An Overview of Children's Health Issues in Michigan

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Michigan Chapter American Academy of Pediatrics
Michigan Council for Maternal and Child Health
School - Community Health Alliance of Michigan
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Overview of Access in Michigan:

- As of 2011, 123,000 Michigan children (5.1%) between age 0 and 19 were uninsured. 74,000 of those children are believed to eligible for either the Medicaid or MIChild program. 47% of the uninsured children are between the age of 13-18.
- 55% of Michigan's uninsured children have at least one full-time employed parent.
- Michigan is the 16th highest in the number of uninsured children and 32nd overall in the health and well-being of children in the U.S.
- Almost one in five young people have one or more mental, emotional, and behavioral disorders, and one in ten youth has mental health problems that are severe enough to impair how they function at home, school, or in the community.
- One in 14 Michigan third graders has immediate dental care needs with signs or symptoms of pain, infection, or swelling.
- According to 2012 data from the U.S. Department of Health and Human Services, 52 of Michigan's 83 counties face some shortages of primary care, dental or mental health care providers.

A child's ability to access health care is greatly affected by their coverage status. According to the Economic Policy Institute, Michigan ranked first in the nation for the number of people who lost their health insurance between 2000 and 2009. Despite this Michigan has continued

Healthy Kids (Medicaid) Eligibility and Coverage

Eligibility: Under age 19 or pregnant woman of any age, US citizen/legal immigrant, Michigan resident, income limit of up to 150% of the Federal Poverty Level (FPL) for children ($35,100 for a single parent-household of three in 2010) and up to 185% of the FPL for pregnant women and infants.

to prioritize expanding access to health care through the state's Medicaid and MI Child (CHIP) programs. Approximately two of every five children in Michigan is eligible for Medicaid. It is noteworthy that children are less costly to cover than adults; they represent more than half of Medicaid enrollees but account for only 25 percent of the program's costs.

Poor health can impact a child's concentration in school, his or her sleep, self-esteem, and nutrition, and lead to systemic diseases later in life. A lack of care for children now will contribute to high costs later. By improving access during childhood, society avoids expensive emergent care and the future costs of compromised health, and Michigan children have the opportunity to become healthy and contributing adult members of their communities.

MIChild and CHIP Eligibility and Coverage

Eligibility: US citizens (some legal immigrants qualify), Michigan resident, under age 19, no other health insurance, income between 150% and 200% of FPL, about $44,100 for a family of four in 2010, or between 185% and 200% of poverty for children under one year.

Access to care is also affected by the quantity of providers who accept the type of insurance held by the child. For children, as for adults, qualifying for care does not necessarily equate with regular access to a doctor. Extremely low reimbursement rates have caused fewer doctors to accept Healthy Kids patients. When Medicaid reimbursement rates have been cut, fewer providers have accepted Medicaid payments thereby reducing access to care. Michigan's Medicaid physician reimbursement rates averaged 63% of the rate paid under Medicare, ranking it 44th in the country for physician reimbursements. Michigan has one of the most acute shortages of pediatric specialty doctors in the country, caused in large part by inadequate Medicaid reimbursement rates.

More doctors accept MIChild patients because of relatively higher reimbursement rates in that program.

- In the 2010 Cover Michigan Survey, the Center for Healthcare Research and Transformation, 52% of those children with Medicaid Healthy Kids were told that their primary care provider was not accepting their coverage, compared to 43 % for MIChild, and just 15% for those with private coverage.

- The differences are even bigger with regard to specialists. 46% of those with coverage for their children through Medicaid had been told that the specialist did not accept their child's coverage, compared to 14% each for those with MIChild and private coverage.

Dental disease is the most common chronic unmet need among children nation-wide. Since 2000, Michigan contracted with Delta Dental of Michigan to launch the Healthy Kids Dental program which reimburses dentists at rates significantly higher than the Medicaid fee schedule. Dental care utilization increased 34% among Healthy Kids Dental enrollees, while the distance traveled by families to dental appointments was cut in half. In 2012, more than 440,000 children were enrolled in the dental plans across 75 counties. However,

Dental Care Coverage and Shortages

Outside of southern Michigan, a shortage of dental providers threatens access for children. A geographic shortage is defined by the federal government as a patient to dentist ratio of at least 5,000:1 (or 4,000:1 accompanied by an unusually high level of demand), while a population group shortage indicates a patient to dentist ratio of at least 4,000:1 accompanied by other cultural barriers.

the program is not available in 8 Michigan counties, including highly populated Wayne County.

Distance can also keep children and youth away from a doctor; Michigan ranks 31st in the country for availability of the community-based primary and preventive care centers that provide "safety net" care to low-income adults and children. Michigan's network of 90 School-Based Health Centers (also known as Child and Adolescent Health Centers), provide primary care including mental health to only 200,000 school-age and adolescent youth annually.

Finally, access is affected by geographic, linguistic and cultural factors which can create barriers for families who seek a meaningful relationship with a provider who accepts public insurance. There are significant racial and ethnic disparities in coverage and access to health care and deep cuts to health and human services place minorities at increased risk.

Health Care Reform's Impact on Access:

Federal health care reform will significantly impact Michigan children. As Michigan debates the creation of a Health Insurance Exchange, the opportunity to invest in preventive services for children and youth could result in improved health outcomes as well as cost savings for the state Medicaid program.

The federal law includes the following important provisions: children cannot be denied coverage due to pre-existing conditions; young adults up to age 26 can remain on their parents' policies without being an IRS-defined dependent or a student; annual caps and lifetime limits will be prohibited. For a complete list of changes, see one of the websites listed below. Among the major new provisions in federal law that specifically address MIChild(CHIP) and Healthy Kids programs are:

- States are required to maintain current Medicaid and CHIP eligibility levels for children until 2019;
- CHIP benefit package and cost-sharing rules will continue as under current law;
- CHIP-eligible children who are unable to enroll in the program due to enrollment caps will be eligible for tax credits in the state Exchanges;
- Former foster children aged 26 or under will be eligible for Medicaid regardless of their income level effective in 2014;
- Beginning in 2015, states will receive a 23 percentage point increase in the CHIP match rate up to a cap of 100%.
- Already, $11 billion nation-wide has been made available to expand the number of primary care centers which provide "safety net" care to low-income adults and children, including over $4 million in capital and equipment funding for school- based health centers.

Medical Homes

Access is also impacted by the relationship that a child or youth has with a primary care provider. In 2007, only about half of MIChild and Healthy Kids enrollees had a stable relationship with a primary care provider, known as a medical home, compared with about 70% of privately insured children. The American Academy of Pediatrics has

been a visionary leader on family-centered medical home particularly for children with special health care needs. Medical home has been defined as a headquarters or home base for care where the child and family feel comfortable in the health care process." The family-centered medical home model has been a vehicle for innovations in health care practice, particularly integration of physical health care with mental health and oral health care, coordination of care, sharing of medical records through health information exchanges, and payment reform. Financing of medical home initiatives for children and youth is built upon the provision of preventive services and management of chronic conditions such as asthma, diabetes, and ADHD. A network of health care navigators and case coordinators must be integrated and funded within systems of care that are developmentally appropriate and support the family in making informed health care decisions for their child or youth.

As health care reform is implemented in Michigan, the family-centered medical home concepts must be fully integrated into Michigan's Health Insurance Exchange plan. This includes recognition of essential providers such as pediatric specialists, school-based health centers, oral, vision, and mental health.

Children With Special Health Care Needs

Access to appropriate care is critically important to children with special health care needs. Many children with complex medical conditions are enrolled in the state's Children's Special Health Care Services program funded with federal title V dollars as well as state appropriations. The program assists children with over 2,500 qualifying medical diagnoses, some extremely rare and almost all life-threatening, to access a broad range of appropriate medical care and supports.

In September 2011 the CSHCS program had over 29,500 enrollees. Families enroll in the program voluntarily and may or may not have other insurance, including Medicaid. Based on family size and income level, the program charges the family a fee for enrollment. Because of cost of treatment, many families would likely face financial hardship without the assistance of the program.

Children with special health care needs often have difficulty accessing the pediatric subspecialists most qualified for their specific needs and diagnosis. Many specialists are highly sought after and difficult to retain even with Michigan's nationally-recognized network of children's hospitals where the vast majority of specialists practice. Insurance reimbursement, particularly Medicaid and CSHCS which pays the same rate as Medicaid, for specialty care often does not cover the cost of providing the needed care. Geographic and travel challenges are exponentially greater for these families; many travel hours each way to see the only specialist in the entire state qualified to treat their child.

With the planned transition of the CSHCS-Medicaid population to Medicaid Health Plans/Managed Care, it is critical that the continuity and quality of care for this vulnerable population is not compromised as a result of the imminent changes.

Policy Alternatives to Improve Access to Health Care

- Maintain or increase Medicaid reimbursement rates to providers.
- Maintain essential benefits for children and youth to include prevention, specialty, vision, mental health and oral health care.
- Increase coverage for vulnerable children such as children under the supervision of Family Court, the Department of Human Services, or those identified for Special Education Services. Identify cost savings in order to maintain and extend services.
- Expand access to integrated mental and oral health care in school-based health centers.
- Expand Healthy Kids Delta Dental coverage to more counties.
- Expand awareness about primary care, mental health, and dental health to parents.
- Increase the number of Public Act 161 programs to allow collaborative practice between dental hygienists and dentists to allow preventive oral health services on unassigned and underserved populations in the state of Michigan.
- Promote innovative solutions to health care shortage areas in Michigan including loan repayment programs, tax incentives, and outreach.

Websites:

Michigan Department of Community Health, finding low-cost health care:

http://www.michigan.gov/mdch/0,1607,7-132-2943_52115---,00.html

The U.S. Department of Health and Human Services, finding health care options: http://www.healthcare.gov/

The National Conference of State Legislatures (NCSL) maintains a database of state legislation implementing federal health care reform with respect to children and dental care:

http://www.ncsl.org/default.aspx?tabid=14477

http://www.ncsl.org/default.aspx?tabid=14495

The Michigan Mental Health Commission's 2004 report: http://www.michigan.gov/documents/FINAL_MHC_REPORT_PART_1_107061_7.pdf

The Center for Healthcare Research & Transformation (CHRT), Cover Michigan 2010: http:// www.chrt.org/

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