Web Briefing: Modern Era Medicaid and CHIP – Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies

Tuesday, January 20, 2015
Presented by the Kaiser Family Foundation

Samantha Artiga
Associate Director, Kaiser Commission on Medicaid and the Uninsured
Kaiser Family Foundation

Today’s Web Briefing Will Be Recorded

All PowerPoint slides can be found at

kff.org/medicaid

A transcript will be available soon.
Modern Era Medicaid:
Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP as of January 2015

kff.org/medicaid

Q&A – You Can Ask Questions Via Chat

• You can type your questions via chat at any time.

• At the end of the presentations, we will begin our Q&A discussion. At that time, the speakers will answer questions that were submitted via chat.

Jessica Stephens & Tricia Brooks

Senior Policy Analyst
Kaiser Family Foundation

Senior Fellow
Georgetown University Center for Children and Families

- 13th annual survey covering Medicaid and CHIP policies in 50 states and D.C.
  - Based on telephone interviews with Medicaid and CHIP program administrators
- Covers policies for children, pregnant women, parents, and other non-disabled adults
  - Medicaid and CHIP Eligibility
  - Enrollment and Renewal Processes
  - Eligibility and Enrollment Systems
  - Premiums and Cost-Sharing
- Provides a snapshot of state Medicaid and CHIP policies in place one year after key ACA Medicaid provisions took effect

Over half of states extend Medicaid eligibility for parents to at least 138 percent of the federal poverty level.

Medicaid Income Eligibility Levels for Parents of Dependent Children, January 2015:

Eligibility levels for childless adults are at or above 138% of poverty in states that have adopted the Medicaid expansion.
Median eligibility levels for adults have increased compared to pre-ACA levels in states that adopted the Medicaid expansion.

![Graph showing median eligibility levels for adults in states that adopted the Medicaid expansion.]

**NOTE:** January 2013 thresholds are for working adults and are based on 2013 federal poverty levels (FPLs); January 2015 thresholds are based on 2014 FPLs. In 2013, the FPL was $11,670 for an individual and $19,790 for a family of three. In 2014, the FPL was $11,730 for an individual and $20,090 for a family of three. The FPLs are updated each year by the U.S. Department of Health and Human Services.

Eligibility for adults is limited in states not adopting the Medicaid expansion at this time.

![Graph showing eligibility levels for adults in non-expansion states.]

Eligibility levels for children and pregnant women remain higher than those for adults across states.

![Graph showing eligibility levels for children, pregnant women, and adults in states adopting and not adopting Medicaid expansion.]

**NOTE:** Eligibility levels are based on 2013 federal poverty levels (FPLs) for a family of three for children, pregnant women, and parents and for an individual for childless adults. In 2013, the FPL was $11,670 for a family of three and $19,790 for an individual. The FPLs are updated each year by the U.S. Department of Health and Human Services.
States have adopted options to increase access to coverage for children and pregnant women.

Number of States Adopting Selected Options to Expand Access to Medicaid and CHIP, January 2015:

<table>
<thead>
<tr>
<th>Option</th>
<th>Children</th>
<th>Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Waiting Period for CHIP</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>No 5-Year Waiting Period for Lawfully Residing Immigrant Children</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td>Medicaid Coverage of Parents, Tender Years, and Age 26-Year-Old or Other Status</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Uninsured Option for Lawfully Residing Immigrant Pregnant Women</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.

There has been significant advancement in the availability of online and telephone Medicaid applications across states.

Number of States with Online and Telephone Medicaid Applications:

<table>
<thead>
<tr>
<th>Application Method</th>
<th>January 2012</th>
<th>January 2013</th>
<th>January 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Application</td>
<td>34</td>
<td>37</td>
<td>50</td>
</tr>
<tr>
<td>Telephone Application</td>
<td></td>
<td>15</td>
<td>47</td>
</tr>
</tbody>
</table>

NOTE: Online applications refer to applications that can be submitted electronically, whether they are only for download from websites.

SOURCE: Based on results from national surveys conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families in 2012, 2013, and 2015.

States have adopted targeted strategies to facilitate enrollment and renewal of eligible individuals.

Number of States Adopting Selected Enrollment and Renewal Strategies, January 2015:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Children</th>
<th>Pregnant Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-enrollment Eligibility for Children, Pregnant Women, Parents, or Other Adults</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Express Lane Eligibility at Enrollment in Medicaid or CHIP</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Facilitated Enrollment Option</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Express Lane Eligibility at Renewal in Medicaid or CHIP</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>12-Month Continuous Eligibility in Medicaid or CHIP</td>
<td></td>
<td>31</td>
</tr>
</tbody>
</table>

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.
States vary in their verification policies, with many relying on self-attestation of non-financial eligibility criteria.

Verification Procedures Used by Medicaid Agencies at Application, January 2015:

<table>
<thead>
<tr>
<th>Income</th>
<th>Age/Date of Birth</th>
<th>State Residency</th>
<th>Household Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1</td>
<td>$1</td>
<td>$1</td>
<td>$1</td>
</tr>
<tr>
<td>11</td>
<td>7</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>40</td>
<td>28</td>
<td>11</td>
<td>39</td>
</tr>
</tbody>
</table>

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.

Many states delayed renewals as they worked to transition to new enrollment and renewal procedures.

Number of States that Delayed Renewals in Medicaid and CHIP, as of January 2015:

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>CHIP (26 Total)</th>
<th>Still Processing Renewals Due in 2014 into 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>22</td>
<td>17</td>
</tr>
</tbody>
</table>

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.

Integration of Medicaid and Marketplace systems varies across states, reflecting their Marketplace structure.

Integration of Medicaid and Marketplace Eligibility Determination Systems, January 2015:

- Medicaid/State-based Marketplace Systems: 39 States
- Federally-facilitated Marketplace: 17 States
- Single, Integrated System: 12 States
- Separate Medicaid and Marketplace Systems: 31 States

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.
Many states delinked Medicaid from other programs in 2014 but a number plan to reintegrate them in the future.

Number of States Integrating MAGI-Based Medicaid Eligibility Determination Systems with Other Non-Health Programs:

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of States Integrating</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2013</td>
<td>45</td>
</tr>
<tr>
<td>January 2015</td>
<td>19</td>
</tr>
<tr>
<td>Planning to Integrate in Future</td>
<td>12</td>
</tr>
</tbody>
</table>

NOTE: Other non-health programs may include WIA, TANF, childcare subsidy, or other benefit programs.
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.

Premiums and cost-sharing generally remain limited in Medicaid and CHIP.

Number of States Charging Premiums and Cost-Sharing for Selected Populations, January 2015:

- **Children in Medicaid**
  - 3 states charging premiums/monthly payments
  - 4 states charging cost-sharing
- **Children in CHIP (Total: 36 states)**
  - 27 states charging premiums/monthly payments
  - 24 states charging cost-sharing
- **Section 1931 Medicaid Parents**
  - 0 states charging premiums/monthly payments
  - 40 states charging cost-sharing
- **Medicaid Expansion Adults (Total: 28 states)**
  - 2 states charging premiums/monthly payments
  - 20 states charging cost-sharing

SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.

Implications of Key Findings and Looking Ahead

- States have made advancements in implementing the ACA’s Medicaid provisions
  - Broadened base of coverage in states that adopted the Medicaid expansion, but gaps remain in states that have not expanded
  - Simplified and improved Medicaid enrollment processes and systems
- Work continues to move states closer to ACA’s vision of no wrong door access and real-time, data-driven eligibility and enrollment
  - Expand and enhance system functionality
  - Refine automated renewal processes
  - Improve coordination between Medicaid/CHIP and the Marketplaces
- Changes in Medicaid and the broader policy environment have implications for coverage looking ahead
  - State decisions to adopt the Medicaid expansion
  - Delivery and payment system reforms
  - CHIP reauthorization
  - Continued political and legal action on the ACA, including Supreme Court’s consideration of King vs. Burwell
Vikki Wachino
Deputy Director, The Center for Medicaid and CHIP Services
The Centers for Medicare and Medicaid Services

National Perspectives from CMS
- National Medicaid enrollment increased by 9.7 million as of October 2014
- 28 States Expanded Medicaid Coverage for Low-Income Adults
- “Modern Era” Medicaid and CHIP Eligibility:
  - Widespread use of single streamlined application
  - Many states making real-time determinations for MAGI populations
  - Electronic verification
- Moving Forward on Eligibility and Enrollment in 2015
  - Streamlined Renewals
- Looking Ahead to Delivery System Reform

Judith Arnold
Director, Division of Eligibility and Marketplace Integration
New York State Department of Health
Perspectives from New York

- Medicaid enrollment increased by half a million.
- MAGI Eligibility Levels: Adults 133%, Children 400%, and Pregnant Women 218% of FPL
- Fully Integrated Eligibility System for MAGI Medicaid, CHIP and Marketplace Coverage with Real Time Eligibility Determinations
  - Families apply on one application and receive tailored eligibility determinations.
  - All family members can select health plans online, regardless of program.
  - Individuals can move seamlessly between programs.
  - Administrative renewal capability.

Rex Plouck
Portfolio Manager
Governor’s Office of Health Transformation, Ohio

Perspectives from Ohio: Ohio Benefits Integrated Eligibility Update

- Successes
  - 1.4 million applicants submitted via Ohio Benefits
  - 60% of cases initiated via self service portal
  - 90% of all cases have been processed
  - 1.5 million individuals converted from legacy system
  - 20 major system upgrades have been released

- Challenges
  - Authentication of citizenship status
  - Verification of data
  - Notice of Action (NOAs) limitations

- Looking ahead
  - Integration of Medicaid Aged, Blind and Disabled categories and SNAP and TANF programs into new eligibility system in progress
  - Enhanced electronic data verification and paper reduction underway
  - County shared service in progress
  - Integration of WIC and Child Care into new eligibility system being planned
Linda Nablo

Chief Deputy Director

Virginia Department of Medical Assistance Services

Perspectives from Virginia

- **Background**
  - Non-expansion state
  - Federally-Facilitated Marketplace, Assessment state
  - Online and telephone applications for children pre-ACA; adopted MAGI early

- **Key Challenges**
  - System development and migration from old system
  - Training for workers
  - Application volume

- **Looking ahead**
  - Centralized processing (CPU)
  - Better messaging, more navigators/assistors
  - Budget requests for more eligibility workers to support CPU
  - Great strides achieved in modernization, but continued system enhancements
  - Ever hopeful about expansion

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- You can still ask additional questions via chat at any time.
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Released Today: 13th Annual 50-State Survey

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Thank you!

Until next time, keep up with the Kaiser Family Foundation online:

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