

METHODS APPENDIX

Medicaid Work Requirements in Nine States Could Cause 600,000 to 800,000 Adults to Lose Medicaid Coverage

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This appendix describes how we estimated enrollment reductions if Medicaid work requirements under nine state Section 1115 waivers approved by the Centers for Medicaid and Medicare Services (CMS) are implemented.¹ (CMS also approved work requirements in Maine, but we are not including it because the state decided not to move forward.)

Research indicates that imposing work requirements in public programs can substantially lower enrollment.^{2,3,4,5,6,7} To estimate the potential impact of work requirements in the nine states with approvals from CMS, we use the most recent information available, which includes analyses of participation declines that occurred after work requirements began in Arkansas's Medicaid program⁸ and analyses of the effects across the nation when similar work requirements were added in SNAP.⁹ This appendix also provides background on the caseload losses that occurred in seven of the nine states within a year after SNAP work requirements were implemented, information that states were likely aware of when they submitted waivers for Medicaid work requirements. In most cases, Medicaid work requirements were modeled in part based on SNAP policies.

Prior Evidence That Work Requirements Sharply Reduce Participation

In Arkansas, implementation of a Medicaid work requirement in 2018 led over 18,000 people to lose coverage within 7 months of implementation.^{10,11} Based on a survival-type model, we projected that this level of early coverage loss would lead an estimated 26 percent to 30 percent of the target population to lose coverage within one year.^{12,13} A recent report discusses factors associated with these losses based on a survey in Arkansas.¹⁴

Since Arkansas is the only state that has terminated coverage because of Medicaid work requirements so far, we also examined what happened when SNAP work requirements were imposed in the majority of states and counties in recent years, a natural experiment on the effects of work requirements nationally. Work requirements were reintroduced for able-bodied adults without dependents (ABAWDs) in SNAP after waivers suspending the work requirements expired in the 2013–17 period. Using administrative data on SNAP participation and waivers, we found that more than one-third of ABAWDs lost benefits, after controlling for factors such as changes in unemployment and poverty rates and the presence of Medicaid expansions.¹⁵

Recent evidence indicates that the majority of people terminated under Arkansas's work requirement were probably meeting or exempt from the requirement.¹⁶ Work requirements may cause people to lose benefits because they are not aware of the requirements, do not understand reporting requirements, lack an internet connection, etc.¹⁷ Losses may also occur when people do

not work enough hours on a regular basis. Workers who receive public benefits like SNAP or Medicaid often have part-time, contingent or seasonal jobs with fluctuating hours. So even people working a substantial number of hours may not meet the work requirements.^{18,19}

The estimates of participation declines due to work requirements in Arkansas's Medicaid program and in the SNAP program are similar (26%–30% to approximately 35%). We use these data points as guideposts to consider the likely impact of work requirements in states with approved Medicaid work requirement waivers. We acknowledge that the precise levels of coverage loss cannot be predicted with certainty but believe that these two recent estimates are a reasonable basis to estimate the likely magnitude of effects of Medicaid work requirements. The policy details and populations impacted by the Arkansas Medicaid and SNAP work requirements are similar to those contemplated by most states with approvals. Despite uncertainty in the precise number of people who would lose coverage, the evidence that losses will be substantial is strong. The experience of Arkansas Medicaid beneficiaries under the requirement,^{20,21} multiple studies finding an impact of work requirements in SNAP,^{22,23,24,25,26} and evidence indicating that paperwork barriers of any kind can be expected to reduce Medicaid enrollment²⁷ all portend substantial effects.

Details of States' Work Requirement Policies

In prior reports, we estimated impacts of work requirements after 12 months of full implementation for Arkansas,²⁸ Kentucky,²⁹ and New Hampshire.³⁰ This report now adds estimates of coverage losses for Arizona, Indiana, Michigan, Ohio, and Utah. While most states' Medicaid policies are similar to those in Arkansas or in SNAP, there is some variation in state policies and in the number of people targeted. Some states intend to phase in work requirements, either by applying the requirement to part of the target population first or by increasing hours of required work activity over time. For the sake of simplicity, our estimates assume that work requirements have been fully implemented across the entire target population at the final required levels.

We reviewed applications for and approvals of work requirements for Medicaid available on the CMS website as of May, 2019.³¹ To estimate how the proportion of individuals who would lose coverage would vary across states, we considered a number of policy dimensions (**Table 1**). (Utah has a novel policy considered separately, discussed below.)

For example, although both Arkansas and SNAP limit work requirements to those ages 18 or 19 to 49, five states (Kentucky, New Hampshire, Indiana, Michigan and Utah) would apply to those older adults, up to age 64. Data from the 2018 Current Population Survey shows that low-income (below 150% of the poverty level) 19-to-49-year-olds are about twice as likely to be employed as those ages 50 to 64 (50% vs 27%), indicating the substantially higher employment challenges faced by older low-income adults (authors' calculations). Thus, we expect that enrollment losses would be higher when older adults are included.

We expect that including some parents, as many states do, would also increase losses—all parents are exempt under Arkansas Medicaid and SNAP policies. Indiana, Michigan, and Utah would only exempt one parent per family with a pre-school age child, the most restrictive version

of this exemption among the nine states. There were three commonly used exemptions under Arkansas' Medicaid work requirement: 1) already subject to the SNAP work requirement, 2) parental status, and 3) medical frailty.³² CMS requires all states to exempt those who are already subject to the SNAP work requirement or are medically frail.³³

States generally plan to require 80 hours of work activity per month; we expect that the higher 100-hour requirement in New Hampshire would lead to higher losses. Although the community engagement policies are primarily aimed at paid employment, most permit enrollees to meet some of the hour requirements by volunteer work, education, or approved job search or job training activities.

We also considered how many months participants can fail to meet the requirement before losing coverage, expecting that allowing more missed months would mitigate coverage loss. For example, Indiana will end benefits for those who do not meet the requirement for four or more months within a calendar year,³⁴ while Arizona would suspend coverage after only one month of not meeting the requirement.³⁵

Higher losses can also be expected in states that require more beneficiaries to actively report their work or exemption status in order to maintain coverage; we have limited information on this important aspect of implementation for most states. In Arkansas, few people who were required to report information did so.³⁶ Many people did not understand the requirements.³⁷ Many states plan to automatically identify individuals who consistently work enough to meet the requirement using administrative data, such as Arkansas.³⁸ However, Michigan state law specifies that all working beneficiaries must report their work activities monthly.³⁹

Table 1 also summarizes state policies on when those who have lost coverage due to the work requirement could potentially regain eligibility. The extent to which those who lose Medicaid coverage due to work requirements will come back on the program is unclear. In Arkansas, the 18,000 beneficiaries who lost coverage due to not meeting the work requirement in 2018 were eligible to apply again in January 2019. They did not have to show that they could meet the requirement to reapply. Reportedly, only about 2,000 regained coverage in 2019.⁴⁰ Arizona intends to automatically reinstate coverage after a one-month suspension but beneficiaries would be quickly suspended again unless they begin to meet the requirement.⁴¹ Even if beneficiaries do regain coverage after some period, experiencing a gap in insurance coverage could lead to poorer health.^{42,43,44}

Utah is planning a unique work requirement which, rather than requiring specific numbers of hours worked per month, would end Medicaid coverage for beneficiaries who do not complete specific job search and job training requirements within three months of enrollment, unless they already work 30 or more hours per week.⁴⁵ No similar requirement has been previously implemented, so we are less certain about effects. However, experience indicates that new administrative or paperwork requirements may cause losses.⁴⁶ People may not understand what they need to do or how to do it.⁴⁷ Michigan and Iowa have attempted to incentivize beneficiaries to complete health risk assessments as a condition of lower premiums, with very limited success. Only 12 percent to 36 percent of Iowa beneficiaries and 16 percent of Michigan beneficiaries completed health risk assessments.^{48,49} The job search requirement planned by Utah appears to

be much more time intensive than completing a health risk assessment. Utah would require applications to 48 jobs and online training activities.⁵⁰ Moreover, Utah intends that job search and training be done online, but many may lack internet access. Based on this, we conservatively estimate that Utah's requirement would reduce enrollment by 15 percent to 20 percent but actual losses could be larger.

Estimates of State Losses

Based on prior analyses of work requirements in SNAP⁵¹ and Arkansas⁵² and variations in policies summarized above, we estimate that coverage losses will range from a low of 15 percent to 20 percent of the target population in Utah to a high of 30 percent to 45 percent in New Hampshire (Table 2). We do not estimate losses for Wisconsin because the state intends to disenroll individuals not meeting the work requirements for 48 months, while our analysis focuses on effects in the first 12 months.

We estimated the size of the target population (i.e., the number of Medicaid enrollees who may have to meet or show an exemption from the new work requirements, for each state). The target population include those who fall into the age range and Medicaid eligibility category (e.g., expansion or traditional parents) required to complete work activities, according to state policies. Beneficiaries outside the specified eligibility categories or above the age range should not be impacted. We obtained data from state websites on the number of Medicaid beneficiaries in the specified eligibility category or categories as of April or May 2019.^{53,54,55,56,57} Most states with approvals are applying the requirement to expansion adults only. Indiana is also including very low-income parents eligible for Medicaid under traditional criteria. Wisconsin has not implemented an ACA Medicaid expansion and is applying the requirement to childless adults eligible under a separate waiver (BadgerCare). Since Utah's partial expansion just began in April, actual enrollment is not yet available. Utah estimated that 70,000 to 90,000 adults would participate under its waiver.⁵⁸

The state caseload data do not specify enrollment for the target age ranges. To account for this, we estimated the proportion of nondisabled Medicaid enrollees in the target range (e.g., 19–49) among those ages 19–64, using 2016–2017 American Community Survey data obtained from the Minnesota Population Center.⁵⁹ We applied this proportion to state-reported enrollment data. We estimate that the total number of beneficiaries likely to lose coverage is 589,000 to 811,000 (Table 2)

Most States Had Experience of Large SNAP Participation Reductions Due to Work Requirements

CMS did not require states to estimate the magnitude of potential number of Medicaid enrollees who would lose coverage due to work requirements and sometimes states have claimed that they expect no losses, very small losses, or that it is impossible to know.^{60,61} These claims are difficult to understand. Similar work requirements have been a part of the SNAP program for many years for working-age childless adults, referred to as able-bodied adults without dependents (ABAWDs).⁶² Eligibility and enrollment operations for Medicaid and SNAP are shared in most states and states typically developed Medicaid work requirements in part based on their SNAP

experiences. These states had experience with large caseload losses in SNAP after work requirements were implemented but appeared to disregard that information.

SNAP work requirements for ABAWDs were waived during the recession in most states as a response to high unemployment. Most states, including seven of the nine states we are examining, reintroduced work requirements in recent years either on a statewide basis or for part of the state. The Food and Nutrition Service (FNS) provided us with information on when work requirements went into effect. As seen in Table 3, our analysis of food stamp participation data from FNS⁶³ shows that in all of these seven states, the imposition of work requirements was followed by large SNAP caseload reductions. In these seven states alone, 12 months after work requirements went into effect, SNAP participation fell by more than 440,000, or an average of 7.4 percent of all SNAP participants in these states.

Since ABAWDs are a small share of all SNAP participants, the rate of loss among ABAWDs, the target population, must be far higher. For example, an Urban Institute report found that after work requirements were imposed in Kentucky, the level of losses among ABAWDs (30%) was far higher than the average loss (12%).⁶⁴ Indiana reports that in the first six months of implementation of ABAWD work requirements, participation among this group fell by 68 percent.⁶⁵ Some of the loss may be related to other factors, such as changes in unemployment rates, though the prior studies have found large reductions in SNAP participation associated with work requirements, even after adjusting for changes in unemployment or poverty rates.^{66,67,68,69,70}

Table 1. Summary of Key Work Requirement Policies for Non-Elderly Adults in SNAP

	Target Population Ages & Status (1)	Exemption for Parents/ Caretakers (2)	Level of Work Required (3)	When Coverage Ends If Not Compliant (4)	Process to Regain Coverage (5)
SNAP ABAWD policy	18–49	Parent of child < 18	80 hrs/mo.	3 mo.	After 36-month period expires
Medicaid Under Approved Sec. 1115 Demonstration Projects					
Kentucky (6) — suspended	19–64 expansion & traditional	Primary caretaker of child < 18	80 hrs/mo.	Suspended after 2 mo.	Can reactivate after 1+ mo. compliance
Arkansas (6) — suspended	19–49 expansion	Living with child < 18	80 hrs/mo.	Disenrolled after 3 mo.	Can reapply for Jan. 1 of next year
New Hampshire (7)	19–64 expansion	One parent of a child < 6	100 hrs/mo.	Suspended after 2 mo.	Can reactivate after 1+ mo. compliance
Arizona (8)	19–49 expansion (8)	One caretaker of a child < 18	80 hrs/mo.	Suspended after 1 mo. (8)	Reactivated after 2 mo. suspension
Indiana (9)	19–59 expansion & traditional (9)	Primary caretaker of preschool child	Phases in to 80 hrs/mo.	Suspended after 4 mo., assessed at end of year	Can reactivate after 1+ mo. compliance
Michigan	19–62 expansion adults	Primary caretaker of preschool child	80 hrs/mo.	Disenrolled after 3 mo.	Can reapply after 1+ mo. compliance
Ohio	19–49 expansion	Living with child < 18	80 hrs/mo.	Disenrolled after 3 mo.	Can reapply, need not show compliance.
Utah (10)	19–59 partial expansion adults (9)	Primary caretaker of preschool child	See (10)	See (10)	Can reapply after completing job search/training
Wisconsin (11)	19–49 childless adults (11)	Parent of child < 18	80 hrs/mo.	Disenrolled after 48 mo.	Can reapply after 6 mo. lock-out period
Maine — withdrawn (11)	19–64 year old up to 105 % FPL	Parent of preschool child	80 hrs/mo.	Disenrolled after 3 mo.	Can reapply after 1 mo. compliance

Notes:

1. All policies are for nonelderly adults. “Traditional” means adults who were eligible for Medicaid based on criteria established before the ACA Medicaid expansions. “Expansion” means adults whose Medicaid eligibility is based on criteria established under the ACA.
2. Primary caretaker means only one parent per family is exempt. In addition to parent-related exemptions, all states have exemptions due to pregnancy, medical frailty, and being already subject to SNAP work requirements. States often include other exemptions, such as for caretakers of disabled individuals or children.
3. In addition to meeting the work requirement through paid employment, projects typically allow some volunteer hours, certain job search or training activities, education, or other approved activities to count toward meeting the work requirement.
4. This column shows how long a person may receive benefits if he or she does not meet the work requirements or have an exemption. For example, if a person does not meet the requirement, he or she may lose Medicaid benefits after three months. In some cases, those who do not meet the requirement are disenrolled and in other cases they are suspended; it is not clear what the impact of this difference are.
5. States have varying criteria for how long people who lose benefits would be excluded from participation. Some have lock-out periods, e.g., those who lose coverage cannot reapply until the next calendar year, while others permit reenrollment if beneficiaries can demonstrate compliance with work requirements.
6. Kentucky and Arkansas’s demonstration approvals were vacated by district court order and are currently suspended, although these cases are under appeal.
7. New Hampshire’s approval has been challenged in district court and a decision is pending.

8. In Arizona, the target population includes those eligible under an earlier expansion (up to 100% of poverty) as well as those added under the ACA (up to 138% of poverty). When first enrolled, adults have a three-month grace period; after that they are suspended after one month of noncompliance.
9. Indiana’s work requirement applies to those who receive coverage under the state’s Healthy Indiana Plan (HIP) Section 1115 waiver. This includes both adults eligible under the ACA expansion and traditionally eligible parents.
10. Although Utah voters approved a referendum to expand eligibility up to 138% of poverty, the state instead expanded eligibility up to 100% of the poverty line. Those who do not work at least 30 hours per week must take an online job search/job training program and apply to 48 jobs within in the first 3 months of the year; otherwise they are disenrolled.
11. Wisconsin expanded eligibility up to 100 percent of the poverty line for childless adults under its BadgerCare program via a waiver, separate from the ACA expansion. Work requirements apply to childless adults aged 19 to 49 years old.
12. After CMS approval of Maine’s project in December 2018, the new governor withdrew from the project in January 2019.

Table 2. Estimated Medicaid Enrollment Loss over a Year, Assuming Full Implementation of Work Requirements

State Medicaid Program	Estimated Target Population Size (1)	Estimated Percent Reduction (1)	Estimated Medicaid Losses
Kentucky	331,000	26%–41%	86,000–136,000
Arkansas	160,000	26%–30%	42,000–48,000
New Hampshire	51,000	30%–45%	15,000–23,000
Arizona	293,000	26%–35%	76,000–103,000
Indiana	351,000	15%–25%	53,000–88,000
Michigan	665,000	28%–35%	186,000–233,000
Ohio	466,000	26%–35%	121,000–163,000
Utah (2)	67,000–87,000	15%–20%(2)	10,000–17,000(2)
Wisconsin (3)	96,000	(3)	(3)
Total, Nine States	2,480,000–2,500,000		589,000–811,000

Notes:

- (1) See text for explanation of target population size and estimated percent reductions.
- (2) Utah’s target population size is based on enrollment projected by the state.
- (3) We do not estimate losses in Wisconsin because terminations will occur after 48 months of noncompliance. We focus on losses in the first year.

Table 3. Changes in Total SNAP Participation One Year After ABAWD Work Requirements Reinstated

State	Change in Work Requirements	Baseline Month	Baseline Participation	1 Year Later	Change in Total SNAP Participation	Percent Reduction
New Hampshire	statewide	Nov. 2012	119,014	113,536	–5,478	–4.6%
Ohio	partial	Jan. 2013	1,845,325	1,775,805	–69,520	–3.8%
Indiana	statewide	Mar. 2015	836,656	745,505	–91,151	–10.9%
Kentucky	partial	Dec. 2015	697,056	659,371	–37,685	–5.4%
Arkansas	statewide	Dec. 2015	451,207	397,802	–53,405	–11.8%
Wisconsin	gradual statewide	Dec. 2015	740,845	701,540	–39,305	–5.3%
Michigan	gradual statewide	Dec. 2017	1,307,451	1,198,801	–108,650	–8.3%
Total, Seven States			5,997,554	5,592,360	–440,317	–7.3%

Note: Authors’ analysis of food stamp participation data and waivers of work requirements from the Food and Nutrition Service.

Notes

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