

**Modifications to the Chairman’s Mark of
The Children’s Health Insurance Program Reauthorization Act of 2009**

To correct a drafting error in Section 203: the State Option to rely on funding for an Express Lane Agency to conduct simplified eligibility determinations.

On page 19 of the Mark:

- Strike “Demonstration” on line ten of the fourth paragraph.

To correct a drafting error in Section 401: the Child health quality improvement activities for children enrolled in Medicaid or CHIP.

On page 27 of the Mark:

- Strike “A total of \$45 million” on line six of the first paragraph.
- Replace with “\$45 million in each of five years”.

To Accept Rockefeller Amendment #5:

- Strike the GAO study regarding Federal funding under Medicaid and CHIP to the territories required in Section 109 of the Chairman’s Mark.

To Accept Grassley Amendment #12:

Add to **Section 104**, a prohibition on bonus payments for children who are only presumptively eligible (under Section 1920A of the Social Security Act) until those children are formally approved for Medicaid coverage.

To Accept Grassley Amendment #26:

Add a new section, **Section 617**, in **Title VI, Subtitle B**, that requires a GAO study analyzing the extent to which State payment rates for Medicaid managed care organizations are actuarially sound.

To Accept Stabenow-Lincoln Amendment #1:

Add to **Section 505** a definition for a “school-based health center”. That definition is: a health clinic located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health provider relationship; administered by a sponsoring facility; provides through health professionals primary health services to children in accordance with state and local law, including laws relating to licensure and clarification; and satisfies such other requirements as a state may establish for the operation of such a clinic. A sponsoring facility would include a hospital; a public health department; a community health center; a non-profit health care agency; a school or a school system; or a program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or tribal organization.

To Accept with Modification Rockefeller Amendment #4 and Grassley Amendment #28:

Add a new section, **Section 506**, to **Title V**, establishing the Medicaid and CHIP Payment and Access Commission (MACPAC) to review and assess Medicaid and CHIP payment policies, the interaction of these payment policies with health care delivery and other policies relating to access to covered items and services. MACPAC will make recommendations to Congress on improvements in access to care in Medicaid and CHIP.

Additionally, the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor, as well as the states, shall submit an annual report to Congress regarding the financial status, enrollment, and spending trends of the Medicaid program.

To correct a drafting error in Section 103 and Section 104: the Child Enrollment Contingency Fund, and the CHIP Performance Bonus Payment to Offset Additional Enrollment Costs Resulting From enrollment and Retention Efforts.

On page 8 of the Mark:

– Strike the third paragraph, “The target average number of child enrollees for a state for FY2009 would be the monthly average enrollment in FY2007 plus child population growth plus four percentage points. For FY 2010, 2011, and 2012, the target average number would be the prior year’s amount increased by the state’s child population growth plus 3.5 percentage points for FY 2013, 2014, and 2015, the target average number would be the prior year’s amount increased by the state’s child population growth plus 3 percentage points. The projected per capita expenditures for FY2009 would be the expenditures for CHIP children in FY2008 increased by the percentage increase projected for per capita National Health Expenditures for 2009. For later fiscal years, the projected per capita expenditures would be the prior-year amounts increased by the percentage increased projected for per capita National Health Expenditures for that year.”

On page 9 of the Mark:

– Strike the third paragraph, “For FY2009, the Medicaid bonus baseline would be equal to the average monthly number of children in 2008, increased by child population growth rate for the state plus one percentage point. For subsequent years, the Medicaid bonus baseline would be the prior year’s amount increased by child population growth rate for the state plus one percentage point.”

– Replace the third paragraph with, “The target average number of child enrollees for a state for FY2009 would be the monthly average enrollment in FY2007 plus child population growth plus four percentage points. For FY 2010, 2011, and 2012, the target average number would be the prior year’s amount increased by the state’s child population growth plus 3.5 percentage points for FY 2013, 2014, and 2015, the target average number would be the prior year’s amount increased by the state’s child population growth plus 3 percentage points. The projected per capita expenditures for FY2009 would be the expenditures for CHIP children in FY2008 increased by the percentage increase projected for per capita National Health Expenditures for 2009. For later fiscal years, the projected per capita expenditures would be the prior-year amounts increased by the percentage increased projected for per capita National Health Expenditures for that year.”