

# The Evolution of Medicaid Eligibility across the United States from 2017-2024

By: Khushi Bhalani, Tara Lambert, Landen Pitts, and Dr. Kyeonghee Kim

## Introduction

This research offers an analysis of Medicaid eligibility requirements across U.S. states from 2017 to 2024, focusing on policy changes, expansion decisions, and their impacts on healthcare coverage. Medicaid is a federal-state partnership that acts as a vital resource for low-income individuals and families in need of essential healthcare services. However, eligibility criteria can vary considerably from one state to another. The primary goal of this study is to analyze trends in state-level Medicaid income eligibility. Particularly in response to the Medicaid expansion program under the Affordable Care Act (ACA). The study also analyzes responses to the COVID-19 Public Health Emergency. The study also looks at state rate review authorities that are required under the ACA. Understanding the trends in Medicaid eligibility is essential for evaluating the fairness of healthcare accessibility across the United States. This research highlights how local and global changes affect various communities and provides vital data for policymakers who want to improve healthcare coverage and ensure everyone can access the necessary services.

## Terminology

- **Affordable Care Act (ACA)**- This study focuses on the Medicaid expansion clause found in the ACA. The ACA also affects state-level health insurance rate regulations.
- **Medicaid Expansion in the ACA**- States are allowed to take part in the Medicaid Expansion program. Medicaid Expansion covers single individuals who fall within 138% of the Federal Poverty Level (FPL). The federal government partially shares these costs of expansion with the state.
- **Continuous Enrollment**- During the COVID-19 Pandemic, the federal government provided extra Medicaid funding to stop states from disenrolling individuals who may no longer qualify for Medicaid. The provision ended in March 2023.
- **Rate Review Authority**- a review board that supervises rate increases from health insurers. All rate increases must be justified, non-discriminatory, and fair. There are different types of authorities that differ in power.

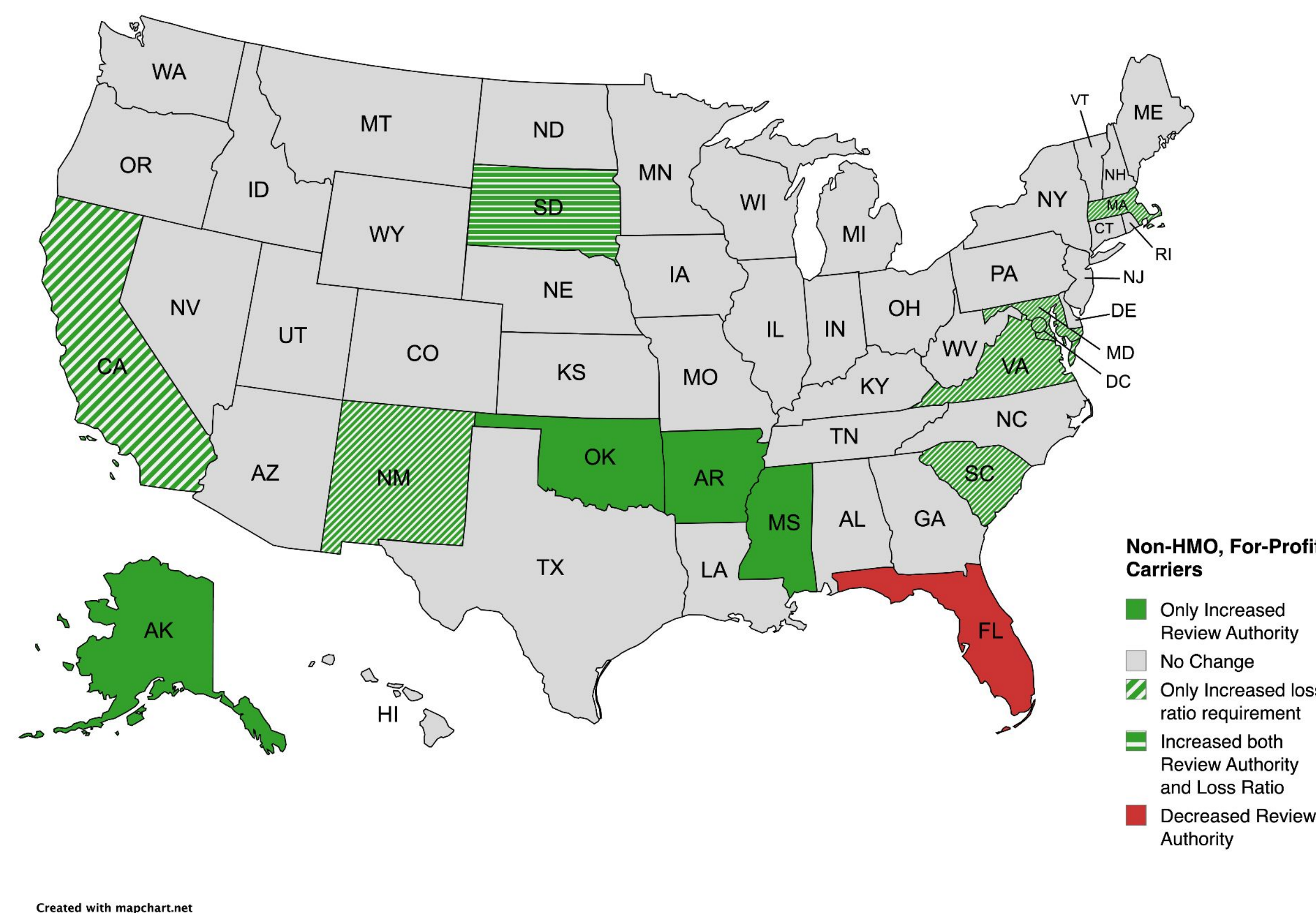


Exhibit A. The change in state review authorities from 2010 to 2013. Much of the legislation in the ACA was not implemented until 2014.

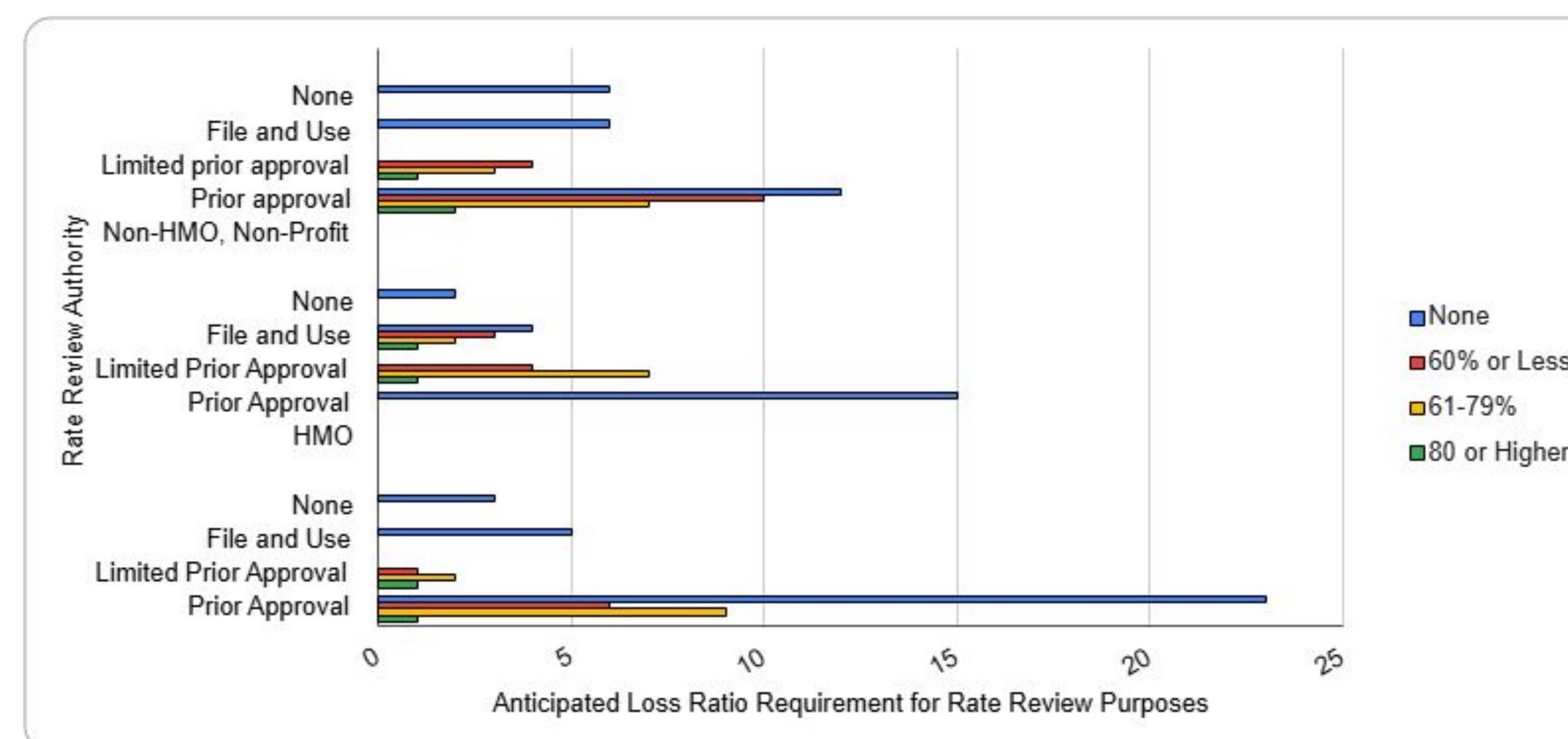


Exhibit B. Distribution of Insurance Carriers by Rate Review Authority and Anticipated Loss Ratio Requirements

## Methods

1. The research began by analyzing rate review authority differences prior to the ACA, as shown in Exhibits A and B.
2. The research analyzed Medicaid eligibility across U.S. states from 2017 to 2024, emphasizing the modifications within the criteria due to global change.
3. Research will involve an analysis of state-level Medicaid eligibility requirements, focusing on COVID-19 impact, coverage expansions, and policy changes over the years.
4. The study analyzed various policy documents, reviewed state-specific Medicaid eligibility guidelines, and compared eligibility data across states.

## Findings

- States that suffered from natural disasters had their Medicaid requirements temporarily loosened.
- The COVID-19 pandemic led to temporary medicaid coverage expansions that returned to normal in 2023-2024.
- Both natural disasters and COVID-19 emphasized the need for flexible Medicaid policies. In response, they kept their expanded coverage after the emergencies.

## References



## Acknowledgement

A special thank you to Dr. Kyeonghee Kim for allowing us to aid her in her research. She has been an excellent mentor and has taught us many strategies useful for research.