

HOW MEDICAID CAN SUPPORT SURVIVORS OF COMMUNITY VIOLENCE

What is Medicaid?

Medicaid is the largest public insurance program in the United States. [1] As of 2022, over 68 million Americans received their health benefits through the program.

- For violently injured patients, Medicaid is a lifeline. Research indicates that among victims of gunshot wounds, nearly 2 out of 3 patients are either on Medicaid or uninsured. [2] This coverage is critical as victims of violence face significant health care needs both before and after injury.
- While the physical wounds are most obvious after a violent injury, the psychological and psychosocial needs are just as great. Fortunately, Medicaid provides a comprehensive benefits package to meet those needs as well.

Medicaid is a partnership between the federal government and the states.

- For each patient covered under Medicaid, at least 50 percent of the costs are paid by the federal government, with a higher percentage paid in states with lower incomes.
- Under this framework, the federal government has broad rules about the benefits states are required to cover and those that are optional. These rules allow states tremendous flexibility to determine which services are covered and how they are paid for.

How can Medicaid support survivors of community violence?

Medicaid is uniquely suited to address the needs of violently injured patients.

- Medicaid's core benefits package—which states are required to cover—includes most of the essential and preventive services a survivor of violence might need. However, because states control which additional benefits are covered, some states may not cover every service a patient needs.
- Medicaid could better support survivors of community violence by supporting the work of Violence Prevention Professionals (VPPs), who provide comprehensive wraparound services to victims of violent injury. While states have the ability to cover these services, most currently do not.

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How do states add VPP services?

State Medicaid agencies can act on their own to add VPP services as a covered benefit for violently injured patients.

- In 2015, the National Uniform Claims Committee approved the HAVI's request to add VPPs to the list of recognized health care providers that are eligible for Medicaid reimbursement. With that recognition, existing regulations under the Affordable Care Act (ACA) allow state agencies to add VPP services to their Medicaid benefits package. Specifically, the ACA's preventive service rule authorizes states to reimburse non-physician providers who deliver preventive services. Since violently injured patients are at high risk of death from reinjury, and VPPs prevent reinjury, their services qualify as preventive under existing law.
- One pathway is for states to pass legislation to add a Violence Prevention Services benefit. Alternatively, in certain states legislation is not required and the state Medicaid agency can submit a "state plan amendment" to add VPP services as an extension of an already existing benefit.

[1] <https://www.kff.org/other/state-indicator/total-population/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

[2] Coupet, E. Karp D, Wiebe DJ, Delgado K. Shift in U.S. Payer responsibility for the acute care of violent injuries after the Affordable Care Act: Implications for Prevention. American Journal of Emergency Medicine. 2018.