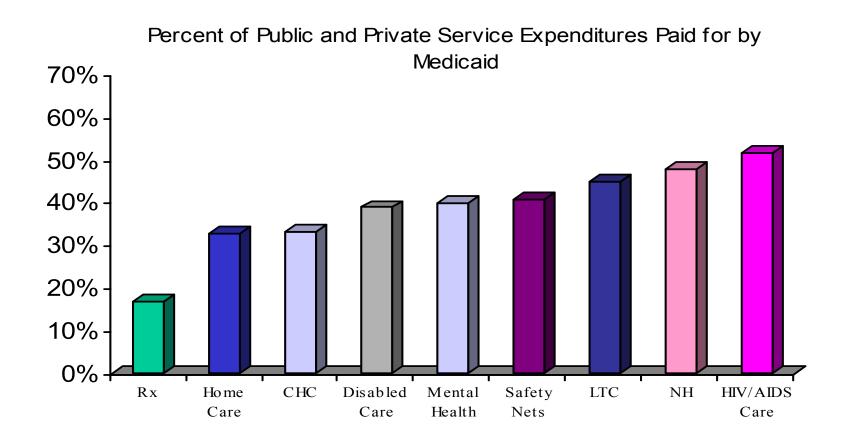


# Setting the Stage for Federal Action on Medicaid Reform

June 6, 2006

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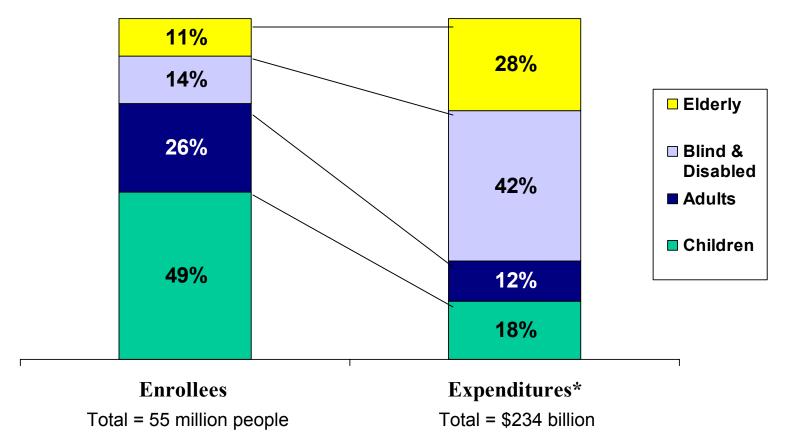
# Medicaid Is a Key Payer of a Wide Range of Services



Sources: "Medicaid and the Uninsured, Medicaid Spending Growth" Vernon Smith e. al, Kaiser; "Health Spending and Future of Medicaid," remarks Alan Weil, sponsor Health Affairs; and AARP Beyond 50, 2003 from GAO.

## Elderly and People with Disabilities Account for 70% of Medicaid Spending

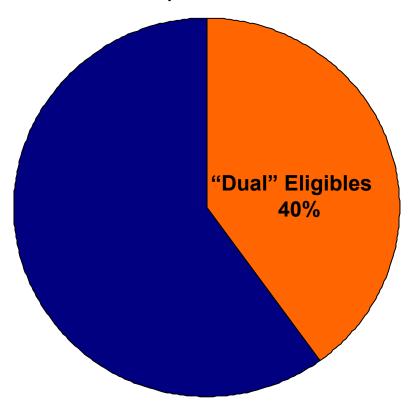
#### **Enrollees/Expenditures by Group, 2003**



<sup>\*</sup>Total expenditures exclude administrative expenses, vaccines for children, DSH, and other provider payments. Source: Kaiser Foundation, "The Medicaid Program at a Glance" Fact Sheet, 2006.

# 4 Out of 10 Medicaid Dollars are Spent on Medicare Beneficiaries

Total Medicaid Expenditures = \$267 billion

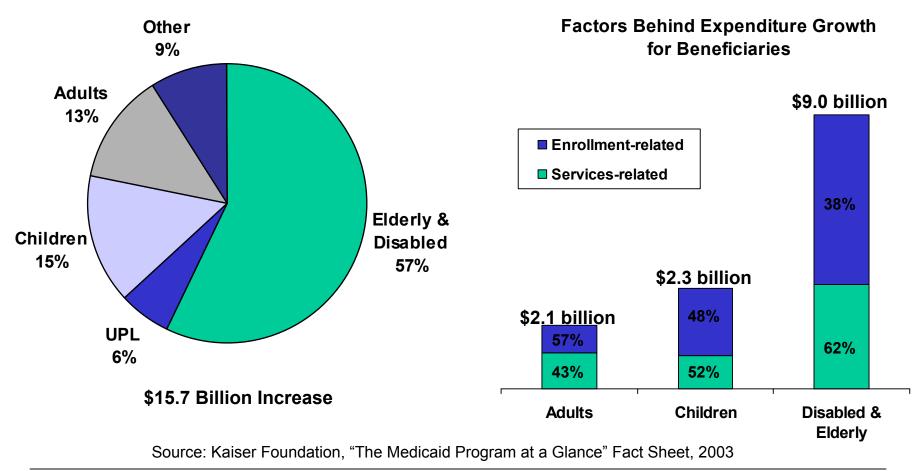




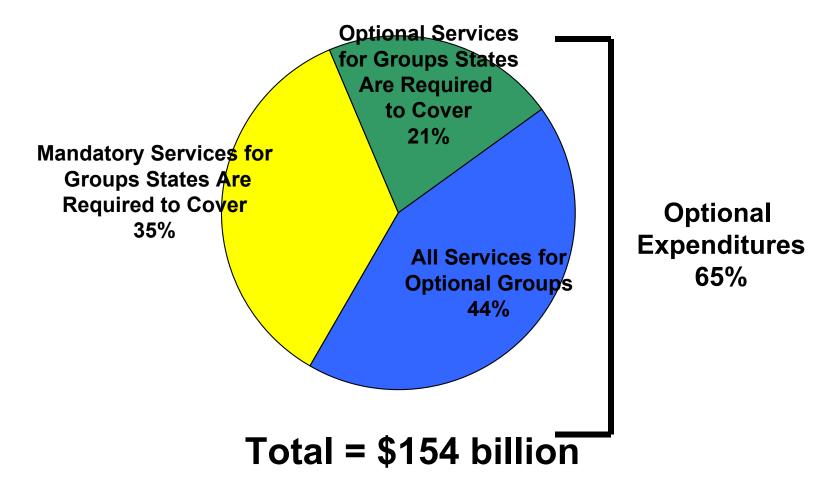
"A perfection of means, and confusion of aims, seems to be our main problem."

Albert Einstein

### Sources of Growth in Federal Medicaid Expenditures, 2001-2002



## Medicaid Expenditures by Eligibility Group and Type of Service, 1998



NOTE: Expenditures do not include DSH payments, administrative costs, or accounting adjustments.

Source: Urban Institute estimates, based on data from Federal fiscal year 1998 HCFA 2082 and HCFA-64 reports, 2001.

#### States have Pursued Many Reforms

- Cost-Sharing Increases: Impose premiums or non-nominal costsharing for services
- Preferred Drug Lists & Supplemental Rebates: Shift beneficiaries to lower-cost drugs and negotiate additional rebates from manufacturers
- Multi-State Purchasing Pools: Increase state negotiating leverage by collectively purchasing prescription drugs
- Limited Benefits and Benchmark Plans: Provide slimmer or enhanced benefits to targeted populations
- Premium Assistance: Medicaid pays premiums for beneficiaries to enroll in ESI
- Coverage Expansions: Provide Medicaid coverage for expansion populations (e.g. childless adults)
- LTC Integration Projects & HCBS: Improve coordination of care for dual eligible beneficiaries and Medicaid beneficiaries receiving LTC services
- Medicaid Managed Care: Provide some or all Medicaid services through capitated MCOs