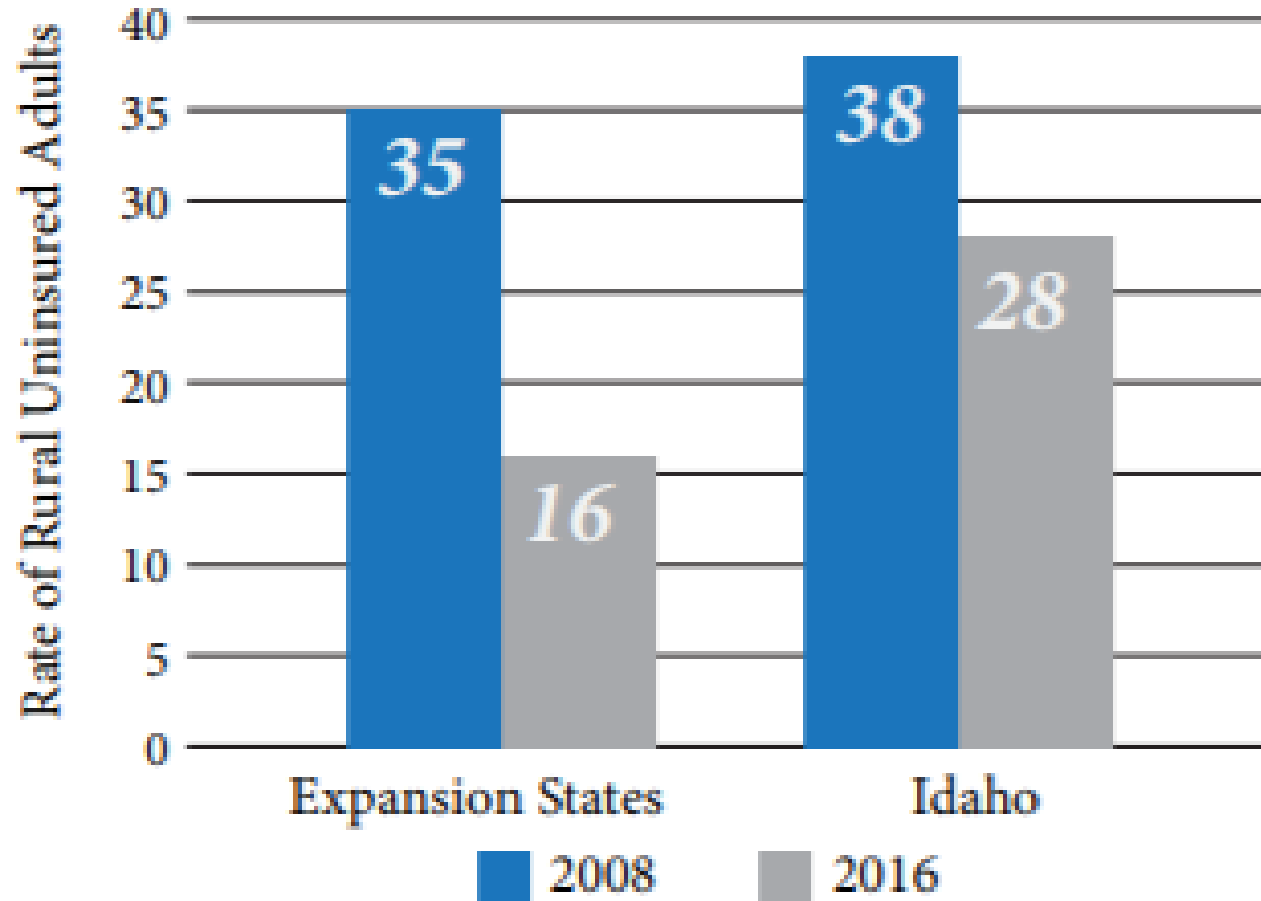
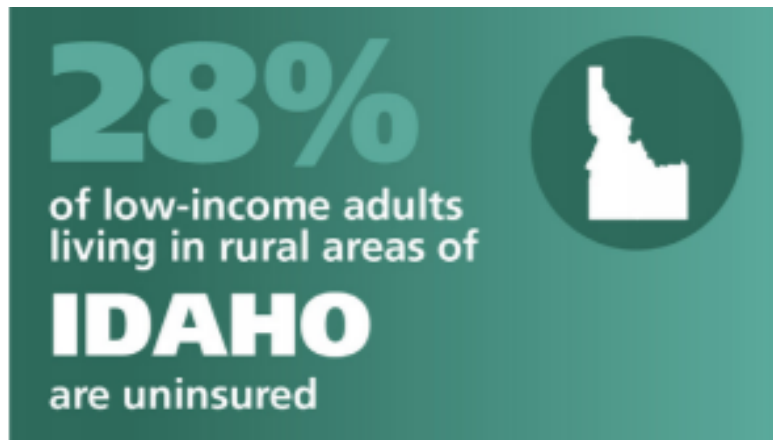


Medicaid Expansion Review

- Expanding Medicaid will provide health coverage for 62,000 Idahoans living in the coverage gap
- Medicaid expansion will create over 5,000 new jobs, and generate over \$22 million in new tax revenue
- Medicaid expansion will generate savings that allow the state to reinvest in other areas like transportation and education

Decline in Uninsured Rate for Low-Income Adults in Rural Areas from 2008-2016





28% of Idahoans in rural areas are uninsured

Rural areas and small towns face even larger barriers to health coverage than urban areas do. There are fewer jobs that offer health coverage and higher rates of seasonal employment.

Medicaid Finances

Complex Behavioral Health Treatment

Outpatient Services:

- individual and group therapy
- partial hospitalization
- case management

Inpatient Services:

Detoxification

Hospital visits

Residential treatment

Medications:

- Mental illness
- Substance use disorder

Home and community-based services:

- Supportive housing
- Supported employment

Medicaid Helps Idaho Children

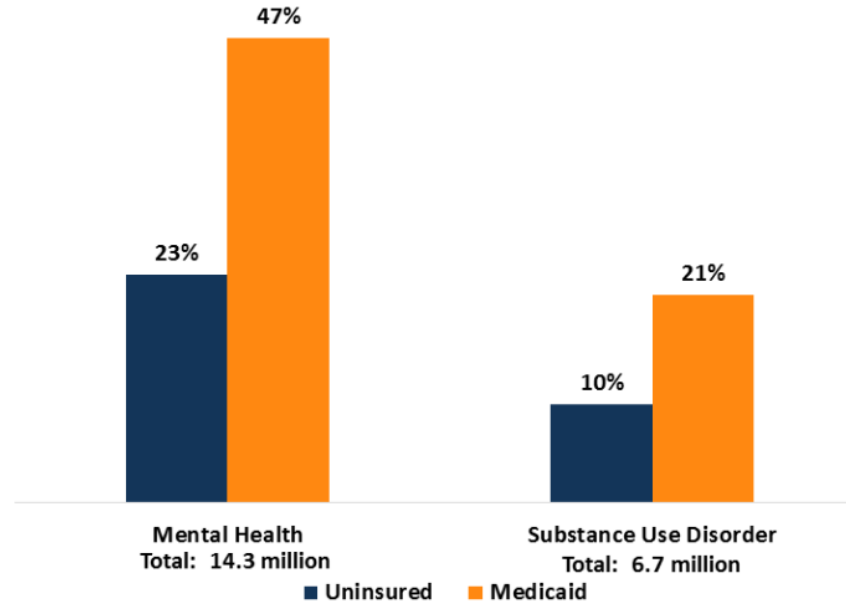
Early, Periodic Screening, Diagnosis, and Treatment (EPSDT):

- All medically necessary Medicaid services permitted under federal law
- Children from birth to age 21
- Even if the state does not cover the service for adults

Medicaid Creates Access People Use

Figure 3

Proportion of Adults with Behavioral Health Conditions who Received Treatment, 2015



NOTE: Totals include those with mental health or substance use disorders who have Medicaid or are uninsured.
SOURCE: Kaiser Family Foundation analysis of 2015 National Survey on Drug Use and Health



Figure 3: Proportion of Adults with Behavioral Health Conditions who Received Treatment, 2015

Medicaid Saves Idaho \$185 million

Exhibit 1
STATE OF IDAHO
Idaho Department of Health and Welfare
Expansion Projection
Total Projected State, Local, and Federal Costs <Savings>
State, Local, and Federal Dollars Only (Values in Millions)

Expansion	SFY 2020**	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2026	SFY 2027	SFY 2028	SFY 2029	SFY 2030	Total
<u>Expansion State Spending:</u>												
Optional Expansion Claim State Costs:	\$19.7	\$40.9	\$43.7	\$45.8	\$47.4	\$49.1	\$50.8	\$52.6	\$54.5	\$56.4	\$58.4	\$519.3
Administration (DHW) State Costs*:	\$1.0	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9	\$0.9	\$10.3
Total Additional Expansion State Costs	\$20.6	\$41.9	\$44.6	\$46.7	\$48.4	\$50.0	\$51.8	\$53.5	\$55.4	\$57.3	\$59.3	\$529.6
<u>Projected State and Local Programs Offsets and Savings</u>												
CAT Program (State)	\$0.0	\$0.0	(\$10.7)	(\$11.1)	(\$11.6)	(\$12.0)	(\$12.5)	(\$13.0)	(\$13.5)	(\$14.1)	(\$14.6)	(\$113.1)
Medical Indigent (Local)	\$0.0	\$0.0	(\$9.2)	(\$9.6)	(\$9.9)	(\$10.3)	(\$10.8)	(\$11.2)	(\$11.6)	(\$12.1)	(\$12.6)	(\$97.3)
Medical Indigent (Local Admin)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Substance Use Disorder Services (IDOC)	(\$2.4)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$4.9)	(\$51.0)
Behavioral Health (DHW)	(\$4.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$8.1)	(\$85.2)
Hospitalizations (IDOC)	(\$1.4)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$2.8)	(\$29.0)
DHW - DBH - Mental Health Services	(\$2.3)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$4.7)	(\$48.9)
Total State and Local Offsets:	(\$10.2)	(\$20.4)	(\$40.3)	(\$41.1)	(\$41.9)	(\$42.8)	(\$43.7)	(\$44.6)	(\$45.5)	(\$46.6)	(\$47.6)	(\$424.5)
Grand Total - Net State & Local (Total Costs) Spending <Savings>	\$10.4	\$21.5	\$4.4	\$5.7	\$6.5	\$7.3	\$8.1	\$9.0	\$9.9	\$10.8	\$11.7	\$105.1
<u>Expansion Federal Spending:</u>												
Optional Expansion Claim Federal Costs:	\$176.9	\$368.5	\$393.3	\$412.2	\$426.8	\$441.8	\$457.4	\$473.5	\$490.2	\$507.5	\$525.4	\$4,673.4
Administration (DHW) Federal Costs*:	\$2.1	\$1.6	\$1.6	\$1.6	\$1.6	\$1.6	\$1.6	\$1.6	\$1.6	\$1.6	\$1.6	\$17.9
Total Additional Expansion Federal Costs	\$179.0	\$370.1	\$394.9	\$413.8	\$428.3	\$443.4	\$459.0	\$475.1	\$491.8	\$509.0	\$526.9	\$4,691.2
Grand Total - Net State, Local, and Federal (Total Costs) Spending <Savings>	\$189.4	\$391.6	\$399.2	\$419.5	\$434.8	\$450.6	\$467.1	\$484.0	\$501.6	\$519.8	\$538.6	\$4,796.3

The Next Steps to Medicaid Expansion Implementation



November 20, 2018

Proposition 2 was declared effective by the Governor and the Secretary of State.



90 Days

Idaho must submit state plan amendments (SPAs) to the Center for Medicaid and Medicare Services (CMS) by February 18, 2019, which is within 90-days of the effective date.



Funding Appropriated

The only action needed by the Idaho Legislature is to appropriate the 10% match for the program.



November 2019

The Idaho Department of Health and Welfare has indicated that enrollment for the newly eligible Idahoans under expansion will begin by November 2019, with health coverage starting in January 2020.

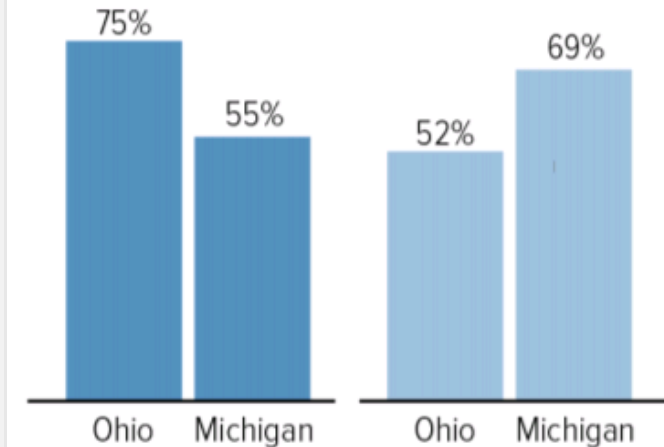
New Medicaid Restrictions

- **What is the point of these requirements for Medicaid? Do they even work?**
- **How much will it cost Idaho taxpayers to implement the proposed restrictions on Medicaid?**
- **What would happen if Idahoans lose coverage from these new restrictions?**

Medicaid Expansion Enrollees Report Coverage Helps Them Work and Look for Work

Share of non-working adults saying coverage made it easier to look for work

Share of working adults saying coverage made it easier to work or made them better at their job



Note: Under the Affordable Care Act, states have the option to expand their Medicaid programs to provide coverage for more low-income adults.

Source: Ohio Department of Medicaid and University of Michigan Institute for Healthcare Policy and Innovation, 2017