

# **Healthcare Reform and its Impact on Children and Families**

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**for**

**Outreach to Vulnerable Populations: Children and Families**

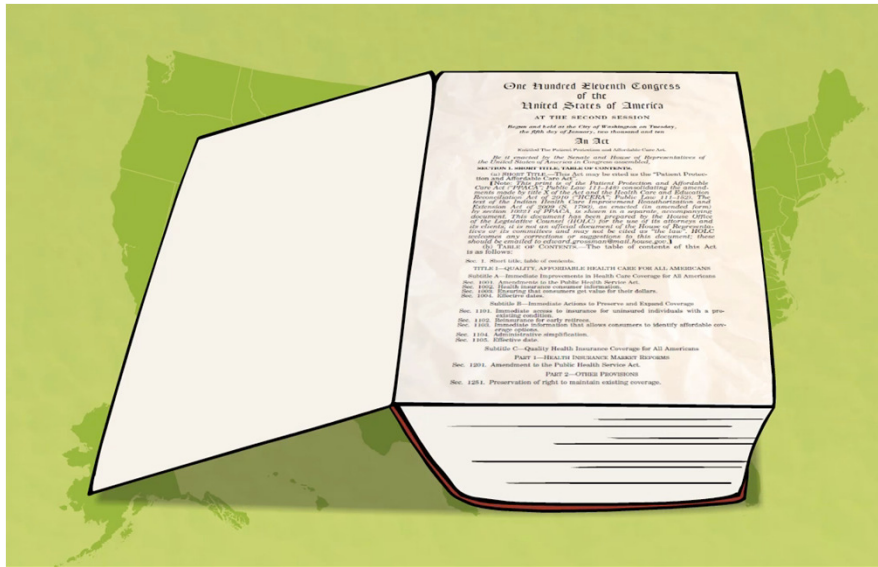
**Women in Government**

**Pittsburgh, PA**

**August 28, 2011**

FIGURE 1

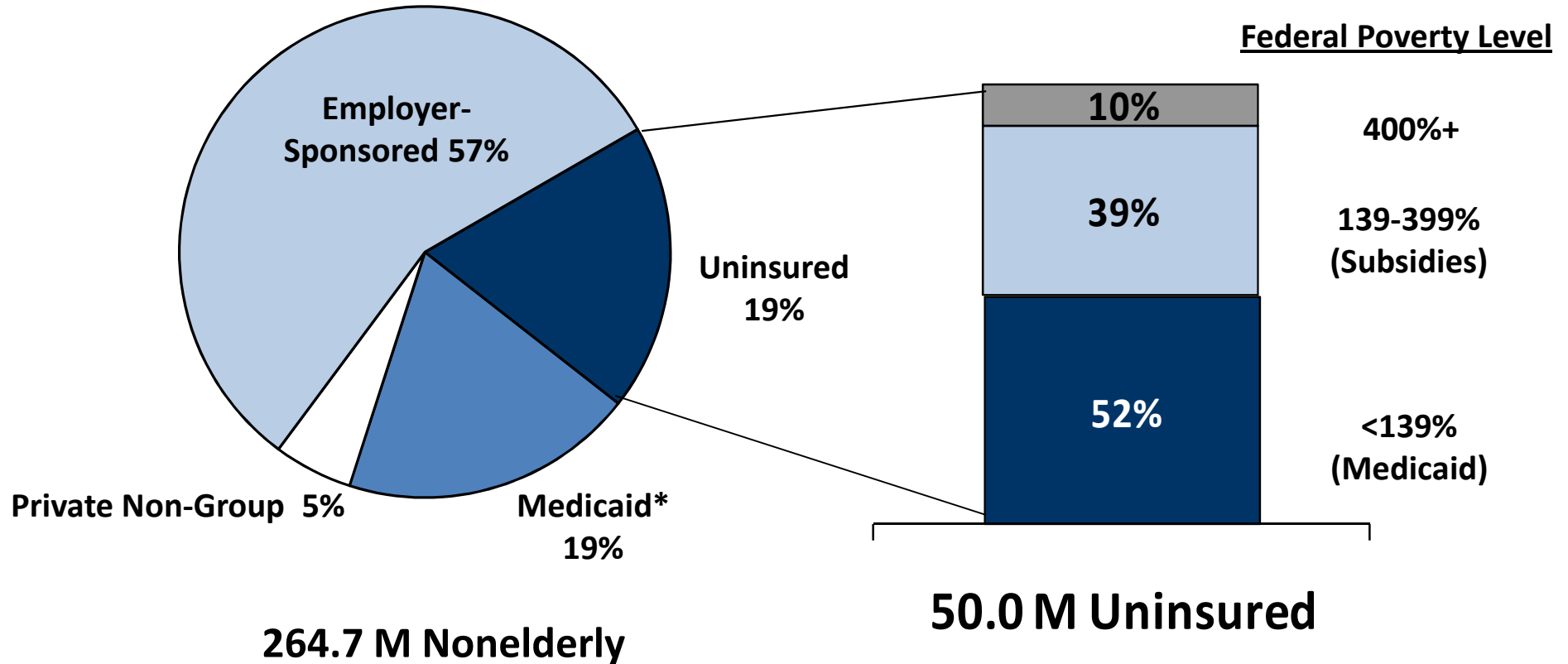
# Key Provisions of the Affordable Care Act



- Coverage expansions to reduce number of uninsured
- Health insurance reform to improve affordability of coverage
- Delivery system changes to contain costs and improve quality

FIGURE 2

# Most of the uninsured have low incomes



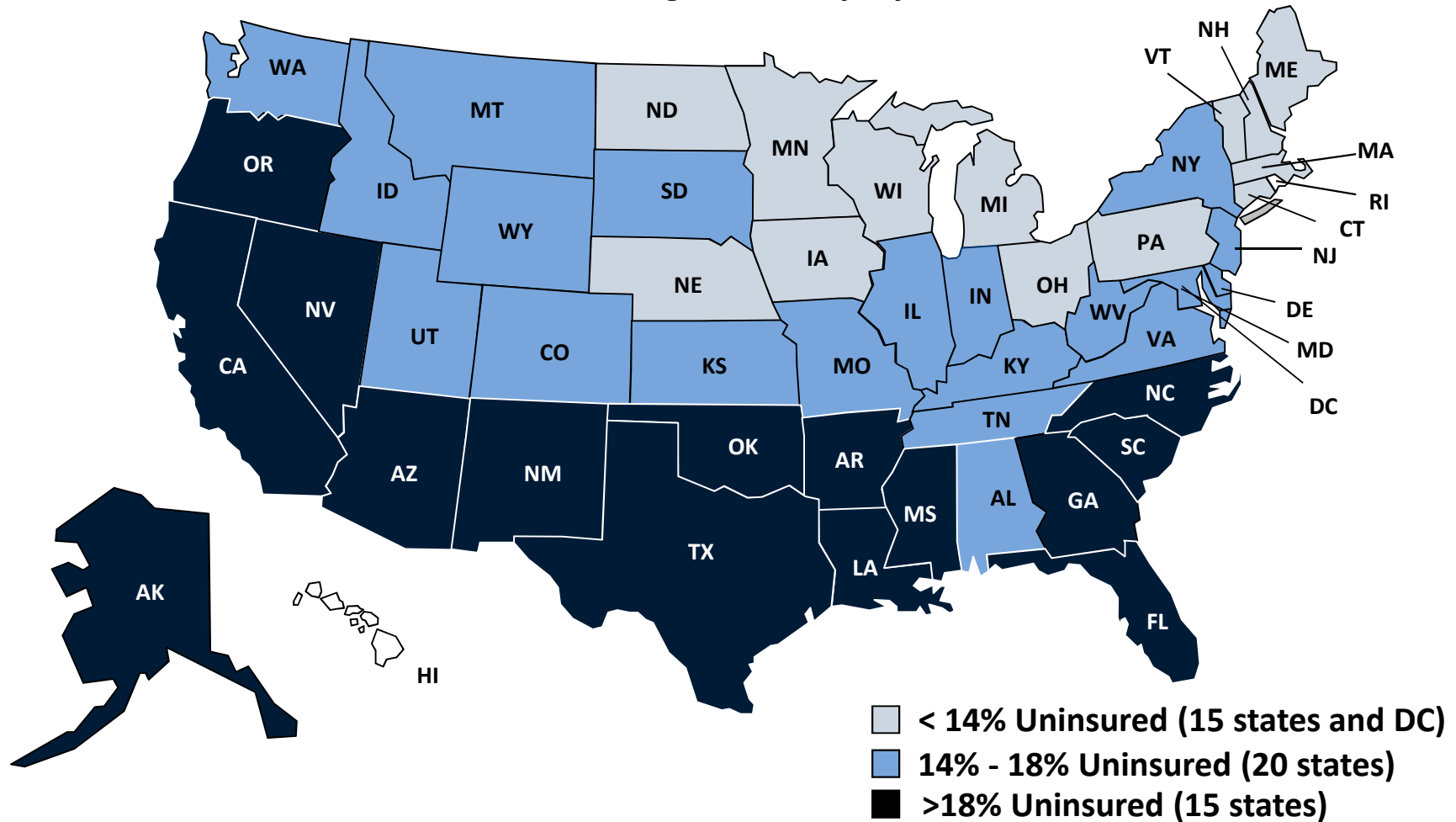
\* Medicaid also includes other public programs: CHIP, other state programs, Medicare and military-related coverage. The federal poverty level for a family of four in 2009 was \$22,050. Numbers may not add to 100 due to rounding.

SOURCE: KCMU/Urban Institute analysis of 2010 ASEC Supplement to the CPS.

**FIGURE 3**

# Uninsured rates vary widely across states.

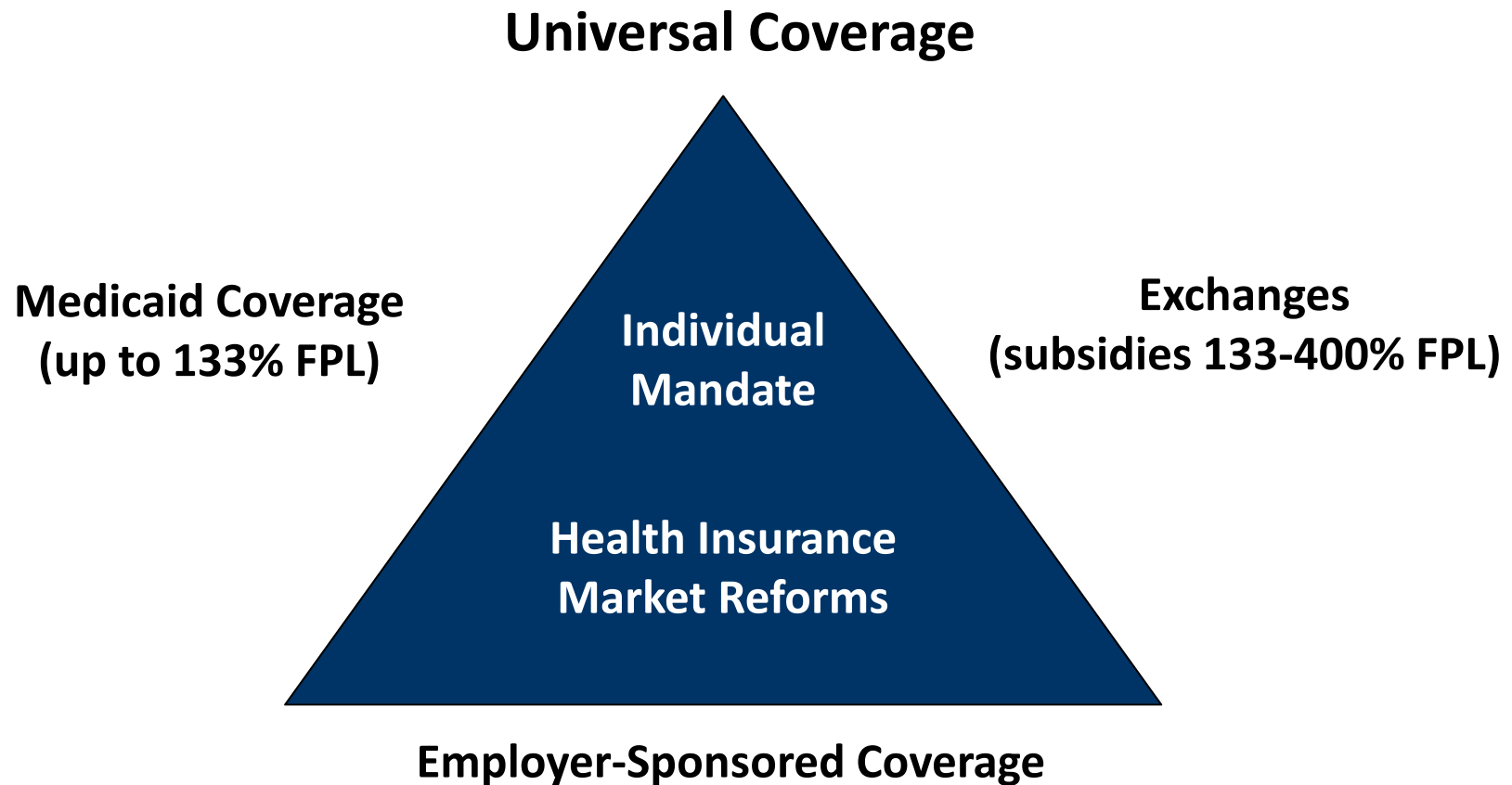
**Uninsured Rate Among Nonelderly, by State, 2008-2009**



SOURCE: Kaiser Commission on Medicaid and the Uninsured/ Urban Institute analysis of 2009 and 2010 ASEC Supplements to the CPS, two-year pooled data.

**FIGURE 4**

# Expanding coverage is a key element of health reform

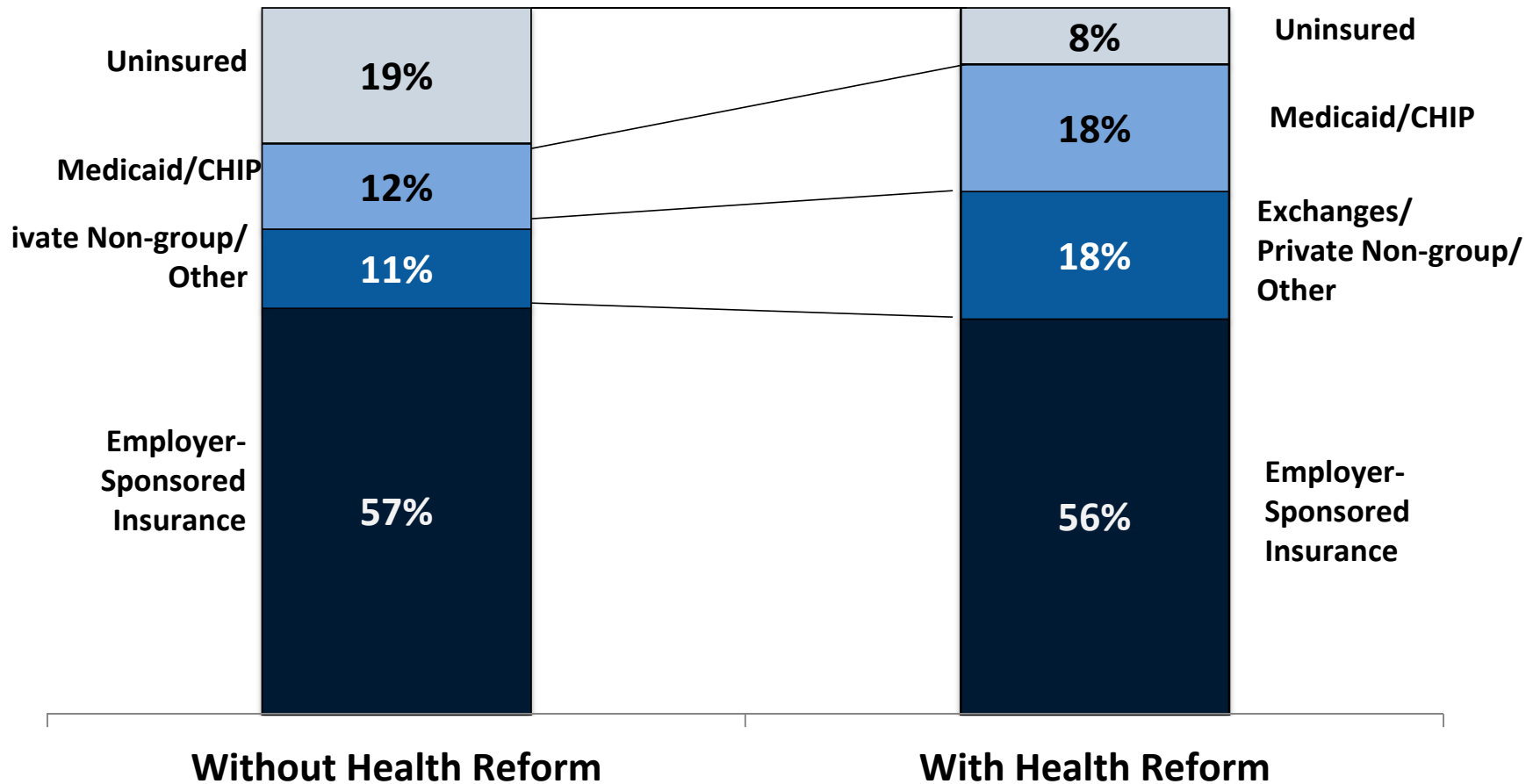


Note: In 2011, 133% FPL for family of 3 is \$24,645 and 400% FPL is \$74,120

**FIGURE 5**

# Medicaid and the Exchanges will play a major role in reducing the uninsured by 2019

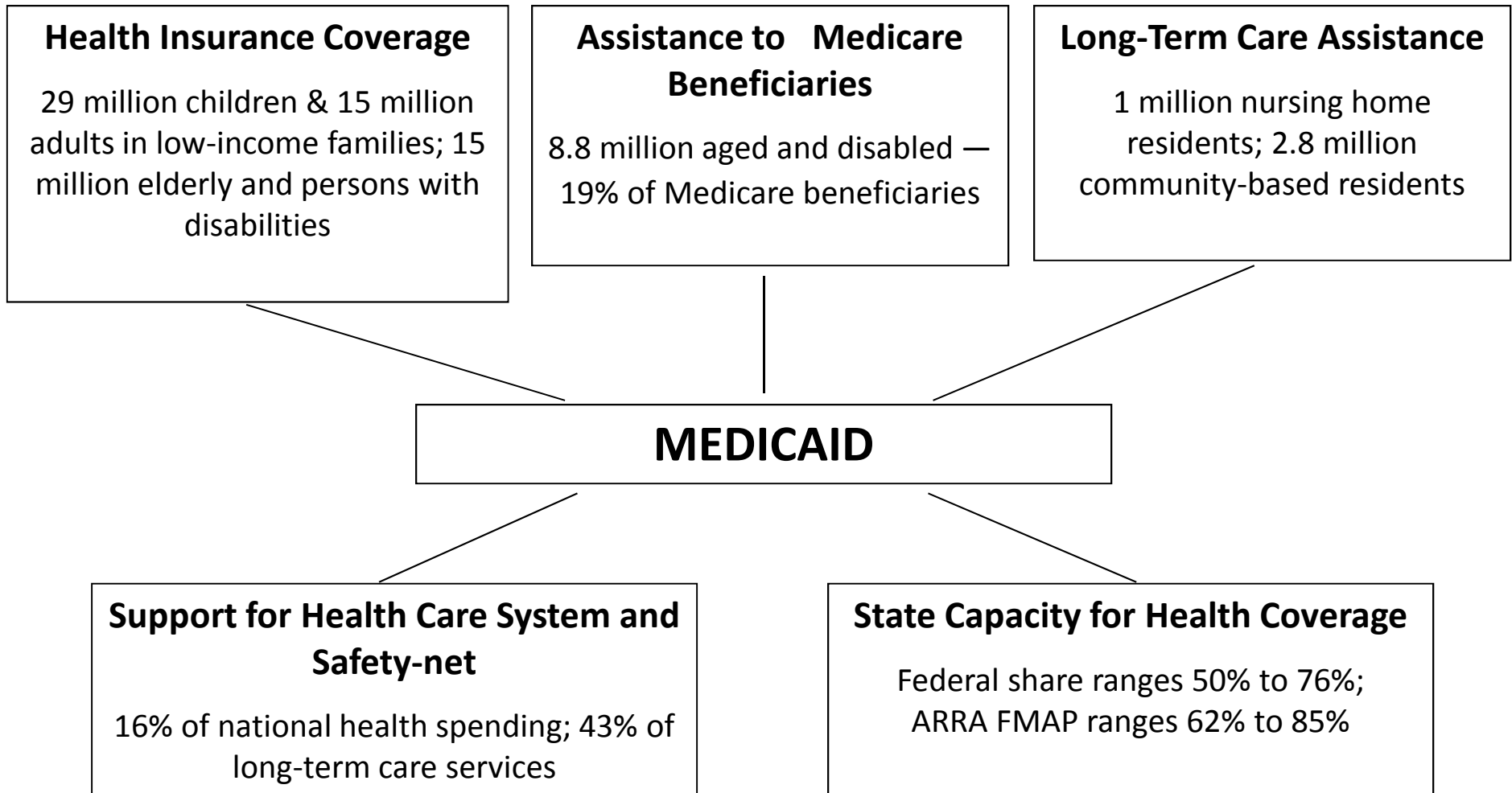
**Total Nonelderly Population = 282 million**



SOURCE: Congressional Budget Office, March 20, 2010

FIGURE 6

# Medicaid has many roles in our health care system



## FIGURE 7

# Medicaid plays an important role for selected populations



**Caleb Garcia, 5**  
*Dallas, Texas*

A child who qualifies for Medicaid because of his severe disabilities and his family's low income gets the health care, therapies, and medical equipment he needs to function at home and in school.



**Ian Johnson, 33 and family**  
*Hudson, Wisconsin*

A low-income family without employer-sponsored health insurance gets preventive care on time and can see the doctor when they get sick.

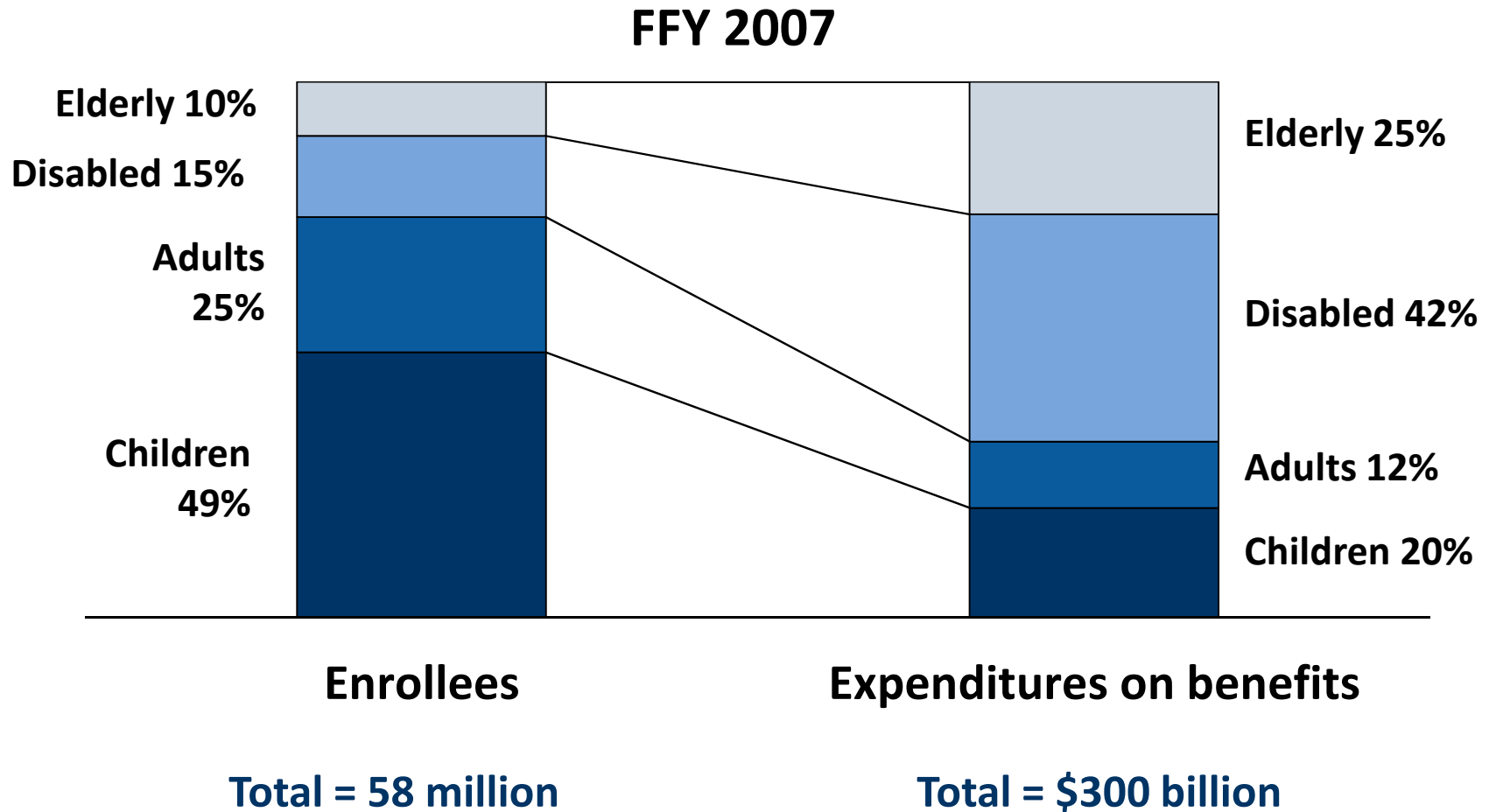


**Patricia Clark, 86**  
*Scranton, PA*

An elderly woman qualifies for Medicaid because the high cost of her nursing home care exhausts her small, fixed income.

**FIGURE 8**

**Low-income families account for most Medicaid enrollment, while the elderly and disabled account for most spending**



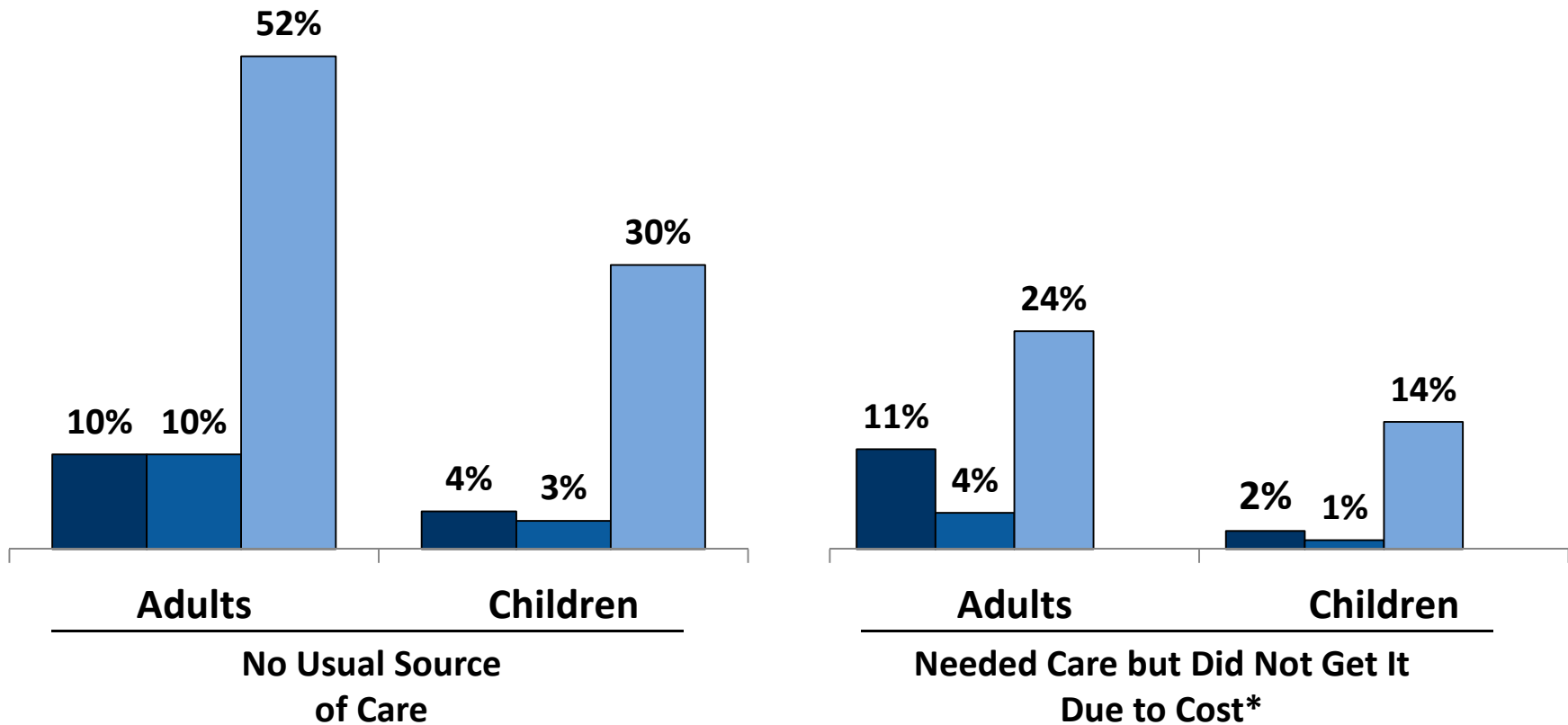
SOURCE: KCMU and Urban Institute estimates based on 2007 MSIS and CMS64 data.

**FIGURE 9**

# Medicaid provides access to care that is comparable to private insurance and far better than access for the uninsured

Percent Reporting:

■ Medicaid ■ Private ■ Uninsured



\* In the past 12 months

NOTE: Respondents who said usual source of care was the emergency room were included among those not having a usual source of care

SOURCE: KCMU analysis of 2008 NHIS data

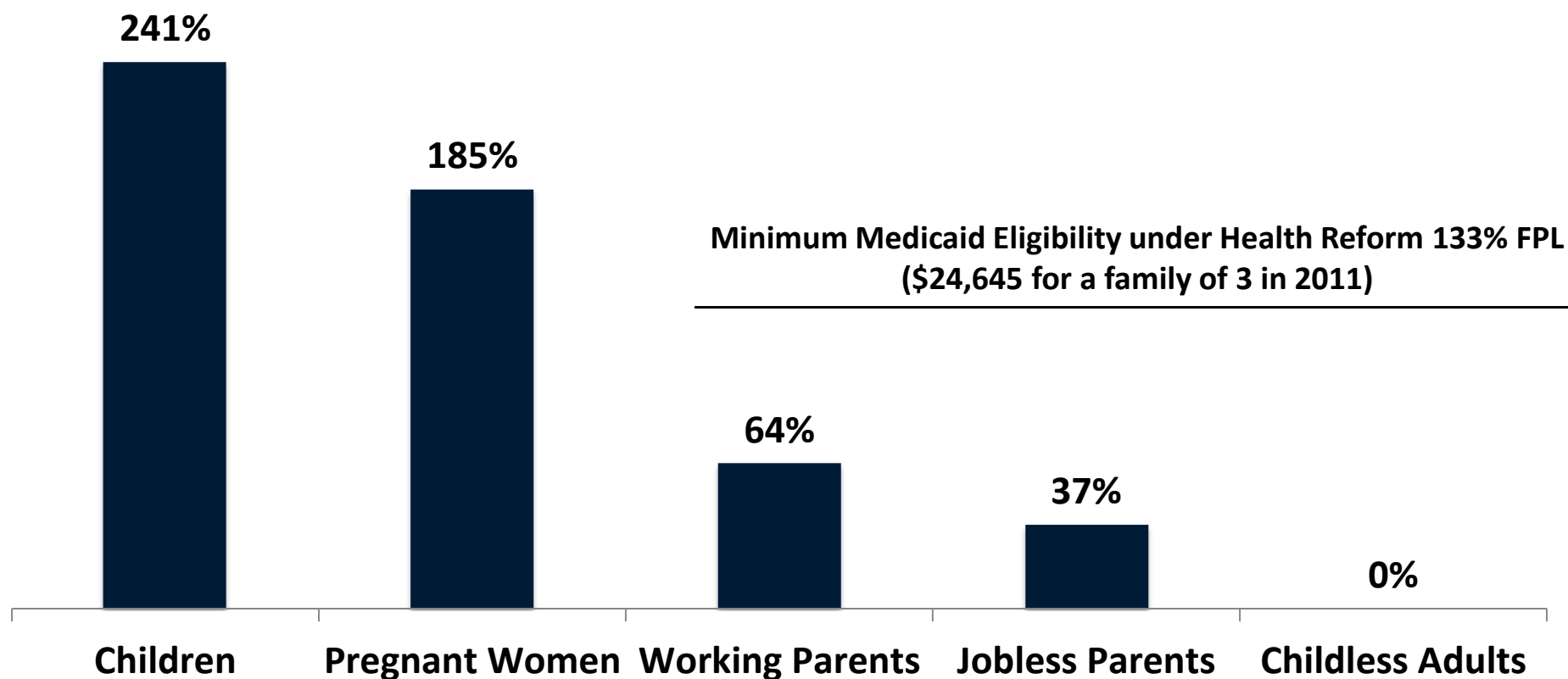
## Key Medicaid and CHIP provisions in the ACA

- Expands Medicaid to a national floor of 133% FPL in 2014 with 95% of costs financed by the federal government
- Streamlines eligibility and enrollment procedures for Medicaid and CHIP
- Maintains existing Medicaid and CHIP eligibility for adults until 2014 and for children until 2019
- Increases Medicaid payments for primary care to 100% of the Medicare rates for 2013 and 2014 with 100% federal financing for the increase

FIGURE 11

## Current Medicaid eligibility levels for adults remain low

Median Medicaid/CHIP Eligibility Thresholds, January 2011



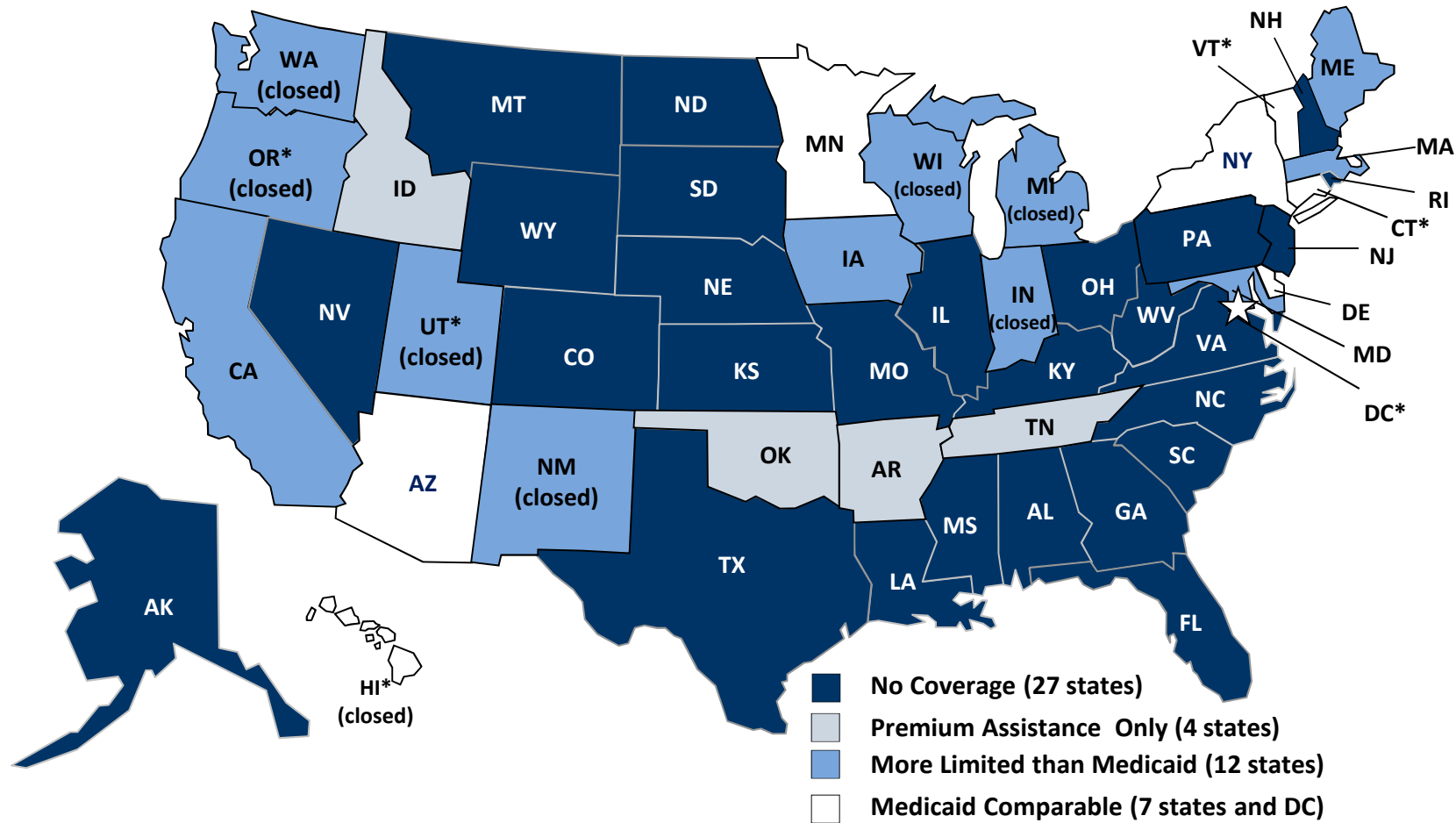
SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2011



FIGURE 13

# Most states have limited or no coverage for childless adults

Coverage of Childless Adults by Scope of Benefit Package, 2011



“Closed” denotes enrollment closed to new applicants

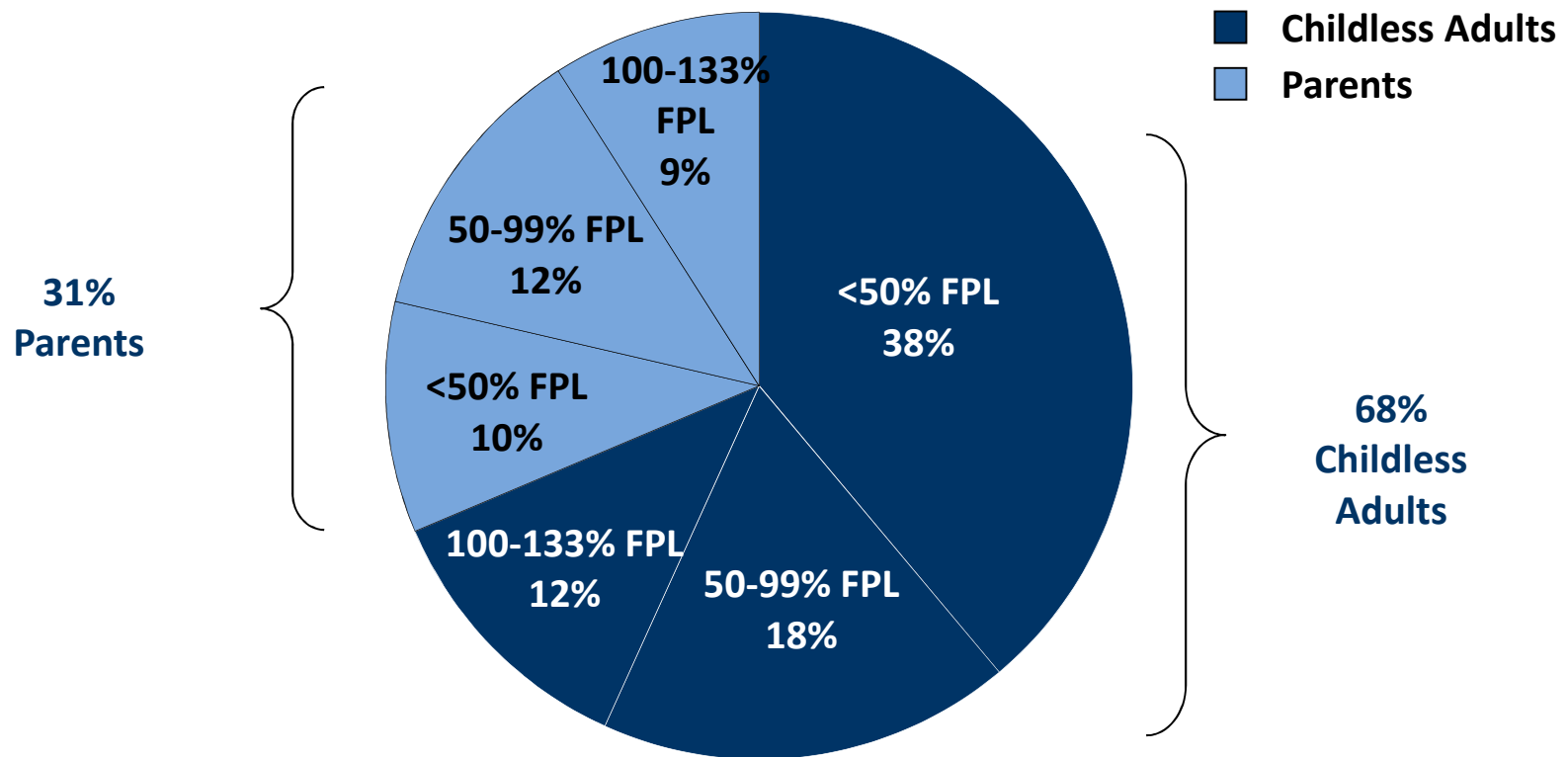
Map identifies broadest scope of coverage available in the state. CT, DC, HI, & VT also have more limited coverage; OR & UT also offer “premium assistance” with open enrollment.

SOURCE: Kaiser/Georgetown Medicaid Eligibility and Enrollment Survey, 2011.

FIGURE 14

# Most adults gaining coverage in the Medicaid expansion will be very poor, childless adults

Uninsured adults at or below 133% FPL by poverty level and parental status:



Total: 17.1 Million Uninsured Adults  $\leq$ 133% FPL

The HHS federal poverty guideline for a family of four was \$21,200 in 2008. Total does not sum to 100% due to rounding.

SOURCE: KCMU/Urban Institute analysis of March 2009 CPS.

## The Medicaid expansion presents opportunities and challenges

- Reaching and enrolling newly eligible adults and hard-to-reach children
- Streamlining, modernizing, and integrating eligibility and enrollment processes
- Connecting enrollees to needed health care

## Reaching and enrolling the uninsured

- Consideration of messages, program names, and terms will be key
- Outreach will be needed to overcome enrollment barriers
  - Expanded outreach avenues
  - Targeting hard-to-reach populations
  - Using trusted resources in the community such as CBOs and providers to provide outreach and enrollment assistance
- Providing multiple enrollment options and adequate support will be key
  - Online, in-person, phone, fax
  - One-on-one enrollment assistance

## Streamlining and modernizing enrollment

- ACA requires states to create an integrated and seamless enrollment system for Medicaid, CHIP, and Exchange coverage that is supported by technology
- States can simplify eligibility, enrollment, and renewal processes
- Many states will need to make significant upgrades to their eligibility systems
- Federal government is providing support and guidance for states

FIGURE 18

## Connecting newly enrolled to medical homes and access to needed care

- Broad range of needs, including mental health problems and substance abuse
- Access to preventive and primary care in Medicaid is generally good for both children and adults, but key gaps remain
- System-wide shortages of adult primary care physicians and specialists
- Expansion of private coverage will also put new pressures on system capacity to provide access
- Many ACA investments will help build capacity

## Key Issues Moving Forward

- Significant new opportunity to reduce the number of uninsured, supported with substantial new federal revenues
- States continue to face budget pressures
- Families continue to struggle financially, leading to increased need for Medicaid
- Achieving progress now will be key for being ready in 2014

## Additional Resources

- *For more information on Medicaid and health reform, visit:*
- Kaiser Family Foundation: [www.kff.org](http://www.kff.org)
- Health Reform Source: [healthreform.kff.org](http://healthreform.kff.org)