



MACStats: Medicaid and CHIP Program Statistics

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Overview

MACStats, a standing section in all Commission reports to the Congress, presents data and information on the Medicaid and CHIP programs that otherwise can be difficult to find and are spread across multiple sources. In this report, MACStats includes state-specific information about program enrollment, spending, eligibility levels, and federal medical assistance percentages (FMAPs). It also details benefits and permissible cost sharing under Medicaid, and the dollar amounts of common federal poverty levels (FPLs) used to determine eligibility for Medicaid and CHIP. In addition, it provides information that places these programs in the broader context of state budgets and national health expenditures.

Key points in this report include:

- ▶ Total Medicaid spending grew by only about 1 percent in fiscal year (FY) 2012, reaching \$435.5 billion (Table 6). Total CHIP spending grew by less than 2 percent, reaching \$12.2 billion (Table 8).
- ▶ Enrollment growth was also low. The number of individuals ever covered by Medicaid grew by less than 2 percent, from an estimated 71.7 million in FY 2011 to 72.6 million in FY 2012 (MACPAC communication with CMS Office of the Actuary; includes about one million individuals in the U.S. territories). CHIP enrollment grew from 8.2 million to 8.4 million (Table 3).
- ▶ Although there was little growth in total Medicaid spending in FY 2012, federal Medicaid spending decreased and state spending increased (Table 6). This is due in part to the expiration of a temporary increase in FMAPs that was in place through the third quarter of FY 2011 (Table 14).
- ▶ Medicaid as a share of state budgets varies depending on how it is measured (Table 15). Looking only at the state-funded portion of state budgets (that is, the portion financed from their own revenues), Medicaid's share was 13.4 percent in state fiscal year (SFY) 2011. After including federal funds in state budgets, a typical practice in other data sources, Medicaid's share was 23.7 percent in SFY 2011.
- ▶ The Medicaid and CHIP programs together accounted for 15.5 percent of national health expenditures in calendar year 2011, and their share is projected to reach 20 percent in the next decade (Tables 16 and 17).
- ▶ Few states changed income eligibility levels for Medicaid and CHIP in 2012 (Tables 9 through 11). This is due in part to a Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) provision that currently prohibits states from restricting their coverage, with an exception for adults above 133 percent FPL in states with a budget deficit.

TABLE 1. Medicaid and CHIP Enrollment as a Percentage of the U.S. Population, 2012

Medicaid and CHIP Enrollment	Administrative Data		Survey Data (NHIS)
	Ever enrolled during the year	Point in time	Point in time
Medicaid	71.6 million ¹	56.5 million ¹	Not available
CHIP	8.4 million	5.7 million	Not available
Totals for Medicaid and CHIP	80.0 million ¹	62.2 million ¹	50.5 million

U.S. Population	Census Bureau		Survey Data (NHIS)
	314.9 million	313.8 million	307.9 million, excluding active-duty military and individuals in institutions

Medicaid and CHIP Enrollment as a Percentage of U.S. Population			
	25.4%	19.8%	16.4%

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 FY 2012 (October 2011 through September 2012). 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 (e.g., individuals may move and be enrolled in two states' Medicaid programs during the year). National Health Interview Survey (NHIS) data are based on interviews conducted between January and June 2012. 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 2012 (the month with the largest count); the number of residents ever living in the United States during the year is not available. The Census Bureau point-in-time number is the average estimated monthly number of U.S. residents for 2012.

For a more detailed discussion of why Medicaid and CHIP enrollment numbers can vary, see Table 1 in MACPAC's March 2012 MACStats. As indicated here, reasons include differences in the sources of data (e.g., administrative records versus survey interviews), the individuals included in the data (e.g., those receiving full versus limited benefits, those who are living in the community versus an institution such as a nursing home), and the enrollment period examined (e.g., ever during the year versus at a point in time).

¹ Excludes about one million individuals in the U.S. territories.

Sources: MACPAC analysis based on the following: MACPAC communication with Office of the Actuary, Centers for Medicare & Medicaid Services; analysis of NHIS by the National Center for Health Statistics for MACPAC (see MACStats Table 18); CHIP Statistical Enrollment Data System (SEDS) data (see MACStats Table 3); and Bureau of the Census, *Population estimates, national totals: Vintage 2012*. <http://www.census.gov/popest/data/national/totals/2012/index.html>

TABLE 2. Medicaid Enrollment by State and Selected Characteristics, FY 2010 (thousands)

State	Basis of Eligibility ¹			All dual eligibles			Dual Eligible Status ²				
	Total	Child	Adult	Disabled	Aged	Total	Age 65+	Total	Age 65+	Total	Age 65+
Total	65,804	31,705	18,282	9,541	6,276	9,736	5,807	7,361	4,406	2,375	1,369
Alabama	1,016	509	176	212	118	206	116	97	51	109	65
Alaska	126	70	31	17	9	14	8	14	7	0	0
Arizona	1,531	682	618	136	96	153	89	119	65	34	24
Arkansas	699	364	119	146	70	125	67	70	42	55	26
California	11,335	4,341	4,953	1,026	1,015	1,262	888	1,231	864	31	24
Colorado ³	632	375	113	88	57	85	51	70	41	15	9
Connecticut	712	316	231	73	92	133	87	79	46	54	41
Delaware	225	92	94	25	14	26	14	12	7	14	7
District of Columbia	213	81	78	37	17	26	15	20	12	6	4
Florida	3,703	1,891	771	571	470	676	440	369	255	307	186
Georgia	1,870	1,107	304	285	173	272	160	138	81	135	79
Hawaii	261	108	101	27	25	35	24	31	21	4	2
Idaho ³	223	137	30	39	17	32	16	22	11	10	5
Illinois	2,780	1,490	771	306	213	346	195	307	170	39	25
Indiana	1,174	648	262	174	90	166	81	106	57	60	24
Iowa	555	261	169	81	43	86	43	71	33	15	10
Kansas	394	223	57	77	38	68	35	48	26	20	9
Kentucky	907	434	145	233	96	185	94	110	57	75	37
Louisiana	1,177	612	229	222	114	191	111	109	62	81	50
Maine ³	352	124	105	62	61	98	60	54	26	44	34
Maryland	952	454	277	145	76	120	68	80	45	40	23
Massachusetts	1,654	483	735	268	168	270	143	248	122	22	21
Michigan	2,257	1,175	587	353	142	275	131	240	113	35	18
Minnesota	936	444	265	131	97	143	77	129	69	14	9
Mississippi	772	400	116	167	89	158	89	83	49	74	40
Missouri ³	1,033	545	190	203	94	181	90	164	81	17	9
Montana	133	76	22	23	13	24	13	16	9	8	4
Nebraska	250	144	45	38	23	41	21	38	19	3	2
Nevada	340	203	67	44	27	45	27	23	15	22	12

TABLE 2, Continued

State	Basis of Eligibility ¹				Dual Eligible Status ²						
	Total	Child	Adult	Disabled	Aged	All dual eligibles		Dual eligibles with limited benefits			
						Total	Age 65+	Total	Age 65+		
New Hampshire	167	99	24	29	16	33	15	22	10	10	5
New Jersey	1,026	567	132	175	151	210	139	183	120	27	19
New Mexico	576	348	116	70	43	70	42	39	24	30	18
New York	5,570	2,095	2,180	678	618	797	541	694	462	103	79
North Carolina	1,876	982	391	319	184	324	180	253	139	71	41
North Dakota	82	44	18	12	9	16	9	13	7	3	2
Ohio	2,246	1,114	562	388	181	326	164	222	118	104	47
Oklahoma	829	460	181	121	67	120	64	99	53	21	12
Oregon	644	323	167	97	58	100	56	65	38	35	18
Pennsylvania	2,417	1,079	502	594	241	415	226	348	185	68	41
Rhode Island	205	92	43	41	29	42	24	36	21	6	4
South Carolina	909	463	208	154	84	155	84	135	72	20	12
South Dakota	131	77	22	19	13	22	13	14	8	8	4
Tennessee	1,502	780	312	268	143	269	140	157	79	111	61
Texas	4,844	3,098	665	635	447	666	436	421	282	245	154
Utah	352	204	89	43	16	32	15	29	13	4	2
Vermont	196	68	82	24	22	36	22	28	16	8	6
Virginia	1,007	551	169	177	110	184	104	124	73	60	30
Washington	1,353	759	291	206	97	172	93	129	74	43	20
West Virginia	430	204	64	119	42	84	42	51	26	33	16
Wisconsin ³	1,139	452	392	152	143	213	139	195	128	18	12
Wyoming	87	57	14	11	6	11	6	7	4	4	2

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 70.7 million for FY 2011 and 71.6 million for FY 2012. These FY 2011-FY 2012 figures exclude about one million enrollees in the territories (MACPAC communication with CMS Office of the Actuary, February 2013).

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; those with limited benefits only receive Medicaid assistance with Medicare premiums and cost sharing.

³ FY 2010 data were unavailable (Colorado, Idaho, Missouri, Wisconsin) or did not reliably break out CHIP enrollees (Maine); for these states, FY 2009 data are shown instead.

Source: MACPAC analysis of Medicaid Statistical Information System (MSIS) annual person summary (APS) data from the Centers for Medicare & Medicaid Services as of February 2013

TABLE 3. CHIP Enrollment by State, FY 2012

State	Program Type ¹ (as of January 14, 2013)	Medicaid expansion	Children Separate CHIP	Total children enrolled	Parents	Adults Pregnant women	Total adults enrolled	Total CHIP Enrollment
Total	-	2,357,451	5,785,723	8,143,174	208,502	9,665	218,167	8,361,341
Alabama	Separate	-	112,972	112,972	-	-	-	112,972
Alaska	Medicaid Expansion	13,499	-	13,499	-	-	-	13,499
Arizona	Separate	-	35,679	35,679	-	-	-	35,679
Arkansas	Combination	110,905	3,151	114,056	10,238	-	10,238	124,294
California	Combination	439,892	1,344,140	1,784,032	-	-	-	1,784,032
Colorado	Separate	-	126,169	126,169	-	4,873	4,873	131,042
Connecticut	Separate	-	19,986	19,986	-	-	-	19,986
Delaware	Combination	88	12,762	12,850	-	-	-	12,850
District of Columbia	Medicaid Expansion	7,293	-	7,293	-	-	-	7,293
Florida	Combination	1,047	413,980	415,027	-	-	-	415,027
Georgia	Separate	-	258,425	258,425	-	-	-	258,425
Hawaii	Medicaid Expansion	33,764	-	33,764	-	-	-	33,764
Idaho	Combination	20,948	24,984	45,932	392	-	392	46,324
Illinois	Combination	169,021	178,883	347,904	-	-	-	347,904
Indiana	Combination	107,349	46,913	154,262	-	-	-	154,262
Iowa	Combination	21,252	59,202	80,454	-	-	-	80,454
Kansas	Separate	-	64,229	64,229	-	-	-	64,229
Kentucky	Combination	52,032	33,299	85,331	-	-	-	85,331
Louisiana	Combination	141,502	9,170	150,672	-	-	-	150,672
Maine	Combination	24,818	11,506	36,324	-	-	-	36,324
Maryland	Medicaid Expansion	131,898	-	131,898	-	-	-	131,898
Massachusetts	Combination	66,378	78,825	145,203	-	-	-	145,203
Michigan	Combination	15,670	65,759	81,429	-	-	-	81,429
Minnesota	Combination	126	3,978	4,104	-	-	-	4,104
Mississippi	Separate	-	93,257	93,257	-	-	-	93,257
Missouri	Combination	55,311	37,484	92,795	-	-	-	92,795
Montana	Combination	-	28,570	28,570	-	-	-	28,570
Nebraska	Combination	55,568	698	56,266	-	-	-	56,266

TABLE 3, Continued

State	Program Type ¹ (as of January 14, 2013)	Medicaid expansion	Children Separate CHIP	Total children enrolled	Parents	Adults Pregnant women	Total adults enrolled	Total CHIP Enrollment
Nevada ²	Combination	—	29,854	29,854	—	—	—	29,854
New Hampshire	Medicaid Expansion	11,437	—	11,437	—	—	—	11,437
New Jersey	Combination	85,042	116,375	201,417	182,073	312	182,385	383,802
New Mexico	Medicaid Expansion	9,582	—	9,582	15,799	—	15,799	25,381
New York	Combination	—	547,671	547,671	—	—	—	547,671
North Carolina	Combination	59,066	200,912	259,978	—	—	—	259,978
North Dakota	Combination	2,292	5,371	7,663	—	—	—	7,663
Ohio ³	Medicaid Expansion	280,650	—	280,650	—	—	—	280,650
Oklahoma	Combination	118,937	6,952	125,889	—	—	—	125,889
Oregon	Separate	—	121,962	121,962	—	—	—	121,962
Pennsylvania	Separate	—	271,642	271,642	—	—	—	271,642
Rhode Island	Combination	25,028	1,940	26,968	—	379	379	27,347
South Carolina	Medicaid Expansion	75,281	—	75,281	—	—	—	75,281
South Dakota	Combination	13,141	4,287	17,428	—	—	—	17,428
Tennessee	Combination	26,058	75,485	101,543	—	—	—	101,543
Texas	Separate	—	999,838	999,838	—	—	—	999,838
Utah	Separate	—	65,983	65,983	—	—	—	65,983
Vermont	Separate	—	7,570	7,570	—	—	—	7,570
Virginia	Combination	89,506	100,455	189,961	—	4,101	4,101	194,062
Washington	Separate	—	42,614	42,614	—	—	—	42,614
West Virginia	Separate	—	37,807	37,807	—	—	—	37,807
Wisconsin	Combination	93,070	76,269	169,339	—	—	—	169,339
Wyoming	Separate	—	8,715	8,715	—	—	—	8,715

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 shown in the table 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.

2 Effective November 30, 2011, Nevada no longer covers pregnant women and parents with CHIP allotments due to funding constraints. The state did not provide enrollment data for CHIP-funded adults in FY 2012.

3 Ohio data are from FY 2011.

Sources: For numbers of children: MACPAC analysis of CHIP Statistical Enrollment Data System (SEDS) data from Centers for Medicare & Medicaid Services (CMS) as of February 22, 2013. For numbers of adults: CMS analysis for MACPAC of SEDS as of January 30, 2013. For CHIP program type: CMS, *Children's Health Insurance Program plan activity as of January 14, 2013*. <http://www.medicare.gov/CHIP/Downloads/CHIPMap-01-14-13.pdf>

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		CHIP-Financed Children (Medicaid-expansion and Separate CHIP Coverage)					
	All incomes	At or below 200% FPL	From 200% through 250% FPL	Above 250% FPL	Percentage	Number	Percentage	children
Total	36,116,614	7,212,683	735,209	195,282	9.0%	195,282	2.4%	8,143,174
Alabama ²	866,094	91,507	15,128	6,337	13.4	6,337	5.6	112,972
Alaska	84,926	13,499	-	-	-	-	-	13,499
Arizona	931,500	35,679	-	-	-	-	-	35,679
Arkansas	407,464	114,056	-	-	-	-	-	114,056
California	4,540,732	1,509,506	260,778	13,748	14.6	13,748	0.8	1,784,032
Colorado	484,882	103,468	22,701	-	18.0	-	-	126,169
Connecticut	313,245	11,587	2,350	6,049	11.8	6,049	30.3	19,986
Delaware	89,544	12,850	-	-	-	-	-	12,850
District of Columbia	92,484	-	-	7,293	-	7,293	100.0	7,293
Florida	2,055,426	415,027	-	-	-	-	-	415,027
Georgia	1,163,759	226,595	31,830	-	12.3	-	-	258,425
Hawaii	150,120	28,992	3,540	1,232	10.5	1,232	3.6	33,764
Idaho	208,877	45,932	-	-	-	-	-	45,932
Illinois	2,309,875	347,904	-	-	-	-	-	347,904
Indiana	699,362	139,972	14,290	-	9.3	-	-	154,262
Iowa	314,863	67,312	1,848	11,294	2.3	11,294	14.0	80,454
Kansas	229,947	59,668	3,804	757	5.9	757	1.2	64,229
Kentucky	483,119	85,331	-	-	-	-	-	85,331
Louisiana	672,626	145,628	5,044	-	3.3	-	-	150,672
Maine ³	176,607	36,324	-	-	-	-	-	36,324
Maryland	475,033	39,250	87,373	5,275	66.2	5,275	4.0	131,898
Massachusetts	507,107	114,756	19,619	10,828	13.5	10,828	7.5	145,203
Michigan	1,204,841	81,429	-	-	-	-	-	81,429
Minnesota	499,857	3,907	53	144	1.3	144	3.5	4,104
Mississippi	457,446	93,257	-	-	-	-	-	93,257
Missouri	564,583	79,766	9,151	3,878	9.9	3,878	4.2	92,795
Montana	78,211	28,570	-	-	-	-	-	28,570
Nebraska	167,003	56,266	-	-	-	-	-	56,266
Nevada	246,929	28,228	1,235	391	4.1	391	1.3	29,854
New Hampshire	94,517	2,373	5,743	3,321	50.2	3,321	29.0	11,437

TABLE 4, Continued

State	Medicaid-Financed Children ¹		CHIP-Financed Children (Medicaid-expansion and Separate CHIP Coverage)						
	All incomes	At or below 200% FPL	Number	Percentage	From 200% through 250% FPL	Above 250% FPL	Number	Percentage	CHIP-Financed children
New Jersey	659,379	153,511	153,511	76.2%	27,339	13.6%	20,567	10.2%	201,417
New Mexico	381,116	3,345	3,345	34.9	6,237	65.1	-	-	9,582
New York	2,209,544	382,831	382,831	69.9	92,151	16.8	72,689	13.3	547,671
North Carolina	1,151,887	253,815	253,815	97.6	3,819	1.5	2,344	0.9	259,978
North Dakota	50,037	7,663	7,663	100.0	-	-	-	-	7,663
Ohio ⁴	1,214,287	280,650	280,650	100.0	-	-	-	-	280,650
Oklahoma	548,190	85,445	85,445	67.9	40,444	32.1	-	-	125,889
Oregon	399,823	110,918	110,918	90.9	7,711	6.3	3,333	2.7	121,962
Pennsylvania	1,310,974	231,392	231,392	85.2	28,700	10.6	11,550	4.3	271,642
Rhode Island	110,930	23,460	23,460	87.0	3,508	13.0	-	-	26,968
South Carolina	551,620	72,977	72,977	96.9	1,744	2.3	560	0.7	75,281
South Dakota ²	47,387	17,428	17,428	100.0	-	-	-	-	17,428
Tennessee	761,274	89,226	89,226	87.9	12,317	12.1	-	-	101,543
Texas	3,518,832	999,838	999,838	100.0	-	-	-	-	999,838
Utah	281,386	65,983	65,983	100.0	-	-	-	-	65,983
Vermont	72,929	-	-	-	3,707	49.0	3,863	51.0	7,570
Virginia	637,131	189,961	189,961	100.0	-	-	-	-	189,961
Washington	775,909	12,880	12,880	30.2	19,905	46.7	9,829	23.1	42,614
West Virginia	260,672	34,874	34,874	92.2	2,933	7.8	-	-	37,807
Wisconsin	543,478	169,132	169,132	99.9	207	0.1	-	-	169,339
Wyoming	58,850	8,715	8,715	100.0	-	-	-	-	8,715

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 2013, 200 percent of the federal poverty level (FPL) is \$22,980 for an individual and \$8,040 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) data found that 99.5 percent of Medicaid-financed children were at or below 200 percent FPL.

2 Alabama data for Medicaid-financed children are from FY 2011.

3 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.

4 Ohio data are from FY 2011.

Source: MACPAC analysis of CHIP Statistical Enrollment Data System (SEDS) data from the Centers for Medicare & Medicaid Services as of February 22, 2013

TABLE 5. Child Enrollment in Separate CHIP Programs by State and Managed Care Participation, FY 2012

State	Total ¹	Managed Care		Fee for Service		Primary Care Case Management	
		Number	Percentage	Number	Percentage	Number	Percentage
Total	5,785,723	4,683,387	80.9%	892,513	15.4%	209,823	3.6%
Alabama	112,972	-	-	112,972	100.0	-	-
Alaska	-	-	-	-	-	-	-
Arizona	35,679	34,228	95.9	1,451	4.1	-	-
Arkansas	3,151	-	-	3,151	100.0	-	-
California	1,344,140	1,199,936	89.3	144,204	10.7	-	-
Colorado	126,169	126,169	100.0	-	-	-	-
Connecticut	19,986	-	-	19,986	100.0	-	-
Delaware	12,762	12,481	97.8	-	-	281	2.2
District of Columbia	-	-	-	-	-	-	-
Florida	413,980	400,458	96.7	5,016	1.2	8,506	2.1
Georgia	258,425	244,241	94.5	14,184	5.5	-	-
Hawaii	-	-	-	-	-	-	-
Idaho	24,984	-	-	-	-	24,984	100.0
Illinois	178,883	5,937	3.3	43,269	24.2	129,677	72.5
Indiana	46,913	41,575	88.6	5,338	11.4	-	-
Iowa	59,202	59,202	100.0	-	-	-	-
Kansas	64,229	64,180	99.9	49	0.1	-	-
Kentucky	33,299	32,748	98.3	188	0.6	363	1.1
Louisiana	9,170	244	2.7	8,713	95.0	213	2.3
Maine	11,506	-	-	3,795	33.0	7,711	67.0
Maryland	-	-	-	-	-	-	-
Massachusetts	78,825	28,374	36.0	28,712	36.4	21,739	27.6
Michigan	65,759	64,061	97.4	1,698	2.6	-	-
Minnesota	3,978	3,379	84.9	599	15.1	-	-
Mississippi	93,257	93,257	100.0	-	-	-	-
Missouri	37,484	14,748	39.3	22,736	60.7	-	-
Montana	28,570	-	-	28,570	100.0	-	-
Nebraska	698	-	-	698	100.0	-	-

TABLE 5, Continued

State	Total ¹		Managed Care		Fee for Service		Primary Care Case Management	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Nevada	29,854	86.9%	25,958	86.9%	3,896	13.1%	-	-
New Hampshire	-	-	-	-	-	-	-	-
New Jersey	116,375	97.6	113,570	97.6	2,805	2.4	-	-
New Mexico	-	-	-	-	-	-	-	-
New York	547,671	99.8	546,821	99.8	850	0.2	-	-
North Carolina	200,912	-	-	-	200,912	100.0	-	-
North Dakota	5,371	-	-	-	-	-	5,371	100.0%
Ohio	-	-	-	-	-	-	-	-
Oklahoma	6,952	-	-	-	6,952	100.0	-	-
Oregon	121,962	39.5	48,198	39.5	73,316	60.1	448	0.4
Pennsylvania	271,642	100.0	271,642	100.0	-	-	-	-
Rhode Island	1,940	100.0	1,940	100.0	-	-	-	-
South Carolina	-	-	-	-	-	-	-	-
South Dakota	4,287	-	-	-	1,373	32.0	2,914	68.0
Tennessee	75,485	-	-	-	75,485	100.0	-	-
Texas	999,838	100.0	999,838	100.0	-	-	-	-
Utah	65,983	100.0	65,983	100.0	-	-	-	-
Vermont	7,570	-	-	-	527	7.0	7,043	93.0
Virginia	100,455	87.0	87,346	87.0	12,715	12.7	394	0.4
Washington	42,614	60.7	25,871	60.7	16,564	38.9	179	0.4
West Virginia	37,807	-	-	-	37,807	100.0	-	-
Wisconsin	76,269	81.7	62,287	81.7	13,982	18.3	-	-
Wyoming	8,715	100.0	8,715	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 (FFS), 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 FFS 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.

Source: MACPAC analysis of CHIP Statistical Enrollment Data System (SEDS) data from the Centers for Medicare & Medicaid Services as of February 22, 2013

TABLE 6. Medicaid Spending by State, Category, and Source of Funds, FY 2012 (millions)

State ¹	Benefits		State Program Administration		Total Medicaid	
	Total	Federal	State	Total	Federal	State
Alabama	\$4,981	\$3,436	\$1,545	\$222	\$153	\$68
Alaska	1,323	772	551	117	82	36
Arizona	7,903	5,452	2,451	264	187	77
Arkansas	4,105	2,908	1,197	257	166	91
California	48,884	25,011	23,873	4,387	2,511	1,876
Colorado	4,686	2,350	2,336	230	138	92
Connecticut	6,463	3,226	3,237	233	139	93
Delaware	1,484	806	678	88	60	29
District of Columbia	2,099	1,467	632	125	77	48
Florida	17,794	9,974	7,820	853	561	291
Georgia	8,299	5,488	2,811	496	331	165
Hawaii	1,451	727	724	61	36	25
Idaho	1,420	992	428	96	58	39
Illinois	13,216	6,648	6,569	779	457	322
Indiana	7,450	4,987	2,463	441	277	164
Iowa	3,417	2,081	1,336	157	109	48
Kansas	2,634	1,496	1,138	201	135	66
Kentucky	5,565	3,962	1,603	194	132	62
Louisiana	7,057	4,880	2,177	297	197	100
Maine	2,370	1,502	867	195	150	45
Maryland	7,564	3,791	3,774	340	207	133
Massachusetts	12,661	6,313	6,348	665	419	247
Michigan	12,377	8,210	4,168	564	351	213
Minnesota	8,661	4,363	4,298	343	180	162
Mississippi	4,432	3,300	1,133	186	138	48
Missouri	8,621	5,491	3,129	384	252	132
Montana	966	653	313	65	43	23
Nebraska	1,676	952	724	116	72	44
Nevada	1,731	979	751	101	66	36
New Hampshire	1,174	592	583	76	45	31
New Jersey	10,263	5,136	5,127	708	431	277
New Mexico	3,420	2,410	1,010	184	131	53
New York	51,477	25,795	25,683	1,596	974	622
North Carolina	12,074	7,890	4,184	802	528	274
North Dakota	732	409	323	56	36	19
Ohio	16,242	10,404	5,838	585	364	221
Oklahoma	4,398	2,842	1,556	246	163	83
	\$5,202	\$3,589	\$1,613	\$2,224	\$1,531	\$68
	1,441	854	587	117	82	36
	8,167	5,639	2,528	264	187	77
	4,362	3,074	1,288	257	166	91
	53,271	27,522	25,749	4,387	2,511	1,876
	4,916	2,488	2,428	230	138	92
	6,696	3,366	3,331	233	139	93
	1,573	866	707	88	60	29
	2,224	1,544	681	125	77	48
	18,647	10,535	8,112	853	561	291
	8,795	5,819	2,976	496	331	165
	1,512	763	749	61	36	25
	1,516	1,050	466	96	58	39
	13,995	7,105	6,891	779	457	322
	7,891	5,264	2,627	441	277	164
	3,574	2,190	1,384	157	109	48
	2,834	1,631	1,204	201	135	66
	5,759	4,094	1,665	194	132	62
	7,354	5,077	2,277	297	197	100
	2,565	1,652	913	195	150	45
	7,904	3,998	3,907	340	207	133
	13,326	6,731	6,595	665	419	247
	12,941	8,560	4,381	564	351	213
	9,004	4,544	4,460	343	180	162
	4,618	3,438	1,181	186	138	48
	9,004	5,743	3,261	384	252	132
	1,031	695	336	65	43	23
	1,792	1,024	768	116	72	44
	1,832	1,045	787	101	66	36
	1,251	637	614	76	45	31
	10,971	5,567	5,404	708	431	277
	3,604	2,541	1,063	184	131	53
	53,074	26,769	26,305	1,596	974	622
	12,876	8,418	4,458	802	528	274
	788	446	342	56	36	19
	16,826	10,768	6,058	585	364	221
	4,644	3,005	1,639	246	163	83

TABLE 6, Continued

State ¹	Benefits		State Program Administration		Total Medicaid	
	Total	Federal	State	Total	Federal	State
Oregon	\$4,543	\$2,875	\$1,668	\$379	\$228	\$151
Pennsylvania	20,216	11,123	9,093	934	561	374
Rhode Island	1,842	966	875	103	65	37
South Carolina	4,611	3,242	1,369	204	138	66
South Dakota	740	465	275	45	27	18
Tennessee	8,751	5,827	2,924	499	309	190
Texas	27,523	16,075	11,448	1,410	861	550
Utah	1,871	1,329	541	133	81	52
Vermont	1,333	766	567	29	26	4
Virginia	6,807	3,412	3,395	283	167	116
Washington	7,453	3,763	3,690	667	408	259
West Virginia	2,772	2,012	760	158	109	50
Wisconsin	6,978	4,257	2,722	486	310	176
Wyoming	518	263	255	48	32	15
Subtotal (States)	\$407,028	\$234,072	\$172,956	\$22,090	\$13,676	\$8,414
American Samoa	29	16	13	0	0	0
Guam	48	26	21	2	1	1
Northern Mariana Islands	25	14	11	0	0	0
Puerto Rico	1,614	888	726	54	27	26
Virgin Islands	10	6	4	1	0	0
Subtotal (States & Territories)	\$408,752	\$235,021	\$173,731	\$22,147	\$13,706	\$8,442
State Medicaid Fraud Control Units (MFCUs)	--	--	--	288	216	72
Medicaid survey and certification of nursing and intermediate care facilities	--	--	--	304	228	76
Vaccines for Children (VFC) program	--	--	--	--	--	--
Total	\$408,752	\$235,021	\$173,731	\$22,739	\$14,150	\$8,590
Total	\$4,922	\$3,103	\$1,819	\$4,922	\$3,103	\$1,819
Total	\$408,752	\$235,021	\$173,731	\$22,739	\$14,150	\$8,590

Notes: Total federal spending shown here (\$253.179 billion) will differ from total federal outlays shown in FY 2013 budget documents due to slight differences in the timing of data for the states and the treatment of certain adjustments. Benefits and Administration columns do not sum to Total Medicaid due to the inclusion of VFC in Total Medicaid. Federal spending in the territories is capped; however, they report their total spending regardless of whether they have reached their caps. As a result, federal spending shown here may exceed the amounts actually paid to the territories. State shares for MFCUs and survey and certification are MACPAC estimates based on 75 percent federal match. State-level estimates for these items are available but are not shown here. VFC is authorized in the Medicaid statute but is operated as a separate program; 100 percent federal funding finances the purchase of vaccines for children who are enrolled in Medicaid, uninsured, or privately insured without vaccine coverage. Spending on administration is only for state programs; federal oversight spending is not included. Zeroes indicate amounts less than \$0.5 million that round to zero. Dashes indicate amounts that are true zeroes.

¹ Not all states have certified their CMS-64 Financial Management Report (FMR) submissions as of February 25, 2013. Idaho's 3rd quarter submission is not certified; Alabama and California's 4th quarter submissions are not certified. Figures presented in this table may change once all states have finalized and certified their expenditure data.
² Amount exceeds the sum of Benefits and State Program Administration columns due to the inclusion of VFC.
Sources: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of February 2013 for the states and territories; Centers for Medicare & Medicaid Services (CMS), *Fiscal Year 2013 Justification of Estimates for Appropriations Committees*, Baltimore, MD: CMS, for MFCUs, survey and certification, VFC

TABLE 7. Total Medicaid Benefit Spending by State and Category, FY 2012 (millions)

State ¹	Total	Fee for Service										Home and community-based LTSS	Managed Care and Premium Assistance	Medicare Premiums and Coinsurance Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	community-based LTSS				
Alabama	\$4,981	\$1,896	\$331	\$86	\$38	\$82	\$492	\$305	\$999	\$445	\$102	\$250	-\$46	
Alaska	1,323	296	103	63	20	198	95	31	163	356	0	22	-25	
Arizona	7,903	896	32	4	5	114	239	5	64	6	6,336	205	-2	
Arkansas	4,105	978	283	75	18	186	702	153	989	467	17	291	-55	
California	48,884	11,449	882	449	24	2,556	6,507	987	5,800	7,566	11,699	2,248	-1,281	
Colorado	4,686	1,599	295	104	-	121	321	144	667	810	568	95	-38	
Connecticut	6,463	1,739	212	156	86	270	296	331	1,709	1,265	328	328	-296	
Delaware	1,484	65	17	33	1	41	83	66	149	120	878	33	-0	
District of Columbia	2,099	412	46	20	2	115	126	63	304	393	597	34	-12	
Florida	17,794	4,936	1,081	189	45	232	1,410	575	3,314	1,569	3,312	1,245	-113	
Georgia	8,299	2,130	376	43	33	166	563	245	1,339	895	2,439	295	-227	
Hawaii	1,451	75	5	29	-2	30	15	2	10	103	1,169	57	-42	
Idaho	1,420	387	91	0	10	108	189	55	245	277	50	40	-31	
Illinois	13,216	4,875	663	204	117	325	1,269	785	2,602	1,454	719	380	-176	
Indiana	7,450	1,590	224	164	10	319	302	352	1,777	837	1,751	161	-36	
Iowa	3,417	810	177	59	76	68	302	121	898	631	217	138	-78	
Kansas	2,634	415	97	38	5	28	122	71	576	567	664	83	-34	
Kentucky	5,565	616	111	14	9	195	369	-39	1,071	581	2,563	212	-137	
Louisiana	7,057	2,115	411	121	-	146	385	789	1,421	795	916	259	-302	
Maine	2,370	482	106	32	50	217	366	68	392	425	6	270	-43	
Maryland	7,564	997	79	120	17	53	867	226	1,271	987	2,843	227	-122	
Massachusetts	12,661	2,204	288	201	22	319	1,740	118	1,913	2,003	3,710	407	-265	
Michigan	12,377	1,628	353	82	7	227	771	278	1,896	930	5,901	389	-83	
Minnesota	8,661	635	190	28	198	49	485	104	1,034	2,163	3,836	172	-232	
Mississippi	4,432	1,628	290	9	29	80	450	194	1,097	255	234	201	-34	
Missouri	8,621	3,017	21	15	14	462	552	613	1,556	1,062	1,094	307	-106	
Montana	966	253	48	22	15	14	178	39	188	179	7	31	-7	
Nebraska	1,676	278	59	31	8	72	82	85	399	318	287	103	-46	
Nevada	1,731	498	91	26	11	15	168	65	253	164	338	112	-8	
New Hampshire	1,174	180	55	21	8	84	140	37	355	283	-	24	-12	
New Jersey	10,263	1,743	45	14	4	194	622	17	2,876	1,023	3,515	335	-126	
New Mexico	3,420	513	48	14	43	31	50	14	32	312	2,296	78	-10	
New York	51,477	10,146	332	239	243	1,421	2,642	-872	11,527	9,854	16,484	1,278	-1,828	
North Carolina	12,074	4,413	1,068	329	28	256	1,582	477	1,769	1,228	687	417	-208	
North Dakota	732	123	50	10	7	10	42	23	303	161	4	11	-12	
Ohio	16,242	2,210	296	48	22	160	677	-1	3,779	2,332	6,448	383	-110	
Oklahoma	4,398	1,581	452	124	32	371	322	294	681	499	153	133	-244	

TABLE 7, Continued

State ¹	Total	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	Institutional LTSS	Home and community-based LTSS			
Oregon	\$4,543	\$366	\$27	\$0	\$25	\$51	\$309	\$66	\$352	\$1,095	\$2,144	\$151	-\$44
Pennsylvania	20,216	2,071	213	77	9	138	480	191	4,623	2,974	9,068	550	-178
Rhode Island	1,842	342	12	11	1	22	532	-0	339	2	535	40	-14
South Carolina	4,611	1,121	191	85	25	228	318	115	801	462	1,329	172	-237
South Dakota	740	185	56	15	2	84	56	25	168	129	2	27	-9
Tennessee	8,751	1,351	26	172	1	37	200	386	245	512	5,533	335	-47
Texas	27,523	5,939	1,184	688	448	79	2,427	282	3,783	2,456	9,983	1,016	-762
Utah	1,871	598	115	40	4	15	124	105	253	223	392	33	-33
Vermont	1,333	44	2	0	0	1	1,285	-113	116	7	6	6	-20
Virginia	6,807	1,055	194	136	37	56	909	72	1,263	1,159	1,804	223	-100
Washington	7,453	1,347	192	137	58	385	432	172	875	1,525	2,129	308	-107
West Virginia	2,772	480	143	55	14	30	238	120	701	553	341	114	-17
Wisconsin	6,978	658	45	42	22	291	642	293	1,100	698	3,048	255	-118
Wyoming	518	117	50	13	24	18	25	17	123	132	0	8	-10
Subtotal	\$407,028	\$85,479	\$11,755	\$4,687	\$1,926	\$10,771	\$33,498	\$8,554	\$70,160	\$55,241	\$118,515	\$14,493	-\$8,125
American Samoa	29	7	4	0	-	2	19	0	0	-	-	-	-4
Guam	48	8	4	0	0	0	26	8	0	0	-	-	-
N. Mariana Islands	25	16	-	1	-	3	1	2	-	1	-	0	-
Puerto Rico	1,614	-	-	-	-	-	31	-	-	-	1,582	-	-
Virgin Islands	10	7	0	0	-	1	0	1	0	-	-	0	-
Total	\$408,752	\$85,517	\$11,763	\$4,689	\$1,926	\$10,777	\$33,576	\$8,565	\$70,161	\$55,242	\$120,098	\$14,495	-\$8,129
Percent of Total, Exclusive of Collections	-	20.5%	2.8%	1.1%	0.5%	2.6%	8.1%	2.1%	16.8%	13.3%	28.8%	3.5%	-

Notes: Includes federal and state funds. Service category definitions and spending amounts shown here may differ from other CMS data sources such as the Medicaid Statistical Information System (MSIS). Readers should note that MACPAC refined its methodology for classifying services in its June 2012 report. Major changes included shifting mental health facility out of the hospital category and into the institutional long-term services and supports (LTSS) category and shifting rehabilitation, private duty nursing, targeted case management, and hospice out of the home and community-based LTSS category and into the acute category. An additional change to the March 2013 classification includes shifting drug rebates for managed care organizations from the drug category to the managed care and premium assistance category. ICF-ID is intermediate care facility for the intellectually disabled; LTSS is long-term services and supports. Hospital includes inpatient, outpatient, 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 lab/X-ray; sterilizations; abortions; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) screenings; emergency services for unauthorized aliens; non-emergency transportation; physical, occupational, speech, and hearing therapy; prosthetics, dentures, and eyeglasses; diagnostic screening and preventive services; school-based services; health home with chronic conditions; tobacco cessation for pregnant women; private duty nursing; case management (excluding primary care case management); rehabilitative services; hospice; and other care not otherwise categorized. Drugs are net of rebates. Institutional LTSS includes nursing facility, ICF-ID, and mental health facility. Home and community-based (HCB) services include home health, HCB waiver and state plan services, and personal care. Managed care and premium assistance includes comprehensive and limited-benefit managed care plans, primary care case management (PCCM), employer-sponsored premium assistance programs. Programs of All-inclusive Care for the Elderly (PACE), and rebates for drugs provided by managed care plans; comprehensive plans account for about 90 percent of spending in the managed care category. Collections include third-party liability, estate, and other recoveries. Zeroes indicate amounts less than \$0.5 million that round to zero. Dashes indicate amounts that are true zeroes.

¹ Not all states have certified their CMS-64 Financial Management Report (FMR) submissions as of February 25, 2013. Idaho's 3rd quarter submission is not certified; Alabama and California's 4th quarter submissions are not certified. Figures certified in this table may change once all states have finalized and certified their expenditure data.

Source: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of February 2013

TABLE 8. CHIP Spending by State, FY 2012 (millions)

State	Total CHIP ¹		Medicaid-expansion CHIP programs				Benefits				State Program Administration		2105(g) Spending ¹			
	Total	Federal	Total	Federal	State	Total	Federal	State	Total	Federal	State	Total	Federal	State	Federal	
Alabama	\$200.8	\$156.7	\$44.1	-	-	-	-	-	\$192.2	\$149.9	\$42.2	\$8.6	\$6.7	\$1.9	-	-
Alaska	30.4	19.8	10.6	\$29.2	\$19.0	\$10.2	-	-	-	-	-	1.2	0.8	0.4	-	-
Arizona	31.6	24.4	7.2	-	-	-	-	-	30.0	23.2	6.8	1.6	1.3	0.4	-	-
Arkansas	124.8	99.2	25.6	95.7	76.1	19.6	-	-	23.4	18.6	4.8	5.7	4.5	1.2	-	-
California	1,918.3	1,246.8	671.5	405.3	263.5	141.9	-	-	1,436.2	933.5	502.7	76.8	49.9	26.9	-	-
Colorado	194.2	126.3	68.0	-	-	-	-	-	194.8	126.6	68.2	-0.6	-0.4	-0.2	-	-
Connecticut	25.4	39.8	-14.4	-	-	-	-	-	23.0	15.1	7.9	2.4	1.6	0.8	\$23.1	-
Delaware	22.3	15.1	7.1	-0.7	-0.5	-0.2	-	-	21.2	14.4	6.8	1.8	1.2	0.6	-	-
District of Columbia	17.6	13.9	3.7	17.2	13.6	3.6	-	-	-	-	-	0.3	0.3	0.1	-	-
Florida	499.1	345.4	153.7	3.7	2.5	1.1	-	-	445.6	308.4	137.2	49.8	34.5	15.3	-	-
Georgia	355.8	271.6	84.2	-	-	-	-	-	324.4	247.6	76.8	31.3	23.9	7.4	-	-
Hawaii	38.5	24.8	13.8	35.5	22.8	12.7	-	-	-	-	-	3.0	2.0	1.1	-	-
Idaho	43.7	34.6	9.1	12.8	10.1	2.6	-	-	29.4	23.2	6.1	1.5	1.2	0.3	-	-
Illinois	407.6	265.1	142.5	135.7	88.2	47.5	-	-	250.6	163.0	87.6	21.3	13.8	7.4	-	-
Indiana	181.3	139.4	41.9	122.8	94.4	28.4	-	-	53.2	40.9	12.3	5.4	4.1	1.2	-	-
Iowa	122.7	89.0	33.8	27.0	19.5	7.4	-	-	88.3	64.0	24.3	7.5	5.5	2.1	-	-
Kansas	76.3	53.3	23.0	-	-	-	-	-	69.6	48.6	21.0	6.7	4.7	2.0	-	-
Kentucky	178.2	142.3	35.9	110.7	88.4	22.3	-	-	64.5	51.5	13.0	3.0	2.4	0.6	-	-
Louisiana	226.9	165.1	61.8	192.4	140.0	52.4	-	-	20.4	14.8	5.5	14.2	10.3	3.9	-	-
Maine	40.7	30.3	10.4	24.3	18.0	6.2	-	-	13.2	9.8	3.4	3.3	2.4	0.8	-	-
Maryland	237.5	154.4	83.1	225.7	146.7	79.0	-	-	-	-	-	11.8	7.7	4.1	-	-
Massachusetts	489.7	318.3	171.4	225.7	146.7	79.0	-	-	215.1	139.8	75.3	49.0	31.8	17.1	-	-
Michigan	66.2	52.7	13.5	-18.2	-11.6	-6.5	-	-	80.8	61.6	19.1	3.6	2.7	0.8	-	-
Minnesota	19.6	30.9	-11.2	0.1	0.1	0.0	-	-	19.1	12.4	6.6	0.5	0.3	0.2	18.1	-
Mississippi	207.6	170.2	37.4	-	-	-	-	-	207.3	169.9	37.4	0.3	0.2	0.0	-	-
Missouri	158.9	118.3	40.7	110.9	82.5	28.4	-	-	45.0	33.5	11.5	3.0	2.3	0.8	-	-
Montana	74.9	57.1	17.8	17.3	13.2	4.1	-	-	52.5	40.0	12.4	5.2	4.0	1.2	-	-
Nebraska	58.5	40.8	17.8	54.9	38.2	16.7	-	-	-	-	-	3.6	2.5	1.1	-	-
Nevada	43.9	30.3	13.6	7.5	5.0	2.5	-	-	34.3	23.8	10.5	2.1	1.5	0.6	-	-
New Hampshire	20.1	17.5	2.6	3.6	2.3	1.2	-	-	15.8	10.3	5.5	0.8	0.5	0.3	4.4	-
New Jersey	947.2	615.9	331.3	179.8	116.9	62.9	-	-	672.6	437.4	235.2	94.7	61.6	33.1	-	-
New Mexico	151.6	119.1	32.5	67.2	52.8	14.4	-	-	83.7	65.7	17.9	0.8	0.6	0.2	-	-

TABLE 8, Continued

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	Total	Federal
				Total	Federal	State	Total	Federal	State					
New York	\$858.0	\$557.8	\$300.2	\$152.4	\$99.1	\$53.3	\$695.4	\$452.0	\$243.3	\$10.2	\$6.6	\$3.6	\$10.2	\$6.6
North Carolina	385.7	292.0	93.7	64.9	49.1	15.8	301.7	228.4	73.3	19.1	14.5	4.6	19.1	14.5
North Dakota	24.0	16.5	7.5	9.9	6.8	3.1	12.9	8.9	4.0	1.2	0.8	0.4	1.2	0.8
Ohio	431.7	323.3	108.4	426.8	319.6	107.2	—	—	—	4.9	3.7	1.2	4.9	3.7
Oklahoma	146.1	109.2	36.9	133.3	99.6	33.7	9.8	7.4	2.5	3.0	2.2	0.8	3.0	2.2
Oregon	187.0	138.4	48.5	—	—	—	174.1	128.9	45.2	12.8	9.5	3.3	12.8	9.5
Pennsylvania	429.0	294.1	134.9	—	—	—	421.6	289.0	132.6	7.5	5.1	2.3	7.5	5.1
Rhode Island	57.2	38.0	19.1	41.5	27.6	13.9	14.5	9.7	4.9	1.2	0.8	0.4	1.2	0.8
South Carolina	119.2	94.4	24.8	109.3	86.5	22.8	—	—	—	10.0	7.9	2.1	10.0	7.9
South Dakota	26.2	18.7	7.5	19.0	13.5	5.5	6.7	4.8	1.9	0.5	0.3	0.1	0.5	0.3
Tennessee	252.0	192.6	59.3	46.9	35.9	11.0	186.6	142.7	43.9	18.4	14.1	4.3	18.4	14.1
Texas	1,200.7	849.1	351.6	39.3	27.8	11.5	1,096.0	775.0	320.9	65.4	46.3	19.2	65.4	46.3
Utah	74.8	59.6	15.2	—	—	—	70.9	56.5	14.4	3.9	3.1	0.8	3.9	3.1
Vermont	9.2	12.5	-3.4	—	—	—	8.4	5.9	2.5	0.7	0.5	0.2	0.7	0.5
Virginia	276.0	179.4	96.6	116.3	75.6	40.7	149.8	97.3	52.4	9.9	6.5	3.5	9.9	6.5
Washington	71.7	93.0	-21.3	13.3	8.6	4.6	56.1	36.5	19.6	2.3	1.5	0.8	2.3	1.5
West Virginia	57.5	46.4	11.0	—	—	—	54.1	43.7	10.4	3.3	2.7	0.6	3.3	2.7
Wisconsin	131.8	99.1	32.7	54.5	39.3	15.2	70.6	51.1	19.5	6.8	4.9	1.9	6.8	4.9
Wyoming	15.9	10.4	5.5	—	—	—	15.2	9.9	5.3	0.7	0.4	0.2	0.7	0.4
Subtotal	\$11,965.7	\$8,452.7	\$3,513.1	\$3,313.2	\$2,337.4	\$975.8	\$8,050.3	\$5,595.5	\$2,454.8	\$602.3	\$418.0	\$184.3	\$602.3	\$418.0
American Samoa	1.5	1.3	0.3	1.5	1.3	0.3	—	—	—	—	—	—	—	—
Guam	6.1	4.4	1.7	6.1	4.4	1.7	—	—	—	—	—	—	—	—
N. Mariana Islands	1.0	0.9	0.1	1.0	0.9	0.1	—	—	—	—	—	—	—	—
Puerto Rico	186.3	127.6	58.7	186.3	127.6	58.7	—	—	—	—	—	—	—	—
Virgin Islands	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	\$12,160.7	\$8,586.8	\$3,573.9	\$3,508.1	\$2,471.5	\$1,036.6	\$8,050.3	\$5,595.5	\$2,454.8	\$602.3	\$418.0	\$184.3	\$602.3	\$418.0

Notes: Components may not add to total due to rounding. 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. Zeroes indicate amounts less than \$0.5 million that round to zero. Dashes indicate amounts that are true zeroes.

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, Vermont, and Washington) are shown in this table as having negative state CHIP spending.

Source: MACPAC analysis of Medicaid and CHIP Budget Expenditure System (MBES/OBES) data from CMS as of December 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 2013

Medicaid coverage of children under age 19 with incomes below states' eligibility levels in effect as of March 31, 1997, continues to be financed by Medicaid. Any expansion above those levels—through expansions of Medicaid or through separate CHIP programs—is 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 14, 2013)	Separate CHIP Coverage		Medicaid/CHIP Coverage
	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
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	232	—	150
Kentucky	185	—	133	150	100	150	Combination	200	—	185
Louisiana	133	200	133	200	100	200	Combination	250	200	200
Maine	185	—	133	150	125	150	Combination	200	—	200
Maryland	185	300	185	300	185	300	Medicaid Expansion	—	—	250
Massachusetts	185	200	133	150	114	150	Combination	300	200 ¹⁰	200
Michigan	185	—	133	150	100	150	Combination	200	185	185

TABLE 9, Continued

State	Medicaid Coverage						CHIP Program Type ² (as of January 14, 2013)	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				
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	Combination	-	185	185
Nevada	133	-	133	-	100	-	Combination	200	-	133/185 ¹²
New Hampshire	185	300	185	300	185	300	Medicaid Expansion	-	-	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	133	Combination	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	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	225	-	225	-	225	-	Separate	300	-	200
Virginia	133	-	133	-	100	133	Combination	200	-	133/200 ²⁰
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 2013, 100 percent of the federal poverty level (FPL) in the lower 48 states and the District of Columbia is \$11,490 for an individual and \$4,020 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 that exclude a specified amount of income. 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 age 6 through 13 and age 14 through 18; in such cases, this table shows the 1997 levels for children 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, coverage 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. Arkansas' separate CHIP enrollment is only for unborn children.

6 In California, children through age 18 who are no longer eligible for Medicaid and who 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. During 2013, California is transitioning to a Medicaid-expansion CHIP program.

8 Colorado covers pregnant women up to 133 percent FPL under Medicaid and from 134 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 through 185 percent FPL under CHIP through a Section 1115 waiver. Nevada's Medicaid-expansion CHIP program consists of children who became eligible for Medicaid when the state eliminated the Medicaid asset test.

13 New Jersey covers pregnant women up to 185 percent FPL under Medicaid and from 186 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.

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 certain children with physical or mental disabilities, referred to as Katie Beckett children, from 0 through 200 percent FPL as a Medicaid expansion in all age groups (under a program created by the Tax Equity and Fiscal Responsibility Act of 1982). 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 ranges are 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 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 Virginia covers pregnant women up to 133 percent FPL under Medicaid and from 134 through 200 percent FPL under CHIP through a Section 1115 waiver.

Source: MACPAC communication with CMS and analysis of state websites

TABLE 10. Medicaid Income Eligibility Levels as a Percentage of the Federal Poverty Level for Non-Aged, Non-Disabled, Non-Pregnant Adults by State, January 2013

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 of the federal poverty level (via Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act). 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	Parents of Dependent Children ¹			Other Adults ¹		
	Jobless	Working	Working	Jobless	Working	Working
	Medicaid benefits ²	More limited coverage	Medicaid benefits ²	Medicaid benefits ²	More limited coverage	Medicaid benefits ²
Alabama	10%	-	-	-	-	-
Alaska	74	-	23%	-	-	-
Arizona ³	100	-	78	-	-	-
Arkansas ⁴	13	-	106	100% (closed)	-	100% (closed)
California ⁵	100	200%	16	-	-	200%
Colorado ⁶	100	-	106	-	200%	-
Connecticut	185	-	106	10 (closed)	-	20 (closed)
Delaware	100	-	191	55	-	70
District of Columbia	200	-	120	100	-	110
Florida	19	-	206	200	-	211
Georgia	27	-	56	-	-	-
Hawaii ⁷	133	-	48	-	-	-
Idaho ⁸	20	-	133	133	-	133
Illinois ^{9,10}	133	-	37	-	-	-
Indiana ¹¹	18	200	139	-	-	-
Iowa ¹²	27	200	24	-	200 (closed)	210 (closed)
Kansas	25	-	80	-	200	250
Kentucky	33	-	31	-	-	-
Louisiana ¹³	11	-	57	-	-	-

TABLE 10, Continued

State	Parents of Dependent Children ¹				Other Adults ¹			
	Jobless		Working		Jobless		Working	
	Medicaid benefits ²	More limited coverage	Medicaid benefits ²	More limited coverage	Medicaid benefits ²	More limited coverage	Medicaid benefits ²	More limited coverage
Maine ¹⁴	200%	-	200%	-	-	100% (closed)	-	100% (closed)
Maryland ¹⁵	116	-	122	-	-	116	-	128
Massachusetts ¹⁶	133	300%	133	300%	-	300	-	300
Michigan ¹⁷	37	-	64	-	-	35 (closed)	-	45 (closed)
Minnesota ¹⁸	215	275	215	275	75%	200	75%	200
Mississippi	23	-	29	-	-	-	-	-
Missouri ¹⁹	18	-	35	-	-	-	-	-
Montana	31	-	54	-	-	-	-	-
Nebraska	47	-	58	-	-	-	-	-
Nevada	24	-	84	-	-	-	-	-
New Hampshire	38	-	47	-	-	-	-	-
New Jersey ²⁰	200 (closed > 133)	-	200 (closed > 133)	-	-	23	-	23
New Mexico ²¹	28	200 (closed)	85	408 (closed)	-	200 (closed)	-	414 (closed)
New York ²²	150	-	150	-	100	-	100	-
North Carolina	34	-	47	-	-	-	-	-
North Dakota	33	-	57	-	-	-	-	-
Ohio	90	-	96	-	-	-	-	-
Oklahoma ²³	36	-	51	200	-	-	-	200
Oregon ²⁴	30	100 (closed)	39	201 (closed)	-	100 (closed)	-	201 (closed)
Pennsylvania	25	-	58	-	-	-	-	-
Rhode Island ²⁵	175	-	181	-	-	-	-	-
South Carolina	50	-	89	-	-	-	-	-
South Dakota	50	-	50	-	-	-	-	-
Tennessee	67	-	122	-	-	-	-	-
Texas	12	-	25	-	-	-	-	-
Utah ²⁶	37	150 (closed)	42	200	-	150 (closed)	-	200
Vermont ²⁷	185	300	191	331	150	300	160	353
Virginia	25	-	30	-	-	-	-	-
Washington ²⁸	35	133 (closed)	71	200 (closed)	-	133 (closed)	-	200 (closed)
West Virginia	16	-	31	-	-	-	-	-
Wisconsin ²⁹	200	-	200	-	-	200 (closed)	-	200 (closed)
Wyoming	37	-	50	-	-	-	-	-

TABLE 10, Continued

Notes: In 2013, the federal poverty level (100 percent FPL) is \$11,490 for an individual and \$4,020 for each additional family member in the lower 48 states and the District of Columbia. For additional information, see MACStats Table 19.

- 1 The table reflects income eligibility levels at time of application. It also takes earning disregards, when applicable, into account when determining income thresholds for working adults. For parents, computations are based on a family of three with one earner; for other adults, computations are based on an individual. In some cases, earnings disregards may be time limited and only applied for the first few months of coverage; in these cases, eligibility limits for most enrollees would be lower than the levels that appear in this table. States may use additional disregards in determining eligibility. In some states, the income eligibility guidelines vary by region; in this situation, the income guideline in the most populous region is used. "Closed" indicates that the state was not enrolling new adults eligible for coverage into a program at any point between January 1, 2012 and January 1, 2013.
- 2 This column does not differentiate by coverage authority, only by the scope of the benefit package. States may expand coverage to parents and other adults through Section 1115 waivers that provide full Medicaid benefits or more limited coverage.
- 3 Arizona froze enrollment in its waiver coverage for childless adults on July 8, 2011.
- 4 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.
- 5 California extends coverage for adults through two programs: the Medicaid Coverage Expansion (MCE) up to 133 percent FPL and the Health Care Coverage Initiative (HCCI) between 133 and 200 percent FPL. While both coverage options offer more limited benefits than full Medicaid, the MCE benefit package is more comprehensive. Fifty out of 58 counties are participating in MCE; five counties are participating in HCCI.
- 6 Colorado extended Medicaid coverage to a limited number of adults (10,000) with income up to 10 percent FPL through a waiver as of May 2012.
- 7 Hawaii reduced coverage for parents and other adults to 133 percent FPL in 2012.
- 8 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.
- 9 Illinois reduced Medicaid eligibility for Section 1931 parents from 200 to 133 percent FPL in 2012.
- 10 In Illinois, adults with income up to 133 percent FPL who reside in Cook County are eligible for Medicaid as of November 2012.
- 11 In Indiana, adults up to 200 percent FPL are eligible for limited coverage under the Healthy Indiana waiver program; enrollment is closed for childless adults.
- 12 In Iowa, adults up to 200 percent FPL are eligible for more limited coverage under the IowaCare waiver program.
- 13 In Louisiana, adults with income up to 200 percent FPL who reside in the Greater New Orleans area are eligible for more limited coverage through the Greater New Orleans Community Health Connection Section 1115 Waiver.
- 14 Maine received approval of a State Plan Amendment to reduce eligibility for Section 1931 parents from 200 to 133 percent FPL in January 2013. The state plans to implement the cuts on March 1, 2013. Childless adults up to 100 percent FPL are eligible for more limited coverage under the MaineCare waiver program; enrollment is closed.
- 15 In Maryland, childless adults are eligible for primary care services under the Primary Adult Care waiver program.
- 16 In Massachusetts, childless adults who are long-term unemployed or clients 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.
- 17 In Michigan, childless adults are eligible for more limited coverage under the Adult Benefit Waiver program; enrollment is closed.
- 18 In Minnesota, parents up to 215 percent FPL receive full Medicaid benefits with the exception of some optional services (e.g., non-emergency transportation, private duty nursing, personal care, or thodonic services, targeted case management) and institutionally based long-term care services. Parents above 215 percent FPL and childless adults receive a more limited benefit package that has a \$10,000 annual limit on inpatient hospital care. Minnesota decreased eligibility for childless adults in its Section 1115 and state-funded coverage from 250 to 200 percent FPL in 2012.
- 19 In Missouri, adults with income up to 200 percent FPL who reside in the St. Louis area are eligible for more limited coverage through the Gateway to Better Health Section 1115 waiver.
- 20 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. For those who are unemployable, the limit is \$210 per individual; for those who are employable, the limit is \$140 per individual.
- 21 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.
- 22 In New York, childless adults up to 78 percent FPL are eligible for the Medicaid (Home Relief) waiver program, and parents up to 150 percent FPL and childless adults up to 100 percent FPL are eligible for the Family Health Plus waiver program.
- 23 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 the eligibility threshold and also work for a small employer or be self-employed, unemployed and seeking work, working disabled, a full-time college student, or the spouse of a qualified worker.
- 24 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; enrollment in FHIAP is open to children only.
- 25 In Rhode Island, parents up to 175 percent FPL are covered under the RiteCare and RiteShare waiver programs.
- 26 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 under the Utah Premium Partnership (UPP) Health Insurance waiver program. Eligibility in UPP increased from 150 to 200 percent in October 2012.

TABLE 10, Continued

27 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.

28 In Washington, adults up to 133 percent FPL are eligible for more limited coverage under the state's Basic Health waiver; enrollment is closed.

29 In Wisconsin, 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. In 2012, the state changed its crowd-out policy for parents and adults; if health insurance costs 9.5 percent or less of income, they are excluded from coverage.

Source: M. Heberlein et al., *Getting into gear for 2014: Findings from a 50-state survey of eligibility, enrollment, renewal, and cost-sharing policies in Medicaid and CHIP, 2012-2013*, Washington, DC: Kaiser Commission on Medicaid and the Uninsured, January 2013. <http://www.kff.org/medicaid/upload/8401.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, 2012

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%	-	-	-	225%
Alaska ⁵	SSI Criteria	60	-	-	-	225
Arizona	1634	75	-	100%	-	225
Arkansas	1634	75	-	80 (Aged only)	12%	225
California	1634	75	-	100	64	100
Colorado	1634	75	-	-	-	225
Connecticut	209(b)	-	66%	-	66	225
Delaware	1634	75	-	-	-	188
District of Columbia	1634	75	-	100	64	225
Florida	1634	75	-	88	19	225
Georgia	1634	75	-	-	34	225
Hawaii	209(b)	-	100	100	45	-
Idaho	SSI Criteria	75	-	-	-	225
Illinois	209(b)	-	100	100	100	-
Indiana	209(b)	-	75	-	-	225
Iowa	1634	75	-	-	52	225
Kansas	SSI Criteria	75	-	-	51	225
Kentucky	1634	75	-	-	23	225
Louisiana	1634	75	-	75	10	225
Maine	1634	75	-	100	34	225
Maryland	1634	75	-	-	38	225
Massachusetts	1634	75	-	100(Aged)/133(Disabled)	58	225
Michigan	1634	75	-	100	44	225
Minnesota	209(b)	-	53	100	75	225
Mississippi	1634	75	-	-	-	225
Missouri	209(b)	-	85	85	-	133
Montana	1634	75	-	-	67	-
Nebraska	SSI Criteria	75	-	100	42	-
Nevada	SSI Criteria	75	-	-	-	225

TABLE 11, Continued

State	State Eligibility Type ¹	SSI Recipients	209(b) Eligibility Levels	Poverty Level ²	Medically Needy ³	Special Income Level ⁴
New Hampshire	209(b)	—	76%	—	63%	225%
New Jersey	1634	75%	—	100%	39	225
New Mexico	1634	75	—	—	—	225
New York	1634	75	—	85	85	—
North Carolina	1634	75	—	100	26	—
North Dakota	209(b)	—	83	—	83	—
Ohio	209(b)	—	64	—	—	225
Oklahoma	209(b)	—	79	100	—	225
Oregon	SSI Criteria	75	—	—	—	225
Pennsylvania	1634	75	—	100	46	225
Rhode Island	1634	75	—	100	90	225
South Carolina	1634	75	—	100	—	225
South Dakota	1634	75	—	—	—	225
Tennessee	1634	75	—	—	26 ⁶	225
Texas	1634	75	—	—	—	225
Utah	SSI Criteria	75	—	100	100	225
Vermont	1634	75	—	—	110	225
Virginia	209(b)	—	80	80	48	225
Washington	1634	75	—	—	75	225
West Virginia	1634	75	—	—	21	225
Wisconsin	1634	75	—	—	64	225
Wyoming	1634	75	—	—	—	225

Notes: In 2013, the federal poverty level (100 percent FPL) is \$11,490 for an individual and \$4,020 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.

¹ 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.

² 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.

³ 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.

⁴ Under the special income level option, states have the option to provide Medicaid benefits to people who require at least 30 days of nursing home or other institutional care and have incomes up to 300 percent of the SSI benefit rate (which is about 225 percent FPL). The income standard listed in this column may be for institutional services, home and community-based waiver services, or both.

⁵ 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.

⁶ Category not currently open to new enrollees.

Sources: MACPAC analysis of eligibility information from state websites and Medicaid state plans as of February 2013

TABLE 12. Mandatory and Optional Medicaid Benefits

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 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 have prior approval, 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.

The table on the following page lists mandatory and optional Medicaid benefits that are described in federal statute or regulations. No single source of information currently provides an up-to-date, comprehensive picture of the optional benefits covered by states and the circumstances under which a given benefit is covered. Readers may instead refer to a number of sources including, for example:

- ▶ Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services, *State Medicaid benefits matrix*, December 2010 and January 2011. <https://www.cms.gov/Medicare/Health-Plans/SpecialNeedsPlans/Downloads/StateMedicaidBenefitsMatrix042011.zip>
- ▶ Kaiser Family Foundation, *Medicaid benefits: Online database*. <http://medicaidbenefits.kff.org/>
- ▶ Kaiser Commission on Medicaid and the Uninsured, *Coverage of preventive services for adults in Medicaid*, September 2012. <http://www.kff.org/medicaid/upload/8359.pdf>
- ▶ Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, *State profiles of mental health and substance abuse services in Medicaid*, January 2005. <http://store.samhsa.gov/product/State-Profiles-of-Mental-Health-and-Substance-Abuse-Services-in-Medicaid/NMH05-0202>

TABLE 12, Continued

Mandatory Medicaid Benefits	
▶ Inpatient hospital services	▶ Home health services
▶ Outpatient hospital services	▶ Laboratory and x-ray services
▶ Physician services	▶ Nursing facility services (for ages 21 and over)
▶ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services 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)	▶ Nurse midwife services (to the extent authorized to practice under state law or regulation)
▶ Family planning services and supplies	▶ Certified pediatric or family nurse practitioner services (to the extent authorized to practice under state law or regulation)
▶ Federally qualified health center services	▶ Rural health clinic services
▶ Freestanding birth center services	▶ Tobacco cessation counseling and pharmacotherapy for pregnant women
	▶ Non-emergency transportation to medical care ¹
Optional Medicaid Benefits	
▶ Prescribed drugs	▶ Emergency hospital services in a hospital not meeting certain Medicare or Medicaid requirements ²
▶ Intermediate care facility services for individuals with intellectual disabilities	▶ Dentures
▶ Clinic services	▶ Personal care services
▶ Occupational therapy services	▶ Private duty nursing services
▶ Optometry services	▶ Program of All-inclusive Care for the Elderly (PACE) services
▶ Physical therapy services	▶ Chiropractic services
▶ Targeted case management services	▶ Critical access hospital services
▶ Prosthetic devices	▶ Respiratory care for ventilator-dependent individuals
▶ Hospice services	▶ Primary care case management services
▶ Inpatient psychiatric services for individuals under age 21	▶ Services furnished in a religious nonmedical health care institution
▶ Dental services	▶ Tuberculosis-related services
▶ Eyeglasses	▶ Home and community-based services
▶ Speech, hearing, and language disorder services	▶ Health homes for enrollees with chronic conditions
▶ Inpatient hospital and nursing facility services for individuals age 65 or older in institutions for mental diseases	▶ Other licensed practitioners' services
	▶ Other diagnostic, screening, preventive, and rehabilitative services

Notes:

¹ Federal regulations require states to provide transportation services; they may do so as an administrative function or as part of the Medicaid benefits package.

² Federal regulations define these services as being those that are necessary to prevent the death or serious impairment of the health of the recipient and, because of the threat to life, necessitates the use of the most accessible hospital available that is equipped to furnish the services, even if the hospital does not currently meet Medicare's participation requirements or the definition of inpatient or outpatient hospital services under Medicaid rules.

Source: Centers for Medicare & Medicaid Services, *Medicaid benefits*, as of February 2013. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Medicaid-Benefits.html>

TABLE 13. Maximum Allowable Medicaid Premiums and Cost Sharing, FY 2013

	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 Health Service 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 Sharing¹	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 \$2.65 Copayment: Up to \$3.90	Deductible: Up to \$2.65 Copayment: Up to 10% of the payment made by the Medicaid agency for the service	Deductible: Up to \$2.65 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 Emergency Room	Up to \$3.90	Up to \$7.80	No limit (subject to 5% cap)
Prescribed Drugs	Preferred and non-preferred copayment: Up to \$3.90	Preferred and non-preferred copayment: Up to \$3.90	Preferred copayment: Up to \$3.90 Non-preferred: Up to 20% of the cost of the drug

Notes: In 2013, the federal poverty level (100 percent FPL) is \$11,490 for an individual and \$4,020 for each additional family member in the lower 48 states and the District of Columbia. For additional information, see MACStats Table 19.
This table contains FY 2013 numbers, where nominal is defined as being \$2.65 for a monthly deductible or up to \$3.90 for a copayment. The table does not reflect amounts that states may have implemented under a Section 1115 waiver.

¹ As first authorized in the Deficit Reduction Act of 2005 (PL. 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; Centers for Medicare & Medicaid Services, *Cost sharing*, as of February 2013. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Cost-Sharing/Cost-Sharing-Out-of-Pocket-Costs.html>

TABLE 14. Federal Medical Assistance Percentages (FMAPs) and Enhanced FMAPs (E-FMAPs) by State, Selected Periods in FY 2008-FY 2014

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 2014 ²	FY 2012	FY 2013	FY 2014
Alabama	67.62%	78.00%	68.54%	68.62%	68.53%	68.12%	78.03%	77.97%	77.68%
Alaska	52.48	62.46	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Arizona	66.20	75.93	65.85	67.30	65.68	67.23	77.11	75.98	77.06
Arkansas	72.94	81.18	71.37	70.71	70.17	70.10	79.50	79.12	79.07
California	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Colorado	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Connecticut	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Delaware	50.00	64.38	53.15	54.17	55.67	55.31	67.92	68.97	68.72
District of Columbia	70.00	79.29	70.00	70.00	70.00	70.00	79.00	79.00	79.00
Florida	56.83	67.64	55.45	56.04	58.08	58.79	69.23	70.66	71.15
Georgia	63.10	75.16	65.33	66.16	65.56	65.93	76.31	75.89	76.15
Hawaii	56.50	67.35	51.79	50.48	51.86	51.85	65.34	66.30	66.30
Idaho	69.87	79.18	68.85	70.23	71.00	71.64	79.16	79.70	80.15
Illinois	50.00	61.88	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Indiana	62.69	76.21	66.52	66.96	67.16	66.92	76.87	77.01	76.84
Iowa	61.73	72.55	62.63	60.71	59.59	57.93	72.50	71.71	70.55
Kansas	59.43	69.68	59.05	56.91	56.51	56.91	69.84	69.56	69.84
Kentucky	69.78	80.61	71.49	71.18	70.55	69.83	79.83	79.39	78.88
Louisiana ³	72.47	81.48	68.04	69.78	65.51	62.11	72.76	72.87	72.69
Maine	63.31	74.86	63.80	63.27	62.57	61.55	74.29	73.80	73.09
Maryland	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Massachusetts	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Michigan	58.10	75.57	65.79	66.14	66.39	66.32	76.30	76.47	76.42
Minnesota	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
Mississippi	76.29	84.86	74.73	74.18	73.43	73.05	81.93	81.40	81.14
Missouri	62.42	74.43	63.29	63.45	61.37	62.03	74.42	72.96	73.42
Montana	68.53	77.99	66.81	66.11	66.00	66.33	76.28	76.20	76.43
Nebraska	58.02	68.76	58.44	56.64	55.76	54.74	69.65	69.03	68.32
Nevada	52.64	63.93	51.61	56.20	59.74	63.10	69.34	71.82	74.17
New Hampshire	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
New Jersey	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
New Mexico	71.04	80.49	69.78	69.36	69.07	69.20	78.55	78.35	78.44
New York	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00
North Carolina	64.05	74.98	64.71	65.28	65.51	65.78	75.70	75.86	76.05
North Dakota	63.75	69.95	60.35	55.40	52.27	50.00	68.78	66.59	65.00

TABLE 14, Continued

State	First quarter of FY 2011 (includes temporary increase) ¹		FMAPs for Medicaid Fourth quarter of FY 2011 (regular formula level)				E-FMAPs for CHIP			
	FY 2008	FY 2011 (includes temporary increase) ¹	FY 2008	FY 2011 (regular formula level)	FY 2012	FY 2013	FY 2014 ²	FY 2012	FY 2013	FY 2014
Ohio	60.79%	73.71%	63.69%	64.15%	63.58%	63.02%	74.91%	74.51%	74.11%	
Oklahoma	67.10	76.73	64.94	63.88	64.00	64.02	74.72	74.80	74.81	
Oregon	60.86	72.97	62.85	62.91	62.44	63.14	74.04	73.71	74.20	
Pennsylvania	54.08	66.58	55.64	55.07	54.28	53.52	68.55	68.00	67.46	
Rhode Island	52.51	64.22	52.97	52.12	51.26	50.11	66.48	65.88	65.08	
South Carolina	69.79	79.58	70.04	70.24	70.43	70.57	79.17	79.30	79.40	
South Dakota	60.03	70.80	61.25	59.13	56.19	53.54	71.39	69.33	67.48	
Tennessee	63.71	75.62	65.85	66.36	66.13	65.29	76.45	76.29	75.70	
Texas ⁴	60.56	70.94	60.56	58.22	59.30	58.69	70.75	71.51	71.08	
Utah	71.63	80.78	71.13	70.99	69.61	70.34	79.69	78.73	79.24	
Vermont	59.03	69.96	58.71	57.58	56.04	55.11	70.31	69.23	68.58	
Virginia	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00	
Washington	51.52	62.94	50.00	50.00	50.00	50.00	65.00	65.00	65.00	
West Virginia	74.25	83.05	73.24	72.62	72.04	71.09	80.83	80.43	79.76	
Wisconsin	57.62	70.63	60.16	60.53	59.74	59.06	72.37	71.82	71.34	
Wyoming	50.00	61.59	50.00	50.00	50.00	50.00	65.00	65.00	65.00	
American Samoa	50.00	50.00	55.00	55.00	55.00	55.00	68.50	68.50	68.50	
Guam	50.00	50.00	55.00	55.00	55.00	55.00	68.50	68.50	68.50	
N. Mariana Islands	50.00	50.00	55.00	55.00	55.00	55.00	68.50	68.50	68.50	
Puerto Rico	50.00	50.00	55.00	55.00	55.00	55.00	68.50	68.50	68.50	
Virgin Islands	50.00	50.00	55.00	55.00	55.00	55.00	68.50	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 (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 For certain newly eligible individuals under the Medicaid expansion beginning in 2014, there is an increased FMAP (100 percent in 2014 through 2016, phasing down to 90 percent in 2020 and subsequent years). An increased FMAP is also available for certain states that previously expanded eligibility. (See §§1905(y) and (z) of the Social Security Act.)

³ Louisiana receives a disaster-recovery state FMAP adjustment for the fourth quarter of FY 2011 and FY 2012-FY 2014 (\$1905(aa) of the Social Security Act). PL 112-96 and PL 112-141 revised the disaster relief formula, effective October 1, 2012. As a result, HHS has revised the FY 2013 disaster-recovery FMAP adjustment for Louisiana that was published in the *Federal Register* on November 30, 2011.

⁴ Texas received a Hurricane Katrina-related FMAP adjustment for FY 2008 (\$6053(b) of PL 109-171).

Source: Federal Register notices from the U.S. Department of Health and Human Services

TABLE 15. Medicaid as a Share of States' Total Budgets and State-Funded Budgets, State FY 2011

State	Total Budget (Including State and Federal Funds)			State-Funded Budget		
	Dollars (millions)	Medicaid	Total spending as a share of total budget ² Elementary and secondary education Higher education	Dollars (millions)	Medicaid	State-funded spending as a share of state-funded budget ² Elementary and secondary education Higher education
All states	\$1,662,545	23.7%	20.2%	\$1,096,610	13.4%	24.1%
Alabama	21,021	24.9	24.9	12,212	11.4	32.0
Alaska	13,923	9.3	11.0	10,750	3.7	11.9
Arizona	28,121	33.9	20.0	15,762	14.9	27.2
Arkansas	20,484	21.1	17.2	13,524	6.6	20.2
California	215,745	24.2	19.8	130,981	16.3	26.6
Colorado	30,917	17.8	23.9	22,024	12.3	29.5
Connecticut	25,944	21.6	14.2	23,370	23.9	13.3
Delaware	8,412	16.2	24.5	6,563	7.9	27.7
District of Columbia ¹	—	—	—	—	—	—
Florida	65,462	29.2	21.8	36,111	18.7	28.6
Georgia	40,458	20.5	25.2	27,180	8.2	28.2
Hawaii	11,221	15.9	15.3	8,667	7.0	16.0
Idaho	6,602	28.5	25.5	3,933	15.4	35.4
Illinois	49,099	32.9	18.9	36,830	19.4	18.9
Indiana	26,392	25.0	32.2	16,440	10.5	45.0
Iowa	18,051	19.4	17.7	11,904	10.7	22.3
Kansas	14,685	18.2	26.0	10,213	8.8	30.7
Kentucky	25,433	22.8	19.7	15,670	8.1	25.1
Louisiana	31,200	22.1	16.6	20,231	8.2	19.3
Maine	8,274	28.3	13.7	5,274	12.2	20.4
Maryland	33,851	22.2	21.0	23,900	12.8	22.7
Massachusetts	53,302	19.2	11.6	40,214	10.3	12.3
Michigan	48,580	24.9	27.6	28,661	12.1	37.9
Minnesota	31,401	25.3	22.9	22,201	14.1	27.6
Mississippi	22,226	18.5	14.8	10,530	10.0	23.0
Missouri	23,103	33.1	23.1	15,298	23.7	25.3
Montana	6,164	15.7	15.1	3,784	5.9	18.0
Nebraska	9,807	16.4	16.3	6,585	8.0	16.8

TABLE 15, Continued

State	Total Budget (Including State and Federal Funds)			Dollars (millions)	State-Funded Budget			
	Dollars (millions)	Total spending as a share of total budget ²			State-funded spending as a share of state-funded budget ²			
		Medicaid	Elementary and secondary education	Higher education	Medicaid	Elementary and secondary education	Higher education	
Nevada	\$8,506	18.3%	21.5%	10.0%	\$5,864	10.0%	23.7%	14.5%
New Hampshire	5,340	25.7	22.3	4.0	3,411	17.1	29.1	6.2
New Jersey	47,142	23.3	24.4	8.1	35,098	13.1	28.9	10.8
New Mexico	15,431	22.9	18.9	17.8	9,310	8.5	25.0	23.0
New York	132,765	29.1	20.7	7.1	88,058	12.9	24.3	10.2
North Carolina	51,126	22.1	18.3	12.5	33,518	10.9	23.3	19.0
North Dakota	5,018	14.3	15.8	20.6	3,204	7.0	20.0	27.3
Ohio	60,300	23.2	17.7	4.6	45,868	24.8	18.3	6.0
Oklahoma	21,337	21.2	14.6	16.2	12,101	11.6	18.4	24.0
Oregon	33,442	13.3	11.0	7.2	24,814	5.8	11.6	8.8
Pennsylvania	69,130	31.8	19.5	3.2	39,620	19.7	24.6	5.4
Rhode Island	7,842	25.9	14.4	12.4	5,094	15.9	17.1	18.8
South Carolina	22,188	20.7	17.3	21.0	12,367	10.4	21.2	30.4
South Dakota	3,870	20.7	16.3	18.4	2,191	10.6	17.8	26.8
Tennessee	30,097	29.8	17.3	13.3	16,519	15.6	22.1	22.7
Texas	95,461	24.6	30.0	11.8	59,560	13.5	35.8	18.4
Utah	12,688	14.7	23.2	10.8	9,109	5.7	25.9	14.5
Vermont	4,860	25.5	31.9	2.0	2,894	14.4	47.3	3.4
Virginia	42,332	16.9	15.8	15.3	32,638	9.1	16.6	16.3
Washington	33,621	23.5	23.3	14.2	24,632	16.1	27.0	18.8
West Virginia	21,198	12.9	10.4	12.8	16,738	3.3	10.9	14.2
Wisconsin	42,844	17.0	17.3	13.7	30,608	7.4	21.2	13.2
Wyoming	6,129	9.0	3.8	5.4	4,582	4.7	3.0	6.6

Notes: 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 the National Association of State Budget Officers (NASBO). Functions not shown here are transportation, corrections, public assistance, and all other. Medicaid spending amounts exclude administrative costs 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 NASBO does not collect information for the District of Columbia.
 2 Total and state-funded budget shares should be viewed with caution because they reflect varying state practices. For example, Connecticut reports all of its Medicaid spending as state-funded spending due to the direct deposit of federal funds into the State Treasury. In addition, some functions—particularly elementary and secondary education—may also be funded outside of the state budget by local governments.

Source: National Association of State Budget Officers (NASBO), *State expenditure report: Examining fiscal 2010-2012 state spending*, December 2012. http://www.nasbo.org/sites/default/files/State%20Expenditure%20Report_1.pdf

TABLE 16. National Health Expenditures by Type and Payer, 2011

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	\$2,700.7	\$407.7	\$12.0	\$554.3	\$896.3	\$89.8	\$433.0	\$307.7
Hospital	850.6	151.0	3.3	231.3	306.9	50.0	80.0	28.1
Physician and clinical	541.4	44.8	3.0	124.0	249.1	19.5	48.8	52.3
Dental	108.4	7.3	1.1	0.3	52.7	1.4	0.5	45.1
Other professional	73.2	4.9	0.2	15.9	26.7	—	6.5	19.0
Home health	74.3	27.6	0.0	32.9	5.1	0.9	2.2	5.6
Other non-durable medical products	47.0	—	—	3.2	—	—	0.0	43.8
Prescription drugs	263.0	19.0	1.6	63.7	122.2	7.8	3.7	45.0
Durable medical equipment	38.9	4.6	0.1	7.7	4.6	—	0.6	21.3
Nursing care facilities and continuing care retirement communities	149.3	46.1	0.0	37.6	12.4	4.3	9.0	39.9
Other health, residential, and personal care	133.1	69.3	0.9	5.1	6.4	2.9	41.1	7.5
Administration	188.9	33.1	1.8	32.7	110.3	3.0	8.0	—
Public health activity	79.0	—	—	—	—	—	79.0	—
Investment	153.5	—	—	—	—	—	153.5	—

TABLE 16, Continued

Type of Expenditure	Share of Total						
	Total	Medicaid	CHIP	Medicare insurance ¹	Private health insurance ¹	Other health third party payers ² Out of pocket	
National health expenditures	100%	15.1%	0.4%	20.5%	33.2%	16.0%	11.4%
Hospital	100	17.8	0.4	27.2	36.1	5.9	3.3
Physician and clinical	100	8.3	0.6	22.9	46.0	3.6	9.7
Dental	100	6.7	1.1	0.3	48.6	1.3	0.5
Other professional	100	6.6	0.3	21.7	36.5	—	8.9
Home health	100	37.1	0.0	44.2	6.9	1.2	3.0
Other non-durable medical products	100	—	—	6.9	—	—	0.0
Prescription drugs	100	7.2	0.6	24.2	46.5	3.0	1.4
Durable medical equipment	100	11.9	0.3	19.7	11.7	—	1.5
Nursing care facilities and continuing care retirement communities	100	30.9	0.0	25.2	8.3	2.9	6.1
Other health, residential, and personal care	100	52.0	0.7	3.8	4.8	2.2	30.9
Administration	100	17.5	1.0	17.3	58.4	1.6	4.2
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 work-site 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). Zeros indicate amounts less than \$0.05 billion or 0.05 percent that round to zero. Dashes indicate amounts that are true zeroes.

1 U.S. Department of Defense and U.S. Department of Veterans' Affairs.

2 Includes all other public and private programs and expenditures except for out-of-pocket amounts.

Source: Office of the Actuary (OACT), Centers for Medicare & Medicaid Services, *National health expenditures by type of service and source of funds: Calendar years 1960-2011*, January 2013, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/NHE2011.zip> and OACT, *National health expenditure accounts: Methodology paper, 2011*, 2013, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/dsm-11.pdf>

TABLE 17. Historical and Projected National Health Expenditures by Payer for Selected Years, 1970–2021

	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	225	459	33	255	202
2001	1,493	228	248	502	37	269	209
2002	1,638	254	265	561	42	294	222
2003	1,775	275	283	616	49	316	236
2004	1,902	298	311	660	53	330	248
2005	2,030	317	340	704	57	350	263
2006	2,163	315	404	742	62	370	272
2007	2,298	335	434	779	66	398	286
2008	2,407	355	468	809	72	408	293
2009	2,501	387	500	835	79	407	293
2010	2,600	409	522	864	84	421	299
2011	2,701	420	554	896	90	433	308
Projected							
2012	2,809	472	591	889	94	451	312
2013	2,915	505	598	925	99	465	323
2014	3,130	595	635	998	104	481	318
2015	3,308	637	666	1,060	110	504	329
2016	3,514	688	707	1,130	117	532	340
2017	3,723	729	755	1,191	125	565	359
2018	3,952	777	809	1,253	134	599	382
2019	4,207	832	868	1,329	143	632	403
2020	4,487	895	935	1,412	153	667	426
2021	4,781	963	1,007	1,495	163	703	449

TABLE 17, Continued

	Total	Share of Total					Out of pocket
		Medicaid and CHIP	Medicare	Private insurance	Other health insurance ¹	Other third party payers ²	
Historical							
1970	100%	7.1%	10.2%	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	33.3	2.4	18.5	14.6
2001	100	15.3	16.6	33.6	2.4	18.0	14.0
2002	100	15.5	16.2	34.3	2.6	17.9	13.5
2003	100	15.5	15.9	34.7	2.8	17.8	13.3
2004	100	15.7	16.4	34.7	2.8	17.4	13.1
2005	100	15.6	16.7	34.7	2.8	17.2	12.9
2006	100	14.6	18.7	34.3	2.8	17.1	12.6
2007	100	14.6	18.9	33.9	2.9	17.3	12.4
2008	100	14.8	19.5	33.6	3.0	17.0	12.2
2009	100	15.5	20.0	33.4	3.2	16.3	11.7
2010	100	15.7	20.1	33.2	3.2	16.2	11.5
2011	100	15.5	20.5	33.2	3.3	16.0	11.4
Projected							
2012	100	16.8	21.0	31.6	3.4	16.0	11.1
2013	100	17.3	20.5	31.7	3.4	16.0	11.1
2014	100	19.0	20.3	31.9	3.3	15.4	10.2
2015	100	19.3	20.1	32.1	3.3	15.2	9.9
2016	100	19.6	20.1	32.2	3.3	15.1	9.7
2017	100	19.6	20.3	32.0	3.4	15.2	9.7
2018	100	19.6	20.5	31.7	3.4	15.2	9.7
2019	100	19.8	20.6	31.6	3.4	15.0	9.6
2020	100	19.9	20.8	31.5	3.4	14.9	9.5
2021	100	20.2	21.1	31.3	3.4	14.7	9.4

Note: Historical data were released in 2013; projections data were released in 2012 and may therefore reflect different assumptions than those used to produce the current historical data.

¹ U.S. Department of Defense and U.S. Department of Veterans' Affairs.

² Includes all other public and private programs and expenditures except for out-of-pocket amounts.

Sources: Office of the Actuary (OACT), Centers for Medicare & Medicaid Services. *National health expenditures by type of service and source of funds: Calendar years 1960-2011*, January 2013, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/NHE2011.zip>, for historical; OACT, *National health expenditure (NHE) amounts by type of expenditure and source of funds: Calendar years 1970-2021* in projections format, July 2012 and MACPAC communication with OACT, December 2012, for projected

TABLE 18. Characteristics of Non-Institutionalized Individuals by Source of Health Insurance, 2012

	All Ages				Age 0-18			
	Total all ages	Private	Medicaid/CHIP	Medicare Uninsured	Total age 0-18	Private	Medicaid/CHIP	Medicare Uninsured
Within Age Group¹								
Number of People (millions)	307.9	185.7	50.5	45.9	45.0	78.0	28.9	0.3
Share of Population	100.0%	60.3%*	16.4%	14.9%*	14.6%*	100.0%	37.0%	0.4%*
Within Insurance Coverage Type								
Gender (%)								
Male	48.9*	49.0*	44.3	44.4	53.7*	51.2	50.4	48.9
Female	51.1*	51.0*	55.7	55.6	46.3*	48.8	49.6	51.1
Family Income (%)²								
<100% of poverty	14.7*	4.0*	46.7	11.1*	27.4*	20.8*	47.7	41.6
100 – 199% of poverty	19.2*	11.2*	33.2	24.2*	33.6	22.5*	35.7	35.3
200+ % of poverty	66.0*	84.8*	20.1	64.7*	39.0*	56.7*	16.7	23.0
Race/Ethnicity (%)								
Hispanic	16.9*	10.3*	29.3	7.6*	33.5*	23.6*	34.8	41.5
White, non-Hispanic	63.6*	73.4*	40.6	77.6*	46.1*	53.8*	35.7	25.6
Black, non-Hispanic	11.9*	8.6*	21.7	9.9*	13.3*	13.4*	21.7	30.8
Other races and multiple races	7.6	7.7	8.4	4.8*	7.1	9.1	7.8	10.2
Health Status (%)								
Excellent or very good	65.6*	72.1*	58.5	39.5*	59.0	82.3*	73.0	81.4
Good	24.3*	21.8*	26.1	33.3*	28.5*	15.6*	23.1	14.5
Fair or poor	10.1*	6.1*	15.4	27.2*	12.5*	2.1*	3.9	2.3*
Place of Residence (%)³								
Large MSA	54.4	56.0	52.2	47.9	52.9	54.8	51.4	59.1
Small MSA	29.8	29.7	29.5	31.1	28.7	29.9	30.0	35.5
Not in MSA	15.8	14.3*	18.3	21.0	18.4	15.3*	18.6	17.3

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
Within Age Group¹								
Number of People (millions)	188.5	122.3	18.5	6.2	39.2	21.4	3.1	39.0
Share of Population	100.0%	64.9%*	9.8%	3.3%*	20.8%*	51.7%*	7.6%	94.3%*
					100.0%			0.9%*
Within Insurance Coverage Type								
Gender (%)								
Male	48.9*	49.0*	36.5	48.4*	54.1*	44.3*	33.8	43.7*
Female	51.1*	51.0*	63.5	51.6*	45.9*	55.7*	66.2	56.3*
Family Income (%)²								
<100% of poverty	13.7*	4.2*	47.0	31.3*	27.8*	2.9*	35.7	7.5*
100 – 199% of poverty	17.2*	9.7*	29.5	32.7	33.5*	17.2*	32.7	22.7*
200+ % of poverty	69.1*	86.1*	23.5	36.0*	38.7*	79.8*	31.6	69.8*
Race/Ethnicity (%)								
Hispanic	16.3*	10.5*	21.5	10.7*	32.4*	3.3*	24.2	6.9*
White, non-Hispanic	64.2*	72.6*	46.6	64.4*	47.1	86.4*	50.4	80.2*
Black, non-Hispanic	12.0*	9.2*	22.8	19.2	13.8*	6.3*	15.5	8.3*
Other races and multiple races	7.5	7.6	9.0	5.8*	6.6*	3.9*	9.9	4.7*
Health Status (%)								
Excellent or very good	63.5*	70.9*	41.2	13.5*	55.8*	47.8*	25.7	43.3*
Good	25.7*	23.4*	30.3	26.8	30.5	34.3*	29.3	34.5*
Fair or poor	10.7*	5.7*	28.5	59.7*	13.8*	17.9*	44.9	22.2*
Place of Residence (%)³								
Large MSA	54.4	57.1	53.5	46.6*	53.0	46.0	52.2	48.0
Small MSA	29.6	29.5	29.7	29.7	28.5	32.2*	24.5	31.3
Not in MSA	14.9	13.4*	16.8	23.7*	18.5	21.8	23.3	20.7

TABLE 18, Continued**Notes:**

- 1 Sum of health insurance coverage types may not add to total for each age group because individuals may have multiple sources of coverage and because not all types of coverage (e.g., military) are displayed. Insurance coverage is measured at the time of the interview. Private health insurance coverage excludes plans that paid for only one type of service, such as accidents or dental care. Medicaid/CHIP also includes persons covered by other public programs, excluding Medicare (e.g., other state-sponsored health plans); nevertheless, as discussed in Table 1, survey data tend to report lower Medicaid/CHIP enrollment than administrative data. Individuals were defined as uninsured if they did not have any private health insurance, Medicare, Medicaid/CHIP, state-sponsored or other government-sponsored health plans, or a military plan. Individuals were also defined as uninsured if they 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 For numerous reasons, poverty status shown here may differ from levels calculated by state Medicaid and CHIP programs. While these survey results show coverage as of the time of the survey in 2012, family income is for the prior year, 2011. In 2011, 100 percent of poverty using the U.S. Census Bureau's poverty threshold was \$17,916 for a family of three. The poverty threshold differs from the federal poverty guidelines used for Medicaid and CHIP eligibility determinations. (The family income results shown here exclude the 11 percent of respondents with unknown poverty status.) In addition, data from surveys like the National Health Interview Survey tend to include more income and more relatives as part of the family unit, compared to how income is counted for Medicaid and CHIP.
- 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 2013; the estimates for 2012 are based on data collected from January through June, based on household interviews of a sample of the civilian non-institutionalized population

TABLE 19. Income as a Percentage of the Federal Poverty Level (FPL) for Various Family Sizes, 2013

States	Annual					Monthly					
	Family size					Family size					
	1	2	3	4	Additional family member	1	2	3	4	Additional family member	
Lower 48 states and DC	100% FPL	\$11,490	\$15,510	\$19,530	\$23,550	\$4,020	\$958	\$1,293	\$1,628	\$1,963	\$335
	133% FPL	15,282	20,628	25,975	31,322	5,347	1,273	1,719	2,165	2,610	446
	138% FPL	15,856	21,404	26,951	32,499	5,548	1,321	1,784	2,246	2,708	462
	150% FPL	17,235	23,265	29,295	35,325	6,030	1,436	1,939	2,441	2,944	503
	185% FPL	21,257	28,694	36,131	43,568	7,437	1,771	2,391	3,011	3,631	620
	200% FPL	22,980	31,020	39,060	47,100	8,040	1,915	2,585	3,255	3,925	670
	250% FPL	28,725	38,775	48,825	58,875	10,050	2,394	3,231	4,069	4,906	838
	300% FPL	34,470	46,530	58,590	70,650	12,060	2,873	3,878	4,883	5,888	1,005
Alaska	100% FPL	\$14,350	\$19,380	\$24,410	\$29,440	\$5,030	\$1,196	\$1,615	\$2,034	\$2,453	\$419
	133% FPL	19,086	25,775	32,465	39,155	6,690	1,590	2,148	2,705	3,263	557
	138% FPL	19,803	26,744	33,686	40,627	6,941	1,650	2,229	2,807	3,386	578
	150% FPL	21,525	29,070	36,615	44,160	7,545	1,794	2,423	3,051	3,680	629
	185% FPL	26,548	35,853	45,159	54,464	9,306	2,212	2,988	3,763	4,539	775
	200% FPL	28,700	38,760	48,820	58,880	10,060	2,392	3,230	4,068	4,907	838
	250% FPL	35,875	48,450	61,025	73,600	12,575	2,990	4,038	5,085	6,133	1,048
	300% FPL	43,050	58,140	73,230	88,320	15,090	3,588	4,845	6,103	7,360	1,258
Hawaii	100% FPL	\$13,230	\$17,850	\$22,470	\$27,090	\$4,620	\$1,103	\$1,488	\$1,873	\$2,258	\$385
	133% FPL	17,596	23,741	29,885	36,030	6,145	1,466	1,978	2,490	3,002	512
	138% FPL	18,257	24,633	31,009	37,384	6,376	1,521	2,053	2,584	3,115	531
	150% FPL	19,845	26,775	33,705	40,635	6,930	1,654	2,231	2,809	3,386	578
	185% FPL	24,476	33,023	41,570	50,117	8,547	2,040	2,752	3,464	4,176	712
	200% FPL	26,460	35,700	44,940	54,180	9,240	2,205	2,975	3,745	4,515	770
	250% FPL	33,075	44,625	56,175	67,725	11,550	2,756	3,719	4,681	5,644	963
	300% FPL	39,690	53,550	67,410	81,270	13,860	3,308	4,463	5,618	6,773	1,155
		52,920	71,400	89,880	108,360	18,480	4,410	5,950	7,490	9,030	1,540

Notes: The FPLs shown here are based on the U.S. Department of Health and Human Services 2013 federal poverty guidelines. These differ slightly from the U.S. 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 practices beginning in the 1966–1970 period.

Source: U.S. Department of Health and Human Services (HHS), Annual update of the HHS poverty guidelines. *Federal Register* 78 (January 24): 5183, 2013

TABLE 20. Supplemental Payments by State and Category, FY 2012 (millions)

State ¹	Inpatient and Outpatient Hospital ²			Mental Health Facilities ³			
	DSH payments	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	DSH payments	Total Medicaid payments	Supplemental payments as % of total
All states	\$14,345.0	\$18,339.6	\$85,479.0	38.2%	\$2,731.1	\$6,120.4	44.6%
Alabama	455.2	359.2	1,896.0	43.0	3.3	68.9	4.8
Alaska	6.1	—	295.7	2.1	13.8	31.1	44.3
Arizona	168.1	245.8	895.6	46.2	26.5	28.4	93.6
Arkansas	60.6	316.2	978.1	38.5	0.8	155.8	0.5
California	2,101.2	2,397.8	11,449.0	39.3	0.3	387.4	0.1
Colorado	189.5	783.8	1,598.6	60.9	—	3.8	—
Connecticut	372.5	163.8	1,738.6	30.8	105.6	178.7	59.1
Delaware	7.0	0.0	64.5	10.9	5.6	6.4	88.6
District of Columbia	54.6	9.2	411.6	15.5	6.5	18.3	35.8
Florida	245.6	937.0	4,936.4	24.0	119.8	188.6	63.5
Georgia	415.8	79.4	2,130.3	23.2	—	37.3	—
Hawaii	—	27.3	75.2	36.3	—	—	—
Idaho	23.4	28.6	386.9	13.4	—	1.7	—
Illinois	355.2	1,607.3	4,875.3	40.3	88.8	160.5	55.3
Indiana ⁶	—	174.1	1,589.9	11.0	-1.3	32.0	-4.0
Iowa	52.0	27.0	810.4	9.7	—	20.8	—
Kansas	49.7	58.5	415.3	26.0	24.5	70.7	34.6
Kentucky	171.2	25.2	615.9	31.9	37.3	66.7	55.9
Louisiana	657.3	370.5	2,114.7	48.6	75.7	90.4	83.8
Maine	—	4.0	481.9	0.8	41.2	88.5	46.6
Maryland	25.7	46.0	996.9	7.2	10.6	118.2	9.0
Massachusetts	—	649.5	2,204.3	29.5	—	113.1	—
Michigan	175.0	707.1	1,628.0	54.2	101.0	155.6	64.9
Minnesota	47.4	54.2	634.8	16.0	0.2	93.4	0.2
Mississippi	210.5	397.4	1,627.8	37.3	—	69.4	—
Missouri	532.8	117.4	3,017.0	21.5	222.8	258.5	86.2
Montana	17.1	1.9	252.7	7.5	—	15.7	—
Nebraska ⁷	38.7	-1.1	277.5	13.5	3.3	17.5	18.7
Nevada	85.5	137.8	498.0	44.9	—	41.6	—

TABLE 20, Continued

State ¹	Inpatient and Outpatient Hospital ²				Mental Health Facilities ³			
	DSH payments	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	DSH payments	Total Medicaid payments	Supplemental payments as % of total	
New Hampshire	\$22.2	–	\$179.6	12.4%	\$19.8	\$27.3	72.4%	
New Jersey	885.4	\$255.7	1,742.9	65.5	357.4	462.7	77.2	
New Mexico	56.4	348.8	512.7	79.0	–	4.2	–	
New York	2,684.7	437.7	10,145.5	30.8	565.7	1,080.1	52.4	
North Carolina	310.1	2,062.9	4,413.4	53.8	0.2	99.8	0.2	
North Dakota	0.2	2.9	123.1	2.5	1.0	10.0	9.9	
Ohio	544.5	325.1	2,209.7	39.4	–	489.7	–	
Oklahoma	35.3	503.7	1,581.0	34.1	0.8	69.9	1.2	
Oregon	49.3	92.7	366.1	38.8	20.0	21.3	93.6	
Pennsylvania	779.9	357.6	2,071.5	54.9	381.8	451.4	84.6	
Rhode Island	127.7	12.0	342.3	40.8	–	5.5	–	
South Carolina	404.8	59.7	1,121.0	41.4	52.3	92.7	56.5	
South Dakota	–	–	184.7	–	0.8	3.4	22.3	
Tennessee	102.3	1,154.1	1,351.0	93.0	–	31.9	–	
Texas	1,223.5	2,353.8	5,939.1	60.2	292.5	318.1	92.0	
Utah	31.0	230.4	598.3	43.7	1.9	16.9	11.0	
Vermont	37.4	0.0	43.5	86.1	–	0.0	–	
Virginia	207.9	233.8	1,054.6	41.9	6.7	142.5	4.7	
Washington	267.6	–	1,346.6	19.9	124.9	148.7	84.0	
West Virginia	56.6	130.7	480.0	39.0	18.9	101.6	18.6	
Wisconsin	0.1	39.4	658.3	6.0	–	15.2	–	
Wyoming	0.5	13.7	116.8	12.1	–	8.7	–	

TABLE 20, Continued. Supplemental Payments by State and Category, FY 2012 (millions)

State ¹	Nursing Facilities and ICF-ID ⁴			Physician and Other Practitioner ⁵		
	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total
All states	\$2,377.2	\$64,039.5	3.7%	\$891.4	\$13,499.7	6.6%
Alabama	-	930.6	-	-	352.4	-
Alaska	-	131.7	-	-	123.3	-
Arizona	-	35.3	-	-	34.1	-
Arkansas	-	832.9	-	31.1	300.4	10.4
California	475.9	5,412.2	8.8	-	901.7	-
Colorado	95.5	663.5	14.4	5.2	295.3	1.8
Connecticut	-	1,529.8	-	-	298.5	-
Delaware	-	142.2	-	-	18.0	-
District of Columbia	-	285.9	-	-	47.2	-
Florida	7.8	3,125.0	0.3	68.2	1,120.2	6.1
Georgia	283.2	1,301.5	21.8	59.9	409.9	14.6
Hawaii	0.6	10.1	6.1	-	2.9	-
Idaho	45.4	243.4	18.6	-	100.6	-
Illinois	-	2,441.4	-	-	755.6	-
Indiana	268.1	1,745.2	15.4	85.4	233.1	36.6
Iowa	-	877.2	-	-	246.7	-
Kansas	8.5	505.4	1.7	16.7	101.8	16.4
Kentucky	0.6	1,004.6	0.1	-	116.2	-
Louisiana	-	1,330.9	-	48.6	411.3	11.8
Maine	-	303.7	-	0.0	134.5	0.0
Maryland	5.7	1,153.2	0.5	-	93.0	-
Massachusetts	0.1	1,800.0	0.0	29.1	310.4	9.4
Michigan	342.8	1,740.8	19.7	201.3	356.9	56.4
Minnesota	-	940.5	-	1.4	362.3	0.4
Mississippi	17.8	1,027.1	1.7	-	293.5	-
Missouri	-	1,297.5	-	-	34.5	-
Montana	-	171.8	-	-	62.4	-
Nebraska	-	381.8	-	-	65.5	-
Nevada	-	210.9	-	2.4	100.3	2.4
New Hampshire	-	327.8	-	-	62.6	-
New Jersey	-	2,412.8	-	-	48.6	-
New Mexico	-	27.5	-	14.6	89.8	16.2
New York	60.2	10,447.1	0.6	-	575.1	-

TABLE 20, Continued

State ¹	Nursing Facilities and ICF-ID ⁴			Physician and Other Practitioner ⁵		
	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total	Non-DSH supplemental payments	Total Medicaid payments	Supplemental payments as % of total
North Carolina	—	\$1,668.7	—	\$108.6	\$1,091.3	10.0%
North Dakota	\$2.2	293.5	0.7%	—	54.0	—
Ohio	82.1	3,289.6	2.5	—	318.4	—
Oklahoma	—	611.4	—	—	481.1	—
Oregon	—	330.7	—	—	49.7	—
Pennsylvania	592.4	4,171.7	14.2	—	220.7	—
Rhode Island	—	333.2	—	—	12.7	—
South Carolina	25.7	708.4	3.6	36.0	214.3	16.8
South Dakota	—	164.6	—	—	58.2	—
Tennessee	—	213.4	—	—	26.7	—
Texas	—	3,464.9	—	76.2	1,621.1	4.7
Utah	—	236.5	—	16.0	118.9	13.4
Vermont	0.1	115.9	0.1	—	1.8	—
Virginia	2.7	1,120.9	0.2	25.4	230.2	11.0
Washington	—	726.1	—	38.8	249.9	15.5
West Virginia	—	599.3	—	26.7	155.1	17.2
Wisconsin	39.4	1,085.2	3.6	—	65.3	—
Wyoming	20.4	114.3	17.9	—	71.7	—

Notes: Includes federal and state funds. Excludes payments made under managed care arrangements. 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. 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-disproportionate share hospital (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. Zeros indicate amounts less than \$0.05 million that round to zero. Dashes indicate amounts that are true zeroes.

- 1 Not all states have certified their CMS-64 Financial Management Report (FMR) submissions as of February 25, 2013. Idaho's 3rd quarter submission is not certified; Alabama and California's 4th quarter submissions are not certified. Figures presented in this table may change once all states have finalized and certified their expenditure data.
- 2 Includes inpatient, outpatient, critical access hospital, and emergency hospital categories in the CMS-64 data. The CMS-64 instructions to states note that DSH payments are those made in accordance with Section 1923 of the Social Security Act (the Act). Non-DSH supplemental payments are described in the CMS-64 instructions to states 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.
- 3 Includes inpatient psychiatric services for individuals under age 21 and inpatient hospital or nursing facility services for non-DSH individuals age 65 or older in an institution for mental diseases. The CMS-64 instructions to states note that DSH payments are those made in accordance with Section 1923 of the Act. States are not instructed to break out non-DSH supplemental payments for mental health facilities.
- 4 Includes nursing facility and intermediate care facility for persons with intellectual disabilities. Non-DSH supplemental payments are described in the CMS-64 instructions to states as payments that 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.
- 5 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.
- 6 Indiana reported negative DSH mental health facility payments, creating a negative percentage.
- 7 Nebraska reported negative non-DSH supplemental payments for inpatient hospitals.

Source: MACPAC analysis of CMS-64 Financial Management Report (FMR) net expenditure data as of February 2013

TABLE 21. Federal CHIP Allotments, FY 2012 and FY 2013 (millions)

State	FY 2012 CHIP Allotments	FY 2012 Federal CHIP Spending	FY 2013 Allotment Increase Factor	FY 2013 Federal CHIP Allotments	Change in Federal CHIP Allotments Between FY 2012 and FY 2013
A	B	C	D	E = C x D	F = (E/B) - 1
Alabama	\$168.1	\$156.7	1.0394	\$162.8	-3.1%
Alaska	21.0	19.8	1.0394	20.6	-2.1
Arizona	64.6	24.4	1.0394	25.4	-60.7
Arkansas	95.4	99.2	1.0394	103.1	8.1
California	1,314.3	1,246.8	1.0394	1,296.0	-1.4
Colorado	130.4	126.3	1.0442	131.8	1.1
Connecticut	32.7	39.8	1.0394	41.3	26.4
Delaware	14.2	15.1	1.0394	15.7	11.1
District of Columbia	12.6	13.9	1.0708	14.9	17.9
Florida	339.8	345.4	1.0394	359.0	5.7
Georgia	250.9	271.6	1.0411	282.7	12.7
Hawaii	34.8	24.8	1.0412	25.8	-25.8
Idaho	37.9	34.6	1.0394	36.0	-5.2
Illinois	285.1	265.1	1.0394	275.6	-3.4
Indiana	98.7	139.4	1.0394	144.9	46.8
Iowa	115.3	89.0	1.0394	92.5	-19.7
Kansas	58.8	53.3	1.0394	55.4	-5.7
Kentucky	135.5	142.3	1.0394	147.9	9.2
Louisiana	195.2	165.1	1.0409	171.9	-11.9
Maine	37.0	30.3	1.0394	31.5	-15.0
Maryland	176.3	154.4	1.0394	160.5	-9.0
Massachusetts	330.8	318.3	1.0394	330.9	0.0
Michigan	126.2	52.7	1.0394	54.8	-56.6
Minnesota	21.4	30.9	1.0394	32.1	50.0
Mississippi	167.7	170.2	1.0394	176.9	5.5
Missouri	117.6	118.3	1.0394	122.9	4.5
Montana	40.1	57.1	1.0394	59.4	47.9
Nebraska	50.1	40.8	1.0420	42.5	-15.3
Nevada	25.1	30.3	1.0394	31.5	25.2
New Hampshire	13.4	17.5	1.0394	18.2	36.0
New Jersey	618.0	615.9	1.0394	640.2	3.6
New Mexico	258.7	119.1	1.0429	124.2	-52.0
New York	556.8	557.8	1.0394	579.8	4.1
North Carolina	401.2	292.0	1.0418	304.2	-24.2
North Dakota	16.1	16.5	1.0485	17.3	7.8
Ohio	290.1	323.3	1.0394	336.1	15.8

TABLE 21, Continued

State	FY 2012 CHIP Allotments	FY 2012 Federal CHIP Spending	FY 2013 Allotment Increase Factor	FY 2013 Federal CHIP Allotments	Change in Federal CHIP Allotments Between FY 2012 and FY 2013
A	B	C	D	E = C x D	F = (E/B) - 1
Oklahoma	\$126.9	\$109.2	1.0456	\$114.2	-10.0%
Oregon	95.4	138.4	1.0394	143.9	50.9
Pennsylvania	335.9	294.1	1.0394	305.7	-9.0
Rhode Island	31.7	38.0	1.0394	39.5	24.8
South Carolina	102.5	94.4	1.0413	98.3	-4.1
South Dakota	21.1	18.7	1.0422	19.4	-8.0
Tennessee	145.6	192.6	1.0394	200.2	37.5
Texas	882.6	849.1	1.0500	891.5	1.0
Utah	67.8	59.6	1.0483	62.5	-7.9
Vermont	6.9	12.5	1.0394	13.0	88.0
Virginia	184.0	179.4	1.0400	186.6	1.4
Washington	47.6	93.0	1.0426	96.9	103.6
West Virginia	43.1	46.4	1.0394	48.3	12.1
Wisconsin	107.2	99.1	1.0394	103.0	-3.9
Wyoming	10.4	10.4	1.0394	10.8	3.1
Subtotal	\$8,860.5	\$8,452.7	–	\$8,799.9	-0.7%
American Samoa	1.3	1.3	1.0394	1.3	3.9
Guam	4.4	4.4	1.0394	4.5	3.9
N. Mariana Islands	0.9	0.9	1.0394	0.9	3.9
Puerto Rico	103.9	127.6	1.0394	132.7	27.7
Virgin Islands	–	–	1.0394	–	–
Total	\$8,970.9	\$8,586.8	–	\$8,939.4	-0.4%

Note: For even-numbered years (e.g., FY 2012), federal CHIP allotments are based on each state's prior-year allotment. For odd-numbered years (e.g., FY 2013), allotments are rebased, based on each state's prior-year spending. Although 2009 legislation provided federal appropriations of \$17.4 billion for CHIP allotments in FY 2013, this table shows that only \$8.9 billion was necessary for the allotments. While the total allotments for FY 2013 are similar to FY 2012 (0.3 percent difference nationally), the rebasing caused substantial changes for many individual states' allotment levels. Zeroes indicate amounts less than 0.05 percent that round to zero. Dashes indicate amounts that are true zeroes or not applicable.

Sources: MACPAC analysis of Medicaid and CHIP Budget Expenditure System (MBES/CBES) data from the Centers for Medicare & Medicaid Services (CMS) as of February 2013; MACPAC communication with CMS in March 2013

TABLE 22. Federal CHIPRA Bonus Payments (millions)

State	FY 2009		FY 2010		FY 2011		FY 2012		FY 2012 Outreach and Enrollment Efforts Among States Receiving CHIPRA Bonus Payments									
	CHIPRA bonus payments	CHIPRA bonus payments	CHIPRA bonus payments	CHIPRA bonus payments	CHIPRA bonus payments	CHIPRA bonus payments	CHIPRA bonus payments	CHIPRA bonus payments	14	22	23	Elimination of in-person application and administrative renewal form	18	11	6	5		
Total	\$37.1	\$167.2	\$303.5	\$306.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
AL ¹	1.5	5.7	20.4	15.6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
AK	0.7	4.9	5.7	4.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
CO	-	18.2	32.9	42.9	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
CT	-	-	5.2	2.0	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
GA	-	-	4.9	1.9	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
ID	-	0.9	0.5	1.5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
IL	9.5	15.3	15.3	12.9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
IA	-	7.7	10.0	11.2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
KS	1.2	5.5	6.0	12.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
LA	1.5	3.7	1.9	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MD	-	11.4	28.0	36.5	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MI	4.7	8.4	6.9	3.3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
MT	-	-	5.0	4.8	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NJ	3.1	8.8	17.6	22.2	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NM	5.4	9.0	5.2	2.6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
NC	-	-	11.6	17.9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
ND	-	-	3.2	2.7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
OH	-	13.1	20.9	17.9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
OK	-	-	0.5	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
OR	1.6	10.6	22.3	25.8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
SC	-	-	2.7	2.4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
UT	-	-	-	10.2	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
VA	-	-	24.6	20.0	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
WA	7.9	20.7	19.0	12.0	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
WI	-	23.4	33.3	23.3	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
WV	-	-	0.1	-	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Note: Each of these outreach and enrollment efforts is described in the Commission's March 2011 Report to the Congress (pp. 68-69). Preliminary bonus payments may be revised to reflect final figures showing growth in children's enrollment in Medicaid.

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: U.S. Department of Health and Human Services (HHS), CHIPRA performance bonuses, December 2012, http://www.insurekidsnow.gov/professionals/eligibility/performance_bonuses.html, and MACPAC communication with Centers for Medicare & Medicaid Services, December 2012