

Children's Health Coverage Updates & Issues

April 3, 2024

Continuous Eligibility Requirement for Children on Medicaid & KidCare

Background:

- There was a longstanding *option* for states to provide up to 12 months of continuous eligibility for children in their Medicaid and CHIP (in Florida, KidCare) programs. "Continuous eligibility" means that the state must provide continuous coverage regardless of any change in circumstances that otherwise would result in loss of coverage, (such as when the family's income increases).
- Prior to January 1, 2024, Florida provided:
 - > One year of continuous Medicaid eligibility for children under age 5
 - Six months of continuous Medicaid eligibility for children from ages 5 to 19
 - ➤ One year of continuous KidCare eligibility.
- The Consolidated Appropriations Act (CAA) of 2023 required that all state Medicaid and CHIP programs extend 12 months of continuous coverage to all children under age 19, effective January 1, 2024.
- Centers for Medicare & Medicaid Services (CMS) <u>October 2023 FAO</u>: interpreted the CAA as requiring a full year of continuous coverage for all children in Medicaid and CHIP, regardless of change in eligibility and/or failure to pay premium.

Status:

- Children on Medicaid are entitled to a full year of coverage
- Children in **KidCare** are entitled to a full year of coverage regardless of change in income. Also, according to CMS, they are entitled to continuous eligibility even if fail to pay premium
 - Issue: On February 1, 2024, the State of <u>Florida filed a lawsuit</u> in federal court against CMS asking the court to allow it to continue to terminate KidCare coverage (not apply continuous coverage) in the event premiums are not paid

KidCare Expansion

Background & Status:

- The 2023 Legislature expanded subsidies for KidCare to 300% of poverty.¹
- The expansion was supposed to be effective January 1, 2024 of this year but was delayed.
- The state filed an <u>1115 Waiver</u> with CMS for approval to implement the expansion. The state waiver proposes the following premium levels (using income levels for a household of 4 as an example):

<u>Annual Income</u>	<u>Premium</u>
\$41,496 - \$54,600	\$ 17
\$54,600 - \$65,520	\$ 30
\$65,520 - \$73,320	\$ 60
\$73,320 - \$79,560	\$ 95
\$79,560 - \$85,800	\$ 145
\$85,800 - \$93,600	\$ 195

- The proposal also would increase premiums by 3% every year
- FHJP filed this <u>comment letter</u>
- <u>CMS sent the 1115 waiver back to the state</u>: Lacked summary of public comment and expenditure and enrollment data
- The state <u>refiled the waiver with CMS with the required information</u> on March 20, 2024. It is now subject to a 30-day federal comment period, from March 29 April 28, 2024. The public is encouraged to provide comments regarding the proposed waiver, which can be <u>submitted here</u>.
- CMS will decide whether to approve the waiver after the federal comment period.

For questions contact Miriam Harmatz, <u>harmatz@floridahealthjustice.org</u>, or Lynn Hearn, <u>hearn@floridahealthjustice.org</u>

¹ Fla. Stat. 409.814