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HEALTH

Feds Helped States Increase Insurance Coverage For Children In The Midst Of An Economic Recovery

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Yesterday, the Kaiser Commission on Medicaid and the Uninsured released their annual report outlining trends in Medicaid and Children's Health Insurance Program (CHIP) eligibility, enrollment, renewal, and cost-sharing policies in all fifty states. As families continue to struggle in a weak economy, Medicaid and CHIP remain essential sources of healthcare coverage for children.

The report demonstrates that the number of uninsured children dropped to 8 percent in 2010 (the lowest uninsured rate for children since the federal government began tracking this statistic in 1987), even as a slow economic recovery meant lower access to employer-based coverage. The ACA requirement for states to maintain eligibility levels and enrollment procedures was essential in Medicaid and CHIP coverage levels remaining stable. States also relied on the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) to adopt new technologies that streamlined the enrollment process and increased workloads the accompanied higher enrollments. Using the bonuses included in CHIPRA, states adopted tools like express lane eligibility, SSA Data Match to verify citizenship, and simplified renewal options.

As Medicaid programs expand coverage, however, communities must find new ways to reach out to eligible people and to deal with the increasing number, and cost, of Medicaid participants. Partnerships between state and community-based organizations have helped Massachusetts achieve a 99.5% coverage rate for eligible children. Bottom-up approaches like recruitment tables at churches, malls, schools, and ads in local ethnic media sources have helped states like Massachusetts push enrollment rates to the highest levels in the nation. Community outreach strategies have been particularly valuable in Massachusetts, precisely because the state has expanded the income eligibility threshold to allow families to enroll in Medicaid even if they do not fall below the federal poverty line (\$18,530 per year).

Overall, states have expanded eligibility requirements and enrollment, but more work needs to be done on improving retention and utilization of Medicaid and CHIP services. Income disparities still exist between states when it comes to the threshold for providing Medicaid and CHIP coverage. Seventeen states only authorize Medicaid eligibility if a family of three has an income of \$9,265 or below. In contrast, the CHIP programs in states like Massachusetts have a lower threshold for eligibility (\$37,060 per year), helping to protect low and moderate income children even during a



recession. Beginning in 2014, the Affordable Care Act will address these disparities by harmonizing the income threshold at 138 percent of the federal poverty level. In the future, we expect to see administrative and cultural changes that will strengthen coverage and prepare communities for anticipated reforms.