

How Medicaid Helps Children: An Introduction

Leighton Ku, PhD, MPH

Professor of Health Policy

Director, Center for Health Policy Research

George Washington University

leighton.ku@gwumc.edu

Jan. 25, 2012

Medicaid and CHIP: A Dynamic Duo

Medicaid

- 34.4 million kids ever enrolled: FY 2010
- Insures low-income children, adults, aged and disabled
- Typically covers kids 0-5 up to 133% of poverty, 6-18 up to 100% of poverty (\$18,530 for family of 3)
- Federal-state
- Covers comprehensive services, including EPSDT

CHIP

- 7.7 million kids: FY 2010
- Insures low-income kids with incomes higher than Medicaid
- Typically 250% of poverty (\$46,325 for family of 3)
- Federal-state
- Slightly narrower benefits
- May be combined with Medicaid for children, run as separate CHIP program or both.

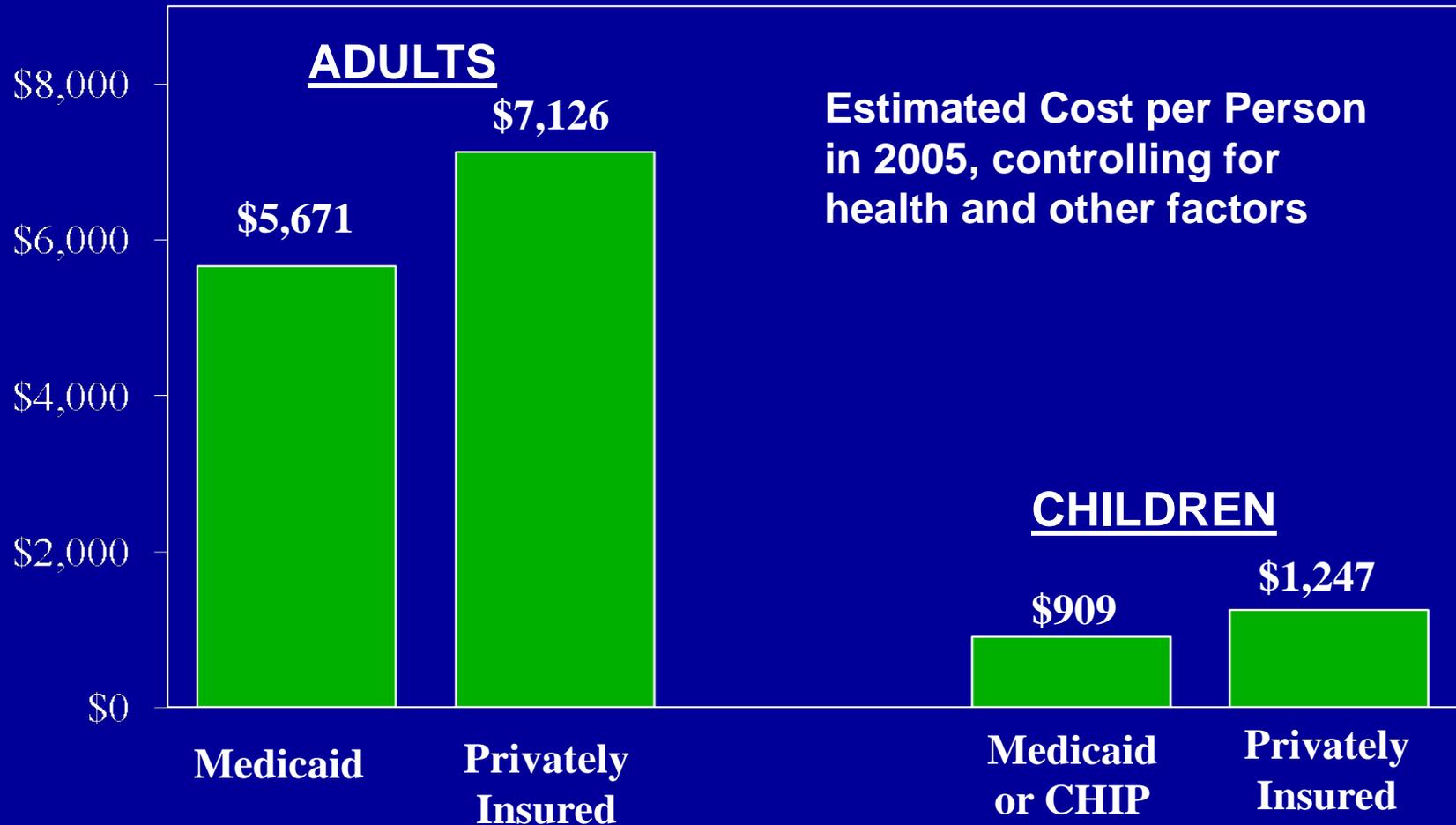
Medicaid: The Health Coverage Foundation for Low-income Children

- Covers mothers' prenatal care and childbirth services for better birth outcomes
- Medicaid covers these services for children:
 - Physician services
 - Preventive services, like immunizations and screenings
 - Lab /x-ray
 - Medications
 - Outpatient & inpatient hospital care
 - Dental, vision & hearing services
 - Therapies for children with special needs
 - & More!

Research Demonstrates...

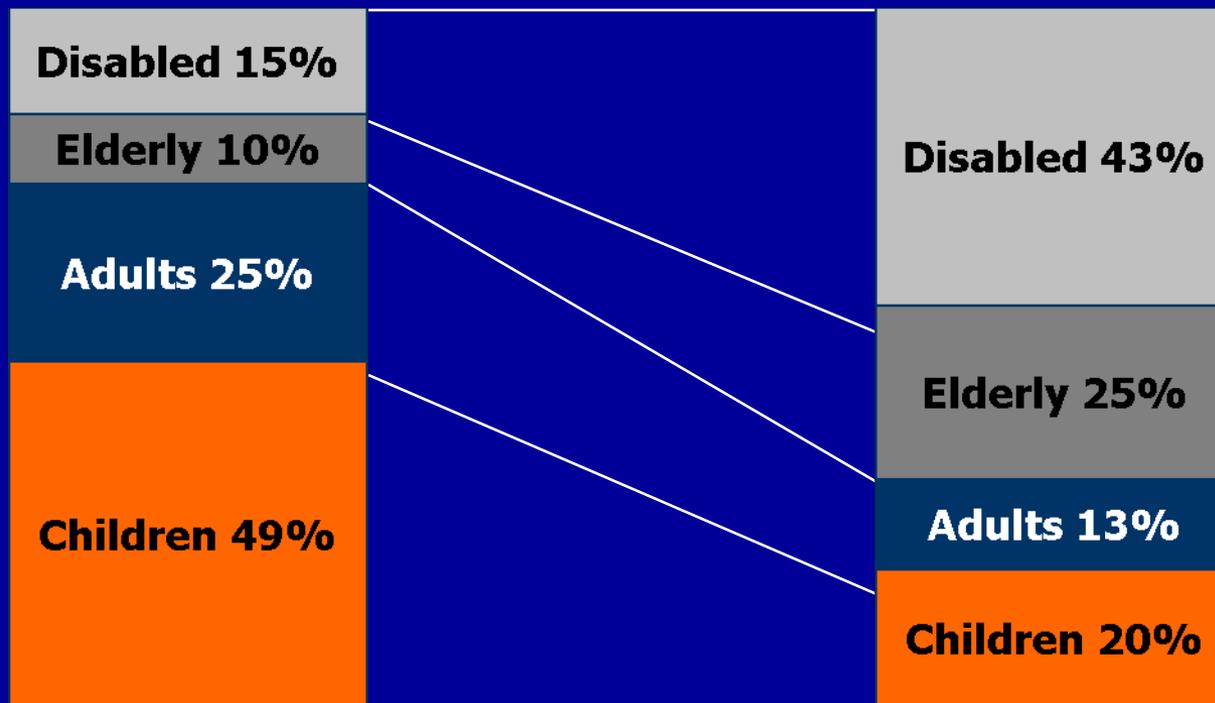
- Children on Medicaid more prone to health problems than privately-insured kids: asthma, developmental problems, dental problems, etc.
- Medicaid gives kids better access to primary and preventive care than uninsured kids, comparable to (sometimes better than) privately-insured children.
- Medicaid relieves health care financial burdens for poor families.
- Leads to better health (less asthma, fewer deaths, fewer unnecessary hospitalizations) for children.

Medicaid Is a Low Cost Way to Provide Health Insurance Coverage



Source: Ku and Broaddus, Health Affairs, 2009.

While Children Are Almost Half of Medicaid Enrollees, They Incur Just One-fifth of the Total Costs: FY 2008



Enrollees

Expenditures

Total = 59.5 million

Total = \$317.7 billion

Medicaid Services

Bob Duncan, MBA
Executive Vice President
Children's Hospital and Health System
Milwaukee, Wis.

January 25, 2012

Medicaid Services

- Services for children:
 - Physician services.
 - Preventive services, like immunizations and EPSDT screenings.
 - Lab and X-ray.
 - Medications.
 - Outpatient and inpatient hospital care.
 - Dental, vision and hearing services.
 - Therapies for children with special needs.
 - And more.
- Prenatal care and childbirth services for better birth outcomes.

Early Periodic Screening Diagnosis and Treatment (EPSDT)

- **Early** – Assessing and identifying problems early.
- **Periodic** – Checking children's health at periodic, age-appropriate intervals – called well-child exams.
- **Screening** – Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems.
- **Diagnosis** – Performing diagnostic tests to follow up when a risk is identified.
- **Treatment** – Control, correct or reduce health problems found.

Why EPSDT?

- National security – EPSDT was enacted in 1967 in response to high rejection rates for military draftees due to untreated childhood illness.
- Children's health care needs are different from adults' and require a benefit package tailored to their needs.
- To periodically assess a child's health and identify and treat conditions early, before they become more complex and costly to treat.
- Increases access to needed services that improve the quality of daily life for children with special health care needs.
- Children on Medicaid are more likely than uninsured children and as likely as privately insured children to receive well-child exams.

Prenatal Services

- Comprehensive care that women receive throughout their pregnancy:
 - Medical care.
 - Childbirth education.
 - Counseling.
 - Support for their family.
- Early effective prenatal care can identify mothers at risk of delivering a preterm or high risk infant, and if so, provide interventions.

Medicaid Facts

- Women of childbearing age and children make up about 69% of all Medicaid enrollees, but they account for less than 34% of all Medicaid expenditures.
- Preterm births cost the United States in excess of \$26 billion.
- Cost of caring for low birth weight babies (less than 5.5lbs) can cost \$62,000 to \$150,000 each immediately after birth.
- Every dollar invested on preconception care saves \$1.60 - \$5.18 in hospitalization for mothers and babies.

Medicaid Waivers

Primary types of waivers and demonstration projects

- **Section 1115 Research & Demonstration Projects** – test new or existing models of financing and delivering Medicaid and CHIP.
- **Section 1915(b) Managed Care Waivers** – provide services through managed care delivery systems.
- **Section 1915(c) Home and Community-Based Services Waivers** – provide long-term care services in home and community settings versus institutional settings.
- **Concurrent Section 1915(b) and 1915(c) Waivers** – implement two types of waivers to provide a continuum of services.



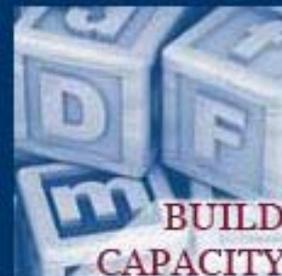
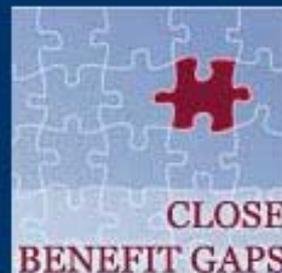
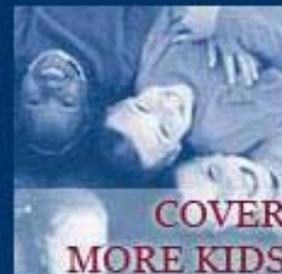
The Fundamentals of How Medicaid Works for Kids

Congressional Children's Health Care Caucus Briefing #1

Meg Comeau, MHA

Project Director, the Catalyst Center
Boston University School of Public Health

January 25, 2012



Medicaid Matters to ALL Children...

But it's especially important to those in vulnerable populations, like children with disabilities and children in foster care.

Why? Because it offers comprehensive and affordable coverage to children:

- Whose families do not have access to private insurance
- Whose families cannot afford the premiums OR the out-of-pocket costs associated with private insurance
- Who need services not covered by private insurance



Children with special health care needs (CSHCN) and disabilities by insurance category

Type of insurance	% and estimated number of CSHCN by insurance category	% and estimated number of children with disabilities* by insurance category
Private insurance only	52.4% (5,621,137)	37.5% (949,496)
Public insurance only	35.9% (3,848,567)	45.4% (1,150,327)

*defined as those having functional limitations

SOURCE: The Child and Adolescent Health Measurement Initiative. *2009/2010 National Survey of Children with Special Health Care Needs*,

Data Resource Center for Child and Adolescent Health.

Children in foster care – an inherently vulnerable group

408,425 US children as of 9/30/10

Average length of stay in foster care : 25.3 months

Virtually all children in foster care are eligible for Medicaid. Why is this important?

Children in foster care have special health care needs (pre-existing health problems, those caused by abuse and/or neglect, mental health needs) and their access to private insurance is limited. They also need the comprehensive and affordable coverage which only Medicaid can offer.

SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS)
FY 2010 data (October 1, 2009 through September 30, 2010)



An “invisible” vulnerable population: children with disabilities in middle- income families

- Medicaid is vitally important to children in low-income families but it also serves as a lifeline to those in middle-income families who would otherwise be financially devastated by the existing gaps in private insurance.
- Who are these families? Let’s meet one now....



The Comeau Family and the Massachusetts Medicaid buy-in program



For more information,
please contact us at:

The Catalyst Center
Health and Disability Working Group
Boston University School of Public Health
617-638-1936

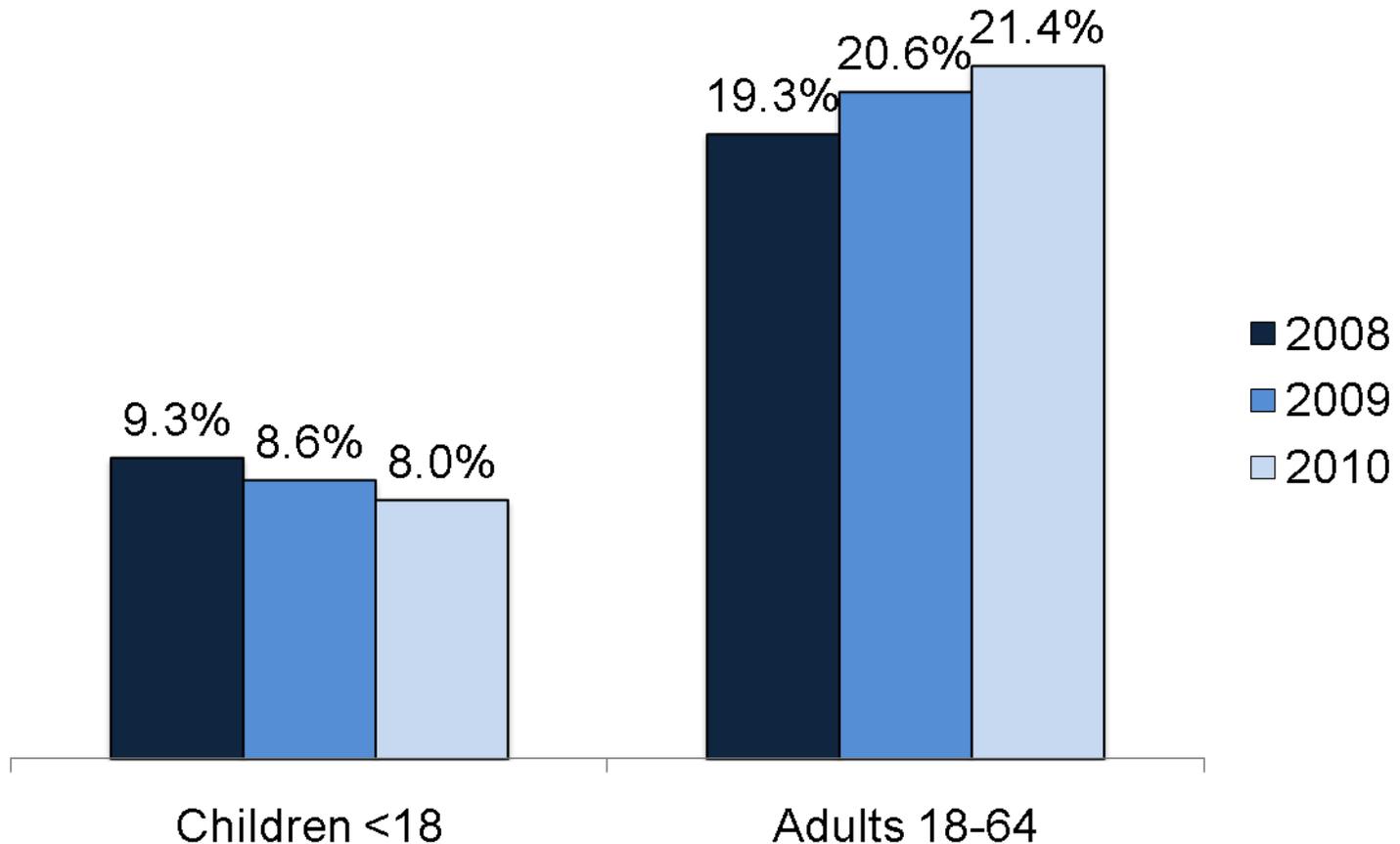
www.catalystctr.org
mcomeau@bu.edu

The Fundamentals of How Medicaid Works for Kids

Jocelyn Guyer,
Co-Executive Director,
Center for Children and Families
Georgetown University Health Policy Institute

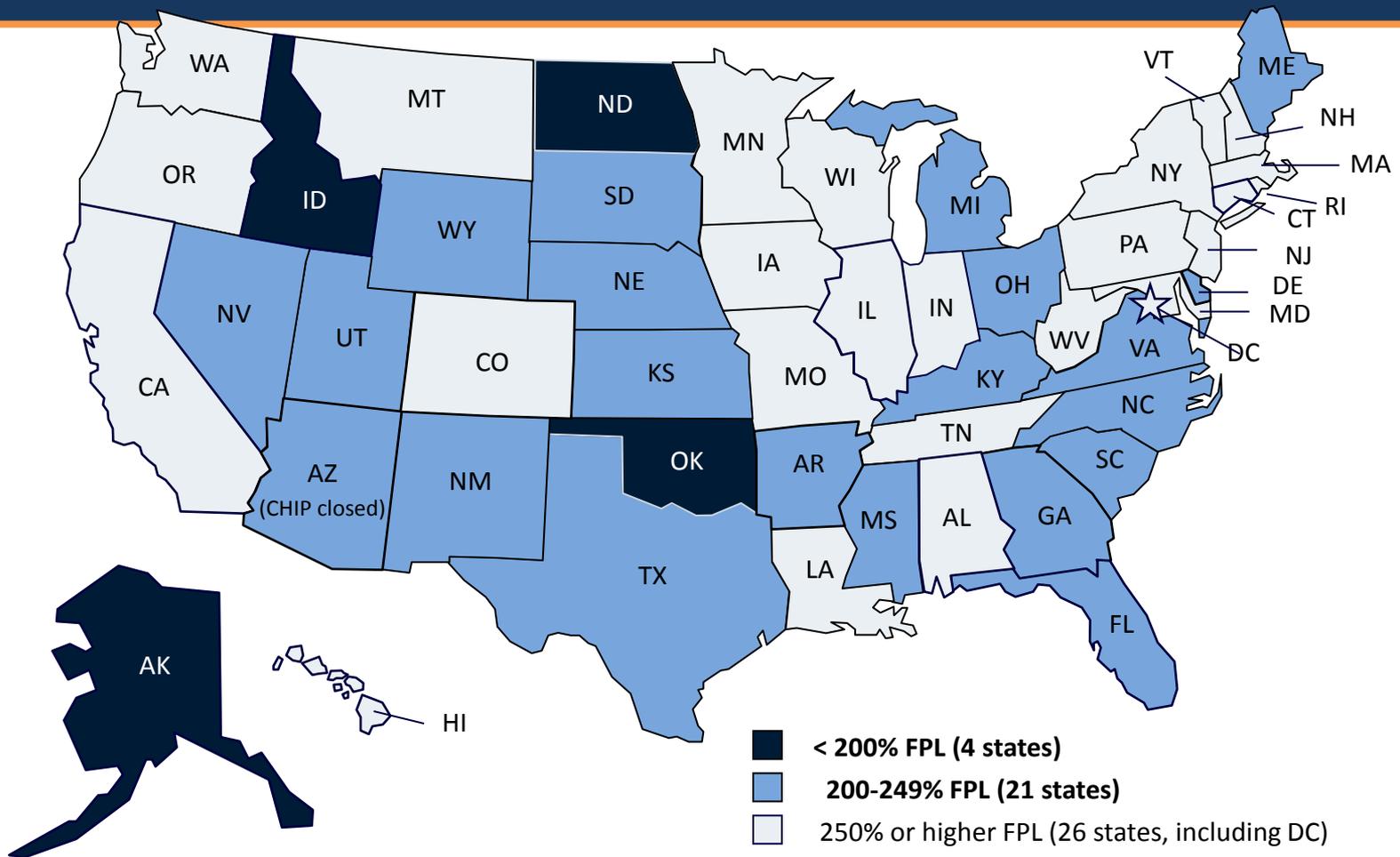
Washington, DC
January 25, 2012

Children Are Uninsured At Lower Rates Than Adults



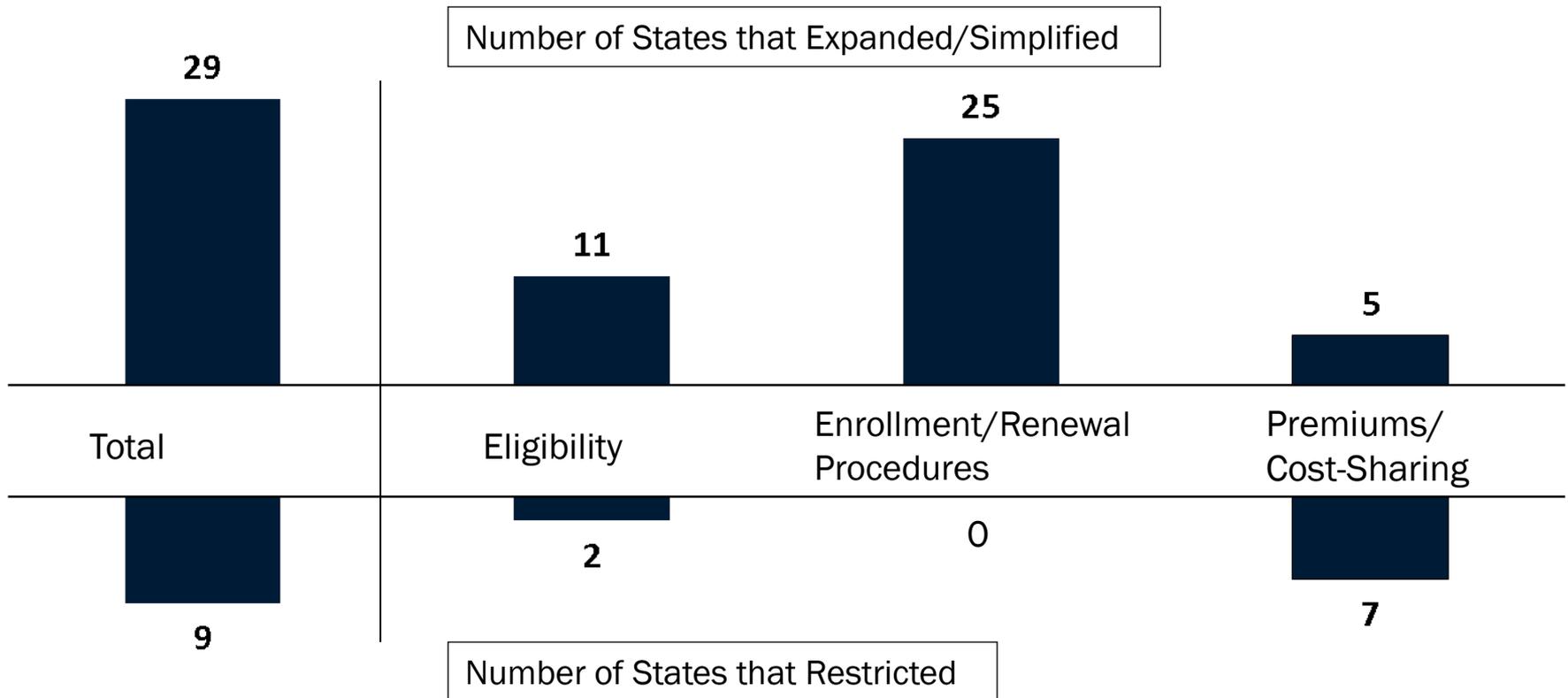
Source: T. Mancini, M. Heberlein, & J. Alker, "Despite Economic Challenges, Progress Continues: Children's Health Insurance in the United States from 2008-2010" Georgetown University Center for Children and Families (November 2011).

Children's Eligibility for Medicaid/CHIP by Income, January 2012



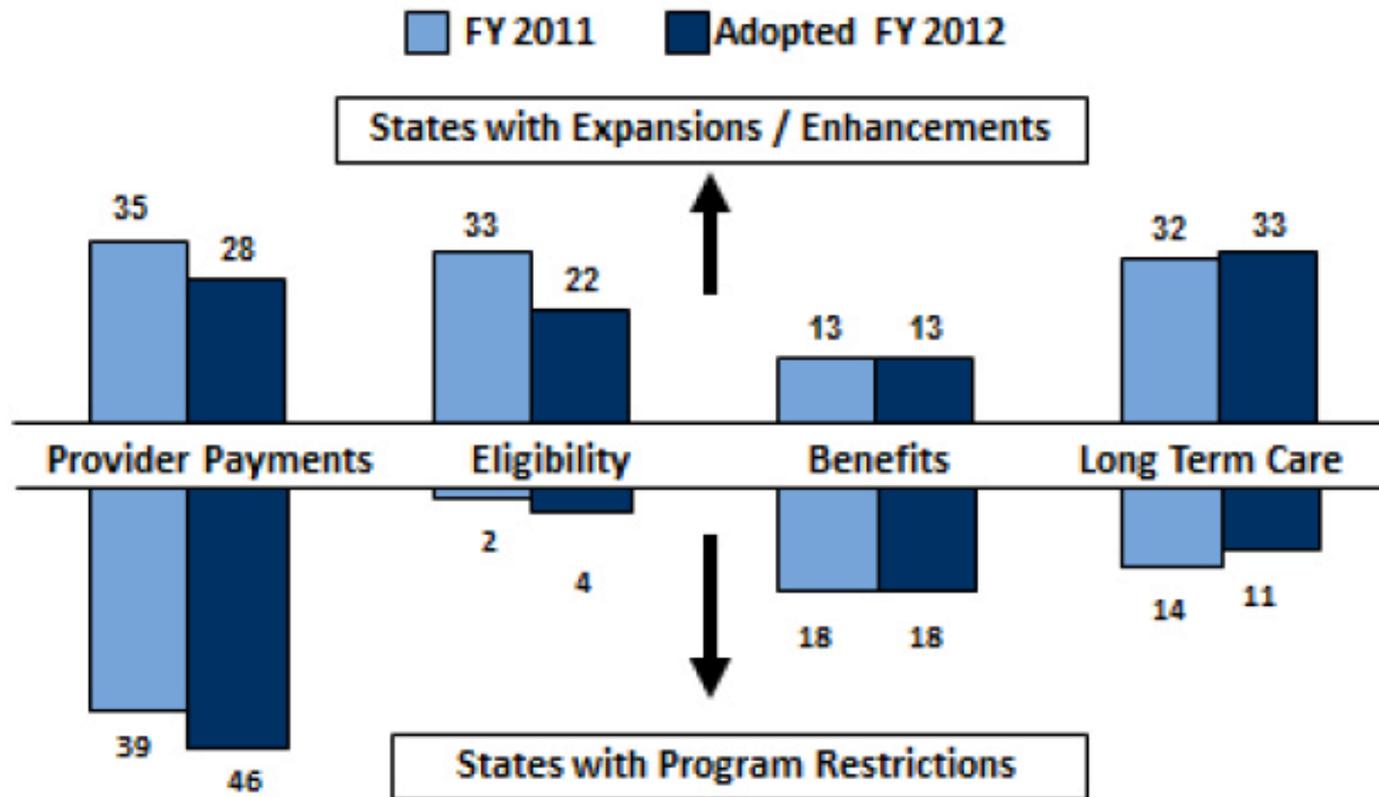
Source: Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families.

State Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policy Actions, January 2011 – January 2012



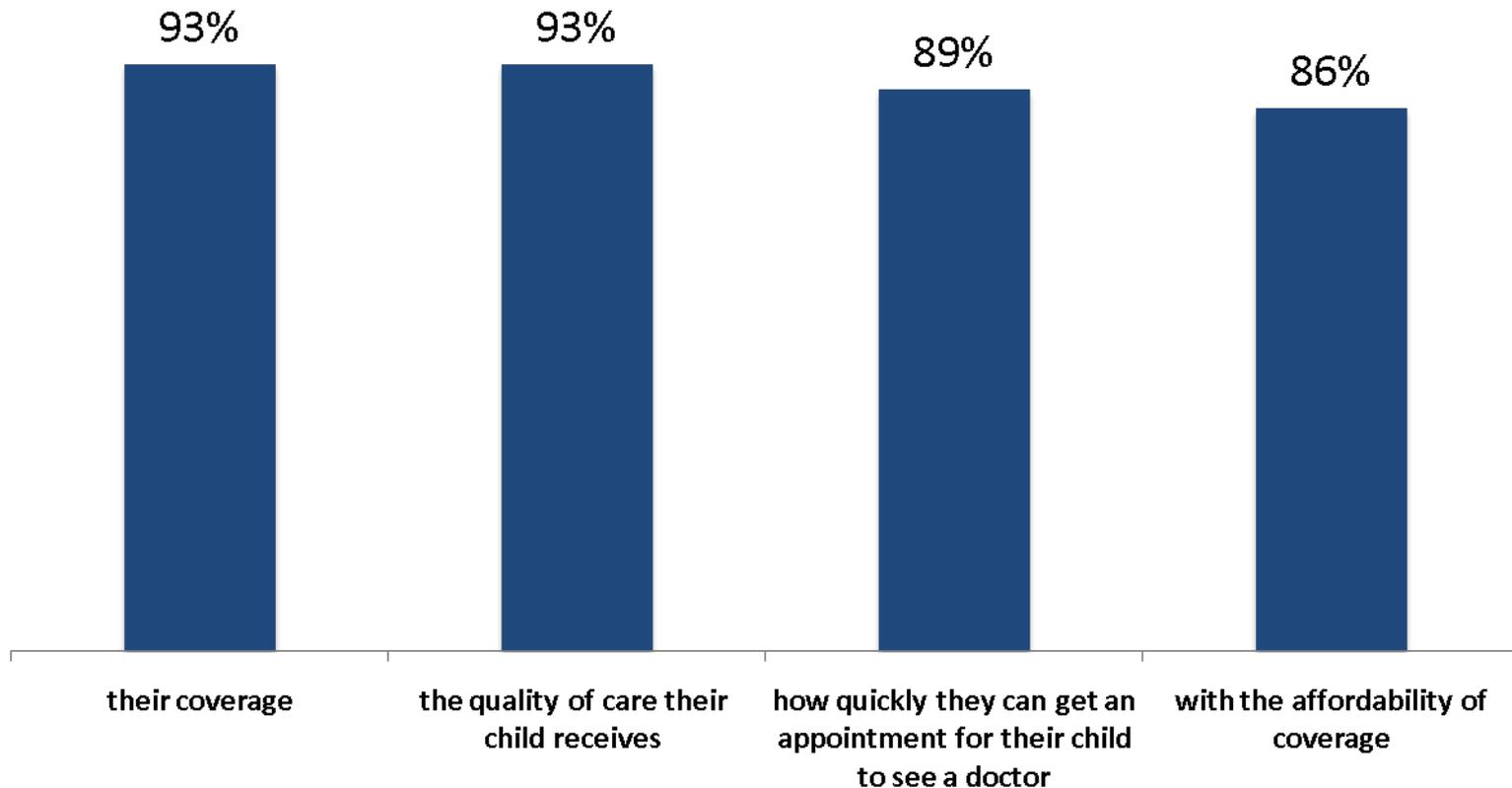
Source: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2012.

State Policy Implemented in FY 2011 and Adopted for FY 2012



Parents' Perspective on Medicaid/CHIP (Based on a 2011 survey of low-income parents)

Percent of parents who are very or somewhat satisfied with...



Source: "Informing CHIP and Medicaid Outreach and Education" Topline Report, Key Findings from a National Survey of Low-Income Parents. By Ketchum Conducted for Centers for Medicare & Medicaid Services.

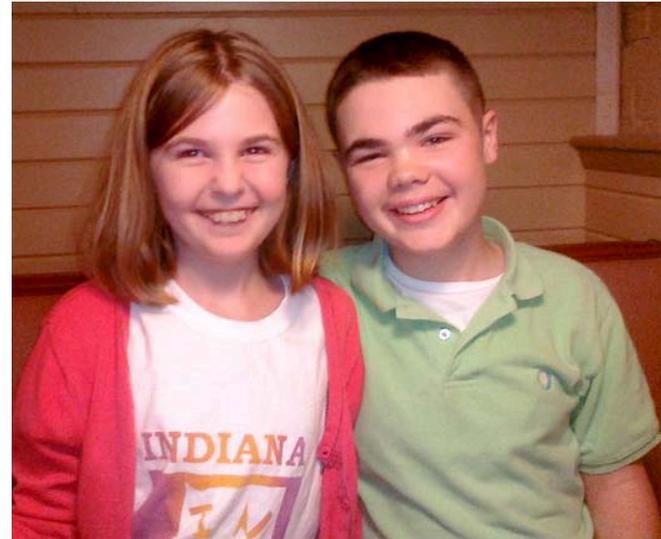
Conclusion

- ◆ Medicaid has provided much-needed peace of mind to families during the Great Recession
- ◆ In good times and bad, Medicaid is particularly important for children with special health care
- ◆ In the months and years ahead, it will be vital to sustain and build on the success of Medicaid in covering children.

Conclusion

"Without Medicaid, my family would have declared bankruptcy years ago. I wouldn't have my scooter to get around and I wouldn't be able to live such a productive, independent life. I have big plans for my future and Medicaid is helping me achieve those dreams."

-- Laura Rodgers, 11-year old from Lebanon, Indiana with her brother. Both have mitochondrial disease and use Medicaid to supplement their parents' job-based insurance.



Georgetown Center for Children and Families

Jocelyn Guyer

jag99@georgetown.edu

Our Website: <http://ccf.georgetown.edu/>

Say Ahhh! Our child health policy
blog: <http://www.theccfblog.org/>