



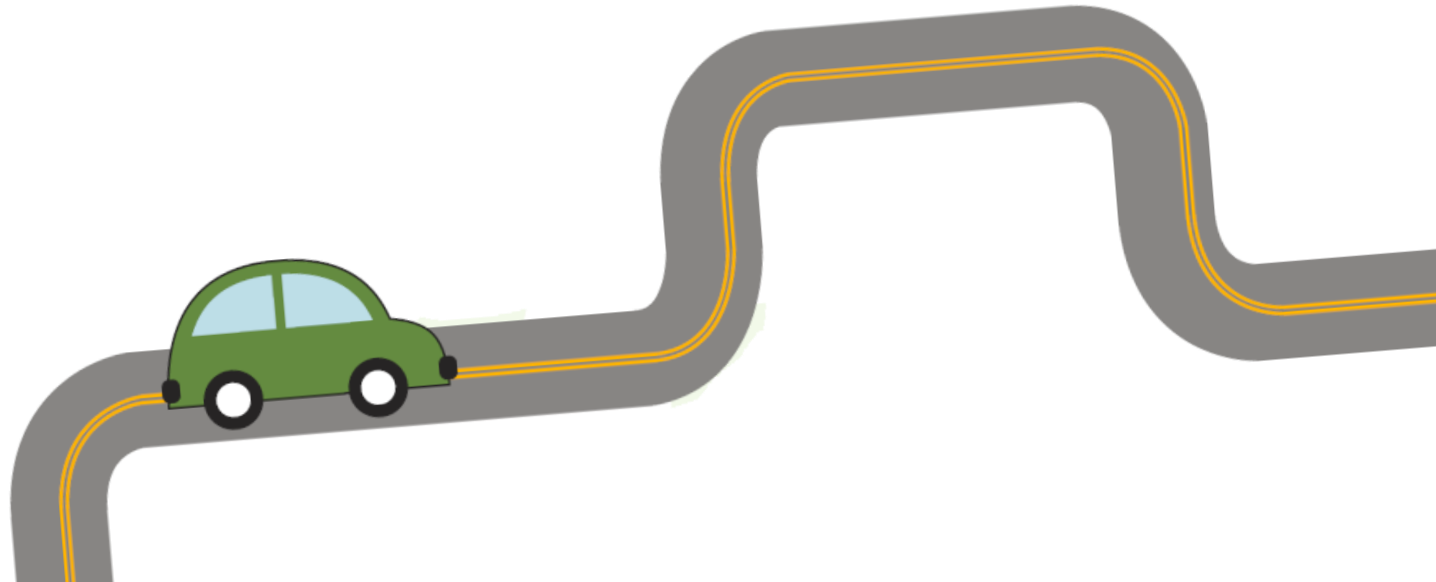
Understanding the Coverage Gap in Idaho

Lauren Necochea, MPA
Director, Idaho Voices for Children

August 11, 2016

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



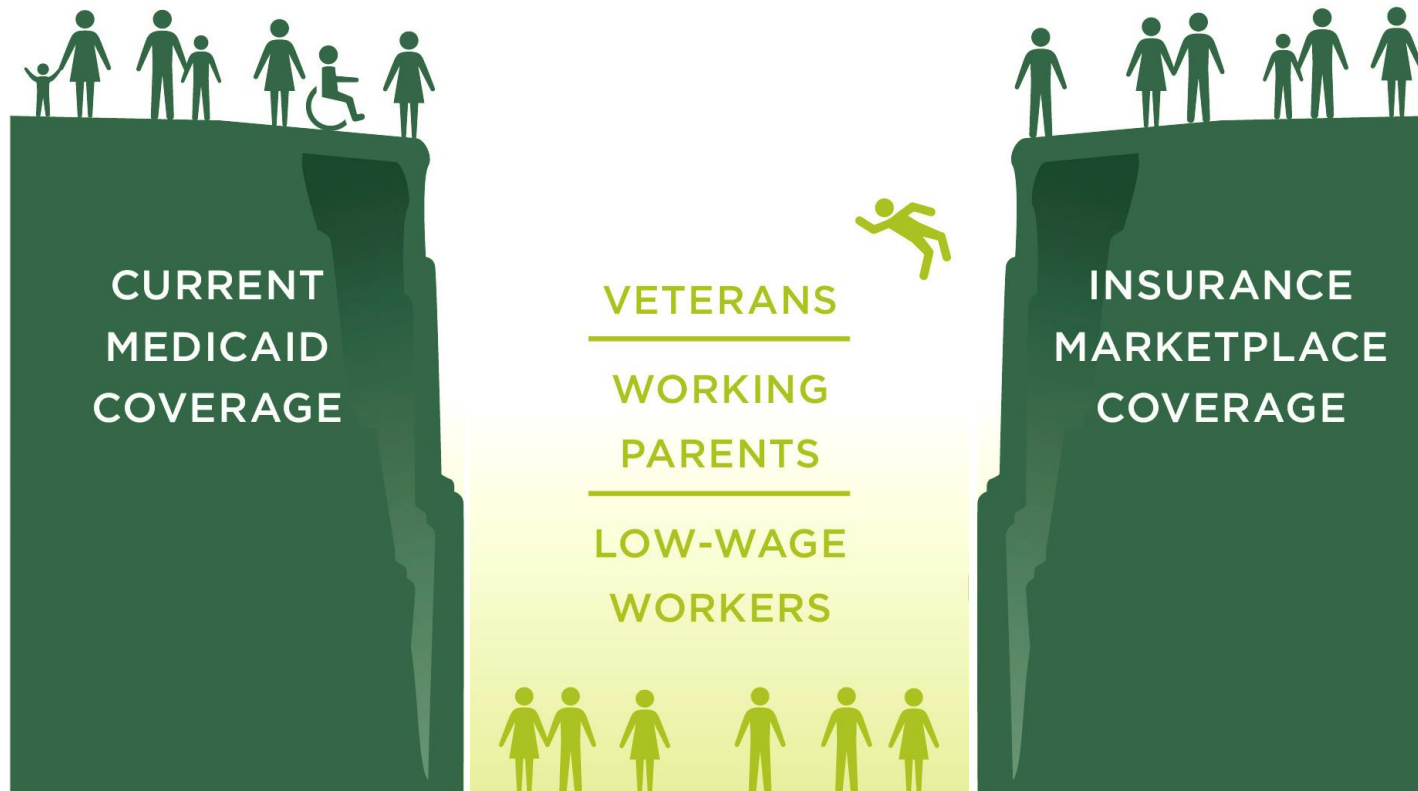


WHAT IS THE COVERAGE GAP?

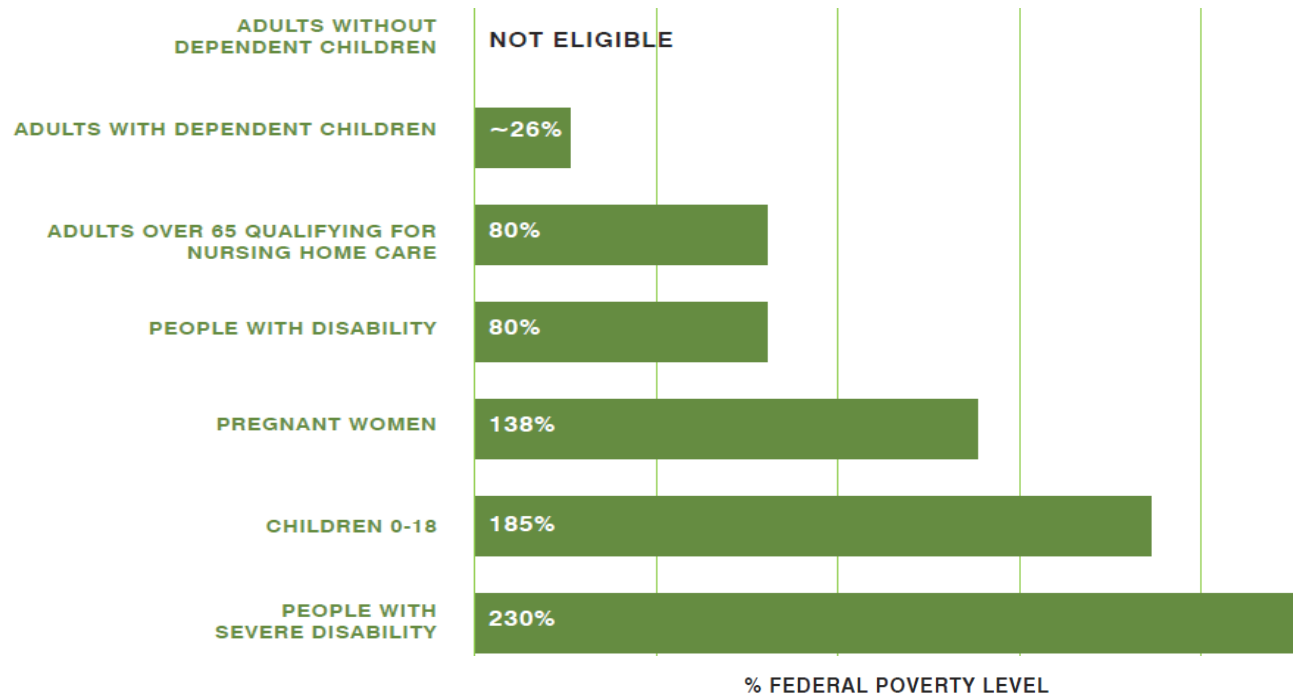


The Coverage Gap in Idaho

- 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

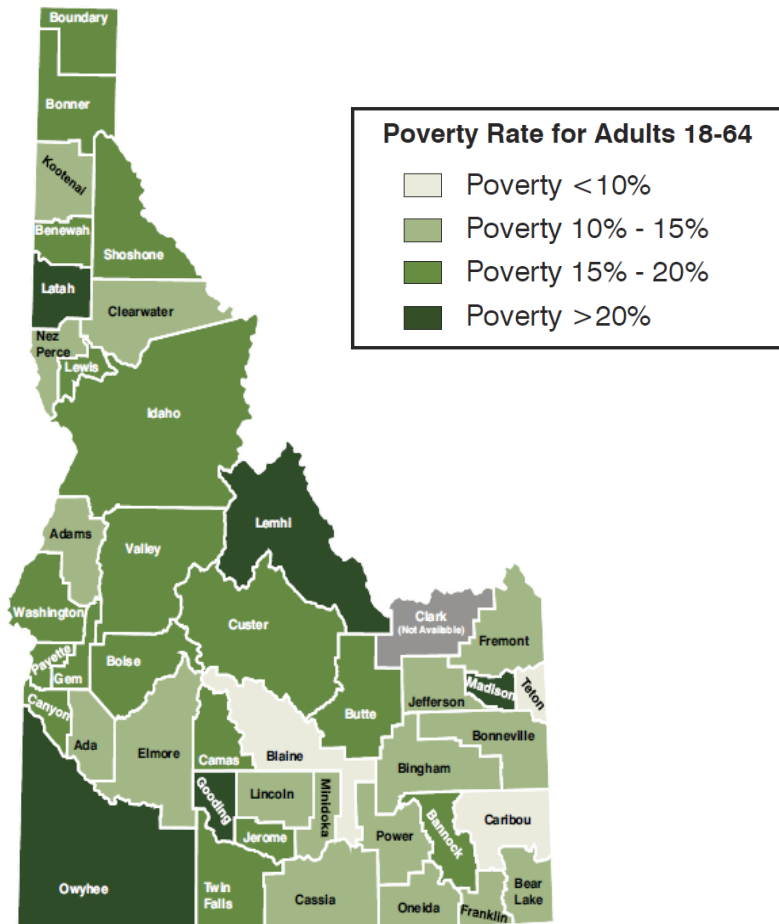
Top Occupations of Idahoans in the Gap

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:



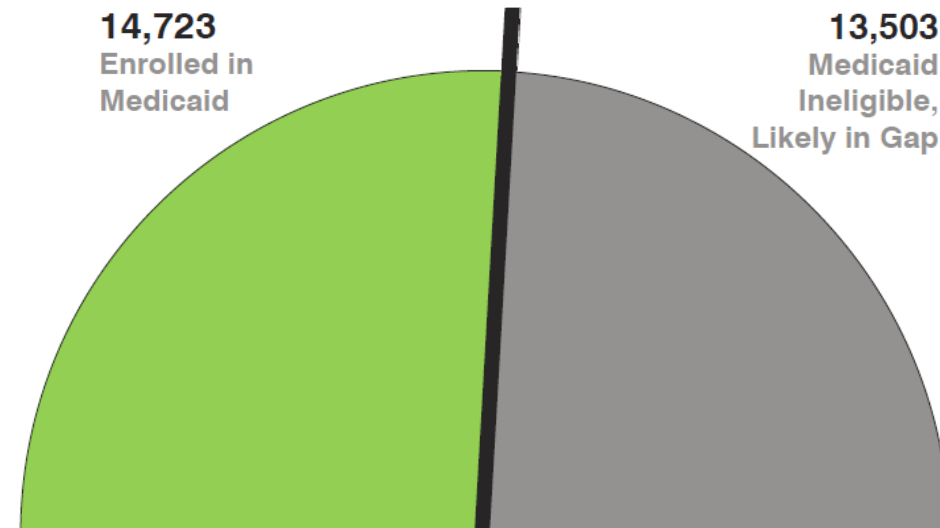
Rate of Idaho adults who fall into the gap by select county:

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

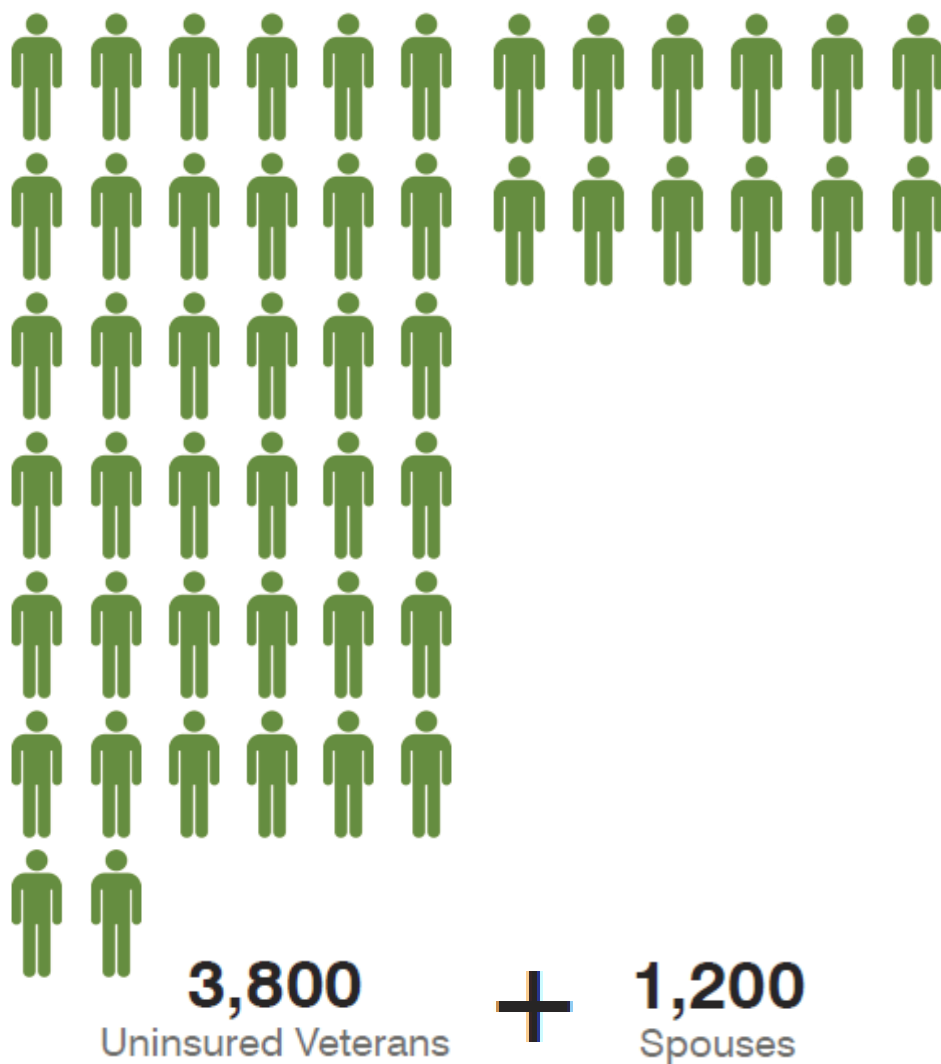
Mental Health and the Gap

- 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?

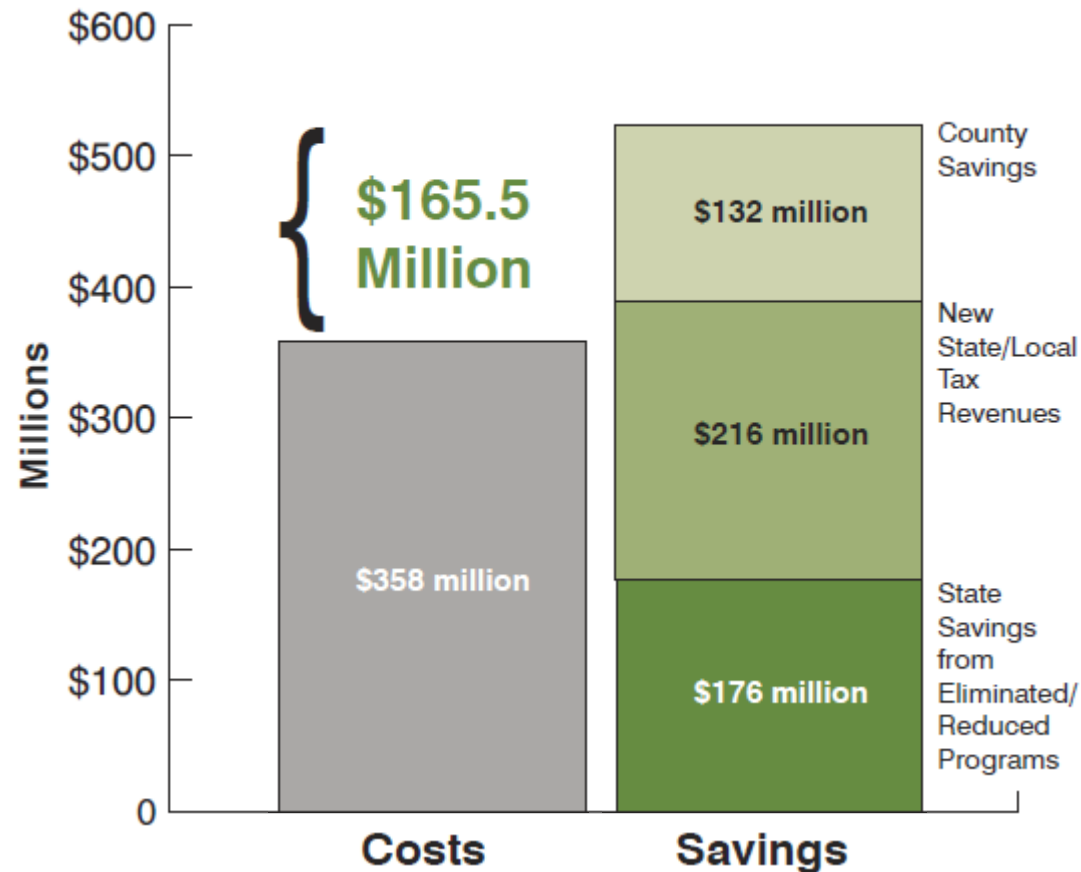


Who Pays? Status Quo vs. Full Solution

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

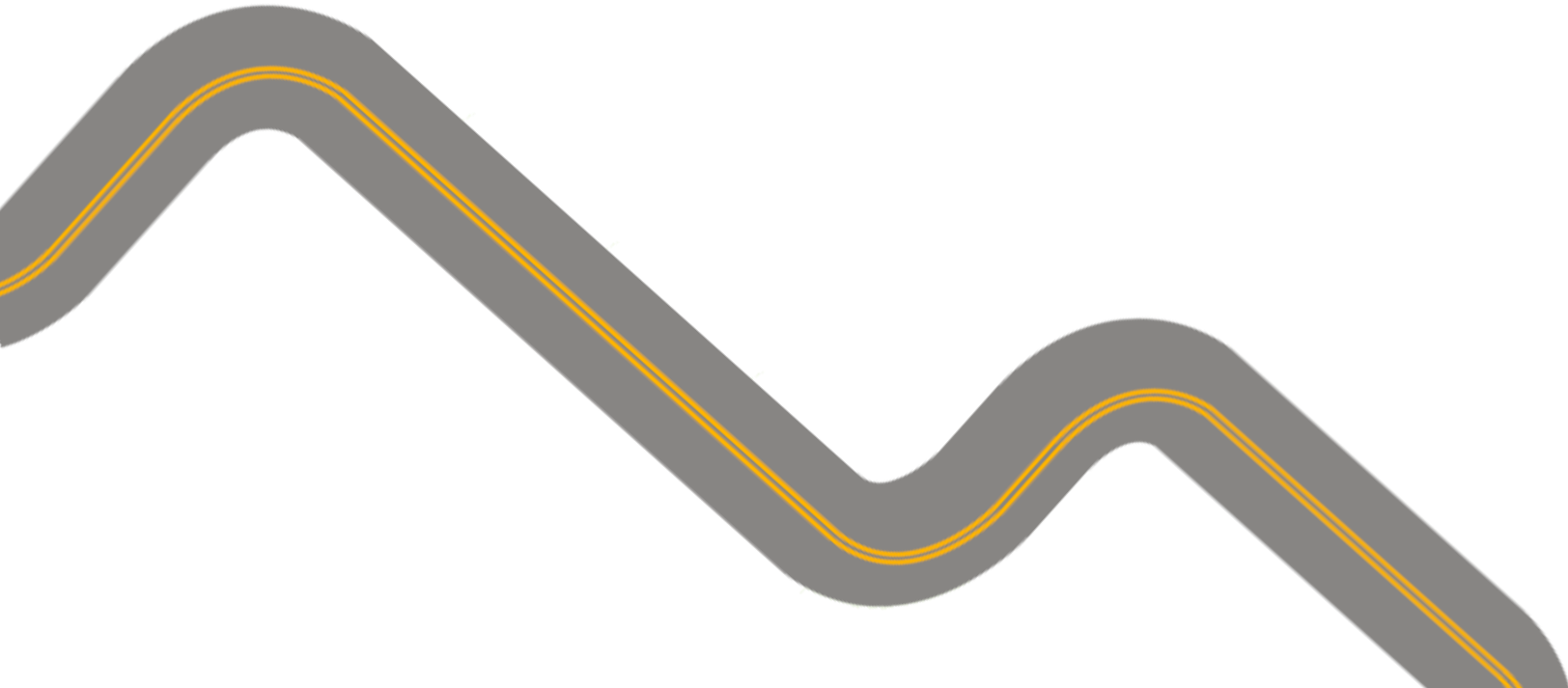
Jobs created by 2022

13,626

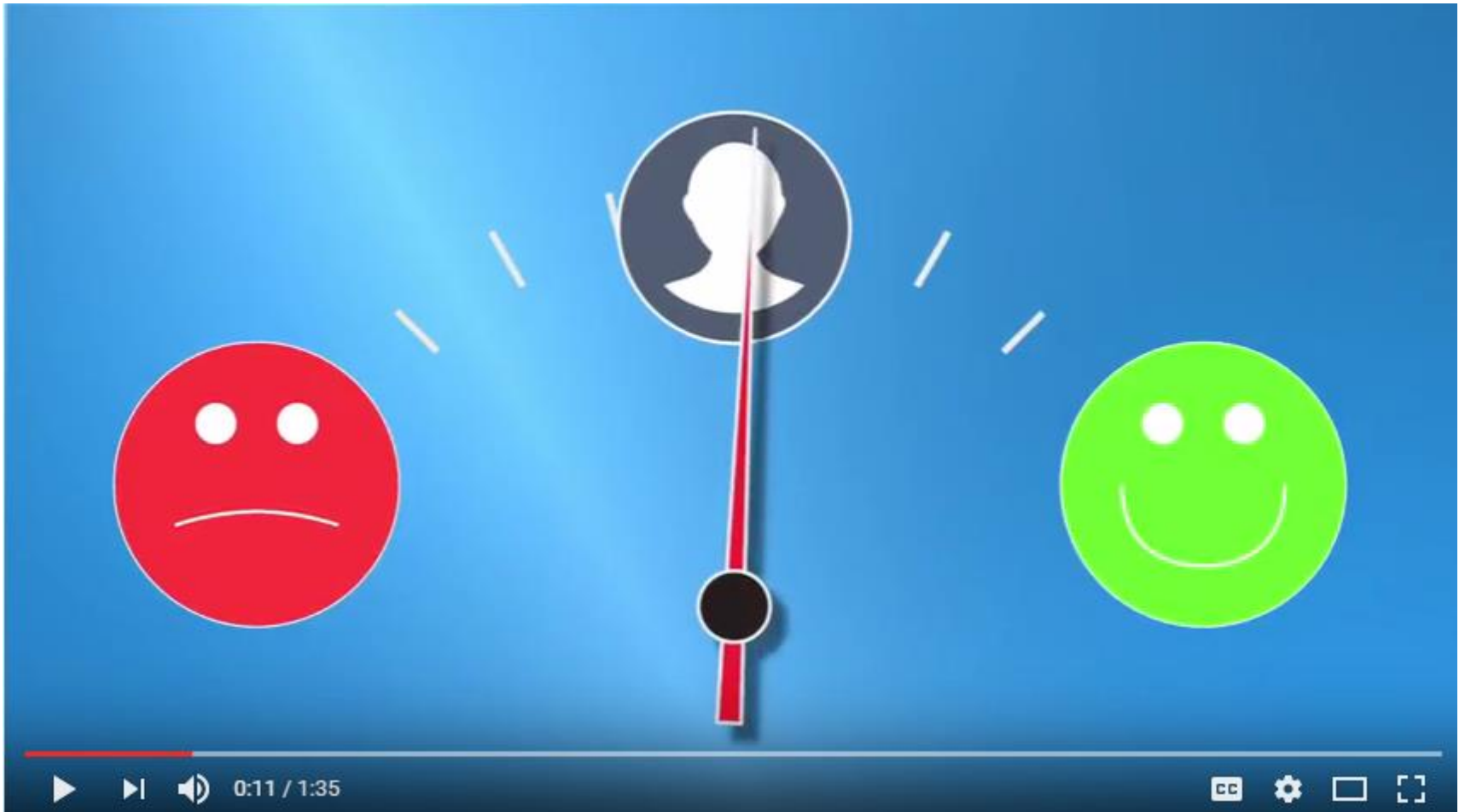
**\$2.5
Billion**

Wages generated over the next five years

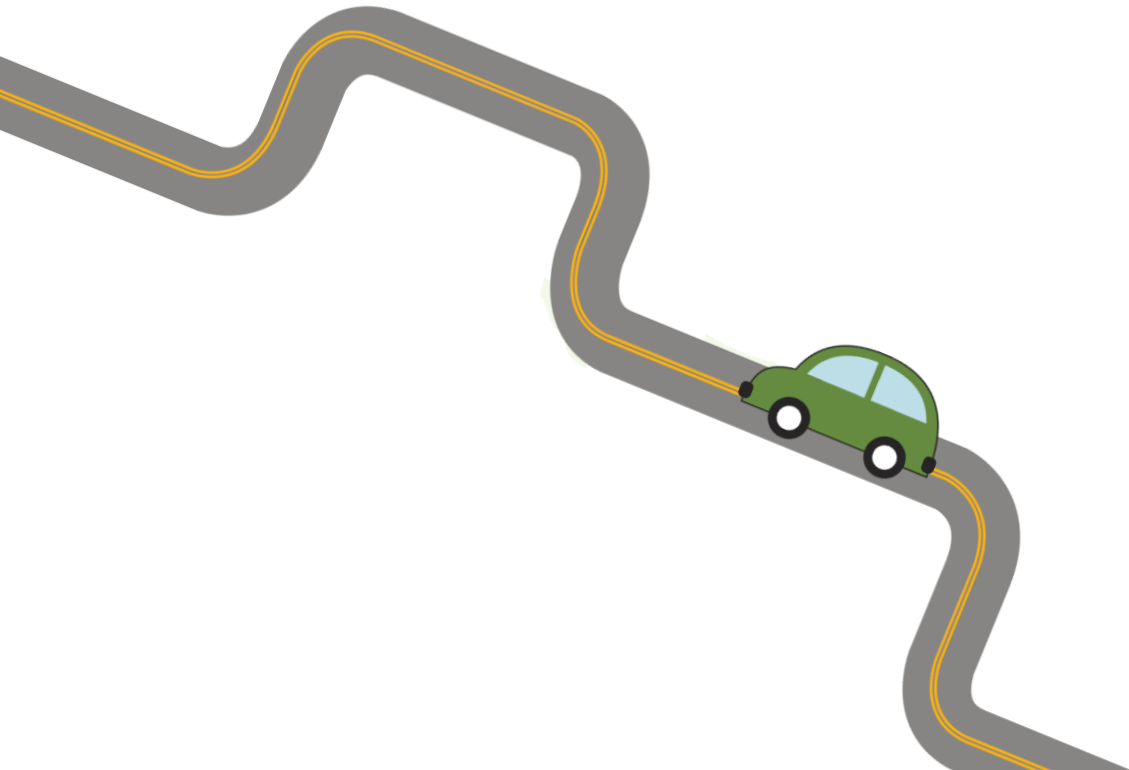
WHERE DO WE GO
FROM HERE?



Options to Close the Coverage Gap



Questions?



UNCOMPENSATED CARE IN IDAHO

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

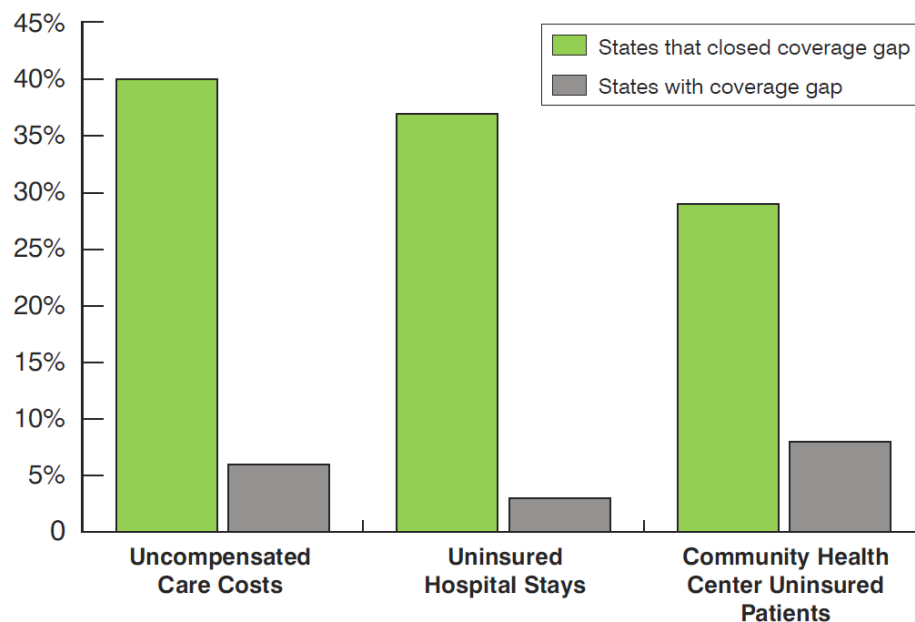


- No reimbursement provisions
- Hospitals may not transfer or discharge patients needing emergency treatment except with the informed consent

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



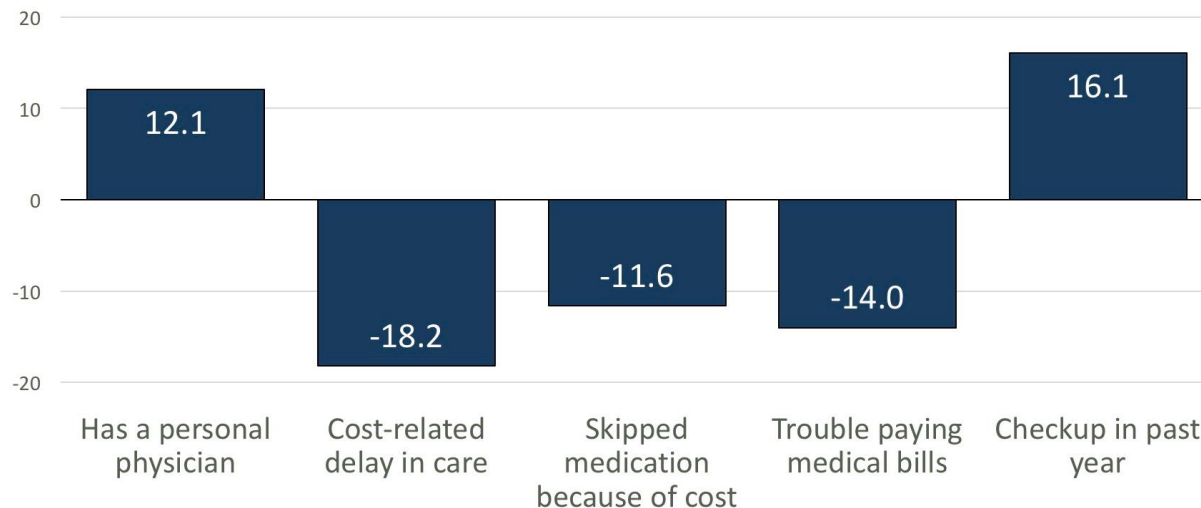
Experiences from the Field



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
- Close the Gap is supported by a steering committee of organizations focused on health policy



CLOSE THE GAP

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