

National Training Program

Module 12

Medicaid and the Children's Health Insurance Program





Session Objectives

§ This session will help you

- Describe eligibility, benefits, and administration of Medicaid
- Define eligibility, benefits, and administration of the Children's Health Insurance Program (CHIP)
- Summarize implications of the Affordable Care Act on Medicaid and CHIP



Lesson 1 – Medicaid Overview

- § Federal and state entitlement program
- § Medical assistance for people with limited income and resources
- § Covers 60 million adults and children
- § Supplements Medicare for 9 million people who are aged and/or disabled



Medicaid Administration

§ Federal/state partnership

- Jointly financed entitlement program
- Federally established national guidelines
- States receive federal matching funds
 - Known as the Federal Medical Assistance Percentage
 - Used to calculate amount of federal share of state expenditures
 - Varies from state-to-state
 - Based on state per capita income



State Medicaid Administration

§ Within broad federal guidelines, each state

- Develops its own programs
- Develops and operates its own plan
- Establishes its own eligibility standards
- Determines the type, amount, duration and scope of services
- Sets the rate of payment for services
- Partners with CMS to administer its program

§ States may change eligibility, services, and reimbursement during the year



The Single State Medicaid Agency

§ Administers the Medicaid State Plan

- May delegate some administrative functions

§ Local office names may vary

- Social Services
- Public Assistance
- Human Services



Medicaid Eligibility

§ Eligibility tied to one of the main eligibility groups under the federal Medicaid law

- Pregnant women
- Children
- People with disabilities
- Seniors

§ Financial and non-financial requirements



Mandatory Medicaid State Plan Benefits

- § Inpatient hospital services
- § Outpatient hospital services
- § Early and Periodic Screening, Diagnostic, and Treatment Services
- § Nursing facility services
- § Home health services
- § Physician services
- § Rural Health Clinic services
- § Federally Qualified Health Center services
- § Laboratory and X-ray services



Mandatory Medicaid State Plan Benefits - Continued

- § Family planning services
- § Nurse Midwife services
- § Certified Pediatric and Family Nurse Practitioner services
- § Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- § Transportation to medical care
- § Tobacco cessation counseling for pregnant women
- § Tobacco cessation



Medicaid Waivers

§ Allow states to test alternative delivery of care

- Certain federal laws “waived”

§ Types of waivers

- Section 1915(b) Managed Care Waiver
- Section 1915(c) Home and Community-Based Services Waiver
- Section 1115 Research and Demonstration Waiver
- Concurrent Section 1915(b) and 1915(c) Waivers



Check Your Knowledge - Question 1

Medicaid is administered by state governments within state rules.

a. True

b. False



How Are Medicare and Medicaid Different?

Medicare	Medicaid
National program that is consistent across the country	Statewide programs that vary among states
Administered by the federal government	Administered by state governments within federal rules (federal/state partnership)
Health insurance for people 65 or over, with certain disabilities, or with End-Stage Renal Disease (ESRD)	Health insurance for people based on need; financial and non-financial requirements
Nation's primary payer of inpatient hospital services for the elderly and people with ESRD	Nation's primary public payer of mental health and long-term care services (nursing home)



Medicare - Medicaid Enrollees

§ Referred to as “dual eligibles”

- 9 million nationally

§ Medicaid may partially or fully cover

- Part A and/or Part B premiums
- Other Medicare cost-sharing
- Long-term care

§ Medicaid benefits provided to dual eligibles are also known as Medicare Savings Programs



Medicare Savings Programs (MSP)

§ MSP benefits are categorized into groups

- *Full Benefit* enrollees receive the full array of benefits available in the state
- *Partial Benefit* enrollees
 - ◻ Qualified Medicare Beneficiary (QMB)
 - ◻ Specified Low-Income Medicare Beneficiary (SLMB)
 - ◻ Qualified Individuals (QI)
 - ◻ Qualified Disabled and Working Individuals (QDWI)

§ Automatically qualify for Extra Help



Who Can Qualify for a Medicare Savings Program?

Medicare Savings Program	Individual Monthly Income Limit (2014)	Married Couple Monthly Income Limit (2014)	Helps Pay Your
Qualified Medicare Beneficiary (QMB)	\$993	\$1,331	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	\$1,187	\$1,593	Part B premiums only
Qualifying Individual (QI)	\$1,333	\$1,790	Part B premiums only
Qualified Disabled & Working Individuals (QDWI)	\$3,975	\$5,329	Part A premiums only

Check Your Knowledge - Question 2

If you qualify for a Qualified Medicare Beneficiary, Specified Low Income Medicare Beneficiary, or Qualified Individuals program, you automatically qualify to get

- a. Medicaid
- b. Free Medicare premiums
- c. Extra Help paying for Medicare prescription drug coverage
- d. the Children's Health Insurance Program



Lesson 2 - Children's Health Insurance Program (CHIP) Overview

- § Works with Medicaid
- § Insures low-income children
- § Signed into law in 1997



Children's Health Insurance Program (CHIP) and the States

- § State-federal partnership
- § CMS establishes broad guidelines
- § Federal government provides matching funds
- § CHIP funding typically 15 percentage points above Medicaid funding
- § States receive annual allotment determined by statute



State Options for the Children's Health Insurance Program (CHIP)

§ States can design their CHIP program in one of three ways

- Medicaid expansion (seven states, the District of Columbia, and five territories)
- Separate Child Health Insurance Program (17 states)
- Combination of the two approaches (26 states)

§ Income and resource standards and eligibility vary by state



Children's Health Insurance Program (CHIP) Eligibility

§ To be eligible for CHIP you must

- Be under 19
- Have income up to 200 percent of the federal poverty level or income 50 percentage points higher than Medicaid as of June 1, 1997

§ Many states have higher limits

§ States may add eligibility criteria



Restrictions on Eligibility

- § Children of public employees (state option)
- § Inmates of public institutions
- § Some non-citizens



Documentation Requirements

§ U.S. Citizens

- Must provide satisfactory documentary evidence
- Tribal membership and enrollment documents satisfy requirements

§ Lawfully residing children and pregnant women

- States may choose to lift 5-year ban
 - Legal immigration documentation requirements apply

§ Individuals enrolled as of 2010 may use Social Security data match



Authorization and Funding

§ Affordable Care Act

- Maintenance of Effort authorizes Children's Health Insurance Program (CHIP) through 2019
- Provides CHIP funding through September 30, 2015
- Increases CHIP federal matching rate by 23 percentage points in October 2015
- Provides funding for outreach efforts



Check Your Knowledge - Question 3

Each state can add its own eligibility criteria to its Children's Health Insurance Program.

a. True

b. False



Lesson 3 – Health Care Reform

§ Provides a seamless system of health coverage

- Medicaid and the Children’s Health Insurance Program (CHIP) serve as the foundation
- Qualified health plans in the Marketplace serve slightly higher incomes
- All programs are aligned with a unified application

§ Offers a new opportunity for states to expand Medicaid

§ Improves access to Medicaid and CHIP



Expanding Medicaid

§ Millions of newly eligible individuals

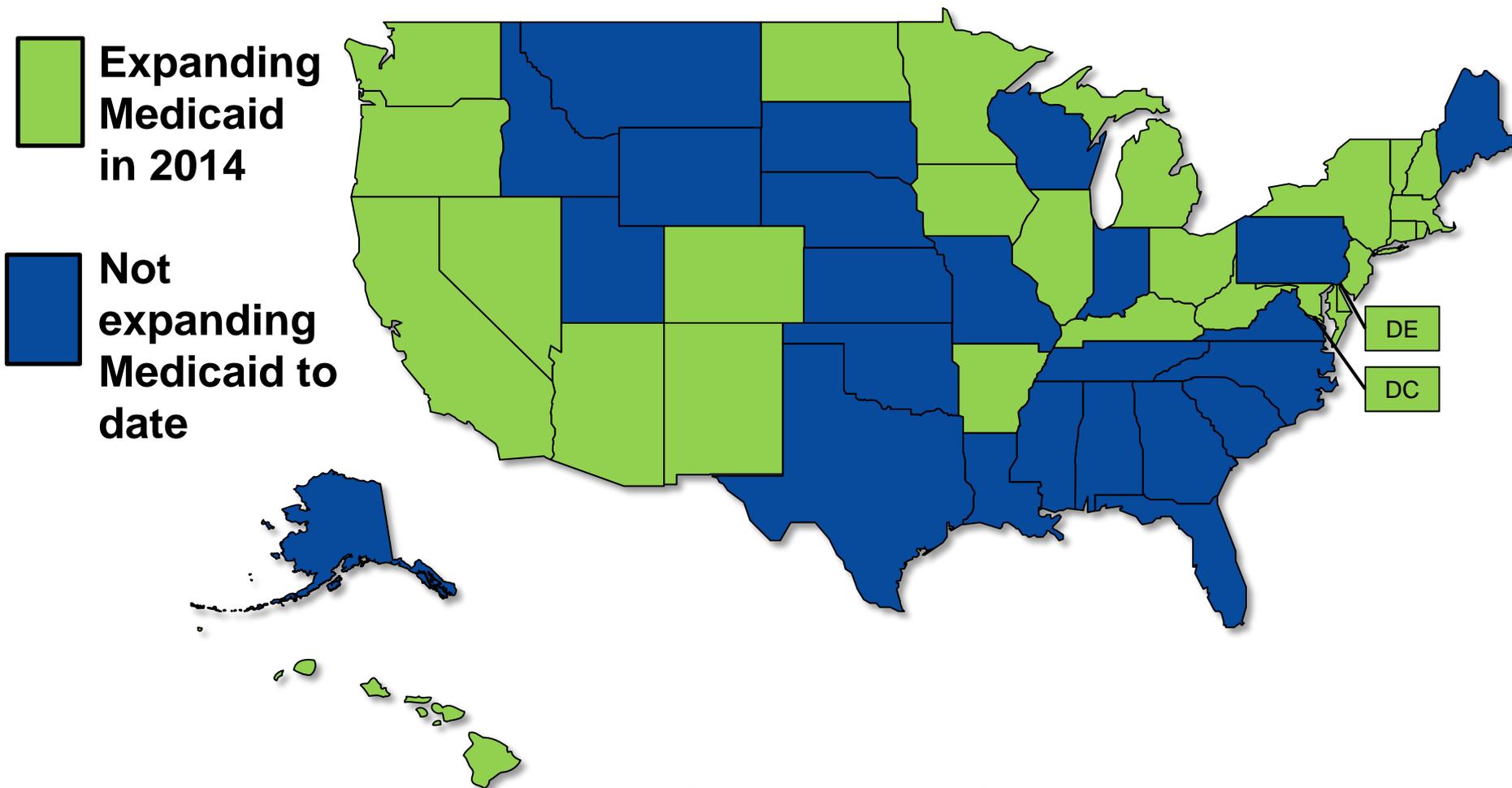
- Ages up to 65
- Income to 133 percent of the federal poverty level

§ New Eligibility Groups

- Adult group
- Former foster care group
- Optional eligibility group

Medicaid Expansion in 2014

26 States and the District of Columbia





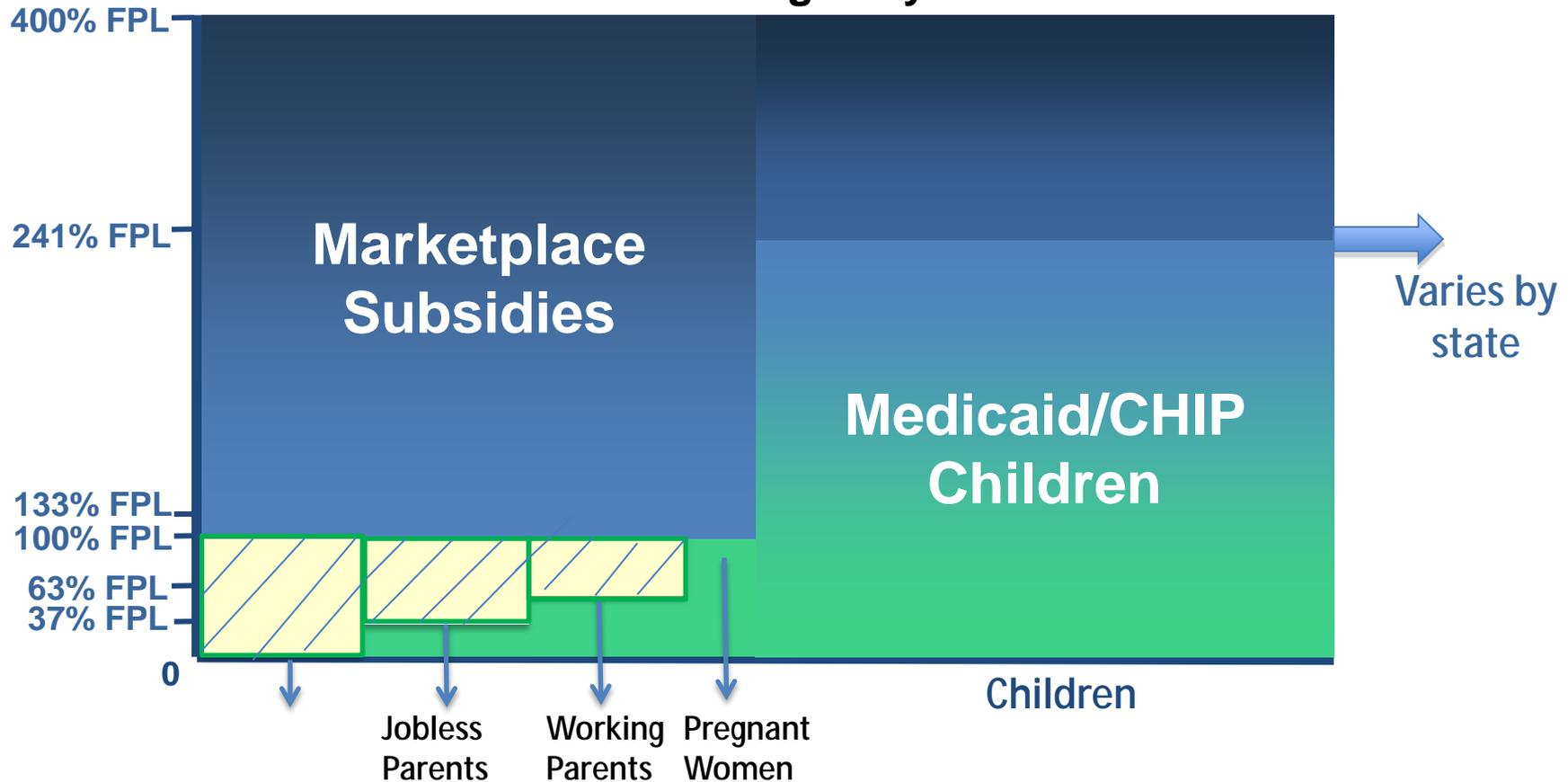
Simplified Medicaid Eligibility

§ Four main eligibility groups and minimum eligibility levels

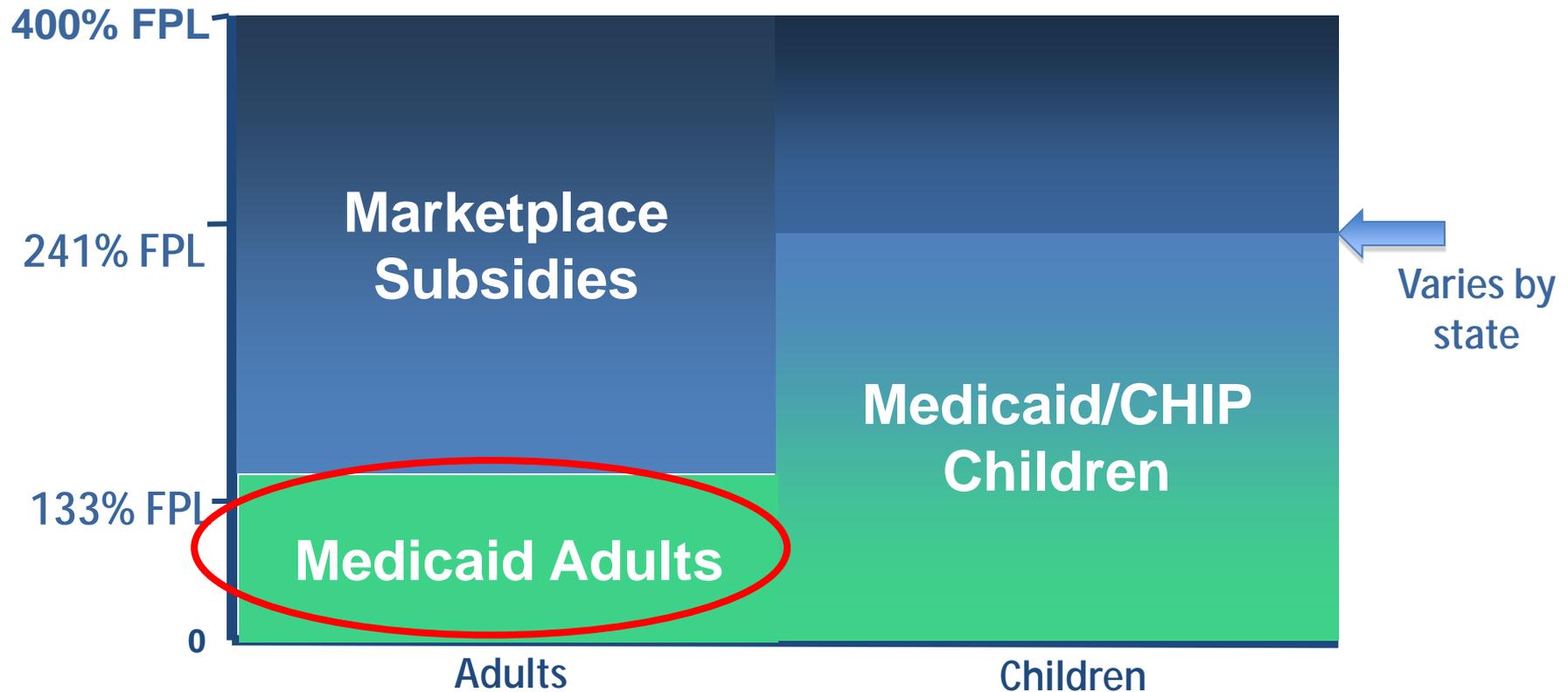
- Children – average 241 percent federal poverty level (FPL) (varies by state)
- Pregnant women – 133 percent FPL (varies by state)
- Parents – 133 percent FPL
- Other adults – 133 percent FPL

Affordable Insurance Programs - Without Expansion

For non-elderly, non-disabled individuals, based on current median state eligibility



A Seamless System of Coverage – With Expansion





States Not Expanding Medicaid

§ If you live in a state that is NOT expanding Medicaid, you

- May have fewer coverage options
- May not qualify for either Medicaid or reduced costs on a private insurance plan in the Marketplace
- May be able to get a hardship exemption and won't have to pay a fee if you don't obtain minimum essential health coverage



Streamlined Application

- § One application for all programs
- § Application leads seamlessly from comparing Qualified Health Plans in the Marketplace to enrollment
- § May be able to enroll immediately once eligibility determination is complete
 - Depending on the program for which the applicant is eligible



Simplified Eligibility Determinations

- § Eligibility process has been simplified
 - Relies primarily on electronic data
 - Reduces need for paper documentation
- § Apply online, by phone, by mail, or in person
- § 12-month eligibility period for
 - Adults
 - Parents
 - Children
- § Simplified process for renewing coverage



Modified Adjusted Gross Income (MAGI) Methodology

- § New methodology to count income
- § Creates consistency
- § Used to evaluate eligibility for
 - Medicaid
 - Children's Health Insurance Program
 - Premium tax credits
 - Cost-sharing reductions
- § Replaced complex rules
- § States required to use MAGI



Modified Adjusted Gross Income (MAGI) Determination

§ When MAGI is determined

- Used for premium tax credits in the Marketplace
- There is an automatic 5 percent income disregard
 - Rather than different disregards in each state

§ MAGI must be used in most Medicaid and all Children's Health Insurance Program determinations

- For children and non-disabled adults under 65
- Began October 1, 2013



Verification

§ Real time

§ Supported by Federal Data Services Hub

§ Data from

- Social Security
- Internal Revenue Service
- U.S. Department of Homeland Security

Check Your Knowledge - Question 4

Which statement(s) is/are TRUE about Medicaid Expansion?

- a. States have the option to expand eligibility to the New Adult Group.
- b. The Medicaid expansion covers adults with income below 133 percent of the federal poverty level, under 65 and not pregnant.
- c. There is a streamlined application process for all insurance affordability programs.
- d. All of the above.

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Appendix A - Medicaid Agencies

State	Website	Application Format



Appendix B -Medicaid Enrollment

State	Medicaid Enrollment Numbers



Appendix C - Medicaid Eligibility

State	Children	Pregnant Women	Parents	Adults



Appendix D - State Medicaid FMAP Rates



State	FMAP	Enhanced FMAP