



Medicaid

Last updated: Oct. 2008

Overview

The Medicaid Program provides medical benefits to groups of low-income people, some who may have no medical insurance or inadequate medical insurance. Although the Federal government establishes general guidelines for the program, the Medicaid program requirements are actually established by each State. Whether or not a person is eligible for Medicaid will depend on the State where he or she lives.

LEGISLATIVE ORIGINS

Title XIX of the Social Security Act is a Federal/State entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a cooperative venture jointly funded by the Federal and State governments (including the District of Columbia and the Territories) to assist States in furnishing medical assistance to eligible needy persons.



WHO ADMINISTERS MEDICAID?

Within broad national guidelines established by Federal statutes, regulations, and policies, each State: (1) establishes its own eligibility standards; (2) determines the type, amount, duration, and scope of services; (3) sets the rate of payment for services; and (4) administers its own program. Medicaid policies for eligibility, services, and payment are complex and vary considerably, even among States of similar size or geographic proximity. Thus, a person who is eligible for Medicaid in one State may not be eligible in another State, and the services provided by one State may differ considerably in amount, duration, or scope from services provided in a similar or neighboring State. In addition, State

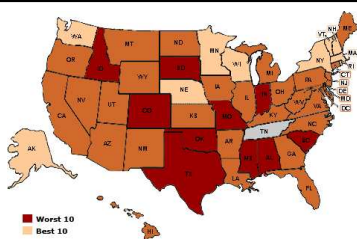
legislatures may change Medicaid eligibility, services, and/or reimbursement during the year.

MINIMUM STANDARDS

A State's Medicaid program must offer medical assistance for certain basic services to most categorically needy populations. These services generally include the following:

- Inpatient hospital services.
- Outpatient hospital services.
- Prenatal care.
- Vaccines for children.
- Physician services.
- Nursing facility services for persons aged 21 or older.
- Family planning services and supplies.
- Rural health clinic services.
- Home health care for persons eligible for skilled-nursing services.
- Laboratory and x-ray services.
- Pediatric and family nurse practitioner services.
- Nurse-midwife services.
- Federally qualified health-center (FQHC) services, and ambulatory services of an FQHC that would be available in other settings.

Early and periodic screening, diagnostic, and treatment (EPSDT) services for children under age 21.



A 2007 study by Public Citizen, a National Non-Profit Public Interest Organization, ranked the 50 states based on different aspects of their Medicaid programs: eligibility, scope of services, quality of care, and provider reimbursement. For the study results and information on your state, please go to the following link:

PERSONS ALWAYS COVERED:

- Limited income families with children
- Supplemental Security Income (SSI) recipients
- Infants born to Medicaid-eligible pregnant women. Medicaid eligibility must continue throughout the first year of life so long as the infant remains in the mother's household and she remains eligible, or would be eligible if she were still pregnant;
- Children under age 6 and pregnant women whose family income is at or below 133% of the Federal poverty level. States are required to extend Medicaid eligibility until age 19 to all children in families with incomes at or below the Federal poverty level. Once eligibility is established, pregnant women remain eligible for Medicaid through the end of the calendar month in which the 60th day after the end of the pregnancy falls, regardless of any change in family income.
- Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act;
- Certain people with Medicare; and
- Special protected groups who may keep Medicaid for a period of time

CATEGORICALLY NEEDY GROUPS:

- Infants up to age one and pregnant women not covered under the mandatory rules whose family income is below 185% of the Federal poverty level (the percentage to be set by each state);
- Optional targeted low-income children;
- Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the Federal poverty level;
- Children under age 21 who meet income and resources requirements for the Aid to Families with Dependent Children (AFDC), but who otherwise are not eligible for the AFDC;
- Institutionalized individuals with limited income and resources;
- Persons who would be eligible if institutionalized but are receiving care under home and community-based services waivers;
- Recipients of state supplementary payments;
- Tuberculosis-infected persons who would be financially eligible for Medicaid at the Supplemented Security Income (SSI) level (only for TB-related ambulatory services and TB drugs); and
- Low-income, uninsured women screened and diagnosed through a

Center's for Disease Control (CDC) Breast and Cervical Cancer Early Detection Program (NBCCEDP) and determined to be in need of treatment for breast or cervical cancer.

WHO IS NOT COVERED?

Medicaid does not provide medical assistance for all people with limited incomes and resources. Even under the broadest provisions of the Federal statute (except for emergency services for certain persons), the Medicaid program does not provide health care services for everyone. You must qualify for Medicaid. Low-income is only one test for Medicaid eligibility; assets and resources are also tested against established thresholds. As noted earlier, categorically needy persons who are eligible for Medicaid may or may not also receive cash assistance from the Temporary Assistance for Needy Families (TANF) program or from the Supplemental Security Income (SSI) program. Medically needy persons who would be categorically eligible except for income or assets may become eligible for Medicaid solely because of excessive medical expenses.

FOR MORE INFORMATION:

- Centers for Medicaid & Medicare Services – *Medicaid Page* - <http://www.cms.hhs.gov/home/medicaid.asp>
- State Medicaid Fact Sheets – *Compare State and US Medicaid Information* - <http://www.statehealthfacts.org/medicaid.jsp>