



ACP Leadership Day 2025 Medicaid FAQs

WHAT IS MEDICAID?

Medicaid, the largest single health insurer in the United States, provides health coverage to more than [79 million Americans](#). It ensures that our most vulnerable populations will have access to comprehensive health care.

KEY MESSAGES

Feel free to use what's below as a guide. When using these points in a meeting, be conversational, and allow for responses and input to let the meeting flow. Keep your message concise and focus on key points and action that policymakers should take. Make it personal: tell your story.

1. Medicaid is a lifeline for the most vulnerable patients

- Medicaid beneficiaries include children, low-income adults, older adults, pregnant patients, individuals with mental health and substance use disorders and individuals with disabilities.
- Most Medicaid enrollees would be uninsured without the program.
- **SHARE** [data](#) from your state/district on Medicaid.
- **SHARE** with the offices if you have data from your clinical practice or hospital/health system regarding the Medicaid patient makeup.
- **ADD** in your expertise as an internal medicine physician on why these vulnerable patient populations need health care coverage. Underscore that not providing care for them would lead to more health complications in the longer term.

2. Medicaid bolsters access to primary care and chronic disease management

- Compared to those without insurance, people with Medicaid are more likely to use comprehensive primary care and have better chronic disease management.
- Through Medicaid, they can be connected to a primary care clinician, like an internal medicine physician, and receive regular care for chronic conditions.
- If Congress cuts Medicaid funding, chronic conditions will not go away, they will become more difficult and expensive to manage since patients will choose to delay care until they no longer can – ending up in the emergency rooms – raising uncompensated care for hospitals and shifting the burden to states and taxpayers.
- **ADD** in the role of primary care physicians/internal medicine physicians in caring for patients and preventing and managing chronic conditions.
- **SHARE** a personal story from your experience caring for a patient on Medicaid with multiple chronic conditions. What would have happened to them if they had not come in to see you?

3. Medicaid stimulates the economy

- Medicaid stimulates economic activity across the country by bringing in revenues to independent health care practices, hospitals, nursing homes, clinics, and pharmacies – helping to support stable and reliable jobs, contributing to economic growth in states.
- If there are Medicaid cuts, states will be forced to lower Medicaid payment rates to clinicians, health care practices and hospitals will be forced to close their doors and/or reduce staff. These facilities are economic drivers of their communities, helping to employ people, support local businesses and give back to their local communities. They will not be able to keep their doors open if Medicaid's payment rates are to be slashed. The rates are already low to begin with.
 - This will be even more problematic in rural and underserved areas where Medicaid is a critical funding source.
- **If you have your own practice or work for an independent practice:** **SHARE** the obstacles you and/or your practice face in accepting low Medicaid payment rates. How does it limit your ability to see patients now? **ADD** in how that would be exacerbated if Medicaid rates were to be cut even more. Will you still see Medicaid patients? Or will you be forced to not accept Medicaid patients in order to keep your practice open?
- **If you work for a health system or hospital:** **SHARE** how potential cuts to Medicaid could impact staffing changes and how that would impact your day-to-day work and your patients' access to care.

Ask Congress to **oppose** legislation to cut funding or impose structural changes to Medicaid that would result in significantly less coverage and benefits for Medicaid enrollees.

COMMON QUESTIONS AND COMMENTS

Below are some common questions and comments you may encounter in your meetings. The answers below are meant to be used as a guide, feel free to tailor them to your own style and preferences.

What about fraud, waste and abuse in Medicaid?

ANSWER: Program integrity is a priority, which we support. Yes, there are some improper payments in Medicaid, as there are in Medicare and private insurance. Improper payments can be several things – including overpayments, underpayments, or payments with insufficient information provided to determine whether a payment was proper. Most improper payments happen because of errors in documentation or coding issues, not actual fraud. CMS [estimated](#)



that the Medicaid improper payment rate in 2024 was 5.09%; nearly 95 percent of Medicaid payments were proper.

Work-able adults do not need Medicaid. It is deterring them from working. We should encourage people to work and take personal responsibilities.

ANSWER: KFF conducted a study in 2023 that showed that 92% of adults under age 65 years old on Medicaid were working full or part-time. These working adults are in low paying jobs, without access to affordable health care coverage. Having Medicaid coverage keeps these working adults healthy so that they can continue to work. We need to be able to ensure that they do so that they won't be the ones who end up with a disability, which would cost more money to manage.

We should impose work requirements.

ANSWER: The Congressional Budget Office's published an [analysis](#) showing that imposing work requirements will not have a meaningful impact on employment and that the savings would mostly come from Medicaid recipients losing coverage as a result of challenges with new paperwork and reporting requirements. Further, state costs would increase.

- Before it was halted by the courts, Arkansas implemented work requirements for Medicaid. This led to more than [18,000 people](#) losing coverage without much change in employment.
- Georgia is the only state with a work requirement currently for Medicaid. Emerging data [shows](#) that Georgia's Medicaid program's work requirements have blocked health coverage for working people, people with serious health conditions, and people with disabilities.

We need to get the program back to what it was intended to do, cover the babies, kids, moms and disabled people in our country.

ANSWER: If you are a work-able adult on Medicaid, we know that you lack the resources and funds to have health coverage. These are the people who are struggling to make ends meet. Most of them are already working, granted in low-wage jobs, full-time or part-time, while trying their best to take care of their families. These patients, even without disabilities, still face serious health and economic challenges and Medicaid helps them to stay healthy and remain self-sufficient. Further, it helps prevent them from ending up with a disability. Adults in Medicaid expansion states are not driving up the costs of Medicaid. Medicaid spending for this group is approximately [\\$6,513](#) vs. those with a disability, which costs Medicaid \$18,437 in spending.

RESOURCES

- [Polling](#) on Medicaid popularity
- State and district-level [Medicaid data](#)
- Resources on Medicaid's fraud, waste and abuse
 - [FY 2024 HHS Agency Financial Report](#) (pages 210-218)
 - [5 Key Facts about Medicaid Program Integrity | KFF](#)
 - [Medicaid Fraud: The Improper Use of Improper Payments – Center For Children and Families](#)
- [Mortality and Access to Care among Adults after State Medicaid Expansions | New England Journal of Medicine](#)
- [5 Key Facts About Medicaid Coverage for Adults with Chronic Conditions | KFF](#)
- Economic data on Medicaid
 - Rural hospitals closures report: <https://www.kff.org/health-costs/issue-brief/rural-hospitals-face-renewed-financial-challenges-especially-in-states-that-have-not-expanded-medicaid/>
 - [NEW REPORT: Federal Medicaid and SNAP Cuts Could Result in One Million Jobs Lost and State GDPs Falling by More than \\$110 Billion in 2026 | Milken Institute School of Public Health | The George Washington University](#)
 - State-level analysis on the economic impact of Medicaid cuts: [Commonwealth Fund: How Potential Federal Cuts to Medicaid and SNAP Could Trigger the Loss of a Million-Plus Jobs, Reduced Economic Activity, and Less State Revenue](#)
 - District-level analysis on the economic impact of Medicaid cuts: [The Republican House Budget Resolution's Potential \\$880 Billion in Medicaid Cuts by Congressional District - Center for American Progress](#)
- [5 Key Facts About Medicaid Work Requirements | KFF](#)
- [A Look at Variation in Medicaid Spending Per Enrollee by Group and Across States | KFF](#)
- Nine states have [trigger laws](#) that would end Medicaid expansion in their states if federal funding falls. (Arizona, Arkansas, Illinois, Indiana, Montana, New Hampshire, North Carolina, Utah, and Virginia)