

Medicaid Overview

Medicaid is the federal health insurance program, which provides health care coverage for certain people who have low income, have limited resources, and meet other eligibility requirements determined by the state. Medicaid may be called by other names in different states. For example, in California, Medicaid is referred to as Medi-Cal, and in Tennessee, Medicaid is referred to as TennCare. Additionally, plan eligibility and coverage through Medicaid differs from state to state.

Because of the Affordable Care Act, some states chose to expand their Medicaid programs. Medicaid expansion makes Medicaid available to people who earn below 133% of the federal poverty level (\$26,719 for a family of 3 in 2015) and eliminates additional eligibility requirements, making Medicaid programs accessible to millions of uninsured Americans. This means that in states that have expanded Medicaid coverage, you might be able to qualify for Medicaid based on your income alone.¹ However, each state has the power to decide whether it will participate in Medicaid expansion, and some states have chosen to reject expansion and keep only the traditional Medicaid program.

Eligibility

Eligibility requirements vary from state to state. There are two main parts to Medicaid eligibility in the states that have not expanded their Medicaid programs.

First, applicants to Medicaid must meet income and asset eligibility requirements, meaning they have a low income and limited assets to pay for the cost of their health care.

Second, applicants must fit into one of the Medicaid eligibility categories. The following are the basic, national Medicaid eligibility categories; however, states can create their own guidelines for these categories, and some states have additional eligibility categories, as well:

- Individuals who are “aged, blind or disabled” according to the Social Security Administration’s standards. Individuals with cancer may qualify for Medicaid through this program;
- Families with children, as long as a deprivation exists. Deprivation exists if a parent is absent from the home, incapacitated, disabled, or deceased;
- Children under 6 or pregnant women without regard to deprivation or income level; or

¹ Please see <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/> for more information

- Individuals with specific health needs. These needs may include dialysis, tuberculosis services, total parental nutrition services, breast and cervical cancer treatment, certain services for minors, and nursing home care.

Medicaid and the Affordable Care Act

As of January 1, 2014, states have the option to expand Medicaid coverage to include adults and children ages 6-19 in households at or below 133% of the federal poverty level. Medicaid eligibility in the states that have chosen to expand their programs is based on income alone for those who do not fit into one of the traditional Medicaid eligibility categories.

As of November 2015, thirty-one states (including DC) have adopted the Medicaid expansion. Among the 31 states that have chosen to expand Medicaid as of November 2015 are²: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, and West Virginia.

Nineteen states have chosen **not** to expand Medicaid as of November 2015, and they include:

Alabama, Florida, Georgia, Idaho, Kansas, Louisiana, Maine, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah,³ Virginia, Wisconsin, and Wyoming. For more information on your state's Medicaid program, please visit:

www.Medicaid.gov.

For more information about Medicaid and the Affordable Care Act, please contact:

U.S. Department of Health and Human Services

(877) 696-6775

www.hhs.gov

www.healthcare.gov

SSI and Medicaid

² <https://kaiserfamilyfoundation.files.wordpress.com/2015/11/current-status-of-the-medicaid-expansion-decisions-healthreform1.png>

³ Utah has not adopted the Medicaid Expansion, but adoption is currently under discussion.

Some states have a Medicaid eligibility category that is linked to Supplemental Security Income (SSI) payments. For example, in California, a person who receives SSI is automatically eligible for Medi-Cal.

For more information about SSI and Medicaid, please contact:

Social Security Administration

(800) 772-1213 (beneficiary call line)

www.ssa.gov/

Breast and Cervical Cancer Treatment Programs

Some states also have created a Medicaid eligibility category for women in need of treatment for breast and cervical cancer. In order for a woman to be eligible for Medicaid under the Breast and Cervical Cancer Treatment Program (BCCTP), generally, she must have been screened for and found to have breast or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), be under the age of 65, and be uninsured and otherwise not eligible for Medicaid. Some states have also chosen to make women with Breast or Cervical Cancer presumptively eligible for Medicaid.

For a list of Breast and Cervical Cancer Treatment Programs (BCCTPs) by state and district:

http://nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=1

Share of Cost

Some states have a “Share of Cost” program that refers to the amount of health care expenses an individual must pay out of pocket each month before Medicaid begins to offer assistance. These programs are typically used for applicants whose incomes are slightly over the standard income requirement. Once a recipient’s health care expenses reach a predetermined amount, Medicaid will pay for additional covered expenses that month. Share of Cost is an amount that is owed to the provider of health services, not to Medicaid. It is an amount that a recipient is responsible for paying only during a month in which Medicaid’s assistance with health care expenses is needed.



DIRECT LINE: 866-THE-CLRC (866-843-2572)

ONLINE INTAKE FORM : www.CLRCintake.org

EMAIL: CLRC@DRLCenter.org

Fax : 213-736-1428

Video Relay Phone : 213-908-1079

www.CancerLegalResourceCenter.org

Buy-In Programs

Some states offer a Medicaid Buy-In Program, which allows people of any age with a disability who are working to receive Medicaid by paying a monthly premium based on their income level.

For more information about Medicaid, please contact:

Centers for Medicare and Medicaid

(800) 633-4227 or (877) 267-2323

www.cms.hhs.gov

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