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

FEBRUARY 2020
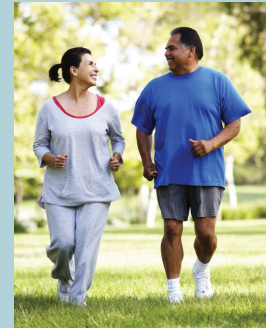
Introduction

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

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

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

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

Table of Contents

ABOUT THE MEDICAID AND CHIP BENEFICIARY PROFILE

Centers for Medicare & Medicaid Services

Medicaid & CHIP

Health Care Quality Measures

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.

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MEDICAID AND CHIP PROGRAM OVERVIEW

Medicaid and CHIP Program Overview

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

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

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

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

Percentage of Total U.S. Population[5]

- Employer: 55%
- Medicaid & CHIP: 18%
- Medicare: 18%
- Direct-purchase: 11%
- Uninsured: 9%
- TRICARE: 3%
- Other Public: 1%
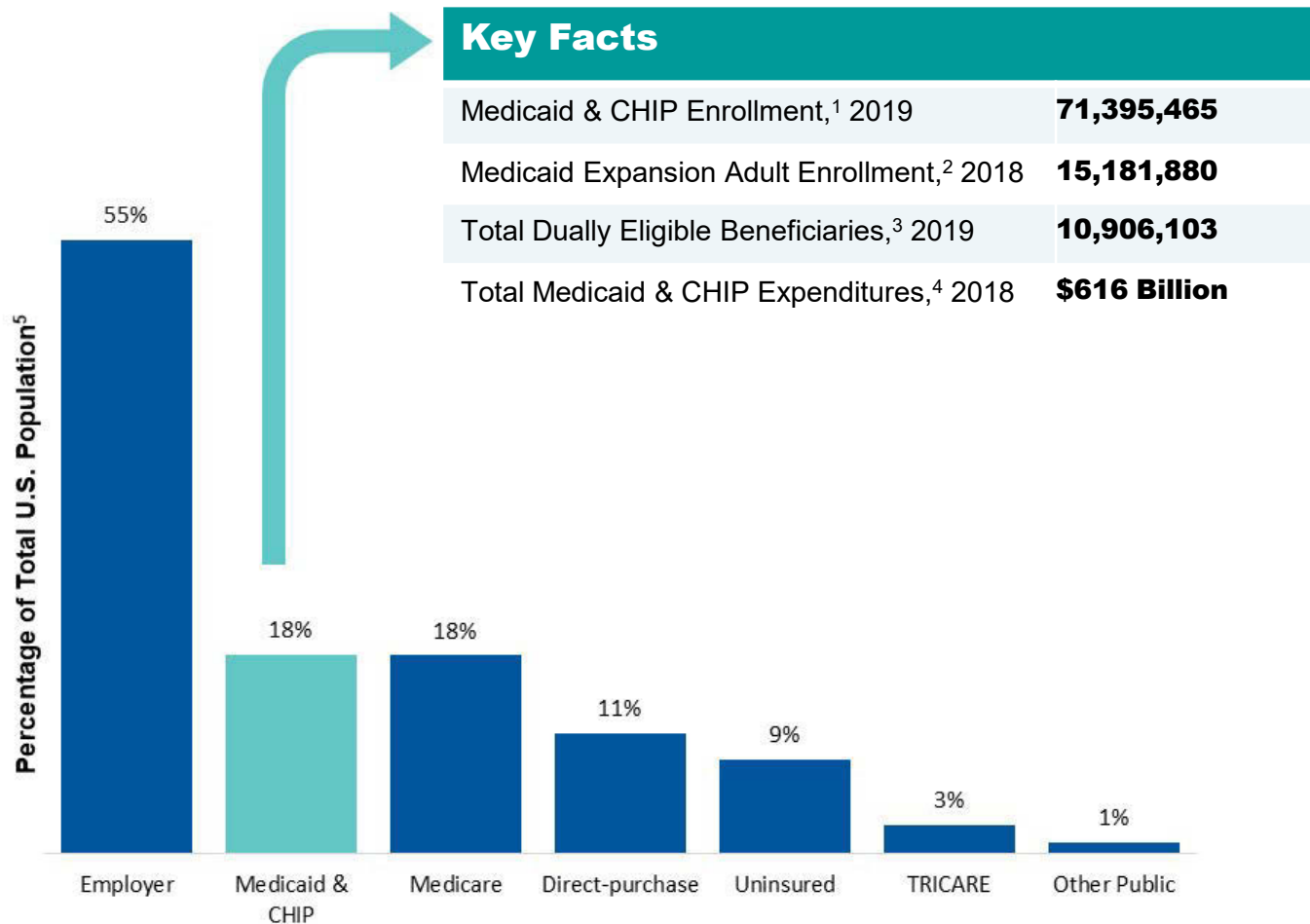
Key Facts

Medicaid & CHIP Enrollment,[1] 2019	71,395,465
Medicaid Expansion Adult Enrollment,[2] 2018	15,181,880
Total Dually Eligible Beneficiaries,[3] 2019	10,906,103
Total Medicaid & CHIP Expenditures,[4] 2018	$616 Billion

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

Sources:
[1] CMS. October 2019 Medicaid & CHIP Enrollment Data Highlights (Oct 2019 data).
[2] CMS MBES Expansion Adult Enrollment July-Sept 2018 (Sept 2018 data).
[3] CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (Mar 2019 data).
[4] CMS. National Health Expenditures Accounts (2018 data).
[5] U.S. Census Bureau. Health Insurance Coverage in the United States: 2018 (2018 data).

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

Population: Beneficiaries receiving full Medicaid or CHIP benefits

Legend:
- 9% to 18%
- 19% to 22%
- 23% to 25%
- 26% to 37%
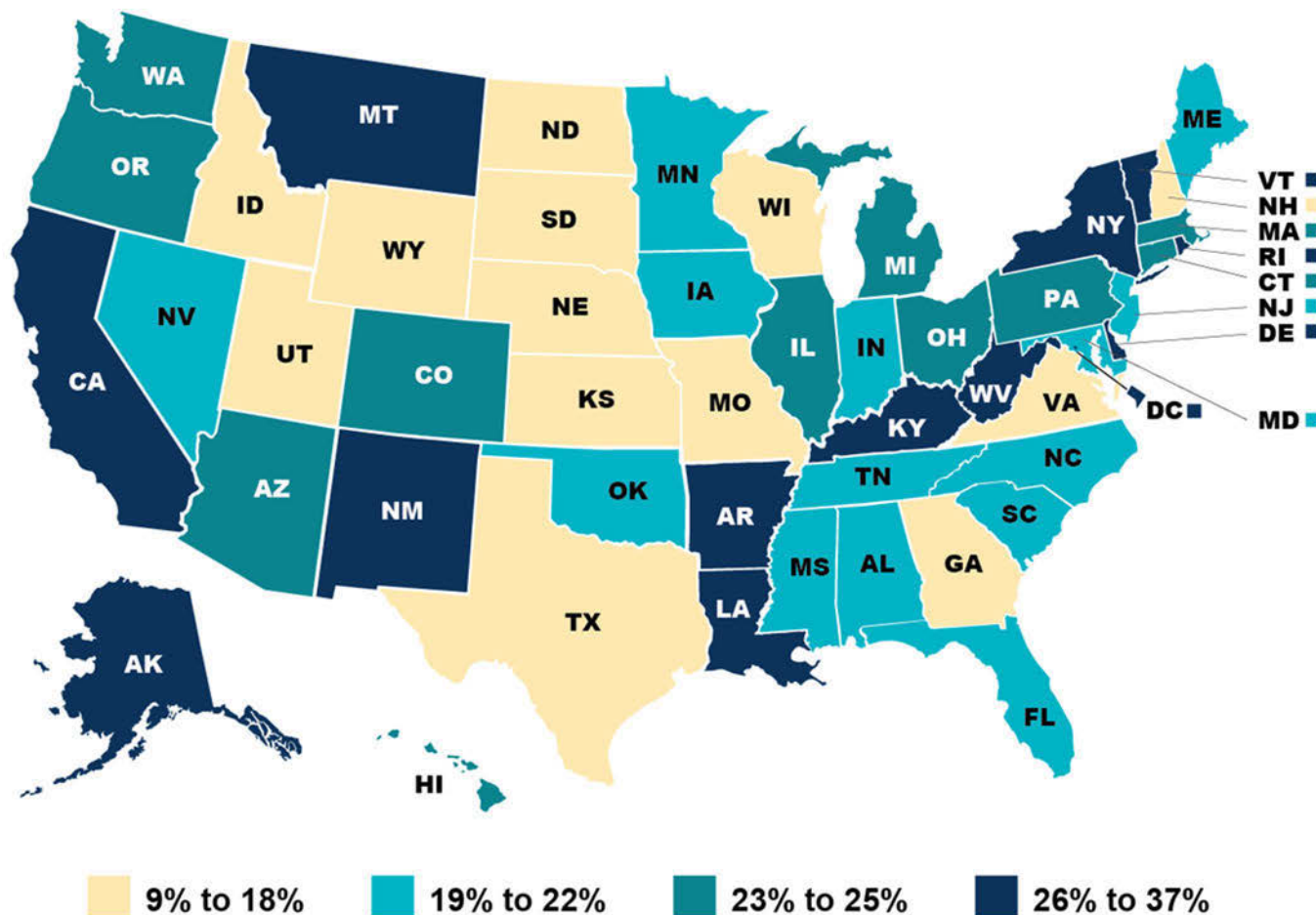
Notes:
Enrollment in Medicaid or CHIP represents individuals who are eligible for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning only benefits, and emergency services due to alien status. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative counts of Medicaid and CHIP enrollment by estimates of each state's resident population.

Sources:
CMS. Updated July 2018 Applications, Eligibility, and Enrollment Data.
Available at:
https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html

U.S. Census Bureau. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico (July 2018 population estimate).
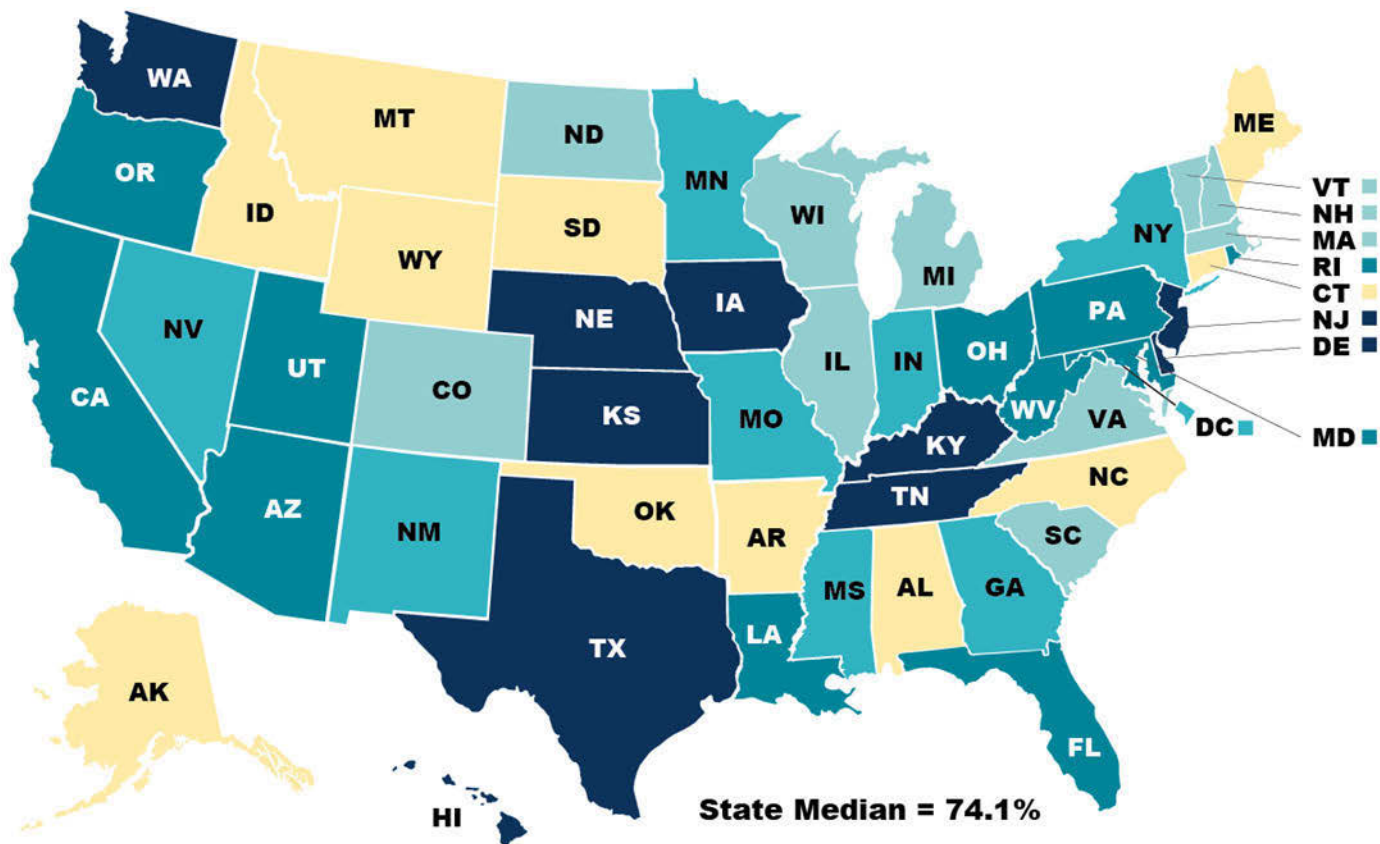**Available at:**
https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html

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

Population: Beneficiaries receiving full Medicaid or CHIP benefits

State Median = 74.1%

Legend:
- <1%
- 10.2% to 68.0%
- 68.1% to 79.8%
- 79.9% to 87.7%
- 87.8% to 99.5%

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

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

Source:
2017 CMS Managed Care Enrollment Report.

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

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BENEFICIARY CHARACTERISTICS

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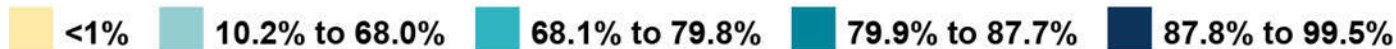
Beneficiary Characteristics

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

This section of the profile shows the demographic characteristics of Medicaid and CHIP beneficiaries by age group and sex. It also shows enrollment, expenditures, and average cost by beneficiary category (children, adults, expansion adults, aged, and persons with disabilities).
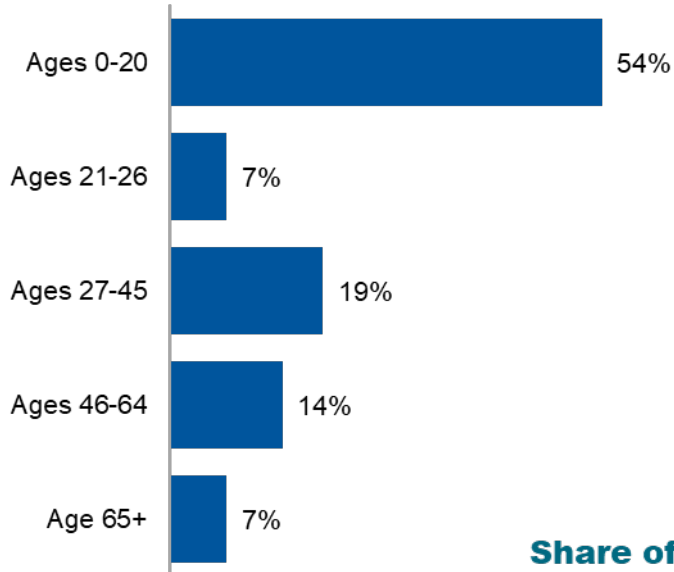
The charts in this section include:
- Demographics of Medicaid and CHIP Beneficiaries
- Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category

Demographics of Medicaid and CHIP Beneficiaries, 2017

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

Share of Beneficiaries by Age Group

- Ages 0-20: 54%
- Ages 21-26: 7%
- Ages 27-45: 19%
- Ages 46-64: 14%
- Age 65+: 7%

Share of Beneficiaries by Sex

- Female 54%
- Male 46%
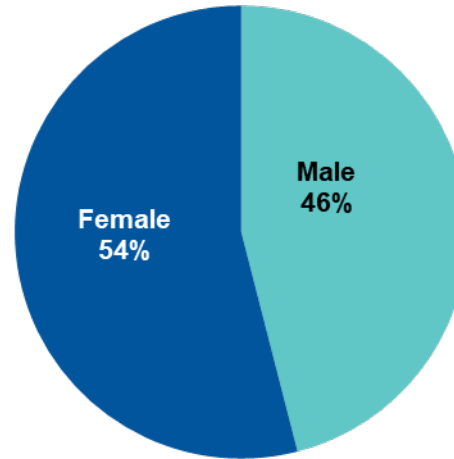
Share of Beneficiaries Institutionalized by Age

- Ages 0-18: <1%
- Ages 19-64: 3%
- Age 65+: 10%
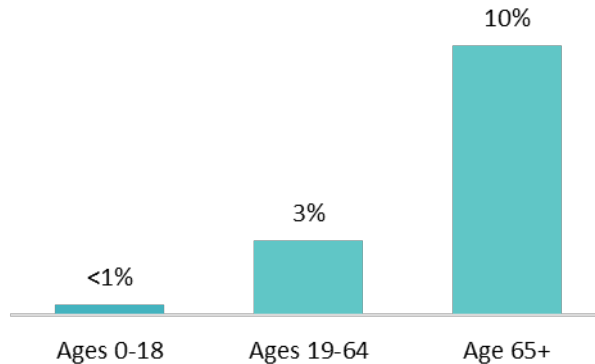
Age Group and Sex:
Note:
Data come from administrative sources and include beneficiaries in both Medicaid and CHIP.
Source:
CMS. Medicaid & CHIP Scorecard. National Context.
Available at:
https://www.medicaid.gov/state-overviews/scorecard/national-context/index.html

Institutionalized:
Notes:
Data come from the American Community Survey and include individuals who self-report coverage through Medicaid, CHIP, or another government health plan. An institution is defined as a correctional facility, nursing home, or mental hospital.
Source:
IPUMS USA, University of Minnesota. American Community Survey 2017 sample.
Available at: www.ipums.org

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

Population: Institutionalized and non-institutionalized Medicaid beneficiaries

Percentage of Total

Enrollment

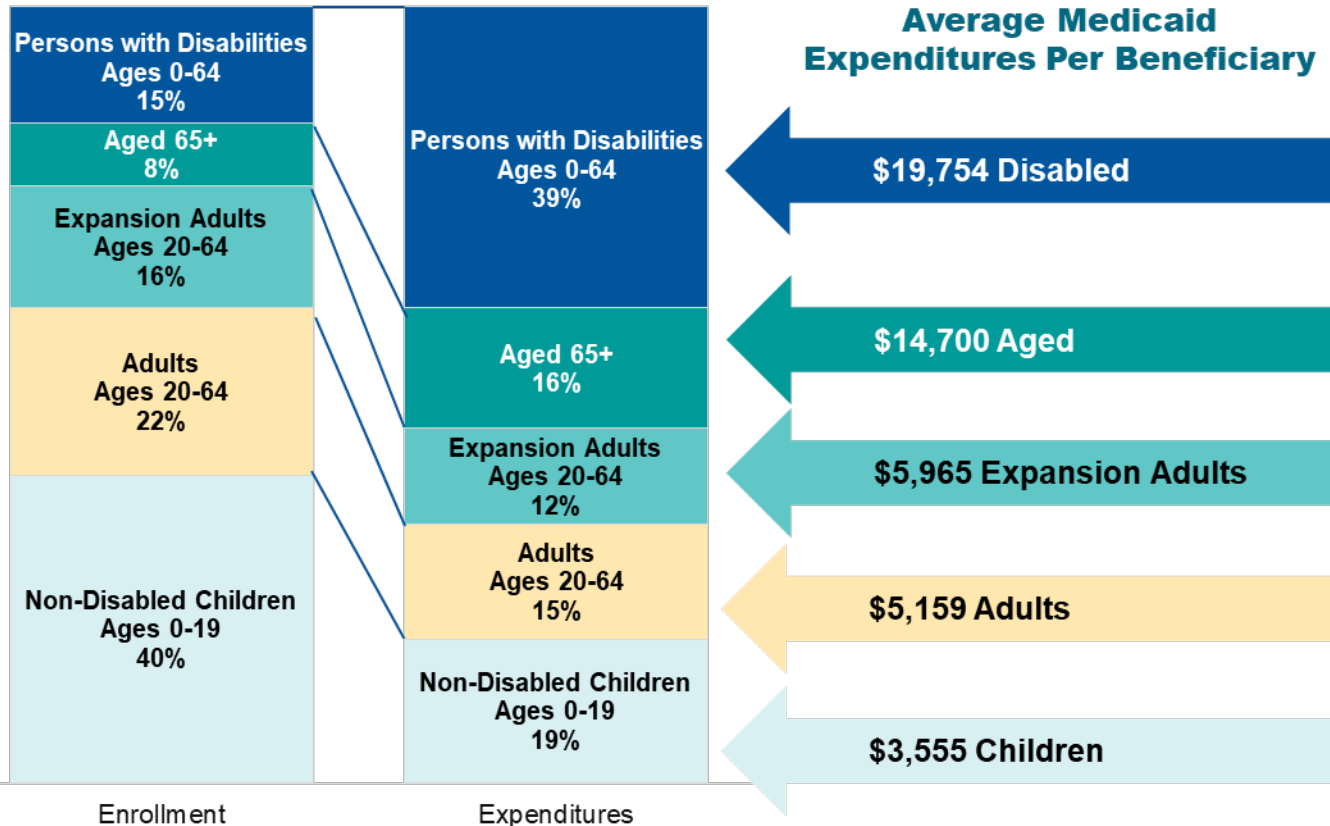| Category	%
Persons with Disabilities Ages 0-64	15%
Aged 65+	8%
Expansion Adults Ages 20-64	16%
Adults Ages 20-64	22%
Non-Disabled Children Ages 0-19	40%

Average Medicaid Expenditures Per Beneficiary

Expenditures

Category	%	Avg Expenditure
Persons with Disabilities Ages 0-64	39%	$19,754 Disabled
Aged 65+	16%	$14,700 Aged
Expansion Adults Ages 20-64	12%	$5,965 Expansion Adults
Adults Ages 20-64	15%	$5,159 Adults
Non-Disabled Children Ages 0-19	19%	$3,555 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. Total may not sum to 100 due to rounding.

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

Source:
2017 CMS Actuarial Report (FFY 2016 data)

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

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BENEFICIARY HEALTH STATUS

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Medicaid and CHIP Beneficiary Health Status

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

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

The charts in this section include:
- Health Conditions and Functional Status of Children Enrolled in Medicaid or CHIP
- Current Health Status and BMI of Children Enrolled in Medicaid or CHIP
- Health Conditions and Functional Status of Nonelderly Adults Enrolled in Medicaid or CHIP
- Current Health Status, BMI, and Smoking Status of Nonelderly Adults Enrolled in Medicaid or CHIP

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

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

Has ever been told he/she has:

Condition	Percent
Asthma	16%
ADHD or ADD	11%
Other developmental delay	5%
Autism	2%
Intellectual disability	1%
Cerebral palsy	<1%

Currently:

Condition	Percent
Has special health care needs	27%
Receives special education or early intervention services	11%
Has impairment limiting ability to crawl, walk, run, or play that is expected to last 12 or more months	3%
Has impairment requiring special equipment	1%
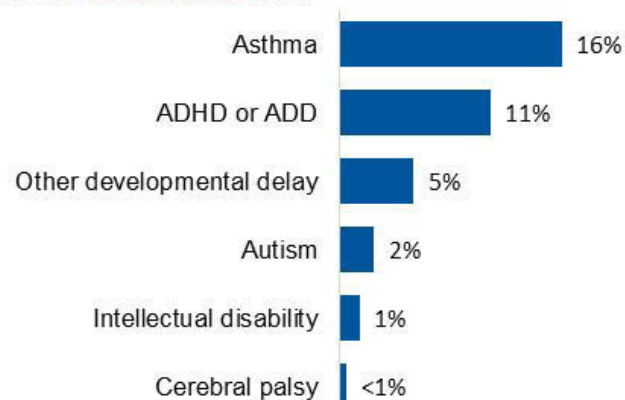
Notes:
Data include all non-institutionalized children under age 19 covered by Medicaid or CHIP, or other state-sponsored health plans. "ADHD or ADD" and "Autism" include children ages 2 to 17. "Other developmental delay," "Intellectual disability," "Cerebral palsy," "Receives special education or early intervention services," "Has impairment limiting ability to crawl, walk, run, or play" include children ages 0 to 17. "Has special health care needs" is defined as a child with at least one diagnosed or parent-reported condition expected to be an ongoing health condition and meets at least one of the criteria related to elevated service use or elevated need, including reported unmet need for care.

Source:
MACPAC analysis of the National Health Interview Survey (2017 data).
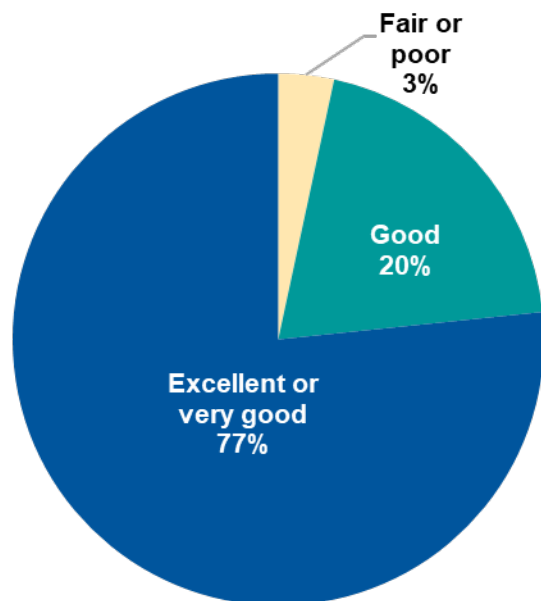
Available at:
https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
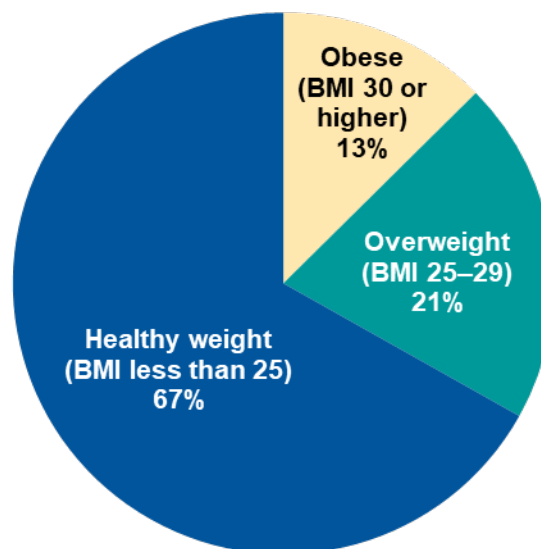
Current Health Status and BMI of Children Enrolled in Medicaid or CHIP, 2017

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

Self-Reported Current Health Status

- Excellent or very good 77%
- Good 20%
- Fair or poor 3%

Self-Reported Body Mass Index (BMI)

- Healthy weight (BMI less than 25) 67%
- Overweight (BMI 25–29) 21%
- Obese (BMI 30 or higher) 13%

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

BMI = Body Mass Index.

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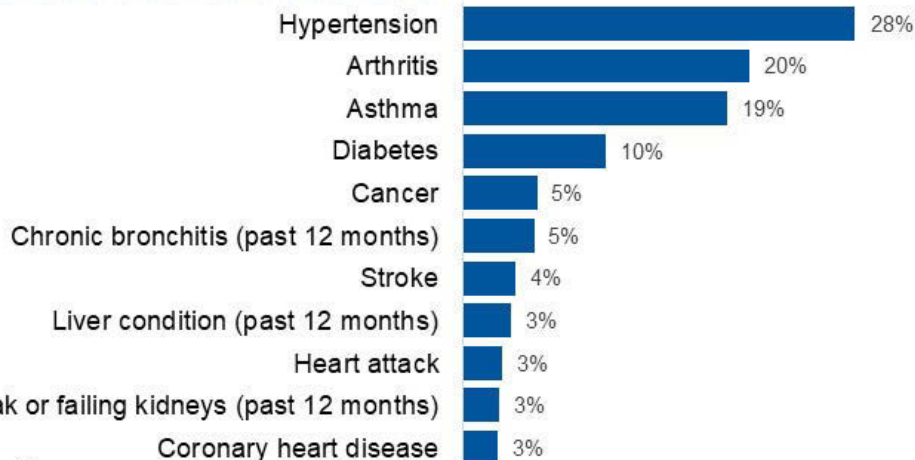MACPAC analysis of the National Health Interview Survey (2017 data).

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

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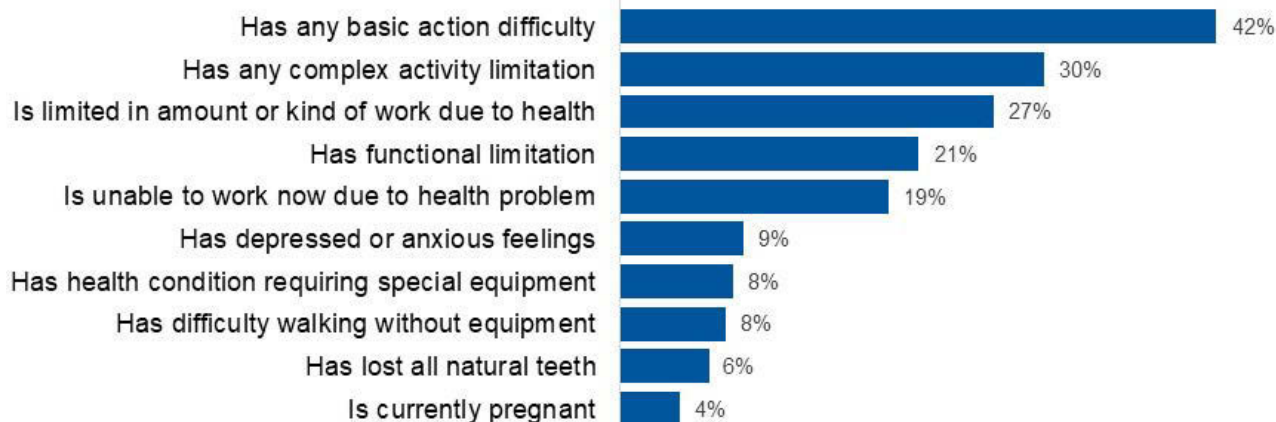Health Care Quality Measures

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

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

Has ever been told he/she has:

Condition	Percent
Hypertension	28%
Arthritis	20%
Asthma	19%
Diabetes	10%
Cancer	5%
Chronic bronchitis (past 12 months)	5%
Stroke	4%
Liver condition (past 12 months)	3%
Heart attack	3%
Weak or failing kidneys (past 12 months)	3%
Coronary heart disease	3%

Currently:

Status	Percent
Has any basic action difficulty	42%
Has any complex activity limitation	30%
Is limited in amount or kind of work due to health	27%
Has functional limitation	21%
Is unable to work now due to health problem	19%
Has depressed or anxious feelings	9%
Has health condition requiring special equipment	8%
Has difficulty walking without equipment	8%
Has lost all natural teeth	6%
Is currently pregnant	4%

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Current Health Status, BMI, and Smoking Status of Nonelderly Adults Enrolled in Medicaid or CHIP, 2017
Population: Non-institutionalized beneficiaries covered by Medicaid, CHIP, or other state-sponsored health plans

Self-Reported Current Health Status

- Fair or poor 23%
- Excellent or very good 43%
- Good 34%

Self-Reported Body Mass Index (BMI)

- Healthy weight (BMI less than 25) 30%
- Obese (BMI 30 or higher) 38%
- Overweight (BMI 25–29) 32%

Self-Reported Smoking Status
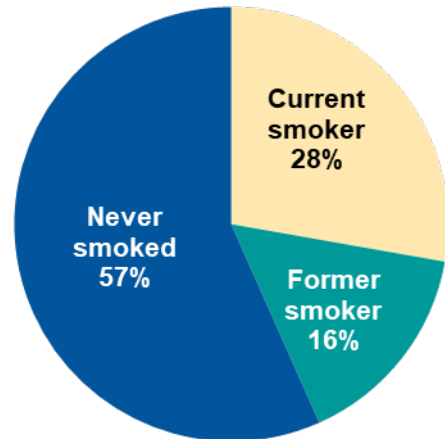
- Current smoker 28%
- Never smoked 57%
- Former smoker 16%

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

BMI = Body Mass Index.

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

Available at:
https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
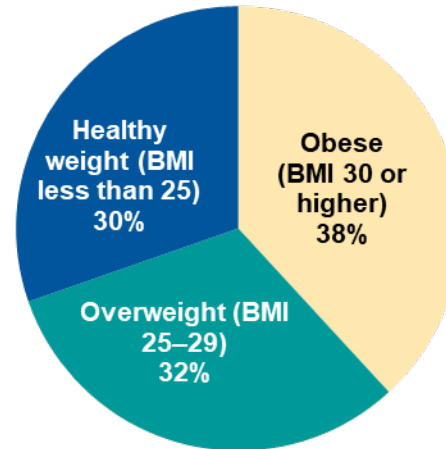
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BENEFICIARY ACCESS AND UTILIZATION

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Beneficiary Access and Utilization

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

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

The charts in this section include:

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

Percentage of Births Covered by Medicaid, by State, 2018

Population: All births

State Median = 40.2%
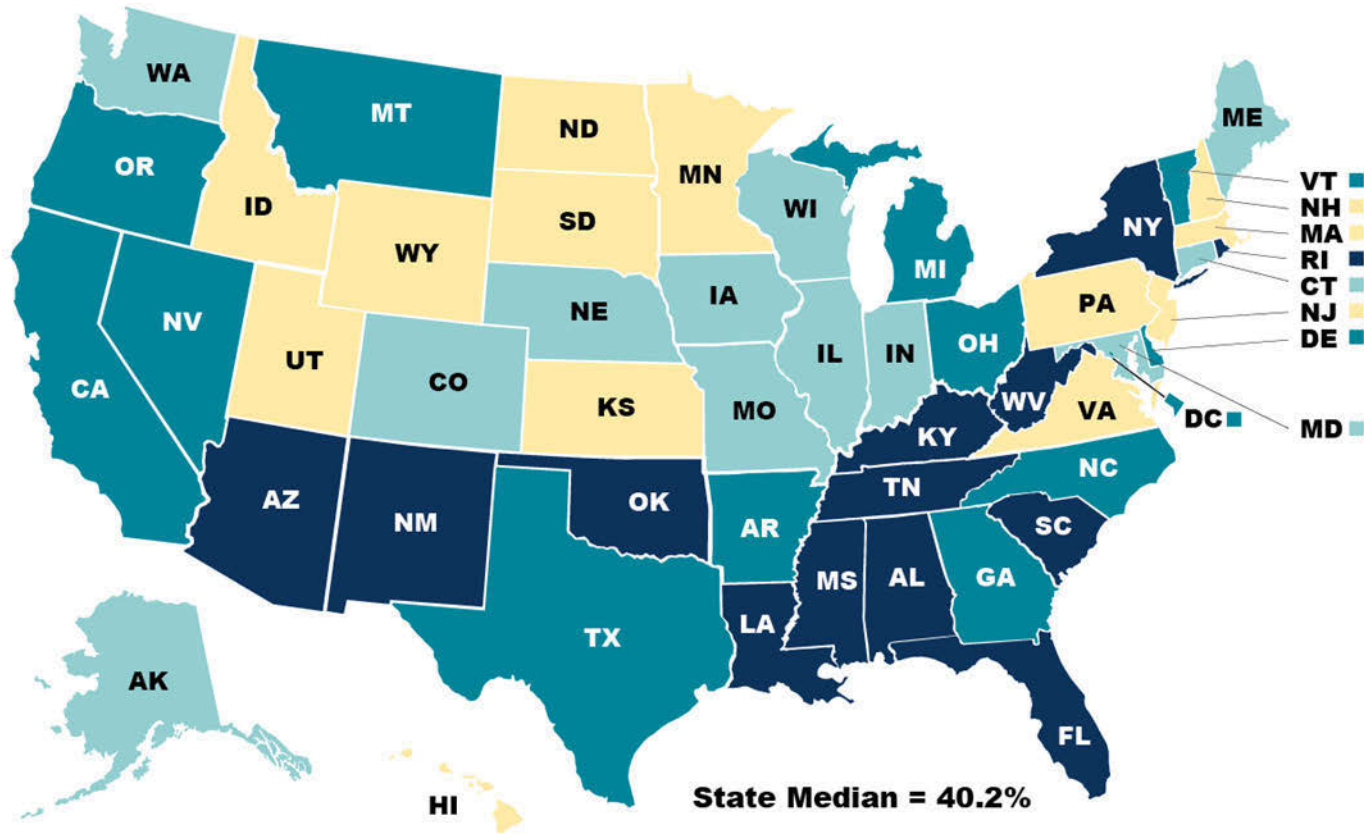
Legend:
- 23.7% to 35.0%
- 35.1% to 40.1%
- 40.2% to 47.0%
- 47.1% to 62.5%

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

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

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

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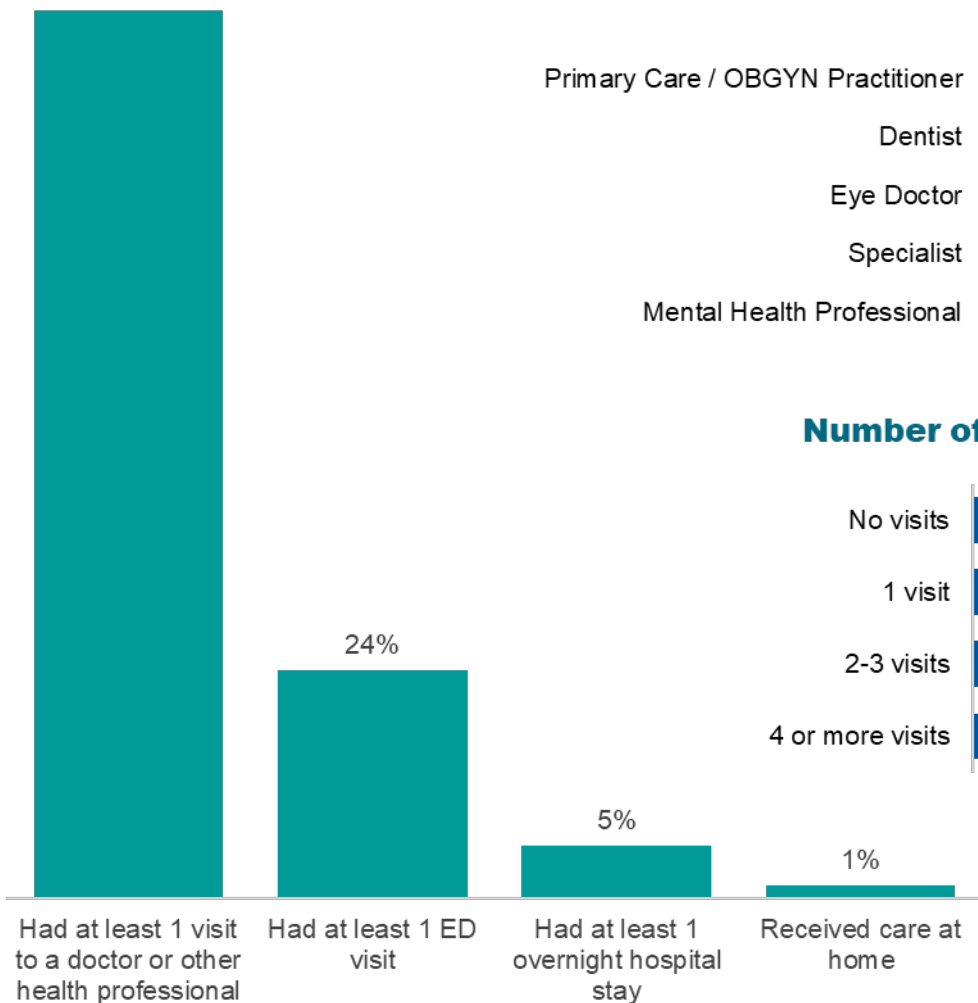Health Care Quality Measures

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

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

Type of Care

- 92% — Had at least 1 visit to a doctor or other health professional
- 24% — Had at least 1 ED visit
- 5% — Had at least 1 overnight hospital stay
- 1% — Received care at home

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

- Primary Care / OBGYN Practitioner — 84%
- Dentist — 79%
- Eye Doctor — 25%
- Specialist — 14%
- Mental Health Professional — 10%

Number of Visits to ED

- No visits — 76%
- 1 visit — 14%
- 2-3 visits — 7%
- 4 or more visits — 3%

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

ED = emergency department; OBGYN = obstetrician/gynecologist.

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

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

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Medicaid & CHIP
Health Care Quality Measures

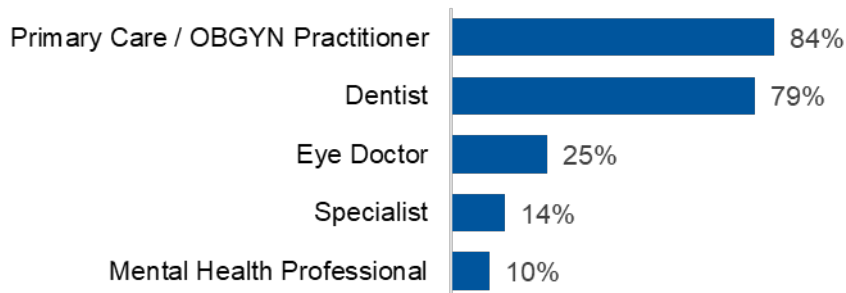# Self-Reported Health Care Utilization Among Adults Covered by Medicaid or CHIP, 2017

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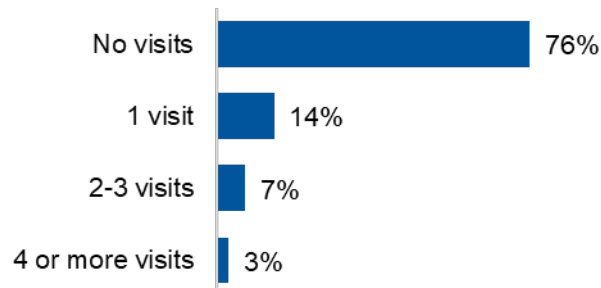
Type of Care

- Had at least 1 visit to a doctor or other health professional: 83%
- Had at least 1 ED visit: 32%
- Had at least 1 overnight hospital stay: 12%
- Received care at home: 3%

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

- Primary Care / OBGYN Practitioner: 76%
- Dentist: 51%
- Eye Doctor: 29%
- Specialist: 23%
- Mental Health Professional: 18%

Number of Visits to ED

- No visits: 68%
- 1 visit: 17%
- 2-3 visits: 10%
- 4 or more visits: 5%

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

ED = emergency department; OBGYN = obstetrician/gynecologist.

Source:
MACPAC analysis of the National Health Interview Survey (2017 data).
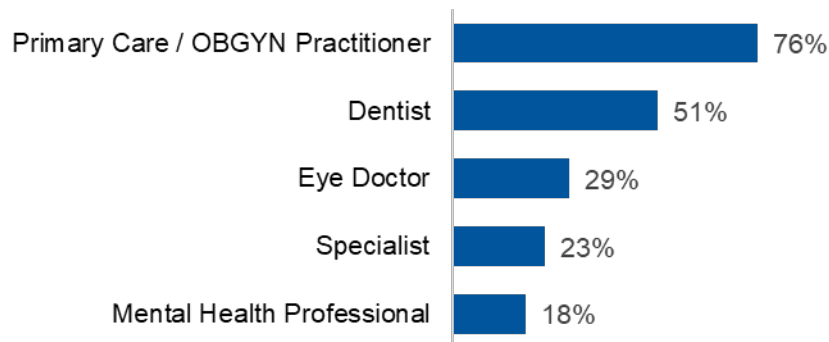
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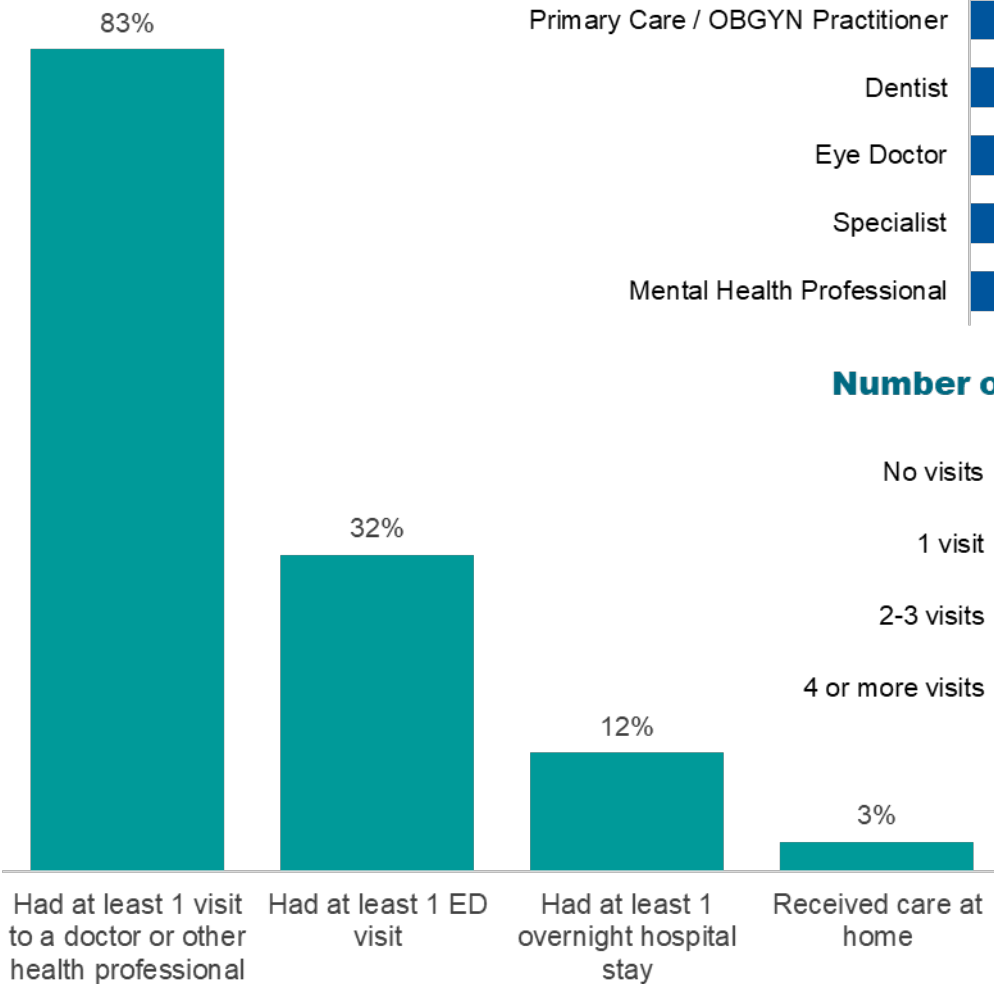
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Medicaid & CHIP
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Percentage of People Under Age 65 with Public Insurance who Reported Receiving Care for Selected Conditions, 2015

Population: Non-institutionalized beneficiaries receiving public insurance

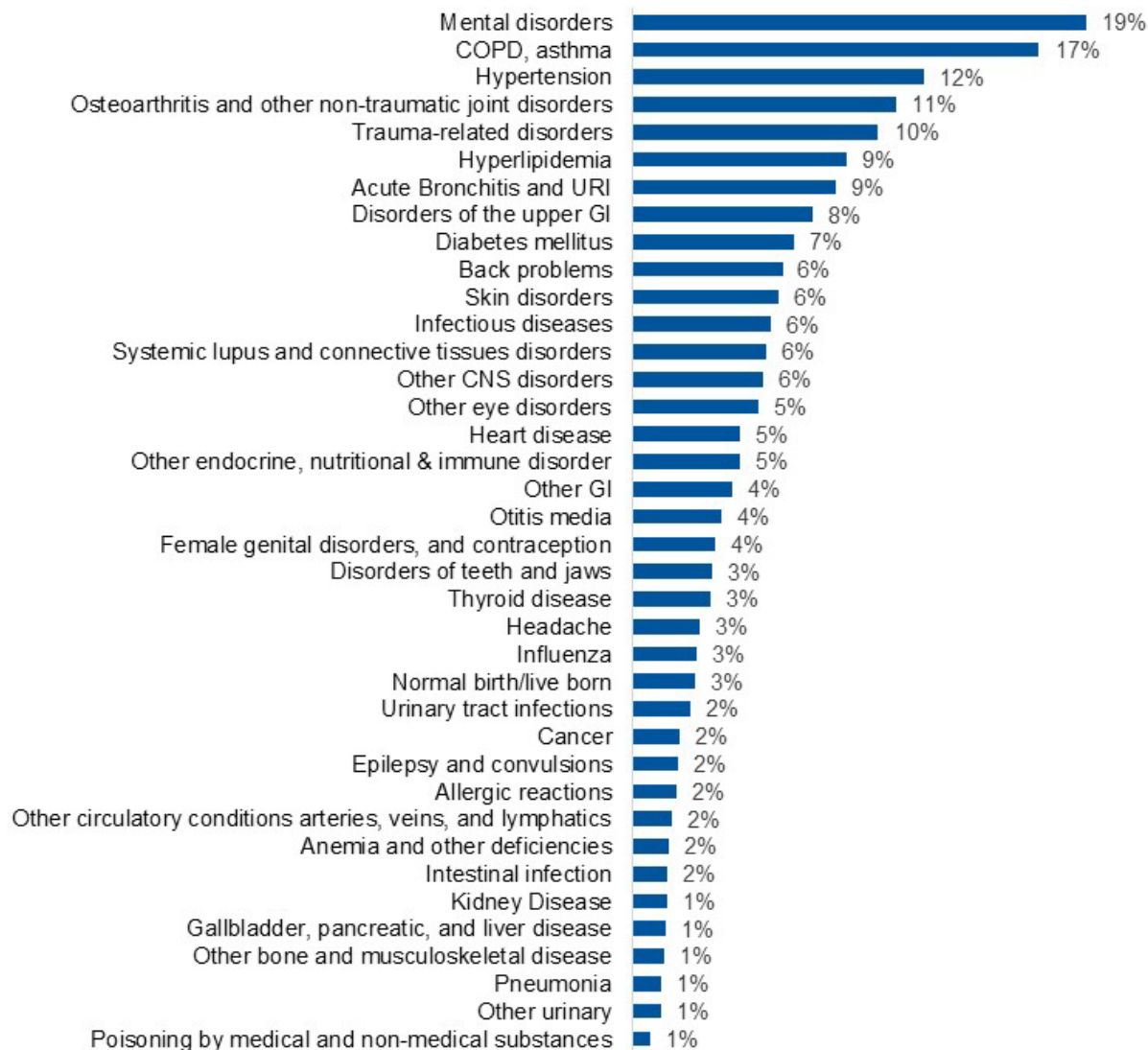| Condition	Percentage
Mental disorders	19%
COPD, asthma	17%
Hypertension	12%
Osteoarthritis and other non-traumatic joint disorders	11%
Trauma-related disorders	10%
Hyperlipidemia	9%
Acute Bronchitis and URI	9%
Disorders of the upper GI	8%
Diabetes mellitus	7%
Back problems	6%
Skin disorders	6%
Infectious diseases	6%
Systemic lupus and connective tissues disorders	6%
Other CNS disorders	6%
Other eye disorders	5%
Heart disease	5%
Other endocrine, nutritional & immune disorder	5%
Other GI	4%
Otitis media	4%
Female genital disorders, and contraception	4%
Disorders of teeth and jaws	3%
Thyroid disease	3%
Headache	3%
Influenza	3%
Normal birth/live born	3%
Urinary tract infections	2%
Cancer	2%
Epilepsy and convulsions	2%
Allergic reactions	2%
Other circulatory conditions arteries, veins, and lymphatics	2%
Anemia and other deficiencies	2%
Intestinal infection	2%
Kidney Disease	1%
Gallbladder, pancreatic, and liver disease	1%
Other bone and musculoskeletal disease	1%
Pneumonia	1%
Other urinary	1%
Poisoning by medical and non-medical substances	1%

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

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

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

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

Centers for Medicare & Medicaid Services
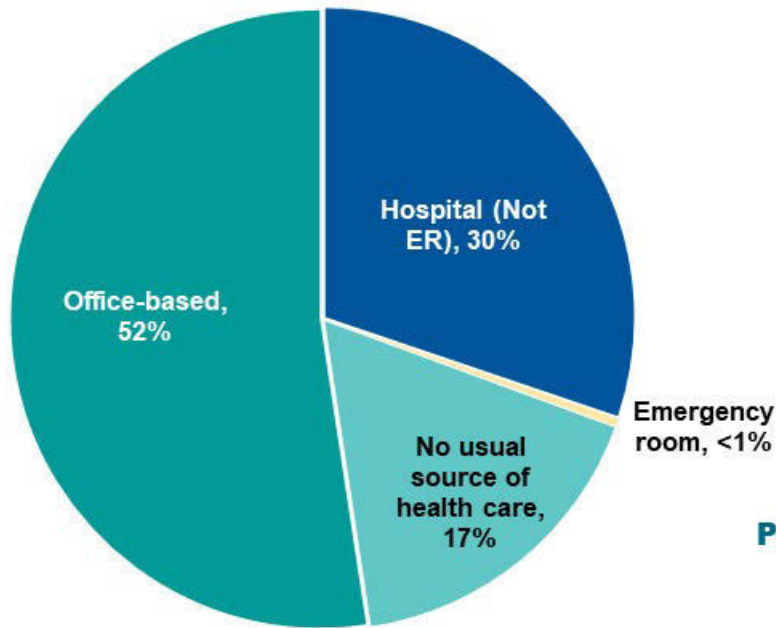**Medicaid & CHIP**
Health Care Quality Measures

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

Population: Non-institutionalized beneficiaries receiving public insurance

Usual Source of Care

- Office-based, 52%
- Hospital (Not ER), 30%
- No usual source of health care, 17%
- Emergency room, <1%

Percentage Reporting Difficulty Receiving Needed Care
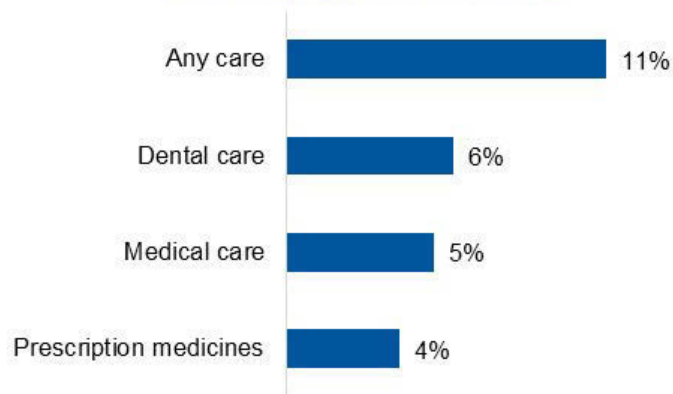
- Any care: 11%
- Dental care: 6%
- Medical care: 5%
- Prescription medicines: 4%

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

ER = emergency room.

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

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

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

BENEFICIARY EXPENDITURES
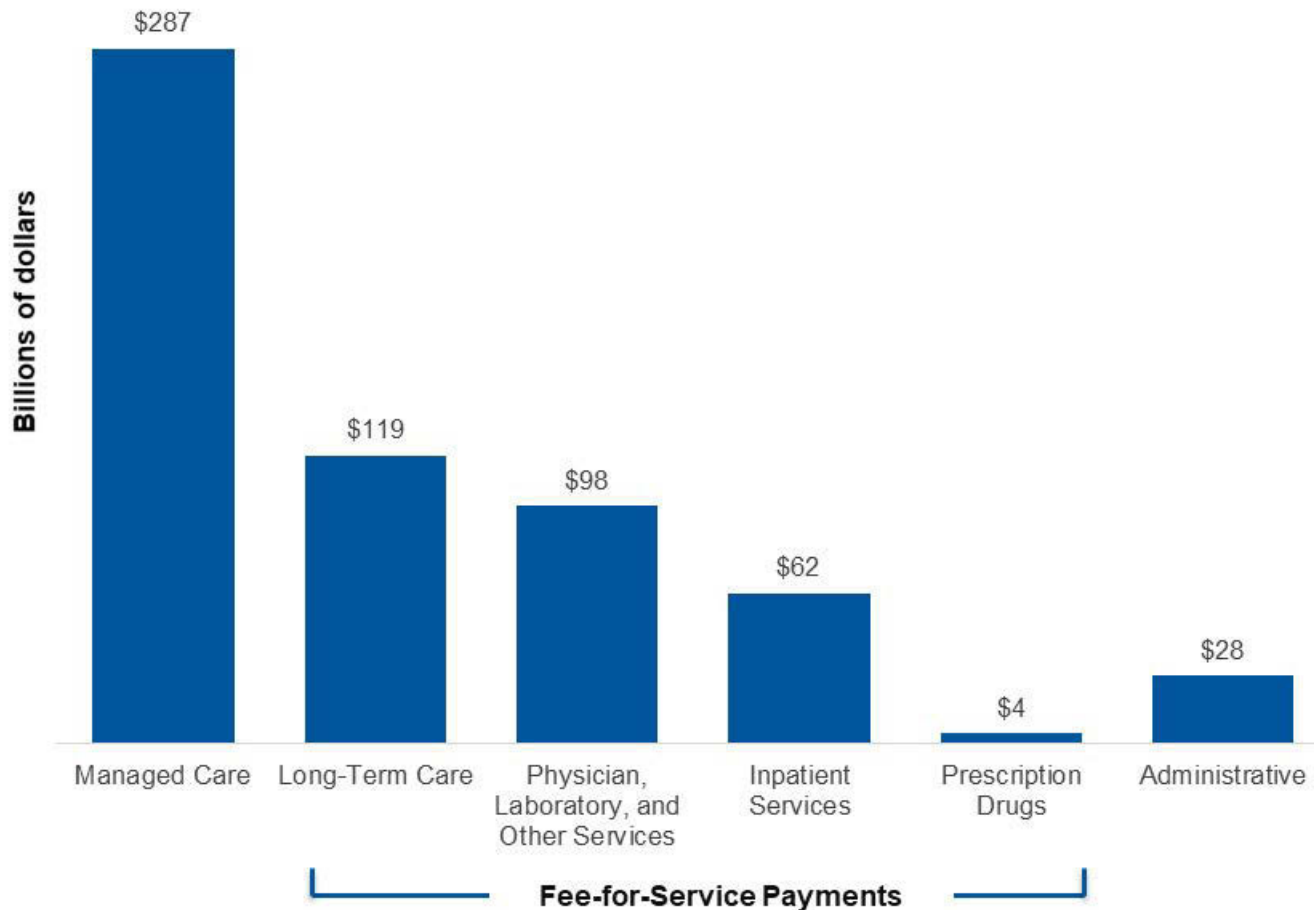
Beneficiary Expenditures

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

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

The charts in this section include:

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

Annual Medicaid and CHIP Expenditures by Service Category, 2017

Billions of dollars

Category	Amount
Managed Care	$287
Long-Term Care	$119
Physician, Laboratory, and Other Services	$98
Inpatient Services	$62
Prescription Drugs	$4
Administrative	$28

Fee-for-Service Payments

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

Source:
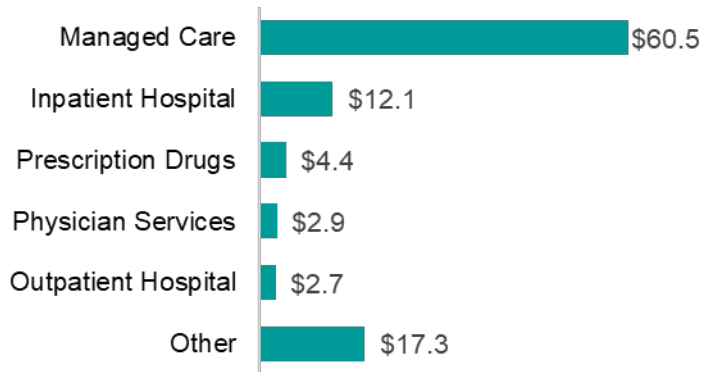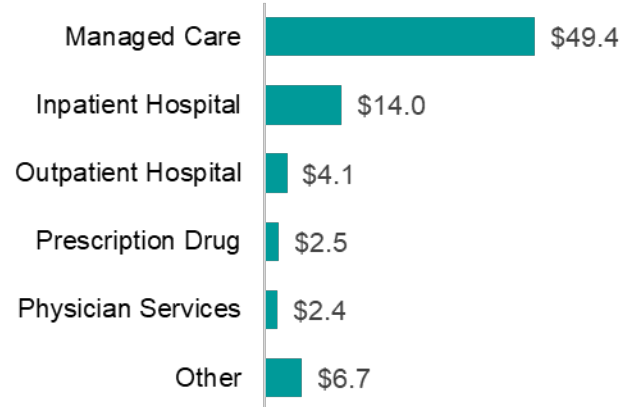CMS. Medicaid & CHIP Scorecard. National Context.

Available at:
https://www.medicaid.gov/state-overviews/scorecard/national-context/index.html

Annual Medicaid Expenditures by Service Category and Beneficiary Category, 2016

Children
(in billions)

Service Category	Amount
Managed Care	$60.5
Inpatient Hospital	$12.1
Prescription Drugs	$4.4
Physician Services	$2.9
Outpatient Hospital	$2.7
Other	$17.3

Adults
(in billions)

Service Category	Amount
Managed Care	$49.4
Inpatient Hospital	$14.0
Outpatient Hospital	$4.1
Prescription Drug	$2.5
Physician Services	$2.4
Other	$6.7

Persons with Disabilities
(in billions)

Service Category	Amount
Managed Care	$62.4
HCBS Waivers	$42.5
Inpatient Hospital	$21.9
Prescription Drugs	$12.3
Nursing Facility	$10.5
Other	$58.9
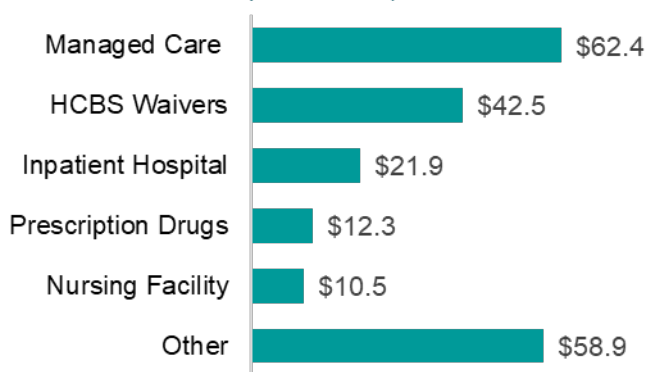
Age 65 and Older
(in billions)

Service Category	Amount
Nursing Facility	$32.9
Managed Care	$16.5
HCBS Waivers	$7.3
Part B Premiums	$6.3
Inpatient Hospital	$3.5
Personal Care	$2.1
Other	$15.0
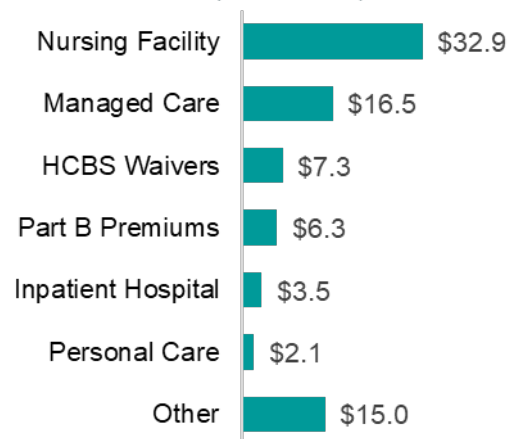
Notes:
This chart shows the highest Medicaid expenditure categories for each population as reported in the CMS Actuarial Report. "Other" includes the remaining categories not broken out in the CMS Actuarial Report. Prescription drug expenditures do not include Medicaid prescription drug rebates. Children include ages 0–19 (not disabled). Adults include ages 20–64 (not disabled). Persons with disabilities include ages 0–64.

HCBS = Home and Community Based Services.

Source:
2017 CMS Actuarial Report (FFY 2016 data)

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

Medicaid & CHIP
Centers for Medicare & Medicaid Services
Health Care Quality Measures

BENEFICIARY EXPERIENCE

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Beneficiary Experience

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

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

The charts in this section include:

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

Percentage Distribution of Survey Respondents By State, 2019

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

Source:
Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.
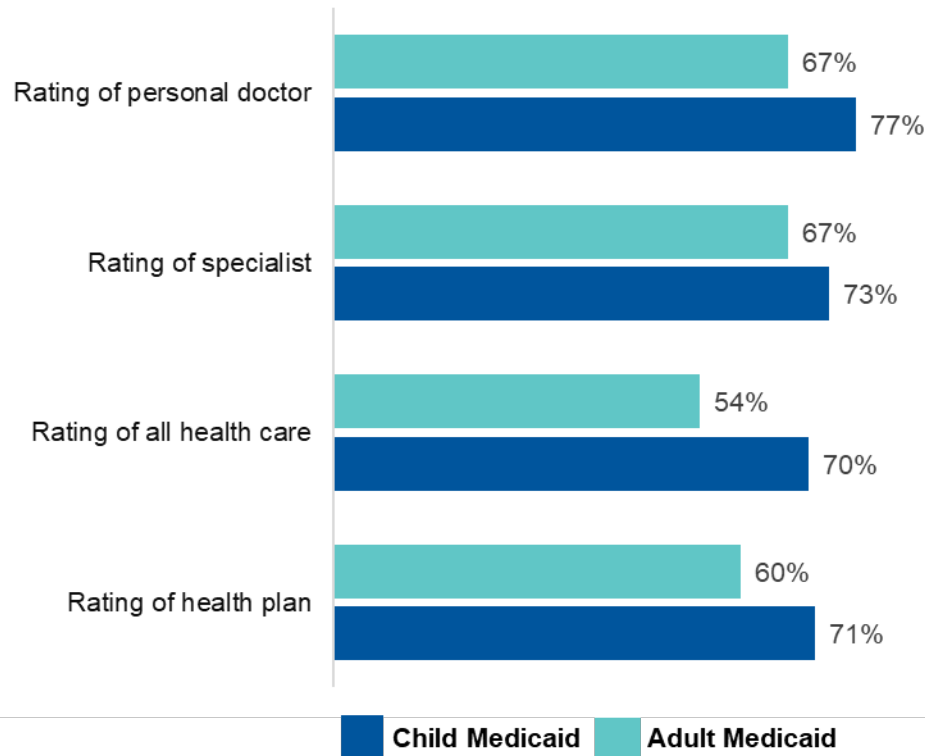
Available at:
https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf

Overall Ratings: Percentage of Survey Respondents Selecting a Rating of 9 or 10 out of 10, 2019
Population: Beneficiaries enrolled in Medicaid at the time of the survey

Rating of personal doctor
- Adult Medicaid: 67%
- Child Medicaid: 77%

Rating of specialist
- Adult Medicaid: 67%
- Child Medicaid: 73%

Rating of all health care
- Adult Medicaid: 54%
- Child Medicaid: 70%

Rating of health plan
- Adult Medicaid: 60%
- Child Medicaid: 71%

Legend: ■ Child Medicaid ■ Adult Medicaid

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

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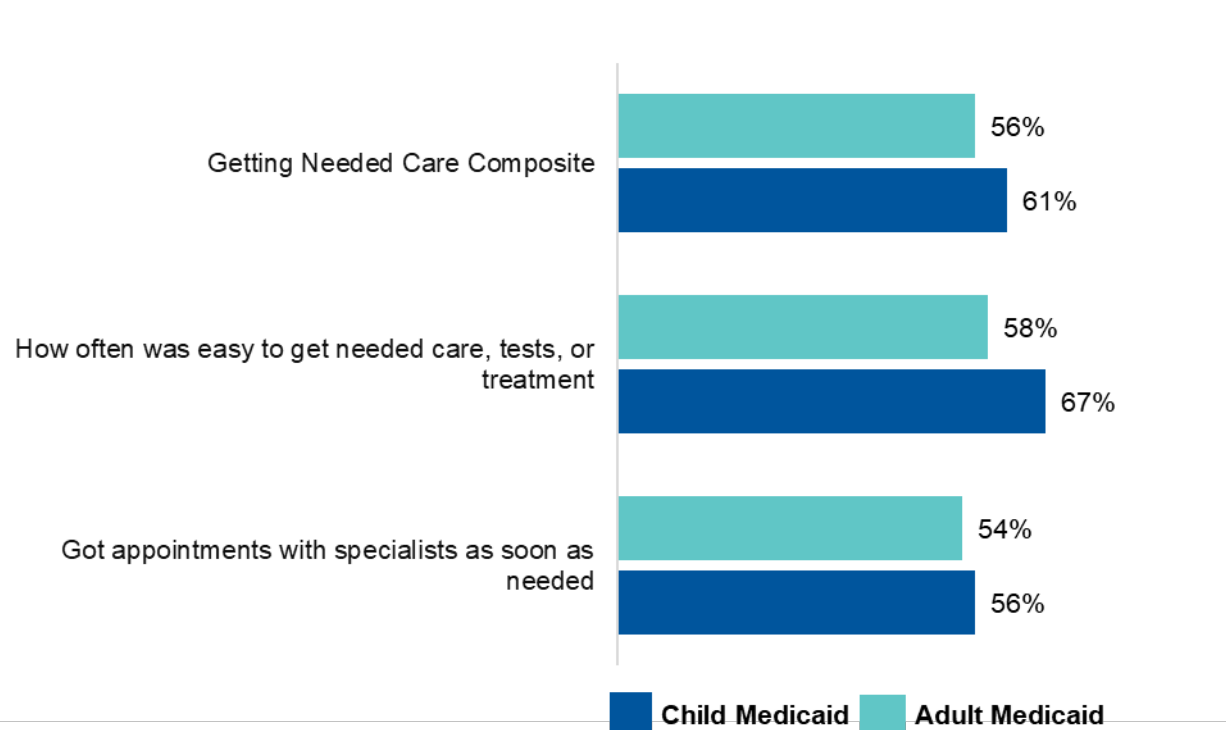Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf

Getting Needed Care: Percentage of Survey Respondents Selecting 'Always', 2019
Population: Beneficiaries enrolled in Medicaid at the time of the survey

Getting Needed Care Composite
- Adult Medicaid: 56%
- Child Medicaid: 61%

How often was easy to get needed care, tests, or treatment
- Adult Medicaid: 58%
- Child Medicaid: 67%

Got appointments with specialists as soon as needed
- Adult Medicaid: 54%
- Child Medicaid: 56%

Child Medicaid   Adult Medicaid

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

Source:
Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.
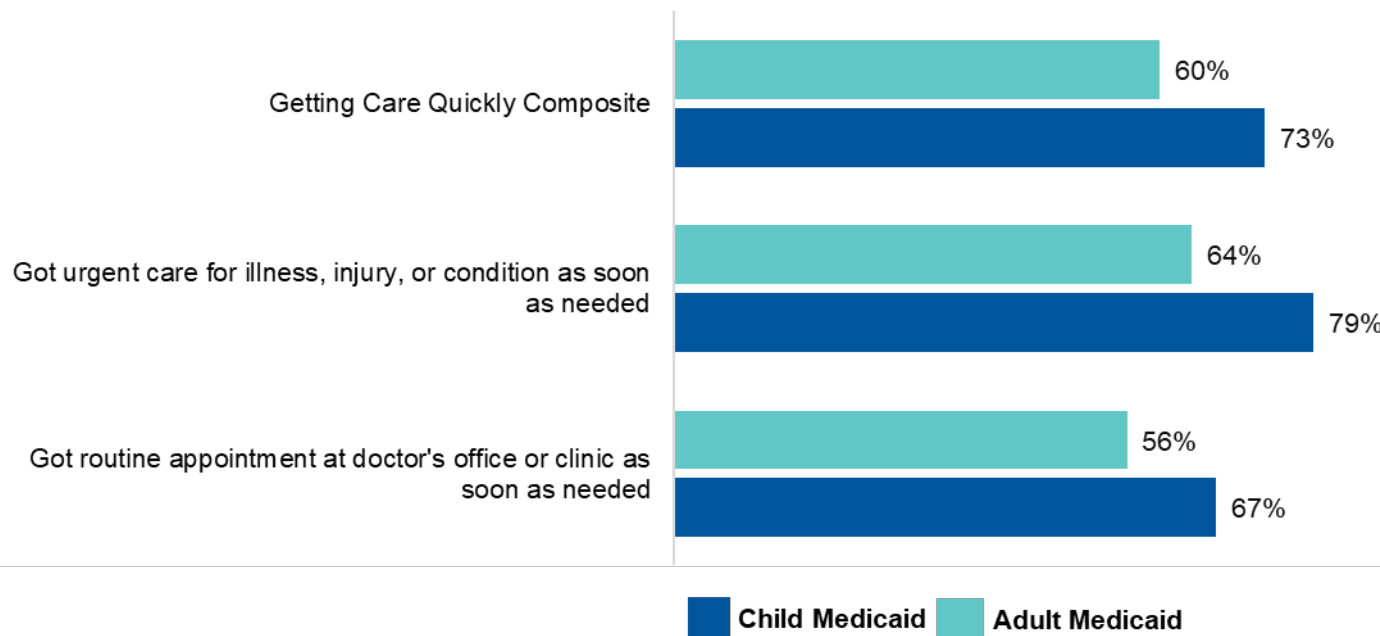
Available at:
https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf

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Medicaid & CHIP
Health Care Quality Measures

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

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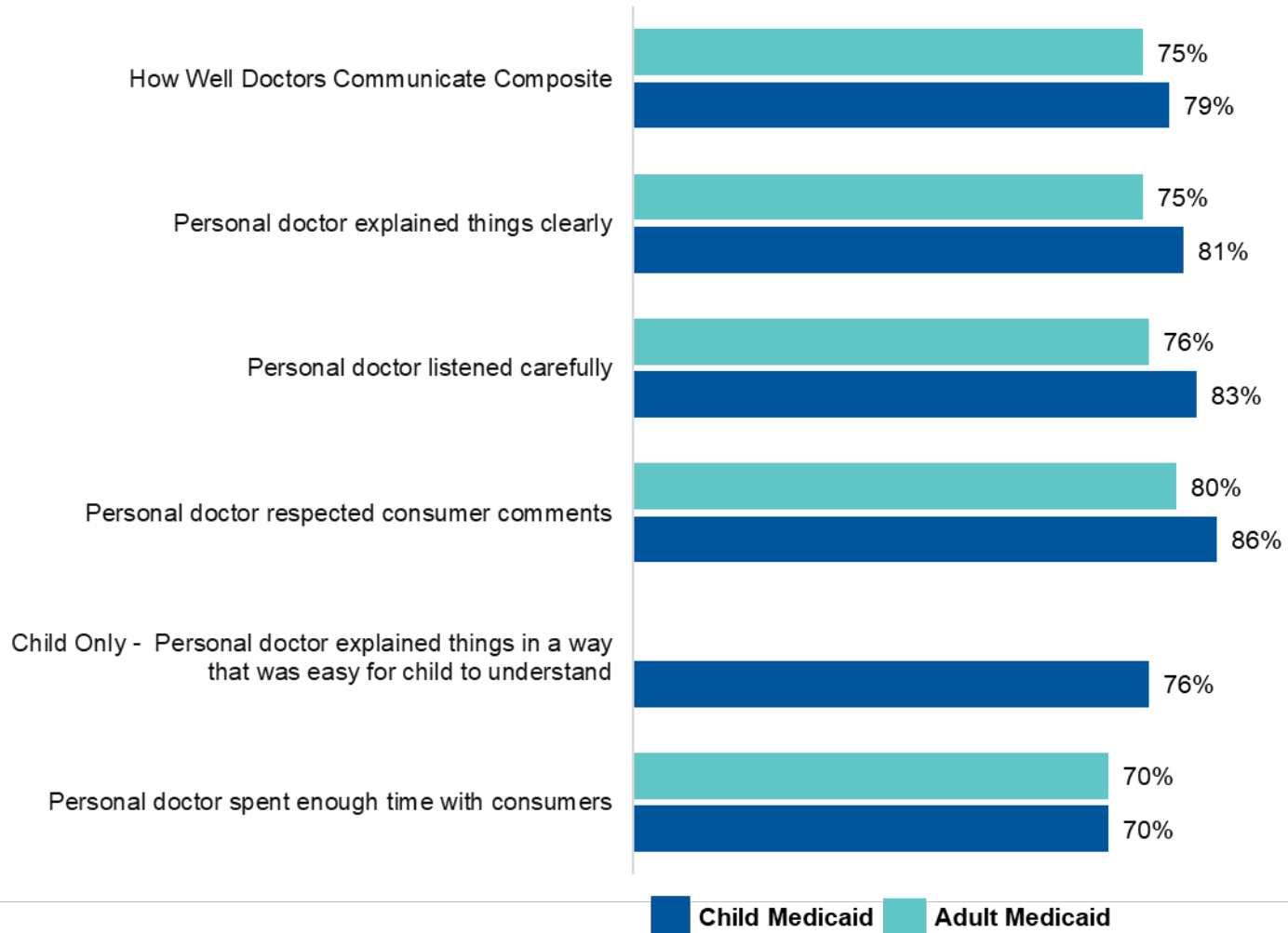Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf

How Well Doctors Communicate: Percentage of Survey Respondents Selecting 'Always', 2019
Population: Beneficiaries enrolled in Medicaid at the time of the survey

How Well Doctors Communicate Composite
- Adult Medicaid: 75%
- Child Medicaid: 79%

Personal doctor explained things clearly
- Adult Medicaid: 75%
- Child Medicaid: 81%

Personal doctor listened carefully
- Adult Medicaid: 76%
- Child Medicaid: 83%

Personal doctor respected consumer comments
- Adult Medicaid: 80%
- Child Medicaid: 86%

Child Only - Personal doctor explained things in a way that was easy for child to understand
- Child Medicaid: 76%

Personal doctor spent enough time with consumers
- Adult Medicaid: 70%
- Child Medicaid: 70%

Legend: ■ Child Medicaid ■ Adult Medicaid

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

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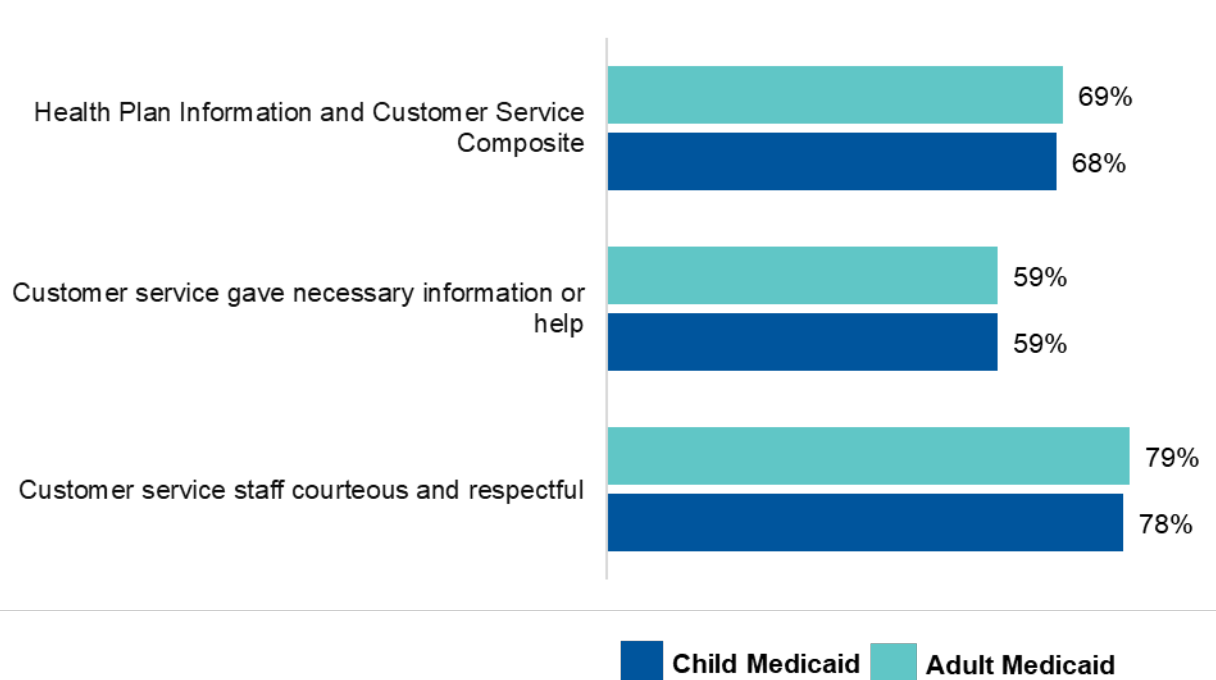Agency for Healthcare Research and Quality, CAHPS Health Plan Survey Database 2019 Chartbook.

Available at:
https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

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

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

Chart data:

Measure	Child Medicaid	Adult Medicaid
Health Plan Information and Customer Service Composite	68%	69%
Customer service gave necessary information or help	59%	59%
Customer service staff courteous and respectful	78%	79%

Legend: ■ Child Medicaid ■ Adult Medicaid

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SPECIAL POPULATION: PEOPLE DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID

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People Dually Eligible for Medicare and Medicaid: Overview

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

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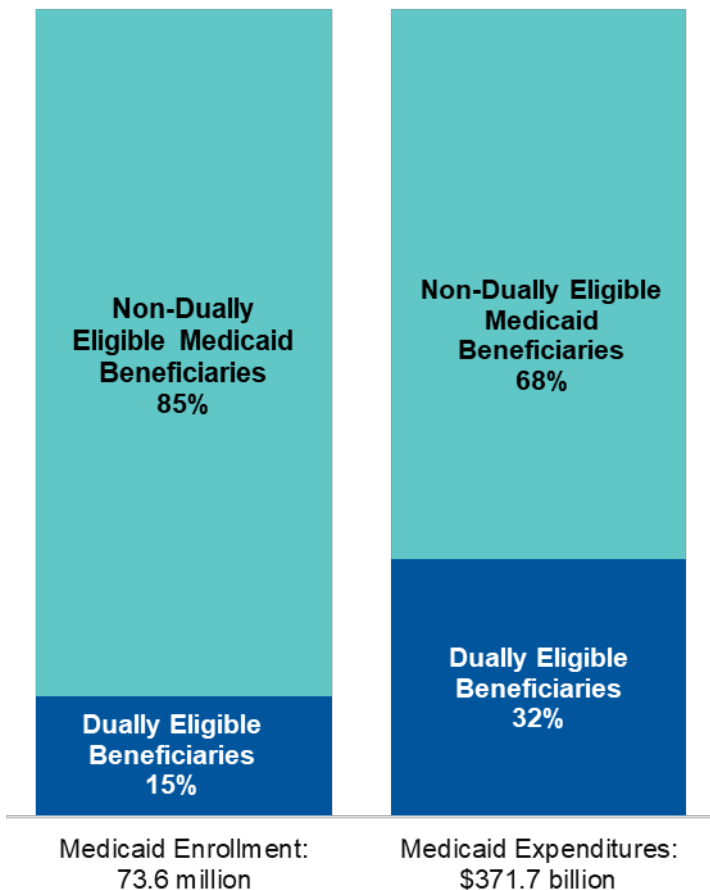
The charts in this section include:

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

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

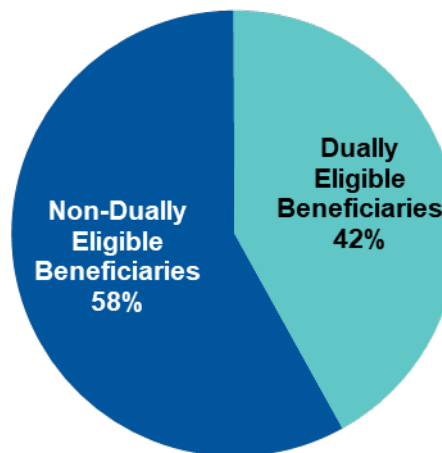**Population: Institutionalized and non-institutionalized beneficiaries**

Enrollment and Expenditures By Dual Eligible Status

Medicaid Enrollment:
- Non-Dually Eligible Medicaid Beneficiaries 85%
- Dually Eligible Beneficiaries 15%

73.6 million

Medicaid Expenditures:
- Non-Dually Eligible Medicaid Beneficiaries 68%
- Dually Eligible Beneficiaries 32%

$371.7 billion

Share of All Aged Medicaid Beneficiaries

- Non-Dually Eligible Beneficiaries 8%
- Dually Eligible Beneficiaries 92%
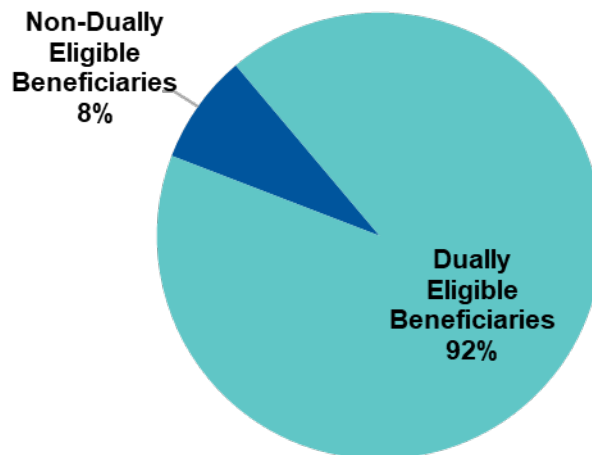
Share of All Disabled Medicaid Beneficiaries

- Non-Dually Eligible Beneficiaries 58%
- Dually Eligible Beneficiaries 42%

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Health Care Quality Measures

Share of Dually Eligible Beneficiaries by Type of Full and Partial Medicaid Benefits, 2013
Population: Institutionalized and non-institutionalized beneficiaries
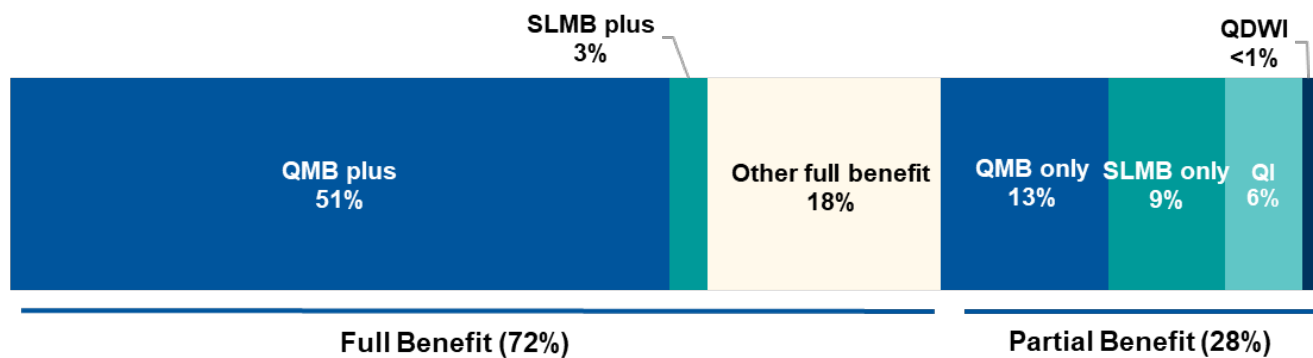
Notes:
Exhibit includes all dually eligible beneficiaries (fee-for-service, managed care, and end-stage renal disease). Total may not sum to 100 due to rounding.

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

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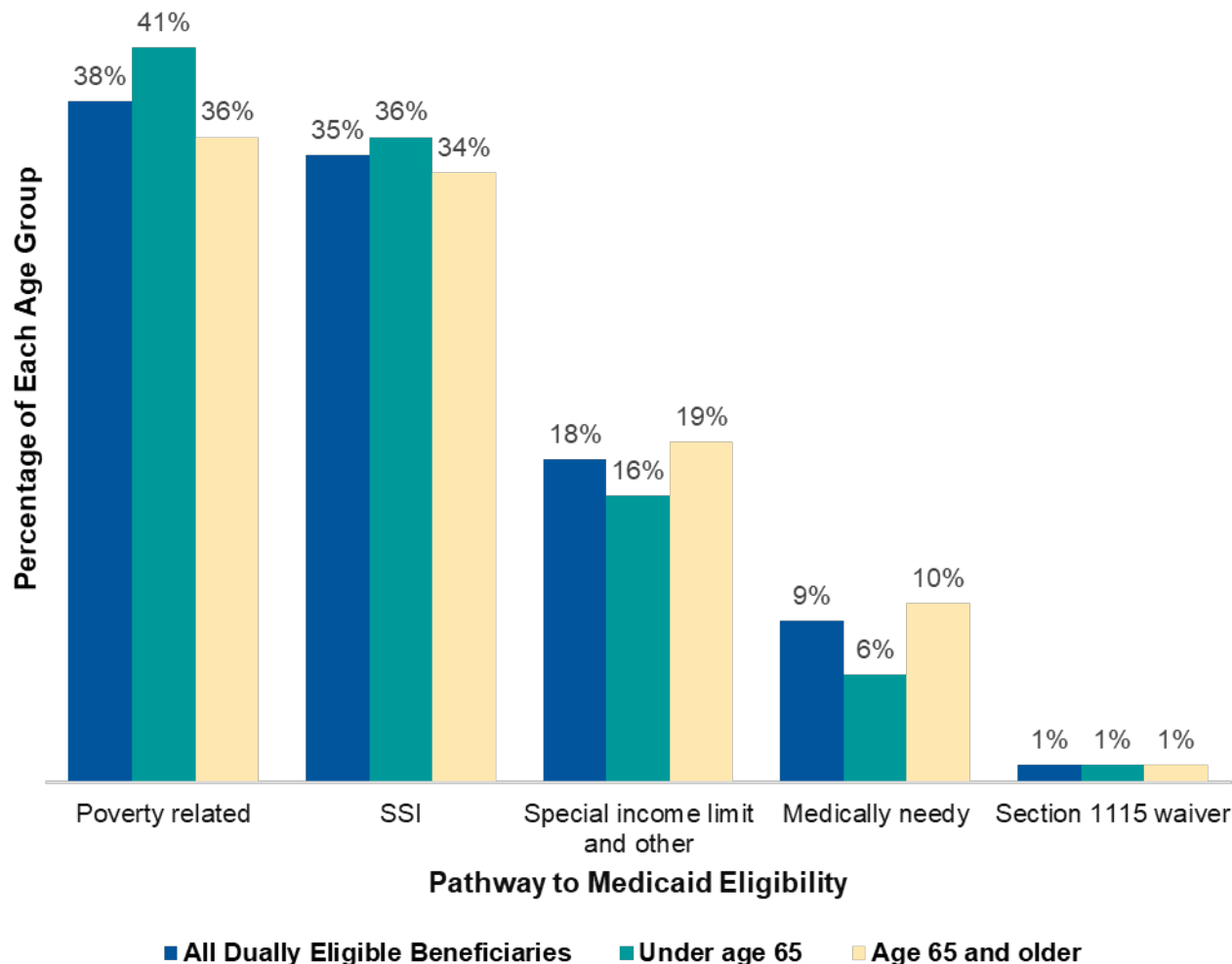MEDPAC/MACPAC analysis of CY 2013 CMS administrative data.

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

Pathway to Medicaid Eligibility for Dually Eligible Beneficiaries by Age Group, 2013
Population: Institutionalized and non-institutionalized dually eligible beneficiaries

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

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

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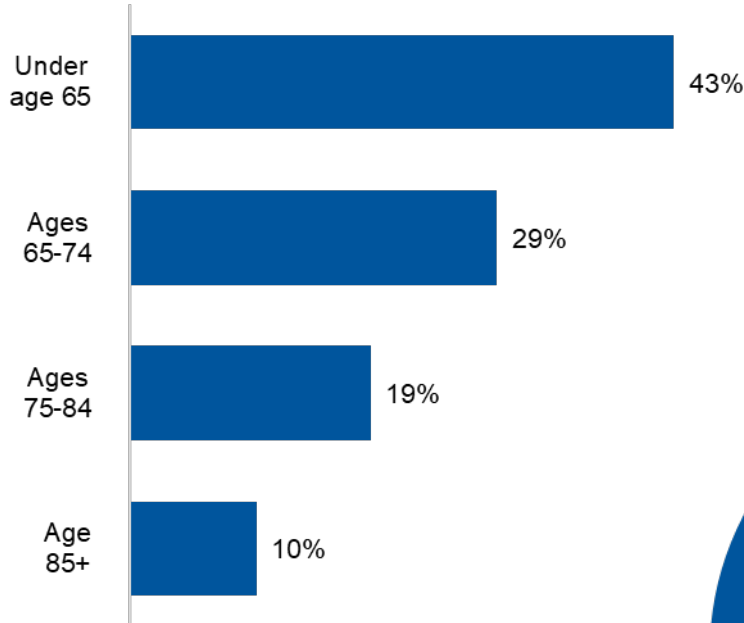
Available at:
http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_dualsdatabook_sec.pdf?sfvrsn=0

Demographic Characteristics of Dually Eligible Beneficiaries, 2016

Population: Institutionalized and non-institutionalized dually eligible beneficiaries

Share of Dually Eligible Beneficiaries by Age

Age group	Share
Under age 65	43%
Ages 65-74	29%
Ages 75-84	19%
Age 85+	10%

Share of Dually Eligible Beneficiaries by Sex

- Female 61%
- Male 39%

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

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

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

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Health Conditions and Current Health Status of Dually Eligible Beneficiaries
Population: Institutionalized and non-institutionalized dually eligible beneficiaries

Selected Health Conditions Reported by Dually Eligible Beneficiaries, 2013

Hypertension
- Under age 65: 39%
- Age 65 and older: 65%

Depression
- Under age 65: 33%
- Age 65 and older: 22%

Anxiety disorders
- Under age 65: 24%
- Age 65 and older: 15%

Diabetes
- Under age 65: 23%
- Age 65 and older: 35%

Bipolar disorder
- Under age 65: 15%
- Age 65 and older: 3%

Ischemic heart disease
- Under age 65: 14%
- Age 65 and older: 33%

Schizophrenia and other psychotic disorders
- Under age 65: 13%
- Age 65 and older: 7%

Heart failure
- Under age 65: 8%
- Age 65 and older: 22%

Intellectual disabilities
- Under age 65: 8%
- Age 65 and older: 1%

Alzheimers
- Under age 65: 4%
- Age 65 and older: 23%

Legend:
- ■ Under age 65
- ■ Age 65 and older

Self-Reported Current Health Status, 2016

- Excellent/Very good 21%
- Good/Fair 63%
- Poor 16%

Selected Health Conditions
Note:
Exhibit includes fee-for-service dually eligible beneficiaries and excludes beneficiaries enrolled in Medicare Advantage plans and beneficiaries with end-stage renal disease.
Source:
MEDPAC/MACPAC analysis of CY 2013 CMS administrative data.
Available at:
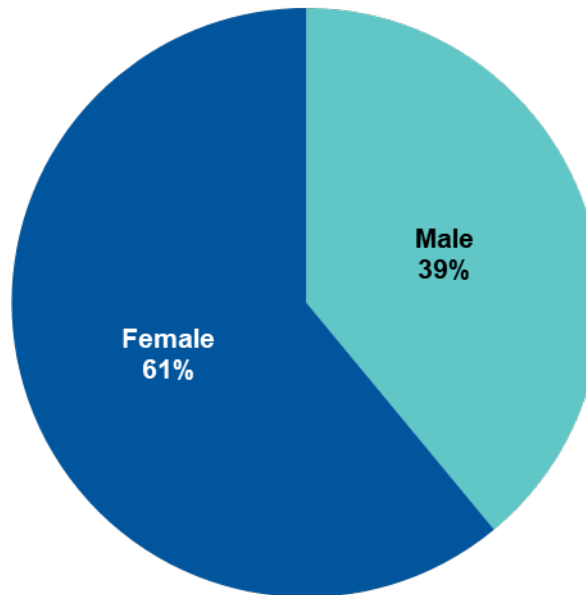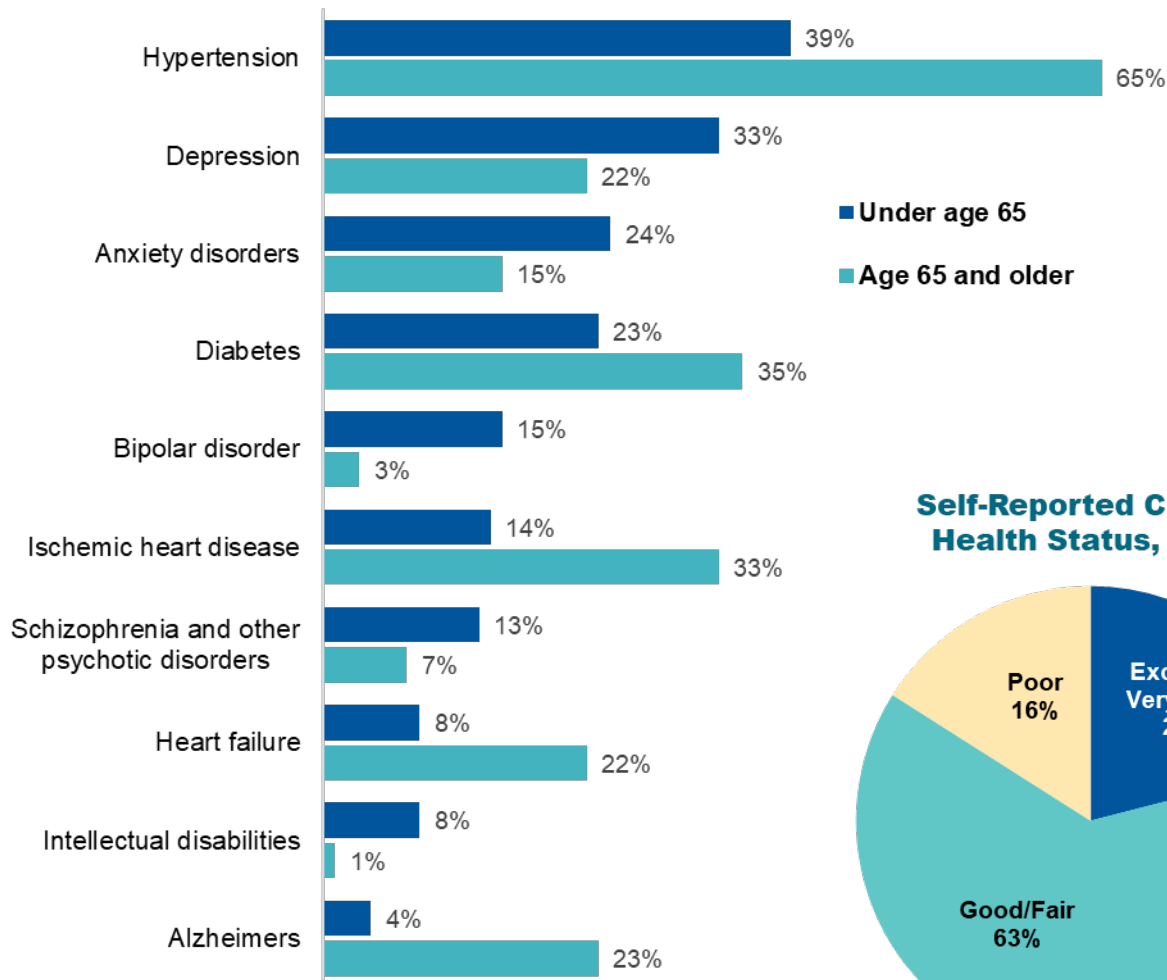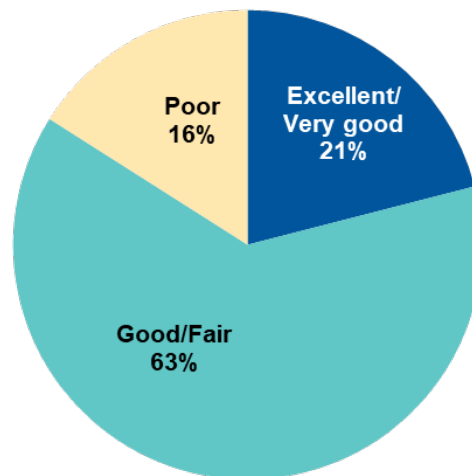http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_dualsdatabook_sec.pdf?sfvrsn=0

Current Health Status
Note:
The Medicare Current Beneficiary Survey covers a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries.
Source:
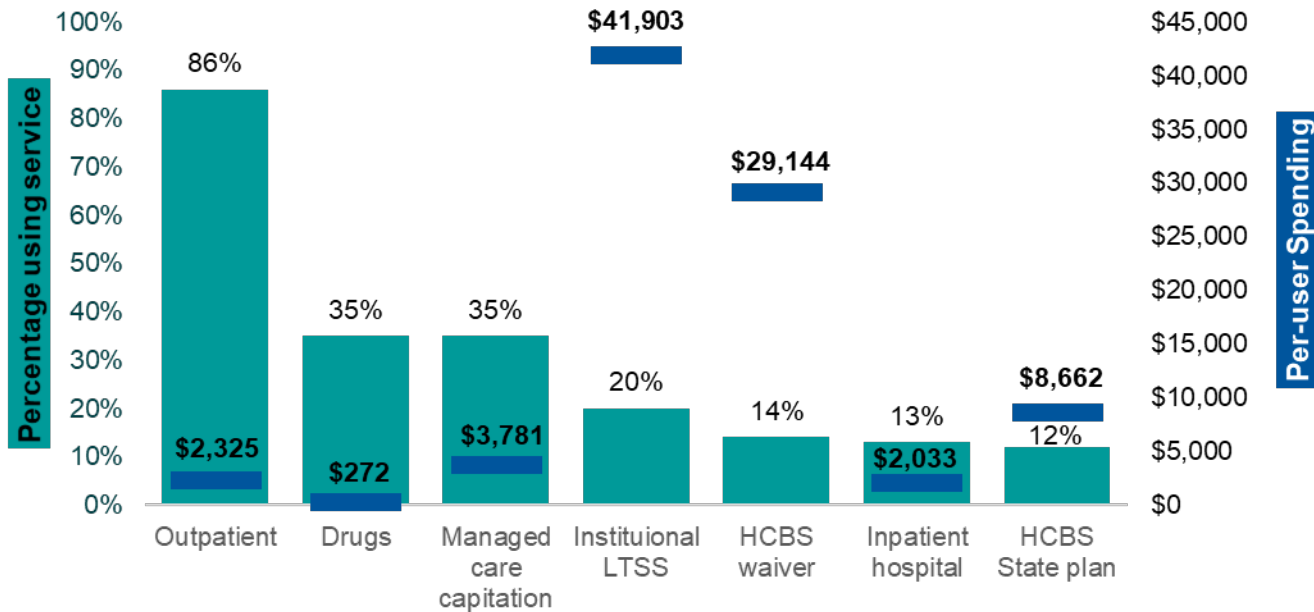MEDPAC analysis of 2016 Medicare Current Beneficiary Survey data.
Available at:
http://www.medpac.gov/docs/default-source/data-book/jun19_databook_sec4_sec.pdf?sfvrsn=0

Centers for Medicare & Medicaid Services
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Health Care Quality Measures

Utilization, Per-User Spending, and Total Expenditures for FFS Dually Eligible Beneficiaries by Service Category, 2013
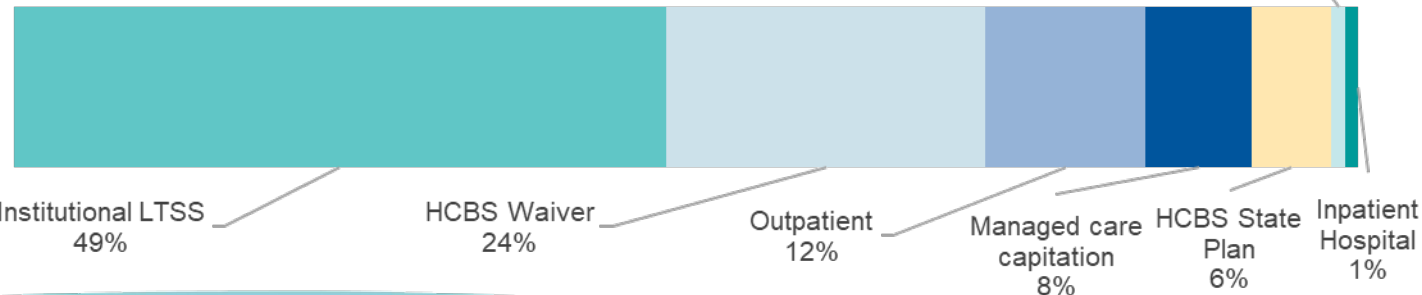**Population: Institutionalized and non-institutionalized full-benefit dually eligible beneficiaries**

Utilization and Per-User Spending by Service Category

Service Category	Percentage using service	Per-user Spending
Outpatient	86%	$2,325
Drugs	35%	$272
Managed care capitation	35%	$3,781
Instituional LTSS	20%	$41,903
HCBS waiver	14%	$29,144
Inpatient hospital	13%	$2,033
HCBS State plan	12%	$8,662

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%

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

SPECIAL POPULATION: CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Children with Special Health Care Needs: Overview

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

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

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

The charts in this section include:

- Children with Special Health Care Needs (CSHCN) by Type of Health Insurance and Complexity of Needs
- Current Health Status and Utilization Among Children With and Without Special Health Care Needs
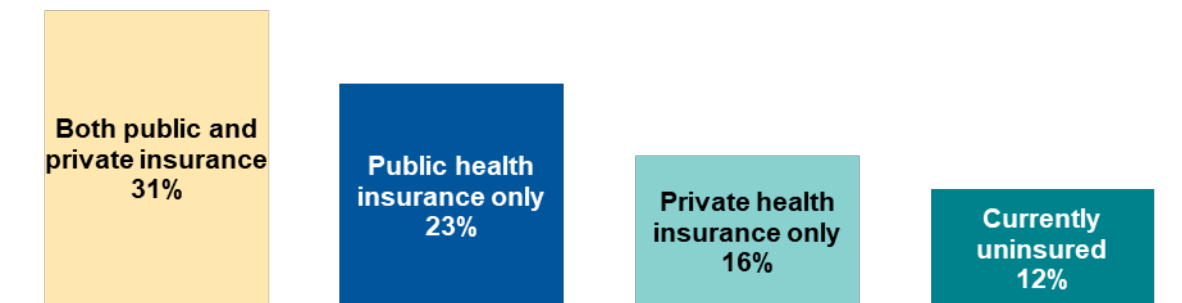
Source:
1. McPherson M, Arango P, Fox H, et al. "A new definition of children with special health care needs", Pediatrics, 1998; 102: 137-140
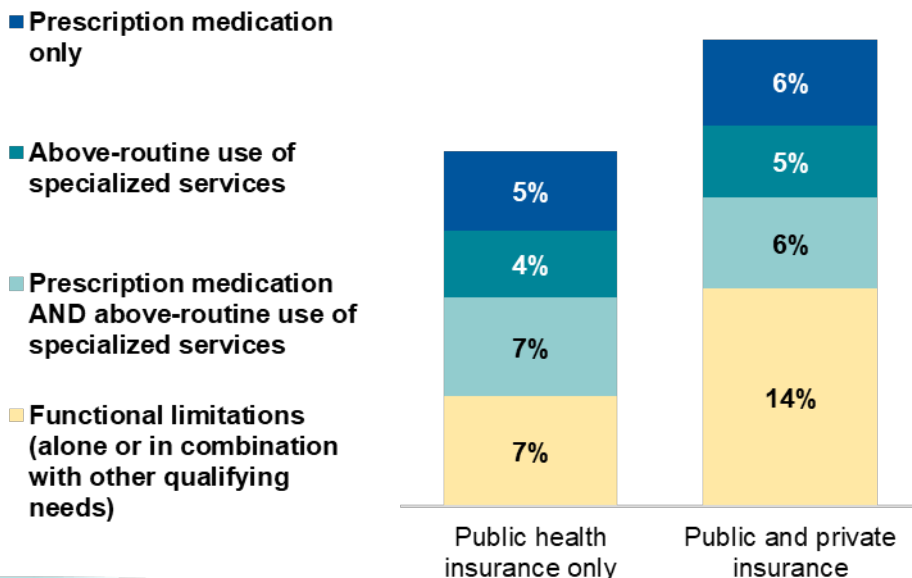
Children with Special Health Care Needs (CSHCN) by Type of Health Insurance and Complexity of Needs, 2017–2018

Population: Non-institutionalized children who are insured or uninsured

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

- Both public and private insurance 31%
- Public health insurance only 23%
- Private health insurance only 16%
- Currently uninsured 12%

Complexity of Needs Among CSHCN with Public Insurance

Legend:
- Prescription medication only
- Above-routine use of specialized services
- Prescription medication AND above-routine use of specialized services
- Functional limitations (alone or in combination with other qualifying needs)

Public health insurance only
- 5%
- 4%
- 7%
- 7%

Public and private insurance
- 6%
- 5%
- 6%
- 14%

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

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

CSHCN = Children with special health care needs.

Source:
Mathematica analysis of 2017-2018 National Survey of Children's Health.
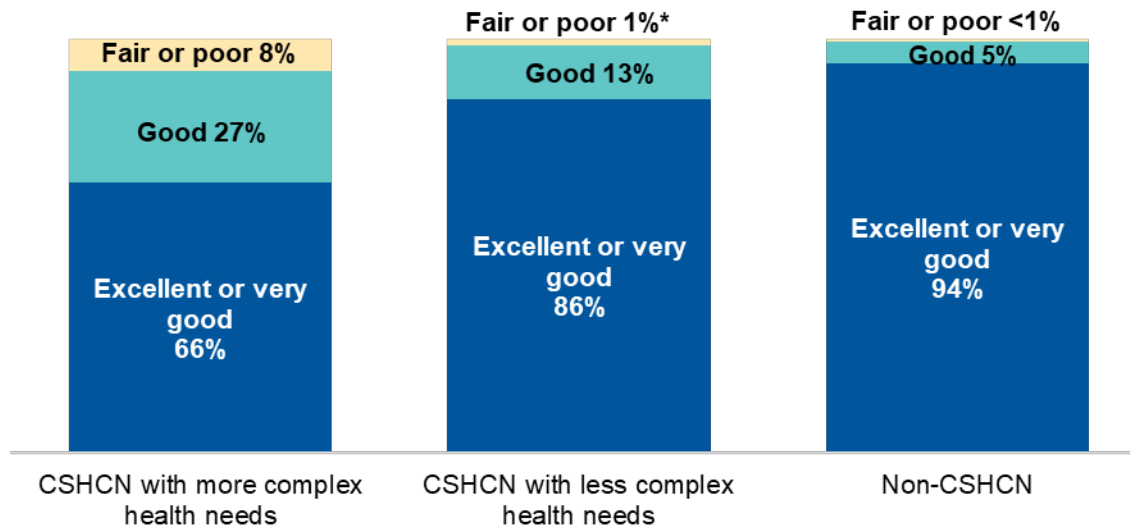
Available at:
www.childhealthdata.org

Centers for Medicare & Medicaid Services
Medicaid & CHIP
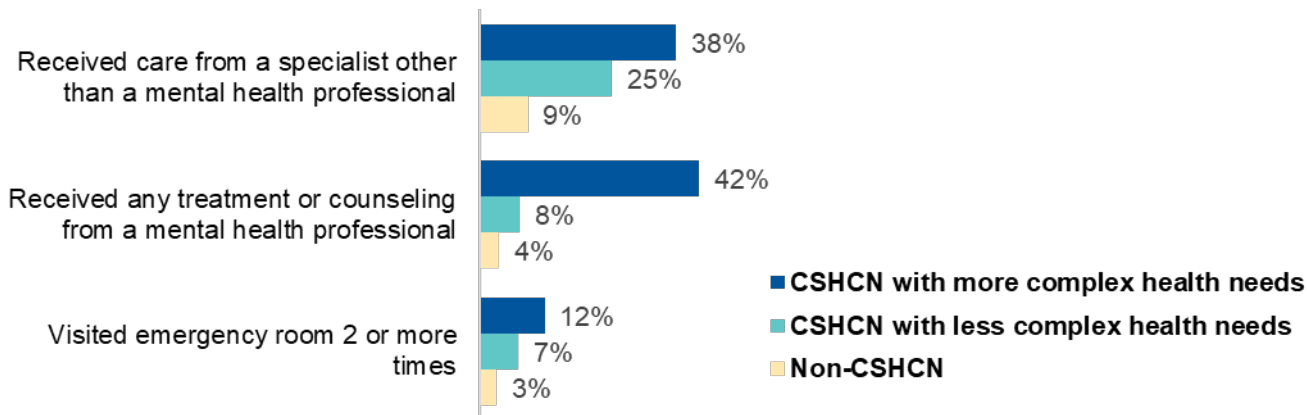Health Care Quality Measures

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

Population: Non-institutionalized children who are insured or uninsured

Self-Reported Current Health Status

CSHCN with more complex health needs
- Fair or poor 8%
- Good 27%
- Excellent or very good 66%

CSHCN with less complex health needs
- Fair or poor 1%*
- Good 13%
- Excellent or very good 86%

Non-CSHCN
- Fair or poor <1%
- Good 5%
- Excellent or very good 94%

Type of Utilization in the Past 12 Months

Received care from a specialist other than a mental health professional
- CSHCN with more complex health needs: 38%
- CSHCN with less complex health needs: 25%
- Non-CSHCN: 9%

Received any treatment or counseling from a mental health professional
- CSHCN with more complex health needs: 42%
- CSHCN with less complex health needs: 8%
- Non-CSHCN: 4%

Visited emergency room 2 or more times
- CSHCN with more complex health needs: 12%
- CSHCN with less complex health needs: 7%
- Non-CSHCN: 3%

Legend:
- CSHCN with more complex health needs
- CSHCN with less complex health needs
- Non-CSHCN

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

CSHCN = children with special health care needs.

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

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

Available at:
www.childhealthdata.org

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

APPENDIX: DATA SOURCES

Data Sources (in Order of First Appearance)

Source	Pages	Link(s)	Comments
Centers for Medicare & Medicaid Services (CMS)	8-10, 13, 30, 46	https://data.medicaid.gov/	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: • October 2019 Medicaid & CHIP Enrollment Data Highlights. Available at: https://wayback.archive-it.org/2651/20200203231829/https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html. For the most current Medicaid and CHIP enrollment data see: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html. • MBES Expansion Adult Enrollment July-Sept 2018 (Sept 2018 data). Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html • CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (Mar 2019 data). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Data-and-Statistical-Resources • National Health Expenditures Accounts (2018 data). Available at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html • Updated July 2018 Applications, Eligibility, and Enrollment Data. Available at: https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html • 2017 Managed Care Enrollment Report. Available at: https://www.medicaid.gov/medicaid/managed-care/downloads/enrollment/2017-medicaid-managed-care-enrollment-report.pdf • Medicaid & CHIP Scorecard. National Context. Available at: https://www.medicaid.gov/state-overviews/scorecard/national-context/index.html.
U.S. Census Bureau	8, 9	https://www.census.gov/	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: 2018. Available at: https://www.census.gov/library/publications/2019/demo/p60-267.html • Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2018. Available at: https://www.census.gov/newsroom/press-kits/2018/pop-estimates-national-state.html

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Integrated Public Use Microdata Series (IPUMS USA)	13	https://www.ipums.org	IPUMS USA collects and harmonizes U.S. census microdata. Data include decennial censuses and American Community Surveys (ACS) from 2000 to the present. Data tables were generated using the IPUMS online data analysis system with the 2017 ACS sample. The 2017 ACS sample is a 1-in-100 national random, weighted sample of the U.S. population. The data include persons in households and in group quarters (institutions, military barracks, university dorms, etc.) Respondents are asked if they are currently covered by "Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability."
2017 CMS Actuarial Report (FFY 2016 data)	14, 31	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/Actuarial Studies/Downloads/Medicaid Report2017.pdf	Report analyzes key historical Medicaid trends—both financial and demographic—and includes projections of expenditures and enrollment to inform the public and help policy makers gain insight into the future of the program.
Medicaid and CHIP Payment and Access Commission (MACPAC) Analysis of the 2017 National Health Interview Survey (NHIS)	17-20, 24, 25	https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf	The NHIS includes non-institutionalized individuals. Age groups included in a single chart may vary; for example, the age ranges of children with various health conditions vary from condition to condition.
National Center for Health Statistics (NCHS)	23	https://wonder.cdc.gov/	The NCHS natality public use file contains records for all live births registered within the 52 U.S. reporting areas (50 states, New York City, and D.C.), during the reporting year. The 2018 state-level natality data included in this profile were generated using the CDC WONDER online data analysis system.
Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS)	26, 27	https://meps.ahrq.gov/mepstrends/home/index.html	Data generated online using the MEPS Summary Tables. The MEPS summary tables provide summary estimates for the U.S. civilian non-institutionalized population. The latest year of data available varies by topic.

Data Sources (Continued, in Order of First Appearance)

Source	Pages	Link(s)	Comments
Agency for Healthcare Research and Quality, Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database	33-38	https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf	Based on data collected between July 2018 and June 2019 and submitted directly to the AHRQ CAHPS Database by state Medicaid/CHIP agencies or individual health plans. The Child Medicaid results include 72,429 respondents across 152 plans in 34 states. The Adult Medicaid results include 43,588 respondents across 131 plans in 34 states. The data are submitted voluntarily to the AHRQ CAHPS Database and are not from a statistically representative sample of all plans. They are not representative of all plans, enrollees, or states. The Child Medicaid results from eight states represent 55 percent of responses and eight states in the Adult Medicaid results represent 54 percent of responses. Thus, the estimates may be biased and it is not possible to compute precision estimates from the data.
Kaiser Family Foundation's State Health Facts	41	https://www.kff.org/statedata/	Data on dually eligible beneficiaries included in this profile come from an analysis of CMS MSIS data. Years of data vary, but most data are from FFY 2013.
Medicare Payment Advisory Commission (MEDPAC)/Medicaid and CHIP Payment and Access Commission (MACPAC) Analysis of CY 2013 CMS administrative data	41-43, 45, 46	http://medpac.gov/docs/default-source/data-book/jan18_medpac_macpac_dualsdatabook_sec.pdf?sfvrsn=0	This data book includes data for 2009 through 2013; all exhibits included in this profile are based on CY 2013 data. The Annual (Medicare-Medicaid Duals) Enrollment Trends report available on CMS.gov indicates that, while the number of dually eligible beneficiaries has increased from 10.8 to 11.9 million, the composition of dually eligible beneficiaries has not changed greatly since 2013. Specific data sources used for analysis include: • Medicare enrollment data from Enrollment Database and Common Medicare Environment (CME) files • Medicare Part A, Part B, and Part D claims from Common Working File and Part D Prescription Drug Event data • Medicare Part C payment data from Medicare Advantage Prescription Drug files • Medicaid enrollment and claims data from Medicaid Statistical Information System (MSIS) files
Medicare Payment Advisory Commission (MEDPAC) analysis of the 2016 Medicare Current Beneficiary Survey	44, 45	http://www.medpac.gov/docs/default-source/data-book/jun19_databook_sec4_sec.pdf?sfvrsn=0	The Medicare Current Beneficiary Survey covers a nationally representative sample of aged, institutionalized, and disabled Medicare beneficiaries. These data are from 2016.

Data Sources (Continued, in Order of First Appearance)

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