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BENEFITS AND COST SHARING IN SEPARATE CHIP PROGRAMS

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MAY 2014

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ACKNOWLEDGEMENTS

The authors would like to thank the state CHIP Directors and their staff who provided the data used in this analysis. We especially would like to thank Sharon Carte, Executive Director of the West Virginia Children's Health Insurance Program, and Kevin Cornell, CHIP Program Manager, Washington State Health Care Authority, who reviewed and provided insightful comments on a draft of this report. We also would like to thank from the NASHP staff, Research Assistant Kris Wiitala for her contributions to this work. We also thank Georgetown University Center for Children and Families interns Rebecca Wener and Jennifer Glynn for their assistance in data collection. This report was made possible with support from the David and Lucile Packard Foundation.

EXECUTIVE SUMMARY

Since 1997, the Children's Health Insurance Program (CHIP) has provided substantial federal funds to states to develop and operate health coverage programs designed specifically to meet the care and developmental needs of children. Millions of children have gained coverage through CHIP, with more than 8 million children enrolled in 2012.¹ Together with its larger companion program, Medicaid, CHIP is credited with helping to reduce the uninsurance rate among children by approximately half from 1984 to 2012.²

CHIP provides states with options when designing their programs. States can choose to use CHIP funds to expand their Medicaid programs, establish separate CHIP programs, or offer a mix of both types. Within broad federal rules and guidelines, states have considerable flexibility in separate CHIP programs to determine benefit packages. States also can set premium and other cost-sharing requirements within federal rules.

This report examines covered benefits, limitations, and premium and cost-sharing provisions in 2013 for 42 separate CHIP programs in 38 states.³ The report seeks to expand understanding of the extent of coverage these programs provide and examine the similarities and differences in coverage among them.

HIGHLIGHTS OF KEY FINDINGS

The benefits in separate CHIP programs in 2013 ranged from comprehensive coverage based on Medicaid to somewhat more limited packages modeled on commercial plans. Coverage for basic medical services was robust and while limits were common for certain benefits, only a few services were frequently not covered at all. Additionally, while the cost of coverage for families varied across programs, separate CHIP programs generally provided strong financial protection for enrollees with minimal premiums and cost sharing. Key findings include:

- One-third (14) of separate CHIP programs provided benefits that were either the same or very similar to the comprehensive package provided to children in Medicaid. While this report focuses on separate CHIP programs, it is worth noting that when combined with Medicaid expansion programs, 38 states and the District of Columbia provided Medicaid or Medicaid-based benefits to some or all children whose coverage is financed by CHIP.⁴
- Basic medical benefits such as physician, hospital, and laboratory and radiological services were largely covered without significant limitations, while coverage limits were more common for services such as nursing care services and outpatient therapies.
- All programs covered prescription drugs and the majority of programs provided coverage of durable medical equipment and disposable medical supplies.
- While separate CHIP programs are not required to cover behavioral health services, the majority covered outpatient and inpatient mental health services with few limitations. Additionally, nearly all provided coverage for outpatient and inpatient substance abuse services.⁵
- All programs covered physical, occupational, and speech and language therapies, although 40 percent of programs limited the number of visits.
- Most programs covered dental services without notable limitations. The majority of programs also provided orthodontic services coverage, although approximately half had limits on these services.

- All programs provided coverage of corrective lenses; however, slightly more than one-third had dollar or quantity limits or both. Most covered hearing aids, although frequently with limits.
- While CHIP's flexibility does result in some variation across programs, separate programs generally provided substantial financial protection for enrollees' families by offering low or no premiums and limited or no cost sharing for covered benefits.

Implementation of the Affordable Care Act (ACA) requires close attention to its implications for children's coverage and how CHIP fits into the changing health insurance landscape. The ACA recognized the need to continue CHIP for at least the early years of implementation by extending its funding through federal fiscal year 2015 and requiring states to maintain eligibility standards for children's coverage through 2019.

At the same time, the ACA offers new coverage options through subsidies for qualified health plans (QHPs) in health insurance marketplaces. QHPs must offer the minimum benefits known as essential health benefits (EHBs) and the benchmark approach used in CHIP was adapted to help define state choices for the EHBs. The ACA directs the Secretary of the Department of Health and Human Services to determine whether coverage through QHPs is comparable to CHIP in terms of benefits and cost sharing. The benefits potentially could differ because, while both CHIP and QHP benefit models are based on a similar benchmark approach, the options and state selections were not the same. The most commonly selected EHB benchmark plan (small group market coverage) was not an option for CHIP; and the most frequently chosen CHIP coverage model (Secretary-approved coverage, most commonly for Medicaid-based benefits) was not an EHB choice.

This report is intended to inform state and national policymakers and stakeholders about benefits and cost sharing in separate CHIP programs in advance of the Secretary's comparability determination. We hope the report also will help inform deliberations about the future of CHIP, as well as review and revision of EHB requirements as they apply to children's coverage. The report finds that separate CHIP programs generally provide robust coverage of benefits needed by children. Additionally, while the cost of children's coverage varies across programs and states, CHIP offers substantial financial protection for families by offering minimal premiums and cost sharing. Thus, it is a strong model for ensuring comprehensive and affordable coverage for children. As other models are considered, they should be closely assessed against the existing strong benefits that CHIP provides for many families today.

INTRODUCTION

Since the establishment of the Children's Health Insurance Program (CHIP) in 1997, states have developed and operated CHIP programs designed to meet the care and developmental needs of children and youth. In the subsequent years, millions of children have gained coverage for health services through CHIP programs established in all states. In 2012, approximately 8.1 million children were enrolled in CHIP,⁶ and CHIP, working together with its larger companion program Medicaid, is credited with helping to reduce the uninsurance rate among children from 13.9 percent in 1984 to 6.6 percent in 2012.⁷

Through Title XXI of the Social Security Act, CHIP provides federal matching funds to support states in offering health coverage to eligible low- and moderate-income children who do not qualify for Medicaid because their family income is too high. States may use CHIP funding to expand Medicaid, to establish programs that are separate from Medicaid, or to establish both separate and Medicaid expansion programs.⁸ Twelve states and the District of Columbia use CHIP funding primarily for Medicaid expansion programs.⁸ Twenty states use CHIP funds for Medicaid coverage of some children, such as infants or children in a specified income band, in combination with a separate CHIP program for the remaining CHIP-eligible children. Eighteen states operate separate CHIP programs only.⁹ In total, this report considers 38 states that have established separate CHIP programs to provide coverage for eligible children. It does not examine separate CHIP programs with limited eligibility criteria, such as those that only covered pregnant women, unborn children, children with disabilities, programs that covered children who were new lawful residents, or programs that offered only premium assistance.

Within broad federal rules and guidelines, separate CHIP programs have flexibility to determine which services to cover, limitations on those services, and premium and other cost-sharing requirements. These separate CHIP program design characteristics are the main subject of this report. States have taken varied approaches to defining separate CHIP benefit packages. Benefits in some states' CHIP programs were based on those provided in their Medicaid programs while others offered coverage more similar to those in private health plans. States generally have chosen to maintain relatively low premiums and cost-sharing amounts in CHIP.

As implementation of the Affordable Care Act (ACA) moves forward, benefit design and cost sharing in CHIP will likely receive additional attention. The ACA changes the health coverage landscape, including making new coverage options available through health insurance marketplaces. Although children who are eligible for Medicaid and CHIP are not eligible to obtain subsidized coverage through marketplaces, funding for CHIP is authorized only through federal fiscal year 2015, raising questions about what coverage will be in place for these children in the future. This report is intended to help inform further policy analyses and discussions about the potential extension of CHIP funding, changes in marketplace policies, and other policy options that may be considered to ensure that low-income children continue to receive affordable coverage that meets their needs.

There are a number of issues to be considered in such policy analyses, chief among them the comparability of benefits and cost sharing in CHIP and qualified health plans (QHPs) offered through marketplaces. The rules governing marketplace plans require coverage of pediatric benefits, but the details of such coverage have not been studied and may vary across states and plans. The ACA requires the Secretary of the Department of Health and Human Services (HHS) to identify and certify the marketplace plans that provide coverage comparable to CHIP in terms of benefits and cost sharing. (See the box on

page 5 for more information.) The descriptive information contained in this report may be useful as a basis for the CHIP component of such comparisons, but the report itself does not make such comparisons.

In years past, CHIP benefit packages have been described and summarized in various reports, some that provide an overview of states' CHIP-covered services generally and others that focus on coverage of specific services.¹⁰ Two recent reports, one commissioned by the American Academy of Pediatrics and another prepared by the United States Government Accountability Office, reviewed benefits in a limited number of CHIP programs within the context of ACA implementation.¹¹ Their findings will be touched upon in the discussion section of this report.

This report provides a comprehensive look at CHIP benefits by describing the covered benefits, limitations, and premium and cost-sharing provisions in 42 separate CHIP programs in 38 states. By examining the separate CHIP programs, this report seeks to enhance understanding of the extent of coverage they provide as well as to draw out similarities and differences among states. Following an overview of findings on separate CHIP programs' benefit and cost sharing policies, state-level summary tables in Appendix 2 provide a detailed overview of selected benefits and cost sharing.

CHIP BENEFITS AND THE ACA

Provisions of the Affordable Care Act (ACA) both strengthen CHIP and introduce uncertainty regarding children's coverage in the future. The ACA extends CHIP's funding through 2015 and requires states to maintain their eligibility standards and methodologies for children's coverage in both CHIP and Medicaid through 2019.¹² The law also offers new coverage options through subsidized qualified health plans (QHPs) in health insurance marketplaces.

The relationship between QHP benefits and CHIP benefits may prove important for children in the coming years. Marketplace plans must offer essential health benefits (EHBs). These include pediatric services and pediatric vision and oral health services, as well as other benefits important to children and youth, including children with special health care needs, such as habilitative and mental health services.¹³ Similar to CHIP's approach to designing benefits, federal rules required states to select (or default to) a benchmark plan to serve as the minimum benefits for QHPs (as well as individual and small group market plans outside the marketplace).¹⁴ While some of the benchmarks available for states to select were also options for CHIP benchmarks, the most common state EHB benchmark, the largest small group health plan, is not among CHIP's benchmark choices. Conversely, Secretary-approved coverage, including benefits like Medicaid's, CHIP's most commonly selected choice of benefit model, was not available to states in setting EHBs. EHBs are not required to be provided in CHIP. Therefore, QHP benefits likely differ from CHIP benefits.

Some EHB categories, though, align with benefits covered by CHIP programs. For example, the EHB category of pediatric services includes oral and vision care. Many commercial benchmark plans, however, did not offer pediatric vision or oral health care services. In cases when the benchmark plan did not cover these benefits, states were required to select a supplemental plan to serve as the benchmark for these services. Federal rules allow either the federal employees dental and vision insurance program (FEDVIP) or CHIP to serve as supplemental benchmarks for pediatric oral and vision services.¹⁵ Twenty-four states use CHIP dental benefits and seven states use CHIP vision benefits as the supplemental benchmark for those services.¹⁶

Federal rules also required supplementation when a benchmark plan lacked any coverage in an EHB category. The rules, however, did not provide direction on how states might supplement an EHB category that lacked important services, such as pediatric hearing services or childhood obesity treatments under the "pediatric services" category.

The ACA requires the Secretary of HHS to determine by April 2015 whether the benefits and cost sharing under QHPs are "at least comparable to the benefits offered and cost-sharing protections provided under" CHIP. Beginning in October 2015, states may meet their obligation to maintain eligibility standards for children's coverage by enrolling children eligible for CHIP into QHPs that have been certified to be comparable to CHIP. The ACA also requires that, beginning October 2015, if a state exhausts its federal CHIP funding, it develop procedures for eligible children to obtain coverage in the marketplaces through QHPs certified as comparable.¹⁷ Federal guidance on how comparability will be assessed has not yet been issued.

BACKGROUND ON CHIP BENEFITS AND COST SHARING

States that operate Medicaid expansion programs must follow Medicaid rules, including providing all Medicaid covered benefits to enrolled children and conforming to Medicaid limits on cost sharing for children.¹⁸ In separate CHIP programs, states have substantial flexibility, within federal guidelines, to define a benefits package and establish cost-sharing requirements.¹⁹

SEPARATE CHIP BENEFIT DESIGN OPTIONS

States can base separate CHIP program benefits on an existing set of health benefits from a coverage model, known as a benchmark, or define another set of benefits and seek approval of the Secretary of HHS.²⁰ Using the Secretary-approved coverage option, states can supplement the benefits provided by a benchmark plan, provide the same or very similar benefits as those covered under Medicaid, or establish another package of benefits that the Secretary agrees is “appropriate” for enrolled children. States’ options for choosing a benchmark are specified in more detail below.

CHIP BENCHMARK OPTIONS

When designing their CHIP benefits package, states have three basic options with multiple sub-options, as identified in the CHIP statute:

- Benchmark coverage benefits the same as:
 - Federal employees Blue Cross/Blue Shield preferred-provider organization;
 - Any state employee health plan; and
 - The largest non-Medicaid health maintenance organization (HMO) in the state
- Benchmark-equivalent coverage: Benefits actuarially equivalent to one of the benchmarks above
- Secretary-approved coverage:
 - Benefits the same as the Medicaid state plan;
 - Benefits defined under a Section 1115 Medicaid waiver;
 - Benefits that include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) or are the same as the state provides to its entire Medicaid population;
 - Benefits that include a benchmark plan’s benefits plus additional coverage;
 - Benefits that the state has shown through a detailed comparison are substantially equivalent to or greater than those in a benchmark plan; and
 - Other benefits approved by the Secretary²¹

Florida, New York, and Pennsylvania also have the option of selecting comprehensive state-based coverage that they provided through a child health plan that pre-dated CHIP.

Required CHIP Benefits

In addition to the benchmark selection, federal rules also require the inclusion or exclusion of some benefits in CHIP. Coverage for well-baby and well-child care services, age-appropriate immunizations, and emergency services are mandatory CHIP benefits. When a separate CHIP program uses benchmark-equivalent coverage, the benefits must include inpatient and outpatient hospital services, physicians’ surgical and medical services, and laboratory and x-ray services.²² Federal CHIP funds may not be used to provide abortion services except when necessary to save the life of the mother or in cases of rape or incest.²³ The Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 required that

CHIP mental health services, if offered, be provided at parity with medical and surgical benefits.²⁴ CHIPRA also required states to provide dental coverage in their CHIP programs and gave states the option to provide dental-only supplemental coverage for insured children who would otherwise be ineligible for CHIP.²⁵

Premium and Cost-Sharing Requirements

Premium and cost-sharing requirements in separate CHIP programs are also set by states within parameters established by federal law and regulations. In total, any family contribution to the costs associated with CHIP coverage must be limited to no more than five percent of the family's income. Federal rules also limit the amount that separate CHIP programs may charge for enrollees whose family income is less than 151 percent of the federal poverty level (FPL) and prohibit any such charges for American Indian and Alaska Native children. Further, separate CHIP programs may not charge cost sharing for well-child visits, immunizations, and routine preventive and diagnostic dental services.²⁶

Service Delivery

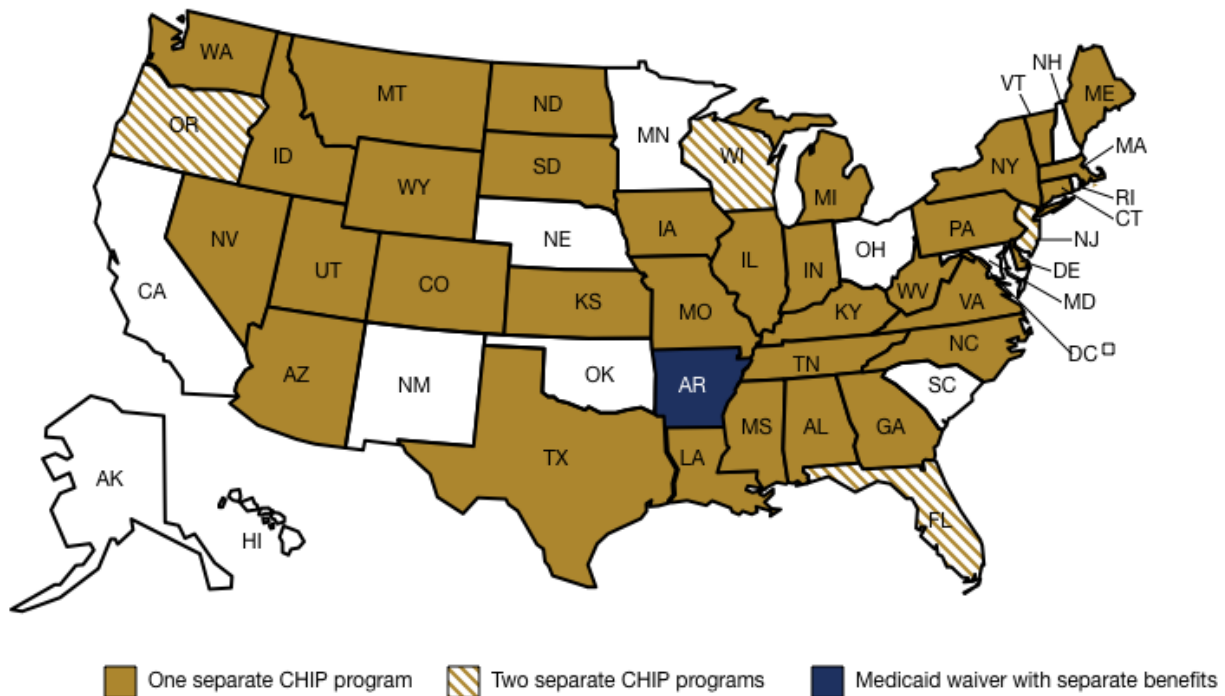
As of 2010, more than 81 percent of separate CHIP program enrollees received their services through managed care organizations. Comprehensive risk-based managed care plans—typically an HMO in which enrollees must use a specified network of providers—are the most common.²⁷ As some separate CHIP programs offer coverage through multiple managed care plans, CHIP benefits may vary within a state depending upon the plan in which a child is enrolled. The benefits analyzed in this report reflect those in the plan with the largest enrollment.

 ABOUT THIS REPORT

This report presents coverage and limitations of select benefits and cost-sharing provisions for separate CHIP programs in 37 states as well as Arkansas's CHIP-funded Medicaid Section 1115 waiver plan.²⁸ Note that four states (Florida, New Jersey, Oregon, and Wisconsin²⁹) had two benefit packages (for example, for children at different income levels), resulting in 42 programs in 38 states examined in this report.

FIGURE 1

42 Separate CHIP and Waiver Programs Studied



This report summarizes the benefit and limitation descriptions that existed in the programs in 2013, presenting them in a consistent manner intended to facilitate comparisons. Tables B through K included in the text summarize specific findings for separate programs' coverage of benefits and cost sharing, while the tables in Appendix 2 provide details for each state. The report does not, however, attempt to capture the adequacy and clinical appropriateness of the benefits or the overall financial protections offered in separate CHIP programs.

To operate a separate CHIP program, a state must submit a plan for approval by the Secretary of HHS that details how it intends to administer its program, including the benefits to be provided and the cost sharing, if any, that will be required. The federal template for these state plans includes a list of service categories and states are asked to check a box to indicate coverage for the category, while also noting further details such as limits. For consistency, these state plans were used as the primary data source for this report as every separate CHIP program uses the same template. Data from the plans were supplemented with information from other source documents, as well as with additional details gathered

from communication with state officials. Supplementary source documents included evidence of coverage documents and benefits books provided to CHIP enrollees' families. Prior to publication, state CHIP officials verified the data. See Appendix 3 for further details on the methodology and Appendix 4 for information about the supplemental materials consulted.

The level of detail and the manner in which the benefits were described in state CHIP plans and other documents varied significantly. Further, the categories of services (e.g., nursing care) used in benefit descriptions are not always consistent across states and the categories used in supplemental documents do not always correspond to those reported in state CHIP plans. To maintain consistent categories of services in this report, the list of service categories used in state plans was adapted. Two of these categories were combined due to their similarity and reporting overlap across states.³⁰ To aid in identifying differences across states, other services, such as vision care, were provided their own categories for closer examination.³¹ To allow for summaries of sometimes lengthy benefit descriptions, codes (shown in Table A) were used to briefly explain coverage and limitations. Along with the codes for each category of service, the state tables in Appendix 2 briefly describe any limits referenced in the documents reviewed.

Table A: Summary Coverage Codes

C	Covered
C, E	Covered and exclusions apply
U	Uncovered
LQ	Limited by quantity, such as number of visits or days
L\$	Limited by dollar amount
LA	Limited by age
LL	Limited to a list of approved drugs or specified services
LC	Limited by condition or diagnosis

In addition to these category- or service-specific limits, separate CHIP programs also impose conditions of coverage that apply to all benefit categories, including standard requirements that all benefits must be medically necessary and provided within the scope of the provider's license. These conditions were not reflected in the tables. Nonetheless, medical necessity determinations, in particular, are a key method for determining the specific benefits that an enrolled child receives. Moreover, some benefits require pre-authorization from a managed care organization or the state CHIP agency. These requirements vary widely across states and benefit categories and are not always well documented in the available sources and therefore are not included in this analysis. Where sources indicated that certain benefits were available following pre-authorization, they were coded as covered since enrollees can presumably access them if they meet pre-authorization criteria.

KEY FINDINGS ON BENEFITS AND COST SHARING IN SEPARATE CHIP PROGRAMS

The benefits in separate CHIP programs ranged from comprehensive coverage based on Medicaid to somewhat more limited packages modeled after commercial benchmarks. For most core benefits, such as physician, hospital, and prescription drugs, separate CHIP programs provided coverage without significant limitations. Coverage limits were common for certain other services, such as nursing care services and outpatient therapies, and often established a cap on the amount of services an enrollee could access (either through visit or dollar limits) or were linked to an enrollee's condition. Limits were most common for benefits such as orthodontics, corrective lenses, and hearing aids. Only a few of the services examined were frequently reported as uncovered, most often over-the-counter medications and care coordination. Other key findings include:

BENCHMARK CHOICES AND COMPARISON TO MEDICAID BENEFITS

The majority of programs—25 of the 42 programs—had Secretary approval for their benefit package rather than being based directly on a benchmark plan. Of these 25 programs, 14 separate CHIP programs had a Secretary-approved benefit package through which they provided Medicaid-based benefits. Ten separate CHIP programs provided children with the same benefits as Medicaid and four provided benefits that were very similar to those afforded to children in the state's Medicaid program. See Appendix 1 for an explanation of Medicaid and CHIP program interactions.

OUTPATIENT AND INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Although not required by federal law, all separate CHIP programs provided coverage of both outpatient and inpatient mental health services with few limitations. Eight programs indicated limits for outpatient mental health services and seven programs had limits on inpatient mental health services. Almost all programs indicated coverage of inpatient and outpatient substance abuse services.

PHYSICAL, OCCUPATIONAL, AND SPEECH/LANGUAGE THERAPIES

All programs indicated coverage of physical, occupational, and speech/language therapies, although 17 programs imposed limits on these services, most commonly limits on the number of visits.

DENTAL SERVICES

As required, all separate CHIP programs provided coverage of dental services; most reported coverage of preventive and restorative services without significant limitations, with 10 limiting coverage. Orthodontic coverage often had different limits than other dental services and was more limited. More than half of separate CHIP programs reported restrictions on orthodontic coverage, most commonly based on a child's condition.

VISION AND HEARING SERVICES

All programs provided coverage of vision exams and corrective lenses, although nearly half indicated some type of limit on corrective lenses. Coverage of hearing aids was also common, and all but three programs reported coverage of them. For both vision and hearing hardware, programs commonly imposed quantity or dollar limits.

PREMIUMS AND COST SHARING

While CHIP's flexibility does result in some variation across states, separate CHIP programs generally provided substantial financial protection for enrollees' families, with low or no premiums and limited or zero cost sharing for covered benefits. Specifically, 30 programs indicated charging enrollees premiums, although more often for relatively higher income enrollees. Twenty-eight programs indicated imposing per-service cost sharing. Notably, 20 programs have structured cost sharing to provide families greater protection than federal regulations. Twelve do not charge cost sharing beyond their premiums, six have established an out-of-pocket cap lower than five percent of family income, and two charge no cost sharing at all. Some programs, however, do charge significant amounts. Premiums reach \$172 a month for higher income families in Missouri's program. Utah charges \$25-40 for physician visits, \$15 plus coinsurance for prescription drugs, and coinsurance of 20 percent for inpatient stays after families pay a deductible.

DETAILED FINDINGS ON CHIP BENEFITS AND COST SHARING

BENCHMARK CHOICES

States used many of their options for establishing separate CHIP benefits. As a group, Secretary-approved coverage was by far the most frequently selected option (25 programs). Ten of these provided children with the same benefits as Medicaid and four more (MO, NV, NC, and OR's lower income program) provided similar benefits, but excluded some services, such as non-emergency medical transportation. Twelve programs used another Secretary-approved option, including waiver coverage (two programs, including OR's lower-income program mentioned above), benchmark benefits plus others (six programs), or another package approved by the Secretary (four programs). Outside of Secretary-approved coverage, benchmark-equivalent coverage was the most common choice (nine programs), while fewer states chose a benchmark coverage option (five programs). Table B shows the number of times each benchmark option was selected and which programs made each choice.

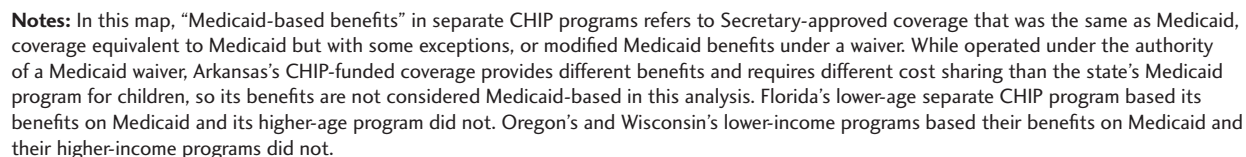
Table B: State Benchmark Choices

Benchmark Options		Number of Programs	Programs
Benchmark Coverage (5)	FEHBP-Equivalent	1	NJ (lower-income)
	State Employee Coverage	1	MI
	HMO with Largest Enrollment	3	AL, MA, NJ (higher- income)
Benchmark-Equivalent (9)		9	CO, IL, IN, IA, MT, ND, UT, WV, WI (higher- income)
Existing (Grandfathered) State-Based Coverage (3)		3	FL (higher-age), NY, PA
Secretary-Approved Coverage (25)	Same as Medicaid State Plan	10	AZ, FL (lower-age), ID, KS, LA, ME, SD, VT, WA, WI (lower-income)
	Medicaid Section 1115 Waiver*	2	AR, OR (lower-income)
	Includes Full EPSDT or Medicaid Package	0	
	Benchmark, Plus Additional Coverage	6	CT, DE, GA, KY, MS, TN
	Same as Existing State-Based Coverage	0	
	Equivalent Group Plan	0	
	Other Secretary-Approved Coverage (7)		
	Medicaid Equivalent with Exceptions	3	MO, NV, NC
	All Other	4	OR (higher-income), TX, VA, WY

* Arkansas's children's coverage program is listed here because it operated under a Section 1115 waiver, though as a waiver program no benchmark selection under a state child health plan was necessary. Oregon's lower-income program is listed here because it indicated this benchmark in its state child health plan.

States frequently chose to design their separate CHIP program benefit packages to look like Medicaid's, using the option for Secretary-approved coverage. Fourteen states used this option to provide separate CHIP program benefits that were the same or very much like Medicaid benefits for some or all enrollees. Adding these states to those with Medicaid expansion programs, 38 states and the District of Columbia provide Medicaid or Medicaid-based benefits to some or all children whose coverage is financed by CHIP under Title XXI of the Social Security Act. Figure 2 illustrates which states did and did not provide Medicaid or Medicaid-based benefits funded by CHIP.

- FIGURE 2** State Use of CHIP Funds for Medicaid-based Benefits



Benefits and Cost Sharing in Separate CHIP Programs

EPSDT or EPSDT-like Benefits in Separate CHIP Programs

In addition to state choices under Secretary-approved coverage, Medicaid's benefits help shape those in some CHIP programs through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit standard. Medicaid benefits for children are generally comprehensive due to the requirement to provide EPSDT to enrollees under age 21. EPSDT mandates "[h]ealth care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered" by periodic screenings.³³ For children enrolled in Medicaid, states must cover any medically necessary Medicaid services, regardless of whether the services are in the states' Medicaid plans.

Separate CHIP programs are not required to provide EPSDT, so it is notable that 11 programs that chose Medicaid-based Secretary-approved coverage indicated providing EPSDT to CHIP enrollees. In addition, three programs that did not have a Medicaid-based benefit package (IL, WI's higher-income program and WV) also indicated similar coverage. They provided some services in excess of stated limitations when medically necessary. It was beyond the scope of this analysis to examine the full details of how these separate CHIP programs define and provide an EPSDT benefit. However, implementation of EPSDT or an EPSDT-like benefit in separate CHIP programs may differ from EPSDT in Medicaid and have greater benefit limitations or exclusions. For example, in West Virginia's CHIP program, service limits outlined in the state's benchmark plan may be exceeded if additional treatment is found to be medically necessary. Certain other services, such as residential treatment for substance abuse services, remain excluded in CHIP, but would be available to Medicaid enrollees under the Medicaid EPSDT benefit. See Appendix 1 for a full list of which programs used Medicaid-based benefits and which reported EPSDT.

BENEFIT GROUP 1: OUTPATIENT SERVICES, INPATIENT SERVICES, PHYSICIAN SERVICES, SURGICAL SERVICES, AND CLINIC SERVICES

Outpatient and inpatient hospital services and physician surgical and medical services are mandatory for programs offering benchmark-equivalent coverage; clinic services are optional for CHIP programs. For most of these core benefits, separate CHIP programs provided coverage without significant limitations.

Outpatient/Inpatient Hospital Services and Physician Medical Services

All but one of the separate CHIP programs reported coverage of inpatient, outpatient, and physician services without significant limitations. Specifically, Pennsylvania's program had a combined 50-visit limit on inpatient, outpatient, physician, surgical, clinic and pre-pregnancy family services.

Surgical Services

Surgical services were generally covered, though six programs noted exclusions for surgery for obesity, and one program (ND) limited this type of surgery to one lifetime operative procedure. One program (WY) indicated no coverage of organ and tissue transplants and North Dakota's program limited transplants of certain types.

Clinic Services

All programs reported coverage of clinic services. The only limit indicated for these services was Pennsylvania's combined 50-visit limit.

Table C: Coverage of Hospital, Physician, and Clinic Services

State	Inpatient Services	Outpatient Services	Physician Services	Surgical Services	Clinic Services
Total Programs with Full Coverage	41	41	41	34	41
Total Limited Coverage	1	1	1	8	1
Total Uncovered	0	0	0	0	0
Alabama	C	C	C	C	C
Arizona	C	C	C	C	C
Arkansas	C	C	C	C	C
Colorado	C	C	C	C	C
Connecticut	C	C	C	C	C
Delaware	C	C	C	C	C
Florida	C C	C C	C C	C C	C C
Georgia	C	C	C	C	C
Idaho	C	C	C	C	C
Illinois	C	C	C	C	C
Indiana	C	C	C	C	C
Iowa	C	C	C	C, E	C
Kansas	C	C	C	C	C
Kentucky	C	C	C	C	C
Louisiana	C	C	C	C	C
Maine	C	C	C	C	C
Massachusetts	C	C	C	C	C
Michigan	C	C	C	C	C
Mississippi	C	C	C	C, E	C
Missouri	C	C	C	C	C
Montana	C	C	C	C	C
Nevada	C	C	C	C	C
New Jersey	C C	C C	C C	C C	C C
New York	C	C	C	C	C
North Carolina	C	C	C	C	C
North Dakota	C	C	C	C, E	C
Oregon	C C	C C	C C	C C, E	C C
Pennsylvania	LQ	LQ	LQ	C, LQ, E	LQ
South Dakota	C	C	C	C	C
Tennessee	C	C	C	C	C
Texas	C	C	C	C, E	C
Utah	C	C	C	C, E	C
Vermont	C	C	C	C	C
Virginia	C	C	C	C	C

Table C: Coverage of Hospital, Physician, and Clinic Services, continued

State	Inpatient Services	Outpatient Services	Physician Services	Surgical Services	Clinic Services
Washington	C	C	C	C	C
West Virginia	C	C	C	C	C
Wisconsin	C C	C C	C C	C C	C C
Wyoming	C	C	C	C, E	C

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

BENEFIT GROUP 2: PRESCRIPTION DRUGS, OVER-THE-COUNTER MEDICATIONS, LABORATORY AND RADIOLOGICAL SERVICES, DURABLE MEDICAL EQUIPMENT, AND DISPOSABLE MEDICAL SUPPLIES

Within this group, all are optional services with the exception of laboratory and radiological services, which are mandatory for programs offering benchmark-equivalent coverage. All programs indicated coverage of prescription drugs and the majority provided coverage of both durable medical equipment and disposable medical supplies without noting limitations. However, coverage of over-the-counter medications was less common.

Prescription Drugs

All separate CHIP programs indicated coverage for prescription drugs, although seven noted limitations on their coverage in this category. The most common limitation was the use of a formulary, which restricts the prescription drugs covered to a specified list. In addition, two programs (ND and TX) excluded coverage for particular types of drugs, such as contraceptives.

Over-the-Counter Medications

Fourteen separate CHIP programs did not cover over-the-counter medications and another 15 offered limited coverage. As with prescription drugs, the most common limitation was the use of a list of approved medications. A smaller number of programs limited the benefit to a dollar amount (FL's higher-age program and GA) or to enrollees with certain conditions (CT and IN), such as diabetes.

Laboratory and Radiological Services

All separate CHIP programs reported coverage for laboratory and radiological services without noting any significant limitations.

Durable Medical Equipment

The majority of separate CHIP programs listed coverage for durable medical equipment (equipment that is used in a beneficiary's home, such as a wheelchair or nebulizer) without any reported limitations. For those eight programs with limits, the most common was an annual dollar limit, which ranged from \$500 in Arkansas to \$20,000 in Texas.

Disposable Medical Supplies

The majority of programs covered disposable medical supplies without reported limits; however, three programs (GA, IA, and TN) did not report any coverage in this category. For the eight programs noting coverage with limits, the most common were based on a dollar amount or a defined list of supplies. Summarizing this benefit across states, however, was challenging due to inconsistencies in the way states reported coverage. For example, coverage for certain medical supplies, such as insulin syringes or glucose test strips, may have been included in conjunction with another service. Therefore, the coverage described in the tables may not fully capture the availability of disposable medical supplies to enrollees since they may be covered under another category such as prescription drugs or durable medical equipment.

Table D: Coverage of Drugs, Lab/Radiology, Equipment, and Supplies

State	Prescription Drugs	Over-the-Counter Medications	Lab & Radiological Services	Durable Medical Equipment	Disposable Medical Supplies
Total Programs with Full Coverage	35	13	42	34	31
Total Limited Coverage	7	15	0	8	8
Total Uncovered	0	14	0	0	3
Alabama	C	U	C	C	C
Arizona	C	C	C	C	C
Arkansas	C	U	C	L\$, E	C, E
Colorado	C	LL	C	L\$	C
Connecticut	C	LC	C	C	LC, LQ
Delaware	C	LL	C	C	C
Florida	C C	U L\$	C C	C C	C C
Georgia	C	LL, L\$	C	C	U
Idaho	C	C	C	C	C
Illinois	C	LL	C	C	C
Indiana	C	LC	C	L\$	C
Iowa	C	U	C	C	U
Kansas	C	C	C	C	C
Kentucky	LL	U	C	C	C
Louisiana	C	U	C	C	C
Maine	C	LL	C	C	C
Massachusetts	C	C	C	C	C
Michigan	C	U	C	C	C
Mississippi	C	U	C	C	C
Missouri	C	C	C	C	C
Montana	C	LL	C	C	C
Nevada	C	C	C	C	C
New Jersey	C C	C U	C C	C LL	C LL

Table D: Coverage of Drugs, Lab/Radiology, Equipment, and Supplies, continued

State	Prescription Drugs	Over-the-Counter Medications	Lab & Radiological Services	Durable Medical Equipment	Disposable Medical Supplies
New York	C	C	C	C	LL
North Carolina	C	C	C	C	C
North Dakota	C, E	U	C	L\$	L\$
Oregon	C C	C C	C C	C C	C C
Pennsylvania	LL	LL	C	L\$	L\$
South Dakota	C	LL	C	C	C
Tennessee	LL	U	C	C	U
Texas	C, E	U	C	L\$	L\$
Utah	C	C	C	C	C
Vermont	C	C	C	C	C
Virginia	C	U	C	C	C
Washington	C	LL	C	C	C
West Virginia	C	LL	C	C	LL
Wisconsin	C LL	LL LL	C C	C L\$	C C
Wyoming	LL	U	C	C	C

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

BENEFIT GROUP 3: OUTPATIENT AND INPATIENT MENTAL HEALTH SERVICES, OUTPATIENT AND INPATIENT SUBSTANCE ABUSE SERVICES

While mental health services are not a mandatory benefit in CHIP, federal law requires that, when included, mental health services be covered at parity with medical and surgical benefits.³⁴ A January 2013 Centers for Medicare and Medicaid Services (CMS) State Health Official letter indicated that states should move toward compliance with parity requirements, but did not establish a deadline.³⁵ This lack of federal guidance may explain why state plans and other documents reported limitations on such coverage beyond those imposed on medical and surgical services.

Outpatient Mental Health Services

All CHIP programs reported coverage for outpatient mental health services, with only two programs (GA and PA) reporting visit limits, and one program (MT) reporting that extended services are only available to children with severe emotional disturbances. Most CHIP program materials did not indicate whether coverage of applied behavior analysis (ABA) services (which may be appropriate for children with autism) were covered. However, a few programs noted in their state plans that ABA services were either not provided or were provided with dollar or age limits. Any coverage of these services, including limitations, indicated by programs was included in the tables in the outpatient mental health services category. Specifically, three programs (MI, NY, and WV) indicated some type of age or dollar limitation for ABA services and two programs (CO and OR’s higher-income program) indicated no coverage of these services.

Inpatient Mental Health Services

All CHIP programs provided some level of coverage of inpatient mental health services. Arkansas's ARKids First B waiver program indicated that inpatient mental health services are only covered in a medical hospital setting and Arizona's program excluded services provided in institutions of mental disease. Five other state CHIP programs (GA, ID, OR's higher-income program, PA, and VT) reported quantity limits on inpatient days per year, benefit period, or admission, ranging from 10 to 90 days.

Outpatient Substance Abuse Services

In 2013 all CHIP programs reported coverage of outpatient substance abuse services, with the exception of Kentucky. However, in January 2014 Kentucky began covering both inpatient and outpatient substance abuse services. Two programs (GA and PA) have visit limits, and Wisconsin's higher-income program has dollar limits on these services.

Inpatient and Residential Substance Abuse Services

With the exception of programs in Arkansas and Kentucky, all CHIP programs provided coverage for inpatient substance abuse services (as noted above, Kentucky added coverage of this service beginning in 2014). Seven programs reported limits on inpatient substance abuse services, most often a quantity limit, which ranged from 7 to 90 days per year or admission or as a lifetime limit.

Table E: Coverage of Mental Health and Substance Abuse Services

State	Outpatient Mental Health Services	Inpatient Mental Health Services	Outpatient Substance Abuse Services	Inpatient Substance Abuse Services
Total Programs with Full Coverage	34	35	38	33
Total Limited Coverage	8	7	3	7
Total Uncovered	0	0	1	2
Alabama	C	C	C	C
Arizona	C	C, E	C	C
Arkansas	C	C, E	C	U
Colorado	C, E	C	C	C
Connecticut	C	C	C	C
Delaware	C	C	C	C
Florida	C C	C C	C C	C C
Georgia	LQ	LQ	LQ	LQ
Idaho	C	LQ	C	C
Illinois	C	C	C	C
Indiana	C	C	C	C
Iowa	C	C	C	C
Kansas	C	C	C	LQ
Kentucky	C	C	U	U
Louisiana	C	C	C	C

Table E: Coverage of Mental Health and Substance Abuse Services, continued

State	Outpatient Mental Health Services	Inpatient Mental Health Services	Outpatient Substance Abuse Services	Inpatient Substance Abuse Services
Maine	C	C	C	C
Massachusetts	C	C	C	C
Michigan	C, LA	C	C	C
Mississippi	C	C	C	C
Missouri	C	C	C	C
Montana	LC	C	C	C
Nevada	C	C	C	C
New Jersey	C C	C C	C C	C C
New York	L\$	C	C	C
North Carolina	C	C	C	C
North Dakota	C	C	C	C
Oregon	C C, E	C LQ	C C	C LQ
Pennsylvania	LQ	LQ	LQ	LQ
South Dakota	C	C	C	C
Tennessee	C	C	C	C
Texas	C	C	C	C
Utah	C	C	C	LQ
Vermont	C	LQ	C	C
Virginia	C	C	C	C
Washington	C	C	C	C
West Virginia	L\$	C	C	C, E
Wisconsin	C C	C C	C L\$	C LQ, L\$
Wyoming	C	C	C	C

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

BENEFIT GROUP 4: HOME AND COMMUNITY-BASED HEALTH CARE SERVICES, NURSING CARE SERVICES; CARE MANAGEMENT; CARE COORDINATION; PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND LANGUAGE DISORDERS; AND HOSPICE

These six optional benefits serve as important support services, especially for children with special health care needs. Most programs covered them, although limitations were common across most of these categories.

Home and Community-Based Health Care Services

More than half of programs (23) provided coverage of home and community-based services (HCBS) without significant limits. In the 17 programs reporting limits, the most common was a limit on the number

of visits, though a few CHIP programs limited HCBS to enrollees who would otherwise require inpatient services. Two programs (ID and WY) reported not covering HCBS.

Nursing Care Services

Nursing care services were largely reported as covered with limits (22 programs), the most common of which are caps on the number of days of coverage in nursing facilities. Four programs (AR, NY, PA, and UT) reported no coverage of nursing services. Summarizing this benefit across programs, however, was particularly challenging due to inconsistencies in the way states reported services in this category. Most states used it to report coverage of care in skilled nursing facilities (SNF). Others indicated coverage of nursing care services, but reported limits to SNF coverage under another category, implying that they did not interpret SNF coverage to be included in “Nursing care services.” Still other states reported coverage of private duty nursing under this category.

Case Management and Care Coordination

Case management and care coordination showed mixed coverage, with more separate CHIP programs indicating coverage, either with or without limitations, for the former (34) than the latter (25). Most commonly, programs limited coverage for these services to enrollees with special health care needs or certain listed conditions.

Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders

Most separate CHIP programs indicated coverage without significant limitations for physical therapy (PT), occupational therapy (OT), and services for individuals with speech, hearing, and language disorders. In the 17 programs where limitations were noted, quantitative visit limits applied in some states to all types of therapy combined (for example, a 20-visit limit on PT and OT) and in others to each therapy type separately (for example, 20 visits for PT plus an additional 20 visits for OT). These services were among the benefits where noted limits could often be exceeded with prior authorization—in such cases we do not report the limits and consider the service to be covered, as noted in the methodology (See Appendix 3).

Hospice

Hospice care was generally covered by separate CHIP programs, with just three having limitations on the number of days (TX) or the dollar value of coverage (MS), or in the case of Idaho, limiting the benefits only to children with special health care needs who are enrolled in the enhanced benefit package. One program (AR) indicated that hospice care was not covered.

Table F: Home and Community-Based Health Care Services, Nursing Care, Case Management, Care Coordination, Therapies, & Hospice

State	Home and Community-Based Services	Nursing Care Services	Case Management	Care Coordination	Physical, Occupational, Speech/Language Therapies	Hospice
Total Programs with Full Coverage	23	16	20	16	25	38
Total Limited Coverage	17	22	14	9	17	3
Total Uncovered	2	4	8	17	0	1
Alabama	LQ	LQ, E	LC	LC	C	C
Arizona	C	LQ	C	C	C	C
Arkansas	LQ	U	C, E	U	C, E	U
Colorado	C	LQ, E	C	U	LQ, LA	C
Connecticut	LQ	LQ, LC	LC	LC	LQ	C
Delaware	C	LQ	C	C	C	C
Florida	C LL	C LL, LQ	U LC	LC LC	C LQ	C C
Georgia	C	C	C	C	C	C
Idaho	U	LQ	C	C	C	C, E
Illinois	C	C	LC	U	C	C
Indiana	C	C	U	U	LQ	C
Iowa	C	LQ	C	U	LQ, E, LC	C
Kansas	LQ	C	C	C	C	C
Kentucky	LQ	C	C	U	C	C
Louisiana	C	C	C	U	C	C
Maine	C	C	C	C	C	C
Massachusetts	LQ	C, E	U	U	C, E	C
Michigan	LQ	LQ	C	C	C	C
Mississippi	L\$	L\$, LQ	LC	U	C, E	L\$
Missouri	C	C	C	C	C	C
Montana	LL	LC	C	U	C	C
Nevada	C	C	C	C, E	C	C
New Jersey	C C	C, E C, E	LC U	C C	LQ LQ	C C
New York	C	U	U	U	C	C
North Carolina	C	C, E	LC	C	C	C
North Dakota	LC	LC	U	U	LC	C
Oregon	C LQ, E	C LQ	LC LC	U U	C LQ	C C
Pennsylvania	LQ	U	C	LC	LQ	C
South Dakota	C	C	C	LC	C	C
Tennessee	LQ	C, E	C	C	LQ, LC	C

Table F: Home and Community-Based Health Care Services, Nursing Care, Case Management, Care Coordination, Therapies, & Hospice, continued

State	Home and Community-Based Services	Nursing Care Services	Case Management	Care Coordination	Physical, Occupational, Speech/Language Therapies	Hospice
Texas	C	LQ	LC	C	C	LQ
Utah	C, E	U	U	LC	LQ, E	C
Vermont	C	LQ	C	C	C	C
Virginia	LQ	LQ	LC	U	C	C
Washington	C	C	LC	C	C	C
West Virginia	C	C	C	C	C	C
Wisconsin	C LQ	C E, LQ	C, E U	C, E U	C LQ	C C
Wyoming	U	C	C	U	L\$	C

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

BENEFIT GROUP 5: DENTAL SERVICES

Dental benefits in CHIP have been in transition since the passage of CHIPRA in 2009. While all states previously offered some dental benefits, CHIPRA for the first time introduced a federal requirement that CHIP benefits include dental services. Specifically, the law requires that states provide dental services “necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.”³⁶ States can establish their CHIP dental benefit in two ways: they may define a set of dental benefits that meets this standard or they may select a dental benchmark plan from among the most commonly selected dental plans available to federal employees, state employees, or in the state’s commercial market.

CMS published a State Health Official letter in October 2009 to provide further guidance on dental benefits,³⁷ but the agency has not yet promulgated rules to implement CHIPRA’s dental services provisions. It has provided states with a state plan amendment template to allow further definition of dental benefits, which some states have submitted to CMS. Others, however, have not filed updated amendments and may be waiting for regulations from CMS on CHIP dental benefits prior to doing so. As a result, for some states, the source documents may not reflect changes to dental benefits undertaken to comply with CHIPRA.

Preventive and Restorative Services

Most separate CHIP programs reported coverage of preventive and restorative services without significant limitations. Among the 10 with stated limitations, the most common was a dollar cap on the value of services that can be provided, which ranged from \$600 to \$1,750 per year. In some programs, these limits may be exceeded. For instance, both Michigan and Montana noted that dental services beyond the established limits may be provided on a “case-by-case” basis. In such circumstances, dental services were noted as “covered.”

Orthodontic Services

Orthodontic services often had different limits than preventive and restorative dental services. The most commonly noted restriction in the 23 programs reporting limitations was one based on a child's condition, such as a "serious condition" or a "severe" or "handicapping malocclusion." While three programs (AR, CO, and MT) noted that orthodontic services were not a covered benefit, CMS's October 2009 State Health Official letter clarified that "[o]rthodontia is required to the extent necessary to 'prevent disease and promote oral health, [and] restore oral structures to health and function.'"³⁸ As mentioned above, given the lack of federal regulations, it is not clear how states may be altering their benefits to come into compliance with CHIPRA.

Table G: Coverage of Dental Services

State	Dental Services	
	Preventive & Restorative Services	Orthodontics
Total Programs with Full Coverage	32	16
Total Limited Coverage	10	23
Total Uncovered	0	3
Alabama	C	LC
Arizona	C	LC
Arkansas	LC	U
Colorado	L\$	U
Connecticut	C	L\$
Delaware	C	LC
Florida	C C	LC LC
Georgia	C	C
Idaho	C	LC
Illinois	C	LC
Indiana	C	C
Iowa	C	LC
Kansas	C	LC
Kentucky	C	LC
Louisiana	C	LC
Maine	C	C
Massachusetts	C	C
Michigan	C	C
Mississippi	L\$	LC
Missouri	C	C
Montana	C	U
Nevada	C	C
New Jersey	C C	C C
New York	C	LC
North Carolina	C	LC
North Dakota	C	C

Table G: Coverage of Dental Services, continued

State	Dental Services	
	Preventive & Restorative Services	Orthodontics
Oregon	C L\$	LC LC
Pennsylvania	L\$	L\$
South Dakota	C	C
Tennessee	L\$	L\$
Texas	L\$	LC
Utah	L\$, E	LC
Vermont	C	C
Virginia	C	C
Washington	C	C
West Virginia	C	LC
Wisconsin	C L\$	C L\$
Wyoming	C, E	C

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

BENEFIT GROUP 6: VISION, HEARING, PODIATRY, AND CHIROPRACTIC SERVICES

Although not listed separately in the CHIP state plan template, vision, audiology, podiatry, and chiropractic benefits were examined in more detail because they are important services for many children.³⁹ Coverage of both corrective eyewear and hearing aids was often categorized in state CHIP plans as durable medical equipment (DME). However, this analysis reports corrective eyewear and hearing aids separately from other DME in order to provide greater detail on the scope of coverage for these two benefits.

Vision Services: Exams and Corrective Lenses

All programs reported coverage for eye exams, and all but two programs (AL and VA) covered these exams annually. Alabama’s program also had a dollar limit on vision exams. Regarding corrective lenses, a total of 16 programs reported dollar and/or quantity limits. Specifically, nine reported only dollar limits, three (MI, MO and VT) reported only quantity limits, and four others (AL, CT, ND, and TN) reported both dollar and quantity limits. Additionally, Vermont’s quantity limits were based on age and Arkansas and Montana reported that only glasses are covered.

Hearing Services: Audiology and Hearing Aids

The majority of CHIP programs reported covering annual hearing exams, although some programs did not differentiate between exams for general hearing testing or specifically for hearing aid testing. Three programs (FL’s lower-age program, IA, and MI) covered exams less frequently and two programs (those for higher-income children in NJ and WI) limited audiology services by age. Also, Arkansas’s ARKids First B waiver program limited audiology services to tympanometry.

In terms of coverage for hearing aids, 20 programs reported limitations, of which the most common limitation (17 programs) was a quantity limit, for example allowing a new hearing aid only every two years. Three programs (AR, WI 's higher-income program, and WY) did not provide any coverage for hearing aids.

Podiatry Services

Nineteen programs offered full coverage of podiatry services. The most common limitation, seen in 11 programs, was providing podiatry services only for individuals with systemic conditions such as diabetes; another seven programs covered podiatry services with exclusions on routine foot care. Three programs (MT, VA, and WY) provided no coverage of podiatry services.

Chiropractic Services

Twenty programs covered chiropractic services without notable limitations, while 11 programs offered chiropractic coverage with limitations, the most common being a restriction on the number of visits. Two programs (MS and VA) indicated a dollar limit on chiropractic services, ranging from \$500 to \$2,000 per year or benefit period. Eleven programs indicated no coverage of chiropractic services.

Table H: Coverage of Vision Services, Hearing, Podiatry, and Chiropractic Services

State	Vision Services		Hearing Services		Podiatry	Chiropractic
	Exams	Corrective Lenses	Exams	Hearing Aids		
Total Programs with Full Coverage	40	24	36	19	19	20
Total Limited Coverage	2	18	6	20	20	11
Total Uncovered	0	0	0	3	3	11
Alabama	L\$, LQ	L\$, LQ	C	L\$, LQ	C, E	LQ
Arizona	C	C	C	C	C	C
Arkansas	C	C, E	LL	U	C	C
Colorado	C	L\$	C	C	LC	U
Connecticut	C	L\$, LQ	C	LA, L\$, LQ	LC	C
Delaware	C	C	C	C	LC	U
Florida	C C	C C	LQ C	LQ C	C LQ	LQ LQ
Georgia	C	C	C	LQ	C	U
Idaho	C	C	C	C	LC	LQ
Illinois	C	C	C	C	C	C
Indiana	C	L\$	C	C	LQ	C
Iowa	C	L\$	LQ	LQ	LC	C
Kansas	C	C	C	LQ	C	U
Kentucky	C	L\$	C	LQ, L\$	C	LQ
Louisiana	C	C	C	C	C	C
Maine	C	C	C	C	C	C
Massachusetts	C	C	C	C	C	C
Michigan	C	LQ	LQ	LQ	C	C

Table H: Coverage of Vision Services, Hearing, Podiatry, and Chiropractic Services, continued

State	Vision Services		Hearing Services		Podiatry	Chiropractic
	Exams	Corrective Lenses	Exams	Hearing Aids		
Mississippi	C	C	C	LQ	C	L\$
Missouri	C	LQ	C	LQ	C	U
Montana	C	C,E	C	LQ	U	C
Nevada	C	C	C	C	C	C
New Jersey	C C	C C	C LA	C LA	C, E C, E	C U
New York	C	C	C	C	C, E	U
North Carolina	C	C	C	LA	C, E	U
North Dakota	C	L\$, LQ	C	L\$, LQ	LC	LC
Oregon	C C	C L\$	C C	LQ C	LC LC	C C
Pennsylvania	C	L\$	C	LQ, L\$	LC	U
South Dakota	C	C	C	C	C, E	C
Tennessee	C	L\$, LQ	C	LQ	LC	LC
Texas	C	C	C	C	LC	LQ
Utah	C	C	C	C, E	C	U
Vermont	C	LQ, LA	C	LQ	C	LQ
Virginia	LQ	L\$	C	LQ	U	L\$
Washington	C	C	C	C	C	C
West Virginia	C	L\$	C	C	C, E	C
Wisconsin	C C	C C	C LA	C U	C C	C C
Wyoming	C	L\$	C	U	U	U

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

BENEFIT GROUP 7: PRENATAL CARE AND PRE-PREGNANCY FAMILY SERVICES AND SUPPLIES, ABORTION, PREMIUMS FOR PRIVATE HEALTH INSURANCE COVERAGE, MEDICAL TRANSPORTATION, AND ENABLING SERVICES

This group includes the remaining categories of benefits examined in the analysis.

Prenatal Care and Pre-Pregnancy Family Services and Supplies

Almost all separate CHIP programs provided prenatal and pre-pregnancy services without significant limitations, with just two (NC and WV) excluding pregnancy care. (As reported previously, Pennsylvania’s program had a 50-visit limit on a range of clinic services, including this type.) A small number of programs reported that they did not cover maternity care. Depending on her family’s income, a CHIP beneficiary could become categorically eligible for Medicaid as a pregnant woman and would be eligible to receive her maternity and delivery care under that program.

Abortion

As mentioned above, federal CHIP funds may not be used to provide abortion services except when necessary to save the life of the mother or in cases of rape or incest.⁴⁰ A majority of separate CHIP programs did provide federally-permissible abortion services, but five programs (AL, FL's lower-age program, IL, LA, TX) did not provide them even under these limited circumstances.

Premiums for Private Health Insurance Coverage

Premium assistance is the use of public funds through CHIP to purchase private coverage. Most commonly, states offer to subsidize the purchase of employer-sponsored insurance (ESI) and eligible families can choose whether to access CHIP benefits directly or to use premium assistance to enroll their children in private plans.⁴¹ States must also provide “wraparound” coverage for any benefits covered in the state’s CHIP program but not offered in the private plan, and pay cost sharing that exceeds CHIP requirements unless they obtain a federal Section 1115 waiver.⁴² Eleven programs indicated the availability of coverage for private health insurance premiums.

Medical Transportation

All separate CHIP programs covered emergency transportation without reported limits; however, coverage of non-emergency medical transportation (NEMT) varied considerably. Fifteen programs reported coverage of NEMT without limits, while eight offered limited coverage, and 19 indicated no coverage.⁴³ The most common limits programs imposed on the coverage of NEMT are those based on an enrollee’s condition. States also put different restrictions on NEMT, for example, by limiting it to transportation between medical facilities or on the basis of a physician’s order.

Enabling Services

While 14 separate CHIP programs indicated that they provided coverage of enabling services, as with some other benefit categories it is not apparent that states defined the set of services consistently. For example, under the state plan template, transportation, translation, and outreach services are listed as “enabling services;” however, both transportation and outreach efforts are described elsewhere in the state plan.⁴⁴ Whether states also indicated that they provide “enabling services” when these benefits were discussed in another section is unclear. Therefore, cross-state comparisons should be made cautiously. Most of the programs reporting such coverage merely indicated that they covered enabling services, with just a few listing specific services, such as translation and transportation, under the category.

Table I: Prenatal Care and Pre-Pregnancy Family Services and Supplies, Abortion, Premium Assistance, Medical Transportation, and Enabling Services

State	Prenatal Care and Pre-Pregnancy Services	Abortion, to save the life of a mother or if pregnancy is the result of rape/incest	Premiums for Private Coverage	Medical Transportation		Enabling Services
				Emergency Transportation	Non-Emergency Transportation	
Total Programs with Full Coverage	39	37	11	42	15	14
Total Limited Coverage	3	0	0	0	8	0
Total Uncovered	0	5	31	0	19	28
Alabama	C	U	U	C	LC	C
Arizona	C	C	U	C	C	C
Arkansas	C	C	U	C	U	U
Colorado	C	C	U	C	U	U
Connecticut	C	C	U	C	LC	C
Delaware	C	C	U	C	U	U
Florida	C C	U C	U U	C C	C U	U U
Georgia	C	C	U	C	U	U
Idaho	C	C	C	C	C	C
Illinois	C	U	U	C	C, E	C
Indiana	C	C	U	C	LC	U
Iowa	C	C	U	C	LC	U
Kansas	C	C	U	C	C	C
Kentucky	C	C	U	C	U	C
Louisiana	C	U	U	C	C	U
Maine	C	C	U	C	C	C
Massachusetts	C	C	C	C	U	U
Michigan	C	C	U	C	LC	U
Mississippi	C	C	U	C	U	U
Missouri	C	C	C	C	U	U
Montana	C	C	U	C	C	U
Nevada	C	C	U	C	U	C
New Jersey	C C	C C	C C	C C	C U	U U
New York	C	C	U	C	U	U
North Carolina	C, E	C	U	C	U	U
North Dakota	C	C	U	C	C	U
Oregon	C C	C C	C C	C C	C U	C U
Pennsylvania	LQ	C	U	C	U	U
South Dakota	C	C	U	C	C	U

Table I: Prenatal Care and Pre-Pregnancy Family Services and Supplies, Abortion, Premium Assistance, Medical Transportation, and Enabling Services, continued

State	Prenatal Care and Pre-Pregnancy Services	Abortion, to save the life of a mother or if pregnancy is the result of rape/incest	Premiums for Private Coverage	Medical Transportation		Enabling Services
				Emergency Transportation	Non-Emergency Transportation	
Tennessee	C	C	U	C	U	U
Texas	C	U	U	C	U	U
Utah	C	C	C	C	U	U
Vermont	C	C	U	C	C	C
Virginia	C	C	C	C	LC	U
Washington	C	C	U	C	C	C
West Virginia	C, E	C	U	C	LC	U
Wisconsin	C C	C C	C C	C C	C C	C C
Wyoming	C	C	U	C	U	U

Key for coverage codes: C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

Note: Programs with multiple limits are listed with a “,” between coverage codes. States with multiple CHIP programs are indicated with a “|” between coverage codes. Summary counts include both programs. For details, see state-specific benefit summary tables in Appendix 2.

DETAILED FINDINGS ON PREMIUMS AND COST SHARING

Within federal limits, states have considerable flexibility in setting premiums and cost sharing for enrollees in separate CHIP programs. In general, federal regulations allow states to adopt such policies as long as their combined amount does not exceed five percent of family income and does not favor higher-income families over lower-income families.⁴⁵ Only two programs (OR’s lower-income program and SD) do not charge any premiums or cost sharing, with the remainder requiring premiums, enrollment fees, and/or per-service cost sharing.

Premiums and Enrollment Fees

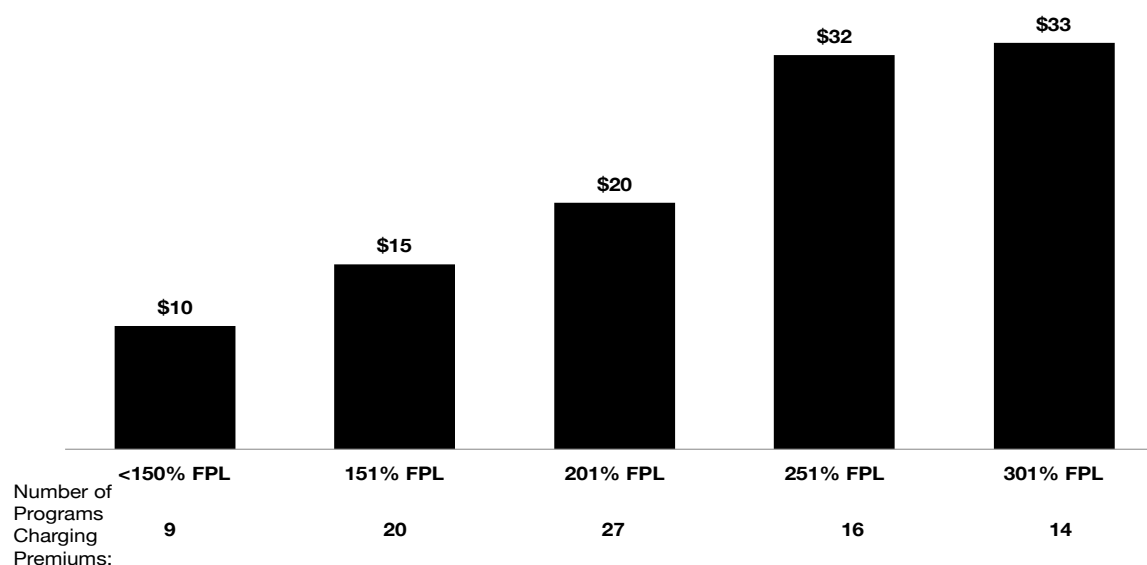
Thirty separate CHIP programs require families to pay premiums, either monthly (24), quarterly (two), or annually (four). Nine programs (AL, AZ, DE, both programs in FL, GA, ID, NV, and UT) require premiums from families with income below 150 percent of the FPL. States more often charge premiums at higher income levels, with 20 programs charging families premiums at 151 percent of the FPL and 27 doing so at 201 percent of the FPL. In addition, premium amounts frequently increase as income rises. In programs charging premiums, the median monthly premium per child is \$10 for those with income less than 150 percent of the FPL; \$15 at 151 percent of the FPL; \$20 at 201 percent of the FPL; \$32 at 251 percent of the FPL; and \$33 at 301 percent of the FPL.⁴⁶

Cost Sharing

Separate CHIP programs also charge cost sharing when enrollees use services, predominately copayments, although a few require coinsurance or deductibles.⁴⁷ As with premiums, federal rules limit the amount that

FIGURE 3

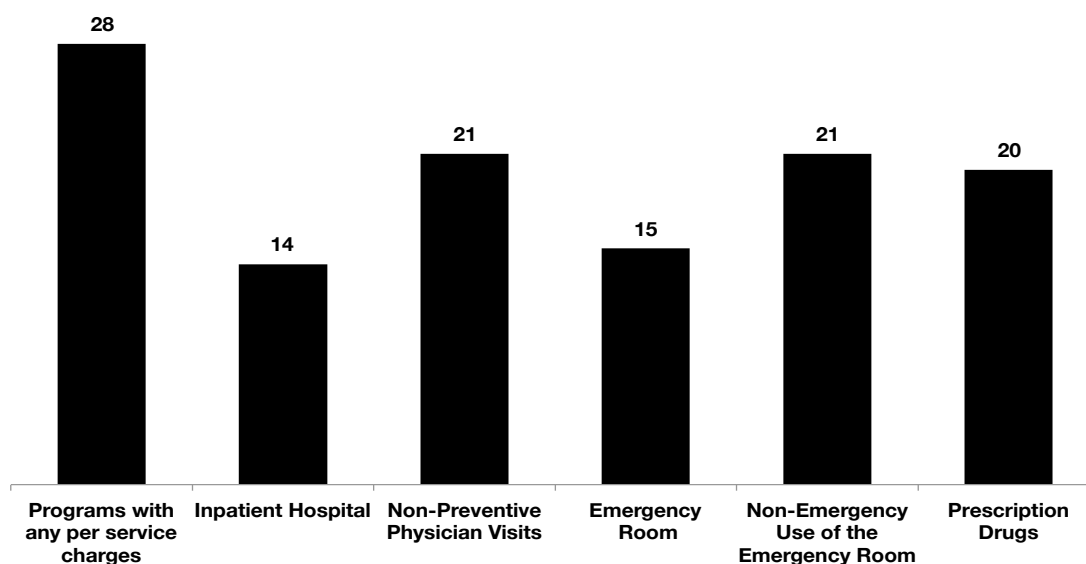
Median Monthly Premiums per Child, by Income



NOTE: Medians exclude programs with no premiums. Premiums listed at 201%, 251%, and 301% include states whose upper income levels are 200%, 250%, and 300% FPL. OR and PA excluded because premiums vary by contractor.

FIGURE 4

Programs with per Service Charges



can be assessed for children with family incomes up to 150 percent of the FPL. In addition, states are prohibited from imposing cost sharing for well-baby and well-child care, including immunizations. Fourteen programs (AZ, FL's lower-age program, KS, LA, ME, MA, MI, MO, NV, NY, OR's lower-income program, SD, VT, and WA) do not charge any per-service cost sharing. For those that do charge, the amount varies by service and ranges from a low of \$0.50 for an office visit or prescription in Georgia to \$200 for an

inpatient hospital visit in Alabama. The actual cost for some charges is undetermined because some programs base the family's contribution on the charges for the service; for example, in Utah, a family would pay 20 percent of the allowed cost of an inpatient stay.

Out-of-Pocket Maximum

Through their premium and cost-sharing design, separate CHIP programs frequently limit the amount families are charged for coverage and care received to an amount that is effectively lower than the federal five percent of income cap. Twelve programs (AZ, FL's lower-age program, KS, LA, ME, MA, MI, MO, NV, NY, VT, and WA) charge premiums, but no additional cost sharing, limiting families' costs regardless of children's frequency of service use. In addition, six programs (IL, KY, MS, MT, OR's higher-income program, and VA, see state tables in Appendix 2 for details) have established an out-of-pocket dollar cap that is more protective than that required by federal regulations, while two programs (OR's lower-income program and SD) charge no cost sharing. Other programs set individual cost-sharing amounts at levels that make it unlikely any family would reach the cap. The federal five percent of income cap for families takes into account families' spending on both CHIP premiums and cost sharing, unlike the out-of-pocket maximums established for QHPs under the ACA.

Table J: Premiums and Enrollment Fees for Children at Selected Income Levels

State	Program	Frequency of Payment	Effective Monthly Amount at:				
			<150% FPL	151% FPL	201% FPL (200% if upper limit)	251% FPL (250% if upper limit)	301% FPL (300% if upper limit)
Median (of programs with premiums)			\$10	\$15	\$20	\$32	\$33
Alabama		Annual	\$4	\$9	\$9	\$9	\$9
Arizona		Monthly	\$10/\$15 max	\$40/\$60 max	\$50/\$70 max	N/A	N/A
Arkansas		None	None	None	None	None	None
Colorado		Annual	None	~ \$2/\$3 max	~ \$2/\$3 max	~ \$6/\$9 max	~ \$6/\$9 max
Connecticut		Monthly	None	None	None	\$30/\$50 max	\$30/\$50 max
Delaware		Monthly	\$10-\$15 per family	\$15 per family	\$25 per family	N/A	N/A
Florida	Ages 1-4	Monthly	\$15 per family	\$20 per family	\$20 per family	N/A	N/A
	Ages 5-18	Monthly	\$15 per family	\$20 per family	\$20 per family	N/A	N/A
Georgia		Monthly	\$10/\$15 max	\$20/\$40 max	\$29/\$58	N/A	N/A
Idaho		Monthly	\$10	\$15	N/A	N/A	N/A
Illinois		Monthly	None	\$15/\$40 max	\$40/\$80 max	N/A	N/A
Indiana		Monthly	None	\$22/\$33 max	\$42/\$53 max	\$53/\$70 max	N/A
Iowa		Monthly	None	\$10/\$20 max	\$20/\$40 max	\$20/\$40 max	\$20/\$40 max
Kansas		Monthly	None	\$20 per family	\$50 per family	N/A	N/A
Kentucky		None	None	None	None	N/A	N/A
Louisiana		Monthly	None	None	\$50 per family	\$50 per family	N/A
Maine		Monthly	None	\$8/\$16 max	\$32/\$64 max	N/A	N/A
Massachusetts		Monthly	None	\$12/\$36 max	\$20/\$60 max	\$28/\$84 max	\$28/\$84 max
Michigan		Monthly	None	\$10 per family	\$10 per family	N/A	N/A

Table J: Premiums and Enrollment Fees for Children at Selected Income Levels, continued

State	Program	Frequency of Payment	Effective Monthly Amount at:				
			<150% FPL	151% FPL	201% FPL (200% if upper limit)	251% FPL (250% if upper limit)	301% FPL (300% if upper limit)
Mississippi		None	None	None	None	N/A	N/A
Missouri		Monthly	None	\$21	\$70	\$172	\$172
Montana		None	None	None	None	None	N/A
Nevada		Quarterly	~\$6 per family	~\$12 per family	~\$20 per family	N/A	N/A
New Jersey	<200%	None	None	None	N/A	N/A	N/A
	200-350%	Monthly	N/A	N/A	\$42.50 per family	\$85 per family	\$142.50 per family
New York		Monthly	None	None	\$9/\$27 max	\$30/\$90 max	\$45/\$135 max
North Carolina		Annual	None	~\$4-\$8	~\$4-\$8	N/A	N/A
North Dakota		None	None	None	N/A	N/A	N/A
Oregon	<200%	None	None	None	N/A	N/A	N/A
	200-300%	Monthly	N/A	N/A	Max 10% of premium	Max 15% of premium	Max 15% of premium
Pennsylvania		Monthly	None	None	25% of the state-negotiated rate	35% of the state-negotiated rate	40% of the state-negotiated rate
South Dakota		None	None	None	None	N/A	N/A
Tennessee		None	None	None	None	None	N/A
Texas		Annual	None	~\$3	~\$4	N/A	N/A
Utah		Quarterly	~\$8 per family	~\$19 per family	~\$19 per family	N/A	N/A
Vermont		Monthly	None	None	None	\$60 per family	\$60 per family
Virginia		None	None	None	None	N/A	N/A
Washington		Monthly	None	None	\$20/\$40 max	\$30/\$60 max	\$30/\$60 max
West Virginia		Monthly	None	None	\$35/\$71 max	\$35/\$71 max	\$35/\$71 max
Wisconsin	<200%	None	None	None	N/A	N/A	N/A
	200-300%	Monthly	N/A	N/A	\$10	\$34	\$97.53
Wyoming		None	None	None	None	N/A	N/A

Note: Payments represent those for one child unless noted. If more than one amount is shown, the first is for one child and the second is the maximum amount families will pay. Quarterly and annual premiums are converted to a monthly equivalent for standardization. States indicated as "N/A" do not provide coverage at specified income levels. See Appendix 2 for state-specific notes.

Table K: Cost-Sharing Amounts for Selected Services for Children at Selected Income Levels

State	Program	Family Income at 151 % FPL					Family Income at 201 % FPL (200% if upper limit)				
		Inpatient Hospital Visit	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Rx Drugs	Inpatient Hospital Visit	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Rx Drugs
Total with charges		14	19	13	20	18	13	21	15	21	20
Alabama		\$200**	\$12-\$20	\$60	\$60	\$5-\$25	\$200**	\$12-\$20	\$60	\$60	\$5-\$25
Arizona		None	None	None	None	None	None	None	None	None	None
Arkansas		10% of the 1st day	\$10	\$10	\$10	\$5	10% of the 1st day	\$10	\$10	\$10	\$5
Colorado		\$20	\$5	\$30	\$30	\$3-\$10	\$50	\$10	\$50	\$50	\$5-\$15
Connecticut		None	None	None	None	None	None	\$10-\$15	None	None	\$5-\$10
Delaware		None	None	None	\$10*	None	None	None	None	\$10 *	None
Florida	Ages 1-4	None	None	None	None	None	None	None	None	None	None
	Ages 5-8	None	\$5	None	\$10 *	\$5	None	\$5	None	\$10*	\$5
Georgia		\$13	\$0.50-\$3	None	None	\$0.50-\$3	\$13	\$0.50-\$3	None	None	\$0.50-\$3
Idaho		None	\$4	None	\$4	None	N/A	N/A	N/A	N/A	N/A
Illinois		\$5***	\$5	\$5	\$25	\$3-\$5	\$100**	\$10	\$30	\$30	\$3-\$7
Indiana		None	None	None	None	\$3-\$10	None	None	None	None	\$3-\$10
Iowa		None	None	None	\$25	None	None	None	None	\$25	None
Kansas		None	None	None	None	None	None	None	None	None	None
Kentucky		None	\$2	None	\$0	\$1-\$3	None	\$2	None	5%	\$1-\$3
Louisiana		None	None	None	None	None	None	None	None	None	None
Maine		None	None	None	None	None	None	None	None	None	None
Massachusetts		None	None	None	None	None	None	None	None	None	None
Michigan		None	None	None	None	None	None	None	None	None	None
Mississippi		None	\$5	\$15	\$15	None	None	\$5	\$15	\$15	None
Missouri		None	None	None	None	None	None	None	None	None	None
Montana		\$25	\$3	\$5	\$5	\$0	\$25	\$3	\$5	\$5	\$0
Nevada		None	None	None	None	None	None	None	None	None	None
New Jersey	<200%	None	\$5	\$10*	\$10	\$1-5	N/A	N/A	N/A	N/A	N/A
	200-350%	N/A	N/A	N/A	N/A	N/A	None	\$5-\$10	\$35*	\$35	\$5-\$10
New York		None	None	None	None	None	None	None	None	None	None
North Carolina		None	\$5	None	\$25	\$1-10	None	\$5	None	\$25	\$1-10
North Dakota		\$50 deductible	None	\$5	\$5	\$2	N/A	N/A	N/A	N/A	N/A
Oregon	<200%	None	None	None	None	None	N/A	N/A	N/A	N/A	N/A
	200-300%	N/A	N/A	N/A	N/A	N/A	None	\$10	\$100*	\$100*	\$10
Pennsylvania		None	None	None	None	None	None	\$5-10	\$25*	\$25*	\$6-\$12
South Dakota		None	None	None	None	None	None	None	None	None	None
Tennessee		\$100	\$15-\$20	\$50*	\$50*	\$5-\$40	\$100	\$15-\$20	\$50*	\$50*	\$5-\$40
Texas		\$75	\$20	\$0	\$75	\$10-35	\$125	\$25	None	\$75	\$10-35
Utah		20% of approved amount after deductible	\$25-\$40	\$300 after deductible	\$300 after deductible	\$15 and 25-50% of approved amount	20% of approved amount after deductible	\$25-\$40	\$300 after deductible	\$300 after deductible	\$15 and 25-50% of approved amount
Vermont		None	None	None	None	None	None	None	None	None	None
Virginia		\$25	\$5	\$5	\$25	\$5	\$25	\$5	\$5	\$25	\$5
Washington		None	None	None	None	None	None	None	None	None	None
West Virginia		\$25	\$15-\$25	\$35 *	\$35 *	\$0-\$10	\$25	\$20-\$25	\$35 *	\$35 *	\$0-\$15
Wisconsin	<200%	\$3***	\$0-\$3	\$0	\$0	\$1-\$3	N/A	N/A	N/A	N/A	N/A
	200-300%	N/A	N/A	N/A	N/A	N/A	\$100	\$10-\$15	\$60*	\$60*	\$5
Wyoming		\$50	\$10	\$25	\$25	\$5-\$10	\$50	\$10	\$25	\$25	\$5-\$10

Notes: *Waived if admitted; **Per admission; ***Per day; Programs indicated as "N/A" do not provide coverage at specified income levels. See Appendix 2 for state-specific notes.

DISCUSSION: CHILDREN'S COVERAGE MOVING FORWARD

CHIP programs are designed to serve a specific population: uninsured children in families with incomes too high for Medicaid, but modest enough that they may be unable to afford private coverage or lack access to employer-based coverage. CHIP has served families in this situation for more than 16 years. Now, the ACA has added an insurance affordability program for eligible individuals of all ages with income above Medicaid levels—subsidies for the purchase of private QHPs offered in health insurance marketplaces.

The ACA also extended CHIP funding through fiscal year 2015, yet required states to maintain eligibility standards and methodologies until 2019. As 2015 nears, uncertainty surrounding the financial future of the program, coupled with the establishment of the marketplaces, leads to the question of whether CHIP, especially separate CHIP programs, should continue as is or in some way be integrated with the larger health insurance affordability programs—Medicaid, marketplace coverage, or possibly the Basic Health Program. The ACA itself reflects some concerns about the extent to which QHPs would provide comparable benefits and cost sharing for children as CHIP, with the law calling for the Secretary of HHS to certify which QHPs are comparable before CHIP-eligible children might be served through the marketplaces.

This study found that CHIP benefits include some limitations but are generally comprehensive. In fact, in more than a quarter of separate programs, the benefits were modeled on Medicaid's comprehensive benefits, and in the remainder, coverage was designed for children, some of whom have special needs, and all of whom are growing and developing. While addressing the future of CHIP or changes in other programs to meet the needs of children is beyond the scope of this report, this detailed analysis can help inform the discussion, particularly in enabling comparison of CHIP benefits to Medicaid and QHPs. Other studies also provide further context for understanding how coverage in the marketplace might compare to CHIP coverage. A 2012 assessment comparing the scope of coverage of EHBs (Essential Health Benefits) in certain benchmark plan options and separate CHIP programs in five states found that CHIP provided more comprehensive coverage of EHBs than the private plans.⁴⁸ A 2013 study from the Government Accountability Office indicated that, in five states examined, the benefits in CHIP are similar to the EHBs that form the basis of QHP coverage.⁴⁹ An analysis that examines all states and takes into account any adjustments that QHPs have made to the EHB benchmark benefits⁵⁰ would further aid comparison of CHIP with QHPs. Because children need a full range of developmentally appropriate services, such an analysis should consider QHP coverage of pediatric services beyond just vision and dental care.

Premiums and cost-sharing amounts are also key considerations for determining the comparability of coverage. Federal law limits CHIP premiums and cost sharing combined to no more than five percent of a family's income. Many CHIP programs structure families' financial obligations so that it is unlikely or impossible that a family would spend that much. By contrast, families with incomes between 150 and 250 percent of the FPL who qualify for premium tax credits for marketplace coverage will be expected to pay between four and eight percent of their incomes in premiums alone in marketplace plans.⁵¹ While a comprehensive review of QHP cost-sharing amounts is not yet available, it appears that deductibles, copays, and coinsurance would add substantial costs for many families in the CHIP income range. Federally-subsidized cost-sharing reductions are available to families with income less than 250 percent of FPL, with greater protections for those under 200 percent of FPL. But for families with incomes above 200 percent of FPL, deductibles and other cost sharing are likely to be significant. The cap on a QHP's

out-of-pocket costs, which unlike CHIP's cap does not include premiums, is \$10,400 for families between 200 and 250 percent of FPL in 2014.⁵²

CHIP provides comprehensive coverage of a wide range of services and the program's benefits are designed to address the unique health coverage needs of children. With the ACA in place, there is an expectation that nearly everyone should secure coverage, and CHIP currently provides an affordable option for more than 8 million children. This review found its coverage for standard services to be robust and while limits were common for certain benefits, only a few services were frequently uncovered. Additionally, while the cost of coverage for families varies across states, separate CHIP programs generally provide substantial financial protection for enrollees with minimal premiums and cost sharing. Thus, CHIP is a strong model for ensuring comprehensive and affordable coverage and care for children. As other models are considered for the future, they should be closely tested against the existing benefits that CHIP provides for many families today.

ENDNOTES

- 1 This number reflects the number of children who were ever enrolled in CHIP during 2012. Centers for Medicare and Medicaid Services, *FY 2012 Number of Children Ever Enrolled in Medicaid and CHIP*. http://medicaid.gov/Federal-Policy-Guidance/Downloads/FY-2012-Childrens-Enrollment-04_09_13.pdf
- 2 Genevieve Kenney and Nathaniel Anderson, The Urban Institute. *Child Health Coverage: What Will the Future Hold?* Presentation at the National Child Health Policy Conference, February 5, 2013. <http://www.academyhealth.org/files/nhpc/2014/Academy%20Health%20Coverage%20Trends%20feb%2018%202014%20for%20posting.pdf>
- 3 Four states, Florida, New Jersey, Oregon and Wisconsin, offered two separate CHIP programs for either different income or age groups. Additionally, Arkansas's Medicaid 1115 waiver is included as it operated similarly to a separate CHIP program. The report does not consider separate CHIP programs that offered only premium assistance or with limited eligibility criteria, such as those that only covered pregnant women, unborn children, children with disabilities, or children who were new lawful residents.
- 4 For purposes of this report, the term "Medicaid-based benefits" in separate CHIP programs refers to Secretary-approved coverage that was the same as Medicaid, coverage equivalent to Medicaid but with some exceptions, or modified Medicaid benefits under a waiver.
- 5 In 2013, Arkansas did not cover inpatient substance abuse services and Kentucky did not cover inpatient or outpatient substance abuse services. Beginning in 2014, Kentucky will offer these services.
- 6 This number reflects the number of children who were ever enrolled in CHIP during 2012. Centers for Medicare and Medicaid Services, *FY 2012 Number of Children Ever Enrolled in Medicaid and CHIP*. http://medicaid.gov/Federal-Policy-Guidance/Downloads/FY-2012-Childrens-Enrollment-04_09_13.pdf
- 7 Genevieve Kenney and Nathaniel Anderson, *Child Health Coverage: What Will the Future Hold?*
- 8 In addition to the 8 states and the District of Columbia that indicated in their state child health plans that they use CHIP funding solely to expand their Medicaid programs, 4 other states have implemented primarily Medicaid expansion CHIP programs. California is counted as operating a Medicaid expansion program, as the state began moving children covered in its separate CHIP program (Healthy Families) into Medicaid (Medi-Cal) on January 1, 2013. Minnesota and Rhode Island are also included as Medicaid expansions as they primarily provided services to the CHIP population through Medicaid, although they did provide separate CHIP program coverage through the Title XXI unborn child option. Additionally, Oklahoma is included in the count of Medicaid expansions as the state primarily provided services to the CHIP population through a Medicaid expansion program, although there were a small number of children enrolled in a premium assistance program under Title XXI and the state also provided coverage through the Title XXI unborn child option.
- 9 Arkansas is counted as a separate CHIP program because the state operated a Medicaid waiver that provided different benefits to children than in Medicaid.
- 10 For example, NASHP has reported on states' CHIP program benefits in its *Charting CHIP* series. See Catherine Hess et al., *Charting CHIP IV: A Report on State Children's Health Insurance Programs Prior to Major Federal Policy Changes in 2009 and 2010* (Portland, ME: The National Academy for State Health Policy, January 2011). <http://www.nashp.org/publication/charting-chip-iv>. See also: Jennifer Dolatshahi and Leigha O. Basini, *CHIP Dental Coverage: An Examination of State Oral Health Benefit Changes as a Result of CHIPRA* (Washington, DC: National Maternal and Child Oral Health Policy Center, December 2011). <http://nashp.org/publication/chip-dental-coverage-examination-state-oral-health-benefit-changes-result-chipra>
- 11 Peggy McManus, *A Comparative Review of Essential Health Benefits Pertinent to Children in Large Federal, State, and Small Group Health Insurance Plans: Implications for Selecting State Benchmark Plans* (Washington, DC: American Academy of Pediatrics, August 2012). http://www.aap.org/en-us/about-the-aap/aap-press-room/Documents/AAP_EHB_Report_FinalPress.pdf; U.S. Government Accountability Office, *Children's Health Insurance: Information on Coverage of Services, Costs to Consumers, and Access to Care in CHIP and Other Sources of Insurance* (Washington, DC: U.S. Government Accountability Office, November 2013). <http://www.gao.gov/assets/660/659180.pdf>
- 12 42 USC §1397ee(d)

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- 13 Patient Protection and Affordable Care Act, Public Law 11-148, 111th Congress, 2nd sess., (23 March 2010), §1302.
- 14 Federal Register Vol. 78, No. 37. *Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value and Accreditation; Final Rule*. U.S. Department of Health and Human Services. February 25, 2013.
- 15 Ibid.
- 16 Totals calculated from state summaries of EHB benefits, limits, and prescription drug coverage linked at: Center for Consumer Information and Insurance Oversight. *Additional Information on Proposed State Essential Health Benefits Benchmark Plans*. <http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>. Accessed March 4, 2014.
- 17 42 USC 1397ee(d).
- 18 Premiums and cost sharing in Medicaid cannot exceed 5% of a family's income on a quarterly or monthly basis. For further details by income, see Robin Rudowitz and Laura Snyder, *Premiums and Cost-Sharing in Medicaid* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, February 2013).
- 19 Federal regulations governing CHIP are found at 42 CFR 457.
- 20 42 CFR 457.450
- 21 42 CFR 457.410-450
- 22 42 CFR 457.430
- 23 42 CFR 457.475
- 24 Children's Health Insurance Program Reauthorization Act of 2009, Public Law 111-3, 111th Congress, 1st sess., (4 February 2009).
- 25 42 USC §1397cc(c)(5)
- 26 42 CFR 457.520-560
- 27 Medicaid and CHIP Payment and Access Commission, *Report to the Congress: The Evolution of Managed Care in Medicaid* (Washington, DC: Medicaid and CHIP Payment and Access Commission, June 2011).
- 28 References in the report to 'separate CHIP programs' should be understood to include Arkansas's waiver program. Arkansas's ARKids First B waiver program is included because, like a separate CHIP program, it provides different benefits and cost-sharing amounts than children's Medicaid in the state.
- 29 In 2014, two of these states (OR and WI) are moving all of their higher income enrollees into the program currently provided to those with lower incomes.
- 30 "Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services" and "Any other health care services or items specified by the Secretary and not included under this section."
- 31 Dental services: Preventive and restorative/Orthodontia. Medical Transportation: Emergency/Non-Emergency. Any other health care services or items: Vision Exams/Corrective Lenses/Audiological Exams/Hearing Aids/Podiatry/Chiropractic
- 32 Excluded programs include separate CHIP programs with limited eligibility criteria, such as those that only cover pregnant women, unborn children, children with disabilities, those that cover children who are new lawful residents, or programs that offer only premium assistance. See methodology discussion in Appendix 3.
- 33 42 CFR 440.40(b)
- 34 42 USC 1397cc(c)(6).
- 35 [SHO # 13-001; ACA #24.](#)
- 36 42 USC 1397cc(c)(5).
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37 [SHO #09-012; CHIPRA # 7](#)

38 [Ibid.](#), pg. 7.

39 When these services were listed in the state plans, they were often categorized differently, although most states included these services in Section 6.2.24 (Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services”) or Section 6.2.28 (“Any other health care services or items specified by the Secretary and not included under this section.”) Further, for a number of states, some of these benefits were not mentioned within the state plans but were referenced as covered in supplemental materials or in communications with state officials.

40 42 CFR 457.475

41 The CHIP Family Coverage Option, used only in Massachusetts, allows states to mandate enrollment in available private coverage.

42 Joan Alker, *Premium Assistance in Medicaid and CHIP: An Overview of Current Options and Implications of the Affordable Care Act* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, March 2013).

43 Comparisons across states should be undertaken with caution, as it is not clear that states are defining NEMT consistently. For example, some states described NEMT as transportation in a private vehicle from an enrollee’s home to a medical appointment, while in others it consisted of transportation via an ambulance from one hospital to another.

44 Additionally, states may use up to 10 percent of their CHIP expenditures to fund other forms of child health assistance, including enabling services, under section 3 of the state plan. See 42 CFR 457.618. Section 3 was not reviewed for this analysis. If the benefit is provided broadly, as reported in section 6 of the state plan and referenced in this report, the expenses are not subject to the 10 percent cap.

45 For further details, see Georgetown University Center for Children and Families, *Cost Sharing for Children and Families in Medicaid and CHIP* (Washington, DC: Georgetown University Center for Children and Families, March 2009).

46 Note that the median premiums are calculated on a monthly basis for one child. For example, if a state charges \$10 for the first child, but \$15 maximum per family, the \$10 amount is used. Median premium amounts do not include Oregon or Pennsylvania where premiums vary depending on the contractor; they are, however, included in the total count of states charging premiums.

47 Copayments and coinsurance charges are charges that beneficiaries pay when they receive a service. A copayment is a dollar amount that someone must pay when using a specific service; coinsurance is similar to a copayment, but is expressed as a percent of the cost of the service received (rather than as a flat dollar amount). Deductibles are a specific dollar amount that a family must pay out-of-pocket before the insurance plan begins to cover services.

48 Peggy McManus, *A Comparative Review of Essential Health Benefits Pertinent to Children in Large Federal, State, and Small Group Health Insurance Plans: Implications for Selecting State Benchmark Plans*.

49 U.S. Government Accountability Office, *Children’s Health Insurance: Information on Coverage of Services, Costs to Consumers, and Access to Care in CHIP and Other Sources of Insurance*.

50 QHPs are permitted to make actuarially-equivalent substitutions within the ten EHB benefit categories unless state law or regulation prohibits the practice.

51 Assuming the family enrolls in a silver level plan. Families would pay less if they enroll in less expensive plans, but would lose federally subsidized cost-sharing reductions if they enroll in bronze level plans.

52 2014 Notice of Benefit and Payment Parameters, 78 FR 15483.

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APPENDICES

APPENDIX I: RELATIONSHIP BETWEEN CHIP BENEFITS AND MEDICAID, BY STATE

State	Program Type	Medicaid-Based Benefits in Separate CHIP Programs				State Use of CHIP Funds for Medicaid-based Benefits ¹	Separate CHIP Programs Reported EPSDT or EPSDT-like Benefits ²
		Program	Secretary-approved Coverage: Same as Medicaid	Secretary-approved Coverage: Medicaid Equivalent with Exceptions	Secretary-approved Coverage: Medicaid Section 1115 Waiver		
	Medicaid Expansion - 13		10	3	1	All (Full Medicaid Expansion) - 13	14
	Separate CHIP - 18					All (Separate CHIP with Medicaid-Based Benefits) - 11	
	Combination - 20					Some (Some Age or Income Groups) - 15	
						None (No Age or Income Groups) - 12	
Alabama	Separate CHIP					None	
Alaska	Medicaid Expansion					All	
Arizona	Separate CHIP	X				All	X
Arkansas ³	Separate CHIP					None	
California	Medicaid Expansion					All	
Colorado	Separate CHIP					None	
Connecticut	Separate CHIP					None	
Delaware	Combination					Some	
District of Columbia	Medicaid Expansion					All	
Florida	Combination	Ages 1-4	X			Some	X
		Ages 5-18					
Georgia	Separate CHIP					None	
Hawaii	Medicaid Expansion					All	
Idaho	Combination	X				All	X
Illinois	Combination					Some	X
Indiana	Combination					Some	
Iowa	Combination					Some	
Kansas	Separate CHIP	X				All	X
Kentucky	Combination					Some	
Louisiana	Combination	X				All	X
Maine	Combination	X				All	X
Maryland	Medicaid Expansion					All	
Massachusetts	Combination					Some	
Michigan	Combination					Some	
Minnesota ⁴	Medicaid Expansion					All	

State	Program Type	Medicaid-Based Benefits in Separate CHIP Programs				State Use of CHIP Funds for Medicaid-based Benefits ¹	Separate CHIP Programs Reported EPSDT or EPSDT-like Benefits ²
		Program	Same as Medicaid	Medicaid Equivalent with Exceptions	Medicaid Section 1115 Waiver		
Mississippi	Separate CHIP					None	
Missouri	Combination			X		All	
Montana	Combination					Some	
Nebraska	Medicaid Expansion					All	
Nevada	Separate CHIP			X		All	X
New Hampshire	Medicaid Expansion					All	
New Jersey	Combination	<200% 200-350%				Some	
New Mexico	Medicaid Expansion					All	
New York	Combination					Some	
North Carolina	Combination			X		All	
North Dakota	Separate CHIP					None	
Ohio	Medicaid Expansion					All	
Oklahoma	Medicaid Expansion					All	
Oregon ⁶	Separate CHIP	<200%			X	Some	
		200-300%					
Pennsylvania	Separate CHIP					None	
Rhode Island	Medicaid Expansion					All	
South Carolina	Medicaid Expansion					All	
South Dakota	Combination		X			All	X
Tennessee	Combination					Some	
Texas	Separate CHIP					None	
Utah	Separate CHIP					None	
Vermont	Separate CHIP		X			All	X
Virginia	Combination					Some	
Washington	Separate CHIP		X			All	X
West Virginia	Separate CHIP					None	X
Wisconsin	Combination	<200%	X			Some	X
		200-300%					X
Wyoming	Separate CHIP					None	

Source: M. Heberlein, et al., "Getting into Gear for 2014: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2012-2013," Kaiser Commission on Medicaid and the Uninsured (January 2013); and authors' analysis of state CHIP documents.

Notes: 1. This column indicates the extent to which a state uses CHIP funds to provide enrolled children with benefits that are similar to or the same as those provided under Medicaid. It reflects only coverage expansions based on age and/or family income; it does not reflect expansions based on other eligibility criteria, such as length of residence in the United States or a determination of disability. "All" indicates that a state operates a full Medicaid expansion or provides Medicaid-based benefits in its separate CHIP program; "Some" indicates that a state operates a combination program and/or provides Medicaid-based benefits in its separate CHIP program; "None" indicates that a state operates a separate CHIP program in which benefits offered are not based on Medicaid. This categorization does not attempt to quantify the number of children with Medicaid-based benefits funded through CHIP.

2. The separate CHIP programs noted in this column reported providing EPSDT or EPSDT-like benefits. EPSDT in CHIP may have more limits or exclusions than it does in Medicaid. Three programs (IL, WV, and WI (higher income program)) chose a benchmark other than Medicaid and reported offering EPSDT.
3. Arkansas's ARKids First B waiver plan is considered a separate CHIP program in this analysis because it provides different benefits and includes different cost-sharing requirements than children's Medicaid in the state.
4. Minnesota is considered a Medicaid expansion state in this analysis as it primarily provided services to the CHIP population through a Medicaid waiver with the same benefits as its state plan.
5. Oregon provides a "modified Medicaid benefit package" under the state's section 1115 Medicaid waiver to children with family income under 200% FPL.

APPENDIX 2: CHIP BENEFITS AND COST SHARING BY STATE

This appendix lists benefits as well as premium and cost-sharing amounts for each of 42 separate CHIP programs. Tables for Florida, New Jersey, Oregon, and Wisconsin reflect two separate CHIP programs in each state. As described in Appendix 3: Methodology, the benefit categories listed are adapted from those states report in their state child health plans. Programs may cover additional services not included in these categories. The tables list premiums and cost-sharing amounts for five common types of services. Programs may charge different cost-sharing amounts for other services not listed. The row labeled “Out-of-pocket maximum (other than 5 percent)” indicates whether a program has adopted a limit on families’ out-of-pocket spending different from the federal limit of 5 percent of family income.

Tables begin on the next page.

SEPARATE CHIP BENEFITS AND COST SHARING IN ALABAMA

Benchmark: HMO with largest enrollment

Date of SPA: 5/4/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	60 visits/year
Nursing Care Services	LQ, E	Skilled nursing facility limited to 100 days over lifetime; no private duty nursing
Case Management Services	LC	Catastrophic or lengthy illness or injury
Care Coordination Services	LC	Only for ALLKids Plus
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Limited to certain conditions
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	U	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	Only for ALLKids Plus
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN ALABAMA, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	L\$, LQ	One exam every two years; \$48 for new patient, \$37 for established patient
Corrective Lenses	L\$, LQ	\$180-\$250; one pair every two years
Audiology		
Exams	C	
Hearing Aids	L\$, LQ	\$750 each ear every two years
Podiatry	C, E	Routine foot care excluded
Chiropractic	LQ	Limited to the lesser of 12 visits or \$400/year

Premiums and Selected Cost Sharing	≤150% FPL	151-300% FPL
Premiums	\$52 per year	\$104 per year
Inpatient Services	\$200 per admission	\$200 per admission
Office Visit (non-preventive)	\$2-\$6	\$12-\$20
Emergency Room Visit	\$6	\$60
Non-Emergency Use of ER	\$6	\$60
Prescription Drugs	\$1-\$5	\$5-\$25
Out-of-pocket maximum (other than 5%)	None	None

No family is charged more than three premiums even if the family has more than three children.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN ARIZONA*

Benchmark: Medicaid state plan**Date of SPA: 10/10/2001**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C, E	IMD service exclusions
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	LQ	90 day maximum for nursing facility services
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Covered when necessary to treat a handicapping malocclusion
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN ARIZONA, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	≤150% FPL	151 - 175% FPL	176-200% FPL
Premiums	\$10/\$15 max	\$40/\$60 max	\$50/\$70 max
Inpatient Services	None	None	None
Office Visit (non-preventive)	None	None	None
Emergency Room Visit	None	None	None
Non-Emergency Use of ER	None	None	None
Prescription Drugs	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None

* Enrollment in Arizona's CHIP program, KidsCare, is frozen and remains closed to new applicants. The state opened a new program (KidsCare II) which has identical benefits and cost-sharing benefits in May 2012. KidsCare II ended January 31, 2014.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN ARKANSAS

Benchmark: Medicaid 1115 waiver

Date of SPA: 1/1/2011

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	L\$, E	Limited to \$500 per year, orthotic appliances and prosthetic devices not covered
Disposable Medical Supplies	C, E	Benefit extension required above \$125 per month; diapers, underpads and incontinence supplies not covered
Inpatient Mental Health Services	C, E	Covered only in a medical hospital setting
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	U	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	10 visits per state fiscal year
Nursing Care Services	U	
Case Management Services	C, E	Targeted case management not covered
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C, E	Speech therapy limited to 4 evaluations per year and one hour of treatment per day unless extension approved; occupational and physical therapies not covered
Hospice Care	U	
Dental Services		
Preventive & Restorative Services	LC	Limited to routine care
Orthodontics	U	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN ARKANSAS, CONTINUED

Service	Coverage Code	Limitations
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C, E	Eyeglasses only
Audiology		
Exams	LL	Limited to tympanometry
Hearing Aids	U	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	≤200% FPL
Premiums	None
Inpatient Services	10% of the first day
Office Visit (non-preventive)	\$10
Emergency Room Visit	\$10
Non-Emergency Use of ER	\$10
Prescription Drugs	\$5
Out-of-pocket maximum (other than 5%)	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN COLORADO

Benchmark: Benchmark equivalent

Date of SPA: 4/25/2013

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	Three OTC drugs covered with prescription
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	L\$	Certain items subject to \$2,000 annual limit
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C, E	ABA not covered
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	LQ, E	Up to 30 days in skilled nursing facility
Case Management Services	C	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ, LA	Ages 0-3 no visit limit, older children 30 visits per diagnosis per year
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	L\$	\$600 benefit limit
Orthodontics	U	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN COLORADO, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$	\$50 credit per year
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	LC	Routine foot care not covered except for patients with diabetes
Chiropractic	U	

Premiums and Selected Cost Sharing	≤150% FPL	151-205% FPL	206-250% FPL
Premiums	None	\$25/\$35 max per year	\$75/\$105 max per year
Inpatient Services	\$2	\$20	\$50
Office Visit (non-preventive)	\$2	\$5	\$10
Emergency Room Visit	\$3	\$30	\$50
Non-Emergency Use of ER	\$3	\$30	\$50
Prescription Drugs	\$1	\$3-\$10	\$5-\$15
Out-of-pocket maximum (other than 5%)	None	None	None

Copayments increase at 201% FPL to those displayed at 206%.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN CONNECTICUT

Benchmark: Benchmark plus additional coverage

Date of SPA: 12/8/2009

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LC	For HUSKY Plus Physical
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	LC, LQ	For HUSKY Plus Physical; type and quantity limits
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	Skilled nursing visits less than 2 hrs/day
Nursing Care Services	LQ, LC	Skilled nursing visits less than 2 hrs/day; long term skilled nursing only for HUSKY Plus Physical
Case Management Services	LC	For HUSKY Plus Physical
Care Coordination Services	LC	For HUSKY Plus Physical
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ	60 day combined limit for PT, OT and ST; supplemental coverage may be available
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	L\$	\$725 per member per lifetime
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	Some services for HUSKY Plus Physical
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN CONNECTICUT, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$, LQ	\$100/one pair every two years
Audiology		
Exams	C	
Hearing Aids	LA, L\$, LQ	Ages 0-12; \$1,000 every two years
Podiatry	LC	Routine foot care not covered unless have systemic condition
Chiropractic	C	

Premiums and Selected Cost Sharing	185-235% FPL	236-300% FPL
Premiums	None	\$30/\$50 max
Inpatient Services	None	None
Office Visit (non-preventive)	\$10-\$15	\$10-\$15
Emergency Room Visit	None	None
Non-Emergency Use of ER	None	None
Prescription Drugs	\$5-\$10	\$5-\$10
Out-of-pocket maximum (other than 5%)	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN DELAWARE

Benchmark: Benchmark plus additional coverage

Date of SPA: 7/1/2010

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	Limited to certain drug categories
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	LQ	28 hours/week limit on private duty nursing
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	For handicapping malocclusions
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN DELAWARE, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	LC	Routine foot care only for individuals with diabetes or circulatory/vascular disorder
Chiropractic	U	

Premiums and Selected Cost Sharing	≤133% FPL	134-166% FPL	167-200% FPL
Premiums	\$10 per family	\$15 per family	\$25 per family
Inpatient Services	None	None	None
Office Visit (non-preventive)	None	None	None
Emergency Room Visit	None	None	None
Non-Emergency Use of ER	\$10 (waived if admitted)	\$10 (waived if admitted)	\$10 (waived if admitted)
Prescription Drugs	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN FLORIDA

Benchmark: MediKids - Medicaid state plan; Healthy Kids - Existing coverage

Date of SPA: 10/1/2012

The state indicated providing an EPSDT benefit in its lower-age program, which may allow noted limits to be exceeded.

Service	Coverage Code: MediKids Ages 1-4	Coverage Code: Healthy Kids Ages 5-18	Limitations
Inpatient Services	C	C	
Outpatient Services	C	C	
Physician Services	C	C	
Surgical Services	C	C	
Clinic Services & Other Ambulatory Health Care Services	C	C	
Prescription Drugs	C	C	
Over-the-Counter Medications	U	L\$	\$180/year offered in managed care plan examined
Laboratory & Radiological Services	C	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	C	
Disposable Medical Supplies	C	C	
Inpatient Mental Health Services	C	C	
Outpatient Mental Health Services	C	C	
Inpatient & Residential Substance Abuse Treatment Services	C	C	
Outpatient Substance Abuse Treatment Services	C	C	
Home and Community-Based Health Care Services	C	LL	Healthy Kids: Skilled nursing services only
Nursing Care Services	C	LL, LQ	Healthy Kids: Skilled nursing services only; 100 day limit for nursing facility/contract period
Case Management Services	U	LC	Healthy Kids: Through StayWell Kids, for members with chronic health problems
Care Coordination Services	LC	LC	For CMSN Title XXI enrolled children
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	LQ	Healthy Kids: 24 sessions in 60 day period; short term rehab only
Hospice Care	C	C	
Dental Services			
Preventive & Restorative Services	C	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN FLORIDA, CONTINUED

Service	Coverage Code: MediKids Ages 1-4	Coverage Code: Healthy Kids Ages 5-18	Limitations
Orthodontics	LC	LC	Both limited to treatment of severe malocclusions or correction of dental condition deterring physical development
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	U	C	
Premiums for Private Health Insurance Coverage	U	U	
Medical Transportation			
Emergency Transport	C	C	
Non-Emergency Transport	C	U	
Enabling Services	U	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service			
Vision			
Exams	C	C	
Corrective Lenses	C	C	Healthy Kids: One pair every two years unless head size or prescription changes
Audiology			
Exams	LQ	C	MediKids: One evaluation every three years
Hearing Aids	LQ	C	MediKids: One per ear every three years
Podiatry	C	LQ	Healthy Kids: 1 visit/day, totaling 2 visits/month
Chiropractic	LQ	LQ	Both limited to 24 visits/year

Premiums and Selected Cost Sharing	≤150% FPL	151-200% FPL
Premiums	\$15 per family	\$20 per family
Inpatient Services	None	None
Office Visit (non-preventive)	\$0	\$5
Emergency Room Visit	None	None
Non-Emergency Use of ER	\$0	\$10 (waived if admitted)
Prescription Drugs	\$5	\$5
Out-of-pocket maximum (other than 5%)	None	None

All copayments are only for Healthy Kids.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN GEORGIA

Benchmark: Benchmark plus additional coverage

Date of SPA: 4/1/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL, L\$	Certain non-prescription drugs are covered up to an allowable cost
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	U	
Inpatient Mental Health Services	LQ	
Outpatient Mental Health Services	LQ	Units of service limited to amounts specified in a state manual
Inpatient & Residential Substance Abuse Treatment Services	LQ	
Outpatient Substance Abuse Treatment Services	LQ	Units of service limited to amounts specified in a state manual
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN GEORGIA, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	LQ	
Podiatry	C	
Chiropractic	U	

Premiums and Selected Cost Sharing	≤150% FPL	151-170% FPL	171-190% FPL	191-210% FPL
Premiums	\$10/\$15 max	\$20/\$40 max - \$22/\$44 max	\$24/\$48 max -\$26/\$52 max	\$28/\$56 max - \$29/\$58 max
Inpatient Services	\$12.50	\$12.50	\$12.50	\$12.50
Office Visit (non-preventive)	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
Emergency Room Visit	None	None	None	None
Non-Emergency Use of ER	None	None	None	None
Prescription Drugs	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3	\$0.50-\$3
Out-of-pocket maximum (other than 5%)	None	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN IDAHO

Benchmark: Medicaid state plan**Date of SPA: 8/29/2013**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	LQ	10 days/year
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	U	
Nursing Care Services	LQ	100 days/year
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C,E	Only for enhanced plan
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	For handicapping malocclusions
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN IDAHO, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	C	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	LC	Limited to treatment for chronic disease related care
Chiropractic	LQ	6 visits/year

Premiums and Selected Cost Sharing	133-150% FPL	150-185% FPL
Premiums	\$10	\$15
Inpatient Services	None	None
Office Visit (non-preventive)	\$3.65	\$3.65
Emergency Room Visit	None	None
Non-Emergency Use of ER	\$3.65	\$3.65
Prescription Drugs	None	None
Out-of-pocket maximum (other than 5%)	None	None

Participants who stay up to date on well-child checks and immunizations have premiums reduced by \$10/month.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN ILLINOIS

Benchmark: Benchmark equivalent**Date of SPA: 6/4/2013**

The state indicated providing an EPSDT-like benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	LC	Limited to children diagnosed with mental illness and children under 3 receiving early intervention
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Limited to those with a severe, dysfunctional, handi-capping malocclusion
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	U	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN ILLINOIS, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C, E	Provided to children with income up to 200% FPL
Enabling Services	C	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	>133%-150% FPL	>150%-200% FPL	>200-300% FPL
Premiums	None	\$15/\$40 max	\$40/\$80 max
Inpatient Services	\$3.90	\$5 (per day)	\$100 (per admission)
Office Visit (non-preventive)	\$3.90	\$5	\$10
Emergency Room Visit	None	\$5	\$30
Non-Emergency Use of ER	None	\$25	\$30
Prescription Drugs	\$2-\$3.90	\$3-\$5	\$3-\$7
Out-of-pocket maximum (other than 5%)	\$100 per family on copayments	\$100 per family on copayments	\$500 per child for hospital services

For families between 150-200% premiums are \$15 for one child; \$25 for two children; \$30 for three; \$35 for four; \$40 for five or more.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN INDIANA

Benchmark: Benchmark equivalent

Date of SPA: 3/1/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LC	Coverage only applies to insulin
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	L\$	Maximum benefit of \$2,000 per year and \$5,000 per lifetime per member
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	U	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ	Maximum of 50 visits per year per therapy
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN INDIANA, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	Ambulance service for nonemergencies between medical facilities is covered when requested by a participating physician
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$	One pair per year, except with change in prescription; maximum of \$20 for frames
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	LQ	Routine foot care visits limited to 6 per year
Chiropractic	C	

Premiums and Selected Cost Sharing	>150-175% FPL	>175-200% FPL	>200-225% FPL	>225-250% FPL
Premiums	\$22/\$33 max	\$33/\$50 max	\$42/\$53 max	\$53/\$70 max
Inpatient Services	None	None	None	None
Office Visit (non-preventive)	None	None	None	None
Emergency Room Visit	None	None	None	None
Non-Emergency Use of ER	None	None	None	None
Prescription Drugs	\$3-\$10	\$3-\$10	\$3-\$10	\$3-\$10
Out-of-pocket maximum (other than 5%)	None	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN IOWA

Benchmark: Benchmark equivalent

Date of SPA: 4/6/2011

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C, E	Surgery for obesity excluded
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	U	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	LQ	100 days/year for nursing facility
Case Management Services	C	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ, E, LC	60 combined days/year per disability; OT exclusions and ST conditions
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	For handicapping malocclusions
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	When medically necessary and ordered by a participating provider, coverage for ambulance services to a hospital, between hospitals, and between a hospital and a nursing facility

SEPARATE CHIP BENEFITS AND COST SHARING IN IOWA, CONTINUED

Service	Coverage Code	Limitations
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$	\$100/year for one set of eyewear
Audiology		
Exams	LQ	One exam and hearing aid evaluation every 36 months
Hearing Aids	LQ	One hearing aid per ear every 36 months
Podiatry	LC	Foot care for members with diabetes
Chiropractic	C	

Premiums and Selected Cost Sharing	150-200% FPL	201-300% FPL
Premiums	\$10/\$20 max	\$20/\$40 max
Inpatient Services	None	None
Office Visit (non-preventive)	None	None
Emergency Room Visit	None	None
Non-Emergency Use of ER	\$25	\$25
Prescription Drugs	None	None
Out-of-pocket maximum (other than 5%)	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN KANSAS

Benchmark: Medicaid state plan**Date of SPA: 7/1/2010**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	LQ	60 days/year
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	Acute care limited to 120 visits; long term care and diabetes management unlimited
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Only for severe orthodontic abnormality caused by genetic deformity or traumatic facial injury
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN KANSAS, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	C	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	3 pairs/year
Audiology		
Exams	C	
Hearing Aids	LQ	1 hearing aid every four years
Podiatry	C	
Chiropractic	U	

Premiums and Selected Cost Sharing	151 -175% FPL	176-200% FPL	201 -225% FPL
Premiums	\$20 per family	\$30 per family	\$50 per family
Inpatient Services	None	None	None
Office Visit (non-preventive)	None	None	None
Emergency Room Visit	None	None	None
Non-Emergency Use of ER	None	None	None
Prescription Drugs	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN KENTUCKY

Benchmark: Benchmark plus additional coverage

Date of SPA: 10/1/2010

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	LL	Drug formulary used
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	U	Covered effective 1/1/2014
Outpatient Substance Abuse Treatment Services	U	Covered effective 1/1/2014
Home and Community-Based Health Care Services	LQ	25 visits per 12 months
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Only to correct disabling condition or for transitional or permanent dentition
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN KENTUCKY, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$	\$400 per 12 months
Audiology		
Exams	C	
Hearing Aids	LQ, L\$	\$800 per ear per 36 months
Podiatry	C	
Chiropractic	LQ	26 visits per year

Starting in January 2014, Kentucky will include coverage of both inpatient and outpatient substance abuse services

Premiums and Selected Cost Sharing	≤200% FPL
Premiums	None
Inpatient Services	None
Office Visit (non-preventive)	\$2
Emergency Room Visit	None
Non-Emergency Use of ER	5%
Prescription Drugs	\$1-\$3
Out-of-pocket maximum (other than 5%)	\$225 per year for prescription drugs, separate \$225 per year for other benefits

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN LOUISIANA

Benchmark: Medicaid state plan**Date of SPA: 7/1/2012**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Covered when there is a cranio-facial deformity which possibly results in a handicapping malocclusion
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	U	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN LOUISIANA, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	201 -250% FPL
Premiums	\$ 50 per family
Inpatient Services	None
Office Visit (non-preventive)	None
Emergency Room Visit	None
Non-Emergency Use of ER	None
Prescription Drugs	None
Out-of-pocket maximum (other than 5%)	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN MAINE

Benchmark: Medicaid state plan**Date of SPA: 7/1/2012**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	Transplants as specified in the MaineCare Benefits Manual
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	A list of covered OTC drugs will be posted on a state website
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN MAINE, CONTINUED

Service	Coverage Code	Limitations
Enabling Services	C	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	150-160% FPL	160-170% FPL	170-180% FPL	185-200% FPL
Premiums	\$8/\$16 max	\$16/\$32 max	\$24/\$48 max	\$32/\$64 max
Inpatient Services	None	None	None	None
Office Visit (non-preventive)	None	None	None	None
Emergency Room Visit	None	None	None	None
Non-Emergency Use of ER	None	None	None	None
Prescription Drugs	None	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN MASSACHUSETTS

Benchmark: HMO with largest enrollment

Date of SPA: 2/9/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	Long-term care is limited to 100 days
Nursing Care Services	C, E	Does not cover personal care services, private duty nursing services, or nursing facility services
Case Management Services	U	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C, E	Day habilitation services are not covered
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	C	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN MASSACHUSETTS, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	>150-200% FPL	>200-250% FPL	>250-300% FPL
Premiums	\$12/\$36 max	\$20/\$60 max	\$28/\$84 max
Inpatient Services	None	None	None
Office Visit (non-preventive)	None	None	None
Emergency Room Visit	None	None	None
Non-Emergency Use of ER	None	None	None
Prescription Drugs	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None

Children living with a parent/guardian enrolled in and paying premiums for Commonwealth Care will not pay premiums for MassHealth.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN MICHIGAN

Benchmark: State employee coverage

Date of SPA: 4/1/2013

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C, LA	ABA therapy for beneficiaries ages 18 months-5 years
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	Home health limited to 120 days/year
Nursing Care Services	LQ	Skilled nursing facility limited to 120 days per admission
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	Ambulance services include transport to or from a hospital, skilled nursing facility or member's home

SEPARATE CHIP BENEFITS AND COST SHARING IN MICHIGAN, CONTINUED

Service	Coverage Code	Limitations
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	LQ	One pair every 24 months
Audiology		
Exams	LQ	Once every 36 months
Hearing Aids	LQ	Hearing aid supplies payable once every 36 months
Podiatry	C	Covered as a physician service
Chiropractic	C	

Premiums and Selected Cost Sharing	≤200% FPL
Premiums	\$10 per family
Inpatient Services	None
Office Visit (non-preventive)	None
Emergency Room Visit	None
Non-Emergency Use of ER	None
Prescription Drugs	None
Out-of-pocket maximum (other than 5%)	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN MISSISSIPPI

Benchmark: Benchmark plus additional coverage

Date of SPA: 5/5/2011

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C, E	Obesity surgery not covered
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	L\$	Nursing services limited to \$10,000/year
Nursing Care Services	L\$, LQ	Nursing services limited to \$10,000/year; 60 days skilled nursing facility per benefit period
Case Management Services	LC	For children w/catastrophic or chronic conditions
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C, E	Maintenance speech, delayed language development, or articulation disorders excluded
Hospice Care	L\$	\$15,000 per child
Dental Services		
Preventive & Restorative Services	L\$	Limited to \$1,500 per calendar year, except for accidental injury
Orthodontics	LC	Only covers accidental injury
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN MISSISSIPPI, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	Ambulance transport 72 hours after emergency/accident; also ambulance transport to a hospital in connection with inpatient care
Non-Emergency Transport	U	
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	One per ear every three years
Hearing Aids	LQ	
Podiatry	C	Palliative and cosmetic foot care not covered
Chiropractic	L\$	\$2,000/child per benefit period

Premiums and Selected Cost Sharing	≤175% FPL	176-200% FPL
Premiums	None	None
Inpatient Services	None	None
Office Visit (non-preventive)	\$5	\$5
Emergency Room Visit	\$15	\$15
Non-Emergency Use of ER	\$15	\$15
Prescription Drugs	None	None
Out-of-pocket maximum (other than 5%)	\$800	\$950

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN MISSOURI

Benchmark: Other: Medicaid equivalent with exceptions

Date of SPA: 7/1/2011

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	C	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN MISSOURI, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	LQ	One pair of glasses every 24 months
Audiology		
Exams	C	
Hearing Aids	LQ	Two new hearing aids every 4 years
Podiatry	C	
Chiropractic	U	

Premiums and Selected Cost Sharing	>150%-185% FPL	>185%-225% FPL	>225%-300% FPL
Premiums	\$21	\$70	\$172
Inpatient Services	None	None	None
Office Visit (non-preventive)	None	None	None
Emergency Room Visit	None	None	None
Non-Emergency Use of ER	None	None	None
Prescription Drugs	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None

Premiums are calculated on a sliding scale based on family size and income; these premiums are examples.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN MONTANA

Benchmark: Benchmark equivalent

Date of SPA: 10/21/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	Drugs from list must be prescribed by a physician
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	LC	Extended mental health services limited to children with a severe emotional disturbance
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LL	Certain services covered to prevent institutionalization
Nursing Care Services	LC	May be covered, but allowable conditions not specified
Case Management Services	C	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	Limited basic services available and extended services available on a case-by-case basis
Orthodontics	U	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN MONTANA, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C, E	One pair eyeglasses per year; contact lenses not covered
Audiology		
Exams	C	
Hearing Aids	LQ	One set of hearing aids per five years
Podiatry	U	
Chiropractic	C	

Premiums and Selected Cost Sharing	133-250% FPL
Premiums	None
Inpatient Services	\$25
Office Visit (non-preventive)	\$3
Emergency Room Visit	\$5
Non-Emergency Use of ER	\$5
Prescription Drugs	None
Out-of-pocket maximum (other than 5%)	\$215 per year

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN NEVADA

Benchmark: Other: Medicaid equivalent with exceptions**Date of SPA: 9/17/2012**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	C, E	Required to be provided in the managed care portion of the Nevada Check Up program; not available in FFS
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN NEVADA, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	36-150% FPL	151 -175% FPL	176-200% FPL
Premiums	\$25 per quarter, per family	\$50 per quarter, per family	\$80 per quarter, per family
Inpatient Services	None	None	None
Office Visit (non-preventive)	None	None	None
Emergency Room Visit	None	None	None
Non-Emergency Use of ER	None	None	None
Prescription Drugs	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN NEW JERSEY

Benchmark: <200% - FEHBP; 200-350% - HMO with largest enrollment

Date of SPA: 11/1/2011

Service	Coverage Code - Plans B&C (< 200% FPL)	Coverage Code - Plan D (200- 350% FPL)	Limitations
Inpatient Services	C	C	
Outpatient Services	C	C	
Physician Services	C	C	
Surgical Services	C	C	
Clinic Services & Other Ambulatory Health Care Services	C	C	
Prescription Drugs	C	C	
Over-the-Counter Medications	C	U	
Laboratory & Radiological Services	C	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	LL	Plan D: List of specified benefits covered
Disposable Medical Supplies	C	LL	Plan D: List of specified benefits covered
Inpatient Mental Health Services	C	C	
Outpatient Mental Health Services	C	C	
Inpatient & Residential Substance Abuse Treatment Services	C	C	
Outpatient Substance Abuse Treatment Services	C	C	
Home and Community-Based Health Care Services	C	C	
Nursing Care Services	C, E	C,E	Custodial nursing facility services not covered under FamilyCare B&C or Plan D; Plans B&C can receive rehabilitative services in this setting
Case Management Services	LC	U	For Plan B&C, for chronically mentally ill; not covered under Plan D
Care Coordination Services	C	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ	LQ	FamilyCare B&C & Plan D limited to 60 visits per therapy per incident per calendar year
Hospice Care	C	C	
Dental Services			
Preventive & Restorative Services	C	C	
Orthodontics	C	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN NEW JERSEY, CONTINUED

Service	Coverage Code - Plans B&C (< 200% FPL)	Coverage Code - Plan D (200- 350% FPL)	Limitations
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	C	
Premiums for Private Health Insurance Coverage	C	C	
Medical Transportation			
Emergency Transport	C	C	
Non-Emergency Transport	C	U	
Enabling Services	U	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service			
Vision			
Exams	C	C	
Corrective Lenses	C	C	Plan D: One pair of eyeglasses or contacts covered in a 24 month period, or as medically necessary
Audiology			
Exams	C	LA	Plan D: Audiology services covered for members under 16
Hearing Aids	C	LA	Plan D: Hearing aids covered for members under 16
Podiatry	C, E	C, E	Routine foot care excluded
Chiropractic	C	U	Plan D: Excluded

Premiums and Selected Cost Sharing	≤200% FPL	201-250% FPL	251-300% FPL	301-350% FPL
Premiums	None	\$42.50 per family	\$85 per family	\$142.50 per family
Inpatient Services	None	None	None	None
Office Visit (non-preventive)	\$5	\$5-\$10	\$5-\$10	\$5-\$10
Emergency Room Visit	\$10 (waived if admitted)	\$35 (waived if admitted)	\$35 (waived if admitted)	\$35 (waived if admitted)
Non-Emergency Use of ER	\$10	\$35	\$35	\$35
Prescription Drugs	\$1-5	\$5-\$10	\$5-\$10	\$5-\$10
Out-of-pocket maximum (other than 5%)	None	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN NEW YORK

Benchmark: Existing coverage

Date of SPA: 11/11/2011

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	LL	Only diabetic supplies
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	L\$	ABA covered but \$45,000/year limit
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	U	Private duty nursing and skilled nursing services not covered
Case Management Services	U	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Only for serious medical conditions
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN NEW YORK, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	Limited to one unless medically necessary
Podiatry	C, E	No routine foot care
Chiropractic	U	

Premiums and Selected Cost Sharing	≤222% FPL	223-250% FPL	251-300% FPL	301-350% FPL	351-400% FPL
Premiums	\$9/\$27 max	\$15/\$45 max	\$30/\$90 max	\$45/\$135 max	\$60/\$180 max
Inpatient Services	None	None	None	None	None
Office Visit (non-preventive)	None	None	None	None	None
Emergency Room Visit	None	None	None	None	None
Non-Emergency Use of ER	None	None	None	None	None
Prescription Drugs	None	None	None	None	None
Out-of-pocket maximum (other than 5%)	None	None	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN NORTH CAROLINA

Benchmark: Other: Medicaid equivalent with exceptions

Date of SPA: 10/1/2011

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C, E	No long-term care services
Case Management Services	LC	Services are available to those with mental health or substance abuse issues; at risk children/youth; and those with HIV
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	Available to those with severe malocclusions
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C, E	Prenatal care and childbirth are not covered
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN NORTH CAROLINA, CONTINUED

Service	Coverage Code	Limitations
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	LA	Hearing aids are not covered for those over 8
Podiatry	C, E	Routine foot care is not covered
Chiropractic	U	

Premiums and Selected Cost Sharing	≤150% FPL	>150% FPL
Premiums	None	\$50/\$100 max per year
Inpatient Services	None	None
Office Visit (non-preventive)	None	\$5
Emergency Room Visit	None	None
Non-Emergency Use of ER	\$10	\$25
Prescription Drugs	\$1-\$3	\$1-\$10
Out-of-pocket maximum (other than 5%)	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN NORTH DAKOTA

Benchmark: Benchmark equivalent

Date of SPA: 7/1/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C, E	Bone marrow transplants and other forms of stem cell rescue limited to certain conditions; limits on obesity surgery
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C, E	Oral contraceptives not covered
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	L\$	\$6,000/member/year
Disposable Medical Supplies	L\$	\$6,000/member/year
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LC	Limited to children that would require inpatient or skilled nursing facility services; no maintenance care
Nursing Care Services	LC	No maintenance care
Case Management Services	U	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LC	No maintenance care for PT/OT/ST; need of OT services reviewed after 90 days
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN NORTH DAKOTA, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	Transport between hospitals and skilled nursing facilities
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$, LQ	Frames every 24 months, \$80 limit; lenses every 12 months
Audiology		
Exams	C	
Hearing Aids	L\$, LQ	\$3,000 per child every 3 years
Podiatry	LC	For children with diabetes or circulatory disorders of the legs and feet
Chiropractic	LC	No maintenance care

Premiums and Selected Cost Sharing	≤160% FPL
Premiums	None
Inpatient Services	\$50 deductible
Office Visit (non-preventive)	None
Emergency Room Visit	\$5
Non-Emergency Use of ER	\$5
Prescription Drugs	\$2
Out-of-pocket maximum (other than 5%)	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN OREGON*

Benchmark: <200% - Medicaid 1115 waiver; 200-300% - Other: private insurance option

Date of SPA: 5/26/2011

Service	Coverage Code - Oregon Health Plan (< 200% FPL)	Coverage Code - Healthy KidsCon- nect (200-300% FPL)	Limitations
Inpatient Services	C	C	
Outpatient Services	C	C	
Physician Services	C	C	
Surgical Services	C	C, E	Healthy KidsConnect: Bariatric surgery excluded
Clinic Services & Other Ambulatory Health Care Services	C	C	
Prescription Drugs	C	C	
Over-the-Counter Medications	C	C	
Laboratory & Radiological Services	C	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	C	
Disposable Medical Supplies	C	C	
Inpatient Mental Health Services	C	LQ	Healthy KidsConnect: 45 days/year
Outpatient Mental Health Services	C	C, E	Healthy KidsConnect: ABA not covered
Inpatient & Residential Substance Abuse Treatment Services	C	LQ	Healthy KidsConnect: 45 days/year
Outpatient Substance Abuse Treatment Services	C	C	
Home and Community-Based Health Care Services	C	LQ, E	Healthy KidsConnect: 60 home health visits/year; home health aids excluded
Nursing Care Services	C	LQ	Healthy KidsConnect: 60 days/year for skilled nursing facility
Case Management Services	LC	LC	Targeted case management
Care Coordination Services	U	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	LQ	Healthy KidsConnect: 60 visits/year
Hospice Care	C	C	
Dental Services			
Preventive & Restorative Services	C	L\$	Healthy KidsConnect: \$1,750 limit/year
Orthodontics	LC	LC	Only for treatment of cleft palate

SEPARATE CHIP BENEFITS AND COST SHARING IN OREGON, CONTINUED

Service	Coverage Code - Oregon Health Plan ($< 200\%$ FPL)	Coverage Code - Healthy KidsCon- nect ($200\text{-}300\%$ FPL)	Limitations
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	C	
Premiums for Private Health Insurance Coverage	C	C	For Healthy Kids and ESI
Medical Transportation			
Emergency Transport	C	C	
Non-Emergency Transport	C	U	
Enabling Services	C	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service			
Vision			
Exams	C	C	
Corrective Lenses	C	L\$	Healthy KidsConnect: \$96 limit for single vision lenses and \$96 limit for frames
Audiology			
Exams	C	C	
Hearing Aids	LQ	C	Every 3 years for lower income group
Podiatry	LC	LC	CHIP OHP: Coverage for certain conditions; Healthy KidsConnect: Routine foot care only for individuals with diabetes
Chiropractic	C	C	

*Beginning 8/23/13 all children currently in Healthy KidsConnect will be transferred into the Oregon Health Plan. Direct coverage is at or below 300%. The transfer should be completed by 1/1/14.

Premiums and Selected Cost Sharing	201-250% FPL	251-300% FPL
Premiums	max 10% of premium	max 15% of premium
Inpatient Services	None	None
Office Visit (non-preventive)	\$10	\$10
Emergency Room Visit	\$100 (waived if admitted)	\$100 (waived if admitted)
Non-Emergency Use of ER	\$100 (waived if admitted)	\$100 (waived if admitted)
Prescription Drugs	\$10	\$10
Out-of-pocket maximum (other than 5%)	\$900/\$1800 for family	\$900/\$1800 for family

Key for coverage codes:

C=Covered; C, E=Covered and Exclusions apply; U=Uncovered, LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount LA=Limited by age; LL=Limited to a list of approved drugs or specified services LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN PENNSYLVANIA

Benchmark: Existing coverage

Date of SPA: 1/13/2012

Service	Coverage Code	Limitations
Inpatient Services	LQ	90 days/year combined for range of inpatient care; 45 days/year for inpatient rehabilitation therapy
Outpatient Services	LQ	50 visits/year combined with physician, surgical, clinic and pre-pregnancy family services
Physician Services	LQ	50 visits/year combined with outpatient, surgical, clinic and pre-pregnancy family services
Surgical Services	C, LQ, E	50 visits/year; bariatric surgery excluded
Clinic Services & Other Ambulatory Health Care Services	LQ	50 visits/year combined with outpatient, physician, surgical and pre-pregnancy family services
Prescription Drugs	LL	Closed drug formulary; exceptions allowed if medically necessary
Over-the-Counter Medications	LL	Covered when part of formulary, prescribed and medically necessary
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	L\$	Certain monetary caps based on insurer
Disposable Medical Supplies	L\$	Certain monetary caps based on insurer
Inpatient Mental Health Services	LQ	90 days/year combined for range of inpatient care with medical, medical inpatient rehab and skilled nursing services
Outpatient Mental Health Services	LQ	50 visits/year
Inpatient & Residential Substance Abuse Treatment Services	LQ	7 days per admission for detoxification, no limit on number of admissions; 90 days/year for residential treatment; outpatient sessions may be exchanged for additional residential treatment if days available
Outpatient Substance Abuse Treatment Services	LQ	90 visits/year
Home and Community-Based Health Care Services	LQ	60 visits/year
Nursing Care Services	U	
Case Management Services	C	
Care Coordination Services	LC	For children with special health care needs
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ	60 visits/year per type of therapy
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	L\$	\$1,500/year
Orthodontics	L\$	\$5,200/lifetime

SEPARATE CHIP BENEFITS AND COST SHARING IN PENNSYLVANIA, CONTINUED

Service	Coverage Code	Limitations
Prenatal Care and Pre-Pregnancy Family Services & Supplies	LQ	50 visits/year for pre-pregnancy family services combined with outpatient, physician, clinic and surgical services
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$	Monetary cap based on insurer
Audiology		
Exams	C	
Hearing Aids	LQ, L\$	One per ear every two years; certain monetary cap based on insurer
Podiatry	LC	Foot care only related to diabetes
Chiropractic	U	

Premiums and Selected Cost Sharing	>200-250% FPL	251-275% FPL	276-300% FPL
Premiums	25% of the state-negotiated rate	35% of the state-negotiated rate	40% of the state-negotiated rate
Inpatient Services	None	None	None
Office Visit (non-preventive)	\$5-\$10	\$5-\$10	\$5-\$10
Emergency Room Visit	\$25 (waived if admitted)	\$25 (waived if admitted)	\$25 (waived if admitted)
Non-Emergency Use of ER	\$25 (waived if admitted)	\$25 (waived if admitted)	\$25 (waived if admitted)
Prescription Drugs	\$6-\$12	\$6-\$12	\$6-\$12
Out-of-pocket maximum (other than 5%)	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN SOUTH DAKOTA

Benchmark: Medicaid state plan**Date of SPA: 10/19/2009**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	Limited list of OTC medications
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	LC	Provided to children eligible and enrolled in a health home
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN SOUTH DAKOTA, CONTINUED

Service	Coverage Code	Limitations
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C, E	Routine foot care excluded
Chiropractic	C	1 visit per day and 30 visits/year

Premiums and Selected Cost Sharing	141 -200% FPL
Premiums	None
Inpatient Services	None
Office Visit (non-preventive)	None
Emergency Room Visit	None
Non-Emergency Use of ER	None
Prescription Drugs	None
Out-of-pocket maximum (other than 5%)	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN TENNESSEE

Benchmark: Benchmark plus additional coverage

Date of SPA: 1/1/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	LL	Formulary
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	U	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	Limited to 125 days per plan year
Nursing Care Services	C, E	Skilled nursing facility covered; no private duty nursing
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ, LC	52 visits/year per condition; no maintenance care
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	L\$	\$1,000/year
Orthodontics	L\$	\$1,250/lifetime (not subject to dental limit)
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN TENNESSEE, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision Exams	C	
Corrective Lenses	L\$, LQ	\$85 for lenses/year; \$100 for frames every 2 years; \$150 for contact lenses/year
Audiology Exams	C	
Hearing Aids	LQ	One per ear/year up to age 5; one per ear every 2 years thereafter
Podiatry	LC	Only if necessary to prevent complications of existing disease state
Chiropractic	LC	No maintenance visits

Premiums and Selected Cost Sharing	≤150% FPL	151-250% FPL
Premiums	None	None
Inpatient Services	\$5	\$100
Office Visit (non-preventive)	\$5	\$15-\$20
Emergency Room Visit	\$5	\$50 (waived if admitted)
Non-Emergency Use of ER	\$10	\$50 (waived if admitted)
Prescription Drugs	\$1-\$5	\$5-\$40
Out-of-pocket maximum (other than 5%)	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN TEXAS

Benchmark: Other: Basic benefit package

Date of SPA: 3/1/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C, E	No gastric procedures for weight loss
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C, E	Exclusions for contraceptives prescribed only for primary and preventive reproductive health care and medications for weight loss or gain
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	L\$	\$20,000/term of coverage
Disposable Medical Supplies	L\$	\$20,000/term of coverage
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	LQ	60 days/term of coverage for skilled nursing facility
Case Management Services	LC	For children with complex/special health care needs
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	LQ	120 days maximum
Dental Services		
Preventive & Restorative Services	L\$	\$564 annual benefit maximum except for emergency dental services, preventive services and other medically necessary services
Orthodontics	LC	Limited to procedures to treat craniofacial anomalies requiring surgical intervention
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	U	
Premiums for Private Health Insurance Coverage	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN TEXAS, CONTINUED

Service	Coverage Code	Limitations
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	One pair/year
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	LC	Only for injury treatment or diabetes
Chiropractic	LQ	12 visits/year

Premiums and Selected Cost Sharing	≤100% FPL	101-150% FPL	151-185% FPL	186-200% FPL
Premiums	None	None	\$35 per year	\$50 per year
Inpatient Services	\$15	\$35	\$75	\$125
Office Visit (non-preventive)	\$3	\$5	\$20	\$25
Emergency Room Visit	None	None	None	None
Non-Emergency Use of ER	\$3	\$5	\$75	\$75
Prescription Drugs	\$0-\$3	\$0-\$5	\$10-\$35	\$10-\$35
Out-of-pocket maximum (other than 5%)	None	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN UTAH

Benchmark: Benchmark equivalent

Date of SPA:

10/25/2012

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C, E	Bariatric surgery not covered
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	LQ	25 days/year
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C, E	Home health aide services excluded
Nursing Care Services	U	
Case Management Services	U	
Care Coordination Services	LC	For children with special health care needs
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	LQ, E	20 visits/year for all therapy types combined; ST for developmental delays not covered
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	L\$, E	Limited to \$1,000 per plan year; some service exclusions
Orthodontics	LC	Covered if the client scores 30 or greater on the Salzmann Index
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	C	Under 1115 waiver
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN UTAH, CONTINUED

Service	Coverage Code	Limitations
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C, E	Only cochlear implants covered, not hearing aids
Podiatry	C	
Chiropractic	U	

Premiums and Selected Cost Sharing	≤100% FPL	101-150% FPL	151-200% FPL
Premiums	\$0	\$30 per quarter per family	\$75 per quarter per family
Inpatient Services	\$50	\$150 after deductible	20% of approved amount after deductible
Office Visit (non-preventive)	\$3	\$5	\$25-\$40
Emergency Room Visit	\$3	\$5	\$300 after deductible
Non-Emergency Use of ER	\$3	\$10	\$300 after deductible
Prescription Drugs	\$1-5% of approved amount	\$5-5% of approved amount	\$15 and 25-50% of approved amount
Out-of-pocket maximum (other than 5%)	None	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN VERMONT

Benchmark: Medicaid state plan**Date of SPA: 10/1/2011**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	C	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	LQ	In PC Plus, limited to 30 days per episode, 60 days per year; no limit specified for fee-for-service
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	Home based waivers not covered in PC Plus
Nursing Care Services	LQ	30 days per episode in PC Plus; no limit in FFS
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN VERMONT, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision Exams	C	
Corrective Lenses	LQ, LA	Under age six, one pair of eyeglass per year, over six, every two years
Audiology Exams	C	
Hearing Aids	LQ	One per ear per three years
Podiatry	C	
Chiropractic	LQ	Ten visits per year

Premiums and Selected Cost Sharing	225-300% FPL
Premiums	\$60 per family
Inpatient Services	None
Office Visit (non-preventive)	None
Emergency Room Visit	None
Non-Emergency Use of ER	None
Prescription Drugs	None
Out-of-pocket maximum (other than 5%)	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN VIRGINIA

Benchmark: Other: Modeled on state employee plan

Date of SPA: 7/1/2011

Service	Coverage Code	Limitations
Inpatient Services	C	365 days per confinement
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	365 days per confinement
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	365 days per confinement
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	LQ	90 visits/year
Nursing Care Services	LQ	180 days per confinement
Case Management Services	LC	Targeted case management
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN VIRGINIA, CONTINUED

Service	Coverage Code	Limitations
Premiums for Private Health Insurance Coverage	C	Through 1115 demonstration waiver
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	Available if necessary due to medical condition
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	LQ	At least once every two years
Corrective Lenses	L\$	Limited by dollar amount depending on lens type
Audiology		
Exams	C	
Hearing Aids	LQ	Twice every five years
Podiatry	U	
Chiropractic	L\$	\$500/year

Premiums and Selected Cost Sharing	≤150% FPL	>150% FPL
Premiums	None	None
Inpatient Services	\$15	\$25
Office Visit (non-preventive)	\$2	\$5
Emergency Room Visit	\$2	\$5
Non-Emergency Use of ER	\$10	\$25
Prescription Drugs	\$2	\$5
Out-of-pocket maximum (other than 5%)	\$180 per family	\$350 per family

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN WASHINGTON

Benchmark: Medicaid state plan**Date of SPA: 4/1/2010**

The state indicated providing an EPSDT benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	Limited to a list of covered drugs
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	LC	State plan notes limits for maternity case management without further details
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	C	
Enabling Services	C	

SEPARATE CHIP BENEFITS AND COST SHARING IN WASHINGTON, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	C	
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C	
Chiropractic	C	

Premiums and Selected Cost Sharing	200-250% FPL	251-300% FPL
Premiums	\$20/\$40 max	\$30/\$60 max
Inpatient Services	None	None
Office Visit (non-preventive)	None	None
Emergency Room Visit	None	None
Non-Emergency Use of ER	None	None
Prescription Drugs	None	None
Out-of-pocket maximum (other than 5%)	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN WEST VIRGINIA

Benchmark: Benchmark equivalent**Date of SPA: 11/7/2011**

The state indicated providing an EPSDT-like benefit, which may allow noted limits to be exceeded.

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C	
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	C	
Over-the-Counter Medications	LL	Permitted in some therapeutic classes
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	LL	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	L\$	\$30,000 limit for ABA services
Inpatient & Residential Substance Abuse Treatment Services	C, E	Residential services not covered
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	C	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	C	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C	
Orthodontics	LC	For dento-facial anomalies
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C, E	Pregnancy or delivery services excluded
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	LC	Ground or air ambulance transportation, when medically necessary, to the nearest facility able to provide necessary treatment

SEPARATE CHIP BENEFITS AND COST SHARING IN WEST VIRGINIA, CONTINUED

Service	Coverage Code	Limitations
Enabling Services	U	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	
Corrective Lenses	L\$	\$125/year for frames and lenses
Audiology		
Exams	C	
Hearing Aids	C	
Podiatry	C, E	Routine foot care excluded, except for medically necessary services for diabetics
Chiropractic	C	

Premiums and Selected Cost Sharing:	<150% FPL	150-200% FPL	>200% FPL
Premiums	None	None	\$35/\$71 max
Inpatient Services	None	\$25	\$25
Office Visit (non-preventive)	\$5	\$15-\$25*	\$20-\$25*
Emergency Room Visit	None	\$35 (waived if admitted)	\$35 (waived if admitted)
Non-Emergency Use of ER	None	\$35 (waived if admitted)	\$35 (waived if admitted)
Prescription Drugs	\$0-\$5	\$0-\$10	\$0-\$15
Out-of-pocket maximum (other than 5%)	None	None	None

*Waived when member has a designated medical home.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN WISCONSIN*

Benchmark: < 200% - Medicaid state plan; 200-300% - Benchmark equivalent**Date of SPA: 1/1/2010**

The state indicated providing EPSDT to its lower-income program and an EPSDT-like benefit to its higher-income program, which may allow noted limits to be exceeded.

Service	Coverage Code< 200% FPL	Coverage Code 200-300% FPL	Limitations
Inpatient Services	C	C	
Outpatient Services	C	C	
Physician Services	C	C	
Surgical Services	C	C	
Clinic Services & Other Ambulatory Health Care Services	C	C	
Prescription Drugs	C	LL	Generic-only formulary
Over-the-Counter Medications	LL	LL	Limited generic OTC formulary
Laboratory & Radiological Services	C	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	L\$	Up to \$2,500 per enrollment year
Disposable Medical Supplies	C	C	
Inpatient Mental Health Services	C	C	
Outpatient Mental Health Services	C	C	
Inpatient & Residential Substance Abuse Treatment Services	C	LQ, L\$	30-day limit with \$6,300 limit for stays in general hospital and \$7,000 limit for stays in Institutes for Mental Diseases
Outpatient Substance Abuse Treatment Services	C	L\$	Limited to \$7,000, with separate dollar limits for specific services
Home and Community-Based Health Care Services	C	LQ	Limited to 60 visits per year
Nursing Care Services	C	E, LQ	Private duty nurses and personal care are not covered; 30-day limit at skilled nursing home
Case Management Services	C, E	U	Targeted case management is not covered
Care Coordination Services	C, E	U	See case management
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	C	LQ	Limited to 20 visits per therapy per year
Hospice Care	C	C	
Dental Services			
Preventive & Restorative Services	C	L\$	Limited to \$750 per enrollment year; \$200 deductible (preventive and diagnostic exempt)

SEPARATE CHIP BENEFITS AND COST SHARING IN WISCONSIN, CONTINUED

Service	Coverage Code < 200% FPL	Coverage Code 200- 300% FPL	Limitations
Orthodontics	C	L\$	Limited to \$750 per enrollment year; \$200 deductible (preventive and diagnostic exempt)
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	C	
Premiums for Private Health Insurance Coverage	C	C	
Medical Transportation			
Emergency Transport	C	C	
Non-Emergency Transport	C	C	
Enabling Services	C	C	
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service			
Vision			
Exams	C	C	
Corrective Lenses	C	C	
Audiology			
Exams	C	LA	Full coverage for those 17 and younger
Hearing Aids	C	U	Hearing aids, hearing aid batteries, cochlear implants and bone-anchored hearing devices are not covered
Podiatry	C	C	
Chiropractic	C	C	

* Starting in 2014 (date pending), Wisconsin will cover those currently under the Benchmark Plan in the Standard Plan.

Premiums and Selected Cost Sharing	≤200% FPL	200-250% FPL	250-300% FPL
Premiums	\$0	\$10-\$23	\$34-\$97.53
Inpatient Services	\$3 (per day)	\$100	\$100
Office Visit (non-preventive)	\$0-\$3	\$10-\$15	\$10-\$15
Emergency Room Visit	\$0	\$60 (waived if admitted)	\$60 (waived if admitted)
Non-Emergency Use of ER	\$0	\$60 (waived if admitted)	\$60 (waived if admitted)
Prescription Drugs	\$1-\$3	\$5	\$5
Out-of-pocket maximum (other than 5%)	None	None	None

Starting at 230% FPL, premiums increase with each 10 percentage point change in the FPL.

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

SEPARATE CHIP BENEFITS AND COST SHARING IN WYOMING

Benchmark: Other: Basic benefit package

Date of SPA: 10/1/2009

Service	Coverage Code	Limitations
Inpatient Services	C	
Outpatient Services	C	
Physician Services	C	
Surgical Services	C, E	No coverage for transplants
Clinic Services & Other Ambulatory Health Care Services	C	
Prescription Drugs	LL	No coverage for non-preferred brand prescriptions
Over-the-Counter Medications	U	
Laboratory & Radiological Services	C	
Durable Medical Equipment & Other Medically-Related or Remedial Devices (exclusive of hearing aids and corrective lenses, which are listed separately below)	C	
Disposable Medical Supplies	C	
Inpatient Mental Health Services	C	
Outpatient Mental Health Services	C	
Inpatient & Residential Substance Abuse Treatment Services	C	
Outpatient Substance Abuse Treatment Services	C	
Home and Community-Based Health Care Services	U	
Nursing Care Services	C	
Case Management Services	C	
Care Coordination Services	U	
Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing, and Language Disorders	L\$	\$750 maximum benefit per year for non-rehabilitative services
Hospice Care	C	
Dental Services		
Preventive & Restorative Services	C, E	Excludes synthetic restorations on posterior teeth
Orthodontics	C	
Prenatal Care and Pre-Pregnancy Family Services & Supplies	C	
Abortion, only if necessary to save the life of the mother or if the result of rape or incest	C	
Premiums for Private Health Insurance Coverage	U	
Medical Transportation		
Emergency Transport	C	
Non-Emergency Transport	U	
Enabling Services	U	

SEPARATE CHIP BENEFITS AND COST SHARING IN WYOMING, CONTINUED

Service	Coverage Code	Limitations
Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, rehabilitative or health care service		
Vision		
Exams	C	One exam per year
Corrective Lenses	L\$	One pair of lenses and frames per year up to \$100
Audiology		
Exams	C	
Hearing Aids	U	
Podiatry	U	
Chiropractic	U	

Premiums and Selected Cost Sharing	≤150% FPL	151-200% FPL
Premiums	None	None
Inpatient Services	\$30	\$50
Office Visit (non-preventive)	\$5	\$10
Emergency Room Visit	\$5	\$25
Non-Emergency Use of ER	\$5	\$25
Prescription Drugs	\$3-\$5	\$5-\$10
Out-of-pocket maximum (other than 5%)	None	None

Key for coverage codes:

C=Covered; C, E=Covered and exclusions apply; U=Uncovered; LQ=Limited by quantity, such as number of visits or days; L\$=Limited by dollar amount; LA=Limited by age; LL=Limited to a list of approved drugs or specified services; LC=Limited by condition or diagnosis

APPENDIX 3: METHODOLOGY

States Included

This analysis examined separate CHIP programs in 37 states, as well as coverage provided through Arkansas's CHIP-funded ARKids First B Medicaid Section 1115 waiver. Arkansas's waiver plan was included because, like a separate CHIP program, it provided different benefits and cost sharing amounts than the state's Medicaid program for children. Four states, Florida, New Jersey, Oregon and Wisconsin, operated two separate CHIP programs for either different income or age groups. Also, the report did not examine separate CHIP programs that offered only premium assistance or with limited eligibility criteria, such as those that only covered pregnant women, unborn children, children with disabilities, or children who were new lawful residents.

Therefore, a total of 42 separate CHIP programs in 38 states were examined in this analysis.

Although California's separate CHIP program was still in existence at the time of this analysis, the state was not included because it was in the process of transitioning its separate CHIP program to a Medicaid expansion program.

States with separate CHIP programs that offer both unborn child coverage and coverage for other children were included in the report, although the benefits and cost sharing provided for unborn coverage were not examined. When unborn child coverage was the only coverage offered in a state's separate CHIP program, the state was excluded from this analysis. Thus, we excluded Minnesota and Rhode Island.

Additionally, Oklahoma primarily provides services to the CHIP population through a Medicaid expansion program and, although there are a small number of children enrolled in a premium assistance program under Title XXI, this separate program was not included in the analysis.

Source Documents

Each state must submit a plan for approval by the Secretary of HHS that details how the state intends to administer its CHIP program, including the benefits provided and the cost sharing required. States are asked to indicate which services they cover from a list of 28 and note any further details including limitations. Coverage of some benefits in certain states was indicated with only a checked box in the state plan, whereas other states provided longer descriptions and details on limitations in the state plan, supplemental documents, or both. Although the level of detail differs across the states, the most current state plans were used as the primary data source because they are a standardized reporting mechanism. The report focused on benefits and cost sharing existing in the programs during 2013, and the state plans were obtained either online via Medicaid.gov, sent by the Centers for Medicare and Medicaid Services, or provided directly by state officials.

When available, the data from state CHIP plans were supplemented with information from other scope of coverage documents that were requested from and provided by state officials or available publicly online. They included member benefit handbooks or descriptive tables that outlined specific details related to the benefits offered in the state's separate CHIP program. For some states, the documents outlined the benefits provided for the entire separate CHIP program, whether provided in a fee-for-service model or by a single managed care plan. However, some separate CHIP programs contract with multiple managed care plans. In these cases, the member handbook or other documents for the plan covering the largest number of enrollees was used. See Appendix 4 for information about supplemental materials.

For programs with Secretary-approved packages based on Medicaid benefits, state officials provided information regarding what, if any, differences from Medicaid existed in terms of benefits offered, limitations, and cost sharing. Additionally, for some states only the state plans were analyzed either because states offered Medicaid-based benefits in their separate CHIP program or because supplemental materials were not available.

Benefit Categorization

The 28 categories of services listed in Section 6.2 of the state plans provided the general framework of analysis. Two of the categories, 6.2.24 (“Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services”) and 6.2.28 (“Any other health care services or items specified by the Secretary and not included under this section”) were combined due to the similarity of the types of services that states reported in them.

While the benefits were generally assessed based on these service categories, there were some differences regarding how states categorized certain services in their state plans. For example, while most states listed any coverage of home health services in Section 6.2.14, the home and community-based health care services benefit category, one state instead listed home health service coverage in Section 6.2.28. In these cases, we noted the coverage in the more commonly used benefit category and coded that benefit category accordingly.

Additionally, some optional benefits of importance to children, such as vision, hearing, podiatry and chiropractic services that were generally categorized in Sections 6.2.24 and 6.2.28 of the state plans, were examined more closely and listed as separate categories of services in the tables. Also, some categories of benefits were divided into subcategories to more clearly delineate specific services and the scope of coverage offered within each category. Specifically, dental services were divided into preventive and restorative services and orthodontic services; medical transportation was subcategorized as emergency transportation and non-emergency transportation; vision services were divided into exams and corrective lenses; and hearing services were subcategorized as exams and hearing aids.

Finally, there were other benefits that were offered by some separate CHIP programs (for example, nutritional therapy or diabetes self-management training and education) that were less commonly offered and not included in the analysis.

Summary Coverage Codes

Code	Definition
C	Covered
C, E	Covered and exclusions apply
U	Uncovered
LQ	Limited by quantity, such as number of visits or days
L\$	Limited by dollar amount
LA	Limited by age
LL	Limited to a list of approved drugs or specified services
LC	Limited by condition or diagnosis

Coding Methodology

A coding methodology, as defined in the table above, was designed to concisely describe the scope of coverage offered and summarize any limitations to a specific service. Each service was assigned a code and, when applicable, multiple codes. For example, if a separate CHIP program indicated coverage of skilled nursing facility services with a limit of 120 days per admission and a \$10,000 annual limit, nursing care services would be coded as LQ, L\$. In addition to the summary codes assigned for each benefit, the state tables include a column that briefly outlines the details of any limitations, such as specific quantity or dollar limits or exclusions.

Assumptions Related to Coding

Consideration of State Plan and Supplemental Materials

In some instances, a service was not indicated as covered in the state plan, but was coded as covered (or covered with limitations) because the supplemental materials described coverage of that benefit in full or to some degree. For example, in a state where the state plan did not indicate that nursing services were covered, but the supplemental materials contained information that skilled nursing facility services were provided, the nursing services category was coded as covered (C). In other instances, coverage of a specific benefit was indicated in the state plan with merely a checked box and details about limitations were found in supplemental materials. Again, the limitation information available in the supplemental materials was taken into account. For example, if a state plan contained a checked box for durable medical equipment (DME) and no further details were listed, but the supplemental materials provided by the state indicated there was a dollar limit on DME, the service was coded as limited by dollar amount (L\$). Additionally, if a benefit was indicated as covered in the state plan but no further information pertaining to that benefit was noted in the supplemental materials, the service was coded as covered (C).

Services were coded as uncovered (U) if the benefit category was not checked off in the state plan and there was no mention of the service in any supplemental materials or these materials explicitly listed the service as excluded.

Medical Necessity

Benefits were sometimes indicated as limited by medical necessity. However, this was not taken into consideration when determining the code. Instead it was a working assumption for all benefits that services would only be provided if they were medically necessary.

Prior Authorization or Approval for Additional Services

Coverage of some benefits must be pre-authorized by the state CHIP agency or a managed care organization. However, a pre-authorization requirement was not considered a factor in coding because these requirements vary significantly, both across states and benefits, and because they are not always clearly defined in the available materials. Therefore, if plan materials indicated that a benefit was only available with pre-authorization, that service was coded as covered (C).

Also, some state materials indicated that a benefit was covered with a limit on the service quantity, but that the limit could be exceeded with prior approval. Following the assumption that medical necessity criteria were satisfied, in such cases the benefit was coded as covered (C) rather than limited by quantity (LQ). This allows readers to note differences between programs that had hard quantity limits and those where documents referenced the availability of additional services. For example, in a program where physical therapy visits were limited to 20 visits, but additional visits were available with prior approval, the benefit would be coded as covered (C).

In- and Out-of-Network Services

This analysis does not distinguish between coverage of in-network and out-of-network services or providers.

Assumptions Relating to Specific Services

- *Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)*. Because of its breadth in mandating coverage for a wide range of services, EPSDT was not examined separately as a benefit or service.

However, some CHIP programs (including Medicaid expansion states not examined here) reported providing EPSDT or EPSDT-like benefits to enrollees and are so noted in the state-specific tables and the text.

- *Vision and Hearing Services.* For both vision and hearing exams, annual exams were considered standard and exams in these categories were coded as limited by quantity (LQ) only if they were provided less frequently, such as every two years. Also, both corrective eyewear and hearing aids were nearly always categorized in state plans under Section 6.2.12 (durable medical equipment and other medically-related or remedial devices). However, this analysis reports corrective eyewear and hearing aids separately in order to provide greater detail concerning the scope of coverage of these two benefits.
- *Dental Services: Preventive and Restorative Services.* For preventive and restorative dental services, twice a year cleanings were considered standard and coded as covered (C) if offered with this frequency.
- *Hospice Services.* If a separate CHIP program offered hospice services, we coded this benefit as covered (C) rather than limited by condition (LC) because hospice services are by definition only provided to individuals with a terminal illness. Also, most typically CHIP programs offered hospice services for up to six months, and so while some programs reported day limits for hospice services, the benefit was only coded as limited by quantity (LQ) if the day limits were less than 180 days.
- *State Mandated Benefits.* As discussed above, state CHIP plans provided the framework for the service categories included in the analysis. Thus, the study does not include benefits that may be required in a certain state if they are not reflected in one of the state plan categories.

Coding Verification Process

After the coding of each benefit category was determined by the authors, the information was sent to state officials for review. Corrections, additions or other comments provided by state officials informed the final reported data.

Limitations of Analysis

Specificity and Variation of Benefit Materials and Offerings

State materials—both state plans and any supplemental documents—described the benefits offered in their programs in a wide range of ways, with some documents providing greater detail than others. Therefore the precision of the benefit coding is based on the completeness of the information contained in the materials that were available, in addition to any feedback provided by state officials during initial communications and the state review process.

Also, as noted above, some separate CHIP programs offer coverage through multiple managed care plans, not all of which were examined. Consequently, the analysis does not fully capture all of the coverage options available to every enrollee in each state's separate CHIP program.

Exclusion of Certain Benefits

As noted in the Benefit Categories section above, certain benefits offered by some programs were not included in this report. For example, some state CHIP plans reported offering benefits such as dietary and nutritional counseling, early intervention services, telemedicine services and others, yet this analysis did

not account for coverage of these types of services. Therefore it is important to note that this analysis does not serve as a completely comprehensive assessment of the totality of benefits offered in each state's separate CHIP program.

Limitations of Coding Process

While the coding approach is intended to ease comparisons across states, it did require judgments as to whether a certain benefit description fit one code or another. Consequently, others reviewing the benefits may reach different conclusions about their comprehensiveness. To protect against this and increase the reliability of the assessments, the coding was reviewed across authors.

APPENDIX 4: LIST OF SUPPLEMENTAL CHIP BENEFIT MATERIALS USED

The list below indicates whether any supplemental materials were used as data sources other than the state child health plans. The supplemental materials included evidence of coverage documents, member benefit handbooks and benefit description tables.

State	Supplemental Source Materials (documents other than state child health plans)
Alabama	ALL Kids Blue Cross Blue Shield Benefit Booklet
Arizona	None
Arkansas	None
Colorado	Child Health Plan Plus Member Benefit Booklet
Connecticut	HUSKY B Explanation of Covered Benefits
Delaware	None
Florida	StayWell Kids Member Handbook
Georgia	Georgia Department of Community Health Contract with Care Management Organization
Idaho	Idaho Health Plan Coverage Benefits Guide
Illinois	Healthcare Programs for Families Member Handbook and Illinois Department of Healthcare and Family Services Medical Provider Handbooks
Indiana	Hoosier Healthwise Package C: Children's Health Plan document
Iowa	UnitedHealthcare hawk-i Coverage Contract
Kansas	Sunflower State Health Plan Benefit Grid
Kentucky	Coventry Cares Family Choices Schedule of Benefits
Louisiana	Medicaid Services Chart
Maine	MaineCare Benefits Manual
Massachusetts	MassHealth Member Booklet
Michigan	None
Mississippi	Mississippi Children's Health Insurance Program Member Handbook
Missouri	Missouri HealthNet Managed Care Covered Medical Services and Missouri HealthNet Manual
Montana	Healthy Montana Kids Evidence of Coverage
Nevada	None
New Jersey	None
New York	Child Health Plus Benefits Package Benefit Matrix
North Carolina	Medicaid and North Carolina Health Choice Clinical Coverage Policies and Provider Manuals
North Dakota	None
Oregon	Healthy KidsConnect Member Handbook and Oregon Health Plan Provider Guidelines
Pennsylvania	Highmark Blue Cross Blue Shield CHIP Member Handbook
South Dakota	None

List of Supplemental CHIP Benefit Materials Used, continued

State	Supplemental Source Materials (documents other than state child health plans)
Tennessee	CoverKids Member Handbook
Texas	Texas CHIP Evidence of Coverage document
Utah	None
Vermont	Health Care Program Coverage Chart
Virginia	Summary of FAMIS Covered Services Table
Washington	Medicaid Provider Guides
West Virginia	Benefit description table sent by state
Wisconsin	BadgerCare Plus and Wisconsin Medicaid Covered Services Chart
Wyoming	Kid Care CHIP Blue Cross Blue Shield Member Handbook