MACPAC
Medicaid and CHIP Payment and Access Commission

Premium Assistance Waivers

Moira Forbes

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Overview

MACPAC last discussed premium assistance in May 2013, when states and CMS began discussing the concept of using Medicaid to purchase insurance through the exchanges.

Two states have since obtained waivers to mandate enrollment of adults in the expansion group into premium assistance and several others are actively pursuing similar demonstrations.

Today we will hear from state and national experts and discuss policy questions for potential follow-up.

Background

Premium assistance in the context of the Medicaid program is the use of Medicaid funds to purchase health coverage on the private market.

States require waiver authority from CMS to mandate enrollment into private coverage, test alternate methods of demonstrating cost-effectiveness, and implement additional health care reforms.

More data on cost and accessibility of services will develop over time and allow comparisons between state plan Medicaid and premium assistance models.

Policy Questions

Commissioners should consider:

- How should the federal government ensure that states provide adequate oversight ?
- To what extent should benefits and provider network rules for Medicaid and qualified health plans be aligned?
- Are protections for the medically frail sufficient if the new adult group in a premium assistance model receives QHP coverage?
- Are premium assistance programs cost effective compared to traditional Medicaid coverage?

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