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Monday Morning Medicaid Must Reads

Helping you consider differing viewpoints. Before it's illegal.

May 27th, 2019

other MMRS - http://bit.ly/2T7CP7K

In this issue...

Article 1: *A First Look at North Carolina's Section 1115 Medicaid Waiver's Healthy Opportunities Pilots, KFF, May 15, 2019*

Clay's summary: $600M to address SDoH for about 25,000 to 30,000 members. May seem steep, but its our

first real attempt to measure this concept we've all been yapping about for 5 years.

Key Excerpts from the Article:

Medicaid funds typically cannot be used to pay for non-medical interventions that target the social determinants of health. However, in October 2018, CMS approved North Carolina's Section 1115 waiver which provides financing for a new pilot program, called "Healthy Opportunities Pilots," to cover evidence-based non-medical services that address specific social needs linked to health/health outcomes. The pilots will address housing instability, transportation insecurity, food insecurity, and interpersonal violence and toxic stress for a limited number of high-need enrollees.

Read full article in packet or at links provided

Article 2: *Block Granting Medicaid is Still a Terrible Idea, Suzanne Wikle, CLASP, May 15, 2019*

Clay's summary: Op-ed writer may not realize that what she thinks is a bug is the key feature (reducing spending). Good one to have bookmarked if you are anti-block grants, though.

Key Excerpts from the Article:

While the promise of increased flexibility can sound enticing, the reality is that so-called flexibility pits funding choices against one another and ultimately leads to cuts. Medicaid already has the flexibility it needs to respond to economic downturns or public health crises, and capping funding for the program makes these responses more difficult. Block grants have not worked in the Temporary Assistance for Needy Families (TANF) program. What we know from 20 years of experience with TANF is that funding has not increased with inflation or in response to poverty and need. Moreover, states have used TANF funds to support alternative programs and have significantly decreased the aid going directly to families. Despite assurances they would fund key supports like affordable child care, policymakers haven't been able to deliver on their promises.

Read full article in packet or at links provided

Article 3: *Medicaid could save $2.6 billion if 1% of smokers quit, Stanton Glanz, JAMA, April 17, 2019*

Clay's summary: Ain't nobody gonna tell Medicaid bennies they have to stop smoking. So we all just keep paying...

Key Excerpts from the Article:

"Medicaid recipients smoke at higher rates than the general population ... suggesting that investments to reduce smoking in this population could be associated with a reduction in Medicaid costs in the short run," Stanton Glantz, PhD, of the Center for Tobacco Control, Research and Education at University of California, San Francisco, wrote. He noted that in fiscal year 2017, Medicaid costs totaled $577 billion. Glantz evaluated Medicaid expenditures and the economic response between changes in smoking prevalence and health care costs. All data were from 2017 and came from all 50 states and Washington, D.C.

Read full article in packet or at links provided

A First Look at North Carolina's Section 1115 Medicaid Waiver's Healthy Opportunities Pilots

SourceURL: https://www.kff.org/medicaid/issue-brief/a-first-look-at-north-carolinas-section-1115-medicaid-waivers-healthy-opportunities-pilots/

A First Look at North Carolina's Section 1115 Medicaid Waiver's

Healthy Opportunities Pilots

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Healthy Opportunities Pilots Key Highlights

Funding – CMS authorized ***$650 million*** in Medicaid funding for the pilot over five years, ***$100 million*** of which will be available for capacity building.

Pilot area – will include two to four regions of the state and is expected to serve approximately ***25,000 to 50,000 beneficiaries, or about 1% to 2% of total Medicaid enrollees in North Carolina***.

Eligible beneficiaries – must be enrolled in a managed care plan and must have at least one physical or behavioral health risk factor and at least one social risk factor.

Pilot services – will include evidence-based enhanced case management and other services, which must be approved by CMS, to address enrollee needs related to housing, food, transportation, and interpersonal safety.

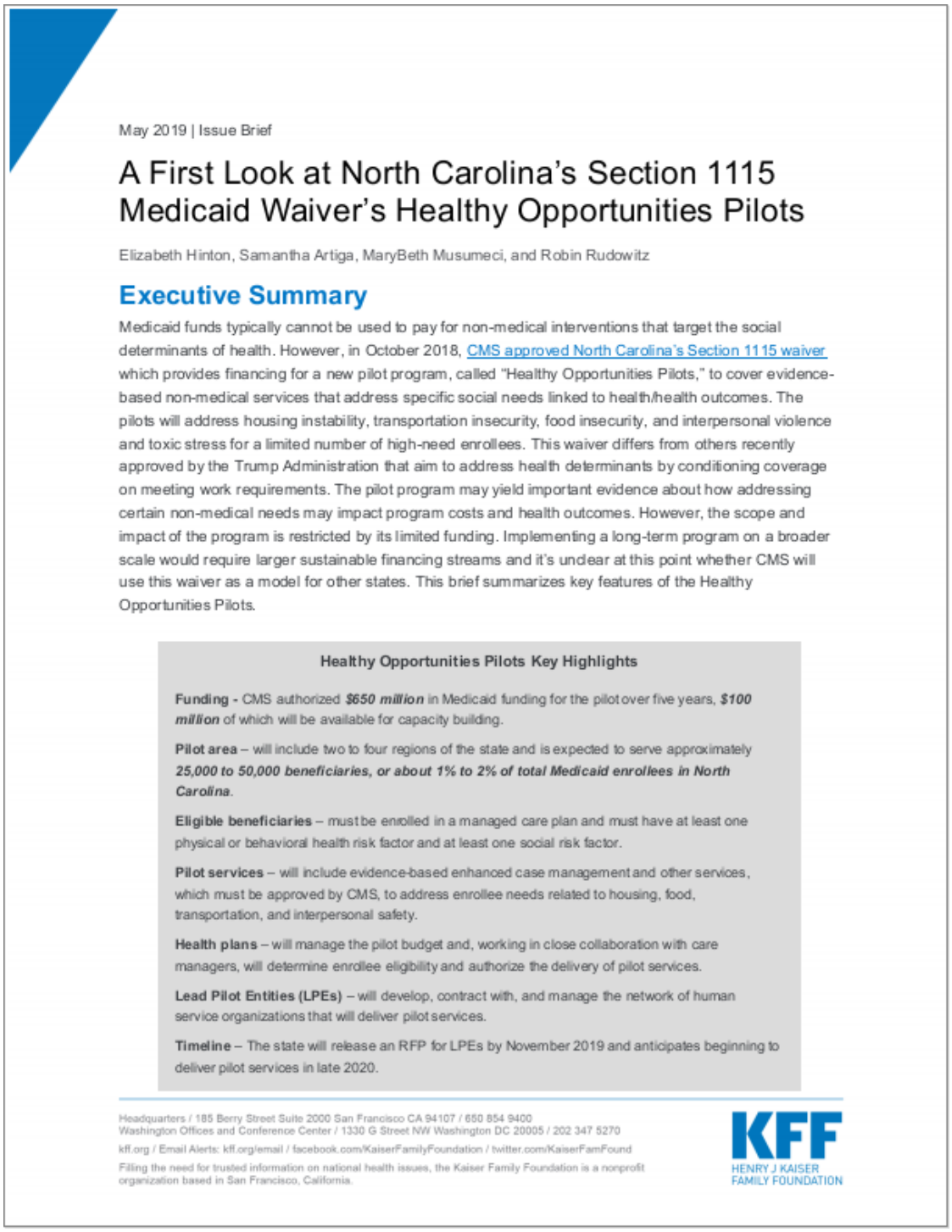
Health plans – will manage the pilot budget and, working in close collaboration with care managers, will determine enrollee eligibility and authorize the delivery of pilot services.

Lead Pilot Entities (LPEs) – will develop, contract with, and manage the network of human service organizations that will deliver pilot services.

Timeline – The state will release an RFP for LPEs by November 2019 and anticipates beginning to deliver pilot services in late 2020.

PDF - files.kff.org

SourceURL: http://files.kff.org/attachment/Issue-Brief-A-First-Look-at-North-Carolinas-Section-1115-Medicaid-Waivers-Healthy-Opportunities-Pilots



May 2019 | Issue Brief

A First Look at North Carolina's Section 1115 Medicaid Waiver's Healthy Opportunities Pilots

Elizabeth Hinton, Samantha Artiga, MaryBeth Musumeci, and Robin Rudowitz

Executive Summary

Medicaid funds typically cannot be used to pay for non-medical interventions that target the social determinants of health. However, in October 2018, CMS approved North Carolina's Section 1115 waiver which provides financing for a new pilot program, called "Healthy Opportunities Pilots," to cover evidence-based non-medical services that address specific social needs linked to health/health outcomes. The pilots will address housing instability, transportation insecurity, food insecurity, and interpersonal violence and toxic stress for a limited number of high-need enrollees. This waiver differs from others recently approved by the Trump Administration that aim to address health determinants by conditioning coverage on meeting work requirements. The pilot program may yield important evidence about how addressing certain non-medical needs may impact program costs and health outcomes. However, the scope and impact of the program is restricted by its limited funding. Implementing a long-term program on a broader scale would require larger sustainable financing streams and it's unclear at this point whether CMS will use this waiver as a model for other states. This brief summarizes key features of the Healthy Opportunities Pilots.

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Filling the need for trusted information on national health issues, the Kaiser Family Foundation is a nonprofit organization based in San Francisco, California.

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Block Granting Medicaid is Still a Terrible Idea

SourceURL: https://www.clasp.org/blog/block-granting-medicaid-still-terrible-idea

Block Granting Medicaid is Still a Terrible Idea

By Suzanne Wikle

In its latest effort to reduce access to affordable health care, the federal Centers for Medicare and Medicaid Services (CMS) is reportedly working on guidance to pave the way for states to apply for waivers to block grant their Medicaid programs. Under a traditional block grant, states would receive a fixed, capped dollar amount of federal funding, whereas now they can draw down federal funds based on the program's expenditures. State proposals in the works may take a less-traditional approach to block grants and propose strategies that effectively create a "back door" block grant by allowing states to cap enrollment. Any effort by CMS permitting states to block grant Medicaid is not only legally dubious, but also ill-informed policy that will only act as a cut to Medicaid.

Alaska is rumored to be one of the first states to request a block grant waiver, and this past week Tennessee's legislature directed the governor to seek such a waiver. No matter which state is the first to officially request permission from CMS, any state pursuing such a change is ultimately seeking to cut its program and risk the lives of its residents. Block granting is also a short-sighted choice that puts a state's budget at risk in the face of an epidemic or a new, expensive breakthrough drug.

Congressional attempts to block grant Medicaid have been defeated time and again because it's well documented block grants are fiscally risky for states, lead to programmatic cuts, and prevent states from responding to economic downturns. The American public has been vocal in its support of maintaining and strengthening Medicaid. Should CMS approve these waivers, it would be enacting policy that failed to pass in Congress and is counter to public opinion.

While the promise of increased flexibility can sound enticing, the reality is that so-called flexibility pits funding choices against one another and ultimately leads to cuts. Medicaid already has the flexibility it needs to respond to economic downturns or public health crises, and capping funding for the program makes these responses more difficult.

Block grants have not worked in the Temporary Assistance for Needy Families (TANF) program. What we know from 20 years of experience with TANF is that funding has not increased with inflation or in response to poverty and need. Moreover, states have used TANF funds to support alternative programs and

have significantly decreased the aid going directly to families. Despite assurances they would fund key supports like affordable child care, policymakers haven't been able to deliver on their promises.

Advocates, hospitals, and providers have all been vocal about the harm block grants will cause. At the same time, a growing body of evidence continues to show that expanding Medicaid, as intended under the Affordable Care Act (ACA) has numerous benefits: improving the health of Black infants and reducing disparities with white infants, reducing deaths from heart disease, increasing cancer screenings, and improving treatment for people with opioid addiction. Policymakers should pay attention to the evidence and stop using the false narrative of "flexibility" as a cover for shrinking a successful program.

Medicaid could save $2.6 billion if 1% of smokers quit

SourceURL: https://www.healio.com/family-medicine/addiction/news/online/%7Bff054780-0165-4dc5-aea3-257ee0e1120c%7D/medicaid-could-save-26-billion-if-1-of-smokers-quit

Medicaid could save $2.6 billion if 1% of smokers quit

Glantz S. *JAMA Netw Open*. 2019;doi:10.1001/jamanetworkopen.2019.2307.

April 17, 2019

A slight reduction in absolute smoking prevalence in the United States would result in "substantial" Medicaid savings the following year, according to findings recently published in *JAMA Network Open*.

"Medicaid recipients smoke at higher rates than the general population ... suggesting that investments to reduce smoking in this population could be associated with a reduction in Medicaid costs in the short run," **Stanton Glantz, PhD,** of the Center for Tobacco Control, Research and Education at University of California, San Francisco, wrote.

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A slight reduction in absolute smoking prevalence in the United States was associated with "substantial" Medicaid savings the following year, according to findings recently published in *JAMA Network Open*.

Source:Adobe

He found that reducing absolute smoking prevalence by 1% in each state led to $2.6 billion in Medicaid savings. Each state saved a median of $25 million (interquartile range = $8 million to $35 million).

Glantz wrote that analyses over longer periods of time might find more cost reductions.

"Because some of the risks of smoking, such as cancer, emerge more slowly over time, these medical cost savings would likely grow with time," he wrote. – *by Janel Miller*

Disclosure: Glantz reports no relevant financial disclosures.