



MAINTAINING AND IMPROVING MEDICAID

Medicaid covers health and long-term care services for over 60 million low-income Americans. States have over 40 years of experience operating the program with federal matching funds. The Affordable Health Care for America Act builds upon this existing state-based administrative structure to extend coverage to all low-income Americans who are not eligible for assistance with their premiums and cost-sharing in the Health Insurance Exchange. To address concerns about access to needed services by Medicaid beneficiaries, the bill will also improve Medicaid payments for primary care services to physicians and other practitioners.

The Children's Health Insurance Program (CHIP) covers over 6 million low-income children who are not eligible for Medicaid. CHIP expires at the end of 2013, the year that the new Health Insurance Exchange would begin operation. The bill ensures that at the beginning of 2014, children who were covered by CHIP could, depending on family income, enroll either in Medicaid or in a plan of their family's choice in the Exchange with financial assistance to make their new coverage affordable.

MEDICAID:

COVERING LOW-INCOME UNINSURED AMERICANS

- Effective 2013, most individuals under the age of 65 — children, pregnant women, parents, individuals with disabilities, and childless adults — with family incomes at or below 150 percent of the poverty level (\$16,245 per year for an individual and \$33,100 for a family in 2009) would be eligible for Medicaid.
- The cost of care for those newly enrolled in Medicaid as a result of this policy would be paid by the federal government, with no state contribution for the first two years; thereafter, states would contribute 9 percent.
- Medicare beneficiaries under the age of 65 with incomes below 150 percent of the poverty level would receive assistance with Medicare Part B deductibles and co-insurance.

IMPROVING ACCESS TO SERVICES

- Medicaid payments to primary care physicians and practitioners for primary care services are increased to 80 percent of Medicare rates in 2010, 90 percent in 2011, and 100 percent in 2012 and thereafter. The costs of raising these payment rates would be paid entirely by the federal government through 2015; thereafter, states would contribute 10 percent.