Comparative Data Report on Medicaid for the Southern Legislative Conference

Fiscal Affairs and Governmental Operations Committee

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How is the CDR Constructed?

• Narrative portion including sections on Medicaid spending in the southern region followed by state spending comparisons and charts

• The narrative portion ends with a discussion on Disproportionate Share Hospital (DSH) payments in the SLC states, followed by definitions of key terms

• The last section of the CDR includes state profiles, beginning with a summary page for the entire SLC
What’s in the State Profiles?

• Total Medicaid expenditures from FFY 07 to 15, including state and federal shares of Medicaid payments and administrative costs

• Administrative costs as a percentage of payments for each year

• The Federal Match Rate for each state from FFY 07 to 15

• Provider tax information for FFY 13 where applicable, otherwise FFY 12 information is provided

• A breakdown of DSH payments from FFY 07 to 15
What’s in the State Profiles?

- Information on Medicaid Expansion and Demographic and Poverty Indicators for FFY 13
- Charts outlining Medicaid enrollees per 100,000 of population for FFYs 10-13, as well as average per-enrollee spending for FFYs 10-13
- Spending by type of service from FFYs 10-13
- Data by Enrollee Characteristics
  - Enrollees by Basis of Eligibility
  - Total spending by Basis of Eligibility
  - Average Spending by Basis of Eligibility
What’s in the State Profiles?

- Information on the different types of waivers available in each state
- Managed care information, including the types of managed care being utilized, as well as the percentage of Medicaid enrollees placed in managed care plans
- CHIP information, including enrollment figures, plan type, enhanced FMAP, and federal CHIP allotment amounts
Data in the CDR: CMS Form 64

- Provides all actual payments in the Medicaid Program for the Federal Fiscal Year
- Includes pharmacy rebates, Graduate Medical Education (GME), DSH payments, other adjustments
- Data from FFYs 07 – 15

- Summary of expenditures from various source documents including cost reports, eligibility files, invoices.
Data in the CDR – MACPAC MACStats Data

• Created and distributed by the Medicaid and CHIP Payment Access Commission (MACPAC)
• Based upon CMS-64 Financial Management Reports and MSIS data sets

• Provides enrollment and payment data by types of service, enrollees by basis of eligibility, payments by basis of eligibility, and average payments by basis of eligibility
• Provides detailed data used to make comparisons among states
Total SLC Medicaid Expenditures: FFY 07 to FFY 15
Medicaid Spending in the Southern Region
(excludes administrative costs)

• FFY 15 total actual spending is $162.22 B - 7.46% from FFY 14
• FFY 14 total actual spending is $150.95 B - 9.48% from FFY 13
• The annual rate of change over the eight year period from FFY 07 to projected FFY 15 is 5.8% per year
• Total spending increased from $103.41 B (FFY 07) to $162.22 B (FFY 15) – 56.86%
Total DSH Expenditures in the SLC – FFY 07-15
CHART 5
MEDITAID ENROLLEES PER 100,000 POPULATION
(FFY 13)

Source: CMS MSIS and U.S. Bureau of the Census population estimates. SLC column shows average of 16 southern states.
SLC Medicaid Enrollees per 100,000 Population—17,500

Virginia – 11,309

- Decreased enrollment: 14.5% (FFY 12 to 13)
- State population increased by .66%
- Per capita income: $48,773
- Median household income: $62,666
- 11.7% of population under the FPL.

Louisiana – 30,557

- Increased enrollment: 7.9% (FFY 12 to 13)
- State population increased by .47%
- Per capita income: $40,689
- Median household income: $44,164
- 17.1% of population under the FPL.
Virginia – $920

• Population: 7.81 M, 12th in U.S.
• Approximately 935,000 enrollees
• 11.86% in Medicaid
• Total program size: $7.2 B

West Virginia – $1,716

• Population: 1.82 M, 37th in U.S.
• Approximately 354,000 enrollees
• 19.41% in Medicaid
• Total program size: $3.01 B
Comparison of Medicaid Payments versus Eligibility
Total Medicaid Expenditures in SLC by Basis of Eligibility (FFY 13)
Total Medicaid Enrollees in SLC by Eligibility (FFY 13)
Comparison of Payments vs. Eligibility
SLC (FFY 13)

Payments – $137.88 B
  • Disabled and Aged account for 64.6% ($79.5 B)
  • Eligible children account for 23.6% ($29 B)
  • Adults account for 11.9% ($14.67 B)

Eligibility – 21.52 M
  • Disabled and aged account for 29% (5.94 M)
  • Eligible children account for 54.1% (11.06 M)
  • Adults account for 16.79% (3.43 M)
COMPARISON OF MEDICAID EXPENDITURES
CHART 4
AVERAGE PAYMENT PER ENROLLEE FOR ALL SERVICES
(FFY 13)

Source: MACPAC MACStats Data, FY 13
SLC Average Payment per Enrollee – $6,486

Alabama – $4,124
- Slight increase in payments: up $53.66 M (0.4%) from FFY 12 to 13
- Increased recipients by approximately 108,000 (9.8%) during the same period

Missouri – $9,665
- Increased average by $2,082 from FY 12 – from $7,583 to $9,665 (27.45%)
- Increased payments from FFY 12 to 13: $242.04 M, from $8.62 B to $8.86 B (2.81%)
- Decreased recipients by approximately 208,000 from FFY 12 to 13 (-19.2%)
Managed Care Enrollment as a Percentage of Medicaid Population
FFY 13

The graph shows the percentage of Medicaid enrollees managed care enrolled in various states for FFY 13. The percentages range from 22.5% for Mississippi (MS) to 100.0% for Tennessee (TN). States such as South Carolina (SC), Georgia (GA), and Virginia (VA) have managed care enrollment rates above 65%. The trend indicates a significant shift towards managed care for Medicaid enrollees in these states.
QUESTIONS?