kaiser commission on medicaid and the uninsured

KEY FACTS

THE HENRY J. KAISER FAMILY FOUNDATION

Updated February 2012

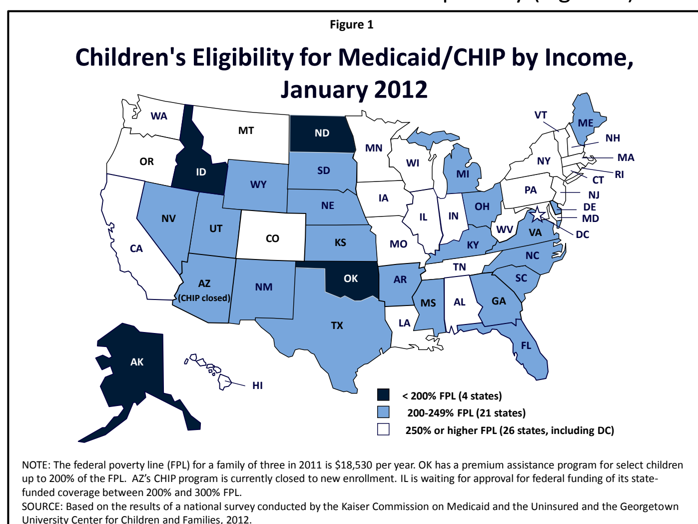
STATE ADOPTION OF COVERAGE AND ENROLLMENT OPTIONS IN THE CHILDREN'S HEALTH INSURANCE REAUTHORIZATION ACT OF 2009

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) extended and expanded the Children's Health Insurance Program (CHIP), which was originally enacted in 1997. Together with Medicaid, CHIP has reduced the uninsured rate of low-income children, providing important coverage protections to families during the recent recession and helping to achieve the record 90% coverage rate for children today. Medicaid and CHIP cover over 32 million children, providing them access to needed care, including ongoing preventive and primary care that is key for children's health and development and financial protections for their families. CHIPRA added $33 billion in federal funds for children's coverage through 2013 and included provisions designed to increase and strengthen coverage for children in both Medicaid and CHIP. This fact sheet provides an overview of new coverage options, enrollment tools, and incentives provided by CHIPRA.[1]

Coverage Options

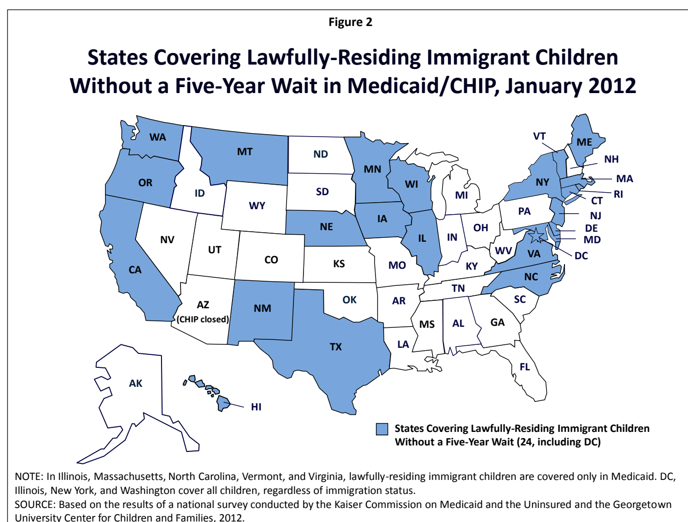
CHIPRA provided increased support and new options to extend Medicaid and CHIP coverage for children and pregnant women:

Increased support for Medicaid and CHIP coverage of children. CHIPRA is designed to expand coverage of children by supporting continued coverage, increasing enrollment of eligible children, and expanding eligibility to additional children. Recent analysis finds that, due to increased enrollment in Medicaid and CHIP, the number of children with coverage climbed by 1.2 million in the three years since the passage of CHIPRA, reducing the children's uninsured rate to a record low, while the uninsured rate for adults rose over this same period.[2] As of January 2012, all but four states cover children to at least 200% of poverty ($37,060 for a family of three in 2011) through Medicaid and CHIP, with 26 states covering uninsured children at or above 250% of poverty (Figure 1).



NOTE: The federal poverty line (FPL) for a family of three in 2011 is $18,530 per year. OK has a premium assistance program for select children up to 200% of the FPL. AZ's CHIP program is currently closed to new enrollment. IL is waiting for approval for federal funding of its state-funded coverage between 200% and 300% FPL.
SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.

Option to cover lawfully-residing immigrant children and pregnant women in Medicaid and CHIP without a five-year wait. Prior to CHIPRA, states could not receive federal Medicaid or CHIP funds to cover lawfully-residing immigrants during their first five years of legal residence in the United States. CHIPRA gave states the option to eliminate the five-year waiting period for lawfully-residing immigrant children and pregnant women. As of January 2012, 24 states have adopted this option for children and 18 had adopted it for pregnant women (Figure 2). Many of these states previously had state-funded programs to cover these children (16 states) and pregnant women (9 states).



NOTE: In Illinois, Massachusetts, North Carolina, Vermont, and Virginia, lawfully-residing immigrant children are covered only in Medicaid. DC, Illinois, New York, and Washington cover all children, regardless of immigration status.
SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.

Option to cover pregnant women through CHIP. Before CHIPRA, states could not cover pregnant women through CHIP, although they could extend CHIP to cover unborn children and, thus, provide services to pregnant women. CHIPRA established a new option for states to cover pregnant women through CHIP, which has been taken up by 6 states as of January 2012.

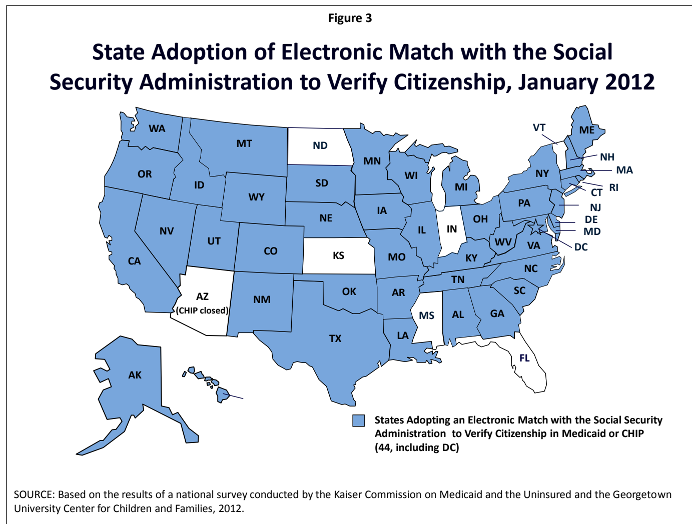
Enrollment Tools and Strategies

CHIPRA included new options for states to streamline enrollment and renewal procedures in Medicaid and CHIP, creating program efficiencies and reducing burdens on families:

Verification of citizenship through an electronic data match with the Social Security Administration (SSA). CHIPRA extended the Medicaid requirement to verify the citizenship status of applicants to CHIP but also gave states the new option to do so through an electronic data match with the SSA. As of January 2012, 44 states have adopted the SSA data match to verify citizenship (Figure 3). State experience finds that the match is highly effective in 94% of

1330 G Street, NW, Washington, DC 20005
Phone: 202-347-5270, Fax: 202-347-5274
www.kff.org/kcmu

cases, while significantly easing the administrative workload of eligibility offices and eliminating unnecessary paperwork for families without sacrificing accuracy.[3]



Express Lane Eligibility (ELE). CHIPRA also gave states the option to facilitate children's enrollment and renewal in coverage using ELE. ELE enables states to enroll or renew children eligible for Medicaid or CHIP by relying on eligibility information from other income-based public programs or the state tax or revenue department. As of January 2012, 9 states have adopted ELE to facilitate enrollment or renewal of children in Medicaid or CHIP. States have established partnerships with the Temporary Assistance for Needy Families program, Supplemental Nutrition Assistance Program (formerly food stamps), Free and Reduced Cost School Lunch program, WIC program, as well as state tax agencies to conduct ELE.

Enrollment Incentives and Outreach Support

CHIPRA also provides incentives to encourage and support enrollment and simplification efforts:

Performance Bonuses. CHIPRA encourages and rewards states for enrolling and retaining the lowest-income uninsured children who were already eligible for Medicaid through a performance bonus incentive. To qualify for a bonus, states must meet specific enrollment targets and implement at least five of eight simplification policies.[4] In 2011, 23 states earned Medicaid performance bonuses totaling over $296 million. The number of states earning a bonus and the total bonus amount earned by states has increased in each of the three years states have been able to qualify for them (Table 1).[5]

Table 1: CHIPRA Performance Bonuses

	2009	2010	2011
Number of States Awarded Bonus	10	16	23
Total Amount Awarded (millions)	$37.1	$167.2	$296.5

Outreach Funding. CHIPRA allocated $100 million in funding to support outreach activities, the bulk of which ($80 million) will go to support state agencies, community-based organizations, and other entities through outreach grants for projects to reach and enroll underserved populations. The Affordable Care Act added an additional $40 million to this outreach funding. The Centers for Medicaid and Medicare (CMS) awarded $40 million in the first round of grant funds distributed in September 2010. The grants were awarded to 69 entities in 43 states, including DC, to support projects to enroll and retain eligible children in difficult-to-reach groups such as immigrants and rural populations. In August 2011, CMS awarded an additional $40 million to 39 entities in 23 states, with a median grant amount of nearly $900,000. Approximately $20 million was awarded to 10 grantees planning to use technology to facilitate enrollment and renewal.

Outlook

Medicaid and CHIP play a central role in providing health coverage to low- and moderate-income children who lack other affordable coverage options. This role has been more pronounced than ever as families lost jobs and employer-based coverage in the economic downturn and increasingly turned to the programs for coverage. CHIPRA helped strengthen this role by bolstering children's coverage and supporting efforts to streamline enrollment procedures that help get eligible children enrolled and increase program efficiencies.[6] By filling the increased need for coverage, Medicaid and CHIP led to a reduction in the uninsured rate for children amidst these challenging economic times, enabling families to get needed care for their children and providing financial protections for families. Moreover, survey data show that parents with Medicaid and CHIP coverage for their children are satisfied with the coverage and the quality of care their child receives.[7] Looking ahead, sustaining the progress achieved to date and supporting additional efforts forward will be key for preserving the base of children's coverage in advance of the coverage expansions under health reform and continued advancement toward enrolling all eligible children in coverage.

[1] State adoption of options from, Heberlein, M. et al., "Performing Under Pressure: Annual Findings of a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost Sharing Policies in Medicaid and CHIP, 2011-2012, KCMU, Jan 2012.
[2] Office of the Assistance Secretary for Planning and Evaluation, Department of Health and Human Services, "1.2 million children gain insurance since reauthorization of Children's Health Insurance Program, "
http://aspe.hhs.gov/health/reports/2011/CHIPRA/ib.shtml
[3] Cohen Ross, D., "New Citizenship Documentation Option for Medicaid and CHIP is Up and Running," Center on Budget and Policy Priorities, April 20, 2010.
[4] These include 12-month continuous eligibility, no asset test or administrative verification of assets, no face-to-face interview requirement, common forms and uniform procedures in Medicaid and CHIP, administrative renewal, presumptive eligibility, express lane eligibility, and premium assistance in CHIP.
[5] CMS, CHIPRA Performance Bonuses: A History (FY 2009 – FY 2011), http://www.insurekidsnow.gov/professionals/eligibility/pbhistory.pdf
[6] Guyer, J., Brooks, T. and S. Artiga, "Secrets to Success: An Analysis of Four States at the Forefront of the Nation's Gains in Children's Health Coverage," KCMU, Jan 2012.
[7] Centers for Medicare and Medicaid Services, "Informing CHIP and Medicaid Outreach and Education," Nov 2011.

This publication (#8146) is available on the Kaiser Family Foundation's website at www.kff.org.

The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bipartisan group of national leaders and experts in health care and public policy.