



ALL ABOARD! DESTINATION: HEALTH REFORM

THE NATIONAL ACADEMY FOR STATE HEALTH POLICY 22ND ANNUAL STATE HEALTH POLICY CONFERENCE

OCTOBER 5-7, 2009 / LONG BEACH, CALIFORNIA

NATIONAL ACADEMY
for STATE HEALTH POLICY

Children's Health Insurance Program Reauthorization of 2009 (CHIPRA)



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National Academy for State Health Policy
October 7, 2007

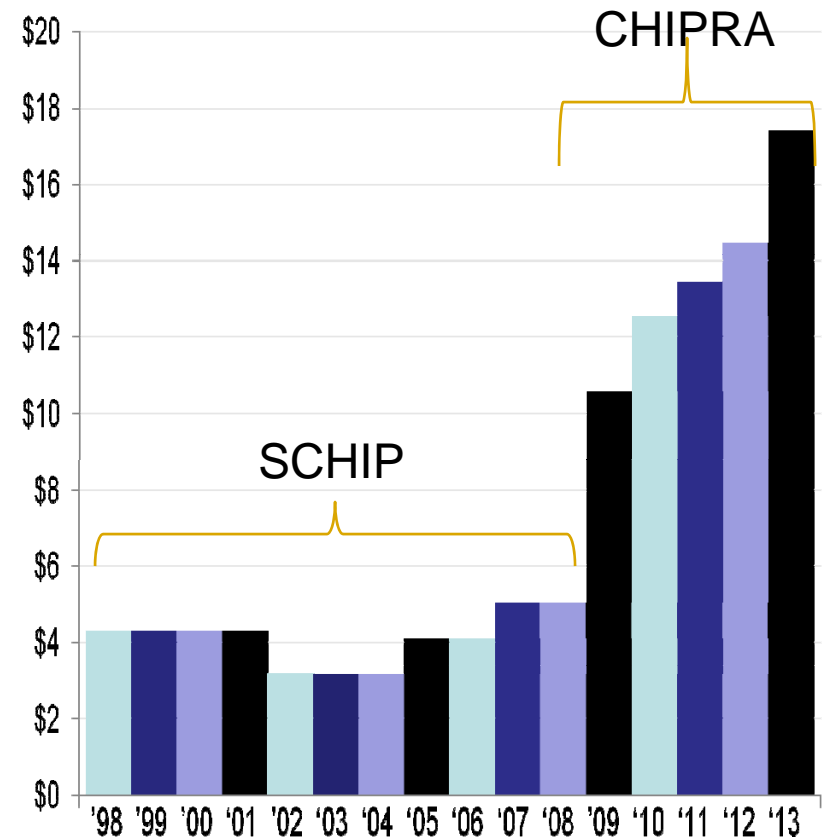
Children's Health Insurance Program Reauthorization 2009

- Increased, multi-year funding through 2013
- New opportunities for outreach and enrollment
- New coverage flexibility
- New mandates
- New tools for quality



CHIPRA 2009: Funding

- Adds \$33 B over 4 ½ years above previous spending levels.
- Projected to cover estimated 4.1 M children otherwise uninsured
- Modifies state distribution formula
- Financed largely by 62 cent cigarette tax increase



Source: Matt Broaddus Presentation, Center on Budget and Policy Priorities, April 2009

CHIPRA 2009: Reaching the Eligible but Unenrolled



Performance Bonuses

- For states that adopt 5 of 8 simplification strategies and exceed Medicaid enrollment targets

Outreach Funding

- \$100 million for outreach and enrollment, with focus on reaching children already eligible and hardest to reach



Express Lane Eligibility

- Tools and flexibility for enrolling children who participate in other public programs for initial eligibility and for renewal.

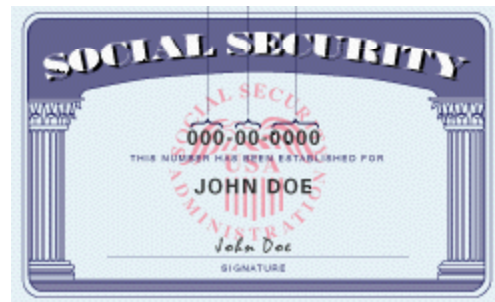
Enhanced Admin Funding for Translation Services



CHIPRA 2009

One New Barrier to Enrollment

- Application of citizenship and identity documentation requirements to CHIP effective January 1, 2010.
- Allows states to verify citizenship and identity electronically with Social Security Administration.
- But electronic verification with SSA won't work for everyone.



CHIPRA 2009: New Coverage Opportunities

- **Children above 250% FPL:** Removes barriers imposed by CMS “August 17 directive,” but eliminates enhanced match for children \geq 300% FPL.
 - With recent expansions, 18 states use CHIP to cover children above 250%.
- **Immigrants:** New state option to cover all legally residing immigrant children and pregnant women.
 - Four states already have picked up this option; others now using state funds likely to follow suit.
- **Pregnant women:** State option to cover pregnant women in CHIP if conditions are met.



CHIPRA 2009: Premium Assistance

- Attempts to reduce barriers for states to provide coverage through subsidizing purchase of Employer-Sponsored Insurance.
- State option to establish a purchasing pool for employers with < 250 employees and at least 1 employee who is CHIP-eligible or has a CHIP-eligible child.

CHIPRA 2009

Program Design Mandates

- Verification of citizenship and identity
- Managed Care: Applies many Medicaid beneficiary protections to CHIP.
- Prospective Payment System for FQHC and RHC reimbursement
- Dental Benefits and Mental Health Parity
- Data Collection and Reporting
- Other: Newborns, premium grace period, public-private coordination



CHIPRA Mandates: Benefits



- **Dental Benefits**

- Mandatory dental benefits
 - Services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions
 - Benchmark equivalent coverage satisfies requirement
- Optional supplemental coverage – for children covered by private insurance that does not include dental coverage
- National Provider List

- **Mental Health Parity**

- If offered, financial requirements and treatment limitations not be more restrictive than those for medical and surgical benefits.

CHIPRA 2009

New Data and Reporting Requirements

- Enrollment and retention
- Simplification processes to increase enrollment and retention
- Denials at application at renewal
- Access to primary and subspecialty services, networks of care, and care coordination (CAHPS measures)
- Any dental services; protective sealants
- Pediatric quality measures



CHIPRA 2009: Quality

- Development of core pediatric quality measures for Medicaid and CHIP. Initial set by 1/1/10.
- Pediatric Quality Measurement Program for public and private payers, including development of new measures.
- Funding for demonstration projects on quality improvement & health IT for kids
- Model pediatric EHR
- New Medicaid and CHIP Payment Access Commission (MACPAC)



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