

Changes in Medicaid Enrollment and Payments for American Indian and Alaska Native Peoples in Washington State

Port Gamble S'Klallam Tribe
Ed Fox, Director, Health Services,
February 2015



Medicaid and AI/AN

- Medicaid enrollment take-up rate was expected to be much higher than enrollment for Qualified Health Plans in Washington State.
1. No premiums, no cost share
 2. Much simpler Indian status determination (self-attest).
 3. Positive upward spiral as more funds become available; benefits become appreciated by all.
 4. Complicated by Website 'glitches' and by 'access' to specialists

Medicaid and QHPs



- Goal of increasing Medicaid enrollment **generally successful** for all races in states that expanded Medicaid.
- In states that provided outreach support, like Washington, it has been successful for American Indians and Alaska Natives.
- Goal of increasing private insurance(QHPs) enrollment through tax subsidies (tax credits) **generally NOT successful** for American Indians and Alaska Natives.



Medicaid Expansion a great success for all races in NW: Oregon increase 55% and Washington 38%

VWA has about 20,000 eligible uninsured; more are income eligible, but have insurance.
Take-up rate note; we can't easily determine how many insured will choose Medicaid

States Expanding Medicaid	Marketplace Type	Enrollment					
		Total Medicaid and CHIP Enrollment, June 2014 (Preliminary) (I)	Total Medicaid and CHIP Enrollment, July 2014 (Preliminary) (II)	% Change June to July (Columns (I) and (II)) (III)	Pre-Open Enrollment Monthly Average Medicaid and CHIP Enrollment (July-Sept 2013) (IV)	Net Change Pre-Open Enrollment to July (Columns (IV) and (II)) (V)	% Change Pre-Open Enrollment to July (Columns (IV) and (II)) (VI)
Arizona	FFM	1,427,080	1,463,723	2.57%	1,201,770	261,953	21.80%
Arkansas	Partnership	772,337	784,335	1.55%	556,851	227,484	40.85%
California	SBM	10,900,000	10,900,000	0.00%	9,157,000	1,743,000	19.03%
Colorado	SBM	1,077,464	1,097,856	1.89%	783,420	314,436	40.14%
Connecticut	SBM	735,767	749,159	1.82%	-	-	-
Delaware	Partnership	233,471	233,706	0.10%	223,324	10,382	4.65%
District of Columbia	SBM	246,413	250,446	1.64%	235,786	14,660	6.22%
Hawaii	SBM	310,822	302,238	-2.76%	288,357	13,881	4.81%
Illinois	Partnership	2,931,871	2,954,902	0.79%	2,626,943	327,959	12.48%
Iowa	Partnership	598,873	556,147	-7.13%	493,515	62,632	12.69%
Kentucky	SBM	1,054,115	1,048,285	-0.55%	606,805	441,480	72.75%
Maryland	SBM	1,146,851	1,144,722	-0.19%	856,297	288,425	33.68%
Massachusetts	SBM	1,461,702	1,468,545	0.47%	1,296,359	172,186	13.28%
Michigan	Partnership	2,188,716	2,197,820	0.42%	1,912,009	285,811	14.95%
Minnesota	SBM	1,039,357	1,052,464	1.26%	873,040	179,424	20.55%
Nevada	SBM	507,572	528,048	4.03%	332,560	195,488	58.78%
New Hampshire ^A	Partnership	137,163	137,934	0.56%	127,082	10,852	8.54%
New Jersey	FFM	1,534,404	1,562,483	1.83%	1,283,851	278,632	21.70%
New Mexico	Supported SBM	691,524	705,128	1.97%	572,111	133,017	23.25%
New York	SBM	6,119,037	6,107,088	-0.20%	5,678,417	428,671	7.55%
North Dakota	FFM	-	79,076	-	69,980	9,096	13.00%
Ohio	Plan Management	2,634,261	2,708,484	2.82%	2,341,481	367,003	15.67%
Oregon	SBM	971,620	983,025	1.17%	626,356	356,669	56.94%
Pennsylvania ^B	FFM	2,403,735	2,417,392	0.57%	2,386,046	31,346	1.31%
Rhode Island	SBM	253,927	257,884	1.56%	190,833	67,051	35.14%
Vermont	SBM	188,422	208,699	10.76%	127,162	81,537	64.12%
Washington	SBM	1,520,502	1,537,764	1.14%	1,117,576	420,188	37.60%
West Virginia	Partnership	514,188	519,672	1.07%	354,544	165,128	46.57%
Subtotal for All States Expanding Medicaid		43,601,194	43,957,025	0.63%	36,319,475	6,888,391	18.97%
Subtotal for All States with Expansions in Effect and Providing Coverage in Reporting Month ^{A,B}		41,060,296	41,401,699	0.64%	33,806,347	6,846,193	20.25%



10,000 (12,500 as of 10-2014) newly insured AIANs in Medicaid, about 3,000 are Indian health program patients. Take-up rates are higher than average in counties with higher access to IHS.

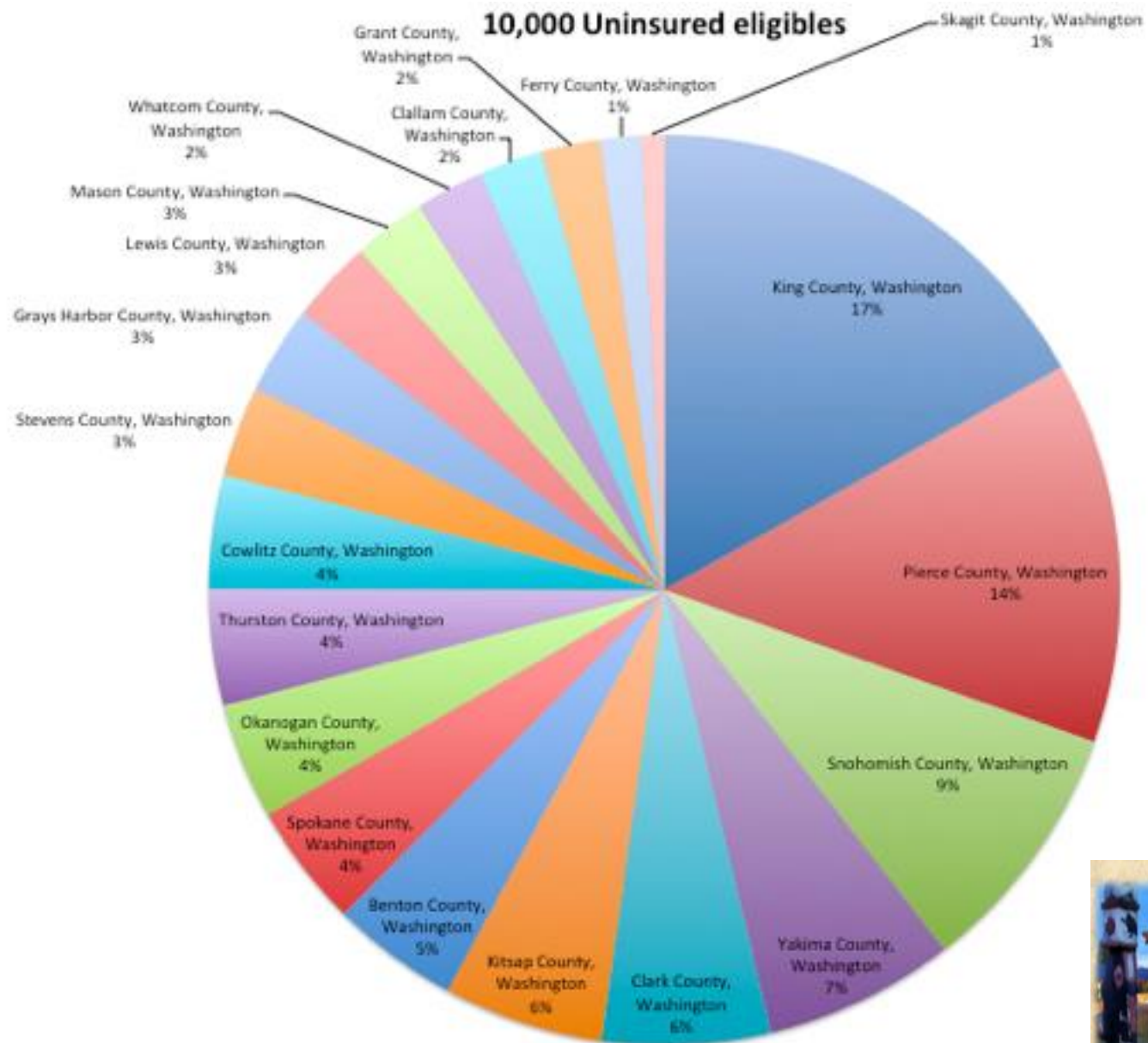
Estimated Take-up Rates for Newly Insured by Medicaid: April 30, 2014

County	Take-up	4-30 enrolled	0-138%	AIAN Pop	Uninsured	% <u>uninsured</u>	Remaining uninsured
1 Skagit County.	79%	300	380	3,522	792	23%	80
2 Whatcom County.	73%	630	867	7,854	1,806	23%	237
3 Clallam County.	71%	558	781	5,167	1,447	28%	223
4 Spokane County.	70%	1,021	1,450	13,427	3,021	23%	429
5 Yakima County.	63%	1,115	1,778	13,230	3,704	28%	663
6 Grays Harbor County.	57%	408	713	4,716	1,320	28%	305
7 Mason County.	57%	330	583	3,856	1,080	28%	253
8 King County.	52%	1,803	3,456	39,778	7,200	18.10%	1,653
9 Thurston County.	50%	410	815	7,547	1,698	23%	405
10 Okanogan County.	48%	367	772	5,107	1,430	28%	405
11 Pierce County.	46%	1,152	2,483	23,951	5,173	21.60%	1,331
12 Snohomish County.	45%	738	1,627	18,939	3,390	17.90%	889
13 Ferry County.	40%	95	238	1,572	440	28%	143
14 Kitsap County.	39%	357	914	8,462	1,904	23%	557
15 Stevens County.	37%	185	501	3,314	928	28%	316
16 Clark County.	37%	342	929	8,602	1,935	23%	587
17 Cowlitz County.	35%	209	605	4,004	1,121	28%	396
18 Grant County.	32%	96	300	1,984	556	28%	204
19 Lewis County.	22%	84	375	2,477	694	28%	291
20 Benton County.	21%	120	564	3,729	1,044	28%	444

9.812 estimated remaining uninsured is over 95% of statewide total, but doesn't include those with employer sponsored insurance.

Take up rates: This is a working document that is subject to high error rates due to small size of Indian population in counties that have fewer than 2,500 American Indians and Alaska Natives.

75% of the 8-10,000 remaining uninsured live in 10 counties, 40% Seattle Metro Area



Population and Claims Data

Data Source: Washington State Health Care Authority, *ProviderOne* Medicaid Claims Data.

Data Extract: Data extracted December 2014.

Dates: 2011, 2012, 2013, and first quarter 2014

Population: American Indian and Alaska Native persons who used Indian Health Service or Tribal health services (22 of 29 Tribes).

Data for 2 of 24 Tribes with comprehensive health programs were excluded.



Information on IHS and Tribal Health Clinics

Types of Services: Medical, dental, and behavioral health services*

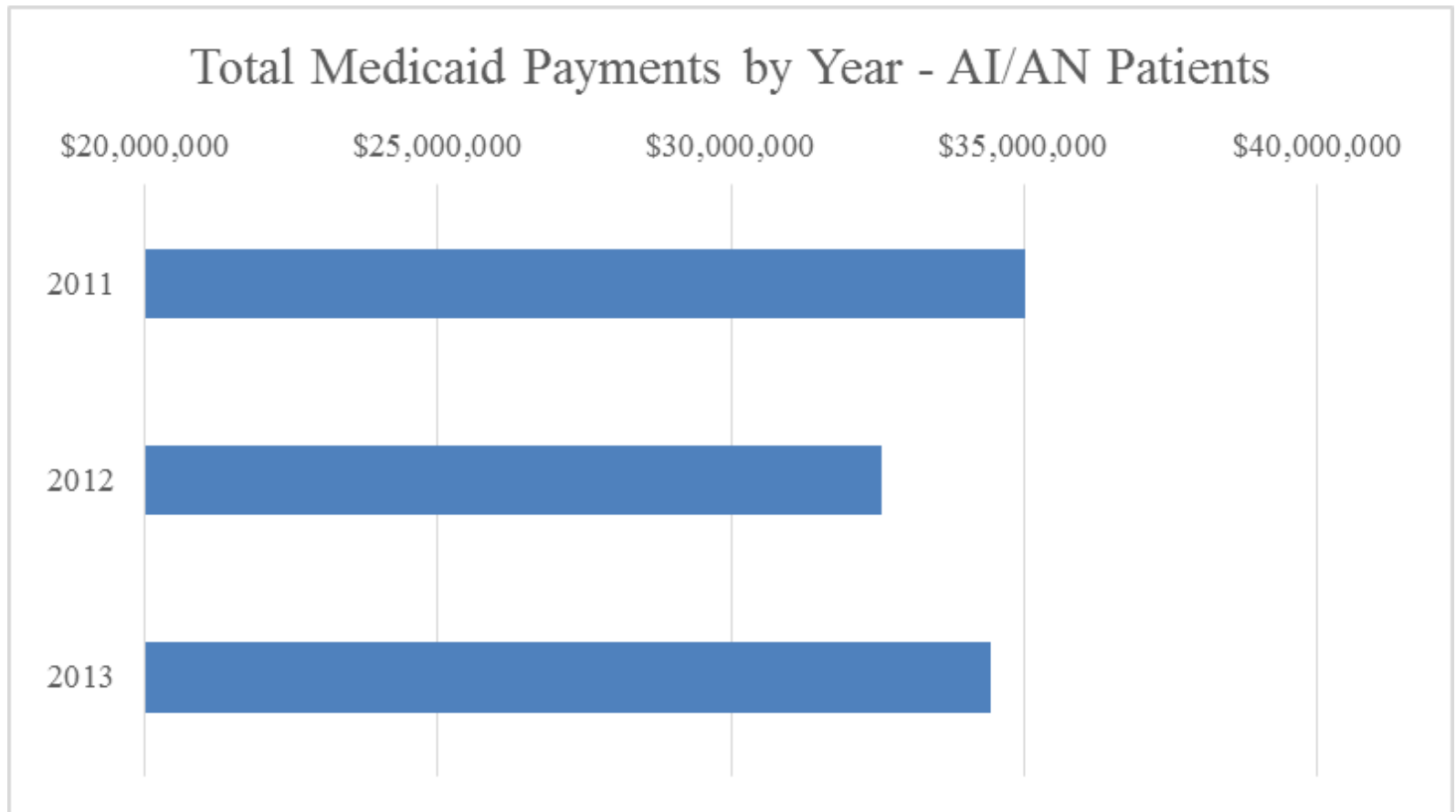
Chemical Dependency and Mental Health

In the IHS Portland Area (Washington and Oregon), the facilities do not include inpatient medical care.

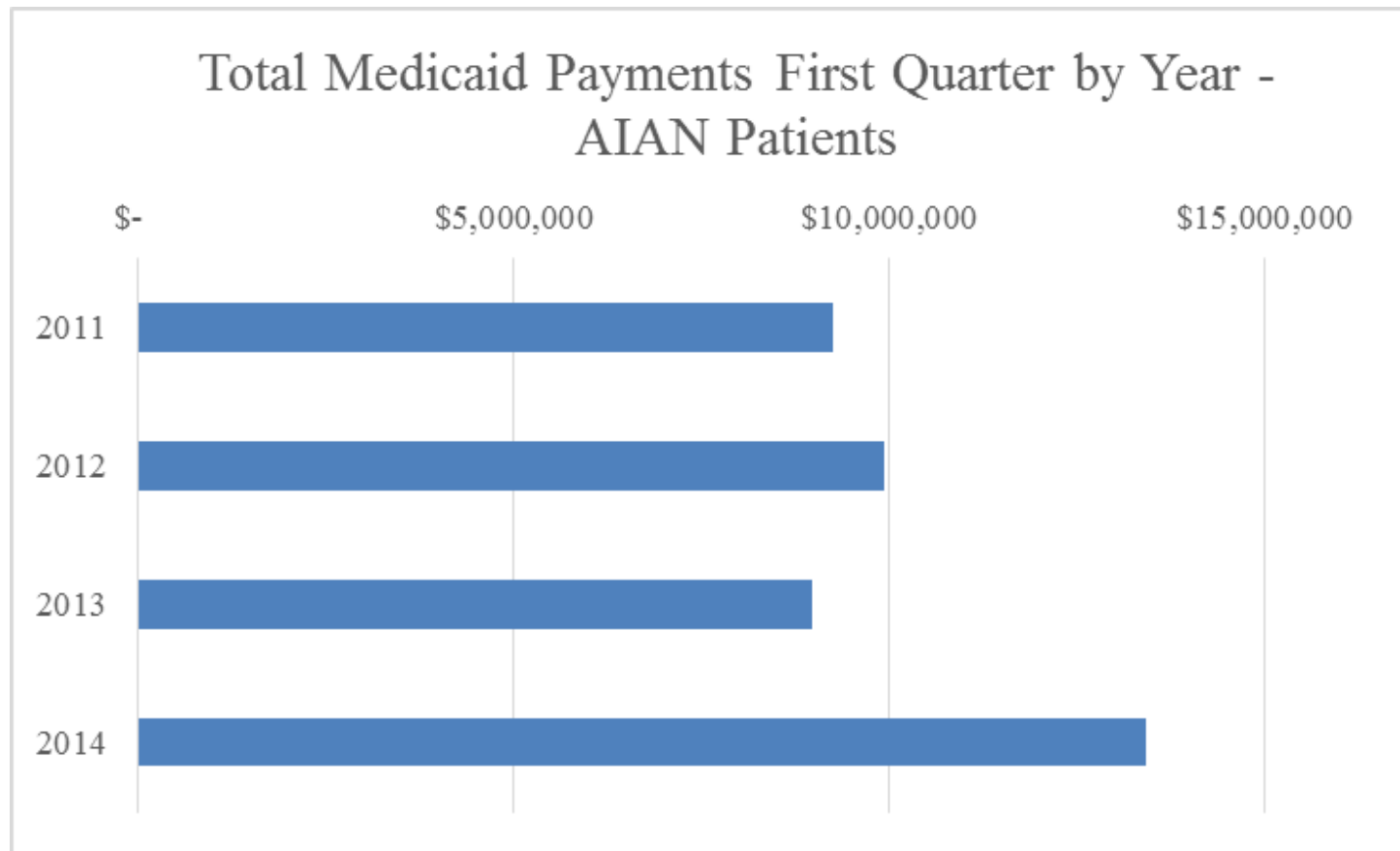
* One location included residential behavioral health services.



Total Medicaid Payments for AI/AN to the 22 IHS and Tribal Clinics by Year

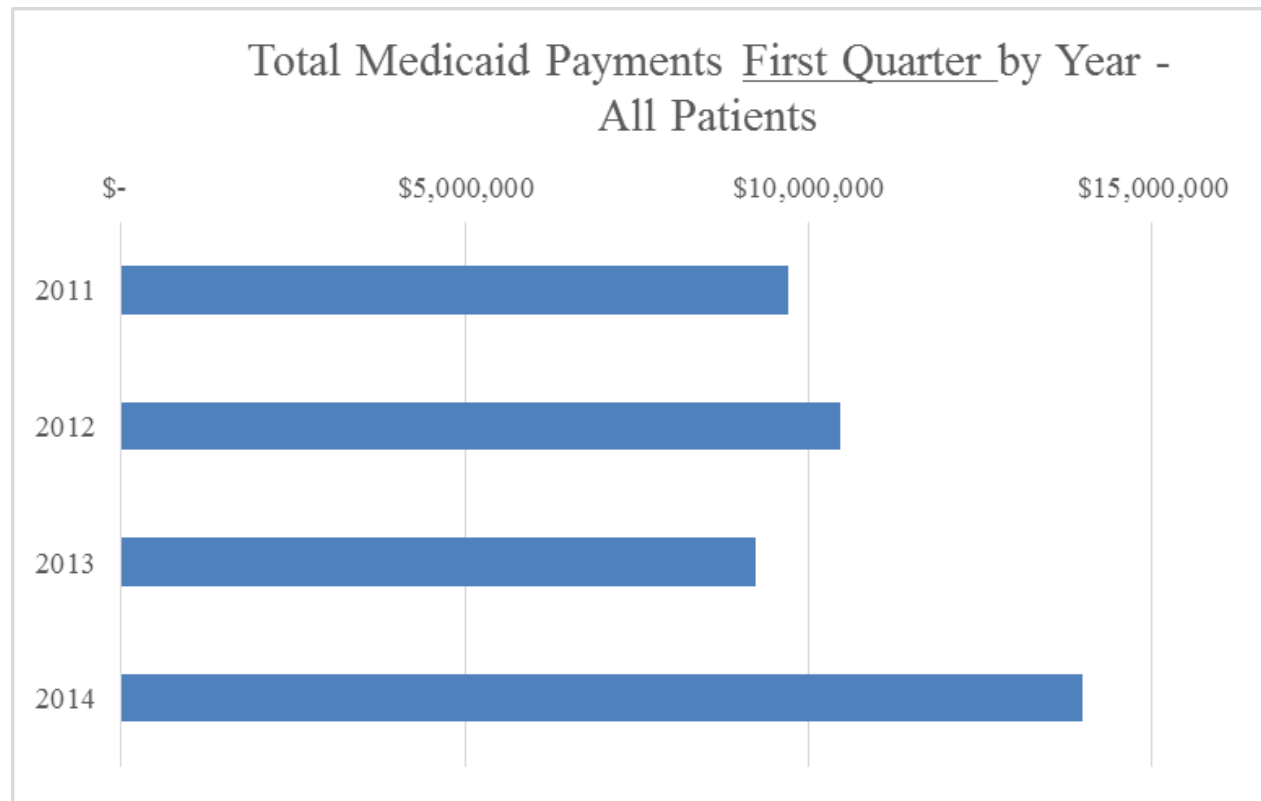


Total Medicaid Payments for AI/AN to the 22 IHS and Tribal Clinics Quarter I (January – March) for each Year



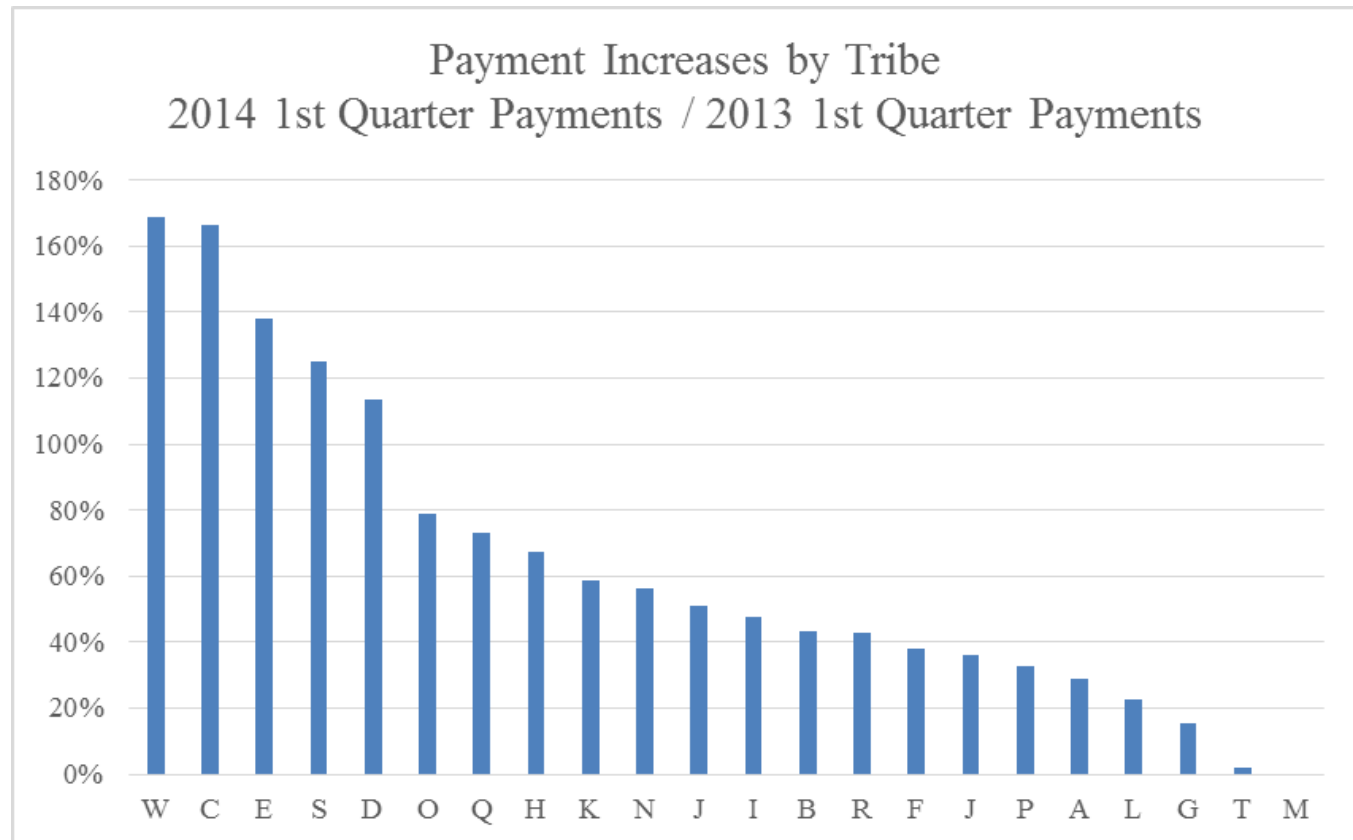
Q1 2014 payments were 43% higher than Q1 2011-2013 average.

Total Medicaid Payments for All Patients to the 22 IHS and Tribal Clinics Quarter I (January – March) for each Year



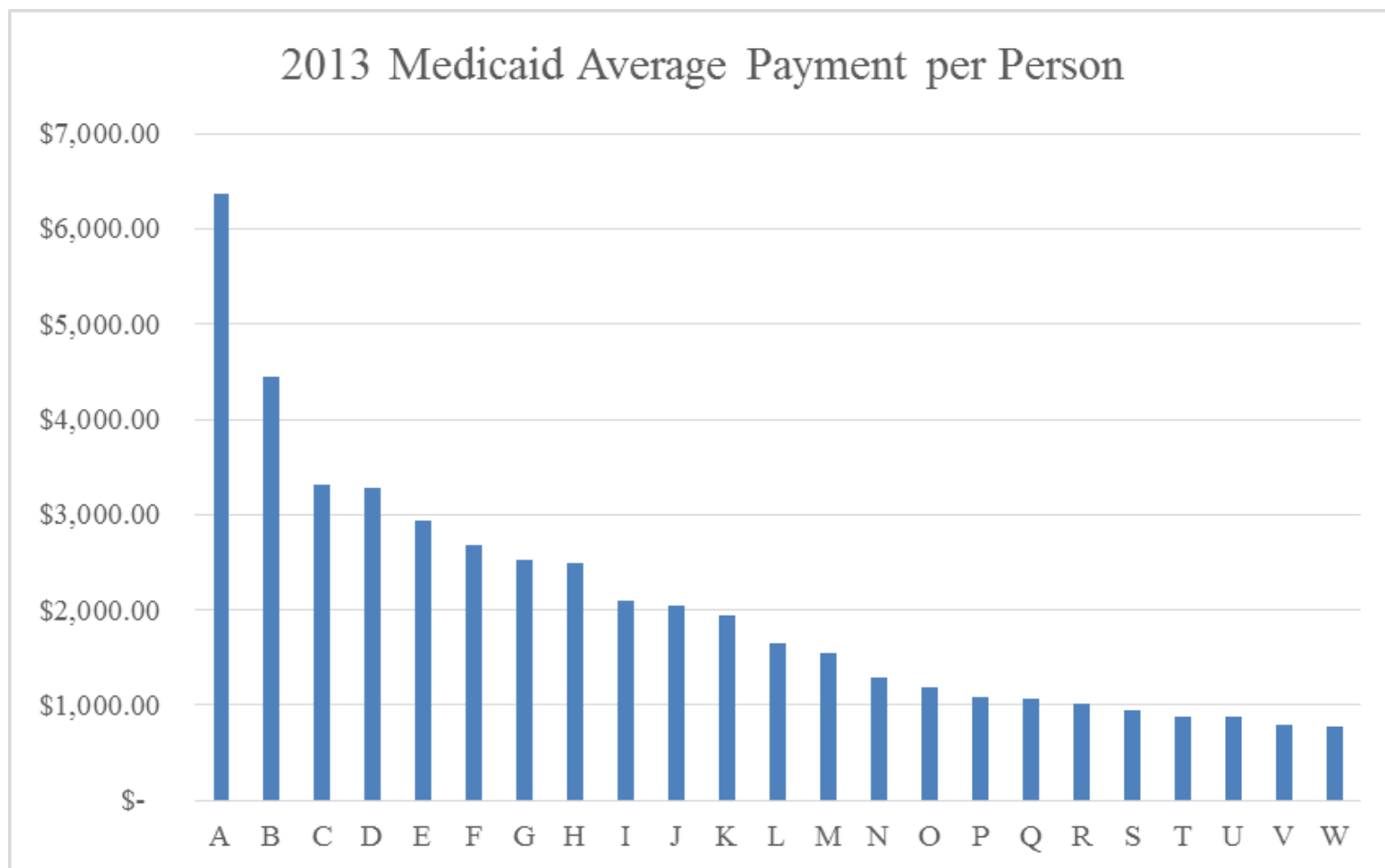
While Medicaid payments for all patients – AI/AN and other patients – were higher, the percent increase between QI 2014 and the previous three QI was also 43%.

Medicaid Payment Increases Varied by Location



In general, those that were smaller had greater increases.

IHS and Tribal Clinics Vary in the Types of Services Provided and in Average Medicaid Payments per Person



Increase in Patients: 1st Quarter 2014 vs 1st Quarter 2013

Full year 2013 N~20,000 AIAN patients 24 Tribes.

Increase in Number of Patients: Ranked by % Increase				
	2014 1st Q	2013 1st Q	Increase	% Increase
A	229	96	133	139%
B	219	98	121	123%
C	329	152	177	116%
D	240	151	89	59%
E	350	232	118	51%
F	350	232	118	51%
G	768	523	245	47%
H	503	354	149	42%
I	508	362	146	40%
J	521	379	142	37%
K	737	539	198	37%
L	456	335	121	36%
M	575	439	136	31%
N	1389	1104	285	26%
O	462	373	89	24%
P	1570	1289	281	22%
Q	400	336	64	19%
R	355	300	55	18%
S	936	832	104	13%
T	180	162	18	11%
U	1958	1781	177	10%
V	236	215	21	10%
W	494	472	22	5%
X	379	553	-174	-31%
Total	14,144	11,309	2,835	25%

Another Look at the Medicaid Enrollment and Payment Data for One Tribe: Port Gamble S’Klallam

Final Calendar Year 2014 Medicaid Payments Port Gamble S’Klallam Tribe

	2013	2014	Increase	
Dental	\$191,107.76	\$308,045.37	\$116,937.61	61%
Medical	\$586,262.40	\$781,350.63	\$195,088.23	33%
	\$775,357	\$1,087,382	\$312,025.84	40%

Another Look at the Medicaid Cost Avoidance for Contract Health Expenditures: 20% reduction in spending at Port Gamble S'Klallam Tribe

PORT GAMBLE S'KLALLAM TRIBE CHS Expenses - Budget Monitoring <u>Services obligated through the month of December 2014</u>												
Expense Categories	Actual to date per Sherry - RPMS	Applies to Applies					ACTUAL 2014 per Financials after YE Adj	12 = # of months				
		ACTUAL 2014 per Transfers	ACTUAL 2013 per Transfers	VAR 2014 vs 2013 Actuals	ACTUAL 2012 per Transfers	BUDGET 2014 per Financials		Actual Annualized	Annualized as a % of 2014 Budget	2014 Budget	Annualized as a % of 2013 Actual	2013 Actual
Subtotal CHS Allowances	<u>624,828</u>	753,555	824,881	91%	623,674	765,000	527,681	<u>624,828</u>	<u>74%</u>	<u>840,000</u>	<u>80%</u>	<u>783,363</u>
Insurance Premiums	<u>132,544</u>							<u>132,544</u>	<u>106%</u>	<u>125,000</u>	<u>87%</u>	<u>151,879</u>
Medicare Premiums	63,463	63,358	50,827	125%	45,789	65,095	63,358	63,463				38,266
Other Insurance	69,081	69,081	95,280	73%	89,833	153,000	71,622	69,081				113,613
TOTAL CONTRACTED SERVICES	<u>757,371</u>	885,994	970,989	91%	759,296	983,095	662,661	<u>757,371</u>	<u>78%</u>	<u>965,000</u>	<u>81%</u>	<u>935,242</u> <u>757,371</u> <u>177,871</u> <u>19%</u>
NOTES and COMMENTS:												

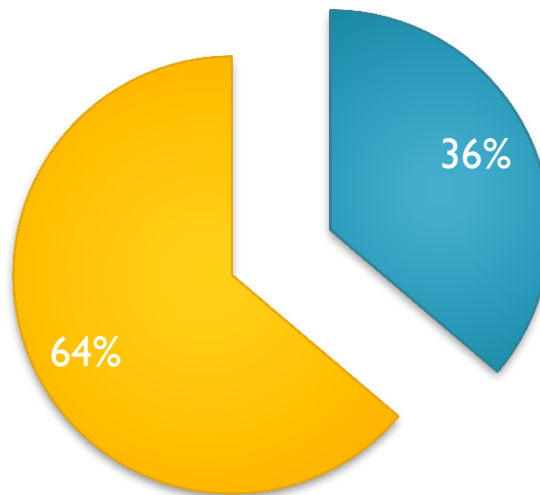
Another Look at the Medicaid Enrollment and Payment Data for One Tribe: Port Gamble S'Klallam

\$429,000 Net Benefit

\$312,000 increase in Payments

\$177,000 reduction in spending for CHS

■ Lower CHS/PRC ■ Increased Payments



Port Gamble S'Klallam advantages

- 9 years experience determining eligibility for Medicaid, Food Stamps (SNAP)
- Many years experience buying Medicare Part B, D and a State Basic Health Plan (over 100 policies in 2010).
- Medicaid Claiming-\$100,000 annually
- ACA has resulted in fewer 'benefits counselors'-2 tribal assister's.
 - State has placed one eligibility staff at PSGT.
- Re-certifications are now largely automatic for about 80% of enrollees.
- PGST was an early expansion state with average increase of \$125,000 per year since January 2011.
- This means ACA resulted in over \$540,000 net benefit to the tribe (on a \$5 million budget).