



Summary

The District of Columbia provides health care coverage through publicly financed programs for a substantial majority of children living in the District. This snapshot examines both population estimates and District Medicaid enrollment data to determine the levels of public coverage among all District children in calendar years 2012 through 2016. Highlights include:

- On average, nearly 70% of children in DC were covered by publicly funded health care coverage programs between calendar years 2012 and 2016.
- Coverage levels vary by age group, with the highest rate of coverage among children ages 6 to 12 years.

Background

The District of Columbia’s Medicaid and CHIP household income eligibility level, at 319% of the federal poverty level (FPL) as of June 2016 for children under one through age 18, is among the highest in the nation for those age groups.¹ In addition, DC’s Medicaid/CHIP participation rate among Medicaid-eligible children, at 96.9% in 2016, is also among the highest coverage rates for all U.S. states.² The District reviewed the data in order to provide estimates of the proportion of the District’s children covered by public health insurance programs. The DC Department of Health Care Finance (DHCF), which administers DC’s Medicaid/CHIP program, sought to use enrollment data from its Medicaid Management Information System (MMIS) to compare against US Census data. The District’s analysis yields high percentages of children covered by public health insurance programs. By contrast, other estimates that use Census data to capture Medicaid enrollment report coverage rates as low as 45.7% as of 2015³. This likely reflects the fact that Census data captures self-reported information among a sample of individuals, and as a result likely under-reports the number of Medicaid beneficiaries in DC.

Methodology

DHCF extracted beneficiary enrollment data from MMIS, which is updated daily by the DC Department of Human Services’ (DHS) Economic Security Administration (ESA) and likely captures the most complete and accurate estimate of the number of District residents with active Medicaid eligibility at a given point in time. DHCF extracted enrollment records for children under one year through age 20 who were enrolled in February, March and April of each year. This time period was used as the reporting period in order to match the collection period for population estimates reported through the Census’ Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS). The ASEC provides annual estimates based on a survey of more than 75,000 households per month. DHCF used these estimates as the denominator to calculate the Medicaid coverage rate for the District’s children for each year between 2012 and 2016. DHCF then used beneficiary enrollment data from MMIS as the numerator.

Results

On average, more than two out of three District children ages zero through 20 were covered by publicly financed health care coverage at any time throughout each year between calendar years 2012 and 2016. The coverage for most of them (97%) was delivered through the Medicaid program (including a CHIP expansion), which is jointly financed by the District and federal government. The coverage for the remaining three percent was financed by local District funds only, through the Immigrant Children’s Program and/or the DC Health Care Alliance (for those 18 and older). See Figure 1 for annual participation levels from 2012 through 2016.

Figure 1. District Children Ages 0-20 with Enrollment in Medicaid/CHIP, 2012 through 2016

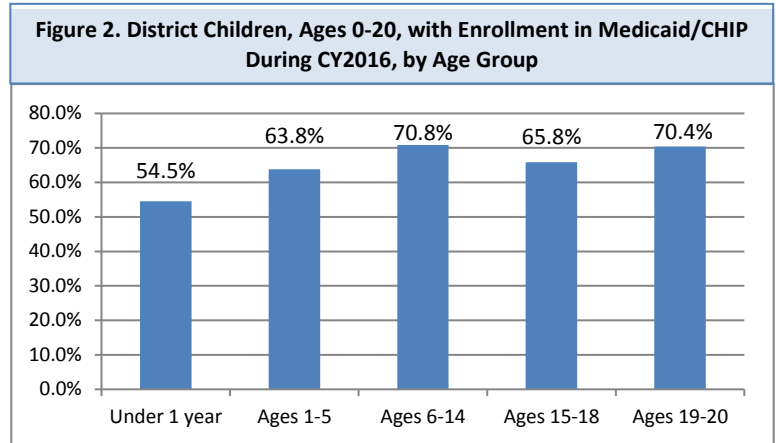
Measure	2012	2013	2014	2015	2016	Average
All District children	128,945	131,428	135,518	136,160	136,639	133,738
DHCF enrollment	88,236	88,117	88,392	93,530	92,022	90,059
Percent enrolled	68%	67%	65%	69%	67%	67%



Figure 2 presents coverage by age group in CY 2016, which provides a one-year snapshot of current participation. Coverage levels were highest among children ages 6 to 20 years. Coverage levels were lowest among children under one year (54.5%) and children ages one through five (63.8%).

Implications for Medicaid Program

One of the key reasons the percentage of District children covered by Medicaid is so high is due to the District’s Medicaid/CHIP participation rate among eligible children. This high participation rate has significant implications for access to, and utilization of, key health services, including medical, dental, and behavioral health services for Medicaid/CHIP enrolled children. According to the District’s FY2016 CMS-416 report on the Early and Periodic Screening, Diagnostic, Treatment (EPSDT) services benefit, 96% of Medicaid-covered District children eligible for EPSDT were enrolled in Medicaid/CHIP for at least 90 continuous days in the fiscal year⁴. Keeping a high percentage of children enrolled in health insurance leads to greater access to vaccinations, immunizations, and developmental screenings during well-child visits, as well as opportunities for adolescents (who are at higher risk for substance use disorders) to gain access to preventive and treatment services.



Lastly, it is important to note that the Children’s Health Insurance Program (CHIP) has enabled the District to reach high eligibility levels, and in FY16 covered more than 13,000 children from low-income working families with incomes up to 319% of the federal poverty level, contributing to the District’s 98.6% participation rate.

Conclusion

On average, more than two out of three District children ages zero through 20 were covered by publicly financed health care coverage at any time throughout each year between calendar years 2012 and 2016. In CY 2016, the proportion of children with Medicaid/CHIP or Immigrant Children’s Program allows the District to serve the vast majority of children and strive for healthy outcomes in the future.

Data Notes: The data shown here are drawn from enrollment data in the District’s Medicaid Management Information System (MMIS) and from 2012-2016 Census data collected via the 2016 Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS). The data provided here were compiled by staff in the Division of Analytics and Policy Research, Health Care Policy and Research Administration, DC Department of Health Care Finance. MMIS data were extracted in June 2017. For more information, contact DHCF at 202-442-5988.

References

1. Medicaid and CHIP Eligibility Levels for Children as of June 1, 2016. Available at: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
2. The Urban Institute, 2016. Available at: www.insurekidsnow.gov/campaign/participation-rates/index.html.
3. State Health Access Data Assistance Center (SHADAC) analysis of American Community Survey (ACS) 2010-2014 microdata files. Available at: <http://www.shadac.org/sites/default/files/publications/DC.pdf>
4. Centers for Medicare and Medicaid Services (CMS) CMS-416 reports, available at <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>