**Washington's Medicaid/SCHIP Programs: At a Glance**

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| **Program Element** | **Prior to Expansion** | **Expansion 1** | **Proposed Expansion 2** |
| **Implementation Date** | n/a | July 22, 2007 | February 23, 2009 (expansion to 300%); Buy-in implementation date to be determined |
| **Program Type** | Separate Medicaid and SCHIP programs | Separate program | Builds on phase 1 of expansion |
| **Income Range and Population Covered** | Medicaid: children with family incomes up to 200% of the FPL  SCHIP: children with family incomes between 200% & 250% of the FPL | All children under 19 with family income up to 250% FPL regardless of immigration status | Children under 19 with family incomes up to 300% of the FPL regardless of immigration status; children with family incomes over 300% of the FPL are eligible to buy-in at the full cost |
| **Cost-Sharing** | Up to 200% of the FPL: no premiums or co-payments  Between 200% and 250% of the FPL: monthly premiums of $15/child (max of $45/month per family); no co-payments | Remains the same by income level until April 1, 2009; monthly premiums will then be $20/child (max of $40/month per family) | Monthly premiums of $30/child ($60 max); the cost of the buy-in will be equal to the rate the state pays plus any administrative costs |
| **Medicaid/SCHIP Coordination** | Administered by Health and Recovery Services Administration, Division of Health Services; joint application for Medicaid and SCHIP; automatic transfer between programs when changes in eligibility | Administered by the same agency, with the same level of coordination | Same for expansion |
| **Enrollment/Renewal Procedures** | | | |
| **Application** | Mail-in application; no face-to-face interview or asset test required | Same application and enrollment process; improved online application (integrated with case management system) to be studied | Same for expansion |
| **Continuous Eligibility** | 12 months for Medicaid and SCHIP | 12 months | Same for expansion |
| **Renewal** | Joint renewal form for Medicaid and SCHIP; no face-to-face interview or asset test required; automatic continuation of benefits when an Eligibility Review is received, but not yet processed | Same renewal form and procedures | Same for expansion |
| **Crowd-out Measures for Separate SCHIP** | 4-month waiting period for enrollment in SCHIP (incomes above 200%); state currently monitors substitution of coverage | Same 4-month waiting period for all children, regardless of immigration status, with family incomes above 200% of the FPL. Will report on the substitution resulting from this expansion by 2010. | Same for expansion |
| **Linkage with Other Public Programs** | Previous pilot program with Medicaid and free school lunch program; automatic renewal of Medicaid with Food Stamp renewal | Use of existing systems to identify eligible kids, including free school lunch, child care, WIC, and early childhood education to be studied | No change |
| **Benefits** | | | |
| **Benefits** | Medicaid/SCHIP covers medical, dental, vision, and hearing, as well as mental health, alcohol and substance abuse services | Same | Same benefits for expansion |
| **Service Delivery System** | Largely managed care (immigrant children and children in certain counties with less than 3 managed care options are served in a fee-for-service model) | New focus on connecting beneficiaries to a medical home and developing quality measures to indicate that a child has an established and effective medical home | Targeted provider rate increases will be linked to the quality improvement measures established in phase 1 of the expansion |
| **Other Provisions** | | | |
| **Outreach** | Outreach workers get $75 for each successful application submitted | Allocated additional funds for outreach for all children's programs, with a focus on hard-to-reach kids; campaign will include: media and new program information materials, contracts with community-based organizations | No further change |
| **Premium Assistance** | Small premium assistance program that has largely been operated as a pilot program | Families will be screened for access to employer-sponsored health care; the state will provide funds for purchase when cost-effective (as determined by state) | Same for expansion |
| **Retention** | n/a | Develop a targeted retention plan to improve program retention and decrease churn (pilot programs are under way) | Once results are available from pilots, efforts will be expanded |

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