

Table 1. Premium and Cost-Sharing Requirements and Enforcement Mechanisms for Approved Section 1115 Waivers Covering those 101-138% of FPL

State	Premiums 50-100% FPL	Premiums 101-138% FPL	Cost-sharing¹ 50 -100% FPL	Cost-sharing 101-138% FPL	Enforcement Mechanisms
Arkansas <i>Approved, Implemented</i>	None		\$5/month to HSA	Monthly contributions to HSAs: \$10 for 100-115%; \$17.50 for 116-129% FPL; \$25 for 130-133% FPL.	Enrollees will be responsible for copays at time of service: can be denied medical services if not paid.
Indiana <i>Approved, Implemented</i>	2% HHI or \$1, whichever is greater	2% of HHI	HIP Plus Copayments: \$8 for non-emergent use of ED HIP Basic Copayments: Preventive Services: \$0; Outpatient Services: \$4; Inpatient Services: \$75; Preferred Drugs: \$4; Non-preferred drugs: \$8; Non-emergent ED use: \$8 for 1st visit, \$25 for subsequent visits		Disenrollment after 60 days of premium non-payment and a 6-month lock from re-enrolling
Iowa <i>Approved, Implemented</i>	\$5/month	\$10/month, can be waived with healthy behavior	5% of quarterly HHI, including premiums; \$8 co-pay for non-emergency use of ED		Disenrollment for premium non-payment
Michigan <i>Approved, Implemented</i>	None	2% of HHI	\$50 for inpatient stay; \$3 for non-emergent use of ED, brand-name drugs, dental visit, hearing aid; \$2 for physician, podiatry, vision; \$1 for outpatient hospital, chiropractic, generic drug.		None
New Hampshire <i>Approved, Not Implemented</i>	None		Enrollees will be enrolled into QHP silver plans and will be required to meet the cost sharing requirements of those plans. AV for 50-100% FPL = 100%; AV for 101-138% FPL = 94%.		None
Pennsylvania <i>Approved, Implemented Standard Medicaid program</i>	None	2% of HHI	Copayments at state plan amounts will continue for this population.	\$8 copay for non-emergency use of ED. Cost sharing and premiums will be capped at 5% HHI.	Disenrollment after 90 days of premium non-payment
Montana <i>Approved, Implemented</i>	2% of HHI		Non-emergent use of ED: \$8; inpatient stay, including behavioral health: \$75; \$4 for physician services; preferred Rx: \$4; non-preferred Rx: \$8	10% of state's payment for inpatient, outpatient services; \$8 for non-emergent use of ED; preferred Rx: \$4; non-preferred Rx: \$8	Disenrolled after 90 days of premium non-payment; re-enrollment after payment or assessment via state income taxes

Table 2. Premium and Cost-Sharing Requirements and Enforcement Mechanisms for *Proposed* Section 1115 Waivers

State	Premiums 50-100% FPL	Premiums 101-138% FPL	Cost-sharing¹ 50 -100% FPL	Cost-sharing 101-138% FPL	Enforcement
Arizona² <i>Not Approved or Implemented</i>	None	\$25 or 2% of HHI, whichever is less income	\$25 for non-emergent ED use if <20 miles from other healthcare provider; otherwise, \$8 for first time, \$25 for subsequent visits (if not admitted); co-pays for missed appointments	\$25 non-emergent ED use, if not admitted; copays for missed appointments	Those 100-138% FPL disenrolled and locked out of Medicaid for 6 months for non-payment of copays and premiums; imposes 5 year-lifetime limit for Medicaid services for able-bodied adults
Utah <i>Not Approved or Implemented</i>	None	\$15/month for a single adult + \$10/month for each adult family member Pilot program: \$10/month for single adult + \$5 for each additional family member	0-40% FPL: \$8 for non-preferred drugs and non-emergent use of ED 41-100% FPL: \$4 outpatient services and prescriptions; \$8 for non-preferred drugs, non-emergent use of ED;	\$8 co-pay for non-emergent use of ED; 10% of state's payment for services Pilot program: \$50 copay for non-emergent use of ED (pilot program); up to 10%	None

¹ All premiums and cost-sharing are capped at the federal limit of 5% of HHI.

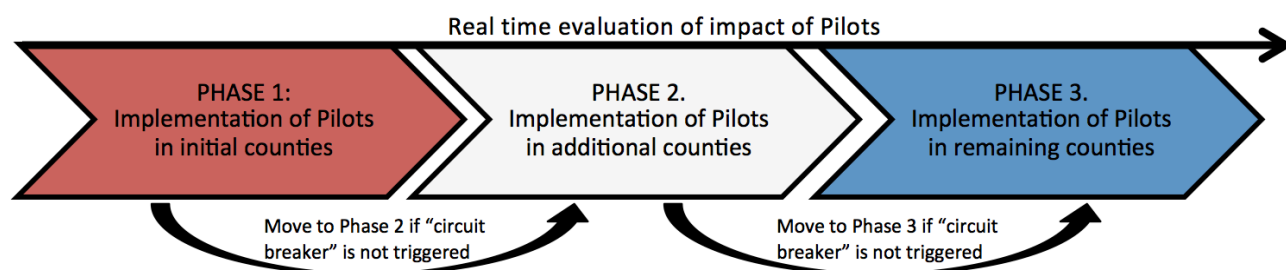
² Arizona, under Governor Jan Brewer, expanded without a waiver in 2014. Newly-elected Gov. Ducey is now seeking Section 1115 waiver for this population.

Announcement of the Task Force to Create the “3-Star Healthy Project”

Tennessee is known for innovation in its Medicaid program. It was one of the first states to move all enrollees to Managed Care Organizations and is on the leading edge of implementing payment reform and rewarding value in healthcare delivery. The 3-Star Healthy Project will build on this reputation for innovation with Tennessee principles and Tennessee solutions.

The 3-Star Healthy Project’s Task Force, announced today, will be charged with developing a list of options for making TennCare more efficient and increasing access to care for Tennesseans. These options will be tested through a set of pilots. One concept under consideration is that the pilots would be launched in different areas of the state and successful pilots would be phased in over time. Staggered implementation would ensure that the rollout of the 3-Star Healthy Project proceeds only after key benchmarks are met. Phased implementation timelines are widely used in quality improvement initiatives in the health care sector: they would allow Tennessee to monitor the success of the pilots to determine which work best for Tennesseans and control costs the most.

Potential Phase-In of 3-Star Pilots



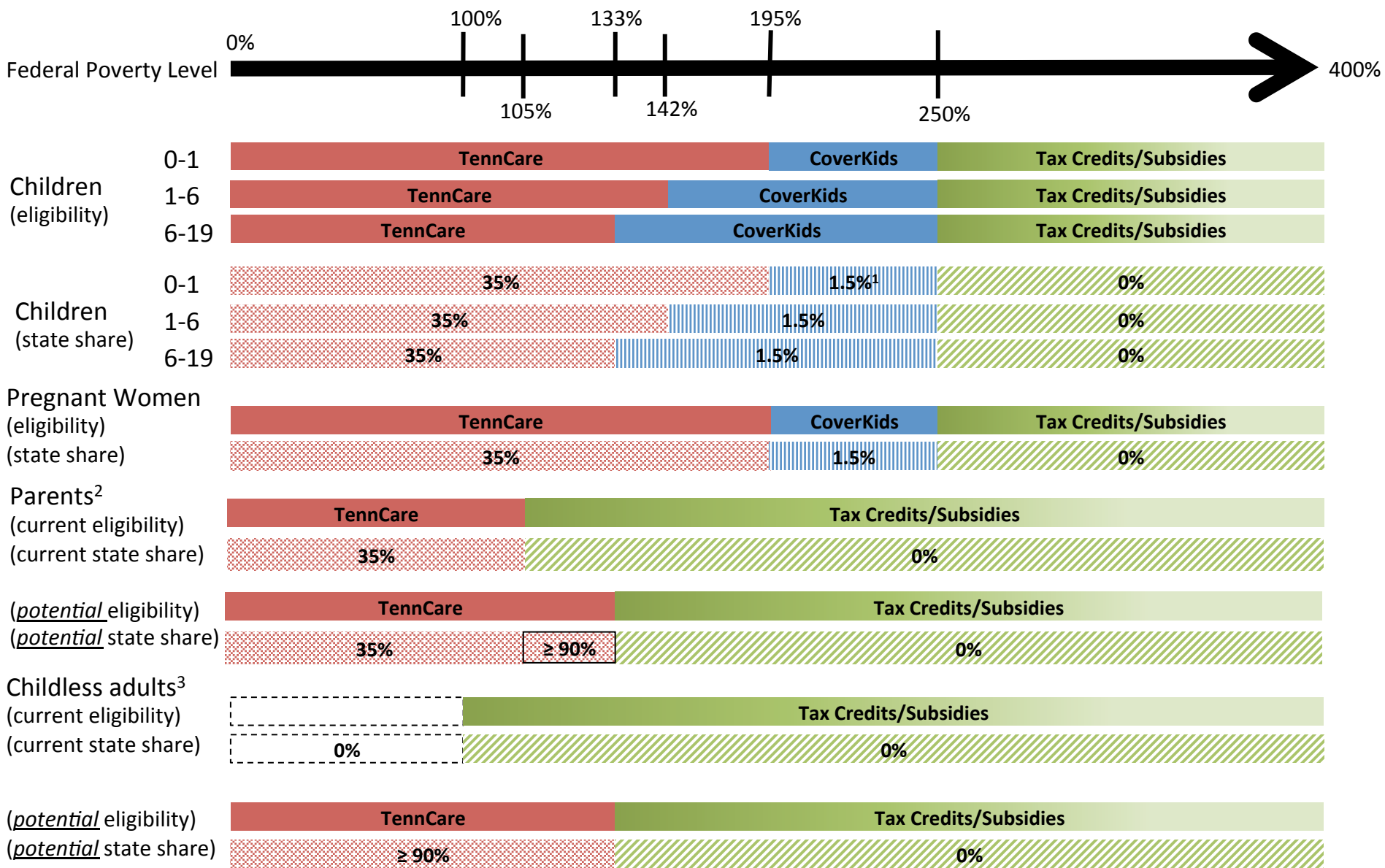
Initial discussions among members yielded the following examples of conservative ideas for the pilots:

1. Encouraging enrollees to take more responsibility for their health and use of healthcare services.
2. Creating Health Savings Accounts funded by enrollees’ premiums
3. Providing support for enrollees who want to re-enter the workforce.

Another unique feature of the Project the Task Force will consider is the concept of thresholds and “circuit breakers.” In order for these pilots to be implemented beyond an initial area, costs from the previous phase of implementation could not exceed a predetermined benchmark. The Task Force is charged with identifying such benchmarks, as well as an overall “circuit breaker”, which would immediately end a pilot should the state’s share of costs increase.

The Task Force will evaluate these ideas and others brought to the attention of its’ members over the next two months. The Speaker has asked the Task Force to return a report to her in June.

Current Income Eligibility Requirements for TennCare



¹Section 2101(a) of the Affordable Care Act amends Section 2105(b) of the Social Security Act to increase FMAP payment rates by 23% for CHIP through FY 2019.

²"Parents" refer to parents with children living in the home under the age of 18.

³"Childless adults" also refers to parents with children > 18 years of age.

Note: DIDD, LTSS, disabled, medically needy, and other categories of Medicaid are not represented in this chart. Income levels not drawn to scale.