

analysis to advance the health of vulnerable populations

## State Fiscal Implications of Federal Health Reform

December 9, 2010

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NCSL Fiscal Leaders Seminar



## **HCRCC Home Page**



## **HCRCC Council Workgroups Page**



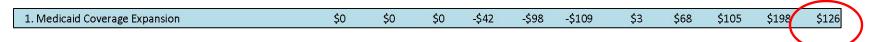
## **Financial Modeling Tool: Costs**

Analysis excludes baseline pro						not alter	ed by He	alth Refo	rm			RAN	IGE
(	State funds	only, mid	dpoint of	range, in	millions)								
I. Required Elements	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	TOTAL	LOW	HIGH
A. Increased Costs													
1. Medicaid Coverage Expansion	\$0	\$0	\$0	-\$42	-\$98	-\$109	\$3	\$68	\$105	\$198	\$126	\$95	\$158
2. Medicaid "Woodwork" Effect	\$0	\$0	\$0	\$12	\$72	\$96	\$111	\$116	\$122	\$127	\$657	\$493	\$822
3. Medicaid and MCHP Admin	\$0	\$10	\$15	\$34	\$68	\$74	\$78	\$81	\$85	\$88	\$533	\$399	\$666
4. Reduction in Supplemental Rx rebate	\$14	\$14	\$15	\$15	\$14	\$15	\$16	\$19	\$21	\$25	\$167	\$125	\$208
5. Reduction in Medicaid DSH	\$0	\$0	\$0	\$0	\$9	\$10	\$11	\$12	\$12	\$13	\$67	\$50	\$84
6. State Exchange Admin necessary/permitted by law	\$0	\$0	\$0	\$13	\$13	\$13	\$13	\$13	\$13	\$13	\$91	\$68	\$114
7. State Employees/Retirees Health Ins.	-\$14	-\$4	\$9	\$11	\$20	\$21	\$22	\$27	\$30	\$33	\$155	\$116	\$194
8. Admin costs (non-DHMH agencies, outreach, etc.)	\$3	\$3	\$4	\$4	\$4	\$4	\$4	\$4	\$3	\$3	\$36	\$27	\$45
9. Transfer of 6-19 yo (100%-133% FPL): XXI to XIX	\$0	\$0	\$0	\$1	\$3	\$3	\$3	\$3	\$4	\$4	\$21	\$16	\$27
Overall Category Total	\$3	\$23	\$43	\$49	\$105	\$12 <b>7</b>	\$262	\$344	\$395	\$504	\$1,853	\$1,390	\$2,317



## **Medicaid Coverage Expansion**

- Medicaid and PAC (PAC savings with 100% FFP)
- Population projections by age groups, disability, and FPL status annually through 2020
- Linked MD FPL to unemployment rate and as a function of National unemployment
- Estimates of projected pop between 116 and 134% of the FPL
- Factored by: U.S. citizenship (88%) and take-up rate (90% and 70%)
- Trended per capita costs by age group (disabled/non) for each FY-National Health Expenditure Projections - Medical Price Deflator





#### **Medicaid Woodwork Effect**

- Eligible but not enrolled costs using same methodology
- KFF Report sizing the woodwork population: two scenarios
- Midpoint used by MD is at 75<sup>th</sup> percentile between "high" and "low"
- Woodwork enrollment of 33K by 2017 (full ramp up)
- Based on enrollment mix and annual per capita costs resulting in \$657M consistent with KFF projections at 75<sup>th</sup> percentile

2. Medicaid "Woodwork" Effect	\$0	\$0	\$0	\$12	\$72	\$96	\$111	\$116	\$122	\$127	\$657



#### **Medicaid/MCHP Admin**

- Added expenditure of Medicaid/PAC expansion x 5% (historic overhead)
- Finances outreach, eligibility determinations, enrollment, and oversight activities
- Extra \$30M (state \$) through 2014 for added eligibility system improvements
- Grants for infrastructure development not included
- \$533M is the midpoint cost on the spreadsheet

3. Medicaid and MCHP Admin	\$0	\$10	\$15	\$34	\$68	\$74	\$78	\$81	\$85	\$88	\$533



## State Employees/ Retirement Insurance

- New savings and costs related to state as employer and retiree insurance provider
- Early retirement reinsurance, comparative effectiveness tax, expanded dependent coverage, contractual employees insurance costs, tax on high-cost health plans, admin costs, etc.
- \$155M as midpoint costs from 2011 to 2020

7. State Employees/Retirees Health Ins.	-\$14	-\$4	\$9	\$11	\$20	\$21	\$22	\$27	\$30	\$33	\$155
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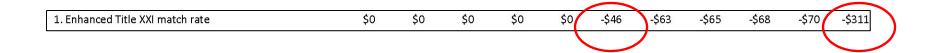
## Financial Modeling Tool: Savings

Analysis excludes baseline p	rograms tha	t predate	d Health	Reform a	ınd were	not alter	ed by Hed	alth Refo	rm			RAN	1GE
	(State funds	only, mid	lpoint of	range, in	millions)								
. Required Elements	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	TOTAL	LOW	HIGH
B. Programmatic Savings													
1. Enhanced Title XXI match rate	\$0	\$0	\$0	\$0	\$0	-\$46	-\$63	-\$65	-\$68	-\$70	-\$311	-\$233	-\$38
2. Hospital assessment: MHIP-Related	\$0	\$0	\$0	-\$70	-\$147	-\$154	-\$160	-\$167	-\$174	-\$182	-\$1,055	-\$791	-\$1,31
3. Rate Stabilization Offset: 100% Medicaid PCP	\$0	\$0	-\$11	-\$22	-\$11	\$0	\$0	\$0	\$0	\$0	-\$43	-\$33	-\$5
4. Medicaid: Rx rebates extended to MCO	-\$17	-\$18	-\$19	-\$20	-\$22	-\$23	-\$25	-\$27	-\$30	-\$32	-\$232	-\$174	-\$29
5. Medicaid: Breast&Cervical converts to ins.	\$0	\$0	\$0	-\$2	-\$4	-\$4	-\$4	-\$4	-\$4	-\$4	-\$26	-\$20	-\$3
6. Reductions in state-only programs/grants	\$0	\$0	\$0	-\$33	-\$65	-\$65	-\$65	-\$65	-\$65	-\$65	-\$423	-\$317	-\$52
7. Seniors Prescript Drug Assist (SPDAP)	\$0	-\$1	-\$1	-\$1	-\$1	-\$1	-\$2	-\$2	-\$2	-\$3	-\$15	-\$11	-\$1
Overall Category Total	-\$18	-\$19	-\$30	-\$148	-\$250	-\$293	-\$319	-\$330	-\$343	-\$356	-\$2.106	-\$1.5 <b>7</b> 9	-\$2.63



#### **Enhanced Match Rate**

- Decline in MCHP enrollment with recession;
  stable after recovery @ 100K
- 23% increase in match rate beginning 2016 thru 2019
  (2016 rate = difference in state/fed FYs)
- \$311M = midpoint savings on spreadsheet



## **Hospital Assessment/MHIP**

- Maryland Health Insurance Program high-risk health insurance pool
- Funding = premiums + 1% assessment on hospital revenues
- Under health exchanges, insurance available without underwriting
- Hospital-projected revenues by year x 1% = midpoint savings on spreadsheet

2. Hospital assessment: MHIP-Related	\$0	\$0	\$0	-\$70	-\$147	-\$154	-\$160	-\$167	-\$174	-\$182	-\$1,055



# Reductions in State-Only Programs/Grants

- Expanded coverage under reform increases private sector coverage of safety net services
- 50% reduction in funding for: public health breast cancer screening, tobacco screening and tx, mental health and alcohol abuse admin
- \$423M midpoint savings through 2020

6. Reductions in state-only programs/grants \$0 \$0 \$0 -\$33 -\$65 -\$65 -\$65 -\$65 -\$65 -\$65											
The transfer that the second of the second o	6. Reductions in state-only programs/grants	\$0	\$0	\$0	-\$33		-\$65	-\$65	-\$65	->65/	-\$423



#### **New Revenue**

- Insurance premium assessment (2%) revenues from new Medicaid enrollees in private MCOs and newly covered individuals through health exchanges
- Midpoint total on spreadsheet for both profit/nonprofit = \$576M

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C. New Revenue													
1. Insurance Premium Assessment: for Profit Carriers	\$0	\$0	\$0	-\$28	-\$65	-\$71	-\$75	-\$78	-\$82	-\$86	-\$486	-\$364	-\$607
2. Premium Assessment Equiv.: Nonprofit Carriers	\$0	\$0	\$0	-\$5	-\$12	-\$13	-\$14	-\$15	-\$15	-\$16	-\$90	-\$68	-\$113
Overall Category Total	\$0	\$0	\$0	-\$34	-\$77	-\$84	-\$89	-\$93	-\$98	-\$102	-\$5 <b>7</b> 6	-\$432	-\$ <b>7</b> 20



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Overall Category Total	\$0	\$0	\$0	-\$34	-\$77	-\$84	-\$89	-\$93	-\$98	-\$102	\$5.76	-\$432	-\$720
TOTAL	-\$15	\$4	\$12	-\$133	-\$222	-\$250	-\$145	-\$80	-\$46	\$46	-\$829	-\$621	-\$1,036



## **Additional Takeaways**

- Savings do not = surplus
- Beyond 2020
- Unique state characteristics
- System dynamics



## **About The Hilltop Institute**

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.

www.hilltopinstitute.org



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www.hilltopinstitute.org

