



MACPAC
Medicaid and CHIP Payment and Access Commission



Review of Medicaid Eligibility and Enrollment Issues

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Overview

- General requirements for Medicaid eligibility
- Non-disabled adults and children
- Individuals age 65 or older and those eligible on the basis of disability
- Selected MACPAC work on eligibility and enrollment issues

Evolution of Medicaid Eligibility

- Historically, coverage was tied to receipt of cash welfare for families with children, people with disabilities, and those age 65 or older
- Later expanded to cover specified low-income groups without regard to welfare receipt, but certain programs (such as Supplemental Security Income and foster care) may still confer automatic Medicaid eligibility
- Adults without dependent children were added as an eligible population by the ACA

General Requirements for Medicaid Eligibility

- Only citizens and qualified aliens can receive full Medicaid benefits
- Some groups receive only limited benefits
 - Assistance with Medicare costs
 - Family planning and related services
 - Emergency services for nonqualified aliens
- Long-term services and supports may require meeting functional criteria that demonstrate a need for assistance

Major Eligibility Groups: Non-Disabled Adults and Children

- Non-disabled adults age 19-64
 - Parents (Section 1931 of Social Security Act)
 - Pregnant women
 - New adult group (those without dependent children and parents above 1931 levels)
- Non-disabled children under age 19
 - Maintenance of effort (MOE) required for eligibility through FY 2019
 - Some Medicaid coverage is financed with CHIP funds

Enrollment: Non-Disabled Adults and Children

- Non-disabled adults age 19-64
 - Nearly 30% of Medicaid enrollment in FY 2011 (June 2014 MACStats Table 11)
 - Increased enrollment in 2014 as a result of new adult group in expansion states
- Non-disabled children under age 19
 - Nearly half of Medicaid enrollment in FY 2011
 - Increased enrollment in CHIP-financed Medicaid as a result of shift from separate CHIP for ages 6-18 up to 138% FPL

Selected ACA Changes: Non-Disabled Adults and Children

- Modified adjusted gross income (MAGI) and no asset test for most eligibility determinations
- New adult group for those with incomes at or below 138% FPL
- Expansion for ages 6-18 at or below 138% FPL (“stairstep” shift from separate CHIP to Medicaid in some states)
- Child MOE through FY 2019
- Former foster care children until age 26

Selected MACPAC Work: Non-Disabled Adults and Children

- Eligibility renewals
- Enrollment effects of the switch to MAGI rules for eligibility determinations
- Transitions between Medicaid, CHIP, and exchanges

Major Eligibility Groups: Age 65+ and People with Disabilities

- Full-benefit Medicaid pathways
 - Most eligible via receipt of federal Supplemental Security Income (generally mandatory)
 - Additional options for states include:
 - poverty level (up to 100% FPL)
 - medically needy (high health care spending)
 - special income level and home and community-based waivers (for those who need institutional level of care)
- Disability determination applies to people under age 65 (not age 65+)
- Functional eligibility determination for LTSS

Major Eligibility Groups: Age 65+ and People with Disabilities (continued)

- Medicare Savings Programs (MSPs)
 - QMB, SLMB, QDWI, and QI pathways are separate from full-benefit Medicaid
 - Dually eligible beneficiaries may qualify under MSP only, both MSP and full-benefit Medicaid pathways, or full-benefit Medicaid only
 - Income and asset counting generally similar for MSP and full-benefit pathways within a state (medically needy is an exception), but may differ from Medicare Part D low-income subsidy

Enrollment: Age 65+ and People with Disabilities

- About a quarter of total Medicaid enrollment in FY 2011 (June 2014 MACStats Table 11)
- Many are dually eligible for Medicaid and Medicare, accounting for about 15% of total Medicaid enrollment
 - About a quarter of these individuals are MSP-only beneficiaries for whom Medicaid only pays Medicare premiums and cost sharing
 - Remaining three-quarters receive full Medicaid benefits

Selected MACPAC Work: Age 65+ and People with Disabilities

- Updating and expanding information on financial eligibility published in the June 2014 report
- Employing contractor to research and report on LTSS assessment tools for functional eligibility and service determination
- Presenting policy options for MSP eligibility and enrollment

Other MACPAC Work on Medicaid Eligibility and Enrollment

- Analysis of longitudinal data
 - Closer look at Medicaid beneficiaries who gain Medicare (38% of new dually eligible beneficiaries in 2010 based on MedPAC & MACPAC joint data book) versus Medicare beneficiaries who gain Medicaid
 - For overall Medicaid population and subgroups, examination of fee-for-service and managed care spells to inform encounter data work
 - For children, examination of transitions between Medicaid and separate CHIP