

CHIPRA – FREQUENTLY ASKED QUESTIONS

What is CHIPRA?

CHIPRA is the Children’s Health Insurance Program Reauthorization Act of 2009. It was passed by Congress and signed into law on February 4, 2009, increasing federal funding for, and making myriad changes to, the CHIP program that has existed for some time.

What does CHIPRA require of group health plans?

As of April 1, 2009, group health plans must provide a new special enrollment period (SEP). Over a decade ago, another law, HIPAA, allowed individuals to enroll in a group health plan outside the annual open enrollment period under certain circumstances. These opportunities are referred to as SEPs. CHIPRA extends a new SEP to employees or dependents who either:

- were eligible for coverage under a state Medicaid or CHIP program, but have lost eligibility and therefore coverage under that program; or
- become eligible for group health plan premium assistance under a state Medicaid or CHIP program.

What is “group health plan premium assistance under a state Medicaid or CHIP program”?

Part of CHIPRA creates a new premium assistance program under which a state may provide funding through Medicaid or CHIP to help pay group health plan premiums for certain individuals.

How long is the SEP under CHIPRA?

Employees must request coverage of themselves and/or their dependents under the group health plan within 60 days of the loss of Medicaid or CHIP coverage or the date of eligibility for premium assistance.

What do employers need to do?

If an employee requests the new CHIPRA SEP for himself or herself and/or his or her dependent, please determine if the request is timely as you would with other SEPs. If the request is timely, please add the employee or dependent as you would others added subject to an SEP, adding a notation of “CHIPRA.”

Also, please distribute the notice on the reverse, describing the new CHIPRA SEP, to your employees who are eligible for group health plan coverage, whether or not they currently are enrolled. The new SEP right will begin to be incorporated into your benefit booklets in the near future.

NOTICE OF NEW SPECIAL ENROLLMENT PERIOD

As of April 1, 2009, our group health plan is subject to a new special enrollment period. A special enrollment period is an opportunity for certain individuals, who otherwise are eligible for, but have not enrolled in a group health plan, to enroll outside the group health plan's annual open enrollment period.

This new special enrollment period is available to you or your eligible dependent if either:

- you or the dependent loses coverage under either a Medicaid plan under title XIX or under a state child health plan (CHIP) under title XXI of the Social Security Act due to a loss of eligibility for that program's coverage; or
- you or the dependent becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under title XIX or under a state child health plan (CHIP) under title XXI of the Social Security Act.

In either of the above situations, you or the dependent has 60 days from the date of the triggering event described above to exercise the special enrollment right.