

Medicaid's Roles for Women

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Figure 1

Medicaid Plays Different Roles for Low-Income Women Throughout Their Lives

69% of Adults on Medicaid are Women

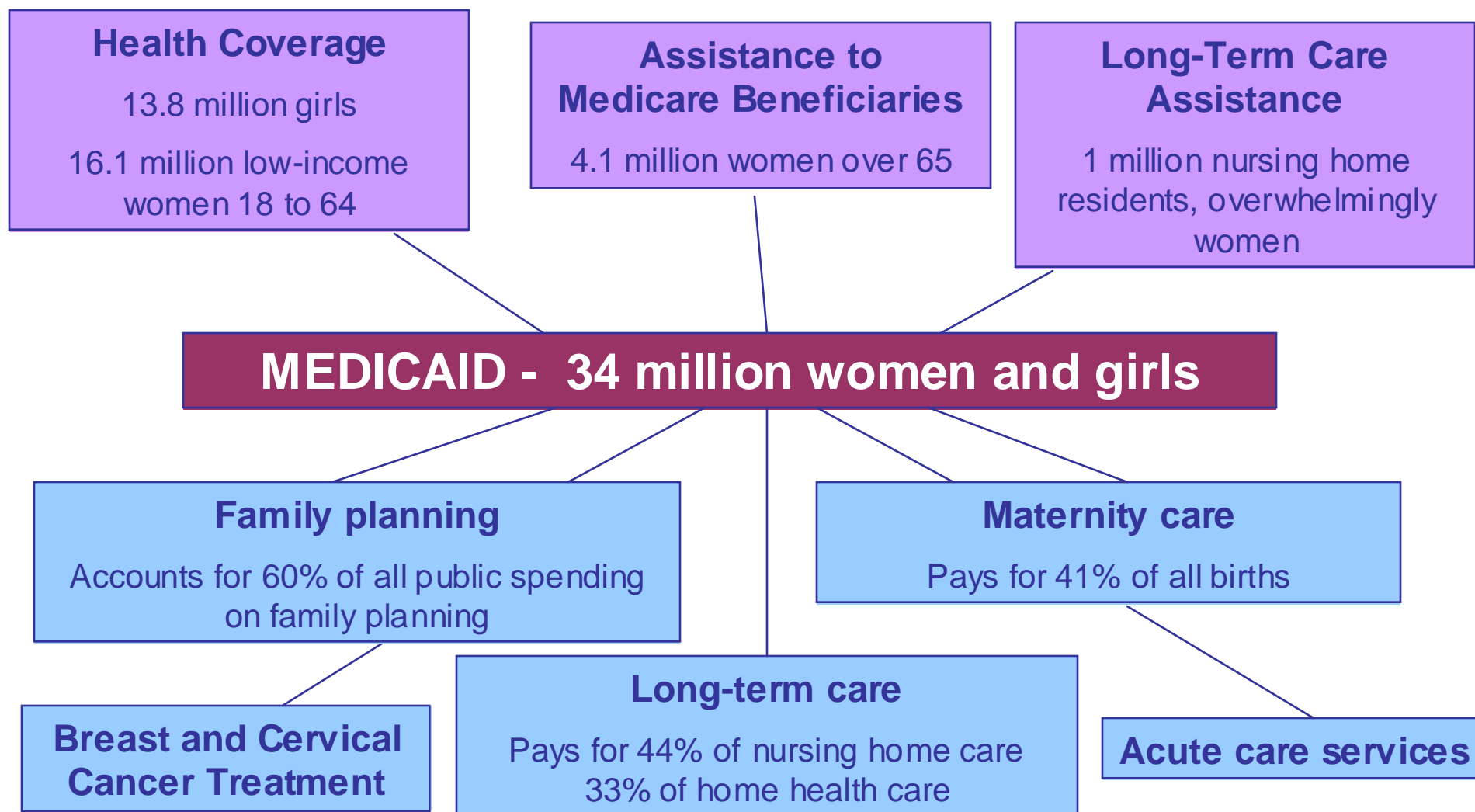
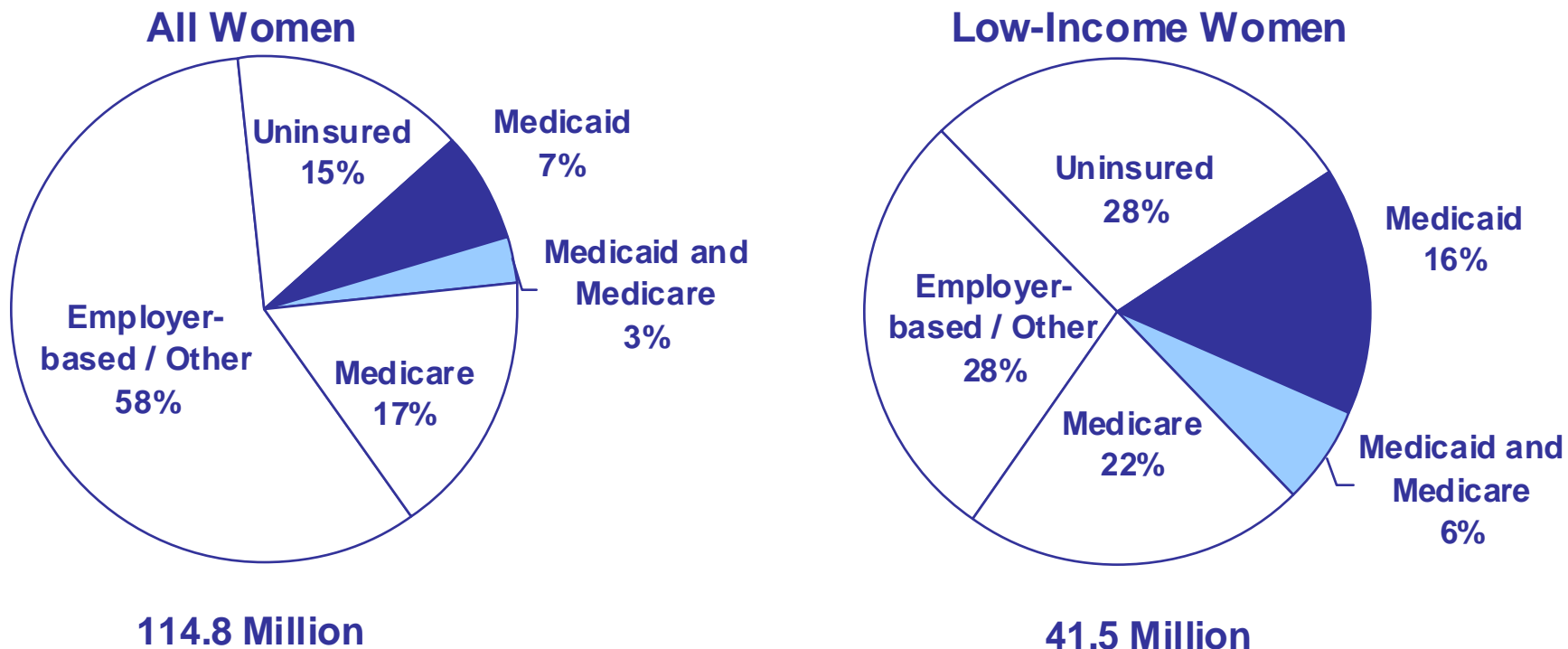


Figure 2

Medicaid Assists One in Ten Women

Women's Health Insurance Coverage, 2006:



Note: Includes women ages 18 and older.

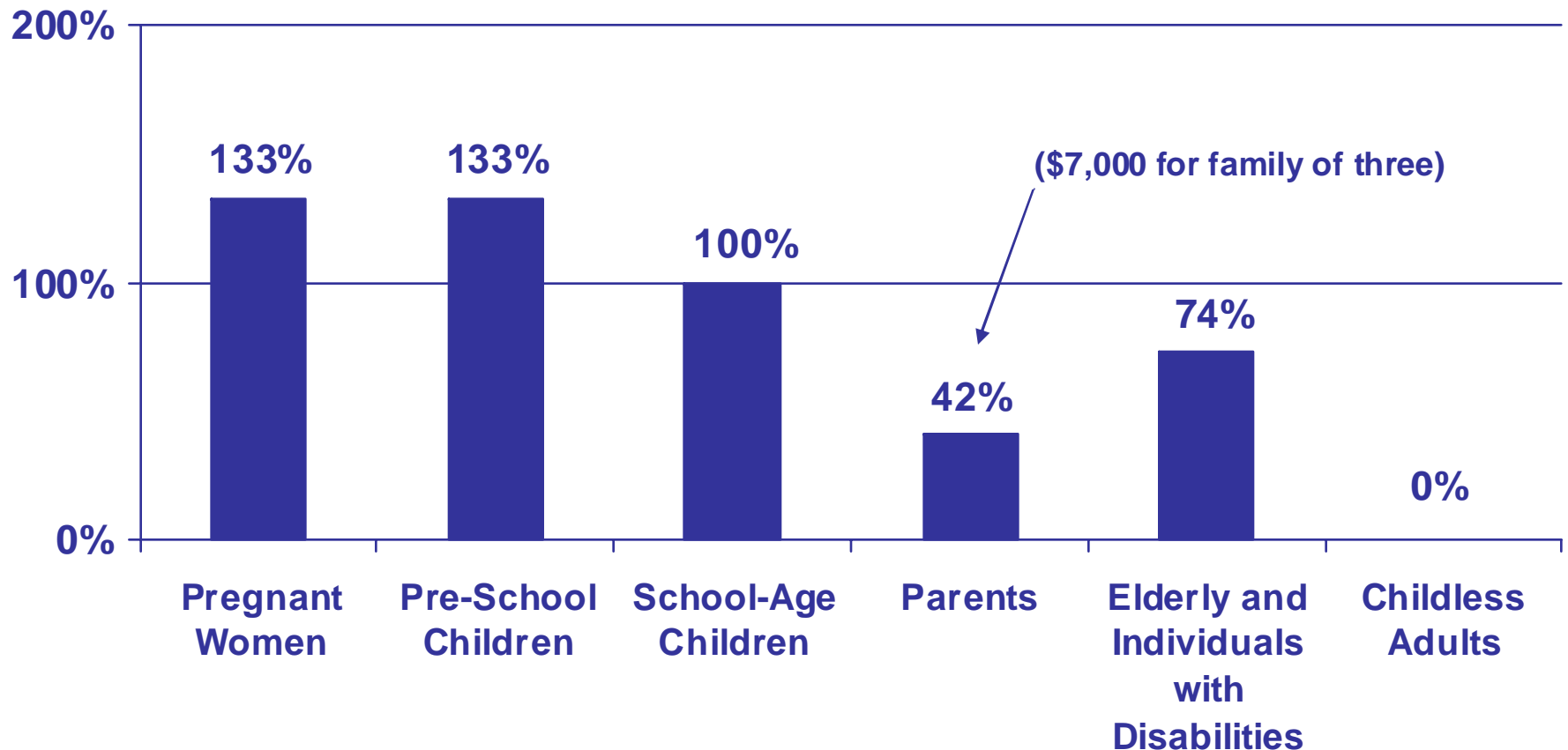
Low-income defined as family incomes less than 200% of the federal poverty level (\$33,200 for a family of three in 2006.)

Source: Kaiser Family Foundation analysis of Urban Institute estimates based on 2007 ASEC Supplement to the Current Population Survey, Census Bureau.

Figure 3

Medicaid Eligibility is Based on Income and Categorical Criteria

Minimum Income Eligibility Levels as a Percent of the Federal Poverty Level, 2006:



Note: The federal poverty level was \$16,600 for a family of three in 2006.

Source: Cohen Ross, Cox, and Marks, 2007 and KCMU, *Medicaid Resource Book*, 2002.

Figure 4

Medicaid Covers A Wide Array of Benefits Important to Women

“Mandatory” Items and Services

- Physician services
- Laboratory and x-ray services
- Inpatient hospital services
- Outpatient hospital services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under 21
- Family planning
- Rural and federally-qualified health center (FQHC) services
- Nurse midwife services
- Nursing facility (NF) services for individuals 21 or over

“Optional” Items and Services

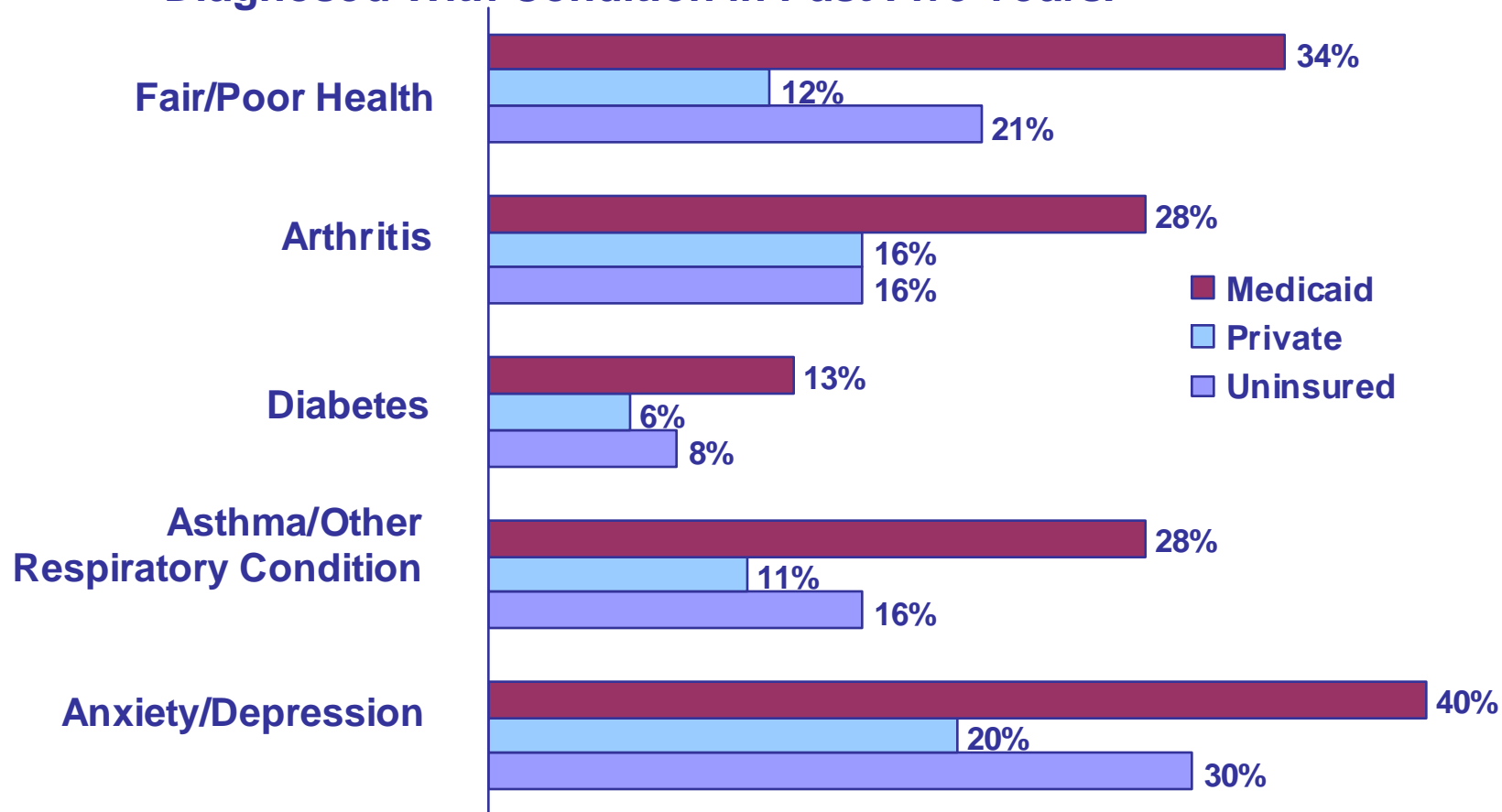
- Prescription drugs
- Clinic services
- Dental services, dentures
- Physical therapy and rehab services
- Prosthetic devices, eyeglasses
- Primary care case management
- Intermediate care facilities for the mentally retarded (ICF/MR) services
- Inpatient psychiatric care for individuals under 21
- Home health care services
- Personal care services
- Hospice services

Source: KCMU, *Medicaid Resource Book*, 2002.

Figure 5

Women on Medicaid Have Significant Health Needs

Percentage of Non-elderly Women Reporting They Have Been Diagnosed With Condition in Past Five Years:

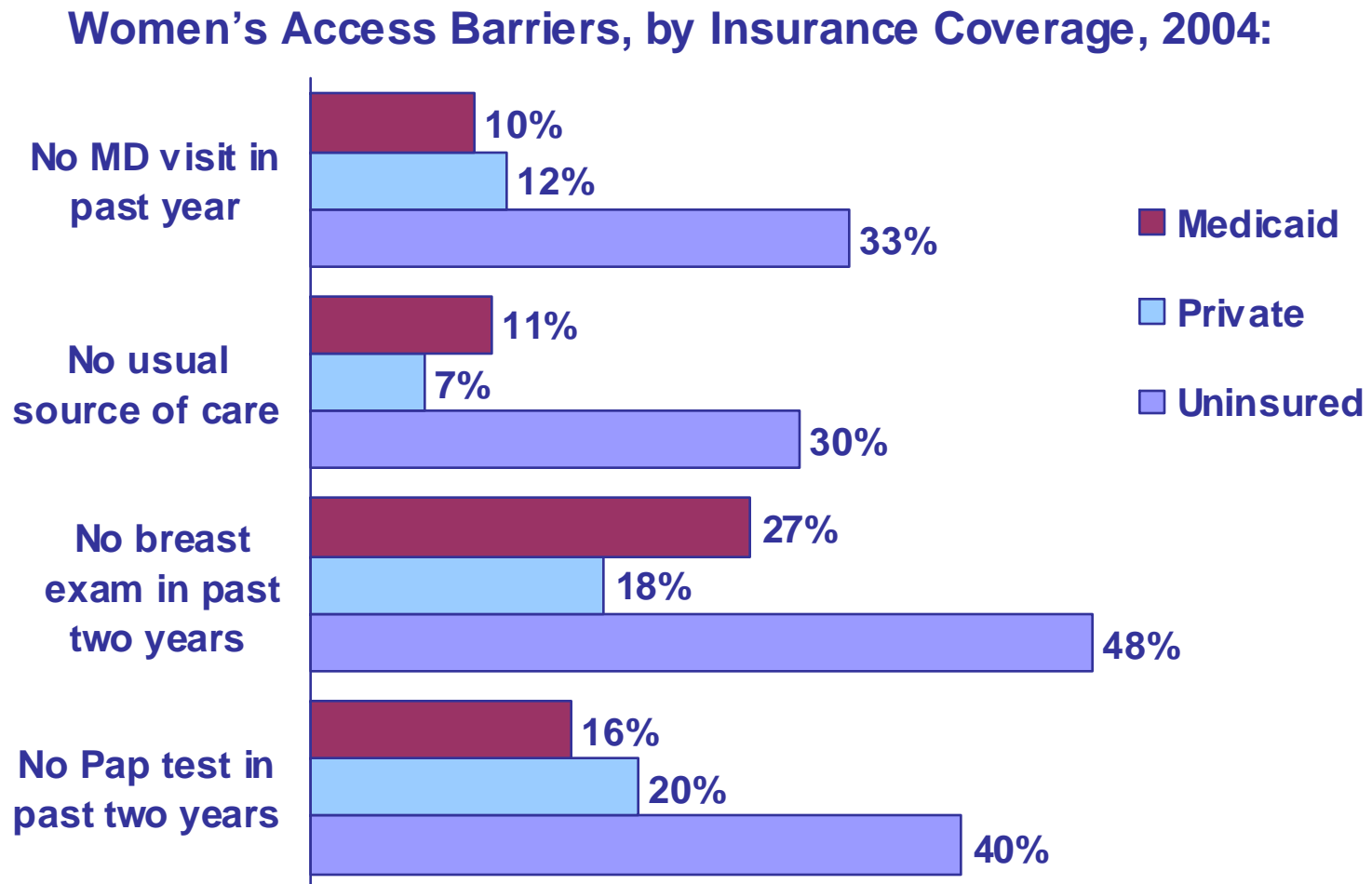


Note: Among women ages 18 to 64.

Source: Kaiser Family Foundation, *Kaiser Women's Health Survey*, 2004.

Figure 6

Medicaid Improves Women's Access to Care



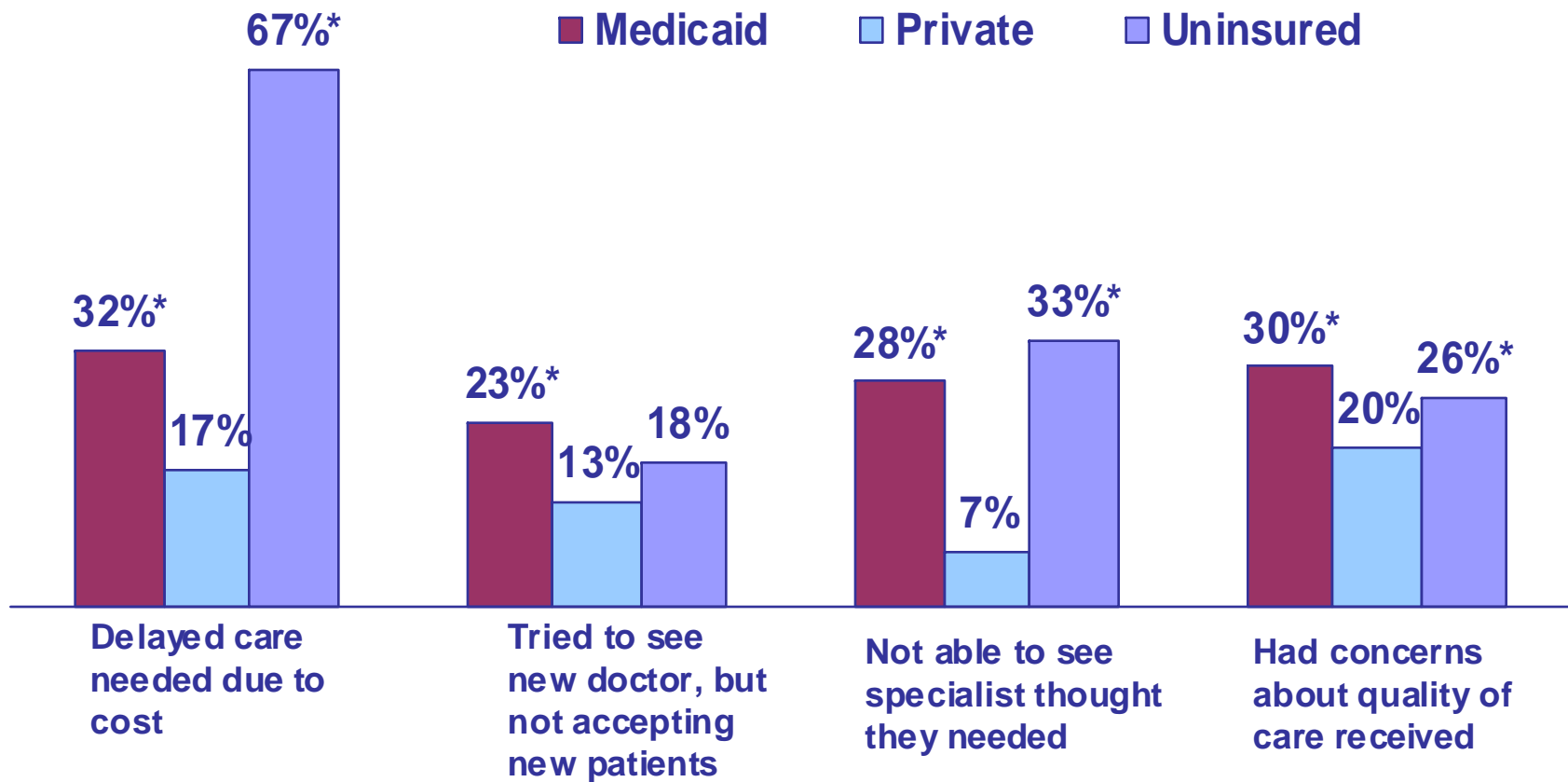
Note: Among women ages 18 to 64.

Source: Kaiser Family Foundation, *2004 Kaiser Women's Health Survey*.

Figure 7

However, Access Challenges Remain

Percentage of Non-elderly Women Reporting in the Past Year They:



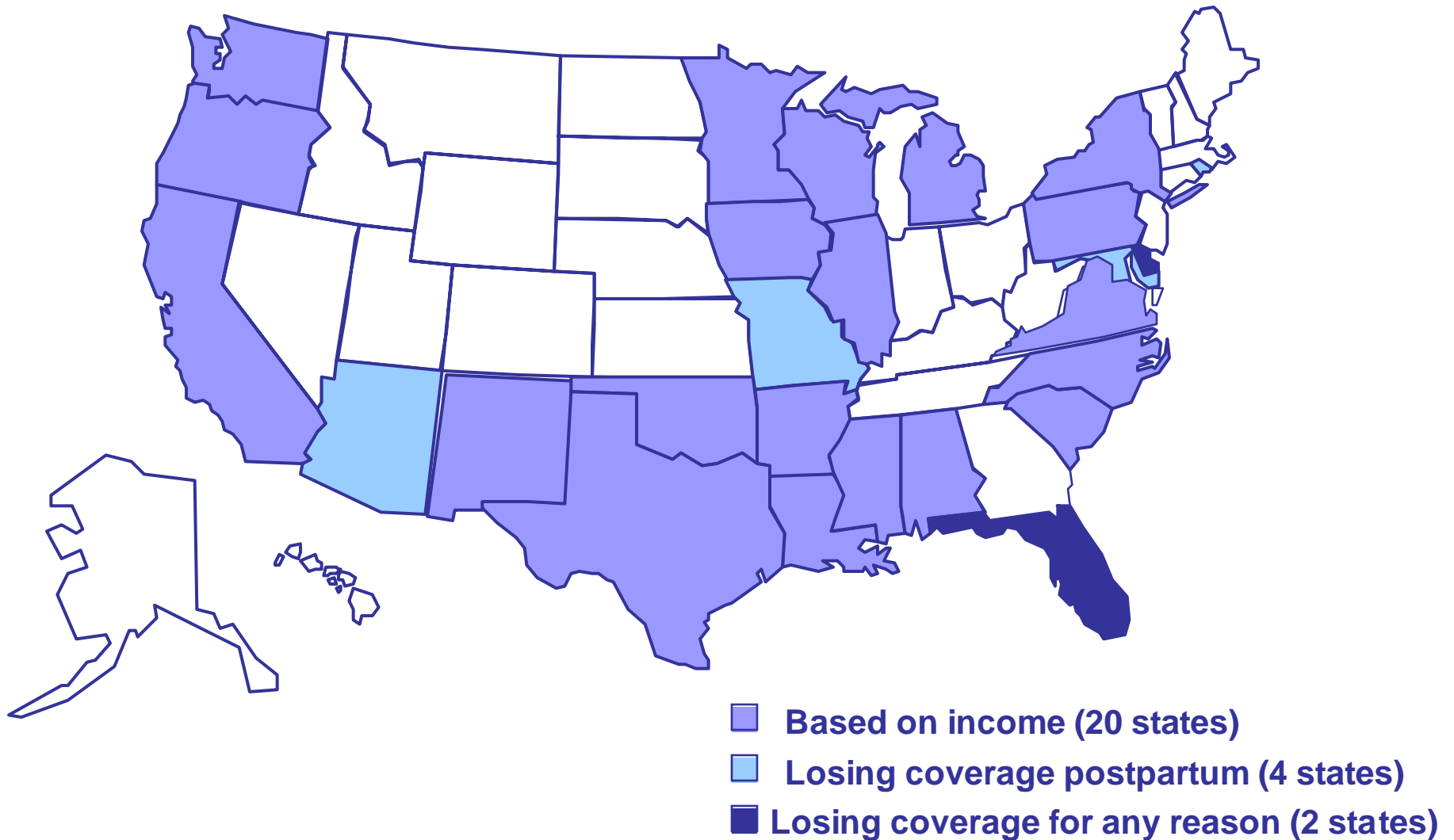
Note: Includes women 18 to 64.

*Significantly different from Private, $p < .05$.

Source: Kaiser Family Foundation, *2004 Kaiser Women's Health Survey*.

Figure 8

Over Half of States Have Established Medicaid Family Planning Expansion Programs

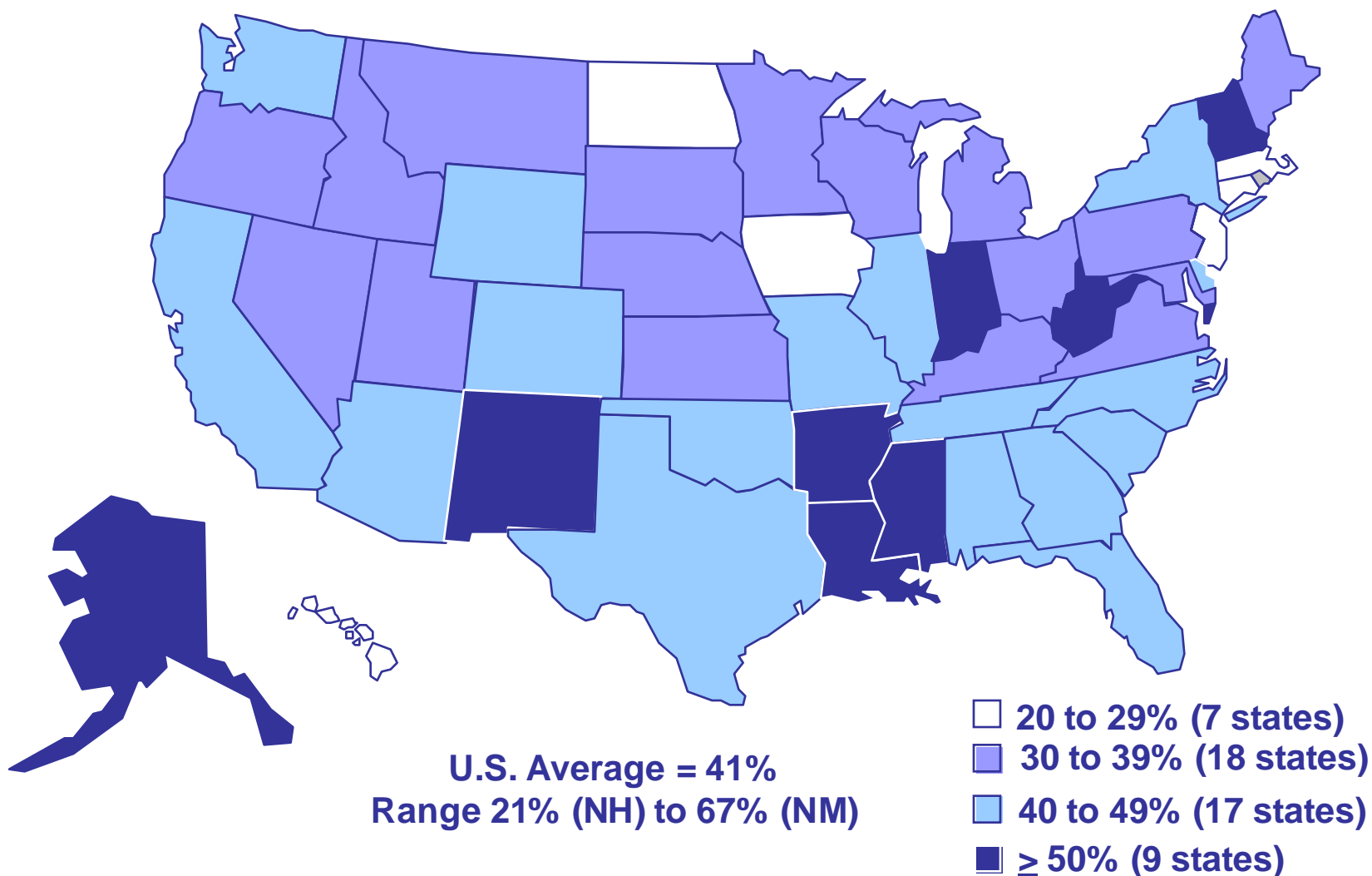


*The federal poverty level for a family of three in 2007 is \$17,170.

Source: The Guttmacher Institute, *State Policies in Brief*, October 2007.

Figure 9

Medicaid Finances 4 in 10 Births In U.S.

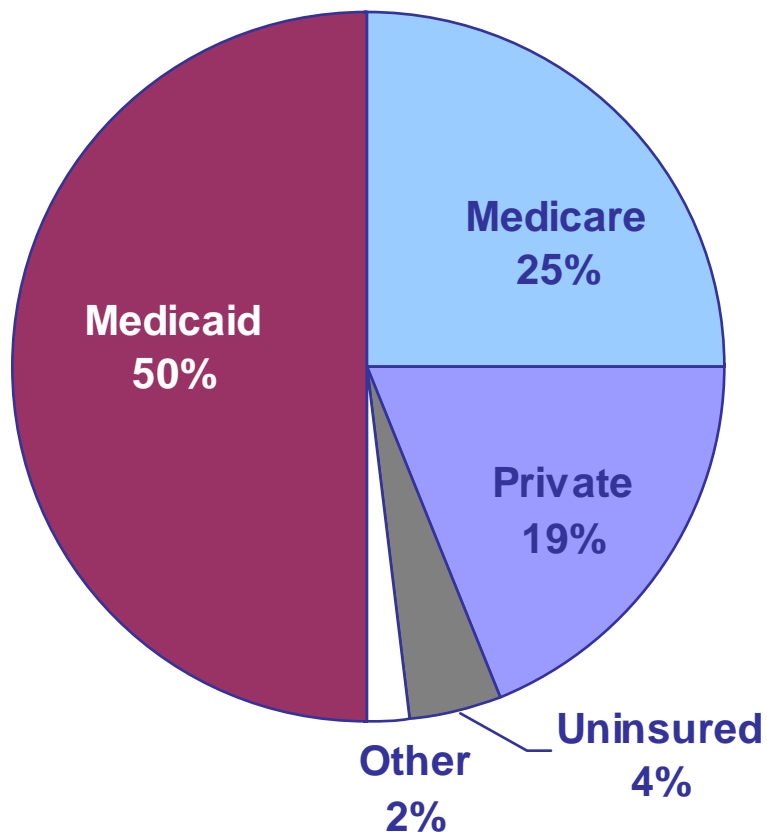


Source: National Governors' Association, *Maternal and Child Health Update 2005, 2006.*

Figure 10

Medicaid is the Leading Insurer for Women with Disabilities

Health Coverage of Women with Disabilities, 2003



➤ Access to private coverage often difficult for women with disabilities

- Work constraints limit access to ESI
- Preexisting condition exclusions
- Low-incomes limit access to private coverage...premiums, deductibles and copays can be unaffordable

➤ Medicaid covers critical services not usually available through private coverage, including:

- ICF-MR
- Home and community-based services
- Case management
- Personal care

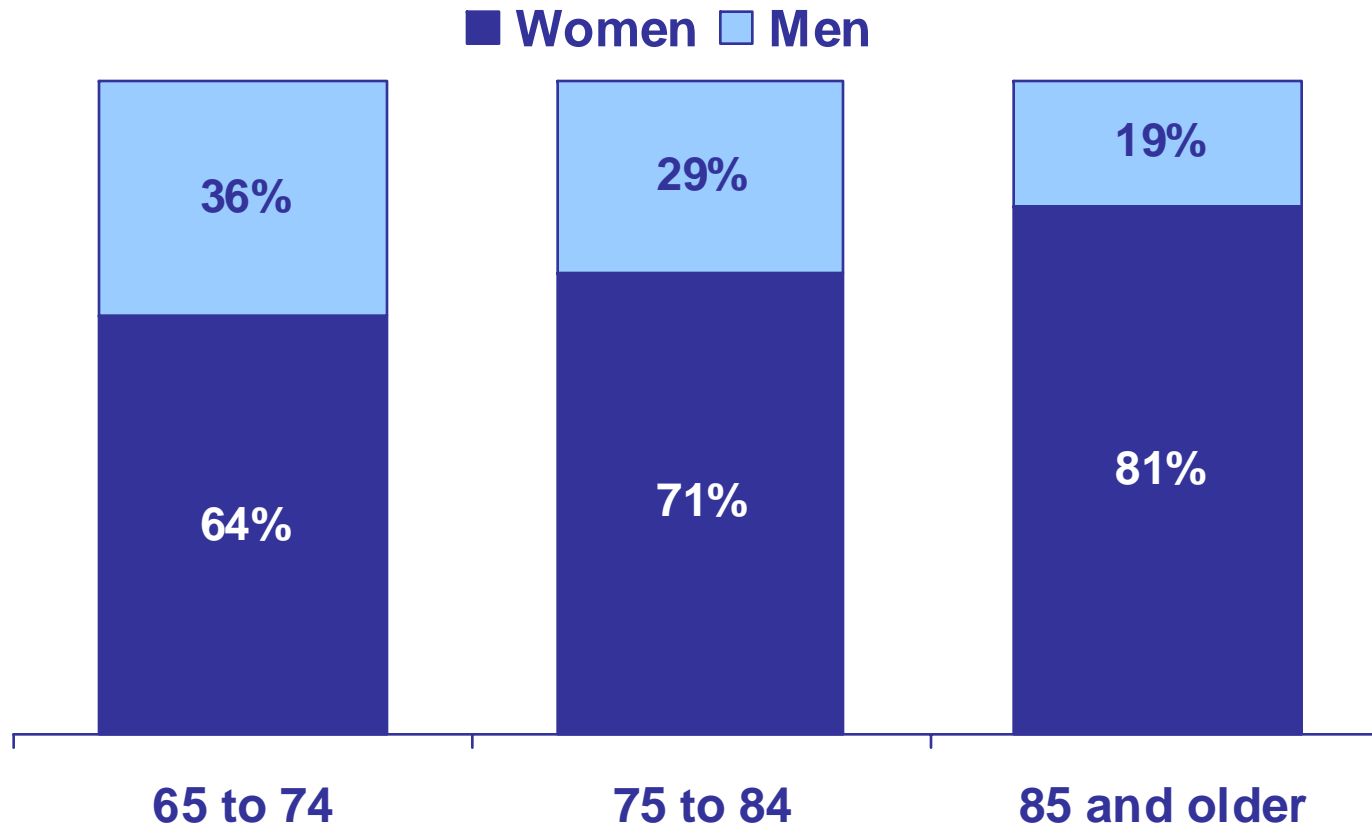
Notes: Includes women with permanent physical or mental disabilities who live in a community dwelling. Does not include women living in institutionalized settings. Medicaid includes women with Medicaid only, Medicaid and private coverage, Medicaid and Medicare. Medicare includes women with Medicare only, Medicare and private.

Source: Kaiser Disability Survey, 2003

Figure 11

Older Women Comprise the Majority of Seniors on Medicaid

Distribution of Seniors with Medicaid, by Age and Sex, 2004



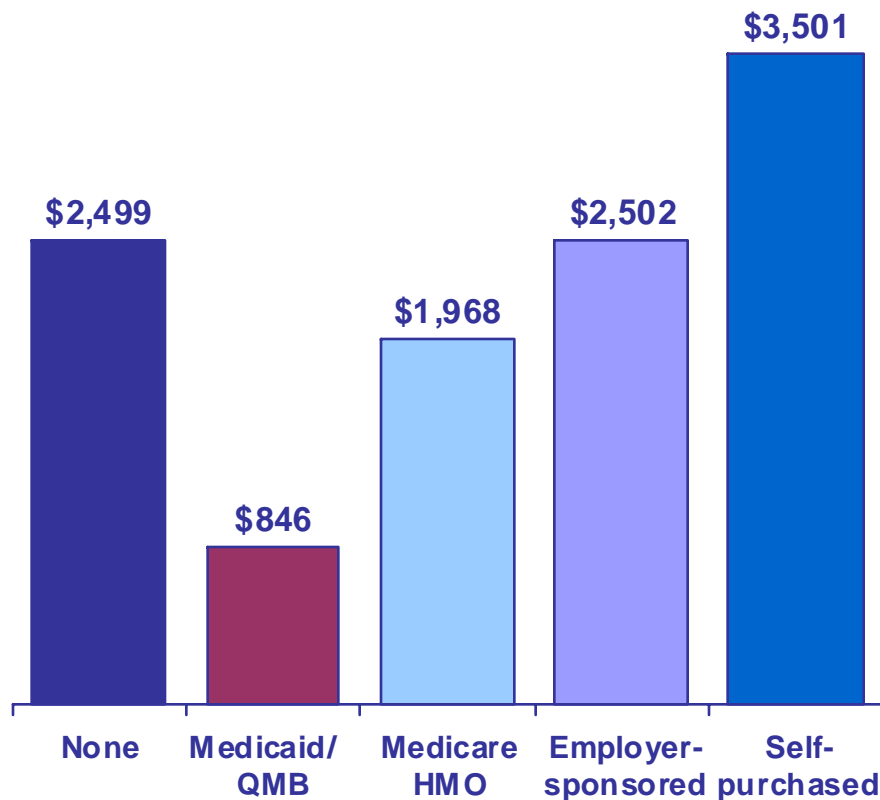
Women = 70% of the 5.9 million Medicaid beneficiaries 65 and older

Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of 2004 MSIS data, 2007.

Figure 12

Medicaid Protects Older Women from Potentially Devastating Out-of-Pocket Costs

Median Out-of-Pocket Spending for Women on Medicare Age 65 and older, 2002



Medicaid fills Medicare's gaps:

- Pays for Medicare cost sharing:
 - Premiums
 - Cost-sharing
 - Deductibles
- Covers services not covered by Medicare:
 - Nursing home stays
 - Personal Care
 - Hearing
 - Dental
 - Vision

Note: Estimates include out-of-pocket spending for Medicare and private insurance premiums and health care services.

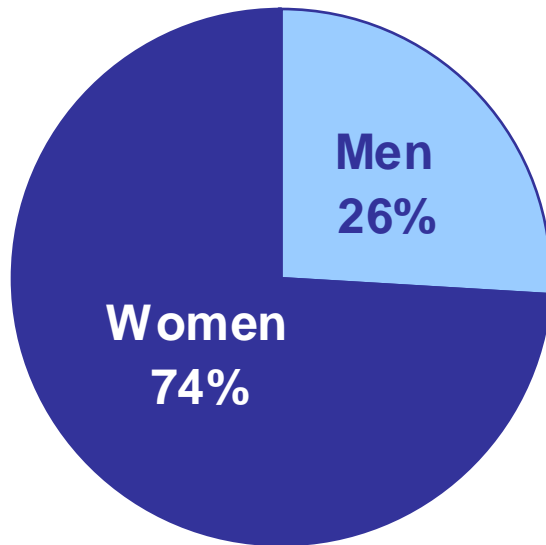
Source: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey 2002 Cost and Use file.

Figure 13

Women Are Major Consumers of Long-term Care Services

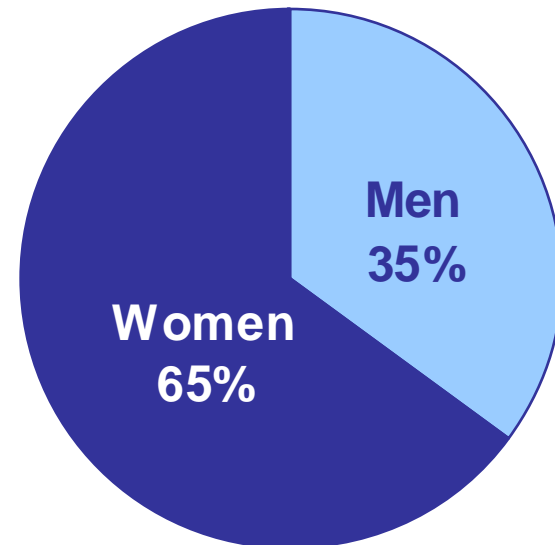
Distribution of Nursing Home Residents and Home Health Users, by Gender:

Nursing Home Residents



Total = 1.5 million

Home Health Users



Total = 1.4 million

Note: Nursing home residents refer to those ages 65 and older.

Source: *Health, United States, 2005*. Nursing home data from the 1999 National Nursing Home Survey. Home Health data from the 2000 National Home and Hospice Care Survey.

Figure 14

Key Medicaid Changes

- **DRA Implementation**

- Citizenship documentation - New requirement for current and new beneficiaries to document proof of citizenship
- New flexibility to shape benefit package
- Allows higher or new cost sharing or premiums (family planning / pregnancy services exempt)
- State option to make co-pays enforceable

- **Federal Waivers**

- Growing use for broad structural changes to eligibility, scope of benefits, financing
- Some states using waivers to experiment with different benefit packages for different beneficiaries

Figure 15

Health Care Reform...Momentum Building???

- **State Level Reform**

- Massachusetts - individual and employer mandates, subsidies for low-income, Medicaid eligibility expansion
- California - “pay or play”, Medicaid eligibility expansion, small group and individual market reforms
- SCHIP debate highlights state role in health reform AND reliance on federal financing

- **National Health Reform**

- Major election issue – How will Medicaid fit in?
- New Congress – Will Medicaid be addressed and how?
- Health care costs and rising number of uninsured leading domestic issues for voters – for Democrats and Republicans

Figure 16

Key Issues: Medicaid and Women

- **Medicaid is an important source of coverage for some of the poorest, sickest, and frailest women in the nation.**
- **Scope of benefits typically unavailable through private sector**
- **Sizable gaps in coverage persist-- many poor uninsured women do not qualify for the program**
- **Affordability, access, and quality of care can still be challenges for women on Medicaid**
- **Medicaid is likely to be a major avenue for expansion in states and federal reform efforts**