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Department of Health Care Services. Do You Qualify for Medi-Cal Benefits? To see if you qualify based on income, look at the chart below.

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~~Do You Qualify? | Medi-Cal Eligibility~~

The Health Service Executive issues Income Guidelines to assist in determining entitlement to Medical Cards/GP Visit Cards. In revising the Income Guidelines, the Health Service Executive has regard to government policy as outlined by the Minister for Health, increases in the Consumer Price Index and to other issues which may be relevant.

The Patient Protection and Affordable Care Act (ACA) was designed to increase health insurance quality and affordability, lower the uninsured rate by expanding insurance coverage, and reduce the costs of healthcare overall. Along with sweeping change came sweeping criticisms and issues. This book explores the pros and cons of the Affordable Care Act, and explains who benefits from the ACA. Readers will learn how the economy is affected by the ACA, and the impact of the ACA rollout.

Historically, Medicaid eligibility has generally been limited to

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certain low-income children, pregnant women, parents of dependent children, the elderly, and individuals with disabilities; however, as of January 1, 2014, states have the option to extend Medicaid coverage to most nonelderly, low-income individuals. The Patient Protection and Affordable Care Act (ACA; P.L. 111-148 as amended) established 133% of the federal poverty level (FPL) (effectively 138% of FPL with an income disregard of 5% of FPL) as the new mandatory minimum Medicaid income eligibility level for most nonelderly individuals. On June 28, 2012, the U.S. Supreme Court issued its decision in *National Federation of Independent Business v. Sebelius*, finding that the enforcement mechanism for the ACA Medicaid expansion violated the Constitution, which effectively made the ACA Medicaid expansion optional for states. If a state accepts the ACA Medicaid expansion funds, it must abide by the expansion coverage rules. For instance, modified adjusted gross income (MAGI) counting rules are used for determining eligibility for the ACA Medicaid expansion population, and individuals covered under the ACA Medicaid expansion are required to receive alternative benefit plan (ABP) coverage. The ACA provides different federal Medicaid matching rates for the individuals who receive Medicaid coverage through the ACA Medicaid expansion. The federal government's share of most Medicaid expenditures is determined according to the federal medical assistance percentage (FMAP) rate,

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but exceptions to the regular FMAP rate have been made for certain states, situations, populations, providers, and services. The ACA adds a few FMAP exceptions for the ACA Medicaid expansion: the "newly eligible" FMAP rate, the "expansion state" FMAP rate, and the additional FMAP increase for certain expansion states. Due to these ACA FMAP rates, the federal government pays for a vast majority of the cost of the ACA Medicaid expansion. On January 1, 2014, when the ACA Medicaid expansion went into effect, 24 states and the District of Columbia had included the ACA Medicaid expansion as part of their Medicaid programs. Michigan and New Hampshire implemented the expansion on April 1, 2014, and July 1, 2014 (respectively). Pennsylvania recently received approval to implement the ACA Medicaid expansion beginning on January 1, 2015.

Studies before the ACA's implementation in 2014 found that veterans were less likely than the general population to be uninsured: 1 in 10 nonelderly veterans neither had comprehensive health insurance coverage nor used health care available through the Department of Veterans Affairs (VA) (Chokshi and Sommers, 2014; Haley and Kenney, 2013, 2012). Some uninsured veterans may qualify for VA care, but not

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all take up the available coverage or meet the eligibility requirements, which are based on service-connected disability status, veteran discharge status, income, and other factors (Panangala, 2015). The ACA's new options offered veterans the potential to gain coverage through increased Medicaid enrollment, enrollment in VA care, or participation in the new marketplaces. Before 2014, an estimated 4 in 10 uninsured veterans had incomes below 138 percent of Federal Poverty Level. Uninsured veterans in that income group living in states that expanded Medicaid would qualify for Medicaid in 2014 (Haley and Kenney, 2013).

Historically, Medicaid eligibility has generally been limited to certain low-income children, pregnant women, parents of dependent children, the elderly, and individuals with disabilities; however, as of January 1, 2014, states have the option to extend Medicaid coverage to most nonelderly, low-income individuals. The Patient Protection and Affordable Care Act established 133% of the federal poverty level (FPL) as the new mandatory minimum Medicaid income eligibility level for most nonelderly individuals. This book provides an overview of the ACA Medicaid expansion, and the impact of the Supreme Court decision on the ACA Medicaid expansion. Then, the book describes who is covered under the expansion, the expansion rules, and how the expansion is

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financed. In addition, enrollment and expenditure estimates for the ACA Medicaid expansion are provided. The book reviews state decisions whether or not to implement the ACA Medicaid expansion, and the implications of those decisions on certain individuals, employers, and hospitals.

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. *Communities in Action: Pathways to Health Equity* seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what

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communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program. This report analyzes health care utilizations as they relate to impairment severity and SSA's definition of disability. Health Care Utilization as a Proxy in Disability Determination identifies types of utilizations that might be good proxies for "listing-level" severity; that is, what represents an impairment, or combination of impairments, that are severe enough to prevent a person from doing any gainful activity, regardless of age, education, or work experience.

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), and also known as "Obamacare," is a new US law aimed at reforming the American health care system. For those who are not covered by an employer-covered plan for the entire year, this could mean some significant changes to your tax returns for 2014 and going forward. The main object of this publication, then, is to take a

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detailed look into the filing requirements of the individual, and how the ACA will impact on the Federal tax return of some individuals, and in particular, those who are not covered by an employer-covered plan for the entire year, and who have purchased, or will have to purchase coverage through the Marketplace, in order a avoid a penalty.

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