



# Fact Sheet

## MEDICAID VS. MEDICARE

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Medicaid and Medicare, two important programs that together provide health insurance coverage for millions of Americans, are often confused. This fact sheet provides a high-level overview of each, as well as links to sources for more in-depth information.

	Medicaid	Medicare
THE PROGRAM	<ul style="list-style-type: none"><li>• Medicaid is a <u>joint federal-state</u> assistance program that provides health insurance coverage for medical and long-term care to eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.</li><li>• Although the program must meet core federal requirements, states have some flexibility regarding eligibility, benefit coverage, and service delivery.</li><li>• In Nevada, services are delivered through both managed care and fee-for-service (FFS). In Clark and Washoe Counties, managed-care organizations receive a per member, per month fee to care for Medicaid beneficiaries. Beneficiaries in other areas of the state are served through FFS arrangements in which providers are paid for each service rendered.</li><li>• Medicaid covered 657,620 Nevadans in January 2018.</li></ul>	<ul style="list-style-type: none"><li>• Medicare is a <u>federal</u> government program that provides health insurance to individuals who are 65 years of age or older, regardless of their income, as well as certain individuals under 65 who have permanent disabilities and those with end-stage renal disease.</li><li>• The program is the same for all Americans, regardless of where one lives.</li><li>• As of January 2018, Medicare covered more than 59 million Americans, including more than 498,000 Nevadans.</li></ul>

	Medicaid	Medicare
<b>FUNDING</b>	<ul style="list-style-type: none"> <li>• Medicaid is financed by state, local, and federal governments.</li> <li>• The 2017 Nevada Legislature approved approximately \$7.82 billion in total Medicaid funding for the 2017–2019 Biennium, including a State General Fund appropriation of \$1.42 billion.</li> <li>• The federal government shares the cost of Medicaid by matching state spending. In 2018, Nevada’s Federal Medical Assistance Percentage (FMAP) is 67.75 percent for most medical services. For every dollar the state pays for medical services, the federal government pays approximately \$1.92.</li> <li>• In addition, the federal government pays an enhanced FMAP for those newly eligible for Medicaid under the 2014 Affordable Care Act. The federal share was initially 100 percent and will decrease to 90 percent by 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare is financed through a combination of general revenue, payroll tax revenue, and premiums paid by beneficiaries. Additional funding comes from payments from states for individuals who are dually eligible for both Medicare and Medicaid, taxes on Social Security benefits, and interest.</li> <li>• In 2016, Medicare benefit payments totaled \$675 billion and accounted for 15 percent of total federal spending.</li> </ul>
<b>ADMINISTRATION</b>	<ul style="list-style-type: none"> <li>• In Nevada, Medicaid is administered by the Division of Health Care Financing and Policy, Department of Health and Human Services (DHHS).</li> <li>• Federal oversight is provided by the federal Centers for Medicare and Medicaid Services (CMS), United States Department of Health and Human Services.</li> </ul>	<ul style="list-style-type: none"> <li>• The CMS administers Medicare throughout the country.</li> </ul>

	<b>Medicaid</b>	<b>Medicare</b>
<b>ELIGIBILITY</b>	<p>In Nevada, the Division of Welfare and Supportive Services (DWSS), DHHS, is responsible for determining Medicaid eligibility. To be eligible, one must:</p> <ul style="list-style-type: none"> <li>• Be a Nevada resident;</li> <li>• Be a U.S. citizen or have legal immigration status; and</li> <li>• Have an annual household income of up to 138 percent of the federal poverty level (\$12,140 for an individual or \$25,100 for a family of four in 2018).</li> </ul>	<p>The U.S. Social Security Administration is responsible for Medicare eligibility. To be eligible, one must:</p> <ul style="list-style-type: none"> <li>• Be 65 years of age or older;</li> <li>• Be a U.S. citizen or permanent legal resident with at least five years of continuous residence;</li> <li>• Be less than 65 years of age, have a permanent disability, and have received Social Security Disability Income payments for 24 months; or</li> <li>• Have end-stage renal disease.</li> </ul>
	<p><b>Questions About Coverage or Enrollment?</b></p> <p><a href="#">Access Nevada</a> is the state’s online application system for Medicaid and other DWSS programs.</p> <p><a href="#">Medicaid Services Manual</a> outlines Medicaid guidelines, services, and policies in Nevada.</p>	
	<p><a href="#">Nevada State Health Insurance Assistance Program</a> within the Aging and Disability Services Division, DHHS, provides free information, counseling, and assistance to Medicare beneficiaries in Nevada on issues related to Medicare, supplemental health insurance, and long-term care.</p>	
	<p><b>Additional Resources</b></p> <p><a href="#">Understanding Medicaid: A Primer for State Legislators</a>, National Conference of State Legislatures, 2017.</p> <p><a href="#">“A Primer on Medicare: Key Facts About the Medicare Program and the People it Covers,”</a> Kaiser Family Foundation, March 20, 2015.</p> <p><a href="#">The Facts on Medicare Spending and Financing</a>, Kaiser Family Foundation, July 2017.</p>	