



The Vermont Legislative Research Service

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Medicaid Post-Affordable Care Act

Medicaid accounts for one in every six dollars of all United States health care spending and provides health care services and coverage to over 66 million Americans.¹ Medicaid programs have recently been focused primarily upon implementing changes included in the Affordable Care Act (ACA) and are pursuing innovative delivery and payment system reforms, improving quality and budget certainty, and the continuation of the programs.² The implementation of the ACA has provided Americans with better health security by expanding Medicaid coverage and enhancing quality. Due to the ACA, all adults who earn less than 133% of the Federal Poverty Level (FPL) are eligible for Medicaid coverage and the ACA expands coverage by providing ‘benchmark benefits’ (benefits that must be covered by all state Medicaid programs) to new enrollees.³ The expansion of both the eligible population and the scope of benefits covered by state Medicaid programs has caused many states to look at various cost-sharing methods and service limitations in order to reduce the financial impact of Medicaid on state budgets. The following report includes detailed graphs and tables reflecting various states’ Medicaid eligibility changes and which optional benefits states chose to administer. The final section focuses on cost sharing policies and service limitation days according to federal standards.

¹ National Conference of State Legislatures, “Medicaid in an Era of Health & Delivery System Reform. Executive Summary,” *National Conference of State Legislatures*, accessed Feb.13,2016.
<https://www.ncsl.org/documents/health/HRMedicaid.pdf>.

² National Conference of State Legislatures, “Medicaid in an Era of Health & Delivery System Reform – Executive Summary,” *National Conference of State Legislatures*, accessed Feb. 13, 2016,
<https://www.ncsl.org/documents/health/HRMedicaid.pdf>.

³ National Conference of State Legislatures, “Medicaid in an Era of Health & Delivery System Reform – Executive Summary,” *National Conference of State Legislatures*, accessed Feb. 13, 2016,
<https://www.ncsl.org/documents/health/HRMedicaid.pdf>

Medicaid Eligibility State by State

The following section includes eight graphs representing the trends in eligibility limits for targeted sectors of Medicaid beneficiaries. The charts identify outliers in the state-by-state comparison. To see the raw data in table form, see Appendix A. The shift from Fiscal Year (FY) 2013 to FY 2014 marks the implementation of the ACA. The ACA affected the minimum limits according to the FPL in which states can legally enroll Medicaid beneficiaries and Children Health Insurance Program (CHIP) beneficiaries. The charts represent the US medium average as well as the eligibility limits from Connecticut, Maine, Maryland, Massachusetts, New Hampshire, New York, Oregon, Rhode Island, Vermont, and Washington. The categories chosen are Medicaid and CHIP income eligibility limits for pregnant women, Medicaid income eligibility limits for parents, Medicaid income eligibility limits for other non-disabled adults, Medicaid/CHIP upper income eligibility limits for children, Medicaid income eligibility limits for infants ages 0 – 1, Medicaid income eligibility limits for children ages 1 – 5, Medicaid income eligibility limits for children ages 6-18, and the separate Children’s Health Insurance Program (CHIP) income eligibility limits for children.

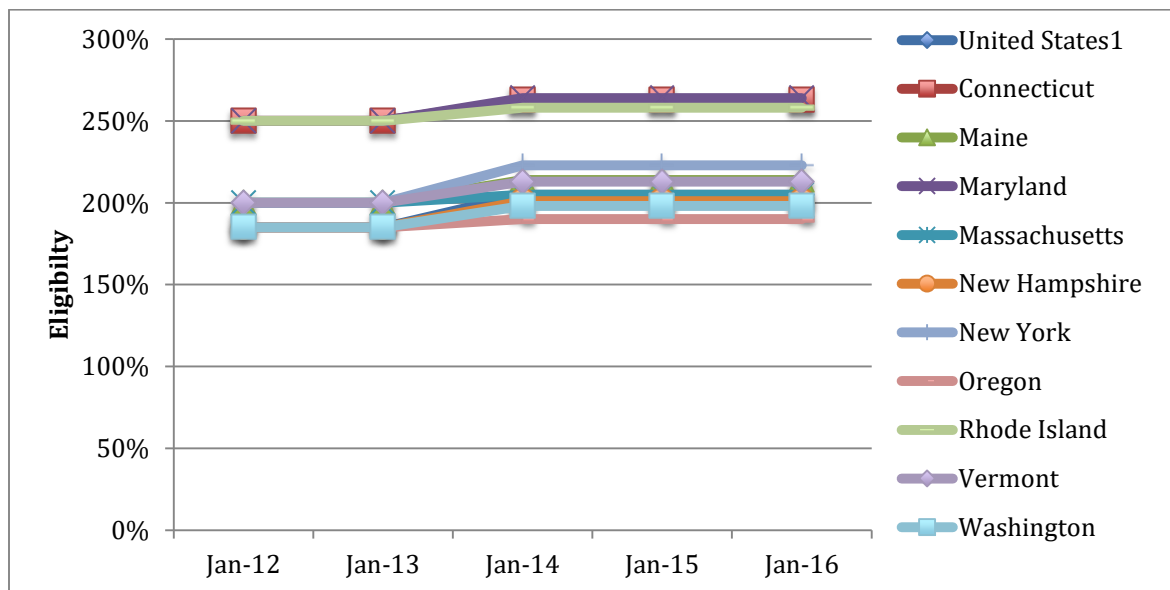


Figure 1: Medicaid and CHIP Income Eligibility Limits for Pregnant Women, 2012-2016

Data from: The Henry J Kaiser Family Foundation, “Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP,” *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For full data see Appendix A, Table 1

As shown in Figure 1, there is a common trend among New England states and other selected states when designating the eligibility threshold for pregnant women. At 213% of the FPL, Vermont sits just above the U.S. average of 205% of the FPL. Connecticut (263%), Maryland (264%), and Rhode Island (258%) are the higher outliers.

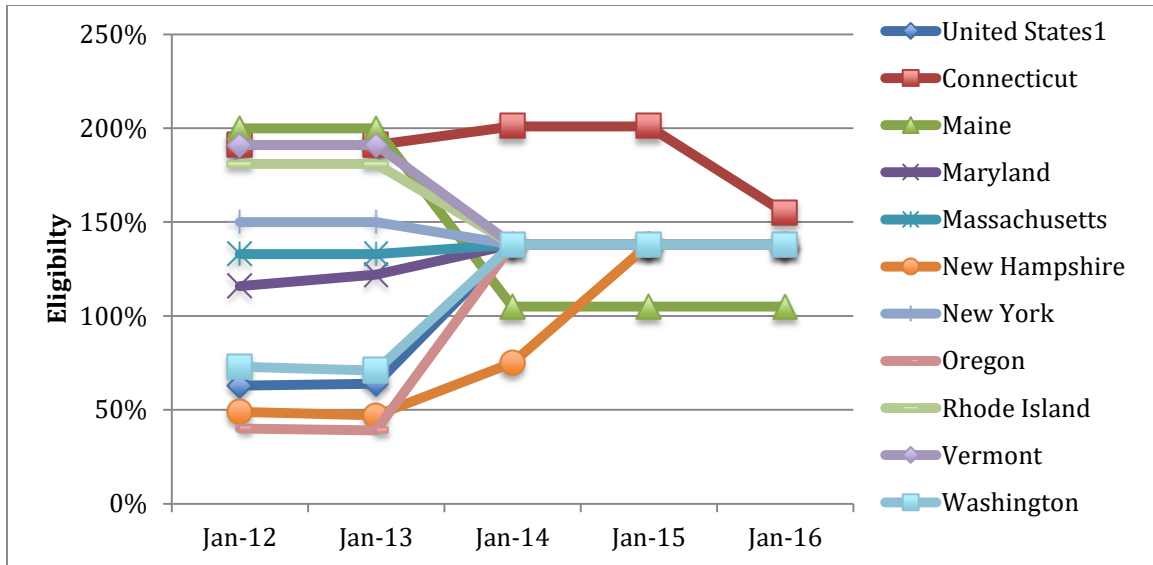


Figure 2: Medicaid Income Eligibility Limits for Parents, 2012-2016

Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For Full data see Appendix A, Table 2

Figure 2 shows that the majority of selected states opted to adopt the 138% of the FPL guideline for parents. Connecticut's eligibility threshold is higher than the rest at 155% of the FPL, while Maine is lower than the selected group of states at 105% of the FPL.

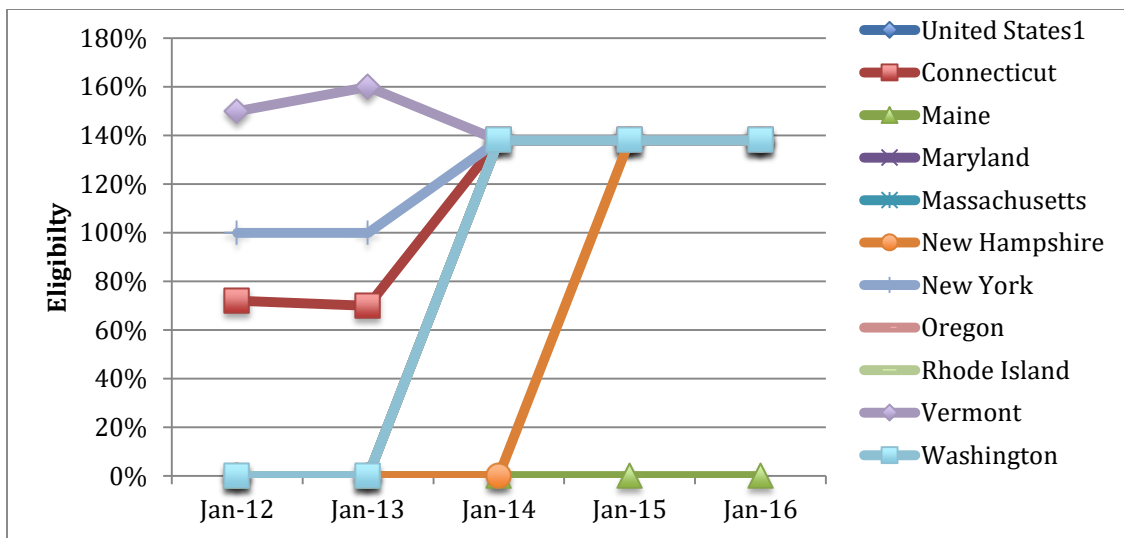


Figure 3: Medicaid Income Eligibility Limits for Other Non-Disabled Adults, 2011-2016

Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For full data see Appendix A, Table 3

As Figure 3 shows, all of the states in this sample have opted to raise the Medicaid eligibility threshold to 138% of the FPL except Maine, which has opted to keep the eligibility threshold at 0%.

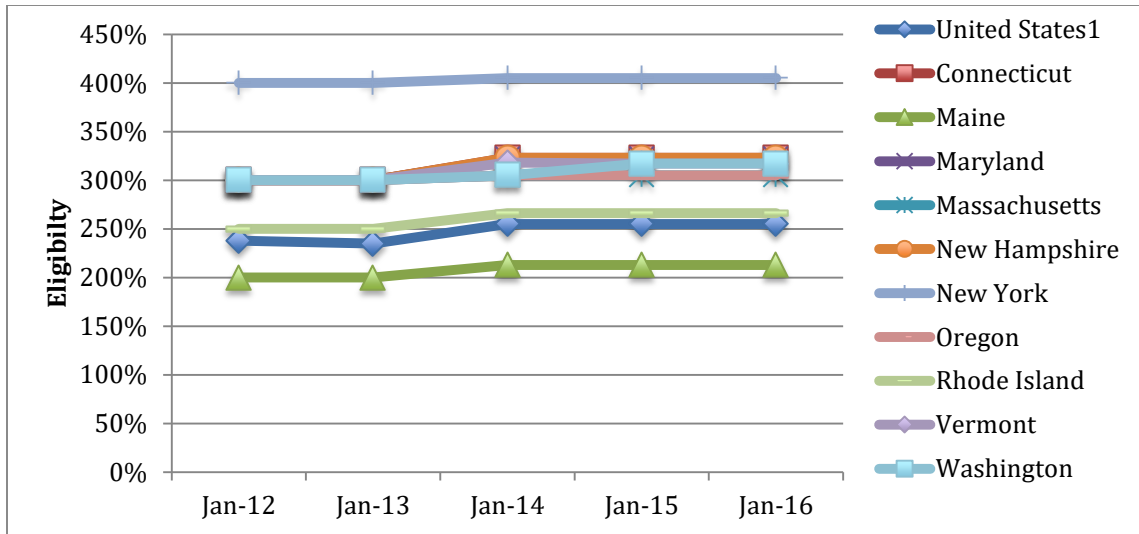


Figure 4: Medicaid/CHIP Upper Income Eligibility Limits for Children, 2000-2016

Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For full data see Appendix A, Table 4

Figure 4 shows the wide variation among selected states regarding the eligibility limits for upper-income children. New York has a substantially higher eligibility threshold at 405% of the FPL. Maine has the lowest of the selected states at 213% of the FPL, while Vermont lies in the middle of the two at 317% of the FPL.

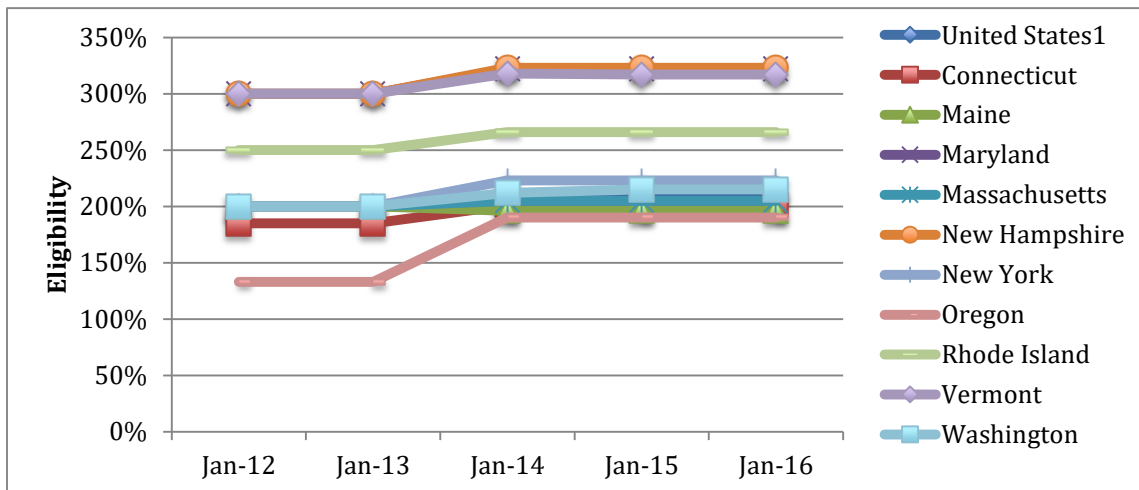


Figure 5: Medicaid Income Eligibility Limits for Infants Ages 0 - 1, 2000-2016

Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For full Data see Appendix A, Table 5

As indicated in Figure 5, Maryland (322%), New Hampshire (323%), and Vermont (317%) have the highest eligibility threshold for infants ages 0-1. Most states in this sample fall near the 200% of the FPL.

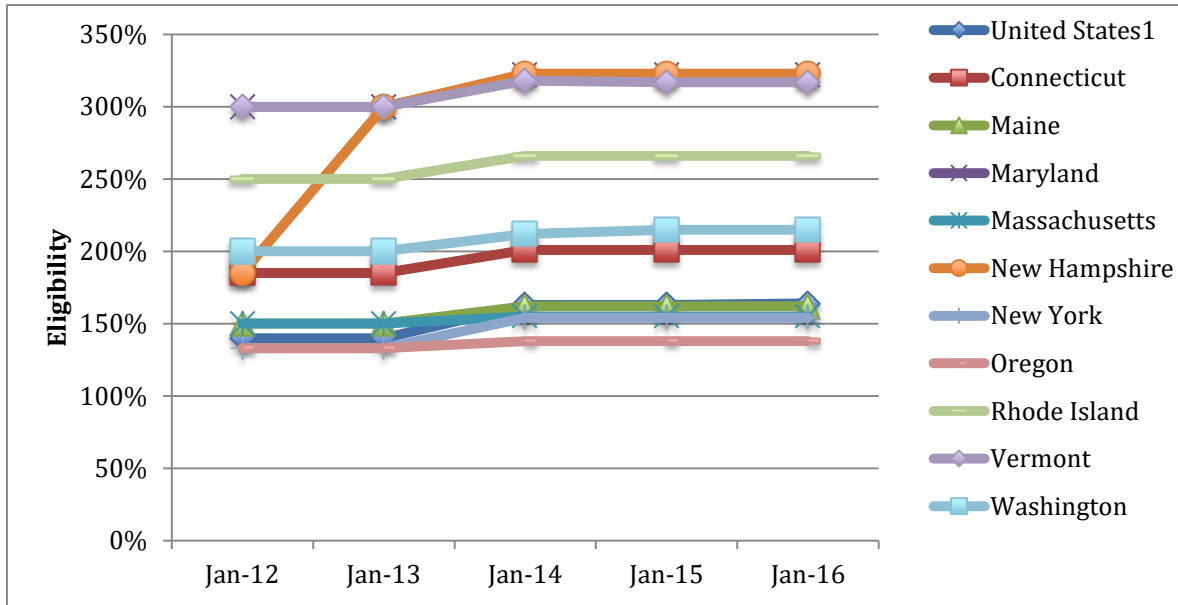


Figure 6: Medicaid Income Eligibility Limits for Children Ages 1 – 5, 2012-2016
 Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>
 For full data see Appendix A, Table 6

Similar to Figure 5, Figure 6 shows that Maryland (322%), New Hampshire (323%), and Vermont (317%) again are outliers on the eligibility limits for children ages 1-5. Unlike Figure 5, Figure 6 shows lower eligibility limits for states such as Oregon (138%), New York (154%), and Massachusetts (155%).

Figure 7 shows that wide variety of eligibility limits for children ages 6-12 is observed in this graph. This information, along with Figures 5 and 6, explains that these selected states have taken different approaches regarding the eligibility limits for children of all ages. Figure 7 shows again that Oregon (138%), New York (154%), and Massachusetts (155%) have lower levels of eligibility limits as compared to Maryland (322%), New Hampshire (323%), and Vermont (317%). Many states choose one FPL level and apply it to all ages of children, while others choose to change the FPL level dependent on the age group.

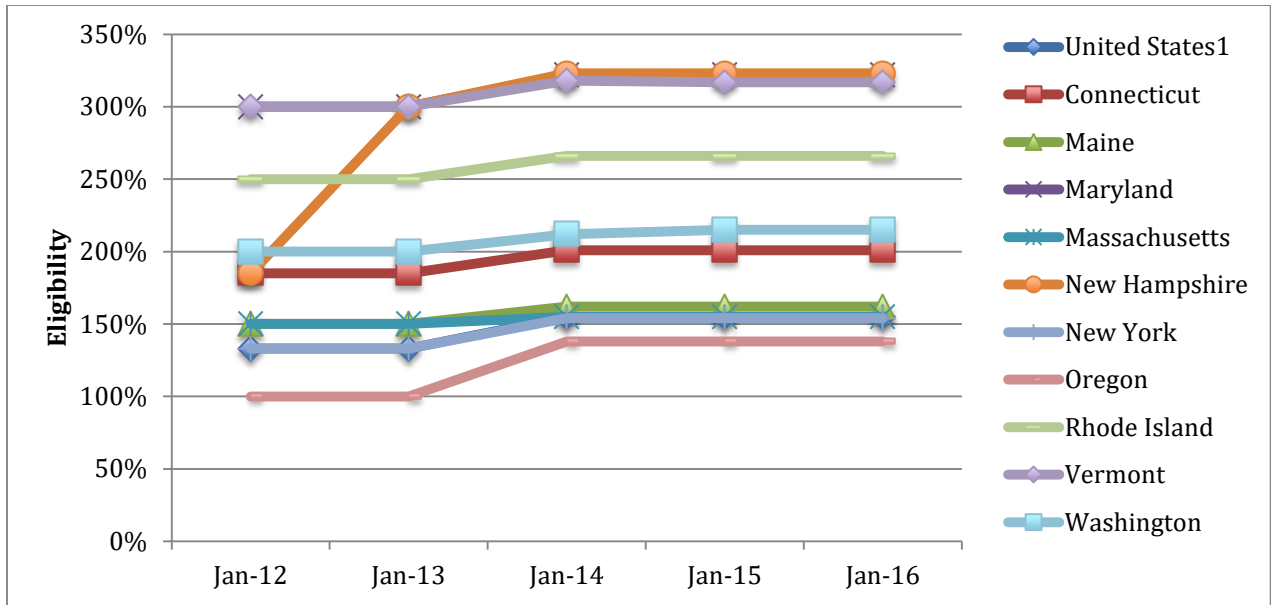


Figure 7: Medicaid Income Eligibility Limits for Children Ages 6-18, 2012-2016

Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For full data see Appendix A, Table 7

The data in Figure 8 do not include all sample states because not all states provided separate CHIP coverage during the reporting period. New York has a high eligibility limit at 405% of the FPL.

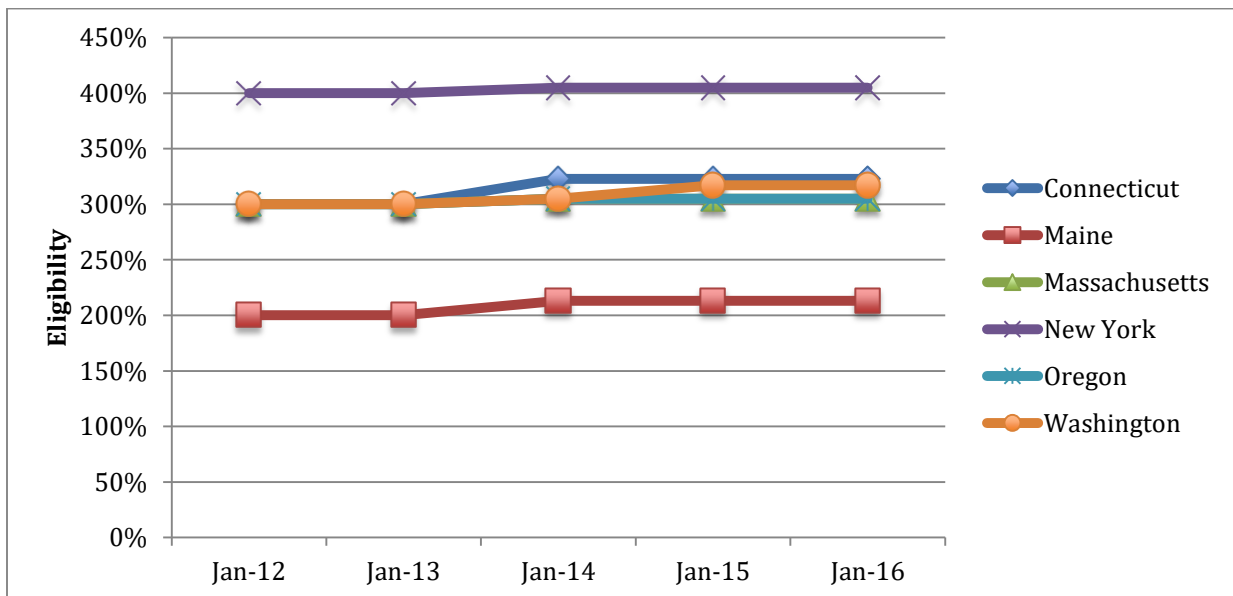


Figure 8: Separate Children's Health Insurance Program (CHIP) Income Eligibility Limits for Children, 2012-2016

Data from: The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>. For full data see Appendix A, Table 8

Medicaid Benefits State by State

The implementation of the ACA resulted in benefit changes covered by individual state Medicaid programs. “States establish and administer their own Medicaid programs and determine the type, amount, duration, and scope of services within broad federal guidelines. States are required to cover certain ‘mandatory benefits,’ and can choose to provide other “‘optional benefits’” through the [state] Medicaid program.”⁴ In the past two years, numerous states have expanded benefits and now provide all newly eligible adults with minimum “benchmark benefits” determined by the Department of Health and Human Services (DHHS).⁵ Individual states have significant flexibility in deciding which “optional benefits” to cover under their state Medicaid programs.⁶ Appendix B includes detailed data on what optional benefits states (CT, DE, ME, MD, MA, NH, NY, RI, OR, VT and WA) cover under their state Medicaid programs. Programs also vary in copayment requirements, service limitations and reimbursement methodologies. Appendix B provides a full report of the optional benefits, copayment requirements, service limitation days, and reimbursement methodologies covered by each state. States can also apply for a Section 1115 waiver that allows them to expand coverage to individuals and families that are not eligible for traditional Medicaid coverage.⁷

Section 1115 Waivers

Section 1115 waivers give the DHHS the “authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs.”⁸ The objectives of a Section 1115 waiver are to “improve health outcomes for Medicaid and other low-income populations in the state...[and] increase the efficiency and quality of care for Medicaid and other low-income populations.”⁹ Both Oregon and Vermont are granted Section 1115 waivers -- these waivers affect what benefits are covered, and whether any service limitations or copayment requirements are determined by the state.¹⁰

The Section 1115 waiver in Oregon, called the Oregon Health Plan, divides the Medicaid population into two groups and implements “a prioritized list of covered health services...based on their comparative benefit to the population served.”¹¹ In Oregon, Group A consists of the traditional Medicaid population, but also includes “the elderly, blind and disabled, and pregnant women and children living in families with income at or below 185

⁴ U.S. Centers for Medicare & Medicaid Services, “Benefits,” *U.S. Department of Health and Human Services*, accessed Feb. 10, 2016, <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html>.

⁵ U.S. Centers for Medicare & Medicaid Services, “Benefits.”

⁶ U.S. Centers for Medicare & Medicaid Services, “Benefits.”

⁷ Centers for Medicare & Medicaid Services. “Section 1115 Demonstrations.” *U.S. Department of Health and Human Services*, accessed Feb. 10, 2016, <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html>

⁸Centers for Medicare & Medicaid Services. “Section 1115 Demonstrations.”

⁹ Centers for Medicare & Medicaid Services. “Section 1115 Demonstrations.”

¹⁰ Centers for Medicare & Medicaid Services. “Section 1115 Demonstrations.”

¹¹ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection,” *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

percent FPL.”¹² Group B consists of the expanded population granted under the waiver: “adults with income below 100 percent of FPL not eligible for traditional Medicaid coverage.”¹³

The Section 1115 waiver in Vermont also expands coverage to non-traditional Medicaid groups and divides the state Medicaid population into two groups. Group A includes the traditional Medicaid population, “as well as optional and expansion populations of pregnant women with income at or below 200 percent FPL and working disabled...with income at or below 250 percent FPL.”¹⁴ Group B includes “uninsured adults age 18 and older with income at or below 185 percent FPL.”¹⁵ Dividing the state Medicaid population into two groups allows Vermont and Oregon to establish different copayment requirements and service limitations for each group.¹⁶ As shown in Appendix B, states with a Section 1115 waiver (OR and VT) may require a copayment from one group, but not the other.

Federal Standards for Copayments and Limitations on Service Days

January 2016 marks the end of the second full year of the ACA Medicaid expansion. Under federal guidelines, states can charge copayments and establish cost sharing requirements for enrollees. The extent to which states can charge these costs is limited by the federal government. Maximum out-of-pocket costs per household are limited, but higher charges can be imposed on those whose yearly income places them above the FPL.¹⁷ Premiums and cost sharing programs have been used to limit state Medicaid costs and to encourage more personal responsibility over health care. Total Medicaid cost-sharing and premiums in a household cannot exceed an aggregate limit of 5% of family income. States are also implementing limitations on services days in order to further cut costs.¹⁸ Hospital coverage can also be limited to as few as ten days per year.¹⁹ In addition, individual services can be capped on a cost per year basis. These policies vary by state. Federal guidelines for cost-sharing programs and service limitations for 2014 are listed in Table 1 below.

¹² Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection.”

¹³ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection.”

¹⁴ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection.”

¹⁵ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection.”

¹⁶ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection.”

¹⁷ U.S. Centers for Medicare & Medicaid Services, “Cost Sharing,” *U.S. Department of Health and Human Services*, accessed Feb. 18, 2016, <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/cost-sharing/cost-sharing.html>; U.S. Centers for Medicare & Medicaid Services, “Benefits.”

¹⁸ The Henry J Kaiser Family Foundation, “Medicaid in an Era of Health & Delivery System Reform: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2014 and 2015,” *The Henry J Kaiser Family Foundation*, last modified October 14, 2014, <http://kff.org/report-section/medicaid-in-an-era-of-health-delivery-system-reform-premiums-and-cost-sharing/>

¹⁹ Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection.”

Table 1: Federal Maximum Allowable Cost-Sharing for 2014

Notable Cost-Sharing Changes	Individuals with family income:		
	< 100% FPL	101 – 150% FPL	> 150% FPL
Outpatient Services (physician visit, physical therapy, etc.)	\$4 (CPI-U Annual Update)	10% of cost for entire stay	20% of cost for entire stay
Inpatient Stay	\$75 (CPI-U Annual Update)		
Preferred Drugs	\$4	\$4	\$4
Non-Preferred Drugs	\$8	\$8	20% of cost
Non-emergency Use of the ER	\$8	\$8	No Limit

The Henry J Kaiser Family Foundation, “Medicaid in an Era of Health & Delivery System Reform: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2014 and 2015,” *The Henry J Kaiser Family Foundation*, Last Modified October 14, 2014, <http://kff.org/report-section/medicaid-in-an-era-of-health-delivery-system-reform-premiums-and-cost-sharing/>

Conclusion

The ACA’s expansion of Medicaid has provided millions of Americans living below the poverty line with sufficient health care for themselves and their families. As eligibility requirements change and benefits provided expand, states have implemented various cost sharing methods under federal guidelines to help relieve some of the state costs of Medicaid.

This report was completed on March 22, 2016 by Cole Angley, Daniel Brown, and Brenna Rosen under the supervision of Professors Jack Gierzynski, Robert Bartlett and Eileen Burgin in response to a request from Representative Anne O’Brien.

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Disclaimer: This report has been compiled by undergraduate students at the University of Vermont under the supervision of Professor Jack (Anthony) Gierzynski, Professor Robert Bartlett and Professor Eileen Burgin. The material contained in the report does not reflect the official policy of the University of Vermont.

Appendix A: Eligibility Requirements and Trends

Table 1: Medicaid and CHIP Income Eligibility Limits for Pregnant Women, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	185%	185%	205%	205%	205%
Connecticut	250%	250%	263%	263%	263%
Maine	200%	200%	214%	214%	214%
Maryland	250%	250%	264%	264%	264%
Massachusetts	200%	200%	205%	205%	205%
New Hampshire	185%	185%	201%	201%	201%
New York	200%	200%	223%	223%	223%
Oregon	185%	185%	190%	190%	190%
Rhode Island	250%	250%	258%	258%	258%
Vermont	200%	200%	213%	213%	213%
Washington	185%	185%	198%	198%	198%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 2: Medicaid Income Eligibility Limits for Parents, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	63%	64%	138%	138%	138%
Connecticut	191%	191%	201%	201%	155%
Maine	200%	200%	105%	105%	105%
Maryland	116%	122%	138%	138%	138%
Massachusetts	133%	133%	138%	138%	138%
New Hampshire	49%	47%	75%	138%	138%
New York	150%	150%	138%	138%	138%
Oregon	40%	39%	138%	138%	138%
Rhode Island	181%	181%	138%	138%	138%
Vermont	191%	191%	138%	138%	138%
Washington	73%	71%	138%	138%	138%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 3: Medicaid Income Eligibility Limits for Other Non-Disabled Adults, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	0%	0%	138%	138%	138%
Connecticut	72%	70%	138%	138%	138%
Maine	0%	0%	0%	0%	0%
Maryland	0%	0%	138%	138%	138%
Massachusetts	0%	0%	138%	138%	138%
New Hampshire	0%	0%	0%	138%	138%
New York	100%	100%	138%	138%	138%
Oregon	0%	0%	138%	138%	138%
Rhode Island	0%	0%	138%	138%	138%
Vermont	150%	160%	138%	138%	138%
Washington	0%	0%	138%	138%	138%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 4: Medicaid/CHIP Upper Income Eligibility Limits for Children, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	238%	235%	255%	255%	255%
Connecticut	300%	300%	323%	323%	323%
Maine	200%	200%	213%	213%	213%
Maryland	300%	300%	322%	322%	322%
Massachusetts	300%	300%	305%	305%	305%
New Hampshire	300%	300%	323%	323%	323%
New York	400%	400%	405%	405%	405%
Oregon	300%	300%	305%	305%	305%
Rhode Island	250%	250%	266%	266%	266%
Vermont	300%	300%	318%	317%	317%
Washington	300%	300%	305%	317%	317%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 5: Medicaid Income Eligibility Limits for Infants Ages 0 – 1, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	200%	200%	210%	210%	210%
Connecticut	185%	185%	201%	201%	201%
Maine	200%	200%	196%	196%	196%
Maryland	300%	300%	322%	322%	322%
Massachusetts	200%	200%	205%	205%	205%
New Hampshire	300%	300%	323%	323%	323%
New York	200%	200%	223%	223%	223%
Oregon	133%	133%	190%	190%	190%
Rhode Island	250%	250%	266%	266%	266%
Vermont	300%	300%	318%	317%	317%
Washington	200%	200%	212%	215%	215%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 6: Medicaid Income Eligibility Limits for Children Ages 1 – 5, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	140%	140%	163%	163%	164%
Connecticut	185%	185%	201%	201%	201%
Maine	150%	150%	162%	162%	162%
Maryland	300%	300%	322%	322%	322%
Massachusetts	150%	150%	155%	155%	155%
New Hampshire	185%	300%	323%	323%	323%
New York	133%	133%	154%	154%	154%
Oregon	133%	133%	138%	138%	138%
Rhode Island	250%	250%	266%	266%	266%
Vermont	300%	300%	318%	317%	317%
Washington	200%	200%	212%	215%	215%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 7: Medicaid Income Eligibility Limits for Children Ages 6-18, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	133%	133%	155%	155%	155%
Connecticut	185%	185%	201%	201%	201%
Maine	150%	150%	162%	162%	162%
Maryland	300%	300%	322%	322%	322%
Massachusetts	150%	150%	155%	155%	155%
New Hampshire	185%	300%	323%	323%	323%
New York	133%	133%	154%	154%	154%
Oregon	100%	100%	138%	138%	138%
Rhode Island	250%	250%	266%	266%	266%
Vermont	300%	300%	318%	317%	317%
Washington	200%	200%	212%	215%	215%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Table 8: Separate Children's Health Insurance Program (CHIP) Income Eligibility Limits for Children, 2012-2016

Location	January 2012	January 2013	January 2014	January 2015	January 2016
United States¹	250%	243%	255%	254%	254%
Connecticut	300%	300%	323%	323%	323%
Maine	200%	200%	213%	213%	213%
Maryland	N/A	N/A	N/A	N/A	N/A
Massachusetts	300%	300%	305%	305%	305%
New Hampshire	300%	N/A	N/A	N/A	N/A
New York	400%	400%	405%	405%	405%
Oregon	300%	300%	305%	305%	305%
Rhode Island	N/A	N/A	N/A	N/A	N/A
Vermont	300%	300%	317%	N/A	N/A
Washington	300%	300%	305%	317%	317%

The Henry J Kaiser Family Foundation, "Annual Updates on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and CHIP," *The Henry J Kaiser Family Foundation*, last modified January 23, 2013, <http://kff.org/medicaid/report/annual-updates-on-eligibility-rules-enrollment-and/>

Appendix B: Medicaid Optional Benefit Coverage

States with a Section 1115 waiver are marked with an asterisk.

Table 1: Chiropractor Services				
State	Benefit Covered	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	No	-	-	-
DE	No	-	-	-
ME	Yes	\$.50 - \$2 per day depending on payment, up to \$20 per month	12 visits per year, limited to acute conditions, rehab potential required	Fee for service
MD	No	-	-	-
MA	Yes	No	20 visits per year	Fee for service
NH	No	-	-	-
NY	No	-	-	-
OR*	Yes	Group A: \$3 per visit	Services limited to funded conditions on the priority list	Fee for Service
RI	No	-	-	-
VT*	Yes	No	10 visits per year, limited to manipulation of spine to correct subluxation	Fee for service
WA	No	-	-	-

Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

Table 2: Physical Therapy				
State	Benefit Covered	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	No	-	-	-
DE	Yes	-	-	Fee for Service
ME	Yes	\$.50-\$2/day, depending on payment, up to \$20/month	Limited to acute conditions, rehab potential required, 2 hours therapy/day for acute pain	Fee for Service
MD	Yes	No	No	Fee for Service
MA	Yes	No	20 visits per year	Fee for Service
NH	Yes	No	Eighty 15-minute time units/year included in limits with OT and SP providers	Fee for Service
NY	Yes	No	20 visits/year - persons with developmental disabilities or acquired brain injuries exempt from limit	Fee for Service
OR*	Yes	Group A: \$3 per visit	Services limited to funded conditions on the priority list	Fee for service
RI	No	-	-	-
VT*	Yes	No	30 visits/year in combination with OT and services for speech, hearing and language disorders	Fee for service
WA	Yes	No	6 visits per year	Fee for Service
Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," <i>The Henry J. Kaiser Family Foundation</i> , accessed Feb. 13, 2016, http://kff.org/data-collection/medicaid-benefits/				

Table 3: Dental Services				
State	Benefit Covered	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	Yes	No	Periodontal and fixed bridges not covered, frequency of x-rays limited by type	Fee for service
DE	No	-	-	-
ME	Yes	No	Limited to trauma care, diagnostic procedures and treatment for acute conditions, and emergency treatment for relief of pain and infection	Fee for Service
MD	Yes	No	Services for non-pregnant adults limited to trauma care and emergency treatment rendered in a hospital emergency department	
MA	Yes	No	Limited to diagnostic and preventative services, extractions, emergency visits and some oral surgery; limits do not apply to certain developmentally disabled adults	Fee for Service
NH	Yes	No	Limited to trauma care and emergency treatment for relief of pain and infection	Fee for service
NY	Yes	No	3 visits per year (limit applicable to dental clinics but not dental offices)	Fee for Service
OR*	Yes	Group A: \$3 per visit for restorative treatment only	A & B – Services limited to funded conditions on the priority list B- Limited to emergency treatment for pain and infection	Fee for Service, using a percentage of commercial rates
RI	Yes	No	Orthodontia not covered	Fee for Service
VT*	Yes	\$3 per visit	Exam and cleaning 2 per year; endodontia limited to 3 teeth per lifetime; \$495 annual limit for all services; crowns, bridges, orthodontia and periodontal not covered	Fee for Service
WA	Yes	No	Preventative care including crowns, restorations, endodontia and periodontia available only for pregnant and post partum women and adults in institutions participating in state’s HCBS programs; other adults limited to emergency treatment for trauma or the relief of pain and infection; adults awaiting transplants or joint replacement surgery also receive cleaning of teeth	Fee for service
Data from: Kaiser Commission on Medicaid and the Uninsured, “Medicaid Benefits Data Collection,” <i>The Henry J. Kaiser Family Foundation</i> , accessed Feb. 13, 2016, http://kff.org/data-collection/medicaid-benefits/				

Table 4: Prescription Drugs

State	Benefit Covered	Copayment Required	Limits on Service Days	Reimbursement Methodology
CT	Yes	No	30 day supply for acute conditions, 30 day or 240 dosage units for chronic conditions, nutritional supplement coverage restricted by diagnosis, only limited OTC coverage	AWP – 14% for brand Rx, AWP – 40% for generic Rx, plus \$3.15 dispensing fee
DE	Yes	\$.50 - \$3 per Rx depending on drug cost, up to \$15 per month	Rx must be generic unless DAW (dispense as written)	AWP – 14.5% by retail pharmacies, AWP – 18% by non-traditional pharmacies, plus \$3.65 dispensing fee for each
ME	Yes	\$3 per Rx, up to \$30 per month; no copayment required for mail order Rxs	Generic and therapeutically equivalent products required over brand, 2 brand Rxs per month unless no generic equivalent, some products exempted from limit	AWP-16% or WAC+0.8% for brand Rx, AWP-13% or WAC+4.4% for generic Rx, plus \$3.35 dispensing fee for each in urban areas and 55-65 cents higher in rural areas; AWP-20% or WAC-4% for brand Rx and AWP-60% or WAC-52% for generic Rx through mail order pharmacy, plus \$2.50 dispensing fee for each
MD	Yes	\$1 per Rx for generic, preferred brand or HIV/AIDS drug, \$3 per Rx for non-preferred brand	Specified quantity limits and critical criteria for selected drugs	Lower of FUL, IDC (See state-specific FN) or EAC (AWP-12%, WAC+8% or DP+8%), plus \$3.51 dispensing fee for generic or preferred brand Rx by traditional pharmacies or \$2.56 dispensing fee for non-preferred Rx; non-traditional pharmacies paid \$4.46 dispensing fee for generic or preferred brand Rx and \$3.51 for non-preferred Rx but only one dispensing fee/month
MA	Yes	\$1/selected generic Rx or selected OTCs, \$3.65/other generic or brand Rx or other specified OTCs up to a maximum of \$250/year	Specified drugs and drug classes	Lesser of charge, FUL, state MAC or WAC+5% plus \$3.00 dispensing fee for most products
NH	Yes	\$1/ generic Rx, \$2/ brand or compound Rx		AWP-16% or WAC+0.8%, plus \$1.75 dispensing fee

NY	Yes	\$1/generic Rx or for preferred or less costly brand Rx, \$3/brand Rx, \$.50/OTC product	Beneficiary Specific Utilization Thresholds	AWP-17% for brand Rx, AWP-25% for generic Rx, plus \$3.50 dispensing fee for brand Rx or \$3.50 dispensing fee for generic Rx
OR*	Yes	Group A: \$1/non-preferred PDL generic or generic in non-PDL class costing more than \$10; \$3/brand Rx	Requires prior approval	Estimated acquisition cost using AAC or WAC plus dispensing fee based on annual claims volume of each pharmacy (\$9.68 to \$14.01)
RI	Yes	Specified drugs and injectables	Generic drugs must be dispensed rather than brand products with a few exceptions	Lower of WAC, FUL, State MAC or charge, plus \$3.40 dispensing fee for traditional pharmacies and \$2.85 dispensing fee for non-traditional pharmacies
VT*	Yes	Group A: \$1-\$3/Rx, depending on drug cost Group B: \$1-\$2/Rx, depending on household income and drug cost	Groups A & B - Rxs for chronic conditions must be at least 30-day supply, adult vitamins limited to specified conditions and products, lowest price generic equivalent product must be dispensed	AWP-14.2%, plus \$4.75 dispensing fee for in-state pharmacies; higher fee paid for compound prescriptions; dispensing fees limited to 1/drug/25 days for LTC residents; mail order pharmacies paid slightly lower rates
WA	Yes		90 day supply required for selected maintenance drugs, only limited OTC cough and cold products covered	AWP-14% to traditional pharmacies or AWP-19% to mail order contractors for drugs available from fewer than 5 labelers or manufacturers, AWP-50% to traditional pharmacies or AWP-15% to mail order contractors for multi-source drugs, plus a dispensing fee to traditional pharmacies dependent on Medicaid volume (low and unit dose: \$5.25, med: \$4.56, high: \$4.24), \$3.25 dispensing fee to mail order contractors

Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

Table 5: Rural Health Clinic Services

State	Benefit Covered	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	No	-	-	-
DE	No	-	-	-
ME	Yes	\$.50- \$3/day, depending on payment, up to \$30/month	Same limitations as for providers in other settings	Prospective cost based rate per visit
MD	Yes	No	No	Prospective cost based rate per visit
MA	Yes	No	No	Prospective cost based rate per visit with ancillaries paid fee for service
NH	Yes	No	No	Prospective cost based rate per visit with ancillaries paid fee for service
NY	Ye	\$3 per visit	Beneficiary Specific Utilization Thresholds ***	Prospective cost based rate or alternate payment methodology using APGs
OR*	Yes	Group A: \$3 per visit	No	Prospective cost based rate per visit
RI	No	-	-	-
VT*	Yes	No	No	Cost based payment
WA	Yes	No	No	Prospective cost based rate per encounter or fee for service
Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," <i>The Henry J. Kaiser Family Foundation</i> , accessed Feb. 13, 2016, http://kff.org/data-collection/medicaid-benefits/				

Table 6: Occupational Therapy

State	Benefit Covered	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	No	-	-	-
DE	Yes	No	No	Fee for Service
ME	Yes	\$.50-\$2/day, depending on payment, up to \$20/month	Limited to acute conditions, rehab potential required	Fee for Service
MA	Yes	No	Prior approval required for more than 20 visits per year	Fee for Service
NH	Yes	No	Eighty 15-minute time units/year included in limits with PT and SP providers	Fee for Service
NY	Yes	No	20 visits/year - persons with developmental disabilities or acquired brain injuries exempt from limit	Fee for Service
OR*	Yes	Group A: \$3 per visit	Services limited to funded conditions on the priority list	Fee for Service
RI	No	-	-	-
VT*	Yes	No	Prior approval needed for selected conditions following 30 visits; 30 visits per year in combination with PT and services for speech, hearing and language disorders	Fee for Service
WA	Yes	No	6 visits per year	Fee for Service

Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

Table 7: Speech, Hearing and Language Disorder Services

State	Benefit Covered	Copayment Required	Limits on Service Days	Reimbursement Methodology
CT	No	-	-	-
DE	Yes	No	No	Fee for Service
ME	Yes	\$.50-\$2/day for SP services, depending on payment, up to \$20/month	Decline in oral communication or ability to chew or swallow must be demonstrated, rehab potential required	Fee for Service
MD	No	-	-	-
MA	Yes	No	35 SP visits per year	Fee for Service
NH	Yes	No	Eighty 15-minute time units/year included in limits with OT and PT providers	Fee for Service
NY	Yes	No	20 visits/year - persons with developmental disabilities or acquired brain injuries exempt from limit	Fee for Service
OR*	Yes	Group A: \$3 per visit	Prior approval required; Services limited to funded conditions on the priority list	Fee for Service, using a percentage of Medicare rates
RI	No	-	-	-
VT*	Yes	No	30 visits per year in combination with PT and OT	Fee for Service
WA	Yes	No	Prior Approval Required	

Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

Table 8: Diagnostic, Screening and Preventative Services

State	Benefit Covered	Copayment Required	Limits on Service Days	Reimbursement Methodology
CT	Yes	No	No	Fee for Service
DE	Yes	No	No	Fee for Service
ME	Yes	No	Screening services limited to diagnostic and preventive services, clinics specializing in screening services for sexually transmitted diseases not covered	Fee for Service
MD	Yes	No	No	Fee for Service
MA	Yes	No	No	Dependent upon service and billing provider
NH	Yes	No	No	Fee for Service or negotiated rate
NY	Yes	No	No	Fee for service
OR*	Yes	Group A: \$3 per visit	No	Fee for service, using MRVU
RI	Yes	No	Prior approval required	Fee for service
VT*	Yes	No	No	Dependent upon service and billing provider
WA	Yes	No	Limited to preventative services only	Fee for service, contracted rate for disease management services

Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

Table 9: Podiatry				
State	Benefit Provided	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	Yes	No	Routine foot care only for treatment of neuro-circulatory conditions	Fee for service
DE	Yes	No	Diagnostic and surgical procedures only, except routine foot care covered for specified systemic conditions	Fee for service
ME	Yes	\$50-\$2/day, depending on payment, up to \$20/month	Prior approval required for specified procedures and services; routine foot care covered only when specified criteria met	Fee for service
MD	Yes	No	1 chronic care visit per 60 days, routine foot care covered only for specified systemic conditions	Fee for service
MA	Yes	No	No	Fee for service
NH	Yes	No	No	Fee for Service
NY	No	-	-	-
OR*	Yes	Group A: \$3 per visit	Prior approval required for specified services and appliances; second opinion required for specified services, routine foot care not covered	Fee for service
RI	Yes	No	Prior approval required for specified services and appliances	Fee for service
VT*	Yes	No	Routine foot care not covered	Fee for service
WA	Yes	No	Routine foot care not covered	Fee for service
Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," <i>The Henry J. Kaiser Family Foundation</i> , accessed Feb. 13, 2016, http://kff.org/data-collection/medicaid-benefits/				

Table 10: Optometry

State	Benefit Covered	Copayment Required	Limit on Service Days	Reimbursement Methodology
CT	Yes	No	Prior approval required for visual training; 1 refractive exam per year	Fee for services with some services paid 90% of physician fee
DE	Yes	No	Routine vision not covered, benefit limited to diagnosis and treatment of medical eye problems	Fee for service
ME	Yes	\$.50-\$3/day, depending on payment, up to \$30/month	Prior approval required for specified services; limited to dispensing and fitting eyeglasses and 1 routine eye exam per 3 years, 1 routine eye exam per year for ICF/MR residents	Fee for services
MD	Yes	No	1 refractive exam per 2 years	Fee for services
MA	Yes	No	Prior approval required for specified services/ items including vision training; 1 refractive exam per 2 years unless specific diagnostic requirement met	Fee for services
NH	Yes	No	1 refractive exam per year	Fee for service
NY	Yes	No	1 refractive exam per 2 years, visual aids covered when visual acuity criteria met	Fee for service
OR*	Yes	Group A: \$3 per visit	Prior approval required for items not from state's contractor; Adult coverage limited to pregnant women and specified medical conditions, 1 refractive exam per 2 years	Hardware provided by state's contractor, flat fee paid for dispensing
RI	Yes	No	1 refractive exam per 2 years	Fee for service
VT*	Yes	No	1 comprehensive exam per 2 years	Fee for service
WA	Yes	No	1 refractive exam per 2 years, orthoptic therapy not covered	Fee for service

Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," *The Henry J. Kaiser Family Foundation*, accessed Feb. 13, 2016, <http://kff.org/data-collection/medicaid-benefits/>

Table 11: Prosthetics

State	Benefit Covered	Copayment Required	Limits on Service Days	Reimbursement Methodology
CT	Yes	No	Orthotic and corrective arch supports once every 2 years	Fee for service
DE	Yes	No	No	Fee for service
ME	Yes	\$.50-\$3/day for equipment only, depending on payment, up to \$30/month	Prior approval required for custom prosthetics and orthotics; limitations vary by service or item	Fee for service
MD	Yes	No	Prior approval required for devices costing more than \$1,000; prosthetic replacement limits vary by type	Fee for service
MA	Yes	No	Non-medical items and services not covered	Fee for service
NH	Yes	No	No	Fee for service
NY	Yes	No	Prior approval required for specified services or items	Fee for service
OR*	Yes	No	Prior approval required for specified services and items; Group A+B: services limited to funded conditions on the priority list Group B: limited to selected items	Fee for service, using a percentage of Medicare rates
RI	Yes	No	Prior approval required	Reasonable charge with ceilings
VT*	Yes	No	Prior approval required for specified services or items Group B: only covered under PC Plus	Fee for service
WA	Yes	No	Prior approval required for specified services or items	Fee for service
Data from: Kaiser Commission on Medicaid and the Uninsured, "Medicaid Benefits Data Collection," <i>The Henry J. Kaiser Family Foundation</i> , accessed Feb. 13, 2016, http://kff.org/data-collection/medicaid-benefits/				

Appendix C: Copayments

Table 1: Premiums, Enrollment Fees, and Cost-Sharing Requirements for Children

Location	Premiums/Enrollment Fees			Cost-Sharing Requirements		
	Required in Medicaid	Required in CHIP	Lowest Income at Which Premiums Begin (% FPL)	Required in Medicaid	Required in CHIP	Lowest Income at Which Cost-Sharing Begins (% FPL)
Connecticut	No	Yes	>249%	No	Yes	>196%
Maine	No	Yes	>157%	No	No	N/A
Maryland	Yes	N/A	>211%	No	N/A	N/A
Massachusetts	No	Yes	>150%	No	No	N/A
New Hampshire	No	N/A	N/A	No	N/A	N/A
New York	No	Yes	>160%	No	No	N/A
Oregon	No	No	N/A	No	No	N/A
Rhode Island	No	N/A	N/A	No	N/A	N/A
Vermont	Yes	N/A	>195%	No	N/A	N/A
Washington	No	Yes	>210%	No	No	N/A

Brooks et al., “Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey,” *The Henry J Kaiser Family Foundation*, last modified January 21, 2016, <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>

Table 2: Cost-Sharing Amounts for Selected Services for Children at Selected Income Levels

Location	Family Income at 151% FPL				Family Income at 201% FPL			
	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Non-Preventive Physician Visit	ER Visit	Non-Emergency Use of ER	Inpatient Hospital Visit
Connecticut	\$0	\$0	\$0	\$0	\$10	\$0	\$0	\$0
Maine	-	-	-	-	-	-	-	-
Maryland	-	-	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-
New York	-	-	-	-	-	-	-	-
Oregon	-	-	-	-	-	-	-	-
Rhode Island	-	-	-	-	-	-	-	-
Vermont	-	-	-	-	-	-	-	-
Washington	-	-	-	-	-	-	-	-

KFF Brooks et al., “Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey,” *The Henry J Kaiser Family Foundation*, last modified January 21, 2016, <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>

Table 3: Cost-Sharing Amounts for Prescription Drugs for Children at Selected Income Levels

Location	Family Income at 151% FPL			Family Income at 201% FPL		
	Generic	Preferred Brand Name	Non-Preferred Brand Name	Generic	Preferred Brand Name	Non-Preferred Brand Name
Connecticut	\$0	\$0	\$0	\$5	\$10	\$10
Maine	-	-	-	-	-	-
Maryland	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-
New York	-	-	-	-	-	-
Oregon	-	-	-	-	-	-
Rhode Island	-	-	-	-	-	-
Vermont	-	-	-	-	-	-
Washington	-	-	-	-	-	-

Brooks et al., “Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey,” *The Henry J Kaiser Family Foundation*, last modified January 21, 2016, <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>

Table 4: Cost-Sharing Requirements for Selected Medicaid Services for Section 1931 Parents

Location	Cost-Sharing Required?	Cost-Sharing Amounts for Selected Services						
		Income at Which Cost-Sharing Begins (% FPL)	Non-Preventive Physician Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Generic Drug	Preferred Brand Name Drug	Non-Preferred Brand Name Drug
Connecticut	No	-	-	-	-	-	-	-
Maine ¹	Yes	0%	\$0	\$3	up to \$3/day	\$3	\$3	\$3
Maryland	Yes	0%	\$0	\$0	\$3	\$1-\$3	\$1-\$5	\$1-\$5
Massachusetts ²	Yes	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
New Hampshire	Yes	0%	\$0	\$0	\$0	\$1	\$2	\$2
New York ³	Yes	100%	\$0	\$3	\$25/discharge	\$1	\$3	\$3
Oregon ⁴	Yes	0%	\$0	\$3	\$0	\$2	\$3	\$3
Vermont	Yes	0%	\$0	\$0	\$75	\$1-\$3	\$1-\$3	\$1-\$3
Washington	No	-	-	-	-	-	-	-

Brooks et al., “Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey,” *The Henry J Kaiser Family Foundation*, last modified January 21, 2016, <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>

Table 5: Premium and Cost-Sharing Requirements for Selected Services for Medicaid Expansion Adults

Location	Cost-Sharing Amounts for Selected Services								
	Monthly Contributions/Premiums Required?	Cost-Sharing Required?	Income at Which Cost-Sharing Begins (% FPL)	Non-Preventive Physician Visit	Non-Emergency Use of ER	Inpatient Hospital Visit	Generic Drug	Preferred Brand Name Drug	Non-Preferred Brand Name Drug
Connecticut	No	No	-	-	-	-	-	-	-
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	No	Yes	0%	\$0	\$0	\$3	\$1-\$3	\$1-\$5	\$1-\$5
Massachusetts ¹	No	Yes	0%	\$0	\$0	\$3	\$3.65	\$3.65	\$3.65
New Hampshire ²	No	Yes	>100%	\$3	\$0	\$125	\$4	\$8	\$8
New York	No	Yes	100%	\$0	\$3	\$25/discharge	\$1	\$3	\$3
Oregon	No	Yes	0%	\$0	\$3	\$0	\$2	\$3	\$3
Rhode Island	No	No	-	-	-	-	-	-	-
Vermont	No	Yes	0%	\$0	\$0	\$75	\$1-\$3	\$1-\$3	\$1-\$3
Washington	No	No	-	-	-	-	-	-	-

Brooks et al., “Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey,” *The Henry J Kaiser Family Foundation*, last modified January 21, 2016, <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>