



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Maximizing Enrollment and Improving Coverage of Native Children in Medicaid and CHIP

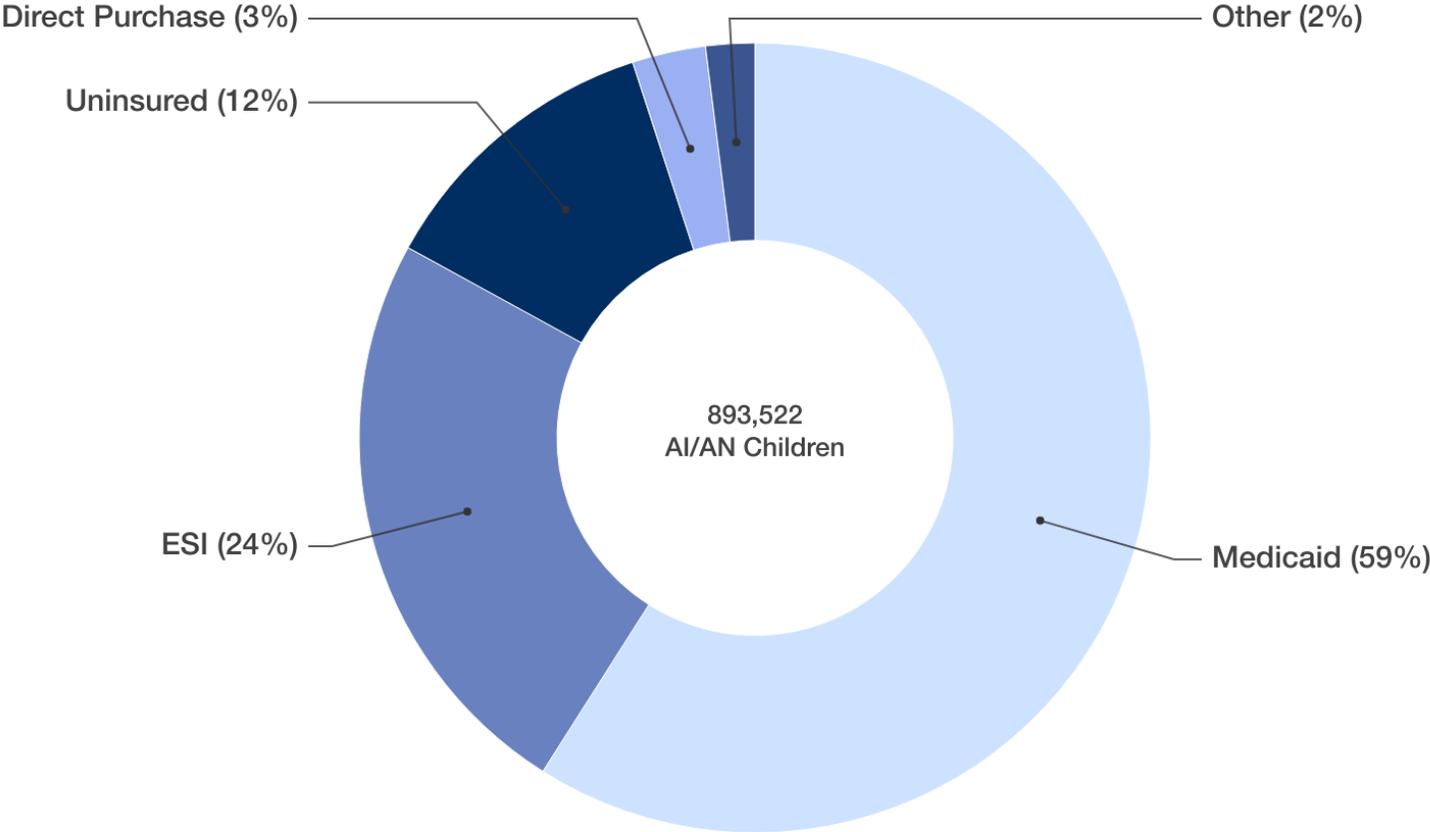
Tricia Brooks
Commission on Native Children
March 31, 2023

Top 10 States with Largest Number of AI/AN Children, 2021

	Number of AI/AN Children	Percent Share of Total AI/AN Children
Alaska	33,500	4%
Arizona	89,000	10%
California	134,300	15%
New Mexico	53,500	6%
New York	33,800	4%
North Carolina	28,200	3%
Oklahoma	95,900	11%
South Dakota	28,200	3%
Texas	62,000	7%
Washington	29,600	3%
<i>Top 10 total</i>	<i>588,200</i>	<i>66%</i>

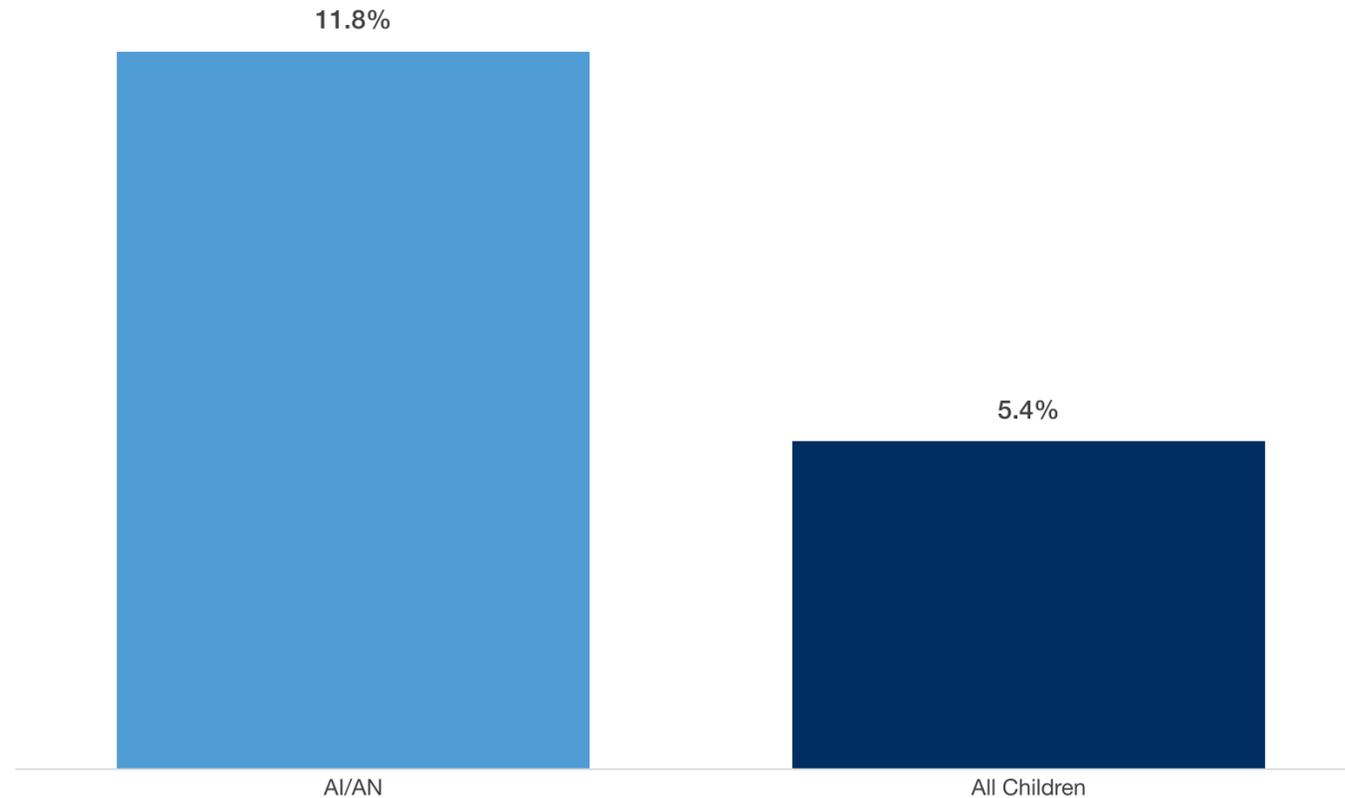
Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS).

Sources of Coverage for AI/AN Children, 2021



Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS).

Child Uninsured Rate for AI/AN Children and All Children 2021



Source: Georgetown University Center for Children and Families analysis of the U.S. Census Bureau 2021 American Community Survey (ACS), Tables C27001A-I: Health Insurance Coverage Status by Age.

AI/AN Child Uninsured Rate in States with Largest AI/AN Child Populations

	2016	2021
Alaska	-	13.3%
Arizona	13.9%	16.5%
California	6.1%	5.8%
New Mexico	-	11.0%
New York	13.7%	-
North Carolina	-	-
Oklahoma	19.8%	14.3%
South Dakota	13.4%	21.2%
Texas	-	18.2%
Washington	12.6%	10.7%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS). Dash indicates data were suppressed due to poor reliability.

Share of AI/AN Children with Medicaid in States with Largest AI/AN Child Populations

	2016	2021
Alaska	61%	70%
Arizona	62%	61%
California	54%	61%
New Mexico	62%	55%
New York	64%	75%
North Carolina	50%	62%
Oklahoma	44%	50%
South Dakota	80%	66%
Texas	44%	46%
Washington	60%	56%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS).

States with Highest Shares of AI/AN Medicaid for Children and Adults, 2021

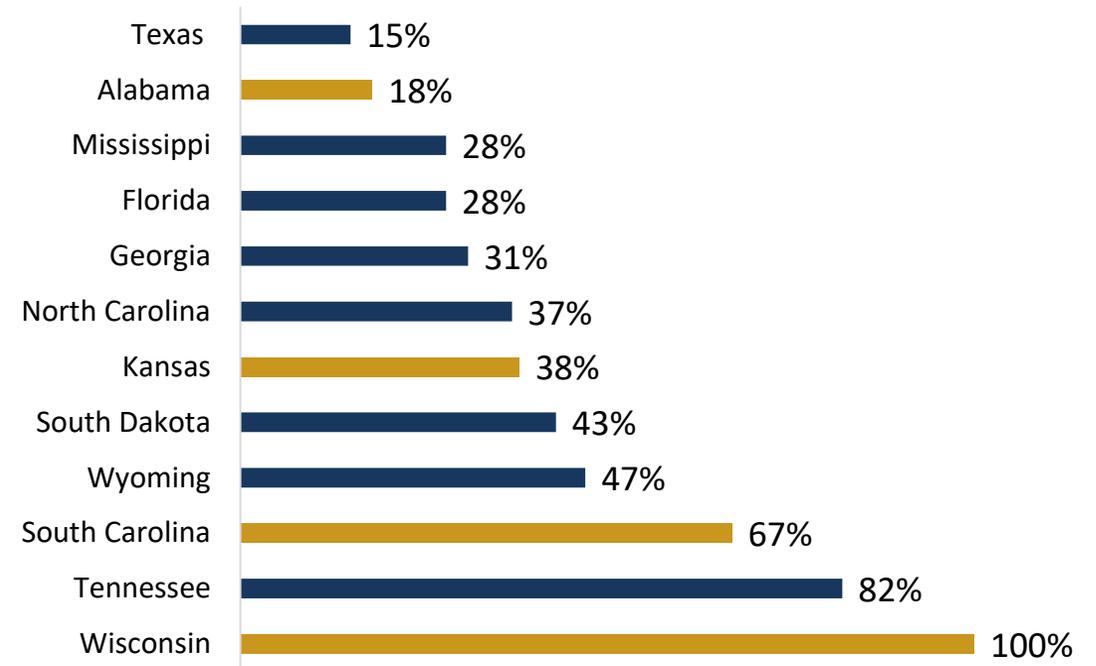
	AI/AN Share of Child Medicaid Population	AI/AN Share of Adult Medicaid Population
Alaska	29%	25%
Arizona	8%	8%
Montana	19%	13%
New Mexico	14%	15%
North Dakota	23%	17%
Oklahoma	10%	9%
South Dakota	27%	23%

Source: Georgetown University Center for Children and Families analysis of U.S. Census Bureau 2021 American Community Survey (ACS) Public Use Microdata Sample (PUMS).

Increase Medicaid Income Eligibility and Adopt Expansion

- Children
 - Median income is 255% FPL
 - Ranges from 175% - 405% FPL
- Children with disabilities*
 - Katie Beckett (50 states)
 - Medicaid Buy-In (CO, IA, LA, MA, ND, and TX)
- Pregnancy
 - Median income is 207% FPL
 - Ranges from 138% - 380% FPL
- Adults
 - 41 Expansion states
 - Not yet implemented in SD or NC
 - Parent eligibility remains low in non-expansion states

Medicaid Income Eligibility for Parents in States That Have Not Implemented Medicaid Expansion
January 2023



States with blue bars base eligibility on dollar thresholds which erode over time when the poverty level is adjusted for inflation.

Cover all Former Foster Youth

- ACA provided for former foster youth (FFY) to be covered in Medicaid up to age 26, without regard to income.
- A technical error in the law provided coverage only to FFY who remained in the state in which they were in care.
- States were required to assess eligibility for other categories first; collecting income and other data not needed for FFY.
- The SUPPORT Act of 2018 provided a fix starting in 2023, but it's phased in over 7 years.
- States can use Section 1115 demonstration waiver authority to expedite adoption.

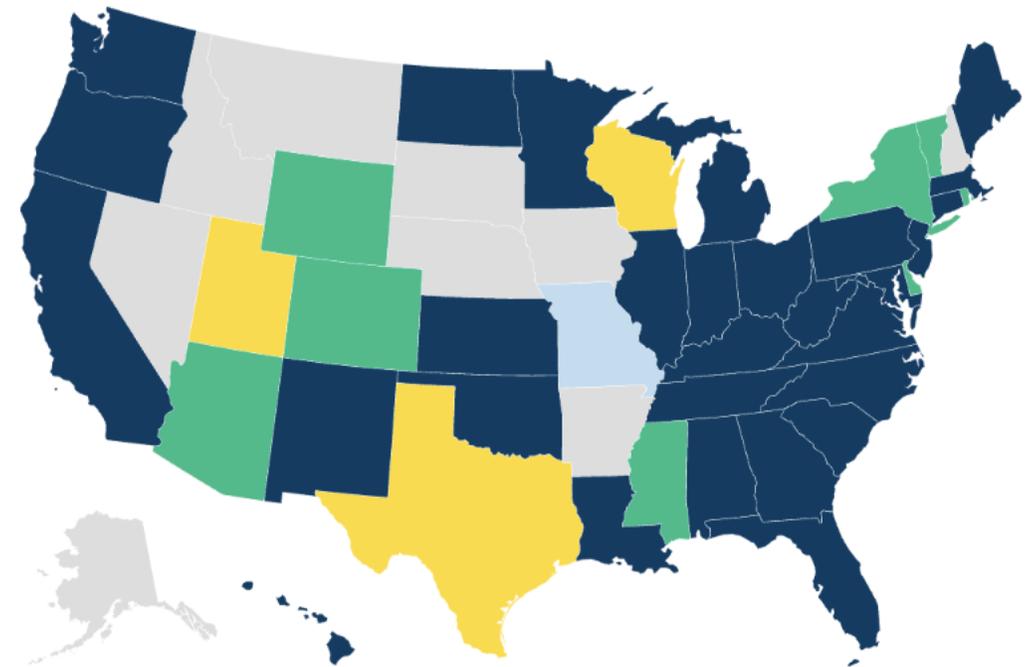


Improve Maternal Health through Medicaid

- Child health is intrinsically linked to maternal health.
- Postpartum outcomes for AI/AN
 - Higher than average maternal mortality rate (93% are deemed preventable)
 - Higher prevalence of postpartum depression
 - Particularly at risk in rural areas
- State option to cover doulas and nurse midwife; leverage Medicaid for home visiting and community health workers
 - Training would also be helpful
- Permanent state plan option to extend postpartum coverage from 60 days to 12 months

Postpartum Coverage Tracker Map

- 12-month extension implemented (30 states including DC)
- Planning to implement a 12-month extension (8 states)
- Pending legislation to seek federal approval through SPA or 1115 Waiver (1 states)
- Limited coverage extension proposed (3 states)



SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of March 23, 2023 • PNG

KFF

Improve Mental Health Access through Medicaid

- Mental health concerns are on the rise for all children; native kids experience:
 - Higher incidence of trauma, suicide rates, and prevalence of depression
- CMS has emphasized how Medicaid must cover behavioral health and substance use services under EPSDT
 - Including services without a specific mental health diagnosis for younger children
- Medicaid can be leveraged to support school-based mental health services
- Medicaid can be leverage to boost home visiting programs and preventive screenings

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



CMCS Informational Bulletin

DATE: August 18, 2022

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth

CMCS Informational Bulletin

DATE: August 18, 2022

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Information on School-Based Services in Medicaid: Funding, Documentation and Expanding Services.

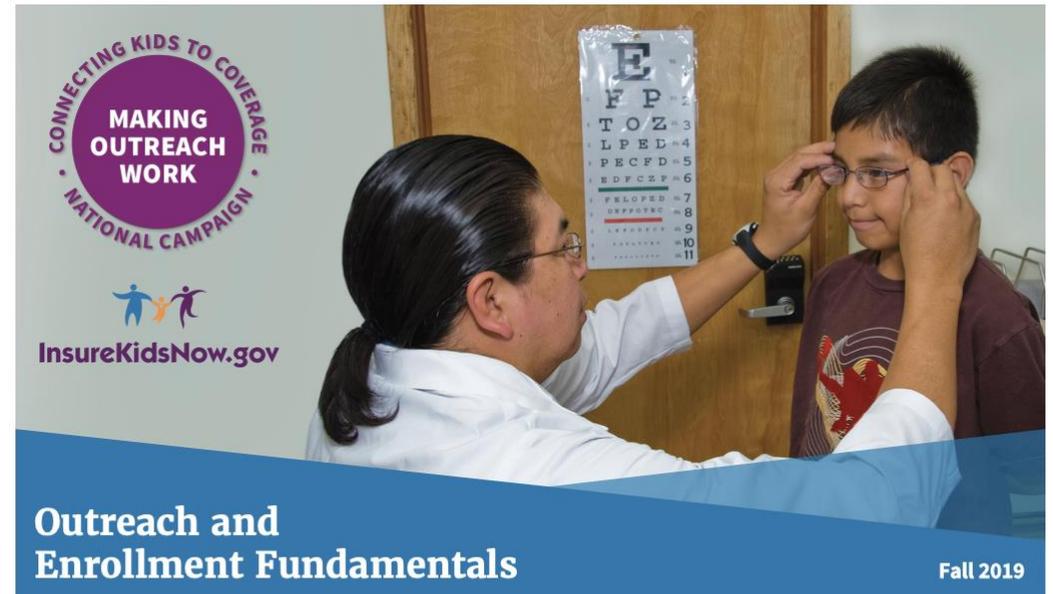
Support Education, Public Awareness, and Advocacy

- Stakeholder community should be educated about the benefits of maximizing Medicaid coverage and enrollment
 - Supplements IHS funding, allowing IHS to *stretch limited resources*
 - May broaden or supplement access to care, particularly specialty care
- AI/AN stakeholders should be encouraged to work with other Medicaid partners to advocate for program improvements



Boost Outreach and Enrollment Assistance

- Outreach should be targeted and culturally-competent
 - Connecting Kids to Coverage grants
 - Community health workers
 - School-based
- Community-based assistance
 - Navigators
 - Certified application counselors
 - Community-based organizations
 - Federally qualified community health centers and other health care providers
- Out-stationing of state eligibility workers
- Presumptive eligibility
- Assister portals ([link](#))



Leslie Foster, Michael Cavanaugh, and Theresa Feeley-Summerl

**How Can My Organization Connect American Indian and Alaska Native Children to Health Coverage?
A Guide to Fundamentals and Promising Practices**

Remove Red Tape Barriers to Enrollment and Renewal

- Improve cultural-competence among eligibility workers and assisters
- Allow self-attestation of eligibility criteria
- Harness technology
 - Maximize data-driven applications and renewals
 - Expand use of data sources
 - Administratively efficient, cost-effective, and reduces errors
- Expand communication methods
 - Phone, text, email
- Follow-up when information is required at application and renewal



Stabilize Coverage and Reduce Churn

- 12-month postpartum coverage
- 12-month continuous eligibility
 - Not to be confused with 12-month renewal periods
 - Beginning January 2024, all states must cover children continuously for 12 months
 - States have options to provide 12-month continuous to adults
- Interest in multi-year continuous eligibility is growing
 - OR has received federal approval to cover children up to age 6, and other ages for 2 years
 - CA, IL, NM, WA all working on multi-year
- Eliminate periodic income checks, which drive churn



Churn is a revolving door in Medicaid as eligible people enroll, fall off coverage, and re-enroll within weeks or months. Gaps in coverage result in missed preventive care and delayed care that drive up costs and lead to poor health outcomes.

Unwinding the Medicaid Continuous Enrollment Protection

- COVID legislation required states to keep most enrollees continuously enrolled during the PHE
- Congress recently delinked the continuous enrollment requirement from the PHE, ending it March 31, 2023
- All states must begin to resume normal operations and conduct full renewals on most enrollees over next 12 months



Webinar Series: Unwinding the COVID-19 Medicaid Continuous Eligibility Provision

CCFadmin
August 2, 2021



Unwinding Resources

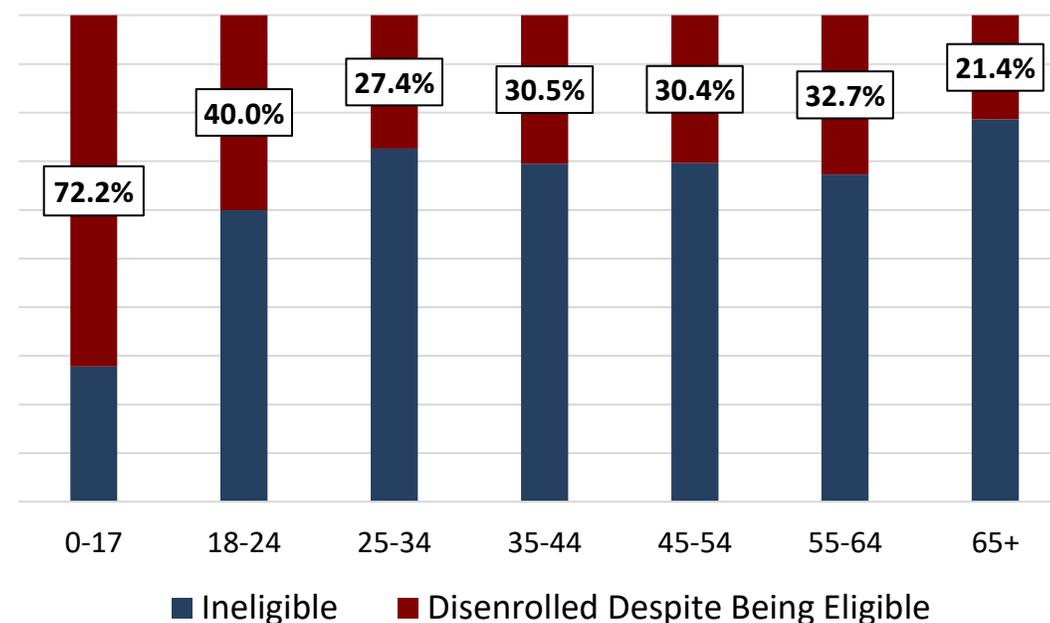
CCFadmin
November 18, 2022

[Georgetown University Center for Children and Families Unwinding Information and Resources](#)

Large Coverage Losses Expected

- 15-18 million people are expected to be disenrolled
- Many will remain eligible but lose coverage due to procedural reasons
 - Kids and young adults at highest risk
 - ASPE did not report AI/AN but people of color and non-White races are also at higher risk
- Parents losing Medicaid in non-expansion states will have limited, if any, options for affordable coverage

Predicted Medicaid Coverage Loss Due to Ineligibility vs. Procedural Disenrollment by Age Group



ASPE: [Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#)

Closing Thoughts

- More than half of the nation's children are covered by Medicaid or CHIP, and an even higher share of Native children.
- Most uninsured children are eligible but not enrolled in Medicaid and CHIP.
- Medicaid is a critical source of funding for maternal health services before, during, and after pregnancy.
- Medicaid and CHIP are key sources of revenue for health care providers who serve Native children; and allow for IHS funds to be used to expand services to those without coverage.
- There is much we can do to expand and improve Medicaid coverage, and increase access to quality care, for Native children and all children.

Recommendations	Federal	State	Stakeholders
Eligibility and Continuous Coverage			
12-Month Continuous Eligibility	Adult State Plan Option	State Waiver Option	✓
Multi-year Continuous Eligibility	State Plan Option	State Waiver Option	✓
Medicaid Expansion		✓	✓
Former Foster Youth	✓	State Waiver Option	✓
Maternal Health			
12-Month Postpartum	Mandate	Adopt Expansion	✓
Leverage Medicaid to Boost Home Visiting Programs			✓
Cover Doulas and Midwifery Servicers		✓	✓
Behavioral Health Services			
Expand School-Based Services	Support Funding	✓	✓
Ensure Access to Services Through EPSDT	Administrative Oversight	✓	✓
Leverage Medicaid for Home-based Services (after institutionalization)		✓	✓
Outreach and Administration			
Boost Outreach and Enrollment	Administrative Oversight	✓	✓
Streamline and Simplify Enrollment and Renewal Processes	Administrative Oversight	✓	✓
Advocacy and Public Awareness			
Efforts to Engage Community in Public Education and Awareness			✓
Advocating for Policy Change at the State Level			✓

For more information:

- Check out our [Say Ahhh! Health Policy Blog](#)
- Visit our website ccf.georgetown.edu and sign up for our newsletter!
- Find us on Twitter: [@GeorgetownCCF](https://twitter.com/GeorgetownCCF)
- Tricia Brooks
(Tricia.Brooks@georgetown.edu)

The screenshot shows the website's header with the logo and navigation menu (Topics, Blog, Maps, State Data Hub, Research, Projects, About Us). The main content area features a large image of a woman talking on a phone while holding a baby, with the headline "CMS Announces Important Consumer Protection for People Losing Medicaid/CHIP" by Kelly Whitener. To the right, there are featured resources including an "Interactive Kids' Health Care Report Card" with a 11.2% data point, a "Medicaid Learning Lab" project, and an "Unwinding Tracker" for the 50-State Unwinding Tracker. Below these are four smaller article thumbnails with titles like "House Republican Study Committee Budget Plan Includes Draconian Medicaid Cuts" and "Unwinding Wednesday #19: What Can Application Processing Times Tell Us About State Readiness for the..."