2013 MSDA National Medicaid and CHIP Oral Health Symposium
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The Children’s Health Insurance Program: Health Care Reform Implications
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Session Objectives

To understand the implications of the Affordable Care Act for the CHIP program, children’s coverage generally and dental coverage specifically
About NASHP

- Non-partisan, non-profit helping states achieve excellence in health policy and practice
- Works across states and agencies and branches of government to advance health policy solutions
- Conducts policy analysis and research
- Convenes forums for problem solving
- Supports peer learning networks and provides technical assistance
NASHP’s Children’s Coverage and Dental Care Work

• Longstanding David & Lucile Packard Foundation support
  – Focus on CHIP as a leading edge for improvement efforts

• *Children in the Vanguard* (The Atlantic Philanthropies)
  – State network focused on children’s coverage in reform context

• *Maximizing Enrollment: Transforming State Health Coverage* (Robert Wood Johnson Foundation)
  – Original and ongoing focus on eligible but uninsured children

• Dental services analytic work over time supported by Kellogg, MCHB Oral Health Policy Center/CDHP, and Pew

• Participation and support for federal-state dialogue and collaboration via Children’s Coverage and Oral Health TAGs
Children’s Coverage is a Success Story!
Progress in children’s coverage

Percentage of Children without Health Insurance by poverty level, 1997-2009

Source: Adapted from CMS presentation, Making Progress in Children’s Coverage, September 7, 2011.
Cited as U.S. Census Bureau, 2009.
ACA Maintains and Extends Children’s Coverage Pathways: Medicaid and CHIP

- Maintenance of eligibility for CHIP and Medicaid for children < 19 until 9/30/2019
- Extended CHIP funding through September 2015; match increased by 23% points FFY 2016-2019
- Some children will shift from CHIP to Medicaid, others will go from Medicaid to CHIP
  - Minimum mandatory Medicaid for children 6-18 goes from 100%FPL to 133%- seems unchanged by Supreme Court
  - Modified Adjusted Gross Income (MAGI) will change eligibility for Medicaid and CHIP
- Medicaid coverage for foster care youth extended to 26
ACA Maintains and Extends Children’s Coverage Pathways: Private Insurance & Marketplaces

• Private Insurance
  – Pre-existing exclusions eliminated for children 2010
  – Coverage on parents’ plan until 26

• Health Insurance Marketplaces
  – For children ineligible for Medicaid or CHIP without affordable offer of employer based insurance for parent
  – If CHIP allotments run out, children eligible for marketplace coverage; Secretary must certify CHIP comparable plans
  – Child-only plans must be available via exchanges
ACA could further reduce children’s unemployment

Uninsurance Rates Among Children at Baseline and With ACA Implementation (2011 Data)

Implementation Challenges for Children’s Coverage: An Overview

• Eligibility
• Enrollment
• Affordability
• Benefits
• Plans and Providers
Eligibility Implementation Challenges

• Income and household composition changes – stepparents and stepsiblings
• Some currently Medicaid eligible children (due to disregards) move to separate CHIP
• Youth aged 6 – 19 between 100 and 135% FPL move from CHIP to Medicaid (19 states)
• Mixed citizenship & non-traditional families
  — Importance of child-only plans
Enrollment Implementation Challenges

• Continuing progress on enrolling & retaining children eligible now to 2014
• Making a smooth transition from current Medicaid and CHIP systems to new ones
• Helping families navigate the multiple sources of coverage available in 2014
• In some states, continuing challenge of enrolling children when parents not eligible for coverage
Affordability Implementation Challenges

• Premiums and cost sharing in exchange are higher than CHIP or Medicaid allow for kids
  – Actuarial study of 17 states found CHIP covered 98-100%

• “Premium stacking” – families may be asked to pay CHIP and exchange premiums

• The “family glitch” – exchange affordability test looks only at cost of employee, not family, coverage
Benefits Implementation Challenges

• Meeting specific and developmental needs of infants, children and adolescents

• Maintaining comprehensive Medicaid & CHIP

• Essential health benefits
  – Provisions for pediatric, including vision & oral health
  – Note: EHB does not apply to CHIP, but CHIP generally covers EHBs

• Promoting continuity of services across Medicaid, CHIP, Qualified Health Plans
Plan and Provider Network Implementation Challenges

- Maintaining/building networks with pediatric providers, including specialists & subspecialists

- System/provider capacity

- Offering child only plans

- Promoting continuity of providers and plans
Dental Care Specific Implications

- CHIPRA (2009) required state CHIP coverage of comprehensive dental services
- As long as CHIP is funded, eligible children will receive affordable, comprehensive coverage
- Uncertain how Secretary certification of marketplace plans’ comparability will work
- Uncertain what happens to CHIP post 2015
- If CHIP ends, estimated 7 million children will turn to marketplaces for coverage
- Issues with dental coverage in marketplaces include costs and coordination of dental and physical health benefits
NASHP Resources

• Keeping Children’s Coverage Strong in the Context of the ACA: Perspectives from State Children’s Health Insurance Leaders (2012)
• Health Care Reform for Kids: Planning and Design Considerations for Policymakers (Forthcoming)
• A Toolbox for Advancing Children’s Coverage through Health Reform Implementation (Forthcoming)
Conclusion

• Children’s coverage is a success story we want to build on and learn from

• Many complexities in how new coverage will work for children and families
  – Affordability of dental coverage in marketplaces is a specific concern

• We need to keep children’s coverage strong while we work out new systems
  – Efforts to extend federal CHIP may emerge
For more information

www.nashp.org/childrens-health-insurance

www.statereforum.org

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- Find documents and expert analyses. 2400+ documents are online
- Questions? Email us: statereforum@nashp.org

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Catherine Hess is NASHP’s Managing Director for Coverage and Access, working with a group of staff in developing and implementing initiatives focused on public and private insurance coverage, access to care and health care reform. She serves as co-director for Maximizing Enrollment: Transforming State Coverage, a $15 million program of the Robert Wood Johnson Foundation (RWJF) and Co-Expert Director for the RWJF sponsored State Refor(u)m web-based platform for exchange on health care reform. She also oversees longstanding work funded by the David and Lucile Packard Foundation to provide assistance and report on state children’s health insurance programs, as well as an Atlantic Philanthropies project to address children and health care reform. Additionally, she oversees NASHP’s work on oral health and dental care, which most recently has included funding from the The Pew Trusts and the Children’s Dental Health Project. Catherine earlier served as the first executive director of the Association of Maternal and Child Health Programs, a position she held for 14 years. In the 1980s, she served as director of the policy office for the Massachusetts Department of Public Health's Division of Family Health. Catherine holds teaching appointments at both Johns Hopkins and George Washington Universities' schools of public health. She graduated magna cum laude with a bachelor of arts from the University of Rochester and has a master of social work from the Boston University School of Social Work.