



CHIP Analysis Update and Summary of Sources of Coverage If CHIP Funding Is Exhausted

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January 22, 2015

Agenda

- Current status of CHIP funding
- Update on CHIP analysis plan for current meeting cycle
- Summary of draft chapter on sources of coverage for children if federal CHIP funding is exhausted

Current Status of CHIP

- Under current law, states begin exhausting federal CHIP funds this fall (FY 2016)
- No legislation introduced yet in the 114th Congress to extend CHIP
- States are planning for state fiscal year 2016 (begins July 1, 2015, except in Alabama, Michigan, New York, Texas)

Discussion of Key Policy Questions In 2014-2015 Meeting Cycle

- What coverage will CHIP enrollees be eligible for?
- How does affordability of coverage in CHIP and exchanges compare?
- How will covered benefits change?
- How can adequacy of pediatric networks be ensured?
- What is the impact on state and federal budgets?
- Are consumer protections adequate as children move between sources of coverage?

CHIP in MACPAC's March 2015 Report

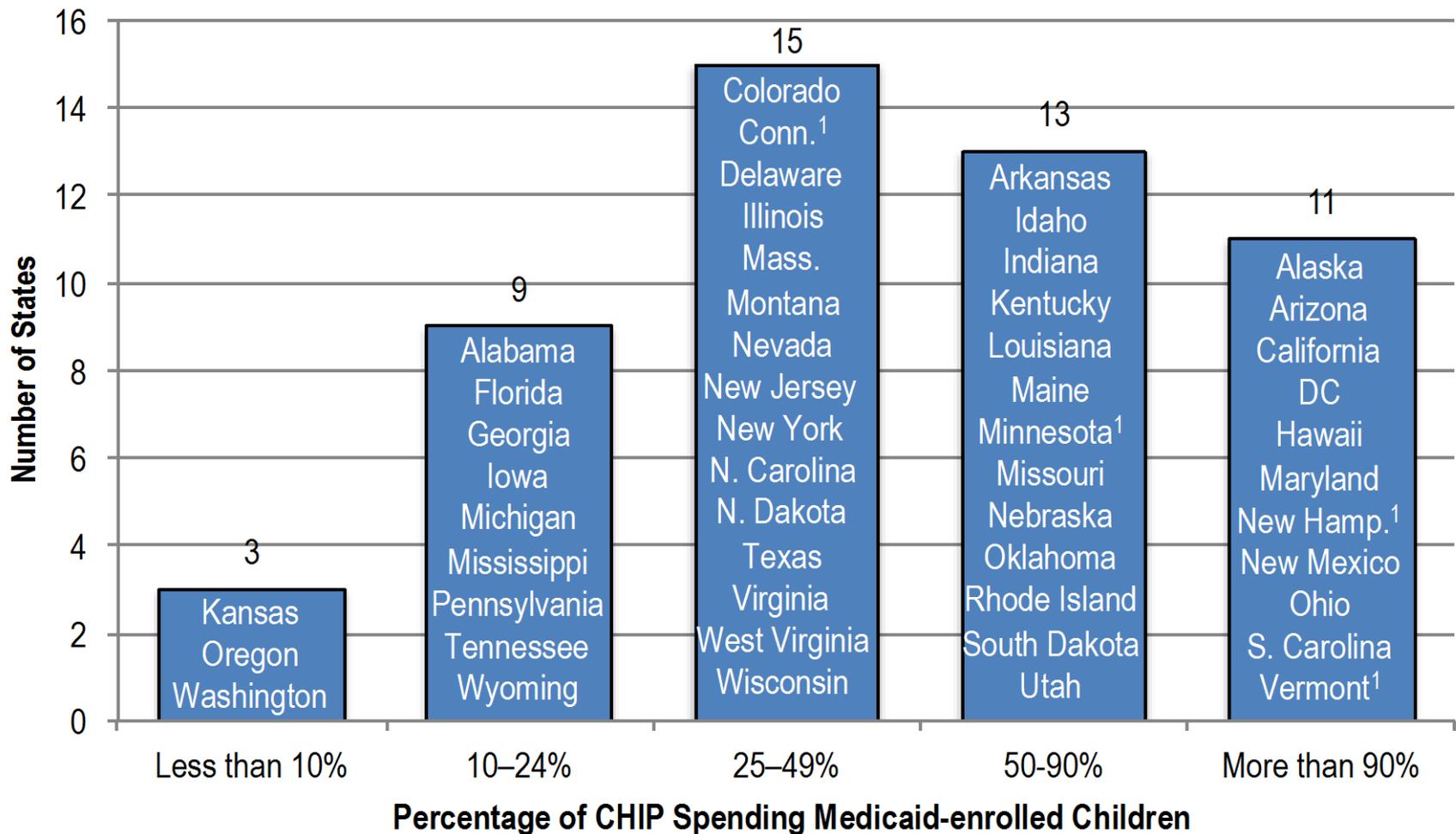
Four chapters, with a brief introduction to set them up:

- Chapter 1: Sources of Coverage for Children If CHIP Funding Is Exhausted
- Chapter 2: Affordability of Exchange Coverage for Children Now Covered by CHIP
- Chapter 3: Comparing CHIP Benefits to Other Sources of Coverage
- Chapter 4: Network Adequacy and the Future of CHIP

Key Points from Draft Chapter 1

- Based on projections for MACPAC by the Urban Institute, 1.1 million children would become uninsured in 2016 if CHIP ends.
- Most of the children who become uninsured would be eligible for employer-sponsored coverage (59.1%) rather than subsidized exchange coverage (40.9%).
- Among these uninsured children eligible for job-based coverage, out-of-pocket premiums to cover the children would average \$5,509 (13.2% of income).

Figure 1. Percentage of States' CHIP Spending for Medicaid-Enrolled Children, FY 2016

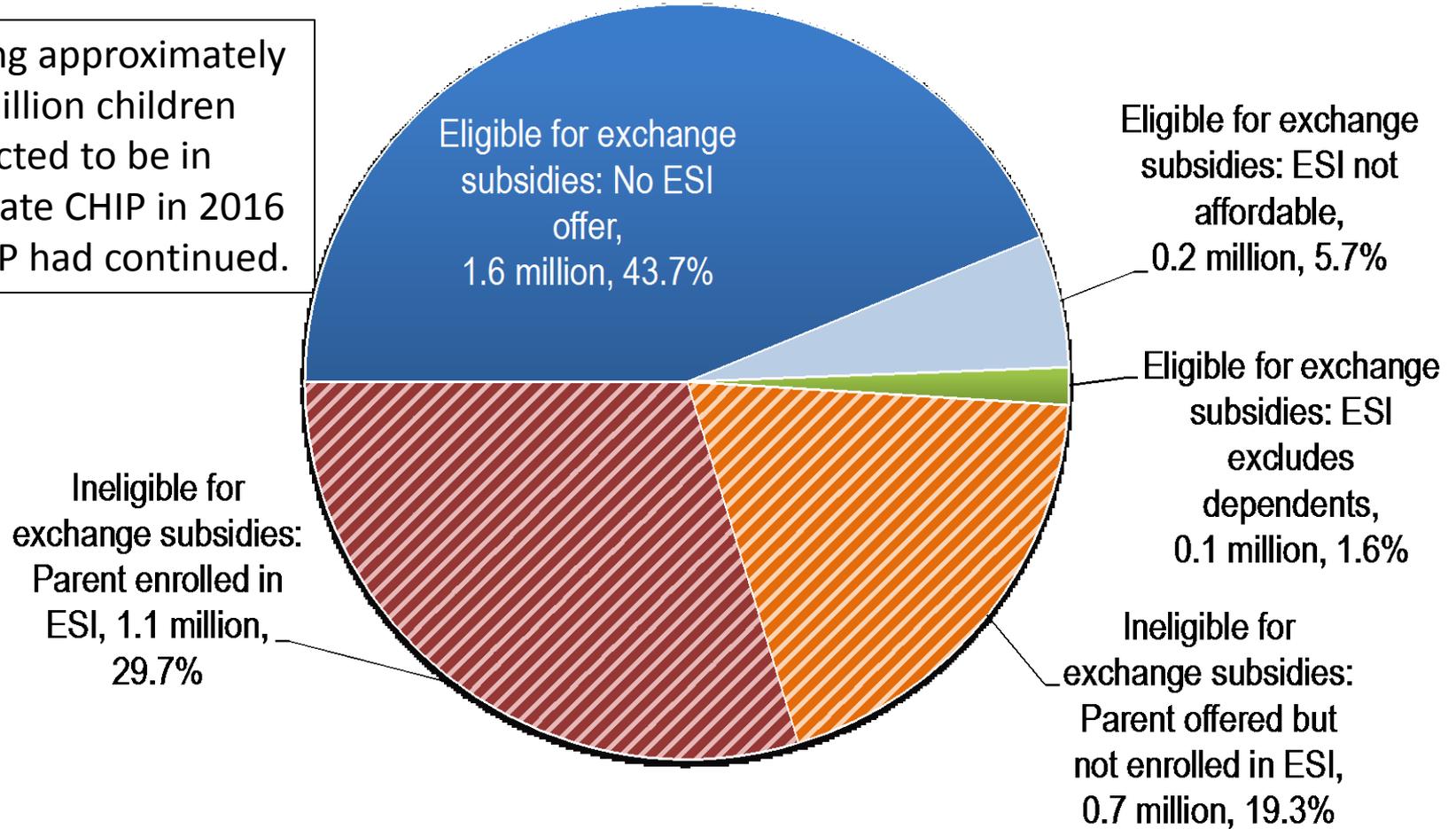


Source: MACPAC analysis of projections of FY 2016 federal CHIP spending provided by states in Medicaid and CHIP Budget and Expenditure System as of December 2014.

¹ Includes projected §2105(g) spending.

Figure 2. Eligibility Among Children Age 0–18 Projected to Lose Separate CHIP in 2016

Among approximately 3.7 million children projected to be in separate CHIP in 2016 if CHIP had continued.

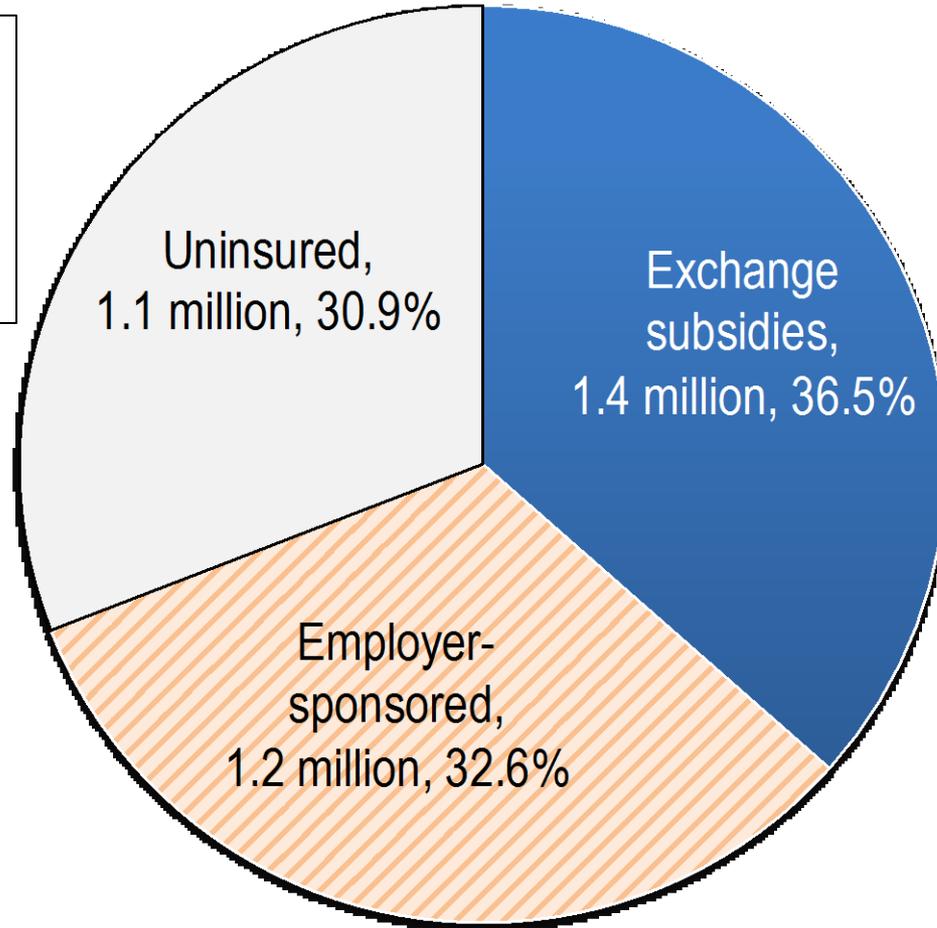


Note: ESI is employer-sponsored insurance.

Source: Preliminary Urban Institute analysis (Dubay, Buettgens, and Kenney) for MACPAC of HIPSM-ACS enhanced with MEPS-IC data from the Agency for Healthcare Research and Quality, as of January 13, 2015.

Figure 3. Enrollment and Uninsurance Among Children Age 0–18 Projected to Lose CHIP in 2016

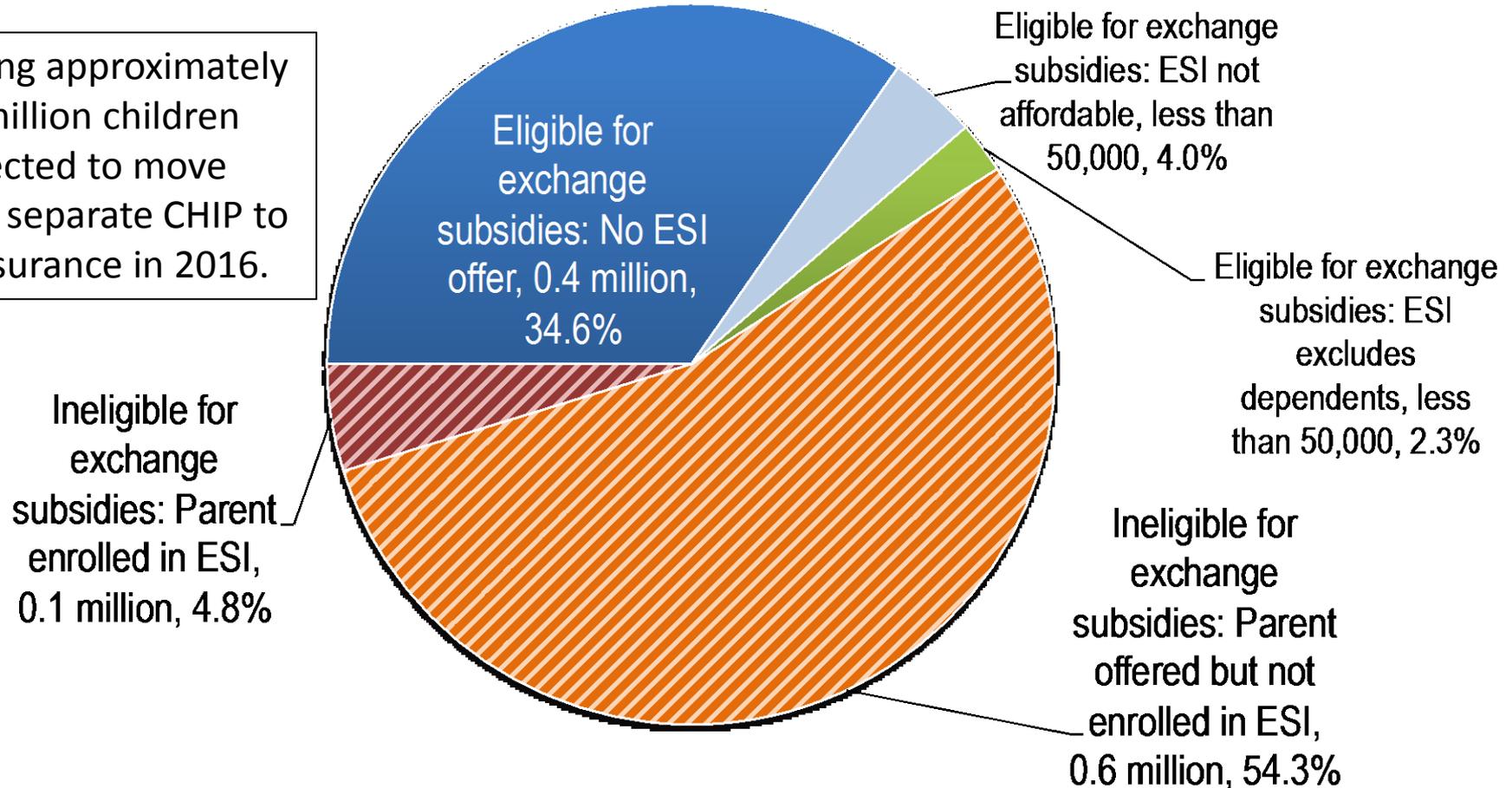
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Source: Preliminary Urban Institute analysis (Dubay, Buettgens, and Kenney) for MACPAC of HIPSMA-ACS enhanced with MEPS-IC data from the Agency for Healthcare Research and Quality, as of January 13, 2015.

Figure 4. Eligibility Among Children Age 0–18 Projected to Lose CHIP and Become Uninsured in 2016

Among approximately 1.1 million children projected to move from separate CHIP to uninsurance in 2016.



Note: ESI is employer-sponsored insurance.

Source: Preliminary Urban Institute analysis (Dubay, Buettgens, and Kenney) for MACPAC of HIPSM-ACS enhanced with MEPS-IC data from the Agency for Healthcare Research and Quality, as of January 13, 2015.



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