PENNSYLVANIA MEDICAID AND ADULT BASIC

Health Insurance Reform at a Glance

Medicaid covers health and long-term care services for over 60 million low-income Americans. States have over forty years of experience operating the program with federal matching funds. The Patient Protection and Affordable Care Act, as improved by the reconciliation bill, 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 to primary care physicians for primary care services.

The Children's Health Insurance Program (CHIP) covers over 6 million low-income children who are not eligible for Medicaid. The Patient Protection Affordable Care Act extends full funding for CHIP for two additional years, through 2015.

Additionally, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act support Pennsylvania's Medical Assistance Programs by:

Expanding affordable coverage options

Health care reform provides access to Medicaid for 637,031 newly eligible Pennsylvanians, by expanding eligibility to non-elderly parents, childless adults, children and pregnant women with income up to 133% of the federal poverty level (FPL). Please see the chart below for annual federal poverty guidelines for Pennsylvania, which are valid until at least March 31, 2010.

2009 Federal Poverty Guideline for Pennsylvania

Persons in Family	Annual Income that is 100% Federal Poverty Level	Annual Income that is 133% Federal Poverty Level
1	\$10,830	\$14,404
2	\$14,570	\$19,378
3	\$18,310	\$24,113
4	\$22,050	\$29,327
5	\$25,790	\$34,301
6	\$29,530	\$39,275
7	\$33,270	\$44,249
8	\$37,010	\$49,223

For families with more than 8 persons, add \$3,740 for each additional person.

^{**}Please note that these numbers will change by 2014 when the tax credits go into effect**

- The federal government will fully fund the cost of covering these newly eligible individuals for three years and will pay 90% of these costs after 2020.
- In total, Pennsylvania could receive \$18 billion in federal funding during just the first five years of this coverage expansion.
- No state will receive favorable treatment with respect to federal share of Medicaid costs.

Improving Access to Primary Care Services

Medicaid payments to primary care physicians for primary care services will be increased to 100% of Medicare rates in 2013, the year before the health insurance exchange is established and the expansions in Medicaid coverage begin in 2014. The costs of raising these payment rates would be paid entirely by the federal government and will retain and promote access to providers accepting Medicaid coverage.

Improving Access to Home and Community-Based Services

Effective in 2011, states would have the option of covering home and community-based attendant services and supports for individuals who require institutional care but choose to remain in the community and who meet state income levels for nursing home care. The federal share of the cost of these services and supports for these individuals would be over 60%.