



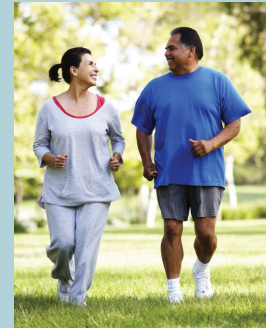
Centers for Medicare & Medicaid Services

Medicaid & CHIP

Health Care Quality Measures

Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience

FEBRUARY 2020



■ This profile is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Harbage Consulting.

Introduction

Together, Medicaid and the Children’s Health Insurance Program (CHIP) serve over 71 million people in the United States. The Medicaid and CHIP Beneficiary Profile provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of the beneficiaries served by Medicaid and CHIP. It is not intended as a comprehensive assessment of Medicaid and CHIP.

- The charts in the profile are based on published data sources, using the most recent and reliable data that were publicly available as of publication.
- The data sources included in the profile vary in terms of the time frame available and the populations included. Please refer to the sidebar on each chart for notes (including populations excluded from the data), data sources, and links (where available). Please refer to the Appendix for more information on each data source.

More information about the Medicaid and CHIP programs, their beneficiaries, and the quality of care is available in the following additional resources:

- **Medicaid and CHIP Beneficiaries at a Glance** shows key highlights from the Medicaid and CHIP Beneficiary Profile. It is available at:
<https://www.medicaid.gov/medicaid/quality-of-care/index.html>.
- CMS developed the **Medicaid and CHIP Scorecard** to increase public transparency and accountability about the programs’ administration and outcomes. It is available at:
<https://www.medicaid.gov/state-overviews/scorecard/index.html>.
- More information on the measurement of quality of care in Medicaid and CHIP, including the Child and Adult Core Sets of health care quality measures, is available at:
<https://www.medicaid.gov/medicaid/quality-of-care/index.html>.

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ABOUT THE MEDICAID AND CHIP BENEFICIARY PROFILE



About the Medicaid and CHIP Beneficiary Profile

The Medicaid and CHIP Beneficiary Profile provides an overview of the characteristics, health status, access, utilization, expenditures, and experience of the beneficiaries served by Medicaid and the Children's Health Insurance Program (CHIP). As the agency responsible for ensuring quality health care coverage for Medicaid and CHIP beneficiaries, the Center for Medicaid and CHIP Services (CMCS) plays a key role in promoting quality health care for adults and children in Medicaid and CHIP.

The profile covers the following domains:

- Medicaid and CHIP Program Overview
- Beneficiary Characteristics
- Beneficiary Health Status
- Beneficiary Access and Utilization
- Beneficiary Expenditures
- Beneficiary Experience
- Special Population: People Dually Eligible for Medicare and Medicaid
- Special Population: Children with Special Health Care Needs

Unless otherwise noted, charts include all Medicaid and CHIP beneficiaries. One notable exclusion from some charts is institutionalized individuals; surveys tend to exclude such individuals from their samples. Please refer to the sidebar on each chart for notes (including exclusions), data sources, and links (where available). Please refer to the Appendix for more information on data sources.

MEDICAID AND CHIP PROGRAM OVERVIEW



Medicaid and CHIP Program Overview

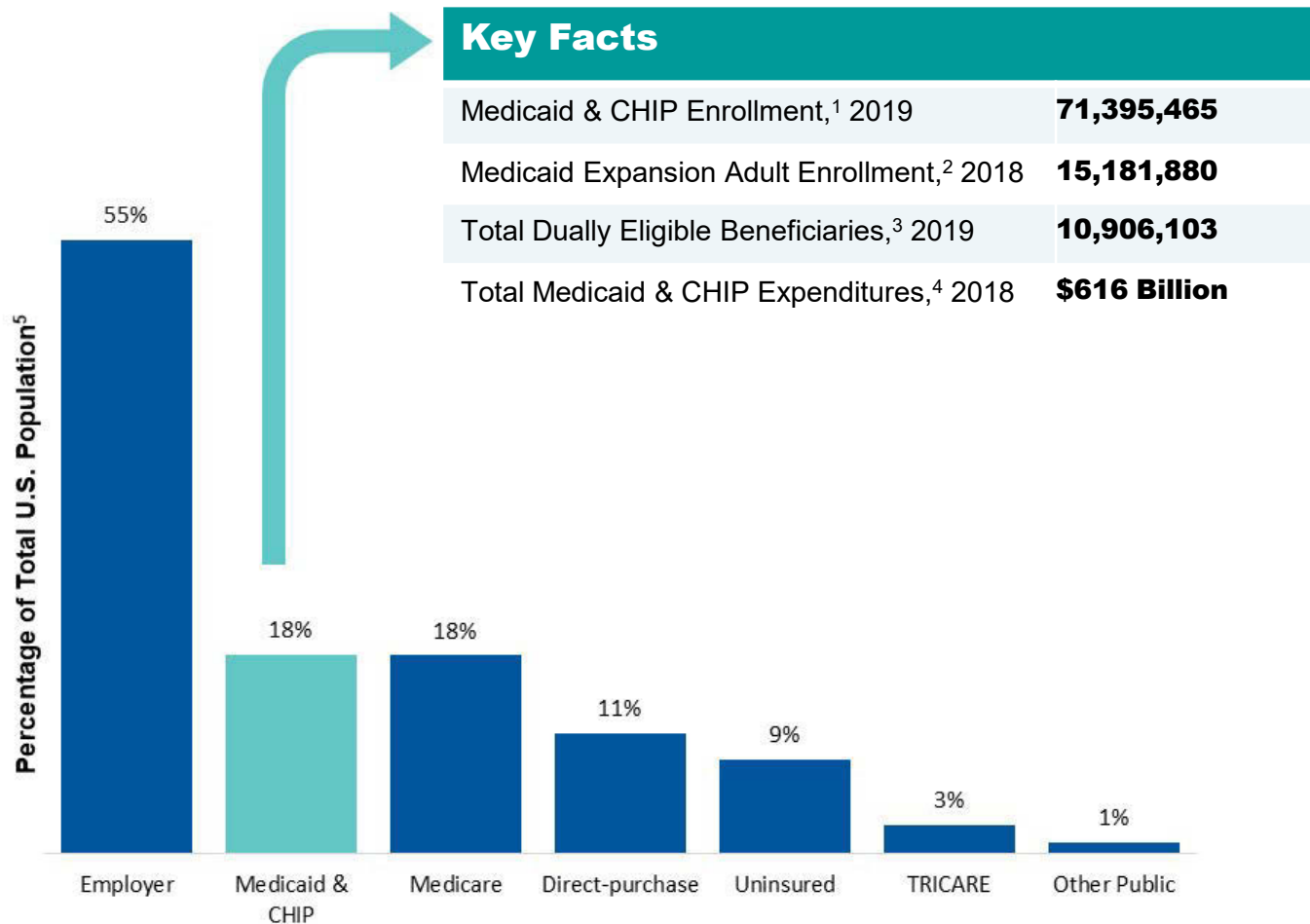
Fast fact: Medicaid and CHIP cover about 1 in 5 people in the United States.

This section of the profile provides context on Medicaid and CHIP enrollment and expenditures.

The charts in this section include:

- Health Insurance Coverage of the U.S. Population: Key Facts
- Percentage of Population Enrolled in Medicaid or CHIP, by State
- Percentage of Medicaid Beneficiaries in Comprehensive Managed Care, by State

Health Insurance Coverage of the U.S. Population: Key Facts



Notes:

“Direct-purchase” includes coverage purchased directly from an insurance company or through a federal or state marketplace. “TRICARE” refers to coverage under the Military Health System. “Other Public” includes coverage under the Civilian Health and Medical Program of the Department of Veterans Affairs, as well as care provided by the Department of Veterans Affairs and the military. “Total Dually Eligible Beneficiaries” are people dually eligible for Medicare and Medicaid. This number includes beneficiaries with full and partial Medicaid benefits. Full website links for each data source can be found in the Appendix. Insurance categories do not sum to 100% as people may report more than one type of coverage.

Sources:

¹ CMS. October 2019 Medicaid & CHIP Enrollment Data Highlights (Oct 2019 data).

² CMS MBES Expansion Adult Enrollment July-Sept 2018 (Sept 2018 data).

³ CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (Mar 2019 data).

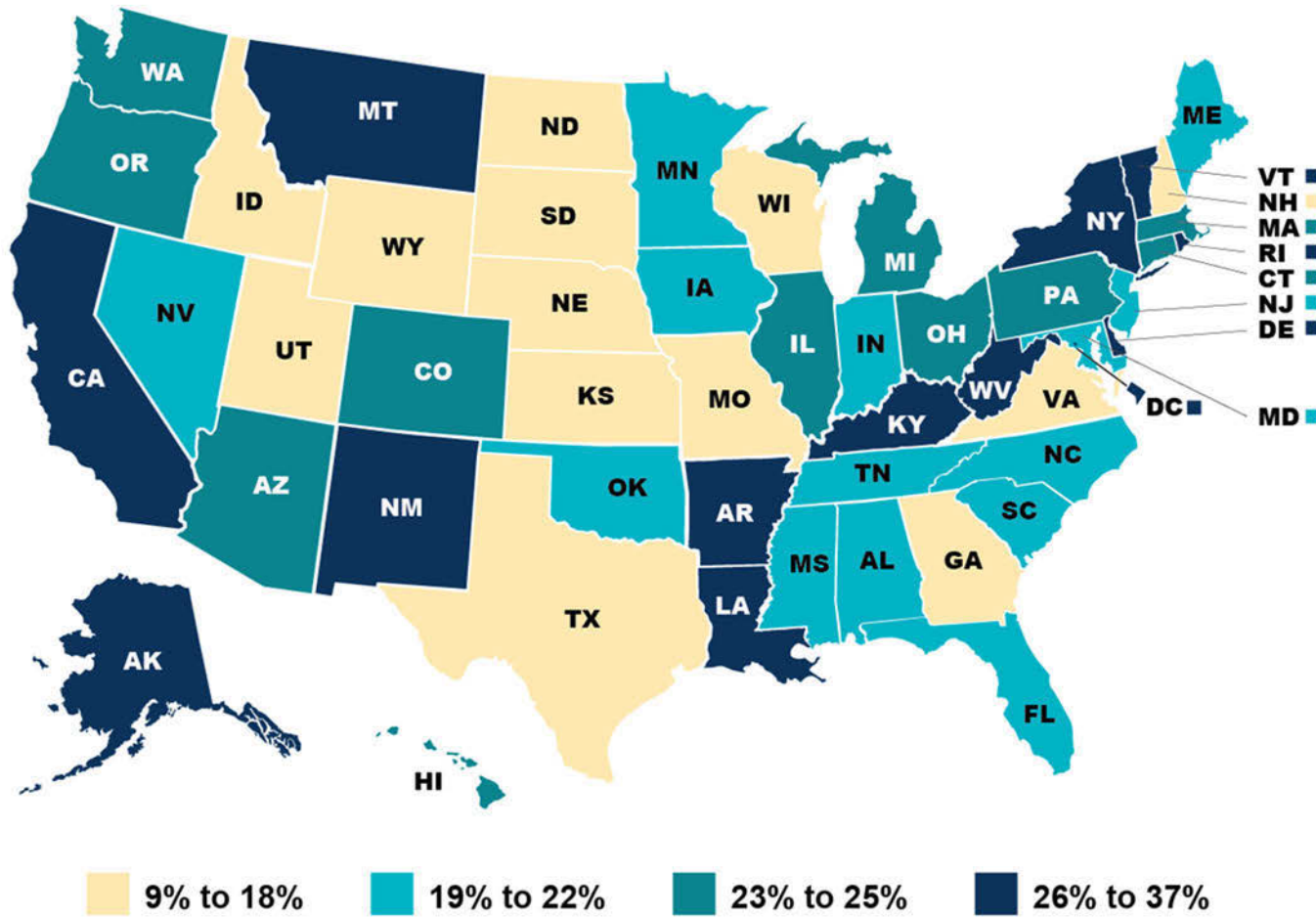
⁴ CMS. National Health Expenditures Accounts (2018 data).

⁵ U.S. Census Bureau. Health Insurance Coverage in the United States: 2018 (2018 data).



Percentage of Population Enrolled in Medicaid or CHIP, by State, 2018

Population: Beneficiaries receiving full Medicaid or CHIP benefits



Notes:

Enrollment in Medicaid or CHIP represents individuals who are eligible for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning only benefits, and emergency services due to alien status. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative counts of Medicaid and CHIP enrollment by estimates of each state's resident population.

Sources:

CMS. Updated July 2018 Applications, Eligibility, and Enrollment Data.

Available at:

<https://www.medicaid.gov/medicaid/pr ogram-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html>

U.S. Census Bureau. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico (July 2018 population estimate).

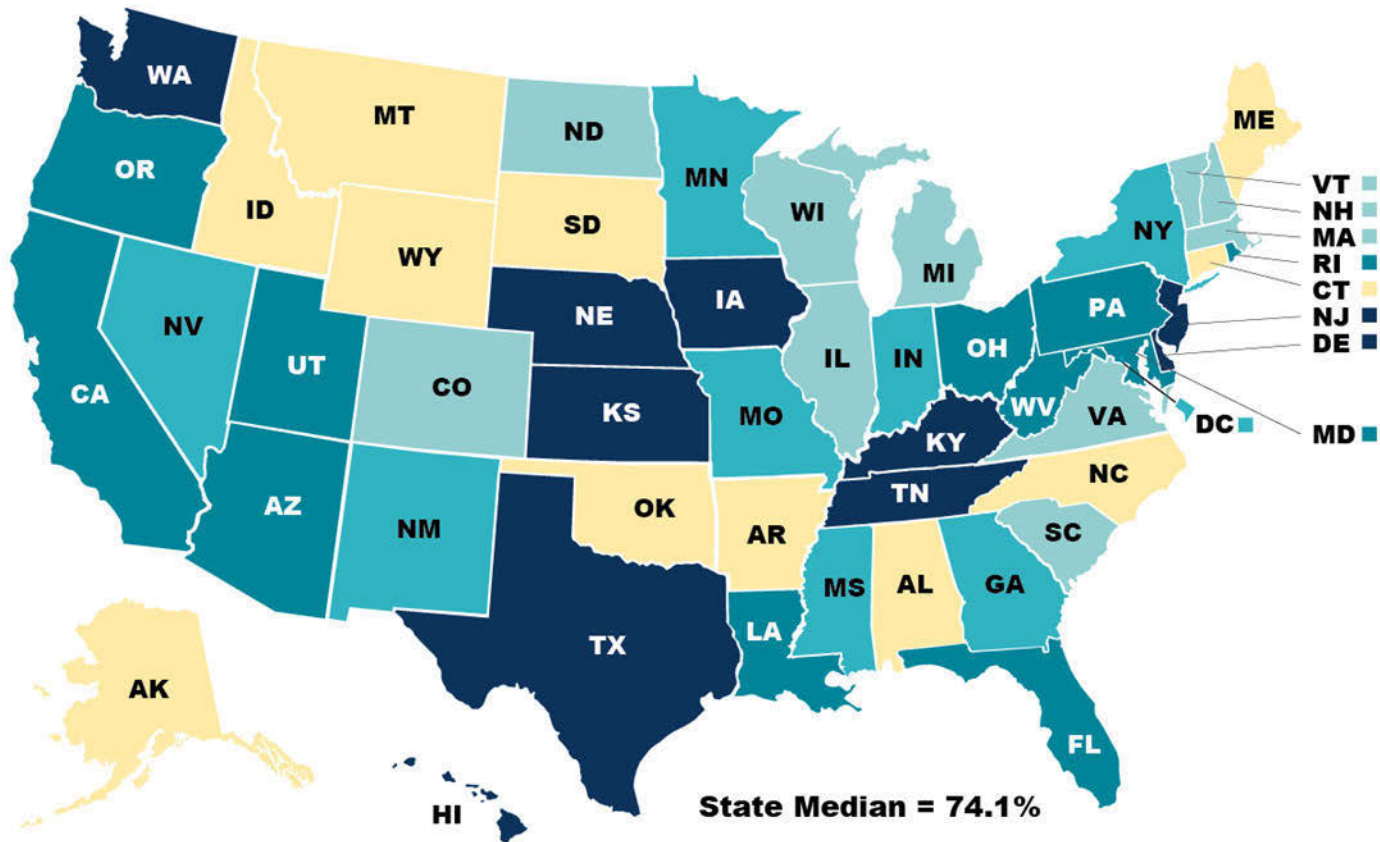
Available at:

<https://www.census.gov/newsroom/pr ess-kits/2018/pop-estimates-national-state.html>



Percentage of Medicaid Beneficiaries in Comprehensive Managed Care, by State, 2017

Population: Beneficiaries receiving full Medicaid or CHIP benefits

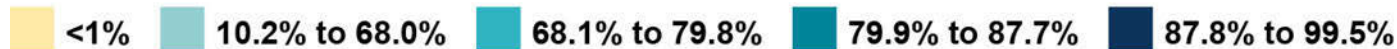


Nationally, 69% of Medicaid beneficiaries are enrolled in a comprehensive managed care plan.

Notes:
 Medicaid enrollment in Comprehensive Managed Care represents an unduplicated count of Medicaid beneficiaries enrolled in a managed care plan that provides comprehensive benefits (acute, primary care, specialty, and any other), as well as PACE programs. It excludes beneficiaries who are enrolled in a Financial Alignment Initiative Medicare-Medicaid Plan as their only form of managed care. Eleven states have less than one percent of beneficiaries in comprehensive managed care. The remaining states were categorized in quartiles.

Source:
 2017 CMS Managed Care Enrollment Report.

Available at:
<https://data.medicare.gov/Enrollment/2017-Managed-Care-Enrollment-Summary/uw3d-3r25>



BENEFICIARY CHARACTERISTICS



Beneficiary Characteristics

Fast fact: Persons with disabilities account for 15 percent of Medicaid beneficiaries and 39 percent of expenditures. Children (non-disabled) account for 40 percent of beneficiaries and 19 percent of expenditures.

This section of the profile shows the demographic characteristics of Medicaid and CHIP beneficiaries by age group and sex. It also shows enrollment, expenditures, and average cost by beneficiary category (children, adults, expansion adults, aged, and persons with disabilities).

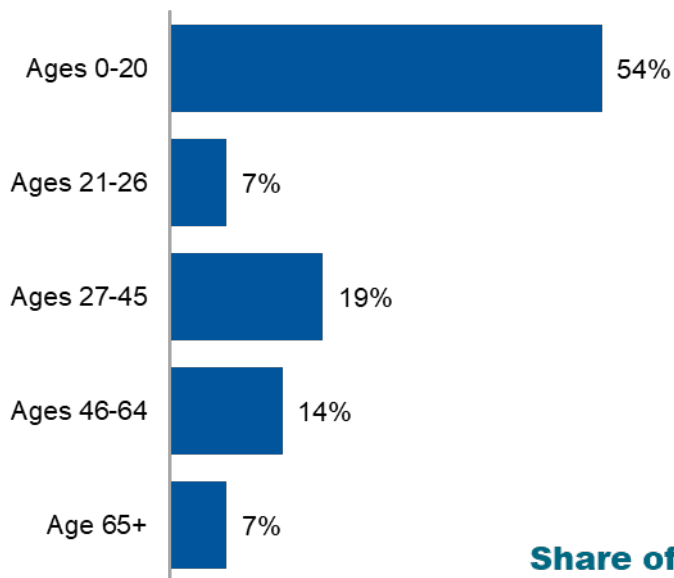
The charts in this section include:

- Demographics of Medicaid and CHIP Beneficiaries
- Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category

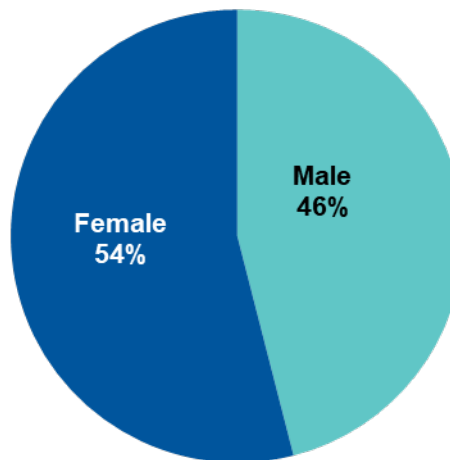
Demographics of Medicaid and CHIP Beneficiaries, 2017

Population: Beneficiaries enrolled in Medicaid, CHIP, or other government health plan

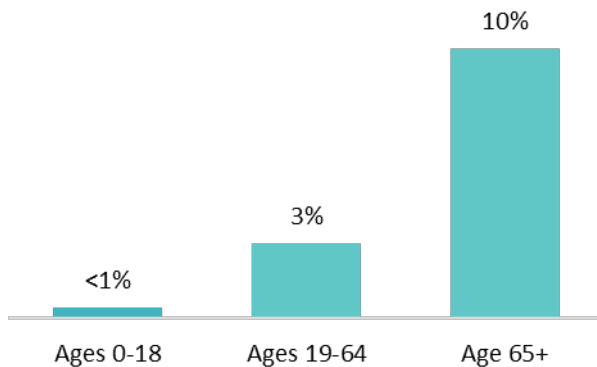
Share of Beneficiaries by Age Group



Share of Beneficiaries by Sex



Share of Beneficiaries Institutionalized by Age



Age Group and Sex:

Note:

Data come from administrative sources and include beneficiaries in both Medicaid and CHIP.

Source:

CMS. Medicaid & CHIP Scorecard. National Context.

Available at:

<https://www.medicaid.gov/state-overviews/scorecard/national-context/index.html>

Institutionalized:

Notes:

Data come from the American Community Survey and include individuals who self-report coverage through Medicaid, CHIP, or another government health plan. An institution is defined as a correctional facility, nursing home, or mental hospital.

Source:

IPUMS USA, University of Minnesota. American Community Survey 2017 sample.

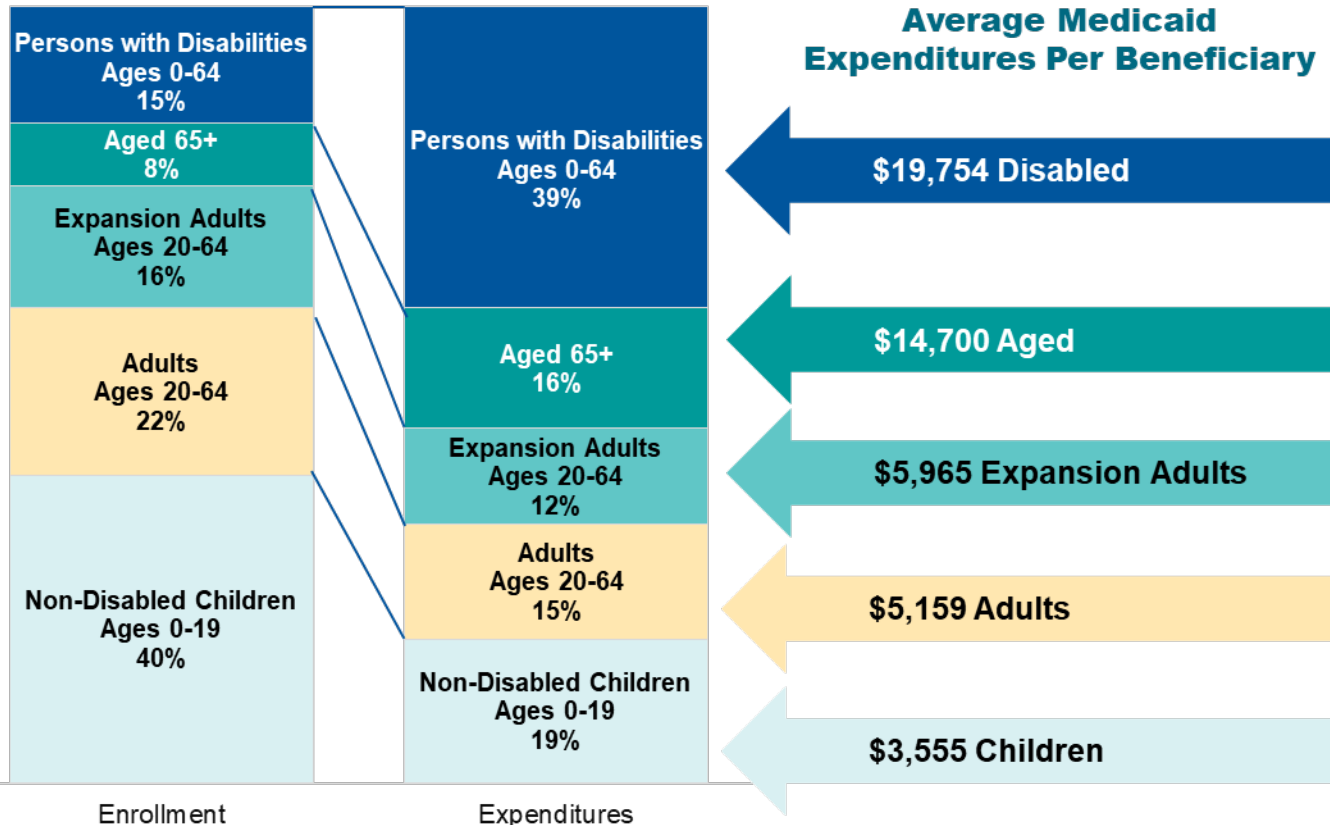
Available at: www.ipums.org



Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category, 2016

Population: Institutionalized and non-institutionalized Medicaid beneficiaries

Percentage of Total



Notes:

The Actuarial Report defines children as ages 0 to 19. Children and adults with disabilities as their basis for eligibility are included in the category of persons with disabilities. The Actuarial Report includes both institutionalized and non-institutionalized individuals; however it does not include CHIP enrollment. Total may not sum to 100 due to rounding.

Expansion adults = Adults made newly eligible for Medicaid under the Affordable Care Act beginning in 2014 pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act [42 U.S.C. § 1396a].

Source:

2017 CMS Actuarial Report (FFY 2016 data)

Available at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2017.pdf>



BENEFICIARY HEALTH STATUS



Medicaid and CHIP Beneficiary Health Status

Fast fact: The most common self-reported health condition in children is asthma and the most common self-reported health condition in non-elderly adults is hypertension.

This section of the profile shows the self-reported health status of children and adults covered by Medicaid or CHIP. Information is presented on health conditions and functional status, current health status, body mass index (BMI), and smoking status (for adults).

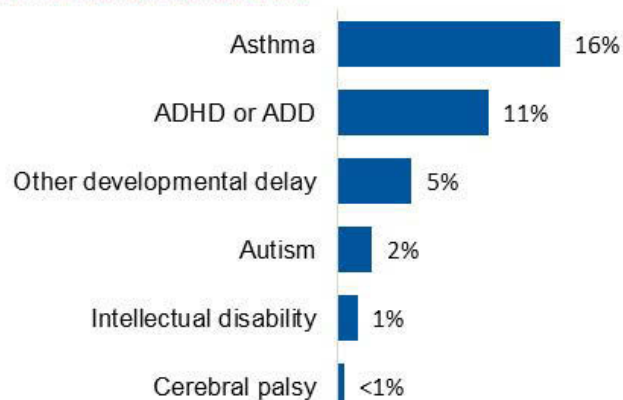
The charts in this section include:

- Health Conditions and Functional Status of Children Enrolled in Medicaid or CHIP
- Current Health Status and BMI of Children Enrolled in Medicaid or CHIP
- Health Conditions and Functional Status of Nonelderly Adults Enrolled in Medicaid or CHIP
- Current Health Status, BMI, and Smoking Status of Nonelderly Adults Enrolled in Medicaid or CHIP

Health Conditions and Functional Status of Children Enrolled in Medicaid or CHIP, 2017

Population: Non-institutionalized beneficiaries covered by Medicaid, CHIP, or other state-sponsored health plans

Has ever been told he/she has:



Currently:



Notes:

Data include all non-institutionalized children under age 19 covered by Medicaid or CHIP, or other state-sponsored health plans. "ADHD or ADD" and "Autism" include children ages 2 to 17. "Other developmental delay," "Intellectual disability," "Cerebral palsy," "Receives special education or early intervention services," "Has impairment limiting ability to crawl, walk, run, or play" include children ages 0 to 17. "Has special health care needs" is defined as a child with at least one diagnosed or parent-reported condition expected to be an ongoing health condition and meets at least one of the criteria related to elevated service use or elevated need, including reported unmet need for care.

Source:

MACPAC analysis of the National Health Interview Survey (2017 data).

Available at:

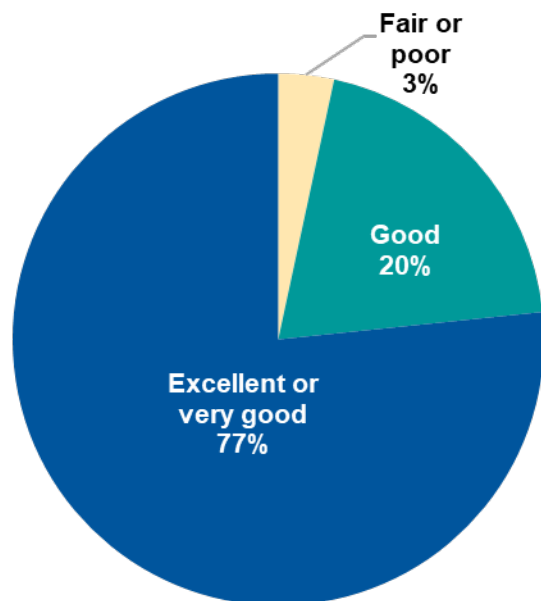
<https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>



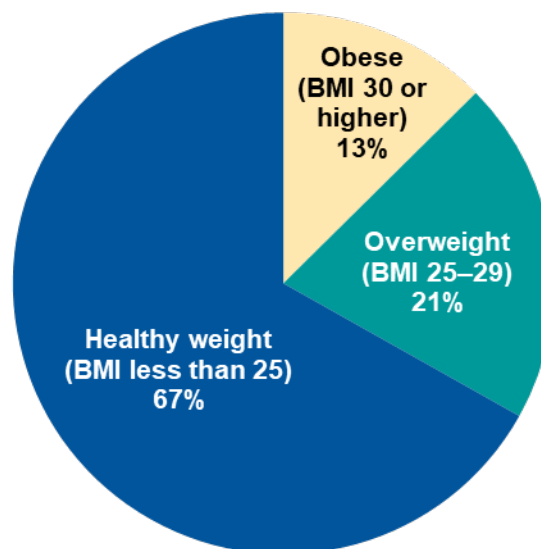
Current Health Status and BMI of Children Enrolled in Medicaid or CHIP, 2017

Population: Non-institutionalized beneficiaries covered by Medicaid, CHIP, or other state-sponsored health plans

Self-Reported Current Health Status



Self-Reported Body Mass Index (BMI)



Notes:

Data include all non-institutionalized children under age 19 covered by Medicaid, CHIP, or other state-sponsored health plans. “Self-Reported Body Mass Index” includes children age 12 and older. BMI is calculated based on parent-reported height and weight. Total may not sum to 100 due to rounding.

BMI = Body Mass Index.

Source:

MACPAC analysis of the National Health Interview Survey (2017 data).

Available at:

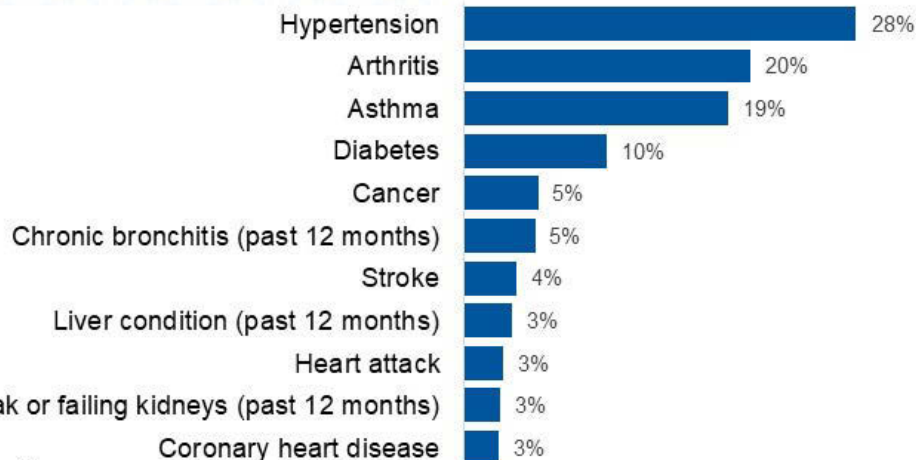
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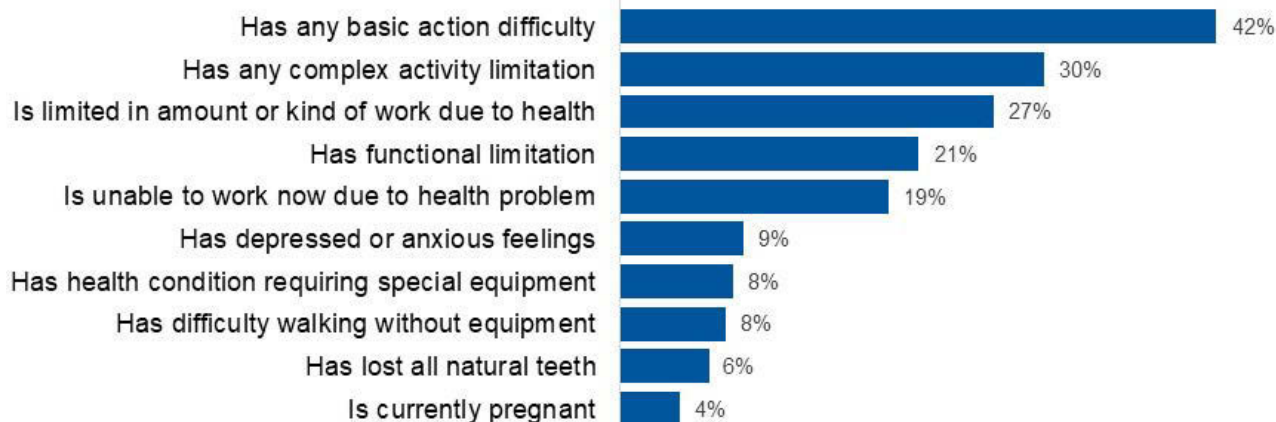
Health Conditions and Functional Status of Nonelderly Adults Enrolled in Medicaid or CHIP, 2017

Population: Non-institutionalized beneficiaries covered by Medicaid, CHIP, or other state-sponsored health plans

Has ever been told he/she has:



Currently:



Notes:

Data include all non-institutionalized adults ages 19 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. “Any basic action difficulty” is defined as limitations or difficulties in movement and limitations or difficulties in sensory, emotional, and mental functioning that are associated with some health problem. “Any complex activity limitation” is defined as a limitation in the tasks and organized activities that, when executed, make up numerous social roles, such as working, attending school, or maintaining a household. Adults are defined as having a complex activity limitation if they have one or more of the following types of limitations: self-care limitation, social limitation, or work limitation. “Has functional limitation” is defined as “very difficult” or “cannot do” for the following activities: grasp small objects, reach above one’s head; sit more than 2 hours, lift or carry 10 pounds; climb a flight of stairs; push a heavy object; walk one-quarter of a mile; stand more than 2 hours; stoop, bend, or kneel. “Currently pregnant” includes women ages 19 to 44.

Source:

MACPAC analysis of the National Health Interview Survey (2017 data).

Available at:

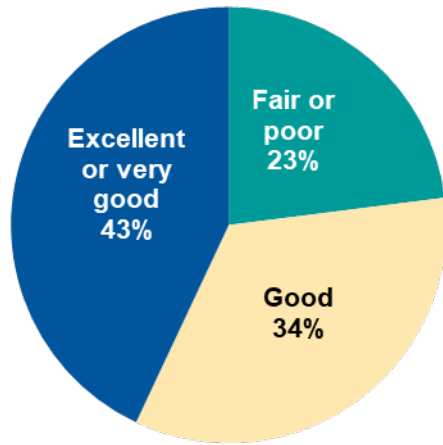
<https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>



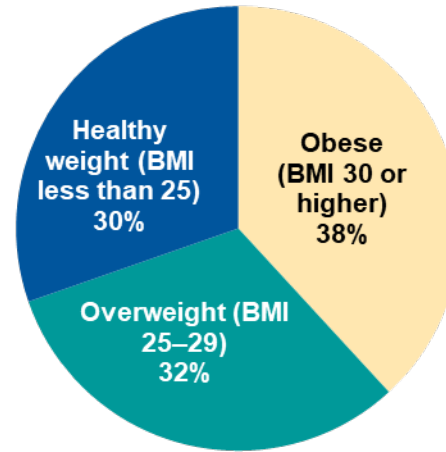
Current Health Status, BMI, and Smoking Status of Nonelderly Adults Enrolled in Medicaid or CHIP, 2017

Population: Non-institutionalized beneficiaries covered by Medicaid, CHIP, or other state-sponsored health plans

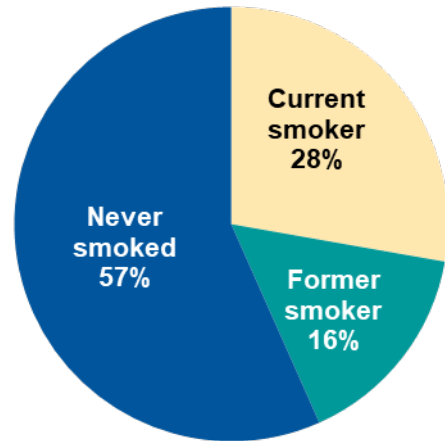
Self-Reported Current Health Status



Self-Reported Body Mass Index (BMI)



Self-Reported Smoking Status



Notes:

Data include all non-institutionalized adults ages 19 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. BMI is calculated based on self-reported height and weight. Total may not sum to 100 due to rounding.

BMI = Body Mass Index.

Source:

MACPAC analysis of the National Health Interview Survey (2017 data).

Available at:

<https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>

BENEFICIARY ACCESS AND UTILIZATION



Beneficiary Access and Utilization

Fast fact: Mental disorders were the most common condition for which people under age 65 with public insurance reported receiving care, followed by chronic obstructive pulmonary disease/asthma and hypertension.

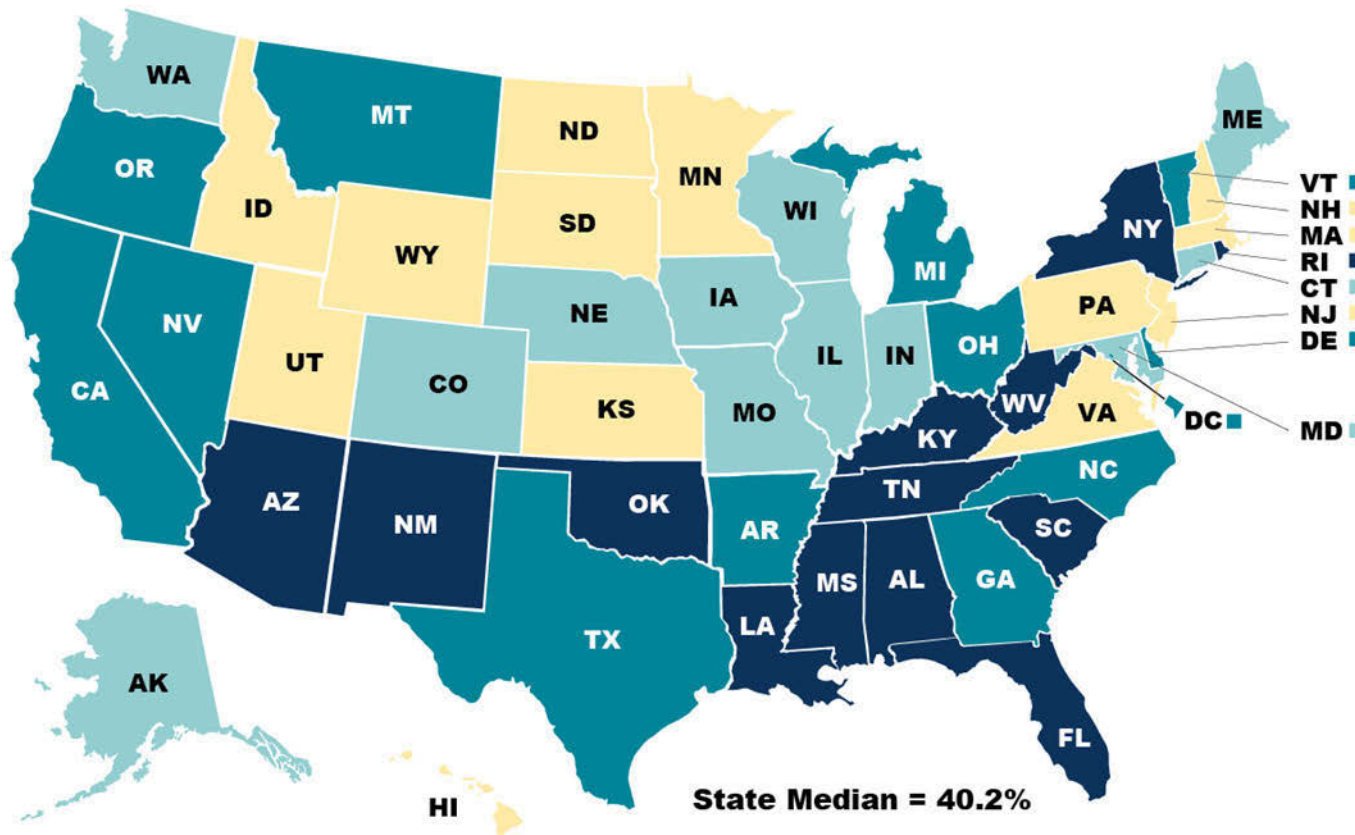
This section of the profile shows where Medicaid and CHIP beneficiaries receive care, the types of providers they see, the conditions for which they reported seeking care, their usual source of care, and their difficulties in receiving needed care.

The charts in this section include:

- Percentage of Births Covered by Medicaid, by State
- Self-Reported Health Care Utilization Among Children Covered by Medicaid or CHIP
- Self-Reported Health Care Utilization Among Adults Covered by Medicaid or CHIP
- Percentage of People Under Age 65 with Public Insurance who Reported Receiving Care for Selected Conditions
- Usual Source of Care and Difficulty Receiving Care Among People Under Age 65 with Public Insurance

Percentage of Births Covered by Medicaid, by State, 2018

Population: All births



Notes:
Births where Medicaid is the principal payer for the delivery are shown.

Source:
National Center for Health Statistics (NCHS). 2018 Natality Public Use Data on CDC WONDER online database.

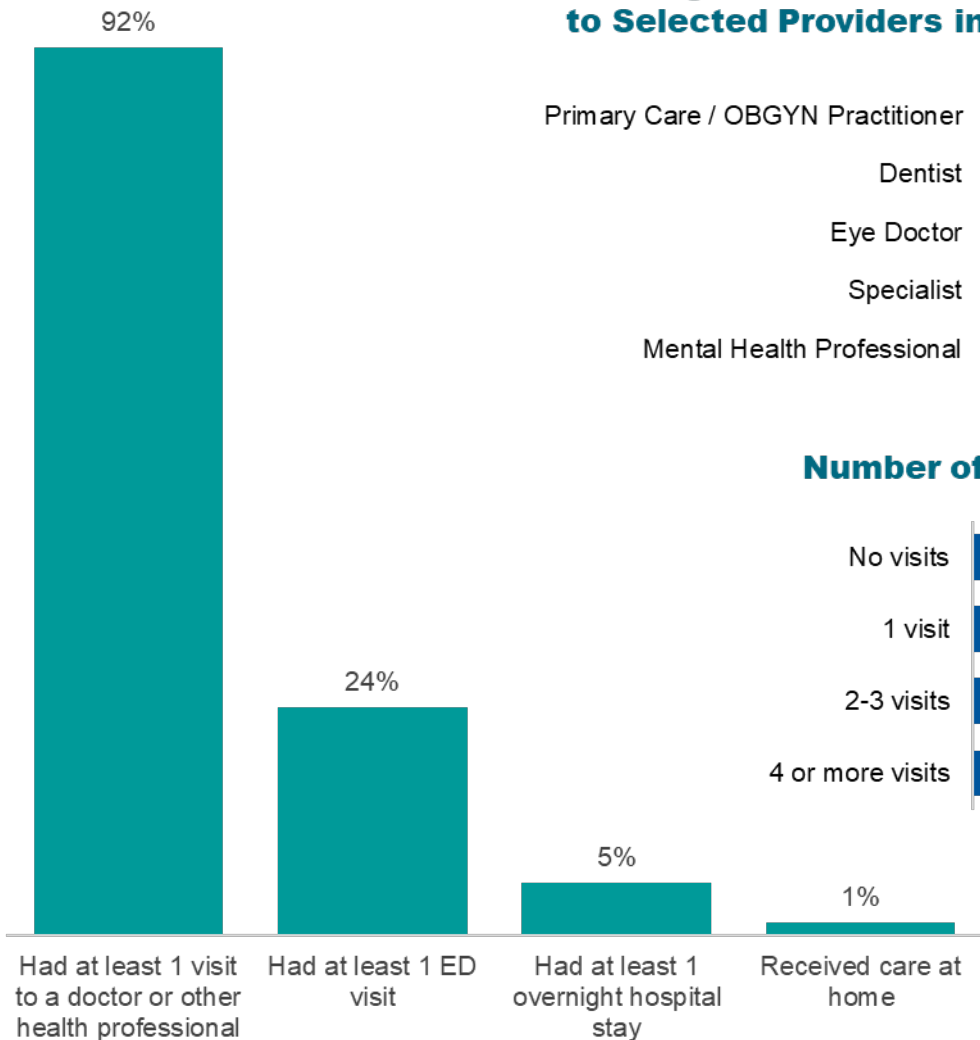
Available at:
<https://wonder.cdc.gov/>



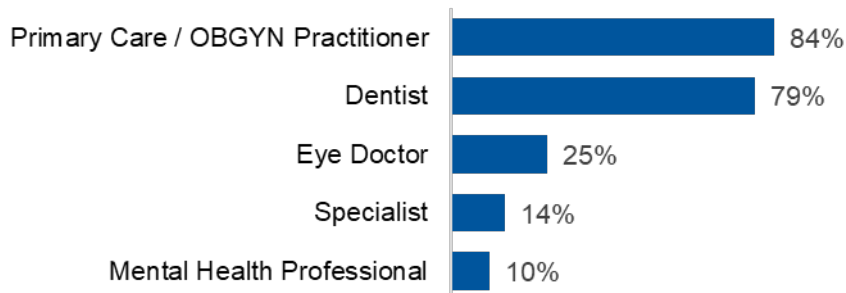
Self-Reported Health Care Utilization Among Children Covered by Medicaid or CHIP, 2017

Population: Non-institutionalized beneficiaries ages 0 to 18 covered by Medicaid, CHIP, or state-sponsored health plans

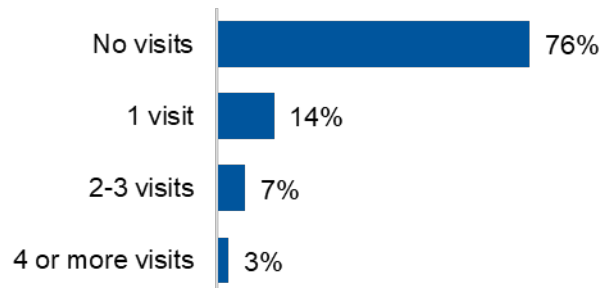
Type of Care



Percentage of Beneficiaries with at Least 1 Visit to Selected Providers in the Past 12 Months



Number of Visits to ED



Notes:

Data include all non-institutionalized children under 19 covered by Medicaid, CHIP, or other state-sponsored health plans. "Had at least 1 visit to a doctor or other health professional" excludes dental visits and inpatient hospital stays. "Mental Health Professional" includes children ages 2 to 18. "Dentist" includes children ages 1 to 18. "Had at least 1 overnight stay" includes stays for newborns.

ED = emergency department; OBGYN = obstetrician/gynecologist.

Source:

MACPAC analysis of the National Health Interview Survey (2017 data).

Available at:

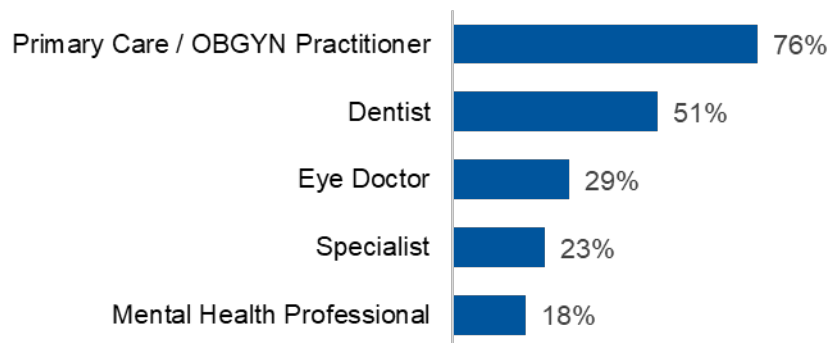
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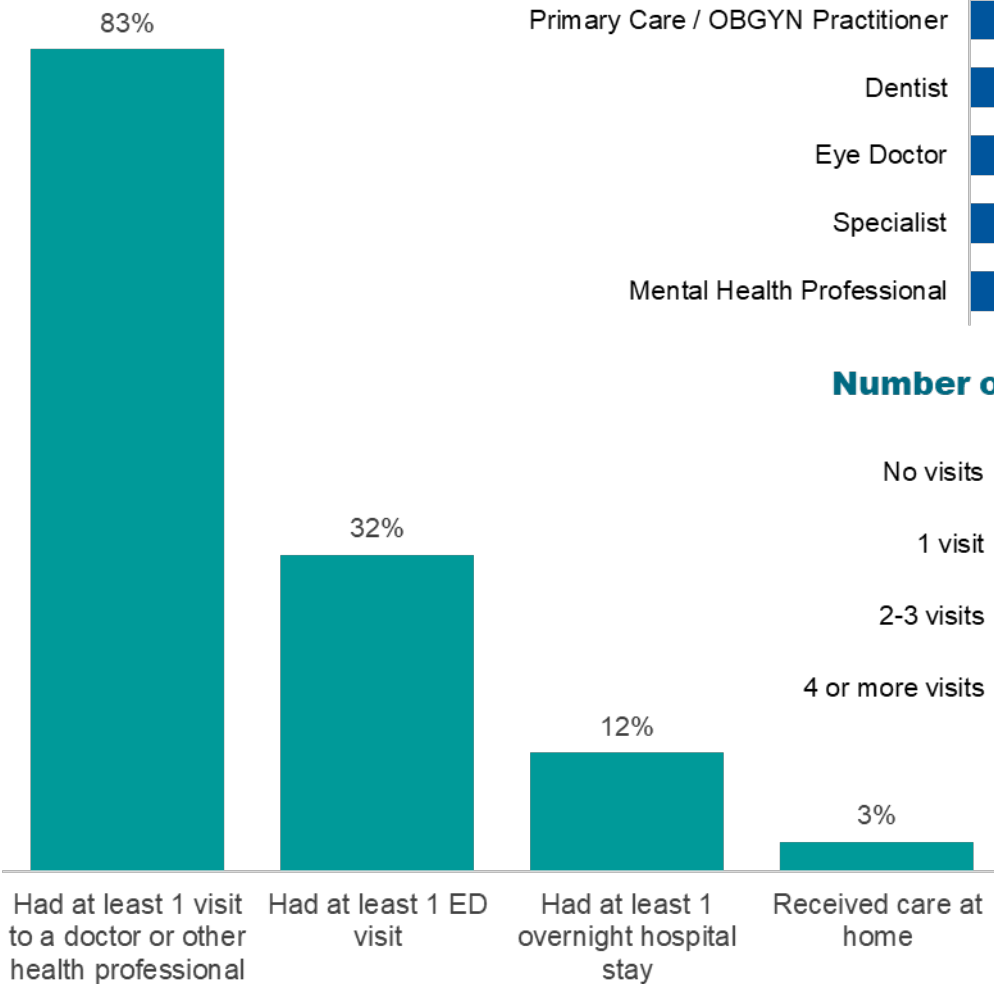
Self-Reported Health Care Utilization Among Adults Covered by Medicaid or CHIP, 2017

Population: Non-institutionalized beneficiaries ages 19 to 64 covered by Medicaid, CHIP, or state-sponsored health plans

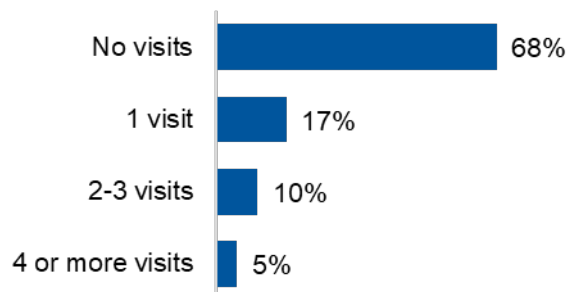
Percentage with at Least 1 Visit to Selected Providers in the Past 12 Months



Type of Care



Number of Visits to ED



Notes:

Data include all non-institutionalized adults ages 19 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. Percentage with at least 1 visit to a doctor or other health professional excludes dental visits and inpatient hospital stays.

ED = emergency department; OBGYN = obstetrician/gynecologist.

Source:

MACPAC analysis of the National Health Interview Survey (2017 data).

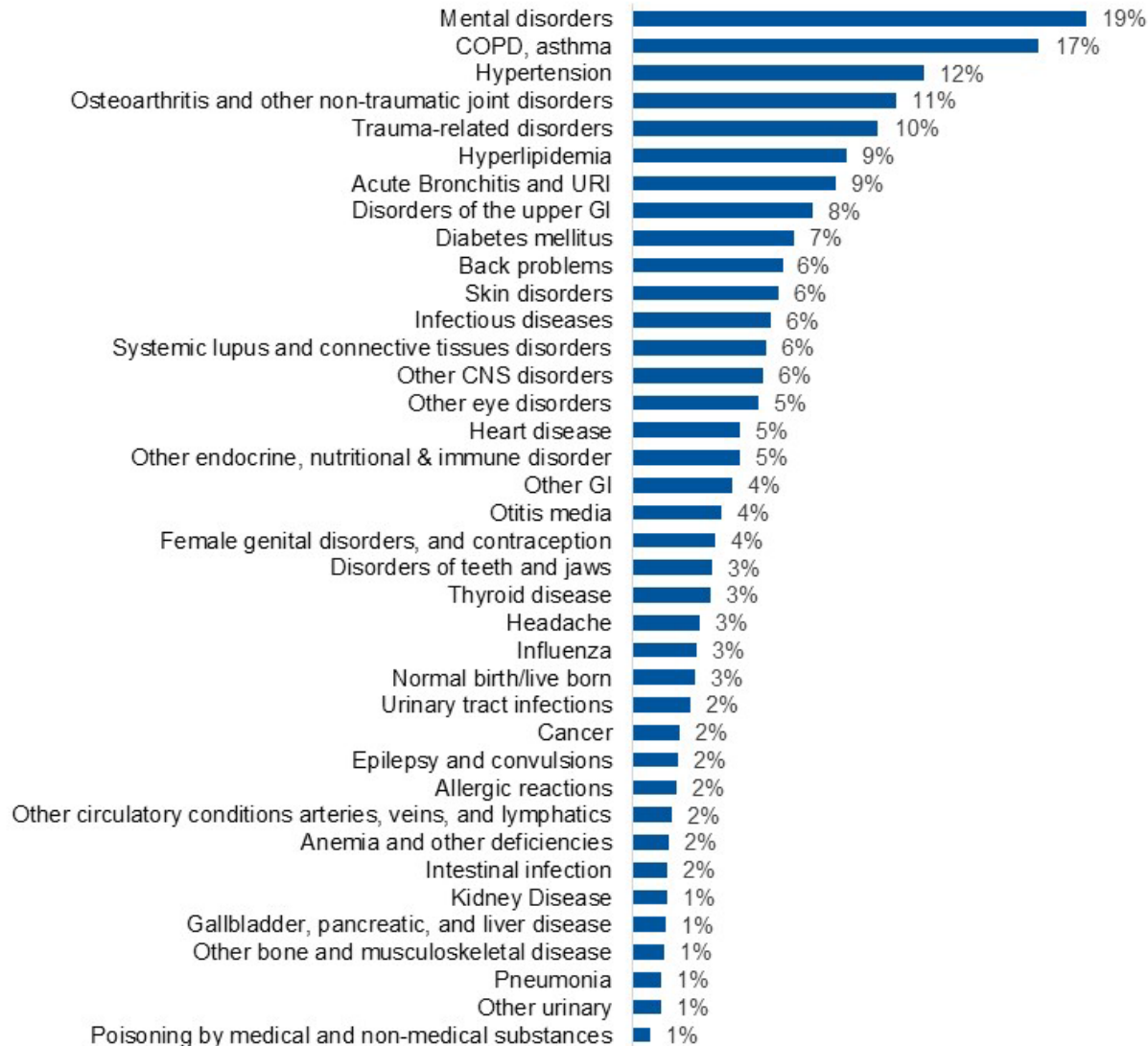
Available at:

<https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>



Percentage of People Under Age 65 with Public Insurance who Reported Receiving Care for Selected Conditions, 2015

Population: Non-institutionalized beneficiaries receiving public insurance



Notes:

Data are shown for the U.S. civilian non-institutionalized population receiving public insurance. Medical conditions are based on conditions for which treatment was received, where treatment includes emergency room visits, home health care, inpatient stays, office-based visits, outpatient visits, and prescription medicine purchases. Other medical equipment and services and dental visits are excluded since medical conditions are not collected for these types of events. The following generic categories were excluded from this chart: Symptoms, Other Care and Screening, and Residual Codes. Data labels are rounded to the nearest percentage.

CNS = Central Nervous System;
 COPD = Chronic Obstructive Pulmonary Disease;
 GI = Gastrointestinal;
 URI = Upper Respiratory Infection.

Source:

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) Household Component Tables, 2015 data.

Available at:

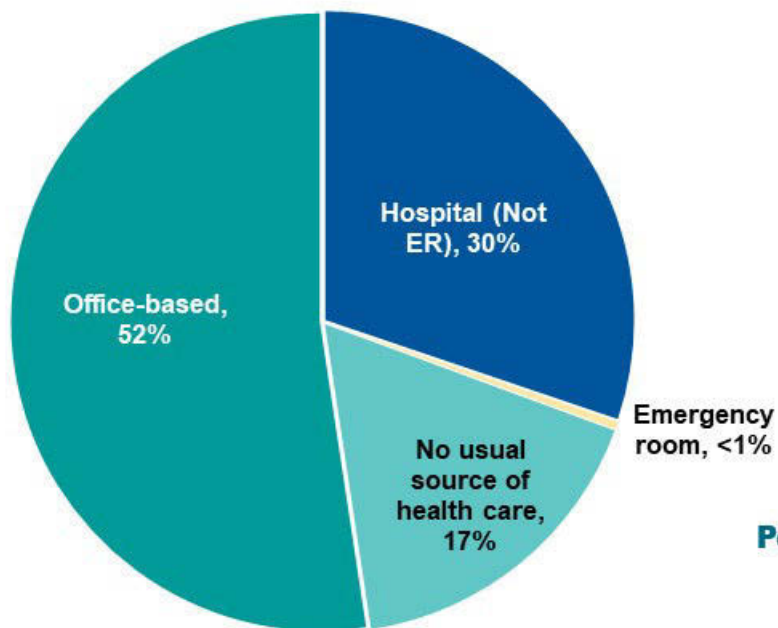
<https://meps.ahrq.gov/mepstrends/home/index.html>



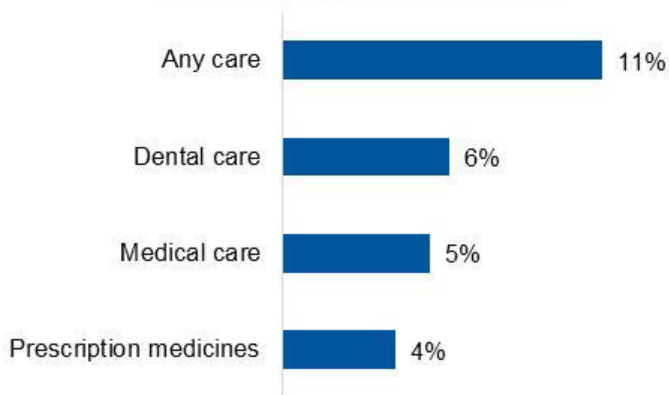
Usual Source of Care and Difficulty Receiving Care Among People Under Age 65 with Public Insurance, 2017

Population: Non-institutionalized beneficiaries receiving public insurance

Usual Source of Care



Percentage Reporting Difficulty Receiving Needed Care



Notes:

Data are shown for the U.S. civilian non-institutionalized population receiving public insurance. For each individual family member, the respondent is asked whether there is a particular doctor's office, clinic, health center, or other place that the individual usually goes to if he/she is sick or needs advice about his/her health. "Office-based" includes doctor's office, clinic, and health centers. "Difficulty receiving needed care" categories are not mutually exclusive. For example, a person can have difficulty obtaining both medical and dental care.

ER = emergency room.

Source:

Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) Household Component Tables, 2017 data.

Available at:

<https://meps.ahrq.gov/mepstrends/home/index.html>



BENEFICIARY EXPENDITURES



Beneficiary Expenditures

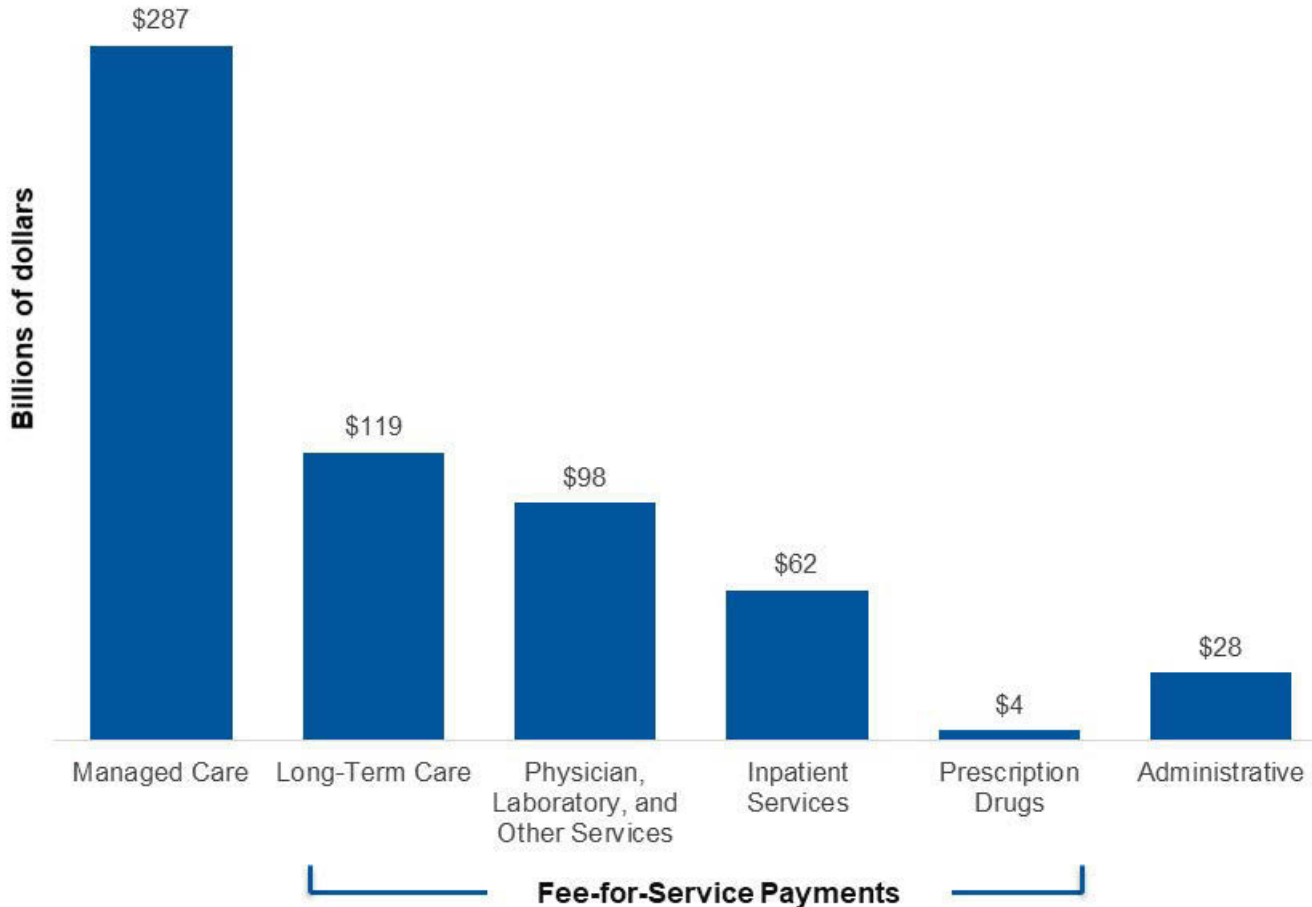
Fast fact: Managed care capitation payments are the largest category of Medicaid program expenditures overall and for three of the four beneficiary categories (children, adults, and persons with disabilities); nursing facility expenditures are the largest category for beneficiaries age 65 and older.

This section of the profile shows annual Medicaid expenditures by service category overall and by beneficiary category.

The charts in this section include:

- Annual Medicaid Expenditures by Service Category
- Annual Medicaid Expenditures by Service Category and Beneficiary Category

Annual Medicaid and CHIP Expenditures by Service Category, 2017



Notes:

Expenditures by service category do not sum to the total expenditures. Total expenditures also include Medicare payments for some beneficiaries and adjustments to prior year payments. Managed care expenditures cover the same services that are delivered via fee-for-service. Data do not permit allocation of managed care expenditures to the different service categories. Data are for Federal Fiscal Year 2017.

Source:

CMS. Medicaid & CHIP Scorecard. National Context.

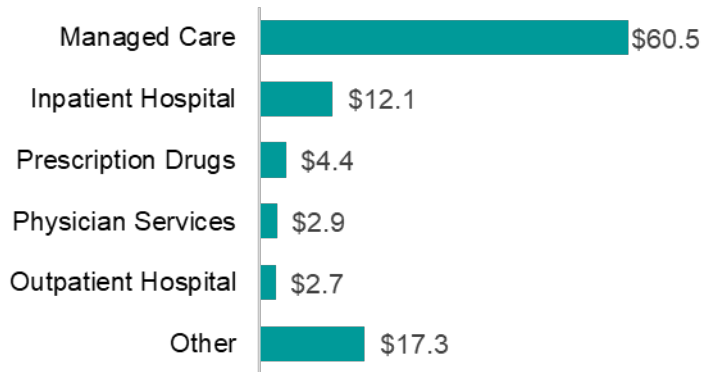
Available at:

<https://www.medicaid.gov/state-overviews/scorecard/national-context/index.html>

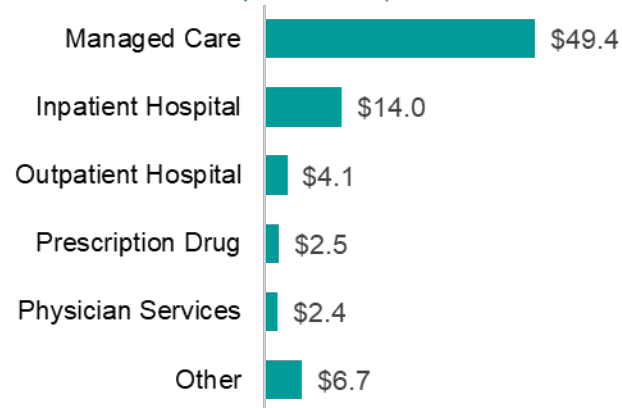


Annual Medicaid Expenditures by Service Category and Beneficiary Category, 2016

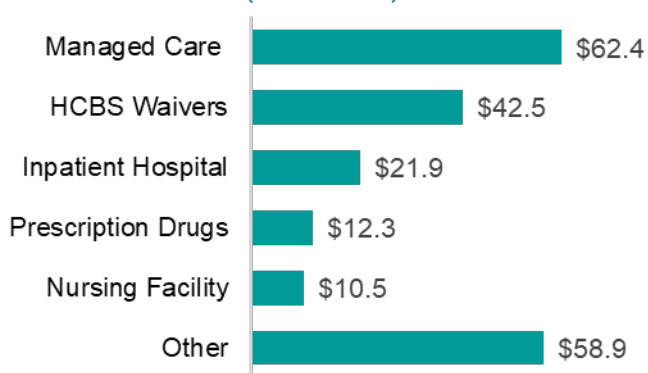
Children (in billions)



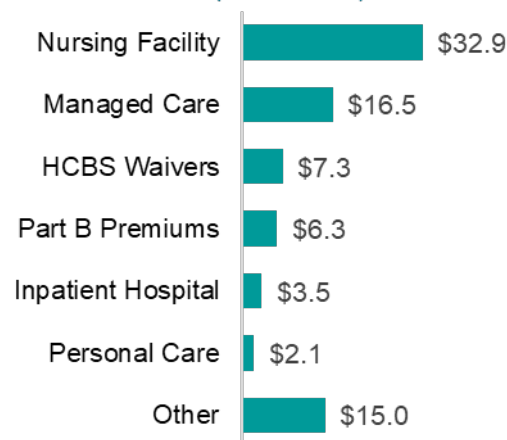
Adults (in billions)



Persons with Disabilities (in billions)



Age 65 and Older (in billions)



Notes:

This chart shows the highest Medicaid expenditure categories for each population as reported in the CMS Actuarial Report. "Other" includes the remaining categories not broken out in the CMS Actuarial Report. Prescription drug expenditures do not include Medicaid prescription drug rebates. Children include ages 0–19 (not disabled). Adults include ages 20–64 (not disabled). Persons with disabilities include ages 0–64.

HCBS = Home and Community Based Services.

Source:

2017 CMS Actuarial Report (FFY 2016 data)

Available at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2017.pdf>



BENEFICIARY EXPERIENCE



Beneficiary Experience

Fast fact: The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey captures the experience of Medicaid and CHIP beneficiaries. The Agency for Healthcare Research and Quality (AHRQ) CAHPS Database includes data submitted directly by state Medicaid agencies or individual health plans. The data are submitted voluntarily to the CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states.

This section of the profile shows data from the AHRQ CAHPS Database, including how the experiences of Medicaid children and adults vary overall and across key dimensions of getting needed care, getting care quickly, how well doctors communicate, and health plan information and customer service.

The charts in this section include:

- Overall Ratings
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Health Plan Information and Customer Service

Percentage Distribution of Survey Respondents By State, 2019

	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS
Adult																										
Child																										
	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	
Adult																										
Child																										

None
.4% - 1.6%
1.7% - 4.9%
≥ 5%

Notes:

The results from the AHRQ CAHPS Database are based on data collected between July 2018 and June 2019. The Child Medicaid results include 72,429 respondents across 152 plans in 34 states. The Adult Medicaid results include 43,588 respondents across 131 plans in 34 states. The Child Medicaid results from eight states account for 55 percent of responses and Adult Medicaid results from eight states account for 54 percent of responses. Thus, the estimates may be biased and it is not possible to compute precision estimates from the data. See the chart for more information on the percentage distribution of survey respondents by states.

Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

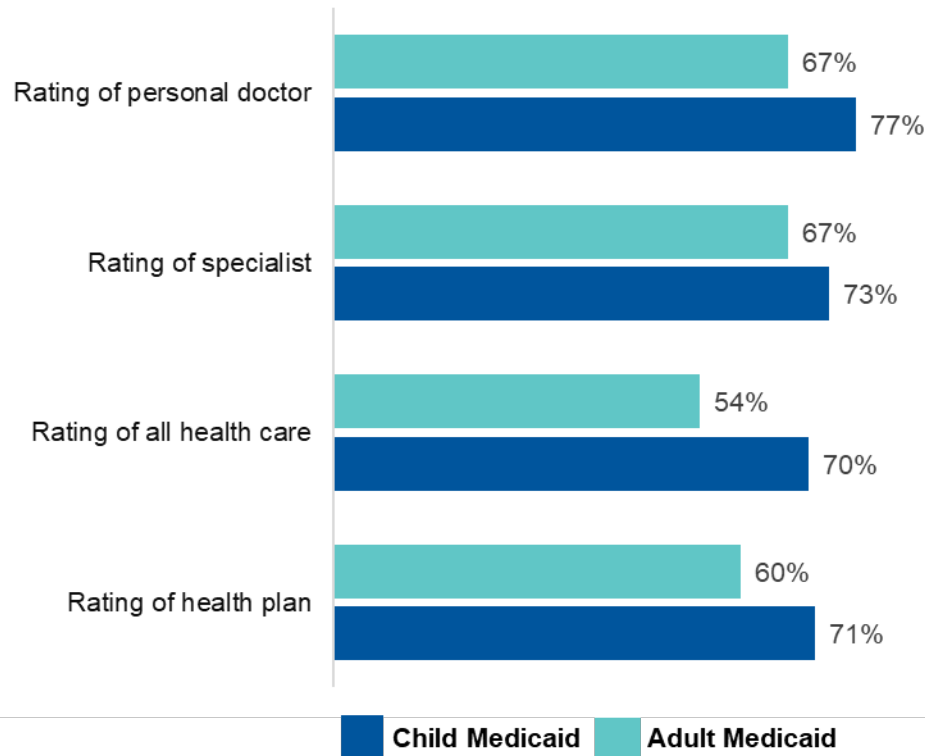
Available at:

<https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf>



Overall Ratings: Percentage of Survey Respondents Selecting a Rating of 9 or 10 out of 10, 2019

Population: Beneficiaries enrolled in Medicaid at the time of the survey



Notes:

Values represent responses of 9 or 10 on a scale of 0 to 10. Child Medicaid excludes CHIP. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

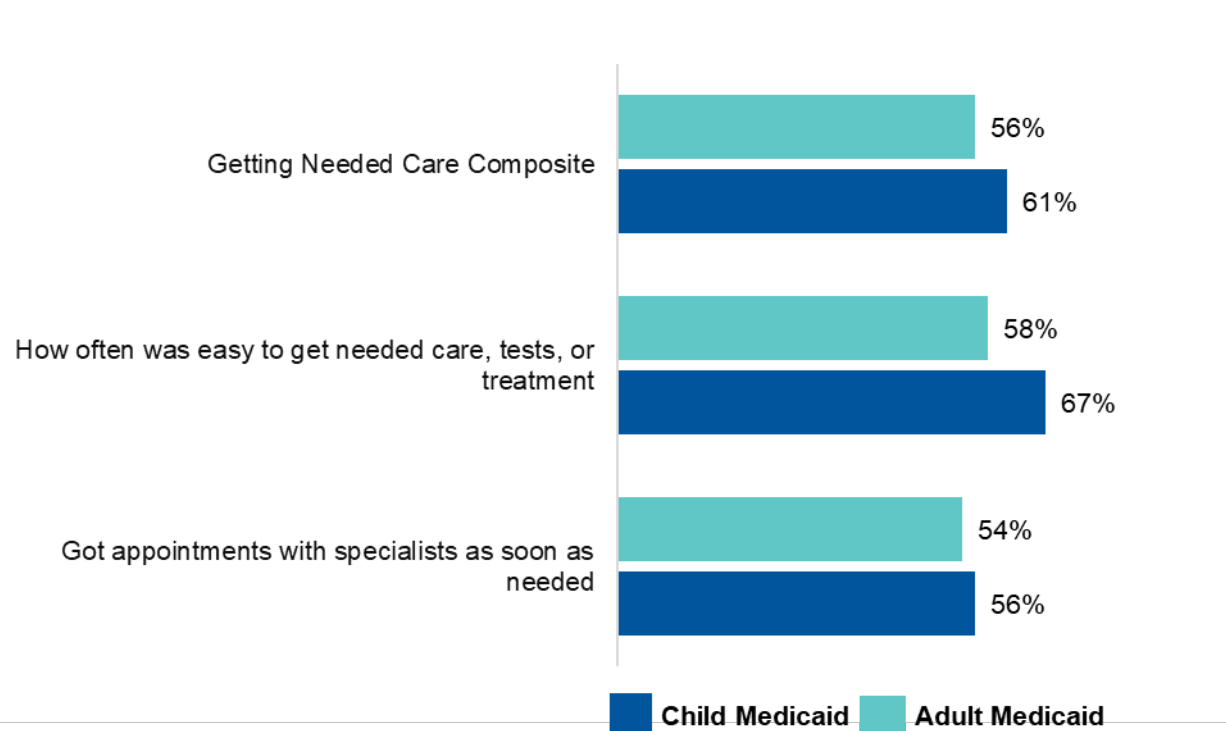
Available at:

<https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf>



Getting Needed Care: Percentage of Survey Respondents Selecting 'Always', 2019

Population: Beneficiaries enrolled in Medicaid at the time of the survey



Notes:

Values represent responses of 'Always.' Child Medicaid excludes CHIP. "Getting Needed Care Composite" combines responses to the two individual questions. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

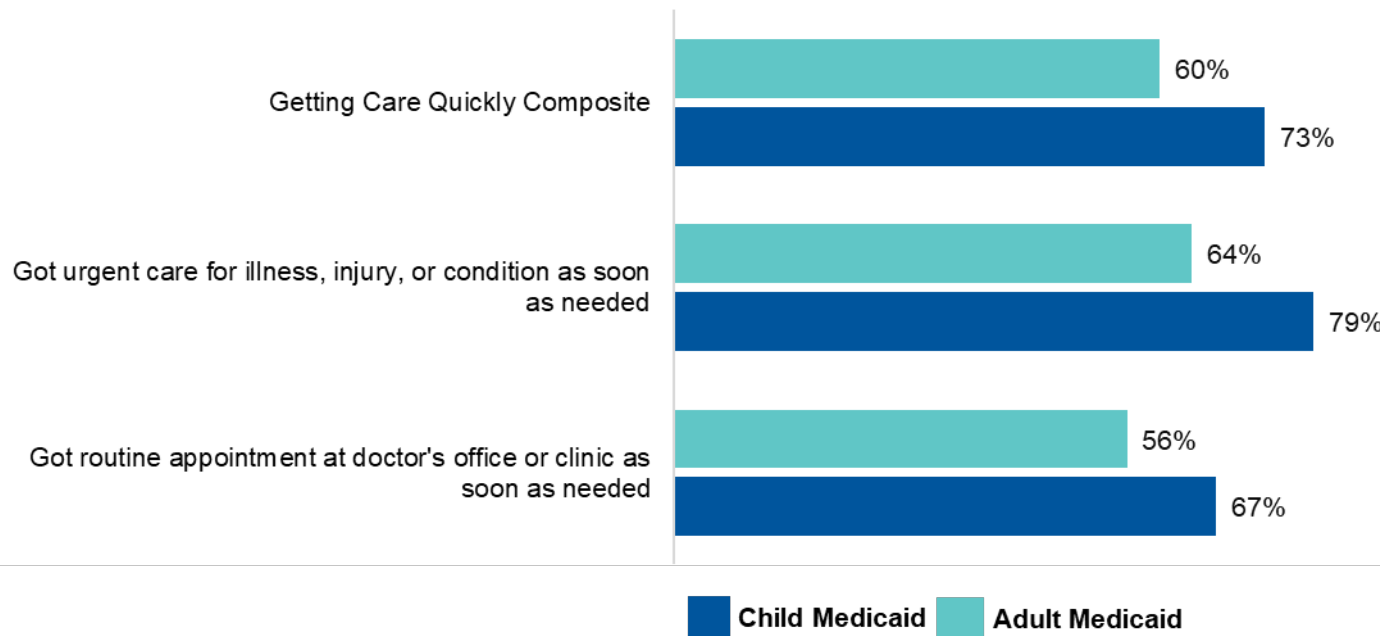
Available at:

<https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf>



Getting Care Quickly: Percentage of Survey Respondents Selecting 'Always', 2019

Population: Beneficiaries enrolled in Medicaid at the time of the survey



Notes:

Values represent responses of 'Always.' Child Medicaid excludes CHIP. "Getting Care Quickly Composite" combines responses to the two individual questions. Due to the variability in response rates from different states, the data presented in this exhibit are not nationally representative.

Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

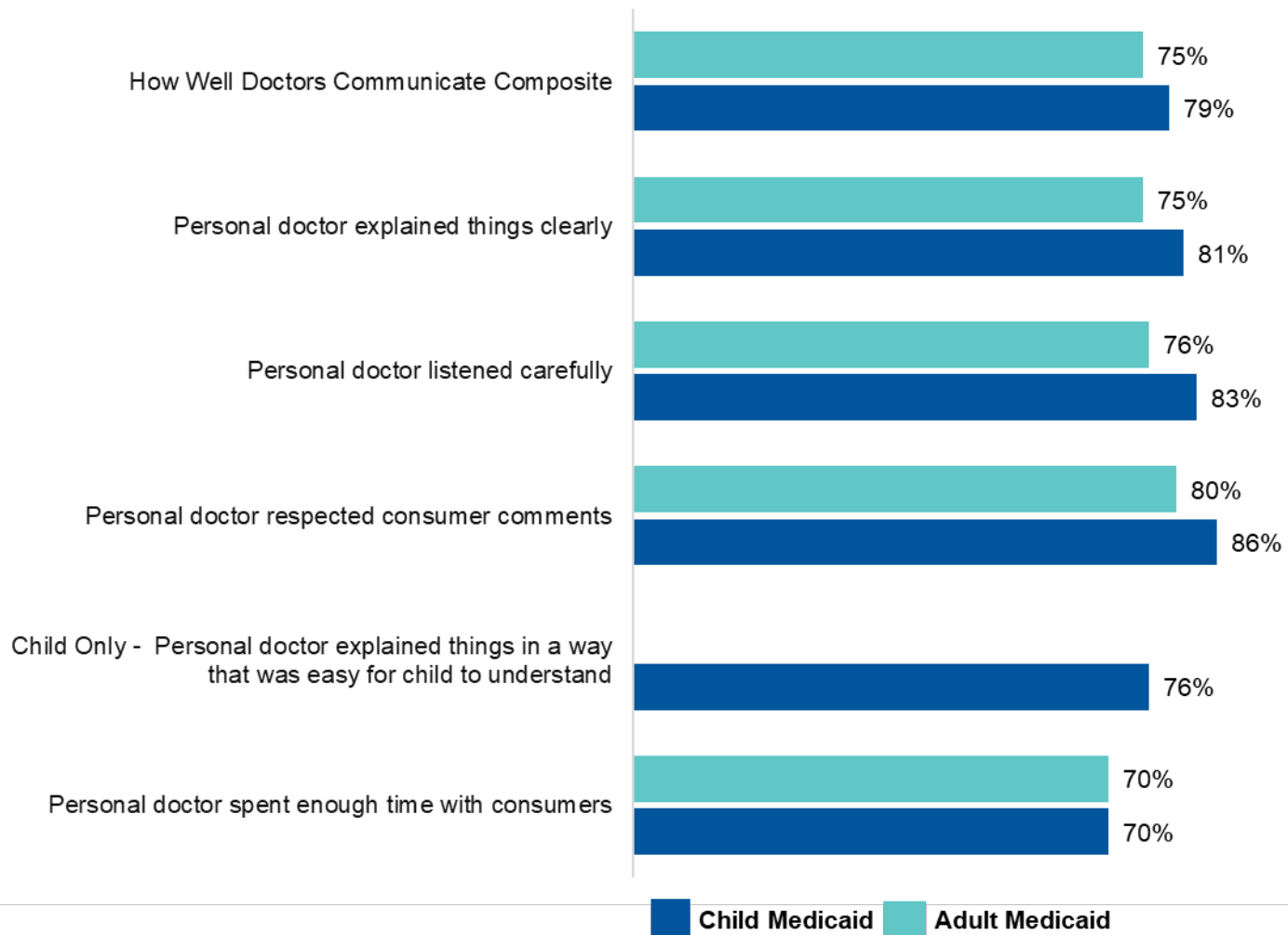
Available at:

<https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf>



How Well Doctors Communicate: Percentage of Survey Respondents Selecting 'Always', 2019

Population: Beneficiaries enrolled in Medicaid at the time of the survey



Notes:

Values represent responses of 'Always.' Child Medicaid excludes CHIP. "How Well Doctors Communicate Composite" combines responses to the five individual questions for Child Medicaid and four individual questions for Adult Medicaid. Due to the variability in response rates from different states, the data presented in this exhibit is not nationally representative.

Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

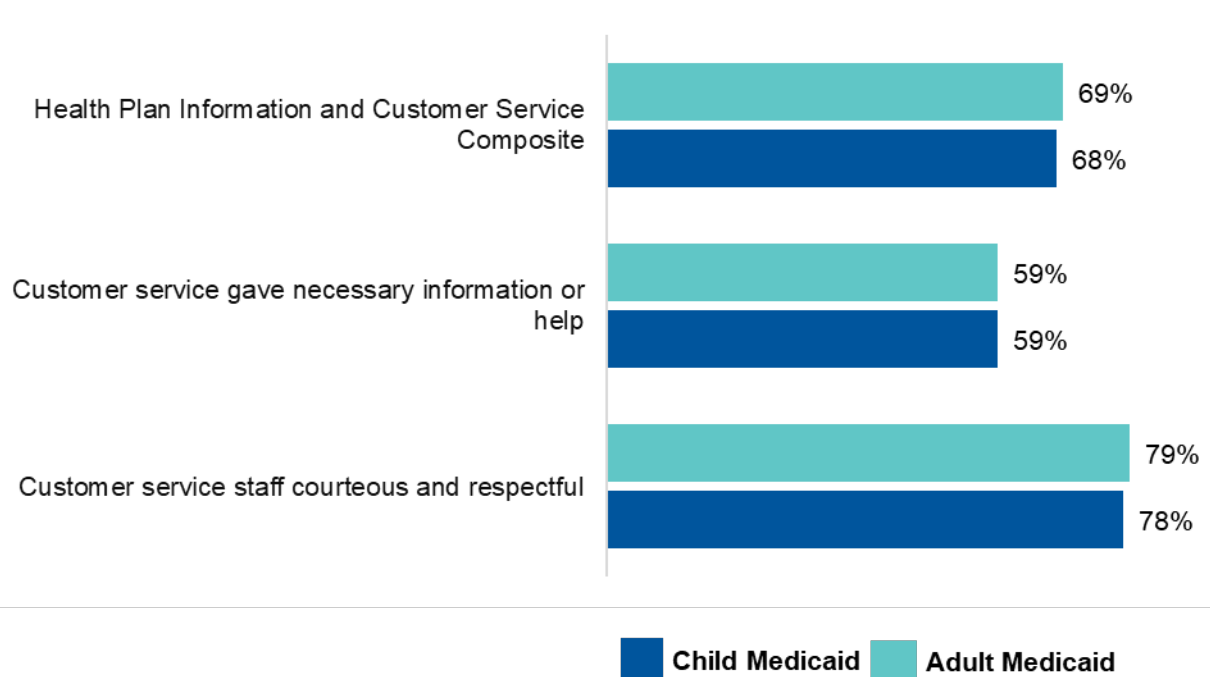
Available at:

<https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf>



Health Plan Information and Customer Service: Percentage of Survey Respondents Selecting 'Always', 2019

Population: Beneficiaries enrolled in Medicaid at the time of the survey



Notes:

Values represent responses of 'Always.' Child Medicaid excludes CHIP. "Health Plan Information and Customer Service Composite" combines responses to the two individual questions. Due to the variability in response rates from different states, the data presented in this exhibit is not nationally representative.

Source:

Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

Available at:

<https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf>



SPECIAL POPULATION: PEOPLE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID



People Dually Eligible for Medicare and Medicaid: Overview

Fast fact: Dually eligible beneficiaries are people dually eligible for Medicare and Medicaid. About three-fourths (72 percent) of dually eligible beneficiaries receive full Medicaid benefits and the remainder (28 percent) receive partial Medicaid benefits.

This section of the profile shows the enrollment, benefits, pathways to eligibility, demographics, health conditions, current health status, and utilization and expenditures by service category for dually eligible beneficiaries. For dually eligible beneficiaries, Medicare is the primary payer for acute and post-acute care services covered by that program. Medicaid provides varying levels of assistance with Medicare premiums and cost sharing and often covers services not included in the Medicare benefit, such as long-term services and supports (LTSS). Full-benefit dually eligible beneficiaries receive the full range of Medicaid benefits offered in a given state. For partial-benefit dually eligible beneficiaries, Medicaid pays Medicare premiums and may also pay the cost sharing for Medicare services.

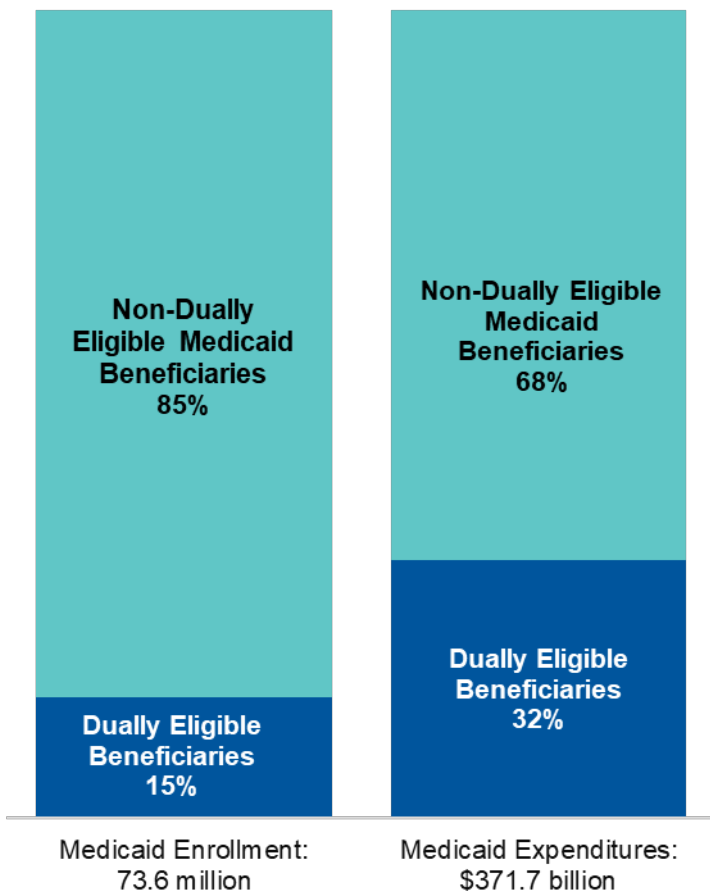
The charts in this section include:

- Medicaid Enrollment and Expenditures by Dually Eligible and Non-Dually Eligible Medicaid Beneficiaries
- Share of Dually Eligible Beneficiaries by Type of Full and Partial Medicaid Benefits
- Pathway to Medicaid Eligibility for Dually Eligible Beneficiaries, by Age Group
- Demographic Characteristics of Dually Eligible Beneficiaries
- Health Conditions and Current Health Status of Dually Eligible Beneficiaries
- Utilization, Per-User Spending, and Total Expenditures for Dually Eligible Beneficiaries, by Service Category

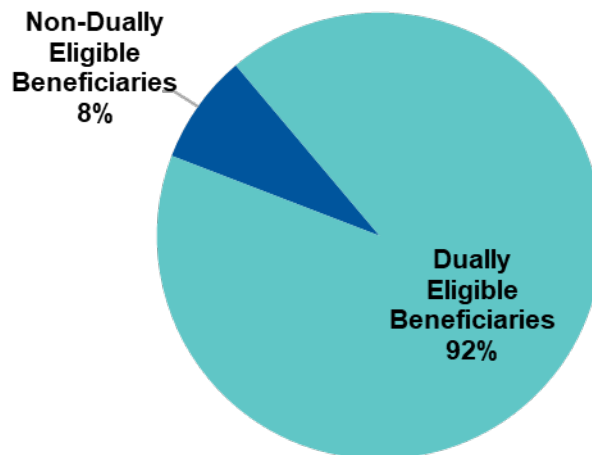
Medicaid Enrollment and Expenditures by Dually Eligible Beneficiaries and Non-Dual Medicaid Beneficiaries, 2013*

Population: Institutionalized and non-institutionalized beneficiaries

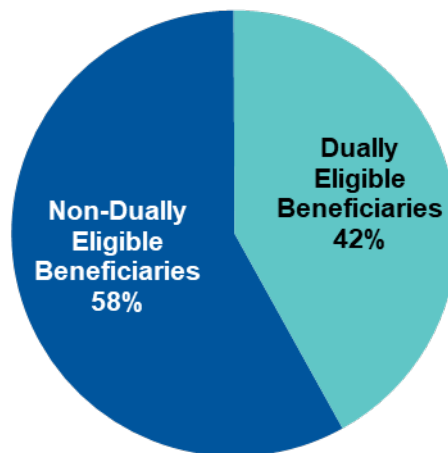
Enrollment and Expenditures By Dual Eligible Status



Share of All Aged Medicaid Beneficiaries



Share of All Disabled Medicaid Beneficiaries



Enrollment and Expenditures

Notes:

The chart includes all dually eligible beneficiaries. Medicaid expenditures exclude Medicaid payments of Medicare premiums for dually eligible beneficiaries as well as administrative spending.

Source:

MEDPAC/MACPAC analysis of CY 2013 CMS administrative data.

Available at:

http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_dualsdatabook_sec.pdf?sfvrsn=0

Aged and Disabled Medicaid Enrollees

Notes:

*Because 2013 data were unavailable, 2012 MSIS data were used for Kansas, North Carolina, and Rhode Island. 2011 MSIS data were used for Colorado. These data were then adjusted to 2013 CMS-64 spending levels.

Source:

Kaiser Family Foundation analysis of FFY 2013 MSIS data.

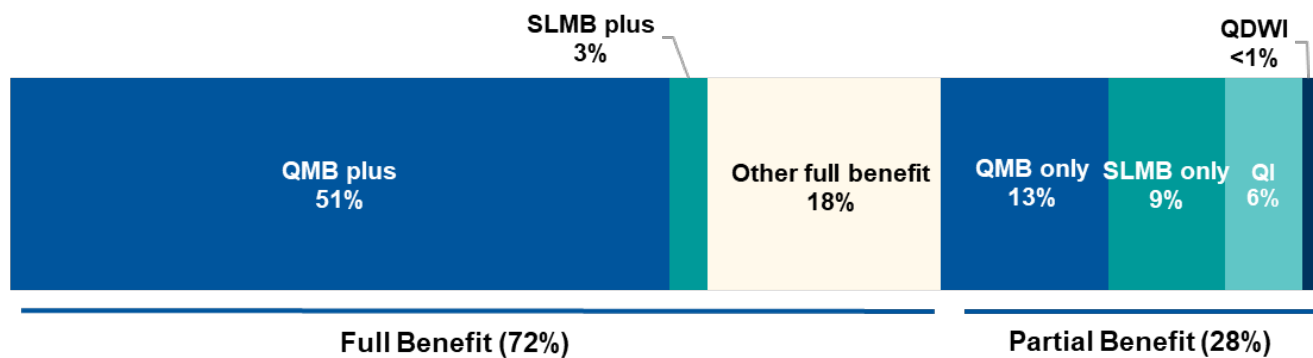
Available at:

<https://www.kff.org/medicaid/state-indicator/ageddisabled-medicaid-beneficiaries/?currentTimeframe=0&ortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



Share of Dually Eligible Beneficiaries by Type of Full and Partial Medicaid Benefits, 2013

Population: Institutionalized and non-institutionalized beneficiaries



Notes:

Exhibit includes all dually eligible beneficiaries (fee-for-service, managed care, and end-stage renal disease). Total may not sum to 100 due to rounding.

Other Full Benefit = eligible under a mandatory or optional Medicaid pathway, not eligible for Medicare Savings Program; QI = qualifying individual; QDWI = qualified disabled and working individuals; QMB only = Qualified Medicare Beneficiary; QMB Plus = Qualified Medicare Beneficiary who also is eligible for full Medicaid benefits; SLMB only = specified low-income Medicare beneficiary; SLMB Plus = Specified Low-Income Medicare beneficiary who also is eligible for full Medicaid benefits.

Source:

MEDPAC/MACPAC analysis of CY 2013 CMS administrative data.

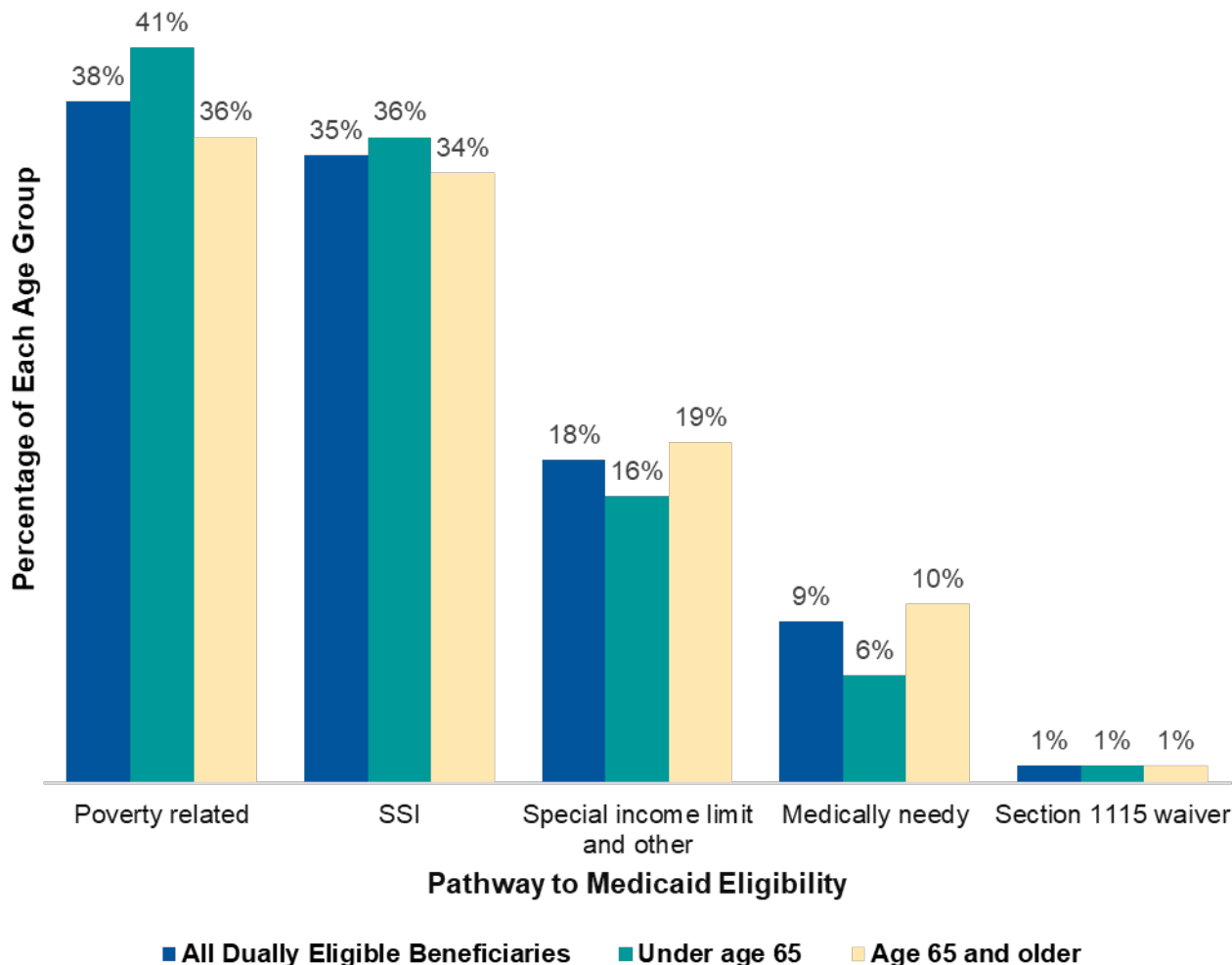
Available at:

http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_duals_databook_sec.pdf?sfvrsn=0



Pathway to Medicaid Eligibility for Dually Eligible Beneficiaries by Age Group, 2013

Population: Institutionalized and non-institutionalized dually eligible beneficiaries



Notes:

Exhibit includes all dually eligible beneficiaries (fee-for-service, managed care, and end-stage renal disease). Total may not sum to 100 due to rounding.

SSI = Supplemental Security Income; Special income limit = States can cover individuals with incomes up to 300 percent of the SSI benefit rate (about 225 percent of the federal poverty level for an individual) receiving LTSS in an institution. States may also extend this eligibility to individuals who use home and community based waiver services as an alternative to institutionalization.

Source:

MEDPAC /MACPAC analysis of CY 2013 CMS administrative data.

Available at:

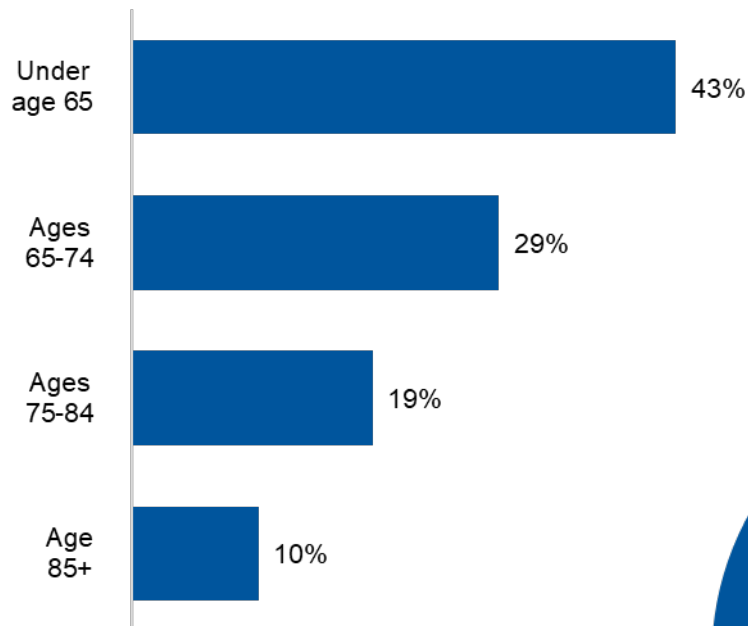
http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_duals_databook_sec.pdf?sfvrsn=0



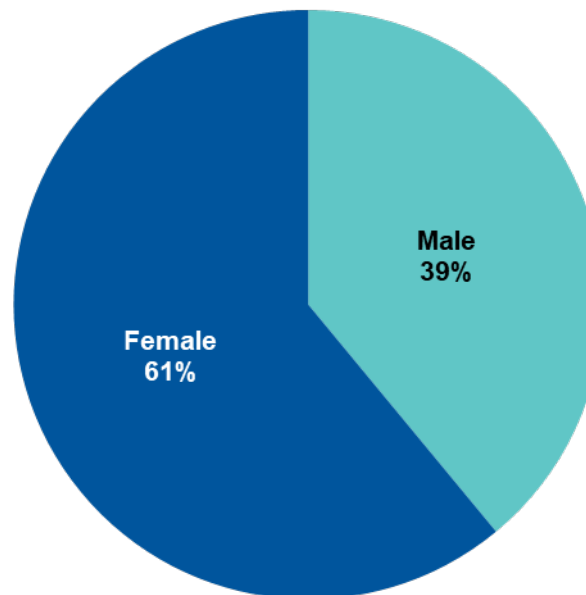
Demographic Characteristics of Dually Eligible Beneficiaries, 2016

Population: Institutionalized and non-institutionalized dually eligible beneficiaries

Share of Dually Eligible Beneficiaries by Age



Share of Dually Eligible Beneficiaries by Sex



Notes:

The Medicare Current Beneficiary Survey is a nationally representative sample of Medicare beneficiaries, including institutionalized and non-institutionalized populations. Total may not sum to 100 due to rounding.

Source:

MEDPAC analysis of 2016 Medicare Current Beneficiary Survey data.

Available at:

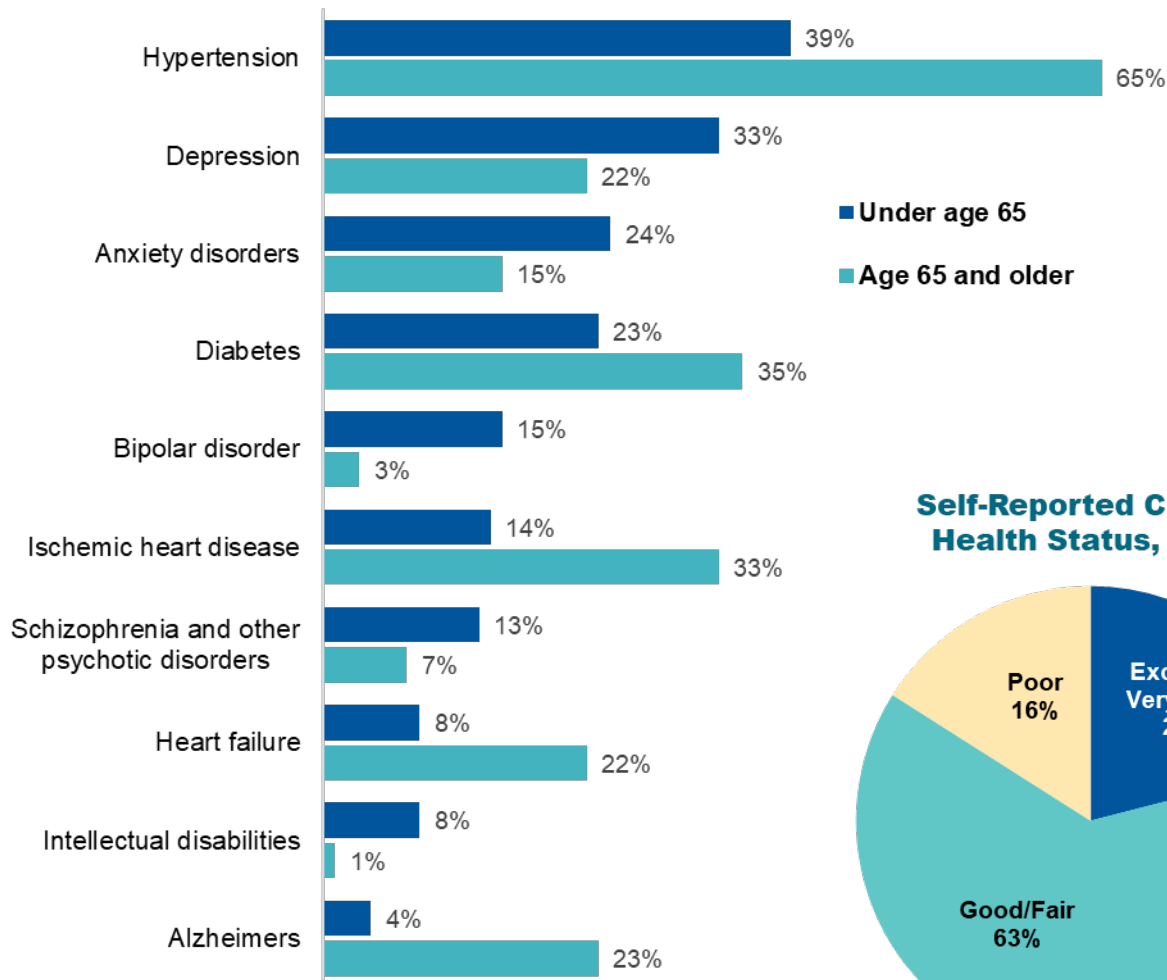
http://www.medpac.gov/docs/default-source/data-book/jun19_databook_sec4_sec.pdf?sfvrsn=0



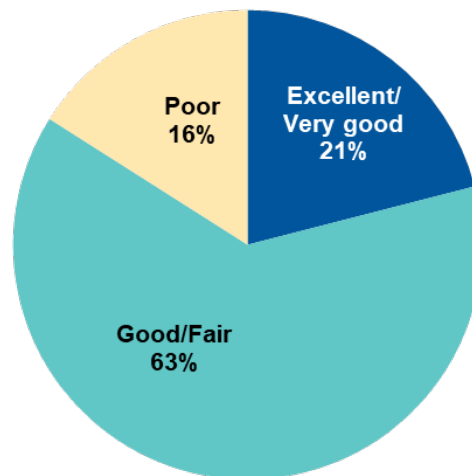
Health Conditions and Current Health Status of Dually Eligible Beneficiaries

Population: Institutionalized and non-institutionalized dually eligible beneficiaries

Selected Health Conditions Reported by Dually Eligible Beneficiaries, 2013



Self-Reported Current Health Status, 2016



Selected Health Conditions

Note: Exhibit includes fee-for-service dually eligible beneficiaries and excludes beneficiaries enrolled in Medicare Advantage plans and beneficiaries with end-stage renal disease.

Source: MEDPAC/MACPAC analysis of CY 2013 CMS administrative data.

Available at: http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_duals_databook_sec.pdf?sfvrsn=0

Current Health Status

Note: The Medicare Current Beneficiary Survey covers a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.

Source: MEDPAC analysis of 2016 Medicare Current Beneficiary Survey data.

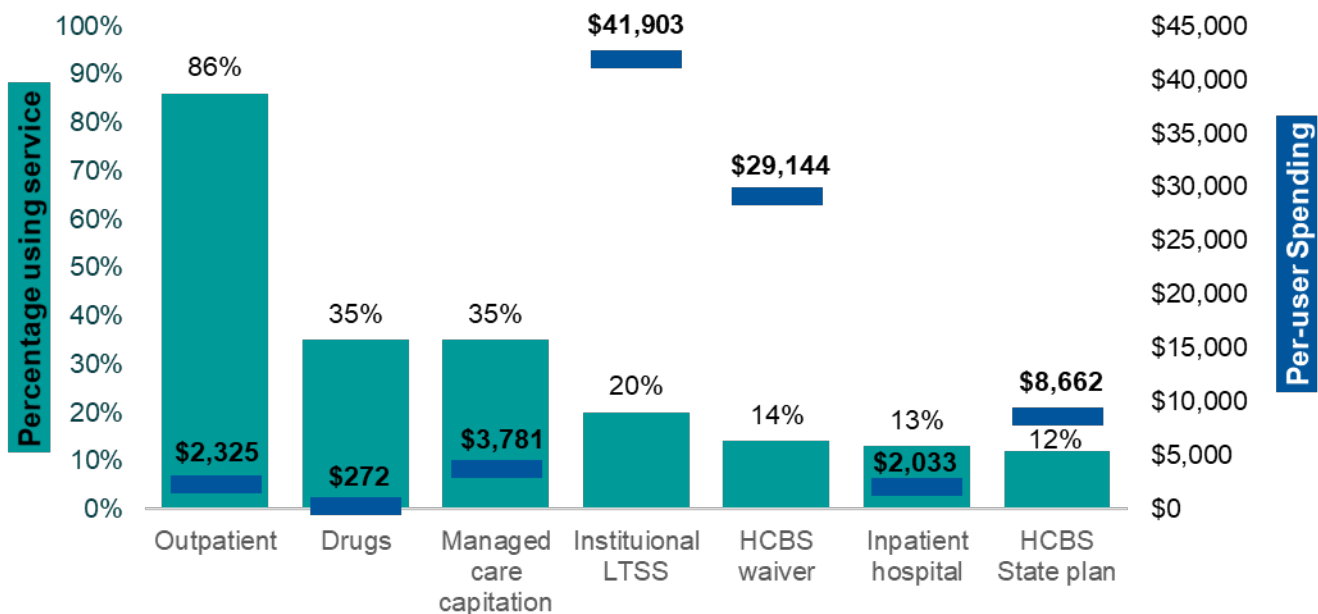
Available at: http://www.medpac.gov/docs/default-source/data-book/jun19_databook_sec4_sec.pdf?sfvrsn=0



Utilization, Per-User Spending, and Total Expenditures for FFS Dually Eligible Beneficiaries by Service Category, 2013

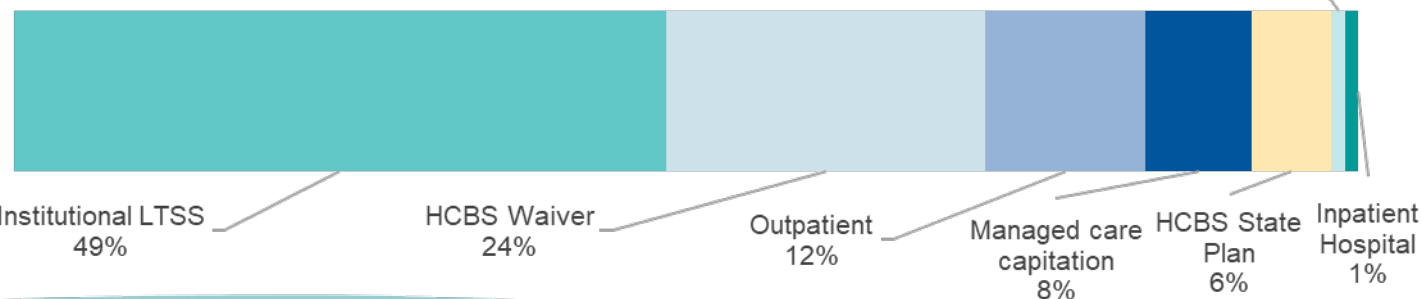
Population: Institutionalized and non-institutionalized full-benefit dually eligible beneficiaries

Utilization and Per-User Spending by Service Category



Percentage of Total Expenditures for Full-Benefit Dually Eligible Beneficiaries by Service Category

Prescription drugs 1%



Nationally, 75% of dually eligible beneficiaries are FFS (CMS Managed Care Enrollment Report, 2017)

Notes:
Dually eligible beneficiaries are limited to full-benefit dually eligible beneficiaries in Medicare and Medicaid FFS. Endstage renal disease is excluded. Medicaid expenditures exclude Medicaid payments of Medicare premiums for dually eligible beneficiaries as well as administrative spending. Total may not sum to 100 due to rounding.

HCBS = home and community based services; LTSS = long-term services and supports.

Sources:
MEDPAC/MACPAC analysis of CY 2013 CMS administrative data.
Available at:
http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_dualsdatabook_sec.pdf?sfvrsn=0

2017 CMS Managed Care Enrollment Report.
Available at:
<https://www.medicaid.gov/medicaid/managed-care/downloads/enrollment/2017-medicaid-managed-care-enrollment-report.pdf>



SPECIAL POPULATION: CHILDREN WITH SPECIAL HEALTH CARE NEEDS



Children with Special Health Care Needs: Overview

Fast fact: The prevalence of special health care needs is higher among children with public health insurance only (23 percent) or in combination with private health insurance (31 percent), compared to the prevalence among those with private health insurance only (16 percent) or who are uninsured (12 percent).

The federal Maternal and Child Health Bureau defines children with special health care needs (CSHCN) as those who “have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.”¹

This section of the profile shows the prevalence and distribution of CSHCN by type of health insurance coverage, the complexity of needs, current health status, and type of utilization. CSHCN status is determined using a validated instrument for identification of children with special health care needs as defined by the federal Maternal and Child Health Bureau.

The charts in this section include:

- Children with Special Health Care Needs (CSHCN) by Type of Health Insurance and Complexity of Needs
- Current Health Status and Utilization Among Children With and Without Special Health Care Needs

Source:

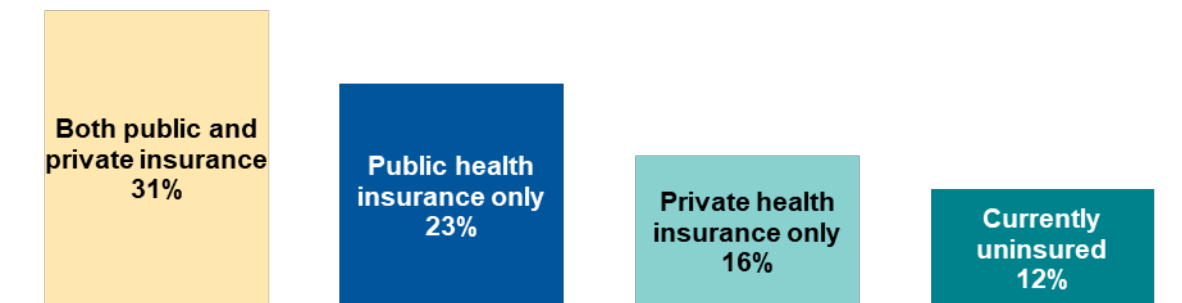
1. McPherson M, Arango P, Fox H, et al. “A new definition of children with special health care needs”, *Pediatrics*, 1998; 102: 137-140



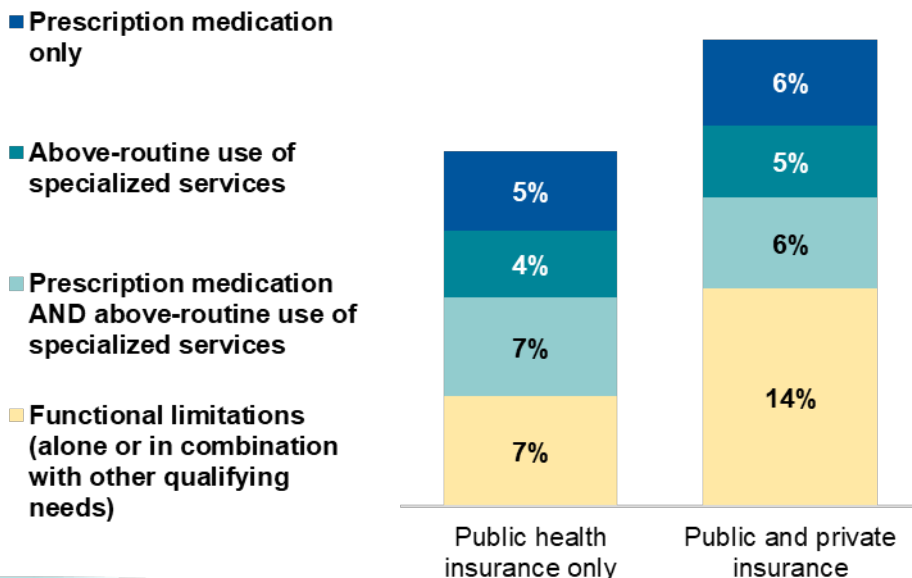
Children with Special Health Care Needs (CSHCN) by Type of Health Insurance and Complexity of Needs, 2017–2018

Population: Non-institutionalized children who are insured or uninsured

Prevalence of Special Health Care Needs Among Children Ages 0-17 by Type of Health Insurance



Complexity of Needs Among CSHCN with Public Insurance



Notes:

Data include non-institutionalized children ages 0-17 covered by all forms of health insurance and the uninsured. CSHCN status is determined using a validated instrument for identification of children with special health care needs as defined by the federal Maternal and Child Health Bureau (MCHB).

The CSHCN Screener is a 5-item screening tool to identify children with special health needs. The CSHCN Screener operationalizes the MCHB definition of CSHCN by focusing on the health consequences a child experiences as a result of having an on-going health condition rather than on the presence of a specific diagnosis or type of disability.

CSHCN = Children with special health care needs.

Source:

Mathematica analysis of 2017-2018 National Survey of Children's Health.

Available at:

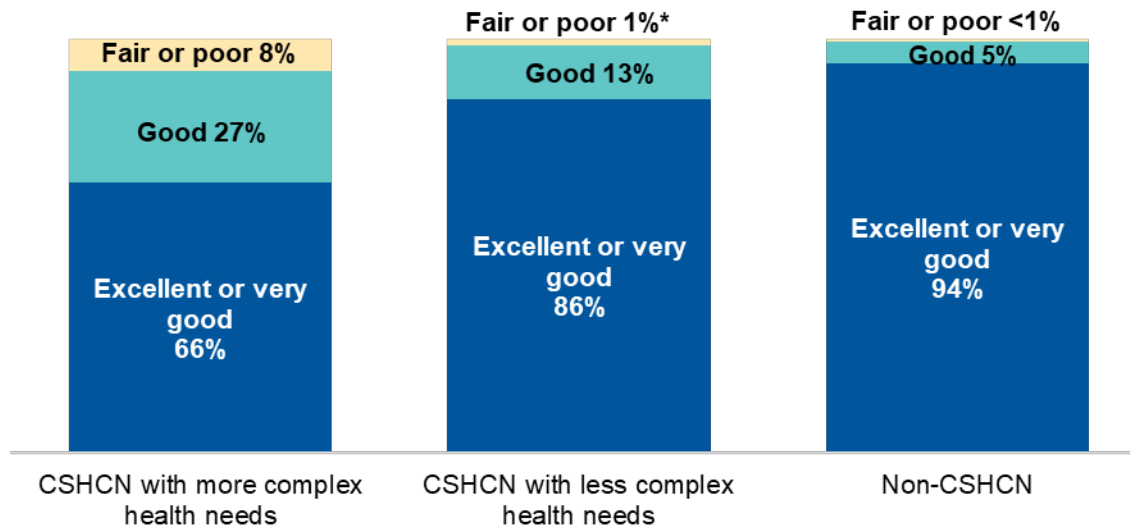
www.childhealthdata.org



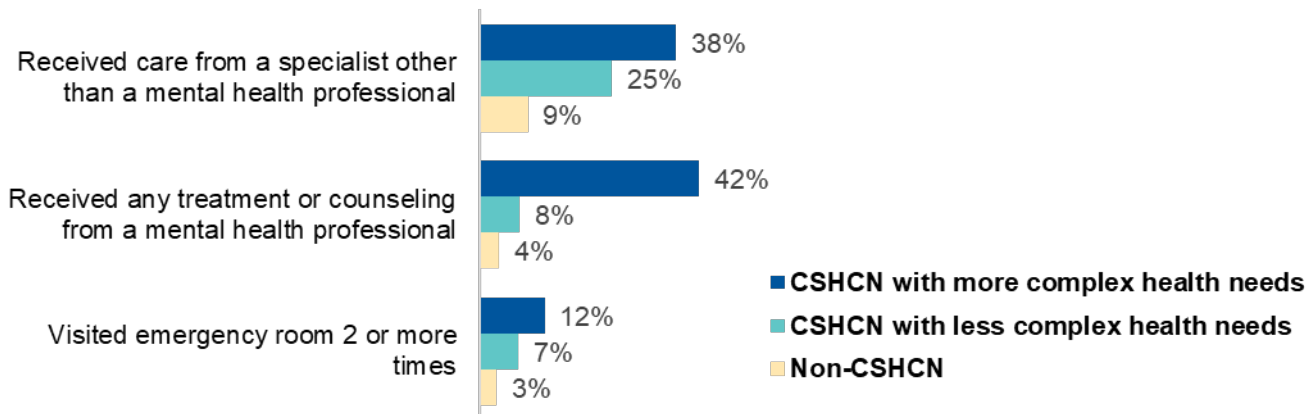
Current Health Status and Utilization Among Children With and Without Special Health Care Needs, 2017–2018

Population: Non-institutionalized children who are insured or uninsured

Self-Reported Current Health Status



Type of Utilization in the Past 12 Months



Notes:

Data include non-institutionalized children ages 0–17 covered by all forms of health insurance and the uninsured. Mental health utilization includes children ages 3–17. CSHCN status is determined using a validated instrument to identify children with special health care needs as defined by the federal Maternal and Child Health Bureau. The complexity of health needs is determined based on CSHCN screener questions. Children with less complex needs experience health conditions managed primarily through prescription medication. Children with more complex needs qualify on one or more screening criteria addressing elevated need or use of specialized services, therapies, or functional limitations.

CSHCN = children with special health care needs.

* Please interpret this estimate with caution. This estimate has a 95% confidence interval width exceeding 1.2 times the estimate and may not be reliable.

Source:

Mathematica analysis of 2017–2018 National Survey of Children’s Health.

Available at:

www.childhealthdata.org



APPENDIX: DATA SOURCES



Data Sources (in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Medicare & Medicaid Services (CMS)	8-10, 13, 30, 46	https://data.medicaid.gov/	<p>CMS sponsored site to provide data on Medicaid and CHIP programs for research purposes. The specific data tables and reports cited in this profile are:</p> <ul style="list-style-type: none"> October 2019 Medicaid & CHIP Enrollment Data Highlights. Available at: https://wayback.archive-it.org/2651/20200203231829/https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html. For the most current Medicaid and CHIP enrollment data see: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html. MBES Expansion Adult Enrollment July-Sept 2018 (Sept 2018 data). Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (Mar 2019 data). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Data-and-Statistical-Resources National Health Expenditures Accounts (2018 data). Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html Updated July 2018 Applications, Eligibility, and Enrollment Data. Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html 2017 Managed Care Enrollment Report. Available at: https://www.medicaid.gov/medicaid/managed-care/downloads/enrollment/2017-medicaid-managed-care-enrollment-report.pdf Medicaid & CHIP Scorecard. National Context. Available at: https://www.medicaid.gov/state-overviews/scorecard/national-context/index.html.
U.S. Census Bureau	8, 9	https://www.census.gov/	<p>Agency that produces the official U.S. estimates of the total population size and health insurance coverage rates. The specific data and reports cited in this profile are:</p> <ul style="list-style-type: none"> Health Insurance Coverage in the United States: 2018. Available at: https://www.census.gov/library/publications/2019/demo/p60-267.html Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2018. Available at: https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Integrated Public Use Microdata Series (IPUMS USA)	13	https://www.ipums.org	IPUMS USA collects and harmonizes U.S. census microdata. Data include decennial censuses and American Community Surveys (ACS) from 2000 to the present. Data tables were generated using the IPUMS online data analysis system with the 2017 ACS sample. The 2017 ACS sample is a 1-in-100 national random, weighted sample of the U.S. population. The data include persons in households and in group quarters (institutions, military barracks, university dorms, etc.) Respondents are asked if they are currently covered by “Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability.”
2017 CMS Actuarial Report (FFY 2016 data)	14, 31	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/MedicaidReport2017.pdf	Report analyzes key historical Medicaid trends—both financial and demographic—and includes projections of expenditures and enrollment to inform the public and help policy makers gain insight into the future of the program.
Medicaid and CHIP Payment and Access Commission (MACPAC) Analysis of the 2017 National Health Interview Survey (NHIS)	17-20, 24, 25	https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf	The NHIS includes non-institutionalized individuals. Age groups included in a single chart may vary; for example, the age ranges of children with various health conditions vary from condition to condition.
National Center for Health Statistics (NCHS)	23	https://wonder.cdc.gov/	The NCHS natality public use file contains records for all live births registered within the 52 U.S. reporting areas (50 states, New York City, and D.C.), during the reporting year. The 2018 state-level natality data included in this profile were generated using the CDC WONDER online data analysis system.
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS)	26, 27	https://meps.ahrq.gov/mepstr ends/home/index.html	Data generated online using the MEPS Summary Tables. The MEPS summary tables provide summary estimates for the U.S. civilian non-institutionalized population. The latest year of data available varies by topic.

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Agency for Healthcare Research and Quality, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database	33-38	https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf	Based on data collected between July 2018 and June 2019 and submitted directly to the AHRQ CAHPS Database by state Medicaid/CHIP agencies or individual health plans. The Child Medicaid results include 72,429 respondents across 152 plans in 34 states. The Adult Medicaid results include 43,588 respondents across 131 plans in 34 states. The data are submitted voluntarily to the AHRQ CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states. The Child Medicaid results from eight states represent 55 percent of responses and eight states in the Adult Medicaid results represent 54 percent of responses. Thus, the estimates may be biased and it is not possible to compute precision estimates from the data.
Kaiser Family Foundation's State Health Facts	41	https://www.kff.org/statedata/	Data on dually eligible beneficiaries included in this profile come from an analysis of CMS MSIS data. Years of data vary, but most data are from FFY 2013.
Medicare Payment Advisory Commission (MEDPAC)/Medicaid and CHIP Payment and Access Commission (MACPAC) Analysis of CY 2013 CMS administrative data	41-43, 45, 46	http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_dualsdatabook_sec.pdf?sfvrsn=0	This data book includes data for 2009 through 2013; all exhibits included in this profile are based on CY 2013 data. The Annual (Medicare-Medicaid Duals) Enrollment Trends report available on CMS.gov indicates that, while the number of dually eligible beneficiaries has increased from 10.8 to 11.9 million, the composition of dually eligible beneficiaries has not changed greatly since 2013. Specific data sources used for analysis include: <ul style="list-style-type: none"> • Medicare enrollment data from Enrollment Database and Common Medicare Environment (CME) files • Medicare Part A, Part B, and Part D claims from Common Working File and Part D Prescription Drug Event data • Medicare Part C payment data from Medicare Advantage Prescription Drug files • Medicaid enrollment and claims data from Medicaid Statistical Information System (MSIS) files
Medicare Payment Advisory Commission (MEDPAC) analysis of the 2016 Medicare Current Beneficiary Survey	44, 45	http://www.medpac.gov/docs/default-source/data-book/jun19_databook_sec4_sec.pdf?sfvrsn=0	The Medicare Current Beneficiary Survey covers a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries. These data are from 2016.

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
National Survey of Children's Health (NSCH)	49, 50	www.childhealthdata.org	The NSCH sampled non-institutionalized children in the U.S. ages 0-17 years. Data from the 2017-2018 survey were generated online. Analyses were restricted to the queries available online. Citation for charts generated from the NSCH is: Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org .