

Children's Health Coverage Updates & Issues

March 22, 2024

Continuous Eligibility Requirement for Children on Medicaid & KidCare

Background:

- There was a longstanding <u>option</u> 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) October 2023 FAQ: 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> to implement the expansion.
 - o FHJP filed this <u>comment letter</u>
 - CMS sent the 1115 waiver back to the state: Lacked summary of public comment and expenditure and enrollment data
 - Once the state refiles the waiver with CMS with the required information, it will be subject to a 30-day federal comment period
 - 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>

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¹ Fla. Stat. 409.814