Why Medicaid Matters to Kids

An educational briefing held in collaboration with the Children’s Health Care Caucus featuring:

Cynthia Pellegrini
Senior Vice President for Public Policy and Government Affairs, March of Dimes

Elisabeth Wright Burak
Senior Program Director, Georgetown University’s McCourt School of Public Policy’s Center for Children and Families (CCF)

Rhonique Shields, M.D.
Chief Medical Officer & VP of Medical Affairs, Health Services for Children with Special Needs, Inc.

Cara Coleman
Leader, Family Voices
Instructor of Pediatrics, VCU School of Medicine INOVA Fairfax Campus
Children’s Health Coverage: Medicaid and the Children’s Health Insurance Program (CHIP)

Elisabeth Wright Burak

Why Medicaid Matters to Kids

February 2, 2016
The Children’s Uninsured Rate has Declined to Historic Low

Figure 1. Rate of Uninsured Children, 2008-2015

* Change is significant at the 90% confidence level. 2013 was the only year that did not show a significant one-year decline in the national rate of uninsured children. The Census began collecting data for the health insurance series in 2008, therefore there is no significance available for 2008.

Rate of Uninsured Children by State, 2015

Medicaid

- Enacted in 1965 as companion legislation to Medicare
- State-federal partnership
- Originally focused on most vulnerable populations: Low-income children, pregnant women, parents, seniors, disabled
- Guarantees eligibility to individuals that qualify and federal financing (50 – 75%) to states - FMAP
- Includes mandatory services and gives states options for broader coverage
  - Child-specific benefit: Early, Periodic, Screening, Diagnostic, Treatment (EPSDT)
Children’s Health Insurance Program (CHIP)

- Block grant – capped allotments to states
- Enhanced federal match (eFMAP) up to state cap (65 – 82%), increased temporarily by 23 percentages points
- States design benefit packages, most based on Medicaid
Children’s Coverage in the United States, January 2017

- Medicaid
  - 138% of FPL (Family of 3) $27,821/year
  - 255% of FPL (Family of 3) $51,408/year
- CHIP
  - 400% of FPL (Family of 3) $80,640/year

Exchange Subsidies (Premiums Based on Sliding Scale, Ranging from 2%-9.5% of Income)

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. 2016.
Virginia Children’s Coverage, January 2017

Exchange Subsidies
(Premiums based on a sliding scale, ranging from 2.5%-9.5% of income)

- 400% of FPL (Family of 3) $80,640/year
- 205% of FPL (Family of 3) $41,328/year
- 148% of FPL (Family of 3) $29,836/year

CHIP

Medicaid

How are Children Covered?

- **Employer-Sponsored**: 46.5%
- **Medicaid/CHIP**: 35.7%
- **Other**: 7.4%
- **Direct Purchase (Includes Marketplace)**: 4.8%
- **Uninsured**: 5.5%
Children Are the Largest Group of Medicaid Beneficiaries

- Children: 41%
- Non-Newly Eligible Adults: 15%
- Newly Eligible Adults: 13%
- Disabled: 8%
- Elderly: 22%

Public Coverage for Children

- Medicaid Expansion CHIP: 4.7 million
- Separate CHIP: 3.7 million
- Marketplace: 1.1 million
- Medicaid: 36.8 million

Long-Term Effects of Childhood Medicaid Coverage

- Healthier Adults
- Greater Academic Achievement
- Greater Economic Success

Government Savings (ROI)

Childhood Medicaid Yields Strong Government Return on Investment

Effect of childhood Medicaid in adulthood

- Better health
- Higher incomes

Outcome

- Reduction in hospitalizations and emergency room visits
- Increased tax payments and reduced receipt of Earned Income Tax Credit (EITC)

Government Savings (ROI)

- Government recouped 3-5% of initial cost of expanding Medicaid in one year (savings of $22-$34 million)
- The increase in tax payments alone returned nearly one-third (32 cents on the dollar) of the initial cost of expanded childhood Medicaid by the time children reached age 28 and 56 cents of each dollar by the time they reached age 60.

If benefits of childhood Medicaid eligibility continue and if other financial benefits to the government were included in the authors’ calculations (increased tax receipt, better educational outcomes, take-up rate, and lower mortality), the savings may be even more substantial. 
Source: A. Chester and J. Alker, “Medicaid at 50.”
For More Information

- Elisabeth Wright Burak:
  - Elisabeth.burak@georgetown.edu
- CCF website: ccf.georgetown.edu
- Twitter @GeorgetownCCF
- Say Ahhh! Our child health policy blog: ccf.georgetown.edu/blog/
Why Medicaid Matters to Kids

An educational briefing held in collaboration with the Children’s Health Care Caucus featuring:

**Cynthia Pellegrini**
Senior Vice President for Public Policy and Government Affairs, March of Dimes

**Elisabeth Wright Burak**
Senior Program Director, Georgetown University’s McCourt School of Public Policy’s Center for Children and Families (CCF)

**Rhonique Shields, M.D.**
Chief Medical Officer & VP of Medical Affairs, Health Services for Children with Special Needs, Inc.

**Cara Coleman**
Leader, Family Voices
Instructor of Pediatrics, VCU School of Medicine INOVA Fairfax Campus
Why Does Medicaid Matter to Children?

Rhonique Shields, MD, MHA, FAAP
Chief Medical Officer, Vice President Medical Affairs
Health Services for Children with Special Needs, Inc.
Health Services for Children with Special Needs, Inc. (HSCSN) is a specialty Medicaid health plan that has provided care coordination for individuals with disabilities and chronic illnesses in Washington, D.C. since 1994.

HSCSN provides coverage to children and young adults up to age 26 in the District who are eligible for Supplemental Security Income or have related illnesses.

It offers a care management network with 2,000 providers to deliver a comprehensive set of benefits to approx. 6,000 members, including:
  - Health, dental, behavioral, prescription, long-term care and social support services.
Different Needs Drive Different Benefits

<table>
<thead>
<tr>
<th>Structure</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint federal/state program</td>
<td>Federal insurance program</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financing</th>
<th>Costs shared by the federal and state governments</th>
<th>Paid for by the federal government</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Low-income families &amp; children, Pregnant women, Disabled adults, Low-income adults, Elderly, Others (state option)</th>
<th>Elderly, Children with End-stage Renal Disease, Some adults with certain types of disabilities</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Provides EPSDT – benefits designed for children</th>
<th>No pediatric benefit package</th>
</tr>
</thead>
</table>
Coverage Matters......

- Medicaid currently serves as the health care program for over 30 million children, and is the nation’s single largest health sponsor of children in the nation.

- The Child Health Insurance Program (CHIP) set to expire in 2017 and also at risk, accounts for several million more children.
What Services do Children Need?

*All* children deserve coverage that provides *all* medically necessary, age-appropriate benefits that promote healthy child development.
Medicaid Benefits for Children: 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 is EPSDT Important for Children?

- Kids receive **preventive care**, such as immunizations, mental health screening, dental and vision services

- Conditions are treated early BEFORE they get more serious and expensive to treat

- Kids with chronic or complex health care needs receive **medically necessary, age-appropriate care** to improve and maintain their quality of life
Commercial Insurance: Kids’ Benefits

- Hospital care
- Preventive Services
- Medications
- Specialty MD visits
- Primary Care
EPSDT Services

The HSC Health Care System

EPSDT Services

- Home Health Care
- Screening
- Dental
- Other necessary services
- Nutrition
- Preventive
- Vision
- Private duty nursing
- Rehabilitative, habilitative services, devices
- Meds
- Physician/hospital svcs.
- Transportation
- Hearing
- Case management
- Mental, behavioral health services

Health Services for Children with Special Needs
3 Things to Remember About Children’s Benefits...

- **Children are not little adults** – they must have benefits that meet their unique developmental needs.

- **Children need all medically-necessary, age-appropriate services**, like EPSDT, which is covered by Medicaid and many CHIP plans.

- **Children need access to therapeutic services and devices** through their health plan to enable them to meet and maintain their developmental potential.
Case Vignette

12-year-old seventh grader Deamonte Driver died after complications from a tooth abscess. His mother who worked at low-paying jobs, had searched for a dentist to treat his toothache who would accept Medicaid, but she was unsuccessful. Ultimately, she took Deamonte to a hospital emergency room, where he was given medicine for a headache, sinusitis, and a dental abscess and sent home. Efforts were made to save him, including two operations and eight weeks of additional care and therapy totaling about $250,000, but it was all too late. Deamonte died on February 25, 2007 — *when his life could have been saved by a routine dental visit and an $80 tooth extraction*
Resources

https://brightfutures.aap.org/Pages/default.aspx

https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

https://www.medicaid.gov/chip/chip-program-information.html

https://www.childrenshospitals.org/
Why Medicaid Matters to Kids

An educational briefing held in collaboration with the Children’s Health Care Caucus featuring:

**Cynthia Pellegrini**  
Senior Vice President for Public Policy and Government Affairs, March of Dimes

**Elisabeth Wright Burak**  
Senior Program Director, Georgetown University’s McCourt School of Public Policy’s Center for Children and Families (CCF)

**Rhonique Shields, M.D.**  
Chief Medical Officer & VP of Medical Affairs, Health Services for Children with Special Needs, Inc.

**Cara Coleman**  
Leader, Family Voices  
Instructor of Pediatrics, VCU School of Medicine INOVA Fairfax Campus
Why Medicaid Matters to Kids

Cara L. Coleman, JD, MPH
Leader, Family Voices
Instructor of Pediatrics, VCU School of Medicine INOVA Fairfax Campus
Supplies - medical, DME, equipment, medications - 12+ different

Schools - Teachers for all 4 IEP teams

Family - Love, together, grateful - Q of L for all - Shadow Survivors

Home Health Care - 3 nurses + admin

Community - Support: ask for/accept help - child care

Appointments, Procedures & Tx. Hospitalizations

Doctors - PCP + 15+ Specialists - Multiple health systems

Support Staff - 20+ places

Support Staff - 20+ places

Insurers - United Healthcare & Medicaid

Agencies - CSB, DFS, LEND, DMAS

Supplies - medical, DME, equipment, medications - 12+ different


**16 medical teams, 4 school teams, 12+ supply teams, 4 agencies, etc.**
Why Medicaid Matters to Kids

An educational briefing held in collaboration with the Children’s Health Care Caucus featuring:

**Cynthia Pellegrini**  
Senior Vice President for Public Policy and Government Affairs, March of Dimes

**Elisabeth Wright Burak**  
Senior Program Director, Georgetown University’s McCourt School of Public Policy’s Center for Children and Families (CCF)

**Rhonique Shields, M.D.**  
Chief Medical Officer & VP of Medical Affairs, Health Services for Children with Special Needs, Inc.

**Cara Coleman**  
Leader, Family Voices  
Instructor of Pediatrics, VCU School of Medicine INOVA Fairfax Campus