## Alternative Medicaid Expansion Features Proposed to CMS, as of February 2019

Most of the 36 states and the District of Columbia that have implemented Medicaid expansion have done so simply by raising the eligibility level to 138 percent of the federal poverty level (FPL) (\$35,535 for a family of four in 2019) as envisioned by the ACA. However, eight states (AZ, AR, IN, IA, KY, MI, MN, NH) have implemented Medicaid expansion under Section 1115 demonstration waivers. These states have proposed a variety of approaches, only some of which have been approved by the Centers for Medicare & Medicaid Services (CMS).

APPROVED	NOT YET APPROVED/DENIED
Allowing "private option," which is the use of	Block grants
Medicaid funds to purchase private insurance	
coverage for newly eligible residents (AR, NH)	
Work requirement and referral programs (AZ, AR,	Partial expansion to 100 percent of FPL (AR, MA)
IN, KY, MI, NH)	
Cost sharing that is higher than allowed under	Asset test (counting assets in addition to income
Medicaid law (KY)	when determining eligibility)
Health savings accounts for enrollees	No coverage for EPSDT (early and periodic
	screening, diagnosis and treatment for conditions
	that can affect development)
Lock-out periods for non-payment of premiums,	Lock-out periods for nonpayment of premiums
non-renewal filing, failure to report work hours	for enrollees below 100 percent of FPL
(AZ, AR, IN, KY, MI, MT, NM)	
No coverage for non-emergency medical	Adoption of closed prescription drug formularies
transportation (IA, IN, KY)	(MA)
Premium payments required for some enrollees	Drug screening and testing as condition of
(AZ, AR, IA, IN, KY, MT, NM)	coverage (WI)
No coverage for costs incurred three months	Time limits on number of months individuals are
prior to Medicaid eligibility (AZ, AR, IA, IN, KY,	eligible for coverage
NH, NM)	

Source: KHI analysis of decisions by CMS about alternative expansion principles. Extracted from ongoing research at KHI.



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