

Medicaid and CHIP Overview



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A Note About this Presentation

This presentation applies if you:

- Are a Navigator or certified application counselor (collectively, an assister) in a state with a Federally-facilitated Marketplace.
- Are assisting low-income individuals, families, or children who may be uninsured or exploring different health coverage options.

Overview: Medicaid and CHIP

Medicaid and the Children's Health Insurance Program (CHIP) are state-administered health coverage programs that can provide comprehensive coverage for about 71.4 million consumers, including:

- Medicaid
 - Parents and children
 - Pregnant women
 - Older consumers
 - People with disabilities
 - Other low-income adults, depending on the state
- CHIP
 - Uninsured children up to age 19 whose household income is too high for them to qualify for Medicaid
 - In some states, low-income pregnant women

Medicaid and CHIP eligibility requirements and program benefits vary by state.

Eligibility Basics

- Medicaid and CHIP eligibility depends on several factors including:
 - A consumer's income level
 - The number of people in their household
 - Their citizenship or immigration status
 - The state in which they live
- Modified Adjusted Gross Income (MAGI) is used to determine most consumers' financial eligibility for Medicaid and CHIP, including most children, pregnant women, parents, and non-elderly adults.



Medicaid Expansion

Under the Patient Protection and Affordable Care Act (PPACA), states have the opportunity to expand Medicaid coverage to low-income adults under the age of 65 with incomes of up to 138 percent of the federal poverty level (FPL).



Medicaid Eligibility Based on Medicaid Expansion, Income, and Household Size

Number of people in the household	Income below 138% FPL If your income is below 138% FPL and your state has expanded Medicaid coverage, you may qualify for Medicaid based only on your income.	Income below 100% FPL If your income falls below 100% FPL and your state hasn't expanded Medicaid coverage, you may not qualify for either income-based Medicaid or savings on a Marketplace health insurance plan. You may still qualify for Medicaid under your state's current rules.
1	\$17,609	\$12,760
2	\$23,791	\$17,240
3	\$29,974	\$21,720
4	\$36,156	\$26,200
5	\$42,338	\$30,680
6	\$48,521	\$35,160
6+	For each additional person, add \$6,183	For each additional person, add \$4,480

Note: These numbers represent FPLs for the 48 contiguous states and DC. FPL amounts are higher in Alaska and Hawaii.

Knowledge Check #1

States have the opportunity to expand Medicaid coverage to low-income adults under the age of 65 up to what percent of the federal poverty level?



Knowledge Check #1 Answer

States have the opportunity to expand Medicaid coverage to low-income adults under the age of 65 up to what percent of the federal poverty level?

Answer: 138%

Benefits

- States establish and administer their own Medicaid and CHIP programs and determine the type, amount, duration, and scope of services within broad federal guidelines. Medicaid benefits for children under the age of 21 must include the full range of medically necessary services.
- CHIP provides comprehensive benefits to children. States have flexibility to design their own program within federal guidelines, so benefits vary by state and by the type of CHIP program. However, all states must provide well-baby and well-child care, dental coverage, behavioral health care, and vaccines.

Out-of-Pocket Costs

Within limits, states can impose copayments, coinsurance, deductibles, and other similar charges on most Medicaid-covered benefits. Out-of-pocket amounts vary depending on a Medicaid beneficiary's income. All out-of-pocket charges are based on the specific state's defined payment amount for that service.

Maximum Allowable Copayments Determined by Eligible Population's Household Income

Services and Supplies	≤100% of the FPL	101-150% of the FPL	>150% of the FPL
Inpatient Hospital	\$84.95	10% of the cost the agency pays	20% of the cost the agency pays
Outpatient Services	\$4.55	10% of the cost the agency pays	20% of the cost the agency pays
Non-Emergency Use of the Emergency Department	\$9.10	\$9.10	No limit; must remain within the 5% aggregate family cap
Preferred Drugs	\$4.55	\$4.55	\$4.55
Non-Preferred Drugs	\$9.10	\$9.10	20% of the cost the agency pays

Applying for Medicaid or CHIP



You can help consumers find out whether they are eligible for Medicaid in two main ways:

- **Through their state's website:** [Find state websites.](#)
- **Fill out a Marketplace application:** Help consumers complete a Marketplace application to learn about the programs for which they may be eligible.

Coverage for Certain Adults Below 100% of the FPL

In states that have not expanded Medicaid, many adults with incomes below 100 percent of the FPL do not qualify for Medicaid.

For these adults, you could discuss the following options:

- **Obtain health care services at federally-qualified community health centers.** Use the [following tool](#) to find a community health center near the consumer.
- **Purchase Catastrophic coverage**, which is available for people under 30 years old and people granted a hardship exemption. [Information on Catastrophic coverage](#).
- **Find out what pharmaceutical assistance programs may be available.** You can help consumers [find out if assistance is available](#) for the medications they take.
- **Other coverage options, including short-term, limited-duration insurance.**

Medicaid/CHIP and Minimum Essential Coverage

- Most Medicaid and CHIP coverage qualifies as minimum essential coverage (MEC).
- However, certain types of limited Medicaid coverage are not recognized as MEC, including coverage that only pays for family planning, emergency medicine, tuberculosis services, or outpatient hospital services.
- Consumers with limited Medicaid coverage may qualify for a hardship exemption from the requirement to maintain MEC.



Exemptions Processing Overview

Exemptions are available based on the three-year rule, meaning consumers can apply for an exemption for the current year and up to two prior years (2018 – 2020).

- For tax year 2018, consumers can claim all hardship exemptions through the IRS when they file their taxes.
- In 2019 and beyond, the fee is reduced to \$0 so consumers only need to request a hardship exemption (including affordability exemptions) if they are over the age of 30 and want to apply for Catastrophic coverage. If a consumer is under 30, they can apply for catastrophic coverage without obtaining an exemption.



Additional Resources

For more
information, visit:



- Medicaid.gov
 - Available at: [Medicaid.gov](https://www.Medicaid.gov)
- InsureKidsNow.gov
 - Available at: [InsureKidsNow.gov](https://www.InsureKidsNow.gov)
- HealthCare.gov: [Getting Medicaid & CHIP Coverage](#)
- [Medicaid](#) and [CHIP](#) Eligibility

Complex Case #1

- Lisa, a Georgia resident, has been without insurance but recently enrolled in her state's Medicaid family planning program. This program provides family planning services to eligible women who meet income requirements. However, this Medicaid program offers limited coverage and is not considered MEC.
- Lisa recently found a new job with a salary high enough to qualify her for APTC on a Marketplace plan. This job did not offer employer-sponsored coverage. Lisa met with an assister and enrolled in a Marketplace plan during OE.
- Subsequently, the Marketplace sent Lisa a Periodic Data Matching (PDM) notice because it identified Lisa as dually enrolled in Marketplace coverage with APTC/CSRs and Medicaid that counts as qualifying health coverage or MEC. The notice informed Lisa that her APTCs will soon end if she does not take action. Lisa meets with the assister again and wants to know how to resolve the issue.



Applicable Rule(s)

- If your Medicaid coverage counts as MEC: You are **not** eligible for a premium tax credit or other savings to help pay for a Marketplace plan premium or covered services. You should immediately end Marketplace insurance with premium tax credits or other savings for anyone in your household who is enrolled in a Medicaid program that counts as MEC and is also enrolled in a Marketplace plan with financial help.
- If your Medicaid coverage doesn't count as MEC: You **are** eligible for premium tax credits and other savings on a Marketplace insurance plan if you qualify based on your income and other criteria.

Applicable Rule(s) (Cont.)

In the state of Georgia, anyone who is covered by *only* the following programs is not considered to have MEC:

- Medicaid for medically needy individuals who must qualify for coverage by deducting medical expenses from income in order to meet the qualifying medically needy income limit. (Medically needy programs are for people with high medical expenses who wouldn't otherwise qualify for Medicaid because their income is too high.) Many states, including Georgia, have “medically needy” Medicaid programs.
- Georgia Planning For Healthy Babies Family Planning Demonstration
- Some examples of limited coverage that are not considered MEC are:
 - Family planning
 - Emergency Medicaid
 - Tuberculosis services
 - Outpatient hospital services



Applicable Rule(s) (Cont.)

- The initial Marketplace warning notice will request that consumers take immediate action to end Marketplace coverage with APTC/CSRs if they're enrolled in MEC Medicaid or CHIP or update their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP by the date listed in the notice.
- If consumers do not take action by the date listed in the initial warning notice, the Marketplace will end any APTC/CSRs being paid on their behalf for their share of a Marketplace plan premium and covered services and will re-calculate eligibility for APTC/CSRs for remaining consumers (i.e., other members of the household) on the application, as appropriate.

Complex Case #1 Follow up



The assister met with Lisa again and helped her go back to the application to confirm that her information was correct (that it reflected that she was not enrolled in Medicaid or CHIP) and upload the documents from the Georgia state Medicaid office indicating that the Medicaid she had was not minimum essential coverage. Lisa submitted documents within the 30-day deadline in her PDM initial warning notice and it was subsequently resolved.

Helpful Tip:

Help the consumer obtain the supporting documents indicating their enrollment in non-MEC Medicaid and upload to the consumer's Marketplace account to resolve any issues as a result of the updated application. These documents should be available in Georgia's Medicaid portal verifying enrollment in a non-MEC program.

Knowledge Check #2

All Medicaid is minimum essential coverage.

- A. True
- B. False



Knowledge Check #2 Answer

All Medicaid is minimum essential coverage.

Answer: B. False

Most Medicaid programs are considered “minimum essential coverage” or qualifying health coverage. However, certain types of limited Medicaid coverage are not recognized as MEC, including coverage that only pays for family planning, emergency services, tuberculosis services, or outpatient hospital service.

Knowledge Check #3

What should a consumer do if they receive a Periodic Data Matching notice from the Marketplace?



- A. Update their online Marketplace application to indicate they are not enrolled in coverage with Medicaid and CHIP.
- B. Nothing.
- C. End their Marketplace coverage with APTC if they are enrolled in Medicaid or CHIP.

Knowledge Check #3 Answer

What should a consumer do if they receive a Periodic Data Matching notice from the Marketplace?

Answer: A or C

- A.** Update their online Marketplace application to indicate they are not enrolled in coverage with Medicaid and CHIP.
- C.** End their Marketplace coverage with APTC if they are enrolled in Medicaid or CHIP.

Complex Case #2

- On April 16th, 2020, Joanne came in to meet with an assister and reported that she enrolled herself in a Qualified Health Plan (QHP) and thought she enrolled her 2-year-old son in CHIP during the Marketplace's Open Enrollment (OE) with an effective date of January 1st, 2020.
- Joanne stated that her son was hospitalized on January 27th, 2020 and that her insurance claims for his hospitalization were rejected. She did not realize her son had been denied CHIP coverage. Joanne did receive a CHIP denial on March 9th, 2020. Therefore, her son is eligible for an SEP for QHP coverage because the CHIP denial occurred after OE ended but the CHIP application was submitted during OE.
- However, when Joanne called the Marketplace on April 15th, 2020, she was told that the effective date of her son's QHP coverage via the SEP would be on April 15th, 2020. Joanne wants to know if it would be possible to get her son's coverage date set back to January 1st, 2020 so that his hospitalization would be covered.



Applicable Rule(s)

- Consumers may be eligible for an SEP to enroll in a QHP through the Marketplace if they:
 - Applied for coverage through the Marketplace during OE, or during a SEP for which they were eligible;
 - Were assessed potentially Medicaid/CHIP-eligible and referred to their state's Medicaid agency for a final eligibility determination; and
 - Received a Medicaid/CHIP denial from the state after OE or their other SEP window ended.
- The SEP is available for 60 days from the date of the denial by the state.



Note: Consumers may also qualify for a SEP if they apply for coverage during OE through their state's Medicaid agency and receive a denial after OE has ended.

Applicable Rule(s) (Cont.)

- Such consumers who first applied at the Marketplace, during OE or during a SEP for which they were eligible, have the option to request a retroactive coverage effective date back to the effective date they would have received based on the date of their original Marketplace application, so long as they pay any outstanding premiums.
- Every time a consumer applies to the Marketplace, their eligibility for Medicaid or CHIP will be reassessed based on factors including their household size and income, unless they attest to a Medicaid/CHIP denial by the state in the last 90 days, and also attest to no changes since the denial.
- For applications submitted to the Marketplace that include consumers who may be Medicaid/CHIP-eligible, some states make the final Medicaid/CHIP eligibility determination, while some states allow the Marketplace to determine Medicaid/CHIP eligibility.

Helpful Tips

- Remember, for Joanne to receive the SEP with a retroactive coverage effective date in this specific scenario, she and her son had to apply through the Marketplace during OE and receive the Medicaid/CHIP denial from the state agency outside of OE.



Helpful Tips (Cont.)

- In this scenario, once consumers have received their Medicaid or CHIP denial from the state agency, they should update their Marketplace application by checking the box to indicate they have received a Medicaid or CHIP denial in the past 90 days, answer related questions, and attest that they haven't had any changes (as applicable), to see if they are eligible for an SEP.
- Consumers should never click the box on the Marketplace application stating they have received a Medicaid or CHIP denial before they actually receive notice of the denial. This is to ensure the consumer or the consumer's family member are not later determined eligible for and enrolled in Medicaid or CHIP and dually-enrolled in Marketplace coverage.

Applying the Rules to Joanne's Situation



- Joanne could request to have her son added to her original application for a QHP, which was effective January 1st, 2020, but she will be liable for any outstanding premiums from January 1st, 2020 to April 15th, 2020.
- If she can pay the outstanding premiums from January, February, March, and April, the effective date can be changed to January 1st, 2020 through the Marketplace casework system, and her son's hospitalization may be covered if the hospital providers are in network.

Knowledge Check #4

Consumers who receive a Medicaid denial outside of OE are eligible for an SEP ONLY if they applied for coverage during OE or during another SEP window, and were denied Medicaid or CHIP coverage after OE or their original SEP window ended. How long do these consumers have to sign up for a Marketplace plan after they receive their denial?

- A. 30 Days
- B. 45 Days
- C. 60 Days
- D. 90 Days



Knowledge Check #4 Answer

Consumers who receive a Medicaid denial outside of OE are eligible for an SEP ONLY if they applied for coverage during OE or during another SEP window, and were denied Medicaid or CHIP coverage after OE or their original SEP window ended. How long do these consumers have to sign up for a Marketplace plan after they receive their denial?

Answer: C. 60 Days

The SEP eligibility period for most qualifying events is 60 days. This includes post-enrollment period Medicaid denials.

Knowledge Check #5

Consumers who qualify for an SEP to purchase a Marketplace plan due to a post OE (or post-SEP) Medicaid/CHIP denial are not eligible to receive Marketplace coverage back to the effective date they would have received based on the date of their original Marketplace application.

- A. True
- B. False



Knowledge Check #5 Answer



Answer: B. False

If they originally applied at the Marketplace, consumers who qualify for an SEP to purchase a Marketplace plan due to a post OE (or post-SEP) Medicaid/CHIP denial may be eligible to receive a retroactive coverage effective date back to the effective date they would have received based on the date of their original Marketplace application.

Knowledge Check #6

In order to receive coverage retroactively, what must the consumer do?

- A. Nothing
- B. Call the Marketplace
- C. Pay any outstanding premiums

Knowledge Check #6 Answer

In order to receive coverage retroactively, what must the consumer do?

Answer: B and C

B. Call the Marketplace, AND

C. Pay any outstanding premiums.

Consumers will not get retroactive coverage if they do not first call the Marketplace Call Center to request it. The system will default to coverage that is effective per accelerated prospective coverage effective rules. (That is, coverage will start the first of the month following their date of plan selection.)

