



Kansas Governor's Council on Medicaid Expansion

Thursday, December 12, 2019



Agenda for Today's Meeting

- Overview of Previous Council Meetings
- National Landscape of Medicaid Expansion
- Considerations on Current Senate and House Plans for Medicaid Expansion
- Brief Comments from Council Members
- Lunch
- Discussion of Draft Guideposts and Next Steps



Overview of Previous Council Meetings

Hemi Tewarson, Director, NGA Health



Topics Discussed During Previous Council Meetings

- Brief introduction to Medicaid, the Medicaid population, and overview of the Medicaid landscape in Kansas
- National landscape of state actions related to Medicaid Expansion, including experiences with premiums and copayments
- Process requirements for Medicaid Section 1115 demonstrations and Section 1332 Individual Market Waivers
- State Experiences with Medicaid Expansion:
 - **Montana**, Jessica Rhoades, Health Policy Advisor, Office of Governor Bullock
 - **Ohio**, Greg Moody, Health Policy Advisor, Former Governor Kasich
 - **Michigan**, Kathleen Stiffler, Director, Bureau of Medicaid Care Management, Department of Health and Human Services

Montana's Experience with Medicaid Expansion

Program Implementation

- Passed a Medicaid expansion bill in 2015 with bi-partisan support
- Coverage began in January 2016 after CMS approved a Medicaid 1115 waiver

Coverage Outcomes

- Uninsured rate decreased from 20% in 2013 to 7.4% in 2017
- Medicaid expansion covers over 89,000 people, or 1 in 9 Montanans

Health Outcomes

- Since Medicaid expansion, over 100,000 Montanans with Medicaid coverage have accessed preventive services
- Half of new enrollees have reported improved health since receiving coverage
- 12,000 new enrollees have received substance use treatment and 39,000 people have received mental health services

Economic Outcomes

- Expansion has added \$600 million in economic output to Montana's economy each year
- Expansion has fueled 9,715 new jobs, \$793 million in associated wages and \$30.5 million in new state tax revenue
- Expansion is expected to generate \$1.6 billion in personal income and \$2.1 billion in economic output or new sales during its first five years

Montana HELP-Link

- Medicaid expansion has contributed a 6% increase in Medicaid-eligible adults joining the workforce
- HELP-Link is a voluntary program launched by Montana's Department of Labor and Industry with existing resources repurposed for this effort
- Program reused existing state funding and did not require any new full time employees
- For over 29,000 Montana Medicaid recipients receiving some type of workforce training, 81% are employed in the quarter after completing training
- About 71% experience wage increases in the year after participation (compared to the year before) with a median increase of \$8,060 annually a median wage after completion of \$16,784



Ohio's Experience with Medicaid Expansion

Program Implementation

- Expanded Medicaid effective January 1, 2014 through a state plan amendment after an extensive coalition building and stakeholdering process led by the Governor

Coverage Outcomes

- Uninsured rate was cut in half, from 32% to 13%

Health Outcomes

- 31% of enrollees reported improved health status since receiving coverage
- 27% detected a previously undiagnosed chronic condition
- More than a third of enrollees quit smoking and reported that Medicaid helped them do so

Economic Outcomes

- Half of enrollees reported it was easier to pay for other necessities such as food and housing with Medicaid coverage
- The percentage of enrollees with medical debt fell from 56% to 31%
- Most enrollees reported that they found it easier to work or look for work with Medicaid coverage

Michigan's Experience with Medicaid Expansion

Program Implementation

- Medicaid expansion became effective in Michigan in April 2014, under the authority of a Section 1115 demonstration

Coverage Outcomes

- Healthy Michigan provided coverage for 650,000 people who were previously uninsured

Health Outcomes

- 48% of enrollees reported improvements in physical health, 40% reported improved dental health, 38% reported improved mental health
- 95% of new enrollees with chronic medical conditions reported seeing a primary care providers
- 30% of new enrollees reported being newly diagnosed with a health condition after enrollment

Economic Outcomes

- Increased tax revenue in the state by \$145 million
- Resulted in the creation of 39,000 new jobs across the state
- Personal income for new enrollees increased by an estimated \$2.2 billion

Kansas Governor's Council on Medicaid Expansion

Diane Rowland, Sc.D.

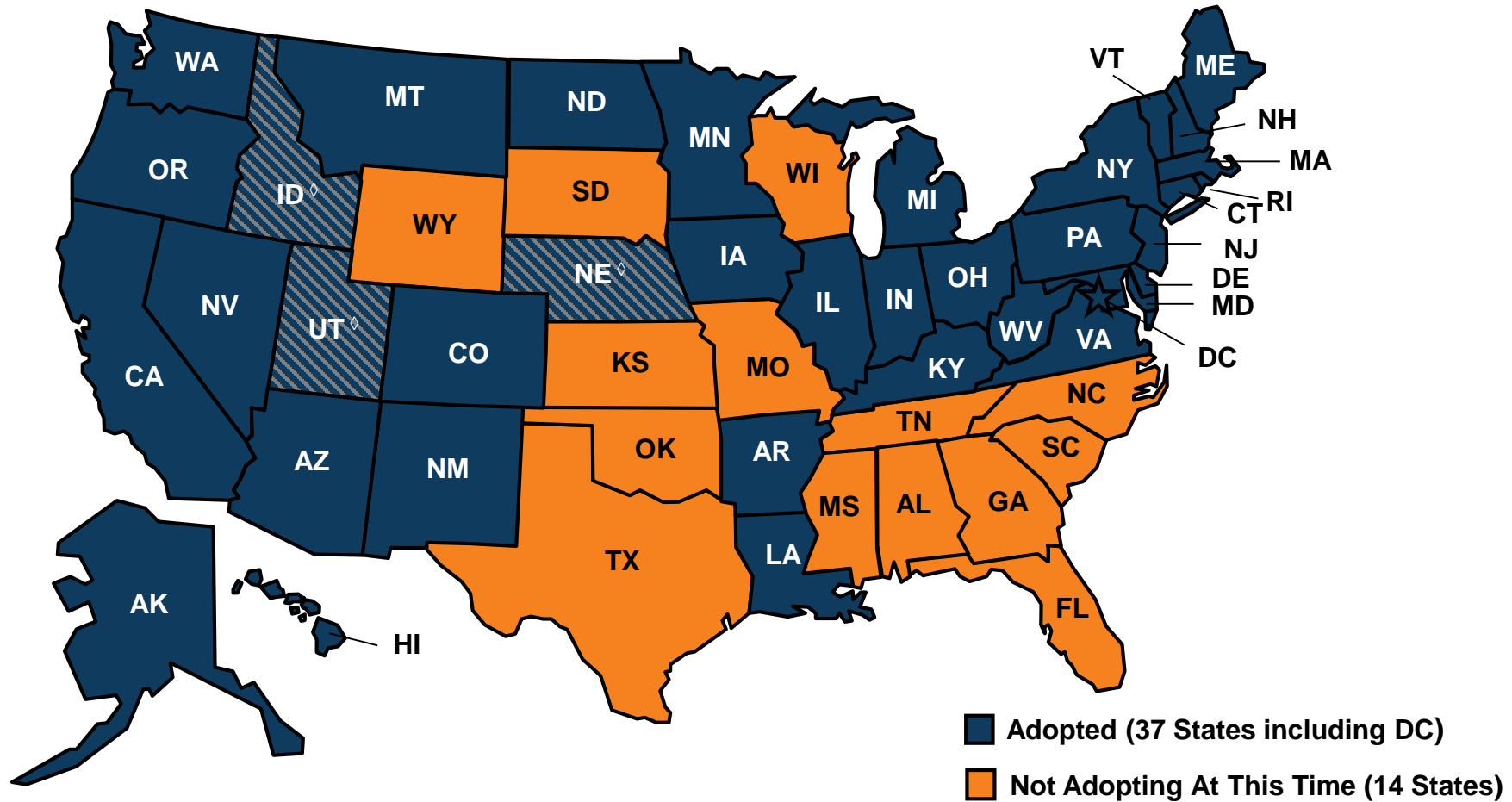
Executive Vice President Emerita, Kaiser Family Foundation

December 12, 2019



Filling the need for trusted information on national health issues.

To date, 37 states and DC have adopted the Medicaid expansion.

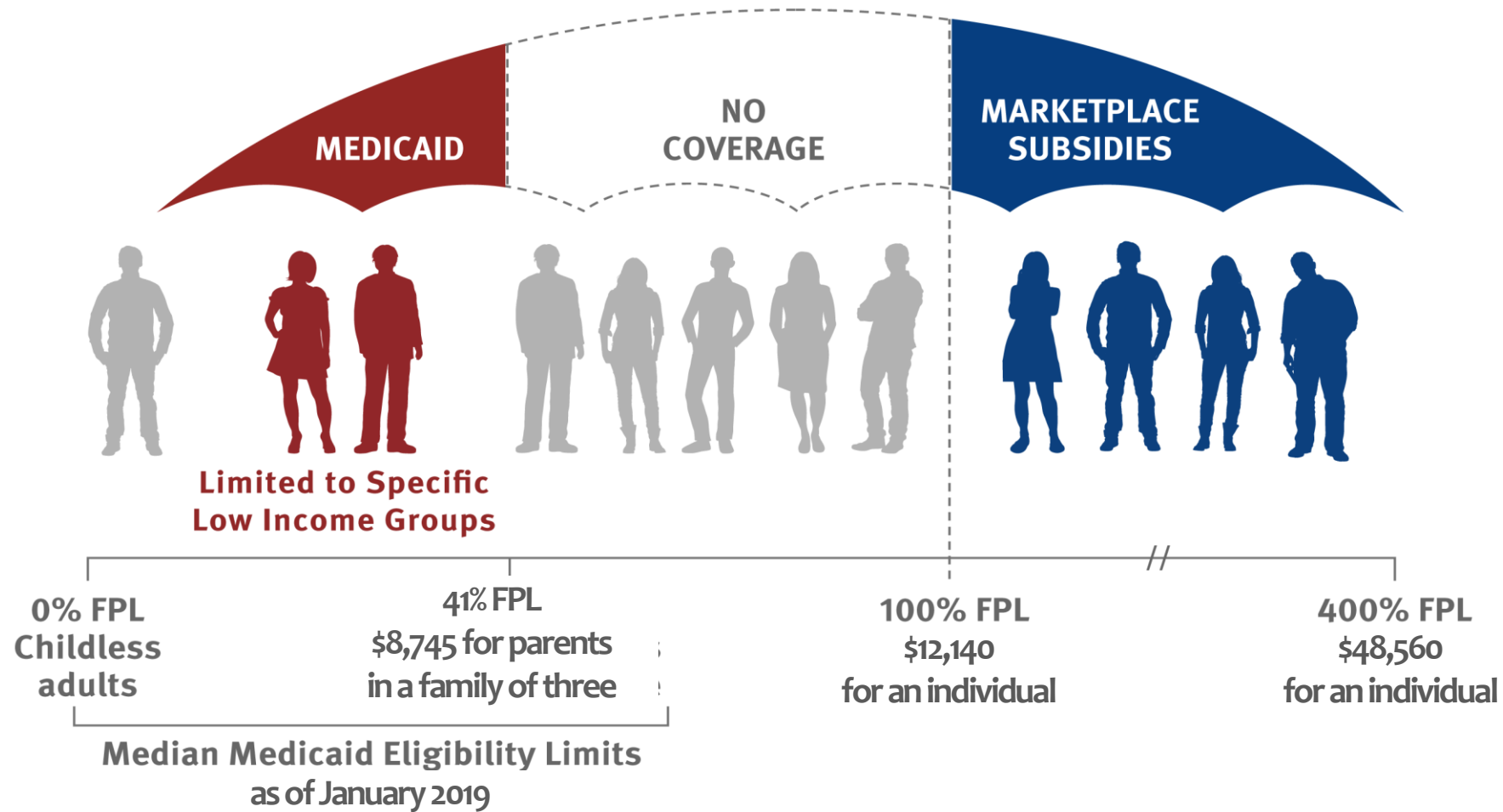


NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ◊Expansion is adopted but not yet implemented in ID, NE, and UT. (See link below for additional state-specific notes).

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated September 20, 2019.

<https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

Gaps in coverage for adults remain in states that have not implemented the ACA Medicaid expansion.

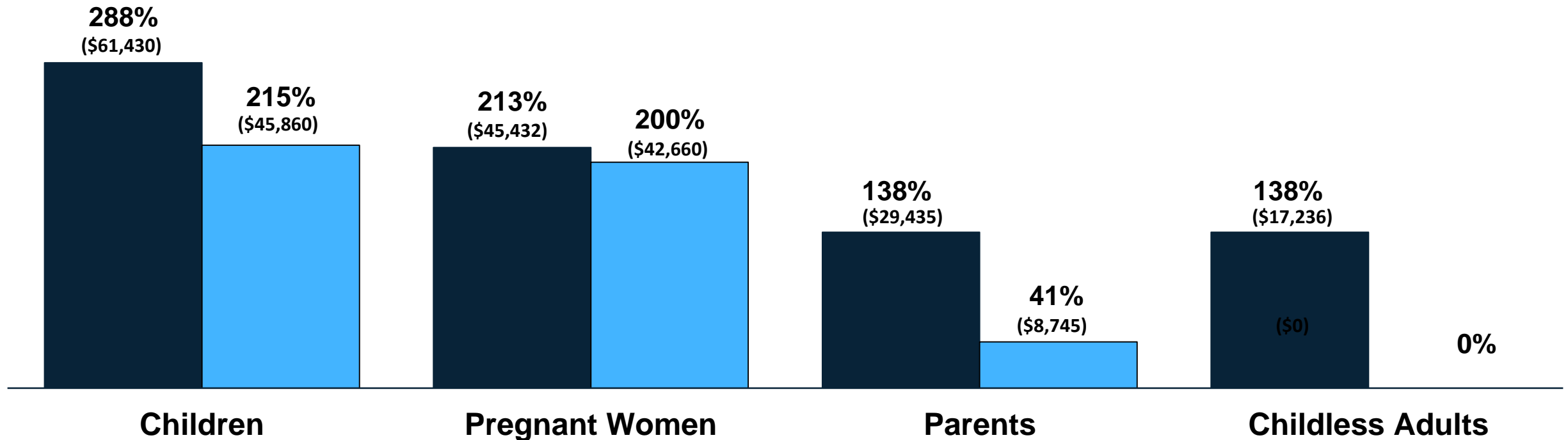


Across states, eligibility levels are higher for children and pregnant women than parents and other adults.

Median Medicaid/CHIP Income Eligibility Thresholds by Expansion Status, January 2019

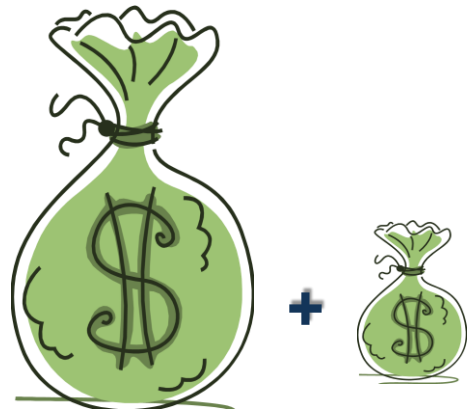
■ Implemented the Medicaid Expansion

■ Has not Implemented Expansion

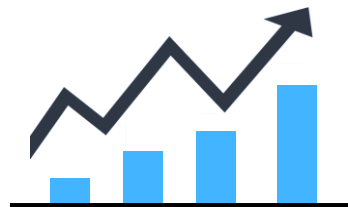
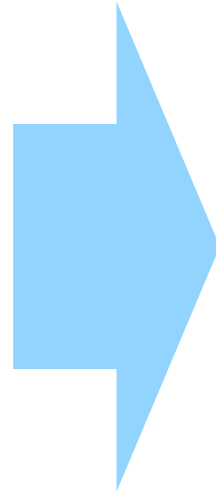


NOTE: These medians are based on Medicaid expansion decisions made by January 2019. Eligibility levels are based on 2019 federal poverty levels (FPLs) for a family of three for children, pregnant women, and parents, and for an individual for childless adults. In 2019, the FPL was \$21,330 for a family of three and \$12,490 for an individual. Thresholds include the standard five percentage point of the FPL disregard.
SOURCE: Based on results from a national survey conducted by the Kaiser Family Foundation and the Georgetown University Center for Children and Families, 2019.

Evidence from over 300 studies suggests that the Medicaid expansion has positive effects for beneficiaries and states.



**Federal + State
Funds**



**Reduction in the Number
of Uninsured**

**Increased Access to Care and
Service Utilization**

↑ **Affordability / Financial Security**
↑ **Outcomes**

Increased State Savings

↓ **Uncompensated care costs**
↓ **State-funded health programs
(e.g. behavioral health and
corrections)**

Increased Economic Activity

↑ **General fund revenue and
GDP**
↑ **or neutral effects on
employment**