MACStats: Medicaid and CHIP Databook
December 2016

Medicaid and CHIP Payment and Access Commission
Madeline Britvec and Chris Park
Overview

• Compiles data on Medicaid and CHIP from multiple sources, including:
  – Medicaid and CHIP enrollment and spending compared to other payers
  – Trends in Medicaid and CHIP enrollment and spending
  – State-level Medicaid and CHIP enrollment and spending by eligibility group, type of service, and other factors
  – State-level Medicaid and CHIP eligibility thresholds
  – Measures of beneficiary health, use of services, and access to care
  – Technical guide
Key Statistics

• In FY 2015, more than one-quarter of the U.S. population was enrolled in Medicaid or CHIP for at least part of the year
  – 81.0 million in Medicaid
  – 8.9 million in CHIP

• Looking at the state-funded portion of state budgets (i.e., excluding federal funds), Medicaid was 15.3 percent of state budgets compared to elementary and secondary education at 24.1 percent in SFY 2014

• Medicaid and CHIP were 16.8 percent of national health expenditures compared to 20.4 percent for Medicare in CY 2014
Major Components of Federal Budget as a Share of Total Federal Outlays, FY 1965–2015

Note: FY is fiscal year.
Trends

• After experiencing high rates of growth in 2014 and 2015, Medicaid and CHIP enrollment grew less than 1 percent in 2016

• Medicaid enrollment trends vary by eligibility group:
  – Children experienced the largest increase in absolute numbers between FYs 1975 and 2013, 9.6 million to 30.8 million
  – Disabled enrollees had the largest percentage increase, quadrupling over this nearly 40 year period
Annual Growth in Medicaid Enrollment and Spending, FY 1975–FY 2015

Note: FY is fiscal year. FYE is full-year equivalent, which may also be referred to as average monthly enrollment. All numbers exclude CHIP-financed coverage. For fiscal years prior to 1990, enrollment counts have been estimated from counts of persons served. Enrollment data for FYs 2012–2015 are projected; those for 1999-2015 include estimates for Puerto Rico and the Virgin Islands.

Source: MACPAC, 2016, MACStats, Exhibit 9, December 2016.
Medicaid’s Share of State Budgets Including and Excluding Federal Funds, SFYs 1987–2014

Note: SFY is state fiscal year. Amounts shown here reflect the most recent information available in cases where data for a given year were published and then updated in a subsequent report. Total state budgets include all state and federal funds; state-funded state budgets include all nonfederal funds.

Source: MACPAC, 2016, MACStats, Exhibit 13, December 2016.

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Program Enrollment and Spending

• Medicaid benefit spending on capitation payments for managed care reached 43.1 percent of all FY 2015 Medicaid benefit spending. Comprehensive managed care reached 59.7 percent of all Medicaid enrollees.

• Individuals eligible on the basis of disability and those 65 and older accounted for one quarter of Medicaid enrollees, but two thirds of program spending in FY 2013.

• Drug rebates reduced gross drug spending by 45.3 percent in FY 2015. Net drug spending (i.e., after rebates) increased by 27.3 percent from FY 2014.
Medicaid Benefit Spending Per FYE Enrollee by Eligibility Group and Service Category, FY 2013

Notes: FYE is full-year equivalent. FY is fiscal year. LTSS is long-term services and supports. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Excludes Idaho, Louisiana, and Rhode Island due to data reliability concerns regarding completeness of monthly claims and enrollment data.
* Values less than $1 are not shown.


December 15, 2016
Medicaid CHIP and Eligibility

- In 2015, nearly half of all individuals enrolled in Medicaid had family incomes below 100 percent of the federal poverty level (FPL); nearly two-thirds had incomes below 138 percent FPL.
- In 2016, more than half of all states are now covering non-disabled low-income adults up to 138 percent FPL.
  - 138 percent FPL is $16,394 for a single individual in 2016.
- Eligibility criteria for individuals eligible for Medicaid on the basis of disability and for individuals 65 and older, who are not subject to MAGI rules, were largely unchanged between 2015 and 2016.
Beneficiary Health, Service Use, and Access to Care

• In 2015, children and adults with Medicaid or CHIP coverage are less likely to be in excellent or very good health, than those who are privately covered or uninsured.

• Children covered under Medicaid or CHIP report seeing a general doctor or having a check-up at rates similar to those with private coverage in 2015.

• Children and adults with Medicaid or CHIP coverage in 2015 report having a usual source of care at similar rates to those with private insurance but were more likely to experience delayed care or trouble finding a doctor than those with private coverage.
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