

Georgia's Foster Children and Medicaid: Access, Utilization, and Cost Glenn M. Landers, MBA, MHA and Mei Zhou, MS, MA

Introduction

National studies have shown that foster children have higher rates of inpatient hospital stays, emergency room visits, and mental health diagnoses than other Medicaid children. This analysis was undertaken to determine how Georgia's foster children's access to and utilization of Medicaid services compares with other Medicaid children.

Objective

Compare Georgia foster children's access to and utilization of Medicaid services to the general Medicaid child population.

Population Studied

6,932 Georgia foster children and 21,668 demographically matched Medicaid children with continuous eligibility from 2000 to 2002.

Methods

Retrospective cohort analysis of Medicaid claims for the years 2000, 2001, and 2002.

Health condition clusters defined per the International Classification of Diseases-Ninth Edition, Clinical Modification (ICD-9-CM).

Logistic regression analysis of health conditions and service utilization controlling for age, gender, race, and region.

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Results Obtained

Foster children are more likely to have a mental health or child abuse diagnosis. Both groups experience substance abuse and special health care needs diagnoses in roughly equal proportions.

Logistic Regression Analysis of Health **Conditions Foster Children Versus Medicaid** Children 2000 - 2002

	Odds Ratio	99% Confidence Interval
Special Health Needs	0.9043	(.0872 - 1.020)
Mental Health	3.015*	(2.848 - 3.192)
Substance Abuse	0.903	(0.714 - 1.142)
Pregnancy	N/A	N/A
Child Abuse $p < .01$	3.371*	(3.083 - 4.514)

Foster children are more likely to have had a dental or EPSDT visit over three years and less likely to have experienced an inpatient admission, ER visit, or had a claim for a prescription drug.

Logistic Regression Analysis of Service **Utilization Foster Children Versus Medicaid** Children 2000 - 2002

	Odds Ratio	99% Confidence Interval
Inpatient Admission	0.738*	(0.655 - 0.831)
Emergency Visit	0.483*	(0.456 - 0.512)
Dental Visit	1.205*	(1.129 - 1.26)
EPSDT	1.141*	(1.076 - 1.210)
Outpatient Visit	0.854	(0.735 - 0.992)
Rx p < .01	0.636*	(0.579 - 0.698)

Foster children had lower average inpatient costs than Medicaid children and higher average outpatient and prescription costs – possibly a reflection of the high proportion of mental health

diagnoses in the foster child population.

Average Costs of Selected Services 2000 – 2002

Inpatient Cost Outpatient Cost Rx Cost p < .01

Foster Children \$8,673 \$9.778 \$1,958

Medicaid Children \$10,241 \$3,900 \$1,339

* Statistical Significance

Conclusions

Although we cannot say if foster child utilization of Medicaid services is adequate, we now know that they access appropriate services at least as often as Medicaid children. Foster children also appear to access preventive services more often than Medicaid children, as evidenced by EPSDT, ER, and dental visits.

Implications for Policy or Practice

In this analysis, Georgia foster children demonstrated greater use of preventive services. In Georgia, foster children are managed through the Georgia Department of Human Resources, and Medicaid children are managed through a primary care case management program

managed by the Georgia Department of Community Health. Lessons might be shared as to how to increase the use of Medicaid children's use of primary care services.

