



## Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA 2009)

### *Provisions Affecting Federally Qualified Health Centers*

*Today, health centers are the provider of care for 1 of every 9 enrollees in the State Children's Health Insurance Program (SCHIP). Currently, many states do not adequately reimburse federally qualified health centers (FQHCs) for providing care to SCHIP beneficiaries, undermining these centers' ability to expand care to children in need.*

This legislation includes several key provisions that will allow for that expanded access to care:

- **Creation of a Prospective Payment System for FQHCs in SCHIP.** CHIPRA 2009 creates an FQHC prospective payment system in SCHIP similar to the payment system established by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) for FQHC services provided under Medicaid. Under the existing FQHC Medicaid PPS, the state Medicaid agency pays FQHCs on a prospective basis and then the state gets a federal match from the Centers for Medicare and Medicaid Services. **The creation of a FQHC SCHIP PPS would allow health centers to provide and expand primary care services to more SCHIP beneficiaries, while ensuring adequate SCHIP reimbursement for these centers.**
- **Expansion of SCHIP coverage to an additional 3.9 million children.** CHIPRA 2009 provides \$31.5 billion in additional funding for the SCHIP program over four and a half years. All 6.7 million children currently covered by CHIP will keep their coverage, and **3.9 million additional uninsured, low-income children will receive coverage.** Investment in outreach efforts will help states find and enroll additional children eligible for public health programs but not enrolled in them. This expansion will be funded by a 61-cent increase in Federal tax on cigarettes, with proportional increases for other tobacco products.
- **Immigrant Children's Health Improvement Act (ICHIA).** CHIPRA 2009 would expand eligibility for SCHIP coverage to include an important provision giving states the option to provide timely coverage to legal immigrant children and pregnant women. Under current law, children who are in this country legally **must wait five years before they can enroll** in Medicaid or SCHIP. Health Centers are required to treat all who seek services, regardless of their ability to pay, and therefore this expansion of coverage will mean health centers can afford to treat more children in need.
- **Model Process for Medicaid Interstate Coordination.** The bill calls for development of a model process for interstate coordination of Medicaid/CHIP enrollment and coverage of eligible individuals, including **farmworkers and disaster evacuees**, who move from state to state. In 2006, the Department of Health and Human Services released a long awaited study regarding "Barriers to Participation of Farmworkers in Health Programs" which included several NACHC recommendations. This provision is a clear response to NACHC and other advocates who have called for such action over the past several years.
- **Eliminates Limitations on FQHC Contracting for Provision of Dental Services.** Under CHIPRA, dental services would be a required benefit under CHIP and would include services necessary to prevent disease and promote oral health, restore oral structures, and treat emergency conditions. Specifically, the bill allows FQHCs to enter into a **contractual relationship with private practice dental providers for the provision of FQHC services.**
- **Childhood Obesity Demonstration Project.** FQHCs are eligible for this demonstration grant program, and funding would be used to carry out community-based activities related to reducing childhood obesity, strengthening quality of care and health outcomes.