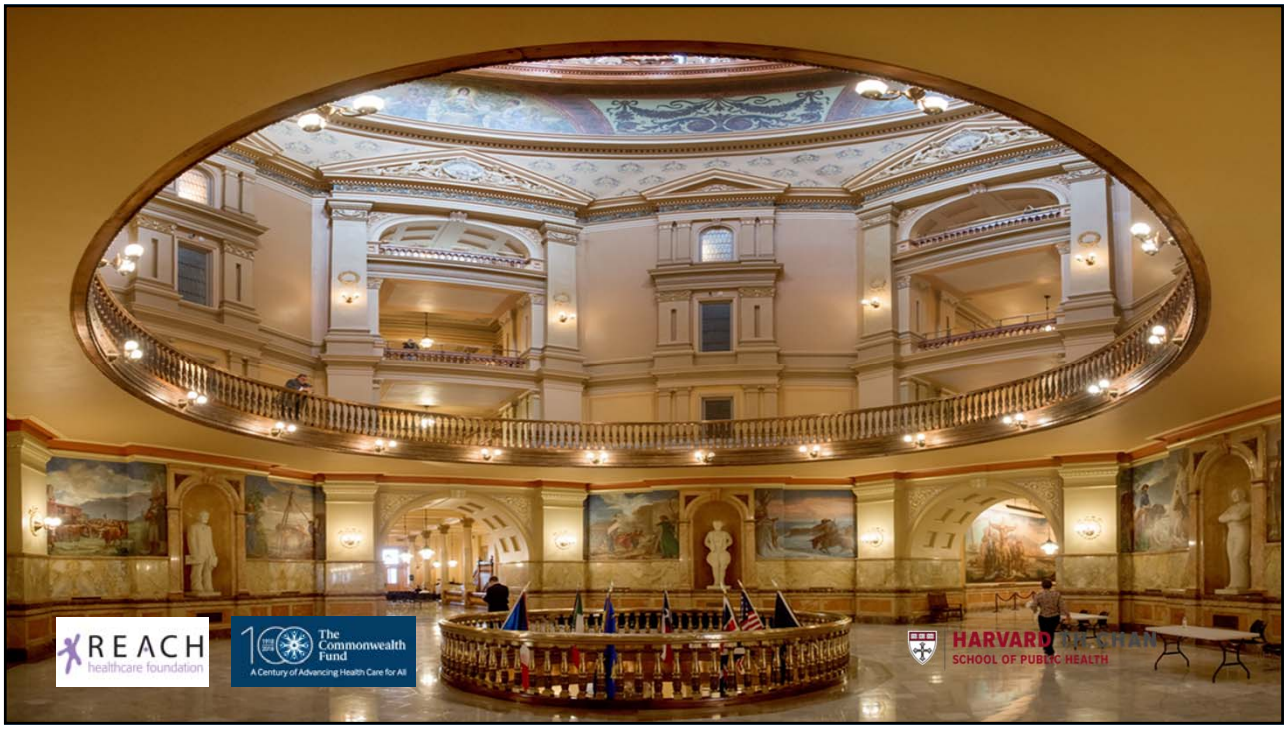


Brenda Sharpe

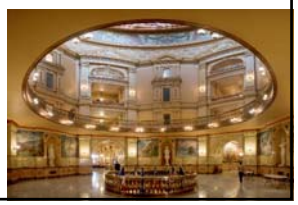
President and CEO
REACH Healthcare Foundation

REACH
healthcare foundation

Status Report on Kansas Medicaid

Study of Health Access in Kansas, Indiana and Ohio Offers Insights into Expansion Approaches

September 17, 2018



Today's Agenda

- Review of National Research and Harvard Study Project Introduction
  – Sara Collins, The Commonwealth Fund
- Status Report on Kansas Medicaid: Study of Health Access in Three States
  – Benjamin Sommers, Harvard T.H. Chan School of Public Health
  – Audience Questions
- Panelist Reflections and Discussion
  – Audience Questions
- Closing Remarks

Sara Collins, Ph.D.

Vice President
The Commonwealth Fund

The Commonwealth Fund
A Century of Advancing Health Care for All

Medicaid and Kansas: A National Perspective

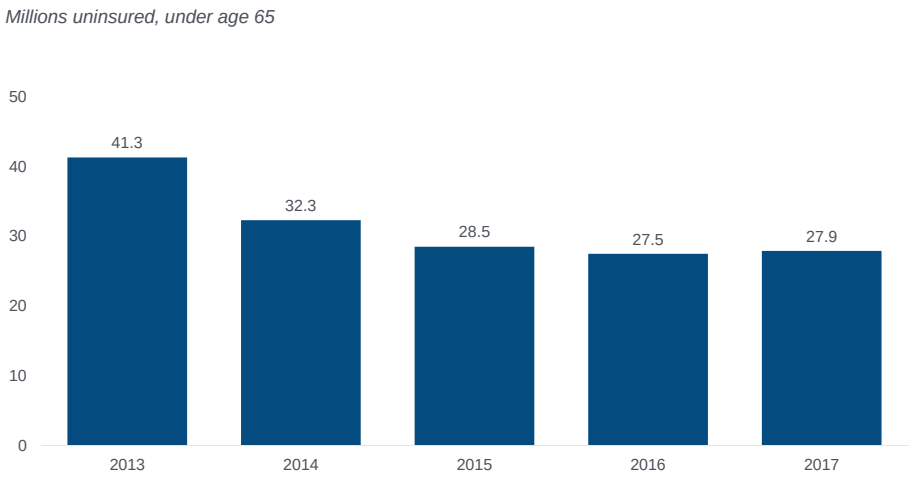
Status Report on Kansas Medicaid, Lenexa, KS

Sara R. Collins, Ph.D., Vice President
Health Care Coverage and Access

September 17, 2018

The Commonwealth Fund
A Century of Advancing Health Care for All

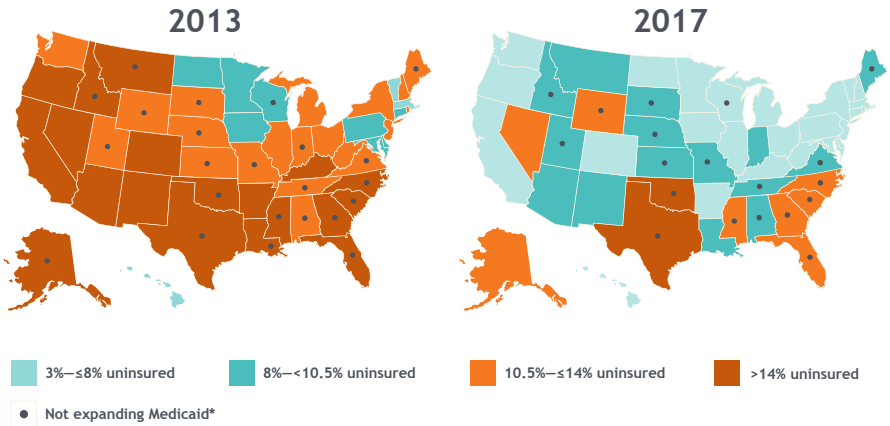
In 2017, nearly 28 million people under age 65 remained uninsured



The Commonwealth Fund

Source: U.S. Census Bureau, 2013, 2014, 2015, 2016 and 2017 (Table A-1) Current Population Survey Reports

The uninsured rate has fallen in all states since 2013, but gains have been larger on average in states that expanded Medicaid



Notes: *Medicaid expansion status as of January 1, 2017. Of the 19 states that had not expanded eligibility for Medicaid under the ACA as of January 2017, uninsured rates exceeded the national average in 15 of them.

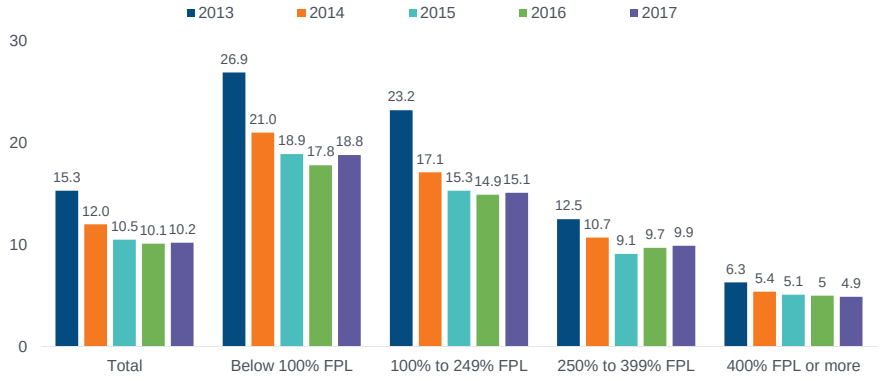
The Commonwealth Fund

Source: *Health Insurance Coverage in the United States:* 2016. U.S. Census Bureau, 2016 and 2017 American Community Surveys.

Nearly one of five people with the lowest incomes were uninsured in 2017

Income

Percent of adults under age 65 who were uninsured

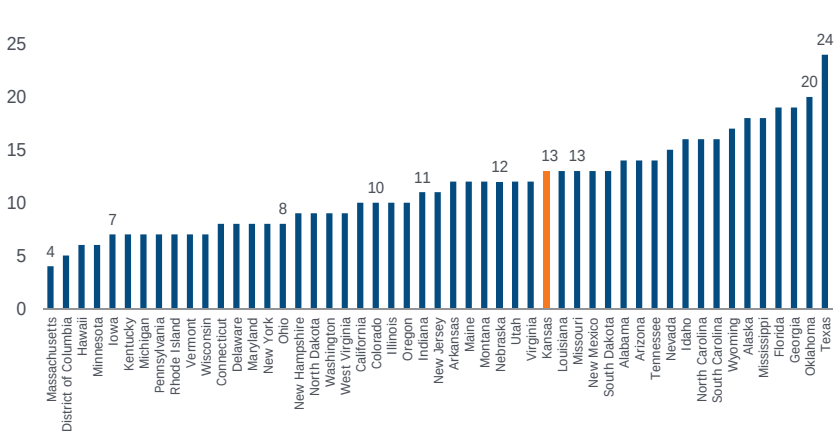


The Commonwealth Fund

Source: U.S. Census Bureau, 2013, 2014, 2015, 2016 and 2017 Current Population Survey Reports and from CPS's table creator at http://www.census.gov/cps/data/cpstablecreator.html

Uninsured rate in KS exceeds that of other nearby states that have expanded Medicaid

Percent of adults ages 19-64 who were uninsured



The Commonwealth Fund

Note: For the purposes of this exhibit, we count the District of Columbia as a state.
Data source: U.S. Census Bureau, 2017 1-Year American Community Survey.

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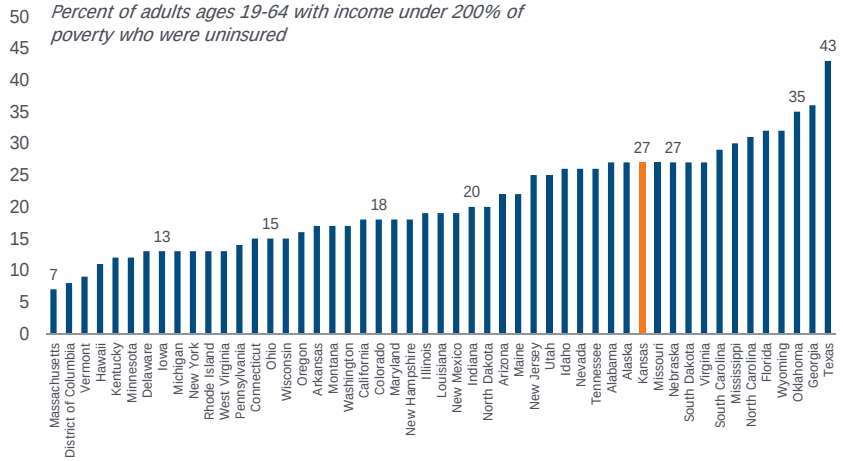
More than one-quarter of KS adults with low-incomes are uninsured, higher than nearby states with expanded Medicaid



The Commonwealth Fund

Notes: 200% of poverty is equal to $24,120 for an individual and $49,200 for a family of four.
For the purposes of this exhibit, we count the District of Columbia as a state.
Data source: U.S. Census Bureau, 2017 1-Year American Community Survey.

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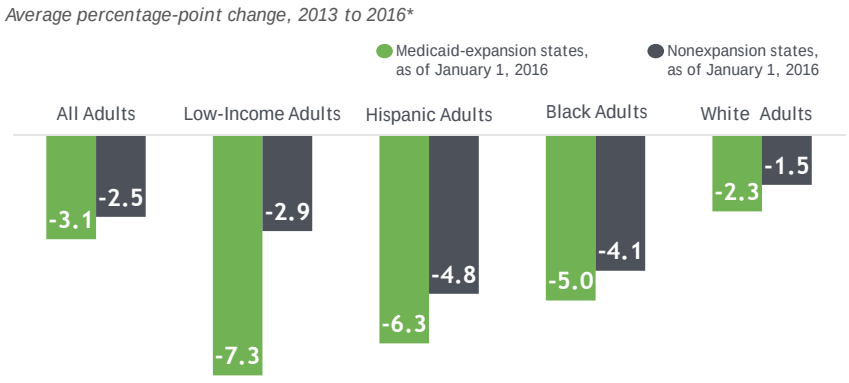
States that expanded Medicaid saw greater declines in the share of adults age 18 and older who went without care because of costs



The Commonwealth Fund

Notes: *Average percentage point change is defined as the rate of adults 18 and older who reported going without needed care because of costs in 2013 less the rate in 2016. Rates were calculated in expansion and non-expansion states by summing the number of individuals who did and did not forego needed care. For the purposes of this exhibit we count the District of Columbia as a Medicaid expansion state, and Louisiana, which expanded its Medicaid program after Jan. 1, 2016, as a non-expansion state.

Data: 2013 and 2016 Behavioral Risk Factor Surveillance System (BRFSS).

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Ben Sommers, M.D., Ph.D.

Associate Professor of Health Policy and Economics

Harvard T.H. Chan School of Public Health and Brigham & Women's Hospital

Medicaid & Health Care Access in Kansas

Ben Sommers, MD, PhD
Harvard T.H. Chan School of Public Health
and Brigham & Women's Hospital

September 2018

Acknowledgments

- This work was co-authored with Carrie Fry, Bob Blendon, Arnie Epstein at the Harvard School of Public Health
- The research was supported by the Commonwealth Fund and REACH Healthcare Foundation.
- The content is the sole responsibility of the authors and does not represent the views of the Commonwealth Fund or REACH.

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Outline for Today

- Results from our recent survey of low-income Kansans about their health care experiences
- Some context from other research findings on the Affordable Care Act (ACA) and Medicaid:
  - Medicaid expansion impacts on patients
  - Budget effects from Medicaid expansion
- Potential effects of work requirements in Kansas Medicaid

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Study Objectives

- Compare rates of coverage, affordability, and access to care in Kansas vs. two other Midwestern states that expanded Medicaid (Ohio and Indiana)
- Assess experiences and attitudes towards the ACA and Medicaid expansion in Kansas
- Examine the potential effect of a Medicaid work requirement in Kansas

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Data Source

- We conducted a novel random-digit dialing telephone survey of nearly 3000 low-income adults in three Midwestern states
  - Ohio – traditional expansion
  - Indiana – expansion with consumer-oriented elements
  - Kansas – non-expansion
- Sample contained U.S. citizens ages 19-64, with income less than 138% Federal Poverty Level ($17K for individual, $34K for family of 4)
- Cell phone and landline sample, English & Spanish surveys
- Response rate 15%
- Weighting based on Census benchmarks for age, race/ethnicity, gender, marital status, education, population density, and cell phone use

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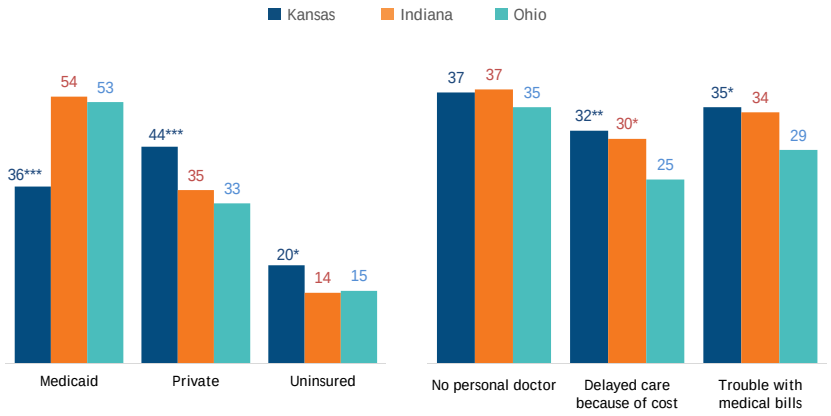
Coverage and Access to Care



***p<.01, **p<.05, *p<.10. Survey of 2700 low-income non-elderly adults. Results were adjusted for age, race/ethnicity, political identification, marital status, educational attainment, sex, family income, and rurality.

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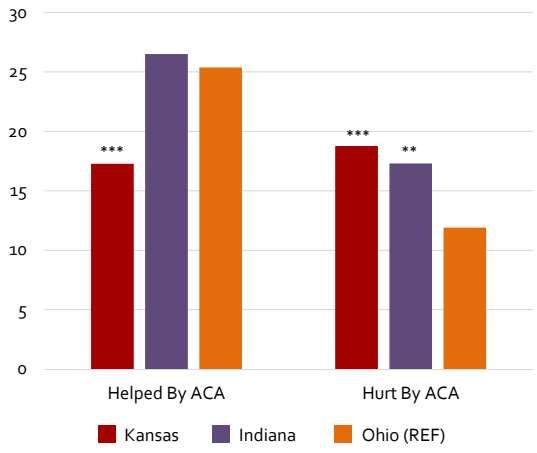
Perceptions of Quality and the ACA



***p<.01, **p<.05, *p<.10. Survey of 2700 low-income non-elderly adults. Results were adjusted for age, race/ethnicity, political identification, marital status, educational attainment, sex, family income, and rurality.

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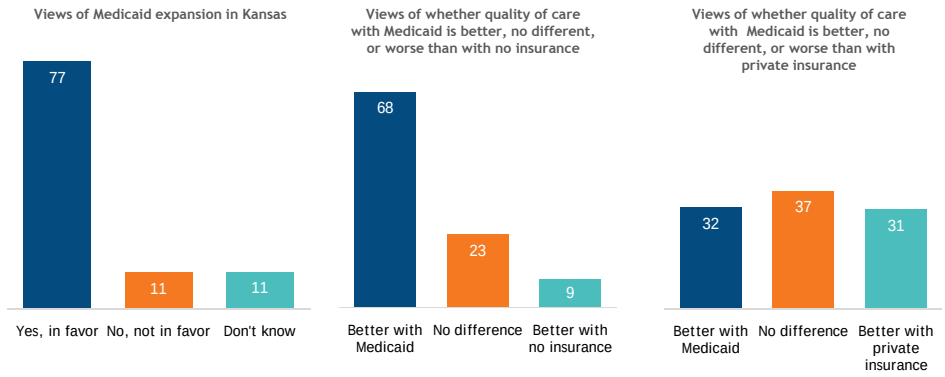
Kansas Medicaid Expansion?

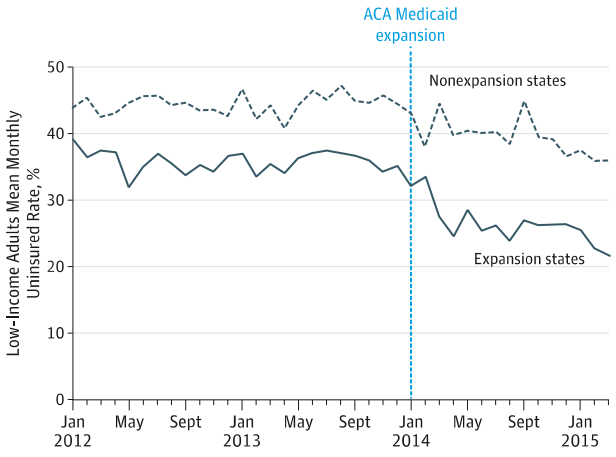


- Data: Authors' analysis of survey responses from U.S. citizens ages 19–64 with incomes below 138 percent of the federal poverty level.
- Notes: For all questions, n = 1,000 minus item nonresponse. All responses are survey-weighted to produce representative estimates.

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

Medicaid Expansion: Coverage

Figure 3. Uninsured Rates for Low-Income Adults in Medicaid Expansion vs Nonexpansion States



Source: *Sommers, Gunja et al., JAMA 2015*

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Access to Care

"We have a higher purpose than just handing out Medicaid cards…
We will not just accept the hollow victory of numbers covered."

–Seema Verma,
CMS Administrator

"Medicaid is a program that has by and large decreased the ability for folks to gain access to care."

–Tom Price,
Former HHS Secretary

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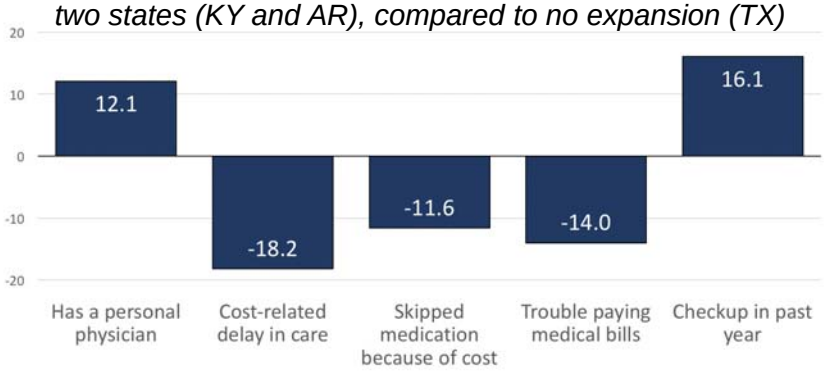
Medicaid Expansion:
Better Access & Affordability

Changes from 2013 to 2015 after Medicaid expansion in two states (KY and AR), compared to no expansion (TX)



Source: *Commonwealth Fund, "In the Literature,"*
Adapted from *Sommers et al., JAMA Int Med 2016*

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Glucose check in past year	43.0	2.3 (−5.2 to 9.8)	.54	6.3 (0.0 to 12.6)	.05
Glucose check among those with diabetes[f]	86.2	4.3 (−7.5 to 16.1)	.47	10.7 (1.2 to 20.2)	.03
Regular care for chronic condition[g]	65.7	11.6 (2.0 to 21.2)	.02	12.0 (3.1 to 21.0)	.008

Source: Sommers, Orav, Blendon, & Epstein, JAMA Internal Medicine, 2016

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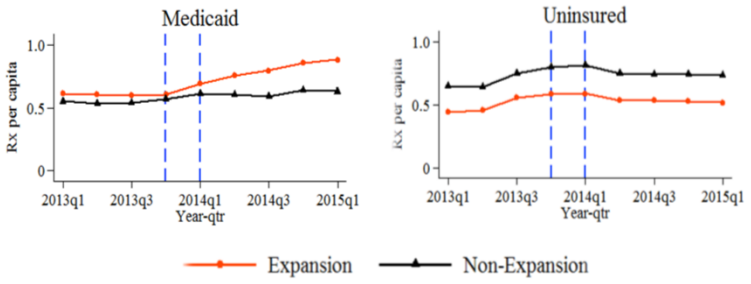
Prescription Drug Use



- *Overall Effect:* 19% increase in Medicaid prescription drug utilization by mid-2015
- *Largest Gains* - Diabetes Medications 24%, Birth Control 22%, Cardiovascular Medications 21%

Notes: *"*Rx per capita*" is per non-elderly adult in the state (not just Medicaid beneficiaries).*
Source: *Ghosh, Simon, and Sommers 2017 NBER Working Paper*

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Quality and Health Status

Table 2. Changes in Coverage, Access to Care, Utilization, and Health after the ACA Medicaid Expansion[a]

		Net Change After Expansion (Arkansas and Kentucky vs Texas)[b]			
Excellent self-reported health	12.2	2.4 (−2.3 to 7.1)	.32	4.8 (0.3 to 9.3)	.04
Fair/poor self-reported health	39.6	0.9 (−6.7 to 8.4)	.82	−3.2 (−11.1 to 4.7)	.43
Positive depression screen, PHQ2 score ≥2	47.5	2.0 (−5.5 to 9.4)	.60	−6.9 (−14.6 to 0.8)	.08

- *Improved chronic disease management*
- *Improved perceived quality*
- *Improved self-reported health status*

Source: Sommers, Orav, Blendon, & Epstein, *JAMA Internal Medicine*, 2016

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Self-Reported Health

- Consistent finding in our studies of coverage expansions is improved self-reported health
  - State Medicaid expansions in early 2000s
  - Massachusetts health reform in 2006
  - ACA Dependent Coverage Provision in 2010
  - ACA 2014 Marketplace and Medicaid expansions
- Consistent with the Oregon Health Insurance Experiment (randomized study of Medicaid coverage)
- Not just "subjective" – prior research shows this is a strong predictor of mortality

Sources: Sommers, Baicker, & Epstein *NEJM* 2012; Chua & Sommers, *JAMA* 2014; Wallace & Sommers, *JAMA Peds* 2015; Sommers, Long, & Baicker, *Annals Internal Med* 2014; Sommers, Gunja, Finegold, & Musco, *JAMA* 2015

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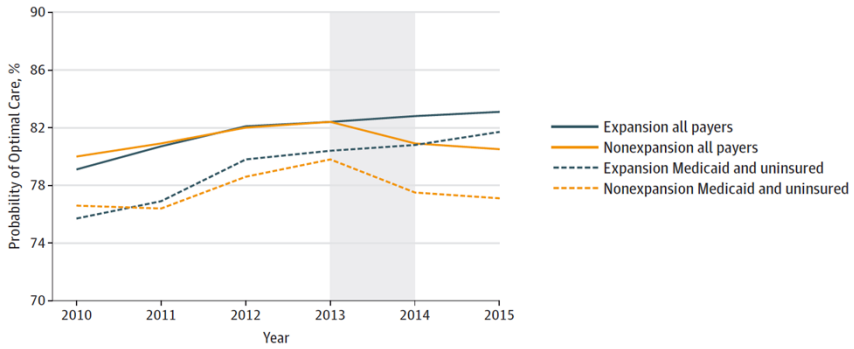
Surgical Care

Receipt of optimal care among surgery admissions



Notes: *Sample contains 281,682 patients admitted to academic medical centers with one of five surgical conditions. "Optimal care" defined as receipt of cholecystectomy when admitted with acute cholecystitis; receipt of minimally-invasive appendectomy or cholecystectomy when undergoing surgery for acute appendicitis or cholecystitis; and avoidance of amputation when admitted with lower extremity peripheral artery disease.*

Source: *Loehrer, Chang, Scott, Hutter, Patel, Lee, & Sommers, JAMA Surgery 2018*

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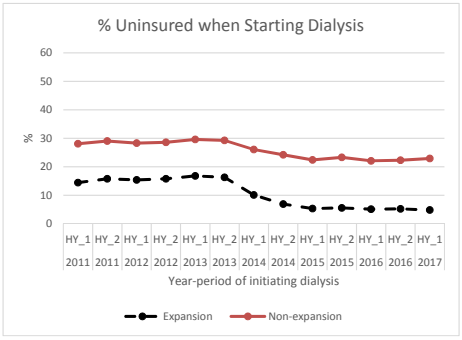
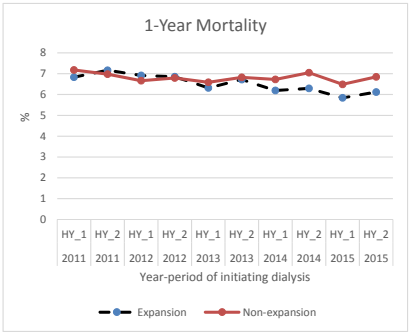
Chronic Illness: Kidney Disease





- *Improved access to nephrology specialty care before dialysis*
- *Increased use of fistula / graft for dialysis, which reduces infection and clot risk*
- *1-year mortality: dropped from 6.9 vs. 6.2% ($p<0.05$)*

Source: *Shailender, Sommers, Thorsness, Mehrotra, Lee, Gutman, & Trivedi – unpublished (do not cite)*

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Medicaid Costs

- ACA expansion covered newly-eligible adults with 100% federal dollars until 2016, 93% in 2019, and 90% in 2020 and beyond
- Traditional Federal Medical Assistance Percentage (FMAP) in Kansas is 57%, which continues for those eligible by pre-ACA criteria
- Expansion would bring an estimated $5.3 billion in federal funds into the Kansas economy over 10 years
- Reports indicate that some expansion states have experienced net budget savings, due to federal offsets

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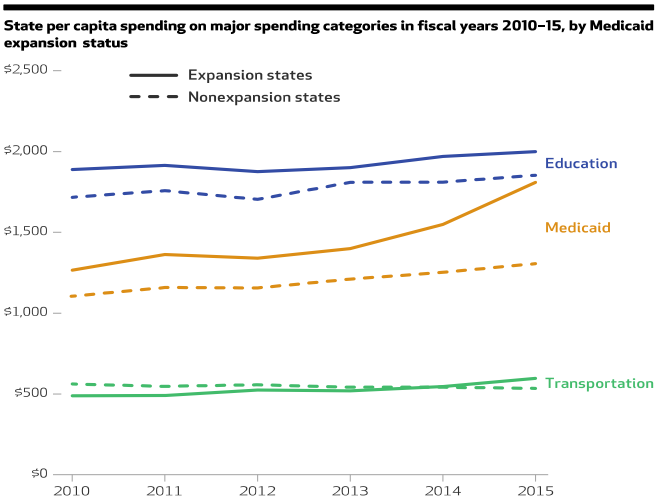
Expansion Budget Effects



Source: Sommers & Gruber, *Health Affairs* 2017

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Budget Effects, FY 2010-2015

OUTCOME	MEDICAID EXPANSION EFFECT		% NEWLY-ELIGIBLE EFFECT	
	Percent Change from Expansion	p-value	Change per 1% Newly-Medicaid Eligible	p-value
Total Spending	5.8%	.002	0.32%	.048
Source of Funds				
Federal Funds	12.2%	.006	0.51%	.016
State Funds	2.4%	.24	0.17%	.32
--State General Revenue	2.9%	.35	-0.04%	.81
--Other State Funds	3.1%	.54	0.39%	.28
Category of Spending				
Medicaid	11.7%	<0.001	0.86%	<0.001
K-12 Education	-0.9%	.76	-0.08%	.70
Higher Education	-5.0%	.25	-0.66%	.15
Transportation	8.0%	.062	0.42%	.20
Corrections	-0.4%	.88	-0.17%	.35
Public Assistance	3.6%	.60	-0.21%	.67
Other	10.1%	.057	0.62%	.13

Source: Sommers & Gruber, Health Aff 2017

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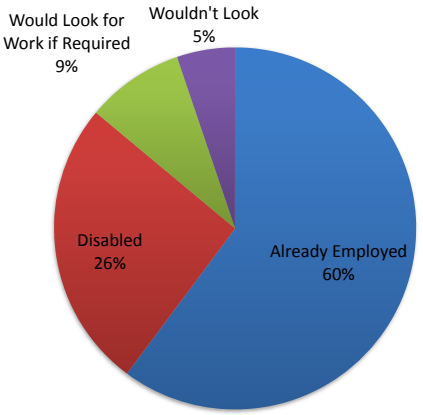
Work Requirements:

Small effects on employment

Kansas Medicaid: Potential Effects of Work Requirements



Note: Survey of 1000 adults in Kansas ages 19-64, with incomes < 138% of the federal poverty level

Concluding Thoughts

- Kansas lags behind other Midwestern states that have expanded Medicaid in terms of coverage, affordability, and access to care
- Kansans overwhelmingly support Medicaid expansion
- Work requirements likely won't affect employment for most Kansans, but might reduce coverage
- In numerous national studies, Medicaid expansion has improved access to care, quality of care, & health outcomes

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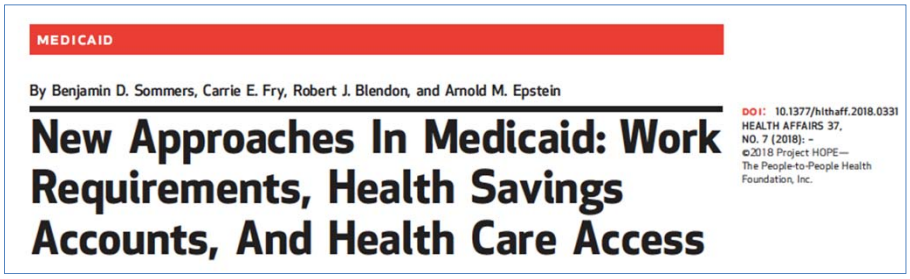
To Read More


MEDICAID

By Benjamin D. Sommers, Carrie E. Fry, Robert J. Blendon, and Arnold M. Epstein

New Approaches In Medicaid: Work Requirements, Health Savings Accounts, And Health Care Access

DOI: 10.1377/hlthaff.2018.0331
HEALTH AFFAIRS 37,
NO. 7 (2018): –

Kansas and Medicaid: New Evidence on Potential Expansion and Work Requirements

Anna L. Goldman
General Internal Medicine Fellow
Harvard T.H. Chan School of Public Health

Benjamin D. Sommers
Associate Professor of Health Policy and Economics
Harvard T.H. Chan School of Public Health

HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

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Questions & Comments?

Thank you!

Ben Sommers
bsommers@hsph.harvard.edu

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Jon Hamdorf
Director of Medicaid
Kansas Department of Health and Environment

Audrey Dunkel
Vice President of Financial Advocacy
Kansas Hospital Association

Suzanne Wikle
Project Director
Advancing Strategies to Align Programs, Center on Law and Social Policy


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