

Expanding Health Care Coverage & Reducing Disparities: Medicaid Expansion

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State & Local Campaigns
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Medicaid: What the Supreme Court Said...

- June 2012: Upheld individual mandate, but found Medicaid expansion unconstitutionally coercive of states
- Medicaid expansion is legal and valid
- However, federal government cannot withhold all other Medicaid funds if a state does not adopt the expansion, ruled to be extreme and unconstitutional
- As a result, state's can opt in / out of the Medicaid expansion with no penalty

Questions, Questions, Questions

- Will states expand or not?
- Who will make decision? Governor? Legislature?
- When and for how long will state expand?
- How will states finance state share in 2017 and beyond?

Medicaid: Coverage Expansion

- Income based eligibility (no longer categorical)
- Medicaid eligibility: 138% of poverty for adults
 - \$16,242 individual / \$27,724 family of three
- Federal government will cover 100% of costs through 2016 and no less than 90% in the future for the newly eligible population
- Coordination with Exchange (eligibility & enrollment)
- Essential Health Benefits → Preventative Services
- CMS providing states with some flexibility

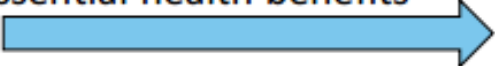


Benefits Under Expansion

Figure 26

Alternative Benefit Plans (ABP)

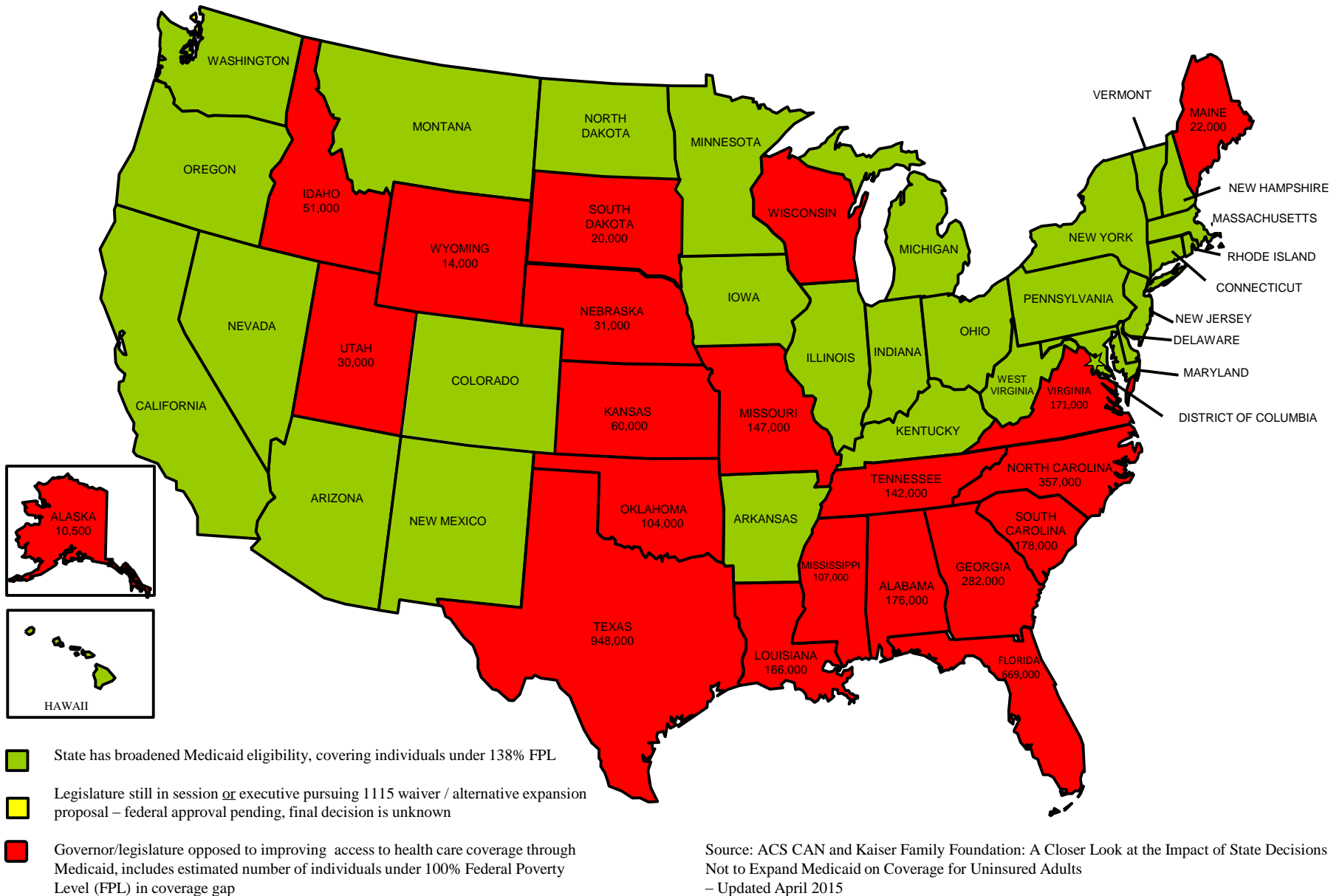
Alternative Benefit Plan (ABP) must:

- Cover 10 essential health benefits (EHBs) 
- Meet mental health parity requirements
- Provide EPSDT services for those under age 21
- Provide non-emergency transportation
- Include family planning services and supplies
- Provide FQHC/RHC services

10 EHBs

1. Ambulatory patient services
2. Emergency Services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive / wellness services and chronic disease management
10. Pediatric services, including oral and vision care

State Decisions on Increasing Access to Health Care Through Medicaid Up to 138% FPL



1115 Waivers & Medicaid Expansion

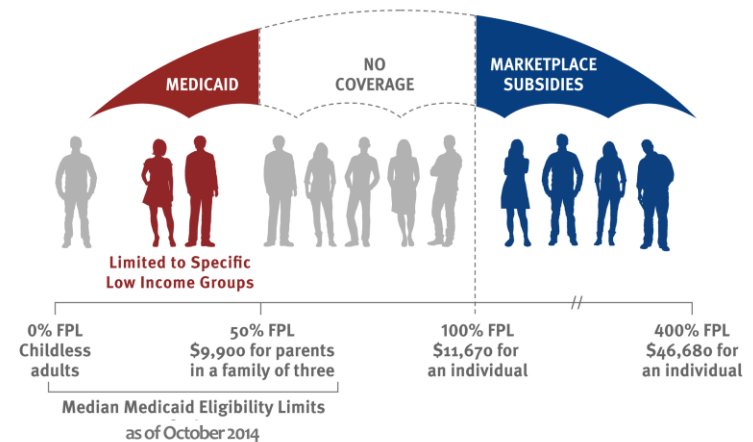
- 1115 Research and Demonstration Projects
 - Gives states additional flexibility to design and improve their Medicaid programs through alternative policy approaches
- Formal application process to request permission from the Centers for Medicare & Medicaid Services (CMS) to take alternative approaches to expanding Medicaid
- Five states have received 1115 Medicaid expansion waivers (AR/IA/MI/PA*/IN) , many other states considering waivers
- Key elements of expansion waivers: premium assistance, premiums (cost sharing), benefit changes, healthy behavior/wellness incentives, job search requirements, disenrollment/lock-out

Medicaid Expansion...What We Know...

- Reduction in # of uninsured → KY & AR = 12%¹
- “Coverage Gap” = 4m individuals in non-expansion states²
- 30m estimated to be exempt from individual mandate³
- Significant health care needs among newly eligible
- Enrollees continue to face barriers to care
 - Cost & Access
- Economic benefits & reductions in uncompensated care

Figure 1

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.



What We Don't Know...Just Yet!

- Utilization of services expansion versus non-expansion states:
 - Preventive & diagnostic services
 - Primary & specialty care versus emergency room
- Demographics of the uninsured / underinsured
- Who qualifies for...and is filing an exemption from the individual mandate
- Long-term effects of coverage on cancer (incidence, morbidity, mortality)
- Impact of alternative / innovative approaches to expansion
- Are we reducing geographic, racial/ethnic and socioeconomic disparities?



Our Work Continues...

- Compelling 21 remaining non-expansion states to take action & protecting expansion in 29 states
- Protecting funding & eligibility for safety net programs (Medicaid, BCCEDP, cancer/tobacco control programs)
- Encouraging use of patient centered medical homes, emphasizing care coordination & disease management
- Unimpeded access to full range of benefits & services, including wrap benefits
- Supporting community health centers
- Broadening provider networks
- Educating public about coverage options



Next Steps...What We Need to Do

- Research, evaluation, data = evidence of what is/isn't working
- Engage key stakeholders
 - State policymakers
 - Media
 - Public
 - Partners (traditional & non-traditional)
- Sharing stories of those who have/would benefit
 - Patients, providers, business



Thank You

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