

Medicaid Expansion and Waivers

1. Who is currently covered by Medicaid in Idaho? Low-income citizens and legal residents who are: (a) under 19; (b) pregnant; (c) parents of children under 19; (d) 65 or older; or (e) blind or severely disabled.

2. What is “low income?” It depends on the type of coverage and the size of the person’s household. The following chart is provided by the Department of Health and Welfare:

Maximum Monthly Income Limits				
- MAGI Medicaid -				
Household size	Gross Income for Child Coverage		Gross Income for Adult Coverage	
	Under 19	Disabled children	Pregnant*	Adult w/ children
2	\$2,470	Contact us Income and resource guidelines for disability are best explained by staff.	\$1,776	\$289
3	\$3,108		\$2,234	\$365
4	\$3,746		\$2,693	\$439
5	\$4,385		\$3,152	\$515
6	\$5,023		\$3,611	\$590
7	\$5,663		\$4,071	\$666
8	\$6,304		\$4,532	\$741
Each additional member	+ \$641			+ \$461

* The unborn child counts as part of the household size.

3. Who would Medicaid expansion cover? Citizens and legal residents with annual incomes at or below 138% of the federal poverty level. In 2016, 138% FPL is \$16,242 for a household of one and \$56,428 for a household of eight.

4. What is a waiver? Permission from the federal government to use federal funds to implement Medicaid expansion in a nontraditional way or to implement an alternative approach that provides comprehensive coverage to state residents.

5. What are examples of waivers that have been granted? (a) Premium assistance models; (b) charging premiums; (c) healthy behavior incentives; and (d) eliminating certain benefits from coverage.

6. What is a premium assistance model? This allows a state to use Medicaid funds to enroll some participants in private health care coverage rather than in traditional Medicaid. The purpose is to evaluate how private coverage works for the participants and also to reduce churn due to slight changes in income.

7. What is charging premiums? This allows a state to charge premiums to certain Medicaid participants. The premiums are about 2% of the participant’s income. Some participants may be disenrolled for a period of time (e.g., six months) for failure to pay their premiums.

8. What are healthy behavior incentives? In waiver plans that charge premiums, the premiums can be waived or reduced for participants who achieve healthy behaviors that are specified in the waiver plan, such as weight management or preventive screening.

9. What benefits can be eliminated from

coverage? The federal government has approved waivers that don’t allow coverage for nonemergency medical transport (traditionally covered by Medicaid).

10. What are examples of waiver applications that have been denied? (a) Premiums for participants under 100% FPL if premium payment is a condition of eligibility; (b) non-coverage of care and services generally covered by Medicaid, with the exception of nonemergency medical transport; and (c) work requirements as a condition of eligibility.

11. What is a state innovation waiver? This waiver will be available in January 2017. It allows states to adopt alternative methods of providing health care coverage to their residents as long as the waiver plan provides coverage at least as comprehensive as under the Affordable Care Act, including coverage of a similar number of people and coverage of essential health benefits.

12. What are essential health benefits? (a) Outpatient care; (b) emergency care; (c) hospitalization; (d) maternity/newborn care; (e) mental health and substance abuse treatment; (f) prescription drugs; (g) rehabilitative services/devices; (h) lab services; (i) preventive/wellness services and chronic disease management; and (j) pediatric services.

Sources: Idaho Department of Health and Welfare; Centers for Medicare and Medicaid Services; 42 USC 1315; 42 USC 18052; Kaiser Commission on Medicaid and the Uninsured; Center for Health Care Strategies, Inc.