

Department of Human Services Children's Health Insurance Program (CHIP) January 2018

CHIP Premium expenditures average \$589,000 per month.

Medicaid-CHIP (M-CHIP) kids include:

- (1) 6 to 18 year olds, who prior to the Affordable Care Act, were eligible for CHIP and are now eligible for Medicaid; and
- (2) "Medicaid Expansion CHIP" kids that would have failed Medicaid due to the asset test, but were added as CHIP Medicaid Expansion in 2002.

Total expenditures for both M-CHIP groups are matched at higher CHIP federal match and average \$1,480,000 per month.

Eligibility Group	Current Avg. Cost per Month	Funding Program	State	Federal
Stand-alone CHIP	\$ 589,000	CHIP	\$ 71,000	\$ 518,000
M-CHIP*	1,480,000	CHIP	178,000	1,302,000
M-CHIP*	1,480,000	Medicaid	740,000	740,000

Balance End FFY 2017 (September 30, 2017)	\$ 11,908,995
Federal statutory reduction of 33%	(3,969,665)
Federal redistribution of FFY2017 funds for FFY2018 (August 2017)	2,291,617
Congressional Continuing Resolution (CR) passed 12/9/2017 reducing Federal redistribution	(678,038)
Congressional CR passed 12/21/2017 expecting further reductions to Federal redistribution	(1,613,579)
Congressional CR passed 12/21/2017 additional funding for FFY 2018	3,943,568
Estimated balance after congressional action (12/9/2017 and 12/21/2017) **	\$ 11,882,898

* Due to Maintenance of Effort (MOE) requirements, the M-CHIP individuals must retain Medicaid coverage through September 30, 2019.

** Based on the estimated balance, DHS can make stand-alone CHIP premiums through April 2018 and can cover M-CHIP Expenditures through February 2018.

Expenditures back to Oct 2017 for the M-CHIP kids could be switched to Medicaid match (\$562,000 in general funds per month).

North Dakota Century Code

50-29-05. Limitations of chapter.

Health assistance provided under this chapter is not an entitlement. A person does not have a property interest in any health assistance sought or provided under this chapter. If the department estimates that available funds are insufficient to allow participation by additional applicants, the department may take any action appropriate to avoid commitment of funds in excess of available funds, including denying applications and establishing waiting lists, that is not forbidden by title XXI of the federal Social Security Act [42 U.S.C. 1397aa et seq.] or regulations adopted thereunder. If federal children's health insurance program funding decreases, the department may decrease the income eligibility limit to accommodate the decrease in federal funding, notwithstanding any other provisions of this chapter.