



# MACStats: Medicaid and CHIP Databook

December 2017



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

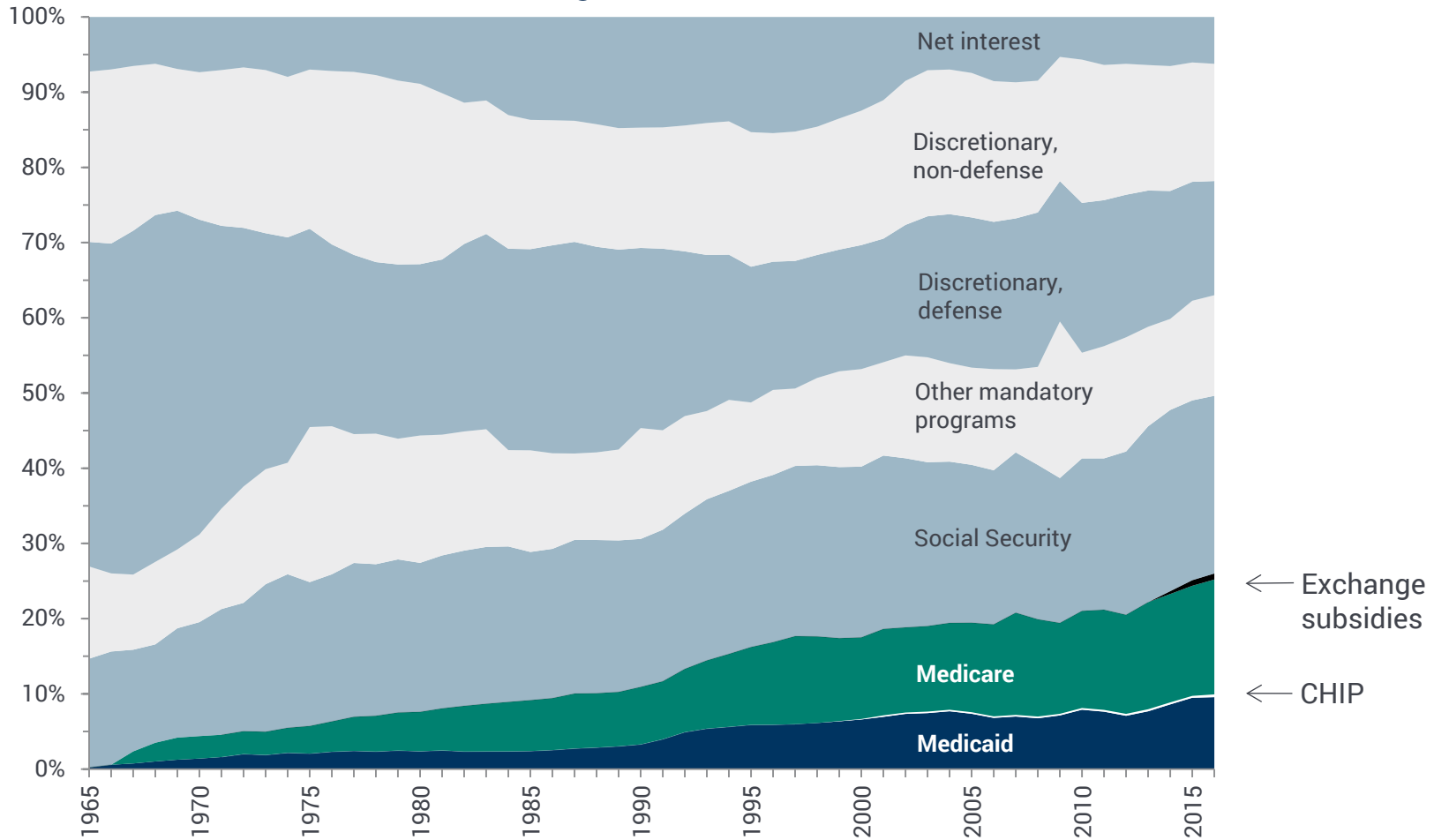
# Overview

- 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
- MACStats changes from previous years:
  - Six MSIS tables include an A (update FY 2013) and B (FY 2014) version; B tables include 26 states
  - New table (Exhibit 23) was added to focus on enrollment and spending on new adult group for FY 2016

# Key Statistics

- In FY 2016, more than one-quarter of the U.S. population was enrolled in Medicaid or CHIP for at least part of the year
  - 82.2 million in Medicaid
  - 9.2 million in CHIP
- Looking at the state-funded portion of state budgets (i.e., excluding federal funds), Medicaid was 15.8% of state budgets compared to elementary and secondary education at 24.1% in SFY 2015
- Medicaid and CHIP were 17.0% of national health expenditures compared to 20.2% for Medicare in CY 2015

# Major Components of Federal Budget as a Share of Total Federal Outlays, FY 1965–2016



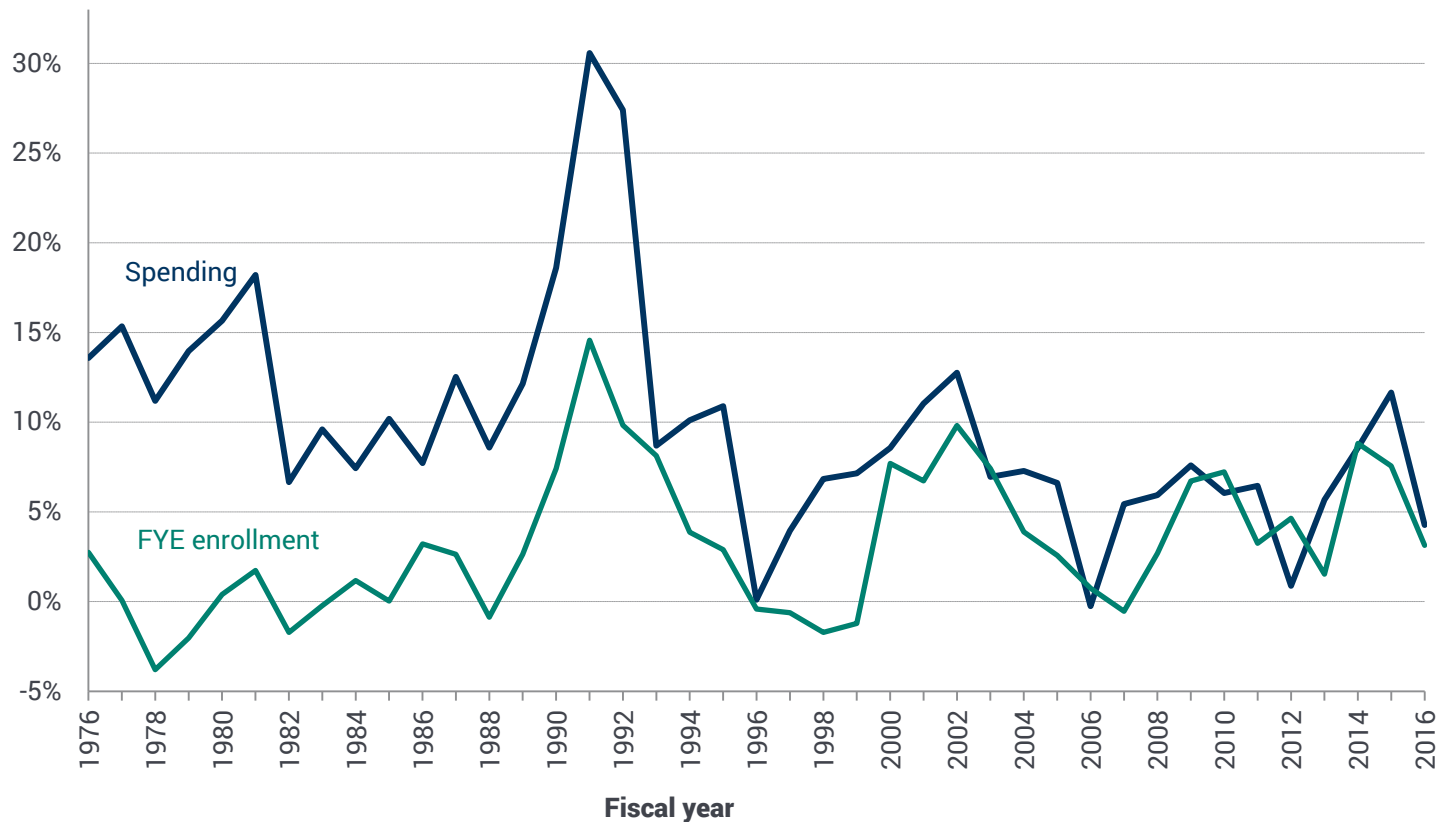
Note: FY is fiscal year.

Source: MACPAC, 2017, *MACStats*, Exhibit 4, December 2017.

# Trends

- After experiencing high rates of growth from 2013–2015, Medicaid and CHIP enrollment grew about 1% in both 2016 and 2017
- Medicaid enrollment trends vary by eligibility group:
  - Children experienced the largest increase in absolute numbers between FYs 1975 and 2013, 9.6 million to 30.7 million
  - Disabled enrollees had the largest percentage increase, quadrupling over this nearly 40 year period

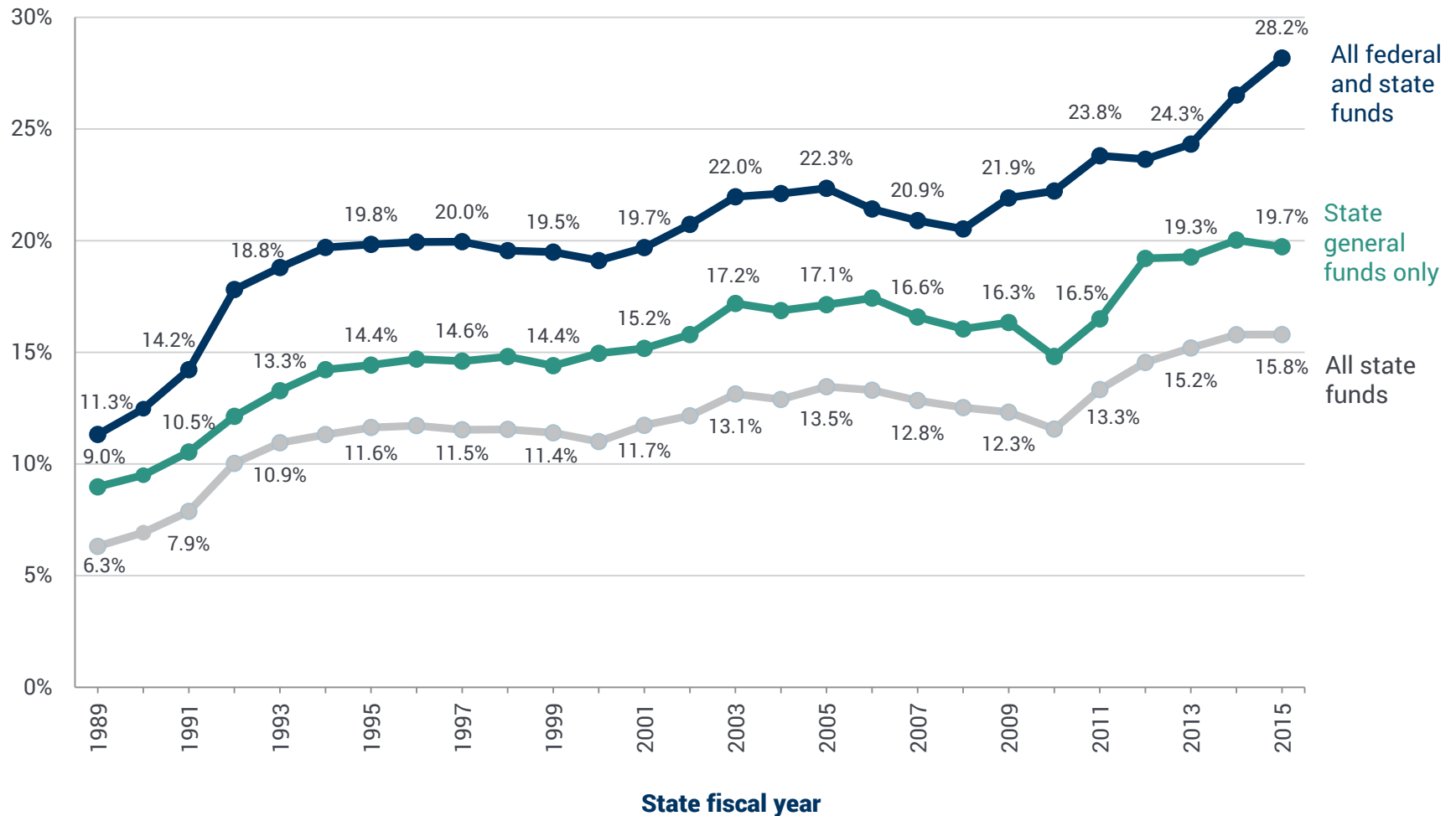
# Annual Growth in Medicaid Enrollment and Spending, FY 1976–FY 2016



**Notes:** 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 2012–2016 are projected; those for 1999–2016 include estimates for Puerto Rico and the Virgin Islands.

**Source:** MACPAC, 2017, *MACStats*, Exhibit 9, December 2017.

# Medicaid's Share of State Budgets Including and Excluding Federal Funds, SFYs 1989–2015



**Notes:** 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.

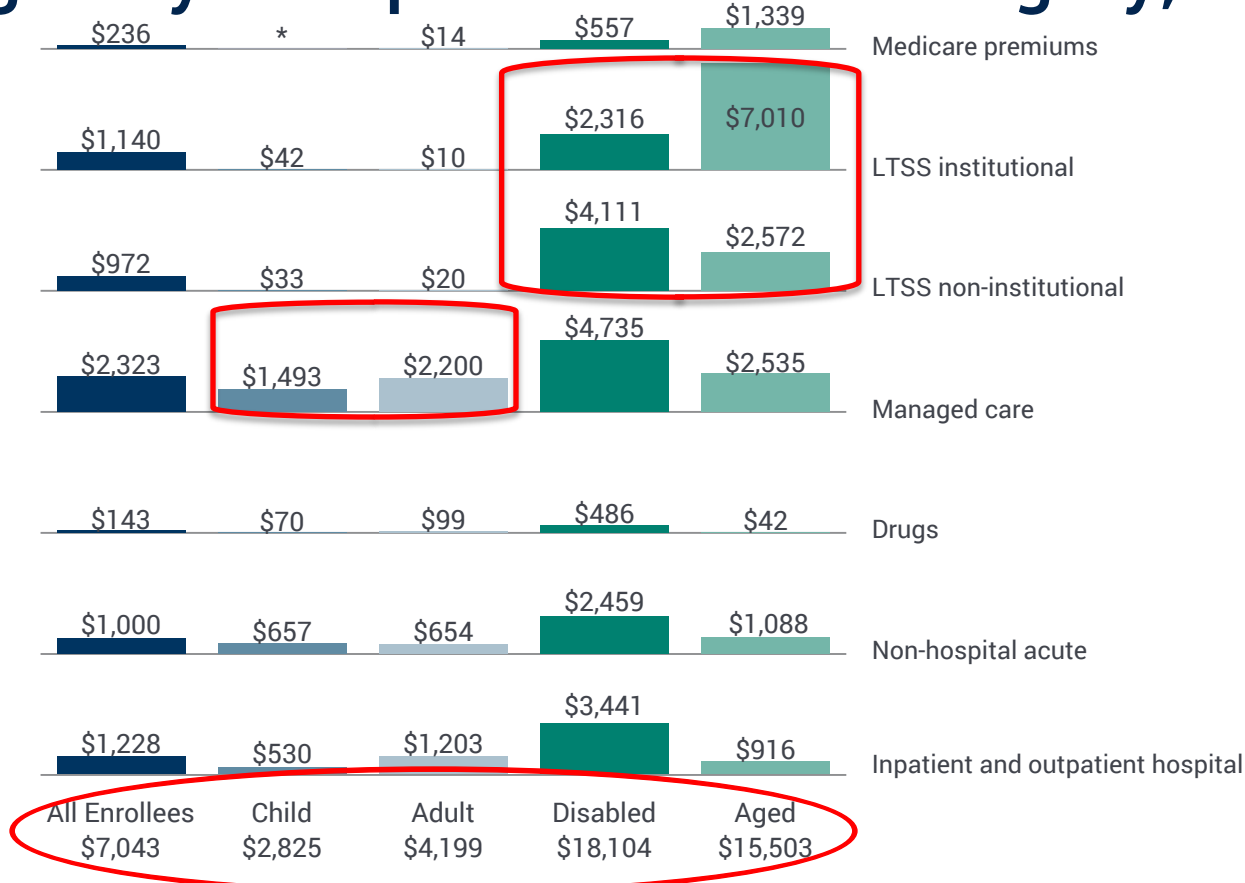
**Source:** MACPAC, 2017, *MACStats*, Exhibit 13, December 2017.

# Program Enrollment and Spending

- Medicaid benefit spending on capitation payments for managed care reached 46.3% of all FY 2016 Medicaid benefit spending. Comprehensive managed care reached 64.8% 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 more than half 51.3% in FY 2016. Net drug spending (i.e., after rebates) increased by 14.6% from FY 2015



# Medicaid Benefit Spending Per FYE Enrollee by Eligibility Group and Service Category, FY 2013<sup>1</sup>



**Notes:** FYE is full-year equivalent. 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. Excludes Rhode Island due to data reliability concerns regarding completeness of monthly claims and enrollment data.

\* Values less than \$1 are not shown.

<sup>1</sup> Values have been updated from those published in the December 2016 data book to reflect more recent data and include Idaho and Louisiana. This exhibit could not be updated to FY 2014 due to insufficient MSIS data for several states.

**Source:** MACPAC, 2017, *MACStats*, Exhibit 19, December 2017.

December 14, 2017

# Medicaid Benefit Spending per Full-Year Equivalent Newly Eligible Adults

- About 15% of all 75 million FYE enrollees were considered newly eligible adults in 2016
- Spending per FYE enrollee was less for newly eligible adults (\$5,870) than for all Medicaid enrollees (\$7,350)

# Medicaid CHIP and Eligibility

- Eligibility criteria remained largely unchanged between 2016 and 2017
- In 2016, 42% of all individuals enrolled in Medicaid had family incomes below 100% of the federal poverty level (FPL); nearly two-thirds had incomes below 138% FPL
- In 2017, 31 states and the District of Columbia are now covering non-disabled low-income adults up to 138% FPL
  - 138% FPL is \$16,643 for a single individual in 2017

# Beneficiary Health, Service Use, and Access to Care

- In 2016, 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
- Children covered under Medicaid or CHIP report seeing a general doctor or having a check-up at slightly less rates to those with private coverage in 2016, but more than those who are uninsured
- Children and adults with Medicaid or CHIP coverage in 2016 report having a usual source of care at slightly lower rates to those with private insurance and were more likely to experience delayed care or trouble finding a doctor than those with private coverage



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