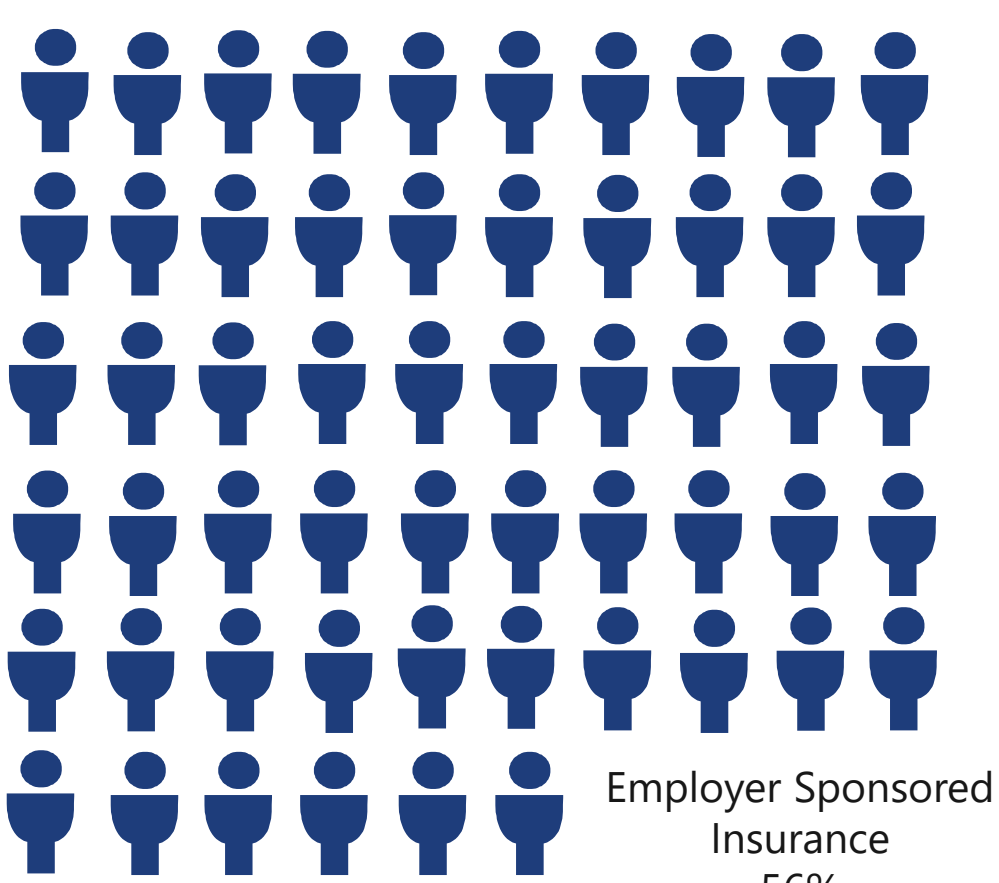
North Carolina Council on Health Care Coverage: First Council Meeting

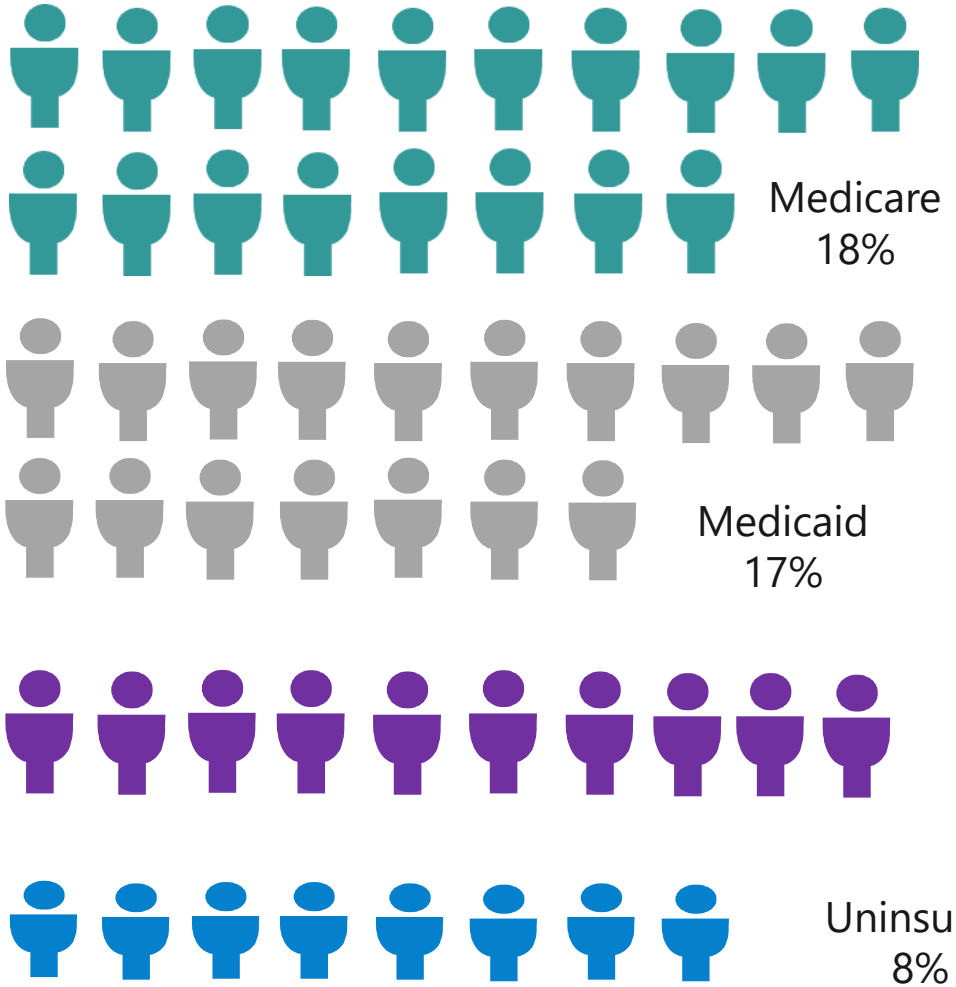
Hemi Tewarson

Visiting Senior Policy Fellow, Duke-Margolis Center for Health Policy

December 4, 2020

Snapshot of Health Insurance Coverage in the United States, FY2019





U.S. Census, Health Insurance Coverage in the United States 2019.

Who does Medicaid cover?

Mandatory Coverage Groups

- Low-income children
- Low-income pregnant women
- Families who would have qualified under 1996 Aid to Families with Dependent Children
- Aged, blind and disabled who qualify for social security income
- Low-income Medicare beneficiaries

Optional Coverage Groups

- Low income children and pregnant women at higher income levels
- Medically needy
- Medicaid expansion (adults with income up to 138% of FPL)

Kaiser Family Foundation, Medicaid at 50 (2015).

Who is covered under Medicaid Expansion?

Low-income parents (above current coverage levels and with income less than $2,498 per month for a family of 3)

Low-income childless adults (with income less than $1,436 per month for a single adult)

Low-wage workers (agriculture, child care, construction, etc.)

Veterans and their families

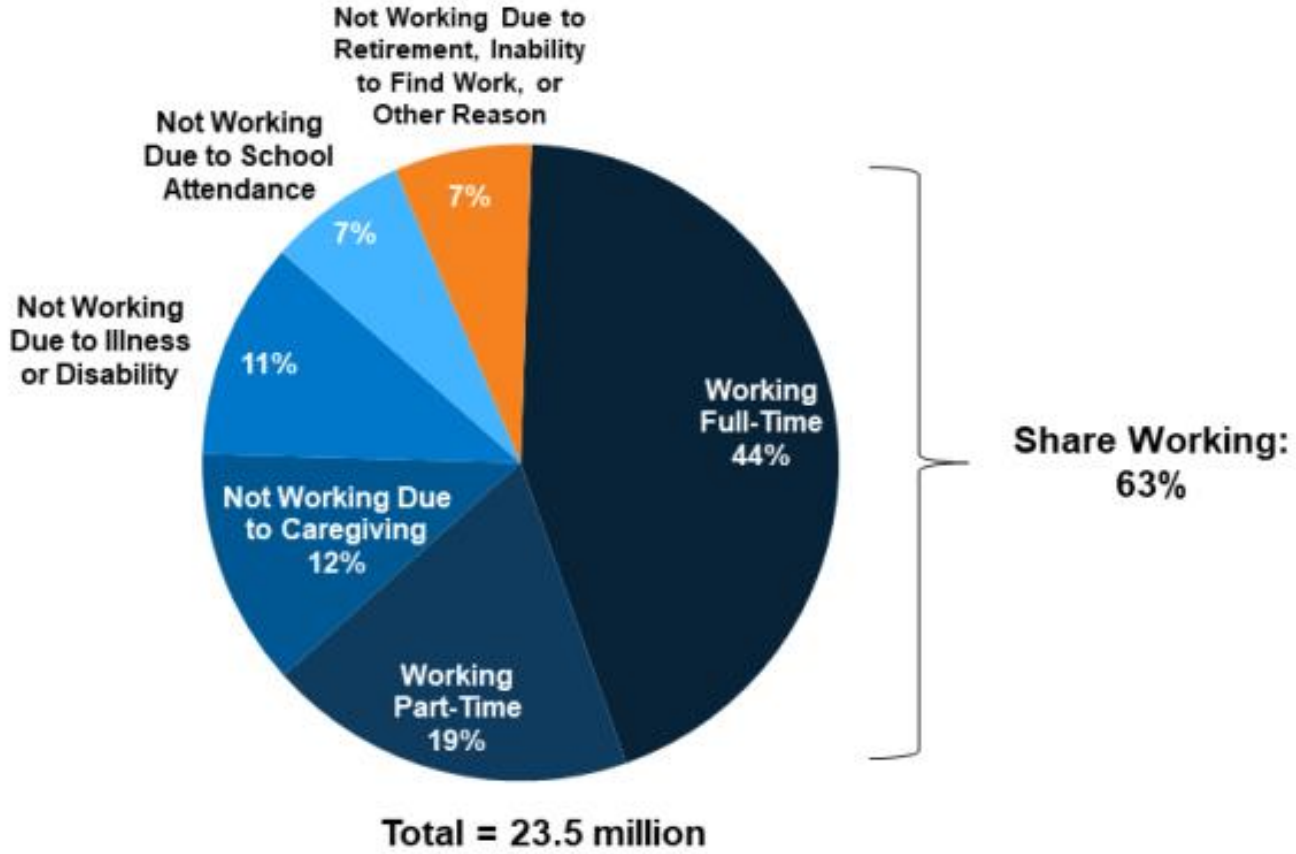
Children who age out of Medicaid

Women who would be covered if they were pregnant

Figure 1

The large majority of Medicaid adults are already working or report potential barriers to work.

Work Status & Barriers to Work Among Non-Dual, Non-SSI, Nonelderly Medicaid Adults, 2017



Notes: Includes nonelderly adults (age 19-64) who do not receive Supplemental Security Income (SSI) and are not dual eligible. Working Full-Time is based on total number of hours worked per week (at least 35 hours). Full-time workers may be simultaneously working more than one job.
Source: Kaiser Family Foundation analysis of March 2018 Current Population Survey.

KFF

Kaiser Family Foundation [Understanding the Intersection of Medicaid and Work: What Does the Data Say?](#) Aug 2019

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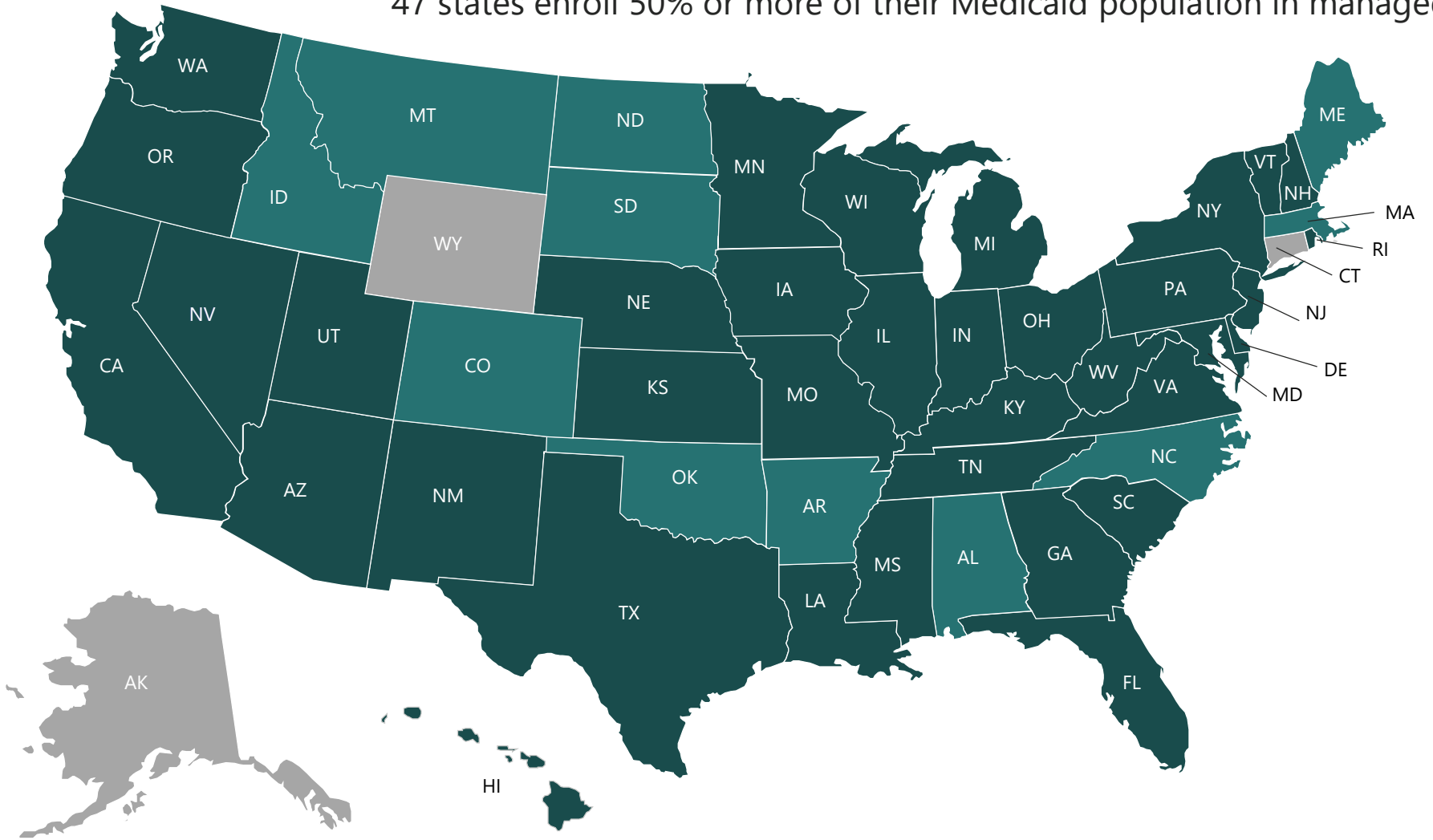
Medicaid Managed Care Enrollment by State

81% of the Medicaid population nationwide is enrolled in managed care and
47 states enroll 50% or more of their Medicaid population in managed care



- 36 states enroll 50% or more of their Medicaid population in comprehensive managed care organizations (MCOs)
- An additional 11 states enroll 50% or more of their Medicaid population in limited benefit MCOs or primary care case management (PCCM)
- Only three states (WY, AK, CT) do not have any Medicaid managed care program

CMS 2016 Medicaid Managed Care Enrollment Summary. Comprehensive managed care includes acute, primary care and specialty benefits as well as PACE programs. Any type of managed care also includes limited benefit MCOs and PCCMs.

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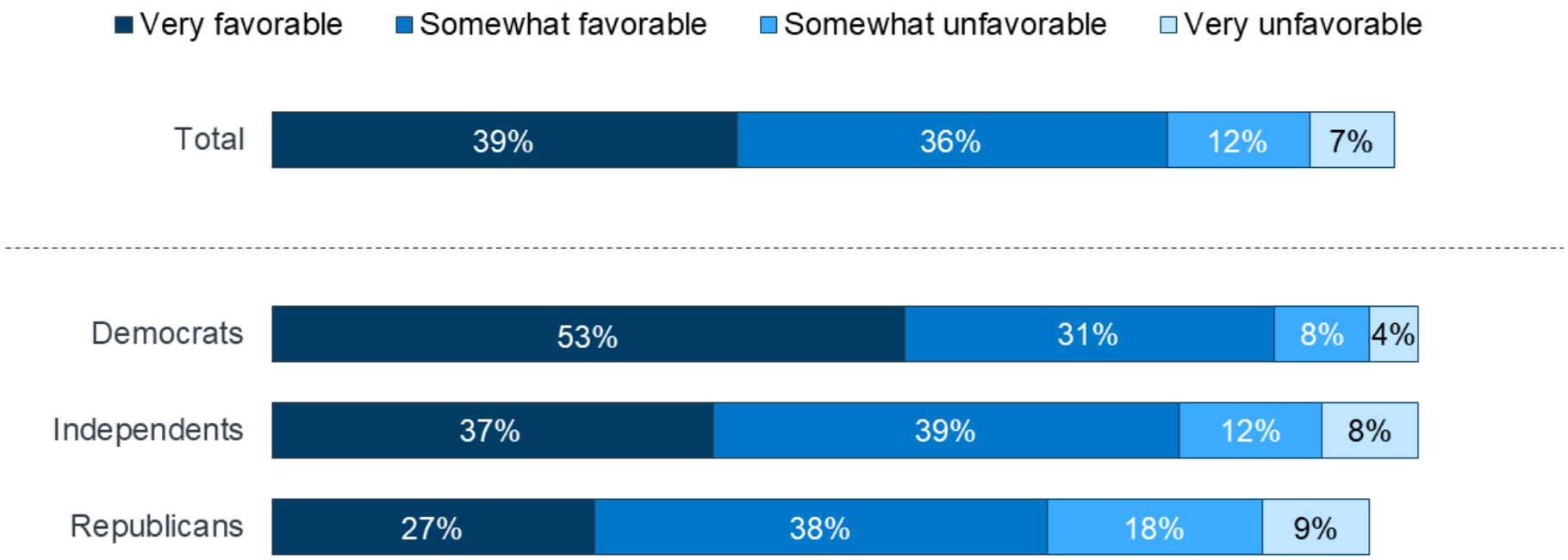
Do you have a favorable/unfavorable opinion of Medicaid?

Figure 1

Large Majority Of The Public Have A Favorable View Of Medicaid

In general, do you have a favorable or an unfavorable opinion of Medicaid?



SOURCE: KFF Health Tracking Poll (conducted July 18-23, 2019). See topline for full question wording and response options.

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HENRY J KAISER FAMILY FOUNDATION

[Kaiser Family Foundation Health Tracking Poll](#) (July 2019).

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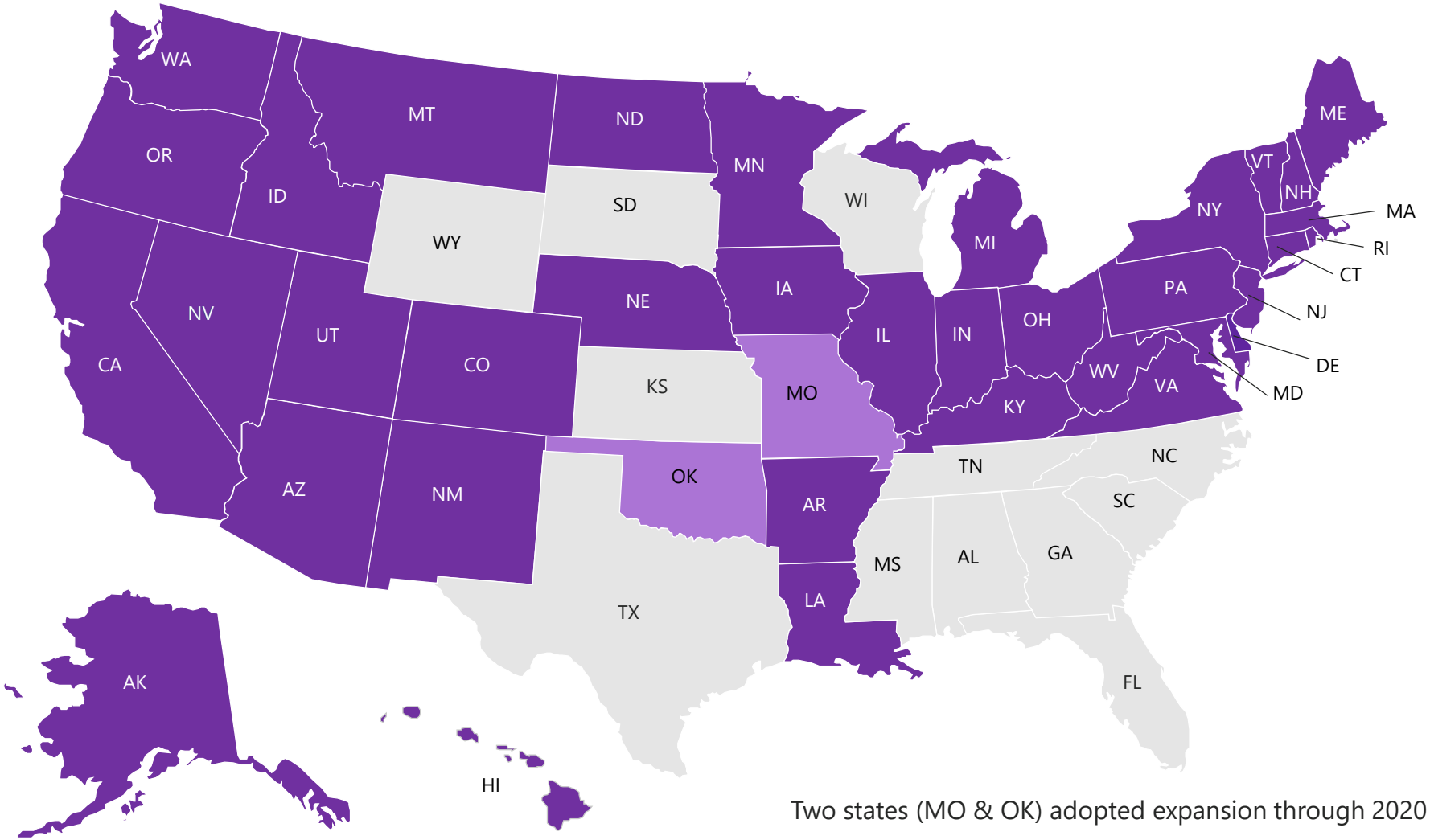
Medicaid Expansion

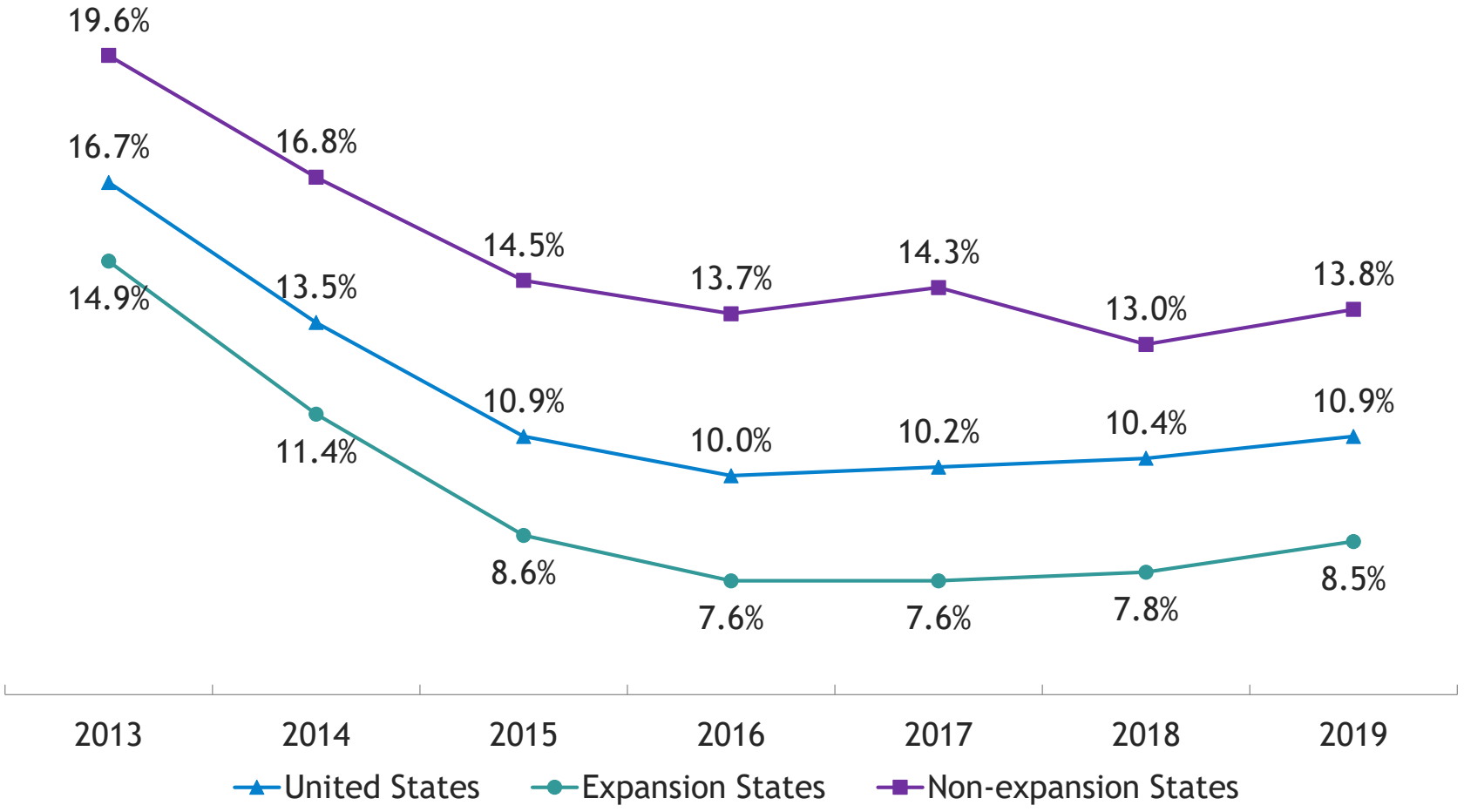


Since 2014, 38 states and DC have adopted Medicaid expansion.

States continue to shape their programs and, to date, no state has decided to stop their expansion.

Two states (MO & OK) adopted expansion through 2020 ballot measures but have not yet implemented

Nonelderly Uninsured Rate, 2013-2019



Note: State Medicaid expansion status as of Jan 1, 2017. Data include persons under age 65.

U.S. Census American Community Survey 2013-2019.

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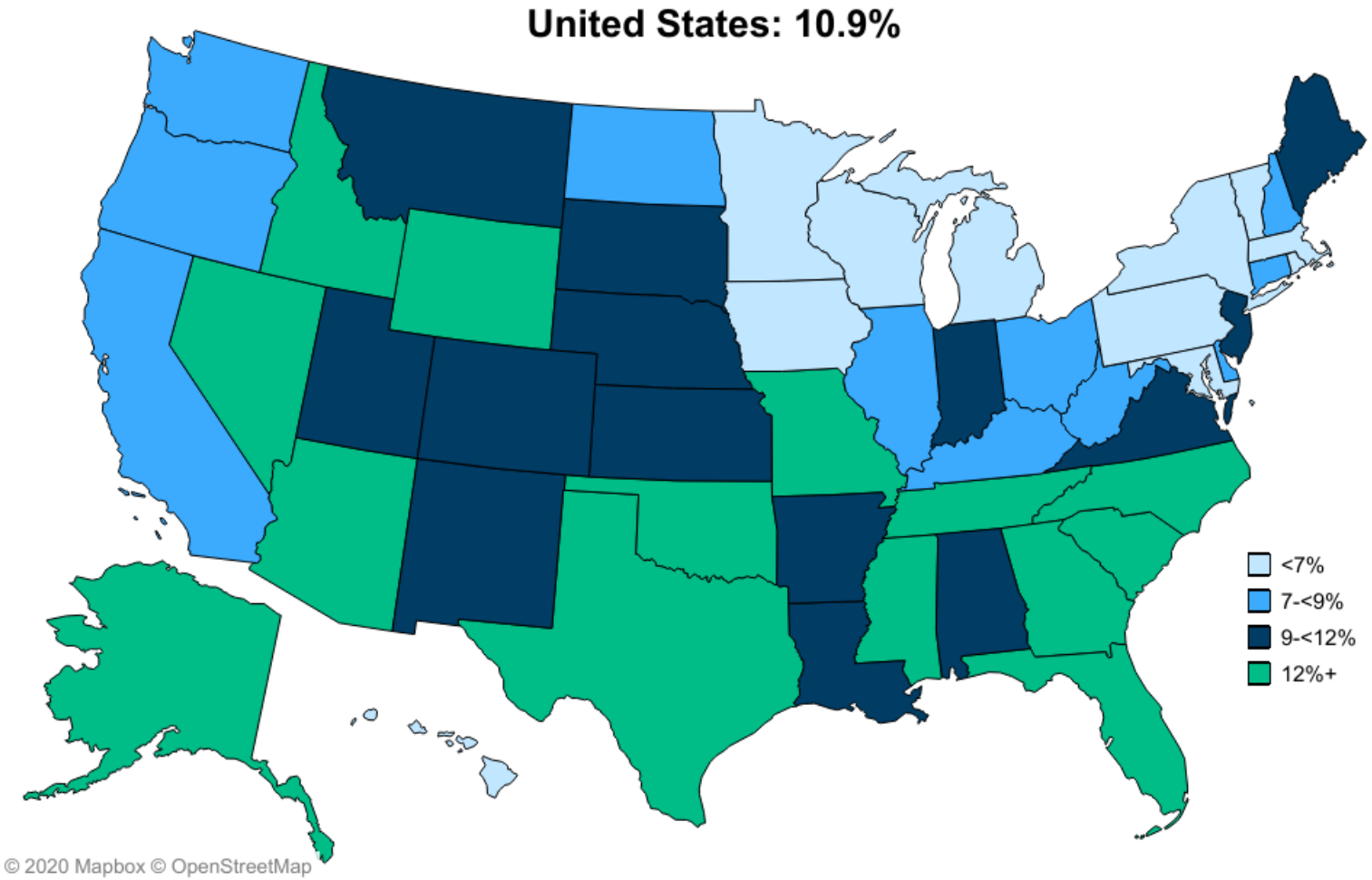
Figure 6

Uninsured Rates among the Nonelderly by State, 2019

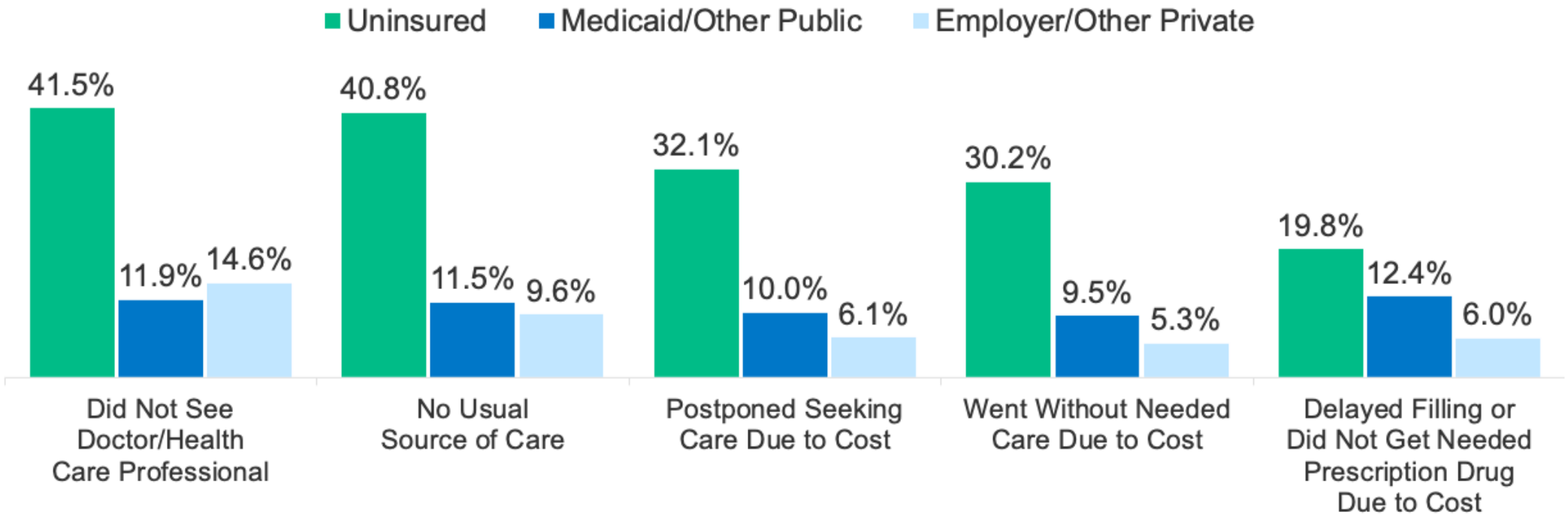


NOTE: * Indicates a statistically significant change from 2018 to 2019 at the p<0.05 level. Includes nonelderly individuals ages 0 to 64.
SOURCE: KFF analysis of 2019 American Community Survey, 1-Year Estimates.

KFF

Figure 8

Barriers to Health Care among Nonelderly Adults by Insurance Status, 2019



NOTE: Includes nonelderly individuals ages 18 to 64. Includes barriers experienced in the past 12 months. Respondents who said usual source of care was the emergency room were including among those not having a usual source of care. All Medicaid/Other Public and Employer/Other Private are statistically different from Uninsured at the p<0.05 level.
SOURCE: KFF analysis of 2019 National Health Interview Survey.

KFF

Medicaid Expansion Cost Projections

States rely on key data points about the newly eligible Medicaid population to make accurate state budget projections, including:

Health status of the uninsured

Health care utilization of new Medicaid enrollees

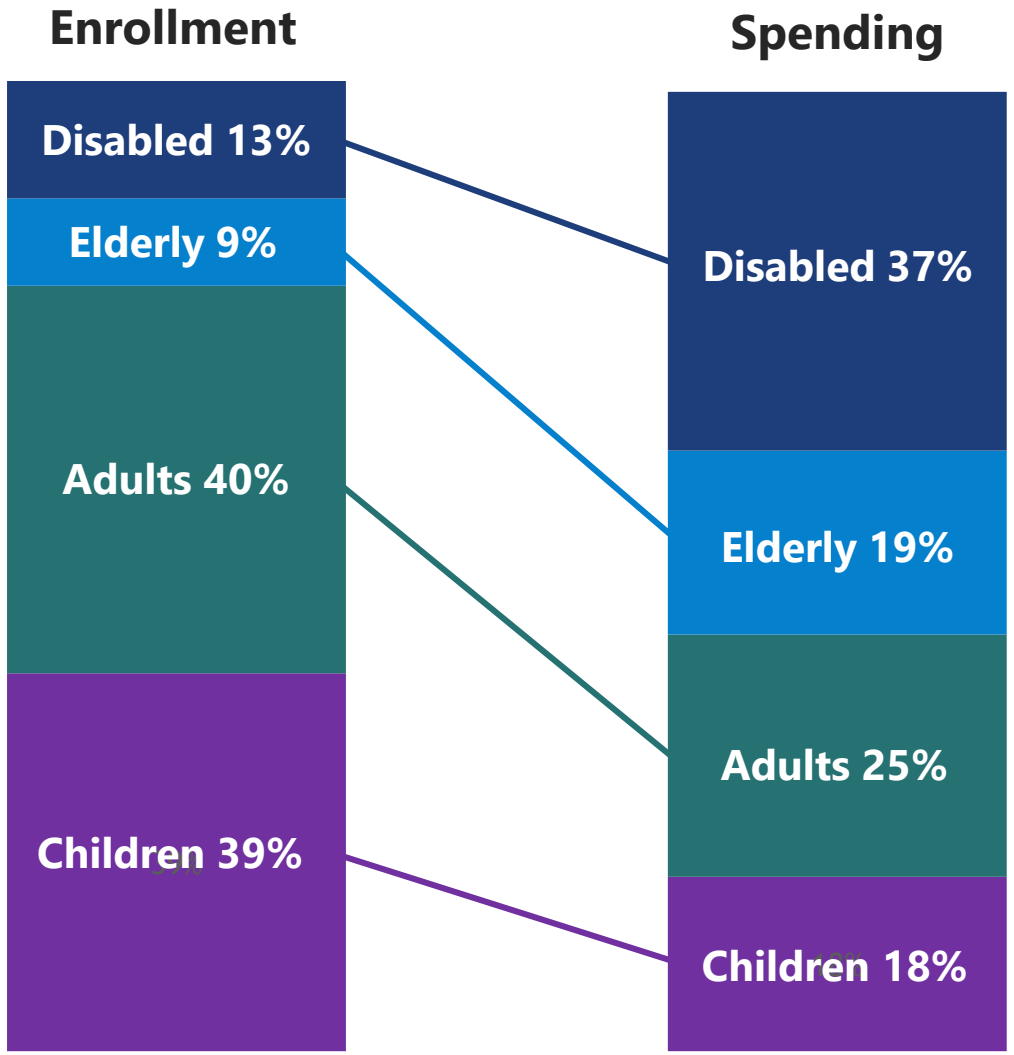
New Medicaid enrollment and take-up rate

Medicaid and non-Medicaid state program savings

- Prior to 2014, little data were available on these metrics. Some states under and overestimated the impact of Medicaid expansion on state budgets.
- Better information is now enabling more recently expanding states to more accurately predict the fiscal impacts of Medicaid expansion.

Medicaid Spending in Expansion States by Population, FY 2014

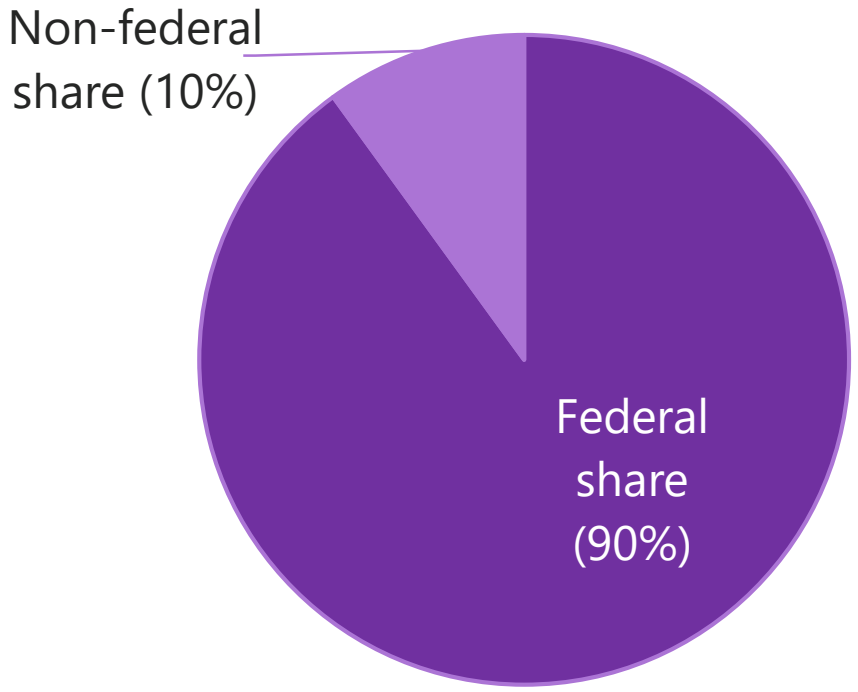
More than half of Medicaid spending in expansion states is on the Elderly and Disabled Populations



Kaiser Family Foundation, Medicaid Financing: The Basics (2019).

Sources of Funding for Medicaid Expansion

- Sources of funding for the Medicaid expansion are similar to those for the regular Medicaid program.
- Medicaid expansion has generated state savings by offsetting costs related to behavioral health services, the criminal justice system, SSI program costs, and by covering populations previously funded at the regular federal match rate.



- Provider taxes and fees
- Hospital taxes and fees
- Health plan taxes
- Medicaid and other state program savings
- State general funds
- Other taxes and local sources*

*Note: *"Other" includes cigarette taxes (IN), increases in drug rebates (KY), local government funds (IL), and "other revenue" (NH).*

KFF, Medicaid Enrollment & Spending Growth: FY2018 & 2019 (October 2018).

Impacts of Medicaid Expansion: Improving Access

Coverage

- Medicaid expansion has resulted in significant coverage gains among low-income and vulnerable populations and reductions in disparities.
- Several studies have shown especially large coverage gains for low income workers and individuals with mental illness and substance use disorders.

Access to Care

- Multiple studies have demonstrated increased utilization of preventive care for a range of conditions including cancer, diabetes, behavioral health, and heart disease.
- One study found increases in primary care appointment availability and another found an increase in providers accepting new patients
- Many studies conclude that providers have expanded capacity or participation in Medicaid (including for providing medications for the treatment of opioid use disorders)
- National studies have shown reductions in Marketplace premiums in expansion states compared to non-expansion

Affordability

- Multiple studies show large declines in out of pocket costs, delays in seeking care due to cost, medical debt among Medicaid expansion enrollees, and disparities in affordability.
- Medicaid expansion has resulted in significant declines in uncompensated care for hospitals, clinics, and other providers.

KFF, The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature review, March 2018; The Effects of Medicaid Expansion Under the ACA, State Health & Value Strategies, September 2018; Sommers et. al., Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults, Health Affairs 2017;36(6):1119-28.

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Impacts of Medicaid Expansion: Health Outcomes

Health Outcomes

- Multiple studies show increases in self-reported health and positive health behaviors
- Studies have found associations with reductions in mortality, at the population level and for particular health conditions such as cardiovascular illness and end-stage renal disease
- Low-income individuals in Kentucky and Arkansas reported a 23 percentage point increase in "excellent" self-reported health from 2013 to 2016.
- Mean infant mortality rates declined in Medicaid expansion states but rose slightly in non-expansion states from 2014 to 2016.

Behavioral Health

- Improvements in self-reported mental health
- A 2020 study found that expansion was associated with a 6% lower rate of opioid overdose deaths
- Improvements in access to medications and services for the treatment of mental health and substance use disorders
- Increases in access to treatment for opioid use disorders and no increase in opioid prescribing rates
- Kentucky saw 300 new behavioral health providers enroll with Medicaid in 2014 and provided substance use disorder services to 13,000 members

KFF, The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature review, March 2018; The Effects of Medicaid Expansion Under the ACA, State Health & Value Strategies, September 2018; Sommers et. al., Three-Year Impacts of the Affordable Care Act: Improved Medical Care and Health Among Low-Income Adults, Health Affairs 2017;36(6):1119-28.

Impacts of Medicaid Expansion: Economy

Labor Market

- Ohio Medicaid expansion enrollees reported that Medicaid enrollment made it easier to seek employment and continue working.
- Medicaid expansion created 31,074 additional jobs in Colorado as of FY2015-2016, 39,000 additional jobs in Michigan in 2016, and will create an estimated 40,000 jobs in Kentucky through SFY2021 with an average salary of $41,000.
- National studies show that expansion support the ability to work or seek work and is associated with increases in labor force participation and employment

Economic Growth

- Expansion has also been associated with decreases in poverty rates and food insecurity
- Pennsylvania saw a $2.2 billion increase in economic output and $53.4 million increase in state tax revenue
- A 2017 study of Michigan's expansion found that personal income increased by more than $2 billion per year, yielding over $145 million in new state tax revenue

State Budget Impacts

- Montana's state budget savings through state fiscal year 2017 exceed $36 million as a result of Medicaid expansion.
- As of March 2018, Medicaid expansion in Louisiana created nearly 19,000 jobs and enhanced state revenues by more than $100 million.

KFF, The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature review, March 2020; Manatt Health, Medicaid expansion: How it affects Montana's state budget, economy, and residents, Montana Healthcare Foundation, 2018; Richardson et. al., Medicaid expansion and the Louisiana economy, LSU. 2018.

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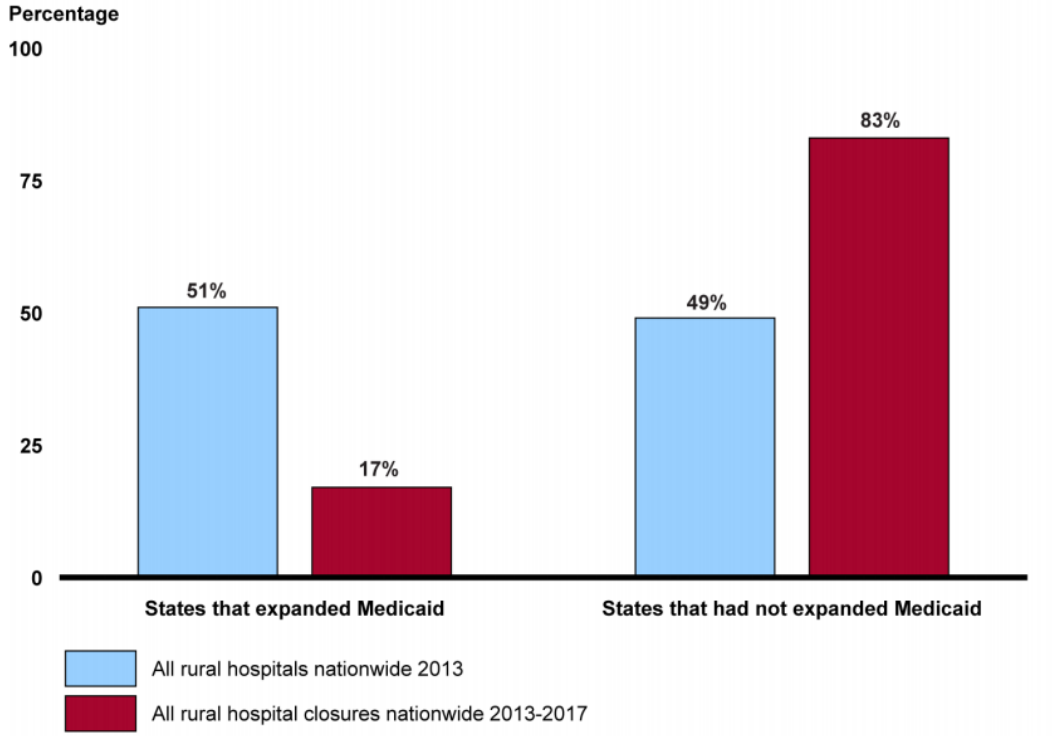
Impacts of Expansion on Rural Communities

- Increases in coverage
- Improved operating margins for rural hospitals
- Improved hospital financial performance and reductions in rural hospital closure

Figure 5: Percentage of Rural Hospitals in 2013 Relative to Percentage of Rural Hospital Closures from 2013 through 2017, by Medicaid Expansion Status



Source: GAO analysis of Department of Health and Human Services (HHS) and HHS-funded data. | GAO-18-634

Note: Hospitals were defined as general acute care hospitals in the United States, and a hospital closure as a cessation of inpatient services. Rural was defined using the Federal Office of Rural Health Policy's definition (areas in (i) a non-metropolitan county, (ii) a metropolitan county, but with a Rural-Urban Commuting Area code of 4 or higher, or (iii) in one of 132 large and sparsely populated census tracts with a Rural-Urban Commuting Area code of 2 or 3).

Medicaid expansion status is as of April 2018.

KFF, The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature review, March 2018;
GAO Rural Hospital Closures Report to Congressional Requesters August 2018

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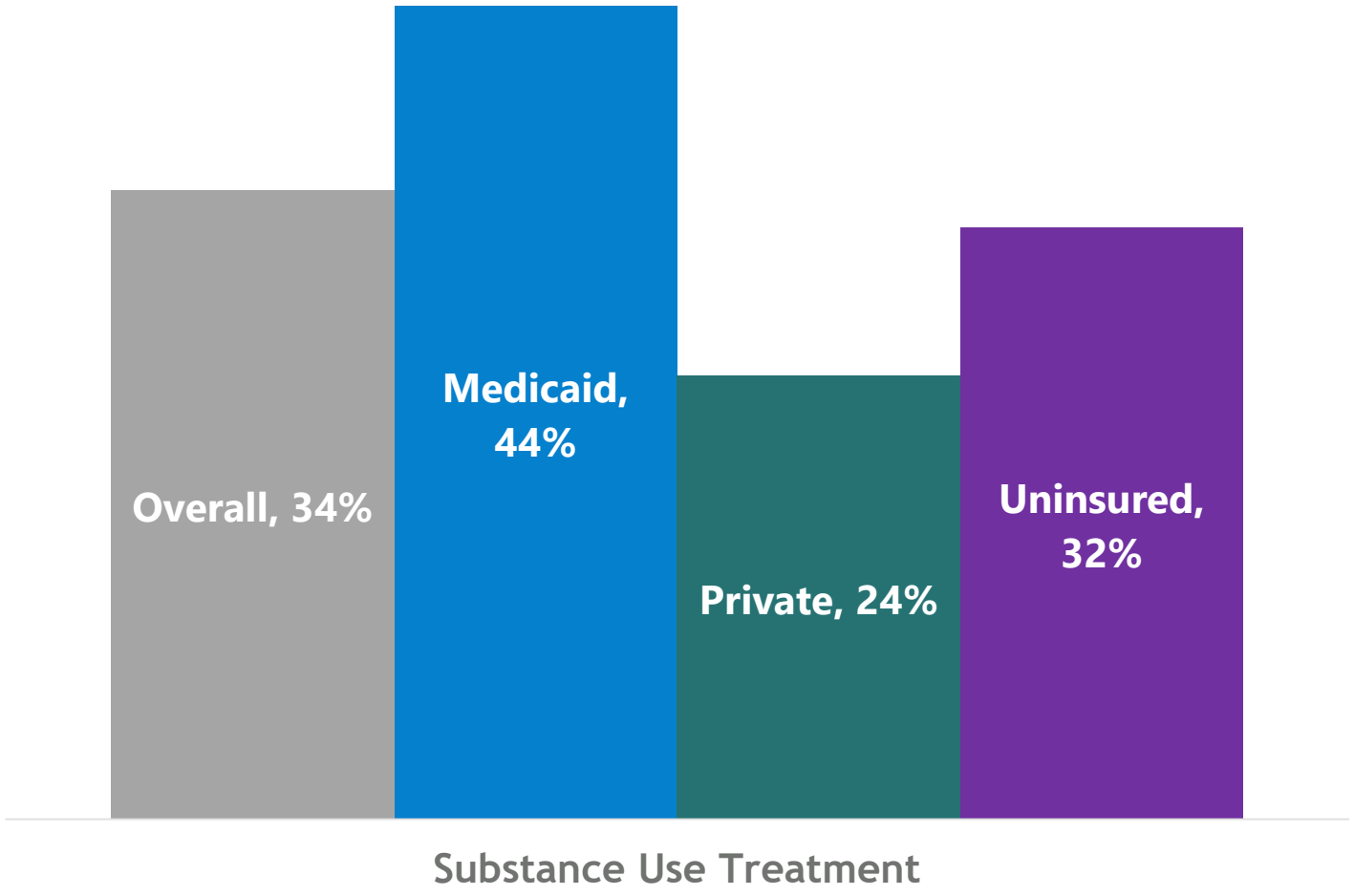
Medicaid's Role in Addressing the Opioid Epidemic



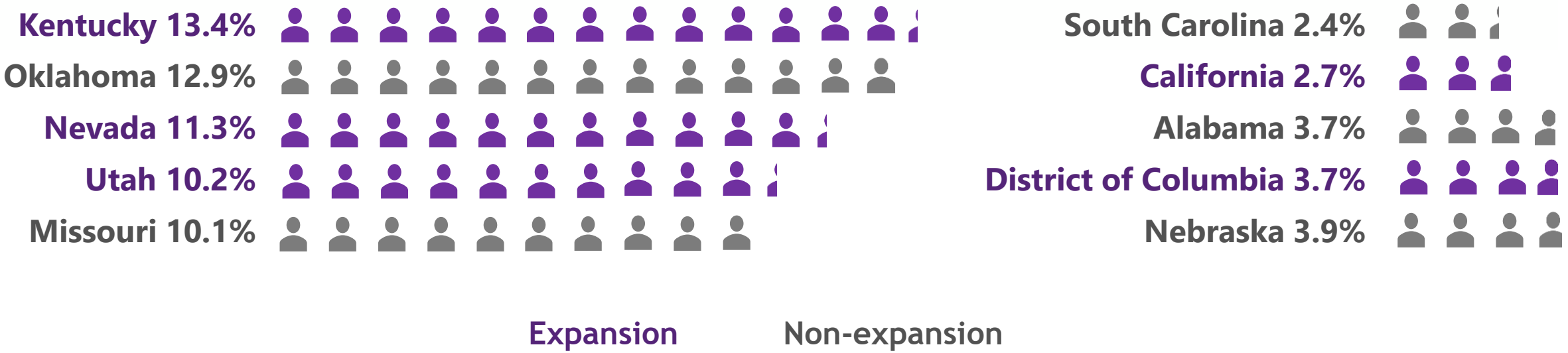
Medicaid is the largest funding source for the treatment of Opioid Use Disorders

Kaiser Family Foundation, Medicaid's Role in Addressing the Opioid Epidemic (2019).

Medicaid's Role in Responding to COVID-19

Medicaid enrollment is increasing amid the COVID-19 pandemic. Nationally, enrollment has increased by 4.3 million or 6.1% from Feb 2020 to July 2020.

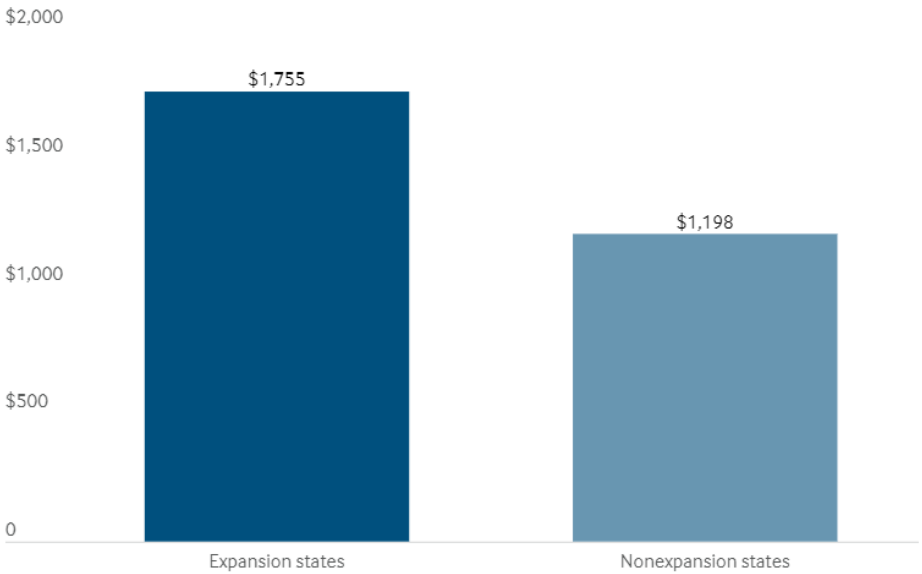
The five states with the highest and lowest percentage increase in enrollments represent a mix of expansion and non-expansion states.



Kaiser Family Foundation Analysis of Recent National Trends in Medicaid and CHIP Enrollment (Oct 2020).

Medicaid Expansion's Role in Responding to COVID-19

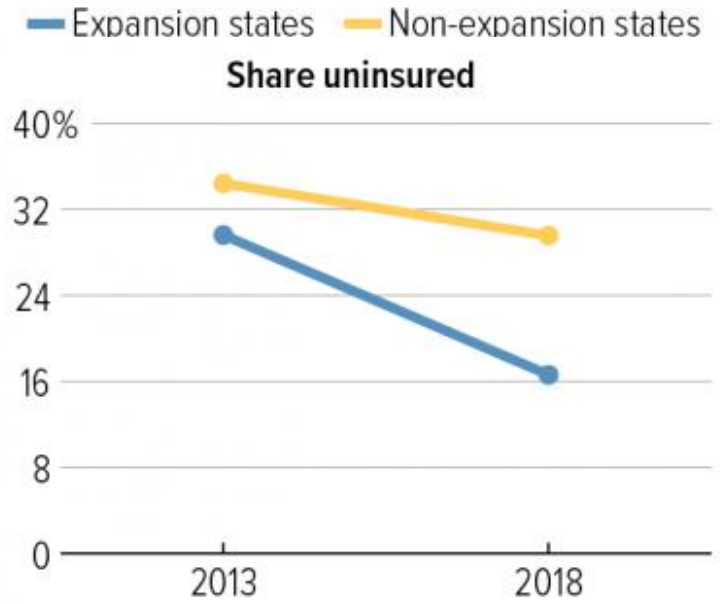
Projected Federal Medicaid and CARES Act Funding per Person, Expansion States vs. Nonexpansion States



Download data

Note: Figures exclude states that are projected to receive the minimum CARES Act allocation ($1.25 billion). The "expansion" category excludes Virginia, which expanded in 2019 but currently lacks sufficient data on expansion group expenditures and the new uninsured rate.

Medicaid Expansion Boosts Coverage for Low-Income Essential Workers



Note: "Low-income essential workers" refers to essential or front-line workers – those likely required to go to work despite stay-at-home orders – with incomes up to 200 percent of poverty. States can expand Medicaid coverage to low-income adults under the Affordable Care Act. Expansion took effect in 2014.

Source: CBPP analysis of Census Bureau data

Center on Budget and Policy Priorities States that Have Expanded Medicaid are Better Positioned to Address COVID-19 (July 2020)
Commonwealth Fund The COVID-19 Crisis is Giving States That Haven't Expanded Medicaid New Reasons to Reconsider (April 2020)

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Contact

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North Carolina Medicaid Overview

Dave Richard
Deputy Secretary, NC Medicaid

December 4, 2020

North Carolina Medicaid

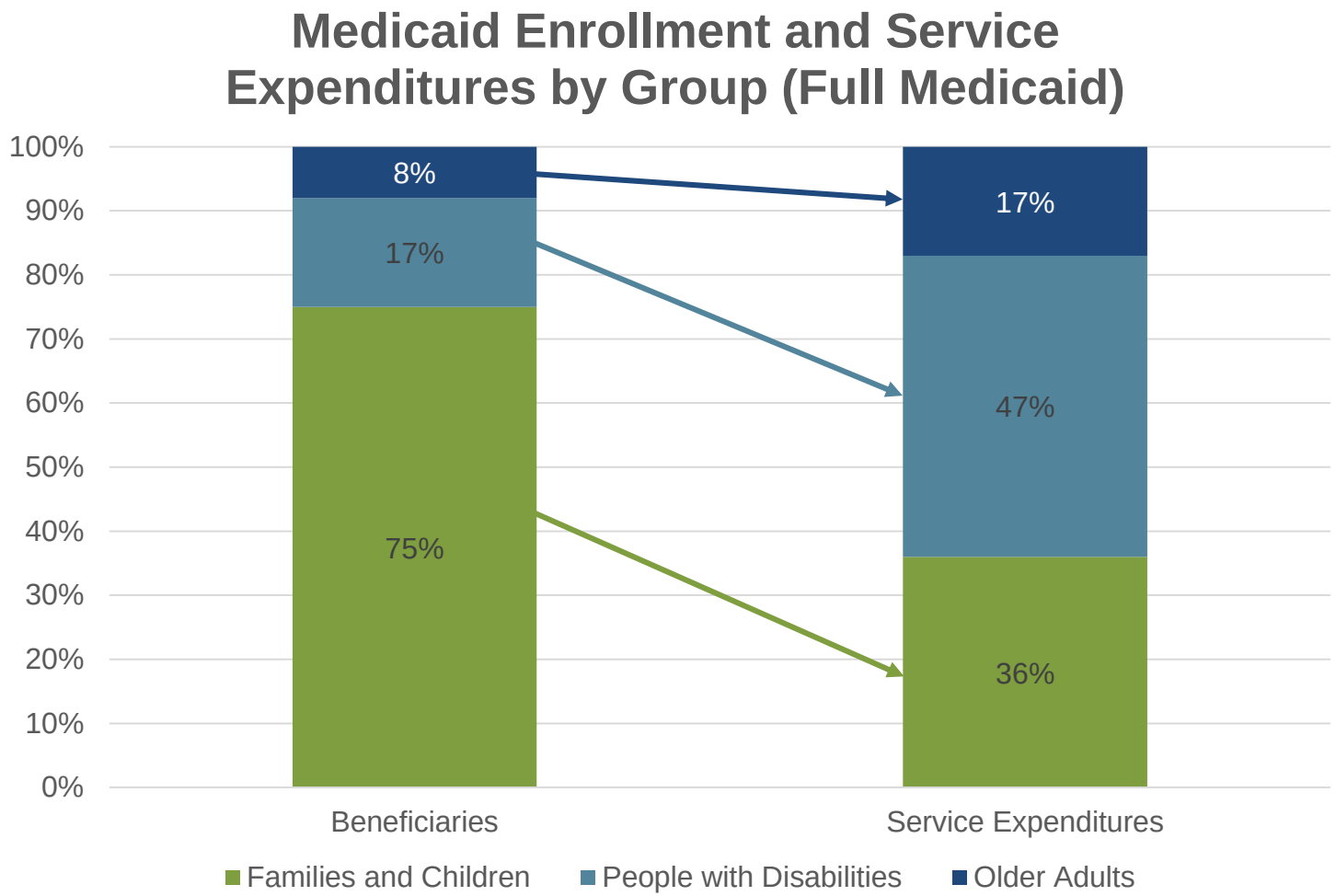
Improving the health and quality of life for families

Supporting millions of North Carolina families for 50 years.

Who Receives Full Medicaid?

Group	Monthly Income		Annual Income	
Older Adults > 65 People with blindness People with disabilities *Asset limits also apply	100% of Poverty Level 1 - $1,041 2 - $1,410		100% of Poverty Level 1 - $12,760 2 - $17,240	
Parents/caretakers of children <18, individuals aged 19 and 20	~42% of Poverty Level 1 - $434 2 - $569 3 - $667		~42% of Poverty Level 1 - $5,360 2 - $7,240 3 - $9,120	
Children <6	210% of Poverty Level 1 - $2,186 2 - $2,960 3 - $3,733		210% of Poverty Level 1 - $26,800 2 - $36,200 3 - $45,610	
Children >6	Medicaid 133% of Poverty Level 1 - $1,385 2 - $1,875 3 - $2,365	Health Choice 211% of Poverty 1- $2,244 2-$3,032 3-$3,820	Medicaid 133% of Poverty Level 1 - $16,970 2 - $22,930 3 - $28,890	Health Choice 211% of Poverty 1 - $26,928 2 - $36,384 3 - $45,840
Non-disabled childless adults aged 19-64	Not covered		Not covered	

2019 NC Medicaid Annual Report



NC MEDICAID COVID-19 RESPONSE ACCOMPLISHMENTS

Member Experience and Access to Quality Care

- **175,234** COVID-19 tests covered by Medicaid
- **3565** Members enrolled in optional COVID-19 testing group
- **1.2M** Medicaid eligibility extensions conducted (**673k** individual cases), **1.2M** letters mailed to members
- **656K** Enrollment applications processed since March 1
- **135** Telehealth flexibilities implemented, which spanned **482 codes**
- **1,582,470** Telehealth claims processed
- **272** PA & Service Limits waivers were put in place
- Total of 119,830 Pharmacy mailing and delivery fees paid, **$326,611.5** paid to Providers
- **150+** Service Tickets & FMRs completed
- **203** Individual flexibilities implemented across LME-MCOs
- **26** LME-MCO ILOS: **23** of which are approved

Authority

- **21** Waiver documents submitted to CMS; **20** Waivers approved; **1** under review
- **246** Flexibilities sent to CMS; **192** Approved; **6** Pending CMS response
- **328** CMS FAQs Follow-ups received. **325** complete; **3** in review with respective workstreams

Provider Enablement and Financial Support

- **139** Disaster applications processed
- **94** Provider closures managed, and **228** negatively impacted members assisted with access to care
- Reverification due dates extended for **8,292** providers (based on report received Oct. 27, 2020)
- Effectuated over **~$1 Billion** in rate changes supporting providers across ~**210 rate FMRs**
- Over **$5.5 Million in Cares Act Funding** distributed to **~200** congregate care providers to support COVID-19 testing
- **~$50 Million** in advance payments issued to Outbreak providers

Monitoring and Evaluation

- **17** Clinical, financial and enrollment dashboards developed
- **17** Telehealth uptake analysis visualizations developed
- **26** Telehealth evaluation metrics delivered
- **34** LTSS evaluation questions developed

Facilities and Infrastructure

- **520+** Medicaid staff enabled to work remotely
- **242** Devices issued to support remote work

Communication and Education

- **114** Provider webinars hosted with **49,398** attendees
- **140** COVID-19 Special Medicaid Bulletins published
- **113** NCTracks blasts to providers covering **126** topics
- **1,088** Inquiries received through COVID-19 Mailbox, **93%** addressed
- Since the MCC went remote: **157,692** calls offered; **154,320** calls handled, **2%** abandonment rate, **28** second average wait time
- COVID-19 Triage Plus Line enabled with CCNC, **55,061** calls received since launch

Process Efficiencies and Automation

Streamlined FAQs/Inquiries Management

- **1,570** Incidents opened since March 27
- **1,508** Incidents resolved

Knowledge Management

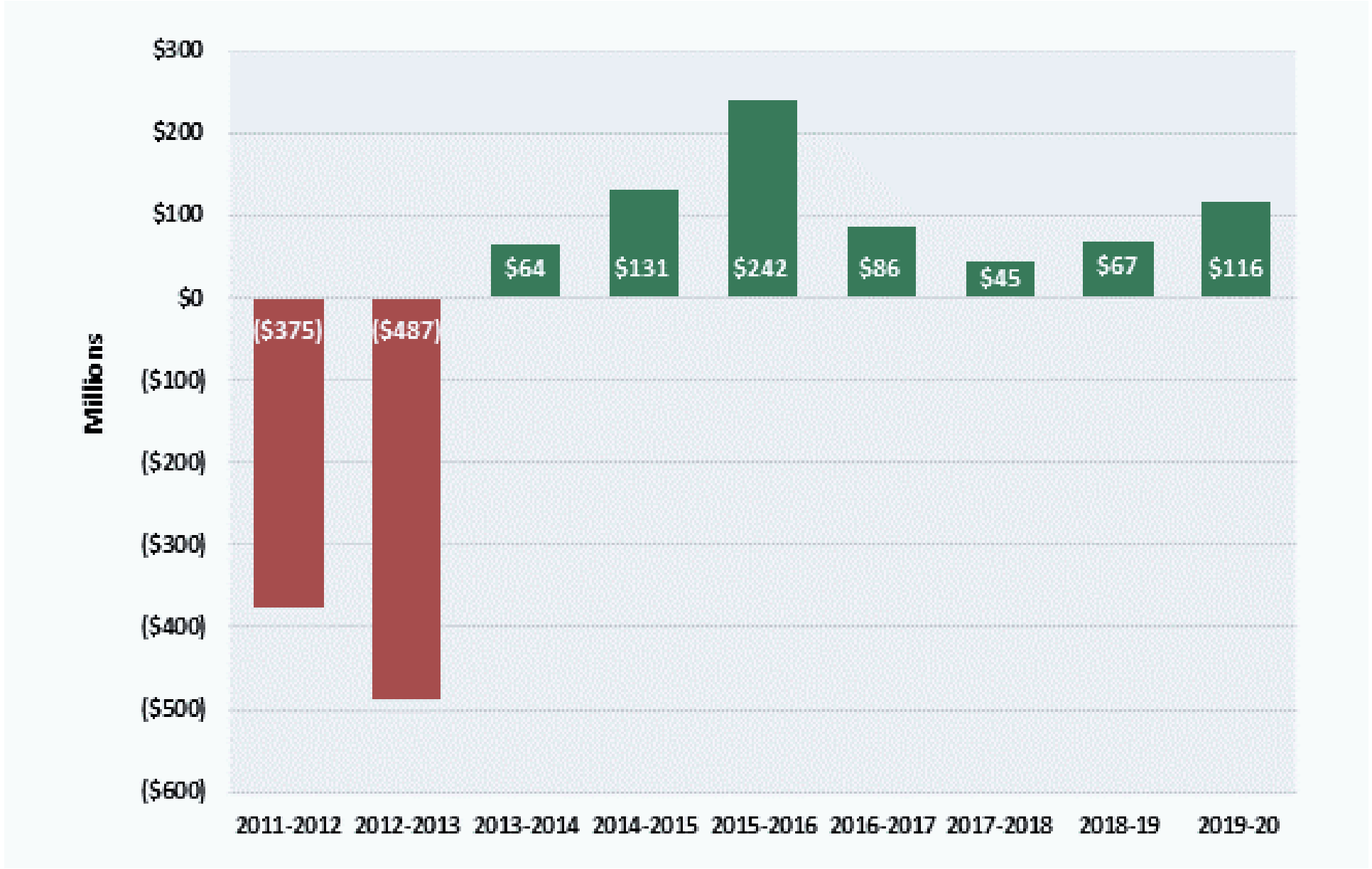
- **162** FAQs and **139** Bulletins incorporated since launch April 24

Circuit Breaker Process

- Two rounds of evaluation complete
- **386** Flexibility groups evaluated
- **44** were recommended to continue
- **68** were recommended to continue with changes

Complied based on updates received by November 5, 2020

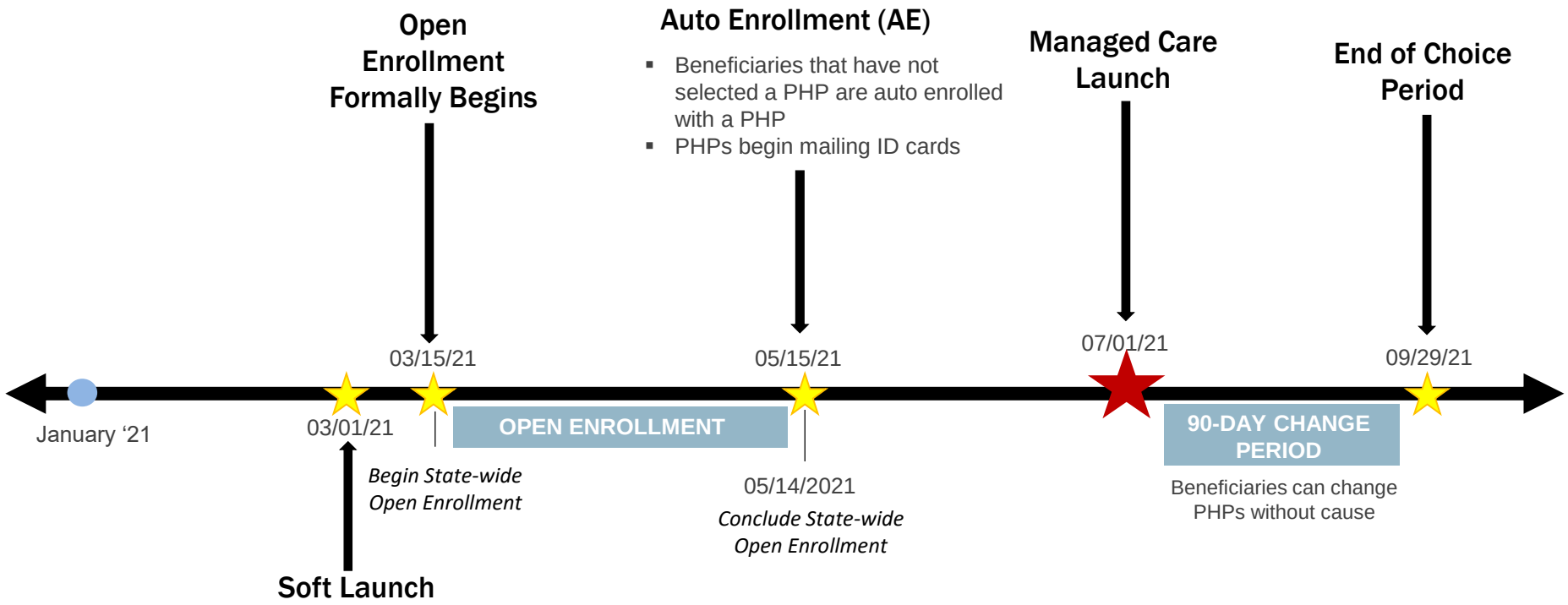
NC Medicaid Fiscal Year-End Financial Position (Appropriations)



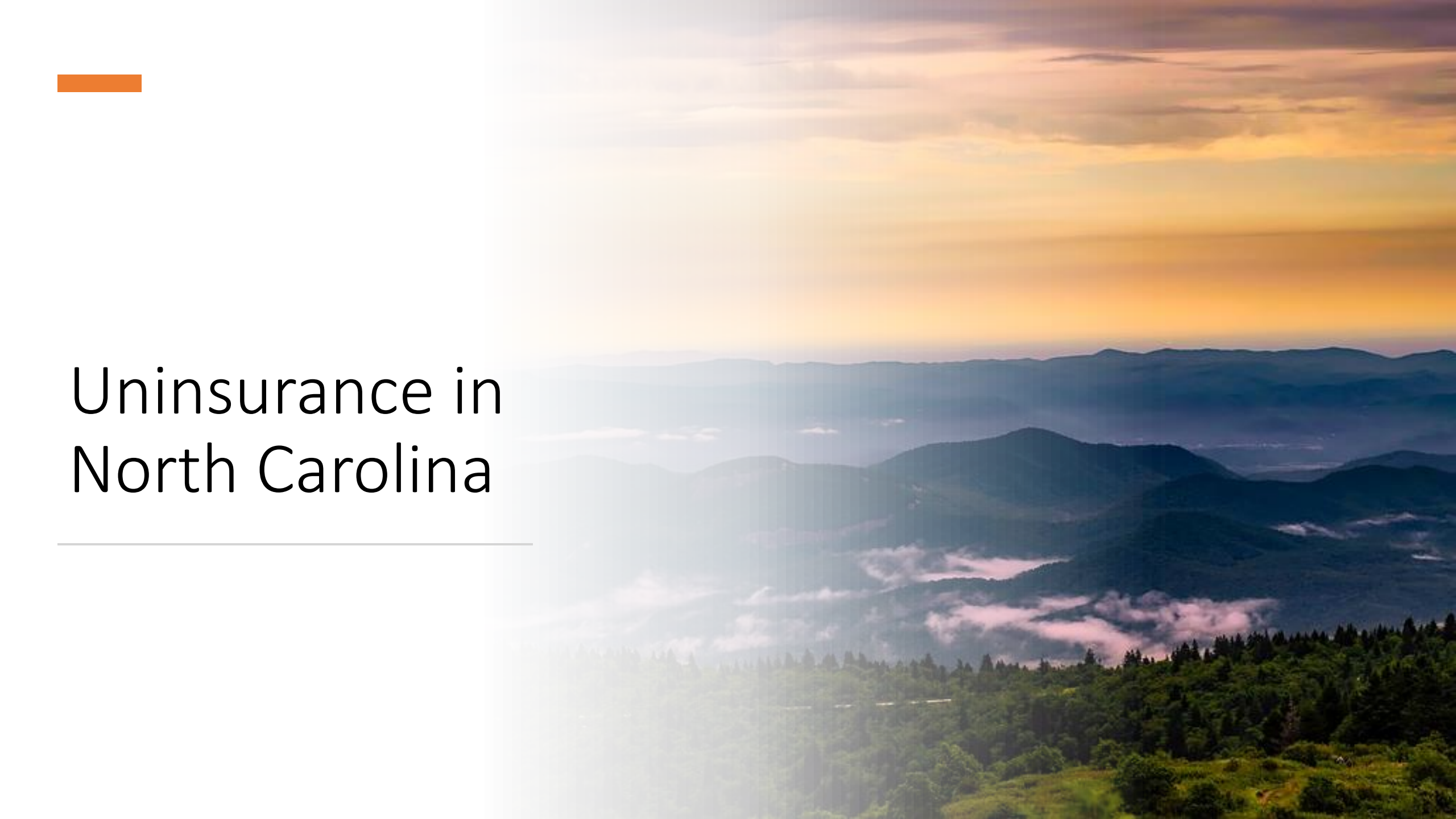
North Carolina's Vision for Medicaid Transformation

"To improve the health of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both the medical and non-medical drivers of health."

Medicaid Transformation Timeline



Uninsurance in North Carolina

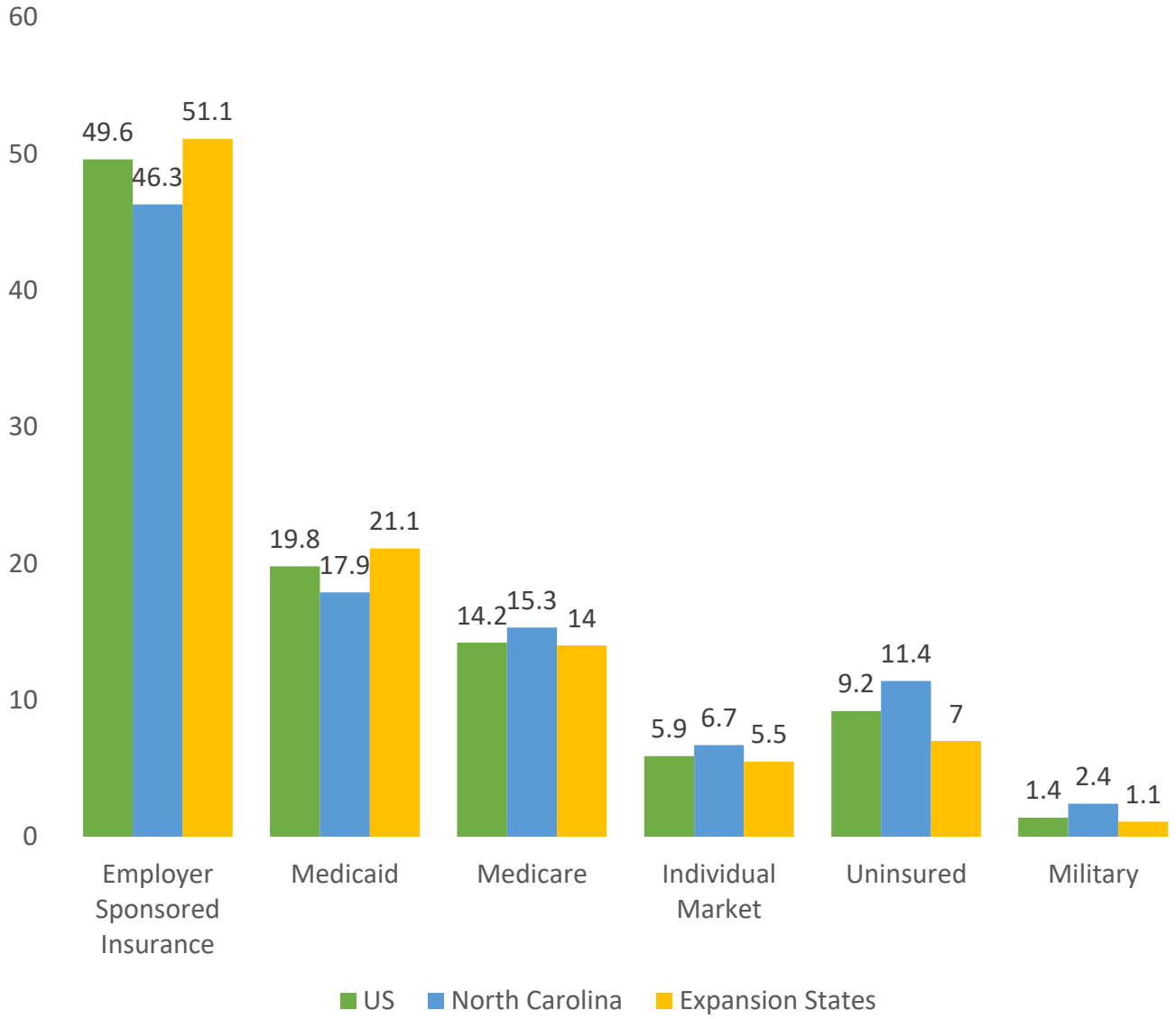


Health Insurance Coverage

1.2 million

uninsured residents in

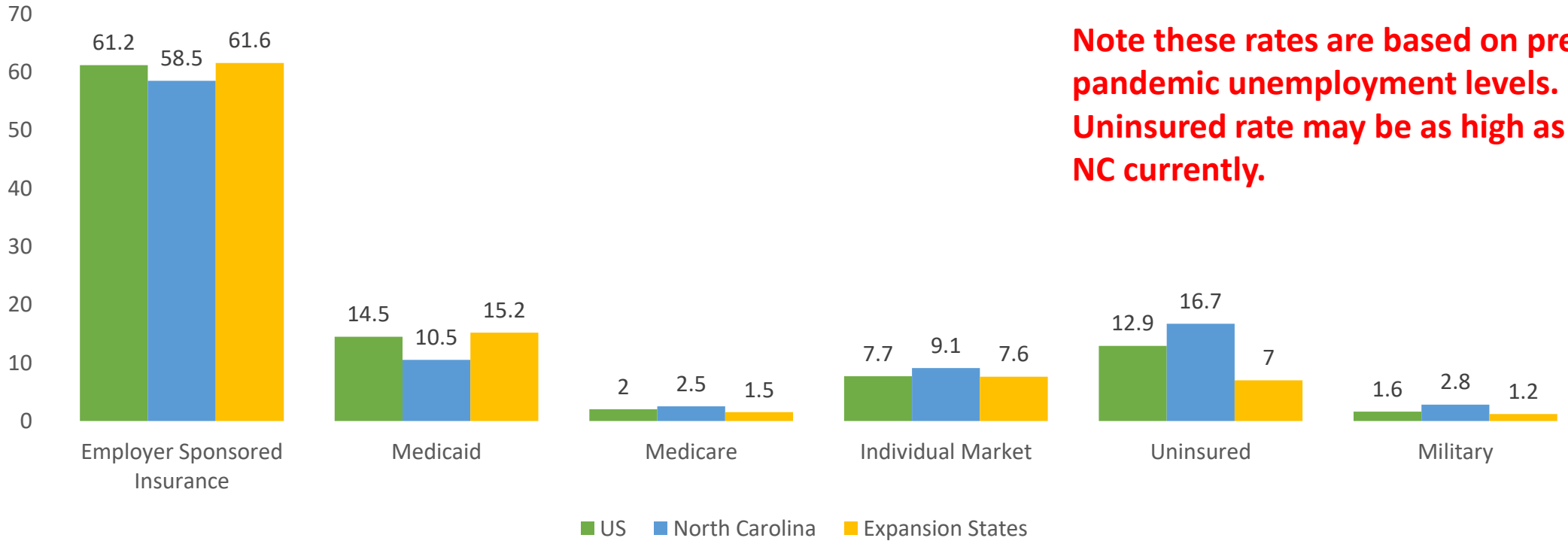
North Carolina



Source: Census Bureau, American Community Survey data, 2019

How does coverage for 19-64 YOs in NC compare to US, Expansion states?

NC: 6th highest uninsured rate in 2019



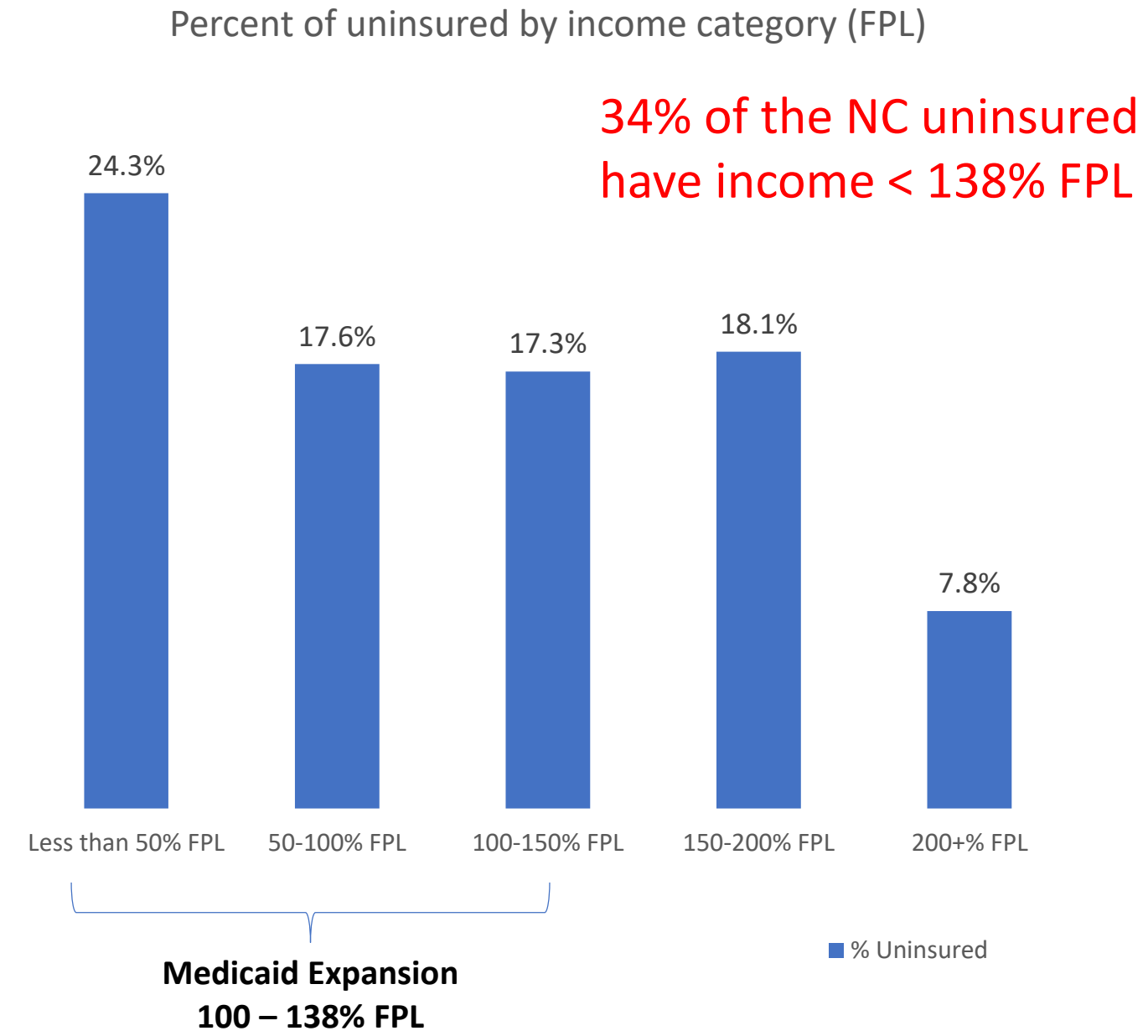
Note these rates are based on pre-pandemic unemployment levels. Uninsured rate may be as high as 20% in NC currently.

Source: 2019 Census American Community Survey

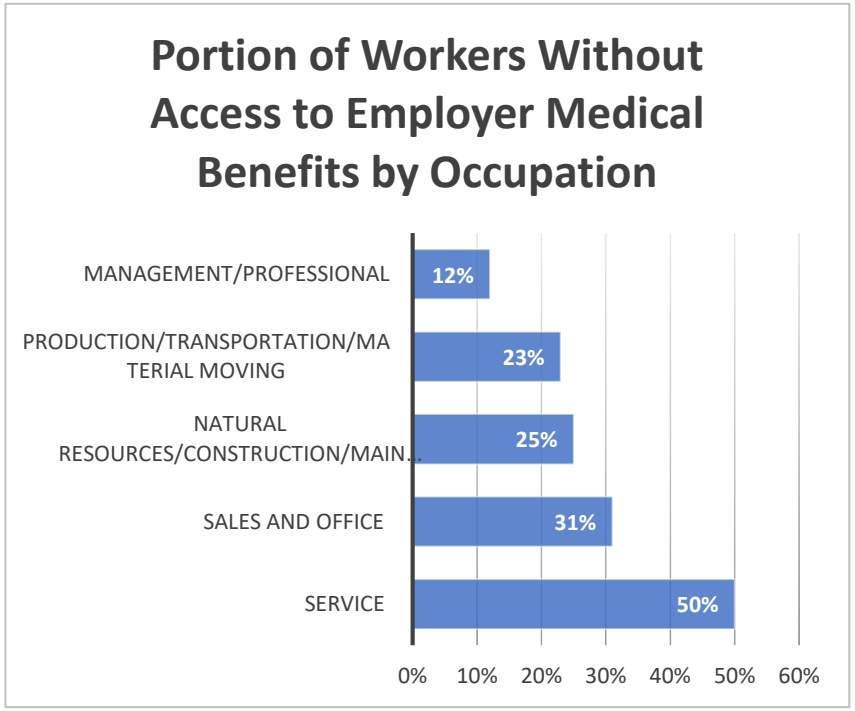
Who are the Uninsured

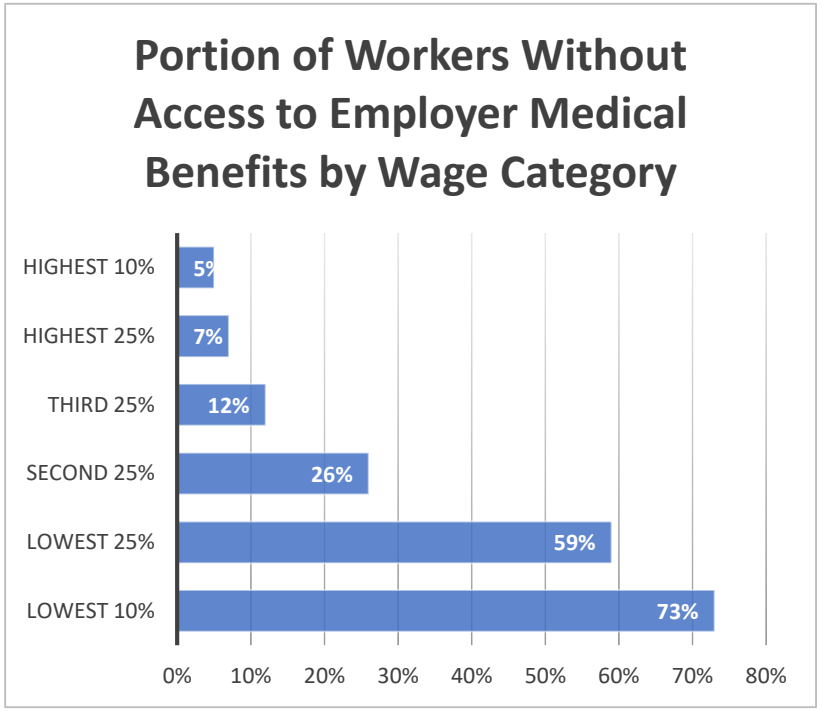
Lower income are more likely to be uninsured

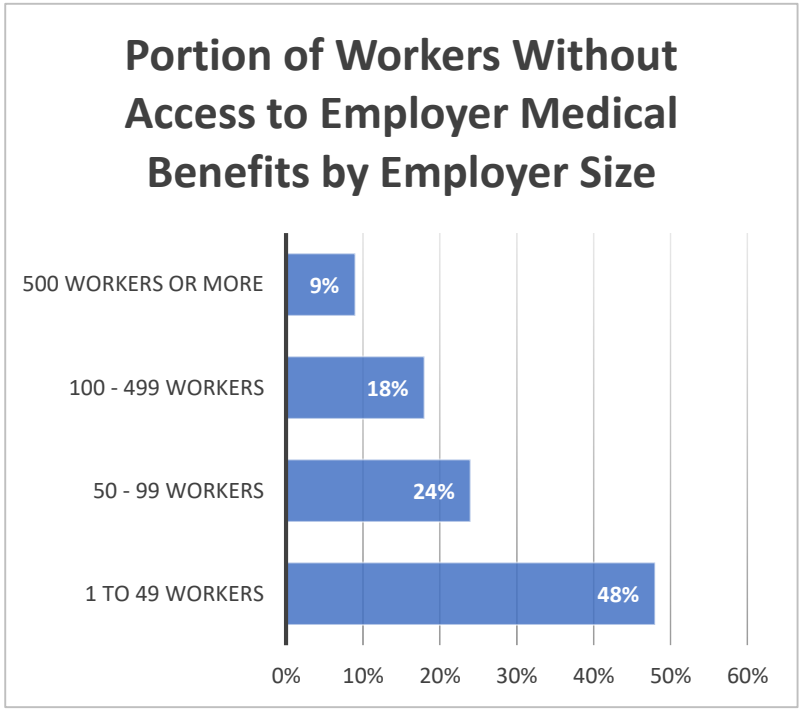
138% FPL = $36,156 for family of 4 in 2020



28% of workers do not have access to employer medical benefits







Source: Bureau of Labor Statistics, https://www.bls.gov/news.release/pdf/ebs2.pdf

Sample Industries with Low-Income Uninsured Workers (Pre-Pandemic)

Grocery Workers
19% Uninsured

Annual Income: $21,680
2018 Employer Insurance: 52%

Nursing Home/Home Health
14%/19% Uninsured

Annual Income: $33,280/$29,952
(Direct care workers average $10/hour)
2018 Employer Insurance: 57%/39%

Clothing Store Workers
14% Uninsured

Annual Income: $19,800
2018 Employer Insurance: 55%

Hotel / Lodging Workers
28% Uninsured

Annual Income: $24,450
2018 Employer Insurance: 40%

Restaurant Workers
28% Uninsured

Annual Income: $17,160
2018 Employer Insurance: 40%

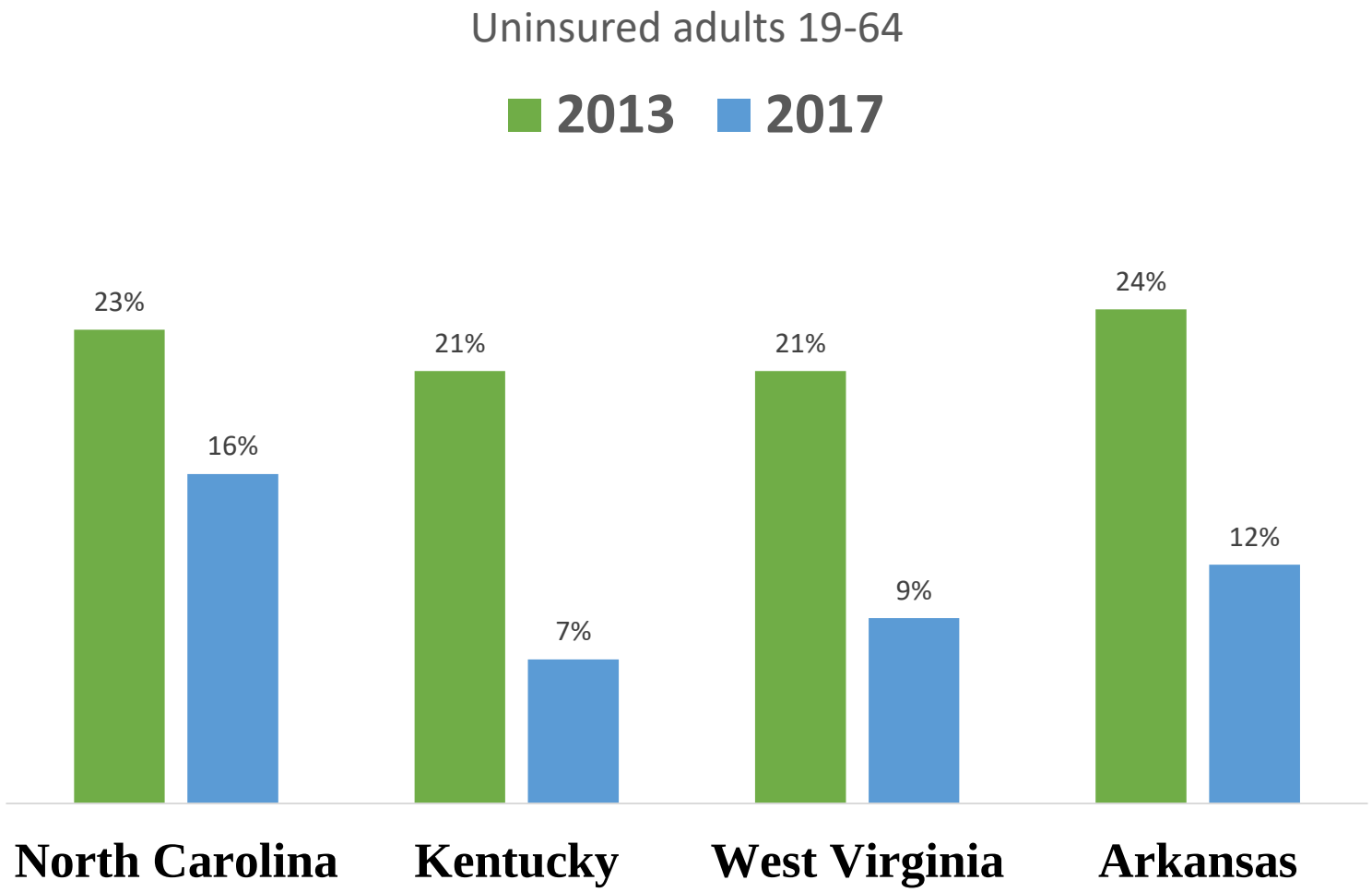
Hair Cutters
20% Uninsured

Annual Income: $28,320
2018 Employer Insurance: 37%

Child Day Care Workers
20% Uninsured

Annual Income: $22,360
2018 Employer Insurance: 52%

Expansion States Have Lower Percent of Uninsured Adults

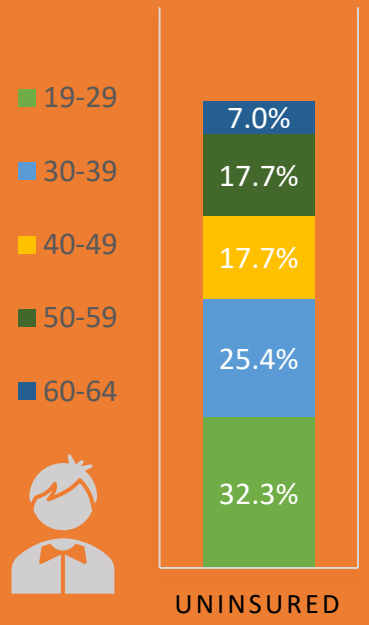


Source: Census Bureau, American Community Survey data

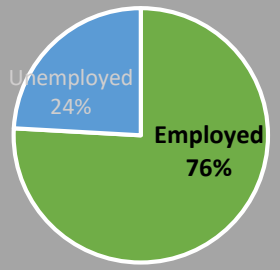
Who Would be Eligible for Medicaid Expansion in North Carolina?

Age

- More than half of uninsured low-income adults are under 40



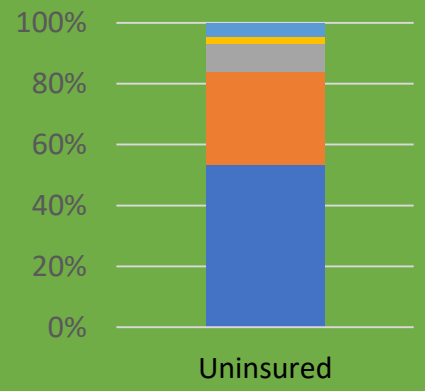
Employment Industries of Uninsured



Employment

- Most are employed
- High uninsurance rates in hospitality, retail, and manufacturing

Race / Ethnicity



- Other
- American Indian
- Hispanic
- Black Non-Hispanic

Uninsured Adults In North Carolina Family Status

- Have Children 0-17
- No Children

Family

- One in three uninsured eligible are parents of children under 18.

Gender

- Uninsured low-income adults are primarily women

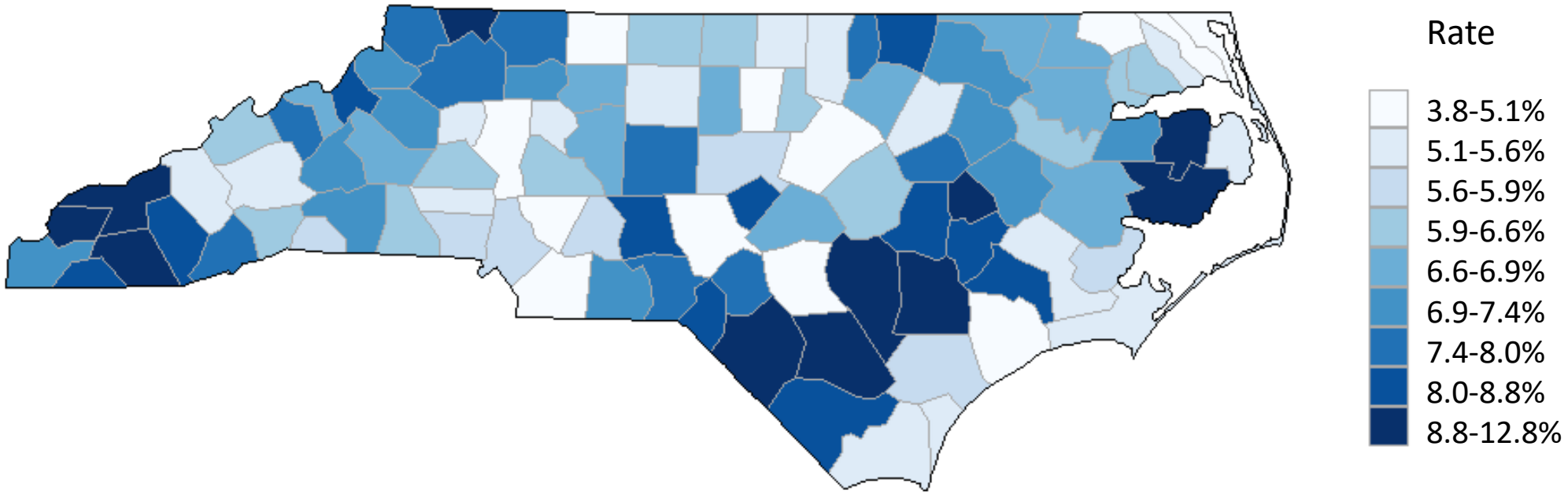
52%

North Carolina hospitals provided approximately $1,825,000,000 in uncompensated care in 2019

(Plus another $1.6 billion in losses from Medicaid and Medicare)

Source: September 2020 Medicare Cost Reports

Percent of Adult Population (18-64) and under 138% FPL who are Uninsured



A higher percentage of people in rural areas would be eligible for Medicaid expansion in North Carolina

Rural Health and Medicaid Expansion in North Carolina

- Rural residents are **40% more likely** to be uninsured and eligible for Medicaid expansion
- Prior studies have shown that Medicaid expansion is associated with **improved hospital financial performance** and reductions in hospital closure
- **11 rural hospitals have closed** in North Carolina since 2005. Many others have cut key services.
- There are 6 rural hospitals that the Sheps Center classifies as having high financial risk – **these hospitals serve communities of about 180,000 people**.
- Losing the only hospital in a county implies a **decrease of about $1,300 dollars in per capita income**

Veterans and their Families

- North Carolina has 730,357 Veterans
- Only 338,5050 of those receive care through the VA
- Even if a Veteran receives health care through the VA their **families may remain uninsured**
- Veterans uninsurance rate decreased 4.3 percentage points in expansion states.
- Medicaid Expansion could help approximately **14,000 additional North Carolina Veterans** gain health coverage

Source: Robert Wood Johnson and Urban Institute Analysis

Medicaid expansion would reduce the number of North Carolinians without insurance

- People in North Carolina who would be eligible for Medicaid Expansion are more likely to be younger, working for essential industries, and include many families
- Medicaid Expansion would help rural residents, strengthen rural hospitals, and financially benefit rural communities
- More than 200,000 uninsured employees will have health insurance helping many small and essential business maintain a healthy workforce

THE OHIO STATE UNIVERSITY

JOHN GLENN COLLEGE OF PUBLIC AFFAIRS

Ohio's Medicaid Expansion

Greg Moody, Executive in Residence
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December 4, 2020

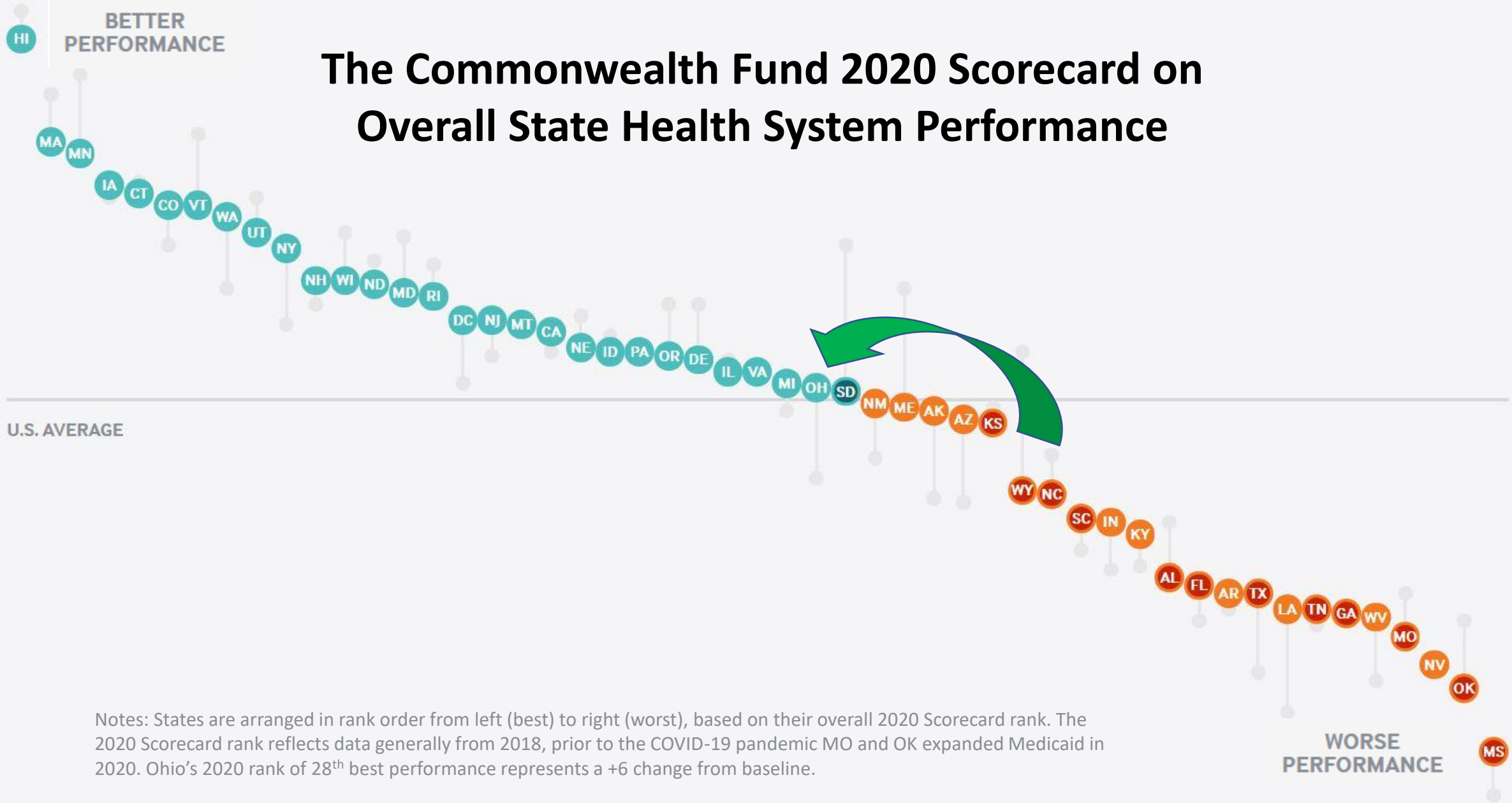
2010 Ohio Medicaid was growing more than 10% annually and the state had an $8 billion budget deficit.

Ohio | Governor's Office of Health Transformation

- Restructure and rebid Medicaid managed care
- Prioritize home and community based services
- Rebuild behavioral health system capacity
- Modernize technology infrastructure
- Engage partners to pay for value instead of volume
- Increase access to comprehensive primary care
- Reward value in high cost episodes of care
- Extend Medicaid coverage

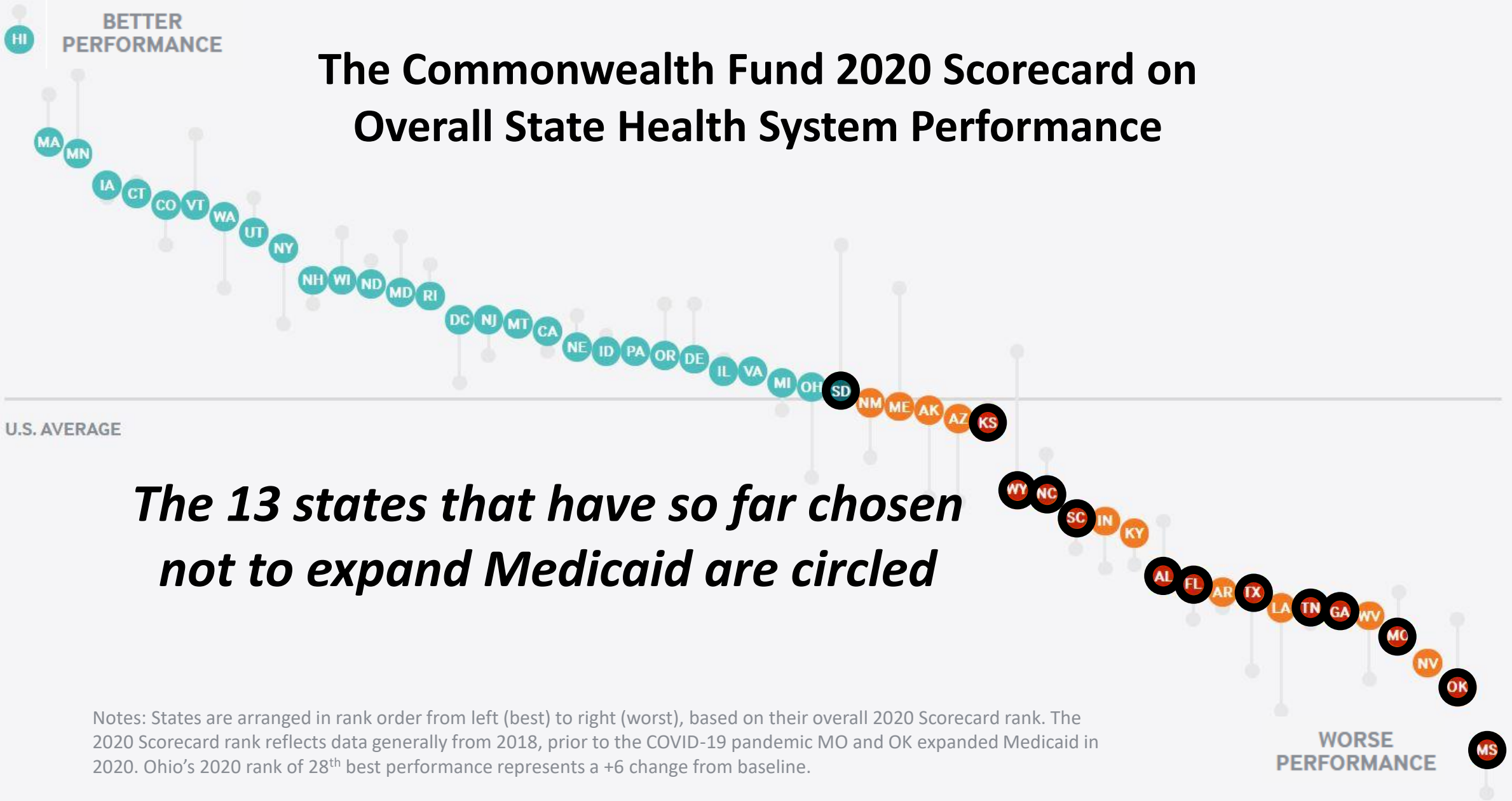
2013 Ohio Medicaid was growing less than 3% annually with $2 billion in the rainy-day fund.

The Commonwealth Fund 2020 Scorecard on Overall State Health System Performance



Notes: States are arranged in rank order from left (best) to right (worst), based on their overall 2020 Scorecard rank. The 2020 Scorecard rank reflects data generally from 2018, prior to the COVID-19 pandemic MO and OK expanded Medicaid in 2020. Ohio's 2020 rank of 28th best performance represents a +6 change from baseline.

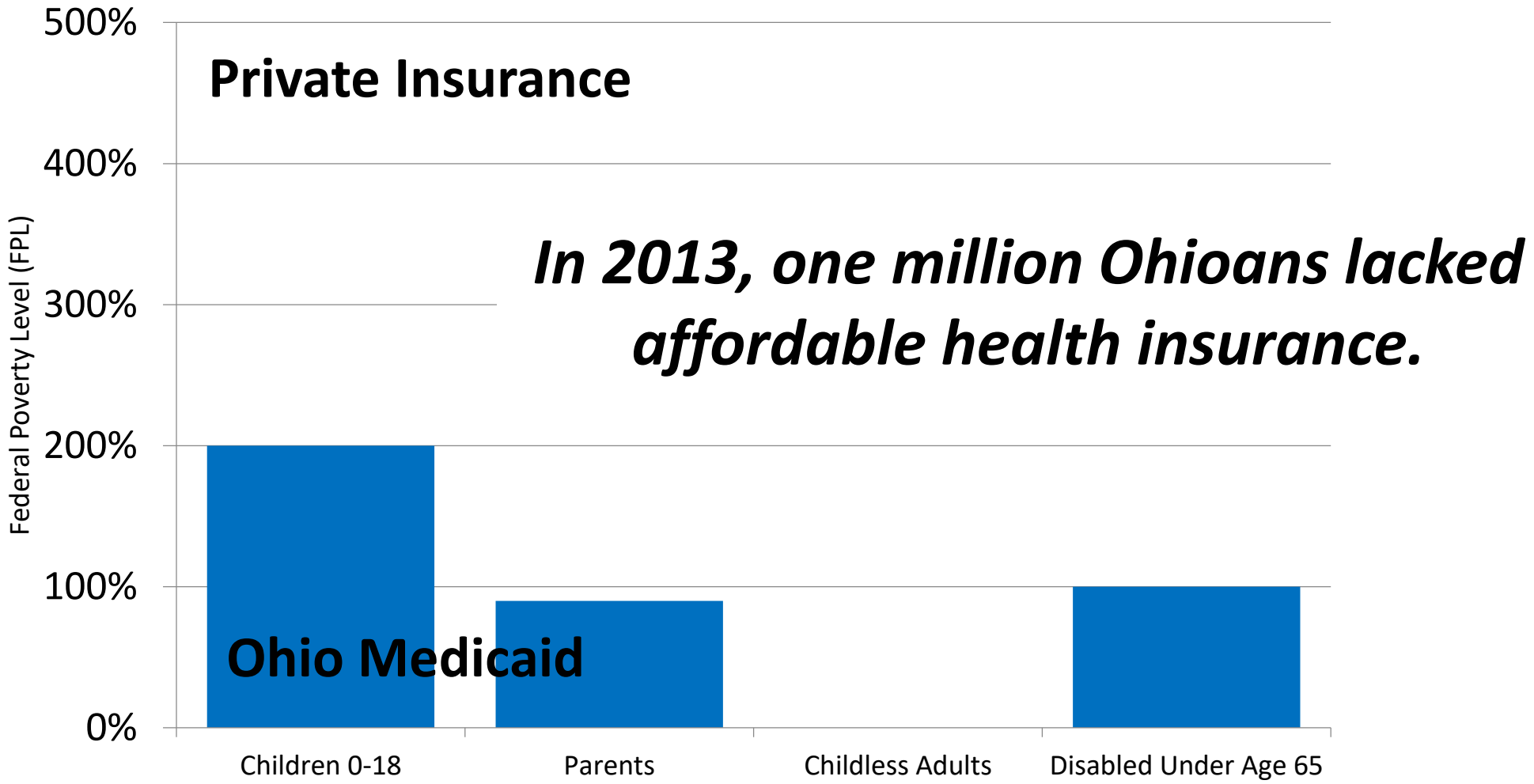
The Commonwealth Fund 2020 Scorecard on Overall State Health System Performance



The 13 states that have so far chosen not to expand Medicaid are circled

Notes: States are arranged in rank order from left (best) to right (worst), based on their overall 2020 Scorecard rank. The 2020 Scorecard rank reflects data generally from 2018, prior to the COVID-19 pandemic MO and OK expanded Medicaid in 2020. Ohio's 2020 rank of 28th best performance represents a +6 change from baseline.

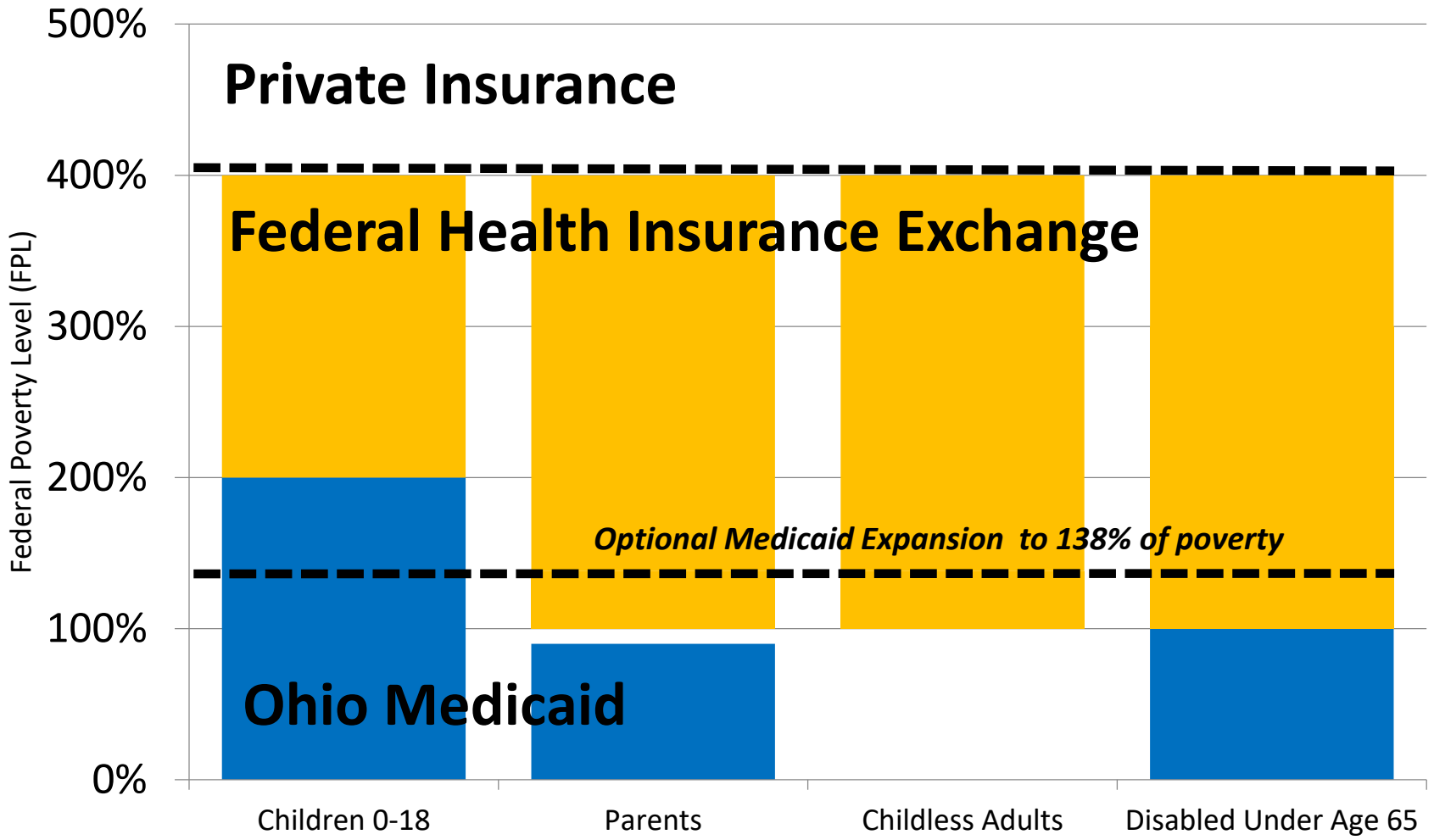
Ohio Medicaid Income Eligibility Levels prior to January 2014



In 2013, one million Ohioans lacked affordable health insurance.

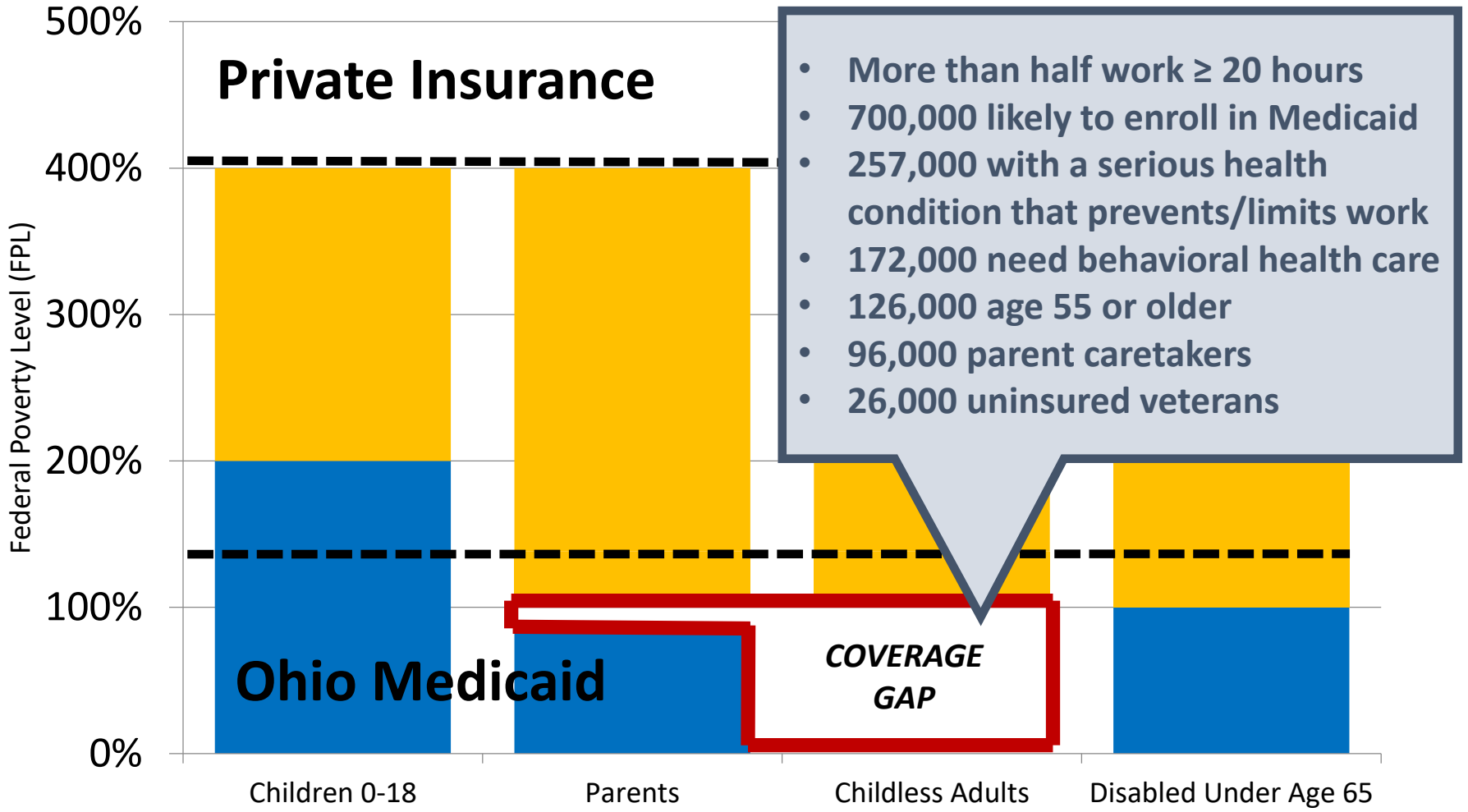
SOURCE: Ohio Governor's Office of Health Transformation (2013).

Federal Income Eligibility Levels after January 2014



SOURCE: Ohio Governor's Office of Health Transformation (2013).

Federal Income Eligibility Levels after January 2014

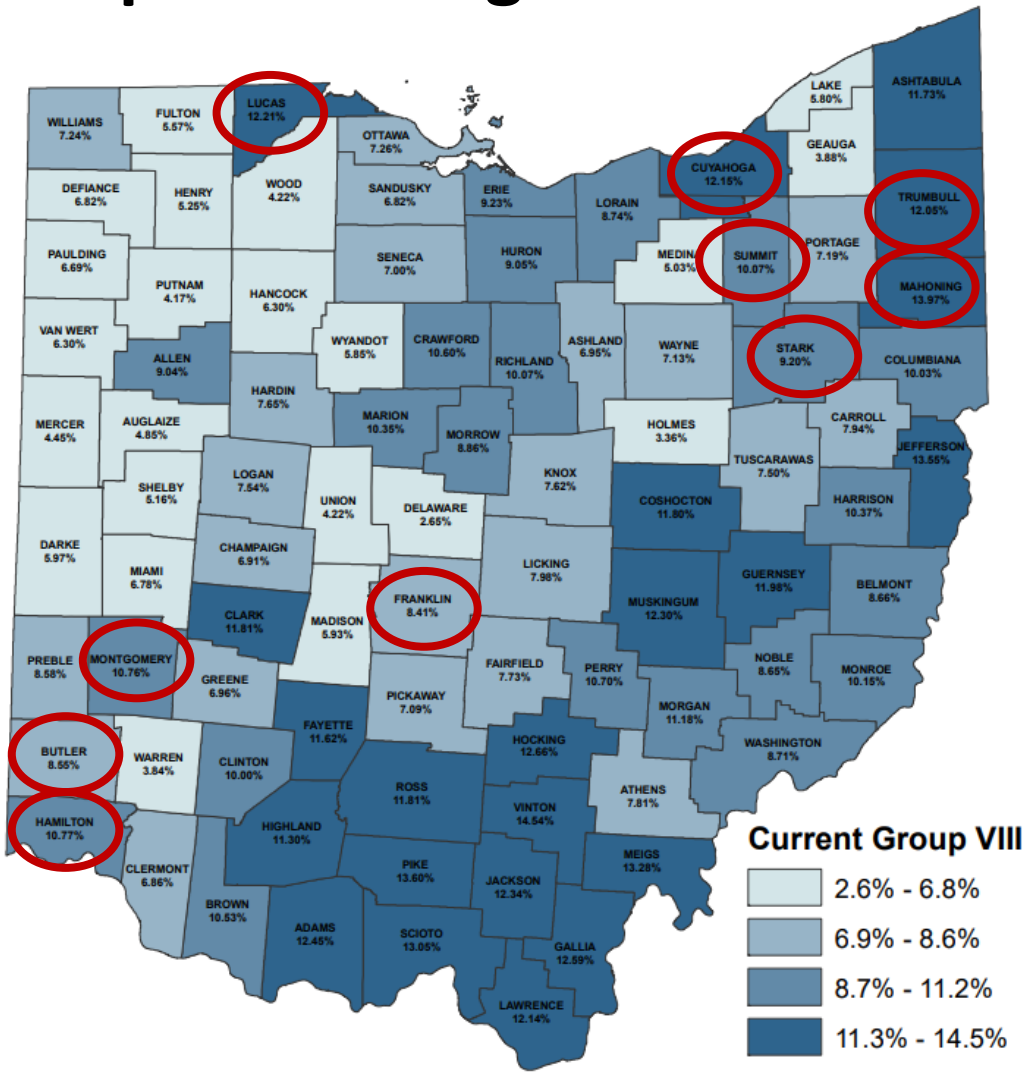


SOURCE: Ohio Governor's Office of Health Transformation (2013).

Counties with 10,000+ Medicaid Expansion-eligible residents

SOURCE: Ohio Department of Medicaid, Managed Care Enrollment and Eligibility Report.

Medicaid Expansion-eligible residents by county



SOURCE: Ohio Department of Medicaid, 2018 Medicaid Group VIII Assessment (August 2018).

Cultivate a Broad and Transparent Coalition

Obviously …

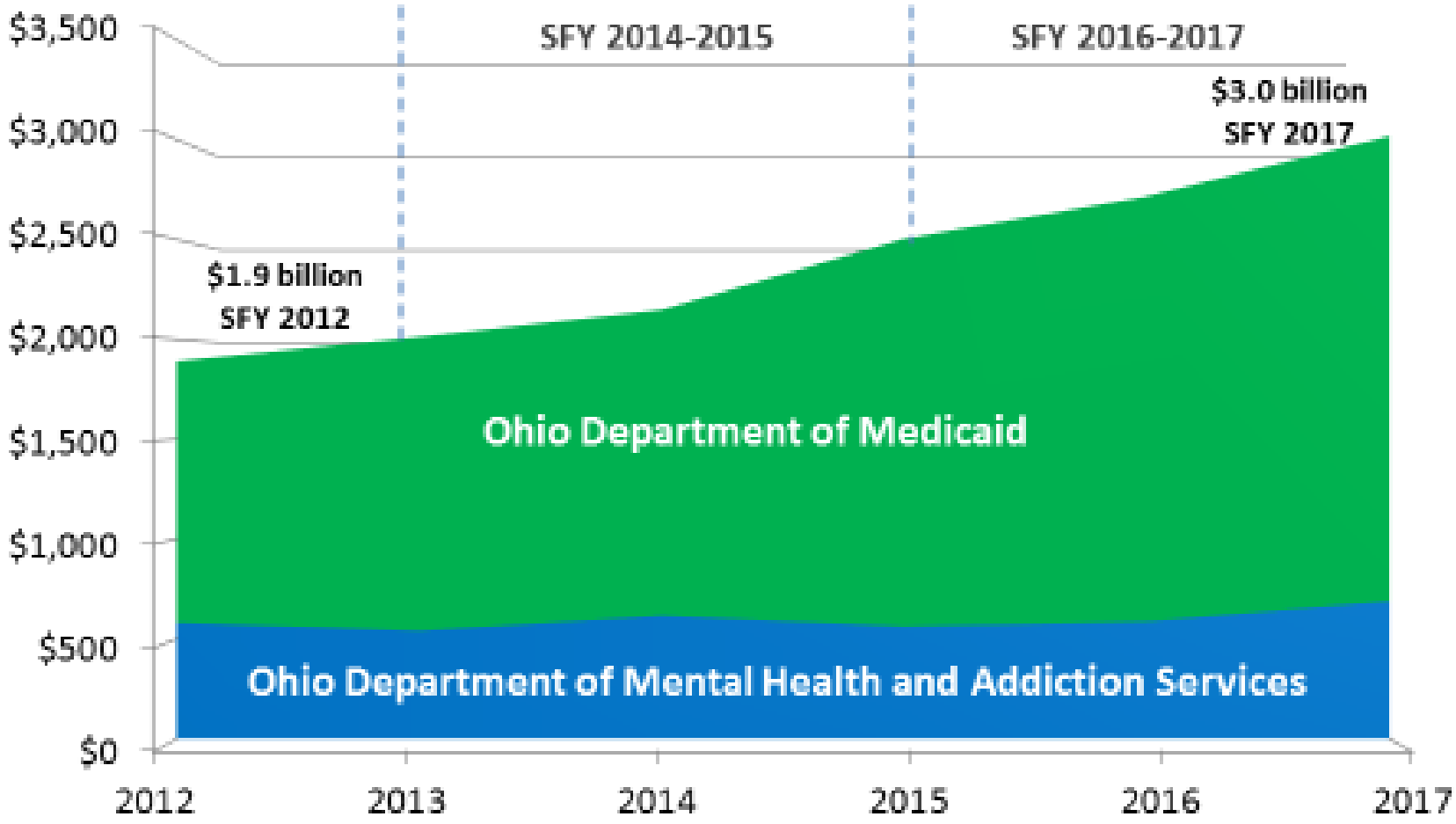
- Health plans, hospital systems, and other providers
- Legal aid and other patient and family advocates

More compelling …

- Rural hospitals
- Sheriffs (untreated addiction in jails)
- Right to Life (Hyde Amendment)
- Chambers of Commerce (cost shift)
- Veterans and their families
- Families impacted by addiction

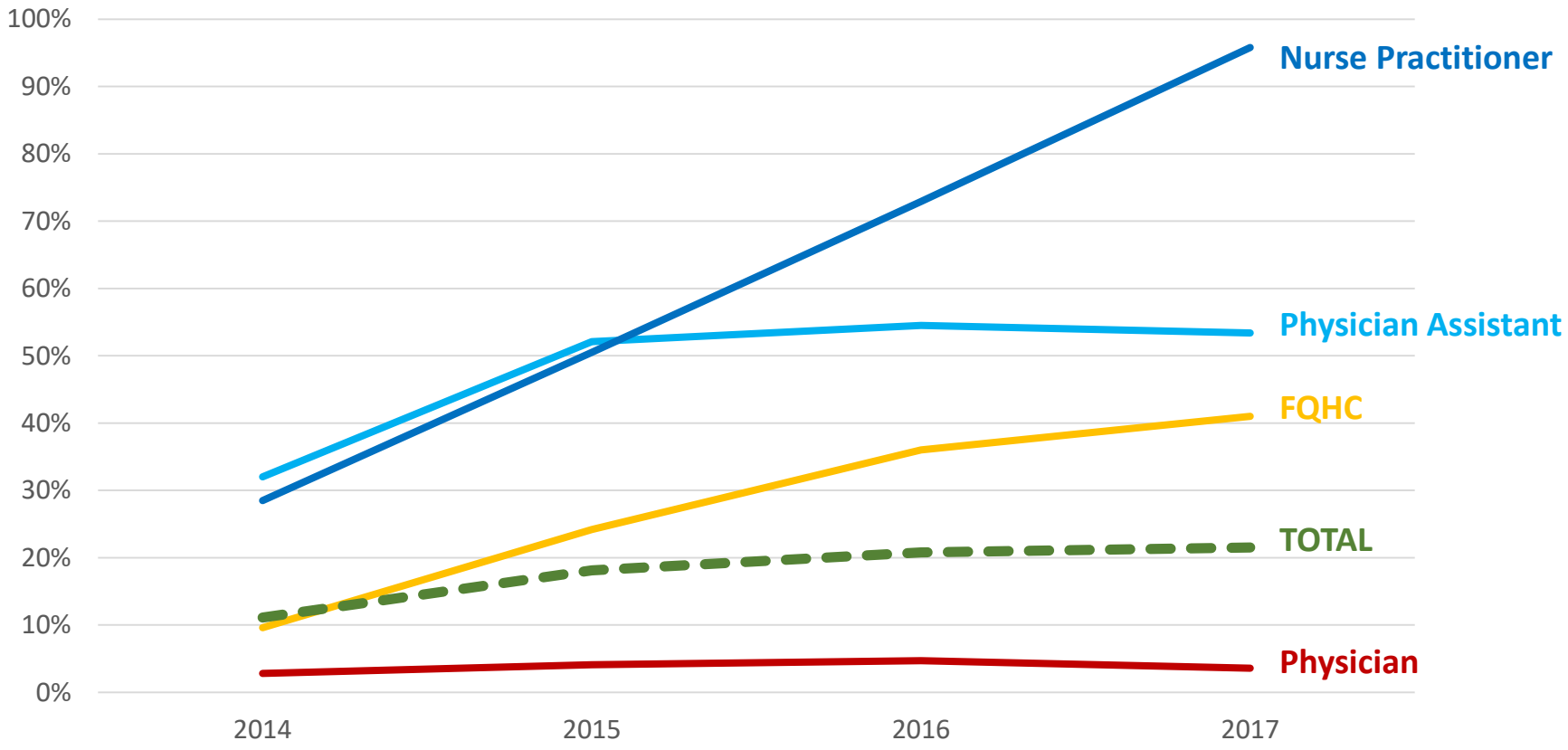
- **Ohio created an informal, come-one-come-all Coalition that enabled instant communication.**
- **The state team shared the same information with everyone at the same time, including the press.**

Medicaid expansion increased Ohio's behavioral health system capacity 60 percent over five years



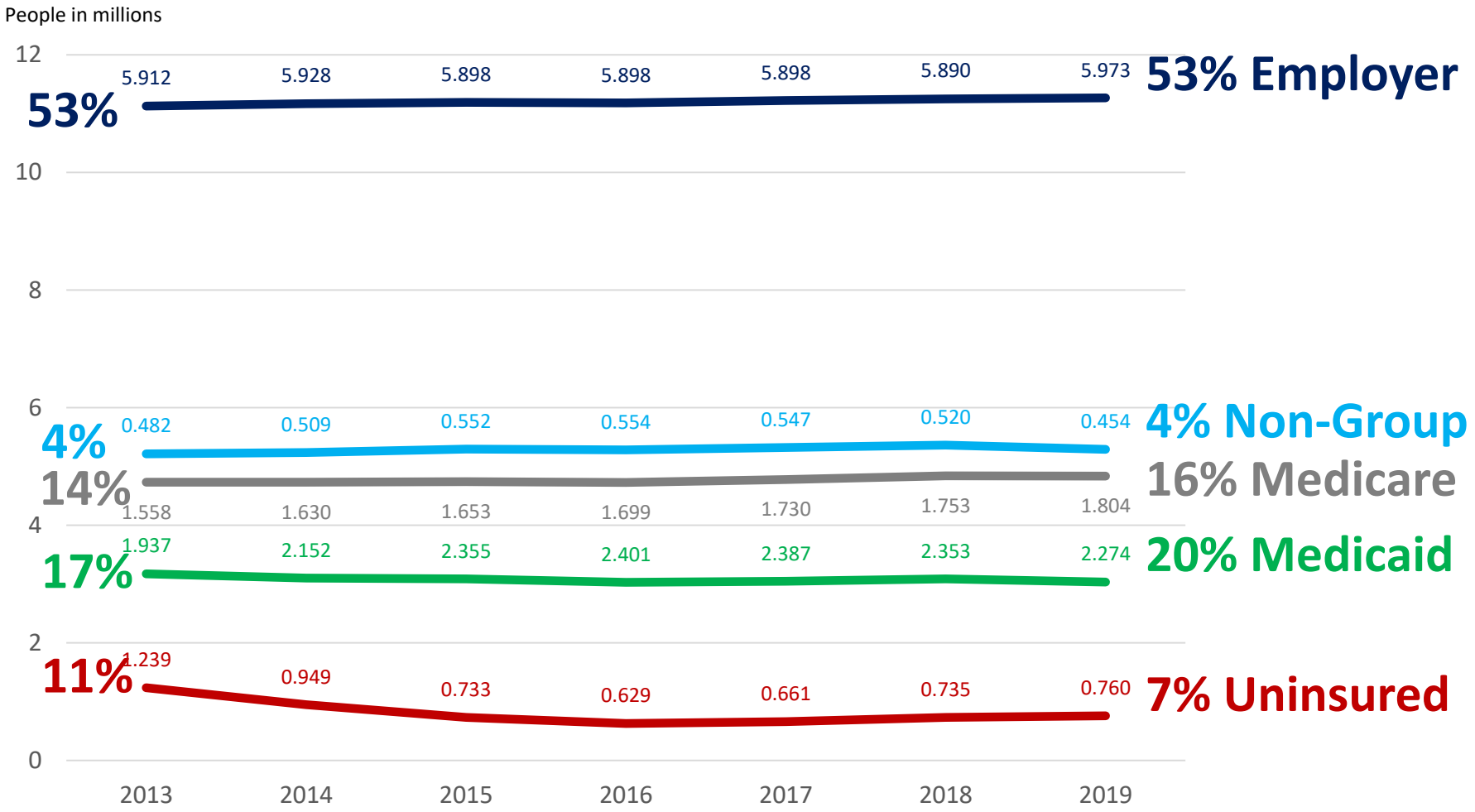
SOURCE: Ohio Departments of Medicaid and Mental Health and Addiction Services (January 2017).

20% Increase in Medicaid Primary Care Practitioners since 2013



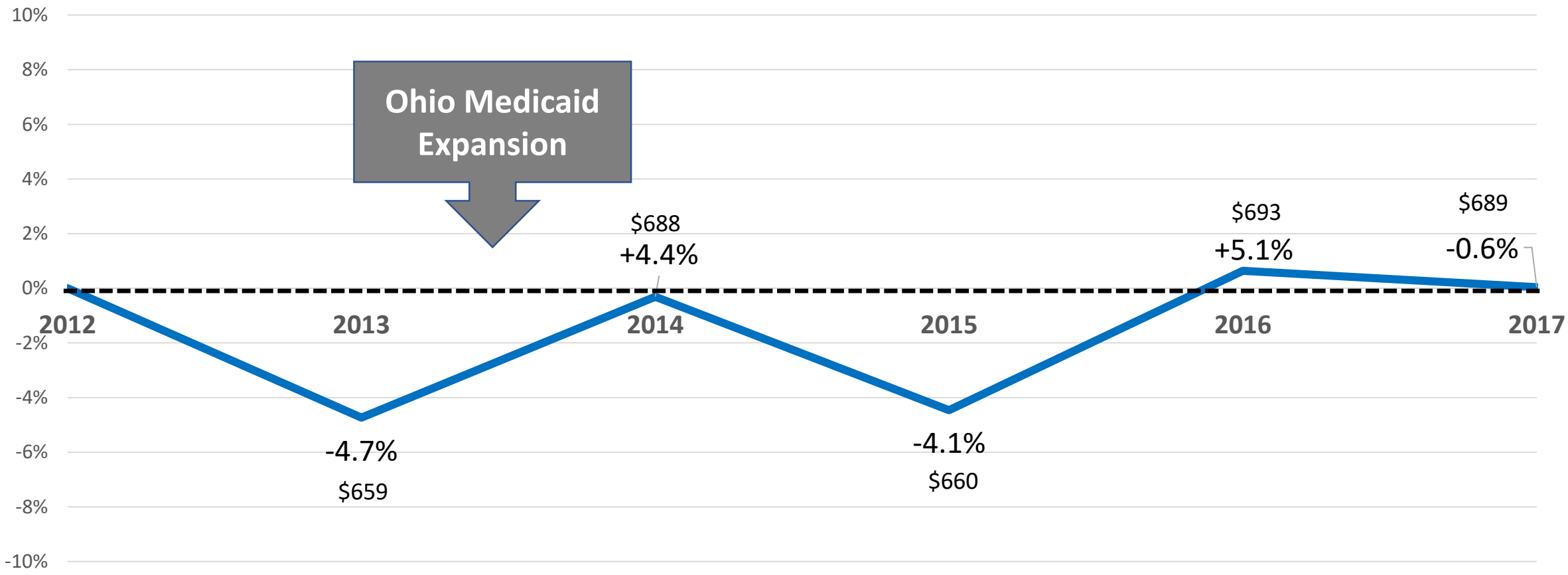
SOURCE: Ohio Department of Medicaid, 2018 Medicaid Group VIII Assessment (August 2018).

Non-Medicaid coverage remained stable throughout expansion



SOURCE: Kaiser Family Foundation estimates based on the Census Bureau's March Current Population Survey (2008-2017).

Annual Percentage Increase in Ohio Medicaid Spending Per Member



SOURCE: Ohio Legislative Service Commission Budget Central for Ohio Medicaid actual total spending and total caseloads to calculate per member per month growth.

Ohio's Share of Medicaid Expansion Costs (in millions)

	SFY 2019	SFY 2020	SFY 2021
Total Group VIII cost	$4,814	$5,074	$5,348
Match rate (state fiscal year)	*6.5%*	*8.5%*	*10%*
Ohio share of Group VIII cost	**$313**	**$431**	**$534**
Drug rebates	($43)	($58)	($72)
Corrections medical expense savings	($18)	($18)	($18)
Enhanced FMAP for hospital UPL	($40)	($38)	($36)
MCO member-month tax	($198)	($198)	($198)
MCO HIC tax	($45)	($48)	($50)
Net Impact on Ohio	**($31)**	**$72**	**$161**
Effective match rate	*0%*	*1.4%*	*3.0%*

SOURCE: Ohio Office of Budget and Management analysis (July 2018).

2018 Ohio Medicaid Group VIII Assessment

General findings …

- a large decline in the uninsured rate to the lowest level on record;
- most enrollees (89%*) were uninsured prior to obtaining Medicaid coverage;
- better access to care was associated with a reduction in unmet medical needs;
- high-cost emergency department use decreased (17%);
- many enrollees (27%*) detected previously undiagnosed chronic conditions;
- health status improved for many (31%);
- more than one third (37%) quit smoking and said Medicaid helped them quit;
- many enrollees (25%) screened positive for depression or anxiety;
- easier to work (84%) or if unemployed to look for work (60%);
- most enrollees (49%) said it was easier to pay for necessities like food and rent;
- the percentage of enrollees with medical debt fell by half (from 56% to 31%*).

SOURCE: Ohio Department of Medicaid, *2018 Medicaid Group VIII Assessment* (August 2018) and (*) 2016 Group VIII Assessment (December 2016).

2018 Ohio Medicaid Group VIII Assessment

Medicaid expansion has benefitted enrollees by …

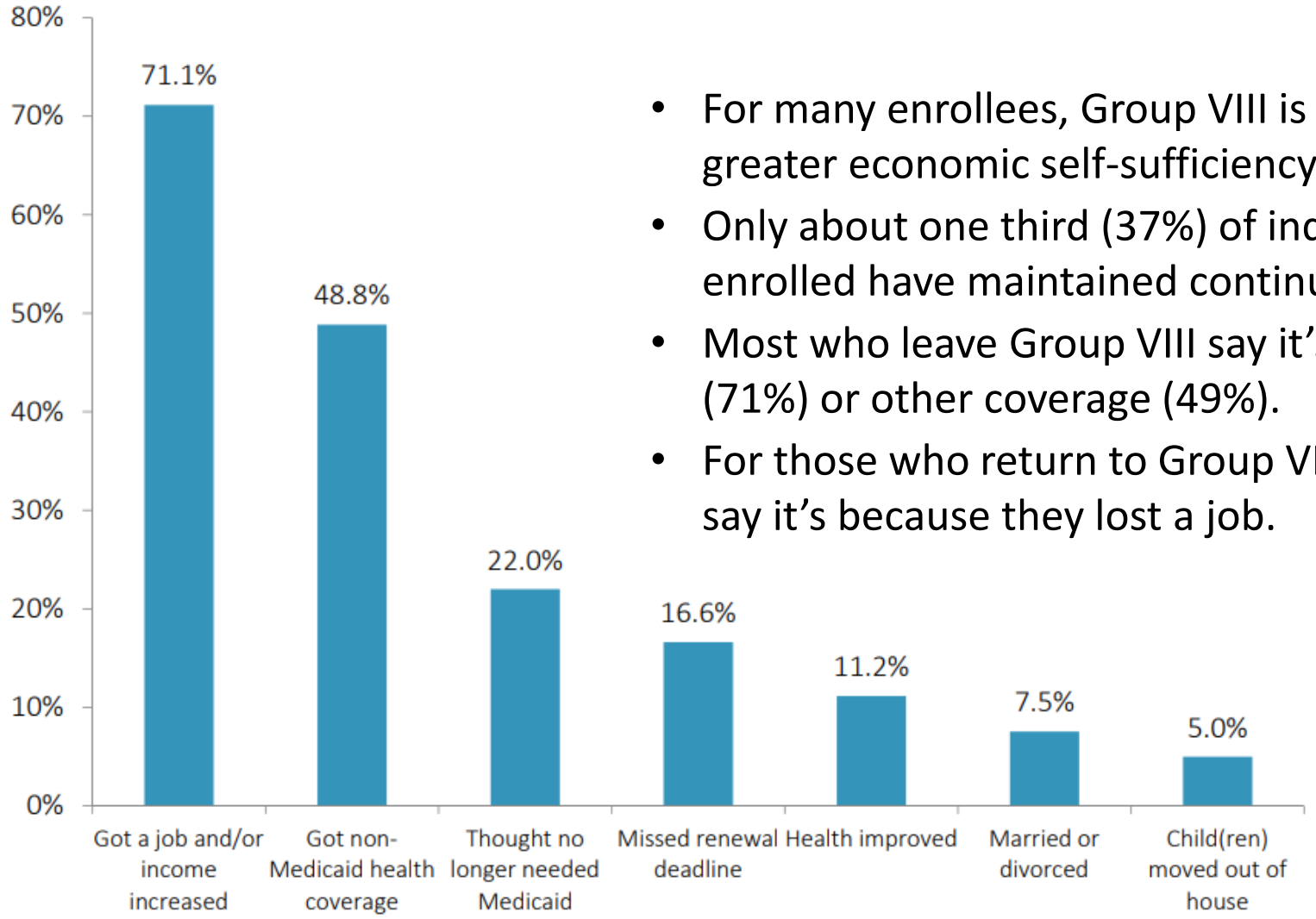
- facilitating continued employment, new employment, and job seeking;
- increasing primary care and reducing emergency department use;
- lessening medical debt and financial hardship;
- improving mental health;
- assisting in addressing unhealthy behaviors such as tobacco use; and
- enabling enrollees to act as caregivers for family members.

Compared to 2016 assessment, a higher percentage of 2018 enrollees …

- are now employed;
- access primary care providers and use emergency department services less;
- report better mental health; and
- are optimistic about their individual functioning.

SOURCE: Ohio Department of Medicaid, *2018 Medicaid Group VIII Assessment* (August 2018).

Work is the most common reason for leaving expansion coverage



- For many enrollees, Group VIII is a stepping-stone to greater economic self-sufficiency.
- Only about one third (37%) of individuals who ever enrolled have maintained continuous Group VIII coverage
- Most who leave Group VIII say it's because they got a job (71%) or other coverage (49%).
- For those who return to Group VIII, more than half (54%) say it's because they lost a job.

SOURCE: Ohio Department of Medicaid, *2018 Medicaid Group VIII Assessment* (August 2018).

Correcting Misconceptions

"Ohio's newly eligible enrollment is 60% over what had been projected."

In fact, enrollment is 13% below original projections and stable.

Ohio's expansion "costs per enrollee are surging 35% annually ."

In fact, costs are growing at a manageable 3.3% annually.

Disabled Ohioans are stuck on Medicaid waiting lists because expansion shoved them to "the back of the line … without the care they need."

In fact, at the same time Ohio expanded Medicaid the state added 22,000 disability waivers and eliminated waiting lists.

SOURCE: Ohio Medicaid response to Senator Ron Johnson (October 2017) and Michael Hiltzik, *How I got caught in the crossfire between VP Pence and Ohio Gov Kasich over Medicaid* in the Los Angeles Times (July 17, 2017).

Reflecting on Ohio's path to Medicaid expansion …

- Get organized and commit leadership
- Cultivate a broad coalition of stakeholders
- Look at the evidence in other states
- Reduce impact on the state budget
- Use expansion to achieve other reform priorities
- The trend is only in one direction …

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