MEDICAID EXPANSION UNDER THE AFFORDABLE CARE ACT

As Part of the Affordable Care Act (ACA), in 2014 Medicaid Will Expand Eligibility to Include More Low-Income Adults

MEDICAID ELIGIBILITY TODAY
Limited to Specific Low-Income Groups

MEDICAID ELIGIBILITY IN 2014
Extends Eligibility to Adults ≤138% of the Federal Poverty Level (FPL)*

People with Disabilities  Elderly  Children  Pregnant Women  Parents  Adults

* 138% FPL = $15,856 for an individual and $26,951 for a family of 3 in 2013

Half of Today’s Uninsured Have Incomes Below the New Medicaid Limit (138% FPL)

51% BELOW LIMIT

49% ABOVE LIMIT

TOTAL: 48 MILLION NONELDERLY UNINSURED

In States That Do Not Expand Medicaid, Many Low-Income Adults Will Likely Remain Uninsured

SHARE OF NONELDERLY UNINSURED ≤138% FPL BY STATE

- 26%-47% (17 states, including DC)
- 48%-52% (18 states)
- 53%-61% (16 states)

EXECUTIVE DECISIONS ON THE ACA MEDICAID EXPANSION**

- 27 SUPPORT expansion (unmarked states)
- 17 OPPOSE expansion
- 7 weighing options

10.8 million uninsured under the new Medicaid expansion limit reside in states where governors oppose the expansion or are still weighing options.

** As of March 5, 2013

Under the ACA, Medicaid Will Streamline the Enrollment Process

- MULTIPLE WAYS TO ENROLL
- A SINGLE APPLICATION FOR MULTIPLE PROGRAMS
- USE OF ELECTRONIC DATA TO VERIFY ELIGIBILITY
- REAL-TIME ELIGIBILITY DETERMINATION

The Federal Government Will Fund the Vast Majority of Medicaid Expansion Costs

COSTS (2013–2022)

- $952 BILLION
- $76 BILLION

ENROLLMENT

- 21.3 MILLION New Enrollees (by 2022)

Spending and enrollment figures assume all states will expand. States are likely to see savings or offsets to costs such as reduced uncompensated care and increased economic activity. In many states this could result in overall cost savings related to the ACA Medicaid expansion.


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