

Medicaid: Funding Threats, Reform Opportunities & Foundation Engagement

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Presentation Outline

Part I: Threats to the Health Safety Net in
2018 & Beyond

Part II: The Current Health Landscape on Capitol Hill
and in the Administration

Part III: Future Trends & Where Aging Foundations Can
be Leaders

JFNA's Strategic Health Resource Center

- JFNA represents 147 federations and 300 network communities
- 15 Leading academic medical centers
- 100 Jewish aging communities
- 125 Jewish family & children's agencies

Core Policy Priorities

- Protecting and strengthening the health care safety net of Medicaid and Medicare
- Promoting health care system transformation and innovation
- Seeking long-term care financing solutions
- Advancing behavioral health care system improvements and prevention
- Easing strain on family caregivers

A Version of Cost Containment



Medicaid 101

WHAT IS MEDICAID?

- 1965
- Entitlement (anyone who meets the criteria has the right to be covered)
- Health and long-term care insurance for low-income
- Federal-state partnership
 - State governments administer
 - Federal government oversees
- Has income requirements

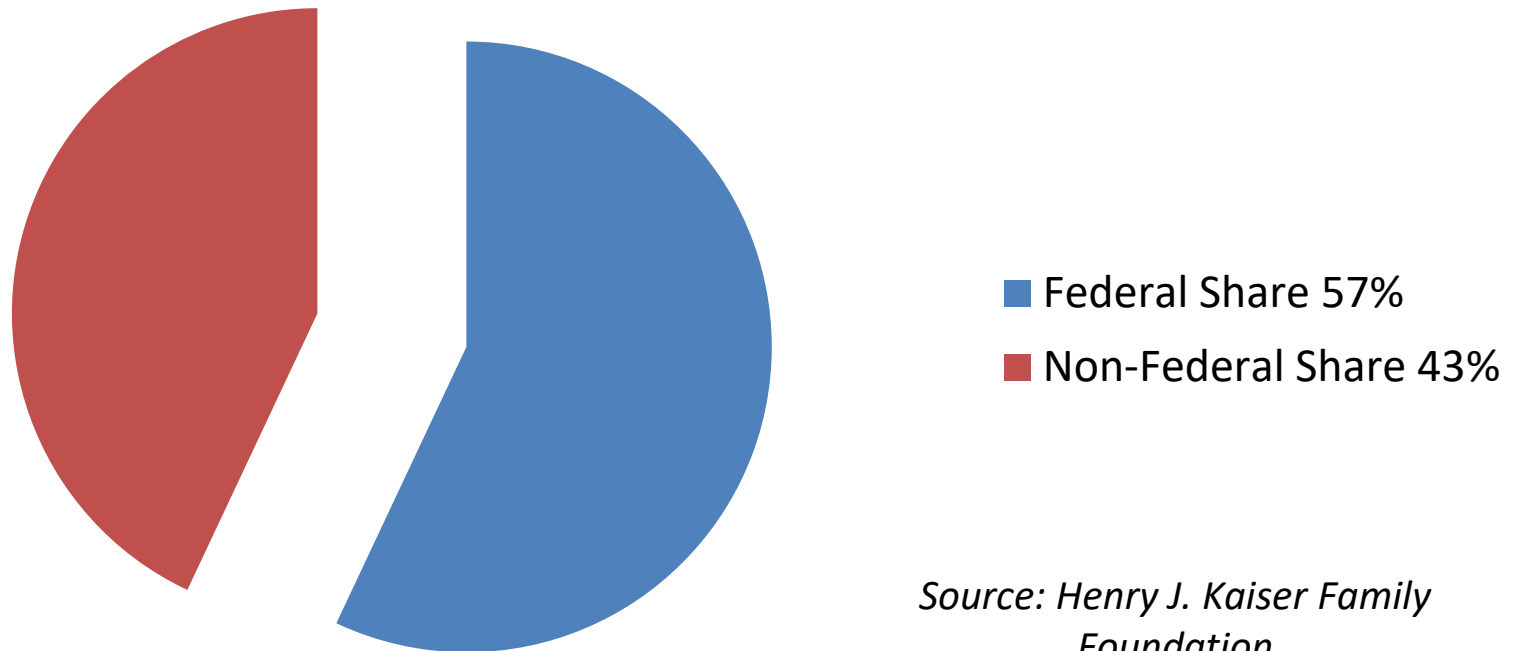
Medicaid 101

MEDICAID AS A FUNDER OF JFNA'S PARTNER AGENCY NETWORK

\$6 Billion Per Year

Medicaid 101

WHO FUNDS MEDICAID?

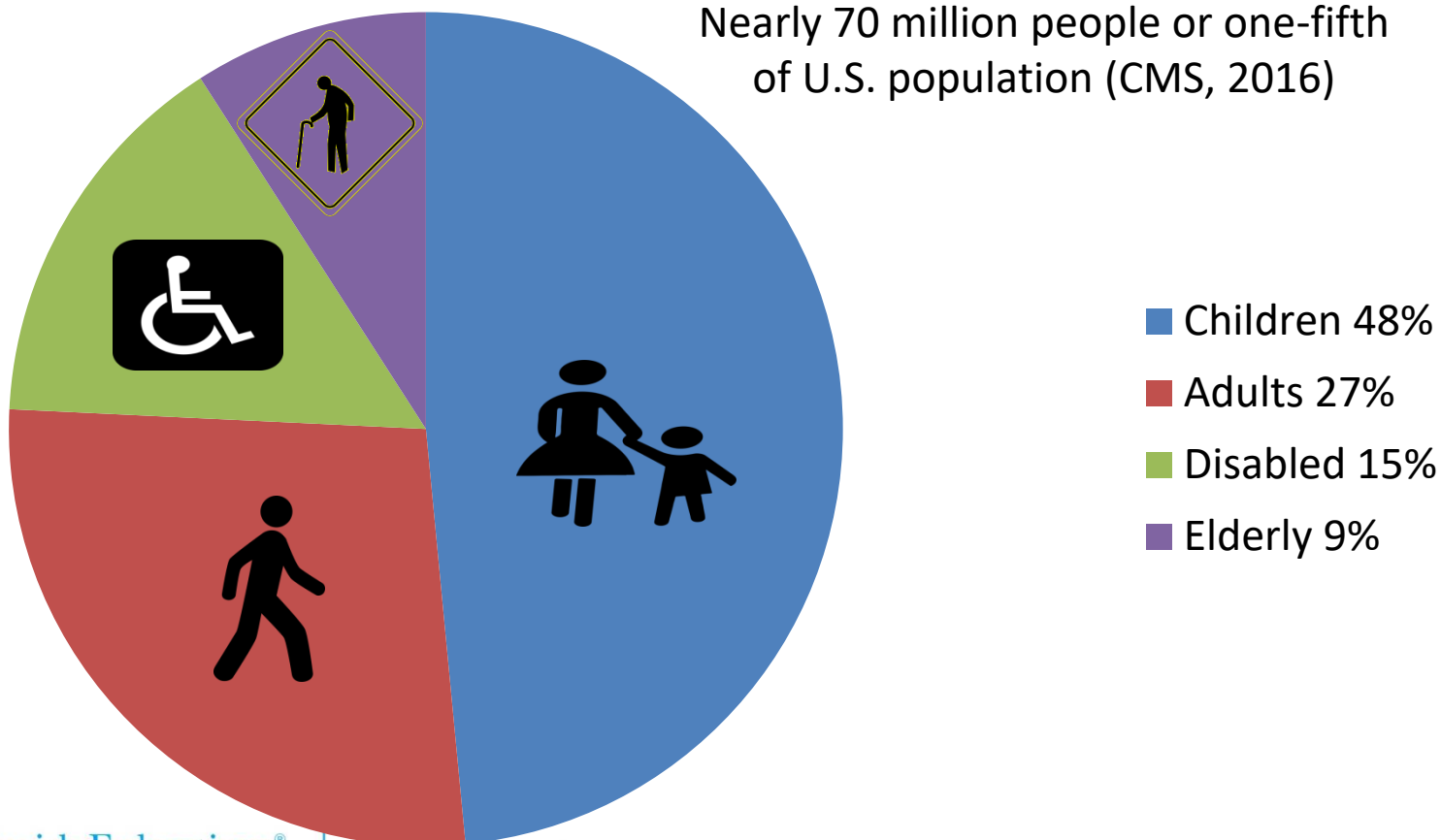


Source: Henry J. Kaiser Family Foundation

Medicaid 101

WHO DOES MEDICAID SERVE?

Nearly 70 million people or one-fifth of U.S. population (CMS, 2016)



Medicaid 101

HOW DOES MEDICAID HELP?

- Increases low-income patients' access to services, allowing them to live healthier, more productive lives
- Reduces uncompensated care costs
- **Drives health care economy, accounting for 16% of all U.S. health care spending and 17% of hospital spending, as well as state and local economies**

2018 Medicaid Landscape

- Medicaid: Work Requirements, Caps, & other obstacles: Establishing a national resource center for states
- Medicaid: Block Grant or Per Capita Cap
- Mental Health Changes & the Opioid Crisis
- Immigration & The Public Charge

Medicaid Threats



BLOCK GRANT VS. PER CAPITA CAP

Block Grant: Fixed amount of federal funding regardless of the number of Medicaid beneficiaries or health care cost increases

Per Capita Cap: Fixed amount of federal funding per beneficiary regardless of unexpected increases in health care costs (e.g., epidemic, difficult to treat condition, more expensive new treatments)



Medicaid Threats

IMPACT OF A BLOCK GRANT OR PER CAPITA CAP?

- **NO** federal entitlement
- Cuts federal Medicaid funding by \$1 trillion over 10 years = 30-35% cut Would affect vulnerable populations and providers most at risk (including poor children, poor elderly, individuals with disabilities, nursing home and community-based long-term care providers, safety net hospitals, and clinics)

Medicaid Threats

IMPACT OF A BLOCK GRANT OR PER CAPITA CAP FOR STATES AND STATE ECONOMIES

- Shifts substantial costs to states, providers, and beneficiaries
- Provider payments could drop 
- Health care job losses could rise 

Administrative Action

- Waivers
- Executive Orders
- Regulations

Trends In 1115 Waivers

- Work requirements
- Premiums and Cost Sharing
- Waiving non-emergency medical transportation (NEMT)

The Public Charge

- Proposed Regulation Focusing on *Documented* Immigrants. Seeks to count use of health and human services against visa extensions and green card applications. These services include:
 - Medicaid (sans Emergency Department Use)
 - Medicare Part D. Low Income Subsidies
 - Supplemental Security Income
 - Long-Term Care Benefits in an Institution

Health & Aging



"You're fifty-seven years old. I'd like to get that down a bit."

JFNA Medicaid Reforms

- Rebalance Medicaid to fund home and community based services without a waiver
- Promote telehealth and health information technology
- Increase care coordination and integration
- Promote prevention
- Expand the hospice benefit

Money Follows the Person (MFP)

- 2005; bipartisan (signed by President Bush)
- Gets older adults and people with disabilities back home (75,000+)
- Improved patient outcomes/quality of life/saved Medicaid \$\$ (Mathematica, 2017)
- 47 states
- Expired September 30, 2016

SHRC Accomplishments

- Threats to Medicaid Defeated:
 - 1) American Health Care Act: passed the House, fails in Senate.
 - 2) Better Care Reconciliation Act: defeated in the Senate.
 - 3) Graham-Cassidy: pulled from a vote in the Senate.

SHRC Accomplishments

- Permanently Repealed Medicare Therapy Caps
- Provided funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program for 5 yrs.
- Delayed Medicaid Cuts to Safety Hospitals for two more years

SHRC Accomplishments

- Extended and Expanded the Medicare Independence at Home program
- Expanded telehealth services in Medicare & ACO's
- Passage of the Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act
 - Creates Advisory Council on family caregiving
 - Incentives federal agencies to work together on family caregiving issues

SHRC Objectives in 2018 & Beyond

- Remain vigilant about Medicaid & Medicare Funding Threats
- Serve as national resource on strategy for state-driven Medicaid waivers
- Advocate for Passage of Money Follows the Person
- Work for bipartisan /consensus driven solutions for long-term services & supports reform

Leveraging a Foundation's Investment

- Educate your elected officials (federal, state and local)
- The “Preventative Medicine” of funding policy institutes, think tanks, and advocacy organizations



Concluding Thought



“There are those who look at things the way they are, and ask why... I dream of things that never were, and ask why not?”

*Robert F. Kennedy, Former Attorney General
and Former Senator*

Contact Info

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