



LIFT Perspective

Role of Government Series

February 15, 2007

CHIP Application Form: Are Four Pages *Really* a Barrier?

Background

Several bills seek to amend the Health and Safety Code so that the continuous eligibility period for the Children’s Health Insurance Program (CHIP) is extended from six to twelve months. Many of them also attempt to reduce the 90-day waiting period between the time a child enrolls in CHIP and the time they can start receiving services under the program, and would allow families to deduct child-care and work-related expenses from the calculation of their income that is used to determine eligibility.

Currently, families are required to renew their CHIP eligibility every six months, and are sent a renewal form at least two months before their existing six-month period of eligibility expires. The renewal form that families receive is already filled in with information that the family provided on their previous applications, which means that a minimum amount of information – usually just income and assets - is required to be filled-in by renewing clients (see Box A, below).

Barriers to Enrollment?

Representative Garnet Coleman (D-147), arguing that six-monthly renewals constitute a barrier to re-enrollment, contends that if the state does not “repeal the barriers in the statute, the number of children in CHIP will remain exactly the same.”¹ However, renewing every six months can hardly be described as a “barrier” that prevents eligible families from accessing the program. In fact, an analysis of CHIP enrollment data shows

¹ “House Dems Calls for Restoring CHIP,” *Austin American-Statesman*, January 24, 2007.

that at 326,231, total enrollment in December 2006 was the highest it had been since September 2005² – hardly the sign of a program that is plagued by barriers to enrollment.

Lt.Gov. David Dewhurst has rightly pointed out that few Texans will “have a lot of sympathy for someone that can’t fill out a two-page application form every six months.”³ To categorize this minimal effort as a barrier is nothing more than an attempt to tarnish a practical and necessary requirement to preserve the integrity of the program.

Box A (below) contains information provided to help CHIP recipients complete their renewal forms. Since most fields on the renewal application form are already filled with information that that the applicant has already provided, it is typically just the sections highlighted in Box A that require completion by renewing families.

Box A: HHSC Guidance Notes for CHIP Renewal Application⁴

Please read carefully all the information you have received. If your application to continue your CHIP/Children's Medicaid coverage is not complete, your child's coverage could end.

Make sure all the questions on the application have an answer.

- Some boxes have already been filled in. If you need to make a change, mark through the incorrect information, then write in the correct information. Please print as clearly as possible. (See example.)
- Do not leave any questions blank. Missing information may cause a delay in processing your application.

Double-check these sections.

- Section 6**
Make sure that ALL income for each parent, step-parent, and children with current income is listed and you mark the box showing how often the person gets paid. (See example.)
- Section 9**
Make sure you fill out all information about assets. Don't forget to enter a dollar figure at the bottom of the page. (See example.)
- Section 14**
Make sure you sign and date your application. (See example.)

FOR OFFICE USE ONLY
CBO Number

Application for Children's Medicaid and Children's Health Insurance Program (CHIP)

1 Use blue or black ink only.
 Your Name: JOHN S. DOE
 Your Social Security Number (optional): _____
 Home Address: 5211 HUMMINGBIRD LN 1234 LOUIS LANE Apt./Lot #: 31 B
 City: AUSTIN State: TX Zip Code: 78781 County: TRAVIS

6 INCOME Please list all parents, step-parents and children's CURRENT income in this section. Include income received from jobs, social security (retirement, survivors and disability), child support, alimony, and the Temporary Assistance for Needy Families (TANF). You must send proof of each income source. This may include a copy of a pay stub from the last 60 days, the most recent tax return, child support check, proof of unemployment, or a letter from an employer who can verify your income and how often you get paid. Please do not send originals with your application.

Name of person receiving income	Employer's name OR source of income	How much?	How often?
<u>JOHN S. DOE</u>	<u>ABC SERVICES</u>	<u>\$1,212.31</u>	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Every 3 Weeks
<u>JANE W. DOE</u>	<u>CHILD SUPPORT</u>	<u>\$ 200</u>	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Every 3 Weeks
		\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Every 3 Weeks
		\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Every 3 Weeks

9 Answer the following questions based on the ASSETS OF THE APPLYING CHILD(REN)'S PARENTS LIVING IN THE HOUSEHOLD. If no parents are in the household, answer the questions based on THE CHILD(REN)'S ASSETS ONLY. Expectation of your family's income, we may need to ask you more information about the vehicles you own or are leasing.

a. Are counting your first vehicle, do you have another car, truck or other vehicle worth more than \$5,000? Yes No

b. Please write the Make, Model and Year for each vehicle you family owns or is leasing. Please write "N/A" in the table below if your family does not own or is not leasing a vehicle. If your vehicle is NOT operable do NOT list it below. Do not list cars that are leased.

MAKE (Make)	MODEL (Model)	YEAR
<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>
<u>MAZDA</u>	<u>PROTEGE LX</u>	<u>1998</u>
<u>FORD</u>	<u>TAURUS SE</u>	<u>1993</u>

c. Enter the amount in bank accounts, cash on hand or anywhere else. Write a \$0 if you **DO NOT** have money in bank accounts, cash on hand or anywhere else.

Total Amount: 0

Signatures required. If you do not sign and date this application, your children cannot be offered health care coverage. I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is found to be subject to criminal prosecution.

14 John S. Doe 5/10/06
SIGNATURE (REQUIRED) DATE (REQUIRED)

Filling in a limited number of sections every six months on what is, at most, only a four-page form is clearly not so arduous that it should cause eligible families not to renew their child's enrollment. [The complete four page form is attached as an appendix]

² Health and Human Service Commission CHIP enrollment data.

³ “Getting Texas Children Back in the CHIPs,” *Denton Record Chronicle*, January 29, 2007.

⁴ “Helpful Tips” Brochure, available at: http://www.chipmedicaid.org/files/CHIP_Medicaid_Re-enrollment_Broch.pdf

While critics frequently cite the renewal form as a barrier, consistently lacking is a precise explanation of *how or why* having to fill in a form prevents people from re-enrolling.

Getting almost any job would require someone to complete an application. Following this line of reasoning, any family enrolled on the CHIP program is also incapable of applying for a job. The State of Texas Application for Employment form – completion of which is necessary to apply for almost any job with a state agency – is four pages. None of these pages are filled in before the applicant receives the form, yet this form is not held up as a “barrier” to people being employed by the state.

Furthermore, the CHIP application doesn’t require any specialized knowledge other than one’s personal information. The application is not an IQ test. For instance, Section Three of the form simply requires the full name of each child to be covered be provided. Section Six asks for the full name of each parent and step-parent who lives with the children. Section Five is entirely optional.

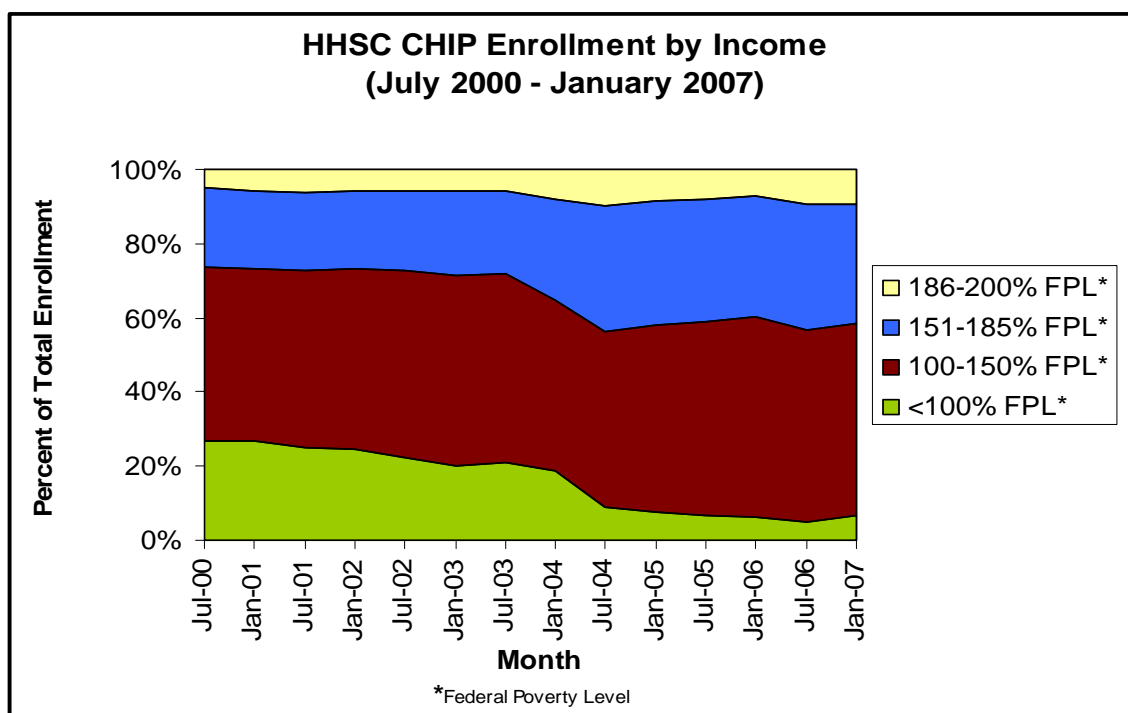
Given the ease with which any individual could re-apply for CHIP, what does the argument proffered by liberal advocacy groups and legislators imply about those who apply for CHIP?

Despite the alleged CHIP application “barrier”, more than 325,000 children are enrolled in CHIP as of February 2007, and an average of 25,000 families successfully completed the renewal process every month over the past year.

Although it is true that CHIP enrollment has declined since its high of more than half a million in May 2002, this decline has arisen not because of a short renewal form that is largely completed for the enrollee, but rather, because many families in Texas are no longer qualify for the program. When CHIP was launched in July 2000, over a quarter of enrolled families earned less than the Federal Poverty Level (FPL); today, according to the Health and Human Services Commission (HHSC), just 6.8% of CHIP families earn below the FPL.⁵

This pattern is illustrated in the chart below. CHIP enrollees earning less than the FPL (shown in green) have declined as a percentage of total enrollment throughout almost the entire existence of the program. Enrolled families earning between 100% and 150% of the FPL (shown in brown) have remained stable at around 50% of total enrollment throughout, while enrollment of families earning 151% to 200% of FPL (shown in blue and white) has shown the largest growth. Notably, this group has grown from representing just 27.2% of enrollment in July 2000, to accounting for 41.6% of enrollment today. In short, 2 in 5 CHIP families currently earn more than one-and-a-half times the FPL, while fewer than 1 in 10 earn less than the FPL.

⁵ CHIP Enrollment by Income Group (February 2007); <http://www.hhsc.state.tx.us/research/CHIP/CHIPEnrollIncomeGroup.html>



Source: HHSC CHIP Enrollment Data by Income Group: Number and Percent by Federal Poverty Level

The purpose of the renewal process is to ensure that families are still eligible for the program. Confirming eligibility every six months helps guarantee that taxpayers are not paying to provide services to families who are no longer eligible. According to HHSC analysis of CHIP disenrollment in October 2006, almost one-fifth (19%) of disenrolled renewal applicants exceeded CHIP income limits, while a further 17% had become Medicaid eligible. This underscores the need for regular and frequent renewal of eligibility for programs such as CHIP.

Protecting Taxpayers

In the case of all public assistance programs, the onus to prove eligibility should be on the families who apply for help. The state and federal government spends taxpayer dollars on programs like Medicaid and CHIP; the very least that taxpayers deserve in return is the knowledge that assistance is being given only to eligible applicants.

Furthermore, arguing that without reform of the eligibility process “the number of children in CHIP will remain exactly the same” (as if this is in some way an unconscionable concept), simply reinforces the point of view that the state should provide health care to as many people as possible regardless of means. On the contrary, welfare programs such as CHIP, TANF, Medicaid, and Food Stamps are established to help genuinely needy individuals and families who are, despite their best efforts, unable to adequately support themselves. They are not meant to be lifelong entitlements.

For these programs to be truly effective they should not only provide support for people when they need it, but encourage them to make every effort to support themselves in the long term so that they do not have to rely on taxpayer-financed government assistance.

That was the essence of the successful welfare reforms enacted in the mid-1990s. The apocalyptic pronouncements of those who opposed welfare reforms, which are echoed whenever legislators attempt to ease the eligibility requirements for programs such as CHIP, have been completely discredited.

Conclusion

Lawmakers should not be taken in by those who claim that simple eligibility requirements somehow create “barriers” for those who apply to welfare programs such as CHIP. Enforcing eligibility requirements is necessary to ensure that only the genuinely eligible receive public assistance. Verifying this eligibility twice a year by confirming income and assets is a minimum standard for participation in a taxpayer-funded program which must be maintained.

Appendix: HHSC CHIP, Children's Medicaid, and CHIP Perinatal Application



Children's Health Insurance Program (CHIP), Children's Medicaid, and CHIP Perinatal Application

1 Use black or blue ink only.

Your Name _____
First Middle Initial (MI) Last

Your Social Security Number* _____ Your Date of Birth _____

Home Address _____ Apt/Lot # _____

City _____ State _____ Zip Code _____ County _____

Mailing Address _____ Apt/Lot # _____
(if different from above)

City _____ State _____ Zip Code _____ County _____

Home Phone # (_____) _____ Other Phone # (_____) _____

If we need to call you, what language do you prefer? English Spanish Vietnamese Other _____

*Your Social Security Number is not required to process your application if you are applying for your children only.

2 Are you applying for benefits for a pregnant family member? Yes No

a. Please provide the name(s) and due date(s) of any pregnant family member(s) in your household.

First	MI	Last	Date of Birth (Mo./Day/Year)	Social Security Number (if you have one)
Mother's Maiden Name		Due Date (Mo./Day/Year)	Number of Children Expected	Relationship to Applicant

b. Is the pregnant family member a U.S. Citizen? Yes No

If no, is the pregnant family member a legal permanent resident? Yes No

c. Does the pregnant family member have health insurance other than Medicaid or CHIP? Yes No

If yes, when does your health care coverage end? (Write N/A if the coverage is not ending.) _____ / _____ / _____
Mo Year

d. List the name and address of the father of the unborn child.

First	MI	Last	Phone Number
Address (City, State, Zip)			

3 If you are **ONLY** applying for CHIP Perinatal benefits, and there are no other children in the household, **SKIP** this section. Otherwise, tell us about **ALL** children living in your household. Add an extra sheet of paper if needed. Children **MUST** live in **YOUR** household to apply.

	Child 1	Child 2	Child 3	Child 4
a. Child's first name and middle initial				
b. Child's last name				
c. Check one box for each child	<input type="checkbox"/> Applying <input type="checkbox"/> Not Applying	<input type="checkbox"/> Applying <input type="checkbox"/> Not Applying	<input type="checkbox"/> Applying <input type="checkbox"/> Not Applying	<input type="checkbox"/> Applying <input type="checkbox"/> Not Applying
d. Child's relationship to you				
e. Child's date of birth (Mo./Day/Year)	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
f. Child's gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
g. Is the child a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," is the child a legal permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children who are legal permanent residents may qualify for these health insurance programs. See section 3g of the instructions.				
h. Child's Social Security #				
i. Child's mother's first name and middle initial				
j. Child's mother's maiden name				
k. Child's mother's last name				
l. Child's father's first name and middle initial				
m. Child's father's last name				
n. Does this child go to school during the regular school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
o. Child's race (optional)				

FOR OFFICE USE ONLY

CBO Number _____

C-AI-1106

4 If you are **ONLY** applying for CHIP Perinatal benefits, **SKIP** this section.

	Child 1	Child 2	Child 3	Child 4
a. Does the child currently have health insurance other than CHIP or Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES," please provide the following information for each child insured: Insurance Company Name: _____ Name of Employer: _____ Policy Holder: _____ Policy Number: _____ Group Number: _____ Policy Begin Date: _____ Phone: _____				
Date the health coverage will end (Mo./Day/Year).	____/____/____	____/____/____	____/____/____	____/____/____
If "NO," but the child had health insurance in the past 90 days, please mark the box that states why the insurance was dropped and the date the insurance ended. <input type="checkbox"/> Parent's job ended due to layoff or business closing <input type="checkbox"/> Loss of Medicaid eligibility <input type="checkbox"/> Parent's COBRA or ERS coverage ended <input type="checkbox"/> Loss of CHIP eligibility from another state <input type="checkbox"/> Change in parent's marital status <input type="checkbox"/> Health care coverage ended <input type="checkbox"/> Other	<input type="checkbox"/> Parent's job ended due to layoff or business closing <input type="checkbox"/> Loss of Medicaid eligibility <input type="checkbox"/> Parent's COBRA or ERS coverage ended <input type="checkbox"/> Loss of CHIP eligibility from another state <input type="checkbox"/> Change in parent's marital status <input type="checkbox"/> Health care coverage ended <input type="checkbox"/> Other	<input type="checkbox"/> Parent's job ended due to layoff or business closing <input type="checkbox"/> Loss of Medicaid eligibility <input type="checkbox"/> Parent's COBRA or ERS coverage ended <input type="checkbox"/> Loss of CHIP eligibility from another state <input type="checkbox"/> Change in parent's marital status <input type="checkbox"/> Health care coverage ended <input type="checkbox"/> Other	<input type="checkbox"/> Parent's job ended due to layoff or business closing <input type="checkbox"/> Loss of Medicaid eligibility <input type="checkbox"/> Parent's COBRA or ERS coverage ended <input type="checkbox"/> Loss of CHIP eligibility from another state <input type="checkbox"/> Change in parent's marital status <input type="checkbox"/> Health care coverage ended <input type="checkbox"/> Other	<input type="checkbox"/> Parent's job ended due to layoff or business closing <input type="checkbox"/> Loss of Medicaid eligibility <input type="checkbox"/> Parent's COBRA or ERS coverage ended <input type="checkbox"/> Loss of CHIP eligibility from another state <input type="checkbox"/> Change in parent's marital status <input type="checkbox"/> Health care coverage ended <input type="checkbox"/> Other
Date the health coverage ended (Mo./Day/Year).	____/____/____	____/____/____	____/____/____	____/____/____
b. Could the child get private health insurance through the parent's job/employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If you have paid for private health insurance in the last 90 days or are currently paying for health insurance for any child you are applying for on this application, fill in the amount paid per month.			Total Amount \$ _____/month	

5 The next four questions are optional and do not affect eligibility.

1. Is anyone in your household a member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," List the name of the individual: _____
2. Is anyone in your household an unaccompanied refugee minor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," List the name of the individual: _____
3. Is anyone in your household a child enrolled in the Texas Department of State Health Services Children with Special Health Care Needs program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," List the name of the individual: _____
4. Do the children travel outside of Texas with a parent or family member who works as a farm worker or seasonal worker? <input type="checkbox"/> Yes <input type="checkbox"/> No

6 List all the parents and step-parents **WHO LIVE WITH THE CHILDREN**, including those listed previously on this application.

First Name	Middle Initial	Last Name	Relationship to Child
			<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent
			<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent
			<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent
			<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent

7 HOUSEHOLD INCOME Please list the current income of the parents, step-parents, and children living in your household. Include income received from jobs, Social Security (retirement, survivor and disability), child support, alimony, and Temporary Assistance for Needy Families (TANF). You will need to send proof of each source of income. Proof may include a copy of a pay check stub issued in the last 60 days showing the amount paid before any deductions (gross pay), your most recent IRS tax return including Schedule C (if you filed that form), proof of self-employment, letter from an employer, cash assistance receipt, your most recent Social Security statement, child support check stub or receipt. If a person you list does not have any income, write \$0.

Name of Person Receiving Money			Employer(s) Name OR Source(s) of Income	How Often?	How Much?
First	Middle Initial	Last		<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____
				<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____
				<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____
				<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____
				<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly	\$ _____

8 Please list your household expense for the items below:

- Child care expenses that anyone in your household pays so that he or she can work, look for work or receive training
- Court ordered child support payments that anyone in your household pays for a child outside of the home
- Alimony payment that anyone in your household pays
- Disabled adult care expenses that anyone in your household pays so he or she can work, look for work or receive training

Type of Expense <small>(Child Care, child support, alimony, dependent care)</small>	Who is Paying this Expense?	First Name of Person Who Receives Care/Support	How Often Paid?*	How Much Paid?	Name, Address and Phone Number of the Person You Pay

* Weekly, Every Two Weeks, Twice a Month, Monthly

9 If you are **ONLY** applying for CHIP Perinatal benefits, **SKIP** this section. Otherwise answer the following questions based on the **ASSETS OF THE APPLYING CHILD(REN)'S PARENTS LIVING IN THE HOUSEHOLD**. If no parents are in the household, answer the questions based on **THE CHILD(REN)'S ASSETS ONLY**. Depending on your family's income, we may need to ask you more information about the vehicles you own or are buying.

- Enter the amount of money in bank accounts, cash on hand, or anywhere else. Write in \$0 if you do not have money in bank accounts, cash on hand, or anywhere else. If you do not enter an amount your application will be delayed.
Total Amount \$ _____
- Please write the make, model and year for each vehicle your family owns or is buying. Please write "NA" in the table below if your family does not own or is not buying a vehicle. If your vehicle does not work, do not list it. Do not list vehicles that are leased.

MAKE	MODEL	YEAR
Nissan	Sentra	1995

