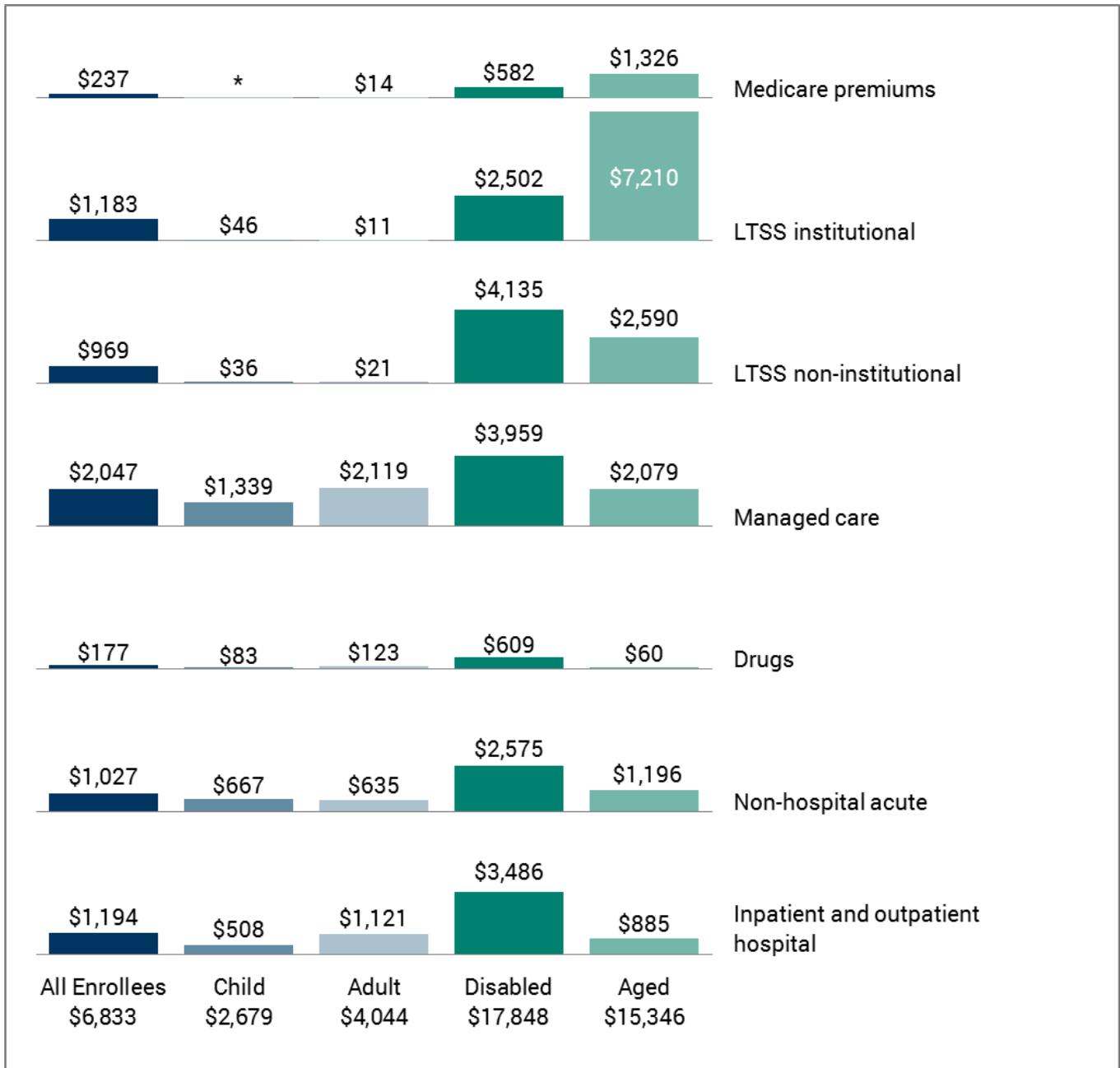


Medicaid Benefit Spending per Full-Year Equivalent Enrollee by Eligibility Group and Service, FY 2012



Notes: FY is fiscal year. LTSS is long-term services and supports. Includes federal and state funds. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Children and adults under age 65 who qualify for Medicaid on the basis of disability are included in the disabled category. About 737,000 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. Amounts are fee for service unless otherwise noted, and they reflect all enrollees, including those with limited benefits. Benefit spending from Medicaid Statistical Information System (MSIS) data has been adjusted to reflect CMS-64 totals. Due to changes in both methods and data, figures shown here are not directly comparable to earlier years. With regard to methods, spending totals now exclude disproportionate share hospital (DSH) and certain incentive and uncompensated care pool payments made under Section 1115 waiver expenditure authority, which were previously included. In addition, due to the unavailability of several states' MSIS Annual Person Summary (APS) data for FY 2012, the source used in prior editions of this table, MACPAC calculated spending and enrollment from the full MSIS data files that are used to create the APS files. See <https://www.macpac.gov/macstats/data-sources-and-methods/> for additional information.

Table originally posted online August 14, 2015.

* Values less than \$1 are not shown.

Sources: MACPAC, 2015, analysis of MSIS data as of December 2014 and CMS-64 Financial Management Report (FMR) net expenditure data from CMS as of June 2015.