Medicaid 101

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AGENDA

MEDICAID

- Overview
- State Budgets
- Medicaid Expansion
- Advocacy Opportunities

MEDICAID OVERVIEW

FEDERAL / STATE PARTNERSHIP

- State participation is voluntary
- Federal Government provides minimum requirements
- Share of cost is split between federal government and individual state governments based on Federal Medical Assistance Percentage (FMAP)

MEDICAID OVERVIEW

FEDERAL / STATE PARTNERSHIP

- States must submit a Medicaid State Plan to the federal Centers for Medicare and Medicaid Services (CMS).
- Services must be available statewide in the same amount, duration and scope
- State must operate its Medicaid program in accordance of the State Plan.

MANDATORY BENEFITS

INCLUDE:		
Advanced Registered Nurse Practitioner		Portable X-ray Services
Respiratory, Speech, Occupational Therapy		Physician Services
Family Planning		Private Duty Nursing
Rural Health/ FQHC		Hospital Inpatient / Outpatient
Home Health Care		Personal Care Services
Therapeutic Services for Children		Transportation
Independent Lab		Skilled Nursing Facility
Early & Periodic Screening, Diagnosis & Treatment of Children/Child Health Check-Up		

OPTIONAL BENEFITS

INCLUDE:		
Prescription Drug		Optometric Services
Durable Medical Equipment		Targeted Case Management
Dialysis Facility Services		Physician Assistant Services
Podiatry Services		Hearing Services
Adult Health Screening		Adult Dental Services
Home and Community-Based Services		Assistive Care Services
Healthy Start Services		Ambulatory Surgical Centers
Chiropractic Services		County Health Department Clinic
Registered Nurse First Assistant Services		

MEDICAID ENROLLMENT

- Contact your state Medicaid agency
- Other Programs
- Find them at: www.govbenefits.gov

STATE BUDGETS

BALANCE BUDGET

- Federal Government not required
- States must balance budgets
- State Spending
  - Education
  - Medicaid
  - Estimating conferences

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STATE BUDGETS

- Prior Legislatures Spread Medicaid Reductions
  - Eligibility cuts
  - Benefits cuts
  - Provider rates
  - Cost containment strategies that limit access
- Federal Health Reform Limited State Options
  - Maintenance of effort
  - Exception: adults above 133% of Poverty

STATE BUDGETS

CURRENT STATUS

- Total Medicaid spending growth near record low in FY 2012
- FY 2013 legislatures authorized total spending growth on average of 3.8 percent across all states.
- For FY 2013, states expected enrollment to continue to increase, but at an even slower pace than in FY 2012, with average growth across all states projected at 2.7 percent.

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STATE BUDGETS

- In FY 2012 and FY 2013 cost containment
  - Limits on:
    1. Provider payments
    2. Benefits
    3. Control prescription drug spending
- Examples Impacting Blood Clotting Factor
  - Alabama 1 brand-limit
  - North Carolina $4 million reduction
  - California 10% provider cut

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STATE BUDGETS

- Managed Care*
  - 2001
    1. 57 % in managed care
    2. 20.8 million in managed care
    3. **15.8 million not in managed care**
  - 2011
    1. 74 % in managed care
    2. 42.4 million in managed care
    3. **14.7 million not in managed care**

*Source: CMS – Medicaid Managed Care Enrollment as of 2011

STATE BUDGETS

- Managed Care Expansion
  - States see as cost-containment tool
  - Increasing enrollment of those with complex-medical conditions
  - Solution to Affordable Care Act enrollee boom
  - Two-thirds experience access issues

MEDICAID EXPANSION

Supreme Court Medicaid Expansion

- States May Expand Medicaid Population to 133% of FPL
- Feds Pay 100% of the Cost in 2014 – 2016
- States Incur:
  - Increased administrative costs
  - Increased Medicaid services costs beginning in 2017
  - Increased provider costs to ensure access

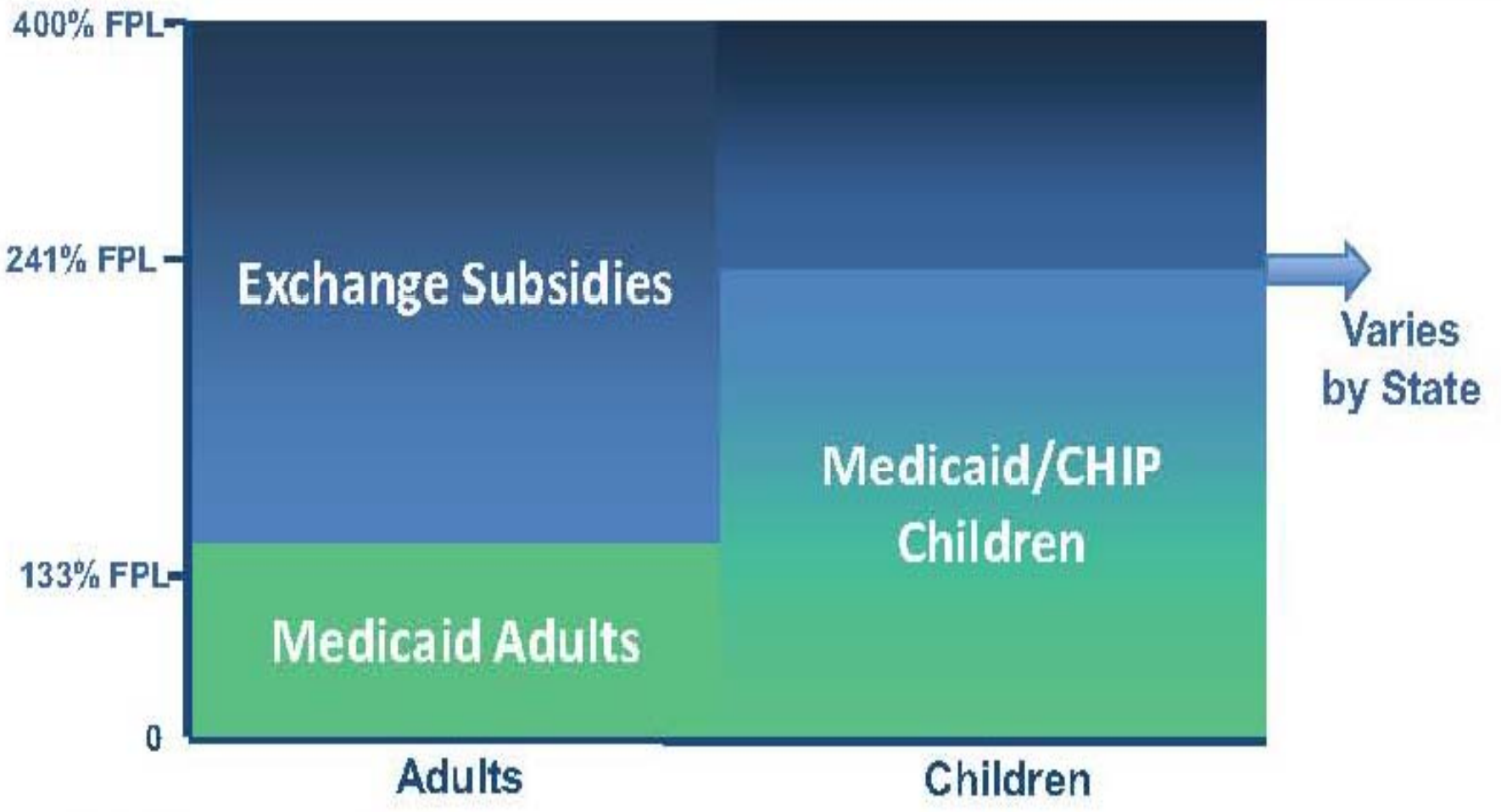
MEDICAID EXPANSION

EXPANSION POPULATION

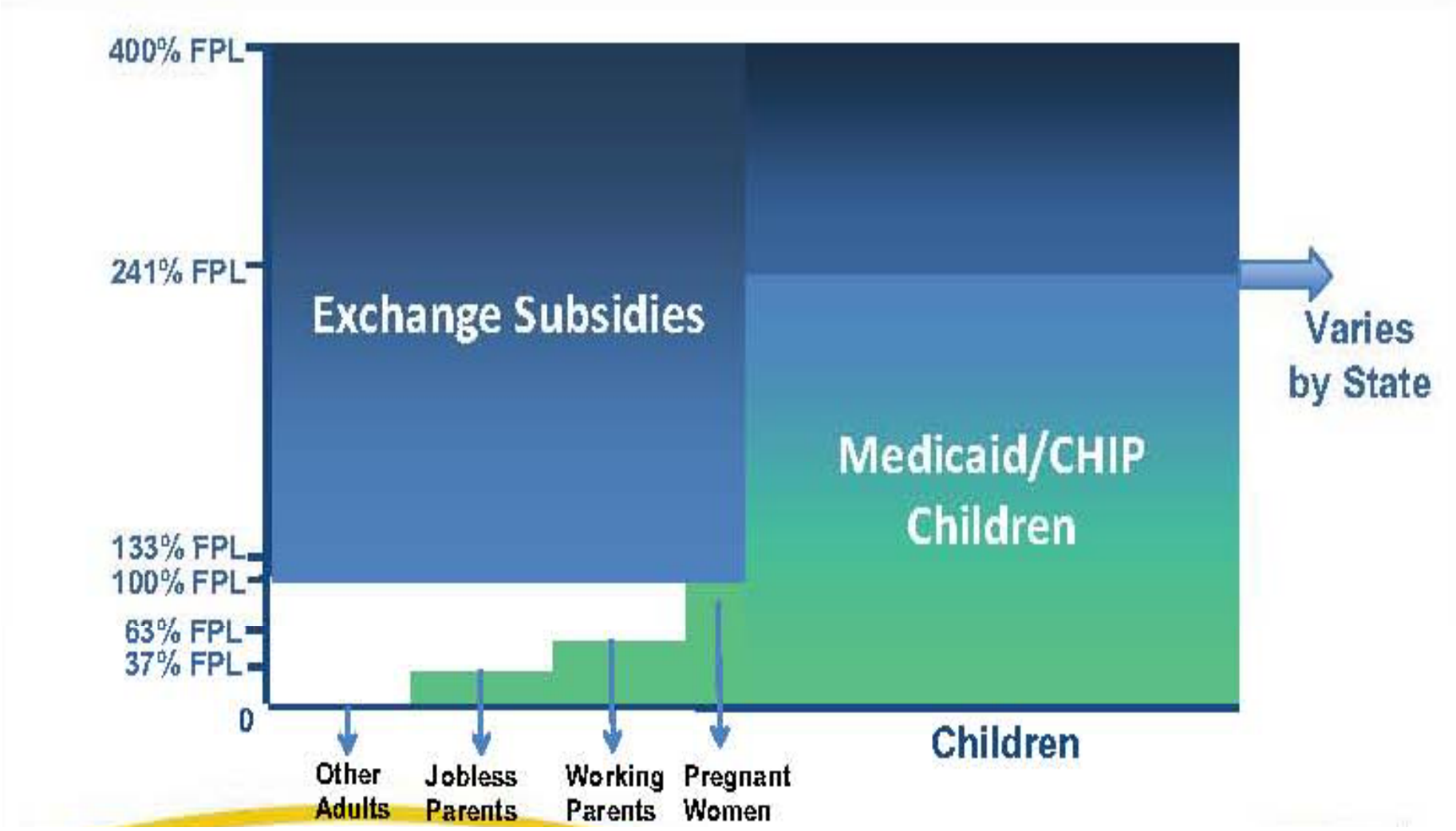
- 53% men and 47% women*
- Adults without Dependent Children
- Young Adults
- Most Work / Home with a Worker
- Adults with Disabilities
- Parents of Medicaid Children
- Women Covered When They Are Pregnant
- Younger People Just Starting Out

***Urban Institute Tabulations of the 2010 American Community Survey**

MEDICAID EXPANSION



MEDICAID EXPANSION



Federal and State Share of Costs

Group	Federal Share of Cost
Adults states now cover*	50%- 75% (57% state average)
Newly eligible adults	100% (2014, 2015, 2016) 95% (2017) 94% (2018) 93% (2019) 90% (2020 →)
Systems Improvement	90% for development (2011-2015) 75% for maintenance (2011 →)

*Some "early expansion" states will receive more federal support beginning in 2014 for some of the adults they now cover.

MEDICAID EXPANSION

NOT PARTICIPATING (8 states)

Alabama

Georgia

Louisiana

Maine

Mississippi

South Carolina

Oklahoma

Texas

MEDICAID EXPANSION

UNLIKELY TO PARTICIPATE (5 states)

Iowa

Nebraska

Nevada

New Jersey

Virginia

MEDICAID EXPANSION

LIKELY TO PARTCIPATE (4 states)

Kentucky

New Hampshire

New York

Oregon

MEDICAID EXPANSION

PARTICIPATING (12 states and DC)

Arkansas
California
Connecticut
Delaware
District of Columbia
Hawaii
Illinois
Maryland
Massachusetts
Minnesota
Rhode Island
Vermont
Washington

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ADVOCACY

- State Budget Issues
- Medicaid Expansion
- Health Reform Implementation
- MACPAC (macpac.gov)

ADVOCACY

DEVELOP ADVOCATES

- Patients
- Medical Professionals
- Testify at hearings
- Speak at district meetings

ADVOCACY

EDUCATE DECISION-MAKERS

- Make It Personal
- Standards of Care/Advisory Boards
  - Legislation
  - Medicaid contracts
  - State exchanges
  - Essential benefits plan
- Easily understood medical standards explanations

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ADVOCACY

- Access to all therapies
  - No Therapeutic Equivalents
  - Biologics work differently for each individual
  - Decision made by patient and provider
- Access to qualified providers
  - Rare, chronic condition
  - Not all providers qualified to give care
- Access to qualified specialty pharmacies
  - Not all capable to meet needs of those with bleeding disorders
  - Special handling requirements

THANK YOU

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PPTA Advocacy Toolkit may be found at:
www.pptaglobal.org/patient/stakeholder.aspx