Health Care Financing - Organization of Health Services

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A. Knowledge

- Demographics
  - 13 million children in the US are uninsured
  - 30% of poor children less than 6 years have no health insurance
  - 32% near poor have no health insurance
  - 37% of married couples with children less than 6 years have no health insurance
  - 18% of single mothers with children less than 6 yrs have no health insurance
- Determinates of access, e.g., poverty, employment status, migrant status, homelessness
- History of health insurance coverage for mothers and children
- Different types of coverage, their development and implications
  - Private
    - Traditional health insurance
    - HMO (health maintenance organization)
    - PPO (preferred provider organization)
  - Federal insurance
    - Medicaid: Less than 50% of children who are eligible for Medicaid are actually receiving it
    - EPSDT: Early and Periodic Screening,
  - Diagnosis and Treatment, the prevention care portion of Medicaid
    - SSI: Supplemental Security Income: care for the disabled
  - Federal Entitlement (or quasi entitlement) Programs
    - TITLE V: maternal and child health block grants
    - WIC (Women, Infants, Children) nutrition program currently reaches only 1/2 of needy pregnant women, infants and children
    - Food stamps
    - EIP (Early Intervention Program)
    - Handicapped Children's Program
    - Head Start (in 1990 served 548,000 children, about 27% of eligible children)
    - Day Care (Parent-Child Centers for Infants/Toddlers)
    - Child Care and Development Block Grant

At-Risk Child Care Program (Title IV-A amendments) for families at risk of becoming welfare dependent that need child care to work

Federally qualified health centers

Family Planning Services (Title X and Title XX) to reduce maternal, infant mortality, prevent STD's

Educationally Handicapped Programs PL94-142/99-457

Title IV-E (children in foster or adoptive care, whose natural family qualifies for AFDC, qualify for Medicare)

Local programs

Hill Burton Hospitals

Funding for Special Populations e.g. homeless

Each of these programs is unique in terms of

History and legislative mandate

Structure and organization

Eligibility

Benefits

Funding

Optional programs

Evolving legal authority

Emerging issues in Health Care Financing

Decategorization of funding

Omnibus Budget Reconciliation Act of 1989 and 1990

Medicaid Managed Care

"Pay or play" (Matsui bill of Children's First Agenda)

Capitation

Federalism (state, federal, local relationships)

National Health Plan

Various plans being considered

Scope of Benefits

Eligibility

Funding

Limitations

B. Skills

Ability to advise which services can be covered and by what funding source

Ability to explain different types of coverage and programs to parents

Ability to maximize reimbursement

C. Attitudes

Appreciation for complexity of funding system and how confusing it is to parents and families

Recognition of the importance of adequate funding on access and decreasing system barriers.

Patience and determination to get patients what they need

D. Barriers

Lack of national consensus about financing health care

Complexity of the current health care finance system

Changing eligibility requirements based on employment and income status

Year to year variability of funds available for selected programs

Lack of insurance plans for poor and near-poor children who are neither covered by employer-based insurance nor eligible for Medicaid

Individuals on medicaids are "insured but uninsured"

Coverage also varies state by state

E. Advocacy

Advocate for the Department of Human Services to position Medicaid "eligibility workers" within clinics

Become a representative or member of the board for agencies, i.e., Medicaid, EPSDT Board, National Association of Community Health Centers

Advocate for expanded funding and increased reimbursement for a broader array of services

Work on state level issues to facilitate implementation of OBRA 1989 and 1990

Support for community and migrant health centers

Continue to support the National Health Service Corps (to assure health care providers working in medically underserved areas)

Advocate for programs such as New York's Children Health Insurance Plan (CHIP) and other state plans to provide insurance to poor or near poor children who are neither covered by employee based insurance or Medicaid

References

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