

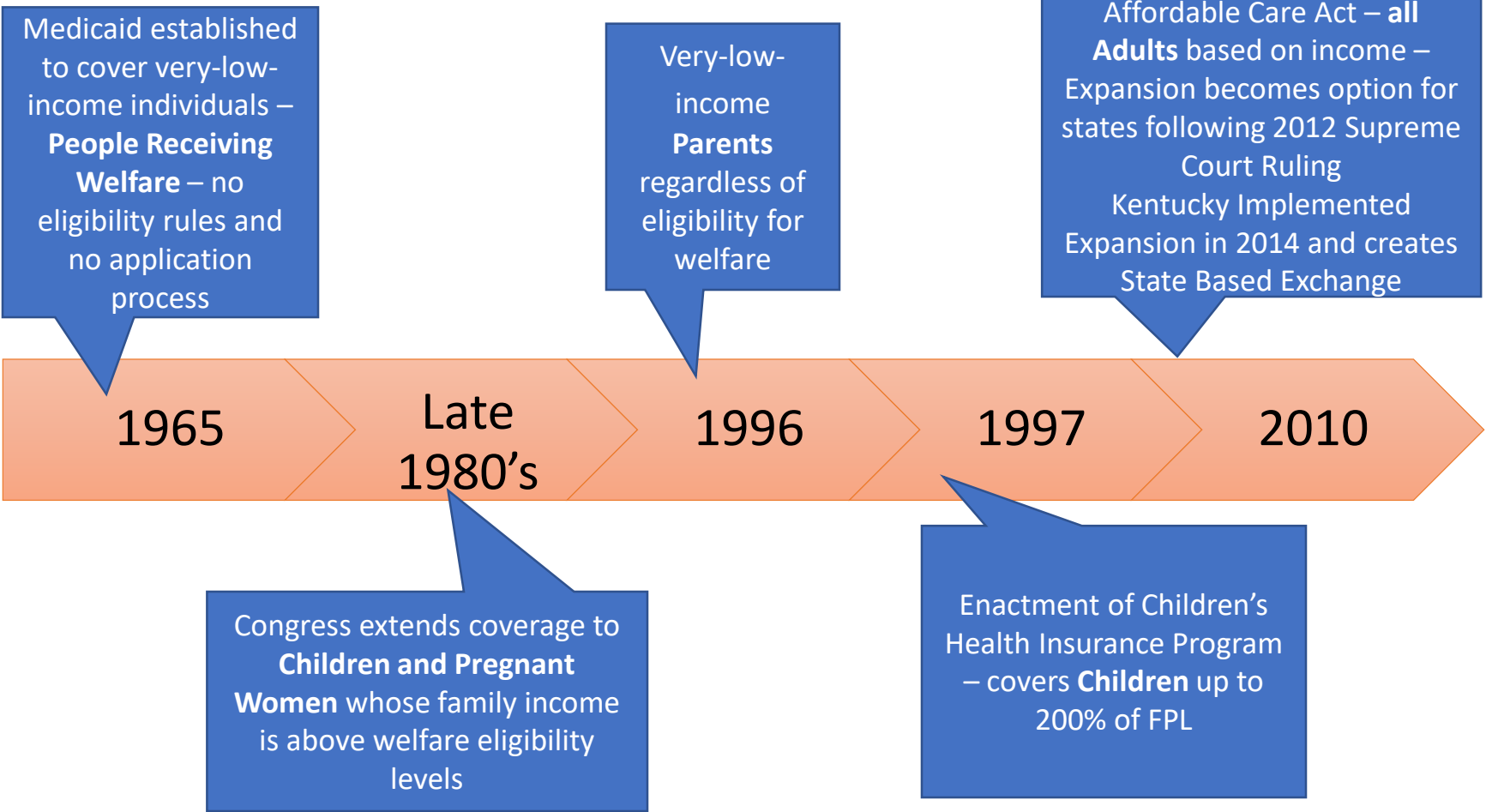


CABINET FOR HEALTH
AND FAMILY SERVICES

**Rural Health Clinic Summit
July 22, 2022**

**Lisa D. Lee Commissioner
Department for Medicaid Services**

Evolution of Medicaid



Kentucky Medicaid at-a-Glance

- Approximately 1.6 million members
 - Over half of Kentucky's children are covered under Medicaid and KCHIP
 - Approximately 625,000 covered under Medicaid expansion (ACA)
 - Approximately 900,000 covered under traditional (Non-ACA)
- Over 60,000 enrolled providers
- Managed Care
- Medicaid Expansion

America's Health Rankings 2021 Annual Report

Kentucky

State Health Department Website: chs.ky.gov/agencies/dph

Summary

Strengths:

- Low racial disparity in premature death rates
- High rate of high school graduation
- High percentage of fluoridated water

Challenges:

- High prevalence of multiple chronic conditions
- High prevalence of insufficient sleep
- High prevalence of cigarette smoking

Highlights:

FREQUENT MENTAL DISTRESS

▲26%
from 13.8% to 17.4% of adults between 2015 and 2020

SMOKING

▼26%
from 29.0% to 21.4% of adults between 2011 and 2020

FLU VACCINATION

▲10%
from 42.1% to 46.5% of adults between 2019 and 2020

KENTUCKY

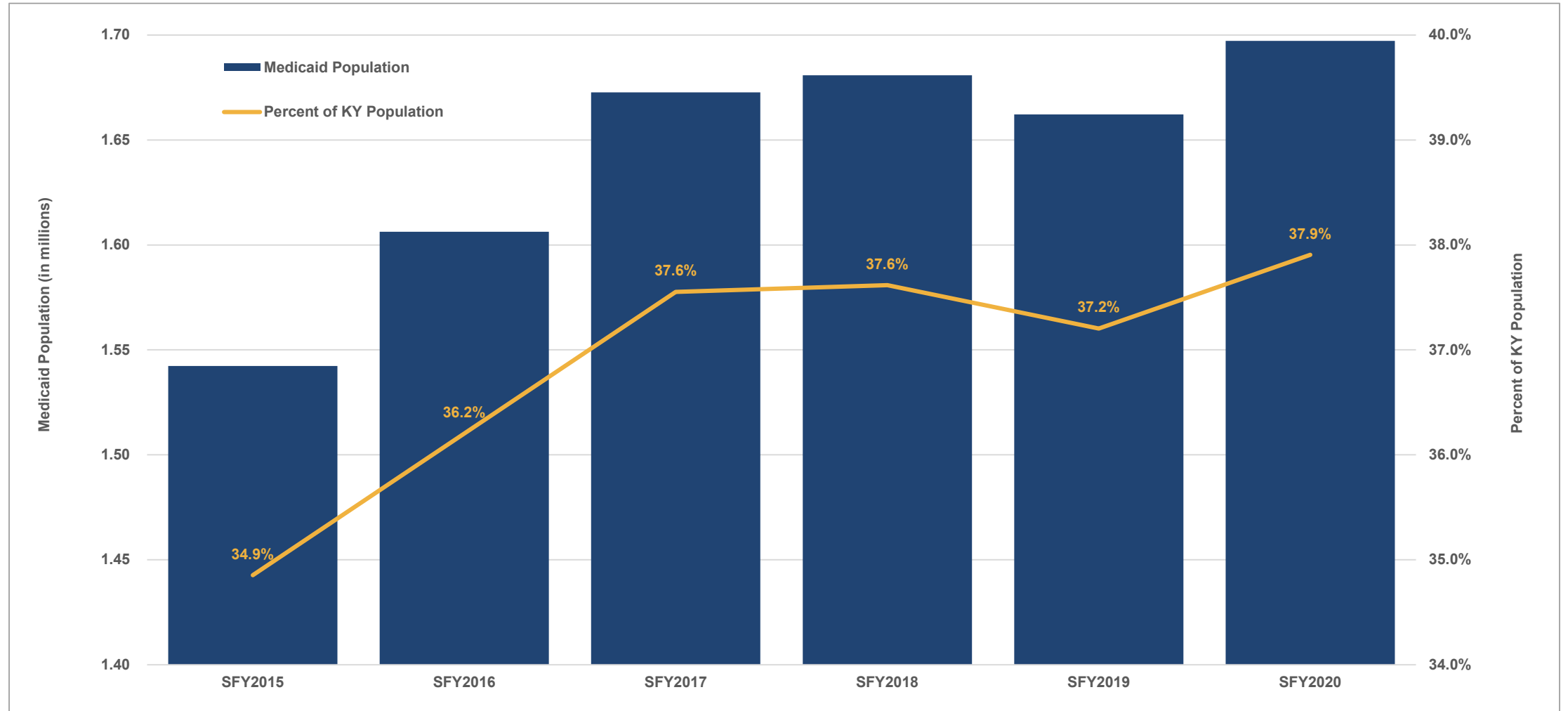
Measures	Rating	State Rank	State Value	U.S. Value
SOcial & Economic Factors*				
Community and Family Safety	++	32	-0.139	—
Occupational Fatalities (deaths per 100,000 workers)	+++	30	5.0	4.2
Public Health Funding (dollars per person)	++	31	\$110	\$116
Violent Crime (offenses per 100,000 population)	++++	7	217	379
Economic	+	43	70	—
Economic Hardship Index (index from F-100)	+	43	70	—
Resources	+	45	13.8%	10.7%
Food Insecurity (% of households)	+	45	13.8%	10.7%
Income Inequality (80-20 ratio)	++	39	4.88	4.85
Education	++++	4	90.6%	85.8%
High School Graduation (% of students)	++++	4	90.6%	85.8%
High School Graduation Racial Disparity (percentage point difference)	++++	8	8.9	15.1
Adverse Childhood Experiences (% ages 0-17)	++	33	16.9%	14.8%
Social Support and Engagement	+	42	87.0%	89.4%
High-speed Internet (% of households)	+	42	87.0%	89.4%
Residential Segregation — Black/White (index from 0-100)	++	21	61	62
Volunteering (% ages 16+)	+	46	27.4%	33.4%
Voter Participation (% of U.S. citizens ages 18+)	+++	21	61.2%	60.1%
PHYSICAL ENVIRONMENT*				
Air and Water Quality	+++	13	0.283	—
Air Pollution (micrograms of fine particles per cubic meter)	+++	33	7.8	8.3
Drinking Water Violations (% of community water systems)	++++	1	0.0%	0.8%
Risk-screening Environmental Indicator Score (unitless score)	++	32	5.892,418	—
Water Fluoridation (% of population served)	++++	1	99.8%	73.0%
Housing and Transit	++	38	82.0%	75.9%
Drive Alone to Work (% of workers ages 16+)	++	38	82.0%	75.9%
Housing With Lead Risk (% of housing stock)	+++	23	15.6%	17.6%
Severe Housing Problems (% of occupied housing units)	+++	12	13.5%	17.3%
CLINICAL CARE*				
Access to Care	+++	30	0.060	—
Avoided Care Due to Cost (% ages 18+)	+++	24	9.7%	9.8%
Providers (per 100,000 population)	++	29	57.2	62.3
Dental Care	++	29	57.2	62.3
Mental Health	++	29	263.8	284.3
Primary Care	+++	17	281.6	252.3
Uninsured (% of population)	++++	14	6.4%	9.2%
Preventive Clinical Services	++++	20	75.4%	74.3%
Colorectal Cancer Screening (% ages 50-75)	++++	20	75.4%	74.3%
Dental Visit (% ages 18+)	+	49	57.2%	66.7%
Immunizations	++	30	46.5%	47.0%
Childhood Immunizations (% by age 35 months)	+++	30	46.5%	47.0%
Flu Vaccination (% ages 18+)	+++	29	55.7%	58.6%
HPV Vaccination (% ages 13-17)	+++	17	79.6%	77.6%
Quality of Care	+	48	4.985	3.770
Dedicated Health Care Provider (% ages 18+)	+	48	4.985	3.770
Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	48	4.985	3.770
BEHAVIORS*				
Nutrition and Physical Activity	+	50	15.3%	23.0%
Exercise (% ages 18+)	+	50	15.3%	23.0%
Fruit and Vegetable Consumption (% ages 18+)	+	50	4.7%	8.0%
Physical Inactivity (% ages 18+)	+	50	30.6%	22.4%
Sexual Health	+++	15	46.81	561.0
Chlamydia (new cases per 100,000 population)	+++	15	46.81	561.0
High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%	5.6%
Teen Births (births per 1,000 females ages 15-19)	+	44	24.9	16.7
Sleep Health	+	48	38.6%	32.3%
Insufficient Sleep (% ages 18+)	+	48	38.6%	32.3%
Smoking and Tobacco Use	+	49	21.4%	15.5%
Smoking (% ages 18+)	+	49	21.4%	15.5%
HEALTH OUTCOMES*				
Behavioral Health	+	47	-0.813	—
Excessive Drinking (% ages 18+)	+	11	15.6%	17.6%
Frequent Mental Distress (% ages 18+)	+	47	17.4%	13.2%
Non-medical Drug Use (% ages 18+)	+	45	15.0%	12.0%
Mortality	+	45	9.922	7.337
Premature Death (years lost before age 75 per 100,000 population)	+	45	9.922	7.337
Premature Death Racial Disparity (ratio)	++++	3	1.1	1.5
Physical Health	+	49	15.2%	9.9%
Frequent Physical Distress (% ages 18+)	+	49	15.2%	9.9%
Low Birthweight (% of live births)	++	32	8.7%	8.3%
Low Birthweight Racial Disparity (ratio)	++++	10	1.8	2.1
Multiple Chronic Conditions (% ages 18+)	+	49	16.1%	9.1%
Obesity (% ages 18+)	+	45	36.6%	31.9%
OVERALL	—	—	-0.477	—

*Values derived from individual measure data. Higher values are considered healthier.
— Data not available, missing or suppressed.
For measure definitions, sources and data years, see the Appendix or visit www.AmericasHealthRankings.org

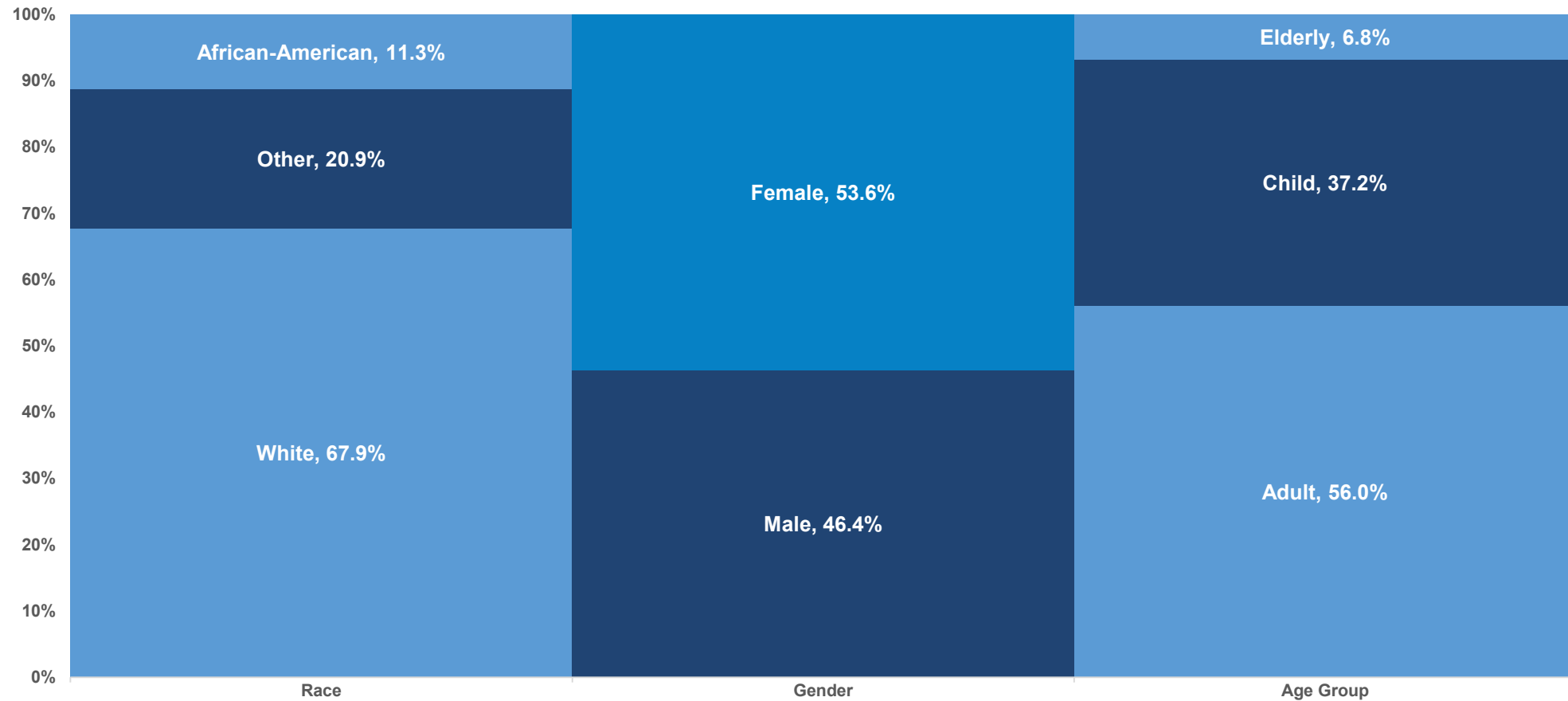
Rating	Rank
++++	1-20
+++	21-30
++	31-40
+	41-50

ENROLLMENT

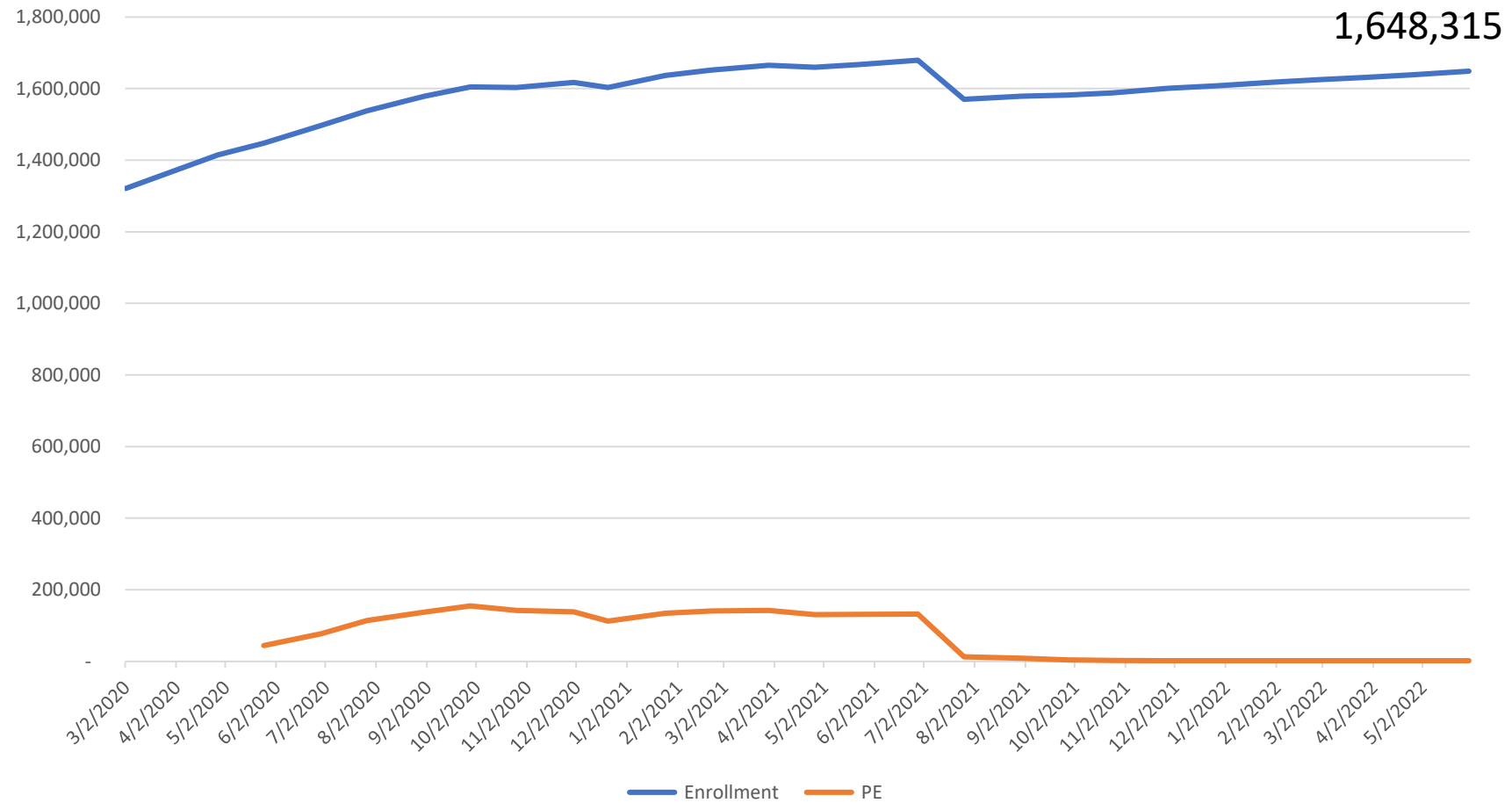
KY Medicaid Enrollment vs. Total Population



Enrollment Demographics



Medicaid Enrollment

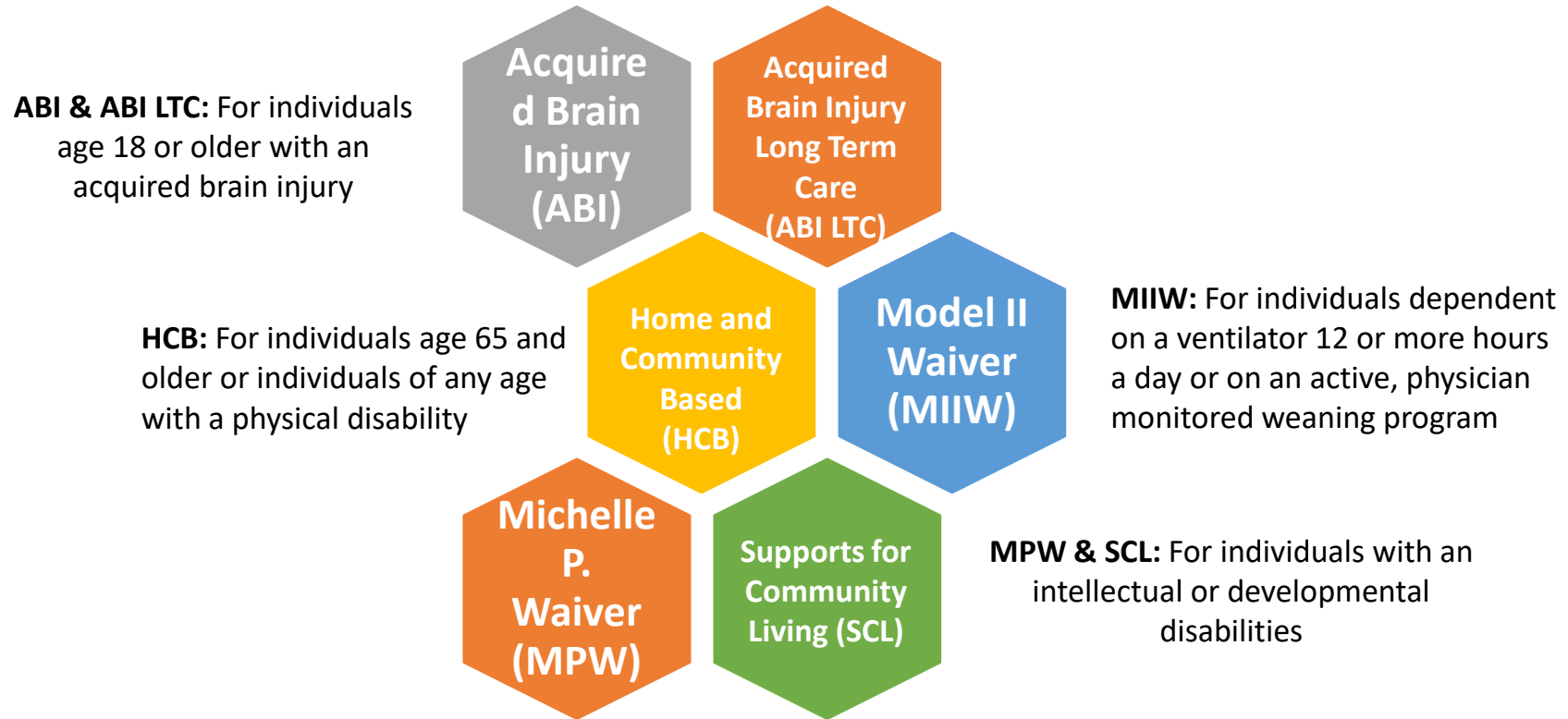


WAIVERS

Types of Waivers

- [Section 1115 waivers](#) – Often referred to as research and demonstration waivers, these allow states to temporarily test out new approaches to delivering Medicaid care and financing.
- [Section 1915\(c\) waivers](#) – Home and Community-Based Services (HCBS) waivers are designed to allow states to provide home and community-based services to people in need of long-term care. This means they can stay in their own home or a community setting (such as a relative’s home or a supported living community) instead of going into a nursing facility.
- [Section 1915\(b\) waivers](#) – “Freedom of choice waivers” allow states to provide care via managed care delivery systems. These organizations contract with state Medicaid agencies, and are paid from the state Medicaid fund for providing health care services to the beneficiaries, thus limiting the individual’s ability to choose their own providers.

Kentucky's 1915(c) HCBS Waivers: The Basics



Kentucky 1115 Waiver

- Extends coverage to former foster care youth under age 26 who were in foster care under the responsibility of another state on the date they turned 18 and who were enrolled in Medicaid
- Substance use disorder (SUD) program available to all Medicaid members
- Waives Non-Emergency Medical Transportation (NEMT) for methadone treatment services
- Aligns Medicaid member's redetermination with their employer-sponsored insurance open enrollment period
- Expires September 20, 2023
- Being amended to include SUD for incarcerated

Kentucky Medicaid 1915(b) Waivers

- **Managed Care**

- Allows KY to use MCOs to deliver care to enrollees
- Risk based capitated payment model

- **Non-Emergency Transportation (NEMT)**

- Operated through a contract with the Kentucky Department of Transportation (DOT)
- DOT contracts with Brokers
- Brokers contract with transportation providers
- Risk based capitated payment model

Managed Care

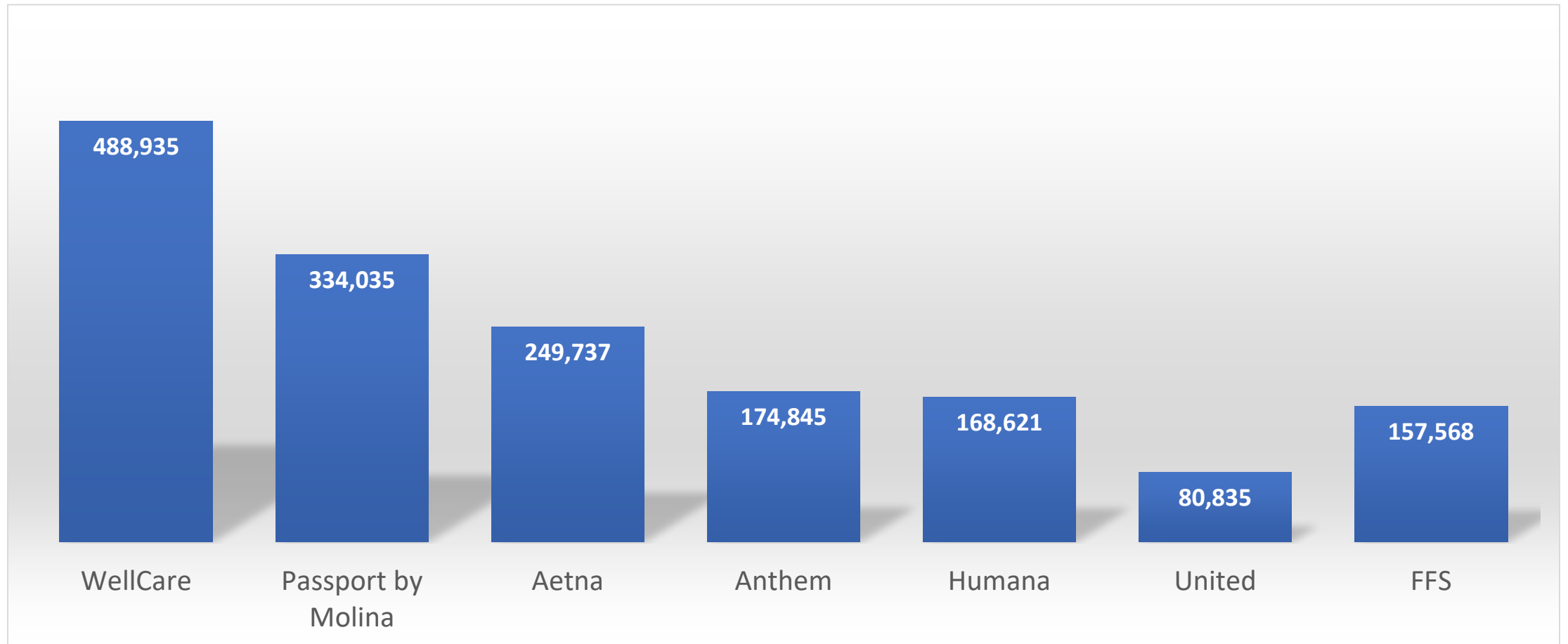
Managed Care

- 6 Managed Care Organizations (MCOs)
 - Aetna
 - Anthem
 - Humana
 - Passport by Molina
 - United HealthCare
 - WellCare
- Children in foster care assigned to Aetna SKY
- MCOS negotiate rates with providers

Managed Care

- Can cover “value added” services
- One single pharmacy benefit manager (PBM)
- One single prescription drug list (PDL)
- Flexibility regarding prior authorizations but must use nationally recognized criteria – Interqual or Milliman – except for substance use which must be based on American Society of Addiction Medicine (ASAM)
- Additional information: [Managed Care Organization \(MCO\) Contracts - Cabinet for Health and Family Services \(ky.gov\)](#)

Medicaid Enrollment by Plan



2021 MCO Open Enrollment

Total of 9,260 MCO Changes

	MCO Overall Loss/Gain	MCO Gain
Aetna Better Health of Kentucky	242	1,364
Anthem Blue Cross Blue Shield	-419	169
Humana Healthy Horizons in Kentucky	-306	991
Passport Health Plan by Molina Healthcare	-1,315	1,138
UnitedHealthcare Community Plan	-1,179	4,239
WellCare of Kentucky	2,986	1,359

PROVIDERS

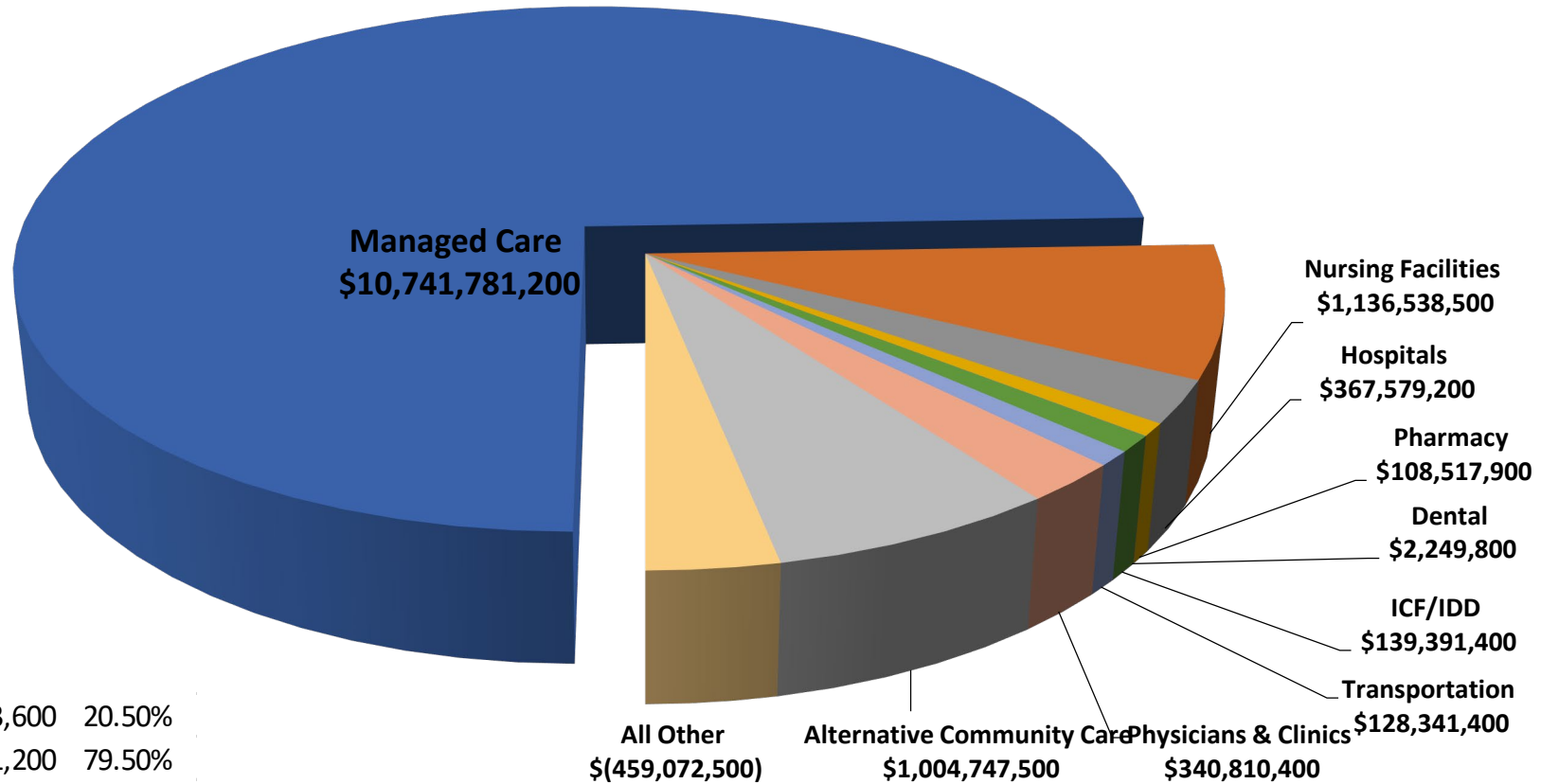
KY Medicaid Providers at-a-Glance (includes out-of-state providers)

- Over 60,000 enrolled providers
- 25,596 physicians
- 11,535 Advanced Practice Registered Nurse
- 2,727 Physician Assistant
- 2,487 Physician groups
- 1,686 Dentist
- 886 Hospitals
- 1,570 Pharmacies

Budget and Provider Reimbursement

Medicaid Budget

SFY 2022 Expenditures Paid through May 2022



Total FFS: \$2,769,103,600 20.50%
 Total MCO: \$10,741,781,200 79.50%
 Grand Total: \$13,510,884,800

Hospital Rate Improvement Program (HRIP)

- Directed payment to hospitals to reimburse at average commercial rate
- Hospital provider tax funds the state share
- 5% of program funding tied to quality measures
- Payments to providers on a quarterly basis
- Must utilize MCOs for directed payments
- CY2022:
 - \$1.084 billion designated to enhanced payments
 - \$47 million tied to quality measures

Hospital Rate Improvement Program (HRIP) CY2022 Anticipated Payments

Provider Designation	CY 2022 HRIP Uniform Payments	CY 2022 HRIP Quality Payments
Rural	\$404,074,889	\$21,164,406
Urban	\$679,568,589	\$35,624,872
Total	\$1,083,643,478	\$56,789,278

FQHC/RHC Supplemental (Wrap) Payments

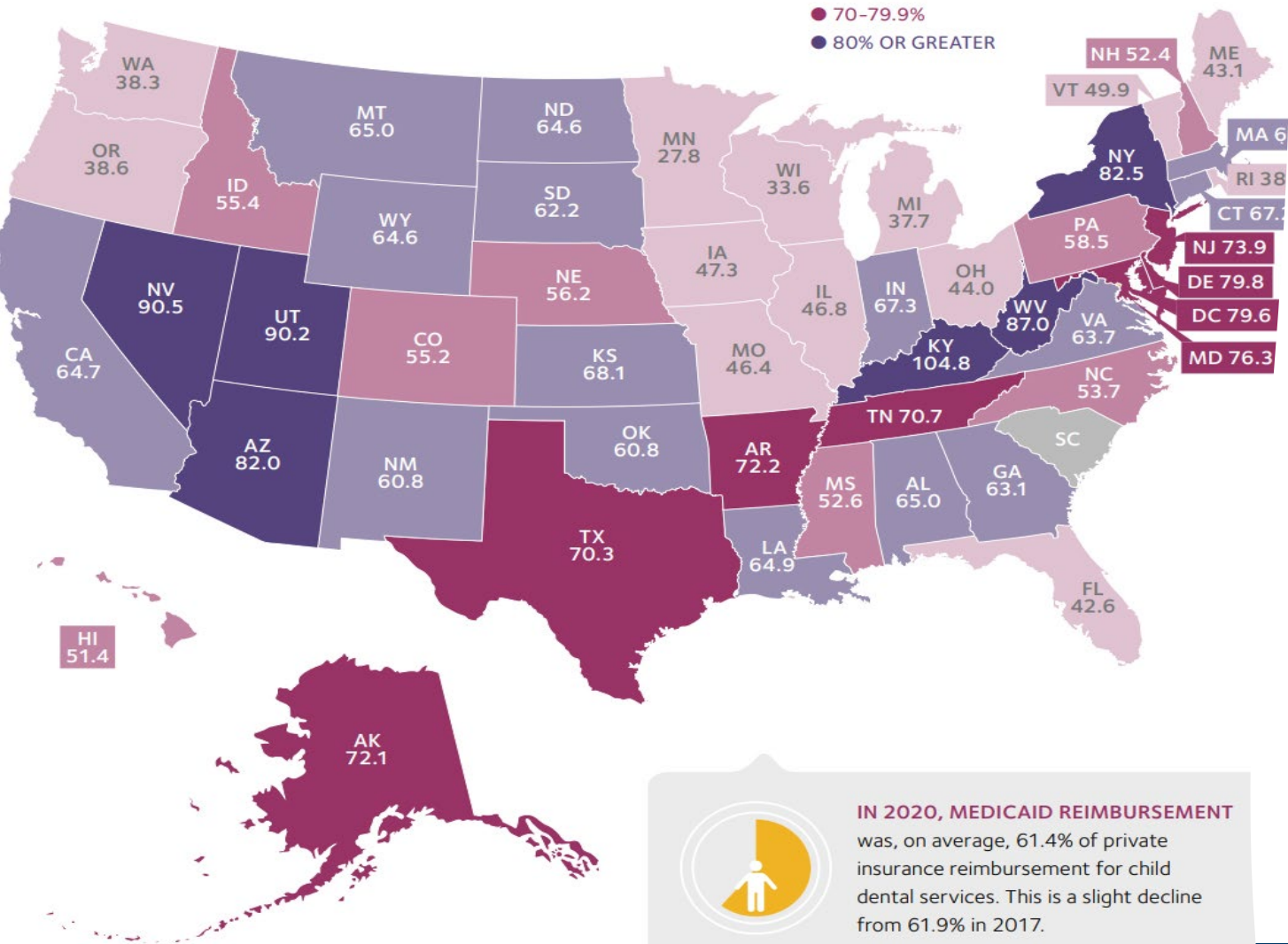
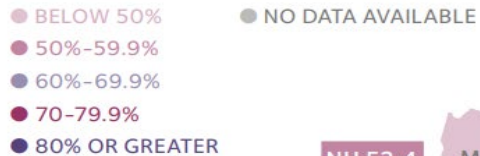
- DMS pays the difference between the Managed Care Organization (MCO) claim payment and the Prospective Payment System (PPS) rate
- MCO claim must be accepted as an “encounter” by the DMS system
 - If MCO claim was denied, no wrap payment is due
 - If MCO claim was zero-pay, a wrap payment will be issued if appropriate (typically in cases of Medicare or third-party liability)
 - If MCO claim was unable to enter DMS system, it gets put on threshold file for 6 months and is then purge
- If MCO adjusts or voids an encounter, that will affect a wrap payment and may either recoup in whole or in part, or pay the difference

FQHC/RHC Supplemental (Wrap) Payments

- DMS is working on a Supplemental Report accessible to MCOS and providers through KYHealthNet
 - Currently piloting with several providers and will send out guidance to all providers when ready to share more broadly
 - Providers will be able to search and pull reports to determine:
 - MCO claim is in the DMS system or on the threshold file
 - Wrap has been generated including amount and date
 - Downloadable as an excel spreadsheet
 - Search by paid date, service date, MCO or member
- If the claim hasn't generated a wrap, work with the MCO to determine a reason and resolution
- Wrap questions may also be sent to DMSWrapQuestions@ky.gov



MEDICAID REIMBURSEMENT AS A PERCENTAGE OF PRIVATE INSURANCE REIMBURSEMENT FOR CHILD DENTAL SERVICES, 2020



Child Dental Reimbursement

- [hpigraphic_1021_1.pdf \(ada.org\)](https://www.ada.org/hpigraphic_1021_1.pdf)



IN 2020, MEDICAID REIMBURSEMENT was, on average, 61.4% of private insurance reimbursement for child dental services. This is a slight decline from 61.9% in 2017.

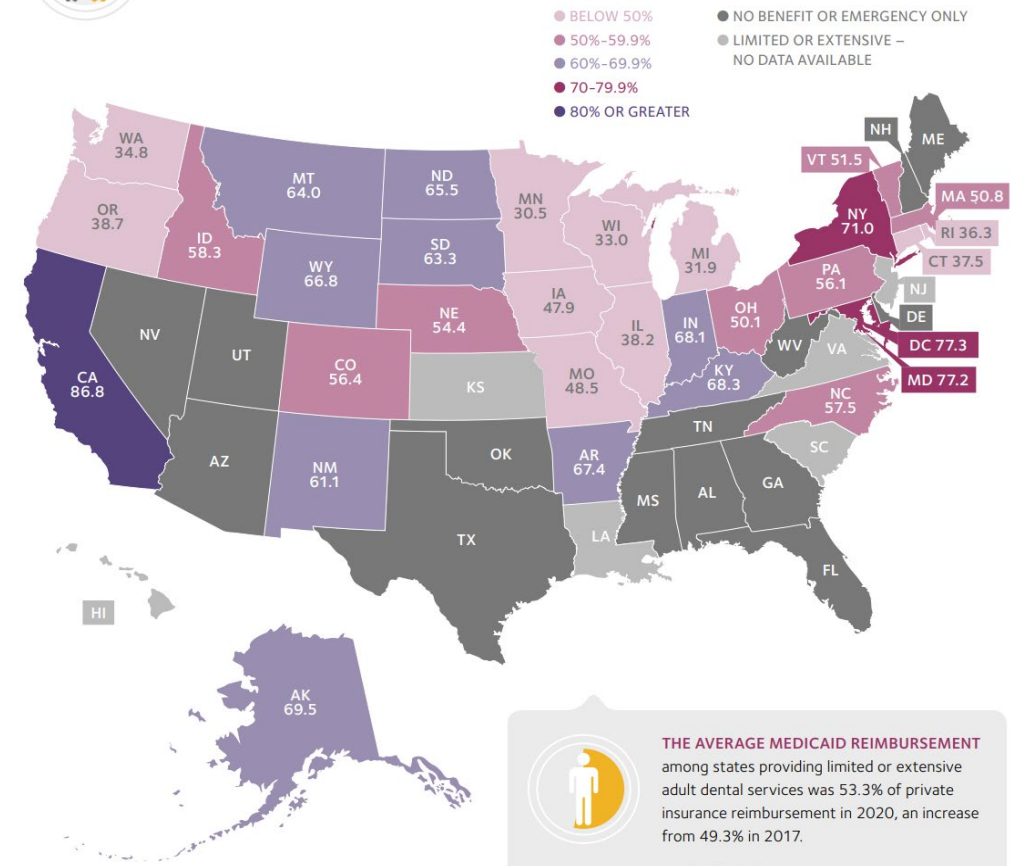
Ratios ranged widely by state, from 27.8% in Minnesota to 104.8% in Kentucky in 2020.

Adult Dental Reimbursement

https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_1021_1.pdf



MEDICAID REIMBURSEMENT AS A PERCENTAGE OF PRIVATE INSURANCE REIMBURSEMENT FOR ADULT DENTAL SERVICES, 2020



FOR DATA AND METHODS, and to view the reimbursement ratios for all states for 2017 and 2020, see this Data Table.

THE AVERAGE MEDICAID REIMBURSEMENT among states providing limited or extensive adult dental services was 53.3% of private insurance reimbursement in 2020, an increase from 49.3% in 2017.

Medicaid reimbursement as a percentage of private insurance reimbursement for adult dental services varied between 30.5% in Minnesota to 86.8% in California.

Impact of COVID on Medicaid Population

Impact of COVID on Medicaid Population

FFS	MCO
<ul style="list-style-type: none">• 32,244 members• \$329,025,019 in claims• \$10,204 per person	<ul style="list-style-type: none">• 255,862 members• \$339,277,421 in claims• \$1,326 per person

- **Decrease in preventive services – particularly for children**
- **Increase in behavioral health services**
- **Decrease in in-person visits**
- **Increase in telehealth services – particularly for behavioral health**

FFS Telehealth Trend

Billing Provider Type	2020/03	2021/08	Increase
03 - Behavioral Health Service Organization (BHSO)	1	124	12300%
76 - Multi-Therapy Agency	5	564	11180%
33 - Support for Community Living (SCL)	81	3,664	4423%
89 - Psychologist	1	41	4000%
45 - EPSDT Special Services	19	644	3289%
31 - Primary Care Center/Federally Qualified Health Ctr	7	223	3086%
17 - Acquired Brain Injury	41	767	1771%
79 - Speech-Language Pathologist	10	156	1460%
95 - Physician Assistant	2	27	1250%
30 - Community Mental Health Center	106	1,388	1209%
65 - Physician - Group	96	994	935%
64 - Physician Individual	8	76	850%
35 - Rural Health Clinic	51	414	712%
88 - Occupational Therapist	15	85	467%
66 - Behavioral Health Multi-Specialty Group	113	601	432%
87 - Physical Therapist	7	25	257%
82 - Licensed Clinical Social Worker	26	71	173%
78 - Certified Nurse practitioner	232	565	144%

MCO Telehealth Trend

Billing Provider Type	2020/03	2021/08	Increase
64 - Physician Individual	2	1,333	66550%
95 - Physician Assistant	2	1,249	62350%
45 - EPSDT Special Services	6	951	15750%
87 - Physical Therapist	1	152	15100%
79 - Speech-Language Pathologist	4	486	12050%
88 - Occupational Therapist	3	304	10033%
81 - Licensed Professional Clinical Counselor	30	3,035	10017%
83 - Licensed Marriage and Family Therapist	4	355	8775%
31 - Primary Care Center/Federally Qualified Health Ctr	146	9,257	6240%
66 - Behavioral Health Multi-Specialty Group	572	30,798	5284%
03 - Behavioral Health Service Organization (BHSO)	707	23,834	3271%
30 - Community Mental Health Center	1,147	36,911	3118%
82 - Licensed Clinical Social Worker	104	2,698	2494%
78 - Certified Nurse practitioner	516	10,847	2002%
35 - Rural Health Clinic	863	15,644	1713%
65 - Physician - Group	1,675	13,362	698%
01 - Hospital	25	782	100%

Telehealth Takeaways

- Payments equivalent to in-person
 - Platform flexibility during public health emergency – Zoom, FaceTime
 - Telephone
 - FFS vs MCO Trends
 - Current telehealth services to near pre-PHE levels
 - Beneficial for behavioral health organizations
 - Many flexibilities will be maintained in program going forward
- [Telehealth Program - Cabinet for Health and Family Services \(ky.gov\)](#)

Values for this week,
MCO running total, and..

Running totals broken
down by MCO

Percent Vaccinated by
week

Aggregate all MCOs
together

Stratify by Age Group

Stratify by Race

Stratify by Medicaid
Region

Medicaid COVID-19 Vaccine Rates by MCO and Age Group



KENTUCKY
Cabinet for Health and
Family Services

	12-15	16-17	18-29	30-39	40-49	50-64	65+	Unknown
Aetna	26.21% 8,227	32.83% 5,111	35.57% 17,785	36.55% 9,698	42.13% 9,082	52.40% 12,894	60.88% 5,016	8.19% 5,724
Anthem	24.22% 2,419	31.20% 1,482	39.77% 12,756	41.03% 12,662	44.63% 10,382	55.99% 16,548	64.61% 2,811	5.94% 2,285
FFS	42.02% 851	52.88% 560	51.78% 5,567	55.33% 7,958	57.55% 9,682	66.07% 27,238	74.98% 50,678	24.57% 488
Humana	26.13% 2,829	32.99% 1,648	38.50% 10,802	39.76% 11,972	44.28% 10,591	56.16% 15,739	65.30% 3,263	6.66% 2,453
Molina	29.74% 8,810	37.76% 5,169	38.71% 23,664	40.39% 20,812	46.04% 17,655	57.00% 22,702	67.94% 5,451	8.83% 7,919
United	22.68% 776	31.29% 500	38.56% 6,614	39.28% 5,360	43.51% 4,637	54.99% 8,150	63.16% 1,555	5.48% 750
WellCare	23.74% 10,574	30.92% 6,490	35.63% 31,922	37.23% 24,776	42.80% 23,868	53.11% 35,593	61.87% 10,273	6.05% 7,568

**%Vaccinated by Total Medicaid
or
by population stratification**
Stratified Population

Policy Updates

Policy Updates

- Elimination of cost sharing
 - Cost sharing creates barriers to care
 - Access to care critical during PHE
 - Kentucky had nominal co-pays
 - State legislation created to eliminate cost sharing for Medicaid
 - SPA filed and approved by CMS
- Program of All Inclusive Care for the Elderly (PACE)
- Post-partum coverage increased from 60 days to 12 months

SB50 (20RS)

- Single Managed Care Organization (MCO) Pharmacy Benefit Manager (PBM)
 - ✓ MedImpact contracted by December 30, 2020
 - ✓ Implemented on July 1, 2021
 - ✓ Aligned over-the-counter and outpatient prescription drug coverage, dispense fee and drug reimbursement for managed care and fee-for-service
 - ✓ Report on 6-month program review anticipated by June 30
 - ✓ Currently evaluating changes to dispense fee policy
- Single Preferred Drug List
 - ✓ Implemented on January 1, 2021
 - ✓ Aligned managed care and fee-for-service policy
 - ✓ Brand to generic changes reviewed and recommended by Pharmacy and Therapeutics Advisory Committee quarterly
 - ✓ Increase in rebates

House Bill 7

- CHFS considered a qualified entity for ty purpose of making PE determinations based on emergency state plan amendment that expires at end of PHE
- Section 8 of HB 7 prohibits CHFS or the Department from being a PE entity – form removed from website July 14, 2022
- Section 9 of HB7 relates to hospital PE
 - Hospitals must assist individuals in completing a full Medicaid application
 - Regulations related to hospital PE are in place with the exception of assisting individuals in completing a full Medicaid application (907 KAR 20:050)
- Section 32(4) of HB7 requires the Cabinet to contract with a third party to review all PE determinations made by hospitals between January 1, 2020 and effective date of HB7

Rural Health

Rural Health Challenges

- Transportation
- Healthcare workforce
- Exercise
- Eating habits
- Higher rates of substance use
- Income, employment, poverty
- Stereotypes

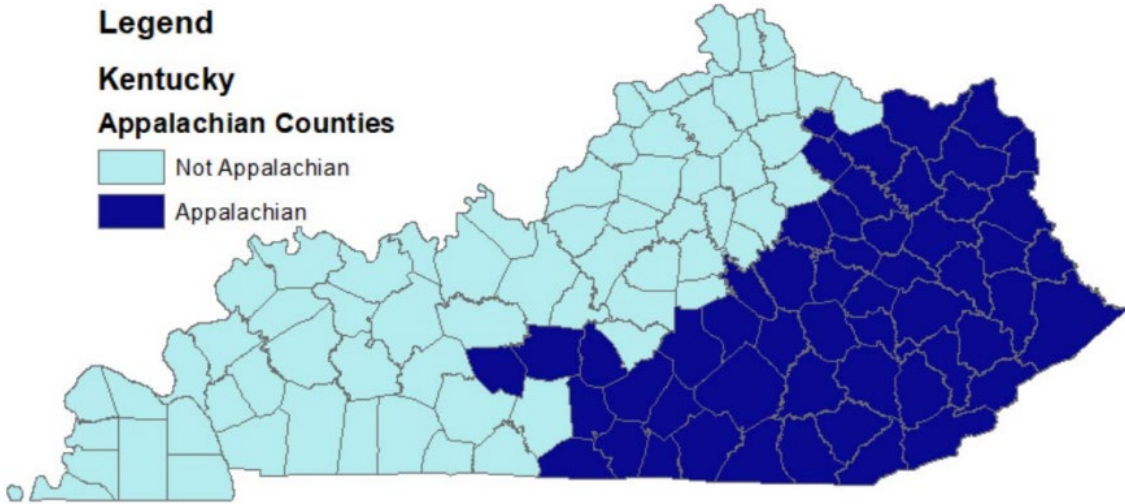
Appalachian Kentucky vs Rural Kentucky

Legend

Kentucky

Appalachian Counties

- Not Appalachian
- Appalachian

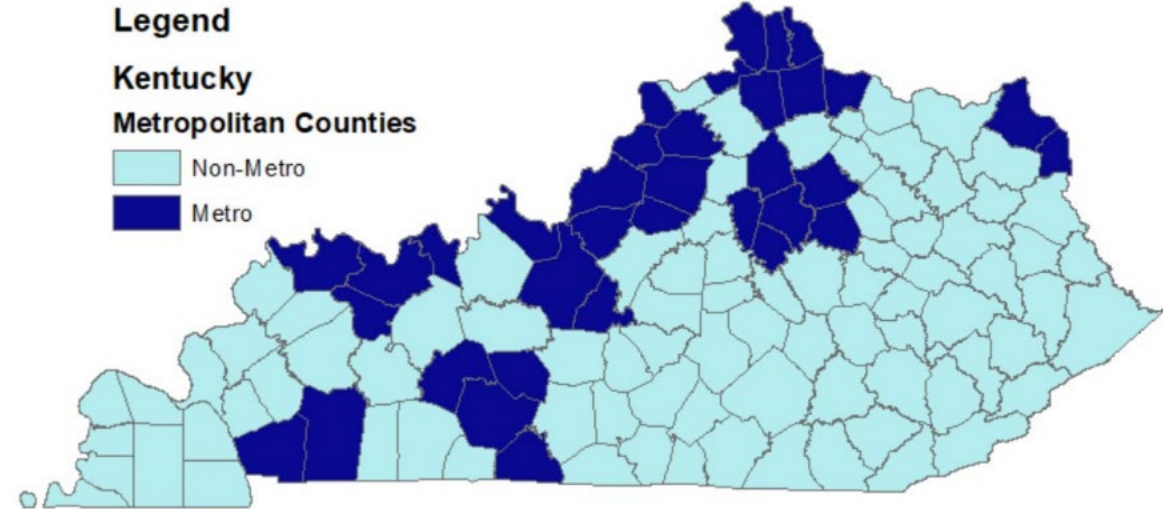


Legend

Kentucky

Metropolitan Counties

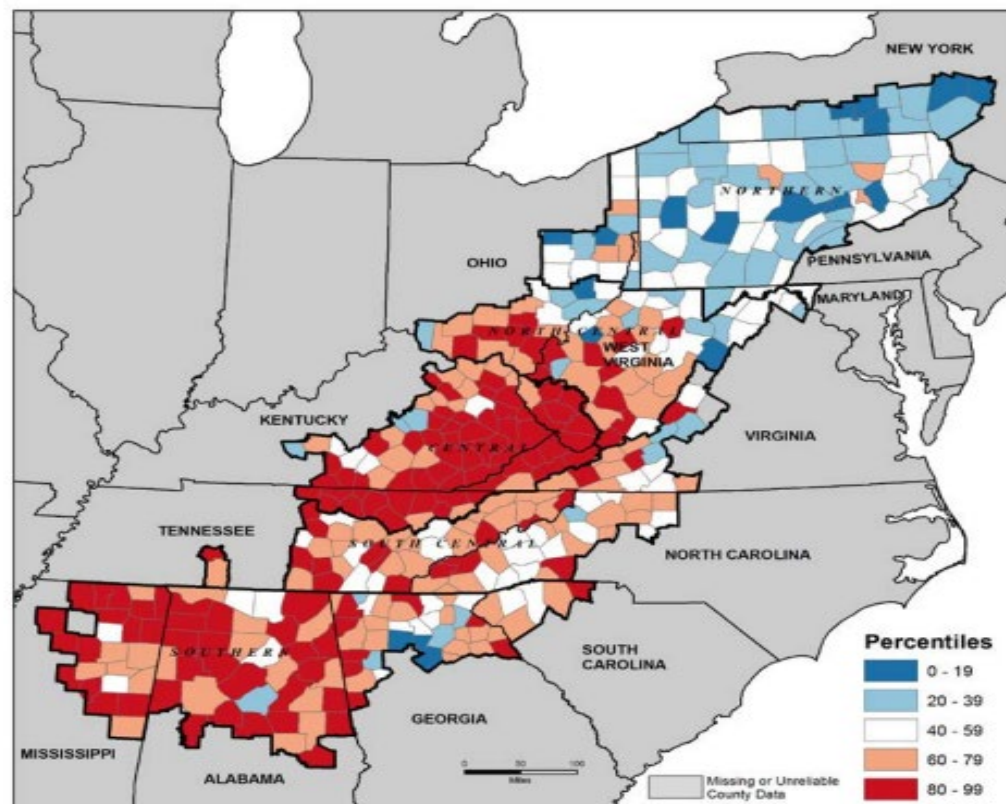
- Non-Metro
- Metro



Source: Conner, Kailyn, "Examining Childhood Outcomes in Neonatal Abstinence Syndrome" (2021). *Theses and Dissertations--Pharmacy*. 129. https://uknowledge.uky.edu/pharmacy_etds/129

Kentucky's Appalachian Residents Tend to Live Shorter Lives than Other Areas of Appalachia

FIGURE 34 – COUNTY PERCENTILE RANK OF YEARS OF PREVENTABLE POTENTIAL LIFE LOST PER 100,000 POPULATION UNDER AGE 75 IN APPALACHIA, 2005-2007



Source: National Percentile of Years of Potential Life Lost per 100,000 population, 2005-2007, applies premature death (compared to standard population patterns) as a measure of local health status. Values in source data rank ordered and converted to a percentile. Source Data and further documentation available from University of Wisconsin Population Health Institute. County Health Rankings 2011.

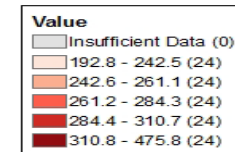
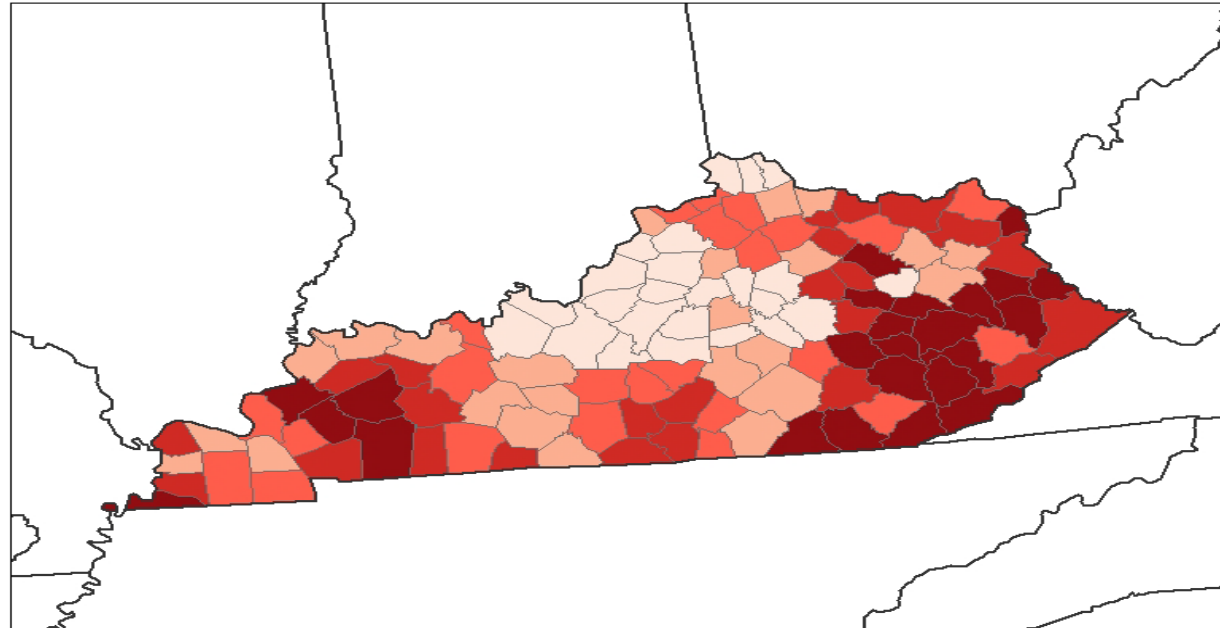


Prepared by Cecil G. Sheps Center for Health Services Research, The University of North Carolina at Chapel Hill in cooperation with PDA, Inc, Raleigh, North Carolina, 2011

Source: <https://www.arc.gov/wp-content/uploads/2020/06/HealthCareCostsandAccessDisparitiesinAppalachia.pdf>

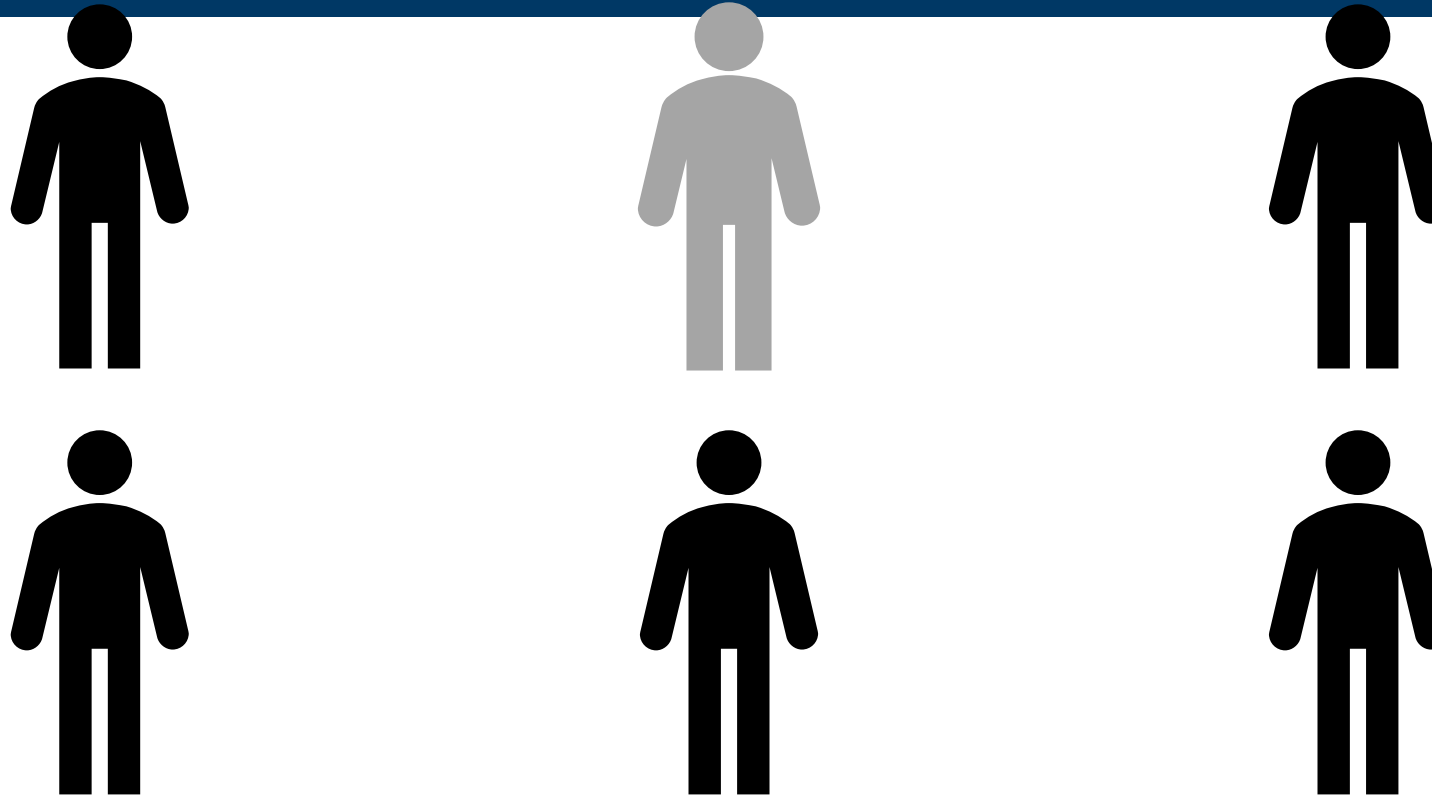
Cardiovascular Disease Mortality in Kentucky (2018-2020)

Total Cardiovascular Disease Death Rate per 100,000, All Races/Ethnicities, All Genders, All Ages, 2018-2020



This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. <http://www.cdc.gov/dhdsp/maps/atlas>





Approximately 1 of every 6 Kentucky Medicaid members has been diagnosed with diabetes.

Source: Kentucky Cabinet for Health and Family Services and Kentucky Personnel Cabinet. Kentucky Diabetes Report. Frankfort, KY: KY Cabinet for Health and Family Services, Department for Medicaid Services, Department for Public Health, Office of Health Data and Analytics, and KY Personnel Cabinet, Department of Employee Insurance, 2021.

<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/dpcp/2021DiabetesReport.pdf>

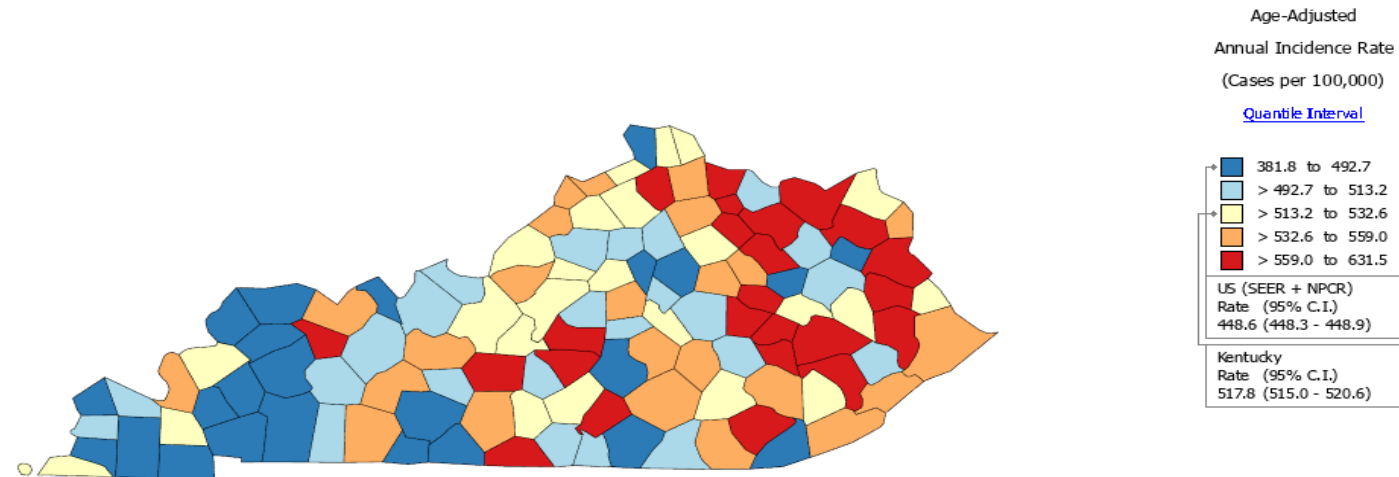
These Differences are More Pronounced Among Appalachian Kentuckians

Source: Kentucky Cabinet for Health and Family Services and Kentucky Personnel Cabinet. Kentucky Diabetes Report. Frankfort, KY: KY Cabinet for Health and Family Services, Department for Medicaid Services, Department for Public Health, Office of Health Data and Analytics, and KY Personnel Cabinet, Department of Employee Insurance, 2021.
<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/dpcp/2021DiabetesReport.pdf>

Diabetes Prevalence in Kentucky's General Population and Medicaid-Enrolled Population		
	Diabetes Prevalence	Number of Persons with Diabetes
All Kentucky Adults	13.3%	463,951
Appalachia	17.2%	162,505
Non-Appalachia	11.9%	301,446
Adults Enrolled in Medicaid		
	17.8%	174,954
Appalachia	20.2%	74,856
Non-Appalachia	16.3%	100,098
Youths Enrolled in Medicaid		
	0.47%	2,864
Appalachia	0.55%	1,083
Non-Appalachia	0.43%	1,781

Kentucky Cancer Incidence Rates by County

Incidence Rates[†] for Kentucky by County
 All Cancer Sites, 2014 - 2018
 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI.

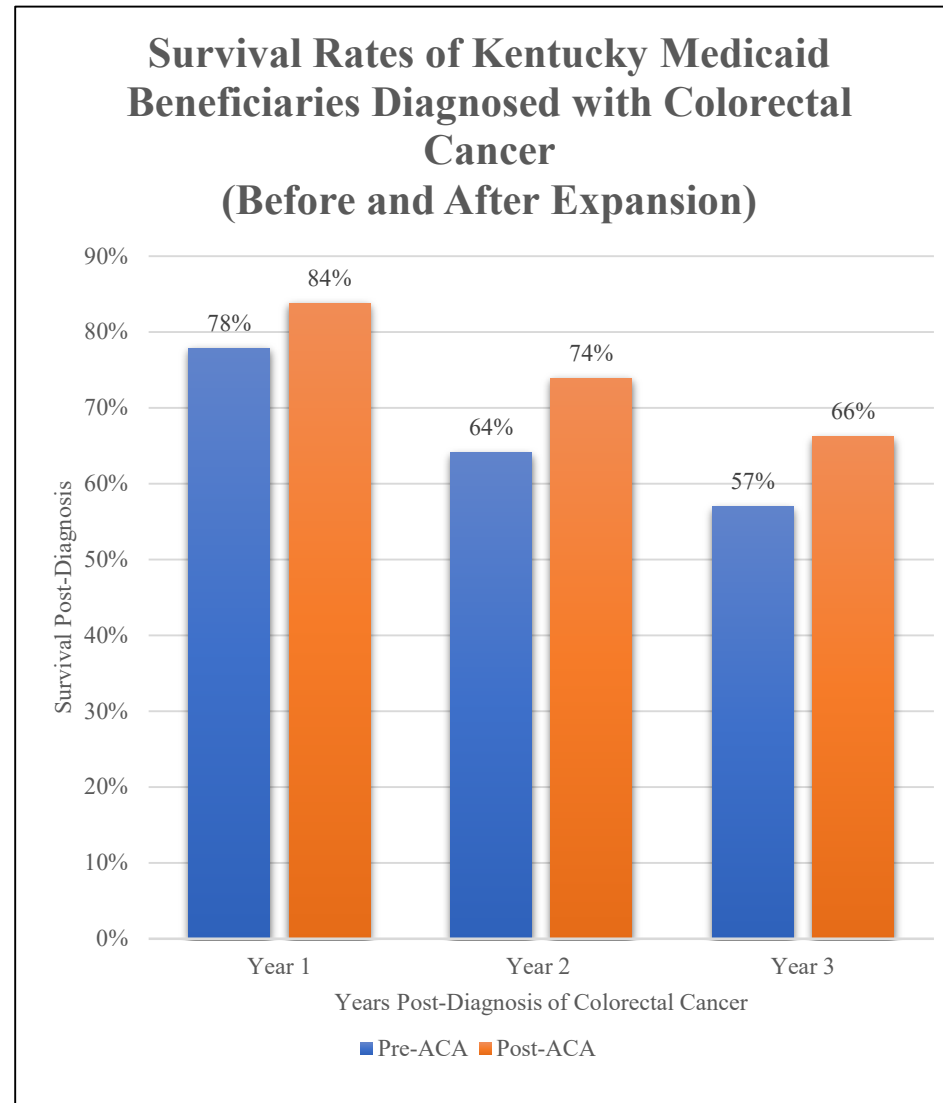
The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

Data for the United States does not include data from Puerto Rico

Following Medicaid Expansion, Kentucky's Beneficiaries Are Surviving Longer after a Colorectal Cancer Diagnosis

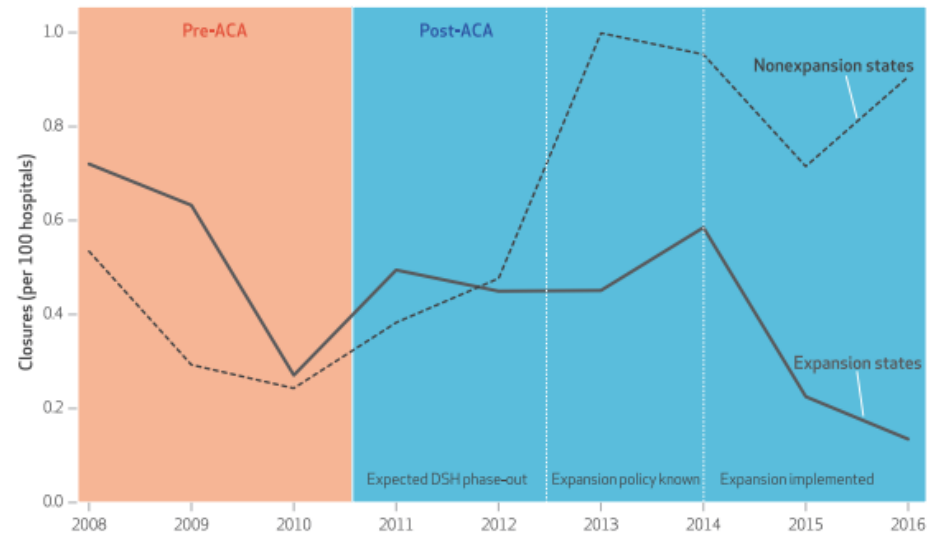
Source: Gan, T., Sinner, H. F., Walling, S. C., Chen, Q., Huang, B., Tucker, T. C., ... & Bhakta, A. S. (2019). Impact of the Affordable Care Act on colorectal cancer screening, incidence, and survival in Kentucky. *Journal of the American College of Surgeons*, 228(4), 342-353.



States that Expanded Medicaid Experienced Fewer Hospital Closures (Especially Rural Hospitals)

EXHIBIT 2

Unadjusted hospital closure rates by state Medicaid expansion status, 2008-16



SOURCE Authors' analysis of data from the Centers for Medicare and Medicaid Services. **NOTE** Closures were independently validated from multiple sources.

Source: Lindrooth, R. C., Perrailon, M. C., Hardy, R. Y., & Tung, G. J. (2018). Understanding the relationship between Medicaid expansions and hospital closures. *Health Affairs*, 37(1), 111-120.

Going Forward

- Focus on equity
- Behavioral health
- Medicaid enrollment
- Access to care
- Workforce
- Quality and outcomes
- Child and maternal health
- Data analytics
- Unwinding of the public health emergency

THINK OUTSIDE THE BOX!



Questions/Discussion

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