



Medicaid and CHIP Transformation Under the ACA

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Sara Rosenbaum JD
Harold and Jane Hirsh Professor, 2014

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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?

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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?

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