

#### Session 9PD, Medicaid 101: A Brief History of Time

#### **Moderator/Presenter:**

Jennifer L. Gerstorff, FSA, MAAA

#### **Presenters:**

Nick Bauman, FSA, MAAA Jennifer L. Gerstorff, FSA, MAAA Julia K. Lerche, FSA, MAAA; Taylor A. Pruisner FSA, MAAA Stephanie A. Williams, FSA, MAAA

SOA Antitrust Disclaimer
SOA Presentation Disclaimer

# 2018 SOA Health Meeting

#### **MODERATOR:**

Jennifer L Gerstorff, FSA, MAAA

#### **EXPERT PANEL:**

Julia Lerche, FSA, MAAA, MSPH Stephanie Williams, FSA, MAAA Taylor Pruisner, FSA, MAAA Nick Bauman, FSA, MAAA

Medicaid 101: A Brief History of Time

June 25, 2018





# SOCIETY OF ACTUARIES Antitrust Compliance Guidelines

Active participation in the Society of Actuaries is an important aspect of membership. While the positive contributions of professional societies and associations are well-recognized and encouraged, association activities are vulnerable to close antitrust scrutiny. By their very nature, associations bring together industry competitors and other market participants.

The United States antitrust laws aim to protect consumers by preserving the free economy and prohibiting anti-competitive business practices; they promote competition. There are both state and federal antitrust laws, although state antitrust laws closely follow federal law. The Sherman Act, is the primary U.S. antitrust law pertaining to association activities. The Sherman Act prohibits every contract, combination or conspiracy that places an unreasonable restraint on trade. There are, however, some activities that are illegal under all circumstances, such as price fixing, market allocation and collusive bidding.

There is no safe harbor under the antitrust law for professional association activities. Therefore, association meeting participants should refrain from discussing any activity that could potentially be construed as having an anti-competitive effect. Discussions relating to product or service pricing, market allocations, membership restrictions, product standardization or other conditions on trade could arguably be perceived as a restraint on trade and may expose the SOA and its members to antitrust enforcement procedures.

While participating in all SOA in person meetings, webinars, teleconferences or side discussions, you should avoid discussing competitively sensitive information with competitors and follow these guidelines:

- Do not discuss prices for services or products or anything else that might affect prices
- Do not discuss what you or other entities plan to do in a particular geographic or product markets or with particular customers.
- **Do not** speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
- Do leave a meeting where any anticompetitive pricing or market allocation discussion occurs.
- **Do** alert SOA staff and/or legal counsel to any concerning discussions
- Do consult with legal counsel before raising any matter or making a statement that may involve competitively sensitive information.

Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior which might be so construed. These guidelines only provide an overview of prohibited activities. SOA legal counsel reviews meeting agenda and materials as deemed appropriate and any discussion that departs from the formal agenda should be scrutinized carefully. Antitrust compliance is everyone's responsibility; however, please seek legal counsel if you have any questions or concerns.



### Presentation Disclaimer

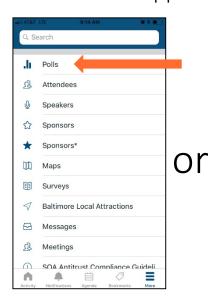
This presentation is intended for educational purposes only and is not complete without oral comment. Nothing in this presentation is intended to replace independent professional judgment. The views expressed in this presentation are those of the presenters, and not those of the their employers, the Society of Actuaries, its cosponsors, or its committees. The Society of Actuaries does not endorse or approve, and assumes no responsibility for, the content, accuracy or completeness of the information presented.

Attendees should note that the sessions are audio-recorded and may be published in various media, including print, audio and video formats without further notice.



### 

Find The Polls
Feature Under **More**In The Event App



Type <u>health.cnf.io</u> In Your Browser









# Agenda

Introductions

High level background

Panel Q & A

Audience polls and participation throughout



### Getting to Know Us





- FSA, MAAA
- Milliman
- Consulting Actuary



Julia Lerche

- FSA, MAAA, MSPH
- NC Medicaid
- Chief Actuary



Stephanie Williams

- FSA, MAAA
- WellCare
- VP Actuary

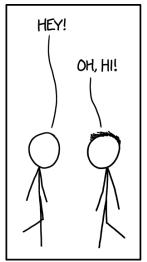


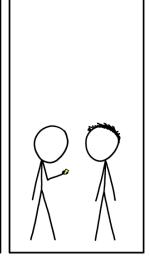
Taylor Pruisner

- FSA, MAAA
- Wakely
- Sr Consulting Actuary

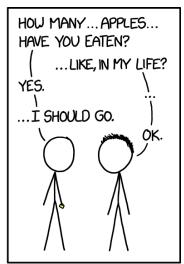


### Getting to Know You





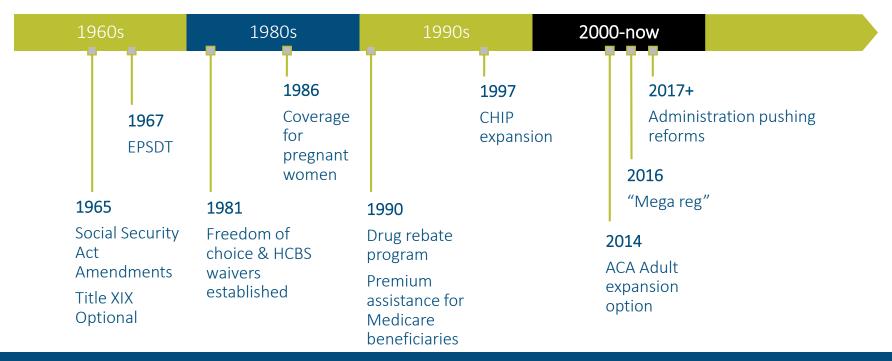








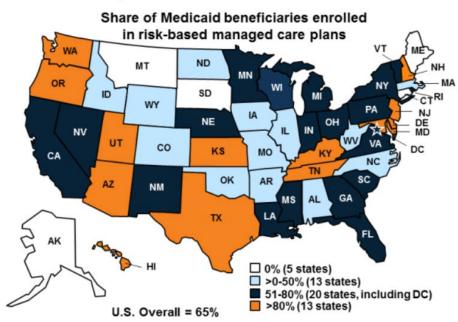
# Medicaid: A Brief History





## Medicaid Managed Care

Two-thirds of all Medicaid beneficiaries receive their care in comprehensive risk-based MCOs.



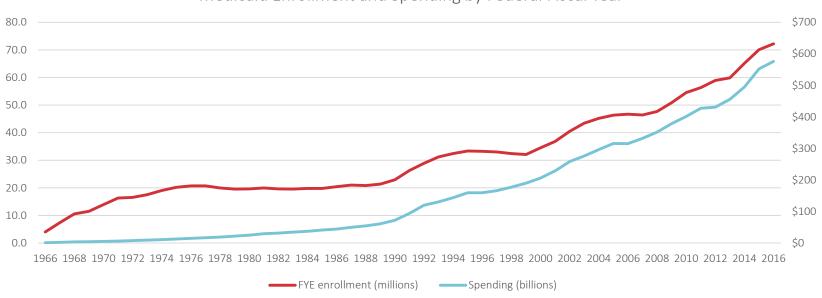


SOURCE: Medicaid Managed Care Enrollment Report, Summary Statistics as of July 1, 2015, CMS, 2017.



### **Growth in Medicaid**

Medicaid Enrollment and Spending by Federal Fiscal Year



Source: <a href="https://www.macpac.gov/publication/medicaid-enrollment-and-total-spending-levels-and-annual-growth/">https://www.macpac.gov/publication/medicaid-enrollment-and-total-spending-levels-and-annual-growth/</a>

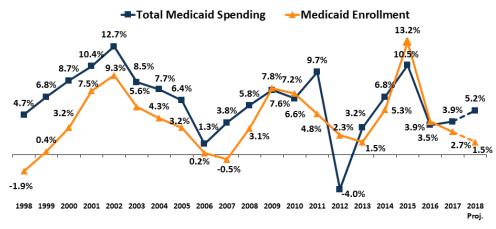


### Historical Growth of Medicaid Spending

Figure 1

Medicaid enrollment growth continues to slow in FY 2017 and FY 2018; however, states project an uptick in spending in FY 2018.

Annual Percentage Changes, FY 1998 - FY 2018

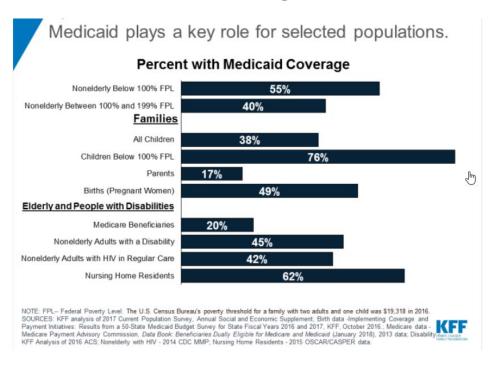


NOTE: For FY 1998-2013, enrollment percentage changes are from June to June of each year. FY 2014-2017 reflects growth in average monthly enrollment. Spending growth percentages refer to state fiscal year. FY 2018 data are projections based on enacted budgets. SOURCE: Enrollment growth rates for FY 1998-2013 are as reported in Medicaid Enrollment June 2013 Data Snapshot, KCMU, January 2014. FY 2014-2017 are based on KFF analysis of CMS, Medicaid & CHIP Monthly Applications, Eligibility Determinations, and Enrollment Reports, accessed September 2017. Historic Medicaid spending growth rates are derived from KCMU Analysis of CMS Form 64 Data. FY 2017-2018 data are derived from the KCMU survey of Medicaid of ficials in 50 states and DC conducted by Health Management Associates, October 2017.





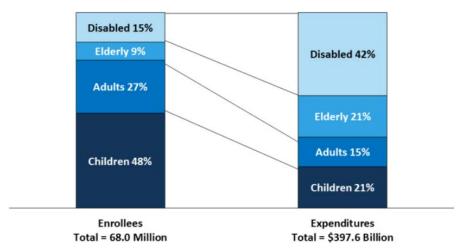
# Chart of Percentage of Select Populations with Medicaid Coverage





### Populations Covered – Enrollment vs. Spending Levels

Medicaid spending is mostly for the elderly and people with disabilities, FY 2011.



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.





### **Medicaid Benefits**

States have some flexibility within federal guidance

#### Mandatory benefits – examples:

- Hospital inpatient and outpatient services
- Physician services
- Transportation (emergency and non-emergency)
- EPSDT (early and periodic screening, diagnosis, and treatment) for children
- Nursing home care

Optional benefits – e.g., pharmacy, PT/OT/ST, dental

Waiver services – e.g., HCBS (home & community based services)

#### Optional alternative benefit plan

• More similar to a commercial plan



# Premiums / Cost Sharing

#### No premiums unless:

- SCHIP/expansion
- Long term care "spend down"

#### Limited cost sharing

- Limited copays
- Limited total cost sharing: 5% of income
- Exempt populations
- Exempt services

varies by state



### Financing

### Federal Financial Participation (FFP)

- Federal Medical Assistance Percentage (FMAP)
- Administrative match
- Enhanced match (CHIP, family planning, ACA expansion)

### State Funding Sources

- State General Fund
- Intergovernmental Transfers or Certified Public Expenditures
- Provider-funded UPL
- Provider taxes



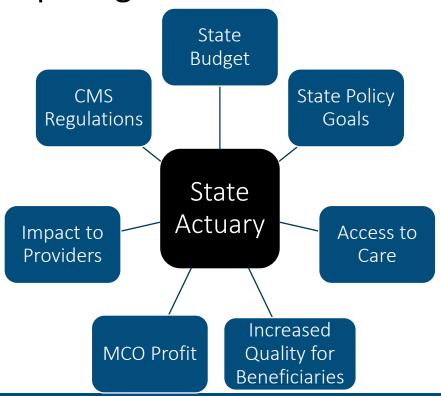
#### **Panel Questions**

 What unique perspectives does an actuary bring in each of your respective roles?



A State Consulting Actuary Needs to Balance

**Competing Priorities** 





### Nick Bauman

- FSA, MAAA
- Milliman
- Consulting Actuary



A State Actuary's Role



Julia Lerche

- FSA, MAAA, MSPH
- NC Medicaid
- Chief Actuary



A Health Plan Actuary's Role



### Stephanie Williams

- FSA, MAAA
- WellCare
- VP Actuary



A Health Plan Association Consulting Actuary's Role



Taylor Pruisn<u>er</u>

- FSA, MAAA
- Wakely
- Sr Consulting Actuary



#### **Panel Questions**

 How is Medicaid different than Medicare, and how do the two programs interact?



### Medicaid versus Medicare

#### Medicaid

- Aged, blind, disabled
- Children
- Pregnant women
- Low-income individuals
- Dual eligible individuals

#### Medicare

- Individuals age 65 and over
- Disabled individuals
- Dual eligible individuals



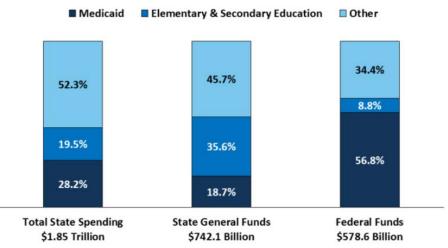
#### **Panel Questions**

• Recent data has shown that health care expenses make up almost 30% of total state budgets (see link below for reference). What kind of pressure is there for states to find savings and reduce the overall spend in the program?



# Distribution of State Spending

Medicaid is a budget item and a revenue item in state budgets.



SOURCE: Kaiser Commission on Medicaid and the Uninsured estimates based on the NASBO's November 2016 State Expenditure Report (data for Actual FY 2015.)





#### **Panel Questions**

 How is rate setting different in Medicaid compared to other markets?



# Common Data Sources for Rate Setting

Managed care plan encounter data

+ Managed care plan financial data

+ FFS data for services added to managed care program

= Total cost for historical managed care plan population

FFS data for populations moving into managed care

= Total cost for historical FFS population



#### **Panel Questions**

• Several states have recently proposed or even enacted work requirements in order for members to receive Medicaid benefits. What impact do you think this will have on the Medicaid population as well as the financials of the program?

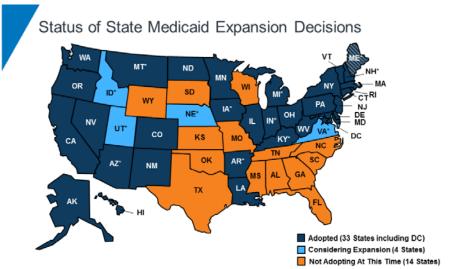


### Panel Questions – The Big Finish

 Health care, especially Medicaid, is always a hot topic on the legislative front. What major changes and challenges do you see ahead for the program?



# Status of State Action on ACA Expansion

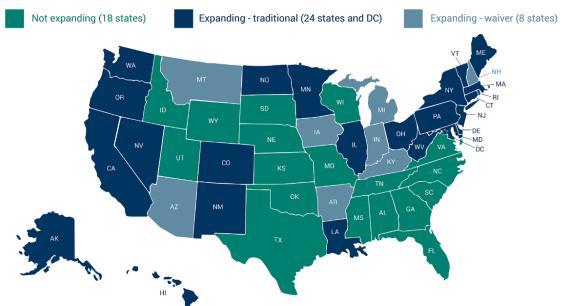


NOTES: Current status for each state is based on KFF tracking and analysis of state activity. "AR, AZ, IA, IN, KY, MI, MT, and NH have approved Section 1115 expansion waivers. CMS approved the Kentucky HEALTH expansion waiver on January 12, 2018; implementation of some provisions was scheduled to begin in April 2018 VA is considering adopting expansion in their FY 2019 state budget, UT passed a law directing state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match, and UT also has a measure on the ballot in November to fully expand to 138% FPL. Expansion proponents in ID and NE are collecting signatures to place expansion on their November 1017, but the Governor failed to meet the SPA submission deadline (April 3). (See the link below for more detailed state-specific notes.)
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated April 27, 2018.



### Status of State Medicaid Expansion Decisions

#### **State Medicaid Expansion Decisions, February 2018**

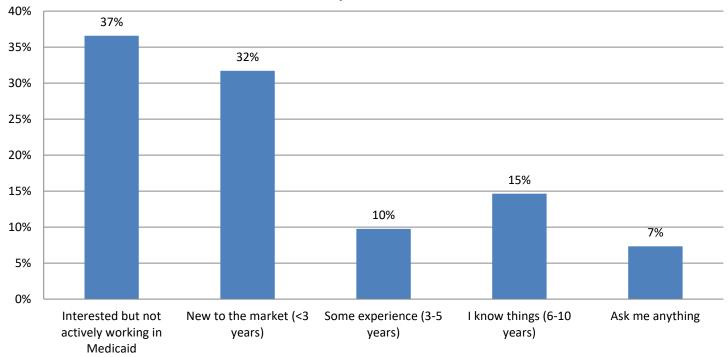


Source: https://www.macpac.gov/wp-content/uploads/2016/02/ExpansionMap-February-2018.png



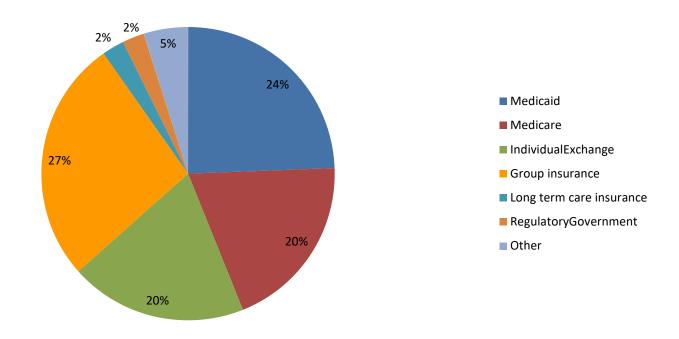


#### How familiar are you with Medicaid?



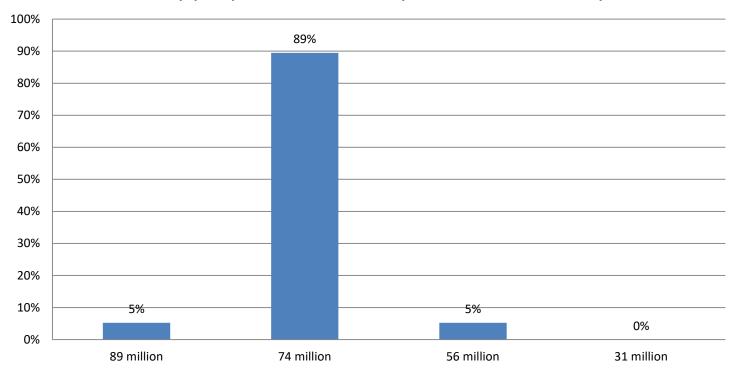


My primary actuarial experience is with...



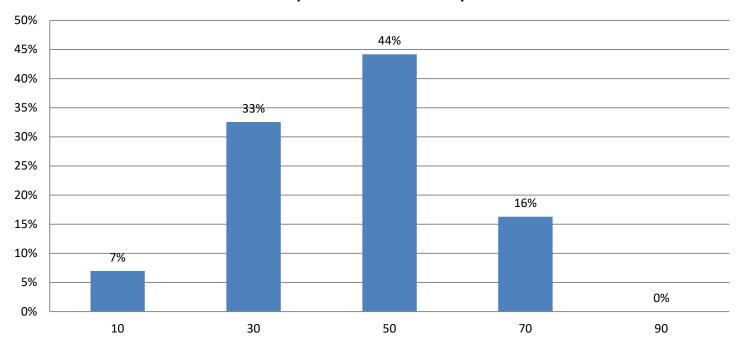


How many people are covered by Medicaid nationally?



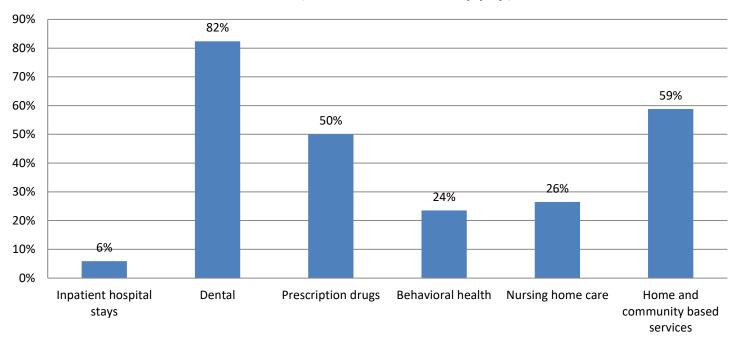


Approximately what percentage of nationwide births are covered by Medicaid each year?



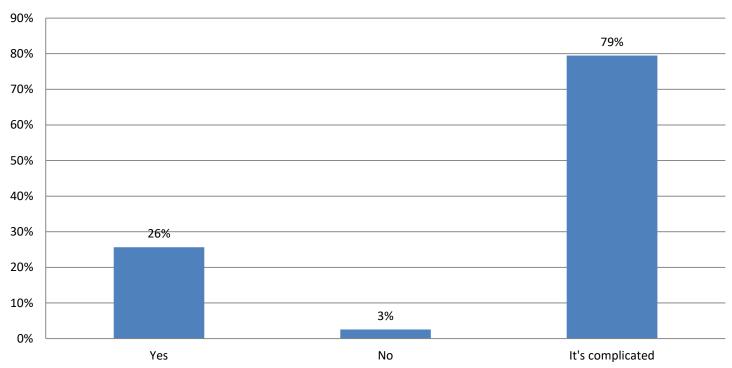


which of these services are optionally covered under Medicaid? (choose all that apply)





Does Medicaid charge copays?





who pays for Medicaid? (choose all that apply)

