

Fiscal Note 2025 Biennium

Bill inform	ation:				
HB0609 - R	devising laws related to continuous	nuous eligibility for Medica	nid (Howell, SJ)		
Status:	As Introduced				
□Signific	ant Local Gov Impact	Needs to be included	in HB 2	⊠Technical Concerns	
☐Included in the Executive Budget		☐ Significant Long-Term Impacts		☐Dedicated Revenue Form Attached	
		FISCAL SU	JMMARY FY 2025	5 FY 2026	FY 2027

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	Difference	Difference	Difference	Difference
Expenditures:				
General Fund	\$2,238,182	\$5,684,510	\$5,808,958	\$5,934,010
State Special Revenue	\$3,540,469	\$6,693,891	\$6,807,446	\$6,922,282
Federal Special Revenue	\$4,834,394	\$11,309,577	\$11,794,556	\$12,287,129
Revenue:				
General Fund	\$0	\$0	\$0	\$0
State Special Revenue	\$0	\$0	\$0	\$0
Federal Special Revenue	\$4,834,394	\$11,309,577	\$11,794,556	\$12,287,129
Net Impact-General Fund Balance:	(\$2,238,182)	(\$5,684,510)	(\$5,808,958)	(\$5,934,010)

<u>Description of fiscal impact:</u> HB 609 requires the Department of Public Health and Human Services (DPHHS) (department) to reinstate the 12-month continuous eligibility for adults covered under the Medicaid parent caretaker relative and Medicaid expansion programs. This change will result in increased enrollment in these programs. Continuous eligibility policies for adults covered under Medicaid expansion will require a transfer of expenditures from Medicaid expansion Federal Medical Assistance Percentage (FMAP) to standard FMAP.

FISCAL ANALYSIS

Assumptions:

1. Although HB 609 requires the department to submit waiver amendments no later than September 30, 2023, waiver amendments, administrative rule development, public comment, and administrative activities are anticipated to take up to an additional 90 days. For purposes of this fiscal note, the department is assuming a start date of January 1, 2024.

- 2. A reinstatement of 12 months continuous eligibility for parents, caretaker relatives, and the Medicaid expansion populations results in a significant decrease in caseload churn for both Medicaid and Children's Health Insurance Program (CHIP). Churn is defined as an individual exiting a program and re-entering the program within twelve months.
- 3. The department estimates a 15% churn rate reduction for the applicable Medicaid and CHIP cases. A 15% churn rate results in a decrease of 5,083 applications a year. A new application takes approximately one hour to process resulting in a decreased need of 2.5 FTE client service coordinators creating a personal services savings of \$153,705 in FY 2024, \$154,174 in FY 2025, \$157,563 in FY 2026, and \$160,983 in FY 2027. Operating costs savings associated with the FTEs are estimated at 3% of personal services.
- 4. The funding reduction for the 2.5 FTE client service coordinators would be a savings of 34.49% general fund, 3.69% state special, and 61.82% federal fund.
- 5. Churn was estimated at 15% based on Issue Brief "An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP" October 2021. <a href="https://www.macpac.gov/wp-content/uploads/2021/10/An-Updated-Look-at-Rates-of-Churn-and-Continuous-Coverage-in-Medicaid-and-CHIP.pdf#:~:text=The%20fact%20that%20many%20Medicaid%20and%20State%20Children%E2%80%99s,in%20the%20long%20run%20(Sugar%20et%20al.%202021).
- 6. Average monthly enrollments for FY 2024 and FY 2025 are based on current enrollment projections. The FY 2024 projection is the anticipated enrollment after all current Medicaid member eligibility is re-evaluated as part of the public health emergency unwind activities.
- 7. For purposes of the fiscal note, a 1.5% increase for eligible members and costs have been applied for FY 2026 and FY 2027.
- 8. In FY 2014, CMS estimated that continuous enrollment policies increase coverage continuity by 2.6% for a 12-month period. DPHHS assumes that adding 12 months continuous eligibility coverage for parent, caretaker relatives, and Medicaid expansion populations, will have an equivalent increase in coverage of 2.6%. Benefits are calculated using the average monthly enrollment projection * 2.6% enrollment increase * # of months * average cost per month. See Table 1: Estimated Annual Changes to Enrollment and Medicaid Expenses below.

	Tabl	e 1: Estimated	Annual Changes	to Enrollment an	d Medicaid Ex	penses		
SFY 2024 - 6 Months	Average Monthly Enrollment	2.6% Enrollment Increase	2.6% Increase Months of Coverage	Average Cost Per Month	Annual Benefit Change	General Fund	State Special Funds	Federal Funds
Parents, Caretaker Relatives	21,774	566	3,396	539.19	1,831,088	495,630	165,210	1,170,248
Medicaid Expansion	89,590	2,329	13,974	639.78	8,940,273	670,520	223,507	8,046,246
Totals			17,370		10,771,361	1,166,150	388,717	9,216,494
SFY 2025 - 12 Months	Average Monthly Enrollment	2.6% Enrollment Increase	2.6% Increase Months of Coverage	Average Cost Per Month	Annual Benefit Change	General Fund	State Special Funds	Federal Funds
Parents, Caretaker Relatives	22,042	573	6,876	559.47	3,846,897	1,035,200	345,067	2,466,630
Medicaid Expansion	88,886	2,311	27,732	721.18	19,999,881	1,499,991	499,997	17,999,893
Totals			34,608		23,846,778	2,535,191	845,064	20,466,524
SFY 2026 - 12 Months	Average Monthly Enrollment	2.6% Enrollment Increase	2.6% Increase Months of Coverage	Average Cost Per Month	Annual Benefit Change	General Fund	State Special Funds	Federal Funds
Parents, Caretaker Relatives	22,373	582	6,984	567.86	3,965,929	1,067,232	355,744	2,542,954
Medicaid Expansion	90,219	2,346	28,152	732.00	20,607,321	1,545,549	515,183	18,546,589
Totals			35,136		24,573,250	2,612,781	870,927	21,089,542
SFY 2027 - 12 Months	Average Monthly Enrollment	2.6% Enrollment Increase	2.6% Increase Months of Coverage	Average Cost Per Month	Annual Benefit Change	General Fund	State Special Funds	Federal Funds
Parents, Caretaker Relatives	22,708	590	7,080	576.38	4,080,750	1,098,130	366,043	2,616,577
Medicaid Expansion	91,573	2,381	28,572	742.98	21,228,483	1,592,136	530,712	19,105,635
Totals			35,652		25,309,233	2,690,266	896,755	21,722,212

9. Adding continuous eligibility policies for adults covered under Medicaid expansion will require a transfer of expenditures from Medicaid expansion FMAP (10% state share, 90% federal) to standard FMAP (36.09%).

state share, 63.91% federal). This is essentially costing the state more money. See Table 2: Continuous Eligibility Charge Estimates.

Table 2: Continuous Eligibility Charge Estimates						
	SFY 2024	SFY 2025	SFY 2026	SFY 2027		
Forecasted Medicaid Expansion Expenditures	474,181,959	971,054,871	985,620,694	1,000,405,004		
2.6% of Expenditures	12,328,731	25,247,427	25,626,138	26,010,530		
Standard FMAP - State Share	36.09%	35.88%	35.88%	35.88%		
Medicaid Expansion FMAP - State Share	10.00%	10.00%	10.00%	10.00%		
FMAP Difference	26.09%	25.88%	25.88%	25.88%		
General Fund	1,622,265	3,204,089	3,252,151	3,300,933		
State Special	2,827,174	5,854,687	5,942,508	6,031,645		
Federal Fund	(4,449,439)	(9,058,777)	(9,194,658)	(9,332,578)		
Total	-	- 1	-	-		
* SFY 2024 is only 6 Months due to assumed effect	1.5% inflation	1.5% inflation				

	FY 2024 <u>Difference</u>	FY 2025 Difference	FY 2026 <u>Difference</u>	FY 2027 Difference			
Fiscal Impact:							
FTE	(2.50)	(2.50)	(2.50)	(2.50)			
Expenditures:							
Personal Services	(\$153,705)	(\$154,174)	(\$157,563)	(\$160,983)			
Operating Expenses	(\$4,611)	(\$4,626)	(\$4,727)	(\$4,829)			
Benefits	\$10,771,361	\$23,846,778	\$24,573,250	\$25,309,233			
TOTAL Expenditures	\$10,613,045	\$23,687,978	\$24,410,960	\$25,143,421			
Funding of Expenditures:							
General Fund (01)	\$2,238,182	\$5,684,510	\$5,808,958	\$5,934,010			
State Special Revenue (02)	\$3,540,469	\$6,693,891	\$6,807,446	\$6,922,282			
Federal Special Revenue (03)	\$4,834,394	\$11,309,577	\$11,794,556	\$12,287,129			
TOTAL Funding of Exp.	\$10,613,045	\$23,687,978	\$24,410,960	\$25,143,421			
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Revenues:		New York	Proc. milk				
General Fund (01)	\$0	\$0	\$0	\$0			
State Special Revenue (02)	\$0	\$0	\$0	\$0			
Federal Special Revenue (03)_	\$4,834,394	\$11,309,577	\$11,794,556	\$12,287,129			
TOTAL Revenues	\$4,834,394	\$11,309,577	\$11,794,556	\$12,287,129			
Net Impact to Fund Balance (Revenue minus Funding of Expenditures):							
General Fund (01)	(\$2,238,182)	(\$5,684,510)	(\$5,808,958)	(\$5,934,010)			
State Special Revenue (02)	(\$3,540,469)	(\$6,693,891)	(\$6,807,446)	(\$6,922,282)			
Federal Special Revenue (03)	\$0	\$0	\$0	\$0			

Technical Notes:

- 1. Section 1(2)(b) refers to the Health and Economic Livelihood Partnership (HELP) waiver. The HELP waiver expired and therefore, the continuous eligibility change for the Medicaid expansion population will be completed via an amendment to the existing 1115 Waiver for Additional Services and Populations (WASP) waiver.
- 2. This fiscal note is contingent upon approval of Medicaid waiver amendments for continuous eligibility by the Centers for Medicare and Medicaid (CMS).

Sponsor's Initials

Date

Budget Director's Initials

Date

Date