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National Association of
Medicaid Directors

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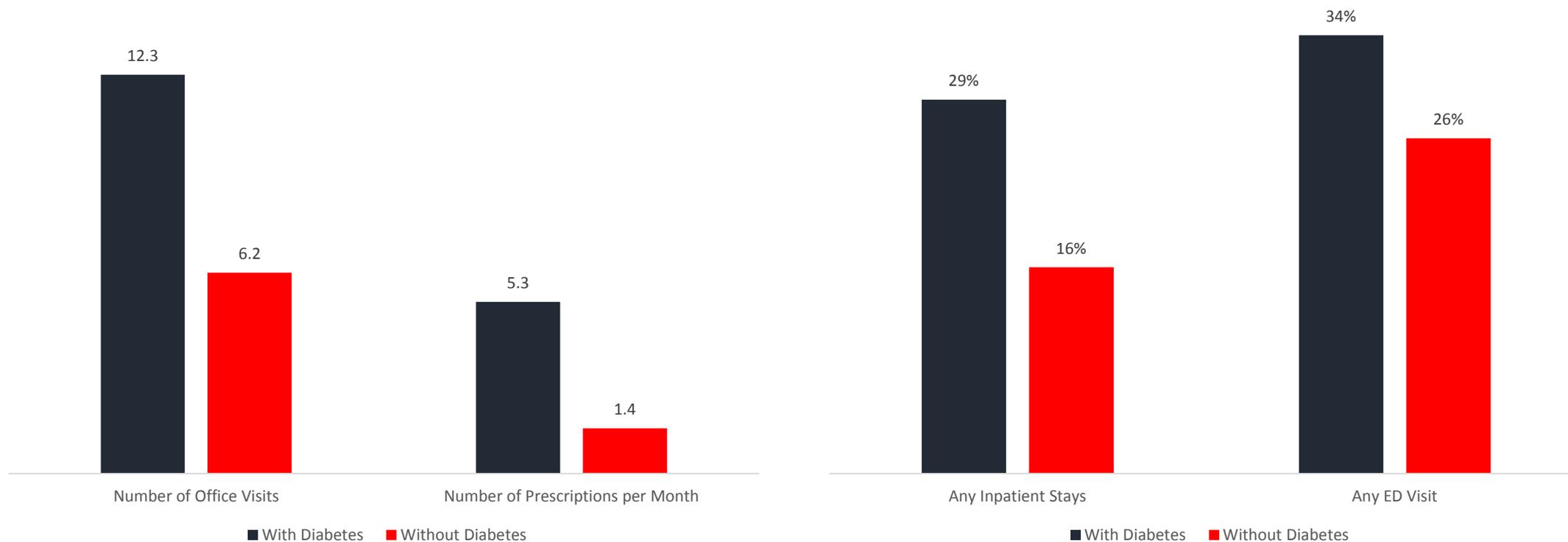
April 10, 2014

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- Joint federal-state program: every aspect needs federal approval.
 - True of waivers, managed care contracts, service coverage and benefit design, provider payment rates and eligibility requirements.
 - Each state Medicaid program looks quite different.
 - 50-60 years of evolutionary divergence.
 - Health care and community context also looks quite different within states and between states.
 - Medicaid is framed at the state level, but some flexibility exists within states.

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- Who does Medicaid cover?
 - Range of different eligibility levels in the Appalachian region
 - What does Medicaid cover?
 - Health care services for an eligible population
 - Mandatory versus optional benefits
 - What can Medicaid not cover?
 - How does the state deliver on that coverage?
 - Managed care versus fee-for-service versus other arrangements
 - Waiver programs and delivery system initiatives.

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- In 2009, 9 percent of Medicaid beneficiaries had diabetes.
 - Over 80 percent of Medicaid beneficiaries with diabetes had a physical comorbidity.
 - Over 33 percent had a mental comorbidity.

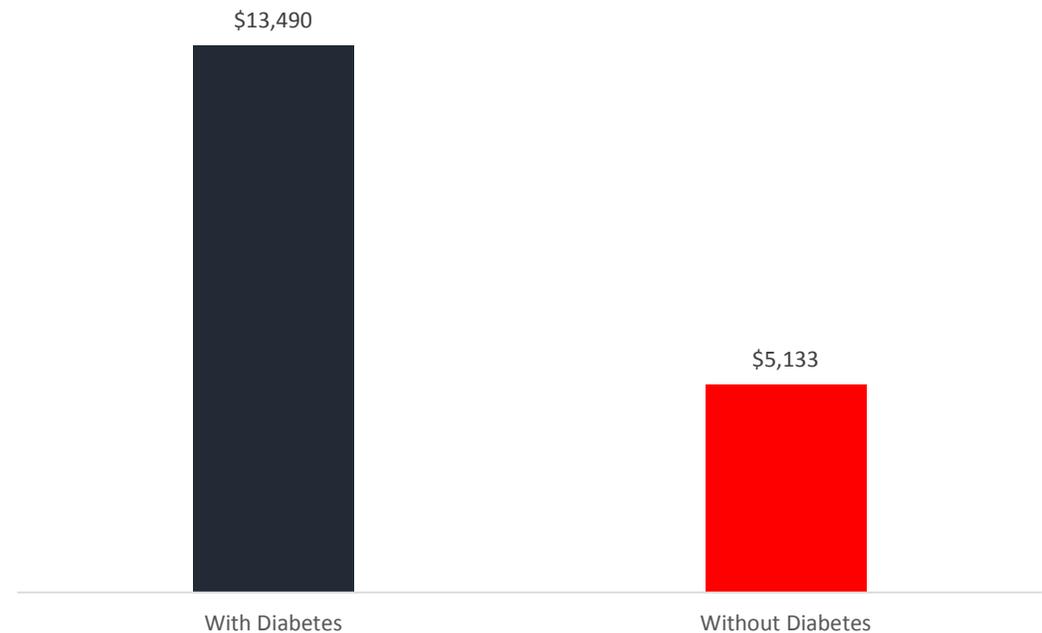
Service Utilization Among Medicaid and Uninsured Nonelderly Adults at or below 138% FPL, 2009



Source: Kaiser Commission on Medicaid and the Uninsured. The Role of Medicaid for People with Diabetes. November 2012.

- The average expenditure per beneficiary with diabetes is 2.6 times the expenditure for an enrollee without diabetes.

Total Annual Per Capita Health Expenditures Among Low-Income Adults Ages 18-64, by Diabetes Status, 2009



Source: Kaiser Commission on Medicaid and the Uninsured. The Role of Medicaid for People with Diabetes. November 2012.

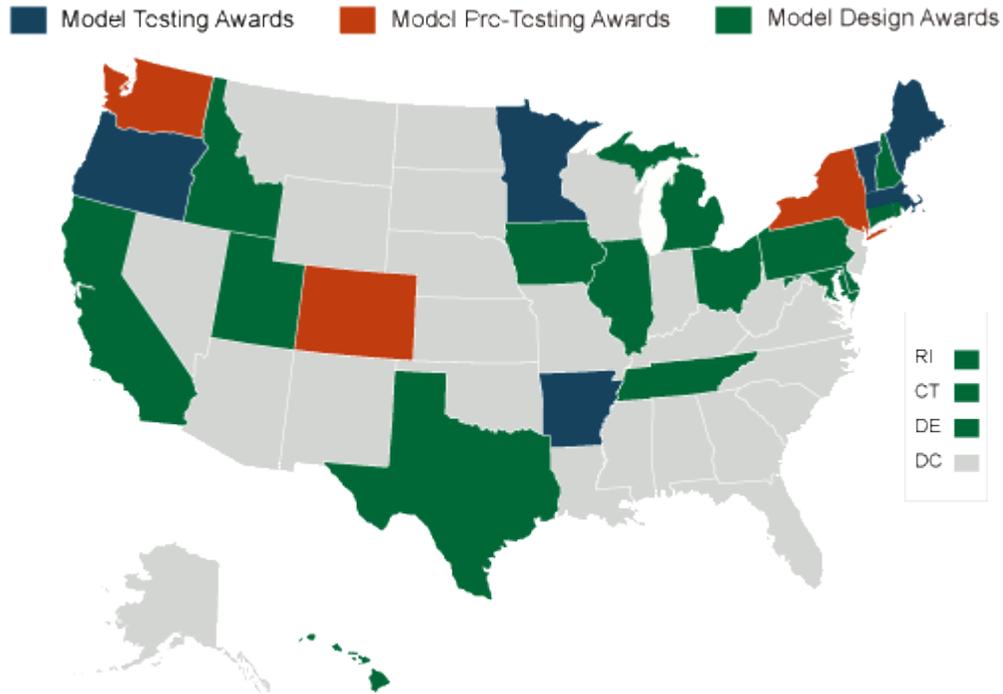
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- Focus on disease management
 - Integrated services under team based models
 - physical, behavioral, support services
 - Medicaid agencies are changing the way care is delivered in order to raise quality and cut costs

Payment and delivery system reform is taking many forms, with the central goals of creating a more sustainable program, and improving value for the money.

- Often targeted to a population or disease group.
- Usually have a payment component.
- Must have a measurable impact and be evidence based.
- Must fit within the construct of health care services.

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- Health homes
 - Accountable care organizations
 - Managed care and care management contracts
 - Payment reforms: bundled payments or case management

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- Affordable care act covers USPSTF services for new enrollees without cost sharing.
 - Also increases federal funds for preventive services for all enrollees at state option.
 - Now allows non-physicians to be reimbursed for preventive services at state option.



Source: Centers for Medicare & Medicaid Services

- 22 states participating in the State Innovation Model Grant.
- Covers all matters of multipayer reform – ACOs, health homes, bundled payments, and more

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