Comparative Data Report on Medicaid for the Southern Legislative Conference

Fiscal Affairs and Governmental Operations Committee

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How is the CDR Constructed?

• Narrative portion reflects sections on Medicaid spending in the southern region followed by state spending comparisons and charts
• The narrative portion includes a discussion and graph of the aggregate Disproportionate Share Hospital (DSH) payments in the SLC states, followed by definitions of key terms
• The last section of the CDR includes state profiles, beginning with a summary page for the entire SLC
What’s in the State Profiles?

• Total Medicaid expenditures from FFY 08 to 16, including state and federal shares of Medicaid payments and administrative costs
• Administrative costs as a percentage of payments for each year
• The Federal Match Rate (Federal Medical Assistance Percentage, or FMAP) for each state from FFY 08 to 16
• Provider tax information for FFY 14
• A breakdown of DSH payments from FFY 08 to 16

What’s in the State Profiles? (cont.)

• Information on Medicaid Expansion and Demographic and Poverty Indicators for FFY 14
• Charts outlining Medicaid enrollees per 100,000 of population for FFYs 10-14, as well as average per-enrollee spending for FFYs 10-14
• Spending by type of service from FFYs 10-14
• Data by Enrollee Characteristics
  – Enrollees by Basis of Eligibility
  – Total spending by Basis of Eligibility
  – Average Spending by Basis of Eligibility
**What’s in the State Profiles?**

- Information on the different types of waivers available in each state
- Managed care information, including the types of managed care being utilized, as well as the percentage of Medicaid enrollees placed in managed care plans
- CHIP information, including enrollment figures, plan type, enhanced FMAP, and federal CHIP allotment amounts

**Data in the CDR: Note on Data Collection**

- Previous versions of this report included data from various CMS sources, including MSIS and CMS-64
- Due to the transition from MSIS to T-MSIS, demographic data for FFY 13 and beyond has not been available from CMS since 2017
- The FFY 13 CDR included MSIS-based demographic data from the Medicaid and Chip Payment Access Commission (MACPAC), a federal agency that reports on Medicaid and CHIP to Congress
**Data in the CDR: Note on Data Collection**

- The “Data by Enrollee Characteristics” section included MACPAC data based upon MSIS reports from the states.
- However, due to the transition from MSIS to T-MSIS, some states are no longer reporting MSIS data.
- To make up gaps in MACPAC-reported data, the FFY 14 CDR includes data from the Kaiser Family Foundation that is based on Urban Institutes estimates where necessary.

**Data in the CDR: CMS Form 64**

- Provides all actual payments in the Medicaid Program for the Federal Fiscal Year.
- Includes pharmacy rebates, Graduate Medical Education (GME), DSH payments, other adjustments.
- Payment data for FFYs 08 – 16.
- Summary of expenditures from various source documents including cost reports, eligibility files, invoices.
DATA IN THE CDR –
MACPAC MACStats and
Kaiser Family Foundation

• Created and distributed by the Medicaid and CHIP Payment Access Commission (MACPAC) and the Kaiser Family Foundation
• Based upon CMS-64 Financial Management Reports, available MSIS data sets, and Urban Institutes estimates
• Provides enrollment and payment data by types of service, enrollees by basis of eligibility, payments by basis of eligibility, and average payments by basis of eligibility

Total SLC Medicaid Expenditures:
FFY 08 to FFY 16

Source: CMS-64.
Medicaid Spending in the Southern Region
(excludes administrative costs)

- FFY 16 total actual spending is $170.3 B - 4.98% from FFY 15
- FFY 15 total actual spending is $162.22 B - 7.46% from FFY 14
- The annual rate of change over the eight year period from FFY 08 to projected FFY 16 is 5.06% per year
- Total spending increased from $109.18 B (FFY 08) to $170.3 B (FFY 16) – 55.95%

Total DSH Expenditures in the SLC – FFY 08-16

![Chart 6
TOTAL DSH EXPENDITURES IN THE SLC

- General Hospital
- Mental Health Hospital

<table>
<thead>
<tr>
<th>Year</th>
<th>General Hospital</th>
<th>Mental Health Hospital</th>
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<tbody>
<tr>
<td>08</td>
<td>$5.1</td>
<td>$1.0</td>
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<tr>
<td>09</td>
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<td>$1.1</td>
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<tr>
<td>16</td>
<td>$6.8</td>
<td>$1.2</td>
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</table>
CHART 5
MEDICAID RECIPIENTS PER 100,000 POPULATION
(FFY 14)

Source: CMS MSIS and U.S. Bureau of the Census population estimates. SLC column shows average of 16 southern states.

SLC Medicaid Enrollees per 100,000 Population—17,500

Virginia – 13,046
- Decreased enrollment: 4.3% (FFY 13 to 14)
- State population increased by .66%
- Per capita income: $50,345
- Median household income: $64,982
- 11.5% of population under the FPL.

West Virginia – 32,726
- Increased enrollment: 38.3% (FFY 13 to 14)
- State population decreased by .25%
- Per capita income: $36,132
- Median household income: $41,073
- 17.8% of population under the FPL.
SLC Medicaid Per Capita Expenditures – $1,176

Virginia – $958
- Population: 8.31 M, 12th in U.S.
- Approximately 1.09 M enrollees
- 13.11% in Medicaid
- Total program size: $7.55 B

West Virginia – $1,887
- Population: 1.85 M, 38th in U.S.
- Approximately 605,000 enrollees
- 32.7% in Medicaid
- Total program size: $3.33 B
Comparison of Medicaid Payments versus Eligibility

Total Medicaid Expenditures in SLC by Basis of Eligibility (FFY 14)

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Children</td>
<td>24.36%</td>
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<tr>
<td>Adult</td>
<td>13.28%</td>
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<tr>
<td>Disabled</td>
<td>42.95%</td>
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<tr>
<td>Aged</td>
<td>19.41%</td>
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</tbody>
</table>
Total Medicaid Enrollees in SLC by Eligibility (FFY 14)

Chart 2
Total Medicaid Enrollees in SLC by Eligibility Basis (FFY 14)

Comparison of Payments vs. Eligibility SLC (FFY 14)

Payments – $150.96 B
- Disabled and Aged account for 62.36% ($91.91 B)
- Eligible children account for 24.36% ($35.85 B)
- Adults account for 13.28% ($19.58 B)

Eligibility – 27.22 M
- Disabled and aged account for 26.4% (7.19 M)
- Eligible children account for 52.19% (14.21 M)
- Adults account for 21.38% (5.82 M)

Major Trend – a majority of the spending is associated with approximately one-quarter of the Medicaid-enrolled population
# Comparison of Medicaid Expenditures

## Chart 4: Average Payment per Enrollee for All Services (FFY 14)

<table>
<thead>
<tr>
<th>State</th>
<th>Average Payment</th>
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<td>AL</td>
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<tr>
<td>MD</td>
<td>$7,225</td>
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<tr>
<td>MO</td>
<td>$8,223</td>
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</tbody>
</table>

Source: CMS-64 Payment Data, Enrollee Data from MACPAC and/or Kaiser Family Foundation
SLC Average Payment per Enrollee – $6,486

Alabama – $4,186

- Slight increase in payments: up $211.52 M (4.23%) from FFY 13 to 14
- Increased recipients by approximately 33,000 (2.73%) during the same period

Missouri– $8,223

- Increased average by $323 from FY 13 – from $7,900 to $8,223 (4.09%)
- Slight decrease in payments from FFY 13 to 14: $34.56 M, from $8.86 B to $8.83 B (0.4%)
- Decreased recipients by approximately 48,000 from FFY 13 to 14

Managed Care Enrollment as a Percentage of Medicaid Population FFY 14

Source: Medicaid Managed Care Enrollment Report, CMS 2016

Percentage of Medicaid Eligibles Enrolled in Managed Care (FFY 14)
QUESTIONS?