



Medicaid and CHIP Program Statistics:
March 2012 MACStats

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Overview of MACStats

MACStats is a standing section in all Commission Reports to the Congress. It was created because data and information on the Medicaid and CHIP programs can be difficult to find and are spread across a variety of sources. In this Report, MACStats includes state-specific information about program enrollment, spending, eligibility levels, optional Medicaid benefits covered, and federal medical assistance percentages (FMAPs), 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. In addition, it supplements Chapter 3 (State Approaches for Financing Medicaid and Update on Federal Financing of CHIP) of this Report with relevant state-level data.

TABLE 1. Medicaid and CHIP Enrollment as a Percentage of the U.S. Population, 2011

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	69.3 million	54.6 million	Not available
CHIP	8.2 million	5.6 million	Not available
Totals for Medicaid and CHIP	77.5 million	60.2 million	49.7 million

U.S. Population	Census Bureau		Survey Data (NHIS)
	312.6 million	311.5 million	305.2 million, excluding active-duty military and individuals in institutions

Medicaid and CHIP Enrollment as a Percentage of U.S. Population			
	24.8%	19.3%	16.3%
	(77.5/312.6)	(60.2/311.5)	(49.7/305.2)

Notes: Excludes U.S. territories. Medicaid and CHIP enrollment numbers obtained from administrative data include individuals who received limited benefits (e.g., emergency services only). Administrative data are estimates for fiscal year 2011 (October 2010 through September 2011). 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, individuals may move and be enrolled in two states’ Medicaid programs during the year. NHIS data are based on interviews conducted between January and June 2011. NHIS excludes individuals in institutions, such as nursing homes, and active-duty military; in addition, surveys such as NHIS generally do not count limited benefits as Medicaid/CHIP coverage and respondents are known to underreport Medicaid and CHIP coverage. The Census Bureau number in the ever-enrolled column was the estimated U.S. resident population as of December 2011 (the month with the largest count); a number of residents ever living in the U.S. during the year is not available. The Census Bureau point-in-time number is the average estimated monthly number of U.S. residents for 2011.

Sources: MACPAC analysis based on the following: MACPAC communication with CMS Office of the Actuary; analysis of National Health Interview Survey (NHIS) by the National Center for Health Statistics for MACPAC; Department of Health and Human Services (HHS), *Fiscal year 2013 budget in brief, 2012*, <http://www.hhs.gov/budget/budget-brief-fy2013.pdf>; HHS, *Connecting kids to coverage: Steady growth, new innovation—2011 CHIPRA annual report*, <http://www.insurekidsnow.gov/chipraannualreport.pdf>; and Bureau of the Census, Population estimates, national totals: Vintage 2011, <http://www.census.gov/popest/data/national/totals/2011/index.html>

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.

Sources of Data

The sources for Medicaid and CHIP enrollment numbers can be categorized as either administrative data or survey data. Administrative data are compiled by states and the federal government in the course of administering the Medicaid and CHIP programs. The administrative totals shown in Table 1 were estimated by CMS in part 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 several surveys that produce national estimates of Medicaid and CHIP enrollment. Because these surveys may ask respondents about different topics, 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, other surveys may produce 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 the length of time 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. (Interviewees are known to underreport Medicaid and CHIP coverage. Overcounting in administrative data may occur when, for example, a person moves and is enrolled in two states' Medicaid programs over the course of 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 when they are derived from the same data source, is the enrollment period examined. For example, as shown in Table 1, administrative data found that an estimated 69.3 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 single point in time during the year, the estimated number of Medicaid enrollees is much smaller—54.6 million.¹ 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 and CHIP enrollment reported from the administrative data (60.2 million) and the survey data (49.7 million). Not only is there a difference in how surveys and administrative data count Medicaid and CHIP enrollment, but different individuals are included in each data source.

Surveys like the NHIS generally interview the non-institutionalized U.S. civilian population. Active-duty members of the military are excluded, as are individuals living in institutions like nursing homes. This causes survey data to produce lower Medicaid and CHIP enrollment numbers.

The administrative data totals also include several million individuals who are receiving only limited Medicaid benefits. For example, for some low-income Medicare enrollees, Medicaid helps to pay for their Medicare out-of-pocket expenses.

¹ 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.

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 undercounting, not to produce valid estimates separately for each program. Thus, survey estimates generally combine Medicaid and 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 and CHIP numbers obtained 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 differences resulting from the sources of data, the individuals included in the data, and the enrollment period examined.

TABLE 2. Medicaid Enrollment by State and Selected Characteristics, FY 2009 (thousands)

State	Total Medicaid Enrollment	Basis of Eligibility				Eligible on the Basis of Disability ¹		
		Child	Adult	Disabled ¹	Aged	Disabled total	Medicaid-only ²	Dual eligible ²
Total	62,126	29,993	16,580	9,445	6,107	9,445	5,822	3,623
Alabama	955	468	160	206	121	206	119	86
Alaska	117	66	28	15	8	15	9	6
Arizona	1,721	769	711	139	102	139	85	54
Arkansas	680	356	116	138	70	138	85	53
California	10,941	4,225	4,722	999	995	999	654	345
Colorado	632	375	113	88	57	88	54	34
Connecticut	587	304	145	69	69	69	31	38
Delaware	207	87	83	24	14	24	13	11
District of Columbia	168	75	41	36	16	36	28	9
Florida	3,420	1,730	680	565	445	565	345	220
Georgia	1,819	1,054	305	289	171	289	179	110
Hawaii	243	99	93	26	24	26	16	10
Idaho	223	137	30	39	17	39	23	16
Illinois	2,660	1,429	718	304	208	304	173	132
Indiana	1,113	619	251	158	85	158	80	78
Iowa	514	240	155	77	43	77	37	40
Kansas	373	209	55	73	36	73	41	31
Kentucky	876	411	141	229	96	229	143	86
Louisiana	1,113	577	211	212	113	212	137	76
Maine	352	124	105	62	61	62	28	33
Maryland	841	411	226	131	73	131	86	44
Massachusetts ³	1,489	432	394	500	162	500	385	116
Michigan	2,006	1,104	437	328	138	328	197	131
Minnesota	880	417	242	124	96	124	65	60
Mississippi	754	380	124	161	89	161	97	64
Missouri	1,062	575	190	203	94	203	113	90
Montana	115	63	21	20	11	20	13	7
Nebraska	242	136	45	37	24	37	17	19

TABLE 2, Continued

State	Total Medicaid Enrollment	Basis of Eligibility				Eligible on the Basis of Disability ¹		
		Child	Adult	Disabled ¹	Aged	Disabled total	Medicaid-only ²	Dual eligible ²
Nevada	291	168	56	41	26	41	24	16
New Hampshire	159	95	22	27	15	27	12	15
New Jersey	986	534	134	169	149	169	101	68
New Mexico	540	332	110	62	36	62	39	23
New York	5,208	2,001	1,961	655	591	655	429	226
North Carolina	1,795	937	368	308	182	308	171	137
North Dakota	75	39	16	11	9	11	5	6
Ohio	2,114	1,036	529	373	176	373	225	147
Oklahoma	771	431	159	115	67	115	63	52
Oregon	564	287	132	91	55	91	50	41
Pennsylvania	2,304	1,037	467	562	237	562	387	176
Rhode Island	196	89	47	39	21	39	24	14
South Carolina	875	443	202	147	83	147	82	66
South Dakota	124	73	21	18	13	18	9	8
Tennessee	1,496	752	290	304	149	304	166	138
Texas	4,488	2,833	617	598	440	598	384	214
Utah ³	295	161	82	37	15	37	21	16
Vermont	182	67	72	23	20	23	10	13
Virginia	927	502	153	166	106	166	92	74
Washington	1,159	654	235	182	88	182	114	68
West Virginia	417	198	62	115	42	115	75	40
Wisconsin ³	974	399	287	142	146	142	80	62
Wyoming	82	54	12	11	6	11	6	5

Notes: Enrollment numbers generally include individuals ever enrolled in Medicaid-financed coverage during the year, even if for a single month; however, in the event individuals were also enrolled in CHIP-financed Medicaid coverage (i.e., Medicaid-expansion CHIP) during the year, they are excluded if their most recent enrollment month was in Medicaid-expansion CHIP. Numbers exclude individuals enrolled only in Medicaid-expansion CHIP during the year and enrollees in the territories.

Although state-level information is not yet available, the estimated number of individuals ever enrolled in Medicaid (excluding Medicaid-expansion CHIP) is 66.7 million for FY 2010; 69.3 million for FY 2011; 70.7 million for FY 2012; and 71.0 million for FY 2013. These FY 2010–FY 2013 figures exclude about one million enrollees in the territories (MACPAC communication with CMS Office of the Actuary, February 2012).

¹ Children and adults under age 65 who qualify for Medicaid on the basis of a disability are included in the disabled category. About 690,000 enrollees age 65 and older are identified in the data as disabled; given that disability is not an eligibility pathway for individuals age 65 and older, MACPAC recodes these enrollees as “aged.”

² Dual eligibles are enrolled in both Medicaid and Medicare; includes those who only receive Medicaid assistance with Medicare premiums and cost sharing and those who also receive full Medicaid benefits. Medicaid-only enrollees are individuals who are not dual eligibles.

³ FY 2009 data unavailable for Massachusetts, Utah, and Wisconsin; FY 2008 values shown instead.

Source: MACPAC analysis of Medicaid Statistical Information System (MSIS) Annual Person Summary (APS) data from CMS as of February 2012

TABLE 3. CHIP Enrollment by State, FY 2011

State	Program Type ¹ (as of January 1, 2012)	Children			Adults			Total CHIP Enrollment
		Medicaid expansion	Separate CHIP	Total children enrolled	Parents	Pregnant women	Total adults enrolled	
Total	–	2,272,496	5,696,103	7,968,599	217,056	9,141	226,197	8,194,796
Alabama	Separate	–	109,255	109,255	–	–	–	109,255
Alaska	Medicaid Expansion	12,787	–	12,787	–	–	–	12,787
Arizona	Separate	–	20,043	20,043	–	–	–	20,043
Arkansas	Combination	100,324	3,369	103,693	9,098	–	9,098	112,791
California	Combination	411,834	1,351,997	1,763,831	–	–	–	1,763,831
Colorado	Separate	–	105,255	105,255	–	4,299	4,299	109,554
Connecticut	Separate	–	20,072	20,072	–	–	–	20,072
Delaware	Combination	2,697	12,651	15,348	–	–	–	15,348
District of Columbia	Medicaid Expansion	8,675	–	8,675	–	–	–	8,675
Florida	Combination	915	430,802	431,717	–	–	–	431,717
Georgia	Separate	–	248,536	248,536	–	–	–	248,536
Hawaii	Medicaid Expansion	30,584	–	30,584	–	–	–	30,584
Idaho	Combination	19,693	22,911	42,604	443	–	443	43,047
Illinois	Combination	165,395	171,490	336,885	–	–	–	336,885
Indiana	Combination	111,099	47,039	158,138	–	–	–	158,138
Iowa	Combination	21,019	54,114	75,133	–	–	–	75,133
Kansas	Separate	–	60,431	60,431	–	–	–	60,431
Kentucky	Combination	51,773	32,778	84,551	–	–	–	84,551
Louisiana	Combination	142,558	9,846	152,404	–	–	–	152,404
Maine	Combination	22,430	10,564	32,994	–	–	–	32,994
Maryland	Medicaid Expansion	119,906	–	119,906	–	–	–	119,906
Massachusetts	Combination	66,349	78,418	144,767	–	–	–	144,767
Michigan	Combination	13,549	69,455	83,004	–	–	–	83,004
Minnesota	Combination	150	4,311	4,461	–	–	–	4,461
Mississippi	Separate	–	91,470	91,470	–	–	–	91,470
Missouri	Combination	56,008	37,726	93,734	–	–	–	93,734
Montana	Combination	–	24,365	24,365	–	–	–	24,365

TABLE 3, Continued

State	Program Type ¹ (as of January 1, 2012)	Children			Adults			Total CHIP Enrollment
		Medicaid expansion	Separate CHIP	Total children enrolled	Parents	Pregnant women	Total adults enrolled	
Nebraska	Medicaid Expansion	52,852	–	52,852	–	–	–	52,852
Nevada	Separate	–	29,760	29,760	9	409	418	30,178
New Hampshire	Combination	584	10,217	10,801	–	–	–	10,801
New Jersey	Combination	80,386	117,897	198,283	190,956	332	191,288	389,571
New Mexico	Medicaid Expansion	9,635	–	9,635	16,550	–	16,550	26,185
New York	Separate	–	552,068	552,068	–	–	–	552,068
North Carolina	Combination	57,330	197,130	254,460	–	–	–	254,460
North Dakota	Combination	2,147	4,965	7,112	–	–	–	7,112
Ohio	Medicaid Expansion	280,650	–	280,650	–	–	–	280,650
Oklahoma	Combination	114,597	5,904	120,501	–	–	–	120,501
Oregon	Separate	–	112,165	112,165	–	–	–	112,165
Pennsylvania	Separate	–	272,492	272,492	–	–	–	272,492
Rhode Island	Combination	23,185	1,630	24,815	–	283	283	25,098
South Carolina	Medicaid Expansion	72,084	–	72,084	–	–	–	72,084
South Dakota	Combination	12,630	3,993	16,623	–	–	–	16,623
Tennessee	Combination	30,242	65,786	96,028	–	–	–	96,028
Texas	Separate	–	972,715	972,715	–	–	–	972,715
Utah	Separate	–	59,698	59,698	–	–	–	59,698
Vermont	Separate	–	7,054	7,054	–	–	–	7,054
Virginia	Combination	86,782	95,346	182,128	–	3,818	3,818	185,946
Washington	Separate	–	43,364	43,364	–	–	–	43,364
West Virginia	Separate	–	37,631	37,631	–	–	–	37,631
Wisconsin	Combination	91,647	80,804	172,451	–	–	–	172,451
Wyoming	Separate	–	8,586	8,586	–	–	–	8,586

Notes: Enrollment numbers generally include individuals ever enrolled during the year, even if for a single month; however, in the event individuals were in multiple categories during the year (for example, in Medicaid for the first half of the year but a separate CHIP program for the second half), the individual would only be counted in the most recent category. CHIP-funded coverage of childless adults was prohibited after December 31, 2009. New Jersey and Rhode Island cover targeted low-income pregnant women under a CHIP state plan option; all other CHIP-funded coverage of adults in FY 2011 was permitted through waivers.

¹ Under CHIP, states have the option to use an expansion of Medicaid, a separate CHIP program, or a combination of both approaches.

Sources: For numbers of children: MACPAC analysis of CHIP Statistical Enrollment Data System (SEDS) from CMS as of February 9, 2012, as reported by states; for numbers of adults: CMS analysis for MACPAC of SEDS as of February 1, 2012, as reported by states; for CHIP program type: CMS, “Children’s Health Insurance Program Plan Activity as of January 1, 2012”

TABLE 4. Child Enrollment in Medicaid-financed Coverage by State, and CHIP-financed Coverage by State and Family Income, FY 2011

State	Medicaid-financed Children ¹ All incomes	CHIP-financed Children (Medicaid-expansion and Separate CHIP Coverage)						CHIP-financed children
		At or below 200% FPL Number	Percentage	From 200% through 250% FPL Number	Percentage	Above 250% FPL Number	Percentage	
Total	35,571,506	6,995,095	87.8%	800,950	10.1%	172,554	2.2%	7,968,599
Alabama	866,094	90,666	83.0	13,218	12.1	5,371	4.9	109,255
Alaska	79,286	12,787	100.0	–	–	–	–	12,787
Arizona	946,977	20,043	100.0	–	–	–	–	20,043
Arkansas	410,602	103,693	100.0	–	–	–	–	103,693
California	4,565,016	1,494,349	84.7	257,795	14.6	11,687	0.7	1,763,831
Colorado	453,719	93,986	89.3	11,269	10.7	–	–	105,255
Connecticut	301,545	11,737	58.5	2,452	12.2	5,883	29.3	20,072
Delaware ²	93,598	15,348	100.0	–	–	–	–	15,348
District of Columbia	106,500	–	–	8,675	100.0	–	–	8,675
Florida	2,019,075	431,717	100.0	–	–	–	–	431,717
Georgia	1,168,338	125,014	50.3	121,703	49.0	1,819	0.7	248,536
Hawaii	140,150	26,505	86.7	3,033	9.9	1,046	3.4	30,584
Idaho	178,249	42,604	100.0	–	–	–	–	42,604
Illinois	2,178,950	336,885	100.0	–	–	–	–	336,885
Indiana	698,383	144,059	91.1	14,079	8.9	–	–	158,138
Iowa	306,158	64,119	85.3	1,818	2.4	9,196	12.2	75,133
Kansas	215,703	57,155	94.6	3,175	5.3	101	0.2	60,431
Kentucky	478,670	84,551	100.0	–	–	–	–	84,551
Louisiana	671,651	146,787	96.3	5,617	3.7	–	–	152,404
Maine ³	142,931	32,994	100.0	–	–	–	–	32,994
Maryland	465,409	54,746	45.7	60,127	50.1	5,033	4.2	119,906
Massachusetts	500,534	115,156	79.5	19,332	13.4	10,279	7.1	144,767
Michigan	1,205,449	83,004	100.0	–	–	–	–	83,004
Minnesota	495,509	4,238	95.0	54	1.2	169	3.8	4,461
Mississippi	468,183	91,470	100.0	–	–	–	–	91,470
Missouri	566,293	80,381	85.8	9,281	9.9	4,072	4.3	93,734
Montana	76,514	24,365	100.0	–	–	–	–	24,365
Nebraska	166,277	52,852	100.0	–	–	–	–	52,852

TABLE 4, Continued

State	Medicaid-financed Children ¹	CHIP-financed Children (Medicaid-expansion and Separate CHIP Coverage)						CHIP-financed children
	All incomes	At or below 200% FPL Number	Percentage	From 200% through 250% FPL Number	Percentage	Above 250% FPL Number	Percentage	
Nevada	236,360	28,334	95.2%	1,121	3.8%	305	1.0%	29,760
New Hampshire	96,625	2,235	20.7	5,584	51.7	2,982	27.6	10,801
New Jersey	639,764	150,800	76.1	27,372	13.8	20,111	10.1	198,283
New Mexico	380,373	3,608	37.4	6,027	62.6	–	–	9,635
New York	2,124,322	401,561	72.7	87,279	15.8	63,228	11.5	552,068
North Carolina	1,194,999	246,228	96.8	3,419	1.3	4,813	1.9	254,460
North Dakota	48,486	7,112	100.0	–	–	–	–	7,112
Ohio	1,214,287	280,650	100.0	–	–	–	–	280,650
Oklahoma	507,378	83,642	69.4	36,859	30.6	–	–	120,501
Oregon	385,131	104,824	93.5	5,310	4.7	2,031	1.8	112,165
Pennsylvania	1,300,042	234,969	86.2	27,031	9.9	10,492	3.9	272,492
Rhode Island	110,208	21,744	87.6	3,071	12.4	–	–	24,815
South Carolina	501,025	69,941	97.0	1,696	2.4	447	0.6	72,084
South Dakota ²	47,469	16,623	100.0	–	–	–	–	16,623
Tennessee	792,302	56,486	58.8	39,542	41.2	–	–	96,028
Texas	3,471,310	972,715	100.0	–	–	–	–	972,715
Utah	247,298	59,698	100.0	–	–	–	–	59,698
Vermont	72,826	–	–	3,329	47.2	3,725	52.8	7,054
Virginia	625,438	182,128	100.0	–	–	–	–	182,128
Washington	764,662	14,139	32.6	19,461	44.9	9,764	22.5	43,364
West Virginia	249,203	35,497	94.3	2,134	5.7	–	–	37,631
Wisconsin	537,093	172,364	99.9	87	0.1	–	–	172,451
Wyoming	59,142	8,586	100.0	–	–	–	–	8,586

Notes: The definition in this table for Medicaid-financed children may differ from that used elsewhere in this report. This table includes children with and without disabilities; in tables using Medicaid eligibility categories, children qualifying on the basis of a disability are counted in the “disabled” category, not the “child” category.

In 2012, 200 percent of the federal poverty level (FPL) is \$22,340 for an individual and \$7,920 for each additional family member in the lower 48 states and the District of Columbia. For additional information, see MACStats Table 19.

Enrollment numbers generally include children ever enrolled during the year, even if for a single month; however, in the event children were in multiple categories during the year (for example, in Medicaid for the first half of the year but a separate CHIP program for the second half), the child would only be counted in the most recent category.

1 MACPAC analysis of Statistical Enrollment Data System (SEDS), as reported by states, found that 99.5 percent of Medicaid-financed children were at or below 200 percent FPL.

2 In SEDS, Delaware and South Dakota reported several thousand CHIP enrollees above 200 percent FPL, even though their CHIP programs are reported to only cover individuals up to 200 percent FPL; the numbers here were altered to put all of these enrollees at or below 200 percent FPL.

3 Maine data are from FY 2010.

Source: MACPAC analysis of CHIP Statistical Enrollment Data System (SEDS) data from CMS as of February 9, 2012, as reported by states

TABLE 5. Child Enrollment in Separate CHIP Programs by State and Managed Care Participation, FY 2011

State	Total ¹	Managed Care		Fee for Service		Primary Care Case Management	
		Number	Percentage	Number	Percentage	Number	Percentage
Total	5,696,103	4,655,970	81.7%	763,166	13.4%	276,967	4.9%
Alabama	109,255	–	–	109,255	100.0	–	–
Alaska	–	–	–	–	–	–	–
Arizona	20,043	19,168	95.6	875	4.4	–	–
Arkansas	3,369	–	–	3,369	100.0	–	–
California	1,351,997	1,194,841	88.4	157,156	11.6	–	–
Colorado	105,255	105,255	100.0	–	–	–	–
Connecticut	20,072	20,072	100.0	–	–	–	–
Delaware	12,651	11,930	94.3	–	–	721	5.7
District of Columbia	–	–	–	–	–	–	–
Florida	430,802	412,936	95.9	10,044	2.3	7,822	1.8
Georgia	248,536	235,944	94.9	12,592	5.1	–	–
Hawaii	–	–	–	–	–	–	–
Idaho	22,911	–	–	167	0.7	22,744	99.3
Illinois	171,490	4,592	2.7	51,629	30.1	115,269	67.2
Indiana	47,039	41,301	87.8	5,738	12.2	–	–
Iowa	54,114	54,114	100.0	–	–	–	–
Kansas	60,431	60,365	99.9	66	0.1	–	–
Kentucky	32,778	8,516	26.0	2,730	8.3	21,532	65.7
Louisiana	9,846	–	–	9,771	99.2	75	0.8
Maine ²	10,564	–	–	2,126	20.1	8,438	79.9
Maryland	–	–	–	–	–	–	–
Massachusetts	78,418	30,218	38.5	30,286	38.6	17,914	22.8
Michigan	69,455	62,459	89.9	6,996	10.1	–	–
Minnesota	4,311	3,713	86.1	598	13.9	–	–
Mississippi	91,470	91,470	100.0	–	–	–	–
Missouri	37,726	14,887	39.5	22,839	60.5	–	–
Montana	24,365	–	–	24,365	100.0	–	–
Nebraska	–	–	–	–	–	–	–

TABLE 5, Continued

State	Total ¹	Managed Care		Fee for Service		Primary Care Case Management	
		Number	Percentage	Number	Percentage	Number	Percentage
Nevada	29,760	25,768	86.6%	3,992	13.4%	–	–
New Hampshire	10,217	10,217	100.0	–	–	–	–
New Jersey	117,897	114,901	97.5	2,996	2.5	–	–
New Mexico	–	–	–	–	–	–	–
New York	552,068	551,110	99.8	958	0.2	–	–
North Carolina	197,130	–	–	197,130	100.0	–	–
North Dakota	4,965	–	–	–	–	4,965	100.0%
Ohio	–	–	–	–	–	–	–
Oklahoma	5,904	–	–	5,904	100.0	–	–
Oregon	112,165	98,975	88.2	12,748	11.4	442	0.4
Pennsylvania	272,492	272,492	100.0	–	–	–	–
Rhode Island	1,630	1,630	100.0	–	–	–	–
South Carolina	–	–	–	–	–	–	–
South Dakota	3,993	–	–	1,257	31.5	2,736	68.5
Tennessee	65,786	–	–	–	–	65,786	100.0
Texas	972,715	972,715	100.0	–	–	–	–
Utah	59,698	59,698	100.0	–	–	–	–
Vermont	7,054	–	–	625	8.9	6,429	91.1
Virginia	95,346	78,802	82.6	14,641	15.4	1,903	2.0
Washington	43,364	25,343	58.4	17,830	41.1	191	0.4
West Virginia	37,631	–	–	37,631	100.0	–	–
Wisconsin	80,804	63,952	79.1	16,852	20.9	–	–
Wyoming	8,586	8,586	100.0	–	–	–	–

Notes: Enrollment numbers generally include children ever enrolled during the year, even if for a single month; however, in the event children were in multiple categories during the year the child would only be counted in the most recent category.

Categorizations of the types of delivery system are based on states' definitions and Statistical Enrollment Data System (SEDS) instructions to states. According to SEDS instructions, "managed care" includes arrangements under which the state contracts with a health maintenance or health insuring organization to provide a comprehensive set of services; 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, providers are paid generally on a fee-for-service basis, but PCPs are paid an additional flat monthly fee for each patient assigned to them for case management.

1 Because this table shows enrollment only in separate CHIP programs, these totals do not include child enrollment in Medicaid-expansion CHIP programs.

2 Maine data are from FY 2010.

Source: MACPAC analysis of CHIP Statistical Enrollment Data System (SEDS) data from CMS as of February 9, 2012, as reported by states

TABLE 6. Medicaid Spending by State, Category, and Source of Funds, FY 2011 (millions)

State	Benefits			State Program Administration			Total Medicaid		
	Total	Federal	State	Total	Federal	State	Total	Federal	State
Alabama	\$4,793	\$3,535	\$1,258	\$221	\$137	\$84	\$5,014	\$3,672	\$1,342
Alaska	1,290	837	453	105	59	46	1,396	896	499
Arizona	8,988	6,548	2,441	156	84	72	9,144	6,632	2,513
Arkansas	3,952	3,036	916	201	118	83	4,153	3,154	999
California	54,065	31,533	22,531	4,488	2,402	2,086	58,553	33,935	24,617
Colorado	4,349	2,457	1,892	186	99	86	4,535	2,556	1,978
Connecticut	5,812	3,253	2,560	187	101	86	6,000	3,354	2,646
Delaware	1,392	834	558	77	46	32	1,469	880	590
District of Columbia	2,129	1,581	548	107	56	51	2,236	1,637	599
Florida	18,128	11,375	6,753	637	346	291	18,765	11,721	7,044
Georgia	8,065	5,694	2,371	400	216	185	8,465	5,909	2,556
Hawaii	1,524	942	582	71	41	30	1,595	982	613
Idaho	1,515	1,132	383	82	48	35	1,597	1,180	417
Illinois	12,836	7,386	5,450	679	365	313	13,515	7,751	5,764
Indiana	6,566	4,717	1,849	358	195	162	6,924	4,913	2,012
Iowa	3,317	2,257	1,060	130	86	44	3,447	2,343	1,104
Kansas	2,669	1,734	935	149	84	65	2,818	1,818	1,000
Kentucky	5,652	4,322	1,330	201	142	59	5,853	4,464	1,389
Louisiana	6,298	4,722	1,576	291	194	96	6,588	4,916	1,672
Maine	2,356	1,656	700	111	62	50	2,467	1,718	749
Maryland	7,320	4,141	3,179	286	154	132	7,606	4,294	3,311
Massachusetts	13,007	7,409	5,599	556	312	244	13,563	7,721	5,842
Michigan	12,063	8,600	3,463	515	302	214	12,578	8,901	3,677
Minnesota	8,271	4,662	3,609	409	215	194	8,680	4,877	3,803
Mississippi	4,411	3,547	863	140	83	58	4,551	3,630	921
Missouri	8,011	5,540	2,472	286	168	119	8,297	5,707	2,590
Montana	954	710	245	52	30	22	1,007	740	267
Nebraska	1,637	1,050	587	109	62	47	1,746	1,112	635
Nevada	1,563	921	642	95	57	38	1,658	978	680
New Hampshire	1,348	761	587	72	42	31	1,420	803	617
New Jersey	10,501	5,866	4,635	571	312	260	11,073	6,177	4,895
New Mexico	3,318	2,551	766	112	65	47	3,429	2,616	813
New York	51,712	29,499	22,213	1,296	699	597	53,008	30,198	22,810
North Carolina	10,297	7,254	3,043	649	374	275	10,946	7,628	3,318
North Dakota	702	464	238	44	26	18	746	490	256

TABLE 6, Continued

State	Benefits			State Program Administration			Total Medicaid		
	Total	Federal	State	Total	Federal	State	Total	Federal	State
Ohio	\$15,533	\$10,761	\$4,772	\$522	\$297	\$225	\$16,055	\$11,058	\$4,997
Oklahoma	4,008	2,914	1,095	273	181	92	4,282	3,095	1,187
Oregon	4,386	3,023	1,364	294	153	141	4,680	3,175	1,505
Pennsylvania	20,395	12,680	7,715	960	548	412	21,355	13,228	8,128
Rhode Island	2,099	1,246	853	80	47	33	2,178	1,293	885
South Carolina	4,931	3,695	1,236	156	94	62	5,086	3,789	1,297
South Dakota	750	522	228	36	19	17	786	542	245
Tennessee	7,970	5,693	2,277	414	231	183	8,384	5,924	2,460
Texas	27,847	18,507	9,341	1,248	757	490	29,095	19,264	9,831
Utah	1,733	1,330	404	121	65	56	1,854	1,395	459
Vermont	1,282	834	448	14	11	4	1,296	845	452
Virginia	6,894	3,923	2,971	235	130	105	7,129	4,053	3,076
Washington	7,335	4,244	3,091	552	300	251	7,887	4,544	3,343
West Virginia	2,740	2,154	586	124	77	47	2,864	2,232	632
Wisconsin	6,878	4,538	2,341	341	198	143	7,220	4,736	2,483
Wyoming	527	304	223	38	22	16	565	326	239
Subtotal (States)	\$406,122	\$258,890	\$147,232	\$19,437	\$10,910	\$8,527	\$425,559	\$269,800	\$155,759
American Samoa	26	13	13	0	0	0	26	13	13
Guam	31	16	15	2	1	1	33	17	16
Northern Mariana Islands	27	14	12	0	0	0	27	14	13
Puerto Rico	1,667	847	820	49	25	25	1,717	872	845
Virgin Islands	35	18	17	4	2	2	38	20	19
Subtotal (States & Territories)	\$407,907	\$259,799	\$148,109	\$19,493	\$10,938	\$8,555	\$427,400	\$270,737	\$156,663
State Medicaid Fraud Control Units (MFCUs)	–	–	–	287	215	72	287	215	72
Medicaid survey and certification of nursing and intermediate care facilities	–	–	–	288	216	72	288	216	72
Vaccines for Children (VFC) program	–	–	–	–	–	–	3,953	3,953	–
Total	\$407,907	\$259,799	\$148,109	\$20,068	\$11,369	\$8,698	\$431,928¹	\$275,121¹	\$156,807

Notes: Total federal spending shown here (\$275.121 billion) differs from total federal outlays shown in FY 2013 federal budget documents (\$274.964 billion) due to slight differences in the timing of data for the states and the treatment of certain adjustments. Federal spending in the territories is capped; however, territories 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 2011 due to a temporary increase in states' federal medical assistance percentages (FMAPs) under PL. 111-5 and PL. 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; spending for federal program administration is not included.

¹ Amount exceeds the sum of Benefits and State Program Administration columns due to the inclusion of VFC.

Sources: For state and territory spending: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data from CMS as of February 2012; for all other (MFCUs, survey and certification, VFC): CMS, *Fiscal Year 2013 justification of estimates for Appropriations Committees*, Baltimore, MD: CMS, 2012, <https://www.cms.gov/PerformanceBudget/Downloads/CMSFY13CJ.pdf>

TABLE 7. Total Medicaid Benefit Spending by State and Category, FY 2011 (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-ID	Home and community-based LTSS			
Alabama	\$4,793	\$1,798	\$325	\$85	\$36	\$82	\$200	\$289	\$935	\$747	\$102	\$268	-\$72
Alaska	1,290	340	101	53	18	206	88	33	126	319	0	23	-15
Arizona	8,988	885	41	4	5	98	244	-263	35	13	7,711	216	-1
Arkansas	3,952	1,107	284	65	17	177	329	159	784	774	15	296	-54
California	54,065	17,352	1,372	544	41	2,511	5,126	1,443	5,094	8,217	10,869	2,338	-842
Colorado	4,349	1,465	284	104	-	116	179	150	621	854	509	100	-32
Connecticut	5,812	1,055	99	158	90	275	104	279	1,502	1,332	843	310	-233
Delaware	1,392	76	22	32	1	44	52	75	209	154	709	34	-15
District of Columbia	2,129	449	53	20	3	109	78	55	330	397	614	34	-11
Florida	18,128	5,149	1,251	139	43	231	879	637	3,200	2,208	3,254	1,289	-152
Georgia	8,065	1,787	363	42	32	169	197	129	1,174	1,027	2,829	360	-46
Hawaii	1,524	128	5	28	2	28	7	3	10	104	1,251	56	-96
Idaho	1,515	515	153	3	25	124	79	41	267	224	65	40	-20
Illinois	12,836	5,446	878	174	106	335	679	481	2,279	1,868	359	393	-161
Indiana	6,566	1,675	204	152	10	307	270	320	1,492	871	1,135	170	-40
Iowa	3,317	792	181	59	87	68	231	132	855	681	159	140	-67
Kansas	2,669	497	101	36	5	28	63	75	515	650	635	88	-24
Kentucky	5,652	1,576	364	86	1	264	506	253	992	663	768	247	-68
Louisiana	6,298	2,462	523	123	-	199	319	573	1,337	844	14	270	-366
Maine	2,356	697	95	30	43	167	357	82	263	428	5	210	-21
Maryland	7,320	1,218	85	115	16	52	335	89	1,077	1,340	2,912	229	-148
Massachusetts	13,007	2,721	307	148	33	337	1,493	188	1,753	1,954	3,885	414	-226
Michigan	12,063	1,710	329	67	7	201	342	139	1,730	1,077	6,150	393	-83
Minnesota	8,271	823	219	31	193	43	150	163	948	2,424	3,247	181	-152
Mississippi	4,411	1,708	311	9	28	75	258	170	1,018	414	259	208	-46
Missouri	8,011	2,943	27	15	11	431	272	602	1,227	1,157	1,097	310	-80
Montana	954	276	51	22	15	14	100	33	176	234	7	33	-6
Nebraska	1,637	301	73	31	15	73	67	101	337	332	243	106	-42
Nevada	1,563	415	90	23	11	15	72	53	189	265	342	100	-12
New Hampshire	1,348	374	57	23	15	154	80	40	316	277	-	29	-17
New Jersey	10,501	2,427	62	25	47	385	817	294	2,628	1,281	2,274	340	-78
New Mexico	3,318	457	50	13	39	34	53	16	29	317	2,304	84	-78
New York	51,712	12,217	380	284	236	1,510	1,588	2,394	11,564	11,034	11,376	1,300	-2,171
North Carolina	10,297	3,018	950	329	34	232	653	621	1,709	2,203	356	441	-250

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-ID	Home and community-based LTSS			
North Dakota	\$702	\$120	\$48	\$11	\$6	\$11	\$18	\$22	\$285	\$171	\$5	\$12	\$-6
Ohio	15,533	2,734	314	42	25	108	320	885	3,361	2,567	4,932	422	-176
Oklahoma	4,008	1,337	433	127	31	333	256	260	623	556	171	141	-261
Oregon	4,386	315	28	0	25	56	151	78	343	1,221	2,072	143	-46
Pennsylvania	20,395	2,474	214	87	9	128	387	-236	4,485	2,776	9,616	593	-138
Rhode Island	2,099	371	12	13	1	25	359	8	319	247	713	43	-13
South Carolina	4,931	1,460	244	97	26	250	223	40	668	585	1,355	181	-198
South Dakota	750	173	60	15	2	73	73	30	163	138	2	29	-9
Tennessee	7,970	974	26	183	1	39	81	352	355	708	4,959	349	-56
Texas	27,847	7,742	1,336	1,428	822	128	2,033	1,457	3,348	3,466	5,760	1,045	-718
Utah	1,733	574	119	36	4	15	87	102	228	212	366	22	-32
Vermont	1,282	44	2	0	0	1	855	-2	111	7	273	7	-16
Virginia	6,894	1,156	202	135	32	59	756	125	1,120	1,276	1,890	259	-115
Washington	7,335	1,583	272	137	23	403	295	249	739	1,541	1,890	317	-112
West Virginia	2,740	620	148	58	13	31	126	162	568	570	343	120	-18
Wisconsin	6,878	657	43	43	21	301	438	277	1,024	772	3,086	304	-87
Wyoming	527	139	50	13	8	33	23	21	106	133	0	10	-7
Subtotal	\$406,122	\$98,329	\$13,237	\$5,495	\$2,318	\$11,086	\$22,747	\$13,676	\$64,566	\$63,627	\$103,731	\$15,045	\$-7,736
American Samoa	26	-	-	-	-	-	25	1	-	-	-	-	-
Guam	31	9	4	0	0	0	10	7	0	0	-	1	-
N. Mariana Islands	27	9	-	4	-	5	4	4	-	1	-	0	-
Puerto Rico	1,667	-	-	-	-	-	207	20	-	-	1,441	-	-
Virgin Islands	35	20	1	0	-	3	1	6	3	-	-	1	-
Total	\$407,907	\$98,367	\$13,242	\$5,500	2,318	\$11,094	\$22,994	\$13,713	\$64,569	\$63,628	\$105,172	\$15,047	\$-7,736
Percent of Total, Exclusive of Collections	-	23.7%	3.2%	1.3%	0.6%	2.7%	5.5%	3.3%	15.5%	15.3%	25.3%	3.6%	-

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. All amounts are as reported by states in CMS-64 data during the fiscal year to obtain federal matching funds; they include expenditures for the current fiscal year and adjustments to expenditures for prior fiscal years that may be positive or negative. Amounts reported for any given category sometimes show substantial annual fluctuations. ICF-ID is intermediate care facility for the intellectually disabled; 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, federally qualified health center, and freestanding birth center. Other acute includes labs and X-rays; 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; health home for persons with chronic conditions; tobacco cessation for pregnant women; 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) fees, 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 (22.3 percent of total benefits, exclusive of collections) followed by limited-benefit plans (2.5 percent) and PCCM, PACE, and premium assistance (which together were 0.5 percent). Collections include third-party liability, estate, and other recoveries.

Source: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data from CMS as of February 2012

TABLE 8. CHIP Spending by State, FY 2011 (millions)

State	Total CHIP ¹			Benefits						State Program Administration			2105(g) Spending ¹
	Total	Federal	State	Medicaid-expansion CHIP programs			Separate CHIP programs and adult coverage waivers			Total	Federal	State	Federal
Alabama	\$185.4	\$144.6	\$40.8	–	–	–	\$177.2	\$138.2	\$39.0	\$8.2	\$6.4	\$1.8	–
Alaska	30.8	20.0	10.8	\$29.5	\$19.2	\$10.3	–	–	–	1.3	0.8	0.5	–
Arizona	44.2	33.7	10.5	–	–	–	41.7	31.7	9.9	2.5	1.9	0.6	–
Arkansas	113.9	91.1	22.8	87.8	70.2	17.6	21.0	16.8	4.2	5.1	4.1	1.0	–
California	2,119.2	1,377.5	741.7	445.6	289.7	156.0	1,569.0	1,019.8	549.1	104.5	68.0	36.6	–
Colorado	164.7	107.1	57.7	–	–	–	162.1	105.4	56.7	2.6	1.7	0.9	–
Connecticut	34.3	35.5	-1.2	–	–	–	32.9	21.4	11.5	1.4	0.9	0.5	\$13.2
Delaware	21.0	14.1	6.9	0.8	0.5	0.3	18.6	12.5	6.1	1.6	1.1	0.5	–
District of Columbia	15.9	12.6	3.3	15.6	12.3	3.3	–	–	–	0.4	0.3	0.1	–
Florida	486.1	334.2	151.9	2.6	1.8	0.8	445.8	306.5	139.3	37.8	26.0	11.8	–
Georgia	325.9	246.8	79.0	–	–	–	300.0	227.2	72.8	25.8	19.6	6.3	–
Hawaii	44.8	29.7	15.1	41.8	27.7	14.1	0.2	0.1	0.1	2.7	1.8	0.9	–
Idaho	49.1	38.4	10.7	21.7	17.0	4.7	26.1	20.4	5.7	1.3	1.0	0.3	–
Illinois	361.1	235.2	125.9	110.6	72.1	38.6	234.6	152.8	81.8	15.9	10.4	5.5	–
Indiana	117.9	90.2	27.6	76.2	58.4	17.9	38.5	29.4	9.0	3.2	2.4	0.7	–
Iowa	109.8	81.1	28.7	23.1	17.1	6.1	79.5	58.7	20.8	7.2	5.3	1.9	–
Kansas	76.7	54.7	22.0	–	–	–	70.4	50.2	20.2	6.3	4.5	1.8	–
Kentucky	169.3	135.5	33.8	105.9	84.8	21.1	59.8	47.9	11.9	3.5	2.8	0.7	–
Louisiana	219.8	163.8	56.0	184.7	137.6	47.0	19.6	14.6	5.0	15.5	11.6	3.9	–
Maine	41.5	31.0	10.5	23.7	17.7	6.0	13.7	10.2	3.5	4.2	3.1	1.1	–
Maryland	218.4	142.0	76.5	209.3	136.1	73.3	–	–	–	9.1	5.9	3.2	–
Massachusetts	534.1	347.1	187.0	237.4	154.3	83.2	243.3	158.1	85.2	53.3	34.7	18.7	–
Michigan	100.5	76.2	24.3	12.7	9.7	3.0	82.4	62.4	20.0	5.4	4.1	1.3	–
Minnesota	19.3	23.6	-4.4	0.1	0.1	0.0	18.9	12.3	6.6	0.3	0.2	0.1	11.1
Mississippi	195.2	160.7	34.5	–	–	–	194.9	160.4	34.5	0.3	0.2	0.0	–
Missouri	145.4	108.0	37.4	99.3	73.8	25.5	42.3	31.5	10.9	3.8	2.8	1.0	–
Montana	61.6	47.3	14.3	15.1	11.6	3.5	40.3	31.0	9.3	6.1	4.7	1.4	–
Nebraska	57.3	40.6	16.7	54.2	38.4	15.8	–	–	–	3.1	2.2	0.9	–
Nevada	36.3	24.0	12.3	1.3	0.8	0.5	33.1	21.9	11.2	1.9	1.3	0.6	–
New Hampshire	19.7	15.3	4.4	0.6	0.4	0.2	18.4	11.9	6.4	0.7	0.5	0.2	2.5
New Jersey	954.3	620.5	333.8	164.4	106.9	57.5	694.5	451.6	242.9	95.4	62.0	33.4	–
New Mexico	187.3	147.7	39.6	72.9	57.5	15.4	114.0	89.9	24.1	0.4	0.3	0.1	–

TABLE 8, Continued

State	Total CHIP ¹			Benefits						2105(g) Spending ¹			
	Total	Federal	State	Medicaid-expansion CHIP programs			Separate CHIP programs and adult coverage waivers				State Program Administration		
	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Federal
New York	\$820.4	\$533.3	\$287.1	\$165.7	\$107.7	\$58.0	\$650.4	\$422.8	\$227.6	\$4.3	\$2.8	\$1.5	–
North Carolina	381.4	287.2	94.2	62.5	47.0	15.4	291.1	219.2	71.9	27.9	21.0	6.9	–
North Dakota	21.9	15.8	6.1	10.0	7.2	2.8	10.8	7.8	3.0	1.1	0.8	0.3	–
Ohio	353.3	263.5	89.8	348.0	259.5	88.5	–	–	–	5.4	4.0	1.4	–
Oklahoma	125.7	94.9	30.8	115.3	87.0	28.3	7.7	5.8	1.9	2.8	2.1	0.7	–
Oregon	159.1	117.7	41.4	–	–	–	149.4	110.5	38.8	9.7	7.2	2.5	–
Pennsylvania	410.5	283.1	127.5	–	–	–	403.9	278.5	125.4	6.6	4.6	2.1	–
Rhode Island	33.7	22.6	11.1	21.8	14.7	7.2	11.1	7.4	3.7	0.8	0.5	0.2	–
South Carolina	121.2	95.9	25.4	111.4	88.0	23.4	0.6	0.5	0.1	9.3	7.4	1.9	–
South Dakota	24.4	17.7	6.6	18.0	13.1	4.9	5.9	4.3	1.6	0.5	0.3	0.1	–
Tennessee	209.0	158.4	50.6	54.1	40.5	13.7	149.6	113.9	35.7	5.3	4.0	1.3	–
Texas	1,178.2	852.8	325.4	28.8	20.9	8.0	1,093.6	791.6	302.0	55.8	40.4	15.4	–
Utah	64.0	51.0	12.9	–	–	–	57.6	45.9	11.6	6.4	5.1	1.3	–
Vermont	7.6	8.1	-0.5	–	–	–	7.0	4.9	2.0	0.7	0.5	0.2	\$2.7
Virginia	266.6	173.3	93.3	119.8	77.9	41.9	138.4	89.9	48.4	8.4	5.5	2.9	–
Washington	97.4	74.6	22.8	12.3	8.0	4.3	84.6	55.0	29.6	0.5	0.3	0.2	11.3
West Virginia	51.0	41.5	9.6	–	–	–	47.8	38.8	9.0	3.2	2.6	0.6	–
Wisconsin	143.3	106.7	36.6	55.7	40.0	15.7	74.2	53.5	20.7	13.5	9.7	3.8	3.5
Wyoming	15.7	10.2	5.5	–	–	–	14.9	9.7	5.2	0.8	0.5	0.3	–
Subtotal	\$11,745.2	\$8,238.2	\$3,507.0	\$3,160.4	\$2,226.7	\$933.6	\$7,991.0	\$5,555.2	\$2,435.8	\$593.9	\$412.0	\$181.9	\$44.4
American Samoa	1.4	0.9	0.5	1.4	0.9	0.5	–	–	–	–	–	–	–
Guam	6.1	4.2	1.9	6.1	4.2	1.9	–	–	–	–	–	–	–
N. Mariana Islands	1.0	0.9	0.2	1.0	0.9	0.2	–	–	–	–	–	–	–
Puerto Rico	201.5	132.6	69.0	201.5	132.6	69.0	–	–	–	–	–	–	–
Virgin Islands	3.5	2.4	1.1	3.5	2.4	1.1	–	–	–	–	–	–	–
Total	\$11,958.8	\$8,379.2	\$3,579.7	\$3,374.0	\$2,367.7	\$1,006.3	\$7,991.0	\$5,555.2	\$2,435.8	\$593.9	\$412.0	\$181.9	\$44.4

Notes: As shown in Table 3, some states have waivers under Section 1115 of the Social Security Act that use CHIP funds to provide coverage for adults (pregnant women and parents). Federal CHIP spending on administration is generally limited to 10 percent 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; Medicaid funds are not shown in this table.

¹ 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, Medicaid-financed children whose family income exceeds 133 percent of the federal poverty level. Since there is no state share of CHIP spending for these children (because their state share is financed entirely under Medicaid), some states (Connecticut, Minnesota, and Vermont) are shown in this table as having negative state CHIP spending.

Source: MACPAC analysis of Medicaid and CHIP Budget Expenditure System (MBES/CBES) data from CMS as of February 2012

TABLE 9. Medicaid and CHIP Income Eligibility Levels as a Percentage of the Federal Poverty Level for Children and Pregnant Women by State, February 2012

As described in Chapter 3 of the Commission’s March 2011 Report to the Congress, 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 generally 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 under a state plan option. 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 the time of their birth.

State	Medicaid Coverage						CHIP Program Type ² (as of January 1, 2012)	Separate CHIP Coverage		Medicaid/CHIP Coverage Pregnant women and deemed newborns ³
	Infants under age 1		Age 1 through 5		Age 6 through 18			Birth through age 18	Unborn children	
	Medicaid funded ¹	CHIP funded ¹	Medicaid funded ¹	CHIP funded ¹	Medicaid funded ¹	CHIP funded ¹				
Alabama	133%	–	133%	–	100%	–	Separate	300%	–	133%
Alaska	133	175%	133	175%	100	175%	Medicaid Expansion	–	–	175
Arizona	140	–	133	–	100	–	Separate	200 ⁴	–	150
Arkansas ⁵	133	200	133	200	100	200	Combination	200	200%	200
California ⁶	200	250	133	250	100	250	Combination	250/300 ⁷	300	200
Colorado	133	–	133	–	100	–	Separate	250	–	133/200 ⁸
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	133	–	133	–	100	133	Combination	185	–	133
Illinois	133	–	133	–	100	133	Combination	200	200	200
Indiana	150	–	133	150	100	150	Combination	250 ⁹	–	200
Iowa	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

TABLE 9, Continued

State	Medicaid Coverage						CHIP Program Type ² (as of January 1, 2012)	Separate CHIP Coverage		Medicaid/CHIP Coverage Pregnant women and deemed newborns ³
	Infants under age 1		Age 1 through 5		Age 6 through 18			Birth through age 18	Unborn children	
	Medicaid funded ¹	CHIP funded ¹	Medicaid funded ¹	CHIP funded ¹	Medicaid funded ¹	CHIP funded ¹				
Massachusetts	185%	200%	133%	150%	114%	150%	Combination	300%	200% ¹⁰	185%
Michigan	185	–	133	150	100	150	Combination	200	185	185
Minnesota	275	280 ¹¹	275	–	275	–	Combination	–	275	275
Mississippi	185	–	133	–	100	–	Separate	200	–	185
Missouri	185	–	133	150	100	150	Combination	300	–	185
Montana	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 ¹²
New Hampshire	185	300	185	–	185	–	Combination	300	–	185
New Jersey	185	–	133	–	100	133	Combination	350	–	185/200 ¹³
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 ¹⁴	133	133	133	133	100	100	Combination	160	–	133
Ohio ¹⁵	133	200	133	200	100	200	Medicaid Expansion	–	–	200
Oklahoma ¹⁶	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 ¹⁷	250	–	250	–	100	250	Combination	–	250	185/250 ¹⁸
South Carolina	185	200	133	200	100	200	Medicaid Expansion	–	–	185
South Dakota	133	140	133	140	100	140	Combination	200	–	133
Tennessee ¹⁹	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 ²⁰	225	–	225	–	225	–	Separate	300	–	200
Virginia	133	–	133	–	100	133	Combination	200	–	133/200 ²¹
Washington	200	–	200	–	200	–	Separate	300	185	185
West Virginia	150	–	133	–	100	–	Separate	300	–	150
Wisconsin	185	–	185	–	100	150	Combination	300	300	300
Wyoming	133	–	133	–	100	–	Separate	200	–	133

TABLE 9, Continued

Notes: In 2012, the federal poverty level (100 percent FPL) in the lower 48 states and the District of Columbia is \$11,170 for an individual and \$3,960 for each additional family member. For additional information, see MACStats Table 19. Eligibility levels shown here apply to countable income; for some eligibility pathways, states may use various income disregards that result in different amounts of countable income. 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.

- 1 The eligibility levels listed under 'Medicaid funded' are generally 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. 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.
- 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 option for targeted low-income pregnant women or through a Section 1115 waiver. Values in this column are for Medicaid-covered pregnant women, except where noted.
- 4 Arizona's CHIP program has been closed to new enrollment since January 1, 2010.
- 5 Arkansas was approved to expand its separate CHIP program to 250 percent FPL effective January 1, 2011, but this has not been implemented.
- 6 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.
- 7 California's county program expanded eligibility to 300 percent FPL under its separate CHIP program in four counties (three of the four counties have implemented this provision), with all other counties at 250 percent FPL.
- 8 Colorado covers pregnant women up to 133 percent FPL under Medicaid and from 134 percent through 200 percent FPL under CHIP through a Section 1115 waiver.
- 9 Indiana's increase of the income threshold from 250 to 300 percent FPL was approved November 18, 2009, but the state has not yet implemented the expansion.
- 10 Massachusetts has been approved to provide coverage of unborn children up to 225 percent FPL, but the state has only implemented up to 200 percent FPL.
- 11 In Minnesota infants are defined as being under age 2. Only infants are eligible for the Medicaid-expansion CHIP program.
- 12 Nevada covers pregnant women up to 133 percent FPL under Medicaid and from 134 percent through 185 percent FPL under CHIP through a Section 1115 waiver.
- 13 New Jersey covers pregnant women up to 185 percent FPL under Medicaid and from 186 percent through 200 percent FPL under CHIP through a state plan option for targeted low-income pregnant women.
- 14 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.
- 15 Ohio has been approved to increase the income threshold to 300 percent FPL, but the state has not yet implemented the expansion.
- 16 Oklahoma covers TEFRA (also referred to as Katie Beckett) children from 0 percent through 200 percent 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 percent FPL, but has implemented the expansion up to 200 percent FPL.
- 17 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 percent FPL, but it has not been implemented. The state's separate CHIP program covers unborn children only.
- 18 Rhode Island covers pregnant women up to 185 percent FPL under Medicaid and from 186 percent through 250 percent FPL under CHIP through a state plan option for targeted low-income pregnant women.
- 19 Tennessee covers children as a Medicaid expansion group with CHIP funding, called TennCare Standard, but this Section 1115 waiver 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 percent FPL who are losing TennCare Medicaid eligibility.
- 20 Vermont's separate CHIP program covers children between 225 percent and 300 percent FPL.
- 21 Virginia covers pregnant women up to 133 percent FPL under Medicaid and from 134 percent through 200 percent FPL under CHIP through a Section 1115 waiver.

Source: 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, January 2012

States are required to provide Medicaid coverage for parents (and their dependent children), at a minimum, at their 1996 Aid to Families with Dependent Children eligibility levels. Under regular Medicaid state plan rules, states may opt to cover additional parents (via Section 1931 of the Social Security Act) and other adults under age 65 who are not pregnant, not eligible for Medicare, and have incomes below 133 percent FPL (via Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which is an optional eligibility pathway through 2013 and mandatory thereafter). States may also provide coverage under Section 1115 waivers, which allow them to operate their Medicaid programs without regard to certain statutory requirements. As noted throughout this table, the covered benefits under these waivers may be more limited than those provided under regular state plan rules and may not be available to all individuals at the income levels shown. In addition, regardless of whether coverage is provided under a waiver, jobless and working individuals may qualify at different income levels due to disregards of certain amounts of earned income. States may use additional disregards (such as child care expenses) that are not accounted for here.

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	76	–	81	–	–	–
Arizona	23	100	–	106	–	100% (closed)	110% (closed)
Arkansas ²	13	13	–	17	200%	–	200
California ³	40	100	200%	106	200	200	200
Colorado	28	100	–	106	–	–	–
Connecticut	57	185	–	191	–	56 ¹	72 ¹
Delaware	22	75	100	119	106	100	110
District of Columbia	28	200	–	206	–	133 ¹ /200	144 ¹ /211
Florida	20	20	–	58	–	–	–
Georgia	28	27	–	49	–	–	–
Hawaii ⁴	41	100	200	100	200	200	200
Idaho ⁵	21	21	–	39	185	–	185
Illinois	25	185	–	191	–	–	–
Indiana ⁶	19	19	200	24	206	200 (closed)	210 (closed)
Iowa ⁷	28	28	200	82	250	200	250
Kansas	26	26	–	32	–	–	–
Kentucky	34	34	–	59	–	–	–
Louisiana	11	11	–	25	–	–	–

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	
Maine ⁸	36%	200%	–	200%	–	100% (closed)	100% (closed)
Maryland ⁹	24	116	–	116	–	116	128
Massachusetts ¹⁰	37	133	300%	133	300%	300	300
Michigan ¹¹	32	37	–	63	–	35 (closed)	45 (closed)
Minnesota ¹²	35	100	275	120	275	75 ¹ /250	75 ¹ /250
Mississippi	24	24	–	44	–	–	–
Missouri	19	19	–	36	–	–	–
Montana	28	32	–	55	–	–	–
Nebraska	24	46	–	57	–	–	–
Nevada	23	25	–	87	–	–	–
New Hampshire	36	39	–	49	–	–	–
New Jersey ¹³	28	29	200 (closed)	133	200 (closed)	23	23
New Mexico ¹⁴	25	29	200 (closed)	85	408 (closed)	200 (closed)	414 (closed)
New York	46	68	150	74	150	100	100
North Carolina	36	35	–	49	–	–	–
North Dakota	28	34	–	59	–	–	–
Ohio	22	90	–	90	–	–	–
Oklahoma ¹⁵	20	37	200	53	200	200	200
Oregon ¹⁶	30	31	201	40	201	201	201
Pennsylvania	26	26	–	46	–	–	–
Rhode Island	36	110	175	116	181	–	–
South Carolina	13	50	–	91	–	–	–
South Dakota	33	52	–	52	–	–	–
Tennessee	38	69	–	126	–	–	–
Texas	12	12	–	26	–	–	–
Utah ¹⁷	37	38	150 (closed)	44	150	150 (closed)	150
Vermont ¹⁸	43	77	300	82	300	300	300
Virginia	23	25	–	31	–	–	–
Washington	36	36	133	73	133	133	133
West Virginia	17	16	–	32	–	–	–
Wisconsin ¹⁹	34	200	–	200	–	200 (closed)	200 (closed)
Wyoming	24	38	–	51	–	–	–

TABLE 10, Continued

Notes: In 2012, the federal poverty level (100 percent FPL) is \$11,170 for an individual and \$3,960 for each additional family member in the lower 48 states and the District of Columbia. For additional information, see MACStats Table 19. Reflects income eligibility levels at time of application. The table takes earning disregards, which allow working individuals to qualify at higher income levels than jobless individuals, 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 only apply 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. 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 adults eligible for coverage into a program at some point between January 1, 2011, and January 1, 2012.

- 1 Not funded under a Section 1115 waiver, but through the Medicaid state plan option that permits coverage of individuals under age 65 who are not pregnant, not eligible for Medicare, and have incomes below 133 percent FPL.
- 2 In Arkansas, adults up to 200 percent 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. In 2011, the state opened up the program to those who are also self-employed.
- 3 California covers adults through two programs: the Medicaid Coverage Expansion (MCE) up to 133 percent FPL and the Health Care Coverage Initiative between 133 percent and 200 percent FPL. While both coverage options offer more limited benefits than full Medicaid, the MCE benefit package is more comprehensive.
- 4 Hawaii covers adults up to 100 percent 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 Aid to Families with Dependent Children standards. Adults up to 200 percent FPL are eligible for more limited coverage under the QUEST-ACE waiver program. Further, adults previously enrolled in Medicaid with incomes from 200 to 300 percent FPL can purchase more limited QUEST-NET waiver coverage by paying a monthly premium. Hawaii is awaiting CMS approval to reduce eligibility from 200 percent to 133 percent FPL in QUEST ACE and from 300 percent to 133 percent FPL in QUEST NET.
- 5 Idaho provides premium assistance to adults up to 185 percent FPL under a waiver; individuals must have income below the eligibility threshold and work for a qualified small employer.
- 6 In Indiana, adults up to 200 percent FPL are eligible for more limited coverage under the Healthy Indiana waiver program. Enrollment is closed for childless adults. During 2011, the state opened the waiting list in an effort to add members up to the cap.
- 7 In Iowa, adults up to 250 percent FPL are eligible for more limited coverage under the IowaCare waiver program.
- 8 In Maine, childless adults up to 100 percent FPL are eligible for more limited coverage under the MaineCare waiver program; enrollment is closed.
- 9 In Maryland, childless adults are eligible for primary care services under the Primary Adult Care waiver program.
- 10 In Massachusetts, childless adults who are long-term unemployed or a client of the Department of Mental Health with income below 100 percent FPL can receive more limited benefits under the MassHealth waiver program through MassHealth Basic or Essential. Additionally, adults up to 300 percent FPL are eligible for more limited subsidized coverage under the Commonwealth Care waiver program.
- 11 In Michigan, childless adults are eligible for more limited coverage under the Adult Benefit Waiver program; enrollment is closed.
- 12 In Minnesota, parents up to 275 percent FPL and childless adults up to 250 percent FPL are eligible for coverage under the MinnesotaCare waiver program; parents above 215 percent FPL and childless adults in the waiver program receive more limited coverage.
- 13 In New Jersey, parents up to 200 percent 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. In April 2011, New Jersey obtained a waiver to expand coverage to childless adults who had previously been covered through the state’s General Assistance program. The eligibility levels shown apply to individuals who are “employable”; those considered “unemployable” have a lower threshold.
- 14 In New Mexico, adults up to 200 percent 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.
- 15 In Oklahoma, adults up to 200 percent FPL are eligible for more limited subsidized coverage under the Insure Oklahoma waiver program. Individuals must have income below eligibility threshold and also be one of the following: a worker for a small employer, self-employed, unemployed and seeking work, working disabled, a full-time college student, or the spouse of a qualified worker.
- 16 In Oregon, adults up to 100 percent FPL are eligible for more limited coverage under the Oregon Health Plan (OHP) Standard waiver program; enrollment in OHP Standard is closed. The state provides premium assistance to adults up to 201 percent FPL under its Family Health Insurance Assistance Program (FHIAP) waiver program. FHIAP is open for both individual and employer sponsored insurance, however, the state is only enrolling individuals from the reservation list.
- 17 In Utah, adults up to 150 percent 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 percent FPL under the Utah Premium Partnership Health Insurance waiver program.
- 18 In Vermont, Section 1931 coverage is available up to 77 percent FPL in urban areas and 73 percent FPL in rural areas; parents up to 185 percent FPL and childless adults up to 150 percent FPL are eligible for the Vermont Health Access Plan waiver program. Additionally, the state offers more limited subsidized coverage to adults up to 300 percent FPL under its Catamount Health waiver program.
- 19 In Wisconsin, parents up to 200 percent FPL are eligible for the BadgerCare Plus waiver program. Childless adults up to 200 percent FPL are eligible for more limited coverage under the BadgerCare Plus Core Plan waiver program. Enrollment for childless adults is closed.

Source: M. Heberlein, T. Brooks, J. Guyer, et al., *Performing under pressure: Annual findings of a 50-state survey of eligibility, enrollment, renewal, and cost-sharing policies in Medicaid and CHIP, 2011-2012*, Washington, DC: Kaiser Commission on Medicaid and the Uninsured, January 2012, <http://www.kff.org/medicaid/upload/8272.pdf>

TABLE 11. Medicaid Income Eligibility Levels as a Percentage of the Federal Poverty Level for Individuals Age 65 and Older and Persons with Disabilities 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 them for Medicaid. However, 11 “209(b)” states may use more restrictive criteria than 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 ¹	SSI Recipients	209(b) Eligibility Levels	Poverty Level ²	Medically Needy ³	Special Income Level ⁴
Alabama	1634	75%	–	–	–	224%
Alaska ⁵	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	–

TABLE 11, Continued

State	State Eligibility Type ¹	SSI Recipients	209(b) Eligibility Levels	Poverty Level ²	Medically Needy ³	Special Income Level ⁴
Nebraska	SSI Criteria	75%	–	100%	44%	–
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 2012, the federal poverty level (100 percent FPL) is \$11,170 for an individual and \$3,960 for each additional family member in the lower 48 states and the District of Columbia. For additional information, see MACStats Table 19. Eligibility levels shown here apply to countable income; for some eligibility pathways, states may use various income disregards that result in different amounts of countable income. The eligibility levels listed in this table are for individuals; the eligibility levels for couples differ for certain categories.

- Both Section 1634 and SSI-criteria states use SSI criteria for Medicaid eligibility. In Section 1634 states, the federal eligibility determination process for SSI automatically qualifies an individual for Medicaid; in SSI-criteria states, individuals must submit information to the state for a separate eligibility determination. Section 209(b) states may use eligibility criteria more restrictive than the SSI program, but 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 deducting incurred medical expenses from the amount of income that is counted for Medicaid eligibility purposes.
- Under the poverty level option, states may choose to provide Medicaid coverage to persons who are aged or disabled and whose income is above the SSI or 209(b) level, but at or below the FPL.
- Under the medically needy option, individuals with higher incomes can “spend down” to the medically needy income level shown here by deducting incurred medical expenses from the amount of income that is counted for Medicaid eligibility purposes. Five states (Connecticut, Louisiana, Michigan, Vermont, and Virginia) have a medically needy income standard that varies by location. In these instances, the highest income standard is listed.
- 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 or other institutional care and have incomes up to 300 percent of the SSI benefit rate (which is about 224 percent FPL). The income standard listed in this column may be for institutional services, home and community-based waiver services, or both.
- The dollar amount that equals the upper income eligibility level for SSI does not vary by state; however, the dollar amount that equals the FPL is higher in Alaska (see MACStats Table 19), resulting in a lower percentage.

Sources: MACPAC analysis of eligibility information from CMS as of July 2010 and state websites

MAC Stats

TABLE 12. Optional Medicaid Benefits by State, December 2010 and January 2011

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
- ▶ Transportation

The table on the following pages is based on information from CMS. CMS notes that healthcare.gov was used as the primary source of information, with state Medicaid websites used as secondary sources.

Source: CMS, State Medicaid benefits matrix, December 2010 and January 2011, https://www.cms.gov/SpecialNeedsPlans/05_StateResourceCenter.asp

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	KY	LA	MEMD	MA	MI	MN	MS				
Targeted Case Management for Developmental Disabilities	32	✓	-	✓	✓	✓	✓	-	-	-	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓	-	✓	✓	-			
Program of All-Inclusive Care for the Elderly (PACE)	31	-	-	-	✓	✓	✓	-	-	-	✓	-	✓	-	✓	-	✓	✓	-	✓	-	✓	✓	✓	-	-			
Durable Medical Equipment/Medical Supplies	30	✓	-	-	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	-	-	✓	✓	-	✓	-	✓	✓	✓			
Screening Services	30	✓	✓	✓	-	-	-	✓	-	✓	✓	✓	✓	✓	✓	✓	-	-	✓	-	✓	-	✓	-	✓	✓			
Critical Access Hospital Services	23	-	✓	✓	✓	-	-	-	-	-	-	✓	✓	-	-	✓	✓	-	-	-	✓	-	-	-	✓	-			
Respiratory Care (Ventilator) Services	22	✓	✓	✓	✓	-	-	-	-	✓	✓	✓	✓	-	✓	-	-	-	-	✓	-	-	✓	-	✓	-			
Targeted Case Management for the Intellectually Disabled	18	✓	-	-	-	-	-	✓	-	-	✓	✓	-	-	-	-	-	-	✓	-	✓	-	-	✓	-	✓			
Primary Care Case Management	15	-	-	-	-	-	✓	-	-	-	-	✓	-	✓	-	-	✓	-	-	-	-	-	-	✓	-	-			
Hearing Aids	14	✓	-	-	✓	-	-	-	-	-	✓	✓	-	-	-	-	-	-	-	-	✓	-	✓	-	✓	✓			
Services Related to Tuberculosis	14	-	-	-	-	✓	-	-	-	✓	-	✓	-	-	-	-	-	-	✓	-	✓	-	✓	-	✓	-			
Targeted Case Management for HIV/AIDS	14	✓	-	-	-	-	-	-	-	-	-	✓	-	-	-	✓	-	-	-	✓	✓	✓	✓	-	-	-			
Services from Religious Non-Medical Institutions	13	✓	-	✓	-	-	-	-	-	-	-	-	-	-	✓	✓	-	-	-	-	-	-	-	✓	✓	-			
Targeted Case Management for Physical Disabilities	12	✓	-	-	-	✓	-	-	-	-	✓	✓	-	-	-	-	✓	✓	-	-	-	-	✓	✓	-	-			
Substance Abuse Treatment Services	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	-	-			
Targeted Case Management for the Medically Fragile	9	-	-	-	-	-	-	-	-	-	✓	✓	✓	-	-	-	-	-	✓	✓	-	-	-	-	-	-			
Transplants	9	✓	-	-	-	-	-	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
HIV Testing	8	-	-	✓	-	-	-	✓	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	✓	✓	-			
Diabetes Education	4	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-			
Dialysis Services	4	✓	✓	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓			
Targeted Case Management for Traumatic Brain Injury	4	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	✓	-	-	-	-	-	-	-			
Nutritional Services	3	-	-	✓	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-			
Prosthetic Services	3	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-			
School Based Health-Related Services	3	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-			
Targeted Case Management for Autism	3	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	✓	-	-	-	-			
Sickle Cell Disease Services	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Targeted Case Management for Acquired Brain Injury	2	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Genetic Counseling	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Medical Foster Care Services	1	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Targeted Case Management for the Technology Dependent	1	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

TABLE 12. Optional Medicaid Benefits by State, December 2010 and January 2011

Benefit	Number of States Providing Benefit	MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY																									
		MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
Intermediate Care Facility Services for the Intellectually Disabled	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Targeted Case Management for Mental Health	51	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Facility Services (under age 21)	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Occupational Therapy	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Optometry Services	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physical Therapy	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prescribed Drugs	50 ¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	– ¹	✓	✓	✓	✓	✓
Targeted Case Management	50	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinic Services	49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Speech and Language Therapy	49	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓
Dental Services	48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
Eyeglasses/Vision Care	48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
Hospice Care Services	48	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Inpatient Psychiatric Services (under age 21)	48	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–
Podiatry Services	48	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–
Prosthetic Devices	48	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
Speech, Hearing, and Language Therapy	45	–	✓	✓	✓	✓	✓	✓	–	✓	✓	–	✓	✓	–	–	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓
Audiology Services	44	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	–	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	–
Inpatient Services in an Institution for Mental Disease (age 65+)	42	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	–	✓	–	–	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓
Psychologist Services	42	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	–	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Hospital Services	41	–	✓	✓	✓	✓	✓	✓	–	✓	✓	–	✓	✓	–	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓
Preventive Services	40	✓	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	–	✓	✓	✓	✓	–
Dentures	37	–	✓	✓	✓	–	✓	✓	✓	✓	✓	–	✓	✓	✓	–	✓	–	–	✓	–	–	✓	–	✓	✓	–
Personal Care Services	35	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	✓	–	✓	✓	–	–	✓	✓	✓	–	–
Home and Community Based Program/Services	34	–	✓	✓	✓	✓	✓	–	–	–	✓	–	–	✓	–	✓	–	✓	✓	–	–	✓	✓	–	–	–	–
Rehabilitation Services	34	✓	–	–	–	✓	✓	✓	✓	–	✓	–	–	–	–	–	✓	–	–	✓	–	✓	✓	✓	✓	✓	✓
Chiropractic Services	33	–	✓	✓	–	✓	✓	–	✓	✓	✓	–	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	–	✓	✓	✓	–
Private Duty Nursing Services	33	–	✓	✓	✓	✓	–	–	✓	✓	✓	–	✓	✓	–	✓	–	–	–	✓	✓	✓	–	✓	✓	✓	–
Diagnostic Services	32	–	✓	✓	✓	✓	–	✓	✓	✓	–	–	–	✓	✓	–	–	–	–	–	✓	✓	✓	–	–	✓	–
Nurse Anesthetist Services	32	–	✓	✓	–	✓	–	✓	–	✓	✓	✓	✓	–	–	✓	–	✓	✓	–	–	✓	✓	–	–	✓	–

TABLE 12, Continued

Benefit	Number of States Providing Benefit																																																			
		MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY																									
Targeted Case Management for Developmental Disabilities	32	✓	✓	✓	-	✓	-	✓	✓	-	-	✓	✓	✓	-	✓	-	-	-	✓	-	✓	✓	-	✓	✓	-																									
Program of All-Inclusive Care for the Elderly (PACE)	31	✓	✓	-	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	-	✓	-																									
Durable Medical Equipment/Medical Supplies	30	-	✓	✓	-	✓	✓	-	-	-	✓	✓	✓	-	-	✓	✓	✓	✓	-	✓	-	-	✓	-	✓	✓																									
Screening Services	30	-	✓	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓	-	-	-	-	-	✓	-	✓	-	-	✓	-																									
Critical Access Hospital Services	23	-	✓	✓	✓	-	-	-	✓	-	✓	-	✓	✓	✓	-	-	✓	-	-	✓	-	-	✓	✓	✓	✓																									
Respiratory Care (Ventilator) Services	22	-	-	✓	✓	-	-	-	✓	-	✓	-	-	✓	-	-	-	✓	✓	-	-	-	-	✓	✓	✓	-																									
Targeted Case Management for Intellectually Disabled	18	-	-	-	✓	-	-	-	✓	-	-	✓	✓	-	✓	-	✓	-	-	✓	-	✓	✓	-	✓	-	-																									
Primary Care Case Management	15	-	-	-	✓	-	-	-	✓	✓	-	-	✓	✓	✓	✓	✓	✓	-	✓	-	-	✓	-	-	-	-																									
Hearing Aids	14	✓	✓	✓	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	✓																									
Services Related to Tuberculosis	14	-	-	-	-	-	-	-	✓	✓	-	-	✓	-	-	-	-	-	-	✓	✓	-	-	-	-	✓	✓																									
Targeted Case Management for HIV/AIDS	14	-	-	-	-	-	-	-	✓	✓	-	-	✓	✓	✓	-	-	-	-	-	-	-	-	✓	-	✓	-																									
Services from Religious Non-Medical Institutions	13	-	-	-	-	-	✓	-	-	-	-	-	✓	✓	-	-	-	✓	✓	-	-	✓	-	-	✓	-	-																									
Targeted Case Management for Physical Disabilities	12	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	✓	-	-	-	-	-	-	✓	✓	-																									
Substance Abuse Treatment Services	9	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	✓	-	-	✓	-	✓	✓																								
Targeted Case Management for the Medically Fragile	9	-	-	-	-	✓	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	✓	-																									
Transplants	9	✓	✓	-	-	-	-	-	-	-	-	-	✓	-	-	✓	-	-	-	-	-	-	-	-	✓	-	-	✓																								
HIV Testing	8	-	-	-	✓	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-																									
Diabetes Education	4	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	✓	-	-	-	-	-	-	✓	-	-	-																									
Dialysis Services	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									
Targeted Case Management for Traumatic Brain Injury	4	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-																									
Nutritional Services	3	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									
Prosthetic Services	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓																									
School Based Health-Related Services	3	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									
Targeted Case Management for Autism	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-																									
Sickle Cell Disease Services	2	-	-	-	-	-	-	-	-	-	✓	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-																									
Targeted Case Management for Acquired Brain Injury	2	-	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									
Genetic Counseling	1	-	-	-	-	-	-	✓	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									
Medical Foster Care Services	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									
Targeted Case Management for the Technology Dependent	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-																									

1 Although not noted in the CMS source for this table, information from the State of Vermont website for Medicaid indicates that this is a covered benefit, which would increase the number of states providing it to 51.

MAC Stats

TABLE 13. Maximum Allowable Medicaid Premiums and Cost Sharing, FY 2012

	At or Below 100% FPL	From 100% Through 150% FPL	Above 150% FPL
Exempt Populations	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 intellectually disabled, 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.		
Exempt Services	Emergency services and family planning services and supplies are excluded from cost sharing.		
Cap for Alternative Cost Sharing	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.	
Premium	Not permitted	Not permitted	Up to \$19 a month for some populations, no limit for others (subject to 5% cap).
Non-Institutional Services	Deductible: Up to \$2.55 Copayment: Up to \$3.80	Deductible: Up to \$2.55 Copayment: Up to 10% of the payment made by the Medicaid agency for the service	Deductible: Up to \$2.55 Copayment: Up to 20% of the payment made by the Medicaid agency for the service
Institutional Services	Per admission, the deductible, coinsurance, or copayment may not exceed 50% of the payment made by the Medicaid agency for the first day of care.	Per admission, the deductible, coinsurance, or copayment 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 deductible, coinsurance, or copayment 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.
Non-Emergency Care Provided in ER	Up to \$3.80	Up to \$7.60	No limit (subject to 5% cap)
Prescribed Drugs	Preferred and non-preferred copayment: Up to \$3.80	Preferred and non-preferred copayment: Up to \$3.80	Preferred copayment: Up to \$3.80 Non-preferred: Up to 20% of the cost of the drug

Notes: In 2012, the federal poverty level (100 percent FPL) is \$11,170 for an individual and \$3,960 for each individual family member in the lower 48 states and the District of Columbia. For additional information, see MACStats Table 19.

This table contains FY 2012 numbers, where "nominal" is defined as being \$2.55 for a monthly deductible or up to \$3.80 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 percent FPL.

Sources: Sections 1916 and 1916A of the Social Security Act; 42 CFR 447; CMS, Center for Medicaid, CHIP and Survey & Certification (CMCS), "Medicaid cost sharing – FY 2012 update to nominal cost sharing," *CMCS Informational Bulletin*, September 30, 2011, <https://www.cms.gov/CMCSBulletins/downloads/CIB-9-30-2011.pdf>

TABLE 14. Federal Medical Assistance Percentages (FMAPs) and Enhanced FMAPs (E-FMAPs) by State, Selected Periods in FY 2008–FY 2013

State	FMAPs for Medicaid				E-FMAPs for CHIP		
	FY 2008	First quarter of FY 2011 (includes temporary increase) ¹	Fourth quarter of FY 2011 (regular formula level)	FY 2012	FY 2013	FY 2012	FY 2013
Alabama	67.62%	78.00%	68.54%	68.62%	68.53%	78.03%	77.97%
Alaska	52.48	62.46	50.00	50.00	50.00	65.00	65.00
Arizona	66.20	75.93	65.85	67.30	65.68	77.11	75.98
Arkansas	72.94	81.18	71.37	70.71	70.17	79.50	79.12
California	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Colorado	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Connecticut	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Delaware	50.00	64.38	53.15	54.17	55.67	67.92	68.97
District of Columbia	70.00	79.29	70.00	70.00	70.00	79.00	79.00
Florida	56.83	67.64	55.45	56.04	58.08	69.23	70.66
Georgia	63.10	75.16	65.33	66.16	65.56	76.31	75.89
Hawaii	56.50	67.35	51.79	50.48	51.86	65.34	66.30
Idaho	69.87	79.18	68.85	70.23	71.00	79.16	79.70
Illinois	50.00	61.88	50.20	50.00	50.00	65.00	65.00
Indiana	62.69	76.21	66.52	66.96	67.16	76.87	77.01
Iowa	61.73	72.55	62.63	60.71	59.59	72.50	71.71
Kansas	59.43	69.68	59.05	56.91	56.51	69.84	69.56
Kentucky	69.78	80.61	71.49	71.18	70.55	79.83	79.39
Louisiana ²	72.47	81.48	68.04	69.78	71.92	72.76	72.87
Maine	63.31	74.86	63.80	63.27	62.57	74.29	73.80
Maryland	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Massachusetts	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Michigan	58.10	75.57	65.79	66.14	66.39	76.30	76.47
Minnesota	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Mississippi	76.29	84.86	74.73	74.18	73.43	81.93	81.40
Missouri	62.42	74.43	63.29	63.45	61.37	74.42	72.96
Montana	68.53	77.99	66.81	66.11	66.00	76.28	76.20
Nebraska	58.02	68.76	58.44	56.64	55.76	69.65	69.03
Nevada	52.64	63.93	51.61	56.20	59.74	69.34	71.82
New Hampshire	50.00	61.59	50.00	50.00	50.00	65.00	65.00
New Jersey	50.00	61.59	50.00	50.00	50.00	65.00	65.00
New Mexico	71.04	80.49	69.78	69.36	69.07	78.55	78.35
New York	50.00	61.59	50.00	50.00	50.00	65.00	65.00

TABLE 14, Continued

State	FMAPs for Medicaid				E-FMAPs for CHIP		
	FY 2008	First quarter of FY 2011 (includes temporary increase) ¹	Fourth quarter of FY 2011 (regular formula level)	FY 2012	FY 2013	FY 2012	FY 2013
North Carolina	64.05%	74.98%	64.71%	65.28%	65.51%	75.70%	75.86%
North Dakota	63.75	69.95	60.35	55.40	52.27	68.78	66.59
Ohio	60.79	73.71	63.69	64.15	63.58	74.91	74.51
Oklahoma	67.10	76.73	64.94	63.88	64.00	74.72	74.80
Oregon	60.86	72.97	62.85	62.91	62.44	74.04	73.71
Pennsylvania	54.08	66.58	55.64	55.07	54.28	68.55	68.00
Rhode Island	52.51	64.22	52.97	52.12	51.26	66.48	65.88
South Carolina	69.79	79.58	70.04	70.24	70.43	79.17	79.30
South Dakota	60.03	70.80	61.25	59.13	56.19	71.39	69.33
Tennessee	63.71	75.62	65.85	66.36	66.13	76.45	76.29
Texas ³	60.56	70.94	60.56	58.22	59.30	70.75	71.51
Utah	71.63	80.78	71.13	70.99	69.61	79.69	78.73
Vermont	59.03	69.96	58.71	57.58	56.04	70.31	69.23
Virginia	50.00	61.59	50.00	50.00	50.00	65.00	65.00
Washington	51.52	62.94	50.00	50.00	50.00	65.00	65.00
West Virginia	74.25	83.05	73.24	72.62	72.04	80.83	80.43
Wisconsin	57.62	70.63	60.16	60.53	59.74	72.37	71.82
Wyoming	50.00	61.59	50.00	50.00	50.00	65.00	65.00
American Samoa	50.00	50.00	55.00	55.00	55.00	68.50	68.50
Guam	50.00	50.00	55.00	55.00	55.00	68.50	68.50
N. Mariana Islands	50.00	50.00	55.00	55.00	55.00	68.50	68.50
Puerto Rico	50.00	50.00	55.00	55.00	55.00	68.50	68.50
Virgin Islands	50.00	50.00	55.00	55.00	55.00	68.50	68.50

Notes: The federal government's share of most Medicaid service costs is determined by the federal medical assistance percentage (FMAP), with some exceptions. For Medicaid administrative costs, the federal share does not vary by state and is generally 50 percent. 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 for Medicaid 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 per capita incomes, subject to a statutory minimum (50 percent) and maximum (83 percent). The formula for a given state is: $FMAP = 1 - ((State\ per\ capita\ income\ squared / U.S.\ per\ capita\ income\ squared) \times 0.45)$

Medicaid exceptions to this formula include the District of Columbia (set in statute at 70 percent) and the territories (currently set in statute at 55 percent). Other Medicaid exceptions apply to certain services, providers, or situations (e.g., services provided through an Indian Health Service facility receive an FMAP of 100 percent). Enhanced FMAPs for CHIP are calculated by reducing the state share under regular FMAPs for Medicaid by 30 percent.

1 From the first quarter of FY 2009 through the third quarter of FY 2011, subject to certain requirements, states received a temporary FMAP increase (PL. 111-5 and PL. 111-226). Under the formula used to calculate the temporary increase, states reached their highest FMAPs by the first quarter of FY 2011 (shown here). The temporary increase then phased down in the second and third quarters of FY 2011. FMAPs returned to their regular formula levels in the fourth quarter of FY 2011. The temporary increase did not apply to CHIP.

2 Louisiana receives a disaster-recovery state FMAP adjustment for the fourth quarter of FY 2011 and FY 2012–FY 2013 (§1905(aa) of the Social Security Act).

3 Texas received a Hurricane Katrina-related FMAP adjustment for FY 2008 (§6053(b) of PL. 109-171).

Sources: Federal Register notices from the Department of Health and Human Services

TABLE 15. Medicaid as a Share of States' Total Budgets and State-funded Budgets, State FY 2010 (millions)

State	Total Budget (Including State and Federal Funds)				State-funded Budget			
	Dollars (millions)	Total spending as a share of total budget ¹			Dollars (millions)	State-funded spending as a share of state-funded budget ¹		
		Medicaid	Elementary and secondary education	Higher education		Medicaid	Elementary and secondary education	Higher education
All states	\$1,621,370	22.3%	20.5%	10.2%	\$1,068,715	12.0%	24.5%	13.3%
Alabama	20,584	25.8	24.3	21.4	11,892	11.4	31.6	27.0
Alaska	9,759	12.0	14.6	8.6	6,834	5.1	17.9	10.0
Arizona	27,680	27.7	22.0	12.6	17,025	12.1	26.0	17.4
Arkansas	19,922	20.0	17.2	15.3	13,028	6.0	20.9	23.2
California	206,089	18.9	19.6	8.1	117,001	9.5	27.9	8.9
Colorado	31,064	15.3	24.7	14.2	21,841	10.2	32.3	15.1
Connecticut	19,694	25.4	20.1	13.9	17,127	29.2 ¹	18.1	14.0
Delaware	8,720	14.4	23.8	4.2	7,113	6.8	25.8	4.4
District of Columbia	–	–	–	–	–	–	–	–
Florida	62,049	30.0	20.5	7.7	39,286	16.9	24.0	11.1
Georgia	40,441	19.5	24.6	17.1	25,794	8.0	26.8	25.2
Hawaii	10,948	13.3	15.6	8.8	8,557	5.8	16.3	10.8
Idaho	6,393	23.0	27.4	7.7	3,820	10.4	38.3	12.8
Illinois	60,653	23.6	18.2	4.5	44,603	13.2	16.5	5.3
Indiana	26,662	23.1	32.4	7.1	16,329	9.9	44.5	11.6
Iowa	17,637	18.6	17.3	24.4	11,463	9.8	22.0	32.9
Kansas	14,045	18.8	25.5	16.1	8,857	8.8	32.2	19.9
Kentucky	25,941	21.9	19.4	22.4	15,464	7.7	24.9	32.7
Louisiana	29,134	23.7	18.1	8.0	17,275	7.4	23.5	12.7
Maine	8,257	28.6	17.6	3.3	5,106	10.9	23.1	5.2
Maryland	33,104	20.4	21.0	14.4	23,279	11.0	23.0	18.9
Massachusetts	50,424	18.8	12.9	7.9	46,492	20.4 ¹	10.8	8.5
Michigan	47,758	24.2	28.4	4.5	28,217	11.1	37.9	7.0
Minnesota	30,133	25.1	21.7	10.7	20,744	13.6	25.9	15.2
Mississippi	18,283	22.9	17.1	15.3	9,552	10.3	25.0	27.2
Missouri	25,526	34.4	21.3	5.2	14,607	17.7	26.3	8.0
Montana	6,049	15.4	15.1	9.6	3,764	5.4	18.7	13.3
Nebraska	9,606	17.2	15.7	22.4	6,633	8.4	17.0	29.3

TABLE 15, Continued

State	Total Budget (Including State and Federal Funds)				State-funded Budget			
	Dollars (millions)	Total spending as a share of total budget ¹			Dollars (millions)	State-funded spending as a share of state-funded budget ¹		
		Medicaid	Elementary and secondary education	Higher education		Medicaid	Elementary and secondary education	Higher education
Nevada	\$8,284	18.3%	21.5%	10.8%	\$5,492	10.4%	25.9%	12.8%
New Hampshire	5,466	24.9	19.0	5.0	3,394	16.6	24.9	7.4
New Jersey	47,764	21.3	24.6	7.9	34,077	11.9	28.1	10.7
New Mexico	15,246	22.1	21.1	18.0	9,817	6.9	26.0	22.6
New York	128,937	28.7	20.4	7.5	88,103	12.4	25.1	10.5
North Carolina	48,745	24.2	19.3	12.4	31,583	11.7	25.1	19.1
North Dakota	4,845	13.7	16.6	20.7	2,993	6.5	19.1	28.6
Ohio	57,640	21.3	20.2	4.9	43,404	21.4	22.0	6.5
Oklahoma	21,607	17.1	13.5	19.5	11,245	9.8	18.4	33.3
Oregon	32,554	13.1	11.6	7.1	24,176	5.0	12.6	8.8
Pennsylvania	68,108	29.6	19.8	3.3	40,439	18.5	24.1	5.4
Rhode Island	7,810	25.0	14.1	11.8	4,997	14.4	16.8	18.4
South Carolina	20,302	22.6	17.1	20.9	12,611	8.5	20.1	28.4
South Dakota	3,820	21.7	15.4	17.3	2,091	10.8	18.7	26.7
Tennessee	28,449	28.8	17.7	13.1	15,498	12.6	23.8	21.6
Texas	93,121	24.6	29.3	10.0	56,449	12.0	35.9	12.7
Utah	14,991	11.9	18.9	9.5	11,384	3.6	20.5	11.9
Vermont	4,667	25.9	33.0	2.2	2,802	13.4	48.5	3.7
Virginia	40,773	16.1	16.7	15.6	31,446	8.2	17.5	17.0
Washington	33,587	23.0	24.4	13.2	24,349	15.9	28.7	17.5
West Virginia	20,356	12.6	10.6	11.9	15,881	2.9	11.1	13.5
Wisconsin	40,086	17.1	18.1	12.3	28,554	7.4	21.5	13.5
Wyoming	7,657	7.3	11.7	5.3	6,227	3.1	12.9	6.3

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 state program administration but include Medicare Part D “clawback” payments; they also reflect a temporary increase in federal matching funds for Medicaid (see MACStats Table 14 for information).

1 Total and state-funded budget shares should be viewed with caution because they reflect varying state practices, some of which are noted by NASBO. 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, states differ in the extent to which some functions—particularly elementary and secondary education—are funded outside of the state budget by local governments.

Source: National Association of State Budget Officers (NASBO), *2010 State expenditure report: Examining fiscal 2009-2011 state spending*, Washington, DC: NASBO, 2011, <http://www.nasbo.org/sites/default/files/2010%20State%20Expenditure%20Report.pdf>

TABLE 16. National Health Expenditures by Type and Payer, 2010

Type of Expenditure	Dollars (billions)							
	Total	Medicaid	CHIP	Medicare	Private insurance	Other health insurance ¹	Other third party payers ²	Out of pocket
National health expenditures	\$2,593.6	\$401.4	\$11.7	\$524.6	\$848.7	\$84.5	\$423.2	\$299.7
Hospital	814.0	152.5	3.2	226.5	285.8	46.4	73.7	25.9
Physician and clinical	515.5	43.0	3.1	114.6	239.4	18.6	47.6	49.3
Dental	104.8	7.4	1.1	0.2	51.0	1.2	0.5	43.3
Other professional	68.4	4.9	0.2	14.4	24.8	–	6.4	17.7
Home health	70.2	26.2	0.0	31.5	4.5	0.8	2.2	5.0
Other non-durable medical products	44.8	–	–	3.0	–	–	0.0	41.8
Prescription drugs	259.1	20.2	1.6	59.5	117.0	8.6	3.4	48.8
Durable medical equipment	37.7	4.6	0.1	7.5	4.4	–	0.6	20.6
Nursing care facilities and continuing care retirement communities	143.1	45.1	0.0	31.9	12.7	4.0	8.9	40.4
Other health, residential, and personal care	128.5	67.7	0.8	4.7	6.3	1.9	40.0	7.1
Administration	176.1	29.8	1.7	30.7	102.7	2.8	8.3	–
Public health activity	82.5	–	–	–	–	–	82.5	–
Investment	149.0	–	–	–	–	–	149.0	–

TABLE 16, Continued

Type of Expenditure	Share of Total							
	Total	Medicaid	CHIP	Medicare	Private insurance	Other health insurance ¹	Other third party payers ²	Out of pocket
National health expenditures	100%	15.5%	0.4%	20.2%	32.7%	3.3%	16.3%	11.6%
Hospital	100	18.7	0.4	27.8	35.1	5.7	9.1	3.2
Physician and clinical	100	8.3	0.6	22.2	46.4	3.6	9.2	9.6
Dental	100	7.1	1.0	0.2	48.7	1.2	0.5	41.3
Other professional	100	7.1	0.2	21.1	36.4	–	9.3	25.9
Home health	100	37.3	0.0	44.9	6.4	1.2	3.1	7.1
Other non-durable medical products	100	–	–	6.7	–	–	0.0	93.3
Prescription drugs	100	7.8	0.6	23.0	45.2	3.3	1.3	18.8
Durable medical equipment	100	12.2	0.2	19.9	11.6	–	1.5	54.5
Nursing care facilities and continuing care retirement communities	100	31.5	0.0	22.3	8.9	2.8	6.3	28.3
Other health, residential, and personal care	100	52.7	0.6	3.7	4.9	1.5	31.1	5.5
Administration	100	16.9	1.0	17.4	58.3	1.6	4.7	–
Public health activity	100	–	–	–	–	–	100.0	–
Investment	100	–	–	–	–	–	100.0	–

Notes: Figures for 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 percent of nursing home expenditures and about three-quarters of other personal health care expenditures.

Other professional includes 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 includes the retail sales of non-prescription drugs and medical sundries. Durable medical equipment includes 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 includes 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. Administration category includes the administrative cost of health care programs (e.g. Medicare and Medicaid) and the net cost of private health insurance (administrative costs, as well as additions to reserves, rate credits and dividends, premium taxes, and plan profits or losses).

1 Department of Defense and Department of Veterans' Affairs.

2 Includes all other public and private programs and expenditures.

Sources: Office of the Actuary (OACT), CMS, *National health expenditures by type of service and source of funds*, January 2012, https://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp; and OACT, *National Health expenditure accounts: Methodology paper, 2010, 2012*, <http://www.cms.gov/NationalHealthExpendData/downloads/dsm-10.pdf>

TABLE 17. Historical and Projected National Health Expenditures by Payer for Selected Years, 1970–2020

	Dollars (billions)						
	Total	Medicaid and CHIP	Medicare	Private insurance	Other health insurance ¹	Other third party payers ²	Out of pocket
Historical							
1970	\$75	\$5	\$8	\$15	\$3	\$18	\$25
1975	134	13	16	30	6	30	37
1980	256	26	37	69	10	55	58
1985	445	41	72	131	15	89	96
1990	724	74	110	234	21	146	139
1995	1,027	145	184	327	27	198	146
2000	1,377	203	224	460	33	255	202
2001	1,494	228	247	503	37	270	209
2002	1,636	254	265	560	42	294	222
2003	1,774	275	282	614	49	317	237
2004	1,900	298	310	659	53	331	249
2005	2,029	317	339	703	57	351	263
2006	2,162	315	403	740	62	370	272
2007	2,297	335	432	776	66	400	287
2008	2,404	354	467	808	72	409	294
2009	2,496	386	500	829	79	408	294
2010	2,594	413	525	849	84	423	300
Projected							
2011	2,708	441	556	850	95	453	312
2012	2,824	471	566	884	103	478	322
2013	2,980	503	600	927	110	506	335
2014	3,227	603	637	1,014	118	526	330
2015	3,418	648	668	1,077	125	559	341
2016	3,632	701	707	1,141	133	597	353
2017	3,850	741	751	1,200	142	640	375
2018	4,080	790	801	1,251	151	686	400
2019	4,346	848	857	1,325	162	733	421
2020	4,638	914	922	1,402	173	783	444

TABLE 17, Continued

	Share of Total						
	Total	Medicaid and CHIP	Medicare	Private insurance	Other health insurance ¹	Other third party payers ²	Out of pocket
Historical							
1970	100%	7.1%	10.3%	20.6%	4.4%	24.2%	33.4%
1975	100	10.1	12.2	22.8	4.5	22.5	28.0
1980	100	10.2	14.6	27.0	3.8	21.6	22.8
1985	100	9.2	16.2	29.5	3.4	20.1	21.6
1990	100	10.2	15.2	32.3	3.0	20.2	19.1
1995	100	14.1	17.9	31.8	2.6	19.3	14.2
2000	100	14.8	16.3	33.4	2.4	18.5	14.7
2001	100	15.3	16.5	33.7	2.4	18.1	14.0
2002	100	15.5	16.2	34.2	2.6	17.9	13.6
2003	100	15.5	15.9	34.6	2.8	17.8	13.3
2004	100	15.7	16.3	34.7	2.8	17.4	13.1
2005	100	15.6	16.7	34.6	2.8	17.3	13.0
2006	100	14.6	18.6	34.2	2.9	17.1	12.6
2007	100	14.6	18.8	33.8	2.9	17.4	12.5
2008	100	14.7	19.4	33.6	3.0	17.0	12.2
2009	100	15.4	20.0	33.2	3.2	16.4	11.8
2010	100	15.9	20.2	32.7	3.3	16.3	11.6
Projected							
2011	100	16.3	20.5	31.4	3.5	16.7	11.5
2012	100	16.7	20.0	31.3	3.6	16.9	11.4
2013	100	16.9	20.1	31.1	3.7	17.0	11.2
2014	100	18.7	19.7	31.4	3.6	16.3	10.2
2015	100	19.0	19.5	31.5	3.7	16.3	10.0
2016	100	19.3	19.5	31.4	3.7	16.4	9.7
2017	100	19.2	19.5	31.2	3.7	16.6	9.8
2018	100	19.4	19.6	30.7	3.7	16.8	9.8
2019	100	19.5	19.7	30.5	3.7	16.9	9.7
2020	100	19.7	19.9	30.2	3.7	16.9	9.6

Note: Data reflect changes in methods, definitions, and source data that were made in a comprehensive revision in 2011. As part of the revision, CMS changed the classification structure of payers and no longer provides detail on the amount of spending by public and private source of funds in the NHE projection data, aside from what is shown here.

- 1 Department of Defense and Department of Veterans' Affairs.
- 2 Includes all other public and private programs and expenditures.

Sources: For historical data: Office of the Actuary (OACT), CMS, *National health expenditures by type of service and source of funds*, January 2012, https://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp; for projections: OACT, *National health expenditure projections 2010-2020*, July 2011, <https://www.cms.gov/NationalHealthExpendData/downloads/proj2010.pdf>; and MACPAC communication with OACT, February 2012

TABLE 18. Characteristics of Non-institutionalized Individuals by Source of Health Insurance, 2011 (millions)

	All Ages					Age 0-18				
	Total all ages	Private	Medicaid/CHIP	Medicare	Uninsured	Total age 0-18	Private	Medicaid/CHIP	Medicare	Uninsured
Health Insurance Coverage¹	305.2 million	60.5%*	16.3%	14.3%*	15.3%	78.7 million	54.4%*	36.2%	0.4%*	7.6%*
Gender (%)										
Male	49.1*	48.9*	45.0	44.1	55.0*	51.2	51.0	51.0	49.2	53.2
Female	50.9*	51.1*	55.0	55.9	45.0*	48.8	49.0	49.0	50.8	46.8
Family Income (%)²										
<100% of Poverty	15.2*	4.5*	46.6	12.3*	25.6*	21.2*	4.0*	47.1	47.2	23.8*
100 – 199% of Poverty	18.9*	10.6*	33.3	23.0*	34.0	22.8*	12.5*	36.2	†	39.3
200+% of Poverty	65.8*	84.9*	20.1	64.7*	40.4*	56.0*	83.4*	16.6	41.4*	36.9*
Race/Ethnicity (%)										
Hispanic	16.4*	9.7*	28.4	7.4*	31.3	23.2*	12.7*	34.7	44.6	39.8
White, Non-Hispanic	64.4*	74.3*	42.9	78.0*	47.5*	54.4*	69.6*	36.8	23.9	37.5
Black, Non-Hispanic	12.1*	9.2*	20.9	10.0*	13.3*	13.8*	9.1*	20.9	21.0	11.3*
Other races and multiple races	7.2	6.8	7.8	4.6*	7.8	8.6	8.6	7.5	†	11.5*
Health Status (%)										
Excellent/Very good	65.1*	71.9*	58.9	37.5*	57.4	82.1*	88.9*	73.3	78.3	75.4
Good	24.4	21.5*	25.6	33.2*	31.0*	15.8*	10.2*	23.0	†	21.6
Fair/Poor	10.5*	6.7*	15.4	29.2*	11.6*	2.1*	0.9*	3.7	†	3.1
Place of Residence (%)³										
Large MSA	53.9	54.9	50.9	46.9	54.2	54.5	56.9*	50.6	68.6	54.9
Small MSA	29.8	30.2	29.6	30.7	27.9	29.8	30.0	30.1	†	24.8
Not in MSA	16.3*	14.9*	19.5	22.4	17.9	15.7*	13.1*	19.3	†	20.2

TABLE 18, Continued

	Age 19-64					Age 65 and Over				
	Total age 19-64	Private	Medicaid/CHIP	Medicare	Uninsured	Total age 65 and over	Private	Medicaid/CHIP	Medicare	Uninsured
Health Insurance Coverage¹	187.0 million	64.4%*	9.7%	3.3%*	21.5%*	39.4 million	54.7%*	8.0%	93.8%*	1.0%*
Gender (%)										
Male	49.3*	49.0*	36.9	46.9*	55.3*	43.9*	44.8*	36.7	43.6*	51.1*
Female	50.7*	51.0*	63.1	53.1*	44.7*	56.1*	55.2*	63.3	56.4*	48.9*
Family Income (%)²										
<100% of Poverty	14.0*	4.8*	46.9	28.1*	25.9*	9.4*	3.1*	40.6	9.1*	18.3*
100 – 199% of Poverty	16.9*	9.1*	29.2	33.6*	33.4*	20.8*	15.7*	30.4	21.3*	20.3
200+ % of Poverty	69.1*	86.1*	23.9	38.3*	40.7*	69.8*	81.2*	28.9	69.6*	61.4*
Race/Ethnicity (%)										
Hispanic	15.4*	9.7*	20.2	10.4*	30.1*	7.3*	3.7*	18.4	6.6*	31.2
White, Non-Hispanic	65.4*	73.8*	50.4	63.8*	49.1	79.3*	86.9*	54.7	80.8*	36.5*
Black, Non-Hispanic	12.2*	9.7*	21.3	20.5	13.7*	8.4*	6.2*	17.9	8.1*	12.2
Other races and multiple races	7.0	6.8	8.1	5.3*	7.2	5.0*	3.2*	9.0	4.5*	20.1
Health Status (%)										
Excellent/Very good	62.9*	70.4*	42.4	14.2*	54.8*	41.5*	46.4*	23.0	41.1*	41.7*
Good	26.1*	23.2*	28.7	27.9	32.4*	34.1	34.0	31.9	34.3	30.0
Fair/Poor	11.1*	6.4*	28.9	57.9*	12.7*	24.4*	19.6*	45.1	24.6*	28.3*
Place of Residence (%)³										
Large MSA	54.8	56.0	51.1	43.9*	53.9	48.2	44.8	51.6	47.2	65.7
Small MSA	29.6	29.9	29.4	30.2	28.4	30.6	32.1	26.8	30.9	23.7
Not in MSA	15.6*	14.1*	19.4	25.9*	17.7	21.2	23.1	21.6	21.9	†

Notes:

- 1 Totals of health insurance coverage may add to more than 100 percent 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 or she did not have any private health insurance, Medicare, Medicaid/CHIP, state-sponsored or other government-sponsored health plans, or a military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.
 - 2 Poverty status is based on family size and 2010 family income. In 2010, 100 percent of poverty using Census' poverty threshold was \$17,374 for a family of three. The family income results exclude the 12 percent of respondents with unknown poverty status.
 - 3 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.
- † 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) data by the National Center for Health Statistics (NCHS) for MACPAC, January 2012; the estimates for 2011 are based on data collected from January through June, based on household interviews of a sample of the civilian non-institutionalized population

MAC Stats

TABLE 19. Income as a Percentage of the Federal Poverty Level (FPL) for Various Family Sizes, 2012

		Annual					Monthly						
States		Family size				Amount for each additional family member	States		Family size				Amount for each additional family member
		1	2	3	4			1	2	3	4		
Lower 48 states and DC	100% FPL	\$11,170	\$15,130	\$19,090	\$23,050	\$3,960	Lower 48 states and DC	100% FPL	\$931	\$1,261	\$1,591	\$1,921	\$330
	133% FPL	14,856	20,123	25,390	30,657	5,267		133% FPL	1,238	1,677	2,116	2,555	439
	150% FPL	16,755	22,695	28,635	34,575	5,940		150% FPL	1,396	1,891	2,386	2,881	495
	185% FPL	20,665	27,991	35,317	42,643	7,326		185% FPL	1,722	2,333	2,943	3,554	611
	200% FPL	22,340	30,260	38,180	46,100	7,920		200% FPL	1,862	2,522	3,182	3,842	660
	250% FPL	27,925	37,825	47,725	57,625	9,900		250% FPL	2,327	3,152	3,977	4,802	825
	300% FPL	33,510	45,390	57,270	69,150	11,880		300% FPL	2,793	3,783	4,773	5,763	990
	400% FPL	44,680	60,520	76,360	92,200	15,840		400% FPL	3,723	5,043	6,363	7,683	1,320
Alaska	100% FPL	\$13,970	\$18,920	\$23,870	\$28,820	\$4,950	Alaska	100% FPL	\$1,164	\$1,577	\$1,989	\$2,402	\$413
	133% FPL	18,580	25,164	31,747	38,331	6,584		133% FPL	1,548	2,097	2,646	3,194	549
	150% FPL	20,955	28,380	35,805	43,230	7,425		150% FPL	1,746	2,365	2,984	3,603	619
	185% FPL	25,845	35,002	44,160	53,317	9,158		185% FPL	2,154	2,917	3,680	4,443	763
	200% FPL	27,940	37,840	47,740	57,640	9,900		200% FPL	2,328	3,153	3,978	4,803	825
	250% FPL	34,925	47,300	59,675	72,050	12,375		250% FPL	2,910	3,942	4,973	6,004	1,031
	300% FPL	41,910	56,760	71,610	86,460	14,850		300% FPL	3,493	4,730	5,968	7,205	1,238
	400% FPL	55,880	75,680	95,480	115,280	19,800		400% FPL	4,657	6,307	7,957	9,607	1,650
Hawaii	100% FPL	\$12,860	\$17,410	\$21,960	\$26,510	\$4,550	Hawaii	100% FPL	\$1,072	\$1,451	\$1,830	\$2,209	\$379
	133% FPL	17,104	23,155	29,207	35,258	6,052		133% FPL	1,425	1,930	2,434	2,938	504
	150% FPL	19,290	26,115	32,940	39,765	6,825		150% FPL	1,608	2,176	2,745	3,314	569
	185% FPL	23,791	32,209	40,626	49,044	8,418		185% FPL	1,983	2,684	3,386	4,087	701
	200% FPL	25,720	34,820	43,920	53,020	9,100		200% FPL	2,143	2,902	3,660	4,418	758
	250% FPL	32,150	43,525	54,900	66,275	11,375		250% FPL	2,679	3,627	4,575	5,523	948
	300% FPL	38,580	52,230	65,880	79,530	13,650		300% FPL	3,215	4,353	5,490	6,628	1,138
	400% FPL	51,440	69,640	87,840	106,040	18,200		400% FPL	4,287	5,803	7,320	8,837	1,517

Note: The federal poverty levels (FPLs) shown here are based on the Department of Health and Human Services 2012 federal poverty *guidelines*, which differ slightly from the Census Bureau's federal poverty *thresholds*, which are used mainly for statistical purposes. The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966–1970 period.

Source: Assistant Secretary for Planning and Evaluation (ASPE), Department of Health and Human Services, *2012 HHS federal poverty guidelines*, February 2012, <http://aspe.hhs.gov/poverty/12poverty.shtml>

TABLE 20. Medicaid Supplemental Payments by State and Category, FY 2011 (millions)

See Chapter 3 of this report for a discussion of supplemental payments in the Medicaid program. All amounts in this table are as reported by states in CMS-64 data during the fiscal year to obtain federal matching funds; they include expenditures for the current fiscal year and adjustments to expenditures for prior fiscal years that may be positive or negative. These amounts exclude payments made under managed care arrangements. Amounts reported by states for any given category (e.g., inpatient hospital) sometimes show substantial annual fluctuations. **Data limitations:** CMS only began to require separate reporting of non-DSH supplemental payments in FY 2010 and is continuing to work with states to standardize this reporting. As a result, the information presented below may not reflect a consistent classification of supplemental payment spending across states. Reporting is expected to improve over time.

State	Inpatient and Outpatient Hospital ¹				Mental Health Facility ²		
	DSH payments	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	DSH payments	Total Medicaid payments	Supplemental payments as % of total
Total	\$14,349.6	\$23,239.6	\$91,894.9	40.9%	\$2,941.7	\$6,434.2	45.7%
Alabama	445.8	218.2	1,725.2	38.5	3.3	72.6	4.5
Alaska	2.6	–	308.9	0.9	12.6	30.9	40.6
Arizona	137.3	176.8	854.4	36.8	28.5	30.2	94.2
Arkansas	61.2	308.1	952.0	38.8	0.8	154.9	0.5
California	2,274.9	8,206.7	16,958.8	61.8	0.3	393.0	0.1
Colorado	185.0	686.9	1,458.9	59.8	–	5.7	–
Connecticut	98.1	0.0	873.8	11.2	103.3	180.9	57.1
Delaware	–	–	69.2	–	5.6	6.6	85.9
District of Columbia	66.2	–	428.3	15.5	7.1	20.9	34.0
Florida	241.2	981.8	4,981.2	24.6	108.9	168.1	64.8
Georgia	410.1	124.8	1,769.2	30.2	–	18.1	–
Hawaii	20.0	57.1	128.0	60.2	–	0.0	–
Idaho	24.7	20.7	514.6	8.8	–	0.3	–
Illinois	334.2	1,703.0	5,276.4	38.6	75.7	169.5	44.6
Indiana	223.9	773.8	1,518.1	65.7	102.8	156.5	65.7
Iowa	81.9	35.0	754.7	15.5	–	36.9	–
Kansas	46.8	55.7	416.9	24.6	23.1	80.0	28.8
Kentucky	165.4	190.3	1,483.8	24.0	37.4	92.1	40.7
Louisiana	501.0	568.7	2,374.7	45.0	99.2	87.6	113.3 ⁵
Maine	–	4.5	588.6	0.8	51.5	107.9	47.7
Maryland	38.0	44.1	1,021.9	8.0	50.4	195.8	25.7

TABLE 20, Continued

State	Inpatient and Outpatient Hospital ¹				Mental Health Facility ²		
	DSH payments	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	DSH payments	Total Medicaid payments	Supplemental payments as % of total
Massachusetts	–	\$956.0	\$2,586.1	37.0%	–	\$134.4	–
Michigan	\$326.8	626.9	1,628.9	58.5	\$61.1	81.2	75.2%
Minnesota	89.3	126.0	758.3	28.4	0.1	64.8	0.1
Mississippi	204.1	411.5	1,637.4	37.6	–	70.8	–
Missouri	528.2	–	2,725.0	19.4	171.4	218.1	78.6
Montana	17.0	–	261.1	6.5	–	14.9	–
Nebraska	38.5	3.2	276.7	15.1	–	24.5	–
Nevada	88.4	36.9	370.7	33.8	–	44.4	–
New Hampshire	121.1	89.6	342.2	61.6	27.5	31.9	86.5
New Jersey	912.5	65.1	1,949.9	50.1	357.4	476.8	75.0
New Mexico	28.9	116.2	452.3	32.1	0.3	4.8	5.3
New York	2,606.7	1,531.8	11,172.8	37.0	551.5	1,044.5	52.8
North Carolina	258.5	287.7	2,775.4	19.7	150.5	243.0	61.9
North Dakota	0.8	1.1	111.1	1.8	1.0	8.9	11.1
Ohio	569.5	138.1	2,105.1	33.6	93.4	628.8	14.9
Oklahoma	40.7	16.2	1,269.5	4.5	3.3	67.4	4.9
Oregon	32.9	44.9	292.4	26.6	20.0	22.5	88.7
Pennsylvania	571.4	336.1	2,098.2	43.3	297.9	375.7	79.3
Rhode Island	122.7	78.9	365.6	55.2	–	5.6	–
South Carolina	474.6	102.5	1,358.8	42.5	56.1	101.6	55.2
South Dakota	–	–	195.3	–	0.5	-21.8	-2.5 ⁷
Tennessee	139.2	792.9	949.9	98.1	–	23.9	–
Texas	1,286.6	2,901.5	7,421.0	56.4	292.5	321.1	91.1
Utah	24.0	48.0	559.0	12.9	–	15.2	–
Vermont	37.4	–	43.8	85.4	–	–	–
Virginia	189.4	161.5	1,034.6	33.9	5.9	121.8	4.8
Washington	226.7	–	1,431.5	15.8	122.1	151.0	80.9
West Virginia	54.4	156.6	516.6	40.8	18.9	102.9	18.3
Wisconsin	0.1	23.1	622.6	3.7	–	34.2	–
Wyoming	0.8	31.1	125.5	25.4	–	13.1	–

TABLE 20, Continued

State	Nursing Facility and ICF-ID ³			Physician and Other Practitioner ⁴		
	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total
Total	\$1,560.6	\$64,566.5	2.4%	\$1,125.3	\$15,420.8	7.3%
Alabama	–	934.6	–	–	346.4	–
Alaska	–	125.8	–	–	118.7	–
Arizona	–	35.5	–	–	43.5	–
Arkansas	–	783.8	–	28.1	299.9	9.4
California	78.1	5,093.9	1.5	271.0	1,408.7	19.2
Colorado	83.2	620.7	13.4	3.1	284.1	1.1
Connecticut	–	1,502.0	–	–	189.2	–
Delaware	–	209.0	–	–	22.9	–
District of Columbia	–	330.2	–	–	54.3	–
Florida	4.6	3,199.8	0.1	253.3	1,288.0	19.7
Georgia	–	1,173.9	–	–	395.0	–
Hawaii	–	9.5	–	–	6.7	–
Idaho	42.0	266.5	15.7	–	178.2	–
Illinois	–	2,278.6	–	–	956.8	–
Indiana	77.6	1,492.2	5.2	66.1	213.7	30.9
Iowa	–	854.7	–	–	262.9	–
Kansas	9.0	515.4	1.7	15.0	105.3	14.2
Kentucky	0.4	992.5	0.0	–	391.7	–
Louisiana	–	1,336.7	–	25.8	522.6	4.9
Maine	–	263.3	–	1.1	122.1	0.9
Maryland	30.2	1,076.6	2.8	–	98.0	–
Massachusetts	–	1,752.8	–	3.8	340.4	1.1
Michigan	313.0	1,730.1	18.1	167.5	333.4	50.2
Minnesota	–	947.9	–	20.0	388.4	5.2
Mississippi	14.8	1,018.1	1.5	–	314.9	–
Missouri	–	1,226.6	–	–	37.5	–
Montana	–	176.1	–	–	65.2	–
Nebraska	–	337.5	–	–	85.8	–
Nevada	–	189.4	–	3.2	99.6	3.2
New Hampshire	–	316.3	–	–	71.9	–
New Jersey	–	2,628.5	–	–	109.1	–

TABLE 20, Continued

State	Nursing Facility and ICF-ID ³			Physician and Other Practitioner ⁴		
	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total
New Mexico	–	\$28.5	–	\$13.4	\$87.8	15.3%
New York	\$295.8	11,564.4	2.6%	–	615.3	–
North Carolina	–	1,708.7	–	–	979.1	–
North Dakota	-0.5	284.9	-0.2 ⁶	–	51.4	–
Ohio	–	3,361.3	–	–	339.0	–
Oklahoma	–	623.3	–	0.0	458.0	0.0
Oregon	–	343.2	–	–	51.8	–
Pennsylvania	557.2	4,484.8	12.4	–	222.1	–
Rhode Island	–	319.2	–	–	13.2	–
South Carolina	–	668.1	–	50.4	267.5	18.8
South Dakota	–	163.3	–	–	62.0	–
Tennessee	–	355.1	–	–	27.1	–
Texas	–	3,348.2	–	85.3	2,158.1	4.0
Utah	–	227.9	–	25.4	122.7	20.7
Vermont	0.1	111.2	0.1	–	1.8	–
Virginia	–	1,119.5	–	21.2	233.7	9.1
Washington	5.2	739.3	0.7	43.0	295.3	14.6
West Virginia	–	567.6	–	28.5	159.0	17.9
Wisconsin	37.9	1,024.2	3.7	–	62.4	–
Wyoming	12.0	105.6	11.4	–	58.6	–

Notes: Includes federal and state funds. Excludes payments made under managed care arrangements.

- 1 Includes inpatient, outpatient, critical access hospital, and emergency hospital categories in the CMS-64 data. The CMS-64 instructions to states note that disproportionate share hospital (DSH) payments are those made in accordance with Section 1923 of the Social Security Act. Non-DSH supplemental payments are described in the CMS-64 instructions as those made in addition to the standard fee schedule or other standard payment for a given service. They include payments made under institutional upper payment limit rules and payments to hospitals for graduate medical education.
- 2 Includes inpatient psychiatric services for individuals under age 21 and inpatient hospital or nursing facility services for individuals age 65 or older in an institution for mental diseases. The CMS-64 instructions to states note that disproportionate share hospital (DSH) payments are those made in accordance with Section 1923 of the Social Security Act. States are not instructed to break out non-DSH supplemental payments for mental health facilities.
- 3 Only two states (North Dakota and Wisconsin) reported supplemental payments to intermediate care facilities for persons with intellectual disabilities (ICFs-ID). The CMS-64 instructions to states describe non-DSH supplemental payments as those are made in addition to the standard fee schedule or other standard payment for a given service, including payments made under institutional upper payment limit rules.
- 4 Includes the physician and other practitioner categories in CMS-64 data; excludes additional categories (e.g., dental, nurse midwife, nurse practitioner) for which states are not instructed to break out supplemental payments. The CMS-64 instructions to states describe supplemental payments as those that are made in addition to the standard fee schedule payment. Unlike for institutional providers, there is not a regulatory upper payment limit for physicians and other practitioners.
- 5 Louisiana reported negative regular (i.e., non-DSH) mental health facility payments that led total Medicaid payments for this category to be less than the amount of DSH payments, creating a percentage over 100 percent.
- 6 North Dakota reported negative non-DSH supplemental payments for ICFs-ID, creating a negative percentage.
- 7 South Dakota reported negative regular (i.e., non-DSH) mental health facility payments that led total Medicaid payments for this category to be negative, creating a negative percentage.

Sources: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data from CMS as of February 2012, and MACPAC communication with CMS, February 2012

TABLE 21. Federal CHIP Allotments, FY 2011 and FY 2012 (millions)

For even-numbered years (e.g., FY 2012), federal CHIP allotments are calculated as the sum of last year's allotment and any shortfall payments (e.g., contingency funds), increased by a state-specific growth factor. For even-numbered years, a state can also have its allotment increased to reflect a CHIP eligibility or benefits expansion; some states have applied for these allotment increases, but CMS has not named them nor finalized their additional allotment amounts, if any.

State	FY 2011 CHIP Allotments	FY 2011 Contingency Fund Payments	Total	FY 2012 Allotment Increase Factor	FY 2012 Federal CHIP Allotments
A	B	C	D = B + C	E	F = D x E
Alabama	\$135.4	–	\$135.4	1.0436	\$141.4
Alaska	19.8	–	19.8	1.0593	21.0
Arizona	61.5	–	61.5	1.0516	64.6
Arkansas	90.9	–	90.9	1.0497	95.4
California	1,254.9	–	1,254.9	1.0473	1,314.3
Colorado	123.5	–	123.5	1.0560	130.4
Connecticut	31.3	–	31.3	1.0436	32.7
Delaware	13.6	–	13.6	1.0436	14.2
District of Columbia	12.0	–	12.0	1.0519	12.6
Florida	324.9	–	324.9	1.0460	339.8
Georgia	239.4	–	239.4	1.0481	250.9
Hawaii	33.3	–	33.3	1.0465	34.8
Idaho	36.2	–	36.2	1.0480	37.9
Illinois	273.2	–	273.2	1.0436	285.1
Indiana	94.5	–	94.5	1.0436	98.7
Iowa	75.5	\$28.9	104.4	1.0442	109.0
Kansas	55.9	–	55.9	1.0520	58.8
Kentucky	129.6	–	129.6	1.0453	135.5
Louisiana	186.0	–	186.0	1.0493	195.2
Maine	35.5	–	35.5	1.0436	37.0
Maryland	168.8	–	168.8	1.0445	176.3
Massachusetts	317.0	–	317.0	1.0436	330.8
Michigan	121.0	–	121.0	1.0436	126.2
Minnesota	20.5	–	20.5	1.0436	21.4
Mississippi	160.6	–	160.6	1.0436	167.7
Missouri	112.7	–	112.7	1.0436	117.6
Montana	38.5	–	38.5	1.0436	40.1
Nebraska	38.9	–	38.9	1.0518	41.0
Nevada	24.1	–	24.1	1.0436	25.1
New Hampshire	12.8	–	12.8	1.0436	13.4
New Jersey	592.2	–	592.2	1.0436	618.0
New Mexico	245.5	–	245.5	1.0536	258.7
New York	525.8	–	525.8	1.0436	548.8

TABLE 21, Continued

State	FY 2011 CHIP Allotments	FY 2011 Contingency Fund Payments	Total	FY 2012 Allotment Increase Factor	FY 2012 Federal CHIP Allotments
A	B	C	D = B + C	E	F = D x E
North Carolina	\$382.3	–	\$382.3	1.0494	\$401.2
North Dakota	15.3	–	15.3	1.0528	16.1
Ohio	278.0	–	278.0	1.0436	290.1
Oklahoma	120.4	–	120.4	1.0538	126.9
Oregon	91.1	–	91.1	1.0467	95.4
Pennsylvania	321.8	–	321.8	1.0436	335.9
Rhode Island	30.3	–	30.3	1.0436	31.7
South Carolina	98.0	–	98.0	1.0453	102.5
South Dakota	20.1	–	20.1	1.0524	21.1
Tennessee	134.2	–	134.2	1.0440	140.1
Texas	832.7	–	832.7	1.0599	882.6
Utah	63.9	–	63.9	1.0611	67.8
Vermont	5.8	–	5.8	1.0436	6.0
Virginia	175.2	–	175.2	1.0500	184.0
Washington	45.4	–	45.4	1.0497	47.6
West Virginia	41.3	–	41.3	1.0436	43.1
Wisconsin	102.7	–	102.7	1.0436	107.2
Wyoming	10.0	–	10.0	1.0455	10.4
Subtotal	\$8,373.7	\$28.9	\$8,402.6	–	\$8,804.0
American Samoa	0.9	–	0.9	1.0436	1.0
Guam	4.2	–	4.2	1.0436	4.4
N. Mariana Islands	0.9	–	0.9	1.0436	0.9
Puerto Rico	99.6	–	99.6	1.0436	103.9
Virgin Islands	0.0	–	0.0	1.0436	0.0
Total	\$8,479.3	\$28.9	\$8,508.2	–	\$8,914.1

Source: MACPAC Communication with Centers for Medicare & Medicaid Services, October 2011

TABLE 22. Federal CHIPRA Bonus Payments (millions)

State	FY 2009 CHIPRA bonus payments	FY 2010 CHIPRA bonus payments	Preliminary FY 2011 CHIPRA bonus payments	FY 2011 Outreach and Enrollment Efforts Among States Receiving CHIPRA Bonus Payments							
				12 Months of continuous eligibility	Liberalization of asset requirements	Elimination of in-person interview	Joint application and renewal form	Automatic, administrative, renewal	Presumptive eligibility	Express lane	Premium assistance
AL ¹	\$1.5	\$5.7	\$19.8	✓	✓	✓	✓	✓	–	–	–
AK	0.7	4.9	5.7	✓	✓	✓	✓	✓	–	–	–
CO	–	18.2	26.1	–	✓	✓	✓	–	✓	–	✓
CT	–	–	5.2	–	✓	✓	✓	✓	✓	–	–
GA	–	–	5.0	–	✓	✓	✓	–	–	✓	✓
ID	–	0.9	1.3	✓	✓	✓	✓	✓	–	–	–
IL	9.5	15.3	15.1	✓	✓	✓	✓	✓	✓	–	–
IA	–	7.7	9.6	✓	✓	✓	✓	–	✓	✓	–
KS	1.2	5.5	5.9	✓	✓	✓	✓	–	✓	–	–
LA	1.5	3.7	1.9	✓	✓	✓	✓	✓	–	–	–
MD	–	11.4	28.3	–	✓	✓	✓	✓	–	✓	–
MI	4.7	8.4	5.9	✓	✓	✓	✓	–	✓	–	–
MT	–	–	6.5	✓	✓	✓	✓	–	✓	–	–
NJ	3.1	8.8	16.8	–	✓	✓	✓	✓	✓	✓	–
NM	5.4	9.0	5.0	✓	✓	✓	✓	✓	✓	–	–
NC	–	–	21.1	✓	✓	✓	✓	✓	–	–	–
ND	–	–	3.2	✓	✓	✓	✓	✓	–	–	–
OH	–	13.1	21.0	✓	✓	✓	✓	–	✓	–	–
OR	1.6	10.6	22.5	✓	✓	✓	✓	✓	–	✓	–
SC	–	–	2.4	✓	✓	✓	✓	–	–	✓	–
VA	–	–	26.7	–	✓	✓	✓	✓	–	–	✓
WA	7.9	20.7	17.0	✓	✓	✓	✓	–	–	–	✓
WI	–	23.4	24.5	–	✓	✓	✓	✓	–	–	✓
Total	\$37.1	\$167.2	\$296.5	16	23	23	23	14	10	6	5

Note: Each of these outreach and enrollment efforts are described in the Commission's March 2011 Report to the Congress (pp. 68–69). Some FY 2009 and FY 2010 bonus payments have been revised based on final enrollment figures.

¹ Originally, Alabama's bonus payments were \$40 million for FY 2009 and \$55 million for FY 2010. A preliminary audit conducted by CMS and the state revealed an error in the state's calculation of qualifying children. The FY 2009 and FY 2010 amounts in the table reflect the adjusted results from that preliminary audit.

Sources: Department of Health and Human Services (HHS), *Connecting kids to coverage: Steady growth, new innovation—2011 CHIPRA annual report*, Appendix 3, <http://www.insurekidsnow.gov/chipraannualreport.pdf>; and HHS, *FY 2011 CHIPRA performance bonus awards*, December 2011, <http://www.insurekidsnow.gov/professionals/eligibility/pb-2011-chart.pdf>