

I CAN'T GET MEDICAID. NOW WHAT?

The programs between Medicaid and commercial coverage most people never find

State-specific options and how to access them.

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The Coverage Gap Is Real — But It Has Exits

If you earn too much to qualify for Medicaid but cannot afford commercial insurance, you are in what is often called the coverage gap. This space can feel like a dead end. It is not. There are programs specifically designed for this situation — most people just never find out they exist.

Option 1 — ACA Marketplace Plans with Subsidies

If your income is above the Medicaid threshold, you may qualify for substantial subsidies on ACA Marketplace plans. Many people who believe they cannot afford coverage are surprised by what subsidies can cover.

- Visit healthcare.gov or your state's marketplace to check subsidy eligibility
- Subsidies are based on household income as a percentage of the federal poverty level
- Enhanced subsidies are available in many states — premiums can be as low as \$0/month for qualifying incomes
- Open enrollment is typically November 1 to January 15, but qualifying life events trigger special enrollment

Option 2 — Community Health Centers (FQHCs)

Federally Qualified Health Centers provide care on a sliding fee scale based on income. They are not insurance — but they are a source of affordable primary and preventive care regardless of coverage status.

- Search findahealthcenter.hrsa.gov for locations near you
- Services include primary care, dental, mental health, and pharmacy
- No one is turned away for inability to pay
- Many offer prescription assistance programs

Option 3 — State-Specific Programs

Many states operate programs that fall between Medicaid and commercial coverage. These vary significantly by state but may include:

- Children's Health Insurance Program (CHIP) — for children in families that earn too much for Medicaid
- State pharmaceutical assistance programs — for medications specifically
- Limited benefit Medicaid programs — for specific conditions or populations
- High-risk pool programs — in states that maintain them
- County indigent care programs — vary by county and state

A hospital social worker or case manager can often identify state-specific programs you qualify for. This is a free service — ask for it at any hospital or community health center.

Option 4 — Prescription Assistance Programs

If coverage for medications is the primary need, prescription assistance programs may be the most direct solution:

- NeedyMeds.org — database of patient assistance programs by medication
- RxAssist.org — manufacturer-sponsored assistance programs
- GoodRx — discount pricing at pharmacies, no insurance required
- Manufacturer patient assistance programs — apply directly through the drug company
- 340B drug pricing program — reduced cost medications at qualifying health centers

Option 5 — Medicaid Redetermination Appeal

If you were recently denied Medicaid or lost Medicaid coverage, you have the right to appeal. Errors in eligibility determinations are common. Common reasons to appeal:

- Income was calculated incorrectly
- Household size was not counted correctly
- You did not receive proper notice of termination
- A qualifying circumstance was not considered

You have 90 days from a Medicaid denial to request a fair hearing. Missing this deadline forfeits your right to appeal. Request the hearing immediately and gather your documentation while you wait.

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