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Simplified Enrollment

Individuals will be able to apply for and enroll in Medicaid or CHIP through streamlined, easy to use, State-by-State websites. These programs will coordinate procedures to provide seamless enrollment, save time and lower administrative costs.

Continue to ["Community First" Choice for People with Disabilities](#)

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Medicaid for Working Families

Beginning in April of this year, States will be allowed to expand Medicaid eligibility to more individuals. Starting on January 1, 2014, all low-income, non-elderly and non-disabled individuals will be eligible for Medicaid. This includes unemployed adults and working families – all people with income below \$29,000 for a family of four (133% of poverty).

The Federal Government will support States by providing 100% of the cost of newly eligible people between 2014 and 2017, 95% of the costs between 2018 and 2019, and 90 percent matching for subsequent years.

All states will be treated equally and will not receive any special matching rates under this provision.

Continue to [Preserving the Children's Health Insurance Program \(CHIP\)](#)

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Preserving the Children's Health Insurance Program (CHIP)

The Act preserves the successful CHIP program and requires States to maintain income eligibility levels for CHIP through September 30, 2019 with funding extended through FY2016.

Starting in FY2016, States receive a 23 percentage point increase to their CHIP matching rate to help them cover children under the program.

Continue to [Simplified Enrollment](#)

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"Community First" Choice for People with Disabilities

Medicaid beneficiaries with disabilities who would otherwise require care in a hospital, nursing facility, or intermediate care facility will have a new option offered by States for community-based attendant services and supports. The Federal government will offer increased assistance for States who offer these community-based services.

Continue to [Home-Care and Community Options for Americans with Long-Term Care Needs](#)

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Home-Care and Community Options for Americans with Long-Term Care Needs

States will be allowed to provide home and community-based services and full Medicaid benefits to people with long-term care needs. They'll be allowed to extend the "Money Follows the Person" rebalancing demonstration, protect recipients of home- and community-based services against spousal impoverishment and increase funding for State Aging and Disability Resource Centers.

Continue to [Improved Coordination with States for Individuals enrolled in both Medicare and Medicaid \(Dual-Eligibles\)](#)

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Improved Coordination with States for Individuals Enrolled in Both Medicare and Medicaid (Dual-Eligibles)

The Act will improve coordination between the Federal and State governments for dual-eligibles who are low-income and have high rates of chronic diseases and disabling conditions. This will improve care and save money.

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Saving Money on Prescription Drugs

The government will save money with increased rebates on prescription drugs furnished under Medicaid. The rebates will increase from 15.1 to 23.1 to more accurately reflect market prices and discounts typically provided by drug manufacturers to large volume purchasers. Drug manufacturers will also be required to extend these same rebates to new drug formulations and Medicaid managed care organizations.

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Saving Money with Reduced Disproportionate Share Hospital Allotments

State governments will save money as their Disproportionate Share Hospital (DSH) payments to cover the costs of the uncompensated care will be reduced as more Americans get insurance coverage under the Act.

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THE PRESIDENT'S PROPOSAL

What's New

- Improving Affordability and Accountability
- Cracking Down on Waste, Fraud and Abuse
- Ensuring Fiscal Sustainability
- Other Policy Improvements

[Title I. Quality, Affordable Health Care for All Americans](#)

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- [Medicaid for Working Families](#)
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Title II. The Role of Public Programs

State Innovation Incentives to Improve Care

States will have the option to undertake a number of reforms to improve the quality of how care is delivered. The demonstration projects in each state will help to identify the most innovative care models that can be replicated throughout the country.

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Saving Money on Prescription Drugs
 Saving Money with Reduced Disproportionate Share Hospital Allotments
State Innovation Incentives to Improve Care

Title III. Improving the Quality and Efficiency of Health Care

Title IV. Prevention of Chronic Disease and Improving Public Health

Title V. Health Care Workforce

Title VI. Transparency and Program Integrity

Title VII. Improving Access to Innovative Medical Therapies

Title VIII. Community Living Assistance Services and Supports Act (CLASS Act)

Title IX. Revenue Provisions

Title X. Reauthorization of the Indian Health Care Improvement Act



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