

fact sheet

Health Policy Institute of Ohio

CHIPRA and ARRA

Selected provisions from the **Children's Health Insurance Program Reauthorization Act** of 2009 and health-related provisions from the **American Recovery and Reinvestment Act** of 2009
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CHIPRA provides \$33 billion for children's health coverage through 2013

Coverage

- Covers children in families with incomes at or below 200% of the federal poverty level (FPL) (\$44,100 annual income for a family of four). This is expected to include 4.1 million children nationwide and nearly 80,000 children in Ohio through 2013. States may also elect to cover pregnant women through their CHIP program.
- States may opt to provide coverage to children and pregnant women who immigrate legally to the United States during their first five years in the country. Undocumented immigrants will continue to be ineligible for CHIP benefits.
- Limits coverage for adults and prohibits new waivers for parent coverage. However, many of these adults are expected to be eligible for the Medicaid expansion included in federal health reform legislation (PPACA, 2010).

Payments

- The federal government will match state spending for CHIP at an enhanced rate to cover children in families with incomes at or below 200% FPL. Unlike the individual entitlements under Medicaid, federal CHIP funds are capped to state allotment. The federal share of CHIP funding in Ohio is currently 72%.
- States receive standard Medicaid match rate for expansions to children with family incomes above 300% FPL (\$66,150 annual income for a family of four). This includes Ohio's program to offer subsidies for uninsured children in families with incomes above 300% FPL.
- States are eligible for a bonus payment per child enrolled over the target level if it implements at least five of eight enrollment simplification efforts. Ohio has plans to meet these criteria.
- Creates a contingency fund available to states where spending exceeds allotments for CHIP in a given year because of increased enrollment of low-income children. If Ohio exceeds its allotment, it would be able to draw on these funds rather than receiving the regular Medicaid match rate for its additional enrollees.
- Offers an enhanced federal match for translation and interpretation services, and allocates \$100 million nationwide for outreach grant funding.

Access and Quality

- Requires the state to include dental services in its CHIP plan. States also have the option to provide dental-only supplemental coverage for children who would otherwise qualify for CHIP but have other health insurance without dental benefits.
- Requires mental health parity in CHIP plans. Ohio includes these services in both their CHIP and standard Medicaid benefit packages.
- Establishes the Medicaid and CHIP Payment and Access Commission to review Medicaid and CHIP access and payment policies and submit reports and recommendations to Congress.
- Establishes demonstration programs to improve quality, combat childhood obesity and develop information technology. Also allocates \$225 million over five year for special child health initiatives, such as developing quality measures applicable to children.

certain provisions provide \$149.2 billion in health spending (mostly temporary)

Medicaid and Medicare

- Provides \$86.6 billion for a temporary increase in the federal matching percentage (FMAP). The increased FMAP does not apply to disproportional share hospital (DSH) payments. This increase brings Ohio's FMAP to 73.5% through June 30, 2011.
- Provides \$1.3 billion to extend the transitional medical assistance (TMA) program through December 31, 2010. TMA continues Medicaid coverage for working low-income parents who become ineligible for Medicaid because of increased earning. States also have the option to simplify TMA eligibility determinations.
- Provides \$680 million for temporary applications of Medicaid prompt pay requirements to nursing facilities and hospitals.
- Provides \$550 million to extend the Qualified Individual program, which helps certain low-income individuals pay Medicare Part B premiums, through December 31, 2010.
- Provides \$460 million for an additional temporary increase in DSH payments of 2.5% in fiscal year 2010 on top of the 2.5% increase for fiscal year 2009.
- Provides \$338 million in Medicare spending to block payment reductions for teaching hospitals and hospice providers, and to make technical corrections for long-term care hospital payments.
- Provides \$134 million for American Indian health services and facilities.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

- Provides \$24.7 billion for a 65% subsidy for COBRA premiums for up to 9 months for workers who have been laid off between September 1, 2008 and December 31, 2009. Eligible individuals must not have an annual income exceeding \$125,000/individual or \$250,000/family. These benefits have recently been extended to June 2, 2010 and are likely to be financed further through an additional unemployment benefits package this summer.

HIT

- Provides \$19.2 billion to develop standards by 2010 that allow for nationwide electronic exchange and use of health information to improve quality and coordination of care, provide Medicare and Medicaid fiscal incentives to providers to use electronic health records, and strengthen federal privacy and security laws relating to health information. This includes funding for 60 new regional extension centers throughout the country.

Other

- \$10 billion for the National Institutes of Health
- \$2 billion for community health centers; specifically for construction, HIT, and payment for services
- \$1.1 billion for comparative effectiveness research; an additional \$3 billion for health research that compares treatments and the establishment of the Patient-Centered Outcomes Research Institute to oversee comparative effectiveness research.
- \$500 million to expand primary care workforce

sources:

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