

Partnership for Medicaid Partnership for Medicaid

September 20, 2007

The Honorable Max Baucus
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Charles E. Grassley
Ranking Minority Member
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable John D. Dingell
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Joe Barton
Ranking Minority Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairmen Baucus and Dingell, and Ranking Members Grassley and Barton:

As you work to reconcile Senate and House-passed legislation to reauthorize the State Children's Health Insurance Program (SCHIP), we, the below-signed members of the Partnership for Medicaid, a non-partisan, nationwide coalition of safety net providers and other organizations dedicated to improving the Medicaid program, urge you to include and support several reauthorization issues important to the safety net provider community, and critical to ensuring that all of the nation's children have health care coverage.

Accordingly, we urge you to consider the following set of recommendations:

Ensure Coverage for Low Income Children Eligible for SCHIP. Thank you for proposing significant new funding for SCHIP reauthorization. It is imperative that states are provided with a significant, predictable, and stable source of funding that enables them to continue to move forward in their effort to cover as many eligible low income children as possible under SCHIP.

Preserve Coverage for Current Enrollees. Since 1997, several states have received approval from CMS to cover children with family incomes above 200 percent of the federal poverty level. This coverage is now in jeopardy. A recent policy guidance issued by CMS endangers the health insurance of many of these children, and may force states to cut them off SCHIP rolls. Congress should enact a statutory fix allowing states to expand coverage to children with moderate incomes, and should protect current Medicaid enrollees by enacting protections of income disregard policies. Many advocates, including the National Governors Association, support the ability of states to maintain flexibility in their programs with the specific objective of continuing coverage of moderate-income children and expansion populations. The Partnership believes that SCHIP reauthorization should not increase the number of uninsured Americans by cutting off children in moderate-income families who cannot afford coverage entirely on their own or by weakening family-based coverage programs operated under SCHIP waivers.

Strengthen and Improve Program Benefit Package. Low-income children are suffering as a result of the myriad of health disparities they face and are more likely to suffer from various illnesses and health conditions. Many of these children are at high risk of developing chronic health conditions. Congress must act to eliminate existing provisions in SCHIP that permit mental health to be offered at 75% of benchmark equivalent plans and that make dental and vision benefits optional. The Partnership supports efforts to require mental health benefit parity, a dental benefit guarantee and the option for states to provide wrap around dental, vision and mental health benefits for low income children that have health coverage in the private market but are income-eligible for SCHIP.

Promote Streamlined Enrollment and Increased Outreach. The Partnership supports giving states the tools and procedures necessary to reach children who are eligible for but unenrolled in Medicaid or SCHIP. In particular, the Partnership supports the use of streamlined enrollment processes that allow the use of financial information from programs such as school lunch and WIC in determining eligibility. In addition, Congress should provide states dedicated outreach funding to educate the parents of uninsured children about SCHIP and Medicaid. States that are successful in enrolling additional eligible children should be assisted with the coverage costs through enhanced federal funding in Medicaid.

Eliminate Negative Impact of Medicaid Documentation Requirements. Since enactment in July 2006, the Medicaid documentation requirements have had a major and measurable impact on patients and providers. Numerous states have reported significant declines in Medicaid enrollment among citizen children, eligible legal immigrants and other eligible individuals. Safety net providers have similarly documented loss of Medicaid coverage for many patients, drastically impacting access to care for Medicaid eligibles and other vulnerable populations. The Partnership supports efforts by Congress to give states new options for implementing citizenship documentation requirements or allow states to opt out of the requirement.

Eliminate Five-Year Prohibition for Lawfully-Residing Immigrant Children, and Ensure Access to Viable Language Assistance Services. Congress should provide states with the option of making Medicaid and SCHIP coverage available to lawfully-residing immigrant children and pregnant women, as delineated in the Legal Immigrant Children's Health Improvement Act of 2007. In addition, Congress should recognize the well-documented impact on quality of care that lack of language accessibility services for Medicaid and SCHIP enrollees (including citizens) imposes, and increase the Federal share of the costs of language services so that more states will have the ability to assist in meeting the needs of limited English proficient patients.

Provide Meaningful Review of Program Service and Payment Policies. The Partnership supports the establishment of the Medicaid and CHIP Payment and Access Commission (MACPAC) to ensure that the access and payment policies of both programs are reviewed on a consistent basis. Providing these reviews is a step in the right direction to ensure that beneficiaries enrolled in both programs receive the level of services outlined in each program's benefit packages and that adjustments are made to accommodate changes in the health care delivery system and beneficiary demographics

Invest in Health Care Quality for Children. Since no cohesive pediatric health care quality program currently exists in SCHIP or Medicaid, the Partnership supports the creation of a new child health quality initiative. The quality initiative should focus on measures that improve the quality of children's health care and promote the healthy development of children. It should provide the federal government with the authority and resources necessary to fund the development, testing, and use of pediatric quality measures through a consensus development process involving consumers, payers, and providers. The initiative should also encourage state reporting on child health quality, and promote use of standardized quality measures, such as HEDIS, that allow for uniformity in data collection and comparisons among states and over time.

Thank you for your consideration. We look forward to working with you on these and other issues vital to the future of the nation's children.

Should you have any questions about these or other issues please feel free to contact any of our organizations or call Licy Do Canto at (202) 296-1721.

Sincerely,

AMERICAN ACADEMY OF PEDIATRICS

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

AMERICAN DENTAL ASSOCIATION

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

ASSOCIATION FOR COMMUNITY AFFILIATED PLANS

MEDICAID HEALTH PLANS OF AMERICA

NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS

NATIONAL ASSOCIATION OF PUBLIC HOSPITALS & HEALTH SYSTEMS

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

NATIONAL HISPANIC MEDICAL ASSOCIATION

NATIONAL MEDICAL ASSOCIATION

NATIONAL RURAL HEALTH ASSOCIATION

AFL-CIO

cc: Members, Senate Finance Committee
Members, House Energy and Commerce Committee