

# **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**

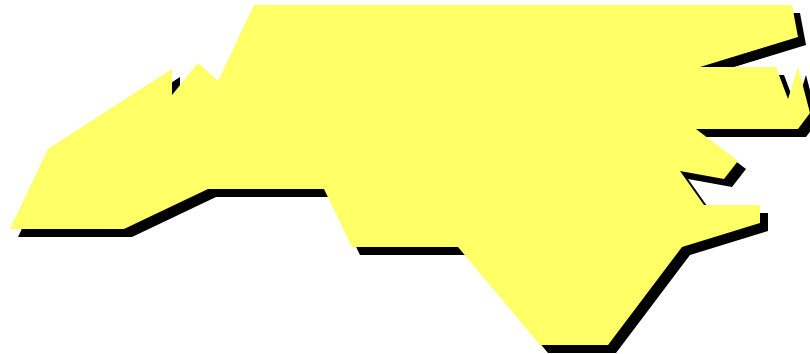
# Joint Parent/Child Simplified Mail-in Application

- 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

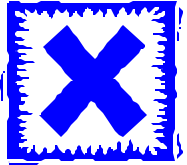
# Medicaid in North Carolina



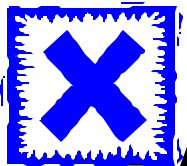
# Women's Access to Medicaid in North Carolina

- 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?