

December 08, 2022

Highlights from the 2022 Edition of MACStats

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Medicaid and CHIP Payment and Access Commission



www.macpac.gov

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

- Two tables based on the 2020 Medical Expenditure Panel Survey (MEPS) data have been added
 - Describes access to and experience of care among non-institutionalized individuals
- One table (Exhibit 12) has been updated with 2019 and 2020 data
 - There was a delay in the release of health care spending projections within the National Health Expenditure Accounts
- Tables based on National Health Interview Survey (NHIS) data updated to 2021
 - Skips 2020 NHIS data

Key Statistics

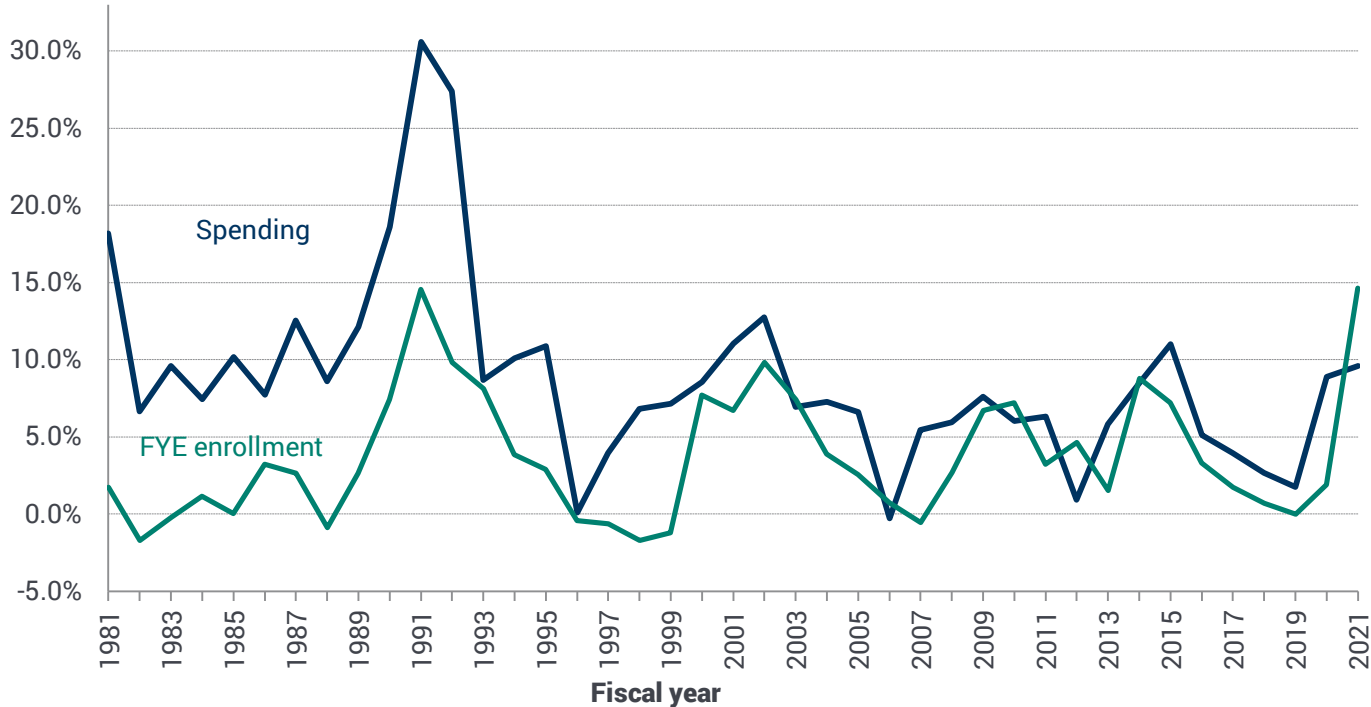
- In FY 2021, almost 30 percent of the U.S. population was enrolled in Medicaid or CHIP for at least part of the year
 - 87.8 million in Medicaid
 - 8.6 million in CHIP
- Excluding federal funds, Medicaid made up 15.1 percent of state budgets in SFY 2020; elementary and secondary education made up 24.8 percent
- Medicaid and CHIP were 16.8 percent of national health expenditures compared to 20.1 percent for Medicare in CY 2020

Full-Benefit Medicaid and CHIP Enrollment, Selected Months in 2013-2021 (millions)

| Year | Number of Enrollees | Annual growth |
|-----------------------------|---------------------|---------------|
| July–September 2013 average | 56.5 | – |
| July 2019 | 71.6 | – |
| July 2020 | 76.0 | 6.1% |
| July 2021 | 83.9 | 10.4% |
| July 2022 | 90.0 | 7.2% |

Source: MACPAC, 2022, *MACStats*, Exhibit 11, December 2022.

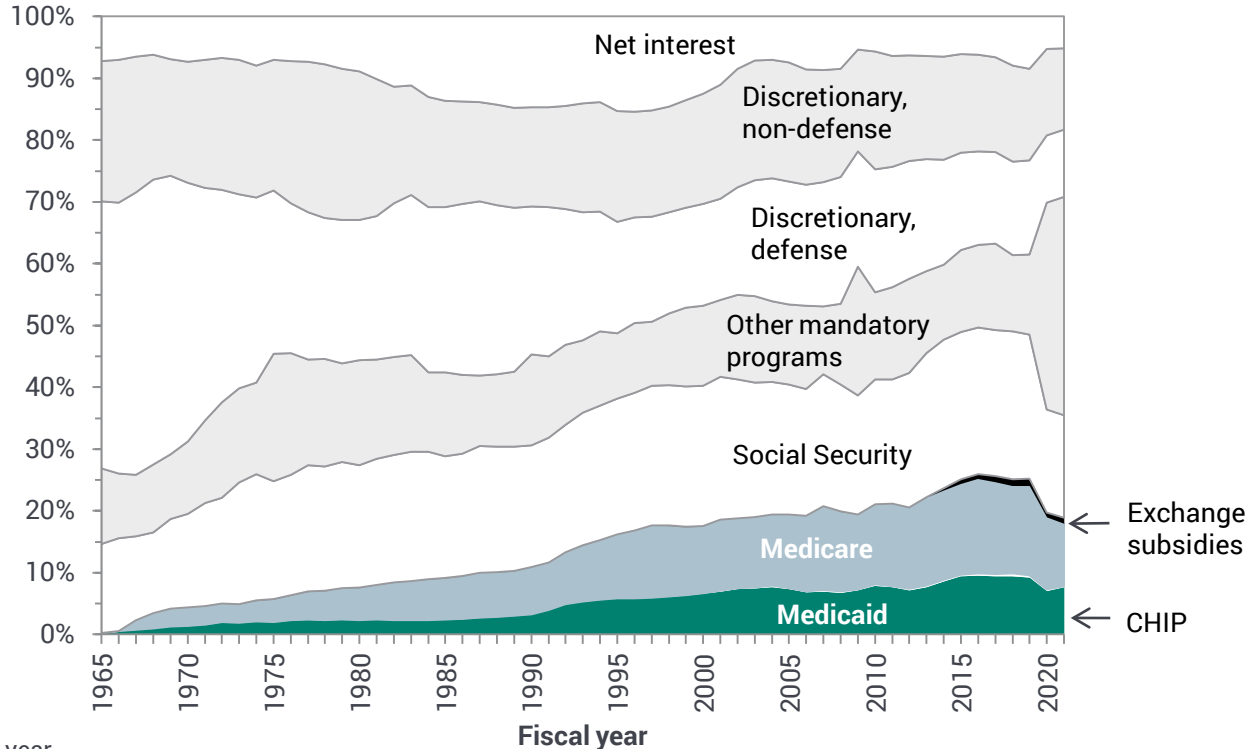
Annual Growth in Medicaid Enrollment and Spending, FY 1981—FY 2021



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; those for FYs 1999–2020 include estimates for the territories.

Source: MACPAC, 2022, *MACStats*, Exhibit 10, December 2022.

Major Components of Federal Budget as a Share of Total Federal Outlays, FY 1965—2021



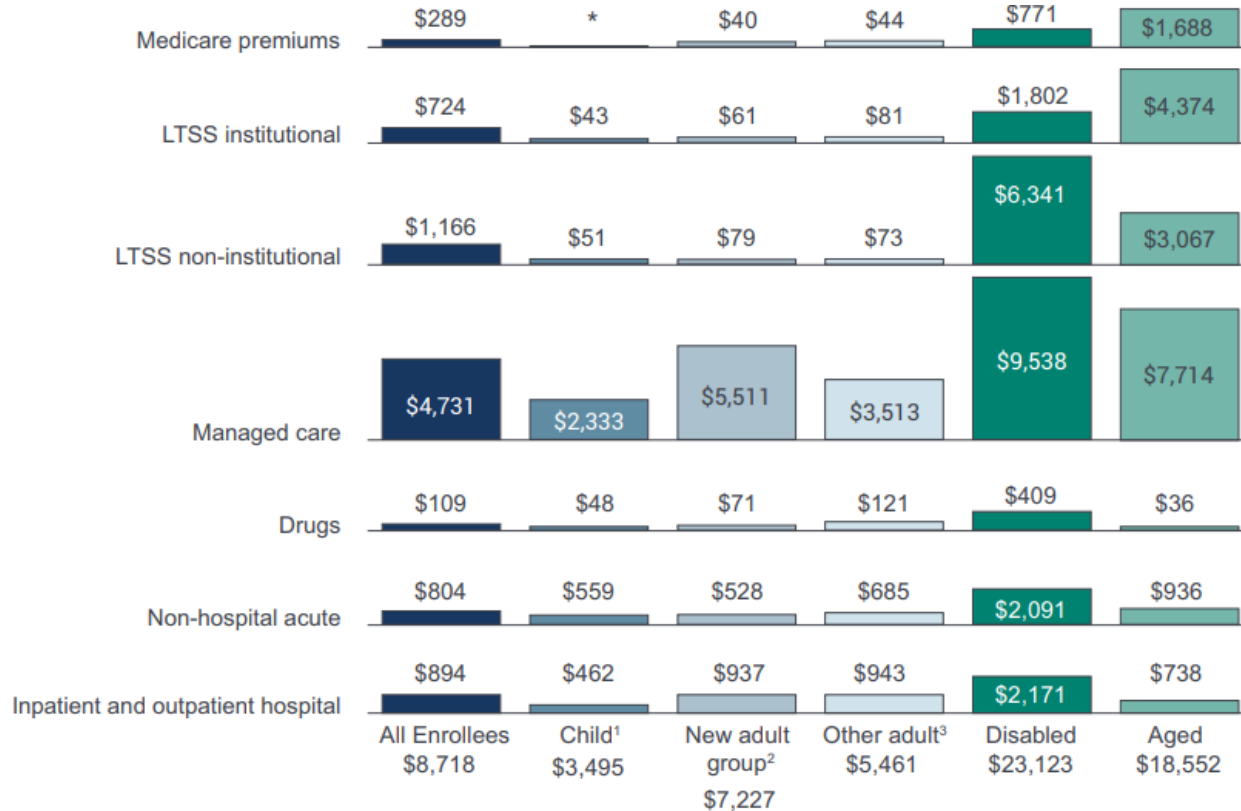
Note: FY is fiscal year.

Source: MACPAC, 2022, *MACStats*, Exhibit 4, December 2022.

Program Enrollment and Spending

- Over 70 percent of enrollees are enrolled in comprehensive managed care, and this accounts for over 50 percent of Medicaid benefit spending
- In FY 2020, 5.3 percent of Medicaid enrollees used long-term services and supports (LTSS), but accounted for almost one third (31.3 percent) of Medicaid spending
- The new adult group accounted for 24 percent of enrollees and 19 percent of spending in FY 2020
- Drug rebates reduced gross drug spending by 52.8 percent in FY 2021
- 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 2021

Medicaid Benefit Spending per Full-Year Equivalent (FYE) Enrollees, FY 2020



Notes and Sources (1)

Medicaid and CHIP Eligibility

- In 2021, 35 percent of all individuals enrolled in Medicaid had family incomes below 100 percent of the federal poverty level (FPL) and 53 percent had incomes below 138 percent FPL
- As of July 2022, 38 states and the District of Columbia are now covering non-disabled low-income adults up to 138 percent FPL (\$18,754 for a single individual)

Beneficiary Health, Service Use, and Access to Care

- In 2021, children and adults with Medicaid or CHIP coverage were less likely to be in excellent or very good health than those who have private coverage
- Children with Medicaid or CHIP coverage were as likely to report seeing a doctor or having a wellness visit within the past year as those with private coverage, and more likely than those who were uninsured
- While most children and adults with Medicaid or CHIP coverage had a usual source of care, they were less likely to have one compared to those with private insurance
- Children and adults with Medicaid or CHIP coverage are more likely to report having a very difficult time reaching their usual medical provider by phone during business hours and after hours for urgent care needs compared with those with private coverage

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 219,200 and child spending by \$557.7 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, 2022, analysis of T-MSIS data as of February 2022 and CMS-64 financial management report net expenditure data as of June 2021.

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