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# Children's Health: Trends and Options for Covering Kids

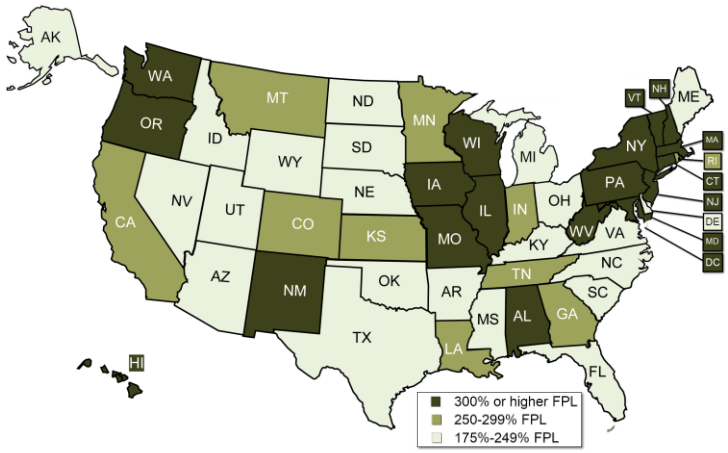
**Overview**

The Affordable Care Act (ACA) is expected to cover millions of newly insured Americans through health insurance marketplaces, Medicaid expansion and other features. The law's major coverage provisions focus on covering adults, and they also support children's enrollment in private health insurance or public coverage. This brief summarizes current trends, challenges and opportunities for strengthening children's coverage and highlights the law's provisions that support children's enrollment.

**Trends and Challenges in Children's Coverage**

Before passage of the ACA, uninsured rates for children had declined to an historic low of 7 percent in 2013[1]—down from 9.7 percent in 2008. Medicaid and CHIP (Children's Health Insurance Program) expansions, among other factors, helped close the gap for children in the years leading up to the federal law. Today, more than half the states offer Medicaid or CHIP coverage to children in families with incomes that are 250 percent of the federal poverty level or higher ($59,625 for a family of four in 2014).

**Children's Medicaid/CHIP Eligibility by Income**




**Source:** Kaiser Family Foundation, April 2014.

The federal law contains several features that further support children's coverage, including states' ability to expand Medicaid (which 28 states have implemented, as of September 2014), a requirement that individuals have insurance, and new outreach and enrollment initiatives. Strategies that focus on covering parents typically have a positive effect on their children, who are more likely to be enrolled—and stay enrolled—in coverage.[2] What have we learned about children's coverage since the ACA was implemented? Between October 1, 2013, and March 31, 2014—the law's first open enrollment period—nearly half a million children under age 18 enrolled in private insurance through the health insurance marketplace, accounting for about 6 percent of the 8 million Americans who enrolled in the ACA's first enrollment period.[3]

Despite coverage gains, states still struggle with closing the coverage gap for the 7 million children who remain uninsured. A September 2014 survey by the Urban Institute and Georgetown University Center for Children and Families found that there was not a significant change in the national uninsured rate for children since the coverage provisions went into effect.[4] Between September 2013 and June 2014, the rate of uninsured children remained unchanged at 7 percent. Several factors may have contributed to the plateau, including the challenge of reaching and enrolling children who already were eligible for coverage before the new law. The vast majority of uninsured children—70 percent—are eligible for coverage through Medicaid or CHIP, but are not enrolled.[5] Improving insurance rates among these children requires effective outreach and enrollment strategies to help families understand their health insurance options and the steps they need to take to enroll in, maintain and use health insurance. Although the analysis is early, the findings underscore a persistent challenge facing states: How to continue the downward trend in the rate of uninsured children.

**State Outreach and Enrollment Options and Opportunities**

States have several tools for streamlining the enrollment and renewal process for children.

*Outreach and enrollment.* State outreach and enrollment activities vary considerably depending on a number of factors, including marketplace oversight (i.e., whether a state runs its own marketplace or defers to the federally run exchange), and the state's decision regarding Medicaid expansion among others. States have established web portals, call centers and developed navigator programs to promote awareness and facilitate enrollment. In 2013, the Department of Health and Human Services (HHS) awarded $32 million in "Connecting Kids to Coverage Outreach and Enrollment Grants" to 41 state agencies, school-based organizations, health centers and other groups in 22 states.[6] The grants supported efforts to streamline eligibility, engage schools, reduce health coverage disparities and help families understand health coverage options and requirements. *Integrated eligibility and enrollment systems*. The ACA required states to create a single, streamlined process that enables consumers to apply for, receive a determination and enroll in

health coverage for which they are eligible, whether it be Medicaid or private insurance.

*Multiple avenues to apply for coverage*. The federal law requires states to offer multiple methods and locations for completing applications, including online, by mail, over the phone or in-person at a variety of locations, which may include health centers, community-based organizations, health care providers and hospitals, and public programs. For example, Connecticut supports storefront enrollment centers and a call center that offers help in multiple languages.

*Simplifying enrollment policies and procedures*. Some states streamline enrollment and renewal of eligible children whom they know to be Medicaid-eligible through their participation in other public programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Supplemental Nutrition Program for Women, Infants and Children (WIC). South Carolina uses eligibility information from SNAP and other public programs to expedite Medicaid renewals. Other states have adopted such fast-track eligibility, including Arkansas, Illinois, Oregon and West Virginia.

*Presumptive Eligibility.* States may authorize hospitals, health care providers, schools and other qualified groups to screen children for Medicaid and CHIP eligibility, help families gather documentation, and enroll children in coverage. Presumptive eligibility allows children to begin receiving care immediately without waiting through the full application process. Currently, 16 states have presumptive eligibility, according to the Centers for Medicare and Medicaid Services (CMS).

*Continuous Eligibility.* Several states provide children with 12 months of continuous coverage, even if their family income changes during the year. Continuous eligibility offers ongoing access to preventive and primary care, it eliminates interruptions in coverage based on changes in family income or status, and it reduces state resources and administrative costs that would otherwise be used for redetermining eligibility whenever family circumstances change.[7] Thirty-three states have 12-month continuous eligibility to keep eligible children enrolled in Medicaid and/or CHIP, according to the Centers for Medicare and Medicaid Services.[8]

**Next Steps: Implementing What Works**

Researchers have studied Medicaid and CHIP expansions and identified several lessons from successful outreach and enrollment initiatives.

- Marketing and public education—delivered through materials in multiple languages—raises awareness of new coverage options.
- A combination of community-based or grassroots outreach and broad marketing campaigns have proven effective at educating families about coverage; targeted messages are needed to enroll hard-to-reach individuals.
- Trusted community groups and health care providers are effective partners and help connect with individuals who are traditionally hard-to-reach.
- In-person, one-on-one application assistance can have a significant impact on enrollment.
- Simplifying enrollment policies and procedures facilitates enrollment; coordinating program rules between Medicaid and CHIP and offering multiple enrollment methods contribute to increases in enrollment among Medicaid-eligible groups.

Contributing sources: "Reaching and Enrolling the Uninsured: Early Efforts to Implement the Affordable Care Act," Robert Wood Johnson Foundation and Urban Institute (October 2013); and "Key Lessons from Medicaid and CHIP for Outreach and Enollment Under the Affordable Care Act," The Kaiser Commission on Medicaid and the Uninsured (June 2013).

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[1] Genevieve M. Kenney et al., *A First Look at Children's Health Insurance Coverage under the ACA in 2014* (Washington, D.C.: Urban Institute, Sept. 9, 2014), http://hrms.urban.org/briefs/Childrens-Health-Insurance-Coverage-under-the-ACA-in-2014.html.

[2] Center for Budget and Policy Priorities and Georgetown University Center for Children and Families, Expanding Coverage for Parents Helps Children: Children's Groups Have a Key Role in Urging States to Move Forward and Expand Medicaid (Washington, D.C.: CBPP and CCF, July 2012), http://www.cbpp.org/files/expanding-coverage-for-parents-helps-children7-13.pdf.

[3] Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Health Insurance Marketplace: Summary Enrollment Report for the Initial Enrollment Period (Washington, D.C.: ASPE, May 1, 2014), http://aspe.hhs.gov/health/reports/2014/marketplaceenrollment/apr2014/ib_2014apr_enrollment.pdf.

[4] Genevieve M. Kenney et al., *A First Look at Children's Health Insurance Coverage under the ACA in 2014* (Washington, D.C.: Urban Institute, Sept. 9, 2014), http://hrms.urban.org/briefs/Childrens-Health-Insurance-Coverage-under-the-ACA-in-2014.html.

[5] Genevieve M. Kenney et al., *Medicaid/CHIP Participation among Children and Parents* (Washington DC: Urban Institute, 2012), 6, http://www.urban.org/UploadedPDF/412719-Medicaid-CHIP-Participation-Among-Children-and-Parents.pdf.

[6] HHS, "HHS awards $32 million in grants to sign up children for health coverage," (Washington, D.C.: HHS, July 2, 2013), http://www.hhs.gov/news/press/2013pres/07/20130702b.html.

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[8] Centers for Medicare & Medicaid Services, "Continuous Eligibility for Medicaid and CHIP Coverage," (Baltimore, MD.: CMS, Accessed on Sept. 17, 2014), http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Outreach-and-Enrollment/Continuous.html.