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FEDERAL ADVOCACY FACT SHEET

New York State Medicaid Program: Facts and Issue Positions

New York Medicaid eligibility, coverage and spending

- **An essential insurer.** New York's Medicaid program is the state's largest payer of healthcare and long-term care services and supports.[1]
- **Medicaid eligibility and the federal poverty level.** Medicaid eligibility is designated for low-income individuals and families and is linked to family size and income. The FPL for an individual in 2024 (for 2025 coverage) was $15,060; for a household of four it was $31,200.[2]

New York State Medicaid Eligibility[3]

Category	Eligibility	Individual	Household of 4
Adults under 65; parents/caretakers; and 19- and 20-year-olds living alone	≤ 138% FPL	$20,783	$43,056
Children aged 1-18	≤ 154% FPL	$23,193	$48,048
19- and 20-year-olds living with parents	≤ 155% FPL	$23,343	$48,360
Infants under 1 year old; pregnant women; and family planning benefit program	< 223%FPL	$33,584	$69,576
Individuals who are age 65 or older, blind or disabled	≤ 138% FPL plus resource test	$20,783	$43,056
Children aged 1-18 not eligible for Medicaid (Child Health Plus)	≤ 400%	$60,240	$124,800

- **The faces of Medicaid.** Seven million New Yorkers (36% of the population) access healthcare coverage through Medicaid.[1]

43% of children in NY are covered by Medicaid.[4]

72% of nursing home residents in NY are covered by Medicaid.[4]

53% of baby deliveries in NY are covered by Medicaid.[4]

37% of ER visits, clinic visits and outpatient surgeries in NY are covered by Medicaid.[4]

Medicaid coverage by race/ethnicity: 35% are White; 18% are Black; 31% are Hispanic; 10% are Asian/Native Hawaiian or Pacific Islander; 6% report multiple races; < 1% are American Indian or Alaska Native.[5]

- **Medicaid spending**[6]
  - Adults and children: **78% of enrollees**; **41% of spending** (per enrollee spend is aligned with U.S. averages)
  - Seniors and people with disabilities: **21% of enrollees**; **59% of spending** (per enrollee spend exceeds U.S. averages)

FMAP: Medicaid's state-federal partnership

- **Joint state-federal program.** Medicaid is jointly financed by states and the federal government. The Federal Medical Assistance Percentage — FMAP — determines how much funding the federal government contributes to a state's Medicaid program.
- **The FMAP floor.** FMAP varies by state and is based on the state's per capita income. 10 states, including New York, are set to the FMAP floor of 50%; Mississippi currently accesses the highest FMAP at 77%.[7] The FMAP floor ensures states like New York with higher per capita income levels receive a fair share of federal support for their Medicaid costs.
- **New York's FMAP match.** New York's FMAP is 50% which means Medicaid program costs are typically split 50/50 between the state and federal government (for each state dollar committed to the Medicaid program, the federal government matches that with one federal dollar).
- **Emergency FMAP leveraged for emergencies.** FMAP is often used as an existing vehicle to move emergency funding to states. Since 2009, FMAP was increased for all states six times to help states manage the economic downturn in 2008 and the COVID-19 pandemic in 2020.[7]
- **Medicaid provider assessment cap.** Provider assessments are a key source leveraged by states to fund the state share of Medicaid and access federal matching funds (alongside state general funds and local government funds). Provider taxes must meet certain criteria and are limited to 6% of the provider's net patient revenue.

Issue positions

Cuts to federal support to Medicaid leave states very few options to meet their communities' healthcare needs.

Topic	Proposal	New York state facts
Lower FMAP for ACA expansion population	Would reduce FMAP for the Affordable Care Act Medicaid expansion population from 90% to the standard FMAP formula (50% for New York).	• **2.6 million New Yorkers access healthcare coverage under the ACA's adult expansion population.**[8] • **Changes to this policy would increase New York's Medicaid costs by $6.4 billion annually.**[9]
Lower FMAP floor	Would reduce or eliminate the 50% FMAP floor.	• **New York and nine other states are currently subject to the 50% FMAP floor.**[7] • **For every one percentage point cut to FMAP, New York would lose $1 billion in federal support.**[9]
Limit the amount of Medicaid provider assessments that can be used by a state to draw down federal Medicaid funding support	Would phase down the Medicaid provider assessment cap from 6% to 3% over three years.	• **New York and 48 other states use provider assessments approved by the federal government to finance their Medicaid program.**[10] • **Changes to this policy for the hospital assessment alone would reduce Medicaid funding/cut Medicaid rates to hospitals by $2 billion annually.**[11]
Replace the existing Medicaid FMAP model with a per capita cap model for the federal financing of the Medicaid program	Would shift the existing state-federal Medicaid FMAP funding model to a model that would link federal Medicaid spending to historical spending per Medicaid enrollees and cap the growth of that spending.	• **The New York Medicaid program could be cut by as much as $8 billion - $24 billion depending on the design of a per capita cap model.**[9] • **Medicaid enrollment in New York grew by over 870,000 during the first year of the COVID-19 pandemic — these were new, unexpected and emergency costs that could not have been absorbed by states without the federal flexibility and support from the current FMAP model.**[12]
Establish Medicaid work requirements	Would implement work requirements for adults without dependents to qualify for Medicaid coverage. Exempt populations would include pregnant women, primary caregivers of dependents, individuals with disabilities or health-related barriers to employment and full-time students.	• **57% of adults in New York with Medicaid are working.**[6] • **743,000 to 846,000 adults in New York could be at risk for losing Medicaid coverage if work requirements were adopted because they may not meet exemption criteria or may lose coverage due to newly created paperwork and administrative hurdles.**[13] • **New administrative costs for New York state to implement work requirements could exceed $270 million — a portion of which would be funded by the federal government.**[9]
Place limits on Medicaid state-directed payments	Would modify existing regulations to place limits on the levels of Medicaid SDPs used to enhance provider Medicaid payment rates.	• **New York and at least 40 other states leverage SDP programs to support adequate Medicaid payment rates to providers.**[14] • **Changes to this policy could put a share of up to $2 billion in New York's SDP hospital programs at risk.**[15]

View sources referenced in this document here: https://www.hanys.org/communications/publications/2025/2025-02_sources_medicaid_facts_and_positions.pdf.

