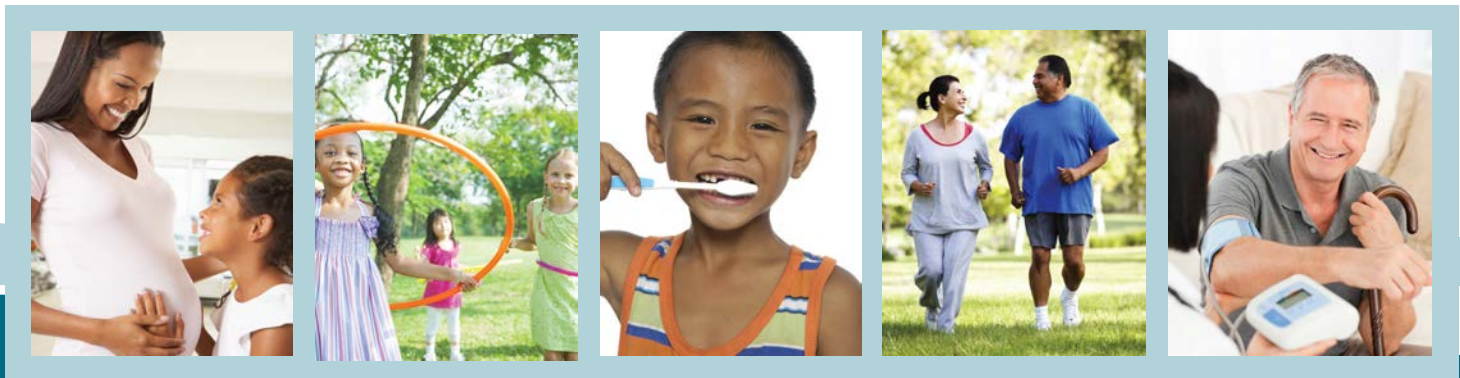2020 Medicaid and CHIP Beneficiary Profile: Characteristics, Health Status, Access, Utilization, Expenditures, and Experience

Released August 2021

Introduction

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 the most recent publicly available, published data sources that allowed for meaningful comparative analysis.
- 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:

- **2020 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.

Table of Contents

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: In 2019, Medicaid and CHIP covered about 17% of 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:

- National Medicaid and CHIP Enrollment Trends
- Key Facts About Medicaid and CHIP
- Health Insurance Coverage of the U.S. Population
- Percentage of Population Enrolled in Medicaid or CHIP by State
- Percentage of Child Population Enrolled in Medicaid or CHIP by State
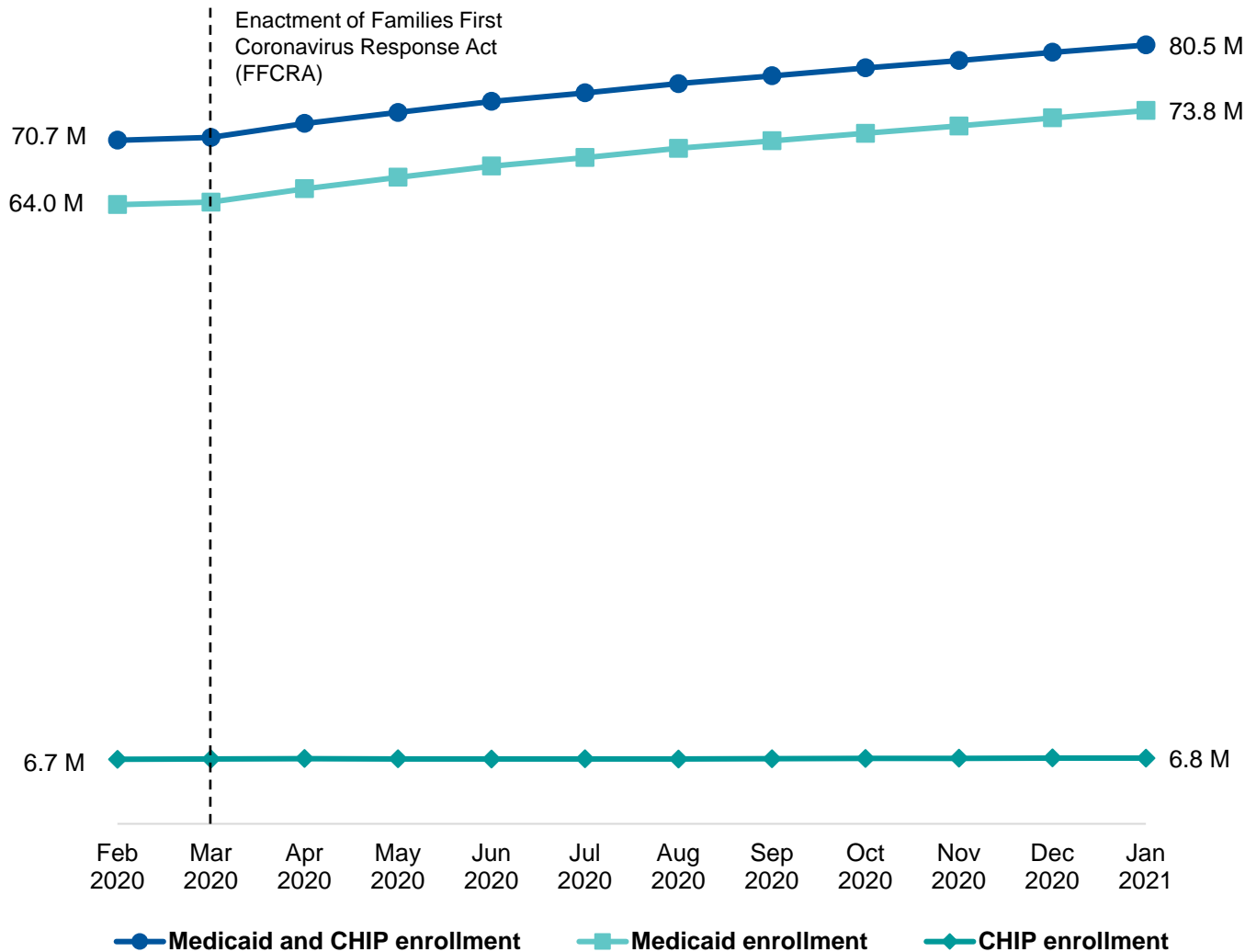- Percentage of Medicaid Beneficiaries in Comprehensive Managed Care by State

For most of the data sources used in the profile, the available information predates the COVID-19 national public health emergency. As a result, these sources may not fully reflect the Medicaid and CHIP population covered during and after the emergency. To provide a consistent picture of the Medicaid and CHIP population, most of the enrollment estimates and exhibits tell the story of the population prior to the pandemic. For additional context, Slide 8 shows the change in the size of the Medicaid and CHIP population that occurred during the pandemic. When more current data become available, future versions of the profile will capture the characteristics and experiences of the Medicaid and CHIP population during and after the pandemic.

Note:
While newer enrollment data are available for some slides, some data points were calculated with 2019 data to align with the available Census data.

National Medicaid and CHIP Enrollment Trends, February 2020 – January 2021

Enactment of Families First Coronavirus Response Act (FFCRA)

70.7 M — 80.5 M

64.0 M — 73.8 M

6.7 M — 6.8 M

Feb 2020 | Mar 2020 | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021

● Medicaid and CHIP enrollment ■ Medicaid enrollment ◆ CHIP enrollment

From February 2020 to January 2021, national Medicaid and CHIP enrollment increased by 9.9 million individuals (13.9%).

Notes: This analysis includes preliminary enrollment data from 50 states and the District of Columbia. Enrollment totals represent the total unduplicated number of individuals enrolled in Medicaid and CHIP as of the last day of the reporting period. These figures are point-in-time counts of program enrollment and include only those individuals who are eligible for comprehensive benefits. The Families First Coronavirus Response Act (FFCRA) maintenance of effort requirement made available a temporary 6.2 percentage point increase to each state or territory's federal medical assistance percentage (FMAP) during the emergency. As a condition of receiving the FMAP increase, states must meet several requirements pertaining to eligibility and maintenance of enrollment.

Source: CMS. December 2020 and January 2021 Medicaid and CHIP Enrollment Trends Snapshot. Figure 1.

Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html

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Key Facts About Medicaid and CHIP

Key Facts	
Medicaid & CHIP Enrollment,[1] 2021	**80,543,351**
Medicaid Expansion Adult Enrollment,[2] 2020	**18,740,932**
Full Benefit Dually Eligible Beneficiaries,[3] 2020	**7,888,961**
Total Medicaid & CHIP Expenditures,[4] 2019	**$633 Billion**
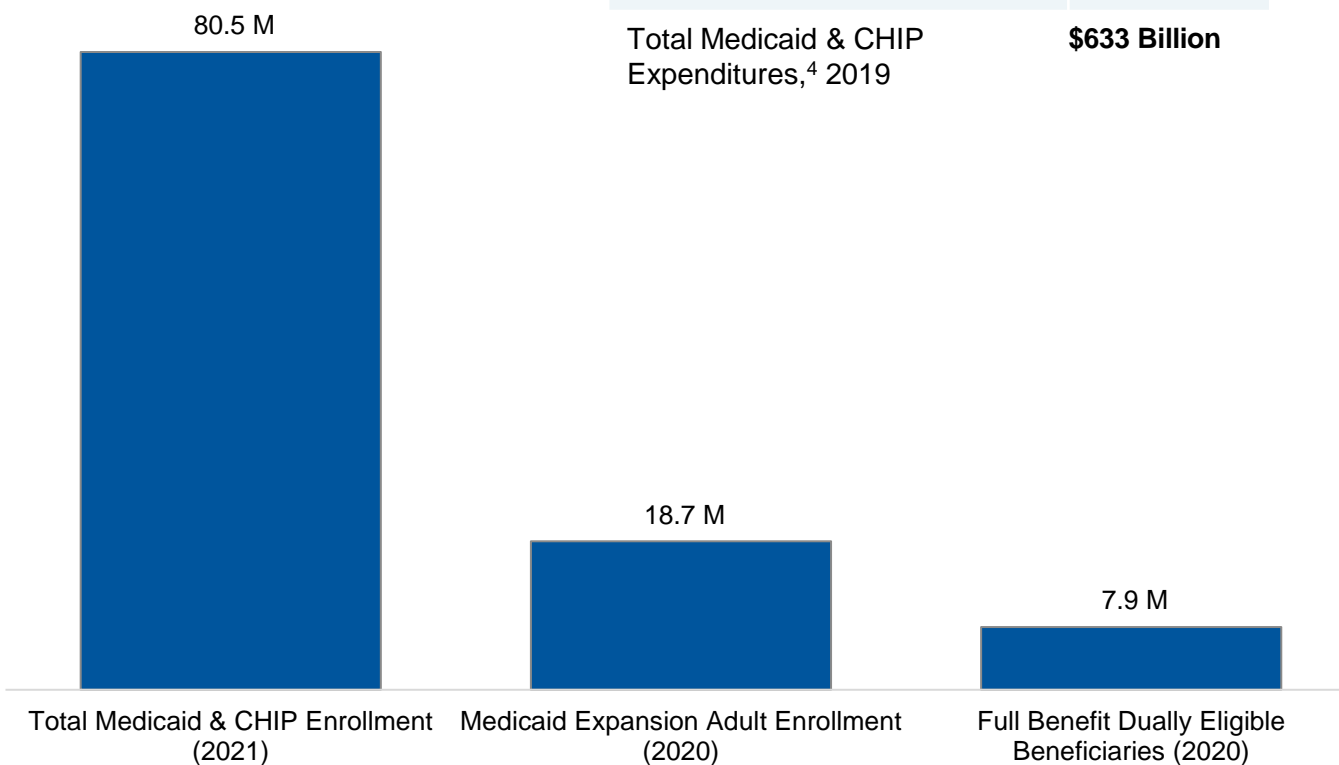
Notes:
"Full Benefit Dually Eligible Beneficiaries" are beneficiaries eligible for full Medicaid benefits who were also eligible for Medicare due to age and/or disability. The total, national number of all dually eligible beneficiaries does not equal the sum of the number of full benefit and partial benefit beneficiaries. The national total includes values that have been suppressed at the county-level for privacy reasons and cannot be broken out by full or partial benefit status. "Total Medicaid & CHIP Expenditures" include federal, state, and local expenditures. Full website links for each data source can be found in the Appendix.

Sources:
[1] CMS. December 2020 and January 2021 Medicaid and CHIP Enrollment Trends Snapshot. Figure 1. (Jan 2021 data.)
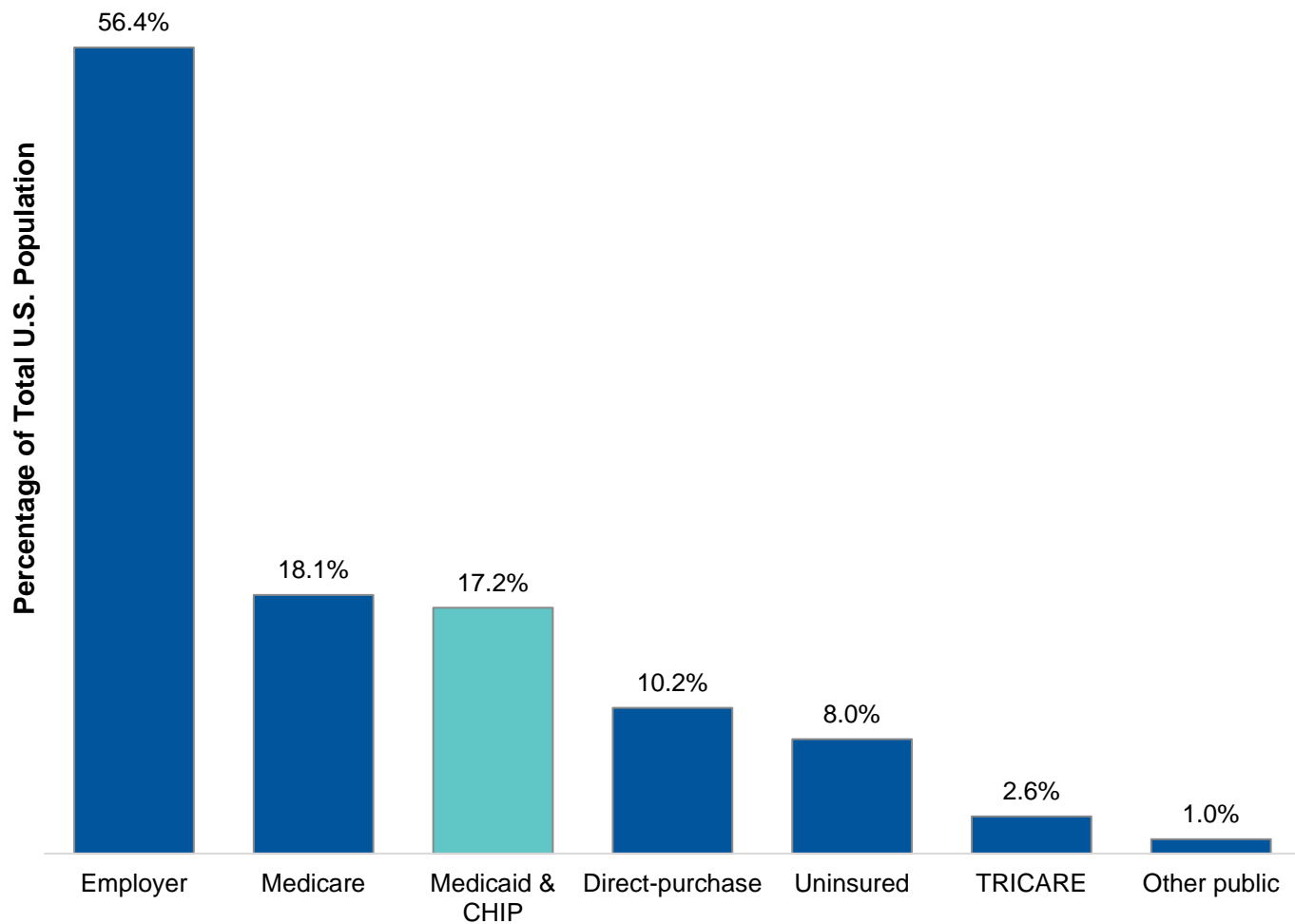[2] CMS MBES Expansion Adult Enrollment October-December 2020 (Dec 2020 data).
[3] CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (Jun 2020 data).
[4] CMS National Health Expenditures Accounts (2019 data).

Bar chart:
- Total Medicaid & CHIP Enrollment (2021): 80.5 M
- Medicaid Expansion Adult Enrollment (2020): 18.7 M
- Full Benefit Dually Eligible Beneficiaries (2020): 7.9 M

Health Insurance Coverage of the U.S. Population, 2019

Percentage of Total U.S. Population

- Employer: 56.4%
- Medicare: 18.1%
- Medicaid & CHIP: 17.2%
- Direct-purchase: 10.2%
- Uninsured: 8.0%
- TRICARE: 2.6%
- Other public: 1.0%

Notes:
Health insurance coverage is based on self-report and categories do not sum to 100% as people may report more than one type of coverage. "Medicare" includes any Medicare coverage. "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.

Source:
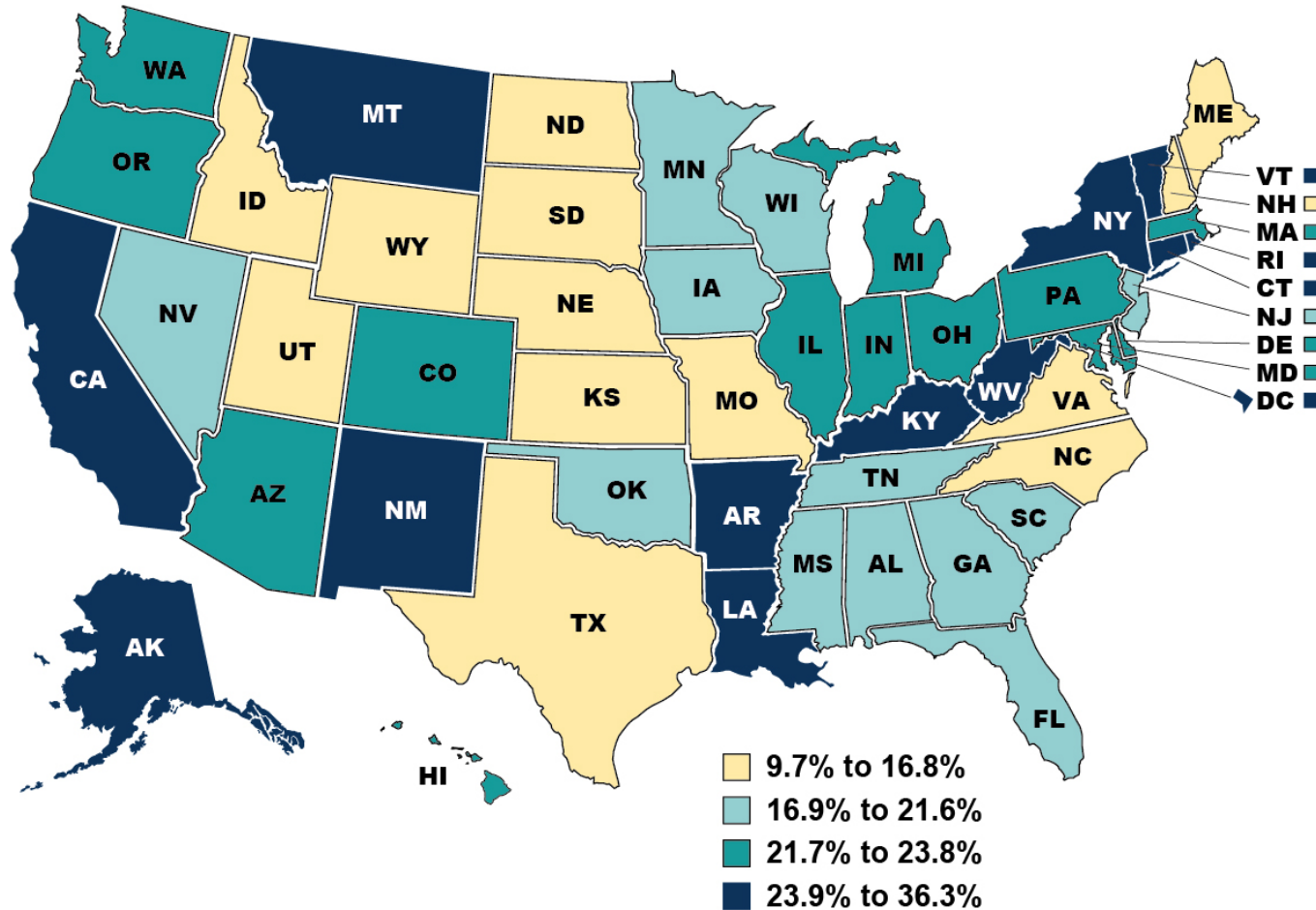U.S. Census Bureau. Health Insurance Coverage in the United States: 2019 (2019 data).

Available at:
https://www.census.gov/library/publications/2020/demo/p60-271.html

Percentage of Child and Adult Population Enrolled in Medicaid or CHIP, by State, 2019

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits

Legend:
- 9.7% to 16.8%
- 16.9% to 21.6%
- 21.7% to 23.8%
- 23.9% to 36.3%

Percentage of Child Population Enrolled in Medicaid or CHIP, by State, 2019

Population: Beneficiaries age less than 19 with full Medicaid or CHIP benefits

Legend:
- 19.3% to 39.9%
- 40.0% to 45.8%
- 45.9% to 51.3%
- 51.4% to 65.3%
- Data not available

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 child enrollment by estimates of each state's resident population of children. Children in each state include children and adolescents up to age 19. The following states did not report data to CMS or the data did not align with CMS's specifications: AZ, CT, and DC. Results for remaining states were rounded to one decimal place, and then states were assigned to quartiles.

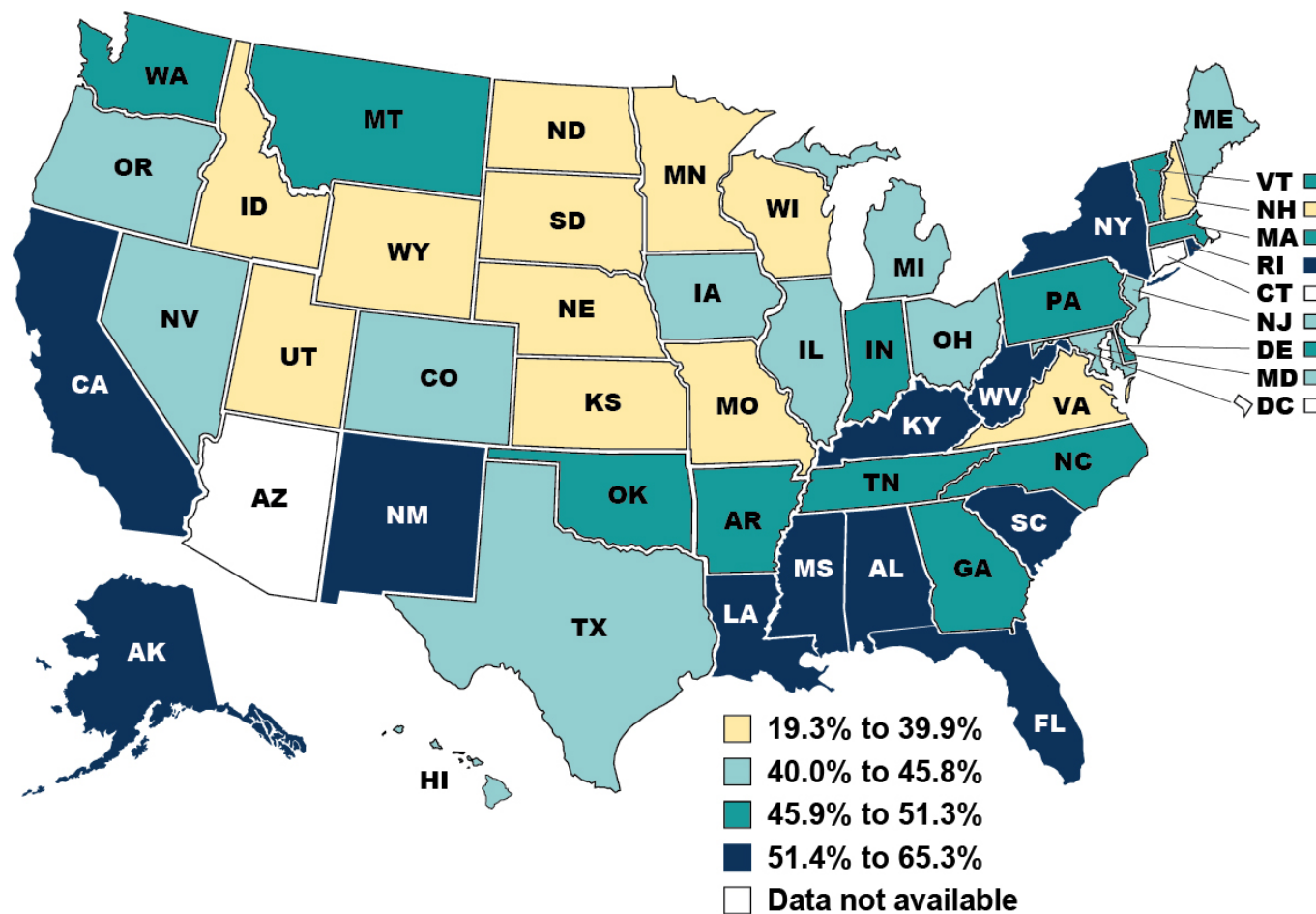**Sources:**
CMS. Updated July 2019 Applications, Eligibility, and Enrollment Data.
Available at:
https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html

Mathematica analysis of U.S. Census Bureau, American Community Survey, 2019 PUMS data.
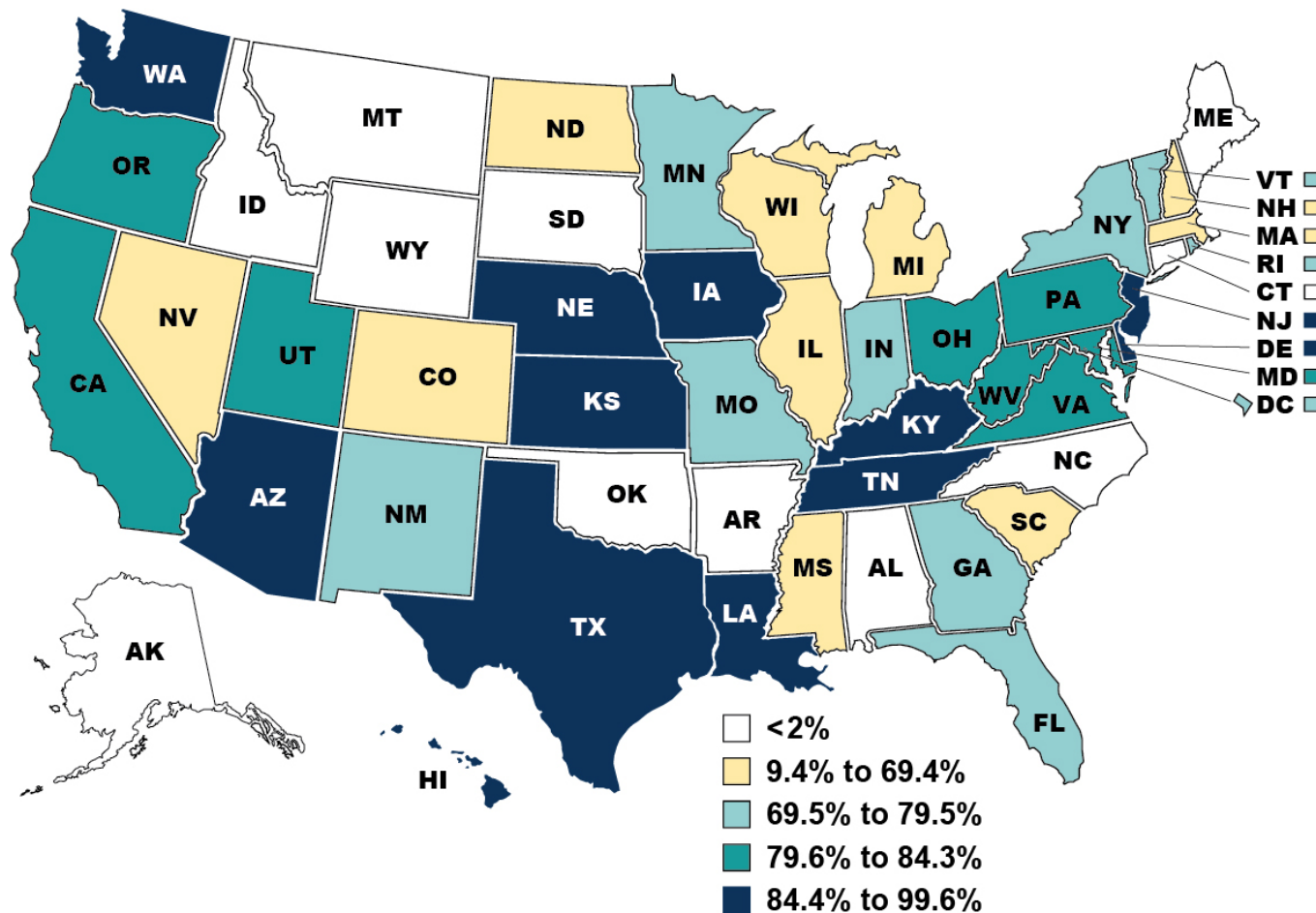**Available at**:
https://www.census.gov/programs-surveys/acs/microdata.html

See Appendix for more information on each data source.

Percentage of Medicaid Beneficiaries in Comprehensive Managed Care, by State, 2018

Population: Beneficiaries of all ages with full Medicaid or CHIP benefits

Nationally, 69.0% 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 2% of beneficiaries in comprehensive managed care. Results for remaining states were rounded to one decimal place, and then states were assigned to quartiles. Puerto Rico is excluded from the map and national calculations.

Source:
2018 CMS Managed Care Enrollment Report.

Available at:
https://www.medicaid.gov/medicaid/man aged-care/downloads/2018-medicaid-managed-care-enrollment-report.pdf

Legend:
- <2%
- 9.4% to 69.4%
- 69.5% to 79.5%
- 79.6% to 84.3%
- 84.4% to 99.6%

BENEFICIARY CHARACTERISTICS

Beneficiary Characteristics

Fast fact: Persons with disabilities account for 15% of Medicaid beneficiaries (10.6 million) and 38% of expenditures ($216 billion). Children (non-disabled) account for 39% of beneficiaries (27.9 million) and 19% of expenditures ($107.2 billion).

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
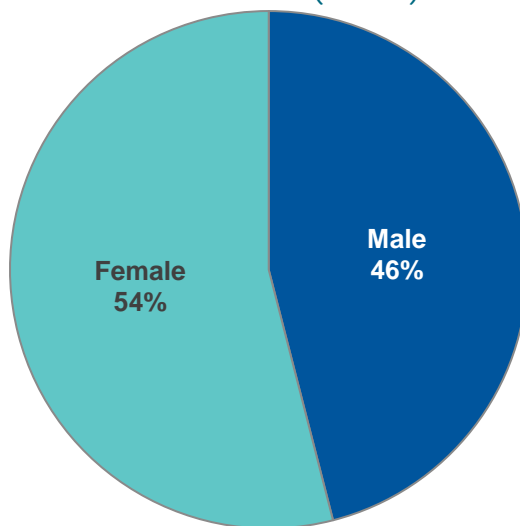
Demographics of Medicaid and CHIP Beneficiaries, 2018 & 2019

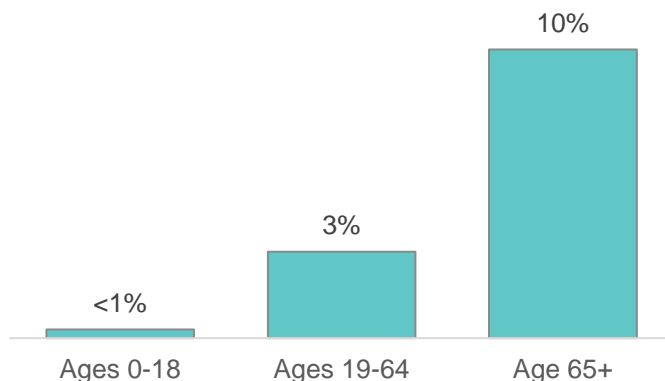**Population: Beneficiaries enrolled in Medicaid, CHIP, or other government health plan**

Share of Beneficiaries by Age Group (2018)

Age Group	Share
Ages 0-20	54%
Ages 21-26	7%
Ages 27-45	18%
Ages 46-64	13%
Age 65+	7%
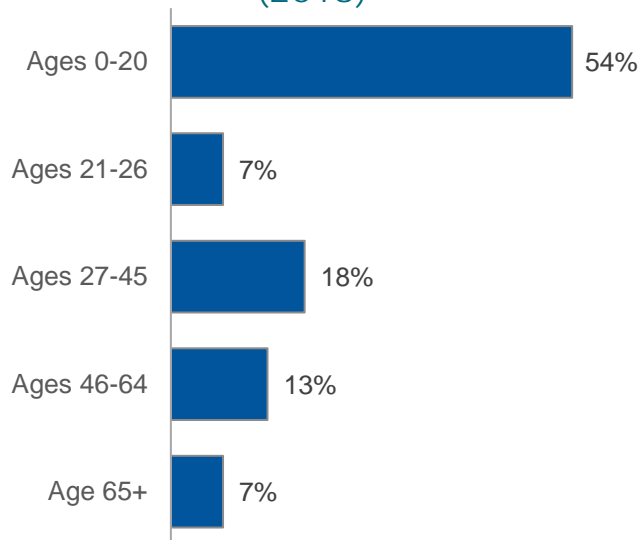
Share of Beneficiaries by Sex (2018)

Female 54%
Male 46%

Share of Beneficiaries Institutionalized by Age (2019)

Age Group	Share
Ages 0-18	<1%
Ages 19-64	3%
Age 65+	10%

Age Group and Sex:
Note:
Data come from administrative sources and include beneficiaries in both Medicaid and CHIP. Total may not sum to 100 due to rounding.

Source:
CMS. 2020 Medicaid & CHIP Scorecard. Analysis of calendar year 2018 T-MSIS Analytic Files, v 4.0.

Available at:
https://www.medicaid.gov/state-overviews/scorecard/who-enrolls-medicaid-chip/index.html

Institutionalized:
Notes:
Data 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:
Mathematica analysis of U.S. Census Bureau, American Community Survey, 2019 PUMS data

Available at:
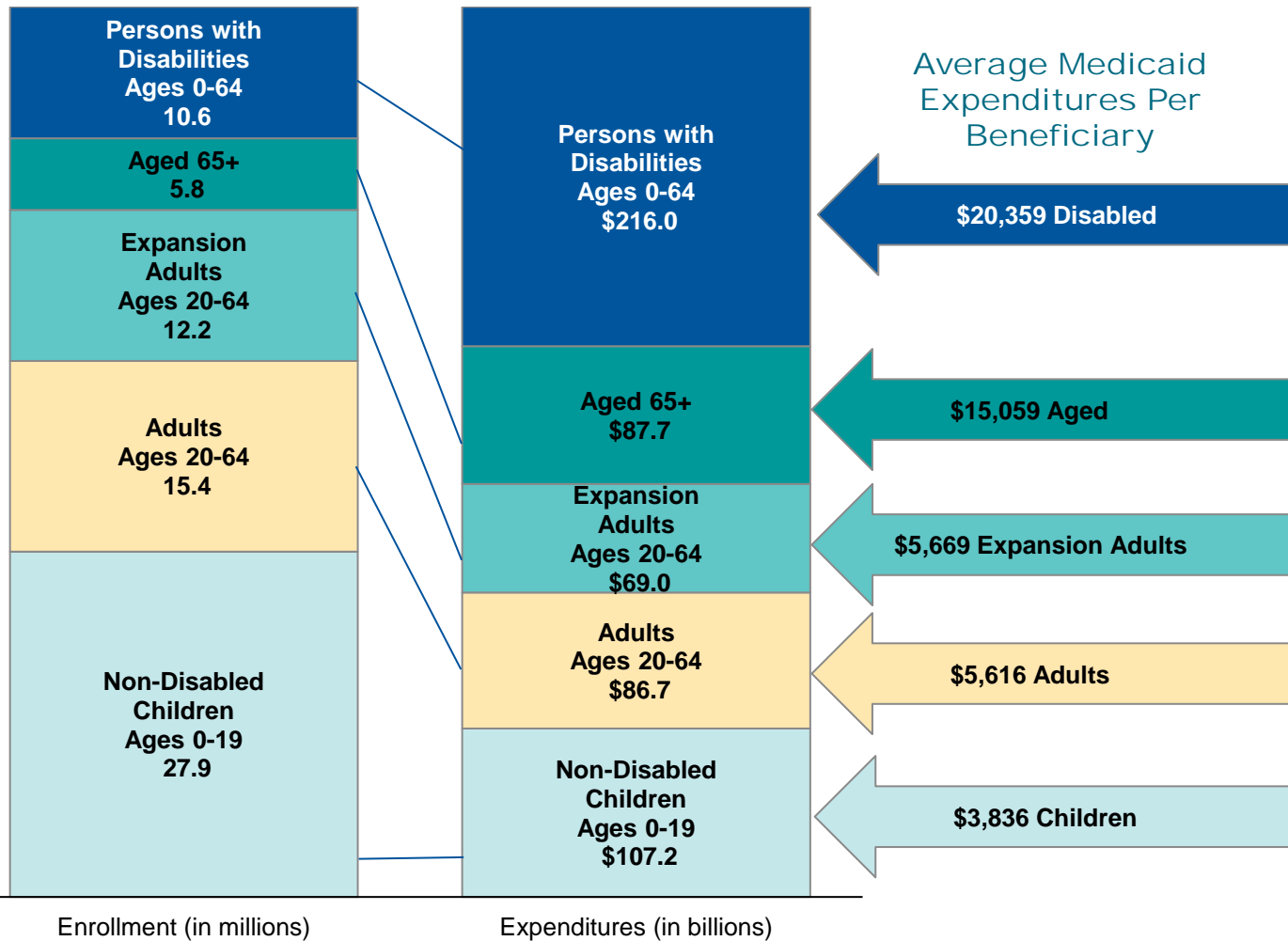https://www.census.gov/programs-surveys/acs/microdata.html

See Appendix for more information on each data source.

Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category, 2017

Population: Institutionalized and non-institutionalized Medicaid beneficiaries

Total Enrollment and Expenditures

Enrollment (in millions)

Category	Enrollment
Persons with Disabilities Ages 0-64	10.6
Aged 65+	5.8
Expansion Adults Ages 20-64	12.2
Adults Ages 20-64	15.4
Non-Disabled Children Ages 0-19	27.9

Expenditures (in billions)

Category	Expenditures
Persons with Disabilities Ages 0-64	$216.0
Aged 65+	$87.7
Expansion Adults Ages 20-64	$69.0
Adults Ages 20-64	$86.7
Non-Disabled Children Ages 0-19	$107.2

Average Medicaid Expenditures Per Beneficiary

- $20,359 Disabled
- $15,059 Aged
- $5,669 Expansion Adults
- $5,616 Adults
- $3,836 Children

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. Enrollment and expenditure totals exclude the territories. Expenditure totals exclude collections and adjustments, DSH expenditures, and administration.

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:
2018 CMS Actuarial Report (FFY 2017 data). Table 21.

Available at:
https://www.cms.gov/files/document/2018-report.pdf

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BENEFICIARY HEALTH STATUS

Medicaid and CHIP Beneficiary Health Status

Fast fact: The most common parent-reported health condition in children ages 0 to 17 is asthma. The most common self-reported health condition in adults ages 18 to 64 is hypertension.

This section of the profile shows the self-reported or parent-reported health status of children and adults covered by Medicaid or CHIP (adults report on behalf of children through age 17). Information is presented on health conditions and functional status, current health status, body mass index (BMI), and smoking status (for adults).
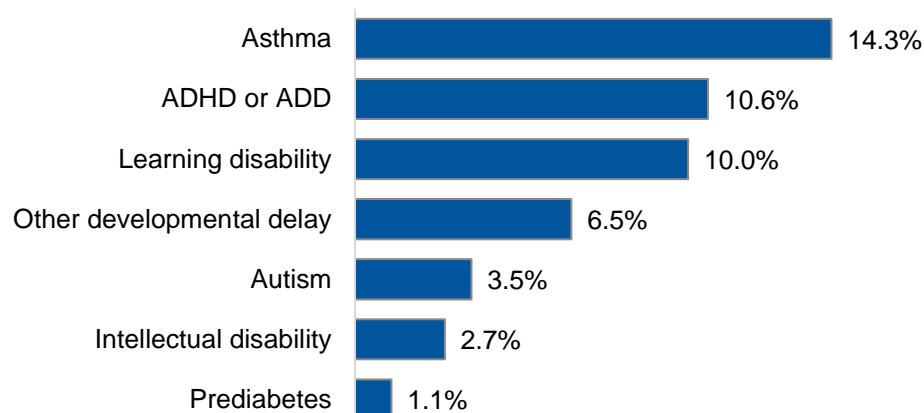
The charts in this section include:
- Health Conditions and Functional Status of Children Enrolled in Medicaid or CHIP
- Current Health Status and BMI of Children Enrolled in Medicaid or CHIP
- Health Conditions of Adults Enrolled in Medicaid or CHIP
- Current Health Status, BMI, and Smoking Status of Adults Enrolled in Medicaid or CHIP
- Mental Health Status of Adults Enrolled in Medicaid or CHIP
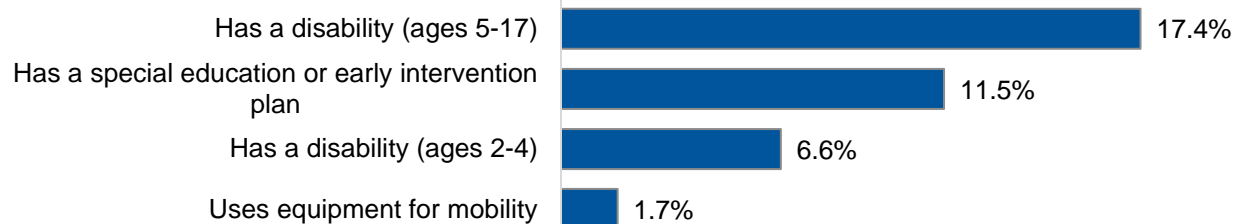- Functional Status of Adults Enrolled in Medicaid or CHIP

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Health Conditions and Functional Status of Children Enrolled in Medicaid or CHIP, 2019

Population: Non-institutionalized beneficiaries ages 0 to 17 covered by Medicaid, CHIP, or other state-sponsored health plans

Has ever been told he/she has:

Condition	Percentage
Asthma	14.3%
ADHD or ADD	10.6%
Learning disability	10.0%
Other developmental delay	6.5%
Autism	3.5%
Intellectual disability	2.7%
Prediabetes	1.1%

Currently:

Condition	Percentage
Has a disability (ages 5-17)	17.4%
Has a special education or early intervention plan	11.5%
Has a disability (ages 2-4)	6.6%
Uses equipment for mobility	1.7%

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Current Health Status and BMI of Children Enrolled in Medicaid or CHIP, 2018-2019

Population: Non-institutionalized beneficiaries ages 0 to 17 covered by Medicaid, CHIP, or other state-sponsored health plans

Parent-Reported Current Health Status (2019)

- Fair or poor 5.0%
- Good 15.1%
- Excellent or very good 79.9%
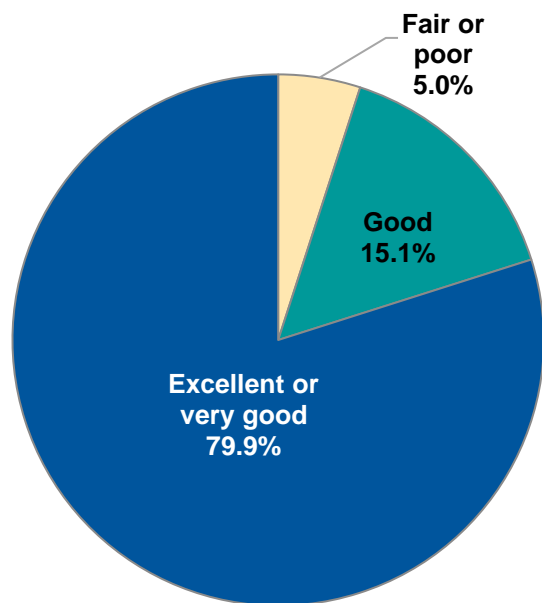
Parent-Reported Body Mass Index (BMI) (2018)

- Underweight (BMI <5th percentile) 5.9%
- Obese (BMI 95th percentile or higher) 22.3%
- Overweight (BMI 85th to <95th percentile) 18.6%
- Healthy weight (BMI 5th to <85th percentile) 53.2%

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Health Conditions of Adults Enrolled in Medicaid or CHIP, 2019

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans

Has ever been told he/she has:

Condition	Percent
Hypertension	30.3%
Depression	27.4%
Anxiety disorder	25.3%
Arthritis	21.7%
Asthma	20.1%
High cholesterol	20.0%
Prediabetes	13.7%
Diabetes	11.0%
COPD, emphysema, or chronic bronchitis	7.5%
Cancer	6.1%
Stroke	4.6%
Coronary heart disease	4.0%
Angina	2.3%
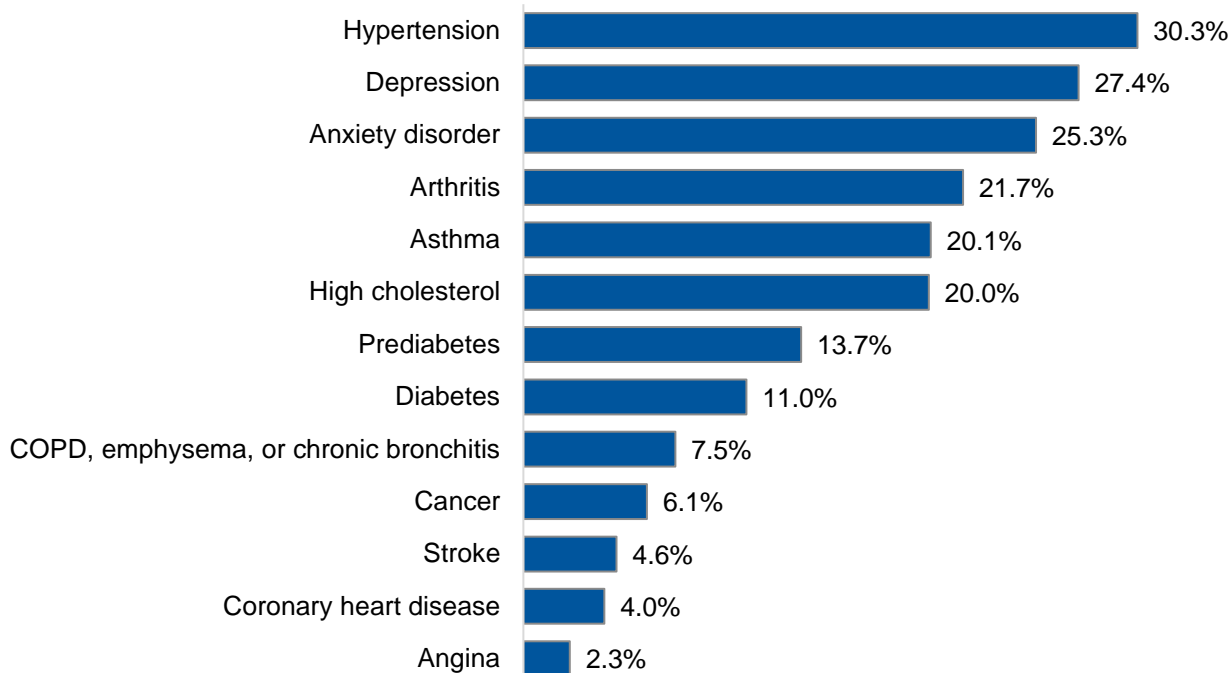
Has currently or within past year:

Condition	Percent
Hypertension (past 12 months)	22.0%
Asthma (currently)	15.0%
High cholesterol (past 12 months)	13.4%
Pregnant (currently)	5.0%

Notes:
Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. All data on health conditions are based on self-report. "Anxiety disorder" includes generalized anxiety disorder, social anxiety disorder, panic disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and phobias. "Pregnant (currently)" is limited to female respondents ages 18 to 49. Responses of "refused," "not ascertained," and "don't know" (<1% of responses for each indicator) are excluded.

COPD = Chronic Obstructive Pulmonary Disease

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2019.

Available at:
https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm

See Appendix for more information on the data source.

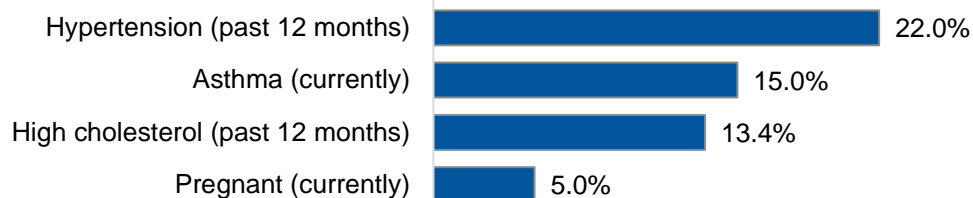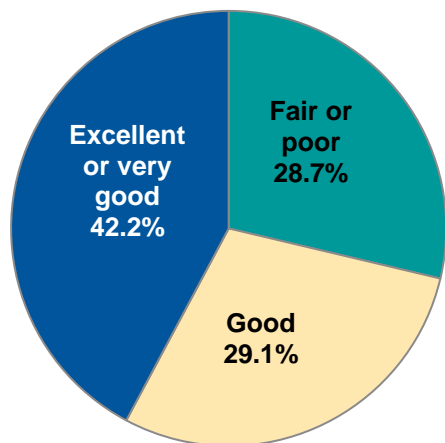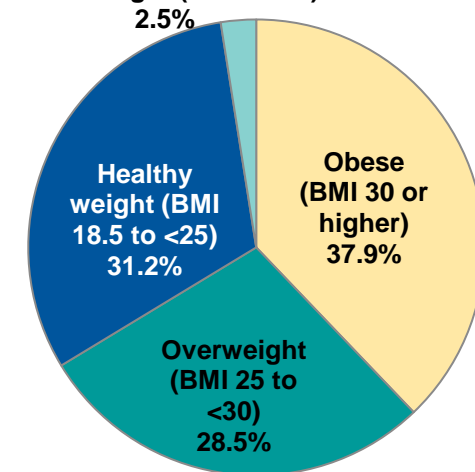# Current Health Status, BMI, and Smoking Status of Adults Enrolled in Medicaid or CHIP, 2019

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans
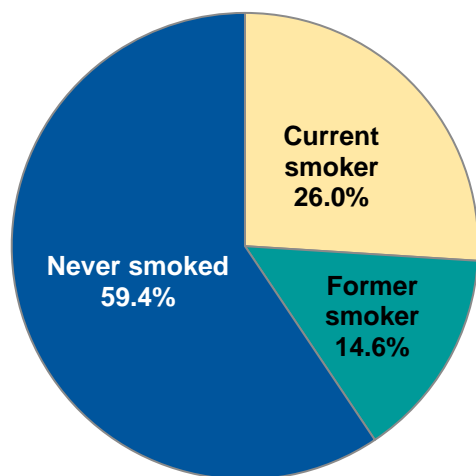
Self-Reported Current Health Status

- Excellent or very good 42.2%
- Fair or poor 28.7%
- Good 29.1%

Self-Reported Body Mass Index (BMI)

- Underweight (BMI <18.5) 2.5%
- Healthy weight (BMI 18.5 to <25) 31.2%
- Obese (BMI 30 or higher) 37.9%
- Overweight (BMI 25 to <30) 28.5%

Self-Reported Smoking Status

- Current smoker 26.0%
- Never smoked 59.4%
- Former smoker 14.6%

Notes:
Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. Body Mass Index (BMI) is calculated based on self-reported height and weight. The following classification of body weight status for both men and women, established by the World Health Organization, is used in NHIS: underweight (BMI < 18.5); healthy weight (BMI 18.5 to < 25); overweight, but not obese (BMI 25 to < 30); and obese (BMI 30 or higher). "Former smoker" is defined as someone who has smoked at least 100 cigarettes in their entire life and currently does not smoke at all. "Never smoker" is a person who has never smoked any cigarettes or has smoked less than 100 cigarettes in their entire life. Responses of "refused," "not ascertained," and "don't know" (<1% of responses) are excluded from the current health status exhibit. Adults with an unknown BMI (3% of respondents) or an unknown smoking status (4% of respondents) are excluded from the respective exhibits. Totals may not sum to 100 due to rounding.

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2019.

Available at:
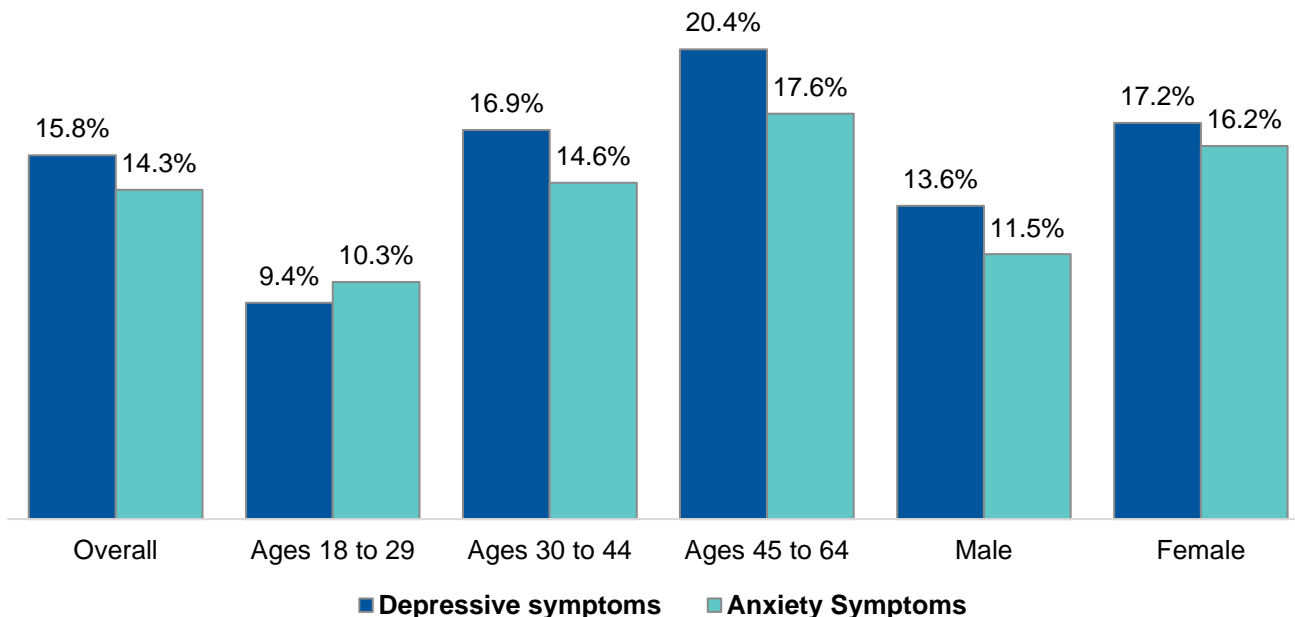https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm

See Appendix for more information on the data source.

Mental Health Status of Adults Enrolled in Medicaid or CHIP, 2019

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans

Moderate to Severe Depressive or Anxiety Symptoms, by Age and Sex

	Depressive symptoms	Anxiety Symptoms
Overall	15.8%	14.3%
Ages 18 to 29	9.4%	10.3%
Ages 30 to 44	16.9%	14.6%
Ages 45 to 64	20.4%	17.6%
Male	13.6%	11.5%
Female	17.2%	16.2%

Percentage with Moderate to Severe Depressive or Anxiety Symptoms Who Received Counseling or Therapy from a Mental Health Professional in Past Year

Depressive symptoms	45.1%
Anxiety symptoms	42.7%

Notes:
Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. Depressive symptoms are measured using the 8-item Patient Health Questionnaire depression scale (PHQ-8). Anxiety symptoms are measured using the 7-item Generalized Anxiety Disorder scale (GAD-7). The set of questions in the PHQ-8 and GAD-7 ask adults to assess how often they have been bothered over the last 2 weeks by a set of specific symptoms. In both scales, a score of 10-14 indicates moderate symptoms and a score of 15 or higher indicates severe symptoms. Note that adults could report both anxiety and depressive symptoms. Among those with symptoms, receipt of counselling or therapy from a mental health professional is based on self-report. Responses of "not ascertained" on depression and anxiety scales (4% of responses) and of "refused," "not ascertained," and "don't know" to receipt of therapy (2% of responses) are excluded from the respective exhibits.

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2019.

Available at:
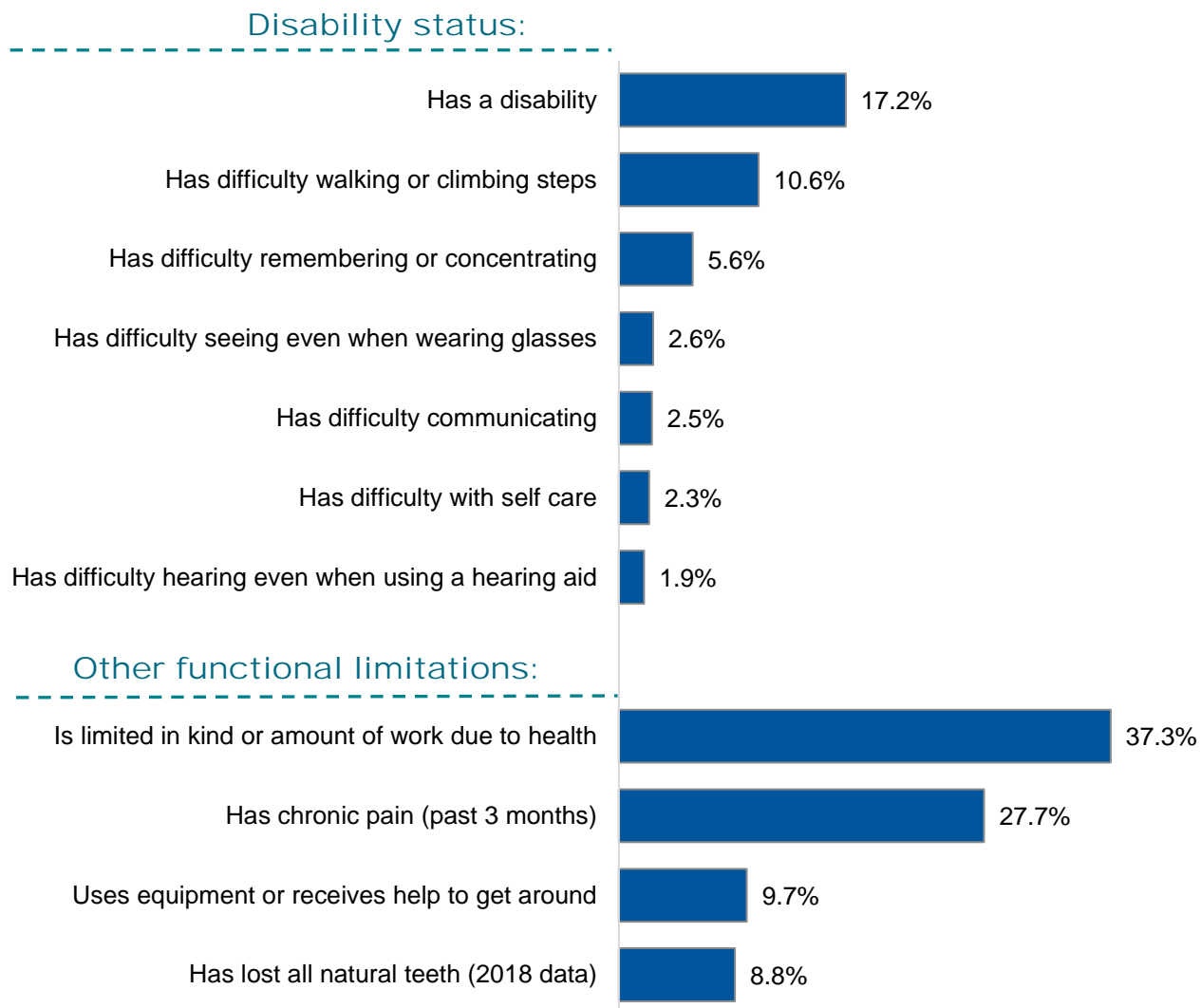https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm

See Appendix for more information on the data source.

Functional Status of Adults Enrolled in Medicaid or CHIP, 2018 & 2019

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans

Disability status:

Has a disability	17.2%
Has difficulty walking or climbing steps	10.6%
Has difficulty remembering or concentrating	5.6%
Has difficulty seeing even when wearing glasses	2.6%
Has difficulty communicating	2.5%
Has difficulty with self care	2.3%
Has difficulty hearing even when using a hearing aid	1.9%

Other functional limitations:

Is limited in kind or amount of work due to health	37.3%
Has chronic pain (past 3 months)	27.7%
Uses equipment or receives help to get around	9.7%
Has lost all natural teeth (2018 data)	8.8%

Notes:
Data include all non-institutionalized civilian adults ages 18 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans. "Has lost all natural teeth" comes from the 2018 National Health Interview Survey (NHIS); all other indicators come from the 2019 NHIS. Questions on functioning and disability in the 2019 survey are part of sets of international standard measures developed, tested and endorsed by the Washington Group on Disability Statistics. Questions ask about adults' level of difficulty in six domains: seeing, hearing, mobility, communication, cognition, and self-care. Adults are categorized as having difficulty with a domain if they report that they "have a lot of difficulty" or "cannot do at all." (Other response options are "no difficulty" and "some difficulty.") "Has a disability" identifies adults who "have a lot of difficulty" with or "cannot do at all" at least one of six domains. Adults who report experiencing pain "most days" or "every day" during the past 3 months are categorized as having chronic pain. Responses of "refused," "not ascertained," and "don't know" (3% of responses for chronic pain and <1% of responses for other indicators) are excluded.

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2018 & 2019.

Available at:
https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm

See Appendix for more information on the data source.

BENEFICIARY ACCESS AND UTILIZATION

Beneficiary Access and Utilization

Fast fact: Behavioral health conditions[1] 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 other respiratory conditions.

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.
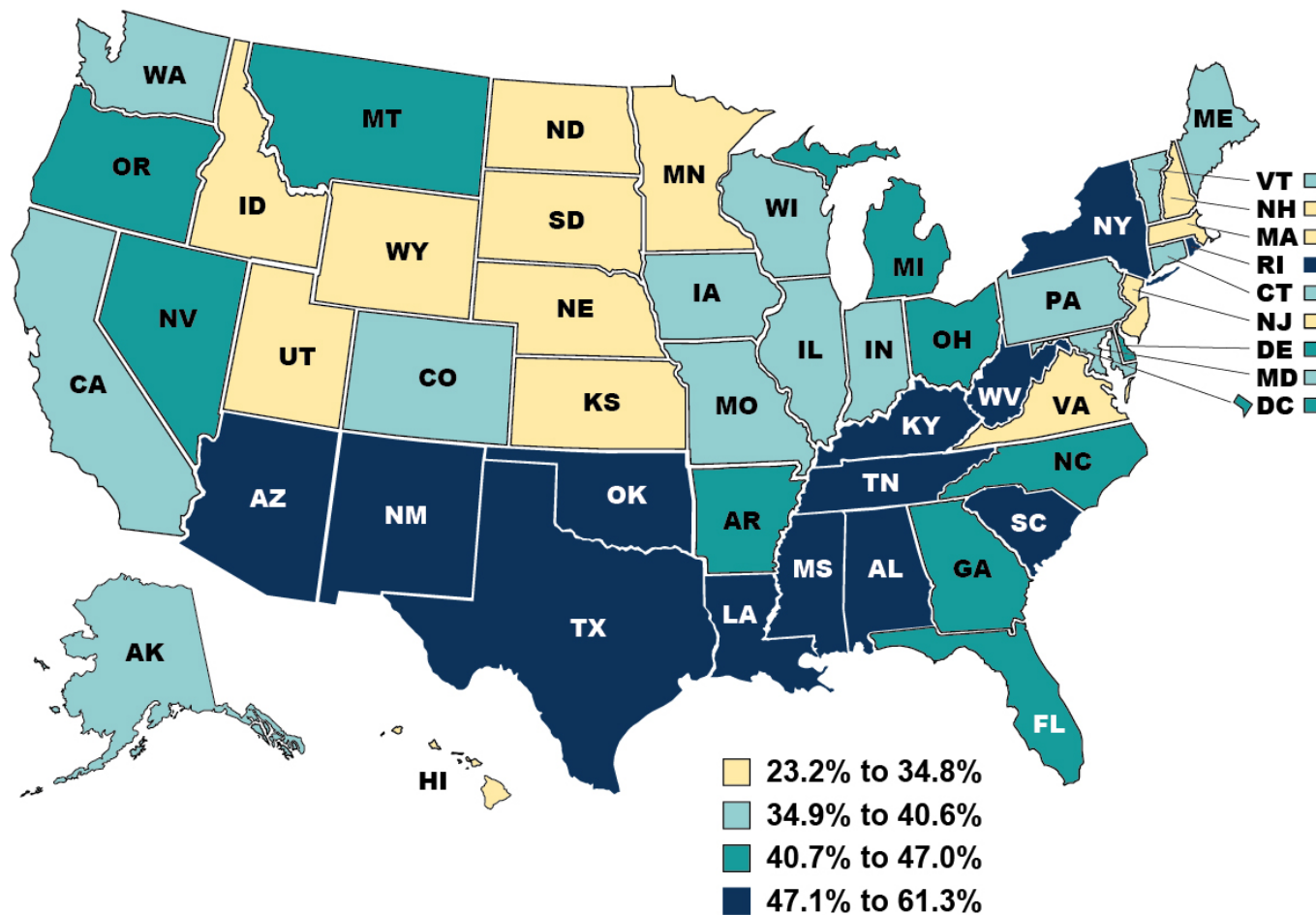
The charts in this section include:

- 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 Adults Up-to-Date on Colorectal Cancer Screening by Current Insurance Coverage
- Percentage of People with Public Insurance who Reported Receiving Care for Selected Conditions
- Usual Source of Care and Difficulty Receiving Care Among People with Public Insurance

[1] Behavioral health conditions include substance use disorders and mental health conditions. These types of conditions are coded as "mental disorders" in the Medical Expenditure Panel Survey (MEPS) Household Component Tables. See slide 32 for more information on how health conditions are classified in MEPS.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Percentage of Births Covered by Medicaid, by State, 2019

Population: All births with Medicaid as primary payer

Nationally, 42.1% of births in 2019 were covered by Medicaid.

Legend:
- 23.2% to 34.8%
- 34.9% to 40.6%
- 40.7% to 47.0%
- 47.1% to 61.3%

Note:
Births where Medicaid is the principal payer for the delivery are shown. Percentages were rounded to one decimal place, and then states were assigned to quartiles.

Source:
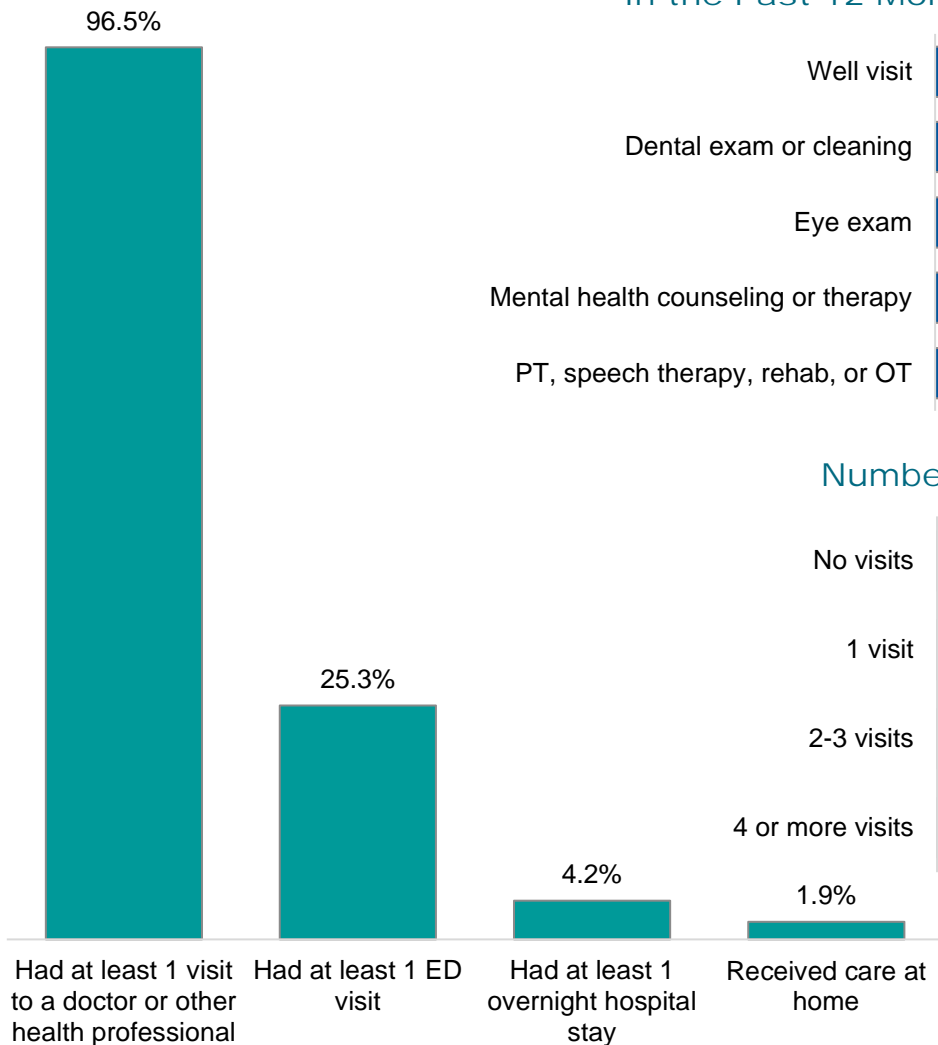National Center for Health Statistics (NCHS). 2019 Natality Public Use Data on CDC WONDER online database.

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

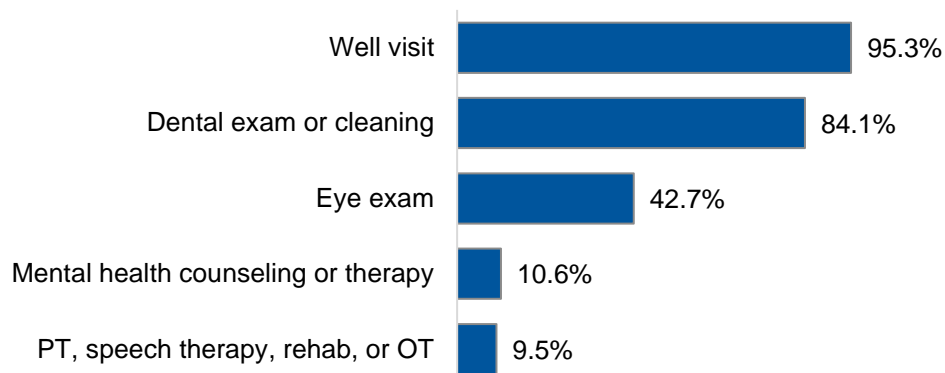**CMS** CENTERS FOR MEDICARE & MEDICAID SERVICES

Self-Reported Health Care Utilization Among Children Covered by Medicaid or CHIP, 2019

Population: Non-institutionalized beneficiaries ages 0 to 17 covered by Medicaid, CHIP, or state-sponsored health plans

Type of Care

- Had at least 1 visit to a doctor or other health professional: 96.5%
- Had at least 1 ED visit: 25.3%
- Had at least 1 overnight hospital stay: 4.2%
- Received care at home: 1.9%

Percentage of Beneficiaries with at Least 1 Visit in the Past 12 Months, By Type of Visit

- Well visit: 95.3%
- Dental exam or cleaning: 84.1%
- Eye exam: 42.7%
- Mental health counseling or therapy: 10.6%
- PT, speech therapy, rehab, or OT: 9.5%

Number of Visits to ED

- No visits: 74.6%
- 1 visit: 15.0%
- 2-3 visits: 8.8%
- 4 or more visits: 1.5%

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Self-Reported Health Care Utilization Among Adults Covered by Medicaid or CHIP, 2019

Population: Non-institutionalized beneficiaries ages 18 to 64 covered by Medicaid, CHIP, or state-sponsored health plans
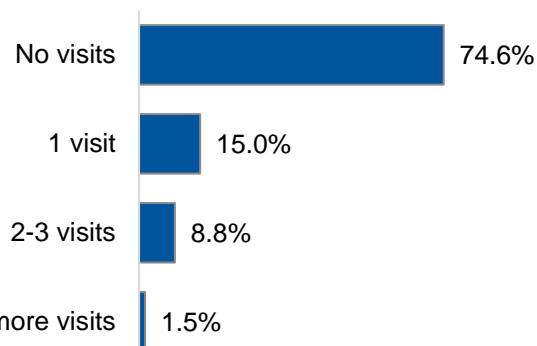
Type of Care

- 86.9% — Had at least 1 visit to a doctor or other health professional
- 38.0% — Had at least 1 ED visit
- 13.9% — Had at least 1 overnight hospital stay
- 5.2% — Received care at home

Percentage with at Least 1 Visit in the Past 12 Months, By Type of Visit

- Well visit: 80.3%
- Dental exam or cleaning: 55.6%
- Eye exam: 46.4%
- Mental health counselling or therapy: 16.6%
- PT, speech therapy, rehab, or OT: 13.3%

Number of Visits to ED

- No visits: 62.0%
- 1 visit: 19.4%
- 2-3 visits: 12.8%
- 4 or more visits: 5.8%

Notes:
Data include all non-institutionalized civilian adults ages 18 to 64 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 includes inpatient hospital stays. "Well visit" is defined as any visit to a "doctor or other health professional for a wellness visit, physical, or general purpose check-up." "Well visit," "dental exam or cleaning," "eye exam," "mental health counseling or therapy," and "PT, speech therapy, rehab, or OT" include services from multiple types of providers. Responses of "refused," "not ascertained," and "don't know" (≤2% of responses for each indicator) are excluded.

ED = Emergency Department; PT = Physical Therapy; OT = Occupational Therapy; Rehab = Rehabilitation

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2019.
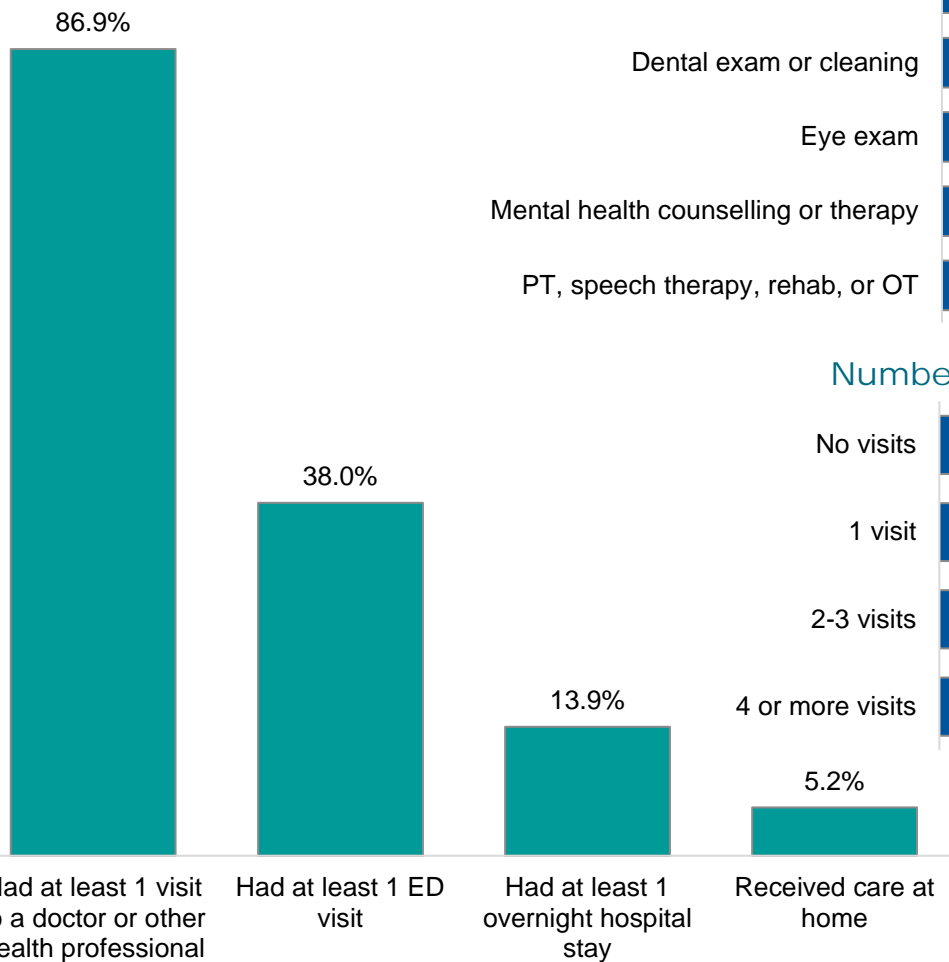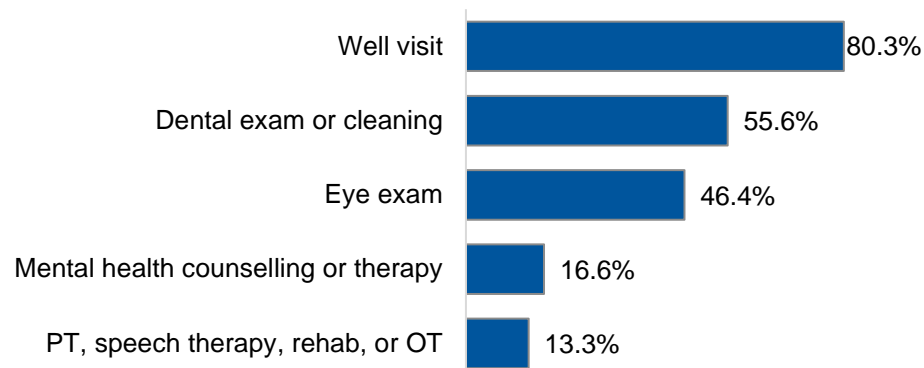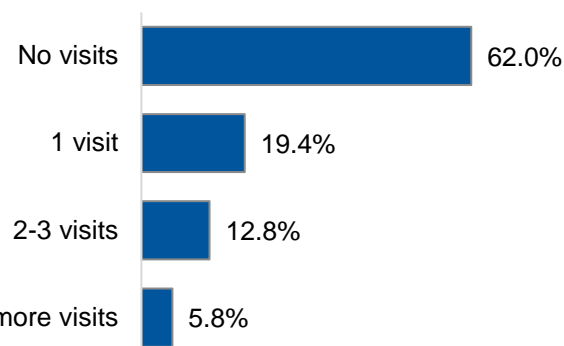
Available at:
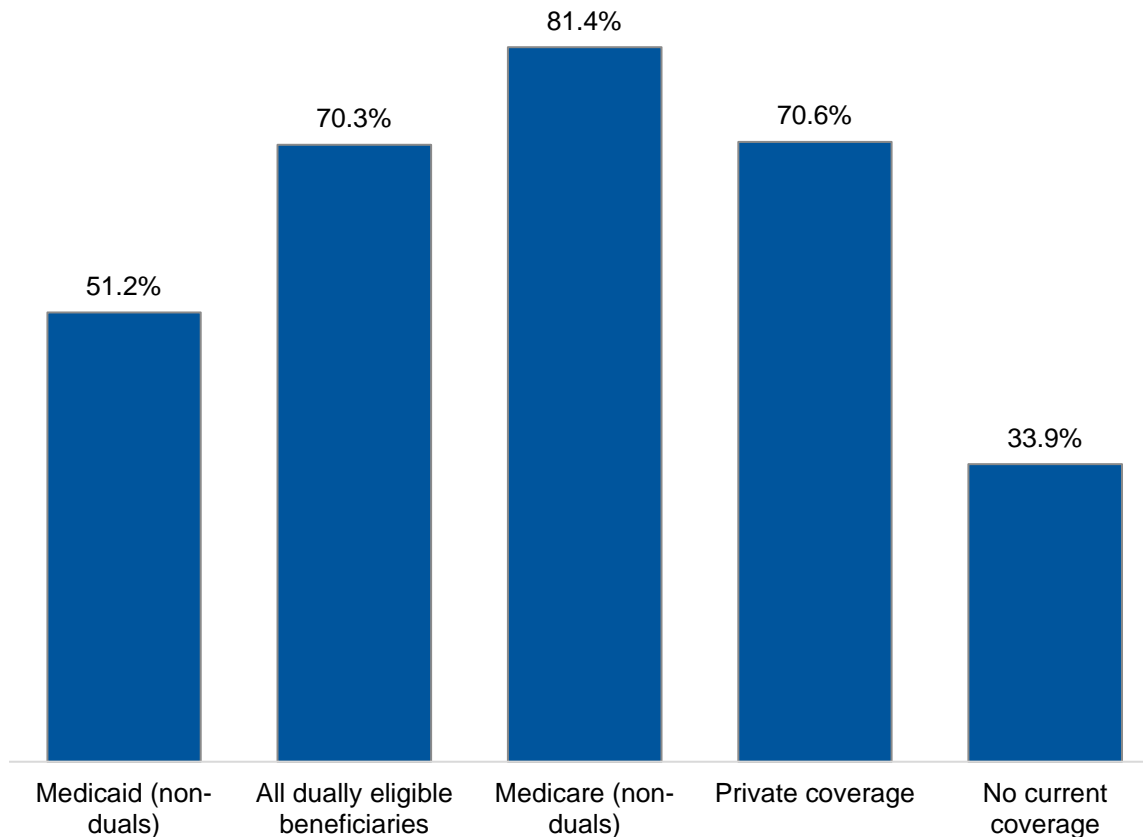https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm

See Appendix for more information on the data source.

Percentage of Adults Up-to-Date on Colorectal Cancer Screening, 2019
Population: Non-institutionalized U.S. population ages 50 to 75

Notes:
Data include all non-institutionalized civilian adults ages 50 to 75. Being up-to-date consisted of a home blood stool test within the past year, sigmoidoscopy within the past 5 years, colonoscopy within the past 10 years, computed tomography colonography within the past 5 years, OR a stool DNA test within the past 3 years. All data are based on self-report. "Medicaid (non-duals)" includes individuals covered by Medicaid or other state-sponsored health plans alone or in combination with private insurance but excludes individuals dually eligible for Medicaid and Medicare, who are shown separately. "Medicare (non-duals)" includes individuals covered by Medicare alone or in combination with private insurance but excludes individuals dually eligible for Medicaid and Medicare. "Private coverage" includes coverage obtained through employment or directly purchased, including military coverage and Medigap plans, and excludes individuals who also report either Medicaid or Medicare coverage. 3% of respondents with missing information on colorectal cancer screening are excluded from the exhibit.

Source:
Mathematica analysis of National Center for Health Statistics, National Health Interview Survey, 2019.

Available at:
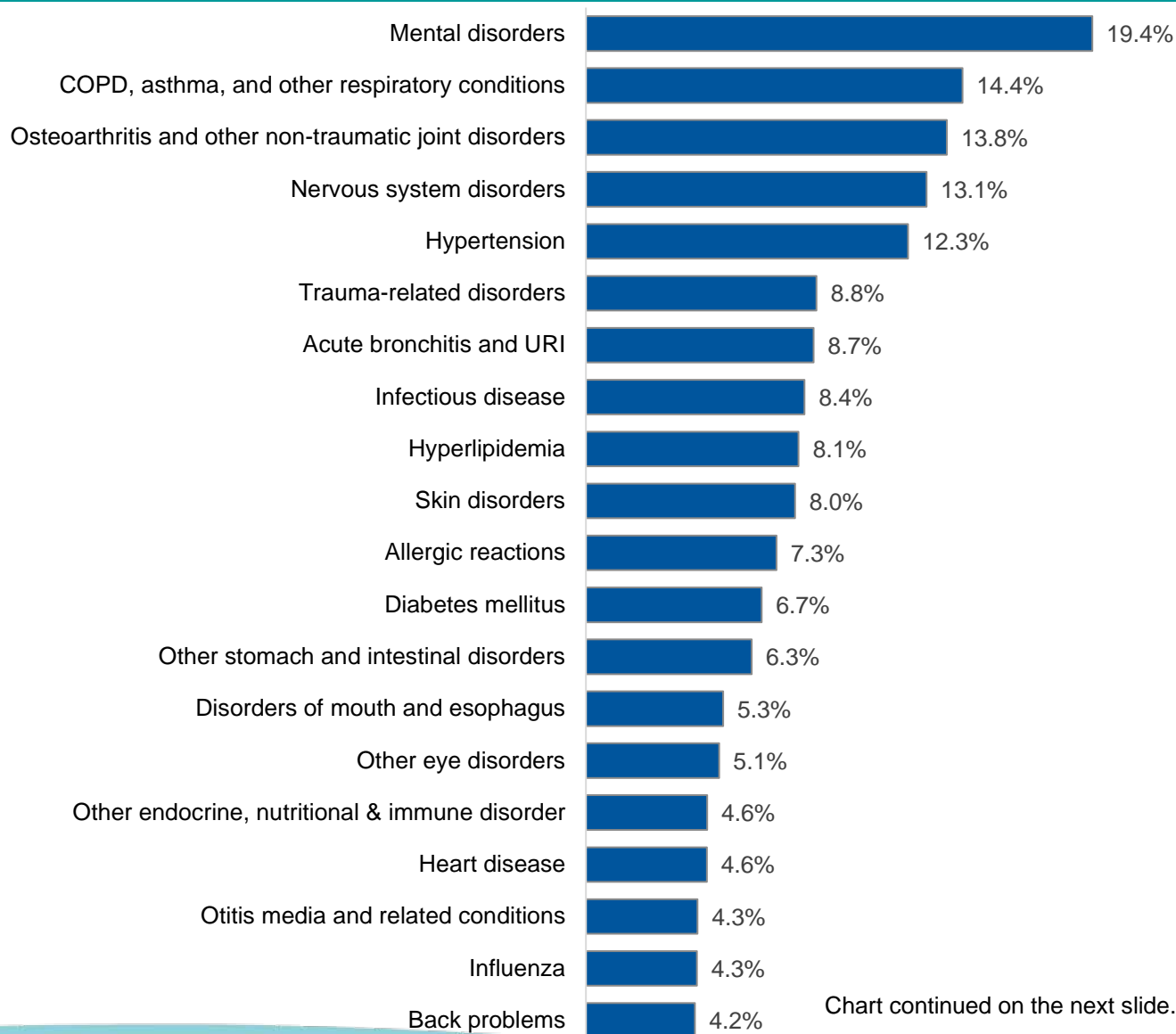https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm

See Appendix for more information on the data source.

Percentage of People with Public Insurance who Reported Receiving Care for Selected Conditions, 2018

Population: Non-institutionalized beneficiaries under age 65 with public insurance only

Condition	Percentage
Mental disorders	19.4%
COPD, asthma, and other respiratory conditions	14.4%
Osteoarthritis and other non-traumatic joint disorders	13.8%
Nervous system disorders	13.1%
Hypertension	12.3%
Trauma-related disorders	8.8%
Acute bronchitis and URI	8.7%
Infectious disease	8.4%
Hyperlipidemia	8.1%
Skin disorders	8.0%
Allergic reactions	7.3%
Diabetes mellitus	6.7%
Other stomach and intestinal disorders	6.3%
Disorders of mouth and esophagus	5.3%
Other eye disorders	5.1%
Other endocrine, nutritional & immune disorder	4.6%
Heart disease	4.6%
Otitis media and related conditions	4.3%
Influenza	4.3%
Back problems	4.2%

Chart continued on the next slide.

Notes:
Data are shown for the U.S. civilian non-institutionalized population under age 65 with public insurance only. Individuals are considered to have only public health insurance coverage if they were not covered by private insurance or TRICARE and they were covered by Medicare, Medicaid, or other public coverage at some point during the year. Medical conditions are self-reported and 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. "Mental disorders" include substance use disorders and mental health conditions. The following categories were excluded from this chart: Symptoms and Other Care and Screening. Starting in 2016, medical conditions were coded into ICD-10 and CCSR codes before collapsing into condition categories. AHRQ recommends caution when comparing data on medical conditions before and after this transition.

COPD = Chronic Obstructive Pulmonary Disease; URI = Upper Respiratory Infection

Source:
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) Household Component Tables, 2018 data.
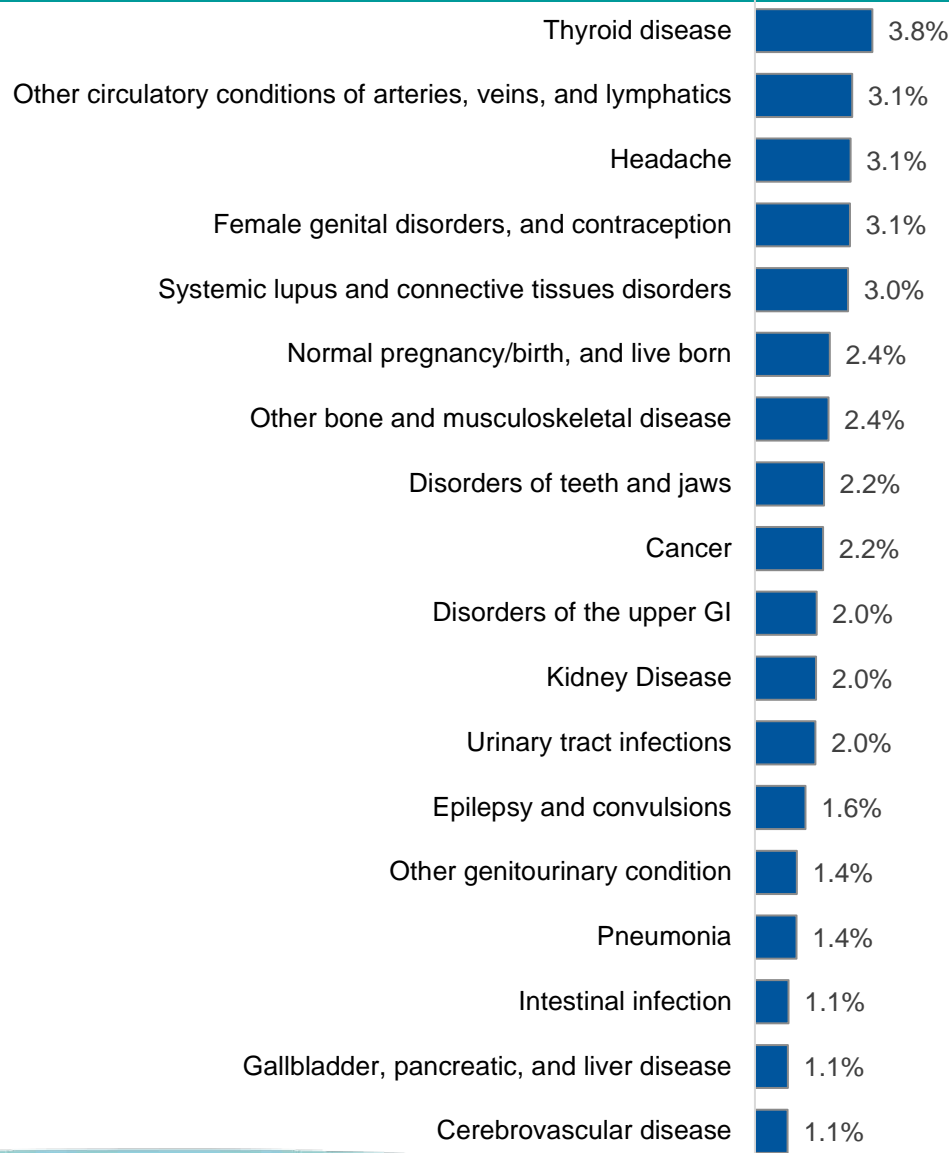
Available at:
https://meps.ahrq.gov/mepstrends/home/index.html

Percentage of People with Public Insurance who Reported Receiving Care for Selected Conditions, 2018 (Continued)

Population: Non-institutionalized beneficiaries under age 65 with public insurance only

Condition	Percentage
Thyroid disease	3.8%
Other circulatory conditions of arteries, veins, and lymphatics	3.1%
Headache	3.1%
Female genital disorders, and contraception	3.1%
Systemic lupus and connective tissues disorders	3.0%
Normal pregnancy/birth, and live born	2.4%
Other bone and musculoskeletal disease	2.4%
Disorders of teeth and jaws	2.2%
Cancer	2.2%
Disorders of the upper GI	2.0%
Kidney Disease	2.0%
Urinary tract infections	2.0%
Epilepsy and convulsions	1.6%
Other genitourinary condition	1.4%
Pneumonia	1.4%
Intestinal infection	1.1%
Gallbladder, pancreatic, and liver disease	1.1%
Cerebrovascular disease	1.1%

Notes:
Data are shown for the U.S. civilian non-institutionalized population under age 65 with public insurance only. Individuals are considered to have only public health insurance coverage if they were not covered by private insurance or TRICARE and they were covered by Medicare, Medicaid, or other public hospital and physician coverage at some point during the year. Medical conditions are self-reported and 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. The following generic categories were excluded from this chart: Symptoms and Other Care and Screening. Starting in 2016, household-reported medical conditions were coded into ICD-10 and CCSR codes before collapsing into condition categories. AHRQ recommends extreme caution when comparing data on medical conditions before and after this transition.

GI = Gastrointestinal

Source:
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) Household Component Tables, 2018 data.

Available at:
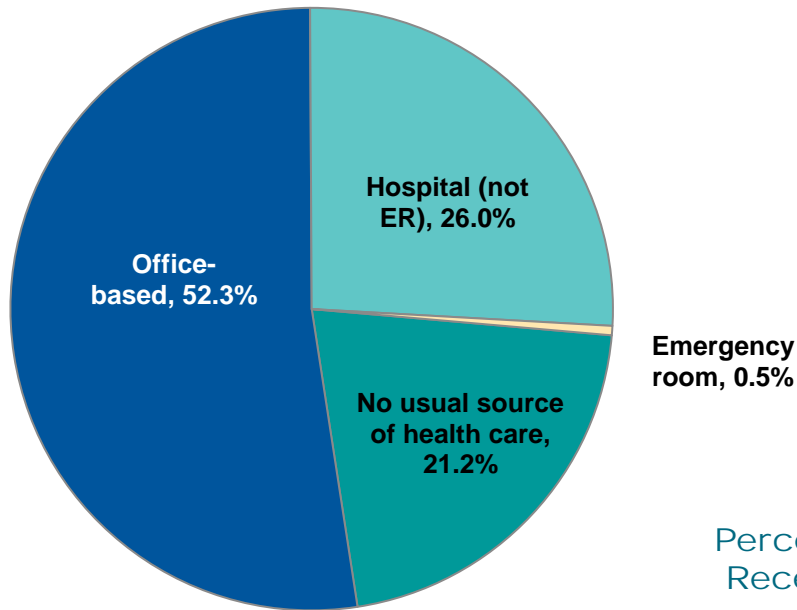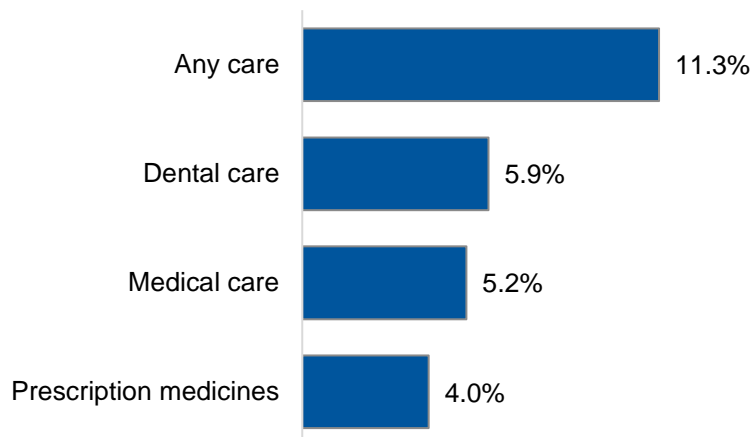https://meps.ahrq.gov/mepstrends/home/index.html

Usual Source of Care and Difficulty Receiving Care Among People with Public Insurance, 2017 & 2018

Population: Non-institutionalized beneficiaries under age 65 with public insurance only

Usual Source of Care (2018)

- Office-based, 52.3%
- Hospital (not ER), 26.0%
- No usual source of health care, 21.2%
- Emergency room, 0.5%

Percentage Reporting Difficulty Receiving Needed Care (2017)

- Any care: 11.3%
- Dental care: 5.9%
- Medical care: 5.2%
- Prescription medicines: 4.0%

Notes:
Data are shown for the U.S. civilian non-institutionalized population under age 65 with public insurance only. Individuals are considered to have only public health insurance coverage if they were not covered by private insurance or TRICARE and they were covered by Medicare, Medicaid, or other public hospital and physician coverage at some point during the year. 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. "Hospital (not ER)" includes hospital clinics and outpatient departments. "Difficulty receiving needed care" categories are not mutually exclusive. For example, a person can have difficulty obtaining both medical and dental care. Difficulty receiving care is shown for 2017 because this topic was not assessed in the 2018 survey.

ER = Emergency Room

Source:
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS) Household Component Tables, 2017 & 2018 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.
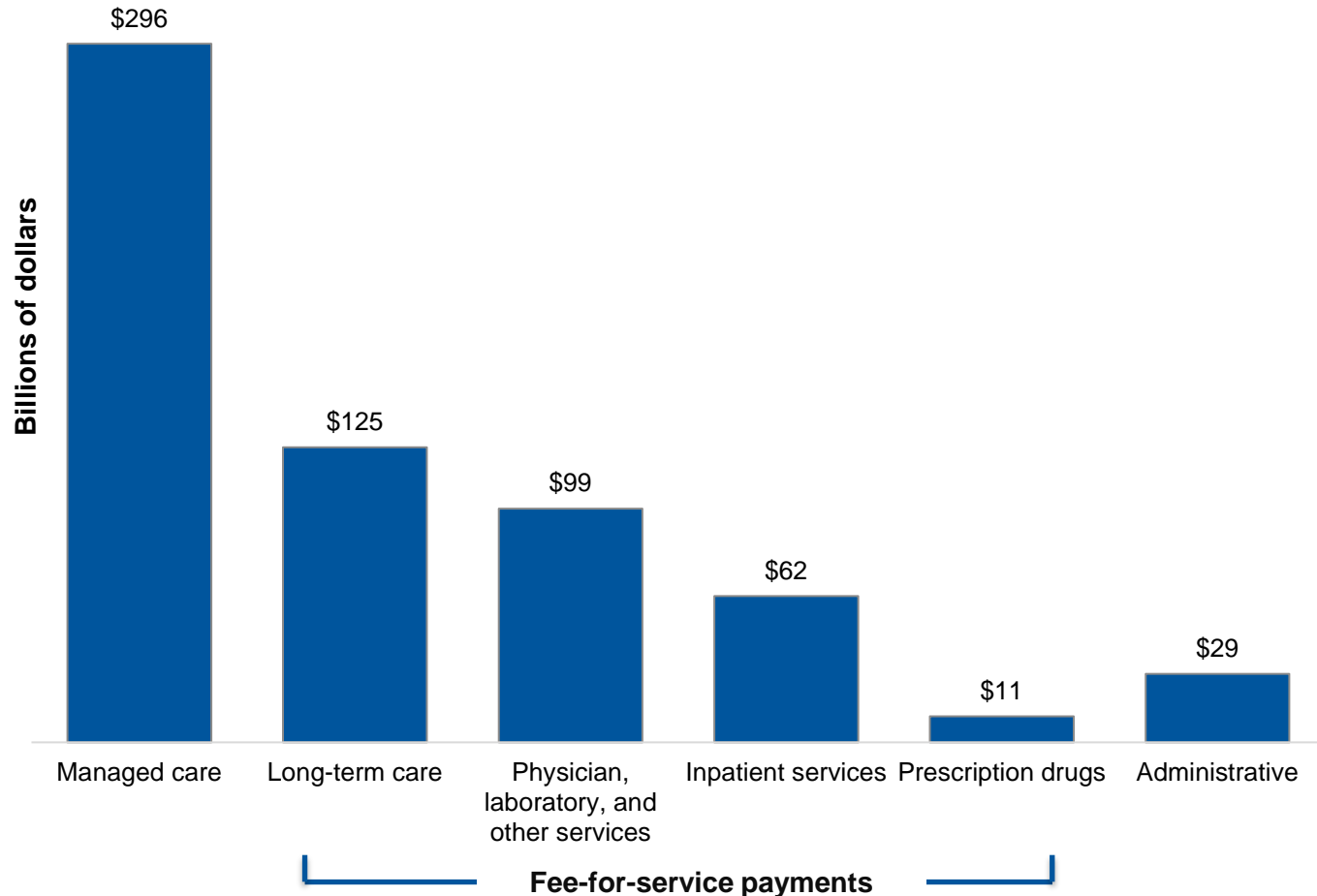
This section of the profile shows annual Medicaid expenditures by service category overall and by beneficiary category.

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 (billions of dollars), 2018
Source: Medicaid & CHIP Scorecard

Bar chart with y-axis labeled "Billions of dollars":

- Managed care: $296
- Long-term care: $125
- Physician, laboratory, and other services: $99
- Inpatient services: $62
- Prescription drugs: $11
- Administrative: $29

Fee-for-service payments (bracket spanning Long-term care through Prescription drugs)

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 2018. *Note that there are discrepancies between the expenditure totals in this slide and on slide 38 as they rely on different data sources.*

Source:
CMS. 2020 Medicaid & CHIP Scorecard. Analysis of CMS-64 expenditure reports for FFY 2018 from the Medicaid Budget and Expenditure System/State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES).

Available at:
https://www.medicaid.gov/state-overviews/scorecard/annual-medicaid-chip-expenditures/index.html
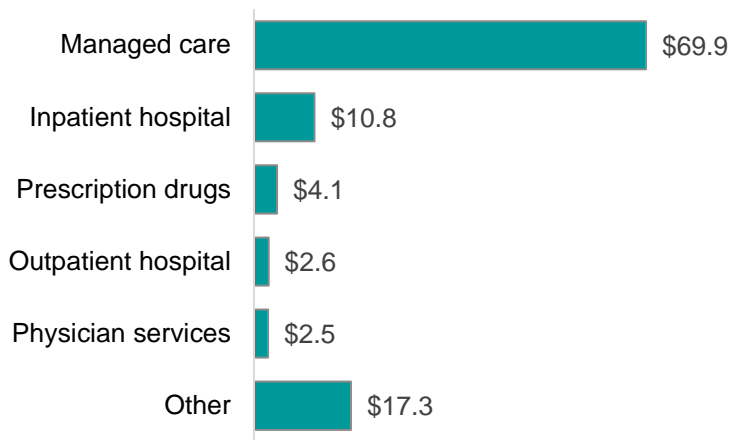
Additional information available at:
https://www.medicaid.gov/medicaid/financial-management/state-expenditure-reporting-for-medicaid-chip/expenditure-reports-mbescbes/index.html
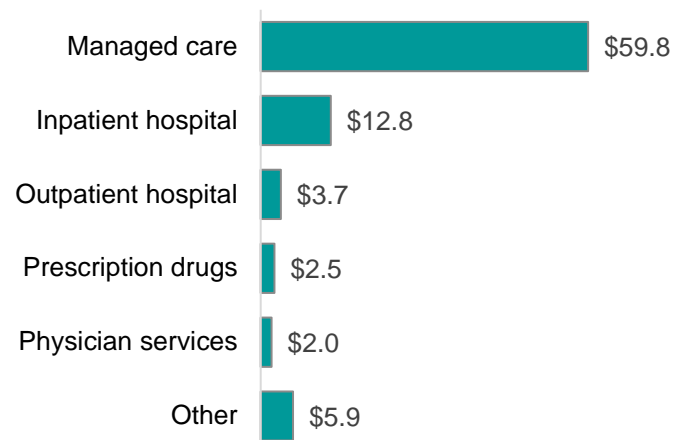
Annual Medicaid Expenditures by Service Category and Beneficiary Category (billions of dollars), 2017
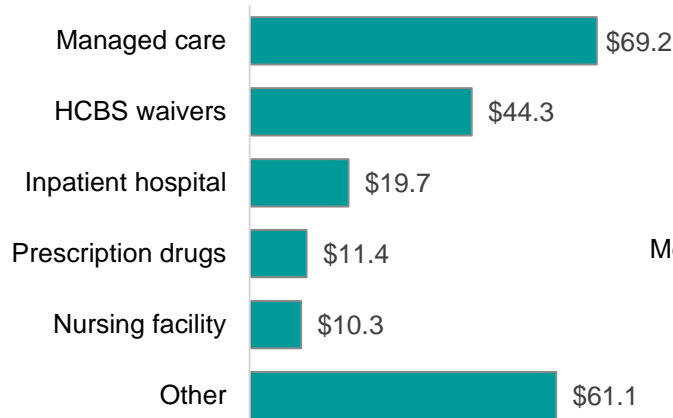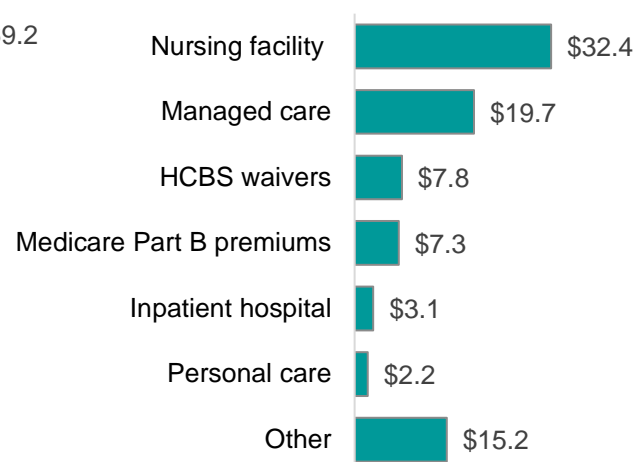**Source: CMS Actuarial Report**

Children
(in billions)

Category	Value
Managed care	$69.9
Inpatient hospital	$10.8
Prescription drugs	$4.1
Outpatient hospital	$2.6
Physician services	$2.5
Other	$17.3

Adults
(in billions)

Category	Value
Managed care	$59.8
Inpatient hospital	$12.8
Outpatient hospital	$3.7
Prescription drugs	$2.5
Physician services	$2.0
Other	$5.9

Persons with Disabilities
(in billions)

Category	Value
Managed care	$69.2
HCBS waivers	$44.3
Inpatient hospital	$19.7
Prescription drugs	$11.4
Nursing facility	$10.3
Other	$61.1

Age 65 and Older
(in billions)

Category	Value
Nursing facility	$32.4
Managed care	$19.7
HCBS waivers	$7.8
Medicare Part B premiums	$7.3
Inpatient hospital	$3.1
Personal care	$2.2
Other	$15.2

Notes:
This chart shows projected values for 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. This exhibit is based on expenditure projections in the 2018 CMS Actuarial Report. Due to the lack of more recent data, these projections are subject to considerable uncertainty. Children include ages 0–19 (not disabled). Adults include ages 20–64 (not disabled). Persons with disabilities include ages 0–64. *Note that there are discrepancies between the expenditure totals in this slide and on slide 37 as they rely on different data sources.*

HCBS = Home and Community-Based Services.

Source:
2018 CMS Actuarial Report (FFY 2017 data). Tables 7, 9, 11, and 13.

Available at:
https://www.cms.gov/files/document/2018-report.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:

- Percentage Distribution of Child Survey Respondents By State
- Percentage Distribution of Adult Survey Respondents By State
- Overall Ratings
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Health Plan Information and Customer Service

Notes:
The results from the AHRQ CAHPS Database are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. The Child Medicaid results from eight states account for 54% of responses and Adult Medicaid results from eight states account for 61% of responses. Thus, the estimates may be biased, and it is not possible to compute precision estimates from the data. See the maps on the following pages for more information on the percentage distribution of survey respondents by state for the Child and Adult Medicaid surveys.

Source:
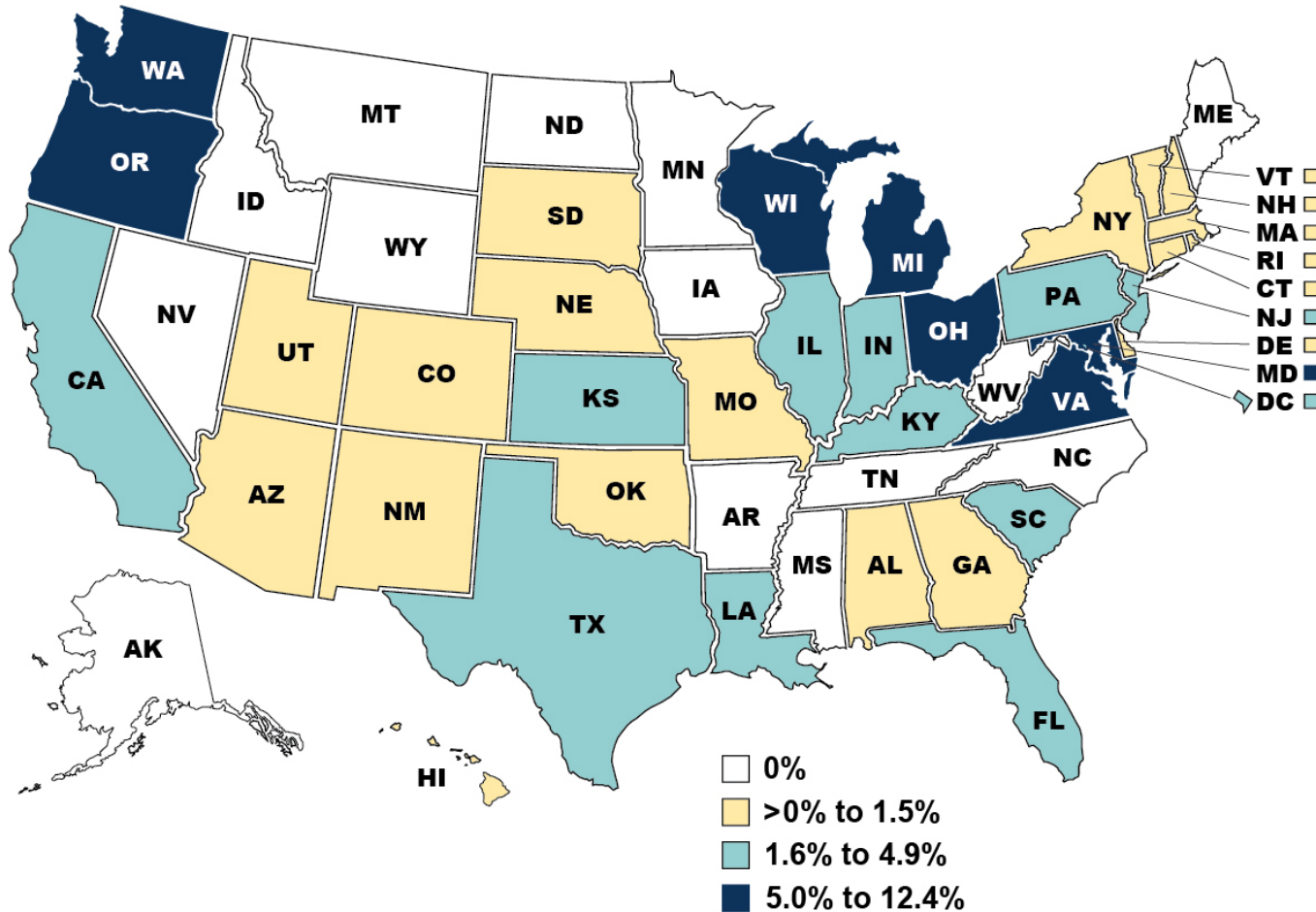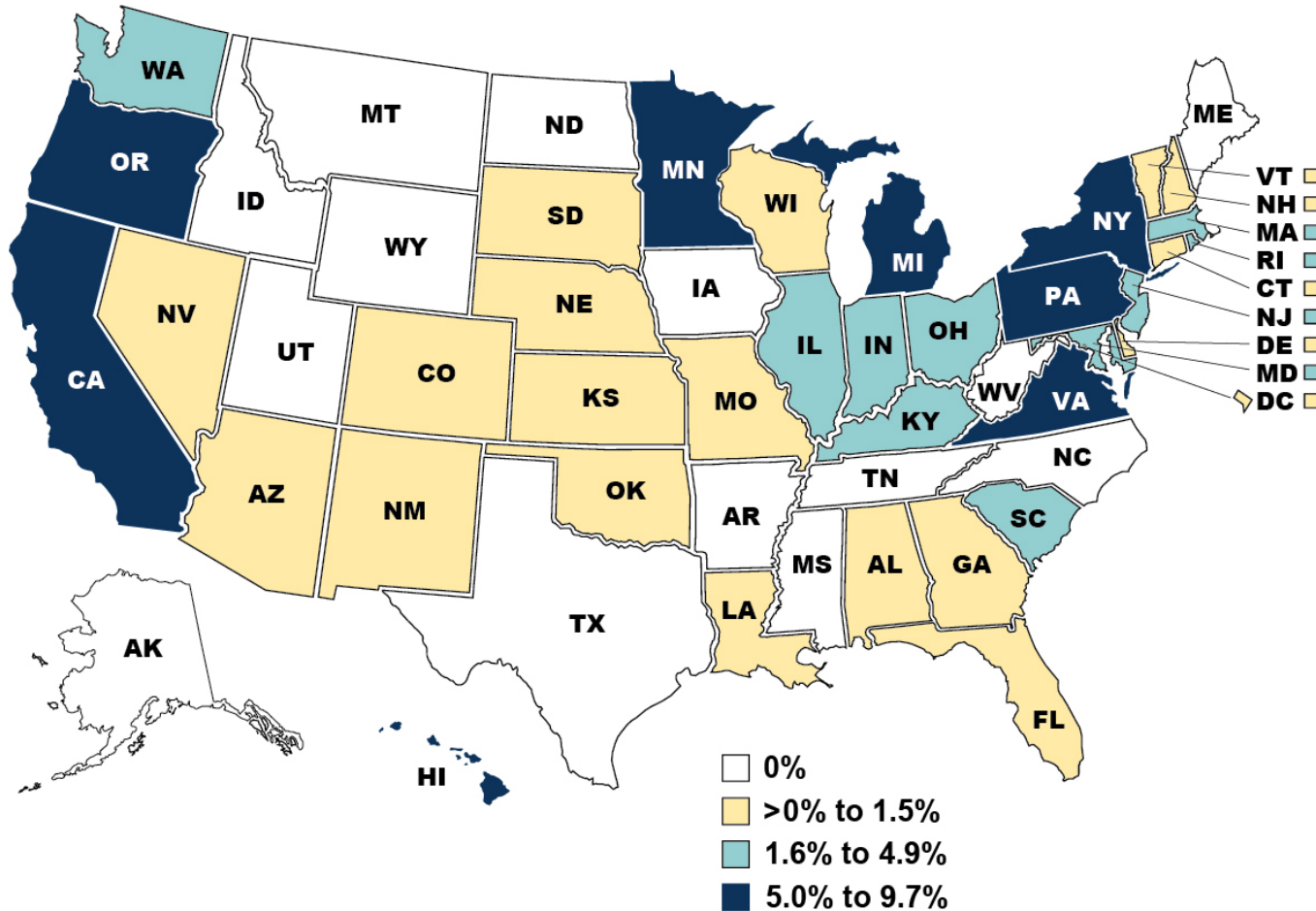Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2020 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

Percentage Distribution of Child Medicaid CAHPS Survey Respondents By State, 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

Legend:
- ☐ 0%
- ☐ >0% to 1.5%
- ☐ 1.6% to 4.9%
- ■ 5.0% to 12.4%

Notes:
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. These results are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. Results from eight states account for 54% of responses. States excluded from this analysis include those that did not conduct the Child Medicaid CAHPS survey or that did not submit data to the AHRQ CAHPS Database.
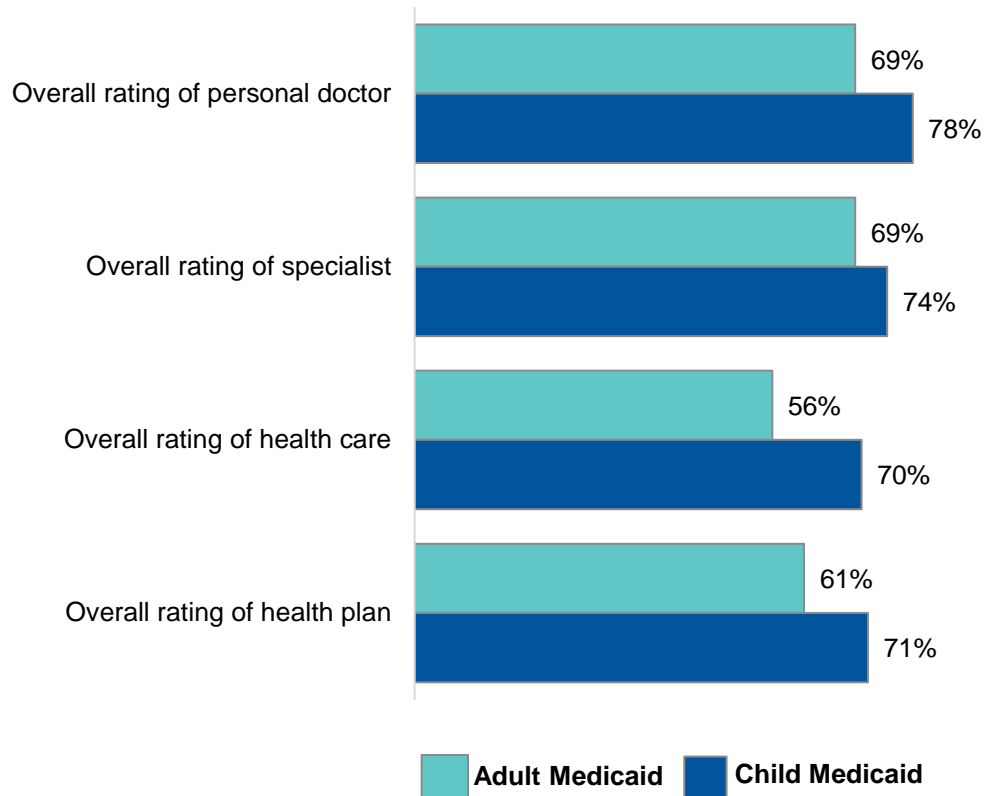
Source:
Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2020 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

Percentage Distribution of Adult Medicaid CAHPS Survey Respondents By State, 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

Legend:
- 0%
- >0% to 1.5%
- 1.6% to 4.9%
- 5.0% to 9.7%

Notes:
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. These results are based on data collected between July 2019 and July 2020. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. Results from eight states account for 61% of responses. States excluded from this analysis include those that did not conduct the Adult Medicaid CAHPS survey or that did not submit data to the AHRQ CAHPS Database.

Source:
Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2020 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

Overall Ratings: Percentage of Survey Respondents Selecting a Rating of 9 or 10 out of 10, 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

Overall rating of personal doctor
- 69%
- 78%

Overall rating of specialist
- 69%
- 74%

Overall rating of health care
- 56%
- 70%

Overall rating of health plan
- 61%
- 71%

Adult Medicaid **Child Medicaid**

Notes:
The results from the AHRQ CAHPS Database are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. The Child Medicaid results from eight states account for 54% of responses and Adult Medicaid results from eight states account for 61% of responses. 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:
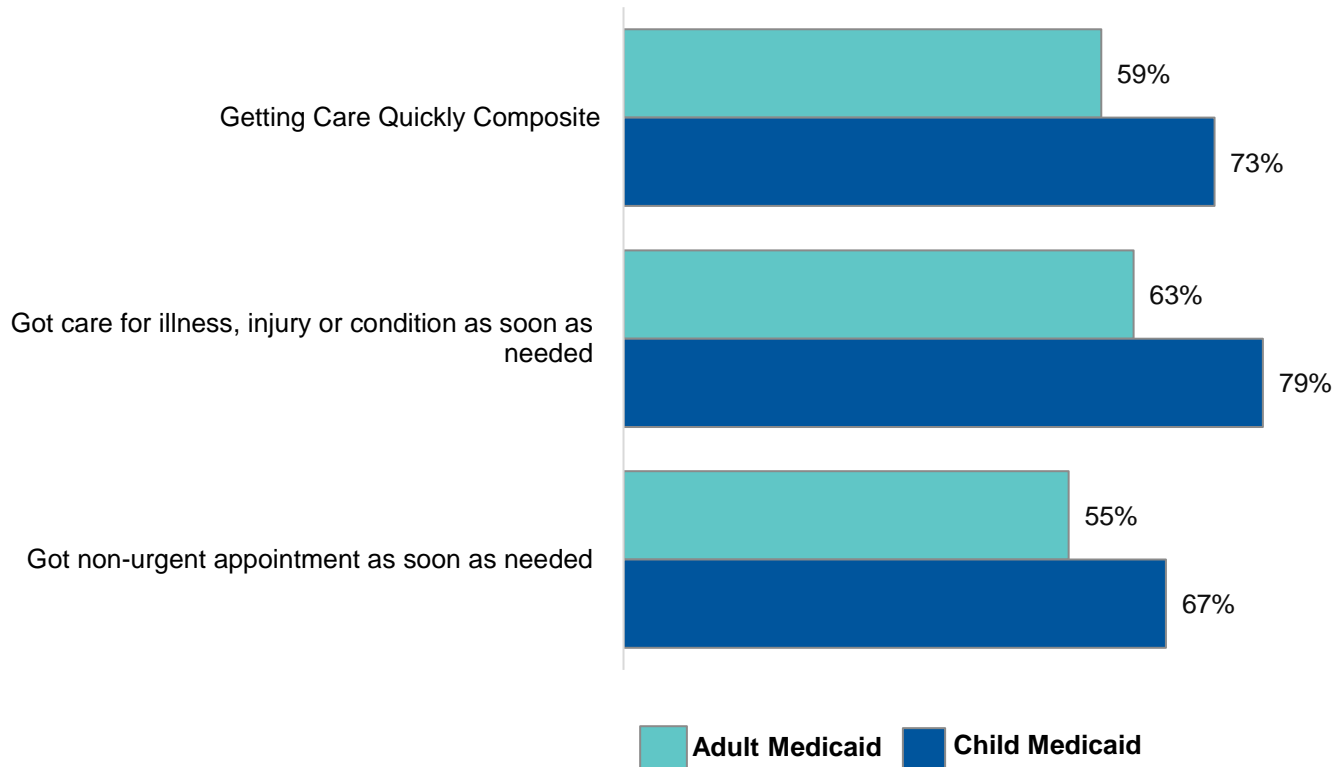Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2020 Chartbook.
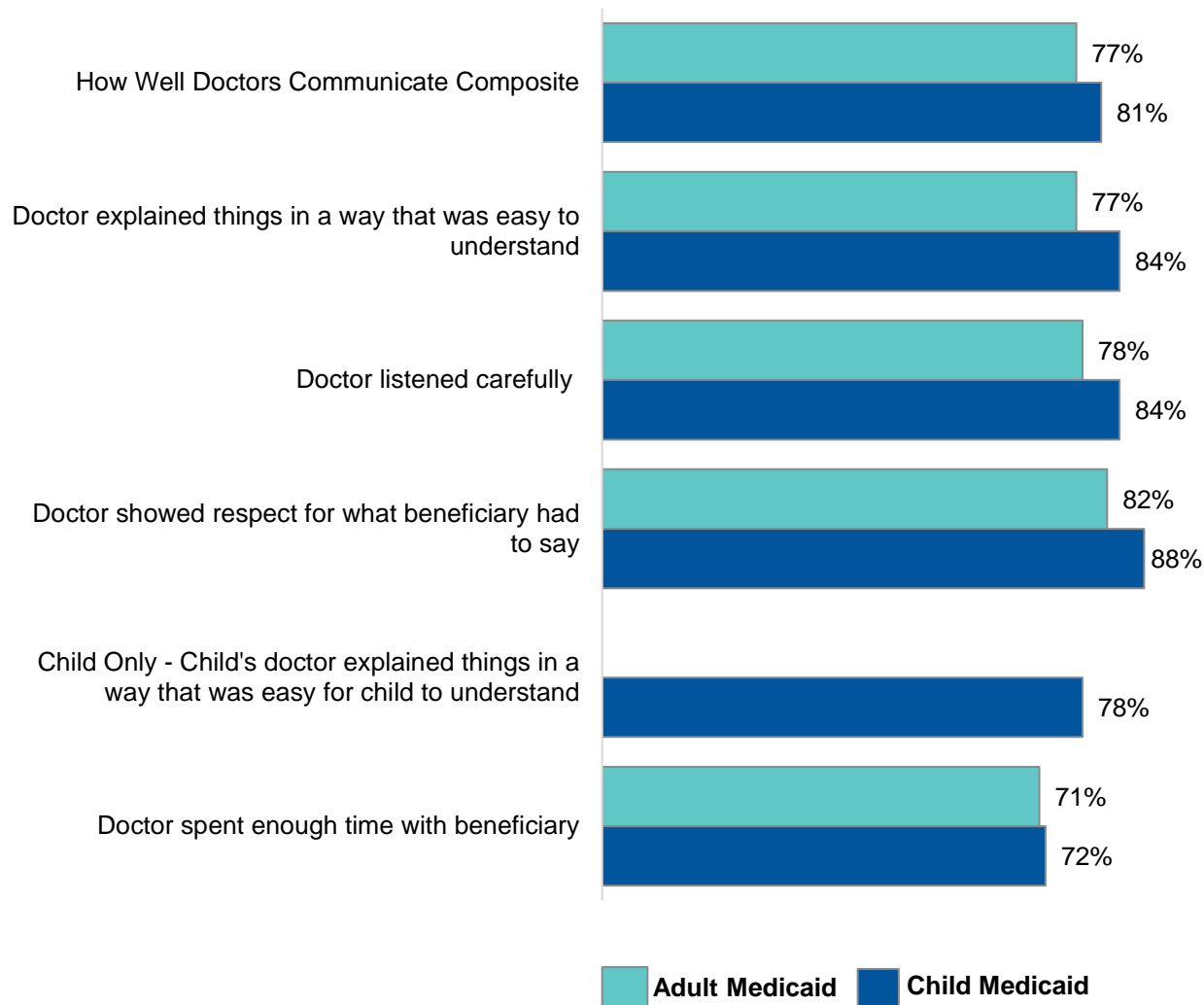
Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

Getting Needed Care: Percentage of Survey Respondents Selecting 'Always', 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

Measure	Adult Medicaid	Child Medicaid
Getting Needed Care Composite	55%	61%
Easy to get necessary care, tests, or treatment	58%	68%
Got appointment with specialists as soon as needed	52%	55%

Adult Medicaid　**Child Medicaid**

Notes:
The results from the AHRQ CAHPS Database are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. The Child Medicaid results from eight states account for 54% of responses and Adult Medicaid results from eight states account for 61% of responses. 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 2020 Chartbook.
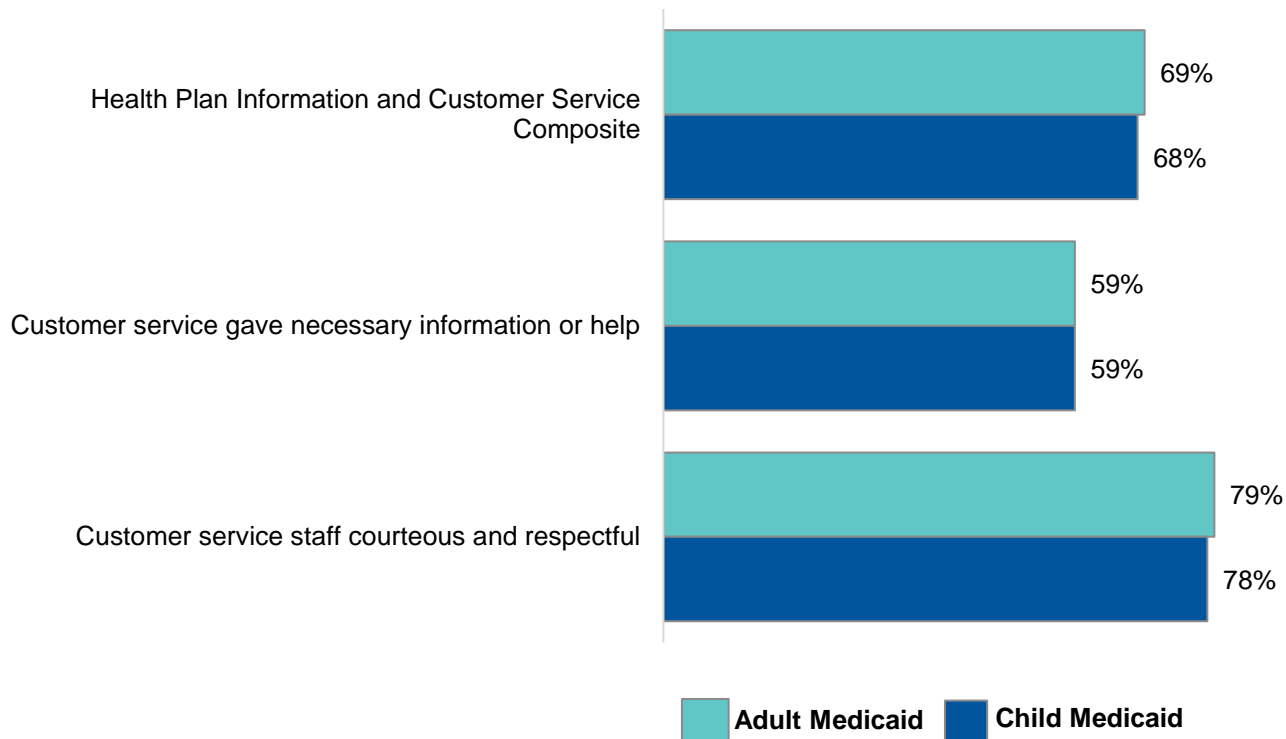
Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

Getting Care Quickly: Percentage of Survey Respondents Selecting 'Always', 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

Getting Care Quickly Composite
- 59%
- 73%

Got care for illness, injury or condition as soon as needed
- 63%
- 79%

Got non-urgent appointment as soon as needed
- 55%
- 67%

Legend: ■ Adult Medicaid ■ Child Medicaid

Notes:
The results from the AHRQ CAHPS Database are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. The Child Medicaid results from eight states account for 54% of responses and Adult Medicaid results from eight states account for 61% of responses. 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 2020 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

How Well Doctors Communicate: Percentage of Survey Respondents Selecting 'Always', 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

How Well Doctors Communicate Composite
- Adult Medicaid: 77%
- Child Medicaid: 81%

Doctor explained things in a way that was easy to understand
- Adult Medicaid: 77%
- Child Medicaid: 84%

Doctor listened carefully
- Adult Medicaid: 78%
- Child Medicaid: 84%

Doctor showed respect for what beneficiary had to say
- Adult Medicaid: 82%
- Child Medicaid: 88%

Child Only - Child's doctor explained things in a way that was easy for child to understand
- Child Medicaid: 78%

Doctor spent enough time with beneficiary
- Adult Medicaid: 71%
- Child Medicaid: 72%

Legend: **Adult Medicaid**, **Child Medicaid**

Notes:
The results from the AHRQ CAHPS Database are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. The Child Medicaid results from eight states account for 54% of responses and Adult Medicaid results from eight states account for 61% of responses. 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 are not nationally representative.

Source:
Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2020 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

Health Plan Information and Customer Service: Percentage of Survey Respondents Selecting 'Always', 2020

Population: Beneficiaries enrolled in Medicaid who responded to the survey

Notes:
The results from the AHRQ CAHPS Database are based on data collected between July 2019 and July 2020. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 states. The Child Medicaid results from eight states account for 54% of responses and Adult Medicaid results from eight states account for 61% of responses. 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 are not nationally representative.

Source:
Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2020 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf

SPECIAL POPULATION: PEOPLE DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID

People Dually Eligible for Medicare and Medicaid: Overview

Fast fact: Dually eligible beneficiaries are people covered by both Medicare and Medicaid. About 71% of dually eligible beneficiaries receive full Medicaid benefits and the remainder (about 29%) 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 all Medicare covered services, including 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:

- Share of Dually Eligible Beneficiaries by Type of Full and Partial Medicaid Benefits
- Percentage of Medicaid Beneficiaries who are Dually Eligible for Medicare and Medicaid
- Demographic Characteristics of Dually Eligible Beneficiaries
- Pathway to Medicaid Eligibility for Dually Eligible Beneficiaries, by Age Group
- Health Conditions of Dually Eligible Beneficiaries
- Self-Reported Current Health Status for Dually Eligible Beneficiaries
- Self-Reported Health Status Compared to One Year Ago for Dually Eligible Beneficiaries
- Self-Reported Body Mass Index (BMI) for Dually Eligible Beneficiaries

Continued on the next slide.

People Dually Eligible for Medicare and Medicaid: Overview (continued)

The charts in this section include:

- Self-Reported Number of Limitations in ADLs and IADLs for Dually Eligible Beneficiaries
- Functional Limitations for Dually Eligible Beneficiaries
- Experience with Falls During the Past Year for Dually Eligible Beneficiaries
- Utilization, Per-User Spending, and Total Expenditures for Dually Eligible Beneficiaries, by Service Category

Share of Dually Eligible Beneficiaries by Type of Full and Partial Medicaid Benefits, 2020

Population: Institutionalized and community-based dually eligible beneficiaries

SLMB Plus
2.7%

QDWI & QI, 5.1%

QMB Plus
52.7%

Other dual
15.3%

QMB Only
14.9%

SLMB Only
9.1%

Full benefit (70.7%)

Partial benefit (29.1%)

Percentage of Medicaid Beneficiaries who are Dually Eligible for Medicare and Medicaid, 2020

Population: Institutionalized and community-based beneficiaries with full Medicaid benefits
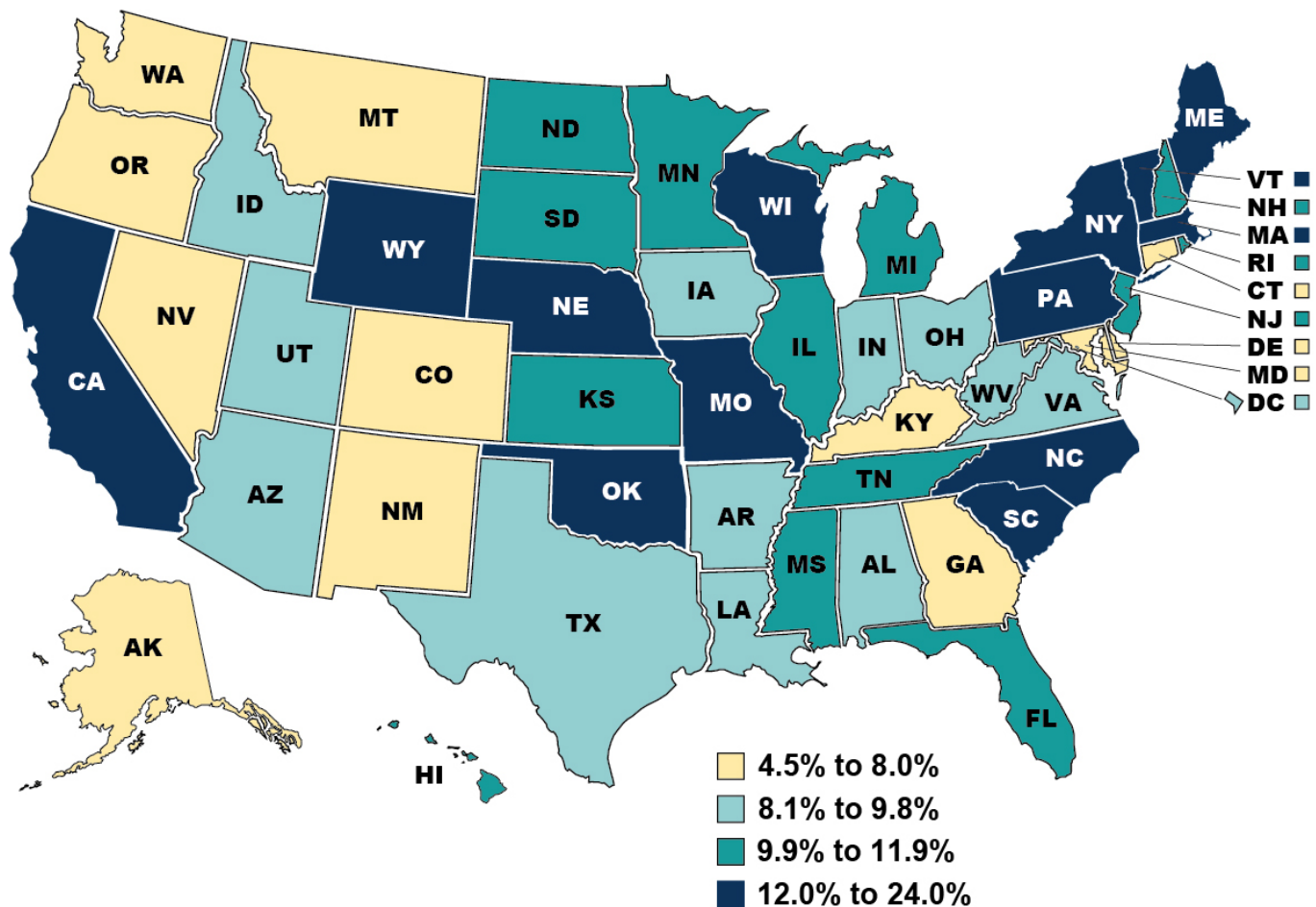
Nationally, 10.5% of Medicaid beneficiaries are full-benefit dually eligible beneficiaries.

Notes:
The percentage of the Medicaid population that is dually eligible by state was calculated by dividing total full-benefit dual-eligible enrollment by total Medicaid enrollment. Results were rounded to one decimal place, and then states were assigned to quartiles. The national percentage was calculated by dividing the sum of the state totals. Note that the total, national number of all dually eligible beneficiaries does not equal the sum of the number of full benefit and partial benefit beneficiaries. The national total includes values that have been suppressed at the county-level for privacy reasons, and cannot be broken out by full or partial benefit status.

Sources:
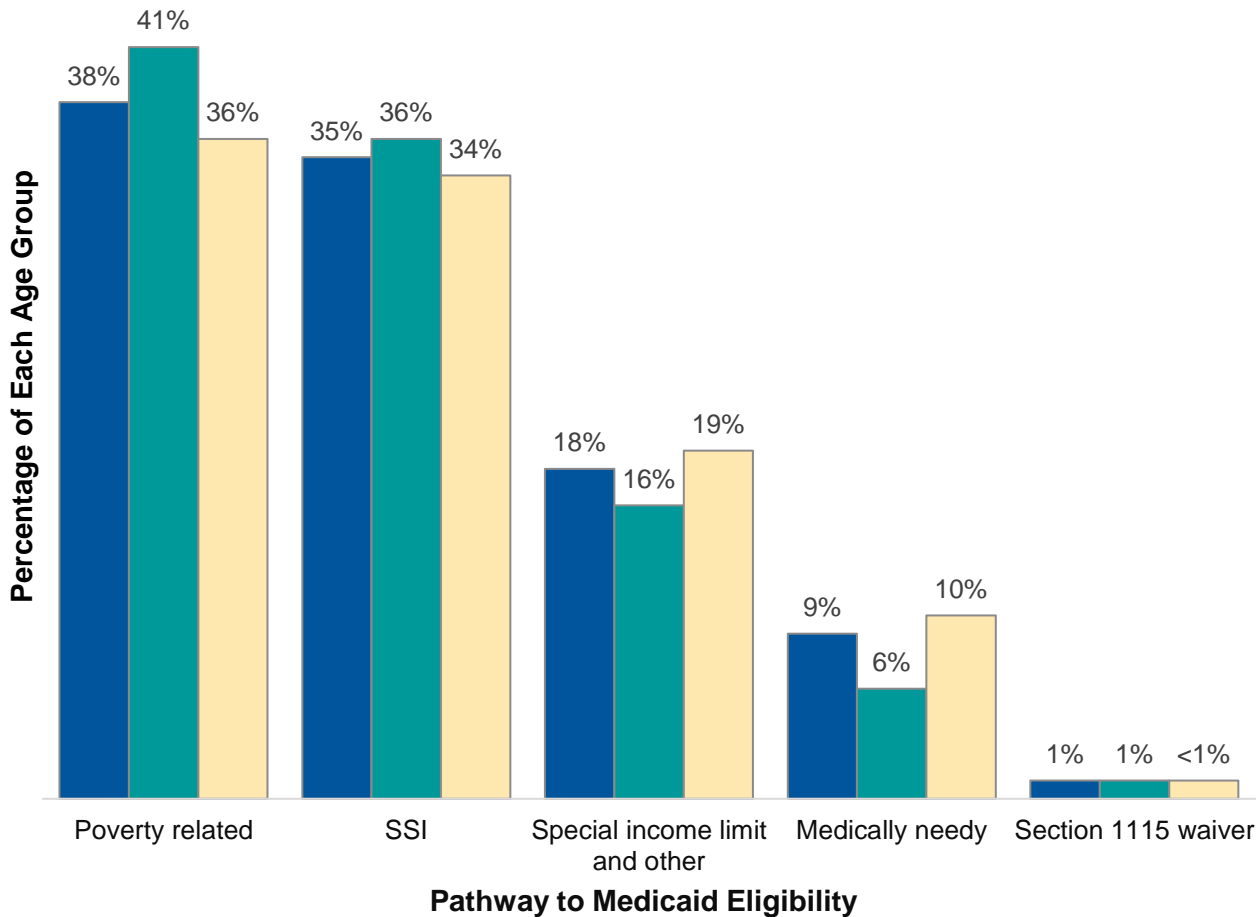CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (June 2020 data). **Available at:** https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics

CMS. Updated June 2020 Applications, Eligibility Determinations, and Enrollment Data. **Available at:** https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html

Legend:
- 4.5% to 8.0%
- 8.1% to 9.8%
- 9.9% to 11.9%
- 12.0% to 24.0%

Demographic Characteristics of Dually Eligible Beneficiaries, 2019

Population: Institutionalized and community-based dually eligible beneficiaries with full Medicaid benefits

Share of Dually Eligible Beneficiaries by Age

Age Group	Percent
Under age 65	37.9%
Ages 65-74	31.1%
Ages 75-84	18.6%
Age 85+	12.4%

Share of Dually Eligible Beneficiaries by Sex

Male 40.3%
Female 59.7%

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

Population: Institutionalized and community-based 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.

"Special income limit" = States can cover individuals with incomes up to 300% of the SSI benefit rate (about 225% 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.

SSI = Supplemental Security Income; LTSS = Long-Term Services and Supports

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
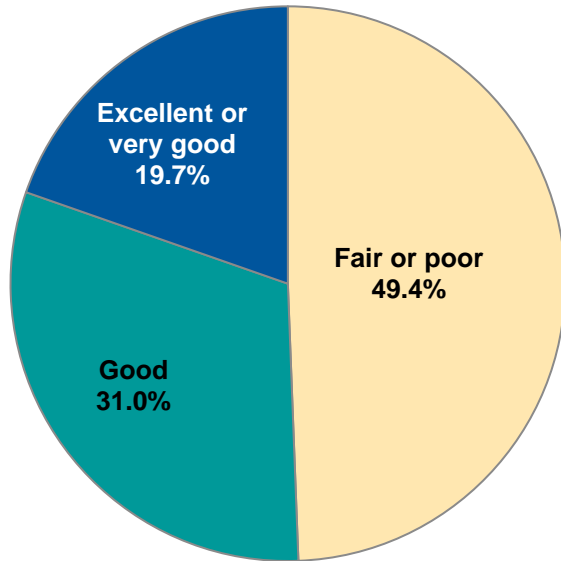
Health Conditions of Dually Eligible Beneficiaries, 2018

Population: Community-based dually eligible beneficiaries with full Medicaid benefits

Has ever been told he/she has:

Condition	Under age 65	Age 65 and older
Hypertension or high blood pressure	51.8%	74.0%
Arthritis - rheumatoid, osteo, or other	44.0%	58.5%
Diabetes or high blood sugar	37.5%	44.4%
Emphysema, asthma, or COPD	32.9%	26.1%
Heart condition - other	16.8%	18.2%
Stroke or brain hemorrhage	13.9%	15.5%
Other cancers (non-skin)	10.8%	16.9%
Myocardial infarction/heart attack	9.0%	14.6%
Congestive heart failure	6.2%	10.5%
Angina pectoris or coronary heart disease	6.0%	10.3%
Skin cancer	4.0%	8.8%
Alzheimer's disease or dementia		8.1%

Has ever been told he/she has:

Condition	Under age 65	Age 65 and older
Depression	57.7%	35.0%
Mental health or psychiatric disorder other than depression	38.6%	7.6%

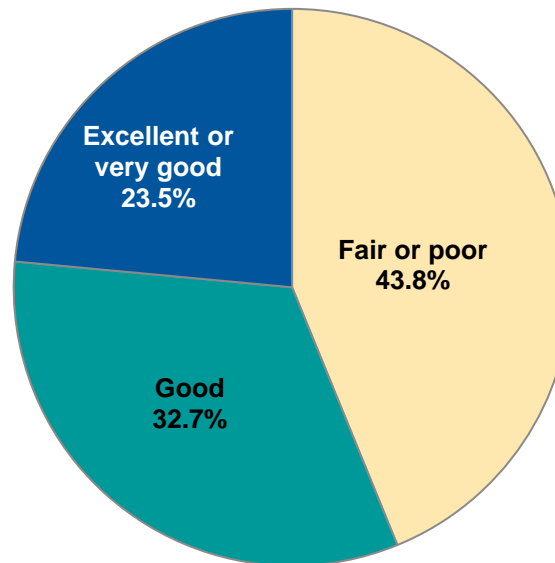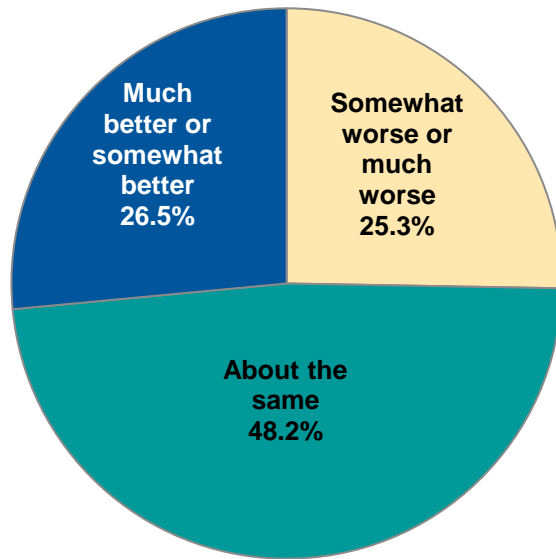Legend: ■ Under age 65   ■ Age 65 and older

Self-Reported Current Health Status for Dually Eligible Beneficiaries, 2018

Population: Community-based dually eligible beneficiaries with full Medicaid benefits

Under Age 65

Excellent or very good 19.7%
Fair or poor 49.4%
Good 31.0%

Age 65 and Older

Excellent or very good 23.5%
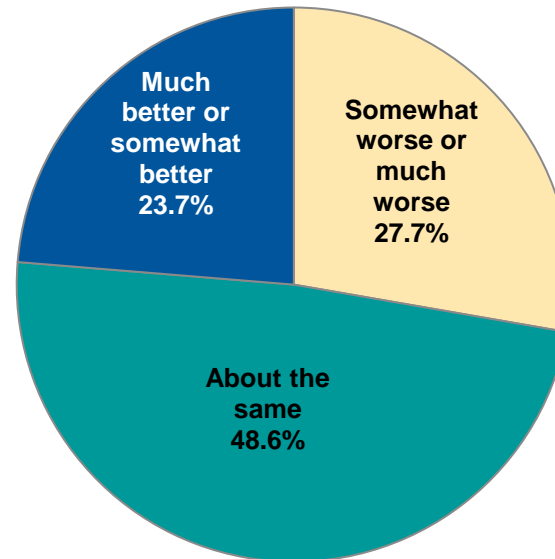Fair or poor 43.8%
Good 32.7%

Self-Reported Health Status Compared to One Year Ago for Dually Eligible Beneficiaries, 2018
Population: Community-based dually eligible beneficiaries with full Medicaid benefits

Under Age 65

Much better or somewhat better 26.5%
Somewhat worse or much worse 25.3%
About the same 48.2%

Age 65 and Older

Much better or somewhat better 23.7%
Somewhat worse or much worse 27.7%
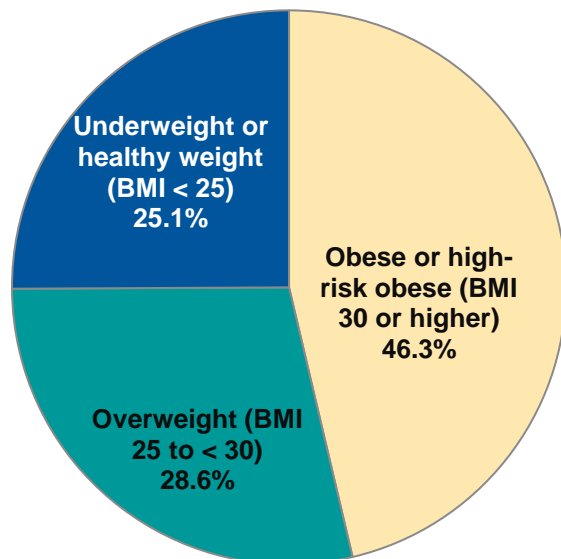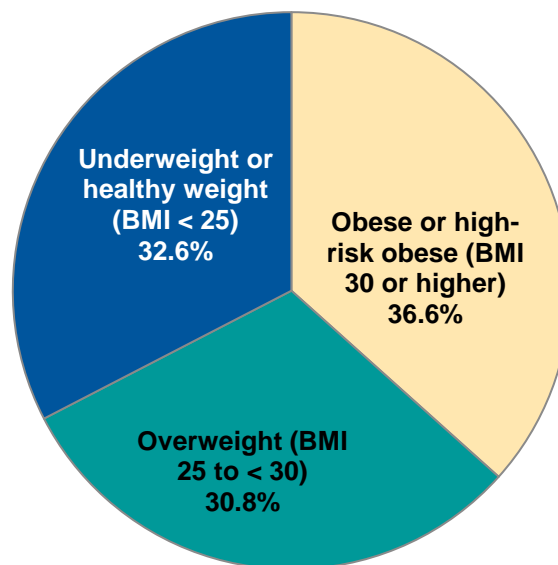About the same 48.6%

Self-Reported Body Mass Index (BMI) for Dually Eligible Beneficiaries, 2018

Population: Community-based dually eligible beneficiaries with full Medicaid benefits

Under Age 65

- Underweight or healthy weight (BMI < 25): 25.1%
- Obese or high-risk obese (BMI 30 or higher): 46.3%
- Overweight (BMI 25 to < 30): 28.6%

Age 65 and Older

- Underweight or healthy weight (BMI < 25): 32.6%
- Obese or high-risk obese (BMI 30 or higher): 36.6%
- Overweight (BMI 25 to < 30): 30.8%

Notes:
The Medicare Current Beneficiary Survey (MCBS) is a nationally representative sample of Medicare beneficiaries, including institutionalized and community-based individuals. These analyses are based on MCBS respondents who are living in the community and are dually eligible for Medicare and Medicaid with full Medicaid benefits. Responses of "refused," "don't know," and "inapplicable/missing" (6% of responses) are excluded.

Source:
Mathematica analysis of Medicare Current Beneficiary Survey (MCBS) Public Use Files (2018).

Available at:
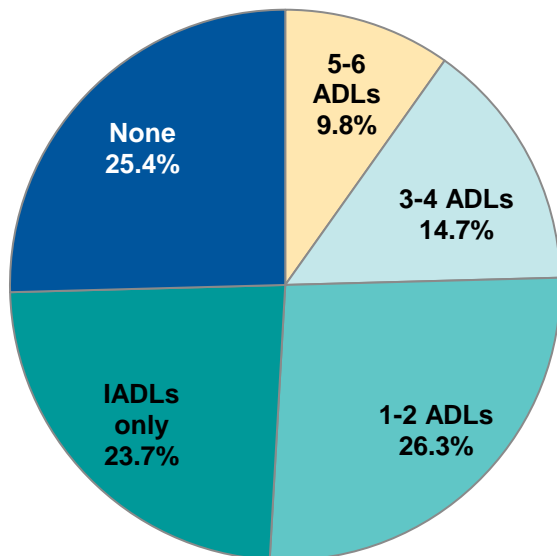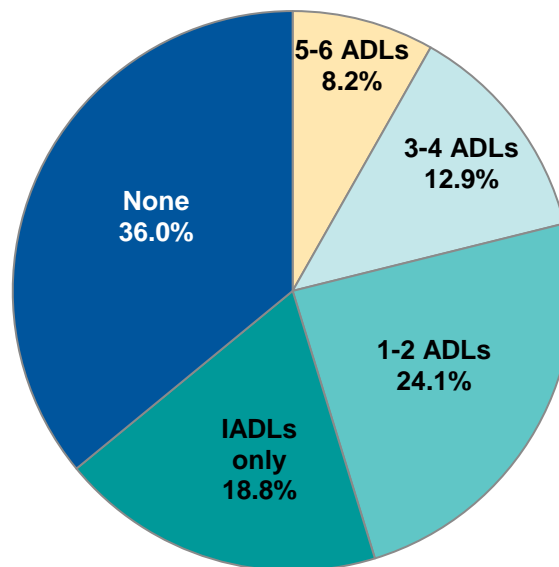https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS

Self-Reported Number of Limitations in ADLs and IADLs for Dually Eligible Beneficiaries, 2018

Population: Community-based dually eligible beneficiaries with full Medicaid benefits

Under Age 65

- None 25.4%
- 5-6 ADLs 9.8%
- 3-4 ADLs 14.7%
- 1-2 ADLs 26.3%
- IADLs only 23.7%

Age 65 and Older

- None 36.0%
- 5-6 ADLs 8.2%
- 3-4 ADLs 12.9%
- 1-2 ADLs 24.1%
- IADLs only 18.8%

Limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs) provide information about a person's ability to care for themselves independently. ADLs include basic functions such as eating, bathing, and mobility, while IADLs capture more complex tasks such as food preparation and medication management. A higher number of ADL and IADL limitations indicates greater need for support.

Notes:
The Medicare Current Beneficiary Survey (MCBS) is a nationally representative sample of Medicare beneficiaries, including institutionalized and community-based individuals. These analyses are based on MCBS respondents who are living in the community and are dually eligible for Medicare and Medicaid with full Medicaid benefits. Total may not sum to 100 due to rounding.

Source:
Mathematica analysis of Medicare Current Beneficiary Survey (MCBS) Public Use Files (2018).
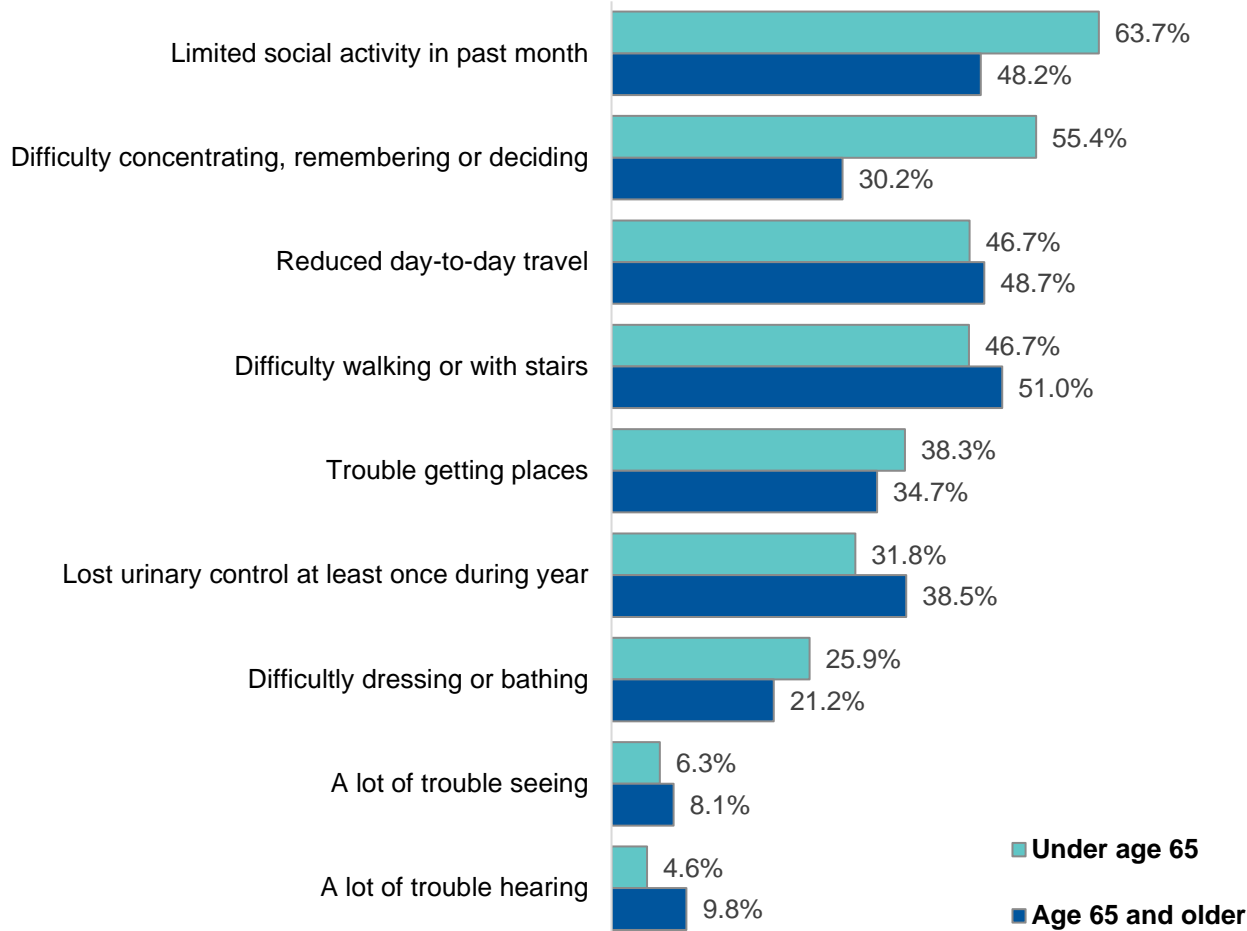
Available at:
https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS

Functional Limitations for Dually Eligible Beneficiaries, 2018

Population: Community-based dually eligible beneficiaries with full Medicaid benefits

Functional Limitation	Under age 65	Age 65 and older
Limited social activity in past month	63.7%	48.2%
Difficulty concentrating, remembering or deciding	55.4%	30.2%
Reduced day-to-day travel	46.7%	48.7%
Difficulty walking or with stairs	46.7%	51.0%
Trouble getting places	38.3%	34.7%
Lost urinary control at least once during year	31.8%	38.5%
Difficultly dressing or bathing	25.9%	21.2%
A lot of trouble seeing	6.3%	8.1%
A lot of trouble hearing	4.6%	9.8%

Under age 65

Age 65 and older

CMS
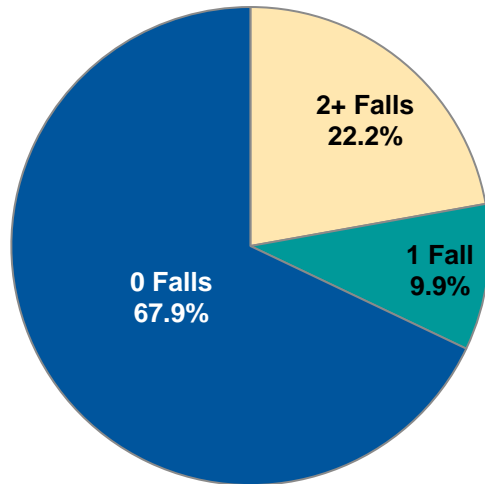CENTERS FOR MEDICARE & MEDICAID SERVICES

Experience with Falls During the Past Year for Dually Eligible Beneficiaries, 2018
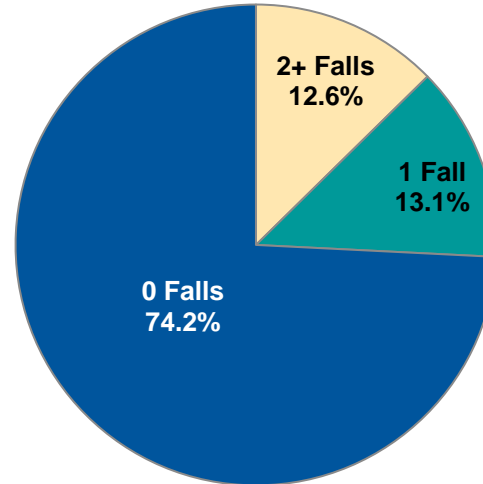
Population: Community-based dually eligible beneficiaries with full Medicaid benefits
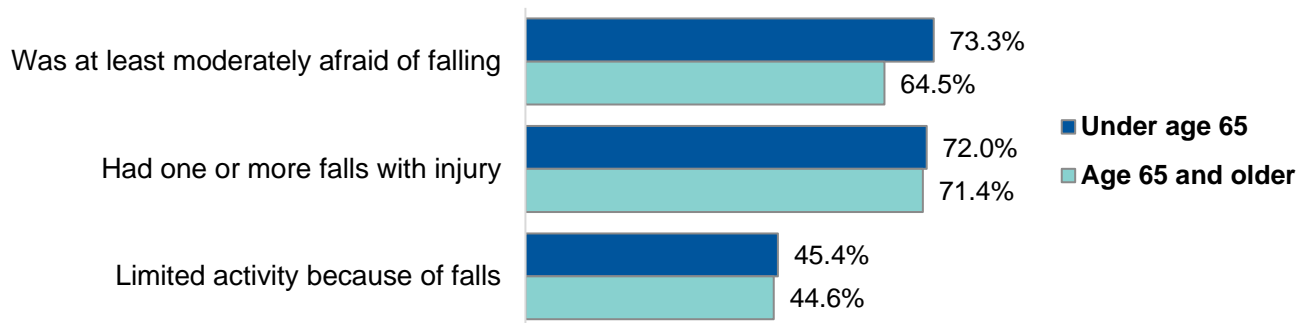
Self-Reported Number of Falls During the Past Year

Under Age 65

- 2+ Falls 22.2%
- 1 Fall 9.9%
- 0 Falls 67.9%

Age 65 and Older

- 2+ Falls 12.6%
- 1 Fall 13.1%
- 0 Falls 74.2%

Percentage of Dually Eligible Beneficiaries that Had At Least One Fall Who Self-Reported that He/She:

Was at least moderately afraid of falling
- 73.3% (Under age 65)
- 64.5% (Age 65 and older)

Had one or more falls with injury
- 72.0% (Under age 65)
- 71.4% (Age 65 and older)

Limited activity because of falls
- 45.4% (Under age 65)
- 44.6% (Age 65 and older)

■ Under age 65
■ Age 65 and older

Notes:
The Medicare Current Beneficiary Survey (MCBS) is a nationally representative sample of Medicare beneficiaries, including institutionalized and community-based individuals. These analyses are based on MCBS respondents who are living in the community and are dually eligible for Medicare and Medicaid with full Medicaid benefits. Only beneficiaries who experienced a fall were asked follow-up questions about fear of falling, limited activity, and falls with injury. Responses of "refused," "don't know," and "inapplicable/missing" from beneficiaries eligible for the questions (2% of responses for number of falls and was at least moderately afraid of falling and <1% of responses for other indicators) are excluded. Total may not sum to 100 due to rounding.

Source:
Mathematica analysis of Medicare Current Beneficiary Survey (MCBS) Public Use Files (2018).

Available at:
https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS

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

Population: Institutionalized and community-based dually eligible beneficiaries with full Medicaid benefits who receive Medicaid services on a FFS basis

Utilization and Per-User Spending by Service Category
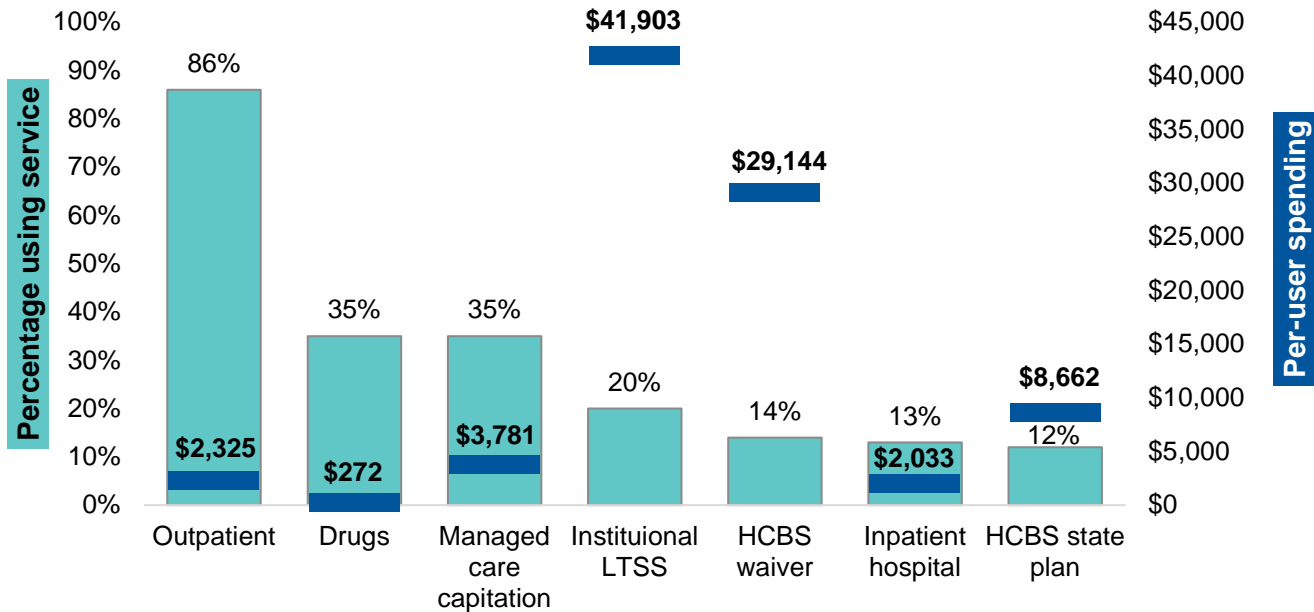
Nationally, 71% of dually eligible beneficiaries receive Medicaid services on a FFS basis (CMS Managed Care Enrollment Report, 2018)

Notes:
Dually eligible beneficiaries are limited to full-benefit dually eligible beneficiaries who receive Medicaid services on a FFS basis. Note that the proportion of the dually eligible population receiving Medicaid services on a FFS basis has decreased since 2013. End-stage 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.

FFS = Fee for Service; HCBS = Home and Community-Based Services; LTSS = Long-Term Services and Supports

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

Institutional LTSS 49%

HCBS waiver 24%

Outpatient 12%

Managed care capitation 8%

HCBS state plan 6%

Inpatient hospital 1%

Prescription drugs 1%

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 (23.7%) or in combination with private health insurance (32.0%), compared to the prevalence among those with private health insurance only (16.5%) or no current coverage (10.6%). These estimates are based on a definition of special health care needs that may vary from the criteria used by state Medicaid agencies.

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] State Medicaid agencies vary in how they define special health care needs among children.

In the absence of a uniform Medicaid definition, 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 as defined by the federal Maternal and Child Health Bureau. CSHCN status is determined using a validated survey instrument for identification of children with special health care needs.

The charts in this section include:

- Children with Special Health Care Needs (CSHCN) by Type of Health Insurance and Complexity of Needs
- Percentage of Children with Public Insurance Who Have Special Health Care Needs by State
- Percentage of Children with Public Insurance Who Have Functional Limitations by State
- Current Health Status and Utilization Among Children With and Without Special Health Care Needs
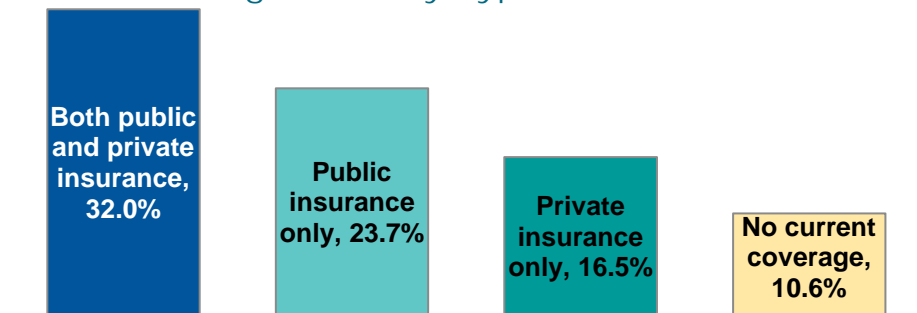
Source:
1. McPherson M, Arango P, Fox H, et al. "A new definition of children with special health care needs", Pediatrics, 1998; 102: 137-140.
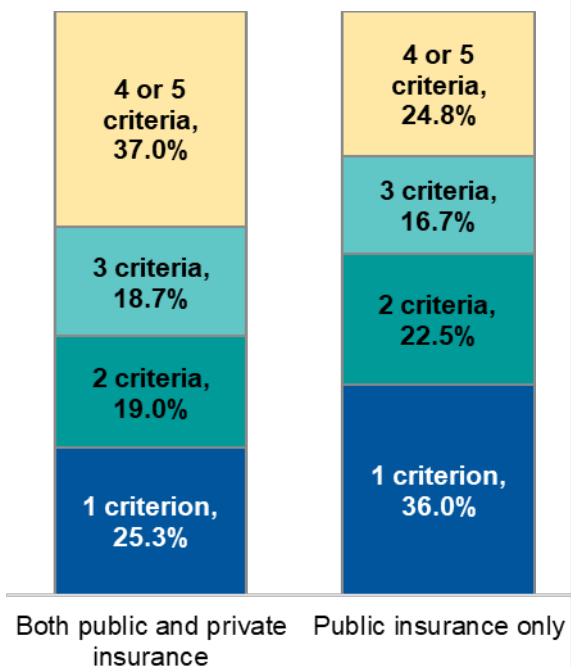
Children with Special Health Care Needs by Type of Health Insurance and Complexity of Needs, 2018–2019

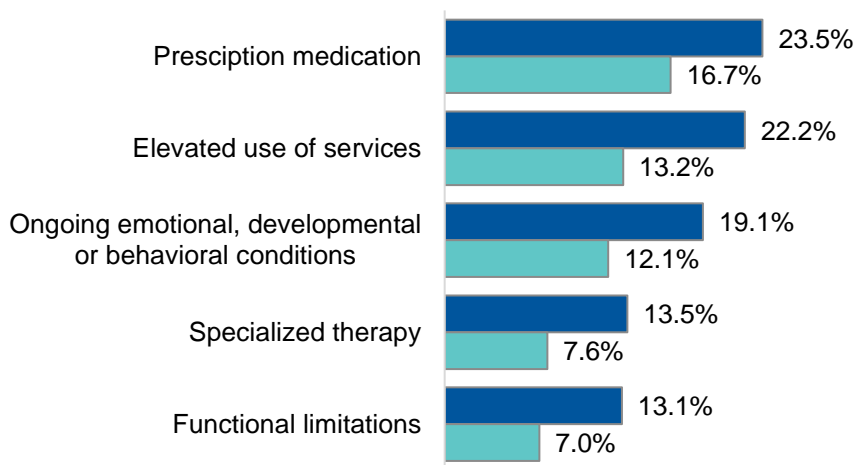**Population: Non-institutionalized children ages 0 to 17 who are insured or uninsured**

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

- Both public and private insurance, 32.0%
- Public insurance only, 23.7%
- Private insurance only, 16.5%
- No current coverage, 10.6%

Prevalence of CSHCN Criteria Among Children with Public Insurance

Criterion	Both public and private insurance	Public insurance only
Prescption medication	23.5%	16.7%
Elevated use of services	22.2%	13.2%
Ongoing emotional, developmental or behavioral conditions	19.1%	12.1%
Specialized therapy	13.5%	7.6%
Functional limitations	13.1%	7.0%

■ Both public and private insurance ■ Public insurance only

Total Number of Criteria Met Among CSHCN with Public Insurance

Both public and private insurance
- 4 or 5 criteria, 37.0%
- 3 criteria, 18.7%
- 2 criteria, 19.0%
- 1 criterion, 25.3%

Public insurance only
- 4 or 5 criteria, 24.8%
- 3 criteria, 16.7%
- 2 criteria, 22.5%
- 1 criterion, 36.0%

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Percentage of Children with Public Insurance Who Have Special Health Care Needs by State, 2017–2019
Population: Non-institutionalized children ages 0 to 17 with any public insurance

Legend:
- 13.9% to 24.7%
- 24.8% to 27.3%
- 27.4% to 29.7%
- 29.8% to 34.1%
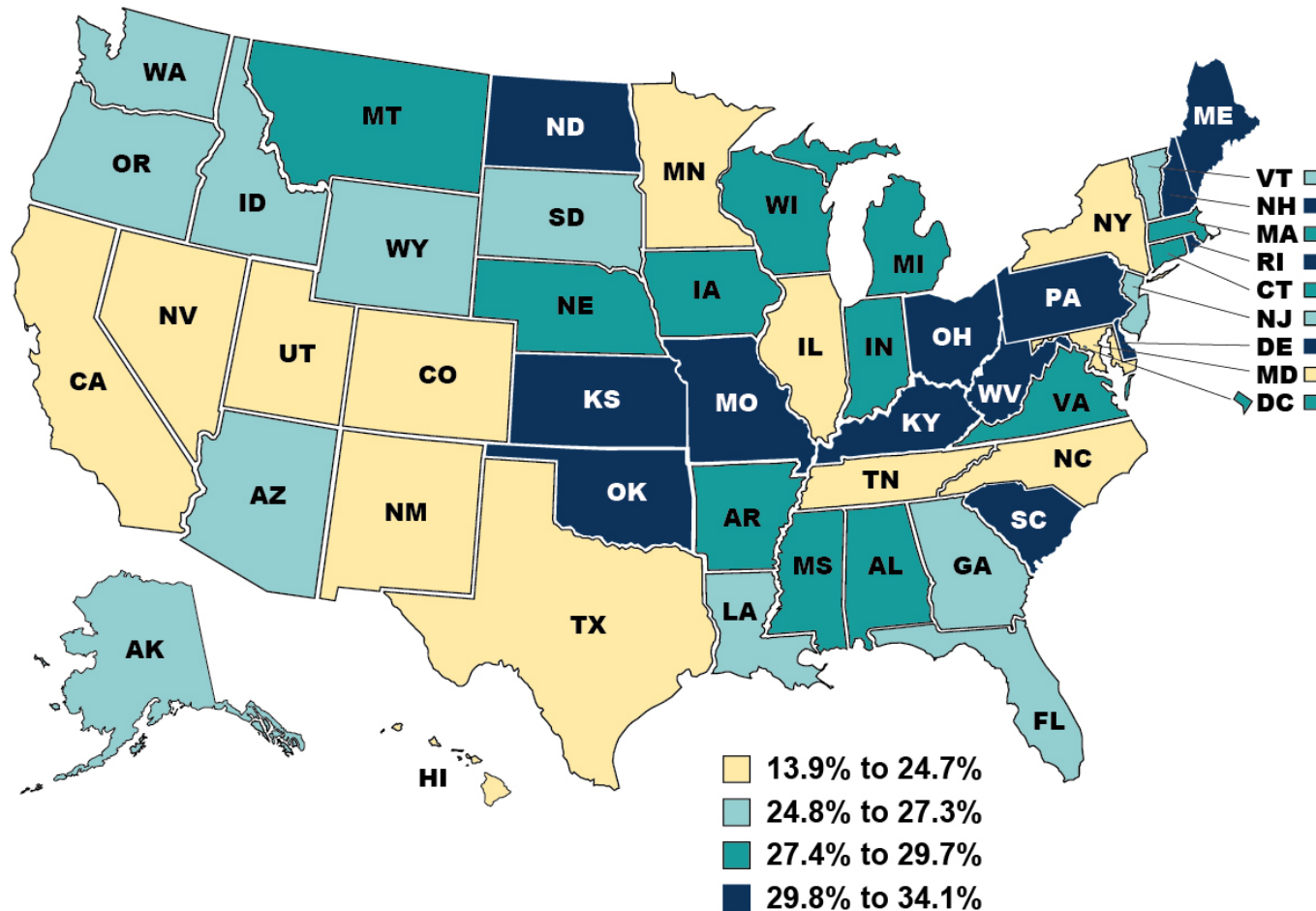
Notes:
Data include non-institutionalized children ages 0–17 covered by public insurance (alone or in combination with private insurance). CSHCN status is determined using a validated survey instrument for identification of children with special health care needs as defined by the federal Maternal and Child Health Bureau (MCHB). Percentages were rounded to one decimal place, and then states were assigned to quartiles.

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 National Survey of Children's Health, 2017-2019 Public Use Data files.

Available at:
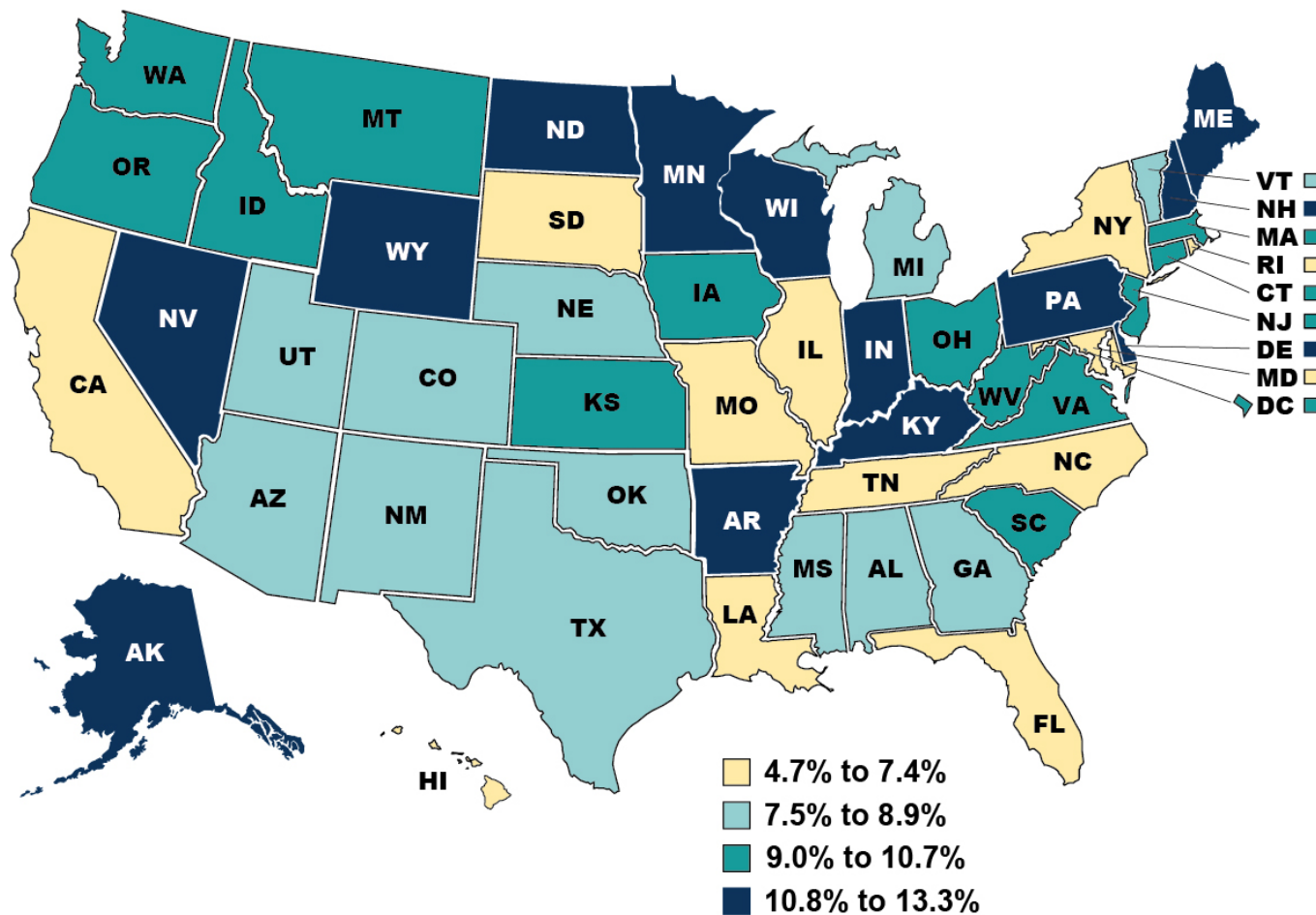https://www.census.gov/programs-surveys/nsch.html

See Appendix for more information on the data source.

Percentage of Children with Public Insurance Who Have Functional Limitations by State, 2017–2019

Population: Non-institutionalized children ages 0 to 17 with any public insurance

Legend:
- 4.7% to 7.4%
- 7.5% to 8.9%
- 9.0% to 10.7%
- 10.8% to 13.3%

Notes:
Data include non-institutionalized children ages 0–17 covered by public insurance (alone or in combination with private insurance). Percentages were rounded to one decimal place, and then states were assigned to quartiles.

CSHCN status is determined using a validated survey instrument to identify children with special health care needs as defined by the federal Maternal and Child Health Bureau. Children were determined to qualify on the functional limitations CSHCN screening criteria if their parent responded "yes" to all three of the following survey items: 1) child is limited or prevented in his/her ability to do the things most children the same age can do, 2) this limitation is due to medical, behavioral or other health conditions, and 3) the condition(s) have lasted or are expected to last for 12 months or longer.

CSHCN = Children with special health care needs.

Source:
Mathematica analysis of National Survey of Children's Health, 2017-2019 Public Use Data files.

Available at:
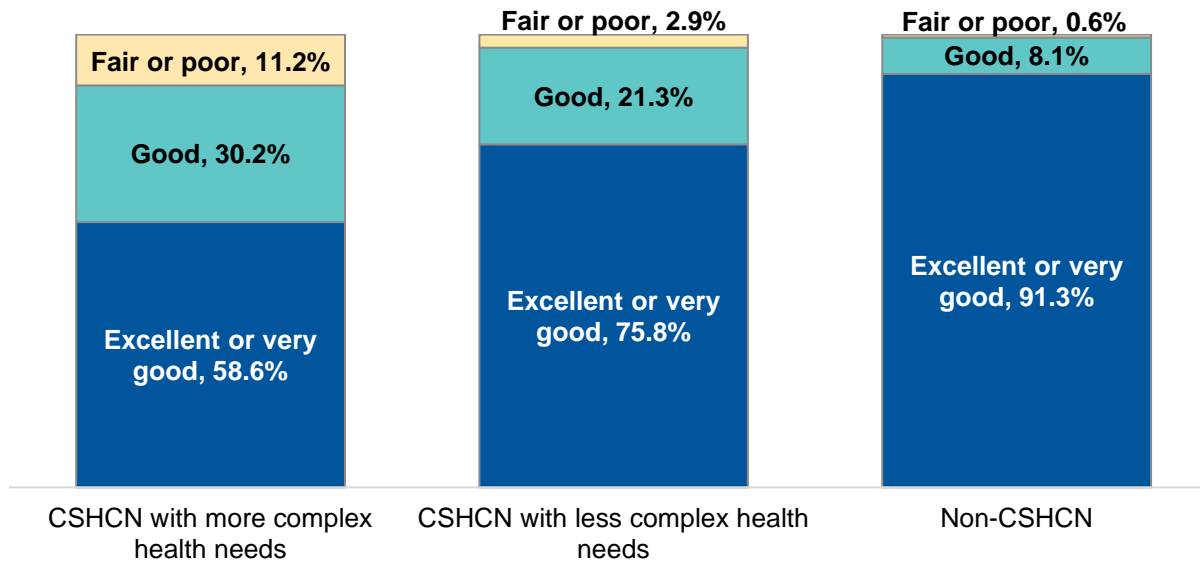https://www.census.gov/programs-surveys/nsch.html

See Appendix for more information on the data source.

Current Health Status and Utilization Among Children With and Without Special Health Care Needs, 2018–2019

Population: Non-institutionalized children ages 0 to 17 with any public insurance

Parent-Reported Current Health Status

CSHCN with more complex health needs
- Fair or poor, 11.2%
- Good, 30.2%
- Excellent or very good, 58.6%

CSHCN with less complex health needs
- Fair or poor, 2.9%
- Good, 21.3%
- Excellent or very good, 75.8%

Non-CSHCN
- Fair or poor, 0.6%
- Good, 8.1%
- Excellent or very good, 91.3%

Type of Parent-Reported Utilization in the Past 12 Months

Received care from a specialist other than a mental health professional
- 37.1%
- 19.3%
- 6.6%

Received any treatment or counseling from a mental health professional
- 43.5%
- 7.2%
- 3.4%

Visited emergency room 2 or more times
- 16.3%
- 11.2%
- 5.7%

Legend:
- ■ CSHCN with more complex health needs
- ■ CSHCN with less complex health needs
- □ Non-CSHCN
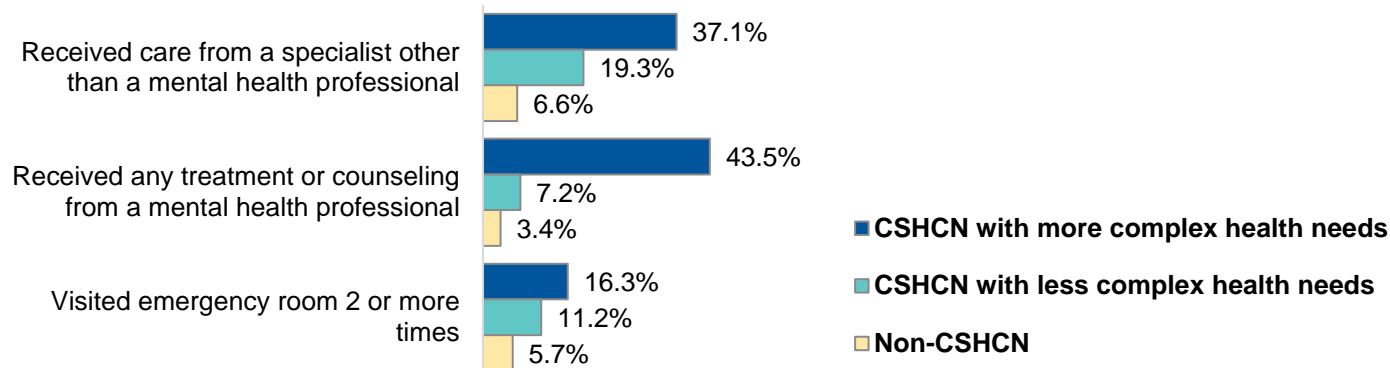
APPENDIX: DATA SOURCES

Data Sources (in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Medicare & Medicaid Services (CMS)	8, 9, 11-13, 16, 17, 37, 38, 51-53, 62	Vary by data source (see Comments for links)	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: • December 2020 and January 2021 Medicaid and CHIP Enrollment Trends Snapshot. Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-chip-enrollment-data/medicaid-and-chip-enrollment-trend-snapshot/index.html • MBES Expansion Adult Enrollment October-December 2020 (December 2020 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 (June 2020 data). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics • National Health Expenditures Accounts (2019 data). Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html • Updated July 2019 Applications, Eligibility, and Enrollment Data; Updated June 2020 Applications, Eligibility Determinations, and Enrollment Data. Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html • 2018 Managed Care Enrollment Report. Available at: https://www.medicaid.gov/medicaid/managed-care/downloads/2018-medicaid-managed-care-enrollment-report.pdf • 2020 Medicaid & CHIP Scorecard. Analysis of calendar year 2018 T-MSIS Analytic Files, v 4.0. Available at: https://www.medicaid.gov/state-overviews/scorecard/who-enrolls-medicaid-chip/index.html • 2018 CMS Actuarial Report (FFY 2017 data). Available at: https://www.cms.gov/files/document/2018-report.pdf • 2020 Medicaid & CHIP Scorecard. Analysis of CMS-64 expenditure reports for FFY 2018 from the Medicaid Budget and Expenditure System/State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES). Available at: https://www.medicaid.gov/state-overviews/scorecard/annual-medicaid-chip-expenditures/index.html • CMS Medicare-Medicaid Coordination Office Ever-enrolled Trends Report (2019 data). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
U.S. Census Bureau	10-12, 16	https://www.census.gov/	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: • Health Insurance Coverage in the United States: 2019. Available at: https://www.census.gov/library/publications/2020/demo/p60-271.html • Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2019. Available at: https://www.census.gov/newsroom/press-kits/2019/national-state-estimates.html • American Community Survey (ACS), 2019 Public Use Microdata Sample (PUMS) file. The ACS is a national random, weighted survey of the U.S. population, including persons in households and in group quarters (institutions, military barracks, university dorms, etc.). Survey 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." The PUMS files contain a sample of the responses to the ACS and allow data users to create estimates for user-defined characteristics. PUMS files for an individual year contain data on approximately 1% of the U.S. population. All ACS data included in this profile come from Mathematica's primary analysis of the 2019 public use PUMS file, which is available at: https://www.census.gov/programs-surveys/acs/microdata.html. Analyses were conducted in SUDAAN v. 11.0.1 to account for the complex sample design. The specific data files used for the analyses on Slides 12 and 16 were the 2019 ACS 1-Year PUMS U.S.-wide Household file and the 2019 ACS 1-Year PUMS U.S.-wide Person file.

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)	20-25, 29-31	https://www.cdc.gov/nchs/nhis/index.htm	The NHIS is a nationally representative survey of the civilian noninstitutionalized population residing within the 50 states and the District of Columbia. The NHIS universe includes residents of households and noninstitutional group quarters (e.g., homeless shelters, rooming houses, and group homes). Basic demographic information is collected for all household members; more detailed health information is collected for one sample adult (age 18 or older) and one sample child (age 17 or younger) per household. The Medicaid recode variable used for these analyses includes all persons who report coverage through Medicaid or other state-sponsored health plans including CHIP at the time of the survey. NHIS data included in this profile come from Mathematica's primary analysis of the 2018 and 2019 NHIS public use files, available at: https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm. Note that the structure and content of the NHIS were redesigned in 2019. Analyses were conducted in SUDAAN v. 11.0.1 to account for the complex sample design. All analyses and interpretations of data should be attributed to Mathematica and not to NCHS, which is responsible only for the initial data. The specific data files used for analysis were: • Slides 20, 21, and 29: 2019 NHIS Sample Child file • Slides 22-24 and 30-31: 2019 NHIS Sample Adult file • Slide 25: 2019 NHIS Sample Adult file, 2018 NHIS Sample Adult file, and 2018 NHIS Person file

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
National Survey of Children's Health (NSCH)	21, 65-68	https://www.census.gov/programs-surveys/nsch.html	NSCH is sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration. It is a nationally representative survey of all noninstitutionalized children ages 0 to 17 years in the U.S. (50 states and DC) who live in housing units. Questions are answered by an adult familiar with the child's health. Public insurance is defined in the survey as coverage through "Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability" at the time of the survey. Private insurance is defined as coverage through a current or former employer or union, insurance purchased directly from an insurance company, TRICARE or other military health care, or coverage through the Affordable Care Act at the time of the survey. Respondents can report more than one type of current insurance coverage. Children with only Indian Health Service or health care sharing ministry coverage are included in the no current coverage category. All NSCH data included in this profile come from Mathematica's primary analysis of the 2017, 2018, and 2019 public use files, which are available at: https://www.census.gov/programs-surveys/nsch/data.html. Multiple years of data were pooled to improve the stability of estimates; three years of data were pooled for all state-level analyses. Analyses were conducted in SUDAAN v. 11.0.1 to account for the complex sample design. The specific data files used for analysis were: • Slides 21, 65, and 68: 2019 NSCH Topical Data file and 2018 NSCH Topical Data file • Slides 66 and 67: 2019 NSCH Topical Data file, 2018 NSCH Topical Data file, and 2017 NSCH Topical Data file

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
National Center for Health Statistics (NCHS), Natality Public Use File	28	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 2019 state-level natality data included in this profile were generated using the CDC Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) data analysis system. Full citation: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2019, on CDC WONDER Online Database, October 2020. Accessed at: http://wonder.cdc.gov/natality-expanded-current.html.
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS)	32-34	https://meps.ahrq.gov/mepstrends/home/index.html	MEPS is a set of large-scale surveys of families and individuals, their medical providers (doctors, hospitals, pharmacies, etc.), and employers across the United States. Data included in this profile come from the Household Component of MEPS, a survey of civilian non-institutionalized families and individuals drawn from a nationally representative subsample of households that participated in the prior year's National Health Interview Survey. Survey respondents are considered to have public only health insurance coverage if they were not covered by private insurance or TRICARE and they were covered by Medicare, Medicaid, or other public hospital and physician coverage at some point during the year. Data were generated online using the MEPS Household Component summary tables. The latest year of data available varies by topic.
Agency for Healthcare Research and Quality, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database	40-47	https://cahpsdatabase.ahrq.gov/files/2020CAHPSHealthPlanChartbook.pdf	Based on data collected between July 2019 and July 2020 and submitted directly to the AHRQ CAHPS Database by state Medicaid/CHIP agencies or individual health plans. The Child Medicaid results include 56,311 respondents across 137 plans in 35 states. The Adult Medicaid results include 51,211 respondents across 159 plans in 37 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 54% of responses and eight states in the Adult Medicaid results represent 61% of responses. Thus, the estimates may be biased and it is not possible to compute precision estimates from the data.

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Medicare Payment Advisory Commission (MedPAC)/Medicaid and CHIP Payment and Access Commission (MACPAC) Analysis of CY 2013 CMS administrative data	54, 62	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: • 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 Current Beneficiary Survey (MCBS)	55-61	https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File	MCBS is a nationally representative sample of Medicare beneficiaries, including institutionalized and non-institutionalized populations. It includes both individuals who are 65 years and older, as well as those who are under age 65 and have qualifying disabilities. All MCBS data included in this profile come from Mathematica's analysis of the Fall 2018 MCBS Public Use File (PUF), which provides information about the beneficiary's self-reported health, service use, access to, and satisfaction with health care over the past year. All analyses use the Fall survey results because that is when information about health conditions, limitations in activities of daily living, and falls are assessed. Although the full MCBS includes Medicare beneficiaries living in institutions (i.e., in a nursing facility, hospital, assisted living facility, board & care home, domiciliary home, personal care home, rest home/retirement home, mental health/psychiatric facility, intermediate care facility for individuals with intellectual or developmental disabilities, or rehabilitation facility) and community settings, the PUF, and therefore these analyses, only include results for community-based beneficiaries. Analyses were subset to focus on the population of MCBS respondents who were ever dually eligible with full Medicaid benefits, representing 2,049 beneficiaries and 15.2% of Fall 2018 MCBS respondents. Results reflect weighted percentages using the PUFFWGT variable. Analyses were conducted using the survey procedures in SAS v 9.4.