

Florida not doing enough to keep children on Medicaid, health advocates warn

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Health care advocates are sounding the alarm over how Florida is handling last month's end of emergency Medicaid, which they warn could force thousands of eligible children to lose medical coverage

because their parents don't know they must reapply to the federal program.

One reason they don't know, according to advocates, is that Florida officials haven't done enough to reach out to families and that some of its messaging is causing confusion. Some advocates are also asking why Florida isn't taking advantage of a federal waiver that would ensure stable health coverage for their youngest and poorest children.

Oregon, Washington, New Mexico and Minnesota are pursuing the federal provision that would mean they can keep children under 6 on Medicaid continuously. And in Michigan, Gov. Gretchen Whitmer issued an executive order for all state departments to work together to keep residents either on Medicaid or to find alternative coverage.

Joan Alker, the [executive director](#) at the Georgetown University Center for Children and Families, said Florida should follow the example of those states and also needs to deploy more resources to ensure that an already high rate of uninsured children doesn't rise further. More than 7% of the state's children had no insurance as of 2021, higher than all but nine states, according to an analysis by the center.

"The share of people losing coverage for procedural reasons or red tape is similar to other poorly performing states with one big difference—the coverage losses in Florida are likely affecting far more children, and we know those children are likely to still be eligible," said Alker. "That means children are losing access to preventive care and important screenings at a time that is critical to their healthy development."

The looming crisis comes after the federal government instructed states to suspend efforts to check Medicaid eligibility during the pandemic. But when the public health emergency was declared over on May 11, states were given a year to "unwind" or return to normal Medicaid

operation. For Florida, that means reviewing the eligibility of more than 5 million families with more than 1 million expected to be removed from the program that provides [health insurance](#) to the nation's poorest.

About 250,000 Floridians have already been terminated from the program during the first four weeks of the process. The vast majority—more than 205,000—lost health coverage because they did not respond to requests from the state for information.

That high rate of procedural terminations was a red flag for a coalition of more than 50 health groups, including the American Cancer Society Cancer Action Network, the American Lung Association in Florida and the Florida Chapter of the American Academy of Pediatrics, which fears that Florida's outreach effort is not reaching enough families.

On May 23, the coalition sent a letter to Florida Gov. Ron DeSantis calling for a halt to Florida's review process. As of the end of April, the Florida Department of Children and Families still had more than 4 million Medicaid recipients to review.

"We are deeply concerned about those with serious, acute, and chronic conditions who will continue to lose access to their life-saving treatments during this time, along with people who risk substantial medical debt, or even bankruptcy, as a result of coverage loss," the letter states.

Florida Department of Children and Families, the state agency charged with handling the review of recipients, has defended its handling of the process and its outreach effort.

Department officials said they are using an aggressive text and email effort in addition to traditional mail to inform families they must update their contact and income details. Renewal notices are also being sent in envelopes marked with a visible yellow stripe.

The state's outreach program includes system-generated notifications, mail, email, texts, [phone calls](#) and social media, said spokesperson Mallory McManus. According to the state's published plan, individual focused messaging will be in English, Spanish or Haitian Creole, as appropriate.

"Only after the Department has exhausted all efforts to make contact will the recipient be disenrolled," McManus said in an email. Families who lose coverage but are still eligible have a 90-day window to apply to be reinstated, she said.

Plant City resident Liz Adams said she only learned that her children had been removed from Medicaid when she phoned a clinic on May 1 to confirm her 7-year-old son Bryan Newman's appointment for a biopsy the following day.

The boy is in remission for leukemia and sees a rheumatologist for immune disorders.

At the time she made the phone call, there had been no notification from the state that her children were losing coverage, Adams said. A letter in an envelope with a yellow stripe telling her about her kids' termination from Medicaid finally arrived last week, she said.

"Honestly it was weight-crushing," she said. "It was like my heart dropped."

Staffers trained in finding [medical coverage](#) for families at the Family Healthcare Foundation were able to get her two children enrolled in Florida Healthy Kids, a state health insurance program.

Florida's plan states those who lose coverage will be referred to alternatives, including Florida KidCare, a government-sponsored health

insurance program, and federally subsidized health centers that treat low-income patients. Hillsborough County also runs a health care program for low-income residents funded through a sales tax.

Local nonprofits that help families find insurance through plans created through the Affordable Care Act have switched gears to help families figure out if they still have Medicaid coverage, said Jodi Ray, executive director of Florida Covering Kids & Families, a program based at the University of South Florida.

Ray said her staffers have told her that families are confused by some of the state's messaging.

One letter sent by the state told the recipient their application for Medicaid had been approved. In the next paragraph, however, it said "We have reviewed your Medicaid eligibility and determined you are no longer eligible for Medicaid coverage."

Ray noted that it can take up to three hours to reach someone on the state's telephone help line.

The state's use of electronic media in its outreach may miss recipients in rural parts of the state where there's limited broadband and Wi-Fi access, said Ray.

She also questioned whether the state is following its plan, which stated it would first focus on reviewing people who were no longer eligible and those who have not used Medicaid services. Her group has fielded calls for help from pregnant women and parents of sick children who have lost coverage.

The high rate of families terminated for procedural reasons alarms her most. In many cases, even when parents no longer qualify for Medicaid,

their [children](#) could still do so, Ray said.

"There's a high likelihood that includes a whole lot of people who are eligible that shouldn't have lost coverage," she said. "That's what's really concerning."

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