Healthy Coverage, Healthy Kids: Exploring How Children Fit into the Changing Health Coverage Landscape

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

Jim Kaufman
Vice President, Public Policy, Children’s Hospital Association

Joan Alker
Executive Director, Georgetown University Center for Children and Families

Mark Weissman Division Chief, M.D.
General Pediatrics & Community Health, Children’s National Hospital

Jonelle Anamelechi DDS, MSPH
Owner, Children’s Choice Pediatric Dentistry and Orthodontics
Children’s Coverage

Joan Alker
Executive Director
November 18, 2019
Washington D.C.
Number of Uninsured Children in the United States (in millions), 2008-2018

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables. *Change is significant at the 90% confidence level and is significant relative to the prior year indicated.
Rate of Uninsured Children, 2008-2018

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables. *Change is significant at the 90% confidence level and is significant relative to the prior year indicated.
Percent of Uninsured Children by Census Poverty Threshold, 2017-2018

<table>
<thead>
<tr>
<th>Poverty Threshold</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-137%</td>
<td>6.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>138-250%</td>
<td>6.9%</td>
<td>7.3%*</td>
</tr>
<tr>
<td>250% or above</td>
<td>3.2%</td>
<td>3.5%*</td>
</tr>
</tbody>
</table>

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (B27016). * Change is significant at the 90% confidence level relative to the prior year.
Children’s Uninsured Rate by Race and Ethnicity, 2017-2018

Source: Georgetown University Center for Children and Families analysis of the U.S. Census 2017-2018 American Community Survey (ACS) data using 1-year estimates from Data.Census.Gov (C27001A-I). *Change is significant at the 90% confidence level relative to the prior year. Note: Hispanic refers to a person’s ethnicity, therefore Hispanic individuals may be of any race.
10 States had significantly higher rates of uninsured children than the national rate

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables. *Change is significant at the 90% confidence level and is significant relative to the prior year indicated.
Half of the Nation’s Uninsured Children Reside in Six States

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables. *Change is significant at the 90% confidence level and is significant relative to the prior year indicated.
Children’s Uninsured Rate by Medicaid Expansion Status, 2016-2018

Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau American Community Survey (ACS) Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2018, Health Insurance Historical Tables. *Change is significant at the 90% confidence level and is significant relative to the prior year indicated.
Public Coverage for Children, 2018

- Medicaid: 36.3 million
- CHIP: 9.6 million
- Marketplace: 983,000

Sources: Georgetown CCF analysis of SEDS FY 2018 Ever-Enrolled in Medicaid/CHIP. CMS state-level public use data. Figure proportionally to scale.
Long-Term Effects of Childhood Medicaid Coverage

- Healthier Adults
- Greater Academic Achievement
- Greater Economic Success

Government Savings (ROI)

The Children’s Health Care Report Card

View our interactive data hub for a closer look at how children are getting covered, their access to quality care, and policy options to improve enrollment and retention in Medicaid and CHIP.

kidshealthcarereport.ccf.georgetown.edu
Children Covered by Medicaid/CHIP: Congressional Districts

View the percent of children covered by Medicaid/CHIP in your congressional district using our interactive map feature.

ccf.georgetown.edu/tag/state-resources/
A Pediatrician's Perspective: Why Medicaid & CHIP Matter
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

**DIAGNOSTIC** – 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

- Home Health Care
- Screening
- Dental
- Other necessary services
- Vision
- Private duty nursing
- Preventive
- Nutrition
- Rehabilitative, habilitative services, devices
- Meds
- Physician/hospital svcs.
- Hearing
- Transportation
- Case management
- Mental, behavioral health services
Primary Care Pediatrics -- different today
Meet Anna
Anna’s asthma is poorly controlled-
multiple ED visits, missed school & medical appointments
Meet Kennedy
Kennedy is a “medically complex” child - born with a chromosomal anomaly that impacts multiple systems
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.
IT'S EASIER TO BUILD STRONG CHILDREN THAN REPAIR BROKEN MEN.

FREDERICK DOUGLASS
Medicaid & CHIP: Building stronger children, families & communities
Dental Coverage: Comprehensive, Holistic Care for Every Child

Jonelle Anamelechi DDS, MSPH
Board Certified Pediatric Dentist
Owner, Children's Choice Pediatric Dentistry and Orthodontics
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Research has given us quantifiable insights into the power of prevention in the health and wellbeing of a child

For every $1 spent on prenatal care

$3.36 is saved in the care of low birth weight babies.

Adapted from "Early Preventive Dental Visits" 2014, Figure 3, p. 3. Copyright 2014 by the American Academy of Pediatric Dentistry.
Mothers-to-be are more likely to have a pre-term birth when they have periodontal disease than mothers-to-be that have healthy gums.
Dental decay is the most common preventable disease of childhood.

5x more common than Asthma

51 million school hours missed Per Year

Early Preventative Dental Care Benefits

The average dентally-related costs for children with the first dental visit at age 1 was $300 less than those that waited until age 3.

Average dental costs for children aged 1-5 from 1992-1997 Adapted from "Early Preventive Dental Visits' 2014, Figure 2, p. 3. Copyright 2014 by the American Academy of Pediatric Dentistry.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for children in Medicaid

<table>
<thead>
<tr>
<th>Services</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Services</td>
<td></td>
</tr>
<tr>
<td>Vision Services</td>
<td></td>
</tr>
<tr>
<td>Dental Services</td>
<td>• At intervals which meet reasonable standards of dental practice</td>
</tr>
<tr>
<td></td>
<td>• At such other intervals as are medically necessary</td>
</tr>
<tr>
<td></td>
<td>• At a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health</td>
</tr>
<tr>
<td>Hearing Services</td>
<td></td>
</tr>
<tr>
<td>Other services necessary to correct or ameliorate defects and physical and mental illnesses and conditions</td>
<td></td>
</tr>
<tr>
<td>States must also establish a dental periodicity schedule in consultation with professional organizations</td>
<td></td>
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</tbody>
</table>
Medicaid EPSDT Dental Services: At-a-Glance

1. Subject to medical necessity requirements

2. Must be allowed at greater frequencies than what is outlined in periodicity schedule

3. Must be provided even if not outlined in state plan, periodicity schedule, or fee schedule if necessary to correct or ameliorate a condition

4. Cannot be subject to hard service limits
Dental Services in the Children's Health Insurance Program (CHIP) Must Be Comprehensive

Many states simply expand Medicaid coverage (EPSDT) to CHIP eligible kids

States with separate programs are expected to provide dental benefits that:

• Cover services “necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions”
• Specific covered services & cost-sharing do vary from state to state
# Early Detection in a Primary Care Dental Setting Means Significant Savings for the Healthcare System

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 1st</td>
<td>Child presents to a dental office with facial swelling and uninsured. Total cost of care: $450 total for treatment presented.</td>
</tr>
<tr>
<td>Oct 5th</td>
<td>Child presents to emergency room with same facial swelling but this time worse than Oct 1. Admit child and start antibiotics.</td>
</tr>
<tr>
<td>Oct 6th</td>
<td>Tooth removed (Dental cost, Anesthesia cost, Hospital stay).</td>
</tr>
</tbody>
</table>

Additional factors: Time off from school, Time off from work, Other medical costs, Long term health burden of incident.
Congress Can be a Leader in Supporting Legislation to Provide Access to Specialized Care for all Children

1. Ensure Medicaid and CHIP remain funded and accessible

2. Protect and strengthen funding for programming

3. Ensure both children and parents have access to comprehensive care that meeting their needs
Thank you!

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