

Alabama Medicaid 2019 Budget Hearing

January 4, 2018

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AGENDA

- Overview
- 2019 Budget
- Medicaid Cost Management
- Medicaid Moving Forward
- Federal Healthcare Unknowns



Medicaid Overview

Who Does Alabama Medicaid Serve? FY 2016 by Date of Service

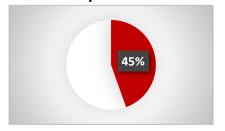


Disabled and Blind

Any Age

Determined by the Social Security
Office and have automatic Medicaid
eligibility.

% of Expenditures

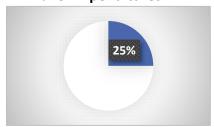


Children

Age 0-18

Children in families below 146% of the Federal Poverty Rate.

% of Expenditures



Aged

Age 65 and Over

Adults who are in poverty.

Almost all are also covered by

Medicare

% of Expenditures



Other Categories

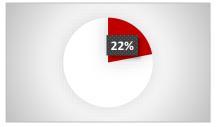
Age 19-64

Other adults including pregnant women, parent caretakers, and family planning services

% of Expenditures

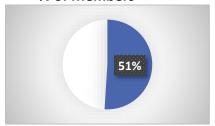


% of Members



\$10,644Per Member Per Year

% of Members



\$2,556Per Member Per Year

% of Members



\$10,440Per Member Per Year

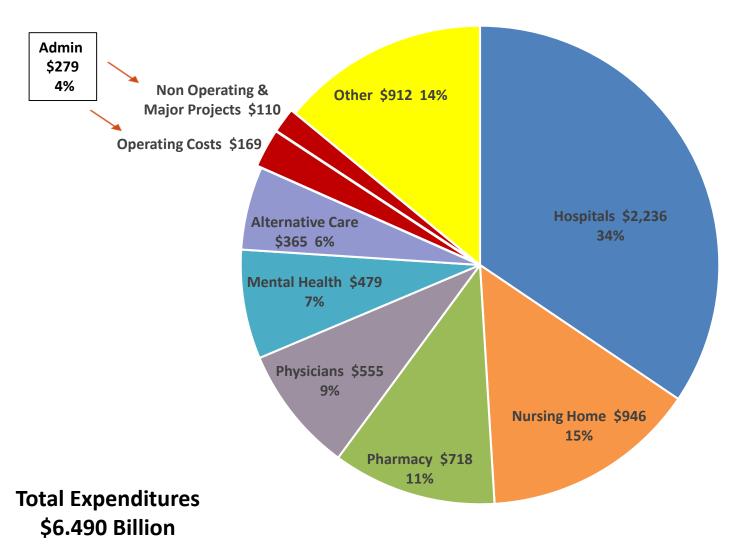
% of Members



\$3,456Per Member Per Year

FY 2017 Medicaid Expenditure Analysis Benefit Payments and Administrative Costs (in millions)

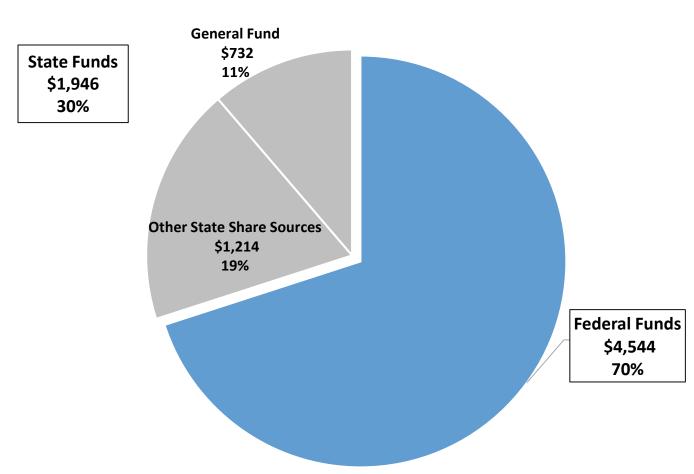




FY 2017 Medicaid Funding Analysis State and Federal Funding (in millions)



FY 17 Source of Funds: \$6.490 Billion



Monthly Average Eligibles 2012-2018*





2015

Overall Total

2016

2017

2018*

• Fiscal Year to date through October, 2017

2013

2014

2012

800,000



2019 Budget

8



Alabama Medicaid 2019 State Funding Need

Total Funding Need \$810 million

Less Projected Carryforward \$ 53 million

• General Fund Request \$757 million

Factors Affecting 2019 Funding Need



- Carryforward
- Inflationary increases
 - Nursing Homes
 - Pharmacy
 - Medicare Part B Insurance
- FMAP changes reduces state share requirement
 - Impact shared with existing state share funding, such as hospitals;
 other state agencies; and teaching hospitals
- Paybacks
- Provider funding



FY 2019 Budget Request Summary		In millions
2018 General Fund Need		\$773
Increase in General Fund Demand:		
Inflation, utilization increases, new federal requirements	33	
Increase in program costs	20	
Decrease in General Fund Demand:		
Increase in federal match	-10	
Reduction in Paybacks	-6	
2019 State Funding Needed		\$810
Less carryforward		
Actual cash carryover from 2017 operations	20	
Projected cash carryover from 2018	33	
Total 2019 Net Request		\$757



Medicaid Cost Management

- State Recoveries
- Automated Asset Verification
- Other Initiatives



Medicaid Moving Forward

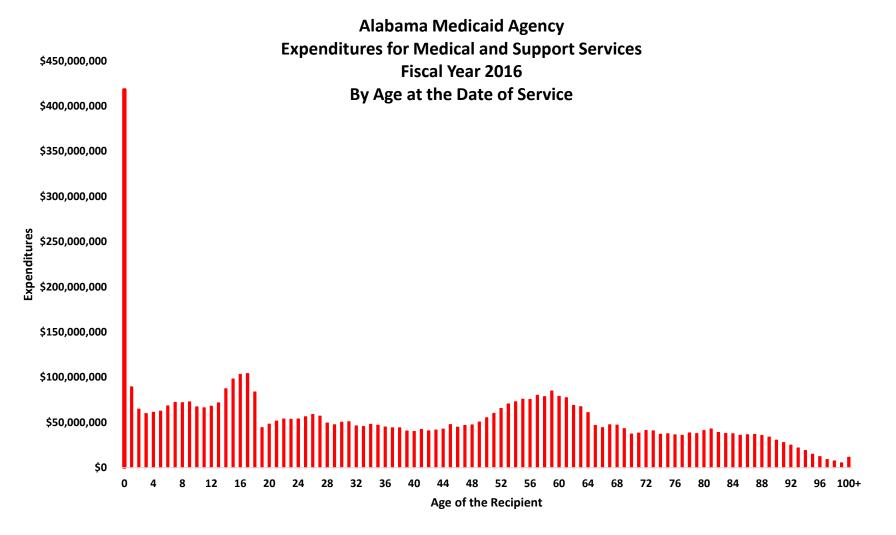
Alabama Quality Outcomes



- 3rd highest adult obesity rate in the nation
- 2nd highest diabetes rate in the nation
- Newborns
 - Infants are significant drivers of Medicaid costs
 - Infant mortality rate: 9.1 per 1,000 births (5.9 nationally)
 - High rate (10.3%) of low birth weight infants
- Highest opioid prescribing rate in the nation
 (1.21 prescriptions per person in the entire population of the state)



Quality Outcomes in Newborns





Medicaid Moving Forward

- Care Management Principles
- Personal Accountability

Medicaid Care Management Principles



Pivot Plan

- Case management system to achieve better healthcare outcomes with minimum initial cost
- Provider based structure
- Regionally based, regions based on major population centers
 - Replacing 6 current health homes and 14 maternity regions
- Populations may include Patient 1^{st} , Maternity, Plan First and Health Home population, excludes long term care and duals

Integrated Care Networks (ICN)

Statewide focus on managing long term care in the most cost effective manner

Goal of ICN and the Pivot plan is to redirect expenditures to achieve better outcomes

Personal Accountability

- Proposed 1115 work requirement waiver on Parent and Other Caretaker and Relative (POCR) group
- Possible increase in copayments



Federal Healthcare Unknowns

- CHIP reauthorization
- Possible changes to federal funding structure
- Possible impact on provider taxes



Questions