Medicaid and CHIP Transformation Under the ACA

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A Transformation in Progress

- Medicaid
  - Non-elderly adult citizens and long-term legal U.S. residents ages 19-64, ineligible under traditional categories, incomes up to 138% FPL
  - Streamlined enrollment
  - "Benchmark" coverage under alternative benefit plans
  - Health system transformation through coverage, payment, organizational, and operational reforms
  - Provider participation – primary care payment rules
- CHIP funded through FY 2015
Medicaid Challenges

- What to do about the opt-out states?
  - Populations affected
  - Role of section 1115 demonstration waivers
    • Retroactive eligibility, premium and cost sharing rules, benefits
    • 138% coverage requirement?
    • Continuous open enrollment?
- Aligning Medicaid and subsidized marketplace to address churn
  - Integrated enrollment and 12-month continuous enrollment
  - Premium assistance
  - Multi-market plans
  - Basic Health Program
- Health system transformation
  - Performance-based multi-payer initiatives?
  - Special safety net rules?

CHIP Challenges

- Continued in ACA beyond 2013 for 2 years, through 2015
- Continue beyond FY 2015? If so, how long and under what conditions?
  - “Family glitch”
  - Cost sharing
  - Pediatric dental coverage outside subsidy system through separate dental plans
  - A general lack of child health focus in ACA as implemented
    • No pediatric benefit definition
    • No clear plan to transition CHIP into marketplace policy
- How to best address the needs of children in national health reform?
  - Full integration into marketplace?
  - Separate child health policy and if so, what rules?
    • Entitlement structure, range of covered benefit classes, special cost sharing rules, affordability in combination with marketplace affordability principles?
  - Combination of the two?