What is Medicaid?

Medicaid is the single largest health insurer for children. It is also the primary source of health care for low-income parents and other non-elderly adults, the elderly and people with disabilities. The Affordable Care Act (ACA) gives states the option to expand Medicaid eligibility for non-elderly adults earning up to 138 percent of the federal poverty level; even prior to the ACA, states generally provided Medicaid coverage to children with family income levels around or above this level.

Why is Medicaid important to children?

Medicaid is a critical health care program for low-income children and children with special health care needs.

- **Medicaid is a vital program for children.** Medicaid covers over 30 million children nationwide.\(^1\)
- **Medicaid covers children who need care the most.** Approximately 20 percent of children have special health care needs, and 44 percent of them are covered by public insurance.\(^2\)
- **Medicaid is a lifeline for working families.** 64.5 percent of children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) live in a family with at least one full-time worker.\(^3\)
- **Children are not the cost driver of Medicaid spending.** Children represent 43 percent of all Medicaid enrollees, but they account for 19 percent of Medicaid spending.\(^1\)

How is Medicaid different from Medicare?

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<thead>
<tr>
<th>MEDICAID</th>
<th>MEDICARE</th>
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<tbody>
<tr>
<td><strong>STRUCTURE</strong></td>
<td>A joint federal and state program. Each state establishes its own standards for Medicaid eligibility, benefits and provider payment rates under broad federal guidelines that establish certain minimum standards.</td>
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<td><strong>FINANCING</strong></td>
<td>Costs shared by both the federal and state governments.</td>
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<td><strong>ELIGIBILITY</strong></td>
<td>Serves low-income and disabled children, parents, pregnant women and the elderly, as well as other disabled adults. Since 2014, states may expand Medicaid to low-income adults who had not been previously eligible.</td>
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<td><strong>BENEFITS</strong></td>
<td>Provides the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, which ensures children covered by Medicaid receive all medically necessary care, including physician and hospital visits, well-child visits and treatment, immunizations, dental, vision, and hearing services.</td>
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New Jersey Medicaid Highlights

- **Number of children covered**: Medicaid provides health insurance for 540,000 low-income children in New Jersey. Children make up 56.5 percent of New Jersey’s Medicaid population.

- **Cost of Medicaid-eligible children**: Each Medicaid-eligible child costs New Jersey just $2,768 per year, on average, compared to average costs per adult Medicaid enrollee of $6,064.

- **Number of eligible but unenrolled children**: An estimated 75,000 – or 3.7 percent – of New Jersey’s children under 18 are uninsured. Nationally, 89.8 percent of uninsured children are eligible for Medicaid or CHIP but not enrolled.

- **Federal funding for New Jersey**: New Jersey will lose $1.00 in federal matching funds for every $1.00 in state money it cuts from its Medicaid budget.

- **Medicaid family income levels**: In general, eligibility for Medicaid has some relation to age. For families of four in New Jersey, children under 1 are eligible for Medicaid with family income up to $48,357, and children and adolescents ages 1 and older are eligible with family income up to $35,721.

Why are pediatricians important to children on Medicaid?

Nationally, pediatricians provide a majority of all office visits for children 0-5 (80 percent) and for children 0-18 (69 percent) enrolled in Medicaid. They provide the care children need, including routine check-ups, immunizations and treatment for problems found during health screenings.

Children depend on Medicaid to work well and pediatricians depend on Medicaid so that they can continue to ensure that every child has access to the care they need, regardless of income.

Unfortunately, low Medicaid payment rates place an unfair burden on children’s providers, which can threaten children’s access to quality health care. As an historical average, a pediatrician treating a child enrolled in Medicaid receives only 66 percent of what is paid to see a Medicare enrollee. For many services and in many states, payment can be even lower. Without appropriate payments that cover the cost of care, fewer physicians may be able to participate in Medicaid, limiting the number of pediatricians who can treat children, increasing wait times for appointments or forcing families to travel long distances to seek care.

Why are children’s hospitals important to children on Medicaid?

Children’s hospitals save lives every day, regardless of a child’s family income or health insurance coverage. Children’s hospitals are major Medicaid providers, and the nation must ensure a strong Medicaid program so children are able to receive timely, quality health care. Medicaid reforms that lead to better care and lower costs while maintaining standards children rely upon are possible; children’s hospitals are working with their states to advance these innovative solutions.

- Comprising less than 5 percent of the nation’s hospitals, children’s hospitals account for about 35 percent of all hospital days for children on Medicaid and 53 percent for children with medically complex conditions.
- On average, each children’s hospital devotes more than half its inpatient care (59 percent of inpatient days) to children assisted by Medicaid.
- On average, Medicaid reimburses children’s hospitals only 80 percent of the cost of care provided, including Disproportionate Share Hospital payments. If cuts or caps are adopted at the federal or state level, payment rates could decrease further.

Why do children on Medicaid need your help?

- Preserving a strong Medicaid program is essential to ensuring all children have coverage and access to care, but Medicaid faces serious financial threats that endanger the health of New Jersey’s children.
- Appropriate provider payment for care is essential to ensuring that Medicaid patients have access to the providers they need. Already, Medicaid pays providers on average only 66 percent of what the Medicare program pays for those same services. Cuts to the Medicaid program could further decrease provider payments, making it harder for beneficiaries to access care.
- If Medicaid funding is cut or capped, it could mean a loss of federal funds for states and an increase in the number of uninsured children since the federal government pays at least 50 percent of the total cost of New Jersey’s Medicaid program. States would be left to pay more for health care services.