

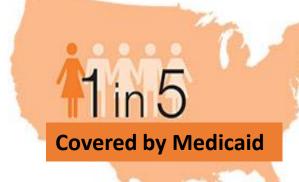
Medicaid = Gov't-Sponsored Health Insurance for Low-income People

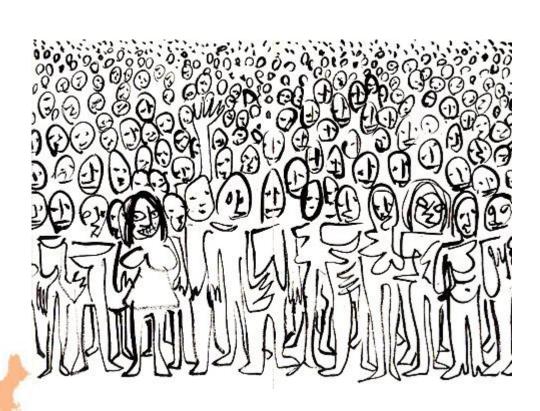
 Largest single US Health Insurer



Covers > 70 Million Americans

• 1 in every 5 *people* in the country





Medicaid's National Economic Impact

Medicaid pays for >16% of all US personal health care spending



Medicaid = Federal-State Cost-Sharing Health Insurance Program

Feds match state Medicaid spending on open-ended basis

OPEN ENDED

from

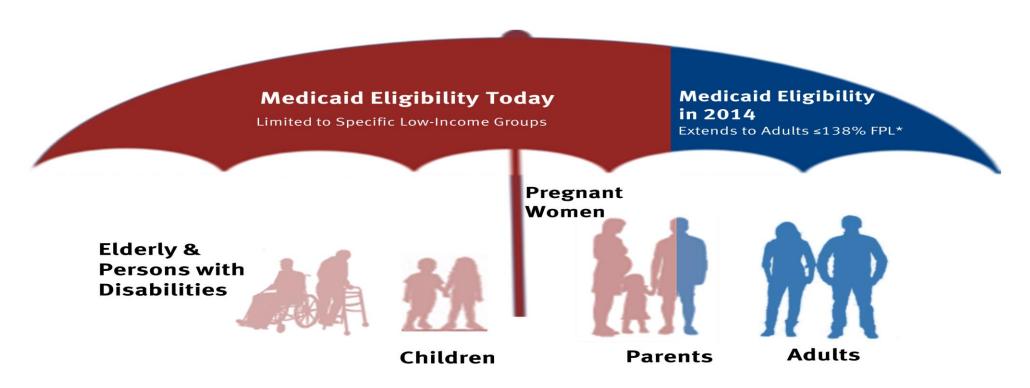
Federal match rate varies by state, minimum of 51% in rich states 75% in poorest one (MS)*

*Hawaii's federal share = 65.1% (2016); US Average: = 57% (2015) 54% of all federal funds received by Hawaii goes for Medicaid

In Addition: 33 States (incl D.C.) have opted to expand Medicaid

- States opting to expand Medicaid per the ACA now receive a 94% match for newly-eligible adults
 - Phases down to 90% match in 2020 & beyond

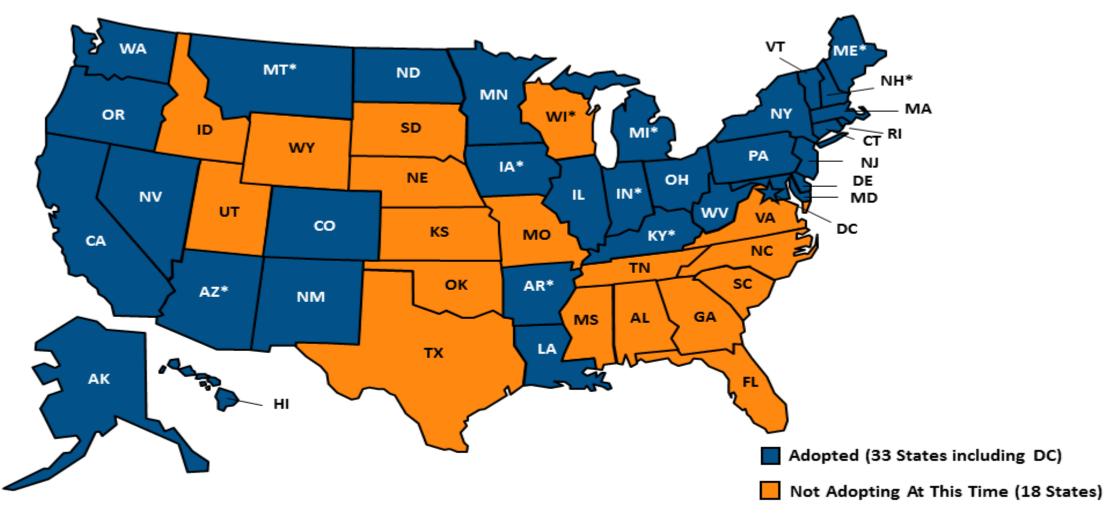
The ACA Medicaid Expansion Fills Current Gaps in Coverage



NOTE: The June 2012 Supreme Court decision in *National Federation of Independent Business v. Sebelius* maintained the Medicaid expansion, but limited the Secretary's authority to enforce it, effectively making the expansion optional for states. 138% FPL = \$15,856 for an individual and \$26,951 for a family of three in 2013.



Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state executive activity. *AR, AZ, IA, IN, KY, MI, MT, and NH have approved Section 1115 expansion waivers. KY initially adopted expansion through a state plan amendment but received CMS approval for the Kentucky HEALTH expansion waiver on January 12, 2018; implementation will start in April 2018 with full implementation by July 2018. ME adopted the Medicaid expansion through a ballot initiative in November 2017; the ballot measure requires submission of a state plan amendment within 90 days and implementation of expansion within 180 days of the measure's effective date. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion. SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated January 16, 2018.

http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

Who Has Medicaid Coverage?

 Infants & children (1/2 of all enrollees)



 Pregnant women, parents & other non-elderly adults (the last category w incomes up to 138% of federal poverty level)

(1/4 of enrollees)

Who Has Medicaid Coverage? (cont.)

Individuals w disabilities

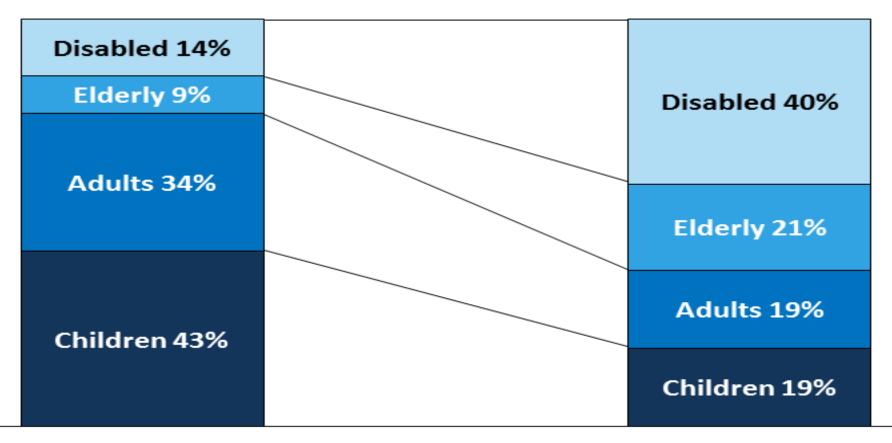
(1/4 of enrollees)

 Very low-income seniors (dual Medicare/ Medicaid eligibles = 35,500 people in Hawaii)





Distribution of Medicaid Spending by Eligibility Group, FY 2014



Enrollees Total = 80.7 Million Expenditures
Total = \$462.8 Billion



Medicaid Coverage In Hawaii:

• 18% of people (348,000) are Medicaid/CHIP –

1 in 6 adults under 65

covered by

• 1 in 3 children



Medicaid Coverage In Hawaii (cont.):

• 3 in 5 nursing home residents those w community-based

2 in 5 people w disabilities

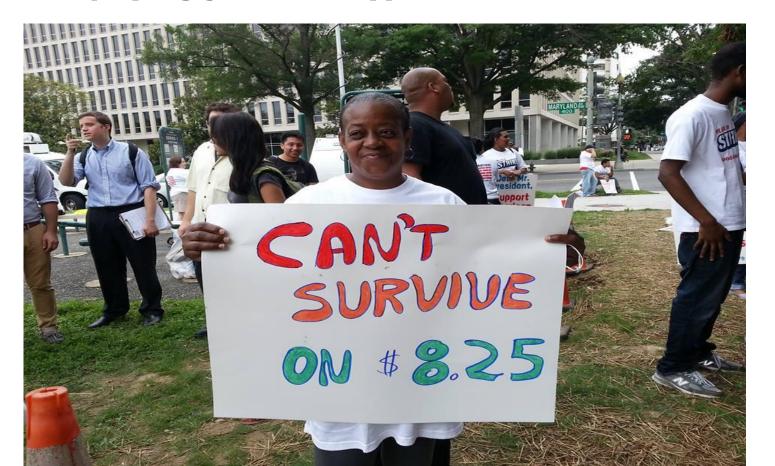




Who Has Medicaid Coverage?

• 3/4 of non-elderly adult Medicaid enrollees are working

(In Hawaii, 80% of adult & child enrollees are in families w at least one worker - in a low-paying job, clearly)



How Much Does Medicaid Cost?

 Total state & federal Medicaid spending = \$574.2 B (2016)

 Total state & federal Medicaid spending in Hawaii = \$2,205 B (2016)

Hawaii's share (34.9%)= \$769,236 Million (2016)

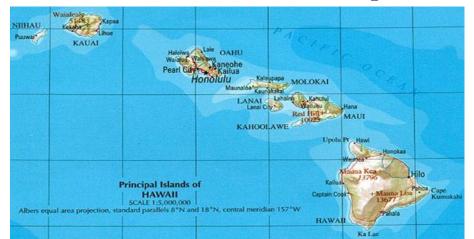
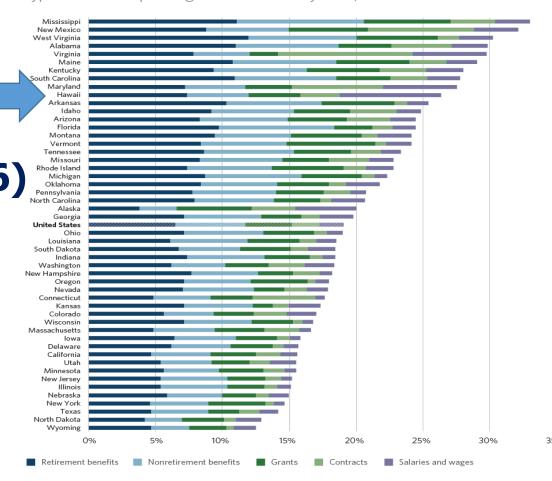


Figure 2

The Mix of Federal Spending Differs Among States
Types of federal spending relative to GDP by state, federal FY 2014



Notes: These data reflect the dollar value of federal spending relative to the size of each state's GDP but do not measure the federal government's contribution to state GDP. The District of Columbia is omitted because its data are outliers within the set. Total federal spe in the District was equivalent to 42.4 percent of the city's economy: 2.8 percent for retirement benefits, 1.6 percent for nonretirement benefits, 5.8 percent for grants, 13.6 percent for contracts, and 18.6 percent for salaries and wages.

Sources: Pew's analysis of data from the U.S. Department of Commerce's Bureau of Economic Analysis; USAspending.gov; U.S. Census Bureau; U.S. Office of Personnel Management; U.S. Department of Defense; and Alaska Department of Revenue

Why is Medicaid Relatively Low Cost Per Enrollee?

- Lower Medicaid provider payment rates
 - HI Medicaid to Medicare MD fee ratio = .62



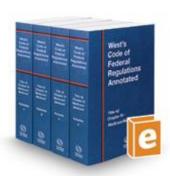
- AND . . .
 - Altho seniors & people w disabilities = only ¼ of beneficiaries,
 They account for almost 2/3 of spending

>1/2 of Medicaid spending goes for highest-cost 5% of enrollees



Medicaid Structure

• Federal standards requirements)



• State Design & Administration re:

Covered populations

Covered services





Structure: State Design & Administration (cont.)

Health care delivery models



Payment methodologies



Medicaid Covered Services

The ACA's 10 "essential health benefits,"

+ long-term care, &



Maternity Care

Rehabilitative & Habilitative & Services

Pediatric Services

Mental & Behavioral Health Treatment

Hospitalization

Laboratory Services

Prescription Drugs

Ambulatory Patient Services

Emergency Services

Preventive & Wellness Services

Optional services, such as:

Physical therapy

• Eyeglasses, &



Dental Care



How Medicaid Enrollees Get Care

Primarily private, office-based MDs

Community health centers



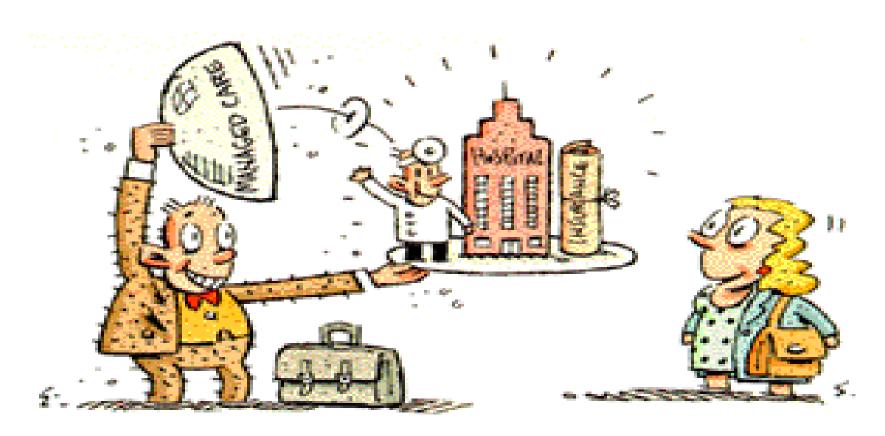
Hospital out-pt clinics





> 60% of US Medicaid Patients Get Care:

- In private managed care plans K-ing w states to provide comprehensive services
 - i.e. the plans assume actuarial risk



In Hawaii:

100% of Medicaid beneficiaries are now in managed care plans



Your five choices for a QUEST Integration health plan are:

AlohaCare

HMSA

Kaiser Permanente

'Ohana Health Plan

UnitedHealthcare Community Plan