

Medicaid Access:

*A Critical Source of Health Care
for Low-Income Women*

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National Women's Law Center "Expanding the Possibilities"

Issue Areas:

- Education
- Employment
- Family Economic Security
- Health & Reproductive Rights

Strategies:

- Legal Advocacy
- Policy Analysis
- Public Education

Medicaid Access Project (MAP)

- Help states enroll more eligible women where possible
- Fight cut backs in states where Medicaid is threatened
- Work with state and local women's groups on Medicaid

Overview of Presentation

- Medicaid Basics
- Medicaid's Role for Women
- Simplifying Enrollment Procedures
- Medicaid in North Carolina
- Issues for State Advocates

Medicaid Basics

- Financing
 - Federal vs. state share
- Eligibility
 - Categories of eligible people
- Benefits
 - Mandatory vs. Optional

Medicaid's Role for Women

Medicaid Facts

- 70 % of adult beneficiaries are women
- Women are *twice* as likely as men to qualify
- Key health services for women are covered:
 - Physician and inpatient services
 - Screenings
 - Lab tests
 - Mental health services

Medicaid and Women of Reproductive Age

- 10 % of women of reproductive age (15-44) receive their health care through Medicaid
- Nearly 40% of all US births are financed by Medicaid
- Medicaid is the single largest source of public funding for family planning services

Family Planning Services

- Mandatory services
 - Enhanced matching rate of 90%
 - No co-payments
 - Choice of provider
 - Definition of family planning left to the state
- 19 states currently have waivers that allow coverage of family planning services only to low-income women not eligible for Medicaid



Women as Parents

- Medicaid parents are more likely to be women – covering “moms” is key!
- Medicaid is the largest insurer of single mothers, covering 40% of this population
- Low-income parents are *unlikely* to have employer-sponsored insurance

Parents' Eligibility

- Only extremely poor parents receive Medicaid
- Comparing lowest income eligibility:
 - Parents = 20% FPL
 - Pregnant women = 133% FPL
 - Children = between 100%-133% FPL
 - Aged and disabled = 74% FPL

Parents' Eligibility

- Expansions for other populations much more common (e.g. children)
- Only 16 states have expanded coverage for parents
- Dramatic state variations

Barriers to Enrollment

- Many *eligible* women do not *enroll*
- Administrative barriers deter women from enrolling
- 38% of low-income families cited these barriers are reasons for not enrolling

Simplifying Procedures

- Eliminating the asset test
- Joint parent/child simplified mail-in application
- 12-month continuous eligibility

Eliminating the Asset Test

- To qualify, an applicant's income and assets (dollar value) must be below limits set by state
- Assets can include:
 - Vehicles
 - Money in savings accounts
 - Other resources
 - **NOT** the home in which the family lives
- States have considerable flexibility in determining, including **disregarding all assets**

Joint Parent/Child Simplified Mail-in Application

- Allows parents and children to apply via one simplified mail-in application, which:
 - is short and easy to understand
 - can be submitted by mail
 - is for both parent and child

12-month Continuous Eligibility

- Obtain and keep coverage for whole year
- No frequent re-determination process
- Prevents costly gaps in coverage and care

Medicaid in North Carolina



Women's Access to Medicaid in North Carolina

- Covered 887,343 women in 2003 – 61% of its recipients
- Strict eligibility standards for parents
 - Income of less than 42% FPL
 - In 2004, this amounted to \$6,528 annually
- Pays for 42% of prenatal care and 46% of deliveries
- NC's application for a waiver to expand family planning is still pending after four years!

Barriers to Enrollment in NC



Asset test required for parents



Parents must renew their eligibility every 6 months



A joint, simplified mail-in application is used

Status of NC Medicaid

- No major cuts to program this year
- No current threat of a cap or block grant
- Issues with Transitional Medical Assistance (TMA) and SCHIP
- Blue Ribbon Commission on Medicaid
- State budget surplus

Issues for Advocates

- Simplifying enrollment procedures
- Expanding Medicaid eligibility
- Outreach
- Extend TMA

Next Steps

- Select issue focus
- Choose target
- Pursue course of action

How can we help?