Leverage Medicaid to support Iowans

Medicaid covers a broad range of services to address the diverse needs of the populations it serves. As such, Medicaid can serve as a critical tool in helping Iowa improve how care is delivered across a variety of health disciplines.

In particular, Iowa has the opportunity to promote policies that leverage Medicaid to:

Support mental health across the lifespan (e.g. increase utilization of evidence-based mental and behavioral health services that are covered by Medicaid).

- Medicaid plays a key role in covering and financing behavioral health care — providing coverage to approximately 1 in 5 adults with mental illness. Medicaid covers several evidence-based mental and behavioral health services, like Assertive Community Treatment (ACT). ACT is a community-based service that provides high quality, coordinated and comprehensive services to individuals with serious mental illness using a multidisciplinary team approach.

- Medicaid also plays an important role for many children with behavioral health needs, providing comprehensive coverage for children through the Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. Under this benefit, Iowa must provide access to behavioral health care, including screenings and assessments.

- However, low reimbursement rates for Medicaid-covered services and lack of enforcement of the EPSDT benefit mean that Iowa is not leveraging Medicaid’s full-potential to support mental health across the lifespan.

- Increasing Medicaid reimbursement rates can help improve access for Iowans in need of these services. Similarly, ensuring that children receive the full array of screening and treatment under EPSDT, can help support children’s mental health.

Keep moms and babies healthy by expanding coverage from 60-days to 12-months postpartum.

- With 4 out of every 10 births in Iowa covered by Medicaid, the state’s public health insurance program plays a critical role in making sure Iowans have access to the high-quality care that they need.

- Currently Medicaid eligibility changes 60 days after the mother gives birth — eligibility drops from 375% of the federal poverty level to 138% of federal poverty level and many women lose insurance coverage.

- Extending the Medicaid postpartum coverage period is the simplest and most targeted way to ensure that new mothers can get the care they need to help keep them and their baby healthy — without a lapse in coverage.

- This policy change is in line with clinical evidence and can keep moms and babies healthy. Some of the most dangerous pregnancy related complications may not surface until weeks or months after delivery.

- In fact, Iowa’s Maternal Mortality Review Committee reported most maternal deaths (56%) occurred postpartum, and formally recommended expanding Medicaid coverage for 1 year postpartum.
Support dental health across the lifespan with continued appropriations for programs that support prevention and early identification of oral health issues.

- Iowa has led the way in offering dental benefits to its Medicaid and Hawki members and investing in programs like I-Smile and community water fluoridation. In 2020, for example, more than 1,305 dentists participated in the Hawki program, providing comprehensive oral health prevention and treatment to 64,613 children.
- Prevention and early intervention through Hawki allows families to save money and supports healthy habits for both children and their parents or caregivers.
- However, in order to ensure that the oral health needs of Medicaid and Hawki members are met, it will be important to analyze the current access to dental services with a focus on reimbursement rates and socioeconomic status, race, ethnicity, age and disability of members.

Be transparent and accountable for equitable service provision and health outcomes within Medicaid by reporting regularly on data by race, ethnicity and home language to hold the state and MCOs administering the program accountable.

- Medicaid provides critical support to people of color, who face unfair and discriminatory barriers to health and economic security.
- The Affordable Care Act requires states to collect demographic data on race, ethnicity, sex, primary language, and disability status in all Medicaid and Children’s Health Insurance Program (CHIP) programs. Yet, many states, like Iowa, lack certain demographic data, the data are incomplete or the data are of questionable reliability.
- Efforts to target and track health disparities are often stymied by incomplete or unreliable data, but data is critical for measuring change.
- Iowa’s Medicaid program must improve its collection, analysis and dissemination of health outcome data, including by race and ethnicity.

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