# Introduction

This 2024 edition of the *MACStats:* *Medicaid and CHIP Data Book* presents the most current data available on Medicaid and the State Children’s Health Insurance Program (CHIP), two programs that provide a safety net for low-income populations who otherwise would not have access to health care coverage and that cover services other payers often do not cover.

The MACStats data book compiles the broad range of Medicaid and CHIP statistics that MACPAC regularly updates on [macpac.gov](https://www.macpac.gov/macstats/) into a single, end-of-year publication. Our purpose is to bring together in one place federal and state data on Medicaid and CHIP that come from multiple data sources and are often difficult to find. The data book provides context for understanding these programs and how they fit in the larger health care system.

Medicaid and CHIP covered more than 32 percent of the U.S. population in 2023 (Exhibit 1). About 39 percent of children had Medicaid or CHIP coverage in 2023 (Exhibit 2). As of July 2024, 79.6 million people were enrolled in Medicaid and CHIP. Enrollment decreased by 13.7 percent from July 2023 to July 2024 as states began to disenroll beneficiaries following the end of the continuous coverage requirement that was attached to the federal medical assistance percentage (FMAP) increase under the Families First Coronavirus Response Act (FFCRA, P.L. 116-127) (Exhibit 11).

Although the share of the federal budget devoted to Medicaid and Medicare has grown steadily since the programs were enacted in 1965, Medicaid spending continues to account for a smaller share of the federal budget in fiscal year (FY) 2023 (10.0 percent) than Medicare (13.7 percent) (Exhibit 4). The recent growth in the share of federal spending on Medicaid and CHIP from the prior fiscal year reflects both the growth in federal spending as enrollment and the federal share of Medicaid and CHIP increased under the provisions of the FFCRA as well as a decrease in other federal spending associated with pandemic-related relief.

Total Medicaid spending was $900.3 billion in FY 2023 (Exhibit 16). Spending for CHIP was $23.4 billion (Exhibit 33). The increase in Medicaid spending for FY 2023 was driven almost equally by increases in enrollment and spending per full-year equivalent enrollee (Exhibit 10). In FY 2022, individuals eligible on the basis of disability and enrollees age 65 and older accounted for about 20 percent of Medicaid enrollees but about 51 percent of program spending (Exhibits 14 and 21). Many of these individuals were users of long-term services and supports. Spending for people who are dually eligible for Medicaid and Medicare accounted for more than $244 billion in spending in FY 2022 (Exhibit 21). In addition, more than half of Medicaid spending for enrollees was for capitation payments to managed care plans (Exhibits 17 and 18).

MACStats continues to include tables on access to and experience of care among non-institutionalized individuals. As in prior years, Medicaid and CHIP enrollees of all ages were more likely to be persons of color and to report fair or poor health than individuals who were covered by private insurance (Exhibit 2). Children whose primary coverage source is Medicaid or CHIP are 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 are uninsured (Exhibit 40). Adults age 19 to 64 whose primary coverage is Medicaid are as likely to report having a usual source of care as those with private coverage and less likely than those with Medicare coverage (Exhibit 47).

The pages that follow are divided into six sections:

* an overview with key statistics on Medicaid and CHIP;
* trends in Medicaid spending, enrollment, and share of state budgets;
* Medicaid and CHIP enrollment and spending, with information presented by state, service category, and eligibility group;
* Medicaid and CHIP eligibility;
* measures of beneficiary health, use of services, and access to care; and
* a technical guide regarding data sources, methods, and guidance for interpreting exhibits.

We would like to thank staff at the Centers for Medicare & Medicaid Services and our contractors—the State Health Access Data Assistance Center at the University of Minnesota and Acumen, LLC—who provided insights and assistance. We would also like to thank Lori Michelle Ryan for providing copyediting services.