MEDICAID

- Overview
- State Budgets
- Medicaid Expansion
- Advocacy Opportunities
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)
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.
<table>
<thead>
<tr>
<th>INCLUDE:</th>
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<tbody>
<tr>
<td>Advanced Registered Nurse Practitioner</td>
<td>Portable X-ray Services</td>
</tr>
<tr>
<td>Respiratory, Speech, Occupational Therapy</td>
<td>Physician Services</td>
</tr>
<tr>
<td>Family Planning</td>
<td>Private Duty Nursing</td>
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<tr>
<td>Rural Health/ FQHC</td>
<td>Hospital Inpatient / Outpatient</td>
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<tr>
<td>Home Health Care</td>
<td>Personal Care Services</td>
</tr>
<tr>
<td>Therapeutic Services for Children</td>
<td>Transportation</td>
</tr>
<tr>
<td>Independent Lab</td>
<td>Skilled Nursing Facility</td>
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<tr>
<td>Early &amp; Periodic Screening, Diagnosis &amp; Treatment of Children/Child Health Check-Up</td>
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### Optional Benefits

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Prescription Drug</td>
<td>Optometric Services</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>Targeted Case Management</td>
</tr>
<tr>
<td>Dialysis Facility Services</td>
<td>Physician Assistant Services</td>
</tr>
<tr>
<td>Podiatry Services</td>
<td>Hearing Services</td>
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<tr>
<td>Adult Health Screening</td>
<td>Adult Dental Services</td>
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<tr>
<td>Home and Community-Based Services</td>
<td>Assistive Care Services</td>
</tr>
<tr>
<td>Healthy Start Services</td>
<td>Ambulatory Surgical Centers</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>County Health Department Clinic</td>
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<tr>
<td>Registered Nurse First Assistant Services</td>
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</tbody>
</table>
• Contact your state Medicaid agency
• Other Programs
• Find them at: www.govbenefits.gov
BALANCE BUDGET

• Federal Government not required
• States must balance budgets
• State Spending
  – Education
  – Medicaid
  – Estimating conferences
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.
• 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
• 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
• 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
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
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
Some “early expansion” states will receive more federal support beginning in 2014 for some of the adults they now cover.

<table>
<thead>
<tr>
<th>Group</th>
<th>Federal Share of Cost</th>
</tr>
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<tbody>
<tr>
<td>Adults states now cover*</td>
<td>50%-75% (57% state average)</td>
</tr>
<tr>
<td>Systems Improvement</td>
<td>90% for development (2011-2015) 75% for maintenance (2011 →)</td>
</tr>
</tbody>
</table>
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 PARTICIPATE (4 states)

Kentucky
New Hampshire
New York
Oregon
PARTICIPATING (12 states and DC)

Arkansas
California
Connecticut
Delaware
District of Columbia
Hawaii
Illinois

Maryland
Massachusetts
Minnesota
Rhode Island
Vermont
Washington
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
EDUCATE DECISION-MAKERS

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

Bill Speir
bspeir@pptaglobal.org

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