

Centers for Medicare & Medicaid Services

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Overview

Medicaid is health insurance that helps many people who can't afford medical care pay for some or all of their medical bills.

Good health is important to everyone. If you can't afford to pay for medical care right now, Medicaid can make it possible for you to get the care that you need so that you can get healthy and stay healthy.

Medicaid is available only to people with limited income. You must meet certain requirements in order to be eligible for Medicaid. Medicaid does not pay money to you; instead, it sends payments directly to your health care providers. Depending on your state's rules, you may also be asked to pay a small part of the cost (co payment) for some medical services.

To learn about the Medicaid program in your state see Related Links Inside CMS at the bottom of the page.

Many groups of people are covered by Medicaid. Even within these groups, though, certain requirements must be met. These may include your age, whether you are pregnant, disabled, blind, or aged; your income and resources (like bank accounts, real property, or other items that can be sold for cash); and whether you are a U.S. citizen or a lawfully admitted immigrant. The rules for counting your income and resources vary from state to state and from group to group. There are special rules for those who live in nursing homes and for disabled children living at home.

Your child may be eligible for coverage if he or she is a U.S. citizen or a lawfully admitted immigrant, even if you are not (however, there is a 5-year limit that applies to lawful permanent residents). Eligibility for children is based on the child's status, not the parent's. Also, if someone else's child lives with you, the child may be eligible even if you are not because your income and resources will not count for the child.

In general, you should apply for Medicaid if your income is limited and you match one of the descriptions of the Eligibility Groups. (Even if you are not sure whether you qualify, if you or someone in your family needs health care, you should apply for Medicaid and have a qualified caseworker in your state evaluate your situation.)

For specific information about enrolling in Medicaid, eligibility, coverage and services for your State, please contact your local Medicaid office. You can view your State's Medicaid Office contact information by visiting the [Benefits.gov](#) website (see the link on the CMS home page) or checking the contact information for State Medicaid offices (see the link on the CMS home page.)

Screening Tools

To help you see if you may be eligible for a variety of governmental programs, you may access the GovBenefits and BenefitsCheckUp websites. (See related links on the CMS home page.)

When Eligibility Starts

Coverage may start retroactive to any or all of the three months prior to application, if the

individual would have been eligible during the retroactive period. Coverage generally stops at the end of the month in which a person's circumstances change. Most states have additional "state-only" programs to provide medical assistance for specified people with limited incomes and resources who do not qualify for the Medicaid program. No Federal funds are provided for state-only programs.

What is Not Covered

Medicaid does not provide medical assistance for all people with limited incomes and resources. Even under the broadest provisions of the Federal statute (except for emergency services for certain persons), the Medicaid program does not provide health care services for everyone. You must qualify for Medicaid. Low-income is only one test for Medicaid eligibility; assets and resources are also tested against established thresholds. As noted earlier, categorically needy persons who are eligible for Medicaid may or may not also receive cash assistance from the Temporary Assistance for Needy Families (TANF) program or from the Supplemental Security Income (SSI) program. Medically needy persons who would be categorically eligible except for income or assets may become eligible for Medicaid solely because of excessive medical expenses.

Downloads

Preliminary Regulatory Impact Analysis: Eligibility Changes Under the Affordable Care Act of 2010 (CMS-2349-P) [PDF, 231KB]

List of State Medicaid Program Websites [PDF, 159KB]

Related Links Inside CMS

Contact Information for State Medicaid Offices

Related Links Outside CMS



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