



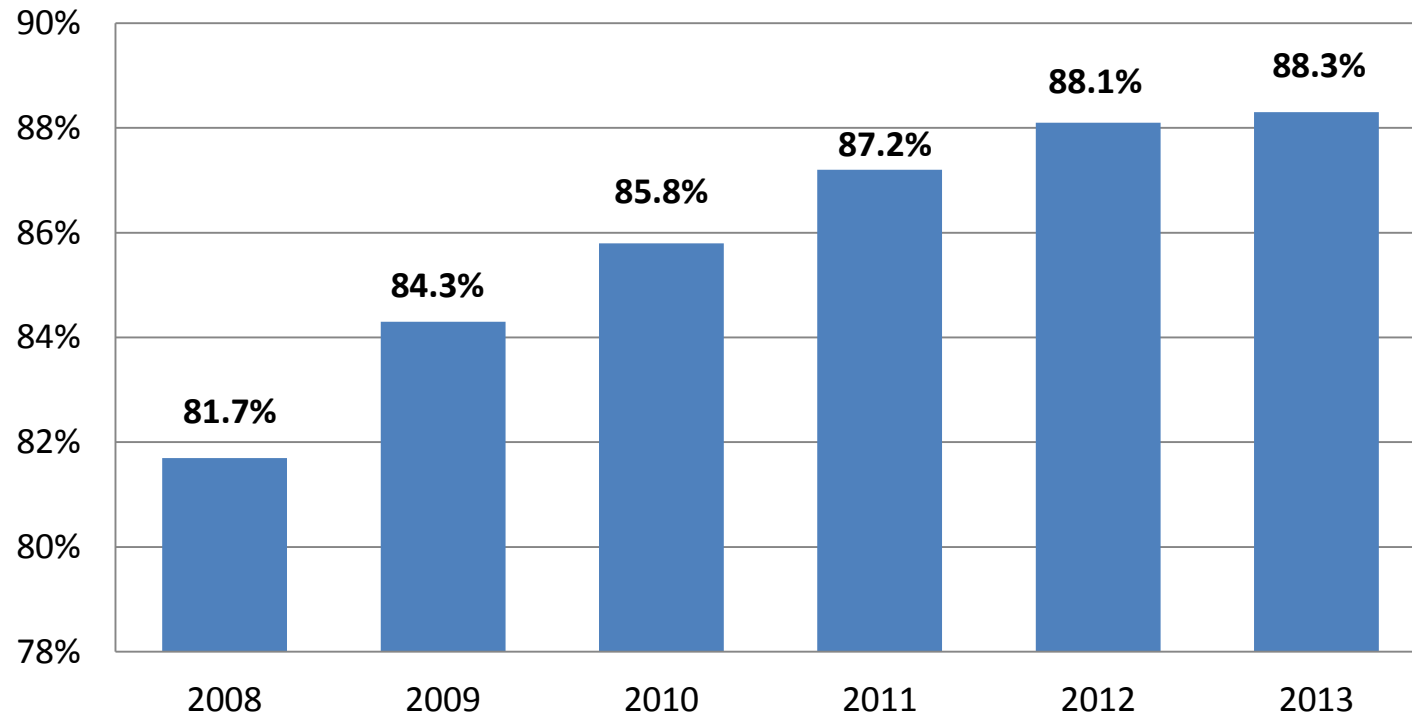
Strengthening Medicaid and CHIP for Children & Families

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Progress in Children's Coverage

Children's Medicaid/CHIP Participation Rate 2008-2013



Source: Forthcoming analysis of the Urban Institute Health Policy Center's ACS Medicaid/CHIP Eligibility Simulation Model based on data from the Integrated Public Use Microdata Series (IPUMS) from 2008 to 2013.

Notes: Estimates reflect an adjustment for the misreporting of coverage on the ACS.

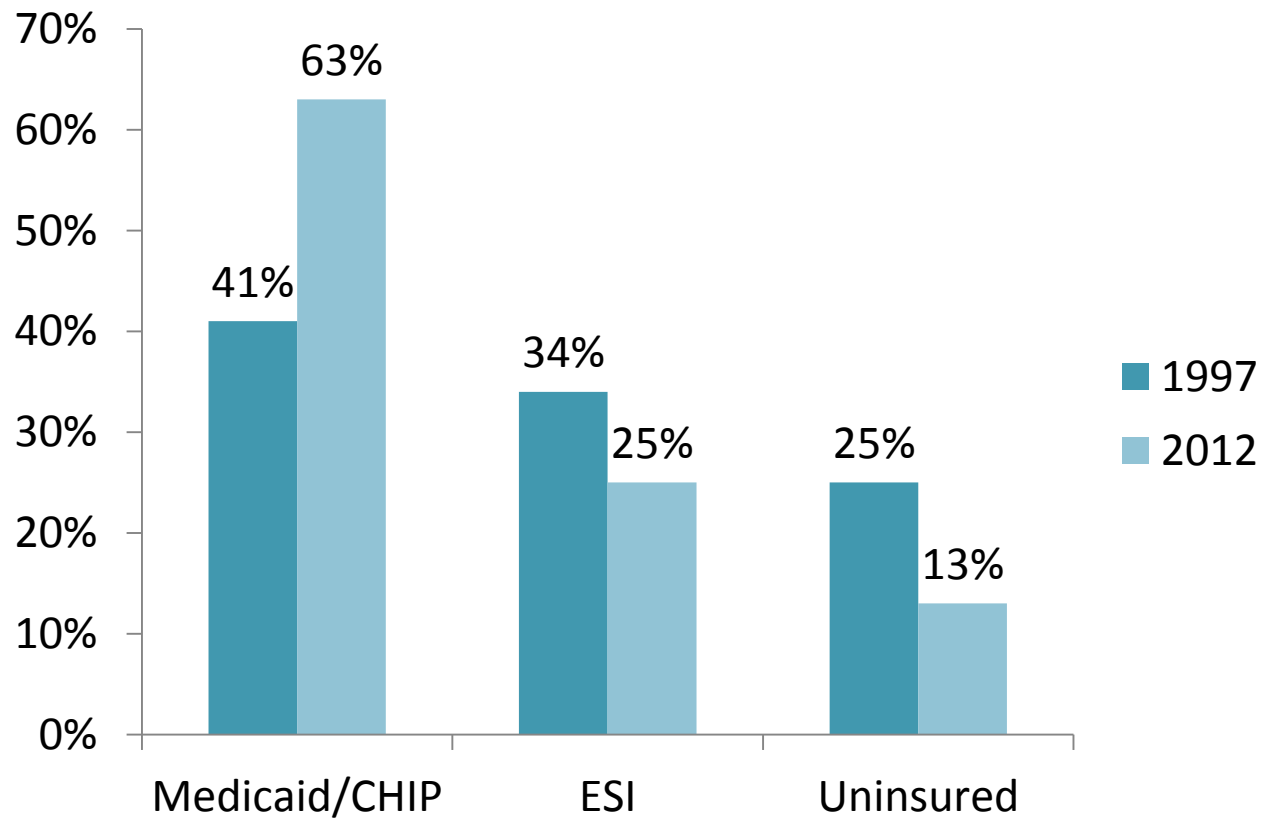
Child Enrollment

	CHIP	Medicaid	Combined CHIP and Medicaid
FY2013	8,454,327	35,115,481	42,898,905
FY2014	8,129,426	36,133,260	43,689,824

Note: The CHIP and Medicaid columns do not sum to the Combined CHIP and Medicaid total due to duplications in individual states' program-specific data. The Combined CHIP and Medicaid column is accurate.

Medicaid and CHIP cover more than 1 in every 3 children in the United States

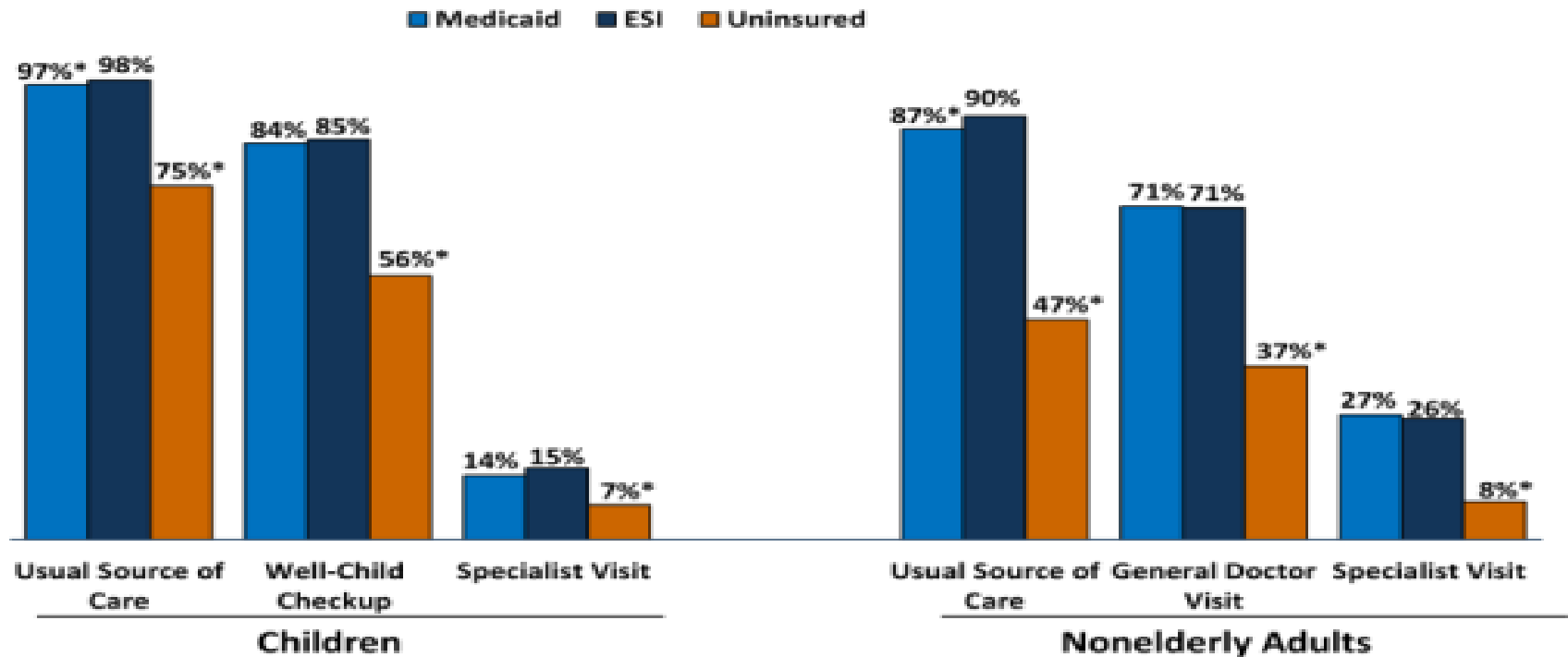
Medicaid and CHIP Fueled Drop in Uninsurance Among Children



Access to Care

Figure 7

Access to Care by Health Insurance Status, 2013



NOTES: Access measures reflect experience in past 12 months. Respondents who said usual source of care was the emergency room are not counted as having a usual source of care. *Difference from ESI is statistically significant ($p < .05$)

SOURCE: KCMU analysis of 2014 NHIS data.

Coverage Has Lasting Benefits

- Yale Study on Children's Medicaid Coverage
 - Kids who received expanded Medicaid benefits in the 1980s and 1990s were more likely to experience a higher quality of life than those that were uninsured:
 - Higher wages as adults
 - College attendance
 - Reduced risk of premature death

Our Work is Not Done

- Connecting Kids to Coverage outreach and enrollment grants
- Extension of pediatric quality measures program
- Modernizing managed care regulations
- Finishing the work on eligibility systems with a focus on retention
- Medicaid expansion for adults
- Increasing enrollment

Connecting Kids to Coverage National Campaign

- Campaign goals:
 - Raise awareness about health coverage available through Medicaid and CHIP
 - Create opportunities for families to get eligible kids and teens signed up for coverage – and get help renewing
 - Reach out to eligible parents – in some states, more parents can coverage than ever before
 - Work with national, state and community partners to incorporate health coverage outreach and enrollment activities in their routine activities
 - Provide resources to help organize and conduct outreach
- MACRA authorized an additional \$40 million in grants

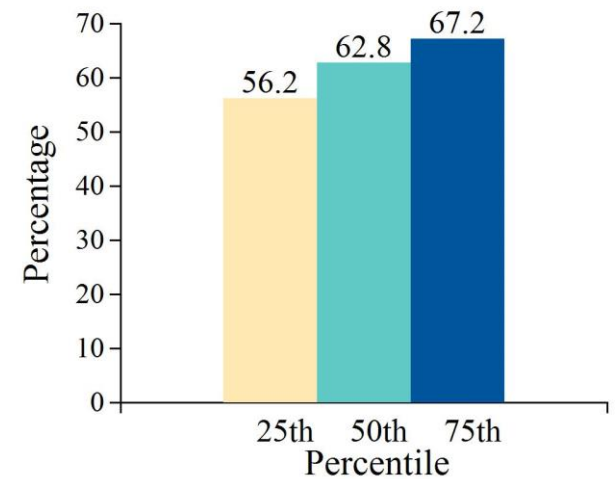
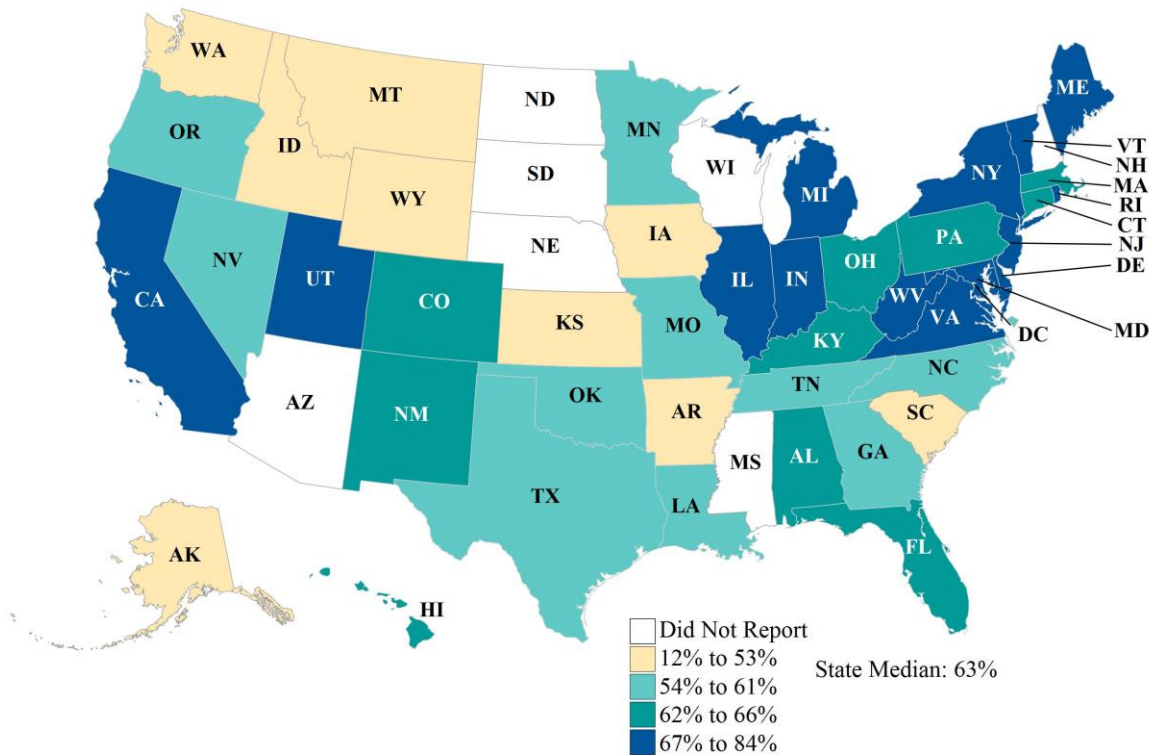
Quality Measures

- CMS voluntary quality measurement program for children (and adults) on a set of core quality measures:
 - In 2013, all states voluntarily reported two or more of the Child Core Set measures
 - The vast majority of children, across all states, had at least one visit to a primary care practitioner. However, the proportion of children with a well-child visit was below the recommended guidelines
 - A median of 46 percent of children ages 1 to 20 received at least one preventive dental service (such as application of topical fluoride or dental sealants)
- MACRA authorized additional funding for the pediatric quality measures program

Well-Child Visits in the First 15 Months of Life

Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life (n = 44 states)

Source: Mathematica analysis of FFY 2013 CARTS reports as of August 4, 2014.



Preventive Dental Visits

Percentage of Children Receiving at Least One Preventive Dental Visit (n = 49 states)

Source: Mathematica analysis of FFY 2013 CARTS reports as of August 4, 2014.

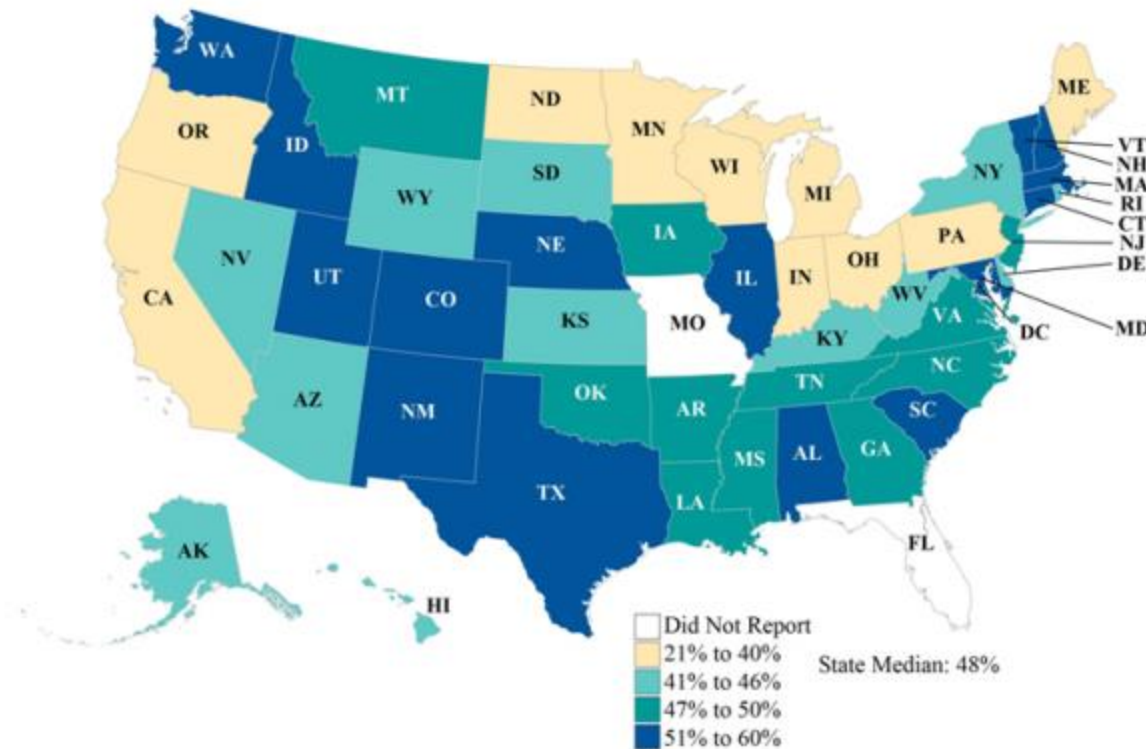
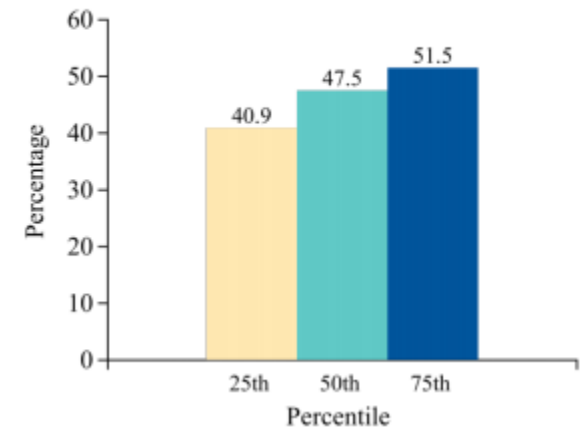


Exhibit PDENT.1. Preventive Dental Services, FFY 2013 (n = 49 states)



Modernizing Medicaid Managed Care

- Health care delivery inside and outside of Medicaid and CHIP has evolved substantially since 2002
- Over 60 percent of Medicaid managed care enrollees are children
- Managed care in Medicaid and CHIP is growing

Managed Care Policy Development Principles

- The proposed rule supports the agency's mission of *better care, smarter spending, and healthier people*
- Key NPRM Principles
 - Alignment with Other Insurers
 - Delivery System Reform
 - Payment and Accountability Improvements
 - Beneficiary Protections
 - Modernizing Regulatory Requirements and Improving the Quality of Care

Refining Eligibility Systems

- States are still building and refining their new eligibility systems and we continue to work to ensure that these systems can make accurate eligibility decisions
- Need to focus on retention
 - New renewal regulations require
 - Ex parte
 - Pre-populated renewal forms
 - 90 day reconsideration period

Real-Time Success Stories

CMS/Learning Collaborative interviewed several states about application processing. These states reported that the vast majority of Medicaid/CHIP applications are being processed in real or near real-time*



- **Washington:** 92% of applications processed in under 24 hours
- **New York:** 80% of applications processed in one sitting
- **Rhode Island:** 66% of applications processed without manual intervention or additional information being required

*Processing timeframes vary by channels of application submission

CMS monthly Performance Indicator Data also tracks eligibility determination timeframes: < 24 hours; 24 hours-7 days; 8 days-30 days; 31-45 days; or more than 45 days

- In February 2015, for the states reporting, almost one-third of MAGI applications were processed in under 24 hours

More Progress to Make: Medicaid Expansion Coverage Gap

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

