



MEDICAID AND CHIP: A LIFELINE FOR OHIO'S CHILDREN AND FAMILIES

Health care for more than 1 million Ohio children who would otherwise be uninsured

- Covers nearly 1.2 million Ohio children every month
- Eligible children are lawfully present, under age 19, and living in families with earnings of up to 200% of the federal poverty level (about \$44,000 a year for a family of 4 in 2010)
- Ohio implemented the Children's Health Insurance Program (CHIP) as part of Medicaid, so Medicaid and CHIP are seamlessly integrated in Ohio
- Covers Ohio's lowest-income children – 95% of covered kids live in homes with earnings of less than 150% of the federal poverty level (about \$33,000 a year for a family of 4 in 2010)

The most efficient way to deliver quality healthcare for Ohio children – especially in tough times

- The state's share of a year of Medicaid/CHIP coverage was less than \$600 per child in 2009
- Children, parents, and pregnant women can be covered at relatively low cost – they account for just 30% of Medicaid's cost, even though they account for about 80% of Ohioans covered by Medicaid
- With low administrative costs, about 97% of every Medicaid dollar went to health care in 2008
- While more Ohio children are covered by employer-sponsored insurance than any other type of insurance, that share has declined from nearly 60% in 2004 to less than 50% in 2010.

An Ohio Success Story

- In 1998, nearly 10% of Ohio children were uninsured – that number had dropped to 4% by 2008 and continued to drop to 3.7% in 2010 (even as the recession made more adults uninsured)
- About 3,000 foster care alumni can make a strong start with dependable and affordable health care up to age 21
- Children with insurance are healthier – kids with Medicaid coverage are more likely than uninsured kids to get preventive care to keep them healthy, and they have fewer hospitalizations and ER visits.
- Cutting the red tape in enrollment and renewal has made Medicaid / CHIP work better for county JFS agencies and families. Ohio earned a federal CHIPRA performance bonus award in December 2010, because of efficiency gains that improved children's health coverage. Changes to date include:
 - Families can renew via telephone, rather than relying on paper forms or in-person interviews.
 - Eligible kids maintain coverage for a full 12 months, avoiding duplicative paperwork.
 - Eligible children can receive the care they need while their enrollment paperwork clears.
 - Electronic Social Security Administration citizenship verification provides program integrity without sacrificing efficiency.
 - Families can apply on-line, without crowding JFS offices and forcing parents to take off work.
 - Parents now renew coverage every twelve months, like their children.
- The quality of care is improving through BEACON (Best Evidence for Advancing Children's Health Outcomes Now).

Making Medicaid and CHIP Work Even Better

- Increase the number of children who receive recommended well-child visits, developmental screenings (including social/emotional, dental, vision, and autism), and when needed, diagnostic and treatment services through Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) initiative.
- Increase the number of children who have a medical and dental home.
- Keep cutting red tape: Two out of three uninsured children are eligible for Medicaid/CHIP but lost it because of renewal barriers. Ohio can end this "churning" – the cycle of eligible children losing coverage, reapplying, getting covered again, then repeating the process – by:
 - Allowing community partners like federally qualified health centers, hospitals, and school-based health centers to enroll eligible children temporarily, while JFS offices process the paperwork.
 - Using data from other public programs with similar income requirements – like Food Stamps and WIC – to enroll kids and keep them covered.
 - Using income information already on file with other state agencies to identify, enroll and renew eligible children and families.
- Cover Expectant Moms to give babies a strong start: Allow community partners like federally qualified health centers, hospitals, and obstetric offices to enroll eligible pregnant women, so they can get prenatal care earlier, while JFS offices process the paperwork.

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