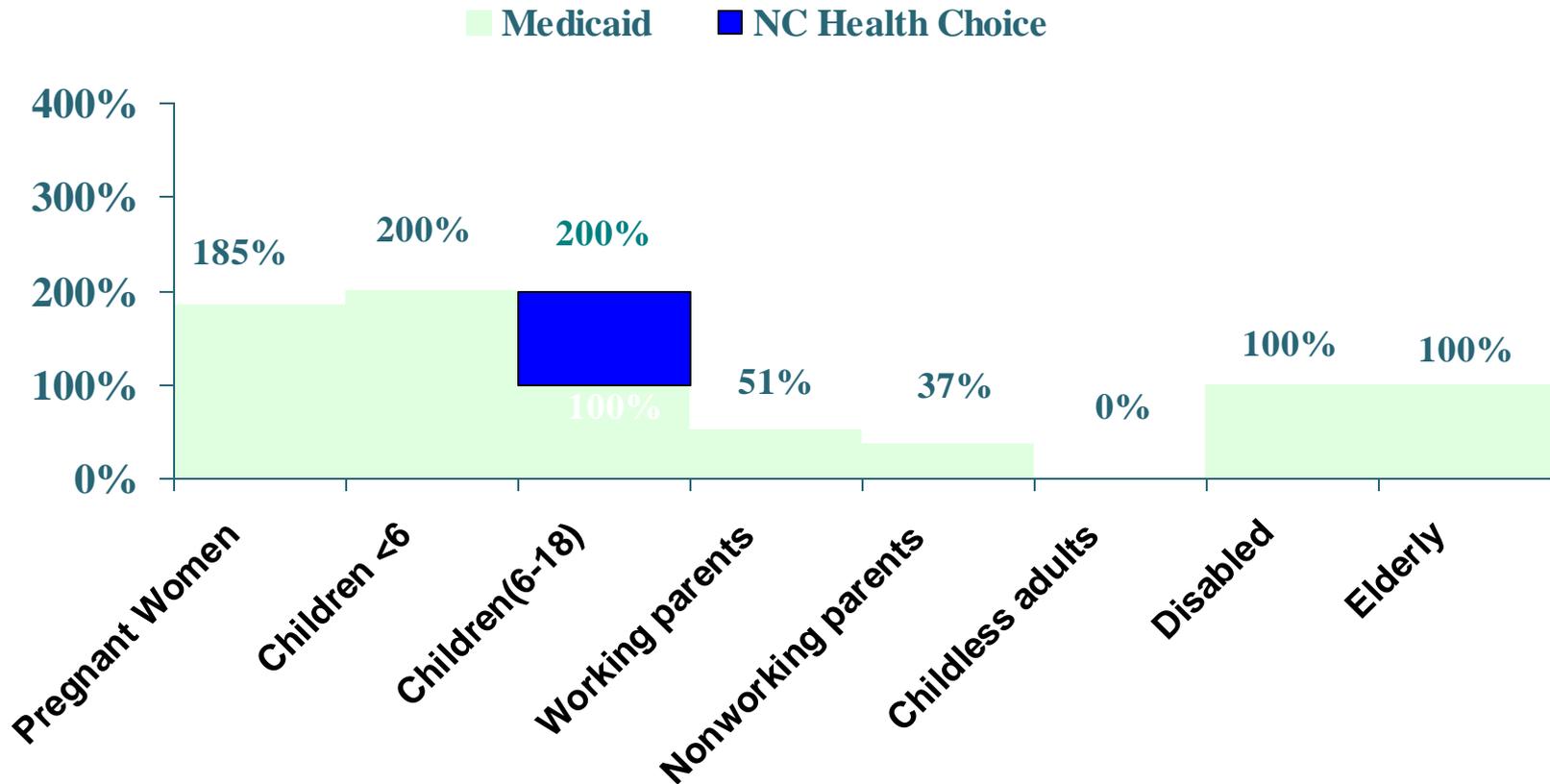


Medicaid and CHIP Coverage Provisions

Pam Silberman, JD, DrPH
President & CEO
NC Institute of Medicine

October 19, 2010

Existing NC Medicaid Income Eligibility (2010)



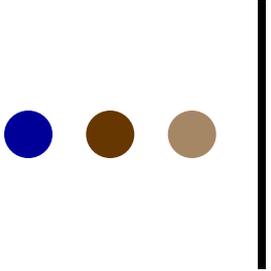
KFF. State Health Facts. Calculations for parents based on a family of three.

Medicaid Expansion

- Expands Medicaid to cover all low-income adults under age 65 (including childless adults) with incomes up to 133% FPL, based on modified adjusted gross income (begins FY 2014) (Sec. 2001, 2002)

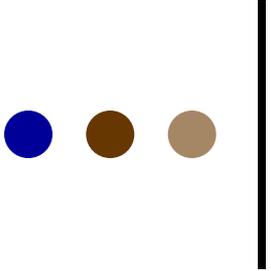
Family Size	133% FPL/yr. (2009)
1	\$14,404
2	\$19,378
3	\$24,352
4	\$29,327

- In determining Medicaid and CHIP eligibility, the state will apply a 5% income disregard (Sec. 1004 of Reconciliation)



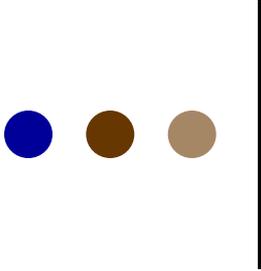
Medicaid Expansion

- Requires states to maintain current enrollment and eligibility standards until the state Exchange is established (Sec. 2001)
- States can expand Medicaid coverage to non-elderly individuals above 133% FPG (Sec. 2001)
- States must cover former foster children up to age 25 (Effective 2014; Sec. 2004, 10201)
 - Children must be given the opportunity to designate a medical power of attorney before aging out of the foster care system (Sec. 2955)



Medicaid Eligibility Rules

- No asset tests or use of income disregards to determine eligibility for children and most adults (Sec. 2002)
 - Asset rules still used for long-term care, home and community based services, medically needy program
- Undocumented immigrants not eligible for Medicaid
 - Most lawfully present immigrants are not eligible for coverage for the first five years
 - No time bar for lawfully present immigrants who are children or pregnant women (state option)



Medicaid Premium Assistance

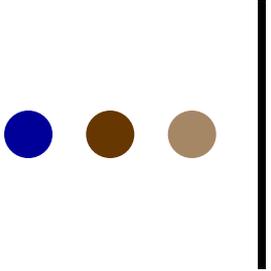
- States must offer premium assistance to anyone eligible for Medicaid or CHIP who has access to employer sponsored insurance (ESI) (Sec. 2003)
 - But, states can not require that people enroll in the ESI

● ● ● | Enrollment Simplification

- States will be required to simplify enrollment and coordinate between Medicaid, CHIP, and the new Health Insurance Exchange (Sec. 2201; 1413)
 - Secretary will develop a single streamlined enrollment form that will be used to apply for all applicable state health subsidy programs (Medicaid, CHIP, subsidy)
 - Form may be filed online, in person, by mail, or by telephone
 - Person may file form with HBE or with Medicaid office
- Electronic data matching (Sec. 1137, 453, 1942 of SSA)
 - Income eligibility: data matches with state unemployment compensation agency, and wage information reported to SSA and IRS
 - Lawful immigration status with Immigrations Customs Enforcement (ICE)

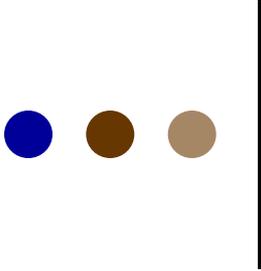
Electronic Enrollment

- Secretary must develop interoperable and secure standards to facilitate electronic enrollment (Sec. 1561)
 - Matching with vital records, employment history, enrollment systems, tax records and other data
 - Ability for people to apply, recertify and manage eligibility online
 - Notification of eligibility, recertification and other communication regarding eligibility online or by cell phones
- Grants to states to develop new and adapt existing technology



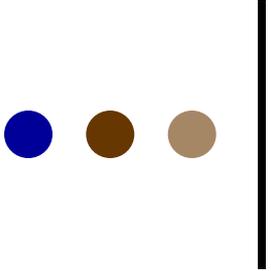
Outreach

- Must conduct outreach to vulnerable populations (Sec. 2201)
 - Vulnerable populations include: children, unaccompanied homeless youth, children and youth with special health care needs, pregnant women, racial and ethnic minorities, rural populations, victims of abuse or trauma, individuals with mental health or substance-related disorders, and individuals with HIV/AIDS.
- Hospitals can determine presumptive eligibility for all Medicaid populations (Sec. 2202)



Enhanced Federal Match for Medicaid Expansion

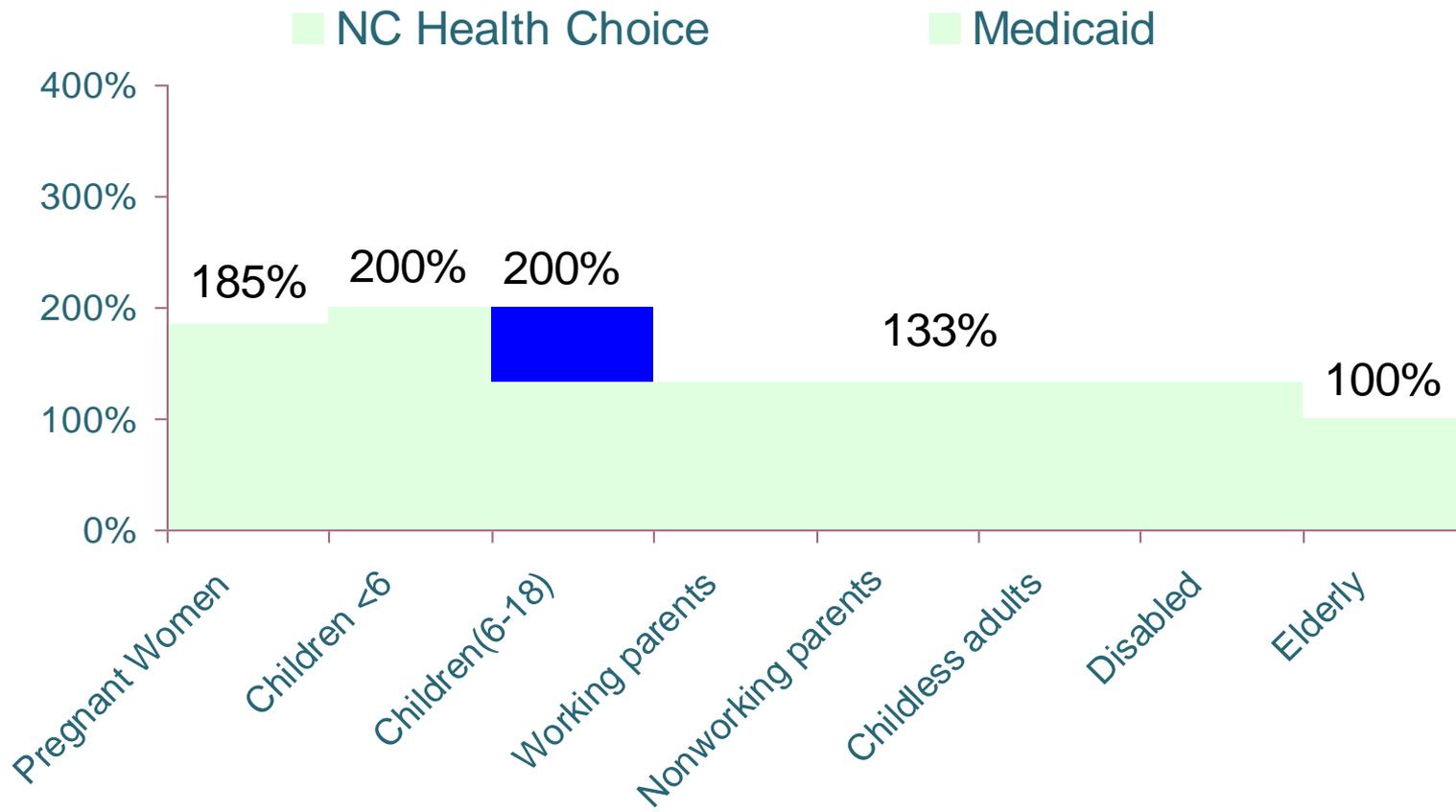
- Federal government will pay 100% of costs of *new eligibles* in first three fiscal years (2014-2016) (Sec. 2001(3), amended Sec. 1201 Reconciliation)
 - After first three years, federal government will pay 95% (2017), 94% (2018) , 93% (2019) and 90% (2020 and thereafter).
 - ***However, states will have to cover costs of people who are currently eligible but who had not enrolled in the past***
- Requires states to submit annual report on the number of individuals enrolled and newly enrolled in Medicaid (Effective: January 2015; Sec. 2001)

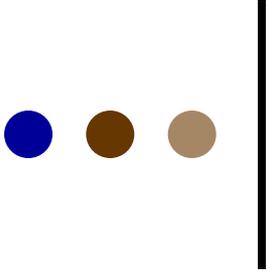


CHIP (NC Health Choice)

- States must maintain current income eligibility for children in Medicaid and CHIP until 2019 (Sec. 2101(b), 10203)
 - Beginning in 2015, states will receive a 23 percentage point increase in the CHIP match rate (up to cap of 100%) (Sec. 2101(a))
 - Children ineligible to enroll in CHIP because of enrollment caps will be eligible for tax credits in the state exchanges. (Sec. 2101(b)(1)(B))
 - Increases outreach and enrollment grants by \$40M (2009-2015) (Sec. 10203)

After Health Reform Fully Implemented (Beginning 2014)



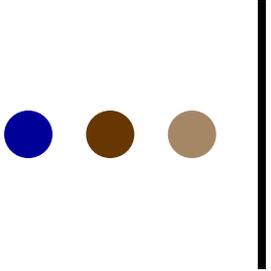


Health Benefit Exchange

- States will create American Health Benefit Exchange and Small Business Health Options (SHOP) Exchange for individuals and small businesses. (Sec. 1311, 1321)
 - To facilitate the purchase of qualified health plans
 - Limited to citizens and lawful residents who do not have access to employer-sponsored or governmental-supported health insurance and to small businesses with 100 or fewer employees (states can allow larger employers to enroll beginning 2017)* (Sec. 1312(f))
 - States will get initial grants to help establish HBEs, but must be self-sufficient beginning 2015 (Sec. 1311(a),(d)(5))
 - States can merge small group and individual markets (Effective Jan. 1, 2014; Sec. 1311(b)(2))



*States can limit coverage into SHOP to small businesses with 50 or fewer employees until 2016.



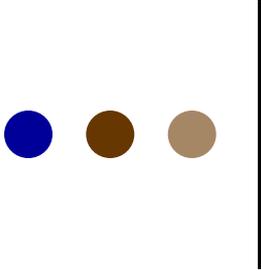
Health Benefit Exchange

○ Exchanges will:

- Offer standardized information to help consumers choose between plans and develop rating system based on quality and cost. (Sec. 1311(d)(4)), 1311(c))
- Offer navigators to provide information to the public about health plan choices and help them enroll. (Sec. 1311(i))
- Determine eligibility for subsidy. If identify people eligible for Medicaid or CHIP, must enroll. (Sec. 1311(d)(4)(F), 1411, 1413)
- Certify people who are exempt from insurance mandate and provide information to IRS. (Sec. 1311(d)(4))

Health Benefit Exchange

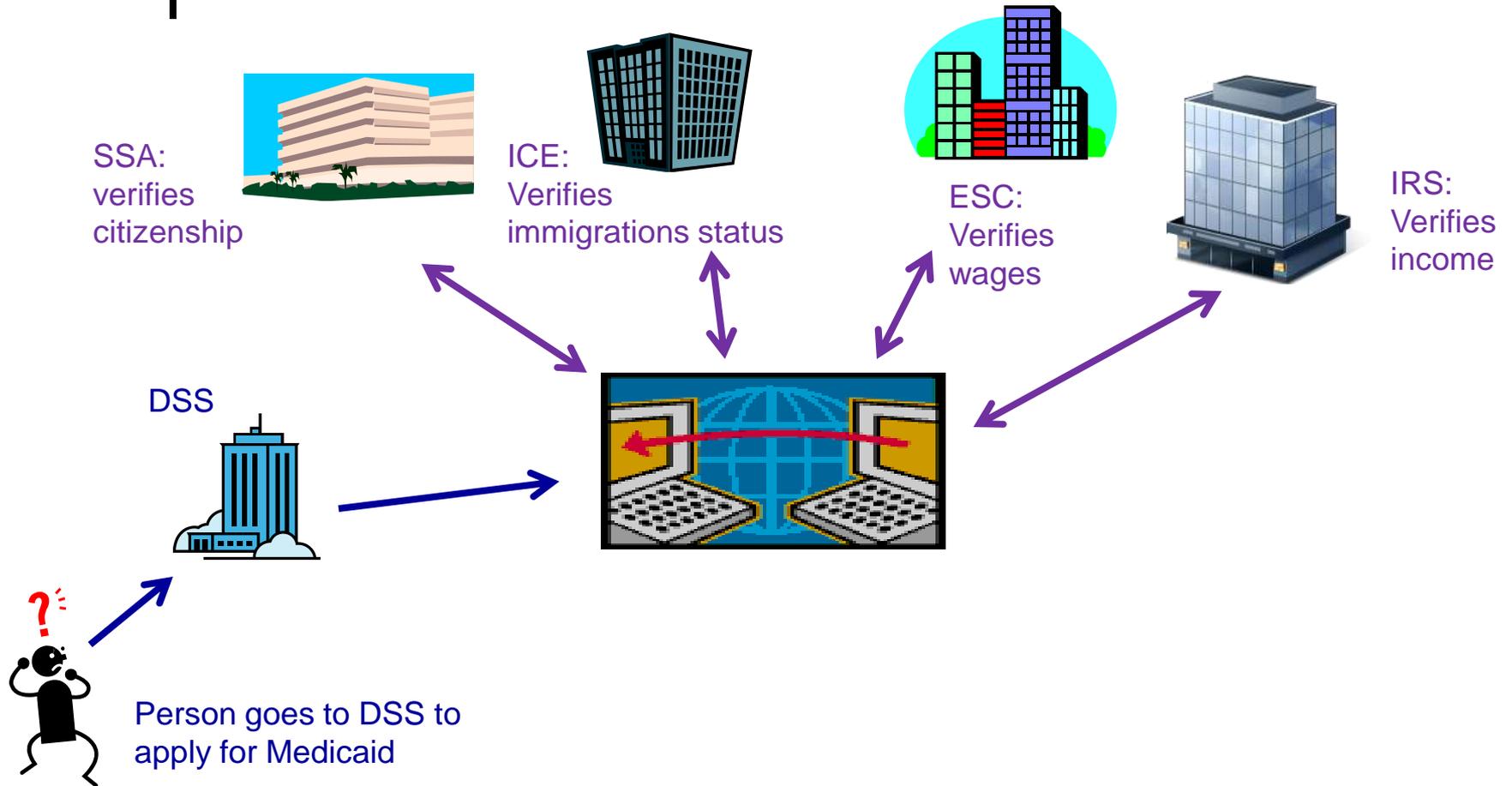
- States may:
 - Contract with state Medicaid agencies to determine eligibility for subsidy (Sec. 1311(f), 1413(d))
 - Allow agents or brokers to enroll people into plans and assist people in qualifying for subsidy (Sec. 1312(e))
- If states do not create qualifying HBE, then federal government will assume these responsibilities (Sec. 1321)



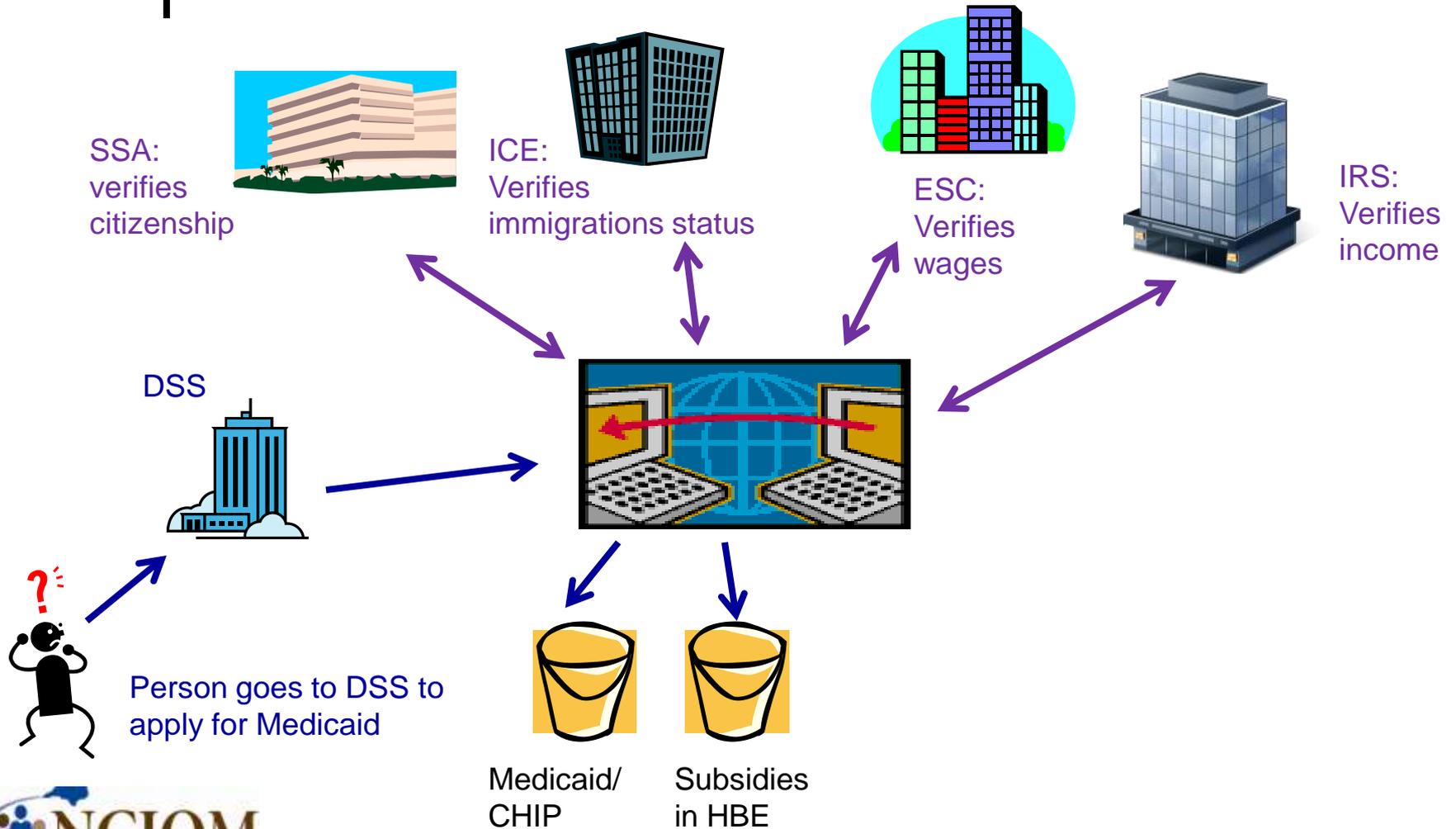
Role of Patient Navigators and Agents

- Health Benefit Exchange must contract with qualified patient navigators. Navigators must: (Sec. 1311(i))
 - Have relationship with employers, employees, consumers
 - Conduct public education activities, distribute fair and impartial information, facilitate enrollment in qualified health plans, provide referrals to the consumer assistance or health information ombuds program, and provide information in culturally and linguistically appropriate manner
- Role of agents (Sec. 1311(i), 10104(h) 1312(e), (10104(i)(2))
 - Can serve as navigators
 - States may allow agents to enroll individuals and small employers into plans offered through HBE, and to assist individuals in applying for subsidies

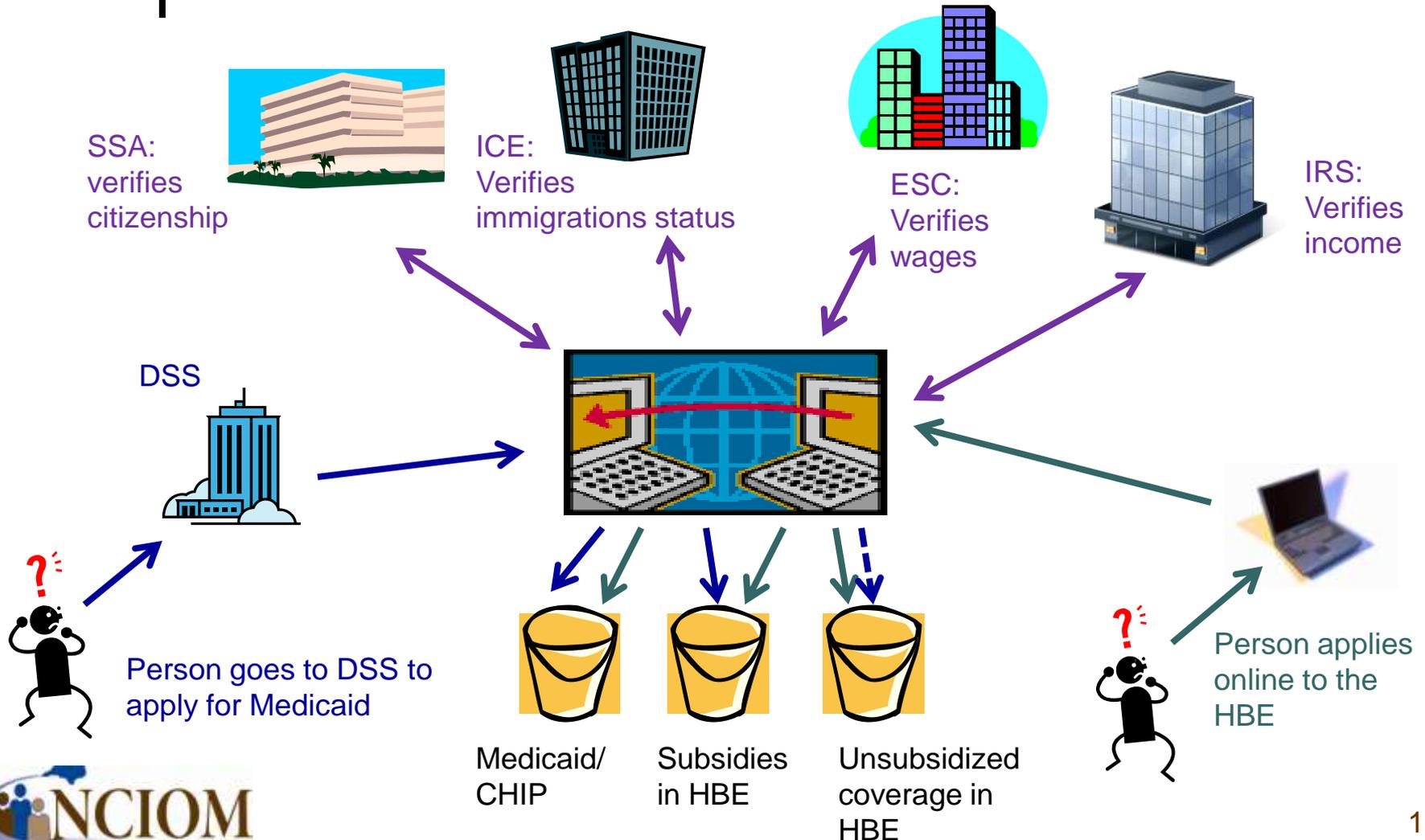
Application and Enrollment



Application and Enrollment



Application and Enrollment





Questions

