DIG DEEPER STARTS HERE

Dig Deeper Resources

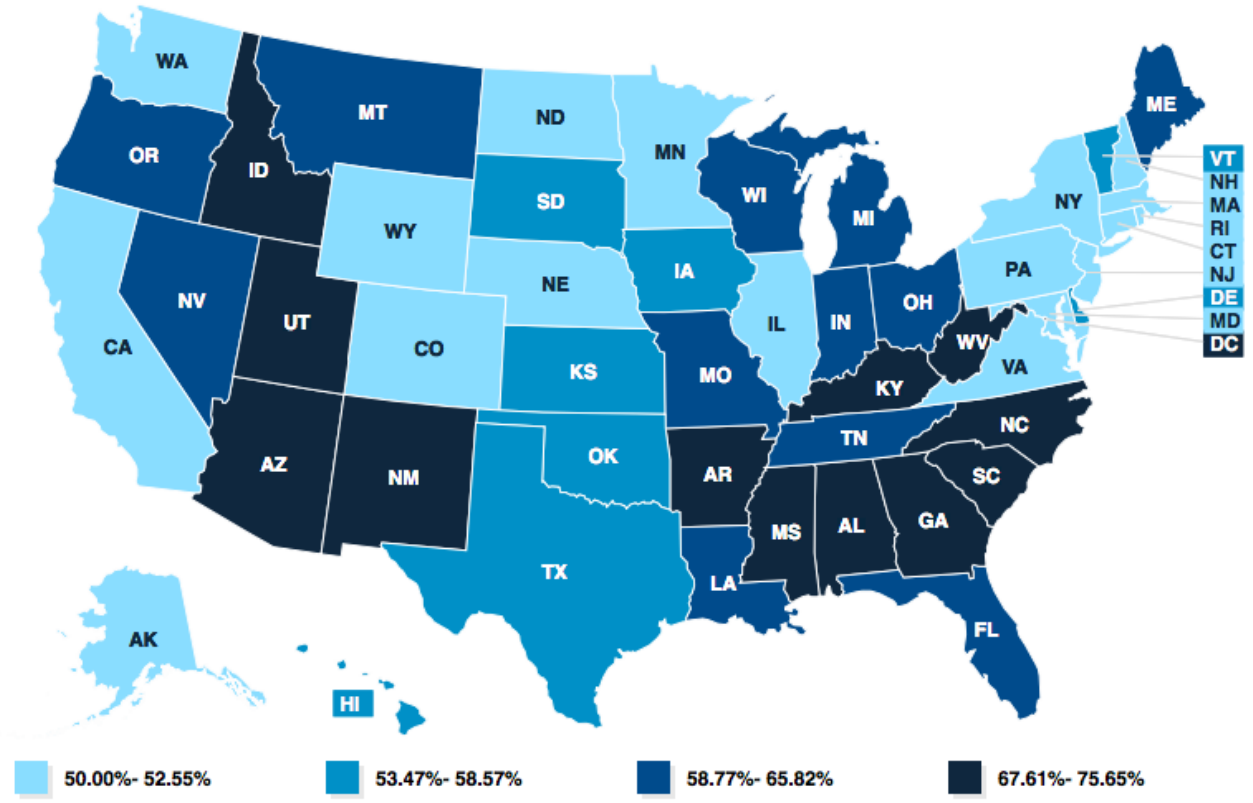
- Medicaid funding: how it works and what influences it
- Medicaid payment and reimbursement
- Children, families, and services through Medicaid, including unique populations
- EPSDT
- How Medicaid stacks up to other insurance options
- Insurance coverage and health outcomes: A comparison of the US and other industrialized countries
- Additional advocacy resources

Medicaid funding: how it works and economic influences

Funding for Medicaid: A Federal & State Relationship

- Federal government guarantees matching funds to states for **qualifying** Medicaid expenditures through a calculation called **FMAP** (Federal Medical Assistance Percentage)
  - FMAP rates vary by state based on state per capita income
  - Rates vary from 50% to 83% as a portion of federal to state funding
- Federal funds to flow to states based on actual costs and needs as economic circumstances change
- States must ensure they can fund their share of Medicaid expenditures for the care and services available under their state plan

Medicaid costs are shared by the federal government and states in 2018.



KFF | *Federal Medical Assistance Percentage (FMAP) for Medicaid.*

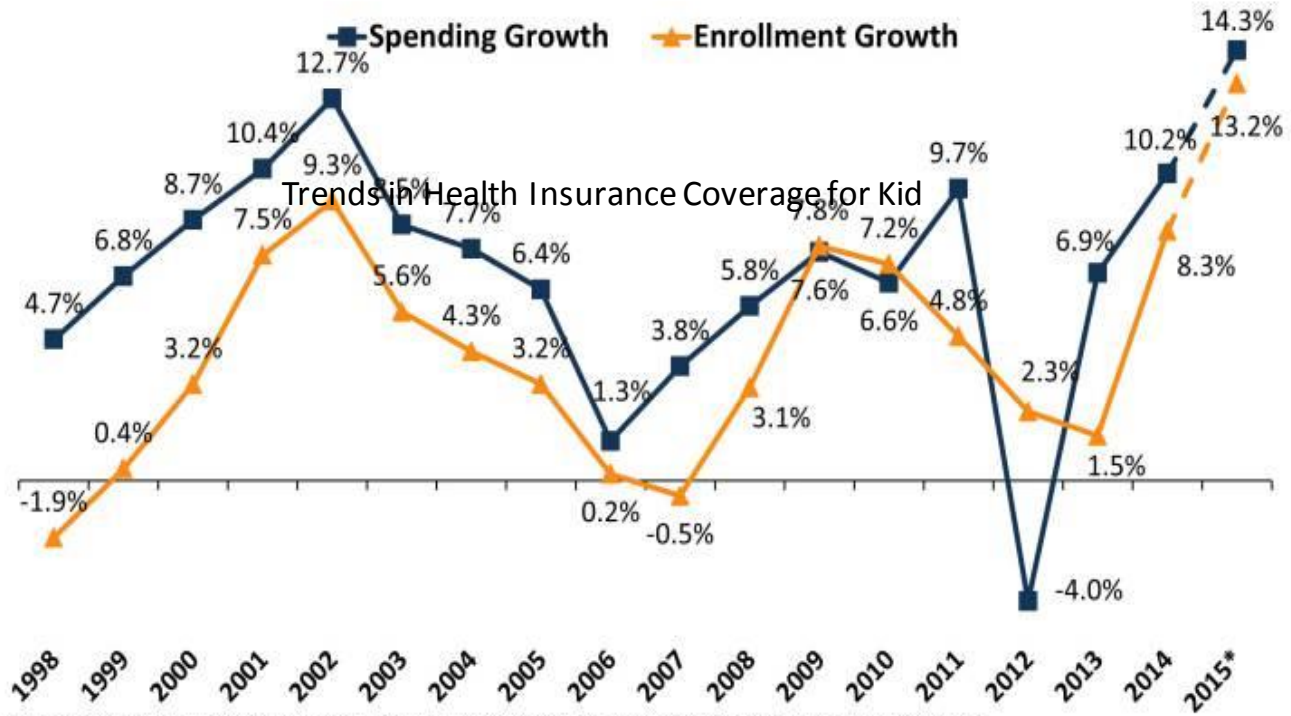
Other Sources of Funding for Medicaid

- Disproportionate Share Hospital payments (DSH) for "Safety Net Hospitals"
- State Financing of the Non-Federal Share
  - State general fund appropriations
  - Provider taxes and fees

Medicaid, Economy, and Policy Intertwined

Figure 6

Medicaid spending and enrollment are affected by changes in economic conditions and policy.



NOTE: Enrollment percentage changes from June to June of each year. Spending growth percentages in state fiscal year.

SOURCE: *Medicaid Enrollment June 2013 Data Snapshot*, KCMU, January 2014. Spending Data from KCMU Analysis of CMS Form 64 Data for Historic Medicaid Growth Rates. FY 2014 and 2015 data based on KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, October 2014.

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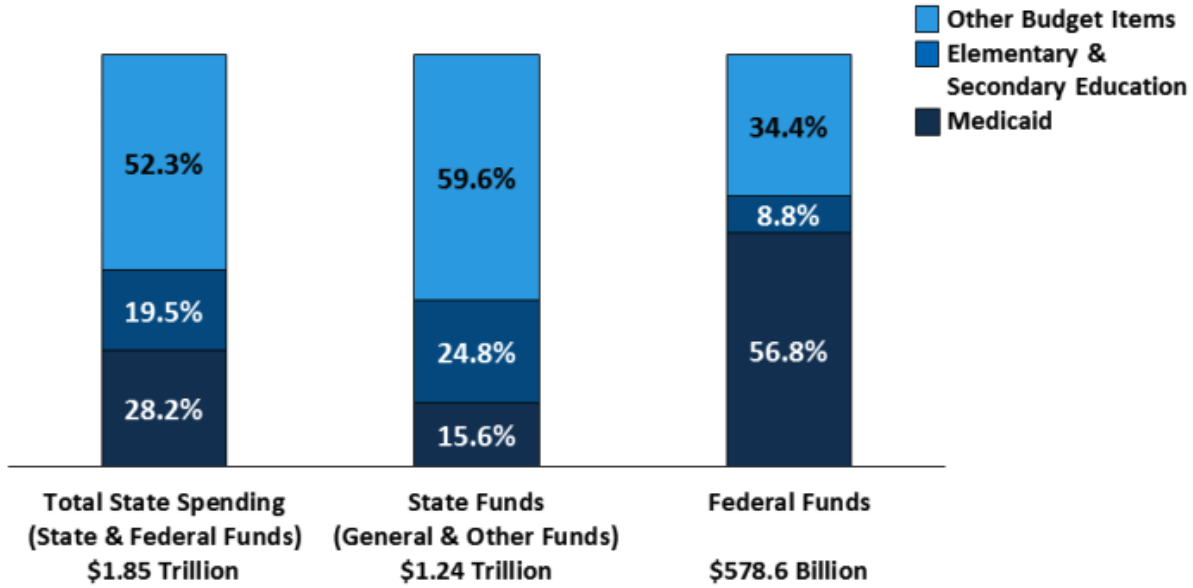
The Give and Take of Medicaid and State Budgets

Medicaid is both a spending item and a federal revenue source for states.

Distribution of state spending on state budget items, FY 2015:



SOURCE: Kaiser Program on Medicaid and the Uninsured estimates based on the NASBO's November 2016 State Expenditure Report (data for Actual FY 2015.)

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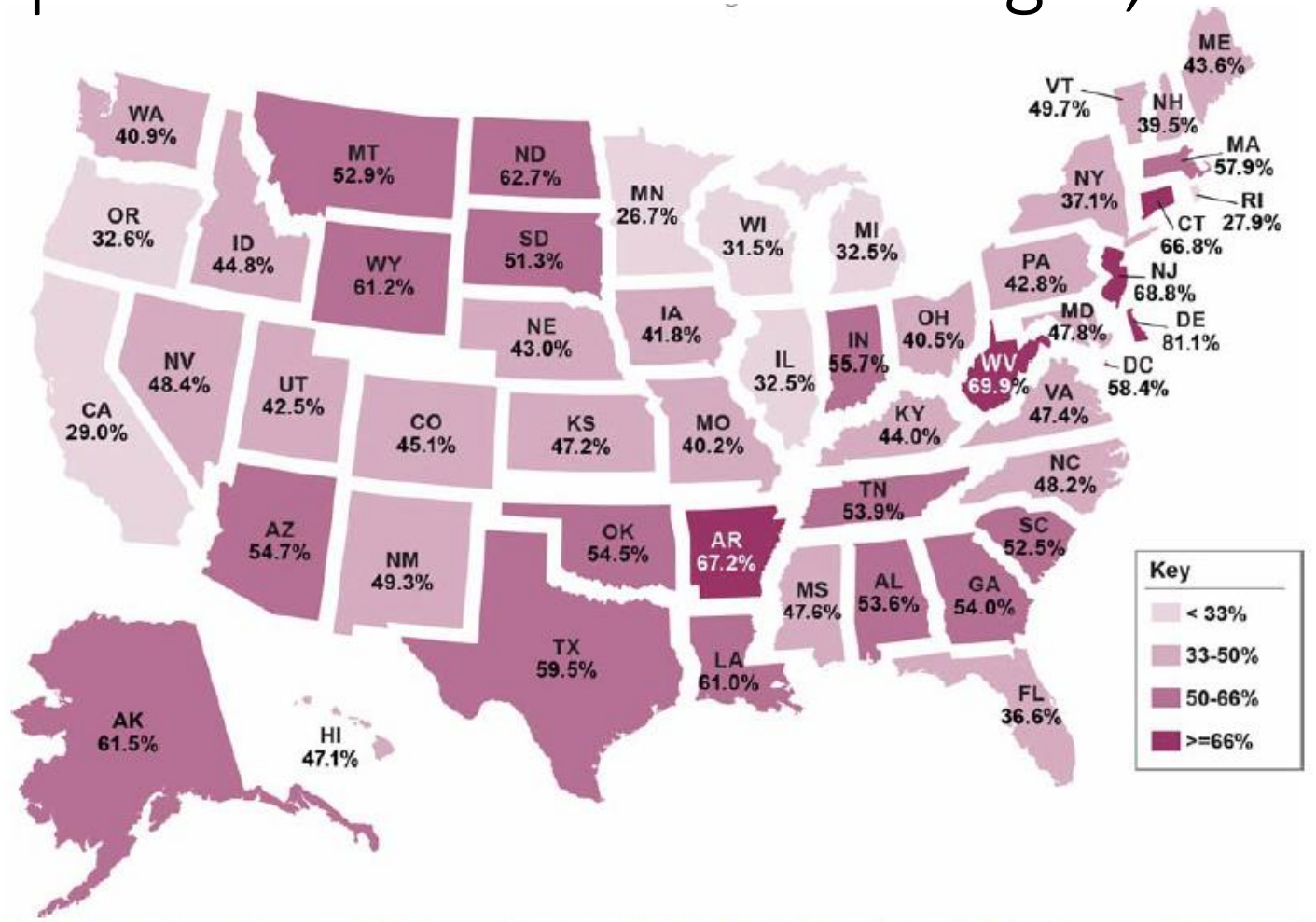
Medicaid payment and reimbursement

Medicaid provider fees for selected pediatric services, 2017

	California	Louisiana	Maryland
MEDICAL			
99383, New patient, preventive services, age 5-11	54.83	79.06	120.84
99393, Established patient, preventive services, age 5-11	43.85	67.79	106.17
99222, Initial inpatient encounter, 50 min	79.86	102.41	136.61
99232 Subsequent inpatient encounter, 25 min	41.24	55.71	71.74
DENTAL			
D0150, Comprehensive oral evaluation, new patient	22.50	27.24	29.08
D0120, Periodic oral evaluation, established patient	13.50	47.37	51.50

www.dhcs.ca.gov, www.lamedicaid.com, mmcp.health.maryland.gov

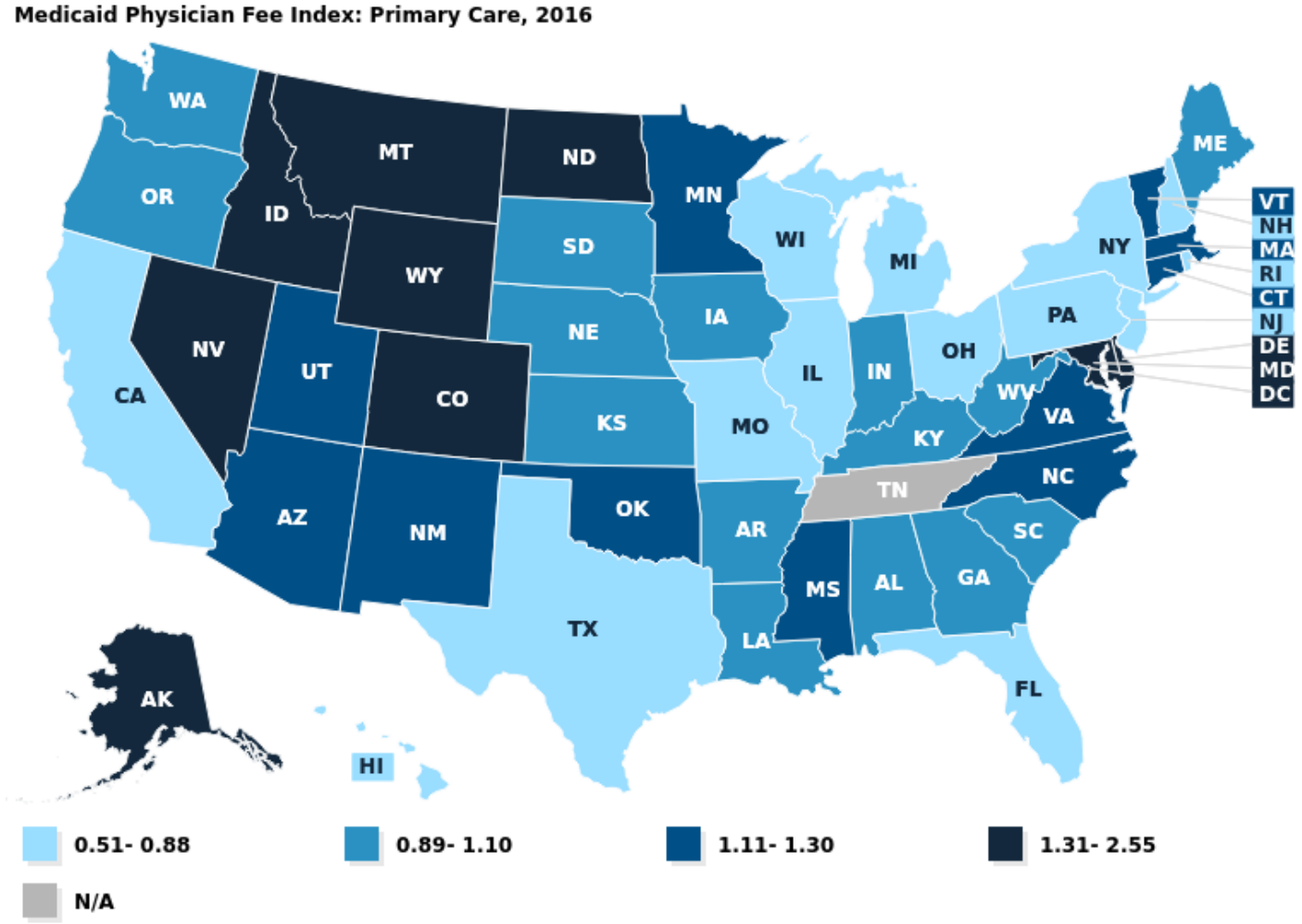
Medicaid pediatric dental payment as a proportion of commercial charges, 2013



Source: Medicaid FFS reimbursement data collected from state Medicaid agencies. Commercial dental insurance charges data collected from FAIR Health. **Notes:** The following states contract the majority of their Medicaid enrollees to managed care programs for dental services: DC, FL, GA, ID, KY, LA, MI, MN, NJ, NM, NV, NY, OH, OR, RI, TN, TX, VT and WV. The relative fee rates shown in this figure for these states, therefore, may not be representative of typical dentist reimbursement in Medicaid.

Nasseh K et al, Health Policy Institute, American Dental Association, 2014

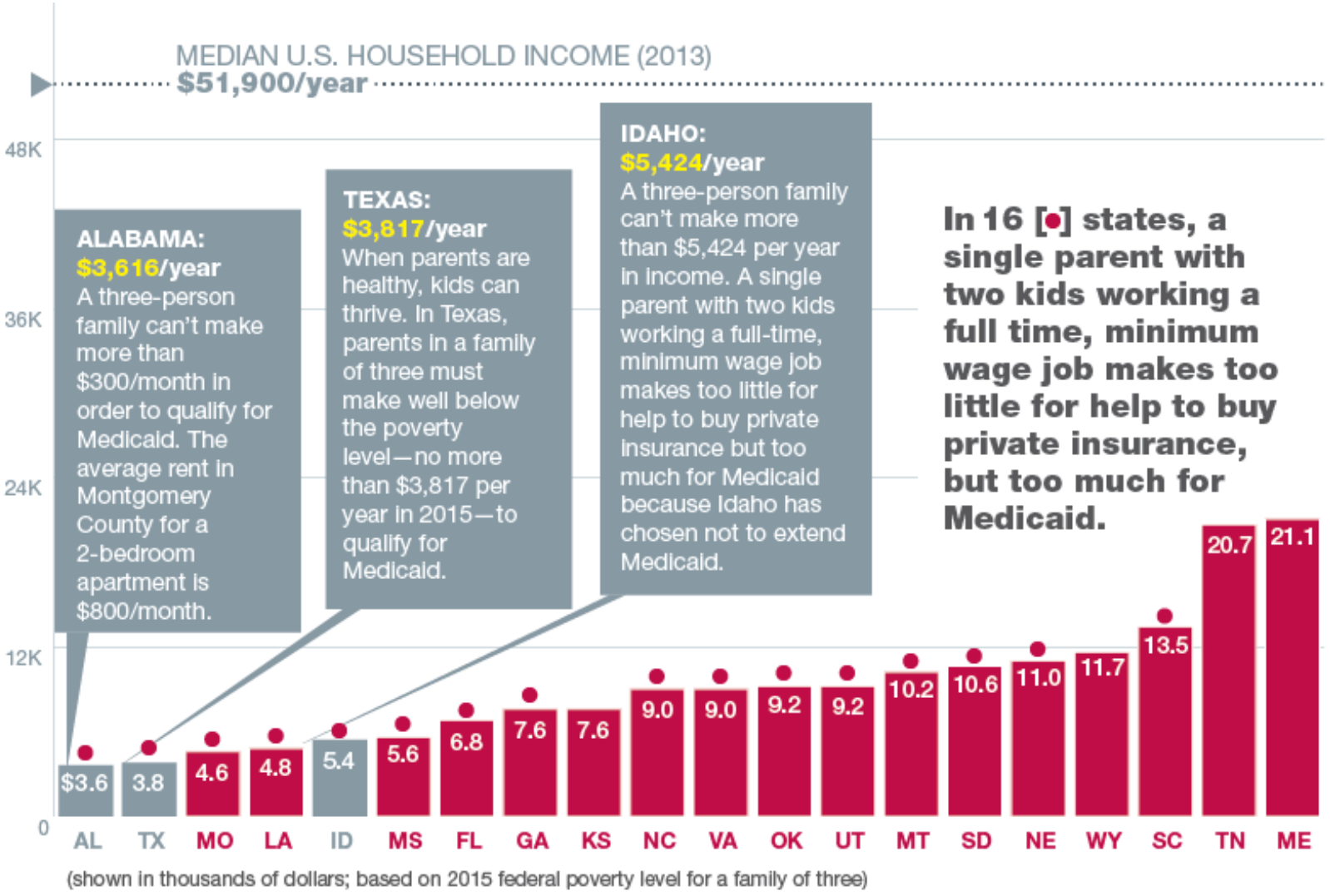
Medicaid physician fee payments, as a proportion of Medicare rates



SOURCE: Kaiser Family Foundation's State Health Facts.

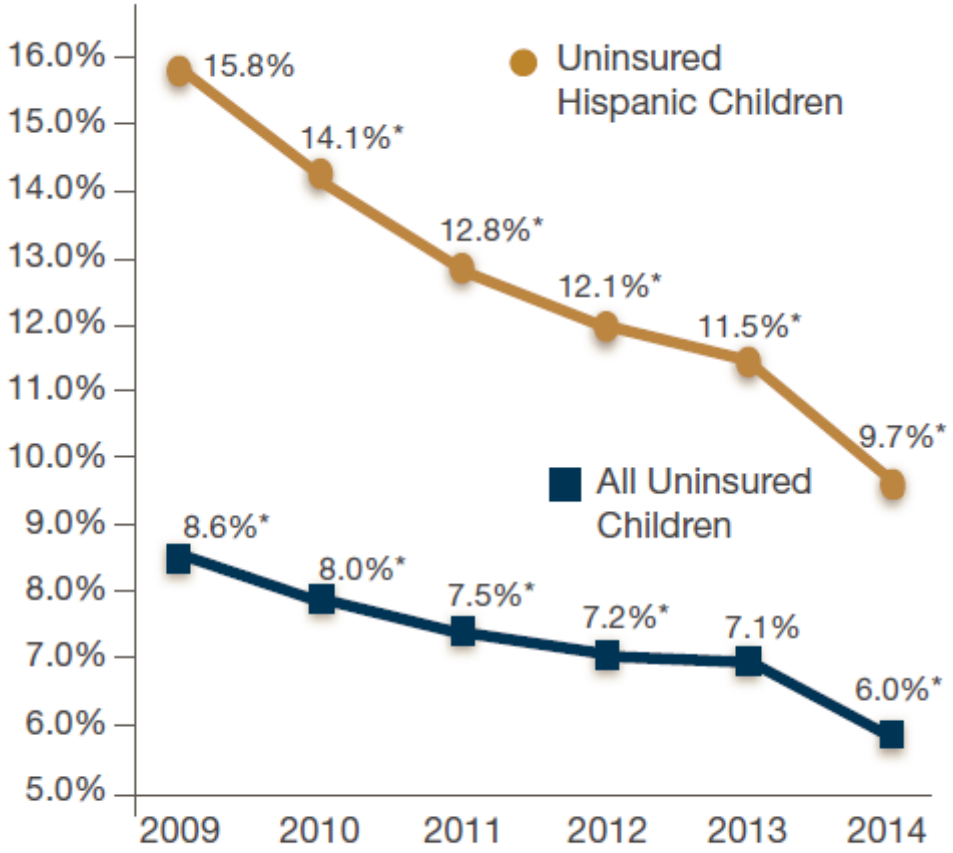
Children, families, and services through Medicaid, including unique populations

Annual family income to qualify for Medicaid, by state, 2013



FamiliesUSA 2016

Number of uninsured Hispanic children declining but still disproportionately high



* Indicates change is significant at the 90% confidence level.

ccf.georgetown.edu, 2016; data from 2009-2014

More on Medicaid for Unique Populations

Pregnant women

- Federal minimum: Medicaid covers pregnant women who otherwise qualify and make up to 133% FPL
- State to state variability in many aspects
  - Coverage available under CHIP for mother or “unborn child”
  - Period of time covered post partum (60 das minimum)
  - Scope of maternity benefits covered
  - Coverage of pregnant women of varying immigration status

Children and Youth with Special Health Care Needs (CSHCN)

- As defined by Health and Human Services
- Typically qualify for Medicaid based on low family income or by receiving Supplemental Security Income (SSI) benefits.
- Additional pathways exist to cover CSHCN; these vary by state
- Medicaid and CHIP combined cover 44% of CSHCN and provide a broad range of medical and long-term care services that their families would otherwise be unable to afford

More on Medicaid for Unique Populations

Children in Substitute care

- Most children in foster care qualify for Medicaid
- Children who have aged out of foster care can keep Medicaid up to 26th birthday.
- Most children moving into and out of juvenile justice facilities are eligible for Medicaid and CHIP based on income.

Immigrants

- Immigrants deemed qualified non-citizens can qualify for full Medicaid
  - Legal permanent residents, asylees, refugees, other special categories
- Legal permanent residents are generally barred from receiving full Medicaid benefits for five years; states can waive this ban for children and pregnant women (no 5 yr ban for refugees/asylees)
- Non-qualified non-citizens who meet income and all other eligibility criteria for the program can only receive limited emergency Medicaid coverage.

More on EPSDT: Mandated Basic Coverage

- Screening
  - Age-appropriate medical, dental, vision and hearing screening services at specified times, and when health problems arise or are suspected
  - Includes periodic developmental and behavioral screening
  - Visit includes Comprehensive health and developmental history, comprehensive physical exam, immunizations, lab testing, education and anticipatory guidance

More on EPSDT: Mandated Basic Coverage

- Diagnosis
  - Prompt diagnostic workup and follow-up
  - Work-up can be in patient or outpatient as determined by provider
- Treatment
  - Includes physical and mental illnesses or conditions
  - Includes physician and hospital services, private duty nursing, personal care services, home health and medical equipment and supplies, rehabilitative services, and vision, hearing, and dental services

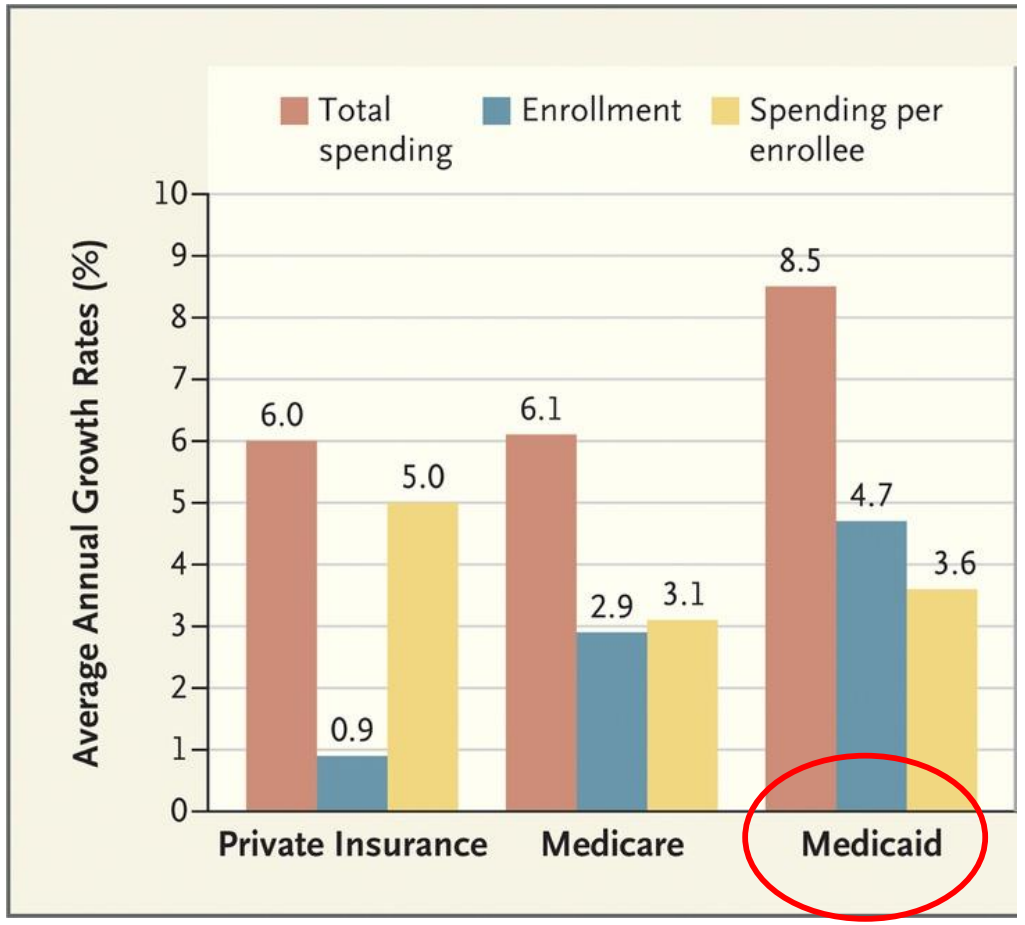
More on EPSDT: Sources

- Medicaid. EPSDT – A Guide for States. https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf
  - *Look at page 39 of this document for a general overview/summary*
- HRSA. Early Periodic Screening, Diagnosis, and Treatment. https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/early-periodic-screening-diagnosis-and-treatment#core
- Georgetown University. EPSDT: A Primer on Medicaid's Pediatric Benefit. https://ccf.georgetown.edu/wp-content/uploads/2016/03/EPSDT-fact-sheet.pdf.
- Medicaid.gov. Early Periodic Screening, Diagnosis, and Treatment. https://www.medicaid.gov/medicaid/benefits/epsdt/index.html
- Recent publication (June 2017) on implications of budget cuts
- https://ccf.georgetown.edu/wp-content/uploads/2017/06/EPSDT-At-Risk-Final.pdf

How Medicaid stacks up to other insurance options

Medicaid Spending Compared

- Total Medicaid spending increases at a relatively high rate
  - Primarily because of caseload growth (i.e. enrollment)
- Per capita Medicaid spending grows more slowly than private insurance
- Reasons include aggressive cost-containment policies to include:
  - Provider payment rates
  - Managed-care contracting
  - Drug-pricing/utilization policies



Holahan J and McMorrow S. Medicare and Medicaid Spending Trends and the Deficit Debate. 2012. *NEJM*. 367:393-395.

More on How Medicaid Stacks Up

- What misconceptions have you commonly heard about Medicaid? Setting the facts straight about Medicaid: https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/

- In regards to access to care and outcomes, Medicaid gets the job done (even comparatively to private insurance): https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid/

Insurance coverage and health outcomes: A comparison of the US and other industrialized countries

International Comparison Activity

- Compare the US with other nations using healthsystemtracker.org and data.worldbank.org

Country	Funding model	Per capita health care expenditure	Out of pocket health expenditure	Uninsured rate	Infant mortality	Age-adjusted mortality
USA	Private and public insurance payers, private and public providers					

Additional Advocacy Resources

Resources for Advocating Around Medicaid

Learn more by reviewing these websites:

- American Academy of Pediatrics Advocacy and Policy:

  https://www.aap.org/en-us/advocacy-and-policy/Pages/Advocacy-and-Policy.aspx

- Kaiser Family Foundation:

  https://www.kff.org/medicaid

- Georgetown University Center for Children and Families:

  https://ccf.georgetown.edu/topic/medicaid