



# **MEDICAID EXPANSION TOOLKIT**

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# Facts To Put On Advocacy Material

Expanding Medicaid would extend eligibility to “adults with incomes up to 138% of the federal poverty level. Here’s a breakdown of what that looks like:

## Who Qualifies for Medicaid Benefits?

- Infants and Children up to age 19.
- Parents/Caretakers of Minor Children
- Pregnant Women with income under 194% of the FPL.
- Working Disabled with income not exceeding 250%.
- SSI Recipients.
- Emergency Services for Immigrants.

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# But What Is FPL And How Much Is It?

The federal poverty level (FPL) is an annual income measure that determines eligibility for certain programs and benefits. It is the minimum income a household needs to cover food, clothing, shelter, transportation, and other necessities.

The U.S. Department of Health and Human Services publishes the FPL.

Household/Family Size	Salary for Medicaid (up to 100% FPL)	What is 138% FPL?	The Coverage Gap
1	Not Eligible	Monthly: \$1,731.90 Yearly: \$20,782.80	<\$1,255/month through \$1,731.90/month
2	Monthly: ≤\$1,703.33 Yearly: ≤\$20,440	Monthly: \$2,350.60 Yearly: \$28,207.20	\$1,703.34/month through \$2,350.60/month
3	Monthly: ≤\$2,151.67 Yearly: ≤\$25,820	Monthly: \$2,960.30 Yearly: \$35,631.60	\$2,151.68/month through \$2,960.30/month
4	Monthly: ≤\$2,600 Yearly: ≤\$31,200	Monthly: \$3,588 Yearly: \$43,056	\$2,600.01/month through \$3,588/month
5	Monthly: ≤\$3,048.33 Yearly: ≤\$36,580	Monthly: \$4,206.70 Yearly: \$50,480.40	\$3,048.34/month through \$4,206.70/month
6	Monthly: ≤\$3,496.67 Yearly: ≤\$41,960	Monthly: \$4,825.40 Yearly: \$57,904.80	\$3,496.68/month through \$4,825.40/month

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Source: HHS 2024 Poverty Guideline

## Messaging for Social Media Captions

**Our state is considering expanding Medicaid, a program that helps cover medical costs for some people with limited income and resources. Many working Mississippians are living without health coverage. They don't get insurance through their jobs, can't afford private health insurance, and make "too much" to qualify for Medicaid.**



**In our state, people living in rural communities are often left behind—and access to health coverage is no different. Too many rural residents can't afford health insurance, don't get insurance through their jobs, and make "too much" to qualify for Medicaid. Our state should expand Medicaid to make affordable health coverage more accessible and equitable no matter where you live.**



**Our state's rural communities are in crisis. Hospitals are shutting down at an alarming rate. When hospitals close, people are forced to travel hours for care and go without access to lifesaving care in an emergency. Expanding Medicaid strengthens our rural hospitals, providing critical care to rural residents as well as good-paying jobs. Our state should expand Medicaid so that rural communities can access the care they need when they need it.**





## Messaging for Social Media Captions

Expanding Medicaid would provide access to affordable health coverage for those who need it. But right now, our state lawmakers are putting politics over people and refusing to expand it—even though we know it would mean healthier communities and a stronger economy. It's time for our lawmakers to put politics aside and expand Medicaid so that everyone in our state has access to affordable health coverage and the care they need.



Mississippi is one of 10 states that still hasn't expanded Medicaid. That means 40 other states have already done it, and our tax dollars are going to those states instead of ours. A family of three in our state may not qualify for insurance through Medicaid because of their income—but if that same family lived in another state, they would have access to affordable health coverage and the care they need. Our state should expand Medicaid because where you live shouldn't impact whether you get healthcare at all.

Our state is considering expanding Medicaid, a program that helps cover medical costs for some people with limited income and resources. Medicaid is health insurance for people who don't get insurance through their jobs. They are cashiers, cooks, bus drivers, construction and retail workers, and are essential to our local economies. Our state should expand Medicaid so that our neighbors can get the healthcare they need to stay healthy.





# **WORK REPORTING REQUIREMENT INFORMATION**

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## Overview of Work Reporting Requirements

- Create additional eligibility requirement, despite otherwise being eligible for Medicaid.
- Require additional paperwork/evidence for eligibility determination (both for enrollment and re-determination)

- Can include flexibilities for requirements
  - qualifying “work”
  - exemptions for specific populations
  - reporting requirements

## Unpacking the Myth: Work Requirements vs. Work REPORTING Requirements

- Work reporting requirements have been coined by state leaders as “work requirements”.
- This creates the impression that the only obligation is for consumers to work to receive Medicaid benefits, but that’s A MYTH.

- This group of people ALREADY WORK. The requirement is that the beneficiary *REPORTS* their work.
- The reporting process is often complicated and burdensome, leading to coverage loss.

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# Addressing a Problem that Doesn't Exist in Mississippi

WRR are aiming to solve at a problem that does not exist in Mississippi.

2.7%

The historic low unemployment rate in Mississippi as of August 2024

33,443

Record low number of unemployed individual Mississippians in July 2024

123,000

2024 KFF Estimate of uninsured adults that could be eligible for coverage under Medicaid Expansion

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## What makes compliance difficult?

Reporting systems are cumbersome and often not accessible. Nearly all reporting require access to secure internet.

Requirement reporting systems do a terrible job accommodating seasonal, gig, and direct service work reporting, and require documentation variables.

Public outreach and support is sparse with states usually not investing in user friendly systems and meaningful outreach and education.

Work reporting requirements have little impact on increasing employment over the long-term as most enrollees already work.

# Work Reporting Requirements' Disproportionate Harm

## Disproportionate Harm of Work Reporting Requirements



### Medicaid Members are working

63% of non-dual  
(not also enrolled  
in Medicare),  
non-SSI, nonelderly  
Medicaid adults  
were already  
working full or part-  
time.

### Unique Populations

Certain Medicaid  
populations like  
women, people with  
HIV, and adults with  
disabilities including  
those age 50 to 64  
could be adversely  
impacted.

### 1 in 4

Medicaid enrollees  
living in homes with  
limited internet  
access may face  
particular  
challenges.

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## Work Reporting Requirements Cost State's and Systems

### Health System Costs

- Work reporting requirements lead to increased uncompensated care costs for hospitals. Revenue losses could accelerate rural hospital closures.
- Implementing states' work reporting requirement proposals in 2019 would have increased uncompensated care costs by 15.7% in IN, 20.6% in ID, and 65.5% in MI

### Administrative Costs

- State Medicaid agencies incur significant administrative costs to implement and enforce work reporting requirements, including for outreach, modifying IT systems, hiring staff to track compliance.
- Initial implementation in AR cost the state \$26M in 2018
- KY's 2018 WRR proposal would have cost \$276M over 5 years.

### Litigation Costs

- Work reporting requirements are likely to be challenged in court; states and the federal government bear costs associated with litigation

- Sources: Government Accountability Office (2019); Haught, Dobson, & DaVanzo (2020)



## Policy Options To Consider

Ways to mitigate harm in states pursuing work reporting requirements:

### SEVERABILITY

ensures that if a part of the policy proves harmful, it can be amended without scrapping the entire framework.

### TRIGGERS

offer flexibility by automatically adjusting the requirements based on specific economic or social conditions

### SELF-ATTESTATION

reduces administrative burdens and allows beneficiaries to more easily comply with the work reporting requirement.

### EMPLOYMENT SUPPORT

provides necessary services to help individuals successfully meet the work requirements, addressing barriers to employment and improving long-term outcomes.

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## Policy Options To Consider

### Severability



- **Severability** refers to the idea that certain provisions of a policy can be separated from the rest of the policy (in this case, Medicaid work requirements). If one part of the policy is found to be unconstitutional or problematic, the rest of the policy can still stand.
- In the context of work reporting requirements, severability would mean that if CMS finds them in noncompliance with the ACA, that part could be removed or modified without entirely eliminating the entire Medicaid expansion bill.

## Policy Options To Consider

### Triggers



- **Triggers** are predefined conditions or metrics that activate or change aspects of the policy based on certain outcomes or circumstances. In the case of work reporting requirements, triggers could be designed to automatically adjust or waive the requirement under certain conditions.
- For example, if economic conditions worsen, if unemployment rates rise, if the policy of WRR shows as being fiscally irresponsible, the work reporting requirements could be paused or scaled back. This provides flexibility to ensure that vulnerable populations are not disproportionately impacted during challenging times.

## Policy Options To Consider

### Self-Attestation



- **Self-Attestation** allows individuals to report their compliance with work reporting requirements through a simple declaration or self-reporting rather than requiring them to submit detailed documentation (e.g., pay stubs, employment verification) on a government website which could be difficult for low-income individuals to obtain.
- Under this model, a Medicaid beneficiary might only need to attest that they are meeting the work reporting requirement (e.g., working a certain number of hours per week) rather than providing third-party verification. This reduces the administrative burden and minimize barriers for individuals.

# Policy Options To Consider

## Employment Support



- **Employment support** refers to a range of services designed to help Medicaid recipients find and maintain employment, making it easier for them to meet work requirements. These supports could include job training, career counseling, childcare assistance, transportation subsidies, or other services that help individuals gain stable employment.
- Employment support policies would ensure that work reporting requirements are not just punitive or exclusionary but are paired with resources that help individuals overcome common barriers to employment. This can help mitigate the negative impacts of work reporting requirements by addressing the root causes of unemployment or underemployment, such as lack of skills, transportation, or childcare.

## Messaging for social media posts: ARKANSAS OUTCOME

DID IMPLEMENTING  
WORK REQUIREMENT  
BOOST EMPLOYMENT?



NO, WORK  
REQUIREMENTS DID  
NOT BOOST  
EMPLOYMENT.



**Work Requirements Are  
Expensive for the  
Government To Administer  
and Don't Lead To More  
Employment**

**18,000**

otherwise eligible  
individuals were  
disenrolled due to  
non-compliance  
with the work  
reporting  
requirements

**95%**

of adults subjected  
to the work  
reporting  
requirements were  
already meeting the  
requirements or  
should have  
qualified for an  
exemption

**11%**

of enrollees who  
lost coverage due  
to the work  
reporting  
requirements  
regained coverage  
in 2019 after WRR  
were overturned.

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Sources: KFF & Georgetown CCF



## GEORGIA PATHWAYS TO COVERAGE (?)



1

Program eligibility includes work reporting requirements for low-income adults (ages 19-64)

2

Enrollees must report 80 hours of work or other qualifying activities by the 17th of each month.

3

Failure to report by the 17th will result in coverage ending on the last day of the current month. If no “good cause” exception is granted for missed reporting, enrollees who lose coverage will have to reapply to Pathways.

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Sources: GBPI



## GA PATHWAYS RESULTS

**4,323**

individuals were actively enrolled as of mid-June 2024, despite original estimates for Pathways to cover between 31,000 to 100,000 Georgians in its debut year. (400k Georgians would be eligible under full expansion.)

**20%**

of processed applications have resulted in coverage, and about 21% of denials are due to stringent qualifying hours and activity requirement.

**\$58M**

Nearly \$58 million in state and federal taxpayer funds development, enrollment technology, health insurance payments, and other administrative costs. This does not account for the expenses related to preparing and submitting the work reporting requirement waiver, legal battles, nor pilot media campaign.

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## GA PATHWAYS RESULTS

Average  
Spending in  
Expansion  
States per  
enrollee:

**\$8,116**

**VS**

Average  
Spending in  
Georgia per  
enrollee:

**\$13,360**

Almost double the amount for a program  
that only had 4,231 enrollees.



## QUICK TALKING POINTS

Despite promising to save states money, implementing work reporting requirements actually increase cost.

The logistics and manpower required to implement work reporting requirements burdens state agencies, leads to more government spending.

Most abled-bodied, working age Medicaid beneficiaries are already employed or would be exempt. However many face challenges complying with work reporting requirements or applying for an exemption.

Researchers found that work requirements cost \$26 million to implement in Arkansas without achieving its purported employment goals.

**SOURCES: AMERICAN PROGRESS & THE COMMONWEALTH FUND**