

December 14, 2023


# Highlights from the 2023 Edition of MACStats

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Medicaid and CHIP Payment and Access Commission

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# Overview

- Compiles data on Medicaid and State Children’s Health Insurance Program (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

# Key Statistics

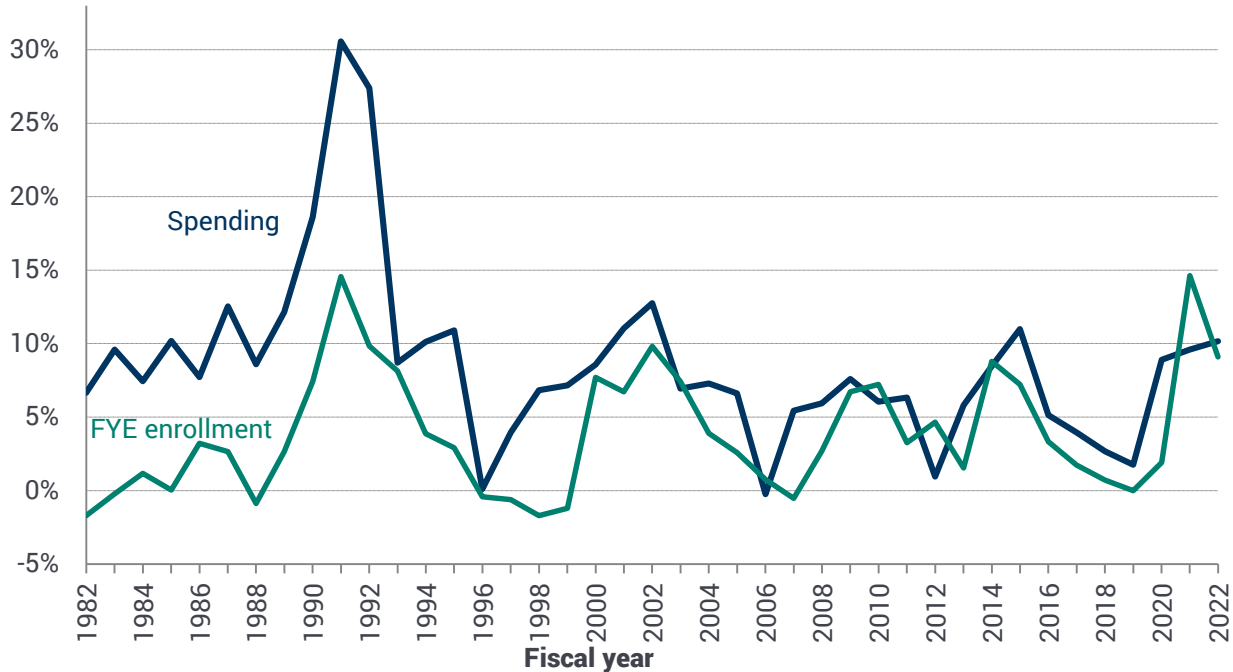
- In FY 2022, more than 30 percent of the U.S. population was enrolled in Medicaid or CHIP for at least part of the year
  - 93.8 million in Medicaid
  - 8.3 million in CHIP
- Excluding federal funds, Medicaid made up 14.4 percent of state budgets in SFY 2021; elementary and secondary education made up 24.3 percent
- Medicaid and CHIP were 17.8 percent of national health expenditures compared to 21.2 percent for Medicare in CY 2021

# 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 2020	76.0	–
July 2021	84.0	10.5%
July 2022	90.1	7.2%
July 2023	91.5	1.6%

**Source:** MACPAC, 2023, *MACStats*, Exhibit 11, December 2023.

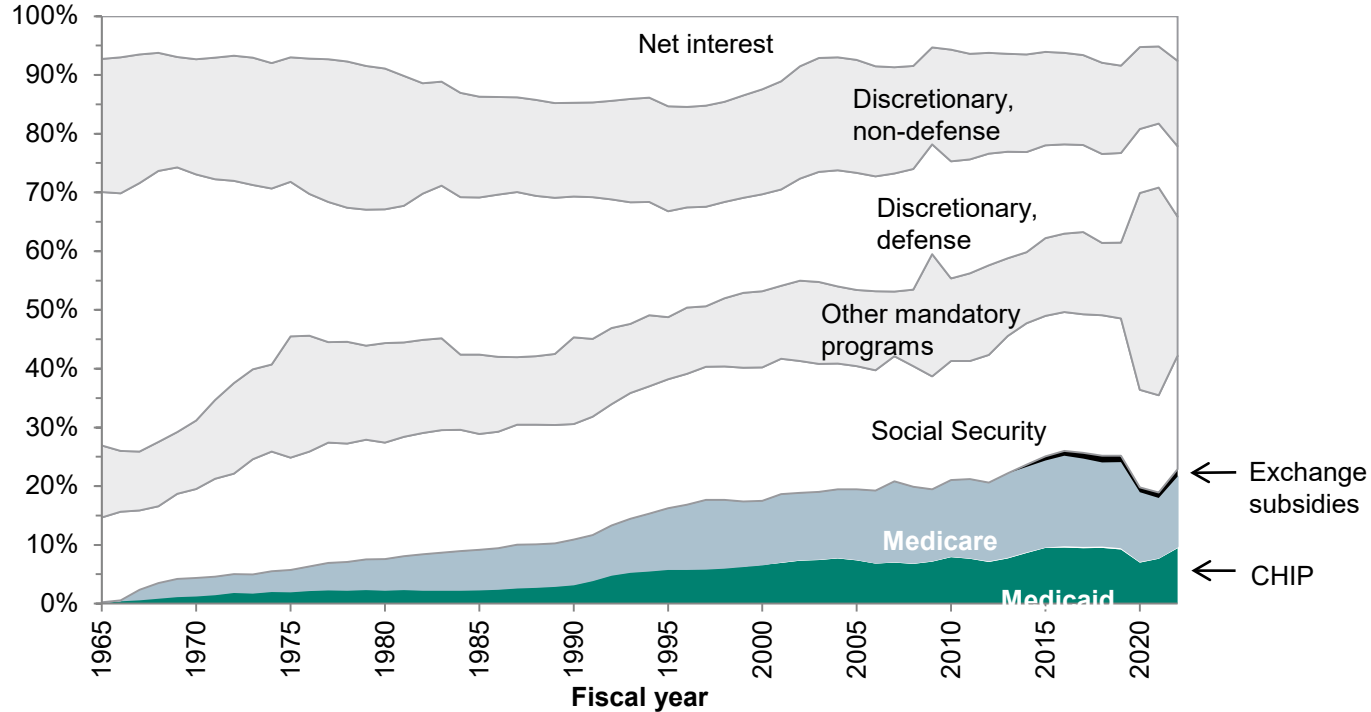
## Annual Growth in Medicaid Enrollment and Spending, FY 1982—FY 2022



**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, 2023, *MACStats*, Exhibit 9, December 2023.

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



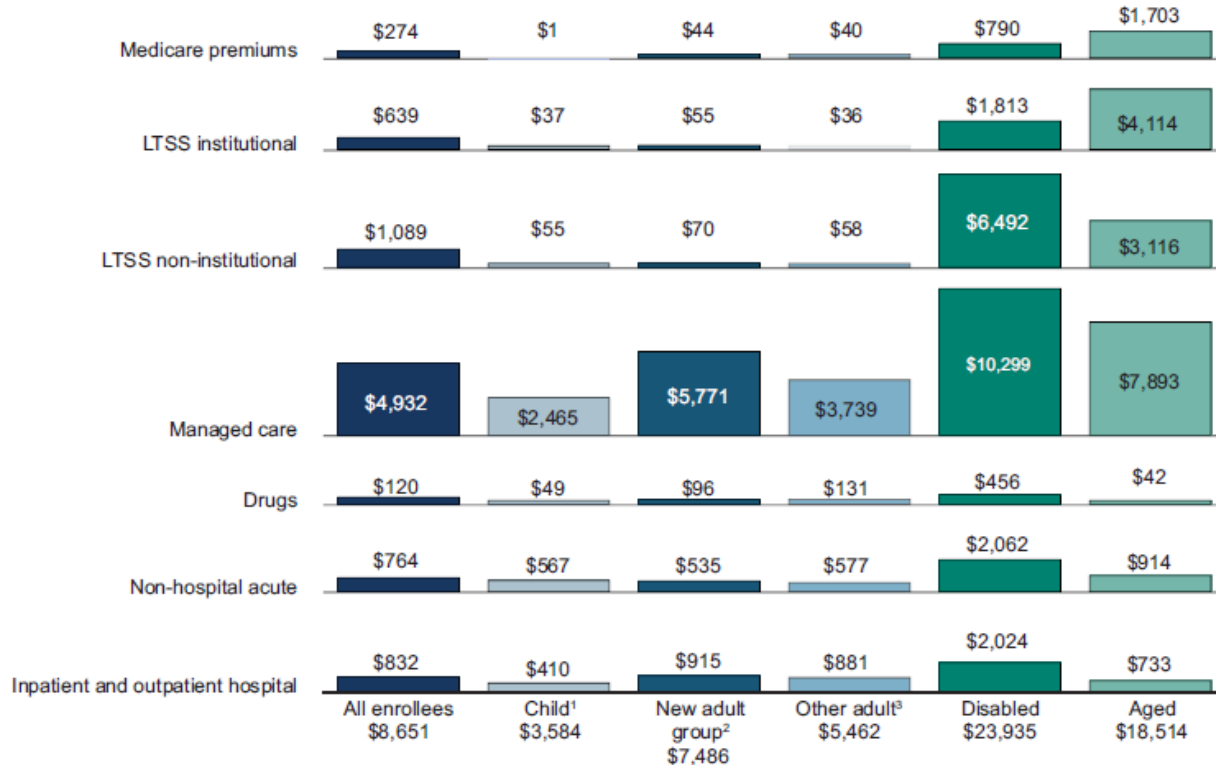
**Note:** FY is fiscal year.

**Source:** MACPAC, 2023, *MACStats*, Exhibit 4, December 2023.

# 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 2021, 4.9 percent of Medicaid enrollees used long-term services and supports (LTSS), but accounted for 28.5 percent of Medicaid spending
- The new adult group accounted for 25 percent of enrollees and 22 percent of spending in FY 2021
- Drug rebates reduced gross drug spending by 52.9 percent in FY 2022
- 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 2022

## Medicaid Benefit Spending per Full-Year Equivalent (FYE) Enrollees, FY 2021





# Medicaid and CHIP Eligibility

- In 2022, 34 percent of all individuals enrolled in Medicaid had family incomes below 100 percent of the federal poverty level (FPL) and 54 percent had incomes below 138 percent FPL
- As of July 2023, 39 states and the District of Columbia are now covering non-disabled low-income adults up to 138 percent FPL (\$20,120 for a single individual)

## Beneficiary Health, Service Use, and Access to Care

- In 2022, 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 as likely to report no difficulty reaching their usual medical provider by phone during business hours as those covered by private insurance

# 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.

<sup>1</sup> California, North Dakota, and Utah have a state plan amendment (SPA) that allows the state to receive the CHIP enhanced federal medical assistance percentage (FMAP) for Medicaid children who would have, before 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 by 242,600 and child spending by \$724.7 million.

<sup>2</sup> 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 are 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.

<sup>3</sup> 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).

**Source:** MACPAC, 2023, analysis of T-MSIS data as of February 2023 and analysis of CMS-64 financial management report net expenditure data as of June 2022.

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