

Medicaid in Pacific Islands Region: Case Example of Commonwealth of the Northern Mariana Islands (CNMI)

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CNMI Medicaid
and

University of Hawaii

Telecommunications and Social Informatics Research Program

Medicaid in the Pacific Islands

What is Medicaid?

- Federal-State/Territory health care program administered by States/Territories under Section 1101 of the Social Security Act (SSA)
 - Under the SSA, the territories are considered states for the purposes of Medicaid (Title XIX) and CHIP (Title XXI) under § 1101(a)(1) of the Act.
 - Medicaid in the territories, however, operates with an annual ceiling on the amount of federal financial participation, referred to as Section 1108 cap or Section 1108 allotment (§ 1108 (g)) of the Act for Medicaid.
 - The federal government matches territory dollars up to the specified annual Section 1108 allotment, and beyond that the territories generally must fund their programs with local funds.
 - Currently, the CNMI and American Samoa operates its Medicaid and CHIP programs under the Section 1902(j) waiver.

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Why is it Important?

- Medicaid is an important health care program for the U.S. Territories and for the Compact residents living in the States.
 - In 2019, 46% of the U.S. citizens in the CNMI were Medicaid beneficiaries.
 - In 2017, the uninsured represented 36% of the population.
- Medicaid could be an important program for the Compact nations health systems.
- CoFA residing in the U.S. States may not be covered and perhaps should be covered under Medicaid.
 - CoFA could then travel and be covered under Medicaid if eligible.

Where are the Territories/FAS Today?

- U.S. Territories will be limited to the original Section 1108 Caps unless Congress takes action.
 - The Affordable Care Act (ACA) provided additional funding for the Territories in addition to the Section 1108 budget.
 - American Samoa – \$181.3 Million
 - CNMI – \$100.1 Million
 - Guam – \$268.3 Million
- The Freely Associated States are not eligible for Medicaid funding.
- FAS residents living in a State or Territory are ineligible for Medicaid unless States decide to include the FAS or covered under other programs.

APIAHF – Asian & Pacific Islander American Health Forum

COFA CITIZENS WERE FORMERLY ELIGIBLE FOR FEDERAL HEALTH PROGRAMS

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), commonly referred to as welfare reform, changed the categories of persons eligible for certain federal safety-net programs including Medicaid and the Children's Health Insurance Program (CHIP). As a result, COFA citizens were stripped of their ability to qualify for these programs. In the aftermath of PRWORA, some states continued to provide health care services to COFA citizens using their own funds, recognizing the contributions and health needs of COFA citizen populations in their states.

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What are the Current Challenges

CNMI Example:

- The funding under the ACA have ended. Territories are now subject to the Section 1108 budget caps.

CNMI Example:

- The CNMI expended \$54 million in FY 2018 for Medicaid/CHIP.
- The CNMI IBNR was \$18 million in FY 2018 Medicaid/CHIP.
- This is a TOTAL of \$72 Million for Medicaid and CHIP.

CNMI FY 2020 Medicaid Fiscal Cliff:

- CNMI will receive
 - Medicaid - \$6.85 Million
 - CHIP \$11.2 Million
 - Local \$5 Million
- Shortfall = \$30 Million or \$50 Million

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Coverage of CoFA in States

State	Program
Arkansas	Starting in 2018, Arkansas elected the state option to provide ArKids coverage to all lawfully residing children, including COFA citizens under the age of 19, as well as pregnant women.
California	California provides Medicaid coverage to all otherwise eligible, lawfully residing immigrants
Hawaii	Hawaii covers the premium COFA citizens earning under 100 percent of poverty who are enrolled in a silver plan on the state's health exchange. Specific groups, such as children and pregnant women, may be Medicaid eligible.
New York	New York provides Medicaid coverage to all otherwise eligible, lawfully residing immigrants.
Oregon	Oregon covers the premiums and in-network bills for COFA citizens who are not eligible for Medicaid and who are enrolled in a silver plan on the state's health exchange. Specific groups such as children and pregnant women, may be Medicaid eligible.
Washington	Washington covers the premiums and out of pocket costs for COFA citizens who are not eligible for Medicaid and who are enrolled in a silver plan on the state's health exchange. Specific groups, such as children and pregnant women, may be Medicaid eligible

Pacific Island Health Officers Association

- PIHOA might consider:
 - Resolution encouraging the U.S. Congress to treat the U.S. citizens in the territories equally as in the States.
 - Eliminating the budget caps in Section 1108.
 - Equally applying the Federal Medical Assistance Percentage (FMAP) to be subject to the limits of States and calculated in the same way. (Probably 83% - statutory limit)
 - At a Minimum ... increasing the amounts in the Caps to match expenditures ... but may not be equitable among territories.
 - Resolution encouraging FAS to request that Compact citizens be eligible for Medicaid when residing in the States.
 - Resolution encouraging the FAS for Compact renegotiations to include Medicaid program eligibility either through Compact or through Subsidiary Agreements.

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Other Areas of Collaboration

- Health Information Technology
 - Capacity Building
 - Health Information Exchange
 - Personal/Community Health Record
 - Health Care and Public Health Data Management
 - Data Analytics
 - R Open Source Data Analysis
 - SAS
- Pharmacy Services
- Laboratory Services
- Radiology Services

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