

Preliminary Estimates of the Impact of Federal Health Reforms on State Spending in Kansas

Expressed in constant 2011 dollars without inflation or normal caseload growth

Annual Costs Without Reform			Costs In Each Year With Reform; Change +/- In State Funding Due to Reform (expressed in constant 2011 \$ millions)																													
			2014			2015			2016			2017			2018			2019			2020			2021			2022			2023		
			AF	SF	+/-	AF	SF	+/-	AF	SF	+/-	AF	SF	+/-	AF	SF	+/-	AF	SF	+/-	AF	SF	+/-	AF	SF	+/-	AF	SF	+/-			
Federal Reforms	All Funds (AF)	State Funds (SF)																														
Change In Participation In Existing Medicaid																																
Net growth (Incl. woodwork)	1463	597	1429	565	-32	1429	565	-32	1429	565	-32	1429	565	-32	1429	565	-32	1429	565	-32	1429	565	-32	1429	565	-32	1429	565	-32			
Medically needy attrition*	64	25	32	13	13	16	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
Medicaid Expansion	0	0	444	0	0	444	0	0	444	0	0	444	22	22	444	27	27	444	31	31	444	51	51	444	51	51	444	51	51			
CHIP (w/enhanced match)	82	21	99	5	-17	99	4	-17	99	4	-17	99	4	-17	99	4	-17	99	4	-17	99	4	-17	99	4	-17	99	4	-17			
State share of baseline cost growth in expanded program					-3.4			-5.4			-7.9			-5.3			-5.2			-4.9			0.5			0.5			0.6			
Additional Medicaid operational costs			20	8	8	20	8	8	20	8	8	20	8	8	20	8	8	20	8	8	20	8	8	20	8	8	20	8	8			
New Medicaid savings																																
Federal DSH reductions					-1			-1			-1			-3			-8			-8			-6			-6			-6			
Drug rebate increases					-0.5			-0.5			-0.5			-0.5			-0.5			-0.5			-0.5			-0.5			-0.5			
TOTAL	1546	619	2025	591	-33	2009	584	-42	1993	578	-51	1993	600	-28	1993	604	-28	1993	609	-24	1993	628	4	1993	628	4	1993	628	4			

*Must be added back into costs during attrition phase because the actuary's Post-Reform estimate shifts the non-Medicare, non-HCBS, non-Institutional Medically Needy population fully to either the Medicaid expansion or private coverage.

Note: Estimates reflect "point" estimates, which include no offsetting reduction in state spending on the safety net, and no increase in Medicaid provider rates, both of which reflect state policy choices.

Source: Kansas Health Policy Authority, using actuarial estimates from schrammraleigh Health Strategy.