



LISA'S STORY:

The positive impacts of insurance coverage

wheeze
cough
wheeze
cough



MEET LISA.

SHE HAS CHRONIC ASTHMA

AND SHE DOES NOT HAVE A PRIMARY CARE PHYSICIAN. INSTEAD SHE WENT TO THE E.R. EIGHT TIMES IN 2012 TO TREAT HER SYMPTOMS.



KANCARE TO THE RESCUE.

FORTUNATELY, LISA QUALIFIES FOR HEALTH INSURANCE THROUGH MEDICAID EXPANSION.



FACT

If Kansas expands Medicaid, 169,000 additional Kansans would receive coverage.

THE SYSTEM AT WORK.

SINCE LISA IS INSURED, MEDICAID COVERS ROUGHLY 70 PERCENT OF HER BILLS AND THE HOSPITAL IS PARTIALLY REIMBURSED FOR HER CARE.



THAT MEANS THE HOSPITAL IS ABLE TO PAY FOR MANY OF HER MEDICAL CARE COSTS LIKE THE PHYSICIANS AND NURSES THAT HELPED HER, ALONG WITH THE MEDICATION AND SUPPLIES

The Kansas provider assessment program has increased Medicaid reimbursement rates by 25.8%.

FACT

EVERYBODY WINS.

HOSPITALS CAN CONTINUE TO OPERATE AND SERVE PEOPLE. THEY AREN'T FORCED TO CUT SERVICES OR CLOSE THEIR DOORS.



FACT

Kansas hospitals employ approximately 82,000 people statewide and often are the largest employers in rural communities.

NO COST TO YOU.



THE MAJORITY OF COSTS FOR LISA'S CARE ARE NOT PASSED ON TO OTHER PATIENTS OR CONSUMERS.

Hooray!

HAPPY ENDING.

IN THE FUTURE, LISA'S HEALTH CARE COSTS WILL BE REDUCED FURTHER AS SHE RECEIVES APPROPRIATE PREVENTIVE CARE AND MEDICATIONS—SERVICES AVAILABLE IN KANCARE—TO BETTER MANAGE HER HEALTH. THAT MEANS FEWER TRIPS TO THE E.R., NO AVOIDABLE ADMISSIONS AND A BETTER QUALITY OF LIFE.





LISA'S STORY:

How a lack of insurance coverage impacts us all

wheeze
cough
wheeze
cough



MEET LISA.

SHE HAS CHRONIC ASTHMA

AND SHE DOES NOT HAVE A PRIMARY CARE PHYSICIAN. INSTEAD SHE WENT TO THE E.R. EIGHT TIMES THROUGHOUT 2012 TO TREAT HER SYMPTOMS.



SOMEONE HAS TO PAY.

BECAUSE LISA CAN'T AFFORD A LARGE PORTION OF HER BILL, THE HOSPITAL WILL HAVE TO ABSORB THE MAJORITY OF THE COSTS.



POOR LISA.

ALTHOUGH LISA ONLY MAKES \$12,000 PER YEAR, SHE DOES NOT QUALIFY FOR MEDICAID AND CAN'T AFFORD A HEALTH INSURANCE POLICY.



365,000 Kansans were uninsured in 2011.

FACT

In order to pay for that uncompensated care, the hospital has a few choices:

1

2

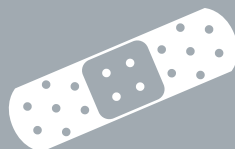
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THE HOSPITAL MAY BE FORCED TO CHARGE OTHER PATIENTS MORE TO OFFSET THE COST OF UNCOMPENSATED CARE. INSURERS AND PATIENTS WITH COVERAGE WILL PAY MORE MONEY. PREMIUMS WILL LIKELY RISE AS A RESULT.



OR IT MAY HAVE TO STOP OFFERING SERVICES, WHICH WOULD REDUCE ACCESS TO CARE FOR MANY PATIENTS.



OR IT MAY NEED TO LAY OFF EMPLOYEES OR REDUCE SERVICES, DECREASING ACCESS AND CAUSING THE LOCAL ECONOMY TO SUFFER.

In 2011, Kansas hospitals had \$1 billion in uncompensated care.

FACT

IF ALL ELSE FAILS, THE HOSPITAL MAY BE FORCED TO CONSIDER CLOSING ITS DOORS BECAUSE IT CAN'T AFFORD TO STAY OPEN. IF THAT HAPPENS, WE ALL LOSE.

