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ILLINOIS POLICY INSTITUTE

Overloaded

One in three Illinoisans on Medicaid by 2019?

The Patient Protection and Affordable Care Act, commonly known as ObamaCare, will have a profound impact on Illinois' Medicaid patients. It will make the program more expensive and worsen care for those who need it most by adding more people to a failing program. The only questions, then, are: How much worse will it get? How long will Medicaid patients wait to see doctors, if they can see them at all? How many more tax hikes will the General Assembly have to pass to pay for it?

ObamaCare expands the Medicaid program in two major ways. First, it expands eligibility to anyone earning at or below 138 percent of the federal poverty level.[1, 2] Today, a family of four would qualify by earning $30,843 or less.[3] By 2014, the income threshold will likely be $33,037 for a family of four.[4]

Second, ObamaCare expands the program through increased participation among people who are eligible. The biggest factor affecting Medicaid enrollment is the participation rate. The participation rate, sometimes referred to as the "uptake rate," is the percentage of eligible people who actually enroll in Medicaid. This rate generally varies by state, income, gender, age and whether the individual has any other insurance coverage.

ObamaCare primarily increases the participation rate by two intertwined means. It requires each state to create a health insurance exchange for consumers.[5] These exchanges are portals that consumers may use to select health insurance plans. ObamaCare encourages people to use the exchanges by offering subsidies for health insurance premiums.[6] If an individual using the exchange is eligible for Medicaid, he will be enrolled automatically without having to submit additional paperwork.[7]

ObamaCare also requires that every individual maintains certain specified levels of health insurance coverage.[8] If an individual does not maintain that coverage, he or she is subject to a penalty. By mandating that people maintain health insurance, it ensures more people will seek coverage. Many of these people will use the exchanges, given the generous subsidies offered there. Because they automatically will be enrolled in Medicaid if eligible, the participation rate is likely to sharply increase.

Quantifying the Costs

How much ObamaCare will cost Illinois will depend greatly on the number and makeup of people who enroll in Medicaid under ObamaCare. The new enrollees will generally come from two groups: "new eligibles" and "old eligibles." New eligibles are people who were not eligible for Medicaid previously and become eligible under ObamaCare's new guidelines. Old eligibles are people who were eligible for Medicaid before ObamaCare, but had not enrolled. The individual mandate and health insurance exchanges are expected to increase the participation rates for both groups.

The federal government reimburses at different rates for these two groups, however, so the number of each group greatly affects the total cost to the state. For the first three years of ObamaCare, the federal government will pay all of the medical costs of new eligibles. After 2016, Illinois will begin paying a greater share

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for new eligibles. However, the federal government will only pay half of the medical costs of old eligibles. In order to get a clear picture of future state spending, then, studies must analyze the full impact of ObamaCare on old eligibles.

Four major studies have attempted to quantify ObamaCare's impact on the Medicaid system. This paper reviews these studies and presents their findings and methodologies. Each of the studies may be underestimating the full impact of ObamaCare that Illinois could soon see. Ultimately, of the four studies, the projections made by the Cato Institute are more transparent, methodologically sound and provide a clearer overall view of the whole Medicaid program under ObamaCare.

If and when Medicaid patients receive care, they frequently suffer worse outcomes than both privately insured and uninsured patients.

A Failing System

Medicaid failed to serve America's neediest citizens even before ObamaCare. The government's low reimbursement rates and long delays in paying providers have forced many doctors to make Medicaid patients wait longer for care, if they agree to see these patients at all.

Medicaid patients are six times more likely than privately insured patients to be denied an appointment. Even when doctors don't turn them away, they have to wait 22 days longer.[9] In fact, the payment delays have become so long that doctors are now more willing to see a patient with no insurance than a one with Medicaid.[10]

If and when Medicaid patients receive care, they frequently suffer worse outcomes than both privately insured and uninsured patients. They experience more surgical complications.[11] They are at greater risk of mortality during common surgeries.[12] They are more likely to not be diagnosed until the later, less treatable stages of diseases.[13] These problems plague the Medicaid system and they're only going to get worse.

Longer payment delays will shrink access to care even further. The Illinois Comptroller projects that the state's fiscal crisis will continue to cause longer delays for doctors receiving Medicaid reimbursement,[14] forcing even more doctors to turn Medicaid patients away. The Medicaid payment cycle for the next fiscal year is already expected to increase to 162 days.[15] This is more than six times longer than the 2010 cycle and more than twice as long the previous record delay.

If this weren't bad enough, Illinois is expected to see a shortage of doctors, particularly in rural areas. Half of recent graduates from Illinois medical schools are fleeing the state.[16] Even before ObamaCare, Illinois was facing doctor shortages, caused by the increased demand of an aging population. These short-

Graphic 1. Increases in Illinois' Medicaid Enrollment and State Spending Caused by ObamaCare

	Increase in Medicaid Enrollment (2019)	Increase in Medicaid Spending (2014-2019)
Urban Institute Higher Participation Model	631,024	$1.2 billion
Urban Institute Lower Participation Model	911,830	$2.5 billion
RAND Corporation	790,000[1]	$5.0 billion[1]
Wakely Consulting Group	357,898[2]	$1.9 billion[2,3]
Cato Institute	1,537,000	$10.1 billion

All estimates are increases over projected increases without ObamaCare. Tables with the full data for enrollment and expenditures can be found in the Appendix.

1. *RAND Corporation projections reflect changes in nonelderly population only.*
2. *Wakely Consulting only projected enrollment and spending until 2014. The numbers here reflect the author's future projections based upon Wakely calculation methods.*
3. *Wakely Consulting spending projection reflects changes in nonelderly population only.*

ages are expected to rise more rapidly under ObamaCare.[17]

Medicaid was created as a temporary safety net for America's most vulnerable population. In 2000, Illinois' Medicaid program served 12 percent of the population. It will serve more than a third of the population in just the first few years of ObamaCare, with that number growing over time. Medicaid was never meant as a general insurance plan for working and middle class families, but that is exactly what ObamaCare attempts to create. It adds more people to an already failing system, with higher costs, lower access, and worse outcomes. The important questions, then, are: How much more money will it spend, and how many more people will it force into substandard care?

In 2000, Illinois' Medicaid program served 12 percent of the population. It will serve more than a third of the population in just the first few years of ObamaCare, with that number growing over time.

Urban Institute Projections

The Urban Institute's study created two models to project the expansion in Medicaid under ObamaCare.[18] The first model attempts to approximate the Congressional Budget Office's national participation rates among Medicaid eligibles, then apply those rates to state-level data. The second model adjusts these rates slightly upward to better account for increased participation caused by more government outreach and the individual mandate.

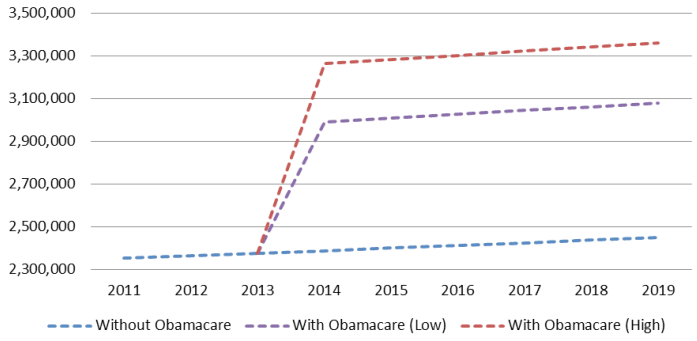
According to these estimates, total Medicaid enrollment in 2019 will reach between 3.1 million and 3.4 million people. This amounts to approximately one in four Illinois residents enrolled in Medicaid. There are several reasons why the Urban Institute underestimate the actual changes Illinois will likely see in both enrollment and expenditures under ObamaCare.

By underestimating the number of old eligibles who will enroll, the Urban Institute study greatly underestimates the total costs to Illinois.

The participation rate assumptions built into both models causes the estimates to be low. The first model assumes that the same percentage of "old eligibles," people who were eligible for Medicaid without ObamaCare but hadn't yet enrolled. The second model makes only moderate adjustments to these rates.

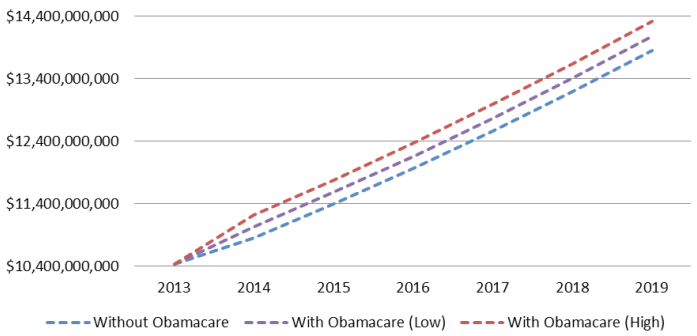
As explained previously, the new spending on old eligibles will have a much more significant impact on state spending. By underestimating the number of old eligibles who will enroll, the Urban Institute study greatly underestimates the total costs to Illinois. The effects of assuming low participation among old eligibles can be seen in Graphic 3, where the changes to state spending are slight.

Graphic 2. Urban Institute Estimates of Illinois' Medicaid Enrollment under ObamaCare



Note: Urban Institute only projected enrollment for 2019. The numbers here reflect the author's 2011-2019 projections based upon Urban Institute calculation methods.

Graphic 3. Urban Institute Estimates of Illinois' Medicaid Spending under ObamaCare



Note: Urban Institute projected spending in a lump sum for 2014-2019. The numbers here reflect the author's annual spending projections based upon Urban Institute calculation methods.

Urban Institute Projections (CONT'D)

Neither of the Urban Institute's models fully accounts for the following three effects:

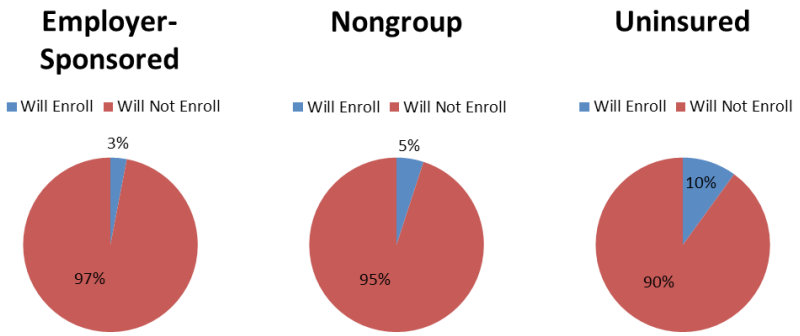
- a federal law requiring every individual to maintain insurance coverage;
- a widely used insurance exchange that automatically enrolls eligible users without additional paperwork; and
- the outreach efforts the government has promised both in enrolling those eligible for Medicaid and promoting the new exchanges.

As Graphic 4 illustrates, the Urban Institute's first model assumes that only 10 percent of old eligibles with no other insurance will enroll in Medicaid. The model predicts that the remaining 90 percent of uninsured old eligibles will not enroll. Even the higher participation model assumes that a great majority of uninsured old eligibles will violate the law by not obtaining coverage, thereby also rejecting the subsidies available in the exchanges. These assumptions lead to projections that grossly underestimate the number of Medicaid enrollees Illinois is likely to see.

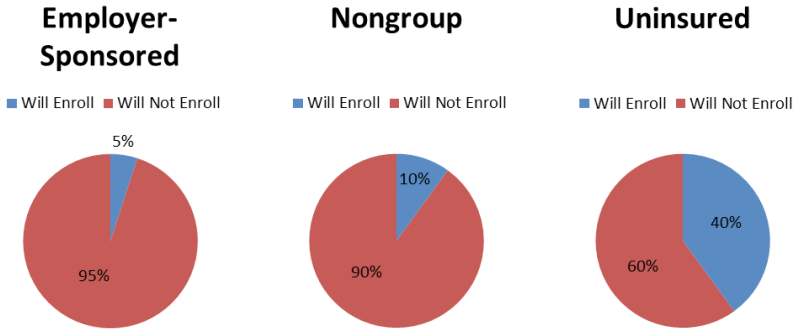
ObamaCare's requirement that every individual maintain health insurance ensures that more people will seek coverage. Even if they do not immediately enroll in Medicaid, ObamaCare directs them into state health insurance exchanges. If the exchanges determine that they are eligible for Medicaid, the exchanges must automatically enroll them without an additional application process. By not fully accounting for these factors, the study greatly underestimates enrollment, particularly among those most costly to the state. The fact that these low estimates are then used to project spending increases ensures that the study creates, by definition, low state spending estimates.

ObamaCare's requirement that every individual maintain health insurance ensures that more people will seek coverage.

Graphic 4. Urban Institute Rate Assumptions for Old Eligibles by Insurance Status – Lower Participation Model



Graphic 5. Urban Institute Rate Assumptions for Old Eligibles by Insurance Status – Higher Participation Model



RAND Corporation Projections

The RAND study leads to cost estimates that are more in line with what Illinois may actually expect to see.

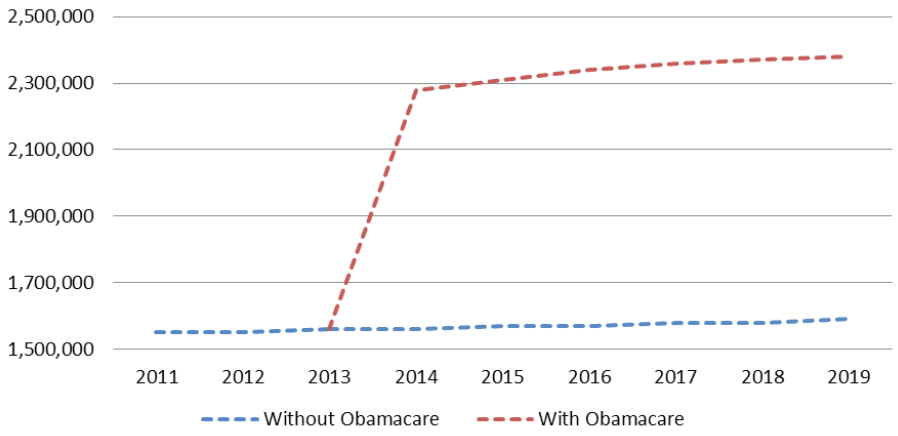
The RAND Corporation created a behavioral microsimulation model to project the expansion in Medicaid under ObamaCare.[19] The model attempts to simulate choices that individuals, employers and others would make, then extrapolates those choices into big-picture projections.

According to these estimates, total nonelderly Medicaid enrollment in 2019 will reach nearly 2.4 million people. This amounts to more than one in five nonelderly residents enrolled in Medicaid. The model recognizes that the majority of these new enrollees will be those currently eligible for Medicaid but are only induced to enroll because of ObamaCare. These enrollees will be the most expensive for Illinois, as the federal share for their coverage is lower than the share for newly eligible enrollees. By accounting for this fact, the RAND study leads to cost estimates that are more in line with what Illinois may actually expect to see.

Even so, the total number of Medicaid enrollees and their associated costs will likely be higher than the RAND study's estimates for a number of reasons.

The study's model focuses only on nonelderly Medicaid enrollees and excludes a certain population from the simulation. While the study provides a detailed look at the nonelderly level, it cannot, by definition, present the full picture of enrollment and expenditures in the selected years. For example, the study predicts nonelderly enrollment to reach 1.6 million people in 2011. By contrast, according to the federal government, total Medicaid enrollment in Illinois was 2.3 million in 2008.[20] Because the study focuses on only a portion of total enrollment, it is clear that total enrollment and expenditures will be higher than these estimates.

Graphic 6. RAND Corp. Estimates of Illinois' Nonelderly Medicaid Enrollment under ObamaCare



RAND Corporation Projections (CONT'D)

The model also attempts to estimate reactions to factors such as the individual mandate, but it is unclear how those reactions are calibrated. The problem with such calibrations is that there is no historical data to fully adjust how simulated individuals might react. Given the complexity and the sheer number of variables, it is difficult to determine from their results and methodology what the participation rate is estimated to be.

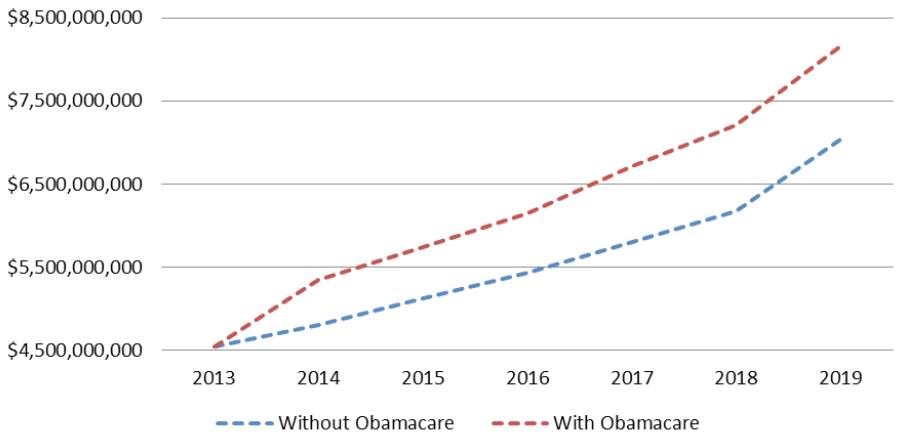
The model might also underestimate actual enrollment by predicting only negligible changes in employer-sponsored insurance. The model's predictions may ultimately prove true, but they are at odds with how employers actually say they will react. One survey, for instance, found that approximately one-fifth of small employers were likely to drop employer-sponsored health insurance coverage altogether.[21] Another survey found that approximately 30 percent of employers were likely to drop coverage.[22]

Among those who are highly aware of ObamaCare's provisions, 50 percent were likely to drop coverage.

If employers' current outlook for offering coverage remains steady or worsens as more employers become aware of the provisions, their employees will likely be shifted onto the exchanges. These exchanges must automatically enroll eligible users without requiring an additional application process. As a result, it is likely that a number of these employees would automatically enroll in Illinois' Medicaid programs. ObamaCare's effects on labor costs and the unemployment rate might further increase enrollment beyond the model's simulations.

Among employers who are highly aware of ObamaCare's provisions, 50 percent were likely to drop coverage.

Graphic 7. RAND Corp. Estimates of Illinois' Nonelderly Medicaid Spending under ObamaCare



Wakely Consulting Projections

The Wakely study assumes that 50 percent of uninsured eligibles will enroll in Medicaid. The actual participation rate is likely to be much higher.

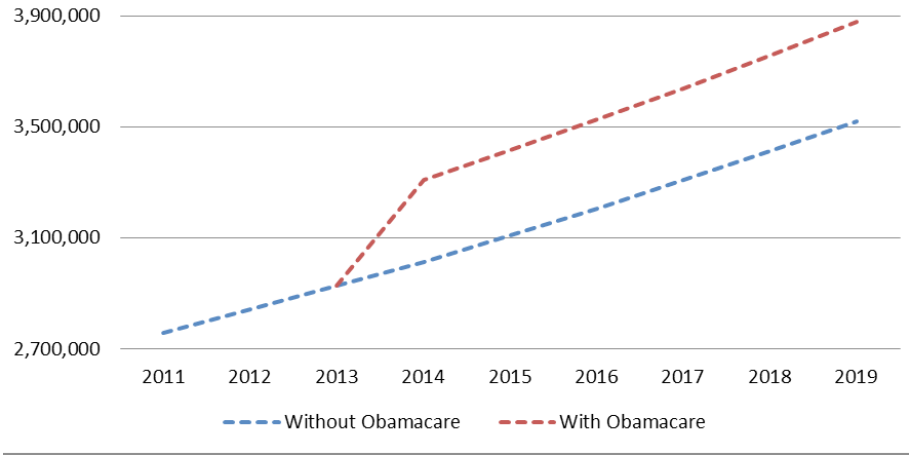
Wakeley Consulting created a comprehensive report on the implementation of a health insurance exchange in Illinois.[23] Because the exchange and the Medicaid program are intertwined, the report also projected enrollment and expenditure increases caused by ObamaCare. It began by tracking enrollment and expenditure data over a 21 month period. It then projected those numbers forward until 2014. The report did not estimate enrollment and expenditure data beyond 2014.

According to these estimates, total Medicaid enrollment in 2014 will reach nearly 3.2 million people. This amounts to nearly one in four Illinois residents enrolled in Medicaid. These estimates are also much lower than the actual effects Illinois will likely see under ObamaCare, both in terms of enrollment and expenditures.

The study likely underestimates the participation rate among both old eligibles and new eligibles. It assumes that 50 percent of uninsured eligibles will enroll in Medicaid. The actual participation rate is likely to be much higher, for reasons discussed in the previous section. In Illinois, even without ObamaCare, approximately 60 percent of eligible adults with no other insurance coverage enroll in Medicaid.[24] The individual mandate and health insurance exchanges are likely to increase these rates even further. Massachusetts, for example, has seen its participation rate among eligible adults with no other insurance rise to approximately 80 percent since enacting an individual mandate.

The model also predicts increased enrollment only in the nonelderly uninsured population. Such a prediction excludes individuals who may drop their current coverage or have their coverage dropped by their employers. As detailed previously, there is a significant chance that employees will lose their current health insurance coverage and be pushed into the exchange. Because the exchange must automatically enroll eligible populations in Medicaid, enrollment could be expected to rise.

Graphic 8. Wakely Consulting Estimates of Illinois' Medicaid Enrollment under ObamaCare



Note: Wakely Consulting only projected enrollment until 2014. The numbers here reflect the author's future projections based upon Wakely calculation methods.

Wakely Consulting Projections (CONT'D)

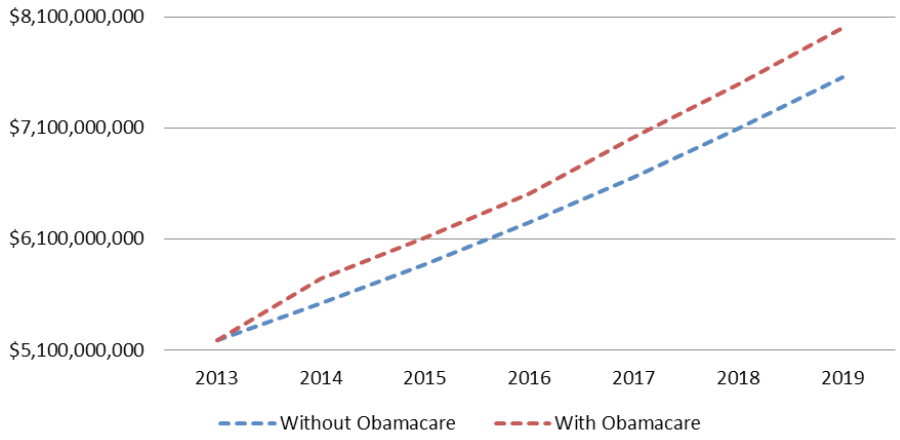
Those with private insurance may also seek to enter the exchange because it offers generous premium subsidies. Those eligible for Medicaid would find themselves automatically enrolled.

The study projects the total increase in nonelderly Medicaid expenditures to reach $224.5 million in 2014. These estimates, like the enrollment estimates, are likely to be much lower than the actual costs Illinois will see. To calculate expenditures, for example, the study assumes that only 20 percent of the increased enrollment will come from old eligibles. No explanation is provided for why this assumption was made, but the assumption produces much lower estimates of state spending. The study also tracked less than two years' worth of data, which is too small a sample to fully reflect historical trends in the program. The small sample size may have caused estimates lower than observed trends would generally predict.

To calculate expenditures, for example, the study assumes that only 20 percent of the increased enrollment will come from old eligibles. No explanation is provided for why this assumption was made.

Graphic 9. Wakely Consulting's Participation Rate Assumptions for All Eligibles by Insurance Status

Graphic 10. Wakely Consulting Estimates of Illinois' Nonelderly Medicaid Spending under ObamaCare



Cato Institute Projections

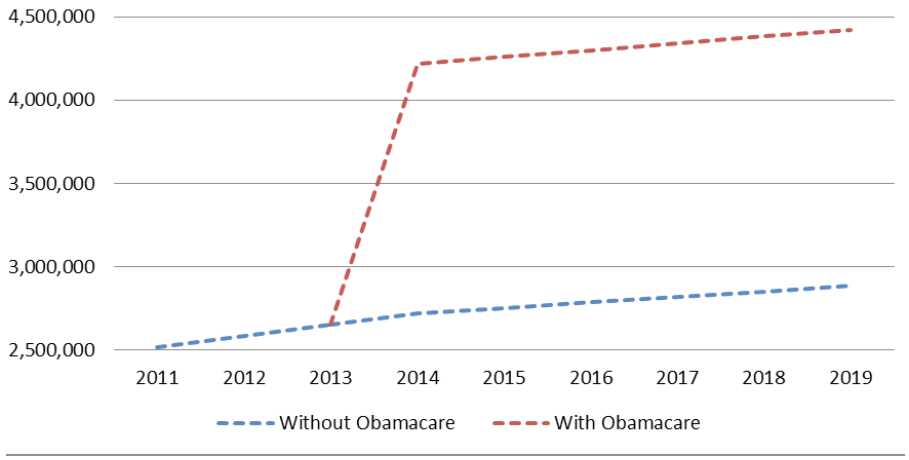
The Cato study is able to predict more accurately the long-term future rate of growth in eligibility, enrollment, and expenditures by tracking the historical trends.

The Cato Institute's study begins by looking at historical trends in Medicaid eligibility, enrollment, recipiency, and benefit costs among age, gender and income groups.[25] It then projects future enrollment and expenditures both with and without ObamaCare. For the baseline estimates, the model disaggregates enrollment rates by group and projects future enrollment in accordance with historical trend data over the last decade. The model then uses trends in actual enrollment and in non-insurance rates to adjust for ObamaCare's individual mandate and exchanges. The study is able to predict more accurately the long-term future rate of growth in eligibility, enrollment, and expenditures by tracking the historical trends. This produces a more likely long-term estimate than those relying on growth rates from only a few years.

According to these estimates, total Medicaid enrollment in 2019 will reach nearly 4.5 million people. This amounts to more than one in three people enrolled in Medicaid. These estimates may also be lower than Illinois can expect to see under ObamaCare.

The Cato model assumes that historical trends for eligibility and enrollment will carry forward from pre-recession levels. There is no guarantee that these rates will not exceed the historical trend rates. For example, the most recent Congressional Budget Office,

Graphic 11. Cato Institute Estimates of Illinois' Medicaid Enrollment under ObamaCare



Cato Institute Projections (CONT'D)

or CBO, estimates predict an unemployment rate of over 8 percent until 2014.[26] The average unemployment rate for the trend period was just over 5 percent. The CBO estimates that the unemployment rate will remain above 5.2 percent through at least 2021. With more people out of work, the number of individuals and families eligible for Medicaid will rise, leading to higher costs. Higher unemployment rates also leave a greater percentage of individuals without employer-sponsored coverage, which ultimately leads to greater participation in both the exchanges and Medicaid.

The model also assumes that employers will not significantly reduce or eliminate offered coverage, which leads even more people into the exchanges and Medicaid. As discussed in the section above, this assumption could lead to estimates much lower than the actual figures turn out to be.

Although these estimates adequately project enrollment, eligibility, and cost trends into the future both before and after ObamaCare, the fact that the economy is expected to underperform the trend may make these estimates more conservative than they otherwise would be.

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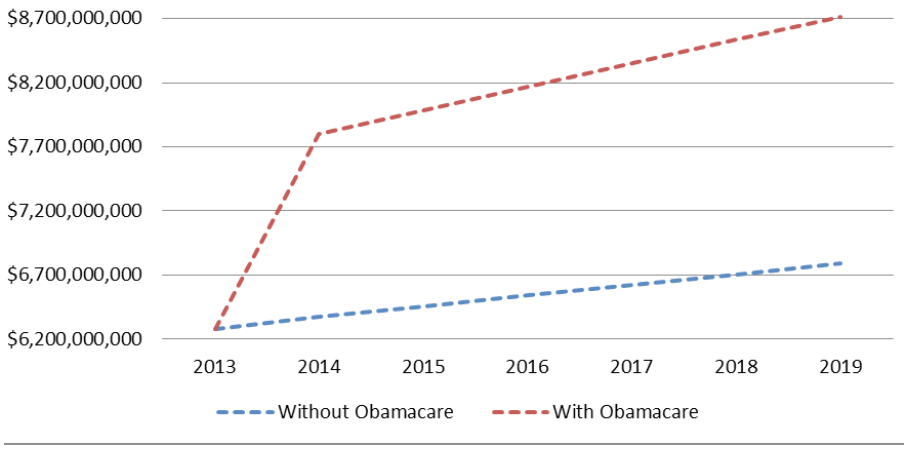
Graphic 12. Cato Institute Estimates of Illinois' Medicaid Spending under ObamaCare



Conclusion

The full impact that ObamaCare will have on Illinois' Medicaid program is not fully known. Although four studies have been conducted to analyze the effects, all four are based upon models with built-in assumptions that may put their respective estimates on the low end. The estimates produced by the Cato Institute are likely the closest to what Illinois can expect to see, as they are based on observed historical trends for the full Medicaid population, disaggregated by age, gender and income groups.

Although four studies have been conducted to analyze the effects of ObamaCare on Illinois' Medicaid program, all four are based upon models with built-in assumptions that may put their respective estimates on the low end.

According to these estimates, total Medicaid enrollment will reach nearly 4.5 million people by 2019, three times the enrollment of only a decade ago. A program that was created as a temporary safety net for America's most vulnerable population soon could serve more than one third of the population in Illinois.

Illinois' Medicaid program already fails to serve those who need it most. The state's long delays in paying providers have forced many doctors to make Medicaid patients wait longer, if they agree to see them at all. If and when they receive care, they frequently suffer worse outcomes than even the uninsured. With Illinois recently lengthening payment delays to record lengths, these problems will only get worse.

Adding another 1.5 million people to the Medicaid rolls hurts the neediest citizens and it hurts the state. Illinois' budget is already in shambles. If the state cannot meet its financial obligations now, how will it cope with having to spend an additional $1.4 billion in the first year alone? How many tax hikes will the General Assembly have to pass to pay for it? How many other core government services will be crowded out?

With Medicaid already failing to serve Illinois' neediest citizens, ObamaCare's plan to stress the program with more enrollees is not the answer. Reform must begin with patient-centered options, including Medical Savings Accounts and sliding-scale premium assistance. These options would give patients greater control over their health, restore the doctor-patient relationship, ensure quality care and reign in out-of-control spending. Improvements to the Medicaid program should ensure that people receive the care that works best for them and their families, not care that works best for bureaucrats.

Appendix

Graphic 13. Illinois' Medicaid Enrollment under ObamaCare

	Urban Institute (Lower Participation)	Urban Institute (Higher Participation)	RAND Corporation[1]	Wakely Consulting[2]	Cato Institute
Baseline Medicaid Enrollment without ObamaCare (2019)	2,449,446	2,449,446	1,590,000	2,865,637	2,884,892
Increase in Medicaid Enrollment from ObamaCare (2019)	631,024	911,830	790,000	296,356	1,537,000
Total Medicaid Enrollment with ObamaCare (2019)	3,080,470	3,361,276	2,380,000	3,161,993	4,421,892
Percentage of Population on Medicaid without ObamaCare (2019)	18.5%	18.5%	13.6%	22.0%	21.8%
Percentage of Population on Medicaid with ObamaCare (2019)	23.3%	25.5%	20.4%	24.2%	33.5%

1. RAND Corporation projections reflect changes in nonelderly population only.
2. Wakely Consulting projections reflect changes in 2014 only.

Graphic 14. Illinois' Medicaid Spending under ObamaCare

	Urban Institute (Lower Participation)	Urban Institute (Higher Participation)	RAND Corporation[1]	Wakely Consulting[2]	Cato Institute
Baseline Medicaid Spending without ObamaCare (2014-2019)	$73.8 billion	$73.8 billion	$33.9 billion	$5.5 billion	$39.5 billion
Increase in Medicaid Spending from ObamaCare (2014-2019)	$1.2 billion	$2.5 billion	$5.0 billion	$224.5 million	$10.1 billion
Total Medicaid Spending with ObamaCare (2014-2019)	$75.0 billion	$76.3 billion	$38.9 billion	$5.7 billion	$49.6 billion

1. RAND Corporation projections reflect changes in nonelderly population only.
2. Wakely Consulting projections reflect changes in 2014 nonelderly population only.

Endnotes

1 *Patient Protection and Affordable Care Act, Public Law 111-148, § 2001(a)(1)(c) (2010), http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf (expanding Medicaid to those at or below 133 percent of the federal poverty level).*

2 *Health Care and Education Reconciliation Act, Public Law 111-152, § 1004(e) (2010), http://www.gpo.gov/fdsys/pkg/PLAW-111publ152/pdf/PLAW-111publ152.pdf (requiring states to disregard an amount equal to 5 percent of the federal poverty level in determining a person's income).*

3 *Department of Health and Human Services, Annual Update of the HHS Poverty Guidelines, 76 Federal Register 3637 (2011), http://aspe.hhs.gov/poverty/11fedreg.pdf.*

4 *Author's calculations based upon annual growth trends in the federal poverty level from 2000 to 2011.*

5 *Patient Protection and Affordable Care Act, Public Law 111-148, § 1311(b) (2010), http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.*

6 *Patient Protection and Affordable Care Act, Public Law 111-148, § 1401(a) (2010), http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.*

7 *Patient Protection and Affordable Care Act, Public Law 111-148, § 2201 (2010), http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.*

8 *Patient Protection and Affordable Care Act, Public Law 111-148, § 1501(b) (2010), http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf.*

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16 *Northwestern University Feinberg School of Medicine, Illinois New Physician Workforce Study (2010), http://www.ihatoday.org/uploadDocs/1/phyworkforcestudy.pdf.*

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18 *John Holahan & Irene Headen, Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL, Kaiser Commission on Medicaid and the Uninsured (2010), http://www.kff.org/healthreform/upload/Medicaid-Coverage-and-Spending-in-Health-Reform-National-and-State-By-State-Results-for-Adults-at-or-Below-133-FPL.pdf.*

19 *David Auerbach et al., The Impact of the Coverage-Related Provisions of the Patient Protection and Affordable Care Act on Insurance Coverage and State Health Care Expenditures in Illinois: An Analysis from RAND COMPARE, RAND Corporation (2011), http://www.rand.org/content/dam/rand/pubs/technical_reports/2011/RAND_TR973.5.pdf.*

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