Upcoming Changes in Medicaid: 
WHAT SOCIAL WORKERS NEED TO KNOW

WHAT IS HAPPENING TO MEDICAID AS A RESULT OF THE ACA?
As originally enacted, the Affordable Care Act (ACA) required each state to expand Medicaid eligibility to all individuals with incomes at or below 138 percent of the federal poverty level (FPL), beginning in 2014. If a state expands Medicaid, the federal government will pay 100 percent of the cost of newly eligible enrollees during calendar years 2014–16. After that, the federal share will gradually decline to 90 percent in 2020 and thereafter. The expansion was intended to be implemented in all states. However, as a result of the 2012 Supreme Court decision on the ACA, the Medicaid expansion is now effectively a state choice.

HOW MANY STATES ARE EXPANDING THEIR MEDICAID PROGRAMS?
As of June 30th, 2013, 24 states have indicated they will implement the Medicaid expansion; 21 have opted not to expand their Medicaid programs; and six states are undecided (KFF, 2013). States may expand their Medicaid programs at any time.

WHO ARE THE BENEFICIARIES OF THE MEDICAID EXPANSION?
Although Medicaid currently covers 67 million children, families, seniors, and people with disabilities, childless adults in most states are ineligible for the program (CBPP, 2013). Medicaid’s shift from categorical eligibility to income eligibility means that childless adults will be the single largest beneficiary group of the Medicaid expansion. In addition, beginning in 2014, children up to age 26 who have “aged-out” of foster care are eligible to continue receiving Medicaid.

Health care providers also stand to benefit. If all states adopt the expansion, up to 17 million more low-income people will be eligible for Medicaid. To accommodate these new beneficiaries, states will increase hiring of social workers and other health and mental health providers. Numerous state-level studies have indicated that thousands of jobs will be created through the Medicaid expansion (NHCHC, 2013).

WHAT ARE THE CHARACTERISTICS OF THE MEDICAID EXPANSION POPULATION?
Poverty is the most common trait of the Medicaid expansion population. Untreated mental health and substance use disorders, and socioeconomic issues such as unstable employment, insecure housing and limited support systems are also associated with this population. Many members of this population have weak attachments to the health care system and high rates of chronic conditions and comorbidities.

WHAT WILL HAPPEN IN STATES THAT DO NOT EXPAND THEIR MEDICAID PROGRAMS?
Foregoing the Medicaid expansion will have a direct impact on the life, health, and economic stability of a state’s low-income residents. The decision not to expand Medicaid would leave a large gap in adult eligibility for assistance and intensify a state’s health disparities. While residents with incomes below 100% FPL will be ineligible for health insurance coverage in non-expansion states, residents in those states with incomes of 100%-400% FPL will be eligible for federal subsidies to purchase coverage in the state health insurance exchanges.

Certain populations will be impacted disproportionately in states that forego the expansion. African Americans are at the highest risk of continuing to face coverage gaps and remaining uninsured. In addition, nearly all homeless adults in the U.S. are under 100% FPL and thus ineligible for Medicaid in the non-expansion states.
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WHAT ARE THE OPPORTUNITIES FOR SOCIAL WORKERS AS THE MEDICAID EXPANSION IS IMPLEMENTED?

To accommodate the millions of new beneficiaries—and address long-standing concerns about cost and utilization—many states are moving away from uncoordinated Medicaid fee-for-service systems and replacing them with integrated care management programs. In anticipation of the expansion, new care management and care coordination models are being tested—and social work is an important component of these efforts.

MEDICAID HEALTH HOMES

The ACA established the Medicaid “health homes” program for high-need, high-cost beneficiaries with complex chronic conditions. Health homes coordinate the primary, acute, mental and behavioral health, and long-term service and support needs for Medicaid beneficiaries through a “whole-person” orientation to care. Clients are served by community-based interdisciplinary teams of health care professionals that may include physicians, nurses, pharmacists, dieticians and social workers (serving as case managers, mental health providers and addictions counselors). Health home teams are led by a dedicated care manager, who ensures that beneficiaries receive services consistent with their care plans.

MEDICAID ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

Medicaid ACOs are provider-run organizations in which the participating providers are collectively responsible for the care of a specific population of beneficiaries. Providers are incentivized to provide comprehensive care by sharing in the savings that result from improved patient outcomes. Unlike the carve-out approach in traditional Medicaid managed care, ACOs offer the potential for improved care coordination and integration of behavioral health services.

ENHANCED PRIMARY CARE PRACTICES

Some states are funding programs to build capacity in small or medium physician practices, to provide care for high-need Medicaid beneficiaries. Within these practices, social workers are serving as care managers and behavioral health clinicians.

WHAT CAN SOCIAL WORKERS DO IN STATES THAT HAVE NOT EXPANDED THEIR MEDICAID PROGRAMS?

As firsthand witnesses to the psychosocial effects of being uninsured, social workers are encouraged to become active in expansion advocacy efforts in their states. NASW chapters and state health coalitions are important partners in these efforts. Social workers should share their direct service experiences, when they urge their governors and state legislators to approve the Medicaid expansion.

REFERENCES


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