



# Medicaid and CHIP Program Statistics: MACStats

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*Section 1900(b)(3) of the Social Security Act directs the Commission to: “(A) review national and State-specific Medicaid and CHIP data; and (B) submit reports and recommendations to Congress, the Secretary, and States based on such reviews.”*

## Introduction to MACStats

State-level and national information about the Medicaid and CHIP programs can often be difficult to find and is spread out across a variety of sources. The Commission’s Medicaid and CHIP Program Statistics (MACStats) pulls key items together in one location and is intended to be used as a reference guide.

In this report, MACStats includes state-specific information about program enrollment, spending, eligibility levels, optional Medicaid benefits covered, and the federal medical assistance percentage (FMAP), as well as an overview of cost-sharing permitted under Medicaid and the dollar amounts of common federal poverty levels (FPLs) used to determine eligibility for Medicaid and CHIP. It also provides information that places these programs in the broader context of state budgets and national health expenditures.

**TABLE 1. Medicaid and CHIP Enrollment as a Percentage of the U.S. Population, 2010**

The numbers below exclude American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands because data are not available from all sources.

Medicaid and CHIP Enrollment	Administrative Data		Survey Data (NHIS)
	Ever enrolled during the year	Point in time	Point in time
Medicaid	66.7 million	52.9 million	Not available
CHIP	8.1 million	5.4 million	Not available
Totals for Medicaid and CHIP	74.8 million	58.3 million	45.8 million

  

U.S. Population	2010 Census	Survey Data (NHIS)
	308.7 million	303.4 million, excluding active-duty military and individuals in institutions

  

Medicaid and CHIP Enrollment as a Percentage of U.S. Population			
	24.2 percent (74.8/308.7)	18.9 percent (58.3/308.7)	15.1 percent (45.8/303.4)

**Notes:** Excludes U.S. territories. Enrollment from administrative data includes individuals who received limited benefits. Survey data shown here are 2010 National Health Interview Survey (NHIS), which excludes individuals in institutions such as nursing homes. NHIS point-in-time estimates were as of survey interviews taken between January and June 2010. Administrative data are for fiscal year 2010 (October 2009 through September 2010). By combining administrative totals from Medicaid and CHIP, some individuals may be double-counted, if they were enrolled in both programs during the year. Overcounting of enrollees in the administrative data may occur for other reasons—for example, because a person moves and is enrolled in two states' Medicaid programs during the year. The 2010 census number was as of April 1, 2010, but was also applied in the calculation of the percentage ever enrolled during the year.

**Sources:** MACPAC analysis based on the following: MACPAC communication with Centers for Medicare & Medicaid Services (CMS) Office of the Actuary; analysis of National Health Interview Survey (NHIS) by the National Center for Health Statistics (NCHS) for MACPAC; Department of Health and Human Services (HHS) FY 2012 Budget in Brief; HHS report, *Connecting Kids to Coverage: Continuing the Progress—2010 CHIPRA Annual Report*; and 2010 Census data

## Discussion of Table 1: A Guide to Interpreting Medicaid and CHIP Enrollment Numbers

As illustrated in Table 1, published numbers of Medicaid and CHIP enrollment can vary substantially depending on the source of data, the individuals included in those data, and the enrollment period examined. This guide explains why Medicaid and CHIP enrollment numbers such as those in Table 1 can vary so much.

### Sources of Data

The sources for Medicaid and CHIP enrollment numbers can be categorized as either administrative data or survey data. Administrative data on Medicaid and CHIP enrollment are discussed in greater detail in Chapter 6 and are the data that states and the federal government compile in the course of administering their Medicaid and CHIP programs. The administrative totals shown in Table 1 were published by the Centers

for Medicare & Medicaid Services (CMS) based on information submitted by state Medicaid and CHIP programs.

Household survey data, as the name suggests, are taken from interviews of individuals, usually from a small selection of the population that is designed to represent the whole. The federal government has a handful of surveys that produce national estimates of Medicaid and CHIP enrollment. Each of these surveys has unique strengths to support analyses that the other surveys cannot. As a result, analysts will sometimes use multiple surveys to create a more complete picture of Medicaid and CHIP enrollees, their demographic characteristics, health, family structure, income, employment situation, and access to care—information often not available from administrative data. States and organizations sometimes conduct their own surveys to obtain estimates for state or local areas. The discussion here uses survey estimates from the federal National Health Interview Survey (NHIS).

Although the only survey estimates provided here are from NHIS, each survey produces different estimates of the number of uninsured and of those enrolled in various types of coverage. This can occur for a number of reasons. For example, the wording of the health insurance questions, the survey mode (e.g., phone interviews, in-person interviews, mail-back forms), and how far back interviewees are asked to recall their health insurance. In addition, surveys tend to undercount Medicaid and CHIP enrollment, and administrative data tend to overcount enrollment. (Overcounting

in administrative data may happen when, for example, a person moves and is enrolled in two states' Medicaid programs during the year.) These issues are described in depth in a number of sources, such as the National Academy of Science's *Databases for Estimating Health Insurance Coverage for Children: A Workshop Summary*, 2010.

## Enrollment Period Examined

Another key consideration that affects Medicaid and CHIP enrollment numbers, even from the same data source, is the enrollment period examined. For example, as shown in Table 1, administrative data found that 66.7 million individuals were ever enrolled in Medicaid during the year, even if for a single month. But if looking at the number enrolled at a point in time during the year, the number of Medicaid enrollees is much smaller—52.9 million.<sup>1</sup> The number enrolled at a point in time will always be smaller than the number ever enrolled over a period of time.

## Individuals Included in Data

In spite of examining the same enrollment period—point in time—large differences still exist between the Medicaid/CHIP enrollment reported from the administrative data (58.3 million) and the survey data (45.8 million). Besides surveys' undercount of Medicaid/CHIP enrollment and the administrative data's overcount, different individuals are included in each data source.

<sup>1</sup> Because administrative data are grouped by month, the point-in-time number from administrative data generally appears under a few different titles—average monthly enrollment, full-year equivalent enrollment, or person-years. Average monthly enrollment takes the state-submitted monthly enrollment numbers and averages them over the 12-month period. It produces the same result as full-year equivalent enrollment or person-years, which is the sum of the monthly enrollment totals divided by 12.

Surveys like the NHIS generally interview the noninstitutionalized U.S. civilian population. Active-duty members of the military are excluded, as are individuals living in institutions like nursing homes, which house a disproportionate share of Medicaid enrollees. This causes survey data to produce lower Medicaid/CHIP enrollment numbers.

The administrative totals also include several million individuals who are receiving only limited Medicaid benefits. For example, for some low-income Medicare enrollees, Medicaid helps pay out-of-pocket expenses these individuals would otherwise face. Other limited-benefit Medicaid enrollees include those who receive only family planning services; Medicaid can also pay for limited coverage of emergency services for low-income individuals who are ineligible for Medicaid solely because they are not U.S. citizens, nationals, or qualified aliens. Surveys generally do not count single-benefit plans as health insurance coverage. This is another reason why enrollment numbers from administrative data can be higher than from surveys.

Although surveys may have separate questions about whether individuals are enrolled in Medicaid or CHIP, these estimates are not published separately because many states' CHIP and Medicaid programs use the same name. The separate questions are used to reduce surveys' undercount, not to produce valid estimates separately for each program. Thus, survey estimates generally combine Medicaid/CHIP enrollment into a single category. The combined total from administrative data may overstate total enrollment, to the extent an individual was enrolled in Medicaid and CHIP at different times during the

year. This is another reason why Medicaid/CHIP numbers from administrative data may be higher than those from survey data.

## Conclusion

Medicaid and CHIP enrollment numbers are available from a variety of sources. Each may produce unique insights into the programs and their enrollees' characteristics; however, the total number of enrollees can vary substantially across the different sources. Much of this is attributable to legitimate differences resulting from the sources of data, the individuals included in the data, and the enrollment period examined. However, as described in Chapter 6, data improvements are necessary and some are under way to ensure the best possible enrollment numbers.



# MACStats

**TABLE 2. Medicaid Enrollment by State and Selected Characteristics, FY 2008 (thousands)**

State	Basis of Eligibility					Dual Eligible Status <sup>1,2</sup>			Managed Care Participation <sup>3</sup>		
	Total Medicaid enrollment <sup>1</sup>	Children	Adults	Disabled	Aged	Total dual eligible enrollment	Dual eligibles with full Medicaid benefits	Dual eligibles with limited benefits	Managed care plan with comprehensive benefits	Managed care plan with limited benefits	Primary care case management program
Alabama	909	438	147	221	103	208	100	108	26	596	436
Alaska	113	64	26	16	7	13	13	0	0	0	0
Arizona	1,539	704	609	142	84	148	115	33	1,257	1,258	0
Arkansas	685	359	125	132	70	118	69	50	0	0	424
California	10,591	4,129	4,514	1,154	793	1,201	1,175	27	4,090	6,759	0
Colorado	572	333	99	85	55	83	68	15	181	527	0
Connecticut	553	288	131	68	66	103	78	25	334	0	0
Delaware	192	82	74	23	13	24	11	13	141	168	0
District of Columbia	163	74	41	38	10	22	19	3	106	0	0
Florida	3,021	1,525	567	560	369	601	349	253	1,953	710	960
Georgia	1,683	969	291	286	138	264	146	118	1,207	1,500	149
Hawaii	212	92	73	26	22	32	29	3	162	4	0
Idaho	205	125	27	37	16	31	22	9	0	143	174
Illinois	2,390	1,342	533	345	169	313	275	39	177	55	1,469
Indiana	1,049	586	221	158	84	156	101	55	828	0	84
Iowa	475	221	138	74	42	81	68	13	8	413	178
Kansas	355	199	53	68	36	63	47	16	309	0	22
Kentucky	841	387	137	244	72	178	110	68	165	778	401
Louisiana	1,055	555	186	204	110	180	107	73	0	0	696
Maine	344	120	108	59	57	92	53	39	0	0	0
Maryland	753	369	183	143	59	110	74	35	505	0	0
Massachusetts	1,489	432	394	502	160	255	248	7	485	391	0
Michigan	1,919	1,062	407	313	136	264	234	30	1,282	349	0
Minnesota	808	391	206	117	93	132	120	12	562	0	0
Mississippi	737	364	125	171	77	151	81	69	0	0	0
Missouri	988	525	186	185	92	172	156	16	480	272	0
Montana	110	60	21	20	10	18	16	3	0	0	54
Nebraska	227	124	44	36	24	42	38	4	40	0	47
Nevada	260	145	51	40	24	40	22	18	143	229	0
New Hampshire	148	89	20	24	15	29	21	8	0	0	0



**TABLE 2, Continued**

State	Basis of Eligibility					Dual Eligible Status <sup>1,2</sup>			Managed Care Participation <sup>3</sup>		
	Total Medicaid enrollment <sup>1</sup>	Children	Adults	Disabled	Aged	Total dual eligible enrollment	Dual eligibles with full Medicaid benefits	Dual eligibles with limited benefits	Managed care plan with comprehensive benefits	Managed care plan with limited benefits	Primary care case management program
New Jersey	953	509	133	199	113	204	171	28	683	0	0
New Mexico	506	309	102	69	27	56	40	16	338	337	0
New York	4,937	1,938	1,799	746	454	737	659	79	3,405	0	0
North Carolina	1,684	873	334	295	182	314	250	60	0	90	1,289
North Dakota	71	36	15	11	9	15	11	4	0	0	39
Ohio	1,947	906	492	362	188	304	205	98	1,390	0	0
Oklahoma	723	408	140	109	65	114	95	19	0	624	14
Oregon	520	264	119	86	51	90	62	28	369	424	7
Pennsylvania	2,199	996	432	537	234	392	333	59	1,356	1,949	381
Rhode Island	186	86	35	44	21	39	34	6	114	0	0
South Carolina	840	414	198	151	77	151	132	19	259	754	105
South Dakota	120	70	20	19	10	21	14	7	0	120	54
Tennessee	1,479	721	304	357	98	285	216	68	1,382	1,024	0
Texas	4,278	2,681	597	569	431	626	385	219	2,006	441	1,016
Utah	295	161	82	38	14	31	28	3	1	225	0
Vermont	168	65	61	24	18	32	20	7	0	0	116
Virginia	866	461	140	166	99	171	119	52	517	0	62
Washington	1,180	645	262	184	90	150	114	36	827	0	86
West Virginia	402	191	59	114	38	80	50	30	197	0	28
Wisconsin	974	399	287	152	136	210	127	16	512	46	0
Wyoming	78	51	11	10	6	10	7	3	0	0	0
<b>Total</b>	<b>58,794</b>	<b>28,332</b>	<b>15,361</b>	<b>9,731</b>	<b>5,369</b>	<b>9,158</b>	<b>7,035</b>	<b>2,021</b>	<b>27,797</b>	<b>20,187</b>	<b>8,290</b>

**Notes:** Numbers reflect individuals ever enrolled during the year, even if for a single month. FY 2008 unavailable for Hawaii; FY 2007 shown instead. Excludes Medicaid-expansion CHIP enrollees and the territories.

Although state-level information is not available, the estimated number ever enrolled in Medicaid (excluding Medicaid-expansion CHIP) is 62.9 million for FY 2009; 67.7 million for FY 2010; 70.4 million for FY 2011; and 71.7 million for FY 2012. These FY 2009-FY 2012 figures include about one million enrollees in the territories. (Source: Office of the Actuary (OACT), Centers for Medicare & Medicaid Services, 2010 Actuarial Report on the Financial Outlook for Medicaid, 2010; MACPAC communication with OACT, February 2011.)

1 Components do not sum to totals due to a small number of enrollees with unknown status.

2 Dual eligibles with limited benefits receive Medicaid assistance with Medicare premiums and cost-sharing only.

3 Managed care components should not be summed to obtain a total because individuals are counted in every category for which a payment was made on their behalf during the year. Figures shown here may differ from annual managed care enrollment reports published by CMS from another data source.

**Source:** Centers for Medicare & Medicaid Services (CMS), Medicaid Statistical Information System (MSIS) data

**TABLE 3. CHIP Enrollment by State, FY 2010**

State	Program type (as of January 1, 2011)	Children			Adults				Total CHIP enrollment
		Medicaid expansion	Separate CHIP	Total children enrolled	Childless adults <sup>9</sup>	Parents	Pregnant women	Total adults enrolled	
Alabama	Separate	–	137,545	<b>137,545</b>	–	–	–	–	<b>137,545</b>
Alaska	Medicaid Expansion	12,473	–	<b>12,473</b>	–	–	–	–	<b>12,473</b>
Arizona <sup>1</sup>	Separate	–	39,589	<b>39,589</b>	–	–	–	–	<b>39,589</b>
Arkansas	Combination	97,119	3,651	<b>100,770</b>	–	NR	–	–	<b>100,770</b>
California	Combination	388,740	1,342,865	<b>1,731,605</b>	–	–	–	–	<b>1,731,605</b>
Colorado	Separate	–	106,643	<b>106,643</b>	–	–	3,790	<b>3,790</b>	<b>110,433</b>
Connecticut	Separate	–	21,033	<b>21,033</b>	–	–	–	–	<b>21,033</b>
Delaware	Combination	90	12,762	<b>12,852</b>	–	–	–	–	<b>12,852</b>
District of Columbia	Medicaid Expansion	8,100	–	<b>8,100</b>	–	–	–	–	<b>8,100</b>
Florida	Combination	1,114	402,235	<b>403,349</b>	–	–	–	–	<b>403,349</b>
Georgia	Separate	–	248,268	<b>248,268</b>	–	–	–	–	<b>248,268</b>
Hawaii	Medicaid Expansion	27,256	–	<b>27,256</b>	–	–	–	–	<b>27,256</b>
Idaho <sup>2</sup>	Combination	19,742	22,466	<b>42,208</b>	104	331	–	<b>435</b>	<b>42,643</b>
Illinois	Combination	157,426	171,678	<b>329,104</b>	–	–	–	–	<b>329,104</b>
Indiana	Combination	100,887	40,610	<b>141,497</b>	–	–	–	–	<b>141,497</b>
Iowa	Combination	19,141	44,844	<b>63,985</b>	–	–	–	–	<b>63,985</b>
Kansas	Separate	–	56,384	<b>56,384</b>	–	–	–	–	<b>56,384</b>
Kentucky	Combination	50,221	29,159	<b>79,380</b>	–	–	–	–	<b>79,380</b>
Louisiana	Combination	147,532	9,480	<b>157,012</b>	–	–	–	–	<b>157,012</b>
Maine	Combination	22,430	10,564	<b>32,994</b>	–	–	–	–	<b>32,994</b>
Maryland	Medicaid Expansion	118,944	–	<b>118,944</b>	–	–	–	–	<b>118,944</b>
Massachusetts	Combination	64,906	77,373	<b>142,279</b>	–	–	–	–	<b>142,279</b>
Michigan <sup>3</sup>	Combination	14,422	55,374	<b>69,796</b>	77,657	–	–	<b>77,657</b>	<b>147,453</b>
Minnesota <sup>4</sup>	Combination	98	5,066	<b>5,164</b>	–	–	–	–	<b>5,164</b>
Mississippi	Separate	–	95,556	<b>95,556</b>	–	–	–	–	<b>95,556</b>
Missouri	Combination	57,351	28,910	<b>86,261</b>	–	–	–	–	<b>86,261</b>
Montana	Combination	–	25,231	<b>25,231</b>	–	–	–	–	<b>25,231</b>
Nebraska	Medicaid Expansion	47,922	–	<b>47,922</b>	–	–	–	–	<b>47,922</b>
Nevada	Separate	–	31,554	<b>31,554</b>	–	10	646	<b>656</b>	<b>32,210</b>
New Hampshire	Combination	385	10,245	<b>10,630</b>	–	–	–	–	<b>10,630</b>
New Jersey <sup>5</sup>	Combination	75,195	112,016	<b>187,211</b>	–	204,044	295	<b>204,339</b>	<b>391,550</b>
New Mexico <sup>6</sup>	Medicaid Expansion	9,654	–	<b>9,654</b>	36,334	20,114	–	<b>56,448</b>	<b>66,102</b>
New York	Separate	–	539,614	<b>539,614</b>	–	–	–	–	<b>539,614</b>

**TABLE 3, Continued**

State	Program type (as of January 1, 2011)	Children			Adults				Total CHIP enrollment
		Medicaid expansion	Separate CHIP	Total children enrolled	Childless adults <sup>9</sup>	Parents	Pregnant women	Total adults enrolled	
North Carolina	Combination	64,791	189,101	<b>253,892</b>	–	–	–	–	<b>253,892</b>
North Dakota	Combination	1,939	5,253	<b>7,192</b>	–	–	–	–	<b>7,192</b>
Ohio	Medicaid Expansion	253,711	–	<b>253,711</b>	–	–	–	–	<b>253,711</b>
Oklahoma	Combination	115,909	6,965	<b>122,874</b>	–	–	–	–	<b>122,874</b>
Oregon <sup>7</sup>	Separate	–	64,727	<b>64,727</b>	–	–	–	–	<b>64,727</b>
Pennsylvania	Separate	–	273,221	<b>273,221</b>	–	–	–	–	<b>273,221</b>
Rhode Island <sup>8</sup>	Combination	21,510	1,743	<b>23,253</b>	–	–	151	<b>151</b>	<b>23,404</b>
South Carolina	Medicaid Expansion	52,977	20,461	<b>73,438</b>	–	–	–	–	<b>73,438</b>
South Dakota	Combination	12,221	3,651	<b>15,872</b>	–	–	–	–	<b>15,872</b>
Tennessee	Combination	30,090	51,251	<b>81,341</b>	–	–	–	–	<b>81,341</b>
Texas	Separate	–	928,483	<b>928,483</b>	–	–	–	–	<b>928,483</b>
Utah	Separate	–	62,071	<b>62,071</b>	–	–	–	–	<b>62,071</b>
Vermont	Separate	–	7,026	<b>7,026</b>	–	–	–	–	<b>7,026</b>
Virginia	Combination	81,434	92,081	<b>173,515</b>	–	–	3,667	<b>3,667</b>	<b>177,182</b>
Washington	Separate	–	35,894	<b>35,894</b>	–	–	–	–	<b>35,894</b>
West Virginia	Separate	–	37,539	<b>37,539</b>	–	–	–	–	<b>37,539</b>
Wisconsin	Combination	90,220	71,249	<b>161,469</b>	–	–	–	–	<b>161,469</b>
Wyoming	Separate	–	8,342	<b>8,342</b>	–	–	–	–	<b>8,342</b>
<b>Total</b>		<b>2,165,950</b>	<b>5,539,773</b>	<b>7,705,723</b>	<b>114,095</b>	<b>224,499</b>	<b>8,549</b>	<b>347,143</b>	<b>8,052,866</b>

**Notes:** Except as noted for childless adults, numbers are of individuals ever enrolled during the year, even if for a single month. Except for targeted low-income pregnant women in New Jersey and Rhode Island, all CHIP-funded coverage of adults in FY 2010 was permitted through waivers.

NR = Not reported to CMS, although Arkansas has CHIP-funded coverage of parents.

- 1 Arizona ended CHIP-funded coverage of parents on September 30, 2009.
- 2 Idaho ended CHIP-funded coverage of childless adults on December 31, 2009. This population is now covered by Medicaid.
- 3 Michigan ended CHIP-funded coverage of childless adults on December 31, 2009. This population is now covered by Medicaid.
- 4 Minnesota ended CHIP-funded coverage of parents on June 30, 2009.
- 5 New Jersey covers pregnant women under the CHIP state plan option (targeted low-income pregnant women) as of April 1, 2009.
- 6 New Mexico now covers childless adults under Medicaid.
- 7 Oregon ended CHIP-funded coverage of childless adults on October 31, 2009. This population is now covered by Medicaid.
- 8 Rhode Island covers pregnant women under the CHIP state plan option (targeted low-income pregnant women) as of December 9, 2009.
- 9 Number ever enrolled during the first quarter of FY 2010 (October through December 2009). CHIP-funded coverage of childless adults was prohibited after December 31, 2009.

**Sources:** Centers for Medicare & Medicaid Services (CMS) analysis for MACPAC of CHIP Statistical Enrollment Data System (SEDS) as of February 2011; Department of Health and Human Services (HHS) report *Connecting Kids to Coverage: Continuing the Progress—2010 CHIPRA Annual Report*; and CMS, *Children's Health Insurance Program Plan Activity as of January 1, 2011*

**TABLE 4. Child Enrollment in Medicaid-Financed Coverage by State, and CHIP-Financed Coverage by State and Family Income, FY 2010**

State	Medicaid-financed Children <sup>1</sup>	CHIP-financed Children (Medicaid-Expansion and Separate CHIP Coverage)						
	All incomes	At or below 200% FPL		From 200% through 250% FPL		Above 250% FPL		All CHIP children
Alabama	<b>846,766</b>	127,118	92.4%	7,889	5.7%	2,538	1.8%	<b>137,545</b>
Alaska	<b>78,034</b>	12,473	100.0	–	–	–	–	<b>12,473</b>
Arizona	<b>951,092</b>	39,589	100.0	–	–	–	–	<b>39,589</b>
Arkansas	<b>404,307</b>	100,770	100.0	–	–	–	–	<b>100,770</b>
California	<b>4,457,183</b>	1,471,894	85.0	248,611	14.4	11,100	0.6	<b>1,731,605</b>
Colorado	<b>452,636</b>	101,180	94.9	5,463	5.1	–	–	<b>106,643</b>
Connecticut	<b>282,100</b>	13,071	62.1	2,378	11.3	5,584	26.5	<b>21,033</b>
Delaware	<b>83,857</b>	12,852	100.0	–	–	–	–	<b>12,852</b>
District of Columbia	<b>89,402</b>	7,756	95.8	344	4.2	–	–	<b>8,100</b>
Florida	<b>1,915,980</b>	403,349	100.0	–	–	–	–	<b>403,349</b>
Georgia	<b>1,098,937</b>	216,756	87.3	29,511	11.9	2,001	0.8	<b>248,268</b>
Hawaii	<b>114,736</b>	23,594	86.6	2,716	10.0	946	3.5	<b>27,256</b>
Idaho	<b>169,216</b>	42,208	100.0	–	–	–	–	<b>42,208</b>
Illinois	<b>2,080,461</b>	329,104	100.0	–	–	–	–	<b>329,104</b>
Indiana	<b>670,047</b>	130,772	92.4	10,725	7.6	–	–	<b>141,497</b>
Iowa	<b>293,103</b>	57,052	89.2	1,329	2.1	5,604	8.8	<b>63,985</b>
Kansas	<b>201,038</b>	54,713	97.0	1,661	2.9	10	0.0	<b>56,384</b>
Kentucky	<b>490,486</b>	79,380	100.0	–	–	–	–	<b>79,380</b>
Louisiana	<b>662,861</b>	151,816	96.7	5,196	3.3	–	–	<b>157,012</b>
Maine	<b>142,931</b>	32,994	100.0	–	–	–	–	<b>32,994</b>
Maryland	<b>437,840</b>	55,565	46.7	58,896	49.5	4,483	3.8	<b>118,944</b>
Massachusetts	<b>488,191</b>	114,465	80.5	18,141	12.8	9,673	6.8	<b>142,279</b>
Michigan	<b>1,188,936</b>	69,796	100.0	–	–	–	–	<b>69,796</b>
Minnesota	<b>482,352</b>	4,943	95.7	103	2.0	118	2.3	<b>5,164</b>
Mississippi	<b>618,332</b>	95,556	100.0	–	–	–	–	<b>95,556</b>
Missouri	<b>548,085</b>	77,559	89.9	6,510	7.5	2,192	2.5	<b>86,261</b>
Montana	<b>70,175</b>	25,231	100.0	–	–	–	–	<b>25,231</b>
Nebraska	<b>164,435</b>	47,922	100.0	–	–	–	–	<b>47,922</b>
Nevada	<b>212,426</b>	30,381	96.3	895	2.8	278	0.9	<b>31,554</b>

**TABLE 4, Continued**

State	Medicaid-financed Children <sup>1</sup>	CHIP-financed Children (Medicaid-Expansion and Separate CHIP Coverage)						All CHIP children
	All incomes	At or below 200% FPL		From 200% through 250% FPL		Above 250% FPL		
New Hampshire	94,531	2,155	20.3%	5,459	51.4%	3,016	28.4%	10,630
New Jersey	617,895	144,630	77.3	25,099	13.4	17,482	9.3	187,211
New Mexico	372,989	2,730	28.3	6,924	71.7	–	–	9,654
New York	2,080,412	405,853	75.2	82,621	15.3	51,140	9.5	539,614
North Carolina	1,243,785	249,707	98.4	1,557	0.6	2,628	1.0	253,892
North Dakota	43,568	7,192	100.0	–	–	–	–	7,192
Ohio	1,150,356	253,711	100.0	–	–	–	–	253,711
Oklahoma	477,181	85,843	69.9	37,031	30.1	–	–	122,874
Oregon	289,123	62,662	96.8	1,512	2.3	553	0.9	64,727
Pennsylvania	1,228,017	239,460	87.6	24,907	9.1	8,854	3.2	273,221
Rhode Island	108,321	20,421	87.8	2,832	12.2	–	–	23,253
South Carolina	485,322	73,438	100.0	–	–	–	–	73,438
South Dakota	46,994	15,872	100.0	–	–	–	–	15,872
Tennessee	781,567	53,416	65.7	27,925	34.3	–	–	81,341
Texas	3,279,846	928,483	100.0	–	–	–	–	928,483
Utah	237,125	62,071	100.0	–	–	–	–	62,071
Vermont	72,891	–	–	3,442	49.0	3,584	51.0	7,026
Virginia	603,166	173,515	100.0	–	–	–	–	173,515
Washington	705,950	9,277	25.8	18,211	50.7	8,406	23.4	35,894
West Virginia	247,953	36,051	96.0	1,488	4.0	–	–	37,539
Wisconsin	520,003	161,378	99.9	91	0.1	–	–	161,469
Wyoming	58,277	8,342	100.0	–	–	–	–	8,342
<b>Total</b>	<b>34,441,217</b>	<b>6,918,353</b>	<b>89.8%</b>	<b>644,862</b>	<b>8.4%</b>	<b>142,508</b>	<b>1.8%</b>	<b>7,705,723</b>

**Notes:** In the lower 48 states and the District of Columbia, 200% of the federal poverty level (FPL) in 2011 is \$21,780 for an individual and \$7,640 for each additional family member. For additional information, see MACStats Table 19. Numbers are of children ever enrolled during the year, even if for a single month. In Statistical Enrollment Data System (SEDS), Delaware and South Dakota reported some enrollment above 200% FPL, even though their CHIP programs only go up to 200% FPL; the numbers here were altered to put all their enrollees at or below 200% FPL.

<sup>1</sup> MACPAC analysis of SEDS, as reported by states, found that 99.5% of Medicaid-financed children were at or below 200% FPL.

**Source:** MACPAC analysis of CHIP SEDS as of February 2011, as reported by states

**TABLE 5. Child Enrollment in Separate CHIP Programs by State and Managed Care Participation, FY 2010**

State	Managed Care		Fee for Service		Primary Care Case Management		Total
Alabama	-	-	137,545	100.0%	-	-	<b>137,545</b>
Alaska	-	-	-	-	-	-	<b>0</b>
Arizona	37,713	95.3%	1,876	4.7	-	-	<b>39,589</b>
Arkansas	-	-	3,651	100.0	-	-	<b>3,651</b>
California	1,174,931	87.5	167,934	12.5	-	-	<b>1,342,865</b>
Colorado	106,643	100.0	-	-	-	-	<b>106,643</b>
Connecticut	21,033	100.0	-	-	-	-	<b>21,033</b>
Delaware	11,776	92.3	-	-	986	7.7%	<b>12,762</b>
District of Columbia	-	-	-	-	-	-	<b>0</b>
Florida	385,526	95.8	9,198	2.3	7,511	1.9	<b>402,235</b>
Georgia	241,993	97.5	6,209	2.5	66	0.0	<b>248,268</b>
Hawaii	-	-	-	-	-	-	<b>0</b>
Idaho	-	-	69	0.3	22,397	99.7	<b>22,466</b>
Illinois	3,894	2.3	50,282	29.3	117,502	68.4	<b>171,678</b>
Indiana	35,442	87.3	5,168	12.7	-	-	<b>40,610</b>
Iowa	44,844	100.0	-	-	-	-	<b>44,844</b>
Kansas	56,247	99.8	137	0.2	-	-	<b>56,384</b>
Kentucky	7,030	24.1	1,796	6.2	20,333	69.7	<b>29,159</b>
Louisiana	-	-	9,384	99.0	96	1.0	<b>9,480</b>
Maine	-	-	2,126	20.1	8,438	79.9	<b>10,564</b>
Maryland	-	-	-	-	-	-	<b>0</b>
Massachusetts	25,086	32.4	39,551	51.1	12,736	16.5	<b>77,373</b>
Michigan	48,023	86.7	7,351	13.3	-	-	<b>55,374</b>
Minnesota	4,252	83.9	814	16.1	-	-	<b>5,066</b>
Mississippi	95,556	100.0	-	-	-	-	<b>95,556</b>
Missouri	14,374	49.7	14,536	50.3	-	-	<b>28,910</b>
Montana	-	-	25,231	100.0	-	-	<b>25,231</b>
Nebraska	-	-	-	-	-	-	<b>0</b>
Nevada	27,221	86.3	4,333	13.7	-	-	<b>31,554</b>
New Hampshire	10,245	100.0	-	-	-	-	<b>10,245</b>
New Jersey	109,649	97.9	2,367	2.1	-	-	<b>112,016</b>

**TABLE 5, Continued**

State	Managed Care		Fee for Service		Primary Care Case Management		Total
New Mexico	–	–	–	–	–	–	0
New York	538,503	99.8%	1,111	0.2%	–	–	539,614
North Carolina	–	–	189,101	100.0	–	–	189,101
North Dakota	–	–	–	–	5,253	100.0%	5,253
Ohio	–	–	–	–	–	–	0
Oklahoma	–	–	6,965	100.0	–	–	6,965
Oregon	56,108	86.7	8,226	12.7	393	0.6	64,727
Pennsylvania	273,221	100.0	–	–	–	–	273,221
Rhode Island	1,743	100.0	–	–	–	–	1,743
South Carolina	20,450	99.9	11	0.1	–	–	20,461
South Dakota	–	–	1,258	34.5	2,393	65.5	3,651
Tennessee	–	–	–	–	51,251	100.0	51,251
Texas	928,483	100.0	–	–	–	–	928,483
Utah	62,071	100.0	–	–	–	–	62,071
Vermont	–	–	722	10.3	6,304	89.7	7,026
Virginia	75,360	81.8	14,974	16.3	1,747	1.9	92,081
Washington	23,092	64.3	12,500	34.8	302	0.8	35,894
West Virginia	–	–	37,539	100.0	–	–	37,539
Wisconsin	54,860	77.0	16,389	23.0	–	–	71,249
Wyoming	8,342	100.0	–	–	–	–	8,342
<b>Total</b>	<b>4,503,711</b>	<b>81.3%</b>	<b>778,354</b>	<b>14.1%</b>	<b>257,708</b>	<b>4.7%</b>	<b>5,539,773</b>

**Notes:** Numbers are of children ever enrolled during the year, even if for a single month.

Categorizations of the types of delivery system are based on states' definitions and/or Statistical Enrollment Data System (SEDS) instructions. According to SEDS instructions to states from the Centers for Medicare & Medicaid Services (CMS), under managed care arrangements, the state contracts with a health maintenance or insurance organization (HMO, HIO) to provide a comprehensive set of services. Under managed care arrangements, enrollees choose a plan and a primary care provider (PCP) who will be responsible for managing their care. Under fee for service, providers submit claims to the state and are paid a specific amount for each service performed. Under primary care case management (PCCM), providers are paid generally on a fee-for-service basis, but PCPs are paid an additional flat monthly management fee.

**Source:** MACPAC analysis of CHIP SEDS as of February 2011, as reported by states



# MACStats

**TABLE 6. Medicaid Spending by State, Category, and Source of Funds, FY 2010 (millions)**

State	Benefits			Administration			Total Medicaid		
	Total	Federal	State	Total	Federal	State	Total	Federal	State
Alabama	\$4,836	\$3,715	\$1,121	\$158	\$88	\$70	\$4,994	\$3,803	\$1,191
Alaska	1,208	821	387	96	53	43	1,303	874	429
Arizona	9,380	7,217	2,164	150	80	69	9,530	7,297	2,233
Arkansas	3,881	3,144	737	190	112	78	4,071	3,256	816
California	41,643	25,572	16,072	3,891	2,067	1,824	45,535	27,639	17,896
Colorado	4,028	2,465	1,563	166	90	76	4,194	2,555	1,638
Connecticut	5,528	3,333	2,195	146	85	61	5,674	3,419	2,256
Delaware	1,287	796	491	57	33	24	1,344	830	515
District of Columbia	1,772	1,399	373	128	79	50	1,900	1,477	423
Florida	17,262	11,711	5,551	615	343	272	17,877	12,054	5,823
Georgia	7,711	5,750	1,961	361	211	150	8,072	5,961	2,111
Hawaii	1,361	926	435	67	38	28	1,428	964	463
Idaho	1,345	1,068	278	85	53	32	1,430	1,121	309
Illinois	15,196	9,189	6,008	695	372	323	15,891	9,561	6,331
Indiana	5,879	4,439	1,440	354	188	166	6,233	4,627	1,606
Iowa	3,047	2,211	836	107	62	44	3,153	2,273	880
Kansas	2,408	1,675	733	130	73	57	2,538	1,748	790
Kentucky	5,522	4,415	1,107	147	88	59	5,670	4,504	1,166
Louisiana	6,720	5,326	1,394	198	111	87	6,918	5,438	1,481
Maine	2,266	1,709	557	139	84	55	2,405	1,793	612
Maryland	7,012	4,337	2,674	254	137	117	7,265	4,475	2,791
Massachusetts	11,595	7,181	4,414	628	338	291	12,224	7,518	4,705
Michigan	11,556	8,425	3,132	478	269	209	12,035	8,694	3,341
Minnesota	7,496	4,631	2,865	359	189	170	7,855	4,820	3,036
Mississippi	4,106	3,470	637	110	63	47	4,217	3,533	684
Missouri	7,994	5,899	2,095	318	177	141	8,312	6,076	2,236
Montana	928	729	199	56	32	24	984	762	223
Nebraska	1,595	1,097	498	114	62	53	1,710	1,159	551
Nevada	1,505	953	552	83	49	34	1,588	1,002	586
New Hampshire	1,319	787	532	72	41	31	1,391	828	563
New Jersey	10,163	6,090	4,073	514	273	241	10,677	6,363	4,314
New Mexico	3,457	2,799	658	124	71	53	3,581	2,870	711
New York	50,453	30,721	19,733	1,338	714	624	51,791	31,435	20,356
North Carolina	10,319	7,710	2,610	573	333	240	10,892	8,042	2,850
North Dakota	682	483	199	37	22	15	719	505	214
Ohio	15,122	11,014	4,108	463	254	210	15,585	11,268	4,317
Oklahoma	3,862	2,971	891	227	132	95	4,089	3,103	986

**TABLE 6, Continued**

State	Benefits			Administration			Total Medicaid		
	Total	Federal	State	Total	Federal	State	Total	Federal	State
Oregon	\$3,973	\$2,901	\$1,072	\$296	\$152	\$144	\$4,269	\$3,053	\$1,216
Pennsylvania	18,634	12,200	6,434	865	474	391	19,500	12,674	6,825
Rhode Island	1,912	1,206	706	83	48	35	1,995	1,254	741
South Carolina	4,992	3,936	1,057	151	87	64	5,143	4,022	1,121
South Dakota	775	569	206	65	43	22	840	612	228
Tennessee	8,441	6,407	2,034	354	190	164	8,795	6,597	2,197
Texas	26,331	18,477	7,854	1,100	587	514	27,431	19,063	8,368
Utah	1,687	1,368	319	118	64	54	1,805	1,432	373
Vermont	1,247	869	378	6	4	3	1,254	873	381
Virginia	6,408	3,938	2,470	253	138	116	6,661	4,075	2,586
Washington	6,989	4,384	2,605	499	273	225	7,488	4,657	2,831
West Virginia	2,539	2,101	438	111	67	44	2,650	2,168	482
Wisconsin	6,432	4,534	1,897	288	149	139	6,720	4,683	2,037
Wyoming	530	331	199	40	24	16	570	355	215
<b>Subtotal (States)</b>	<b>\$382,335</b>	<b>\$259,394</b>	<b>\$122,941</b>	<b>\$17,862</b>	<b>\$9,769</b>	<b>\$8,093</b>	<b>\$400,197</b>	<b>\$269,163</b>	<b>\$131,034</b>
American Samoa	25	13	13	1	0	0	26	13	13
Guam	31	16	15	2	1	1	33	17	16
Northern Mariana Islands	13	7	7	0	0	0	14	7	7
Puerto Rico	1,047	524	524	62	31	31	1,109	554	554
Virgin Islands	44	22	22	4	2	2	48	24	24
<b>Subtotal (States &amp; Territories)</b>	<b>\$383,495</b>	<b>\$259,975</b>	<b>\$123,521</b>	<b>\$17,931</b>	<b>\$9,804</b>	<b>\$8,127</b>	<b>\$401,426</b>	<b>\$269,778</b>	<b>\$131,648</b>
State Medicaid Fraud Control Units (MFCUs)	NA	NA	NA	200	150	50	200	150	50
Medicaid survey and certification of nursing and intermediate care facilities	NA	NA	NA	286	214	71	286	214	71
Vaccines for Children (VFC) program	NA	NA	NA	NA	NA	NA	3,761	3,761	0
<b>Total</b>	<b>\$383,495</b>	<b>\$259,975</b>	<b>\$123,531</b>	<b>\$18,417</b>	<b>\$10,168</b>	<b>\$8,249</b>	<b>\$405,673</b>	<b>\$273,903</b>	<b>\$131,769</b>

**Notes:** Total federal spending shown here (\$273.903 billion) differs from total federal outlays shown in FY 2012 budget documents (\$272.771 billion) due to slight differences in the timing of data for the states and the treatment of certain adjustments. Benefits and Administration columns do not sum to Total Medicaid due to the inclusion of VFC in Total Medicaid. Federal spending in the territories is capped; however, they report their total spending regardless of whether they have reached their caps. As a result, federal spending shown here may exceed the amounts actually paid to the territories. The federal share of total Medicaid spending nationally is generally 57 percent; the federal share was higher in FY 2010 due to a temporary increase in states' federal medical assistance percentages (FMAPs) under P.L. 111-5 and P.L. 111-226. State shares for MFCUs and survey and certification are MACPAC estimates based on 75 percent federal match. State-level estimates for these items are available but are not shown here. VFC is authorized in the Medicaid statute but is operated as a separate program; 100 percent federal funding finances the purchase of vaccines for children who are enrolled in Medicaid, uninsured, or privately insured without vaccine coverage. Spending on administration is only for state programs; federal oversight spending is not included.

**Sources:** MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of February 2011 for the states and territories; CMS, FY 2012 *Justification of Estimates for Appropriations Committees* for all other (MFCUs, survey and certification, VFC)

# MACStats

**TABLE 7. Total Medicaid Benefit Spending by State and Category, FY 2010 (millions)**

State	Total Spending on Benefits	FEE FOR SERVICE									Managed Care and Premium Assistance	Medicare Premiums and Coinsurance	Collections
		Hospital	Physician	Dental	Other Practitioner	Clinic and Health Center	Other Acute	Drugs	Nursing Facility and ICF-MR	Home and Community-based LTSS			
Alabama	\$4,836	\$1,254	\$305	\$82	\$44	\$185	\$213	\$336	\$910	\$558	\$747	\$238	-\$36
Alaska	1,208	324	94	47	17	162	94	46	119	283	0	20	0
Arizona	9,380	550	38	4	5	97	281	8	34	13	8,164	189	-3
Arkansas	3,881	1,112	276	67	17	237	325	182	774	665	16	269	-59
California	41,643	10,351	1,388	556	75	2,196	4,062	1,569	4,984	8,246	6,539	2,176	-498
Colorado	4,028	1,284	272	97	0	103	173	138	602	833	462	87	-24
Connecticut	5,528	912	70	131	117	218	157	322	1,546	1,268	729	273	-216
Delaware	1,287	78	22	29	1	43	50	72	217	146	600	31	-2
District of Columbia	1,772	433	55	16	3	93	69	60	274	350	408	30	-20
Florida	17,262	4,976	1,089	114	42	212	913	579	3,119	2,226	2,958	1,162	-128
Georgia	7,711	2,070	355	41	31	137	194	222	1,226	988	2,235	286	-75
Hawaii	1,361	98	7	27	1	28	5	3	11	103	1,085	58	-67
Idaho	1,345	293	100	9	42	106	300	61	191	209	33	36	-35
Illinois	15,196	7,291	880	186	129	363	752	1,001	2,287	1,756	342	348	-140
Indiana	5,879	854	189	167	10	345	221	348	1,475	885	1,274	154	-42
Iowa	3,047	730	174	58	58	60	217	104	788	672	133	124	-72
Kansas	2,408	449	97	31	4	25	53	76	417	637	569	79	-30
Kentucky	5,522	1,532	374	78	42	262	508	299	982	572	752	205	-84
Louisiana	6,720	2,764	516	118	0	183	428	632	1,248	823	10	241	-243
Maine	2,266	628	100	30	48	143	408	74	296	453	4	111	-29
Maryland	7,012	1,168	101	105	13	44	339	172	1,060	1,334	2,527	220	-71
Massachusetts	11,595	2,114	314	287	29	287	1,044	345	1,826	1,950	3,204	381	-186
Michigan	11,556	1,777	263	58	6	189	277	247	1,686	1,029	5,763	361	-98
Minnesota	7,496	729	189	35	168	39	218	138	978	2,314	2,620	160	-93
Mississippi	4,106	1,642	298	9	25	77	266	221	1,017	396	0	194	-40
Missouri	7,994	3,034	30	15	13	421	354	612	1,039	1,189	1,093	319	-124
Montana	928	272	52	19	15	13	90	33	169	235	7	33	-8
Nebraska	1,595	392	88	32	6	70	172	90	348	319	107	105	-135
Nevada	1,505	422	88	20	11	14	45	61	189	280	289	89	-4
New Hampshire	1,319	373	55	22	15	154	81	38	312	259	0	23	-13
New Jersey	10,163	2,502	63	22	46	374	724	370	2,587	1,308	1,917	311	-61
New Mexico	3,457	570	41	10	41	33	109	9	30	298	2,228	74	14
New York	50,453	11,784	361	311	232	1,573	2,193	2,503	10,453	11,675	9,764	1,273	-1,669
North Carolina	10,319	3,158	944	321	33	141	601	633	1,727	2,669	270	410	-588
North Dakota	682	126	48	10	6	11	17	29	274	153	3	11	-5

**TABLE 7, Continued**

State	Total Spending on Benefits	FEE FOR SERVICE									Managed Care and Premium Assistance	Medicare Premiums and Coinsurance	Collections
		Hospital	Physician	Dental	Other Practitioner	Clinic and Health Center	Other Acute	Drugs	Nursing Facility and ICF-MR	Home and Community-based LTSS			
Ohio	\$15,122	\$2,723	\$317	\$44	\$60	\$95	\$325	\$820	\$3,569	\$2,398	\$4,526	\$384	-\$140
Oklahoma	3,862	1,247	402	131	29	291	252	244	632	588	174	128	-257
Oregon	3,973	347	19	0	28	62	137	90	325	1,183	1,697	120	-34
Pennsylvania	18,634	1,910	209	84	9	107	388	222	4,107	2,669	8,531	530	-132
Rhode Island	1,912	364	15	14	1	25	507	11	315	77	562	36	-14
South Carolina	4,992	1,396	276	101	30	247	229	135	711	595	1,290	161	-181
South Dakota	775	240	60	14	2	80	21	34	169	135	2	27	-9
Tennessee	8,441	962	28	170	0	30	203	371	849	646	4,933	326	-77
Texas	26,331	8,062	1,156	1,280	849	130	1,845	1,277	3,407	3,322	4,930	940	-869
Utah	1,687	492	113	33	4	70	64	100	225	221	356	39	-29
Vermont	1,247	43	2	0	0	0	61	1	115	6	1,016	6	-3
Virginia	6,408	1,120	197	126	25	58	706	132	1,078	1,132	1,672	220	-60
Washington	6,989	1,312	193	166	33	382	398	247	717	1,490	1,824	301	-74
West Virginia	2,539	511	183	56	13	30	113	155	543	517	323	109	-14
Wisconsin	6,432	619	63	51	79	291	366	336	1,066	802	2,581	267	-90
Wyoming	530	155	52	13	7	34	23	22	93	127	0	12	-8
<b>Subtotal</b>	<b>\$382,335</b>	<b>\$89,548</b>	<b>\$12,621</b>	<b>\$5,451</b>	<b>\$2,513</b>	<b>\$10,571</b>	<b>\$21,591</b>	<b>\$15,831</b>	<b>\$63,117</b>	<b>\$63,006</b>	<b>\$91,270</b>	<b>\$13,689</b>	<b>-\$6,873</b>
American Samoa	25	0	0	0	0	0	25	0	0	0	0	0	0
Guam	31	10	4	0	0	0	9	7	0	0	0	1	0
N. Mariana Islands	13	4	0	2	0	1	2	3	0	0	0	0	0
Puerto Rico	1,047	0	0	0	0	0	93	0	0	0	954	0	0
Virgin Islands	44	39	1	0	0	1	-4	5	2	0	0	0	0
<b>Total</b>	<b>\$383,495</b>	<b>\$89,600</b>	<b>\$12,626</b>	<b>\$5,454</b>	<b>\$2,513</b>	<b>\$10,573</b>	<b>\$21,716</b>	<b>\$15,846</b>	<b>\$63,120</b>	<b>\$63,006</b>	<b>\$92,224</b>	<b>\$13,691</b>	<b>-\$6,873</b>
<b>Percent of Total, Exclusive of Collections</b>	<b>-</b>	<b>23.0%</b>	<b>3.2%</b>	<b>1.4%</b>	<b>0.6%</b>	<b>2.7%</b>	<b>5.6%</b>	<b>4.1%</b>	<b>16.2%</b>	<b>16.1%</b>	<b>23.6%</b>	<b>3.5%</b>	<b>-</b>

**Notes:** Service category definitions and spending amounts shown here may differ from other CMS data sources, such as the Medicaid Statistical Information System (MSIS). Includes federal and state funds. ICF-MR is intermediate care facility for the mentally retarded; LTSS is long-term services and supports. Hospital includes inpatient, outpatient, mental health facility, critical access hospital, and emergency hospital services, as well as related disproportionate share hospital (DSH) payments. Other practitioner includes nurse midwife, nurse practitioner, and other. Clinic and health center includes non-hospital outpatient clinic, rural health clinic, and federally qualified health center. Other acute includes lab/X-ray; sterilizations; abortions; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings; emergency services for unauthorized aliens; non-emergency transportation; physical, occupational, speech, and hearing therapy; prosthetics, dentures, and eyeglasses; diagnostic screening and preventive services; school-based services; and other care not otherwise categorized. Drugs are net of rebates. Home and community-based (HCB) includes home health, HCB waiver and state plan services, personal care, private duty nursing, case management (excluding primary care case management), rehabilitative services, and hospice. Managed care and premium assistance includes comprehensive and limited-benefit managed care plans, primary care case management (PCCM), employer-sponsored premium assistance programs, and Programs of All-inclusive Care for the Elderly (PACE); comprehensive managed care plans account for the majority of spending in this category (20.5 percent of total benefits, exclusive of collections) followed by limited-benefit plans (2.6 percent) and PCCM, PACE, and premium assistance (which together were 0.4 percent). Collections include third-party liability, estate, and other recoveries.

**Source:** MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of February 2011

**TABLE 8. CHIP Spending by State, FY 2010 (millions)**

State	Benefits						Administration	2105(g) Spending	Total CHIP				
	Medicaid-expansion CHIP programs			Separate CHIP and Waivers					Total	Federal	State		
	Total	Federal	State	Total	Federal	State	Total	Federal	State	Federal	Total	Federal	State
Alabama	–	–	–	\$157.4	\$122.2	\$35.2	\$8.1	\$6.3	\$1.8	–	\$165.5	\$128.4	\$37.0
Alaska	\$27.2	\$18.0	\$9.3	–	–	–	1.1	0.7	0.4	–	28.3	18.7	9.6
Arizona	–	–	–	70.1	53.3	16.8	5.9	4.5	1.4	–	76.1	57.8	18.2
Arkansas	82.7	67.0	15.8	18.2	14.7	3.5	5.0	4.1	1.0	–	106.0	85.8	20.2
California	271.1	176.2	94.9	1,452.8	944.4	508.4	101.8	66.2	35.6	–	1,825.7	1,186.8	638.9
Colorado	–	–	–	173.6	112.8	60.8	4.3	2.8	1.5	–	177.8	115.6	62.2
Connecticut	–	–	–	33.5	21.8	11.7	1.8	1.2	0.6	\$6.8	35.3	29.7	5.6
Delaware	0.4	0.3	0.1	17.9	11.7	6.3	1.4	0.9	0.5	–	19.7	12.9	6.9
District of Columbia	13.7	10.9	2.9	–	–	–	0.5	0.4	0.1	–	14.3	11.3	3.0
Florida	3.3	2.3	1.1	402.0	275.4	126.7	45.1	30.9	14.2	–	450.4	308.5	141.9
Georgia	–	–	–	273.2	206.6	66.7	24.9	18.8	6.1	–	298.1	225.4	72.7
Hawaii	43.2	29.4	13.8	–	–	–	2.9	2.0	0.9	–	46.2	31.4	14.8
Idaho	18.3	14.4	3.9	22.2	17.5	4.7	2.8	2.2	0.6	–	43.4	34.1	9.3
Illinois	113.3	73.6	39.7	273.5	178.1	95.4	15.2	9.9	5.3	–	402.0	261.7	140.4
Indiana	81.8	62.4	19.4	31.3	23.9	7.5	4.7	3.6	1.1	–	117.8	89.8	28.0
Iowa	25.3	18.9	6.5	62.3	46.4	15.9	8.4	6.3	2.1	–	96.1	71.6	24.5
Kansas	1.8	1.3	0.5	65.8	47.6	18.2	7.2	5.2	2.0	–	74.8	54.0	20.8
Kentucky	102.1	81.4	20.8	48.6	38.8	9.9	3.5	2.8	0.7	–	154.3	122.9	31.4
Louisiana	190.0	146.9	43.1	21.2	16.4	4.8	16.1	12.4	3.6	–	227.2	175.7	51.5
Maine	28.1	21.2	6.9	12.1	9.2	3.0	4.5	3.4	1.1	–	44.6	33.7	10.9
Maryland	237.8	154.6	83.2	–	–	–	8.7	5.7	3.1	–	246.6	160.3	86.3
Massachusetts	230.5	149.8	80.7	224.2	145.7	78.5	9.3	6.0	3.3	–	463.9	301.5	162.4
Michigan	12.5	9.3	3.2	136.1	100.6	35.5	6.8	5.0	1.8	–	155.4	114.9	40.5
Minnesota	0.1	0.0	0.0	23.9	15.6	8.3	0.2	0.2	0.1	3.6	24.2	19.5	4.8
Mississippi	–	–	–	183.3	152.1	31.2	0.4	0.3	0.1	–	183.7	152.4	31.3
Missouri	89.3	67.1	22.2	47.5	35.7	11.8	5.6	4.2	1.4	–	142.4	107.0	35.4
Montana	6.5	5.0	1.5	36.5	28.2	8.3	4.3	3.3	1.0	–	47.3	36.5	10.8
Nebraska	47.2	34.2	13.0	–	–	–	3.5	2.6	1.0	–	50.7	36.7	14.0
Nevada	–	–	–	32.8	21.4	11.4	2.1	1.3	0.7	–	34.8	22.7	12.1
New Hampshire	0.5	0.3	0.2	16.1	10.4	5.6	0.7	0.4	0.2	1.0	17.3	12.2	5.1
New Jersey	135.8	88.3	47.5	662.1	430.7	231.5	66.8	43.5	23.4	–	864.7	562.4	302.4

**TABLE 8, Continued**

State	Benefits									2105(g) Spending Federal	Total CHIP		
	Medicaid-expansion CHIP programs			Separate CHIP and Waivers			Administration						
	Total	Federal	State	Total	Federal	State	Total	Federal	State		Total	Federal	State
New Mexico	\$96.3	\$76.9	\$19.4	\$190.3	\$152.1	\$38.1	\$2.0	\$1.6	\$0.4	–	\$288.6	\$230.6	\$57.9
New York	0.2	0.1	0.1	758.3	492.9	265.4	9.8	6.4	3.4	–	768.3	499.4	268.9
North Carolina	182.9	137.8	45.2	283.4	214.2	69.2	10.9	8.2	2.7	–	477.2	360.2	117.0
North Dakota	9.0	6.6	2.3	9.6	7.1	2.5	0.8	0.6	0.2	–	19.4	14.4	5.0
Ohio	350.1	260.4	89.7	–	–	–	4.8	3.6	1.2	–	354.9	264.0	91.0
Oklahoma	139.3	104.6	34.7	7.6	5.7	1.9	3.6	2.7	0.9	–	150.5	113.0	37.5
Oregon	–	–	–	108.7	80.5	28.3	7.6	5.6	2.0	–	116.4	86.1	30.3
Pennsylvania	–	–	–	439.0	300.9	138.2	7.0	4.8	2.2	–	446.0	305.6	140.4
Rhode Island	27.6	18.4	9.1	14.5	9.7	4.8	1.0	0.7	0.3	–	43.1	28.8	14.3
South Carolina	61.9	49.1	12.8	47.6	37.7	9.9	7.3	5.8	1.5	–	116.8	92.5	24.3
South Dakota	18.6	13.8	4.9	6.0	4.4	1.6	1.0	0.8	0.3	–	25.6	18.9	6.7
Tennessee	55.5	42.9	12.7	102.9	78.3	24.6	7.7	5.9	1.8	–	166.1	127.0	39.1
Texas	–	–	–	1,025.7	729.4	296.3	66.0	47.0	19.1	–	1,091.7	776.3	315.4
Utah	–	–	–	66.8	53.6	13.3	7.4	6.0	1.5	–	74.2	59.5	14.7
Vermont	–	–	–	6.5	4.6	1.9	0.5	0.4	0.2	0.5	7.0	5.5	1.5
Virginia	112.6	73.2	39.4	130.8	85.1	45.8	11.1	7.2	3.9	–	254.5	165.4	89.1
Washington	2.0	1.3	0.7	43.4	28.4	15.1	5.0	3.3	1.7	9.8	50.5	42.7	7.8
West Virginia	–	–	–	44.0	36.0	8.0	3.9	3.2	0.7	–	47.9	39.2	8.7
Wisconsin	53.3	38.5	14.8	72.0	51.9	20.1	10.0	7.2	2.8	–	135.3	97.6	37.7
Wyoming	–	–	–	13.4	8.7	4.7	0.8	0.6	0.3	–	14.3	9.3	5.0
<b>Subtotal</b>	<b>\$2,872.0</b>	<b>\$2,056.1</b>	<b>\$815.9</b>	<b>\$7,869.0</b>	<b>\$5,461.9</b>	<b>\$2,407.1</b>	<b>\$542.1</b>	<b>\$378.4</b>	<b>\$163.7</b>	<b>\$21.6</b>	<b>\$11,283.1</b>	<b>\$7,918.1</b>	<b>\$3,365.1</b>
American Samoa	1.8	1.1	0.6	–	–	–	–	–	–	–	1.8	1.1	0.6
Guam	6.1	4.0	2.1	–	–	–	–	–	–	–	6.1	4.0	2.1
Northern Mariana Islands	1.3	0.8	0.4	–	–	–	–	–	–	–	1.3	0.8	0.4
Puerto Rico	145.5	94.6	50.9	–	–	–	–	–	–	–	145.5	94.6	50.9
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–	–
<b>Total</b>	<b>\$3,026.6</b>	<b>\$2,156.6</b>	<b>\$870.0</b>	<b>\$7,869.0</b>	<b>\$5,461.9</b>	<b>\$2,407.1</b>	<b>\$542.1</b>	<b>\$378.4</b>	<b>\$163.7</b>	<b>\$21.6</b>	<b>\$11,437.7</b>	<b>\$8,018.5</b>	<b>\$3,419.2</b>

**Notes:** Separate CHIP includes unborn children, who represent some states' only separate CHIP spending, as shown in MACStats Table 9. Federal CHIP spending on administration is generally limited to 10% of a state's total federal CHIP spending for the year. States with a Medicaid-expansion CHIP program may elect to receive reimbursement for administrative spending from Medicaid rather than CHIP funds. Section 2105(g) of the Social Security Act permits 11 qualifying states to use CHIP funds to pay the difference between the regular Medicaid matching rate and the enhanced CHIP matching rate for Medicaid-enrolled children whose family income exceeds 133% of the federal poverty level. Qualifying states covered higher-income children in Medicaid prior to CHIP.

**Source:** MACPAC analysis of Medicaid and CHIP Budget Expenditure System (MBES/CBES) as of February 2011

**TABLE 9. Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, March 2011**

As described in *Chapter 3: Overview of the State Children’s Health Insurance Program*, states’ Medicaid eligibility levels for children under age 19 in effect as of March 31, 1997, continue to be financed by Medicaid. Any expansion above those levels—through expansions of Medicaid or through separate CHIP programs—are financed by CHIP. Adult pregnant women can receive Medicaid- or CHIP-funded services through regular state plan eligibility pathways or Section 1115 waivers; in addition, the unborn children of pregnant women may receive CHIP-funded coverage. Deemed newborns are infants up to age 1 who are deemed eligible for Medicaid or CHIP—with no separate application or eligibility determination required—if their mother was enrolled at time of their birth.

State	Medicaid Coverage						CHIP Program Type <sup>2</sup> (as of January 1, 2011)	Separate CHIP Coverage		Medicaid/CHIP Coverage Pregnant women & deemed newborns <sup>3</sup>
	Infants under Age 1		Age 1 through 5		Age 6 through 18			Children 0-18 years of age	Unborn children	
	Medicaid funded <sup>1</sup>	CHIP funded <sup>1</sup>	Medicaid funded <sup>1</sup>	CHIP funded <sup>1</sup>	Medicaid funded <sup>1</sup>	CHIP funded <sup>1</sup>				
Alabama	133%	–	133%	–	100%	–	Separate	300%	–	133%
Alaska	133	175%	133	175%	100	175%	Medicaid Expansion	–	–	175
Arizona	140	–	133	–	100	–	Separate	200	–	150
Arkansas <sup>4</sup>	133	200	133	200	100	200	Combination	–	200%	200
California <sup>5, 6, 7</sup>	200	250	133	250	100	250	Combination	250/300	300	200
Colorado	133	–	133	–	100	–	Separate	250	–	133/200 <sup>8</sup>
Connecticut	185	–	185	–	185	–	Separate	300	–	250
Delaware	133	200	133	–	100	–	Combination	200	–	200
District of Columbia	185	300	133	300	100	300	Medicaid Expansion	–	–	300
Florida	185	200	133	–	100	–	Combination	200	–	185
Georgia	185	–	133	–	100	–	Separate	235	–	200
Hawaii	185	300	133	300	100	300	Medicaid Expansion	–	–	185
Idaho <sup>9</sup>	133	–	133	–	100	133	Combination	185	–	133
Illinois <sup>9</sup>	133	–	133	–	100	133	Combination	200	200	200
Indiana	150	–	133	150	100	150	Combination	250	–	200
Iowa <sup>10</sup>	185	300	133	–	100	133	Combination	300	–	300
Kansas	150	–	133	–	100	–	Separate	241	–	150
Kentucky	185	–	133	150	100	150	Combination	200	–	185
Louisiana	133	200	133	200	100	200	Combination	250	200	200
Maine	185	–	133	150	125	150	Combination	200	–	200
Maryland	185	300	185	300	185	300	Medicaid Expansion	–	–	250
Massachusetts <sup>11</sup>	185	200	133	150	114	150	Combination	300	200	185



**TABLE 9, Continued**

State	Medicaid Coverage						CHIP Program Type <sup>2</sup> (as of January 1, 2011)	Separate CHIP Coverage		Medicaid/CHIP Coverage
	Infants under Age 1		Age 1 through 5		Age 6 through 18			Children 0-18 years of age	Unborn children	Pregnant women & deemed newborns <sup>3</sup>
	Medicaid funded <sup>1</sup>	CHIP funded <sup>1</sup>	Medicaid funded <sup>1</sup>	CHIP funded <sup>1</sup>	Medicaid funded <sup>1</sup>	CHIP funded <sup>1</sup>				
Michigan <sup>9</sup>	185%	–	150%	–	100%	150%	Combination	200%	185%	185%
Minnesota <sup>12</sup>	275	280%	275	–	275	–	Combination	–	275	275
Mississippi	185	–	133	–	100	–	Separate	200	–	185
Missouri	185	–	133	150%	100	150	Combination	300	–	185
Montana <sup>9</sup>	133	–	133	–	100	133	Combination	250	–	150
Nebraska	150	200	133	200	100	200	Medicaid Expansion	–	–	185
Nevada	133	–	133	–	100	–	Separate	200	–	133/185 <sup>13</sup>
New Hampshire	185	300	185	–	185	–	Combination	300	–	185
New Jersey <sup>9</sup>	185	–	133	–	100	133	Combination	350	–	185/200 <sup>14</sup>
New Mexico	185	235	185	235	185	235	Medicaid Expansion	–	–	235
New York	185	–	133	–	100	–	Separate	400	–	200
North Carolina	185	200	133	200	100	–	Combination	200	–	185
North Dakota <sup>15</sup>	133	–	133	–	100	100	Combination	160	–	133
Ohio <sup>16</sup>	133	200	133	200	100	200	Medicaid Expansion	–	–	200
Oklahoma <sup>17</sup>	150	185	133	185	100	185	Combination	200	185	185
Oregon	133	–	133	–	100	–	Separate	300	185	185
Pennsylvania	185	–	133	–	100	–	Separate	300	–	185
Rhode Island <sup>9, 18</sup>	250	–	250	–	100	250	Combination	–	250	185/250 <sup>19</sup>
South Carolina	185	200	133	200	100	200	Medicaid Expansion	–	–	185
South Dakota	133	140	133	140	100	140	Combination	200	–	133
Tennessee <sup>20</sup>	185	200	133	200	100	200	Combination	250	250	185
Texas	185	–	133	–	100	–	Separate	200	200	185
Utah	133	–	133	–	100	–	Separate	200	–	133
Vermont <sup>21</sup>	225	–	225	–	225	–	Separate	300	–	200
Virginia <sup>9</sup>	133	–	133	–	100	133	Combination	200	–	133/200 <sup>22</sup>
Washington	200	–	200	–	200	–	Separate	300	185	185
West Virginia	150	–	133	–	100	–	Separate	250	–	150
Wisconsin <sup>23</sup>	185	–	185	–	100	150	Combination	300	300	300
Wyoming	133	–	133	–	100	–	Separate	200	–	133

**Table 9, Continued**

**Notes:** The federal poverty level (100% FPL) for 2011 in the lower 48 states and the District of Columbia is \$10,890 for an individual and \$3,820 for each additional family member. For additional information, see MACStats Table 19. Income eligibility levels noted may refer to gross or net income depending on the state. Some states achieve the eligibility levels listed by applying block disregards. Some numbers may differ in practice because of the operation of an income disregard that has not been taken into account. In 1997 many states had different eligibility levels for children aged 6 through 13 and 14 through 18; in such cases, this table shows the 1997 levels for children from age 6 through 13.

- 1 The eligibility levels listed under 'Medicaid funded' are the Medicaid eligibility thresholds as of March 31, 1997. The eligibility levels listed under 'CHIP funded' are the income levels to which Medicaid has expanded with CHIP funding since its creation in 1997.
- 2 Under CHIP, states have the option to use an expansion of Medicaid, a separate CHIP program, or a combination of both approaches.
- 3 Pregnant women can be covered with Medicaid or CHIP funding. When pregnant women are covered under CHIP, it can be through a state plan to targeted low-income pregnant women or a Section 1115 demonstration waiver. Values in this column are for Medicaid covered pregnant women, except where noted.
- 4 Arkansas increased Medicaid eligibility to 200% FPL through Section 1115 demonstration authority, effective September 1997, which is after the CHIP maintenance of effort date.
- 5 In California, children through age 18 who are no longer eligible for Medicaid and are converting to the separate CHIP program are covered for one month under the Medicaid expansion program as a bridge while their CHIP enrollment is processed.
- 6 In 1997 California had an asset test for determining a child's eligibility for Medicaid; there is currently no asset test for children in California, but children from age 6 through 18 from 100 to 133% FPL who would not have been eligible in 1997 because of the asset test are covered in a Medicaid expansion with CHIP dollars.
- 7 California's county program expanded eligibility to 300% FPL under its separate CHIP program in four counties (three of the four counties have implemented this provision), with all other counties at 250% FPL.
- 8 Colorado covers pregnant women up to 133% FPL under Medicaid and from 134% through 200% FPL under CHIP through a Title XXI funded 1115 waiver.
- 9 Idaho, Illinois, Michigan, Montana, New Jersey, Rhode Island, and Virginia Medicaid expansion CHIP programs cover children ages 6 through 18 only.
- 10 Iowa's Medicaid expansion CHIP program covers infants over 185% through 300% FPL and children ages 6 through 18 from 100% through 133% FPL.
- 11 Massachusetts has been approved to provide coverage of unborn children up to 225% FPL, although the state has implemented up to 200% FPL.
- 12 In Minnesota infants are defined as being under age 2. Only infants are eligible for the Medicaid expansion CHIP program.
- 13 Nevada covers pregnant women up to 133% FPL under Medicaid and from 134% through 200% FPL under CHIP through a Title XXI funded Section 1115 waiver.
- 14 New Jersey covers pregnant women up to 185% FPL under Medicaid and from 186% through 200% FPL under CHIP through the Title XXI State plan to targeted low-income pregnant women.
- 15 North Dakota's Medicaid expansion CHIP program consists of children who became eligible for Medicaid when the state eliminated the Medicaid asset tests on January 1, 2002.
- 16 Ohio has been approved to increase the income threshold to 300% FPL, but the state has not yet implemented the expansion.
- 17 Oklahoma covers TEFFRA children from 0% through 200% FPL as a Medicaid expansion in all age groups. Oklahoma has been approved to increase the income threshold of its separate CHIP program to 300% FPL, but has implemented the expansion up to 200% FPL.
- 18 In Rhode Island the age range is 1 through 7 and 8 through 18. The state has increased the Medicaid expansion CHIP program income threshold to 300% FPL, but it has not been implemented. The state's separate CHIP program covers unborn children only.
- 19 Rhode Island covers pregnant women up to 185% FPL under Medicaid and from 186% through 250% FPL under CHIP through the Title XXI State plan to targeted low-income pregnant women.
- 20 TennCare covers children as a Medicaid expansion group with Title XXI funding, called TennCare Standard, but this Section 1115 demonstration program is currently capped except for children who "rollover" from traditional Medicaid. This includes children with a family income above Medicaid income levels but at or below 200% FPL who are losing TennCare Medicaid eligibility, and children with a family income above 200% FPL but where the child is medically eligible (i.e., uninsurable) to receive TennCare Standard. In January 2007, Tennessee established a separate CHIP program, CoverKids, for children (unborn through age 18) in families with income up to 250% FPL.
- 21 Vermont's separate CHIP program covers uninsured children between 225% and 300% FPL. Children in this income range who are ineligible under the state's Medicaid Section 1115 waiver are covered under CHIP.
- 22 Virginia covers pregnant women up to 133% FPL under Medicaid and from 134% through 200% FPL under CHIP through a Title XXI funded Section 1115 waiver.
- 23 In Wisconsin, children ages 6 through 18 with incomes above 100% through 150% FPL may be enrolled in the Medicaid expansion CHIP program. The state covers unborn children and children from birth through age 18 to 300% FPL under its separate CHIP program.

**Sources:** MACPAC analysis of the following: CMS *Upper Income Thresholds for Pre-CHIP Medicaid and Children's Health Insurance Programs as of March 4, 2011*; CHIP Statistical Enrollment Data System (SEDS) as reported by states; and MACPAC communication with CMS

**TABLE 10. Income Eligibility Levels as a Percentage of the Federal Poverty Level for Non-aged, Non-disabled, Non-pregnant Adults by State, March 2011**

States are required to provide Medicaid coverage, at a minimum, at their 1996 Aid to Families with Dependent Children (AFDC) eligibility level. Parents and adults who are not disabled or pregnant may be eligible either through this Medicaid state plan pathway (under Section 1931 of the Social Security Act) or through a Section 1115 waiver. Other adults not otherwise eligible for Medicaid may qualify through a Section 1115 waiver or through a new eligibility pathway permitted under P.L. 111-148, as amended. Jobless and working individuals may qualify at different income levels due to disregards of certain amounts of earned income.

State	Minimum	Parents of Dependent Children				Other Adults	
		Jobless		Working		Jobless	Working
		1931 eligibility	1115 waiver	1931 eligibility	1115 waiver	1115 waiver unless noted otherwise	
Alabama	11%	11%	–	24%	–	–	–
Alaska	54	77	–	81	–	–	–
Arizona	23	100	–	106	–	100%	110%
Arkansas <sup>2</sup>	13	13	–	17	200%	–	200
California <sup>3</sup>	40	100	200%	106	200	200	200
Colorado <sup>4</sup>	28	100	–	106	–	–	–
Connecticut <sup>5</sup>	57	185	–	191	–	56 <sup>1</sup>	73 <sup>1</sup>
Delaware	22	75	100	120	106	100	110
District of Columbia <sup>6</sup>	28	200	–	207	–	133 <sup>1</sup> /200	144 <sup>1</sup> /211
Florida	20	20	–	59	–	–	–
Georgia	28	28	–	50	–	–	–
Hawaii <sup>7</sup>	41	100	200	100	200	200	200
Idaho <sup>8</sup>	21	21	–	39	185	–	185
Illinois	25	185	–	191	–	–	–
Indiana <sup>9</sup>	19	19	200	36	200	200 (closed)	200 (closed)
Iowa <sup>10</sup>	28	28	200	83	250	200	250
Kansas	26	26	–	32	–	–	–
Kentucky	34	36	–	62	–	–	–
Louisiana	11	11	–	25	–	–	–
Maine <sup>11</sup>	36	200	–	200	–	100 (closed)	100 (closed)
Maryland <sup>12</sup>	24	116	–	116	–	116	128
Massachusetts <sup>13</sup>	37	133	300	133	300	300	300
Michigan <sup>14</sup>	32	37	–	64	–	35 (closed)	45 (closed)
Minnesota <sup>15</sup>	35	100	275	121	275	75 <sup>1</sup>	75 <sup>1</sup>
Mississippi	24	24	–	44	–	–	–
Missouri	19	19	–	37	–	–	–

**Table 10, Continued**

State	Minimum	Parents of Dependent Children				Other Adults	
		Jobless		Working		Jobless	Working
		1931 eligibility	1115 waiver	1931 eligibility	1115 waiver	1115 waiver unless noted otherwise	
Montana	28%	32%	–	56%	–	–	–
Nebraska	24	47	–	58	–	–	–
Nevada <sup>16</sup>	23	25	–	88	200%	–	–
New Hampshire	36	39	–	49	–	–	–
New Jersey <sup>17</sup>	28	29	200% (closed)	133	200 (closed)	–	–
New Mexico <sup>18</sup>	25	29	200 (closed)	67	408 (closed)	200% (closed)	414% (closed)
New York <sup>19</sup>	46	69	150	75	150	100	100
North Carolina	36	36	–	49	–	–	–
North Dakota	28	34	–	59	–	–	–
Ohio	22	90	–	90	–	–	–
Oklahoma <sup>20</sup>	20	37	200	53	200	200	200
Oregon <sup>21</sup>	30	32	201	40	201	201	201
Pennsylvania	26	26	–	46	–	–	–
Rhode Island <sup>22</sup>	36	110	175	116	181	–	–
South Carolina	13	50	–	93	–	–	–
South Dakota	33	52	–	52	–	–	–
Tennessee <sup>23</sup>	38	70	–	127	–	–	–
Texas	12	12	–	26	–	–	–
Utah <sup>24</sup>	37	38	150 (closed)	44	150	150 (closed)	150
Vermont <sup>25</sup>	43	77	300	83	300	300	300
Virginia	23	25	–	31	–	–	–
Washington	36	37	–	74	–	–	–
West Virginia	17	17	–	33	–	–	–
Wisconsin <sup>26</sup>	34	200	–	200	–	200 (closed)	200 (closed)
Wyoming	24	39	–	52	–	–	–

**Notes:** The federal poverty level (100% FPL) in 2011 in the lower 48 states and the District of Columbia is \$10,890 for an individual and \$3,820 for each additional family member. For additional information, see MACStats Table 19. Reflects income eligibility levels at time of application. The table takes earning disregards, when applicable, into account when determining income thresholds for working adults. For parents, computations are based on a family of three with one earner; for other adults, computations are based on an individual. In some cases, earnings disregards may be time limited and only applied for the first few months of coverage; in these cases, eligibility limits for most enrollees would be lower than the levels that appear in this table. States may use additional disregards in determining eligibility. In some states, the income eligibility guidelines vary by region; in this situation, the income guideline in the most populous region is used. "Closed" indicates that the state was not enrolling new applicants at some point during 2010. In some instances, the state closed the program for the entire year, while in others the state allowed new applicants to enroll in the program as space and funding permitted. Section 1115 waiver coverage may include both Medicaid and CHIP funding.

<sup>1</sup> Not funded under a Section 1115 waiver, but through the new Medicaid state plan option that permits coverage of non-disabled, non-pregnant childless adults, as provided by the Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, as amended).

**TABLE 10, Continued**

- 2 In Arkansas, adults up to 200% FPL are eligible for more limited subsidized coverage under the ARHealthNetworks waiver program; individuals must have income below the eligibility threshold and work for a qualifying, participating employer.
- 3 California received approval for a waiver in 2010 that allows the state to continue and potentially expand county-based initiatives serving low-income adults.
- 4 Colorado expanded coverage to 100% FPL (from 60% FPL) to parents through a Section 1931 expansion on May 1, 2010.
- 5 Connecticut took up the new PPACA option to cover adults in 2010 and transferred adults from a previously state-funded program to Medicaid.
- 6 DC took up the new PPACA option and obtained a waiver to cover adults up to 200% FPL in 2010, transferring adults from a previously locally funded program to Medicaid. Adults up to 200% FPL who cannot qualify for Medicaid remain eligible for more limited coverage under the fully District-funded DC HealthCare Alliance program.
- 7 Hawaii covers adults up to 100% FPL under its QUEST Medicaid managed care waiver program; enrollment in QUEST is closed except for certain groups including individuals receiving Section 1931 Medicaid coverage or General Assistance or those below the old AFDC standards. Adults up to 200% FPL are eligible for more limited coverage under the QUEST-ACE waiver program. Further, adults previously enrolled in Medicaid with incomes between 200-300% FPL can purchase more limited QUEST-NET waiver coverage by paying a monthly premium.
- 8 Idaho provides premium assistance to adults up to 185% FPL under a waiver; individuals must have income below the eligibility threshold and work for a qualified small employer.
- 9 In Indiana, adults up to 200% FPL are eligible for limited coverage that resembles a Health Savings Account under the Healthy Indiana waiver program. Enrollment is closed for childless adults.
- 10 In Iowa, adults up to 250% FPL are eligible for more limited coverage under the IowaCare waiver program.
- 11 In Maine, childless adults up to 100% FPL are eligible for more limited coverage under the MaineCare waiver program; enrollment is closed.
- 12 In Maryland, childless adults are eligible for primary care services under the Primary Adult Care waiver program.
- 13 In Massachusetts, childless adults who are long-term unemployed or a client of the Department of Mental Health with income below 100% FPL can receive more limited benefits under the MassHealth waiver program through MassHealth Basic or Essential. Additionally, adults up to 300% FPL are eligible for more limited subsidized coverage under the Commonwealth Care waiver program.
- 14 In Michigan, childless adults are eligible for more limited coverage under the Adult Benefit Waiver program; enrollment is closed.
- 15 In Minnesota, parents up to 275% FPL are eligible for coverage under the MinnesotaCare waiver program. Parents above 215% FPL receive more limited coverage.
- 16 Nevada provides premium assistance to parents up to 200% FPL under its Check Up Plus waiver program; parents must have income below the eligibility threshold and work for a qualified small business.
- 17 In New Jersey, parents up to 200% FPL are covered under the FamilyCare waiver program. Waiver enrollment closed in 2010 for parents who do not qualify for Medicaid using an enhanced income disregard.
- 18 In New Mexico, adults up to 200% FPL are eligible for more limited subsidized coverage under the State Coverage Insurance waiver program. Individuals must have income below the eligibility threshold and work for a participating employer. If they do not work for a participating employer, they can obtain coverage by paying both the employer and employee share of premium costs. Enrollment is closed.
- 19 In New York, childless adults up to 78% FPL are eligible for the Medicaid (Home Relief) waiver program. Parents up to 150% FPL and childless adults up to 100% FPL are eligible for the Family Health Plus waiver program.
- 20 In Oklahoma, adults up to 200% FPL are eligible for more limited subsidized coverage under the Insure Oklahoma waiver program. Individuals must have income below the eligibility threshold and also work for a small employer, be self-employed, be unemployed and seeking work, be working disabled, be a full-time college student, or be the spouse of a qualified worker.
- 21 In Oregon, adults up to 100% FPL are eligible for more limited coverage under the OHP Standard waiver program; enrollment in OHP Standard is closed. The state provides premium assistance to adults up to 201% FPL under its Family Health Insurance Assistance Program waiver program. Income eligibility increased from 185% to 201% effective January 1, 2010. FHIAP is open to open for both individual and employer sponsored insurance, however, the state is only enrolling individuals from the reservation list.
- 22 In Rhode Island, jobless parents up to 175% FPL are covered under the RiteCare and RiteShare waiver programs.
- 23 In Tennessee, adults earning up to \$55,000 per year are eligible for more limited subsidized coverage under the state-funded CoverTN program. Individuals must have income below the eligibility threshold and be a worker of a qualified business, self-employed, or recently unemployed. To qualify as a business, at least 50% of employees must earn \$55,000 or less per year. Once a business qualifies, all eligible employees, regardless of income, may enroll. Enrollment is closed.
- 24 In Utah, adults up to 150% FPL are eligible for coverage of primary care services under the Primary Care Network waiver program; enrollment is closed. The state also provides premium assistance for employer-sponsored coverage to working adults up to 150% FPL under the Utah Premium Partnership Health Insurance waiver program.
- 25 In Vermont, 1931 coverage is available up to 77% FPL in urban areas and 73% FPL in rural areas; parents up to 185% FPL and childless adults up to 150% FPL are eligible for the Vermont Health Access Plan waiver program. Additionally, the state offers more limited subsidized coverage to adults up to 300% FPL under its Catamount Health waiver program.
- 26 In Wisconsin, parents up to 200% FPL are eligible for the BadgerCare Plus waiver program. Childless adults up to 200% FPL are eligible for more limited coverage under the BadgerCare Plus Core Plan waiver program. Enrollment for childless adults is closed.

**Source:** Georgetown University Center for Children and Families for Kaiser Commission on Medicaid and the Uninsured, *Where are States Today? Medicaid and CHIP Eligibility Levels for Children and Non-Disabled Adults*, February 2011, and MACPAC communication with the authors

**TABLE 11. Medicaid Income Eligibility Levels as a Percentage of the Federal Poverty Level for Aged and Disabled Individuals by State, 2010**

In most states, enrollment in the Supplemental Security Income (SSI) program for individuals age 65 and older and persons with disabilities automatically qualifies an individual for Medicaid. However, 11 “209(b)” states may use criteria that differ from SSI when determining Medicaid eligibility. In all states, additional people with low incomes or high medical expenses may be covered, at the state’s option, through poverty level, medically needy, special income level, and other eligibility pathways.

State	State Eligibility Type <sup>1</sup>	SSI Recipients	209(b) Eligibility Levels	Poverty Level <sup>2</sup>	Medically Needy <sup>3</sup>	Special Income Level <sup>4</sup>
Alabama	1634	75%	–	–	–	224%
Alaska	SSI Criteria	60	–	–	–	147
Arizona	1634	75	–	100%	–	224
Arkansas	1634	75	–	80 Aged only	12%	224
California	1634	75	–	100	66	100
Colorado	1634	75	–	–	–	224
Connecticut	209(b)	–	63%	–	68	224
Delaware	1634	75	–	–	–	187
District of Columbia	1634	75	–	100	64	224
Florida	1634	75	–	88	20	224
Georgia	1634	75	–	–	35	224
Hawaii	209(b)	–	100	100	45	–
Idaho	SSI Criteria	75	–	–	–	224
Illinois	209(b)	–	100	100	100	–
Indiana	209(b)	–	75	–	–	224
Iowa	1634	75	–	–	54	224
Kansas	SSI Criteria	75	–	–	53	224
Kentucky	1634	75	–	–	24	224
Louisiana	1634	75	–	75	11	224
Maine	1634	75	–	100	58	224
Maryland	1634	75	–	–	39	224
Massachusetts	1634	75	–	100	58	224
Michigan	1634	75	–	100	45	224
Minnesota	209(b)	–	53	100	75	224
Mississippi	1634	75	–	–	–	224
Missouri	209(b)	–	85	85	–	131
Montana	1634	75	–	–	69	–
Nebraska	SSI Criteria	75	–	100	44	–

**TABLE 11, Continued**

State	State Eligibility Type <sup>1</sup>	SSI Recipients	209(b) Eligibility Levels	Poverty Level <sup>2</sup>	Medically Needy <sup>3</sup>	Special Income Level <sup>4</sup>
Nevada	SSI Criteria	75%	–	–	–	224%
New Hampshire	209(b)	–	76%	–	65%	224
New Jersey	1634	75	–	100%	41	224
New Mexico	1634	75	–	–	–	224
New York	1634	75	–	–	85	–
North Carolina	1634	75	–	100	27	–
North Dakota	209(b)	–	83	–	83	–
Ohio	209(b)	–	65	–	–	224
Oklahoma	209(b)	–	79	100	–	224
Oregon	SSI Criteria	75	–	–	–	224
Pennsylvania	1634	75	–	100	47	224
Rhode Island	1634	75	–	100	89	224
South Carolina	1634	75	–	100	–	224
South Dakota	1634	75	–	–	–	224
Tennessee	1634	75	–	–	–	224
Texas	1634	75	–	–	–	224
Utah	SSI Criteria	75	–	100	100	224
Vermont	1634	75	–	–	110	224
Virginia	209(b)	–	80	80	47	224
Washington	1634	75	–	–	75	224
West Virginia	1634	75	–	–	22	224
Wisconsin	1634	75	–	–	66	224
Wyoming	1634	75	–	–	–	224

**Notes:** In 2011, the federal poverty level (100% FPL) in the lower 48 states and the District of Columbia is \$10,890 for an individual and \$3,820 for each additional family member. For additional information, see MACStats Table 19. The income eligibility levels may refer to gross or net income depending on the state. The eligibility levels listed in this table are for individuals; the eligibility levels for couples differ for certain categories.

- 1 In 1634 states, individuals who qualify for Supplemental Security Income (SSI) are automatically eligible for Medicaid. SSI-criteria states, which use the same Medicaid eligibility criteria for their aged and disabled SSI enrollees as are used for the SSI program, require that these individuals apply to the state separately from their application for SSI to determine their Medicaid eligibility. 209(b) states use at least one eligibility criterion more restrictive than the SSI program and may not use more restrictive criteria than those in effect in the state on January 1, 1972; they must also allow individuals with higher incomes to “spend down” to the 209(b) income level shown here by incurring medical expenses.
- 2 Under the poverty level option, states may choose to provide Medicaid coverage to persons who are aged or disabled whose income is above the SSI or 209(b) level, but at or below the FPL.
- 3 Under the medically needy option, individuals with higher incomes can “spend down” to the medically needy income level shown here by incurring medical expenses. Some states have a medically needy income standard that varies by location. In these instances, the highest income standard is listed (Connecticut, Louisiana, Michigan, Vermont, and Virginia).
- 4 Under the special income level option, states have the option to provide Medicaid benefits to people who require at least 30 days of nursing home care up to 300% of the SSI benefit rate (which is 224% of the federal poverty level). The income standard listed in this column may be for institutional services, waiver services, or both.

**Source:** MACPAC analysis of information from the Centers for Medicare & Medicaid Services (CMS) as of July 2010 and state websites



**TABLE 12. Optional Medicaid Benefits by State, August 2010**

Although mandatory and optional Medicaid benefits are listed in federal statute, the breadth of coverage (i.e., amount, duration, and scope) varies by state. When designing a benefit, states may elect to place no limits on a benefit, or they may choose to limit a benefit by requiring prior approval of the service, restricting the place of service, or employing utilization controls or dollar caps. For example, while most states cover dental services and some even cover annual dental exams, others limit this benefit to trauma care and/or emergency treatment for pain relief and infection, require that services be provided in a specific setting (such as an emergency room), require that certain services be prior approved, or place dollar caps on the total amount of services an enrollee can receive each year. The result is that the same benefit can be designed and implemented in a number of different ways across states. While this table shows that a benefit is covered, benefit design and coverage of a service can vary greatly from state to state.

Medicaid mandatory benefits are the following:

- ▶ Inpatient hospital services
- ▶ Outpatient hospital services
- ▶ Physician services
- ▶ Early and Periodic Screening, Diagnostic, and Treatment services (EPSDT) for individuals under age 21 (screening, vision, dental, and hearing services and any medically necessary service listed in the Medicaid statute, including optional services that are not otherwise covered by a state)
- ▶ Family planning services and supplies
- ▶ Federally qualified health center services
- ▶ Freestanding birth center services
- ▶ Home health services
- ▶ Laboratory and X-ray services
- ▶ Nursing facility services (for ages 21 and over)
- ▶ Nurse midwife services
- ▶ Nurse practitioner services
- ▶ Rural health clinic services
- ▶ Tobacco cessation counseling and pharmacotherapy for pregnant women
- ▶ Non-emergency transportation

The table on the following pages is based on the Social Security Act; Code of Federal Regulations; and CMS, *State Medicaid Benefits as of 8/13/2010*.

**TABLE 12, Continued**

Benefit	Number of States Providing Benefit	Number of States Providing Benefit																
		AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	IL	IN	IA	KS
Intermediate Care Facility Services for the Mentally Retarded	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Targeted Case Management for Mental Health Clinic Services	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Facility Services (under age 21)	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Therapy	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Optometry Services	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physical Therapy	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prescribed Drugs	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Targeted Case Management	50	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prosthetic Devices	49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Speech and Language Therapy	49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice Care Services	48	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inpatient Psychiatric Services (under age 21)	48	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dental Services	46	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eyeglasses	45	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓
Podiatry Services	45	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–
Speech, Hearing and Language Therapy	45	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audiology Services	43	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
Inpatient Services in Institutions for Mental Disease (age 65+)	42	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	–	–	✓	✓	✓	✓	✓
Psychologist Services	42	✓	✓	✓	✓	✓	✓	✓	–	–	✓	✓	✓	✓	–	✓	✓	✓
Emergency Hospital Services	40	–	–	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	–	✓
Dentures	37	✓	✓	–	✓	✓	–	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	–
Preventive Services	37	✓	✓	✓	–	✓	–	✓	–	✓	✓	✓	✓	✓	✓	✓	–	–
Personal Care Services	35	✓	✓	–	✓	✓	–	–	–	✓	✓	–	–	✓	–	–	–	–
Private Duty Nursing Services	33	✓	–	✓	✓	–	✓	–	✓	✓	✓	–	✓	–	✓	–	–	–
Rehabilitation Services	33	–	✓	✓	–	✓	✓	✓	–	✓	✓	–	✓	✓	–	✓	–	–
Diagnostic Services	32	✓	✓	✓	–	–	–	–	✓	✓	✓	✓	–	✓	–	–	–	–
Nurse Anesthetist Services	32	✓	✓	✓	✓	✓	✓	–	–	–	✓	✓	–	–	–	✓	✓	✓
Program of All-Inclusive Care for the Elderly (PACE)	31	–	–	–	✓	✓	✓	–	–	–	✓	–	✓	–	✓	–	✓	✓
Targeted Case Management for Developmental Disabilities	31	✓	–	✓	✓	✓	✓	–	–	–	✓	✓	✓	✓	–	✓	✓	–
Screening Services	30	✓	✓	✓	–	–	–	✓	–	✓	✓	✓	✓	✓	✓	✓	–	–
Chiropractic Services	29	✓	–	–	✓	✓	–	✓	–	–	✓	–	–	✓	✓	✓	✓	–
Critical Access Hospital Services	22	–	✓	✓	✓	–	–	–	–	–	–	✓	✓	–	–	✓	–	–
Respiratory Care (Ventilator) Services	22	✓	✓	✓	✓	–	–	–	–	✓	✓	✓	✓	–	✓	–	–	–
Targeted Case Management for Mental Retardation	18	✓	–	–	–	–	–	✓	–	–	✓	✓	–	–	–	–	–	✓
Primary Care Case Management	14	–	–	–	–	–	✓	–	–	–	–	✓	–	✓	–	–	–	–
Targeted Case Management for HIV/AIDS	14	✓	–	–	–	–	–	–	–	–	–	✓	–	–	–	✓	–	–
Services from Religious Non-Medical Institutions	13	✓	–	✓	–	–	–	–	–	–	–	–	–	–	✓	✓	–	–
Services Related to Tuberculosis	13	–	–	–	–	✓	–	–	–	✓	–	✓	–	–	–	–	–	–
Targeted Case Management for Physical Disabilities	12	✓	–	–	–	✓	–	–	–	–	✓	✓	–	–	–	–	✓	✓
Targeted Case Management for the Medically Fragile	9	–	–	–	–	–	–	–	–	–	✓	✓	✓	–	–	–	–	–
Home and Community Based Services	4	–	–	–	–	–	✓	–	–	–	–	–	–	–	–	–	✓	–
Targeted Case Management for Traumatic Brain Injury	4	–	–	–	–	–	–	–	–	–	–	✓	–	–	–	–	–	✓
Targeted Case Management for Autism	3	–	–	–	–	–	–	–	–	–	–	✓	–	–	–	–	–	–
Sickle Cell Disease Services	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	✓
Targeted Case Management for Acquired Brain Injury	2	–	–	–	–	–	–	–	–	–	–	✓	–	–	–	–	–	–
Targeted Case Management for the Technology Dependent	1	✓	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

**TABLE 12, Continued**

Benefit	Number of States Providing Benefit	Number of States Providing Benefit																	
		KY	LA	ME	MD	MA	MI	MN	MS	MO	MT	NE	NV	NH	NJ	NM	NY	NC	
Intermediate Care Facility Services for the Mentally Retarded	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Targeted Case Management for Mental Health Clinic Services	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Facility Services (under age 21)	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Therapy	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Optometry Services	50	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physical Therapy	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prescribed Drugs	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Targeted Case Management	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prosthetic Devices	49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Speech and Language Therapy	49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice Care Services	48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓
Inpatient Psychiatric Services (under age 21)	48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓
Dental Services	46	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Eyeglasses	45	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Podiatry Services	45	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Speech, Hearing and Language Therapy	45	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audiology Services	43	-	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inpatient Services in Institutions for Mental Disease (age 65+)	42	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Psychologist Services	42	-	-	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Hospital Services	40	✓	-	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	-
Dentures	37	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓
Preventive Services	37	✓	-	✓	-	✓	-	✓	✓	-	✓	-	✓	✓	✓	✓	-	✓	✓
Personal Care Services	35	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Private Duty Nursing Services	33	✓	-	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓	-	-	✓	✓	✓
Rehabilitation Services	33	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	✓	✓	✓	✓	✓	✓	✓
Diagnostic Services	32	✓	-	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nurse Anesthetist Services	32	✓	✓	-	✓	-	✓	✓	✓	-	✓	✓	-	✓	-	✓	-	✓	-
Program of All-Inclusive Care for the Elderly (PACE)	31	-	✓	-	✓	✓	✓	-	-	✓	✓	-	-	-	✓	✓	✓	✓	✓
Targeted Case Management for Developmental Disabilities	31	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	-	✓	-	✓	-	-	-
Screening Services	30	✓	-	✓	-	✓	-	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓	✓
Chiropractic Services	29	✓	-	✓	-	✓	-	✓	✓	-	-	✓	-	-	✓	-	✓	✓	✓
Critical Access Hospital Services	22	-	-	✓	-	-	-	✓	-	-	✓	✓	✓	-	-	-	-	✓	-
Respiratory Care (Ventilator) Services	22	✓	-	-	✓	-	✓	-	-	-	-	✓	✓	-	-	-	-	✓	✓
Targeted Case Management for Mental Retardation	18	-	✓	-	-	✓	-	✓	-	-	-	-	✓	-	-	-	-	✓	-
Primary Care Case Management	14	-	-	-	-	✓	-	-	-	-	-	-	✓	-	-	-	-	✓	✓
Targeted Case Management for HIV/AIDS	14	-	✓	✓	✓	✓	-	-	-	-	-	-	-	-	-	-	-	✓	✓
Services from Religious Non-Medical Institutions	13	-	-	-	-	-	✓	✓	-	-	-	-	-	-	-	✓	-	-	-
Services Related to Tuberculosis	13	-	✓	-	✓	-	-	✓	-	-	-	-	-	-	-	-	-	✓	✓
Targeted Case Management for Physical Disabilities	12	-	-	-	-	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management for the Medically Fragile	9	✓	✓	-	-	-	-	-	-	-	-	-	-	✓	✓	-	-	-	-
Home and Community Based Services	4	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-
Targeted Case Management for Traumatic Brain Injury	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-
Targeted Case Management for Autism	3	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sickle Cell Disease Services	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management for Acquired Brain Injury	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓
Targeted Case Management for the Technology Dependent	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

**TABLE 12, Continued**

Benefit	Number of States Providing Benefit	Number of States Providing Benefit																	
		ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	
Intermediate Care Facility Services for the Mentally Retarded	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Targeted Case Management for Mental Health Clinic Services	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Facility Services (under age 21)	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Therapy	50	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Optometry Services	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physical Therapy	50	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prescribed Drugs	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Targeted Case Management	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prosthetic Devices	49	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Speech and Language Therapy	49	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓
Hospice Care Services	48	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inpatient Psychiatric Services (under age 21)	48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Dental Services	46	✓	✓	✓	✓	✓	✓	✓	✓	-	-	✓	-	✓	✓	✓	✓	✓	✓
Eyeglasses	45	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓	✓	-
Podiatry Services	45	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-
Speech, Hearing and Language Therapy	45	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audiology Services	43	✓	✓	-	✓	✓	✓	-	✓	✓	-	✓	-	✓	✓	✓	✓	✓	-
Inpatient Services in Institutions for Mental Disease (age 65+)	42	✓	✓	✓	✓	-	✓	-	-	✓	✓	✓	✓	✓	✓	✓	-	✓	✓
Psychologist Services	42	✓	✓	✓	✓	-	-	✓	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Hospital Services	40	✓	✓	-	✓	✓	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	✓
Dentures	37	✓	✓	-	✓	✓	✓	-	✓	-	-	✓	-	-	✓	✓	✓	✓	-
Preventive Services	37	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓	✓	-
Personal Care Services	35	✓	✓	✓	✓	✓	✓	-	✓	-	✓	✓	-	-	✓	✓	✓	✓	-
Private Duty Nursing Services	33	✓	✓	-	✓	✓	-	✓	-	-	✓	✓	✓	-	✓	✓	✓	✓	-
Rehabilitation Services	33	-	✓	-	-	-	-	✓	-	-	✓	-	✓	✓	✓	✓	✓	✓	✓
Diagnostic Services	32	✓	-	-	-	✓	✓	-	-	-	-	✓	✓	✓	✓	✓	✓	✓	-
Nurse Anesthetist Services	32	✓	✓	✓	✓	-	-	✓	-	✓	✓	-	✓	✓	✓	✓	✓	-	✓
Program of All-Inclusive Care for the Elderly (PACE)	31	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓	-	✓	-
Targeted Case Management for Developmental Disabilities	31	-	✓	✓	✓	-	✓	-	-	-	✓	-	✓	✓	-	✓	✓	✓	-
Screening Services	30	✓	✓	✓	-	✓	-	-	-	-	-	✓	-	✓	-	-	✓	✓	-
Chiropractic Services	29	✓	✓	-	✓	✓	-	✓	✓	-	✓	✓	✓	-	-	✓	✓	✓	-
Critical Access Hospital Services	22	✓	-	✓	✓	✓	-	-	✓	-	-	✓	-	-	✓	✓	✓	✓	✓
Respiratory Care (Ventilator) Services	22	-	✓	-	-	✓	-	-	-	✓	✓	-	-	-	✓	✓	✓	✓	-
Targeted Case Management for Mental Retardation	18	-	✓	✓	-	✓	-	✓	-	-	✓	-	✓	✓	-	✓	-	-	-
Primary Care Case Management	14	-	-	-	✓	✓	✓	✓	✓	-	✓	-	-	✓	-	-	-	-	-
Targeted Case Management for HIV/AIDS	14	-	-	-	✓	✓	✓	-	-	-	-	-	-	-	✓	-	✓	-	-
Services from Religious Non-Medical Institutions	13	-	-	-	✓	✓	-	-	-	✓	✓	-	-	✓	-	-	-	-	✓
Services Related to Tuberculosis	13	-	-	✓	-	-	-	-	-	-	✓	✓	-	-	-	-	-	✓	✓
Targeted Case Management for Physical Disabilities	12	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	✓	✓	-
Targeted Case Management for the Medically Fragile	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	-
Home and Community Based Services	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	-
Targeted Case Management for Traumatic Brain Injury	4	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management for Autism	3	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-
Sickle Cell Disease Services	2	-	✓	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management for Acquired Brain Injury	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Case Management for the Technology Dependent	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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**TABLE 13. Maximum Allowable Medicaid Premiums and Cost-Sharing, FY 2011**

	<b>At or Below 100% FPL</b>	<b>From 100% through 150% FPL</b>	<b>Above 150% FPL</b>
<b>Exempt Populations</b>	Exempt populations for most types of cost-sharing include children under age 18, pregnant women, beneficiaries receiving hospice care, beneficiaries in nursing facilities and intermediate care facilities for the mentally retarded, certain enrollees in hospitals and other medical institutions, and American Indians who are furnished a Medicaid item or service through an Indian provider or through a contract health service referral.		
<b>Exempt Services</b>	Emergency services and family planning services and supplies are excluded from cost-sharing.		
<b>Cap for Alternative Cost-Sharing</b>	Alternative cost-sharing not permitted. Nominal amounts always apply.	When a state imposes alternative cost-sharing above nominal amounts, the total amount of premiums and cost-sharing may not exceed 5% of a family's monthly or quarterly income.	
<b>Premium</b>	Not permitted	Not permitted	Up to \$19 a month, depending on income level and family size. States may charge higher alternative premiums (subject to 5% cap).
<b>Non-Institutional Services</b>	Deductible: Up to \$2.50 Copayment: Up to \$3.65	Deductible: Up to \$2.50 Copayment: Up to 10% of the payment made by the Medicaid agency for the service	Deductible: Up to \$2.50 Copayment: Up to 20% of the payment made by the Medicaid agency for the service
<b>Institutional Services</b>	Per admission, the maximum deductible, coinsurance, or copayment charge may not exceed 50% of the payment made by the Medicaid agency for the first day of care.	Per admission, the maximum deductible, coinsurance, or copayment charge may not exceed 50% of the payment made by the Medicaid agency for the first day of care or 10% of the cost of the item or service.	Per admission, the maximum deductible, coinsurance, or copayment charge may not exceed 50% of the payment made by the Medicaid agency for the first day of care or 20% of the cost of the item or service.
<b>Non-Emergency Care Provided in ER</b>	Up to \$3.65	Up to \$7.30	No limit (subject to 5% cap)
<b>Prescribed Drugs</b>	Preferred and non-preferred copayment: Up to \$3.65	Preferred and non-preferred copayment: Up to \$3.65	Preferred copayment: Up to \$3.65 Non-preferred copayment: Up to 20% of the cost of the drug

**Notes:** In 2011, the federal poverty level (100% FPL) in the lower 48 states and the District of Columbia is \$10,890 for an individual and \$3,820 for each additional family member. For additional information, see MACStats Table 19. This table contains fiscal year 2011 numbers, where "nominal" is defined as being up to \$2.50 for a monthly deductible or up to \$3.65 for a copayment. The table does not reflect amounts that states may have implemented under a Section 1115 waiver.

As first authorized in the Deficit Reduction Act of 2005 (P.L. 109-171), alternative cost-sharing allows states to target cost-sharing above nominal levels to specific groups of enrollees, provided their family income is above 100% FPL.

**Sources:** Sections 1916 and 1916A of the Social Security Act; 42 CFR Part 447; MACPAC communication with Centers for Medicare & Medicaid Services (CMS)

**TABLE 14. Federal Medical Assistance Percentages (FMAPs) and Enhanced FMAPs (E-FMAPs) by State, FY 2011**

State	FMAPs for Medicaid		Enhanced FMAPs for CHIP
	First quarter of FY 2011 (includes temporary increase)	Fourth quarter of FY 2011 (regular formula level)	FY 2011
Alabama	78.00%	68.54 %	77.98%
Alaska	62.46	50.00	65.00
Arizona	75.93	65.85	76.10
Arkansas	81.18	71.37	79.96
California	61.59	50.00	65.00
Colorado	61.59	50.00	65.00
Connecticut	61.59	50.00	65.00
Delaware	64.38	53.15	67.21
District of Columbia	79.29	70.00	79.00
Florida	67.64	55.45	68.82
Georgia	75.16	65.33	75.73
Hawaii	67.35	51.79	66.25
Idaho	79.18	68.85	78.20
Illinois	61.88	50.20	65.14
Indiana	76.21	66.52	76.56
Iowa	72.55	62.63	73.84
Kansas	69.68	59.05	71.34
Kentucky	80.61	71.49	80.04
Louisiana	81.48	63.61	74.53
Maine	74.86	63.80	74.66
Maryland	61.59	50.00	65.00
Massachusetts	61.59	50.00	65.00
Michigan	75.57	65.79	76.05
Minnesota	61.59	50.00	65.00
Mississippi	84.86	74.73	82.31
Missouri	74.43	63.29	74.30
Montana	77.99	66.81	76.77
Nebraska	68.76	58.44	70.91
Nevada	63.93	51.61	66.13
New Hampshire	61.59	50.00	65.00
New Jersey	61.59	50.00	65.00
New Mexico	80.49	69.78	78.85
New York	61.59	50.00	65.00



**TABLE 14, Continued**

State	FMAPs for Medicaid		Enhanced FMAPs for CHIP
	First quarter of FY 2011 (includes temporary increase)	Fourth quarter of FY 2011 (regular formula level)	FY 2011
North Carolina	74.98%	64.71%	75.30%
North Dakota	69.95	60.35	72.25
Ohio	73.71	63.69	74.58
Oklahoma	76.73	64.94	75.46
Oregon	72.97	62.85	74.00
Pennsylvania	66.58	55.64	68.95
Rhode Island	64.22	52.97	67.08
South Carolina	79.58	70.04	79.03
South Dakota	70.80	61.25	72.88
Tennessee	75.62	65.85	76.10
Texas	70.94	60.56	72.39
Utah	80.78	71.13	79.79
Vermont	69.96	58.71	71.10
Virginia	61.59	50.00	65.00
Washington	62.94	50.00	65.00
West Virginia	83.05	73.24	81.27
Wisconsin	70.63	60.16	72.11
Wyoming	61.59	50.00	65.00
American Samoa	50.00	55.00	65.00 first two quarters / 68.50 thereafter
Guam	50.00	55.00	65.00 first two quarters / 68.50 thereafter
Northern Mariana Islands	50.00	55.00	65.00 first two quarters / 68.50 thereafter
Puerto Rico	50.00	55.00	65.00 first two quarters / 68.50 thereafter
Virgin Islands	50.00	55.00	65.00 first two quarters / 68.50 thereafter

**Notes:** The federal government’s share of most Medicaid service costs is determined by the FMAP, with some exceptions. For Medicaid administrative costs, the federal share does not vary by state and is generally 50%. The enhanced FMAP determines the federal share of both service and administrative costs for CHIP, subject to the availability of funds from a state’s federal allotments for CHIP.

FMAPs are generally calculated based on a formula that compares each state’s per capita income relative to U.S. per capita income and provides a higher federal match for states with lower incomes (statutory maximum of 83%) and lower federal match for states with higher incomes (statutory minimum of 50%). The formula for a given state is:

$$FMAP = 1 - (\text{State per capita income}^2 / \text{U.S. per capita income}^2 * 0.45)$$

Exceptions include the District of Columbia (set in statute at 70%) and the territories (set in statute at 50% until the third quarter of FY 2011, when they will increase to 55% under section 2005(c) of P.L. 111-148, as amended). Other exceptions apply to certain services, providers, or situations (e.g., services provided through an Indian Health Service facility receive an FMAP of 100%). Enhanced FMAPs are calculated by reducing the state share under regular FMAPs by 30%. States are currently receiving a temporary FMAP increase that was included in P.L. 111-5 and later extended by P.L. 111-226. It runs for 11 quarters, from the first quarter of FY 2009 through the third quarter of FY 2011, subject to certain requirements. FMAPs for the second and third quarters of FY 2011 (ending June 30, 2011) have not yet been published, but will phase down from their first quarter levels and return to their regular formula levels in the fourth quarter.

**Source:** Federal Register notices from the Department of Health and Human Services and section 2005(c) of P.L. 111-148, as amended

**TABLE 15. Medicaid as a Share of States' Total Budgets and State-Funded Budgets, State FY 2009**

State	Total Budget (Including State and Federal Funds)				State-funded Budget			
	Dollars (billions)	Total Spending as a Share of Total Budget			Dollars (billions)	State-funded Spending as a Share of State-funded Budget		
		Medicaid	Elementary and secondary education	Higher education		Medicaid	Elementary and secondary education	Higher education
Alabama	\$19.760	25.5%	25.0%	20.7%	\$12.929	14.2%	31.6%	24.3%
Alaska	13.524	7.5	10.0	7.5	10.482	3.2	11.0	7.4
Arizona	27.080	29.4	23.9	11.7	16.840	11.9	32.7	15.6
Arkansas	18.193	19.7	17.7	16.8	12.768	7.5	21.3	23.8
California	195.476	20.6	23.6	7.7	122.386	10.0	29.6	7.9
Colorado	28.806	14.1	25.7	14.9	22.359	8.4	30.7	16.2
Connecticut	25.799	20.9	14.6	10.8	23.472	22.9	14.1	10.8
Delaware	8.741	12.3	23.7	4.1	7.485	7.2	25.7	4.4
District of Columbia	NA	NA	NA	NA	NA	NA	NA	NA
Florida	60.674	26.2	19.5	9.3	40.849	15.2	22.7	13.5
Georgia	38.970	19.5	24.2	14.9	27.493	8.1	27.8	21.0
Hawaii	11.822	11.3	21.3	11.1	9.903	4.5	23.4	13.0
Idaho	6.314	22.8	27.4	8.2	4.010	10.7	37.7	12.8
Illinois	46.469	30.9	23.9	6.3	33.216	20.4	27.1	8.1
Indiana	25.719	21.8	28.1	7.3	16.659	9.7	34.5	11.2
Iowa	17.477	17.9	17.6	25.6	11.446	10.9	23.2	34.7
Kansas	13.960	17.4	26.4	16.6	10.165	8.9	32.1	18.7
Kentucky	24.057	22.9	19.7	23.7	15.824	8.6	25.5	31.5
Louisiana	25.654	24.0	18.9	10.6	14.703	9.4	25.8	17.5
Maine	8.092	29.9	17.6	3.5	5.314	12.8	22.7	5.2
Maryland	31.797	19.5	20.3	14.7	24.038	11.0	23.1	18.4
Massachusetts	48.993	17.7	13.0	9.3	45.588	19.0	11.2	9.9
Michigan	45.759	23.0	28.9	4.9	29.249	10.9	37.8	7.0
Minnesota	29.897	22.2	25.5	10.4	22.334	13.6	31.3	13.8
Mississippi	16.328	26.4	19.0	16.6	9.616	10.9	25.6	25.6
Missouri	23.094	32.4	22.6	5.6	16.809	24.3	25.8	7.7
Montana	5.526	15.2	15.8	9.9	3.699	5.4	19.7	13.6
Nebraska	9.139	17.6	15.1	22.7	6.573	9.1	16.9	28.7
Nevada	9.039	14.7	20.6	9.6	6.767	7.0	23.9	12.8
New Hampshire	4.978	26.5	22.4	5.2	3.296	18.6	28.7	7.4

**TABLE 15, Continued**

State	Total Budget (Including State and Federal Funds)				State-funded Budget			
	Dollars (billions)	Total Spending as a Share of Total Budget			Dollars (billions)	State-funded Spending as a Share of State-funded Budget		
		Medicaid	Elementary and secondary education	Higher education		Medicaid	Elementary and secondary education	Higher education
New Jersey	\$46.677	20.7%	24.1%	8.4%	\$35.889	12.1%	29.1%	10.8%
New Mexico	15.505	20.5	19.6	17.5	10.559	7.2	24.1	21.3
New York	121.571	26.7	21.5	7.0	83.146	13.4	27.1	10.0
North Carolina	43.090	24.9	22.5	13.5	31.234	13.0	26.5	18.5
North Dakota	3.941	14.1	14.0	22.7	2.579	6.6	16.6	29.6
Ohio	57.794	24.3	21.7	5.2	47.452	23.5	22.8	6.3
Oklahoma	21.430	18.5	15.4	16.5	11.578	11.6	22.2	26.8
Oregon	24.524	14.3	15.7	9.5	18.610	5.8	17.4	11.2
Pennsylvania	62.644	30.8	19.7	3.8	41.819	18.9	24.5	5.5
Rhode Island	7.101	25.8	14.9	3.3	4.830	15.1	17.6	4.8
South Carolina	21.074	23.0	17.0	21.0	13.696	8.9	20.6	27.8
South Dakota	3.546	21.7	16.7	19.0	2.150	11.1	18.3	26.6
Tennessee	29.118	25.4	17.0	12.8	18.086	15.9	22.2	19.0
Texas	89.965	7.5	31.0	11.4	58.863	4.0	39.7	17.2
Utah	11.795	14.6	25.5	11.3	8.832	5.8	27.8	14.7
Vermont	5.617	19.6	26.2	1.6	4.149	9.5	32.6	2.2
Virginia	40.024	15.2	18.0	16.3	32.946	8.8	19.3	17.1
Washington	33.714	21.4	24.6	13.3	25.568	14.0	28.3	17.5
West Virginia	20.447	11.9	10.6	8.7	16.623	3.3	11.0	9.4
Wisconsin	38.442	15.4	18.6	12.5	28.733	7.0	20.3	13.4
Wyoming	7.648	7.0	11.7	5.3	6.222	3.5	12.9	6.3
<b>All states</b>	<b>\$1,546.804</b>	<b>21.1%</b>	<b>21.7%</b>	<b>10.4%</b>	<b>\$1,089.836</b>	<b>12.2%</b>	<b>25.7%</b>	<b>13.3%</b>

**Notes:** Information for the District of Columbia was not collected by the National Association of State Budget Officers (NASBO). Total budget includes federal and all other funds. State-funded budget includes state general funds, other state funds, and bonds. Medicaid, elementary and secondary education, and higher education represent the largest total budget shares among functions broken out separately by NASBO. Functions not shown here are transportation, corrections, public assistance, and all other. Medicaid spending amounts exclude administrative costs and include Medicare Part D “clawback” payments. Total and state-funded budget shares should be viewed with caution because they reflect varying state practices. For example, Connecticut and Massachusetts report all of their Medicaid spending as state-funded spending; in Connecticut this is due to the direct deposit of federal funds into the State Treasury. In addition, some functions—particularly elementary and secondary education—may also be funded outside of the state budget by local governments.

**Source:** NASBO, 2009 State Expenditure Report

**TABLE 16. National Health Expenditures by Type and Payer, 2009**

Type of Expenditure	DOLLARS (billions)							
	Total	Medicaid	CHIP	Medicare	Other public	Out of pocket	Private insurance	Other private
National health expenditures	\$2,486.3	\$373.9	\$11.1	\$502.3	\$317.6	\$299.3	\$801.2	\$180.8
Hospital	759.1	136.1	3.1	220.4	77.9	24.4	265.9	31.2
Physician and clinical	505.9	39.9	2.9	109.4	37.7	47.9	237.7	30.3
Dental	102.2	7.1	0.8	0.3	1.5	42.5	50.0	0.1
Other professional	66.8	4.5	0.2	13.7	2.1	17.7	24.7	3.9
Home health	68.3	24.3	0.0	29.8	2.1	6.0	5.0	1.0
Other non-durable medical products	43.3	0.0	0.0	2.8	0.0	40.5	0.0	0.0
Prescription drugs	249.9	20.0	1.5	54.8	12.0	53.0	108.6	0.0
Durable medical equipment	34.9	4.3	0.1	7.4	0.5	18.6	4.0	0.0
Nursing care facilities and continuing care retirement communities	137.0	45.0	0.0	28.0	6.8	39.8	10.5	6.8
Other health, residential, and personal care	122.6	64.4	0.9	4.6	22.9	8.9	5.8	15.0
Administration	163.0	28.3	1.6	31.0	13.1	0.0	89.0	0.0
Public health activity	77.2	0.0	0.0	0.0	77.2	0.0	0.0	0.0
Investment	156.2	0.0	0.0	0.0	63.6	0.0	0.0	92.6

**TABLE 16, Continued**

Type of Service	SHARE OF TOTAL							
	Total	Medicaid	CHIP	Medicare	Other public	Out of pocket	Private insurance	Other private
National health expenditures	100%	15.0%	0.4%	20.2%	12.8%	12.0%	32.2%	7.3%
Hospital	100	17.9	0.4	29.0	10.3	3.2	35.0	4.1
Physician and clinical	100	7.9	0.6	21.6	7.5	9.5	47.0	6.0
Dental	100	7.0	0.7	0.3	1.5	41.6	48.9	0.1
Other professional	100	6.8	0.3	20.5	3.1	26.6	37.0	5.8
Home health	100	35.6	0.0	43.7	3.1	8.8	7.4	1.4
Other non-durable medical products	100	0.0	0.0	6.5	0.0	93.5	0.0	0.0
Prescription drugs	100	8.0	0.6	21.9	4.8	21.2	43.4	0.0
Durable medical equipment	100	12.4	0.2	21.3	1.4	53.3	11.4	0.0
Nursing care facilities and continuing care retirement communities	100	32.8	0.0	20.4	5.0	29.1	7.7	5.0
Other health, residential, and personal care	100	52.5	0.8	3.7	18.7	7.3	4.7	12.3
Administration	100	17.3	1.0	19.0	8.0	0.0	54.6	0.0
Public health activity	100	0.0	0.0	0.0	100.0	0.0	0.0	0.0
Investment	100	0.0	0.0	0.0	40.7	0.0	0.0	59.3

**Notes:** Nursing care facilities and continuing retirement communities and other health, residential, and personal care reflect new data and methods as of 2011. In prior releases, Medicaid accounted for about 40% of nursing home expenditures and about three-quarters of other personal health care expenditures. Other professional covers services provided in establishments operated by health practitioners other than physicians and dentists, including those provided by private-duty nurses, chiropractors, podiatrists, optometrists, and physical, occupational and speech therapists, among others. Other non-durable medical products covers the "retail" sales of non-prescription drugs and medical sundries. Durable medical equipment covers "retail" sales of items such as contact lenses, eyeglasses and other ophthalmic products, surgical and orthopedic products, hearing aids, wheelchairs, and medical equipment rentals. Nursing care facilities and continuing care retirement communities covers nursing and rehabilitative services provided in freestanding nursing home facilities that are generally provided for an extended period of time by registered or licensed practical nurses and other staff. Other health, residential, and personal care includes spending for Medicaid home and community-based waivers, care provided in residential facilities for people with intellectual disabilities or mental health and substance abuse disorders, ambulance services, school health, and worksite health care.

**Sources:** Office of the Actuary (OACT), Centers for Medicare & Medicaid Services, as of January 2011 and OACT, *Quick Definitions for National Health Expenditure Accounts (NHEA) Categories*, 2011

**TABLE 17. Historical and Projected National Health Expenditures by Payer for Selected Years, 1970–2019**

	DOLLARS (billions)						
	Total	Medicaid and CHIP	Medicare	Other public	Out of pocket	Private insurance	Other private
<b>Historical</b>							
1970	\$75	\$5	\$8	\$15	\$25	\$15	\$6
1975	134	13	16	26	37	30	10
1980	256	26	37	44	58	69	20
1985	444	41	72	68	96	131	37
1990	724	74	110	108	139	234	59
1995	1,027	145	184	142	146	327	82
2000	1,378	203	224	176	202	458	113
2001	1,495	229	247	195	209	501	114
2002	1,637	254	265	213	223	559	123
2003	1,772	276	282	231	237	612	133
2004	1,895	298	311	243	249	654	140
2005	2,021	317	340	253	264	697	150
2006	2,152	315	403	267	272	734	161
2007	2,283	336	431	282	289	764	181
2008	2,391	353	466	301	298	791	182
2009	2,486	385	502	318	299	801	181
<b>Projected</b>							
2010	2,600	427	534	323	288	845	182
2011	2,710	466	549	343	297	864	191
2012	2,852	501	586	359	309	895	201
2013	3,025	540	620	381	325	944	215
2014	3,302	634	656	401	322	1,065	224
2015	3,538	684	685	427	338	1,161	244
2016	3,796	737	723	458	354	1,258	266
2017	4,045	780	771	488	374	1,346	286
2018	4,298	836	828	520	410	1,398	306
2019	4,572	896	891	552	439	1,467	325

**TABLE 17, Continued**

	SHARE OF TOTAL						
	Total	Medicaid and CHIP	Medicare	Other public	Out of pocket	Private insurance	Other private
<b>Historical</b>							
1970	100%	7.1%	10.3%	20.1%	33.4%	20.6%	8.5%
1975	100	10.1	12.2	19.7	28.0	22.8	7.3
1980	100	10.2	14.6	17.4	22.8	27.0	8.0
1985	100	9.2	16.2	15.2	21.6	29.5	8.3
1990	100	10.2	15.2	15.0	19.2	32.3	8.2
1995	100	14.1	17.9	13.9	14.3	31.8	8.0
2000	100	14.8	16.3	12.8	14.7	33.2	8.2
2001	100	15.3	16.5	13.1	14.0	33.5	7.6
2002	100	15.5	16.2	13.0	13.6	34.2	7.5
2003	100	15.6	15.9	13.1	13.4	34.5	7.5
2004	100	15.7	16.4	12.8	13.1	34.5	7.4
2005	100	15.7	16.8	12.5	13.1	34.5	7.4
2006	100	14.7	18.7	12.4	12.6	34.1	7.5
2007	100	14.7	18.9	12.4	12.7	33.4	7.9
2008	100	14.8	19.5	12.6	12.5	33.1	7.6
2009	100	15.5	20.2	12.8	12.0	32.2	7.3
<b>Projected</b>							
2010	100	16.4	20.6	12.4	11.1	32.5	7.0
2011	100	17.2	20.3	12.7	11.0	31.9	7.0
2012	100	17.6	20.5	12.6	10.8	31.4	7.0
2013	100	17.9	20.5	12.6	10.8	31.2	7.1
2014	100	19.2	19.9	12.2	9.7	32.2	6.8
2015	100	19.3	19.3	12.1	9.5	32.8	6.9
2016	100	19.4	19.0	12.1	9.3	33.1	7.0
2017	100	19.3	19.1	12.1	9.3	33.3	7.1
2018	100	19.4	19.3	12.1	9.5	32.5	7.1
2019	100	19.6	19.5	12.1	9.6	32.1	7.1

**Note:** Historical data were released in 2011 and reflect changes in methods, definitions, and source data that were made to NHE estimates in a comprehensive revision; projections data were released in 2010 and have not yet been updated to reflect the comprehensive revision.

**Sources:** Office of the Actuary, Centers for Medicare & Medicaid Services, *National Health Expenditures by Type of Service and Source of Funds*, as of January 2011 for historical; *National Health Expenditure (NHE) Amounts by Type of Expenditure and Source of Funds*, as of September 2010 for projected



**TABLE 18. Characteristics of Individuals by Source of Health Insurance, 2010**

	ALL AGES					AGE 0-18				
	Total all ages	Private	Medicaid/CHIP	Medicare	Uninsured	Total age 0-18	Private	Medicaid/CHIP	Medicare	Uninsured
<b>Health Insurance Coverage</b>	<b>303.4 million</b>	<b>60.8%**</b>	<b>15.1%</b>	<b>14.0%**</b>	<b>16.2%</b>	<b>78.8 million</b>	<b>54.4%**</b>	<b>34.4%</b>	<b>0.2%**</b>	<b>8.8%**</b>
<b>Gender</b>										
Male	<b>49.0%**</b>	48.7%**	43.9%	43.1%	55.6%**	<b>51.2%</b>	51.0%	51.2%	52.7%	53.0%
Female	<b>51.0%**</b>	51.3%**	56.1	56.9	44.4**	<b>48.8</b>	49.0	48.8	47.3	47.0
<b>Family Income</b>										
<100% of Poverty	<b>15.1**</b>	3.9**	48.4	12.8**	27.2**	<b>21.9**</b>	4.2**	48.6	55.6	29.8**
100 – 199% of Poverty	<b>18.7**</b>	10.5**	31.7	22.7**	33.8	<b>22.9**</b>	12.9**	34.0	40.2	38.8
200+ % of Poverty	<b>66.2**</b>	85.6**	20.0	64.5**	39.0**	<b>55.2**</b>	82.8**	17.4	*	32.2**
<b>Race/Ethnicity</b>										
Hispanic	<b>16.0**</b>	9.6**	28.7	7.1**	30.8	<b>22.6**</b>	12.4**	35.0	27.4	36.3
White, Non-Hispanic	<b>64.6**</b>	74.7**	42.0	78.7**	46.5**	<b>54.9**</b>	69.9**	36.1	*	39.2
Black, Non-Hispanic	<b>12.2**</b>	8.8**	22.6	9.9**	14.6**	<b>14.1**</b>	9.1**	21.8	44.6	13.0**
Other races and multiple races	<b>7.0</b>	6.9	6.7	4.3**	8.2	<b>8.3</b>	8.5	7.1	*	11.5
<b>Health Status</b>										
Excellent/Very good	<b>66.0**</b>	72.7**	58.1	38.8**	58.7	<b>82.3**</b>	89.3**	72.2	44.9**	78.0**
Good	<b>24.1**</b>	2.0**	26.4	33.4**	30.1**	<b>15.6**</b>	9.9**	23.7	35.8	20.0
Fair/Poor	<b>9.9**</b>	6.4**	15.5	27.7**	11.3**	<b>2.1**</b>	0.8**	4.1	19.3	2.0**
<b>Place of Residence</b>										
Large MSA	<b>53.9</b>	55.8**	49.1	46.8	52.1	<b>53.7**</b>	58.0**	47.6	68.4	50.6
Small MSA	<b>30.6</b>	29.9	31.3	32.9	31.3	<b>31.0</b>	28.4	32.8	31.6	33.2
Not in MSA	<b>15.4**</b>	14.2**	19.6	20.3	16.6	<b>15.3**</b>	13.6**	19.6	0.0	16.2

**TABLE 18, Continued**

	AGE 19-64					AGE 65 AND OVER				
	Total age 19-64	Private	Medicaid/ CHIP	Medicare	Uninsured	Total 65 and over	Private	Medicaid/ CHIP	Medicare	Uninsured
<b>Health Insurance Coverage</b>	<b>186.1 million</b>	<b>64.9%**</b>	<b>8.5%</b>	<b>3.1%**</b>	<b>22.5%**</b>	<b>38.5 million</b>	<b>54.1%**</b>	<b>7.8%</b>	<b>94.4%**</b>	<b>1.0%**</b>
<b>Gender</b>										
Male	<b>49.2%**</b>	48.7%**	33.4%	45.5%**	56.2%**	<b>43.3%**</b>	43.8%**	32.3%	42.7%**	45.2%
Female	<b>50.8%**</b>	51.3%**	66.6	54.5**	43.8**	<b>56.7**</b>	56.2**	67.7	56.7**	54.8
<b>Family Income</b>										
<100% of Poverty	<b>13.2**</b>	3.7**	49.5	30.3**	26.8**	<b>9.6**</b>	4.4**	39.9	9.5**	22.5**
100 – 199% of Poverty	<b>16.3**</b>	8.7**	28.1	30.4	33.0**	<b>21.3**</b>	16.1**	28.5	21.3**	33.8
200+% of Poverty	<b>70.5**</b>	87.6**	22.5	39.3**	40.2**	<b>69.1**</b>	79.5**	31.7	69.2**	43.7
<b>Race/Ethnicity</b>										
Hispanic	<b>15.2**</b>	9.7**	19.7	9.2**	29.7**	<b>7.3**</b>	3.3**	19.2	6.7**	43.1**
White, Non-Hispanic	<b>65.7**</b>	74.1**	50.1	68.3**	47.8	<b>79.5**</b>	87.9**	52.4	80.7**	30.2**
Black, Non-Hispanic	<b>12.2**</b>	9.3**	24.3	18.7**	14.9**	<b>8.5**</b>	5.5**	20.3	8.3**	9.6**
Other races and multiple races	<b>7.0</b>	6.9	5.9	3.9**	7.5	<b>4.6**</b>	3.2**	8.1	4.3**	17.1
<b>Health Status</b>										
Excellent/Very good	<b>63.9**</b>	71.2**	40.7	15.8**	55.6**	<b>42.5**</b>	46.7**	20.7	42.4**	39.8**
Good	<b>25.7**</b>	22.6**	30.5	29.6	31.7	<b>33.9</b>	34.0	30.2	34.0	30.6
Fair/Poor	<b>10.4**</b>	6.1**	28.8	54.5**	12.6**	<b>23.6**</b>	19.3**	49.1	23.6**	29.6**
<b>Place of Residence</b>										
Large MSA	<b>55.1</b>	57.2**	50.5	40.4**	52.3	<b>48.6</b>	43.6**	55.8	47.7**	66.0
Small MSA	<b>30.2</b>	29.6	29.5	34.9	31.0	<b>32.2</b>	34.9**	26.4	32.6	25.5
Not in MSA	<b>14.7**</b>	13.2	20.0	24.7	16.7	<b>19.2</b>	21.5	17.8	19.7	*

**Notes:** Totals of health insurance coverage may add to more than 100% because individuals may have multiple sources of coverage. Not all types of coverage (e.g., military) are displayed. Private health insurance coverage excludes plans that paid for only one type of service, such as accidents or dental care. Medicaid/CHIP health insurance coverage also includes persons covered by other public programs, excluding Medicare (e.g., other state-sponsored health plans). A person was defined as uninsured if he/she did not have any private health insurance, Medicare, Medicaid/CHIP, state-sponsored or other government-sponsored health plans, or military plan. A person was also defined as uninsured if he/she had only Indian Health Service (IHS) coverage or had only a private plan that paid for one type of service, such as accidents or dental care. MSA is a metropolitan statistical area with a population size of 50,000 or more persons. Large MSAs have a population size of 1,000,000 or more; small MSAs have a population size between 50,000 and 1,000,000. Poverty status is based on family size and 2009 family income. In 2009, 100% of poverty using Census' poverty threshold was \$17,098 for a family of three. The family income results exclude the 12% of respondents with unknown poverty status.

\* Sample size is not sufficient to support published estimates.

\*\* Difference from Medicaid/CHIP is statistically significant at the 95 percent confidence level.

**Source:** Analysis of National Health Interview Survey (NHIS) by the National Center for Health Statistics (NCHS) for MACPAC; the estimates for 2010 are based on data collected from January through June, based on household interviews of a sample of the civilian noninstitutionalized population

# MACStats

**TABLE 19. Income as a Percentage of the Federal Poverty Level (FPL) for Various Family Sizes, 2011**

		ANNUAL					MONTHLY						
		Family Size				Amount for each additional family member			Family Size				Amount for each additional family member
States		1	2	3	4		States		1	2	3	4	
<b>Lower 48 states and DC</b>	100% FPL	\$10,890	\$14,710	\$18,530	\$22,350	\$3,820	<b>Lower 48 states and DC</b>	100% FPL	\$908	\$1,226	\$1,544	\$1,863	\$318
	133% FPL	14,484	19,564	24,645	29,726	5,081		133% FPL	1,207	1,630	2,054	2,477	423
	150% FPL	16,335	22,065	27,795	33,525	5,730		150% FPL	1,361	1,839	2,316	2,794	478
	185% FPL	20,147	27,214	34,281	41,348	7,067		185% FPL	1,679	2,268	2,857	3,446	589
	200% FPL	21,780	29,420	37,060	44,700	7,640		200% FPL	1,815	2,452	3,088	3,725	637
	250% FPL	27,225	36,775	46,325	55,875	9,550		250% FPL	2,269	3,065	3,860	4,656	796
	300% FPL	32,670	44,130	55,590	67,050	11,460		300% FPL	2,723	3,678	4,633	5,588	955
	400% FPL	43,560	58,840	74,120	89,400	15,280		400% FPL	3,630	4,903	6,177	7,450	1,273
<b>Alaska</b>	100% FPL	\$13,600	\$18,380	\$23,160	\$27,940	\$4,780	<b>Alaska</b>	100% FPL	\$1,133	\$1,532	\$1,930	\$2,328	\$398
	133% FPL	18,088	24,445	30,803	37,160	6,357		133% FPL	1,507	2,037	2,567	3,097	530
	150% FPL	20,400	27,570	34,740	41,910	7,170		150% FPL	1,700	2,298	2,895	3,493	598
	185% FPL	25,160	34,003	42,846	51,689	8,843		185% FPL	2,097	2,834	3,571	4,307	737
	200% FPL	27,200	36,760	46,320	55,880	9,560		200% FPL	2,267	3,063	3,860	4,657	797
	250% FPL	34,000	45,950	57,900	69,850	11,950		250% FPL	2,833	3,829	4,825	5,821	996
	300% FPL	40,800	55,140	69,480	83,820	14,340		300% FPL	3,400	4,595	5,790	6,985	1,195
	400% FPL	54,400	73,520	92,640	111,760	19,120		400% FPL	4,533	6,127	7,720	9,313	1,593
<b>Hawaii</b>	100% FPL	\$12,540	\$16,930	\$21,320	\$25,710	\$4,390	<b>Hawaii</b>	100% FPL	\$1,045	\$1,411	\$1,777	\$2,143	\$366
	133% FPL	16,678	22,517	28,356	34,194	5,839		133% FPL	1,390	1,876	2,363	2,850	487
	150% FPL	18,810	25,395	31,980	38,565	6,585		150% FPL	1,568	2,116	2,665	3,214	549
	185% FPL	23,199	31,321	39,442	47,564	8,122		185% FPL	1,933	2,610	3,287	3,964	677
	200% FPL	25,080	33,860	42,640	51,420	8,780		200% FPL	2,090	2,822	3,553	4,285	732
	250% FPL	31,350	42,325	53,300	64,275	10,975		250% FPL	2,613	3,527	4,442	5,356	915
	300% FPL	37,620	50,790	63,960	77,130	13,170		300% FPL	3,135	4,233	5,330	6,428	1,098
	400% FPL	50,160	67,720	85,280	102,840	17,560		400% FPL	4,180	5,643	7,107	8,570	1,463

**Note:** The federal poverty levels (FPLs) shown here are based on the Department of Health and Human Services (HHS) 2011 federal poverty guidelines, which differs slightly from the Census Bureau's federal poverty *thresholds*, which are used mainly for statistical purposes. According to HHS, the separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period.

**Source:** 2011 HHS Federal Poverty Guidelines

**TABLE 20. Federal Legislative Milestones for Medicaid and CHIP**

Year	Legislative Milestone and Highlighted Provisions
1965	<p>Medicaid is enacted (P.L. 89-97) as Title XIX of the Social Security Act (SSA) to provide health coverage for certain groups of low-income people; establishes Medicaid as an individual entitlement with federal-state financing. Medicare also enacted as Title XVIII of the SSA.</p> <ul style="list-style-type: none"> <li>▶ Establishes link between Medicaid eligibility and receipt of Aid to Families with Dependent Children (AFDC) for families with dependent children under age 18 considered deprived of parental support due to the death, continued absence, incapacity or unemployment of the principal family earner in a two-parent household</li> <li>▶ Requires hospital payments to be based on “reasonable cost”</li> </ul>
1967	<p>Social Security Amendments of 1967 (P.L. 90-248) limit Medicaid eligibility to the “medically needy,” those with income below 133–1/3 percent of the AFDC maximum payment level for a given family size in a state.</p> <ul style="list-style-type: none"> <li>▶ Requires states to “assure that payments are not in excess of reasonable charges consistent with efficiency, economy, and quality of care.”</li> <li>▶ Establishes Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) comprehensive health services benefit for all Medicaid children under 21</li> <li>▶ Allows Medicaid beneficiaries to use Medicaid-participating providers of their choice</li> </ul>
1971	<p>Public Law 92-223 allows states to cover services in intermediate care facilities (ICFs), including for the mentally retarded (ICFs-MR).</p>
1972	<p>Social Security Amendments of 1972 (P.L. 92-603) repeal “maintenance of effort,” allowing states to reduce expenditures from one year to the next. Supplemental Security Income (SSI) program is created to federalize cash assistance for the aged, blind, and permanently and totally disabled. SSI recipients are entitled to Medicaid coverage.</p> <ul style="list-style-type: none"> <li>▶ Requires that payments to nursing facilities and intermediate care facilities be on a reasonable cost-related basis</li> <li>▶ Requires that payments for inpatient hospital services do not exceed customary charges</li> </ul>
1977	<p>Departments of Labor and Health, Education, and Welfare Appropriations Act for FY 1977 (P.L. 94-439) enacts the Hyde Amendment, prohibiting federal Medicaid payments for abortions except when the life of the mother is endangered and in cases of rape and incest.</p>
1980	<p>Omnibus Budget Reconciliation Act of 1980 (P.L. 96-499) enacts the Boren Amendment to remove the requirement on Medicaid state plans to pay nursing facilities according to Medicare cost principles.</p> <ul style="list-style-type: none"> <li>▶ Requires Medicaid payments to be “reasonable and adequate” to meet the costs of “efficiently and economically operated” facilities</li> </ul>

**TABLE 20, Continued**

Year	Legislative Milestone and Highlighted Provisions
1981	<p>Omnibus Budget Reconciliation Act of 1981 (P.L. 97–35) establishes two new types of Medicaid waivers to experiment with payment under the Medicaid program.</p> <ul style="list-style-type: none"> <li>▶ Section 1915(b) freedom-of-choice waivers: Allows states to pursue mandatory managed care enrollment of certain Medicaid populations</li> <li>▶ Section 1915(c) home and community-based services waivers: Allows states to cover home and community-based long-term care services for the elderly and individuals with disabilities at risk of institutional care</li> <li>▶ Expands Boren-amendment requirements to hospitals, removing requirement on Medicaid state plans to pay according to Medicare cost principles</li> <li>▶ Removes “reasonable charges” limitation that was added in 1980</li> <li>▶ Allows for additional payments to hospitals serving a disproportionate share of Medicaid and low-income patients (later known as disproportionate share hospitals (DSH))</li> </ul>
1982	<p>Tax Equity and Fiscal Responsibility Act (TEFRA, P.L. 97-248) expands states’ options for imposing cost-sharing requirements on Medicaid beneficiaries and services.</p>
1984	<p>Deficit Reduction Act of 1984 (P.L. 98–369) mandates Medicaid coverage of children born after September 30, 1983, up to age 5, in AFDC-eligible families.</p> <ul style="list-style-type: none"> <li>▶ Mandates coverage for AFDC-eligible first-time pregnant women and pregnant women in two-parent unemployed families</li> </ul>
1985	<p>Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99–272) requires Medicaid coverage for all remaining AFDC-eligible pregnant women.</p> <ul style="list-style-type: none"> <li>▶ Requires hospice payments to be in the same amounts and using the same methodology as Medicare and allowing for a separate room and board payment for hospice patients residing in nursing facilities or ICFs</li> </ul>
1986	<p>Omnibus Budget Reconciliation Act of 1986 (P.L. 99–509) requires states to cover treatment of emergency medical conditions for unauthorized immigrants otherwise eligible for Medicaid.</p> <ul style="list-style-type: none"> <li>▶ Gives states the ability to cover pregnant women and infants (under 1 year of age) with income up to 100 percent of the federal poverty level (FPL) at their option</li> </ul>
1987	<p>Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) requires that payment methods for nursing facilities take into account the cost of complying with new quality requirements.</p> <ul style="list-style-type: none"> <li>▶ Phases out the distinction between skilled nursing facilities (SNFs) and ICFs, upgrades quality-of-care requirements, and revises monitoring and enforcement</li> <li>▶ Adds Section 1923 of the SSA, strengthening DSH requirements and outlining DSH payment methods</li> <li>▶ Gives states the option of covering pregnant women and children under the age of 1 in families with income up to 185 percent FPL</li> <li>▶ Allows states to cover children up to age 8 in families below 100 percent FPL</li> </ul>

**TABLE 20, Continued**

Year	Legislative Milestone and Highlighted Provisions
1988	<p>Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) requires states to phase in coverage for pregnant women and infants with incomes below 100 percent FPL.</p> <ul style="list-style-type: none"> <li>▶ Establishes special eligibility rules for institutionalized persons whose spouse remains in the community to prevent “spousal impoverishment”</li> <li>▶ Establishes the Qualified Medicare Beneficiary group (QMBs) requiring states to pay premiums, deductibles and cost-sharing for dual eligibles with incomes up to 100 percent FPL</li> </ul> <p>Family Support Act of 1988 (P.L. 100-485) requires states to extend 12 months transitional Medicaid coverage to families leaving AFDC rolls due to earnings from work.</p> <ul style="list-style-type: none"> <li>▶ Requires states to cover two-parent unemployed families meeting AFDC income and resource (asset) standards</li> </ul>
1989	<p>Omnibus Budget Reconciliation Act of 1989 (OBRA, P.L. 101–239) requires states by April 1, 1990, to provide Medicaid coverage to pregnant women and to children up to age 6 in families with income up to 133 percent FPL (or, if higher, the income level the state had at enactment).</p> <ul style="list-style-type: none"> <li>▶ Adds requirement to 1902(a)(30)(A) (previously established only by regulation) that payments be sufficient to attract enough providers to ensure that covered services will be as available to Medicaid beneficiaries as they are to the general population</li> <li>▶ Establishes specific reporting requirements for payment rates for obstetrics and pediatrics, to allow the Secretary of the Department of Health and Human Services (“the Secretary”) to determine the adequacy of state payments for these services</li> <li>▶ Requires coverage and full reimbursement of “reasonable cost” of federally qualified health centers (FQHCs)</li> <li>▶ Requires room and board payment for hospice patients residing in nursing facilities equal to 95 percent of the Medicare nursing facility rate</li> <li>▶ Expands EPSDT benefit for children under 21 to include otherwise optional diagnostic and treatment services not covered under state Medicaid program for adult beneficiaries</li> </ul>
1990	<p>Omnibus Budget Reconciliation Act of 1990 (P.L. 101–508) requires states to phase in Medicaid coverage for all poor children under age 19 born after September 30, 1983, by the year 2002.</p> <ul style="list-style-type: none"> <li>▶ Establishes the prescription drug rebate program requiring “best price” rebates to states and federal government</li> <li>▶ Modifies the Boren Amendment to require that the cost of implementing 1987 nursing home quality reforms be taken into account</li> <li>▶ Creates additional flexibility in design of DSH payment methods</li> <li>▶ Establishes the Specified Low-income Medicare Beneficiary (SLMB) eligibility group, allowing states to pay Medicare Part B premiums for enrollees with incomes 120 percent to 135 percent FPL</li> </ul>
1991	<p>Medicaid Voluntary Contribution and Provider-Specific Tax Amendments (P.L. 102-234) restrict the use of provider donations and provider taxes as non-federal share.</p> <ul style="list-style-type: none"> <li>▶ Prohibits HCFA from restricting intergovernmental transfers (IGTs) of state or local tax revenues</li> <li>▶ Places national and state-specific ceilings on special payments to DSH hospitals</li> </ul>

**TABLE 20, Continued**

Year	Legislative Milestone and Highlighted Provisions
1993	<p>Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) places hospital-specific ceilings on DSH payments.</p> <ul style="list-style-type: none"> <li>▶ Establishes standards for state use of formularies to limit prescription drug coverage</li> <li>▶ Strengthens prohibitions against transferring assets with the purpose of qualifying for Medicaid nursing home coverage; requires recovery of nursing home payments from beneficiary estates</li> <li>▶ Establishes Vaccines for Children (VFC) program to use federal Medicaid funds to pay for vaccines provided to public health clinics and enrolled private providers</li> </ul>
1996	<p>Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, P.L. 104-193) repeals the AFDC program and replaces it with block grants to states (Temporary Assistance for Needy Families, TANF), severing welfare link to Medicaid; enrollment/termination of Medicaid is no longer automatic with receipt/loss of welfare cash assistance.</p> <ul style="list-style-type: none"> <li>▶ Establishes Section 1931 family coverage category, requiring states to extend Medicaid eligibility to families meeting July 16, 1996, AFDC eligibility criteria and allowing higher income eligibility thresholds</li> <li>▶ Bars full-benefit Medicaid coverage for legal immigrants who enter the U.S. after August 22, 1996, and who have been in the country less than five years; coverage after the 5-year bar is allowed at state option</li> </ul>
1997	<p>Balanced Budget Act of 1997 (P.L. 105-33) permits states to require most Medicaid beneficiaries to enroll in managed care plans without obtaining a Section 1915(b) waiver.</p> <ul style="list-style-type: none"> <li>▶ Requires Medicaid managed care payments to be actuarially sound</li> <li>▶ Creates the State Children’s Health Insurance Program (CHIP), providing federal matching funds to states to expand health insurance coverage for children above states’ Medicaid eligibility levels</li> <li>▶ Repeals OBRA 89 requirements for state reporting on obstetric and pediatric payments</li> <li>▶ Repeals the Boren amendment, and instead requires state agencies to use a public process to determine payment rates for inpatient hospitals, nursing facilities, and ICF-MRs</li> <li>▶ Begins phase-out of cost-based reimbursement for FQHCs and RHCs and adds supplemental payments for difference between Medicaid managed care and fee-for-service payments</li> <li>▶ Limits state DSH allotments to 12 percent of their total annual Medicaid expenditures</li> </ul>
1999	<p>Balanced Budget Refinement Act of 1999 (BBRA, P.L. 106-113) slows phase-out of cost-based reimbursement for FQHCs and RHCs.</p> <ul style="list-style-type: none"> <li>▶ Increases DSH allotments for several states</li> </ul> <p>Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170) allows states to cover working disabled individuals with incomes above 250 percent FPL and impose income-related premiums on such individuals.</p>



**TABLE 20, Continued**

Year	Legislative Milestone and Highlighted Provisions
2000	<p>Breast and Cervical Cancer Treatment and Prevention Act of 2000 (P.L. 106–354) allows states to provide Medicaid coverage to uninsured women who are screened by the Centers for Disease Control and Prevention early detection program and found needing treatment for breast or cervical cancer, regardless of income or resources, at enhanced CHIP federal matching rates.</p> <p>The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (P.L. 106-554) directs the Secretary to issue regulations tightening upper payment limits (UPLs).</p> <ul style="list-style-type: none"> <li>▶ Creates a new prospective payment system for FQHCs and RHCs and establishes a floor for payments based on 100 percent of the average cost of services provided</li> <li>▶ Modifies DSH funding amounts</li> </ul>
2003	<p>Jobs and Growth Tax Relief Reconciliation Act of 2003 (P.L. 108-27) raises state-specific DSH allotments for FY 2004 for all states and through FY 2009 for low-DSH states.</p>
2005	<p>Deficit Reduction Act of 2005 (P.L. 109-171) permits states to use “benchmark” coverage for certain populations, instead of the regular Medicaid benefits package.</p> <ul style="list-style-type: none"> <li>▶ Permits states to increase copayments for non-emergency services</li> <li>▶ Increases penalties for assets transferred at less than fair market value to qualify for nursing home cares</li> <li>▶ Changes the basis of the federal upper limit (FUL) for Medicaid payment of multiple source drugs from lowest published price to average manufacturer price (AMP), improving collection of rebates on physician administered</li> </ul>
2009	<p>Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA, P.L. 111-3) extends CHIP appropriations through 2013.</p> <ul style="list-style-type: none"> <li>▶ Phases out coverage of parents by 2014</li> <li>▶ Establishes the Medicaid and CHIP Payment and Access Commission (MACPAC) to review state and federal Medicaid and CHIP access and payment policies and to make recommendations to the Congress, the Secretary, and the states on issues affecting Medicaid and CHIP populations</li> <li>▶ Improves collection of rebates on physician-administered drugs</li> <li>▶ Makes children’s hospitals eligible for the 340B discount drug program requiring drug manufacturers to offer Medicaid the lowest price paid by any other purchaser of the drug</li> </ul> <p>American Recovery and Reinvestment Act of 2009 (ARRA, P.L. 111-5) includes temporary FMAP increase for 2009 and 2010.</p>

**TABLE 20, Continued**

Year	Legislative Milestone and Highlighted Provisions
2010	<p>Patient Protection and Affordable Care Act of 2010 (PPACA, P.L. 111-148, as amended) expands eligibility to include nearly all individuals under age 65 with incomes up to 133 percent FPL based on modified adjusted gross income (MAGI).</p> <ul style="list-style-type: none"> <li>▶ Increases some primary care payment rates provided by certain physicians to 100 percent of the Medicare payment rates for 2013 and 2014</li> <li>▶ Extends CHIP funding an additional two years through 2015</li> <li>▶ Prohibits Medicaid payments for health care-acquired conditions</li> <li>▶ Establishes a new Center for Medicare and Medicaid Innovation to support pilot programs for innovative payment and delivery arrangements in Medicare and Medicaid</li> <li>▶ Establishes the Federal Coordinated Health Care Office to improve the integration between Medicaid and Medicare with regard to dual eligible populations</li> <li>▶ Includes funding for bundled payments demonstrations, global payment demonstrations for safety-net hospitals, pediatric accountable care organization demonstrations, and a demonstration project to provide Medicaid payment to institutions for mental disease in certain cases</li> </ul> <p>P.L. 111-226 extends ARRA FMAP increase through June 30, 2011.</p>