

**Implementation of CHIP Enrollment Fee Policy
(As directed by the 79th Legislature, Regular Session, 2005)**

Summary

The Texas Legislature shifted cost sharing from monthly premium payments to an enrollment fee to be paid at initial enrollment and renewal. The Integrated Eligibility (IE) contractor will implement the enrollment fee.

Enrollment Fee Policy

- ❑ Eliminate CHIP monthly premiums.
- ❑ EZ pay would no longer be an option since it is not feasible to set-up automatic withdrawal unless the same amount is going to be deducted each month.
- ❑ The Federal Poverty Level (FPL) bands for the enrollment fee are as follows: 133%-150%; above 150%-185%; above 185%-200%. This adds a new FPL band (133%-150%).
- ❑ Eliminates cost sharing, with the exception of co-payments, for families with incomes less than 133% FPL.
- ❑ Continue to exempt Native Americans and Alaskan Natives from cost sharing, including co-payments.

Initial Enrollment

- ❑ New enrollees will have to pay their enrollment fee before they may be enrolled.

Renewal

- ❑ Payment of the enrollment fee is required to re-enroll in CHIP.
- ❑ HHSC will suspend CHIP enrollment for up to three months if the family fails to pay the enrollment fee.
- ❑ If the family pays within three months, a new 6-month enrollment period begins and the child is not subject to the 90-day waiting period.

Enrollment Fee Amounts

CHIP ENROLLMENT FEE FOR 6-MONTH ELIGIBILITY PERIOD	
Federal Poverty Level (FPL) Band	Charge
At or below 133% of FPL (Native Americans and Alaskan Natives)	\$0
133% - 150% of FPL	\$25
Above 150% - 185% of FPL	\$35
Above 185% - 200% of FPL	\$50

CHIP COST SHARING	
*Six-Month Enrollment Fees:	Charge
<u>At or below 133% of FPL</u>	<u>\$0</u>
<u>133% up to and including 150% of FPL</u>	<u>\$25</u>
<u>Above 150% up to an including 185% of FPL</u>	<u>\$35</u>
<u>Above 185% up to and including 200% of FPL</u>	<u>\$50</u>
<u>Co-Pays (per visit):</u>	Charge
At or below 100% of FPL	
Office Visit	\$3
ER	\$3
Generic Drug	\$0
Brand Drug	\$3
Co-pay Cap	1.25% (of family's income)
Facility Co-pay, Inpatient	\$10
Facility Co-pay, Outpatient	\$0
101% to 150% of FPL	
Office Visit	\$5
ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Co-pay Cap	1.25% (of family's income)
Facility Co-pay, Inpatient (per admission)	\$25
Facility Co-pay, Outpatient	\$0
151% to 185% of FPL	
Office Visit	\$7
ER	\$50
Generic Drug	\$5
Brand Drug	\$20
Co-pay Cap	2.5% (of family's income)
Facility Co-pay, Inpatient (per admission)	\$50
Facility Co-pay, Outpatient	\$0
186% to 200% of FPL	
Office Visit	\$10
ER	\$50
Generic Drug	\$5
Brand Drug	\$20
Co-pay Cap	2.5% (of family's income)
Facility Co-pay, Inpatient (per admission)	\$100
Facility Co-pay, Outpatient	\$0

*Effective with the implementation of the Integrated Eligibility and Enrollment Broker