

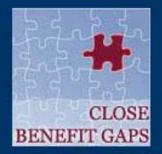
What Changes Can I Expect from the ACA and How Do I Make the Case for Partnership in My State?

September 19, 2012

The Catalyst Center is funded through the Division of Services for Children with Special Health Needs, Maternal & Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, under cooperative agreement #U41MC13618.

Lynda Honberg, MHSA, MCHB/HRSA Project Officer











Introducing today's speakers...



Carol Tobias
Director
Health & Disability
Working Group



Meg Comeau, Project Director, Catalyst Center



Beth Dworetzky, Assistant Director, Catalyst Center



Brent Ewig,
Director of Public
Policy and
Government Affairs,
the Association of
Maternal and Child
Health Programs
(AMCHP)





The Catalyst Center: Who are We?

- Funded by the Division of Services for Children with Special Health Needs within the federal Maternal and Child Health Bureau
- A project of the Health and Disability Working Group at the Boston University School of Public Health
- The National Center dedicated to the MCHB outcome measure: "...all children and youth with special health care needs have access to adequate health insurance coverage and financing"





A Note About Benefits Counseling

Catalyst Center Family Resources

http://hdwg.org/catalyst/resources

National Center for Family ♥ Professional Partnerships http://www.fv-ncfpp.org/









PUBLIC INSURANCE
PROGRAMS AND
CHILDREN WITH
SPECIAL HEALTH
CARE NEEDS

Medicaid
and
The Children's
Health Insurance
Program (CHIP)



NATIONAL ACADEMY for STATE HEALTH POLICY "The Tutorial"
A stepping stone to
developing effective
partnerships with Medicaid
and CHIP programs so we
can all better serve
CYSHCN and their
families....

Found at: http://www.hdwg.org/catalyst/medicaid-tutorial





Tutorial Learning Objectives

By completing the tutorial, participants will:

- Increase their understanding of state Medicaid and CHIP programs and policies
- Learn how partnerships with other stakeholders can maximize Medicaid and CHIP program capacity to meet the needs of CYSHCN
- Begin to identify specific opportunities to promote partnerships with the Medicaid and CHIP programs in their own state





Eligibility - What's New Under the ACA?

- The Medicaid Expansion 2014
 - A little background on the Supreme Court decision
 - Optional <u>population</u> expansion of adults ages 19-64 with income up to 138% FPL
 - Mandatory <u>income limit</u> increase to 138% FPL for kids eliminates "stair-step" eligibility based on child's age

Acronyms

FPL – Federal Poverty Level MAGI - Modified Adjusted Gross Income





What are the Implications of Eligibility Changes for CYSHCN?

In states with an income limit of 100% FPL for Medicaid and a separate CHIP program

- Uninsured children whose family income is below 138% FPL will move from CHIP eligibility or enrollment to Medicaid eligibility or enrollment
- If privately insured, they may now be eligible for Medicaid as supplemental coverage
- Access to EPSDT and lower cost-sharing

In states that adopt the Medicaid expansion for adults, some parents of CYSHCN will become newly eligible for Medicaid

When parents are insured, kids are more likely to be insured





What are the Implications of Eligibility Changes for Transitioning YSHCN?

- Non-adopter states: current eligibility limits stay in place till 2014, when MOE expires for adults
- Adopter states: access to Medicaid will open to young people with chronic illnesses and special health care needs whose income is under 138% of FPL and who don't currently qualify for Medicaid





What Else is New Regarding Eligibility Under the ACA?

In 2014

- Adolescents in foster care will be able to maintain Medicaid coverage until they turn 26
- States can offer CHIP to children of low-income state employees (if annual premiums and cost-sharing of current health insurance >5% of family income)
- MOE provision prohibits states from reducing Medicaid or CHIP eligibility limits below those in effect when the ACA was enacted on March 23, 2010 and continues for children until 2019





Streamlining Eligibility and Enrollment

In 2014

- States will determine Medicaid or CHIP eligibility by using a single, national standard called Modified Adjusted Gross Income (MAGI) – 5% disregard
- Use of MAGI aligns Medicaid eligibility, CHIP & Exchange calculations, making transition between Medicaid and CHIP and Exchange easier
- MAGI will NOT apply to some CYSHCN for example, children in HCBS waivers or children who qualify under SSI, TEFRA or Katie Beckett



CATALYST CENTER

More Streamlined Eligibility & Enrollment Highlights

- Single application for Medicaid and CHIP coverage and Exchange subsidies and streamlined renewals – by phone, fax, online, mail or in person
- Electronic data sharing between Medicaid programs and "trusted third parties"
- Permits hospitals to make "presumptive eligibility" determinations for Medicaid, to be verified later by the state Medicaid program
- Permits express lane agencies to use household income to determine eligibility for Medicaid and CHIP as they do for other programs like WIC, subsidized housing, or the school lunch program





Changes in Covered Services for CYSHCN

- Children in states that must expand their Medicaid income eligibility to 138% of FPL will gain access to EPSDT
- Families of children with life-limiting conditions do not have to choose between hospice care & continuing potentially curative care – they can receive both concurrently





Financing Changes

- Federal government pays 100% of the cost for expansion populations for 3 years (adults).
- Then 90% of costs in 2020.
- Federal match for CHIP increases as much as 23%.
- Federal funding for CHIP continues through September 2015.
- Increase in Medicaid reimbursement for primary care 2013-4.





Service Delivery

- New option to implement health homes for Medicaideligible adults or children with chronic conditions to better coordinate care and promote efficiencies
 - financed with 90% federal dollars over two years
 - Services include: comprehensive care management, patient and family support, comprehensive transitional care from a hospital or institution to home, referrals to community and social support services, use of health information technology to link services, care coordination, and health promotion
- ACA authorizes state level demonstration projects for pediatric ACOs – provider organizations that will work to align financial incentives for providers to work together for improved health outcomes for patients (not yet funded).





Find Out in Your State....

- Does your state have a planning process for deciding how to coordinate enrollment in Medicaid, CHIP and the Exchange in 2014?
- Has your state developed (or is it developing) a state plan amendment for health homes?
 - Does it include children?
 - If yes, which children?





Next Steps: Learn About Medicaid Eligibility Changes in Your State

- Find out if Medicaid eligibility will increase for children in your state under the ACA
- What are the alternate pathways to Medicaid eligibility for CYSHCN in your state?
- How does the Medicaid program decide whether a child is eligible?





Next Steps: Get/Share Data!

- Who are the go-to people for obtaining data on children's services?
- How are EPSDT services tracked?
- What other quality data are collected by either public health agencies or the Medicaid program and its contractors?





Next Steps: Identify Opportunities for Collaboration

- Are there any cooperative agreements between Title V and Medicaid now?
- Do Medicaid or CHIP fund care coordination for CYSHCN? If yes, how?
- Are there plans for managed care expansion?





Next Steps: Managed Care

If your state is planning to expand managed care enrollment:

- Will it be mandatory or voluntary? If mandatory, for whom?
- Is a waiver required?
- What providers and services are covered?
- Will care coordination/care planning be included?
- What role will families play in the planning, implementation?
- What are the financing arrangements? Will there be risk adjustment, risk sharing, or stop-loss provisions?





Next Steps: Create Partnerships

 Create cross-agency committees or work groups to address new issues

 Could the Title V model of employing parents of CYSHCN work in Medicaid and CHIP programs?

 How is your state's F2F involved in health care reform?





Questions and Discussion....

To make a comment or ask a question:

Press *6 to unmute your phone line

(Press *6 again to re-mute it)



Moderator: Beth Dworetzky





Additional ACA Resources

- The Catalyst Center health care reform publications and more: http://aca.catalystctr.org,
 - Affordable Care Act: a side-by-side comparison of major provisions and the implications for children and youth with special health care needs
 - The Affordable Care Act and Children with Special Health Care Needs: An Analysis and Steps for State Policymakers
- AMCHP National Center for Health Reform Implementation: http://www.amchp.org/Policy-Advocacy/health-reform/Pages/default.aspx
 - The Patient Protection and Affordable Care Act:
 Summary of Key Maternal and Child Health Related Highlights with Updates on Status of Implementation
- Healthcare.gov ACA implementation timeline
 - http://www.healthcare.gov/law/timeline/





Missed a Previous Webinar in this Series?

Listen to the recording and download the slides

http://hdwg.org/catalyst/medicaid-tutorial-webinar





Questions and Comments...

Please fill out a participant survey at: https://www.surveymonkey.com/s/tutorial5

Thank you for joining us!





For more information, please contact us at:

The Catalyst Center
Health and Disability Working Group
Boston University School of Public Health
617-638-1936

www.catalystctr.org

