

Health Policy in Georgia

Panelists:

Cindy Zeldin, Executive Director, Georgians for a Healthy Future

Tim Sweeney, Director of Health Policy, Georgia Budget & Policy Institute

Beth Stephens, Health Access Program Director, Georgia Watch

Topics of Discussion:

- * Introduction of Organizations and Policy Agendas
- * Recap of the 2014 Legislative Session
 - * The Budget
 - * HB 707 and HB 990
 - * Our experiences at the Capitol
- * Current status of Medicaid expansion in Georgia
 - * Cover Georgia Coalition update
- * Governor Deal's Recent Rural Hospital Proposal
- * Affordable Care Act Implementation in Georgia
 - * Navigator programs and challenges in Georgia
 - * Post open enrollment issues

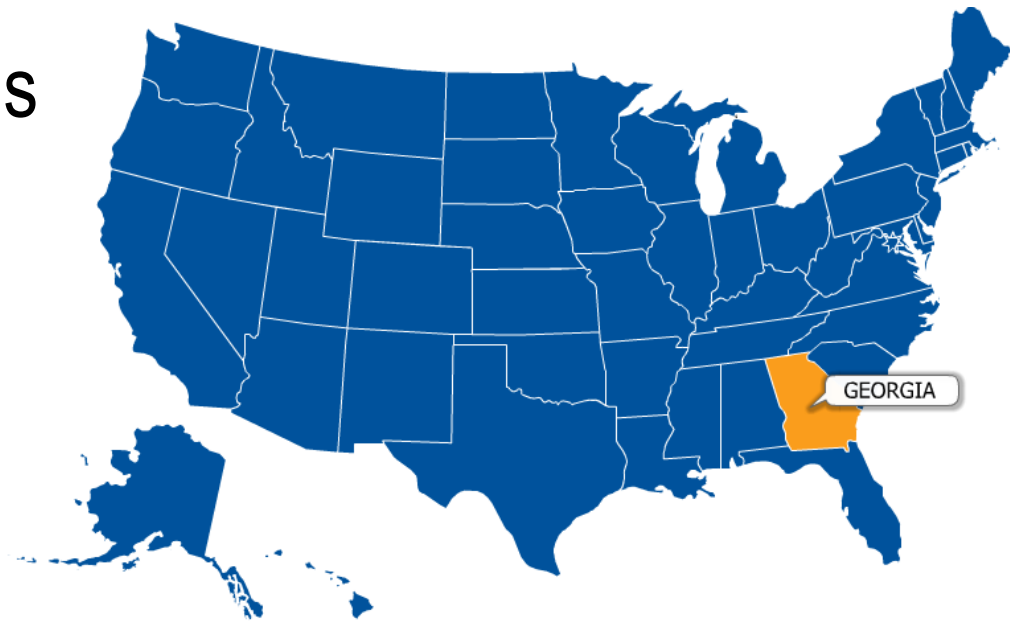
GA: Low Health Spending & High Uninsured

50th in Medicaid spending per patient

49th in statewide health care spending per capita

5th most uninsured residents

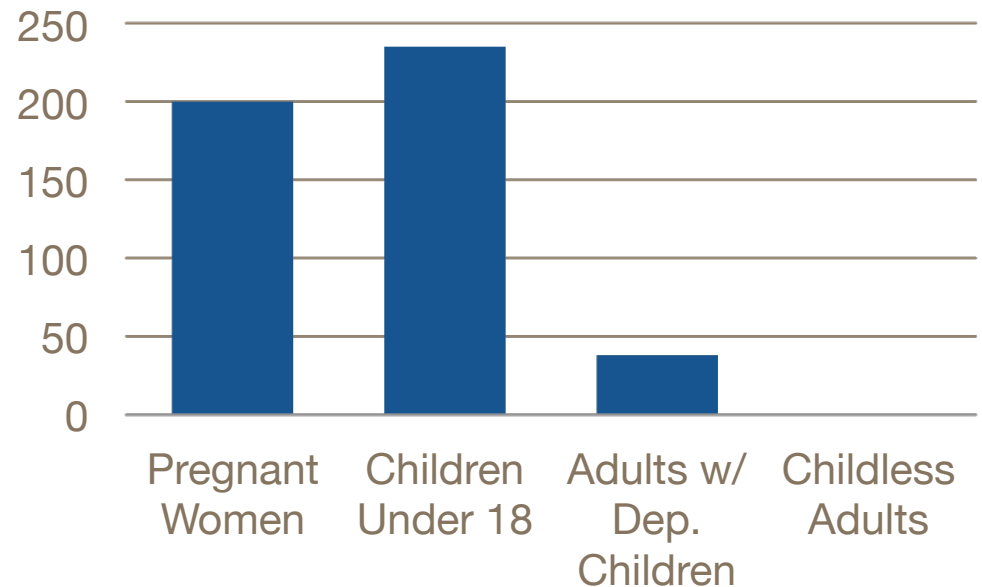
4th most uninsured kids



Limited Medicaid Eligibility Fuels High Uninsured Rates for Adults

- Half of all adult Georgians w/ income < 138% FPL are uninsured
- Marketplace tax credits not available to people below poverty level

Eligibility Level as a Percent of Federal Poverty Level

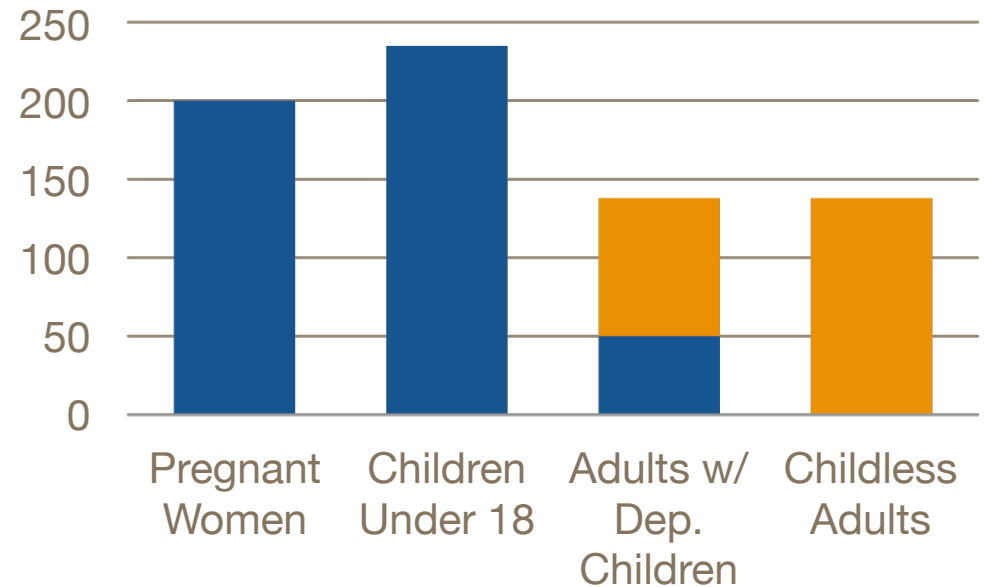


(Poverty Level = \$19,790 / family of 3)

Expanding Medicaid Could Cover 500,000+ Uninsured Adults < 138 % Poverty

- 100% Federally Funded Thru 2016
- Long Term State Share Only 10%
- No Deadline for States, No Long-Term Commitment

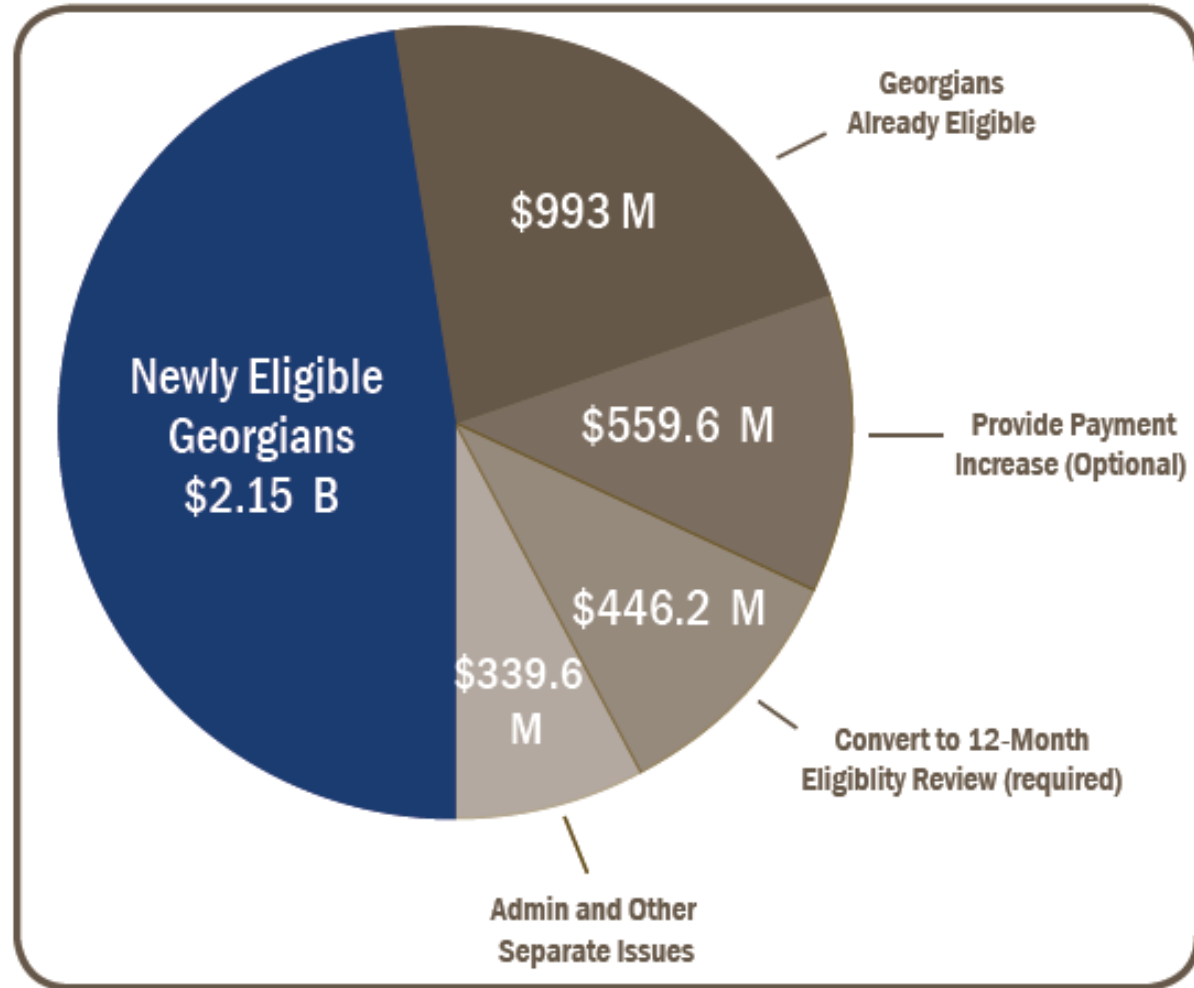
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State Budget Impact Overstated

State Costs Est. Needs Context:

- 10-year totals
- 1-2% above baseline state spending
- Costs coming below forecast

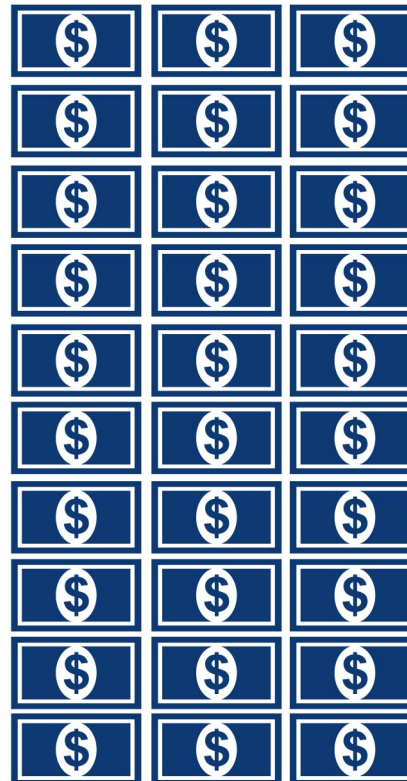


State's Investment Yields Big Return

Georgia's economy gets **\$30.45** return for each \$1 Georgia invests over 10 years.

Georgia's \$1 Medicaid investment leverages **\$14.46** in federal money.

Georgia Invests \$1 for Medicaid Expansion



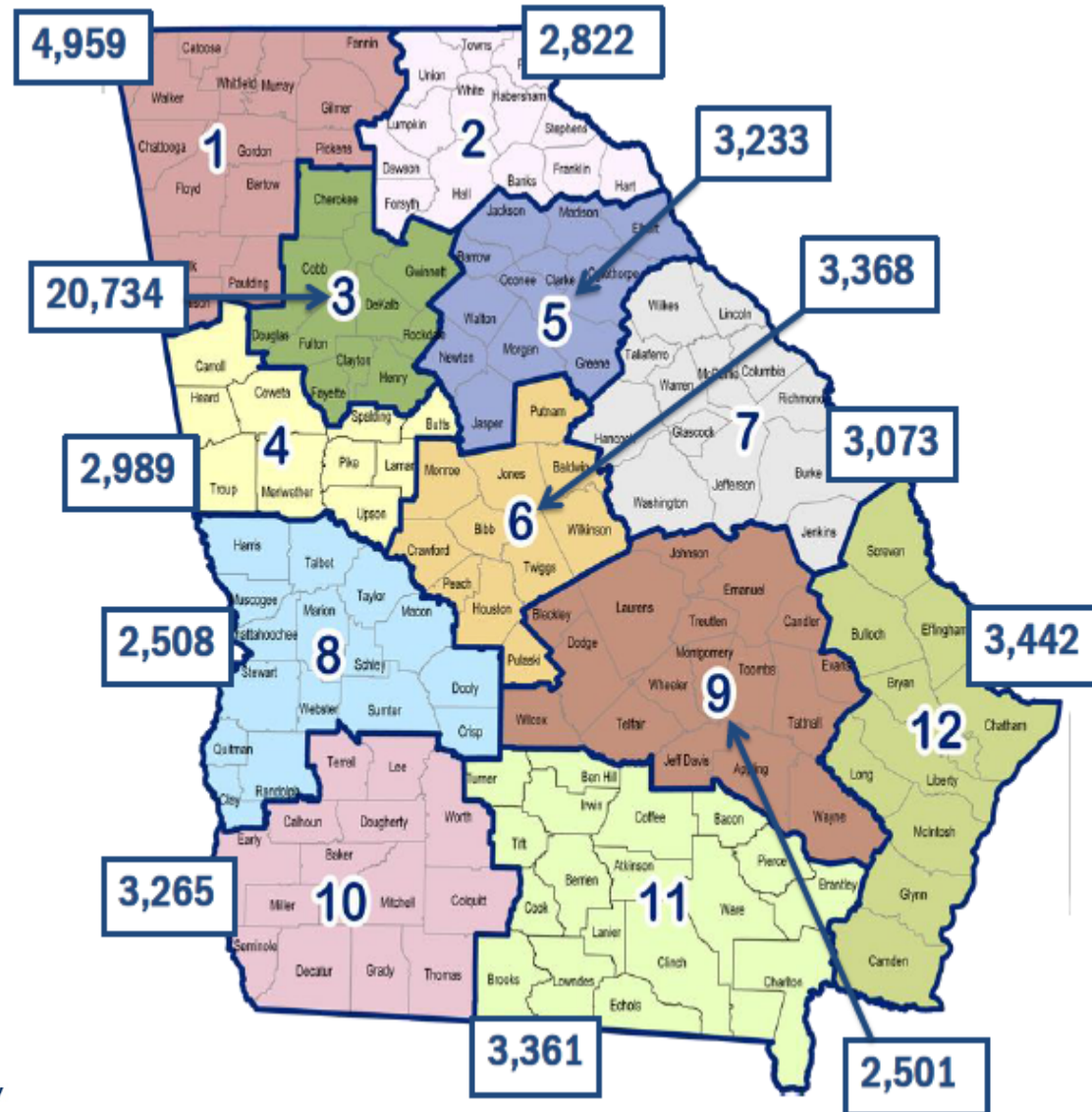
Source: GBPI
Analysis of GSU
Study by Dr.
William Custer

New Revenue Offsets Much of New State Costs

	2014-2023 Total
Expansion Specific State Costs	\$2.1 Billion
State Premium Tax Revenue	\$751 Million
State Income & Sales Tax Revenue	\$1.0 Billion
10-year Net State Costs (after new revenue)	\$353 million
Net Avg Yearly Costs as Percent of 2014 Budget	0.2 percent

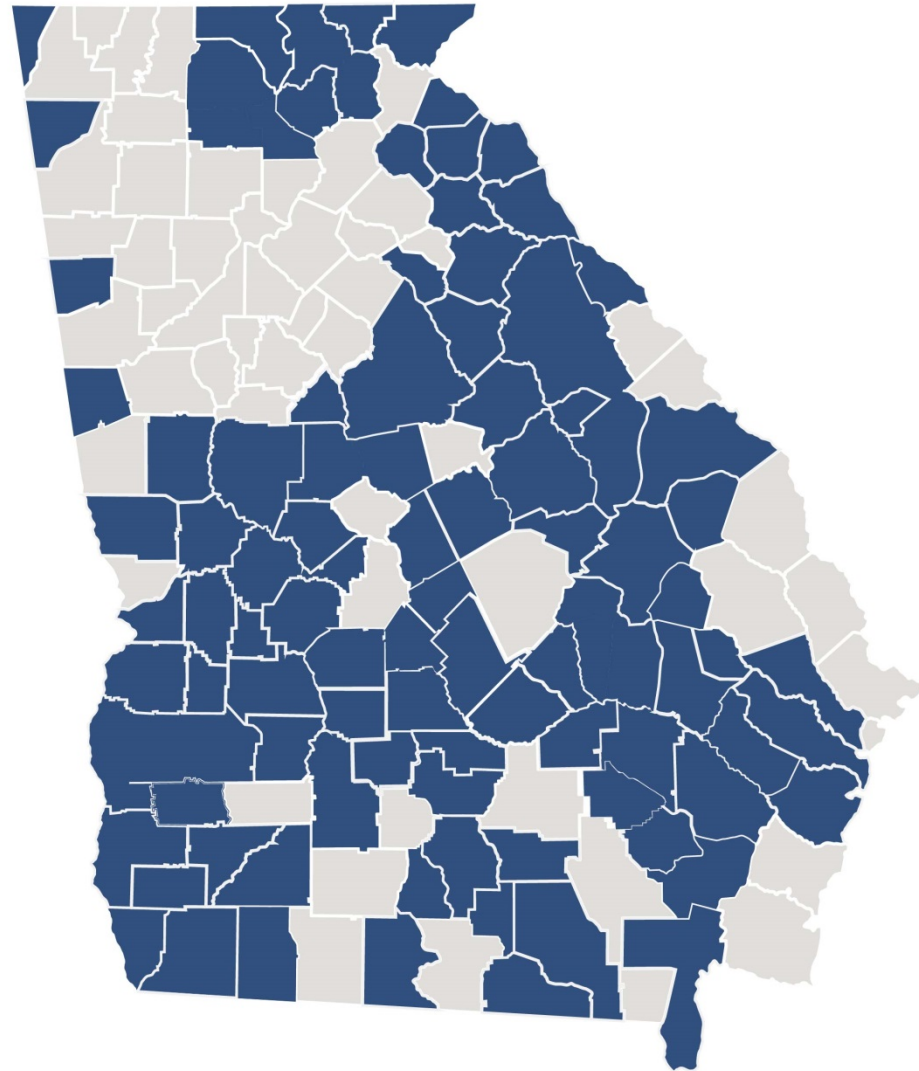
Substantial Benefits Throughout Georgia

- 56,000 Jobs Statewide
- \$6.5 B Yearly Economic Impact
- Creates >\$100 M Yearly Revenue for Local Govt in GA

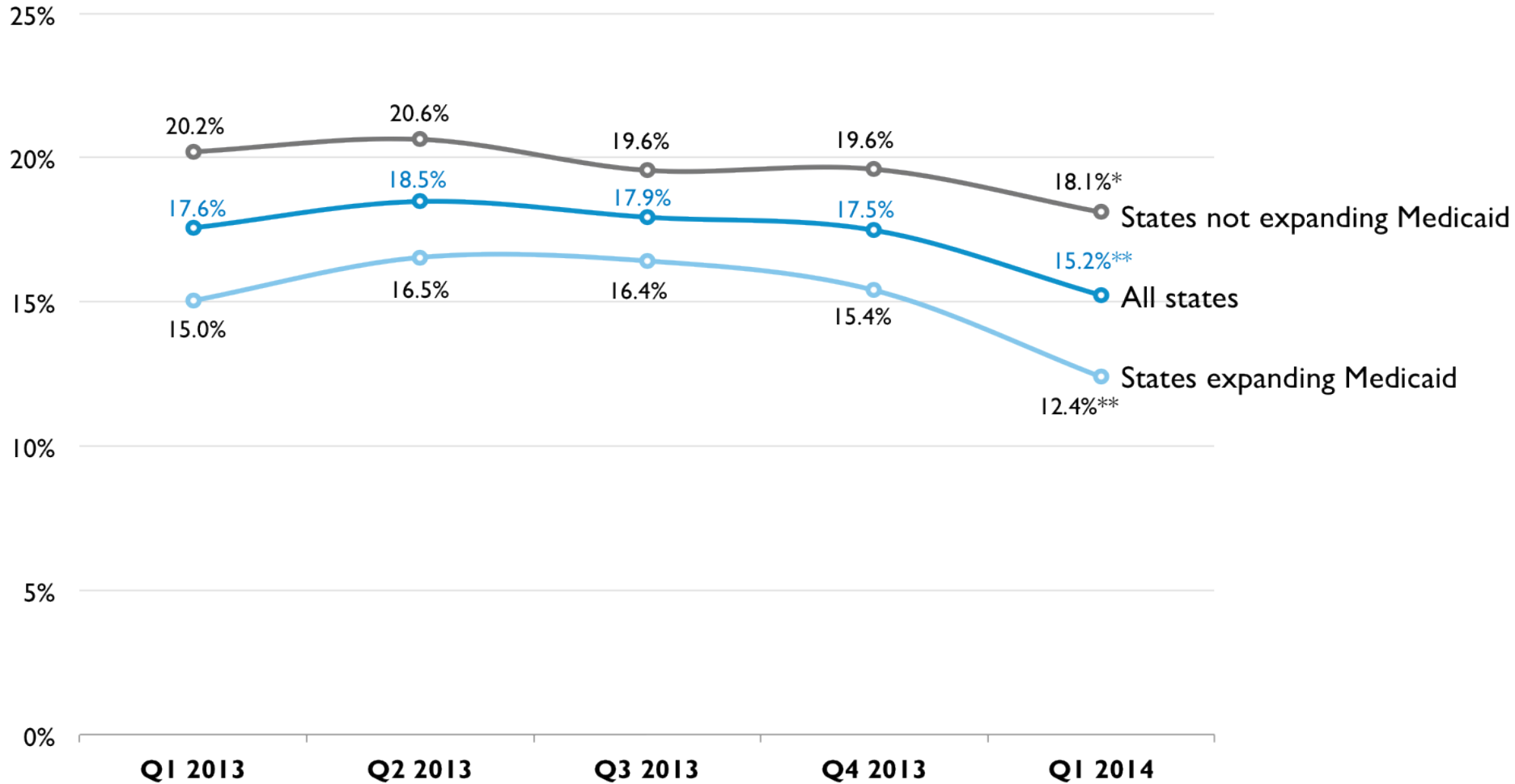


Significant Benefits for Rural Georgia

- 140,000+ Newly Eligible Uninsured
- \$800 M New Yearly Health Spending
- \$1.4 B New Yearly Economic Activity
- 12,000 Jobs



Expanding States See Falling Uninsured Rates



Source: Health Reform Monitoring Survey, quarters 1–4 2013 and quarter 1 2014.

Notes: “States expanding Medicaid” indicates those whose expansion took effect before April 1, 2014. These are regression-adjusted estimates based on models that control for potential differences in the demographic, socioeconomic, and geographic characteristics of the HRMS sample across each quarter.

** Estimate differs significantly from the quarter 3 2013 uninsurance rate at the 0.05/0.01 levels, using two-tailed tests.

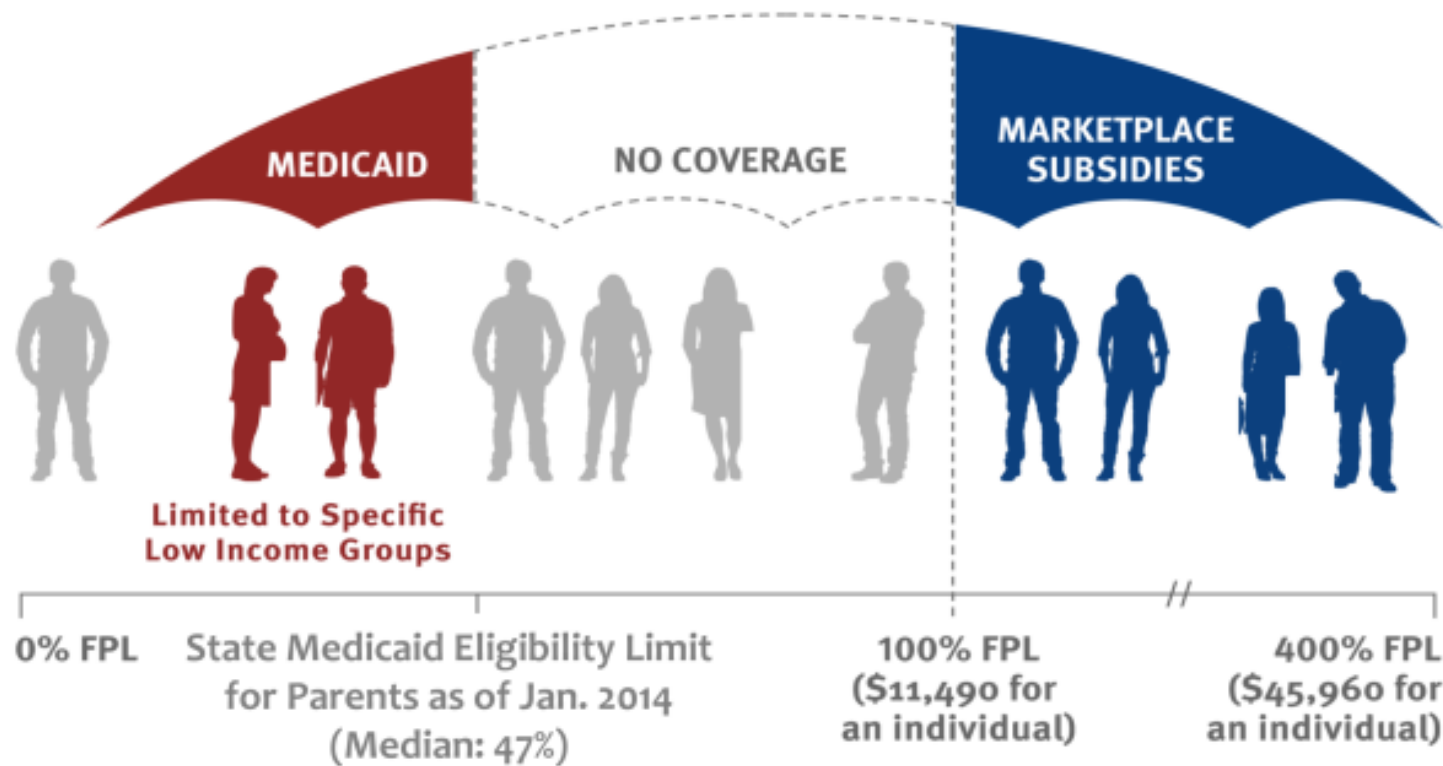
Expansion Could Cover Workers in Many Jobs

Figure 3: Adults in Georgia with Family Income At or Below 138% of Poverty

Total	1,480,780
Uninsured	753,500
Uninsured Workers	422,220
Restaurants and Other Food Services	68,390
Construction	66,800
Grocery Stores	13,290
Landscaping Services	11,660
Private Households Services (gardeners, cooks, caretakers)	10,860
Child Day Care	9,920
Building Services (janitor, extermination, cleaning)	9,290
Employment Services (temp agencies)	8,750
Elementary and Secondary Schools	7,910
Travel Agencies	7,270

Source: Analysis of the 2011 American Community Survey. Adults are those aged 19 through 64. Workers are those who have worked within the past year. The ten industries above are those with the largest number of uninsured workers in the Medicaid expansion income-eligibility range in Georgia. All figures are rounded to the nearest ten workers.

Failing to Expand Medicaid Eligibility Leaves 400,000+ in Coverage Gap



NOTE: Applies to states that do not expand Medicaid. In most states not moving forward with the expansion, adults without children are ineligible for Medicaid.



Oregon Health Study Confirms Value of Medicaid

- Increased Access to Care
- Improved Mental Health
- Greater Financial Protection



Governor Deal's Rural Hospital Proposal

- * Rural Free Standing Emergency Departments
 - * What services must be provided?
 - * Where will the stabilized patients go?
- * Intended only for rural counties where hospitals risk closure or have closed within the past 12 months
- * A practical alternative to Medicaid expansion?
 - * Does not solve the problem of providing unreimbursed care to the uninsured

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ACA Post Open Enrollment Issues

- * State processing of Medicaid and CHIP applications
- * Stalled appeals process at healthcare.gov
- * Adequacy of provider networks

Marketplace Enrollment & Medicaid Determinations

- * At last count, 177,668 people had enrolled in marketplace plans in Georgia
 - * 7.1 million nationwide
- * 144,665 paid their first premiums and activated their coverage (that's 81%!)
 - * From 10/1/13 to 2/1/14, **51,531** people were assessed Medicaid eligible by the marketplace in Georgia
 - * **What happened to those people (many of them children)?**
 - * **What happened to the “no wrong door” concept?**

Stalled Appeals

- * **Various Reasons for Appeals in the Marketplace:**
- * Subsidy eligibility determination incorrect
- * Marketplace thinks you're Medicaid eligible
- * Enrollment mistakes
- * Your application was denied and you don't even know why
- * No automated system for submitting or processing appeals
- * Must be done by mail
- * In February, the Obama administration announced it would "soon" begin hearings

Adequacy of Provider Networks

- * **Current Possible Solution:** People who did not understand the plans and the concept of a provider network *may* be able to qualify for a SEP (special enrollment period) after 3/31
- * **Policy Goals:** Georgians for a Healthy Future and Georgia Watch submitted comments to HHS and CMS encouraging stronger rules for issuers regarding network adequacy and including a sufficient number of essential community providers