

## Iowa's Medicaid Program

**Health and Human Services Appropriations Subcommittee** 

**January 27, 2015** 



# Iowa's Medicaid growth over the past decade



## **Total Department Budget**

- Approximately \$6.2 billion in total dollars
- \$1.85 billion state general fund

### Where Does the Money Go?

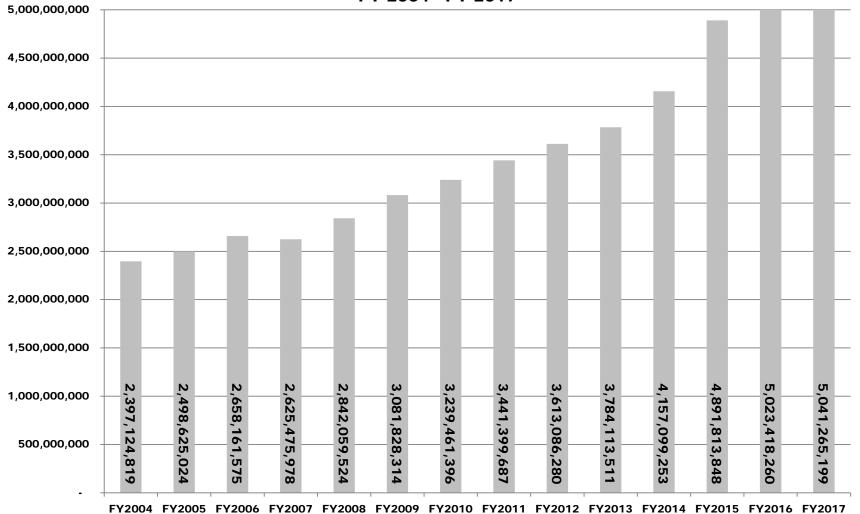




#### **Iowa Medicaid Growth**

- Medicaid in Iowa currently serves about 545,000 people at a cost of approximately \$4.2 billion dollars annually (total dollars).
- The cost of delivering this program has grown by 73 percent since 2003.

#### Medicaid Expenditures (All Funds) FY 2004 - FY 2017



Notes:

Midpoint Gov Rec Gov Rec

Est

<sup>-</sup>Totals are **not** net of rebates and recoveries

<sup>-</sup>Beginning in FY 2014, totals include expenses for the Iowa Health and Wellness Plan



#### **Iowa Medicaid Growth**

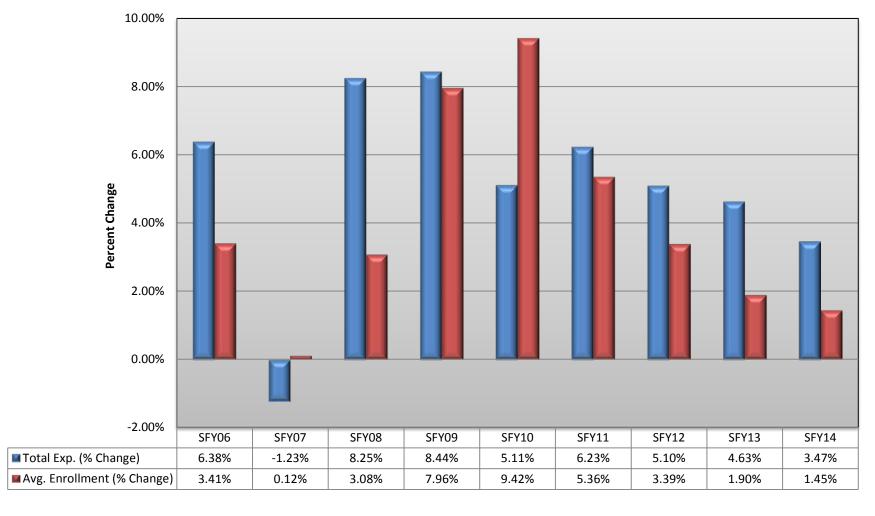
- SFY14 spending
  - \$4,157,099,253 total dollars (includes lowa Health and Wellness Plan)
  - \$1,160,637,778 general fund\*
- SFY03 spending
  - \$2,400,570,125 total dollars
  - \$418,742,073 general fund\*

<sup>\*</sup>Includes appropriations, appropriation transfers, supplementals and carry forwards.

## Iowa Department of Human Services Historical Medicaid Expenditures and Enrollment

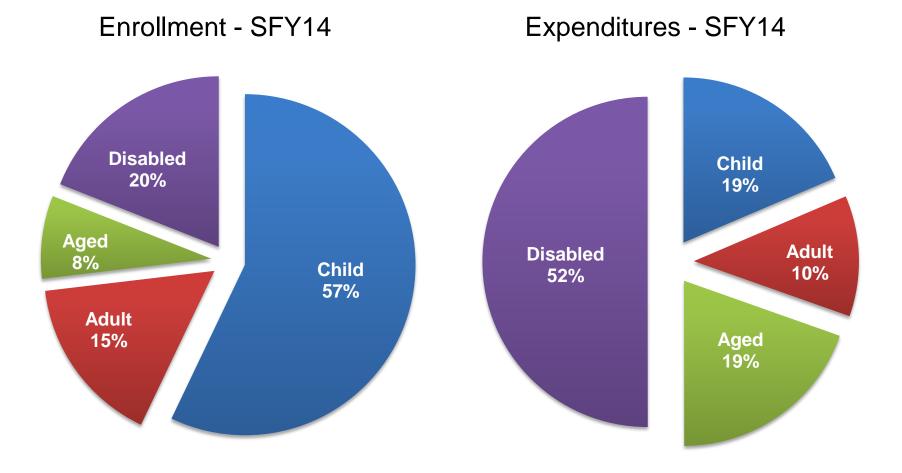


## Iowa Department of Human Services Historical Expenditure and Enrollment Changes

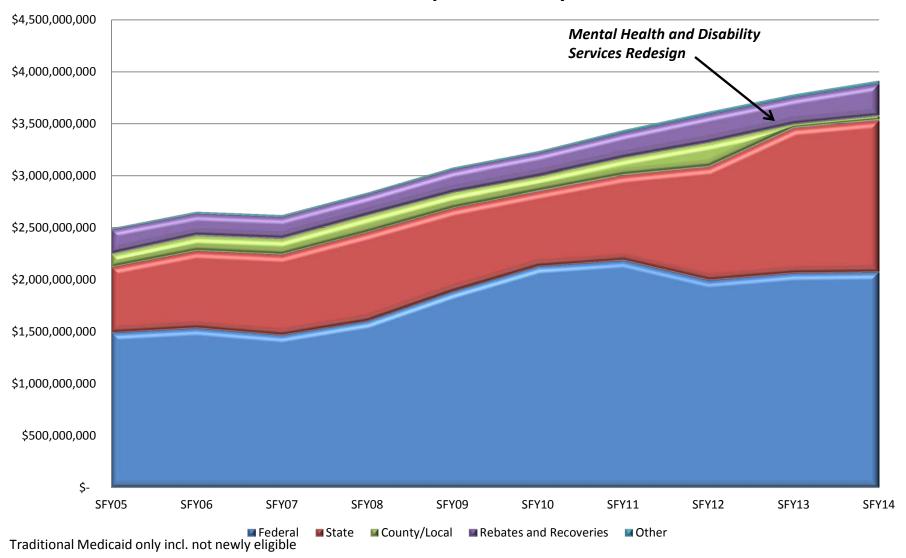


## **Medicaid Enrollment and Expenditures**

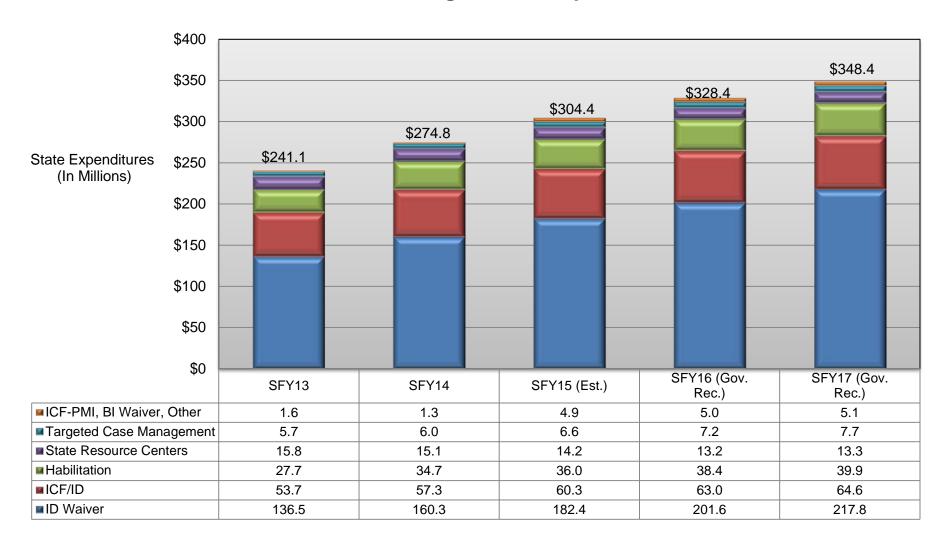
**Traditional Medicaid only** 



## Iowa Department of Human Services Historical Medicaid Expenditures by Fund Source



## **Iowa Department of Human Services MHDS Redesign - State Expenditures**



SFY16 and SFY17 represent the Governor's recommended funding levels; distributed by service category based on DHS projections.



### Health Care Redesign (Affordable Care Act)

- Access expanded
- Improved integration of care
- Focus on individual responsibility for health status
  - 17,325 Iowa Health and Wellness Plan members have completed both a Health Risk Assessment & Wellness Exam (as of January 23, 2015)



## **Access to Health Care Coverage**

- Current enrollment is 544,837 (as of December 2014)
  - 403,937 traditional Medicaid
  - 121,275 IHWP
  - 19,625 Family Planning Waiver
- 58,321 children in Iowa have access to health coverage through CHIP and hawk-i (as of December 2014)



## Governor's Medicaid funding proposal



#### SFY15 – SFY16 Medicaid Estimates

 Includes Medical Assistance, MHDS Redesign, and Iowa Health and Wellness Plan.

	Forecasting G (as of Dece	Governor's Budget	
	SFY15	SFY16	SFY16
State Revenue	\$1,540,323,200	\$1,537,560,429	\$1,656,732,462
State Expenditures	\$1,608,323,200	\$1,743,560,429	\$1,656,732,462
<b>Ending Balance</b>	(\$68,000,000)	(\$206,000,000)	\$0

## **SFY15 Explained**

#### **SFY15 Forecasting Group Midpoint - History**

	2014 Session	Current Estimate	Variance
Projected Revenue	\$1,551,310,082	\$1,540,323,200	(\$10,986,882)
Projected Expenses	\$1,585,310,082	\$1,608,323,200	\$23,013,118
<b>Ending Balance</b>	(\$34,000,000)	(\$68,000,000)	(\$34,000,000)

#### **Explanation of Current SFY15 Variance**

Variance from 2014 Session to Current	\$34,000,000	
Magellan Excess Claims	\$11,375,877	All excess claims revenue was used to offset the SFY14 shortfall. No additional funds are anticipated for SFY15.
June 2014 Forecasting Group Adjustments	\$9,624,123	The incorporation of SFY14 trends increased the SFY15 expenditure estimate.
SFY14 Payments Occurring in SFY15	\$6,500,000	Includes the 1% provider rate increase, nursing facility, mental health case management, and HMO payments.
SFY15 Payment Trends	\$6,500,000	Year-to-date trend approximately 1 percent above projections - occurring across both medical and long-term care.
Grand Total	\$34,000,000	



#### **Potential Solutions for SFY15**

In defining shortfall solutions for SFY15, the Department's goals are:

- Minimize provider and beneficiary/member impact
- Capitalize on one-time carry forwards and other onetime funds
- Maximize the use of available federal funding
- Utilize projected/managed surpluses



#### SFY16 Revenue

	Governor's Budget	
	SFY16	
General Fund	\$1,361,820,871	
Health Care Trust	\$221,790,000	
Quality Assurance Trust*	\$36,705,208	
Hospital Trust	\$34,700,000	
Palo Tax	\$1,216,383	
Medicaid Fraud	\$500,000	
CHIP Bonus	\$0	
<b>Total State Revenue</b>	\$1,656,732,462	

<sup>\*</sup> Includes \$7.5 million to reflect the Governor's recommendation for an increase in the nursing facility assessment fee



## SFY15 – SFY16 Expenditure Comparison

	Forecasting Group Midpoint	Governor's Budget
	SFY15	SFY16
State Expenditures	\$1,608,323,200	\$1,656,732,462
SFY16 Increase		\$48,409,262



## **SFY16 Expenditures**

	Governor's Budget
FMAP Changes	\$56,105,434
Medicaid Trend	\$36,331,795
NF Rebase	\$32,500,000
Hospital Rebase	\$6,400,000
Home Health Rebase	\$3,900,000
NF Assmt. Fee Payments	\$3,630,405
Geropsychiatric Capacity	\$1,765,119
MHI Transfers (status quo adjustment)	(\$25,874,211)
Cost Containment	(\$66,349,280)
<b>Total State Expenditures</b>	\$48,409,262

Iowa Department of Human Services				
State Medicaid Revenue and Expenditures				
	SFY14	SFY15	SFY16	SFY16
State Revenue	(Final)	(Midpoint)	(Midpoint)	(Gov. Rec.)
Carry Forward*	\$11,869,317	\$0	\$0	\$0
General Fund **	\$1,135,293,332	\$1,250,658,393	\$1,250,658,393	\$1,361,820,871
Health Care Trust Fund	\$225,591,447	\$221,790,000	\$221,790,000	\$221,790,000
Quality Assurance Trust Fund	\$28,788,917	\$29,195,653	\$29,195,653	\$36,705,208
Hospital Health Care Access Trust Fund	\$34,253,871	\$34,700,000	\$34,700,000	\$34,700,000
CHIPRA Performance Bonus Payment	\$10,857,652	\$177,017	\$0	\$0
Palo Tax	\$1,004,356	\$1,379,442	\$1,216,383	\$1,216,383
Medicaid Fraud Fund	\$8,717,020	\$2,422,695	\$0	\$500,000
Magellan Revenue	\$8,700,000	\$0	\$0	\$0
Appropriation Transfers	\$15,314,423	\$0	\$0	\$0
Total State Funds Available	\$1,480,390,335	\$1,540,323,200	\$1,537,560,429	\$1,656,732,462
State Expenditures				
Medical Assistance	\$1,201,625,497	\$1,284,598,675	\$1,394,094,585	\$1,307,266,618
MHDS Redesign	\$274,814,033	\$304,446,444	\$328,392,168	\$328,392,168
lowa Health and Wellness Plan	\$3,950,806	\$19,278,081	\$21,073,676	\$21,073,676
Total State Expenditures	\$1,480,390,335	\$1,608,323,200	\$1,743,560,429	\$1,656,732,462
Ending Balance	\$0	(\$68,000,000)	(\$206,000,000)	\$0
Year-to-Year Increase	SFY14 to SFY15 >	\$127,932,865	SFY15 to SFY16 >	\$48,409,261
* including General Fund and MH Risk Pool Care	* including General Fund and MH Risk Pool Carry Forward			
** including I/3 allocation in SFY14				



# Governor's Medicaid cost containment proposal



#### **Cost Containment Initiatives**

Governor's Budget	SFY16 Savings	SFY17 Savings above SFY16
Integrity:		
Prepay editing	\$500,000	-
Consumers Directed Attendant Care	\$1,000,000	-
Service Delivery Reform:		
Medicaid Modernization – more coordinated care	\$51,136,508	\$51,136,508
Eliminate systems of care due to integrated health homes	\$1,600,000	-
Waiver management & Wait List prioritization	\$6,000,000	-
Complex Pharmacy Oversight Program	\$700,000	-



## **Cost Containment Initiatives (cont'd)**

Governor's Budget	SFY16 Savings	SFY17 Savings above SFY16	
Payment Reform:			
Nat'l Avg Drug Acquisition Cost (NADAC) Reimbursement for Rx	\$400,000	-	
Nursing Facility Assessment Fee Increase to 3%	included in rev/exp above		
Medicare Alignment:			
Medicare policy - reduced hospital pymt for readmissions within 30 days	\$500,000	-	
Payment Adjustments:			
State share of DSH payments (U of I)	\$4,512,772	-	
<b>Total Medicaid Cost Containment Initiatives</b>	\$66,349,280	\$51,136,508	
Nursing Facility Assessment Fee Increase to 3%	\$3,879,150	-	
Revised Total	\$70,228,430	\$51,136,508	



## What other states are doing to contain Medicaid costs



## What has lowa done to manage Medicaid expenditures?

- Medicaid's Program Integrity efforts have saved taxpayers more than \$49.5 million over the past 4 years through cost avoidance and recoveries
- The state's preferred drug list has saved the state over \$267 million in the past 4 years
- Numerous cost containment initiatives have been implemented over the years
  - Based on national best practice
  - Centered on reimbursement methodologies, evidencebased services, integration of care, etc.

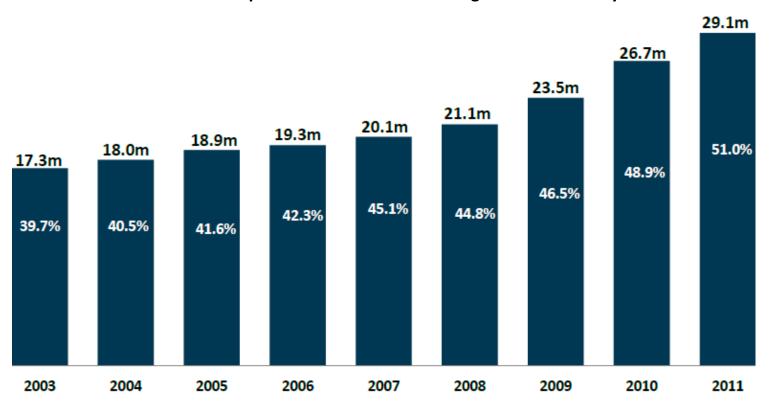


## What do other states do to manage Medicaid expenditures?

- lowa's cost containment initiatives are based on best practice so similar initiatives are common
- Nationally, over half of Medicaid beneficiaries are enrolled in comprehensive risk-based Managed Care plans
- Limiting or eliminating optional services
- Limiting or eliminating expanded eligibility
- Limiting provider rate increases and/or reducing rates



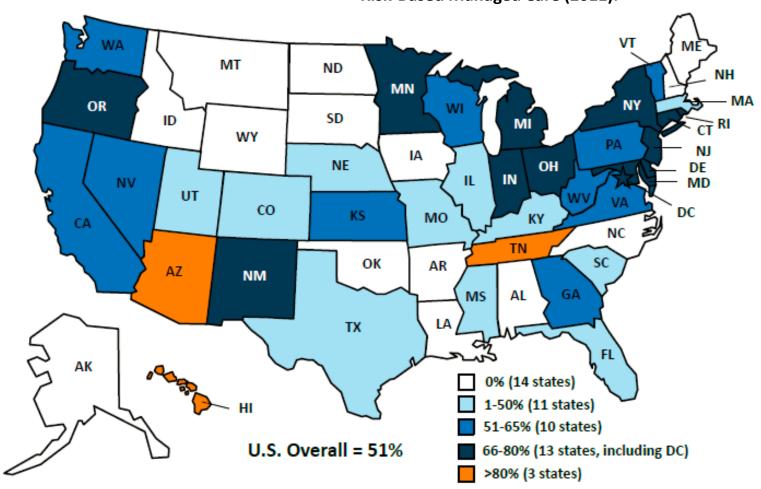
Number and percent of Medicaid Enrollees in Comprehensive Risk-Based Managed Care nationally.



**Source:** Medicaid Managed Care Enrollment Reports, 2003-2011, CMS.



Percent of Medicaid Enrollees in Comprehensive Risk-Based Managed Care (2011).





DHS seeks greater stability and predictability in the Medicaid budget which will allow the state to continue offering comprehensive care now and into the future.