Medicaid 101 Webinar

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The Catalyst Center Team

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"Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved."
--Mattie Stepanek
NPM 15: The percent of children 0 through age 17 who are continuously and adequately insured

For more information about National Performance Measures, visit: https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalPerformanceMeasures
Catalyst Center Overarching Goals

- Improving Health Care Financing and Coverage for CYSHCN
- Increase Access to Health Care Services for CYSHCN
- Decrease Financial Hardship Among Families Raising CYSHCN
What We Do

- Provide direct technical assistance about health care financing policy, practice, and implementation

- Conduct policy research to identify and evaluate financing innovations

- Create resources including briefs, policy explainers, webinars, peer learning opportunities, and tutorials

- Connect those interested in working together to address complex financing issues
Poll
CYSHCN Data

19%
- CYSHCN represent about 19% of children

45%
- 36.4% of CYSHCN have public insurance only; 8.6% of CYSHCN have a combination of public and private insurance

66.3%
- 66.3% of CYSHCN have insurance coverage that is usually or always adequate to meet their needs

Family Financial Hardship

Catalyst Center analysis has identified three factors that contribute to financial hardship for families raising CYSHCN, even when their children have health insurance:

- Higher health care costs
- Higher routine expenditures
- Loss of employment income
Why is Medicaid Important for CYSHCN?

**Reach**
Largest single payer of healthcare services for CYSHCN

**Affordability**
Under federal statute, Medicaid requires little to no cost-sharing for services provided to children

**Adequacy**
The Medicaid EPSDT benefit requires all medically necessary services for children to be covered
## What is EPSDT?

<table>
<thead>
<tr>
<th><strong>Early</strong></th>
<th>Assess and identify problems as early as possible</th>
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<tbody>
<tr>
<td><strong>Periodic</strong></td>
<td>Check children's health status at regular, periodic, age-appropriate intervals</td>
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<tr>
<td><strong>Screening</strong></td>
<td>Provide physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</td>
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<tr>
<td><strong>Diagnostic (aka Diagnosis)</strong></td>
<td>Perform diagnostic tests to follow up (rule out or confirm) when screening identifies a risk or potential problem</td>
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<td><strong>Treatment</strong></td>
<td>Control, correct or reduce health problems found</td>
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How is the EPSDT Benefit for Kids Different from Medicaid Benefits for Adults?

**Adult Benefits**
- Medicaid State Plan describes mandatory and optional services for all Medicaid enrollees

**EPSDT**
- Kids get “more” under EPSDT – any **medically necessary** service whether it’s in the state plan or not
Medical Necessity

- Definitions of Medical Necessity vary by state
- In general, medically necessary services are those that:
  - Improve health or lessen the impact of a condition
  - Prevent a condition
  - Cure or restore health
NOTE: There is no EPSDT benefit for child enrollees in State Health Insurance Marketplace plans or separate CHIP programs, unless specified in the CHIP plan language (uncommon)
EPSDT and Medicaid Managed Care

- Children enrolled in Medicaid managed care are still entitled to EPSDT
  - Some states have their MCOs provide and report on services under EPSDT
  - In others, Medicaid is responsible for covering services which fall outside the MCO contract
  - It’s all in the contracting….and knowing who is responsible for what
Not just Health Services: Administrative Services under EPSDT

1. Education
State Medicaid agencies must provide education about the EPSDT benefit to families

2. Assistance
Help families access services under EPSDT through transportation and scheduling assistance

3. Coordination
Assist in securing uncovered services, particularly services offered by state Women, Infants, and Children (WIC) and Title V programs

4. Reporting
State Medicaid agencies must meet specific Medicaid reporting requirements
How States Make Changes to their Medicaid Program

State Plan Amendment (SPA)
- Can address any part of the state plan (eligibility, benefits, provider payments, etc.)
- No cost neutrality requirement
- Permanent (doesn’t expire)
- No waiting lists

Waivers
- Medicaid benefits and often includes additional LTSS
- Cost neutrality required
- Waiting lists allowed and typical
- Time-limited – must be renewed regularly
- State-wideness and comparability “waived” – special benefits for special populations, for example
Pathways to Medicaid for Children

**Income**
1. Children in families with incomes below a % of the federal poverty level (FPL).

**Income & Disability**

**Severe Disability**
3. Children of any income whose disability qualifies them for an institutional level of care (TEFRA, 1915(c) HCBS waivers, etc.).

**Foster Care**
4. Children in foster care or other out-of-home placements.
Pathways to Medicaid for Children

Path #1: eligibility based on income, not health status

<table>
<thead>
<tr>
<th>Location</th>
<th>Medicaid Coverage for Infants Ages 0-1</th>
<th>Medicaid Coverage for Children Ages 1-5</th>
<th>Medicaid Coverage for Children Ages 6-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>195%</td>
<td>148%</td>
<td>155%</td>
</tr>
</tbody>
</table>

Source
Pathways to Medicaid for Children

Path #2: eligibility based on income and functional level of disability

- Low-income children with functional limitations who receive Supplemental Security Income (SSI)
- Middle(ish) income family with high health-related expenses through Medicaid buy-in programs for disabled children
The Family Opportunity Act’s (FOA) Medicaid Buy-in Option

- Part of the 2005 Deficit Reduction Act

- Families can ‘buy into’ Medicaid coverage for a child with a ‘severe disability’ – SSI level:
  - Full Medicaid coverage if uninsured
  - Supplemental coverage if privately insured

- Few states have implemented this state plan option
FOA Provisions

- Family income must be below 300% of FPL (AGI)
- Premiums may be charged
- States may provide premium assistance to maintain private coverage.

<table>
<thead>
<tr>
<th>Household/Family Size</th>
<th>Poverty Guidance</th>
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<tr>
<td>1</td>
<td>$40,770</td>
</tr>
<tr>
<td>2</td>
<td>$54,930</td>
</tr>
<tr>
<td>3</td>
<td>$69,090</td>
</tr>
<tr>
<td>4</td>
<td>$83,250</td>
</tr>
<tr>
<td>5</td>
<td>$97,410</td>
</tr>
<tr>
<td>6</td>
<td>$111,570</td>
</tr>
<tr>
<td>7</td>
<td>$125,730</td>
</tr>
<tr>
<td>8</td>
<td>$139,890</td>
</tr>
</tbody>
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Pathways to Medicaid for Children

Path #3 – eligibility based on severe disability (institutional level of care)

- TEFRA/Katie Beckett state plan option (SPA)
- 1915(c) Home- and Community-Based Services (HCBS) Waivers
Pathways to Medicaid for Children

Path #4 – Foster care

- All children in foster care are enrolled in Medicaid

- Children in foster care are more likely to have a special health care need

- All children in foster care are considered “at risk” of having a special health care need, and are considered CYSHCN

Pathways to Medicaid for Children: Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>SSI</th>
<th>FOA/Buy-In</th>
<th>TEFRA</th>
<th>HCBS waiver</th>
<th>Foster care</th>
</tr>
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<tbody>
<tr>
<td><strong>Income limit</strong></td>
<td>≥ 138% FPL</td>
<td>≤ 100% FPL</td>
<td>≤ 300% FPL</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Functional level of disability</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Institutional level of care</strong></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
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What is Medicaid Managed Care (MMC)?

Health care delivery system organized to manage cost, utilization, and quality

Within a managed care arrangement, entities are paid a capitated (per-member) rate by the state Medicaid agency to run the program and pay providers for the care of people enrolled in the MMC program

MMC models vary by state, and can include contracting with managed care organizations, primary care case management, or prepaid inpatient health plans
Medicaid Managed Care Organizations and CYSHCN

41 states (including DC) had contracts with Medicaid MCOs as of July 2021.

As of July 2020, 38 states enrolled CYSHCN in specific MCOs.

Managed care organizations in many states provide enabling services, including care coordination, to enrollees.
Poll
Additional Resources

- Georgetown Center for Children and Families’ Medicaid Learning Lab Webinar Series
  - [https://ccf.georgetown.edu/2021/02/05/medicaid-learning-lab/](https://ccf.georgetown.edu/2021/02/05/medicaid-learning-lab/)

- The Catalyst Center’s “Public Insurance Programs and Children with Special Health Care Needs: A Tutorial on the Basics of Medicaid and the Children’s Health Insurance Program (CHIP)”
  - [http://ciswh.org/resources/Medicaid-CHIP-tutorial](http://ciswh.org/resources/Medicaid-CHIP-tutorial)
Questions/Comments?
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