

NCIT Capacity-Building Hub

Medicaid Webinar: Services to Pregnant Women, Young Children and Families
August 19, 2019

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Discussion Questions to Consider:

- What are you working on with your Medicaid and CHIP programs to support healthy development?
- Where are you having success?
- Where are you experiencing challenges?
- What information or support do you need to help ensure your success?
- Name 3 areas you would like to learn more about Medicaid and/or CHIP.

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**Gretchen Hammer,
Public Leadership
Group**



Today's Featured Presenters

Agenda

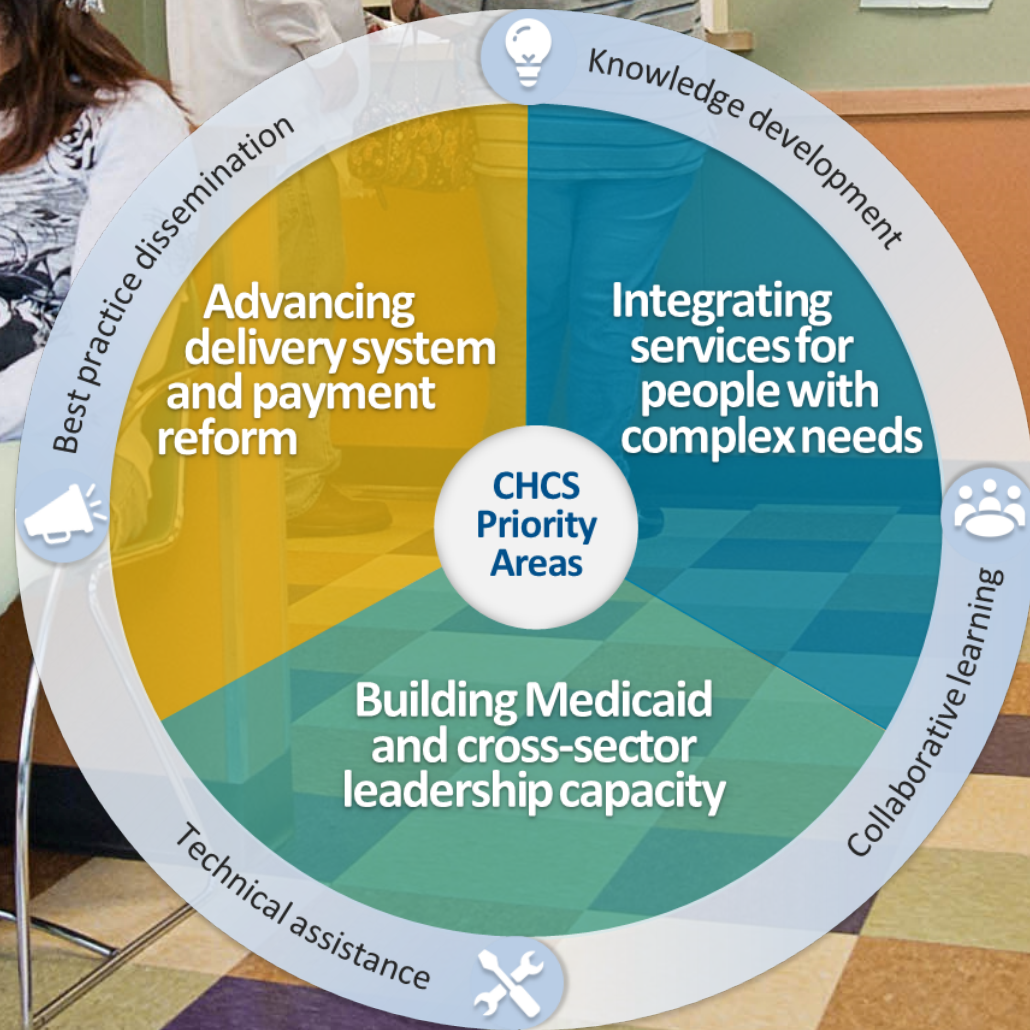


Goal: Provide a high-level overview of Medicaid and Children's Health Insurance Plan (CHIP) and the opportunities to leverage Medicaid and CHIP to serve young children and families

- I. General Overview
- II. Current Eligibility and Coverage Through Medicaid and CHIP
- III. Benefits and Services for Young Children and Families
- IV. Opportunities for Medicaid to Support Healthy Development
- V. Discussion of Areas to Explore Deeper in September

About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans



Visit CHCS.org to...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services
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Three Takeaways













1. Medicaid and CHIP are a major source of coverage for pregnant women, young children and their families
2. Medicaid is designed and required to provide comprehensive prevention and treatment services for pregnant women, young children and their families
3. There are specific opportunities to leverage Medicaid in every state to support the healthy development of young children

I. General Overview

Medicaid Fast Facts



 74 million	People in the United States with Medicaid coverage.
 \$566 billion	State and federal Medicaid spending for FY 2015.
 12 million	Adults eligible for coverage through Medicaid expansion, FY 2017.
 47 percent	Births in the United States covered by Medicaid.
 38 percent	Children in the United States covered by Medicaid.
 5 percent	Medicaid beneficiaries, many with chronic illnesses and disabilities, accounting for 48% of total Medicaid spending.
 49 percent	Medicaid beneficiaries with disabilities diagnosed with mental illness.
 61 percent	Total long-term care costs in the United States financed by Medicaid.
 11.7 million	People who are dually eligible for Medicare and Medicaid (15% of Medicaid enrollees).
 \$311 billion	Total Medicare and Medicaid spending on dually eligible beneficiaries.

Medicaid



- Comprehensive health insurance coverage to pregnant women, children and some parents
- Individuals qualify for Medicaid through income eligibility or other criteria such as a qualifying disability
 - » All states in the nation cover pregnant women and children with low-income
 - » Medicaid plays a critical role in providing services and supports for children with special health care needs

Medicaid Program Financing



- Medicaid (1965) is jointly funded by the federal and state governments
- The federal share is based on a state's Federal Medical Assistance Percentage (FMAP), which is calculated based on its relative per capita income
- FMAP ranges from 50%-83%
 - » For example, in a state with a 50% FMAP, for every dollar spent, 50 cents is paid by the federal government and 50 cents is paid by the state.

Children's Health Insurance Program



- Authorized in 1997 as S-CHIP (State Children's Health Insurance Program)
- Covers children in families and pregnant women whose income makes them ineligible for Medicaid
 - » All states have gone beyond the minimum income eligibility level for children of 235% of the FPL (average is 241%) –using an Enhanced Federal Matching Assistance Percent (eFMAP)
- eFMAP will be eliminated in FY2021
 - » Maintained at 23% for FY2018/FY2019
 - » Reduced to 11.5% in FY2020
- In some states, CHIP is a standalone program, in others it is combined with Medicaid

Medicaid and CHIP: How do they compare?

	Medicaid	CHIP
Children's eligibility	Required for ages 0-19 for family income up to 138%* of the federal poverty level (FPL) <i>Note: States may set income limits higher than the federal requirement noted above</i>	For uninsured children, 0-19, with family income too high for Medicaid (varies by state) <i>Note: States receive enhanced matching up to 300% FPL; for higher income eligibility, states receive the Medicaid match rate (FMAP)</i>
Federal match rate	FMAP	eFMAP
Federal funding	Guaranteed, no cap	Capped amount
Waiting lists	Not permitted	Permitted
Dual private and public coverage?	Yes	No
Benefits	Full Medicaid benefits including EPSDT mandate <i>Note: CYSHCN may not be mandatorily enrolled in benchmark coverage.</i>	May receive benchmark coverage, no mandate for EPSDT
Premiums and co-payments?	Generally not, but states may charge for family income > 150% FPL	Generally, yes

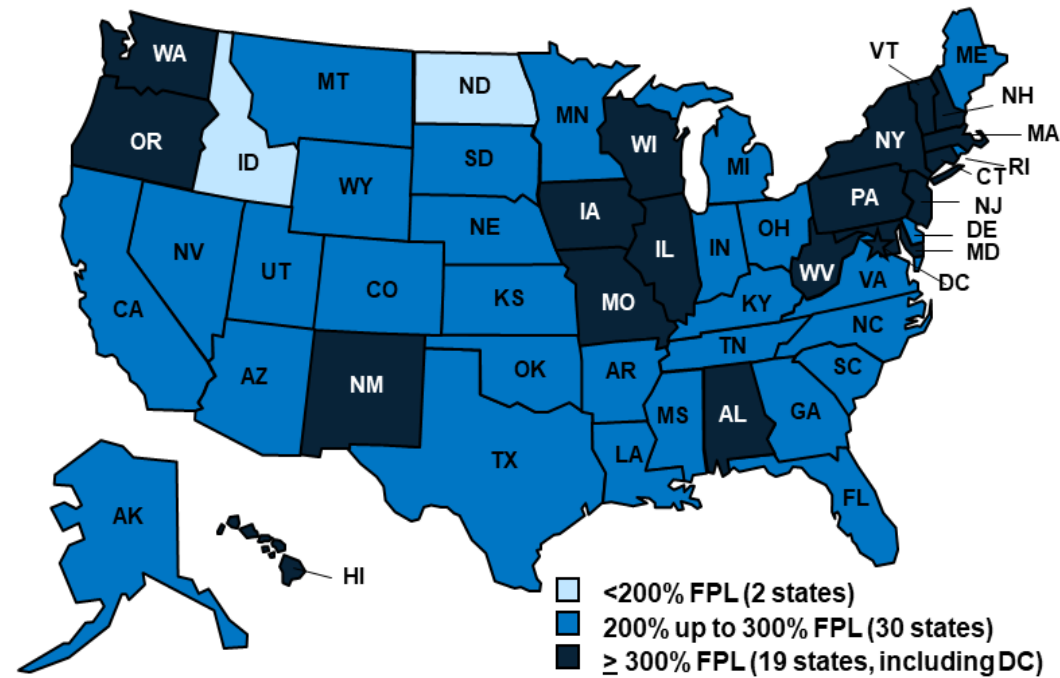
II. Current Eligibility and Coverage

Medicaid Coverage - Children

- 200% of the federal poverty level is \$42,660 per year for a family of three in 2019
- Enrollees – FY2018
 - » 36,287,063 Medicaid
 - » 9,632,367 CHIP

Figure 1

Income Eligibility Levels for Children in Medicaid/CHIP, January 2019



NOTE: Eligibility levels are based on 2019 federal poverty levels (FPLs) for a family of three. In 2019, the FPL was \$21,330 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2019.

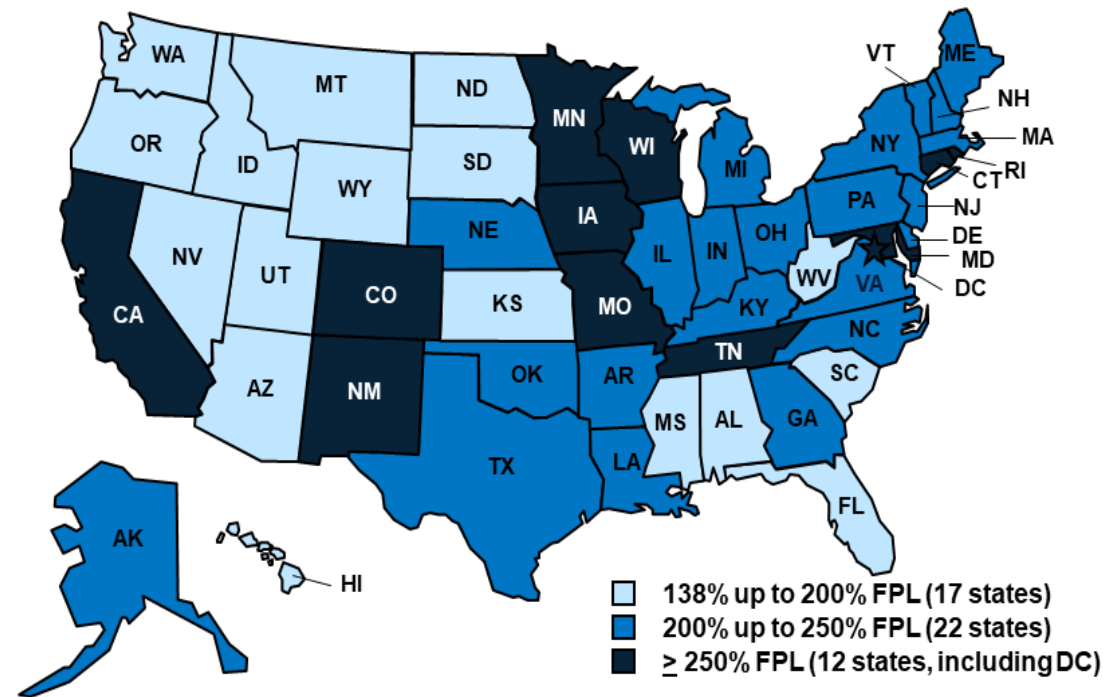


Medicaid Coverage - Pregnant Women

- 138% of the federal poverty level is \$29,435 per year for a family of three
- 200% of the federal poverty level is \$42,660 per year for a family of three in 2019

Figure 2

Income Eligibility Levels for Pregnant Women in Medicaid/CHIP, January 2019



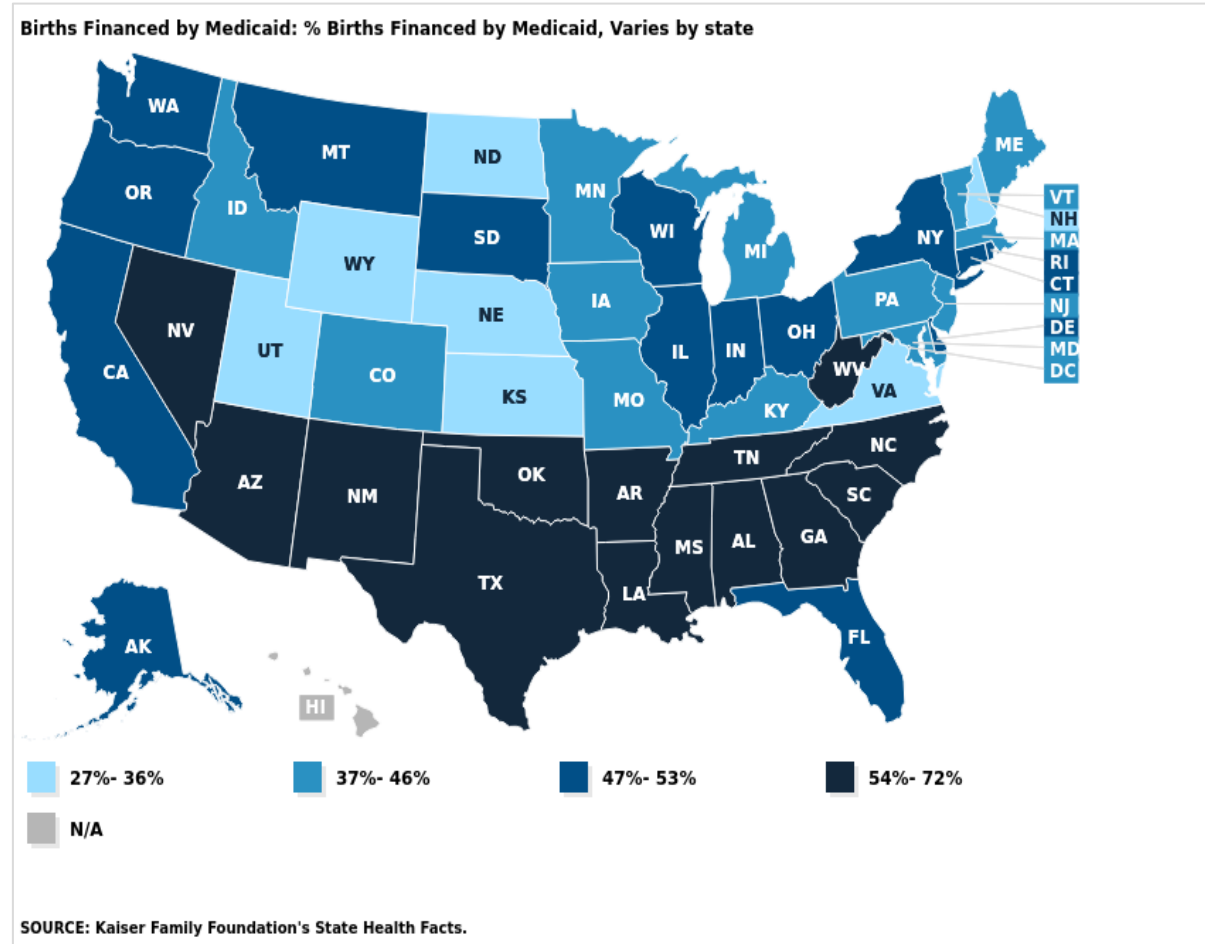
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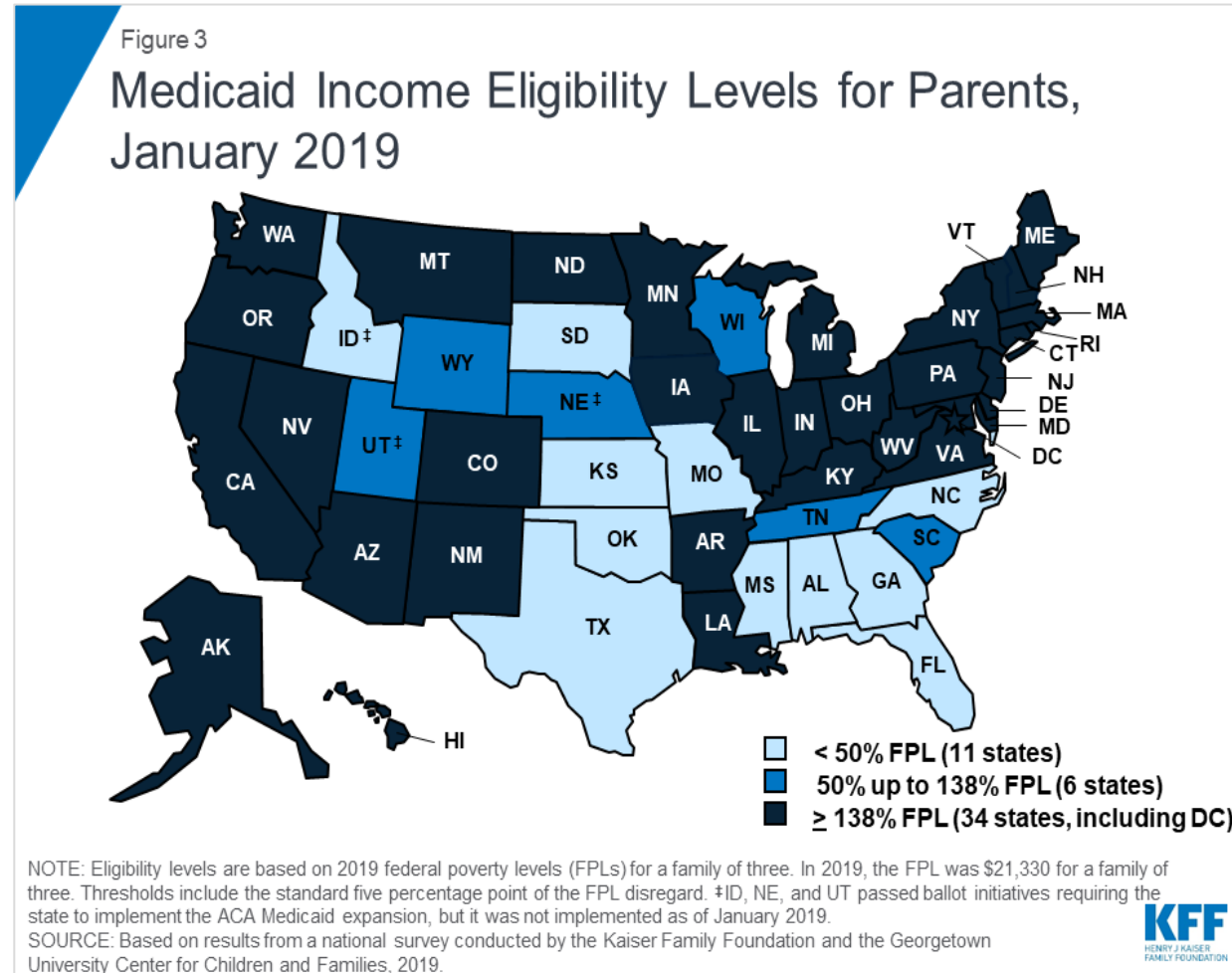
Women Giving Birth Covered by Medicaid

- Note: The year the data is reported is not consistent across the states, but the information still provides insights into the role Medicaid plays in supporting pregnant women and healthy births.



Medicaid Coverage - Parents

- 138% of the federal poverty level is \$29,435 per year for a family of three



III. Benefits and Services

Benefits and Services: Required Services



- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning

services

- Nurse midwife services
- Certified pediatric and nurse practitioner services
- Freestanding birth center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

Early Periodic, Screening, Diagnosis and Treatment (EPSDT)



- 1967 amendment to the Social Security Act
- Purpose:
 - » “To discover, as early as possible, the ills that handicap our children” and
 - » To provide “continuing follow up and treatment so that handicaps do not go neglected”
- Specifies the provision of “early” services that “correct or ameliorate” both physical and mental health conditions found as a result of “comprehensive” assessments

EPSDT Components

Early and Periodic Screening, Diagnosis, and Treatment	
Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
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 identified issues

State Medicaid Agencies are Required to:

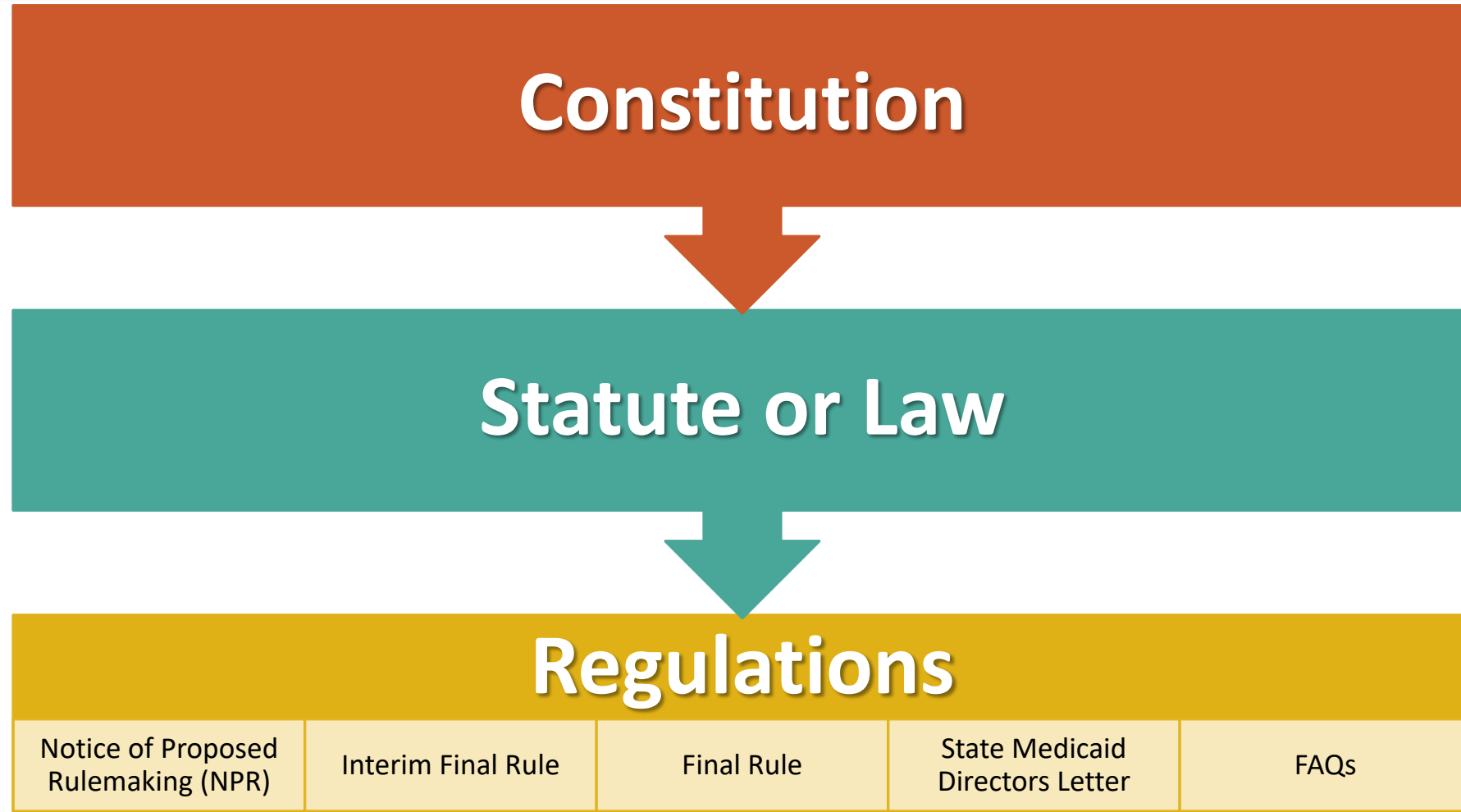


- Inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations;
- Provide or arrange for the provision of screening services for all children;
- Arrange (directly or through referral) for corrective treatment as determined by child health screenings; and
- Report EPSDT performance information annually

Additional Information About Medicaid Services

- States have a **State Plan** which is their agreement with CMS on what they will provide and pay for
- Some states also have a **Medicaid Waiver(s)** to “waive” certain Medicaid criteria to provide some agreed upon service(s)
- Some codes exist and need to be “turned on” by Medicaid to be billed (ie – 96110 for Developmental Screening)
- It’s important to remember it’s not just a matter of turning on a code or adding a service to the state plan but also having the financial resources (state FMAP portion) to pay for the services

Hierarchy of Federal Authority



States Like Flexibility: Waivers vs State Plan

State Plan

Flexibility within
existing federal
regulations

Waivers

Flexibility beyond
existing federal
regulations

IV. Opportunities to Support Healthy Development

How Medicaid and CHIP Can Support Early Childhood?



- Patient centered medical home in pediatrics
- Well-child visits and developmental screening
- Depression screening for mom
- Build value-based payment models
- Establish expectations and measures in Managed Care Organizations contracts for early childhood services
- Alternative payment models to support flexibility in service delivery

Screening Moms for Depression



- May '16 (CMS) issued an informational bulletin on maternal depression screening and treatment.
- Medicaid agencies may cover maternal depression screening as part of a well-child visit.
- Treatment for depression that includes both the child and the parent, such as family counseling, may also be paid for under EPSDT.
- Medicaid programs are permitted to pay for these services, states must affirmatively act to implement coverage.

Working in Collaboration with Medicaid and CHIP



- Children and Families sometimes have complex needs and working with other social and human services is important to address their needs comprehensively
- Medicaid funded services should be a piece of an overarching plan for a child and family
- Medicaid should be asked to the table early on if program or service design is potentially wanting them to cover services
- Some of Medicaid's value-based payment reform and/or managed care contracts can provide opportunities for new types of collaboration

Question & Answer



Discussion Questions to Help Determine Areas to Dive Deeper in September

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