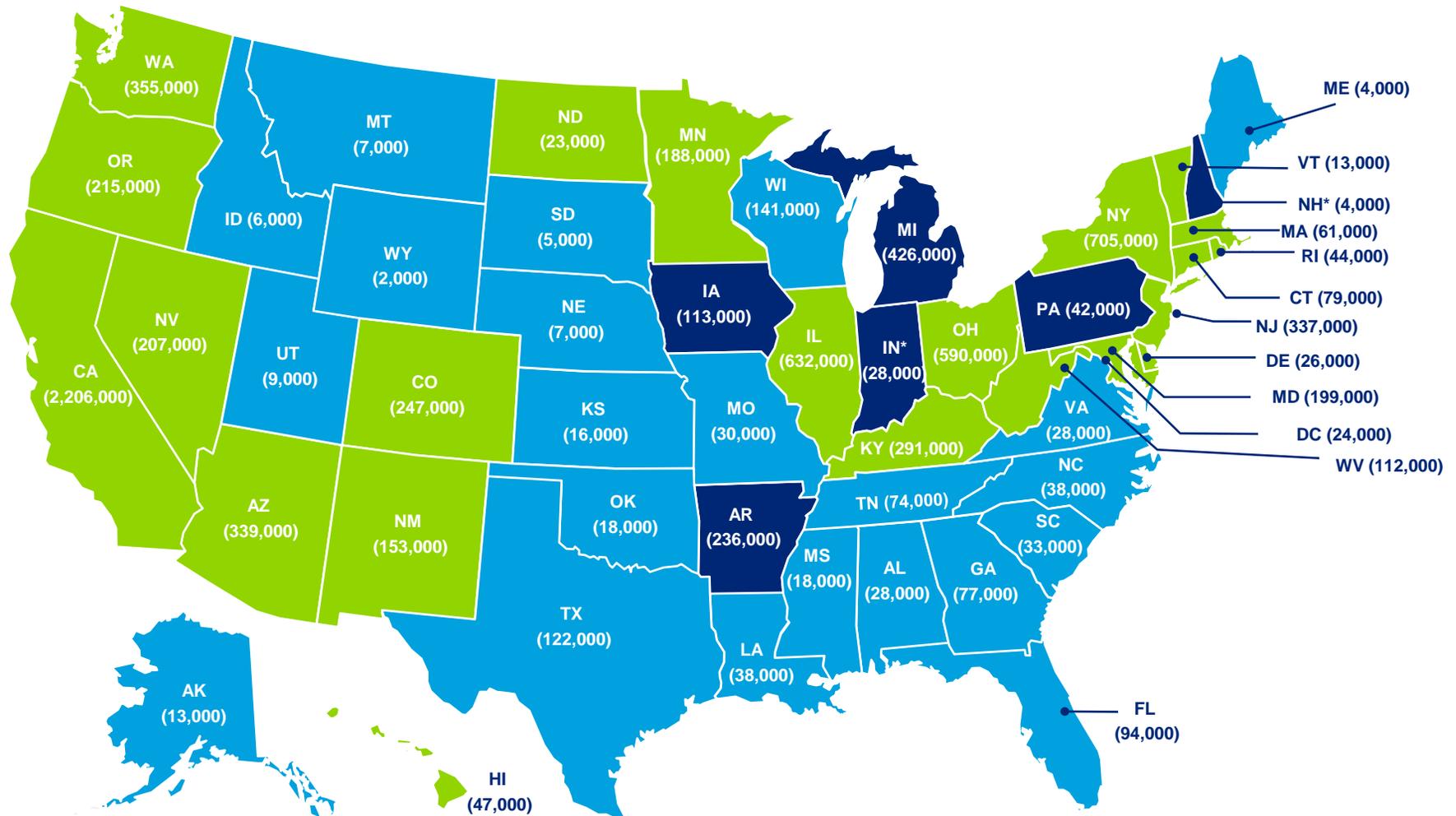


State Medicaid programs: Map of expansion by state

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 August 28, 2014, 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 or plan to apply for alternative expansion plan *Not yet applied/approved
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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 exchanges (HIXs); others are proposing to add cost-sharing, health savings accounts (HSA), and other employment or wellness requirements.

State	Details of expansion plan
Arkansas	<ul style="list-style-type: none"> Plan would use 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 QHPs would provide services in the state's Medicaid Alternative Benefit Plan Coverage groups would 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 Wrap-around benefits would be provided on a fee-for-service basis
Iowa	<ul style="list-style-type: none"> Plan would use Medicaid funds to provide newly-eligible Medicaid beneficiaries with money to buy private insurance via QHPs on the state's HIX from 2014-2018 QHPs would provide services in the state's Medicaid Alternative Benefit Plan New Medicaid beneficiaries earning at least 100% of the FPL would be 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) Coverage groups would include newly eligible Medicaid beneficiaries ages 19-64: individuals between 101-138% of the FPL With the exception of Early Periodic Screening, Diagnosis, and Treatment, wrap-around benefits would not be provided
Michigan	<ul style="list-style-type: none"> Expansion of the Healthy Michigan Medicaid program was approved from 2014-2018 Coverage groups will include new enrollees with income between 100-133% of the FPL must contribute up to 2% of their income to a HSA All beneficiaries will be subject to cost-sharing requirements in the form of co-pays at varying levels
Pennsylvania	<ul style="list-style-type: none"> Plan would use Medicaid funds to provide newly-eligible Medicaid beneficiaries with money to buy private insurance via QHPs Coverage groups would 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 Unless exempt, all adults will be 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 Includes a voluntary, 1-year pilot program, <i>Encouraging Employment</i>, to encourage participation in job training and work opportunities; the program will not be a condition of eligibility and would be available to all individuals age 18 and older Wrap-around benefits would not be provided

Sources: Kaiser Family Foundation, "Medicaid Expansion Through Premium Assistance: Arkansas and Iowa's Section 1115 Demonstration Waiver Applications Compared", September 2013, Fact Sheet; Federal Medicaid Section 1115 Application and State Plan Amendments; CMS, Letter to Michigan Medical Services Administration on December 30, 2013; Pennsylvania Department of Public Welfare, Office of Medical Assistance Programs, Proposed Healthy Pennsylvania Medicaid Reforms and Private Coverage Option – Improving Health Care for Pennsylvania

State Medicaid programs: Alternate expansion plans

Some states trying to implement alternate Medicaid expansion plans. The following states have either submitted plans that have yet to be approved by CMS or have passed legislation to expand the program, but have not submitted a new waiver.

State	Details of expansion plan
<p style="text-align: center;">New Hampshire*</p>	<ul style="list-style-type: none"> • Plan would use Medicaid funds to provide access to the health insurance premium payment (HIPP) program until December 31, 2016 • Coverage groups would include newly-eligible Medicaid beneficiaries: adults who earn 0 to 133% of the FPL • 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 • 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
<p style="text-align: center;">Indiana**</p>	<ul style="list-style-type: none"> • Healthy Indiana Plan (HIP) 2.0 would expand the original HIP to all non-disabled adults ages 19-64 with incomes under 138% of the FPL • Creates a defined contribution premium assistance plan that would be optional • 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 • Includes a requirement that individuals must be referred to job search and training programs

*Bill has passed at the state level, but waiver has not been submitted to CMS **Not yet approved by the Centers for Medicare and Medicaid Services (CMS)

Sources: 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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Deloitte Center for Health Solutions
555 12th St. NW
Washington, DC 20004

Phone 202-220-2177
Fax 202-220-2178
Toll free 888-233-6169

Email healthsolutions@deloitte.com
Web www.deloitte.com/centerforhealthsolutions



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