

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

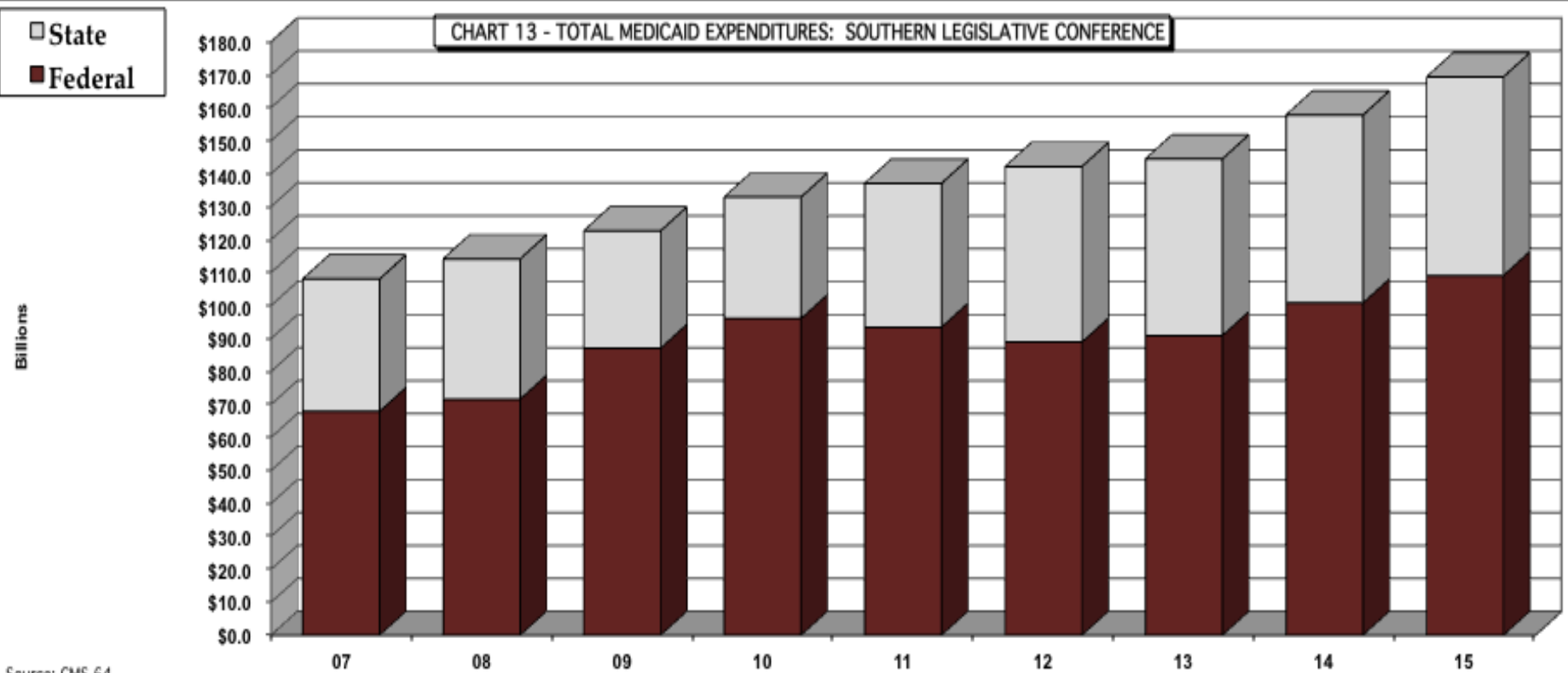
DATA IN THE CDR: CMS FORM 64

- 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

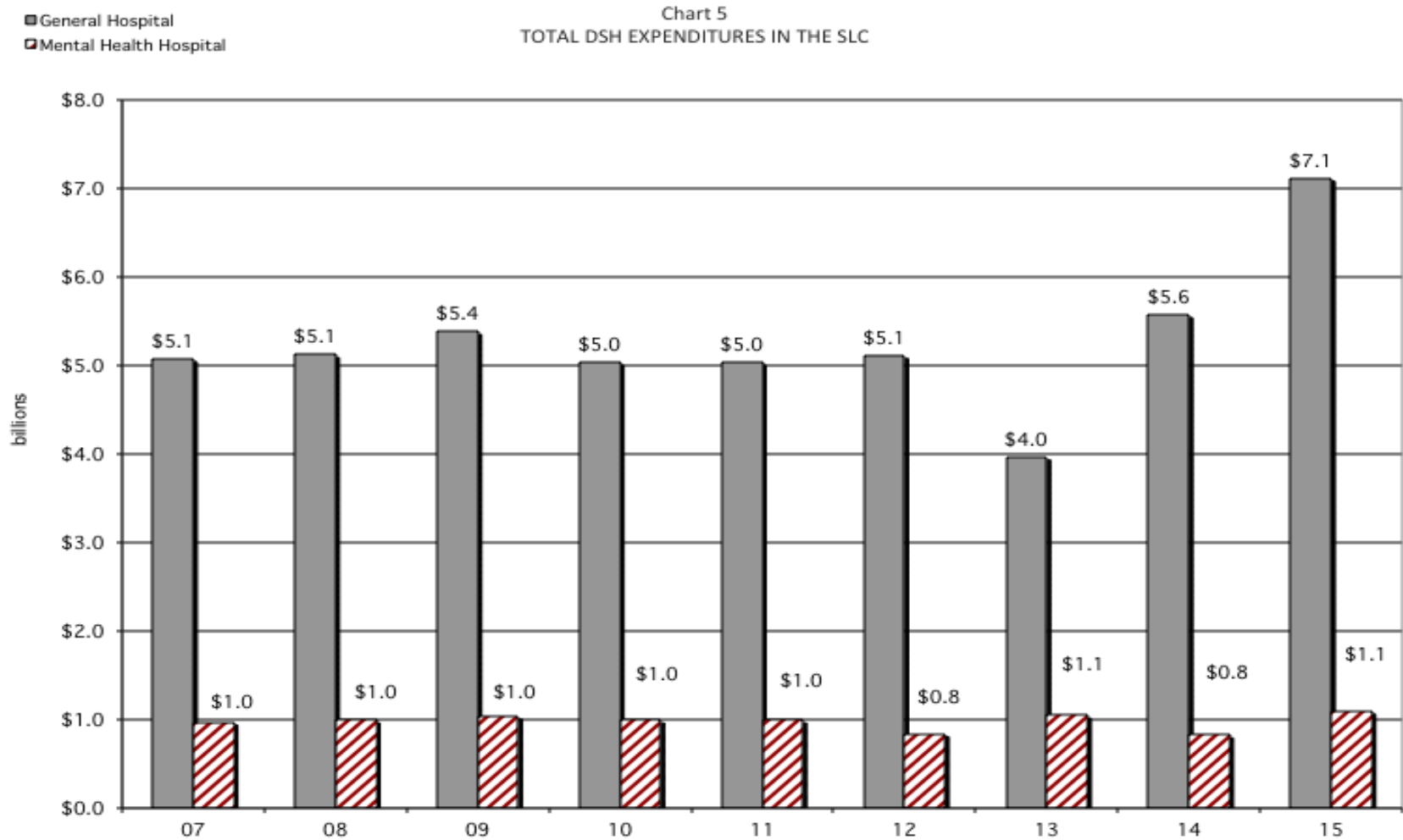
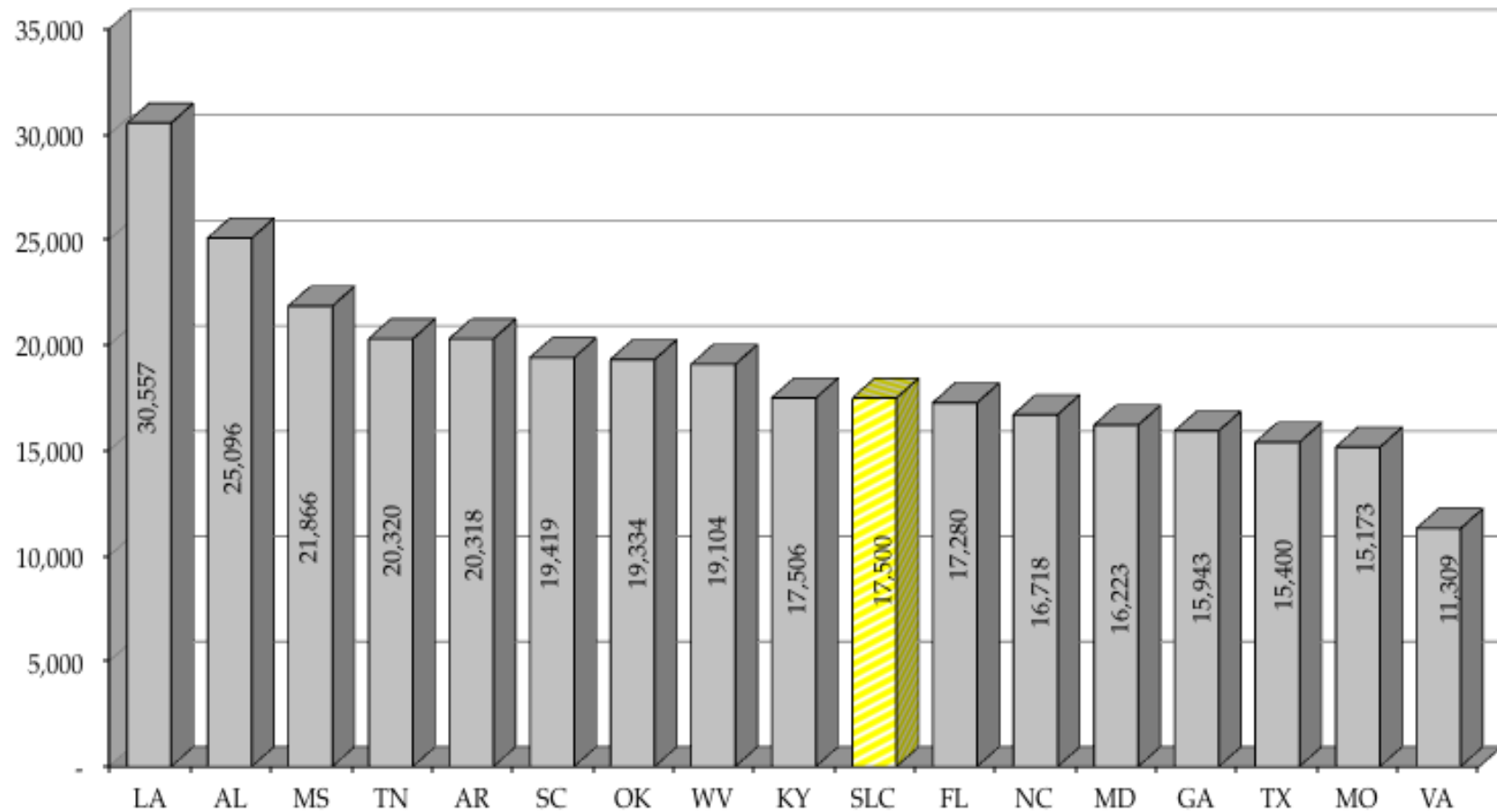


CHART 5
MEDICAID ENROLLEES PER 100,000 POPULATION
(FFY 13)



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

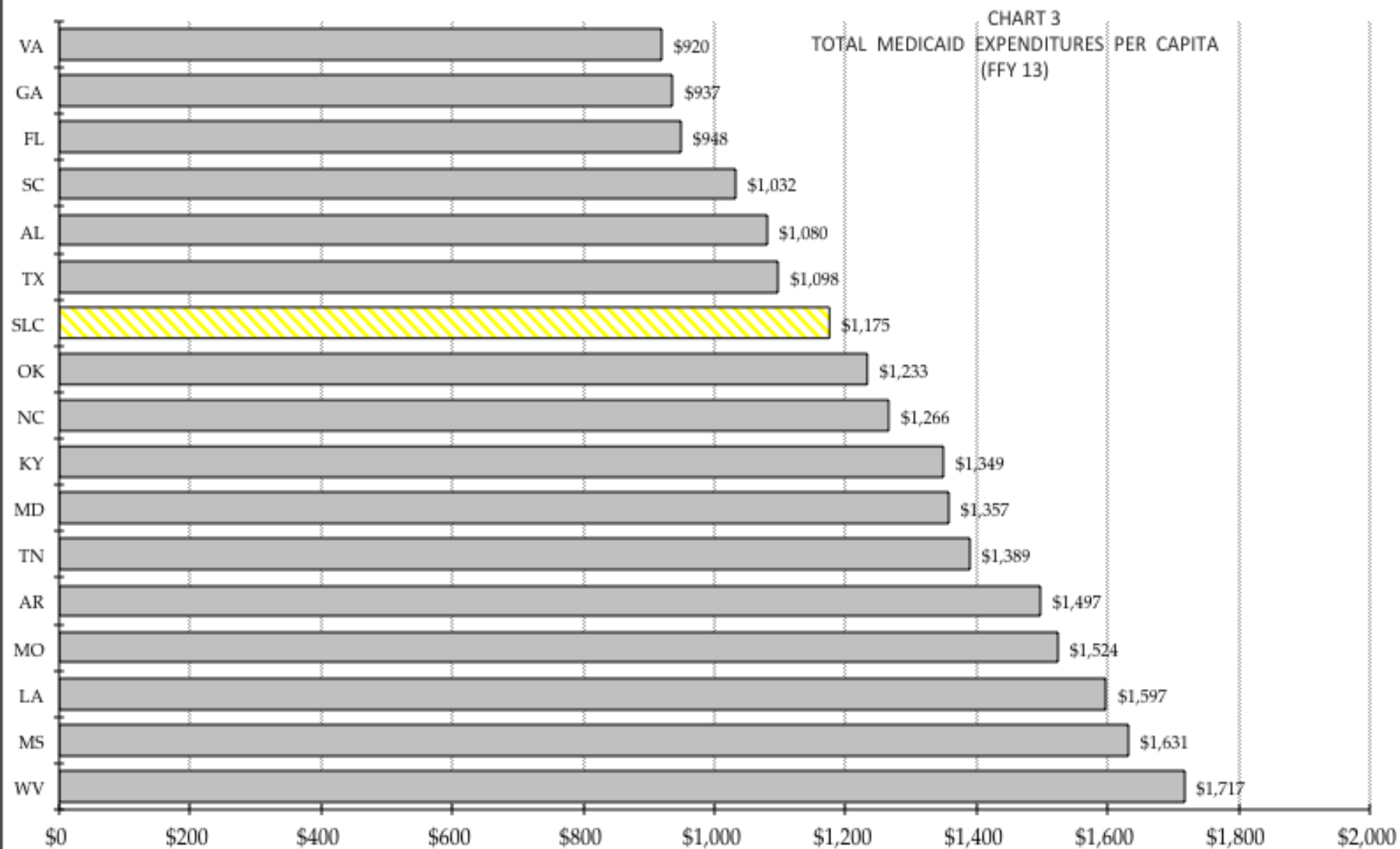
SLC MEDICAID ENROLLEES PER 100,000 POPULATION—17,500

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.



SLC MEDICAID PER CAPITA EXPENDITURES – \$1,175

Virginia – \$920

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

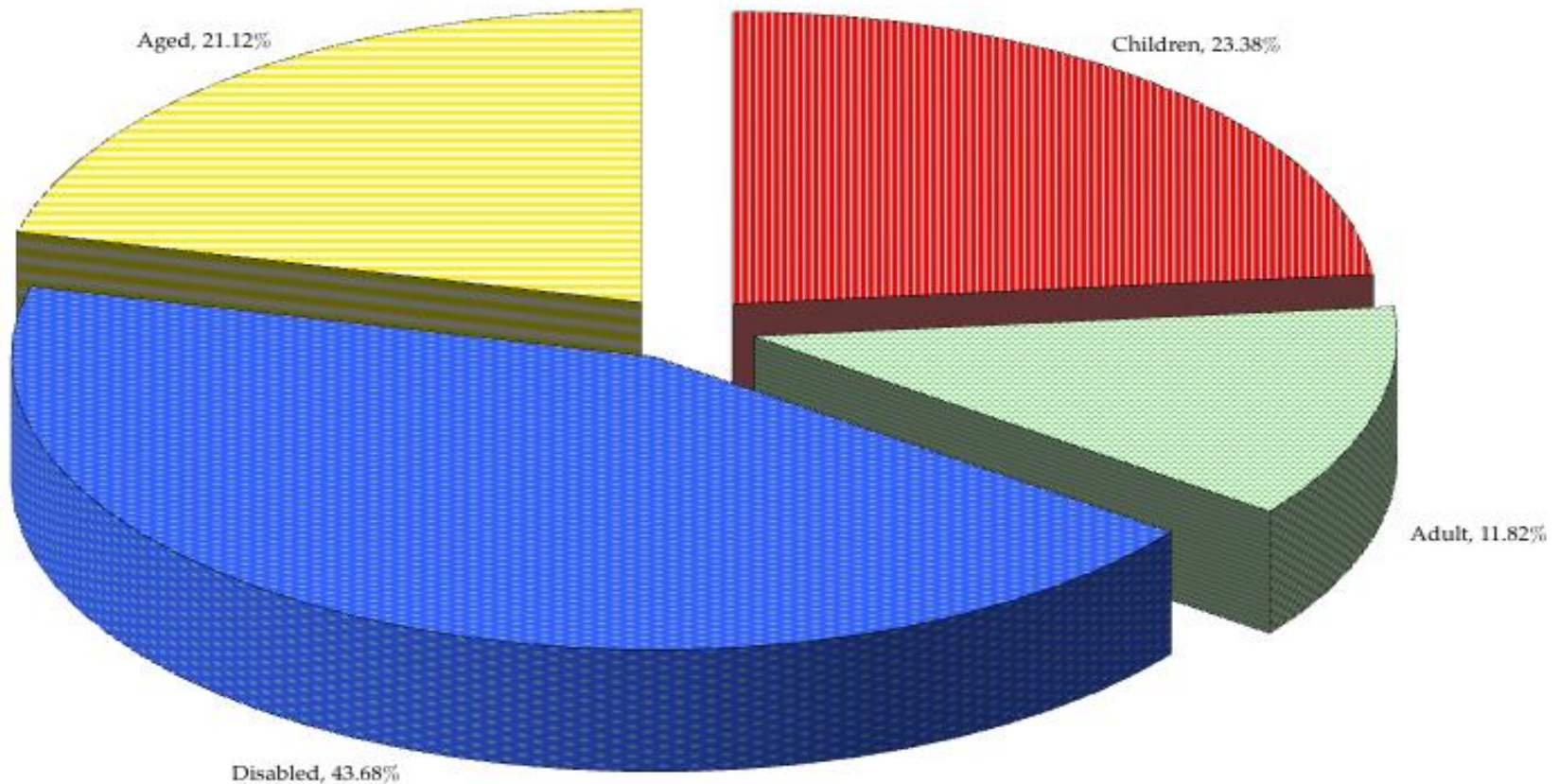
West Virginia – \$1,716

- 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

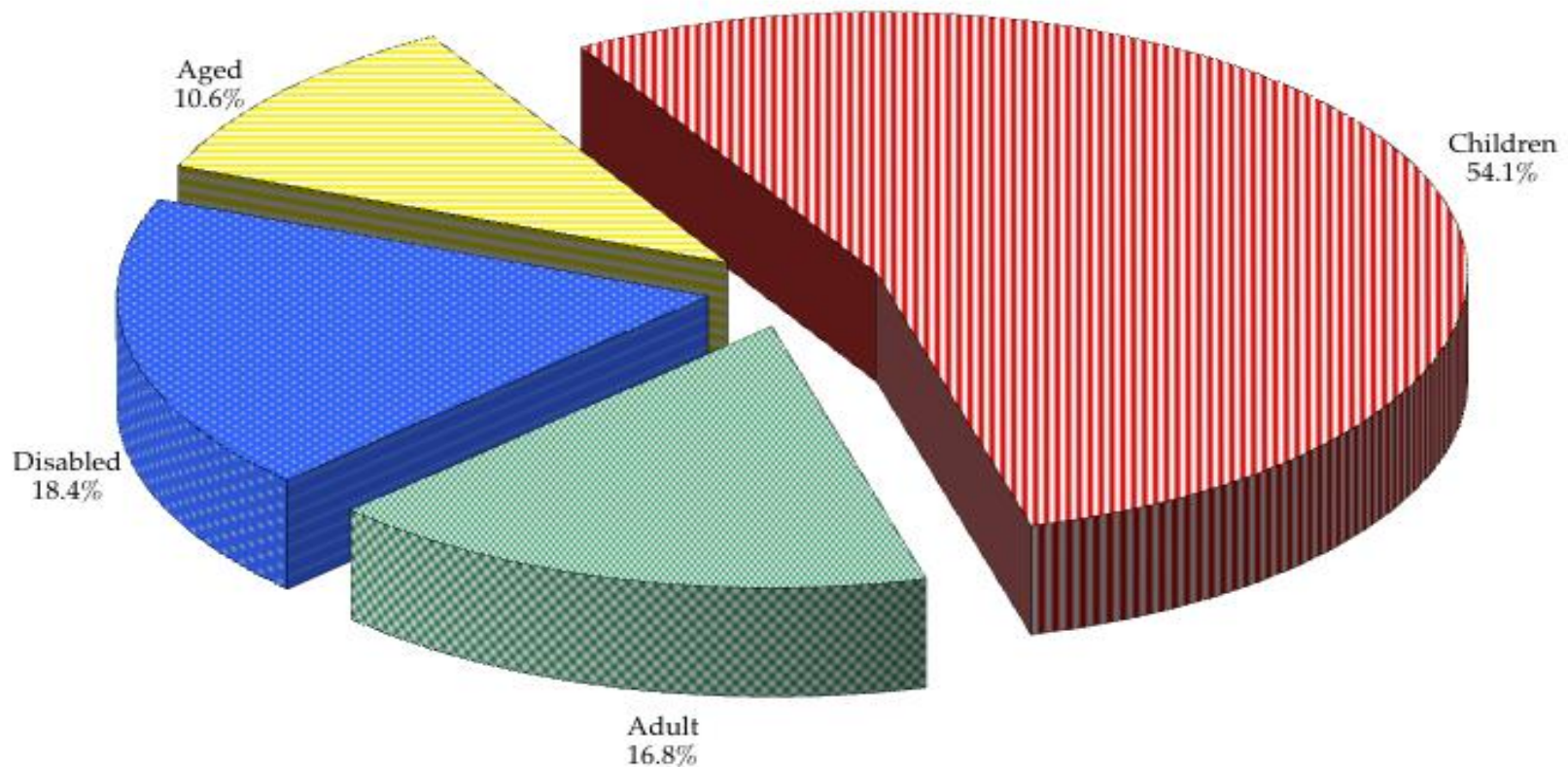
TOTAL MEDICAID EXPENDITURES IN SLC BY BASIS OF ELIGIBILITY (FFY 13)

CHART 1
TOTAL MEDICAID EXPENDITURES IN SLC BY BASIS OF ELIGIBILITY
(FFY 13)



TOTAL MEDICAID ENROLLEES IN SLC BY ELIGIBILITY (FFY 13)

CHART 2
TOTAL MEDICAID ENROLLEES IN SLC BY ELIGIBILITY BASIS
(FFY 13)



COMPARISON OF PAYMENTS VS. ELIGIBILITY SLC (FFY 13)

Payments – \$137.88 B

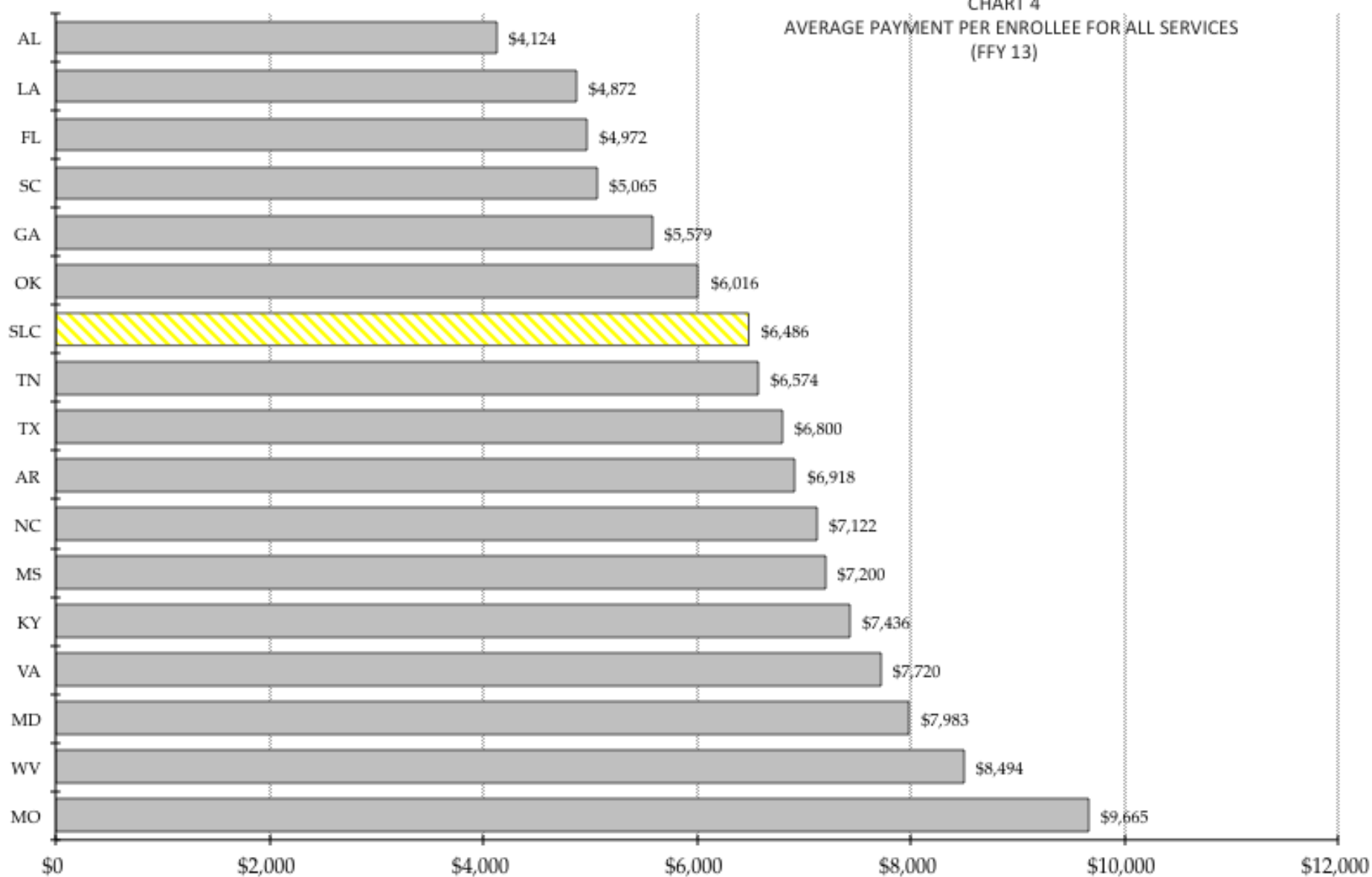
- Disabled and Aged account for 64.6% (\$79.5 B)
- Eligible children account for 23.6% (\$29 B)
- Adults account for 11.9% (\$14.67 B)

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

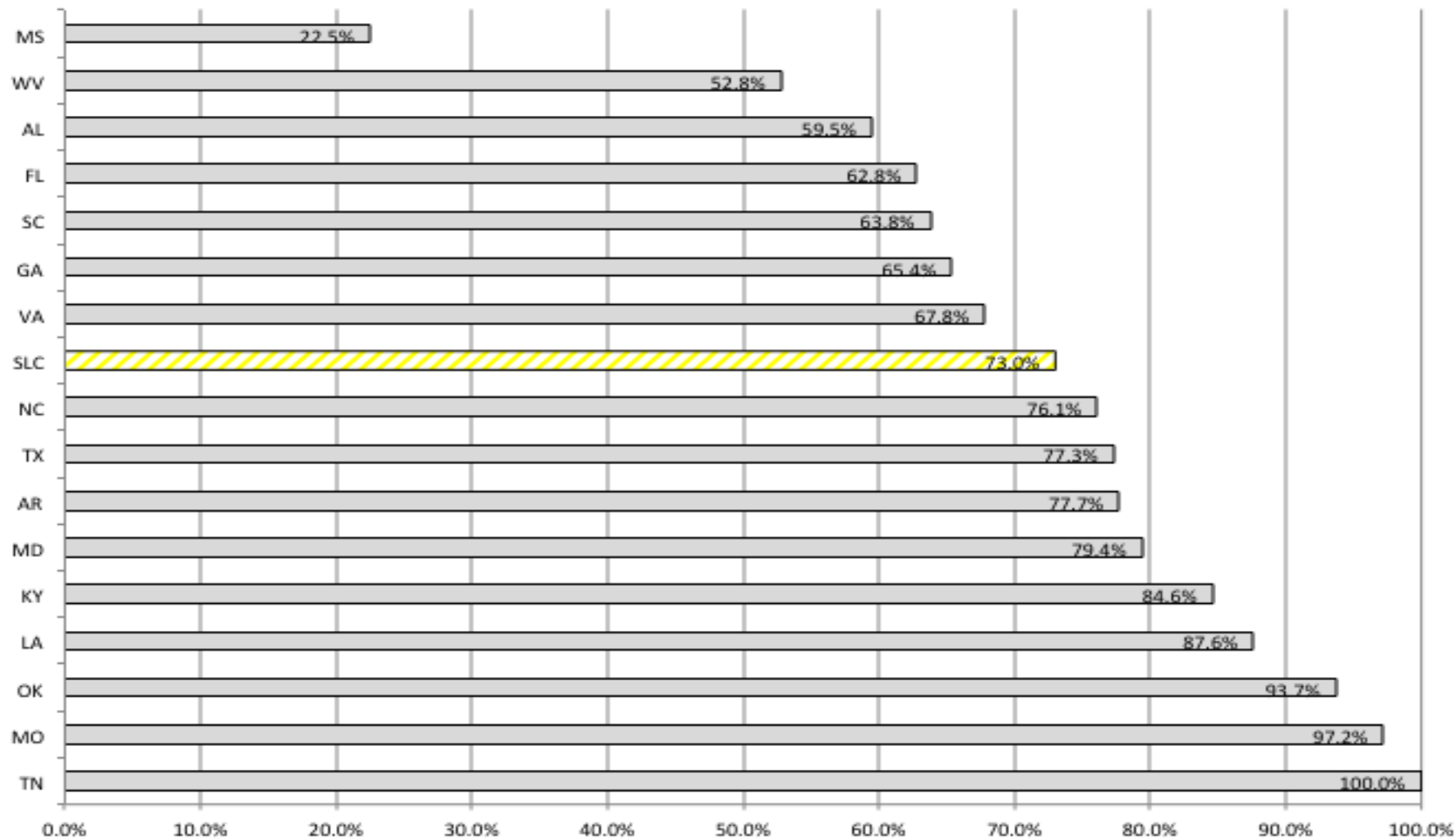
- Slight increase in payments: up \$53.66 M (0.4%) from FFY 12 to 13
- Increased recipients by approximately 108,000 (9.8%) during the same period

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

Managed Care Enrollment as Percentage of Medicaid Enrollees (FFY 13)



QUESTIONS?