



State Strategies for Increasing Continuity of Coverage and Care for Pregnant Women and Children

LEARNING COLLABORATIVE ON IMPROVING QUALITY AND ACCESS TO CARE IN MATERNAL AND CHILD HEALTH

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POLICY

About NASHP

- The National Academy for State Health Policy (NASHP) is an independent academy of, by, and for state health policymakers. We are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health issues.
- To accomplish our mission we:
 - Convene state leaders to solve problems and share solutions
 - Conduct policy analyses and research
 - Disseminate information on state policies and programs
 - Provide technical assistance to states

Presentation Goals



- Context Setting: Current Landscape of Children's Coverage
- Recent State Children's Health Coverage Activity
- Considerations for your action plans



Context Setting: Current Landscape of Children's Coverage

ACA Implementation = Changing Coverage Landscape



- New Coverage Options (primarily for adults) – Medicaid expansion and Exchange/Marketplace
- Eligibility – modified adjusted gross income (MAGI), transition some kids (bright line kids) from CHIP to Medicaid, maintenance of effort (MOE) through 2019
- Enrollment – simplified and streamlined, reduce paper
- New benefits standard – Essential Health Benefits (EHB)
- ACA open enrollment periods – workload increase for state staff

Recap of Recent History: ACA and CHIP



- Reauthorized program and extended federal funding through September 2015
 - Previous authorization and funding (CHIPRA) set to expire 9/2013
- Increased federal enhanced match rate by 23 percent points
- Requires exchange plans be “comparable” in benefits and cost sharing to CHIP before separate CHIP programs transition children
 - Federal analysis = across all states there is no comparability between qualified health plans (QHPs) and CHIP

Federal CHIP funding?



- After much uncertainty...
 - H. R. 2: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was enacted!



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MACRA's CHIP Funding Extension



- Maintains CHIP's current financing structure, including fully funded allotments through FFY 2017
- Extends Express Lane Eligibility (ELE) authorization through FFY 2017
- Retains 23 percentage-point increase to the federal CHIP match, which begins October 1, 2015
- Maintains MOE for children's coverage in Medicaid and CHIP through 2019
- Extends CHIPRA outreach and enrollment grants (\$40M)
- CHIPRA quality provisions (\$10M for childhood obesity demonstrations and \$20M for pediatric quality measures).

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Children's Coverage Now



- **Eligibility Levels as percent of federal poverty levels (FPL)**
 - 28 states cover children with family income = or + 250% of FPL
 - 20 states cover children with family income 200% - 250% of FPL
 - 3 states cover children with family income below 200% of FPL
- **Participation rate = the % of those eligible and enrolled**
 - In 2014 participation rate for children = 91% nationwide
 - In 2014, 33 states (including DC) achieved participation rate 90%+
 - According to American Community Survey (ACS) data – 2.8 million children who are eligible are uninsured

(Source: G. Kenney, May 2016 <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000787-Childrens-Coverage-Climb-Continues-Uninsurance-and-Medicaid-CHIP-Eligibility-and-Participation-Under-the-ACA.pdf>)

Question Remains...



What does the future hold for children's coverage and CHIP specifically?

- **Continue CHIP? Further utilize the exchange?**
 - Issues to consider:
 - ✦ Affordability – for families and the state
 - ✦ Ensuring children have access to needed benefits and providers



Recent State Children's Health Coverage Activity

Reaching, Enrolling and Retaining Kids



- States have achieved great successes in enrollment for children and families pre and post ACA
 - Targeted Enrollment Strategies
 - ✦ Facilitating enrollment through administrative data transfer
 - ✦ Enrolling parents based on children's eligibility
 - Focus on Retention
 - ✦ Electronic data matches
 - ✦ Administratively renew certain populations
 - Updated and enhanced systems
 - ✦ Allow for better data feedback loop – informed decision-making
 - Increased partnerships – across agencies and with stakeholders

Strengthening Care and Access for Kids



- **Strong focus across states = improving care and access to providers for children**
 - Quality initiatives
 - Expanding benefits – dental, behavioral and mental health, Applied Behavioral Analysis (ABA)
 - Engaging providers – targeted outreach to dentists, improve telehealth (dental and mental health)
 - Improving delivery system and engaging managed care organizations (MCOs)
- **Renewed interest in Health Services Initiatives (HSIs)**
 - Use of CHIP administrative funds for children’s health beyond direct medical services
 - ✦ Ex. engaging schools; child and adolescent health campaigns

Your State Action Plan



- **What are your goals for children’s coverage?**
 - Identify efficiencies in systems or policies?
 - Further reduce uninsurance?
 - Others?
- **What are the challenges in your state?**
 - Budget deficits, funding?
 - Competing demands for funding, attention, etc?
- **What possible strategies could you employ?**
 - Consider your resources – agency staff, partners
 - Identify wins and build upon them

For more
information:

www.nashp.org

**Eligibility & Enrollment
Toolkit -**

<http://www.nashp.org/maximizing-enrollment-2/>

**Advancing Children's
Coverage Toolkit -**

<http://www.nashp.org/childrens-coverage-toolkit/>

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TOOLKITS

Advancing Children's Coverage Toolkit

Questions?

