



Children's Health Insurance Program

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*Division of State Coverage Programs
Children and Adults Health Programs
Group
Center for Medicaid and CHIP Services*

*Webinar for Marketplace
Assisters*

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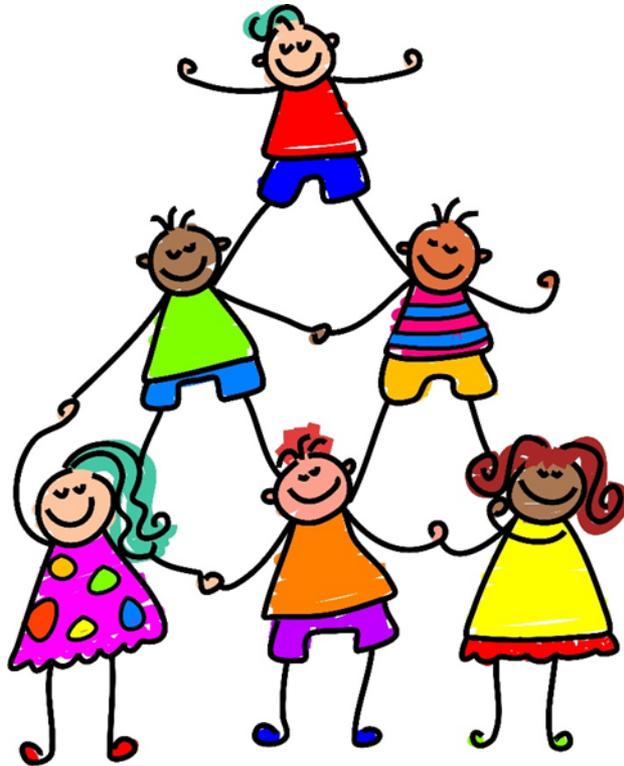
Background

What is CHIP?

- Health coverage for uninsured children in families who earn too much to qualify for Medicaid but too little to afford private coverage (many of your family applications will include children eligible for CHIP)!
- Provided enhanced federal matching rate to give states an incentive to adopt CHIP
- States decide program design
 - Separate program
 - Expand Medicaid
 - Combination of separate and Medicaid expansion

Background

What is CHIP?



CHIP was designed to stand on the shoulders of
Medicaid

Background Legislation

- The Balanced Budget Act of 1997: \$40 billion over 10 years
- The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA): \$44 billion from FY 2009-2013; \$100 million in outreach funding
- The Patient Protection and Affordable Care Act (Affordable Care Act): \$42.2 billion from FY 2013-2015; \$40 million in outreach funding
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA): \$39.7 billion from FY 2015-2017; \$40 million in outreach funding
- Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act of 2018 (HEALTHY KIDS Act): \$144.4 billion from FY 2018-2023; \$120 million in outreach and enrollment funding
- Advancing Chronic Care, Extenders, and Social Services Act of 2018 (ACCESS Act): such sums as necessary from FY 2024-2026, \$15.3 billion + such sums as necessary for FY 2027; \$48 million in outreach and enrollment funding

CHIP Program Design (3 Options)

Option 1: CHIP Medicaid Expansions

All Medicaid state plan rules apply, including:

- Cost sharing
- Benefits (including EPSDT)
- Delivery system
- State-wide

CHIP Program Design

Option 2: Separate CHIPs

States have flexibility around program design, including:

- Administration
- Eligibility
- Benefits
- Cost-Sharing

CHIP Program Design

Option 3: Combination Separate & Medicaid Expansion

- States can have both a separate CHIP program and use title XXI funds for children in Medicaid
- 40 states currently have “combination” programs

How Separate CHIPs are *Similar* to Medicaid

- Both programs provide coverage to low-income populations
- Application of Modified Adjust Gross Income conversion
- Same eligibility and enrollment procedures (i.e., use of single streamlined application)
- Program features to streamline enrollment:
 - 12 month continuous eligibility
 - Presumptive eligibility
 - Express lane eligibility
- Electronic verification when possible
- Pregnant woman option

How Separate CHIPs are *Different* from Medicaid

- Enhanced Federal match rate (eFMAP) higher in CHIP than Medicaid
- Capped and formula driven allotment in CHIP
- Must be uninsured in CHIP
- Children of state employees are covered in Medicaid, but may only be covered in CHIP if the state meets certain criteria and submits a State Plan amendment
- Conception to birth option in CHIP
- Waiting periods permitted in CHIP
- EPSDT is voluntary in CHIP
- Premium and co-payments are more common (with protections) in CHIP

Separate CHIPs

Who is Covered?

- Targeted Low-Income Children:
 - Under age 19
 - Uninsured and not eligible for Medicaid
 - Generally, up to 200% Federal poverty level (FPL) or 50 percentage points higher than Medicaid level as of June 1, 1997 (many states go higher)
 - No access to public employee coverage (except at state option) and not an inmate of a public institution
 - State-defined standards
 - Conception to birth or unborn child (optional)
- Pregnant women (optional)

Separate CHIPs

Who is Covered?

CHIP (Title XXI) Upper Income Eligibility Levels (%FPL)	States
≤200 %	9 (AZ, ID, MI, NE, NV, ND, UT, VA, WY)
201 % ≤ 250%	18 (AK, AR, DE, FL, GA, IN, KS, KY, LA, ME, MS, NC, OH, OK, SC, SD, TN, TX)
250% (highest at 400%)	23 (AL, CA, CO, CT, DC, HI, IL, IA, MD, MA, MN, MO, MT, NJ, NM, NY, OR, PA, RI, VT, WA, WV, WI)
Pregnant women	5 (CO, MO, NJ, RI, VA)

Children's Health Insurance Program eligibility levels in each state

Separate CHIPs

Substitution Strategies

- Statute requires that states ensure CHIP does not substitute for coverage under group health plans
- The majority (21) of states have elected to monitor for substitution through surveys and private insurance database checks
- 15 states have elected to institute a waiting period to prevent substitution. Waiting periods:
 - Cannot exceed 90 days
 - Must adopt certain federal exemptions
 - Option to adopt state additional state exemptions
 - For more state specific detail on waiting periods go to <https://www.medicaid.gov/chip/eligibility-standards/waiting-periods/index.html>

Separate CHIPs

Benefits and Cost Sharing

- Comprehensive benefit packages, especially for “child-specific” services (such as dental, vision, and habilitation services)
- Flexibility in program design allows for premiums, enrollment fees, and cost sharing as long as out-of-pocket costs are below 5% of family income, but very few CHIP families reach the 5% cap
- CHIP offers affordable coverage, with the median actuarial values of 36 separate CHIPs at 99.5%

Connecting Kids to Coverage

Outreach and Enrollment Grants

- Since 2009, CMS has made available \$162 million in awards to states, providers, and community-based organizations to support the enrollment and retention of eligible children in Medicaid and CHIP
- Recent cycles of grantees funded by MACRA
 - 38 grantees (across 27 states) broadly targeting uninsured children eligible for Medicaid and CHIP, funded for two years ending June 30, 2018, but many receiving no cost extensions
 - 8 grantees (across 6 states) targeting American Indian/Alaska Native children funded for two years ending June 30, 2019
 - A number of these grantees are also Navigators, or coordinate closely with Navigators to ensure that a holistic approach is taken to provide coverage to all eligible members in the family

Connecting Kids to Coverage National Campaign

- Raises awareness about Medicaid and CHIP and provides outreach guides and toolkits that can be used to help states, community organizations, schools, health care providers and others organize and conduct successful outreach activities
 - Radio and television public service announcements
 - Check out www.insurekidsnow.gov for resources!
 - **New release: Outreach and Enrollment Fundamentals**
<https://www.insurekidsnow.gov/downloads/library/misc/outreach-and-enrollment-fundamentals.pdf>



Children's Coverage Gains

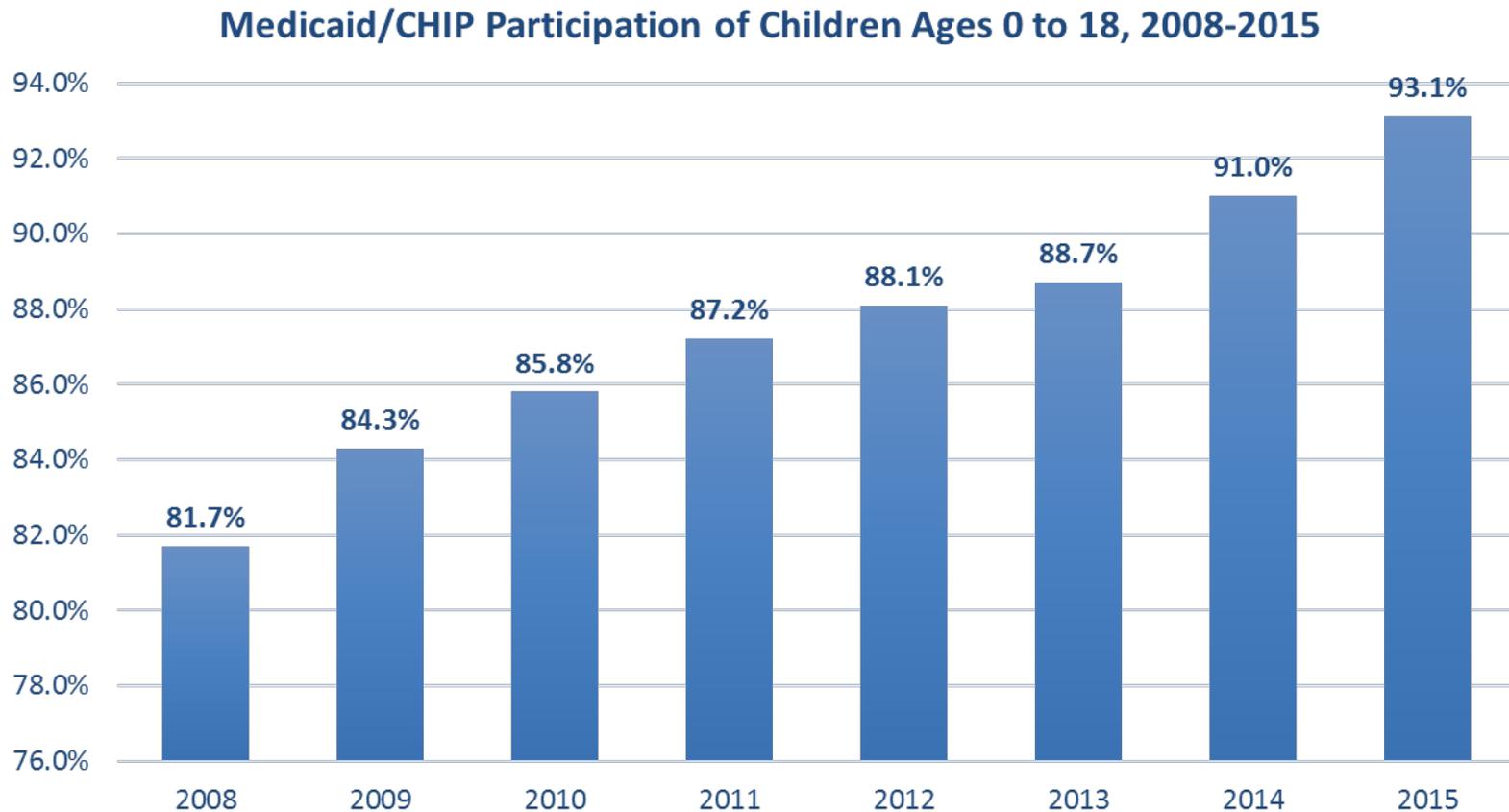
- Since 2009, the nation has made substantial progress on reducing the number of uninsured children and increasing the participation of eligible children in Medicaid and CHIP.
- The uninsurance rate for children has declined to its lowest levels on record-- historic low of 4.5 percent!*
- Participation of eligible children enrolled in Medicaid and CHIP is over 93 percent.**

*Cohen RA, Martinez ME, Zammiti EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2015. National Center for Health Statistics. May 2016. Available at <http://www.cdc.gov/nchs/nhis/releases.htm>.

**Kenney GM, Haley J, Pan C, Lynch V and Buettgens M. Medicaid/CHIP Participation Rates Rose among Children and Parents in 2015. Urban Institute. May 2017.

Children's Coverage Gains

Medicaid & CHIP Participation has Increased



Source: Kenney GM, Haley J, Pan C, Lynch V and Buettgens M. Medicaid/CHIP Participation Rates Rose among Children and Parents in 2015. Urban Institute. May 2017.

Children's Coverage Gains

Children's Enrollment in Medicaid & CHIP Grows to over 46 Million

	CHIP	Medicaid	Combined CHIP and Medicaid
FY2015	8,439,933	36,813,533	45,253,466
FY2016	9,013,687	37,054,967	46,068,654
FY2017	9,460,160	36,862,057	46,322,217

Medicaid and CHIP cover 1 in every 2 children
in the United States.

CHIP Enrollment

9.4 million children enrolled!



CMS Statistical Enrollment Data System 2017 Children's Enrollment Report
<https://www.medicaid.gov/chip/downloads/fy-2017-childrens-enrollment-report.pdf>

Looking Ahead

Our Work is Not Done

- Challenge of enrolling the remaining eligible, but uninsured children
- Who are the remaining uninsured?*

 - **Race/ethnicity** –
 - Approximately 35% of eligible unenrolled children are Hispanic
 - American Indian/Alaska Native children have the highest uninsured rate (16.9%), followed by Black/non-Hispanic (7.9%) and Hispanic children (7.7%)
 - **Age** – 86.8% of uninsured children are school-aged (ages 5-17)
 - **Urban/rural** – Rural children have higher rates of uninsurance, but most uninsured children live within a Metropolitan Statistical Area (83.9%)
 - **Geography** – 46% of the uninsured live in the South

- Our work is not done!

*Blumberg, Linda, John Holohan, Michael Karpman, and Caroline Elmendorf. Characteristics of the Remaining Uninsured: An Update. July 2018. The Urban Institute. https://www.urban.org/research/publication/characteristics-remaining-uninsured-update/view/full_report

CHIP Extension Legislation

- HEALTHY KIDS and ACCESS Acts extend CHIP for 10 years!



CHIP Extension Legislation

- HEALTHY KIDS and the ACCESS Acts provide authority for CHIP allotments through FFY 2027
- 10 year CHIP extension provides funding stability and the opportunity to reach the remaining uninsured children eligible for Medicaid and CHIP and improve quality of care and access in these programs
 - MOE provisions, an important protection for eligibility levels, is extended through FFY 2027, but modified starting in FFY 2020 to only apply to children in families with income at or below 300 percent of the FPL
 - Express lane eligibility extended through 2027
 - Pediatric quality measures program extended through 2027, with mandatory reporting beginning in 2024

CHIP Extension Legislation

- New funding for the Connecting Kids to Coverage
 - **\$120 million through FFY 2023**
 - \$96 million for outreach and enrollment grants broadly targeting uninsured children eligible for Medicaid and CHIP
 - \$12 million for outreach and enrollment grants targeting American Indian/Alaska Native children eligible for Medicaid and CHIP
 - \$12 million for the National Campaign
 - **\$48 million through 2024-2027**
 - \$33.6 million for outreach and enrollment grants broadly targeting uninsured children eligible for Medicaid and CHIP
 - \$4.8 million for outreach and enrollment grants targeting American Indian/Alaska Native children eligible for Medicaid and CHIP
 - \$4.8 million for the National Campaign
 - \$4.8 million for technical assistance
- Organizations may include parent mentors to assist families with enrollment and retention in Medicaid and CHIP
- Stay tuned for more information on the Notice of Funding Opportunity announcement in the coming months!