The Next Big Challenge

Protecting Medicaid and the Affordable Care Act

4/12/17
Joint Developers/Sponsors of this Webinar

The Arc Wisconsin

The Wisconsin Long-Term Care Coalition
Keep Our Care at Home

Wisconsin Board for People with Developmental Disabilities
Your Presenters

Lisa Pugh, Exec. Director
The Arc Wisconsin

Lynn Breedlove, Co-Chair
WI Long-Term Care Coalition
What Happened in March and early April

• Congress and the Trump Administration introduced the American Health Care Act (AHCA) to repeal and replace the Affordable Care Act (ACA), and make big cuts in the Medicaid program

• Due to opposition from the public, and House members of both parties, the bill was withdrawn on March 24

• In early April, Pres. Trump announced that he wants to bring a new bill to Congress after the members return to D.C. from spring break

• Speaker Paul Ryan say there is a Republican Study Committee working on the new version;

• Last week = rumors of bringing a bill back for a vote, instead leaders added an amendment; Members told to “interact with constituents” on break (April 10-21) and be prepared to return to DC to vote at any time.

• So this fight isn’t over! We need to act now!
ACA/Obamacare Overview

• Passed in 2010; most provisions in effect by 2014
• Creation of health insurance exchanges in all 50 states
• Households with income 100%-400% of Federal Poverty Level (FPL) get subsidies for coverage on the exchanges
• Employer mandate (if 50+ employees): provide coverage or pay a tax
• Individual mandate: buy insurance or pay a penalty
• Unpopular taxes on individuals and employers paid for much of the law
• Impact: 24 million more people with health insurance by 2016
Benefits of the ACA to People with Disabilities

• Can't be denied coverage or lose coverage because you have a disability
• Can't be charged high premiums because of your health status
• No annual or lifetime caps on coverage
• Dependents stay on parents’ insurance until 26
• “Essential Health Benefits” required in all plans
• A cap on a family's out-of-pocket annual medical expenses
“Essential Health Benefits” Requirement in the ACA

- Ambulatory (outpatient) services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse services
- Autism therapy
- Prescription drugs

- **Rehabilitative and habilitative services and devices**
- Laboratory services
- Preventive and wellness services
- Chronic disease management
- Pediatric services including oral and vision care
Which people with disabilities and caregivers benefit from the ACA?

• Anyone with a pre-existing condition
• Children with disabilities in families with private health insurance
• People in the Medicare waiting period (about 1.5 million in any given year)
• People who do not qualify for SSI either due to level of disability or income
• Low-wage workers with disabilities, direct care workers, and family members without access to employer-sponsored health insurance
• Dependents under age 26 without access to insurance
Basics of House GOP AHCA proposal

• Repeals taxes & removes individual mandates and penalties (the individual market will remain skewed with sicker people who cost more)

• Creates Per Capita Caps for various sub-populations

• Health Savings Accounts (for people who have enough $ to use them)

• State Innovation Grants

• New High Risk Pools (expensive, limited coverage, annual coverage limits)

• The next proposal will likely contain many of the same features
Latest Amendment to the AHCA

• **Essential Health Benefits:** Would give states the option to waive EHB. (Without a requirement that basic services be included in the health plans, insurers are likely to drop coverage of therapies or medications that would support people with more health care needs.)

• **Changes to Pre-existing Conditions Protections:** Would allow states to waive the requirement for community rating. This would allow the insurance companies to decide what to charge people with pre-existing conditions.
• CBO Estimate: Federal Medicaid funding to states will drop by $880 billion (25% less than current law) over the next decade

• Medicaid Per Capita Caps will be in effect by 2020.

• Actual Medicaid costs will grow faster than federal reimbursement levels under the Per Capita Caps. States would have to choose whether to add extra state money to fully support their Medicaid programs and services, or reduce spending by cutting payments to providers, eliminating optional services, restricting eligibility, or (if feasible) delivering services more efficiently

• CBO prediction: states would adopt a mix of these approaches, resulting in federal savings (and reduced Medicaid eligibility, services, and provider payments in states)
Wisconsin’s Medicaid System

• 1.2 million Medicaid recipients (1 in 5 Wisconsinites), including people with disabilities, children in low income families, older adults, and "the working poor"

• Wisconsin's Medicaid plan includes almost all of the “optional services” (e.g. prescription drugs, physical therapy, occupational therapy, speech therapy, personal care, inpatient mental health services)

• Medicaid is a federal-state partnership: 60% federal funding + 40% state funding
What Medicaid-Funded Services do you use?

- Personal Care
- Job Coaching
- Prescriptions
- Day Services
- Transportation
- Respite
- Therapy

Medicaid Provides Funding for More than 20 Wisconsin Programs

- IRIS
- Legacy Waivers (COP/CIP)
- BadgerCare
- Wisconsin Chronic Disease Program
- Partnership
- Katie Beckett
- School-based
- SeniorCare
- services and supports
- ADRCs
- PACE
- Well Woman
- HealthCheck (EPSDT)
- Community Support Program
- SSI Managed Care
- Birth-to-3
- Family Care
- Children’s Long Term Support Program
- Comprehensive Community Services
- Community Recovery Services
- Forward Health Card
## WI Medicaid System (1.2 million recipients)

### Enrollment in Selected Programs

State population (2016): 5,779,000

<table>
<thead>
<tr>
<th>Program</th>
<th>Enrollment (2015-2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badger Care Plus (1/17)</td>
<td>791,470</td>
</tr>
<tr>
<td>Senior Care (1/17)</td>
<td>91,501</td>
</tr>
<tr>
<td>Family Care (9/16)</td>
<td>44,032</td>
</tr>
<tr>
<td>Family Care Partnership (9/16)</td>
<td>2997</td>
</tr>
<tr>
<td>IRIS (11/16)</td>
<td>13,000</td>
</tr>
<tr>
<td>MAPP (1/17)</td>
<td>28,816</td>
</tr>
<tr>
<td>Children’s LTS Waiver</td>
<td>6035</td>
</tr>
<tr>
<td>Institutions (1/17)</td>
<td>15,652</td>
</tr>
<tr>
<td>Elderly, Blind and Disabled Coverage (during 2015-2016)</td>
<td>231,213</td>
</tr>
</tbody>
</table>
Medicaid Block Grants or Per Capita Caps

• Block grants or per capita caps are a strategy to control/reduce federal Medicaid spending in future years
• Likely features of block grants or per capita caps:
  - more authority and flexibility for states (including flexibility to change eligibility)
  - less accountability re how states run their Medicaid system
  - suspension of many current Medicaid regulations
  - Loss of entitlement for some people and/or services
Per Capita Caps

• A Per Capita Cap (PCC) would implement a limit on average federal Medicaid spending.

• It would not limit federal spending for any specific enrollee, but would instead limit the total funding for a group of people, e.g. children with disabilities:

\[
\text{Per Capita Cap} \times \text{# people} = \text{Total Amount of $ to serve those people}
\]

• Governors pressuring Congress for PCCs instead of block grants so states would get federal increases if # eligible people increases.
Federal Share of Total Medicaid Costs Would Now be Capped

Graphic credit: Politico
Potential Impacts of Medicaid Changes

• Return to wait lists for Family Care, IRIS, Children's LTS waivers?
• Return to a "divided entitlement", i.e. right to nursing home care but wait lists for community care? Increase in institution admissions?
• Eliminate some "optional services"? Eliminate $ for MA school services?
• Across-the-board cuts to all programs?
• Cut family Care capitation rates and overall state budget for IRIS?
“More Flexibility”: the biggest argument for changing Medicaid. Our response...

• Medicaid is already flexible; Wisconsin has used that flexibility to continually refine programs and increase cost effectiveness

• 27 Medicaid services are optional (vs. 16 mandatory); each state has flexibility to pick and choose services for their state; and 60% of federal funding is spent on optional services

• States can specify eligibility for each program (this gives states the ability to design customized programs and limit enrollment)
Passing the Buck to State Taxpayers

The blue pie slice on the right will have to make up for a major cut to the blue slice on the left in order to keep our current Medicaid programs.
Make your Message Clear and Personal

“Per Capita Caps will mean...
...we will lose our respite care”
...I will end up in a nursing home”
...I will lose my job coach and then lose my job”
...I won’t be able to live in my own apartment anymore”
...I will get inadequate health care and end up in the hospital”
...My son’s school could lose Medicaid funding for school services”

(You finish the sentence to fit your situation)
1. DAILY CALLS AND EMAILS
   - Keep the drumbeat until Congress takes final action.
   - A focused message with key talking points
   - Keep asking Congress and their staff "self-educating questions“ (that require learning about Medicaid)

2. ASK FOR A MEETING: Be Persistent

3. ORGANIZE OR JOIN A TEAM
Ask to Meet this Week!

If you don’t know who your rep is:

www.govtrack.us/Congress/members
Meet Your Conveners: Join an initial conference call for your Congressional District

- District 1 *(Ryan)*: Courtney Waller, Mary Cerretti
- District 2 *(Pocan)*: Katy Morgan Davies; Beth Swedeen
- District 3 *(Kind)*: Jeff Lund; Jason Endres; Ruth Adix; Tricia Thompson
- District 4 *(Moore)*: Nancy Gapinski; Theresa Barnes; Tracy Hedman
- District 5 *(Sensenbrenner)*: Robbin Thomas Lyons; Marion Holmberg; Meg Steimle; Julie Burish
- District 6 *(Grothman)*: Sara Christensen; Laurie Develice
- District 7 *(Duffy)*: Emily Flood; George Zaske; Mary Karlen
- District 8 *(Gallagher)*: John Jahnke; Harriet Redman
Join a Planning Call for Your Area

Congressional District Strategy
Initial Convening Calls: Call 866-740-1260 Access code - 2321114

- **1st District Medicaid Advocates: Ryan**: Thursday, 6PM
- **2nd District Medicaid Advocates: Pocan**: Thursday, 7PM
- **3rd District Medicaid Advocates: Kind**: Friday, 9 AM
- **4th District Advocates**: Friday, 8 AM
- **5th District Medicaid Advocates: Sensenbrenner**: Thursday, 3PM
- **6th District Medicaid Advocates: Grothman**: Friday, 1PM
- **7th District Medicaid Advocates: Duffy**: Friday, Noon
- **8th District Medicaid Advocates: Gallagher**: Thursday, 8:15 AM
Join Your District Action Team

Search for your closed District page on Facebook:

_ th District Medicaid Advocates: (Name of Rep)
## Scheduled Town Halls

### Congressman Jim Sensenbrenner (R-5)

**Thursday, April 13**
- 10:00am  Johnson Creek Village Hall, 125 Depot Street
- 10:45am  Helenville Fire Hall, N4737 Helenville Road
- 11:30am  Sullivan Village Hall, 500 Madison Avenue
- 1:00pm  Palmyra Village Hall, 103 Jefferson Street

**Saturday, April 29**
- 9:00 AM  Oconomowoc City Hall, 174 E. Wisconsin Ave.
- 1:00 PM  Fort Atkinson Public Library, 209 Merchants Ave.

**Sunday, April 30**
- 1:00 Whitewater Municipal Building, 312 W. Whitewater St.

### Congressman Mark Pocan (D-2)

**Thursday, April 13**
- 5:30 p.m.  UW-Madison campus
  Dejope Residence Hall, 640 Elm Drive
  Madison

### Congressman Glenn Grothman (R-6)

**Tuesday, April 18**
- 8:45 am  Felician Village Hall, 1635 S. 21st St., Manitowoc
U.S. Senator Ron Johnson

OFFICE LOCATIONS

- **Milwaukee Office**
  - 517 East Wisconsin Avenue
  - Suite 408
  - Milwaukee, WI 53202
  - Phone: (414) 276-7282
  - Fax: (414) 276-7284

- **Oshkosh Office**
  - 219 Washington Avenue
  - Suite 100
  - Oshkosh, WI 54901
  - Phone: (920) 230-7250
  - Fax: (920) 230-7262
US Senator Tammy Baldwin

Office Locations

**EAU CLAIRE**  Directions
402 Graham Street, Suite 206
Eau Claire, WI 54701-2633
Phone: (715) 832-8424

**GREEN BAY**  Directions
1039 W. Mason, Suite 119
Green Bay, WI 54303
Phone: (920) 498-2668

**MADISON**  Directions
30 West Mifflin Street, Suite 700
Madison, WI 53703
Phone: (608) 264-5338

**MILWAUKEE**  Directions
633 W. Wisconsin Ave, Suite 1920
Milwaukee, WI 53203
Phone: (414) 297-4451

**WAUSAU**  Directions
2100 Stewart Avenue, Suite 250 B
Wausau, WI 54401
Phone: (715) 261-2611
OPTIONAL: Contact Members on Social Media

Speaker of the House Paul Ryan
Facebook: https://www.facebook.com/speakerryan
Twitter: @SpeakerRyan

Mark Pocan
Facebook: https://www.facebook.com/repmarkpocan
Twitter: @repmarkpocan

Ron Kind
Facebook: https://www.facebook.com/repronkind
Twitter: @RepRonKind

Gwen Moore
Facebook: https://www.facebook.com/GwenSMoore
Twitter: @RepGwenMoore

Jim Sensenbrenner
Facebook: https://www.facebook.com/RepSensenbrenner
Twitter: @JimPressOffice

Glenn Grothman
Facebook: https://www.facebook.com/RepGrothman
Twitter: @RepGrothman

Sean Duffy
Facebook: https://www.facebook.com/RepSeanDuffy/
Twitter: @RepSeanDuffy

Mike Gallagher
Facebook: https://www.facebook.com/RepMikeGallagher/
Twitter: @RepGallagher
Stay Updated!

• Sign up for News - go to “Keep Up with The Arc Wisconsin”: https://arcwi.org/