Florida Medicaid Program: An Overview

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Medicaid
A State and Federal Partnership

➤ In 1965, the federal Social Security Act was amended to establish two major national health care programs:

- Title XVIII (Medicare).

- Title XIX (Medicaid).

➤ Medicaid is jointly financed by state and federal funds.

➤ States administer their programs under federally approved state plans.

The Medicaid Program
Major Federal Requirements

➤ States must submit a Medicaid State Plan to the federal Centers for Medicare and Medicaid Services (CMS).

➤ Mandatory eligibility groups and services must be covered.

➤ Services must be available statewide in the same amount, duration and scope.

Medicaid Structure

➤ Federal Medicaid laws mandate certain benefits for certain populations.

➤ Medicaid programs vary considerably from state to state, and within states over time.

➤ State Medicaid programs vary because of differences in:

- optional service coverages.

- limits on mandatory and optional services.

- optional eligibility groups.

- income and asset limits on eligibility.

- provider reimbursement levels.

Medicaid Structure
(continued)

➤ Medicaid does not cover all low income individuals.

➤ Medicaid serves the most vulnerable; in Florida:

- 27% of children.

- 51.2% of deliveries.

- 63% of nursing home days.

- 1,094,709 adults - parents, aged and disabled.

Medicare vs. Medicaid

	Medicare	Medicaid
Enacted by Congress	*1965*	*1965*
Alternate Program Name	*Title XVIII*	*Title XIX*
Financing	*Employee/Employer Payroll Tax; Premiums; Federal General Revenue*	*Federal and State Governments – Matching Rates Based on Per Capita Income*
Eligibility	*Not Income Based; All Persons Age 65+; Certain Younger Persons on Social Security Disability or Based on Disability and Specific Condition (ESRD); Totally and Permanently Disabled (24 months)*	*Income Based; All Ages; Mandatory Eligibility Groups; Optional Eligibility Groups*

Cost Sharing	*Part A Premium* *For most there is no premium. Buy-in available for those not otherwise qualified ($443 for 2009)*
	
	Part A Deductible *$1,068/Benefit Period (2009)*
	Part B Premium *$96.40 (2009)*
	Part B Deductible *$135 (2009)*
	Part B Coinsurance *20%*
	Part D Coinsurance up to 25% / Annual Deductible $295
	   Co-payments are variable with Income
	   Low Income Subsidies are provided for the above
		Nominal; Spend Down for Medically Needy Individuals

Administering Agency	*HHS/CMS/Carriers – Financed by Federal Government and Beneficiary Cost Sharing*	*States – Jointly Financed by State and Federal Governments; Medicaid Programs Vary by State*
Benefits	*Part A* *Hospital Insurance for Hospital Care, Skilled Nursing Facilities, Hospice and Some Home Health Care (Qualifying Contributions)* *Part B* *Medical Insurance for Physician Services, Outpatient Care and Other Medical Services* *Part C* *Medicare+Choice – Health Maintenance Organization Coverage* *Part D* *Medicare Prescription drug Insurance*	*Acute and Long Term Care; Federal Mandated Services and State Optional Services*

Florida Medicaid – A Snapshot

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Expenditures	• $17.9 billion estimated spending in Fiscal Year 2009-10 • Federal-state matching program –67.64% federal, 32.36% state. • Florida will spend approximately $6,625 per eligible in Fiscal Year 2009-2010. • 36% of all Medicaid expenditures are fee for service expenditures for institutions such as hospitals, nursing homes, Intermediate Care Facilities for the Developmentally Disabled (ICF/DD's); • 7.5 % of all Medicaid expenditures cover Home and Community Based Services (including Nursing Home Diversion) • 10% of all Medicaid expenditures cover prescription drugs. • Fifth largest nationwide in Medicaid expenditures.
Eligibles	• 2.6 million eligibles. • Elders, disabled, families, pregnant women, children in families below poverty. • Fourth largest Medicaid population in the nation.
Providers/Plans	• Approximately 80,000 Fee-For-Service providers • 23 Medicaid Managed Care plans (16 HMOs and 7 PSNs).

Who's Eligible?

> Medicaid eligibility is determined by:

- Categorical groups, i.e., pregnant women; families and children; and aged, blind, and disabled individuals.

- Income.

- Assets.

- Citizenship.

- Residency.

- Cooperation with Child Support Enforcement (when one or both parents are absent from the home).

- Medical need for home and community-based services, and persons in nursing facilities.

- Level of medical bills (for Medically Needy).

Florida Medicaid Mandatory Services

- Advanced Registered Nurse Practitioner Services
- Early & Periodic Screening, Diagnosis and Treatment of Children (EPSDT)/Child Health Check-Up
- Family Planning
- Home Health Care
- Hospital Inpatient
- Hospital Outpatient
- Independent Lab
- Nursing Facility
- Personal Care Services

- Physician Services
- Portable X-ray Services
- Private Duty Nursing
- Respiratory, Speech, Occupational Therapy
- Rural Health
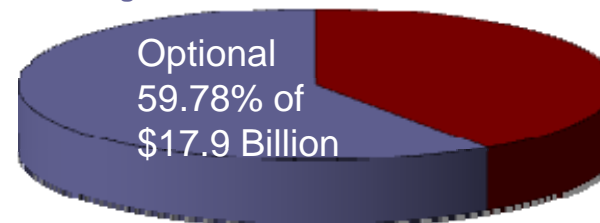- Therapeutic Services for Children
- Transportation

Florida Medicaid Mandatory Services for All Eligibles FY 2009-10

Mandatory 40.22% of $17.9Billion
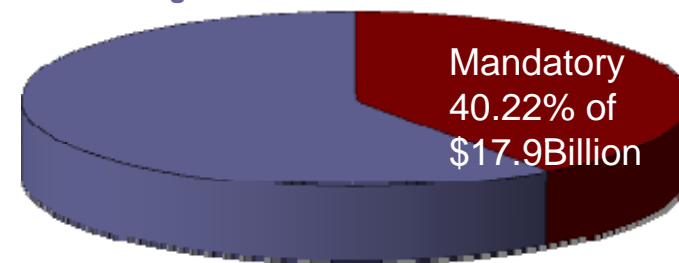
Florida Medicaid Optional Services*

- Adult Dental Services
- Adult Health Screening
- Ambulatory Surgical Centers
- Assistive Care Services
- Birth Center Services
- Children's Dental Services
- Hearing Services
- Vision Services
- Chiropractic Services
- Community Mental Health
- County Health Department Clinic Services
- Dialysis Facility Services
- Durable Medical Equipment
- Early Intervention Services
- Healthy Start Services
- Home and Community-Based Services
- Hospice Care

- Intermediate Care Facilities/ Developmentally Disabled
- Intermediate Nursing Home Care
- Optometric Services
- Orthodontic Services
- Physician Assistant Services
- Podiatry Services

- Prescribed Drugs
- Primary Care Case Management (MediPass)
- Registered Nurse First Assistant Services
- School-Based Services
- State Mental Hospital Services
- Subacute Inpatient Psychiatric Program for Children
- Targeted Case Management)

*States are required to provide any medically necessary care required by child eligibles.

Florida Medicaid Optional Services for All Eligibles FY 2009-10

Optional 59.78% of $17.9 Billion

Who Can Provide Medicaid Services?

➤ Any willing health care practitioner or entity who:

- provides one of the Medicaid covered services;

- submits an application to Medicaid;

- is licensed or certified to practice in the State of Florida;

- is not terminated from any government health care program; and

- signs an agreement with Medicaid.

➤ Managed Care plans with appropriate provider networks.

Institutional Providers / Other

➤ Institutional Providers / Other

  ▪ Examples of provider types:

    ➢ Inpatient Hospitals

    ➢ Outpatient Hospitals

    ➢ Nursing Homes

    ➢ Intermediate Care Facilities for Developmentally Disabled (ICF/DD)

    ➢ Rural Health Clinics (RHCs)

    ➢ County Health Departments

    ➢ Federally Qualified Health Centers

    ➢ Pharmacy

Fee For Service Providers

➤ Fee for Service Providers

- Examples of provider types:
  - ➤ Physician Services
  - ➤ Home Health Services
  - ➤ Dental Services
  - ➤ Transportation (Emergency and Non-Emergency)
  - ➤ Dialysis
  - ➤ Nurse Practitioners
  - ➤ Laboratory and X-Ray
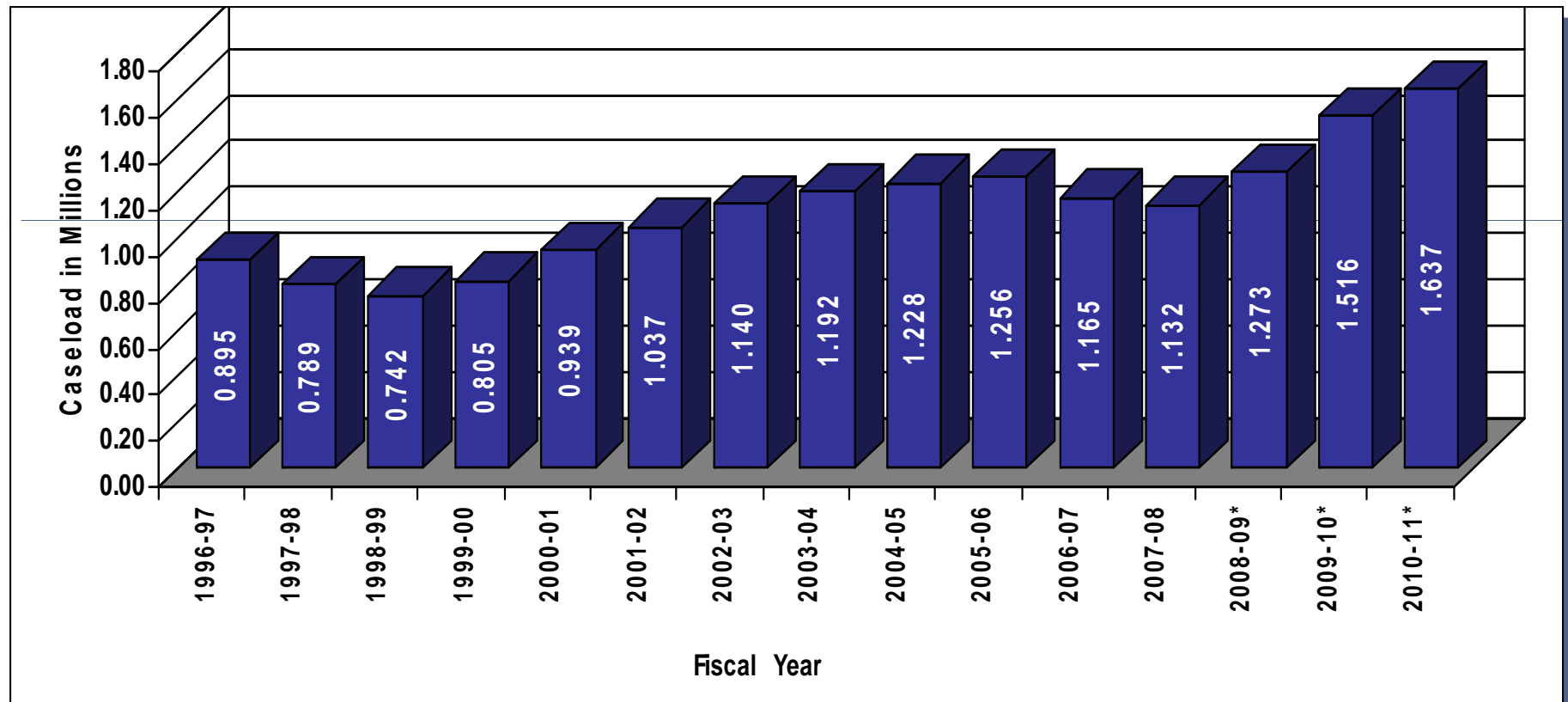
Growth in Medicaid
Average Monthly Caseload
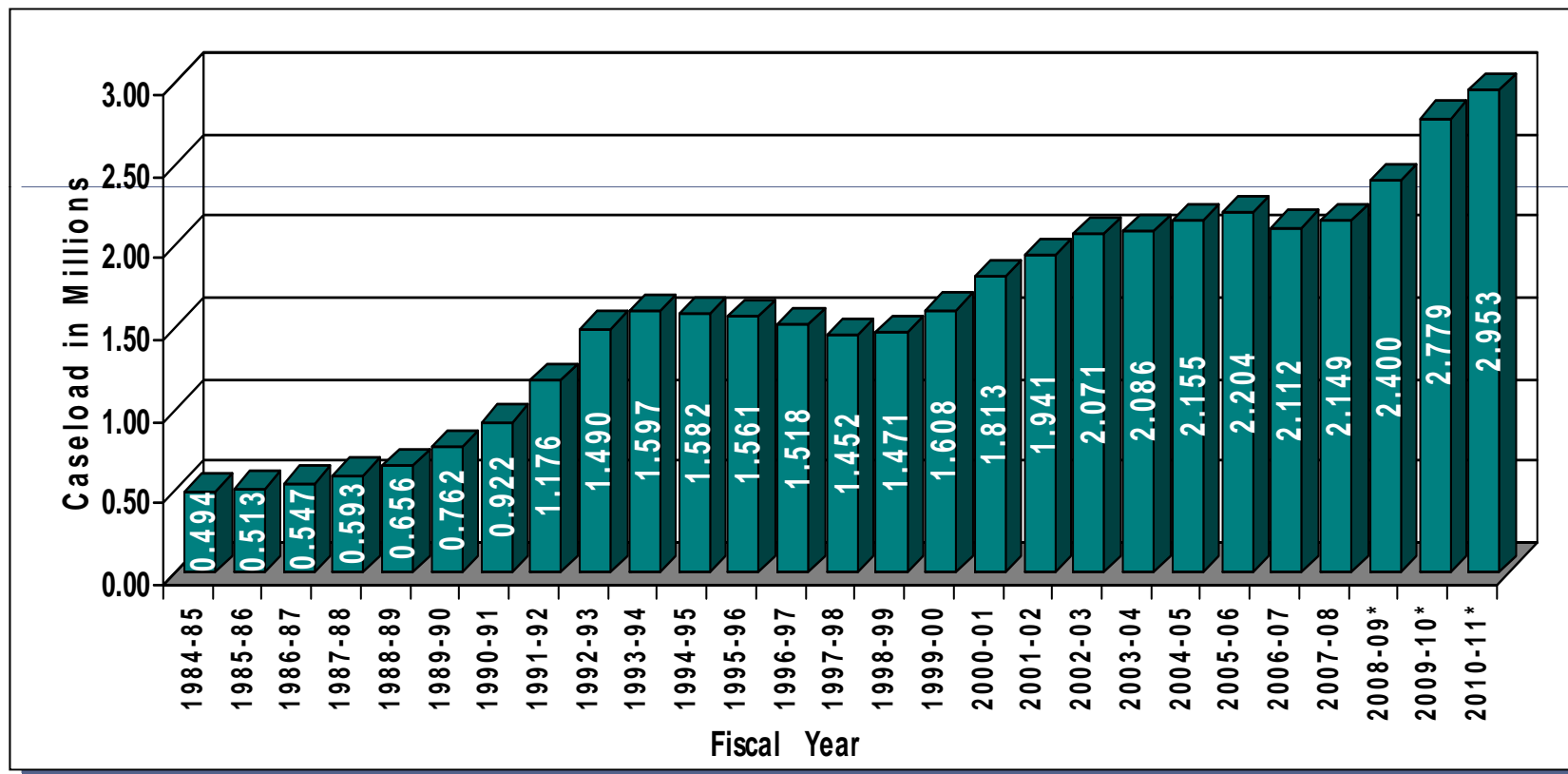
Source: Medicaid Services Eligibility Subsystem Reports.
*FY 2008-09 October 2009 Caseload Social Services Estimating Conference.
*FY 2009-10 October 2009 Caseload Social Services Estimating Conference.
*FY 2010-11 October 2009 Caseload Social Services Estimating Conference.

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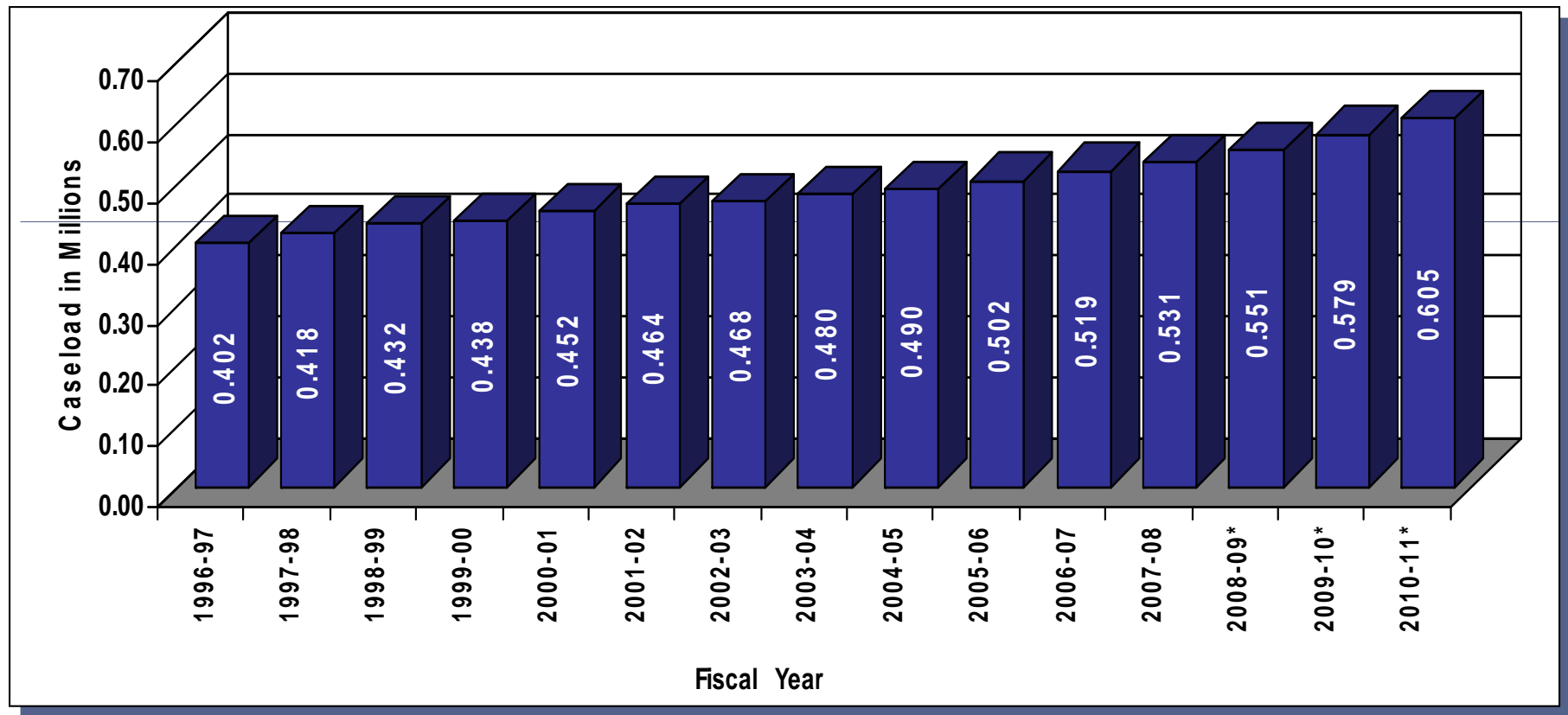# Growth in Medicaid
Average Monthly Caseload for TANF

Source: Medicaid Services Eligibility Subsystem Reports. Caseload includes TANF and SOBRA Children
*FY 2008-09 October 2009 Social Services Estimating Conference.
*FY 2009-10 October 2009 Social Services Estimating Conference.
*FY 2010-11 October 2009 Social Services Estimating Conference.

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Growth in Medicaid
Average Monthly Caseload for SSI

Source: Medicaid Services Eligibility Subsystem Reports.
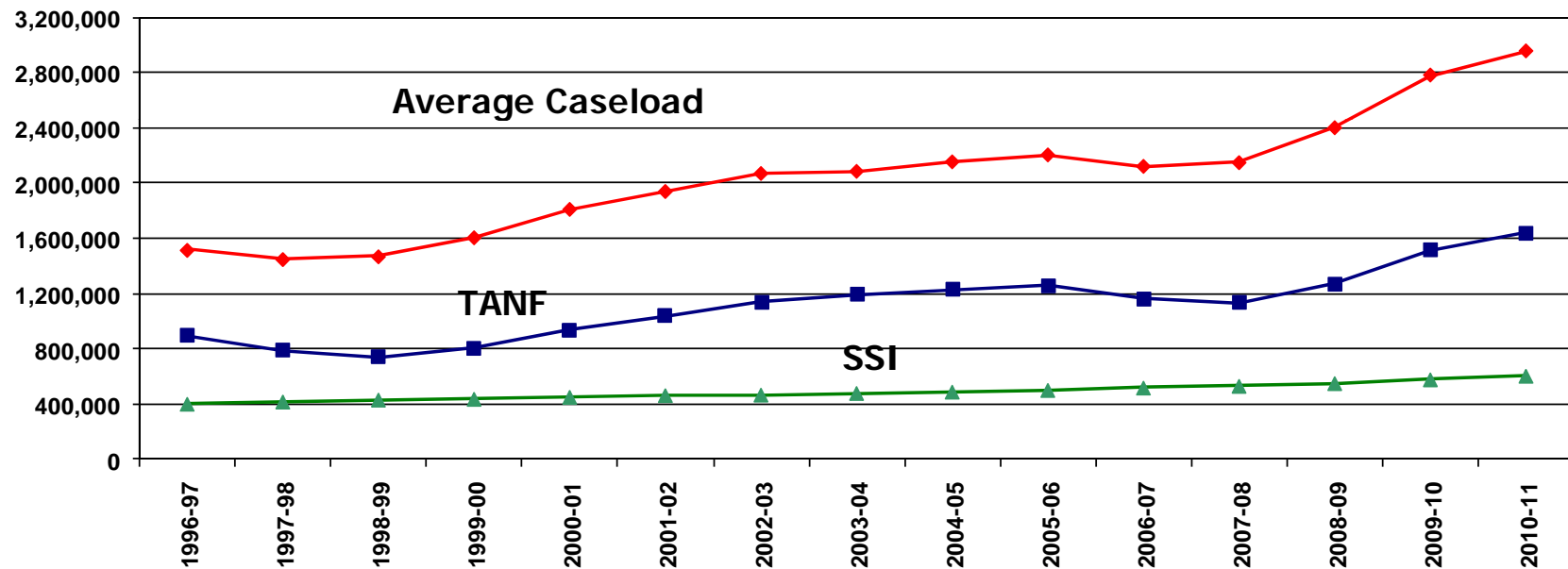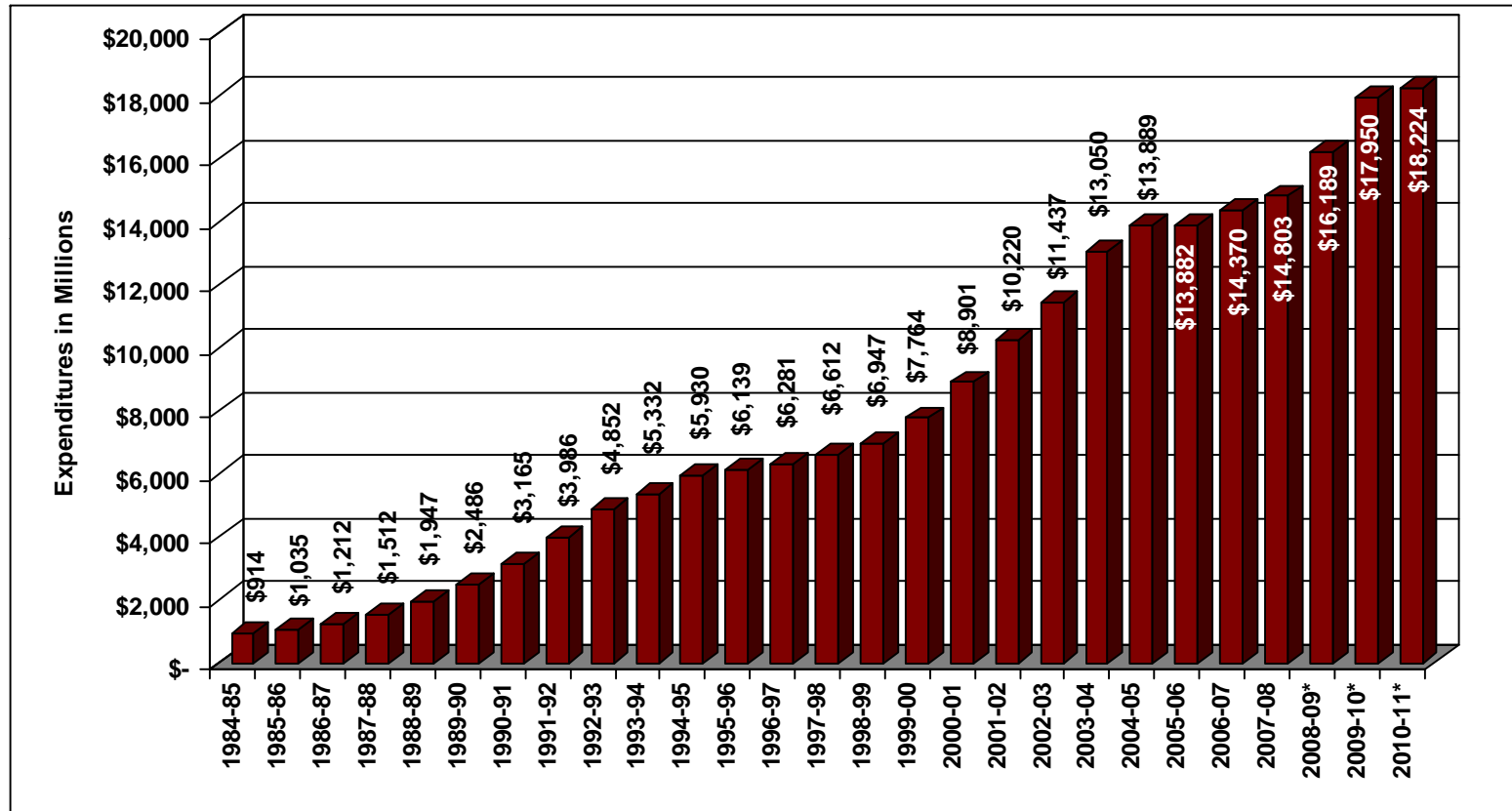*FY 2008-09 October 2009 Social Services Estimating Conference.
*FY 2009-10 October 2009 Social Services Estimating Conference.
*FY 2010-11 October 2009 Social Services Estimating Conference.

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Title XIX Federal Medical Assistance Percentage (FMAP)

Federal Fiscal Year	Federal Share	State Share	Total
2005	58.89%	41.11%	100%
2006	58.76%	41.24%	100%
2007	56.83%	43.17%	100%
2008	55.40%	44.60%	100%
2009*	67.64%	32.36%	100%
2010	60.71%	39.29%	100%

*American Recovery and Reinvestment Act of 2009

Growth In Medicaid Service Expenditures

Source: Medicaid Services' Budget Forecasting System Reports.
*FY 2008-09 February 2009 Social Services Estimating Conference.
*FY 2009-10 August 2009 Social Services Estimating Conference.
*FY 2010-11 August 2009 Social Services Estimating Conference.

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TANF and SSI Related Eligibility Groups for 2009-10

	Total Budget	Avg Monthly Caseload	Per Member Per Month
Supplemental Security Income (SSI)	$10,067,890,630	569,947	$1,472
Temporary Assistance for Needy Families (TANF)	$2,284,211,520	813,834	$234
Medically Needy	$900,474,023	30,892	$2,429
Children < = 100% of Poverty	$905,881,537	589,546	$128
Children > 100% of Poverty	$134,416,245	65,423	$171
Children – Medicaid Expansion Under Title XXI	$2,903,600	754	$321
Pregnant Women < = 100% of Poverty	$582,931,247	64,447	$754
Pregnant Women > 100% of Poverty	$134,629,769	14,439	$777
Family Planning Waiver	$7,761,544	60,940	$11
Categorically Eligible	$479,368,960	218,447	$183
Elderly and Disabled (MEDS AD)	$465,892,486	28,861	$1,345
Qualified Medicare Beneficiaries (QMB/SLMB/QI)	$390,640,215	243,373	$134
Refugee General Assistance	$20,262,806	8,558	$197
Other	$1,572,356,190	N/A	N/A
Total	$17,949,620,772	2,709,461	$552

Medicaid Budget - How it is Spent
## Fiscal Year 2008-09
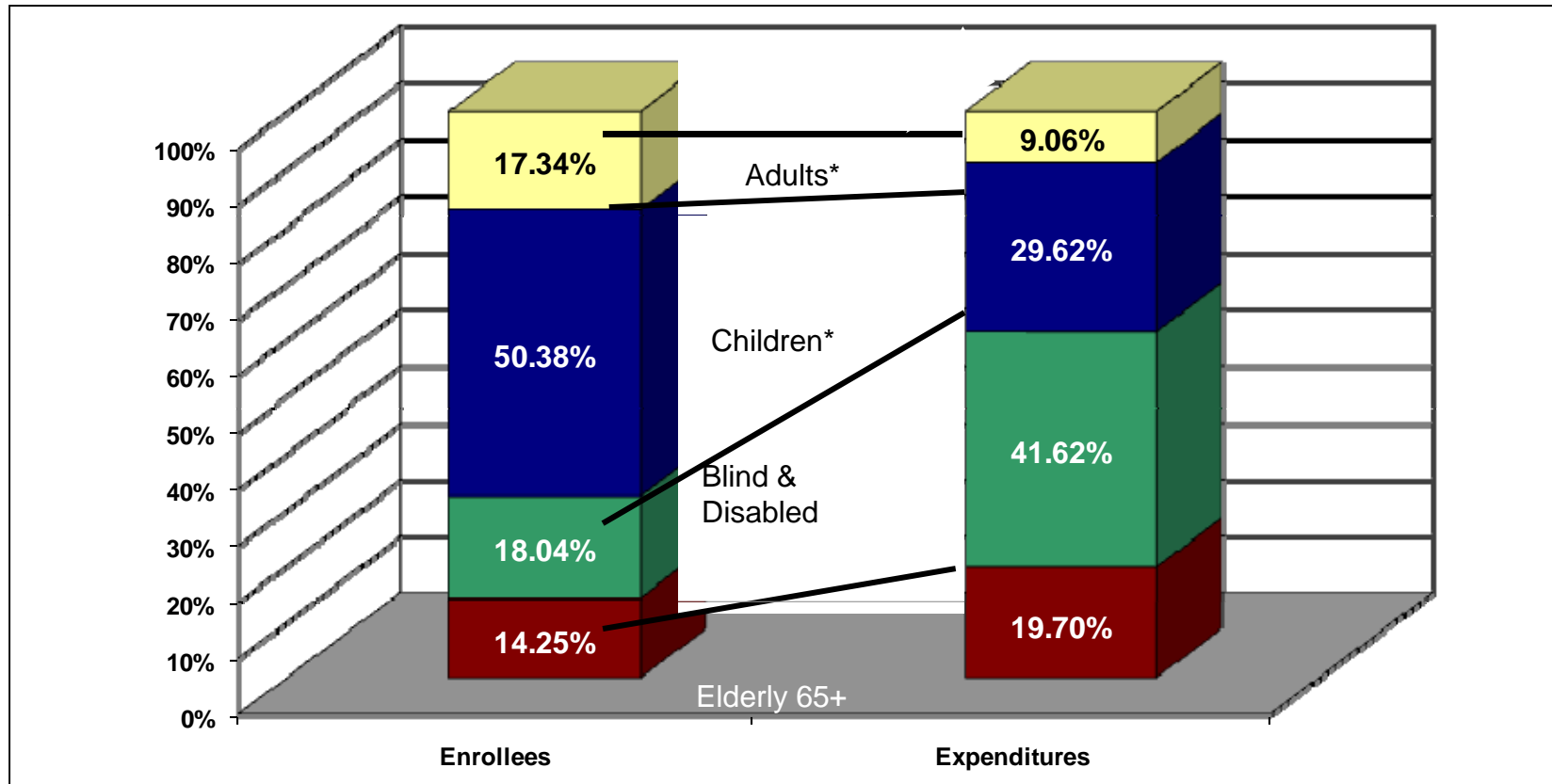
* Adults and children refers to non disabled adults and children.

Medicaid Spending for Fiscal Year 2009-10

Service	FY 2009-10 Estimated Spending	Percent of Total
Prepaid Health Plans	$3,049,822,245	16.99%
Nursing Home Care	$2,731,595,595	15.22%
Hospital Inpatient Services	$2,652,939,259	14.78%
Prescribed Medicine/Drugs & Part D	$1,750,639,097	9.75%
Low Income Pool	$1,123,827,163	6.26%
Supplemental Medical Insurance	$1,012,090,511	5.64%
Home & Community Based Services	$1,007,403,380	5.61%
Physician Services	$845,256,049	4.71%
Hospital Outpatient Services	$757,610,037	4.22%
Intermediate Care Facility/DD	$353,147,413	1.97%
Nursing Home Diversion Waiver	$338,177,730	1.88%
Hospice Services	$326,477,115	1.82%
Disproportionate Share Hospital Payments	$246,570,577	1.37%
Home Health Services	$182,424,528	1.02%
Hospital Insurance Benefits	$160,656,859	0.90%
Other	$1,410,983,214	7.86%
Total	$17,949,620,772	100.00%

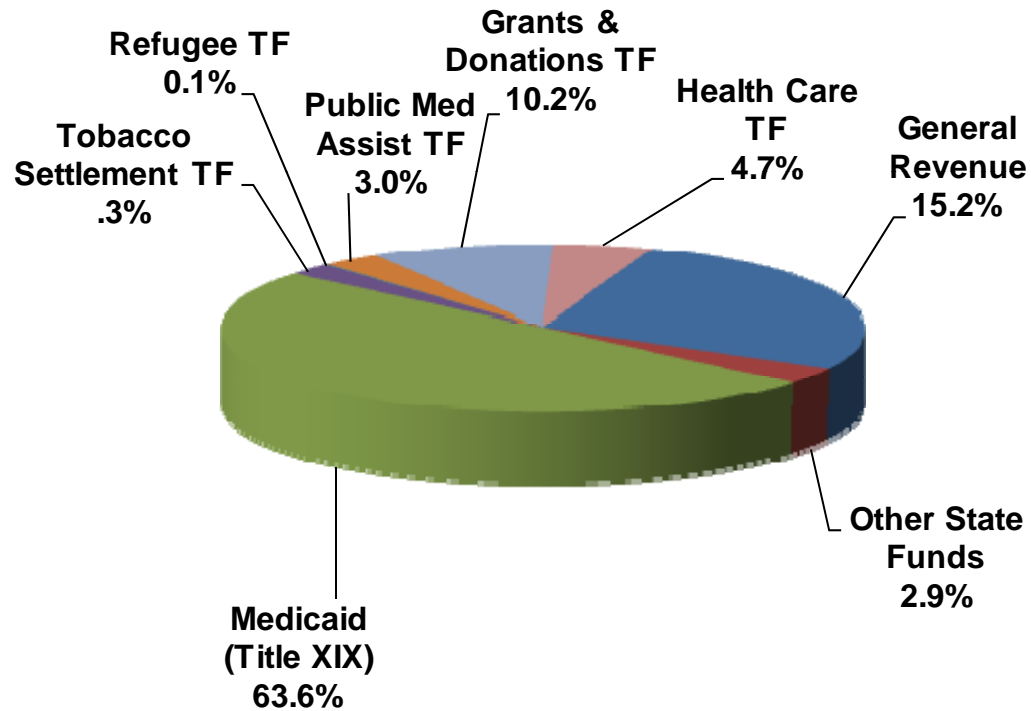Estimated Fiscal Year 2009-10 Medicaid Expenditures By Appropriation Category
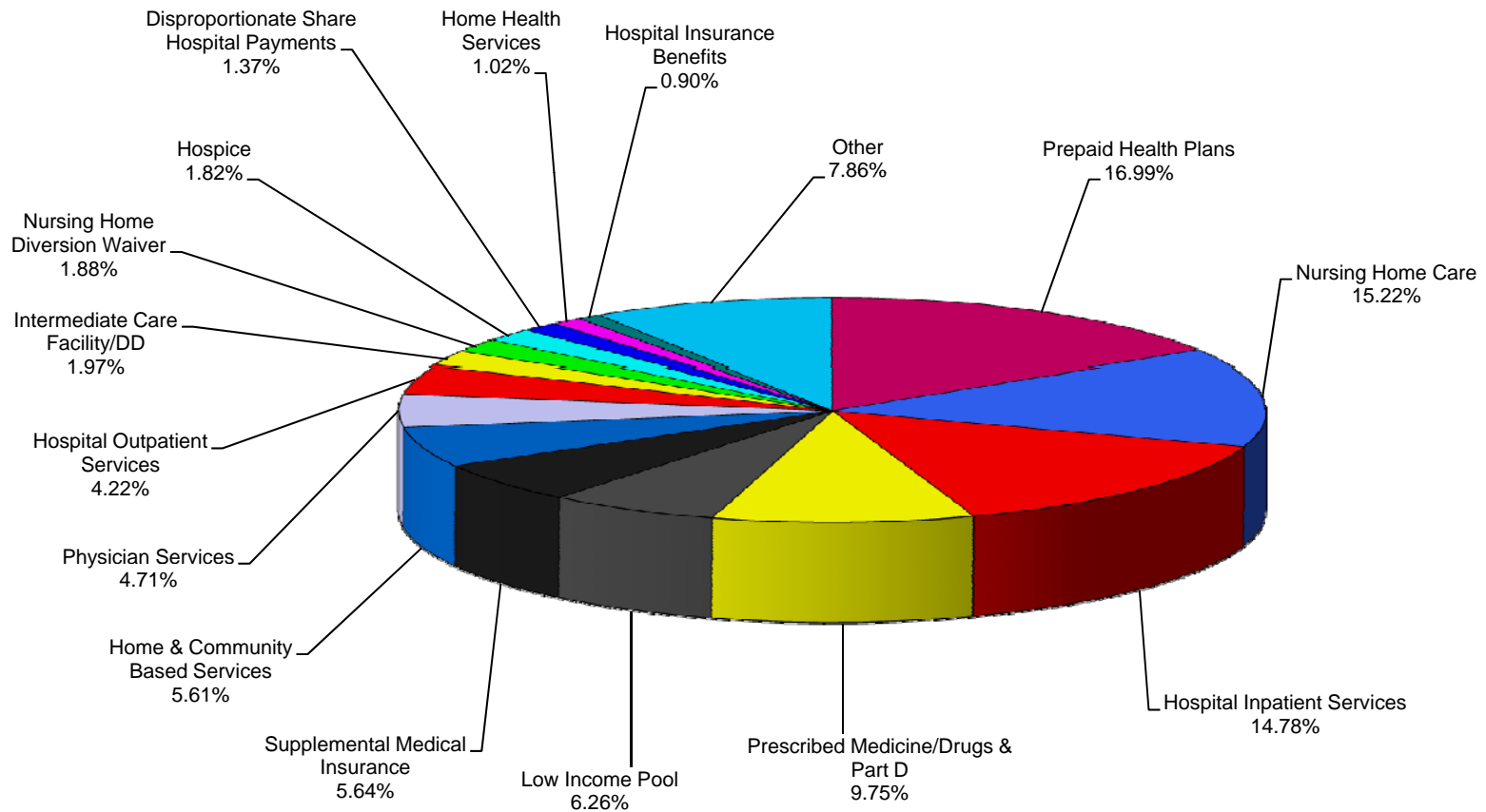
Top 5 Medicaid Services Expenditures on Average
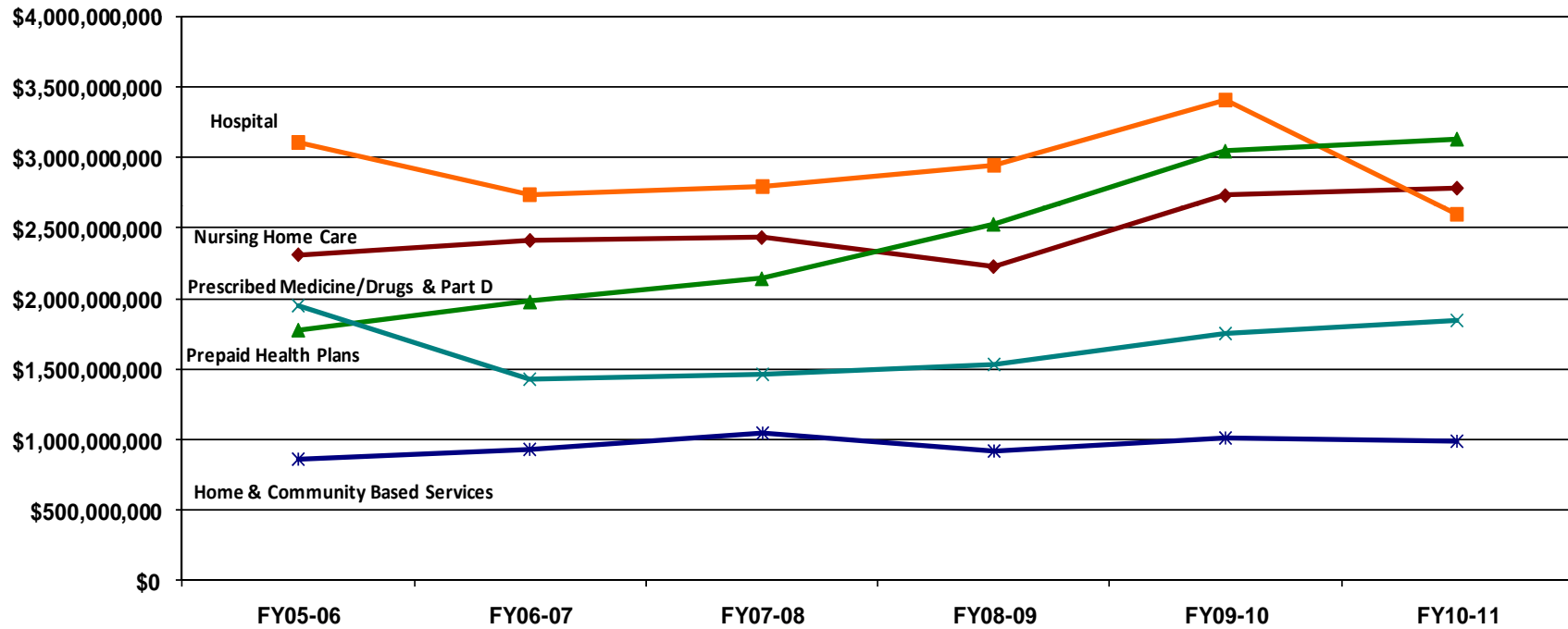
Medicaid Budget by Fund Source FY 2009-10 - $17.9B

In Millions	
Medicaid (XIX)	$11,394.0
General Revenue	$2,733.4
Grants & Donations	$1,846.0
Health Care TF	$851.0
Other State Funds	$514.1
PMATF	$538.2
Tobacco Settlement	$52.6
Refugee	$20.3
TOTAL	$17,949.6

Pie chart labels:
- Refugee TF 0.1%
- Tobacco Settlement TF .3%
- Public Med Assist TF 3.0%
- Grants & Donations TF 10.2%
- Health Care TF 4.7%
- General Revenue 15.2%
- Other State Funds 2.9%
- Medicaid (Title XIX) 63.6%

Source: August 2009 Social Services Estimating Conference

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Medicaid Program
Grants & Donations Trust Fund
# FY 2009-10

Sources of Funds (millions)

Local IGT's $1,183.3

Rebates (F) $436.0

Rebates (S) $208.6

Fraud/Abuse $19.0

TOTAL $1,846.9

Fraud & Abuse 1%

Drug Rebates (State) 11%

Drug Rebates (Federal) 24%

Local IGT's 64%

Source: August 2009 Social Services Estimating Conference

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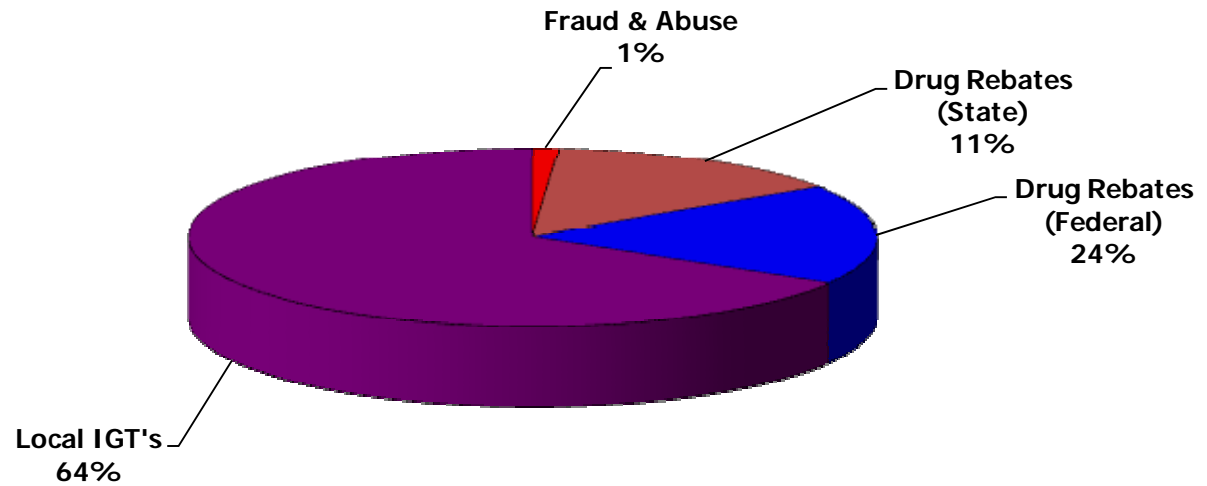
Medicaid Program
Intergovernmental Transfers (IGT's)
FY 2009-10

Sources of Funds (millions)

Hospital LIP	$360.55
Hospital IP	$310.23
DSH Program	$110.26
Hospital OP	$90.07
Other	$312.16
TOTAL	$1,183.27
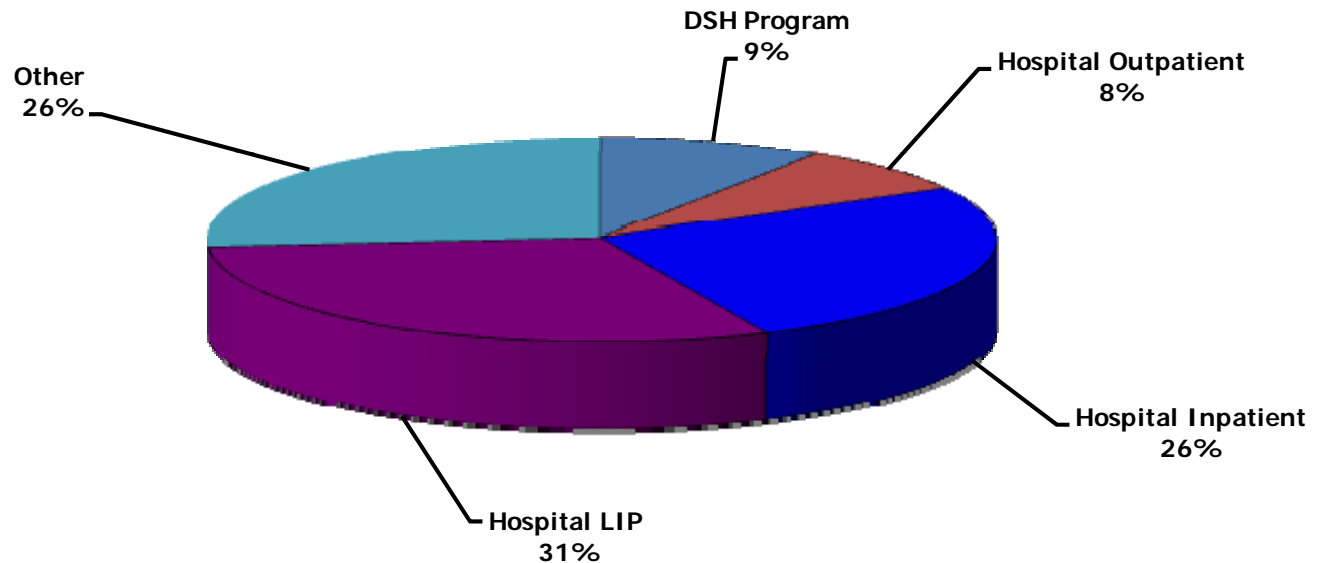
Source: August 2009 Social Services Estimating Conference

Questions?