

Comparative Data Report on Medicaid for the Southern Legislative Conference

Fiscal Affairs and Governmental Operations
Committee

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1

HOW IS THE CDR CONSTRUCTED?

- Narrative portion reflects sections on Medicaid spending in the southern region followed by state spending comparisons and charts
- The narrative portion includes a discussion and graph of the aggregate Disproportionate Share Hospital (DSH) payments in the SLC states, followed by definitions of key terms
- The last section of the CDR includes state profiles, beginning with a summary page for the entire SLC

2

WHAT'S IN THE STATE PROFILES?

- Total Medicaid expenditures from FFY 08 to 16, including state and federal shares of Medicaid payments and administrative costs
- Administrative costs as a percentage of payments for each year
- The Federal Match Rate (Federal Medical Assistance Percentage, or FMAP) for each state from FFY 08 to 16
- Provider tax information for FFY 14
- A breakdown of DSH payments from FFY 08 to 16

3

WHAT'S IN THE STATE PROFILES? (CONT.)

- Information on Medicaid Expansion and Demographic and Poverty Indicators for FFY 14
- Charts outlining Medicaid enrollees per 100,000 of population for FFYs 10-14, as well as average per-enrollee spending for FFYs 10-14
- Spending by type of service from FFYs 10-14
- Data by Enrollee Characteristics
 - Enrollees by Basis of Eligibility
 - Total spending by Basis of Eligibility
 - Average Spending by Basis of Eligibility

4

WHAT'S IN THE STATE PROFILES?

- Information on the different types of waivers available in each state
- Managed care information, including the types of managed care being utilized, as well as the percentage of Medicaid enrollees placed in managed care plans
- CHIP information, including enrollment figures, plan type, enhanced FMAP, and federal CHIP allotment amounts

5

DATA IN THE CDR: NOTE ON DATA COLLECTION

- Previous versions of this report included data from various CMS sources, including MSIS and CMS-64
- Due to the transition from MSIS to T-MSIS, demographic data for FFY 13 and beyond has not been available from CMS since 2017
- The FFY 13 CDR included MSIS-based demographic data from the Medicaid and Chip Payment Access Commission (MACPAC), a federal agency that reports on Medicaid and CHIP to Congress

6

DATA IN THE CDR: NOTE ON DATA COLLECTION

- The “Data by Enrollee Characteristics” section included MACPAC data based upon MSIS reports from the states
- However, due to the transition from MSIS to T-MSIS, some states are no longer reporting MSIS data
- To make up gaps in MACPAC-reported data, the FFY 14 CDR includes data from the Kaiser Family Foundation that is based on Urban Institutes estimates where necessary.

7

DATA IN THE CDR: CMS FORM 64

- Provides all actual payments in the Medicaid Program for the Federal Fiscal Year
- Includes pharmacy rebates, Graduate Medical Education (GME), DSH payments, other adjustments
- Payment data for FFYs 08-16
- Summary of expenditures from various source documents including cost reports, eligibility files, invoices.

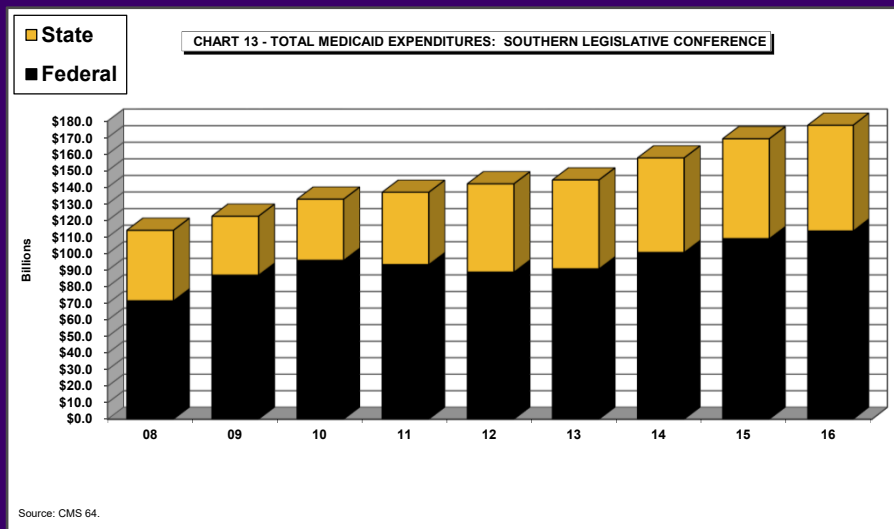
8

DATA IN THE CDR – MACPAC MACSTATS AND KAISER FAMILY FOUNDATION

- Created and distributed by the Medicaid and CHIP Payment Access Commission (MACPAC) and the Kaiser Family Foundation
- Provides enrollment and payment data by types of service, enrollees by basis of eligibility, payments by basis of eligibility, and average payments by basis of eligibility
- Based upon CMS-64 Financial Management Reports, available MSIS data sets, and Urban Institutes estimates

9

TOTAL SLC MEDICAID EXPENDITURES: FFY 08 TO FFY 16



10

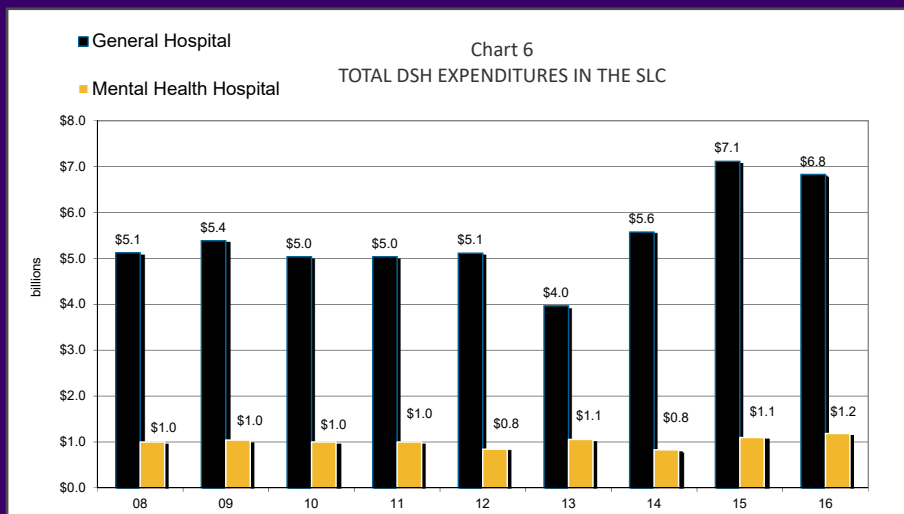
MEDICAID SPENDING IN THE SOUTHERN REGION

(EXCLUDES ADMINISTRATIVE COSTS)

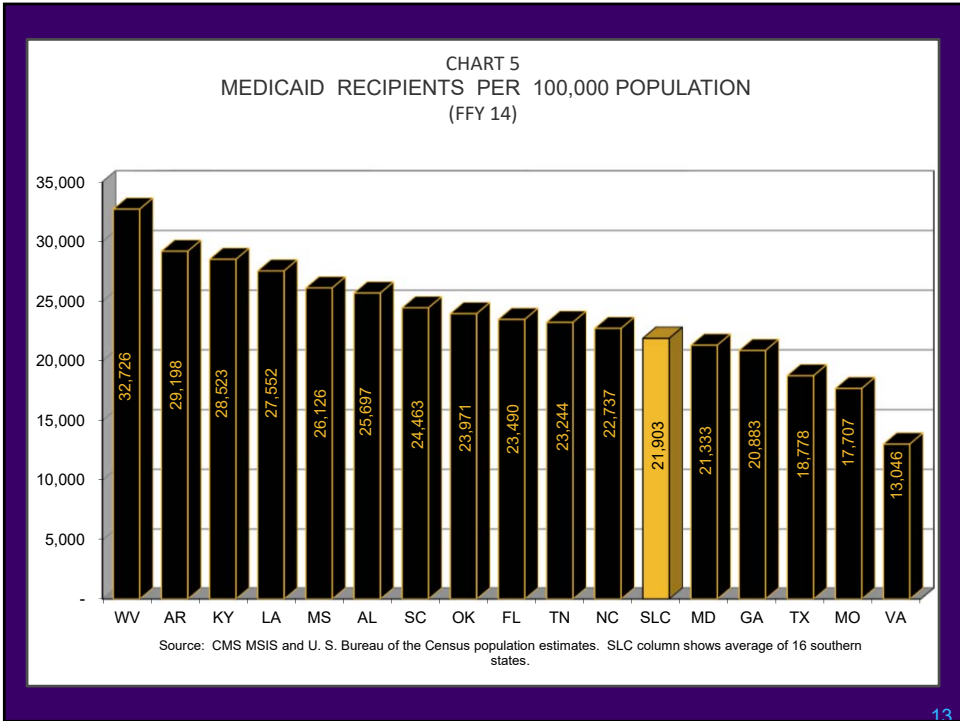
- FFY 16 total actual spending is \$170.3 B - 4.98% from FFY 15
- FFY 15 total actual spending is \$162.22 B - 7.46% from FFY 14
- The annual rate of change over the eight year period from FFY 08 to projected FFY 16 is 5.06% per year
- Total spending increased from \$109.18 B (FFY 08) to \$170.3 B (FFY 16) – 55.95%

11

TOTAL DSH EXPENDITURES IN THE SLC – FFY 08-16



12



13

SLC MEDICAID ENROLLEES PER 100,000 POPULATION—17,500

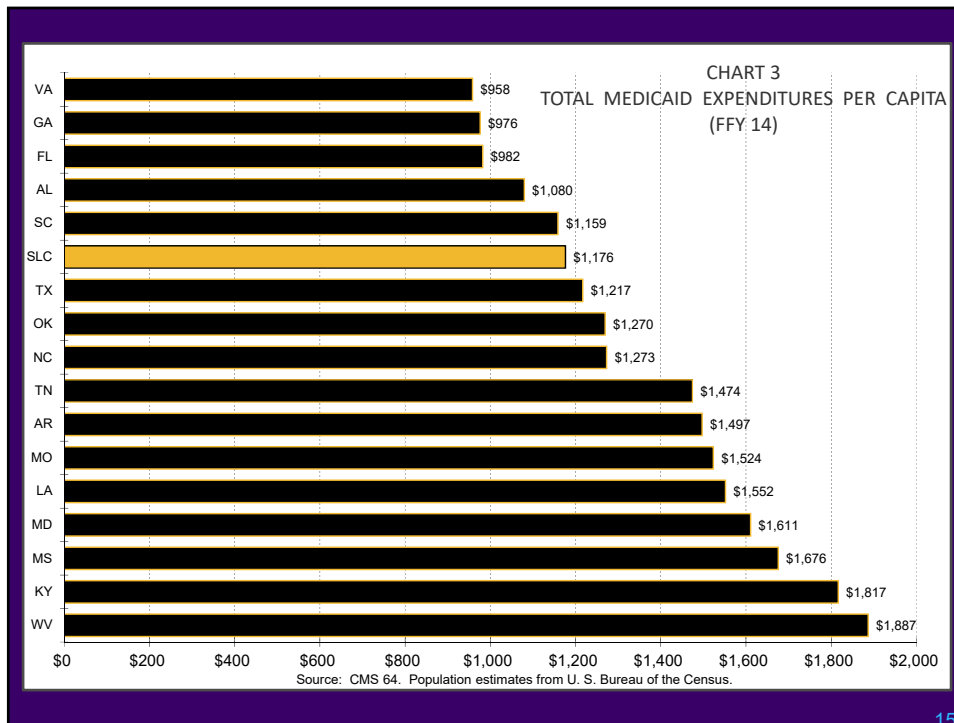
Virginia – 13,046

- Decreased enrollment: 4.3% (FFY 13 to 14)
- State population increased by .66%
- Per capita income: \$50,345
- Median household income: \$64,982
- 11.5% of population under the FPL.

West Virginia –

- Increased enrollment: 38.3% (FFY 13 to 14)
- State population decreased by .25%
- Per capita income: \$36,132
- Median household income: \$41,073
- 17.8% of population under the FPL.

14



15

SLC MEDICAID PER CAPITA EXPENDITURES – \$1,176

Virginia – \$958

- Population: 8.31 M , 12th in U.S.
- Approximately 1.09 M enrollees
- 13.11% in Medicaid
- Total program size: \$7.55 B

West Virginia – \$1,887

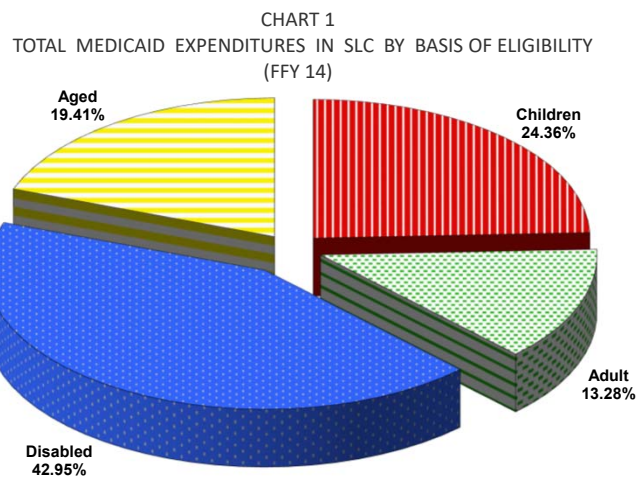
- Population: 1.85 M, 38th in U.S.
- Approximately 605,000 enrollees
- 32.7% in Medicaid
- Total program size: \$3.33 B

16

COMPARISON OF MEDICAID PAYMENTS VERSUS ELIGIBILITY

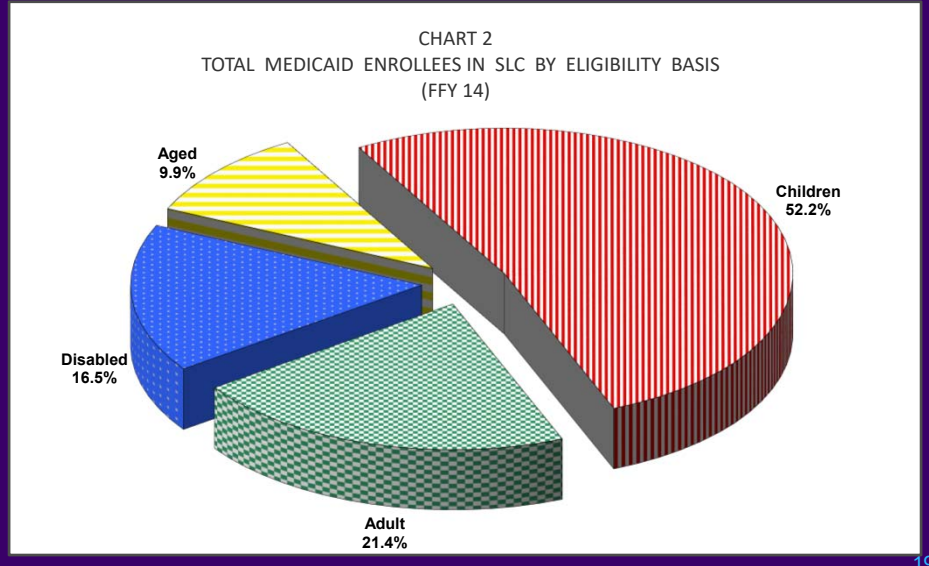
17

TOTAL MEDICAID EXPENDITURES IN SLC BY BASIS OF ELIGIBILITY (FFY 14)



18

TOTAL MEDICAID ENROLLEES IN SLC BY ELIGIBILITY (FFY 14)



COMPARISON OF PAYMENTS VS. ELIGIBILITY SLC (FFY 14)

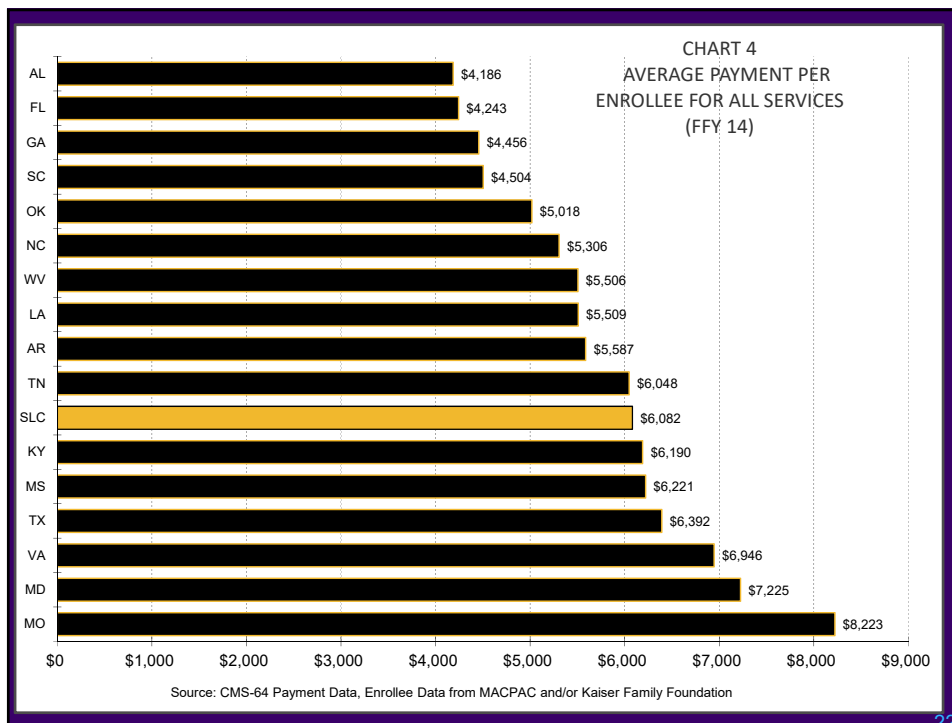
Payments – \$150.96 B Eligibility – 27.22 M

- | | |
|---|--|
| <ul style="list-style-type: none"> • Disabled and Aged account for 62.36% (\$91.91 B) • Eligible children account for 24.36% (\$35.85 B) • Adults account for 13.28% (\$19.58 B) | <ul style="list-style-type: none"> • Disabled and aged account for 26.4% (7.19 M) • Eligible children account for 52.19% (14.21 M) • Adults account for 21.38% (5.82 M) |
|---|--|

Major Trend – a majority of the spending is associated with approximately one-quarter of the Medicaid-enrolled population

COMPARISON OF MEDICAID EXPENDITURES

21



SLC AVERAGE PAYMENT PER ENROLLEE – \$6,486

Alabama – \$4,186

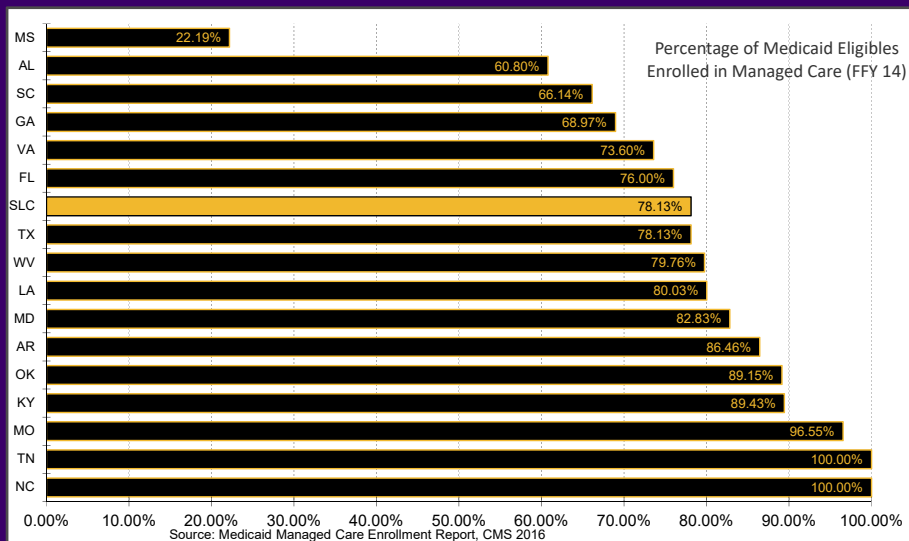
- Slight increase in payments: up \$211.52 M (4.23%) from FFY 13 to 14
- Increased recipients by approximately 33,000 (2.73%) during the same period

Missouri– \$8,223

- Increased average by \$323 from FY 13 – from \$7,900 to \$8,223 (4.09%)
- Slight decrease in payments from FFY 13 to 14: \$34.56 M, from \$8.86 B to \$8.83 B (0.4%)
- Decreased recipients by approximately 48,000 from FFY 13 to 14 ()

23

MANAGED CARE ENROLLMENT AS A PERCENTAGE OF MEDICAID POPULATION FFY 14



24

QUESTIONS?

25