



FIRST FOCUS

MAKING CHILDREN & FAMILIES THE PRIORITY

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Summary of the Children's Health and Medicare Protection (CHAMP) Act of 2007 (H.R. 3162) Child-Specific Provisions

- CHIP allotments in FY 2008 will be based on FY 2007 spending estimates with adjustments for national health care cost increases and state population growth. States will have two years to spend each year's annual allotment. States experiencing shortfalls due to enrollment of eligible children will receive an adjustment equal to the federal share of the states average per capita cost per child. Redistribution of unspent funds will continue based on existing formula.
- States that implement four out of six outreach and enrollment best practices – including full-year enrollment, presumptive eligibility, administrative renewal, state flexibility in asset determinations, elimination of in-person interviews, joint SCHIP/Medicaid applications – would receive a performance bonus.
- Gives states the option to cover pregnant women, children up to age 24 and legal immigrant children and legal immigrant pregnant women. States also are permitted to cover family planning services without a waiver.
- Allows states to use Express Lane Eligibility (ELE) to expedite eligibility determinations into CHIP or Medicaid.
- Provides guaranteed dental benefit for children.
- Ensures equitable coverage of mental health services for standalone SCHIP plans.
- Clarifies that school clinic services may be covered under CHIP.
- Medicaid citizenship documentation requirements. Gives states the option to return to the to pre-July 1, 2006 documentation requirements for children as long as the state submits to an audit of a sample of cases to demonstrate compliance. It also amends the requirements for documenting citizenship and identity to allow individuals a reasonable period of time to gather necessary information, allow newborns to meet requirements more easily, and allows additional tribal membership documents to be used as satisfactory evidence of citizenship or nationality.
- Establishes a pediatric health quality program to develop child-centered quality and program performance measures and establishes a new independent Children's Access, Payment and Equality Commission (CAPE) to monitor children access to care and services and adequacy or provider payment under CHIP and Medicaid.
- Addresses a disparity in reimbursements for Federal Qualified Health Centers.