



## Presentation on Medicaid Expansion

Susan Mosier, MD, MBA, FACS  
Secretary, Kansas Department of Health and Environment

Senate Public Health and Welfare Committee  
March 21, 2017

---

# Current KanCare Beneficiaries

---

- Children
- Pregnant Women
- Individuals with disabilities (physical, intellectual, developmental)
- Technology assisted children
- Kids with autism
- Frail elderly
- Individuals with traumatic brain injury
- Individuals with severe emotional disturbance
- Individuals with breast and cervical cancer
- Individuals with tuberculosis
- Individuals with HIV and AIDS
- Parents and caretakers under 38% FPL

# Newly Eligible Population

---

- Able-bodied, low income adults between 0 and 138% FPL

# Our First Priority: Caring for Individuals with Disabilities

---

- Caring for individuals with disabilities is the highest priority
- Since the inception of KanCare, over 5500 individuals from the waiting lists have been offered service
- Currently waiting for services are:
  - Approximately 3,500 individuals with intellectual and developmental disabilities
  - Approximately 800 individuals with physical disabilities

# Our First Priority, continued: Waiting List Elimination

---

- Eliminating the waiting lists cost \$1.40 billion from 2018 to 2025, including \$629 million in state funds
- Kansas' share is \$70 million in 2018, increasing to \$89 million by 2025
- This population does not qualify for enhanced match, will be matched at approximately 55/45

# Our Second Priority: Long Term Fiscal Sustainability

---

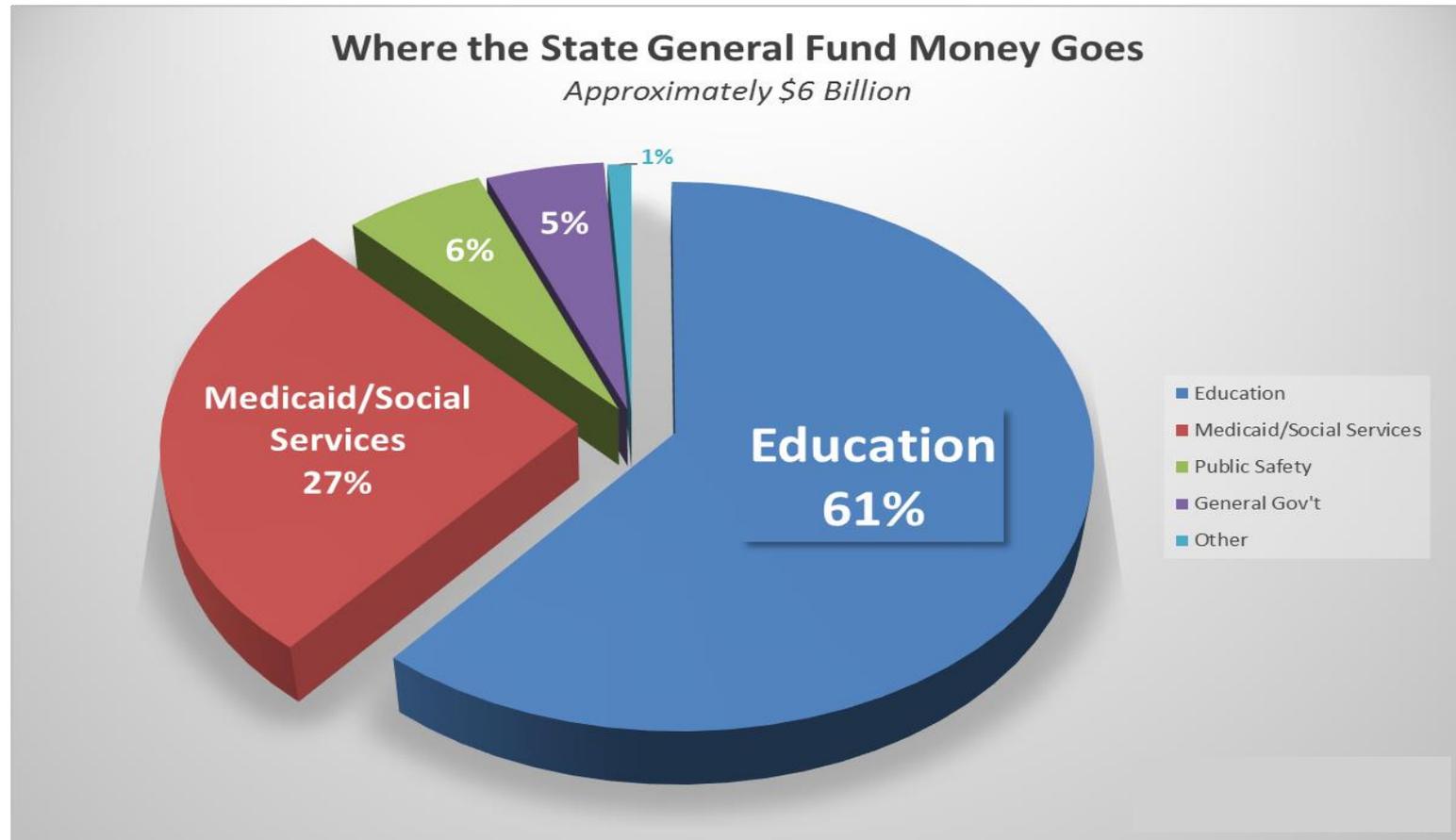
- The Kansas Health Institute (KHI), estimates state costs would be \$729.7 million over seven years. \$1.1 billion in state costs over ten years. Source: Kansas Health Institute - ACA Medicaid Expansion: Enrollment and Cost Estimates for Kansas Policymakers
- Over \$211 million increase from KHI's projections in the 2012 report.
- Aon Hewitt study estimates that Medicaid expansion in Kansas would cost the state more than \$1.2 billion dollars in State General Fund (SGF) dollars from CY2016-CY2025. Source: Aon Hewitt Analysis updated in 2015

# Our Third Priority: Reflecting Kansas Values

---

- Provide individuals in Kansas a pathway to independence including:
  - Job training and work requirements
  - Portable health savings accounts or similar instruments
- Work program incentives help break the cycle of intergenerational poverty

# Allocation of State Resources



# Expansion Issues

---

- Uncertain future of the Affordable Care Act (ACA)
- Uncertainty of Federal Financial Participation for Medicaid expansion in the future
- Uncertainty of costs of Medicaid expansion
- Uncertainty of Medicaid expansion enrollment
- Effect of Medicaid expansion on rural Kansas hospitals
- Economic impact of Medicaid expansion
- Prioritization of state resources

# Uncertainty of the ACA

---

## American Health Care Act:

- Introduced March 8, 2017
- Passed out of House Energy and Commerce Committee on March 9, 2017
- Passed out of House Ways and Means Committee on March 9, 2017
- Passed out of House Budget Committee on March 16, 2017
- Now House Rules Committee
- Then to full House

# Uncertainty of Federal Funding

---

## Projection of ACA:

- Federal government will pay at least 90 percent of the costs of Medicaid expansion

## Reality:

- The enhanced Federal Medical Assistance Percentage (FMAP) passed under the ACA will be rolled back with passage of the American Health Care Act.
- Regular FMAP could cost state \$391.6 (more) in 2025 to cover the expansion population *without* providing for elimination of the waiting lists for individuals with disabilities

# Medicaid Expansion Costs

---

## Projection of KHA:

- Claim is that Medicaid expansion will only cost Kansas \$57.5 million in 2017 rising to \$114.5 million in 2020 and be budget neutral. This does not provide individuals with disabilities the home and community-based services they are awaiting.

## Reality:

- Medicaid expansion is not budget neutral
- KHI estimates Medicaid expansion would cost \$1.1 billion in SGF over 10 years
- Aon Hewitt estimates that Medicaid expansion would cost \$1.2 billion in SGF from CY 2016 – CY 2025
- Eliminating the waiting list for individuals with disabilities would require \$1.4 billion in SGF from 2018-2025. This bill does not provide dollars to eliminate the waiting lists.

# Medicaid Expansion Enrollment

---

## Projection:

- Original Medicaid expansion enrollment projections ended up being approximately half the actual expansion numbers

## Reality:

- Under ACA expansion, enrollment has been more than double the original projections
- 24 of the current Medicaid expansion states made predictions on enrollment numbers. Every state enrolled more adults than projected, by an average of 110 percent.
- More than doubling enrollment requires significant fiscal adjustments to other aspects of a State's Medicaid programs, or to other components of state budgets.

# Impact on Rural Hospitals

---

## Projection/ACA Promise:

- Medicaid expansion will save struggling rural Kansas hospitals

## Reality:

- The vast majority of increased funding in Medicaid expansion goes to big-city hospitals.
- Many rural hospitals are struggling financially because of onerous federal regulations.
- As federal Medicare reimbursements decrease, rural health care providers experience growing financial gaps
- Medicaid pays less than other payers. For the ten most frequent billing codes, KanCare pays on average:
  - 71.3% of Medicare maximum allowed
  - 44.0% of the State Employee Health Plan
  - 40.9% of private pay insurance

# Economic Impact/Job Creation

---

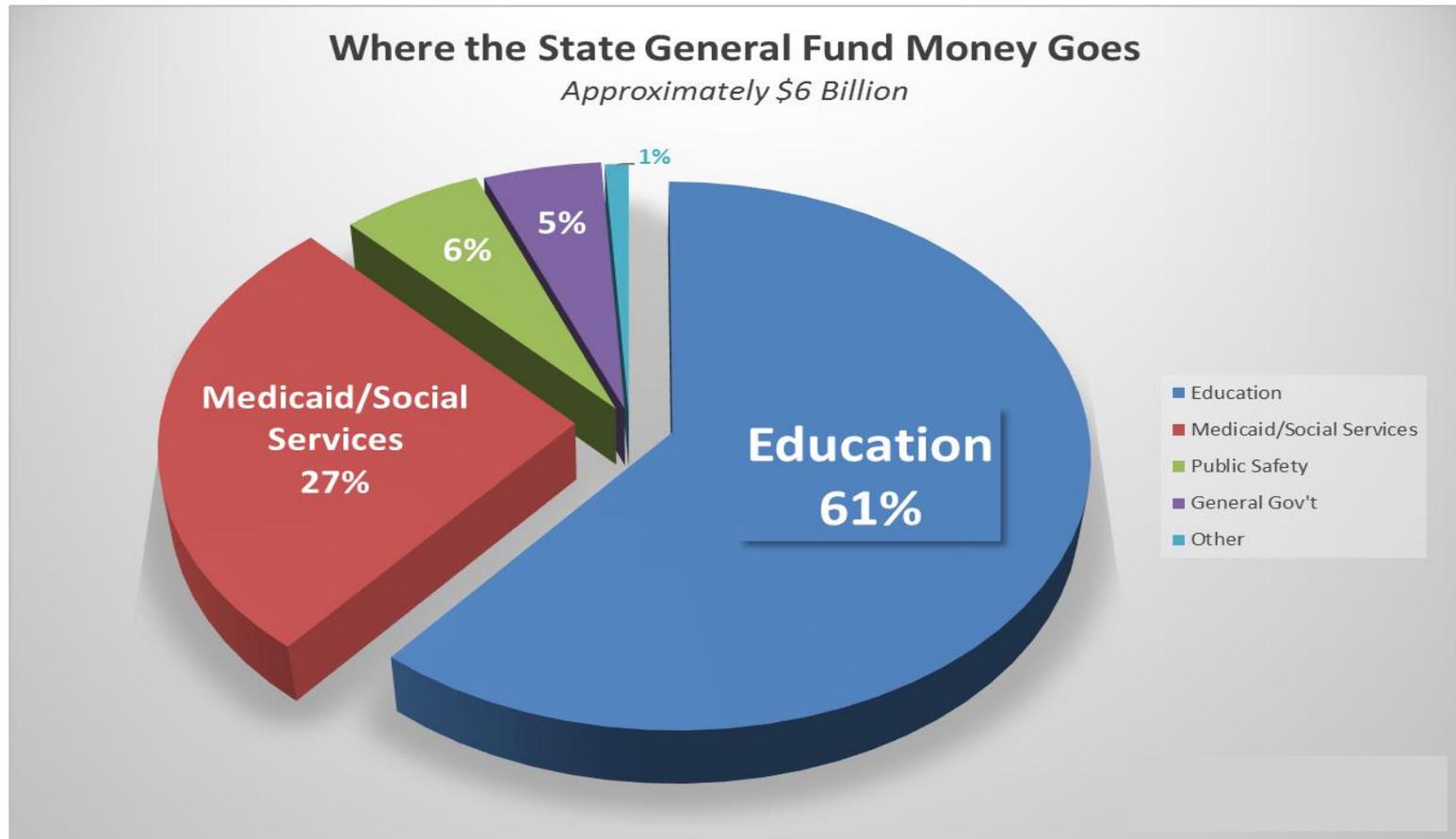
## Projection/ACA Promise:

- Medicaid expansion will create thousands of healthcare jobs in Kansas

## Reality:

- Kansas has a problem with shortage of healthcare workers, not availability of healthcare jobs
- 92 counties are designated as shortage areas for primary care
- 100 counties are designated as shortage areas for mental health
- Kansas already needs an additional 3,827 nurses
- Health Resources and Services Administration (HRSA) projects a deficit of 5900 nurses in Kansas by 2020
- Economic multiplier is near zero

# Prioritization of State Resources



# Conclusion

---

- KHI and Aon Hewitt estimate over \$1 billion in expenditures over 10 years to expand Medicaid. Plus \$1.4 billion through 2025 to clear the waiting lists
- Future decrease in the level of federal financial participation to regular FMAP for newly eligibles is part of American Health Care Act
- Actual Medicaid expansion enrollment has exceeded projections by 110 percent
- Kansas is in a much better position than states that have expanded Medicaid to weather the repeal of the ACA and to provide more flexibility and options to Kansans going forward