

# Impact Analysis LIP, IGTs and SB 2512

Phase 1: Simple Expansion (July 2015)  
Phase 2: FHIX (January 2016)  
Phase 3: Healthy Kids Transition (July 2016)

April 21, 2015

Presented by:



The Florida Legislature  
Office of Economic and  
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# LIP—SSEC and Economic Assumptions...

## Social Services Estimating Conference zeroed out LIP Funding in 2015-16

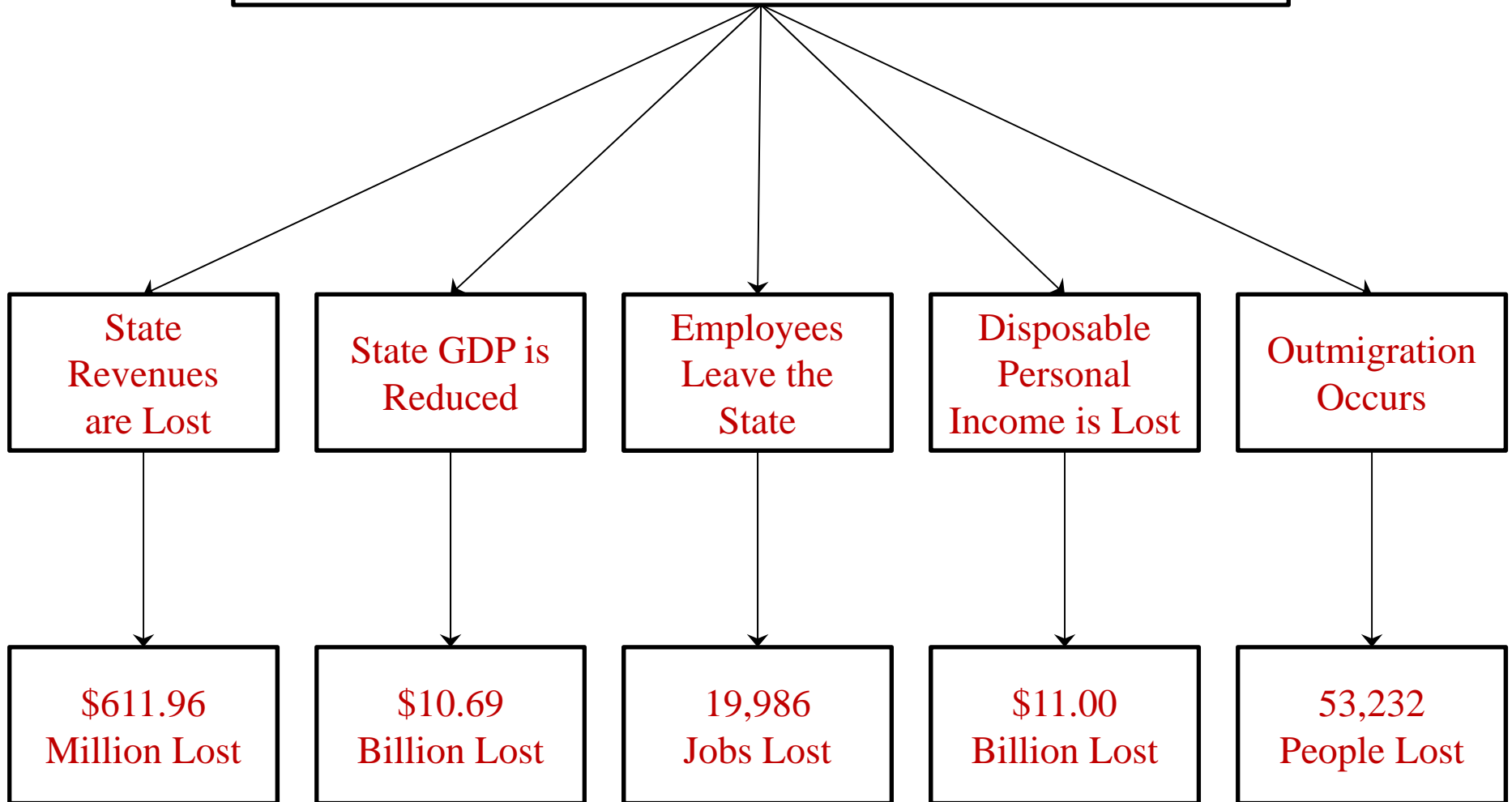
Issue APPROPRIATIONS	County Transfers	General Revenue	Medical Care TF	Total Funds
Low Income Pool - Primary Care Hospitals	\$4,854,712	\$0	\$7,150,016	\$12,004,728
Low Income Pool - Provisional Trauma Centers	\$3,569,512	\$0	\$5,257,175	\$8,826,687
Low Income Pool - Rural Hospitals	\$2,273,635	\$0	\$3,348,607	\$5,622,242
Low Income Pool - Safety Net Hospitals	\$28,873,580	\$700,000	\$43,555,946	\$73,129,526
Low Income Pool - Independent Report	\$202,200	\$0	\$297,800	\$500,000
Low Income Pool - Poison Control Hospitals	\$0	\$1,283,082	\$1,889,723	\$3,172,805
Low Income Pool - Specialty Pediatric Hospitals	\$569,867	\$0	\$839,299	\$1,409,166
Low Income Pool - Hospitals Providers Access System	\$309,941,891	\$0	\$456,482,171	\$766,424,062
Low Income Pool - Quality Add On	\$6,066,000	\$0	\$8,934,000	\$15,000,000
Low Income Pool - LIP 6	\$389,511,815	\$0	\$573,672,693	\$963,184,508
Low Income Pool - Federally Qualified Health Centers	\$5,919,659	\$1,471,259	\$10,885,338	\$18,276,256
Low Income Pool - Primary Care and ER Diversion, Manatee, Sarasota, and Desoto	\$0	\$485,280	\$714,720	\$1,200,000
Low Income Pool - Premium Assistance Program - Miami Dade	\$101,100	\$0	\$148,900	\$250,000
Low Income Pool - Premium Assistance Program - HCDPB	\$6,416,620	\$0	\$9,450,394	\$15,867,014
Low Income Pool - County Health Initiatives	\$1,833,844	\$0	\$2,700,883	\$4,534,727
Low Income Pool - Primary Care Health Departments	\$808,800	\$0	\$1,191,200	\$2,000,000
Low Income Pool - Hospital Primary Care with DOH	\$1,213,200	\$0	\$1,786,800	\$3,000,000
Low Income Pool - Teaching Physicians	\$82,713,482	\$0	\$121,820,351	\$204,533,833
Low Income Pool - STC 61_Tier One Milestone Distribution	\$14,154,000	\$0	\$20,846,000	\$35,000,000
Low Income Pool - Primary Care	\$8,582,754	\$5,180,105	\$20,269,927	\$34,032,786
<b>Total Low Income Pool Provider Access System Payments</b>	<b>\$867,606,670</b>	<b>\$9,119,726</b>	<b>\$1,291,241,942</b>	<b>\$2,167,968,340</b>

The Legislative Office of Economic and Demographic Research modeled the full effects (direct, indirect and induced) of losing the federal dollars on Florida’s economy over five years. Key assumptions are:

- The inter-governmental transfers (IGTs) associated with LIP are retained locally.
- The federal LIP funding (\$1.29 billion) has been used in the past to support the daily operations of the Hospital and Nursing industry through a “helicopter drop”. These dollars are removed each year from the economy.

## Economic Analysis Using Statewide Model

**Cumulative Impact of the Loss of LIP Funding over 5 years:  
\$6.46 Billion**



# Loss of Federal LIP Dollars...

## Major State Revenue Impact Areas

- Sales Tax: -\$361.4 Million
- Documentary Stamps: -\$78.9 Million
- Corporate Income Tax: -\$30.8 Million
- Motor Fuel Tax: -\$22.04 Million

## Significant Employment Change by Industry

- Hospital and Nursing: -4.17%
- Real Estate: -0.26%
- Retail: -0.14%
- Construction: -0.07%

## Related Risk Areas

- The Social Services Estimating Conference assumed non-LIP related IGTs of \$359.5 million for FY 2015-16 would continue. Of this amount, \$99.7 million are in Hospital Outpatient and \$259.8 million are in Hospital Inpatient. Overall, the SSEC placed 80.4% in prepaid, and 19.6% in fee for service. Any future transfers are at risk if LIP is discontinued since the local dollars are voluntary, and local governments will reassess their return from the statewide distribution of these dollars.

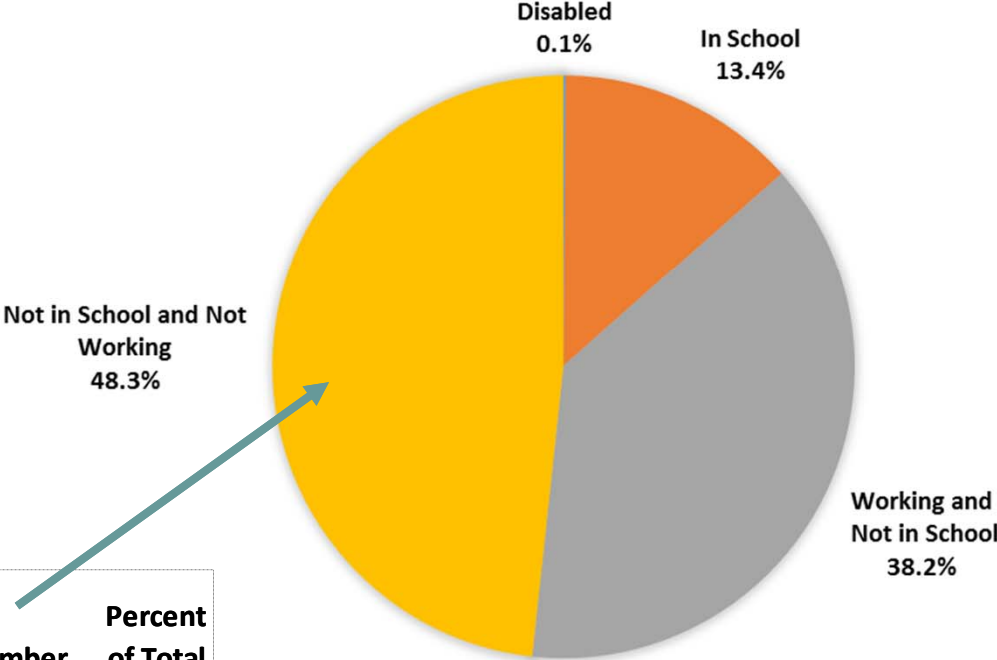
# Replacing Federal LIP Dollars...

- Federal funds come into Florida from outside the state (“helicopter drop”).
- A preliminary analysis shows that redirecting state funds from other areas of the budget to offset the elimination of federal dollars would only partially mitigate the lost economic activity. While the state is not made whole, mitigation spreads the shock from being concentrated in a limited number of industries to a greater number of industries—diffusing some of the economic consequences.

# SB 2512 ~ Characteristics of the Expansion Base Population from the American Community Survey (ACS) 2011-2013, Public Use Microdata (PUMS)...

**Medicaid Expansion Base Population Excluding Persons Aged 65 and Over**

**Population of 829,802**



	<b>Number</b>	<b>Percent of Total</b>
Not in School and Not Working	400,612	48.28%
Parents	59,186	7.13%
Non-Parents	341,426	41.15%

# Population Adjustments to Base...

## **CROWD OUT**

- The crowd out population is individuals who are paying for private health insurance today and who would qualify for Medicaid coverage under Simple Expansion-Phase 1.
- Using the 2011-13 ACS PUMS data, there were 122,704 individuals who would be classified as crowd out population.

**Revised Population of 951,826**

## **LIKELY PRESENTERS**

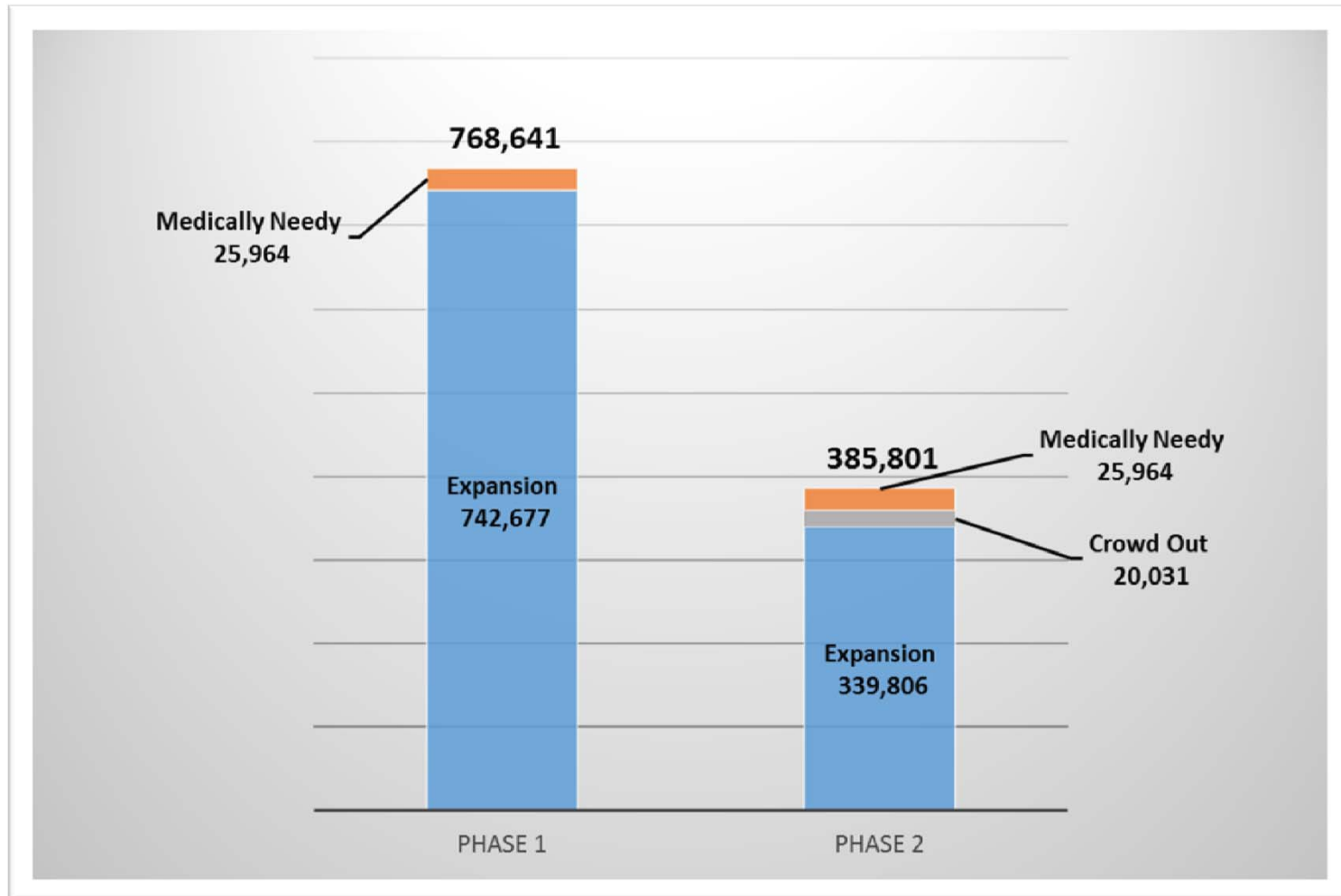
- A take-up rate of 85.8% is applied to the Medicaid Expansion population to match the health insurance participation rate of today's Medicaid eligible population. The crowd out population is assumed to present fully.
- The total number of likely presenters is 834,674. This number is subsequently adjusted for population growth, reaching 908,127 in 2019-20.

**Likely Presenting Population is 834,674**

# Medically Needy...

- Non-pregnant adults aged 19-64 under 133% FPL (25,964) would automatically transition from the Medically Needy Program to Medicaid Simple Expansion-Phase 1.
  - Transition of these individuals would result in state savings due to the different federal participation matching rates.
- Persons aged 19-64 who are above 133% FPL and Seniors at all income levels (5,114) are disenrolled from the Medically Needy Program on October 1, 2015.
  - The disenrollment of these individuals produces savings from the state match that will no longer be required.
- Children under the age of 19 and Pregnant Women who do not otherwise qualify for Medicaid (936) are enrolled until October 1, 2019.
  - The disenrollment of these individuals produces savings from the state match that will no longer be required.

# Year 1 ~ Simple Expansion and Transition to FHIX...



The various components of the population are grown to the start of the program in FY 2015-16, and then through the subsequent years. Adjustments are also made to reflect SB 2512.

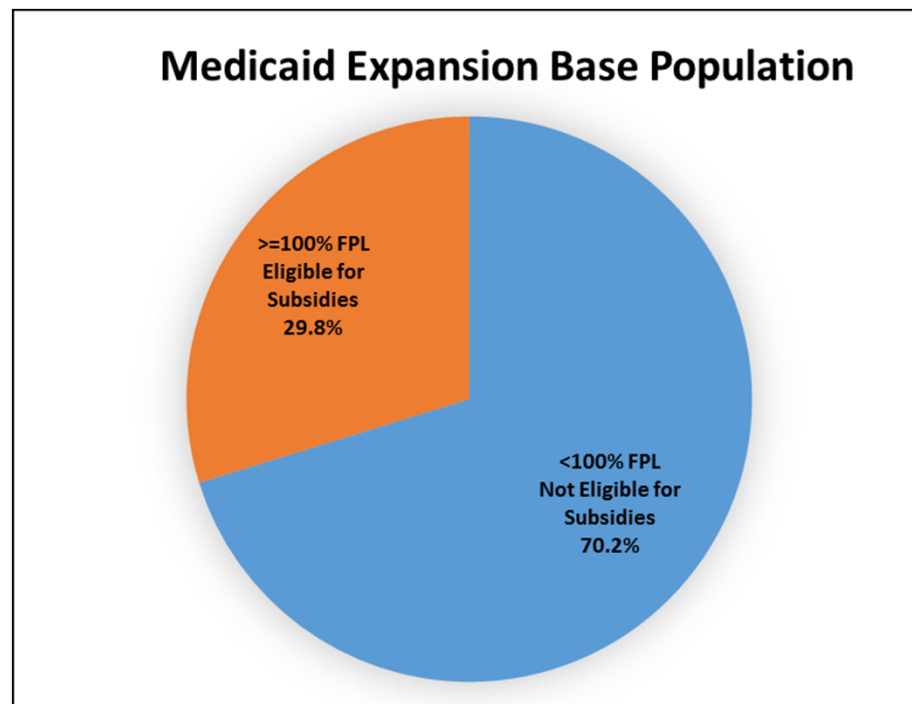


# Assumptions for Transition to FHIX-Phase 2...

- Expansion enrollees from Phase 1 (742,677) are:
  - Reduced for Constraints (64.4% remain).
    - School
    - Employment by hours for parents and others
    - Job Seekers
    - Disabled
  - Increased for Caregivers (estimated to be 7,153 in the base population) who otherwise would have been removed by the Constraints.
  - Further reduced for attrition between Phase 1 and Phase 2 (30% removed).
  - Ultimately, 339,806 enroll.
- Medically Needy enrollees from Phase 1 (25,964) are assumed to transition fully.
- Since the Crowd Out population (122,704) already has insurance, they wait for the FHIX options to become known at the beginning of Phase 2 to make a decision and do not participate in Phase 1.
  - The Eligible Universe was screened to determine those most likely to stay with private insurance (approximately 67% based on school status, youth, and probability of constraint failure).
  - The remaining population was reduced again by 50% to reflect those making a case by case decision based on specific FHIX offerings.
  - Ultimately, 20,031 enroll in FHIX.

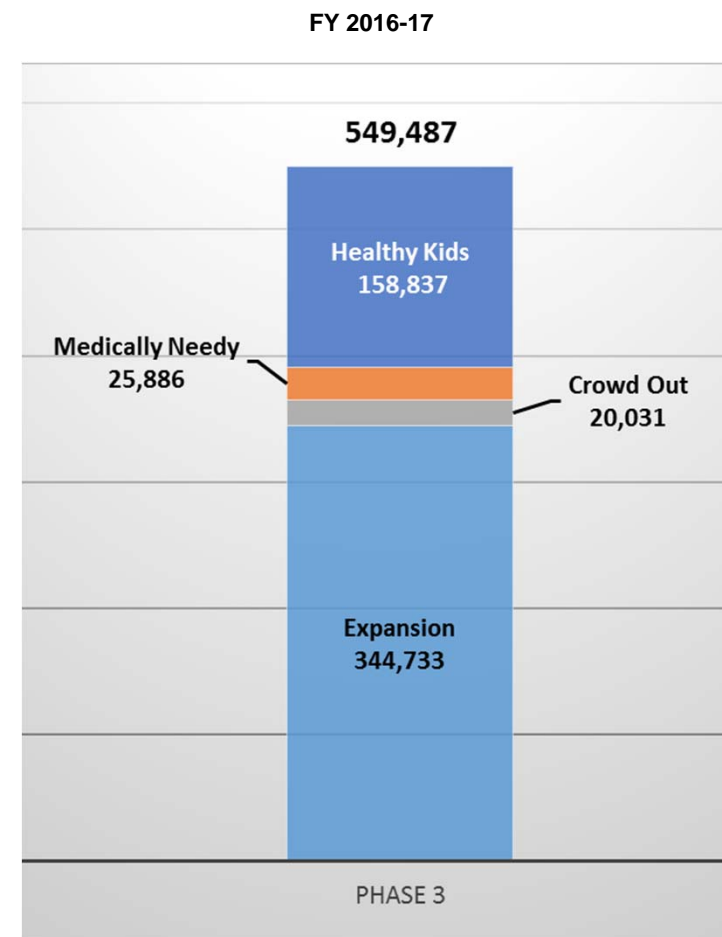
# Disenrollees and the Exchange...

- Subsidies (health insurance premium tax credits) are only available to persons between 100% to 400% FPL selecting insurance coverage through the Exchange.
- Florida's Medicaid Expansion base population has 70.2% who are not eligible for subsidies today, and the remaining 29.8% are eligible for subsidies.
- EDR assumes that the disenrolled population would mirror Florida's Medicaid Expansion base population and therefore at least 70.2% would continue to be ineligible for subsidies on the Exchange and may no longer have access to unsubsidized options.
- It is unknown how the remaining 29.8% who are between 100% and 133% FPL could be allowed to access or receive subsidies for private insurance coverage purchased on the Exchange. If access and future subsidies are denied, this population would be worse off.



# Healthy Kids in FHIX-Phase 3...

- Current Healthy Kids Title XXI (133% - 200% FPL):
  - Current enrollees (158,837) will transition to FHIX-Phase 3.
  - The monthly premium amount for these children will be the maximum \$25 because all have family incomes above 100% FPL (the current average monthly premium is \$12.48; the shift to FHIX will reduce costs to the state due to the increase in premiums).
- Current Healthy Kids Full Pay (above 200% FPL):
  - This analysis assumes Healthy Kids Full Pay enrollees (37,607) will not be eligible for the FHIX marketplace (today, these families pay 100% of their insurance costs).
  - Instead of moving to FHIX, Full Pay enrollees will shift to private insurance coverage on July 1, 2016.



# Savings from Changes to Existing Programs...

- Savings from Transition to Expansion/FHIX:
  - 25,964 Medically Needy individuals - state savings due to both the higher federal participation matching rates and newly required premium payments.
  - 158,837 Healthy Kids individuals - state savings due to the increased average monthly premium paid by families.
  
- Savings from Disenrollment:
  - 5,114 Medically Needy individuals (October 1, 2015) – state savings because state match is no longer required.
  - 936 Medically Needy pregnant women and children (October 1, 2019) – state savings because state match is no longer required.

State Savings (in Millions)	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
Transition to Expansion/FHIX						
Medically Needy Non Pregnant adults 19-64 Under 133%	\$237.4	\$219.0	\$200.5	\$193.9	\$180.8	<b>\$1,031.6</b>
Healthy Kids Title XXI	N/A	\$0.9	\$1.0	\$1.0	\$5.3	<b>\$8.2</b>
Disenrollment from Medically Needy						
Non Pregnant adults 19-64 Above 133% (in October 2015)	\$22.0	\$28.9	\$28.9	\$28.8	\$28.7	<b>\$137.4</b>
Adults 65+ (in October 2015)	\$11.6	\$15.2	\$15.2	\$15.2	\$15.1	<b>\$72.3</b>
Children and Pregnant Women (in October 2019)	\$0.0	\$0.0	\$0.0	\$0.0	\$3.3	<b>\$3.3</b>
<b>Total</b>	<b>\$271.1</b>	<b>\$264.1</b>	<b>\$245.6</b>	<b>\$238.8</b>	<b>\$233.1</b>	<b>\$1,252.7</b>

Note: Dollars in Millions; Positive Total = Savings; Negative Total = Expenditures; Numbers may not sum due to rounding

# Insurance Premium Tax...

- A. The current revenue forecast assumes 1.44 million individuals are induced by the Affordable Care Act to obtain private insurance that is subject to the Insurance Premium Tax in the 2015 calendar year.
- B. This analysis assumes that 234,284 of the 1.44 million individuals would qualify for and move to Medicaid under Simple Expansion-Phase 1, in lieu of seeking private insurance. This number grows and is included within the uninsured presenters.
- C. This analysis also assumes that 20,031 individuals who currently pay for their own private insurance will seek and obtain coverage through FHIX (Crowd Out population).
- D. The premiums and tax collections from the underlying Insurance Premium Tax forecast associated with all of these individuals [from above: (B + C)] are removed throughout the entire forecast.
- E. Some of the Phase 1 participants would be disenrolled during the transition to Phase 2; however, their remaining insurance options are unclear and the disenrollee feedback to the Insurance Premium Tax forecast is indeterminate.

# State Insurance Premium Tax

	Insurance Premium Tax				
	FY 2015-16	FY 2016-17	FY2017-18	FY 2018-19	FY 2019-20
Phase 1 - Impact of Simple Expansion	(\$7,226,394)	(\$6,187,003)	(\$6,570,490)	(\$6,807,356)	(\$7,108,618)
Phase 2 - Impact of Crowd Out Leaving Private Insurance	\$0	(\$403,304)	(\$311,722)	(\$307,841)	(\$317,198)
Phase 2 - Impact of FHIX Plan Selection	\$0	Indeterminate	Indeterminate	Indeterminate	Indeterminate
Impact of Disenrolled	\$0	Indeterminate	Indeterminate	Indeterminate	Indeterminate
Phase 3 - Impact of Healthy Kids Full Pay Purchasing Insurance	\$0	\$362,106	\$629,801	\$525,205	\$548,440
<b>Total Cash Impact of Insurance Premium Tax</b>	<b>(\$7,226,394)</b>	<b>(\$6,228,201)</b>	<b>(\$6,252,411)</b>	<b>(\$6,589,992)</b>	<b>(\$6,877,376)</b>

- The ultimate mix of insurance offerings on FHIX are currently unknown.
- Among other options, FHIX can offer “...a managed care plan contracted with the Agency for Health Care Administration under the managed medical assistance program under part IV of Chapter 409.” Today, these plans (Medicaid MMA) are not subject to the Insurance Premium Tax. The Insurance Premium Tax status of the FHIX options is unclear.
- For these reasons, the impact of FHIX selections on Insurance Premium Tax collections is indeterminate.

# Overall Coverage Status after Full Implementation...

Current Coverage Status	Coverage Status under SB 2512 (after Phase 3 full implementation)	Description	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Uninsured	FHIX	This group is currently uninsured and would qualify for the FHIX marketplace (school/work requirements and premium payment requirements).	344,733	349,639	354,520	359,364
Private Insurance	FHIX	This group currently has private insurance and would transition to the FHIX marketplace; they will meet all FHIX requirements and will opt for a FHIX plan over their current private insurance plan.	20,031	20,031	20,031	20,031
Medicaid Medically Needy	FHIX	This group is currently in Medicaid Medically Needy and would be transitioned to FHIX because they would meet all the requirements. This group, which has not paid premiums in Medicaid, would be subject to premium payments starting in Phase 2.	25,886	25,808	25,731	25,653
Healthy Kids Title XXI	FHIX	This group comprises the current Healthy Kids Title XXI population. They would be transitioned to FHIX in Phase 3; premiums would increase from the current average of \$12.48 per month to \$25.00 per month (all are above 100% FPL).	158,837	162,305	164,740	167,211
FHIX Enrollment Subtotal			549,486	557,783	565,021	572,259
Medicaid Medically Needy	Medicaid Medically Needy	This group is children or pregnant women currently in Medicaid Medically Needy. They would remain in Medicaid until the Medically Needy program is terminated on October 1, 2019.	934	931	928	- 925
Medicaid Medically Needy	No longer with a state-sponsored program	This group includes the elderly at all income levels and the individuals with incomes above 133% FPL who are currently in Medicaid Medically Needy. This group would not meet income and/or age requirements for FHIX. They would be disenrolled from Medicaid on October 1, 2015.	- 5,099	- 5,084	- 5,069	- 5,053
Healthy Kids Full Pay	No longer with a state-sponsored program	This group comprises the Healthy Kids Full Pay population (all have incomes above 200% FPL). It is assumed that they would not have a path to insurance through the FHIX marketplace.	- 37,607	- 37,607	- 37,607	- 37,607
Uninsured	Not with a state-sponsored program	This group is currently uninsured and would not qualify for the FHIX marketplace (school/work requirements and/or premium payment requirements).	~ 408,713	~ 414,528	~ 420,315	~ 426,059
Number of individuals no longer benefitting after full implementation			451,419	457,219	462,991	469,644

A negative sign (-) indicates individuals who are currently enrolled in a state-sponsored program but would be disenrolled under SB 2512.

A tilde (~) indicates Expansion individuals who are currently uninsured and would not become eligible for a state-sponsored program through SB 2512.

# Overall Fiscal Impacts...

Expansion Program	Impact on State \$\$\$					
	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
Uninsured Presenters (new)	-	(75.1)	(172.3)	(212.3)	(289.3)	<b>(749.0)</b>
Crowd-Out (new)	-	(12.2)	(27.6)	(33.5)	(45.0)	<b>(118.3)</b>
Medically Needy Shift (net)	<u>237.4</u>	<u>218.9</u>	<u>200.2</u>	<u>193.5</u>	<u>180.4</u>	<b>1,030.4</b>
Medicaid Subtotal	237.4	131.6	0.3	(52.3)	(153.9)	<b>163.1</b>
Insurance Premium Revenue Adj.	(8.9)	(8.0)	(8.4)	(8.7)	(9.1)	<b>(43.1)</b>
<b>Total</b>	<b>228.5</b>	<b>123.6</b>	<b>(8.1)</b>	<b>(61.0)</b>	<b>(163.0)</b>	<b>120.0</b>

Impact on Federal \$\$\$ Coming to FL					
FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
2,872.4	2,929.3	2,960.6	3,053.7	3,114.5	<b>14,930.4</b>
472.6	475.0	473.4	481.6	484.5	<b>2,387.1</b>
<u>237.4</u>	<u>218.9</u>	<u>200.2</u>	<u>193.5</u>	<u>180.4</u>	<b>1,030.4</b>
3,582.4	3,623.2	3,634.2	3,728.8	3,779.4	<b>18,347.9</b>
N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
<b>3,582.4</b>	<b>3,623.2</b>	<b>3,634.2</b>	<b>3,728.8</b>	<b>3,779.4</b>	<b>18,347.9</b>

SB 2512 Phases 1 and 2	Impact on State \$\$\$					
	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
Uninsured Presenters (new)	-	(32.5)	(75.0)	(92.1)	(125.7)	<b>(325.3)</b>
Crowd-Out (new)	-	(1.9)	(4.3)	(5.2)	(7.0)	<b>(18.4)</b>
Medically Needy Shift (net)	237.4	219.0	200.5	193.9	180.8	<b>1,031.6</b>
Medically Needy Sunset	<u>33.6</u>	<u>44.2</u>	<u>44.1</u>	<u>44.0</u>	<u>47.1</u>	<b>213.0</b>
Phase 1 and 2 Subtotal	271.0	228.8	165.3	140.6	95.2	<b>900.9</b>
Insurance Premium Revenue Adj.	(7.2)	(6.6)	(6.9)	(7.1)	(7.4)	<b>(35.2)</b>
<b>Total</b>	<b>263.8</b>	<b>222.2</b>	<b>158.4</b>	<b>133.5</b>	<b>87.8</b>	<b>865.7</b>
<b>Compared to Expansion Program</b>	<b>+35.3</b>	<b>+98.6</b>	<b>+166.5</b>	<b>+194.5</b>	<b>+250.8</b>	<b>+745.7</b>

Impact on Federal \$\$\$ Coming to FL					
FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
1,946.8	1,266.8	1,282.2	1,324.4	1,352.6	<b>7,172.8</b>
30.6	74.0	73.9	75.2	75.8	<b>329.6</b>
235.3	213.8	195.3	188.7	175.6	<b>1,008.7</b>
<u>(51.5)</u>	<u>(69.6)</u>	<u>(69.9)</u>	<u>(70.3)</u>	<u>(75.9)</u>	<b>(337.3)</b>
2,161.1	1,485.0	1,481.5	1,518.1	1,528.1	<b>8,173.9</b>
N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
<b>2,161.1</b>	<b>1,485.0</b>	<b>1,481.5</b>	<b>1,518.1</b>	<b>1,528.1</b>	<b>8,173.9</b>
<b>-1,421.2</b>	<b>-2,138.1</b>	<b>-2,152.7</b>	<b>-2,210.7</b>	<b>-2,251.2</b>	<b>-10,174.0</b>

SB 2512 Phases 1, 2, and 3	Impact on State \$\$\$					
	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
Uninsured Presenters (new)	-	(32.5)	(75.0)	(92.1)	(125.7)	<b>(325.3)</b>
Crowd-Out (new)	-	(1.9)	(4.3)	(5.2)	(7.0)	<b>(18.4)</b>
Medically Needy Shift (net)	237.4	219.0	200.5	193.9	180.8	<b>1,031.6</b>
Medically Needy Sunset	<u>33.6</u>	<u>44.2</u>	<u>44.1</u>	<u>44.0</u>	<u>47.1</u>	<b>213.0</b>
Healthy Kids Title XXI	<u>N/A</u>	<u>0.9</u>	<u>1.0</u>	<u>1.0</u>	<u>5.3</u>	<b>8.2</b>
Phase 1, 2, and 3 Subtotal	271.0	229.7	166.3	141.6	100.5	<b>909.1</b>
Insurance Premium Revenue Adj.	(7.2)	(6.2)	(6.3)	(6.6)	(6.9)	<b>(33.2)</b>
<b>Total</b>	<b>263.8</b>	<b>223.5</b>	<b>160.0</b>	<b>135.0</b>	<b>93.6</b>	<b>875.9</b>
<b>Compared to Expansion Program</b>	<b>+35.3</b>	<b>+99.9</b>	<b>+168.1</b>	<b>+196.0</b>	<b>+256.6</b>	<b>+755.9</b>
<b>Compared to SB 2512 Phases 1 and 2</b>	<b>0.0</b>	<b>+1.3</b>	<b>+1.6</b>	<b>+1.5</b>	<b>+5.8</b>	<b>+10.2</b>

Impact on Federal \$\$\$ Coming to FL					
FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	Total
1,946.8	1,266.8	1,282.2	1,324.4	1,352.6	<b>7,172.8</b>
30.6	74.0	73.9	75.2	75.8	<b>329.6</b>
235.3	213.8	195.3	188.7	175.6	<b>1,008.7</b>
<u>(51.5)</u>	<u>(69.6)</u>	<u>(69.9)</u>	<u>(70.3)</u>	<u>(75.9)</u>	<b>(337.3)</b>
<u>N/A</u>	<u>(21.0)</u>	<u>(23.4)</u>	<u>(23.8)</u>	<u>(19.8)</u>	<b>(88.0)</b>
2,161.1	1,464.0	1,458.1	1,494.4	1,508.3	<b>8,085.9</b>
N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
<b>2,161.1</b>	<b>1,464.0</b>	<b>1,458.1</b>	<b>1,494.4</b>	<b>1,508.3</b>	<b>8,085.9</b>
<b>-1,421.2</b>	<b>-2,159.1</b>	<b>-2,176.1</b>	<b>-2,234.5</b>	<b>-2,271.0</b>	<b>-10,262.0</b>
<b>0.0</b>	<b>-21.0</b>	<b>-23.4</b>	<b>-23.8</b>	<b>-19.8</b>	<b>-88.0</b>

Note: Dollars in Millions; Positive Total = Surplus; Negative Total = Shortfall