



Highlights from the 2020 Edition of MACStats

Medicaid and CHIP Payment and Access Commission

Jerry Mi

December 10, 2020

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Overview

- Compiles data on Medicaid and CHIP from multiple sources, including:
 - Key statistics on Medicaid and CHIP
 - 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
 - Measure of beneficiary health, use of services, and access to care
 - Technical guide

MACStats Updates

- For the first time, MACStats includes data from the Transformed Medicaid Statistical Information System (T-MSIS)
 - Due to data quality improving over time, we used the most recent T-MSIS data from FY 2018
- Eight tables based on the National Health Interview Survey (NHIS) data are republished from the 2019 data book
 - NHIS data delayed due to 2019 redesign
 - We plan to update these tables when we complete our analyses on the 2019 NHIS data

Key Statistics

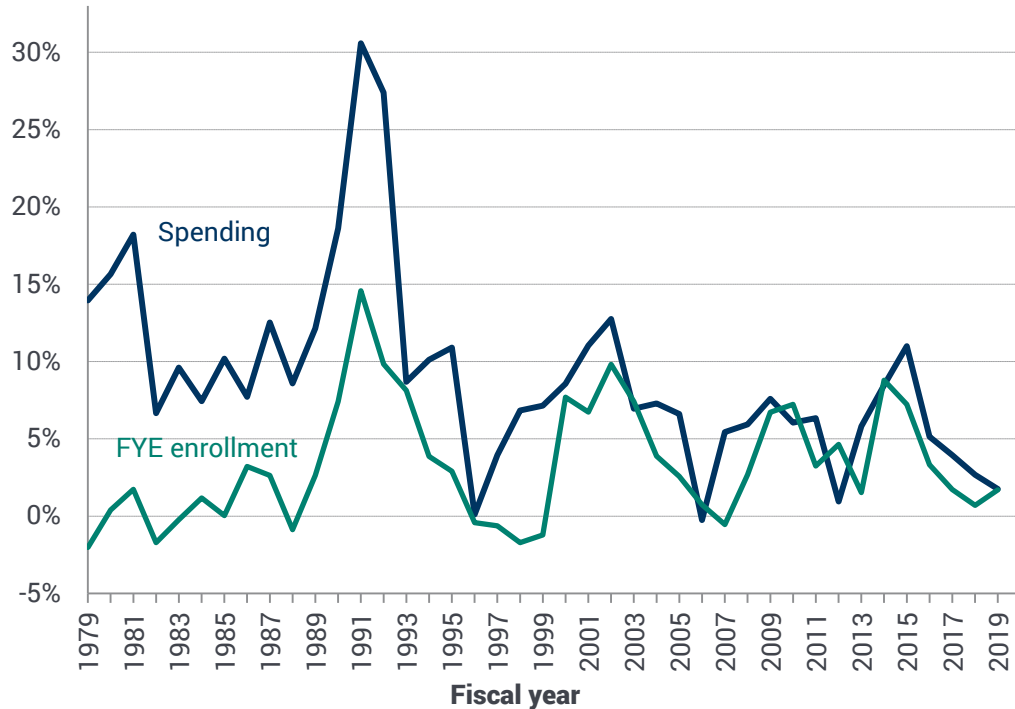
- In FY 2018, more than one-quarter of the U.S. population was enrolled in Medicaid or CHIP for at least part of the year
 - 86.6 million in Medicaid
 - 9.4 million in CHIP
- Excluding federal funds, Medicaid made up 16.3 percent of state budgets in SFY 2018; elementary and secondary education made up 24.7 percent
- Medicaid and CHIP were 16.4 percent of national health expenditures compared to 20.6 percent for Medicare in CY 2018

Full-Benefit Medicaid and CHIP Enrollment, Selected Months in 2013-2020 (millions)

Year	Number of Enrollees	Annual growth
July–September 2013 average	56.5	–
July 2017	73.4	–
July 2018	72.5	-1.2%
July 2019	71.5	-1.3%
July 2020	75.5	5.6%

Source: MACPAC, 2020, *MACStats*, Exhibit 11, December 2020.

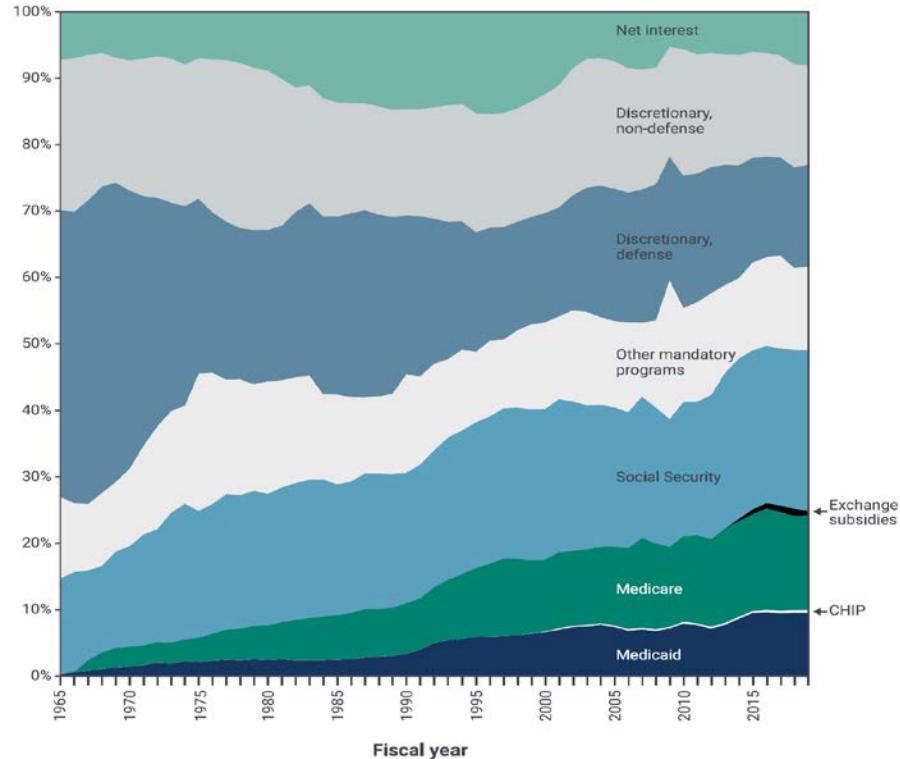
Annual Growth in Medicaid Enrollment and Spending, FY 1979–FY 2019



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 2013–2017 are estimated, and projected afterwards; those for FYs 1999–2019 include estimates for the territories.

Source: MACPAC, 2020, *MACStats*, Exhibit 10, December 2020.

Major Components of Federal Budget as a Share of Total Federal Outlays, FY 1965–2019



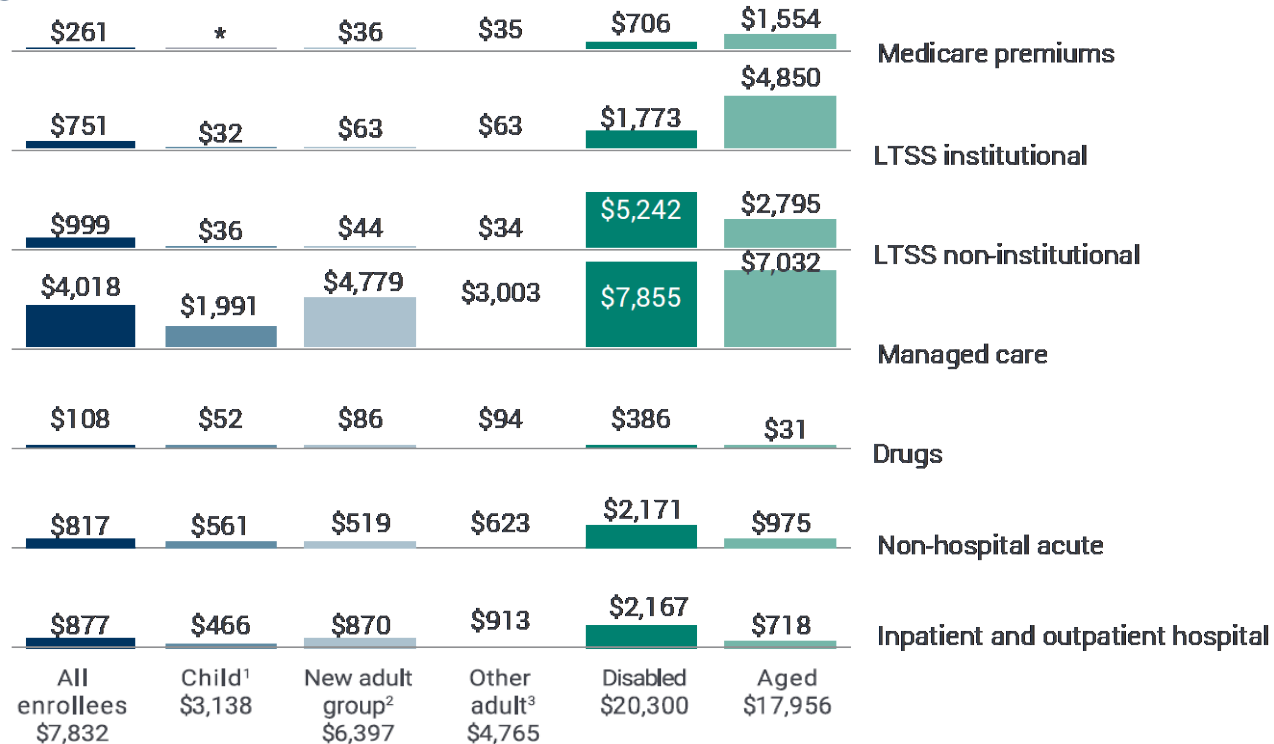
Note: FY is fiscal year.

Source: MACPAC, 2020, *MACStats*, Exhibit 4, December 2020.

Program Enrollment and Spending

- Over half (51.2 percent) of enrollees who are eligible on the basis of disability and one third (34.6 percent) of enrollees age 65 and older were enrolled in comprehensive managed care in FY 2018
- In FY 2018, 5.5 percent of Medicaid enrollees used long-term services and supports (LTSS), but accounted for almost one third (32.6 percent) of Medicaid spending
- The new adult group accounted for over 20 percent of enrollees and 17 percent of spending in FY 2018
- Drug rebates reduced gross drug spending by 55.7 percent in FY 2019
- Disproportionate share hospital (DSH), upper payment limit, and other types of supplemental payments accounted for over half of fee-for-service payments to hospitals in FY 2019

Medicaid Benefit Spending per Full-Year Equivalent (FYE) Enrollees, FY 2018



Notes and Sources (1)

Medicaid and CHIP Eligibility

- Eligibility criteria remained largely unchanged between 2019 and 2020
- In 2018, 41 percent of all individuals enrolled in Medicaid had family incomes below 100 percent of the federal poverty level (FPL) and about 60 percent had incomes below 138 percent FPL
- As of April 2020, 35 states and the District of Columbia are now covering non-disabled low-income adults up to 138 percent FPL (\$17,609 for a single individual)

Beneficiary Health, Service Use, and Access to Care

- In 2018, children and adults with Medicaid or CHIP coverage were less likely to be in excellent or very good health than those who are privately covered
- Children and adults with Medicaid or CHIP coverage were less likely to have at least one office-based visit to a doctor or health professional than those with private coverage, but more likely than those who were uninsured
- Children and adults covered under Medicaid or CHIP report having at least one dental care visit at lower rates to those with private coverage, but at higher rates than those who were uninsured

Figure Notes and Sources (1)

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. Individuals age 65 and older eligible through an aged, blind, or disabled pathway are included in the aged category. Amounts are fee for service unless otherwise noted, and they reflect all enrollees, including those with limited benefits. Benefit spending from Transformed Medicaid Statistical Information System (T-MSIS) data has been adjusted to reflect CMS-64 totals. Due to changes in methods and data, figures shown here are not directly comparable to earlier years. With regard to methods, 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), which were previously included prior to the December 2015 data book. See <https://www.macpac.gov/macstats/data-sources-and-methods/> for additional information. Additionally, figures shown here may not be directly comparable to prior years due to differences in reporting between T-MSIS and the Medicaid Statistical Information System (MSIS).

* Values less than \$1 are not shown.

¹ California, North Dakota, and Utah have a state plan amendment (SPA) that allows the state to receive the enhanced federal medical assistance percentage (FMAP) for Medicaid children that would have, prior to January 1, 2014, been enrolled in CHIP if not for the elimination of the Medicaid asset test. These children cannot be separately identified in the T-MSIS data. Because the state claims the spending for these children as Medicaid-expansion CHIP, we reduced child enrollment and spending in these states based on the proportion reported in their SPA. Correspondingly, we reduced child FYE enrollment by 211,000 and child spending by \$526.1 million.

² Includes both newly eligible and not newly eligible adults who are eligible under Section 1902(a)(10)(A)(i)(VIII) of the Act. Newly eligible adults include those who were not eligible for Medicaid under the rules that a state had in place on December 1, 2009. Not newly eligible adults include those who would have previously been eligible for Medicaid under the rules that a state had in place on December 1, 2009; this includes states that had already expanded to adults with incomes greater than 100 percent of the federal poverty level as of March 23, 2010, and receive the expansion state transitional matching rate.

³ 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, pregnant women).

Source: MACPAC, 2020, analysis of T-MSIS data as of April 2020 and CMS-64 financial management report net expenditure data as of October 2019.



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