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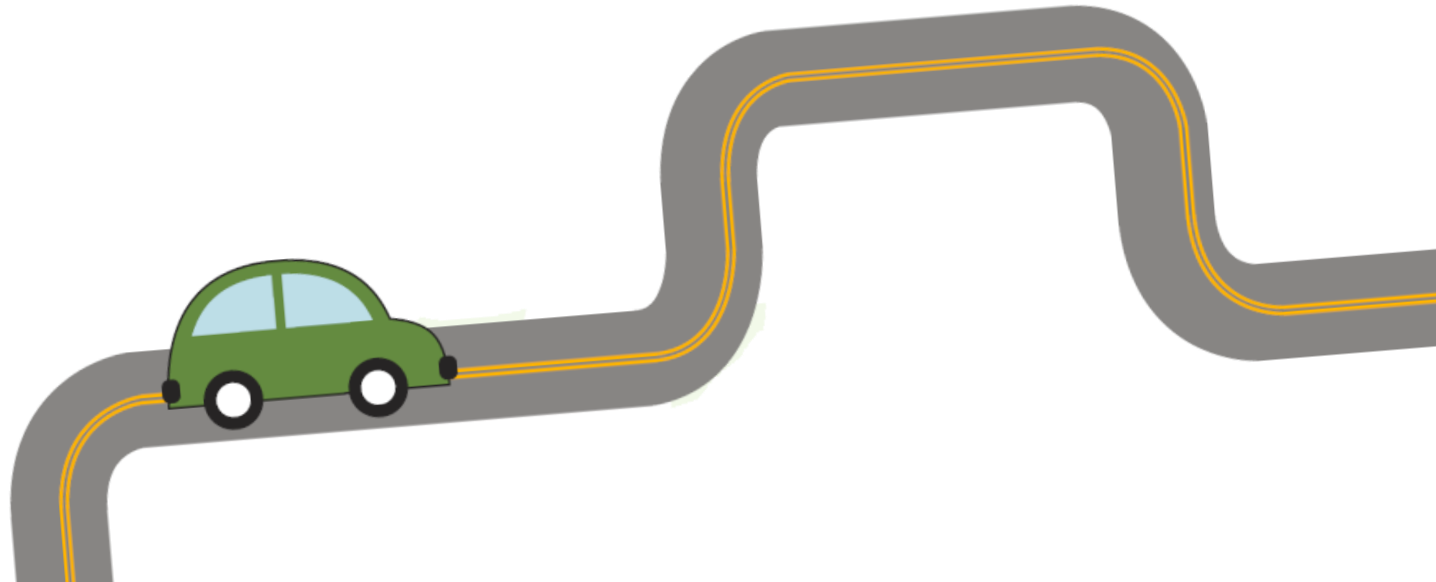
# Understanding the Coverage Gap in Idaho

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# Today's Presentation

1. What is the coverage gap?
2. How do we pay for people in the gap?
3. What could be different?
4. Dr. Darin Lee: Uncompensated care in Idaho





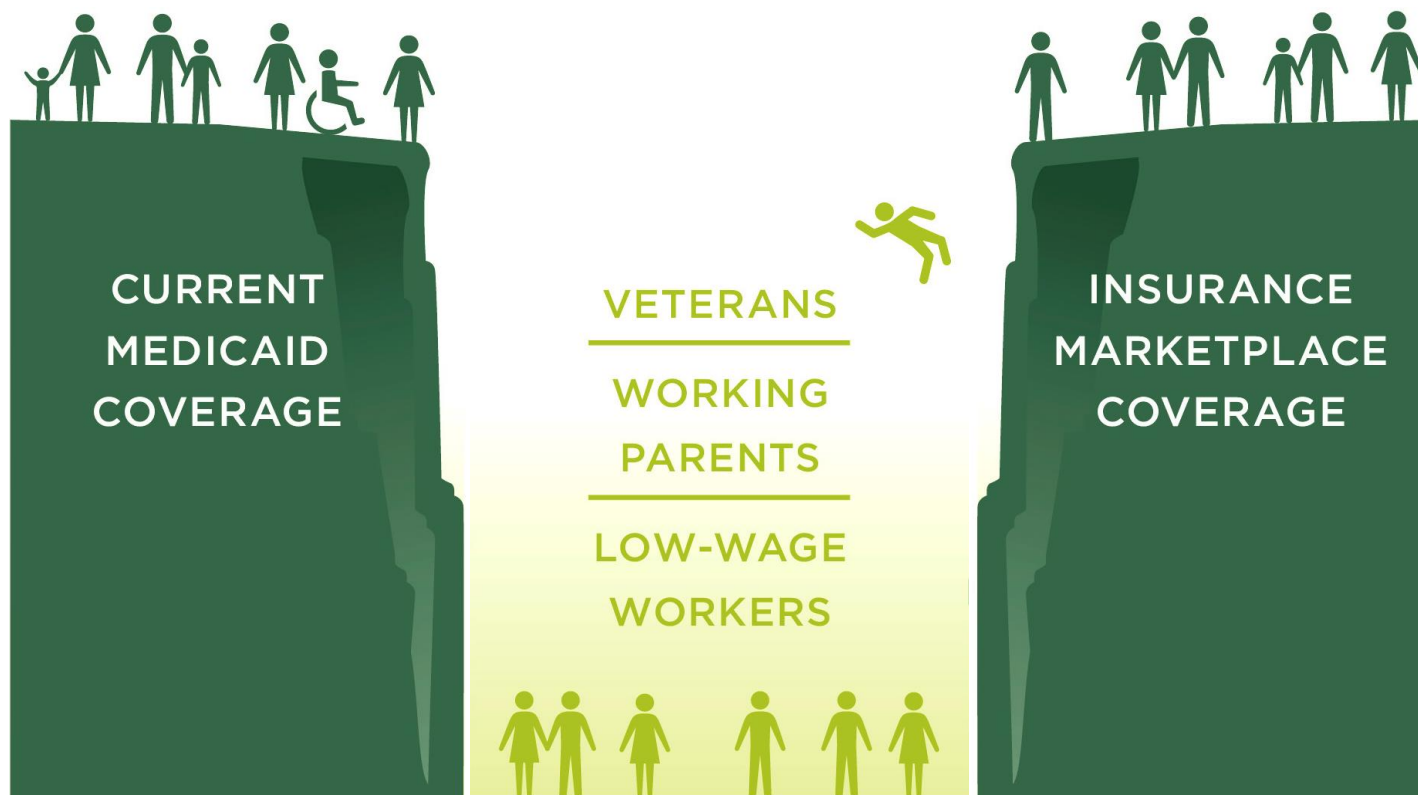
# WHAT IS THE COVERAGE GAP?

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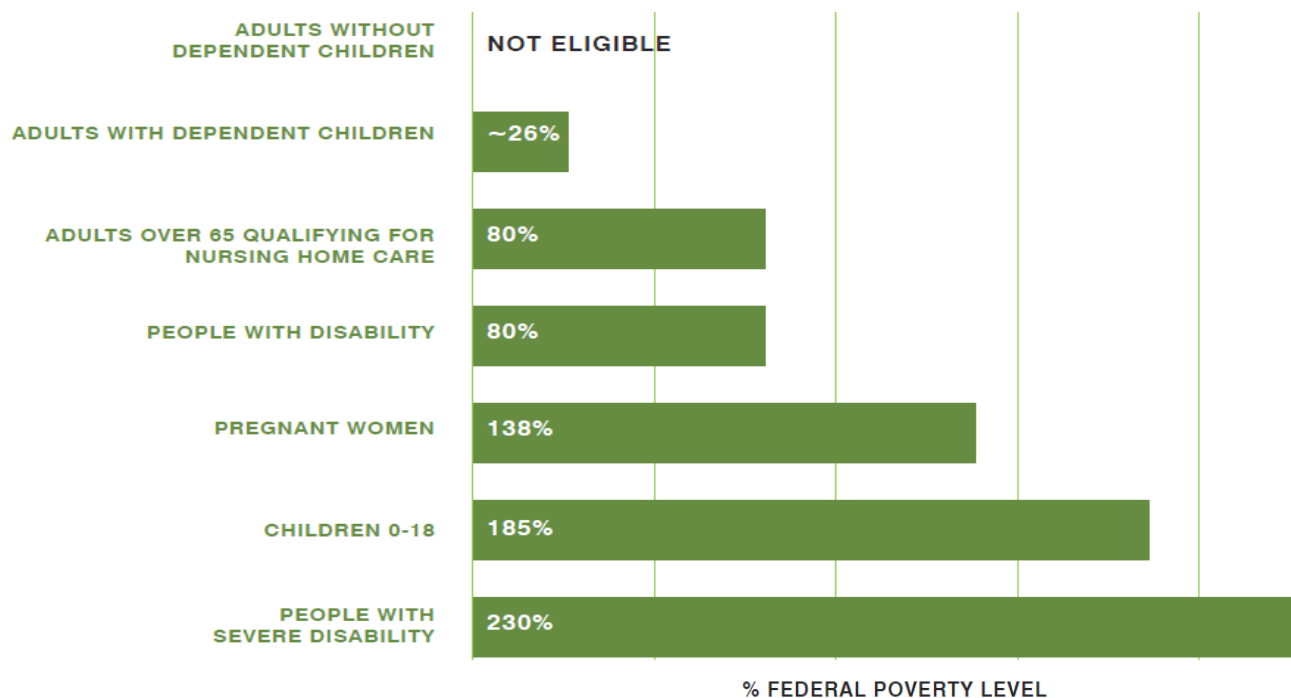


# The Coverage Gap in Idaho

- 78,000 Idahoans do not qualify for Medicaid and earn too little for assistance on Your Health Idaho
- A majority in the gap are working



# Who is Eligible for Medicaid in Idaho?



- Idaho's Medicaid eligibility is one of the most restrictive in the nation
- 92% of Idaho's Medicaid enrollees are children, seniors, people with disabilities, and pregnant women

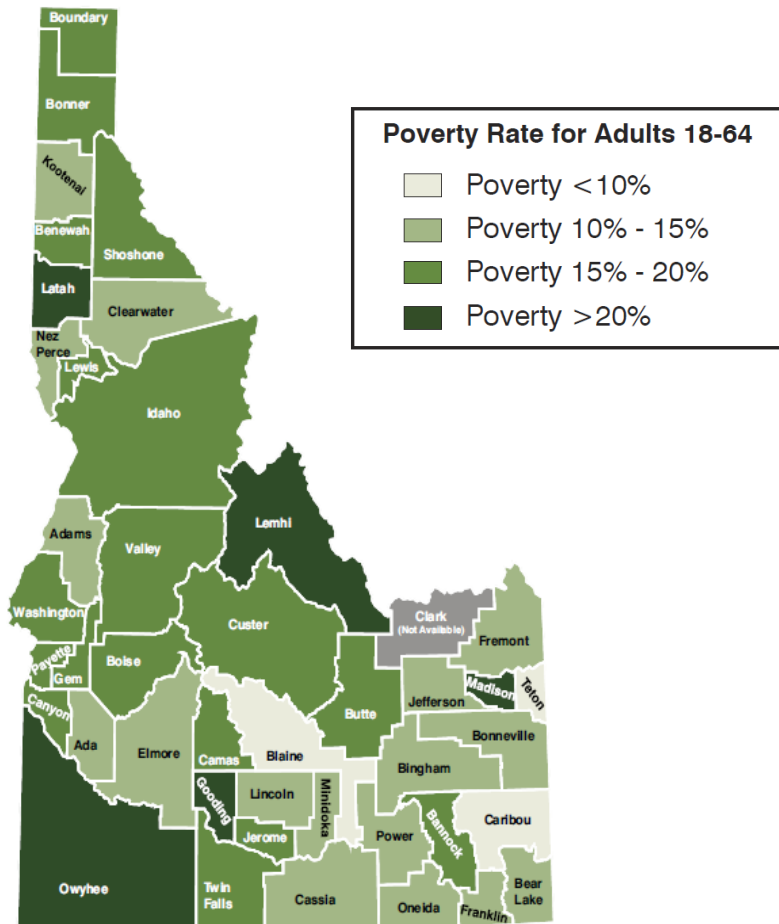
# Top Occupations of Idahoans in the Gap

1. Restaurants & Food Services
2. Construction
3. Child Day Care Services
4. Animal Production
5. Landscaping Services
6. Hotels/Motels
7. Crop Production
8. Business Support Services
9. Entertainment & Recreation
10. Personal Care Support



# Gap and Poverty Rates by County

Rate of Idaho adults living in poverty by county:



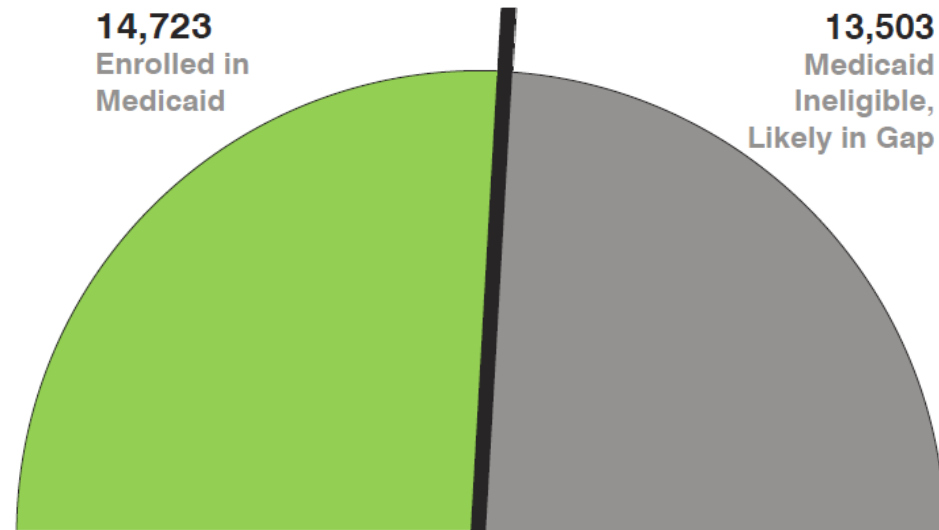
Rate of Idaho adults who fall into the gap by select county:

County	Rate	Number
Ada County	4.8%	12,115
Bannock County	5.9%	2,919
Bonneville County	4.9%	2,943
Canyon County	9.5%	10,447
Cassia County	5.8%	724
Minidoka County	8.5%	976
Payette County	12.1%	1,541

# Mental Health and the Gap

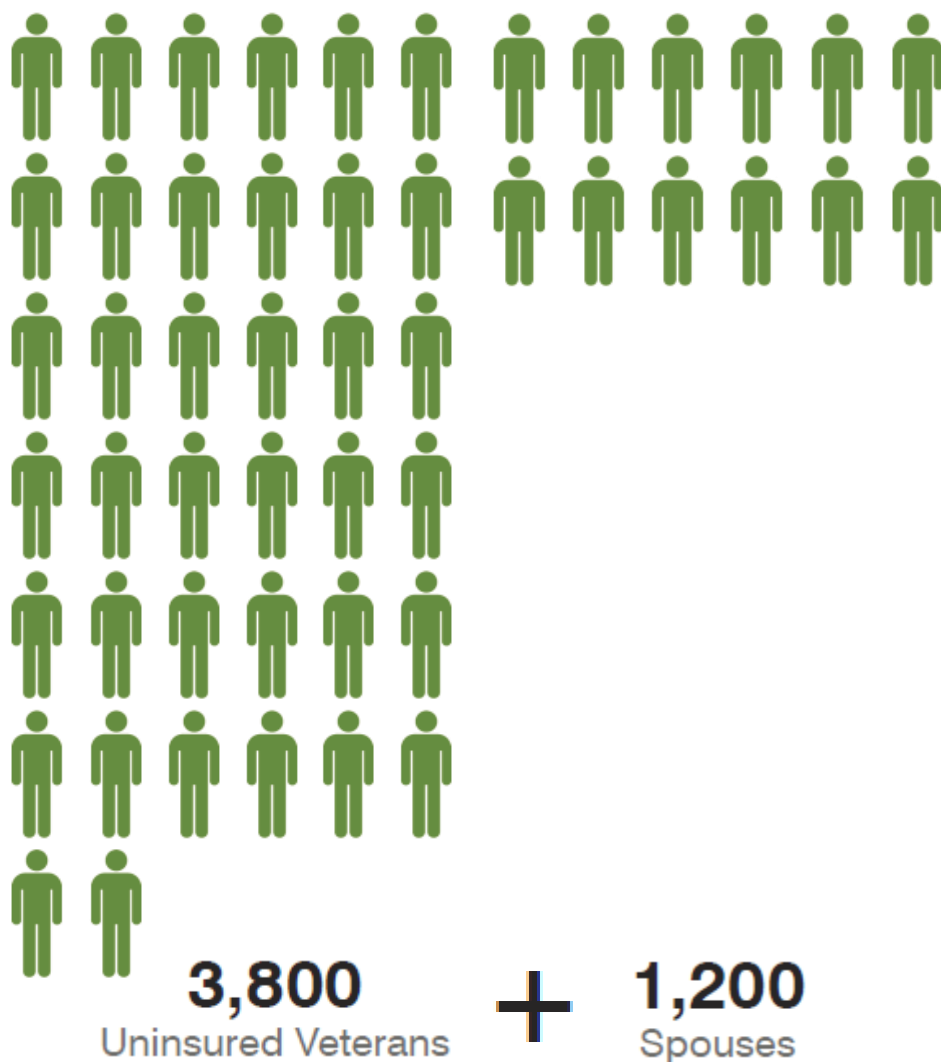
- Many people in the coverage gap suffer from a serious mental illness, such as depression, bipolar disorder, and schizophrenia
- Of the adults with a serious mental illness in FY2015:
  - 14,723 were enrolled in Idaho's Medicaid program
  - 13,503 were ineligible for Medicaid, likely in the gap, and received limited services from the Department of Health & Welfare
  - About 22,000 additional adults live with a severe mental illness but the service and insurance status cannot be estimated

**Idahoans with Serious Mental Illness**





# Idaho Veterans in the Gap









- Idaho has one of the highest rates of uninsured veterans in the nation
- If the coverage gap is closed:
  - 3,800 veterans would qualify for coverage
  - 1,200 spouses of veterans would qualify

# HOW DO WE PAY FOR PEOPLE IN THE GAP?

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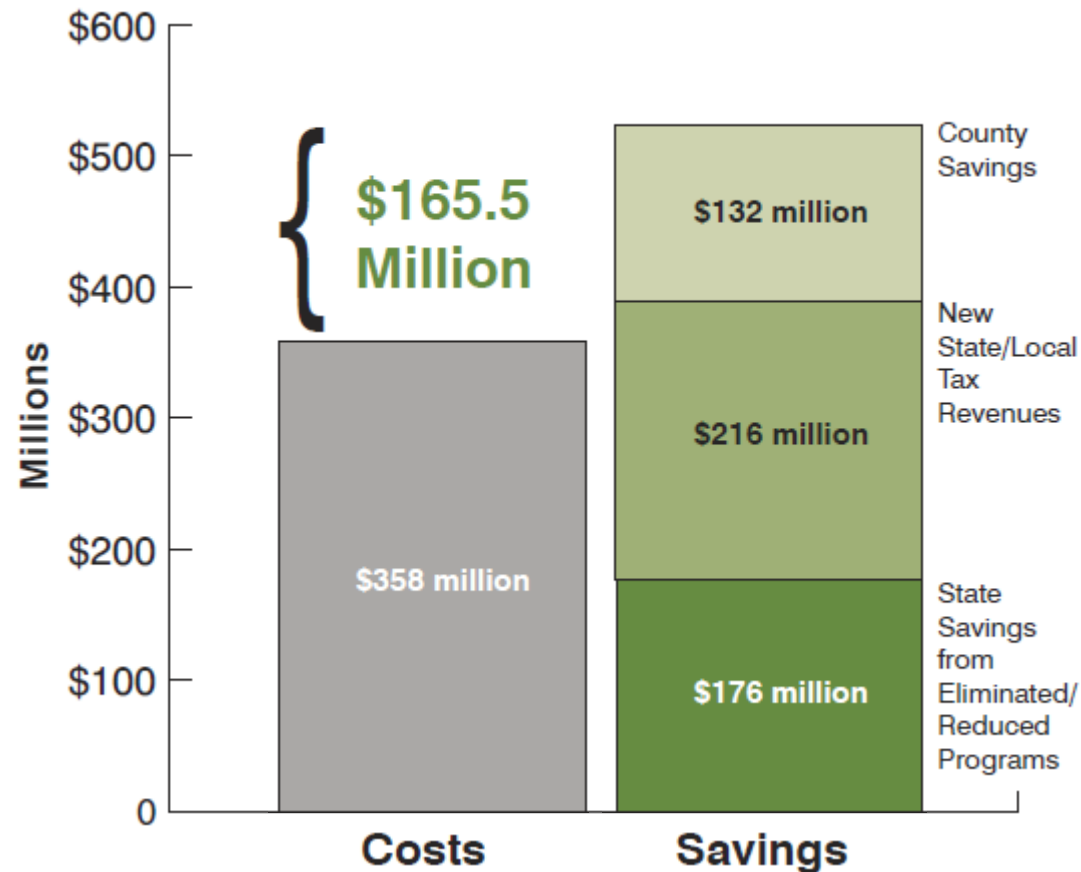


# Who Pays? Status Quo vs. Full Solution

Who Pays Now?		Who Would Pay if We Close the Gap?
	Medicaid/Managed Care 	✓
✓	State General Fund 	✓
✓	Idahoans in the Gap 	✓
✓	Counties 	
✓	People with Insurance 	
✓	Hospitals, Clinics, and Other Providers 	

# Fiscal Impacts of Closing the Gap

- If the state closes the coverage gap, Idaho would:
  - See \$524 million in county savings, new revenue and state savings
  - Invest \$358 million in state funds
- The total fiscal impact over the next five years is a net gain of \$165.5 million



# Idaho Businesses and the Economy

- Closing the coverage gap benefits Idaho's businesses and the economy by:

- Preventing businesses from facing \$12 million -18 million annually in tax penalties
- Boosting the economy with new state and local revenue
- Creating jobs
- Making workers healthier and generating more wages

Avoid \$12 million-\$18 million in business tax penalties



**\$216  
Million**

New state and local revenue over the next five years

Jobs created by 2022

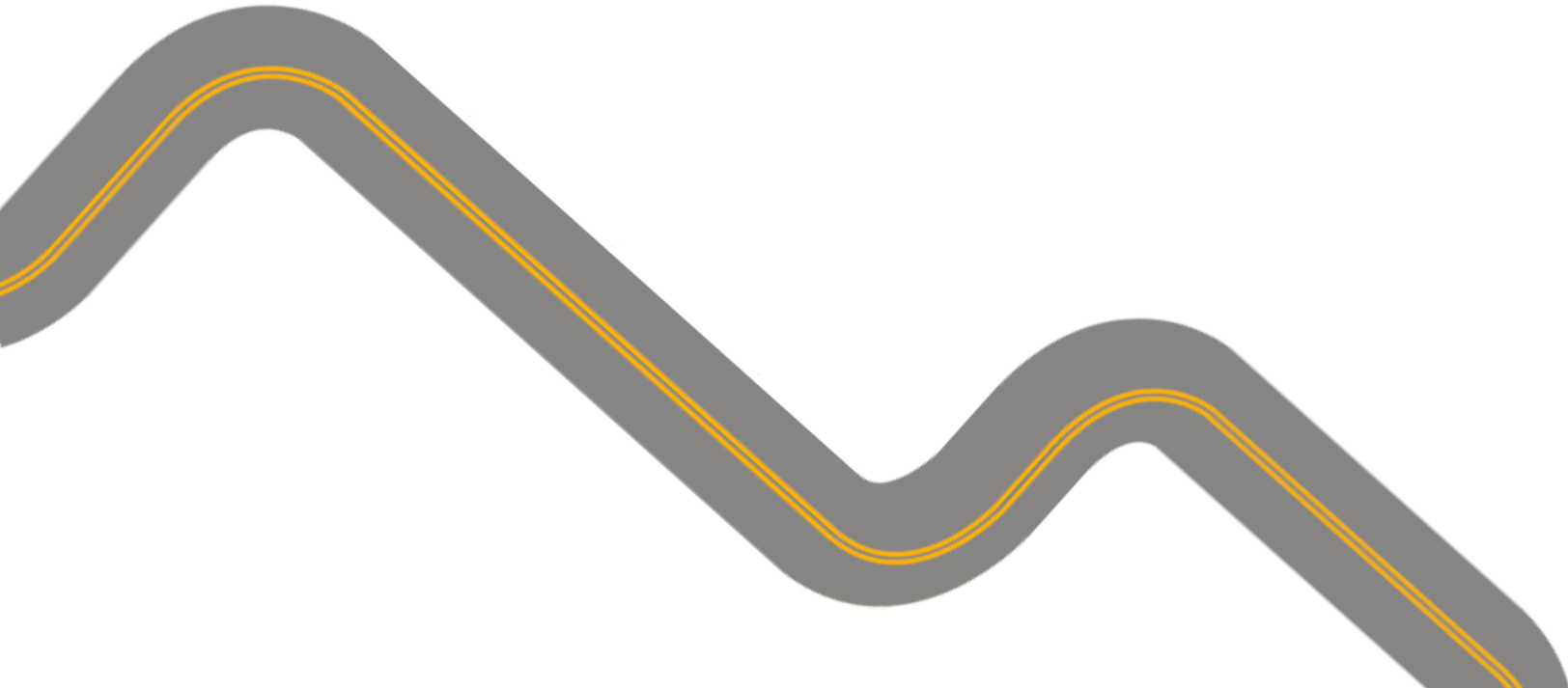
**13,626**

**\$2.5  
Billion**

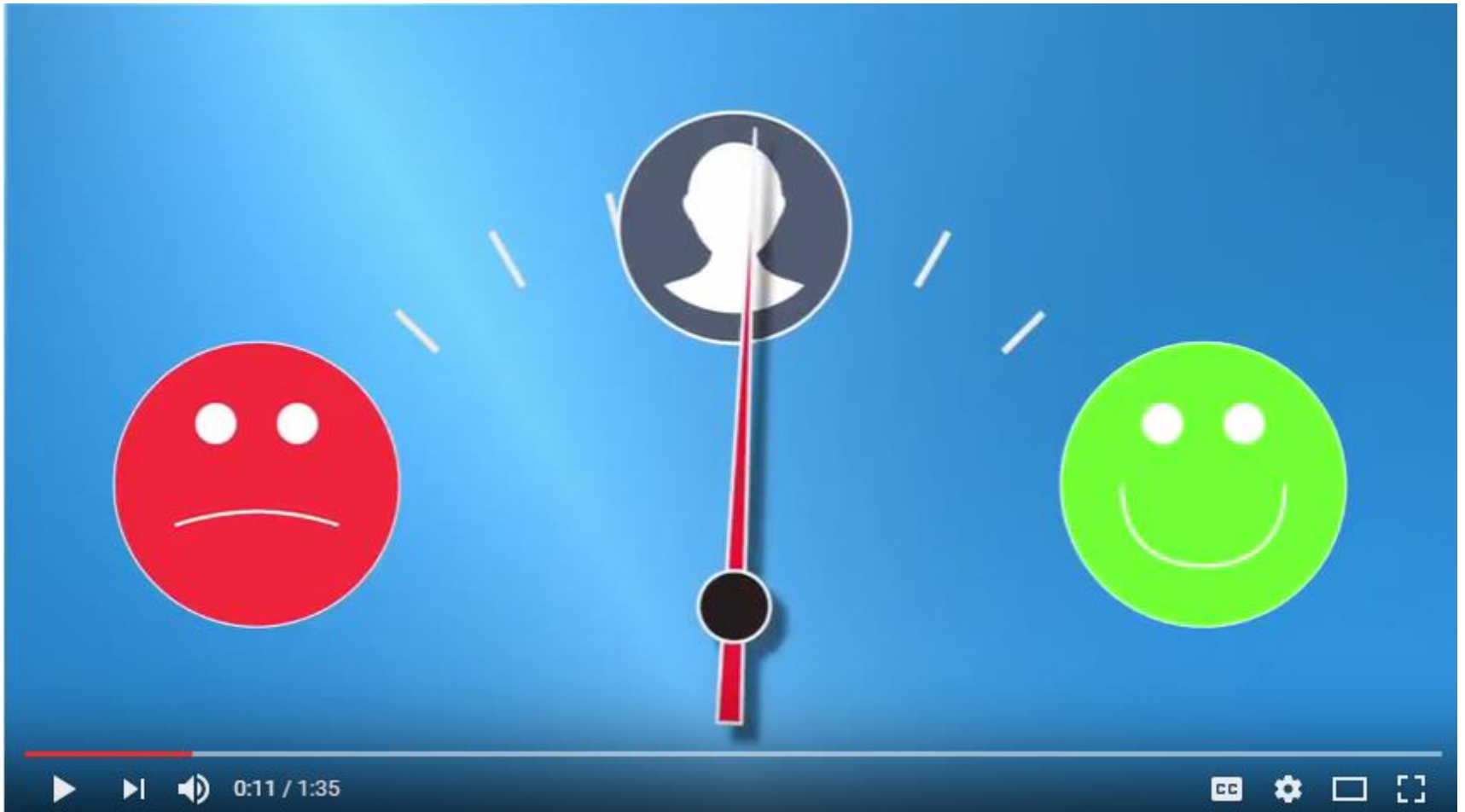
Wages generated over the next five years

WHERE DO WE GO  
FROM HERE?

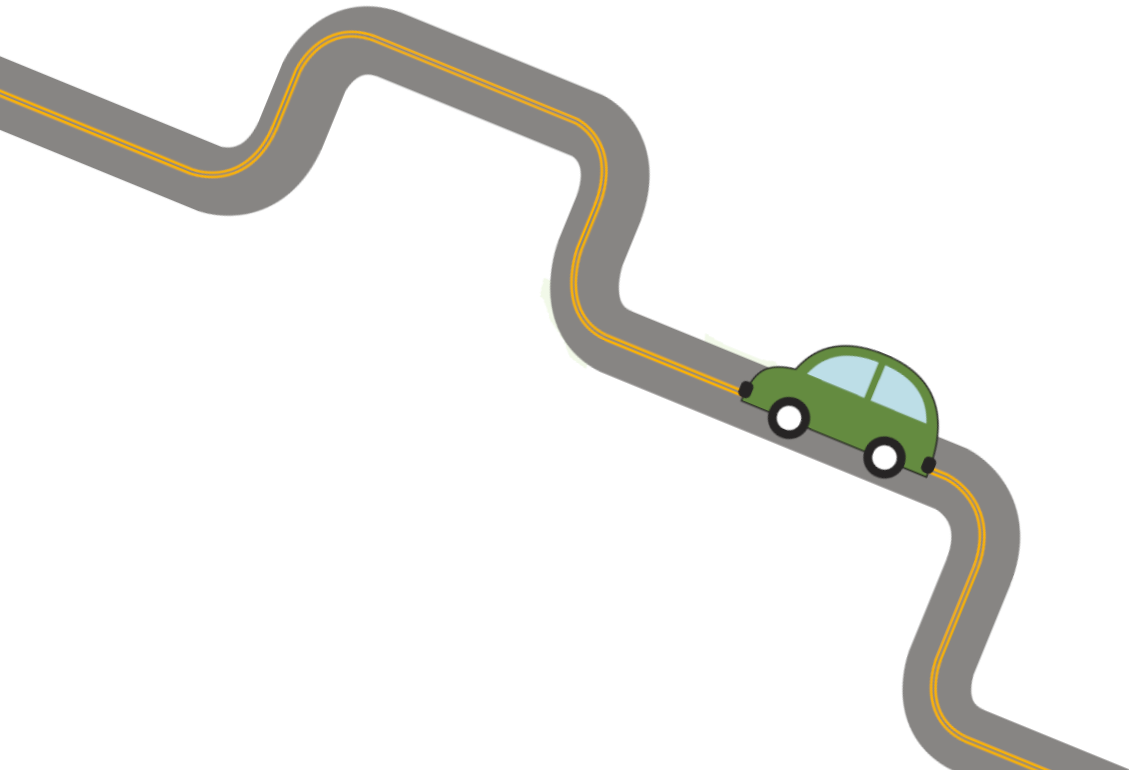
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# Options to Close the Coverage Gap



Questions?





# UNCOMPENSATED CARE IN IDAHO

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Dr. Darin Lee, Vice President of Medical Affairs,  
Saint Alphonsus Medical Center Nampa



# Idaho/ACEP & Idaho Medical Association

- Idaho Chapter of American College of Emergency Physicians
  - Founded in 1976
  - Represents more than 140 emergency physicians, residents and medical students working in Idaho
  - Passed a resolution to support closing the coverage gap with a full solution in 2016
- Idaho Medical Association
  - Membership includes over 2,600 Idaho medical professionals
  - Comprised of 7 Trustee Districts and 14 component medical societies
  - Passed a resolution supporting full coverage for the gap population in 2016



# Emergency Medical Treatment and Active Labor Act (EMTALA)

- Passed in 1986, EMTALA requires emergency departments that accept Medicare to provide an appropriate care to individuals seeking treatment, regardless of insurance status or ability to pay

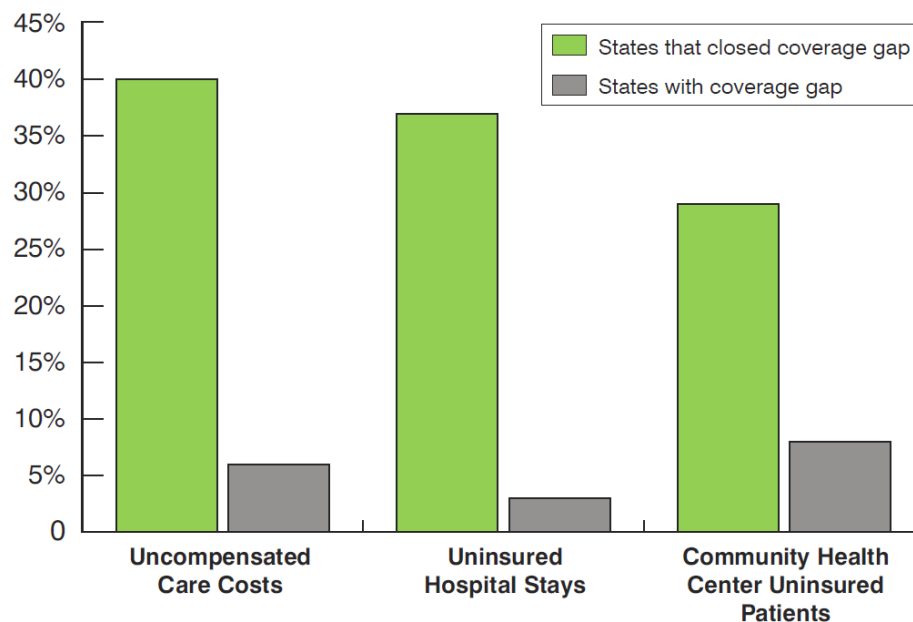


- No reimbursement provisions
- Hospitals may not transfer or discharge patients needing emergency treatment except with the informed consent

# Uncompensated Care

- Uncompensated care results in cost-shifting, which drives up the costs of health services and insurance premiums
- States that have closed their gaps:
  - Lower overall uncompensated care costs
  - Fewer hospital stays by uninsured patients
  - A lower percentage of uninsured patients at community health centers

## Percentage Reductions in Uncompensated Care Costs



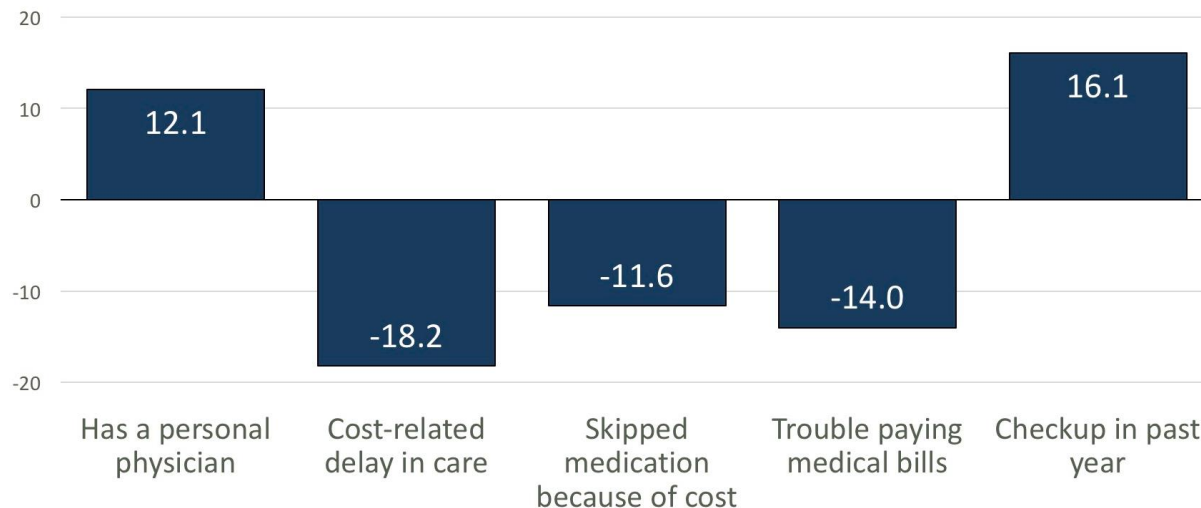
# Experiences from the Field



# Access to Health Care

- Closing the coverage gap leads to greater primary care use, improved health outcomes and less ED use
  - Dramatic drop in uninsured rates
  - Increase in likelihood of having a personal physician
  - Fewer delays in obtaining care
  - Increased likelihood in having a checkup
  - Increase reporting of excellent health

**Changes in Utilization and Health Among Low-Income Adults After Closing Coverage gap**



# Thank you!

- Close the Gap Idaho is a network of over 200 organizations and individuals statewide, working to support a complete, Idaho-based solution to the coverage gap. To learn more, visit [closethegapidaho.org](http://closethegapidaho.org)
- Close the Gap is supported by a steering committee of organizations focused on health policy



**CLOSE THE GAP**

**I D A H O**