

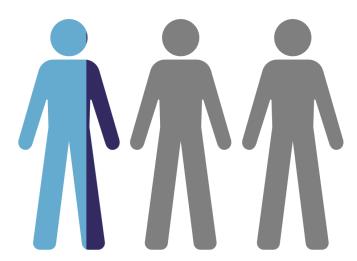
IMPACT OF CONGRESSIONAL BUDGET PROPOSALS TO KENTUCKY MEDICAID



MEDICAID COVERS ~1.5M KENTUCKIANS

Total KY Population: ~4.5M

Medicaid Covers ~33% of Kentuckians



Traditional: ~1M Kentuckians (~66% of all Medicaid members)
Expansion: ~500K Kentuckians (~34% of all Medicaid members)

MEDICAID SERVES

- Low- and moderate-income children and parents
- · Other low-income adults
- Aged, blind, and disabled including those with serious mental illness and development disabilities
- Elderly and disabled who require long-term care



Medicaid Provides Crucial Services to Kentuckians



HOSPITAL CARE



BEHAVIORAL HEALTH

(Including services for those with serious mental illness and treatment of substance use disorders)



PHYSICIAN CARE

(Includes primary care, specialty, and dental)



DRUGS



COMMUNITY-BASED SERVICES

FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES



(Covers > 30% of births in KY)



LONG-TERM NURSING CARE

IN NURSING FACILITLES

(Medicaid is primary payer – not covered by Medicare)



Currently, Federal Government Funds 3/4 of the Kentucky Medicaid Budget

Total Kentucky Medicaid Budget: \$20 billion

Federal Government Funds: \$15.4 billion



Kentucky Funds: \$4.6 billion



1 = 5B



Medicaid Covers a Large Percentage of Appalachia

Kentucky Medicaid covers citizens in every county, but 11 counties have >50% of their citizens covered by Medicaid

Appalachia

The highest percentage of the population that utilizes Medicaid is in Appalachia

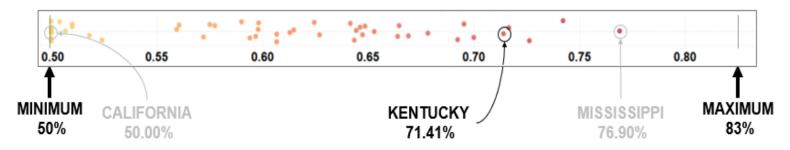


What is the Federal Medical Assistance Percentage (FMAP)?

The Medicaid program is a federal-state partnership. The federal government pays a specified percentage of a state's program cost called the Federal Medical Assistance Percentage (FMAP). The percentage is based on a state's average income per person, also known as per capita income. States with lower per capita incomes have higher FMAPs.

Kentucky has the 5th highest FMAP in the US

FFY26 Federal Medical Assistance Percentage (FMAP) for Traditional Medicaid



Kentucky's Current FMAP Share

For every dollar, the federal share and state share split is shown below based on the population.

TRADITIONAL MEDICAID

Federal Share:

71¢

State Share: 29¢

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Federal Share:

80¢

State Share: 20¢

EXPANSION

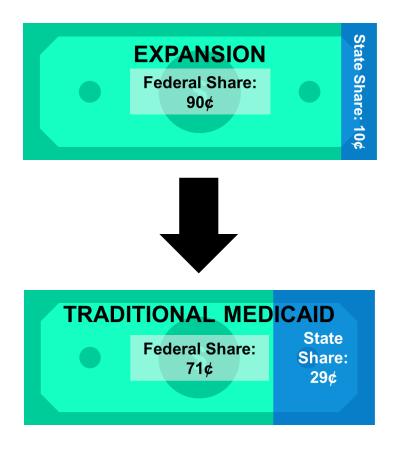
Federal Share:

90¢

State Share: 10¢



Scenario 1: Lowering Expansion FMAP (90%) to match Traditional FMAP (71.4%)



Kentucky loses \$1.4 billion in federal dollars

Kentucky would have to use more state dollars or cut Medicaid eligibility, services or provider rates



Scenario 2: Lowering Administrative FMAP Enhanced Funding

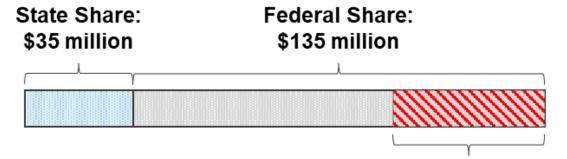
For administrative costs, Kentucky currently receives 50% FMAP for Traditional and Expansion, and 80.04% FMAP for CHIP.

For information technology costs, Kentucky receives 90% FMAP for design and development, and 75% FMAP for maintenance and operations.

Reducing the FMAP to 50% for all administrative costs would result in an annual loss of \$50 million in federal funds.

\$170 Million Total Current

Funding per Year



\$50 million Loss of Federal Funding per Year (29% of Total Current Funding)

Kentucky would have to use more state dollars or cut Medicaid eligibility, services or provider rates



Scenario 3: Per capita caps on Federal Matching

One option under discussion would set a fixed amount for each beneficiary, also known as a per capita cap, and adjust that amount annually based on a pre-set inflationary rate.

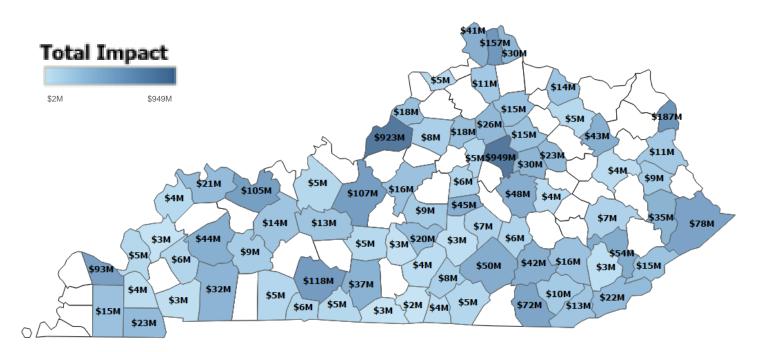
States would be wholly responsible for any costs per beneficiary that exceed this cap.

TOTAL IMPACT? UNKNOWN

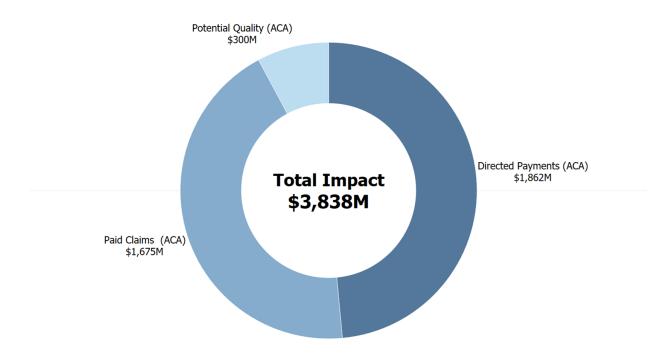
Scenario 4: Eliminating Expansion Population

If the federal government eliminates coverage of the Expansion Population, that will result in over 450,000 Kentuckians losing health care coverage and a total loss of \$3.8 billion to Kentucky's economy.

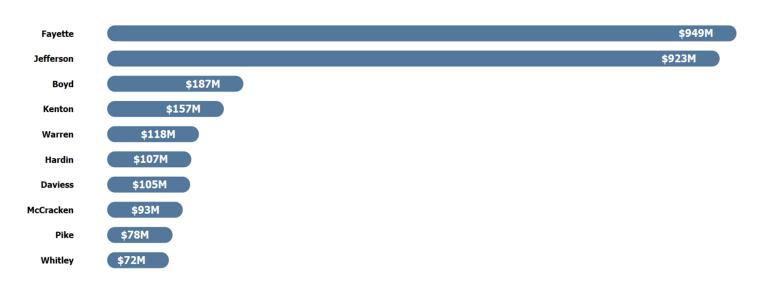
Total Impact \$3.8 billion



Scenario 4: Eliminating Expansion Population



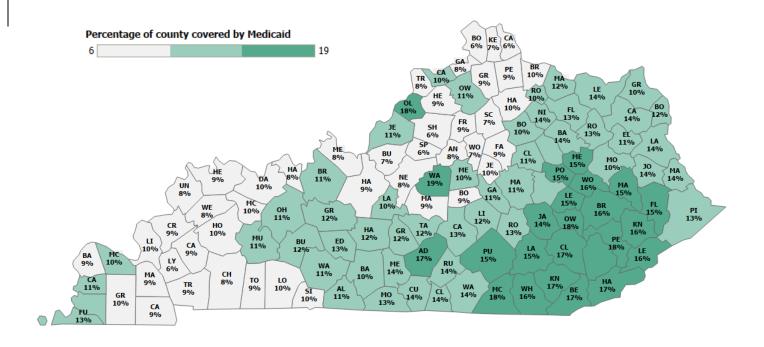
Counties Most Affected





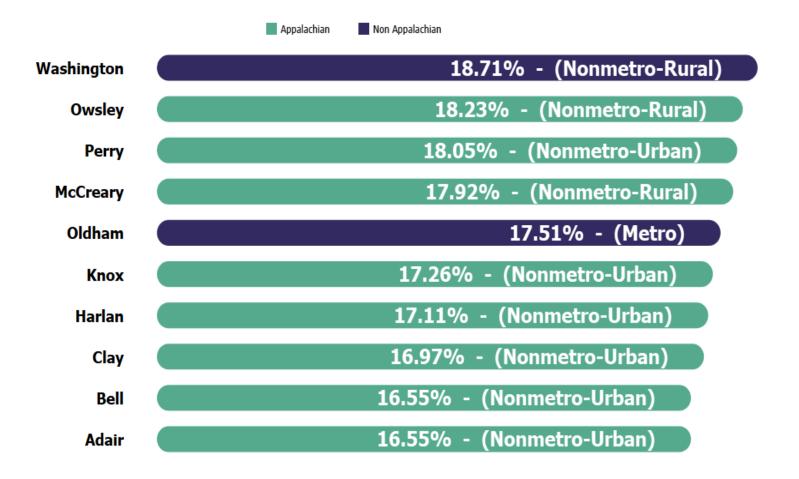
Scenario 4: Eliminating Expansion Population

Percent of county covered by Medicaid Expansion



Appalachian Counties Most Impacted by Elimination of Expansion Population

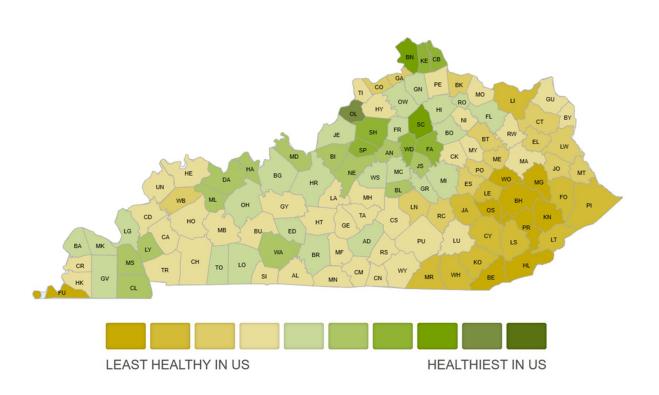
Top 10 Counties with the highest percentage of expansion Medicaid members





Appalachian Counties Most Impacted by Elimination of Expansion Population

Appalachian counties are among the least healthy in the United States

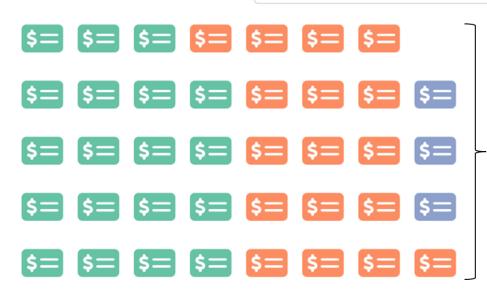


Scenario 4: Eliminating Expansion Population

Statewide Loss to Kentucky Hospitals

\$= = \$100 million

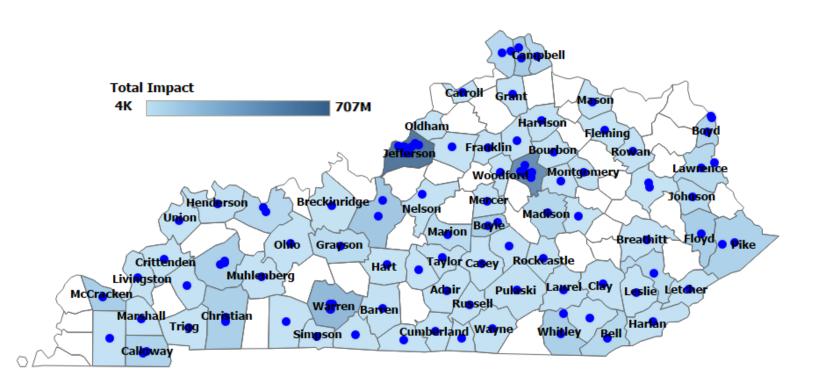
- Directed Payments (ACA) \$1.86 billion
- Paid Claims (ACA) \$1.68 billion
- Potential Quality (ACA) \$300 million



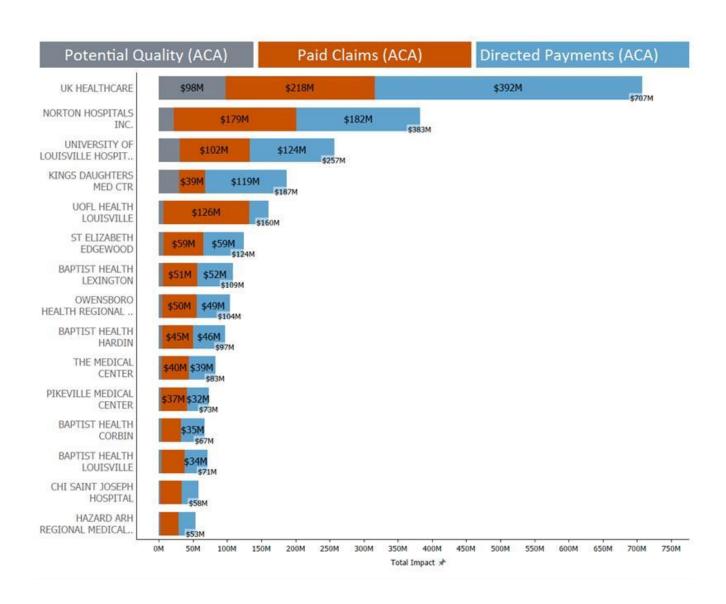
\$3.8 billion Total Loss per Year

Scenario 4: Eliminating Expansion Population

Impact on individual hospitals ranges between \$4K-\$707M



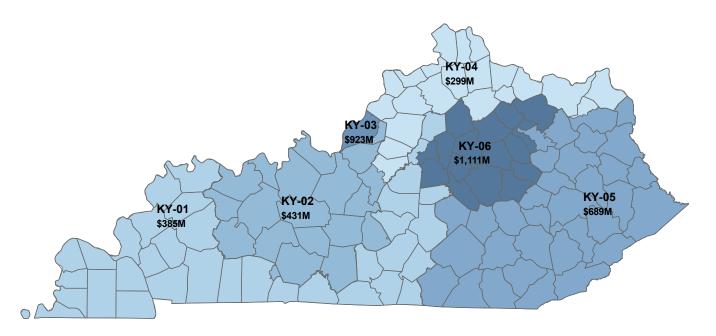
Top 15 Hospitals Impacted by Elimination of Expansion Population





Scenario 4: Eliminating Expansion Population

Congressional districts will lose \$299M-\$1.1B



Directed Payments At Risk

Scenario 5: Eliminating Directed Payments

Most states require managed care plans to make certain add-on payments to health care providers, known as "directed payments." Kentucky uses provider taxes to fund the state share. The federal government is proposing to eliminate directed payments.

\$5.5B at risk

Federal Government Funds: \$4.4 billion

(\$)

(\$)

(\$)

(\$)

Kentucky Funds: \$1.1 billion

Programs:
Hospital Reimbursement
Improvement Plan (HRIP)
University Directed Payment Program
KY Trauma Hospital Reimbursement Improvement (KTHRI)
Ambulance Provider Assessment Program (APAP)

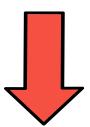
Directed Payment Programs are funded through provider taxes and could be impacted if the maximum allowable is changed and/or eliminated. The amounts for Expansion could be lowered if Expansion is eliminated due to lower FMAP.



Scenario 6: Reducing Provider Allowed Tax Amounts to 4%

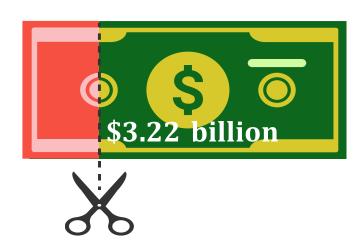
Certain providers pay a tax to fund the state share for increased payments.

Current total annual funding



Decrease to maximum 4% provider tax





\$660 million loss to PROVIDERS



Scenario 6: Reducing Provider Allowed Tax Amounts to 4%

Statewide total annual loss to Supports for Community Living









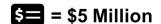


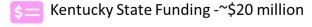


\$19 million
Loss to Supports
for Community
Living

Scenario 6: Reducing Provider Allowed Tax Amounts to 4%

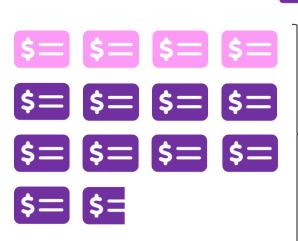
Statewide total annual loss to Nursing Facilities







\$= Federal Share Funding - ~\$49 million



\$69 million Loss to Nursing **Facilities**

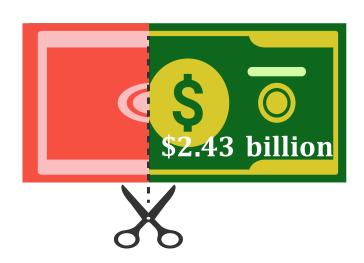
Scenario 7: Reducing Provider Allowed Tax Amounts to 3%

Current total annual funding





Decrease to maximum 3% provider tax



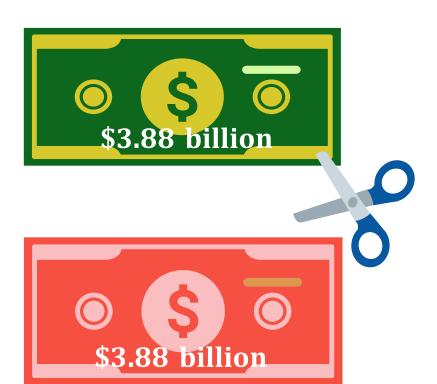
\$1.45 billion loss to PROVIDERS

Scenario 8: Eliminating Provider Taxes

Current total annual funding



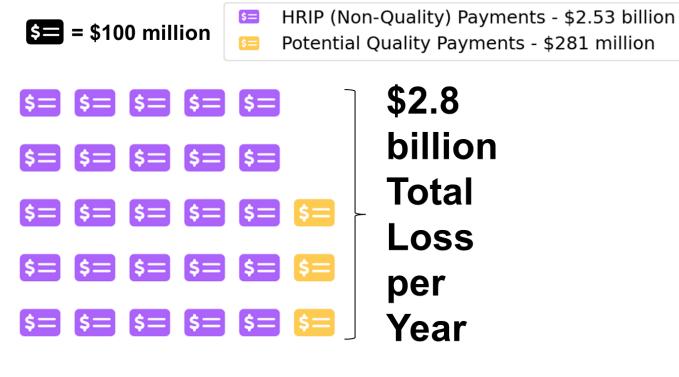
Elimination of provider tax and federal matching



\$3.88 billion loss to PROVIDERS

Scenario 8: Elimination of Provider Tax for Hospitals

Statewide Loss to **Kentucky Hospitals**



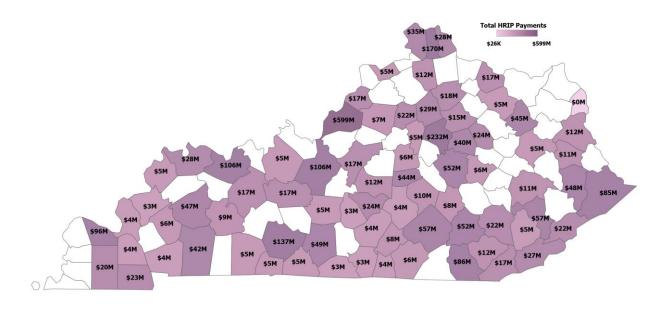
\$2.8 billion **Total** Loss per Year

HRIP – Hospital Rate Improvement Program



Scenario 8: Elimination of Provider Tax for Hospitals

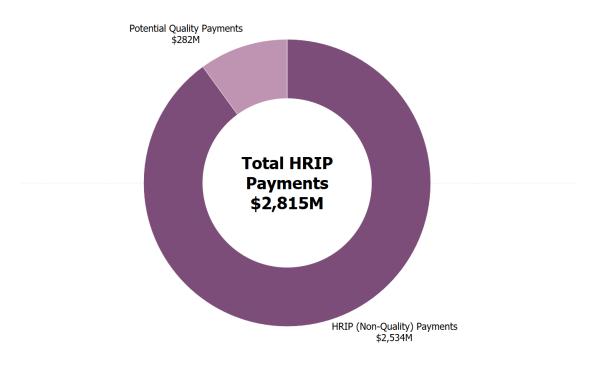
Total Impact \$2.8 billion

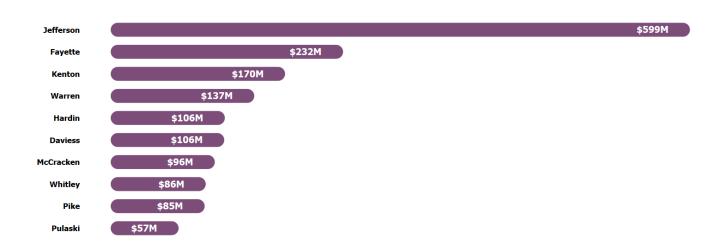


HRIP – Hospital Rate Improvement Program



Scenario 8: Elimination of Provider Tax for Hospitals



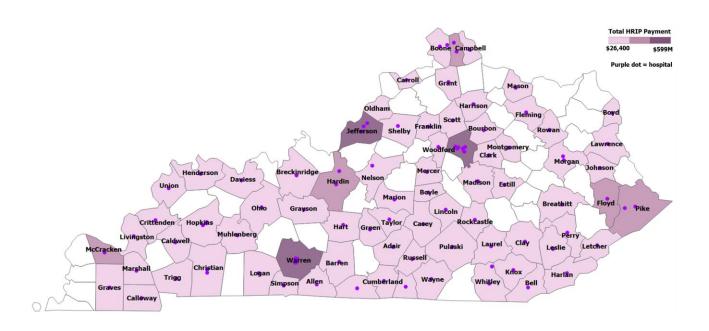


HRIP - Hospital Rate Improvement Program



Scenario 8: Elimination of Provider Tax for Hospitals

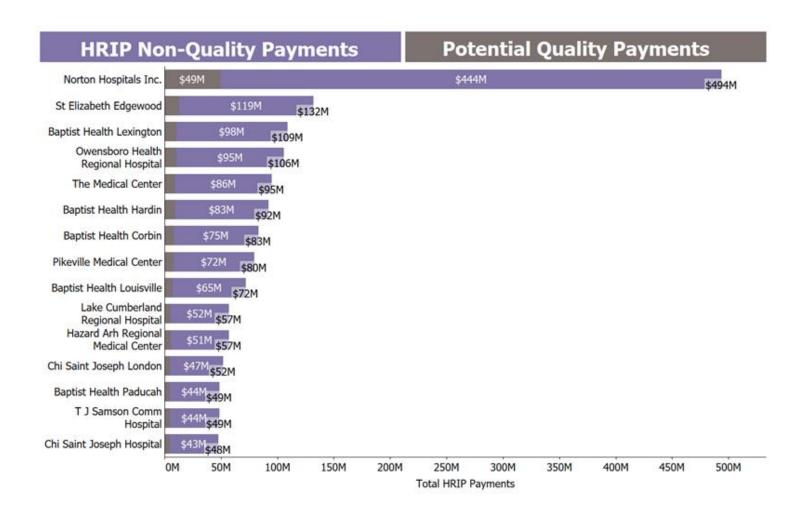
Impact on individual hospitals ranges between \$8K-\$493M



HRIP - Hospital Rate Improvement Program



Top 15 Hospitals Impacted if Provider Taxes Are Eliminated

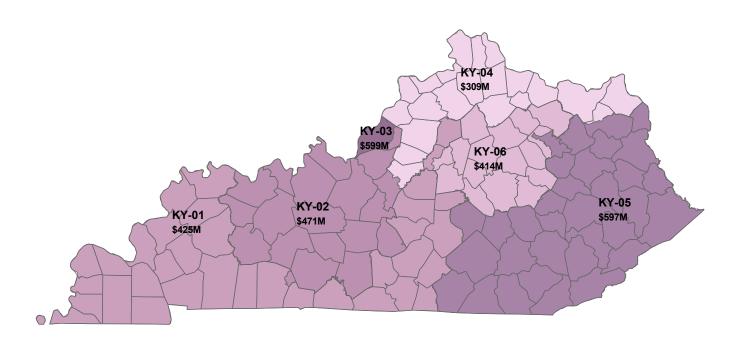


HRIP – Hospital Rate Improvement Program



Impact of Elimination of Hospital Provider Tax by Congressional District

Impact on Congressional districts range between \$309M-\$599M



HRIP – Hospital Rate Improvement Program

