



Insuring America's Children: Getting to the Finish Line

was created by the **David and Lucile Packard Foundation** to engage state and national partners in improving health care coverage for children. Finish Line is a collaborative effort between **Georgetown University Center for Children and Families**, state-based children's health care advocates, and the **Missouri Foundation for Health**.





The Dramatic Decline in Medicaid Caseload for Children and Parents

Medicaid Children

- January 2018 - 621,535
- September 2019 - 523,168
- Decline of 98,367 or 15.8%

Medicaid Custodial Parents

- January 2018 - 97,817
- September 2019 - 72,251
- Decline of 25,566 or 26.1%

<https://dss.mo.gov/mis/clcounter/history.htm>



What is behind the decline?

Was it:

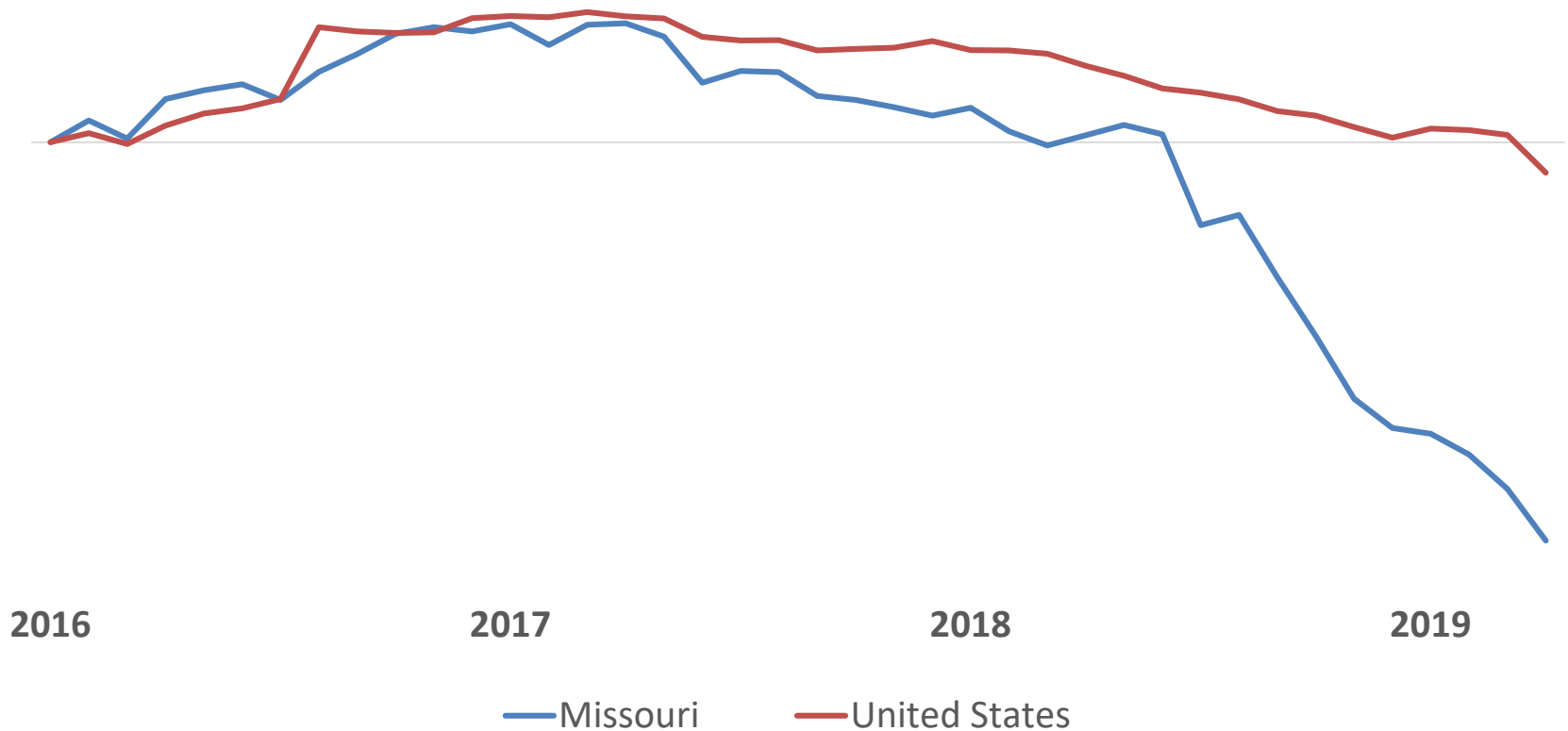
A. Improving Economy

B. New Procedures at Family Support Division

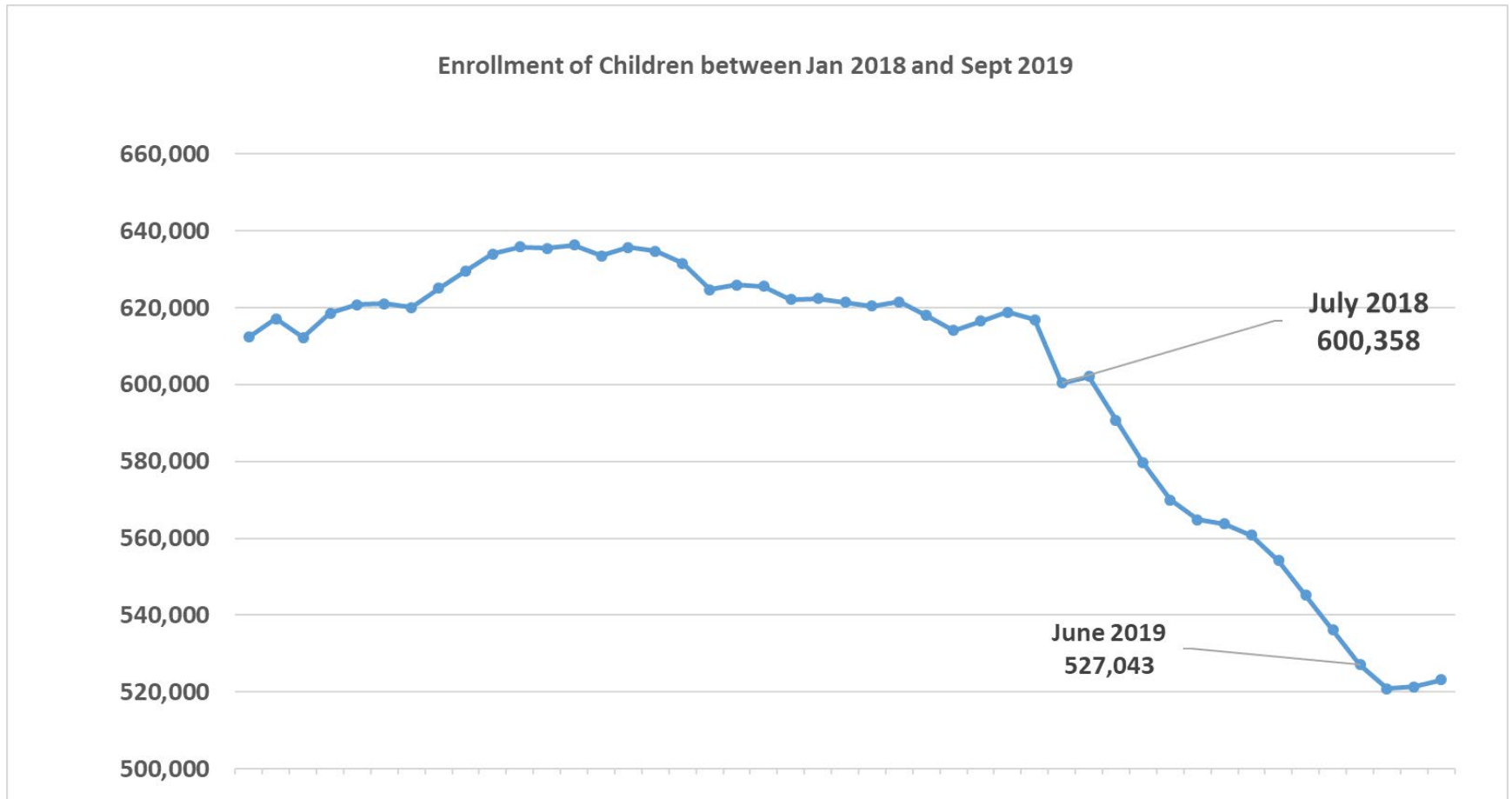
MO Enrollment vs US Average

“We Have a Hole in the Bucket”

We are experiencing a major drain in Medicaid enrollment but the data does not support the economy as being the driver

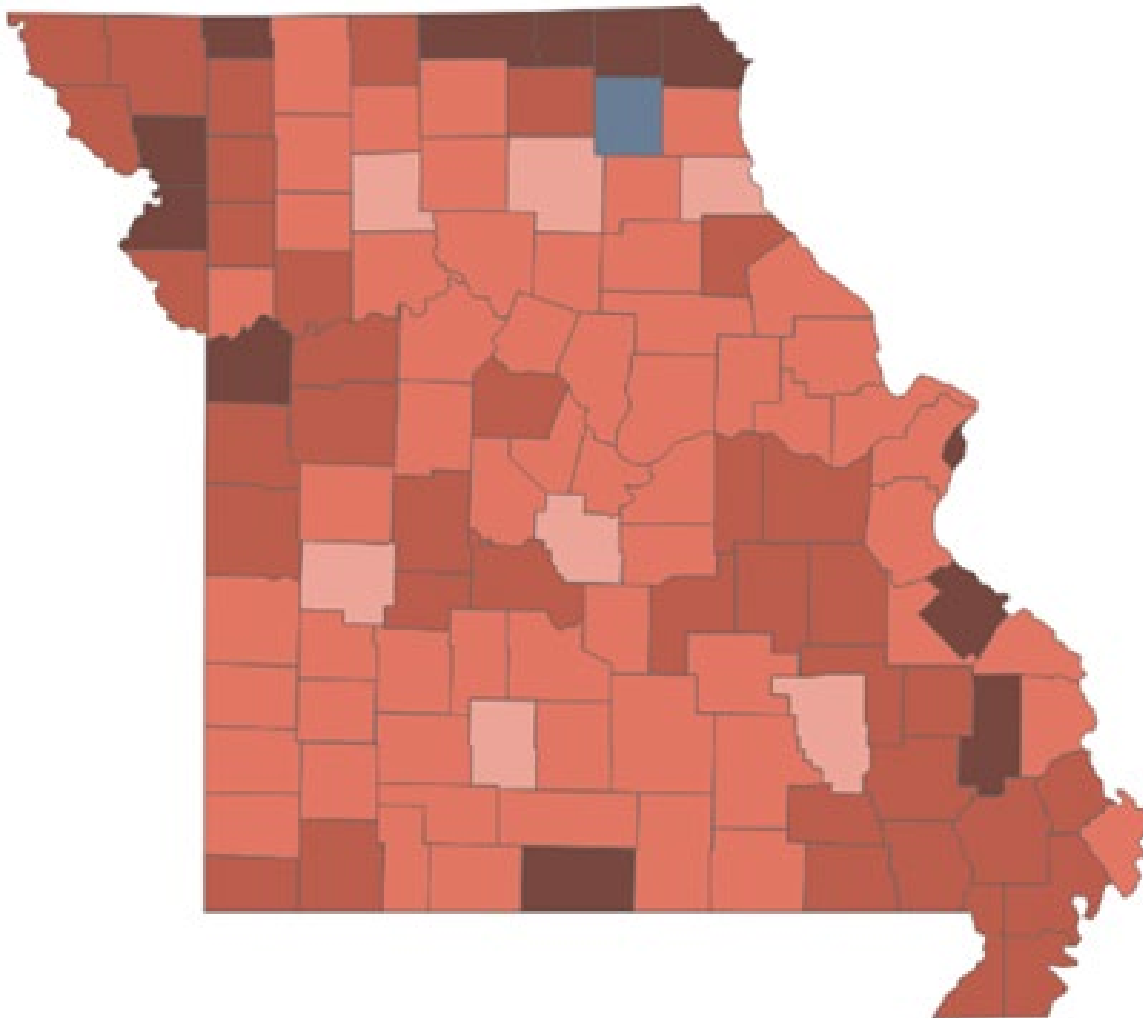


Automated Reassessment



Medicaid Enrollment Declines

**Nearly 120,000 Children and Parents Lost Medicaid
Between January 2018 and June 2019**





Declines are Statewide

MBP did an analysis of Medicaid enrollment January 2018 to June 2019:

- Of the 114 Missouri counties there has been a decline in all but one county
- In 106 counties the decline is over 10%
- In 49 counties the decline is over 15%
- In 13 counties the decline is over 20%
- The average total Medicaid decline in MO is 16.4%

The national average for the same time period...2.2%



Economic Growth varies Regionally

MO's statewide unemployment rate since the great recession:

- In Dec. 2009 was 9.8%
- By Dec. 2013 it was 6.6%
- By Dec. 2018 it was 3.1%

But economic growth varies independently:

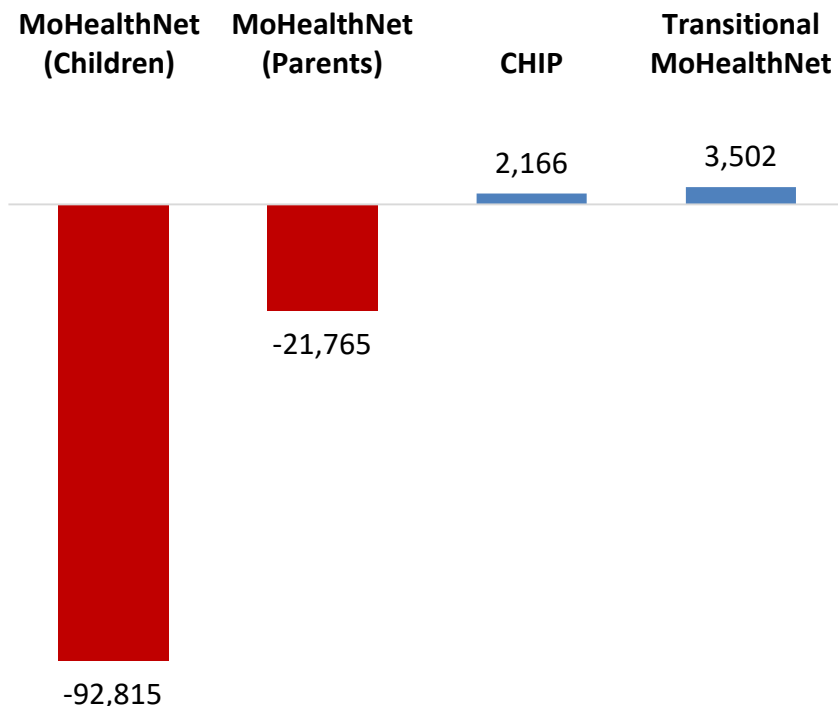
- Suburban Cass County's unemployment rate June 2019 3.1%
- Rural Pemiscot County unemployment rate June 2019 6.2%

The recent decline in Medicaid enrollment as a percentage in Cass and Pemiscot was almost identical in both counties, 18.5% and 19.3% respectively, but their economic growth differed significantly.

If the declines in enrollment were due to economic factors, it would show up in the data between high employment counties and low employment counties and it does not.

***Data from St. Louis Fed and the Bureau of Labor Statistics**

When a trend is not a trend!



- CHIP and Transitional MO HealthNet should be rising if the family incomes are rising.
- Enrollment migration from one program to the other should be tracking but they aren't.
- Almost all kids losing coverage are from the lower income families.



Barriers to Re-enrollment

- DSS reported 47% of those who lost coverage attempted to re-enroll.
- Long wait times on the call center.
- Some county offices were unresponsive to walk-in clients.
- LSEM reported that 100 of the 102 cases of unenrolled clients they worked on were eligible.



Proposed Administrative Policy Changes

- ***Place a moratorium on quarterly reviews until the backlog of renewal is completed***
- Consider best practice and implement “**Express Lane Eligibility**” and **No Touch Renewals**, using data from other public assistance programs such as SNAP, and/or wage data to automatically determine eligibility for Medicaid, without requiring supporting materials from the family.
- Increase staffing of the DSS help line and provide sufficient training of staff.



Proposed Administrative Policy Changes

- Create a **Special Unit** of trained workers that are tasked with working intensively on finding solutions for cases that are at risk of closure.
- Provide **Special Enrollment Counselors** at every Family Support Division Resource Center who are trained to help families that walk into the offices with enrollment and renewal concerns.
- Create **Online Accounts** for Medicaid patients to allow them to electronically update critical information, such as address, family or income changes.



Proposed Legislative Change:

- Implement **12-Month Continuous Eligibility**, allowing families to maintain coverage for a full year regardless of income or other changes.
- The policy would increase the continuity of care, resulting in improved health outcomes, while at the same time it would reduce administrative burdens and reduce the cost of churn.
- Alabama, Louisiana, Kansas, South Carolina and West Virginia all use 12 month continuous.
- In all, 24 states have enacted 12-Month Continuous Eligibility in Medicaid, and 26 states use the policy for their CHIP population.



“Cover Our Kids”

Campaign will be kicking off next week!

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