



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

FROM: Jess Benson

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## Monthly Medicaid Forecast – June 2014

**Forecasting Group.** Staff members from the Department of Human Services (DHS), the Department of Management (DOM), and the Fiscal Services Division of the Legislative Services Agency (LSA) met on July 8, 2014, to discuss estimated Medical Assistance (Medicaid) expenditures for FY 2014 and FY 2015. The forecasting group meets regularly to discuss estimated expenditures and agree on a range for the current and upcoming fiscal years.

	<i>Actual</i> FY 2013	<i>Estimated</i> FY 2014	<i>Estimated</i> FY 2015
<b>Medicaid Balance Sheet</b>			
<b>Medicaid Funding</b>			
Carryforward from Previous Year	\$ 15,337,099	\$ 10,030,023	\$ 0
Veterans Home Transfer	3,533,208	0	0
Behavioral Health Account Carryforward	1,515,463	0	0
MH Risk Pool Carryforward	4,736,918	1,839,294	0
Health Care Transformation Account	8,280,632	0	0
Palo Tax	2,409,390	1,167,464	1,167,464
Health Care Trust Fund	106,046,400	222,760,000	221,790,000
Nursing Facility Quality Assurance Fund	26,500,000	28,788,917	29,195,653
Hospital Trust Fund	33,368,452	34,288,000	34,700,000
hawk-i Performance Bonus	11,586,323	10,857,652	0
Medicaid Fraud Fund	0	8,741,325	2,422,695
MHDS Redesign Funds	228,321,582	0	0
<b>Total Non-General Fund for Medicaid</b>	<b>\$ 441,635,467</b>	<b>\$ 318,472,675</b>	<b>\$ 289,275,812</b>
<b>General Fund Appropriation</b>	<b>\$ 975,956,421</b>	<b>\$ 1,135,293,332</b>	<b>\$ 1,250,658,393</b>
<b>Total Medicaid Funding</b>	<b>\$ 1,417,591,888</b>	<b>\$ 1,453,766,007</b>	<b>\$ 1,539,934,205</b>
<b>Total Estimated State Medicaid Need</b>	<b>\$ 1,396,408,430</b>	<b>\$ 1,436,268,881</b>	<b>\$ 1,540,924,997</b>
FMAP Changes	33,734,962	52,556,122	79,120,038
Changes Related to ACA	0	748,199	-10,686,254
Eliminate IowaCare Transfer	0	0	-11,921,225
Cost Reductions (BIP, STD Assessment)	0	-4,000,000	0
Health Home Savings	0	0	-9,135,935
Balancing Incentive Program	-17,800,000	-1,049,597	-1,108,354
Cost Containment	-8,676,000	-28,910,009	0
County Billing Write-offs	955,235	-955,235	0
Nursing Facility Rebase	0	15,268,148	1,250,000
Home Health Increase	761,348	2,765,655	0
HCBS Waiver Increase	2,177,890	9,308,335	6,000,000
Miller Trust 125.0% of Statewide Average	0	0	252,000
All Other Provider Increases	0	4,765,508	238,938
<b>Total Estimated Medicaid Need</b>	<b>\$ 1,407,561,865</b>	<b>\$ 1,486,766,007</b>	<b>\$ 1,594,934,205</b>
<b>Midpoint of Balance/(Under Funded)</b>	<b>\$ 10,030,023</b>	<b>\$ -33,000,000</b>	<b>\$ -55,000,000</b>
MHDS - Mental Health and Disability Services		HCBS - Home and Community-Based Services	
FMAP - Federal Medical Assistance Percentage		ACA - Affordable Care Act	

**FY 2014 Range.** For FY 2014, the group agreed Medicaid will have a need of \$28.0 million to \$38.0 million, with a midpoint need of \$33.0 million. The range includes the following savings and expenditures enacted in [SF 446 \(FY 2014 Health Human Services Appropriations Act\)](#):

- An increase of \$246.1 million to move Mental Health Medicaid funds previously funded under a separate appropriation to Medicaid.
- An increase of \$52.6 million to replace federal funds due to a reduction in the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$34.0 million to replace one-time funding sources and other revenue changes from FY 2013.
- An increase of \$15.3 million to rebase nursing facility reimbursement rates.
- An increase of \$9.0 million to cover the cost of individuals currently eligible for Medicaid that will enroll as part of Medicaid Expansion.
- An increase of \$7.1 million for a 3.0% provider rate increase for Home and Community-Based Services (HCBS) waiver providers.
- An increase of \$4.5 million to provide a 1.0% provider rate increase for all providers with the exception of HCBS, nursing facilities, ambulance, and home health services.
- An increase of \$2.7 million to increase provider rates for home health services and reimburse them using the Lower Utilization Payment Adjustment (LUPA) methodology.
- An increase of \$1.0 million to repeal the site of services cost containment measure implemented in FY 2013.
- An increase of \$750,000 for primary care physician rates, as required by the federal Affordable Care Act.
- An increase of \$300,000 to reimburse HCBS provider training costs as a direct cost on the cost report beginning January 1, 2014.
- An increase of \$227,000 to increase ambulance reimbursement rates by 10.0%.
- An increase of \$221,000 to provide coverage to foster children up to the age of 26, as required by the federal Affordable Care Act.
- A decrease of \$16.3 million due to shifting Medicaid for Employed Persons with Disabilities (MEPD), Dependent Persons, and Pregnant Women to other coverage beginning January 1, 2014.
- A decrease of \$28.9 million to implement select cost containment initiatives recommended by the Governor, except for the one relating to chiropractors and home health.
- A decrease of \$61.0 million to adjust for the FY 2013 supplemental appropriation.
- A decrease of \$118.4 million to shift funding to the Health Care Trust Fund.

**FY 2014 Supplemental.** There was no supplemental appropriation provided during the 2014 Legislative Session. The DHS, the DOM, and the Governor's Office are working on a plan to cover the FY 2014 Medicaid shortfall. One source of funding they will use is \$8.7 million in refunds from the Magellan managed care contract.

**FY 2015 Range.** For FY 2015, the group agreed Medicaid will have a need of \$25.0 million to \$85.0 million, with a midpoint need of \$55.0 million. The range includes the following savings and expenditures enacted in [HF 2463 \(FY 2015 Health and Human Services Appropriations Act\)](#):

- An increase of \$79.1 million to replace federal funds due to a reduction in the FMAP rate.
- An increase of \$25.6 million to replace one-time funding sources and other revenue changes from FY 2014.

- An increase of \$6.0 million to reduce the Home and Community-Based Services waiver waiting list.
- An increase of \$4.2 million to increase primary care physician rates, as required by the Affordable Care Act.
- An increase of \$1.4 million to provide coverage to foster children up to the age of 26, as required by the Affordable Care Act.
- An increase of \$1.3 million to rebase the nursing facility reimbursement rates.
- An increase of \$252,000 to increase eligibility for the Miller Trust to 125.0% of the statewide average.
- An increase of \$239,000 to provide a 10.0% increase for ambulance reimbursement rates.
- A decrease of \$1.1 million due to savings from the Balancing Incentive Payment Program.
- A decrease of \$9.1 million due to savings from the implementation of health homes for both children and adults.
- A decrease of \$11.9 million due to the elimination of the transfer to the IowaCare Program that ends during FY 2014.
- A decrease of \$16.3 million due to shifting Medicaid for Employed Persons with Disabilities (MEPD), Dependent Persons, and Pregnant Women to other coverage.

**New Hepatitis C Drug.** There is a new Hepatitis C drug on the market called Sovaldi. The drug is incredibly effective at treating Hepatitis C, but very costly, with treatment costing a minimum of \$84,000 per individual. The Medicaid Program is treating this new drug as they would any other new drug that is available and it is anticipated to add significant cost increases to the Program over the next few years. For FY 2015, the forecasting group has included an additional \$2.0 million in State expenditures to cover expenditure increases.

**Enrollment Increase.** Medicaid enrollment 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. For FY 2013, Program growth slowed to 1.3%, adding only 5,215 individuals. For FY 2014, enrollment grew by 1.6% adding 6,279 individuals, for a total enrollment of 408,356.

Medicaid Enrollment Increases/(Decreases) for FY 2014					
FY 2014	Children	Adults	Aged	Disabled	Total
July	1,469	253	80	248	2,050
August	-394	-78	68	214	-190
September	2,195	683	183	313	3,374
October	-471	-502	53	121	-799
November	-567	-537	-7	143	-968
December	305	-152	49	145	347
January	-1,793	-1,112	-112	-251	-3,268
February	72	1,031	-82	-35	986
March	713	1,711	107	305	2,836
April	-136	734	-39	39	598
May	-239	134	16	95	6
June	441	681	104	81	1,307
Total FY 2014	1,595	2,846	420	1,418	6,279
Grand Total	232,952	64,676	31,036	79,692	408,356

**Iowa Health and Wellness Program (I-HAWP) Enrollment.** The new Iowa Health and Wellness Program began on January 1, 2014. The Program is paid for with 100.0% federal dollars for the first three years. The enrollment through the first fiscal year was 110,533, with 86,270 of those individuals enrolled in the Wellness Plan. A total of 456 individuals went to a hospital and were determined to be presumptive eligible until they are officially enrolled in the Program in May.

<b>I-HAWP Enrollment Increases/(Decreases) for FY 2014</b>				
FY 2014	Marketplace		Presumptive	Total
	Choice Plan	Wellness Plan	Eligible	
January	11,158	50,285	325	61,768
February	2,746	7,644	57	10,447
March	2,795	8,774	96	11,665
April	2,618	7,358	-43	9,933
May	2,392	6,314	15	8,721
June	2,095	5,895	9	7,999
<b>Grand Total</b>	<b>23,804</b>	<b>86,270</b>	<b>459</b>	<b>110,533</b>

**FY 2015 FMAP.** The Bureau of Economic Analysis released their preliminary state personal per capita income data for 2013 on March 25, 2014. This allowed states to calculate their FY 2016 FMAP rates. The FY 2016 FMAP rates are based on per capita personal incomes for calendar years 2011-2013. Iowa's FY 2016 FMAP rate declined significantly dropping by 1.49% to 54.65%. The FMAP decrease also indicates that Iowa's economy is doing better compared to other states, resulting in a smaller share of the total FMAP pie for Iowa. Iowa's FMAP rate has declined 8.2% since FY 2012 and this shift means several hundred million dollars of Medicaid expenditures are shifted from the federal funding to state funding.

<b>Five Year State Regular Medicaid FMAP</b>			
State Fiscal Year	Federal Share	State Share	Federal % Change
FY 2012	61.19%	38.81%	-1.66%
FY 2013	59.87%	40.13%	-1.32%
FY 2014	58.35%	41.65%	-1.53%
FY 2015	56.14%	43.86%	-2.21%
FY 2016	54.65%	45.35%	-1.49%