

# Making CHIPRA Work: Enrolling Eligible Children In Health Coverage



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Council of State Governments  
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Tricia Brooks, Georgetown CCF

# CHIPRA - The Basics

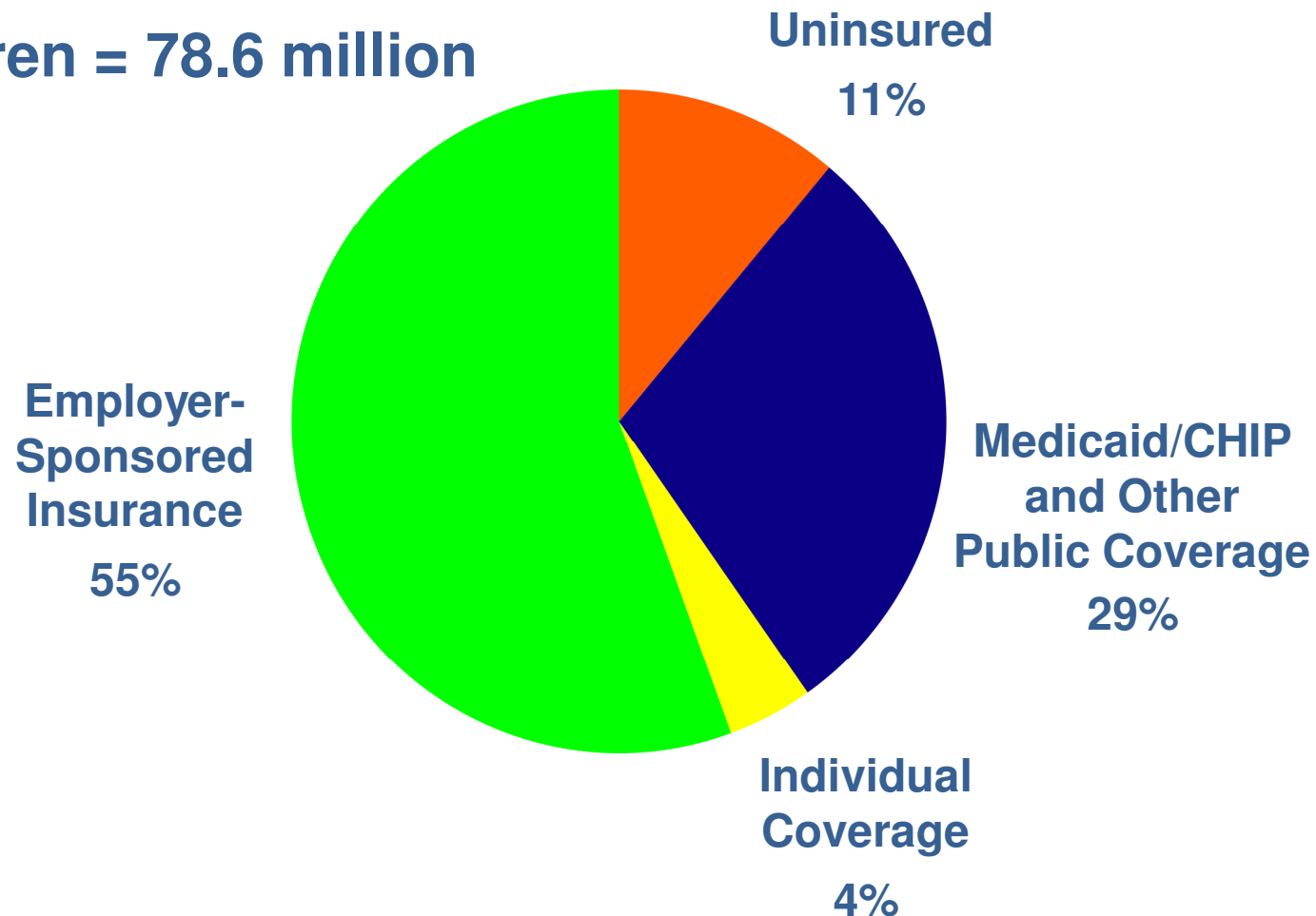
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- CHIP – Children’s Health Insurance Program
  - Enacted in 1997 as a block grant program
  - State flexibility in program design
  - Enhanced federal match (minimum 65%)
- CHIPRA – CHIP Reauthorization Act
  - Signed by President Obama on Feb. 4, 2009
- Much more than CHIP; also impacts Medicaid
- Increased funding to cover 4.1 million children
- New coverage and benefit options
- New tools to enroll eligible children



# Children's Coverage Status

Children = 78.6 million

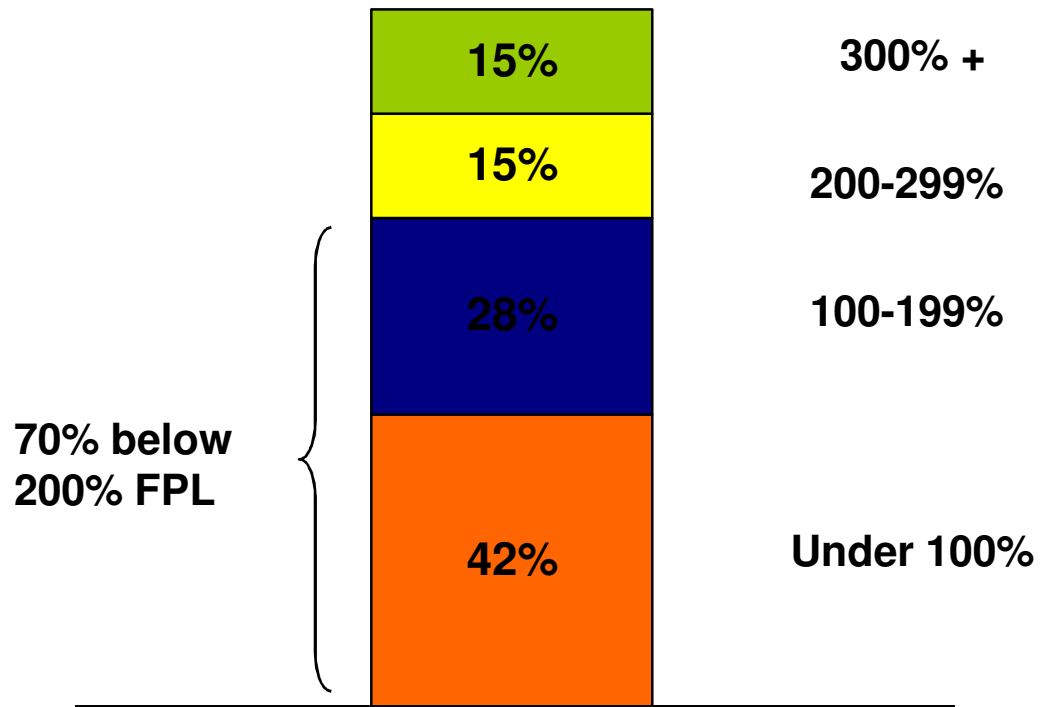


Source: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of 2008 ASEC Supplement to the CPS.



# 70% of Uninsured Children are Below 200% FPL

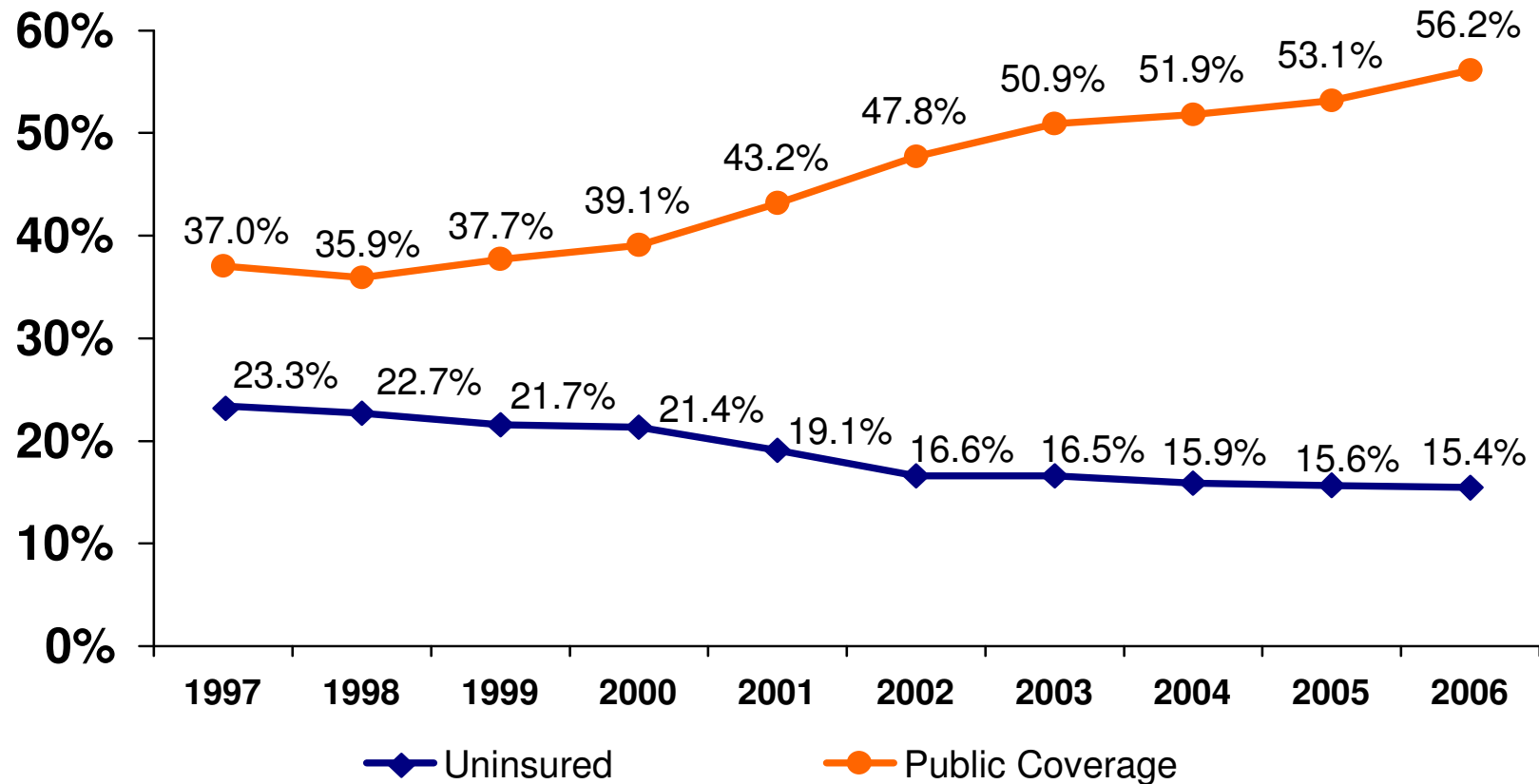
Children = 8.9 million



Source: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of 2008 ASEC Supplement to the CPS.



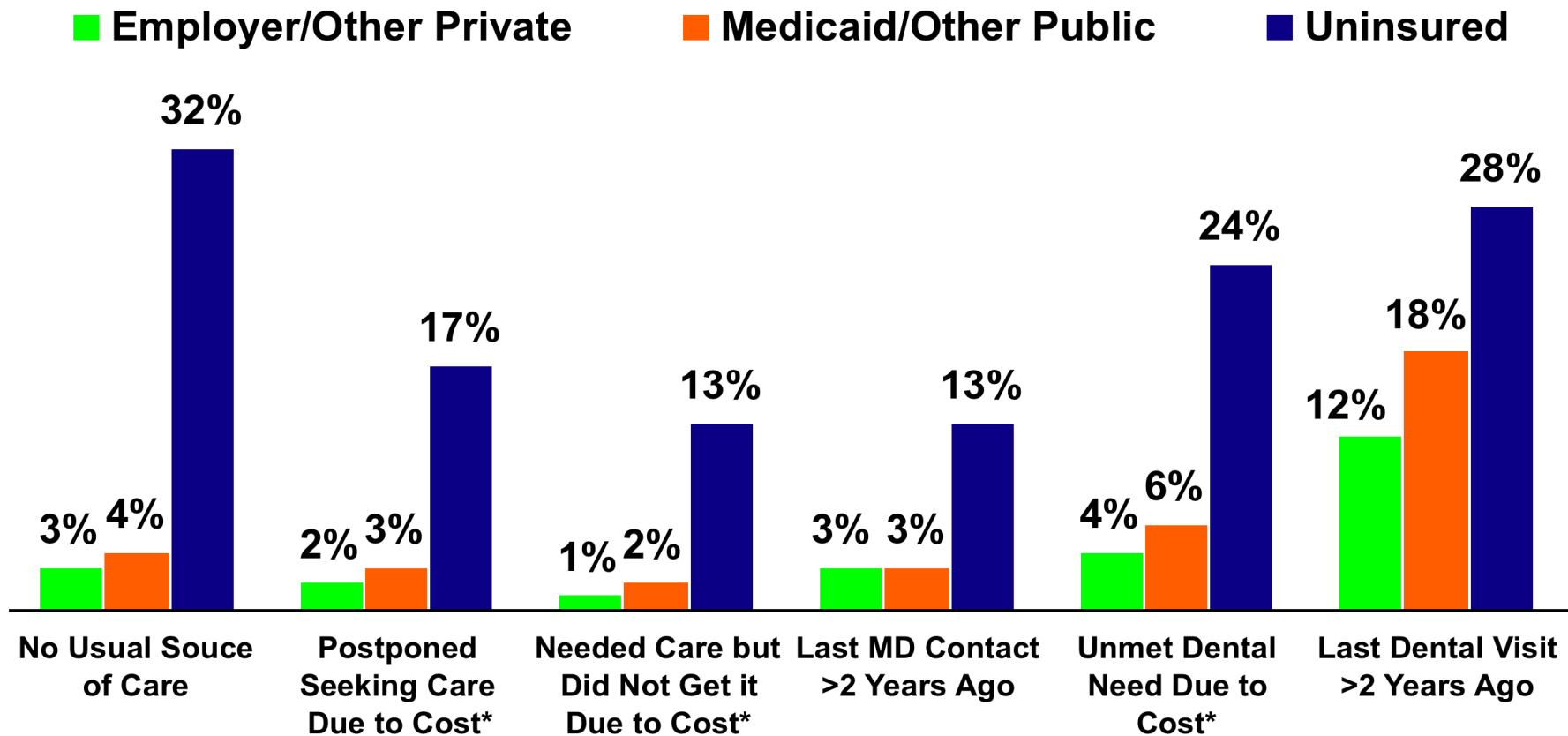
# Decline in Children under 200% FPL is Attributable to Medicaid and CHIP



Source: Data reflects low-income (<200% FPL) children. Johns Hopkins University Bloomberg School of Public Health analysis of the National Health Interview Survey for the Center for Children and Families (March 1, 2008).



# Medicaid/CHIP Coverage Improves Access to Care

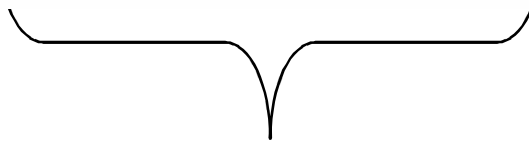


Source: Kaiser Commission on Medicaid and the Uninsured analysis of National Center for Health Statistics, CDC. 2007. Summary of Health Statistics for U.S. Children: NHIS, 2007. Note: Questions about dental care were analyzed for children age 2-17. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. An asterisk (\*) means in the past 12 months.

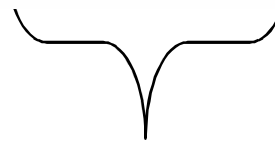
# Children Currently Eligible but Not Enrolled

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**8.9 Million Uninsured Children**



**4.4 Million are  
Eligible for  
Medicaid**



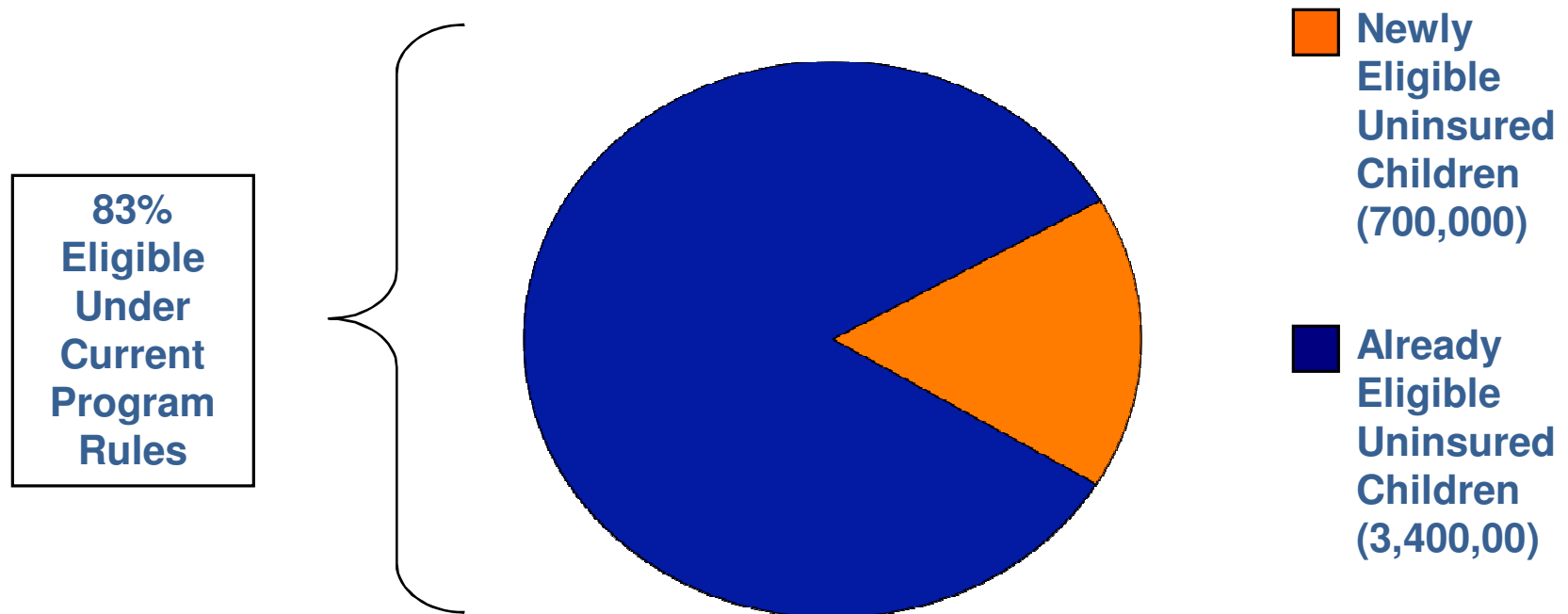
**1.7 Million  
are Eligible  
for SCHIP**

Source: L.Dubay analysis of March 2005 Current Population Survey using July 2004 state eligibility rules



# Coverage for 4.1 Million Children Who Otherwise Would Be Uninsured

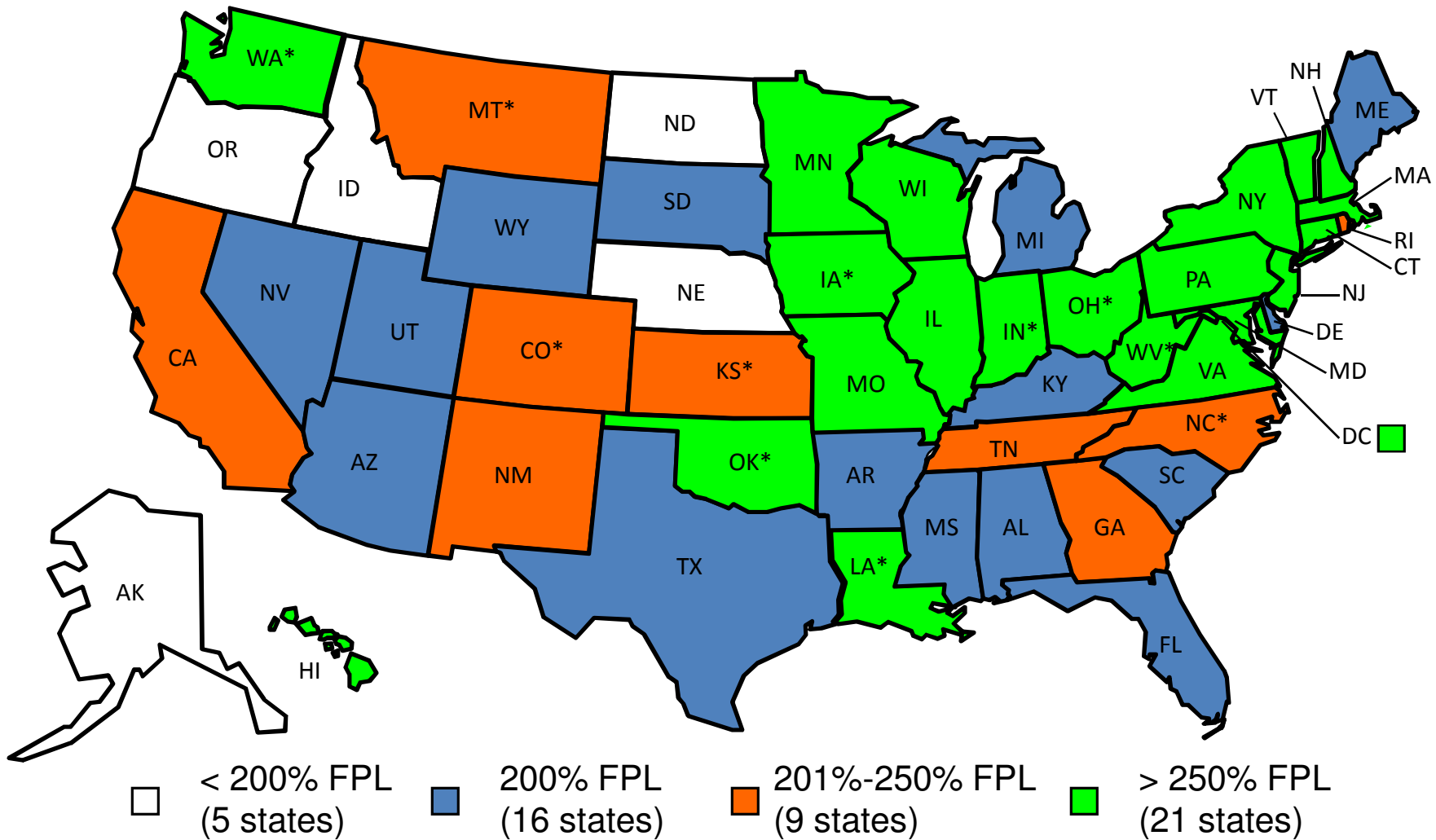
## 4.1 Million Otherwise Uninsured Children



Source: CBO, January 16, 2009. Note: Average monthly enrollment for fiscal year 2013.



# Medicaid and CHIP Eligibility Levels for Children, January 2009



Source: D. Cohen Ross, A. Horn, & C. Marks, "Health Coverage for Children and Families in Medicaid and SCHIP: State Efforts Face New Hurdles," Kaiser Commission on Medicaid and the Uninsured (January 2008); updated by the Center for Children and Families.  
 Note: States with asterisks (\*) have enacted, but not yet implemented to the levels shown.

# CHIPRA Coverage Provisions

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- Gives explicit option to cover children to 300% FPL
  - over 300% reverts to Medicaid match
- Allows CHIP coverage for pregnant women
- Removes 5-year waiting period for covering legally residing immigrant children and pregnant women (Medicaid or CHIP)
- Phases out adults, no new parent waivers
- New quality initiative



# CHIPRA Benefit Provisions

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- Mental health parity in CHIP; but no mandate
- Dental mandate and must meet equivalency test
- Dental coverage only for privately-insured kids otherwise eligible for CHIP



# CHIPRA Financing Provisions

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- New, higher national funding levels
- Change in allotment formula to send money to states that use it
  - 2-year availability of allotment until redistribution
  - Allotments after 2010 based on expenditures
- Multiple “safety valves” to avoid shortfalls



# CHIP Tools to Enroll Eligible Children

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- Outreach grants
- Enhanced translation & interpretation match
- New option to document citizenship
- Express lane eligibility
- Performance bonuses for adopting simplification measures and increasing enrollment



# \$100 Million Outreach Fund

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- Broad discretion by HHS Secretary
- \$10 million national campaign
  - Partnerships with other agencies
  - National hotline ensuring all states participation
- \$10 million for Native American outreach
- \$80 million in grants
  - Areas with high rates of eligible but not enrolled, including rural areas
  - Minorities and health disparities



# \$80 Outreach Grant Pool

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- Grantees can be state or local government, other public programs, nonprofits, safety net provider
- No state match required
- MOE on prior year outreach expenditures for states
- Related enhanced match for translation & interpretation
  - 75% or CHIP match + 5%, if higher
  - Outreach, enrollment, retention, services



# It's No Secret

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Outreach matters!

But enrollment and retention simplification measures are critical to boost coverage!



# Citizenship Documentation Changes

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- Effective *immediately*
  - Three amendments to DRA
- Effective January 1, 2010
  - New option to confirm US citizenship through match with SSA records with enhanced systems match (90%/75%)
  - Applies to separate CHIP programs but exempt from 10% admin cap
- Opportunity for CMS to reissue current regulations



# Express Lane Eligibility

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- Allows use of information from other public programs to verify eligibility & enroll
  - Food Stamps, TANF, WIC, School Lunch, Childcare, HeadStart, HUD...
  - Disregards differences in methodology
- No application required if family consents
- Enhanced federal systems match
  - 90% systems development and implementation
  - 75% ongoing



# Performance Bonus Opportunity

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- Implement specific enrollment and retention efforts
  - At least 5 of 8
- Increase enrollment
  - Cumulative annual increases
  - Adjustment for increase in child population



# 5 of 8 Measures in Medicaid & CHIP

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- Adopt 12 month continuous coverage
- Eliminate asset test
- Eliminate face-to-face interview
- Use same forms/verification process
- Implement administrative renewals
- Adopt presumptive eligibility
- Implement express lane eligibility
- Offer premium assistance



# Performance Bonus Calculation

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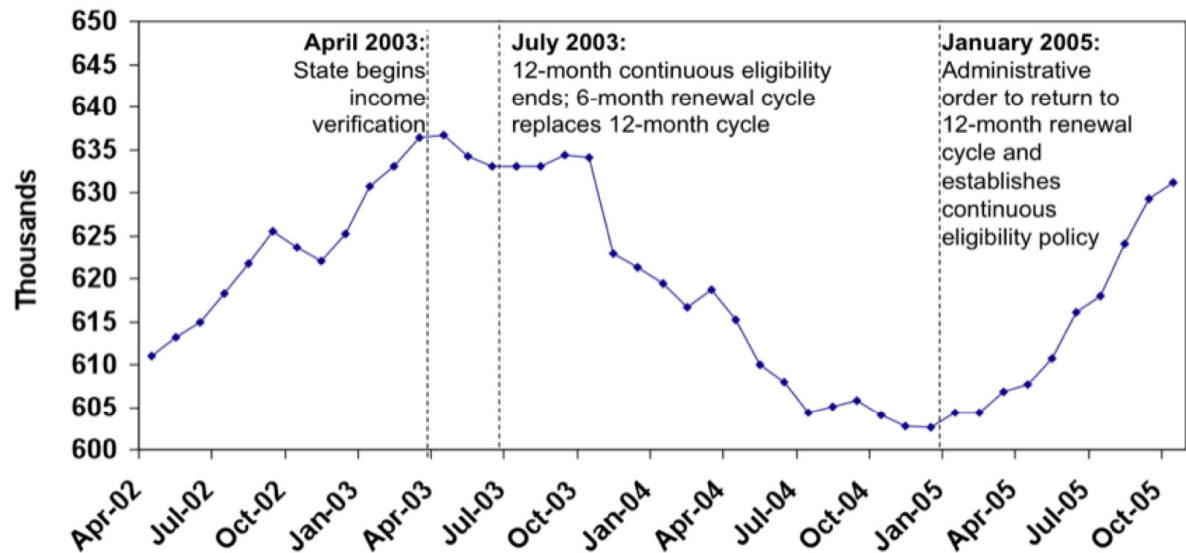
- Two bonus levels
  - On enrollment above the target (tier 1)  
Bonus = 15% of state Medicaid share
  - On enrollment that is 10% above target (tier 2)  
Bonus = 62.5% of state Medicaid share
- Calculated only on enrollment above the target
- Paid in lump sum (not from allotment) in first quarter after fiscal year end



# New Reporting Requirements Key to Enrollment & Retention Improvement

- Highlight successes
- Identify barriers, bottlenecks and gaps
- Target actions

## Children's Enrollment in Washington's Public Insurance Programs, April 2002-October 2005



Source: Washington State Department of Social and Health Services, 2005, updated 2006.



# What About Health Reform?

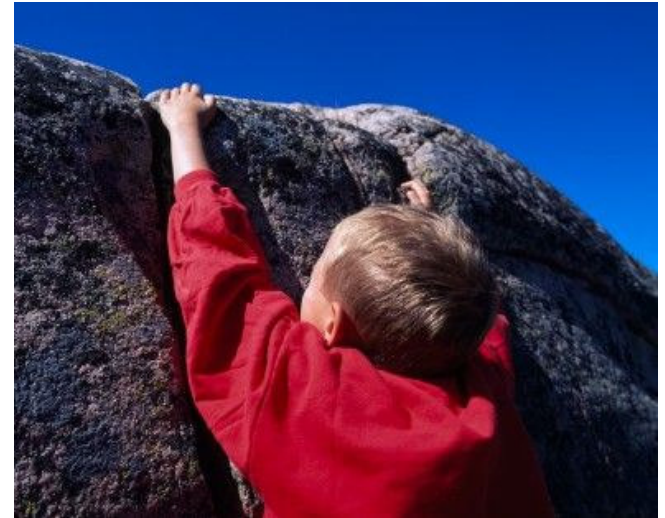
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# Broader Health Reform – Risk Points for Children

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- Failure to acknowledge and address the unique needs of children
- Politicians using mandates to victory on enrollment issues
- Poor coordination between existing programs and new initiatives
- Fracturing of coverage within families
- Criticism of Medicaid/CHIP



# Broader Health Reform – What Do Children Need?

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- Access to affordable coverage for all children
- Stronger financing structure
- A benefit package designed for children and their unique developmental needs
- High quality care with access to needed providers
- Family-based coverage



# For more information

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Tricia Brooks

[pab62@georgetown.edu](mailto:pab62@georgetown.edu)

202-365-9148

Our website:

<http://ccf.georgetown.edu/>

Say Ahhh! Our child health policy blog:

<http://www.theccfblog.org/>

