

# Medicaid & CHIP: 2015 and Beyond

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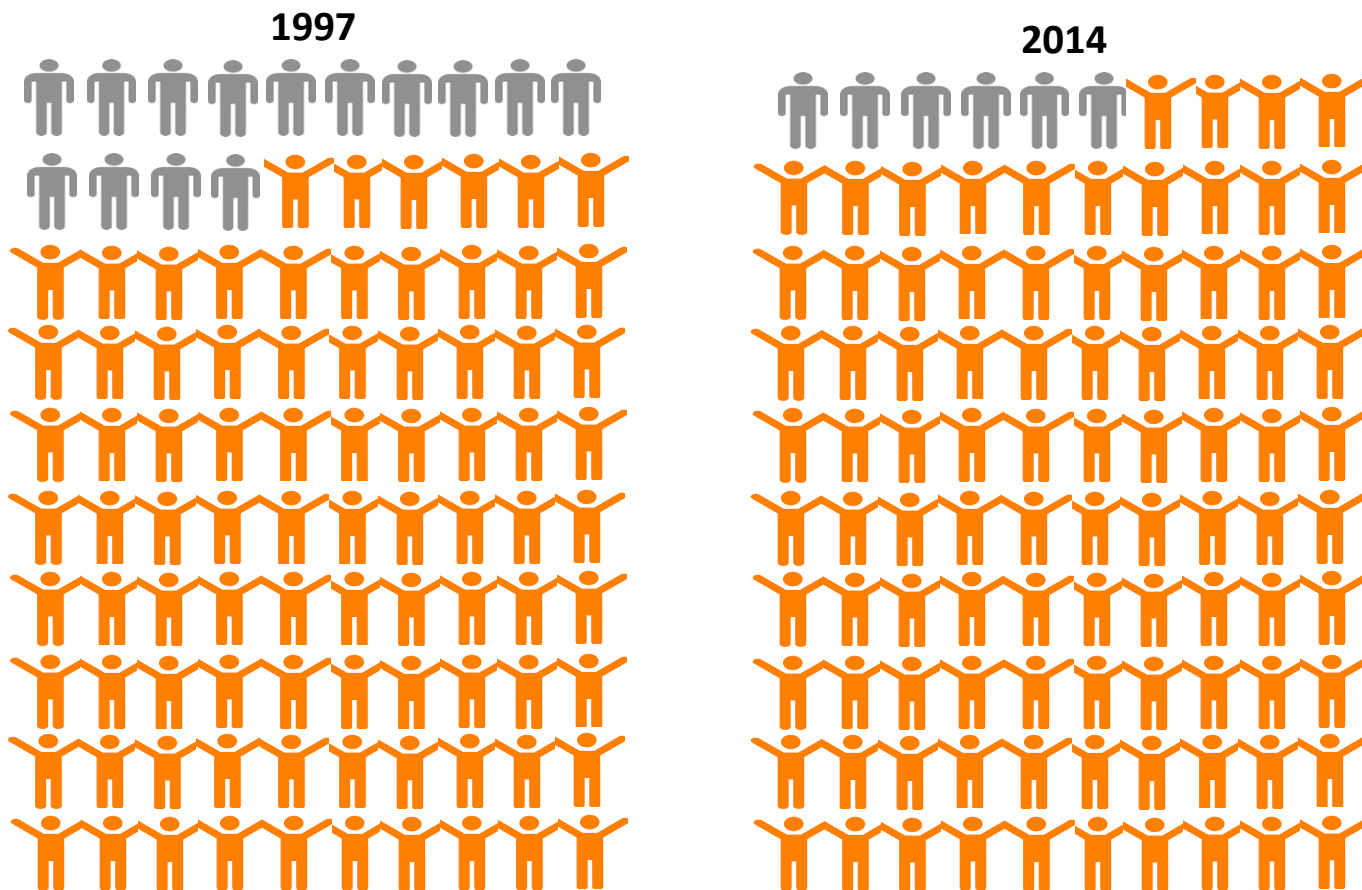
Presentation for the National Institute  
for Health Care Management

September 30, 2015

# Historic Gains in Children's Coverage

The uninsurance rate for children has been cut in half since 1997

*Uninsured Rates Among U.S. Children (Ages 0-17)*



Sources:  
2014 National Health Interview Survey  
"America's Children: Key National Indicators of Well-Being, 2015" [http://www.childstats.gov/pdf/ac2015/ac\\_15.pdf](http://www.childstats.gov/pdf/ac2015/ac_15.pdf)



# The New Vision for Seamless Eligibility & Enrollment



Single streamlined application



Aligned MAGI eligibility rules



Electronic data verification with documentation as a last resort



Real time eligibility determinations



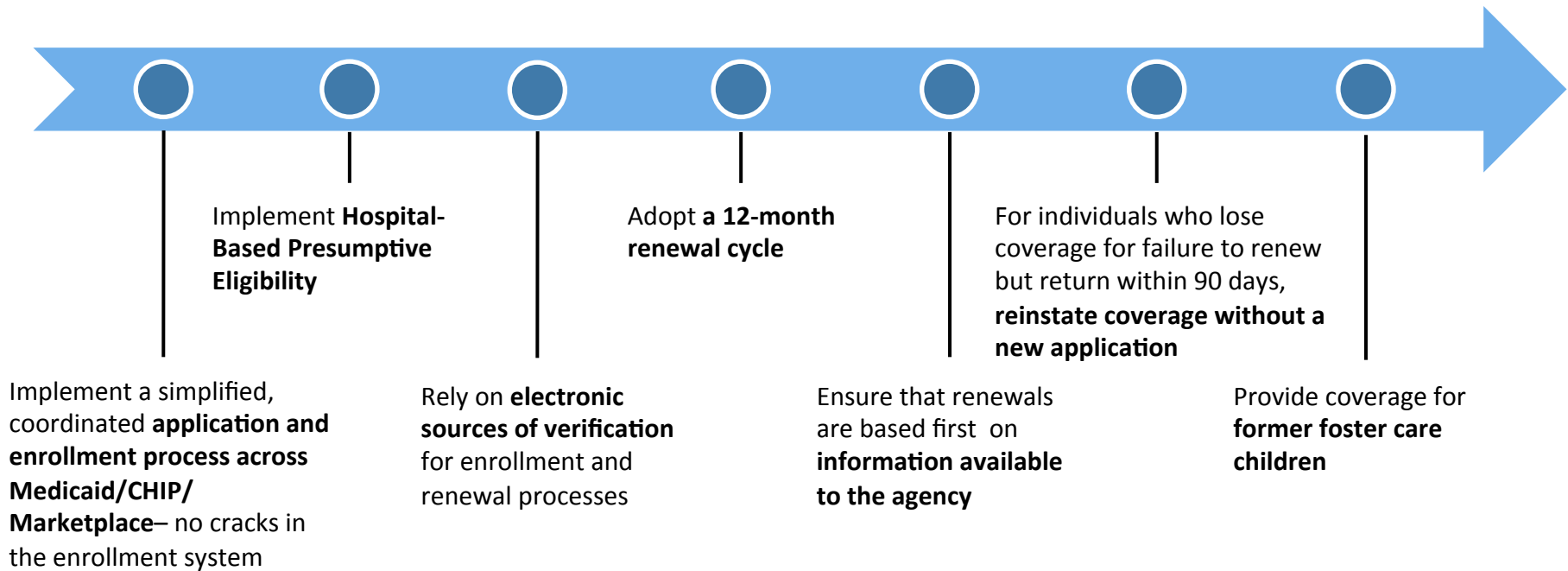
Seamless change reporting



Automated renewals process

# Getting It Right: Best Practices Are Now The Law

*Every* State's eligibility and enrollment system is expected to optimize coverage and streamline eligibility, enrollment, and renewal processes

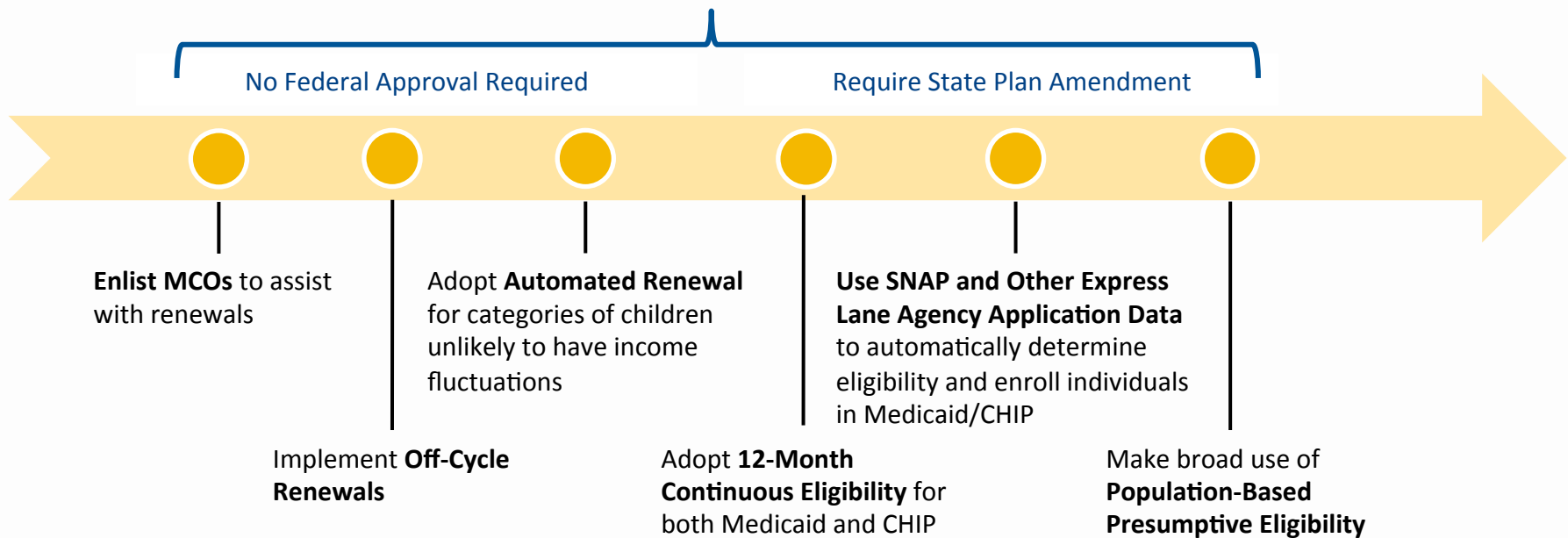


**“There are *many* doors and no *wrong* door”**

# Additional Ways to Improve Children's Coverage

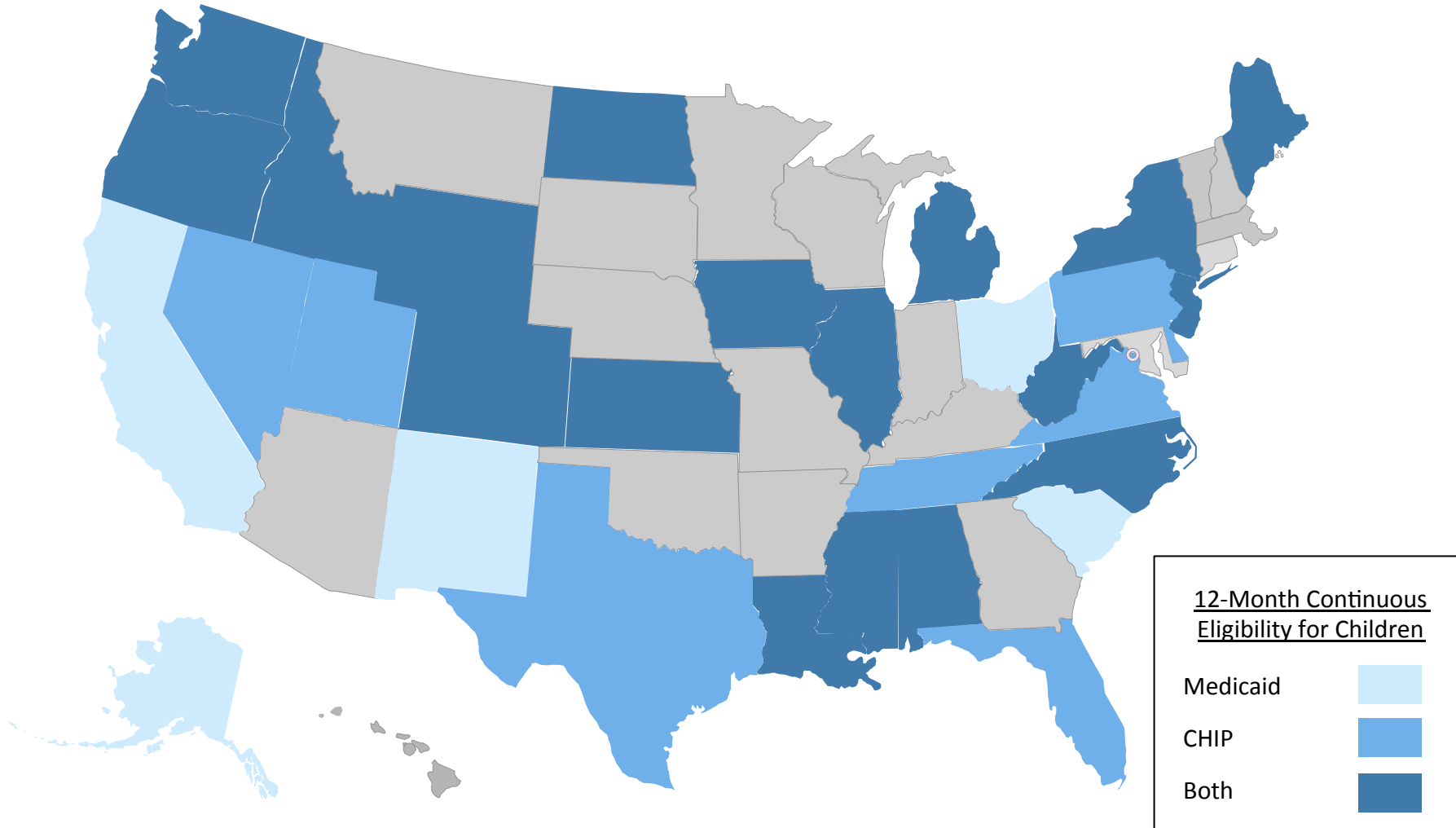
States have options to implement policies/procedures that would further simplify enrollment and renewal, increase retention, and promote continuity of care for children.

## State Options to Streamline Enrollment and Renewal



# Continuous Enrollment: Keeping Children Enrolled

State Adoption of 12-Month Continuous Eligibility for Children’s Medicaid & CHIP (2015)



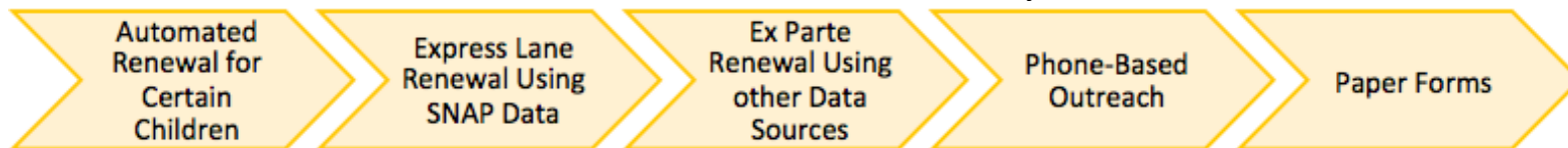
# Case Study: Louisiana Streamlining Experience

Implementing a combination of streamlining options resulted in increased retention of children's coverage and administrative savings



Louisiana is a leading state in enrollment and retention of Medicaid/CHIP children, through adoption of multiple strategies.

### Louisiana Medicaid/CHIP Renewal Hierarchy:

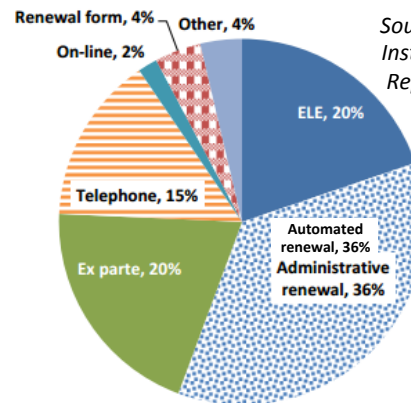


Louisiana also has 12-month continuous eligibility and allows off-cycle renewals

### Results:

- 95% of children overall are renewed, and 90% of Medicaid and 84% of CHIP children renewed without families providing information.
- Less than 1% lose coverage for procedural reasons.
- Eligibility error rate is less than 0.3%, which is less than one-tenth the national average.
- ELE alone produces an estimated net administrative savings of \$1 million annually.

### Medicaid/CHIP Renewal Methods, Oct 2012-Sept 2013



Source: Urban Institute ASPE Report, 2014

# Access For Children Is Strong Overall, But Some Challenges Persist

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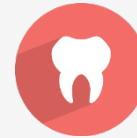


## Children's Access to After-Hours Urgent Care

- For approximately 75% of children with an ER visit in the past year, their most recent visit **occurred overnight or on a weekend**, regardless of insurance coverage.
- Children with Medicaid were more likely to **visit the ER for a non-serious medical problem** than children with private insurance.
- Of children who visited the ER for a non-serious medical problem, **Medicaid children were most likely to visit the ER because their doctor's office was not open.**



What does this tell us about access to care for Medicaid/CHIP children?



## Children's Access to Dental Care in Medicaid & CHIP

- **Less than 50%** of children enrolled in Medicaid & CHIP receive at least one preventive dental service per year.
- CMS has been working with state and providers to **improve children's access to dental care.**
- In April 2010, CMS launched the **Oral Health Initiative**, with the goals of:
  - Increasing the utilization of preventive dental services among Medicaid/CHIP children; and
  - Increasing the percent of Medicaid/CHIP children who receive a sealant on a permanent molar.

For more information on the Oral Health Initiative:  
<http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-04-18-13.pdf>

### Sources:

CDC, "NCHS Data Brief: Reasons for Emergency Rooms Use Among U.S. Children: National Health Interview Survey, 2012", July 2014.

<http://www.cdc.gov/nchs/data/databriefs/db160.htm>

CMS, "CMCS Informational Bulletin: Update on CMS Oral Health Initiative and Other Oral Health Related Items", July 2014.

<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-10-2014.pdf>



# Expanding Medicaid for Parents Benefits Children

Research suggests that children who reside in states that have expanded Medicaid to cover parents have a 20% higher participation rate than children in other states.



***Pre-ACA Medicaid expansion in Massachusetts led to a 14% increase in Medicaid coverage among children relative to other states.***

Sources:  
Bruce Covert, "When Parents Can't Enroll in Medicaid, Children Stay Uninsured", New York Times, September 26, 2012.  
[http://parenting.blogs.nytimes.com/2012/09/26/when-parents-cant-enroll-in-medicaid-children-stay-uninsured/?\\_r=1](http://parenting.blogs.nytimes.com/2012/09/26/when-parents-cant-enroll-in-medicaid-children-stay-uninsured/?_r=1)  
L. Dubay and G. Kenney, "Expanding Public Health Insurance to Parents: Effects on Children's Coverage Under Medicaid", October 2003.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360947/>



# THANK YOU

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