

Strengthening Medicaid and CHIP for Children & Families

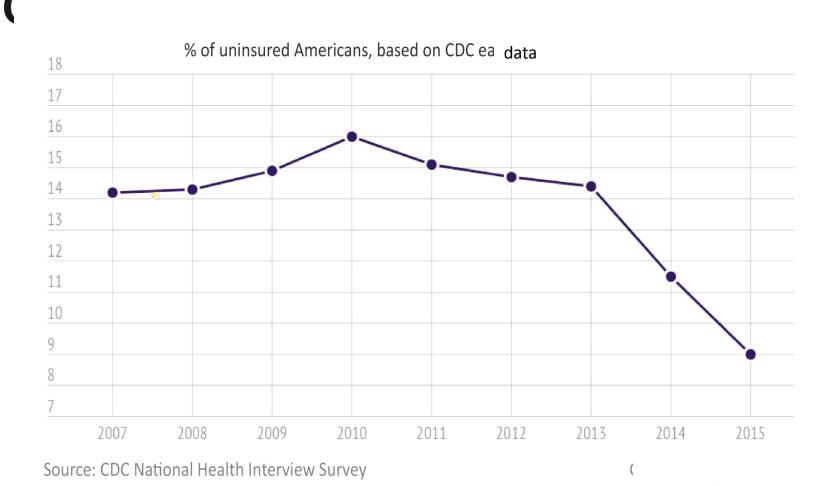
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Medicaid Moving Forward

Coverage Delivery **Expansion** System and Reform Simplification Quality of Care

Uninsured Rate Down to 9%



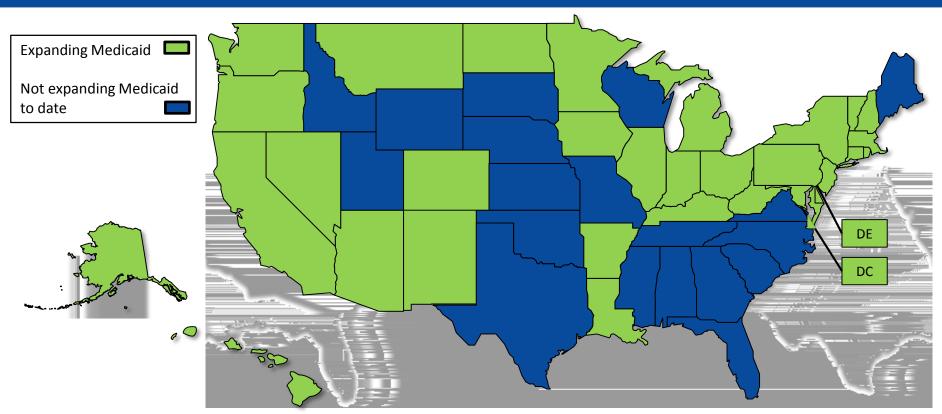
Eligibility Simplification

The ACA has expanded coverage and transformed Medicaid into a modern, 21st Century health insurance program

- Enrollment increase of 15 million relative to open enrollment 1
- Simplified eligibility rules, electronic verification,
 Marketplace coordination, and modernization of systems = key
- In all states, most enrollment occurs on line, by phone, or at a convenient location
- 37 states are making MAGI eligibility determinations in real time

Medicaid Expansion

As of June 2016



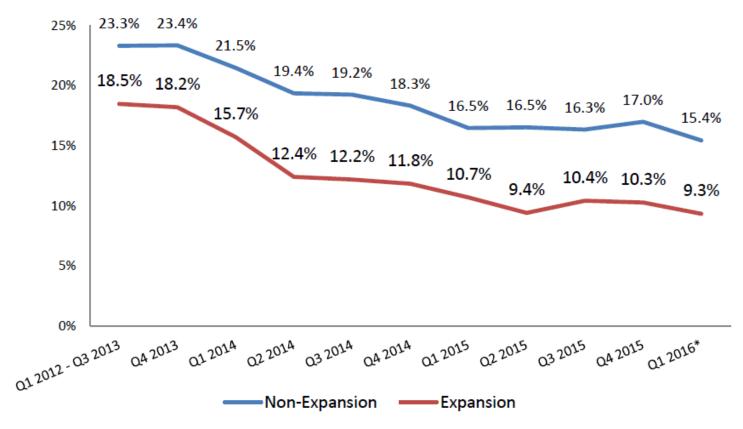
Currently, 31 states + DC are covering the ACA Medicaid expansion group

Louisiana Using SNAP Data To Enroll Newly Eligible Population Quickly

- Louisiana became 31st state to expand
 - Coverage started July 1
- Consumer-friendly approach will make efficient use of resources by using pre-existing data from SNAP and state programs to determine Medicaid eligibility, without residents having to submit information repetitively
- Louisiana is the first state to be approved to use this enrollment strategy through a state plan amendment
 - Strategy can be used indefinitely and at initial enrollment and annual renewal
- Louisiana has enrolled 253,523 individuals since early June

Rates of Uninsured Are Lower in Expansion States

Quarterly Uninsured Rate Estimates for Nonelderly Adults (Ages 19 to 64) by Medicaid Expansion Status Using the Gallup-Healthways Well-Being Index, 2012-2016



Source: ASPE's analysis of the Gallup-Healthways Well-Being Index survey data through February 22, 2016. Included in ASPE Issue Brief: Impacts of the Affordable Care Act's Medicaid Expansion on Insurance Coverage and Access to Care, June 20, 2016.

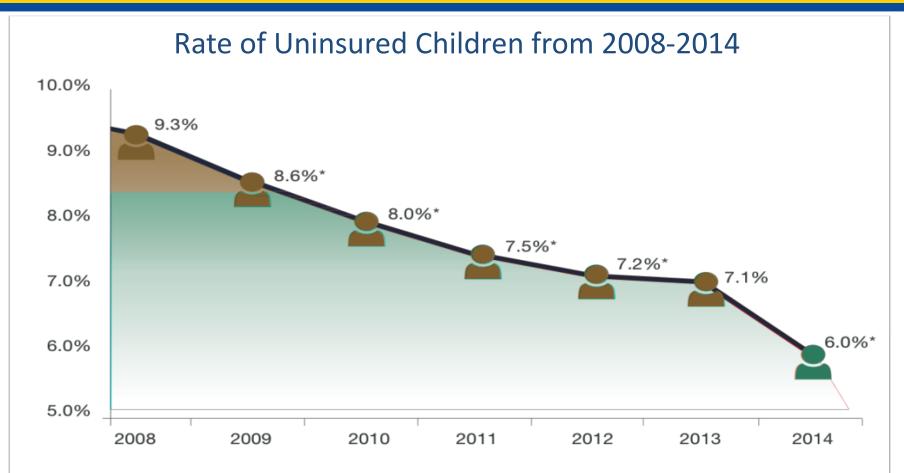
Impact of Coverage on Access, Affordability and Quality: Research Findings on Medicaid Expansion

- Medicaid expansion is associated with:
 - $\sqrt{}$ A significant reduction in low-income adults who lack a personal physician
 - $\sqrt{}$ Increase in individuals with chronic conditions who obtained regular care
 - $\sqrt{}$ Increase in availability of primary care appointments for Medicaid patients
 - $\sqrt{}$ Increased diagnosis of chronic conditions and use of prescription drugs
- Medicaid expansion has improved affordability:
 - $\sqrt{}$ The percentage of low-income adults reporting problems paying medical bills declined
 - $\sqrt{}$ Unmet health care among low-income adults declined
- Medicaid expansion has provided quality care to new enrollees:
 - $\sqrt{}$ Nearly two-thirds of adults with Medicaid expansion coverage consider themselves to be better off now than before enrolling in Medicaid
 - $\sqrt{}$ Over 93 percent of adults are very or somewhat satisfied with their health plans

Medicaid and CHIP: Coverage Has Lasting Benefits

- Yale Study on Children's Medicaid Coverage
 - Kids who received expanded Medicaid benefits in the 80s and 90s were more likely to experience a higher quality of life than those that were uninsured:
 - Higher wages as adults
 - College attendance
 - Reduced risk of premature death

The Rate of Uninsured Children at Historic Low

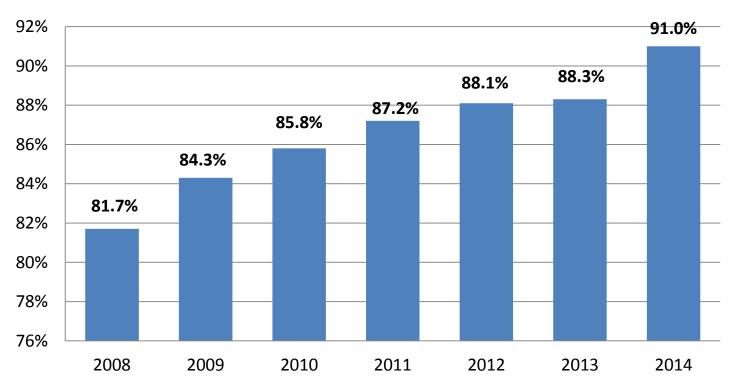


^{*} Change is significant at the 90% confidence level. 2013 was the only year that did not show a significant oneyear decline in the national rate of uninsured children.

Over 90% of Eligible Children Are Enrolled in Medicaid and CHIP

Children's Medicaid/CHIP Participation Rate

2008-2014

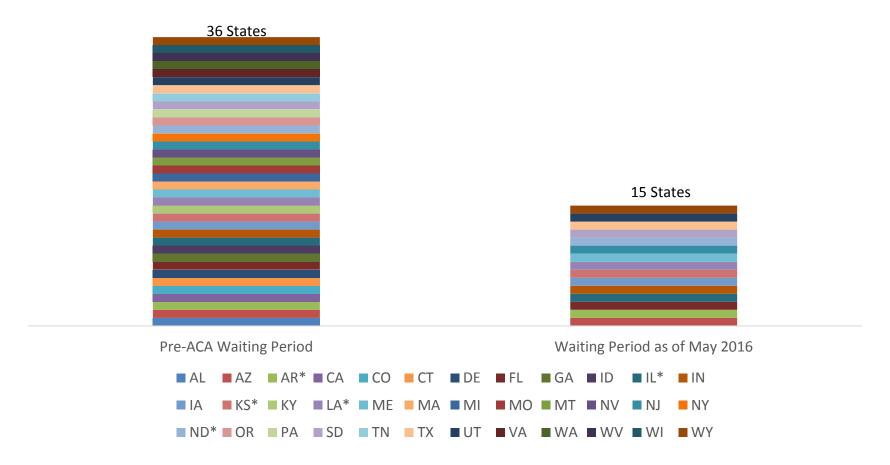


Source: Forthcoming analysis of the Urban Institute Health Policy Center's ACS Medicaid/CHIP Eligibility Simulation Model based on data from the Integrated Public Use Microdata Series (IPUMS) from 2008 to 2014.

Notes: Estimates reflect an adjustment for the misreporting of coverage on the ACS.

Since Passage of the ACA, 21 States Have Dropped CHIP Waiting Periods

Separate CHIP Waiting Periods, Pre-ACA and as of May 2016

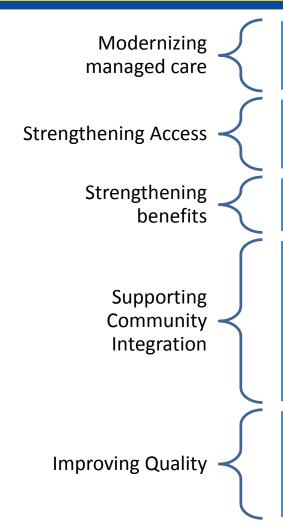


Connecting Kids to Coverage National Campaign

Campaign goals:

- Create opportunities for families to get eligible kids and teens signed up for coverage – and get help renewing
 - Reach out to eligible parents
- Work with stakeholders to incorporate health coverage outreach and enrollment activities in their routine activities and provide resources to help organize and conduct outreach
- Recent Grant Awards:
 - \$32 million to help 38 community organizations in 27 states enroll eligible children in Medicaid and CHIP
 - States, school districts, and local community organizations from across the country
 - Target harder-to-reach populations and areas in the country where more progress is needed

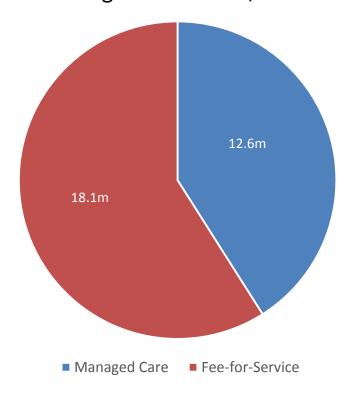
Building Blocks: Stronger Quality and Systems of Care



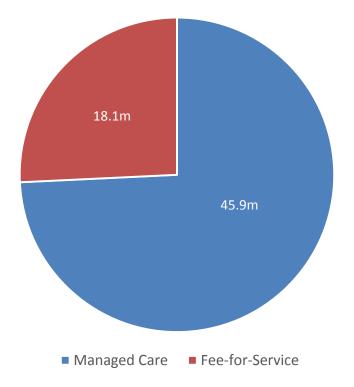
- Final rule supports delivery system reform, quality, accountability
- November 2015 final rule establishes transparent, data-driven processes
- Mental Health Parity, Home health final regulations
- Over past two decades, Medicaid has moved from 18 percent of LTSS in home and community based settings to 53 percent in 2014
- Implementation of new rules promoting community settings
- Adult and Child Core Measure Sets
- Adult Medicaid Quality Grants
- CHIPRA Child Quality Demonstration Grants

The Growing Role of Managed Care in Delivering Care in Medicaid

Number of Beneficiaries Receiving Services Through Capitated Managed Care Plans, 1998



Number of Beneficiaries Receiving Services Through Managed Care (includes MCOs, PIHPs, PAHPs, PCCMs), 2013



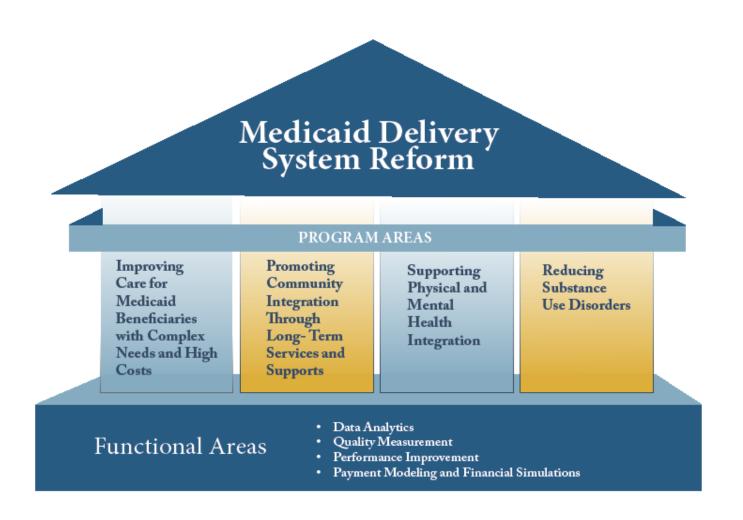
Key Areas of the Managed Care Regulation for Children's Advocates

- Network Adequacy: All services need to be accessible and available in a timely manner
 - Pediatric-specific standards for primary care, specialty care, behavioral health, and dental
- Care Coordination: Managed care plans must comprehensively assess and create a treatment plan for Medicaid enrollees identified as needing LTSS or having special health care needs
 - Managed care plans must have a mechanism in place to allow enrollees to directly access a specialist as appropriate for the enrollee's condition and identified needs
- Transparency: At enrollment, State must provide notices to explain implications of enrollees' choices and all disenrollment opportunities
 - Provide contact information for the Beneficiary Support System
 - State created definitions for key terms, model handbook, and notice templates for use by managed care plans

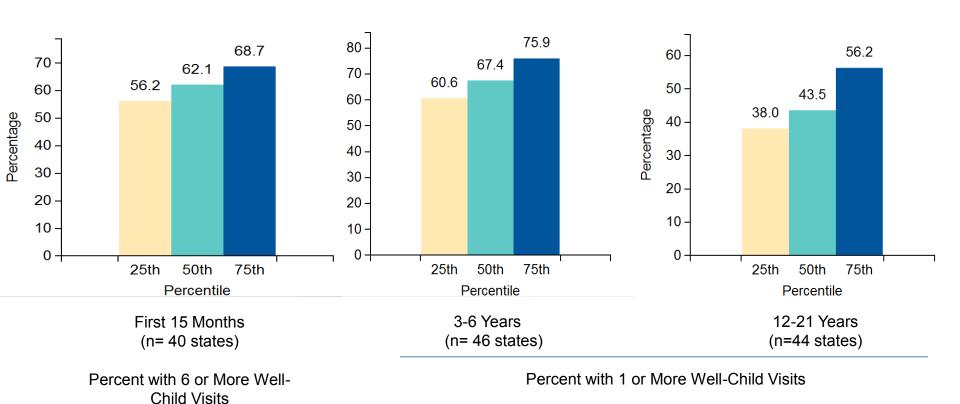
Medicaid Delivery System Reform: Evolving Payment Authorities

- States are using value-based payments:
 - Episode-based payments
 - Population-based payments
 - Additional payments in support of delivery system reform
- Health homes
- Delivery System Reform Incentive Pools
- Shared Savings and Integrated Care Models
- State Innovation Models
- MACRA's Quality Payment Program

Medicaid Innovation Accelerator Program (IAP)



Well-Child Visit Rates FFY 2014



Continuing to Move the Needle on Kids Coverage

- Enrolling harder-to-reach populations
- Continued progress on Medicaid expansion
- Improvement of state systems and additional process simplifications
- Continued attention to building stronger systems of care and quality measurement and improvement