MEDICAID RECONCILIATION PROVISIONS

HCFA PRIORITIES

(7/22/97)

PROVISION	AGREEMENT	POSITION
SSI Kids	**Staff Agreement: Not Discussed** House provides for State option. No Senate provision.	In budget agreement. Support Federal guarantee of Medicaid.
Increased FMAP for DC	**Staff: Senate** No House provision. Senate raises FMAP to 60% until 9/3/00.	In budget agreement. Oppose sunset. Support higher (70%) rate as in Administration bill.
Increase payment caps for Territories each year and Puerto Rico for 5 years.	**Staff: Senate** No House provision. Senate raises caps for 1 year, but level over 5 years is less	In budget agreement. Support increases in President's budget which provides $100 million more over 5 years.
SLMBS	**Staff: Senate but in Medicaid** House raises SLMB income eligibility level from 120 to 135% of poverty; mandates coverage of home health-related part of Part B premium for Medicare eligibles 135-175% of poverty. Expansions financed by 100% Federal match. Senate creates new block grant to States, sunsetting in 2002, for coverage of Part B premium for people 120-150% of poverty.	In budget agreement. Support financing Medicare premium through Medicaid entitlement. Oppose Senate sunset.

PROVISION	AGREEMENT	POSITION
Managed Care Encounter Data	**Staff: No Provision** No provision in the House. Senate requires entities to provide adequate encounter data to State, including EPSDT encounters.	Support Senate
Abortion (1) In children's health proposal (2) In managed care	 (1) **Not Discussed** Both House and Senate prohibit use of children's health funds (title XXI) for abortions except to save the mother's life or if pregnancy is the result of rape or incest. (2) **Staff: Senate** Managed care entities must provide "medically necessary" services, but these include abortion only to save the mother's life or if pregnancy is result of rape or incest.	 (1) Oppose restrictions. (2) Oppose.
Immigrants -- Restore benefits to certain categories.	**Not Discussed** House grandfathers SSI and Medicaid for legal immigrants receiving them as of 8/22/96. Senate follows House and goes further: Permits benefits for immigrants here on 8/22/96 who later become disabled and certain other groups.	Support Senate. Letter from President on 6/20 signals veto if final bill does not provide for immigrants who become disabled after entry into U.S.

PROVISION	AGREEMENT	POSITION
Immigrants -- Children	**Not Discussed** No House provision. Senate exempts legal immigrant children under age 19 from the 5 year ban on Medicaid and from deeming provisions of welfare reform act.	Support Senate.
Privatization (e.g., TEXAS TIES)	**Not Discussed** House allows State to contract out eligibility determination process. No Senate provision.	Strongly oppose House
Medicaid buy-in for Working Disabled	**Staff: Senate** No provision in House. Senate provides a State option to permit working disabled with incomes up to 250 percent of Federal poverty level to buy into Medicaid by paying income-related sliding scale premium (as determined by the State).	Support Senate without income cap.
Medicaid for Certain CDC-Screened Breast Cancer Patients	**Staff: Senate** No provision in House. Senate permits States to cover women - - under age 65 - not otherwise eligible for Medicaid, - meet income and resources criteria set by CDC director - diagnosed by CDC with breast cancer.	Concerns about limited eligibility and limited benefits (hospitalization is not covered).

PROVISION	AGREEMENT	POSITION
Medicaid Administrative Resources -- Managed Care	**Not Discussed** The House and Senate plans would require extra resources for managed care oversight and enforcement, such as quality assurance monitoring, sanctions, access standards, surveys, and other oversight activities	Support providing additional funds through a direct appropriation. - $3.5 m to fund administrative requirements related to increased oversight and enforcement of new managed care requirements.
Administrative resources -- Children's Initiative	**Not Discussed** House and Senate establish title XXI to provide for a new children's health program.	Support providing additional funds through set aside mechanism. - $6.5 m for administering the new program.