

Advocacy need not confuse Medicaid issues

Politically charged Medicaid is a battleground for those spoiling for a fight. Currently the program provides yearly cash flows of federal and state dollars of about \$3.8 billion. This cash flow attracts diverse political interests seeking to “feed at the trough.”

The statements made by your regular contributing columnist Lynn Evans in her October 9 column, “Children’s Access to Health Care Is a Moral Question,” articulate a firm grip on the obvious. But then the spin begins with allegations of 46,000 children losing Medicaid coverage because the parent did not meet the face-to-face recertification requirements. She states, “To have 46,000 children who have lost Medicaid coverage from January of 2005 to June of 2006 has resulted in hospitals with significant increases in the number of children coming into emergency rooms without coverage.” Is this true objective advocacy, or is it incomplete information designed to further a subjective agenda?

Correct and certifiable data shows that during the aforementioned time period, Mississippi Medicaid programs covering families *and* children experienced an overall 42,618 decline in enrollment. The rest of the story, untold by Lynn, is that this number consists of 32,436 (not 46,000) children under age 19 and 10,182 adults age 19 and over. After age 19, the non-disabled child ages out of the full Medicaid coverage offered to children. Failure of the parent to appear for an in-person interview is only one reason for the loss of Medicaid coverage. Other reasons for failure to meet eligibility requirements

are lack of required wage verification, failure to cooperate with child support requirements, moving out of state, not being a citizen of the U.S., income that exceeds the limit, and more.

Her selective representation of complex Medicaid issues fails to point out that in the recent past, explosive program growth was endangering Medicaid's sustainability. Fortunately for more than 600,000 qualified beneficiaries who currently depend on us to provide access to their healthcare, cost-cutting measures and quality controls have allowed us to continue to offer all of them this vital healthcare safety net. A face-to-face eligibility interview is one of those management controls. During the time that in-person interviews have been a requirement, failure to appear for an interview has been the reason for more than half of the monthly case closures; however, over 90% of all new applications filed are for those who failed to appear for an interview when first requested.

The Division of Medicaid currently maintains 95 sites (30 Regional Office locations and 65 outstationed sites) where applications can be filed and in-person interviews held. The number of outstationed sites has decreased since January of 2005 because of low utilization. For obvious reasons, Regional Medicaid Offices cannot continue to send an eligibility worker to an outstationed site when fewer than 10 individuals appear at the site in a month's time. This would be a waste of badly needed state and federal funds. The current number of 95 sites has proved to be a productive and more efficient way to meet the needs of the many compared to the needs of a few. These sites are located in county health departments, hospitals, and federally qualified health centers. The hours of

operation for each of our 30 Regional Medicaid Offices are 7:30 a.m. to 5:30 p.m. The average length of an in-person interview is less than 30 minutes.

While we appreciate Lynn Evans' concern for those we serve in our vitally important healthcare program, her data is incomplete and therefore misleading. Her article furthers divisiveness and promotes false perceptions. Medicaid advocacy gains nothing by confusing the facts.

Dr. Robert L. Robinson

Executive Director

Division of Medicaid