

MARYLAND HEALTH BENEFIT EXCHANGE

93.525 STATE PLANNING and ESTABLISHMENT GRANTS for the AFFORDABLE CARE ACT EXCHANGES

Program Description: ACA LEVEL 1 GRANT and ESTABLISHMENT GRANT LEVEL II

To provide assistance for activities related to establishing a Health Insurance Exchange that facilitates the purchase of qualified health plans, provides for the establishment of a Small Business Health Options Program (SHOP Exchange), and meets the requirements set forth by the Secretary of the Department of Health and Human Services and the Affordable Care Act.

93.767 CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Program Description: Provide funds to states to enable them to maintain and expand child health assistance to uninsured, low-income children, and at a state's option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage to meet requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the state's Medicaid program; or (3) a combination of the two.

Formula Description: Matching Requirements: For the Cycle III project grants, there are no matching requirements.

Section 2105(b), Title XXI, provides for an "enhanced Federal Matching Assistance Percentage (EFMAP)" for child health assistance provided under Title XXI that is equal to the current FMAP for the federal fiscal year (FFY) in the Medicaid Title XIX program, increased by 30 percent of the difference between 100 and the current FMAP for that fiscal year. For federal fiscal years 2013 and prior, the EFMAP may not exceed 85 percent. As a result of the implementation of the Affordable Care Act (ACA), states shall receive a 23 percentage point increase in their respective EFMAPs for federal fiscal years 2016-2019 for most CHIP expenditures; however the EFMAP for a state may not exceed 100 percent. In FFY 2009, the CHIPRA implemented a limitation on matching rates for states that propose to cover children with effective family income that exceeds 300 percent of the poverty line to FMAP rather than EFMAP, unless a waiver or State Plan Amendment or state law was in place to cover this population before the enactment of CHIPRA.

Section 2104(a) of the Social Security Act as amended by section 10203 of the ACA provide appropriations through September 30, 2015 for the purpose of providing annual allotments to the states to fund their CHIP programs. Only States with approved State Plans by the end of the fiscal year will be included in the final allotment calculation.

In general, in FFY 2010, the states' annual allotments were calculated as the sum of the following four amounts, multiplied by the applicable growth factor for the year.

- The FFY 2009 CHIP allotments;
- FFY 2006 unspent allotments redistributed to and spent by shortfall states in FFY 2009;
- Spending of funds provided to shortfall states in the first half of FFY 2009; and
- Spending of Contingency Fund payments in FFY 2009, although there were no Contingency Fund payments made in FFY 2009.

Note: States may also qualify to receive an increase in their FFY 2010, FFY 2012, or FFY 2014 allotments if they meet the criteria described in section 2104(m)(6) and 2107(m)(7) of the Social Security Act (the Act) as previously amended by section 102 of CHIPRA and further amended by sections 2102(a)(1)(B) 10203 of the ACA.

For FFY 2011, FFY 2013, and FFY 2015 the allotments will be “rebased” on prior year spending. This will be done by multiplying the state’s growth factor for the year by the new base, which will be the prior year’s federal CHIP spending (including any contingency fund payments or redistribution amounts). For FFY 2012 and FFY 2014, the allotment for a state will be calculated as the previous fiscal year’s allotment amount and any previous fiscal year’s contingency fund spending, multiplied by the states growth factor for the year. The ACA extended the availability of the Child Enrollment Contingency Fund which may be available for states that meet the criteria provided in section 2104(n) of the Act through FFY 2015.

Program has maintenance of effort requirements, see agency (DHHS, Centers for Disease Control and Prevention) for further details.

Program Supported / Population Served: The Maryland Children’s Health Program (MCHP) was implemented in 2001. It currently serves children up to age 19 in families with incomes between 100 and 300 percent of the Federal Poverty Level (FPL); certain age spans fall within certain FPL levels. For those above 200% FPL, families pay a monthly contribution to participate in the program.

93.778 MEDICAL ASSISTANCE PROGRAM (Medicaid; Title XIX)

Program Description: Provides financial assistance to states for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically eligible groups. In certain states that elect to provide such coverage, medically needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to states to pay for Medicare premiums, co-payments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes.

Formula Description: Statutory formula. Matching requirements: Federal funds are available to match state expenditures for medical care. Under the Act, the federal share of medical services may range from 50 to 83%. The statistical factors used for fund allocation are: (1) medical assistance expenditures by state; and (2) per capita income by state based on a 3-year average (source: "Personal Income," Department of Commerce, Bureau of Economic Analysis). Statistical factors for eligibility do not apply to this program. This program has maintenance of effort requirements; see funding agency (DHHS, Centers for Medicare and Medicaid Services) for further details.

Program Supported / Population Served: The statewide Maryland Medical Assistance Program provides a broad range of medical services to low-income persons and to those with catastrophic illness who are unable to pay for care. There are two primary classifications of needy persons: (1) the categorically needy; and (2) the medically needy. The categorically needy classification includes persons who receive Temporary Cash Assistance from the Maryland Department of Human Resources as well as those receiving Supplemental Security Income grants from the Social Security Administration. Categorically needy persons are enrolled automatically under the Medical Assistance Program. Several other populations that do not receive public assistance grants are included in the categorically needy classification. These include children, pregnant women, elderly and disabled Medicare beneficiaries with income above the standard Medicaid limit but below certain percentages of the poverty level. The medically needy are those who cannot meet the cost of needed medical care but who are self-supporting in other respects. Medically needy individuals must apply to the local departments of social services for eligibility determination under established criteria for income and assets in relation to need and size of family.

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