

Medicaid and the ACA

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Figure 1

Medicaid is transforming under the ACA.

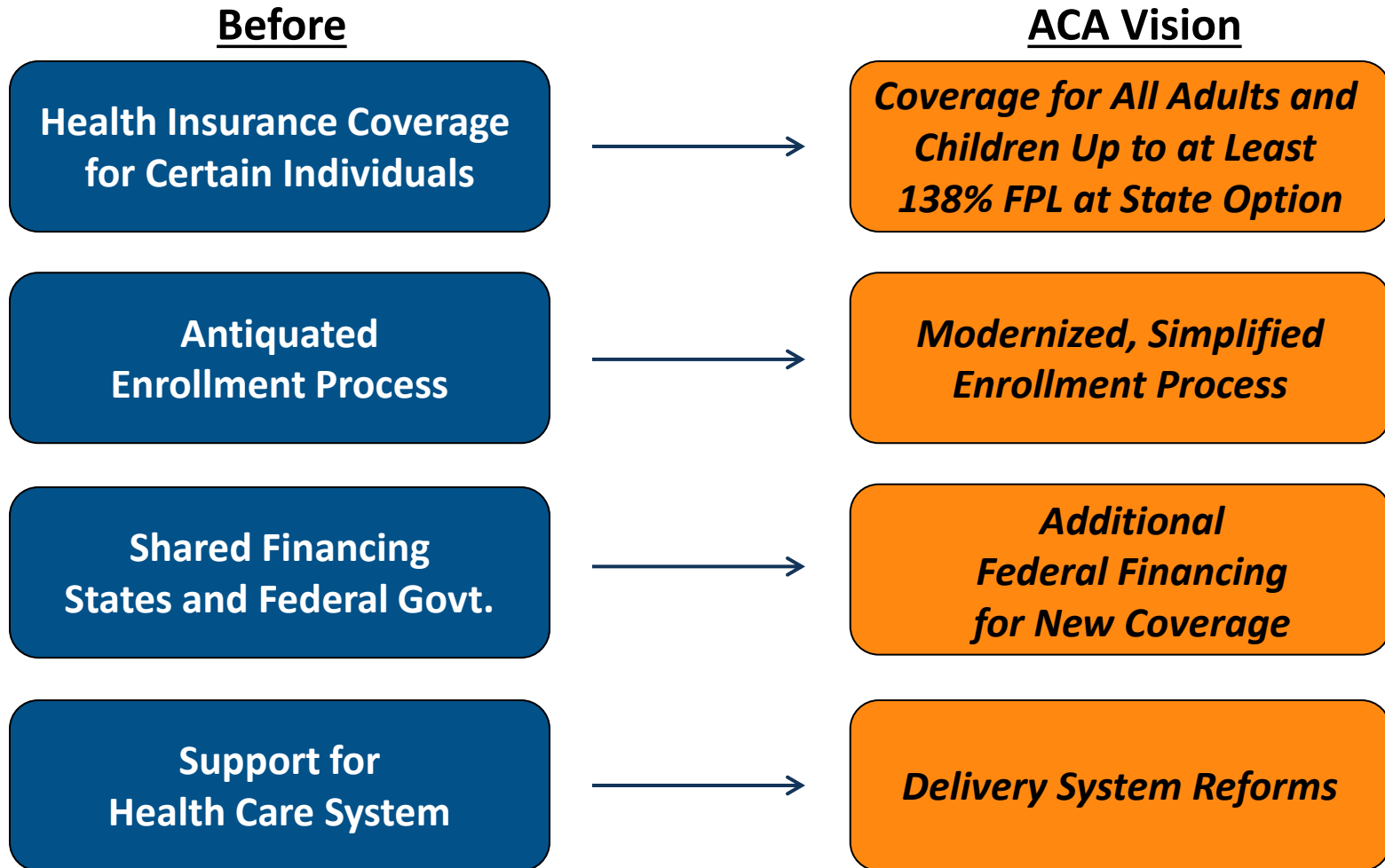
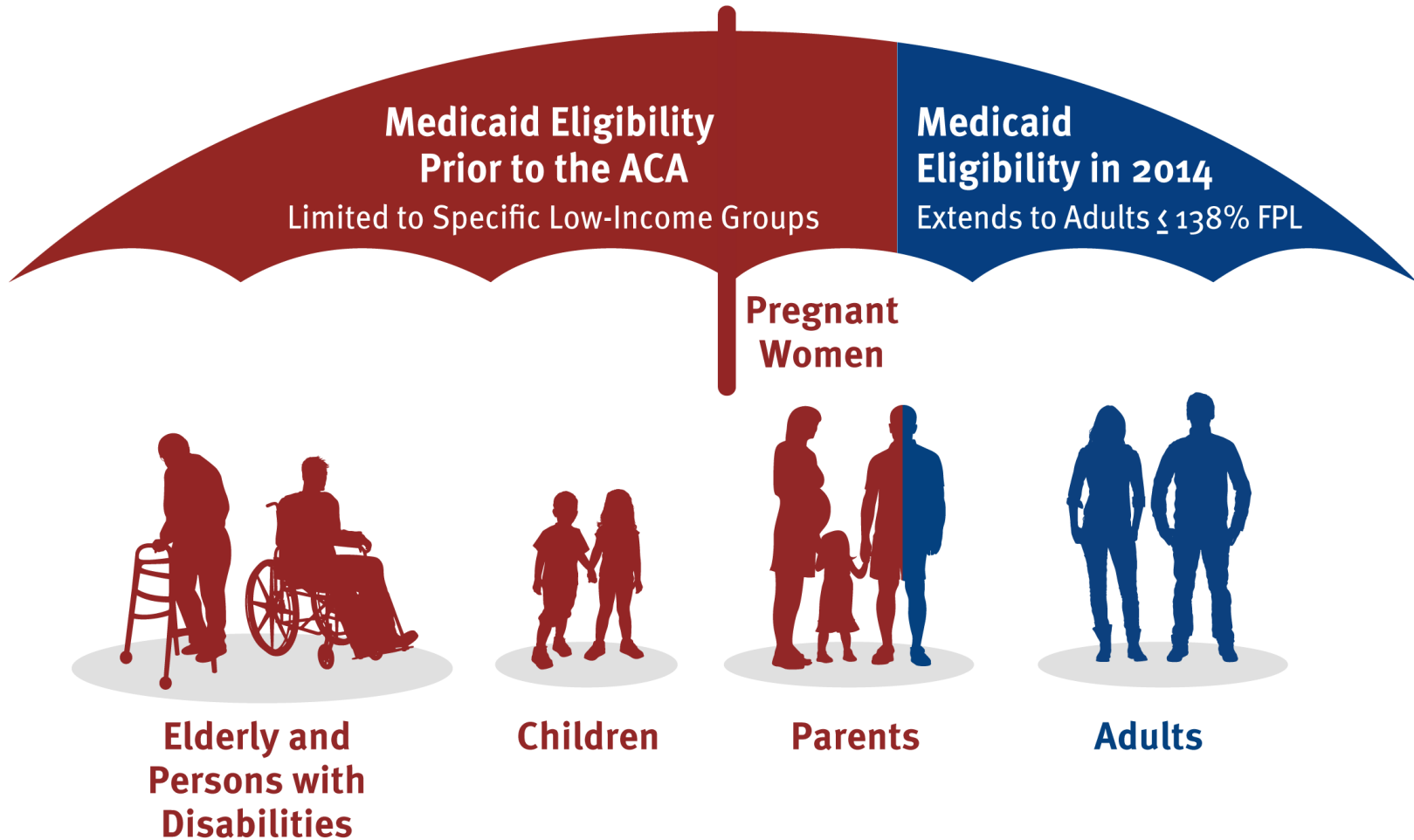


Figure 2

The ACA Medicaid expansion fills current gaps in coverage.

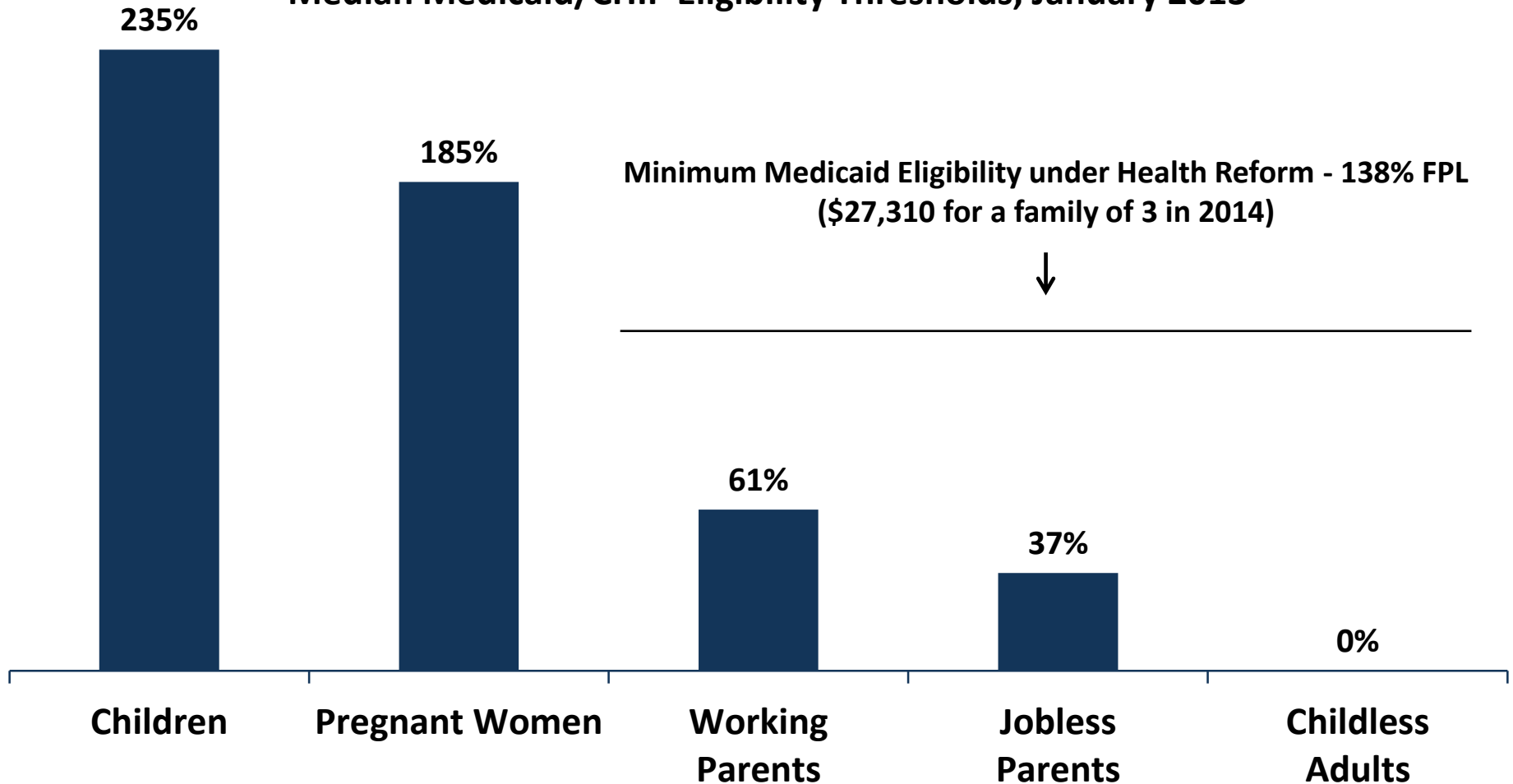


NOTE: The June 2012 Supreme Court decision in *National Federation of Independent Business v. Sebelius* maintained the Medicaid expansion, but limited the Secretary's authority to enforce it, effectively making the expansion optional for states. 138% FPL = \$16,424 for an individual and \$27,724 for a family of three in 2015.

Figure 3

...by expanding coverage, especially for adults.

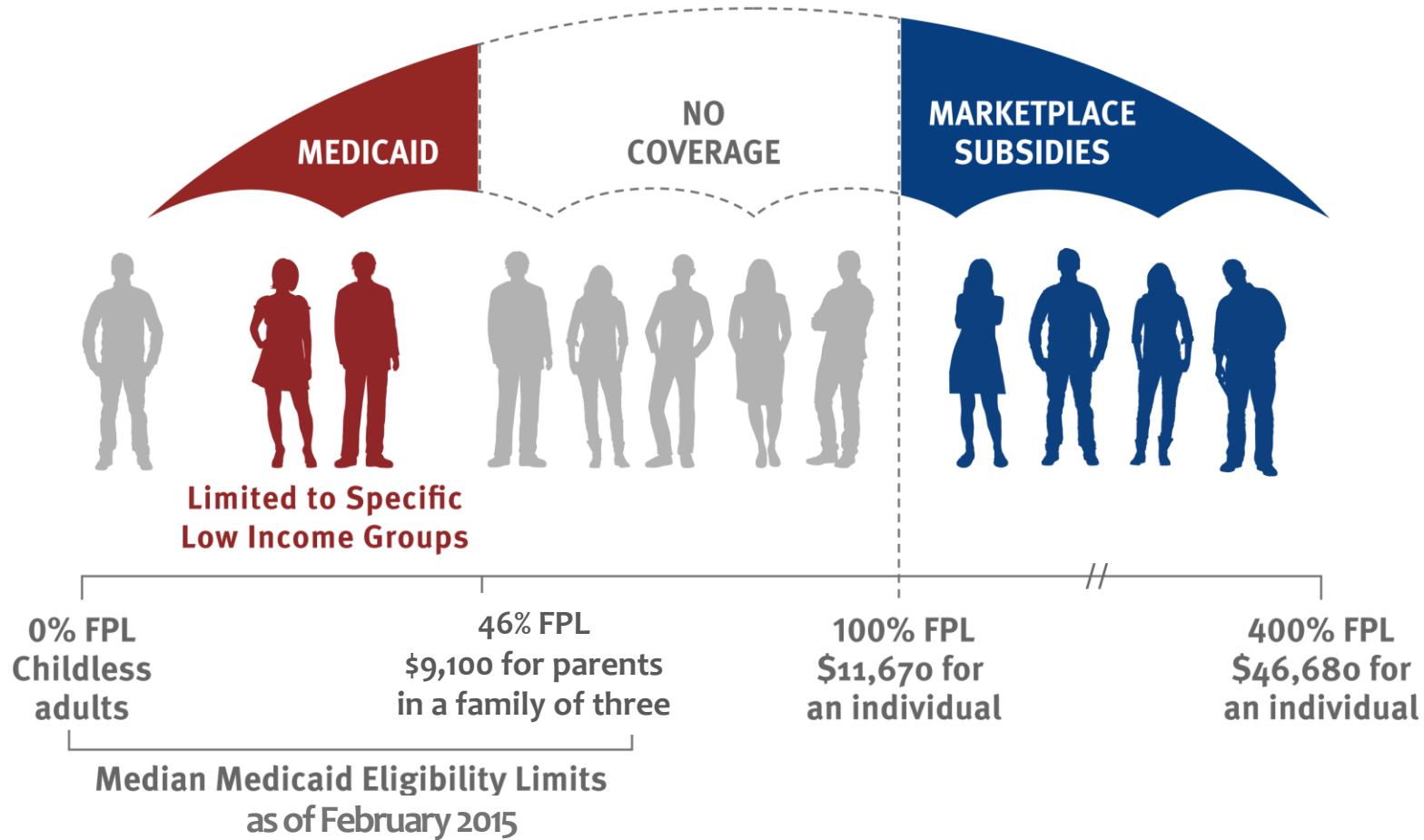
Median Medicaid/CHIP Eligibility Thresholds, January 2013



SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

Figure 4

In states that have not expanded Medicaid under the ACA, there are large gaps in coverage available for adults.

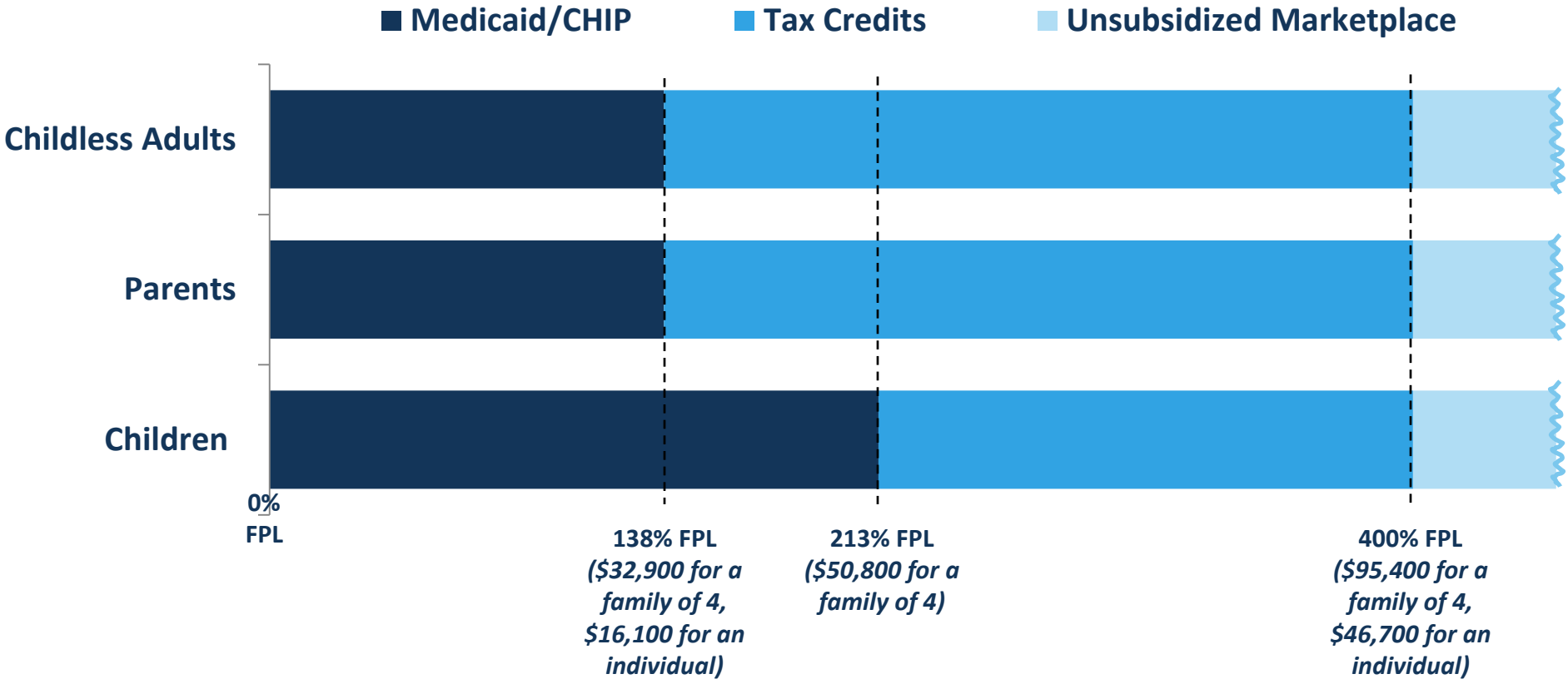


Based on 2014 poverty thresholds.

Figure 5

In states that expand Medicaid, the ACA provides coverage options across the income spectrum.

Income Eligibility Levels for Medicaid/CHIP and Marketplace Tax Credits in States Implementing the Medicaid Expansion as of 2014

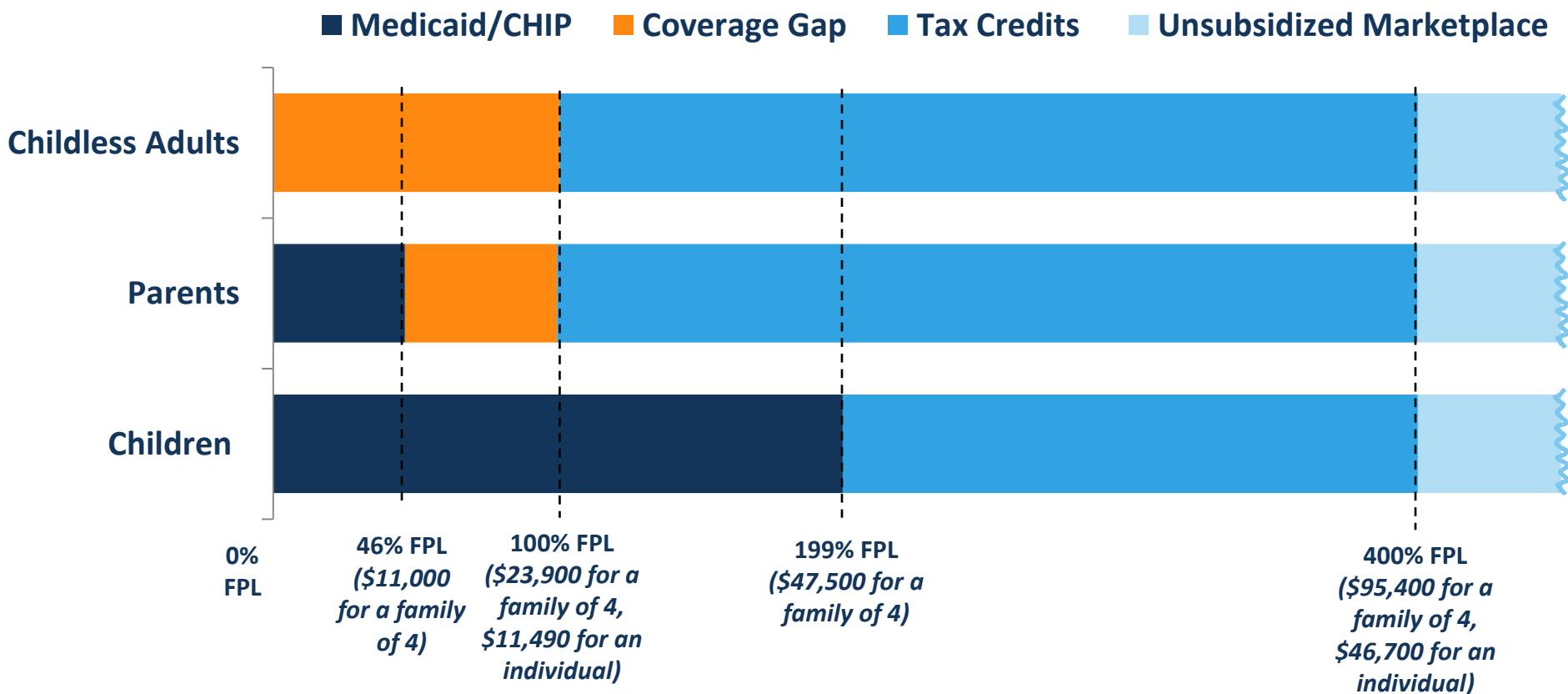


Notes: Medicaid eligibility is based on current Medicaid eligibility rules converted to MAGI. Applies only to MAGI populations. Medicaid eligibility levels as a share of poverty vary slightly by family size; levels shown are for a family of four. People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage.
Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels.

Figure 6

In states not expanding Medicaid, there are large gaps in coverage available for adults.

Income Eligibility Levels for Medicaid/CHIP and Marketplace Tax Credits in States Not Implementing the Medicaid Expansion as of 2014



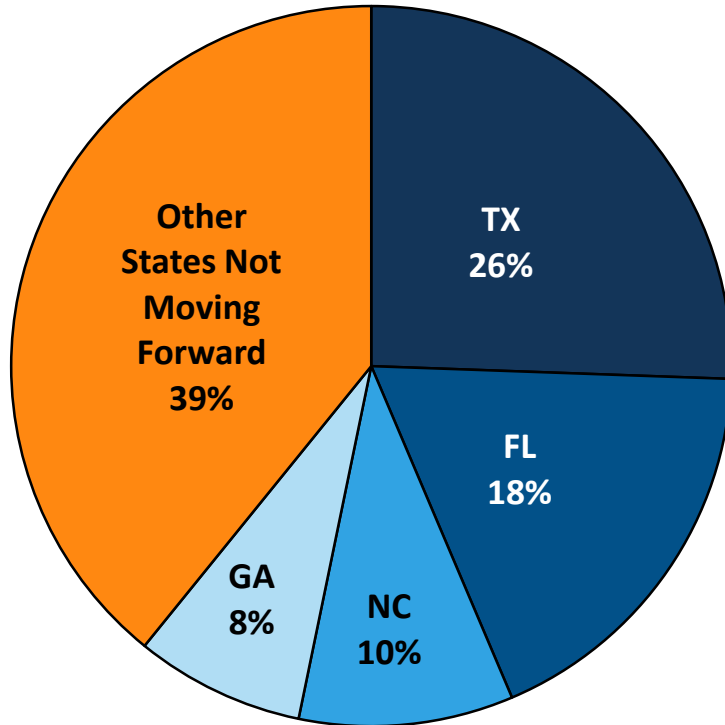
Notes: Medicaid eligibility is based on current Medicaid eligibility rules converted to MAGI. Applies only to MAGI populations. Medicaid eligibility levels as a share of poverty vary slightly by family size; levels shown are for a family of four. People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage.

Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels.

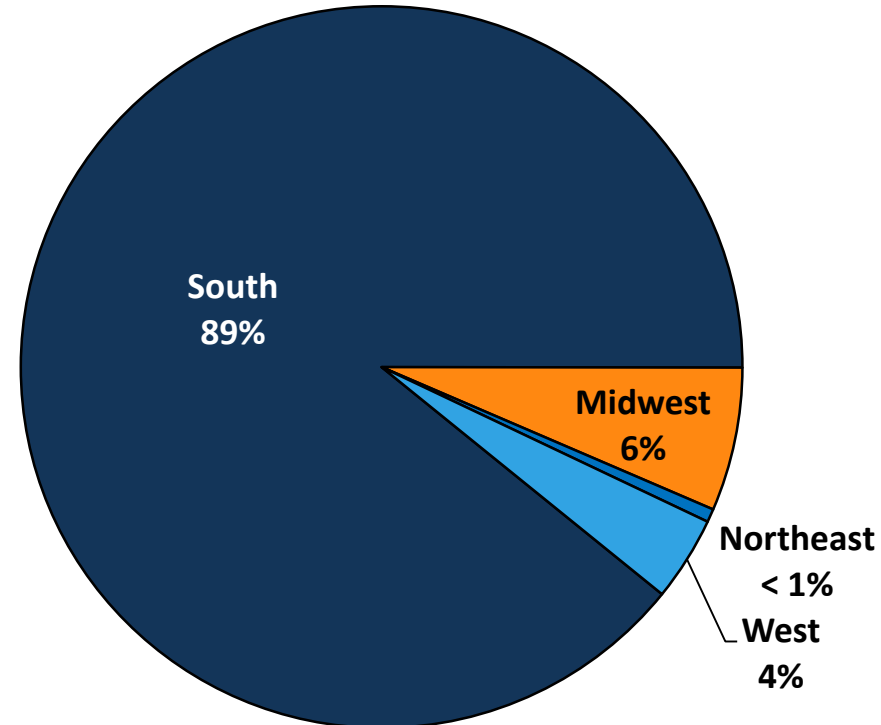
Figure 7

Nationwide, there are 3.7 Million low-income adults estimated to fall into the coverage gap.

Distribution By State:



Distribution By Geographic Region:



Total = 3.7 Million in the Coverage Gap

Notes: Excludes legal immigrants who have been in the country for five years or less and immigrants who are undocumented.

The poverty level for a family of three in 2015 is \$20,090. Totals may not sum to 100% due to rounding.

Source: "Number of Poor Uninsured Nonelderly Adults in the ACA Coverage Gap," KFF State Health Facts.

<http://kff.org/health-reform/state-indicator/number-of-poor-uninsured-nonelderly-adults-in-the-aca-coverage-gap/#>

Figure 8

All states must modernize Medicaid application and enrollment processes.

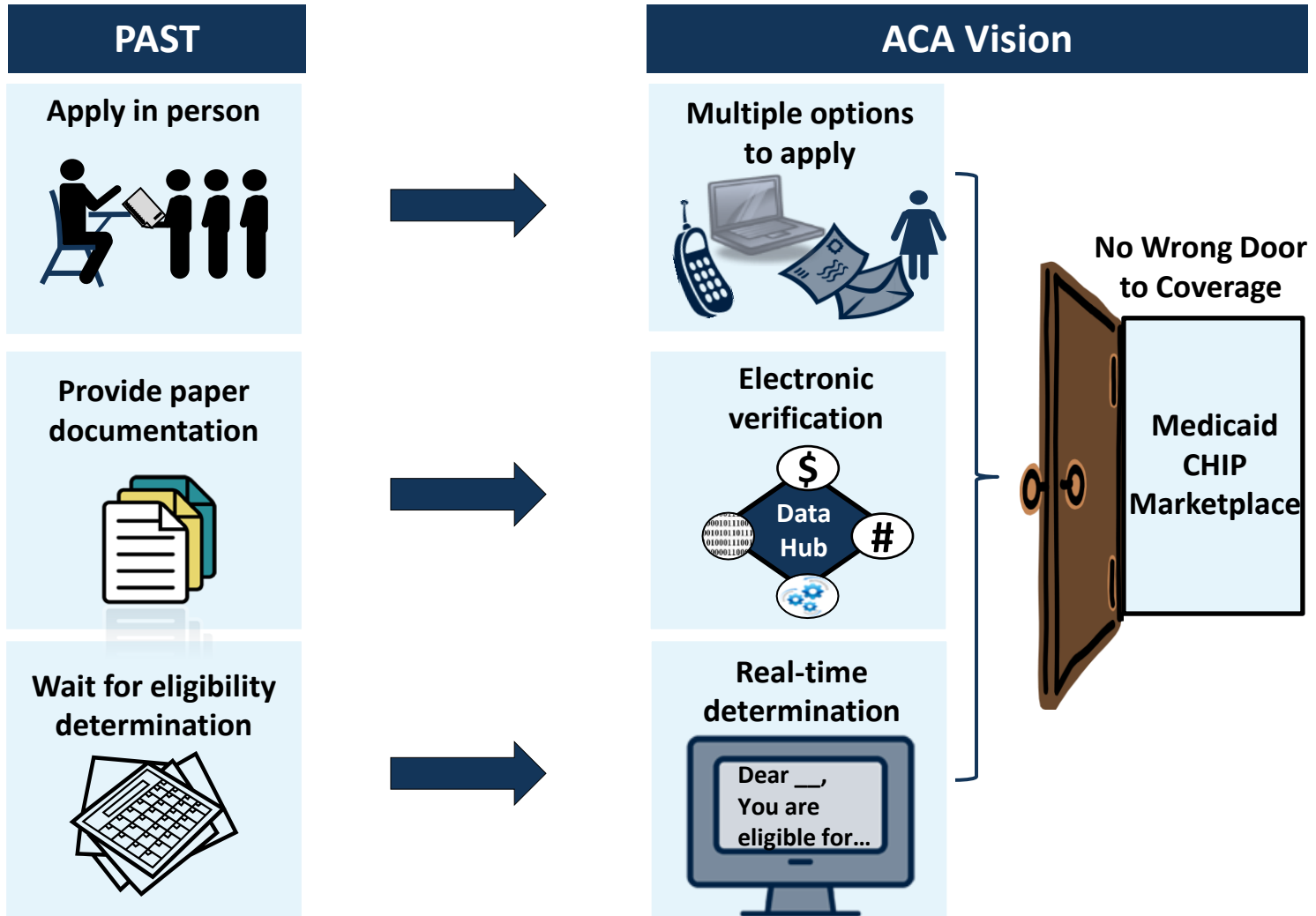
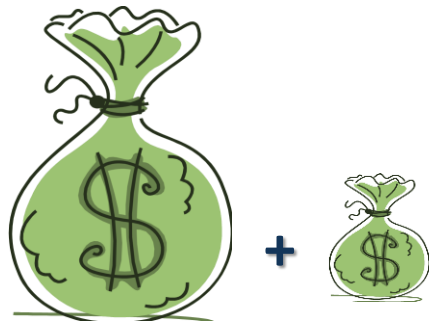


Figure 9

The Medicaid expansion has implications beyond the Medicaid program.



**Federal + State
Funds**



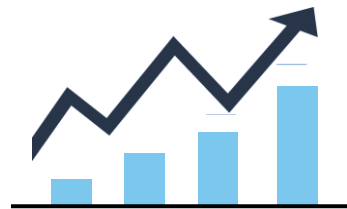
**Reduction in the Number
of Uninsured**



**Increased Provider
Revenue**



Increased State Savings
↓ Uncompensated Care Costs
↓ State-funded health
programs (e.g. Mental health)



**Increased State
Economic Activity**
↑ Jobs and Revenues

Key ACA reforms bolster primary care and focus on transforming care delivery and payment systems.

- **Increased Medicare and Medicaid payments for primary care**
- **Investment in community health centers**
- **Health care workforce development**
- **Emphasis on prevention**
- **Patient-centered medical home and accountable care models**
 - Health homes for Medicaid beneficiaries with chronic conditions
- **Shift away from fee-for-service toward value-based payment**
- **New options for home and community-based long-term services and supports**

