국외출장 결과보고서

재난적 의료비 지원체계 개선방안 연구

2018. 4.

KIHASA 한국보건사회연구원
Korea Institute for Health and Social Affairs

1 출장 개요

□ 출장목적

○ 재난적 의료비 지출에 대한 지원제도와 관련하여 미국 Medicaid 제도에서 소득기준을 초과하더라도 의료적 필요(MN, Medical Need)에 따라서 추가 지원하는 Spend down의 운영체계 관련 자료수집 및 인터뷰 실시

○ 행정데이터를 활용한 의료비용 관리 및 정책대상 선정 지원체계 운영사례와 정보관리시스템 등 에 대한 자료 수집 및 인터뷰를 실시하고 이를 벤치마킹하여 우리나라 재난적 의료비 지원체계 설계 및 관리시스템 제안 등 연구수행에 활용

□ 연구과제

○ 재난적 의료비 지원체계 개선방안 연구
(건강보험공단, 2017. 12. 20 ~ 2018. 6. 19)

□ 출장자 : 최현수 연구위원 (사회보장통계센터장)

□ 출장기간 : 2018. 4. 11 (수) ~ 4. 18 (수) (6박8일)

□ 출장지역

○ 미국 Seattle, Olympia
- Washington State, Dept. of Health and Social Service, Research and Data Analysis (RDA)
- Washington State, Economic Service Administration (ESA)
- Washington State, Health Care Authority (HCA)

○ 미국 Baltimore, Center for Medicare and Medicaid Service (CMS)

○ 미국 Washington DC, Kaiser Family Foundation (KFF)

□ 주요 일정

출장일		국가	방문기관	면담자	주요 일정 및 논의사항
1일차	18.04.11(수)	미국			• 출국(인천-Seattle-Olympia)
2일차	18.04.12(목)	미국 Olympia	Washington State Dept. of Health and Social Service, Research and Data Analysis & Economic Service Administration	Maija Sandberg, Beverly Court, Josselyn Green	• Medicaid 행정데이터 기반 예측 모형을 활용한 의료비용 관리 및 정책지원 대상 분석 운영사례 관련된 자료수집 및 인터뷰
3일차	18.04.13(금)	미국	Washington State Dept. of Health and Social Service, Health Care Authority	Mary Wood	• Medicaid의 통합 연계된 통계정보시스템 구성 내용과 선정기준 초과대상에 대하여 의료비를 지원하기 위한 Spend Down 설계 및 운영사례 관련 자료수집 및 인터뷰 • 도시 이동(올림피아-시애틀)
4~5일차	18.04.14(토) ~ 04.15(일)	미국			• 도시 이동(시애틀-워싱턴)
6일차	18.04.16(월)	미국 워싱턴 미국 볼티모어	The Kaiser Commission on Medicaid and the Uninsured Center for Medicare and Medicaid Service	Rachel Garfield, Chris Lee Annie Hollis	• 주정부별 Medicaid 자격조건 및 소득초과 시 의료적 필요성에 대한 의료비 지원 방안 설계 관련 자료수집 및 인터뷰 • 도시 이동(워싱턴-볼티모어-워싱턴) • 미국 Medicaid와 Medicare 재난적 의료비 지원 운영 방향 및 사례 자료수집
7~8일차	18.04.17(화) ~ 04.18(수)	미국			• 귀국(Washington DC-인천)

2 주요 내용

가. 재난적 의료비 개념

○ 본 연구 주제인 재난적 의료비 문제와 이로 인한 의료서비스 미충족은 단순히 의료서비스 측면의 문제가 아니라 경제적 부담과 심리적 충격으로 인하여 빈곤 추락 및 가족 해체를 가져올 수 있는 매우 심각한 상황으로 인하여 재난적 의료비(Catastrophic Health Expenditure)의 개념으로 정의되고 연구되어 왔음

- 가구가 재난적 의료비 지출상황에 직면하게 되면 급격한 경제적 부담 증가로 인한 삶의 질 하락에 그치지 않고 빈곤화가 진행되며, 저축이나 교육 투자 등이 부족하게 되어 탈빈곤 역시 매우 어려워짐

○ 한편, 의료보장을 통한 국민의 재정적인 보호는 개인이 직접 지불하는 의료비를 상당 부분 감소시켜주지만 '의료 이용 해이(utilization hazard)'를 방지하고 보험재정의 안정을 목적으로 대부분의 국가에서 시행되는 본인 부담제는 한편으로 고액 의료비로 인해 가계의 경제적 부담을 야기할 수 있음

- 우리나라의 경우, 비급여로 인해 이러한 본인이 부담해야 하는 의료비 과부담이 발생할 가능성이 높으며, 최근 발표된 '문재인 케어'의 핵심 역시 비급여 축소를 보장성 강화와 의료비 과부담의 해소라고 할 수 있음

○ 이러한 재난적 의료비는 주거비 부담을 측정하는 RIR(Rent to Income Ratio)과 유사한 개념으로 측정될 수 있는데, 주거비 부담에서 월세 부담과 마찬가지로 본인부담 의료비의 경우 질환의 유형과 처치의 수준, 보험의 급여 여부에 따라 상이할 수 있으며, 가구가 체감하는 부담은 가구의 소득 수준에 따라 달라짐

○ 이에 따라, 재난적 의료비(Catastrophic Health Expenditure)는 일반적으로 가구의 소득 또는 소비 수준 대비 의료비 부담의 정도가 일정 수준 이상임을 나타내는 지표로 개념 정의 및 분석 등에 활용되고 있음

- RIR과 마찬가지로 가구의 MIR(Medical Cost to Income Ratio) 값을 측정한 후 이를 기준으로 재난적 의료비 지출 상황 또는 의료비 과부담 가구를 판단할 수 있음

○ 외국의 선행연구에 제시된 재난적 의료비 또는 과부담 의료비의 일반적 기준은 가구 소득 중 의료비 지출(직접 의료비와 건강보험료)이 10% 또는 15%를 초과하는 경우이며, WHO(2000)는 지불능력(총소비지출-식료품비) 대비 의료비 지출의 비중이 40%를 상회하는 경우로 정의하여 국가 간 비교에 활용함

나. 미국 Medicaid의 소득기준 초과 가구 지원을 위한 Spend down

☞ 우리나라의 현행 재난적 의료비 지원제도의 소득기준 및 지원대상 의료비 수준 확대를 위한 본 연구의 선정체계 개편대안 마련 시 미국의 Spend down 시스템의 운영사례를 벤치마킹

○ 우리나라 현행 재난적 의료비 지원제도에서는 가구규모별 기준중위소득 100%를 소득기준으로, 소득 대비 의료비 지출 20% 초과를 의료비 지출수준 최소 기준으로 적용하고 있음

○ 소득기준 확대 및 의료비 지출 최소 기준 조정에 따른 비급여 의료비 부담 지원 시 현행 소득기준인 기준 중위소득 100%를 200% 수준으로 확대함에 있어, Spend down에서 소득기준을 초과한 가구에 대해 의료적 필요에 따른 의료비 지원수준을 결정하는 방식을 적용하여 중위소득 100%를 초과하는 정도를 소득

초과율 개념으로 의료비 지원비율에 반영하여 실질적인 의료비 지원수준이 결정되도록 함

○ 이를 통해 제도를 합리적으로 확대 운영하도록 개선하고, 개별 심사제도에 의한 적용이 아닌 제도적 확대 방향으로 개편대안을 제시하는데 활용함

※ <미국의 Spend down> 관련 주요 수집자료 및 내용

☞ WA State HCA를 방문하여 인터뷰하고 다양한 사례와 정책적 의미 등을 소개한 Mary Wood가 제공한 최신 자료를 제시함

Spenddown

The Medically Needy (MN) spenddown program provides coverage for slightly fewer health care services than Categorically Needy (CN) coverage. MN coverage is available to individuals whose income is above the applicable Apple Health/Medicaid standards.

MN is available for the following:

- Individuals who are aged, blind, or disabled (ABD), including SSI-related individuals;
- Children; and
- Pregnant women

What is Spenddown?

- When an individual applies for health care coverage, the agency looks at countable monthly income.
- If the monthly income exceeds the Categorically Needy (CN) Medicaid program standard, the individual is not eligible for CN Medicaid, but has the option to be considered for the spenddown program.
- Individuals who are aged, blind or disabled must also meet resource limits, with some exceptions for Long-Term Care (LTC) clients.
- Pregnant women and children do not have resource limits.

What is Spenddown?

- Spenddown is the amount of medical expenses for which an individual is responsible, similar to an insurance deductible. This includes expenses incurred for any eligible household family member.

- Like a deductible, the individual is liable for all the medical expenses used to meet their spenddown for the approved base period. Health Care Authority (HCA) will not pay these expenses.

- After the spenddown is met, HCA will pay for the remaining balance of eligible medical expenses incurred within the approved spenddown period.

Spenddown Requirements

The amount of the spenddown depends on three things:

1) Number of people in the household;

2) Amount of countable income the household has, after deductions; and

3) Medical program for which the individual is eligible.

Eligible Deductions for Children and Pregnant Women

- 50% earned income disregard
- Court ordered child support paid out
- Child care expenses

Example: Family of 3 applying for children's medical
Employed parents with a combined gross monthly income of $5300. They receive a 50% earned income disregard ($5300/2 = $2650). The family pays child care of $250 monthly. Their gross monthly income, after the deductions of $2900 ($2650 + $250), is $2400 ($5300 - $2900). Based on a 3 person MN standard of $721, this family would be over the monthly income limit by $1679 ($2400 - $721).

Eligible Deductions for Individuals who are Aged, Blind or Disabled

- $20 unearned income disregard
- $65 and ½ earned income disregard
- Allocation and deeming to non-applying spouse and children in the home

Example: Single 68 year old applying for medical
He receives Social Security Retirement benefits of $800 per month ($800 - $20 = $780) and works part-time earning $150 per month ($150 - $65 = $85, divided by 2 = $42.50). With disregards, this reduces his gross monthly income to $822.50 ($780 + $42.50). Based on a 1 person MN standard of $721, he would be over the monthly income limit by $101.50 ($822.50 - $721).

Base Periods

- The base period is the number of months the individual's income is counted.
- The individual may receive coverage for all or part of the base period.
- Base periods can be selected in either three or six month increments.
- Excess monthly income is multiplied by the number of months in the base period selected to arrive at the individual's spenddown liability.

Base Period Examples

Using the previous example of the 68 year old single gentleman, he had $101.50 per month in excess income:

The spenddown would be calculated as follows:

- For a 3 month base period: $304.50 ($101.50 x 3)
- For a 6 month base period: $609.00 ($101.50 x 6)

- When the spenddown amount is high, a three month base period may be to the individual's benefit.
- When the spenddown amount is low and can be easily met by the individual, a six month based period would provide health care coverage for a longer period of time.

Medically Needy Coverage

- Medically Needy (MN) coverage begins once an individual proves they have incurred medical expenses that meet their spenddown liability.
- Proof of unpaid bills must be current and include the original dates of service.
- Coverage can begin on the date of service of the bill that met the spenddown during the base period.
- Retroactive coverage may be requested for up to 90 days prior to the date of application, for any month where eligible medical expenses have been incurred.

Allowable Medical Expenses

- Medicare premiums, copays and coinsurance charges.
- Medical expenses owed by the individual after all primary insurance payments or adjustments have been applied.
- Medical expenses incurred within 90 days prior to the application are allowable if retro coverage was not approved.
- Medical supplies (such as syringes or adult diapers), prescription expenses and over the counter drugs prescribed by a doctor.

Allowable Medical Expenses

- Other services prescribed by an allowable medical practitioner.
- Copayments/payments paid by the individual towards their bills.
- Mileage used for medical purposes – a log must be kept for each medical purpose and turned in to be applied towards the spenddown.
- Hospital services, emergency room, clinic (including mental health clinics) and nursing facility expenses.

Spenddown Example

- Martha is 70 years old and applies for Apple Health for MN coverage in April. Her monthly Social Security benefit is $1,166. She is over the SSI monthly income limit of $721 by $425 (after $20 is disregarded from her Social Security benefits).

- Martha is found eligible for the MN spenddown program for the aged. She selects a 6 month spenddown base period (April through September). Her spenddown amount is $2,550 ($425 x 6 months). This means that Martha is responsible for the first $2,550 in medical costs she incurs during those 6 months.

Spenddown Example

(continued)

- On May 12, she has surgery. After Medicare pays the eligible 80% of the bill, there remains a balance of $5,200 that Martha is responsible to pay. Based on her participation in the MN spenddown program, she is liable for $2,550. Once her spenddown has been met, Apple Health will pay the remaining amount of the bill. Her certification period is May 12 to September 30.

- If Martha's monthly income were below $721, she would have qualified for the no-cost Apple Health for the Aged program for 12 months coverage.

Spenddown for Children

Child applies for health care coverage through Healthplanfinder (HPF) and the household has income above 312% FPL:

- If the household income is below 400% FPL, the family could be eligible for HIPTC.
- The HCA MEDS office receives a daily report from HPF of all children who had income above 312% FPL.
- HCA MEDS eligibility staff send the family a request letter sharing the option of the spenddown program.
- Once the family notifies HCA, MEDS eligibility staff will process the spenddown request.

Spenddown for Pregnant Women

A pregnant woman applies for health care coverage through Healthplanfinder (HPF) and has income above 198% FPL:

- If the household income is below 400% FPL, the woman could be eligible for HIPTC.

- The spenddown program for pregnant women follows the same process as shared for children on the previous slide.

다. 미국 주정부별 Medicaid 지원체계 확대 적용 운영사례 비교표

☞ 각 주정부는 Section 1115에 근거하여 Spend down뿐만 아니라 다양한 형태로 Medicaid 지원대상 확대를 위한 정책을 추진 (KFF The Kaiser Commission on Medicaid and the Uninsured 방문 시 논의한 Rachel Garfield 최신 자료 제공)

Approved and Pending Work Requirement Waivers – Covered Populations and Age Exemptions, as of April 9, 2018

	AR - approved	AZ	IN - approved	KS	KY - approved	ME	MS	NH	UT	WI
Expansion Adults^	X	X	X		X			X		
Traditional Adults*			X	X (parents 0-38% FPL)	X	X (parents 0-105% FPL)	X (parents 0- 27% FPL)		X (parents 60-100% FPL; childless adults 0-100% FPL)	X (childless adults 0-100% FPL)
Age Exemptions	50+	55+	60+	65+	65+	65+	65+	65+	60+	50+

*Other groups such as Transitional Medical Assistance, family planning only, or former foster care youth, may be included in some states.
^ NC's amended Section 1115 application, submitted on November 20, 2017, includes provisions (premiums and work requirements) that would affect newly eligible adults *only if proposed state legislation ("Carolina Cares") is enacted.* These provisions are not reflected in the table, as the state has not yet added this population to its Medicaid program.

Approved and Pending Behavioral Health Provisions, as of April 9, 2018

Waiver Provision	# of States with Approved Waiver	# of States with Pending Waiver
IMD Payment Exclusion	Approved for SUD: 10 States (CA, IN, KY, LA, MA, MD, NJ, UT, VA, WV) Approved for MH: 1 State (VT)	Pending for SUD: 12 States (AK, AZ, IL, KS, MA, MI, NC, NM, PA, VT, WA, WI) Pending for MH: 6 States (IL, KS, MA, NC, NM, VT)
Community-Based Benefit Expansions	Approved: 10 States (DE, HI, KS, MA, MD, NJ, NY, RI, VT, WV)	Pending: 8 States (AK, FL, HI, IL, MI, NC, NM, NY)
Eligibility Expansions	Approved: 6 States (AZ, MT, NJ, UT, VA, VT)	Pending: 3 States (IL, NJ, NY[i])
Delivery System Reforms	Approved: 4 States (AZ, CA, MA, NH)[ii]	Pending: 4 States (IL, MI[iii], NC, NM)

[i]New York's pending waiver amendment also would move its existing financial eligibility expansion for children with behavioral health and HCBS needs who currently meet an institutional level of care from Section 1915 (c) to Section 1115 authority.
[ii]While no specific waiver authority is granted, Maryland's waiver commits the state to developing and implementing a physical/behavioral health integration model for individuals with substance use disorders by January 1, 2019 as part of its IMD payment waiver.
[iii]Michigan's integration model currently exists under Section 1915 (b)/(c) authority that the state is seeking to convert to Section 1115

Approved and Pending Eligibility and Enrollment Restrictions, as of April 9, 2018		
Waiver Provision	**Expansion Population Approved: 8 states Pending: 3 states**	**Non-Expansion Populations* Approved: 4 states Pending: 6 states**
Premiums & Premium Assistance		
Premiums/Monthly Contributions◊	Approved: AR, AZ, IA[i], IN, KY, MI, MT Pending: NM	Approved: IN, KY Pending: ME, WI
Disenrollment and Lock-Out for Non-Payment of Premiums	Approved: IN, KY, MT Pending: NM	Pending: ME, WI*
Disenrollment (Without Lock-Out) for Non-Payment of Premiums	Approved: AZ, IA	N/A
QHP Premium Assistance	Approved: AR, MI[ii], NH	N/A
Tobacco Premium Surcharge	Approved: IN	Approved: IN
Coverage Effective Date & Time Limits on Coverage		
Waive Retroactive Eligibility^	Approved: AR[iii], IA, IN, KY, NH[iv] Pending: NM	Approved: IA, KY, UT*[v] Pending: ME, NM
Waive Reasonable Promptness+	Approved: IN, KY Pending: NM	Approved: IN, KY
Time Limit on Coverage	Pending: AZ	Pending: KS, ME, UT*[vi], WI*
Eliminate Hospital Presumptive Eligibility	N/A	Pending: ME, UT*[vi]
Eligibility Determinations and Redeterminations		
Lock-out for Failure to Timely Renew Eligibility	Approved: IN, KY	Approved: KY
Lock-out for Failure to Timely Report Changes Affecting Eligibility	Approved: KY	Approved: KY
More Frequent Eligibility Redeterminations	Pending: AZ[vii]	N/A
Drug Screening and Testing	N/A	Pending: WI*
Asset Test for Poverty-Related Eligibility Pathways	N/A	Pending: ME
Waive MAGI Financial Methodology	N/A	Pending: TX*
Eligibility Groups		
Limit expansion eligibility to 100% FPL with enhanced match	Pending: MA	N/A
Eliminate TMA Coverage Pathway for Parents/Caretakers		Pending: NM

*"Non-expansion" populations include traditional Medicaid populations (low-income parents, Transitional Medical Assistance for those moving from welfare to work, former foster care youth, medically needy, etc.) but may also refer to narrow/limited populations that gained coverage through the demonstration waiver. For example, ***WI's** waiver covers childless adults ages 19 to 64 with income up to 100% FPL (without enhanced ACA matching funds). ***UT's** waiver expands eligibility and provides a limited benefit package to certain nonelderly adults up to 100% FPL (the "PCN group"), and recently extended coverage to a limited group of childless adults who are homeless and have behavioral health needs up to 5% FPL. ***TX's** pending waiver refers to its "Healthy Women" family planning waiver.

◊ NC's amended Section 1115 application, submitted on November 20, 2017, includes provisions (premiums and work requirements) that would affect newly eligible adults *only if proposed state legislation ("Carolina Cares") is enacted*. These provisions are not reflected in the table, as the state has not yet added this population to its Medicaid program.

^ Six other states (DE, MA, MD, RI, TN, and UT) have retroactive coverage waivers that pre-date the ACA and may have been associated with achieving the budgetary savings necessary to expand coverage before federal law authorized the use of Medicaid funds for childless adults. Some of these waivers apply to limited populations, and most have exceptions for seniors and people with disabilities.

+ Reasonable promptness waivers allow states to delay the start of coverage until after the 1st premium is paid or after the 60-day payment period expires.

[i] IA: Premiums are waived for the 1st year of enrollment. In later years, premiums are waived if beneficiaries complete specified healthy behavior activities.

[ii] MI: Starting April 2018, beneficiaries with incomes above 100% FPL who are not medically frail must meet a healthy behavior requirement to remain in a Medicaid MCO; those who do not will receive Medicaid premium assistance for Marketplace QHP coverage.

[iii] AR: State waives retroactive eligibility except for the 30 days prior to the date of application for coverage.

[iv] NH: Waiver was to be implemented only after CMS determined that retroactive coverage is unnecessary, based on state data showing no gaps in coverage for newly eligible adults prior to their Medicaid application date and upon renewal.

Approved and Pending Benefit, Copay, and Healthy Behavior Provisions, as of April 9, 2018		
Waiver Provision	**Expansion Populations Approved: 6 states Pending: 2 states**	**Non-Expansion Populations* Approved: 5 states Pending: 6 states**
Healthy Behavior Incentives	Approved: AZ, IA, IN, KY,MI, NM	Approved: FL, IN, KY, NM Pending: WI*
Waive Required Benefits (NEMT)[i]	Approved: KY[ii,iii], IA, IN Pending: MA[iv]	Approved: KY[iii]
Copays above statutory limits[v]	Approved: KY[vi] Pending: NM	Approved: KY[vi] Pending: ME, NM, UT*, WI*
Fees for Missed Appointments	Approved: KY[vi] Pending: NM	Approved: KY[vi] Pending: NM
Waive EPSDT for 19 and 20 year olds[vii]	Pending: NM	Approved: UT*[viii] Pending: NM
Closed Rx Formulary	Pending: MA	Pending: MA
Restriction on Free Choice of Family Planning Provider		Pending: TX*

NOTES: *"Non-expansion" populations include traditional Medicaid populations (low-income parents, Transitional Medical Assistance for those moving from welfare to work, former foster care youth, medically needy etc.) but may also refer to narrow/limited populations that gained coverage through the demonstration waiver. For example, ***WI's*** waiver covers childless adults ages 19 to 64 with income up to 100% FPL (without enhanced ACA matching funds). ***UT's*** waiver expands eligibility and provides a limited benefit package to certain nonelderly adults up to 100% FPL (the "PCN group"), and recently extended coverage to a limited group of childless adults who are homeless and have behavioral health needs up to 5% FPL. ***TX's*** pending waiver refers to its "Healthy Women" family planning waiver.

[i] The NEMT waiver in AR applies to ESI premium assistance enrollees only and is not included in this table.

[ii]KY: All NEMT services are waived for the expansion population.

[iii]KY: In addition to a blanket NEMT waiver for the expansion population, NEMT for methadone services only is waived for both expansion and non-expansion populations.

[iv]MA: NEMT waiver would not apply to substance use disorder treatment services.

[v]Copays exceeding statutory limits are for non-emergent emergency room (ER) use in all pending and approved waivers noted except WI, which instead would apply a copay at the statutory limit for all ER visits and ME, which would charge copays above statutory limits for certain diagnosis codes. NM also would apply a copay above statutory limits non-preferred prescription drugs.

[vi]KY: Charge for missed appointment assessed as a deduction from enrollee's healthy behavior incentive account rather than as a direct fee/copayment.

[vii]OR has an EPSDT waiver as part of its demonstration testing an alternative delivery system model that allows the state to cover treatment services according to a priority list; the OR waiver is not included in this table.

[viii]UT: This provision applies to both the PCN and limited childless adult groups.