Medicaid provides access to coverage

- The Medicaid Act ensures that low-income individuals who need health care are able to apply and enroll in the program quickly at any time of the year, without being subject to an annual enrollment period.
- Medicaid uses a unique “point-in-time” eligibility system, which makes enrollment effective on the date of application, even if the application is not processed immediately.
- Medicaid generally pays for health care services during the three months prior to the month of application if the individual would have qualified for Medicaid during those prior three months.

Medicaid guarantees access to care

- Medicaid ensures that beneficiaries have access to a range of services specifically designed for their needs. These include services that have not historically been available in private insurance plans, such as occupational therapy, behavioral health, prenatal care, and long term services and supports.
- Medicaid is also designed to ensure that the delivery of services is coordinated, such that the beneficiary’s care is efficient and organized, and the potential for positive health outcomes is maximized.
- Medicaid ensures that low-income individuals have transportation to health care to access the health care services that Medicaid provides, in keeping with the core purpose of the program.
Medicaid ensures access to providers

- The Medicaid Act contains explicit protections to ensure that, regardless of the beneficiaries’ need, they will be able to find a provider who accepts Medicaid.
- When states contract with Medicaid managed care plans to deliver services, they must take steps to ensure that those plans contract with “a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.”
- Medicaid ensures that beneficiaries can choose the right provider for family planning services that meets their needs.

Conclusion

- With an array of optional benefits and services, as well as optional eligibility categories, states can design their Medicaid programs to best suit the needs of their residents.
- If cuts or caps to Medicaid are enacted, states will lose billions of dollars in federal Medicaid funding, which will invariably lead to cuts in services. These cuts will threaten access to coverage, care, and providers for low-income and underserved populations.
- If Medicaid cuts are enacted, states will lose billions of dollars in federal Medicaid funding, shifting financial responsibility for Medicaid to the states and to enrollees.

Additional Resources

- For more detailed information on the services available in Medicaid, see What Makes Medicaid, Medicaid? Access.
- For information on other aspects of Medicaid, see our entire series on What Makes Medicaid, Medicaid.