

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.



Released Today: 13th Annual 50-State Survey

**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*



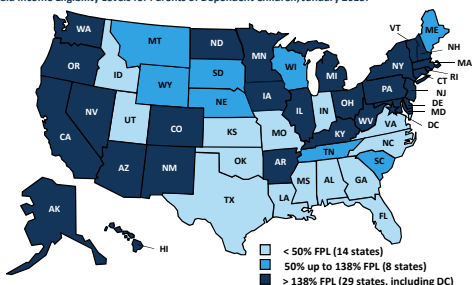
50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies, 2014-2015

- **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:

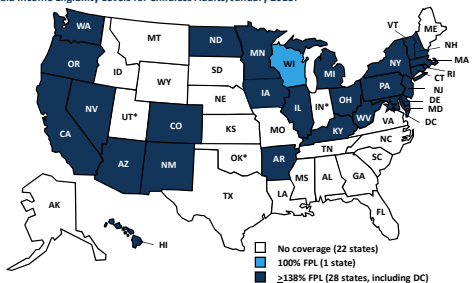


NOTE: Eligibility levels are based on 2014 federal poverty levels (FPLs) for a family of three. The FPL for a family of three in 2014 was \$19,790. Thresholds include the standard five percentage point of the FPL disregard.
 SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.



Eligibility levels for childless adults are at or above 138% of poverty in states that have adopted the Medicaid expansion.

Medicaid Income Eligibility Levels for Childless Adults, January 2015:

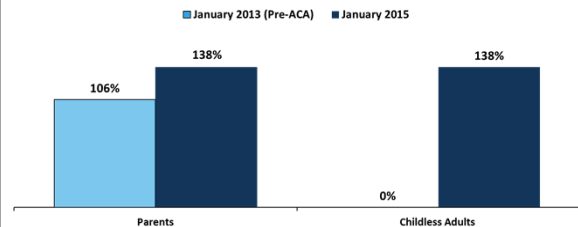


NOTE: Eligibility levels are based on 2014 federal poverty levels (FPLs) for an individual. The FPL for an individual in 2014 was \$11,670. Thresholds include the standard five percentage point of the FPL disregard.
 *IN, OK, and UT provide more limited coverage to some childless adults under Section 1115 waiver authority.
 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.



Median eligibility levels for adults have increased compared to pre-ACA levels in states that adopted the Medicaid expansion.

Median Medicaid Income Eligibility Levels for Adults as a Percent of the FPL in States that Adopted the Medicaid Expansion, January 2013 and January 2015:



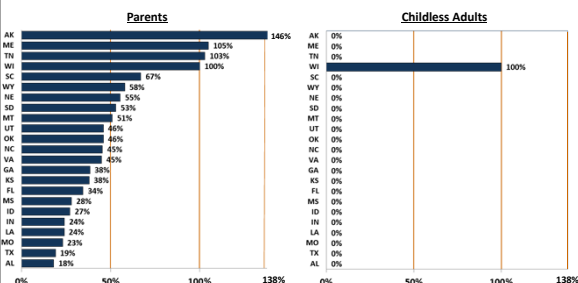
NOTE: January 2013 thresholds are for working adults and are based on 2013 federal poverty levels (FPLs). January 2015 levels are based on 2014 FPLs. In 2013, the FPL was \$11,490 for an individual and \$19,530 for a family of three. In 2014, the FPL was \$19,790 for a family of three and \$11,670 for an individual. January 2015 thresholds include the standard five percentage point of the FPL disregard.

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.



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

Medicaid Income Eligibility Limits for Adults as a Percent of the FPL in Non-Expansion States, January 2015:



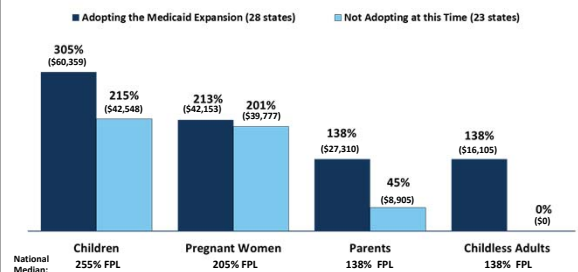
NOTE: Eligibility levels are based on 2014 federal poverty levels (FPLs) and are calculated based on a family of three for parents and an individual for childless adults. In 2014, the FPL was \$19,790 for a family of three and \$11,670 for an individual. Thresholds include the standard five percentage point of the federal poverty level (FPL) disregard.

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.



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

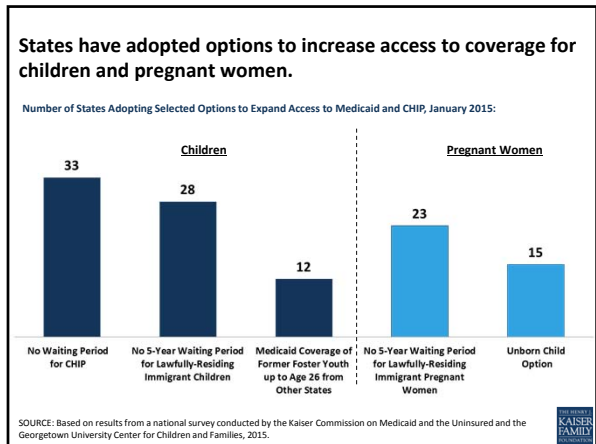
Median Medicaid/CHIP Income Eligibility Thresholds by Group, January 2015:

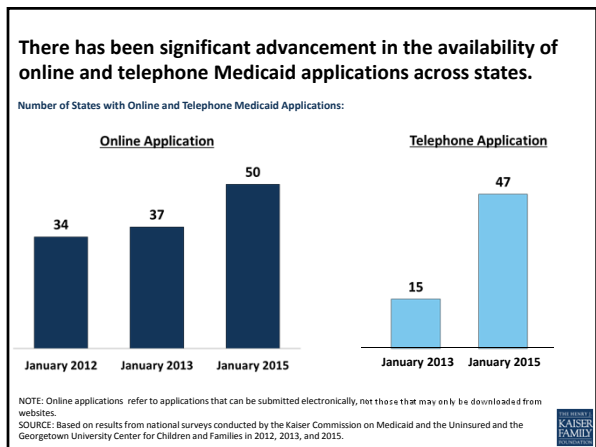


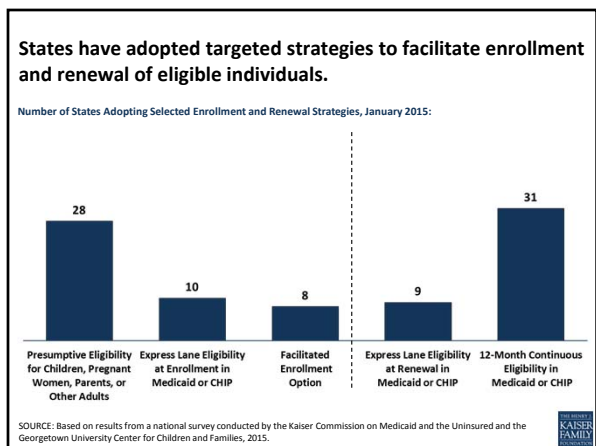
NOTE: Eligibility levels are based on 2014 federal poverty levels (FPLs) for a family of three for children, pregnant women, and parents, and for an individual for childless adults. In 2014, the FPL was \$19,790 for a family of three and \$11,670 for an individual. Thresholds include the standard five percentage point of the federal poverty level (FPL) disregard.

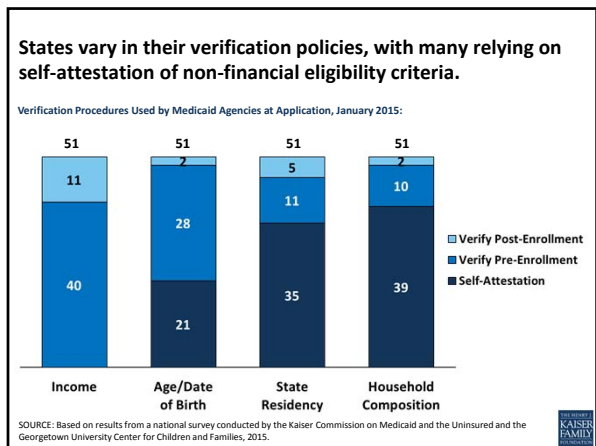
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2015.

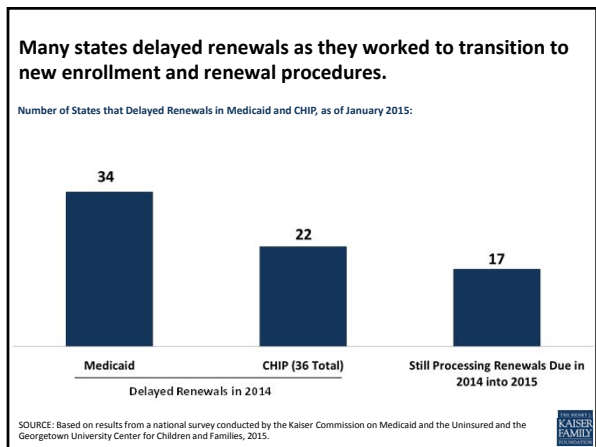


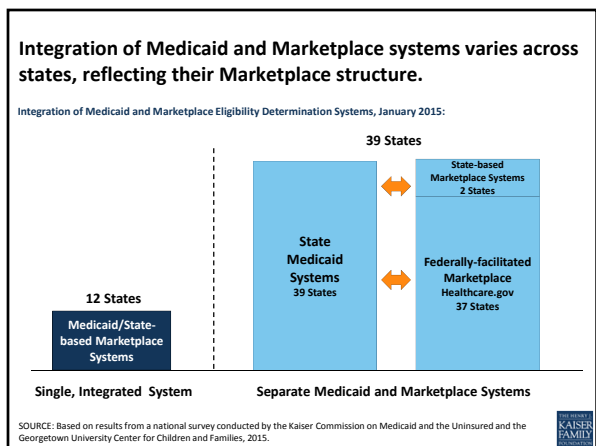


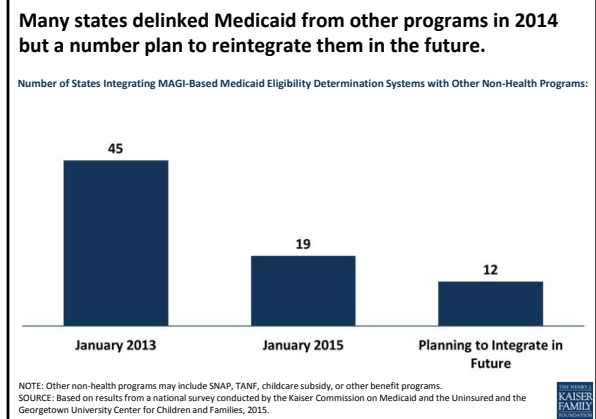


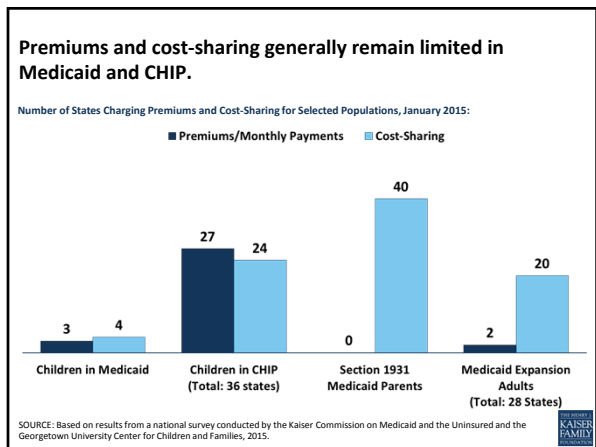












Implications of Key Findings and Looking Ahead

- 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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Contact Information

Media Inquiries? Contact:

Chris Lee, Communications Officer
Kaiser Family Foundation
Phone: 202-347-5270
Email: CLee@kff.org

Questions about the report? Contact:

Samantha Artiga, Associate Director, KCMU
Kaiser Family Foundation
Phone: 202-347-5270
Email: SArtiga@kff.org



Thank you!

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Tricia Brooks



Senior Fellow

*Georgetown University
Center for Children and
Families*



Jessica Stephens



Senior Policy Analyst

Kaiser Family Foundation