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Medicaid in Context: Key Statistics and Trends

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Medicaid and CHIP Payment and Access Commission

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Overview

- Demographic characteristics of enrollees
- Enrollment and spending
- Coverage of services



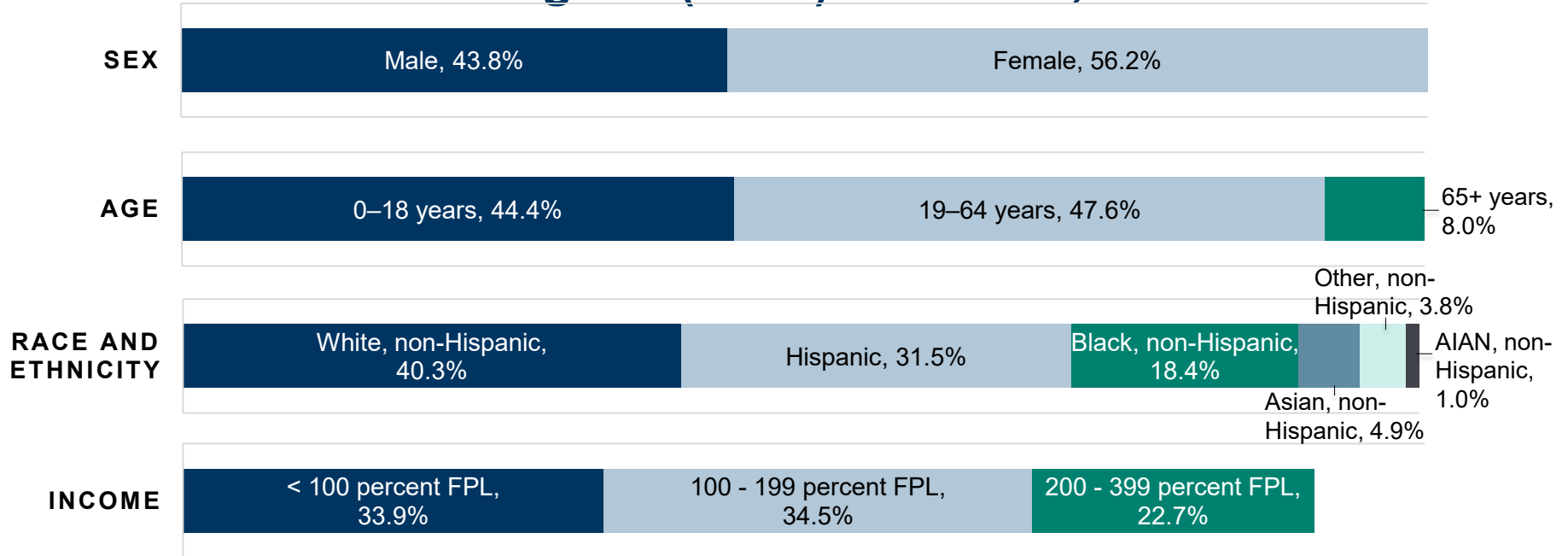
Demographic Characteristics of Enrollees

Medicaid Eligibility and Enrollment

- Federal statute and regulations mandate the coverage of certain populations and define the optional populations states may choose to cover, referred to as mandatory and optional eligibility categories
 - Mandatory eligibility groups include poverty-related children and pregnant women; low-income families; foster care youth; individuals who are either elderly or disabled and receive Supplemental Security Income (SSI); and certain low-income Medicare enrollees
 - Optional eligibility groups include low-income children, pregnant women, and parents¹; elderly and disabled individuals¹ or those who receive long-term services and supports (LTSS) in the community; medically needy; and low-income adults without dependent children
- In fiscal year (FY) 2024, about 88.1 million individuals were enrolled in Medicaid
 - Almost 25 percent of Medicaid enrollees were in the new adult group
 - Historically, over half of Medicaid enrollees were in the aged, disabled, or child-related eligibility groups

¹ Eligibility groups have incomes above federal minimum standards.

Demographic Characteristics of Medicaid and State Children's Health Insurance Program (CHIP) Enrollees, CY 2023

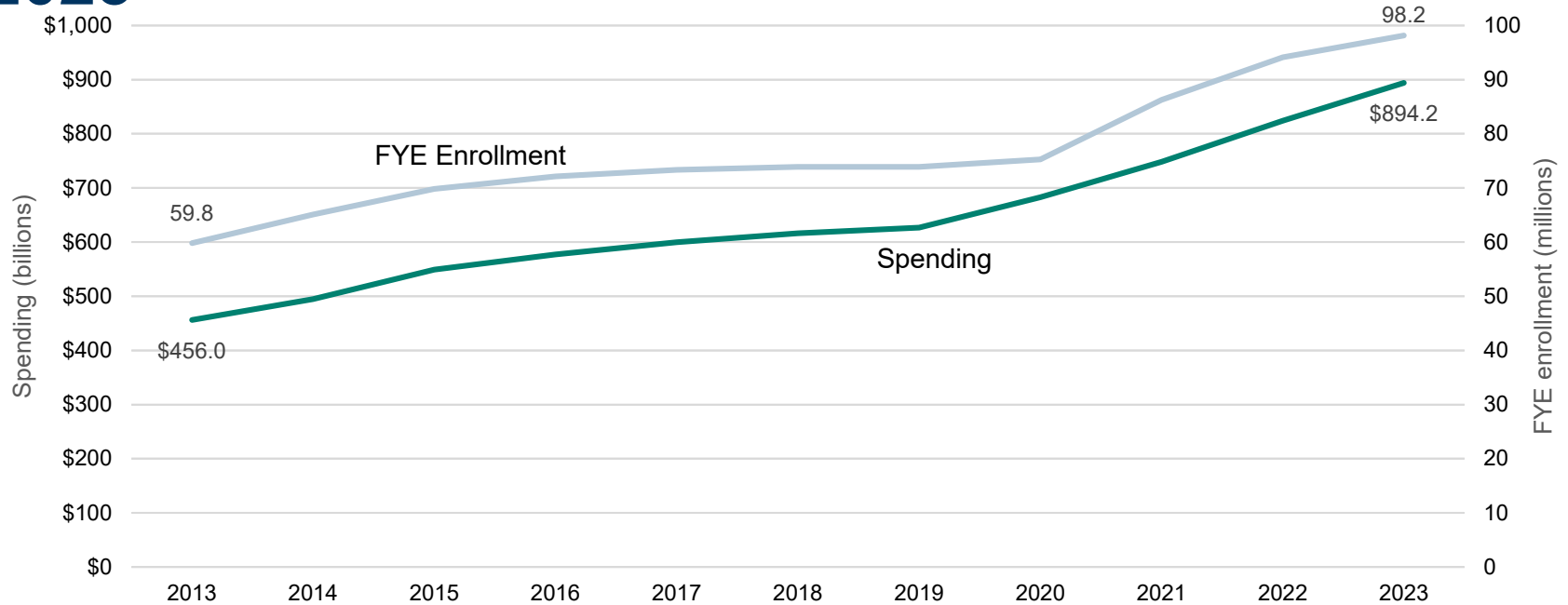


Notes: CY is calendar year. AIAN is American Indian or Alaska Native. FPL is federal poverty level. Data include non-institutionalized individuals that selected Medicaid as their coverage source at the time of the survey interview. Percentage calculations for each item in the exhibit exclude individuals with missing and unknown values. Income categories do not sum to 100 percent due to unreliable estimates in remaining income categories.

Source: MACPAC, 2024 Exhibit 2 in MACStats: Medicaid and CHIP Data Book, December 2024.

Enrollment and Spending

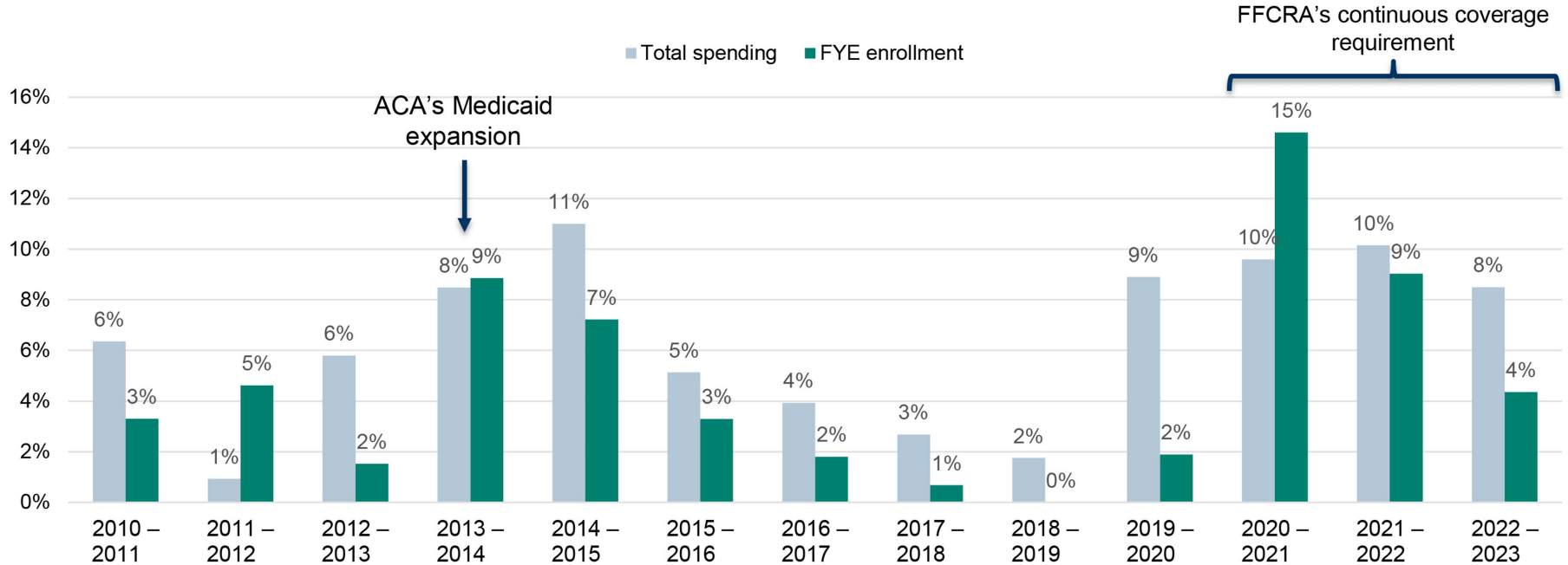
Medicaid Spending and Enrollment, FYs 2013–2023



Notes: FY is fiscal year. FYE is full-year equivalent, which also may be referred to as average monthly enrollment. All numbers exclude CHIP-financed coverage. Spending consists of federal and state Medicaid expenditures for benefits and administration, excluding the Vaccines for Children program. Enrollment data for FYs 2013–2020 are projected. Enrollment for FYs 2013–2023 include estimates for the territories.

Source: MACPAC, 2024 Exhibit 8 in MACStats: Medicaid and CHIP Data Book, December 2024.

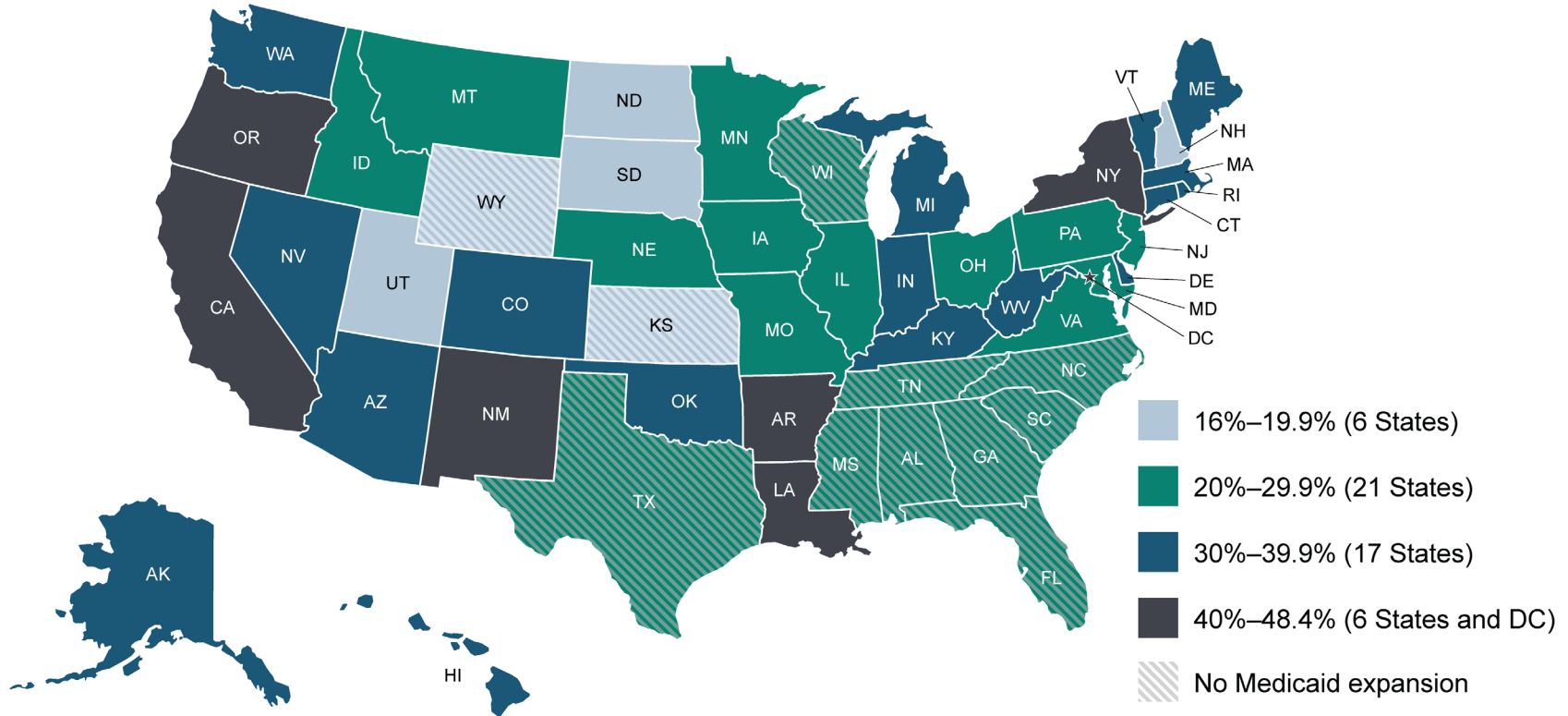
Annual Growth in Total Medicaid Spending and FYE Enrollment, FY 2010–2023



Notes: FY is fiscal year. FYE is full-year equivalent, which also may be referred to as average monthly enrollment. ACA is Affordable Care Act. FFCRA is Families First Coronavirus Response Act. All numbers exclude CHIP-financed coverage. Spending consists of federal and state Medicaid expenditures for benefits and administration, excluding the Vaccines for Children program. Enrollment data for FYs 2013–2020 are projected. Enrollment for FYs 2013–2023 include estimates for the territories.

Source: MACPAC, 2024 Exhibit 9 in MACStats: Medicaid and CHIP Data Book, December 2024.

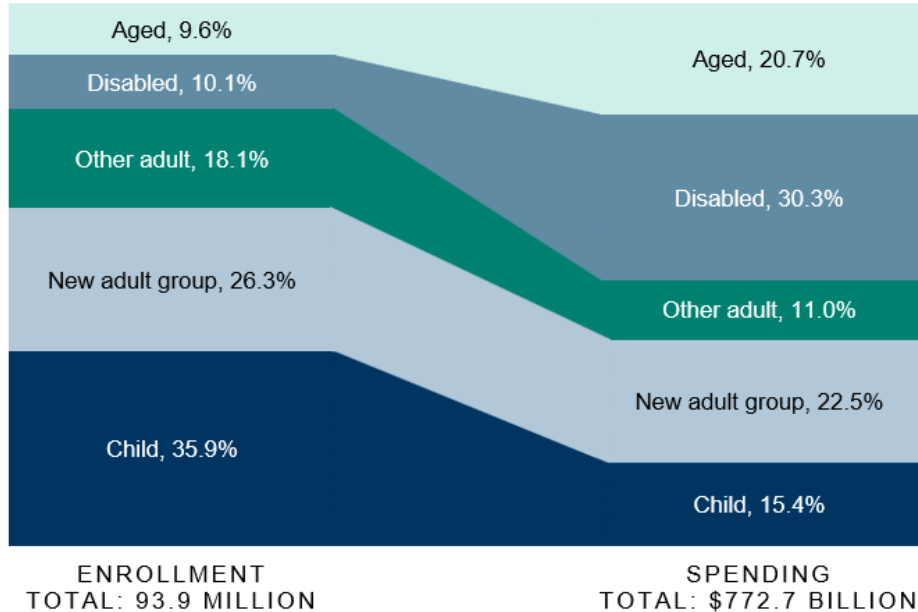
Medicaid Enrollment as a Percentage of State Populations, 2023



Note: Expansion status as of 2023. Medicaid enrollment numbers are based on fiscal year estimates, and state populations are based on calendar year estimates.

Source: MACPAC, 2024, analysis of T-MSIS data as of February 2024 and U.S. Bureau of the Census, 2024, Monthly population estimates for the United States: April 1, 2020 to December 1, 2024 (NA-EST2023-POP) <https://www2.census.gov/programs-surveys/popest/tables/2020-2023/national/totals/NA-EST2023-POP.xlsx>.

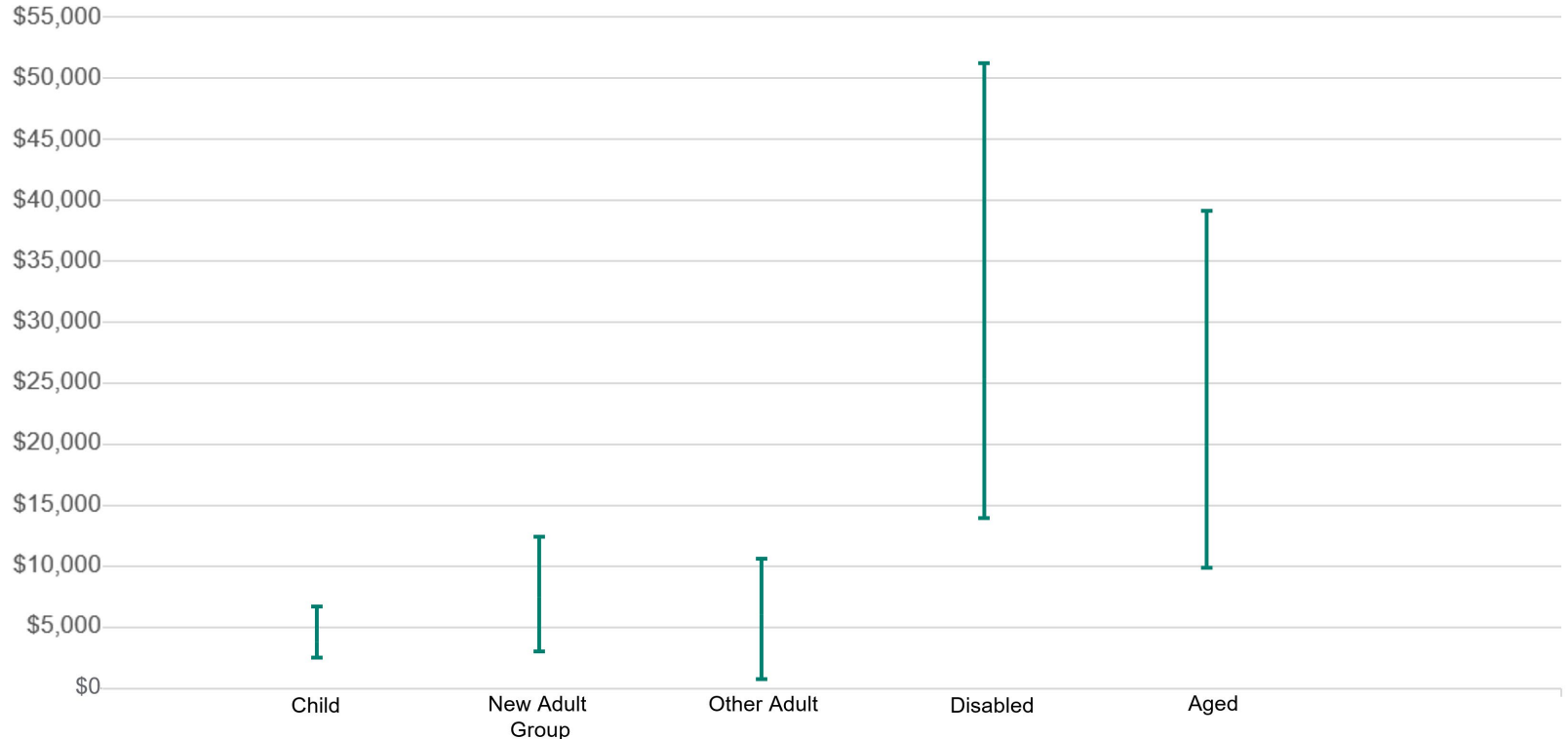
Medicaid Enrollment and Spending by Basis of Eligibility, FY 2022



Note: Enrollment numbers 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. Spending includes federal and state funds. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Spending totals exclude disproportionate share hospital (DSH) and certain incentive and uncompensated care pool payments made under waiver expenditure authority of Section 1115 of the Social Security Act (the Act).

Source: MACPAC, 2024, analysis of T-MSIS data as of February 2024 and CMS-64 financial management report net expenditure data as of June 2023.

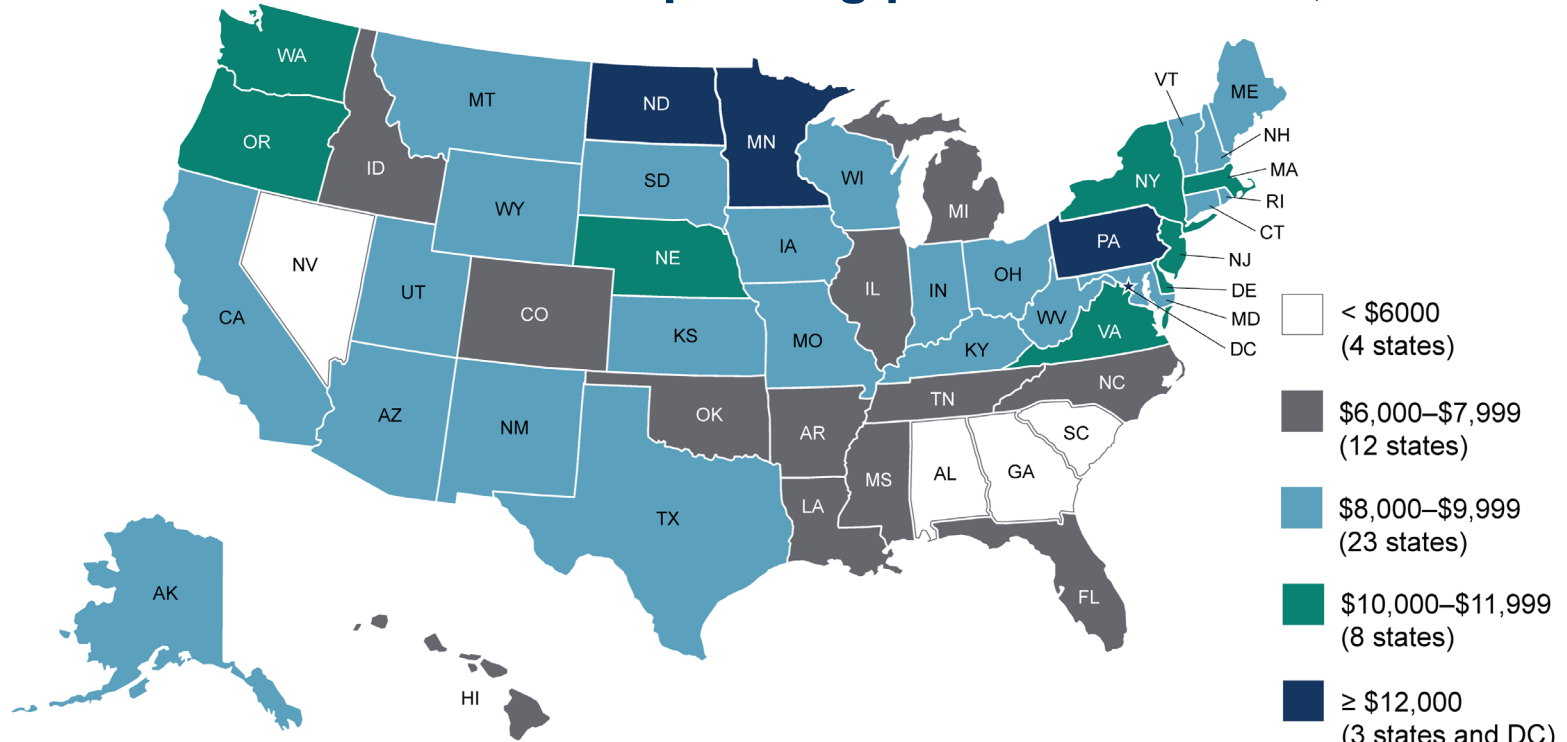
State Distribution of Spending per FYE Enrollee by Eligibility Group, FY 2022



Note: FY is fiscal year. FYE is full-year equivalent, which also may be referred to as average monthly enrollment. Each bar represents the distribution of spending per FYE enrollee across all states and District of Columbia. 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. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category.

Source: MACPAC, 2024, analysis of T-MSIS data as of February 2024 and analysis of CMS-64 financial management report net expenditure data as of June 2023.

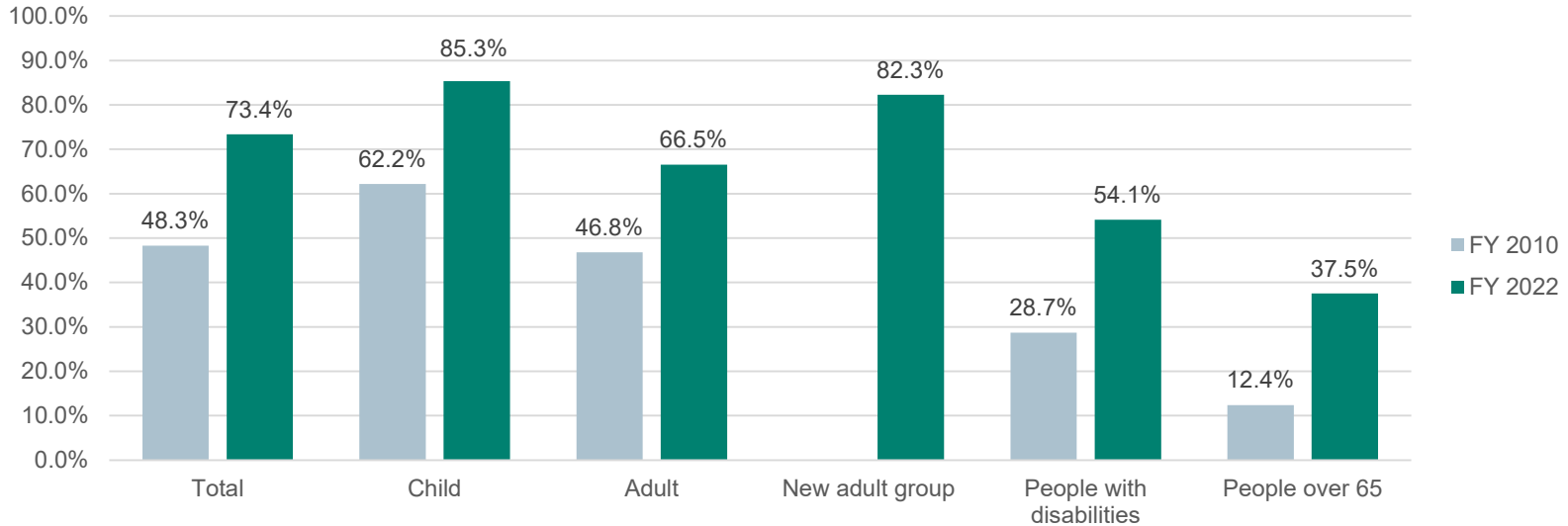
State Distribution of Medicaid Spending per FYE Enrollee, FY 2022



Note: FY is fiscal year. FYE is full-year equivalent, which also may be referred to as average monthly enrollment. Includes federal and state funds. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Spending totals exclude disproportionate share hospital (DSH) and certain incentive and uncompensated care pool payments made under waiver expenditure authority of Section 1115 of the Social Security Act (the Act).

Source: MACPAC, 2024, analysis of T-MSIS data as of February 2024 and analysis of CMS-64 financial management report net expenditure data as of June 2023.

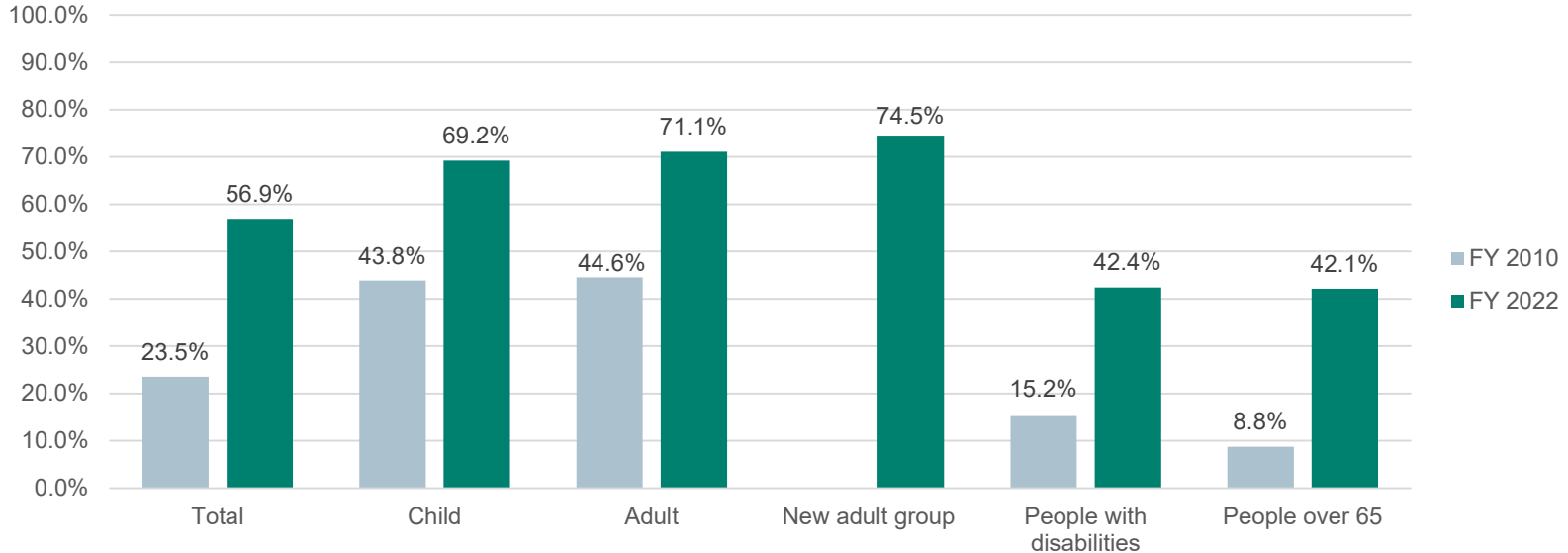
Percentage of Medicaid Beneficiaries Enrolled in Comprehensive Managed Care by Eligibility Group, FYs 2010 and 2022



Notes: Enrollment generally include individuals ever enrolled in Medicaid-financed coverage during the year. Numbers exclude individuals enrolled only in Medicaid-expansion CHIP during the year and enrollees in the territories. Children and adults under age 65 who qualify for Medicaid on the basis of disability are included in the disabled category. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category. Individuals are counted if they had at least one month indicating plan enrollment in comprehensive managed care, health insuring organization, or Programs of All-Inclusive Care for the Elderly.

Source: For FY 2022: MACPAC, 2024 Exhibit 30 in MACStats: Medicaid and CHIP databook, December 2024. For FY 2010: MACPAC, 2013, Table 17 in MACStats: Medicaid and CHIP Program Statistics, June 2013.

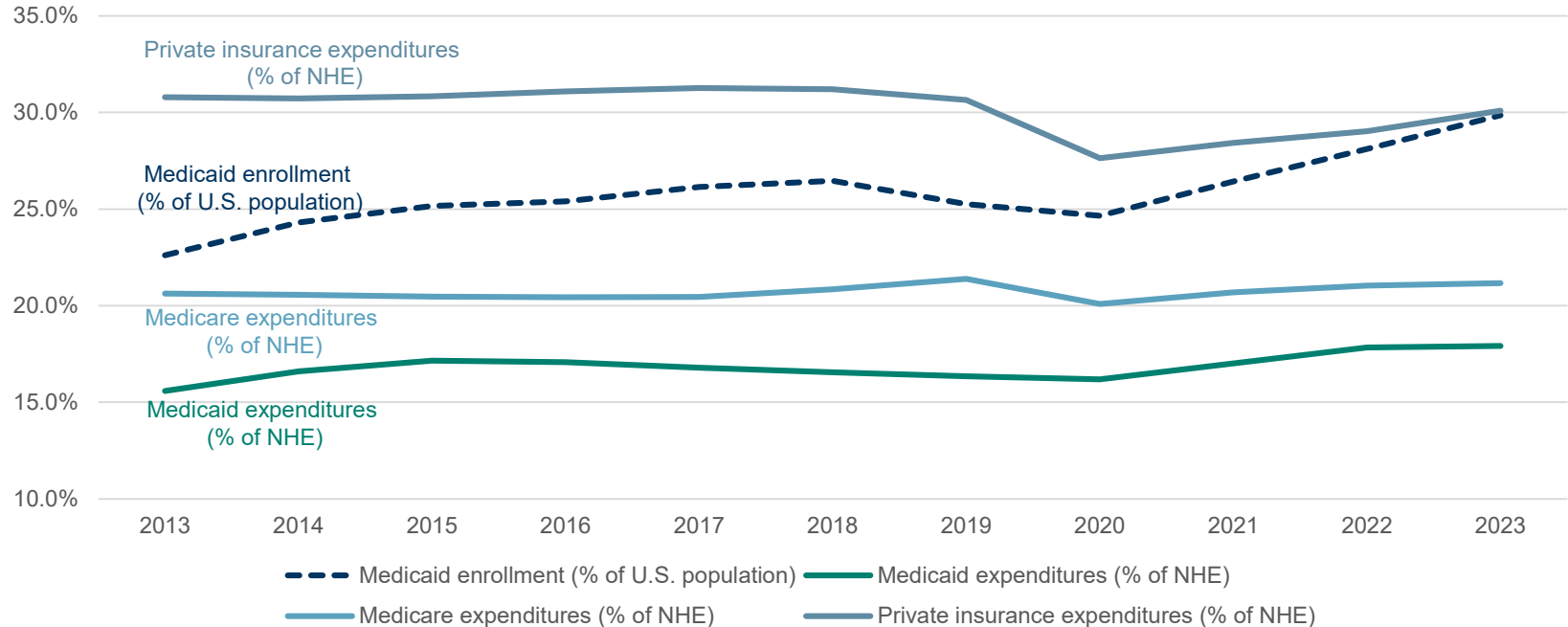
Medicaid Spending on Managed Care as a Percentage of Overall Benefit Spending by Eligibility Group, FYs 2010 and 2022



Notes: Includes federal and state spending. 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. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category. Benefit spending from Transformed Medicaid Statistical Information System (T-MSIS) data has been adjusted to reflect CMS-64 totals.

Source: For FY 2022: MACPAC, 2024 Exhibit 18 in MACStats: Medicaid and CHIP databook, December 2024. For FY 2010: MACPAC, 2013, Figure 3 in MACStats: Medicaid and CHIP Program Statistics, June 2013.

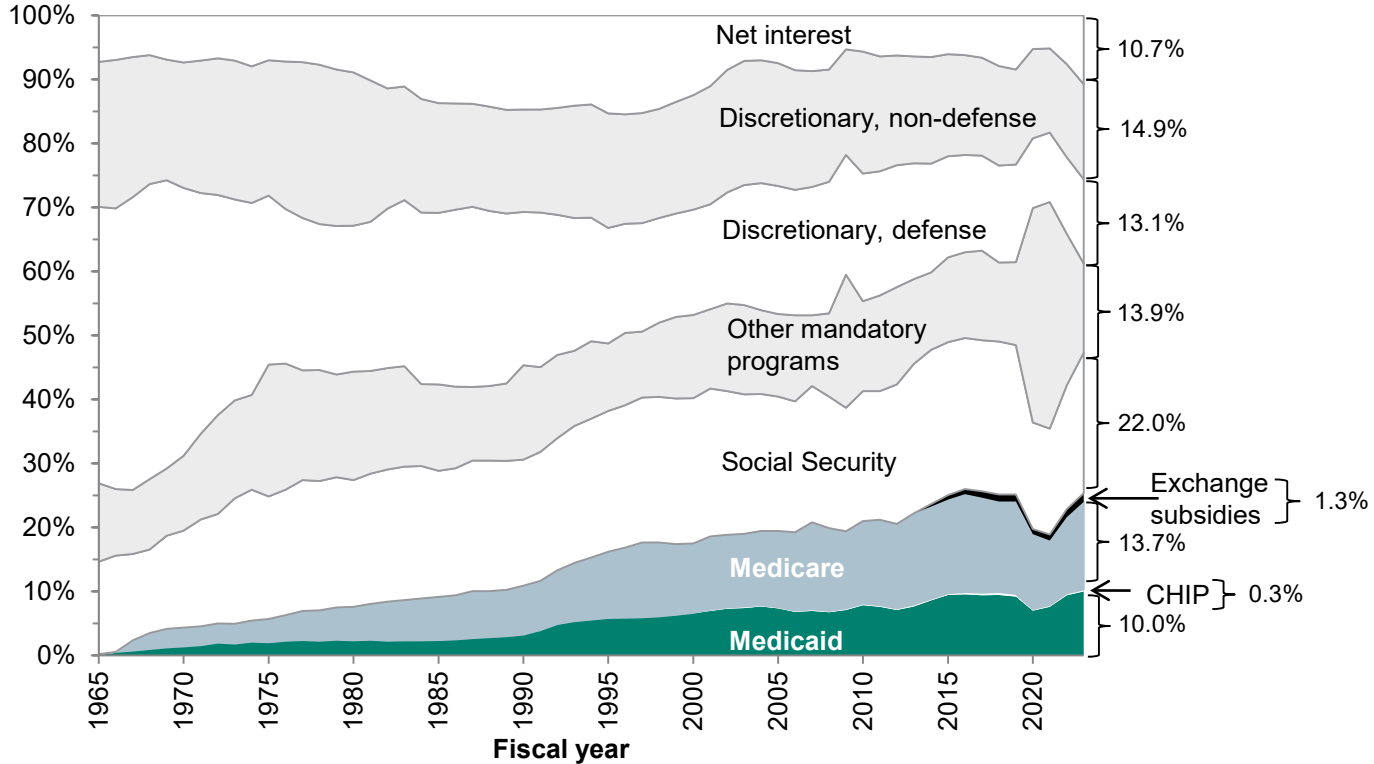
Medicaid Enrollment as a Share of the Total Population and Spending as a Share of National Health Expenditures by Payer, 2013–2023



Notes: NHE is national health expenditures. NHE numbers are based on calendar year estimates, and Medicaid enrollment numbers are based on fiscal year (FY) estimates. All numbers exclude CHIP-financed coverage. Spending consists of federal and state Medicaid expenditures for benefits and administration, excluding the Vaccines for Children program. Enrollment data for FYs 2013–2020 are projected. Enrollment for FYs 2013–2023 include estimates for the territories.

Source: Centers for Medicare & Medicaid Services (CMS). 2024. National Health Expenditure Data. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data>; MACPAC, 2024 Exhibits 1 and 8 in MACStats: Medicaid and CHIP Data Book, December 2024

Medicaid as a Share of Federal Outlays, FYs 1965–2023



Note: FY is fiscal year. CHIP is State Children's Health Insurance Program.
Source: MACPAC, 2024 Exhibit 4 in MACStats: Medicaid and CHIP Data Book, December 2024.

Coverage of Services

Medicaid and CHIP Coverage of Services

- Medicaid and CHIP coverage has been associated with lower uninsurance rates and increased access to care and use of medical services
 - In calendar year (CY) 2023, Medicaid expansion states had an uninsurance rate of 6.5 percent compared to 9.9 percent among states that did not expand Medicaid (KFF 2024)
 - In CY 2023, 94 percent of non-institutionalized children and 78 percent of non-institutionalized adults covered by Medicaid or CHIP received a wellness visit in the past year. This was comparable to 95 percent of privately insured children and 78 percent of privately insured adults (MACPAC 2024)
- Medicaid is the largest single payer of maternity care services and LTSS, and plays a key role in covering behavioral health services

Note: FY is fiscal year. CHIP is State Children's Health Insurance Program.

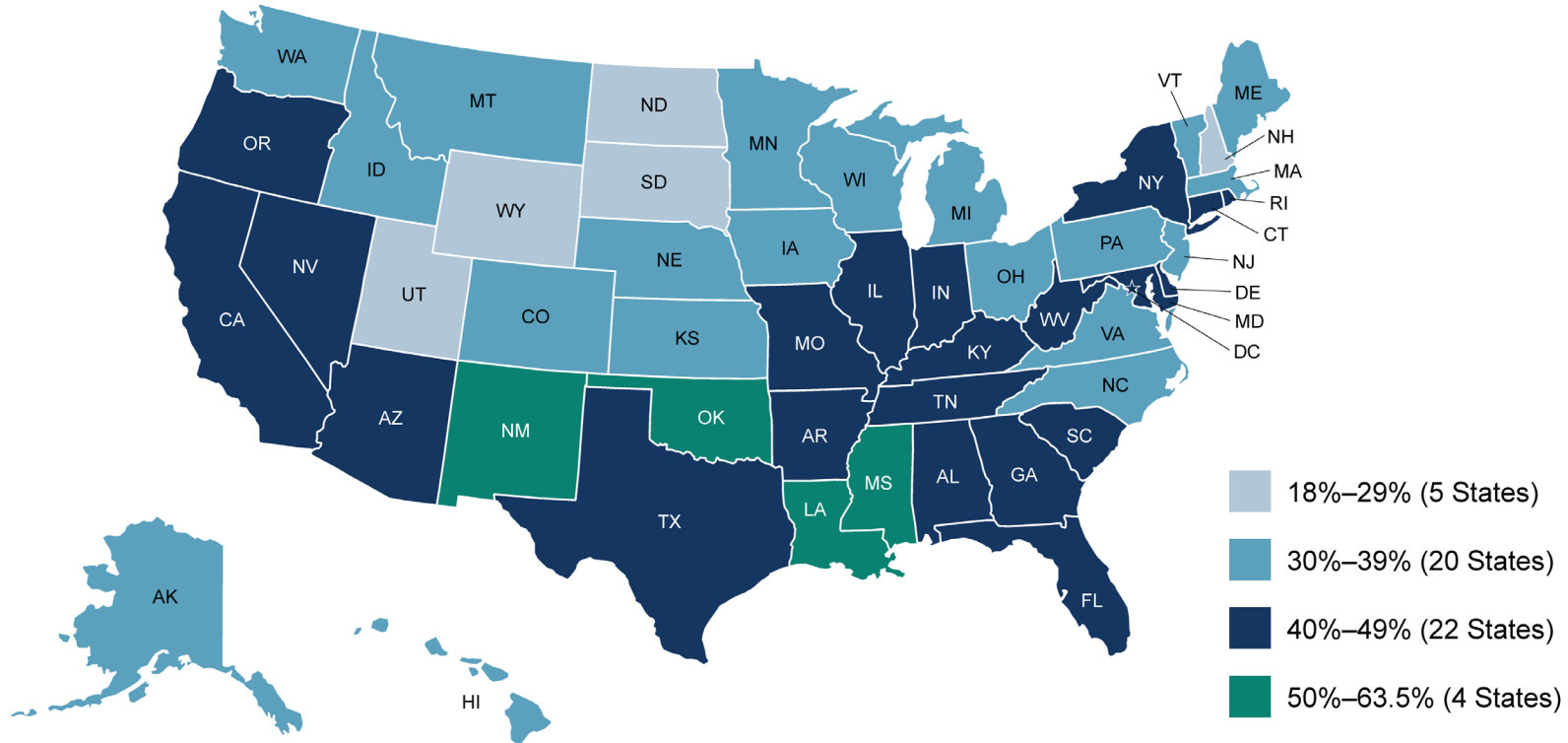
Sources: Kaiser Family Foundation (KFF). 2024. Health Insurance Coverage of the Total Population. Washington, DC: KFF.

<https://www.kff.org/other/state-indicator/total-population/>; MACPAC, 2024 Exhibits 40 and 45 in MACStats: Medicaid and CHIP Data Book, December 2024.

Medicaid Coverage of Maternity Care

- Most services associated with maternity care are mandatory Medicaid benefits
- Medicaid is the largest single payer of births in the United States, covering 41.2 percent of all births in CY 2023
 - Medicaid paid for a larger share (46.9 percent) of births in rural areas
- Women whose birth was financed by Medicaid in CY 2023 accessed timely and consistent prenatal care
 - Almost 2 out of 3 women started prenatal care in their first trimester
 - About 70 percent of women received nine or more prenatal visits during their pregnancy

Share of Births Covered by Medicaid, by State, CY 2023

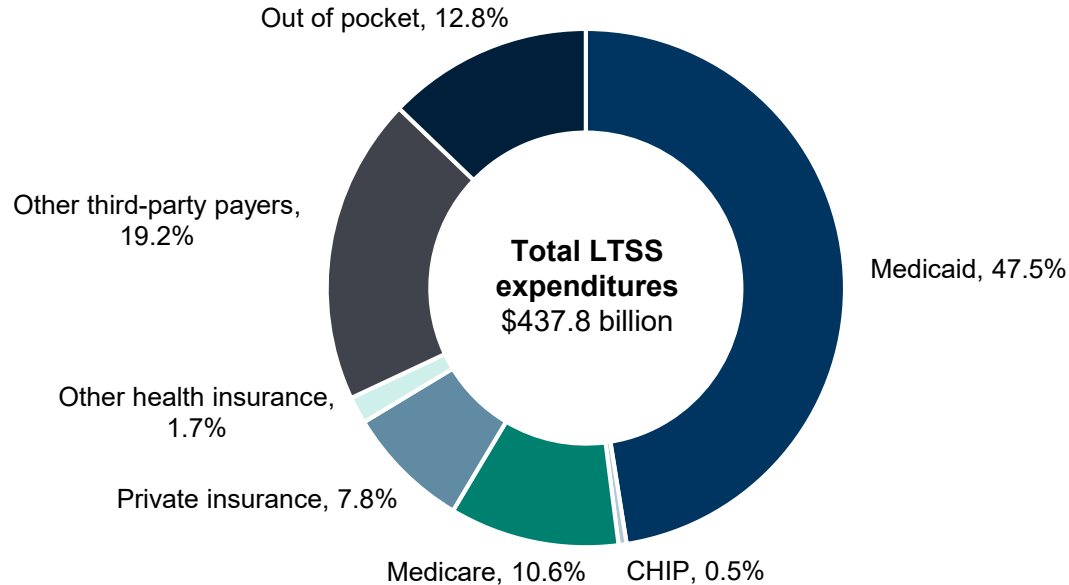


Notes: CY is calendar year. Universe is births paid for by Medicaid. State is mother's legal state of residence recorded on the birth certificate.
Source: MACPAC, 2025, analysis of Natality on CDC WONDER Online Database.

LTSS

- Medicaid is the primary payer of LTSS
- Nursing facility stays and home health services are the only mandatory Medicaid LTSS benefits
- Other LTSS benefits are optional, including:
 - Home- and community-based services (HCBS)
 - Some institutional LTSS, such as intermediate care facilities for individuals with intellectual disabilities
- In CY 2021, over 3 million Medicaid enrollees used HCBS and approximately 1.5 million used institutional LTSS (MACPAC 2024)

Spending on LTSS by Payer, CY 2022

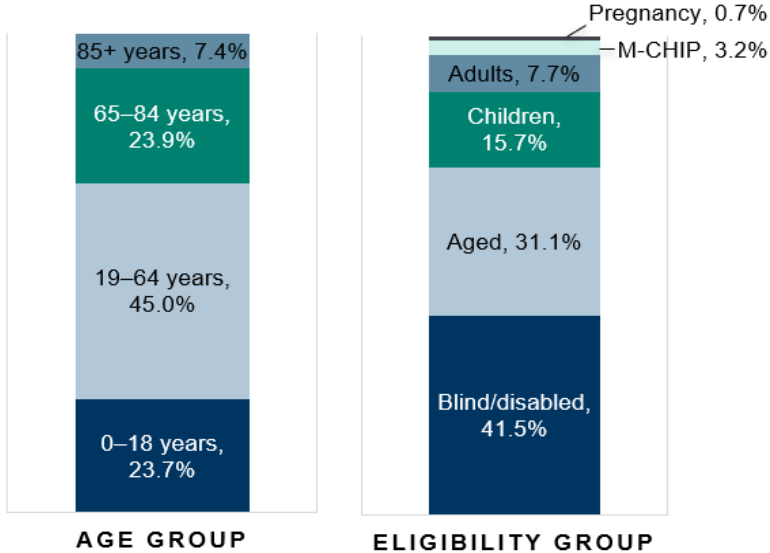


Notes: LTSS is long-term services and supports. CY is calendar year. CHIP is State Children's Health Insurance Program. LTSS is defined as the following categories from national health expenditures: "Nursing care facilities and continuing care retirement communities" and "Other health, residential, and personal care services".

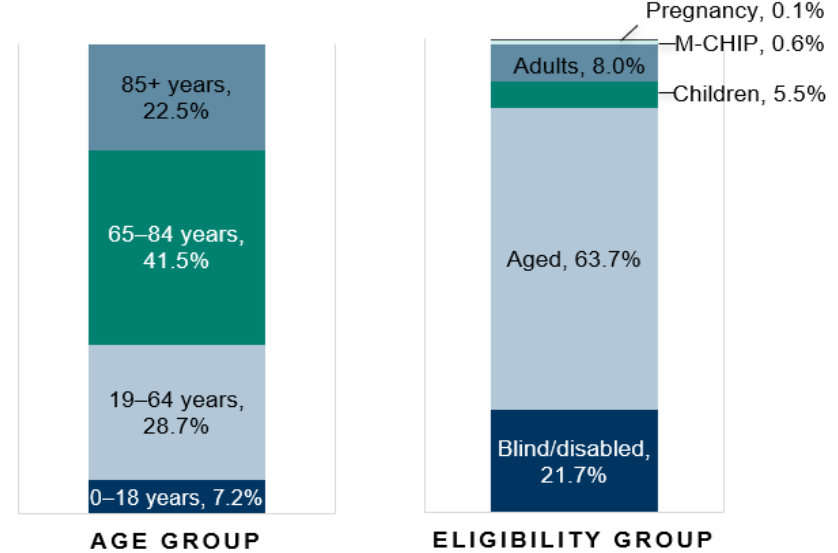
Source: Office of the Actuary (OACT), CMS, 2023, National health expenditures by type of service and source of funds: Calendar years 1960–2022, Baltimore, MD: OACT, <https://www.cms.gov/files/zip/national-health-expenditures-type-service-and-source-funds-cy-1960-2022.zip>. OACT, 2023, National health expenditure accounts: Methodology paper, 2022, Baltimore, MD: OACT, <https://www.cms.gov/files/document/definitions-sources-and-methods.pdf>.

HCBS and Institutional LTSS Users, CY 2021

Total number of HCBS Users
3.3 million



Total number of Institutional LTSS Users
1.5 million



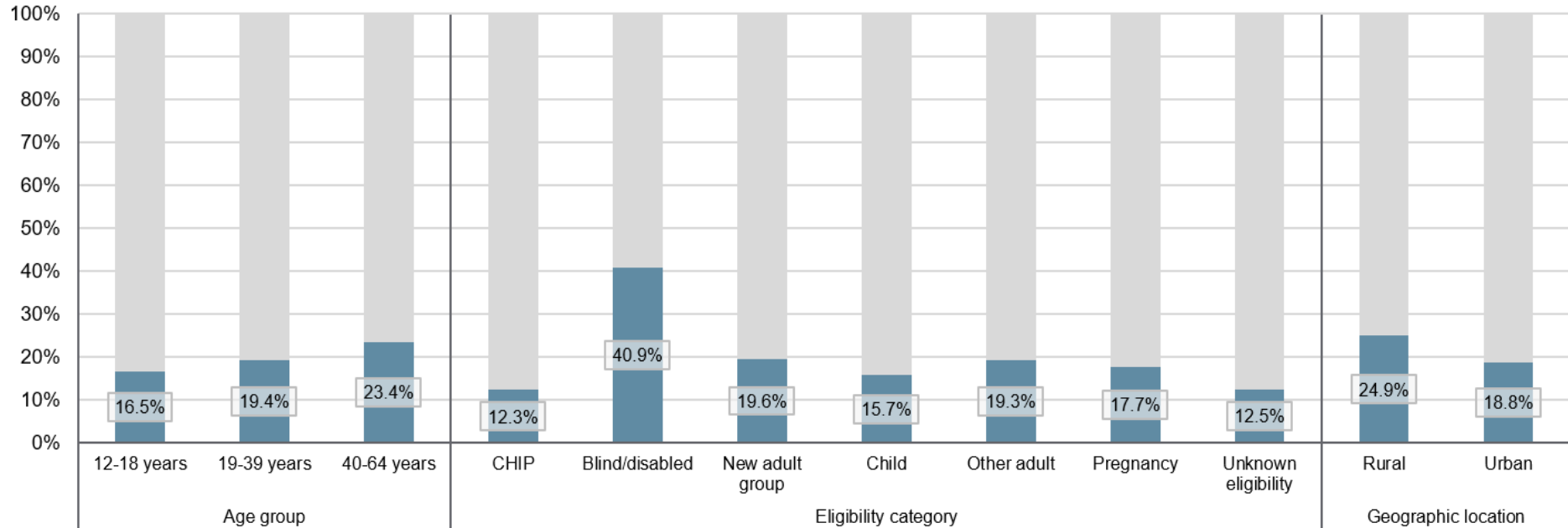
Notes: HCBS is home- and community-based services. LTSS is long term services and supports. CY is calendar year. CHIP is State Children’s Health Insurance Program. Medicaid-expansion CHIP (M-CHIP) is CHIP-financed Medicaid coverage of targeted low-income children that meet the requirements of section 2103 of the Social Security Act. Enrollees in the “children” eligibility group represent children with Medicaid enrollment and exclude M-CHIP enrollees. This figure includes data from 50 states and the District of Columbia. Due to a data reporting issue in one state, the number of HCBS users is inflated, impacting national trends. Enrollees with missing or unknown eligibility group accounted for less than two percent of the population and are excluded from this figure. In this figure, adults enrolled via the new adult group (VIII group) and other adults enrolled via non-VIII group pathways are combined into a single “adult” category. The new adult group (VIII group) includes those enrollees who are eligible under Section 1902(a)(10)(A)(i)(VIII) of the Act. Other adults (non-VIII group) includes adults under age 65 who qualify through a pathway other than disability or Section 1902(a)(10)(A)(i)(VIII) of the Act (e.g., parents and caretakers, pregnancy). Enrollees that use HCBS and institutional LTSS in the year are counted in both categories.

Source: MACPAC, 2024, analysis of Transformed Medicaid Statistical Information System (T-MSIS) data.

Coverage of Behavioral Health Services

- Behavioral health services in Medicaid are an optional benefit
 - Children enrolled in Medicaid or Medicaid expansion CHIP are entitled to medically necessary behavioral health services through the early and periodic screening, diagnostic, and treatment (EPSDT) benefit
- About one in five Medicaid and CHIP enrollees received a mental health or substance use disorder service in CY 2022 (CMS 2024)

Medicaid and CHIP Enrollees who Received Mental Health or Substance Use Disorder Services, CY 2022



Notes: CHIP is State Children’s Health Insurance Program. Data include Medicaid and CHIP enrollees who were between ages 12 and 64, were continuously enrolled with comprehensive benefits for 12 months, who were not dually eligible for Medicare, and received at least one mental health or substance use disorder service paid for by Medicaid or CHIP in 2022. To classify enrollees as living in an urban or rural location, CMS used the 2010 Rural-Urban Commuting Area (RUCA) code classification scheme from the U.S. Department of Agriculture. Enrollees are assigned to an urban or rural residence category based on the 2010 RUCA code associated with their home or mailing address ZIP code in TAF.

Source: Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024. Medicaid and CHIP enrollees who received mental health or SUD services. Baltimore, MD: CMS. <https://data.medicare.gov/dataset/8062e2f4-4c0a-41c9-8217-979468a80986>.



Questions or Comments?

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