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North Carolina Pediatric Society
State Chapter of the American Academy of Pediatrics

Medicaid Reform and Children

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Medicaid must work for children: While much of the Medicaid debate has focused on deterring hospitalizations and other costly treatment for adults, any reforms must also reflect the health needs of children, since ***children are the majority of the Medicaid population in our state***. Robust preventative services and other best practices delivered through the medical home model will help secure the best results for children now and for population health later.

Payment structures and benefit packages must take the needs of children into account: Children are, fortunately, mostly healthy and the majority of the costs incurred are for well-child visits, vaccines, screening and other measures to help keep children healthy now and for decades to come. Conversely, children with special health care needs and chronic conditions will have life-long needs for care. To have adequate pediatric representation and thus access to care throughout the state, capitation rates must reflect these varying needs. Starting with physical health and phasing in mental health and other services will help providers assure children have access to the full range of services they need through the medical home model.

Administrative ease must be assured: The administrative complexity of our current system must be decreased so that more patients can be seen and treated. Our state's doctors should be concentrating on providing care for their patients, instead of navigating a complicated system. Provider Led Entities that are provider owned and controlled will help assure that developed protocols work for doctors and their patients. Adequate phase-in time is critical for a successful transition to the new model. To ensure real time access to clinical data, there should be connectivity and data exchange between Medicaid providers.

Sufficient infrastructure and support must be maintained: North Carolina must maintain and build on our current local infrastructure that provide medical home and care management programs. For example, local offices depend on nurse case managers to coordinate care. Such services undergird good health services and support for the children and families of our state.

Quality metrics must make sense for children: Through the use of medical homes, pediatricians have already produced great savings from the health care system while improving child health. However, the potential for immediate cost savings within the pediatric population is limited. The majority of savings from pediatric care occur later in life as a result of avoided and better managed chronic care. Success by pediatric providers should be measured by the use of preventive care and the management of chronic conditions, not just by immediate cost-savings.