

Kaiser Permanente and Medicaid

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Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

117.8M

VIRTUAL CONNECTIONS

between members and their care teams in 2021⁹



12.6M

MEMBERS

covered for care needs in mind and body



23,656

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

PRESCRIPTION DELIVERIES

to members' homes in 2021

773

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Medicaid at KP plays several critical roles, from being foundational to our mission and Enterprise Strategy, serving as a core component of our community benefit, and ensuring members can remain with KP as their circumstances change.

KP Medicaid's Role

Foundational Element of KP's Mission and Enterprise Strategy

- Supports our charitable mission
- Increases leadership voice in state and federal policy
- Creates growth opportunities with sustainable economics
- Enables participation in duals products and other plans that require Medicaid participation

Core Component of Community Benefit

- Supports states in caring for most vulnerable citizens
- Ensures access to high quality care
- Contributes to safety network providers' sustainability and ability to provide high quality care

Continuous Care and Coverage

- Enables members to keep KP through life transitions
- Supports lower churn as members move more frequently between individual exchanges and Medicaid

Medicaid (Medi-Cal in California) is a federal and state health coverage program for families and individuals with low incomes and limited resources.

Children's Health Insurance Program, or CHIP, is a free or low-cost health coverage program for children — up to age 19 — in families with incomes too high to qualify for Medicaid.

These critical health coverage programs serve **one in five Americans**, including millions of families, children, pregnant women, adults without children, and seniors and people living with disabilities.



91 million individuals were enrolled in November 2022



Pays for **nearly half of all births** in the U.S.



Finances **half the national bill** for long-term care

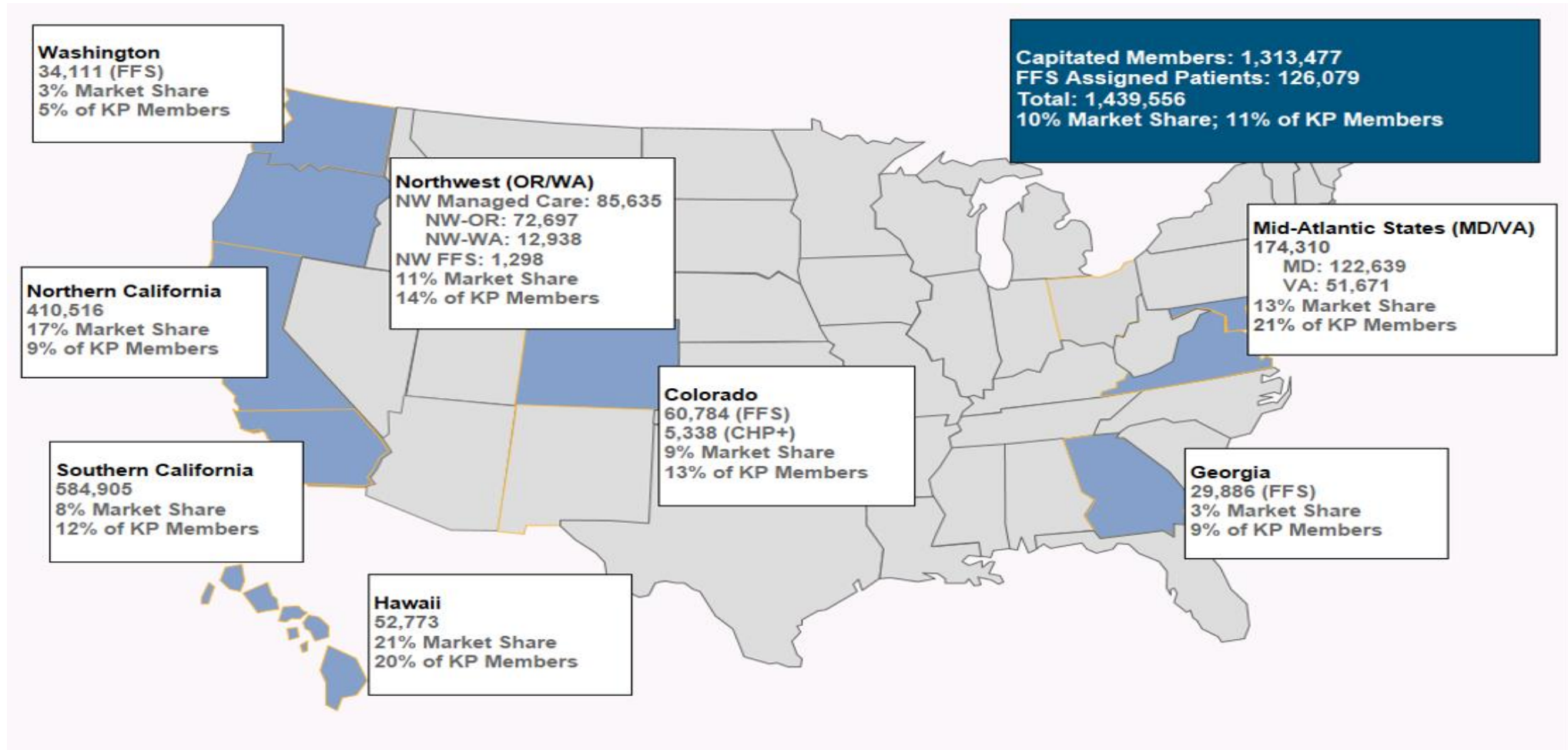


80% of Medicaid enrollees receive coverage from Medicaid Managed Care Organizations

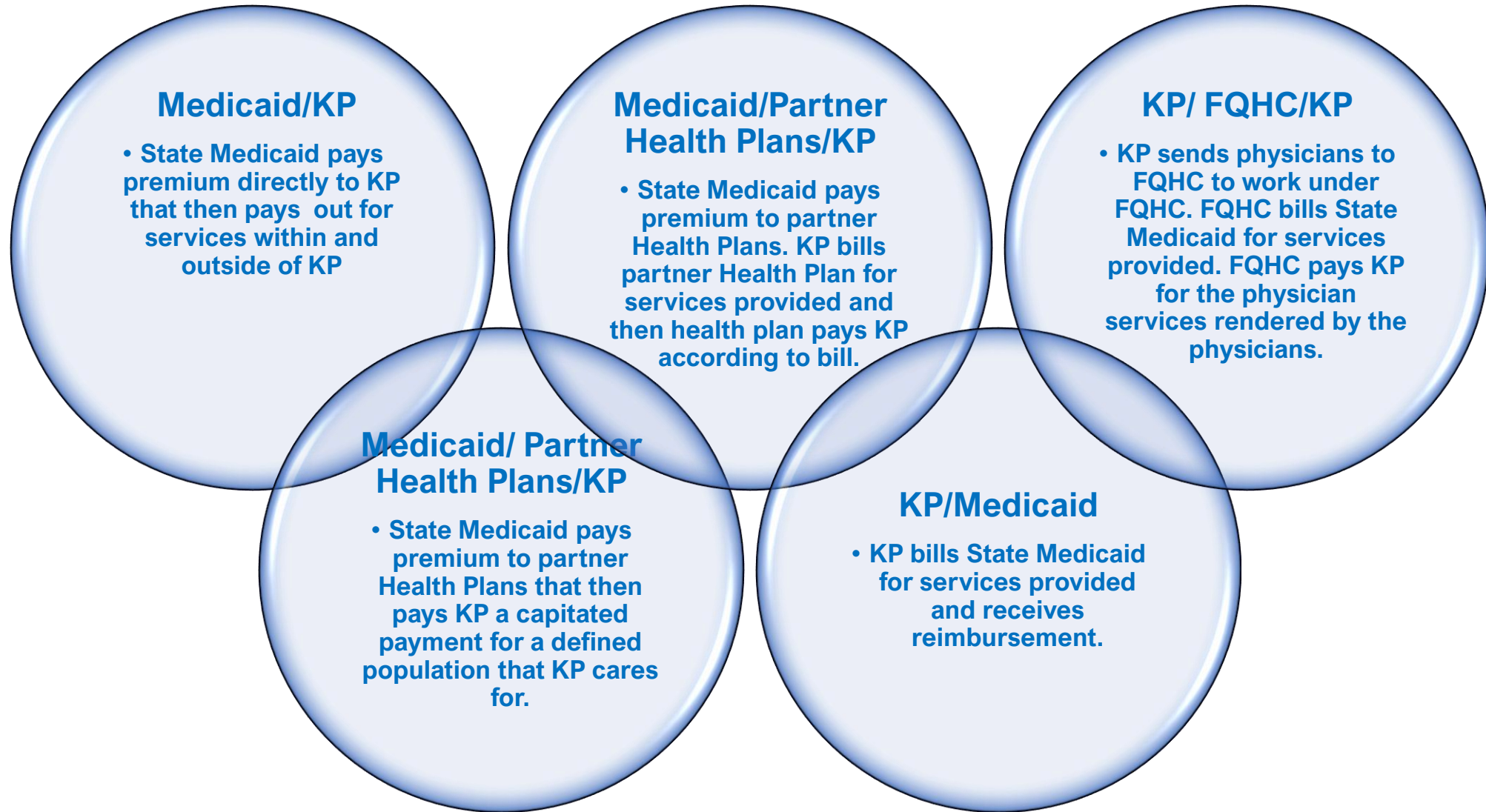
- Medicaid is **jointly funded and regulated** by the federal government and the states.
- **KP's participation** in each state is driven by how the state chooses to administer Medicaid and KP's ability to meet the state requirements (e.g., Virginia requires Managed Care Organizations to have a statewide service area. Since KP doesn't have a presence throughout the state, KP has a fully delegated service agreement with another Health Plan in order to serve Virginia Medicaid members in our Northern Virginia service area).

KP Medicaid Membership and Participation January 2023

KP has 1,313,477 Medicaid members as of January 2023. KP has a direct contract with the state in California, Hawaii, Colorado, and Maryland. KP is a subcontractor in California, Oregon, Washington, Georgia, and Virginia. KP operates as a fully delegated capitated health plan or a fee-for-service provider.



- **Direct Contract:** KP Health Plan acts as a Managed Care Health Plan contracted with the State and assumes full financial risk for a defined population. It receives a revenue stream from the State based on premiums that are calculated to be actuarially sound.
- **Partner Health Plans:** KP subcontracts with another Managed Care Health Plan (which has contract with the State).
 - **Capitated Arrangement:** KP receives a set premium for the care of a defined population
 - **Full Delegation:** KP is fully delegated to fulfill all accountabilities of caring for the Medicaid member
 - **Partial Delegation:** KP is only accountable for certain services
 - **Fee For Service Arrangement:** KP bills the Partner Health Plan for services provided for a defined population
- **Fee for Service:** KP provides care for Medicaid recipients and bills the State directly for services provided
- **FQHC Relationship:**
 - **Network Provider:** in certain markets, KP contracts with FQHC to serve as provider for Medicaid recipients under the Direct Contract
 - **KP Physician works in FQHC:** pilot program of having KP physicians work within a FQHC
- **Administrative Revenue:**
 - **Care Coordination:** Medicaid pays administrative fee for care coordination work
 - **Quality Incentive Bonus:** Partner Health Plans pays bonus for achieving certain quality targets



- Enroll all eligible American Indians/Native Alaskans/Native Hawaiians into respective health insurance programs – Medicaid and CHIP
- Participate in Fee for Service Medicaid as providers of care
- Participate in Medicaid Managed Care Plans as providers of care
- Document and code all services accurately – ICD and CPT codes
- Bill accurately for all services provided and collect and reconcile all billings
- Bill for administrative services as allowed
- Achieve quality targets and collect incentive bonuses