Medicaid Expansion, The Arizona Experience

America’s Essential Hospitals Webinar
12 March 2013

Presented by Helena Whitney
PRE MEDICAID EXPANSION
MEDICAID IN ARIZONA

• AHCCCS is Arizona’s version of Medicaid
• In 1998 Arizona voters set AHCCCS eligibility at 100% of the Federal Poverty Level (FPL)
• AHCCCS operates under an 1115 waiver, allowing the state to operate a managed care Medicaid program
ARIZONA MEDICAID INCOME ELIGIBILITY

Source: http://azahcccs.gov/shared/news.aspx#ACA_News
STATE BUDGET DEFICIT – MEDICAID SOLUTIONS

• In October of 2010, to remain within the budget guidelines set forth by the Governor and legislature, AHCCCS made a variety of changes to the Medicaid program including:
  – Reducing funding by over $2 billion
  – Enrollment freeze for KidsCare
  – Phase out of Spend Down program
  – Implementation of the 25 day rule
  – Enrollment freeze for Childless Adult population on July 2011

• The decrease in Medicaid eligibility created a significant financial burden (uncompensated care) for UAHN and other major hospital systems across the state.
  – UAHN’s uncompensated care tripled during the implementation of the AHCCCS reductions.
CHILDLESS ADULTS (PROP. 204) - AFTER BUDGET SOLUTIONS

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[Bar chart depicting the number of childless adults over time]
POLICY OPTIONS FOR ARIZONA’S MEDICAID PROGRAM

AHCCCS coverage options:

• Full Medicaid expansion: 138% FPL
• Restore childless adult population: 100% FPL with traditional FMAP
• Do nothing

Facts influencing Arizona policy makers:

• At the height of enrollment 1.2 million on Medicaid
• FY13 general fund obligation of $2.8 billion (state general fund)
• Competing Interests
  – K12
  – Universities
  – Corrections
THE ROAD TO RESTORATION & EXPANSION
STEP 1

CREATE THE PLAN

IDENTIFY YOUR CHAMPION

DEVELOP THE GUIDING PRINCIPLES
DEVELOP THE PLAN

• Set clear goals.
  – In Arizona the goals were:
    • Restore Medicaid for Childless adults
    • Expand Medicaid for everyone between 100% and 138% FPL
    • Budget neutral to the state general fund

• Identify your champion.
  – Consider political your reality.
  – Make it personal.
  – Understand their competing interests.

• Develop your guiding principles.
  – Be mindful of the audience you need to sway.
  – Be mindful of your base.
ARIZONA HEALTH CARE REFORM GUIDING PRINCIPLES

• Leverage the competitive, private insurance market to promote individual choice and reduce dependency on public entitlements, thereby maximizing coverage and strengthening Arizona’s health care system.

• Recognize that, through Proposition 204, Arizona voters mandated coverage of individuals with incomes below 100% FPL.

• Implement payment reform strategies that lower costs by promoting quality of care and by maximizing personal responsibility through innovative cost-sharing designs.

• Work with health care, business and community stakeholders to build a high quality health care infrastructure that is patient-centered, sustainable, accessible and affordable.

• Keep health care decision making as local as possible.

• Acknowledge the importance of the health care industry to the state’s overall economy and the impact of a stable health care system on Arizona’s ability to attract and retain high quality jobs, including those in the medical profession.

Source: http://azahcccs.gov/shared/news.aspx#ACA_News
STEP 2

BUILD YOUR COALITION & YOUR MESSAGE
ARIZONA HEALTH CARE REFORM – THE MESSAGE

**No State Expense:** The Brewer Medicaid Plan comes at NO COST to the General Fund. Best of all, by taking Medicaid pressure off the General Fund, we can protect critical services like Education and Public Safety.

**Upholds the will of voters:** Arizonans have TWICE voted to restore Medicaid. By adding about 57,000 individuals to a Medicaid membership of more than 1 million – we can leverage federal support and vastly diminish State expenses.

**Keeps Arizona tax dollars in Arizona:** Restoration of Arizona’s Medicaid program will inject nearly $8 billion into our economy over the first four years alone. This means thousands of quality jobs in every part of our state. To reject this funding – while neighboring states like California, Nevada, Colorado and New Mexico have already said ‘yes’ – would only place Arizona at an economic disadvantage for years to come.

**Protects rural and safety-net hospitals:** Let’s face it – uninsured Arizonans get sick just like the rest of us. When they do, they tend to show up in Emergency Rooms – with the exorbitant costs of their care borne by hospitals and the insured. Without action, the very survival of some of our hospitals is threatened, and Arizona families will continue to pay a Hidden Health Care Tax estimated at nearly $2,000 per year.
HOW TO BUILD THE MESSAGE

• Data collection
  – What are the impacts of doing nothing?
  – What are the impacts of expansion?

• Polling
  – Three separate in-depth polls were conducted during the process.
  – Messaging must be tailored to your audience!
  – Who delivers the message matters:
    • Doctors and insurance companies polled as the LEAST trusted
    • Nurses polled as the MOST trusted
RESTORING ARIZONA: THE GUIDING PRINCIPLES

• Build a broad coalition:
  – Geographic diversity
  – Membership diversity
  – http://restoringarizona.com/about-the-issue/over-120-businesses-signed-on-in-support

• Consistent Communication
  – Speak with one voice
    • Restoring Arizona Website: www.restoringarizona.com
  – Make it real:
    • “If Arizona does not restore Medicaid coverage, more than 60,000 Arizonans will be dropped from their healthcare at the end of 2013. Regardless of their health condition, people who need help the most will not receive it.”
    • “On January 1st, 2014, as many as 60,000 Arizonans will lose access to their health care. Cancer patients will no longer receive potentially lifesaving treatment, patients on the transplant list will be left to die and Arizona citizens with mental health and behavioral health issues will be cut off from their medication and recovery plans.” Restoring Arizona Website
    • Bill & June: https://www.youtube.com/watch?v=Evc9z52YgCQ
RESTORING ARIZONA: THE GUIDING PRINCIPLES

• Consistent Communication Continued:
  – Make it simple! https://www.youtube.com/watch?v=NV4j_bk97Qk
  – Connect on different levels:
    • Patient stories: https://www.youtube.com/user/RestoringArizona
    • The pocketbook: https://www.youtube.com/watch?v=549Nw-EpGqw
    • Be prepared to rebut arguments against expansion: http://www.azgovernor.gov/documents/Medicaid/MedicaidRealityCheck.pdf
  • Don’t let up!
    – Email campaign
    – Social Media- Facebook & Twitter are your friend!
    – Op-Eds by coalition members/community leaders
    – Rallies and other public events: https://www.youtube.com/watch?v=Cfqm_IXd85k
QUESTIONS?
MISSOURI MEDICAID 101

Medicaid is a federal-state partnership that provides health coverage for low-income people. The federal government offers matching funds to states to support the financing of Medicaid. In general, for every dollar spent on Medicaid, $.52 comes from the federal government and $.38 comes from the state. MO Health Net is the name of the Medicaid program in the state of Missouri.

COVERED POPULATIONS

In general, MO Health Net covers low-income children and their parents, aged, blind, or disabled individuals.

- Children (up to age 19)
- Parents
- Pregnant Women
- Disabled Individuals
- Missourians over age 65
- Blind Individuals

# ENROLLED (2013)

- 532,100 Children (up to age 19)
- 161,491 Disabled Individuals
- 27,240 Pregnant Women
- 75,346 Low Income Elderly
- 77,289 Parents
- 1,000 Blind Individuals

ANNUAL EXPENDITURES

18% FPL $4,293
85% FPL $20,273
100% FPL $23,850
185% FPL $44,123
300% FPL $71,550

*FPL = Federal Poverty Level. In 2014 FPL for a family of 4 is $23,850.

REVENUE SOURCES

Sources for MO Health Net’s 2011 State budget

- $3.35B Federal Funds
- $1.1B State General Revenue
- $2.1B Other (taxes, tobacco funds & other sources)

AVERAGE MONTHLY EXPENSES PER ENROLLEE

- $258 Children (up to age 19)
- $442 Parents
- $1,541 Disabled Individuals
- $1,358 Missourians over 65
November, 2012

President

Obama 45%  Romney 55%

Governor

Nixon 56%  Spence 44%

Missouri General Assembly

Republican Veto-Proof Super Majorities
Proposition E, November, 2012

Prohibit state-based health insurance exchange unless authorized by a vote of the people or by the legislature

Yes  No
62%  38%

Proposition C, August, 2010

Deny the government authority to penalize citizens for refusing to purchase private health insurance…

Yes  No
71%  29%
LEFT BEHIND:
MISSOURI’S UNINSURED
A profile of Missouri’s uninsured population

Insurance Status of MO Residents <65

- Medicaid: 15%
- Employer: 59%
- Uninsured: 16%
- Other Public: 3%
- Other Private: 7%

Employment Status

- Two adults full-time: 8.7%
- One adult working full-time: 22.6%
- No adults working: 26.0%
- Part-time: 12.5%

Characteristics of the Uninsured Poverty Status

- Less than 100% FPL: 45.2%
- 100% FPL - 185% FPL: 34.5%
- 185% FPL - 299% FPL: 11.0%
- 299% FPL - 400% FPL: 9.3%
- More than 400% FPL: 9.1%

Highest Level of Education

- Children under 18: 15.8%
- Less than high school: 17.5%
- High school graduate: 29.4%
- Some college: 26.3%
- Bachelor’s degree or higher: 12.6%

Percentage of Missourians Under 65 Who Were Uninsured in 2009, by County

Health Care Foundation
OF GREATER KANSAS CITY
www.hckkc.org

*FPL = Federal Poverty Level. In 2011 FPL for a family of 4 is $23,850.
“We all know there are problems with Obamacare, and Washington’s implementation of it has been abysmal.”

Governor Jay Nixon
State of the State Address 2014
“And since that time, we’ve seen Governors and Legislators, Democrats and Republicans, in other states, come together to reform their health care systems. But here in Missouri we stood still. And now we’ve fallen behind.

This year, Missouri is paying the cost.

This year, Missourians are suffering the consequences.

I look forward to working with all of you to bring affordable health coverage to working families in Missouri and reform Medicaid the Missouri way.”

Governor Jay Nixon
State of the State Address 2014
“We are doing a disservice to just put more people in this broken system.”

Senator Brad Lager

“I hope people understand, we are compassionate people, but at the same time, we have to pay the bill in Missouri.”

Senator Dan Brown
Hospitals Report On Community Investment

The Annual Community Investment Report demonstrates hospitals’ important role in unlocking economic value in communities throughout the state.

A Healthier Missouri Starts with You!

First Name
Last Name
Email Address
Zip Code

Join Us
MISSOURI'S BUSINESS COMMUNITY SUPPORTS MEDICAID REFORM

In 2011 and early 2014, the major statewide business organizations, more than 60 local chambers of commerce, other business groups and municipalities endorsed legislative action on Medicaid reform.

Medicaid reform has not been enacted, but payments cuts to Missouri hospitals continue. The cuts have just begun and will grow over time. The situation in some and short-term hospitals, business growth, community health and businesses' ability to remain in business will be seriously affected. The budget of $2.4 billion is projected to be in jeopardy.

HOSPITAL PAYMENT OF AS A PERCENT OF COST

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The following are common questions and answers about Medicaid reform in Missouri:

Q: How much saving is expected with the new Medicaid program?
A: The new Medicaid program is projected to save $2 billion over five years.

Q: How many people will be covered by the new Medicaid program?
A: The new Medicaid program will cover approximately 600,000 people.

Q: How will the new Medicaid program affect businesses?
A: The new Medicaid program will affect businesses by reducing healthcare costs and increasing the availability of affordable healthcare.

COVERSING MISSOURI'S WORKING POOR

Reforming Medicaid

Missouri’s working poor represent one-third of all the state’s uninsured residents. Nearly 90% of the uninsured Missouri residents are currently eligible for Medicaid under a new expansion proposal. The new proposal would expand Medicaid to include all working poor adults, including those with children.

MHA Missouri Health Advocacy

Missouri’s business community supports Medicaid reform to improve healthcare access and affordability. The Medicaid expansion would provide coverage to an estimated 600,000 uninsured Missouri residents, including 220,000 children. The expansion would also save the state $2 billion over five years.

TRUMAN MEDICAL CENTERS

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Q: How much saving is expected with the new Medicaid program?
A: The new Medicaid program is projected to save $2 billion over five years.

Q: How many people will be covered by the new Medicaid program?
A: The new Medicaid program will cover approximately 600,000 people.

Q: How will the new Medicaid program affect businesses?
A: The new Medicaid program will affect businesses by reducing healthcare costs and increasing the availability of affordable healthcare.
Missouri Will Lose $2 BILLION In Federal Funds In 2014

How much is $2 BILLION?
Bond pushes expansion of Medicaid

JEFFERSON CITY — Former Republican U.S. Sen. Kit Bond told business leaders Tuesday that Medicaid expansion will help address problems caused by the Affordable Care Act. Bond made clear he does not like the healthcare law, which was placed on the Affordable Care Act.

“Most of the problems that come from the Affordable Care Act are not going to be put to bed by Medicaid,” Bond said. “Our community health centers are getting a year and a half of additional funding under the Affordable Care Act and there’s a lot that has to be done in rural hospitals.

Last year, Bond supported Medicaid expansion in Missouri, but he voted against it in the Senate.

Brendan Conway, who negotiated the deal, said that Bond supported Medicaid expansion but not at the time it was being negotiated.

There’s a lot of work that has to be done to improve the Medicaid system in Missouri, Bond said. They are working on some areas, they’ve had to shut some down, particularly in rural communities.

Bond said a study is being done in Missouri and the Chamber of Commerce and the Missouri State Chamber of Commerce are working on it.

In the U.S. Supreme Court, Bond has been a vocal opponent of Medicaid. In the Affordable Care Act, he said, the government would pay for Medicaid.

Ex-Sen. Bond making case for Missouri Medicaid expansion

JEFFERSON CITY — Former Republican U.S. Sen. Kit Bond is attempting to make the case for Medicaid expansion to reluctant state lawmakers.

Bond is to be part of a panel discussion Tuesday about Medicaid expansion hosted by the Jefferson Chamber of Commerce and Industry. The former longtime U.S. senator has been hired by the chamber to lobby fellow Republicans in the state Capitol who have repeatedly defeated a Medicaid expansion.

States that expand Medicaid eligibility to more low-income adults can receive billions of dollars in federal funds to help cover the cost of health insurance, which can then be used to offer more services to Medicaid recipients.

Bond has been a vocal opponent of the Affordable Care Act, which扩大了Medicaid的覆盖范围。
2014 MEDICAID REFORM
ACT NOW!
Missouri Medicaid Reform

Gerard J. Grimaldi
gerard.grimaldi@tmcmed.org
Prior to Expansion

- Michigan Total Population - 10 million people
- Medicaid Enrollment - 1.7 million (mostly moms, kids, disabled)
- Enrollment Threshold - about 65% FPL ($11,500 family of 4)
- MiChild - 37,000 kids
Percentage of Population Served by Medicaid

- Total State Population: 9,883,640
- Medicaid Caseload: 1,779,449
- Children Covered by Medicaid: 965,042
- Medicaid Payments: $12,785,983,902

Legend:
- 10% or less
- 11% to 15%
- 16% to 20%
- 21% to 25%
- 26% or more

Based on FY 2012 Medicaid Data and 2010 Census Data
Data reflects traditional Medicaid and does not include Healthy Michigan Plan

Henry Ford Health System
After Expansion

- Expand by 400,000 new lives
- Everyone up to 133% FPL ($30,000 family of 4)
- 20% of total state population (2.1 million people)
- Adds $2 Billion per year in new federal revenue
- Saves $225 per year for services previously covered by state (mental health)
What Happened

The Situation:

• Large Republican Majorities in House and Senate
• Legislature had already rejected Exchange
• Some Tea Party Influence
• Could Count on Urban Democrats
• Senate Appropriations Chairman is Physician
Chronology:

• Republican Governor Snyder Announced Support-February 2013 Budget Message
• Legislation formally introduced May 9 in House as Separate Bill
• Passed House, Stalled in Senate - Final Vote late August
• Final Bill Presented as "Medicaid Reform"
• Called "Healthy Michigan Act“ (not expansion)
• Insufficient Votes for "Immediate Effect"
• Effective Date is April 2014
Key Provisions, Some Requiring Federal Waivers:

- Expand Coverage to 133% FPL
- Install "Health Savings Accounts"
  - Administered by Health Plans, not Hospitals
  - Contribute up to 5% Annual Income
  - Can be Used in Wellness Incentive Program
- After 48 Months, convert to Exchange or Pay 7% of Income
- Convert all Medicaid to HMO Coverage by September 2015
- Capped Hospital Charges at 115% Medicare for bills to people with 250% FPL
What We Did

Strategy Was Aimed at Cultivating Republican Support (Majority in House & Senate)

Michigan Republicans mostly from outstate & rural areas

• Concerned about Access to Care
• Concerned about Jobs
• Concerned about Local Economies
• Emphasized Endorsement by Physicians

Endorsed Reform Mood of Republicans
Messaging Reinforced Benefits of:

- Influx of $2 billion per year into local economies
- Healthy Workforce (Jobs)
- Healthcare Access in Rural Areas
- Savings to State Budget ($225 M per year)

Handouts:

- County by County new Enrollment
- Maps showing local benefit
- Lists showing Coverage Gains by Senator
- Twenty Questions Handouts, Letters
FOR IMMEDIATE RELEASE  
July 15, 2013
Contact: Roger Martin, APR  
(517) 290-2330, rmartin@mwadvocacy.com

Statewide Totals of Workers Who Would Gain Insurance Under House-Passed Medicaid Reforms

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Statewide Total: 474,733
% = Percent of population residing in zip code estimated to be uninsured.
Uninsured population expected to decrease considerably. The uninsured population around HFH expected to drop from 31 – 40% to 11 – 15%.
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**Note:** Please count these (copy and delete if necessary).
1. What is Medicaid Expansion?

The Patient Protection and Affordable Care Act of 2010 required states to expand eligibility for Medicaid to all people earning less than 133% of the Federal Poverty Level ($31,322 for a family of 4 people, $15,282 for an individual). The U. S. Supreme Court ruled that PPACA was constitutional, but made Medicaid Expansion optional for the states.

2. Why are we talking about Medicaid Expansion now?

Governor Snyder has asked the Legislature to authorize Medicaid Expansion in the State Budget for FY 2013-14. If the Legislature approves, Medicaid will be available for all Michigan citizens earning less than 133% FPL, beginning January 2014.

Expansion would provide health care access to 470,000 citizens who can't afford to buy health insurance. They tend to be sicker than the general population and are mostly low income adults. The current Medicaid population is largely pregnant women, children and very poor disabled adults.

3. What exactly does Governor Snyder Endorse?

Governor Snyder recommends that Medicaid be expanded, effective January 2014, to include about 470,000 low income people who currently are uninsured. These citizens generally are too poor to afford to pay for health insurance. Those with jobs often work for businesses that do not offer insurance the worker can afford.

The federal government provides full funding of Medicaid expansion costs for 3 calendar years, 2014, 2015 and 2016. Some of that funding will be lost if the Legislature delays implementation beyond January 2014.
• Secured Endorsements from Major Business Groups (Detroit, Mi Chambers)

• Endorsements from Major & community Media

• CapWiz - Generated 5,000 email messages from HFHS Employees

• Meetings in Lansing - 80 separate meetings by HFHS Leaders (Physicians where possible)

In Sum – Get Numbers, Make it Local, Cover each Legislator, Engage Business, Media, Count Votes!