

Patterns of Medicaid Disenrollment for Youth with Mental Health Problems

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What is “Disenrollment”?

- When an individual loses Medicaid coverage they are said to be “disenrolled”
- Youth lose coverage for four reasons:
 - 1) They become ineligible for coverage
 - 2) They are administratively disenrolled
 - 3) They obtain private coverage
 - 4) They disenroll despite continued eligibility
 - 1) By choice
 - 2) Due to non-compliance with requirements

Why Look at this Problem?

- Youth are at especially high risk for losing coverage during ages of transition to adulthood
- Over 45% of children who lose Medicaid coverage remain uninsured (Sommers, 2005)
- Being uninsured means:
 - Less access to care
 - Less care utilization
 - Greater unmet medical need (Frederico et al, 2007)

Why Look at this Problem?

- What if youth REGAIN coverage?
 - A little less than half of the children on Medicaid experience gaps in coverage (Fairbrother, Emerson, & Partridge, 2007)
- “Gaps” in coverage have negative effects:
 - Interrupted treatment plans
 - Instability
- Until now, studies on coverage patterns have been limited to physical health needs

Research Questions

- How many youth with mental health problems keep Medicaid coverage as they transition to adulthood?
 - Ages 16 to 23
- What influences which youth keep or lose coverage?
 - Gender?
 - Age periods?
 - Individual or community factors?
 - Policies?
 - Mental Health Diagnosis?

Let's Talk about Medicaid

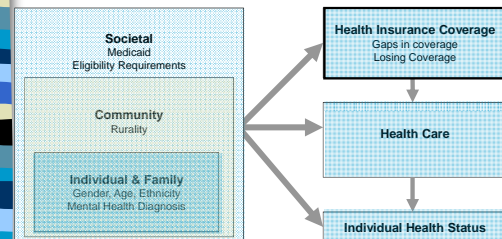
- In the US:
 - 1 in 4 children are covered through public health care (Kaiser Commission, 2003)
 - 25% of all mental health/behavioral health services are funded through Medicaid/SCHIP (Marks et al, 2007)



Different sources of eligibility for Medicaid have different guidelines

Source	Age	Poverty	Disability	Pregnancy
AFDC/TANF	✓	✓		✓
Medical Assistance to Families	✓	✓		✓
SSI (Supplementary Security Income)		✓	✓	
Foster Care	✓			
Children under 19 years old	✓	✓		

Conceptual Framework



Why Mississippi?

- More than 15% of MS children are uninsured
- More than 12% of MS children are covered by Medicaid
- ~30% of MS children live in poverty
- MS has racial disparities in health care
 - 76% of children on Medicaid are African-American
- ~8% of MS Medicaid children use mental/behavioral health services

Methods

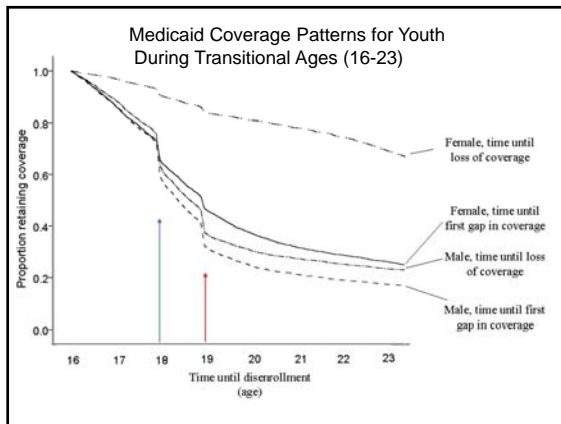
- Variables
 - Defining Disenrollment
 - Gaps in enrollment
 - Eligibility source
 - Diagnosis
- Sample Eligibility
 - Included youth who were receiving mental/behavioral health services at age 15 or 16
 - Interested in youth who were using services DURING adolescence

Sample

- N=6,741
- 52% male
- 67% African-American
- 70% rural residence
- Most common diagnoses were
 - Conduct related
 - Depressive Disorders
 - ADHD
 - Substance Use Disorders
- Most common eligibility sources were SSI and AFDC/TANF

Analysis Plan

- Two Kaplan-Meier Time-to-Event analyses comparing males to females on time to initial loss of coverage (180-days or more) and time until final loss of coverage
- Four Cox Regression Time-to-Event analyses predicting initial and final loss of coverage



	Risk of first loss of coverage for 180 days or more		Risk of final loss of coverage	
	Females	Males	Females	Males
+ = increased risk of loss - = decreased risk of loss				
White	+	+	+	
African American	-			
Rurality				
Depressive Dx				
Bipolar				
Schizophrenia	-	-		-
ADHD		+	+	+
CD/ODD				
Sub. Use				
MR/DD	--	--	-	--
Other only				
Foster Care		-		-
SSI	--	--	--	--
Pregnancy >133% of poverty	+		-	
Med. Asst to families				-
AFDC/TANF		+	-	
Child under 19		-		--

Summary of Results

- **Gender Matters:**
 - Females much less likely to *permanently* lose coverage (33%) compared to males (77%)
 - 6 times as many females regained coverage after loss
 - Pregnancy: 1/3 of the females in the study were eligible due to pregnancy
- **Transitioning Matters**
 - Aging-out at age 18 or 19 was a major contributor to losing coverage
 - Policy contributions through AFDC/TANF
- **Rurality not a significant predictor of coverage loss**
- **Does Race/Ethnicity Matter?**
 - Contradictory findings

Summary of Results (cont.)

- **Mental Health Problems Matter**
 - Severe diagnoses predicted retention: Schizophrenia, MR/DD
 - Likely to be considered disabilities under SSI
- **Policy Matters:**
 - Interaction between AFDC/TANF and gender
 - Pregnancy and Motherhood
 - Eligibility through SSI was the strongest predictor of retention for both males and females
 - No Age Requirement

Policy Implications

- AFDC & TANF changes greatly impacted coverage for transitional youth
- Aging out effects appear arbitrary
 - Policy makers should rethink automatic ineligibility and disenrollment as a function of age
 - Private vs. Public Insurance during Transition
- Davis & Koyanagi (2005) suggest that this population in particular needs continuity of care--not disrupted by disenrollment--to successfully transition to adulthood

Practice Implications

- For youth approaching ages of transition, treatment planning and case management should be intensified to ensure continuity of care & continued eligibility
- Parenthood at age of transition to adulthood
 - It may be particularly important to continue treatment and improve functioning so that youth can care for their children

Limitations & Future Research

- Large datasets supply information that needs elaboration by in-depth interviewing and other qualitative methods
- Need to compare youth with mental health problems with the general population of Medicaid recipients to understand the role of mental health needs
- Mississippi may be influenced by state-level systemic factors
- Out-migration may influence disenrollment in ways we could not track

References:

For a complete list of references used for this paper email:

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