Medicaid Overview

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Figure 1

The basic foundations of Medicaid are related to the entitlement and the federal-state partnership.

Entitlement

Eligible Individuals are entitled to a defined set of benefits

States are entitled to federal matching funds

Federal

Sets core requirements on eligibility and benefits

Partnership

State

Flexibility to administer the program within federal guidelines

Figure 2

Medicaid plays a central role in our health care system.

Health Insurance Coverage For 1 in 5 Americans

Assistance to 10 million Medicare Beneficiaries

> 50% Long-Term Care Financing

MEDICAID

Support for Health Care System and Safety-Net

State Capacity to Address Health Challenges

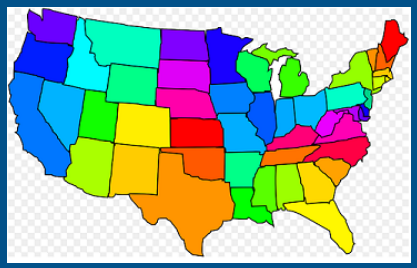
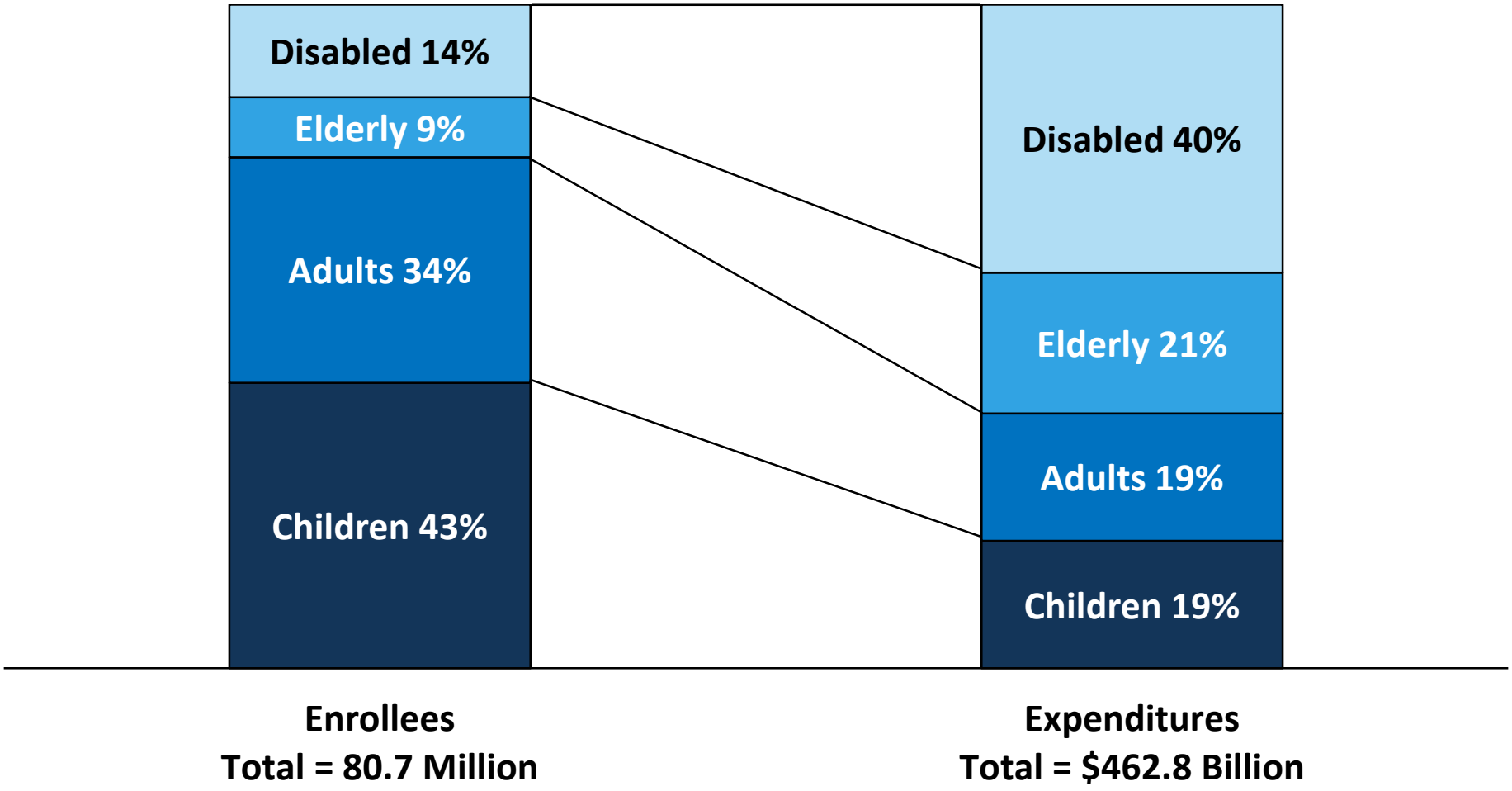


Figure 3

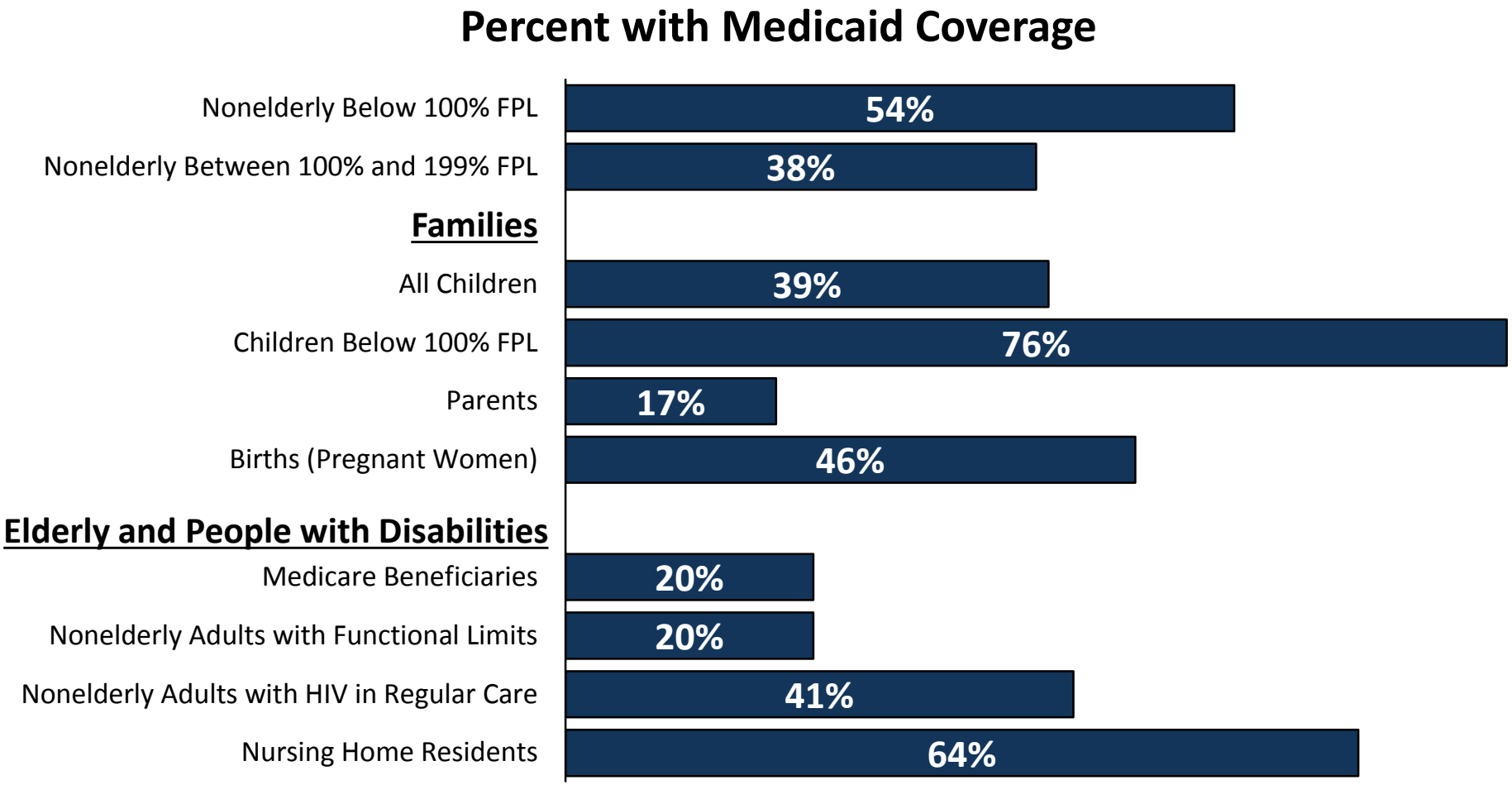
Medicaid spending is mostly for the elderly and people with disabilities, FY 2014.



NOTE: Totals may not sum to 100% due to rounding.
SOURCE: KFF estimates based on analysis of data from the FFY2014 Medicaid Statistical Information System (MSIS) and CMS-64 reports. Because FFY2014 data was missing some or all quarters for some states, we adjusted the data using secondary data to represent a full fiscal year of enrollment.

Figure 4

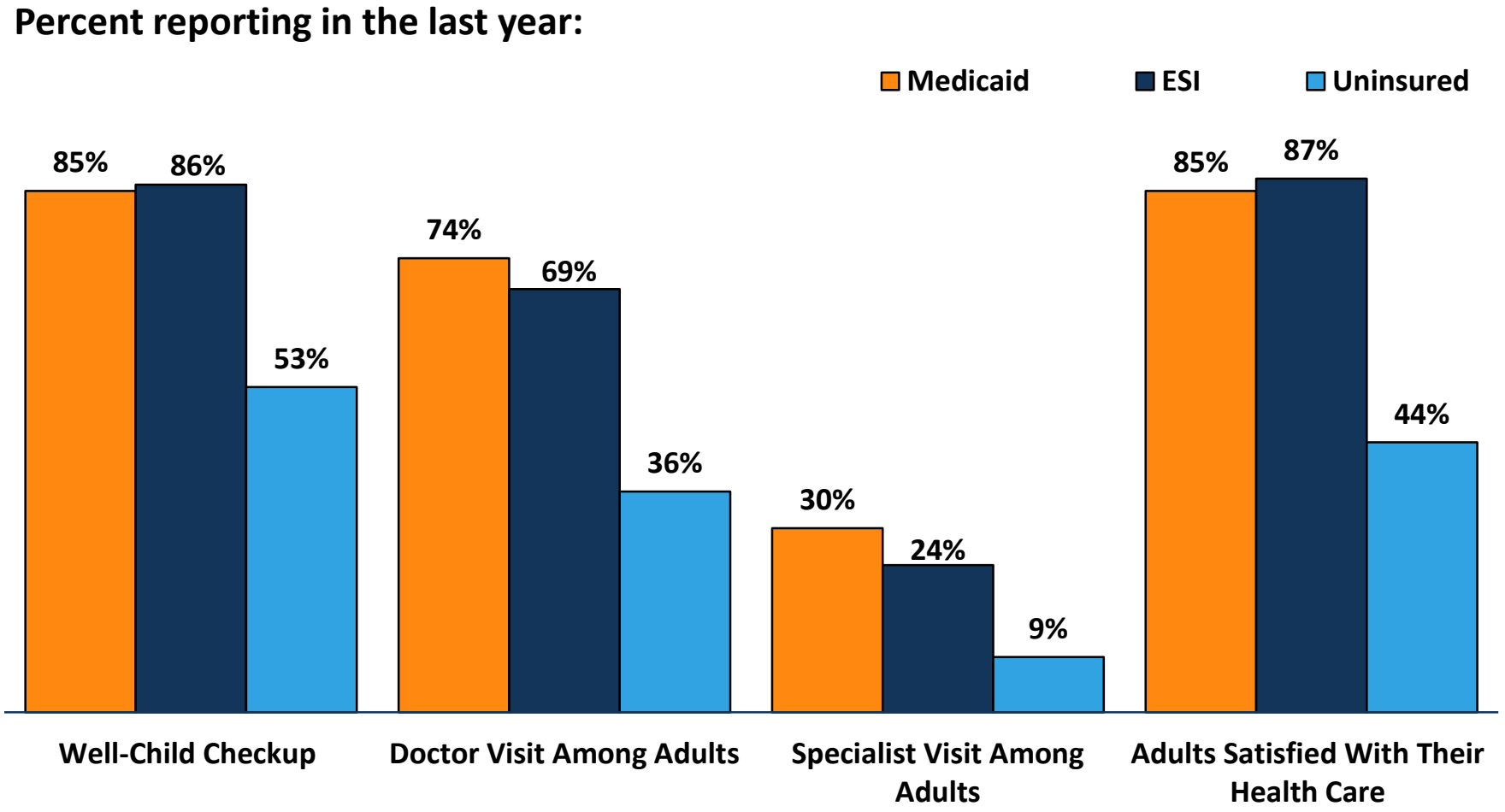
Medicaid's role for select populations.



NOTE: FPL-- Federal Poverty Level. The FPL was $20,160 for a family of three in 2016.
SOURCES: KFF analysis of 2016 Current Population Survey, Annual Social and Economic Supplement; Birth data - Maternal and Child Health Update, National Governors Association, 2012; Medicare data - Medicare Payment Advisory Commission, *Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid* (January 2016), 2011 data; Functional Limitations - KFF Analysis of 2015 NHIS data; Nonelderly with HIV - 2009 CDC MMP; Nursing Home Residents - 2012 OSCAR data.

Figure 5

Nationally, Medicaid is comparable to private insurance for access and satisfaction – the uninsured fare far less well.



NOTES: Access measures reflect experience in past 12 months. Respondents who said usual source of care was the emergency room are not counted as having a usual source of care.
SOURCE: KCMU analysis of 2015 NHIS data.

Figure 6

States have considerable flexibility under current law to design their programs.

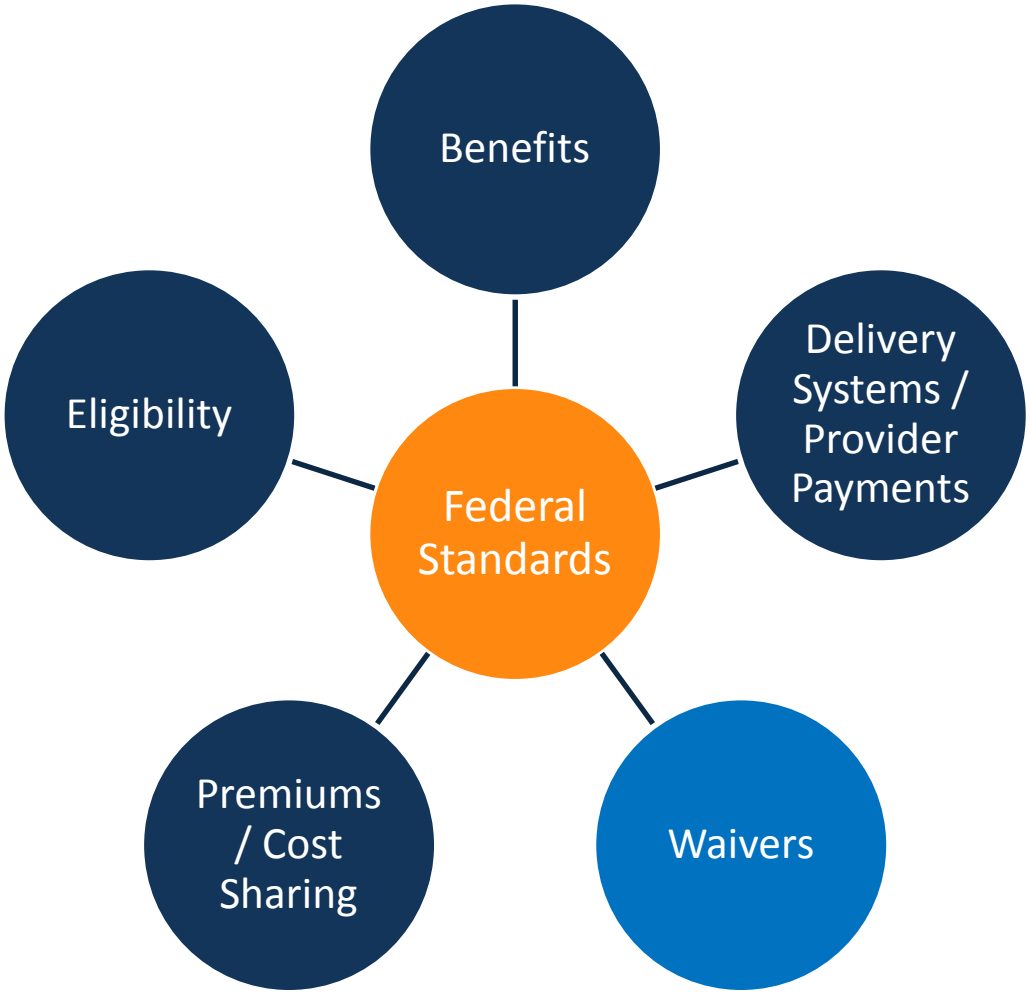
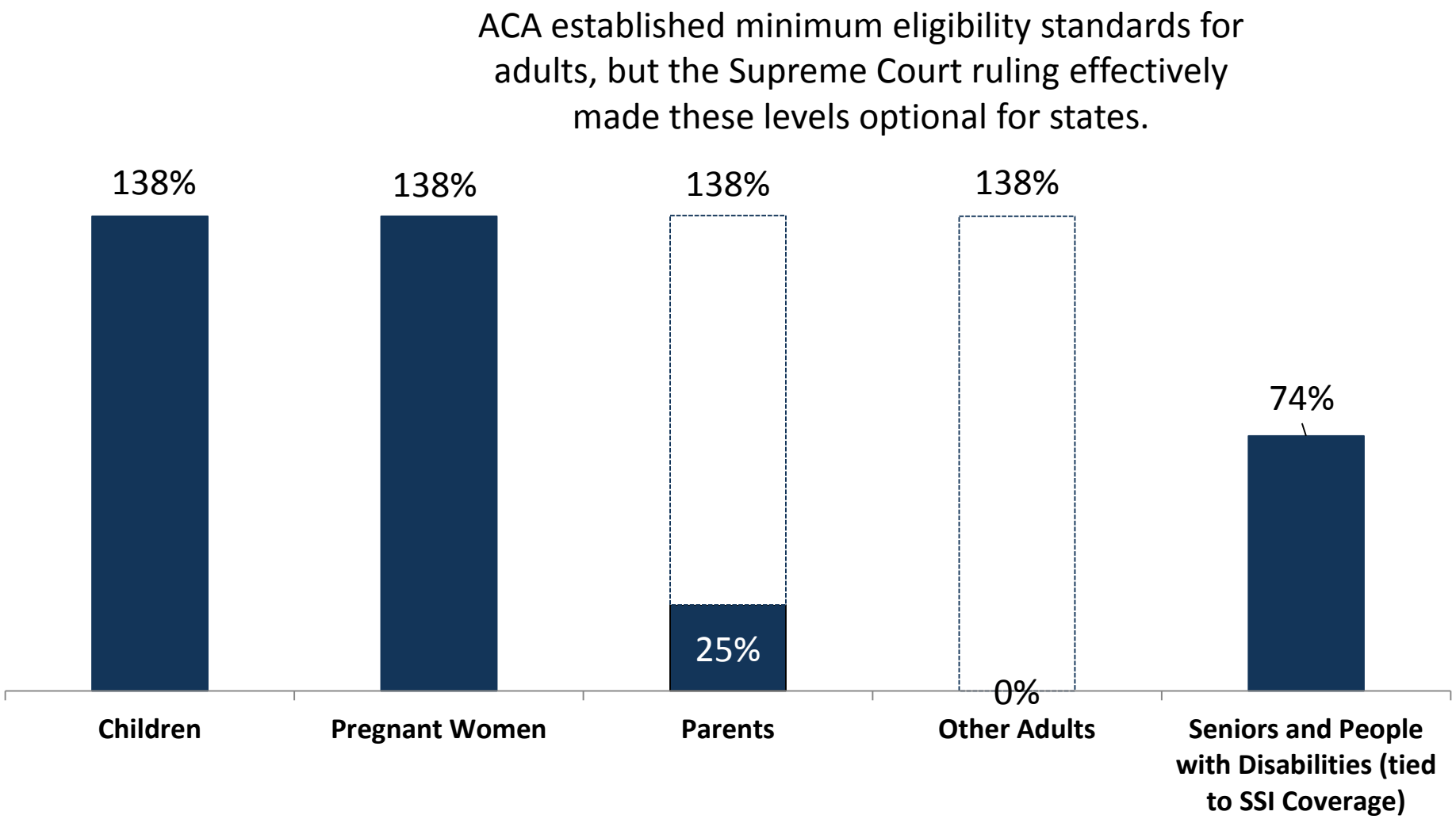


Figure 7

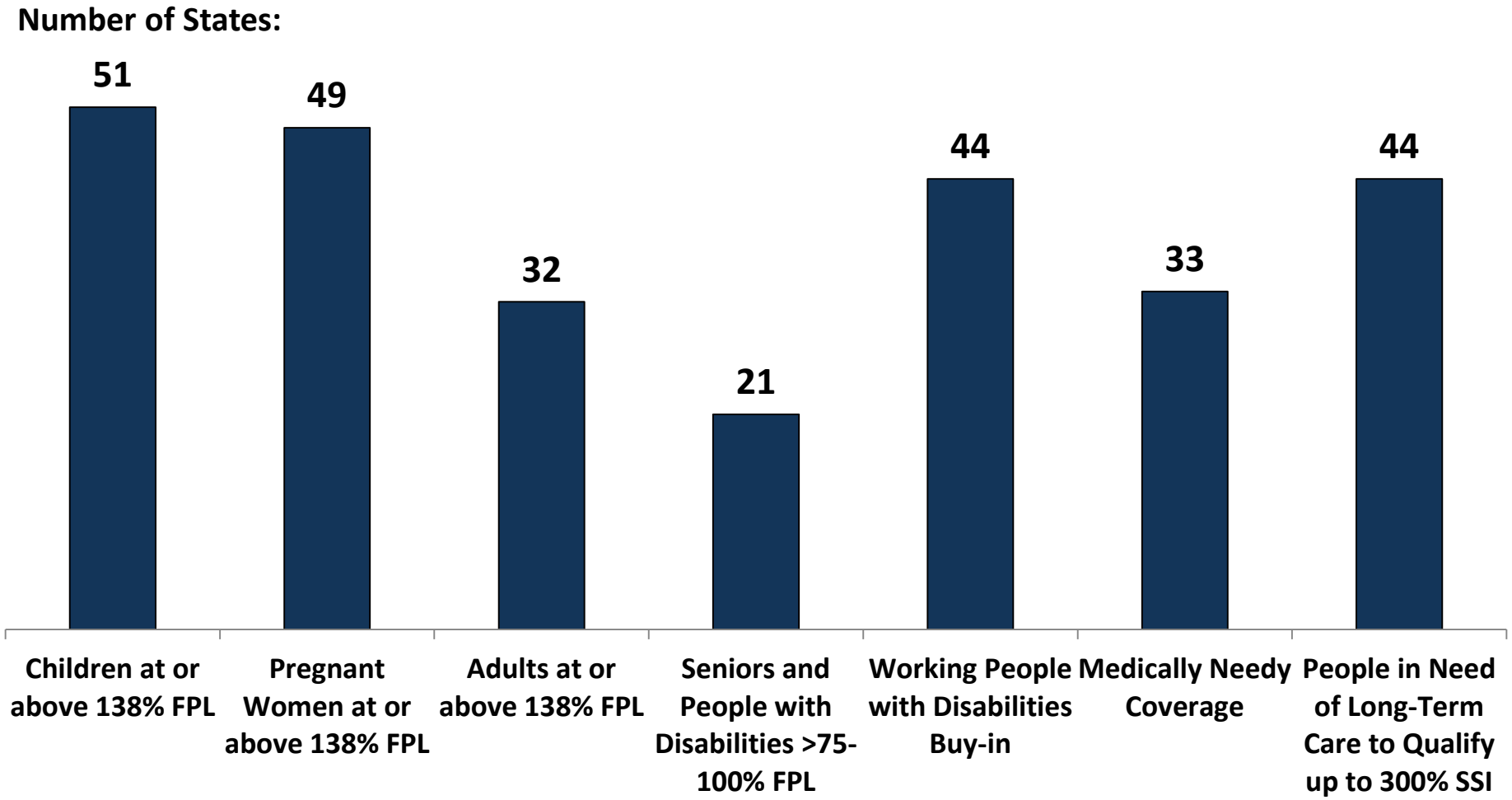
Minimum Eligibility Standards by Group.



NOTE: Parent minimums vary across states; median minimum shown. 138% FPL is $16,643 for an individual and $28,180 for a family of three in 2017.

Figure 8

The majority of states have taken up options to expand eligibility for children, pregnant women and seniors / people with disabilities.



SOURCE: Based on results from a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2017 and the Kaiser Commission on Medicaid and the Uninsured Medicaid Financial Eligibility Survey for Seniors and People with Disabilities, 2015.

Figure 9

Minimum and Optional Medicaid Benefits.

Minimum Benefits

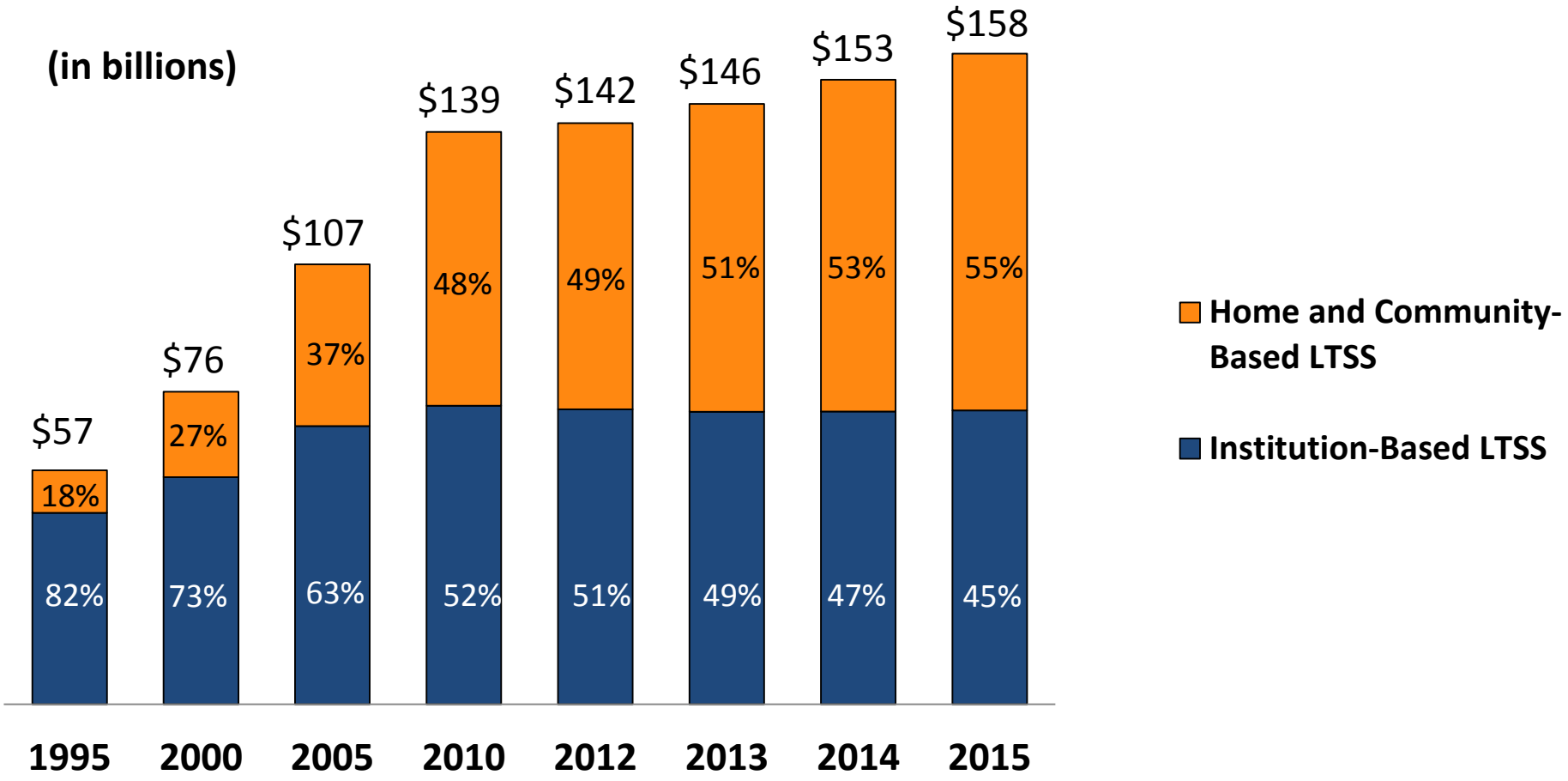
- Physician services
- Laboratory and x-ray services
- Inpatient hospital services
- Outpatient hospital services
- Early and periodic screening, diagnostic, and treatment (EPSDT) services for individuals under 21
- Family planning
- Rural and federally-qualified health center (FQHC) services
- Nurse midwife services
- Nursing facility (NF) services for individuals 21 or over
- Home health care services for individuals entitled to nursing facility care
- Smoking cessation services for pregnant women
- Free-standing birth center services

Selected Optional Benefits

- Prescription drugs
- Clinic services
- Dental services
- Physical, occupational, and speech therapy
- Other diagnostic, screening, preventive, and rehabilitative services
- Prosthetic devices, dentures, eyeglasses
- Intermediate care facilities for intellectual and developmental disabilities (ICF/IDD) services
- Inpatient psychiatric care for individuals under 21
- Home health care services (for those not entitled for NF care)
- Personal care services with option to self direct
- Health home services to individuals with chronic conditions
- Community First Choice attendant care services
- Case management
- Hospice services

Figure 10

Medicaid LTSS Spending is increasingly devoted to HCBS as opposed to institutional care.

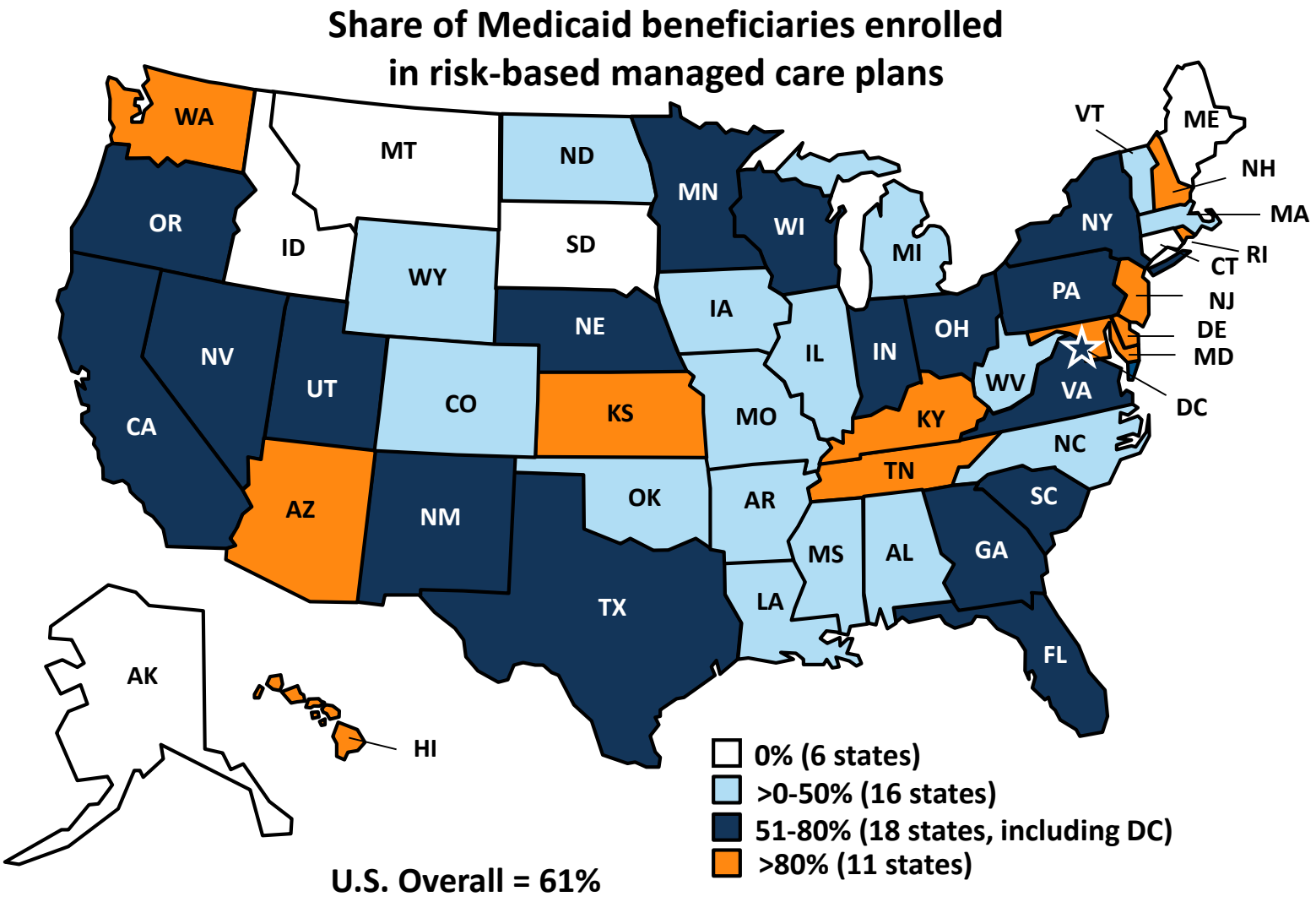


NOTE: Home and community-based care includes state plan home health, state plan personal care services and § 1915(c) HCBS waivers. Institutional care includes intermediate care facilities for individuals with intellectual/developmental disabilities, nursing facilities, and mental health facilities.

SOURCE: Truven analysis of Centers for Medicare & Medicaid Services (CMS)-64 data supplemented by other data sources. See S Eiken, K Sredl, B Burwell, and R Woodward, "Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015" Truven Health Analytics, April 2017.

Figure 11

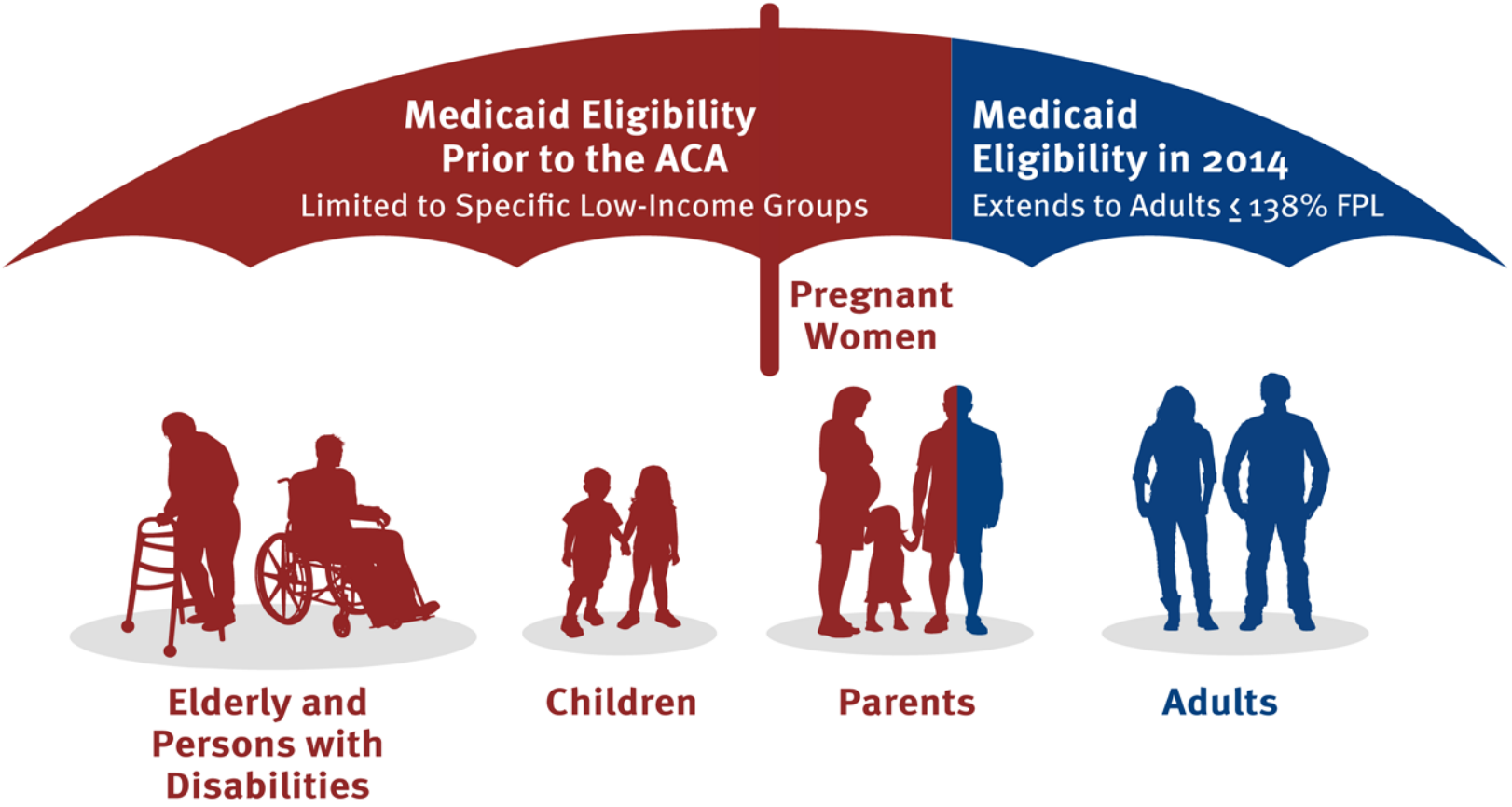
Over half of all Medicaid beneficiaries receive their care in comprehensive risk-based MCOs.



SOURCE: Medicaid Managed Care Enrollment Report, Summary Statistics as of July 1, 2014, CMS, 2016.

Figure 12

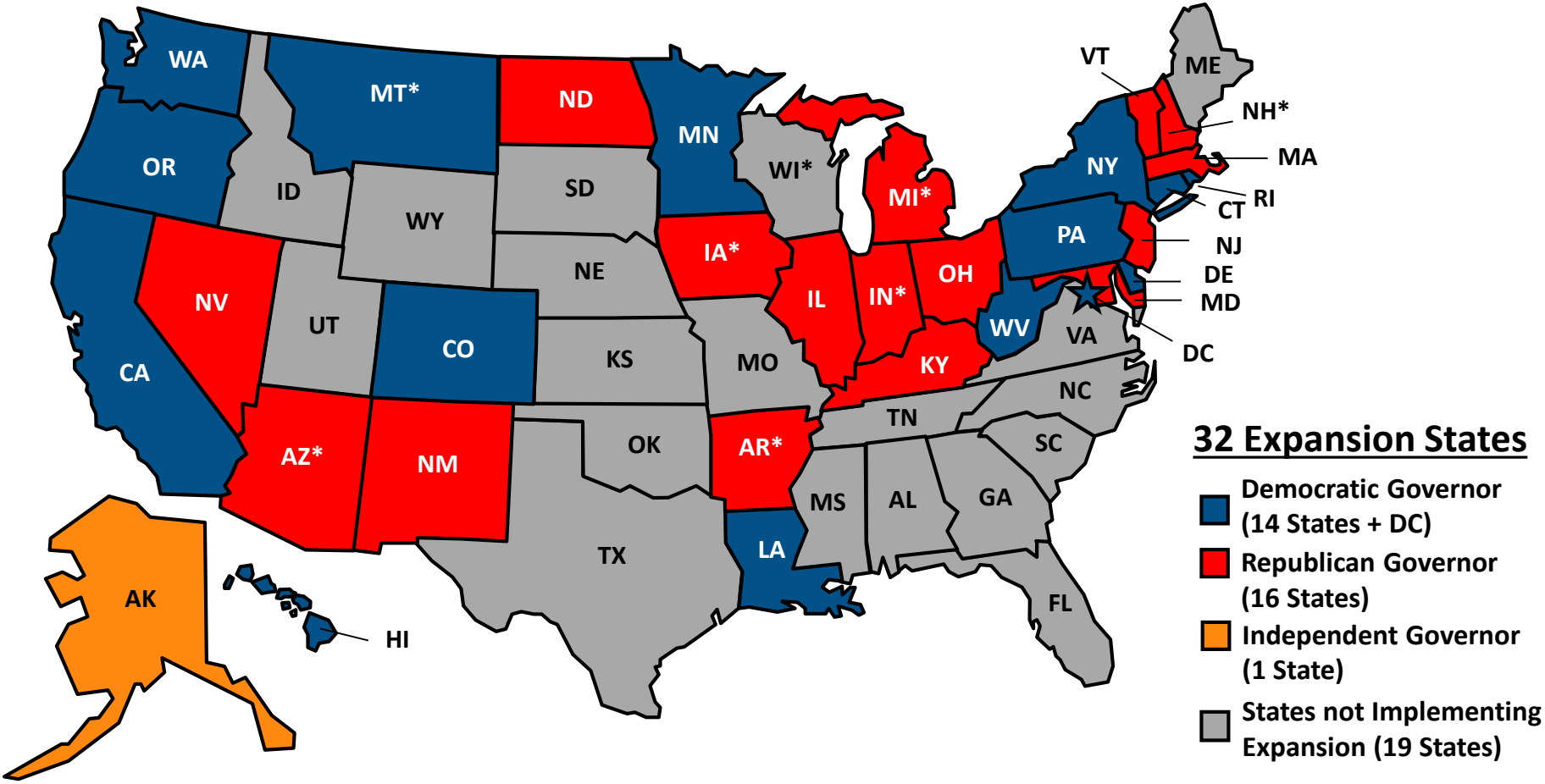
The Medicaid expansion was designed to fill the gaps in Medicaid coverage.



NOTE: The June 2012 Supreme Court decision in National Federation of Independent Business v. Sebelius maintained the Medicaid expansion, but limited the Secretary's authority to enforce it, effectively making the expansion optional for states. 138% FPL = $16,643 for an individual and $28,180 for a family of three in 2017.

Figure 13

To date, 32 states have implemented the Medicaid expansion.

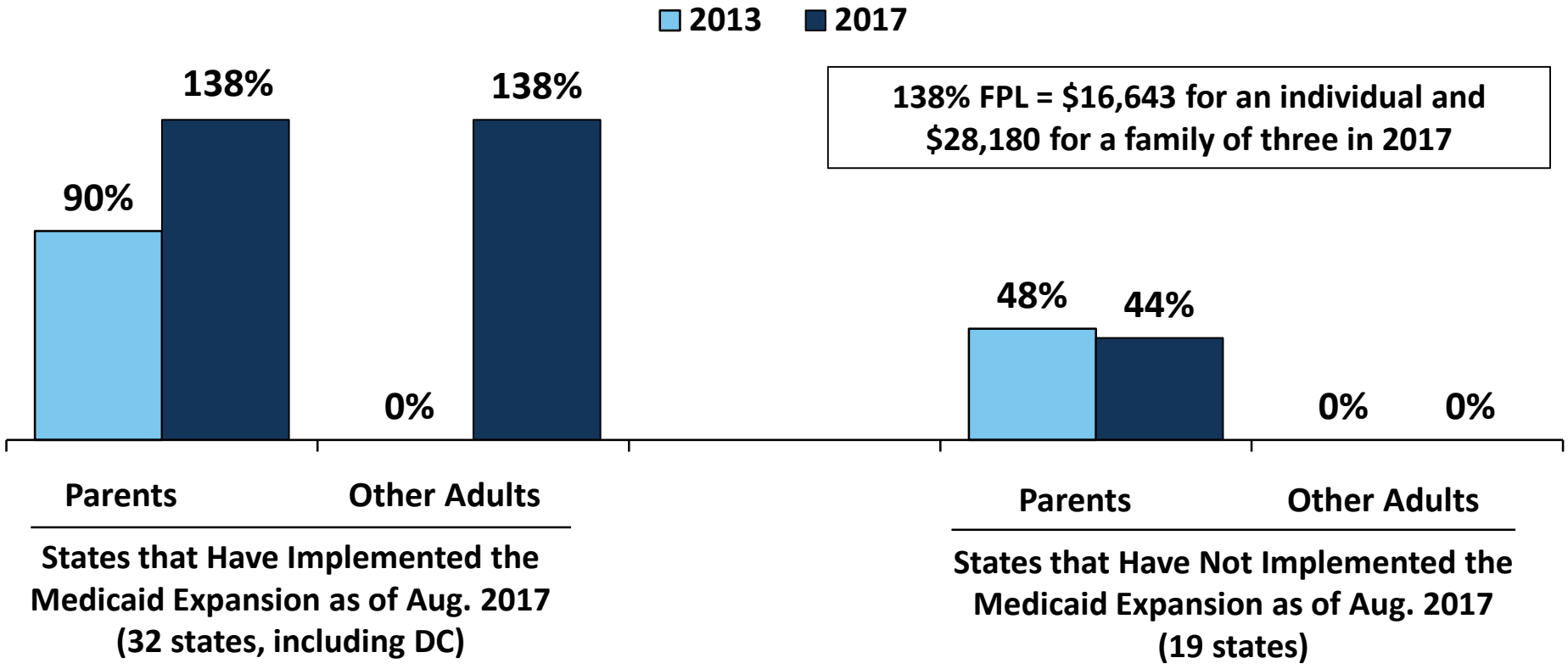


NOTES: Coverage under the Medicaid expansion became effective January 1, 2014 in all but seven expansion states: Michigan (4/1/2014), New Hampshire (8/15/2014), Pennsylvania (1/1/2015), Indiana (2/1/2015), Alaska (9/1/2015), Montana (1/1/2016), and Louisiana (7/1/2016). Seven states that will have Republican governors as of January 2017 originally implemented expansion under Democratic governors (AR, IL, KY, MA, MD, NH, VT), and one state has a Democratic governor but originally implemented expansion under a Republican governor (PA). *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers.

Figure 14

The ACA expanded Medicaid eligibility in some states, but adult eligibility remains low in non-expansion states.

Median Medicaid Eligibility Levels for Adults as a Percent of the Federal Poverty Level, 2013 and 2017

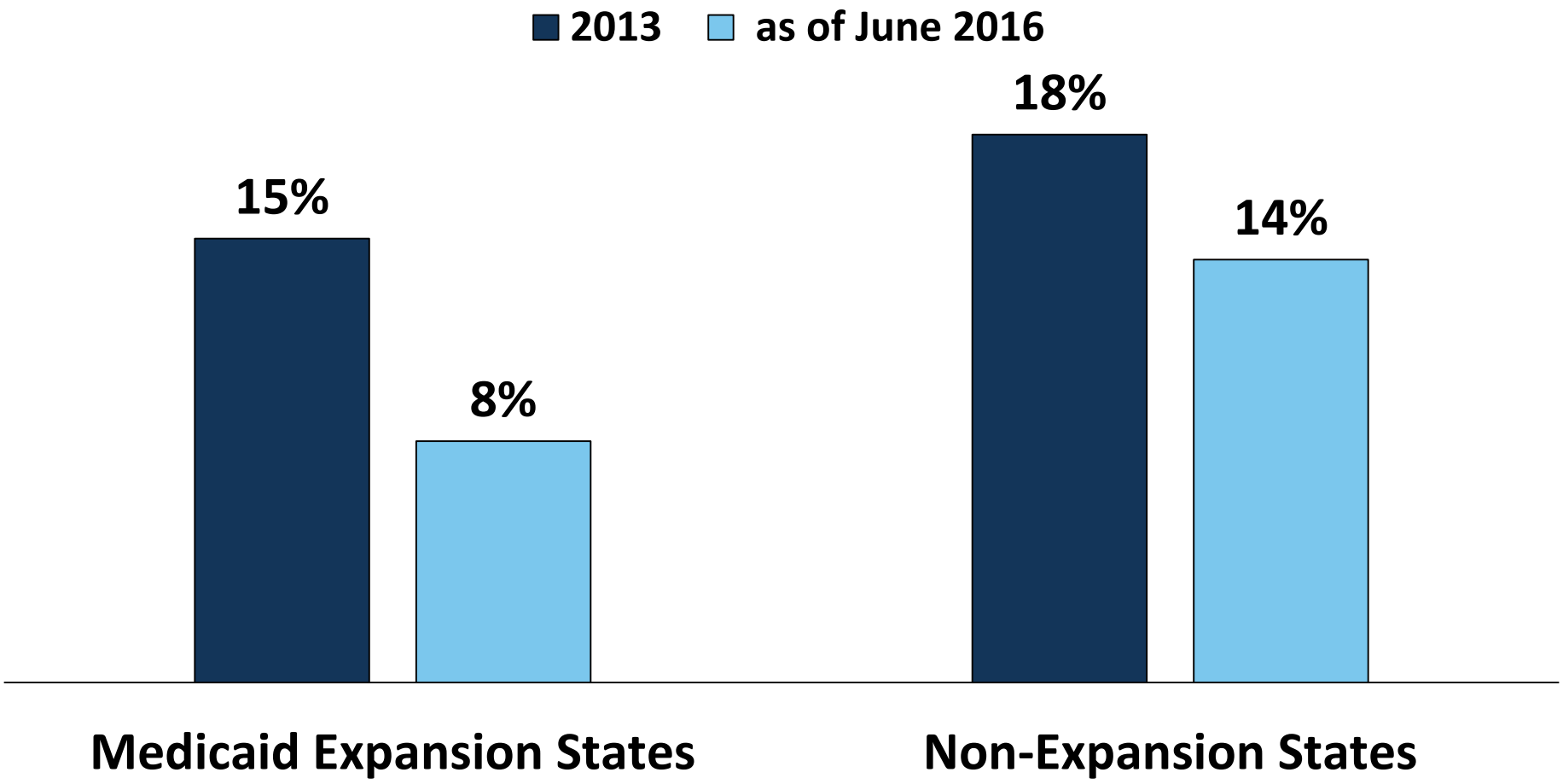


NOTE: 2017 levels are based on state-reported eligibility levels as of January 2017. Eligibility levels are based on 2016 federal poverty levels (FPLs) for a family of three for children, pregnant women, and parents, and for an individual for childless adults. In 2017,the FPL was $12,060 for an individual and $20,420 for a family of three.

SOURCE: Based on results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown Center for Children and Families, 2013 and 2017 with data updates to reflect Medicaid expansion implementation.

Figure 15

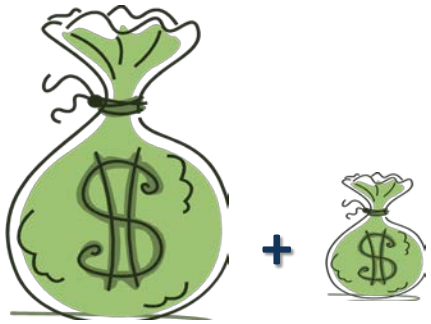
The uninsured rate has decreased everywhere, but especially in Medicaid expansion states.



NOTE: Uninsured rates for 2016 are as of June 2016.
SOURCE: Emily P Zammitti, Robin A Cohen, and Michael E Martinez, Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-June 2016, (Hyattsville, MD: National Center for Health Statistics, November 2016), https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf.

Figure 16

The Medicaid expansion has coverage and fiscal implications for states.



Federal + State Funds

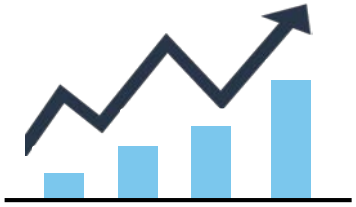
Reduction in the Number of Uninsured

Increased Access to Care and Service Utilization

↑ Affordability and Financial Security

Increased State Savings

↓ Uncompensated care costs
↓ State-funded health programs (e.g. behavioral health and corrections)



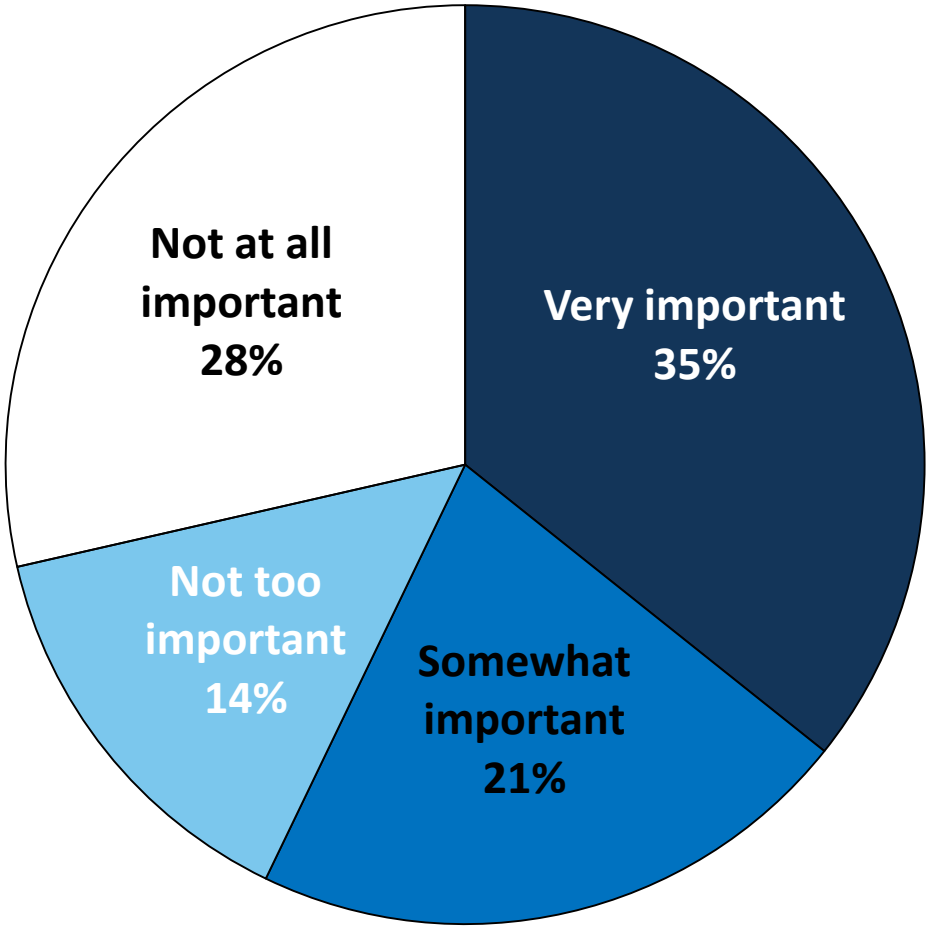
Increased Economic Activity

↑ General fund revenue and GDP
↑ or neutral effects on employment

SOURCE: L. Antonisse, R. Garfield, R. Rudowitz, and S. Artiga, *The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, February 2017), http://kff.org/medicaid/issue-brief/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/

Figure 17

More than half of Americans say that Medicaid is important to them and their family.



SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted February 13-19, 2017)

Figure 18

There are many “Faces of Medicaid.”

Source: Faces of Medicaid. http://kff.org/medicaid/video/faces-of-medicaid/