



TO: Members of the Iowa Senate and
Members of the Iowa House of Representatives

FROM: Jess Benson

DATE: February 27, 2013

Monthly Medicaid Forecast – February 2013

Forecasting Group. Staff members from the Department of Human Services (DHS), the Department of Management (DOM), and the Fiscal Services Division of the LSA met on January 25, 2013, to discuss estimated Medical Assistance (Medicaid) expenditures for FY 2013 and FY 2014. The forecasting group meets monthly to discuss estimated expenditures and agree on a range for the current and upcoming fiscal years.

	Actual FY 2012	Estimated FY 2013	Estimated FY 2014
Medicaid Funding			
Carryforward from Previous Year	\$ 27,700,401	\$ 15,337,099	\$ 0
Veterans Home Transfer	2,447,911	3,533,208	0
Behavioral Health Account Carryforward	1,790,859	2,833,572	0
MH Risk Pool Carryforward	0	4,736,918	0
Health Care Transformation Account	1,956,245	7,065,203	0
Health Care Trust Fund	105,822,769	106,046,400	106,046,400
Nursing Facility Quality Assurance Fund	28,944,731	26,500,000	28,788,917
Hospital Trust Fund	36,714,318	33,898,400	33,876,000
hawk-i Performance Bonus	10,517,268	11,586,323	8,394,129
MHDS Redesign Funds	0	229,627,278	229,627,278
Total Non-General Fund for Medicaid	\$ 215,894,502	\$ 441,164,401	\$ 406,732,724
General Fund Appropriation	\$ 903,493,421	\$ 914,956,421	\$ 914,956,421
Total Medicaid Funding	\$ 1,119,387,923	\$ 1,356,120,822	\$ 1,321,689,145
Total Estimated State Medicaid Need			
	\$ 1,058,990,790	\$ 1,142,526,865	\$ 1,414,460,443
FMAP Changes	45,060,034	33,734,962	51,980,295
County Non-Medicaid Expenditures	0	18,831,144	-1,167,464
County Medicaid Expenditures	0	218,796,134	10,226,466
County Billing Write-offs	0	955,235	-955,235
Nursing Facility Rebase	0	0	14,268,148
Primary Care Physician ACA	0	0	748,199
Home Health 2% Increase	0	761,348	0
HCBS Waiver 2% Increase Jan. 1	0	2,177,890	2,177,890
Elderly Waiver Cap Increase to \$1,300	0	2,137,244	0
Balancing Incentive Program	0	-17,800,000	-1,049,597
Total Estimated Medicaid Need	\$ 1,104,050,824	\$ 1,402,120,822	\$ 1,490,689,145
Midpoint of Balance/(Under Funded)	\$ 15,337,099	\$ -46,000,000	\$ -169,000,000
Nursing Facility Rebase Adjustment (2/20)	\$ 0	\$ 0	\$ 9,131,852
Medicaid Expansion Woodwork Effect	0	0	10,450,000
Adjusted Midpoint	\$ 15,337,099	\$ -46,000,000	\$ -188,581,852
MHDS - Mental Health and Disability Services		HCBS - Home and Community-Based Services	
FMAP - Federal Medical Assistance Percentage		ACA - Affordable Care Act	

FY 2013 Range. For FY 2013, the group agreed Medicaid will have a need of \$31.0 million to \$61.0 million, with a midpoint need of \$46.0 million. The range includes the following savings and expenditures as enacted in [HF 649](#) (FY 2012 Health and Human Services Appropriations Act) and [SF 2336](#) (FY 2013 Health and Human Services Appropriations Act), and in addition, the forecasting group has added the Medicaid Mental Health and Disability Services expenditure previously paid for by counties:

- An increase of \$33.7 million to reflect the declining FMAP rate.
- An increase of \$5.0 million to reduce the waiting list for all HCBS waivers.
- An increase of \$4.2 million to reflect a transfer of funds to the IowaCare Program.
- A savings of \$1.6 million to reflect increased recoveries from insurance companies.
- A savings of \$4.9 million to reflect the implementation of a new health home model for individuals with multiple chronic conditions. The State will receive an enhanced 90.0% federal match rate for eight quarters as part of the federal Affordable Care Act.
- A savings of \$85,000 by aligning prescription drug reimbursements paid to physicians with drugs dispensed by a pharmacy.
- A savings of \$97,500 to reflect a Medicare Part B disallowance.
- A savings of \$780,000 to reflect additional estate recoveries from the Iowa Public Employee Retirement System.
- A savings of \$253,500 to reflect changes in payment policy for hospitals when a patient is readmitted within seven days for the same or similar diagnosis.
- A savings of \$1.0 million to reflect applying Medicaid edits on claims paid to Medicare.
- An increase of \$1.3 million to reflect forgiving disputed billings between the counties and the State for the Medicaid Program.
- A savings of \$17.8 million to reflect the implementation of the Balancing Incentive Program. The Program receives an enhanced 90.0% federal match rate. The goal of the Program is to shift care from institutional-based settings to home and community-based settings.
- A savings of \$209,000 for office supplies and equipment, technology, printing, and marketing.
- An increase of \$761,000 for a 2.0% provider rate increase for Home Health Providers.
- An increase of \$2.2 million for a 2.0% increase for HCBS waiver providers. The increase is effective January 1, 2013.
- An increase of \$2.1 million to increase the elderly waiver cap from \$1,117 per month to \$1,300 per month.
- An increase of \$250,000 to provide lodging for IowaCare patients receiving treatment over multiple days at the University of Iowa Hospitals and Clinics.
- An increase of \$238.0 million to reflect the shifting of Mental Health and Disability Services expenditures previously funded by the counties. Of this total, approximately \$218.2 million is for Medicaid services and \$19.8 million is for other non-Medicaid expenditures such as the State Resource Centers, standardized assessments, children's health homes, and administrative costs.

FY 2014 Range. For FY 2014, the group agreed Medicaid will have a need of \$139.0 million to \$199.0 million, with a midpoint need of \$169.0 million. Not included in the estimate, but listed at the bottom of the balance sheet on page 1 of this document is an adjustment to the Nursing Facility rebase amount and an increase to account for the woodwork effect (Woodwork effect accounts for individuals that are currently eligible for the Medicaid Program, but have not yet enrolled.) due to the Affordable Care Act. For more information on both of those items, please see the Nursing Facility Expenditures paragraph and Affordable Care Act paragraph below.

The range includes the following:

- An increase of \$14.3 million to rebase nursing facilities, as required by Iowa Code.
- An increase of \$750,000 for primary care physician rates, as required by the Affordable Care Act.
- An increase of \$220,536 to provide coverage to foster children up to the age of 26, as required by the Affordable Care Act.

Nursing Facility Expenditures. Nursing facility expenditures for FY 2013 are currently trending above the nursing facility cap set in SF 2336 (FY 2013 Health and Human Services Appropriations Act) by approximately \$2.4million. If there is no change to the cap of \$225.5 million and projections continue to trend above it, the DHS will be required to review the rates and adjust reimbursement levels to stay within the capped funding level for FY 2013.

For FY 2014, the Department recently updated the estimated amount needed to fully rebase nursing facilities. The amount increased by \$9.1 million compared to the fall estimate, to a total of \$23.4 million. The updated rates are due to new information from costs reports that DHS had previously been unable to process due to a pending court case. One of the main drivers of the rebase number is thought to be the requirement in the nursing facility provider assessment legislation that requires the facilities to increase salaries of direct care professionals. As the General Assembly is determining funding levels for the nursing facility rebase, they may want to consider how the increased institutional funding will affect the State's efforts on the Balancing Incentive Payment Program. The Program is designed to lower institutional based costs for long-term care expenditures to a level equal to non-institutional based costs.

Affordable Care Act. The FY 2014 range does not include any estimates related to Medicaid expansion. The FY 2014 forecast does include the \$8.9 million in revenues that were appropriated to Medicaid for IowaCare in FY 2013. Those funds are anticipated to be needed to fund the Program for the first six months of FY 2014, and to cover that population when the Program expires December 31, 2013, but the group will wait for direction from the General Assembly and the Governor.

The increase of \$10.5 million on the balance sheet on page 1 of this report is to account for the woodwork effect under the Affordable Care Act. The woodwork effect accounts for individuals that are currently eligible for the Medicaid Program, but have not yet enrolled. These individuals will be eligible for Medicaid regardless of the State's decision to expand Medicaid or not. The \$10.5 million is the midpoint of the low and moderate scenario of the Milliman Report that estimated the States cost to expand Medicaid. The report is available at: http://www.dhs.state.ia.us/uploads/Milliman_138FPLImpact.pdf

Enrollment Increase. Medicaid continues to grow, but at a slower pace than the past several years. In FY 2010, the Program added an additional 27,164 individuals, including 19,286 children. In FY 2011, the Program added 13,735 individuals, including 8,704 children. In FY 2012 the Program added 10,526 individuals, including 7,630 children. The forecasting group is predicting that enrollment will continue to grow, but at a slower pace than previous years. For the first seven months of FY 2013 the Program added 3,315 individuals for a total Program enrollment of 400,177.

Medicaid Enrollment Increases/(Decreases) for FY 2013					
FY 2013	Children	Adults	Aged	Disabled	Total
July	642	251	54	321	1,268
August	-212	-293	100	167	-238
September	588	390	112	131	1,221
October	2,058	614	206	396	3,274
November	-903	-887	-19	-190	-1,999
December	1,330	510	68	153	2,061
January	-1,305	-697	-166	-104	-2,272
Total FY 2013	2,198	-112	355	874	3,315
Grand Total	230,758	61,658	30,519	77,242	400,177

FMAP. The Bureau of Economic Analysis released their revised personal per capita income data for 2011 on September 25, 2012. This allowed states to calculate their final FY 2014 FMAP rates. The FY 2014 FMAP rates are based on per capita personal incomes for calendar years 2009-2011. Iowa's FY 2014 FMAP rate continued to decline, dropping by 1.53% to 58.35%. The decline means that Iowa's economy is doing better compared to other States, resulting in a smaller share of the total FMAP pie for the State. The State's FMAP rate has declined 4.94% since FY 2010 and this shift means several hundred million dollars of Medicaid expenditures are shifted from the federal government to the State.

Five-Year State Regular Medicaid FMAP			
State Fiscal Year	Federal Share	State Share	Federal % Change
FY 2009	62.40%	37.60%	0.60%
FY 2010	63.29%	36.71%	0.89%
FY 2011	62.85%	37.15%	-0.44%
FY 2012	61.19%	38.81%	-1.66%
FY 2013	59.87%	40.13%	-1.32%
FY 2014	58.35%	41.66%	-1.53%