY

This template represents this State's request for a determination of eligibility for a CHIP Performance Bonus Payment for Federal fiscal year 2011 under the provisions of section 2105(a)(3) and (4) of the Social Security Act and provides the State's certification of the indicated program features.

A. Qualifying Criteria	B. Criteria Met (Y/N)	C. Supporting Documentation (If attached, please mark with an "x")	D. Additional Information/ Program Limitations	E. Effective Date
1. Continuous Eligibility Title XIX Title XXI		<input type="checkbox"/> State Plan Attachment 2.2-A <input type="checkbox"/> Other State Plan page with 1902(e)(12) of the Social Security Act Citation <input type="checkbox"/> State Plan Section 4.1.8		
2. Liberalization of Asset (or Resource) Requirements Title XIX Title XXI		If eliminating asset test: <input type="checkbox"/> State Plan Attachment 2.2-A <input type="checkbox"/> State Plan Attachment 2.6-A <input type="checkbox"/> Supplements to State Plan Attachment 2.6-A If eliminating asset test: <input type="checkbox"/> Section 4.1.4	<input type="checkbox"/> The State has eliminated the Asset Test for all required groups; or <input type="checkbox"/> The State allows self-declaration of assets for some or all required groups. If allowing self-declaration of assets, please specify the State's process for each eligibility group: <input type="checkbox"/> The State has eliminated the Asset Test for CHIP; or <input type="checkbox"/> The State allows self-declaration of assets for CHIP. If allowing self-declaration of assets, please specify the State's process for each eligibility group:	

A. Qualifying Criteria	B. Criteria Met (Y/N)	C. Supporting Documentation (If attached, please mark with an “x”)	D. Additional Information/ Program Limitations	E. Effective Date
3. Elimination of In-Person Interview Title XIX Title XXI				
4. Use of Same Application and Renewal Form and Procedures for Medicaid and CHIP Title XIX and Title XXI		<input type="checkbox"/> The same application form <input type="checkbox"/> The same renewal form <input type="checkbox"/> The same supplemental form(s)	Please describe the State’s information verification process for Medicaid and CHIP. If forms are different between Medicaid and CHIP, please describe how they are interchangeable.	
5. Automatic/Administrative Renewal Title XIX Title XXI		<input type="checkbox"/> If administrative renewal, a copy of the preprinted renewal form <input type="checkbox"/> If administrative renewal, a copy of the preprinted renewal form	Please describe the State’s standard renewal process, and any limitations to its application. Please describe the State’s standard renewal process, and any limitations to its application.	
6. Presumptive Eligibility for Children Title XIX Title XXI		<input type="checkbox"/> State Plan Page with Citation of 1920A of the Social Security Act <input type="checkbox"/> State Plan Section 4.3	The following qualified entities conduct presumptive eligibility: The following qualified entities conduct presumptive eligibility:	

A. Qualifying Criteria	B. Criteria Met (Y/N)	C. Supporting Documentation (If attached, please mark with an “x”)	D. Additional Information/ Program Limitations	E. Effective Date
<p>7. Express Lane Title XIX</p> <p>Title XXI</p>		<p><input type="checkbox"/> State Plan Section 2.1 pages 11b-11d of the State plan.</p> <p><input type="checkbox"/> State Plan Section 4.3</p>	<p>Which Agency is the designated Express Lane Agency?</p> <p>What finding is used from the Express Lane Agency?</p> <p>Which Agency is the designated Express Lane Agency?</p> <p>What finding is used from the Express Lane Agency?</p>	
<p>8. Premium Assistance Subsidies Title XIX or Title XXI</p>		<p><input type="checkbox"/> State Plan Enclosure 4 page 29d</p> <p><input type="checkbox"/> State Plan Sections 1.4 and 6.4.3</p>		

Template Instructions for Line Entries in Each Column

- A. **Qualifying Criteria** – Lines 1 through 8 in Column A lists the eight program features identified in section 2105(a)(4). In order to get credit for a program feature, a State must identify information for both its title XIX and XXI programs for all program features except Premium Assistance Subsidies. A State may qualify for the Premium Assistance Subsidy program feature if it meets the criteria for either title XIX or title XXI.
- B. **Criteria Met** – In Column B each State should indicate a “Y” or “N” with respect to each of the program features in Column A for which it believes it meets the respective criteria for such program feature. A State must meet the criteria for at least 5 of 8 of the program features to qualify for a bonus payment.
- C. **Required Documents:** State must check the appropriate box to indicate the location within its approved State plan(s), if the program feature is authorized through the respective XIX or XXI approved State plan. If located elsewhere, State should write in the section and page number. States should submit copies of the State plan page with the template as supporting documentation. If not in State Plan, the State should submit other documentation. Examples of the types of additional documentation a State should submit would be: program application(s) for eligibility in Medicaid and CHIP, redetermination forms, income and asset instruction forms, process descriptions including time frames used to receive and process information for Medicaid and CHIP, instruction manuals provided to eligibility intake/determination employees regarding state policy for the program feature. In Column C, the State should identify the supporting documentation it submitted to demonstrate it has met the requirements for the program feature in Column A.
- D. **Additional Information /Program Limitations** – In Column D, each State should answer any questions listed. The description may be provided either in the template or in an attachment if additional space is needed. Each State should also identify any limitations associated with the program feature referenced in Column A. In particular, identify any categories or groups of children to which the program feature does not apply (such as age limitations) or any income level to which the program feature does not apply (income limitations). States should identify any other type of program feature limitation that would limit the availability of the program feature only to certain beneficiaries.
- E. **Effective Date** – In Column E each State should indicate the date the program feature became operational in the each of the applicable programs, Medicaid or CHIP.