NEW ADMINISTRATION, NEW APPROACH TO MEDICAID WAIVERS?
WHAT STATES ARE ASKING FOR

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• Elimination of retroactive eligibility
  □ With insurance mandate, hospitals and FQHCs doing presumptive enrollment, and eligibility often starting at the beginning of the month, states question why it is needed
• Payment of monthly premiums
  ▫ Provides incentive to be involved in the purchase of their health insurance
  ▫ Smooths out the “cliff” into an Exchange plan or provider sponsored insurance
  ▫ The amount can be variable based on income
• Health savings accounts
  ▫ Provides incentive to be involved in the purchase of their care and health insurance
  ▫ Bridge account lets people take the HSA with them when they leave Medicaid to pay for medical expenses
  ▫ A similar idea has worked in the Developmental Disabilities and Aging waivers once called Cash and Counseling but now is referred to as Participant Directed
Work Requirements

- Name is a misnomer
- Includes working towards education, training, volunteering, and employment
- Exceptions for people with various medical conditions
- Applied to non-disabled adults
• Enrollment into Exchange plan instead of Medicaid
  ▫ A state can pick a federal poverty level (FPL) such as everyone at or above 100% FPL or 55% FPL
  ▫ Can apply to children as well as adults
  ▫ May have cost implications due to often higher premiums in Exchange versus Medicaid
• Noncompliance penalties
  ▫ If a person does not follow the rules of the program, they will lose Medicaid eligibility for a period of time
  ▫ May have requirements to come back into the program such as payment of missed premiums
  ▫ Creates incentive to work with and within the Medicaid program
What States Will be Asking For

- Letter from the Secretary and Administrator has opened the door to new requests
- They are looking for innovation not just copying what has already been done
- Want to see how to slow the growth of cost in the program
- They are not against coverage
What States Will be Asking For (continued)

- Possibilities include:
  - Narrow networks
  - Limiting or excluding certain nonmedical benefits like non-emergency transportation
  - Limited benefits such as behavioral health only
  - Block grants
  - Other new and innovative ideas