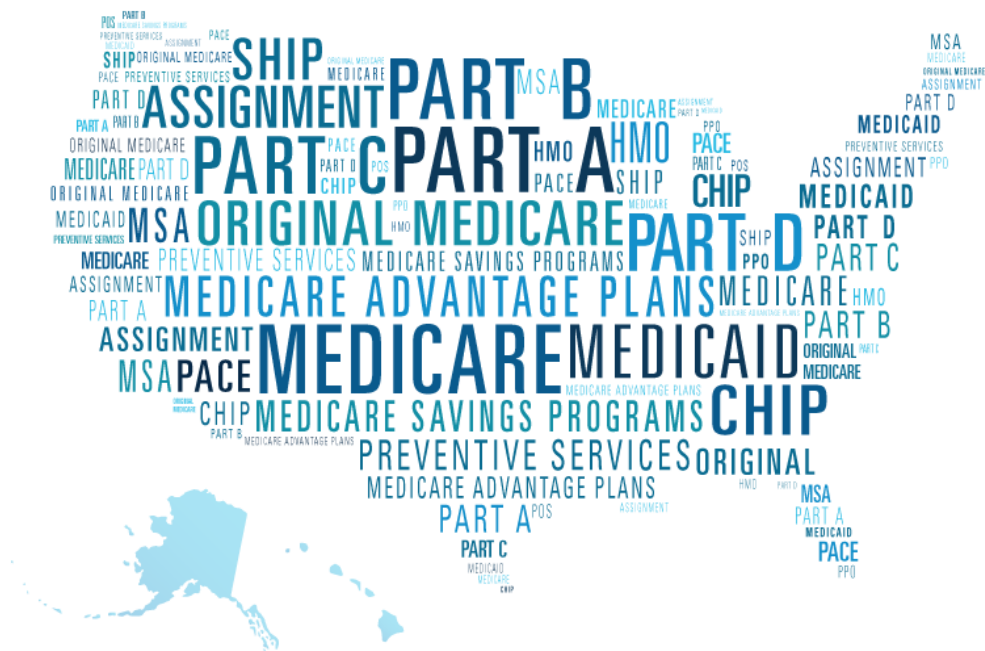


# 2015 National Training Program

## Workbook

### Module: 12

## Medicaid and the Children's Health Insurance Program



**Centers for Medicare & Medicaid Services (CMS)**  
**National Training Program (NTP)**  
**Instructor Information Sheet**

**Module 12—Medicaid and the Children’s Health Insurance Program**

**Module Description**

The lessons in this module explain “Medicaid and the Children’s Health Insurance Program.”

The materials—up to date and ready to use—are designed for information givers/trainers who are familiar with the Medicare program, and would like to have prepared information for their presentations.

**Objectives**

- Describe eligibility, benefits, and administration of Medicaid
- Define eligibility, benefits, and administration of the Children’s Health Insurance Program (CHIP)
- Summarize implications of the Affordable Care Act on Medicaid and CHIP

**Target Audience**

This module is designed for presentation to trainers and other information intermediaries.

**Time Considerations**

The module consists of 45 PowerPoint slides with corresponding speaker’s notes and knowledge checks. It can be presented in 50 minutes. Allow approximately 10 more minutes for discussion, questions, and answers. Additional time may be allocated for add-on activities. It has a resource guide and National Training Program (NTP) contact slide for reference. Appendices A–D provide the presenter an opportunity to research and present local information.

**Course Materials**

Most materials are self-contained within the module.

## Module 12: Medicaid and the Children’s Health Insurance Program

### Contents

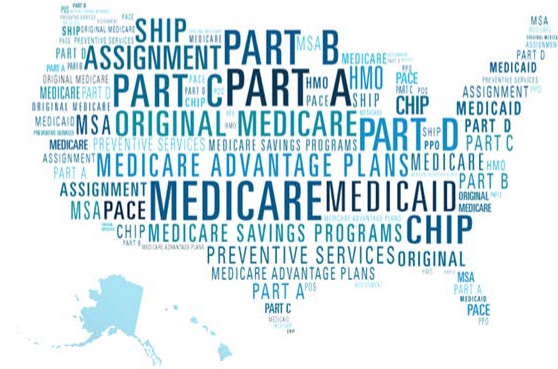
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## 2015 National Training Program



### Module 12

### Medicaid and the Children's Health Insurance Program

Module 12 explains Medicaid and the Children's Health Insurance Program (CHIP). This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, Medicaid, CHIP, and the Federally-facilitated Health Insurance Marketplace.

The information in this module was correct as of May 2015. To check for an updated version, visit [CMS.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html](https://www.cms.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html).

The CMS National Training Program provides this as an informational resource for our partners. It's not a legal document or intended for press purposes. The press can contact the CMS Press Office at [press@cms.hhs.gov](mailto:press@cms.hhs.gov). Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

## Session Objectives

- This session should help you
  - Describe eligibility, benefits, and administration of Medicaid including state assistance for Medicare-Medicaid enrollees
  - Define eligibility, benefits, and administration of the Children's Health Insurance Program (CHIP)

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This session should help you

- Describe eligibility, benefits, and administration of Medicaid including state assistance for Medicare-Medicaid enrollees
- Define eligibility, benefits, and administration of the Children's Health Insurance Program (CHIP)

## Lesson 1—Medicaid Overview

- What is Medicaid?
- Medicaid Administration
- Eligibility
- Medicaid Expansion
- Enrollment
- Modified Adjusted Gross Income (MAGI)
- Coverage
- Waivers
- Medicare Savings Programs

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Lesson 1, “Medicaid Overview” explains the following:

- What is Medicaid?
- Medicaid Administration
- Eligibility
- Medicaid Expansion
- Enrollment
- Modified Adjusted Gross Income (MAGI)
- Coverage
- Waivers
- Medicare Savings Programs

## Medicaid Overview

- Federal and state entitlement\* program
- Medical assistance for people with limited income and resources
- Covers nearly 71 million adults and children
- Supplements Medicare for more than 10 million people who are aged and/or disabled

\*Entitlement—a government program that guarantees certain benefits to a particular group or segment of the population.

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Medicaid is a federal and state entitlement\* program that pays for medical assistance for certain individuals and families with limited income and resources. Medicaid isn't a cash support program; it pays medical providers directly for care.

Medicaid is the largest source of funding for medical and health-related services for America's poorest people. Medicaid and the Children's Health Insurance Program provide health coverage to nearly 71 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities.

The program became law in 1965 (Title XIX [19] of the Social Security Act) as a cooperative venture jointly funded by the federal and state governments (including the District of Columbia and the Territories) to help states provide medical assistance to eligible needy persons.

\*Entitlement—a government program that guarantees certain benefits to a particular group or segment of the population.



## Medicaid Administration

- Federal/state partnership
  - Jointly financed entitlement program
  - Federally established national guidelines
  - States receive federal matching funds
    - Known as the Federal Medical Assistance Percentage (FMAP)
      - Used to calculate amount of federal share of state expenditures
      - Varies from state-to-state
      - Based on state per capita income

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Medicaid is a joint federal/state partnership program with federally established national guidelines.

States receive federal matching funds for covered services.

- The federal matching rate, also known as the Federal Medical Assistance Percentage (FMAP), is used to calculate the amount of the federal share of state expenditures for services
- The FMAP varies from state-to-state based on state per capita income

## State Medicaid Administration

- Within broad federal guidelines, each state
  - Develops its own programs
  - Develops and operates its own plan
  - Establishes its own eligibility standards
  - Determines the type, amount, duration, and scope of services
  - Sets the rate of payment for services
  - Partners with CMS to administer its program
- States may change eligibility, services, and reimbursement during the year

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Within broad federal guidelines, each state

- Develops its own programs.
- Develops and operates a Medicaid State Plan outlining the nature and scope of services. The state plan is a contract between the Centers for Medicare & Medicaid Services (CMS) and the state, and any amendments must be approved by CMS.
- Establishes its own eligibility standards. Medicaid policies for eligibility, services, and payment are complex and vary considerably, even among states of similar size or geographic proximity. A person who is eligible for Medicaid in one state may not be eligible in another state.
- Determines the type, amount, duration, and scope of services covered within federal guidelines. Also, the services provided by one state may differ considerably in amount, duration, or scope from services provided in a similar or neighboring state.
- Sets the rate of payment for services with CMS approval.
- Partners with CMS to administer its program.
- Administers its own program once approved by the federal government.

State legislatures may change Medicaid eligibility, services, and reimbursement during the year.

## The Single State Medicaid Agency

- Administers the Medicaid State Plan
  - May delegate some administrative functions
- Local office names may vary
  - Social Services
  - Public Assistance
  - Human Services

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The “single state agency” is strictly a statutory (legal) concept that defines responsibility for administration of the Medicaid State Plan. The single state agency isn’t required to administer the entire Medicaid program. It may delegate some administrative functions to other state (or local) agencies or private contractors (or both). However, all final eligibility determinations must be made by state (or local) agency personnel.

Local office names may vary. These offices are sometimes called Social Services, Public Assistance, or Human Services.

For more information about eligibility requirements, contact the Medicaid Director in your state. To apply for Medicaid, contact the local Medical Assistance office.

For more information, visit [Medicaid.gov/medicaid-chip-program-information/by-state/by-state.html](https://www.Medicaid.gov/medicaid-chip-program-information/by-state/by-state.html).

## Check Your Knowledge—Question 1

Medicaid is administered by state governments, and states have complete flexibility in how they structure their programs.

a. True

b. False

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Medicaid and the Children's Health Insurance Program

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### Check Your Knowledge—Question 1

Medicaid is administered by state governments, and states have complete flexibility in how they structure their programs.

a. True

b. False

**ANSWER: b. False**

Medicaid is administered by state governments within federal rules (federal/state partnership). A state administers its own eligibility and program once approved by the federal government.

## Medicaid Eligibility

- Eligibility tied to groups specified under the federal Medicaid law
  - Pregnant women
  - Children
  - People with disabilities
  - Seniors
- States must cover certain groups, such as children and pregnant women, and have the option to cover other groups
- Financial and non-financial requirements

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To qualify for Medicaid, you must belong to one of the eligibility groups specified under the federal Medicaid law. To be eligible for federal funds, states must cover people in certain groups up to federally defined income thresholds. However, many states have expanded Medicaid beyond these thresholds and have extended coverage to other optional groups. There are financial and non-financial requirements that must be met. Non-financial requirements include residency and citizenship requirements.

Because of the Affordable Care Act, states now have options to cover additional groups, which we'll discuss next.

## Eligibility—Medicaid Expansion

- Affordable Care Act's Eligibility Groups (state option) effective 1/1/2014
  1. Adult group
    - 19–64 with income below 133% of Federal Poverty Level (FPL)
  2. Former foster care group
    - Under 26 and enrolled in Medicaid while in foster care at 18 or “aged out” of foster care
  3. Optional eligibility group for individuals with income above 133% of FPL
    - Under 65 with income above 133% of FPL

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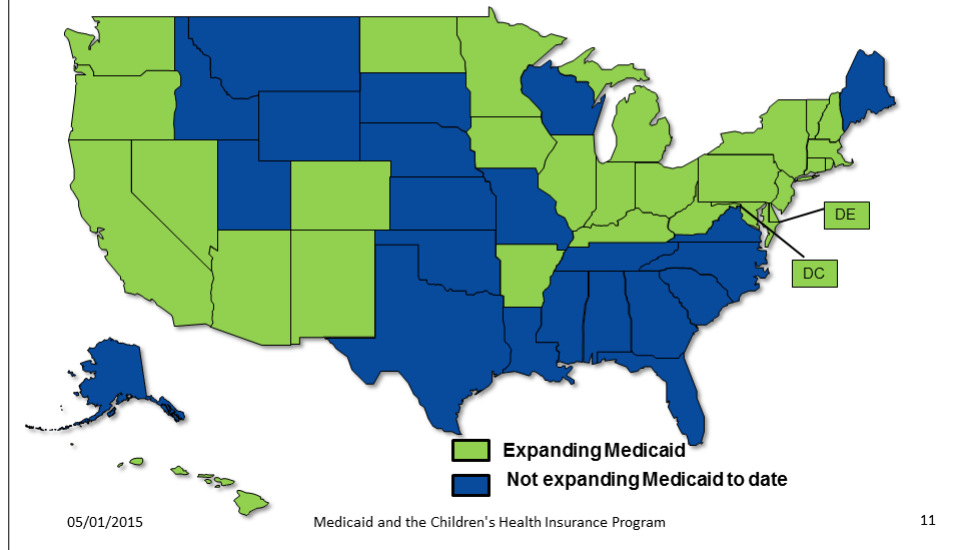
Starting January 1, 2014, the Affordable Care Act established 3 new Medicaid eligibility groups that made health insurance available to millions of people who weren't previously eligible:

- The New Adult Group covers individuals 19–64 with income below 133% of the Federal Poverty Level (FPL), including 19- and 20-year-old children. Children under 19 aren't included in this group because they're covered under other mandatory eligibility groups. To be eligible for the New Adult Group, individuals may not be entitled to or enrolled in Medicare, they can't be eligible for any other mandatory Medicaid eligibility group, and they may not be pregnant at the time of enrollment. This group is a mandatory eligibility group that states can elect to cover.
- A second eligibility group created under the Affordable Care Act established Medicaid coverage for individuals under 26 who were enrolled in Medicaid while they were either in foster care at 18 or when they “aged out” of foster care. There is no income or resource test for this eligibility group. States have the option to cover individuals who were in foster care and in Medicaid in another state.
- The third group is similar to the New Adult Group. Individuals in this group must be under 65, with income above 133% of the FPL, and can't otherwise be eligible for another Medicaid group. Unlike the eligibility requirements for the New Adult Group, individuals in this optional group may be pregnant or may be eligible for Medicare. In addition, this group covers both children and adults who aren't otherwise eligible.

If a state is expanding Medicaid, individuals will probably qualify if they make up to about \$16,100 a year for 1 person (\$32,900 for a family of 4). Coverage started as early as January 1, 2014.

**NOTE:** The Medicaid expansion up to 133% of the FPL resulted in a number of states needing to transition children 6–18 between 100–133% of the FPL who were previously covered in separate Children's Health Insurance Programs to Medicaid.

## Medicaid Expansion in 2015: 28 States and the District of Columbia

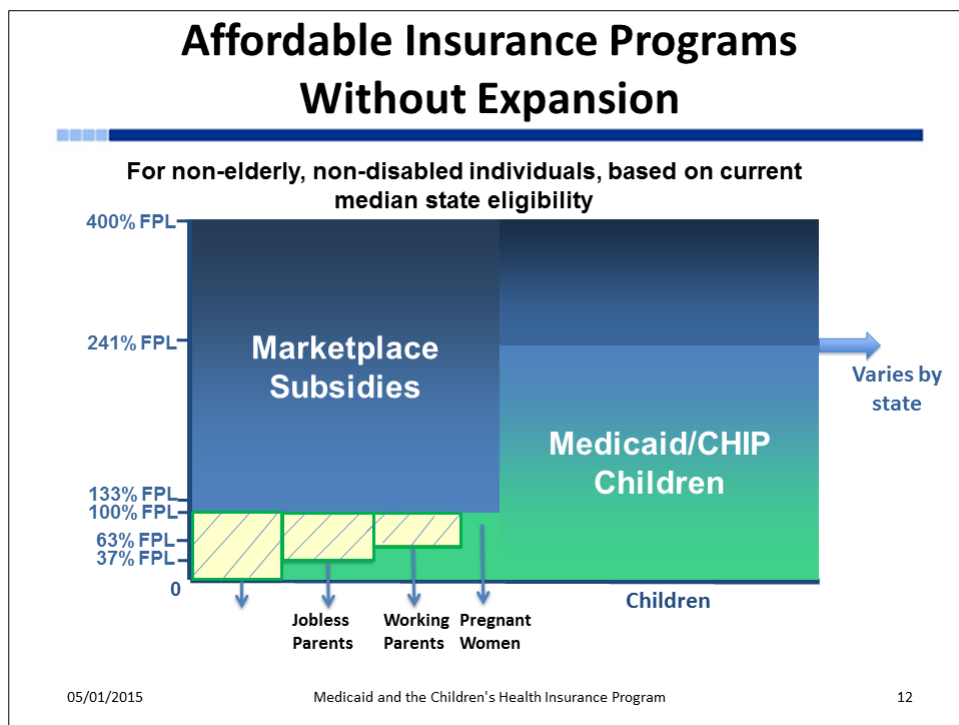


As of January 2015, 28 states and the District of Columbia elected to expand Medicaid coverage, including Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia.

The remaining states have not expanded their Medicaid programs to date, but could expand Medicaid in the future.

Under the law, the federal government will pay states all of the costs for newly eligible people for the first 3 years. It will pay no less than 90% of the costs in the future.

States are continuing to make coverage decisions. States may also drop their Medicaid expansion coverage at a later time without a federal penalty.



This chart shows Medicaid coverage gaps in states that don't expand coverage. While the adult group is a mandatory group, the Supreme Court ruled that there can be no penalty for states that don't adopt the new group.

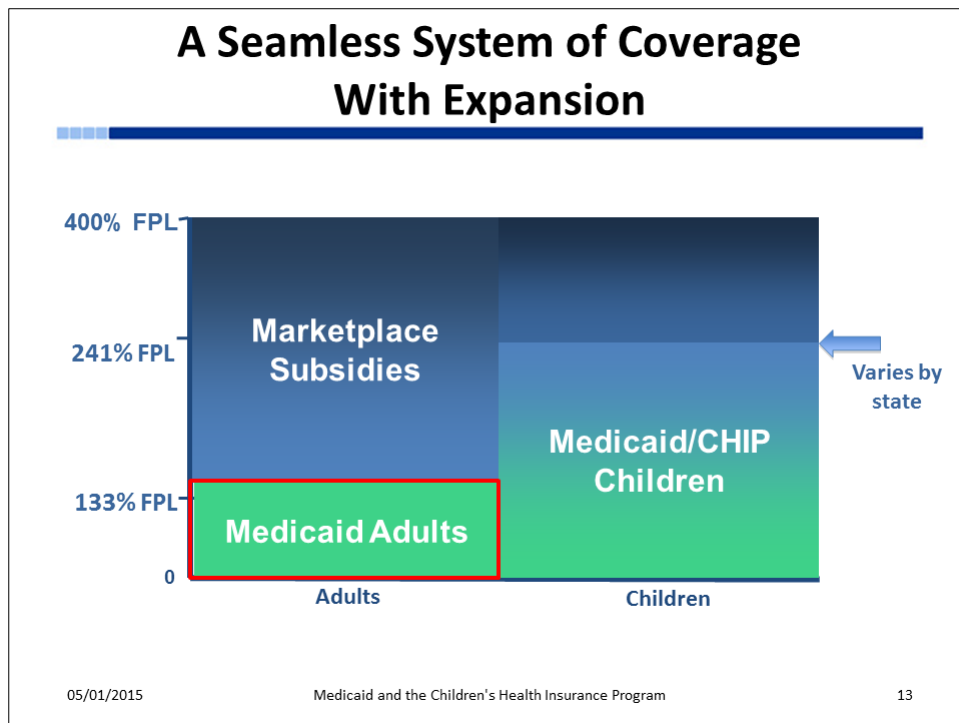
Medicaid and Children's Health Insurance Programs (CHIP) vary by state, with eligibility ranging from 0% to 241% of the federal poverty level (FPL). Under the Affordable Care Act's Maintenance of Effort provision, states aren't permitted to use standards, procedures, or methodologies that reduce eligibility for children in either CHIP or Medicaid until after September 30, 2019.

In states that don't expand, the groups potentially continuing without Medicaid coverage or eligibility for Marketplace subsidies include childless adults from 0% to 100% of the FPL, jobless parents from 37% to 100% of the FPL, and working parents from 63% to 100% of the FPL.

**NOTE:** This doesn't display the state option for the Basic Health Plan (BHP) for uninsured individuals with incomes between 133% and 200% of the FPL who would otherwise be eligible to receive premium subsidies in the Health Insurance Marketplace. Individuals with incomes between 133% and 200% of the FPL in states creating BHPs aren't eligible for subsidies in the Marketplace.

Currently, both Minnesota and New York are developing a Basic Health Plan (BHP).





This chart is a visual display for coverage in states that expand coverage.

Currently, 28 states and the District of Columbia have adopted the new adult group. Four states are participating through an alternative expansion model:

- Marketplace subsidies for individuals from 138% to 400% of the federal poverty level (FPL).
- The New Adult Group (displayed with the red square above)—Medicaid for adults from 0% to 138% of the FPL (allows for 5% disregard).
- For children, Medicaid and the Children's Health Insurance Program (CHIP) vary by state, up to 241% of the FPL. Marketplace subsidies are available above the applicable state limit up to 400%.

For more information on Medicaid and the Affordable Care Act, visit

[Medicaid.gov/affordablecareact/affordable-care-act.html](http://Medicaid.gov/affordablecareact/affordable-care-act.html).

## States Not Expanding Medicaid

- If you live in a state that's NOT expanding Medicaid you may
  - Have fewer coverage options
  - Not qualify for either Medicaid or reduced costs on a private insurance plan in the Marketplace
  - Be able to get a hardship exemption and won't have to pay a fee if you don't have minimum essential health coverage

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Some states haven't expanded their Medicaid programs. In these states, some people with limited incomes may have fewer coverage options.

If you live in a state that isn't expanding Medicaid, you may not qualify for either Medicaid or reduced costs on a private insurance plan in the Marketplace; it depends on where your income falls.

- If your income is more than 100% of the federal poverty level (FPL)—about \$11,670 a year as a single person, or about \$23,850 for a family of 4, you can buy a private health insurance plan in the Marketplace and may get lower costs based on your household size and income.
- If you make less than about \$11,670 a year as a single person or about \$23,850 for a family of 4, you may not qualify for lower costs for private insurance based on your income. However, you may be eligible for Medicaid, even without the expansion, based on your state's existing rules.

Many adults in those states (that aren't expanding Medicaid) with incomes below 100% of the FPL fall into a gap. Their incomes may be too high to get Medicaid under their state's current rules, but their incomes are too low to qualify for help buying coverage in the Marketplace. However, these individuals can apply for a hardship exemption so they don't have to pay a fee if they don't get health coverage.

These individuals may also have the option to purchase a catastrophic plan in the Marketplace.

For more information on Medicaid expansion, visit [HealthCare.gov/medicaid-chip/medicaid-expansion-and-you/](http://HealthCare.gov/medicaid-chip/medicaid-expansion-and-you/).

## Streamlined Application

- One application for all programs
- Application can lead seamlessly from comparing Qualified Health Plans in the Marketplace to enrollment
- May be able to enroll immediately once eligibility determination is complete
  - Depending on the program for which the applicant is eligible

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The Federally-facilitated Marketplace and states use a streamlined application for coverage through the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP). The application may lead seamlessly from eligibility, to plan selection, and enrollment. Individuals can submit one application for all programs. Online applications are available in every state, along with traditional paper applications that may be sent by mail; people continue to have the option to apply in person or over the phone.

Through the single streamlined application, individuals and families receive eligibility determinations for the following:

- Medicaid and CHIP
- Enrollment in Qualified Health Plans in the Marketplace
  - Advance premium tax credits
  - Cost-sharing reductions

Once the eligibility determination is complete, applicants may be able to enroll in affordable coverage immediately, depending on the programs for which they're eligible and the model established in their state.

## Application and Enrollment Process

- Application process
  - Relies primarily on electronic data
  - Reduces need for paper documentation
- Apply online, by phone, by mail, or in person
- 12-month eligibility period for most
  - Adults
  - Parents
  - Children

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Medicaid and Children's Health Insurance Program (CHIP) application, enrollment, and renewal processes have been simplified in the following ways:

- Eligibility verification procedures rely primarily on electronic data sources. States have flexibility to determine the usefulness of available data before requesting additional information from applicants.
- Renewals are limited (for people enrolled through the simplified, income-based rules) to once every 12 months, unless you report a change or the agency has information to prompt a reassessment.
- Movement toward real-time eligibility determinations.

## **Modified Adjusted Gross Income (MAGI) Methodology**

- MAGI is a methodology for how income is counted and how household composition and family size are determined
- MAGI is not a number on a tax return
- MAGI-based rules will be used to determine Medicaid and Children's Health Insurance Program (CHIP) eligibility for most individuals

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Modified Adjusted Gross Income (MAGI) is a methodology for how income is counted and how household composition and family size are determined. MAGI is not a number on a tax return. MAGI-based rules will be used to determine Medicaid and Children's Health Insurance Program (CHIP) eligibility for most individuals.

A state's decision whether or not to extend Medicaid coverage for low-income adults isn't related to the use of MAGI. MAGI rules create consistency and promote coordination between Medicaid and CHIP and coverage available through the Marketplace.

## State Options for Coordinated Eligibility Determinations With the Marketplace

- Marketplace makes Medicaid/Children's Health Insurance Program (CHIP) Modified Adjusted Gross Income eligibility determinations using state Medicaid/CHIP eligibility rules and standards
  - Must be a governmental entity
- Marketplace makes initial assessment of Medicaid/CHIP eligibility; state Medicaid and CHIP agencies make the final eligibility determination

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States have options for coordinating eligibility determinations with the Marketplace. For example, the state can delegate eligibility determination to the Marketplace, but only to a government agency that maintains personnel standards on a merit basis, and subject to safeguards.

Under this option, the Marketplace makes final eligibility determinations for Medicaid/Children's Health Insurance Program (CHIP) in accordance with the state's eligibility policies and rules using a standard set of verification procedures accepted by the state. To ensure a seamless, accurate, and timely eligibility determination, the state Medicaid/CHIP agency accepts the electronic account through a secure electronic interface and follows the Medicaid/CHIP enrollment procedures to the same extent as if the application had been submitted to the Medicaid/CHIP agency.

Under the assessment option, the Marketplace makes an initial assessment of Medicaid/CHIP eligibility. State Medicaid and CHIP agencies make the final eligibility determination. Assessments are made using the applicable Medicaid/CHIP income standards, and other non-financial criteria such as citizenship and immigration status, using verification rules and procedures consistent with Medicaid and CHIP regulations. The Marketplace and Medicaid/CHIP agencies enter into agreements outlining the responsibilities of each entity to ensure a seamless and coordinated process.

## Whose Eligibility Is Based on MAGI?

| Groups Using MAGI | MAGI-Excepted   |
|-------------------|---|
| Adults            | Anyone for whom agency not required to make income determination (e.g., Supplemental Security Income (SSI), federal foster care, or adoption assistance recipients) |
| Parents           |   |
| Children          |   |
| Pregnant Women    |   |
|                   | Individuals eligible on the basis of being aged, blind, or disabled   |
|                   | Individuals with long-term care needs   |
|                   | Eligibility for Medicare cost-sharing assistance  |

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The modified adjusted gross income (MAGI) methodology for determining income applies to both Medicaid and CHIP eligibility for most enrollees, including children, pregnant women, parents, and other caretaker relatives and the new adult group (as applicable in a state). Under the statute, MAGI-based income methodologies don't apply to determinations of Medicaid eligibility for elderly and disabled populations.

## Modified Adjusted Gross Income (MAGI)-Based Methodology

- Tied to taxable income
- Current income disregards replaced by a single 5% disregard
- Household composition based on tax filer and tax-dependent relationships
- Child support not counted because it's not taxable income
- Family size adjusted for pregnancy

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- Modified Adjusted Gross Income (MAGI) and household income are defined in section 36B(d)(2)(A) and (B) of the Internal Revenue Code (IRC). The MAGI-based methodology under the Medicaid statute includes certain unique income counting and household composition rules reflected in CMS regulations at 42 CFR 435.603. MAGI-based methodology includes all taxable income. Supplemental Security Income (SSI), Temporary Assistance to Needy Families (TANF), Veterans' disability, workers' compensation, child support, federal tax credits, and cash assistance are common types of income that aren't taxable and therefore, not counted under MAGI.
- The Affordable Care Act established an income disregard equal to 5 percentage points of the Federal Poverty Level (FPL) disregard "for the purposes of determining income eligibility" for individuals whose eligibility is based on MAGI. In our final rule, issued July 15, 2013, we provided that the disregard is applied to the income calculation of individuals only to the extent that the disregard matters for the purposes of determining eligibility for Medicaid or CHIP under MAGI-based rules. That is, those for whom the application of the disregard means the difference between being eligible for Medicaid or Children's Health Insurance Program (CHIP) and being ineligible. The final rule is available at [gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf](http://gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf).
- While Marketplace family size and Medicaid family size will often be the same because of differences in the rules, an individual's Marketplace family size may differ from the Medicaid family size. For example, for purposes of calculating the Marketplace household size, a pregnant woman is counted as one person. However, Medicaid has special rules for counting pregnant women that include the number of babies expected to be delivered. Thus, a pregnant woman expecting twins could be counted as 1 person under Marketplace rules and as 3 people under Medicaid rules.



## Verification

- Primary reliance on electronic data sources
- Supported by Federal Data Services Hub
  - Social Security
  - Internal Revenue Service
  - U.S. Department of Homeland Security
- Decreased reliance on documentation
- Increased reliance on self-attestation

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For those who apply online, verifications for eligibility may occur in real or near real time. Supported, in part, by the federally managed Marketplace Data Services Hub, real-time verification of information is available through Social Security, the Internal Revenue Service, and the U.S. Department of Homeland Security.

With increased use of electronic data sources, paper documentation may not be necessary for most applicants. States may also rely on self-attestation for many factors of eligibility.

## Check Your Knowledge—Question 2

Which statement(s) is/are true?

- a. States have the option to expand eligibility to the New Adult Group.
- b. The Medicaid expansion covers adults with income below 133% of the federal poverty level, under 65 and not pregnant.
- c. There is a streamlined application process for all insurance affordability programs.
- d. All of the above.

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### Check Your Knowledge—Question 2

Which statement(s) is/are true?

- a. States have the option to expand eligibility to the New Adult Group.
- b. The Medicaid expansion covers adults with income below 133% federal poverty level (FPL), under 65 and not pregnant.
- c. There is a streamlined application process for all insurance affordability programs.
- d. All of the above.

**ANSWER: d.** All of the above.

States have the option to expand eligibility to the New Adult Group. The Medicaid expansion covers adults with income below 133% of the FPL, under 65 and not pregnant. Also, there is a streamlined application process for all insurance affordability programs.

## **Mandatory Medicaid State Plan Benefits**

- Inpatient hospital services
- Outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment services
- Nursing facility services
- Home health services
- Physician services
- Rural Health Clinic services
- Federally Qualified Health Center services
- Laboratory and X-ray services

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Mandatory Medicaid State Plan benefits include the following services:

- Inpatient hospital services
- Outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment services
- Nursing facility services
- Home health services
- Physician services
- Rural Health Clinic services
- Federally Qualified Health Center services
- Laboratory and X-ray services

Continued on the next slide.

## **Mandatory Medicaid State Plan Benefits Continued**

- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women
- Tobacco cessation

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- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women
- Tobacco cessation

For more information, visit

[Medicaid.gov/medicaid-chip-program-information/by-topics/benefits/medicaid-benefits.html](https://www.Medicaid.gov/medicaid-chip-program-information/by-topics/benefits/medicaid-benefits.html).

## Medicaid Waivers

- Allow states to test alternative delivery of care
  - Certain federal laws “waived”
- Types of waivers
  - Section 1915(b) Managed Care Waiver
  - Section 1915(c) Home and Community-Based Services Waiver
  - Section 1115 Research and Demonstration Waiver
  - Concurrent Section 1915(b) and 1915(c) Waivers

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Waivers are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). There are 4 primary types of waivers and demonstration projects:

- *Section 1915(b) Managed Care Waivers*: States can apply for waivers to provide services through managed care delivery systems or otherwise limit people's choice of providers.
- *Section 1915(c) Home and Community-Based Services Waivers*: States can apply for waivers to provide long-term care services in home and community settings rather than institutional settings.
- *Section 1115 Research and Demonstration Projects*: States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and Children's Health Insurance Program (CHIP).
- *Concurrent Section 1915(b) and 1915(c) Waivers*: States can apply to simultaneously implement 2 types of waivers to provide a continuum of services.

For more information, visit

[Medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers.html](https://www.Medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers.html).

## How Are Medicare and Medicaid Different?

| Medicare  | Medicaid  |
|---|---|
| National program that is consistent across the country  | Statewide programs that vary among states   |
| Administered by the federal government  | Administered by state governments within federal rules (federal/state partnership)        |
| Health insurance for people 65 or over, with certain disabilities, or diagnosed with End-Stage Renal Disease (ESRD) | Health insurance for people who meet financial and non-financial requirements             |
| Nation's primary payer of inpatient hospital services for the elderly and people with ESRD                          | Nation's primary public payer of mental health and long-term care services (nursing home) |

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Medicare and Medicaid are different in the following ways:

- While Medicare is a national program that is consistent across the country, Medicaid consists of statewide programs that vary among states.
- While Medicare is administered by the federal government, Medicaid is administered by state governments within federal rules (federal/state partnership).
- While Medicare eligibility is based on age, disability, or End-Stage Renal Disease (ESRD), Medicaid eligibility is based on limited income and resources, as well as other non-financial requirements.
- While Medicare is the nation's primary payer of inpatient hospital services for the elderly and people with ESRD, Medicaid is the nation's primary public payer of mental health and long-term care services (nursing home care).

## Medicare-Medicaid Enrollees

- Referred to as “dual eligibles”
  - Over 10 million nationally
- Medicaid may partially or fully cover
  - Part A and/or Part B premiums and other Medicare cost-sharing
  - All Medicaid state plan benefits, including long-term services and supports
- Medicaid benefits for Medicare cost-sharing are generally provided under the Medicare Savings Programs

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Over 10 million people covered by Medicaid are “dual-eligible” beneficiaries—low-income seniors and younger people with disabilities who are also covered by Medicare. Dual-eligible beneficiaries include individuals who receive full Medicaid benefits as well as those who only receive assistance with Medicare premiums or cost sharing.

Medicare-Medicaid enrollees have limited income and resources, and may get help paying for their Medicare Part A and Part B premiums and out-of-pocket medical expenses from Medicaid. Medicaid may cover additional services beyond those provided under Medicare for dual eligibles—such as Medicaid benefits available under the state plan, including long-term care services and supports. Medicaid also provides wrap-around coverage for Medicare benefits also covered by Medicaid.

**NOTE:** The “Medicaid Coverage of Medicare Beneficiaries (Dual Eligibles) at a Glance” factsheet (ICN 006977 November 2014) is available at [CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare\\_Beneficiaries\\_Dual\\_Eligibles\\_At\\_a\\_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf).

## Medicare Savings Programs (MSP)

- MSP are categorized into groups:
  - Qualified Medicare Beneficiary\* (QMB)
  - Specified Low-Income Medicare Beneficiary\* (SLMB)
  - Qualified Individuals\* (QI)
  - Qualified Disabled and Working Individuals (QDWI)

\*Automatically qualify for Extra Help

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Assistance is based on income. Medicare Savings Programs (MSPs) are categorized into the following groups:

- Qualified Medicare Beneficiaries are partial-benefit enrollees who receive assistance from Medicaid to pay their Medicare premiums and cost-sharing obligations such as deductibles, coinsurance, and copayments (except Part D).
- Specified Low-Income Medicare Beneficiaries (SLMB), Qualified Individuals (QI), and Qualified Disabled and Working Individuals are partial-benefit enrollees who receive assistance from Medicaid to pay Medicare premiums only.

If you qualify for Qualified Medicare Beneficiary (QMB), SLMB, or QI you automatically qualify to get Extra Help paying for Medicare prescription drug coverage.



## Who Can Qualify for a Medicare Savings Program?

| Medicare Savings Program                                   | Individual Monthly Income Limit (2015) | Married Couple Monthly Income Limit (2015) | Helps Pay Your   |
|--|--|--|--|
| <b>Qualified Medicare Beneficiary (QMB)</b>                | \$1,001                                | \$1,348                                    | Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) |
| <b>Specified Low-Income Medicare Beneficiary (SLMB)</b>    | \$1,197                                | \$1,613                                    | Part B premiums only   |
| <b>Qualifying Individual (QI)</b>                          | \$1,345                                | \$1,813                                    | Part B premiums only   |
| <b>Qualified Disabled &amp; Working Individuals (QDWI)</b> | \$4,009                                | \$5,395                                    | Part A premiums only   |

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If you qualify for the Qualified Medicare Beneficiary (QMB) program, you get help paying your Part A and Part B premiums, deductibles, coinsurance, and copayments. To qualify for QMB you must be eligible for Medicare Part A, and have an income not exceeding 100% of the federal poverty level (FPL). This will be effective the first month following the month QMB eligibility is approved. Eligibility can't be retroactive.

To qualify for the Specified Low-Income Medicare Beneficiary (SLMB) program, you must be eligible for Medicare Part A and have an income that is at least 100%, but doesn't exceed 120% of the FPL. If you qualify for SLMB, you get help paying for your Part B premium.

To qualify for the Qualified Individual (QI) program, you must be eligible for Medicare Part A, and have an income not exceeding 135% of the FPL.

To qualify for the Qualified Disabled and Working Individual program, you must be entitled to Medicare Part A because of a loss of disability-based Part A due to earnings exceeding Substantial Gainful Activity; have an income not higher than 200% of the FPL, and resources not exceeding twice the maximum for Supplemental Security Income (\$4,000 for an individual, and \$6,000 for married couple in 2015); and not be otherwise eligible for Medicaid. If you qualify, you get help paying your Part A premium. If your income is between 150% and 200% of the FPL, the state can ask you to pay a part of your Medicare Part A premium.

In 2015, the resource limits for the QMB, SLMB, and QI programs are \$8,780 for a single person, and \$13,930 for a married person living with a spouse and no other dependents. These resource limits are adjusted on January 1 of each year, based on the change in the annual consumer price index since September of the previous year.

## Check Your Knowledge—Question 3

If you qualify for any Medicare Savings Program, you automatically qualify for Extra Help.

- a. True for QMB, SLMB, and QDWI only
- b. True for QMB, SLMB, and QI only**
- c. True
- d. False

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### Check Your Knowledge—Question 3

If you qualify for a Medicare Savings Program, you automatically qualify for Extra Help.

- a. True for QMB, SLMB, and QDWI only
- b. True for QMB, SLMB, and QI only
- c. True
- d. False

**ANSWER:** b. True for QMB, SLMB, and QI only

If you qualify in the Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, or Qualified Individuals categories, you automatically qualify to get Extra Help paying for Medicare prescription drug coverage. However, if you qualify for the Qualified Disabled Working Individual program, you don't automatically qualify for Extra Help.

## Lesson 2—Children’s Health Insurance Program (CHIP) Overview

- What is CHIP?
- State Options for CHIP
- CHIP Eligibility
- Documents and Requirements
- Authorization and Funding

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Lesson 2, “Children’s Health Insurance Program (CHIP) Overview” explains the following:

- What is CHIP?
- State Options for CHIP
- CHIP Eligibility
- Documents and Requirements
- Authorization and Funding

## What Is the Children's Health Insurance Program (CHIP)?

- State-federal partnership
- CMS establishes broad guidelines
- Federal government provides matching funds
- CHIP funding is typically 15 percentage points higher than the Federal Medicaid Matching Rate
- States receive annual allotment determined by statute

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Like Medicaid, the Children's Health Insurance Program (CHIP) is a partnership between the states and the federal government. States administer CHIP within broad guidelines established by the Centers for Medicare & Medicaid Services, and the federal government provides matching funds to states to provide the coverage.

The federal matching rate for CHIP is typically about 15 percentage points higher than the Federal Medicaid Matching Rate for that state. For example, a state with a 50% FMAP would typically have an "enhanced" CHIP matching rate of 65%. Unlike Medicaid, states receive a specific annual allotment for CHIP, determined by the statute.

## State Options for the Children's Health Insurance Program (CHIP)

- All 50 states, the District of Columbia, and U.S. territories have approved CHIP programs
- States can design their CHIP program in 1 of 3 ways
  1. Medicaid expansion (8 states, the District of Columbia, and 5 territories)
  2. Separate Child Health Insurance Program (13 states)
  3. Combination of the 2 approaches (29 states)

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All 50 states, the District of Columbia, and U.S. territories have approved Children's Health Insurance Program (CHIP) programs.

States can design their CHIP in 1 of 3 ways:

- Medicaid expansion (8 states, the District of Columbia, and 5 territories)—VT, NH, MD, OH, SC, NM, AK, HI, DC, PR, U.S. Virgin Islands, Commonwealth of Northern Mariana Islands, Guam, American Samoa
- Separate Child Health Insurance Program (13 states)—PA, WV, GA, AL, MS, KS, TX, WY, UT, AZ, OR, WA, CT
- Combination of the 2 approaches (29 states)—ME, MA, NY, RI, NJ, DE, VA, NC, FL, KY, TN, MN, IN, WI, IL, IA, MI, MO, AR, LA, OK, NE, SD, ND, CO, MT, ID, NV, CA

If a state integrates CHIP into its Medicaid Program, the services provided to CHIP-eligible children must be the same as those provided to Medicaid-eligible children, and the eligibility and enrollment processes must be consistent. Under a separate CHIP, the state may establish different standards and processes within the federal guidelines. Like Medicaid, CHIP has income and resource standards, and eligibility varies by state.

To see CHIP information by state, visit

[Medicaid.gov/chip/state-program-information/chip-state-program-information.html](https://www.Medicaid.gov/chip/state-program-information/chip-state-program-information.html).

## Children's Health Insurance Program (CHIP) Eligibility

- To be eligible for CHIP you must
  - Be under 19
  - Have income up to 200% of the federal poverty level (FPL) or income 50 percentage points higher than Medicaid as of June 1, 1997
- Many states have higher limits
  - 46 states and DC cover children up to and above 200% FPL
  - 24 of these cover children at 250% FPL or higher
- States may add eligibility criteria

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There are 2 minimum-income eligibility standards for the Children's Health Insurance Program (CHIP), depending on the state of residence. States may cover children with incomes up to 200% of the federal poverty level (FPL), or 50 percentage points higher than Medicaid level on June 1, 1997, for the age of the child. Many states have higher income limits. There are 46 states and the District of Columbia covering children up to and above 200% of the FPL. Of these, 24 states cover children at 250% FPL or higher. Some states go as high as 400% of the FPL. In addition to the federal requirements, states can add eligibility criteria such as residency requirements or income levels.

**NOTE:** A state can add its own eligibility criteria to CHIP, but must comply with federal eligibility standards, including the prohibition that the state can't cover children in higher-income families over lower-income families.

## Restrictions on Eligibility

- Children of public employees (state option)
- Inmates of public institutions
- Some non-citizens

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Historically, children who had access to public employee coverage haven't been eligible for Children's Health Insurance Program (CHIP) coverage. The Affordable Care Act changed that by allowing states the option to cover those children.

Inmates of public institutions and non-citizens who aren't lawfully present remain ineligible for CHIP.

## Documentation Requirements

- U.S. Citizens
  - Must provide satisfactory documentary evidence
  - Tribal membership and enrollment documents satisfy requirements
- Lawfully residing children and pregnant women
  - States may choose to lift 5-year ban
    - Legal immigration documentation requirements apply
- Individuals enrolled as of 2010 may use Social Security data match

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The Deficit Reduction Act created section 1903(x) of the Act that requires states to obtain satisfactory documentary evidence of citizenship or nationality when enrolling individuals in Medicaid, or at the first point of eligibility re-determination. Eligible individuals who declare to be U.S. citizens or nationals must be provided a reasonable opportunity to present satisfactory documentation of citizenship or nationality, and must be enrolled in coverage pending the reasonable opportunity to document that claim.

Tribal enrollment or membership documents issued from a federally recognized Tribe must be accepted as verification of citizenship; no additional identity documents are required.

States have the option to use or not use the 5-year restriction for citizenship in cases of pregnant women and children. Section 214 of the Children's Health Insurance Program Reauthorization Act grants states the option to provide Medicaid and Children's Health Insurance Program (CHIP) coverage to all children and pregnant women (including women covered during the 60-day postpartum period) "who are lawfully residing in the United States..." and who are otherwise eligible for such assistance. States may elect to cover these groups under Medicaid only, or under both Medicaid and CHIP. The law doesn't permit states to cover these new groups only in CHIP without also extending the option to Medicaid. As of 2014, 29 states, the District of Columbia, and the Mariana Islands now offer coverage to lawfully residing immigrant children and/or pregnant women without a 5-year waiting period under Medicaid, or Medicaid, and CHIP (visit [Medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html](https://www.Medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html) for the list of states).

Another state option allows verification of a declaration of citizenship for individuals newly enrolled in CHIP or Medicaid using a data match with Social Security (SSA) to confirm the consistency of a declaration of citizenship with SSA records, in lieu of the presentation of citizenship documentation.



## Authorization and Funding

- **Affordable Care Act**
  - Maintenance of Effort authorizes Children's Health Insurance Program (CHIP) through 2019
  - Increases CHIP federal matching rate by 23 percentage points in October 2015
  - Provides funding for outreach efforts
- **Medicare Access and CHIP Reauthorization Act of 2015**
  - Extends CHIP funding through September 30, 2017

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The Affordable Care Act Maintenance of Effort authorizes the Children's Health Insurance Program (CHIP) through 2019, and extended CHIP funding through September 30, 2015, when the already enhanced CHIP federal matching rate will be increased by 23 percentage points. The Medicare Access and CHIP Reauthorization Act of 2015 extended CHIP funding through September 30, 2017.

Because CHIP matching rates vary from state to state, the additional 23 percentage points will lead to different totals in different states. The Affordable Care Act also provides an additional \$40 million in federal funding to continue efforts to promote enrollment of children in CHIP and Medicaid.

## Check Your Knowledge—Question 4

Each state can add its own eligibility criteria to its Children's Health Insurance Program.

a. True

b. False

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### Check Your Knowledge—Question 4

Each state can add its own eligibility criteria to its Children's Health Insurance Program (CHIP).

a. True

b. False

**ANSWER: a. True**

A state can add its own eligibility criteria to CHIP, but still must comply with several prohibited eligibility standards, including the prohibition that the state can't cover children in higher-income families over lower-income families.

## Medicaid and the Children's Health Insurance Program Resources

| <h1>Medicaid and the Children's Health Insurance Program Resources</h1>   |   |   |
|---|---|---|
| Resources   |   | Medicare Products   |
| <p><b>Websites:</b><br/>Centers for Medicare &amp; Medicaid Services (CMS) <a href="http://CMS.gov">CMS.gov</a><br/><a href="http://Medicaid.gov/">Medicaid.gov/</a></p> <p><b>Contacts:</b><br/><a href="http://Medicare.gov">Medicare.gov</a><br/>1-800-MEDICARE (1-800-633-4227)<br/>1-877-486-2048 (TTY)</p> <p>Social Security<br/>1-800-772-1213<br/><a href="http://SSA.gov">SSA.gov</a></p> <p>Local State Health Insurance Programs<br/><a href="http://Medicare.gov/contacts">Medicare.gov/contacts</a></p> | <p><b>National Training Program—Partner Job Aids</b><br/>Visit the Training Library at <a href="http://CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Training-Library-Items/">CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Training-Library-Items/</a></p> <p><b>CMS Partner Tip Sheets</b>—<a href="http://CMS.gov/publications-for-partners.html">CMS.gov/publications-for-partners.html</a></p> | <p>Tips and Resources for Caregivers “How Do You Care for Someone With a Disability, Chronic Illness, or Injury?”<br/><a href="http://Medicare.gov/files/ask-medicare-tips-for-caregivers-of-disabled-person.pdf">Medicare.gov/files/ask-medicare-tips-for-caregivers-of-disabled-person.pdf</a>.</p> <p>“Medicare and Other Health Benefits Your Guide to Who Pays First” CMS Product No. 02179<br/><a href="http://Medicare.gov/Pubs/pdf/02179.pdf">Medicare.gov/Pubs/pdf/02179.pdf</a></p> |
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## Appendix A—Medicaid Agencies

| State | Website | Application Format |
|-------|---------|--------------------|
|       |         |                    |
|       |         |                    |
|       |         |                    |
|       |         |                    |
|       |         |                    |
|       |         |                    |

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This slide can act as a template to report Medicaid agency details by state, depending on the audience. It can be hidden when not applicable.

## Appendix B—Medicaid Enrollment

| State | Medicaid Enrollment<br>Numbers |
|-------|--------------------------------|
|       |                                |
|       |                                |
|       |                                |
|       |                                |
|       |                                |
|       |                                |

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This slide can act as a template to report Medicaid enrollment numbers by state, depending on the audience. It can be hidden when not applicable.

## Appendix C—Medicaid Eligibility

| State | Children | Pregnant Women | Parents | Adults |
|-------|----------|----------------|---------|--------|
|       |          |                |         |        |
|       |          |                |         |        |
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This slide can act as a template to report Medicaid eligibility by state, depending on the audience. It can be hidden when not applicable.

## Appendix D—State Medicaid Federal Medical Assistance Percentages (FMAP) Rates

| State | FMAP | Enhanced FMAP |
|-------|------|---------------|
|       |      |               |
|       |      |               |
|       |      |               |
|       |      |               |
|       |      |               |
|       |      |               |

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This slide can act as a template to report Federal Medical Assistance Percentages (FMAPs) by state, depending on the audience. It can be hidden when not applicable.

FMAPs are used in determining the federal share of expenditures for assistance payments for certain social services, and state medical and medical insurance expenditures. The Social Security Act requires the Secretary of the U.S. Department of Health and Human Services to calculate and publish FMAPs each year. FMAPs are for Medicaid. Section 1905(b) of the Act specifies the formula for calculating FMAPs.

“Enhanced FMAPs” are for the Children’s Health Insurance Program under Title XXI of the Social Security Act. Section 2105(b) of the Act specifies the formula for calculating Enhanced FMAPs.

To view FMAPS, visit [ASPE.hhs.gov/health/fmap.cfm](https://aspe.hhs.gov/health/fmap.cfm).

## Acronyms

|      |   |
|------|---|
| ACA  | Affordable Care Act                       |
| BHP  | Basic Health Plan                         |
| CHIP | Children's Health Insurance Program       |
| CMS  | Centers for Medicare & Medicaid Services  |
| ESRD | End-Stage Renal Disease                   |
| FMAP | Federal Medical Assistance Percentage     |
| FPL  | Federal Poverty Level                     |
| MAGI | Modified Adjusted Gross Income            |
| MSP  | Medicare Savings Program                  |
| NTP  | National Training Program                 |
| QDWI | Qualified Disabled and Working Individual |
| QI   | Qualified Individual                      |
| QMB  | Qualified Medicare Beneficiary            |
| SLMB | Specified Low-Income Medicare Beneficiary |
| SSA  | Social Security                           |



## CMS National Training Program (NTP)

To view all available NTP training materials, or to subscribe to our email list, visit

[CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html](https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)

For questions about training products, email [training@cms.hhs.gov](mailto:training@cms.hhs.gov)

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