



2021 STATE LEGISLATIVE AGENDA

POLICY BRIEF

CONTINUOUS MEDICAID ELIGIBILITY FOR NEVADAN CHILDREN PRISCILLA ACOSTA, BS, PRENATAL-TO-THREE COORDINATOR KELLY BUMGARNER, PHD, MPH, DIRECTOR OF HEALTH POLICY

While all Americans have struggled during the ongoing pandemic, Nevadans have been disproportionately impacted due to our unique hospitality and tourism-driven economy. Families have struggled to provide adequate housing, food, education, and healthcare for their children. When parents lose employer sponsored coverage, they often skip well-checks for healthy children and delay care for sick children until their condition is dire (8). COVID-19 has emphasized the need for continuous coverage through Medicaid for Nevadan children. Continuous eligibility would allow children 0 to 18 years of age to maintain Medicaid or CHIP (Children's Health Insurance Program) coverage for up to one full year, even if they experience a change in income, housing, or change in household (1).

Without continuous coverage, individual states establish procedures for families to report any changes in circumstances that may impact Medicaid/CHIP eligibility. In Nevada, continuous coverage is already part of CHIP, the program designed to insure children whose income is too high for Medicaid but likely too low to reasonably afford private health insurance; however, it is not available for lower income Medicaid enrollees that represent a significant proportion of children with public insurance. Extending this important simplification to Nevada Medicaid would streamline processes and protect some of our most vulnerable children.

Nevada Medicaid presently utilizes an annual redetermination process, but also requires individuals to report changes no later than the 5th day of the following month. Reportable changes include moving households and guardian's changing jobs.

During this time of great economic instability in our state, many parents have experienced furloughs or job losses that often require creative solutions, including living with extended family or pursuing new careers. Children who have not previously qualified for Medicaid or CHIP may now be income-eligible due to the economic challenges of the pandemic. This grants them coverage not only for emergency situations, but also access to preventive services, like EPSDT (Early and Periodic Screening, Diagnostic and Treatment services) through Nevada Medicaid's Healthy Kids Program. EPSDT is a comprehensive pediatric Medicaid benefit ensuring low-income infants, kids, and teens get preventive care to avoid or identify health problems or get needed treatment as early as possible. The Healthy Kids Program covers all medically necessary, pediatrician-recommended services.

Continuous coverage allows families to maintain a consistent medical home for their children, provided they are adhering to a well-check schedule.

As of January 2020, 32 states provided 12-month continuous eligibility with Medicaid and/or CHIP, enabling enrollees to maintain coverage even if their households experience fluctuations in income (3). By implementing this program element, which can be adopted by a straightforward state plan amendment without a waiver, Nevada could ensure children maintain coverage and benefit from timely care. Continuous care would save our state Medicaid authority time and money by eliminating unnecessary paperwork (1). Additionally, guaranteeing twelve months of uninterrupted care provides Medicaid authorities with valuable data and a clear understanding of the healthcare landscape in our state. This data is useful to administrators, managed care organizations (MCOs), advocates, and healthcare providers interested in serving children and families with efficient, impactful healthcare delivery. Churn (obtaining coverage again shortly after disenrollment) not only interrupts care, but also prevents significant numbers of enrollees from retaining continuous coverage for a 12-month period, which makes it difficult to aggregate a robust data set to measure quality of care (6).

Twelve states project enrollee's annual income for the remainder of the calendar year when determining ongoing eligibility at renewal or with changes in circumstances (2). Currently, Nevada does not account for reasonable changes in income when determining eligibility for Medicaid. Research demonstrates that rigorous state renewal requirements often generate large disenrollments, including those who continue to be eligible, largely due to the frequency of eligibility reviews and procedural complexity (4). Experts estimate approximately three million children nationally leave Medicaid/CHIP each year and become uninsured, despite ongoing eligibility (5,6). According to the Urban Institute, 57% of all uninsured children are eligible for Medicaid or CHIP (7).

When families are struggling financially, accessing the internet or mailing paperwork to Medicaid is added onto an insurmountable "to do" list. Many children lose coverage, only to re-enroll when they need care. Churn suggests that children are often dropped despite remaining eligible. In some cases, children's housing or parent's employment is unstable and they routinely move homes or change jobs, which presents challenges in providing Medicaid with a current address. These children may be ineligible for only a few weeks or months under current Nevada Medicaid guidance.

Churn negatively affects not only children and their families, but also healthcare providers and MCOs. Additional paperwork inconveniences and confuses enrollees and providers who must resubmit claims and complete "new enrollee" packets as children cycle on and off Medicaid or CHIP. Gaps in coverage may disrupt the management of chronic illnesses and damage relationships with providers and social support systems. Missed or delayed visits and lapses in treatment are disruptive to patient care, provider schedules, and MCO administrative procedures. Twelve months of continuous eligibility improves outcomes not only for Nevadan children, but also for all entities and organizations involved in the administration and delivery of Medicaid.

RECOMMENDATIONS FOR IMPROVEMENT:

- Follow the example of CHIP and establish 12 month continuous eligibility for Nevadan children on Medicaid
- Inform and educate newly eligible families about the benefits of Nevada Medicaid and CHIP
- Improve data quality by decreasing churn

REFERENCES & FURTHER READING GUIDE

1. <https://ccf.georgetown.edu/2006/06/06/instability-of-public-health-insurance-coverage-for-children-and-their-families-causes-consequences-and-remedies/>
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8. <https://www.cnbc.com/2020/03/11/nearly-1-in-4-americans-are-skipping-medical-care-because-of-the-cost.html>