



The National Academy for State Health Policy (NASHP) in collaboration with the Virginia Department of Medical Assistance (DMAS) presents for all states:

State Checklist

Medicaid-Related Provisions Impacted by an ACA Repeal



This worksheet, originally created by the Virginia Department of Medical Assistance Services (DMAS), identifies key requirements of the ACA that impact state Medicaid and CHIP programs and poses questions for state officials to consider in preparing for actions that may need to be taken upon repeal. NASHP is pleased to share this tool allowing other states to preliminarily assess the impact of repeal on state Medicaid programs and identify efforts that would need to be taken upon repeal.

State officials can use this tool to help answer the following questions:

- What administrative challenges will be posed to states?
 - What operational changes will need to be addressed?
 - How will technology systems be impacted?
 - Could any of the programmatic, policy or systems changes result in cost savings to the state?
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Medicaid-Related Provisions Impacted by an ACA Repeal		Change to Authority?			Change to Operations?			Change to Technology?			Would Repeal have a Negative State Fiscal Impact? (Yes/No)	
		State Plan / Waiver	Regulations	Guidance Docs	Program management	Business Processes	Call Centers	State Eligibility System	MMIS	Federal Interfaces		Websites/ Portals
Eligibility												
1	Technical Corrections to ARRA : Eligibility Provisions											
2	CHIP reauthorization, outreach grants, covers children of public employees, etc.											
3	Marketplace: Streamlining Enrollment Through Exchanges, Medicaid, CHIP											
4	Marketplace: States to establish website for seamless enrollment in Medicaid, CHIP, or Exchanges											
5	Allows disclosure of tax information and SS numbers for eligibility determinations											
6	Premium assistance tax credits not counted as income for other program eligibility											
7	EXPANSION to 133%: Expansion of Medicaid to cover newly eligible individuals up to 133% of FPL.											
8	Medicaid income eligibility determined using family modified adjusted gross income											
9	Medicaid Coverage for Former Foster Care Children.											
10	Permits Hospitals to Make Presumptive Eligibility Determinations for Medicaid											
11	Protection for Recipients of HCBS Against Spousal Impoverishment.											
12	Changes “modified gross income” to “modified adjusted gross income”											
Funding												
13	Technical Corrections to ARRA : 2010 Funding for Medicaid Expansion											
14	Extends the period for collection of overpayments from 60 days to 1 year.											
15	CHIP reauthorization, outreach grants, covers children of public employees, etc.											
16	Medicaid and CHIP Payment and Access Commission (MACPAC)											
17	Prohibits Federal Medicaid payments for Health Care Acquired Conditions											
18	Delays the implementation of SNF “RUGS-IV” payment system changes by one year											

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		State Plan / Waiver	Regulations	Guidance Docs	Program manage-	Business Processes	Call Centers	State Eligibility System	MMIS	Federal Interfaces	Websites/ Portals	
Funding (continued)												
19	Increases Medicaid payments to Primary Care Physicians											
20	Reduction in Medicaid DSH payments											
21	Increases CHIP FMAP by 23 percentage points; maintenance of effort through 2019											
22	Increases federal support for the Medicaid expansion population											
Program Integrity												
23	Requires provider screenings under Medicare, Medicaid, and CHIP											
24	Requires states to use the National Correct Coding Initiative.											
25	Allows exception to physician-owned hospital prohibition for high Medicaid facilities											
26	Allows Medicaid provider participation termination if Medicare participation is terminated											
27	Requires Medicaid exclude from participation any entity that has unpaid overpayments											
28	Requires agents, clearinghouses, and other alternate payees to register under Medicaid											
29	Prohibits payments to institutions located outside the United States											
30	90-Day Period of Enhanced Oversight for Initial Claims of DME Suppliers											
Pharmacy												
31	Improvements to the 340B Program Integrity.											
32	Increases Rebates for Single Source and Innovator Multiple Source Drugs											
33	Expands entities eligible for discounted prices under the 340B program											
34	Limits rebates for certain new formulations of existing drugs											
35	Changes the FUL. Clarifies the definitions: AMP, retail pharmacies, wholesalers											
36	Requires Medicaid to cover smoking cessation drugs, barbiturates, benzodiazepines											

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Programs & Services												
37	Requires MCOs and other entities to report additional data elements under MMIS											
38	Requires coverage of Free-Standing Birth Center Services.											
39	Requires Medicaid coverage of tobacco cessation services for pregnant women											
40	§1906(A) Premium Assistance Program: Mandatory Medicaid subsidies for employer-sponsored insurance if cost effective.											
41	Medicaid & CHIP children can receive hospice services without forgoing other services											
42	1095-B reporting: requires Medicaid to report to the IRS those who are covered by Medicaid											
43	Medicaid Expansion or other program											
44	State Family planning services											
45	Family of One - Allow children that need residential care based on the child's income and allows the family's income to be disregarded.											
Policy												
46	Modifications to the closing of the Medicare Prescription Drug "Donut Hole"											

Medicaid-Related Provisions Impacted by an ACA Repeal

First column denotes impact on State Medicaid: M= Mandatory, O=Optional, U=Uncertain
Section # refers to the PPACA, those with R refer to the Reconciliation Act

M/O	Section	Description	Eff. Date
U	1104	Accelerates HHS adoption of uniform standards for the electronic transactions	3/23/2010
M	1413	Streamlining Enrollment Through Exchanges, Medicaid, CHIP	1/1/2014
M	1414	Allows disclosure of tax information and SS numbers for eligibility determinations	1/1/2014
M	1415	Premium assistance tax credits not counted as income for other program eligibility	1/1/2014
M	2001	Expansion of Medicaid to cover newly eligible individuals up to 133% of FPL.	1/1/2014
M	2002	Medicaid income eligibility determined using family modified adjusted gross income	1/1/2014
M	2003	Mandatory Medicaid subsidies for employer-sponsored insurance if cost effective.	1/1/2014
M	2004	Medicaid Coverage for Former Foster Care Children.	1/1/2014
M	2101	Increases CHIP FMAP by 23 percentage points; maintenance of effort through 2019	1/1/2014
M	2102	Technical Corrections to ARRA	3/23/2010
M	2201	States to establish website for seamless enrollment in Medicaid, CHIP, or Exchanges	1/1/2014
M	2202	Permits Hospitals to Make Presumptive Eligibility Determinations for Medicaid	1/1/2014
M	2301	Requires coverage of Free-Standing Birth Center Services.	3/23/2010
M	2302	Medicaid & CHIP children can receive hospice services without forgoing other services	No date
M	2304	Clarification of definition of medical assistance	3/23/2010
M	2404	Protection for Recipients of HCBS Against Spousal Impoverishment.	1/1/2014
M	2501	Increases Rebates for Single Source and Innovator Multiple Source Drugs	1/1/2010
M	2502	Requires Medicaid to cover smoking cessation drugs, barbiturates, benzodiazepines	1/1/2014
M	2503	Changes the FUL. Clarifies the definitions: AMP, retail pharmacies, wholesalers	10/1/2010
M	2551	Disproportionate Share Hospital Payments	10/1/2013
M	2601	5-Year Period extension for Demonstration Projects for dual eligibles.	3/23/2010
M	2702	Prohibits Federal Medicaid payments for Health Care Acquired Conditions	7/1/2011
M	2801	Medicaid and CHIP Payment and Access Commission (MACPAC)	6/15/2010
M	4107	Requires Medicaid coverage of tobacco cessation services for pregnant women	10/1/2010
M	6401	Requires provider screenings under Medicare, Medicaid, and CHIP	9/19/2010
M	6501	Allows Medicaid provider participation termination if Medicare participation is terminated	1/1/2011
M	6502	Requires Medicaid exclude from participation any entity that has unpaid overpayments	1/1/2011
M	6503	Requires agents, clearinghouses, and other alternate payees to register under Medicaid	1/1/2011
M	6504	Requires MCOs and other entities to report additional data elements under MMIS	1/1/2010
M	6505	Prohibits payments to institutions located outside the United States	1/1/2011
M	6506	Extends the period for collection of overpayments from 60 days to 1 year.	3/23/2010
M	6507	Requires states to use the National Correct Coding Initiative.	10/1/2010
M	7101	Expands entities eligible for discounted prices under the 340B program	1/1/2010
M	7102	Improvements to the 340B Program Integrity.	10/1/2009
M	10201	Various amendments to other health reform provisions	1/1/2014
M	10203	CHIP reauthorization, outreach grants, covers children of public employees, etc.	3/23/2010
M	10325	Delays the implementation of SNF "RUGs-IV" payment system changes by one year	10/1/2011
M	R 1004	Changes "modified gross income" to "modified adjusted gross income"	1/1/2014

M/O	Section	Description	Eff. Date
M	R 1101	Modifications to the closing of the Medicare Prescription Drug “Donut Hole”	1/1/2011
M	R 1106	Allows exception to physician-owned hospital prohibition for high Medicaid facilities	12/1/2010
M	R 1201	Increases federal support for the Medicaid expansion population	1/1/2014
M	R 1202	Increases Medicaid payments to Primary Care Physicians	1/1/2013
M	R 1203	Reduction in Medicaid DSH payments	10/1/2013
M	R 1206	Limits rebates for certain new formulations of existing drugs	3/23/2010
M	R 1304	90-Day Period of Enhanced Oversight for Initial Claims of DME Suppliers	1/1/2011
O	2303	Optional new eligibility group to Medicaid for Family Planning Services.	3/23/2010
O	2401	Community First Choice Option--Community-based attendant services for disabled	10/1/2011
O	2402	HCBS--Increased federal oversight & flexibility for HCBS through state plan amendments.	10/1/2010
O	2403	Extends Money Follows the Person Rebalancing Demonstration through 2016	4/22/2010
O	2405	Funding to Expand State Aging and Disability Resource Centers	10/1/2009
O	2601	5-Year Period extension for Demonstration Projects for dual eligibles.	3/23/2010
O	2703	Provide Health Homes for Enrollees with Chronic Conditions.	1/1/2011
O	2704	Bundled hospital Medicaid payment demonstration project	1/1/2012
O	2705	Medicaid Global Payment Demonstration in Medicaid safety net hospital system	10/1/2009
O	2706	Allows eligible pediatric providers to be accountable care organizations	1/1/2012
O	2707	Medicaid emergency inpatient psychiatric demonstration project	10/1/2011
O	2952	Support, Education & Research for Postpartum Depression	10/1/2010
O	2953	Grants to states for prevention of pregnancy through personal responsibility education	10/1/2009
O	3502	Community health teams through grants to support the patient-centered medical home.	No date
O	4102	Public oral healthcare prevention and education campaign	3/23/2012
O	4106	Additional diagnostic, screening, preventive, rehabilitative services for Medicaid adults	1/1/2013
O	4108	Medicaid incentives healthy lifestyle programs	1/1/2011
O	4306	Childhood Obesity Demonstration Project	10/1/2009
O	5313	Grants to Promote the Community Health Workforce	10/1/2009
O	5405	Grants to promote evidence- based therapies & health promotion	10/1/2010
O	5604	Co-locating Primary and Specialty Care in Community-based Mental Health Settings	10/1/2009
O	10202	Incentives to offer HCBS as a Long- Term Care Alternative to SNFs	10/1/2011
U	1501	Requires individuals to maintain minimum essential health coverage	1/1/2014
U	1561	HIT standards to promote interoperability & allow matching of federal & state data	9/19/2010
U	2007	Rescinds funds available in the Medicaid Improvement Fund for FY 2014-2018	3/23/2010
U	2406	Sense of the Senate Regarding support for Long-Term Care Services.	3/23/2010
U	2602	Establishes Federal Health Care Office to coordinate payment for dual eligibles	3/1/2010
U	2701	Development of Medicaid adult health care quality measures	1/1/2013
U	2951	Maternal, Infant and Early Childhood Home Visiting Programs for at risk communities	10/1/2009
U	3006	Value-Based Purchasing for Skilled Nursing Facilities & Home Health Agencies.	10/1/2011
U	3106	Extension of payment rules for LTC hospital services	3/23/2010
U	3133	Improvement to Medicare DSH Payments to account for uncompensated care costs	10/1/2014
U	4302	Understanding Health Disparities: Data Collection & Analysis	3/23/2014
U	6101	Requires Medicare SNFs & Medicaid NFs make ownership information available	3/23/2012
U	6201	Nationwide background checks on direct patient access employees of LTC facilities	10/1/2009

M/O	Section	Description	Eff. Date
U	6402	Requires CMS to complete development of the Integrated Data Repository	No date
U	6411	Expansion of Recovery Audit Contractor Program to Medicaid and Medicare (C & D)	No date
U	8002	Voluntary Insurance Program for Community Living Assistance Services & Support	1/1/2011
U	10109	Development of Standards for Financial and Administrative Transactions.	1/1/2012
U	10330	Modernizing CMS Computer and Data Systems.	9/19/2010
U	R 1303	Additional funding to for the Health Care Fraud and Abuse Fund	10/1/2010