



American
Brain Tumor
Association®

Providing and pursuing answers™

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MEDICAID EXPANSION AND THE AFFORDABLE CARE ACT

1. What is Medicaid?

Medicaid is a joint federal-state program that provides certain health cost benefits to certain low income people and families.

Medicaid is a "means-tested" program, meaning that you must meet income and financial guidelines to qualify.

2. Who pays for Medicaid?

Medicaid is paid for jointly by the federal government and state governments. The federal government provides half of the cost and the states provide the other half.

3. Who runs Medicaid?

Medicaid is managed on a state by state basis. Each state decides its eligibility requirements for its own Medicaid programs.

4. Who qualifies for Medicaid?

The federal Medicaid laws identify more than 25 categories that qualify for federal matching funds. However, these categories fall more broadly into five categories:

- children (who are covered through the Children's Health Insurance Program or CHIP)
- pregnant women
- adults in families with dependent children
- individuals with certain disabilities
- low-income elderly

Because Medicaid is means-tested, applicants qualify based on their financial resources and the guidelines established by their home state.

Each state has a different income threshold and some states have broader categories of individuals it will cover.

5. Is Medicaid the same everywhere?

No, each state establishes its own Medicaid program. Additionally, states can request waivers from the federal government to change their Medicaid program or to adjust in their state minimum federal requirements.

6. How do I find out what my state covers and if I qualify in my state?

<http://finder.healthcare.gov>

This website provides information on private insurance options in your state as well as a link to your state's Medicaid office.

7. How does the Affordable Care Act impact Medicaid?

The Affordable Care Act called for a federal minimum income standard of up to 133% of the federal poverty line for all states.

This expansion of Medicaid would establish this minimum in all states for them to participate in the federal Medicaid program and qualify for federal matching funds and would take effect on January 1, 2014.

8. So all states now have the same income threshold?

No. The United States Supreme Court in its ruling in June, 2012 on the Affordable Care Act stated that the federal government could not mandate or require this expansion of Medicaid as a condition of participating in the program, but rather participation in the expansion had to be voluntary.

9. Did all states agree to the expansion?

No. Twenty-five states and the District of Columbia have agreed to participate in the expansion. 14 states have declined to participate in the expansion. Eleven other states have not officially stated if they will participate in the expansion.

10. What is each state doing about participating in the expansion?

The 25 states (along with the District of Columbia) that are participating in the expansion are:

Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, New Hampshire, New Mexico, North Dakota, Ohio, Oregon, Rhode Island, Vermont and Washington

The 14 states that are not participating in the expansion are:

Alabama, Georgia, Idaho, Iowa, Louisiana, Maine, Mississippi, North Carolina, Oklahoma, Pennsylvania, South Carolina, South Dakota, Texas and Wisconsin

The 11 states that have not officially declared their intentions are:

Alaska, Indiana, Kansas, Kentucky, Nebraska, New York, Tennessee, Utah, Virginia, West Virginia and Wyoming

11. How can states not declare their intentions?

Because participation in the expansion requires legislative action in the state legislature, some states may not have completed the necessary steps to participate in the expansion. Other states are still reviewing their options.

This does not mean states are not actively pursuing this issue, but rather have not finalized their positions as of this time.

12. Isn't Florida a bit of a special case?

Somewhat. The governor of Florida has stated that Florida will participate in the expansion, but the legislature said it will not. Absent agreement from the legislature, Florida will not be able to participate in the expansion.

So, yes, if you live in Florida, continued monitoring of the issue is wise.

13. My state is participating. What does that mean for me?

It means that if your income falls below 133% of the federal poverty line, you may qualify for Medicaid coverage in your state.

Because Medicaid is means-tested and not completely income-based, you should check with your state Medicaid office to verify your qualification for enrollment.

14. How do I know if I fall under 133% of the federal poverty line?

2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,020 for each additional person.	
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630

2013 POVERTY GUIDELINES FOR ALASKA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$5,030 for each additional person.	
1	\$14,350
2	19,380
3	24,410
4	29,440
5	34,470
6	39,500
7	44,530
8	49,560

2013 POVERTY GUIDELINES FOR HAWAII	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,620 for each additional person.	
1	\$13,230
2	17,850
3	22,470
4	27,090
5	31,710
6	36,330
7	40,950
8	45,570

These charts are from the United States Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.

To determine if you fall within the 133% guideline, find the poverty guideline for your family size and multiply it by 1.33. If your income is below this amount, then you fall within the 133% guideline.

15. Why are the elderly part of Medicaid? I thought they were covered by Medicare.

Medicaid provides services for low-income seniors not covered by Medicare. These include long-term services such as nursing home care.

Medicare is available for all persons aged 65 and older; Medicaid is for low-income person, including seniors, who meet income qualifications.