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State of Implementation Webinar Series

State Approaches to Medicaid Expansion Decisions

January 27, 2014, 1:00-2:30 p.m. Eastern

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NATIONAL ACADEMY for STATE HEALTH POLICY

Robert Wood Johnson Foundation

Support for this project was provided by a grant from the Robert Wood Johnson Foundation

Agenda

1:00-1:05 p.m.	**Introduction** Alan Weil, Executive Director, National Academy for State Health Policy (NASHP)
1:05– 1:20 p.m.	**Overview of State Medicaid Expansion Decisions** • Kaitlin Sheedy, Policy Specialist, NASHP
1:20–2:00 p.m.	**Implementation Insights from the States** Moderator: • Alan Weil, NASHP Panelists: • Suzanne Bierman, Arkansas • Jason Helgerson, New York • Beth Lazare, Arizona
2:00–2:25 p.m.	**Question and Answer** *Use the chat feature to submit your questions
2:25-2:30 p.m.	**Wrap-up**

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Overview of State Medicaid Expansion Decisions

Kaitlin Sheedy
Policy Specialist, State Refor(u)m
National Academy for State Health Policy
http://statereforum.org/user/ksheedy

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Medicaid Expansion and the ACA

- Supreme Court ruling made ACA's Medicaid expansion optional for states
- State flexibility to expand to 138% FPL
- Enhanced matching funds for expansion population
- No deadline for states to expand
- States may drop the expansion at any time
- Alternative Benefit Plan for expansion population

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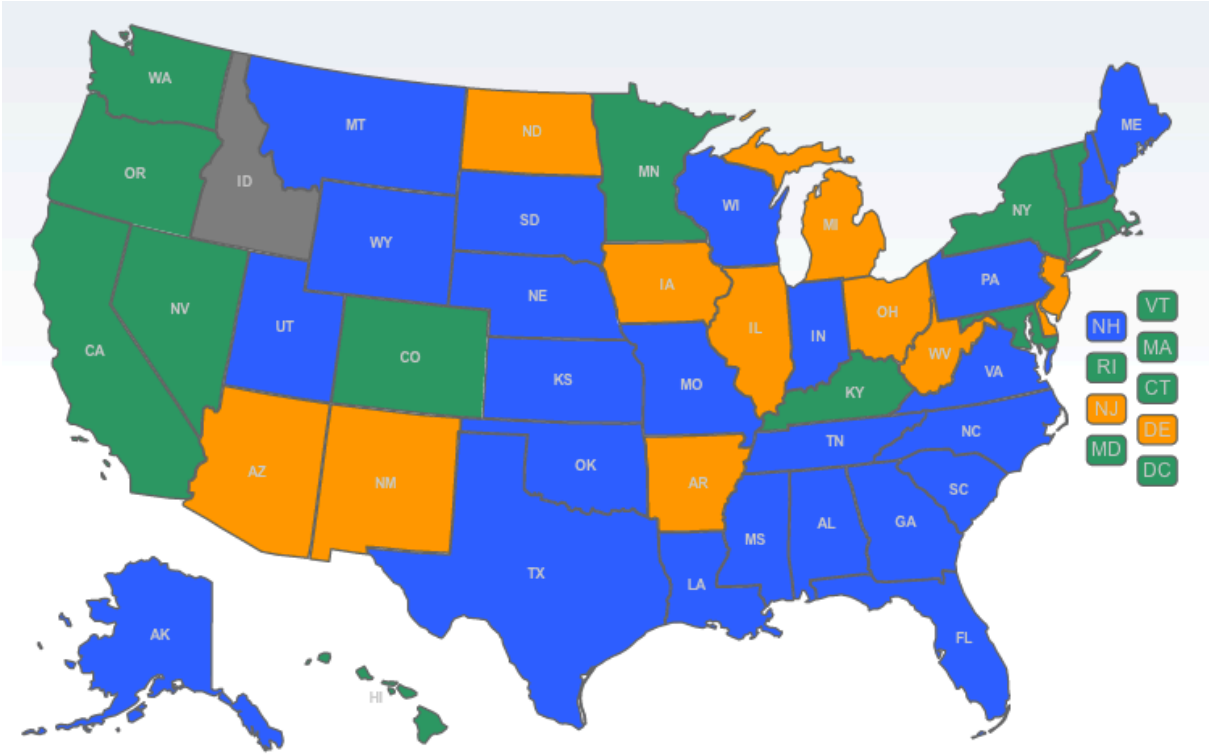
State Medicaid Expansion Decisions



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Source: Tracking Marketplace and Medicaid/ CHIP Enrollment by State: https://www.statereforum.org/tracking-health-coverage-enrollment-by-state

Key:

- 15 State-based marketplace states expanding Medicaid for 2014
- 1 State-based marketplace state not expanding Medicaid for 2014
- 11 Federal/partnership marketplace states expanding Medicaid for 2014
- 24 Federal/partnership marketplace states not expanding Medicaid for 2014

State Medicaid Expansion Waivers:
https://www.statereforum.org/state-medicaid-expansion-waivers

Special collection on: State Medicaid Expansion Waivers

Title	States	Date	Contributor	Topics	Rating
WY Legislative Committee Passes Medicaid Premium Assistance Bill	Wyoming	Jan. 15, 2014	Leo Quigley	Premium Assistance, Medicaid, Programs	useful?
CMS Approves Healthy Michigan Waiver	Michigan	Jan. 8, 2014	Kaitlin Sheedy	Medicaid, Programs	useful?
Medicaid Expansion Through Premium Assistance: Arkansas, Iowa, and Pennsylvania's Proposals Compared	Arkansas, Iowa, Pennsylvania	Jan. 16, 2014	Anita Cardwell	Premium Assistance, Medicaid, Programs	useful?
Healthy Michigan Waiver Submitted	Michigan	Nov. 20, 2013	Leo Quigley	Basic Health Program, Medicaid	useful?
Iowa Health and Wellness CMS Approval Letter	Iowa	Dec. 12, 2013	State Refor(u)m	Premium Assistance, Medicaid, Programs	useful?
Draft Healthy Pennsylvania Plan	Pennsylvania	Dec. 11, 2013	Kaitlin Sheedy	Premium Assistance, Medicaid, Programs	useful?
[illegible]	Arkansas	Oct. 3, 2013	Kaitlin Sheedy	Premium Assistance, Exchange, Medicaid	useful?
[illegible]oice Plan	Iowa	Aug. 28, 2013	Kaitlin Sheedy	Premium Assistance, Exchange, Medicaid, Programs	useful?

Resources from:
- **Arkansas**
- **Iowa**
- **Michigan**
- **Pennsylvania**
- **Wyoming**

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Factors States are Considering in Expansion Decisions

- Who will enroll in Medicaid with or without the expansion?
- What benefits will states offer to the newly eligible?
- What is the affect on health care institutions, state agencies and the broader economy?

Tools and Resources:

- Tools and Policy Considerations for State Medicaid Expansion Analyses (NASHP)

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Who Will Enroll?

Tools and Resources:

- Tools and Policy Considerations for State Medicaid Expansion Analyses (NASHP)
- Behavioral Health Treatment Needs Assessment Toolkit for States (SAMHSA)
- SHADAC Projection Model (State Health Access Data Assistance Center- SHADAC)
- Health Insurance Policy Simulation Model (HIPSM) (Urban Institute)

- Demographic data can illustrate how individuals might use health care system and the associated costs
- Newly eligible are a diverse group
  - **California**: individuals are mostly healthy even though they have limited access to care
  - **Colorado**: younger, less educated, in worse health and twice as likely to be uninsured compared to general state population
  - Tools available to help undecided states estimate provider capacity, take-up and cost of Medicaid expansion

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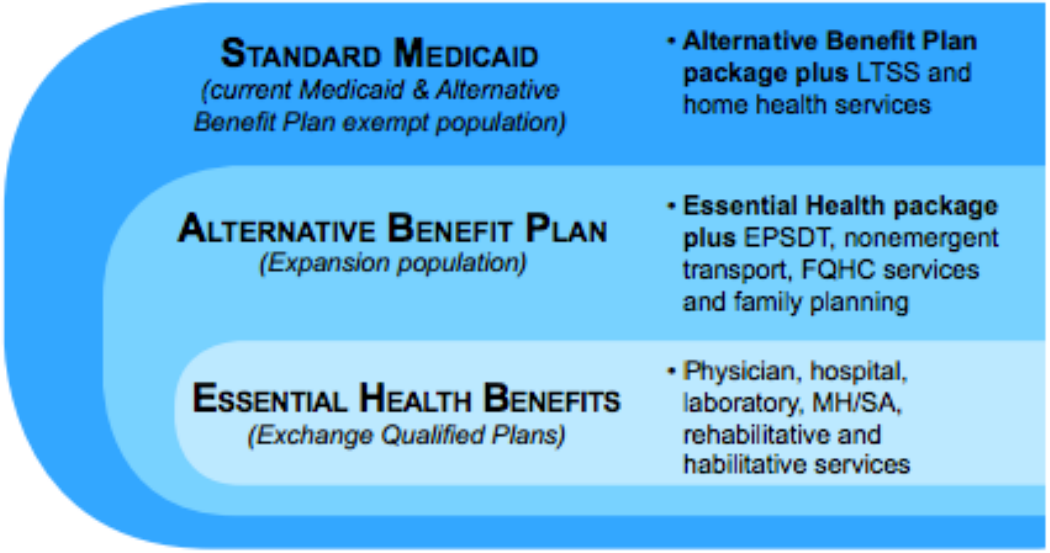
Alternative Benefit Plan

- Alternative Benefit Plan (ABP):
  - Benchmarked to particular plan in the state
  - Ten Essential Health Benefits (EHBs)
  - Mental health parity
  - Non-emergency transportation, prescription drugs and family planning benefits
  - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for children and youth under age 21



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Weekly Insight Blog Post:
https://www.statereforum.org/weekly-insight/benefit-design-in-medicaid-expansion-analyses

Discuss at:
https://www.statereforum.org/discussions/medicaid-benchmark-coverage

Resources from:
- **California**
- **Colorado**
- **New Mexico**
- **Washington**
- **Oregon**

States Consider Benefit Design in Medicaid Expansion Analyses

October 18, 2013 by Kaitlin Sheedy

States still considering whether or not to expand Medicaid are weighing fiscal considerations in their decisions. Fiscal aspects include enrollment projections, and the effect of Medicaid expansion on a state's broader economy. Another key fiscal consideration is the effect of benefit design. States that choose to expand Medicaid have the flexibility to determine what benefits they will offer to the newly eligible population, and this decision has a direct impact on the overall cost of expanding the state's Medicaid program.

The set of benefits offered to the new adult group (all non-elderly, non-pregnant adults with incomes at or below 138 percent FPL) is known as an Alternative Benefit Plan (ABP). These benefits can differ from those offered in traditional Medicaid, but they must be benchmarked to particular plans in the state and must cover all ten required Essential Health Benefits (EHBs) which are now required in non-grandfathered private insurance plans sold both on and off the exchange. ABPs must also comply with mental health parity and include non-emergency transportation, prescription drugs, and family planning benefits. In addition, for children and youth under age 21, states must ensure Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are included. States can choose a different ABP for different groups of newly eligible individuals, or use the same plan for multiple groups. States are also able to use their traditional Medicaid benefits package as their ABP, as long as it provides coverage of these required services. Population demographics and cost are among some of the key factors states are examining as they determine what set of benefits is appropriate for newly eligible individuals.

Demographic data, including health characteristics, can help project how newly eligible individuals might utilize the health care system, what benefits they might need, and the [illegible]nd costs. For example:

- A study of California's newly eligible Medicaid population finds the group is mostly healthy, even though they now have limited access to care.
- In contrast, an analysis of the newly eligible individuals in Idaho found that this population is likely to have significant and chronic health conditions as well as prevalent mental health issues.
- An analysis from Colorado compared the newly eligible individuals to the general state population and found that the newly eligible individuals are younger, less educated, in

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Other Fiscal Considerations

- Potential for increased administrative costs for Medicaid agency
- Savings for state programs and agencies
- **Maryland**: $3.1 billion reduction in hospital costs
- **Ohio**: increased sales tax revenues and job growth

Tools and Resources:

- Medicaid Expansion: Framing and Planning a Financial Impact Analysis (State Health Reform Assistance Network)

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Tracking Marketplace and Medicaid/CHIP Enrollment by State:
https://www.statereforum.org/tracking-health-coverage-enrollment-by-state

93 comments

About 170,000 Oregonians enroll in health insurance despite exchange problems

Charity Kuahiwinui, center, an insurance agent, helps a family with paperwork during a recent Cover Oregon application fair. (Faith Carlson/The Oregonian)

By Nick Budnick | nbudnick@oregonian.com
Email the author | Follow on Twitter
on January 07, 2014 at 2:49 PM, updated January 08, 2014 at 12:27 PM

Print

48 Tweet 0 Share 1 Pin it

About 170,000 Oregonians used the state or Oregon's health insurance exchange to enroll in health insurance effective Jan. 1, according to numbers released Tuesday.

A joint release from the Oregon Health Authority and Cover Oregon stressed that enrollment proceeded despite problems with the health exchange website that forced consumers to submit paper applications to be processed by an army of temporary hires.

"More than 55,000 people shopped and purchased a private plan or enrolled in the Oregon Health Plan through Cover Oregon. Of those, about 20,000 people gained private coverage and more than 35,000 joined the Oregon Health Plan. Additionally, more than 114,500 people enrolled directly in the Oregon

COVER OREGON

Oregon legislative days: Your guide to Thursday's developments

Should Cover Oregon be killed? Take 3 For Politics (video)

Obamacare will change the way Multnomah County pays for jail inmates' medical treatment

National GOP seeks to turn up heat on Cover Oregon with request for documents

Lawmakers sniff at grocery liquor; leaf-pile deaths conviction: Wednesday's Top 5 news roundup (video)

All Stories

Oregon's Health Exchange

Cover Oregon
Latest news on the health exchange

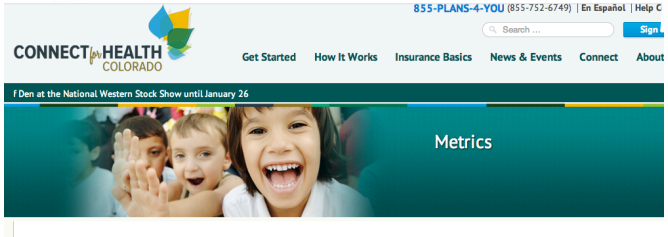
Flu Season

Your guide to staying healthy
Here comes the flu, and health officials want you to get vaccinated
Vaccines match the influenza strains expected to sicken people this season
What to do if you get the flu

Full coverage »

Health & Fitness Resources

Dr. Mehmet Oz & Dr. Mike Roizen offer daily tips



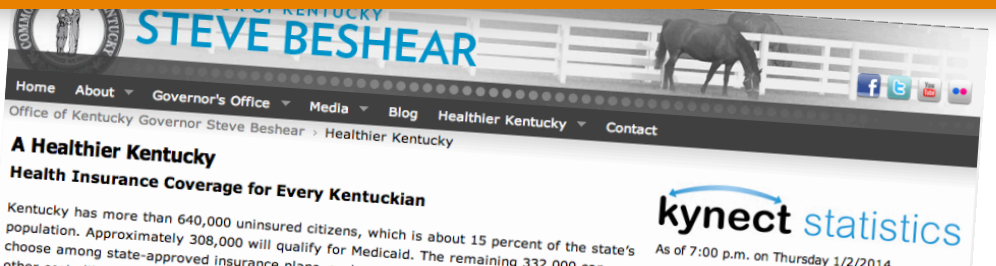
Interested in how the Marketplace is doing? This data reflects the number of people who have signed up for coverage. Enrollments are not final until payment is received by carriers. Numbers will adjust based on payment status to carriers and changes made by customers. Here are the Connect for Health Colorado metrics:

October 1 – December 31, 2013

Category	Connect for Health Colorado (private health insurance)
Enrollment Summary	
Total Number of Coloradans Signed Up by December 31, 2013*	52,783
Total Number of Individuals & families signed up for new coverage, including expanded Medicaid	139,210*
Individual Marketplace accounts	141,545
Individuals & families signed up for private health insurance	51,728
Small business accounts	3,683
Small businesses that completed group coverage enrollment	101
Small businesses employees & dependents signed up	1,055
Small businesses that offered employees multi-plan/multi-carrier options	43%
Shopping	
Total Website Unique Visitors	785,901
Number of shopping pages served	22,464,998
Total Calls and Chats Serviced	130,461
Average Call and Chat Wait Time	13:54

Events
News
Media Center
Press Releases
Holiday Enrollment Tour
Metrics

SIGN UP FOR EMAIL UPDATES
Email Address
Email Address



A Healthier Kentucky

Health Insurance Coverage for Every Kentuckian

Kentucky has more than 640,000 uninsured citizens, which is about 15 percent of the state's population. Approximately 308,000 will qualify for Medicaid. The remaining 332,000 can choose among state-approved insurance plans, and can compare monthly premiums and other costs like co-pays. Thanks to new requirements through the Affordable Care Act, no one can be denied coverage for any reason, even pre-existing conditions.

Medicaid Expansion

Calling it "the single-most important decision in our lifetime for improving the health of Kentuckians," Gov. Steve Beshear announced in May 2013 the inclusion of 308,000 more Kentuckians in the federal Medicaid health insurance program.

The expansion – made in accordance with the federal Affordable Care Act (ACA) – will help hundreds of thousands of Kentucky families, dramatically improve the state's health, create nearly 17,000 new jobs and have a $15.6 billion positive economic impact on the state between its beginning in Fiscal Year 2014 and full implementation in Fiscal

kynect statistics

As of 7:00 p.m. on Thursday 1/2/2014

778,314
unique visitors to kynect.ky.gov, viewing more than **25.6 million** web pages.

559,680
people conducted preliminary screenings to determine qualifications for subsidies, discounts or programs like Medicaid.

123,543
Kentuckians are enrolled in new health coverage, including Medicaid

ce.

Tweet 0 Recommend 1 +1 0 Pin it

Tuesday October 8, 2013

W.Va. Medicaid enrollment jumps

by Zack Harold
Daily Mail Capitol Reporter

More than 50,000 West Virginians have already enrolled in the state's Medicaid program that was expanded under the Affordable Care Act.

The federal health insurance marketplace, www.healthcare.gov, has been plagued with technical problems since its launch Oct. 1, preventing many people from signing up for Medicaid or private health insurance plans.

West Virginia's Medicaid website, known as West Virginia inRoads (www.wvinroads

.org) is operating without issue, however.

Nearly 2,000 people signed up for Medicaid through inRoads last week, according to the state Department of Health and Human Resources.

Jeremiah Samples, assistant to DHHR Secretary Karen Bowling, said another 526 people signed up for Medicaid at the agency's county offices.

But most new Medicaid signups came through an auto-enrollment program DHHR began in the weeks leading up to the opening of the insurance marketplace.

weekly insight (blog)

It's a SNAP to Get Children and Families Enrolled in Medicaid

December 12, 2013 by Keerti Kanchinadam

States have been hard at work building and debuting new enrollment systems and processes to meet the Affordable Care Act's (ACA) requirements for streamlined access to coverage. To help states as they adopt major changes in their eligibility and enrollment processes, CMS issued a letter to state Medicaid directors outlining options for efficiently targeting and enrolling low-income individuals.

One of these optional strategies is using income data from the Supplemental Nutrition Assistance Program (SNAP) to identify Medicaid-eligible individuals, many of whom are newly eligible for coverage in 2014. So far, targeted enrollment letters have been sent to SNAP recipients in five states opting to implement this strategy—**Arkansas**, **Illinois**, **New Jersey**, **Oregon**, and **West Virginia**. Most of these states are using this option to focus on enrolling eligible adults, but Arkansas and West Virginia have leveraged it to also target eligible but unenrolled children.

In Arkansas, as in most states, the eligibility level for SNAP is 130 percent of the federal poverty level (FPL). This eligibility level falls just below that of Arkansas' Private Option Medicaid program for newly eligible adults with incomes under 138 percent FPL, and also below the state's ARKids First Medicaid program eligibility of 216 percent FPL for low-income children. The alignment of eligibility makes SNAP an opportune source of information for states looking to enroll families living near or below the poverty line in health coverage.

As part of this targeted enrollment strategy, Arkansas mailed letters to 132,662 SNA households, representing 145,370 adults and 9,050 children. These letters clear all Medicaid-eligible individuals in the household based on information alrea vided to the Department of Human Services (DHS), which administers both SNAP and Medicaid. To enroll in coverage, letter recipients simply opted in on behalf of all eligible household members by signing and returning the letter to DHS.

Upon receiving the signed letters, the state automatically enrolled children in ARKids First and mailed an ID card for each child. For adults, the state mailed a second letter

Weekly Insight Blog Post:
https://www.statereforum.org/weekly-insight/its-snap-to-get-children-families-enrolled-in-medicaid

Discuss at:
https://www.statereforum.org/discussions/eligibility-simplification

Resources from:
- **Arkansas**
- **Illinois**
- **New Jersey**
- **Oregon**
- **West Virginia**

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Tracking Medicaid Expansion Decisions:
A Closer Look at Legislative Activity:

https://www.statereforum.org/tracking-Medicaid-expansion-legislative-activity

Tracking Medicaid Expansion Decisions: A Closer Look at Legislative Activity

*Chart updated January 10, 2014

At State Refor(u)m, we are continuing to track state Medicaid expansion activities. This revised chart includes additional details on key elements of Medicaid expansion bills that have been introduced in state legislatures, such as proposals to provide coverage to the expansion population through qualified health plans on the exchange, special requirements related to cost sharing or care delivery, or options allowing a state to discontinue participation in the expansion. You'll also find direct links to statements from the governor or executive branch and fiscal and demographic analyses from the state or other institutions. This chart is a record of legislation introduced, but does not track the exact status of bills moving around in state legislatures, though we will include when bills pass chambers and/or are signed by a Governor.

Like all State Refor(u)m research, this chart is a collaborative effort with you, the user. State Refor(u)m captures the health reform comments, documents, and links submitted by health policy thinkers and doers all over the country. And our team periodically supplements, analyzes, and compiles this key content.

State & Status of Expansion	Governor or Executive Branch Activity	*Legislative Activity:* State Bills	*Legislative Activity:* Cost Sharing	*Legislative Activity:* Premium Assistance	*Legislative Activity:* Special State Financing	*Legislative Activity:* Severability Clause	*Legislative Activity:* Medicaid Program Studies	*Fiscal & Demographic Analysis:* State Government	*Fiscal & Demographic Analysis:* Other
Yes: Expansion signed into law or strong likelihood of expansion *Maybe:* Legislature still in session and/or status of expansion uncertain *No:* Not expanding or legislative session closed without passing expansion	Statement regarding state's expansion decision from a Governor	State bills related to Medicaid expansion in the legislature	Requires some type of cost sharing for Medicaid expansion population	Requires expansion population to be enrolled in plans offered in the commercial market through the exchange	Special state financing mechanism or fund associated with Medicaid expansion	Requires that the state discontinue participation in the expansion if FMAP reduced below a certain amount	Requires examination of potential Medicaid reforms, sometimes as a requirement prior to considering expansion	Conducted directly by a government agency or contracted out by the state to another institution	Conducted by organizations and institutions independent of the state

States to watch in 2014:

- **Kansas**
- **Maine**
- **Pennsylvania**
- **Utah**
- **Virginia**
- **Wyoming**

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State Refor(u)m Medicaid Expansion Resources

- Discussion page on Medicaid:
  - http://www.statereforum.org/discussions/Medicaid
- Chart on Medicaid expansion legislative decisions:
  - https://www.statereforum.org/tracking-Medicaid-expansion-legislative-activity
- Special collection of Medicaid expansion resources:
  - https://www.statereforum.org/medicaid-expansion
- Special collection of resources on alternatives to Medicaid expansion:
  - https://www.statereforum.org/state-medicaid-expansion-waivers
- Marketplace and Medicaid Enrollment map:
  - https://www.statereforum.org/tracking-health-coverage-enrollment-by-state
- Weekly Insight Blog Posts:
  - https://www.statereforum.org/weekly-insight/benefit-design-in-medicaid-expansion-analyses
  - https://www.statereforum.org/weekly-insight/its-snap-to-get-children-families-enrolled-in-medicaid

Today's Panel

Moderator: Alan Weil
Executive Director
National Academy for State Health Policy

Suzanne Bierman
Assistant Director, Arkansas Division of Medical Services
Director of Continuity of Care and Coordination of Coverage Unit

Jason Helgerson
State Medicaid Director, Deputy Commissioner
State of New York Department of Health

Beth Lazare
Deputy Director
Arizona Health Care Cost Containment System

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Describe the Medicaid expansion model in your state.

Tell us what your state is doing at statereforum.org

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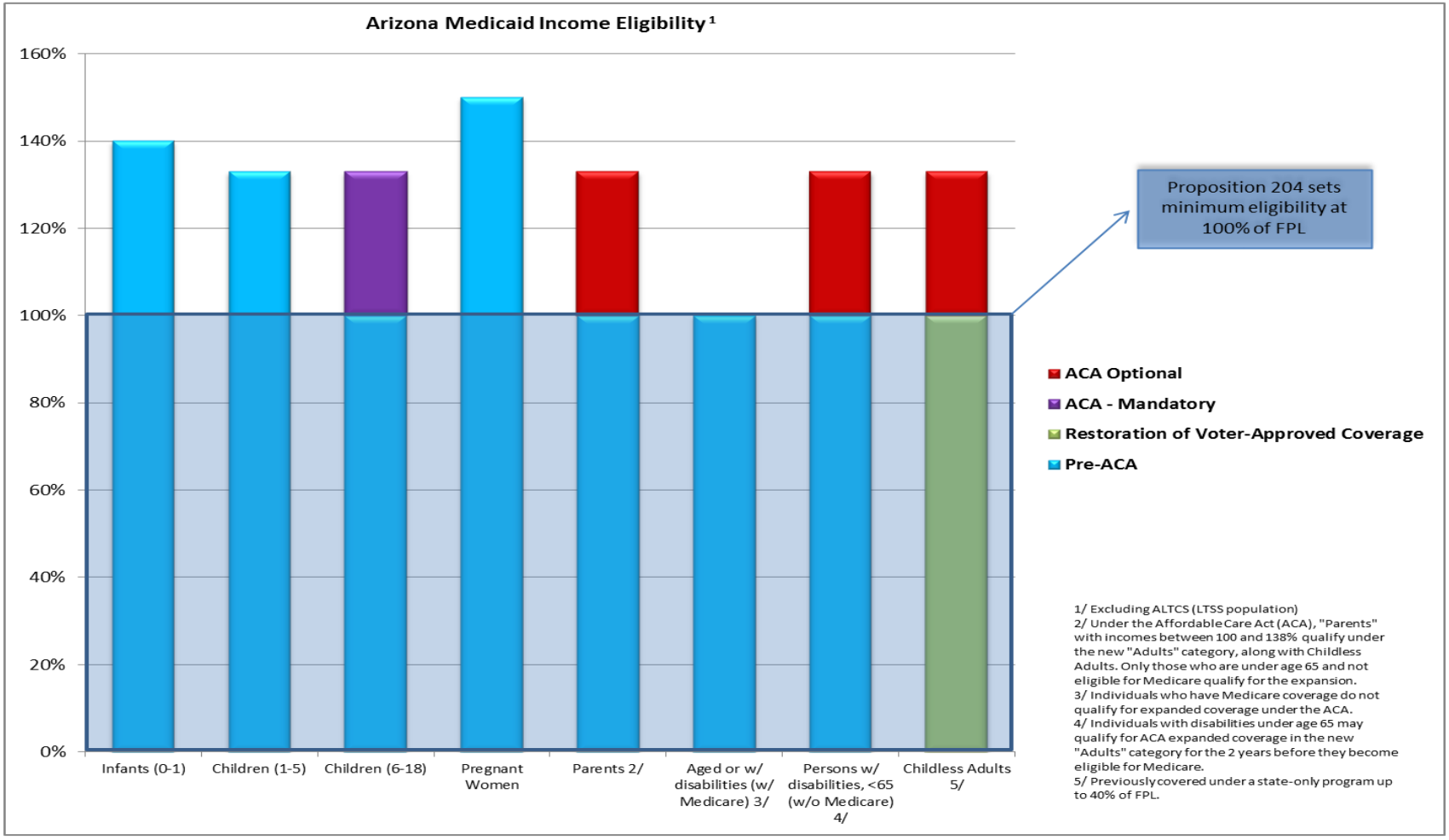
Arizona's Medicaid Income Eligibility



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Governor Brewer's Medicaid Plan

- In her 2013 State of the State, Governor Brewer called for the legislature to restore Proposition 204 coverage and provide coverage up to 133%
- Coverage for about 300,000 statewide (only 57,000 of which is optional expansion) through existing Medicaid program
- Provides ~ $1.7 billion in federal funds
- As an early expansion state, Arizona has to contribute funding for prior expanded coverage (only 57K of 1.2M total enrollees get 100% FF)
- Hospital Assessment used to cover state costs (litigation)

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Circuit Breakers

- Expansion is automatically repealed:
  - If expansion FMAP or transitional (early expander) FMAP decreases below 80%
  - If ACA is repealed
  - If CMS limits the amount of the hospital assessment and it is insufficient to cover costs

Medicaid Expansion

- New York has historically had one of the most expansive health care safety nets in the nation
- Prior to ACA, childless adults with income under 100% FPL had entitlement access to Medicaid and parents were eligible up to 150% FPL
- As a result, the ACA's impact on Medicaid eligible was modest:
  - Expansion group = Childless adults with incomes between 100 -138% FPL; and
  - The state is also considering the Basic Health Program
- Total Newly Eligible = 77,000

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Arkansas Health Care Independence Program

- The Health Care Independence Act of 2013 calls on the Arkansas Department of Human Services to reform the Medicaid program to:
  - Maximize the available service options;
  - Promote accountability, personal responsibility and transparency;
  - Encourage and reward healthy outcomes and responsible choices; and
  - Promote efficiencies that will deliver value to the taxpayers

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The Private Option: The Fundamentals

- Through the Act, the State established the Arkansas Health Care Independence Program, also referred to as the Private Option
- The Private Option is an integrated and market-based approach to covering low-income Arkansans through private, qualified health plan (QHP) coverage in the Marketplace
- The state is using premium assistance to purchase private QHP coverage using Title XIX funding

The Private Option Offers Significant Benefits

- Individuals may remain with the same plan and providers as their income shifts
  - More than 35 percent of adults with incomes below 200% FPL will experience a change in eligibility within six months
- The size of the Marketplace will double, with the addition of 225,000 + Private Option enrollees
- Enrollees will be fully integrated into the Marketplace
- The enrollment of Private Option enrollees into QHPs will facilitate payment and delivery system reform

Private Option Today

- As of 1/18/14:
  - 129,186 – Total number of private option applicants from state and federal levels
  - Of those, 92,446 have been determined eligible for the private option so far
  - Of those determined eligible for the private option, 76,899 have completed the enrollment process (as of 1/20/14)
  - An additional 8,410 have been determined to be better served by traditional Medicaid for a total of 85,309 people who will now have coverage
  - This number includes 119,891 private option applicants through the State and 9,295 private option applicants received from FFM who have been determined eligible and their data has been processed by the state

How is your state coordinating with the Federally Facilitated or State Based Marketplace?

Tell us what your state is doing at statereforum.org

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Implementing the Health Insurance Exchange

- New York State of Health (NYSOH) represents the Empire State's unique approach to ACA implementation
- NYSOH Exchange system has been built to ensure that New York's face "no wrong door" to health care access
- "No wrong door" is achieved by allowing people regardless of income to apply through a single web portal or through a single call center for both Medicaid as well as Qualified Health Plans through the exchange

Implementing the Health Insurance Exchange (continued)

- NYSOH is also the system brokers and navigators use to assist people access affordable health insurance
- NYSOH is managed within the New York State Department of Health – a single state agency which leverages both in-house expertise as well as existing systems/vendors which have contributed directly to our early success
- So far, implementation has been successful- over 320K people have enrolled in affordable health insurance so far. Our first year goal was approximately 300K

Medicaid Restoration

- Enrollment Numbers – 1/1/14

	12-1-13	1-1-14	Change
Prop 204 Restoration	67,770	96,834	29,064
Adult Expansion	-	1,369	1,369
KidsCare	46,761	42,684	(4,077)
Family Planning	5,105	-	(5,105)
AHCCCS for Families & Children (1931)	672,135	655,368	(16,767)
All Other	505,379	501,954	(3,425)
Total Enrollment	**1,297,150**	**1,298,209**	**1,059**

  - More approvals and denials going out regularly
  - Roughly 2/3 of CHIP kids converting to Medicaid (not in above numbers)

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Coordination with the FFM

- Federal transfer redesign challenges
- Sending Account Transfers to FFM – about 20,000 (as of early January)
- FFM to State
  - Testing as of 1-10-14
    - Intake only at this point
    - Processing - TBD

Ongoing Challenges

- 51K on Flat File
- Status of applicants on file
  - Not all actually assessed as eligible
- Data challenges
- CMS messaging to applicants

Private Option Integrates Coverage

Arkansas HEALTH CONNECTOR
Your Guide to Health Insurance

The Arkansas Health Connector connects Arkansans to the Health Insurance Marketplace where individuals, families and small employers can shop for, select and enroll in high quality, affordable private health plans that meet their specific needs at competitive prices

State will use premium assistance to purchase QHPs for individuals eligible for coverage under Title XIX of Social Security Act (Medicaid)

ARKANSAS DEPARTMENT OF HUMAN SERVICES

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What did your state consider when developing its Medicaid Alternative Benefit Plan?

Tell us what your state is doing at statereforum.org

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Alternative Benefit Plan

- Benefit package for adults will align to existing Medicaid State Plan benefit package
  - Well exams
  - HPV vaccine for adults ages 21-26
  - Habilitation
  - 25-day hospital limit

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AR Alternative Benefit Plan

- The Private Option provides ABP coverage, not standard Medicaid coverage
- Arkansas is aligning its ABP with the Base Benchmark Plan, which includes:
- QHP benefit package, including 10 Essential Health Benefits (EHBs)
- Additional Medicaid-specific benefits through fee-for-service Medicaid, not QHPs:
  - Non-emergency transportation
  - Dental and vision services for 19 & 20 year olds
- Private Option enrollees will access all benefits through one insurance card
- Private Option enrollees will use QHP coverage appeals process

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Private Option Eligible Individuals in 2014

- Childless adults ages 19-64 with incomes at or below 138% FPL
- Parents ages 19-64 with incomes between 17% and 138% FPL
- Who are **not** on Medicare
- Who are **not** disabled
- Who have **not** been determined to be more effectively covered under the standard Medicaid program, such as an individual who is medically frail or other individuals for whom coverage through the Health Insurance Marketplace is determined to be impractical, overly complex or would undermine continuity or effectiveness of care

FEDERAL MEDICALLY FRAIL DEFINITION IS THE STARTING POINT

A disabling mental disorder

Serious and complex medical conditions

Physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living

A disability determination

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Healthcare Needs Questionnaire

- Arkansas worked with disability research experts and the Agency for Healthcare Research and Quality to develop a Healthcare Needs Questionnaire
  - Purpose: identify individuals who are medically frail or other individuals for whom coverage through the Health Insurance Marketplace is determined to be impractical, overly complex or would undermine continuity or effectiveness of care
  - Automated, prospective on-line screening tool that identifies both (a) applicants who self-report conditions which automatically qualify them as exempt, e.g. ADL needs; and (b) applicants whose responses to the health care service use questions lead to a prediction (through an automated algorithm) that they will have exceptional needs in the coming year
  - Exempt individuals, including the medically frail, do not receive benefits from the Private Option, but rather receive services from fee-for-service Medicaid
  - Notices and choice counseling will assist exempt populations in selecting between standard Medicaid and the Alternative Benefit Plan in fee-for-service

What are some implications and opportunities for delivery system reform in your state?

Tell us what your state is doing at statereforum.org

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AHCCCS Strategic Direction

- Many strategies currently being pursued nationally have been implemented in Arizona
  - Managed care
    - Acute
    - Long Term Care
  - Home- and community-based placement
  - Dual member alignment

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Strategies

- Stakeholder meetings/Culture of learning
  - Other States
  - McKinsey
  - Health Plans
  - ACOs
- Baseline measure of value spend by MCOs
- Participation in Catalyst for Payment Reform
- Expand transparency

Contract Year 14

- Acute:
  - 5% shared savings requirements
  - 1% value cap withhold value with distribution based on limited set of existing performance measures
- ALTCS:
  - Pilots
- APR-DRG Transitions
- Integration Efforts

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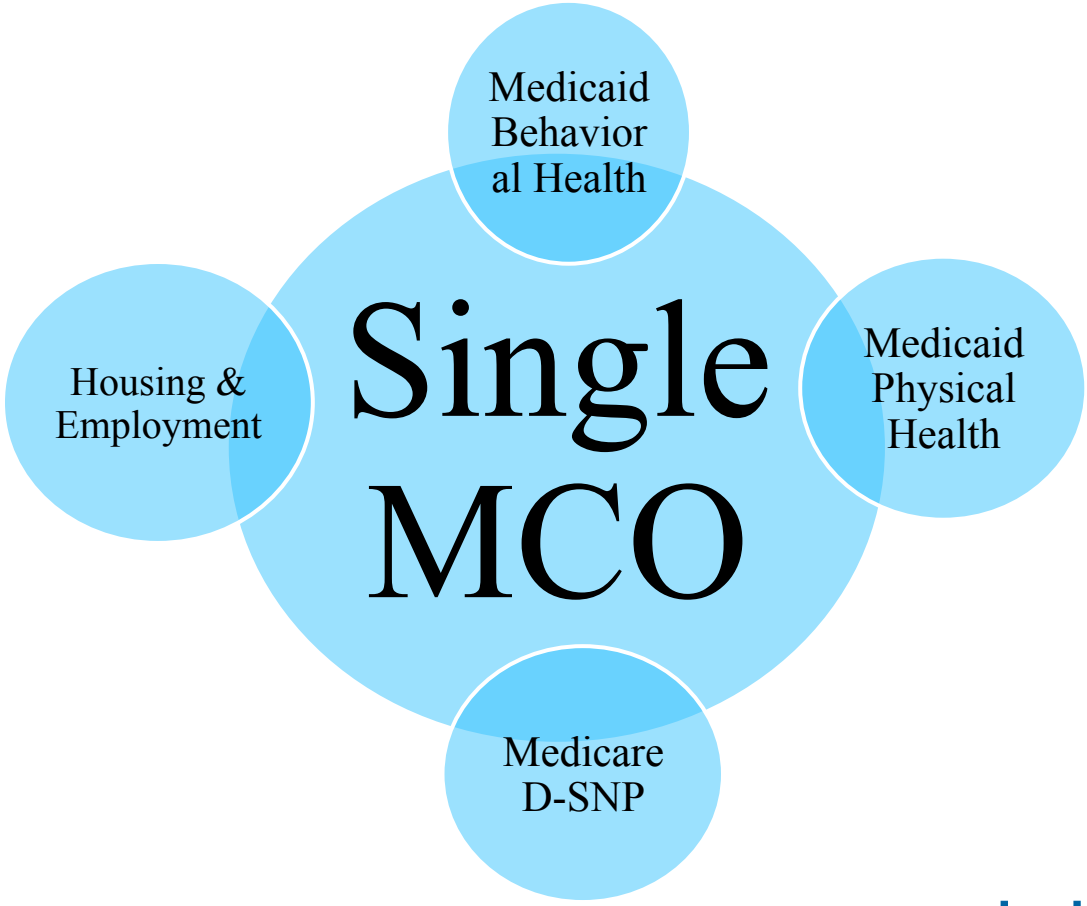
Contract Year 15

- Expand on CY 14 strategies regarding shared savings, value-based purchasing
- Transparency efforts
- E-Prescribe initiatives
  - Enforcing prescription origination information on all pharmacy encounters (hard-edit 1/1/14)

Integration for Members with Serious Mental Illness



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Care Coordination

- American Indian population
  - Continuing to refine care coordination models and data sharing with select facilities
  - Expanding to include behavioral health resource
- Super Utilizer Efforts
  - Behavioral Health/Health plan coordination
- Correctional Opportunities

Medicaid Redesign Team (MRT) Recap

THE MRT WORKED IN TWO PHASES

Phase 1:
Provided a blueprint for lowering Medicaid spending in state fiscal year 2011-12 by $2.2 billion.

Phase 2:
Developed a comprehensive multi-year action plan to fundamentally reform the Medicaid program.

- This is the first effort of its kind in New York State
- By soliciting public input and bringing affected stakeholders together, this process has resulted in a collaboration which reduces costs while focusing on improving quality and reforming New York's Medicaid system

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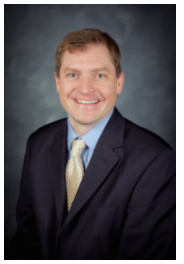
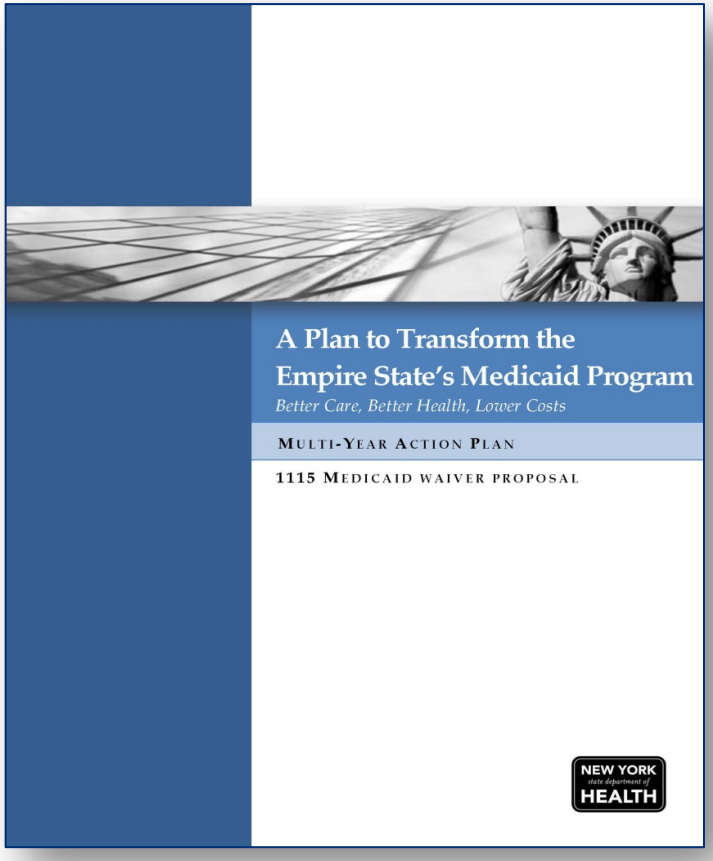
Key Elements of the Plan





- Most sweeping Medicaid reform plan in state history
- Pulls together the work of the MRT into a single action plan
- Plan is closely tied to successful implementation of the federal Affordable Care Act (ACA)
- The plan also embraces the CMS "triple aim" of: ***Improving care, improving health, and reducing costs***

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The MRT is Bending the Cost Curve

- Lowered total Medicaid spending by $4 billion in Year 1
- Lived within the Global Spending Cap for two full years
- Finished Year Two $200 million under the Global Spending Cap
- Thanks to the MRT the state was able to absorb a $1.1 billion federal revenue loss due to a change in Medicaid financing for DD services
- Savings has been especially significant in New York City

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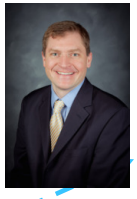
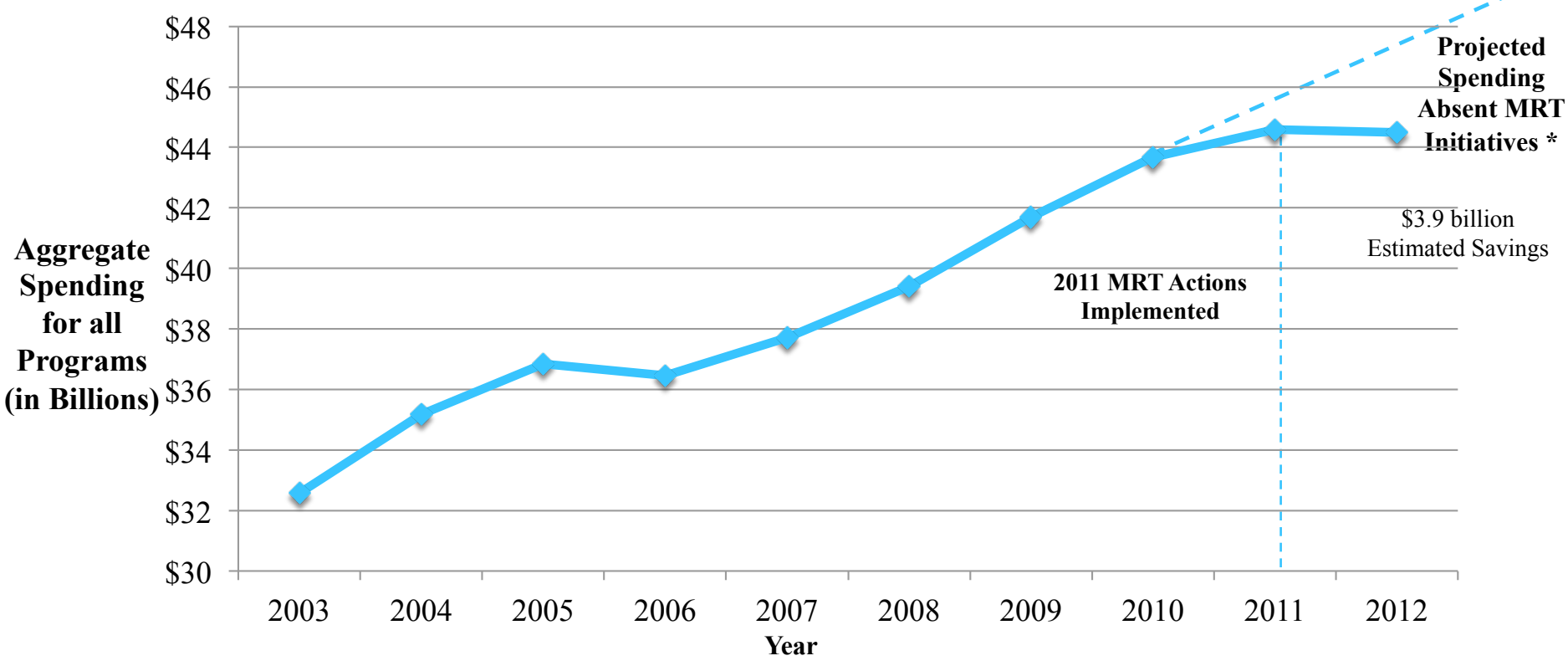
NY Total Medicaid Spending Statewide for All Categories of Service Under the Global Spending Cap (2003-2012)





	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
# of Recipients	4,267,570	4,594,667	4,733,616	4,730,166	4,622,780	4,657,232	4,911,387	5,212,394	5,397,354	5,593,741
Cost per Recipient	$7,633	$7,656	$7,785	$7,709	$8,157	$8,463	$8,491	$8,378	$8,260	$7,954

*Projected Spending Absent MRT Initiatives was derived by using the average annual growth rate between 2003 and 2010 of 4.28%.

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Health Homes Are Reducing Inpatient Utilization & ER Use

- Health Homes are in their early days.
- Patients with little or no historic connection to traditional health care are benefiting the most.
- Preliminary results are very promising. We are seeing reductions in both ER visits and inpatient stays.

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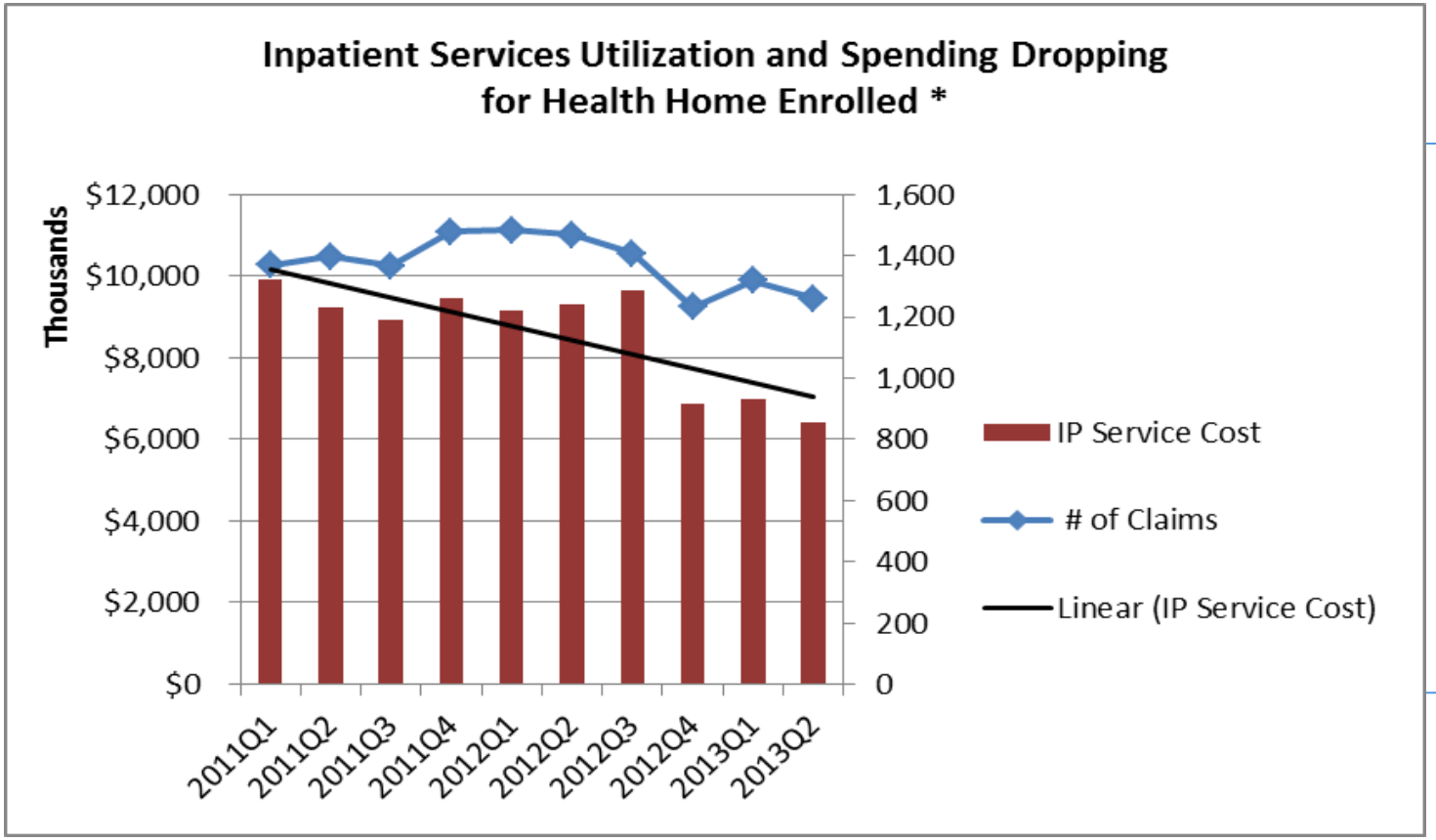
Inpatient Service Cost for a Subset of Health Home Enrolled Members



Includes individuals continuously enrolled in Medicaid with no case management services in calendar 2011 who enrolled in Health Home Services in the first nine months of 2012. N = 3,653 individuals.

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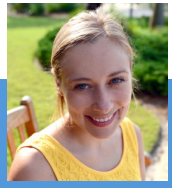
Health Care Payment Improvement Initiative

Building a healthier future for all Arkansans



- Demonstration will accelerate and leverage the Arkansas Health Care Payment Improvement Initiative (AHCPII) by increasing the number of carriers participating in the effort, and the number of privately insured Arkansans who benefit from these reforms
- All QHP carriers will be required to participate in AHCPII by assigning enrollees a primary care physician, supporting patient-centered medical homes, and accessing clinical performance data for providers beginning in 2015
- AHCPII is intended to shift the delivery system in Arkansas from one that primarily rewards volume to one that rewards quality and affordability

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How is your state addressing provider capacity issues?

Tell us what your state is doing at statereforum.org

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Provider Capacity

- A broad collaboration of stakeholders, including policymakers, state agencies, private sector businesses, advocacy organizations, clinicians, health industry associations, and many others are engaged in a coordinated effort called the Arkansas Health System Improvement Initiative
- Work under this initiative has included a focus on planning for a health workforce that provides appropriate access to medical services, particularly in underserved areas
- As a result of efforts undertaken in this Initiative, we have identified a statewide shortage of primary care providers even when physician extenders are included
- Bigger issue of maldistribution of providers in the state
- The Private Option is a first step toward making rural practice more attractive, so that with more of the population having a paying source providers can have a viable business model

Question and Answer

Submit your questions in the chat box on the left

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Knowledge Network

Experts will be available to answer your questions!
Post them now on State Refor(u)m in our Medicaid discussion

Shuchita Madan
State Affairs Manager
Medicaid Health Plans of America

Robin Rudowitz
Associate Director,
Kaiser Commission on Medicaid and the Uninsured

Sonya Schwartz
Research Fellow
Georgetown University Center for Children and Families

http://www.statereforum.org/discussions/medicaid

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AN ONLINE NETWORK FOR HEALTH REFORM IMPLEMENTATION

See you online!

- Webinar Q&A continues online at: http://www.statereforum.org/discussions/medicaid
- Find webinar recording and slides at: http://www.statereforum.org/webinars
- Visit and register to participate: http://www.statereforum.org/user/register
- Questions? Email us: statereforum@nashp.org

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Robert Wood Johnson Foundation

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