NFPRHA’s Medicaid Peer-to-Peer Meeting

October 2014
Medicaid Expansion: Pushing Back on the "Race to the Bottom"

October 2014
Premium Assistance

- Already used in many states
- Traditionally very limited
- Used to buy private coverage or help buy into employer-sponsored plans
Concerns about Medicaid requirements and protections

Concerns about cost

Concerns about oversight and quality
Different Paths to Medicaid Expansion

Medicaid Expansion

State expands Medicaid eligibility to 138% FPL

State gets federal money to pay for services for Medicaid enrollees
Different Paths to Medicaid Expansion

Medicaid Expansion

- State expands Medicaid eligibility to 138% FPL
  - State gets federal money to pay for services for Medicaid enrollees

- State seeks waiver to expand Medicaid eligibility to 138% FPL
  - State gets federal money to pay for services for Medicaid enrollees; additional restrictions/requirements
  - State gets federal money to pay premiums for commercial insurance plans for Medicaid beneficiaries; additional restrictions/requirements
Arkansas
Iowa
Michigan
Pennsylvania
Arkansas (again)
# Current Alternative Expansion Waivers

<table>
<thead>
<tr>
<th></th>
<th>Arkansas</th>
<th>Iowa</th>
<th>Michigan</th>
<th>Pennsylvania</th>
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</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td>Arkansas Health Care Independence Program</td>
<td>Iowa Marketplace Choice</td>
<td>Healthy Michigan</td>
<td>Healthy Pennsylvania</td>
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<tr>
<td><strong>Type</strong></td>
<td>§ 1115 Demonstration Waiver</td>
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<tr>
<td><strong>Overview</strong></td>
<td>Premium assistance for all newly eligible</td>
<td>Premium assistance for newly eligible</td>
<td>Medicaid coverage for all newly eligible</td>
<td>Managed care for all newly eligible</td>
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<tr>
<td></td>
<td></td>
<td>101–138% FPL</td>
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<tr>
<td></td>
<td></td>
<td>Managed care for newly eligible</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>&lt; 100% FPL</td>
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## Current Alternative Expansion Waivers

<table>
<thead>
<tr>
<th>Coverage Groups</th>
<th>Arkansas</th>
<th>Iowa</th>
<th>Michigan</th>
<th>Pennsylvania</th>
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</thead>
<tbody>
<tr>
<td><strong>Premium assistance for all newly eligible:</strong></td>
<td>Premium assistance for newly eligible 101–138% FPL</td>
<td>Medicaid coverage for all newly eligible:</td>
<td>Managed care for all newly eligible:</td>
<td></td>
</tr>
<tr>
<td>- Childless adults 19–64 from 0–138% FPL</td>
<td>Managed care for newly eligible:</td>
<td>- Childless adults 19–64 from 0–138% FPL</td>
<td>- Childless adults 21–64 from 0–138% FPL</td>
<td></td>
</tr>
<tr>
<td>- Jobless parents 14–138%</td>
<td>- Childless adults 19–64 from 0–100% FPL</td>
<td>- Jobless parents 38–138%</td>
<td>- Jobless parents 26–138%</td>
<td></td>
</tr>
<tr>
<td>- Working parents 17–138% FPL</td>
<td>- Jobless parents 28–100%</td>
<td>- Working parents 65–138% FPL</td>
<td>- Working parents 59–138% FPL</td>
<td></td>
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</tbody>
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More Insurance: More Kinds of Plans

Iowa Medicaid and Premium Subsidies Eligibility, 2014

*Medicaid eligibility for children ages 0-1 is up to 380% FPL, and ages 1-5 is up to 172% FPL; CHIP eligibility for all children is up to 307% FPL.”
Higher Costs

- Premiums not historically allowed for individuals with incomes below 150% FPL

- Alternative expansion waivers allow premiums down to 50% FPL

- More (and higher) cost sharing
Cutting Benefits

- Non-emergency medical transportation
- Wrap-around benefits/oversight
- Family planning—protections upheld to date
- Coverage/service limitations
Imposing Penalties

- Can disenroll individuals with incomes above 100% FPL (not below)
- Must wait at least 90 days
- Have to allow individuals opportunity to re-enroll
Should We Support Alternative Medicaid Expansion Waivers?

**Yes**
- State covers more low-income people
- Newly eligible still have many Medicaid benefits and protections, even in premium assistance plans

**No**
- Important protections and benefits being waived
- Waiver conditions setting bad precedent
- States should expand Medicaid
Income Eligibility for Medicaid and Premium Subsidies

Medicaid Expansion States

<table>
<thead>
<tr>
<th>Medicaid Eligibility</th>
<th>Premium Subsidies</th>
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<tbody>
<tr>
<td>0%</td>
<td>100%</td>
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<tr>
<td></td>
<td>138%</td>
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<tr>
<td></td>
<td>400%</td>
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Medicaid Non-Expansion States

Parents

Childless Adults

The Medicaid Gap
Status of State Medicaid Expansion

as of October 2, 2014

- Expanded (24)
- Expanded With Alt. Model (4)
- Not Expanding (23)
Status of State Medicaid Expansion
as of October 2, 2014

- Expanded (23)
- Expanded With Alt. Model (4)
- Alt. Model Under Discussion (10)
- Not Expanding (14)
Should We Support Alternative Medicaid Expansion Waivers?

Yes
- State covers more low-income people
- Newly eligible still have many Medicaid benefits and protections, even in premium assistance plans

Yes, but...
- Can’t come at the expense of low-income populations’ ability to access health care

No
- Important protections and benefits being waived
- Waiver conditions setting bad precedent
- States should expand Medicaid
The Bottom Line

• Medicaid alternative expansion waivers mean low-income individuals get insurance coverage

• Medicaid alternative expansion waivers are Medicaid reform

• States are watching – don’t assume your state is done if it has expanded Medicaid
How to Push Back

• Listen to the talk in your state

• Engage with community partners

• If you hear rumblings, let NFPRHA know

• If your state submits a waiver, there will be opportunities to comment. Take them!

• Make your voice heard!!
Any questions?
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