

# Class note

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## Medicaid Fact Sheet

: Medicaid is a government financed program that provides health and long term care coverage for certain groups of lower income people in the United States. It is a means-tested individual and state entitlement program.

### I. Eligibility

1. Categorically needy (Mandatory eligibility): children, pregnant women, aged people and disable people.
  - ① Family who meet state's Aid to Families with Dependent Children (AFDC) eligibility requirements in effect on July 16, 1996.
  - ② Pregnant women and children under age 6 whose family income is below 133% of the Federal Poverty Level (FPL). (*FPL in 2008, \$10,400-individual and \$14,000-couple. However, State of Alaska: \$13,000-individual and \$17,500-couple, State of Hawaii: \$11,960-individual and \$16,100-couple*)
  - ③ Children age 6 to 19 with family income up to 100% of the FPL.
  - ④ Care-takers who take care of children under age 18 or 19 (if still in high school).
  - ⑤ Supplemental Security Income (SSI) recipients who are aged, blind, or disabled people.
2. Medically needy
  - ① It allows States to extend Medicaid eligibility.
  - ② Individual who may have too much income to qualify under the categorically needy.
3. Special groups: Varied depending on States' regulation.
  - ① Dual eligible categories: Individuals who are entitled to Medicare Part A and B. Their incomes have to follow FPL guide line and resources (cars, bank accounts, and bonds) do not exceed twice the standard of SSI. (\$4,000-individual and \$6,000-couple)
    - i. Qualified Medicare Beneficiary (QMB): income 100% below of FPL.
    - ii. Specified Low-income Medicare Beneficiary (SLMB): income between 100% and 120% of FPL.
    - iii. Qualifying Individual (QI): income between 120% and 135% of FPL.
    - iv. Qualified Disabled Working Individual (QDWI): individual who lose Medicare coverage because of work. Income 200% below of FPL
  - ② Specific medical condition: women who breast and cervical cancer and people with tuberculosis (TB) who are uninsured.
  - ③ Section 1115 Medicaid waivers

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## 4. Immigrants

: Basically U.S. citizens and immigrants who have entered the U.S legally.

## II. Benefits

: Total Medicare benefits in 2006 \$ 303 billion.

### 1. Mandatory state plan services: benefits for all categorically needy.

- ① Inpatient hospital (excluding inpatient services in institutions for mental disease)
- ② Outpatient hospital including Federally Qualified Health Centers (FQHCs). Also, depending on State's law, rural health clinic and other ambulatory service are provided.
- ③ Other laboratory and X-ray.
- ④ Certified pediatric and family nurse practitioners.
- ⑤ Nursing facility service for beneficiaries age 21 and over.
- ⑥ Early and periodic screening, diagnosis, and treatment (EPSDT) for children under 21 years old
- ⑦ Family planning services and supplies
- ⑧ Physician's services.
- ⑨ Medical and surgical services of a dentist.
- ⑩ Home health services for beneficiaries who are entitled to nursing facility services under the State's Medicaid plan.
  - i. Intermittent of part-time nursing services provided by home health agency or by a registered nurse when there is no home health agency in the area.
  - ii. Home health aids
  - iii. Medical supplies and appliances for use in the home.
- ⑪ Pregnancy related services and service for other conditions that might complicate pregnancy.
- ⑫ 60 days postpartum pregnancy related service.
- ⑬ Long-term care service for older people

### 2. Services for medically needy

- ① Prenatal and delivery services.
- ② Post partum pregnancy related services for beneficiaries under age 18 and who are entitled to institutional and ambulatory services defined in a State's plan
- ③ Home health services to beneficiaries who are entitled to receive nursing facility services under the State's Medicaid plan

### 3. State optional benefits

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- ① Eye glasses and eye exam, and hearing aids
- ② Durable medical equipment
- ③ Clinic service
- ④ Intermediate care facility services for persons with mental retardation
- ⑤ Home and community-based service

## 4. Benefits for dual eligible individuals

: Medicaid pay Medicare Part A' premium.

: Beneficiaries' pay (in 2008) - \$1,024 (deductible), \$256 a day (61<sup>st</sup> -90<sup>th</sup> day), and \$512 a day (91<sup>st</sup>-150<sup>th</sup> day).

### **III. Financing**

: Primarily financing source –general revenues from Federal and State's budget.

1. States receive matching payments from the federal government.
2. Federal Medical Assistance Percentage (FMAP): matching rate between the Federal and States.  
: The rate is depending on State's per capita income. So, wealthier States are receiving higher matches from the Federal.

### **IV. New Regulation**

1. Cost limit for providers operated by units of government, Graduate medical education, Rehabilitation service option, Administrative claming and transportation costs for school based services, Outpatient services, and Targeted case management.
2. All new regulation will reduce the Federal Medicaid spending.