

Medicaid's Role for Children with Special Health Care Needs

American University Washington College of Law

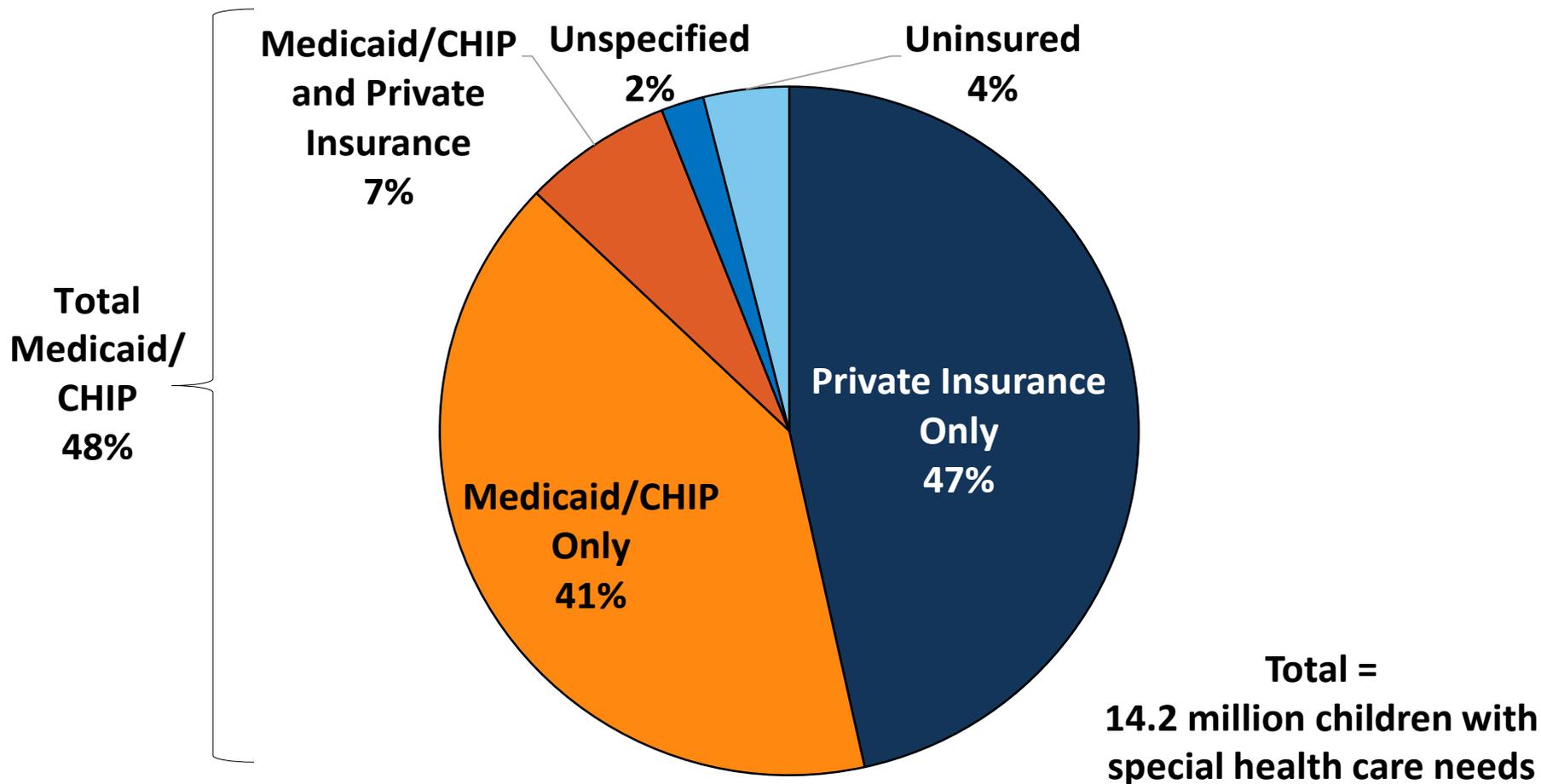
Next Steps in Health Reform 2017

Health Reform: Implications for Health Equity

MaryBeth Musumeci

Figure 1

Medicaid and CHIP cover nearly half of all children with special health care needs as of 2016.

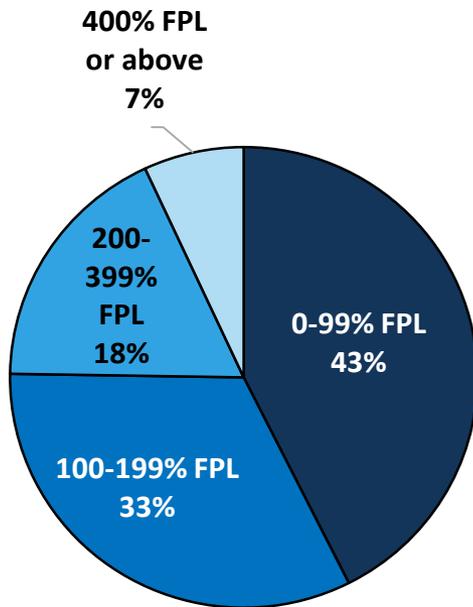


NOTES: Includes non-institutionalized children ages 0-17. Totals may not sum to 100% due to rounding.
SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

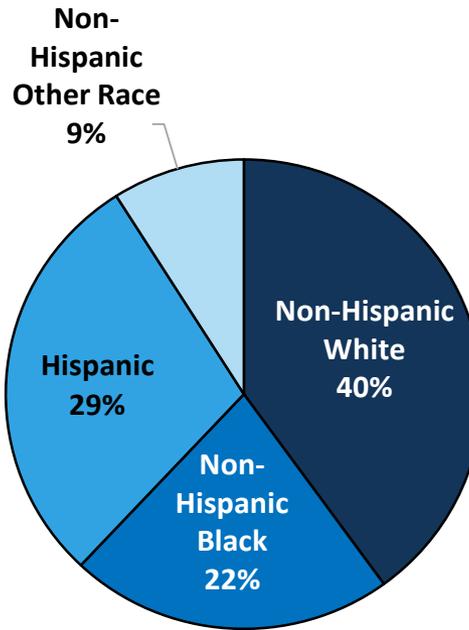
Figure 2

Most Medicaid/CHIP children with special health care needs live in lower income households, 2016.

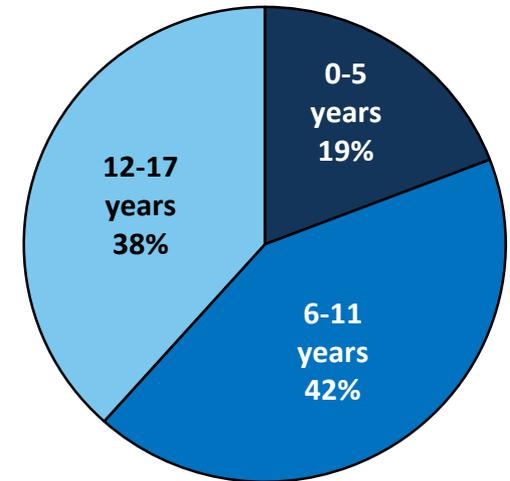
Household Income



Race/Ethnicity



Age



Total = 6.8 million Medicaid/CHIP children with special health care needs

NOTES: Includes non-institutionalized children ages 0-17 with Medicaid/CHIP only or Medicaid/CHIP and private insurance. Totals may not sum to 100% due to rounding. 100% FPL for a household of 3 in 2016 was \$20,160/year. Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic.

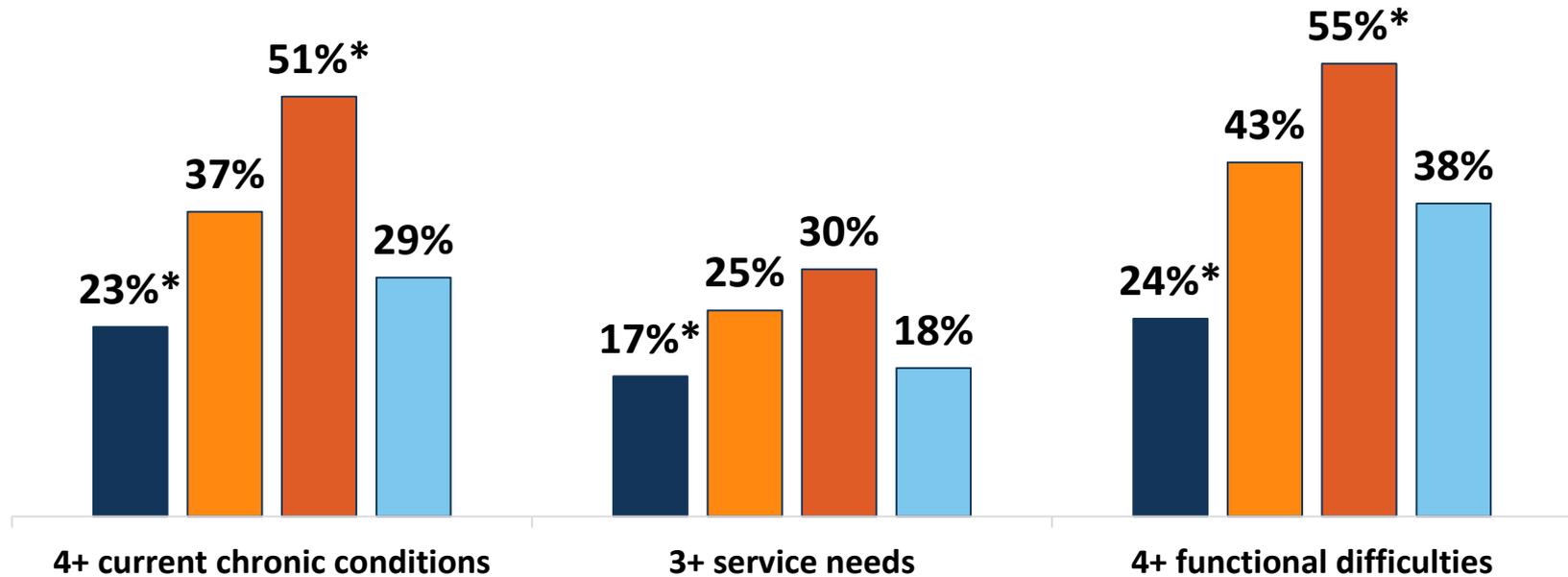
SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 3

Medicaid/CHIP children have significantly greater health needs compared to children with private insurance only, 2016.

■ Private Insurance Only ■ Medicaid/CHIP Only ■ Medicaid/CHIP and Private Insurance ■ Uninsured

Share of children reporting:



NOTES: Includes non-institutionalized children with special health care needs ages 0-17.

*Indicates statistically significant difference from the Medicaid/CHIP Only population at the $p < 0.05$ level.

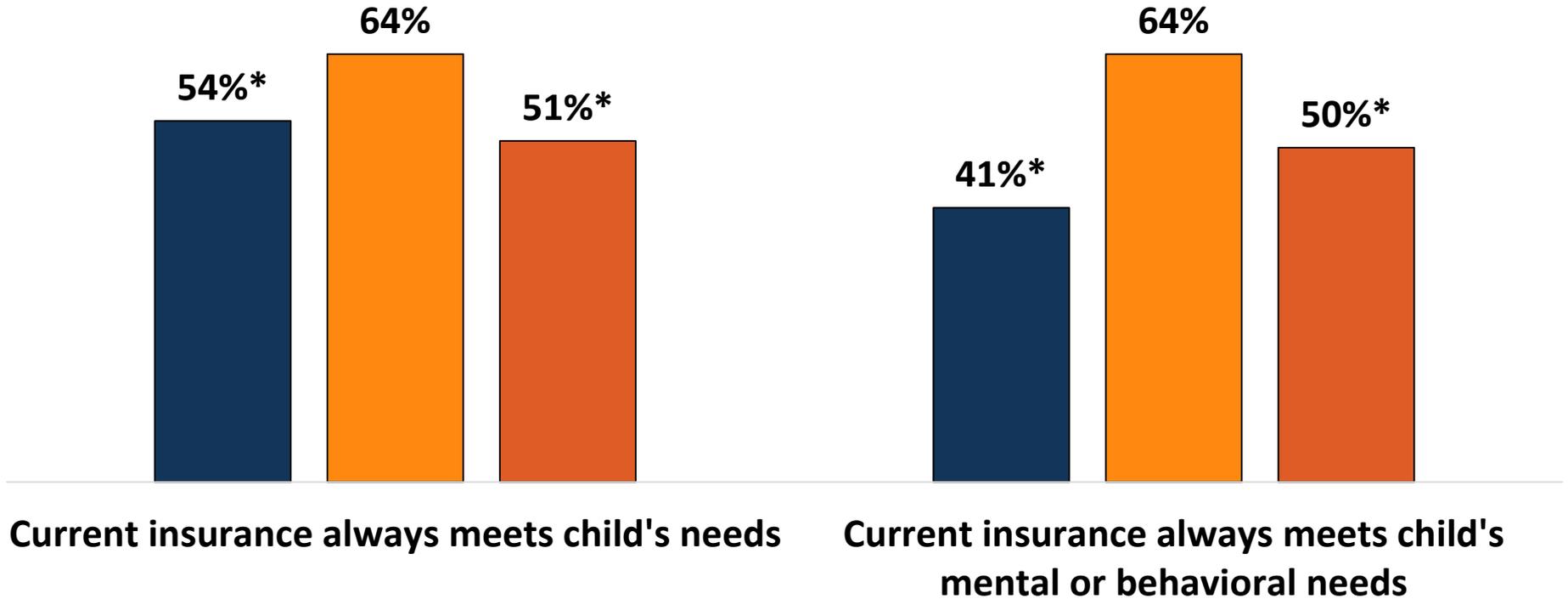
SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 4

Medicaid/CHIP children are significantly more likely to report coverage that meets their needs compared to those with private insurance only, 2016.

■ Private Insurance Only ■ Medicaid/CHIP Only ■ Medicaid/CHIP and Private Insurance

Share of children reporting:



NOTES: Includes non-institutionalized children with special health care needs ages 0-17.

*Indicates statistically significant difference from the Medicaid/CHIP Only population at the $p < 0.05$ level.

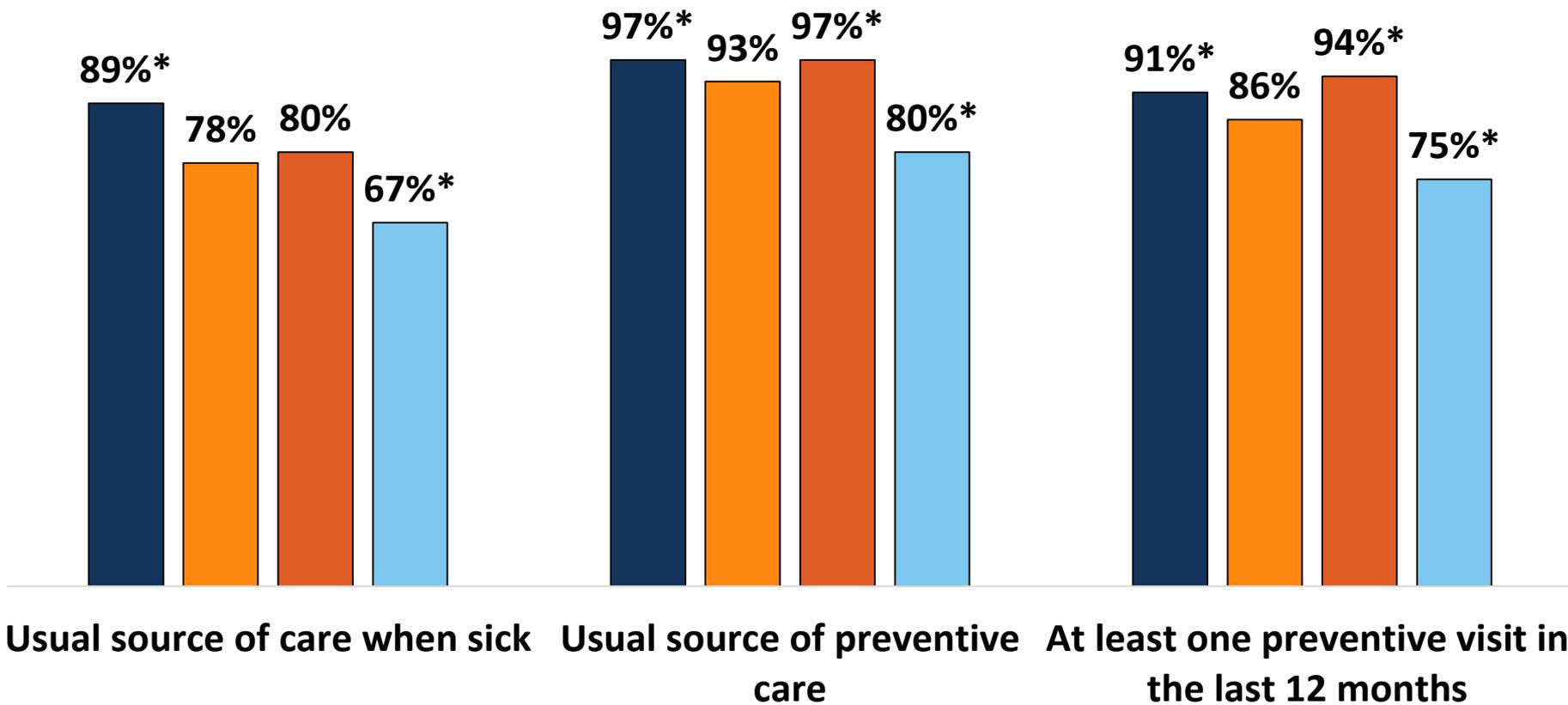
SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 5

Medicaid/CHIP children have significantly better access to care compared to those who are uninsured, 2016.

■ Private Insurance Only ■ Medicaid/CHIP Only ■ Medicaid/CHIP and Private Insurance ■ Uninsured

Share of children reporting:



NOTES: Includes non-institutionalized children with special health care needs ages 0-17. Emergency room is excluded from usual source of care.

*Indicates statistically significant difference from the Medicaid/Other Public Only population at the $p < 0.05$ level.

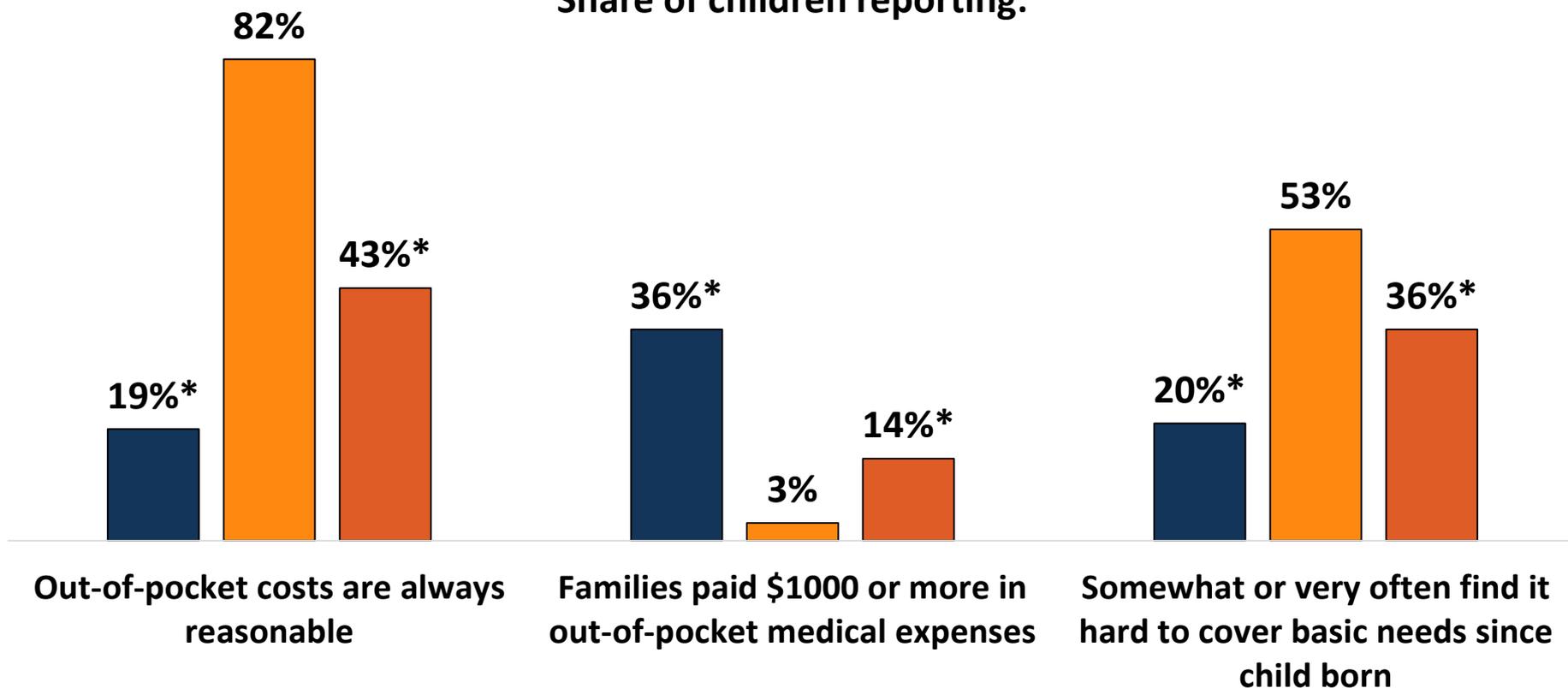
SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 6

Medicaid/CHIP children are significantly more likely to report that coverage is affordable, compared to those with private insurance, 2016.

■ Private Insurance Only ■ Medicaid/CHIP Only ■ Medicaid/CHIP and Private Insurance

Share of children reporting:



NOTES: Includes non-institutionalized children with special health care needs ages 0-17.

*Indicates statistically significant difference from the Medicaid/Other Public Only population at the $p < 0.05$ level.

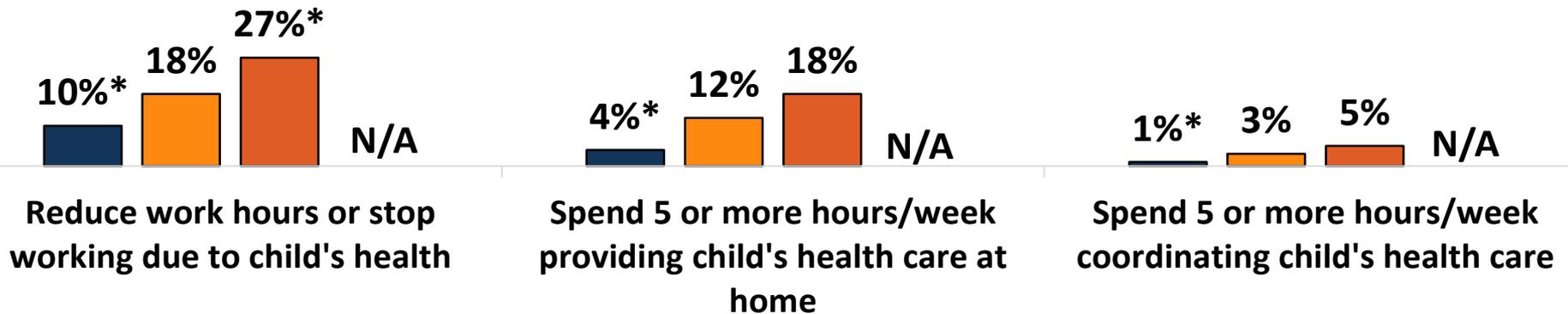
SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 7

Families of Medicaid/CHIP children are significantly more likely to spend less time working and more time on their child's health compared to those with private insurance, 2016.

■ Private Insurance ■ Medicaid/CHIP Only ■ Medicaid/CHIP and Private Insurance ■ Uninsured

Share of children reporting:



NOTES: Includes non-institutionalized children with special health care needs ages 0-17. N/A: Estimates do not meet minimum standards for reliability.

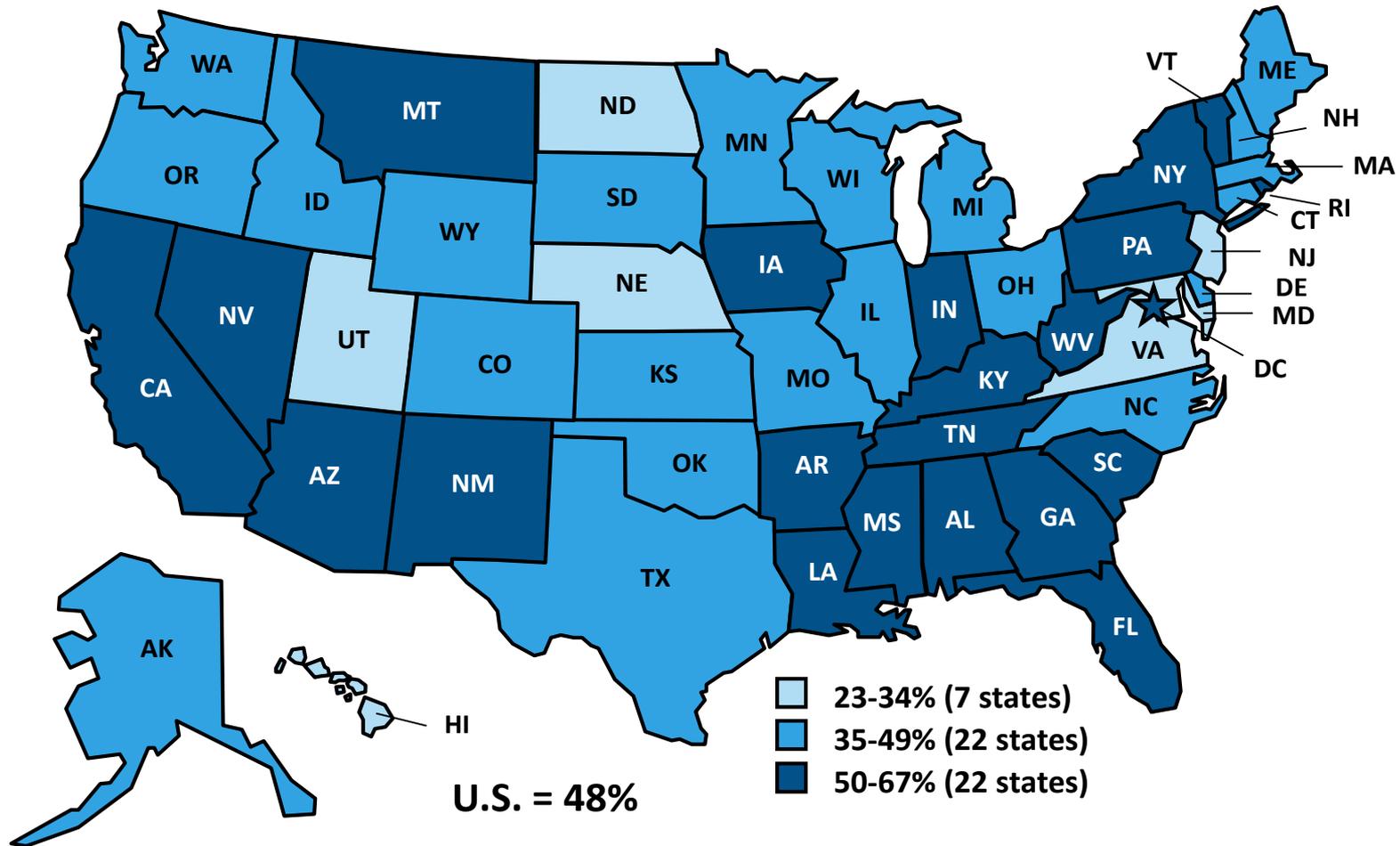
*Indicates statistically significant difference from the Medicaid/Other Public Only population at the $p < 0.05$ level.

SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 8

Medicaid/CHIP coverage of children with special health care needs varies by state, 2016.

Share of children with special health care needs covered by Medicaid/CHIP:



NOTES: Includes non-institutionalized children ages 0-17 with special health care needs with Medicaid/CHIP only and Medicaid/CHIP and private insurance.

SOURCE: Kaiser Family Foundation analysis of the 2016 National Survey of Children's Health, Topical File.

Figure 9

Medicaid plays an important role for many children with special health care needs by:

- Serving as the only source of coverage for many children with special health care needs in low and middle income families.
- Supplementing private insurance for children (often those with the highest health needs) by covering services that are excluded from private coverage or for which private coverage is limited.
- Covering children with greater health needs compared to those with private insurance alone.
- Providing long-term care services that enable children with special health care needs to live at home with their families.
- Making coverage affordable for children with special health care needs by offering nominal cost-sharing and exempting most children from cost-sharing.

How might Medicaid coverage for children with special health care needs be affected by a per capita cap?

- Medicaid coverage for children with special health care needs may be at risk if federal financing is reduced and capped. With less federal funding, states might:
 - Lower provider reimbursement rates
 - Eliminate optional home and community-based waiver services
 - Eliminate optional eligibility pathways for children with significant disabilities
- Congressional proposals to exempt spending for children eligible for Medicaid “based on a disability” from a per capita cap are unlikely to protect all children with special health care needs:
 - Most children with special health care needs are determined eligible for Medicaid based on their family’s low income without undergoing a disability determination.
 - Some children with special health care needs use more health services than other children due to their health conditions but may not meet the stringent criteria to receive SSI or qualify for an institutional level of care.
 - State choices to decrease provider payment rates and/or covered services would likely apply to all Medicaid enrollees.

Figure 11

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