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

<table>
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<tr>
<th>Source</th>
<th>Age</th>
<th>Poverty</th>
<th>Disability</th>
<th>Pregnancy</th>
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<td>Medical Assistance to Families</td>
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<td>SSI (Supplementary Security Income)</td>
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<td>Foster Care</td>
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<td>Children under 19 years old</td>
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</table>

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
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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