

# Federal Options for Improving Public Program Enrollment & Retention

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WORRIES

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CARE  
REFORM



## Discussion

1. Closing Coverage Gaps: Recommendations from Report
2. National Health Reform: The Changing Landscape
3. Implications for Moving Forward





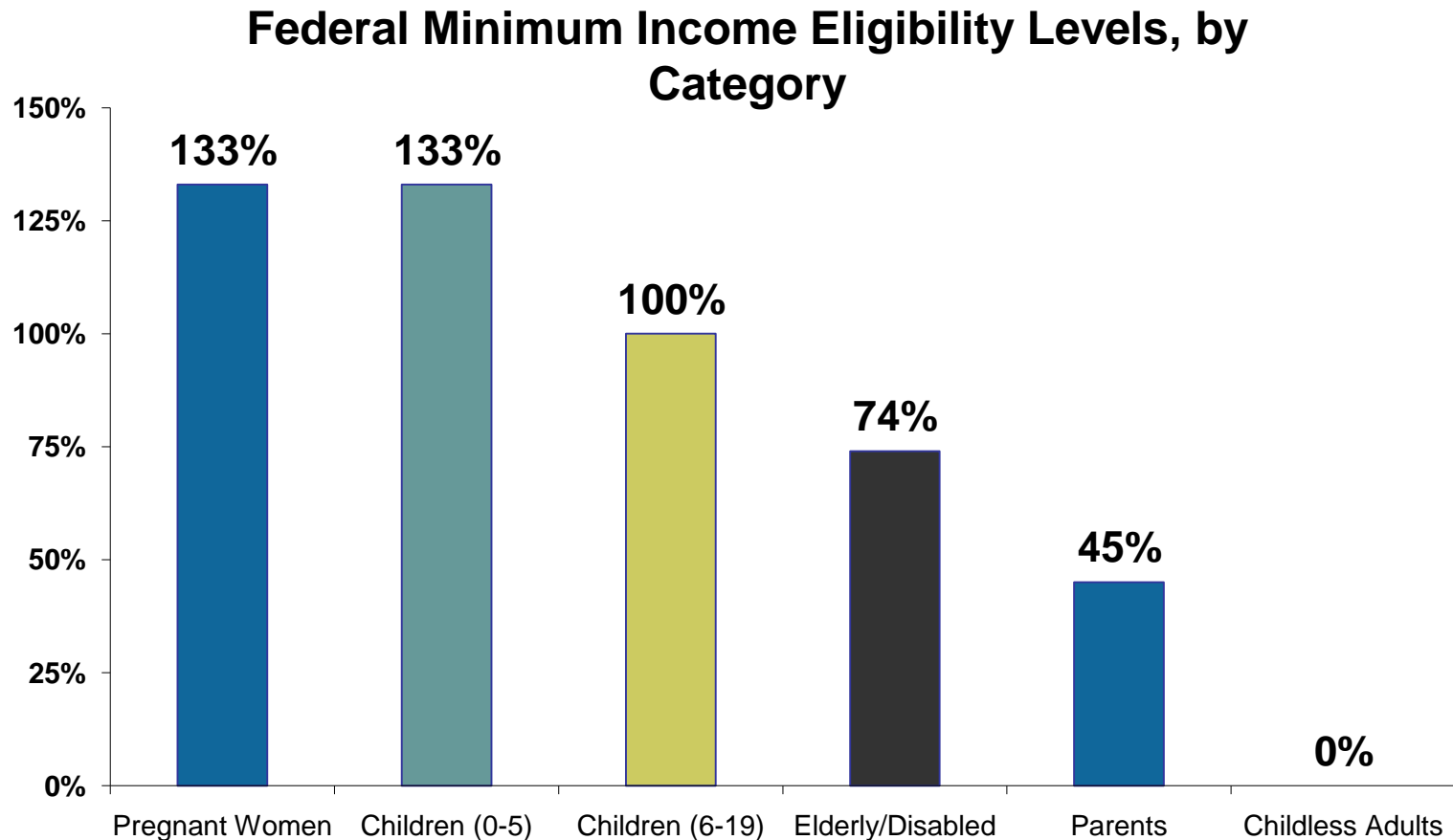
# Decline in Uninsured Children Due to Public Programs

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- In 2008, the uninsured rate and the number of uninsured for children are the lowest since 1987.
  - 8.1 million in 2007 to 7.3 million in 2008 despite beginning of economic downturn
- Medicaid and CHIP have helped fill the gap left by declining employer-sponsored coverage



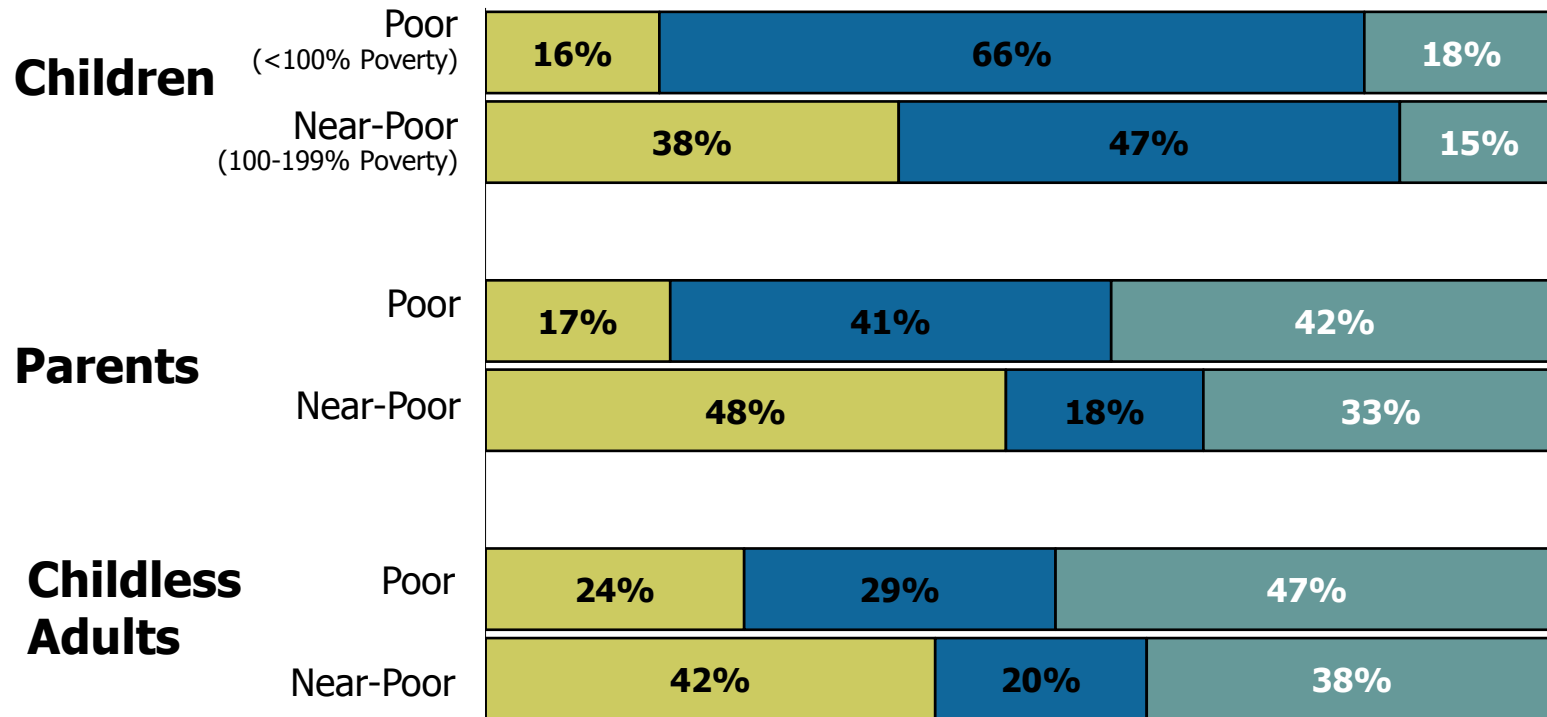
# Categorical Eligibility in Medicaid Leaves Coverage Gaps



Sources: B. Bruen, *et al.*, "State Usage of Medicaid Coverage Options for Aged, Blind, and Disabled People," Urban Institute (August 1999); and Kaiser Commission on Medicaid and the Uninsured, "Medicaid Eligibility for Families and Children" (September 1998).  
Note: The income level for parents represents the median maximum AFDC payment level as of June 16, 1996.

# Health Insurance Coverage of Low-Income Nonelderly Adults and Children, 2008

■ Employer/Other Private 
 ■ Medicaid/Other Public 
 ■ Uninsured



Data may not total 100% due to rounding.

SOURCE: KCMU/Urban Institute analysis of 2009 ASEC Supplement to the CPS.

# Eligibility Rules

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- Base eligibility on gross income
- Align and even out income eligibility rules for families and children
- Permit greater flexibility in income requirements
- Create more options for continuous eligibility



# Enrollment and Renewal Procedures

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- Eliminate barriers, including asset test and original documentation of citizenship
- Extend enrollment options to adults
- Streamline enrollment regardless of immigration status
- Implement portability of coverage



# System Improvements

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- Increase federal matching rate for eligibility system improvements
- Move toward online enrollment and renewal

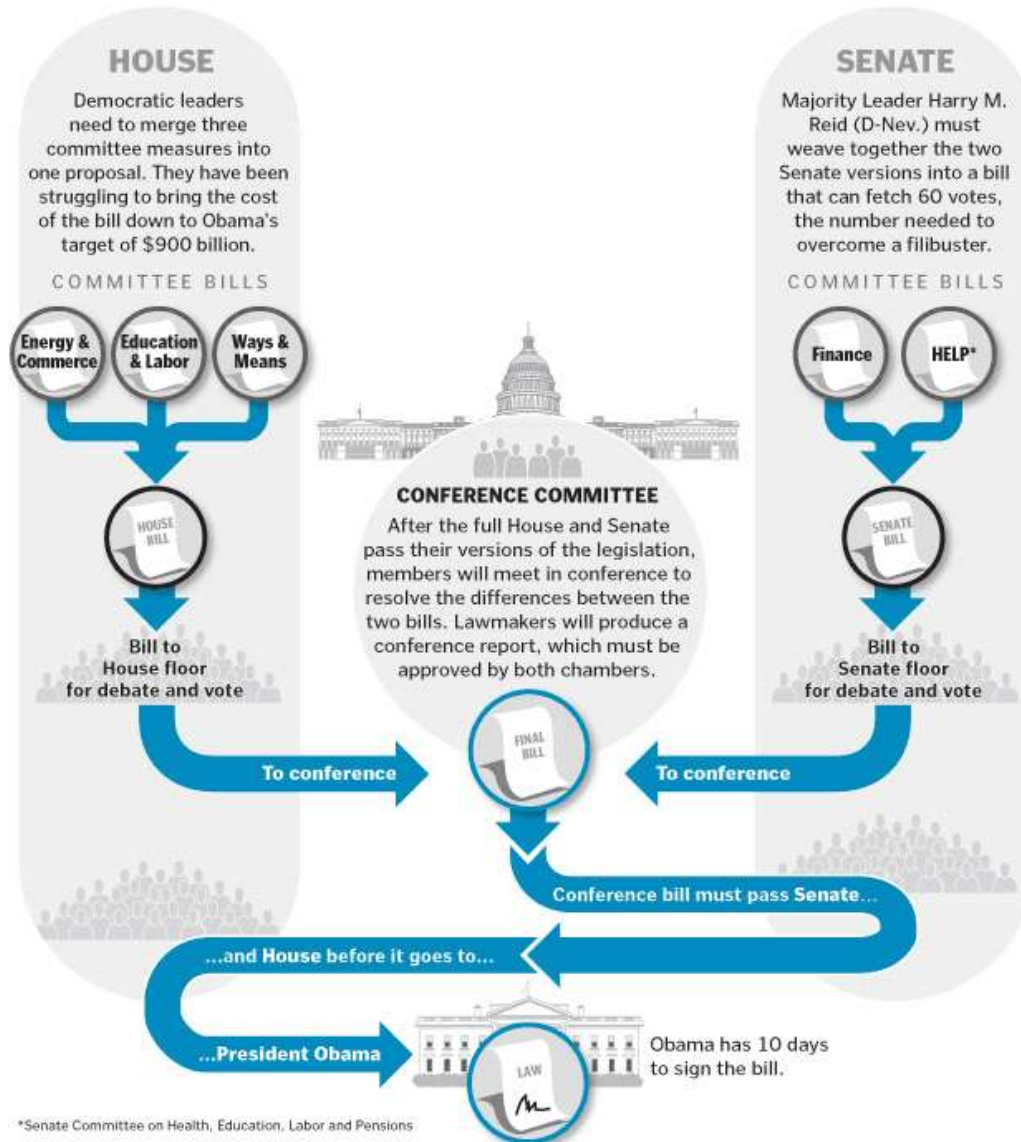


# National Health Reform: The Changing Landscape

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# Where We Are

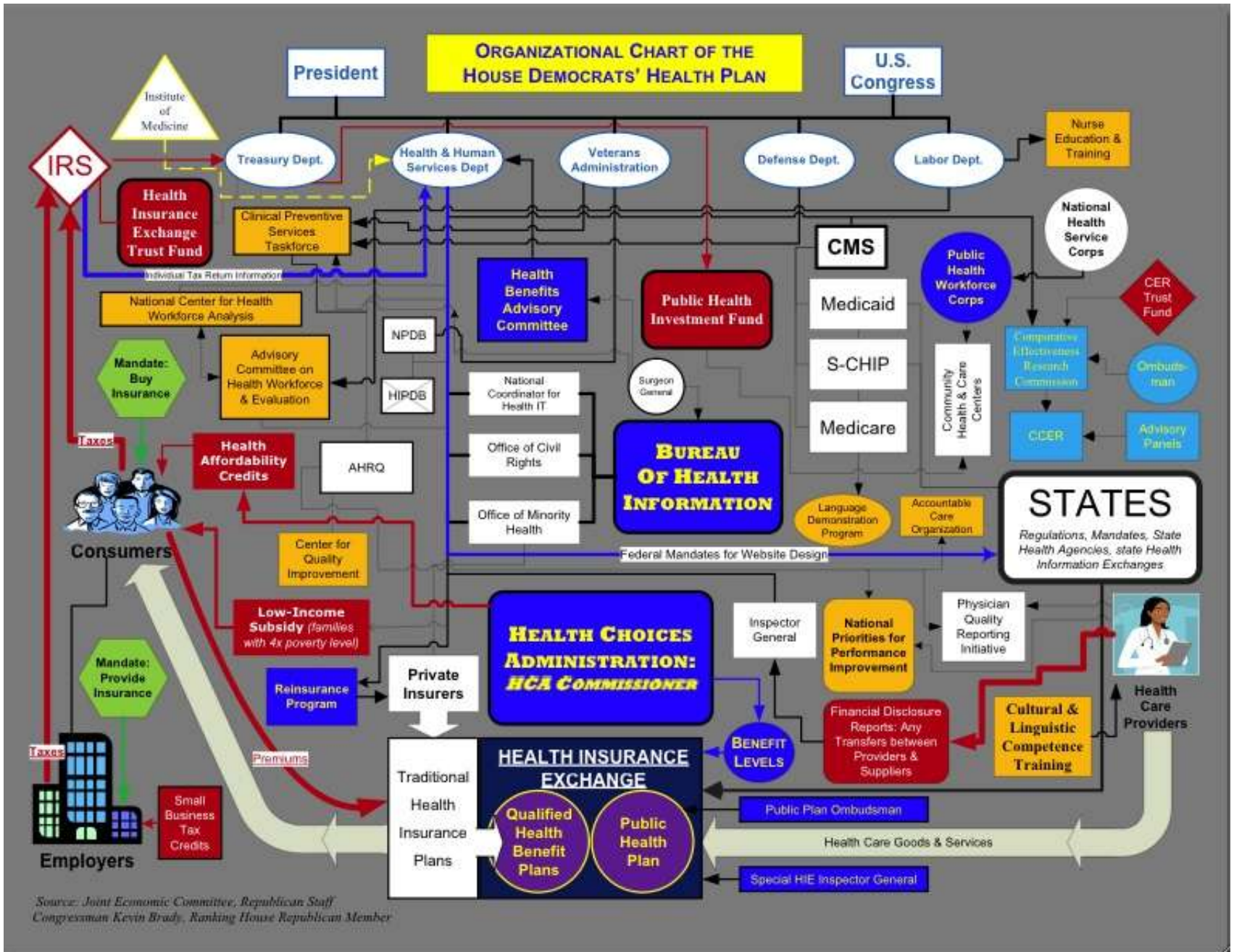


\*Senate Committee on Health, Education, Labor and Pensions

# The Primary Elements of Health Reform Proposals

- Keep employer-based coverage
- Expand public programs
- Create an insurance “Exchange”
- Create a subsidy program for uninsured
- “Shared responsibility”
  - Individual mandate
  - Employers offer coverage or help finance subsidy program
  - Government spends more





Source: Joint Economic Committee, Republican Staff  
 Congressman Kevin Brady, Ranking House Republican Member

# Eligibility Rules

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- Medicaid up to roughly 133% FPL
- State MOE – time limited in Senate
- Gross income standard
- CHIP
  - House: moved to Exchange plans, continuous coverage up to MOE
  - Senate: maintained with current income rules



# Eligibility Rules

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- Auto eligibility for infants in House
- Exchange coverage for others (subsidies to 400%)
  - Some Medicaid-eligible adults can enroll
  - Senate: State option for Basic Health Care Plan
- Immigrant families left out



# Enrollment and Renewal Procedures

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- Only minor improvements being considered for Medicaid/CHIP
  - House: No asset test in Medicaid
  - Senate: Expansion of use of presumptive eligibility; state guidance provisions
- Enrollment into the Exchange potentially easier
  - One year of coverage (more like employer coverage)
  - Use of past year tax income (problem for non-filers)
  - Verification of citizenship/immigration status by Exchange



# System Improvements

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- Coordination between pathways
  - Senate: Medicaid web site; unified application; data sharing
  - House: State MOU to coordinate Medicaid coverage
- Enhanced federal funding
  - For newly-eligible people under expansion; House also covers some MOE cost
  - Senate: CHIP enhanced match



# Implications for Moving Forward

- Navigation within and between the different pathways
- Maintaining the gains in states
- Coverage for those left out
- Continuing the work: simplifications through administrative action





IT'S ALIVE!  
IT'S ALIVE!

SOME KIND  
OF  
HEALTH CARE  
REFORM

I'm not getting  
a pulse.....

Bryan  
Burroughs  
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