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Contact Information

Summary

View and print a summary of your responses.

Help

For questions about this study, email: [BeattieS@gao.gov](mailto:BeattieS@gao.gov).

For technical problems, email: [RamirezC@gao.gov](mailto:RamirezC@gao.gov)

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States' Implementation of the Patient Protection and Affordable Care Act

U.S. Government Accountability Office

To learn more about completing the questionnaire, printing your responses, and who to contact if you have questions, [click here for help.](#)

Medicaid Expansion

The following questions ask for your best judgments, based on current information, of the implications of Medicaid expansion implementation. Briefly, PPACA requires states to expand Medicaid coverage to:

- Individuals who were previously ineligible (primarily childless adults) will be covered up to 133 percent of the federal poverty level (FPL) beginning in 2014 with eligibility based on modified gross income (MAGI) and no assets or resource tests.
- Newly eligible costs: the federal government would be responsible for 100 percent of the cost of the newly eligible through 2016 with the state contribution gradually increasing to 10 percent by 2020.
- Previously covered newly eligible: states that had already covered newly eligible adults up to 100 percent of the FPL in 2010 would see a gradual increase in their federal matching rate for these individuals with the state share capped at 10 percent by 2020.

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### State Budget Cycle

1. What budget cycle does your state operate on?

*Click one button.*

- ☐ Annual
- ☐ Biennial
- ☐ Biennial and Annual

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### Costs and Savings From Implementing Medicaid Expansion

2. To the best of your knowledge, do you think each of the following potential aspects of Medicaid expansion will contribute a net cost or a net savings to your state's budgets from 2012 through 2014, from 2015 through 2017, and from 2018-2020?

*For each aspect of Medicaid expansion implementation, click the one button that best characterizes its impact for 2012-2014 taken as a whole, the impact for 2015-2017 taken as a whole, and the impact for 2018-2020 taken as a whole.*

	Net impact on your state's budgets for FY 2012-2014?	Net impact on your state's budgets for FY 2015-2017?	Net impact on your state's budgets for FY 2018-2020?
Administration for managing Medicaid enrollment	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Acquisition of new information technology or modifications to existing information technology systems to support Medicaid eligibility determinations and enrollment	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
<b>Changes in enrollment levels due to:</b>	<b>Net impact on your state's budgets for FY 2012-2014?</b>	<b>Net impact on your state's budgets for FY 2015-2017?</b>	<b>Net impact on your state's budgets for FY 2018-2020?</b>
Enrolling previously eligible but not enrolled individuals into Medicaid	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Enrolling newly eligible adults into Medicaid ( <a href="#">click here</a> for details)	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Shifting individuals from state-funded coverage into Medicaid	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Shifting existing Medicaid enrollees into health benefit exchanges	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Other enrollment changes - describe in box below table	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
	<b>Net impact on your state's budgets for FY 2012-2014?</b>	<b>Net impact on your state's budgets for FY 2015-2017?</b>	<b>Net impact on your state's budgets for FY 2018-2020?</b>
Reductions in uncompensated care	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Other aspects of Medicaid expansion implementation - describe in box below table	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable

**IF OTHER ENROLLMENT CHANGES:** What are those changes that will contribute to a net cost or savings to your states' budget(s)?

*IF OTHER ASPECTS OF MEDICAID EXPANSION IMPLEMENTATION:* What are those other aspects that will contribute to a net cost or savings to your states' budget(s)?

**Maintenance of Effort**

3. Has your state applied to the Centers for Medicare and Medicaid Services (CMS) for an exemption from the Maintenance of Effort requirement for the period January 1, 2011 through December 31, 2013?
- ☐ Yes
  - ☐ No - *Skip to Question 5*
  - ☐ Don't know
4. IF "YES:" What is the current status of this application?
- ☐ Approved
  - ☐ Denied
  - ☐ Pending
  - ☐ Don't know
5. Does your state intend to apply for an exemption from the Maintenance of Effort requirement for the period January 1, 2011 through December 31, 2013?
- ☐ Yes
  - ☐ No
  - ☐ Don't know
-

**Enrollment Rates**

6. What does your state estimate the enrollment rate will be for the newly eligible Medicaid population in each of the following time periods?

*Click one button in each row.*

	0 - 24%	25 - 49%	50 - 74%	75 - 99%	100%	Don't know
Fiscal year 2014	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal years 2015-2017	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal years 2018-2020	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### State Budget Development

7. Has your state developed any planning documents that include milestones and/or steps to address the expansion of Medicaid eligibility and the transition to a new eligibility determination system in your state's budget? *Planning documents could include, but are not limited to, work plans, timelines, process charts, memos, etc.*

- ☐ Yes
- ☐ No
- ☐ Don't know

8. Now consider the possible uncertainties that could affect the implementation of Medicaid expansion in your state. Does your state budget development process include a risk assessment or gap analysis to address possible uncertainties that could affect implementation of Medicaid expansion in your state?

- ☐ Yes →
- ☐ No
- ☐ Don't know

*IF YES: Please briefly describe those uncertainties and the assessment or analyses conducted:*

9. Does your state budget development process include or consider various implementation scenarios?

- ☐ Yes
- ☐ No
- ☐ Don't know

### Implementation Challenges and Opportunities

10. From a state budget perspective, what are the biggest challenges that impact budget estimates for implementing PPACA Medicaid expansion provisions? *Describe up to three challenges in the spaces below. The box will scroll to accommodate your typed answer as needed.*

1st challenge:

2nd challenge:

3rd challenge:

11. What strategies, if any, is your state using to address any of the challenges you described in the previous question?

Strategy for 1st challenge:

Strategy for 2nd challenge:

Strategy for 3rd challenge:

12. How challenging, if at all, is each of the following factors to the implementation of PPACA's Medicaid expansion provisions?

	Very challenging	Moderately challenging	Slightly challenging	Not at all challenging	Don't know / Not applicable
State fiscal capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State share of the states' Medicaid expenditures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local or county share of the states' Medicaid expenditures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal funding for Medicaid expansion implementation (2017-2020)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other factor(s) - describe in box below table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF OTHER FACTOR(S):

13. What opportunities, if any, does Medicaid expansion present for your state?

14. To what extent, if at all, was any guidance your state received from CMS clear, complete, and received in a timely manner for the development of budget estimates for Medicaid expansion? *Select the answer that best characterizes guidance you may have received, regardless of whether your state has yet developed budget estimates for Medicaid expansion.*

	Great extent	Moderate extent	Some extent	Little or no extent	Don't know / Not applicable
Clarity of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completeness of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Great extent	Moderate extent	Some extent	Little or no extent	Don't know / Not applicable
Timeliness of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>15. Overall, how useful or not useful has the CMS guidance been for the development of budget estimates for Medicaid expansion?</p> <ul style="list-style-type: none"><li><input type="radio"/> Very useful</li><li><input type="radio"/> Moderately useful</li><li><input type="radio"/> Slightly useful</li><li><input type="radio"/> Not at all useful</li><li><input type="radio"/> Don't know / Not applicable</li></ul>					
<p>16. What additional information or guidance, if any, does your state need from CMS or other federal agencies to assist with developing budget estimates for implementing PPACA's Medicaid expansion provisions?</p> <div></div> <div></div>					

**Comments on Your Medicaid Expansion Answers**

17. Do you have any explanations of or comments on any of your answers regarding the budgetary implications of the implementation of Medicaid expansion? Are there any issues we have not addressed that you believe we should consider?

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### Health Benefit Exchange

The following questions ask for your best judgments, based on current information, on the implications of establishing a Health Benefit Exchange on your state budget planning efforts.

18. Is your state planning to establish a Health Benefit Exchange by January 1, 2014?

- ☐ Yes
- ☐ No
- ☐ Don't know

19. What is the likelihood that your state will select the following types of Health Benefit Exchange?

	Likely	Not likely	Don't know
State-based consolidated exchange (Individual Market and Small Business Health Options Program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multi-state exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-federal partnership exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federally-Facilitated Exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Has your state applied for or received funding from any of the following federal grants to plan for or establish a Health Benefit Exchange?

	Did not apply	Approved	Pending	Denied	Don't know
Early Innovator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information Technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other grant(s) - describe in box below table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF OTHER GRANT(S):



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### Costs and Savings From Implementing a Health Benefit Exchange

21. To the best of your knowledge, do you think each of the following potential aspects of a Health Benefit Exchange will contribute a net cost or a net savings to your state's budgets from 2012 through 2014, from 2015 through 2017, and from 2018-2020?

*For each aspect of establishing a Health Benefit Exchange, click the one button that best characterizes its impact for 2012-2014 taken as a whole, the impact for 2015-2017 taken as a whole, and the impact for 2018-2020 taken as a whole.*

	Net impact on your state's budgets for FY 2012-2014?	Net impact on your state's budgets for FY 2015-2017?	Net impact on your state's budgets for FY 2018-2020?
Acquisition of new information technology or modifications to existing information technology systems to support Health Benefit Exchange eligibility and enrollment	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Interface with non-health systems (state tax system and federal hub)	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Interface with Medicaid and CHIP enrollment systems	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
	Net impact on your state's budgets for FY 2012-2014?	Net impact on your state's budgets for FY 2015-2017?	Net impact on your state's budgets for FY 2018-2020?
Number of enrollees in a Health Benefit Exchange	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Outreach for eligibility and enrollment in a Health Benefit Exchange	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Shifting individuals from state-funded health plans to a Health Benefit Exchange	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable
Other aspects of establishing a Health Benefit Exchange - describe in box below table	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable	<input type="radio"/> Cost <input type="radio"/> Savings <input type="radio"/> Don't know/Not applicable

**IF OTHER ASPECTS OF ESTABLISHING A HEALTH BENEFIT EXCHANGE:** What are those other aspects that will contribute to a net cost or savings to your states' budget(s)?

**State Budget Development**

22. Has your state developed any planning documents that include milestones and/or steps to address establishing a Health Benefit Exchange in your state's budget? *Planning documents could include, but are not limited to, work plans, timelines, process charts, memos, etc.*

- ☐ Yes  
☐ No  
☐ Don't know

23. Now consider the possible uncertainties that could affect establishing a Health Benefit Exchange in your state. Does your state budget development process include a risk assessment or gap analysis to address any possible uncertainties that could affect establishing a Health Benefit Exchange in your state?

- ☐ Yes →  
☐ No  
☐ Don't know

*IF YES: Please briefly describe those uncertainties and the assessment or analyses conducted:*

24. Does your state budget development process include or consider various scenarios for establishing a Health Benefit Exchange?

- ☐ Yes  
☐ No  
☐ Don't know

### Implementation Challenges and Opportunities

25. From a state budget perspective, what are the biggest challenges that impact budget estimates for establishing a Health Benefit Exchange? *Describe up to three challenges in the spaces below.*

1st challenge:

2nd challenge:

3rd challenge:

26. What strategies, if any, is your state using to address any of the challenges you described in the previous question?

Strategy for 1st challenge:

Strategy for 2nd challenge:

Strategy for 3rd challenge:

27. How challenging, if at all, is each of the following factors to the establishment of a Health Benefit Exchange?

	Very challenging	Moderately challenging	Slightly challenging	Not at all challenging	Don't know / Not applicable
State fiscal capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrating Medicaid/CHIP eligibility and enrollment with the Health Benefit Exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State share of the states' Health Benefit Exchange expenditures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal funding to establish a Health Benefit Exchange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other factor(s) - <i>describe in box below table</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF OTHER FACTOR(S):

28. What opportunities, if any, does a Health Benefit Exchange present for your state?

29. To what extent, if at all, was any guidance that your state received from CMS clear, complete, and received in a timely manner for the development of budget estimates to establish a Health Benefit Exchange? *Select the answer that best characterizes guidance you may have received, regardless of whether your state has yet developed budget estimates for Medicaid expansion.*

	Great extent	Moderate extent	Some extent	Little or no extent	Don't know / Not applicable
Clarity of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completeness of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Overall, how useful or not useful has the CMS guidance been for the development of budget estimates to establish a Health Benefit Exchange?

- ☐ Very useful
- ☐ Moderately useful
- ☐ Slightly useful
- ☐ Not at all useful
- ☐ Don't know / Not applicable

31. What additional information or guidance, if any, does your state need from CMS or other federal agencies to assist with developing budget estimates for establishing a Health Benefit Exchange?

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**Comments on Your Health Benefit Exchange Answers**

32. Do you have any explanations of or comments on any of your answers regarding the budgetary implications of establishing a Health Benefit Exchange? Are there any issues we have not addressed that you believe we should consider?

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**Contact Information**

33. Who is the person primarily responsible for completing this questionnaire whom we can contact in case we need to clarify a response?

Contact name:

Title:

Email address:

Telephone number:

34. Are you done with this questionnaire?

Clicking "Yes" below tells GAO that your answers are final. We will not use your answers unless the "Yes" button is checked when you last exit the questionnaire.

- ☐ Yes  
☒ No

35. Would you like a record of your answers to this questionnaire? If so, click here to [view and print a summary of your responses](#).

Click on the *Save & Exit Questionnaire* button below to exit the survey.

Thank you for completing this questionnaire!

**Print this Page**

**Save & Exit Questionnaire**

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