



Center for Medicaid and CHIP Services

CMCS Informational Bulletin

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SUBJECT: New Developments in Maternal and Child Health Policy and Programming

This Informational Bulletin includes announcements of several new resources that are available regarding maternal and child health services and CHIP programming, highlights State efforts at utilizing the new option authorized by the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 known as Express Lane Eligibility, and announces a new grant funding opportunity for State CHIP programs.

Express Lane Eligibility

As you know, CHIPRA made a number of new tools available to States to facilitate enrolling uninsured children who are eligible for Medicaid and CHIP. One of the most promising tools is Express Lane Eligibility (ELE). ELE allows States to use eligibility findings from other public benefit programs to facilitate enrollment in Medicaid or CHIP, precluding the need for families to resubmit information they already have provided to other programs and reducing administrative burdens for States. So far, 8 States have ELE State Plan Amendments in place for Medicaid and/or CHIP. ELE is one of the eight "program features" that States can adopt to qualify for a CHIPRA Performance Bonus.

There are a variety of opportunities for States interested in adopting ELE to improve children's enrollment and retention. Here are some examples of States' recent experience:

- South Carolina implements ELE with SNAP and TANF. Prior to implementing ELE, South Carolina found that 42 percent of children losing coverage at renewal were returning to Medicaid within one month. State staff calculated that by using income data from SNAP and TANF at children's annual Medicaid renewals, the State would prevent enough needless terminations of coverage to save 50,000 hours of worker time and \$1 million per year. During the first six months of the program, South Carolina renewed 65,000 children using Express Lane Eligibility.
- In 2011, Georgia became the first State to implement ELE with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Using WIC as the Express Lane agency is a logical approach for Georgia since individuals are often referred back and forth between the two programs, and preexisting program rules draw the two programs together. For example, since

Georgia WIC uses the same income verification standards as Medicaid and CHIP, there would be no need to ask a family with a child in WIC to resubmit proof of income for Medicaid.

- Louisiana first implemented ELE in 2010 by connecting all children receiving SNAP with Medicaid in one data exchange. In October 2011, the Medicaid agency began a daily match with SNAP that replaced the manual applicant-by-applicant review, adding roughly 1,000 children to Medicaid in both November and December. Similar improvements are underway in Alabama, where a new Memorandum of Understanding with SNAP and TANF partner agencies allow them to move from manual data matches conducted by an eligibility worker to automated matches.
- Oregon and New Jersey establish ELE connections with the National School Lunch Program. Both States have overcome barriers related to the differences between NSLP and Medicaid/CHIP processes, and are beginning to see the results of their hard work.

As noted above, ELE is one of the eight possible program features that States can adopt in order to qualify for a CHIPRA Performance Bonus. Last month, we announced nearly \$300 million in Performance Bonuses to 23 States, six of which qualified, in part, by virtue of having implemented ELE. More information on the 2011 bonuses is available at http://www.insurekidsnow.gov/professionals/eligibility/performance_bonuses.html and also at www.Medicaid.gov

For more information about Express Lane Eligibility and other options for qualifying for CHIPRA Performance Bonuses, please contact Robert Nelb (Robert.nelb@cms.hhs.gov) or Dena Greenblum (dena.greenblum@cms.hhs.gov) in the Children and Adults Health Programs Group. Targeted technical assistance sessions will be available beginning in February in anticipation of the April 1st deadline for program features to be in place for purposes of qualifying for a bonus.

Medicaid Coverage of Lactation Services

We are pleased to announce a new issue brief reminding States of the option to provide coverage of lactation services under the Medicaid program and the valuable benefit these services can provide for women. The issue brief is available on the new www.Medicaid.gov web site at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-Maternal-and-Child-Health.html>. This brief provides detailed information regarding the benefits of breastfeeding, examples of successful State coverage practices, outlines the possible categories of coverage and a model State benefit package, and discusses additional steps that States may take to improve access to lactation services for Medicaid beneficiaries.

Questions regarding Medicaid coverage of lactation services can be directed to Kristin Younger, Division of Quality, Evaluation & Health Outcomes within the Children and Adults Health Programs Group at kristin.younger@cms.hhs.gov.

CHIPRA FQHC Prospective Payment System Grants

On January 11, 2012, CMS released another grant opportunity for State CHIP programs to further assist them in the adherence to the requirements of Section 1902(bb) of the Social Security Act which implemented a prospective payment system for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) under the Medicaid program in 2001.

To comply with section 1902(bb) of the Act, State CHIP programs are required to develop a prospective payment system (PPS) or an alternative payment methodology (APM) agreed to by the FQHCs and RHCs to pay for these services. In February 2010, CMS issued a State Health Official (SHO) Letter explaining the options available to States to comply with this provision.

CHIPRA authorized \$5 million in grant funds to assist States in the transition to making payments for services provided by FQHCs and RHCs under a PPS or APM. Specifically, the States eligible for these grants are States that operate a separate CHIP (i.e., separate from their Medicaid program) including those States that operate a combination CHIP (i.e., part of the State's CHIP is separate and the other part is an expansion of their Medicaid program). On February 22, 2010, CMS released an initial competitive grant solicitation to offer available grant funding to States operating a separate or combination CHIP program for the purpose of assisting States with transitioning from current payment arrangements to a PPS or an APM to pay for FQHC/RHC services. In June 2010, CMS awarded \$1,934,345 in grant funds to four States.

This second grant Funding Opportunity Announcement (FOA) will offer the remaining \$3,065,655 in appropriated grant funds to be made available for a one year period. The FOA is designed to once again provide assistance to States in the transition from the current payment methodology to a PPS or APM to pay for FQHC/RHC services provided to CHIP enrollees. Additional information, as well as the full FOA and grant solicitation is available at <https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=13519> (Funding Opportunity Number: CMS-1Z0-12-001 on www.grants.gov).

CHIP Disaster Relief SPAs

Finally, we are making available information about the option for States to submit CHIP State Plan Amendments (SPAs) that allow for temporary adjustments to enrollment and redetermination policies during disaster events. Several States have received approval for such adjustments as part of their preparedness plans, and we wanted to take this opportunity to encourage States to plan ahead by submitting SPAs in advance of a possible event to facilitate easier responsiveness for beneficiaries and smoother administration for States agencies.

Facilitating the Enrollment and Retention of CHIP Eligible Children Affected by Disasters

In the unfortunate situation that a geographic area is impacted by tornadoes, flooding, hurricanes, earthquakes or other types of natural or man-made disasters, States may wish to extend additional flexibility to affected families living or working in impacted areas to facilitate the enrollment and retention

of children eligible for CHIP. Temporary adjustments to CHIP policies and procedures may include such provisions as:

- Implementing presumptive eligibility for the children of affected families who live or work in the disaster area;
- Waiving premiums at application and for a specific period of time thereafter for affected children;
- Waiving outstanding premium balances to allow affected families to renew eligibility;
- Including the impact of a disaster as an exception to disenrollment for failure to pay premiums; and
- Extending the 12 month eligibility period to allow additional time for beneficiaries to complete the renewal process.

Several States have submitted SPAs to allow for such temporary adjustments to enrollment and redetermination policies during, or shortly following, a disaster. In recognition of the time-sensitivity of such situations, CMS has expedited the SPA review process accordingly.

Updating the CHIP or Medicaid State Plan with Disaster Event Provisions Applicable to Future Disasters

When submitting a SPA for other policy changes, a State may also take the opportunity to propose amendments that would be effective for potential future disasters. This would eliminate the need to submit a SPA during the strain of a disaster event. These provisions may be triggered at State discretion through notification to CMS that indicates the intent to invoke the disaster provisions in the State Plan, the effective date and duration for the temporary policy adjustments, and the Federal Emergency Management Agency (FEMA) and/or Governor declared disaster areas where the changes would apply.

An example of the relevant State Plan sections with sample language regarding select disaster provisions can be found at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/Childrens-Health-Insurance-Program-CHIP.html>. CMS CHIP Project officers are available to answer questions regarding disaster event SPAs and provide technical assistance as needed.

We hope you will find this information helpful. Thank you for your continued commitment to these critical health coverage programs. Happy New Year!