



What is CHIP?

The Children’s Health Insurance Program (CHIP) is a state-federal partnership program that provides low-cost coverage with comprehensive benefits for children in families that earn too much money for children to qualify for Medicaid. In some states, CHIP covers pregnant women. States have flexibility to design their own program within federal guidelines, so benefits vary by state and by the type of CHIP program. However, all states must provide well-baby and well-child care, dental coverage, behavioral health care, and vaccines. States administer CHIP within broad guidelines established by the Centers for Medicare & Medicaid Services (CMS), and the federal government provides matching funds to states.

Who is eligible?

CHIP eligibility depends on several factors including:

1. A household’s income level
2. The number of individuals in the household
3. Their U.S. citizenship or immigration status
4. The state in which they live
5. Each individual’s age, pregnancy status, and disability status
6. Health insurance status
 - i. Note: Individuals must not have other health insurance coverage in order to qualify for CHIP.

Children whose household income exceeds the Medicaid applicable income level, but does not exceed 50 percentage points above the Medicaid applicable income level, may be eligible for CHIP. States have different income eligibility rules, but in most states, children up to age 19 with household income up to \$60,000 per year (for a family of four) may qualify for CHIP. In many states, household income can be even higher and children can still qualify. Inmates of public institutions are ineligible for CHIP. Thus, if a CHIP-enrolled child or pregnant woman is confined to an institution, CHIP coverage is terminated. Children and pregnant women who are patients in certain behavioral health facilities are also ineligible for CHIP. Children who are eligible for state health benefit plans because their parent works for a public agency may be ineligible for CHIP, depending on the state.

CHIP coverage is available to U.S. citizens and certain lawfully present immigrants, if they meet their state’s income and residency rules. More information on “Qualified non-citizen” immigration statuses can be found at the Marketplace page on [coverage for lawfully present immigrants](#).

In order to get Medicaid and CHIP coverage, many qualified non-citizens (such as many lawful permanent residents or green card holders) have a 5-year waiting period. This means they must wait 5 years after receiving “qualified” immigration status before they can get Medicaid or CHIP coverage. There are exceptions. For example, refugees, asylees, or lawfully present residents who used to be refugees or asylees don’t have to wait 5 years. States have the option to remove the 5-year waiting period and cover lawfully residing children and/or pregnant women in Medicaid or CHIP, including those within their first five years of having certain immigration status. A child or pregnant woman is “lawfully residing” if they’re “lawfully present” and otherwise eligible for Medicaid or CHIP in the state. A list of states that have taken this option can be found on [Medicaid.gov](#). Non-citizens who are not lawfully present are ineligible for CHIP.

To find information about the CHIP programs in your state, go to [Learn About Programs in Your State](#) or call 1-877-KIDS-NOW (1-877-543-7669).



How does a consumer enroll in CHIP?

There are three ways for an individual or family to apply and enroll in CHIP. The first way is to call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325). The consumer can also fill out a Marketplace application on-line through the Health Insurance Marketplace at HealthCare.gov, and if they or their family members qualify for Medicaid or CHIP, the Marketplace will send their information to the appropriate state agency. An individual or family can also apply through their appropriate state website.

Individuals and families can apply for and enroll in Medicaid or CHIP any time of year. There's no limited enrollment period for either Medicaid or CHIP. If they qualify, their coverage may start immediately, subject to the state's specific enrollment rules.

When does the Marketplace refer a child to CHIP?

Modified Adjusted Gross Income (MAGI) is used to determine most individuals' eligibility for Medicaid and CHIP. States have different eligibility cutoffs for CHIP and Medicaid, please refer to the appropriate state's [information](#) to see the consumer's eligibility. When the applicant's MAGI likely qualifies their children for CHIP, the Marketplace will refer them to their state CHIP agency.

If an individual's children are eligible for CHIP they may enroll in/stay enrolled in Marketplace coverage, but they won't be eligible for any savings on Marketplace insurance. CHIP coverage will probably be more affordable. If the child keeps their full-cost Marketplace coverage, the family should tell their state CHIP agency that the child is still enrolled in Marketplace coverage. If the child stays enrolled in Marketplace coverage without financial help, they will no longer be eligible for CHIP. Remember, other family members may be eligible for savings on Marketplace insurance coverage.

» **Does this mean other family members are eligible for CHIP or Medicaid?**

CHIP exclusively serves children and, in some states, pregnant women. Thus, adult family members of a child enrolled in CHIP are not eligible for CHIP coverage. A child's eligibility for CHIP also does not mean the adults in the family will be eligible for Medicaid, especially if their income is too high to qualify for Medicaid. However, this does not rule out the possibility that other family members may be eligible for Medicaid on other bases, such as having a disability.

» **What are the family's coverage options?**

In general, the family may be eligible for Marketplace savings and coverage through the Marketplace, as applicable. The CHIP eligible child/children may enroll in the Marketplace alongside their family, but without financial help, and the child will lose eligibility for CHIP.

The consumer is enrolled in CHIP. Now what?

Some states have implemented continuous eligibility for CHIP. This means that the consumer will receive 12 months of continuous coverage under CHIP even if a family experiences a change in income during the year. A list of states that provide 12-month continuous eligibility for CHIP can be found on the Medicaid.gov [Continuous Eligibility for Medicaid and CHIP Coverage](#) page.

