

ACA Transition Options for Eligibility Categories, Populations and Programs

NASHP Meeting
October 15, 2012

Support for this resource provided through a grant from the Robert Wood Johnson Foundation's State Health Reform Assistance Network program.

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Eligibility Categories, Populations and Programs

Medicaid State Plan Populations

- Parents/Caretaker Relatives (1931 and Optional)
- Pregnant Women
- Early Option—Childless Adults
- Optional Groups for Disabled Individuals (e.g., working disabled, Medicaid buy-in program)
- Women Needing Treatment for Breast or Cervical Cancer
- COBRA Continuation
- Individuals Needing TB Treatment
- Medically Needy
- Family Planning Option

Separate CHIP State Plan

- Pregnant Women

Medicaid and CHIP Section 1115 Demonstration Expansion Populations

- Parents/Caretaker Relatives
- Pregnant Women
- Childless Adults
- Disabled Individuals
- Individuals Needing Long-term Care Services
- Individuals with HIV/AIDS
- Dual Eligibles
- Family Planning

Eligibility Categories, Populations and Programs

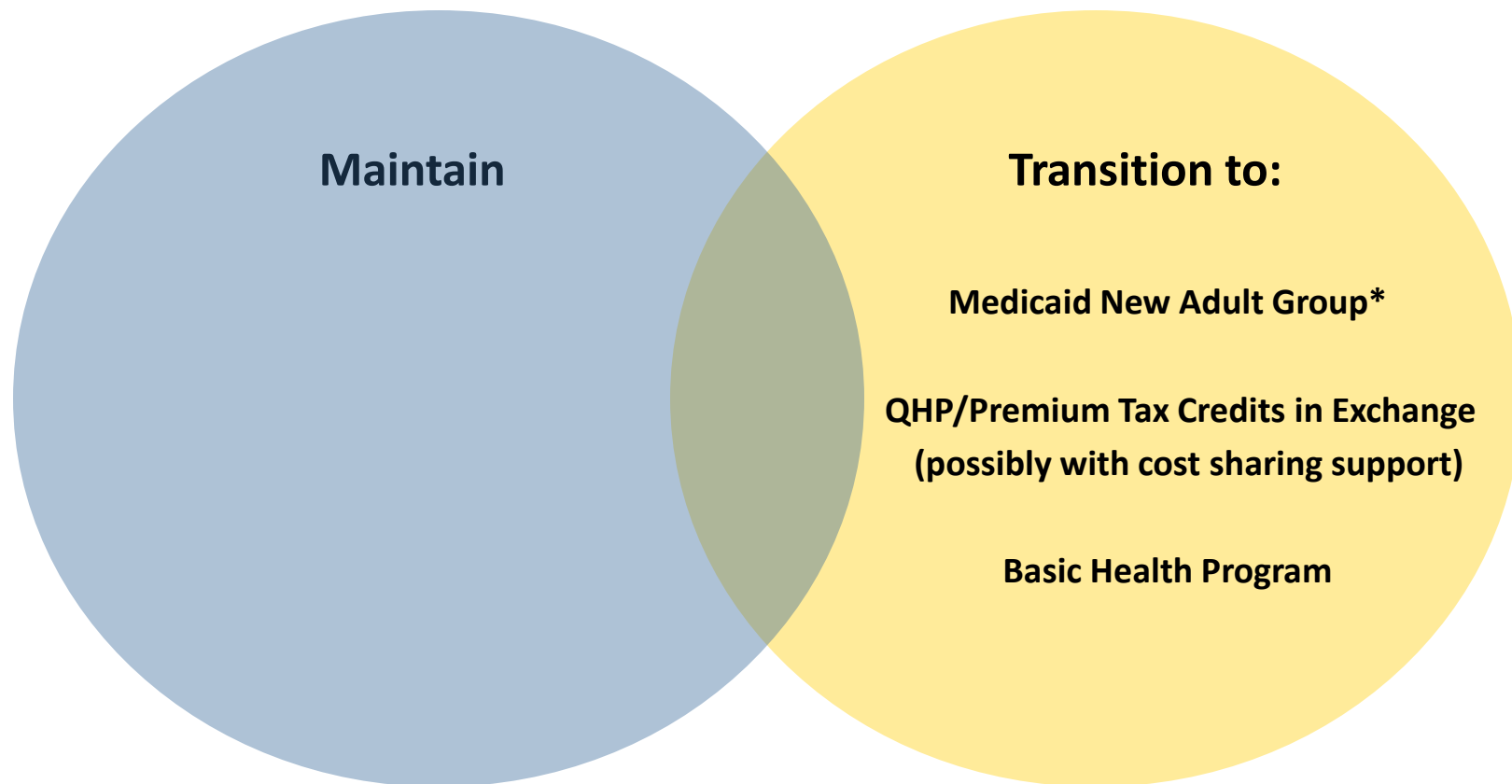
State-only Programs

- High Risk Pools
- Uncompensated Care Pools
- Mental Health/Substance Abuse Programs
- Individuals with HIV/AIDS,
- Ineligible/Undocumented Non-citizens

Other Federal Programs

- AIDS Drug Assistance Program (ADAP)
- CDC Breast and Cervical Cancer Screening Program

Eligibility Categories, Populations and Programs: 2014 Options



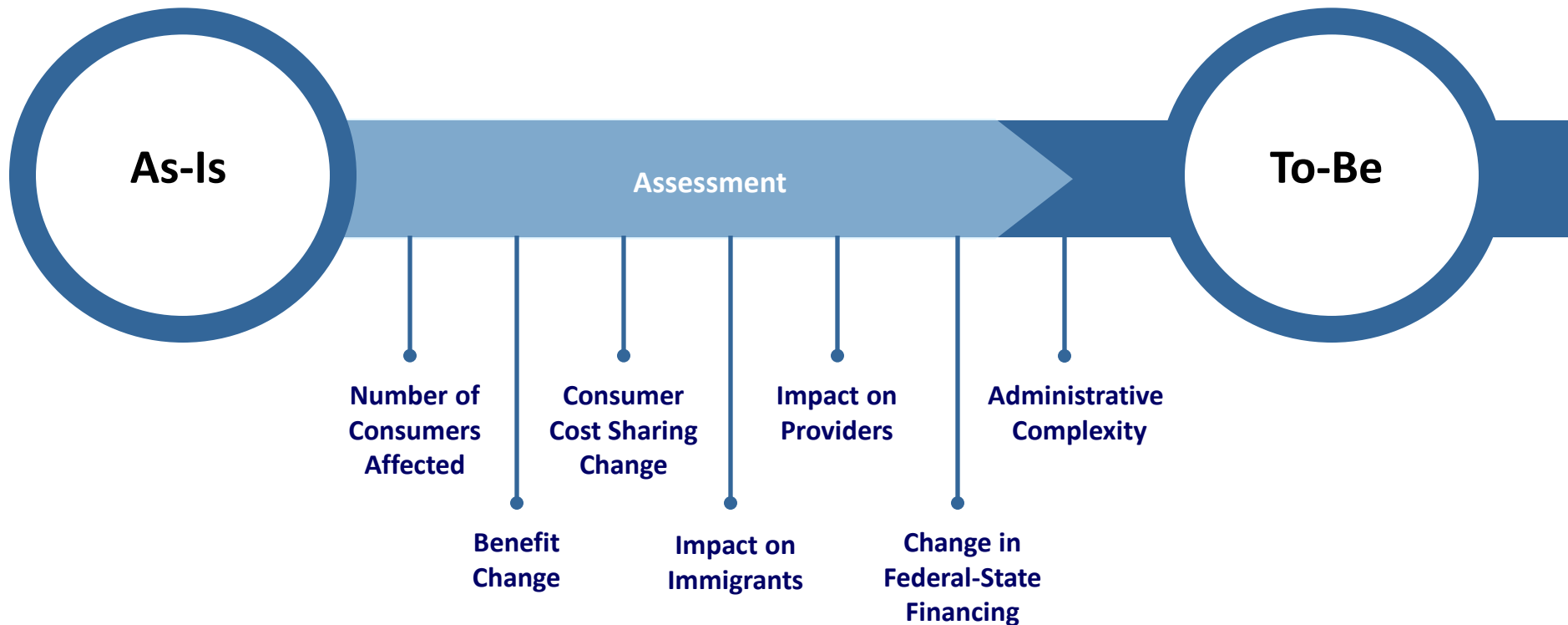
Section 2001(e) of the ACA also provides States with the option under new Section 1902(a)(10)(A)(XX) to expand Medicaid eligibility levels above 133% FPL

Description of Newly Eligible in New Adult Group

- **Newly Eligible Individuals:** adults under age 65 with incomes below 138% of the FPL who were not covered under State Medicaid Plan or Waiver for comprehensive benefits as of December 1, 2009.
- **Enhanced FMAP:** State will receive an enhanced FMAP for adults within the new adult group who are “newly eligible” beginning January 1, 2014.
- **FMAP Proxy:** HHS will establish a proxy methodology to adjust the FMAP payment to states:
 - Proxy will take into account certain individuals who receive coverage through the new adult group but would have been eligible for comprehensive benefits under another category as of December 2009 (e.g. disability) or through a waiver.

Year	Enhanced FMAP Newly Eligible Adults up to 138% FPL	
	<i>State Share</i>	<i>Federal Share</i>
2014	0%	100%
2015	0%	100%
2016	0%	100%
2017	5%	95%
2018	6%	94%
2019	7%	93%
2020+	10%	90%

Transition from As-Is to To-Be: Assessment



Assessment Framework: “As-Is” Landscape

Existing Coverage Programs	# of Consumers Covered	Covered Benefits	Consumer Cost-Sharing Requirements	Immigrant Coverage	Provider Networks	Provider Reimbursement	Federal/ State Funding	Admin Responsibility	Other Considerations
Programs Supported with Federal & State Dollars									
Section 1115 Waiver Populations									
Breast and Cervical Cancer Treatment Program									
Family Planning Waivers/SPA									
Medically Needy Spend-Down									
<i>To be completed...</i>									
Programs Supported with State-Only Dollars									
Non-Federally Qualified Immigrants									
State-Only Uncompensated Care									
Disease/Population-Specific Supports									
<i>To be completed...</i>									

Assessment Framework: “To-Be” Landscape

Existing Coverage Programs	# of Consumers To Be Covered	Covered Benefits	Consumer Cost-Sharing Requirements	Immigrant Coverage	Provider Networks	Provider Reimbursement	Federal/ State Funding	Admin Responsibility	Other Considerations
Programs Supported with Federal & State Dollars									
Breast & Cervical Cancer Program									
Tuberculosis Program									
Family Planning Waivers/SPA									
Medically Needy Spend-Down									
<i>To be completed...</i>									
Programs Supported with State-Only Dollars									
Mental Health & Substance Abuse Services									
State or Locally Funded Uncompensated Care									
Disease/Population-Specific Supports									
<i>To be completed...</i>									


Assessment Framework: Summary


Transition Options: [Fill in name of Program]

Current Program <i>Current program and eligibility level</i>	Future Options <i>Range of options available for transition</i>	Number of Consumers Affected <i>Consumers impacted by transition</i>	Benefit Change <i>Differences in covered services</i>	Consumer Cost Sharing Change <i>Differences in co-premiums and co-pays required of consumers</i>	Impact on Immigrants <i>Implications for coverage of undocs, PRUCOL, 5-year bars</i>	Impact on Provider Network <i>Description of implications for consumers' access to providers</i>	Impact on Provider Reimbursement <i>Description of implications for reimbursement of providers</i>	Federal State Financing Change <i>Differences in state spending and federal financing</i>	Administrative Complexity <i>Operational implications of maintaining or eliminating</i>
	<i>Maintain</i>								
	<i>Transition all, or portion of consumers, to Medicaid New Adult Group</i>								
	<i>Transition all, or portion of consumers, to QHP/APTCs</i>								
	<i>Transition all, or portion of consumers, to BHP</i>								
	<i>Maintain for some consumers</i>								


Federal Medicaid Requirements for Coverage of Pregnant Women

Minimum Eligibility Levels:

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- (1) pregnant women up to 133% FPL; or
 - (2) if State raised Medicaid income eligibility levels for pregnant women higher than 133% FPL before December 19, 1989, the State's minimum eligibility level is that level up to 185% FPL (referred to as "PW Expansion State" in this presentation); and
 - (3) if State covers pregnant women under CHIP's unborn child option, appears State must maintain that coverage until 2019 under children's MOE requirement.




Medically Needy Coverage: Must maintain medically needy coverage for pregnant women, if offered currently (tied to children's MOE requirement).



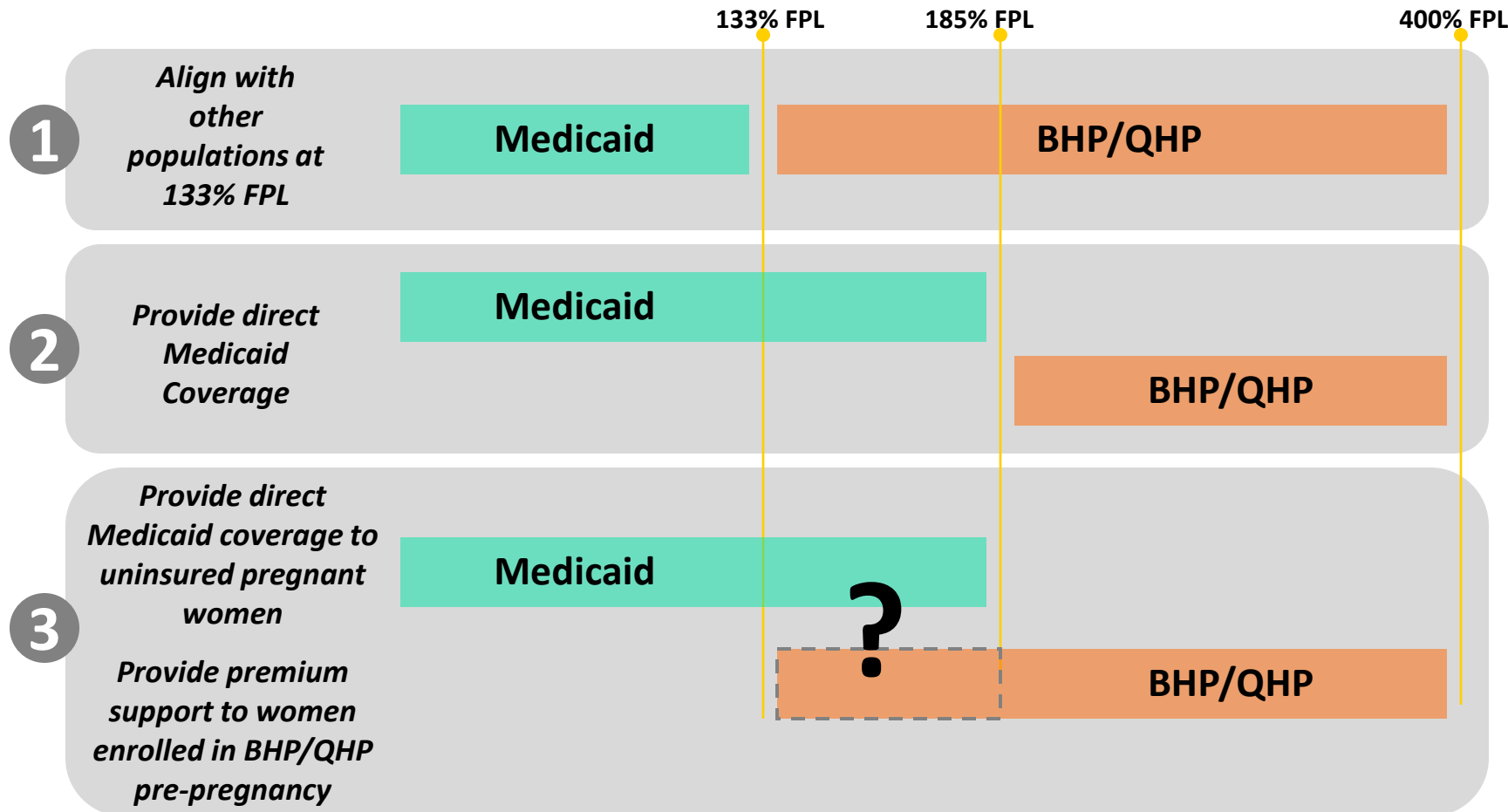
Deemed Newborn: Must deem child born to mother on Medicaid "to have applied for and found eligible" for Medicaid coverage. Child remains eligible for one year.

Benefit Package: Must offer:

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- (1) full Medicaid benefit package up to State AFDC level; and
 - (2) "pregnancy-related benefits" between State AFDC and maximum level. State flexibility in defining "pregnancy-related benefits."

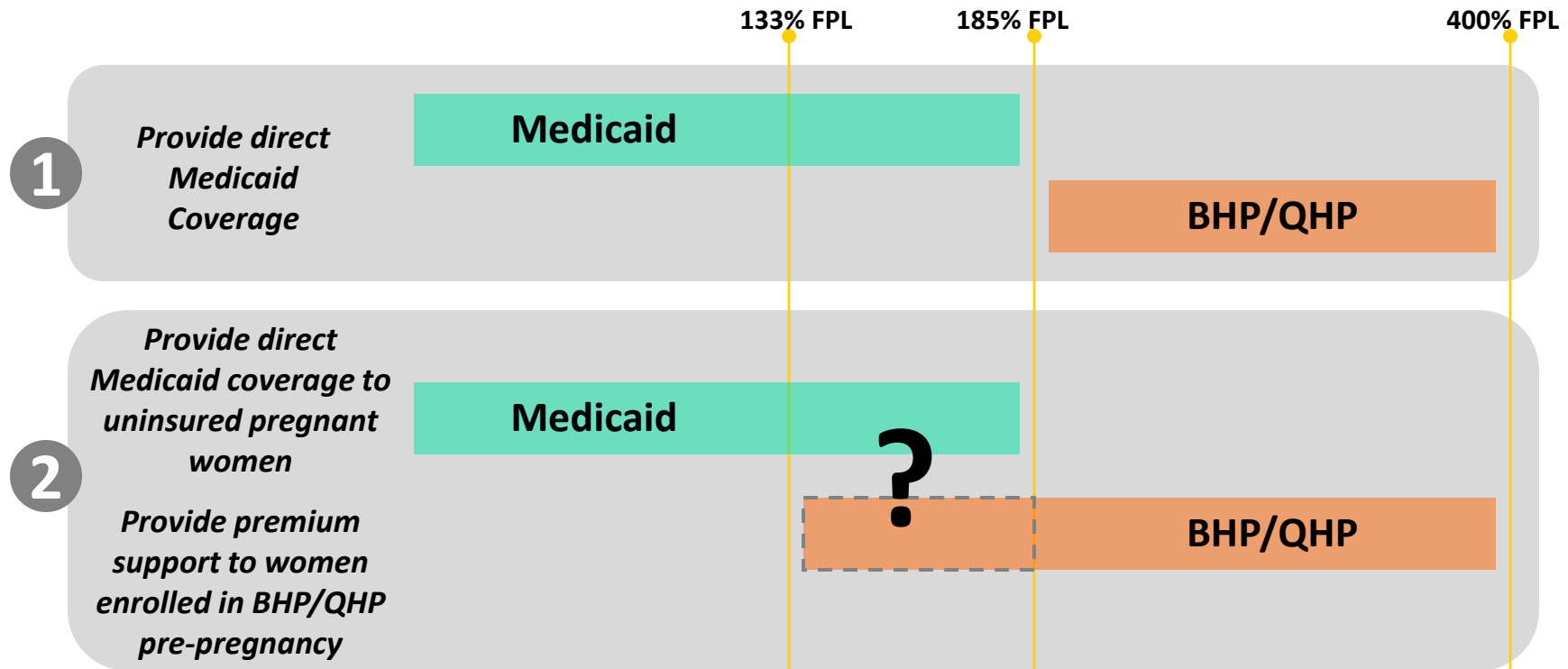
State Transition Options for Pregnant Women: Non-PW Expansion State

Hypothetical State with Current Eligibility Level at 185% FPL



State Transition Options for Pregnant Women: PW Expansion State

Hypothetical Expansion State with Current Eligibility Level at 185% FPL



Questions?

Deborah Bachrach

Manatt Health Solutions

dbachrach@manatt.com

212-790-4594