

# State Health Reform Assistance Network

Charting the Road to Coverage

A Robert Wood Johnson Foundation program

ISSUE BRIEF

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## Overview of Alternative Medicaid Expansion Waivers

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Section 1115 demonstrations permit states to waive certain Medicaid statutory requirements to advance state policy priorities and test innovations in their Medicaid programs, provided that proposals are budget neutral and “further the goals of the Medicaid program.” Because 1115 waivers provide states with flexibility in administering Medicaid, a stated priority of the incoming administration, they will likely be leveraged by states in the next four years to advance changes to Medicaid. Since 2014, seven states—including Indiana, under the leadership of then-Governor Mike Pence and his advisor Seema Verma, the nominee to head the Centers for Medicare & Medicaid Services—have used 1115 waivers to implement alternative Medicaid expansions. These waivers—both the features that were approved and those that were rejected by the Obama administration—provide insight into state policy priorities and suggest areas where states may seek future waivers. This document inventories the features of these alternative expansion waivers.

### ABOUT STATE NETWORK

State Health Reform Assistance Network, a program of the Robert Wood Johnson Foundation, provides in-depth technical support to states to maximize coverage gains as they implement key provisions of the Affordable Care Act. The program is managed by the Woodrow Wilson School of Public and International Affairs at Princeton University. For more information, visit [www.statenetwork.org](http://www.statenetwork.org).

### ABOUT MANATT HEALTH

Manatt Health is an interdisciplinary policy and business advisory division of Manatt, Phelps & Phillips, LLP, one of the nation's premier law and consulting firms. Manatt Health helps clients develop and implement strategies to address their greatest challenges, improve performance, and position themselves for long-term sustainability and growth. For more information, visit [www.manatt.com/ManattHealth.aspx](http://www.manatt.com/ManattHealth.aspx).

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	Approved Waivers							New or Amended Waiver Proposals	
	 Arizona	 Arkansas	 Indiana	 Iowa	 Michigan <sup>1</sup>	 Montana	 New Hampshire	 Indiana	 Kentucky
Premiums	✓	✓	✓	✓	✓	✓		✓	✓
Cost-Sharing	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Savings-Like Accounts	✓		✓		✓			✓	✓
Healthy Behavior Incentives	✓	✓	✓	✓	✓		✓	✓	✓
Work Referral <sup>2</sup>	✓	✓	✓			✓	✓	✓	✓
Benefit/Eligibility Variations (e.g., NEMT or retroactive eligibility waivers)		✓	✓	✓		✓	✓	✓	✓
QHP Premium Assistance		✓					✓		
ESI Premium Assistance/HIPP		✓	✓	✓			✓	✓	✓

✓ = Waiver obtained      ✓ = Waiver requested      ✓ = No waiver required

<sup>1</sup> In 2018, Michigan will make QHP premium assistance an option for beneficiaries with incomes >100% FPL and will implement additional new program features.

<sup>2</sup> CMS has only approved voluntary work referrals to date. Kentucky has proposed work-related requirements as a condition of Medicaid eligibility.

## Alternative Medicaid Expansion Waiver: State Profiles



### ARIZONA

Approved through 9/2021

	Arizona Health Care Cost Containment System (AHCCCS) CARE
<b>Waiver Status</b>	Waiver approved on 9/30/2016; effective 10/1/2016 to 9/30/2021
<b>Expansion Design Summary</b>	<p><b>MMC</b></p> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes 100-138% FPL</li> <li>AHCCCS CARE Accounts (similar to an HSA) funded by enrollee and/or third-party contributions</li> <li>New adults and previously eligible adults with incomes ≤100% FPL, medically frail individuals, and individuals with a serious mental illness are exempt</li> <li>Exempt populations may opt-in to the demonstration to gain access to an AHCCCS CARE Account, but are not subject to premiums, penalties for failure to pay premiums, or cost-sharing</li> </ul>
<b>Premiums</b>	<p>Yes (waiver)</p> <ul style="list-style-type: none"> <li>For newly eligible adults with incomes 100-138% FPL (medically frail individuals and individuals with a serious mental illness exempt)</li> <li>Lesser of 2% of income or \$25</li> <li>In the form of a contribution to AHCCCS Care Account</li> <li>Individuals who fail to pay premiums within a two-month grace period will be dis-enrolled; individuals may re-enroll at any time and do not have to pay back premiums</li> <li>Individuals may request a hardship exemption if a household member dies or household has qualifying expenses exceeding 10% of household income during the previous month</li> <li>Only individuals making timely premium payments may access AHCCCS CARE Account funds</li> </ul>
<b>Cost-Sharing</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Only for newly eligible adults with incomes 100-138% FPL (medically frail individuals and individuals with a serious mental illness exempt)</li> <li>Co-payments up to 3% of income</li> <li>Co-payments limited to non-emergency use of the ER, opioids, specialist services without PCP referral, and brand name drugs when a generic is available</li> <li>Only individuals making timely co-payments may access AHCCCS CARE Account funds (co-payments will be charged on a retrospective basis)</li> </ul>
<b>Healthy Behavior Incentives</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>May eliminate premiums and cost-sharing for six months</li> <li>May access AHCCCS CARE Account funds (exempt individuals who opt-into demonstration do not have to achieve healthy behavior standards to access AHCCCS CARE Account funds)</li> <li>May rollover AHCCCS CARE Account funds</li> </ul>
<b>Benefit and Eligibility Variations</b>	None
<b>Employment-Related Provisions</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Outside the demonstration, individuals may choose to participate in the AHCCCS Works program, a work search and job training program</li> </ul>
<b>Health Savings-Like Account</b>	Yes
<b>ESI Premium Assistance</b>	No
<b>Reference Material</b>	<a href="#">Original Waiver Proposal: Demonstration Approval</a>
<b>Features Not Approved as Proposed</b>	<p><b>Premiums and Cost-Sharing</b></p> <ul style="list-style-type: none"> <li>Individuals with incomes ≤100% FPL subject to both premiums and co-payments</li> <li>Six-month lockout period for individuals with incomes &gt;100% who fail to make timely premium payments</li> <li>Debt to the state for individuals with incomes ≤100% FPL who fail to make timely premium payments</li> <li>Up to \$25 co-payment for non-emergency ER visits</li> <li>Liability for co-payments for services that would have been rendered at a missed appointment</li> </ul> <p><b>Benefit and Eligibility Variations</b></p> <ul style="list-style-type: none"> <li>Waiver of NEMT for individuals with incomes &gt;100% FPL</li> <li>Five-year lifetime Medicaid enrollment limit</li> <li>Requirement to verify income on a monthly basis</li> <li>One-year dis-enrollment for individuals who “knowingly” failed to report a change in income</li> </ul> <p><b>Employment-Related Provisions</b></p> <ul style="list-style-type: none"> <li>Requirement that enrollees be employed, actively seeking employment, attending school, or participating in a job training program</li> <li>Requirement to verify work status on a monthly basis</li> <li>Dis-enrollment of individuals for one year if they misreport adherence to work requirements</li> <li>Access to AHCCCS CARE Account funds conditioned on AHCCCS Works program participation</li> </ul>



## ARKANSAS

Approved through 12/2021

	Arkansas Works
<b>Waiver Status</b>	<ul style="list-style-type: none"> <li>Waiver initially approved on 9/27/2013; effective 1/1/2014 through 12/31/2016</li> <li>Waiver extension and amendment request approved on 12/8/2016; effective 1/1/2017 through 12/31/2021</li> </ul>
<b>Expansion Design Summary</b>	<p><b>QHP Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Mandatory for newly eligible adults with incomes from 0-138% FPL who:             <ul style="list-style-type: none"> <li>Do <u>not</u> have access to cost-effective ESI through an employer participating in the ESI premium assistance program <u>or</u></li> <li>Are ages 19-20</li> </ul> </li> <li>Medically frail individuals are excluded</li> </ul> <p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Mandatory for newly eligible adults ages 21+ with incomes from 0-138% FPL with access to cost-effective ESI through an employer participating in ESI premium assistance program</li> <li>Medically frail individuals with access to cost-effective ESI through an employer participating in the ESI premium assistance program only eligible if they select the alternative benefit plan</li> </ul>
<b>Premiums</b>	<p>Yes (waiver)</p> <ul style="list-style-type: none"> <li>For individuals with incomes &gt;100% FPL</li> <li>Up to 2% of income</li> <li>Payment is not a condition of eligibility</li> <li>Nonpayment results in debt to the state</li> </ul>
<b>Cost-Sharing</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>For individuals with incomes &gt;100% FPL</li> <li>Cost-sharing subject to maximum permitted Medicaid cost-sharing levels</li> </ul>
<b>Healthy Behavior Incentives</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Enrollees may receive an incentive benefit for engaging with a PCP</li> <li>If income &gt;100% FPL, enrollees must also make timely premium payments to be eligible for incentive benefit</li> <li>Incentive benefit not available until approved through a waiver amendment</li> </ul>
<b>Benefit and Eligibility Variations</b>	<ul style="list-style-type: none"> <li>No coverage of non-emergency use of the ER for expansion adults (waiver not required)</li> <li>Retroactive coverage conditionally waived pending state compliance with reasonable opportunity provisions of Medicaid law, completion of the state's MAGI Backlog Mitigation Plan, and implementation of hospital presumptive eligibility (waiver)</li> <li>NEMT waived for ESI premium assistance enrollees who have not demonstrated a need (waiver)</li> </ul>
<b>Employment-Related Provisions</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Outside the demonstration, state will provide job search and work training referrals through Department of Workforce Services</li> </ul>
<b>Health Savings-Like Account</b>	No
<b>ESI Premium Assistance</b>	<p>Yes (expenditure authority)</p> <ul style="list-style-type: none"> <li>For participating employers that begin offering coverage in 2017 or later <u>or</u> transition to offering ACA-compliant coverage in 2017 or later, the state will pay up to 75% of total premiums</li> </ul>
<b>Reference Material</b>	<a href="#">Original Waiver Proposal</a> ; <a href="#">Waiver Extension Application</a> ; <a href="#">Demonstration Approval</a>
<b>Features Not Approved as Proposed</b>	<p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>For all participating employers, the state would pay up to 75% of total premiums</li> </ul>



## INDIANA

Approved through 1/2018;  
Extension Request Undergoing Public Comment

	Healthy Indiana Plan (HIP) 2.0	HIP 2.0 Waiver Extension Request
<b>Waiver Status</b>	<ul style="list-style-type: none"> <li>Waiver approved on 1/27/2015; effective 2/1/2015 through 1/31/2018</li> <li>Waiver amendment request submitted on 8/12/2016 to continue NEMT waiver through the end of demonstration; amendment approved on 11/25/2016</li> </ul>	<ul style="list-style-type: none"> <li>Requests waiver extension through 12/31/2020; undergoing public comment until 1/20/2017</li> </ul>
<b>Expansion Design Summary</b>	<p><b>High-Deductible MMC Plan With Health Savings-Like Account:</b></p> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes from 0-138% FPL</li> <li>Previously eligible low-income parents and caretakers</li> <li>Parents and caretakers eligible for Medicaid under Transitional Medical Assistance</li> <li>Medically frail individuals are included</li> </ul> <p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Voluntary for individuals ages 21+ with incomes from 0-138% FPL</li> </ul>	<p><b>High-Deductible MMC Plan With Health Savings-Like Account:</b></p> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes from 0-138% FPL</li> <li>Previously eligible low-income parents and caretakers</li> <li>Parents and caretakers eligible for Medicaid under Transitional Medical Assistance</li> <li>Medically frail individuals are included</li> <li>Requests that pregnant women be required to enroll in demonstration and remain in demonstration at renewal</li> </ul> <p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Voluntary for individuals ages 21+ with incomes from 0-138% FPL</li> <li>Voluntary for HIP 2.0 enrollees' Medicaid-eligible spouses or dependents</li> </ul>
<b>Premiums</b>	<p>Yes (waiver)</p> <ul style="list-style-type: none"> <li>In the form of sliding scale contributions to the POWER account (similar to an HSA)</li> <li>2% of income for individuals with incomes &gt;5% FPL</li> <li>A minimum of \$1 for individuals with incomes ≤5% FPL</li> <li>Mandatory for individuals with incomes &gt;100% FPL who are not medically frail; individuals who fail to pay monthly contributions within 60-day grace period will be disenrolled and will not be permitted to re-enroll for 6 months</li> <li>Optional for individuals with incomes ≤100% FPL; individuals who make contributions receive an enhanced benefit package</li> </ul>	<p>Yes (pending CMS waiver)</p> <ul style="list-style-type: none"> <li>In the form of sliding scale contributions to the POWER account (similar to an HSA)</li> <li>2% of income for individuals with incomes &gt;5% FPL</li> <li>3% of income for tobacco users with incomes &gt;5% FPL beginning in the second year of eligibility</li> <li>A minimum of \$1 for individuals with incomes ≤5% FPL</li> <li>Mandatory for individuals with incomes &gt;100% FPL who are not medically frail; individuals who fail to pay monthly contributions within 60-day grace period will be disenrolled and will not be permitted to re-enroll for 6 months</li> <li>Optional for individuals with incomes ≤100% FPL; individuals who make contributions receive an enhanced benefit package</li> </ul>
<b>Cost-Sharing</b>	<p>Yes (two-year waiver)</p> <ul style="list-style-type: none"> <li>Up to \$25 co-payment for non-emergency use of the ER</li> <li>Newly eligible individuals with incomes ≤100% FPL who do not contribute to POWER account subject to maximum permitted Medicaid cost-sharing for other services in addition to ER co-payment above</li> </ul>	<p>Yes (pending continued CMS waiver)</p> <ul style="list-style-type: none"> <li>Up to \$25 co-payment for non-emergency use of the ER</li> <li>Newly eligible individuals with incomes ≤100% FPL who do not contribute to POWER account subject to maximum permitted Medicaid cost-sharing for other services in addition to ER co-payment above</li> </ul>
<b>Healthy Behavior Incentives</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>May reduce or eliminate POWER account contributions</li> </ul>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>May reduce or eliminate POWER account contributions</li> <li>Proposes that MMC plans be permitted to offer enrollees up to \$300/year in incentives</li> </ul>

<p><b>Benefit and Eligibility Variations</b></p>	<ul style="list-style-type: none"> <li>Offers three benefit packages; access to each package subject to income, eligibility category, and contributions to POWER account</li> <li>NEMT originally waived for one year; waiver extended through end of the demonstration (pregnant women, medically frail individuals, and Section 1931 parents and caretakers exempt) (waiver)</li> <li>No retroactive coverage (waiver)</li> <li>No prompt enrollment requirement; coverage begins the first day of month of first POWER account contribution or for individuals with income ≤100% FPL who do not make a POWER account contribution, 60 days after POWER account invoice; individuals may make a \$10 “fast track pre-payment” to gain coverage the first day of the month of their eligibility determination (waiver)</li> </ul>	<ul style="list-style-type: none"> <li>Offers three benefit packages; access to each package subject to income, eligibility category, and contributions to POWER account</li> <li>Requests continuation of NEMT waiver (pregnant women, medically frail individuals, and Section 1931 parents and caretakers exempt)</li> <li>Requests continuation of retroactive eligibility waiver</li> <li>Requests elimination of waiver requirement to pay 90 days’ claims prior to eligibility effective date for Section 1931 parents and caretakers</li> <li>Requests continuation of waiver of prompt enrollment; coverage begins the first day of month of first POWER account contribution <u>or</u> for individuals with income ≤100% FPL who do not make a POWER account contribution, 60 days after POWER account invoice; individuals may make a \$10 “fast track pre-payment” to gain coverage the first day of the month of their eligibility determination</li> <li>Proposes “member-specific” open enrollment period; individuals who do not submit requested annual redetermination paperwork during last three months of coverage year are dis-enrolled and have three months to submit paperwork before six-month lockout (pregnant women, children, low-income parents and caretakers, low-income dependents ages 19 or 20, and medically frail individuals exempt) (pending CMS waiver)</li> </ul>
<p><b>Employment-Related Provisions</b></p>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Outside the demonstration, state refers interested individuals to Gateway to Work job training and job search program</li> </ul>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Outside the demonstration, state refers interested individuals to Gateway to Work job training and job search program</li> <li>Proposes requiring MMC plans to “develop member incentive programs specific to promoting employment, including but not limited to rewarding members for successful participation in the HIP Gateway to Work program”</li> </ul>
<p><b>Health Savings-Like Account</b></p>	<p>Yes</p>	<p>Yes</p>
<p><b>ESI Premium Assistance</b></p>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>State contributes \$4,000 to individual’s POWER account for payment of ESI plan premium</li> <li>Through monthly payroll deduction enrollees contribute between \$1 to 2% of income</li> <li>Remaining POWER account funds used to pay co-payments beyond Medicaid limits, deductibles, and out-of-pocket costs</li> </ul>	<p>Yes</p> <ul style="list-style-type: none"> <li>State contributes \$4,000 to individual’s POWER account for payment of ESI plan premium</li> <li>Through monthly payroll deduction enrollees contribute between \$1 to 2% of income</li> <li>Remaining POWER account funds used to pay co-payments beyond Medicaid limits, deductibles, and out-of-pocket costs</li> <li>Medicaid-eligible spouses and dependents not otherwise eligible for the demonstration would not receive a POWER account and would be subject to state plan-level co-payments; state would wrap state plan benefits not provided by ESI plan (pending CMS waiver)</li> </ul>
<p><b>Reference Material</b></p>	<p><a href="#"><u>Original Waiver Proposal; Demonstration Approval; NEMT Waiver Amendment Approval</u></a></p>	<p><a href="#"><u>Waiver Extension Application</u></a></p>
<p><b>Features Not Approved as Proposed</b></p>	<p><b>Premiums</b></p> <ul style="list-style-type: none"> <li>Somewhat higher premiums than approved</li> </ul> <p><b>Benefit and Eligibility Variations</b></p> <ul style="list-style-type: none"> <li>Waiver of requirement to provide EPSDT for 19- and 20-year olds</li> <li>Six-month lockout for individuals who do not submit annual redetermination paperwork within specified timeframes</li> </ul> <p><b>Employment-Related Provisions</b></p> <ul style="list-style-type: none"> <li>Referral to state Gateway to Work job search and job training program as a condition of Medicaid eligibility for unemployed individuals and those working &lt;20 hours/ week; individuals would be required to acknowledge referral on HIP application</li> </ul>	<p>N/A</p>



## IOWA

Approved through 12/2019

	Iowa Wellness Plan
<b>Waiver Status</b>	<ul style="list-style-type: none"> <li>Waiver initially approved on 12/10/2013; effective 1/1/2014 to 12/31/2016</li> <li>Waiver extension request through 12/31/2019 approved on 11/23/2016; includes no new program features</li> </ul>
<b>Expansion Design Summary</b>	<p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Voluntary for newly eligible adults with incomes from 0-138% FPL</li> </ul> <p><b>MMC<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes from 0-138% FPL</li> <li>Medically frail individuals are included</li> </ul>
<b>Premiums</b>	<p>Yes (waiver)</p> <ul style="list-style-type: none"> <li>For individuals with incomes &gt;50% FPL beginning in second year of Iowa Wellness Plan enrollment</li> <li>Up to \$5/month for individuals with incomes from 50-100% FPL; up to \$10/month for individuals with incomes from 100-138% FPL</li> <li>Individuals with incomes &gt;100% FPL may be dis-enrolled if they do not pay premiums for 90 days and do not request a hardship waiver; individuals may re-enroll at any time</li> <li>Payment is not a condition of eligibility for individuals with incomes from 50-100% FPL</li> </ul>
<b>Cost-Sharing</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>For individuals with incomes from 0-138% FPL</li> <li>Limited to \$8 co-payment for non-emergency use of the ER</li> </ul>
<b>Healthy Behavior Incentives</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Enrollees who complete healthy behaviors may eliminate premium obligations</li> <li>May also receive an enhanced dental benefit package</li> </ul>
<b>Benefit and Eligibility Variations</b>	NEMT originally waived for one year; waiver extended through 12/2019 (waiver)
<b>Employment-Related Provisions</b>	No
<b>Health Savings-Like Account</b>	No
<b>ESI Premium Assistance</b>	Yes
<b>Reference Material</b>	<a href="#">Original Waiver Proposal</a> ; <a href="#">Waiver Extension Application</a> ; <a href="#">Demonstration Approval</a>
<b>Features Not Approved as Proposed</b>	<p><b>Premiums</b></p> <ul style="list-style-type: none"> <li>Dis-enrollment of individuals with incomes &gt;50% FPL who fail to pay premiums timely and do not request a hardship waiver</li> </ul> <p><b>Cost-Sharing</b></p> <ul style="list-style-type: none"> <li>Calculation of cost-sharing cap on an annual versus quarterly basis</li> </ul> <p><b>Benefit and Eligibility Variations</b></p> <ul style="list-style-type: none"> <li>Waiver of requirement to provide EPSDT for 19- and 20-year olds</li> <li>Waiver of retroactive coverage so that Medicaid coverage could not begin until first day of month following the month of the eligibility determination</li> <li>Waiver of free choice of family planning providers</li> <li>Waiver to permit QHPs to exclude some FQHCs/RHCs from their networks</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>Waiver of requirement to pay FQHCs/RHCs the PPS rate</li> </ul>

<sup>1</sup> Iowa transitioned to a statewide MMC delivery system on April 1, 2016. Previously, newly eligible individuals with incomes between 0-100% FPL were enrolled in coverage through MMC or FFS. Individuals with incomes between 100-138% FPL had the option of receiving coverage through MMC/ Medicaid FFS or [enrolling in a QHP](#) through premium assistance.



## MICHIGAN

Approved through 12/2018

	Healthy Michigan Plan Until April 1, 2018	Healthy Michigan Plan As of April 1, 2018
<b>Waiver Status</b>	<ul style="list-style-type: none"> <li>Waiver approved on 12/30/2013; effective 4/1/2014 to 12/31/2018</li> <li>Waiver amendment request approved on 12/17/2015 to permit a choice of delivery systems for newly eligible adults with incomes &gt;100% FPL beginning on 4/1/2018</li> <li>Waiver amendment request approved on 6/7/2016 to adjust budget neutrality cap</li> </ul>	
<b>Expansion Design Summary</b>	<b>MMC</b> <ul style="list-style-type: none"> <li>Medically frail individuals are excluded</li> </ul>	<ul style="list-style-type: none"> <li><b>MMC</b> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes ≤100% FPL</li> </ul> </li> <li><b>QHP Premium Assistance or MMC</b> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes from 100-138% FPL will have the option of QHP premium assistance or MMC</li> <li>Only individuals who have completed a healthy behavior may enroll in MMC</li> </ul> </li> <li>Medically frail individuals are excluded from the demonstration</li> </ul>
<b>Premiums</b>	Yes (waiver) <ul style="list-style-type: none"> <li>For individuals with incomes &gt;100% FPL</li> <li>2% of income</li> <li>In the form of a contribution to MI Health Account (similar to an HSA)</li> <li>Payment is not a condition of eligibility; nonpayment results in debt that can be collected by MMC plan or state</li> </ul>	Yes (waiver) <ul style="list-style-type: none"> <li>For individuals with incomes &gt;100% FPL</li> <li>&gt;100% enrolled in QHP: 2% of income</li> <li>&gt;100% enrolled in MMC: State is authorized to collect premiums; enrollees subject to "alternative cost-sharing model" to be described in forthcoming operational protocol</li> <li>Payment is not a condition of eligibility; nonpayment results in debt that can be collected by QHP, MMC plan, or the state</li> </ul>
<b>Cost-Sharing</b>	Yes (waiver not required) <ul style="list-style-type: none"> <li>Individuals with incomes from 0-138% FPL</li> <li>Wide range of services</li> </ul>	Yes (waiver not required) <ul style="list-style-type: none"> <li>Individuals with incomes from 0-138% FPL</li> <li>Wide range of services</li> <li>&gt;100% enrolled in QHP: consistent with state plan</li> <li>&gt;100% enrolled in MMC: subject to "alternative cost-sharing model, which requires completion of healthy behaviors" to be described in forthcoming operational protocol</li> </ul>
<b>Healthy Behavior Incentives</b>	Yes (waiver not required) <ul style="list-style-type: none"> <li>&gt;100% FPL: may reduce MI Health Account contributions; eligible for reduced co-payments</li> <li>≤100% FPL: receive gift card; eligible for reduced co-payments</li> </ul>	Yes (waiver not required) <ul style="list-style-type: none"> <li>≤100% FPL: incentives to be specified under forthcoming operational protocol</li> <li>&gt;100% enrolled in QHP: may shift to MMC with completion of a healthy behavior</li> <li>&gt;100% enrolled in MMC: only individuals who have completed a healthy behavior may enroll in MMC; incentives to be specified under forthcoming operational protocol</li> </ul>
<b>Benefit and Eligibility Variations</b>	None	None
<b>Employment-Related Provisions</b>	No	No
<b>Health Savings-Like Account</b>	Yes	Yes
<b>ESI Premium Assistance</b>	No	No
<b>Reference Material</b>	<a href="#">Original Waiver Proposal</a> ; <a href="#">Waiver Amendment Request</a> ; <a href="#">Demonstration Approval</a>	
<b>Features Not Approved as Proposed</b>	None	<b>Premiums and Cost-Sharing</b> <ul style="list-style-type: none"> <li>Premiums of up to 3.5% of income for individuals &gt;100% FPL enrolled in MMC</li> <li>Cost-sharing cap of 7% of income for individuals &gt;100% FPL enrolled in MMC</li> </ul>





## MONTANA

Approved through 12/2020

	Health and Economic Livelihood Partnership (HELP) Program
<b>Waiver Status</b>	Waiver approved on 11/2/2015; effective 1/1/2016 to 12/31/2020
<b>Expansion Design Summary</b>	<p><b>FFS Administered by a TPA:</b> state contracted with Blue Cross Blue Shield of Montana to administer the delivery of and payment for health care services to new adults</p> <p>The following populations are excluded from the TPA:</p> <ul style="list-style-type: none"> <li>Medically frail individuals</li> <li>Newly eligible individuals with incomes from 0-50% FPL</li> <li>Individuals who live in a geographical area, including an Indian reservation, for which the TPA is unable to contract with sufficient providers to offer services</li> <li>Individuals who need continuity of care that would not be available or cost-effective through the arrangement with the TPA</li> </ul>
<b>Premiums</b>	<p>Yes (waiver)</p> <ul style="list-style-type: none"> <li>For all new adults 50-138% FPL</li> <li>2% of income</li> <li>Failure to pay premiums results in a debt to the state collected through state tax returns</li> <li>Individuals with incomes 100-138% FPL who fail to pay premiums are dis-enrolled from coverage after a 90-day grace period and may re-enroll upon payment of premiums owed or Department of Revenue quarterly debt assessment</li> </ul>
<b>Cost-Sharing</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>For all new adults 50-138% FPL</li> <li>Maximum co-payments allowable under federal law</li> <li>Co-payments credited against incurred or paid premiums, meaning that individuals do not have to pay out-of-pocket co-payments until the accumulated amount of their co-payment charges reaches 2% of income</li> <li>Co-payment exemptions for primary, secondary, and tertiary preventive health services; immunizations; and medically-necessary health screenings</li> </ul>
<b>Healthy Behavior Incentives</b>	No
<b>Benefit and Eligibility Variations</b>	12-month continuous eligibility for all individuals in the new adult group (waiver not required)
<b>Employment-Related Provisions</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Outside the demonstration, the state will: identify workforce development opportunities; gather information from state agencies on existing workforce development programs; and establish a workforce development program</li> </ul>
<b>Health Savings-Like Account</b>	No
<b>ESI Premium Assistance</b>	No
<b>Reference Material</b>	<a href="#">Original Waiver Proposal: Demonstration Approval</a>
<b>Features Not Approved as Proposed</b>	<p><b>Premiums and Cost-Sharing</b></p> <ul style="list-style-type: none"> <li>90-day grace period was added as a condition prior to dis-enrollment for failure to pay premiums</li> </ul>



## NEW HAMPSHIRE

Approved through 12/2018

New Hampshire Health Protection Program (NHHPP) Premium Assistance	
<b>Waiver Status</b>	<ul style="list-style-type: none"> <li>Waiver approved on 3/4/2015; effective 1/1/2016 to 12/31/2018</li> <li>Waiver amendment request submitted on 8/10/2016; CMS responded on 11/1/2016</li> </ul>
<b>Expansion Design Summary</b>	<p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Voluntary for newly eligible adults with incomes from 0-138% FPL</li> </ul> <p><b>Bridge Plan – MMC</b></p> <ul style="list-style-type: none"> <li>Newly eligible individuals with incomes from 0-138% FPL without access to cost-effective ESI</li> <li>Ended 12/31/15</li> </ul> <p><b>Bridge Plan – Voluntary QHP Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Newly eligible adults with incomes from 0-138% FPL</li> <li>Ended 12/31/15</li> </ul> <p><b>QHP Premium Assistance</b></p> <ul style="list-style-type: none"> <li>Mandatory program that began on 1/1/16</li> <li>Newly eligible adults with incomes from 0-138% FPL</li> <li>Medically frail individuals are excluded</li> </ul>
<b>Premiums</b>	No
<b>Cost-Sharing</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Individuals with incomes &gt;100% FPL</li> <li>Wide range of services</li> <li>Cost-sharing subject to maximum permitted Medicaid cost-sharing levels</li> </ul>
<b>Healthy Behavior Incentives</b>	<p>Yes (outside of waiver)</p> <ul style="list-style-type: none"> <li>Legislation requires “personal responsibility” provisions, to greatest extent practicable</li> </ul>
<b>Benefit and Eligibility Variations</b>	Retroactive coverage conditionally waived pending submission of sufficient data showing that the state is providing “seamless coverage” (waiver)
<b>Employment-Related Provisions</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>Unemployed enrollees are referred to Department of Employment Security</li> </ul>
<b>Health Savings-Like Account</b>	No
<b>ESI Premium Assistance</b>	Yes
<b>Reference Material</b>	<a href="#">Original Waiver Proposal</a> ; <a href="#">Demonstration Approval</a> ; <a href="#">Waiver Amendment Request</a> ; <a href="#">CMS Waiver Amendment Response</a>
<b>Features Not Approved as Proposed</b>	<p><b>Cost-Sharing</b></p> <ul style="list-style-type: none"> <li>Up to \$25 co-payment for non-emergency use of the ER</li> </ul> <p><b>Benefit and Eligibility Variations</b></p> <ul style="list-style-type: none"> <li>New requirements to verify citizenship and NH residency as a condition of eligibility</li> <li>Permission for all veterans who are NH residents to receive medical and medical-related services from any NH hospital currently providing services to the NHHPP population</li> </ul> <p><b>Employment-Related Provisions</b></p> <ul style="list-style-type: none"> <li>Waiver to require childless, “able-bodied” enrollees to complete at least 30 hours/week of work-related activities, such as employment, job training, job search activities, vocational training, or education, as a condition of eligibility</li> </ul>



## KENTUCKY

### Waiver Request under CMS Review

	Kentucky HEALTH
<b>Waiver Status</b>	Waiver application submitted to CMS on 8/24/2016
<b>Expansion Design Summary</b>	<p><b>High-Deductible MMC Plan With Health Savings-Like Account<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>▪ Newly eligible adults with incomes from 0-138% FPL</li> <li>▪ Parents and caretaker relatives eligible under Section 1931</li> <li>▪ Individuals eligible for Transitional Medical Assistance</li> <li>▪ Pregnant women with incomes from 0-195% FPL</li> <li>▪ Newborns with mothers enrolled in Medicaid</li> <li>▪ Children ages 0-18 in families with incomes from 0-213% FPL</li> <li>▪ Medically frail individuals are included</li> </ul> <p><b>ESI Premium Assistance</b></p> <ul style="list-style-type: none"> <li>▪ Mandatory for adults who have access to cost-effective ESI during second year of Kentucky HEALTH enrollment (assuming that they have been employed by current employer for at least one year); voluntary in first year of Kentucky HEALTH enrollment</li> <li>▪ Voluntary for children whose parents have access to cost-effective ESI</li> </ul>
<b>Premiums</b>	<p>Yes (pending CMS waiver)</p> <ul style="list-style-type: none"> <li>▪ Premiums charged at the household level instead of on a per-person basis</li> <li>▪ \$1/month for households with incomes &lt;25% FPL; \$4/month for households with incomes from 25-50% FPL; \$8/month for households with incomes from 51-100% FPL; \$15/month for households with incomes from 101-138% FPL</li> <li>▪ Beginning in year three of waiver, premiums would increase by 50% each year for households with incomes &gt;100% FPL, up to \$37.50/month by year five</li> <li>▪ Medically frail individuals, children, and pregnant women not subject to premiums</li> <li>▪ Mandatory for households with incomes &gt;100% FPL; households that fail to pay premiums within 60-day grace period will be dis-enrolled and will not be permitted to re-enroll for six months unless they pay two months of back premiums, the next month's premium, <u>and</u> complete a health or financial literacy course</li> <li>▪ Optional for households with incomes ≤100% FPL; households that fail to pay premiums subject to state plan-level co-payments for six months, lose access to My Rewards Account (similar to an HSA), and subject to \$25 deduction from My Rewards Account unless they pay two months of back premiums, the next month's premium, <u>and</u> complete a health or financial literacy course</li> </ul>
<b>Cost-Sharing</b>	<p>Yes (pending CMS waiver)</p> <ul style="list-style-type: none"> <li>▪ Households with incomes ≤100% FPL that do not pay premiums subject to state plan cost-sharing (medically frail individuals, pregnant women, and children exempt)</li> <li>▪ State will deduct up to \$75 from My Rewards Account for each non-emergency ER visit</li> </ul>
<b>Healthy Behavior Incentives</b>	<p>Yes (waiver not required)</p> <ul style="list-style-type: none"> <li>▪ Enrollees may accumulate additional My Rewards Account funds for completing healthy behaviors</li> </ul>
<b>Benefit and Eligibility Variations</b>	<ul style="list-style-type: none"> <li>▪ Requests waiver of retroactive coverage (pregnant women and children exempt)</li> <li>▪ Requests waiver of prompt enrollment; coverage would begin the first day of month of first premium payment <u>or</u> for individuals with income ≤100% FPL who do not make a premium payment, 60 days after premium invoice (pregnant women and children exempt)</li> <li>▪ Proposes "member-specific" open enrollment period; individuals who do not submit annual redetermination paperwork during last three months of coverage year dis-enrolled and have three months to submit paperwork before six-month lockout; individuals can re-enroll early if they complete a financial or health literacy course (pregnant women, children, and medically frail individuals exempt) (pending CMS waiver)</li> <li>▪ Requests waiver of NEMT for new adults</li> </ul>
<b>Employment-Related Provisions</b>	<p>Yes (pending CMS waiver)</p> <ul style="list-style-type: none"> <li>▪ Requests waiver to condition Medicaid eligibility on participation in up to 20 hours/week of community engagement and employment activities (e.g., employment, job search and training activities, education, and community service)</li> <li>▪ Benefits "suspended" for those who fail to meet requirements; would be re-activated upon meeting requirements for one month</li> <li>▪ Children, pregnant women, medically frail individuals, primary caregivers of a dependent, and disabled adult dependents exempt from community engagement and employment requirements</li> </ul>
<b>Health Savings-Like Account</b>	Yes
<b>ESI Premium Assistance</b>	Yes
<b>Reference Material</b>	<a href="#">Original Waiver Proposal</a>
<b>Features Not Approved as Proposed</b>	N/A

<sup>1</sup> State currently uses MMC for its expansion population.

## Abbreviations

**ACA** = Affordable Care Act

**CMS** = Centers for Medicare & Medicaid Services

**EPSDT** = Early and Periodic Screening, Diagnostic, and Treatment

**ER** = Emergency room

**ESI** = Employer-sponsored insurance

**FPL** = Federal poverty level

**FFS** = Fee-for-service

**FQHC** = Federally-qualified health center

**HIPP** = Health Insurance Premium Payment program

**HSA** = Health savings account

**MAGI** = Modified Adjusted Gross Income

**MMC** = Medicaid managed care

**N/A** = Not applicable

**NEMT** = Non-emergency medical transportation

**PCP** = Primary care provider

**PPS** = Prospective payment system

**QHP** = Qualified health plan

**RHC** = Rural health center

**TPA** = Third-party administrator