

Draft Preprint- Addition of SCHIP Coverage for Prenatal Care and Associated Health Care Services to the State Child Health Plan

State/Territory: Minnesota
(Name of State/Territory)

Section 4. Eligibility Standards and Methodology. (Section 2102(b))

4.1.2.1 Age: Conception through birth

4.1.3.1 Income:
0 % of the FPL (and not eligible for Medicaid) through 275 % of the FPL

*Through a Medicaid Expansion

Effective Date: 11/01/02 (date costs begin to be incurred)
Implementation Date: 11/01/02 (dates services begin to be provided)

Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

9.10. Please provide a 1-year projected budget for *all* targeted low-income children covered under the state plan using the attached financial form. Additionally, please provide the following:

Total 1- year cost of adding prenatal coverage:
Total Cost 11/01/02 – 06/30/03 \$7,555,540

Estimate of unborn children covered in year 1:
Estimate unborn children covered 11/01/02 – 06/30/03 3793

Effective Date:

11/01/02 Approval Date:

SCHIP Budget Plan Template

	Federal Fiscal Year Costs
Enhanced FMAP rate	65%
Benefit Costs	
Insurance payments	
Managed care	
per member/per month rate @ # of eligibles	3793 x \$465 x 4 mos
Fee for Service	
Total Benefit Costs	\$ 7,055,540
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	\$ 7,055,540
Administration Costs	
Personnel	
General administration	
Contractors/Brokers (e.g., enrollment contractors)	
Claims Processing	
Outreach/marketing costs	
Other	
Total Administration Costs	\$ 500,000
10% Administrative Cost Ceiling	\$ 641,413
Federal Share (multiplied by enh-FMAP rate)	\$ 4,911,101
State Share	\$ 2,644,439
TOTAL PROGRAM COSTS	\$ 7,555,540

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

Effective Date:

11/01/02 Approval Date: