

Executive Summary

(taken from: Kurth, N.K., Fall, E.C. & Hall, J.P. (2008). *Working Healthy Data Chartbook: Evaluation of the Kansas Medicaid Buy-In 2002-2007*. Lawrence, KS: University of Kansas Center for Research on Learning. Available online: http://www.workinghealthy.org/downloads/WorkingHealthyDataChartbook_Jan09.pdf.)

The chartbook documents trends in enrollment, earnings, employment, medical expenditures, consumer experiences, and consumer satisfaction from inception of the Kansas Medicaid Buy-In, *Working Healthy*, in 2002 through 2007. In brief, it summarizes survey and administrative data that document increased earnings and taxes paid over time by participants, and decreased medical expenditures for those continuously enrolled. Data also reflect improved quality of life and financial status for participants. The following is a synopsis of selected longitudinal and more recent 2007 data contained in the chartbook.

Enrollee Demographics

- The average age of enrollees is 47.4, ranging from 18 to 64.
- The most frequently reported primary disability is mental illness.

Longitudinal Trends

- Participants' average hourly wages and annual income increased over time; for those continuously enrolled, amount of state taxes paid each year also increased.
- For those continuously enrolled, overall Medicaid expenditures dropped by 46% from 2004 to 2007.
- The percentage of participants paying a premium to help offset their Medicaid expenses has consistently risen to more than 70%; the average premium paid has also increased.

Employment

- The most common type of employment reported by enrollees is in the service sector.
- Most individuals report working between 10 and 29 hours per week.
- Three-quarters of survey respondents have been in their current job more than a year and more than half have been at the same job for more than 2 years.
- The number one reason reported for leaving a job is a worsening of disability; the second most common reason is taking a better job for more pay.
- Only 11.8% of survey respondents are offered health insurance through an employer; only 2% were covered. Only about 15% had paid sick leave.
- More than 1 in 5 report having turned down an increase in hours due to fear of losing SSDI benefits.

Quality of Life and Program Satisfaction

- More than half of respondents have consistently reported that their financial status, level of independence, and mental health have improved since enrolling in *Working Healthy*.
- More than 85% of respondents have consistently reported being able to get the medical services they need through *Working Healthy*.

- More than two-thirds of premium payers agree that the premium they pay is reasonable.
- Up to 1 in 5 respondents indicate having lost other benefits as a result of being in *Working Healthy* and earning more; the most commonly lost benefits are food stamps, low income energy assistance, and Section 8 housing.

Policy Issues

- Almost 1 in 6 report difficulty obtaining needed medications through Medicare Part D (more than 90% of enrollees are dually eligible for Medicare).
- Twenty three percent report difficulty finding providers who accept Medicaid.
- Up to half of respondents would increase their employment efforts if Social Security Disability Insurance rules changed.
- Only about half of respondents report that they have been encouraged by service providers to have a job or career.



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