

# The Importance of MassHealth for Children



## THE ISSUE

As the source of health insurance coverage for more than four in 10 children in Massachusetts, MassHealth plays an important role in ensuring the health and well-being of the state's low-income children.<sup>1</sup> MassHealth, the name for Massachusetts' Medicaid program and the Children's Health Insurance Program (CHIP), provides comprehensive health care services to children and youth under age 21, with a particular focus on prevention, early detection, and treatment. Access to these critical health care services has a substantial positive impact on children in the Commonwealth, including those with special health care needs (physical, developmental, behavioral, or emotional conditions), by improving their long-term physical and behavioral health and educational attainment. MassHealth also provides coverage for more than one million adults, many of whom are parents of dependent children.<sup>2</sup> Studies have found that providing coverage for parents results in increased health coverage and greater use of preventive services for their children.<sup>3,4</sup>

MassHealth is especially essential in the support it provides to one-third of school-aged children in the state.<sup>5</sup> Many MassHealth-covered services are delivered in schools, providing a convenient access point for reaching children and adolescents. MassHealth helps to offset the costs of providing Medicaid-covered services to children and adolescents in school, including the services and supports that children with disabilities and special health care needs require to thrive in the classroom. Every day, MassHealth helps kids stay healthy and do well in school.

This brief describes the role MassHealth plays in helping Massachusetts children and young adults thrive, paving their way to a better future.

## KEY TAKEAWAYS: THE ROLE OF MASSHEALTH

### MassHealth Provides Coverage and Access to Critical Health Care Services for Children and Their Families

**Improving health care coverage for children and their families.** More than a third of total MassHealth enrollees are children, and almost 40 percent of births in the Commonwealth are covered by MassHealth.<sup>6</sup> Largely driven by MassHealth eligibility expansions, Massachusetts has the lowest uninsured rate for children in the nation, with only 1.2 percent of children being uninsured.<sup>7</sup> Notably, in 2006 Massachusetts undertook a statewide health reform initiative that greatly expanded MassHealth coverage to Massachusetts children with incomes up to 300 percent of the federal poverty level (FPL) (or just under \$90,000 a year for a family of three in 2021)—an increase from 200 percent FPL (or just under \$59,000 for a family of three in 2021). Within two years of this reform, Massachusetts had cut its uninsured rate among children in half.<sup>8</sup>

MassHealth also provides coverage to many parents, which can ultimately improve health outcomes and well-being for children because children's healthy development depends to a large extent on the health and well-being of their parents and caregivers.<sup>9</sup> Additionally, national research has found that when parents gain coverage through Medicaid or the state Marketplaces, which provide affordable health insurance plans for individuals and families, children are more likely to be enrolled in Medicaid and CHIP and stay enrolled.<sup>10,11</sup>

Nationally, parental enrollment in Medicaid is also associated with stable and reliable sources of health care for families. In fact, parental enrollment in Medicaid is associated with a 29 percent higher probability that a child will receive an annual well-child visit, the benefits of which are discussed below.<sup>12</sup> By covering children and their parents, MassHealth helps to provide financial security for families by limiting their exposure to high out-of-pocket medical costs, reducing families' difficulties paying bills, and decreasing the chance of medical bankruptcy.<sup>13</sup>

**Providing services that are essential to children’s healthy development.** One of the most critical roles that MassHealth plays for children and adolescents is ensuring that they have access to a comprehensive set of child-specific services, such as health and developmental screenings, vision and hearing testing, dental screenings, and diagnostic services—known in federal and state law as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (see Figure 1 for details on EPSDT).<sup>14</sup>

EPSDT services provided through Medicaid often go above and beyond those provided by commercial insurers.<sup>15</sup> For example, a 2015 Medicaid and CHIP Payment and Access Commission (MACPAC) report showed that Medicaid covered 100 percent of all children’s hearing and vision screenings nationally, while commercial insurers covered them only 34 and 44 percent of the time, respectively.<sup>16</sup> Perhaps the most critical component of EPSDT is that unlike typical commercial health coverage, EPSDT provides broad access to services without fixed limits if the services are needed to correct or improve a health condition that can affect a child’s growth or development. In other words, if a service or device is medically necessary—such as wheelchairs for children with physical disabilities or specialized therapies such as speech or occupational therapies—it must be covered under Medicaid.<sup>17,18</sup> This is particularly important for children with special health care needs, who make up 18 percent of all children in Massachusetts.<sup>19,20</sup> MassHealth provides health coverage to 40 percent of children with special health care needs.<sup>21</sup>

As part of EPSDT, MassHealth requires primary care providers to screen children younger than age 21 for behavioral health conditions<sup>22</sup> and either provide or refer children to diagnostic and treatment services. Through its Children’s Behavioral Health Initiative (CBHI)<sup>23</sup>, MassHealth provides children and adolescents access to an enhanced continuum of home- and community-based behavioral health services.<sup>24</sup> An evaluation of CBHI found that children who were screened were more likely to report lower levels of behavioral/emotional needs,

**FIGURE 1. EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)**

- Early:** assessing and identifying problems early.
- Periodic:** checking children’s health at age-appropriate intervals.
- Screening:** providing physical, behavioral, developmental, dental, hearing, vision, and other screening tests to detect potential problems.
- Diagnostic:** performing diagnostic tests to follow up when a health risk is identified.
- Treatment:** correcting, reducing, or controlling health problems.

better functioning, and lower levels of “risky behaviors” at each subsequent screening, indicating that needs identified through the screening were being met.<sup>25</sup>

EPSDT also helps to ensure that children can access needed care, since families with children covered by Medicaid generally would not be able to afford EPSDT services not covered by insurance.<sup>26</sup> Access to EPSDT services has been shown to have positive effects on a number of health outcomes later in life, such as a healthy body mass index (BMI) and fewer mental health problems, substance use disorders, and chronic conditions.<sup>27</sup>

**MassHealth Improves Children’s Lifelong Health and Well-Being**

**Better health outcomes.** Access to Medicaid during childhood leads to longer, healthier lives, higher educational attainment, and successful futures. When pregnant people receive Medicaid coverage, their children have better health outcomes during adulthood, including reduced rates of obesity, hospitalizations, and improvements in oral health.<sup>28,29</sup> In addition, compared with children who have employer-sponsored insurance (ESI), children with Medicaid/CHIP coverage are more likely to have a routine check-up and have lower rates of missing medical care,

**FIGURE 2. GLOSSARY OF TERMS**

- **Individuals with Disabilities Education Act (IDEA):** A federal law that ensures students with a disability are provided with free and appropriate education that is tailored to their needs.
- **Individualized Education Program (IEP):** A written plan documenting how a public school will provide a free and appropriate education in the least restrictive environment to a child with a disability.
- **Local Education Agencies (LEAs):** A city or town, charter school, or regional school district that is responsible, or assumes responsibility, either directly or indirectly through an agency or other political subdivision, for the non-federal share of School-Based Medicaid Program expenditures.
- **School-Based Medicaid Program (SBMP):** A program allowing LEAs to seek Medicaid reimbursement for the provision of certain Medicaid-covered services in a school setting and for the administrative activities that support the Medicaid program.
- **School-Based Health Center (SBHC):** Primary care clinics based on or adjacent to school campuses. SBHCs may provide a combination of primary care, behavioral health, case management, substance use disorder counseling, dental care, and health education and promotion services. These are often satellite locations of hospitals or community health centers.

prescription drugs, dental care, specialist care, mental health care, and vision care because it was unaffordable.<sup>30</sup> Medicaid coverage in childhood is associated with better health in adulthood, as evidenced by fewer hospitalizations and emergency room visits and reductions in chronic conditions such as high blood pressure, when compared with children without insurance coverage throughout childhood.<sup>31</sup>

**Better educational outcomes.** Children with access to Medicaid also reach a higher level of educational attainment than those without Medicaid access. Research has shown that students who are not receiving necessary health care services tend to have more school absences, struggle to focus in the classroom when they are at school, and are less likely to achieve academically.<sup>32</sup> After states increased Medicaid/CHIP eligibility levels, reading test scores in the fourth and eighth grades also increased, compared with test scores among children prior to the eligibility expansion.<sup>33</sup> Researchers further found evidence that access to Medicaid decreases the likelihood that a child will drop out of high school and increases the rate of college attendance and completion.<sup>34</sup> Related to educational attainment, Medicaid improves financial outcomes for children later in life. Medicaid coverage in childhood has been tied to economic mobility across generations, higher income and taxes paid as adults, and a decreased reliance on safety net programs.<sup>35,36</sup>

### MassHealth Offsets Costs for In-School Supports and School-Based Health Care for Children

Schools are trusted community institutions and interact with most children on a more regular basis than any other community entity, including the health care system or providers. Massachusetts children and adolescents spend nearly 6.5 hours per day in school, or more than 1,000 hours a year.<sup>37</sup> Because schools are a reliable natural point of access to children and their families, they are an important setting for providing health and related services to all children and adolescents.

**In-school supports for children with special health care needs.** Many children with special health care needs require added supports and services to thrive in a classroom setting. MassHealth's School-Based Medicaid Program (SBMP) has historically provided local education agencies (LEAs), such as cities and towns, school districts, and charter, vocational, and technical schools, with federal Medicaid reimbursement to offset the costs of their providing medically necessary services included in a Medicaid-eligible child's Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (IDEA).<sup>38,39,40</sup> IEPs, which are created in partnership with the child's family or caregivers and school district and are reviewed and revised regularly, identify the specific special education and

related services and supports that will address the unique needs of children with disabilities and allow them to access, participate in, and progress in the general education curriculum.<sup>41,42</sup> MassHealth serves as a vital source of funding to support schools' ability to provide these critical IEP services so MassHealth-enrolled children and youth with special health care needs can thrive in the classroom (see Figure 2 for more information on terms).

As a result of the SBMP, MassHealth brings millions of federal dollars into the Commonwealth and local municipalities to support these services. In state fiscal year 2019, the Commonwealth received nearly \$97 million in total federal SBMP reimbursement; from this, Massachusetts schools and school districts received reimbursements that year for Medicaid-covered services and Medicaid-related administrative services ranging across districts from \$640 to more than \$8 million.<sup>43</sup>

### School-based care for all Medicaid-eligible children.

MassHealth has recently become a critical source of funding to support schools in providing essential health care services to all Medicaid-eligible students—both those with and those without special health care needs (see Figure 3 for more information). Currently, Massachusetts is one of 10 states that have received approval from the Centers for Medicare and Medicaid Services to significantly expand its SBMP to all Medicaid-enrolled children beyond those with special health care needs.<sup>44</sup> The new program, which went into effect in Massachusetts on July 1, 2019, expanded the list of approved provider types permitted to deliver SBMP services (see Figure 4) and allows school districts to receive federal reimbursement for any medically necessary covered service provided to a child enrolled in MassHealth.<sup>45</sup>

Research shows that children who receive health care services in school miss fewer school days and are better equipped to learn.<sup>46</sup> Approximately 86 percent of all Massachusetts students

#### FIGURE 3. CRITICAL SCHOOL-BASED SERVICES FOR CHILDREN

The critical services provided to children in school under SBMP include:

- Mandatory screenings such as vision, hearing, and depression screenings;
- Nursing services, ranging from treatment of acute injuries to health education;
- Management of chronic conditions;
- Care coordination and referrals to needed specialists;
- Treatment for behavioral health issues, including school counseling services;
- Dental services;
- MassHealth outreach and enrollment assistance; and
- Health-related special education services, such as speech therapy or personal care services, which are also provided in schools to children with an IEP.

**FIGURE 4. PROVIDER TYPES APPROVED TO DELIVER SBMP SERVICES IN MASSACHUSETTS**

- Applied behavior analysts
- Audiologists/Audiology assistants
- Dental hygienists
- Hearing instrument specialists
- Mental health counselors
- Nurses
- Nutritionists/registered dieticians
- Occupational therapists (OT)/Assistant OTs
- Personal care services providers
- Physical therapists (PT)/Assistant PTs
- Psychiatrists
- Psychologists (*licensed by either the MA Board of Registration of Psychologists or the MA Department of Elementary and Secondary Education*)
- Social workers
- Speech/language therapists and pathology assistants
- Respiratory therapists

visit the school nurse at least once a year, and 93 percent of students return to the classroom after a visit to the school nurse, increasing class time.<sup>47</sup> Providing health care services in schools also benefits society. A recent study in Massachusetts found that for every \$1 invested in school health services, society saves \$2.20 from avoided medical procedures, increased teacher productivity, and decreased parent loss of work time.<sup>48</sup>

MassHealth also pays for health care services provided to Medicaid-enrolled children and adolescents through School-Based Health Centers (SBHCs). Massachusetts has 33 SBHCs that offer comprehensive primary health care and behavioral health services and operate separately from the SBMP.<sup>49</sup> The majority of SBHCs are housed in public high schools and administered through partnerships with community health centers, hospitals, and local health departments, and offer health services that go beyond what is offered in schools and reimbursable through the SBMP. MassHealth reimburses SBHCs for providing Medicaid services to Medicaid-enrolled children and adolescents and their family members.<sup>50</sup> SBHCs reach vulnerable adolescents who often cite lack of access, concerns about confidentiality, and inconveniences as reasons for not using other sources of care.<sup>51</sup> SBHCs have been associated with more regular receipt of immunizations and other preventive health care, decreased emergency room visits, and improvements in grades and high school graduation rates.<sup>52</sup>

## LOOKING AHEAD

MassHealth plays a critical role in keeping school-aged children and adolescents healthy and on track for success in both the short term and into adulthood. Never has that role been more critical than during the national COVID-19 pandemic, throughout which children and their families are experiencing traumatic disruption in their access to physical and behavioral health, education, and social services that are essential to their health and well-being. MassHealth is providing crucial health care services to children and adolescents, including for new enrollees whose parents have lost their jobs and related ESI coverage.

In addition, MassHealth made changes to ensure that children can continue to access needed health care services, addressing new barriers to in-person care that the pandemic has created. Many MassHealth providers, including pediatric providers, transitioned to provide MassHealth-covered services via telehealth.<sup>53</sup> In particular, MassHealth partnered with Maven, the nation's largest telemedicine provider for women's and family health, to provide free telemedicine services for women and families with COVID-19 symptoms.<sup>54</sup> Massachusetts school districts were also permitted to use telehealth to deliver clinically appropriate, medically necessary services that would have been otherwise delivered in school as part of the SBMP program during the COVID-19 crisis.<sup>55</sup>

By covering more than four in 10 of all Massachusetts children, and a significant proportion of their parents, MassHealth will continue to play a key role in improving health outcomes and educational attainment for children throughout their life spans.



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