

## Talking Points — Medicaid

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### What is the difference between Medicaid and Medicare?

- ◆ Medicare provides health coverage primarily to seniors (65 & over) who receive Social Security benefits
- ◆ Medicare eligibility is **not** based on income or assets
- ◆ Medicaid eligibility is based on income, assets & disability (if under 65)
- ◆ Medicaid is designed for low income elderly, blind, disabled, children, pregnant women, and families

### Who gets Medicaid and why do they need it?

- ◆ Over **26,000** Buncombe County citizens receive Medicaid
- ◆ Low income elderly, blind and disabled
- ◆ Institutional Long Term Care for over 1,750 people per month
- ◆ Low income pregnant women
- ◆ Some family coverage (primarily for disabled parents)
- ◆ Children of low income parents
- ◆ Many of these children would not receive preventive care without Medicaid
- ◆ More prescription coverage for seniors
- ◆ Most do not have any other way to pay for medical care, including prescriptions

### Why is the cost of Medicaid going up so much?

- ◆ Like all health insurance programs, higher medical costs and higher utilization increases expenses.
- ◆ This past year, prescription costs rose by 21%, hospital emergency room utilization rose by 29% and outpatient hospital utilization rose by 30%
- ◆ Physician costs declined this past year. This is one example of a series of cost control measures imposed by the State
- ◆ Aging population means more high-dollar medical care for this population

### What is the county doing to prevent system abuse?

- ◆ Safeguards are built into the eligibility process to minimize abuse
- ◆ Verifications are required to assure only the truly needed are served
- ◆ Utilizes a 2 person investigative unit to identify abuse and recover improperly issued benefits
- ◆ Rely on internal checks and verifications with other county, state, and federal agencies to assure proper eligibility
- ◆ Work with private businesses to verify client information
- ◆ Recover benefits and, if necessary, prosecute individuals who commit fraud

**What has the county done to cut costs?**

- ◆ Medicaid recipients in Buncombe County have increased over 20,000 people in 15 years
- ◆ Medicaid is a federally mandated entitlement program over which the county has little control
- ◆ North Carolina utilizes a Managed Care model for most Medicaid recipients to help control costs
- ◆ Buncombe County DSS staff educate Medicaid recipients about the proper use of medical care and how to use the managed care plan (Carolina Access)
- ◆ Carolina Access staff (Buncombe County has 2) work with providers and recipients to assure proper use of provider resources
- ◆ Access II Care is a non-profit coalition of Medicaid providers and the State of NC to provide case management to assist Carolina Access recipients properly utilize medical care and thereby reduce Medicaid expenditures

**What would happen if you just did away with Medicaid?**

- ◆ Medicaid is a federally mandated program. We cannot do away with it
- ◆ The services that we provide are decided by federal and state legislation
- ◆ Medicaid has a ***\$240 million economic impact*** with Buncombe County citizens alone. Regional impact is even greater. *This is up by \$220 million over the past 10 years.*
- ◆

**What good does spending all that money do me?**

- ◆ People don't get sick just because they have Medicaid. Without Medicaid, sick people would still need care, causing a tremendous drain on medical and financial resources of the county
- ◆ Medicaid provides preventive health coverage to help prevent catastrophic illness and expense
- ◆ More people would be removed from the job force in order to care for sick parents, spouses, and children
- ◆ Institutional Long Term Care will eat up every dime of savings for a family or individual. The middle class would lose the most.