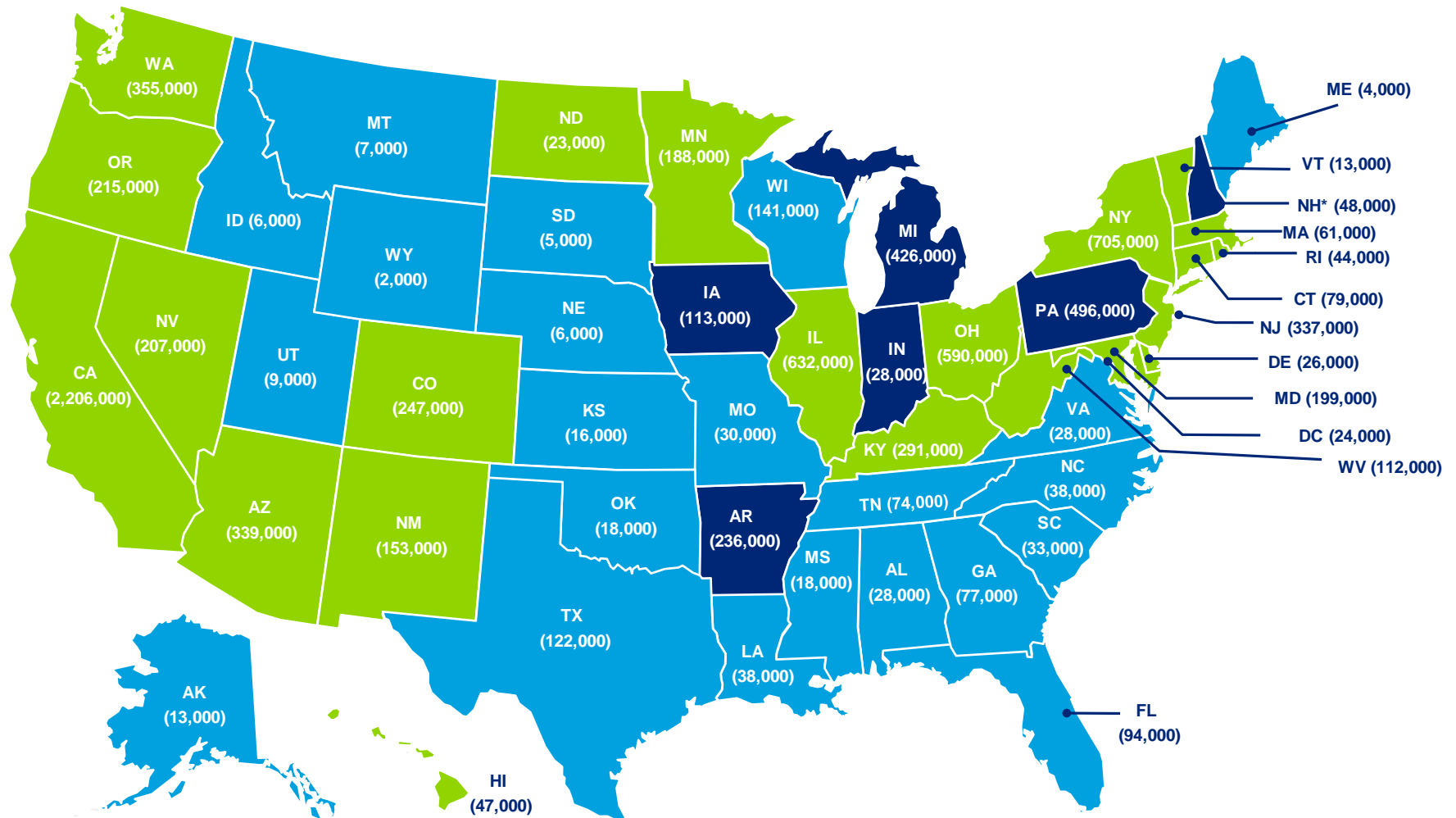


## State Medicaid programs: Map of expansion by state

This map depicts states' CMS-approved decisions on Medicaid expansion and a summary of the number of currently uninsured, Medicaid-eligible adults\* per state. As of January 27, 2015, 28 states and the District of Columbia have chosen to expand their Medicaid program.



**Legend:**

|   |                            |   |
|---|----------------------------|---|
| Not expanding Medicaid program at this time | Expanding Medicaid program | Applied for alternate expansion plan<br>*Not yet approved |
|---|----------------------------|---|

Sources: The Advisory Board, "Where the states stand on Medicaid expansion", November 6, 2013; CMS (HealthCare.gov), "What if my state is not expanding Medicaid?", December 4, 2013; Kaiser Family Foundation, "Interactive: A State-by-State Look at How the Uninsured Fare Under the ACA", December 20, 2013  
\*Includes people eligible for Medicaid but not now enrolled, and additionally in states expanding Medicaid, those newly eligible under the ACA.



## State Medicaid programs: Alternate expansion plans

Some states are implementing alternate Medicaid expansion plans utilizing their health insurance marketplaces; others added cost-sharing, health savings accounts (HSA), and other employment or wellness programs.

| State    | Details of expansion plan  |
|----------|--|
| Arkansas | <ul style="list-style-type: none"><li>• Plan uses Medicaid funds to provide newly-eligible Medicaid beneficiaries with money to buy private insurance via Qualified Health Plans (QHP) on the state's HIX from 2014-2016</li><li>• QHPs provide services in the state's Medicaid Alternative Benefit Plan</li><li>• Coverage groups include newly-eligible Medicaid beneficiaries ages 19-64: parents between 17-138% of the federal poverty level (FPL); childless adults between 0-138% of the FPL</li><li>• Wrap-around benefits are provided on a fee-for-service basis</li></ul>  |
| Iowa     | <ul style="list-style-type: none"><li>• Plan uses Medicaid funds to provide newly-eligible Medicaid beneficiaries with money to buy private insurance via QHPs on the state's HIX from 2014-2018</li><li>• QHPs provide services in the state's Medicaid Alternative Benefit Plan</li><li>• New Medicaid beneficiaries earning at least 100% of the FPL are responsible for paying premiums of up to 2% of their annual income if they decline to participate in "healthy behaviors" (e.g., annual health assessment)</li><li>• Coverage groups include newly eligible Medicaid beneficiaries ages 19-64: individuals between 101-138% of the FPL</li><li>• With the exception of Early Periodic Screening, Diagnosis, and Treatment, wrap-around benefits are not be provided</li></ul> |
| Michigan | <ul style="list-style-type: none"><li>• Expansion of the Healthy Michigan Medicaid program was approved from 2014-2018</li><li>• Coverage groups include new enrollees with income between 100-133% of the FPL must contribute up to 2% of their income to a HSA</li><li>• All beneficiaries are subject to cost-sharing requirements in the form of co-pays at varying levels</li></ul>   |



## State Medicaid programs: Alternate expansion plans

Some states are implementing alternate Medicaid expansion plans utilizing their health insurance marketplaces; others added cost-sharing, health savings accounts (HSA), and other employment or wellness programs.

| State          | Details of expansion plan   |
|----------------|---|
| Pennsylvania   | <ul style="list-style-type: none"> <li>• Plan uses Medicaid funds to provide newly-eligible Medicaid beneficiaries with money to buy private insurance via QHPs</li> <li>• Coverage groups include newly eligible Medicaid beneficiaries ages 21-65: up to 133% of the FPL; adult parents and caretaker relatives ages 21-65 years old with incomes 33-133% of the FPL</li> <li>• Unless exempt, all adults are required to pay a monthly premium, which will replace current program copayments; premiums will be set on an upward sliding scale of no more than \$25 (one adult) or \$35 (more than one adult) at the maximum threshold of 133% of the FPL; changes will be based on income or household composition, to be adjusted annually</li> <li>• Includes a voluntary, 1-year pilot program, <i>Encouraging Employment</i>, to encourage participation in job training and work opportunities; the program is not be a condition of eligibility and is available to all individuals age 18 and older</li> <li>• Wrap-around benefits are not be provided</li> </ul> |
| Indiana        | <ul style="list-style-type: none"> <li>• Healthy Indiana Plan (HIP) 2.0 expands the original HIP to all non-disabled adults ages 19-64 with incomes under 133% of the FPL</li> <li>• Creates a defined contribution premium assistance plan that is optional</li> <li>• Offers members a Personal Wellness and Responsibility (POWER) account, which is similar to a health savings account, and offers enhanced benefits for individuals who make consistent payments to their POWER account               <ul style="list-style-type: none"> <li>• Contributions to the POWER account are conditional for eligibility for those with incomes above 100% FPL (HIP Plus), but not for those with lower incomes (HIP Basic)</li> </ul> </li> <li>• Individuals may choose to participate in a work search and job training program</li> </ul>  |
| New Hampshire* | <ul style="list-style-type: none"> <li>• Plan uses Medicaid funds to provide access to the health insurance premium payment (HIPP) program until December 31, 2016</li> <li>• Coverage groups include newly-eligible Medicaid beneficiaries: adults who earn 0 to 133% of the FPL</li> <li>• The state's bill establishes a voluntary bridge program for those who wish to obtain coverage before the expansion program is approved; this temporary program allows eligible individuals to receive coverage through the federally-facilitated HIX or through a plan offered by one of the Medicaid managed care organizations approved by the state</li> <li>• The temporary program will terminate on March 31, 2015, the date by which New Hampshire expects to receive approval from CMS on its waiver application</li> </ul>  |

\*Not yet approved by the Centers for Medicare and Medicaid Services (CMS)

Sources: Pennsylvania Department of Public Welfare, Office of Medical Assistance Programs, Proposed Healthy Pennsylvania Medicaid Reforms and Private Coverage Option – Improving Health Care for Pennsylvania; Federal Medicaid Section 1115 Application and State Plan Amendments; New Hampshire, SB 413, <http://www.gencourt.state.nh.us/legislation/2014/SB0413.html>; State of Indiana Office of the Governor, Section 1115 Waiver, August 22, 2014

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