MEDICAID IN FLORIDA

June 2017

Medicaid and the Children’s Health Insurance Program (CHIP) provide health and long-term care coverage to nearly 4.4 million low-income children, pregnant women, adults, seniors, and people with disabilities in Florida. Medicaid is a major source of funding for safety-net hospitals and nursing homes. The American Health Care Act (AHCA) would fundamentally change the scope of the program and end the guarantee of federal matching funds.

Snapshot of Florida’s population

In 2015, 18% of people in FL were covered by Medicaid/CHIP.

Since implementation of the Affordable Care Act (ACA), Medicaid/CHIP enrollment has increased in FL.

Did FL expand Medicaid through the ACA?

The uninsured rate in FL has decreased.

In FL, Medicaid covers:

Nationally, Medicaid is comparable to private insurance for access and satisfaction – the uninsured fare far less well.

Medicaid coverage contributes to positive outcomes:

& Declines in infant and child mortality rates
& Long-term health and educational gains for children
& Improvements in health and financial security

And...

>85% of the public would enroll themselves or a child in Medicaid if uninsured.

How does Medicaid work and who is eligible?

Each Medicaid program is unique:

Eligibility levels are highest for children and pregnant women.

Eligibility Level as a Percent of FPL, as of January 1, 2017

Eligibility levels are based on the FPLs for a family of three for children, pregnant women, and parents, and for an individual for childless adults and seniors & people w/ disabilities. Seniors & people w/ disabilities eligibility may include an asset limit.
How are Medicaid funds spent and how is the program financed?

Medicaid plays a key role in the U.S. health care system, accounting for:

- $1 in $6 dollars spent overall in the health care system
- More than $1 in $3 dollars provided to safety-net hospitals and health centers
- $1 in $2 dollars spent on long-term care

On a per enrollee basis, Medicaid spending growth is slower than private health care spending, in part due to lower provider payments.

In FY 2016, Medicaid spending in FL was $21.8 billion.

In 2014, most Medicaid beneficiaries in FL were children and adults, but most spending was for the elderly and people with disabilities.

Federal matching funding to states is guaranteed with no cap and rises depending on program needs.

In FL, the federal share (FMAP) is 61.1%. For every $1 spent by the state, the Federal government matches $1.57.

Expansion states receive an increased FMAP for the expansion population. FL did not expand Medicaid and did not receive additional federal funds.

What are the implications of reduced federal financing in a Medicaid block grant or a per capita cap?

The American Health Care Act (AHCA) would reduce federal Medicaid funding through ACA repeal and federal caps.

The CBO estimates that the AHCA would reduce federal Medicaid spending by $834 billion nationally over the 2017-2026 period.

In 2026:
- 14 million ↓ Medicaid enrollees
- 24% ↓ in federal funds
- 23 million ↑ in uninsured → $1 million uninsured

Reducing federal funds through a per capita cap or block grant:

- Shifts costs and risks to states, beneficiaries, and providers if states restrict eligibility, benefits, and provider payment.
- Locks in historic spending patterns and have an even greater impact on states that expanded Medicaid.
- Limits states' ability to respond to rising health costs, increases in enrollment due to a recession, or a public health emergency such as the opioid epidemic, Zika, etc.
- Leads to more low income uninsured Americans.

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- Lock in historic spending patterns and have an even greater impact on states that expanded Medicaid.
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- Lead to more low income uninsured Americans.

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