
https://www.opressrc.org/content/access-private-coverage-children-enrolled-chip

This article provided information on the potential substitution of public for private coverage among low-income children by examining the type of coverage held by children before they enrolled in the Children's Health Insurance Program (CHIP) and explored the extent to which children covered by CHIP had access to private coverage while they were enrolled. To accomplish this, the authors conducted a major household telephone survey in 2012 of CHIP enrollees and dis-enrollees in 10 states. The survey responses and Medicaid/CHIP administrative data were then used to estimate the coverage distribution of all new enrollees in the 12 months before CHIP enrollment and to identify children who may have had access to employer coverage through one of their parents while enrolled in CHIP. The authors found that about 13% of new enrollees had some form of private coverage in the 12 months before enrolling in CHIP, and most were found to have lost that coverage as a result of parental job loss. About 40% of CHIP enrollees had a parent with an employer-sponsored insurance (ESI) policy, but only half reported that the policy could cover the child. Approximately 30% of new enrollees had public coverage during the year before, but were uninsured just before enrolling. The authors concluded from these findings that access to private coverage among CHIP enrollees was relatively limited. Furthermore, even when there was potential access to ESI, affordability was a serious concern for parents, making it possible that many children with access to ESI would have remained uninsured in the absence of CHIP.


https://www.opressrc.org/content/adults-income-range-affordable-care-acts-medicaid-expansion-are-healthier-pre-aca-enrollees

This article used simulation methods and data from the Medical Expenditure Panel Survey to compare nondisabled adults enrolled in Medicaid prior to the Affordable Care Act (ACA) with two other groups: adults who were eligible for Medicaid but not enrolled and adults who were in the income range for the ACA's

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Medicaid expansion and thus newly eligible for coverage. Although differences in health across the groups were not large, both the newly eligible and those eligible before the ACA but not enrolled were healthier on several measures than pre-ACA enrollees. Twenty-five states opted not to use the ACA to expand Medicaid eligibility; according to the authors, if these states reverse their decisions, their Medicaid programs might not enroll a population that is sicker than their pre-ACA enrollees. By expanding Medicaid eligibility, the authors claimed that states could provide coverage to millions of healthier adults as well as to millions who have chronic conditions and who need care.

https://opressrc.org/content/medicaidchip-participation-rates-among-children-update

This brief assessed Medicaid/Children's Health Insurance Program (CHIP) participation rates and the number of uninsured children who are eligible for Medicaid or CHIP using the data available from the American Community Survey. According to the data collected, Medicaid/CHIP participation rates rose by 5.5 percentage points among children since 2008, increasing to 87.2% in 2011; in that year, 20 states (including the District of Columbia) had participation rates at or above 90% and four states had rates below 80%. These findings suggested that the increased state and federal policy efforts aimed at reducing the number of eligible but uninsured children yielded greater improvements in participation rates, and that increasing participation in the lower-performing states could yield further progress.

https://www.opressrc.org/content/medicaids-next-fifty-years-aligning-old-program-new-normal

This article discussed the state of Medicaid in the wake of the ACA, with particular focus on the prospects for further healthcare reform given the political landscapes that surrounded the program. According to the author, Medicaid was largely transformed by the ACA, but requires further reform to be part of a comprehensive national plan to provide universal health insurance. It speculates that political determination would be the most likely factor in determining the future trajectory of Medicaid over the next fifty years, either due to later reform or the potential repeal of the ACA.

https://www.opressrc.org/content/poverty-reducing-effect-medicaid

This article utilized the Census Bureau’s Supplemental Poverty Measure (which subtracts out-of-pocket medical expenses from family resources) to deduce the effects of the hypothetical elimination of the Medicaid program. While the authors warned that their method of drawing counterfactual medical expenses may underestimate the full impact of the program due to other unobserved differences, they found that
Medicaid reduced out-of-pocket medical spending from $871 to $376 and significantly decreased the poverty rate. By the authors’ estimate, Medicaid has kept at least 2.6 million Americans out of poverty as of 2010, making it the U.S.’s third-largest anti-poverty program.

https://www.opressrc.org/content/racial-and-ethnic-differences-access-care-and-service-use-children-coverage-through-medicaid

This report discussed barriers facing black and Hispanic children in accessing Medicaid and CHIP benefits. Although there is no difference in the availability of these benefits between ethnic groups, the authors’ analysis of data from three surveys— the National Health Interview Survey, the Medical Panel Experience Survey, and the National Survey of Children’s Health. The data demonstrated that black children are 25% less likely to have visited a specialist within the prior year even when differences in health status and similar factors are accounted for. Two of the surveys used indicated that black children were also less likely to have visited a mental health professional as well. Similar trends appeared when comparing Hispanic children to white children as well, although the author surmised that citizenship and language factors explained it in part. The authors concluded that more research is needed to determine the cause of these trends.

https://www.opressrc.org/content/national-findings-access-health-care-and-service-use-children-enrolled-medicaid-or-chip

This report to the Medicaid and CHIP Payment and Access Commission (MACPAC) was prepared to support MACPAC’s March 2012 Report to the Congress on Medicaid and CHIP. The report presented national findings on access to health care for children with Medicaid or CHIP using measures from two national household surveys—the National Health Interview Survey (NHIS) and the Household Component of the Medical Expenditure Panel Survey (MEPS). These estimates gave a national picture of how access to health care for children enrolled in Medicaid/CHIP compares to that of children with employer-sponsored insurance (ESI) and uninsured children, building on prior reports and analyses. The authors found that when compared to the uninsured, Medicaid/CHIP children are much more likely to have a usual source of care and to receive well-child checkups, flu vaccinations, specialty visits, and mental health visits; they are also much less likely to have unmet needs for care and to experience delays getting needed care.

https://www.opressrc.org/content/medicaid-works-review-how-public-insurance-protects-health-and-finances-children-and-other

This report briefly reviewed the evidence about the effectiveness of Medicaid and the Children’s Health Insurance Program (CHIP) in addressing the health and financial needs of vulnerable Americans, including children and other vulnerable populations, such as low-income parents, pregnant women, seniors, and people with disabilities. The importance of Medicaid and CHIP to low-income children and adults is well understood; less evident is the extent to which Medicaid and CHIP protect populations with serious health problems. Children covered by Medicaid or CHIP were more likely than their privately-insured counterparts to be in poorer health status and to have serious health conditions, as are publicly-insured adults. Almost all elderly Americans were covered by Medicare, but low-income seniors who were also enrolled in Medicaid (sometimes called dual eligibles) tended to have substantially worse health than those with Medicare alone or with private coverage. The brief also explored the potential impact of the fiscal year 2012 budget resolution approved by the House of Representatives, which would block grant the Medicaid program. In the authors’ opinion, such a proposal would have ended Medicaid in its current form by causing states to reduce enrollment, limiting benefits, cutting provider payments, and shifting more costs onto the children and families who relied on the public programs.


https://www.opressrc.org/content/progress-enrolling-children-medicaidchip-who-left-and-what-are-prospects-covering-more

This brief examines the characteristics of the children who were eligible for Medicaid/CHIP in 2007, using the March 2008 Annual Social and Economic Supplement to the Current Economic Survey (CES). The results showed that while participation rates were high in both Medicaid and CHIP, some five million children remained uninsured despite being eligible for coverage. Participation rates, which were found to vary across areas, appeared to have increased given recent declines in the number of uninsured children. The authors noted that while interest in public coverage was high among low-income parents, many did not know not know that their child was eligible for Medicaid/CHIP, did not know how to apply, and/or found the application process difficult.