



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

April 22, 2020

Ms. Ticia Jones
Division of State Covered Programs
Centers for Medicare & Medicaid Services
7500 Security Blvd., MS S2-01-16
Baltimore, MD 21244

RE: Disaster Relief State Plan Amendment (SPA) Submission- Pennsylvania 2020-01

Dear Ms. Jones:

The Pennsylvania Department of Human Services (DHS) writes to request approval of its Disaster Relief State Plan Amendment as related to the Novel Coronavirus (COVID-19). COVID-19 was declared a public health emergency on January 31, 2020 (retroactive to January 27, 2020), and later a national emergency on March 13, 2020. On March 6, 2020, Governor Wolf issued a [disaster declaration](#) in response to the presence of the COVID-19 coronavirus in Pennsylvania.


The provisions identified in the attached Disaster Relief SPA represent flexibilities that Pennsylvania needs or may need through the duration of the COVID-19 public health emergency. Because circumstances surrounding the COVID-19 emergency remain quite fluid, DHS may enact some flexibilities initially and reserve other flexibilities to use as needs arise. Consistent with Section 1 of the President's March 13, 2020 national emergency declaration, DHS requests an effective date of March 1, 2020 for this Disaster Relief SPA.

As stated within the Disaster Relief SPA, DHS will inform CMS when it intends to exercise flexibilities listed within the Disaster Relief SPA. Upon approval, DHS intends to implement the following flexibilities immediately:

- Allow enrollees to receive services beyond their certification period by extending CHIP renewal deadlines;
- Temporarily delay acting on certain changes in circumstances;
- Accept self-attestation and conduct post-enrollment verification;
- Allow individuals to provide a reasonable explanation of inconsistencies in lieu of requiring paper documentation;
- Extend deadlines for submitting verification at renewal;
- Temporarily suspend application of co-payments related to COVID-19 testing, screening and treatment services; and,
- Temporarily delay payment of premiums (and/or delay payment of premium balance).

If you have any questions concerning this amendment, please feel free to contact Ms. Patricia Allan, CHIP Executive Director, at (717) 705-0542 or pmallan@pa.gov.

Sincerely,


Teresa D. Miller
Secretary

OFFICE OF THE SECRETARY

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under **section** 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Pennsylvania

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Titles XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Teresa D. Miller

Position/Title: Secretary, Human Services

Name: Sally A. Kozak

Position/Title: Deputy Secretary, Human Services

Name: Patricia Allan

Position/Title: Executive Director, CHIP

*Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Section 1. General Description and Purpose of the Children’s Health Insurance Plans and the Requirements

- 1.4.** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: May 28, 1998

Implementation Date: June 1, 1998

SPA #20-0001 Purpose of SPA: To implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in state or federally declared disaster areas. Due to COVID-19, the state is notifying CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable state and federally declared disaster area.

Proposed effective date: March 1, 2020

Proposed implementation date: March 1, 2020.

On March 6, 2020, Governor Wolf issued a disaster declaration in response to the presence of COVID-19 in Pennsylvania. Because CHIP is designed to provide benefits for whole months, CHIP is requesting an implementation date of March 1, 2020. In this SPA, the state requests the following flexibilities with an effective date of March 1, 2020 and an extension of them throughout the duration of the disaster:

- Allow enrollees to receive services beyond their certification period by extending CHIP renewal deadlines;
- Temporarily delay acting on certain changes in circumstances;
- Accept self-attestation and conduct post-enrollment verification;
- Allow individuals to provide a reasonable explanation of inconsistencies in lieu of requiring paper documentation;
- Allow for extensions to the reasonable opportunity period to provide documentation of immigration status verification;
- Extend deadlines for submitting verification at renewal;
- Temporarily suspend application of co-payments related to COVID-19 testing, screening and treatment services; and,
- Temporarily delay payment of premiums (and/or delay payment

of premium balance).

The State requests the following flexibilities for future implementation if necessary:

- Adopt a broader reasonable compatibility standard for consistencies in income when the self-attested income is at or below the income eligibility limit, and the actual income is above the applicable income eligibility limit.
- Temporarily suspend specified verification requirements at application and renewal; and,
- Temporarily extend the processing of renewals.

Section 4. Eligibility Standards and Methodology

4.3. Methodology. Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42 CFR 457.350)

CHIP **insurance** Contractors enter application data into the Commonwealth's CHIP Processing System (CAPS). CAPS is the automated system developed by the Department for the purpose of determining eligibility for CHIP. Applications for enrollment and re-enrollment are received via: the internet through the Commonwealth of Pennsylvania's Access to Social Services (COMPASS) portal; telephone through calls to the statewide customer service center; electronic referrals from the Medicaid agency; or, a mail-in process. Data matches with other agencies, health insurance carriers, and employers are conducted after an application is entered into CAPS and prior to a final determination of eligibility.

Through our past SPA, the Commonwealth initiated the verification of citizenship through a match with the Social Security Administration. Pennsylvania assures that it will continue to follow the process outlined in Section 211 of the **Children's Health Insurance Program Reauthorization Act (CHIPRA)**.

To facilitate cross matches between information technology systems, Social Security numbers will be required on applications. If an applicant does not yet have a Social Security number or fails to include a Social Security number, the insurance contractor will conduct outreach to the applicant to obtain the number. An application will not be delayed nor denied due to the absence of the Social Security number. The demographic information from

the application will be forwarded to the Social Security Administration to try to obtain any number that is not provided by using the enumeration process.

Insurance contractors enroll children on a prospective basis on the first of each month. **Insurance contractors** are provided with the CHIP Procedures Manual and other forms of instruction (i.e. CHIP Transmittals) which prescribe the methods and procedures to be used in the determination of eligibility. **The CHIP procedures manual** prescribes:

- Basic eligibility requirements relating to income, age, residency, citizenship, and the lawful status of non-citizens;
- Verification requirements (required for income if not verifiable through data exchange matches, U.S. citizenship and proof of qualified alien status only unless, in the judgment of the **insurance contractor**, other verification is needed to clarify incomplete or inconsistent information provided on the application);
- Application processing standards (a decision on eligibility or ineligibility must be made within fifteen calendar days from the receipt of a complete application); **and**
- Notification requirements for notices of eligibility, ineligibility, renewal and termination.

In the event of a State or Federally declared disaster, the Commonwealth will notify CMS of the intent to provide temporary adjustments to its eligibility and enrollment policies, the effective dates of such adjustments, and the name of the counties or locations of the areas impacted by the disaster.

At the Commonwealth's discretion, requirements related to timely processing of renewals and deadlines for families to respond to renewal requirements may be temporarily waived for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area.

At the Commonwealth's discretion, the Commonwealth may temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area. The Commonwealth will continue to act on changes in circumstances related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, aging out of CHIP, and becoming eligible for Medicaid.

Section 8. Cost-Sharing and Payment

- 8.2.** Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or

time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42 CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c))

Children with a family net income of 208% of the FPL or less are not subject to any cost sharing requirements.

8.2.1. ☒

Premiums:

If the family net income is determined to be above 208% of the FPL, the family will be required to share in the cost of the coverage. The negotiated rate for calendar year 2019 is expected to average approximately \$258.00 per month statewide. The per child monthly premiums are:

Rates Effective 12/1/2018 -2/28/2020				
	Listed in SPA		Actual Weighted Average	Variance
Full Cost	\$ 258.00		\$ 205.00	-21%
Low 1	\$ 55.00		\$ 51.00	-7%
Low 2	\$ 77.00		\$ 72.00	-6%
Low 3	\$ 88.00		\$ 82.00	-7%

Full cost of coverage as negotiated by the Commonwealth with each of the contractors.

This (>314% coverage) is a full payment program and is not included in any Title XXI funding.

Premiums are due to the contractors on an established date prior to the first of the month for which premiums are paid.

At the Commonwealth’s discretion, premium payment due dates may be temporarily extended for CHIP applicants and existing beneficiaries who reside and/or work in a State or Federally declared disaster area.

8.2.3. ☒

Coinsurance or copayments:

Coinsurance is not applicable

Copayments: For children in families with net income greater than 208% of the FPL, but less than 314% of the FPL, the Commonwealth has established reasonable copayments for all services except for the following: well-baby; well-child; immunizations; pregnancy related services; or emergency care that results in admissions.

Copayments are as follows:

Primary Care visits	\$5
Specialists	\$10
Emergency Care	\$25 (waived if admitted)
Prescriptions	\$6 for generic and \$9 for brand names

Copayments for office visits are limited to physical health and do not include routine preventive and diagnostic dental services or vision services. Emergency care visits for mental health or substance use disorder services may be subject to the \$25 emergency care copayment. Copayments will be due at the point of service.

At the Commonwealth's discretion, cost sharing may be temporarily waived for CHIP applicants and existing beneficiaries who reside and/or work in a State or Federally declared disaster area.

- 8.7.** Provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42 CFR 457.570 and 457.505(c))

At the Commonwealth's discretion, the premium lock-out policy is temporarily suspended, and coverage is available regardless of whether the family has paid their outstanding premium for existing beneficiaries who reside and/or work in a State or Federally declared disaster area.

CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State CHIP agency will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state's current MAGI-based verification plan, during the following period: **starting 3/1/2020 through the end of the state declared disaster**.

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the [CMS Disaster Preparedness Toolkits](#).

STATE: Pennsylvania
Effective Date: 3/1/2020

Section A – Verification Procedures for Factors of Eligibility

Income-related Verification Processes - Reasonable Compatibility and Documentation:

The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): _____

The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below): **when the family cannot provide verification and the family resides and/or works in the state declared disaster area**.

The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: **over a 90-day period after the conclusion of the state declared disaster**.

Non-Income-related Verification Processes:

The agency will accept attestation for the following non-income related factors of eligibility:

Residency

Age/Date of Birth

Household composition

Receipt of other coverage (such as Medicare)

Other (as permissible under applicable statute and regulations): _____

The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):

Residency (Time Period: **90 days after the conclusion of the declared disaster**)

Age/Date of Birth (Time Period: **90 days after the conclusion of the declared disaster**)

Household composition (Time Period: **90 days after the conclusion of the declared disaster**)

Receipt of other coverage (such as Medicare) (Time Period: **90 days after the conclusion of the declared disaster**)

Other (as permissible under applicable statute and regulations): _____
/(Time Period: _____)

Section B – Use of Electronic Data Sources

_____ The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

- Internal Revenue Service
- Social Security Administration (SSI and SSDI)
- State Wage Income Collection Agency
- State Unemployment Compensation
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- The Work Number/TALX
- PARIS
- Other: _____

_____ Additional Information/Changes: _____

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

_____ Other: _____