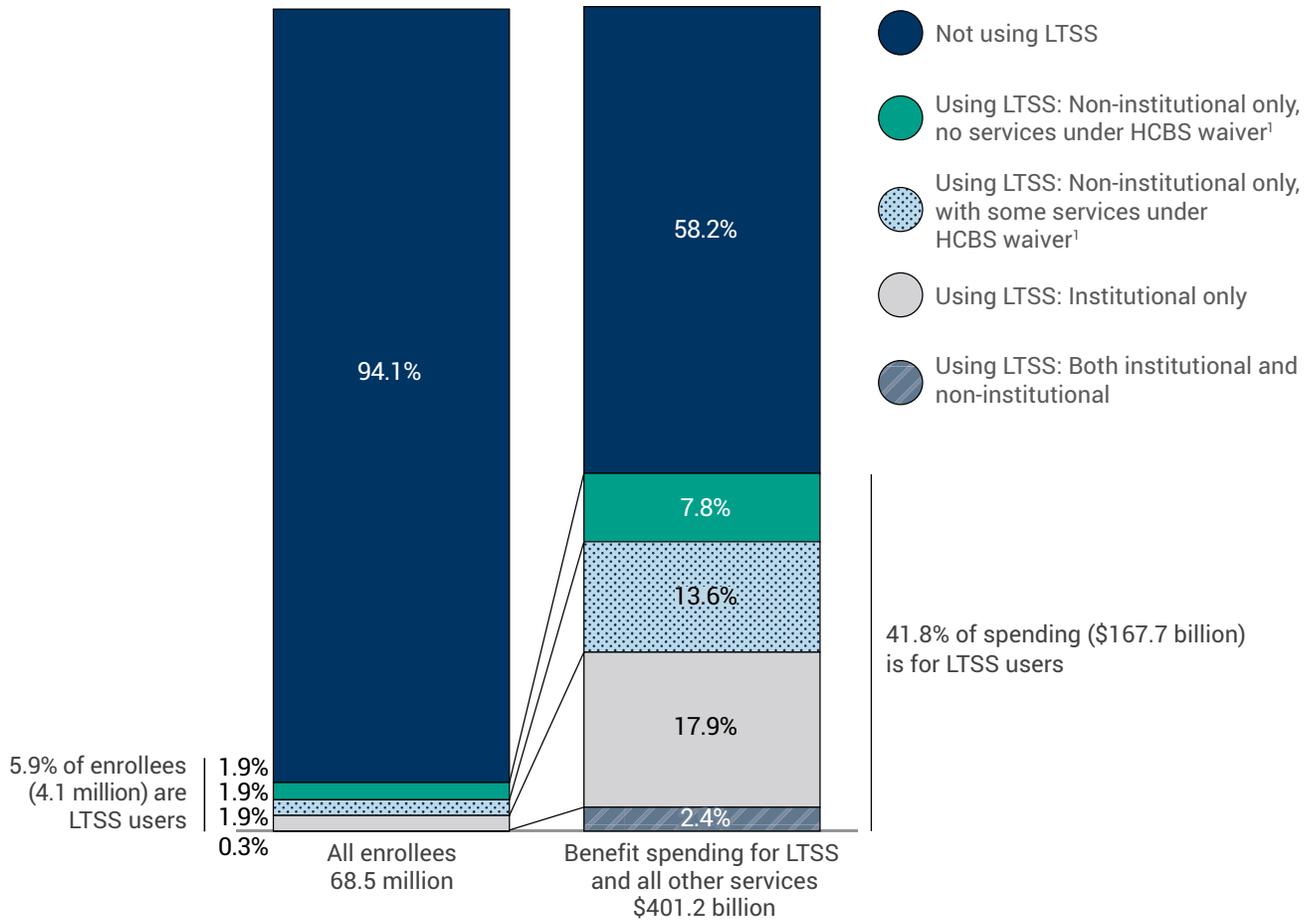


EXHIBIT 20. Distribution of Medicaid Enrollment and Benefit Spending by Users and Non-Users of Long-Term Services and Supports, FY 2013



Notes: FY is fiscal year. LTSS is long-term services and supports. HCBS is home and community-based services. Includes federal and state funds. Excludes spending on administration, the territories, and Medicaid-expansion CHIP enrollees. Benefit spending from Medicaid Statistical Information System (MSIS) data has been adjusted to reflect CMS-64 totals, and enrollment counts are unduplicated using unique national identification numbers. Due to changes in both methods and data, figures shown here are not directly comparable to earlier years. With regard to methods, spending totals now exclude disproportionate share hospital (DSH) payments and certain incentive and uncompensated care pool payments made under Section 1115 waiver expenditure authority, which were previously included prior to the December 2015 data book. See <https://www.macpac.gov/macstats/data-sources-and-methods/> for additional information.

LTSS users are defined here as enrollees having at least one LTSS claim during the year under a fee-for-service arrangement. (The data do not allow a breakout of LTSS services delivered through managed care.) For example, an enrollee with a short stay in a nursing facility for rehabilitation following a hospital discharge and an enrollee with permanent residence in a nursing facility would both be counted as LTSS users. Excludes Idaho, Louisiana, and Rhode Island due to data reliability concerns regarding completeness of monthly claims and enrollment data.

¹ All states have HCBS waiver programs that provide a range of LTSS for targeted populations of non-institutionalized enrollees who require institutional levels of care. Based on a comparison with CMS-372 data (a state-reported source containing aggregate spending and enrollment for HCBS waivers), the number of HCBS waiver enrollees may be underreported in the MSIS.

Source: MACPAC, 2016, analysis of MSIS data as of December 2015 and CMS-64 Financial Management Report net expenditure data from the Centers for Medicare & Medicaid Services as of June 2016.