

## Why is health insurance important for children's health?

Childhood is marked by rapid growth and change. This makes regular visits to a doctor for checkups, developmental screenings, and recommended immunizations especially important during this period of life. And because health insurance coverage is often the first step to entering the U.S. healthcare system and because it alleviates the often exorbitant costs of healthcare when compared to the alternative of being uninsured, it is a highly valuable necessity, especially for families.

Children without insurance tend to lack having a doctor they visit regularly and delay or miss out on preventive healthcare more so than children with insurance.<sup>1</sup> Comprehensive coverage for kids, meaning health insurance that covers an array of physical, mental, and oral health services, gives peace of mind to parents and caregivers. That's because having insurance reduces the likelihood of cost preventing timely receipt of medical care or a health emergency bankrupting the family.

Fortunately, more than 96% of children in Michigan have active health insurance coverage.<sup>2</sup> However, approximately 69,000 Michigan kids remain uninsured, and even those with coverage can experience unintended interruptions due to administrative errors and barriers that make retaining coverage difficult.<sup>3</sup> Supporting and implementing policies that ensure all kids in Michigan have continuous health coverage will foster healthier starts and facilitate greater success in school and beyond.

## Why the focus on Medicaid and CHIP?

Medicaid and the State Children's Health Insurance Program (CHIP) cover more than a million children in Michigan—at least 39% of all the insured children in the state.<sup>4,5</sup> Any improvements to these programs will therefore benefit a great many families.

Medicaid and CHIP are public insurance programs that provide health coverage for little to no cost to families enrolled. CHIP, named MIChild in Michigan, was established in 1997 to supplement Medicaid by covering otherwise uninsured children from families who have low incomes that are not considered low enough to qualify for Medicaid.<sup>6</sup>

Strategies to reduce the total number of uninsured Michigan children should focus on enrolling children who are eligible for Medicaid or CHIP but are not yet enrolled. Although the vast majority of children from families with low incomes have health insurance, among the children in Michigan still without insurance, about half are from families making incomes that qualify them for Medicaid or CHIP.<sup>7</sup>



## What does parents having health insurance have to do with insuring more kids?

A myriad of factors influence whether someone consistently receives healthcare when it's needed. An individual's insurance status, whether they are insured or uninsured, is a primary factor but there are others worth consideration too, such as education level, employment status, nativity, and for young people: parents' insurance status, because these factors also affect how, if at all, a person engages with the healthcare system.<sup>8,9</sup>

Numerous studies have found that children are more likely to be insured if their parents are also insured.<sup>10,11,12</sup> A 2011 report by the United States Government Accountability Office identified that a vast majority of children, approximately 84%, had the same insurance status as their parents.<sup>13</sup> Other research has found that when parents are eligible and enrolled in Medicaid, more already eligible children participate in Medicaid and CHIP.<sup>14,15,16,17,18,19</sup> In other words, children who gain Medicaid/CHIP coverage after their parents enroll in Medicaid are children who could have been enrolled sooner, but it's their parents gaining coverage that helped push them into coverage too.

The evidence is clear that parental coverage boosts financial security because it protects families from medical debt (the leading cause of bankruptcy) and choosing between medical care or other basic needs. And healthy people, those who are able to look after their health because they can receive medical care and prescriptions when they're needed, are better able to provide and care for their families. Perhaps most importantly, promoting coverage for parents supports parents' physical and mental health, which benefits them and their children tremendously.

## Coverage numbers from Michigan

Metric	Estimate	Year
Children Ages 0-18 with Health Insurance <sup>20</sup>	96.6%	2019
Children Ages 0-18 by Health Insurance Type: <sup>20</sup> <ul style="list-style-type: none"> <li>• Private employer-based</li> <li>• Medicaid/CHIP</li> <li>• Private through the individual marketplace</li> <li>• Other public coverage</li> </ul>	55.2% 37.2% 3.8% 0.6%	2019
Children Ages 0-18 Without Health Insurance by Age: <sup>20</sup> <ul style="list-style-type: none"> <li>• Ages 0-5</li> <li>• Ages 6-18</li> <li>• Ages 0-18</li> </ul>	3.1% 3.6% 3.4%	2019
Children Without Health Insurance by Percent FPL: <sup>20</sup> <ul style="list-style-type: none"> <li>• 0-137.99</li> <li>• 138-249.99</li> <li>• 250 &amp; above</li> </ul>	5.2% 4.6% 2%	2019
Children Without Health Insurance by Race & Ethnicity <sup>20</sup> <ul style="list-style-type: none"> <li>• American Indian</li> <li>• Asian American, Native Hawaiian, Pacific Islander</li> <li>• Black</li> <li>• Hispanic</li> <li>• White</li> <li>• Other</li> </ul>	12% 2.5% 3.5% 5.9% 3.4% 2.8%	2018
Medicaid Participation Rate Among Eligible Children <sup>20</sup>	95.2%	2019
Parents Without Health Insurance <sup>21</sup>	6%	2019
Children With a Parent Without Health Insurance <sup>21</sup>	8%	2019
Children Ages 0-18 Insured by MIChild <sup>21</sup>	2%	2021
Children Ages 0-18 Insured by Medicaid <sup>21</sup>	48.7%	2021
Medicaid Participation Rate Among Eligible Parents <sup>22</sup>	85.6%	2019

## Policy recommendations

Given the close relationship between kids' and parents' coverage and the role health insurance plays in maintaining optimal health, it is vital that Michigan implement policies that support kids and their parents in gaining and retaining health insurance coverage.

### Prioritize outreach and enrollment assistance to reach the uninsured

Healthcare navigators, people employed to assist others with signing up for health insurance, are an especially smart investment for reducing the total number of uninsured. Navigators help people obtain, renew, and reestablish quality health coverage for themselves and their family. Navigators assist those who are eligible for Medicaid and those with incomes too high to qualify. In those cases, navigators provide essential knowledge of how to navigate the individual marketplace (healthcare.gov) and assistance with securing any available federal subsidies clients are eligible for to reduce their premium costs.

Healthcare navigator programs may also help to reduce the number of uninsured by enrolling those who are without insurance but eligible for Medicaid or CHIP. Geographically focused navigator services provide potentially eligible families with the most to gain greater opportunity to learn what coverage they're eligible for, how to sign up, and how to renew when the time comes. Successful efforts to reduce the number of uninsured will prioritize direct outreach to potentially eligible families and communication improvements, such as earlier efforts in Michigan to streamline the Medicaid benefits application.<sup>23</sup>

States can also dedicate a portion of total allowable CHIP administrative spending to outreach and enrollment of uninsured children. Such outreach expenditures qualify for the enhanced federal CHIP match and can be used for marketing and informational materials, interpretation and translation services, and community-based navigator programs to boost coverage among children most at risk of remaining uninsured if targeted assistance is not provided.<sup>24</sup>

### Leverage express lane eligibility for kids and adults too

Express lane eligibility is a state option that allows states flexibility to use data from other income-based programs, such as Head Start and the Supplemental Nutrition Assistance Program, to enroll and renew children in Medicaid and CHIP. Express lane eligibility was developed and first offered to states in the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) as a tool to facilitate coverage gains for the many millions of children eligible for Medicaid/CHIP but not yet insured.<sup>25</sup> Express lane eligibility also supports states seeking to increase their share of Medicaid renewals completed ex parte—that is, using eligibility data from other means-tested programs without requiring action from the applicant.<sup>26</sup>

A handful of states have established express lane eligibility for kids, but fewer have embraced it for adults.<sup>27</sup> (We see you, Massachusetts.)<sup>28</sup> This may be because express lane eligibility for adults, unlike for the young, requires states to get approval from the Centers for Medicare and Medicaid Services (CMS) using a Section 1115 waiver. Also, express lane eligibility depends upon the development and renewal of information sharing agreements between Medicaid and other relevant benefit agencies—a trade-off decision makers are sure to weigh when considering the policy.<sup>29,30</sup>

On the other hand, automatic express lane eligibility supports administrative savings and greater retention of beneficiaries at renewal.<sup>31</sup> It provides states with flexibility to streamline enrollment and renewal processes by confirming if someone is eligible using already available data. Automatic express lane eligibility, and other ex parte policies, help to alleviate the necessity and fraught nature of manually updating information through online portals and submitting hard copy paperwork, which benefits all people regardless of their age.

## Pursue multi-year continuous coverage for kids and 12-month continuous coverage for adults

Currently, an adult enrolled in Medicaid in Michigan must report to the state any time their income or household circumstances change, in case those circumstances result in disqualification. Alternatively, the Medicaid policy of 12-month continuous eligibility provides enrollees with one full year of coverage unless they request voluntary disenrollment or move out of state.

The aim of continuous eligibility is to prevent the cycle of gaining and losing coverage—often referred to as churn. Many states have recognized the value of this policy in promoting stable coverage for children. As of January 2022, 32 states including Michigan have adopted 12-month continuous eligibility for at least some children—the populations of eligible children vary by state.<sup>32</sup> At least four states—Washington, Oregon, New Mexico, and California—are considering or in the early stages of establishing multi-year continuous eligibility for the youngest in their states.<sup>33</sup> Michigan should join these states by adopting multi-year continuous eligibility for kids enrolled in Medicaid from birth to age 5. This would reduce the number of children who lose coverage at renewal due to temporary fluctuations in family income, confusion over requirements, or paperwork lost in the mail. Continuous coverage for children makes it easier for them to get the healthcare they need and helps parents stay focused on getting their kids to the doctor without worrying about whether visits will be covered from one year to the next.

Additionally, a growing number of states now provide one year of continuous coverage post-pregnancy—a Medicaid policy change made easier because of the newly created state plan option, passed as part of the American Rescue Plan Act of 2021.<sup>34</sup> Michigan successfully established 12-month continuous postpartum coverage in April 2022.<sup>35</sup> However, very few states have applied this strategy for reducing churn to a broader group of adults. Unlike for children, 12-month continuous eligibility for most adults requires states to submit a 1115 demonstration waiver to CMS. New York is the only state with an approved 1115, allowing continuous coverage for all New York adults.<sup>36</sup> Kansas covers parents with 12-month continuous eligibility, and Utah provides 12-month continuous eligibility to a highly restrictive group of adults who make less than 5% of the federal poverty level (FPL), equivalent to less than \$690 a year.<sup>37</sup> With 12-month continuous eligibility, Michigan could promote stable coverage for not only children and postpartum women, but other parents and adults alike.

## Increase income limits to help more children gain coverage

The national median income threshold for families to enroll their child in Medicaid/CHIP is 255% FPL. More than a third of states allow children from families with incomes above 300% FPL to enroll.<sup>38</sup> The family income limit for children to enroll in Medicaid/CHIP in Michigan is 217%.<sup>39</sup> In 2022, this equals about \$50,000 a year for a household of three.<sup>40,41</sup> Raising the Medicaid/CHIP eligibility threshold for families in Michigan would allow more children to access affordable, comprehensive health coverage.

### States supporting children in families with incomes greater than 217% FPL

State	FPL	State	FPL
Nebraska	218	Massachusetts	305
Kentucky	218	Wisconsin	306
Kansas	230	Hawaii	313
Georgia	252	Washington	317
Tennessee	255	Vermont	317
Louisiana	255	Alabama	317
Indiana	255	Illinois	318
Colorado	265	Pennsylvania	319
Rhode Island	266	Maryland	322
Montana	266	New Hampshire	323
California	288	Connecticut	323
Minnesota	305	District of Columbia	324
West Virginia	305	New Jersey	355
Oregon	305	Iowa	380
New Mexico	305	New York	405
Missouri	305		

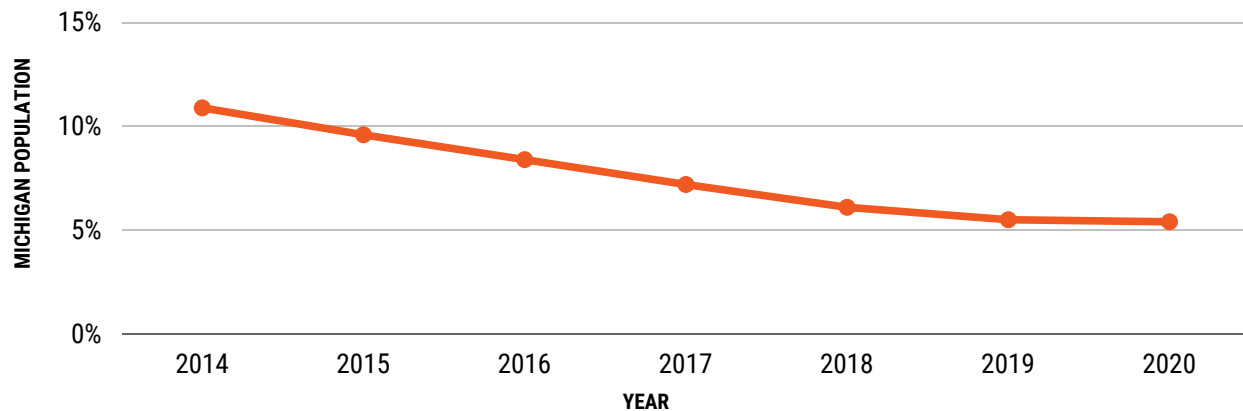
Source: Georgetown University Center for Children and Families and Kaiser Family Foundation



## Increase income limits to help more parents gain coverage

The Affordable Care Act and its expansion of Medicaid to adults making up to 138% FPL offered coverage to a significant number of previously uninsured people across the U.S. Some of these newly eligible were parents, and their gaining coverage positively influenced children’s coverage too.<sup>42</sup> Fortunately, Michigan adopted Medicaid expansion, called Healthy Michigan, in April 2014.<sup>43</sup> Unfortunately, in the twelve states that have not implemented Medicaid expansion, the income limit for parents to qualify remains very low.<sup>44,45</sup>

### Percentage of Michigan Population Without Health Insurance 2014-2021



Source: United States Census Bureau <sup>46</sup>

### Income limits for parents to enroll in Medicaid

	State	% Federal Poverty Level (In 2022, 138% FPL equals \$31,781 annually for a family of three)
States covering parents above the limit for Medicaid expansion adults	Connecticut District of Columbia	160 221
Medicaid expansion states	37	138
Non expansion states	Wisconsin Tennessee South Carolina Wyoming South Dakota North Carolina Kansas Georgia Florida Mississippi Alabama Texas	100 88 67 50 46 39 38 33 30 25 18 16

Source: Georgetown University Center for Children and Families and Kaiser Family Foundation

To cover more uninsured families, Michigan policymakers should consider expanding Medicaid eligibility to parents beyond that required for Medicaid-expansion adults. Expanded Medicaid eligibility for parents can spur children’s participation in Medicaid and CHIP and can facilitate healthier and more financially secure families—a benefit for every kid. Healthy parents are foundational for optimal child development, and Medicaid may be a powerful tool for boosting coverage among parents, caregivers and their children.



## Conclusion

Parents with health insurance, compared to uninsured parents, are more likely to have insured children. This correlation suggests that efforts to increase coverage rates among parents may also encourage increased child health insurance rates. Health policymakers in Michigan should expand on effective communication and outreach strategies to reach uninsured families, automate and streamline the process of enrolling in and renewing Medicaid coverage, and consider policies that broaden family coverage.



## End Notes

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