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Access to Health Insurance
State Children's Health Insurance Program (SCHIP)

This Issue Brief was written by a contributing writer.

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Introduction

A pending bill written by a bipartisan group of legislators would make the Children's Health Insurance Program (CHIP) permanent. The Secretary of Health and Human Services (HHS) has issued waivers for requirements of several healthcare programs, including the Children's Health Insurance Program (CHIP) due to the national emergency of the COVID-19 pandemic. The Georgetown University Center for Children and Families and UnidosUS released a report showing that the differences in coverage are increasing for Latino children and non-Latino children for the first time in ten years. The Centers for Medicare & Medicaid Services announced that states could submit State Plan Amendments (SPAs) for the Children's Health Insurance Program (CHIP) to obtain disaster relief for the coronavirus pandemic. The Pennsylvania Department of Human Services (DHS) announced temporary changes to the Pennsylvania Children's Health Insurance Program (CHIP) to assist families in remaining enrolled in the program during the COVID-19 public health emergency. The Connecticut Children's Health Insurance Program, administered by Connecticut HUSKY Health, announced that coverage would extend to the testing and treatment of COVID-19 due to the pandemic. The Centers for Medicare & Medicaid Services (CMS) released a toolkit to assist states in adopting the broader telehealth coverage policies for the Children's Health Insurance Program (CHIP) and Medicaid in effect during the COVID-19 pandemic. The Centers for Medicare & Medicaid Services (CMS) released a COVID-19 Frequently Asked Questions (FAQ) document for state Medicaid and Children's Health Insurance Program (CHIP) agencies. Two U.S. Representatives from Pennsylvania introduced bipartisan legislation that would increase support for the Children's Health Insurance Program for states during the COVID-19 pandemic. Texas Governor Greg Abbott, Lt. Gov. Dan Patrick, and Texas House Speaker Dennis Bonnen wrote a letter to state agencies directing them to cut their budgets by five percent due to the COVID-19 pandemic and related economic downturn. Some programs were spared the budget cut, including the Children's Health Insurance Program (CHIP). The West Virginia Department of Health and Human Resources (DHHR) announced that it would expand health insurance coverage under the West Virginia Children's Health Insurance Program (WVCHIP) for maternity services to current CHIP enrollees and pregnant women over the age of 19. Approximately 2,000 children in North Dakota receiving health insurance coverage through the Children's Health Insurance Program (CHIP) will be transitioned to traditional Medicaid coverage. The number of children under 6 in Ohio without health insurance coverage is increasing for the first time in years. The federal government has awarded Oregon millions in new federal funding to help reduce health risks for children. Missouri legislators and social services officials held a hearing on the decrease in enrollment of children in government-sponsored health insurance programs for children including CHIP and Medicaid. The Supreme Court lifted the injunction on the U.S. Department of Homeland Security's public charge rule that makes it more difficult for immigrants to obtain green cards if they use public assistance. The Children's Health Insurance Program (CHIP) is excluded from



the list of programs that should affect immigration status. However, concern over the new rule may lead to lower enrollment in CHIP and other programs.

The president of the American Academy of Pediatrics called all pediatricians to work together to ensure that children are fully counted in the 2020 census. Census calculations will affect the allocation of federal funding for programs such as the Children's Health Insurance Program (CHIP).

Kentucky Governor Andy Beshear introduced a proposed state budget that included increased funding for Kentucky Children's Health Insurance Program (KCHIP.)

The Trump Administration recently proposed a budget that would lead to cuts in spending on the Children's Health Insurance Program (CHIP) and other programs.

The number of children under 6 without health insurance has increased to over 1 million for the first time since the implementation of the Affordable Care Act in 2014.

The Missouri legislature reviewed pending legislation that would keep children on government-sponsored health insurance coverage through the MO HealthNet Program longer.

Senator Bob Casey (D-PA) introduced legislation in the Senate that would improve funding for the Children's Health Insurance Program.

The Centers for Medicare & Medicaid Services (CMS) recently announced the creation of the Office of Burden Reduction and Health Informatics to help reduce the regulatory and administrative burden for providers serving beneficiaries of CHIP and other government healthcare programs.

CHIP and Medicaid providers are eligible to apply for funding from the U.S. Department of Health and Human Services' Enhanced Provider Relief Fund Payment Portal.

The Wyoming Department of Health (WDH) announced that it will take charge of the Wyoming Children's Health Insurance Program, known as Kid Care CHIP.

The United States Center for Medicare & Medicaid Services (CMS) recently began an advertising campaign for the government health insurance programs for children, including the Children's Health Insurance Program (CHIP) and Medicaid.

In Georgia, enrollment in both Medicaid and PeachCare, the state's Children's Health Insurance Program, have increased during the COVID-19 pandemic.

Experts are predicting that the Children's Health Insurance Program (CHIP) will become increasingly important in allowing children to access health insurance coverage during the COVID-19 pandemic and in the future.

The Department of Health and Human Services announced that it would extend the deadline to apply for financial relief for healthcare providers impacted by the COVID-19 pandemic, including providers serving the Children's Health Insurance program (CHIP).

The Delaware Department of Health and Social Services' Division of Medicaid and Medical Assistance announced that it will allow four healthcare provider groups to serve as Medicaid Accountable Care Organizations (ACOs) for Medicaid and CHIP.

The Centers for Medicare & Medicaid Services (CMS) announced that since the beginning of the COVID-19 public health emergency, rates of receiving basic healthcare have dropped significantly for children covered under Medicaid and the Children's Health Insurance Program (CHIP) throughout the United States.

Congresswoman Lisa Blunt Rochester (D-Del.) and Congressman Michael C. Burgess, M.D. (R-Texas), introduced a bill that would provide guidance and strategies to states to increase access to telehealth for both the Medicaid program and Children's Health Insurance Program (CHIP).

The Wyoming Department of Health (WDH) announced that it anticipates a smooth transition for healthcare providers and beneficiaries of the Wyoming Children's Health Insurance Program, Kid Care CHIP, when the agency assumes direct administration of the program.

The Centers for Medicare & Medicaid Services (CMS) announced an expansion of telehealth services available for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

According to a new report, the number of children without health insurance in the United States increased by approximately 726,000 between 2016 and 2019.

According to a recent report, almost 11,000 children in Louisiana lost health insurance coverage. It was the largest single-year decrease in over ten years.

Medicaid and CHIP Payment and Access Commission (MACPAC) considered the merits of expanding postpartum coverage at its October 2020 meeting.

North Dakota CHIP Transitions Some to Medicaid



Approximately 2,000 children in North Dakota receiving health insurance coverage through the Children's Health Insurance Program (CHIP) will be transitioned to traditional Medicaid coverage.

According to the North Dakota Department of Health, the change will allow the children access to more health and dental benefits.

The change will occur automatically. It became effective on January 1, 2020. Officials in the North Dakota Department of Health anticipated that the transition would be seamless and without gaps in coverage for families currently enrolled in CHIP.

The transition is due to a legislative decision during the 2019 session to authorize the North Dakota Department of Human Services to simplify the delivery of services. The decision allowed for the transfer of administrative contracts for CHIP from Blue Cross Blue Shield of North Dakota and Delta Dental of Minnesota to traditional Medicaid coverage.

"One of our agency's priorities is to simplify how we deliver programs that benefit the people we serve while being good stewards of the taxpayers' dollars," said Caprice Knapp, director of the department's Medical Services Division. "This change simplifies coverage for qualifying families. No longer will some family members have traditional Medicaid coverage while children in the same household have CHIP coverage. Now, all family members will have Medicaid coverage."

Knapp pointed to additional advantages for beneficiaries.

Children transitioned to Medicaid will have access to a yearly screening and well-child checkup through North Dakota Medicaid's Health Tracks program. The program is aimed at identifying and preventing health issues early when they are easier and less expensive to treat.

Covered services under Medicaid have no copayments. There are no service limits on physical therapy, speech therapy and occupational therapy.

Medicaid-covered dental services are not limited.

The transition will save North Dakota taxpayers \$6.1 million in total funds in the first 18 months of the change, according to estimates from department officials.

"We understand that even though North Dakota reimburses Medicaid professional providers at or near Medicare rates, there might be some families who may need to find a new doctor or dentist because their current provider does not accept Medicaid. Even with the state's rural nature, in a 2019 survey of North Dakota Medicaid beneficiaries, 80.3 percent reported usually or always having access to care from their provider when they needed care. In reality, the more robust Medicaid coverage for qualifying children is a win-win for them," Knapp said.

Qualifying children received new Medicaid identification cards in the mail in mid-December. Their Medicaid coverage began on January 1 for medical, dental and vision services and prescription coverage.

Knapp indicated that families received multiple letters regarding the transition. Families were required to choose a qualified primary care provider prior to the end of the year.

Approximately 67,600 individuals qualified for Medicaid coverage in North Dakota in October 2019. ^[FN2]

West Virginia CHIP Expands Maternity Coverage

The West Virginia Department of Health and Human Resources (DHHR) announced that it would expand health insurance coverage under the West Virginia Children's Health Insurance Program (WVCHIP) for maternity services to current CHIP enrollees and pregnant women over the age of 19.

Eligible West Virginia residents earn between 185% and 300% of the Federal Poverty Level and are eligible for no other health insurance coverage.

Maternity services covered under CHIP in West Virginia include medical, pharmacy, dental, vision, behavioral health and prenatal care.

Women are eligible for continued services for two months after delivery.

A child born to a covered woman is eligible for coverage for up to one year after birth.

"Maternity services can reduce the risk of pregnancy complications and are important to the health of the mother and baby," said Jean Kranz, WVCHIP Executive Director. "We encourage residents who believe they may be eligible to apply for coverage."

Enrollment services are available online or via paper applications submitted at DHHR county offices.

Dr. Lisa Costello, an assistant professor in the West Virginia University School of Medicine Department of Pediatrics, was appointed by Gov. Jim Justice as a citizen member of the state CHIP board.

Costello noted, "With pregnancy, our body undergoes various physiologic changes. It's very important to have routine prenatal and maternal care so those changes can be monitored."

Conditions including gestational hypertension or diabetes can be identified and treated during pregnancy.

"If there's a way we can intervene to provide better outcomes, we want to be there," Costello indicated. ^[FN3]



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Oregon Receives Grant to Improve Children's Health

The federal government has awarded Oregon millions in new federal funding to help reduce health risks for children.

The goal of the funding is to prevent unnecessary hospital visits and foster care placements for Oregon children.

The Oregon Health Authority (OHA) will receive up to \$16 million over seven years from the Centers for Medicare and Medicaid Services (CMS) Integrated Care for Kids (InCK) Model. The money will be used to improve the health of children covered by Medicaid and the Children's Health Insurance Program (CHIP) in five Oregon counties.

OHA will work alongside the Oregon Pediatric Improvement Partnership (OPIP) at Oregon Health & Science University and local communities to improve the integration of services for behavioral health, physical health, and other family supports.

Goals of the program include improving health, quality of care, and lowering costs.

OHA is one of eight recipients of the grant throughout the country.

'This is an exciting opportunity to bring extra resources to this region, connecting community partners, health care providers and families to wrap resources around our kids,' said Dana Hargunani, MD, OHA's chief medical officer. 'We will be able to take what we learn from this work to help improve children's health across the state.'

The program will focus on children up to age 21 covered by Medicaid and CHIP in Marion, Polk, Crook, Deschutes and Jefferson counties.

The goal of the program is to improve child- and family-centered care to help reduce hospital stays and foster placement for children.

The program will be based on research that points to social determinants of health and health equity as major factors in determining health outcomes. It will assist health care providers in aligning with other public programs including child welfare, education, housing, nutrition, and maternal and child health.

Three million dollars of the grant will go toward the first two years of planning and partnership development. Up to \$2 million will be allocated for each of the five implementation years.

Some of the funding will be contingent on successful performance of the program.

The program will support some of Governor Brown's policy priorities for the Oregon Health Plan. These priorities include addressing social determinants of health and health equity, improving family behavioral health support, developing value-based payments for children's health care, and reducing costs. ^[FN4]

More Children Losing Health Coverage in Ohio

The number of children under 6 in Ohio without health insurance coverage is increasing for the first time in years.

The rate of young children without insurance coverage increased to 5% in 2018. In 2016, the rate was 3.6%. The 40% increase is the third highest of all states.

That rate translates into 41,642 children without health insurance coverage. The number increased almost 12,000 in two years.

The Georgetown University Center for Children and Families researched the rate of uninsured children throughout the nation.

"This trend is deeply disturbing because we know children experience rapid brain development during the earliest years of life, before they start kindergarten," stated Shannon Jones, executive director of Groundwork Ohio, a leading child advocacy group.

"We have a critical and narrow window of time to build a healthy foundation for development, intervene to address any delays and health conditions and prevent greater challenges later in life."

Children without health insurance are entitled by law to emergency treatment. However, they are not entitled to regular visits to pediatricians or dentists.

"These well-child visits and other preventive care are the first and best opportunity we have to engage parents and caregivers as partners in their child's health and well-being before school begins," indicated Melissa Wervy Arnold, chief executive officer of the Ohio chapter of the American Academy of Pediatrics.

The organization advises parents to bring children to 15 well-child visits before the age of six. Most of those visits should be prior to age 2.

Almost half of children in Ohio receive health insurance coverage through Medicaid and the Children's Health Insurance Program. Children's healthcare advocates are encouraging Gov. Mike DeWine's administration to expand these programs and expand eligibility for children in the state.

"We have to hold all stakeholders, including health plans, accountable to our shared vision for young children in this state," Jones indicated.

DeWine noted that he had spoken with Medicaid Director Maureen Corcoran "to see what steps that we can take to deal with this."



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"I've asked her to see if there is some way to make re-enrollment easier and that it is not a hurdle ... We should make it as easy as possible to keep a child in," DeWine stated. ^[FN5]

Injunction on Public Charge Rule Lifted

The Supreme Court lifted the injunction on the U.S. Department of Homeland Security's public charge rule that makes it more difficult for immigrants to obtain green cards if they use public assistance. The Children's Health Insurance Program (CHIP) is excluded from the list of programs that should affect immigration status. However, concern over the new rule may lead to lower enrollment in CHIP and other programs.

Federal appeals courts previously issued injunctions blocking the rule. The Supreme Court ruling will allow the policy to go into effect in all states including Oregon. Illinois is covered by a separate injunction.

The litigation over the issue will continue, but the rule will remain in effect while the lawsuit is pending.

Under the public charge rule, the federal government may consider an expanded list of benefits when deciding if someone is a public charge and should be denied a green card.

The federal government is permitted to consider Medicaid coverage for non-pregnant adults age 21 and older. However, the federal government is not supposed to consider health care coverage for people younger than age 21, which includes coverage under CHIP.

The Oregon Health Authority said, 'This rule is in direct conflict with our agency's mission which is to help people and communities achieve optimum physical, mental and social well-being and improve access to quality, affordable health care.' ^[FN6]

MO Lawmakers Hold Hearing on Drop in Children's Insurance Enrollment

Missouri legislators and social services officials held a hearing on the decrease in enrollment of children in government-sponsored health insurance programs for children including CHIP and Medicaid.

Part of the blame for the drop in enrollment went to parents who failed to enroll their children separately in health insurance programs when the parents no longer qualify for government-sponsored health insurance coverage while the children are still eligible.

Some of the lawmakers placed the blame on the government agency for the drop in enrollment.

Approximately 100,000 children in Missouri lost health insurance coverage through the state between January 2018 and December 2019.

According to Rep. David Wood, the leader of the budget committee on social services, the state did not properly check the eligibility status of Medicaid recipients between 2014 and 2018.

In 2018, the state began purging the Medicaid program of recipients who did not meet eligibility requirements for coverage. Wood indicated that many families who were purged from the program did not reapply for coverage for their children even if those children were separately eligible for the program.

'When those individuals were notified that they were no longer eligible for Medicaid, we can assume that most of them did not go ahead and apply directly for their children to be under Medicaid,' he noted.

Wood indicated that the state needs to implement a more streamlined application process for the program.

Missouri officials need to notify residents about changes in health care coverage. Some participants have unanswered questions about the program.

Wood placed the ultimate responsibility on the parents for enrolling their children in the program.

'There is a certain amount of parent responsibility and individual responsibility to know what is available and fill out those applications,' he asserted. 'It's not the government's responsibility to go out and find these people.'

Democratic legislators expressed concern over the decrease in the enrollment of eligible children in the state's health insurance programs. They were not satisfied with the way the agency dealt with the issue during the hearing.

'Our default position was to drop these children, remove them from health care coverage, if the custodial parent wasn't covered,' Democratic Rep. Deb Lavender indicated. 'We've sent them a verification to say your child is not there. We're placing the blame on parents on not re-signing their kids up.'

Democratic Rep. Sarah Unsicker introduced legislation that would grant children continuous coverage under Medicaid for 12-month periods.

Unsicker stated that the legislation would 'prevent kids from falling through the cracks and save the state money by eliminating unnecessary administrative hurdles.'

According to officials with the Department of Social Services, finding recipients and verifying their eligibility for health insurance coverage is too difficult. Deputy Director Patrick Luebbering complained that the agency is in danger of violating privacy laws if they mail letters to incorrect addresses.



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He claimed that Medicaid recipients often change addresses.

Social Services pointed to additional reasons for the decrease in enrollment for children, including improvements in the economy and a drop in unemployment in the state.

According to Luebbering, eligible recipients dropped from Medicaid coverage can receive retroactive coverage for three months. ^[FN7]

Trump Administration Proposed Budget Cuts CHIP Funding

The Trump Administration recently proposed a budget that would lead to cuts in spending on the Children's Health Insurance Program (CHIP) and other programs.

The \$4.8 trillion budget would reduce spending on Medicaid and CHIP by \$193 billion over the next decade. According to the American Hospital Association, the programs cover 4 out of every 10 children in the United States, or 8.9 million children.

Children from families making too much to qualify for health insurance coverage under Medicaid but not enough to afford private health insurance coverage are eligible for coverage through CHIP.

Congress is unlikely to pass the proposed budget in its current state. Experts are pointing to the budget as the Trump Administration's intentions for spending federal money.

Robert Greenstein, president of the Center on Budget and Policy Priorities called the proposal "stunningly harsh."

Greenstein noted, "It would take health coverage away from millions of people and cut aid to millions of families and individuals struggling to make ends meet." ^[FN8]

KY Proposed Budget Increases CHIP Funding

Kentucky Governor Andy Beshear introduced a proposed state budget that included increased funding for Kentucky Children's Health Insurance Program (KCHIP.)

Legislators received the budget in early February. It will be the largest issue facing the General Assembly during its 2020 session.

The proposal is a two-year spending plan. It went to budget subcommittees where legislators will investigate the effects of the plan on state finances, programs, and services to residents.

The final version of the state budget is expected to pass by the beginning of April, allowing the legislature time to override any potential vetoes.

The governor released the budget during a speech held at a joint session of the General Assembly. He called it an "Education First" budget that would significantly increase spending on education in Kentucky.

The proposed budget included a \$1 million increase per year for enrolling more children in KCHIP. The increased funding would be matched by additional federal funding.

The budget included a move to increase revenue with taxes and fees on sports betting, increases in the cigarette tax, a tax on vaping products, and an increase in the minimum tax on limited liability entities.

Many legislators did not immediately react to the budget proposal. The legislature did not receive the traditional briefing on the proposal prior to the governor's speech.

Supporters of the proposal were in favor of the large increases to educational spending. Some lawmakers were concerned about the proposed funding measures that were in the form of tax increases that do not yet have legislative support. ^[FN9]

American Academy of Pediatricians Highlights Importance of Full Census Count

The president of the American Academy of Pediatrics called all pediatricians to work together to ensure that children are fully counted in the 2020 census. Census calculations will affect the allocation of federal funding for programs such as the Children's Health Insurance Program (CHIP).

The census will begin on April 1. It is undertaken every ten years. Collected data is used to distribute federal funding for health, housing, nutrition and education programs.

The funding included over \$800 billion per year for programs including CHIP as well as the Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants and Children, Medicaid, foster care funding, the National School Lunch Program and Head Start.

According to Sara 'Sally' H. Goza, M.D., FAAP, President, American Academy of Pediatrics, "These programs are crucial for the one in six U.S. children who lives in poverty or near poverty."

Over 2 million children were uncounted in the 2010 census. Half of the uncounted children were under age 5. A miscount of children that young could lead to underfunded health and social programs for those children during much of their childhoods.



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Goza noted, "With health equity a cornerstone of the Academy's mission ? and a top priority of my presidency ? we must seize this once-in-a-decade opportunity to help level the playing field and improve the collective well-being of our nation's children. As trusted voices in the communities we serve, pediatricians can help make sure the children in our practices and communities are counted."

Goza indicated that many of the children not counted on the 2010 census were left off the forms by their family members. She encouraged pediatricians to help educate families on including all children on the census, even infants.

The highest risk households for census miscount include "racial/ethnic minority households; households where young children live with their grandparents, a nonrelative or in group quarters; households headed by younger parents who may lack familiarity with the census; and households that are linguistically isolated."

Goza indicated, "Sadly, the children who go uncounted often are the very children who would benefit most from these government programs." ^[FN10]

Missouri Bill Would Keep Children in Government Health Insurance Programs Longer

The Missouri legislature reviewed pending legislation that would keep children on government-sponsored health insurance coverage through the MO HealthNet Program longer.

The legislators noted that the bill would be more expensive than previously predicted.

Public testimony on House Bill 2379 was held in front of the Missouri House of Representatives' Health and Mental Health Policy Committee. Missouri state Rep. Steve Helms, R-Springfield, sponsored the bill.

The bill would allow a child who was determined to be eligible to enroll in MO HealthNet to remain enrolled for 12 months after the last day of the month the child was last enrolled in the state Medicaid program. The child must continue living in the state and must be under age 19 to remain eligible.

Under current law, children must enroll in the program every quarter to remain in the program.

The bill would also eliminate the waiting period for children to enroll in Missouri's Children's Health Insurance Program. Currently, there is a 30-day waiting period. Children in families earning between 225 and 300 percent of the federal poverty level are eligible to enroll in that program.

'Receiving proper and timely health care is important to the health and well-being of us all,' Helms indicated to the committee. 'Especially to those who are most vulnerable in society ? such as the young, elderly and disabled.'

Helms argued for the changes, asserting that they will allow for stronger relationships between primary-care physicians and children. They will also prevent gaps in health insurance coverage for children whose family incomes change seasonally.

The legislation was introduced after news that Missouri had removed up to 60,000 children from government-subsidized health insurance coverage who were eligible for those programs.

Democrats in the state have indicated for the past year that 125,000 children in the state were removed from Medicaid coverage in Missouri. Recently, Republicans stated that about half of those children were eligible to enroll in the program.

During 2017, approximately 30,000 adults who did not qualify for MO HealthNet were covered under the program. In 2018, the state implemented a new system that cancelled coverage for those adults as well as their families. Children from some of those families were still eligible for coverage and were wrongly dropped.

MO HealthNet for Kids is available to children under age 19 in families making up to 300 percent of the poverty level. The children still qualified but the parents did not know they had to reapply.

According to Helms, extending coverage terms to one-year periods would help reduce administrative costs for the state.

'I believe the only reason we haven't done this to date is because of a possible high fiscal note,' he stated. 'Like most estimations, we won't truly know the cost until full implementation and changes are made. There is a high probability that reducing the gaps in children's coverage and providing more timely care will help reduce overall expenditures.'

Helms indicated that he received the estimated fiscal effect for the bill. 'It is quite steep, but I knew that we were going to be getting a higher fiscal note,' he said.

Implementing a 12-month enrollment for children in the program is expected to cost \$8.5 million in 2021, \$26 million in 2022, and \$26.5 million in 2023.

According to state Rep. Sarah Unsicker, D-Shrewsbury, 40,139 of the 88,219 children losing Medicaid coverage between July and October 2019 would not have lost coverage if the pending legislation was in effect. ^[FN11]

Youngest Children Losing Health Insurance

The number of children under 6 without health insurance has increased to over 1 million for the first time since the implementation of the Affordable Care Act in 2014.



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Child development experts are concerned about increasing rates of lacking health insurance for young children, emphasizing the importance of health care in the first years of life.

The earliest years of life are the foundation to the developing brain, cardiovascular, immune and metabolic systems. Medical interventions to correct issues are the most likely to succeed when the patient is a young age.

Researchers at Georgetown University's Center for Children and Families recently discovered the falling rates of insurance for the youngest children in the United States during an analysis of census data.

"Those years set up the trajectory for health into adulthood," indicated Dr. Olanrewaju Falusi, an assistant director at the Children's National Hospital in Washington, D.C., and a spokeswoman for the American Academy of Pediatrics. "This is very alarming to me, to say that young children are becoming uninsured at a higher rate."

According to the American Academy of Pediatrics, children should see a physician at least 14 times prior to age 6 for screening tests for speech, hearing and vision, and screening for genetic disorders or trauma and toxic exposure.

The U.S. Centers for Disease Control and Prevention recommends that children under 6 receive core vaccinations for hepatitis A and B, diphtheria, whooping cough, polio, chicken pox, and measles, mumps and rubella. ^[FN12]

Bill Would Make CHIP Permanent Program

A pending bill written by a bipartisan group of legislators would make the Children's Health Insurance Program (CHIP) permanent.

The bill has received support from pediatricians, advocates, and others throughout the United States.

The Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act (H.R.6151), introduced by Reps. Abby Finkenauer (D-IA) and Vern Buchanan (R-FL), would continue the program indefinitely. It is currently the only federal health insurance program that expires and faces funding cliffs, offsets and re-authorization votes.

CHIP provides access to health insurance to 10 million children.

'CHIP is a bipartisan success story that has, since its inception more than two decades ago, dramatically cut the uninsured rate for children,' said Bruce Lesley, president of First Focus Campaign for Children. 'Paradoxically, it is also the only federal health insurance program that is regularly used as a bargaining chip on Capitol Hill. During these times more than ever, children and their families must be able to trust that their health care coverage will be there for them and will be affordable, accessible and meet their needs. We are thrilled that Representatives Finkenauer and Buchanan have tackled this long-standing issue and we fully support this bipartisan bill to protect the health coverage of children by making CHIP permanent.'

In 1997, fifteen percent of children in the United States lacked health insurance coverage. A bipartisan coalition in Congress created CHIP to address the number of uninsured children. Families can qualify for coverage through the program if they earn too much to qualify for Medicaid but not enough to pay for private health insurance coverage.

By 2016, 95% of children in the United States had health insurance coverage.

The program continues as temporary, requiring an act of Congress every few years for funding. Reauthorization deadlines for the program were missed most recently in 2016 and 2017. The future of the program was uncertain prior to funding renewals.

Disruptions to funding in the program has led to worry for families who depend on it for health insurance coverage. Funding disruptions have also forced state administrators to suspend program outreach and enrollment at times.

In 2017, lawmakers could not agree on reauthorizing the program until 132 days after the funding deadline.

The percentage of uninsured children in the United States increased for the first time in two decades after the delay of funding reauthorization for CHIP. The percent of children without insurance increased to 5.5 percent in 2018.

All other federal health insurance programs, including Medicare, Medicaid, the VA, TRICARE and FEHBP are continuously funded without offsets.

CHIP is a widely praised program. According to a 2017 poll by the Kaiser Family Foundation, 88% of American voters were in favor of reauthorizing the program. ^[FN13]

HHS Grants Waivers for National Emergency

The Secretary of Health and Human Services (HHS) has issued waivers for requirements of several healthcare programs, including the Children's Health Insurance Program (CHIP) due to the national emergency of the COVID-19 pandemic.

Certain requirements of the Medicare and Medicaid program were also waived.

The waived requirements relate to the Stark Self-Referral Law ("Stark"), the HIPAA privacy regulations and the Emergency Medical Treatment and Labor Act (EMTALA).

The waivers were authorized on March 13 under Section 1135(b) of the Social Security Act. The law allows waivers during a national emergency and a public health emergency.



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According to Secretary Alex Azar, the provisions were waived “only to the extent necessary, as determined by the Centers for Medicare & Medicaid Services, to ensure that sufficient health care items and services are available to meet the needs of individuals in the Medicare, Medicaid and CHIP programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of these requirements as a result of the consequences of the [COVID-19] pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.”

Some of the waivers have a blanket effect. Other waivers will be considered case-by-case.

Case-by-case waivers include Stark, HIPAA and EMTALA waivers, to be utilized “under such conditions and in such circumstances as the Centers for Medicare & Medicaid Services determines appropriate.”

Waivers of EMTALA or HIPAA requirements are appropriate only if they do not discriminate based on a patient's source of payment or ability to pay.

The waivers will be retroactively effective to March 1 throughout the United States. They will end at least by the ending of the emergency period. Each waiver or modification will expire 60 days from the date it is first published, unless extended.

HIPAA waivers will be limited to 72-hour periods beginning at the implementation of a hospital disaster protocol. Waivers of EMTALA requirements for emergencies that involve the pandemic disease will continue until the end of the public health emergency.

The State Survey Agency will grant the case-by-case waivers via email or phone. Waivers requests require “information on your facility and justification for requesting the waiver” before “CMS will review and validate the 1135 waiver requests utilizing a cross-regional Waiver Validation Team.” [FN14]

Report: Decrease in Coverage of Latino Children

The Georgetown University Center for Children and Families and UnidosUS released a report showing that the differences in coverage are increasing for Latino children and non-Latino children for the first time in ten years.

Medical experts indicated that the decrease in coverage will negatively affect families with Latino children throughout the United States. Researchers found that, in 2018, 1.6 million uninsured Latino children lived in the United States. Latino children were two times as likely to lack health insurance coverage as non-Latino children.

The disproportionate access to health insurance affects Latino children throughout the nation. Twenty-five percent of children in the United States are Latino. Forty percent of children without insurance coverage in the United States are Latino. Researchers indicated that over 60% of the decrease in coverage was due to decreases in two states, Georgia and Texas.

In Tennessee, the number of Latino children without insurance increased by 4% from 2016 to 2018. In Alabama, the rate increased by 25%. In Georgia, it increased by 32%. In those three states, Latino children are 2.5 times more likely to lack health insurance coverage than other children.

According to Dr. Kelly Rodney Arnold, founder and medical director at Clinica Medicos in Chattanooga, lack of insurance causes families to hesitate to seek medical care.

‘We talk about illnesses that with immediate attention could be pretty easily taken care of that then turn into graver illnesses that consume more resources at a higher cost to the patient,’ Arnold stated. ‘It’s unmet needs, whether that’s vaccines or that’s a screening, that turn into a larger public health issue.’

Higher rates of uninsured Latino children are more likely in states that chose not to expand Medicaid. Southeast states Tennessee, Georgia, and Alabama did not expand Medicaid.

Researchers pointed to cuts in Medicaid and the Children's Health Insurance Program (CHIP) as factors behind the increased rate of uninsured Latino children. Another factor is fear of the government in immigrant communities due to the Trump administration's targeting of undocumented individuals. Over half of Latino children in the United States live in households where one parent is not a citizen. Those households are less likely to provide information to the government and less likely to sign up for government-sponsored health insurance coverage even when they are eligible.

The U.S. Department of Homeland Security's “public charge” test became more stringent in 2019. Researchers noted that people are hesitant to enroll in government-sponsored health insurance programs due to concern over the potential negative effect on their visa applications. Children are excluded from the “public charge” test. Even so, it appears to have a chilling effect on CHIP enrollment for certain populations.

Social services agencies and other local advocacy groups work with families to raise awareness about programs like CHIP. One agency is La Paz Chattanooga in Tennessee.

According to Lily Sanchez, communications coordinator for La Paz Chattanooga, ‘Oftentimes our families will come in seeking assistance with medical bills and they won't know that they qualify or that their children qualify for certain programs.’

Applications for CHIP can be complicated, resulting in a loss of coverage if they are not completed correctly. [FN15]



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Federal Government Allows State Plan Amendments for CHIP

The Centers for Medicare & Medicaid Services announced that states could submit State Plan Amendments (SPAs) for the Children's Health Insurance Program (CHIP) to obtain disaster relief for the coronavirus pandemic.

The SPAs will allow for temporary adjustments to enrollment and redetermination policies. The SPAs are permitted during disaster events.

The SPAs permit states to address changes in cost sharing requirements for children in families living or working in governor declared disaster areas or FEMA declared disaster areas.

States are required to notify CMS that they intend to provide temporary adjustments to enrollment or redetermination policies and cost sharing requirements. They should indicate the effective date and the duration of the requested adjustments as well as the disaster areas as declared by a governor or FEMA. ^[FN16]

In the application for SPAs, states must describe the methods of establishing and continuing eligibility and enrollment for the program. Descriptions must be specific and "address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations and the process for enrollment of individuals receiving covered services."

States will have discretion to allow additional time for beneficiaries living and working in governor or FEMA declared disaster areas to complete the process of renewing enrollment in CHIP.

States will also be allowed to choose to waive premium balances for applicants living or working in governor or FEMA declared disaster areas at the time of the disaster event.

In addition, states will be able to waive premiums for CHIP applicants or beneficiaries who meet income requirements. States will be allowed to impose additional eligibility requirements for premium waivers. ^[FN17]

Pennsylvania Bolsters CHIP Enrollment

The Pennsylvania Department of Human Services (DHS) announced temporary changes to the Pennsylvania Children's Health Insurance Program (CHIP) to assist families in remaining enrolled in the program during the COVID-19 public health emergency.

The changes were intended to ease access to medical services for children needing testing or treatment for COVID-19.

According to DHS Secretary Teresa Miller, "COVID-19 has created economic challenges for families across Pennsylvania, and we want to be sure that families are able to keep health care coverage to protect themselves and their children during this time. These changes are designed to ease access to CHIP and to keep families enrolled in health insurance during the COVID-19 pandemic."

The agency made the following changes to CHIP for the remainder of the public health emergency:

- Families will not be denied or disenrolled from coverage for administrative or financial reasons. An example of an administrative reason is not being able to provide proof of income.
- Families will not pay a copay for services that are for COVID-19 screening, testing or treatment.
- Families who cannot provide paperwork to verify information on an application or renewal, can provide self-attestation of information by signing the application or renewal.
- Families will be given more time to pay premiums, if needed.

Families will still be required to provide verification of information on the application to enroll in CHIP coverage. They will still have to pay copays for healthcare not related to treatment or testing of COVID-19. Families will have to continue to pay applicable premiums for CHIP coverage.

Testing and treatment for COVID-19 will be fully covered under the program.

Families experiencing a decrease or loss of income leading to an inability to pay premiums can contact their managed care organization to request a reassessment of the amount of premium due.

The Wolf Administration previously announced that CHIP and Medicaid would continue to be available to families and individuals meeting eligibility requirements. ^[FN18]

"At this critical moment, I want Pennsylvanians to know that we are doing everything we can to connect families and individuals who are struggling economically with the programs that, in many cases, they have been supporting with their labor and tax dollars for years," DHS Sec. Teresa Miller said. ^[FN19]

Connecticut CHIP Covers COVID-19 Testing, Treatment

The Connecticut Children's Health Insurance Program, administered by Connecticut HUSKY Health, announced that coverage would extend to the testing and treatment of COVID-19 due to the pandemic.

The program is also suspending timeframes for renewal of Medicaid/HUSKY Health in response to the health emergency.



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Medical benefits that were scheduled to end in March 2020 will be automatically continued through June 2020. Medical benefits that were scheduled to end in April 2020 will be automatically continued through the month of July 2020.

There will be a suspension of co-payments in HUSKY B, the CHIP arm of the program. Providers will receive full reimbursement amounts from the Department of Social Services for services subject to the copayment.

Only copayments are affected by this change, not other types of cost sharing under HUSKY B, including monthly premiums and co-insurance and allowances for dental services.

Medication filling will be extended for up to 90 days for non-maintenance and maintenance medications for Medicaid and HUSKY Health beneficiaries. Controlled substances are not included.

Early refill for prescriptions will be allowed when individuals have used 80% of prescriptions, as opposed to 93%.

HUSKY beneficiaries will be able to access telemedicine in medical and behavioral health.

Medical and behavioral health services from health care providers will be available via audio-only telephone and videoconferencing.

Uninsured Connecticut residents are eligible to apply for HUSKY Health coverage throughout the year.

Applications are available through the Department of Social Services for HUSKY Health coverage, including both Medicaid and Children's Health Insurance Program. ^[FN20]

CMS Releases Telehealth Toolkit for CHIP

The Centers for Medicare & Medicaid Services (CMS) released a toolkit to assist states in adopting the broader telehealth coverage policies for the Children's Health Insurance Program (CHIP) and Medicaid in effect during the COVID-19 pandemic.

The agency released the tool as part of its efforts to provide states with guidance for Medicaid and CHIP during the public health emergency.

According to CMS, "Ensuring that patients can safely receive the care they need at home minimizes travel to healthcare facilities and supports efforts to limit community spread of the virus. Under President Trump's leadership, CMS has taken numerous steps to ensure that Americans can access the health care services they need through electronic and virtual means."

The agency pointed to the expansion of telehealth for Medicare and indicated that CMS is building on those actions to provide a toolkit for states to improve telehealth for CHIP and Medicaid.

State governments work with the federal government to administer Medicaid and CHIP. Thirty-five million children access health insurance through Medicaid and CHIP.

The toolkit includes information that will assist states in identifying policies that might hinder the implementation of telehealth in the programs. Coverage and payment policies must follow general federal rules but can vary by state.

Telehealth rules for Medicaid are flexible for the states. States may use a variety of methods of communication, including telephonic, video technology commonly available on smart phones and other devices.

"While not all patient interactions can be delivered through telehealth, our clinicians on the frontlines need every tool in their arsenal to fight this invisible enemy," said CMS Administrator Seema Verma. "I'm urging states to use this toolkit to make sure our Medicaid patients, particularly our children, can continue to receive needed care from the safety of their homes."

According to the CMS press release, the toolkit contains information regarding the following areas:

-Patient populations eligible for telehealth: Federal rules allow Medicaid services to be delivered via telehealth across all populations. The toolkit will help states identify restrictions on telehealth eligibility, like only allowing coverage for beneficiaries who live in rural areas.

-Coverage and reimbursement policies: While telehealth may not be appropriate for all services, states should review services even if they have not traditionally been delivered in such a manner. For example, some states may have only allowed behavioral health services to be delivered through telehealth. Medicaid reimbursement rates also need to be adequate to facilitate care delivered through telehealth. Not all states have provided reimbursement parity with face to face encounters.

-Providers and practitioners eligible to provide telehealth: The toolkit will help states to evaluate whether state practice acts or regulations limit the ability for certain providers to deliver services through telehealth.

-Technology requirements: The dominant form of telehealth is generally thought of as two-way audio/visual communication, or a video chat. However, telehealth is much broader than this since other forms have always existed alongside what some people consider standard telehealth, such as remote patient monitoring, etc.

-Pediatric considerations: Given the importance of Medicaid and CHIP to the pediatric population, the toolkit includes a special focus on this group. For example, states should consider state consent and privacy laws in the development of telehealth coverage policies for children.



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In addition, the toolkit answers a list of frequently asked questions (FAQs). It lists resources for states expanding coverage for telehealth services. ^[FN21]

CMS Releases FAQ for State Medicaid and CHIP Agencies

The Centers for Medicare & Medicaid Services (CMS) released a COVID-19 Frequently Asked Questions (FAQ) document for state Medicaid and Children's Health Insurance Program (CHIP) agencies.

The document covers a wide variety of topics relating to COVID-19 and CHIP. It points to the previously released Disaster Preparedness Toolkit as a resource for states dealing with the pandemic. "The toolkit outlines numerous strategies available to support Medicaid and CHIP operations and enrollees in times of crisis, and serves as a comprehensive disaster preparedness resource."

The document also addresses emergency waivers for states to allow changes such as creating a hotline, increasing the number of individuals served, creating an emergency service plan, expanding provider qualifications, increasing the pool of providers, expanding self-direction, and permitting provider payments for short-term hospital or institutional stays.

The emergency waivers also give states the opportunity to:

- temporarily increase eligibility cost limits
- modify service, scope, or coverage requirements
- exceed service limitations
- add services
- provide services in out-of-state settings
- permit payments for services provided by family caregivers. ^[FN22]

Pending Legislation to Support CHIP

Two U.S. Representatives from Pennsylvania introduced bipartisan legislation that would increase support for the Children's Health Insurance Program for states during the COVID-19 pandemic.

Representatives Brian Fitzpatrick (PA-01) and Susan Wild (PA-07) sponsored the bill, the Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act in early May 2020.

The economic conditions brought on by the pandemic have led to increased enrollment in the Children's Health Insurance Program (CHIP). Federal funding for the program is currently scheduled to be reduced in October.

"The CHIPPER Act will help provide much-needed coverage for the duration of the COVID-19 pandemic," Fitzpatrick said. "So many families and children depend on CHIP for critical medical care. Our children are our future, and we must make sure that they have access to the care they need during this pandemic and its aftermath."

"As this pandemic continues to inflict a level of stress and uncertainty on our nation's families that is unparalleled in modern times, ensuring access to comprehensive health insurance for children is of the utmost importance," Wild said. "We have to take commonsense steps to protect America's families for the duration of this pandemic ? and we can start by ensuring our children have access to the health care they need and deserve. I'm proud of this legislation which makes good on our promise to keep putting America's families first."

"As Pennsylvania and the nation navigate a public health emergency and the accompanying economic uncertainty, availability of reliable, affordable health coverage is more important than ever," said Pennsylvania Governor Tom Wolf. "Continuing current levels of federal support for the Children's Health Insurance Program (CHIP) will allow Pennsylvania and other states to uphold CHIP as an option for Pennsylvania families so we do not see a growth in children going uninsured and without care necessary to help them lead healthy lives. I am grateful to Representative Wild and Representative Fitzpatrick for advocating for families who rely on CHIP and preserving this option for families around the nation."

Congress increased funding for CHIP by 11.5 percent in 2018 through the CHIP Federal Medical Assistance Percentage (FMAP). At the end of this fiscal year, the additional funding will expire without legislative action.

The public health emergency has increased the need for CHIP in all states. Additional federal support for the program is scheduled to expire at a time when states are struggling financially due to the public health emergency and the demand for CHIP has grown.

Under the CHIPPER Act, the federal government would continue financial support of CHIP through the program's FMAP consistent with Medicaid FMAP standards under the Families First Coronavirus Response Act.

By supporting and strengthening CHIP's FMAP for states, the bill would help children access comprehensive health insurance coverage. Coverage includes vaccines and mental health services.

Co-sponsors of the bill included eight members of the Pennsylvania delegation. PA CHIP and the Children's Hospital of Philadelphia endorsed the legislation. ^[FN23]



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Texas Governor Cuts Budgets for State Agencies, Spares CHIP

Texas Governor Greg Abbott, Lt. Gov. Dan Patrick, and Texas House Speaker Dennis Bonnen wrote a letter to state agencies directing them to cut their budgets by five percent due to the COVID-19 pandemic and related economic downturn. Some programs were spared the budget cut, including the Children's Health Insurance Program (CHIP).

The Texas leaders wrote, "Know that we are committed to prioritizing the public health of our state. As you have no doubt seen, there is significant economic uncertainty not only in this state but across the country and around the world."

They indicated that the full extent of the economic damage due to the COVID-19 pandemic are uncertain, as are its effect on state finances. They decided to cut budgets for state agencies in anticipation of the financial impact to the state.

"To prepare for this economic shock," they wrote, "we must take action today to ensure that the state can continue providing the essential government services that Texans expect."

The leaders called the budget cuts "prudent fiscal management efforts."

They excluded several agencies and services from the five percent reduction, including the following health services and programs:

- Appropriations to the Texas Division of Emergency Management, the Texas Department of State Health Services, and the Texas Department of Public Safety;
- Benefits and eligibility levels in Medicaid programs, the Children's Health Insurance Program,
- funding for behavioral health service programs;
- Appropriations for Correctional Managed Health Care at the Texas Department of Criminal Justice;
- Appropriations to Health Related Institutions and Community Colleges.

The leaders indicated, "Furthermore, when the state revenue picture becomes clearer in the coming months, it may become necessary to make additional budget adjustments.

Though state leaders will make difficult decisions in the future, please know that we will not impede your agency's response to the coronavirus threat or take actions that will harm the public health of this state." [FN24]

SCHIP

CHIPPER Act Introduced in Senate

Senator Bob Casey (D-PA) introduced legislation in the Senate that would improve funding for the Children's Health Insurance Program.

The Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act is companion legislation to a bill introduced in the House of Representatives. Representatives Susan Wild (D-PA-7) and Brian Fitzpatrick (R-PA-1) introduced the legislation.

The bill would extend enhanced federal funding for CHIP for an extra year for states that take steps to strengthen their CHIP programs.

The legislation was created to help the program during the COVID-19 pandemic.

"CHIP is an essential lifeline for millions of families across the Nation and it's critical that we ensure sustained support for those families," said Senator Casey. "During this pandemic, it is especially important that CHIP funding is bolstered and that the program is responsive to increased need. CHIP provides health insurance to roughly 270,000 children throughout Pennsylvania each year ? we need to guarantee that the program continues to support them during these challenging times."

If Congress does not act, federal reimbursement to states for CHIP will decrease by 11.5 percent on October 1, decreasing aid to states to a health insurance program for children during a global pandemic.

The legislation would extend current levels of funding for CHIP to states that proactively maintain and expand children's health insurance coverage. The bill would reward states for eliminating waiting periods for CHIP enrollment and actively re-enrolling children removed from coverage. [FN25]

New Office to Help Reduce Burden for CHIP Providers

The Centers for Medicare & Medicaid Services (CMS) recently announced the creation of the Office of Burden Reduction and Health Informatics to help reduce the regulatory and administrative burden for providers serving beneficiaries of CHIP and other government healthcare programs.

The new office grew out of the agency's Patients over Paperwork (PoP) Initiative, created to implement the Trump administration's order to "Cut the Red Tape" and eliminate requirements and regulations that are duplicative, unnecessary, and excessively costly.

"The Office of Burden Reduction and Health Informatics will ensure the agency's commitment to reduce administrative costs and enact meaningful and lasting change in our nation's health care system," said CMS Administrator Seema Verma. "Specifically, the work of this



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new office will be targeted to help reduce unnecessary burden, increase efficiencies, continue administrative simplification, increase the use of health informatics, and improve the beneficiary experience.”

The focus of the new office will be on decreasing the hours and costs clinicians and providers incur for compliance related to serving Medicare, Medicaid, Children's Health Insurance Program and the Health Insurance Marketplace beneficiaries.

According to CMS, “It will take a proactive approach to reducing burden, carefully considering the impact of new regulations on health care system operations. The new office will also increase the number of clinicians, providers, and health plans the Agency engages, to ensure that CMS has a better understanding of how various regulatory burdens impact healthcare delivery.”

CMS emphasized the importance of stakeholder feedback for the process of lessening provider and clinician burdens.

The office will target outdated regulations that impede innovation to improve the delivery of healthcare. ^[FN26]

CHIP Providers Eligible for Targeted Distribution Fund

CHIP and Medicaid providers are eligible to apply for funding from the U.S. Department of Health and Human Services' Enhanced Provider Relief Fund Payment Portal.

The deadline for applications is July 20.

The American Dental Association is urging its eligible members to apply for the funds. The U.S. Department of Health and Human Services (HHS) has also indicated that “dentists should apply for a Provider Relief Fund payment in the first Targeted Distribution in which they are eligible.”

HHS noted that it “has not determined the methodology for the dental allocation at this time, but will share additional information in the future.”

The payment to each provider under the relief fund program will be at least 2% of gross revenue from patient care. Final amounts will be determined based on data submitted, such as the number of Medicaid patients served.

Eligible applicants must meet these requirements:

- Must not have received payment from the \$50 billion General Distribution. This includes providers who have billed Medicare on a fee-for-service basis [Parts A or B] in 2019.
- Must have directly billed Medicaid for health care-related services during the period of Jan. 1, 2018, to Dec. 31, 2019, or own an included subsidiary that has billed Medicaid for health care-related services during the period of Jan. 1, 2018 to Dec. 31, 2019.
- Must either have filed a federal income tax return for fiscal years 2017, 2018 or 2019 or be an entity exempt from the federal income tax return filing requirement and have no beneficial owner who is required to file a federal income tax return (e.g. a state-owned hospital or health care clinic).
- Must have provided patient care after Jan. 31, 2020.
- Must not have permanently ceased providing patient care directly, or indirectly through included subsidiaries.
- Must have gross receipts or sales from providing patient care reported on Form 1040, Schedule C, Line 1, excluding income reported on a W-2 as a (statutory) employee if the applicant is filing as an individual.

Congress provided for the Provider Relief Fund under the CARES Act. \$175 billion in relief funds were reserved for health care providers, especially providers affected by the COVID-19 pandemic. ^[FN27]

GA: CHIP Enrollment Increases During Pandemic

In Georgia, enrollment in both Medicaid and PeachCare, the state's Children's Health Insurance Program, have increased during the COVID-19 pandemic.

Enrollment figures from June showed increases in Medicaid enrollment by 23,000 Georgia residents. PeachCare saw increases of almost 14,000.

The increases have been steady for both programs.

The economic downturn during the COVID-19 health emergency and the accompanying unemployment increases have led to a greater loss of employer-sponsored health insurance plans. People in Georgia have been turning to government health insurance programs like PeachCare for coverage.

Almost 2 million residents of Georgia are enrolled in Medicaid and PeachCare. Most of the beneficiaries are children.

The state expects the increased enrollment in the program will affect the budget.

Earlier in the year, the federal government legislated a temporary 6.3 percent increase in federal matching funds for Medicaid in response to the pandemic. That increase initially helped states with the cost of increased enrollment.



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States were required to keep eligibility standards the same for the program to access the additional funding. The funding and the eligibility protections will continue until the end of the emergency declaration. ^[FN28]

Telehealth Study Legislation Introduced

Legislation was recently introduced in the Senate aimed at researching the effects of telehealth in government health insurance programs including the Children's Health Insurance Program (CHIP).

U.S. Senator Deb Fischer (R-Neb.) and Senator Jacky Rosen (D-Nev.) introduced the bipartisan KEEP Telehealth Options Act. The measure would require the federal government to study the actions that expanded access to telehealth services during the COVID-19 pandemic and to report on potential improvements for telehealth services.

"Expanded telehealth services have allowed millions of Americans to access the medical care they need during this pandemic, especially those in rural communities. As a strong advocate for telehealth, I am proud to introduce this bipartisan, common-sense legislation. It would provide valuable information that is needed to determine how we can improve these services to save lives," said Senator Fischer, a member of the Senate Commerce Committee.

"The coronavirus pandemic has highlighted the need and demand for reliable and accessible telehealth services. Unfortunately, there are still too many communities across the nation ? including in Nevada ? where telehealth is difficult to access. This bipartisan legislation will help expand and improve telehealth services, and increase the number of Nevadans that will have the opportunity to utilize this technology to protect their health and well-being," said Senator Rosen.

If passed, the legislation would require the Secretary of Health and Human Services to study the expansion of access to telehealth services during the COVID-19 pandemic for beneficiaries of Medicare, Medicaid, and CHIP.

Under the measure, the Government Accountability Office (GAO) would have to report to Congress regarding the effectiveness, management, and failures of the expansion of telehealth services.

"These studies could then be used by Congress to support and inform long-term flexibilities for telehealth," indicated Senator Fischer. Senator Fischer has been a longtime advocate of the expansion of telehealth services for Nebraska residents. She encouraged Federal Communications Commissioner Brendan Carr to address the need for improved access to broadband in rural areas to support telehealth initiatives.

Subsequently, the FCC announced a new program for telehealth, "Connected Care Pilot Program," aimed at increasing access to health technology for Nebraska residents.

Reps. Troy Balderson (R-Ohio) and Cindy Axne (D-Iowa) introduced companion legislation to the Senate bill in the House. ^[FN29]

Regulatory Changes to Non-Financial General Eligibility Requirements

The Trump administration released changes to a regulation loosening the requirements for proof of non-financial general eligibility requirements for Medicaid and the Children's Health Insurance Program (CHIP) in response to the COVID-19 pandemic.

The changes read, "During the novel Coronavirus Disease (COVID-19) federal declaration of emergency the state will temporarily waive verification rules related to age/date of birth, receipt of other coverage, Social Security Number, application for other benefits, and whether the applicant has access to employer-sponsored insurance. The State will accept self-attestation, as applicable, for these eligibility requirements."

Under the changes, attestation will be permitted through electronic or written signature that the statements the applicant made were true. For purposes of enrolling children in CHIP, an adult in the applicant's household or family can act as the authorized representative of the child.

The changes are considered an active emergency rule. ^[FN30]

CHIP Providers Eligible for Relief

The Department of Health and Human Services announced that it would extend the deadline to apply for financial relief for healthcare providers impacted by the COVID-19 pandemic, including providers serving the Children's Health Insurance program (CHIP).

The deadline extension for the Phase 2 general distribution applies to Medicaid, Medicaid managed care, Children's Health Insurance Program (CHIP) and dental providers.

The new deadline will be August 28.

'From the start, HHS's administration of the Provider Relief Fund has been focused on distributing funding in a way that is fast, fair and transparent,' said HHS Secretary Alex Azar. 'Extending the deadline for Medicaid providers and giving certain Medicare providers another shot at funding is another example of our work with providers to ensure as many as possible receive the support they need.'

HHS announced the opening of Phase 2 of the General Distribution in June. The fund will allocate \$15 billion to health care providers.

Eligible health care providers can receive up to 2 percent of reported revenue from patient care.



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HHS extended the deadline to reach providers participating in state Medicaid and CHIP programs that did not receive funding during the Phase 1 Medicare General distribution and dental providers.

HHS posted resources for providers and held webinars to educate provider organizations about the process for obtaining funds.

According to HHS, "HHS continues to keep an open line of communication with provider organizations, congressional, state and local leaders, in a collective effort to get the word out about this program, and HHS has learned that a second extension would be beneficial to those providers."

With regard to the August 28 extension, the agency indicated that it "is hopeful it has struck the right balance in terms of providing as much flexibility as possible, recognizing the constraints on smaller practices already operating on thin margins with limited administrative staff. HHS will also soon be providing a more simplified application form in response to ongoing dialogue focused on improving the provider experience."

The extension is a second chance for Medicare providers who missed out on the Phase 1 funding for Medicare General Distribution. In order to distribute funds as quickly as possible to providers facing financial hardship due to the suspension of regular operations because of the COVID-19 pandemic, HHS used the Centers for Medicare and Medicaid Services (CMS) payment information.

CMS distributed \$30 billion directly to Medicare providers in proportion to their share of the 2019 Medicare fee-for-service reimbursements during Phase 1. Providers received financial relief in the amount of 2 percent of their annual revenues.

Providers who did not submit comprehensive cost reports with CMS were required to submit revenue information to a portal to receive the balance of the 2 percent payment during the General Distribution phase.

Some CHIP, Medicaid, and dental providers with low Medicare revenues missed the deadline to apply for these funds. HHS allowed these providers a second chance at obtaining these funds, "in its principle of ensuring fairness in the administration of the Provider Relief Fund program."^[FN31]

CHIP Expected to Become Increasingly Important in Health Care for Children

Experts are predicting that the Children's Health Insurance Program (CHIP) will become increasingly important in allowing children to access health insurance coverage during the COVID-19 pandemic and in the future.

According to authors Doug Strane, Rebecka Rosenquist, and David Rubin in their recent article for *Health Affairs*, "As parents are laid off, tens of millions of families suddenly find themselves without employer-sponsored insurance (ESI) coverage and having to navigate their options in public programs or the individual market?or go uninsured. Of particular concern are those who worked low-wage jobs that likely have the fewest resources to prepare for this economic uncertainty."

They argued that employer sponsored insurance has been losing value for working families for years. ESI coverage have become less affordable, leading to lower coverage of children. ESI has declined for children, while coverage under Medicaid and CHIP has increased.

The authors indicated, "This shift toward public coverage likely reflects that some employers have stopped offering dependent coverage, and, when they do, deductibles or employee out-of-pocket costs have eclipsed many families' ability to afford their children's health care."

In 2019, ESI covered almost fifty percent of children in the United States. Due to the COVID-19 pandemic and associated economic drop, the number of children without ESI has significantly increased.

The authors wrote, "Medicaid and CHIP will be tasked with filling a coverage gap to prevent a national crisis of pediatric uninsurance. There is an urgent need for strategies to fortify our public insurance systems to handle the influx of enrollees and to ensure that the individuals in these programs have access to the care that they need."

The authors credited Medicaid and CHIP with keeping the uninsured rate for children prior to the pandemic at record low numbers. In 2016, fewer than 5 percent of US children were uninsured.

In the ten years following 2008, the rate of children with health insurance coverage through Medicaid or CHIP increased from 27 percent to 38 percent. This coverage is often more comprehensive and includes fewer out-of-pocket costs than insurance available through employers.^[FN32]

COVID-19 Pandemic Led to Significant Decrease in Children Receiving Basic Healthcare

The Centers for Medicare & Medicaid Services (CMS) announced that since the beginning of the COVID-19 public health emergency, rates of receiving basic healthcare have dropped significantly for children covered under Medicaid and the Children's Health Insurance Program (CHIP) throughout the United States.

Data from Medicaid and CHIP showed that rates for vaccinations, primary, and preventive services have dramatically declined during the COVID-19 health emergency.



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According to CMS, “This decline may have significant impacts on long-term health outcomes for children, as Medicaid and CHIP cover nearly 40 million children, including three quarters of children living in poverty and many with special health care needs that require health services.”

CMS also pointed to school closures due to COVID-19 as a cause of potential delays in children receiving key medical services including health screenings and vaccinations. Some children are also likely to miss out on speech therapy, physical therapy, and occupational therapy.

CMS released the preliminary data to bring attention to the issue of children missing out on vital health services and called on stakeholders to make those services more readily available to help to close the healthcare gap.

CMS noted that “preventative and routine healthcare is crucial to ensuring that children stay healthy.”

An analysis of the data showed a significant decline in critical healthcare services for children between March and May when compared to the same months in 2019. Child beneficiaries of Medicaid and CHIP received 22 percent fewer (1.7 million) vaccinations up to age 2, 44 percent fewer (3.2 million) child physical and cognitive screening services, and 69 percent fewer (7.6 million) dental services.

Due to the data lag between the time services occurred, the analysis focused on services provided through May 2020. CMS expressed concern over the “precipitous decline in services.”

The agency called for action from state and local agencies, providers, schools and other key stakeholders.

“As a mother, I have witnessed first-hand how important early and regular access to screening and medical care is for children’s development,” indicated CMS Administrator Seema Verma. “The absence of these vital health care services may have lifelong consequences for these vulnerable children, and I call on states, pediatric providers, families, and schools to ensure children catch-up on overdue medical, behavioral health and dental appointments as well as childhood immunizations.”

CMS asserted that it has worked with states to give Medicaid and CHIP needed flexibility to continue meeting medical needs during the COVID-19 pandemic. It has approved over 500 state requests for waivers, state plan amendments, and other requests due to COVID-19 issues.

CMS has asked states to incorporate telehealth options into Medicaid and CHIP to increase access to care for beneficiaries. Data showed that telehealth delivery for children increased significantly, but not enough to cover the decline in care. Some services, such as vaccines, cannot be delivered through telehealth, and are contributing to the gap in children’s healthcare.

Nationwide, the vaccination rates are increasing. However, the total number of vaccines administered this year have not reached the number of vaccines administered by the same time last year. ^[FN33]

New Delaware ACOs to Service CHIP Providers, Medicaid

The Delaware Department of Health and Social Services’ Division of Medicaid and Medical Assistance announced that it will allow four healthcare provider groups to serve as Medicaid Accountable Care Organizations (ACOs) for Medicaid and CHIP.

The state allowed the ACOs to improve the quality of healthcare and reduce costs while improving health outcomes for Medicaid and CHIP beneficiaries.

The ACOs include:

- Aledade Delaware ACO
- Delaware Care Collaboration, a partnership between Saint Francis Healthcare and the Medical Society of Delaware
- Delaware Children’s Health Network, affiliated with Nemours Children’s Health System
- Delaware Medicaid Quality Partners ACO, affiliated with ChristianaCare

The ACOs will negotiate and enter into direct agreements with Delaware’s two Medicaid managed care organizations (MCOs). The MCOs provide for the delivery of benefits and services.

The contracts are likely to begin July 1, 2021 and continue through December 31, 2024.

Delaware’s Medicaid ACO program requires that contracts between the ACOs and MCOs have at least 5,000 Medicaid and/or Children’s Health Insurance Program (CHIP) participants.

Enrollees must voluntarily decide to participate in the ACO through their primary care provider or managed care organization.

“The Medicaid ACO program advances our efforts to move Delaware’s health care system toward a model that is sustainable and that meets the ongoing needs of the patients we serve,” stated DHSS Secretary Molly Magarik. “The program’s value-based purchasing model is a pillar of our work to change how health care is delivered and paid for in Delaware, with the goal of reducing the cost of health care in the state while improving the overall health of our clients.” ^[FN34]

Wyoming Department of Health Takes Over Administration of CHIP



The Wyoming Department of Health (WDH) announced that it anticipates a smooth transition for healthcare providers and beneficiaries of the Wyoming Children's Health Insurance Program, Kid Care CHIP, when the agency assumes direct administration of the program.

The department will utilize the procedures it already uses to manage Wyoming Medicaid to manage Kid Care CHIP operations.

Over 3,300 Wyoming children currently receive access to health insurance coverage through the program. Both state and federal funds support the program.

"Overall we expect a smooth transition for both our Kid Care CHIP providers and for the program's clients," said Teri Green, Division of Healthcare Financing senior administrator with WDH.

"While most Kid Care CHIP healthcare providers are also providers under Wyoming Medicaid, any provider who is not currently enrolled with our Medicaid program needs to do so as soon as possible," Green said. "This will allow them to continue serving their Kid Care CHIP clients without a concern regarding payment issues."

Changes to the program will affect providers. They will receive different reimbursement rates and will have to follow different billing practices than previously used for Kid Care CHIP. The billing and rates will match Wyoming Medicaid.

Current beneficiaries of Kid Care CHIP have already received new program cards. They do not need to take any action to continue coverage.

"Our clients should also notice lower copays and more covered services over time," Green said.

The change in the administration of the program is expected to reduce the overall cost of the program.

Prior to the change, WDH hired a private insurance company to administer the program for years. The agency distributed a request for program proposals earlier in 2020. No private insurance or managed care companies responded.

The contract for the existing vendor expired, leading to the administration change.

CHIP provides access to low-cost health insurance to children in families earning too much to qualify for coverage under Medicaid and less than 200 percent of the Federal Poverty Level. ^[FN35]

Legislation Pending to Increase Children's Access to Telehealth

Congresswoman Lisa Blunt Rochester (D-Del.) and Congressman Michael C. Burgess, M.D. (R-Texas), introduced a bill that would provide guidance and strategies to states to increase access to telehealth for both the Medicaid program and Children's Health Insurance Program (CHIP).

The Telehealth Improvement for Kids' Essential Services (TIKES) Act of 2020 would also review the impact of telehealth on patient health and encourage improved collaboration.

"The COVID-19 pandemic has allowed for us to make rapid progress on expanding access to telehealth so children and families across the country, especially those in rural and underserved communities, face fewer barriers to accessing medical care," said Rep. Blunt Rochester. "With the introduction of the TIKES Act, we can continue that progress by bringing better alignment and clarity to Medicaid telehealth policies, as well as provide guidance to state Medicaid programs on the opportunities telehealth services can have for children. I'd like to thank my colleague, Congressman Burgess, for joining me in this critical effort."

"Amidst the pain and suffering that our nation has endured throughout the COVID-19 pandemic, a major takeaway has been the advantage of telehealth. There is a convenience factor to not having to take time to physically transport yourself to the doctor's office and have your child sit in a waiting room with other potentially sick patients," said Rep. Burgess. "This bipartisan legislation will improve utilization of telehealth by requiring the Centers for Medicare and Medicaid Services (CMS) to provide guidance to states on how to make the most of telehealth options in their Medicaid and CHIP programs. Additionally, it directs studies to gather data that can help inform future telehealth policy. I urge my fellow members to support this legislation that will help build upon the telehealth foundation that we have built this year."

The TIKES Act of 2020 is focused on:

- Providing states with guidance and strategies to increase telehealth access for Medicaid and Children's Health Insurance Program (CHIP) populations
- Requiring a Medicaid and CHIP Payment and Access Commission (MACPAC) study examining data and information on the impact of telehealth on the Medicaid population
- Requiring a Government Accountability Office (GAO) study reviewing coordination among federal agency telehealth policies and examine opportunities for better collaboration, as well as opportunities for telehealth expansion into early care and education settings

"I commend the leadership of Congresswoman Blunt Rochester and Congressman Burgess in responding to issues raised by health systems like Nemours by introducing this important legislation. Telehealth has facilitated the delivery of high-quality, efficient care to millions of American children. The public health challenge of COVID-19 highlighted its effectiveness and proved its value as a permanent part of the US healthcare system," said R. Lawrence Moss, MD, FACS, FAAP, president and CEO of Nemours Children's Health System. ^[FN36]



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Number of Uninsured Children Increased Between 2016 and 2019

According to a new report, the number of children without health insurance in the United States increased by approximately 726,000 between 2016 and 2019.

Researchers from Georgetown University Health Policy Institute found that the total of uninsured children increased to over 4 million. This trend reverses years of progress for insuring children.

The implementation of coverage expansions under the Affordable Care Act in 2014 led to major coverage expansions for children. Much of that gain has now been eliminated, researchers indicated.

Findings included:

-The rate of uninsured children was a historic low of 4.7 percent in 2016. The rate started increasing in 2017. By 2019, it had increased back to 5.7 percent. The full percentage point increase represented about 726,000 more children lacking health insurance coverage since the beginning of the Trump administration.

Researchers indicated, "Much of the gain in coverage that children made as a consequence of the Affordable Care Act's major coverage expansions implemented in 2014 has now been eliminated."

-During every year of the Trump administration, the number of uninsured children increased. The time between 2018 and 2019 represented the largest increase even though the economy was strong. 320,000 more children were uninsured during that time, the largest increase annually in over a decade.

Researchers noted that the rate of uninsured children is likely higher in 2020 due to loss of employer-sponsored health insurance coverage from pandemic-related job loss.

-One-third of the total increase in uninsured children from 2016 to 2019 were children living in Texas. Texas had the highest coverage loss for children with approximately 243,000 more children living without coverage. Florida had the next largest increase with about 55,000 more uninsured children during that period.

41 percent of the loss of children's coverage during the Trump administration occurred in Texas and Florida.

During that period, 29 states had increases in the rate of uninsured children. The only state that significantly reduced the number of uninsured children was New York.

-Coverage losses spanned income, age, and race/ethnicity. The largest loss of coverage was among white and Latino children.

"For decades, children's health coverage had been a national success story, but the data show that during the years of the Trump Administration the trend went in the wrong direction," said Georgetown University Center for Children and Families Executive Director Joan Alker. "What's worse, the numbers of children losing coverage accelerated from 2018 to 2019 during a time when unemployment was very low. The situation is likely worse today."

Researchers cited the following contributory factors eroding children's health coverage: efforts to repeal the Affordable Care Act and cut Medicaid; cuts to enrollment outreach and advertising; inadequate oversight over state Medicaid programs that have created more red tape barriers; and the creation of a climate of fear and confusion for immigrant families that discourages them from enrolling eligible children in Medicaid or the Children's Health Insurance Program (CHIP).

The Georgetown University research center updated its interactive state data hub showing in-depth data about child health care trends, including a comparison of metrics by state. The Georgetown University Center for Children and Families has published an annual report on uninsured children for the last ten years. ^[FN37]

Expanded Telehealth Services for CHIP

The Centers for Medicare & Medicaid Services (CMS) announced an expansion of telehealth services available for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).

The action was in response to President Trump's Executive Order on Improving Rural Health and Telehealth Access during the coronavirus pandemic.

"Responding to President Trump's Executive Order, CMS is taking action to increase telehealth adoption across the country," said CMS Administrator Seema Verma. "Medicaid patients should not be forgotten, and today's announcement promotes telehealth for them as well. This revolutionary method of improving access to care is transforming healthcare delivery in America. President Trump will not let the genie go back into the bottle."

CMS will add 11 new services to the Medicare telehealth services list. Eligible practitioners will receive payment for these services beginning immediately. New eligible services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services.

CMS released a preliminary Medicaid and CHIP data snapshot on telehealth use during the pandemic. The data showed that over 34.5 million services were delivered via telehealth to Medicaid and CHIP beneficiaries between March and June of 2020. This rate increased more than 2,600% from the same period last year.



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CMS also released a new supplement to the State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth, COVID-19 Version. It includes examples and lessons from states implementing telehealth changes.

The supplement aims to clarify which telehealth policies are temporary due to the coronavirus pandemic and which are permanent. [FN38]

MACPAC Considers Expanding Postpartum Coverage

Medicaid and CHIP Payment and Access Commission (MACPAC) considered the merits of expanding postpartum coverage at its October 2020 meeting.

The commission noted that states are required to provide Medicaid coverage to pregnant women with incomes at or below 133 percent of the federal poverty level for 60 days postpartum.

MACPAC indicated, "The 60-day postpartum coverage period has been described as a barrier to ongoing care and has sparked interest among advocates, providers, and state and federal lawmakers in extending coverage for a longer period of time."

The MACPAC June 2020 report focused on the importance of Medicaid coverage for maternal. Health. The commission continued this theme, noting that it will begin to consider extending coverage beyond 60 days postpartum.

Martha Heberlein made a presentation on the topic "Considerations in Extending Postpartum Coverage."

The presentation included an overview of current coverage, coverage disruptions, postpartum health issues, state and federal action, and potential recommendations for extending coverage.

Currently, pregnant women with incomes at or below 133 percent of the federal poverty level (FPL) are eligible for Medicaid coverage for 60 days postpartum.

Some states offer ongoing postpartum coverage for pregnant women and parents. States that expanded Medicaid eligibility under the Affordable Care Act offer coverage to nearly all residents with incomes at or below 138 percent of the federal poverty level, regardless of whether they have children.

Some states have expanded Medicaid but have not yet implemented expansion. Missouri agreed to expand Medicaid coverage eligibility to adults without disabilities or dependent children but has not implemented the expansion. Georgia received a Section 1115 waiver to expand Medicaid coverage eligibility to adults earning up to 100 percent of the federal poverty level.

This change will be implemented July 1, 2021.

Pregnant women are generally eligible for full Medicaid coverage during pregnancy.

However, four states, Arkansas, New Mexico, North Carolina, and South Dakota, limit coverage to pregnancy-related services.

MACPAC recommended aligning benefits across eligibility pathways in March 2014.

Between 2015 and 2017, 25 percent of women had a disruption in insurance coverage prior to giving birth. Nearly 29 percent of women who gave birth had a coverage disruption postpartum.

Coverage disruptions aligned with racial disparities. Seventy-five percent of white women were continuously covered during and after pregnancy. Fifty-five percent of Black, non-Hispanic women, 50 percent of indigenous women, and 20 percent of Hispanic Spanish-speaking women had disruptions in coverage.

The House of Representatives passed H.R. 4996, which would allow states to extend the postpartum coverage period to one year. The Senate has not acted on the legislation.

Heberlein presented several options to address the issue:

- A mandatory extension of the postpartum period
- A state option to extend the postpartum period
- An extension of the postpartum period, regardless of eligibility pathway

She also presented companion recommendations:

- Align recommendation for coverage under the State Children's Health Insurance Program (CHIP)
- Reiterate prior recommendation that states align Medicaid benefits for all pregnant women. [FN39]

Report: Rate of Uninsured Children in LA Increased

According to a recent report, almost 11,000 children in Louisiana lost health insurance coverage. It was the largest single-year decrease in over ten years.

The trend indicated a reversal of years of progress in getting children covered in the state.



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According to an analysis of U.S. Census data by the Louisiana Budget Project, approximately 50,000 children (4.4%) in the state lacked health insurance in 2019. In 2018, that number was 39,000.

Reports show that this trend is nationwide. Experts predict that it will worsen due to the number of people becoming unemployed during the COVID-19 pandemic.

"This reflected 2019, which was a year in which we had record low unemployment and a decade of strong economic growth," indicated Stacey Roussel, policy director for the Louisiana Budget Project and author of the report. "Still, we were seeing the uninsured rate for children rising across the country as well as here in Louisiana."

'It also means a record increase in the number of families without insurance for their children as we were going into the largest public health emergency we've seen in our generation,' she noted.

Many children in the state are eligible for Medicaid or LaCHIP but are not enrolled. ^[FN40]

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