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New Medicaid plan could undo Florida's gains, study says

December 09, 2011 | By Marni Jameson, Orlando Sentinel

Proposed changes to the state's Medicaid plan, including one that would charge Florida's beneficiaries \$10 a month per family member for coverage, could lead to 800,000 parents and children leaving the program, according to a report released Dec. 7 from the Health Policy Institute at Georgetown University.

The potential setback for Medicaid recipients comes on the heels of a report the university released a week earlier showing that Florida had led the nation in getting more uninsured children covered.

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"That was a real bright spot, making the findings all the more troubling," said Joan Alker, co-researcher of the study, commissioned by the Winter Park Health Foundation and the Jessie Ball duPont Fund of Jacksonville. The state's 2012 Medicaid plan would undo much of that progress, researchers concluded.

Other changes, pending approval by the federal government, would have Medicaid beneficiaries pay \$100 for every non-emergency ER visit.

Medicaid enrollment actually keeps health-care costs down, said Alker, because those who aren't covered still cost the system. "They use the emergency room more and go in sicker, which still costs local government and shifts costs to employers."

Pilot programs in other states have demonstrated that adding even small premiums caused Medicaid enrollments to decline. In a case study, Oregon tried adding a sliding scale premium of \$6 to \$20 a month to those living below the poverty line, and saw Medicaid enrollment rates drop more than 75 percent, she said.

About 82 percent of those who would drop out of the state's Medicaid program would be children, 98 percent of whom live below federal poverty levels, the report stated.

Three years ago, 16.7 percent of Florida's children were uninsured; last year the rate fell to 12.7 percent. Despite that improvement, Florida still lags behind the nation, where only 8 percent of children have no coverage.

A move to control costs

Citing the strain that the \$20 million Medicaid program puts on the state's annual budget, the state legislature passed HB 7107 into law last spring.

"No program has grown as fast and as much as Medicaid, and we must find a way to control the cost. If we do nothing, this program will bankrupt our state," Gov. Rick Scott said.

Medicaid costs rose to \$20 million last year from \$14 million in 2006; however, enrollment went up 50

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percent, from 2 million to 3 million, over the same period, said Alker. "If those one million people had no insurance, overall health-care costs would have been much greater."

Actually, those running Florida's Medicaid program should pat themselves on back, said Alker. "They have been doing a much better job of controlling health-care costs than the private sector."

While health-care spending across the nation as a whole rose 20 percent over the past five years, Medicaid spending per person in Florida decreased almost 5 percent, the study showed.

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Because the law conflicts with federal policy, the state must get a federal waiver to enact it. Florida applied for a waiver in August and is waiting to hear. "I'd be very surprised if the federal government approved this premium because it isn't compatible with federal law and because this would be such a step backwards for kids," said Alker.

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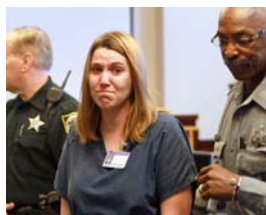
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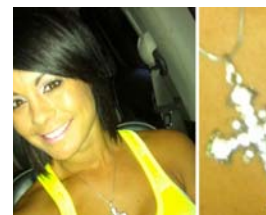
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