

Medicaid and CHIP Eligibility and Enrollment in 2016, and A Look Ahead

Findings from a 50-State Survey

Washington, DC
January 21, 2016

50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies, 2015-2016

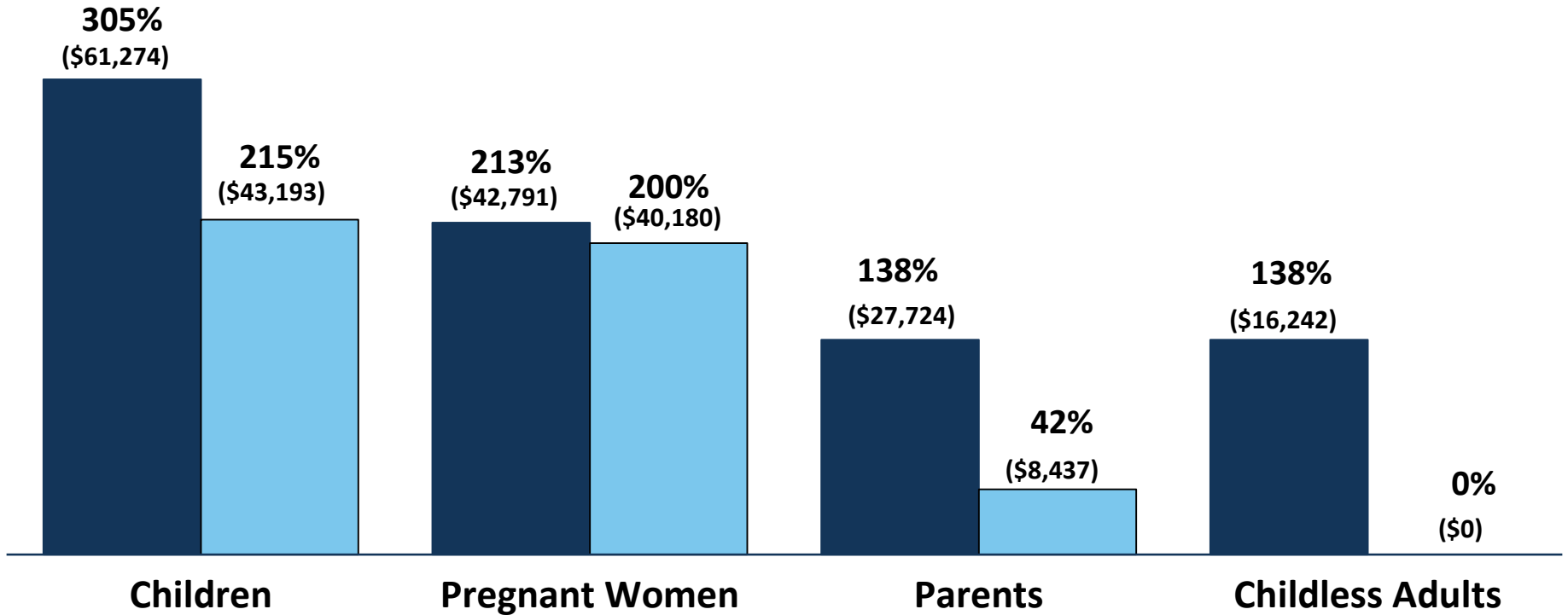
- 14th annual survey covering Medicaid and CHIP policies in 50 states and D.C.
 - Covers policies for children, pregnant women, parents, and other non-disabled adults
 - Reflects policies in place as of January 2016 and changes made in 2015
- Provides a snapshot of state Medicaid and CHIP policies two years after key ACA Medicaid provisions took effect
 - ACA Medicaid expansion
 - Modernized and streamlined enrollment and renewal procedures in all states
- Policies are key factors shaping ability to reach remaining uninsured, keep individuals covered over time, and ensure individuals can access needed care

Figure 2

Medicaid and CHIP are central sources of coverage for the low-income population, but eligibility varies across groups and states.

Median Medicaid/CHIP Income Eligibility Thresholds as of January 2016:

■ Implemented the Medicaid Expansion (31 states) ■ Not Implementing the Expansion at this Time (20 states)



NOTE: Eligibility levels based on 2015 federal poverty levels (FPLs) for a family of three (\$20,090) for children, pregnant women, and parents and for an individual for childless adults (\$11,770). 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, 2016.

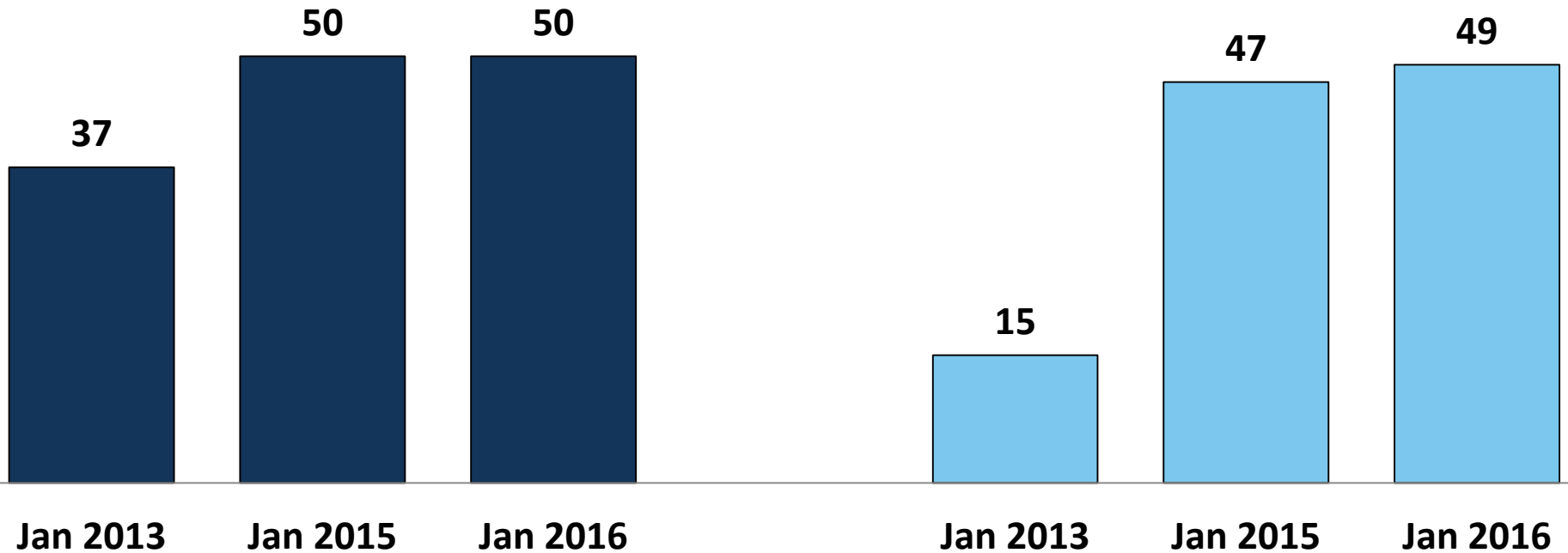
Figure 3

The availability of online and telephone Medicaid applications increased significantly under the ACA.

Number of States:

Online Application

Telephone Application

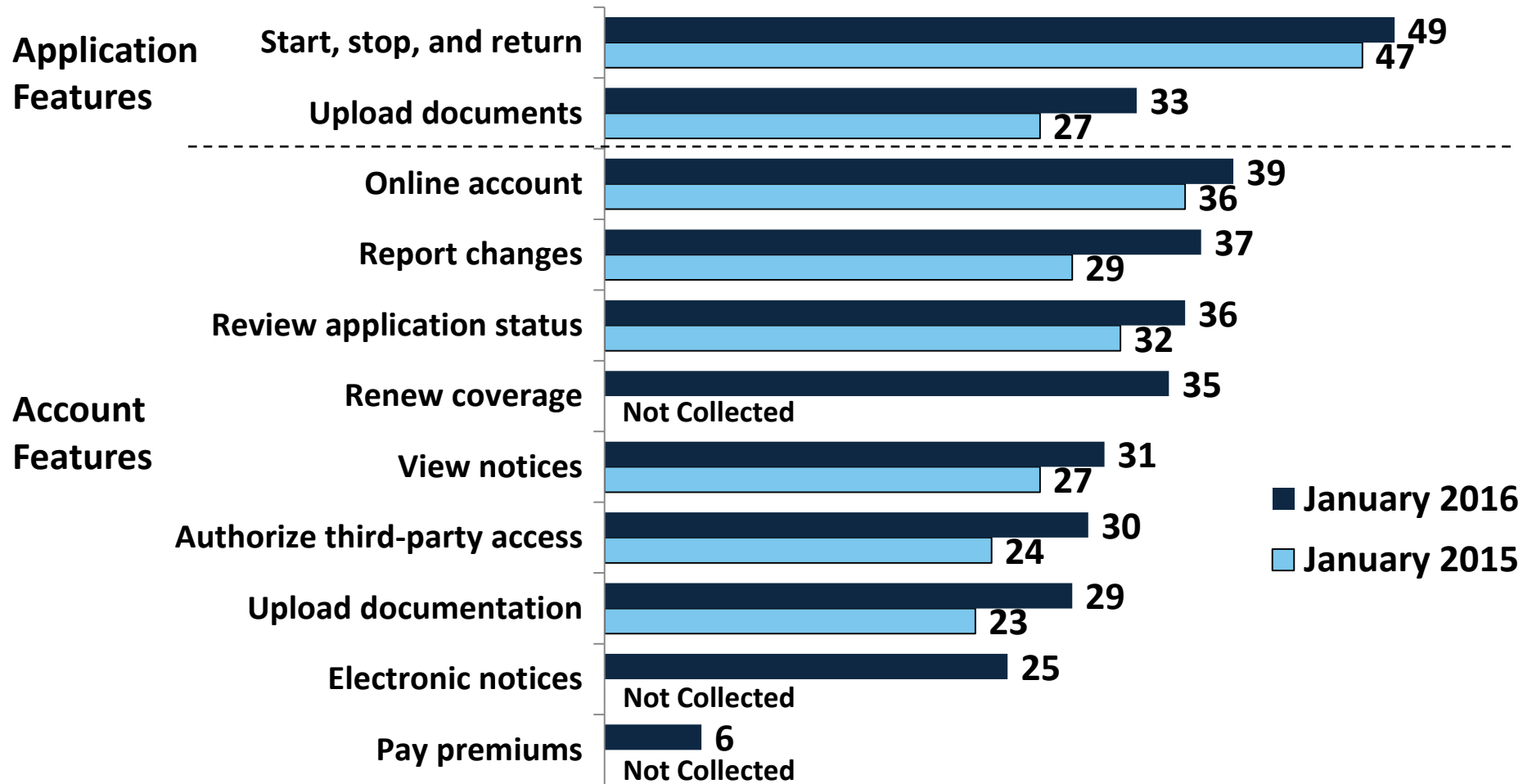


NOTE: Online applications refer to applications that can be submitted electronically, not those that may only be downloaded from websites.

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 2013, 2015, and 2016.

Figure 4

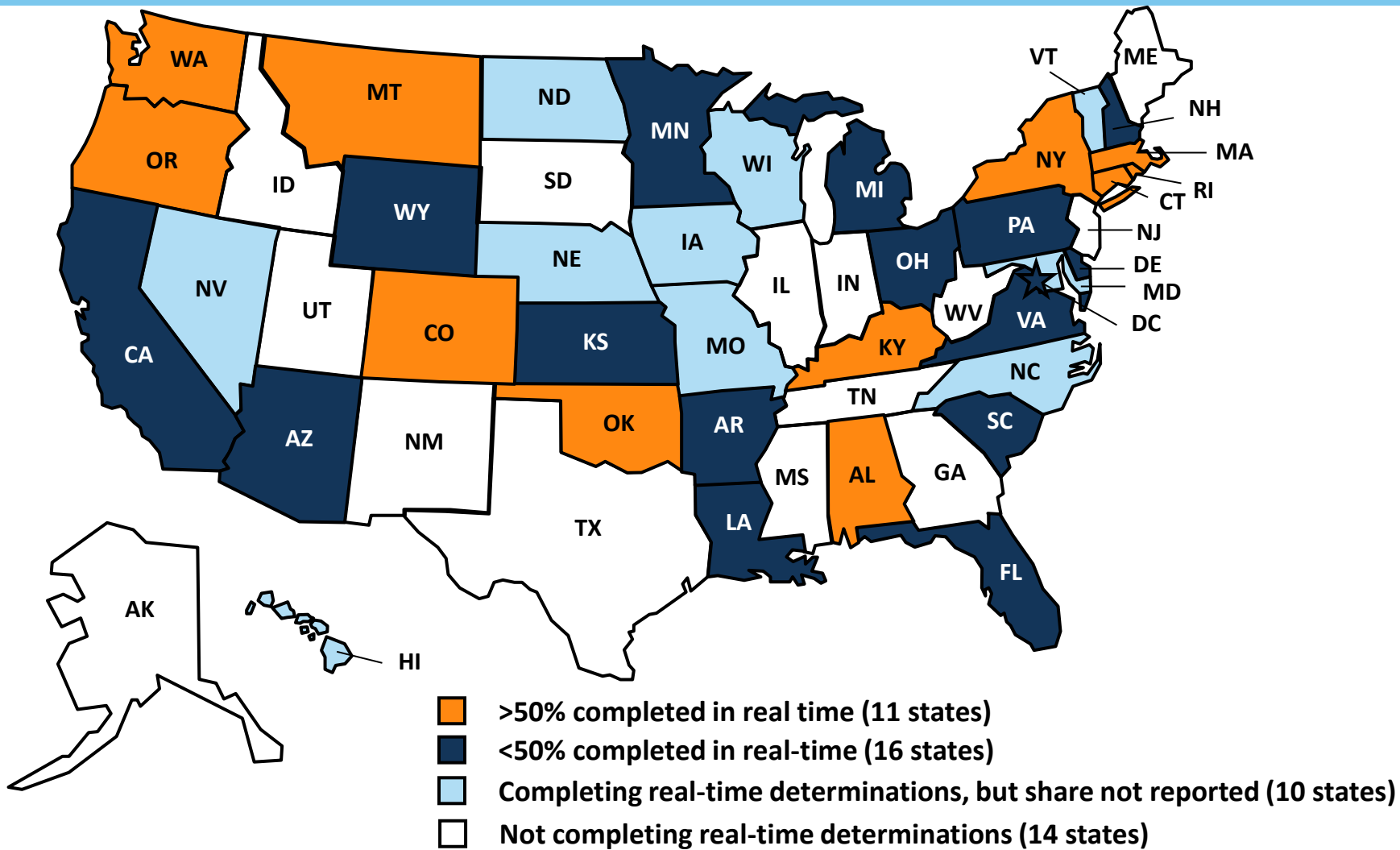
States continue to add features to online Medicaid applications and accounts.



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 in 2015 and 2016.

Figure 5

37 states are conducting real-time Medicaid determinations (<24 hours) as of January 2016.



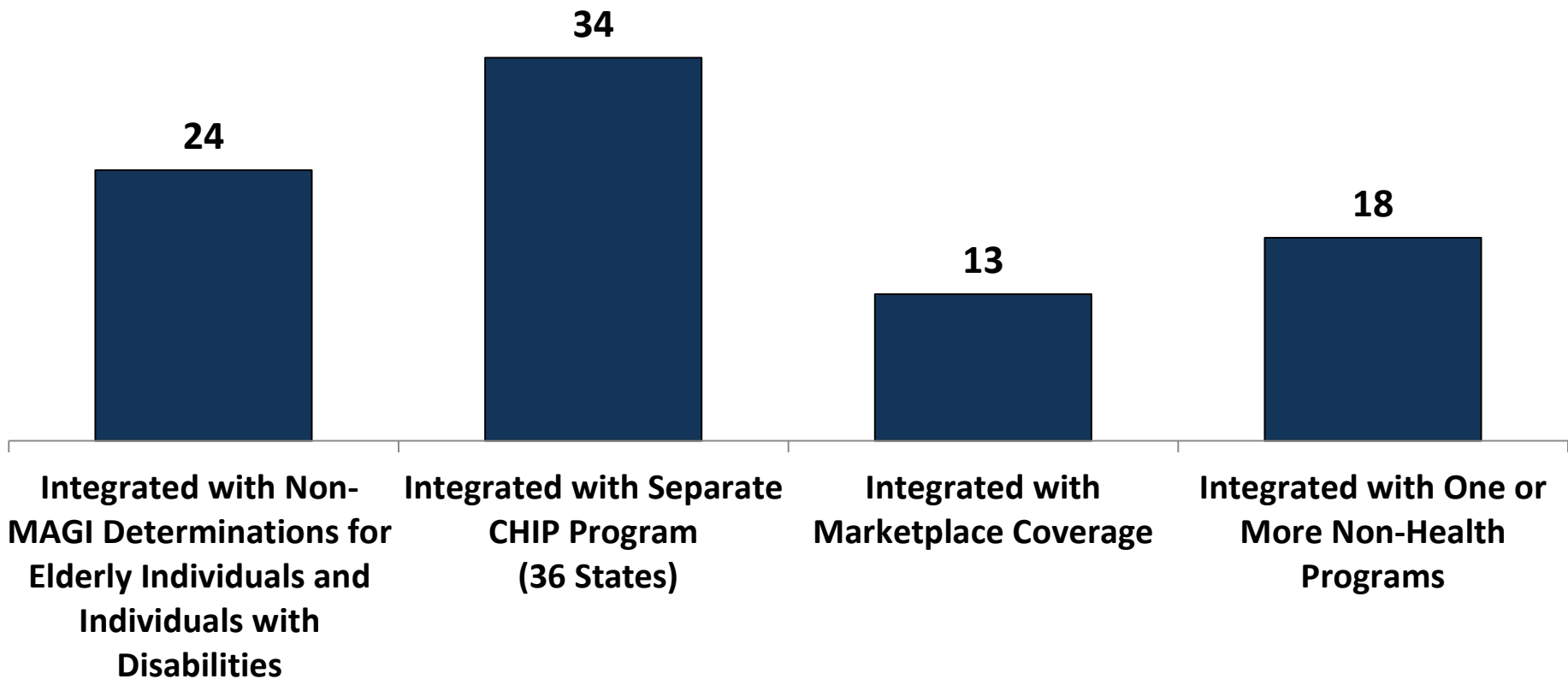
NOTE: Real-time defined as less than 24 hours.

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, 2016.

Figure 6

Integration of Medicaid eligibility systems with other programs varies across states.

Number of states that have integrated Medicaid eligibility systems for children, pregnant women, parents and non-disabled adults with other groups/programs as of January 2016:

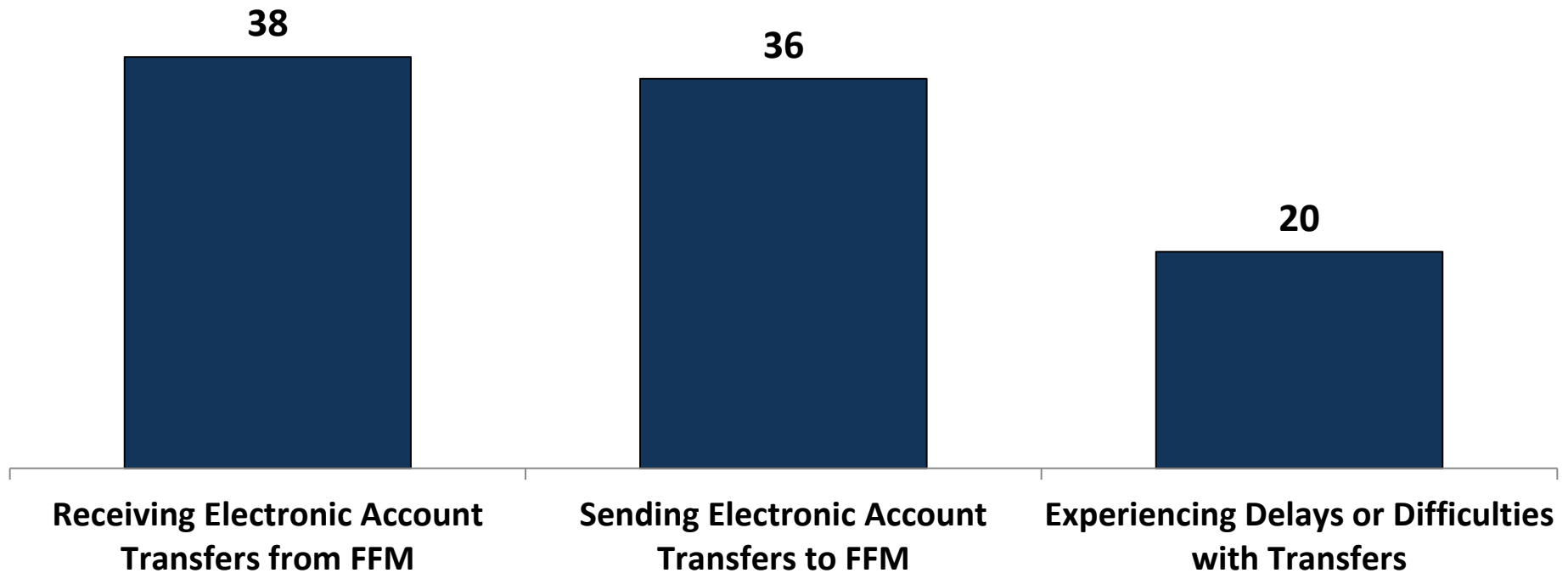


SOURCE: Based on results from national surveys conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2016.

Figure 7

Coordination between Medicaid systems and Healthcare.gov improved in 2015, but there are lingering challenges.

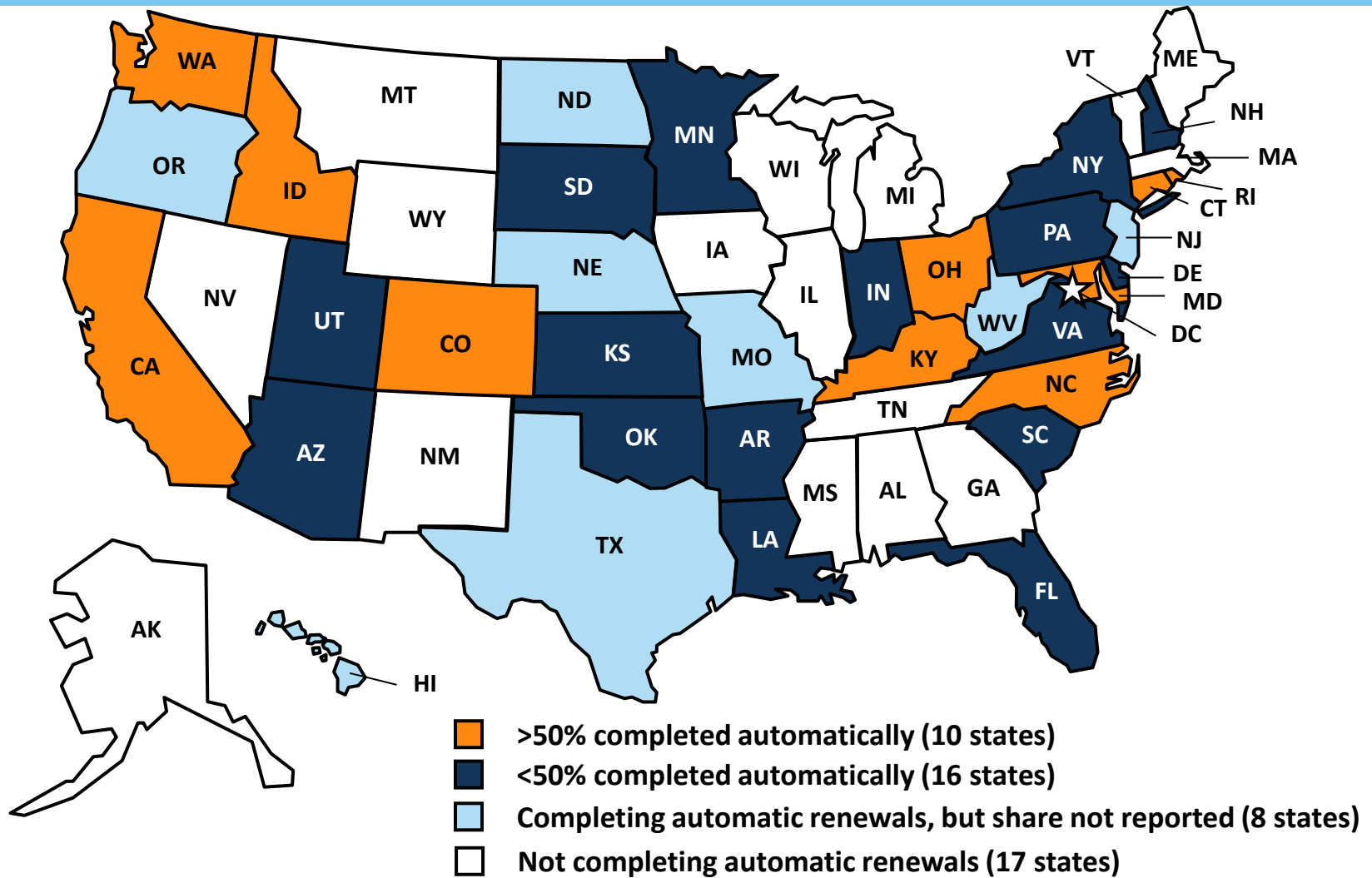
Number of states among the total 38 states relying on the Federally Facilitated Marketplace (FFM), Healthcare.gov, for Marketplace eligibility and enrollment as of January 2016:



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, 2016.

Figure 8

34 states are processing automated or ex parte Medicaid renewals as of January 2016.

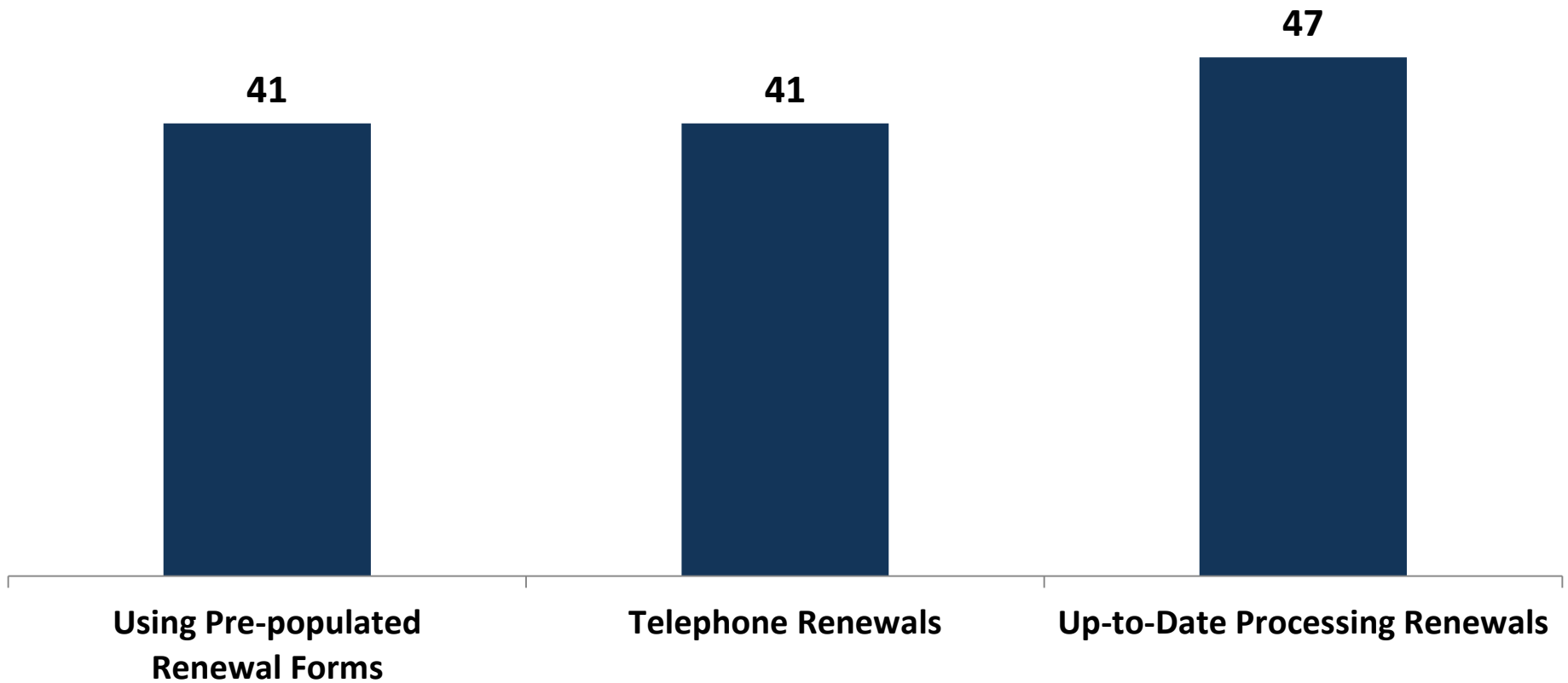


SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2016.

Figure 9

States eliminated many renewal delays and continued to implement streamlined renewal processes in 2015.

Number of states as of January 2016:



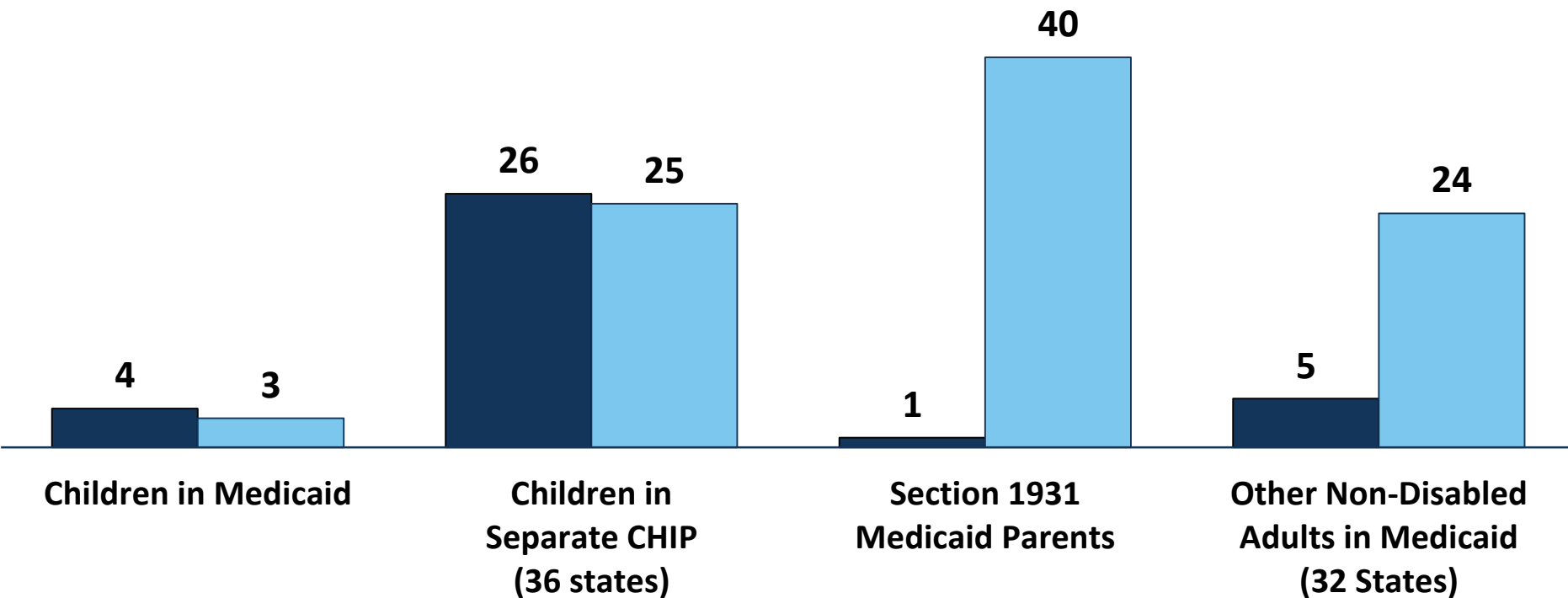
SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2016.

Figure 10

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

As of January 2016, number of states charging:

■ Premiums/Monthly Payments ■ Cost-Sharing

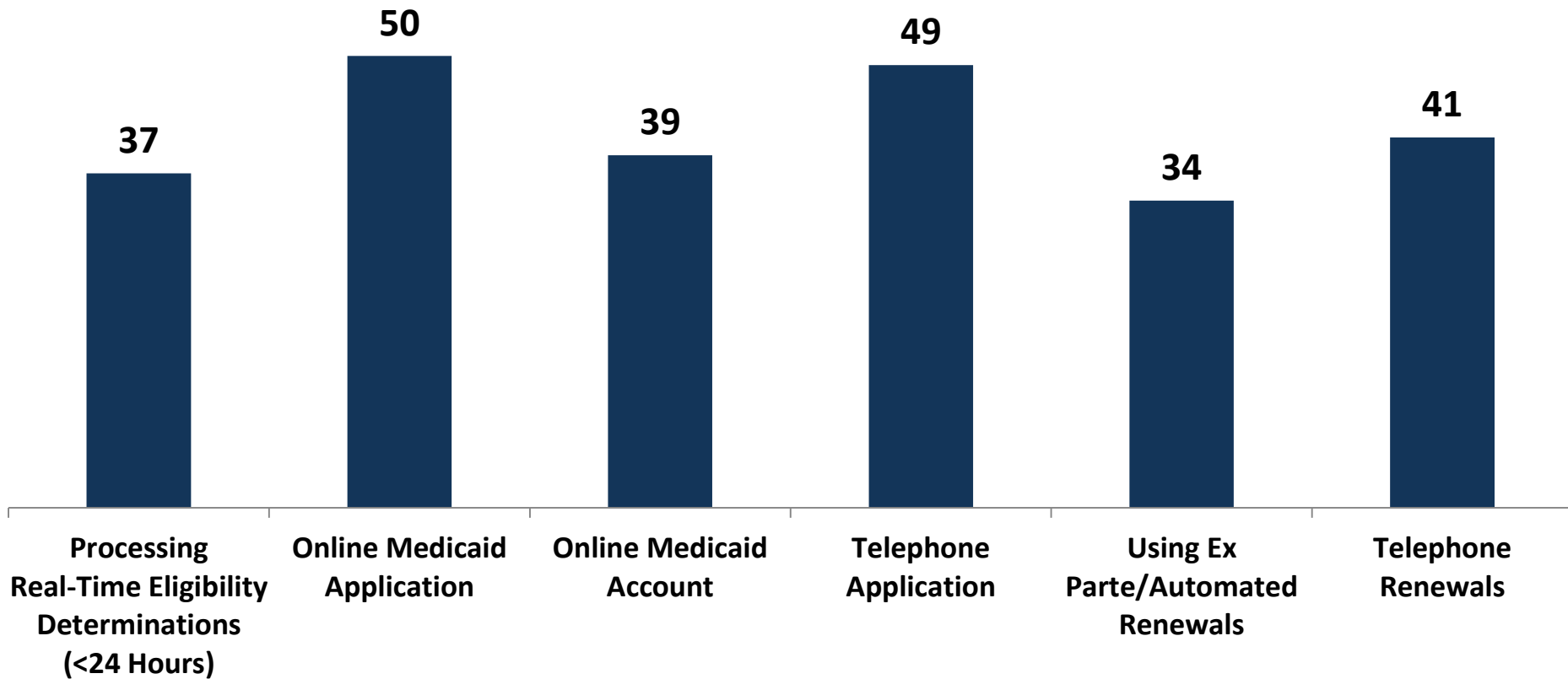


SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2016.

Figure 11

States have implemented an array of modernized Medicaid enrollment and renewal processes.

Number of States as of January 2016:



Looking Ahead

- **Medicaid and CHIP continue to be central sources of coverage for the low-income population, but eligibility varies across groups and states.**
- **Upgraded state Medicaid systems offer opportunities for individuals and states.**
 - Help connect eligible individuals to coverage and retain coverage over time
 - Provide gains in administrative efficiencies and new options to support program management
- **A range of key factors may affect state policies moving forward.**
 - Future of CHIP
 - Expiration of ACA maintenance of effort provisions
 - Gradual phase-down in federal match for expansion adults
 - Federal and state legislative proposals
 - Evolving state implementation decisions