

## Telephone Interviews with State CHIP Program Administrators, Draft Discussion Guide

### INTRODUCTORY COMMENTS

Thank you for agreeing to speak with us today. As you may know, Mathematica Policy Research is conducting an evaluation of the Children's Health Insurance Program (CHIP) as required by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The evaluation is being overseen by the U.S. Department of Health and Human Services' Office of the Assistant Secretary of Planning and Evaluation (ASPE). A key part of the evaluation is speaking with CHIP program administrators in every State and DC.

In our discussion today, we'll be asking about recent program accomplishments and challenges, the impact of CHIPRA, preparations for the Affordable Care Act and implications for CHIP, continuity of care, coordination with other Insurance Affordability programs, and provider and network capacity. Do you have any questions before we begin?

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### I. BACKGROUND AND STATUS OF PROGRAM

We'd like to start by confirming some background information we have about basic design features of your program. [*Review information in the fact sheet that was not already confirmed by State prior to the interview*]

Now we have some questions about the influence of CHIPRA and the general status of [*State's*] CHIP program.

#### A. CHIPRA Accomplishments and Challenges

1. In general, what aspects of CHIPRA do you think have been the most important, or had the greatest impact on CHIP program?
2. What would you say have been [*State's*] most important accomplishments because of CHIPRA?
3. [***For States that DID receive bonus payments***]: Do you think the CHIPRA "5of-8" performance bonuses were effective in getting States to simplify their programs? If so, why? If not, why not? What did the State do with the bonus funds? Are there aspects of the bonus program that you would change and if so, why?? Do you think the bonus program should be continued past FFY 2013?
4. [***For States that DID NOT receive bonus payments***]: Did your State try to qualify for the CHIPRA "5-of-8" performance bonus payments? What barriers did your state face? Do you think the CHIPRA 5 of 8 performance bonus program is an effective way to get States to simplify their programs? If so, why? If not, why not? Are there aspects of the bonus program that you would change? Do you think the bonus program should be continued past FFY 2013?
5. How important have the CHIPRA outreach grants been for your program? Do you think they should be continued past FFY 2013? If so, why? If not, why not?
6. [***For States that DID adopt ELE***]: How well has Express Lane Eligibility worked in your program? Do you think ELE should be renewed past FFY 2013? If so, why? If not, why not?
7. [***For States that DID NOT adopt ELE***]: Did your State consider adopting Express Lane Eligibility for your program? If so, what barriers did you face? If not, why not? Do you think ELE should be renewed past FFY 2013? Why or why not?
8. What aspects of CHIPRA were challenging to implement?

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### B. CHIPRA Eligibility and Coverage Expansions

Use the background fact sheet to identify any CHIPRA coverage expansions that the State may have introduced. Our background information indicates that...

- Coverage to legal immigrant children and pregnant women who were previously subject to a 5-year wait (CHIPRA Sec. 214)?
  - Coverage to other immigrant populations (State-only funded populations)?
  - Coverage to other pregnant women (CHIPRA Section 111)?
9. **[For each eligibility expansion adopted]**: Why did [State] implement this optional expansion(s)? What has the State's experience been with enrollment for these expansion groups (number enrolled, pace of enrollment)? Did the State adopt or implement any particular outreach strategies for these new populations?
10. **[For any eligibility expansions NOT adopted]**: Our background information indicates that [State] has not implemented the following optional expansions [LIST]. Can you tell us why [State] has not expanded to these optional groups?
11. Please tell us about [State's] experiences implementing CHIPRA's **dental requirements**.  
- What challenges have you experienced? What successes have you had?
12. Please tell us about [State's] experiences implementing CHIPRA's **mental health and substance abuse services provisions** (parity).  
- What challenges have you experienced? What successes have you had?

### C. Budget and Funding Situation

13. How would you characterize the current budget situation in the State? How has the overall budget situation affected CHIP?
14. To what extent are Medicaid and CHIP programs vulnerable to or safeguarded against State financial challenges? What role have maintenance of effort (MOE) requirements played in safeguarding CHIP?
15. **[For States with a separate CHIP program]**: Would children in the separate CHIP program be more or less vulnerable to State budget problems if they were covered by Medicaid?
16. What strategies have been discussed or implemented to address budget shortfalls or funding concerns? Have State policymakers discussed or implemented...
- Provider reimbursement cuts? If so, what types of providers and what size of cuts?
  - Reductions or elimination of optional benefits? If so, which benefits and what kinds of cuts?
  - Increases in co-payments? If so, how much?
  - Increases in premiums by the allowable inflationary adjustments?
  - Eligibility roll-backs to any groups not covered by MOE requirements?
  - Other strategies to reduce costs? If so, what?

## II. AFFORDABLE CARE ACT PREPARATIONS AND IMPLICATIONS FOR CHIP

Now we would like to turn to talking about the Affordable Care Act and the changes [State] has already made as well as future changes expected. The focus is on understanding how CHIP has been or will be affected by these changes.

### A. Changes in CHIP

17. In general, how has the Affordable Care Act affected the State's CHIP program so far?
18. How is the Affordable Care Act expected to affect CHIP in the future? Have there been discussions about the future of CHIP in the legislature? Have there been discussions among advocates? If so, what issues have been raised? Have concerns been raised about access or health outcomes for children if CHIP is eliminated?
19. What are the major areas of uncertainty with regard to the future of CHIP?
20. How many CHIP-enrolled children do you think will be affected by changes in eligibility rules under the Affordable Care Act?
  - How many might move to Medicaid?
  - How many might move to the Exchange?
21. Has [State] started transitioning CHIP enrollees in the 100-133% FPL group to Medicaid in advance of the 2014 timetable?
  - If so, could you tell us how this unfolded? Did the transition take place all at once or was it phased in (e.g., at renewal)? How were families informed about this change? Were there changes in premiums for this population? What happened with assignment of children to plans and providers—were children able to stay with their same plan and provider? How did you monitor the transition? Has it gone as expected? Any challenges?
22. [***For States with a separate CHIP program***]: What is the current plan for your separate CHIP program? What options have been considered? What are your views on the merits of continuing CHIP as a separate program? Have there been any changes in how or where the CHIP program is administered in relation to Medicaid and/or the Affordable Insurance Exchange? Are any changes being considered? Has the CHIP program's relationship with Medicaid changed in preparation for Affordable Care Act implementation?
23. [***For States that have already eliminated their separate CHIP program and transitioned that population to Medicaid***]: Our background information indicates that [State] has eliminated its separate CHIP program—is that correct? What were the main considerations influencing the decision to eliminate your separate CHIP program? Have there been any changes on the administrative side within Medicaid to accommodate this transition (e.g., separate child-focused unit within the Medicaid agency)? Did the State retain premiums for the CHIP population? How has the transition worked so far? What challenges have you had?

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### B. Medicaid

Now we have a few questions about [State's] Medicaid program.

24. Is your State planning to adopt the Medicaid expansion for adults?

25. What are the implications for CHIP if your State chooses NOT to expand Medicaid pursuant to the Affordable Care Act?

### C. Affordable Insurance Exchange

The next questions are about the State's plans for an Affordable Insurance Exchange.

26. Our background information indicates that [State] will be [establishing its own exchange; using the Federal exchange; going with a State-Federal partnership approach for the exchange] -- is this correct? What were the main considerations influencing the State's decision?

27. What role has [State's] CHIP program played so far in the Affordable Insurance Exchange planning process?

28. Will the CHIP program be involved with any of the following aspects of the Exchange?

- Governance and operation
- Administrative infrastructure
- Consumer outreach and education
- Eligibility and enrollment systems
- Health plan oversight
- Quality measurement and quality assurance

29. How will Exchange subsidies be coordinated with and affected by CHIP premiums?

- Is the State considering adjusting CHIP premiums to account for the total premium payments for the family?

30. Has there been any discussion about trying to get approval from CMS to allow CHIP children to enroll in exchange plans with their parents? Has there been any discussion about using Title XIX or XXI premium assistance as a mechanism for covering children in the Exchange with their parents?

### D. Expansions in Coverage for Dependents of Public Agency Employees

*We will first confirm with the State whether or not they have adopted an expansion in coverage for dependents of public agency employees.*

31. **[For States that cover dependents of public agency employees]** Please describe your State's approach to expanding coverage to dependents of public agency employees.

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- What groups are included? Are there any public agency employees with access to the State health benefits plan that are not included in your coverage expansion?
- What approach have you taken to marketing and outreach?
- What has the enrollment experience been like so far? How many dependents of public agency employees have enrolled?

### E. Basic Health Program (BHP)

*We will first confirm with the State whether or not the BHP is under consideration and provide background information on what the BHP is if necessary.*

***[For States considering the Basic Health Plan option:]***

32. Why is [State] considering this approach? What key design features are being considered for the state's BHP? How will the program be coordinated with Medicaid and CHIP? How do you think the BHP will impact the CHIP program, if at all?

***For States NOT considering the Basic Health Plan option:***

33. Was the BHP option discussed? If so, why was the decision made not to pursue it?

## III. CONTINUITY, COORDINATION ACROSS PROGRAMS, AND PROVIDER AND NETWORK CAPACITY

This section focuses on understanding the kinds of changes children and families may experience when moving from one public program to another, and what States have already done or are planning to do to minimize disruptions in coverage and improve coordination of care across the different insurance affordability programs. We also ask about any concerns the State may have with provider network capacity as it prepares for the Affordable Care Act expansions and other changes.

### A. Continuity of Coverage

34. How concerned is the State about gaps in coverage that may occur because of movement from one program to another? Is this expected to be more or less of a problem than it has been in the past (with movement between Medicaid, CHIP, the Exchange, and other State programs)?
35. What steps are being considered to minimize disruptions in coverage?
- Does [State] currently extend coverage until the end of the month for loss of eligibility due to income or change in circumstances?
36. Have any concerns been raised about family members being covered by different programs (e.g., parents in the exchange and children in Medicaid or CHIP)?

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37. Do you have any [other] concerns with regard to continuity of coverage? What types of technical assistance could the Federal government provide on this issue?

### B. Continuity in Plans, Providers and Provider Networks

38. How much overlap do you expect there to be between health plans participating in CHIP, Medicaid and the Exchange?

- [*For States with a separate CHIP program*] Do the same plans currently participate in Medicaid and CHIP? If not, how do they differ? Do you expect this to change with implementation of the Affordable Care Act?
- Which health plans appear to be interested in receiving certification to participate in the Exchange? Are they the same plans currently participating in Medicaid and/or CHIP?
- What steps is the State taking to promote consistency in the health plans participating in the different programs?

39. How much overlap do you expect there to be in the providers participating in Medicaid, CHIP and the Affordable Insurance Exchange?

- Do health plan provider networks currently differ much between Medicaid and CHIP?
- Are there differences in reliance on FQHCs to deliver services in Medicaid versus CHIP? If so, please explain. Do you expect this to change with implementation of the Affordable Care Act?
- What steps is the State taking to promote continuity of providers across the different programs?

40. How similar do you expect the benefits and cost sharing arrangements (deductibles, copayments and coinsurance) to be for children in Medicaid, CHIP and the Affordable Insurance Exchanges?

- Which Medicaid benefits are currently not covered by CHIP? Which Medicaid benefits do you expect will be excluded from coverage in the Exchange?
- Our background information indicates the following cost sharing arrangements for [State's] Medicaid and CHIP programs—are these correct? Do you expect that these cost sharing arrangements will change at all with implementation of the Affordable Care Act? If so, in what way?
- What steps is the State taking to promote consistency in the benefit packages and cost sharing arrangements across the different programs?

### C. Provider Capacity Issues; Shortages/Constraints

41. What are your expectations about the capacity of your State's health care system to deal with the influx of newly insured people? What concerns do you have about provider supply and provider network capacity across the various Insurance Affordability Programs?

- Are you concerned about the availability of any particular types of providers? If so, which ones? Are you concerned about network capacity

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in any particular geographic areas of the State? If so, which ones? What have you done to address these concerns?

42. Has the State determined how it is going to implement the Medicaid fee increases for primary care physicians? Does the State think the fee increase is likely to expand capacity? Does the State have any concerns about implementing the fee increase? How is the State planning to monitor the effects of the fee increases on provider networks for children?
43. [*For States with a separate CHIP program*] Are the Medicaid fee increases for primary care physicians being considered for CHIP and/or for other providers? How do primary care physician fee levels currently compare across the two programs? Is the fee increase expected to influence the relative level of reimbursement for Medicaid versus CHIP providers (will they become more similar, more different, or stay about the same)?

## VI. FINAL REFLECTIONS

We have just a few final questions to get your reflections on [State's] CHIP program to date and prospects for the future.

44. What have been the most successful aspects of your CHIP program? What are your program's most unique and innovative features? What kinds of outreach and education efforts have been successful? Do you have targeted outreach and education for special populations?
45. What important lessons have you learned in developing and implementing your CHIP program? What are the greatest challenges you have faced?
46. What are the biggest challenges you expect in the future? What types of technical assistance or support do you need in meeting these challenges?
47. What program features best help families to keep their children covered by health insurance? What features are a hindrance? What can be done to better help families?
48. CHIPRA comes up for reauthorization in 2015. Have you done any contingency planning for the possibility that CHIPRA might not be reauthorized?

That's all the questions we have for you. Is there anything else that you think might be helpful for us to know? Thank you very much for your time.