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
Talking Points, continued

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.