

**Kentucky Medicaid
Lawrence Kissner – Commissioner**

ACA Update



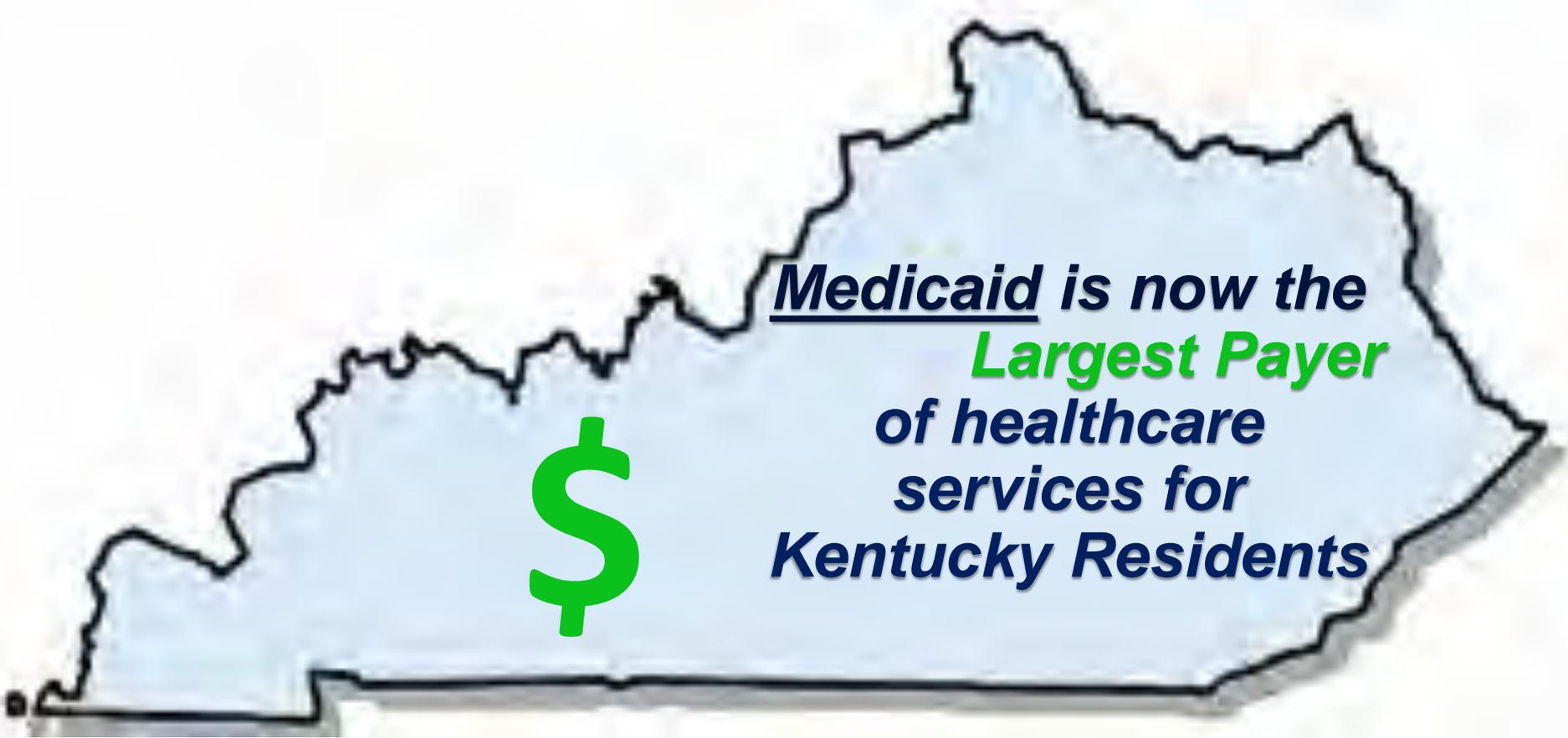
What Is Our Strategy?

National
Quality
Strategy



Triple
Aim

Kentucky Medicaid



With Medicaid Expansion we anticipated an additional 300,000+ would be eligible in 2014

What expansion means

1 out of every 4 Kentuckians will be Medicaid Eligible

Benefits to Kentucky

An independent study found that expanding Medicaid is beneficial for Kentucky in several areas including:

17,000 New Jobs



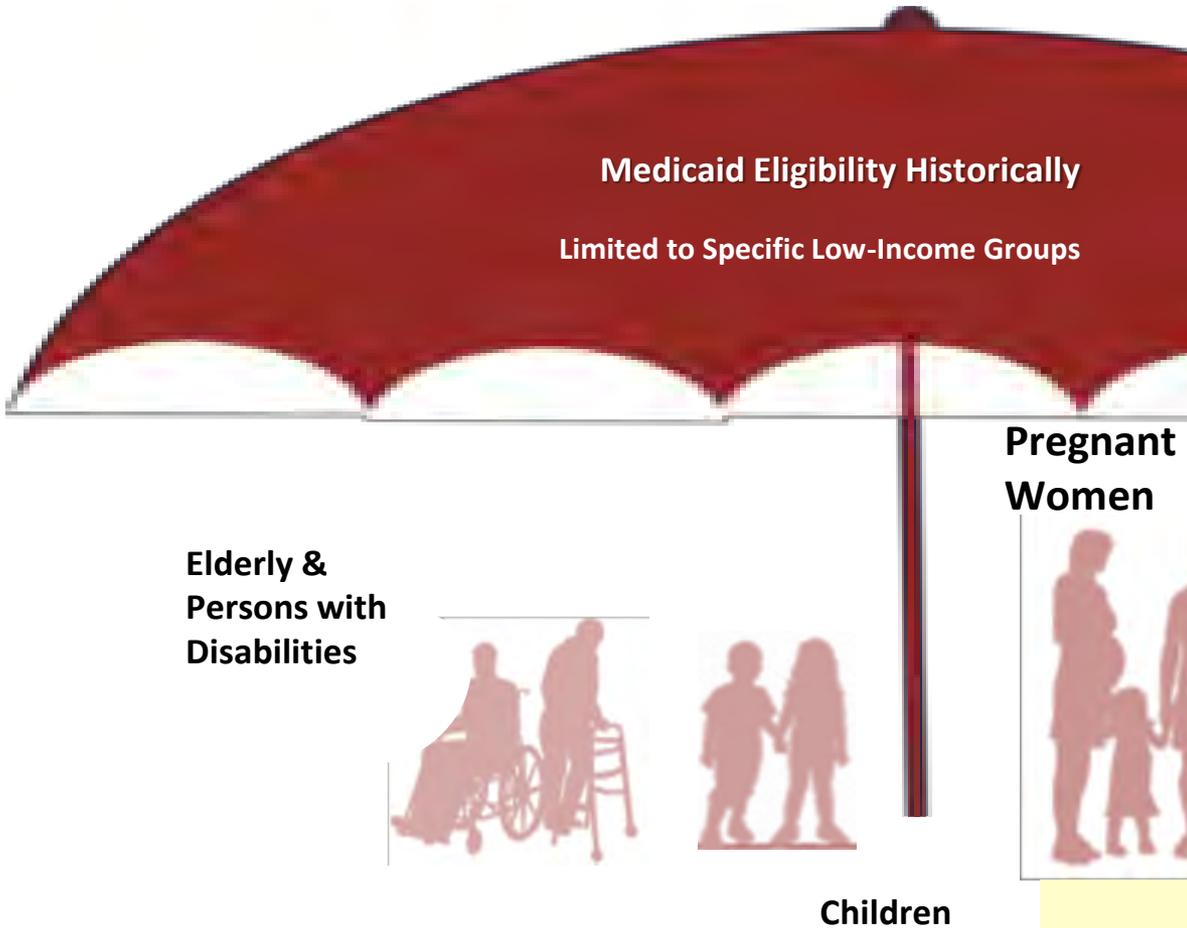
11 Billion Funding to Providers (FY14-21)



\$800M Savings for Kentucky (FY14-21)



Medicaid Expansion



*138% FPL = \$15,856 for an individual and \$26,951 for a family of three in 2013.

Mandatory Benefits/Services

The ACA requires that services be covered for the expansion population in each of the 10 Essential Health Benefits (EHBs):

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Behavioral health including substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive & Wellness services and chronic disease management
10. Pediatric services, including oral and vision care

Coverage for these services for ALL Medicaid enrollees was effective January 1, 2014.

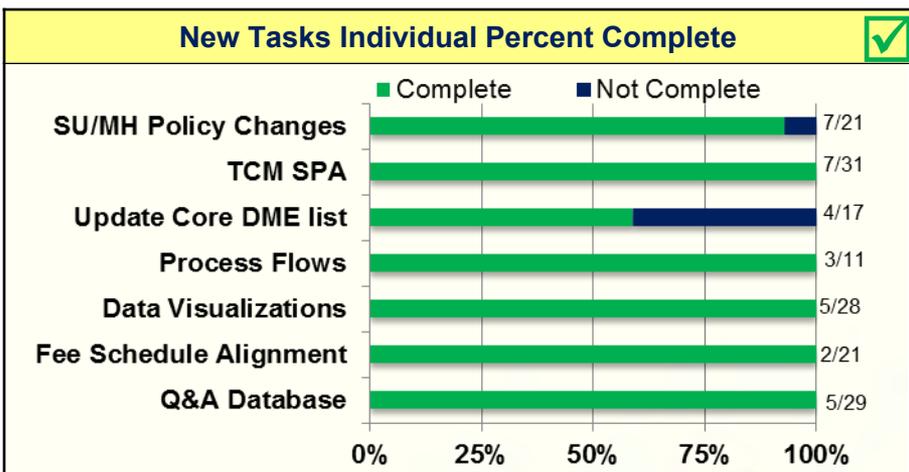
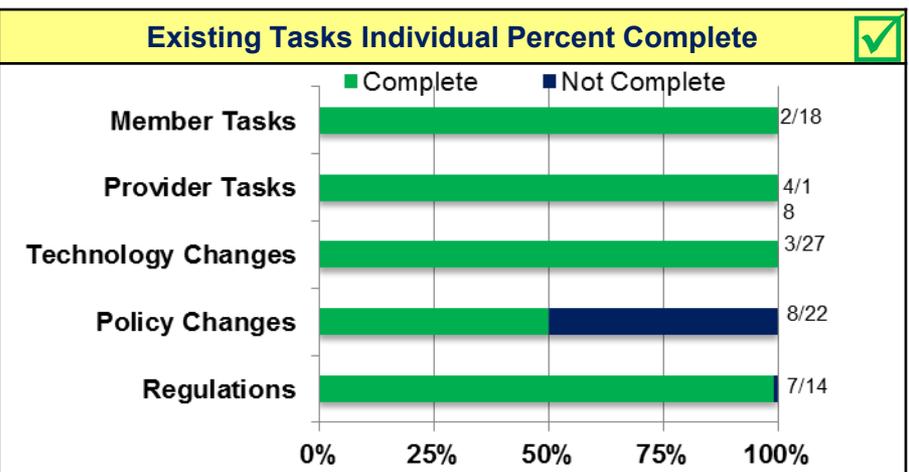
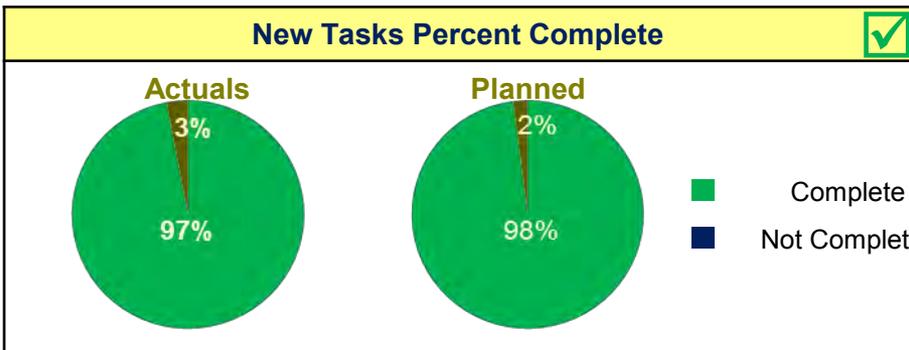
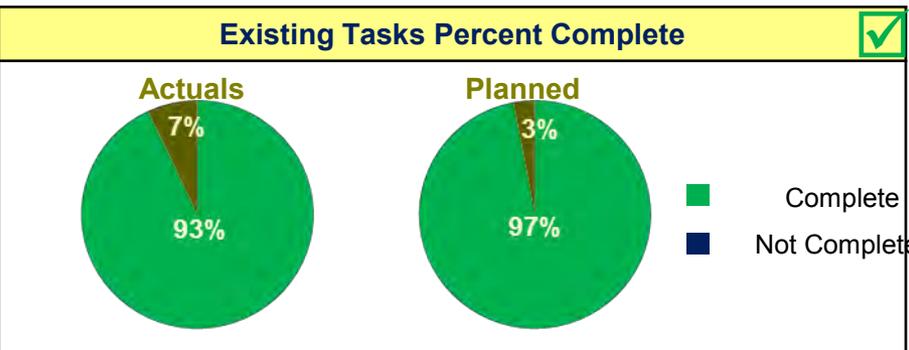
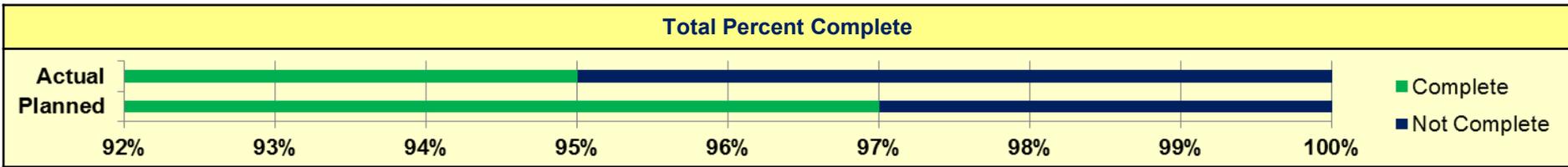
ACA Update

- DMS has been working hard to fully implement all of the provisions of the Affordable Care Act.
- Since August, 2013...
 - Filed and approved 27 unique state plan amendments (SPA) to CMS (Federal)
 - 6 remain pending CMS approval
 - Filed 48 Regulations
 - 44 E&O regs
 - 3 ordinary regs
 - 1 emergency reg



Medicaid Expansion Project

Reporting Period:	07/03/14 – 07/09/14	Status:	On Track
-------------------	---------------------------	---------	----------



Legend

	Meeting / Exceeding Expectations		5% – 15% Delayed
--	----------------------------------	--	------------------



Enrollment, Woodwork, and Churn

- Medicaid Expansion is not static. It is dynamic.
- While Kentucky has consistent enrollment figures. The individuals that make up that enrollment are constantly changing.
- As an example, here is the traditional Medicaid Enrollment in each of the previous three Junes (One month, year over year, was used to rule out seasonality).

	June Enrollment
2012	842,550
2013	844,948
2014	837,963

Enrollment, Woodwork, and Churn

- At first glance, Medicaid Enrollment seems fairly constant. A 0.2% growth in the first year and a 0.8% drop the next could imply a static population.
- However, when you compare enrollment at the individual level the picture is much different.
- Only 81% of the individuals enrolled in June of 2012 were still enrolled in June of 2013. 151,424 persons enrolled in 2012 had left the program and they had been replaced by 153,822 completely new individuals.



- The picture is more dramatic if you extend the period of analysis.
- While 81% of people enrolled in June of 2012 were also enrolled the following June, only 70% of members were enrolled in all 3 years.
- **The Medicaid population is a constantly shifting changing group.**
- Given the background of the previous slides, we will now examine what changes occurred in enrollment from June 2013 to June 2014.

2013 vs. 2014

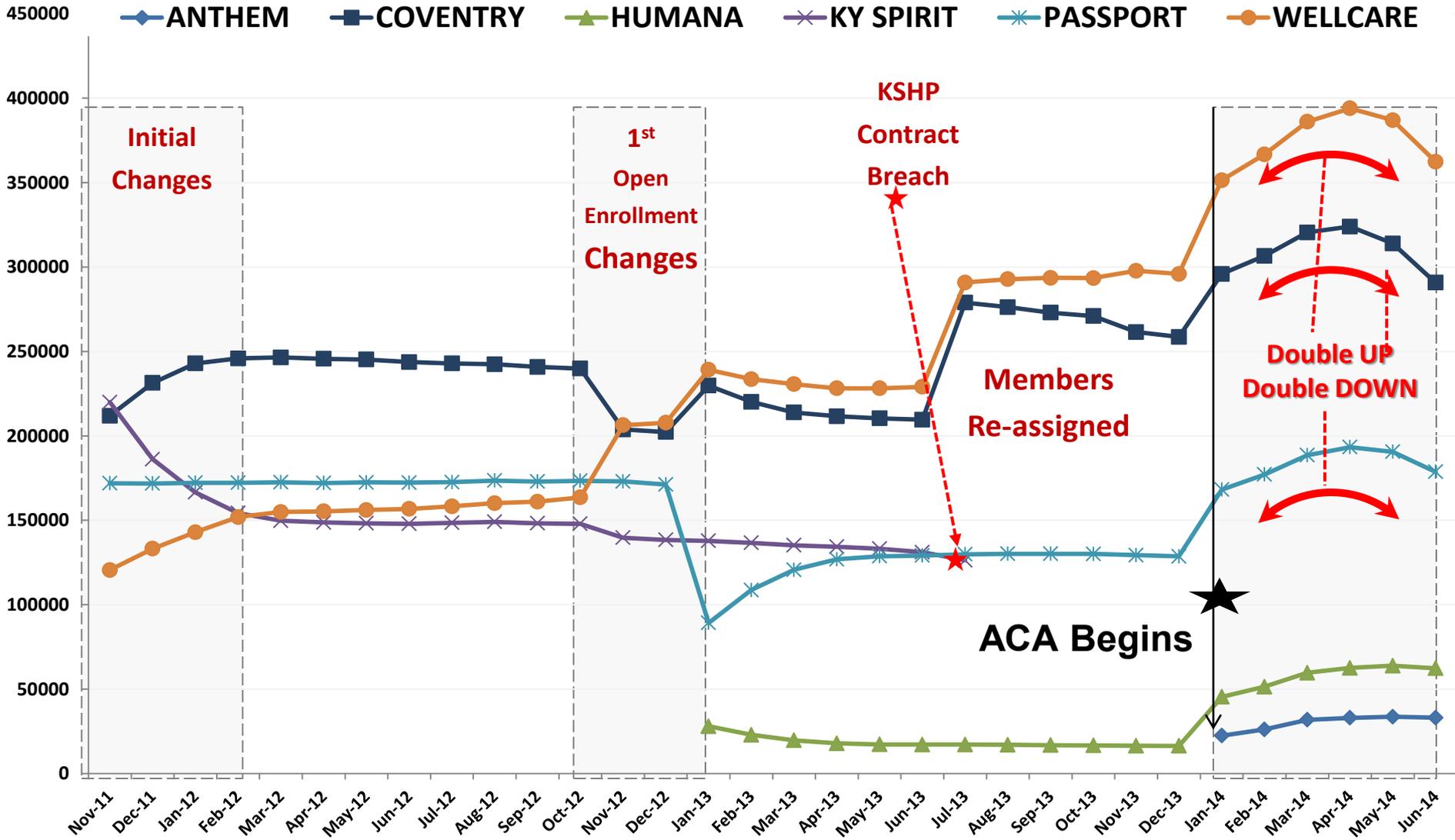
- Between June 2013 and June 2014...
 - 149,201 members left Medicaid altogether (compared to 151,424 the previous year).
 - 165,718 people became new “Traditional” members (compared to 153,822 in the previous years).
 - 23,502 members moved from Traditional (30% state costs) to Expansion enrollment (0% state costs)
 - 266,999 persons were expansion enrollees that were not enrolled in June 2013.

- Medicaid Expansion Enrollment outpaced the enrollment anticipated in the whitepaper in every county.
- Whitepaper participation rates, as prepared by PwC, were based on estimates from the Congressional Budget Office and anticipated 55% of eligible persons enrolling in the first year, with that figure leveling out at 70% in future years.

The Bottom-line...

- “Woodwork” enrollment should be at or below the white paper estimates.

MCO Enrolled Membership



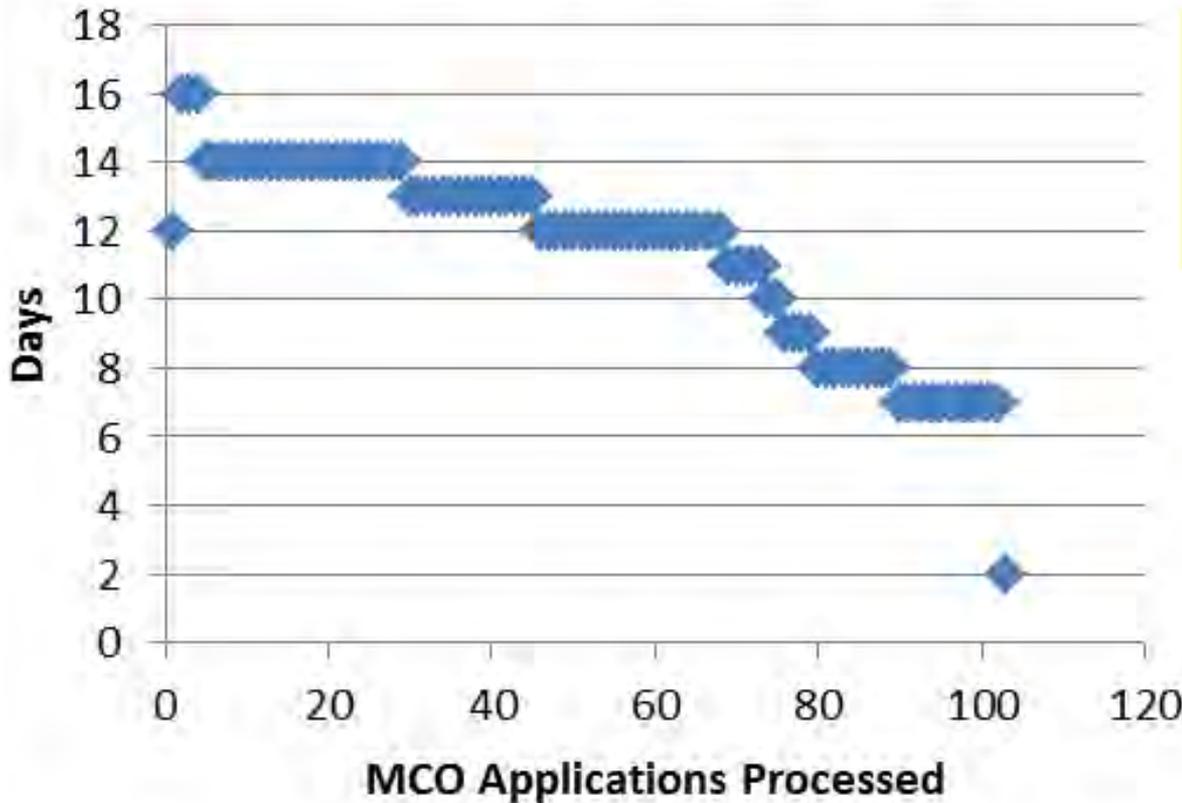
Health outcomes improving

- Annual Dental visits increased member utilization by +15.8% SFY 2013 to 2014
- Adult Preventive Services increased by +36.7% from SFY 2013 to 2014
- Breast Cancer Screening increased +20.6% from SFY 2013 to 2014
- Cervical Cancer Screening increased +3.0% from SFY 2013 to 2014
- Colorectal Cancer Screening increased +16.1% from SFY 2013 to 2014

New providers added

- Behavioral Health Multi-Specialty Group- 31
 - Licensed Professional Clinical Counselor- 352
 - Licensed Clinical Social Worker - 397
 - Licensed Marriage and Family Therapist- 96
 - Licensed Psychological Practitioner- 25
 - Licensed Psychologist – 102
-
- As of 6/30/.2014

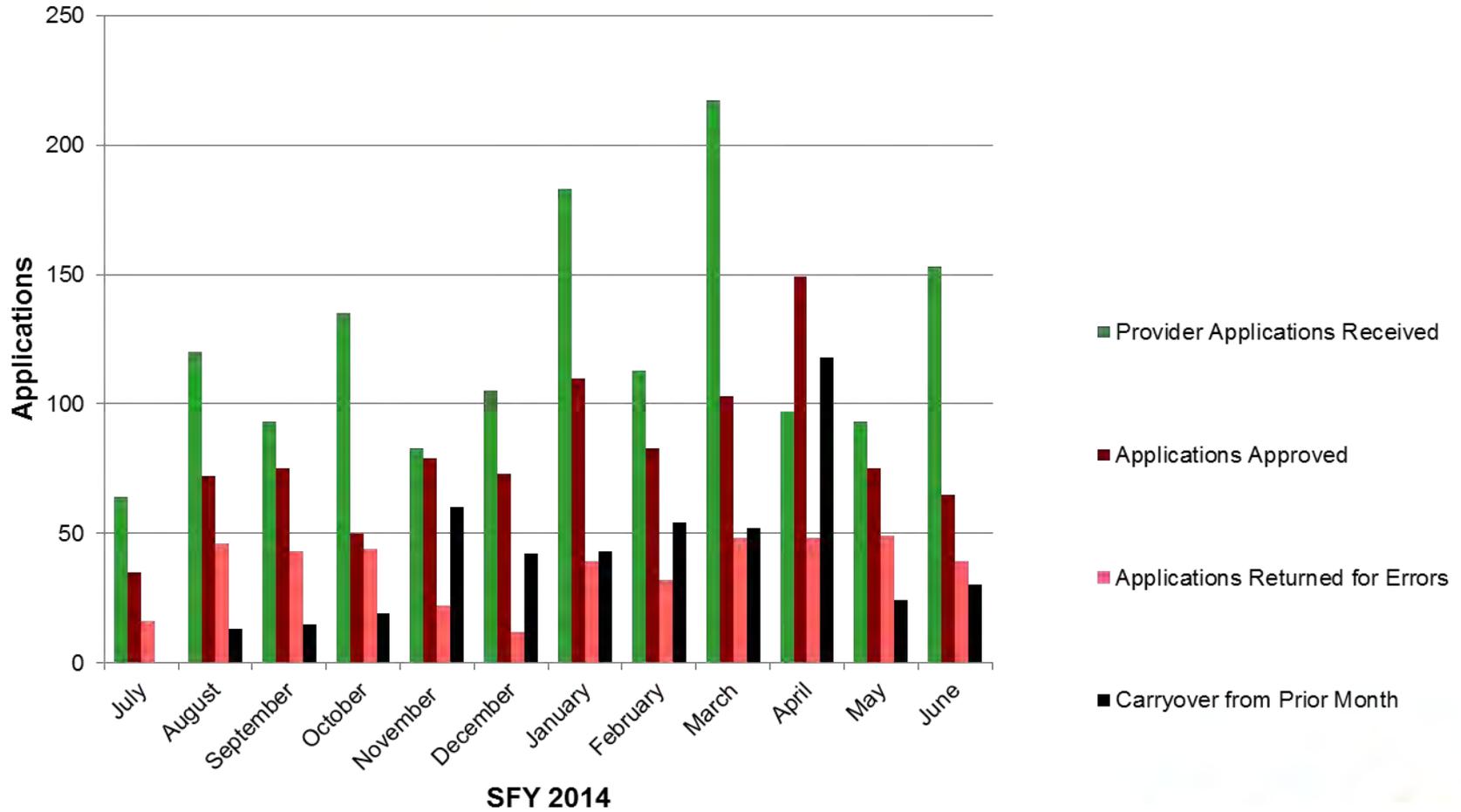
Work Days to Process



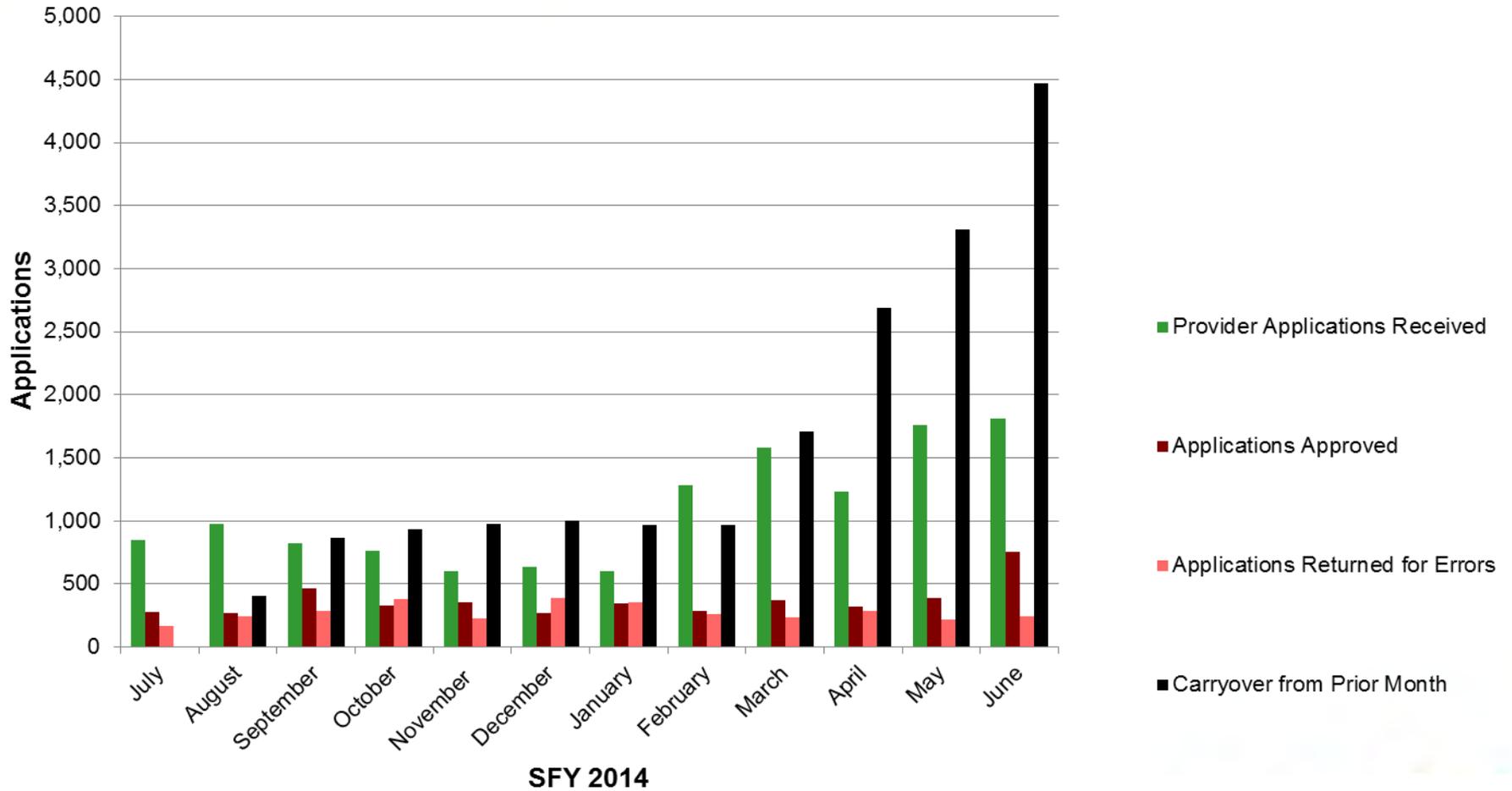
Average MCO
Application
Processing Time 11
days

◆ Work Days to Process

Managed Care Summary



FFS Summary



State Fiscal Year 2015 Budget

	Agency	FY15 Recommended General & Tobacco Fund	Enacted General & Tobacco Fund	Difference
721	General Administration	28,455,100*	28,450,600*	(4,500)
724	Health Policy	448,000*	448,000*	
725	Aging and Independent Living	44,702,900	44,702,900	
727	Income Support	8,225,700*	8,225,700*	
728	Public Health	83,459,300**	82,886,300**	(573,000)
729	Behavioral Health/Dev. & Intellectual Disabilities	202,621,000**	202,604,500**	(16,500)
730	FRCVS	466,400*	1,466,400*	1,000,000
736	Community Based Services	397,634,800**	391,634,800**	(6,000,000)
746	Medicaid Administration	33,314,500	33,314,500	
748	Medicaid Benefits	1,558,939,900**	1,525,524,400**	(33,415,500)
767	Commission for Children/Special Health Needs	5,401,500*	5,401,500*	

* Agency had 5% General Fund Reduction

** Includes Tobacco General Fund

Additional ACA Data

- We have copies of preliminary data regarding Medicaid expansion, enrollment, and reimbursement in Kentucky
- Highlights include:
 - Urban Hospital reimbursement growth +46%
 - Rural Hospital reimbursement growth +36%
 - County by county distribution of ACA \$
 - County by county distribution of ALL Medicaid \$
 - 3-year Hospital by hospital of ALL Medicaid \$
 - Hospital by hospital FFY13 DSH vs. ACA \$
 - Disproportionate Share Hospital pmts FFY 2009 to 2013

Questions?

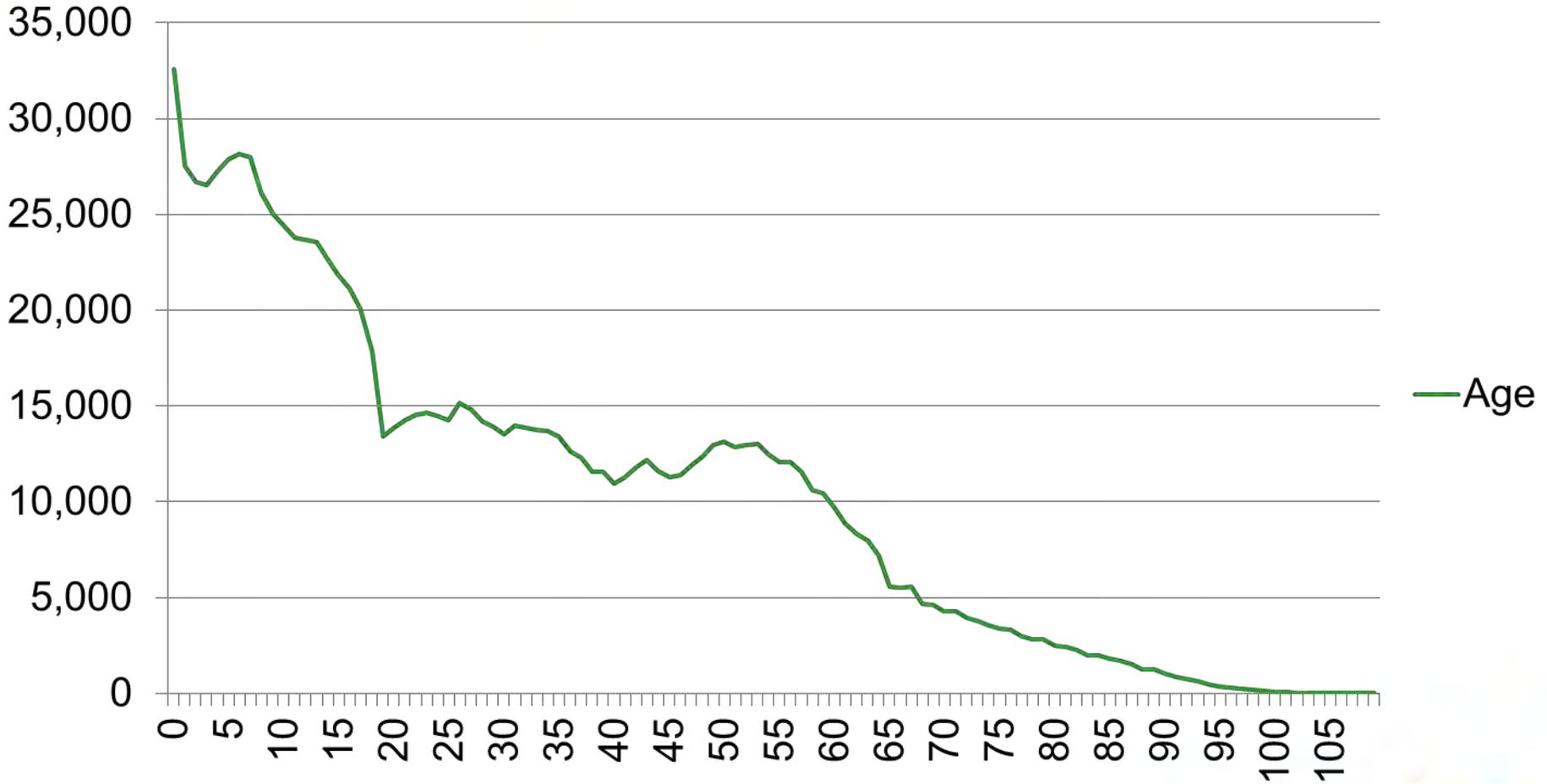


Medicaid members



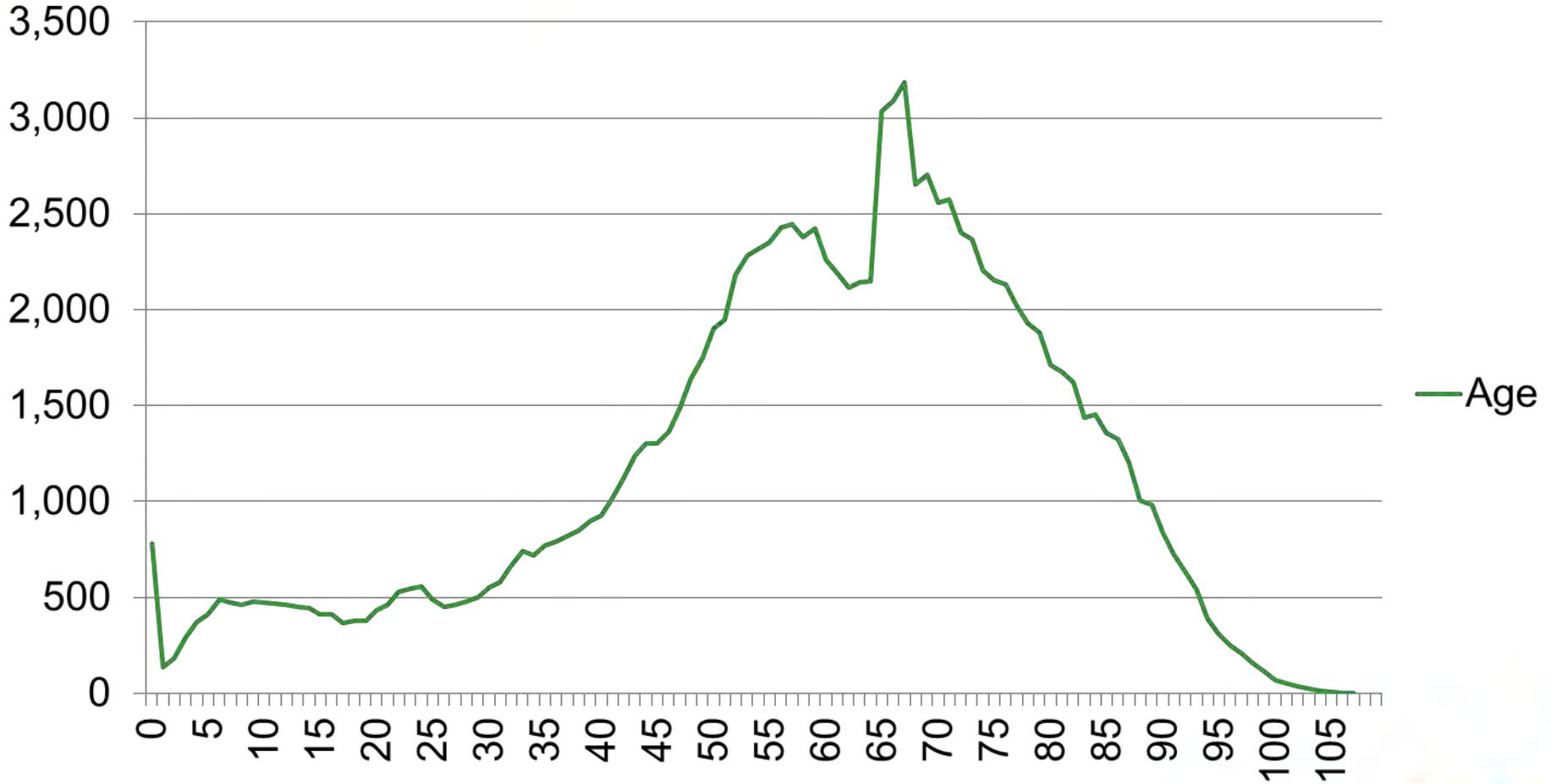
Medicaid members

Members by Age



Medicaid FFS members

Members by Age for FFS



Medicaid MCO members

Members by Age for MCO

