



ADvancing States-Overview of Medicaid Eligibility

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Medicaid Eligibility Has Evolved Over Time...And Is Still Complex

MAGI

§1634 States
Assets

ACA Mandatory

PHE Unwinding

HCBS

Maintenance of Effort

CFR 209(b) states optional

SSA

Dual

QMB

Categorical

Eligible

Disabilities

Family Opportunity Act

Medically Needy

QI

SLMB

Financial

Medicare

Special Income Rule

ABD

Renewal

SSI



Medicaid and CHIP Enrollment, April 2023

- 94,151,768
 - 87,062,629 Medicaid
 - 7,089,139 CHIP

<https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>



Key Eligibility Requirements

- Eligibility determinations include financial and non-financial criteria
- Medicaid eligibility determination includes a residency requirement:
 - Beneficiaries generally must be residents of the state in which they are receiving Medicaid.
 - They must be either citizens of the United States or certain qualified non-citizens, such as lawful permanent residents.
 - In addition, some eligibility groups are limited by age, or by pregnancy or parenting status.
- Eligibility re-determinations must occur at least annually (cannot be more frequently for individuals whose eligibility is based on Modified Adjusted Gross Income (MAGI))
 - Re-determinations have been suspended during COVID-19 Public Health Emergency

Medicaid.gov
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2023 Federal Poverty Level Guidelines

Family Size	Annual Family Income				
	100% FPL	133% FPL	185% FPL	200% FPL	300% FPL
1	\$14,580	\$24,219	\$33,698	\$36,420	\$54,630
2	\$19,720	\$32,264	\$45,584	\$49,280	\$73,920
3	\$24,860	\$41,323	\$57,480	\$62,140	\$93,210
4	\$30,000	\$49,875	\$69,375	\$75,000	\$112,500
5	\$35,140	\$58,427	\$81,271	\$87,860	\$131,790

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

- Affordable Care Act requires states to **change their method of counting income and defining household size** when determining eligibility for Medicaid
- MAGI is a **methodology for determining household size and income** based on tax law
- MAGI rules **apply to all states** even if the state has not opted to expand Medicaid
- MAGI-based standards **apply only to certain eligibility categories of Medicaid**, including children, pregnant women, parents and the new adult expansion group.

CMS Lists Over 25 Mandatory & 30 Optional Categorically Needy Groups

- Examples of Mandatory Categorically Needy Groups include:
 - Children
 - Pregnant women
 - Low-Income Families
 - Individuals receiving Supplemental Security Income (SSI)
 - Medicare beneficiaries with limited income and resources
- Examples of Optional Categorically Needy Groups include:
 - Individuals receiving Home & Community-Based Services (HCBS)
 - Children in Foster Care (who are not otherwise eligible)
 - Individuals Receiving Hospice Care
 - Individuals at or below 133% Federal Poverty Level (FPL) Age 19 through 64

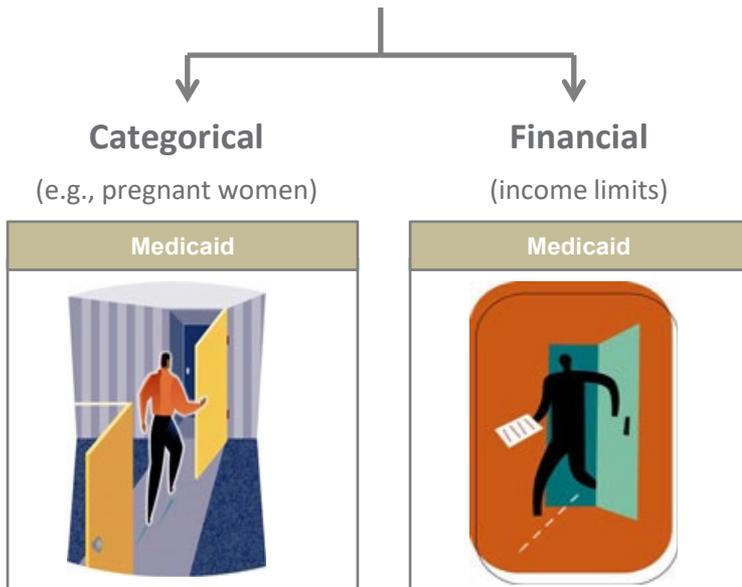
States Have the Option to Establish *Medically Needy* Categories of Eligibility

- ***Medically Needy*** programs are for individuals with significant health needs whose income is too high to otherwise qualify for Medicaid under other eligibility groups
- Individuals can become eligible by “**spending down**” the amount of income that is above a state's medically needy income standard
- Individuals spend down **by incurring expenses for medical and remedial care** for which they do not have health insurance
- Once an individual's incurred expenses **exceed the difference** between the individual's income and the state's medically needy income level (the “spenddown” amount), the person can be eligible for Medicaid
- The **Medicaid program then pays the cost of services that exceeds the expenses** the individual had to incur to become eligible

Determining Medicaid Eligibility: Pre and Post-Affordable Care Act (ACA)

All States Prior to ACA Expansion and Non- Expansion States

Two Doors to Eligibility



Expansion States

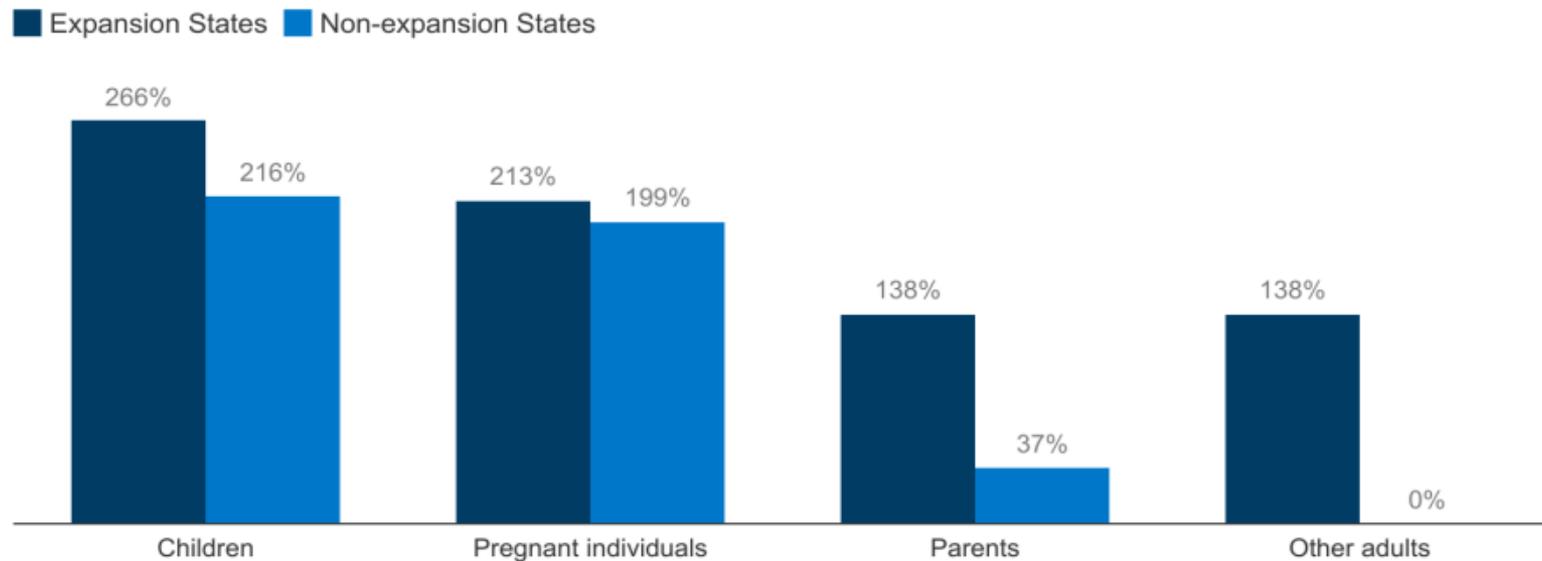
One Door to Eligibility



Figure 16

Median Medicaid Income Eligibility Limits Based on Implementation of Medicaid Expansion, January 2023

Eligibility Limits Are Represented as % FPL:



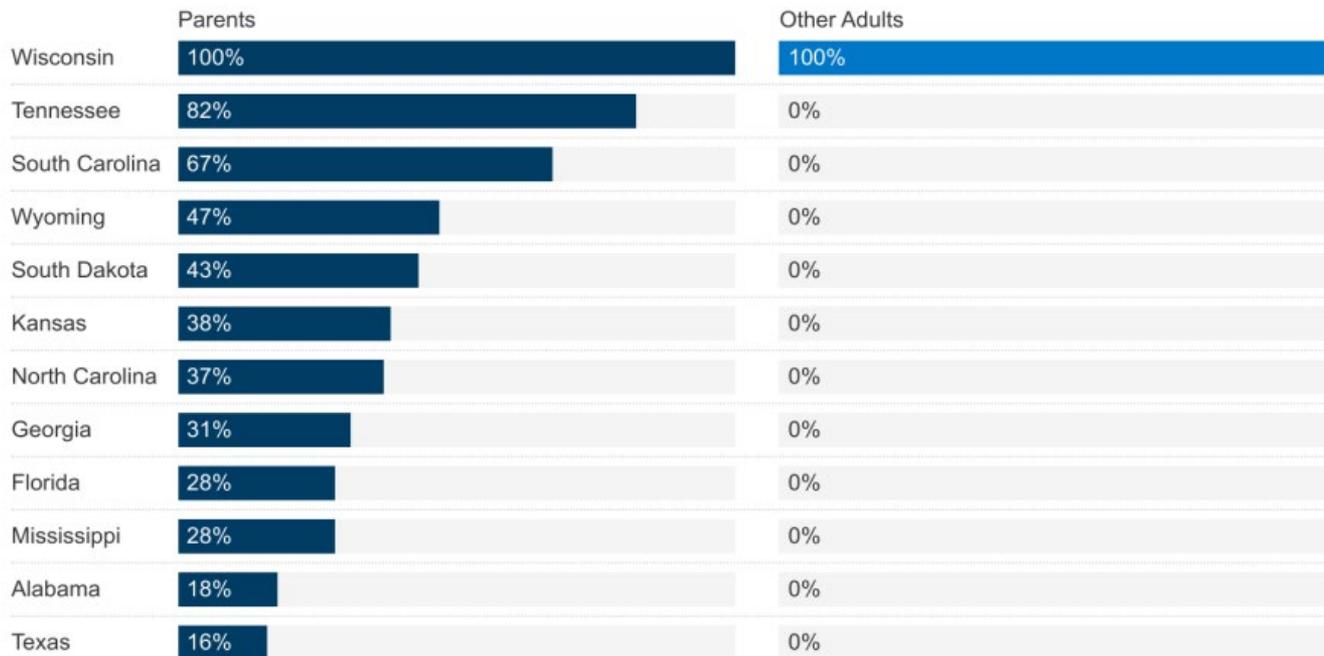
NOTE: Eligibility levels are based on a family of three for parents and an individual for childless adults. In 2023, the FPL was \$24,860 for a family of three and \$14,580 for an individual. Threshold includes the standard five percentage point of FPL disregard.

SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2023.



Figure 17

Medicaid Income Eligibility Limits for Adults in States That Have Not Implemented the Medicaid Expansion, January 2023



NOTE: Eligibility levels are based on 2023 federal poverty levels (FPLs) for a family of three. In 2023, the FPL was \$24,860 for a family of three. Thresholds include the standard five percentage point of the FPL disregard.

SOURCE: Based on results of a national survey conducted by KFF and the Georgetown Center for Children and Families, 2023.



Figure 18

States Providing 12-Month Continuous Eligibility for Children in Medicaid or CHIP, January 2023

- Provides 12-Month Continuous Eligibility for Children in Medicaid and CHIP (26 states)
- Provides 12-Month Continuous Eligibility for Children in CHIP only (7 states)
- Does Not Provide 12-Month Continuous Eligibility for Children in Medicaid or CHIP (18 states)

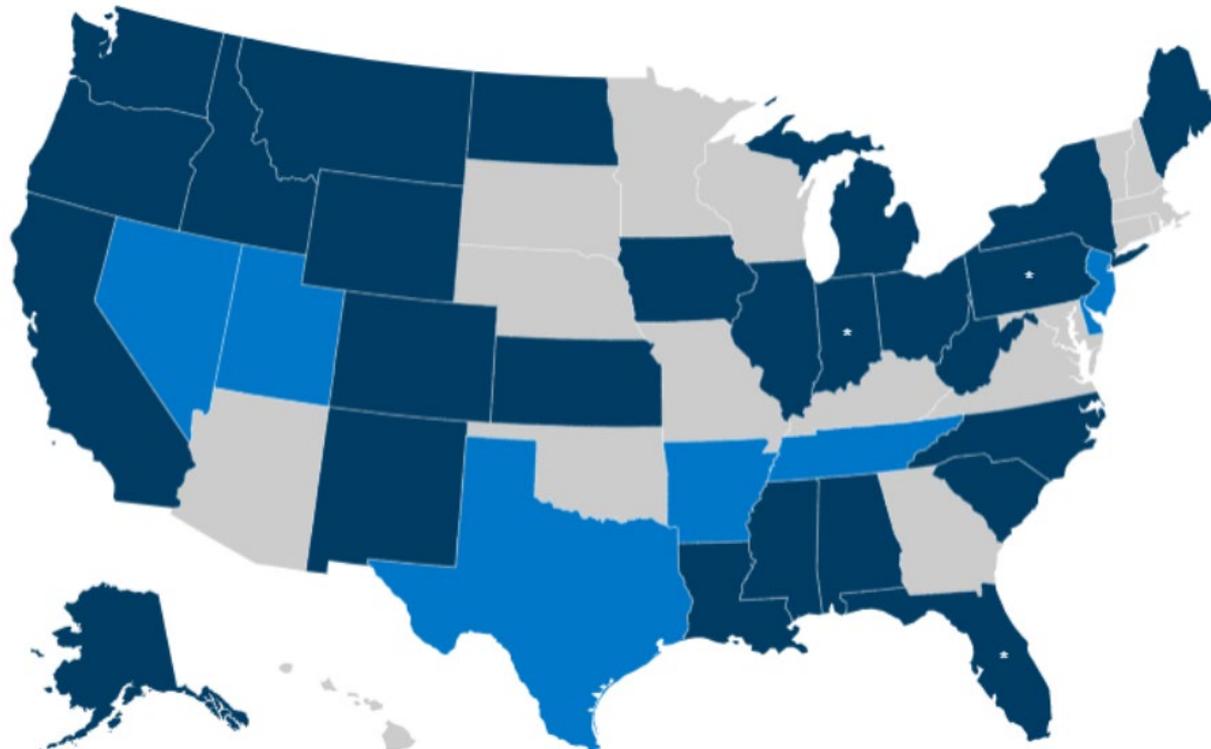
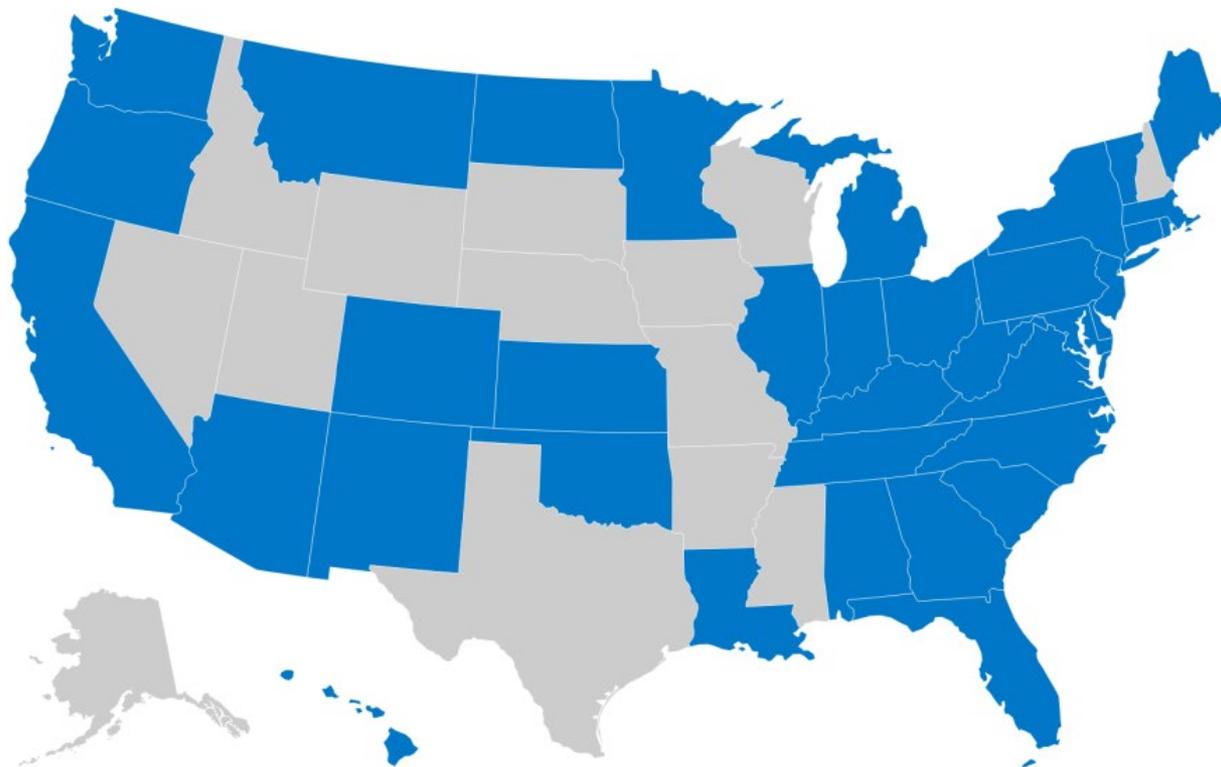


Figure 19

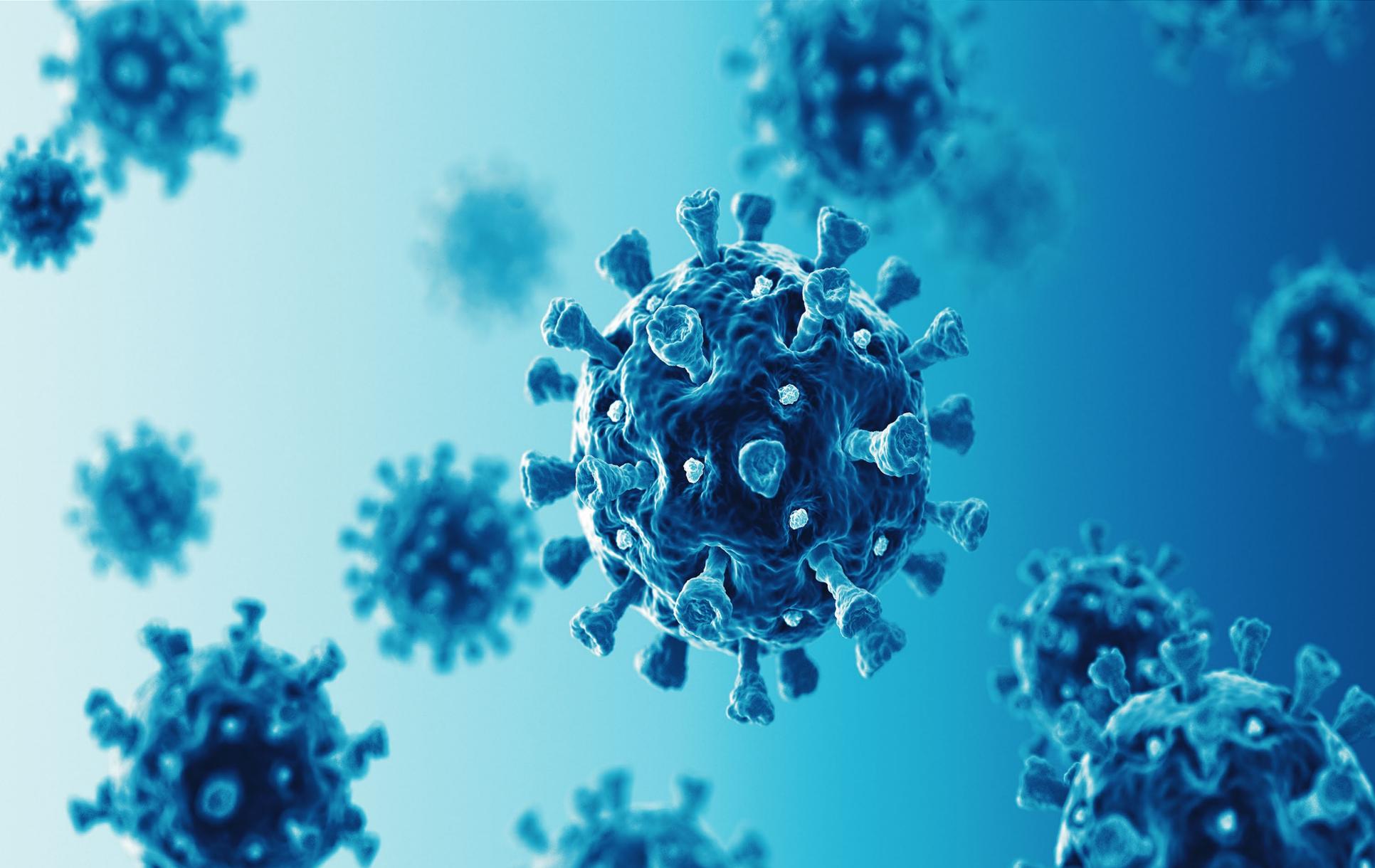
State Adoption of Medicaid 12-month Postpartum Coverage Extension, January 2023

- Adopted or Plan to Adopt 12-month Postpartum Coverage Extension (37 States)
- Have Not Adopted 12-month Postpartum Coverage Extension (14 States)



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States Must Redetermine Eligibility for All Beneficiaries Enrolled in Medicaid/CHIP

- The state agency must begin the renewal process early enough in order **complete a redetermination prior to the end of the eligibility period.**
- States must first attempt to redetermine eligibility based on reliable information available to the agency **without requiring information from the individual (ex parte renewal)**
 - If available information is insufficient to determine continued eligibility, agency **sends a renewal form and requests additional information** from the beneficiary.
- Redetermination Timeframe:
 - **MAGI Beneficiaries & CHIP:** Once every 12 months (and no more frequently than once every 12 months)
 - **Non-MAGI Beneficiaries:** At least once every 12 months (states can elect shorter eligibility periods)

- Eligibility re-determinations were “suspended” during COVID-19 Public Health Emergency
- Consolidated Appropriations Act, 2023 delinked the continuous enrollment condition from the end of the PHE
- Beginning April 1, 2023 states are able to terminate Medicaid enrollment for individuals no longer eligible
- States have up to 12 months to return to normal eligibility and enrollment operations
- States were required to submit a Renewal Redistribution Plan and Baseline Unwinding Data to CMS prior to beginning disenrollments
- Unwinding Data is due each month

- **Fifteen states indicate they will conduct electronic data matches** to identify and target enrollees for priority action who may no longer be eligible after the continuous enrollment requirement is lifted.
- **The majority of states (42) plan to take up to a full year to process redeterminations** and return to routine operations; however, seven states plan to resume normal operations more quickly.
- When the continuous enrollment requirement is lifted, **a majority of states (37) plan to follow-up with enrollees when action must be taken to avoid a loss of coverage** due to missing information.

National Summary of Outcomes of Medicaid and CHIP Renewals Due April 2023

For 18 state reporting at least one full cohort of unwinding-related renewals in April 2023	Percent of Beneficiaries for renewal in the reporting month
Total Renewals Due in April 2023 (based on states' distribution of renewals)	2.2 million
Coverage Renewed	45.5%
Automatic renewal (“ex parte”)	25.4% (55.8% of total renewals)
Determined eligible	20.1% (44.2% of total renewals)
Coverage Terminated	32.2%
Procedural terminations	25.6% (79.3% of total terminations)
Determined ineligible	6.7% (20.7% of total terminations)
Renewals Pending – To Be Completed	22.2%

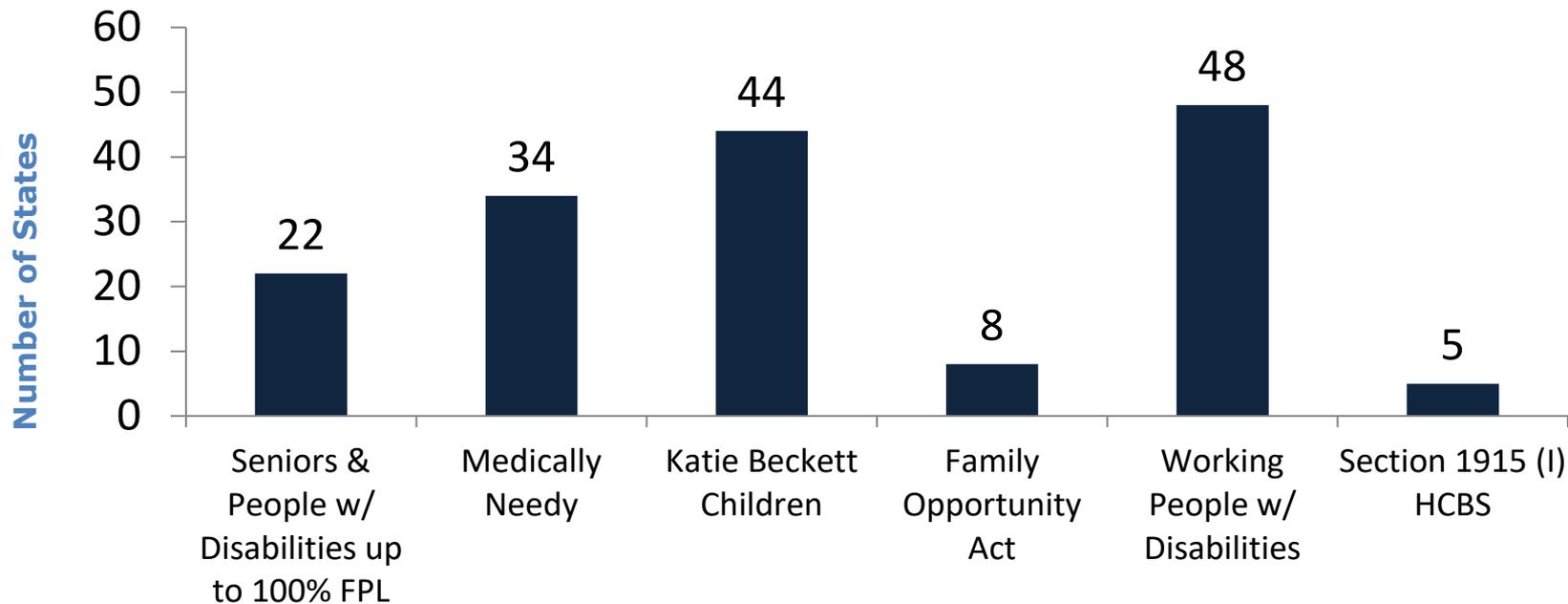
“Eligibility” Factors for Medicaid Home and Community-Based Waivers

- **Meet Medicaid Categorical and Financial Eligibility**
 - For group included in Medicaid State Plan and specified in Waiver
- **Meet Institution-Equivalent Level of Care (LOC)**
 - In absence of waiver services, would require Medicaid payable services provided by nursing facility, ICF/DD facility, or hospital
 - Clinical determination that looks at functional ability/need for assistance with personal activities of daily living like bathing, dressing, eating and transferring
- **Be a Member of the Waiver Target Group**
 - Three broad target groups are 1) Aged and/or Disabled, 2)Intellectual/Developmental Disability, and 3) Persons with Mental Illness (may be called Serious Emotional Disturbance (SED))
 - May be much more narrowly targeted e.g., (autism, HIV)
 - Cost can be a factor, depending on whether waiver cost limit is individual or aggregate

Three Options for Determining Medicaid Eligibility of SSI Beneficiaries

- **Section 1634 States—SSA Administration (33 states and DC)**
 - Same eligibility criteria as SSI
 - Contract with SSA via a “1634 agreement” to also determine Medicaid eligibility for SSI
 - No separate application required—eligibility files transmitted to state
 - Referral to state for final determination in rare cases (Medicaid qualifying trusts, transfer of resources, TPL, refusal to assign rights)
- **SSI Criteria States—State Administration (7 states and Northern Mariana Islands)**
 - Same eligibility criteria as SSI for income, resources and disability
 - Categorically eligible for Medicaid but separate application is required
- **Section 209(b) States (10 states)**
 - Can have own rules; use at least one eligibility criterion more restrictive than SSI
 - Separate application is required
 - Criteria cannot be more restrictive than standards in effect July 1, 1972
 - All but HI have income limit close to SSI limit; asset limit can be lower (or higher)
 - Must provide for deducting incurred medical expenses (Spend-down)

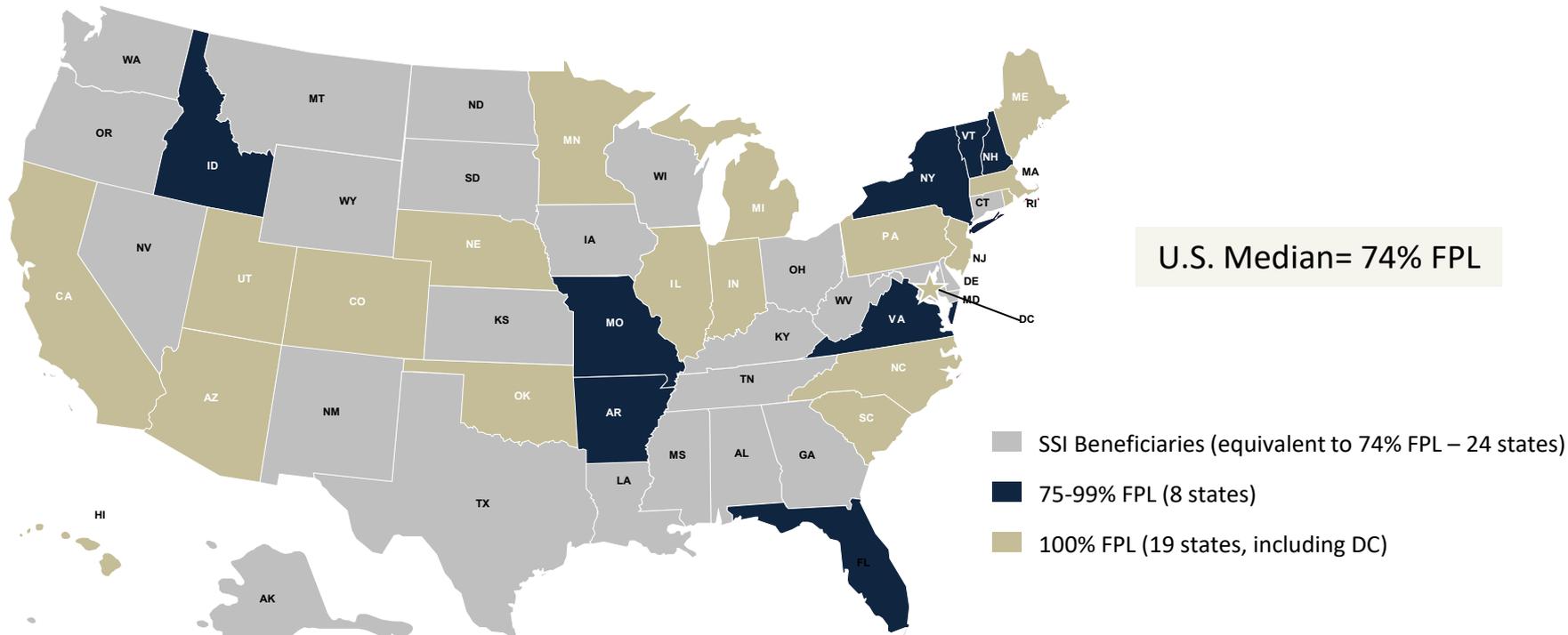
State Adoption of Major Optional Pathways to Full Medicaid Eligibility Based on Old Age or Disability, 2022



Unless otherwise indicated, table excludes Medicaid eligibility pathways available through HCBS waivers. States can cover Katie Beckett children and Family Opportunity Act children through a state plan amendment (SPA) and/or comparable waivers. Table excludes states that use Section 1915 (i) to offer HCBS to people who are otherwise Medicaid eligible. CT did not respond to the survey; where available, data from KFF's 2018 survey have been used for CT.

SOURCE: KFF [State Adoption of Major Optional Pathways to Full Medicaid Eligibility Based on Old Age or Disability](#) | KFF

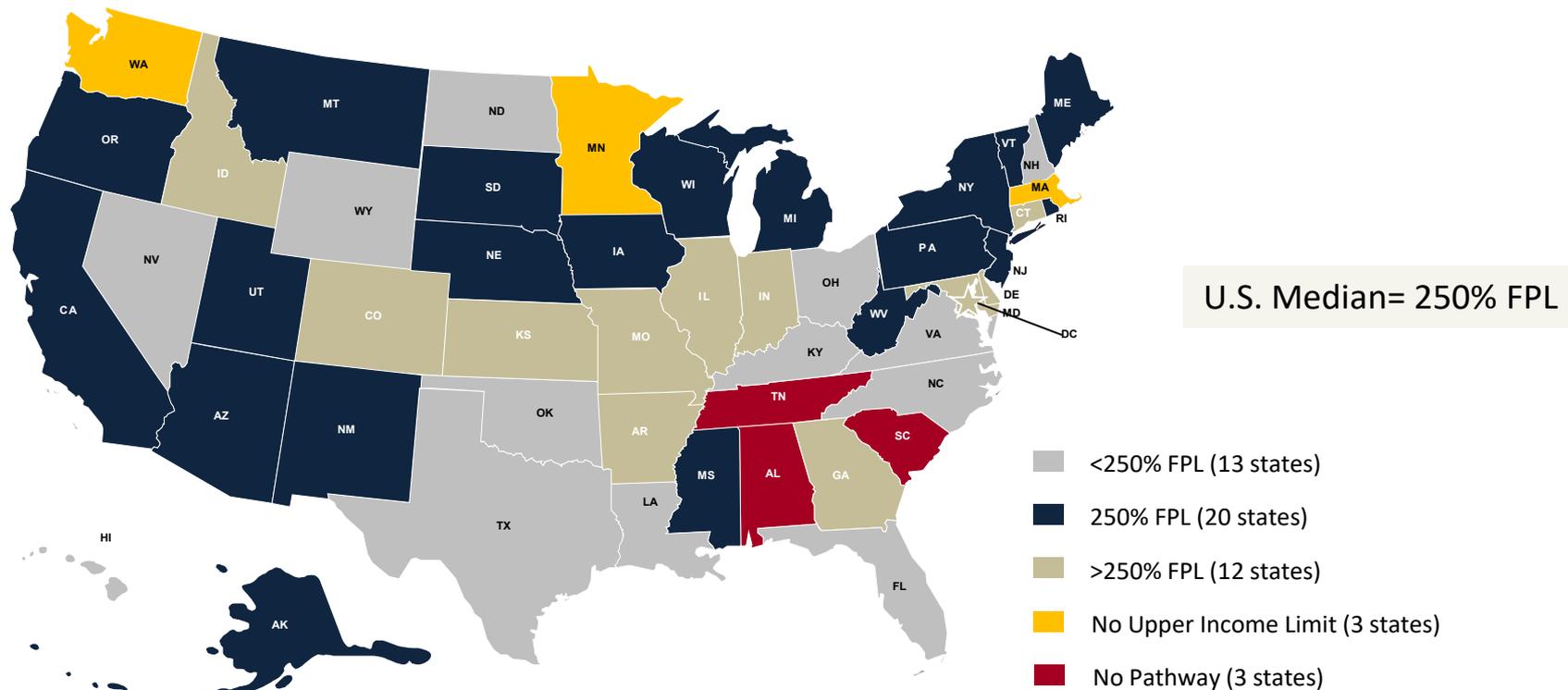
Medicaid Eligibility for SSI Enrollees and Optional Seniors & People with Disabilities Up To 100% FPL, 2022



NOTE: FPL = federal poverty level. Eligibility limits are for an individual. The maximum federal SSI benefit is equivalent to 74% FPL. The maximum SSI limit exceeds 74% FPL in ID, MO, NH, NY, and VT, due to state supplemental payments and/or additional income disregards. CT uses § 209 (b) to apply a more restrictive income limit than federal SSI rules (63% FPL) but with additional income disregards the maximum income limit is 83%. Three states do not cover seniors & people with disabilities up to the maximum of 100% FPL; the income limit is 80% FPL in AR & VA and 88% FPL in FL. CA is phasing out its asset limit beginning in July 2022, and will eliminate it in January 2024. Most states also apply an asset limit for seniors & people with disabilities up to 100% FPL.

SOURCE: KFF [Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey – Issue Brief – 9965 | KFF](#)

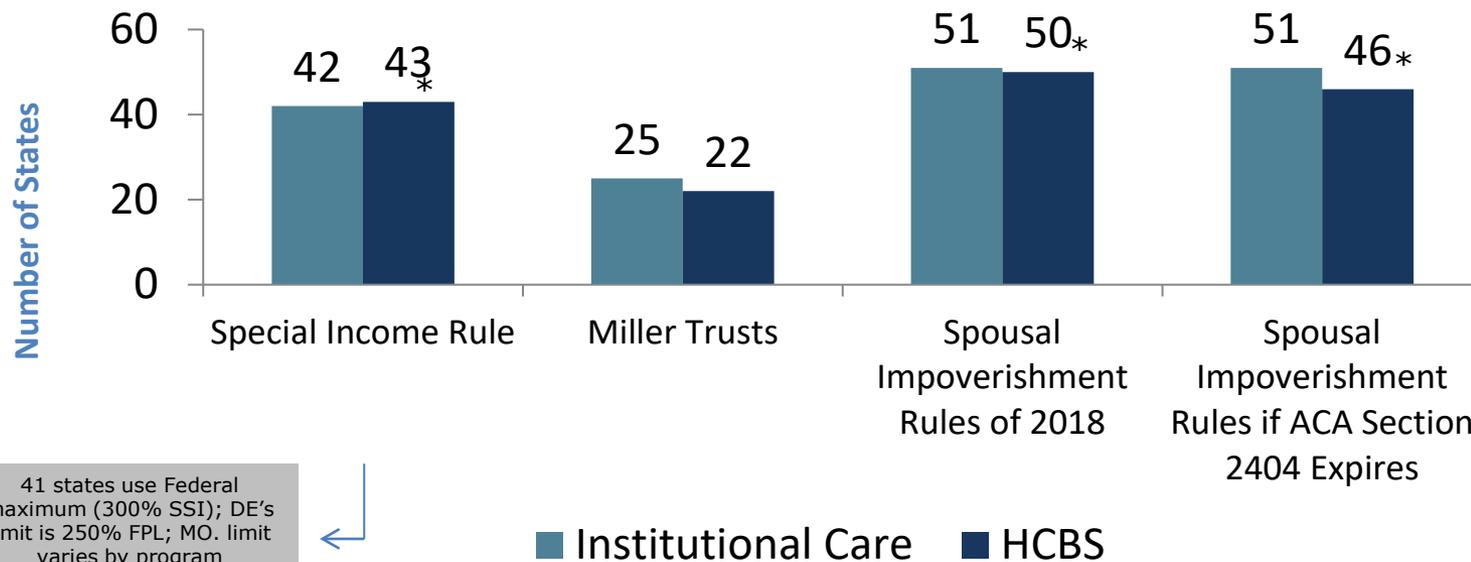
Medicaid Eligibility for Working People w/ Disabilities, 2022



NOTE: FPL = federal poverty level. AR has no earned income limit but unearned income is limited to the SSI individual amount. MD is eliminating income limit as of 7/1/22. MI limits income for applicants to 250% FPL but does not have an income limit once enrolled. VA limits income for applicants to 138% FPL but does not have an income limit once enrolled. Most states also apply an asset limit. SOURCE: KFF Survey of Medicaid Financial Eligibility & Enrollment Policies for Seniors & People with Disabilities, 2022..

SOURCE: KFF [Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey – Issue Brief – 9965](#) | [KFF](#)

All States Elect at Least Some Options to Expand Financial Eligibility for People Who Need Medicaid LTSS



NOTES: *MA applies the special income rule to HCBS but not institutional care. MN applies the special income rule to institutional care but only one of its HCBS waivers. Application of MO's special income rule varies by program. IL applies the spousal impoverishment rules to some but not all HCBS waivers as of Dec. 2018. ACA 2404 requires states to apply spousal impoverishment rules to all HCBS. At the time of our survey, 2404 was set to expire at the end of 2018, but subsequently has been extended through Sept. 2019. If 2404 expires, AR, IL, and MN plan to apply the spousal impoverishment rules to some but not all HCBS waivers, and ME and NH do not plan to apply the rules to any HCBS waivers.

SOURCE: KFF Medicaid Financial Eligibility Survey for Seniors and People with Disabilities, 2018.
<http://files.kff.org/attachment/Issue-Brief-Medicaid-Financial-Eligibility-for-Seniors-and-People-with-Disabilities-Findings-from-a-50-State-Survey>

12.2 million “Dual Eligibles” in 2022

- **Full Benefit Dual Eligible:** Beneficiary receives full Medicaid & Medicare benefits
- **Qualified Medicare Beneficiary (QMB) Program:** Helps pay premiums, deductibles, coinsurance, and copayments for Part A, Part B, or both programs
- **Specified Low-Income Medicare Beneficiary (SLMB) Program:** Helps pay Part B premiums
- **Qualifying Individual (QI) Program:** Helps pay Part B premiums
- **Qualified Disabled Working Individual (QDWI) Program:** Pays the Part A premium for certain disabled and working beneficiaries

Medicare Savings Plans



SOURCE: Centers for Medicare and Medicaid Services: [Dually Eligible Beneficiaries : MACPAC ; https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf); https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf

Full Benefit “Dual Eligibles”

Full Medicaid

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none">• Full Medicaid coverage• Medicaid pays Part A (if any) and Part B premiums, and may pay deductibles, coinsurance, and copayments consistent with the Medicaid State Plan (even if the Medicaid State Plan payment is unavailable for these charges, the QMB is not liable for them)
Qualifications	<ul style="list-style-type: none">• Income may be up to 100% of the FPL• States determine resources criteria• To qualify as a QMB Plus, the individual must be enrolled in Part A (or if uninsured for Part A, have filed for premium Part A on a conditional basis). For more information on this process, refer to Section HI 00801.140 of the <u>Social Security Administration Program Operations Manual System</u>.• To qualify for full Medicaid benefits, an individual must meet financial and other criteria

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare Savings Programs: “Dual Eligibles”

Qualified Medicare Beneficiary (QMB) Only

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none">• Medicaid pays Part A (if any) and Part B premiums• Medicaid may pay deductibles, coinsurance, and copayments for Medicare services furnished by Medicare providers consistent with the Medicaid State Plan (even if the Medicaid State Plan payment is unavailable for these charges, the QMB is not liable for them)
Qualifications	<ul style="list-style-type: none">• Income may be up to 100% of the Federal Poverty Level (FPL)• Resources must be no more than 3 times the SSI resource limit, adjusted annually according to Consumer Price Index (CPI) increases• To qualify as a QMB Only, the beneficiary must be enrolled in Part A (or if uninsured for Part A, have filed for premium Part A on a conditional basis). For more information on this process, refer to Section HI 00801.140 of the Social Security Administration Program Operations Manual System.

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare Savings Programs: “Dual Eligibles” (cont.)

Qualified Medicare Beneficiary (QMB) Only Plus

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none"> • Full Medicaid coverage • Medicaid pays Part A (if any) and Part B premiums, and may pay deductibles, coinsurance, and copayments consistent with the Medicaid State Plan (even if the Medicaid State Plan payment is unavailable for these charges, the QMB is not liable for them)
Qualifications	<ul style="list-style-type: none"> • Income may be up to 100% of the FPL • States determine resources criteria • To qualify as a QMB Plus, the individual must be enrolled in Part A (or if uninsured for Part A, have filed for premium Part A on a conditional basis). For more information on this process, refer to Section HI 00801.140 of the Social Security Administration Program Operations Manual System. • To qualify for full Medicaid benefits, an individual must meet financial and other criteria

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare Savings Programs: “Dual Eligibles” (cont.)

Specified Low-Income Medicare Beneficiary (SLMB) Only

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none">• Medicaid pays Part B premiums
Qualifications	<ul style="list-style-type: none">• Income must be more than 100% but less than 120% of the FPL• Resources must be no more than 3 times the SSI resource limit, adjusted annually according to CPI increases• To qualify as an SLMB Only, individuals must be enrolled in Part A. Part A coverage is not a factor for full Medicaid eligibility.

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare Savings Programs: “Dual Eligibles” (cont.)

Specified Low-Income Medicare Beneficiary (SLMB) Plus

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none">• Full Medicaid coverage• Medicaid pays Part B premiums
Qualifications	<ul style="list-style-type: none">• Income must be more than 100% but less than 120% of the FPL• States determine resources criteria• To qualify as a SLMB Plus, individuals must be enrolled in Part A. Part A coverage is not a factor for full Medicaid eligibility.• To qualify for full Medicaid benefits, an individual must meet financial and other criteria

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare Savings Programs: “Dual Eligibles” (cont.)

Qualifying Individual (QI)

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none">• Medicaid pays Part B premiums
Qualifications	<ul style="list-style-type: none">• Income must be at least 120% but less than 135% of the FPL• Resources must be no more than 3 times the SSI resource limit, adjusted annually according to CPI increases• To qualify as a QI, individuals must be enrolled in Part A. Part A coverage is not a factor for full Medicaid eligibility.• Beneficiaries under this program are not otherwise eligible for full Medicaid coverage through the State

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare Savings Programs: “Dual Eligibles” (cont.)

Qualified Disabled Working Individual (QDWI)

Benefits & Qualifications	Description
Benefits	<ul style="list-style-type: none">• Medicaid pays Part A premiums
Qualifications	<ul style="list-style-type: none">• Income must be no more than 200% of the FPL• Resources must be no more than 2 times the SSI resource limit• The individual with a qualifying disability lost free Part A coverage upon returning to work and now must enroll in and purchase Part A coverage

SOURCE: Centers for Medicare and Medicaid Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Suggested Resources

- **Medicaid.Gov Eligibility Resource**
<https://www.medicaid.gov/medicaid/eligibility/index.html>
- **Centers for Medicare and Medicaid Services (CMS)**
 - Medicare Learning Network: Dual Eligible Beneficiaries Under Medicare and Medicaid
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf
 - [://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf](https://www.medicaid.gov/sites/default/files/2019-12/list-of-eligibility-groups.pdf)
 - **People Dually Eligible for Medicare and Medicaid** https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf
- **Kaiser Family Foundation:**
 - [Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey – Issue Brief – 9965 | KFF](#)
 - [Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2022: Findings from a 50-State Survey](#)



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**sustain and enhance the independence and
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for those we serve**

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