

## ILLINOIS HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY (HIFA) INITIATIVE FACT SHEET

**Name of Section HIFA 1115 Demonstration:** KidCare Parent Coverage  
**Waiver Number:** 21-W-00011/5 and 11-W-000159/5

**Date Original Proposal Submitted:** February 15, 2002  
**Date Original Proposal Approved:** September 13, 2002  
**Date Originally Implemented:** October 1, 2002\* for Rebate and parent coverage up to 49% of FPL, July 1, 2003 increase for parent coverage up to 90% FPL, September 1, 2004 increase for parent coverage up to 133% FPL

**Date Expires:** September 30, 2007

**Date HIFA Amendment #1 Submitted:** August 1, 2003 Rebate (funded by Title XIX only) expansion from 185% to 200% FPL October 15, 2002

**Date HIFA Amendment #1 Approved:** January 16, 2004

**Date HIFA Amendment #1 Implemented:** February 1, 2004

### Background

- The Illinois Medicaid program provides health care coverage to pregnant women and children and parents who are not pregnant. The Medicaid program includes no copayments or premiums at the minimum Federal income levels.
- Illinois also has a combination SCHIP program that has two plans under the separate child health program component, KidCare Share and KidCare Premium. Families with children enrolled in KidCare Share pay small copayments for services, and families with children enrolled in KidCare Premium pay modest premiums to the State in addition to small copayments.

### Amendment

- **Amendment # 1** – This amendment allowed eligibility expansion coverage for children with family incomes from 185 percent to 200 percent of FPL in the KidCare Rebate premium assistance program

effective January 16, 2004. In addition, approval was granted for the elimination of co-payments on generic drugs for Medicaid –eligible adults within the demonstration.

**Eligibility**

<b>Population</b>	<b>Upper FPL – Approved</b>	<b>Upper FPL- Implemented</b>	<b>Funding source</b>	<b>Expansion since January, 2002 (Y/N?)</b>
Children 0-18 with employer sponsored or private insurance who elect Rebate	Above the Medicaid mandatory level – 200% FPL	same	Title XIX	Y
Children 0-18 with employer sponsored or private insurance who elect direct	133-185% FPL	same	Title XIX	Y
Parents with employer sponsored or private insurance who elect Rebate	Above the Medicaid mandatory level to the Medical Assistance – No Grant (MANG) standard (approximately 32% FPL) and Above the MANG standard - 185% FPL	N/A	Title XIX	Y
Parents with employer sponsored or private insurance who elect direct coverage	Above the MANG standard – 185% FPL	Up to 49%FPL, October 1, 2002, up to 90% FPL, July 1, 2003	Title XIX	Y
Children 0-18 without employer	Above the Medicaid mandatory	same	Title XXI	Y

sponsored or private insurance who elect Rebate	level – 185% FPL			
Parents without employer sponsored or private insurance who elect Rebate or direct	Above the MANG standard – 185% FPL	N/A	Title XXI	Y
Participants in the Illinois Comprehensive Health Insurance Program	0-185% FPL	same	Title XXI	Y
Participants in Illinois Hemophilia Program	0-185% FPL	same	Title XXI	Y

**Enrollment**

(Enrolled as of 9/30/07)

- **Title XIX funded:** 25,602
- **Title XXI funded:** 275,604

**Benefits/Cost Sharing**

- Individuals enrolling in the program will generally be given a choice of receiving direct state coverage or receiving premium assistance to purchase coverage from his/her employer.
- For those individuals eligible under the parent expansion who choose premium assistance, the benefit package will cover at a minimum, physician and inpatient hospital services and will be defined by their private or employer-sponsored insurance company. Cost-sharing will be set by their private or employer based coverage. Coordination with private and employer-sponsored insurance is an important feature of the HIFA initiative.
- For those individuals under the parent expansion who choose direct State coverage, the benefit package will be comprehensive and will be substantially the same as that available to their children with the exception of home and community based waiver services and abortions. For

- expansion parents with incomes at or below 133 percent of the FPL, cost sharing will be the same as for adults in the state's Medicaid program. For expansion parents with incomes above 133 percent of the FPL, cost sharing will be the same as for adults in the state's SCHIP program.
- For the uninsurables, the State will provide a benefit package that includes inpatient, outpatient, physician's surgical and medical services, laboratory and x-ray services, and pharmacy. Premiums for the uninsurables vary by gender, age, area of residence and deductible amount. Coinsurance is 20 percent for preferred providers and 40 percent for other providers.
  - For the hemophiliacs, the State will provide a primary care benefit package and will also include visits at hemophilia centers, blood derivatives and coagulant factor replacement for use in hospitals, in medical and dental facilities, or at home, outpatient hospital services, physician services, medical supplies and appliances.

### **Delivery System**

- The State plans to use the delivery systems in place for Medicaid and SCHIP.

### **Funding Projections**

Funding for the five-year demonstration period is:

- Title XIX: \$209.4 million
- Title XXI: \$889.1 million

### **CMS Contacts:**

Wanda Pigatt-Canty, 410-786-6177, wanda.pigattcanty@cms.hhs.gov  
Susan Gratzer, 410-786-8694, Susan.Gratzer@cms.hhs.gov