Delaware Health and Social Services
Division of Social Services

August 25, 1999

Rick Fenton
Deputy Director
Family and Children's Health Program Group
Health Care Financing Administration
S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: SCHIP State Plan Amendment DHCP 99-1

Dear Mr. Fenton:

Enclosed is SCHIP State Plan Amendment DHCP 99-1. The purpose of this amendment is to eliminate the six month waiting period for families who fail to pay their premiums. The current plan specifies that if premiums have not been paid for two months, the HBM will suspend eligibility and enrollment in the MCO will end. The family will then be ineligible for six months from the date of suspension and disenrollment, unless they demonstrate good cause, as defined by the State, for non-payment of premiums. The Plan is being amended to specify families who do not pay the premiums may re-enroll at any time without penalty, with the re-enrollment starting with the first month for which the premium is paid.

Comments as a result of the Governor's Office review will be forwarded by separate correspondence.

Please return the approved copy of the Amendment to:

Elaine Archangelo
Director, Division of Social Services
Designee for Gregg C. Sylvester, MD, Secretary
Department of Health and Social Services
P.O. Box 906
New Castle, DE. 19720-0906

Sincerely,

Elaine Archangelo
Elaine Archangelo, Director
Designee for Gregg C. Sylvester, MD
Secretary

Enclosures
EA/sls
cc: Edward Hickey, Contracts Manager, DMS

Steve Groff, Administrator, DMS

Section 4 - continued

4.3 Describe the methods of establishing eligibility and continuing enrollment
(Section 2102(b)(2))

Eligibility and redeterminations of eligibility will be conducted by staff under the administration of the Title XIX / Medicaid program consistent with those activities for Medicaid applicants / recipients.

Individuals will be enrolled with MCOs using the same Health Benefits Manager and the same process of enrollment as is used by Delaware's Diamond State Health Plan. Individuals will be given a time frame to choose an MCO, and then, in the absence of any indication of choice, will be automatically assigned to an MCO based on location and availability of providers.

The application form for Delaware's Title XXI program will be incorporated into the Medicaid application so that there is no need to apply separately after a determination of Medicaid eligibility is completed.

Eligibility will always be determined, as defined in the remainder of this section, by staff under the administration of the Title XIX/Medicaid program, using abbreviated, mail-in applications and outstationing eligibility staff at various sites. On a daily basis, the information on all Title XIX and Title XXI clients will be electronically transferred to the State's Health Benefits Manager and the State's Fiscal Agent. The Health Benefits Manager will mail information regarding all available MCO choices to the client. As with Title XIX, clients eligible under Title XXI will have an enrollment application that pre-selects an MCO for them. If written or verbal contact is not made by the client to the HBM within thirty (30) days of their eligibility start date, they will be assigned to the pre-assigned MCO. The HBM does a follow-up telephone contact 20 days after the first notice. All information from the HBM to the Title XXI eligible will carry the name of the Title XXI program and will be separate and distinct from Title XIX information.

Applicants who have been uninsured less than 6 months will be given a time when their pending application for the program can be approved. ~~*If children have been enrolled in DHCP, but premiums have not been paid for two months, the HBM will suspend eligibility and enrollment in the MCO will end. The family will then be ineligible for six months from the date of suspension and disenrollment, unless they can demonstrate good cause, as defined by the State, for non-payment of*~~

~~*premiums.*~~ *Families who do not pay the premiums may re-enroll at any time without penalty, with the re-enrollment period starting with the first month for which the premium is paid*