

THE LATEST ON FEDERAL MEDICAID WAIVERS



Tuesday, March 10 | 2 p.m. EDT
CSG eCademy Webcast



Rep. Ed Clere

Indiana

*Chair, House Public Health Comm.
Co-Chair, CSG Health Policy Comm.*





Medicaid Expansion and Medicaid Expansion Waivers: Lessons for States

The Council of State Governments

March 10, 2015

Jesse Cross-Call

Status of State Medicaid Expansion in 2015

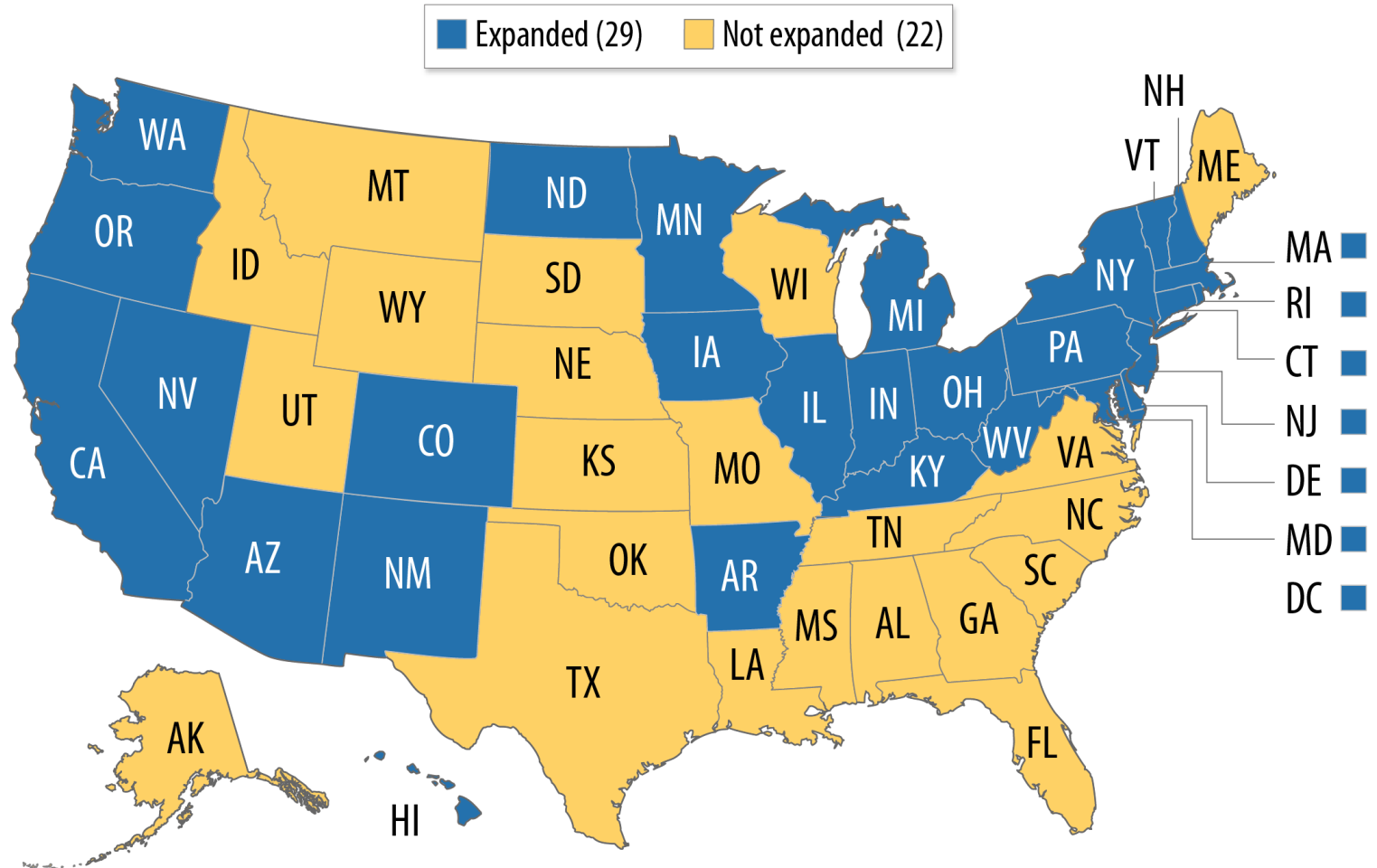
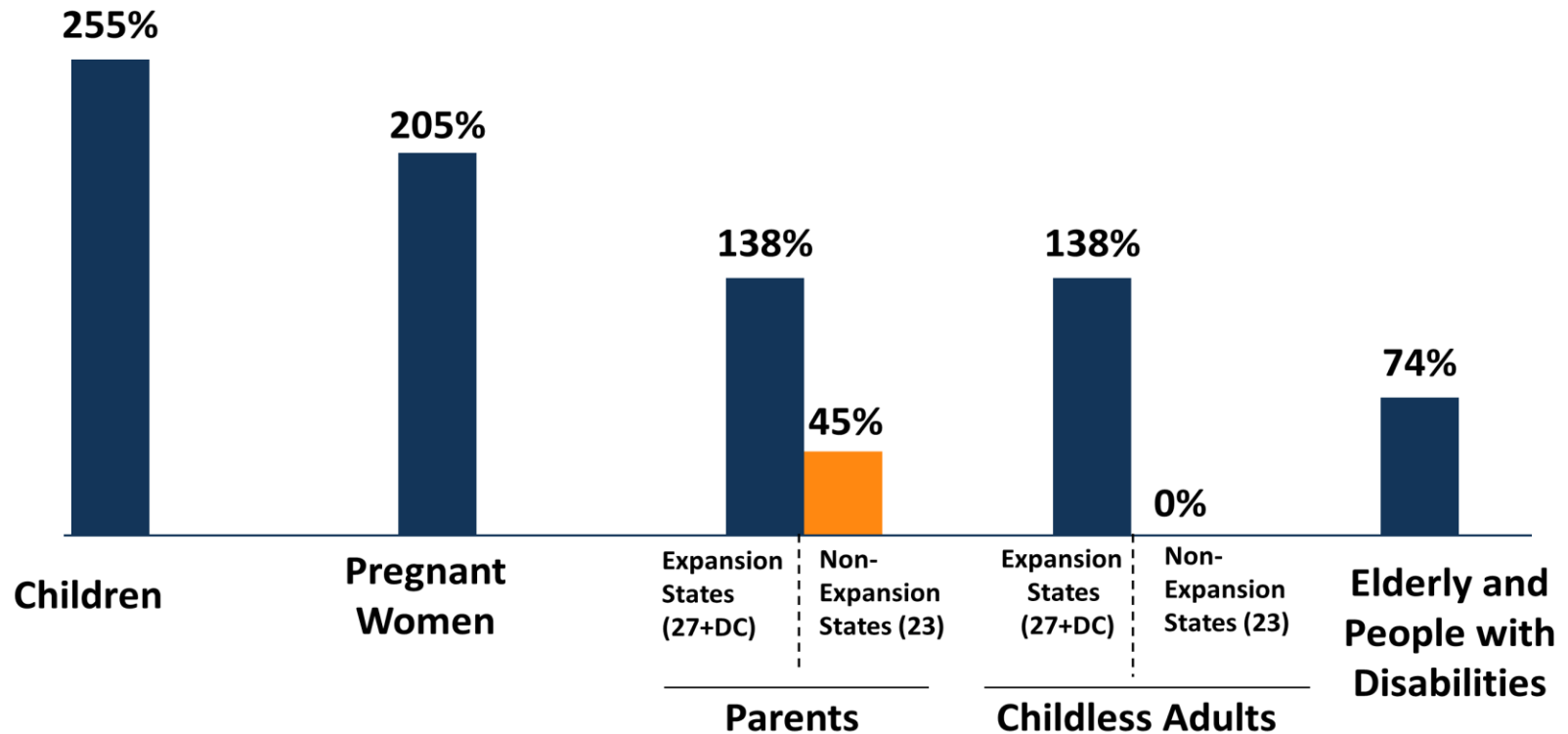




Figure 4

Median Medicaid/CHIP Eligibility Thresholds as a Percent of the Federal Poverty Level, January 2015



NOTE: Thresholds reflect the standard 5 percentage-point income disregard that applies for all groups except the elderly and people with disabilities.

SOURCE: Based on a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families, 2015. Data for elderly and people with disabilities from March 2014 MACPAC Report to Congress, Table 11.



What We Know About Expansion

- Uninsurance down sharply in expansion states
- Hospitals in expansion states have seen a 47% drop in admissions of uninsured patients
- State budgets: State Medicaid spending growing at a lower rate in expansion states



Tenor and Substance of State Medicaid Expansion Debates in 2015



HHS Has Set Ground Rules for Expansion Waivers

- No partial expansions- must expand up to 138 percent of the poverty line
- Enrollees required to enroll in QHPs remain Medicaid beneficiaries
- Waivers must articulate a clear demonstration purpose



The [State Name] Way to Expansion

- Approved demonstration projects
 - Arkansas Private Option
 - Iowa Marketplace Choice and Iowa Wellness Plan
 - Healthy Michigan Plan
 - Healthy PA
 - Healthy Indiana Plan 2.0
 - New Hampshire Health Protection Program
- Pending and in play
 - Healthy Utah Plan
 - Insure Tennessee



KFF: Components of Medicaid Expansion Waivers

	Premium Assistance	Premiums/ Monthly Contributions	Healthy Behavior Incentives	Benefit Changes (Non-Emergency Transportation or NEMT)	Work Referral
Arkansas	X	(proposed ¹)		(proposed ¹)	
Iowa	X	X	X	X ²	
Michigan		X	X		
Pennsylvania ³		X	X	X	
Indiana	X (optional)	X	X	X	X
Arizona (proposed) ⁴		X			

¹ AR passed legislation that requires the state to amend its waiver to limit NEMT and require monthly contributions to health savings accounts; it also requires new cost-sharing for beneficiaries between 50-100% FPL that does not require waiver authority.

² NEMT waiver limited to demonstration year 1. Iowa has pending amendment seeking extension to years 2 and 3.

³ The PA expansion waiver was scheduled to go into effect on 1/ 1/15, but Governor Wolf instead opted to implement the expansion via a SPA. Pennsylvania's NEMT waiver was limited to demonstration year 1. Outside the scope of the waiver, Governor Corbett also planned to reduce benefits for current beneficiaries and to use state-only funds to reduce premiums for individuals who fulfill work requirements.

⁴Arizona is also seeks to impose a \$200 copayment for non-emergent use of the ER for newly eligible.

NOTE: PA has switched to "straight expansion."



Expansion Waiver Guardrails, Part I

- People below the poverty line cannot be disenrolled for non-payment of premiums
- Cost-sharing above what is allowed under Medicaid rules is not allowed
- Certain benefits cannot be overly restricted



Expansion Waiver Guardrails, Part II

- Work and work search
 - Cannot be a condition of eligibility
 - Cannot offer differential benefits based on participation in work or work search
- Premium assistance waivers are available for up to three years



What About the Complexity?

- Does the design of these waivers make it harder for people to enroll, access care, and maintain coverage?
 - Multiple versions of programs based on income, health status, availability of employer coverage
 - Personal accounts for co-pays and premiums



Contact Information

Jesse Cross-Call

cross-call@cbpp.org

Twitter: @jcrosscall

www.cbpp.org

Questions?

Please submit them in the question box
of the GoToWebinar taskbar.

