MACPAC

Medicaid and CHIP Payment and Access Commission

Recent State Experiences with Major CHIP Changes

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Overview

- State CHIP program design factors
- Changes to separate CHIP programs in Arizona, California, and New Hampshire
- Key issues in separate CHIP program changes
- Considerations for future separate CHIP program changes

State CHIP Program Design Factors

- ACA provisions affect eligibility for CHIP and Medicaid
  - Maintenance of effort (MOE) for children in effect through September 30, 2019
  - Minimum Medicaid eligibility level for children set at 138% FPL, effective January 1, 2014
- States hoped to achieve cost savings
  - Administrative cost savings by moving separate CHIP enrollees into Medicaid programs
  - Enrollment freeze in Arizona

Major Separate CHIP Program Changes in Arizona, California, and New Hampshire

State	Overview of Program Change
Arizona	• Closed KidsCare enrollment in January 2010; ended KidsCare II in January 2014 • 23,000 children moved to Medicaid-expansion CHIP • 14,000 children referred to exchange • 1115 waiver authority
California	• 759,293 children moved to Medicaid-expansion CHIP from January to November 2013 • 94,723 children disenrolled from CHIP prior to move • Four-phase transition based on county of residence and available managed care plans • 1115 waiver authority
New Hampshire	• 8,300 enrollees moved to Medicaid-expansion CHIP in July 2012 • State plan amendment

Key Issues in Moving CHIP Enrollees to Medicaid

- Provider access and adequacy: strengthening provider networks
- Continuity of care: preventing disruptions in care
- Covered benefits: ensuring access to needed services
- Transition planning and monitoring: ensuring the smoothest transition possible

Provider Access and Adequacy

State strategies to ensure access to providers, including dentists, and to strengthen network capacity

- Assess overlap in CHIP and Medicaid providers and reach out to non-Medicaid providers
- Use incentives and remove barriers to provider and dentist participation in Medicaid
- Identify provider options for enrollees, if needed
- Publicly report on provider adequacy assessments

Continuity of Care

Approaches in California to address continuity of medical and dental care

- Health plans cover treatment by non-network treating physicians, including PCPs
- Dental plans honor prior authorizations from CHIP dental plans
- "Warm transfer" process to help enrollees find a dentist and make an appointment

Covered Benefits

Differences in benefits between separate CHIP programs and other coverage

- Enrollees moving to Medicaid will receive comprehensive benefits and EPSDT
- Enrollees moving to the exchange may have a less comprehensive set of covered benefits

Transition Planning and Monitoring: California

California engaged in extensive transition planning and monitoring:

- Strategic plan to state legislature in October 2012
- Four-phase implementation plans and network adequacy assessments
- Planning documents issued online and open for stakeholder comment
- Monthly monitoring reports on eligibility, enrollment, and renewals; call center statistics; and access measures for health, dental, mental health, and alcohol and substance use care services

Transition Planning and Monitoring: Arizona

- Arizona's transition plan describes populations affected including KidsCare I/II enrollees, state and enrollee actions needed, content and timing of notices, stakeholder outreach.
- Monthly monitoring report contains data on enrollment, applications, denials, and call center data.
- There is little data or monitoring on the coverage disposition of former KidsCare enrollees referred to the exchange.

Transition Planning and Monitoring: New Hampshire

- New Hampshire's CHIP program change
  - Affected fewer children than changes in Arizona and California
  - Enrollees moved from managed care to FFS
- New Hampshire focused on ensuring provider capacity and notifying families of the change.
- The state plan amendment did not require specific monitoring.

Considerations for Future Separate CHIP Program Changes

- Data collection and monitoring differed for children moving to Medicaid versus the exchange.
- States made ensuring provider capacity and continuity of care for medical *and* dental care a priority.
- The extent of transition planning varied.

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