Key Issues in Medicaid: What State Policymakers Need to Know

Medicaid 101 Policy Academy
The Council on State Governments
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Four key Medicaid priorities



- Unwinding from the public health emergency's continuous coverage requirement
- Meeting the **behavioral health needs** of members
- Improving maternal health
- Advancing consumer choice in long-term services and supports



Who it serves and its role in our fragmented health care system





1 in 5

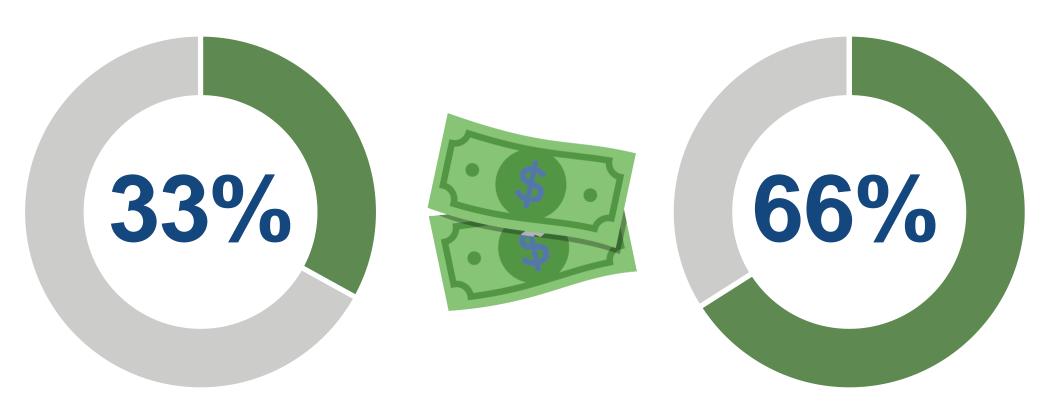
people use Medicaid for their health insurance



Children, Pregnant Women, Older Adults, People with Disabilities, People with Low Incomes, People Who Need Nursing Home Care, People Who Need In-home Supports

MEDICAID: Federal/State Partnership





\$259 Billion
State Partnership (2022)

\$540 Billion Federal Partnership (2022)

MEDICAID: Medicaid funds in health care





- \$1 in \$6 spent on health care
- \$1 in \$2 spent on long term care



MEDICAID: People Like Medicaid

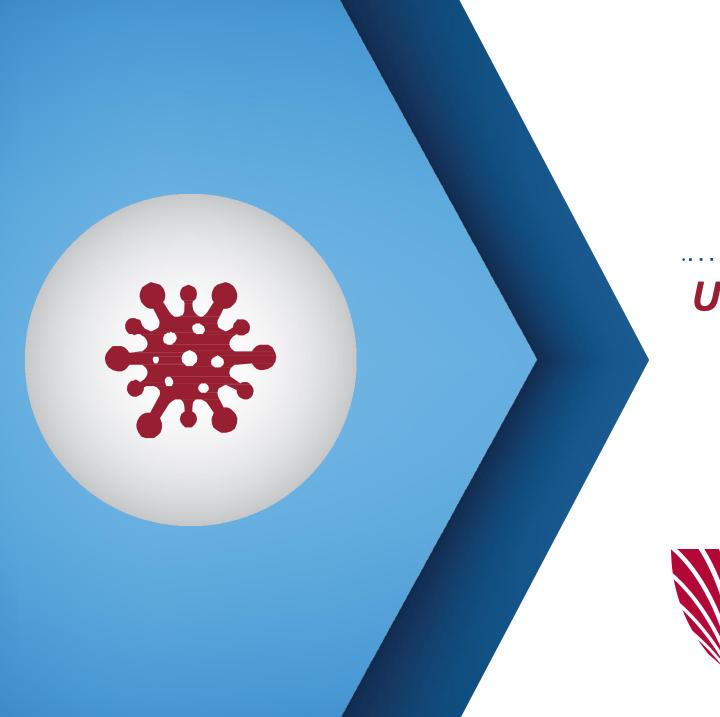




60% have a connection to Medicaid



75% view the program favorably



Unwinding continuous coverage



MEDICAID: Role in Pandemic



74 million

Pre-pandemic enrollment

95 million

Continuous enrollment











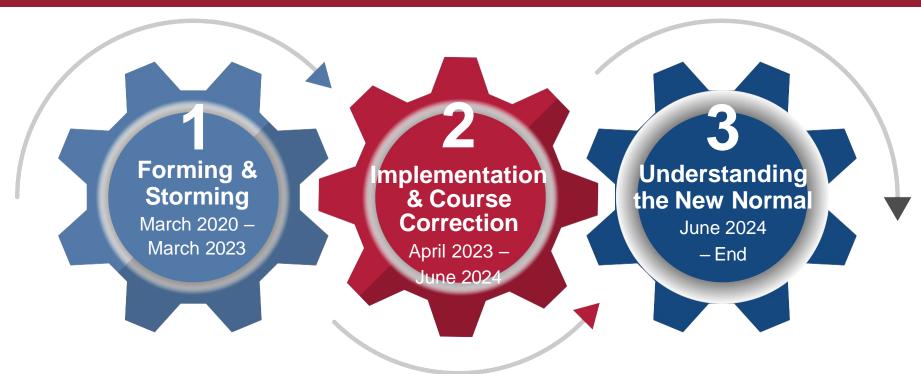




Federal dollars for health care

MEDICAID: Phases of Unwinding Continuous Coverage





Phase 1:

- Seeking federal policy clarity
- Executing operational plans
- Communications push

Phase 2:

- Issue spotting and course correction
- Communicating progress and challenges
- Navigating public scrutiny
- Responding to extrinsic realities (debt ceiling, severe weather events, recession)
- Making budget, service, and staffing projections in the context of evolving redetermination process

Phase 3:

- Assessing delivery system and financial impacts
- Determining "new normal" for caseloads, enrollment & staffing
- Understanding needs of the population
- Postmortem of lessons learned

MEDICAID: Unwinding | The Challenge





65% still don't know they can become ineligible



50% have never been through routine eligibility checks

MEDICAID: Understanding Unwinding





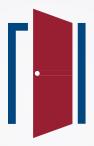
1. Unprecedented levels of outreach



2. No one data point tells the story



3. Maximizing Medicaid's protective features



4. Medicaid is always open



Meeting the behavioral health needs of members



Medicaid's role in behavioral health





Nation's largest payer of behavioral health services.

Nearly 4 in 10 nonelderly adults covered by Medicaid had a mental health or substance use disorder in 2020.



Key to addressing children and youth mental health. Medicaid and CHIP insure 27 million children. Children and youth are experiencing increasing mental health needs. Nearly 1 in 3 teen girls seriously considered attempting suicide in 2021.

Opportunities in behavioral health





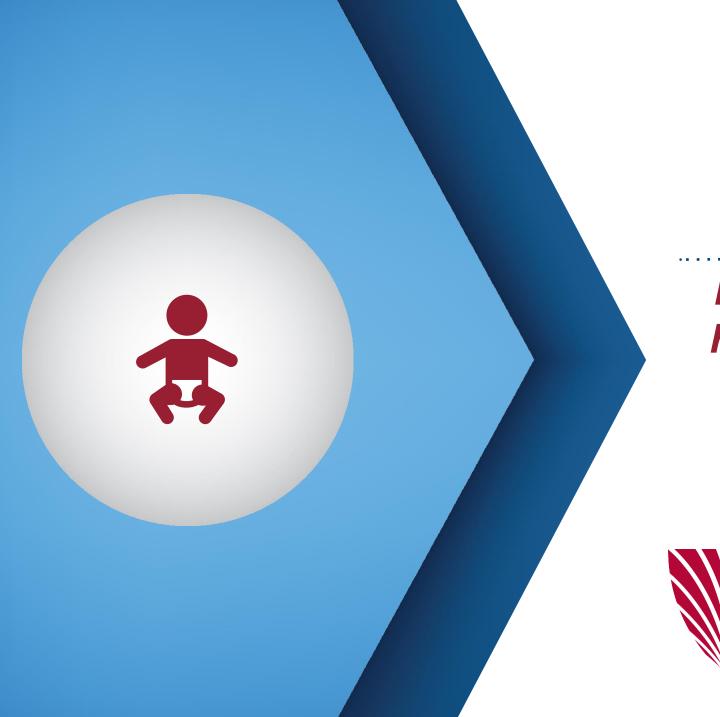
Strengthening the crisis continuum. Medicaid is helping strengthen the crisis system that serves all Americans, building on the work of 988.



Making behavioral health services more accessible, such as by expanding availability of behavioral health services in primary care settings, providing care in new ways (e.g., telehealth), and leveraging peers.



Moving upstream to support child and youth wellbeing, particularly for children with most complex needs who are often involved in multiple systems. School-based services, child-focused crisis services, and caregiver supports are three common strategies.



Improving maternal health and reducing disparities



Medicaid's role in maternal health





Maternal and infant mortality in the U.S. is higher than peer countries. Over 80 percent of pregnancy-related deaths in the U.S. are preventable, according to the CDC.



Medicaid is responsible for 4 in 10 births in the country, making it a key lever for policymakers to improve birth outcomes



Medicaid plays a key role in the post-partum period, when maternal deaths often occur and individuals are heightened risk. Almost all Medicaid programs have extended (or plan to extend) Medicaid to 12-months post-partum.

Medicaid strategies to address maternal health



- Reducing fragmentation and smoothing transitions, especially between primary care providers, OBGYNs, and pediatricians. Some strategies include leveraging community health workers or creating financial incentives for smooth transitions.
- Addressing mistrust in the health care system. Strategies include engaging members in program and policy design and leveraging new provider types, like doulas and midwives.
- Improving behavioral health of pregnant and post-partum individuals. Strategies include connecting individuals to treatment early in the prenatal period, using dyadic care in the post-partum period, and home visiting models.



Advancing consumer preference in long-term services and supports



Medicaid's role in long-term care



Medicaid, not Medicare, is the pillar of the nation's long-term care system



Two-thirds of elderly adults and people with disabilities use Medicaid for in-home or nursing facility care.



Medicaid is responsible for **half** of the nation's spending on long-term care.



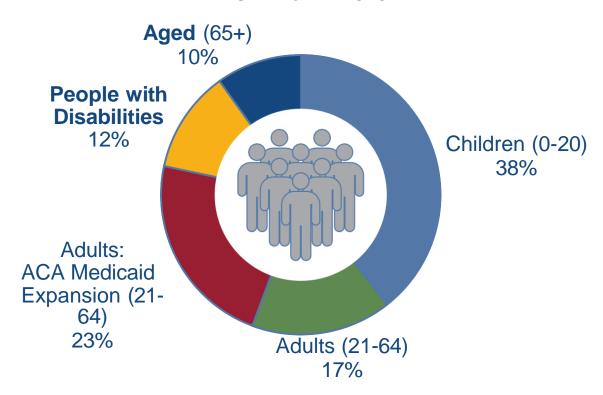
Medicaid allows millions of individuals with disabilities to live safely in the home and community. It provides services supports that are tailored to each individual's unique needs, like in-home aides, medically tailored meals, and supported employment, among many others.

Older adults and individuals with disabilities account for 22% of enrollees but 54% of costs



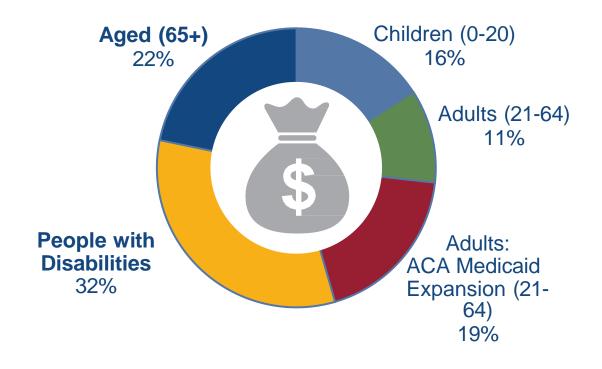
Total Enrollment

77.8 million in 2020



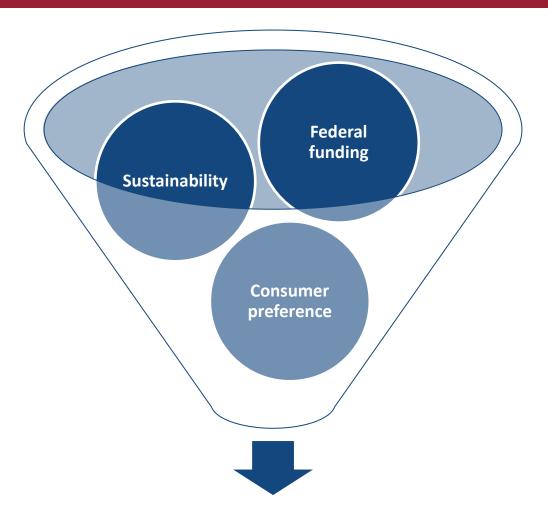
Total Expenditures

\$666.3 billion in 2020



A rare convergence of drivers





Long-term care transformation

Wrap up: Four Key Medicaid Priorities



- Unwinding from the public health emergency's continuous coverage requirement
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