MACPAC
Medicaid and CHIP Payment and Access Commission

Consumer Protections for Transitions from CHIP to Exchange Plans

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Continuity of Care

- Potentially, 8 million children may transition to other sources of coverage.
- Many assume that QHPs will be available to those currently in CHIP.
- Some of the most important consumer protections are comparability of benefits, cost sharing, and network adequacy.
- But there are also key concerns during a limited transitional period.

Gaps During Transition

1. Course of treatment or scheduled procedure
2. Prescription drugs or durable medical equipment
3. Those hospitalized or suffering terminal illness
4. Those with chronic, complex, or serious conditions
5. Outreach and information

Our Task

Commissioners may wish to consider:

1. Are policy changes to bridge these gaps necessary?
2. Is such action more appropriately taken at the federal or state level?

Current Consumer Protections

- Continuous eligibility
- Facilitated enrollment
- Payment grace periods
- Access to out-of-network providers
- Out-of-network emergency care
- Grievances and appeals
- Consumer information

Current Congressional Continuity of Care Proposals

The CHIP Extension Act of 2014 (S. 2461)

- Senator Rockefeller
- Defined transitional coverage periods for those with certain conditions

The CHIP Extension and Improvement Act of 2014 (H.R. 5364)

- Representative Pallone
- Directs the Secretary to issue continuity of care regulations

Examples of Current State Laws and Practices

California

- Continuity during a defined period
- Only for those who experienced involuntary change in health insurance provider

Maryland

- Continuity during a defined period
- Protection from balance billing during this period

Massachusetts

- Continuity between state exchange and MCOs

Delaware

- QHP transition plans beginning in plan year 2015 for those who become eligible or lose eligibility for a public health program
- Protections do not apply to those who voluntarily disenroll from a QHP

Consumer Protections to Consider

- Transitional coverage:
  - to finish a course of treatment or previously scheduled or authorized procedure
  - for current prescription drugs and durable medical equipment
  - for those currently hospitalized or suffering from a terminal illness
  - to allow an enrollee with chronic, complex, or serious medical conditions to continue to receive care from an out-of-network provider
- Outreach and information strategies for those transitioning

Scope of Remedies

- Broad federal requirement
- Specific protections at the federal level
- Leave the decision to the states

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