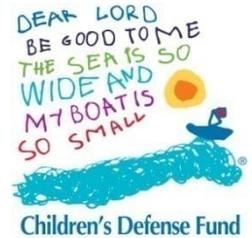


Child Health Reforms: Implementation Timeline



April 2010

As of March 23, 2010 (date of enactment):

- States must maintain the Medicaid and CHIP coverage and enrollment procedures that they have in place for children now until October 1, 2019 (slight changes to income disregards go into effect in 2014). States may expand eligibility or simplify enrollment for children in Medicaid and CHIP at any time.
- Small businesses that choose to offer coverage will begin to receive tax credits of up to 35 percent of premiums to help make employee coverage more affordable.
- Adoption tax credit increased, made refundable, and extended for the tax years 2010 and 2011.

As of April 1, 2010:

- States will have the option to expand Medicaid to parents and childless adults up to 133 percent of poverty (up to about \$14,400 for an individual or \$29,400 for a family of four) and receive current Medicaid match rates (FMAP).

As of June 24, 2010:

- Children and adults who are uninsured because of pre-existing conditions and meet certain criteria will have access to more affordable insurance through a temporary subsidized high-risk pool until the state-based health insurance exchanges are operational.

As of September 23, 2010 (or upon date when health plan is renewed, for most people Jan 1, 2011):

- For children who have insurance, insurers will no longer be able to refuse to cover their pre-existing conditions. We are waiting guidance from HHS as to whether or not this provision will be applicable to all children.
- Insurance companies will be prohibited from dropping children from coverage when they get sick, and must restrict annual or lifetime caps on coverage.
- All insurers will be required to cover preventive screenings and benefits recommended by the American Academy of Pediatrics' *Bright Futures*, including well-child visits and immunizations.
- Young adults can remain on their parents' insurance policy until age 26.
- New plans must provide free preventive services to all enrollees.

As of October, 2010 (FY 2011):

- Increases funding for community health centers by \$11 billion to improve access and delivery of care for millions of children and families across the country.
- Provides \$200 million over four years to improve School Based Health Center (SBHC) infrastructure and creates a new federal grant program to strengthen SBHCs, which currently provide comprehensive health coverage and other services critical to child and youth development to more than one million children across the country.

As of 2013:

- Provides new federal funds to improve access to care by increasing Medicaid payment rates (to Medicare levels) for primary care provided by pediatric physicians (in 2013 and 2014).
- Health plans must adopt and implement new uniform electronic standards to reduce paperwork and administrative burdens and costs.

As of 2014:

- Sixteen million children, parents and single adults with incomes below 133 percent of poverty (\$29,400 for a family of four) will become eligible for Medicaid and 1.6 million children currently eligible for CHIP will become Medicaid eligible. In order for newly eligible parents to enroll in Medicaid, they must first ensure their children are covered.
- Children up to age 26 who age out of foster care are eligible to continue receiving Medicaid.
- States must establish a “no wrong door” system in their health insurance exchange so the entire family can get screened for and enrolled in coverage in a single stop, regardless of which program they are eligible for.
- Insurance will become “guaranteed issue,” meaning that insurers will be prohibited from denying health coverage to people of all ages with pre-existing conditions, and cannot charge higher premiums based on health status.
- Insurance companies will be prohibited from imposing annual or lifetime coverage limits.
- States will have established one or more health insurance exchanges where individuals without employer sponsored health coverage and small businesses can compare and enroll in qualified health plans; people with incomes up to 400 percent of poverty (about \$88,000 for a family of four) will be eligible for a tax credit to help purchase coverage through an exchange. Minimum benefit standards will be required for all plans offered in the health insurance exchanges.
- Most people will be required to obtain health coverage or pay a tax penalty.

As of 2015:

- CHIP is fully funded through September 30, 2015. If sufficient federal funds are not available after that time, eligible children without access to CHIP coverage can be enrolled in a comparable or better exchange plan.
- States will receive an additional federal match of 23 percentage points that will give some states virtually 100 percent federal funding for CHIP.
- No later than April 1, 2015, the Secretary of Health and Human Services (HHS) must have reviewed the benefits and cost-sharing protections offered to children in CHIP and compare them to those offered in the exchanges to determine if the exchanges are providing benefits and cost-sharing protections that are as good or better than CHIP.

As of 2019:

- Authorization for CHIP program ends unless reauthorized.