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

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).
Percentage of Population Enrolled in Medicaid or CHIP, by State, 2018
Population: Beneficiaries receiving full Medicaid or CHIP benefits

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

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
BENEFICIARY CHARACTERISTICS
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**

- Male: 46%
- Female: 54%

**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:

**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](http://www.ipums.org)
Medicaid Enrollment, Expenditures, and Average Cost, by Beneficiary Category, 2016
Population: Institutionalized and non-institutionalized Medicaid beneficiaries

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.


Source:
2017 CMS Actuarial Report (FFY 2016 data)

Available at:
BENEFICIARY HEALTH STATUS
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
## 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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>16%</td>
</tr>
<tr>
<td>ADHD or ADD</td>
<td>11%</td>
</tr>
<tr>
<td>Other developmental delay</td>
<td>5%</td>
</tr>
<tr>
<td>Autism</td>
<td>2%</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>1%</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

### Currently:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has special health care needs</td>
<td>27%</td>
</tr>
<tr>
<td>Receives special education or early intervention services</td>
<td>11%</td>
</tr>
<tr>
<td>Has impairment limiting ability to crawl, walk, run, or play that is expected to last 12 or more months</td>
<td>3%</td>
</tr>
<tr>
<td>Has impairment requiring special equipment</td>
<td>1%</td>
</tr>
</tbody>
</table>

### 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:

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:
### 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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>28%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>20%</td>
</tr>
<tr>
<td>Asthma</td>
<td>19%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10%</td>
</tr>
<tr>
<td>Cancer</td>
<td>5%</td>
</tr>
<tr>
<td>Chronic bronchitis (past 12 months)</td>
<td>5%</td>
</tr>
<tr>
<td>Stroke</td>
<td>4%</td>
</tr>
<tr>
<td>Liver condition (past 12 months)</td>
<td>3%</td>
</tr>
<tr>
<td>Heart attack</td>
<td>3%</td>
</tr>
<tr>
<td>Weak or failing kidneys (past 12 months)</td>
<td>3%</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Currently:

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has any basic action difficulty</td>
<td>42%</td>
</tr>
<tr>
<td>Has any complex activity limitation</td>
<td>30%</td>
</tr>
<tr>
<td>Is limited in amount or kind of work due to health</td>
<td>27%</td>
</tr>
<tr>
<td>Has functional limitation</td>
<td>21%</td>
</tr>
<tr>
<td>Is unable to work now due to health problem</td>
<td>19%</td>
</tr>
<tr>
<td>Has depressed or anxious feelings</td>
<td>9%</td>
</tr>
<tr>
<td>Has health condition requiring special equipment</td>
<td>8%</td>
</tr>
<tr>
<td>Has difficulty walking without equipment</td>
<td>8%</td>
</tr>
<tr>
<td>Has lost all natural teeth</td>
<td>6%</td>
</tr>
<tr>
<td>Is currently pregnant</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Notes:
- Data include all non-institutionalized adults ages 19 to 64 covered by Medicaid, CHIP, or other state-sponsored health plans.
- "Any basic action difficulty" is defined as limitations or difficulties in movement and limitations or difficulties in sensory, emotional, and mental functioning that are associated with some health problem.
- "Any complex activity limitation" is defined as a limitation in the tasks and organized activities that, when executed, make up numerous social roles, such as working, attending school, or maintaining a household. Adults are defined as having a complex activity limitation if they have one or more of the following types of limitations: self-care limitation, social limitation, or work limitation.
- "Has functional limitation" is defined as "very difficult" or "cannot do" for the following activities: grasp small objects, reach above one's head; sit more than 2 hours, lift or carry 10 pounds; climb a flight of stairs; push a heavy object; walk one-quarter of a mile; stand more than 2 hours; stoop, bend, or kneel. "Currently pregnant" includes women ages 19 to 44.

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

### Available at:
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

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

Self-Reported Body Mass Index (BMI)

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

Self-Reported Smoking Status

- Never smoked: 57%
- Former smoker: 16%
- Current smoker: 28%

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:
BENEFICIARY ACCESS AND UTILIZATION
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%

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/
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

**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).

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

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).

Available at:
### Percentage of People Under Age 65 with Public Insurance who Reported Receiving Care for Selected Conditions, 2015

**Population:** Non-institutionalized beneficiaries receiving public insurance

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorders</td>
<td>19%</td>
</tr>
<tr>
<td>COPD, asthma</td>
<td>17%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>15%</td>
</tr>
<tr>
<td>Osteoarthritis and other non-traumatic joint disorders</td>
<td>11%</td>
</tr>
<tr>
<td>Trauma-related disorders</td>
<td>10%</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>9%</td>
</tr>
<tr>
<td>Acute Bronchitis and URI</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>7%</td>
</tr>
<tr>
<td>Back problems</td>
<td>6%</td>
</tr>
<tr>
<td>Skin disorders</td>
<td>8%</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>6%</td>
</tr>
<tr>
<td>Systemic lupus and connective tissues disorders</td>
<td>6%</td>
</tr>
<tr>
<td>Other CNS disorders</td>
<td>6%</td>
</tr>
<tr>
<td>Other eye disorders</td>
<td>6%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>5%</td>
</tr>
<tr>
<td>Other endocrine, nutritional &amp; immune disorder</td>
<td>5%</td>
</tr>
<tr>
<td>Otitis media</td>
<td>4%</td>
</tr>
<tr>
<td>Female genital disorders, and contraception</td>
<td>4%</td>
</tr>
<tr>
<td>Disorders of teeth and jaws</td>
<td>3%</td>
</tr>
<tr>
<td>Thyroid disease</td>
<td>3%</td>
</tr>
<tr>
<td>Headache</td>
<td>3%</td>
</tr>
<tr>
<td>Influenza</td>
<td>3%</td>
</tr>
<tr>
<td>Normal birth/live born</td>
<td>3%</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>2%</td>
</tr>
<tr>
<td>Cancer</td>
<td>2%</td>
</tr>
<tr>
<td>Epilepsy and convulsions</td>
<td>2%</td>
</tr>
<tr>
<td>Allergic reactions</td>
<td>2%</td>
</tr>
<tr>
<td>Other circulatory conditions arteries, veins, and lymphatics</td>
<td>2%</td>
</tr>
<tr>
<td>Anemia and other deficiencies</td>
<td>2%</td>
</tr>
<tr>
<td>Intestinal infection</td>
<td>2%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>1%</td>
</tr>
<tr>
<td>Gallbladder, pancreatic, and liver disease</td>
<td>1%</td>
</tr>
<tr>
<td>Other bone and musculoskeletal disease</td>
<td>1%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1%</td>
</tr>
<tr>
<td>Other urinary</td>
<td>1%</td>
</tr>
<tr>
<td>Poisoning by medical and non-medical substances</td>
<td>1%</td>
</tr>
</tbody>
</table>

**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
Usual Source of Care and Difficulty Receiving Care Among People Under Age 65 with Public Insurance, 2017
Population: Non-institutionalized beneficiaries receiving public insurance

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
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

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:

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)
- **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)
- **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)
- **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)
- **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.

**Source:**
2017 CMS Actuarial Report (FFY 2016 data)

**Available at:**
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:
- 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 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:
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Child Medicaid</th>
<th>Adult Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of personal doctor</td>
<td>67%</td>
<td>77%</td>
</tr>
<tr>
<td>Rating of specialist</td>
<td>67%</td>
<td>73%</td>
</tr>
<tr>
<td>Rating of all health care</td>
<td>54%</td>
<td>70%</td>
</tr>
<tr>
<td>Rating of health plan</td>
<td>60%</td>
<td>71%</td>
</tr>
</tbody>
</table>

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:
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
Child Medicaid: 56%
Adult Medicaid: 61%

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

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

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

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: 75% (Child) vs. 79% (Adult)
- Personal doctor explained things clearly: 75% (Child) vs. 81% (Adult)
- Personal doctor listened carefully: 76% (Child) vs. 83% (Adult)
- Personal doctor respected consumer comments: 80% (Child) vs. 86% (Adult)
- Child Only - Personal doctor explained things in a way that was easy for child to understand: 76% (Child)
- Personal doctor spent enough time with consumers: 70% (Child) vs. 70% (Adult)

**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:**
Health Plan Information and Customer Service: Percentage of Survey Respondents Selecting ‘Always’, 2019
Population: Beneficiaries enrolled in Medicaid at the time of the survey

Notes:
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 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
SPECIAL POPULATION: PEOPLE DUALLY ELIGIBLE FOR MEDICARE AND MEDICAID
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**

- Non-Dually Eligible Medicaid Beneficiaries: 85%
  - Medicaid Enrollment: 73.6 million
  - Medicaid Expenditures: $371.7 billion
- Dually Eligible Beneficiaries: 15%
  - Medicaid Enrollment: 11.4 million
  - Medicaid Expenditures: $86.7 billion

**Share of All Aged Medicaid Beneficiaries**

- Dually Eligible Beneficiaries: 92%
- Non-Dually Eligible Beneficiaries: 8%

**Share of All Disabled Medicaid Beneficiaries**

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

**Notes:**
- The chart includes all dually eligible beneficiaries. Medicaid expenditures exclude Medicaid payments of Medicare premiums for dually eligible beneficiaries as well as administrative spending.

**Aged and Disabled Medicaid Enrollees**

- *Because 2013 data were unavailable, 2012 MSIS data were used for Kansas, North Carolina, and Rhode Island. 2011 MSIS data were used for Colorado. These data were then adjusted to 2013 CMS-64 spending levels.
- Source: Kaiser Family Foundation analysis of FFY 2013 MSIS data. Available at: https://www.kff.org/medicaid/state-indicator/ageddisabled-medicaid-beneficiaries/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
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.

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

Pathway to Medicaid Eligibility

- Poverty related
- SSI
- Special income limit and other
- Medically needy
- Section 1115 waiver

Percentage of Each Age Group

41% 36% 35% 36% 34%

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:
Demographic Characteristics of Dually Eligible Beneficiaries, 2016
Population: Institutionalized and non-institutionalized dually eligible beneficiaries

Share of Dually Eligible Beneficiaries by Age

- 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:
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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Under age 65</th>
<th>Age 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>39%</td>
<td>65%</td>
</tr>
<tr>
<td>Depression</td>
<td>22%</td>
<td>33%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>15%</td>
<td>24%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>23%</td>
<td>35%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>3%</td>
<td>15%</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>14%</td>
<td>33%</td>
</tr>
<tr>
<td>Schizophrenia and other psychotic disorders</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>8%</td>
<td>22%</td>
</tr>
<tr>
<td>Intellectual disabilities</td>
<td>1%</td>
<td>8%</td>
</tr>
<tr>
<td>Alzheimers</td>
<td>4%</td>
<td>23%</td>
</tr>
</tbody>
</table>

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_mcapc_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.
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

Nationally, 75% of dually eligible beneficiaries are FFS (CMS Managed Care Enrollment Report, 2017)

Notes:
Dually eligible beneficiaries are limited to full-benefit dually eligible beneficiaries in Medicare and Medicaid FFS. Endstage 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.

HCBS = home and community based services; LTSS = long-term services and supports.

Sources:
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

2017 CMS Managed Care Enrollment Report.
Available at: https://www.medicaid.gov/medicaid/managed-care/downloads/enrollment/2017-medicaid-managed-care-enrollment-report.pdf
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.”

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:
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%

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:

Available at: www.childhealthdata.org
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

<table>
<thead>
<tr>
<th>Health Status</th>
<th>CSHCN with more complex health needs</th>
<th>CSHCN with less complex health needs</th>
<th>Non-CSHCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fair or poor 8%</td>
<td>Good 27%</td>
<td>Good 13%</td>
<td>Good 5%</td>
</tr>
<tr>
<td>Excellent or very good</td>
<td>Excellent or very good 86%</td>
<td>Excellent or very good 94%</td>
<td></td>
</tr>
</tbody>
</table>

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%

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.


Available at: www.childhealthdata.org
APPENDIX: DATA SOURCES
<table>
<thead>
<tr>
<th>Source</th>
<th>Pages</th>
<th>Link(s)</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Centers for Medicare & Medicaid Services (CMS)** | 8-10, 13, 30, 46 | [https://data.medicaid.gov/](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:  
| **U.S. Census Bureau** | 8, 9 | [https://www.census.gov/](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:  
<table>
<thead>
<tr>
<th>Source</th>
<th>Pages</th>
<th>Link(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Public Use Microdata Series (IPUMS USA)</td>
<td>13</td>
<td><a href="https://www.ipums.org">https://www.ipums.org</a></td>
<td>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 &quot;Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability.&quot;</td>
</tr>
<tr>
<td>National Center for Health Statistics (NCHS)</td>
<td>23</td>
<td><a href="https://wonder.cdc.gov/">https://wonder.cdc.gov/</a></td>
<td>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.</td>
</tr>
<tr>
<td>Source</td>
<td>Pages</td>
<td>Link(s)</td>
<td>Comments</td>
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<tr>
<td>----------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Agency for Healthcare Research and Quality, Consumer Assessment of</td>
<td>33-38</td>
<td><a href="https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf">https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf</a></td>
<td>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.</td>
</tr>
<tr>
<td>Consumer Assessment of Healthcare Providers and Systems (CAHPS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Plan Survey Database</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Kaiser Family Foundation's State Health Facts</td>
<td>41</td>
<td><a href="https://www.kff.org/statedata/">https://www.kff.org/statedata/</a></td>
<td>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 FY 2013.</td>
</tr>
</tbody>
</table>
| Medicare Payment Advisory Commission (MEDPAC)/Medicaid and CHIP      | 41-43 | 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 |
| Payment and Access Commission (MACPAC) Analysis of CY 2013 CMS       |       |                                                                         |                                                                                                                                                                                                           |
| administrative data                                                |       |                                                                         |                                                                                                                                                                                                           |
| Medicare Current Beneficiary Survey                                 |       |                                                                         |                                                                                                                                                                                                           |
Data Sources (Continued, in Order of First Appearance)

<table>
<thead>
<tr>
<th>Source</th>
<th>Pages</th>
<th>Link(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Survey of Children's Health (NSCH)</td>
<td>49, 50</td>
<td><a href="http://www.childhealthdata.org">www.childhealthdata.org</a></td>
<td>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 <a href="http://www.childhealthdata.org">www.childhealthdata.org</a>.</td>
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</tbody>
</table>