



Medicaid 101

Buckle your seatbelts . . . It's going to be a whirlwind!

Rate Your Understanding: Medicaid

1. Medicaid and Medicare aren't the same thing?
2. I've heard some terms I understand but it's foggy.
3. I understand the basics.
4. Feeling solid on the basics plus expertise on some topics.
5. I'm a former Medicaid director – step aside NCSL lady, I'm going to teach!



In the words of federal judges, Medicaid laws are . . .

“ . . . dense reading of the most *tortuous kind*.”

“ . . . *almost unintelligible* to the uninitiated.”

“ . . . *a Serbonian bog* . . . An attorney representing one agency describes the situation as in ‘a confusing state of flux,’ a gross understatement. *It is a mess.*”

“There can be no doubt but that the statutes . . . involving the financing of Medicare and Medicaid, are among the most *completely impenetrable texts* within human experience.”

“ . . . *an aggravated assault on the English language, resistant to attempts to understand it.*”



Agenda



What is Medicaid?



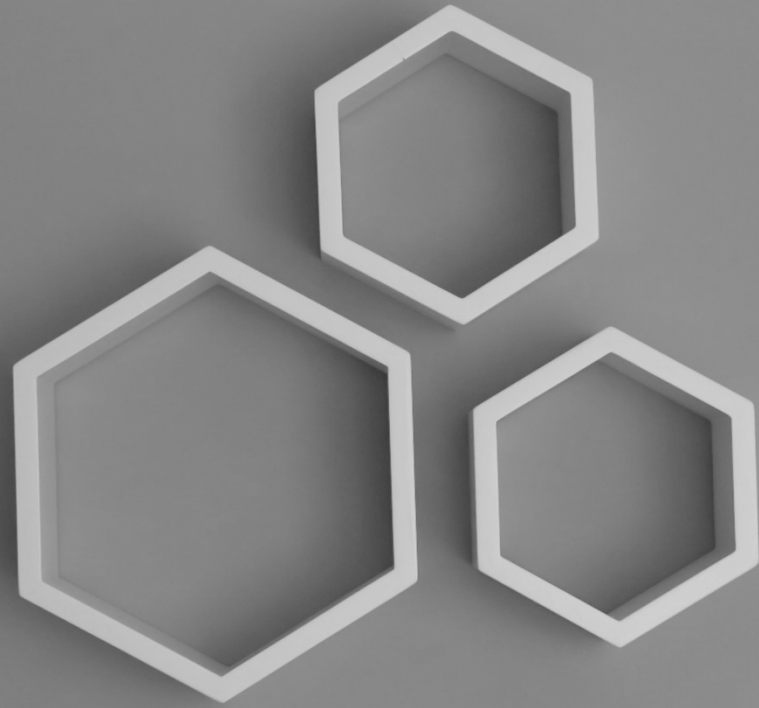
How is it Funded
and Delivered?



Legislative Role
and Policy Options



Medicaid in
Your State



What is Medicaid?

Medicaid is:

- *health insurance* for
- *people with low incomes* that is
- *jointly funded and regulated* by both the federal and state governments

Medicaid v. Other Payors

	Who is covered?	Who pays?	Who regulates?	Pays for long-term care?
Medicaid	Eligibility by income and population : Children, pregnant women, parents, older adults, people with disabilities, childless adults	State and federal governments	State and federal governments	YES
Children's Health Insurance Program (CHIP)	Eligibility by income and population : Uninsured children up to age 19 in families with incomes too high to qualify for Medicaid, some pregnant women.	State and federal governments	State and federal governments	NO
Medicare	Eligibility by age or disability : Adults ages 65 and older, people with certain permanent disabilities	Federal government only	Federal government only	NO

Who is Covered by Medicaid?

To qualify, people must be:

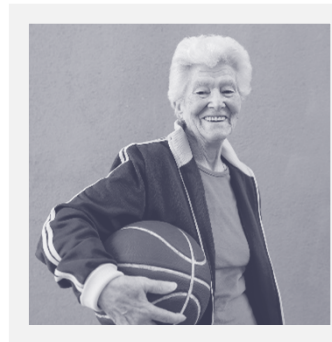
- Citizens or qualified non-citizens
- Resident of the state
- Below income and asset thresholds
- Meet criteria specific to the eligibility group



Pregnant



Children



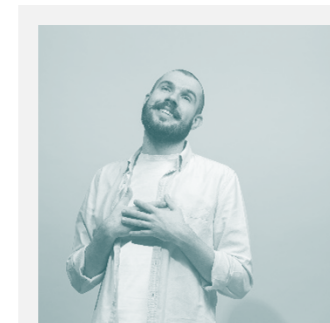
Older Adults



Children and
Adults with
Disabilities



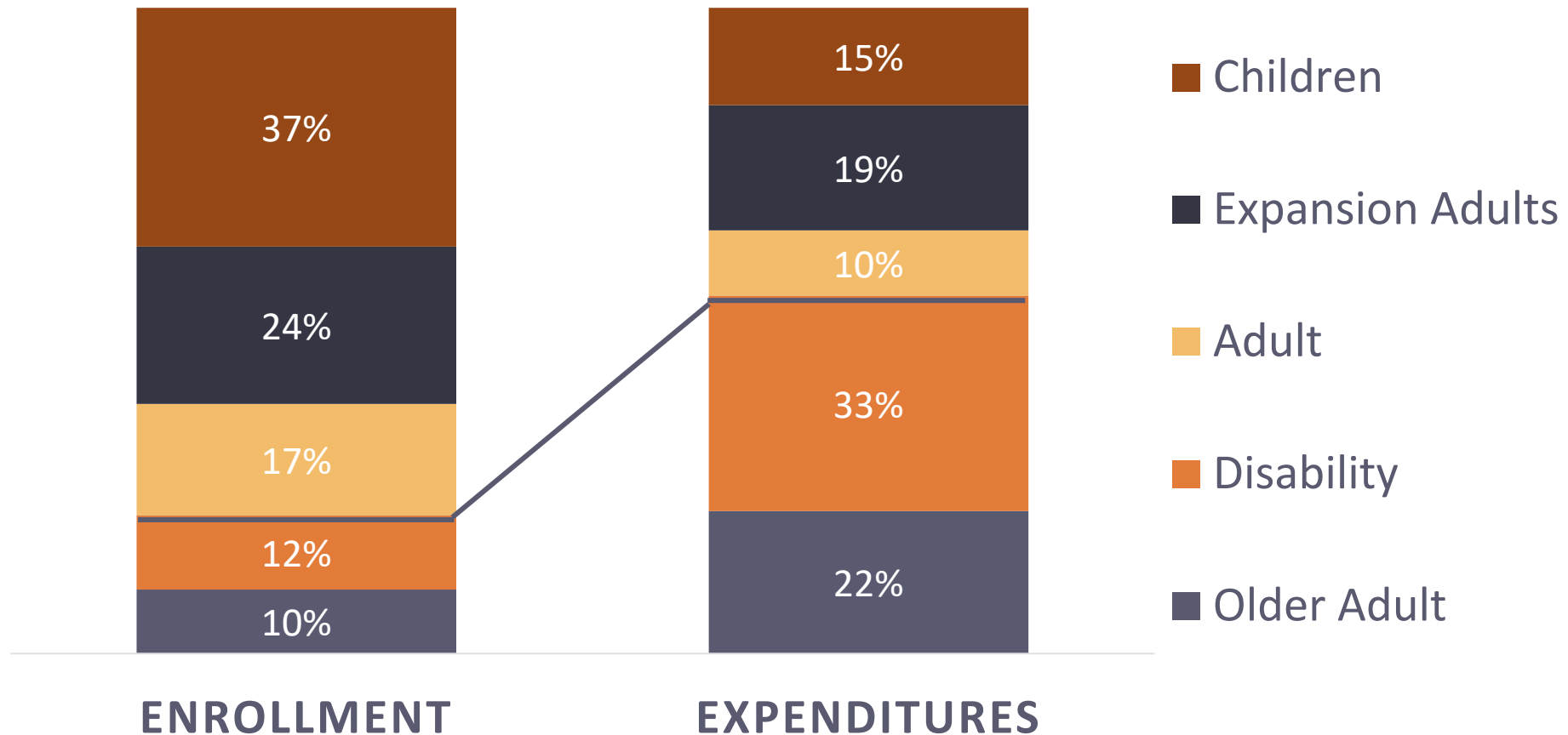
Parents and
Caretaker
Relatives



Childless
Adults (state
option)

Medicaid Enrollment and Spending

MEDICAID ENROLLMENT AND SPENDING BY ELIGIBILITY GROUP (2020)



Why does Medicaid Eligibility Matter?

- Covers *half of children*
- Covers *one-third of non-elderly adults with disabilities*
- Covers *half of children with special health care needs*



Trivia Time!

How many combined mandatory and optional eligibility groups exist in Medicaid?

- A. 4
- B. 6
- C. 16
- D. 37

What Services Does Medicaid Cover?



Mandatory

- Nurse Practitioner
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Family planning
- Federally qualified health centers (FQHC)
- Freestanding birth centers
- Home health
- Inpatient hospital
- Laboratory and X-ray
- Non-emergency medical transport
- Nurse midwife
- Nursing facility
- Outpatient hospital
- Physician Services
- Rural Health Clinic
- Tobacco cessation for pregnant women



Optional

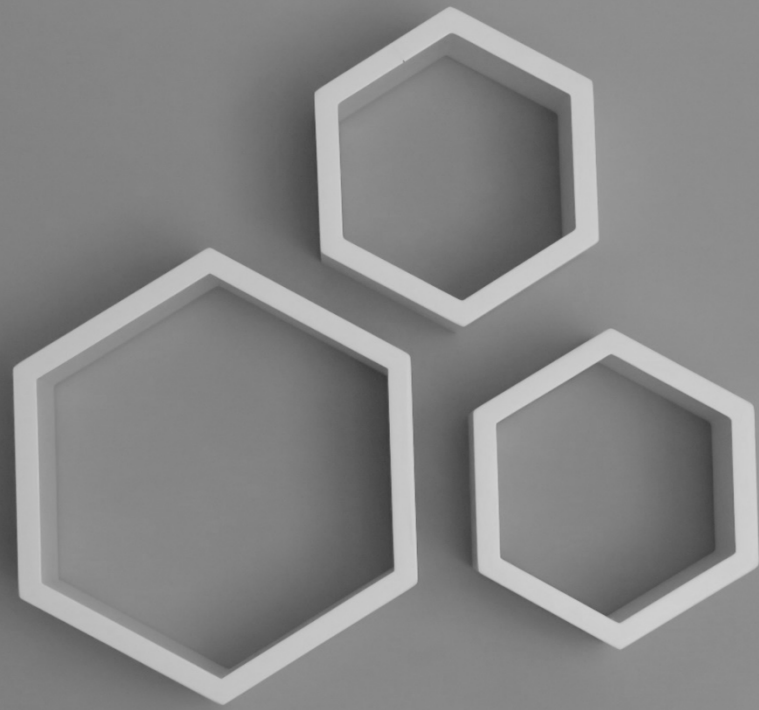
- Breast and colorectal cancer screenings
- Community supported living
- Chiropractic
- Clinic services
- Critical access hospital
- Dental
- Dentures
- Otherwise excluded emergency hospital
- Eyeglasses
- Health homes for enrollees with chronic conditions
- Home and community-based services
- Institutions of mental disease for enrollees age 65 or older
- Inpatient psychiatric
- services for people under 21
- Intermediate care facilities for enrollees with intellectual or developmental disabilities
- Occupational therapy services
- Optometry services
- Other diagnostic, screening, preventive and rehabilitative services
- Other licensed practitioner services (e.g. psychologists)
- Personal care services
- Physical therapy services
- Prescribed drugs
- Primary care case management services
- Private duty nursing
- Program of All-Inclusive Care for the Elderly (PACE)
- Prosthetic devices
- Respiratory care for ventilator dependent people
- Religious non-medical health care institutions
- Speech, hearing and language disorder services
- Targeted case management
- Tuberculosis-related services

5 Things to Know About Long-Term Care in Medicaid

- 1. Long-term care includes both:**
 - Institutional care
 - Home- and community-based services
- 2. Long-term care is extremely expensive**
- 3. Home and community care is optional but is more cost-effective than institutional care**
- 4. 95% older adults and people with disabilities**
- 5. People prefer to receive care in their homes and communities**

Why Do Medicaid Services Matter?

- Funds 42% of births
- Funds 54% of long-term care
- Funds one quarter of all mental health and substance use treatment

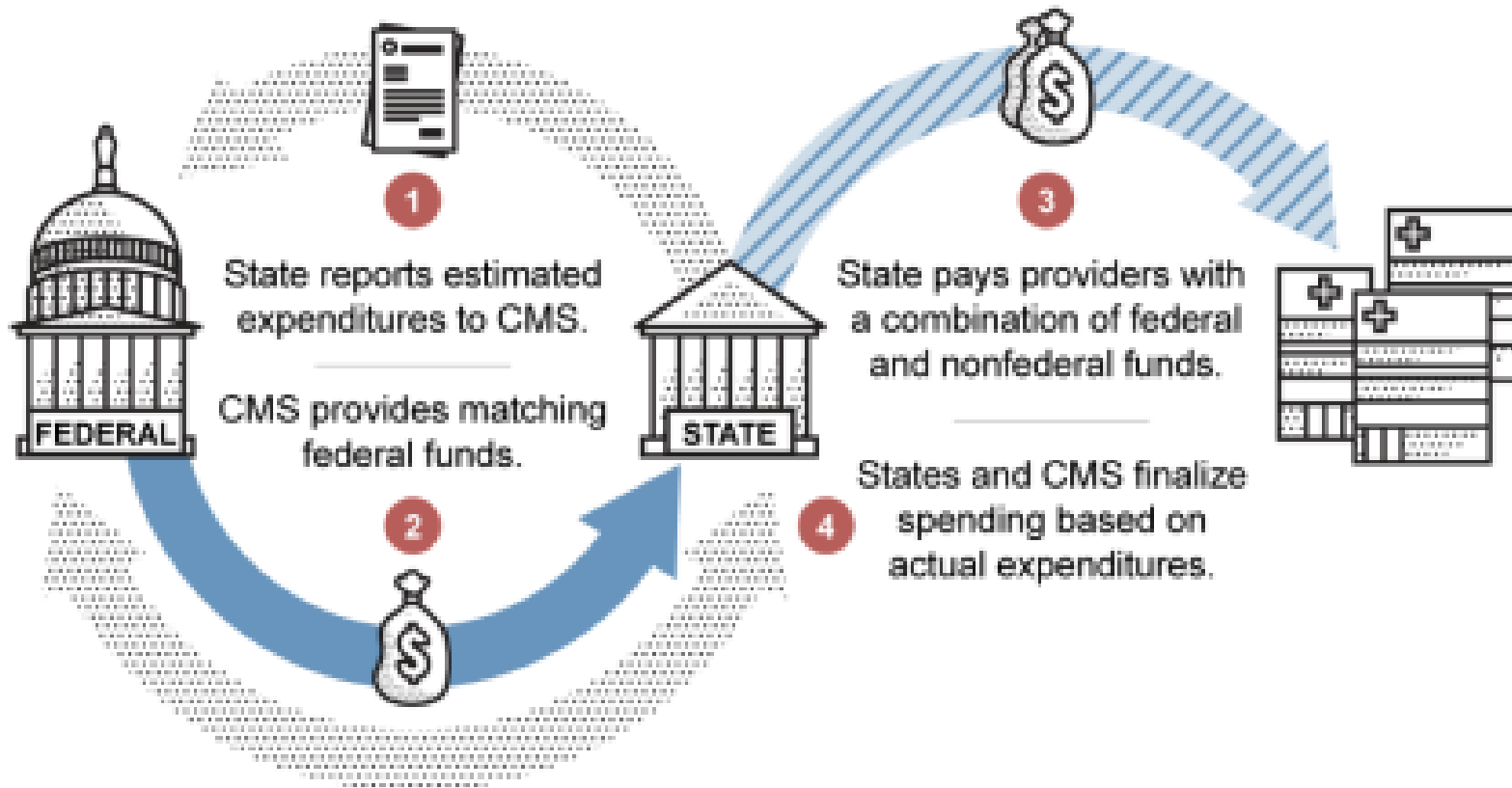


How is Medicaid Funded and Delivered

Medicaid Financing

Remember, Medicaid is *jointly funded* by both the federal and state governments

Figure 1: Federal Review and Matching of Estimated State Medicaid Expenditures



Source: GAO. | GAO-20-571R



Trivia Time!

Who knows what the federal medical assistance percentage (FMAP) is in your state?*

***NO cheating!**

Medicaid Financing

Federal Medical Assistance Percentage (FMAP)

- FMAP = the formula that determines the federal share of Medicaid funding for each **state** and **territory**
- Base FMAP rate for **states** is adjusted annually based on a state's relative per capita income
- Uncapped for **states**, capped for **territories**
- FMAP for **states** varies by
 - Service
 - Population
 - Activity

State Share

- General Fund
- Health-Care Related Taxes / Provider Taxes
- Certified Public Expenditures
- Intergovernmental Transfers

Territorial Share

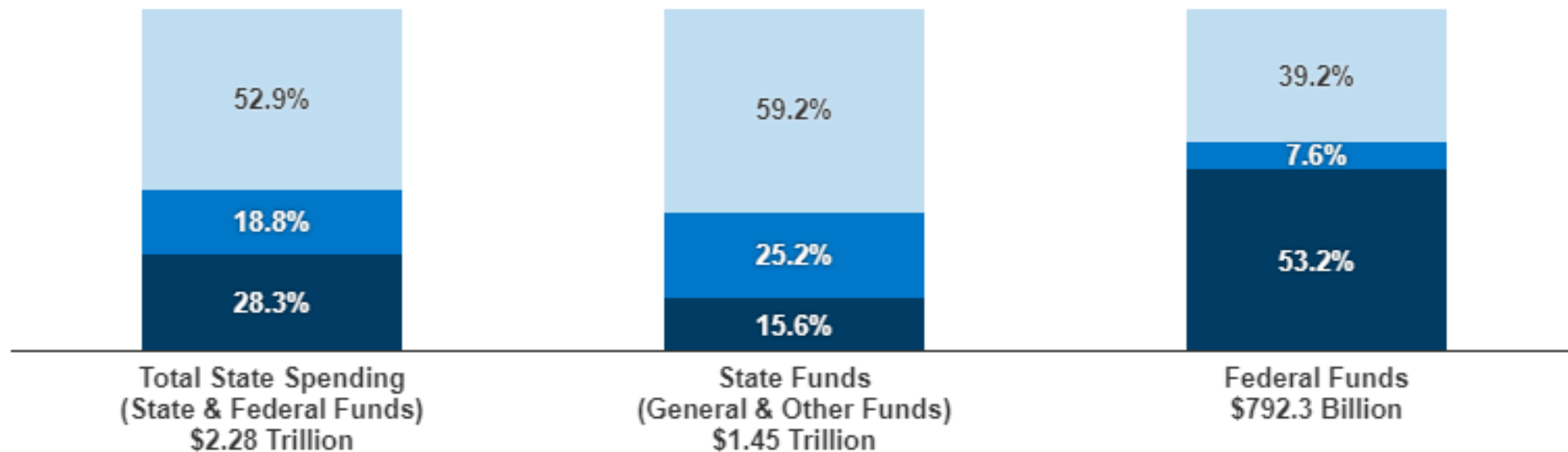
- General Fund
- Certified Public Expenditures

Why Does Medicaid Financing Matter?

Figure 3

Medicaid Spending as a Share of Total, State, and Federal Funds, FY 2020

■ Medicaid ■ Elementary & Secondary Education ■ Other



SOURCE: KFF estimates based on the NASBO's 2021 State Expenditure Report (data for Actual FY 2020). • [PNG](#)



Medicaid State Plans and Waivers

State Plan

- Agreement between state / territory and the Centers for Medicare and Medicaid Services that establishes the state's:
 - Eligibility groups and thresholds
 - Benefits covered
 - Payment methodologies
 - Operations
- State Plan Amendments (SPAs) = preset forms used by states to adopt federally authorized optional activities
- Meets federal requirements

Waivers

- Section 1115 – Research and Demonstration
- Section 1915(b) – Managed Care
- Section 1915(c) – Home and Community-Based Services
- Other types for specific purposes
- Waives federal requirements

Medicaid Delivery Systems

State Operated / Fee-For-Service (FFS)

Structure: State administers the program and manages day-to-day operations.

Payment: Providers bill the state. State pays providers, usually per service.

Providers: State enrolls providers.

Beneficiaries: State determines beneficiary eligibility and enrolls beneficiaries.

Primary Care Case Management (PCCM)

Structure: Similar to FFS, plus beneficiary is assigned a primary care provider that is responsible for coordinating care.

Payment: State pays primary care provider an administrative fee plus regular payments for services.

Comprehensive Risk- Based Managed Care (MCO)

Structure: State contracts with a private commercial payer (MCO).

Payment: State pays the MCO a per member per month fee for each beneficiary. MCO is “at-risk” for cost of services.

Providers: Providers bill MCO. MCO pays providers. State *and* MCO enroll providers.

Beneficiaries: State *and* MCO determine eligibility and enroll the beneficiary.

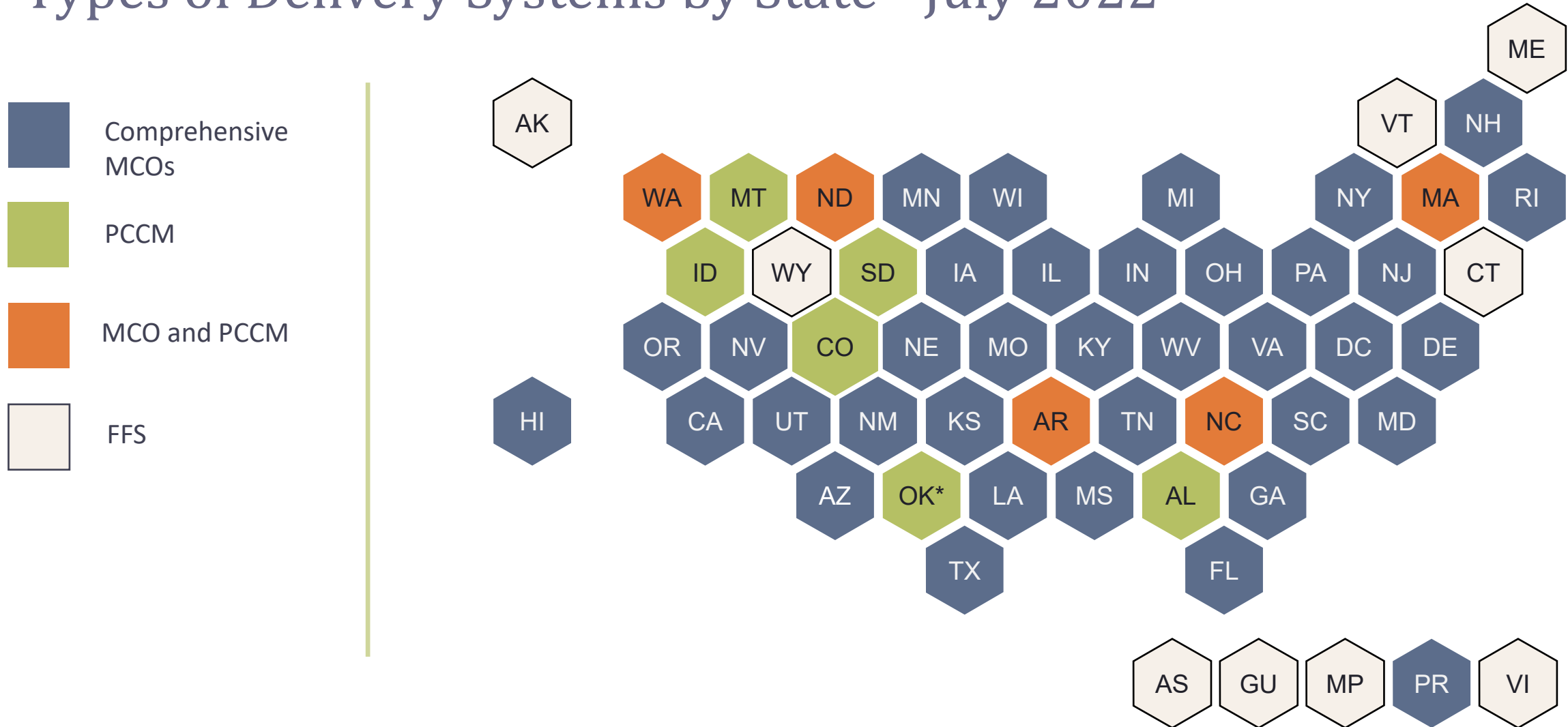
Limited-Benefit Plan

Structure: MCO manages a subset of benefits:

- Behavioral health
- Non-emergency transportation
- Dental
- Managed long-term services and supports (MLTSS)

Payment: Can be “at risk” or not, depending on if coverage for inpatient services is included.

Medicaid Delivery Systems: Types of Delivery Systems by State - July 2022

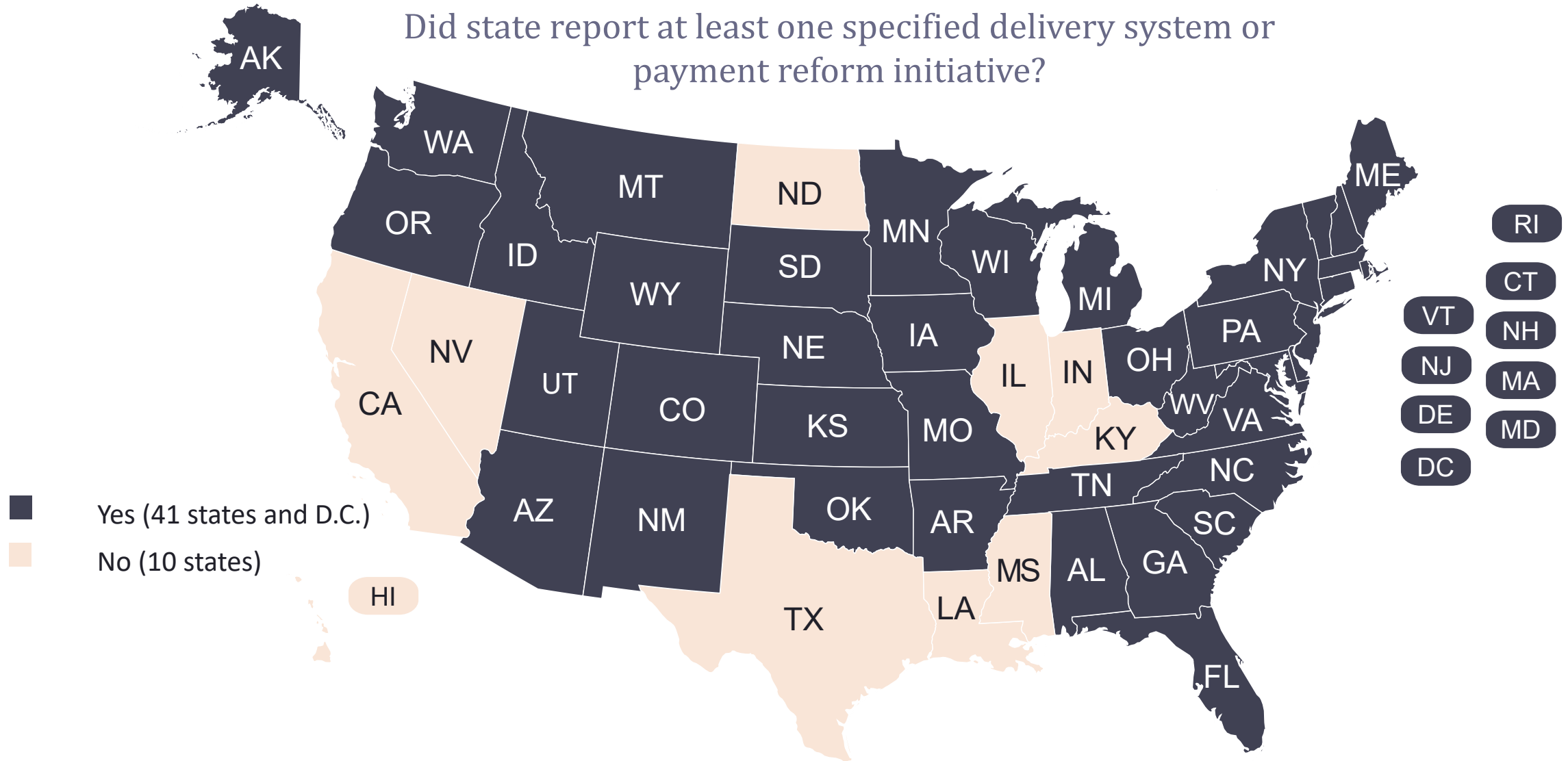


Source: [Results from an Annual Medicaid Budget Survey For State Fiscal Years 2022 and 2023, KFF \(October 25, 2022\)](#).

* Oklahoma is currently transitioning from PCCM to MCO

Delivery System and Payment Reforms

Did state report at least one specified delivery system or payment reform initiative?

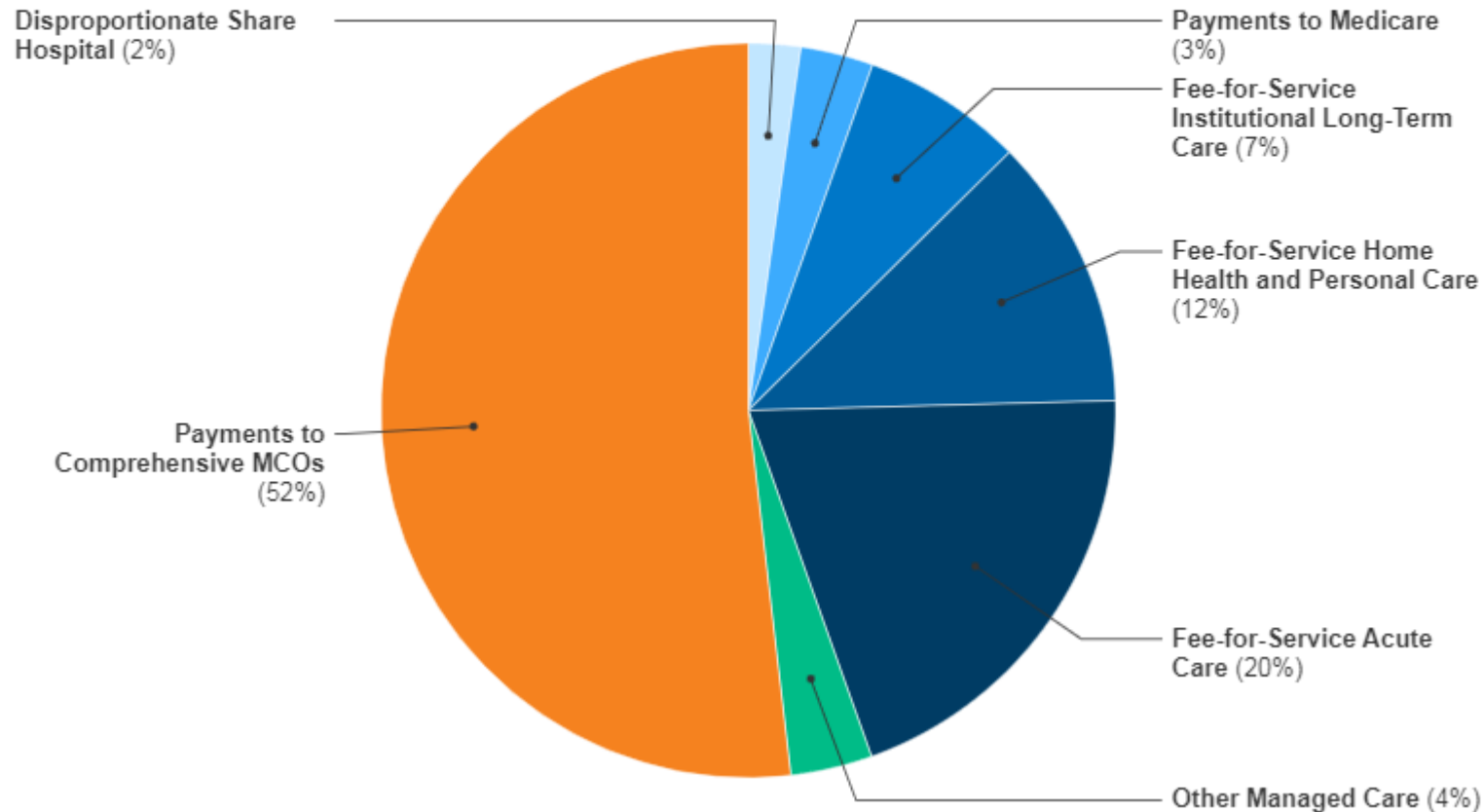


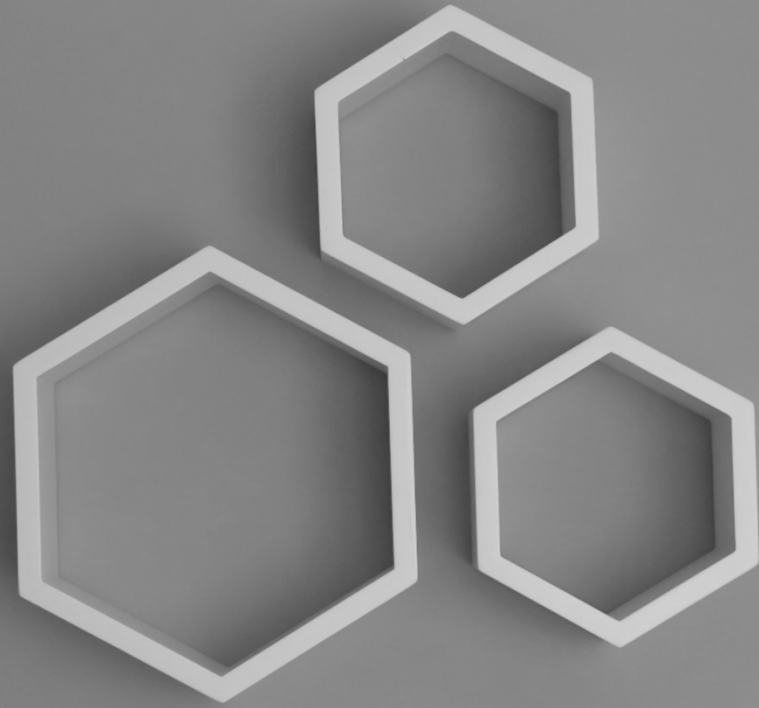
Why Do Delivery Systems Matter?

Figure 4

Payments to Comprehensive MCOs Account for More than Half of Total National Medicaid Spending.

FY 2021 Total Medicaid Spending: \$728 Billion





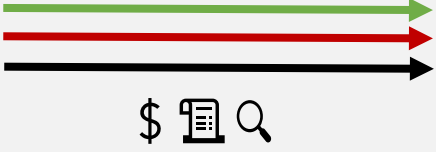
Legislative Role and Policy Options

Federal

- Minimum requirements
- Funds



Congress



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CMS



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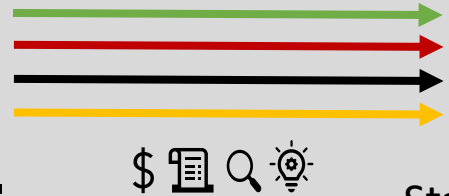


State

- Funds
- Operates program
- Tests innovations



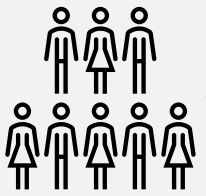
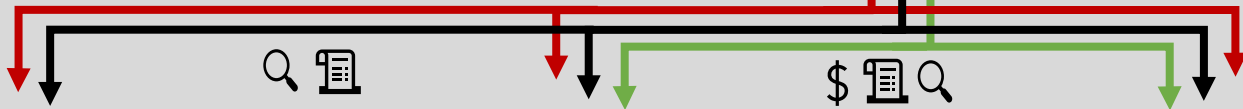
State Legislature



\$ [magnifying glass icon]



State Medicaid Agency



Patients



Providers

(Hospitals, physicians, nurses)



Vendors



(Operations, Managed Care Organizations)

Constituents

- Receive services
- Provide services
- Contract with the state
- Paid by state



Appropriations, Payments



Laws, Regulations, Guidance



Oversight, Data Collection



Innovations, waivers, pilots, flexibilities



Health Services

Policy Options: Delivery System Considerations

All Delivery Systems

- Funding and appropriations
- Delegation of authority or clawback from Medicaid agency
- Establishing state standards
- State oversight and audits
- Accurate and complete data collection and reporting

MCOs¹

- Contract negotiation and terms
- Bidding processes
- Financial penalties for breach of contract

Policy Options

Eligibility and Benefits

- Optional eligibility groups and benefits
- Eligibility requirements for existing groups
- New benefits or provider types

Payment and Financing

- Evaluating and adjusting provider rates or payment methodologies
- Assessing provider taxes or other mechanisms to fund the state share

Delivery System Reforms

- Tying payment to cost and quality
- Incorporating care coordination and person-centered models
- Testing new models
- Investments in infrastructure and operations, like information systems and data

Policy Options – Examples – Benefits and Eligibility

Virginia HB 680 (2022)



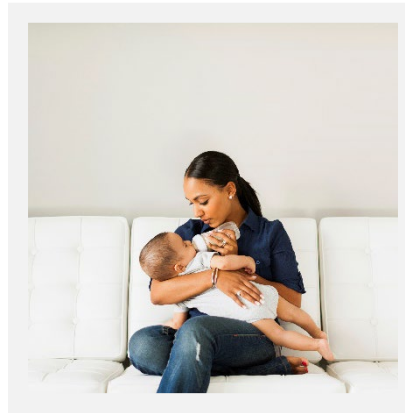
Authorizes agency to submit a **state plan amendment** to add targeted case management as a **benefit** for people with severe brain injuries.

D.C. B 419 (2022)



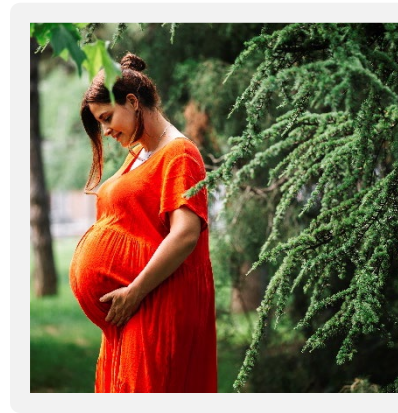
Requires agency to **cover** home-delivered meals, nutrition supplements and medical nutrition therapy as a **benefit** in home- and community based services waiver.

Florida SB 1770 (2022)



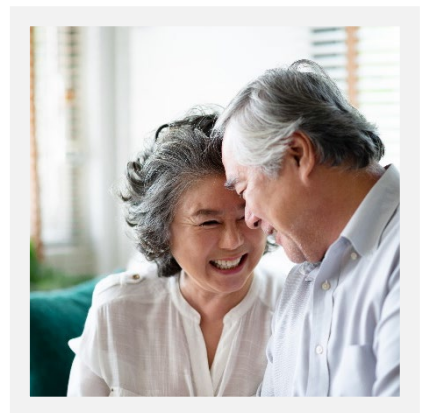
Authorizes agency to **cover** human donor milk as an **optional benefit**, sets **standards** for coverage.

Mississippi SB 2212 (2023)



Extends Medicaid coverage for **eligible pregnant women** to 12 months postpartum.

Illinois HB 4343 (2022)



Increases the **asset threshold** for the spouse of a beneficiary and permits agency to waive asset recovery when not cost-effective.

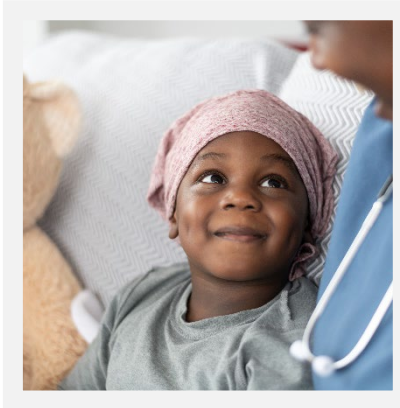
Policy Options – Examples – Funding and Delivery Systems

New Hampshire HB 103 (2022)



Requires agency to contract with a **limited benefit plan** for dental services.

New York AB 289 (2022)



Clarifies the **standard** for medical necessity and review processes that **MCOs** must use for medically fragile children.

Virginia HB 2262 (2023)



Establishes deadlines and standards for **MCOs** enrolling new providers in the network.

Idaho SB 1283 (2022)

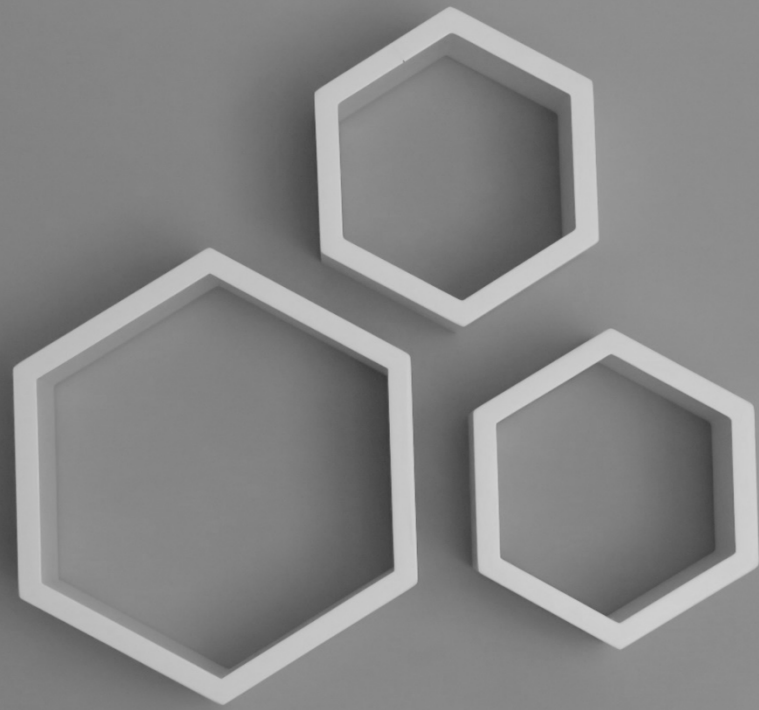


Finances additional payments for emergency medical services providers owned or operated by the state through a **certified public expenditure**.

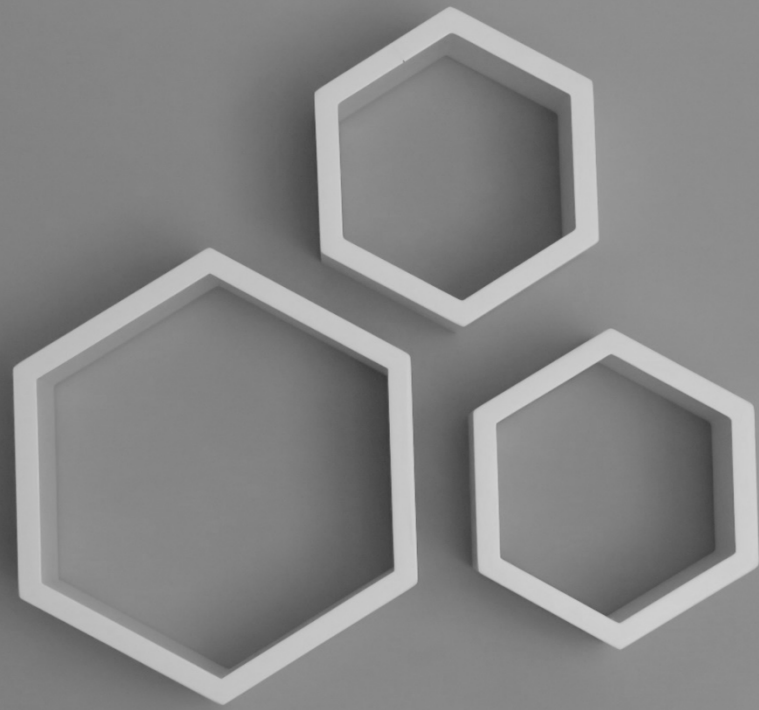
North Dakota SB 2030 (2023)



Requires the state Medicaid agency to participate in **payment reforms for prescription drugs** like rebate programs and value-based purchasing.



Questions so far?



Medicaid in Your State

“When you’ve seen one Medicaid program . . .

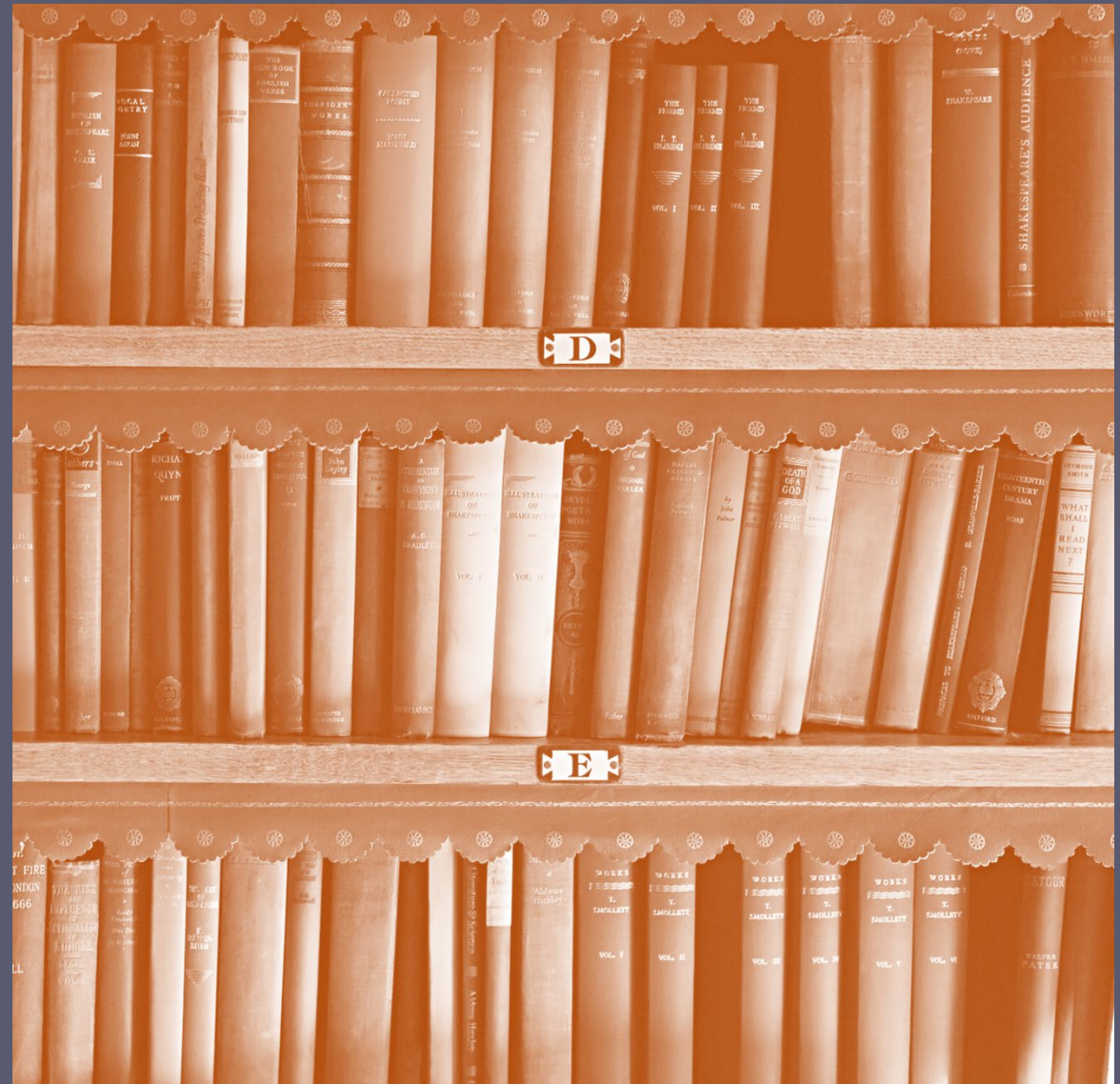
. . . you’ve seen one Medicaid program.”

Medicaid in Your State

1. 2 minutes, Solo Review of State Fact Sheets
2. 8 minutes, Tabletop Discussion
 - What stood out to you about your state's Medicaid program?
 - What questions do you have?
 - Have you seen legislation in your state that involves this information?
3. 5 minutes, Report Out from Tabletop
4. 5 minutes, Walk Away with a Takeaway
 - What is one thing you learned about Medicaid?
 - What burning questions do you have about Medicaid in your state?
 - List 1-3 action steps you can take

Resources

- [Health Costs, Coverage and Delivery State Legislation, NCSL Database](#)
- Research requests, technical assistance, publications, webinars and more!



Stay Connected

- Learn about NCSL training
- Subscribe to policy newsletters
- Read State Legislatures magazine
- Bookmark the NCSL Blog
- Listen to “Our American States” podcast
- Watch recorded policy webinars and training sessions
- Attend a meeting or training
- Follow @NCSLorg on social media



Reach out anytime!

Kathryn Costanza
Program Principal

Email: Kathryn.Costanza@ncsl.org

Phone: (303)856-1388





Thank you!

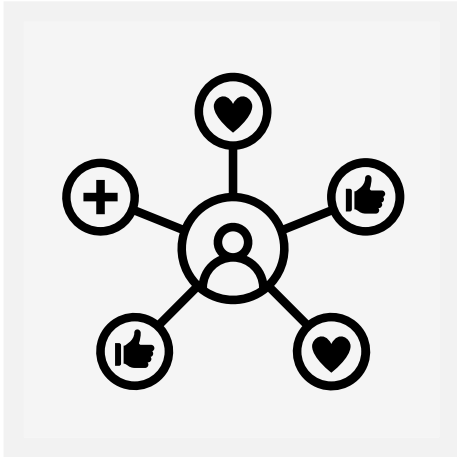


Everything
after this can
be deleted.

Medicaid Funding and Expenditures

- Federal match – how set, varies by state
- State share
 - CPE
 - IGA
 - Health-care related taxes

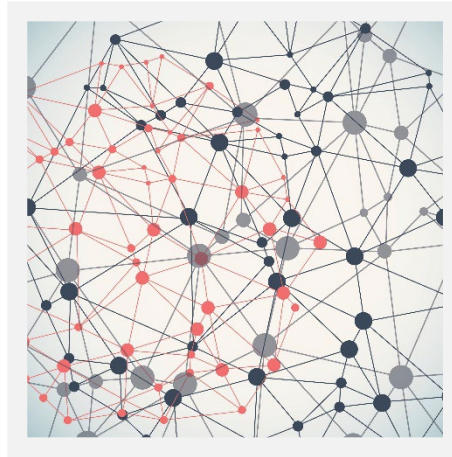
State Policy Options: Delivery System Reforms



Patient-Centered
Medical Home
(26 states)



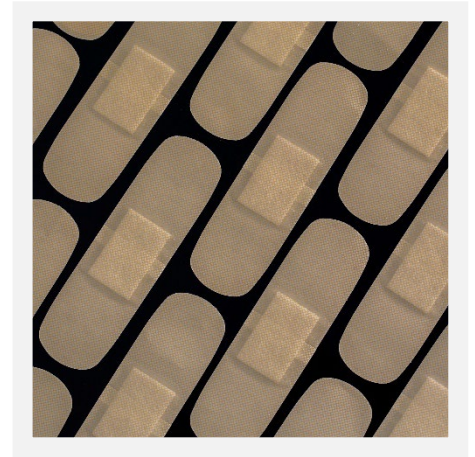
ACA Health
Homes
(20 states)



All-Payer Claims
Database
(18 states)



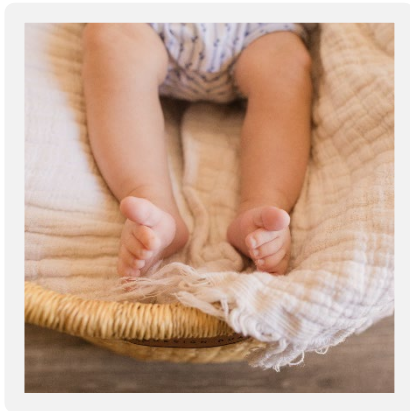
Accountable
Care
Organizations
(11 states)



Episode of Care
Payments
(9 states)

Policy Options – Examples – Benefits and Eligibility

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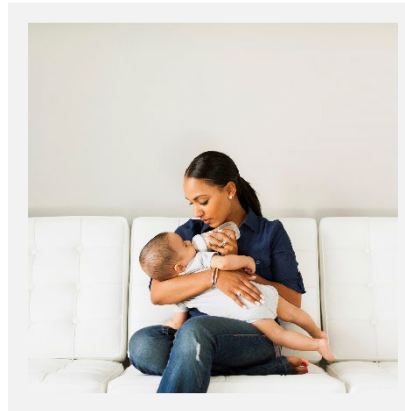
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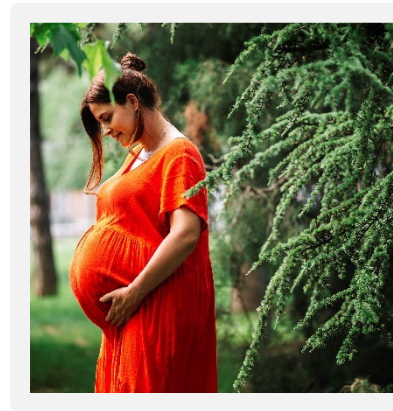
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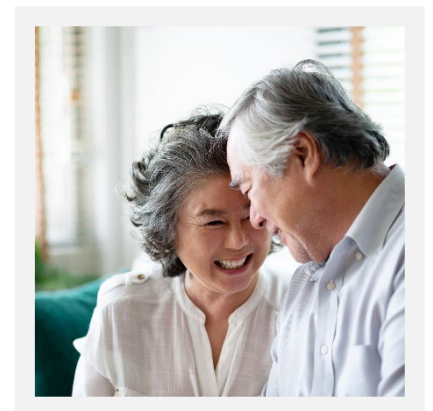
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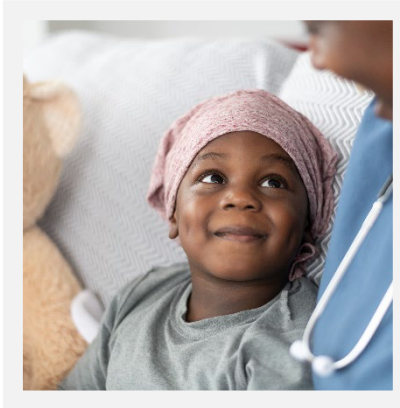
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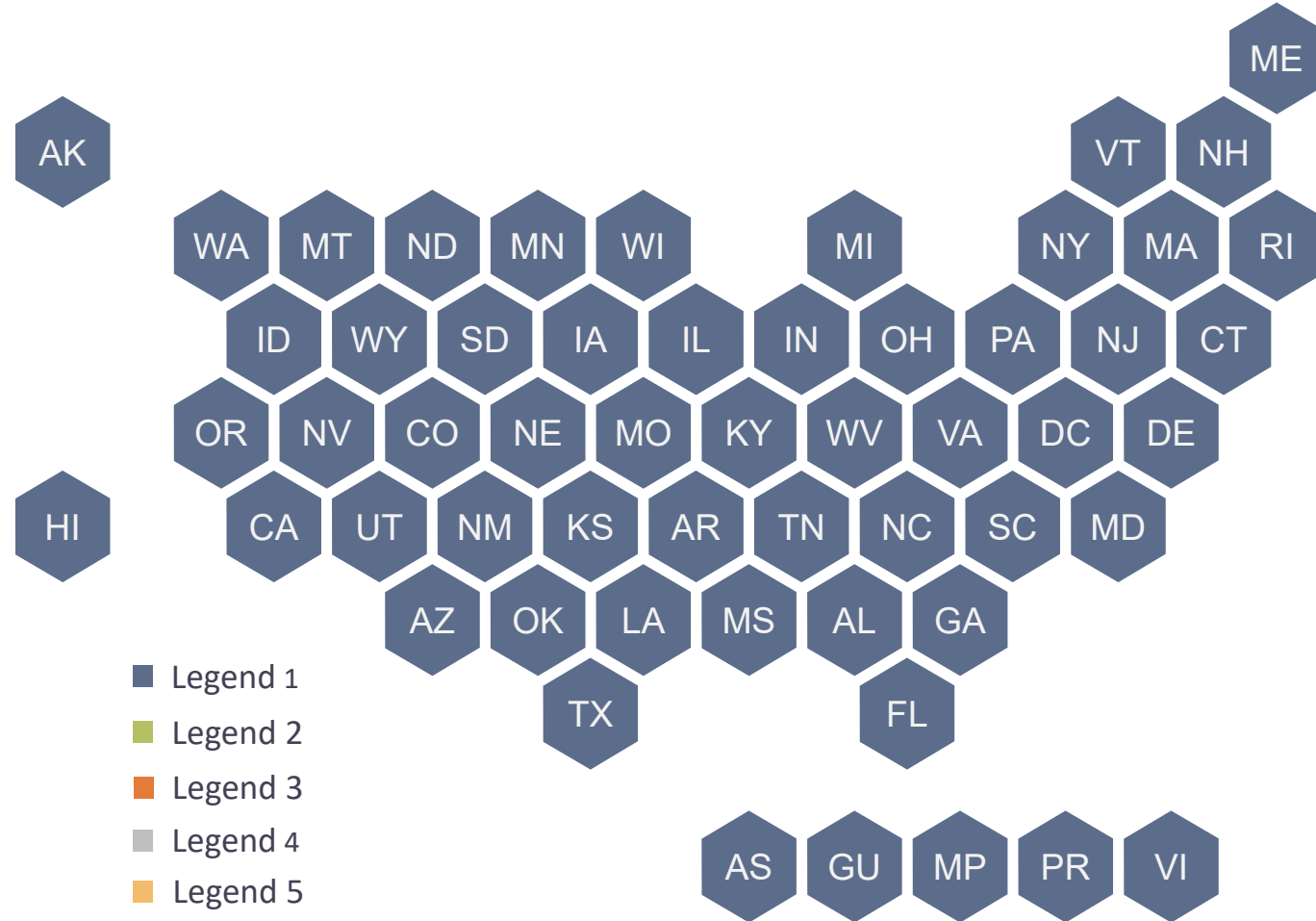
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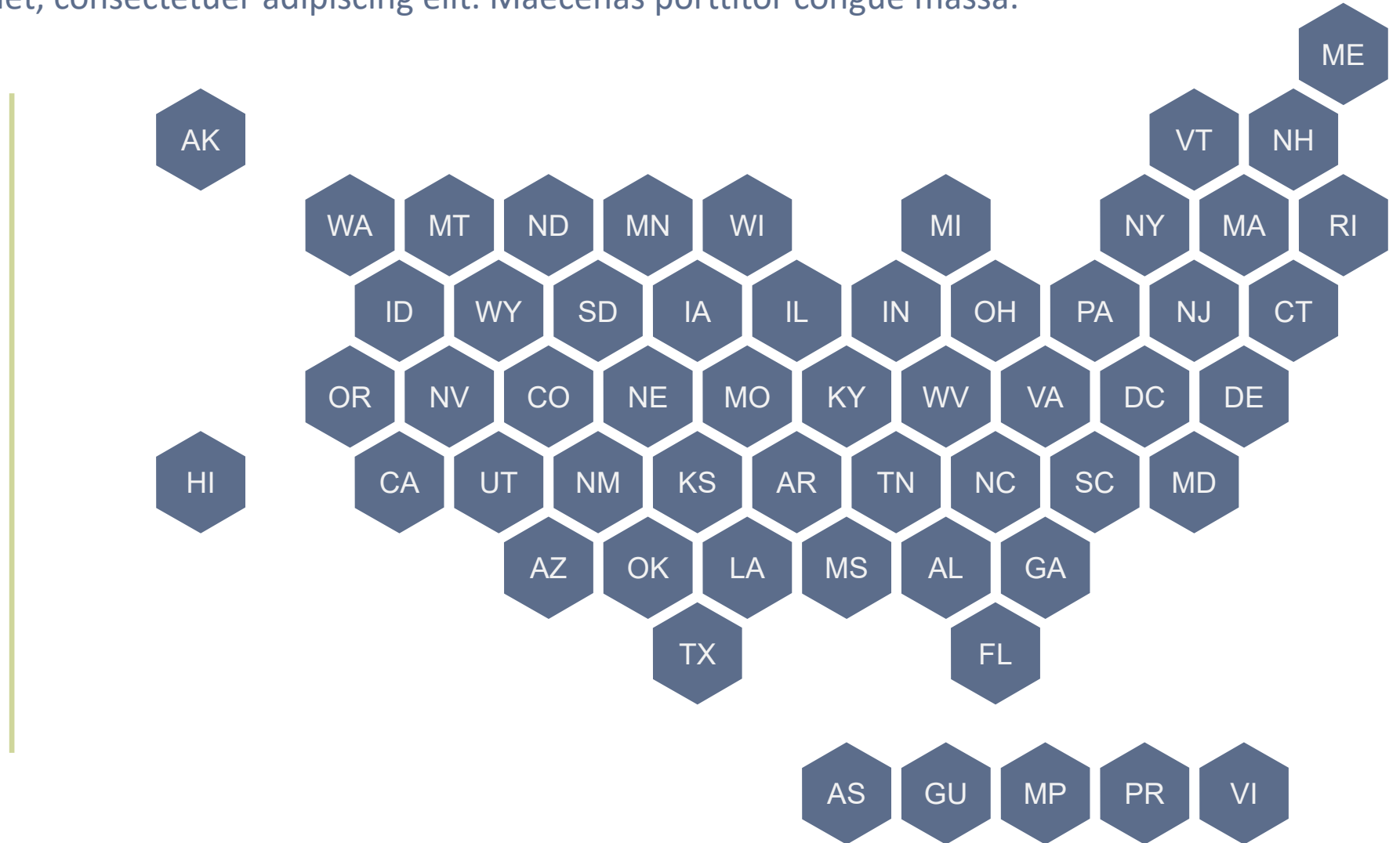
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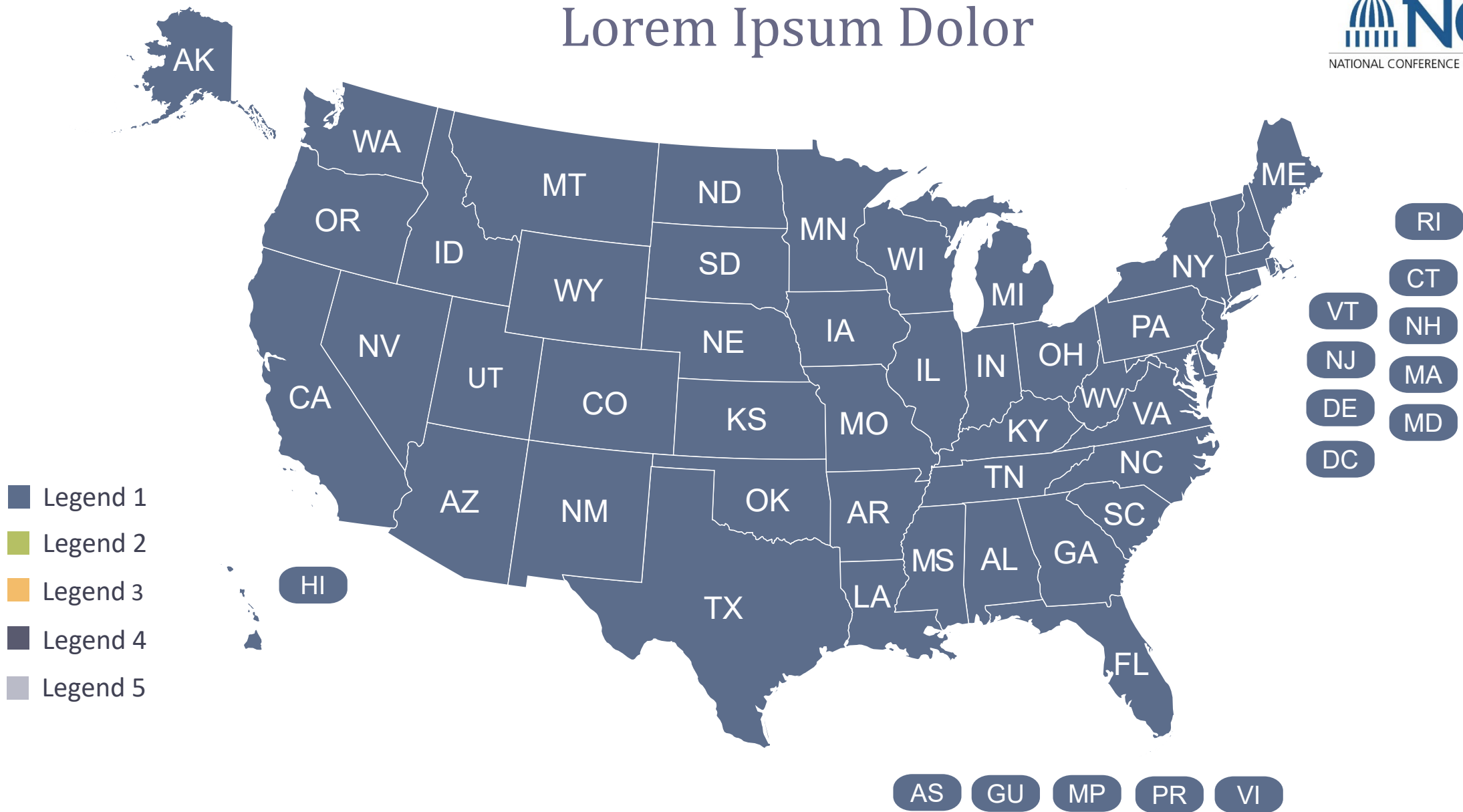
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Medicaid and State Legislatures

Key Facts

Did you know that Medicaid:

- Funds 42% of births
- Covers approximately half of children (with CHIP)
- Funds 54% of long-term services and supports including institutional and home- and community-based care
- Covers almost one-third of adults with disabilities and almost half of children with special health care needs
- Funds one quarter of all mental health and substance use treatment

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Tim Storey

NCSL Chief Executive Officer



Idaho Speaker Scott Bedke

NCSL President



Ann Sappenfield

NCSL Staff Chair

Additional Executive Committee Officers



Speaker Pro Tempore
Brian Patrick Kennedy
Rhode Island
NCSL President-Elect

President Pro Tempore
Wayne A. Harper
Utah
NCSL Vice President

Speaker Scott Saiki
Hawaii
NCSL President
Emeritus

Sabrina Lewellen
Arkansas
NCSL Staff Vice Chair

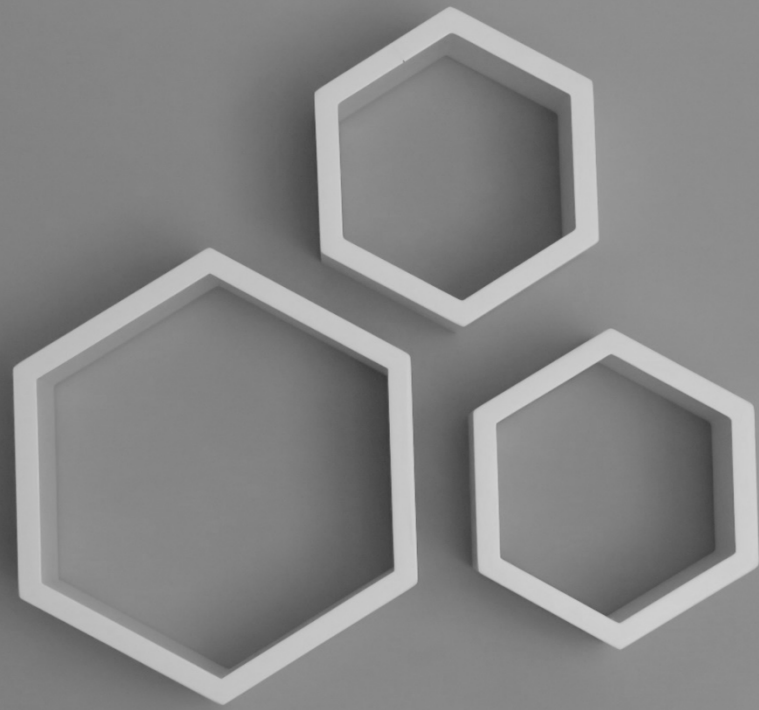
J.J. Gentry
South Carolina
NCSL Immediate Past
Staff Chair

2023 Indy Legislative Summit

The logo for the 2023 Indy Legislative Summit. It features a stylized black and white dome icon to the left of the text. The text "NCSL" is in a bold, black, sans-serif font. To its right, the word "LEGISLATIVE" is written in a smaller, black, spaced-out, sans-serif font. Below these, the word "SUMMIT" is written in a large, bold, teal, sans-serif font. At the bottom, "INDY 2023" is written in a bold, sans-serif font, with "INDY" in orange and "2023" in teal. To the right of the text is a decorative graphic consisting of several overlapping, semi-transparent teal squares of varying sizes and orientations, creating a dynamic, abstract pattern.

 **NCSL** LEGISLATIVE
SUMMIT
INDY 2023

Aug. 14-16, 2023

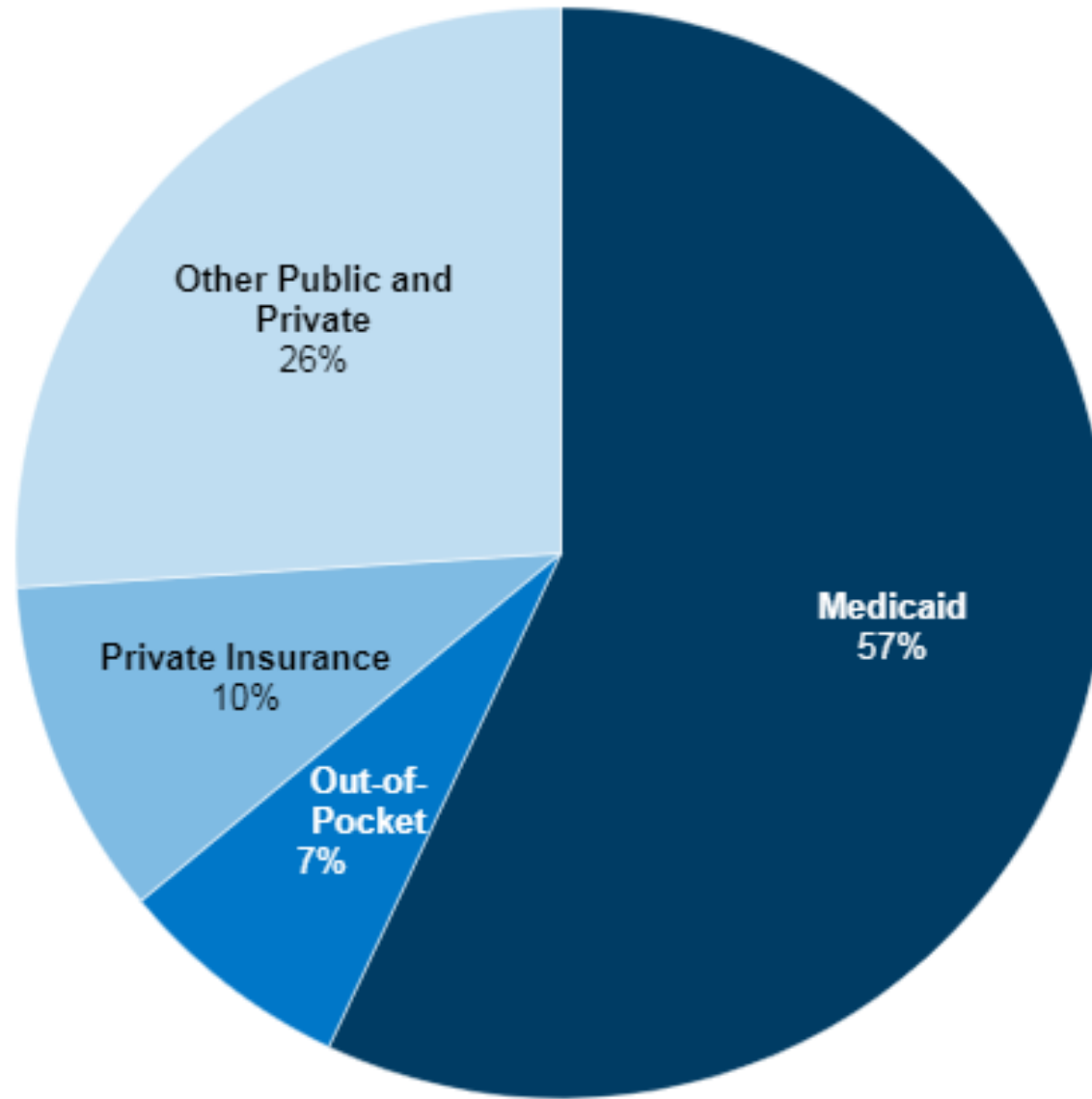


Medicaid Delivery Systems



Introduction to Home- and Community Based Services (HCBS)

Who Pays for Home- and Community-Based Services?

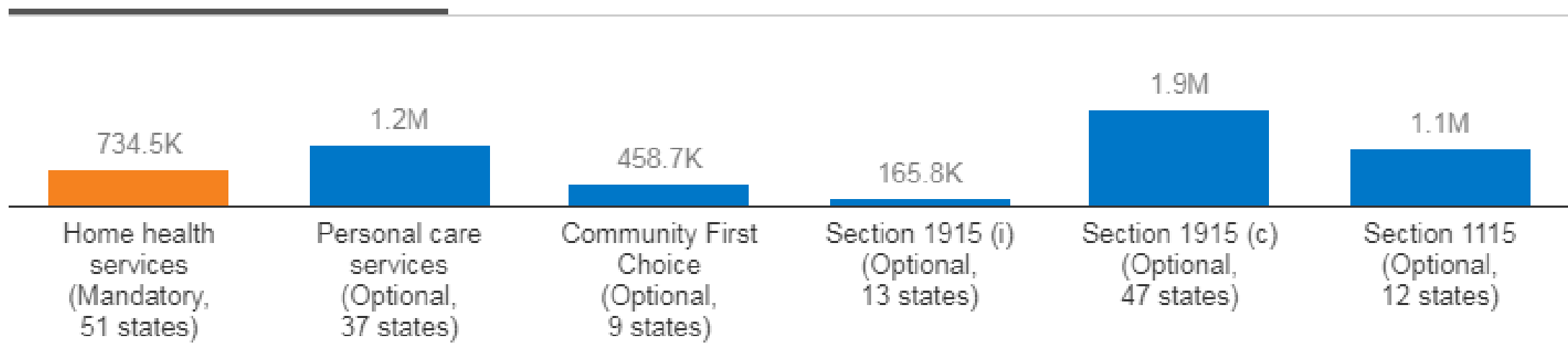


How Does Medicaid Cover Home- and Community-Based Services?

States Must Provide Institutional Care and Home Health, but All Other Home and Community-Base Services (HCBS) are Optional

1915(c) services accounted for over 50% of spending in 2020.

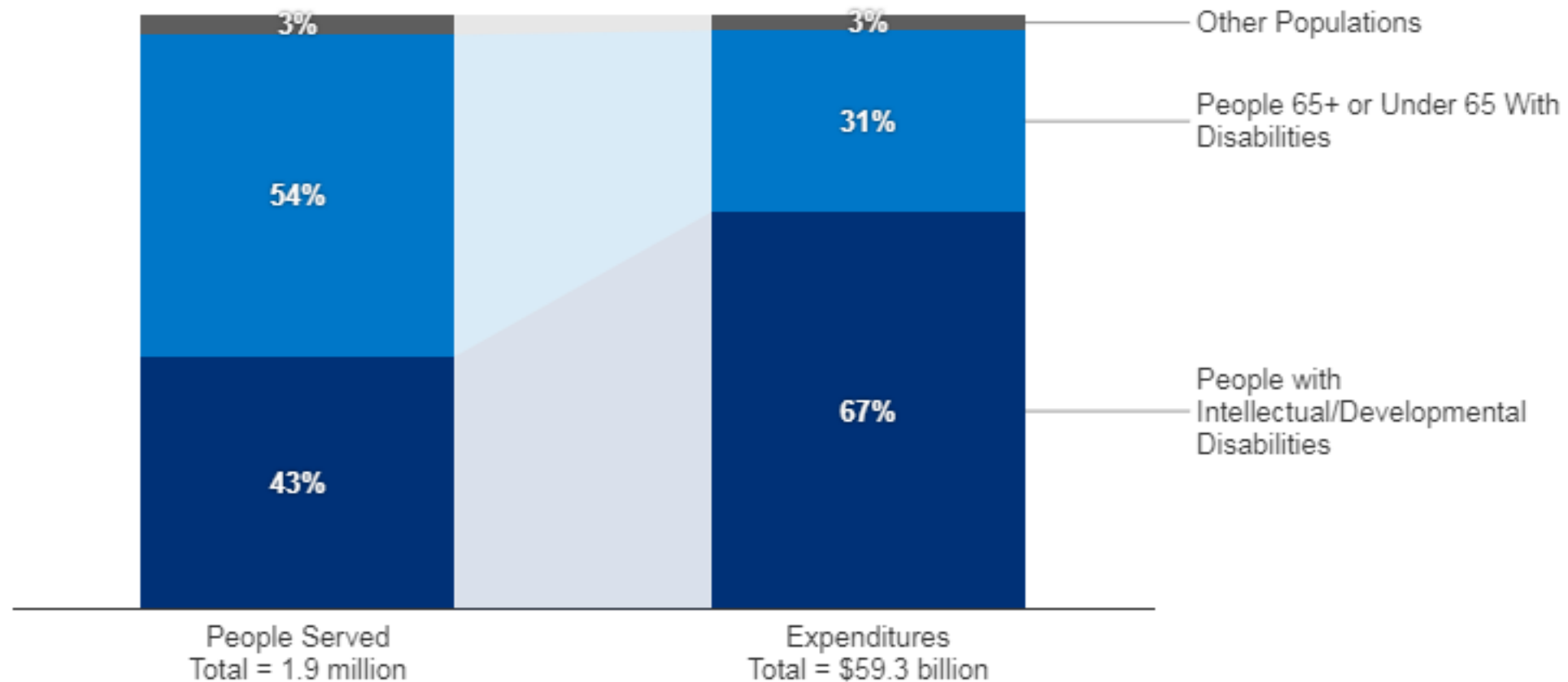
Medicaid HCBS Users, FY 2020 Medicaid HCBS Spending, FY 2020 (\$)



Who Receives Home- and Community-Based Services?

Services for People With Intellectual and Developmental Disabilities (I/DD) Comprised Two-Thirds of 1915(c) Waiver Spending in FY 2020.

Per-enrollee spending for 1915(c) populations range from \$6,100 (HIV/AIDS) to \$48,900 (I/DD).



Arkansas



Model(s) and Percent of Medicaid Population Covered by Model:

MCO = 4.7%

PCCM = 42.9%

FFS / Other = 52.4%

Limited Benefit Plans = Transportation, Dental

Delivery System Reforms:

Patient-Centered Medical Homes

All-Payer Claims Database

Maine



Model(s) and Percent of Medicaid Population Covered by Model:

MCO = N/A

PCCM = N/A

FFS / Other = 100%

Limited Benefit Plans = Transportation

Delivery System Reforms:

Health Homes

ACOs

All-Payer Claims Database

Idaho



Model(s) and Percent of Medicaid Population Covered by Model:

MCO = N/A

PCCM = 89.0%

FFS / Other = 11.0%

Limited Benefit Plans = MLTSS, Behavioral Health, Dental and Transportation

Delivery System Reforms:

Patient Centered Medical Homes

ACOs

How NCSL Strengthens Legislatures



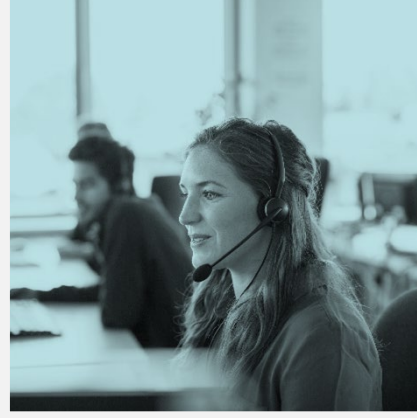
Policy Research

NCSL provides trusted, nonpartisan policy research and analysis



Connections

NCSL links legislators and staff with each other and with experts



Training

NCSL delivers training tailored specifically for legislators and staff



State Voice in D.C.

NCSL represents and advocates on behalf of states on Capitol Hill



Meetings

NCSL meetings facilitate information exchange and policy discussions

Rate Your Understanding: Commercial Health Insurance

1. Help! I don't get it. At all.
2. Meh. I kind of get it but still have a lot to learn.
3. So so. I think I understand it well but probably have more to learn.
4. Woo! I can teach this topic. I'm basically an expert.



- Insurance 101: The State Role
- State Policy Options
 - Coverage
 - Costs
- Q&A / Discussion

Plan for Today's Session

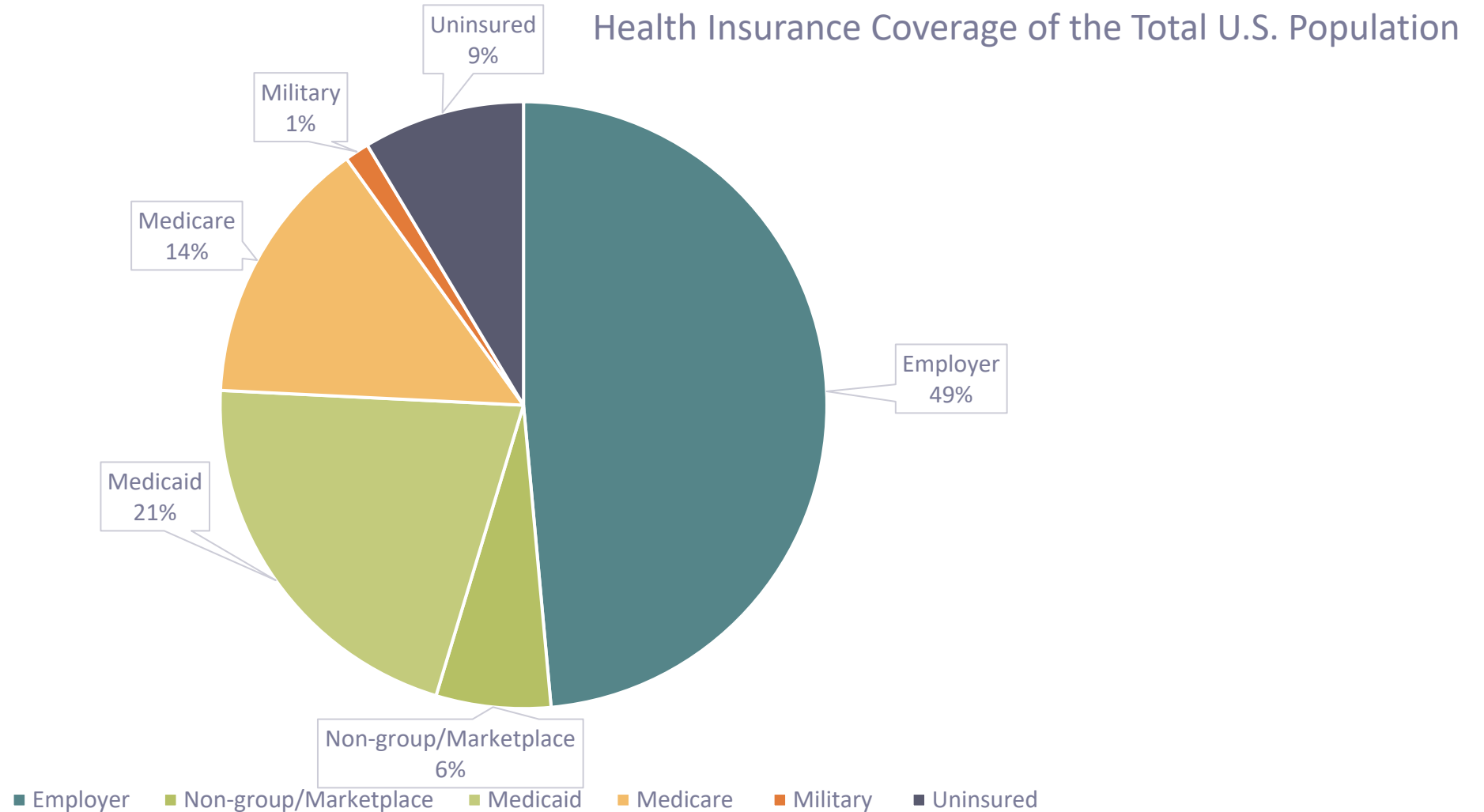


Trivia Time!

Which health insurance payer covers the largest number of Americans?

- A. Medicaid
- B. Medicare
- C. Employer-Sponsored
- D. Marketplace Coverage

Where do people get their health insurance?



State vs. Federal Role: Private Insurance Regulation

States Can Regulate

- Marketplace plans (individual and small group)
- Marketplace alternatives (e.g., short-term, limited-duration plans, association health plans, health care sharing ministries)
- Fully-Insured Employer-Sponsored Plans
 - Employer pays a premium to a health insurance company
 - Approx. 40% of covered workers

States Can't Regulate (Preempted by ERISA)

- Self-Insured/Self-Funded Employer-Sponsored Plans
 - Employer pays most of the health care costs of employees as the claims occur
 - Approx. 65% of covered workers

Ensuring Access to Commercial Coverage: Legislative Levers



Coverage Mandates



Network Adequacy



Bolstering the Individual
Marketplace

Coverage Mandates

Health Benefit Mandates

- **Connecticut** ([HB 5001](#)), **Delaware** ([HB 303](#)) and **Massachusetts** ([SB 3097](#)) established private insurance coverage for mental health wellness exams.
- **Tennessee** ([HB 2544](#)) enhanced coverage requirements for breast cancer screenings.

Health Provider Mandates

- **Rhode Island** ([HB 5929](#)) requires perinatal doula services in private health insurance plans.
- **Virginia** ([SB 525](#)) requires coverage for services provided by a licensed athletic trainer.

Persons Covered Mandates

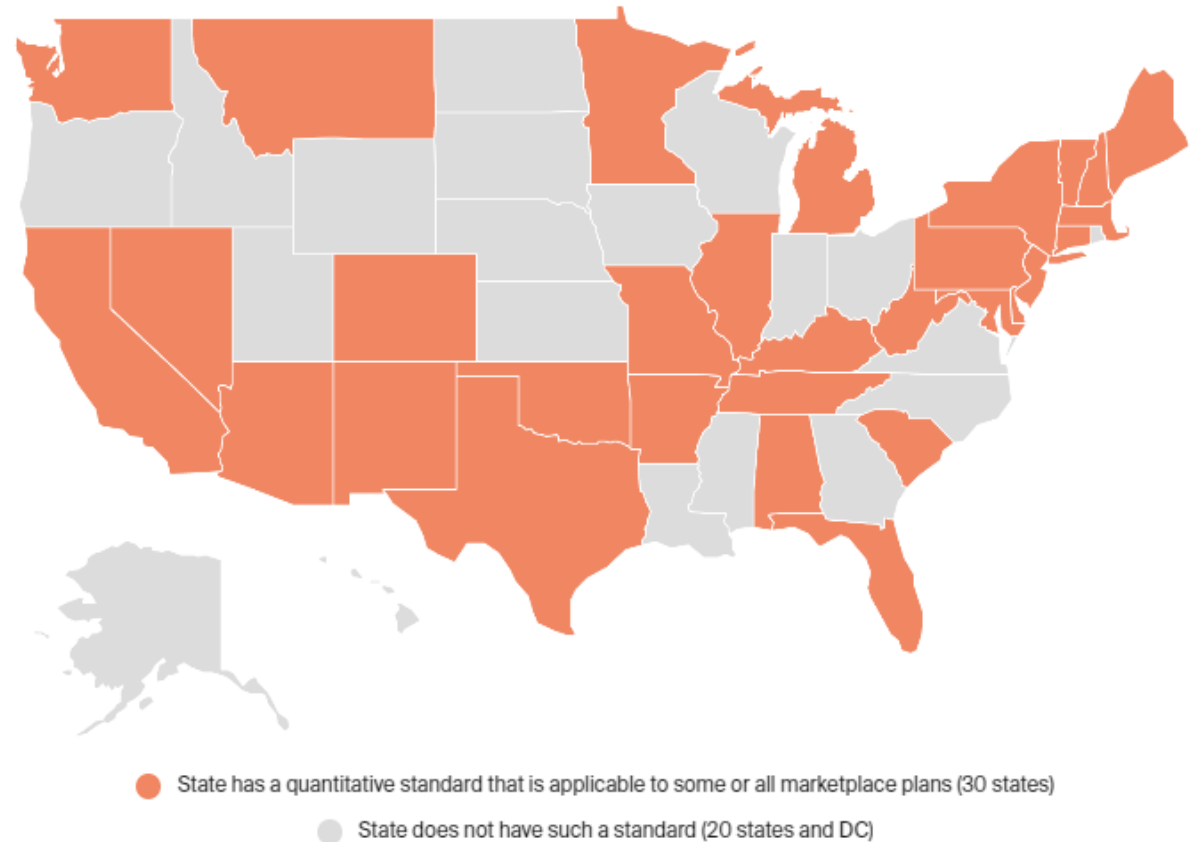
- **Florida** [Fla. Stat. § 627.6562](#) allows for dependent health coverage until 30.
- **South Dakota** [S.D. Codified Laws § 58-17-2.3](#) allows for dependent health coverage until 29.
- **Colorado** [C.R.S. § 10-16-104 \(6.5\)](#), specifies that plans that covers a natural dependent child must also cover adopted children under the same terms.

Network Adequacy

Quantitative standards include:

1. travel times and distance between enrollees and providers in certain types of geographic areas;
2. minimum number of providers or provider-to-enrollee ratios; and
3. appointment wait times.

States Where Marketplace Plans Are Subject to One or More Quantitative Standards for Network Adequacy, 2021



Source: Justin Giovannelli, "Federal Regulators Appear Set to Take a More Active Role to Ensure ACA Marketplace Plan Networks Are Adequate," Commonwealth Fund, Feb. 15, 2022.

Bolstering the Individual Marketplace

State Action on 1332 Waivers

1

Approved Waiver

Federally approved 1332 waiver

2

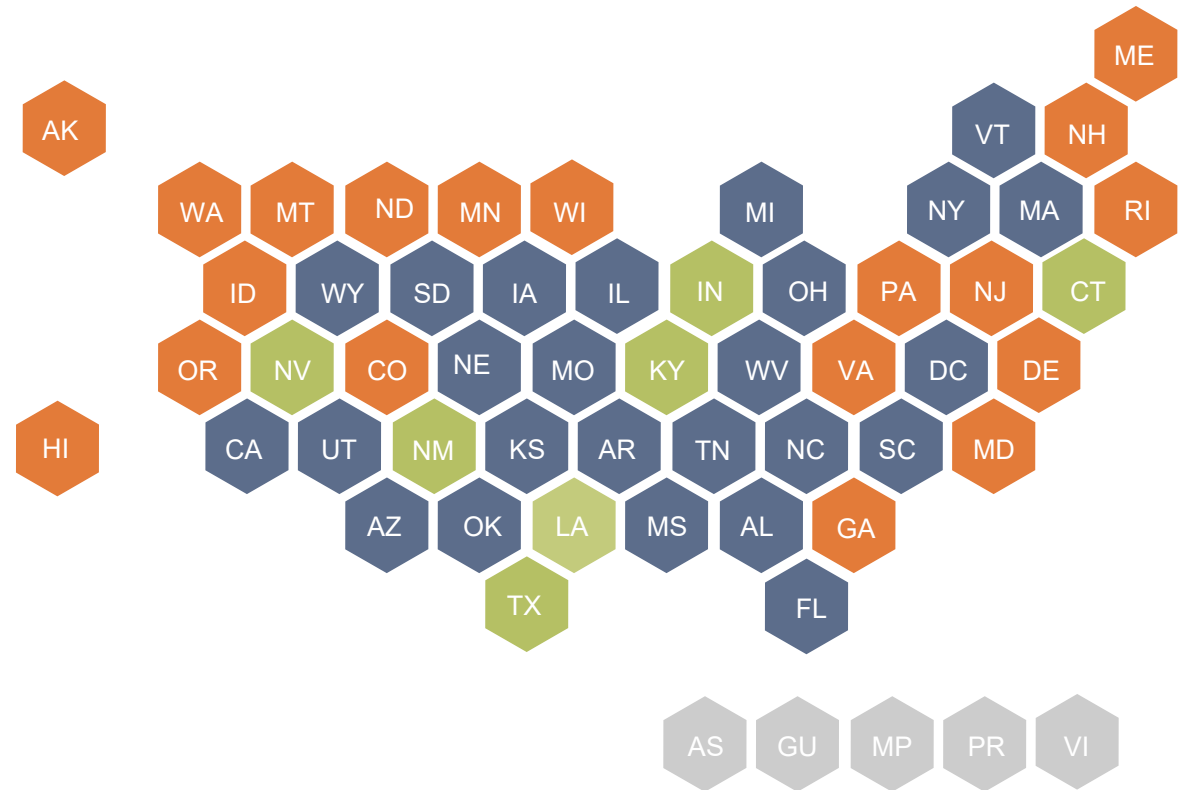
Enacted Legislation

Enacted legislation authorizing submission of 1332 waiver

3

No Action

No legislation in place



*as of August 2022

Containing Commercial Health Care Costs: Legislative Levers



Health System
Concentration and
Consolidation



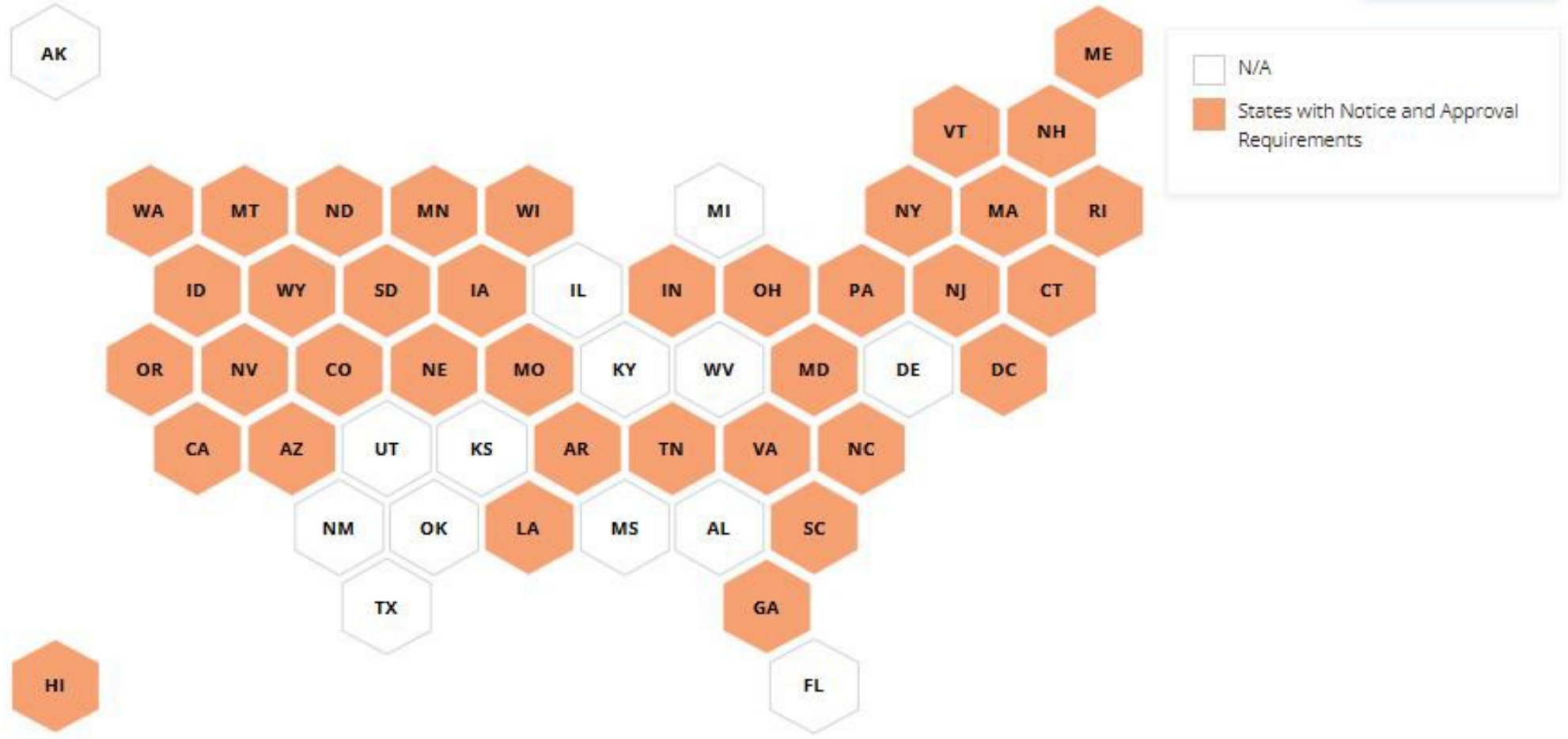
Surprise Billing and
Medical Debt



Price Transparency

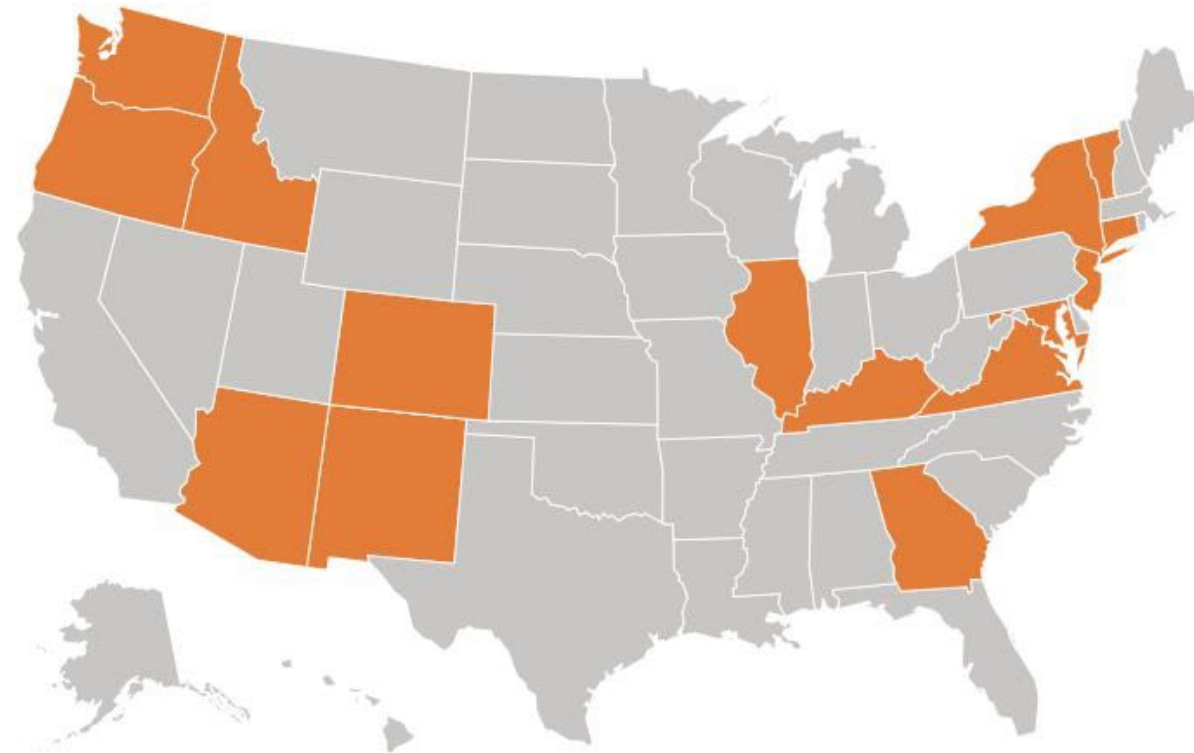
Health System Consolidation and Concentration

States with Transaction Notice and Approval Requirements, 2022



Surprise billing and Medical Debt

States Enacting Legislation related to Surprise Billing and Medical Debt in 2022



Assessing Cost Increases and Price Transparency

All-Payer Claims Databases

1

Existing APCD

Existing APCD (includes states with voluntary efforts)

2

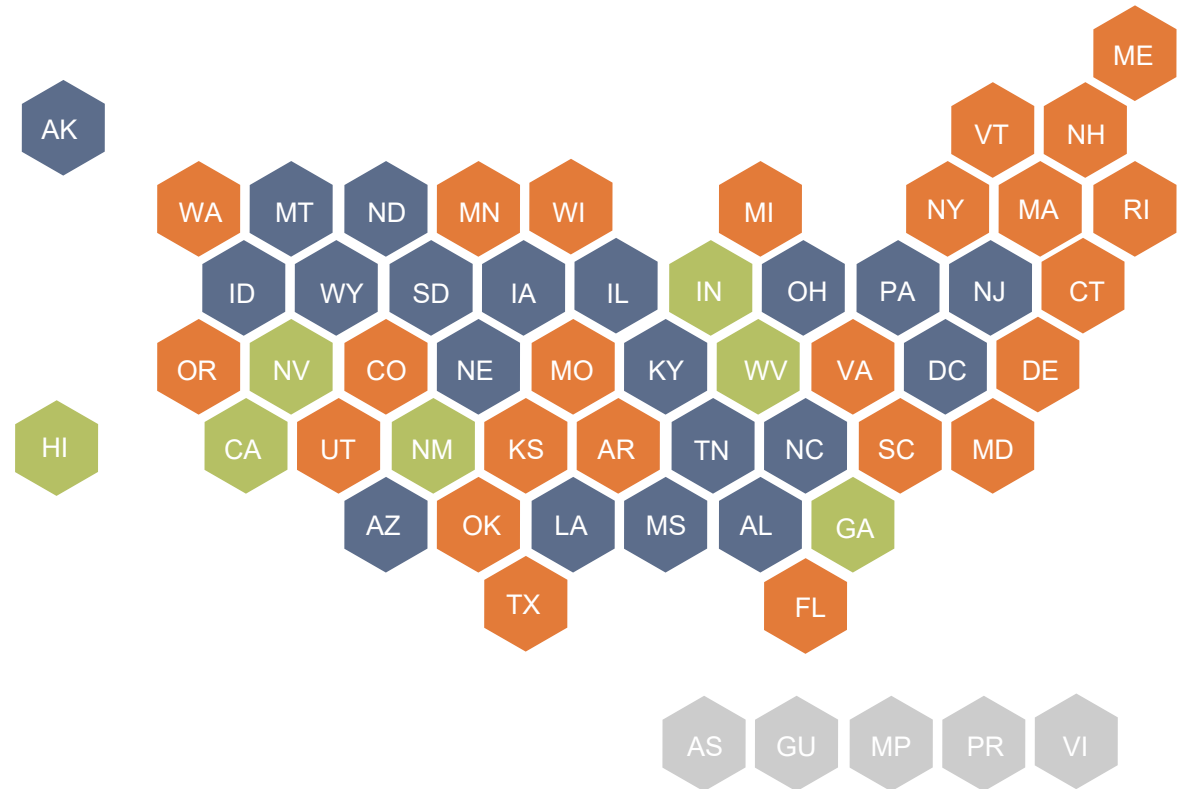
In Implementation

APCD is in implementation

3

No Action

No APCD







State Actions: Medicaid

○ Reimbursement

- 17 states reimburse for all four modalities through Medicaid.

○ Place of Service Codes (POS)

- 4 state Medicaid programs have added POS Code 10 which adds the home as an acceptable originating site.
- 36 states and D.C. have POS Code 10.

Medicaid Reimbursement		# of States
	Live Video	50 + D.C.
	Store-and-Forward	25
	Remote Patient Monitoring	34
	Audio-Only	34 + D.C.