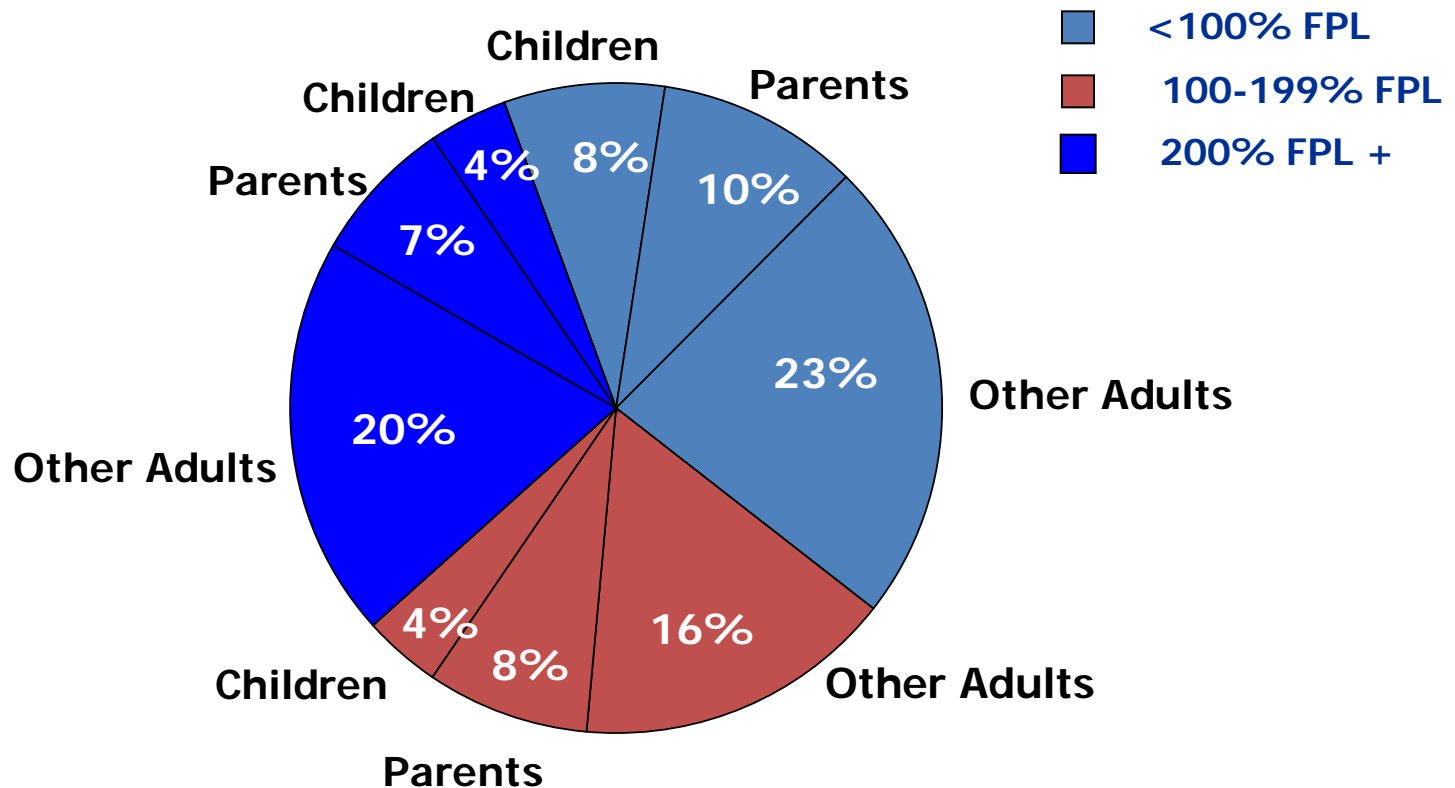# Medicaid and CHIP in 2014:
A Seamless Path to Affordable Coverage

Cindy Mann, JD
CMS Deputy Administrator
Director, Center for Medicaid and CHIP Services
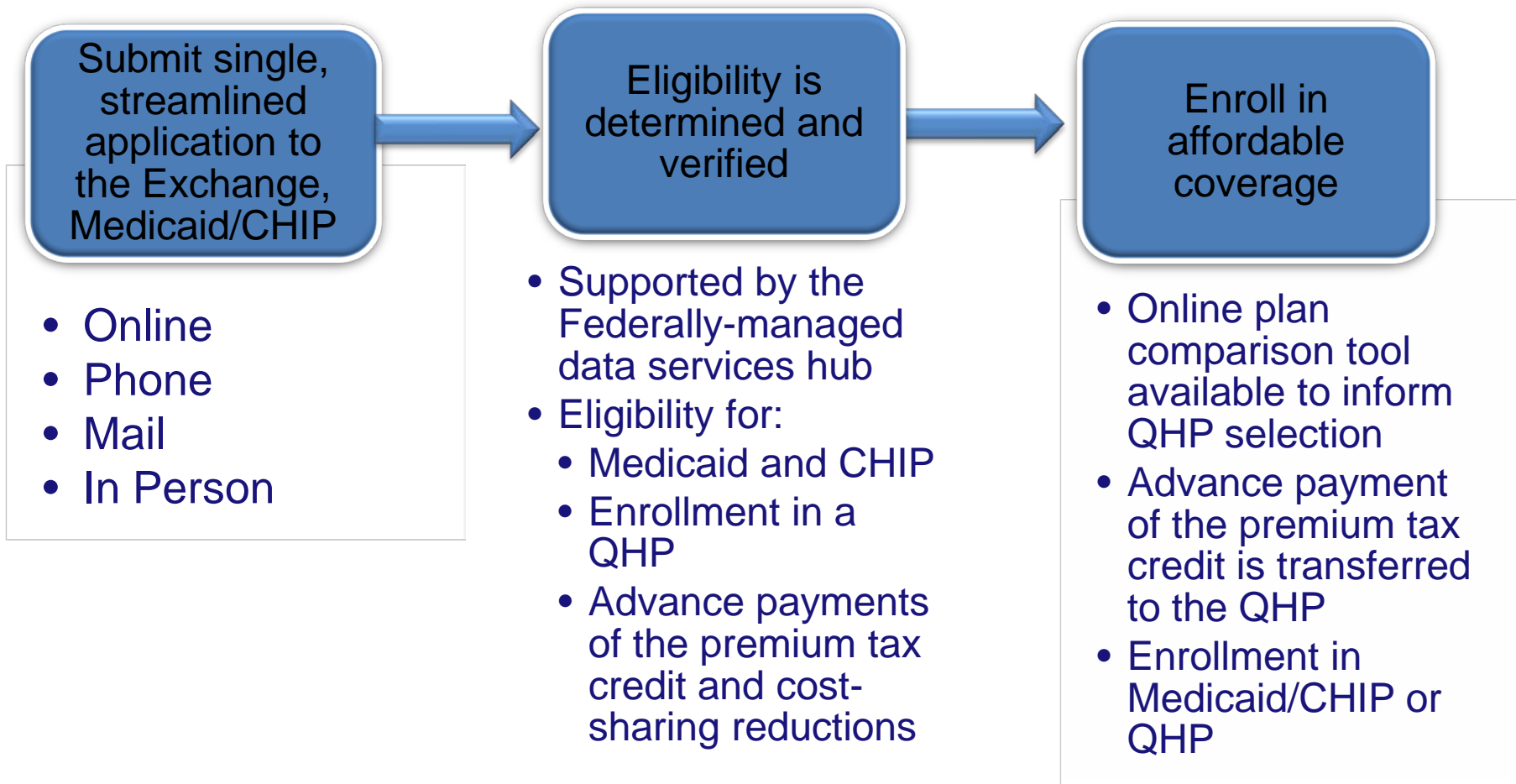March 22, 2012

Two-Thirds of the Nonelderly Uninsured are Low-Income

Total = 49.1 million uninsured

Seamless, Streamlined System of Eligibility and Enrollment

Submit single, streamlined application to the Exchange, Medicaid/CHIP

Eligibility is determined and verified

Enroll in affordable coverage

- Online
- Phone
- Mail
- In Person

- Supported by the Federally-managed data services hub
- Eligibility for:
  - Medicaid and CHIP
  - Enrollment in a QHP
  - Advance payments of the premium tax credit and cost-sharing reductions

- Online plan comparison tool available to inform QHP selection
- Advance payment of the premium tax credit is transferred to the QHP
- Enrollment in Medicaid/CHIP or QHP

Final Rule: Seamless and Affordable Coverage

- Expands access to affordable coverage

- Simplifies Medicaid & CHIP

- Ensures a seamless system of coverage

Expanding Access to Coverage with Significant Federal Support

- Eliminates gaps in eligibility by expanding to 133% FPL for individuals under age 65

- Enables States to consolidate a large number of eligibility categories into 4 main groups

- Enrollment in the new income-based category without having to first screen for other eligibility groups

- Enables people with disabilities and those needing long-term care services & supports to enroll in the group that best meets their needs

Minimum Medicaid Eligibility Levels in 2014

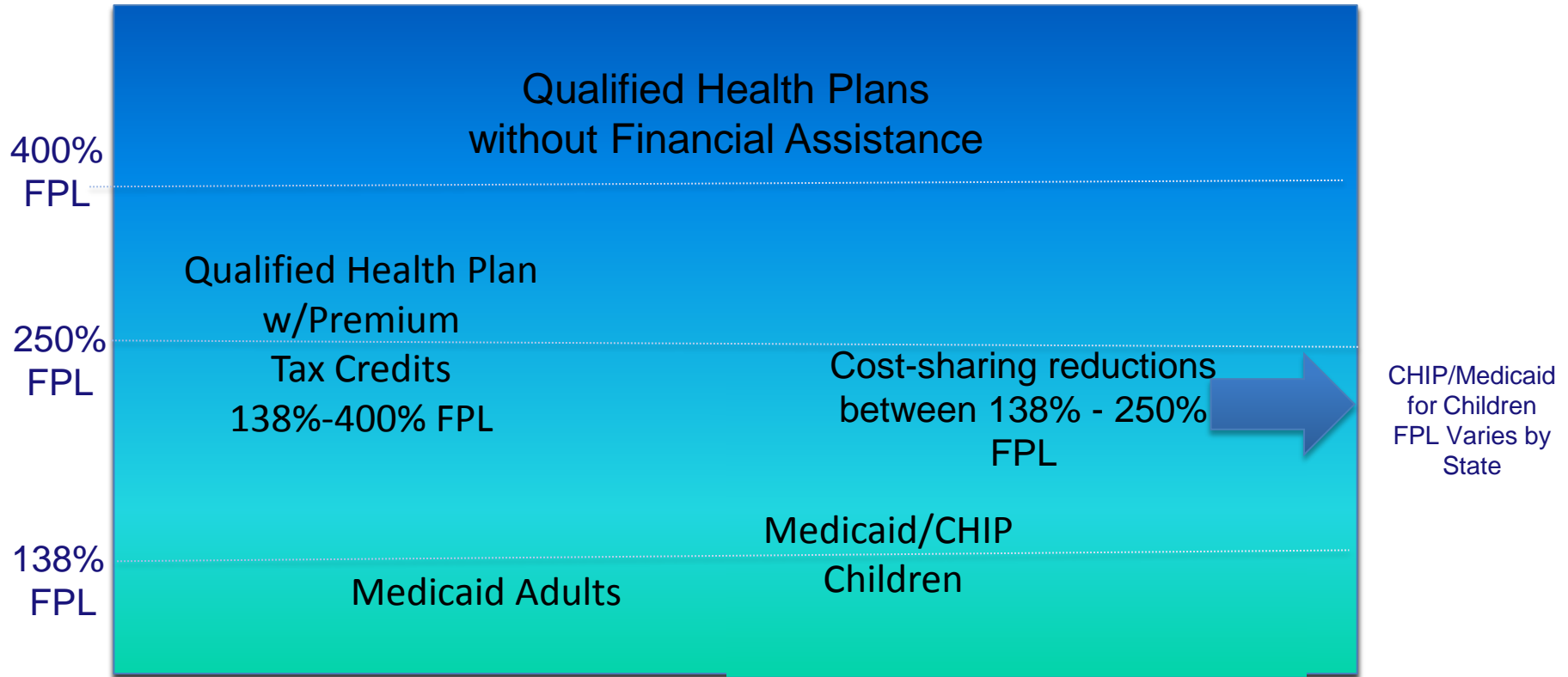| Population	2014 Minimum Eligibility Levels
Children	Varies by State Average 241% FPL
Pregnant Women	≥133% (Varies by State)
Parents	133%
Disabled Adults	133% (Based on income, not disability)
Other Adults	133%

Expanding Access to Coverage with Significant Federal Support

- 100% FMAP from 2014 – 2016; gradually moves to 90% in 2020 and beyond

- Final rule does not include FMAP-related provisions that were in the NPRM

  - Working with 10 States through contract with RAND to test simple, reliable methods of assigning FMAP

Simplifying Medicaid & CHIP

- Move to MAGI; replaces complex rules in place today

  - TA to States on converting current standards to MAGI

- Following State lead, modernizes eligibility verification rules to rely primarily on electronic data

- The federal government will perform some of the data matches for States, relieving administrative burden

- Renewals every 12 months

  - If eligibility can be renewed based on available data, no return form is needed

A Seamless System of Coverage

Qualified Health Plans without Financial Assistance

400% FPL

Qualified Health Plan w/Premium Tax Credits 138%-400% FPL

250% FPL

Cost-sharing reductions between 138% - 250% FPL

CHIP/Medicaid for Children FPL Varies by State

Medicaid/CHIP Children

138% FPL

Medicaid Adults

Coordination:
A Seamless System of Coverage

- Single, streamlined application for all insurance affordability programs

- Website that provides program information and facilitates enrollment in all insurance affordability programs

- Coordinated verification policies across Medicaid, CHIP and the Exchanges (e.g. income, State residency, requesting SSNs)

- Shared eligibility service

- Standards and guidelines for ensuring a coordinated , accurate and timely process for performing eligibility determinations and transferring information to other insurance affordability programs (Interim Final with Comment)

Facilitating Enrollment in Insurance Affordability Programs

Exchange makes Medicaid/CHIP MAGI eligibility determinations using State Medicaid/CHIP rules/standards

- Exchanges may be run by non-governmental entitles

OR

Exchange makes initial assessment of eligibility; State Medicaid & CHIP agencies make the final eligibility determination

- Accept the electronic account, no duplication for applicants or agencies and determine eligibility according to timeliness standards
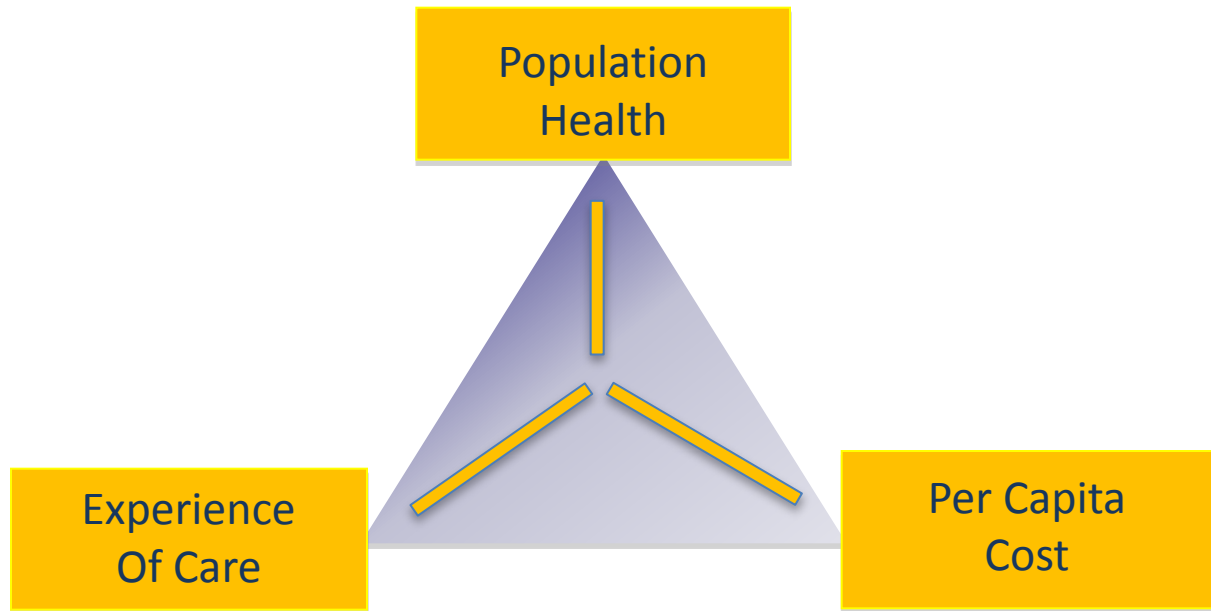
(Interim Final with Comment)

Next Steps

- Published in Federal Register on March 23, 2012

- 45-day comment period on Interim Final Rule provisions until May 8, 2012

  - Safeguarding information (§§431.300 & 431.305)

  - Timeliness standards (§435.912)

  - Coordination (§435.1200)

Next Steps

- Working on operational guidance, streamlined application, data and performance standards in collaboration with States and other stakeholders

- Working with other federal agencies to ensure coordination across programs (e.g. SNAP)

- State Operations and Technical Assistance (SOTA) Teams

Working Together to Achieve
Better Care, Better Health, Lower Costs
Through Care Improvements

For more information on the final rule:

http://www.medicaid.gov/AffordableCareAct/Provisions/Eligibility.html

Webinar information:

March 29, 3:00 p.m. EST: MAGI methods & Household Scenarios

http://www.medicaid.gov/State-Resource-Center/Eligibility-Enrollment-Final-Rule/Eligibility-and-Enrollment-Final-Rule-Webinars.html