



Nevada Medicaid & CHIP Under the ACA

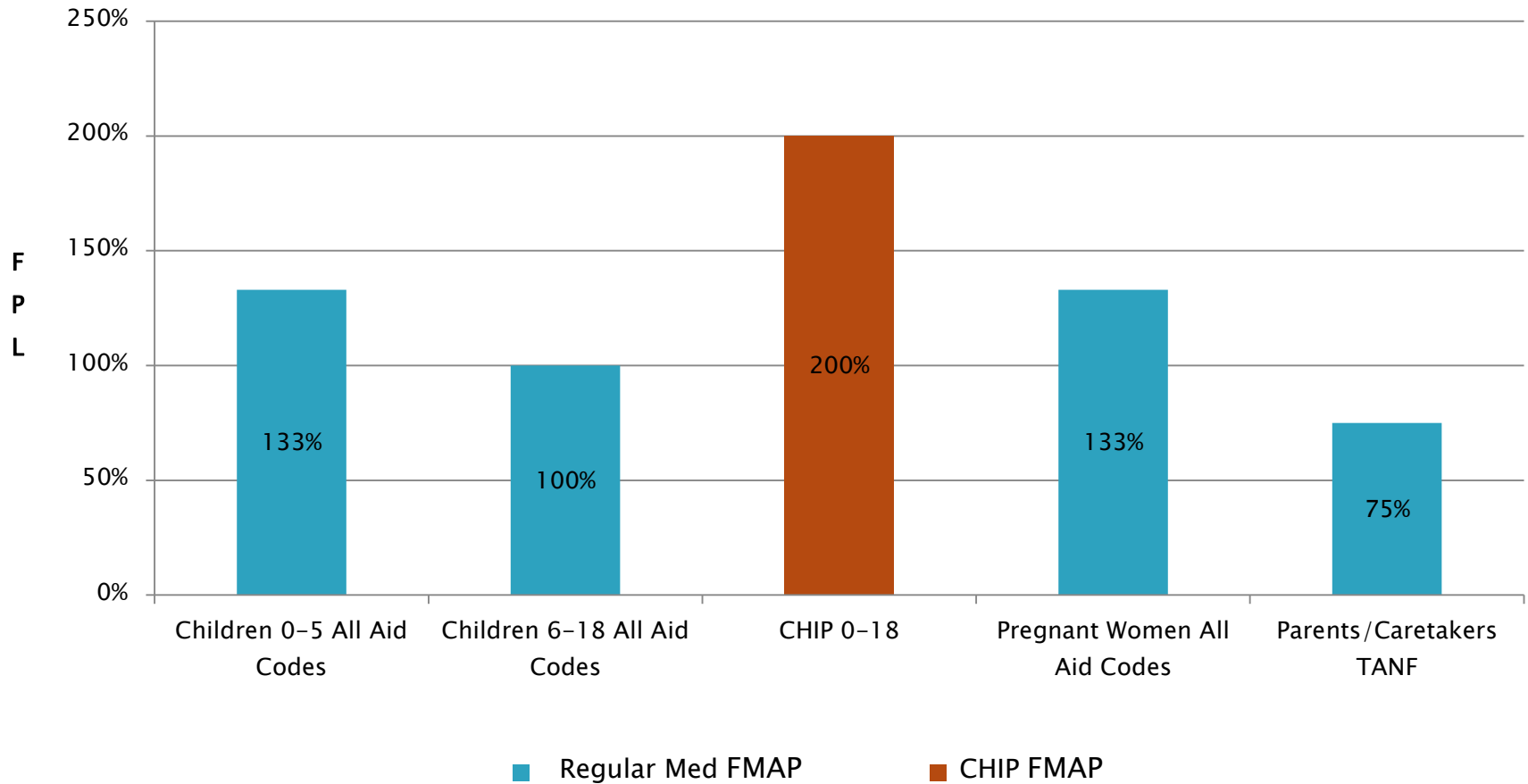
Presentation to the Legislative Committee on
Health Care
May 8, 2012

EXHIBIT B – HEALTH CARE
Document consists of 16 pages.
Entire exhibit provided.
Meeting Date: 05-08-12

Background

- ▶ On March 23, 2010, the President signed the Patient Protection and Affordable Care Act (PPACA) passed by the House on March 21, 2010.
- ▶ On March 30, 2010, the President signed the Health Care and Education Act of 2010, making changes to the Patient Protection and Affordable Care Act.

Current Medicaid & CHIP Eligibility and Funding



Medicaid Expansion | Eligibility for under the ACA

- ▶ In 2014, the Modified Adjusted Gross Income Standard (MAGI) will be used to determine eligibility for the premium tax credits available in the Exchanges. A version of this standard will also be used to determine eligibility in Medicaid and CHIP.
- ▶ The MAGI will apply to newly-eligible individuals, as well as to most existing Medicaid eligibility groups, with exceptions for the elderly, foster children, low-income Medicare beneficiaries and those receiving SSI.
- ▶ A standard five percent income disregard will be built into the gross income test for Medicaid to compensate for the loss of other, existing Medicaid disregards. This means the effective eligibility standard will be 138% of the FPL or \$15,415 for an individual based on 2012 standards.
- ▶ Finally, eligibility rules will seek to streamline state eligibility processes.

Medicaid Expansion | Eligibility Groups

- ▶ ACA combines numerous existing eligibility groups into three categories:
 - Parents/Caretakers – Revises existing eligibility for low-income families to create a simplified parent/caretaker group. Uses MAGI income standards with eligibility up to 138% of the FPL. (42 CFR §435.110)
 - Pregnant Women – Combines six existing groups where pregnancy and income are the only factors. Uses MAGI income standards with eligibility up to 138% of the FPL. (42 CFR §435.116)
 - Infants and Children under age 19 – Combines 7 existing groups for which income is the only the factor for eligibility. Uses MAGI income standards with eligibility up to 138% of the FPL (42 CFR §435.118)
- ▶ Retains eligibility rules and standards for individuals who are eligible under Medical Assistance for the Aged, Blind and Disabled (MAABD), child welfare, juvenile justice, and several other eligibility groups.

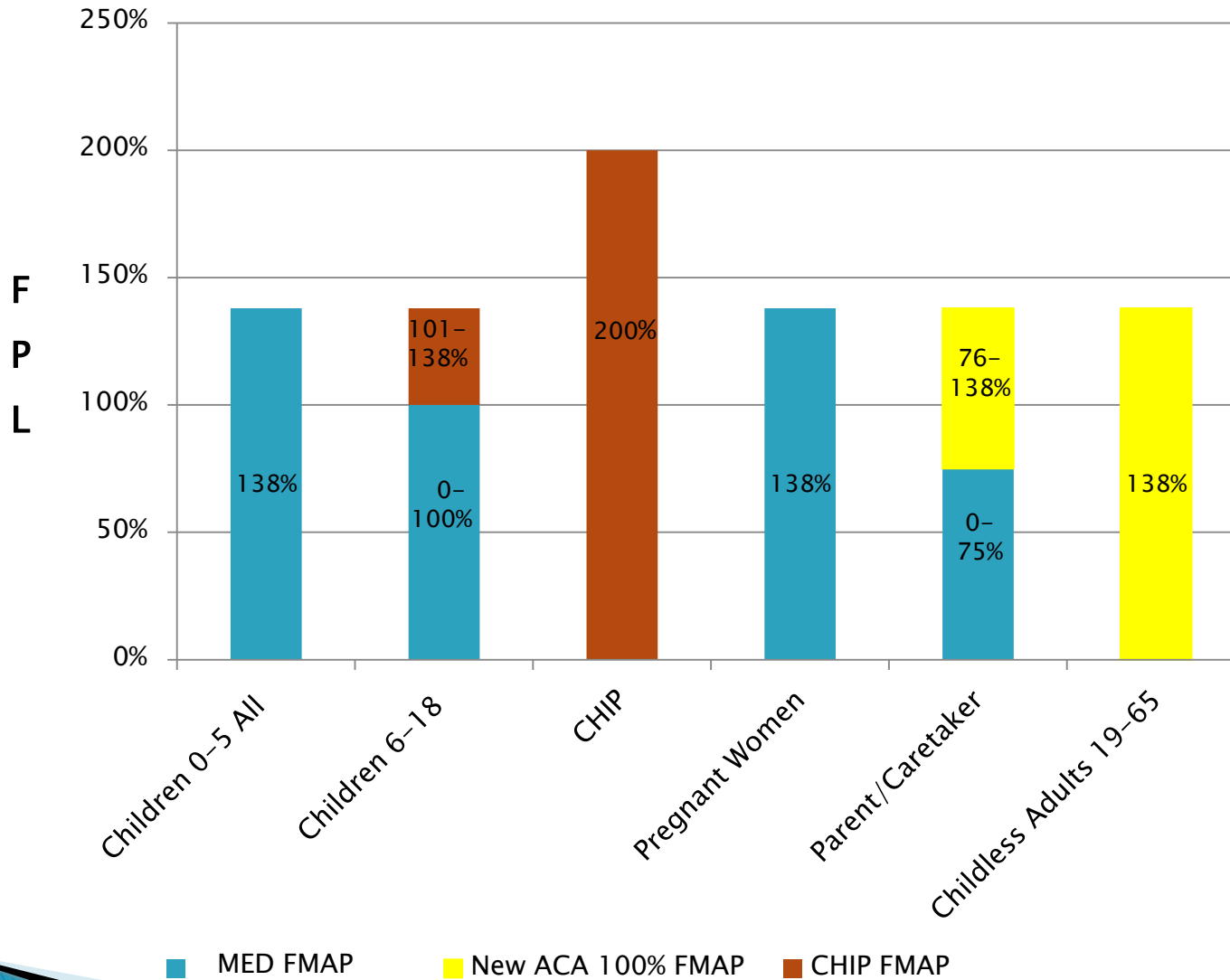
Medicaid Expansion | New Eligibles

- ▶ Starting 2014, the ACA creates a new mandatory eligibility group that expands Medicaid to adults with incomes at or below 138 percent of the Federal Poverty Level (FPL); \$15,415 for an individual in 2012. These individuals are considered “New Eligibles” under the Act and include those who are:
 - Ages 19-65;
 - NOT Pregnant;
 - NOT entitled to/enrolled for benefits under Medicare;
 - NOT otherwise eligible for Medicaid under the Social Security Act; and
 - Whose income does not exceed 138% of the FPL.

Medicaid Expansion | Federal Funding

- ▶ Federal funding for New Eligibles
 - Cost of New Eligibles enrollees funded 100% by federal government in 2014 – 2016.
 - State's share for New Eligibles will be 5% in 2017, increasing to 10% in 2020 and beyond.
- ▶ Federal funding for other ACA groups:
 - Parents/Caretakers – Regular FMAP. Individuals between current income standards and 138% of the FPL may be eligible for federal financial participation up to level described for New Eligibles.
 - Pregnant women – Regular FMAP
 - Infants and children up to 19 – Regular FMAP. CHIP enhanced FMAP for children 6–18 above 100% of the FPL.
- ▶ MAABD, child welfare, juvenile justice and other groups – Regular FMAP
- ▶ CHIP – Current enhanced FMAP

ANTICIPATED ACA ELIGIBILITY AND FUNDING



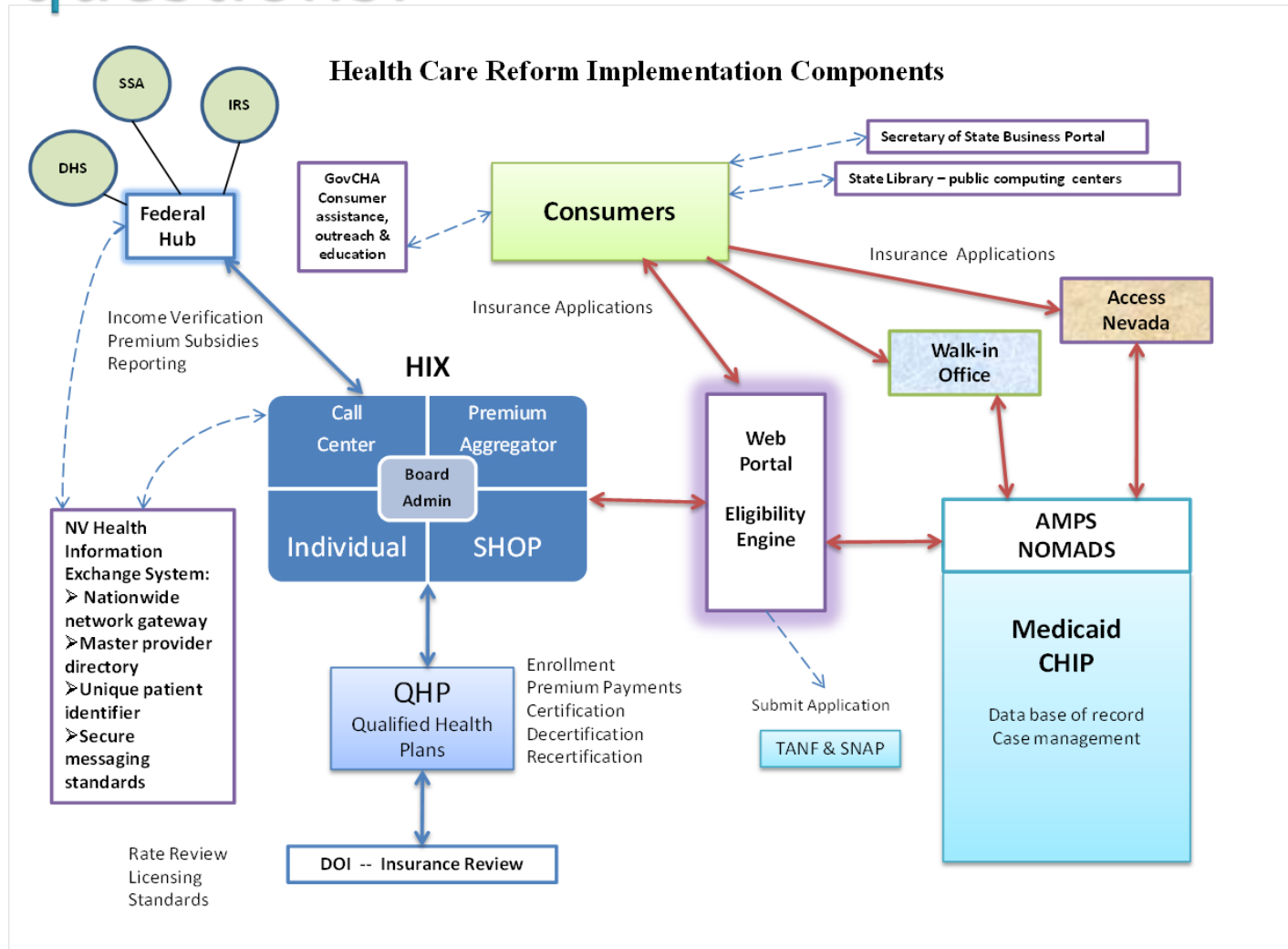
Medicaid Expansion | Caseload Estimates

- ▶ DHHS is currently evaluating different methods for estimating caseloads under the Medicaid expansion.
- ▶ Reports include estimates by the CBO, CMS, Public Consulting Group and internal Nevada DHHS estimates.
- ▶ Caseload estimates for 2014:
 - Childless Adults: 26,000 – 67,000
 - Other Medicaid/CHIP: 35,000 – 77,000
- ▶ CHIP caseload “trade-off” with Medicaid.

Medicaid Expansion | Eligibility Engine

- ▶ The Eligibility Engine is an IT initiative to implement the new eligibility requirements for Medicaid, CHIP and subsidized SSHIX coverage for individuals. Key provisions of this project include:
 - Create a “No wrong door” process for eligibility.
 - The Engine will be administered by Division of Welfare and Supportive Services (DWSS)
 - NOMADS will continue determining eligibility for SNAP, TANF, MAABD and other non-medical public programs.
- ▶ Funding to date:
 - Federal commitment: \$26.6M
 - State General Funds required: \$1.1M

Medicaid Expansion | Eligibility Engine – Any questions?



Essential Health Benefits | Covered Services

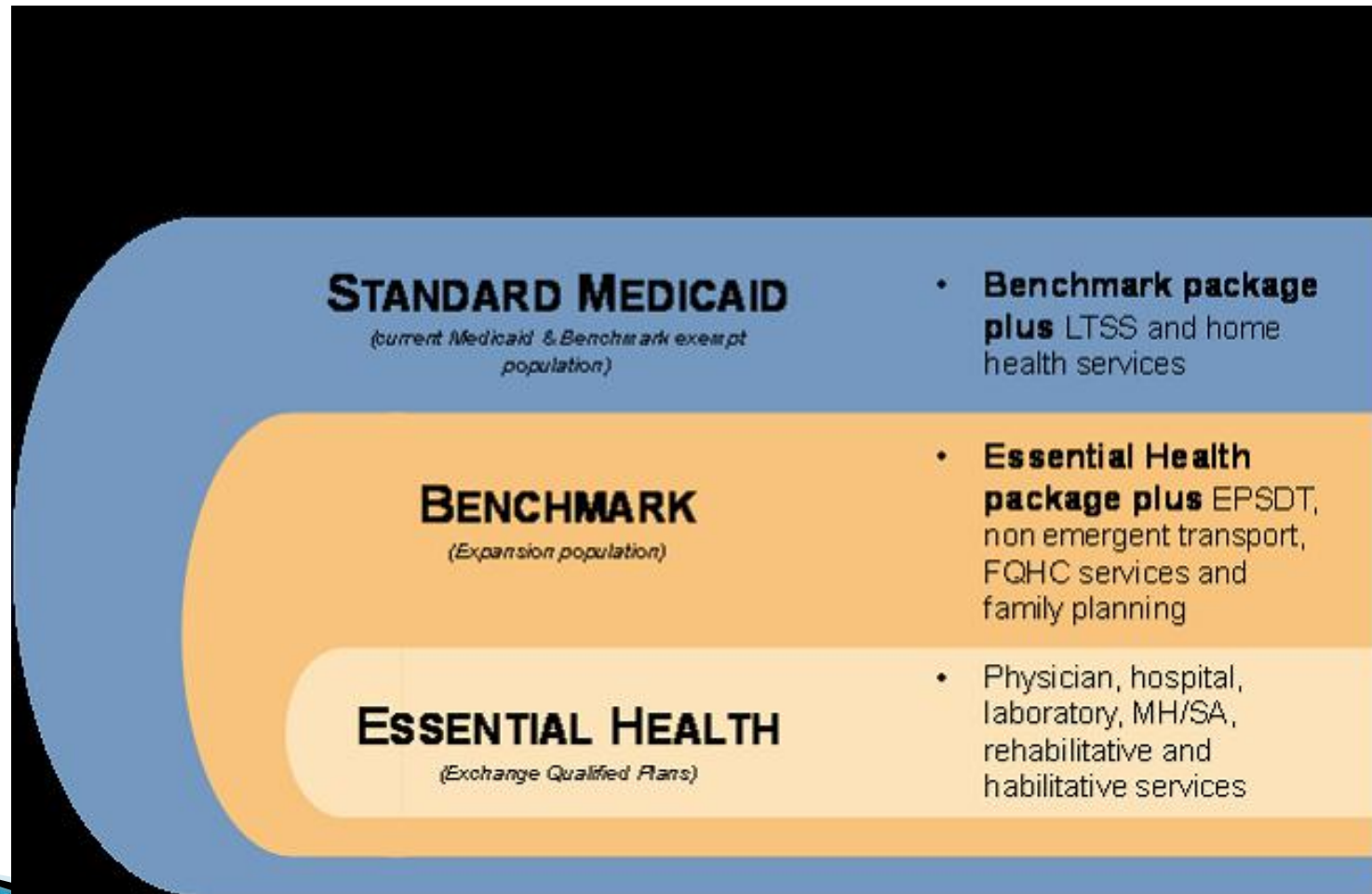
- The ACA requires Medicaid and the Exchange's health plans to cover the minimum Essential Health Benefits (EHB) including:
 - Ambulatory services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care
- Medicaid must also cover early screening for children (EPSDT), non-emergency medical transportation, FQHC and Family Planning services.

Essential Health Benefits | Medicaid

New Eligibles

- Medicaid benefits for New Eligibles individuals may differ from benefits provided to currently eligible Medicaid beneficiaries.
- Medicaid “Benchmark Plans” may be equal to coverage provided by:
 - Federal Employees Health Benefits Plan;
 - Health plan offered to State employees; or,
 - HMO plan with the largest enrollment in Nevada.
- Benchmark Plans must meet other Medicaid requirements, including covering transportation, family planning services, and care provided by rural health clinics and FQHCs.

Essential Health Benefits | Benefit Packages



Medicaid Expansion | Service Delivery

▶ Urban Nevada

- Medicaid Managed Care Organizations (MCOs)
 - Coverage of ACA-related groups: Childless adults; Parents/Caretakers; Pregnant women; Infants and children under age 19.
 - CHIP
- Fee-For-Service
 - All other groups including MAABD, dual eligibles, HCBS waiver clients, child welfare or juvenile justice system groups.

▶ Rural Nevada

- Fee-For-Service

Questions?

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