

6 states expanded Medicaid programs using 1115 waivers

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Arkansas emphasizes health savings accounts (HSAs)

Arkansas expanded Medicaid programs using 1115 waiver



Marketplace Medicaid premium assistance

- Arkansas purchases marketplace qualified health plans (QHPs) for newly eligible adults rather than enrolling them in Medicaid FFS



Fee for Service for benefits not provided by QHP

- Services included in Medicaid but not QHPs such as early periodic screening diagnosis and treatment for 19- 20- year-olds, free choice of family planning provider and NEMT are provided through FFS



HSA contributions

- Encourages contributions from beneficiaries 50-138% FPL to HSAs to be used for co-pays and co-insurance



Implements cost-sharing at point-of service if no HSA contribution

- Beneficiaries at or above 100% FPL must pay some amount of cost sharing if they do not make contributions monthly to their HSA



Non-emergency medical transport prior authorization demo

- Prior authorization will be implemented for beneficiaries seeking non-emergency medical transportation

Source: "Medicaid Expansion in Arkansas," KFF, February 12, 2016; Unlimicon, icon54, Curtis Free, Liliane Lass Erbe, Gan Khoon Lay, Noun Project.

Iowa’s privatization of Medicaid is highly controversial

Iowa expanded Medicaid programs using 1115 waiver



Marketplace Medicaid premium assistance

- Iowa purchases marketplace qualified health plans (QHPs) for newly eligible adults rather than enrolling them in Medicaid FFS



Premiums for beneficiaries second year of enrollment

- \$10 per month for beneficiaries 101-138% FPL
- \$5 per month for beneficiaries 50-100% FPL
- Premiums can be waived if healthy behavior activities are completed



Privatized Medicaid

- Governor Terry Branstad moved 92% of Iowa’s Medicaid beneficiaries to private managed care organizations (MCO)



Co-payments for non-emergency use of ER and dental coverage

- Iowa implemented state plan level co-pays for non-emergency use
- Provides dental coverage in exchange for periodic dental exams



Non-emergency medical transportation (NEMT) waived

- Iowa only provides NEMT to Medicaid beneficiaries that are under 21 or medically frail

Source: Robin Rudowitz, MaryBeth Musumeci, and Alexandra Gates, “Medicaid expansion waivers: what will we learn?” KFF, March 1, 2016; Karthik M, Andrew Vine, Noun Project; Medicaid Expansion in Iowa,” KFF, November 20, 2016; Erin Murphy, “Branstad’s Iowa Medicaid privatization more extensive than most other states,” The Gazette, Feb 18, 2016.

Indiana implements most complex waiver to expand Medicaid

Indiana expanded Medicaid programs using 1115 waiver



Premiums for beneficiaries

- If beneficiaries pay premiums, they are eligible for an expanded benefit package (HIP Plus) with copays for only non-emergency ER visits
- Beneficiaries that fail to pay premiums, will receive HIP basic, which is limited



Personal Wellness and Responsibility Health Savings Account

- Requires most newly eligible adults to pay monthly premiums



Four different benefit packages

- Indiana's Healthy Indiana Plan (HIP) offers four different packages: HIP Plus, HIP Basic, HIP State Plan, and HIP Link (TBA, premium assistance program)



Beneficiary can be disenrolled and prevented from reenrolling

- If beneficiary fails to pay premiums, the individual can be disenrolled and prevented from reenrolling for coverage for 6 months



Two-year co-pay demo to discourage non-emergency use of ER

- Indiana implemented an evaluation to determine whether graduated copayments will discourage non-emergency use of the ER

Source: Robin Rudowitz, MaryBeth Musumeci, and Alexandra Gates, "Medicaid expansion waivers: what will we learn?" KFF, March 1, 2016; Ralf Schmitzer, Libby Ventura, Noun Project, "Indiana Medicaid for Providers," provider.indianamedicaid.com, 2016.

Michigan works to address Flint lead crisis with waiver amendment

Michigan expanded Medicaid programs using 1115 waiver



Requires monthly payments into health savings account

- Michigan requires all beneficiaries to make monthly payments into HSAs based on average co-payments for services used.



Choice between MCO and QHP

- Michigan residents can choose between a Medicaid managed care plan (MCO) or a Marketplace qualified health plan (QHP)
- If residents choose an MCO, then they must complete healthy behavior activities



HSA contributions lessened with healthy behaviors

- Healthy behavior activities can lessen the monthly contributions to HSAs
- Failure to pay copayments/premiums does not make someone ineligible for Medicaid



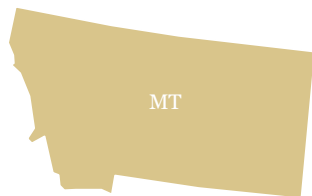
Amendment addresses Flint lead crisis

- In the Flint area, the waiver expands of Medicaid and CHIP to children and pregnant women with incomes up to 400% FPL, waives cost-sharing and premiums, and expands the Medicaid targeted managed care benefit to all those affected by lead

Source: Robin Rudowitz, MaryBeth Musumeci, and Alexandra Gates, "Medicaid expansion waivers: what will we learn?" KFF, March 1, 2016; "Medicaid expansion in Michigan," KFF, January 8, 2016; "Michigan's Medicaid section 1115 waiver to address effects of lead exposure in Flint," KFF, March 7, 2016; Eric Benoit, Arthur Shlain, ImageCatalog, Noun Project.

Montana's low density population lead the state to use a third party administrator

Montana expanded Medicaid programs using 1115 waiver



Third party administrator of Medicaid plans

- As Montana has a low density population, the state uses a third party administrator (TPA) to implement a fee-for-service (FFS) program



Waive freedom of choice requirements

- In order to implement the TPA, CMS waived the beneficiary's right to choose any provider (except for family planning providers)



Requires premiums

- Requires premiums up to 2% of household income for 51-138% FPL



Potential to be disenrolled for failure to pay premiums

- Those over 100% FPL may be disenrolled for failing to pay premiums
- They may be reinstated if they pay premiums owed, or the debt is assessed against income taxes



12-month eligibility

- 12-month continuous eligibility for newly eligible adults to reduce churn between Medicaid and the marketplace and thus improve continuity in coverage

Source: Robin Rudowitz, MaryBeth Musumeci, and Alexandra Gates, "Medicaid expansion waivers: what will we learn?" KFF, March 1, 2016; Yamini Ahluwalia, ImageCatalog, mungyu Kim, Noun Project.

New Hampshire relies upon the marketplace to expand Medicaid

New Hampshire expanded Medicaid programs using 1115 waiver



Marketplace Medicaid premium assistance

- New Hampshire purchases marketplace qualified health plans (QHPs) for newly eligible adults rather than enrolling them in Medicaid FFS



Extended services

- New Hampshire provides early periodic screening diagnosis and treatment for 19- 20- year-olds, choice of family planning provider, NEMT and dental/vision through the state's FFS delivery system



Waives retroactive coverage

- Case by case, New Hampshire can deny retroactive coverage if CMS determines that there are no gaps in coverage prior to application

Source: Robin Rudowitz, MaryBeth Musumeci, and Alexandra Gates, "Medicaid expansion waivers: what will we learn?" KFF, March 1, 2016; "Medicaid Expansion in New Hampshire," KFF, March 27, 2015.